Drug Utilization Review Board

Oklahoma Health Care Authority
2401 N.W. 23rd Street, Suite 1A
Oklahoma City, Oklahoma 73107
Ponca Room

Wednesday
April 13, 2011
6:00 p.m.

The University of Oklahoma

Health Sciences Center

COLLEGE OF PHARMACY

PHARMACY MANAGEMENT CONSULTANTS

MEMORANDUM

TO: Drug Utilization Review Board Members

FROM: Shellie Keast, Pharm.D., M.S.

SUBJECT: Packet Contents for Board Meeting – April 13, 2011

DATE: April 7, 2011

NOTE: THE DUR BOARD WILL MEET AT 6:00 P.M. THE MEETING WILL BE HELD IN THE PONCA ROOM AT THE OKLAHOMA HEALTH CARE AUTHORITY OFFICES IN SHEPHERD MALL. (NORTH ENTRANCE)

Enclosed are the following items related to the April meeting. Material is arranged in order of the Agenda.

Call to Order

Public Comment Forum

Action Item – Approval of DUR Board Meeting Minutes – See Appendix A.

Update on DUR / MCAU Program – See Appendix B.

Action Item – Vote to Update Osteoporosis PBPA Criteria and Prior Authorize Prolia™ and Atelvia™ – See Appendix C.

60 Day Notice to Prior Authorize Topical Corticosteroids – See Appendix D.

30 Day Notice to Prior Authorize Pradaxa®– See Appendix E.

Action Item – Annual Review of Advair® and Symbicort® and 30 Day Notice to Prior Authorize Dulera® See Appendix F.

Action Item – Annual Review of Anti-Migraine Medications and 30 Day Notice to Prior Authorize Sumavel® See Appendix G.

Fiscal Year 2010 Annual Review – See Appendix H.

Action Item – Annual Review of Plavix® and Effient® – See Appendix I.

Action Item – Annual Review of Fibromyalgia Medications – See Appendix J

FDA and DEA Updates – See Appendix K.

Future Business

Adjournment

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Oklahoma Health Care Authority
Drug Utilization Review Board
(DUR Board)
Meeting – April 13, 2011 @ 6:00 p.m.

Oklahoma Health Care Authority
2401 N.W. 23rd Street, Suite 1-A
Oklahoma City, Oklahoma 73107
Ponca Room (North Entrance)

AGENDA
Discussion and Action on the Following Items:

Items to be presented by Dr. Muchmore, Chairman:

1. Call To Order
- A. Roll Call – Dr. Graham

Items to be presented by Dr. Muchmore, Chairman:

2. Public Comment Forum
- A. Acknowledgment of Speakers and Agenda Items

Items to be presented by Dr. Muchmore, Chairman:

3. Action Item – Approval of DUR Board Meeting Minutes – See Appendix A.
- A. March 9, 2011 DUR Minutes – Vote
- B. March 10, 2011 DUR Recommendation Memorandum
- C. Correspondence

Items to be presented by Dr. Keast, Dr. Muchmore, Chairman:

4. Update on DUR / Medication Coverage Authorization Unit – See Appendix B.
- A. Retrospective Drug Utilization Review for December 2010
- B. Retrospective Drug Utilization Review Response for November 2010
- C. Medication Coverage Activity Audit for March 2011
- D. Pharmacy Help Desk Activity Audit for March 2011

Items to be presented by Dr. Patel, Dr. Muchmore, Chairman

5. Action Item – Vote to Update Osteoporosis PBPA Criteria and Prior Authorize Prolia™ and Atelvia™ – See Appendix C.
- A. COP Recommendations

Items to be presented by Dr. Sipols, Dr. Muchmore, Chairman

6. 60 Day Notice to Prior Authorize Topical Corticosteroids – See Appendix D.
- A. Utilization Review
- B. COP Recommendations

Items to be presented by Dr. Keast, Dr. Muchmore, Chairman

7. 30 Day Notice to Prior Authorize Pradaxa® – See Appendix E.

A. Product Summary
B. COP Recommendations
C. Product Details

Items to be presented by Dr. Le, Dr. Muchmore, Chairman

8. Action Item – Annual Review of Advair® and Symbicort® and 30 Day Notice to Prior Authorize Dulera® – See Appendix F.

A. Current Authorization Criteria
B. Utilization Review
C. Prior Authorizations Review
D. Market News and Updates
E. COP Recommendations
F. Dulera® Product Details

Items to be presented by Dr. Sipols, Dr. Muchmore, Chairman

9. Action Item – Annual Review of Anti-Migraine Medications and 30 Day Notice to Prior Authorize Sumavel® – See Appendix G.

