Appendix C

Vote to Prior Authorize Metozolv ODT® (metoclopramide hydrochloride)

Oklahoma Health Care Authority

December 2010

Recommendations

The College of Pharmacy recommends prior authorization of Metozolv ODT® with the following criteria:

1. FDA-approved diagnosis of gastroesophageal reflux disease in adults not responding to conventional therapy, or acute and recurrent diabetic gastroparesis in adults.
2. Must provide a clinical reason why the member cannot use the regular formulation of metoclopramide tablets.
3. Therapy will be approved for a period of not more than 12 weeks.
4. Quantity limit of 120 tablets for 30 days.

Appendix D

Vote to Prior Authorize Alzheimer's Medications
Oklahoma HealthCare Authority
December 2010

Use of Alzheimer's Medication in the Treatment of Schizophrenia

There is a lack of robust data to analyze the efficacy and cost-effectiveness regarding the use of Alzheimer's medications in the treatment of schizophrenia. A recently published meta-analysis[1] analyzed of a total of thirteen double-blind studies: four with rivastigmine, six with donepezil and three with galantamine. The analysis of the studies suggests that certain specific cognitive deficits (memory, and the motor speed and attention part of executive function) of patients with schizophrenia and schizoaffective disorder are responsive to rivastigmine, donepezil and galantamine as adjunctive therapy.

There were three abstracts found regarding use of memantine in patients with schizophrenia. In all three trials, memantine was added as adjunctive therapy in treatment resistant patients. The results were mixed, with one trial[2] showing memantine in conjunction with clozapine therapy was associated with improvement in negative and positive symptoms, another showed no statistical difference in PANSS scores when memantine was added to atypical antipsychotics vs. placebo[3], and the third showed the addition of memantine to antipsychotic treatment might improve the clinical status of schizophrenic patients, primarily the negative signs, but not their cognitive deficits[4].

Recommendations

The College of Pharmacy recommends the following:

1. Prior Authorization of special formulation products including oral solutions, patches, extended release formulations, or other convenience formulations with the following approval criteria:
    a. Member must have a documented reason why the special formulation is clinically necessary over the regular formulation
2. Application of Age Restriction for ages 0-50 with the following approval criteria
    a. FDA approved diagnosis

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[1] Ribeiz SR, Bassitt DP, Arrais JA, Avila R, Steffens DC, Bottino CM. **Cholinesterase inhibitors as adjunctive therapy in patients with schizophrenia and schizoaffective disorder: a review and meta-analysis of the literature.** CNS Drugs. 2010 Apr;24(4):303-17

[2] de Lucena D, Fernandes BS, Berk M et al. **Improvement of negative and positive symptoms in treatment-refractory schizophrenia: a doulble-blind, randomized, placebo-controlled trial with memantine as add-on therapy to clozapine.** J Clin Psychiatry 2009;70:1416-1423

[3] Lieberman JA, Papadakis K, Csernansky J, Litman R, Volavka J, Jia XD, Gage A; MEM-MD-29 Study Group. **A randomized, placebo-controlled study of memantine as adjunctive treatment in patients with schizophrenia.** Neuropsychopharmacology. 2009 Apr; 34(5):1322-9. Epub 2008 Nov 12.

[4] Krivoy A, Weizman A, Laor L, Hellinger N, Zemishlany Z, Fischel T. **Addition of memantine to antipsychotic treatment in schizophrenia inpatients with residual symptoms: A preliminary study. Eur Neuropsychopharmacol.** 2008 Feb; 18(2):117-21. Epub 2007 Aug 28.

Appendix E

ANNUAL REVIEW 2010 OF SINGULAIR® (MONTELUKAST) AND 30 DAY NOTICE TO PRIOR AUTHORIZE ZYFLO CR® (ZILEUTON)

OKLAHOMA HEALTH CARE AUTHORITY
DECEMBER 2010

INTRODUCTION

The prior authorization of Singulair® was implemented January 2009. The following is the approval criteria:

Asthma Criteria:

Children age 11 and under:

- Diagnosis of asthma OR
- A claim for inhaled corticosteroid OR
- Use of 3 or more rescue medications
- All claims should be within the member's previous year's history.

Children age 12 and older and adults:

- Diagnosis of mild or moderate persistent asthma, and/or exercise induced asthma AND
- Trial of inhaled corticosteroid AND corticosteroid/LAB_2A therapy within the previous 6 months and reason for trial failure.

Allergic Rhinitis Criteria:

- For members 2 years of age or older - Trial of an antihistamine and nasal corticosteroid, each 14 days in duration, that has failed to relieve allergic rhinitis symptoms. Agents may be used concomitantly or consecutively within the past 30 days.
- For members less than two years of age - Trial of an oral antihistamine, 14 days in duration, that has failed to relieve allergic rhinitis symptoms within the past 30 days.

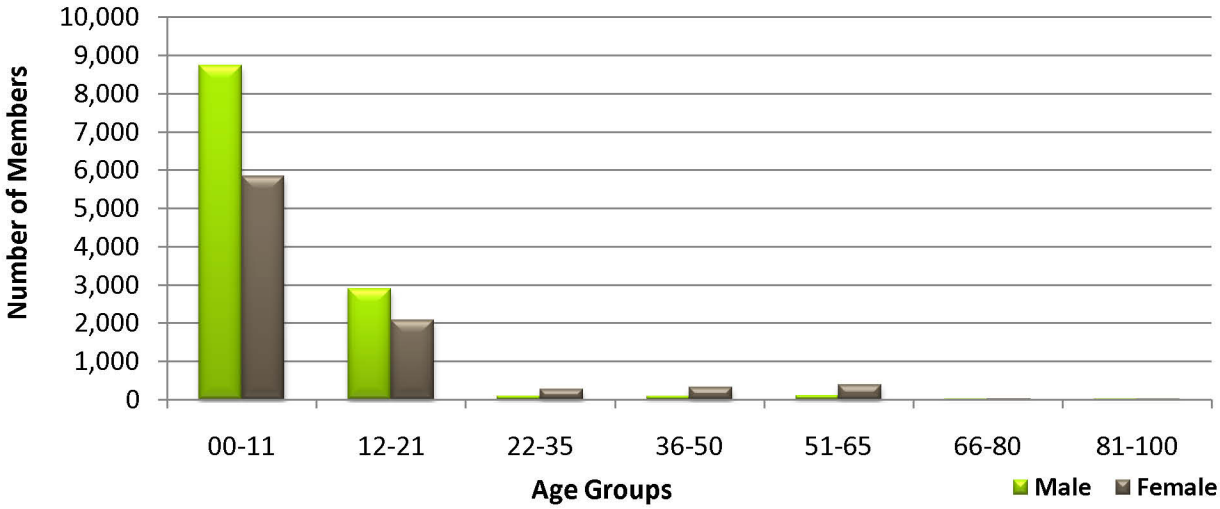
The DUR Board also voted to allow grandfathering of Singulair® for asthma patients only. Computer edits were put in place to automatically detect asthma diagnoses from member's medical or hospital claims within the previous 12 months to generate automated prior authorizations where possible.

UTILIZATION OF SINGULAIR® (MONTELUKAST)

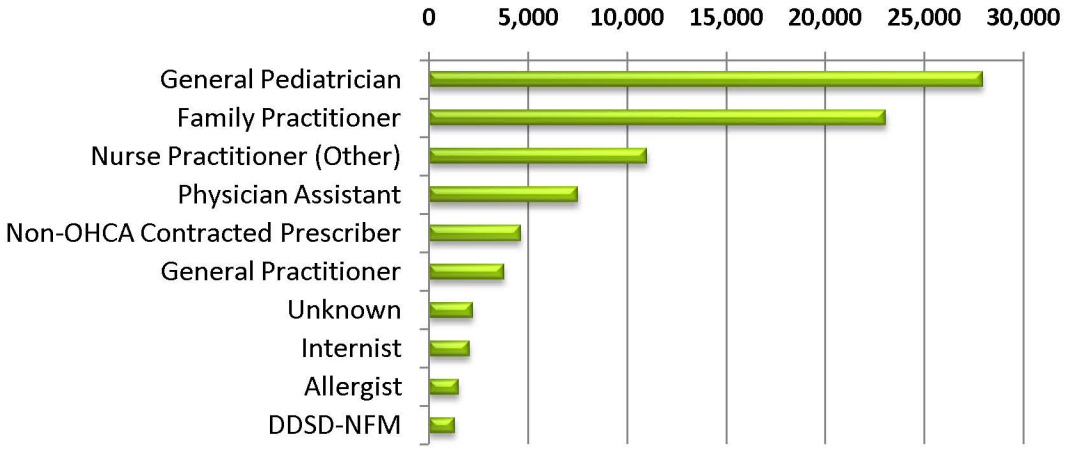
Utilization Trends of Singulair®

Fiscal Year	Members	Claims	Cost	Cost/Claim	Perdiem	Units	Days
2008	43,629	152,385	$16,513,852.86	$108.37	$3.51	4,703,042	4,711,337
2009	33,925	117,191	$13,092,549.63	$111.72	$3.73	3,505,599	3,505,561
2010	20,893	88,654	$10,661,899.31	$120.26	$4.01	2,655,418	2,656,378
Percent Change	-38.40%	-24.40%	-18.60%	7.60%	7.50%	-24.30%	-24.20%
Change	-13,032	-28,537	-$2,430,650.32	$8.54	$0.28	-850,181	-849,183