A. Current Authorization Criteria
B. Utilization Review
C. Prior Authorizations Review
D. Market News and Updates
E. COP Recommendations
F. Utilization Details
G. Sumavel® Product Details

Items to be presented by Dr. Keast, Dr. Muchmore, Chairman

10. Fiscal Year 2010 Annual Review – See Appendix H.

A. Top 100 Medications by Total Pharmacy Reimbursement
B. Top 50 Medications by Number of Pharmacy Claims
C. Pharmacy Claims by Therapeutic Category

Items to be presented by Dr. Keast, Dr. Muchmore, Chairman

11. Action Item – Annual Review of Plavix® and Effient® – See Appendix I.

A. Current Authorization Criteria
B. Utilization Review
C. Market News and Updates
D. COP Recommendations

Items to be presented by Dr. Patel, Dr. Muchmore, Chairman

12. Action Item – Annual Review of Fibromyalgia Medications – See Appendix J.

A. Current Authorization Criteria
B. Utilization Review
C. Prior Authorizations Review
D. Market News and Updates
E. COP Recommendations
F. Utilization Details

Items to be presented by Dr. Graham, Dr. Muchmore, Chairman

13. FDA and DEA Updates – See Appendix K.

14. Future Business

A. Utilization Review of Diabetes Products
B. Annual Review of Ophthalmic Antibiotics
C. Annual Review of Antiemetics
E. New Product Reviews

14. Adjournment

Appendix A

OKLAHOMA HEALTH CARE AUTHORITY
DRUG UTILIZATION REVIEW BOARD MEETING
MINUTES of MEETING of MARCH 11, 2011

BOARD MEMBERS:	PRESENT	ABSENT
Brent Bell, D.O., D.Ph.: Vice-Chairman	X	
Mark Feightner, Pharm.D.	X	
Anetta Harrell, Pharm.D.	X	
Evelyn Knisely, Pharm.D.		X
Thomas Kuhls, M.D.	X	
John Muchmore, M.D., Ph.D.: Chairman	X	
Paul Louis Preslar, D.O., MBA	X	
James Rhymer, D.Ph.	X	
Bruna Varalli-Claypool, MHS, PA-C	X	
Eric Winegardener, D.Ph.		X

COLLEGE of PHARMACY STAFF:	PRESENT	ABSENT
Metha Chonlahan, D.Ph.; Clinical Pharmacist		X
Karen Egesdal, D.Ph.; SMAC-ProDUR Coordinator/OHCA Liaison	X	
Ronald Graham, D.Ph.; Pharmacy Director	X	
Shellie Keast, Pharm.D, M.S..; DUR Manager	X	
Chris Le, Pharm.D.; Clinical Pharmacist/Coordinator	X	
Carol Moore, Pharm.D.; Clinical Pharmacist	X	
Neeraj Patel, Pharm.D.; Clinical Pharmacist	X	
Lester A. Reinke, Ph.D.; Associate Dean for Graduate Studies & Research	X	
Leslie Robinson, D.Ph.; PA Coordinator	X	
Jennifer Sipols, Pharm.D.; Clinical Pharmacist	X	
Visiting Pharmacy Student(s): n/a		

OKLAHOMA HEALTH CARE AUTHORITY STAFF:	PRESENT	ABSENT
Mike Fogarty, J.D., M.S.W.; Chief Executive Officer		X
Nico Gomez; Director of Gov't and Public Affairs		X
Garth Splinter, M.D., M.B.A.; Director of Medicaid/Medical Services	X	
Nancy Nesser, Pharm.D., J.D.; Pharmacy Director	X	
Howard Pallotta, J.D.; Director of Legal Services		X
Lynn Rambo-Jones, J.D.; Deputy General Counsel III	X	
Rodney Ramsey; Drug Reference Coordinator	X	
Jill Ratterman, D.Ph.; Pharmacy Specialist		X
Kerri Wade, Senior Pharmacy Financial Analyst	X	

OTHERS PRESENT:		
Nicholas Digges, MD	Bridget Jones, Dendreon	Jeff Himmelberg, GlaxoSmithKline
John Harris, Abbott	Jim Chapman, Abbott	Pat Trahan, Taro
Richard Orgill, MD	Warren Tayes, Merck	David Williams, Forest
Sam Smothers, MedImmune	Frances Bauman, Novo Nordisk	Don Kempin, Novo Nordisk
Anthony DeLeon, Shire	Ron Schnare, Shire	Beth Walgren , Amgen
Ben Linger, Alcon	Mary Beth Maguire, MedImmune	Todd Worley, (Illegible)
Charlene Kaiser, Amgen	Tim Harnois, Amgen	Janie Huff, Takeda
Jim Dunlap, Eli Lilly USA		

PRESENT FOR PUBLIC COMMENT:		
n/a	Nicholas Digges, MD	
Agenda Item No. 10	Pat Trahan, Taro Pharmaceuticals	Richard Orgill, MD

AGENDA ITEM NO. 1: CALL TO ORDER

1A: Roll Call

Dr. Muchmore called the meeting to order. Roll call by Dr. Graham established the presence of a quorum.

ACTION: NONE REQUIRED

AGENDA ITEM NO. 2: PUBLIC COMMENT FORUM

Dr. Muchmore recognized the speakers for public comment:

Pat Trahan and Dr. Richard Orgill for Agenda Item No. 10.

For Public Comment: Dr. Nicholas Digges (general comment): I'm Nicholas Digges. I'm a otolaryngologist. I specialize in otology here in Oklahoma City. I was out of the country but a letter was signed by most of the otolaryngologists and then when I came back to the country I signed it as well and I said I'd come to the meeting and talk about that letter. I think it was sent to Dr. Muchmore, but I do not know, and it's in regards to Ciprodex which at least among otolaryngologists, is a pretty important drug for the year. I guess it went where we have to get special authorization several months ago, maybe ten months ago and in our practices, we've all had difficulties. I know I've had to take patients back to the operating room to replace the tubes because the formulary drug Floxin just does not cut it. There's no approved topical steroid that we can deliver to the ear. We've also had great difficulty in getting it approved. I actually give samples of Ciprodex so those patients would get it. I tell them to tell the pharmacist to fax me the form to fill out and the pharmacists are about as tired as we are and they say no, we're really not interested in doing that, so we're having terrible problems there as well. And the real problem revolves around those patients that we predominantly see, especially myself and other otologists because they have chronically draining ears and the biggest problem there is really inflammation and granulation tissue, and Floxin by itself though is a fantastic drug, it just does not cut it. So we've seen that, at least otolaryngologists be allowed to prescribe Ciprodex. I know Dr. Orgill is here with me and he reached out and promised support in saying that as well. I don't have a lot necessarily to say about it except for some of the problems that we're having.

Dr. Muchmore: Are you aware that there's a .1% dexamethasone solution available to use with the Floxin?

Dr. Digges: Somebody's told that to me. I've looked it up and it doesn't seem to be approved for an ear that has a perforation in it.

Dr. Muchmore: It's actually labeled for ear or eye.

Dr. Digges: For ear or eye?

Dr. Muchmore: Yes.

Dr. Digges: If I get the information from you I'll be happy to look at that.

Dr. Muchmore: Dexamethasone ophthalmic solution.

Dr. Digges: Well that's ophthalmic.

Dr. Muchmore: But it's labeled for ear or eye.

Dr. Digges: For sure? I found it's indicated for the eye, could not find any indication for the ear. I looked for literature which supports that but I couldn't find it.

Dr. Graham: It says right on the box, too. The other thing too …… . you mentioned that …… .. so is Ciprodex isn't it?

Dr. Digges: No, Ciprodex is not.

Dr. Graham: It's not contraindicated …… for perforated ear?

Dr. Digges: Uh-huh …… matter of fact, it's our, I mean it's fantastic (unintelligible) I have a gentleman who's in a care facility I saw on Monday is a guy that has a tube in place I did, had a mastoidectomy for cholestiotoma, gets horrible granulation tissue. I got the form from the pharmacy today for Ciprodex, you know, going through the processes, but it's plus or minus whether I'll actually get it, and so when somebody like him, I mean if I don't get it cleared, then he's going back to the operating room, you know. I mean I don't have any studies that are really going to pound you over the head and say I'm right, I'm just talking clinically, you know, what we have and what we're dealing with.

Dr. Muchmore: Yeah with the dexamethasone solution and the old Floxin, you'd accomplish the same thing and the cost is less than $10 versus $145 for a bottle of Ciprodex and we have to think about those kinds of things, they're important. The, there shouldn't be a problem though. It is authorized for pre-approval for the prior authorization, if you've got somebody with a perforated eardrum, which you do, so are you saying that when you send the form in you still don't get it?

Dr. Digges: Well, we have a problem with that as well, and also the primary, when they take it to the pharmacy itself. I don't know if the pharmacist or whoever worked or what have you, but they're like, oh, we're going to have to send this referral, this, I call it referral form, I don't know what it …… ..

Dr. Muchmore: Prior authorization form.