Demographics of Members Utilizing Singulair®: FY 2010



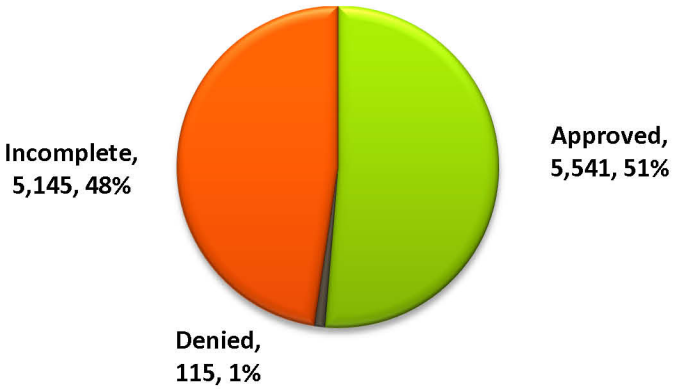
Top Prescribers of Singulair® by Number of Claims: FY 2010



Prior Authorization of Singulair®: FY 2010

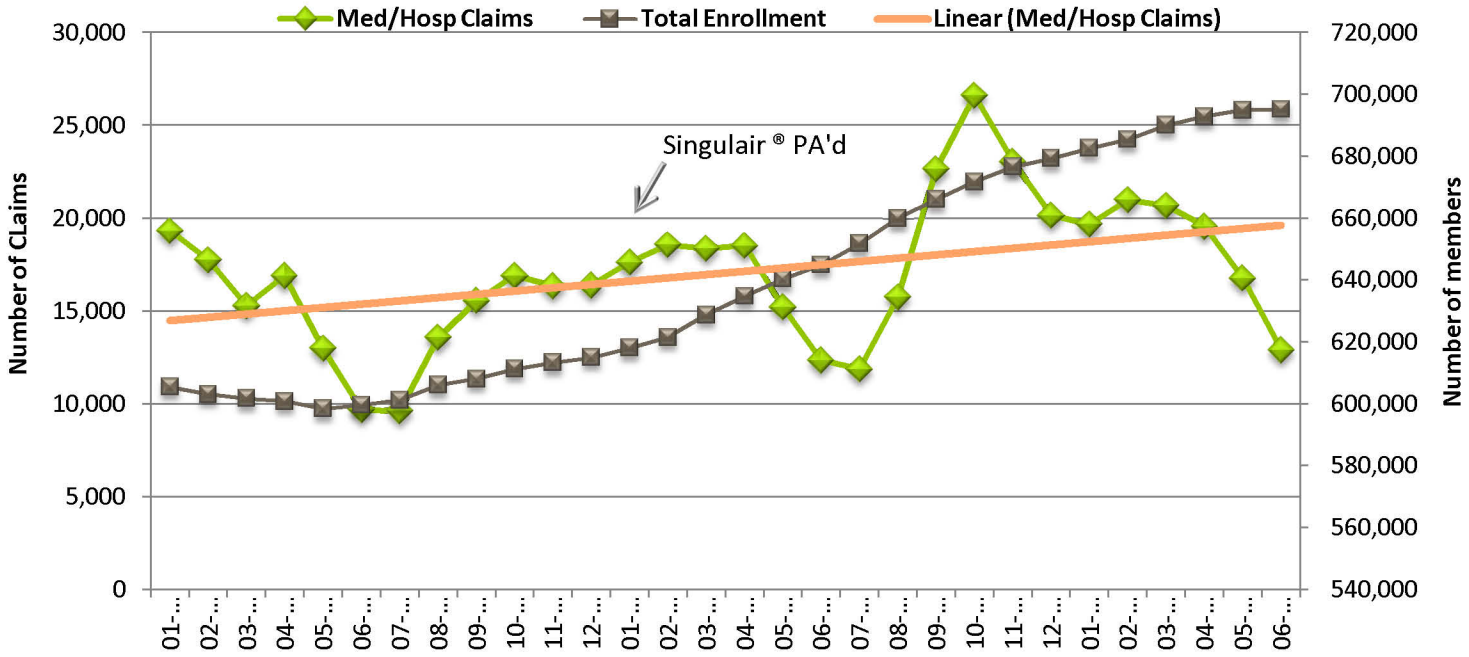
There were a total of 10,801 petitions submitted for Singulair® (montelukast) during fiscal year 2010. As mentioned previously, computer edits were put in place to automatically detect asthma diagnoses from member's medical or hospital claims within the previous 12 months to generate automated prior authorizations at the point of sale. The following chart shows the status of the submitted petitions.

Status of Petitions Submitted for Singulair®: FY 2010

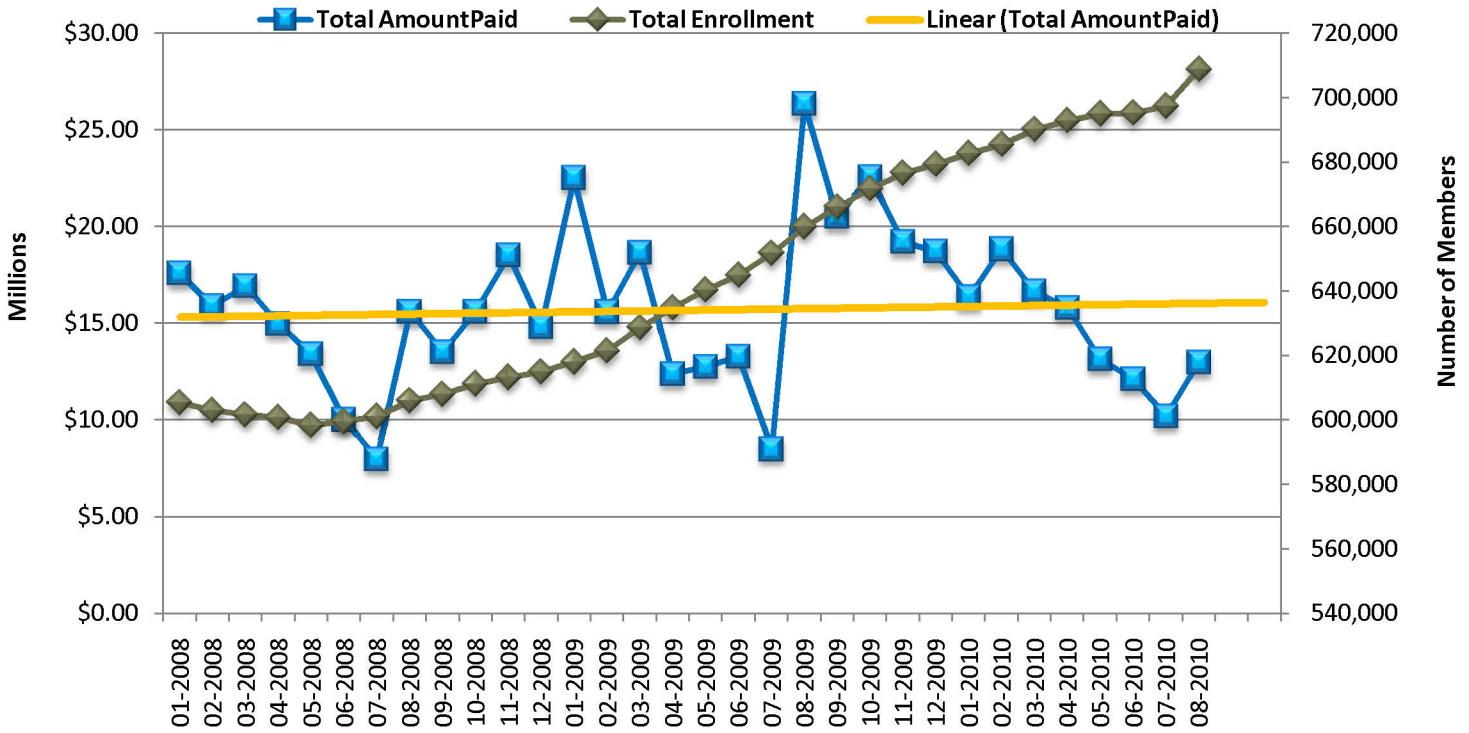


Asthma related medical and hospital claims from January 2008 to June of 2010 were compiled to detect possible increase in total inpatient and outpatient costs that may have resulted by the prior authorization of Singulair®.

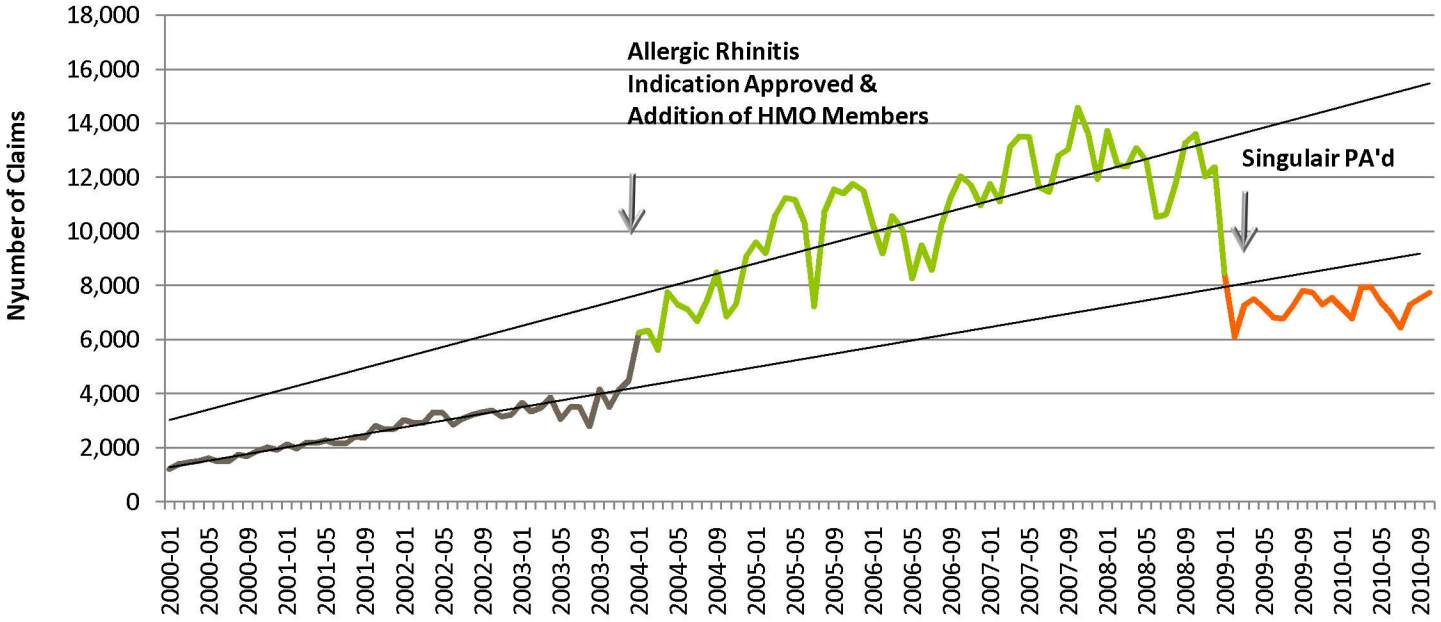
Trends in Total Medical & Hospital Claims



Trends in Costs Associated with Medical & Hospital Claims



Trends in Singulair® Utilization by Claims



Market News and Update

- The patent for Accolate® is expected to expire late 2010 or early 2011.
- The Patent for Singulair® is expected to expire February 2012.
- Zyflo® (zileuton) immediate release formulation has been discontinued by the manufacturer due to low demand. The extended release formulation, Zyflo CR® is still available on the market and it comes in 600mg tablets. However, the recommended dose is 1,200mg twice daily, requiring four tablets to achieve. The estimated acquisition cost per tablet has risen from $2.47 to $5.27 between 2009 and 2010.

Conclusions & Recommendations

- The utilization trends show the prior authorization of Singulair®(montelukast) neutralized the rapidly increasing trend in utilization and costs associated with this medication.
- The medical and hospital data showed a slight increasing trend in asthma related claims and costs. This is consistent with overall healthcare utilization trends, which are expected to increase over time. Other contributing factors could be due to the prior authorization of Singulair®, seasonal variation of the illness involved, overall increase in SoonerCare members, or other confounding factors such as the H1N1 flu pandemic that coincided with that timeframe.
- The utilization data suggests the majority of the utilization affected by the prior authorization of Singulair® may be related to the allergic rhinitis indication.

The College of Pharmacy has the following recommendations:

1. Continuation of the Singulair® prior authorization program.
2. Prior authorization of Zyflo CR® -the current criteria for members 12 and older will apply as Zyflo CR® is not indicated for pediatric members younger than 12 years of age.
3. Educational initiative involving targeted prescribers and members in which asthma treatment guidelines and common questions regarding the treatment of asthma, prior authorization of asthma medications can be addressed.

Utilization Details for Fiscal Year 2010

Chemical Name	Brand Name	Claims	Units	Days	Members	Cost	Units/ Day	Claims/ Member	Cost/ Day
Montelukast	SINGULAIR CHW 5MG	37,811	1,134,196	1,132,715	9,203	$4,562,494.93	1	4.11	$4.03
Montelukast	SINGULAIR TAB 10MG	24,132	720,928	723,155	5,593	$2,887,238.16	1	4.31	$3.99
Montelukast	SINGULAIR CHW 4MG	23,035	689,769	690,178	6,069	$2,767,936.58	1	3.8	$4.01
Montelukast	SINGULAIR GRA 4MG	3,676	110,525	110,330	1,473	$444,229.64	1	2.5	$4.03
Zafirlukast	ACCOLATE TAB 20MG	392	22,311	11,714	78	$39,144.95	1.9	5.03	$3.34
Zileuton	ZYFLO CR TAB 600MG	58	5,940	1,705	20	$22,093.72	3.48	2.9	$12.96
Zafirlukast	ACCOLATE TAB 10MG	40	2,114	1,177	25	$3,794.49	1.8	1.6	$3.22
	Totals	**89,144**	**2,685,783**	**2,670,974**	**20,998***	**$10,726,932.47**	**1.01**	**4.25**	**$4.02**

***Total Number of Unduplicated Members**

Appendix F

Post-Implementation Utilization Review of Atypical Antipsychotics and 30 Day Notice to Prior Authorize Latuda™ (lurasidone HCl)

Oklahoma Health Care Authority, December 2010

Current Prior Authorization and Approval Criteria

Atypical Antipsychotics*		
Tier 1	**Tier 2**	**Tier 3†**
risperidone **(Risperdal®)**₮ clozapine **(Clozaril®)**	aripiprazole **(Abilify®)** iloperidone **(Fanapt™)**	olanzapine **(Zyprexa®)** quetiapine **(Seroquel®, Seroquel XR®)** ziprasidone **(Geodon®)** paliperidone **(Invega®)** asenapine **(Saphris®)** clozapine **(Fazaclo®)** olanzapine/fluoxetine **(Symbyax®)**

***Mandatory Generic Plan Applies**
†May be rebated to Tier 2 status only
₮Includes Risperdal Consta

Approval Criteria for Tier 2 Medication:

1. A trial of risperidone, at least 14 days in duration, titrated to recommended dose, that did not yield adequate response or resulted in intolerable adverse effects.

Approval Criteria for Tier 3 Medication:

1. A trial of risperidone, at least 14 days in duration, titrated to recommended dose, that did not yield adequate response or resulted in intolerable adverse effects.
2. A trial of all available Tier 2 medications, at least 14 days in duration, titrated to recommended dose, that did not yield adequate response or resulted in intolerable adverse effects.

For **aripiprazole and quetiapine extended release**: a diagnosis of depression requires current use of an antidepressant, and previous trials with at least two other antidepressants. Tier structure still applies.

Clinical Exceptions:

1. Approvals will be granted for members with clinical conditions for which lower tiered drugs are contraindicated.
2. Approvals will be granted for members whose current regimen includes drugs known to adversely interact with all lowered tiered drugs.
3. Members being released from a hospital and stabilized on a higher tiered medication will be approved.

Utilization Review

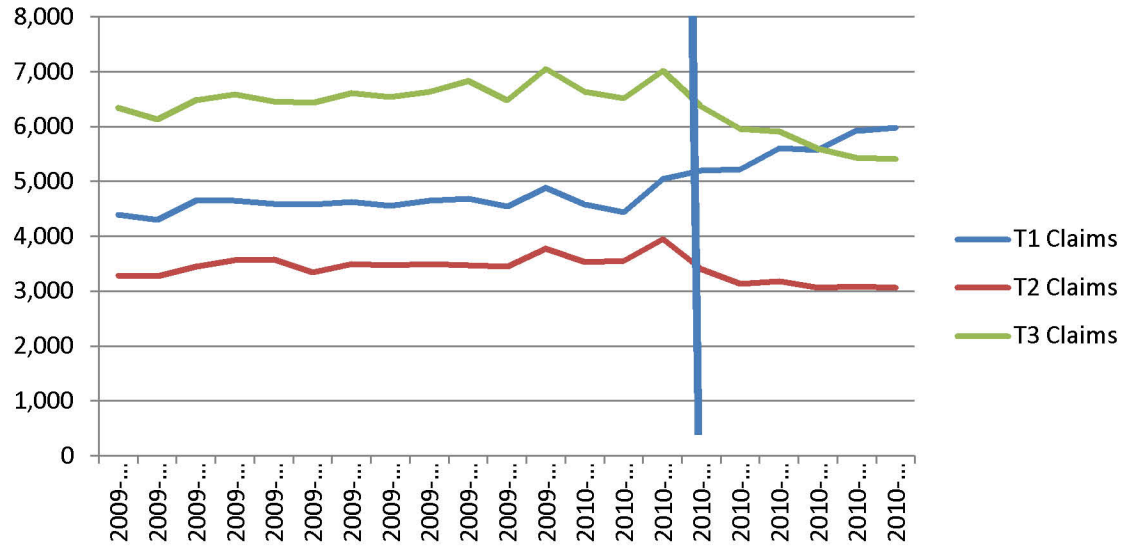
Six Month Pre/Post Implementation Utilization Summary