Dr. Digges: Prior authorization form. I think they don't want to fax it to us or there's too much, you know, for them to do. If you've ever been to a pharmacy you can see how it works.

Dr. Muchmore: OK pharmacists, tell us.

Dr. Rhymer: Are you saying that they've refused to do it? I'd …… tell them to go somewhere else.

Dr. Digges: Well, you know, I probably have 12 or 13 draining ears a day, you know. In my office I only have so much I can take care of a patient that way. I mean I'd love to be able to tell my patients, you know, I tell them this, I say if they …… . the problem is, there's no way for me to really track whether or not that form is sent to me. I mean, I'm tracking all the tests, etc. I'm doing, so most of the patients who are, you know, getting this medication, I'd say they're not medically inclined enough to really battle for themselves even though I give them the following talk which is, you tell the pharmacist I know this is not approved but they are to send me the prior authorization form and we'll work on getting it through. But you know that just does not, patients

don't either absorb it or, they have several children in the office, they're like just trying to get out, or you know. So we'll set them a home with a prescription because I say, OK, two weeks of Ciprodex and then they'll come back and they won't have ……..
Dr. Le: I have a low tech solution for that problem. What you can do is, and we've for certain categories, we've recommended is you initiate the petition at the office for patients who truly need the Ciprodex and can't do with the floxin and the dexamethasone, you can ……
Dr. Digges: So, that prior authorization form?
Dr. Le: Yes, you take the prior authorization form, you fill out the doctor portion, send it with the prescription, because you're going to have to give the patient prescription.
Dr. Digges: Where do you get that authorization form?
Dr. Feightner: I can have it faxed to you …… what's your fax number?
Dr. Kuhls: Bottom line though, bottom line though is why can't you use ofloxacin and dexamethasone drops? We're going back to the same argument.
Dr. Digges: Sure. I have no problem. As soon as tomorrow I'm going to look that up. As for what I could tell yesterday and today, is that it is not approved for the ear that has perforation, so I mean, I'm going to have to look it up again. I can't ……..
Dr. Graham: That warning is on there, but I think …… the warning is on Ciprodex also.
Dr. Kuhls: The warning is on Ciprodex too.
Dr. Digges: But you know in our literature, it's definitely an approved treatment. So it's different, you know, like a lot of people still will use neomycin in the ear. There have been a few lawsuits, but they're there and on the sample, nonetheless. So you know, if something were to happen (unintelligible) you get caught into a lawsuit, you say, OK here is the research that has used Ciprodex without any problem by well accepted researchers. You know, if you go into the same, if you have the same problem as you know, what we're all scared about and say that, you know, that they say, well this doesn't seem to be a very common treatment, and then you know, I mean, it's a little different ……..
Dr. Kuhls: Well I would tell you that I probably see just as many draining ears in my office than you do in your office, as a pediatrician, and when you look at the prescriptions that are sent for the Health Care Authority, you'll find out that mostly the general pediatricians prescribe it even way more than the ENT guys. And I do find with cortisporin, I've had no complications and I think the general pediatric community believes that cortisporin is fine with draining ear. Would you disagree with that?
Dr. Digges: No I wouldn't. I understand that. But in our population we see patients who are recalcitrant to all that therapy. I mean they've been on three or four antibiotics, they've been on Floxin, and they've been on cortisporin …….
Dr. Kuhls: Right, I understand that there is a select population. I understand that there's a select population, but the way you come across, and I'm not here to argue with you, but the way you come across is that, you know, I have so many draining ears in my office every day that I don't have time to write Ciprodex ten times in the office, but the fact is, is that most of the patients, you know, don't need Ciprodex and the few that need a coverage that covers pseudomonas and covers with an anti-inflammatory, most of those patients can get by ofloxacin with some dexamethasone, and your concerns about the dexamethasone, I think you would agree that dexamethasone and Ciprodex, versus Ciprodex, versus a dexamethasone solution alone, okay, since they're the same drug, is not going to be a big difference. You going to have two different drops, but for the money that the State has and for as the taxpayers have, it's probably worth to do the two drops first. You understand what I'm trying to say?
Dr. Digges: I mean, we have patients with sudden hearing loss that I put a wick in their ear and I use 10 mg per cc of dexamethasone, so I am actually in favor of that, but you know, I've got a special authorization form saying I'm using it for a non-FDA use and you know, etc., etc.
Dr. Kuhls: There's no difference between dexamethasone solutions alone, versus Ciprodex in terms of safety with a perforated ear.
Dr. Digges: When I have the time to go through that non-FDA, you know, that's the ……..
Dr. Keast: You just write the scripts. There won't be a PA ……..
Dr. Graham: There's no PA on it.
Dr. Kuhls: There's no PA on those two other drops.
Dr. Digges: Right, right …….. again I'll look that up and I certainly have no problem, if that has documented that we can use it in the ear and it's safe, then you know, end of story. I don't have any problems with that. I'm just worried if there is no approval for its use. That's my concern.
Dr. Graham: But I think if what Chris said, it would be a good way to do it. If you feel that that patient does need Ciprodex, then that's the way to initiate it.
(multiple comments, overtalking)
Dr. Muchmore: Prior authorization rules are really pretty loose. You've got those kinds of ears, it's going to get authorized. We just need to get you the form that you send in with the prescription.
(numerous comments about "low tech" PA requests)
ACTION: NONE REQUIRED