	Total Members*	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
Pre	20,261	90,560	$30,630,325.40	$338.23	$11.04	3,736,996	2,773,511
Post	19,422	87,173	$28,905,493.47	$331.59	$10.85	3,634,944	2,665,226
% Change	**-4.1%**	**-3.7%**	**-5.6%**	**-2.0%**	**-1.7%**	**-2.7%**	**-3.9%**
Change	**-839**	**-3,387**	**-$1,724,831.93†**	**-$6.64**	**-$0.19**	**-102,052**	**-108,285**

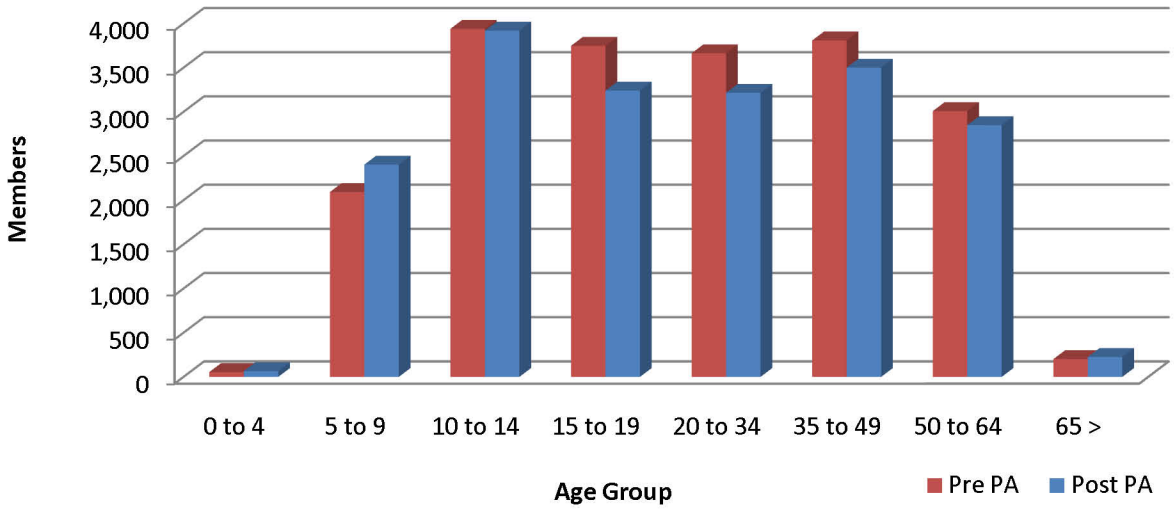
***Unduplicated members**

†Currently stabilized members were allowed to remain on their regimen.

Trends in Market Share by Tier Status (Monthly Claims)

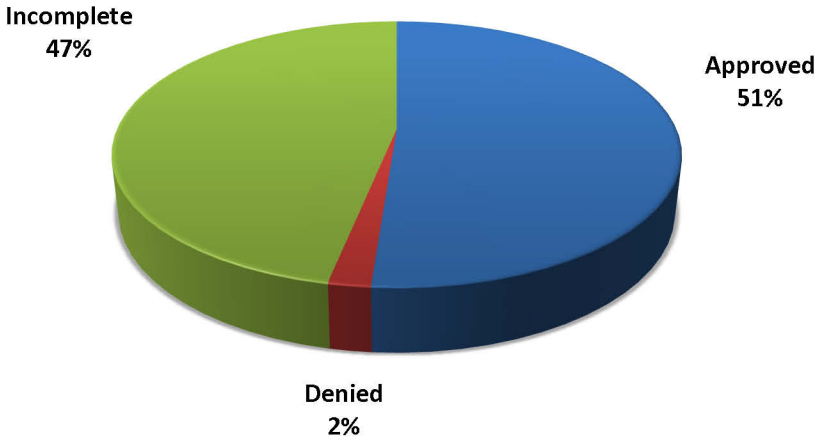


Member Demographics



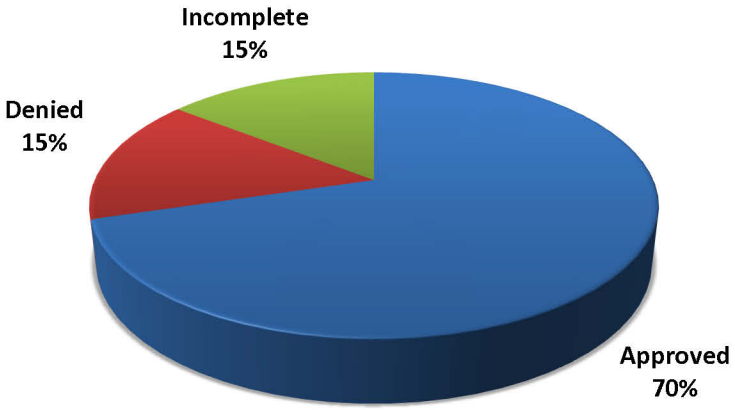
Prior Authorizations

During the review period a total of 4,860 petitions were submitted for this category including step-therapy requests and quantity limit overrides. The point-of-sale system is set to look for claims for lower-tiered products and allow movement to higher tiers when appropriate without manual prior authorization, these approvals are not reflected in the totals below.



Second Opinion Prior Authorizations

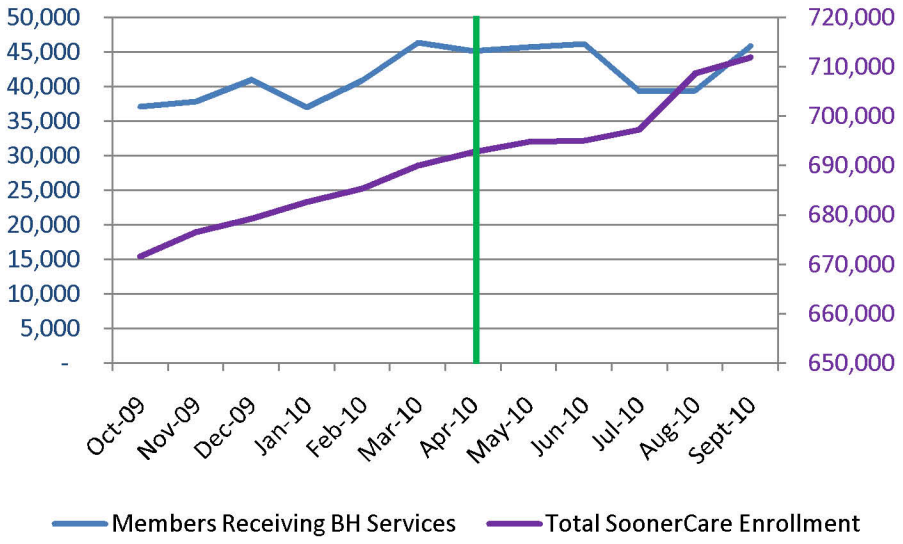
Prior to the implementation date of April 1, 2010, 168 children under the age of 5 who had received an atypical antipsychotic in recent months were reviewed. A total of 125 were approved and 43 were denied. After April 1, 2010, a total of 118 requests were reviewed by the OHCA consultant psychiatrist with a total of 83 approved and 35 incomplete or denied.



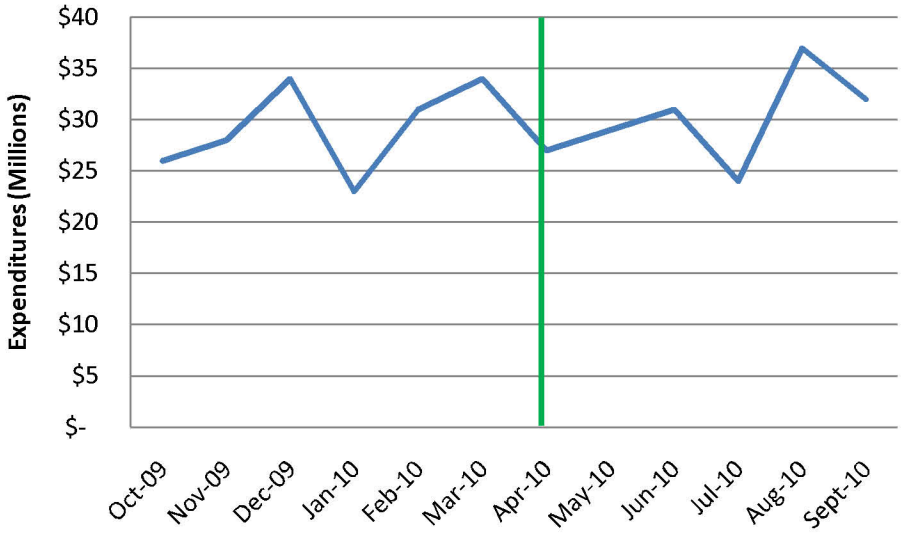
Behavioral Health Data

OHCA tracks behavioral health data on a monthly basis. The data is based on the month the claims were paid and trends may vary from month to month due to sporadic billing. The following graphs were compiled from this data for the 6 months prior to implementation and the 6 months post implementation. The number of members receiving behavioral health services continues to increase in conjunction with the continued increase in enrollment. The percent of members utilizing services compared to total enrollment for each month has remained consistent at approximately 6%. The overall pattern of increased use of outpatient behavioral health services and decreased inpatient services which existed prior to implementation has been maintained.