AGENDA ITEM NO. 3: APPROVAL OF DUR BOARD MINUTES
3A: January 12, 2011 DUR Minutes
Dr. Preslar moved to approve as submitted; seconded by Ms. Varalli-Claypool.
ACTION: MOTION CARRIED

AGENDA ITEM NO. 4: UPDATE ON DUR/MEDICATION COVERAGE AUTHORIZATION UNIT

4A: Retrospective Drug Utilization Review: November 2010
4B: Retrospective Drug Utilization Review Response: October 2010
4C: Medication Coverage Activity Audit: January, February 2011
4D: Pharmacy Help Desk Activity Audit: January, February 2011

Reports included in agenda packet; presented by Dr. Keast.
ACTION: NONE REQUIRED

AGENDA ITEM NO. 5: VOTE TO PRIOR AUTHORIZE BENIGN PROSTATE HYPERPLASIA (BPH) MEDICATIONS

Materials included in agenda packet; presented by Dr.Keast.
Dr. Feightner moved to approve as submitted; seconded by Dr. Harrell.
ACTION: MOTION CARRIED

AGENDA ITEM NO. 6: VOTE TO PRIOR AUTHORIZE TRIBENZOR®, TEKAMLO®, NEXICLON SR®, AND CATAPRES-TTS®

Materials included in agenda packet; presented by Dr. Sipols.
Dr. Kuhls moved to approve as submitted; seconded by Ms. Varalli-Claypool.
ACTION: MOTION CARRIED

AGENDA ITEM NO. 7: VOTE TO PRIOR AUTHORIZE SILENOR®

Materials included in agenda packet; presented by Dr. Robinson.
Dr. Bell moved to approve as submitted; seconded by Ms. Varalli-Claypool.
ACTION: MOTION CARRIED

AGENDA ITEM NO. 8: VOTE TO PRIOR AUTHORIZE KAPVAY® AND XYREM®

Materials included in agenda packet; presented by Dr. Le.
Dr. Kuhls moved to approve as submitted; seconded by Dr. Bell.
ACTION: MOTION CARRIED

AGENDA ITEM NO. 9: ANNUAL REVIEW OF OSTEOPOROSIS MEDICATIONS AND 30-DAY NOTICE TO PRIOR AUTHORIZE PROLIA™ AND ATELVIA™

Materials included in agenda packet; presented by Dr. Patel.
DUR Board requests additional information regarding recommending drug holidays.
ACTION: NONE REQUIRED

AGENDA ITEM NO. 10: DRUG UTILIZATION REVIEW OF TOPICAL STEROIDS

For Public Comment, Pat Trahan: Thank you very much for giving me the opportunity to speak to you this evening. I did want to speak to briefly on desoximetasone. It is a topical corticosteroid with several advantages. Among the corticosteroid molecules, desoximetasone belongs to a structural device C and this structural class is the least likely to cross-react in patients who have allergic reactions to other topical steroids. None of the other high to mid-potency steroids that are potentially listed as a Tier 1 on the preferred drug list would belong to Class C if the committee was forward with the proposed changes to the topical steroids. In addition, desoximetasone comes in four formulations, all of which are free of sensitizing agents, propylene glycol and paraffins. In fact, a 2009 study done by the American Contact Dermatitis group established that propylene glycol accounts for 3.5% of positive patch tests and 18% of these were due to topical corticosteroids alone. In patients prone to allergic or hypersensitivity reactions, the availability of a Class C corticosteroid and a paraffin, propylene glycol free formulation may minimize the potential for allergic cross-reactivity and also just treatment failures overall. As with all topical steroids, of course, systemic and local adverse events may occur, so treatment should be minimal according to what is the therapy determined by a provider. Oklahoma dermatologists have told us that they specifically prescribe desoximetasone when they are concerned

about contact allergies. We would urge that the committee continue to include desoximetasone on the preferred drug list as a Tier 1 status so that providers can determine which product is best for which patient that they are seeing. I thank you.
For Public Comment, Dr. Richard Orgill: (Dr. Orgill was not present.)
Materials included in agenda packet; presented by Dr. Sipols.
ACTION: NONE REQUIRED