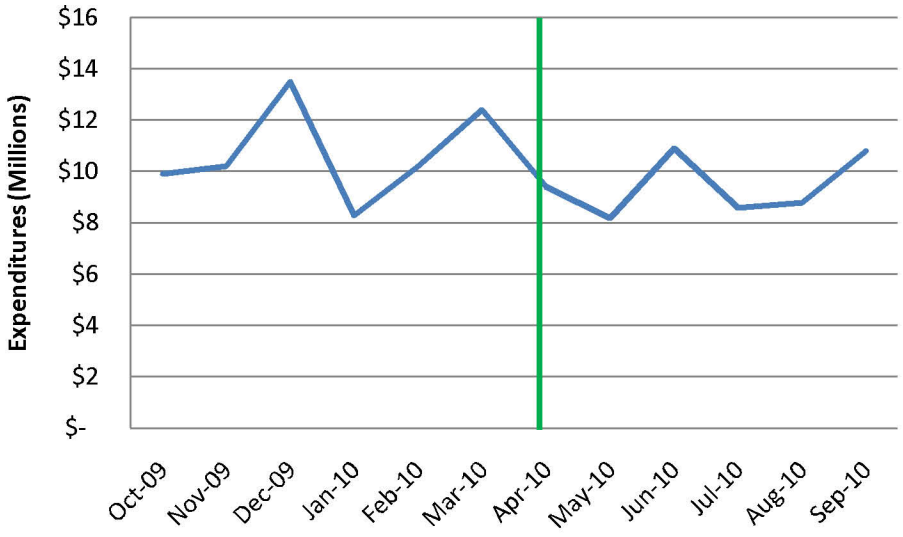
Members Receiving Behavioral Health Services Compared to Total SoonerCare Enrollment



Total Behavioral Health Expenditures by Month



Total Inpatient Behavioral Health Expenditures by Month



Market Update

A new atypical antipsychotic, Latuda® (lurasidone HCl), was approved on October 28, 2010. It is currently approved for treatment of adults with schizophrenia. The starting dose is 40 mg daily with a maximum daily dose of 80 mg per day. It is expected to be available in February 2011.

Metabolic Monitoring Questionnaires

A total of 2,814 questionnaires were mailed out to current prescribers of atypical antipsychotics. Because of the large number of prescribers with over 50 members each, a single questionnaire was sent to each prescriber and the answers have been matched to the individual members. The following table is a summary of the responses received.

Atypical Antipsychotics Prescriber Questionnaire Responses			
Total responses received: 399			
Question	**Yes**	**No**	**N/A**
Is tapering of doses considered when appropriate?	392	7	
Is the possible development of movement disorders monitored?	390	9	
Are weight and BMI being monitored and recorded?	381	18	
Is waist circumference being monitored and recorded monthly? (Adults only). N/A=prescribe to pediatric patients only.	37	279	83
Is blood pressure being monitored and recorded?	372	27	
Is fasting glucose obtained at baseline, after 12 weeks of therapy, and annually?	264	135	
Is fasting lipid profile obtained at baseline, after 12 weeks of therapy, and every 5 years?	251	148	

Conclusion and Recommendations

Criteria

The College of Pharmacy recommends continuation of the Atypical Antipsychotic Product Based Prior Authorization Program. It appears that the utilization trend in Tier 1 products is increasing and additional cost-savings should be achieved as newly diagnosed members begin treatment with a Tier 1 atypical antipsychotic medication. The extensive grandfathering for this class appears to have been successful in maintaining stabilized members on their current regimen.

The College of Pharmacy has the following additional recommendations for this PBPA category:

1. Placement of Latuda® (lurasidone) into Tier 3 of the PBPA category.
2. Addition of Symbyax® (olanzapine/fluoxetine) to the following section of criteria: For **aripiprazole, quetiapine extended release and olanzapine/fluoxetine**: a diagnosis of depression requires current use of an antidepressant, and previous trials with at least two other antidepressants. Tier structure still applies.
3. Perform an additional class review in six months to ensure that the goals of this PBPA category are being met.

Questionnaires

The College of Pharmacy recommends beginning an educational outreach to prescribers which would focus on the three areas from the questionnaires which indicated lower rates of occurrence:

- adult waist circumference monitoring
- fasting glucose monitoring
- fasting lipid profile monitoring

Questionnaires will be sent out again to prescribers who did not respond to the first questionnaire. The College of Pharmacy will also begin comparing medical claims to patients with a corresponding response indicating that glucose and lipid panels are being monitored.

Utilization of Atypical Antipsychotic Medications: April – September 2010

RANK CLAIMS	RANK COST	BRAND NAME	CLAIMS	UNITS	DAYS	MEMBERS	COST
4	1	ABILIFY TAB 5MG	4,807	146,409	150,082	1,805	$2,231,438.39
5	2	ABILIFY TAB 10MG	4,703	144,800	147,218	1,761	$2,217,026.64
8	7	ABILIFY TAB 15MG	3,104	89,703	98,395	1,067	$1,371,411.27
14	6	ABILIFY TAB 20MG	2,224	70,309	70,998	777	$1,521,985.97
18	8	ABILIFY TAB 30MG	1,854	60,953	61,943	549	$1,308,914.39
19	12	ABILIFY TAB 2MG	1,774	53,624	54,046	688	$822,050.24
58	56	ABILIFY SOL 1MG/ML	71	8,090	2,059	24	$27,756.94
65	63	ABILIFY DISC TAB 10MG	38	1,061	1,134	14	$19,865.88
80	71	ABILIFY DISC TAB 15MG	14	420	420	6	$7,733.07
94	94	ABILIFY INJ 9.75MG	1	3	2	1	$33.94
		Total Aripiprazole	18,590	575,372	586,297		$9,528,216.73
23	36	CLOZAPINE TAB 100MG	1,299	111,505	27,396	187	$107,186.67
51	79	CLOZAPINE TAB 25MG	141	9,471	3,124	26	$4,573.39
61	78	CLOZAPINE TAB 200MG	56	1,960	1,012	10	$4,835.83
62	48	CLOZARIL TAB 100MG	54	6,790	1,556	11	$44,176.09
83	88	CLOZAPINE TAB 50MG	10	840	300	3	$769.95
		Total Clozapine	1,560	130,566	33,388		$161,541.93
48	42	FANAPT TAB 6MG	160	9,077	4,741	90	$84,154.18
60	54	FANAPT TAB 8MG	60	3,404	1,777	33	$31,586.66
64	62	FANAPT TAB 4MG	43	2,408	1,279	23	$22,343.78
69	65	FANAPT TAB 2MG	31	1,738	878	17	$16,144.24
71	68	FANAPT TAB 1MG	25	1,208	704	18	$11,230.92
74	84	FANAPT PAK	22	176	99	22	$1,655.18
76	69	FANAPT TAB 12MG	21	1,184	592	9	$10,987.58
79	73	FANAPT TAB 10MG	14	824	412	9	$7,646.54
		Total Iloperidone	376	20019	10482		$185,749.08
17	14	FAZACLO TAB 100MG	1,925	120,466	29,705	207	$693,667.74
38	47	FAZACLO TAB 25MG	412	23,939	6,718	61	$51,900.77
		Total Clozapine ODT	2,337	144,405	36,423		$745,568.51
13	10	GEODON CAP 80MG	2,311	131,908	72,765	651	$1,113,798.05
25	20	GEODON CAP 60MG	1,126	59,734	34,405	368	$499,111.79
27	23	GEODON CAP 40MG	1,063	51,021	32,739	345	$358,516.64
35	29	GEODON CAP 20MG	553	24,007	16,690	192	$168,054.72
85	85	GEODON INJ 20MG	8	105	78	7	$1,491.54
		Total Ziprasidone	5,061	266,775	156,677		$2,140,972.74
20	11	INVEGA TAB 6MG	1,714	65,544	53,994	466	$889,857.54
31	24	INVEGA TAB 3MG	782	24,733	24,105	241	$337,685.87
33	22	INVEGA TAB 9MG	631	20,633	20,633	188	$410,895.43
45	28	INVEGA SUST INJ 156MG/ML	183	183	5,203	74	$188,250.34
52	38	INVEGA SUST INJ 117/0.75	128	96	3,608	47	$100,151.92
55	32	INVEGA SUST INJ 234/1.5	96	144	2,731	49	$145,464.36
66	66	INVEGA TAB 1.5MG	37	1,094	1,094	13	$14,726.08
89	87	INVEGA SUST INJ 78/0.5ML	2	1	56	2	$1,048.08
		Total Paliperidone	3,573	112,428	111,424		$2,088,079.62
1	33	RISPERIDONE TAB 1MG	8,439	370,136	258,387	3,125	$137,507.68
2	37	RISPERIDONE TAB 0.5MG	6,360	274,826	191,051	2,426	$103,688.55
3	39	RISPERIDONE TAB 2MG	5,350	232,346	167,047	1,986	$92,858.97
10	45	RISPERIDONE TAB 3MG	2,862	131,969	90,635	947	$57,743.84
12	49	RISPERIDONE TAB 0.25MG	2,562	121,002	76,714	982	$42,559.89
21	53	RISPERIDONE TAB 4MG	1,669	74,458	55,762	505	$34,819.99
37	58	RISPERIDONE SOL 1MG/ML	423	26,129	13,828	129	$26,254.13
43	60	RISPERIDONE TAB 1MG ODT	229	10,048	6,647	95	$23,464.35
46	52	RISPERIDONE TAB 2MG ODT	168	7,689	5,000	68	$35,234.36
49	70	RISPERIDONE TAB 0.5MG OD	148	6,518	4,355	65	$9,060.45
68	72	RISPERIDONE TAB 3MG ODT	33	1,124	940	13	$7,722.63

RANK CLAIMS	RANK COST	BRAND NAME	CLAIMS	UNITS	DAYS	MEMBERS	COST
73	67	RISPERIDONE TAB 4MG ODT	23	1,130	636	14	$11,785.09
93	93	RISPERIDONE TAB 0.25 ODT	1	60	30	1	$240.58
32	17	RISPERDAL INJ 50MG	718	1,242	17,612	138	$628,184.09
40	35	RISPERDAL INJ 25MG	278	435	6,171	72	$109,667.89
41	30	RISPERDAL INJ 37.5MG	249	411	5,637	55	$156,193.48
70	64	RISPERDAL TAB 3MG	30	1,931	913	7	$19,596.99
75	80	RISPERDAL TAB 1MG	21	1,412	631	5	$3,542.48
81	76	RISPERDAL SOL 1MG/ML	13	960	390	3	$5,587.12
84	81	RISPERDAL INJ 12.5MG	9	18	256	3	$2,297.35
87	86	RISPERDAL TAB 0.25MG	5	270	150	1	$1,214.43
88	89	RISPERDAL TAB 0.5MG	5	150	150	2	$748.20
92	92	RISPERDAL TAB 4MG	1	31	31	1	$422.77
78	77	RISPERDAL M TAB 1MG	14	949	424	4	$5,550.94
86	83	RISPERDAL M TAB 0.5MG	6	360	180	1	$1,849.80
		Total Risperidone	29,616	1,265,604	903,577		$1,517,796.05
53	46	SAPHRIS SUB 10MG	122	6,390	3,720	54	$55,333.38
59	57	SAPHRIS SUB 5MG	67	3,200	2,005	34	$27,515.25
		Total Asenapine	189	9,590	5,725		$82,848.63
6	13	SEROQUEL TAB 100MG	3,609	160,699	112,707	1,157	$797,480.96
7	4	SEROQUEL TAB 300MG	3,388	173,621	108,420	992	$2,121,321.48
9	9	SEROQUEL TAB 200MG	3,079	136,652	95,825	945	$1,262,386.23
11	5	SEROQUEL TAB 400MG	2,672	129,016	85,114	713	$1,845,632.96
15	21	SEROQUEL TAB 50MG	2,129	96,918	66,852	727	$456,660.54
24	27	SEROQUEL TAB 25MG	1,284	65,894	39,688	417	$191,128.18
26	19	SEROQUEL XR TAB 300MG	1,071	45,189	33,396	372	$508,413.62
28	18	SEROQUEL XR TAB 400MG	941	40,429	29,392	307	$519,161.26
34	31	SEROQUEL XR TAB 150MG	619	19,637	19,250	223	$146,688.72
36	34	SEROQUEL XR TAB 200MG	472	15,064	15,219	189	$125,983.59
42	50	SEROQUEL XR TAB 50MG	239	9,205	7,727	101	$38,936.22
		Total Quetiapine	19,503	901,914	619,315		$8,096,642.39
57	55	SYMBYAX CAP 6-25MG	74	2,457	2,457	23	$28,318.57
63	51	SYMBYAX CAP 12-50MG	47	2,040	1,890	13	$36,369.81
67	61	SYMBYAX CAP 12-25MG	34	1,291	1,291	10	$23,026.17
72	75	SYMBYAX CAP 3-25MG	24	720	720	8	$6,218.84
77	74	SYMBYAX CAP 6-50MG	17	627	627	7	$7,452.90
		Total Olanzepine/Fluoxetine	196	7,135	6,985		$101,386.29
16	3	ZYPREXA TAB 20MG	2,060	74,033	69,855	539	$2,184,680.57
22	15	ZYPREXA TAB 10MG	1,448	46,926	46,461	422	$691,210.22
29	16	ZYPREXA TAB 15MG	827	29,944	26,729	242	$661,248.20
30	25	ZYPREXA TAB 5MG	813	27,136	26,141	269	$264,703.89
39	43	ZYPREXA TAB 2.5MG	305	9,267	9,297	89	$75,752.76
44	26	ZYPREXA ZYDI TAB 20MG	210	6,634	6,589	57	$197,850.80
47	41	ZYPREXA ZYDI TAB 10MG	164	5,418	5,178	56	$86,284.03
50	44	ZYPREXA TAB 7.5MG	146	4,800	4,800	44	$57,899.07
54	40	ZYPREXA ZYDI TAB 15MG	103	4,002	3,042	28	$90,705.04
56	59	ZYPREXA ZYDI TAB 5MG	83	2,447	2,462	33	$26,039.93
82	82	ZYPREXA INJ 10MG	11	62	44	7	$1,986.52
91	91	ZYPREXA ZYDIS 10MG TAB	1	30	30	1	$476.85
90	90	ZYPREXA ZYDIS 15MG TAB	1	30	30	1	$702.25
		Total Olanzepine	6,172	210,729	200,658		$4,339,540.13
		Grand Total	**87,173**	**3,634,947**	**2,665,226**		**$28,905,493.47**

Latuda™ (lurasidone HCl) Product Details

Indication

Latuda™ is indicated for the management of schizophrenia in adults.

Dosage Forms

40mg and 80mg tablets

Contraindications

Coadministration of Latuda™ is contraindicated in patients taking strong CYP3A4 inhibitors (e.g. ketoconazole) and strong CYP3A4 inducers (e.g. Rifampin). Latuda™ is also contraindicated in patients with known hypersensitivity to the drug or any components in the formulation.

Pregnancy Risk Factor B

Latuda™ should be used in pregnancy only if the potential benefits justify the risks.

Precautions

- **elderly patients with dementia-related psychosis (unapproved use); increased risk of death**; most deaths were attributed to cardiovascular events (eg, heart failure or sudden death) or infections (eg, pneumonia)
- **agranulocytosis, leukopenia, and neutropenia** have been reported with antipsychotics; risk factors include low WBC and history of leukopenia or neutropenia; monitoring recommended
- **cardiovascular or cerebrovascular disease** or conditions that predispose patients to **hypotension** (eg, dehydration, hypovolemia, antihypertensive medications); increased risk of orthostatic hypotension and syncope; monitoring recommended
- **cerebrovascular adverse events** (cerebrovascular accidents and transient ischemic attacks), including fatalities, have been reported in association with antipsychotic agents in elderly patients with dementia (unapproved use)
- **disruption of body temperature regulation** has been reported with antipsychotic agents; caution in conditions that may contribute to elevated body temperature (eg, strenuous exercise, extreme heat exposure, dehydration, concomitant anticholinergic use);
- **diabetes mellitus** or risk factors for diabetes mellitus; increased risk of severe hyperglycemia; monitoring recommended
- **elderly patients**, especially elderly women; increased risk of tardive dyskinesia
- **esophageal dysmotility and aspiration** may occur; use not recommended in patients at risk for aspiration pneumonia
- **hyperglycemia** (some cases extreme and associated with ketoacidosis, hyperosmolar coma, or death) has been reported with atypical antipsychotic use; monitor for symptoms of hyperglycemia
- **hyperprolactinemia** has been reported
- **tardive dyskinesia**, potentially irreversible, may occur; drug discontinuation may be necessary; increased risk with increased duration of therapy and/or higher cumulative doses
- **neuroleptic malignant syndrome (NMS)**, potentially fatal, has been reported in association with antipsychotic drugs; immediately discontinue therapy if NMS is suspected

- **seizures** - seizure disorder, history, or conditions that lower the seizure threshold; risk of seizures

Common Adverse Effects

- Nausea
- Vomiting
- Akathisia
- Agitation
- Somnolence
- Parkinsonism
- Insomnia

Less Common Adverse Effects

- Anemia
- Tachycardia
- Tardive dyskinesia
- Agranulocytosis
- Suicidal thoughts
- Seizures

Patient Information

- Latuda™ may cause orthostatic symptoms. Use caution in driving, operating machinery, or doing other dangerous activities during initiation of therapy. Avoid situations where injury could result.
- Patients should sit or lie down when symptoms of low blood pressure occur and should be careful when rising from a sitting or lying position.
- Patients should inform their healthcare provider of any other prescription or over-the-counter medications they are currently taking or plan to take and should be advised to avoid alcohol.
- Patients should be advised regarding potential for overheating or dehydration.
- Patients should be aware of the symptoms of hyperglycemia and diabetes mellitus.
- Monitor CBC, fasting blood glucose and body weight periodically. Please report changes in body weight to the health provider.

REFERENCES

1. Lurasidone. In: DRUGDEX® System [Internet database]. Greenwood Village, Colo: Thomson Reuters (Healthcare) Inc. Updated periodically.
2. Latuda(TM) (lurasidone HCl) Prescribing Information. Sunovion Pharmaceuticals Inc. 2010.