AGENDA ITEM NO. 11: ANNUAL REVIEW OF LAMISIL® GRANULES
Materials included in agenda packet; presented by Dr. Moore.
Dr. Bell moved to approve as submitted; seconded by Ms. Varalli-Claypool.
ACTION: MOTION CARRIED

AGENDA ITEM NO. 12: FDA & DEA UPDATES
Materials included in agenda packet; presented by Dr. Graham.
ACTION: NONE REQUIRED

AGENDA ITEM NO. 13: FUTURE BUSINESS
Materials included in agenda packet; submitted by Dr. Graham.
A: Utilization Review of Diabetes Products
B: Annual Review of Plavix® and Effient®
C: Annual Review of Triptans
D: Annual Review of Fibromyalgia Products
E: New Product Reviews
ACTION: NONE REQUIRED

AGENDA ITEM NO. 14: ADJOURNMENT
The meeting was adjourned at 7:09 p.m.

The University of Oklahoma
Health Sciences Center
COLLEGE OF PHARMACY
PHARMACY MANAGEMENT CONSULTANTS

Memorandum

Date: March 10, 2011

To: Nancy Nesser, Pharm.D., J.D.
Pharmacy Director
Oklahoma Health Care Authority

From: Shellie Keast, Pharm.D., M.S.
Drug Utilization Review Manager
Pharmacy Management Consultants

Subject: DUR Board Recommendations from Meeting of March 9, 2011

Recommendation 1: Vote to Prior Authorize Benign Prostatic Hyperplasia (BPH) Medications

MOTION CARRIED by unanimous approval.

The College of Pharmacy recommends the addition of the BPH class of medications to the Product Based Prior Authorization program.

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

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.

Recommendation 2: Vote to Prior Authorize Tribenzor® (olmesartan/amlodipine/HCTZ), Tekamlo® (aliskiren/amlodipine), Nexiclon® XR (clonidine extended release), and Catapres-TTS® (clonidine)

MOTION CARRIED by unanimous approval.

The College of Pharmacy recommends the following changes to the Antihypertensives PBPA category:

1. Placement of Tribenzor® (olmesartan/amlodipine/HCTZ) in Tier 3 of the ARB category.
2. Placement of Tekamlo® (aliskiren/amlodipine) into Tier 3 of the DRI category.
3. Prior Authorization of Nexiclon XR® (clonidine extended release) and Catapres TTS® Patch (clonidine) with the following criteria:
    a. FDA-approved indication of hypertension in adults.
    b. Must provide a clinically significant reason why the member cannot take clonidine immediate release tablets.

Recommendation 3: Vote to Prior Authorize Silenor® (doxepin) and Update Hypnotic Product Based Prior Authorization Category

MOTION CARRIED by unanimous approval.

The College of Pharmacy recommends the placement of generic Ambien CR® in Tier 2 and Silenor™ in Tier 3 of the Hypnotics Medications PBPA Category.

Tier 1	Tier 2	Tier 3
Estazolam (ProSom®)	Zolpidem (Ambien CR®)	Eszopiclone (Lunesta®)
Temazepam (Restoril®) 15 & 30 mg		Temazepam (Restoril®) 7.5 mg & 22.5mg
Flurazepam (Dalmane®)		Ramelteon (Rozerem®)
Triazolam (Halcion®)		Zolpidem† Oral Spray (Zolpimist™)
Zolpidem (Ambien®)		Zolpidem† SL Tabs (Edular®)
Saleplon (Sonata®)		Zolpidem† SL Tabs (Intermezzo®)
		Doxepin (Silenor™)

Mandatory generic plan applies.
+Requires special reason for use.

Recommendation 4: Vote to Prior Authorize Kapvay® (clonidine) and Xyrem® (sodium oxybate) and Update the ADHD/Narcolepsy Product Based Prior Authorization Category

MOTION CARRIED by unanimous approval.

The College recommends the addition of Kapvay® in Tier 2 and Xyrem® in Tier 3 of the ADHD/Narcolepsy PBPA category with a hard edit. In addition the College recommends the following changes to the current criteria.