Appendix G

60 DAY NOTICE TO PRIOR AUTHORIZE BENIGN PROSTATE HYPERPLASIA (BPH) PRODUCTS

OKLAHOMA HEALTH CARE AUTHORITY
DECEMBER 2010

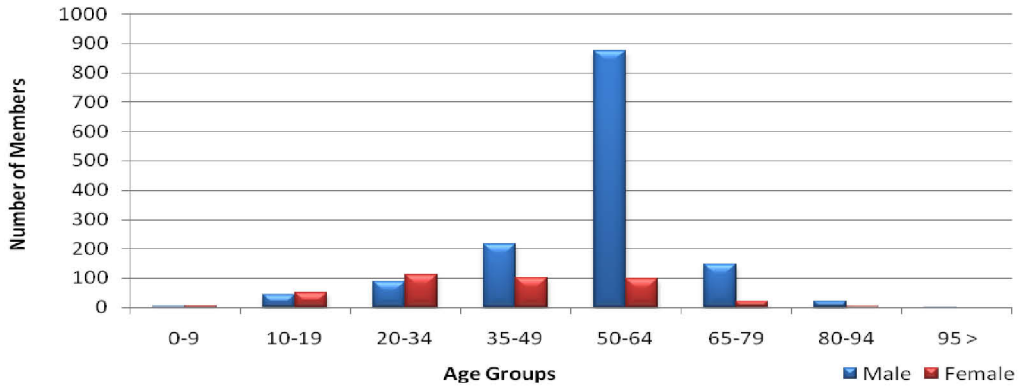
This category was introduced for possible inclusion in the Product Based Prior Authorization program in November 2010. See the November DUR packet for a more complete discussion of the category. This notice and statement of potential economic impact are presented to meet the statutory requirements of 63 O.S. Sec. 5030.5.

SUMMARY OF PAID CLAIMS FY10

Product	Claims	Units	Days	Members	Total Paid
Tamsulosin	3,884	143,064	133,716	1,449	$544,785.75
Doxazosin	1,423	65,495	55,435	408	$13,946.04
Doxazosin XL	1	90	90	1	$148.80
Terazosin	808	34,721	30,556	237	$6,051.37
Dutasteride	517	21,686	21,834	141	$76,853.37
Finasteride	491	18,174	18,967	122	$15,633.37
Uroxatral	224	9,373	9,313	67	$32,072.04
Silodosin	28	1,145	1,345	11	$3,886.39
Total	**7,376**	**293,748**	**271,256**	**1,778**	**$693,377.13**

MEMBER DEMOGRAPHICS

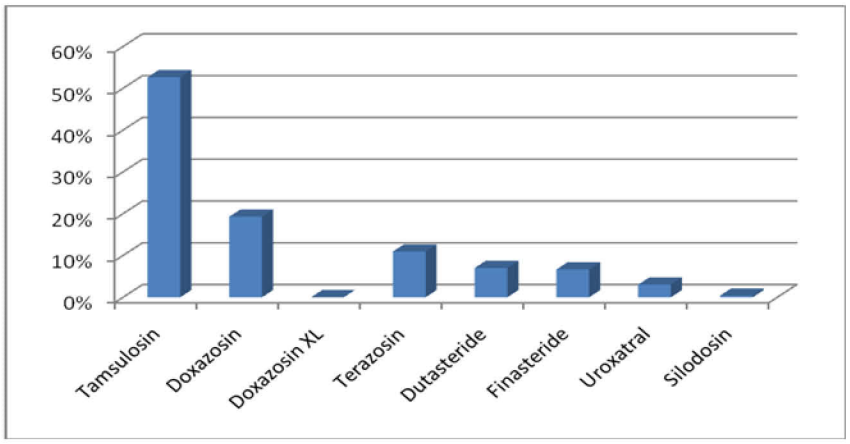
There are a total of 1,778 members on these medications, 138 receive care through a nursing facility and there are no members enrolled in the Advantage Waiver program.



MARKET ANALYSIS

Currently tamsulosin has the majority of the market share for this category followed by doxazosin and terazosin.

Product	Market Share
Tamsulosin	53%
Doxazosin	19%
Doxazosin XL	0%
Terazosin	11%
Dutasteride	7%
Finasteride	7%
Uroxatral	3%
Silodosin	0%
Total	100%



PRODUCT COSTS

Product	Indication	Dosing (max)	30-day Cost
Jalyn®(Dutasteride/Tamsulosin)	BPH	0.5mg/0.4mg daily	$107.40*
Avodart® (Dutasteride)	BPH	0.5mg daily	$107.40*
Flomax® (Tamsulosin)	BPH	0.8mg daily	$247.20*
Uroxatrol® (Alfuzosin)	BPH	10mg daily	$110.40*
Rapaflo® (Silodosin)	BPH	8mg daily	$110.70*
Cardura XL® (Doxazosin)	BPH/Hypertension	8mg daily	$53.70*
Tamsulosin generic	BPH	0.8mg daily	$36.00^
Doxazosin generic	BPH/Hypertension	8mg daily	$6.00^
Terazosin generic	BPH/Hypertension	20mg daily	$6.60^
Finasteride generic	BPH	5mg daily	$22.20^

*EAC cost ^MAC cost

ECONOMIC IMPACT

POTENTIAL SECONDARY COSTS

Overall efficacy is considered to be similar across this class, but drug selection requires individual patient history which includes, but is not limited to: other illnesses, disease risk factors, and current symptoms.

POTENTIAL ADMINISTRATIVE COSTS

Based on a potential shift of proposed Tier 2 products to a Tier 1 product of 75%, it is estimated that approximately 220 petitions would be required. The proposed tier changes would affect approximately 12% of the total population for this PBPA category.

Previously, it has been theorized that total cost per petition to the *healthcare system* (includes cost to physicians, pharmacists, and program) is between $7.63 and $14.82. Total cost for prior authorization to the *healthcare system* is estimated to be between $1,600 and $3,260 annually. Anticipated actual administrative cost to the program is projected to be less than $2,500.

POTENTIAL PROGRAM SAVINGS

Because the product with the highest market share recently went generic, efforts to maintain this market share will result in the most savings for this category. Potential net ingredient savings to the program based on recommended tiers, the recent generic product, and a potential shift of 75% of market share from Tier 2 to Tier 1 is estimated to be 65 % of the FY2010 total reimbursement to pharmacies for this category of drugs. This includes the projected SMAC for the new generic product.

RECOMENDATION

The College of Pharmacy recommends the addition of the BPH class of medications to the Product Based Prior Authorization program. The following Tier 1 drug list has been reviewed and determined to be an acceptable combination for use as initial therapy for the majority of members. The College of Pharmacy recommends this list to the Drug Utilization Review Board based on cost and clinical effectiveness for approval before referral to the Oklahoma Healthcare Authority. The following is the proposed Tier list and approval criteria.

Tier 1*	Tier 2
Hytrin® (Terazosin)	Uroxatrol® (Alfuzosin)
Cardura® (Doxazosin)	Rapaflo® (Silodosin)
Flomax® (Tamsulosin)	Cardura XL® (Doxazosin)
Proscar® (Finasteride)	Avodart® (Dutasteride)
	Jalyn® (Dutasteride/Tamsulosin)

* Mandatory Generic Plan Applies

Prior Authorization Criteria:

1. FDA approved diagnosis.
2. Recent 4-week trial of at least two Tier-1 medications from different pharmacological classes within the last 90 days
3. Documented adverse effect, drug interaction, or contraindication to all available Tier-1 products.

Appendix H

U.S. Food and Drug Administration

Safety

Propoxyphene: Withdrawal - Risk of Cardiac Toxicity

Sold as Darvon, Darvocet, and generics

[Posted 11/19/2010]

AUDIENCE: Pain management, Pharmacy

ISSUE: FDA notified healthcare professionals that Xanodyne Pharmaceuticals has agreed to withdraw propoxyphene, an opioid pain reliever used to treat mild to moderate pain, from the U.S. market at the request of the FDA, due to new data showing that the drug can cause serious toxicity to the heart, even when used at therapeutic doses. FDA concluded that the safety risks of propoxyphene outweigh its benefits for pain relief at recommendec doses. FDA requested that the generic manufacturers of propoxyphene-containing products remove their products as well.

BACKGROUND: FDA's recommendation is based on all available data including data from a new study that evaluated the effects that increasing doses of propoxyphene have on the heart (see Data Summary in Drug Safety Communication). The results of the new study showed that when propoxyphen was taken at therapeutic doses, there were significant changes to the electrical activity of the heart: prolonged PR interval, widened QRS complex and prolonged QT interval. These changes can increase the risk for serious abnormal heart rhythms.

RECOMMENDATION: FDA recommends that healthcare professionals stop prescribing and dispensing propoxyphene-containing products to patients, contact patients currently taking propoxyphene-containing products and ask them to discontinue the drug, inform patients of the risks associated with propoxyphene, and discuss alternative pain management strategies. Patients were advised to dispose of unused propoxyphene in household trash by following the recommendations outlined in the Federal Drug Disposal Guidelines.[1]

[11/19/2010 - Drug Safety Communication[2] - FDA]

[11/19/2010 - News Release[3] (with video) - FDA]

Supporting Documents:

[11/19/2010 - Updated Epidemiological Review of Propoxyphene Safety [4]- FDA]

[10/21/2010 - Multiple Ascending Dose (MAD) Study Review [5]- FDA]

Links on this page:

1. http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm226353.htm
2. http://www.fda.gov/Drugs/DrugSafety/ucm234338.htm
3. http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm234350.htm
4. http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM234383.pdf
5. http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM234330.pdf

U.S. Food and Drug Administration

News & Events

FDA NEWS RELEASE

For Immediate Release: Nov. 15, 2010
Media Inquiries: Erica Jefferson, 301-796-4988, erica.jefferson@fda.hhs.gov
Consumer Inquiries: 888-INFO-FDA

FDA approves new treatment option for late-stage breast cancer

The U.S. Food and Drug Administration today approved Halaven (eribulin mesylate) to treat patients with metastatic breast cancer who have received at least two prior chemotherapy regimens for late-stage disease.

Breast cancer is the second leading cause of cancer related death among women, according to the National Cancer Institute. This year, an estimated 207,090 women will be diagnosed with breast cancer, while 39,840 women will die from the disease.

Halaven is a synthetic form of a chemotherapeutically active compound derived from the sea sponge *Halichondria okadai*. This injectable therapy is a microtubule inhibitor, believed to work by inhibiting cancer cell growth. Before receiving Halaven, patients should have received prior anthracycline- and taxane-based chemotherapy for early or late-stage breast cancer.

Halaven's safety and effectiveness were established in a single study in 762 women with metastatic breast cancer who had received at least two prior chemotherapy regimens for late-stage disease. Patients were randomly assigned to receive treatment with either Halaven or a different single agent therapy chosen by their oncologist.

The study was designed to measure the length of time from when this treatment started until a patient's death (overall survival). The median overall survival for patients receiving Halaven was 13.1 months compared with 10.6 months for those who received a single agent therapy.

"There are limited treatment options for women with aggressive forms of late-stage breast cancer who have already received other therapies," said Richard Pazdur, M.D., director of the Office of Oncology Drug Products in the FDA's Center for Drug Evaluation and Research. "Halaven shows a clear survival benefit and is an important new option for women."

The most common side effects reported by women treated with Halaven include a decrease in infection-fighting white blood cells (neutropenia), anemia, a decrease in the number of white blood cells (leukopenia), hair loss (alopecia), fatigue, nausea, weakness (asthenia), nerve damage (peripheral neuropathy), and constipation.

Other FDA-approved therapies used to treat late-stage, refractory breast cancer include Xeloda (capecitabine) for patients with breast cancer resistant to paclitaxel and anthracycline-containing chemotherapy; Ixempra (ixabepilone) for patients with late-stage disease after failure of an anthracycline, taxane and Xeloda; and Ixempra plus Xeloda for patients with late-stage disease after failure of anthracycline- and taxane-based chemotherapy.

Halaven is marketed by Woodcliff Lakes, N.J. -based Eisai Inc.

For more information:

FDA: Office of Oncology Drug Products[1]

NCI: Breast Cancer [2]

#

Links on this page:

1. http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm091745.htm
2. http://www.cancer.gov/cancertopics/types/breast

U.S. Food and Drug Administration

News & Events

Update on Caffeinated Alcoholic Beverages

FDA Announces Progress on Removal of Certain Caffeinated Alcoholic Beverages from the Market

On November 17, 2010, the FDA issued Warning Letters to four manufacturers of caffeinated alcoholic beverages. FDA's letters warned that the addition of caffeine to those manufacturers' alcoholic beverages has not been approved by FDA and is an "unsafe food additive." The four manufacturers to receive Warning Letters were Phusion Projects, LLC, United Brands Co., Inc., Charge Beverages Corp., Inc., and New Century Brewing Co., LLC.

Since issuing the Warning Letters, the FDA has had discussions with all four companies. As a result of those discussions, significant progress has been made.

Phusion Projects has advised the FDA that it has ceased producing caffeinated alcoholic beverages, is no longer shipping such products, and expects tc have all of its caffeinated alcoholic beverages off retail store shelves by December 13. Phusion Projects is the maker of Four Loko.

United Brands has informed FDA that it has ceased shipping its caffeinated alcoholic beverage Joose and, similarly, expects to have its product off reta store shelves by December 13. United Brands also informed FDA that it no longer markets Max, another caffeinated alcoholic beverage listed in the Warning Letter.

Charge Beverages has notified FDA that it ceased producing its caffeinated alcoholic beverages, Core High Gravity HG, Core High Gravity HG Orange, and Lemon Lime Core Spiked, in September and has not shipped any caffeinated alcoholic beverages since early November.

New Century Brewing has advised the FDA that it has ceased manufacturing its caffeinated alcoholic beverage, Moonshot.

For More Information:

- Caffeinated Alcoholic Beverages -- FDA Web Page [1]
- Caffeinated Alcoholic Beverages -- Consumer Update [2]
- Caffeinated Alcoholic Beverages – Warning Letters:
  - Charge Beverages Corp.: Core High Gravity HG Green, Core High Gravity HG Orange, and Lemon Lime Core Spiked [3]
  - New Century Brewing Co., LLC: Moonshot [4]
  - Phusion Projects, LLC (doing business as Drink Four Brewing Co.): Four Loko [5]
  - United Brands Company Inc.: Joose and Max [6]
- Qs & As on Caffeine in Alcoholic Beverages [7]
- Caffeinated Alcoholic Beverages -- FDA Page on Flickr [8]
- Caffeinated Alcoholic Beverages -- CDC Fact Sheet [9]
- FTC Sends Warning Letters to Marketers of Caffeinated Alcohol Drinks [10]
- TTB Issues Warning on the Sale or Shipment of Caffeinated Alcohol Beverages Determined by FDA to Be Adulterated [11]

#

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Links on this page:

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2. /ForConsumers/ConsumerUpdates/ucm233987.htm
3. /ICECI/EnforcementActions/WarningLetters/ucm233990.htm
4. /ICECI/EnforcementActions/WarningLetters/ucm234028.htm
5. /ICECI/EnforcementActions/WarningLetters/ucm234023.htm
6. /ICECI/EnforcementActions/WarningLetters/ucm234002.htm
7. /Food/FoodIngredientsPackaging/ucm233726.htm
8. http://www.flickr.com/photos/fdaphotos/sets/72157625403077684/
9. http://www.cdc.gov/alcohol/fact-sheets/cab.htm
10. http://www.ftc.gov/opa/2010/11/alcohol.shtm
11. http://www.ttb.gov/main_pages/caffeine-added.shtml

U.S. Food and Drug Administration

Tobacco Products

Proposed Cigarette Product Warning Labels

Overview

The Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act) requires that cigarette packages and advertisements have larger and more visible graphic health warnings.

FDA issued a proposed rule[1], *Required Warnings for Cigarette Packages and Advertisements*, proposing to modify the required warnings that appear on cigarette packages and in cigarette advertisements. These new required warnings would consist of nine new textual warning statements accompanied by color graphics depicting the negative health consequences of smoking.

Timeline for Final Regulations

The Tobacco Control Act requires FDA to issue final regulations requiring these color graphics by June 22, 2011. It also specifies that the requirement for the new health warnings on cigarette packages and advertisements will take effect 15 months after issuance of this final rule.

Proposed Graphic Health Warnings for Cigarette Packages and Advertisements

WARNING: Cigarettes are addictive.[2]
WARNING: Tobacco smoke can harm your children.[3]
WARNING: Cigarettes cause fatal lung disease.[4]
WARNING: Cigarettes cause cancer.[5]
WARNING: Cigarettes cause strokes and heart disease.[6]
WARNING: Smoking during pregnancy can harm your baby.[7]
WARNING: Smoking can kill you.[8]
WARNING: Tobacco smoke causes fatal lung disease in nonsmokers.[9]
WARNING: Quitting smoking now greatly reduces serious risks to your health.[10]

High Resolution Image Formats

- PDF format (PDF 13 MB)[11] The PDF contains a composite of all of the proposed images. If you do not already have Adobe Acrobat, you can download Acrobat Reader for free[12][13].
- JPEG format (6 MB)[14] The zipped folder contains all of the compressed images. If you do not already have WinZip, you can download WinZip[15] a file compression program.

Placement Location on Cigarette Packages

The Tobacco Control Act requires that the nine graphic health warnings appear on the upper portion of the front and rear panels of each cigarette package and comprise at least the top 50 percent of these panels.

Placement Location on Cigarette Advertisement

It also requires that they appear in each cigarette advertisement[16], and occupy at least 20 percent of the advertisement. For advertisements with a surface area less than 12 square inches, the proposed rule provides a subset of proposed color graphics[17] to accompany the nine textual warning statements.

Public Comment

FDA is seeking public comment on the proposed rule from Friday, November 12, 2010 through Tuesday, January 11, 2011. To submit an official comment during this time period:

- Go to www.regulations.gov[18] and insert docket number FDA-2010-N-0568 into the "search" box and follow the prompts.
- Send a fax, with your comments, to 301-827-6870.
- Mail/Hand delivery/Courier (for paper, disk, or CD-ROM submissions) to the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Room 1061, Rockville, MD 20852.

All comments should be identified by Docket ID No. FDA-2010-N-0568. It is only necessary to send one set of comments.

Additional Resources

- Required Warnings for Cigarette Packages and Advertisements Proposed Rule[19]
- Spanish Translation of Warning Statements (PDF - 22KB)[20]
- HHS Announces New Tobacco Strategy (Press Release)[21]
- Tobacco Control Announcement, 11/10/2010 (View Webcast)[22]
- Cigarette Product Warning Labels Frequently Asked Questions (PDF - 39KB)[23]