Additional Criteria:

1. Dose exceeding 1.5 times the FDA maximum is not covered.
2. Prior Authorization is required for all tiers for members greater than 20 years of age.
3. Use of Xyrem® requires recent trials with Tier 1 and Tier 2 stimulants from different chemical categories, and trials with both Provigil® and Nuvigil® within the past 6 months, unless contraindicated, that did not yield adequate results.
4. The diagnosis of obstructive sleep apnea requires concurrent treatment for the obstructive sleep apnea.
5. The diagnosis of shift work sleep disorder requires the member's work schedule to be included with the petition.

Recommendation 5: Annual Review of Osteoporosis Medications

NO ACTION REQUIRED.

The College of Pharmacy does not recommend any changes at this time.

Recommendation 6: Annual Review Lamisil (terbinafine) Granules

NO ACTION REQUIRED.

The College of Pharmacy does not recommend any changes at this time.

Jason B. Sigmon, MD
American Board of Otolaryngology
Head and Neck Surgery

ENT
Ear, Nose, and Throat Physicians of Oklahoma

Northwest Sinus & Allergy Clinic

February 15, 2011

John Muchmore, M.D.
3366 N.W. Expressway, Suite #500
Oklahoma City, OK 73112

Dear Dr. Muchmore,

Rick L. Visor, MD
Jack E. Metcalf, MD
E. Nicholas B. Digges, MD

I am writing this letter to express the concerns that my fellow Otolaryngology colleagues and I have regarding the difficulty in obtaining Ciprodex Otic eardrops for our patients, particularly for our pediatric age group.

Currently, the formulary allows only the usage of Floxin Otic for our patients with chronic otitis media, chronic otitis externa, and complicated ear tube and eardrum perforation patients. Ciprodex is our preference in treatment of these conditions due to the additional benefit of the steroid in Ciprodex that Floxin does not have.

The prior authorization process for procuring Ciprodex for our children is tedious and time intensive. These children need to be started on their therapy immediately. It delays treatment causing unnecessary pain and suffering and delayed healing. Therefore, we request that the prior authorization requirement be removed for Otolaryngology specialists who deem Ciprodex the better treatment for their patients.

We request that whatever procedure is necessary to remove the prior authorization requirement be initiated. I look forward to hearing from you regarding your decision. Thank you very much.

Sincerely,
Jason B. Sigmon, MD

JBS:ygf
Dictated but not read in order to expedite communication

Glade
MARK WOOD MD
Santos

3435 Northwest 56th Street, Suite 303 · Oklahoma City, Oklahoma 73112
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Phone # 405-717-7955 · Fax # 405-717-5466

6820 NW 23rd Street
Bethany, OK 73008

Cheryl Ross, ARNP, Allied Medical

February 28, 2011

Ron Graham D. Ph.
Pharmacy Management Consultants
1122 NE 13th Street, Suite 4403
Oklahoma City, OK 73117

RE: Prior Authorization for Advair

Dear Sir:

It is my understanding that it is the policy to review prescription claims for 90 days preceding a claim for Advair . I believe this policy limits good clinical evaluation of the need for placing a patient on Advair. There have been numerous instances in which a client would benefit from being placed on this medication however, even though they had an asthma flair up that required a course of systemic steroids they were not be approved for Advair because of the treatment being more than 90 days ago. Please reconsider this policy and extend the review to include six months.

Sincerely,

Cheryl Ross ARNP

Cheryl Ross, Sooner Care Provider
Allied Medical Clinic

Appendix B

RETROSPECTIVE DRUG UTILIZATION REVIEW REPORT
December 2010

MODULE	DRUG INTERACTION	DUPLICATION OF THERAPY	DRUG-DISEASE PRECAUTIONS	DOSING & DURATION
Total # of messages	55,678	65,517	1,102,113	31,533
Limits applied	Established, Major, Males and Females, Age 0-18	Duplication in NSAIDs, Age 50-150	Contraindicated, Males and Females, Chronic Liver Disease, Age 30-50	High Dose, Low Dose, Duration, Statins, Males & Females, Age 0-150
Total # of messages after limits were applied	17	76	103	6
Total # of members reviewed	17	72	84	6

LETTERS

Category	Prescribers	Pharmacies	Total Letters
Drug Interaction	0	0	0
Duplication of Therapy	43	11	54
Drug-Disease Precautions	15	0	15
Dosing & Duration	0	3	3
Total Letters Sent	58	14	72

Retrospective Drug Utilization Review Report

Claims Reviewed for November 2010

Module	Drug Interaction	Duplication of Therapy	Drug-Disease Precautions	Dosing & Duration
Limits which were applied	Established, Major, Males and Females, Age 60-150	Antidepressants, Males and Females, Age 0-9	Contraindicated, Myocardial Infarction, Males and Females, Age 0-55	High & Low Dose, Incretin Mimetics (Byetta®, Victoza®) Males and Females, Age 0-150

Response Summary (Prescriber)
Letters Sent: 123
Response Forms Returned: 67

The response forms returned yielded the following results:

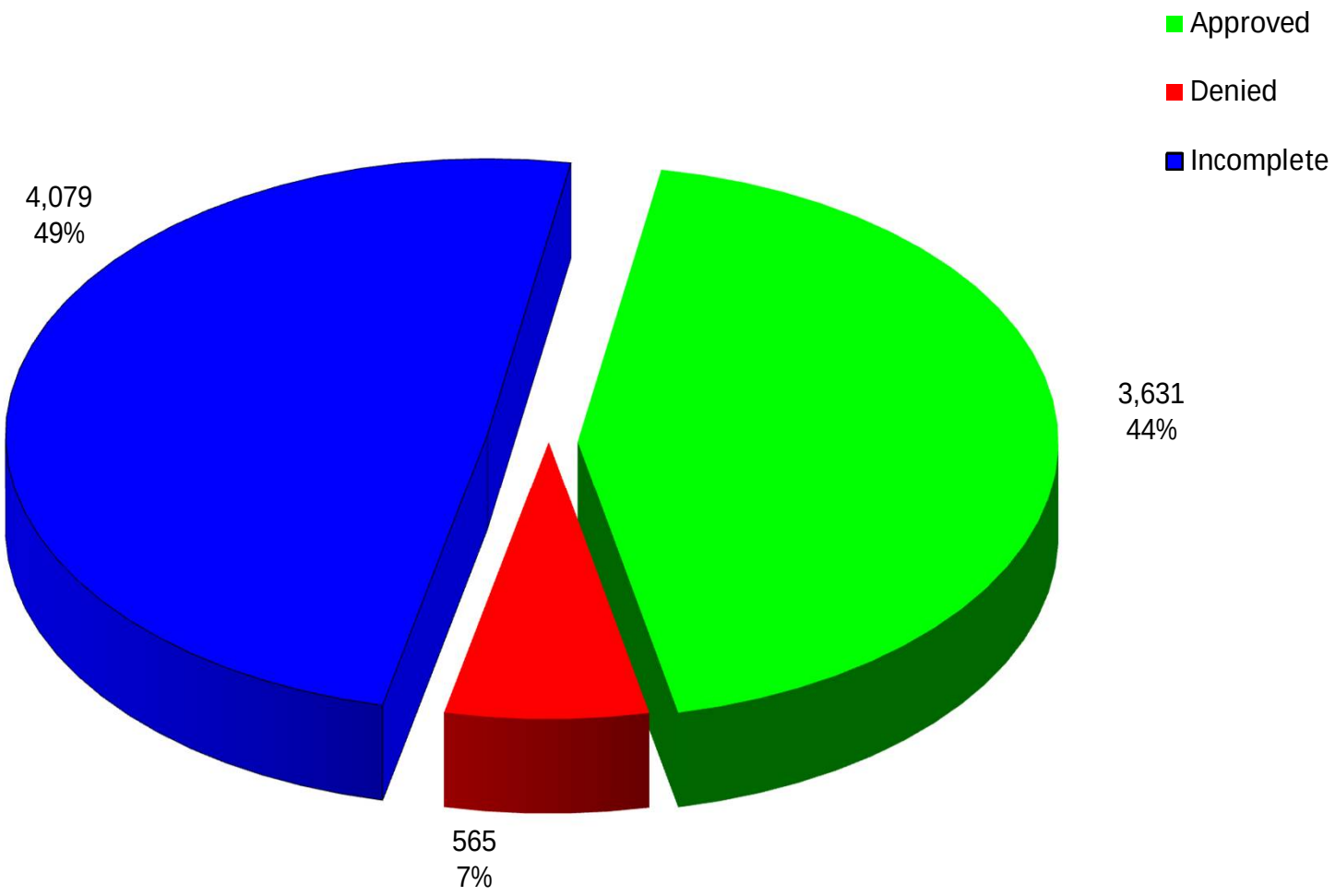
4 (6%)	*Record Error—Not my patient.*
3 (4%)	*No longer my patient.*
2 (3%)	*Medication has been changed prior to date of review letter.*
3 (4%)	*I was unaware of this situation & will consider making appropriate changes in therapy.*
51 (76%)	*I am aware of this situation and will plan to continue monitoring therapy.*
4 (6%)	*Other*

Response Summary (Pharmacy)
Letters Sent: 102
Response Forms Returned: 59

The response forms returned yielded the following results:

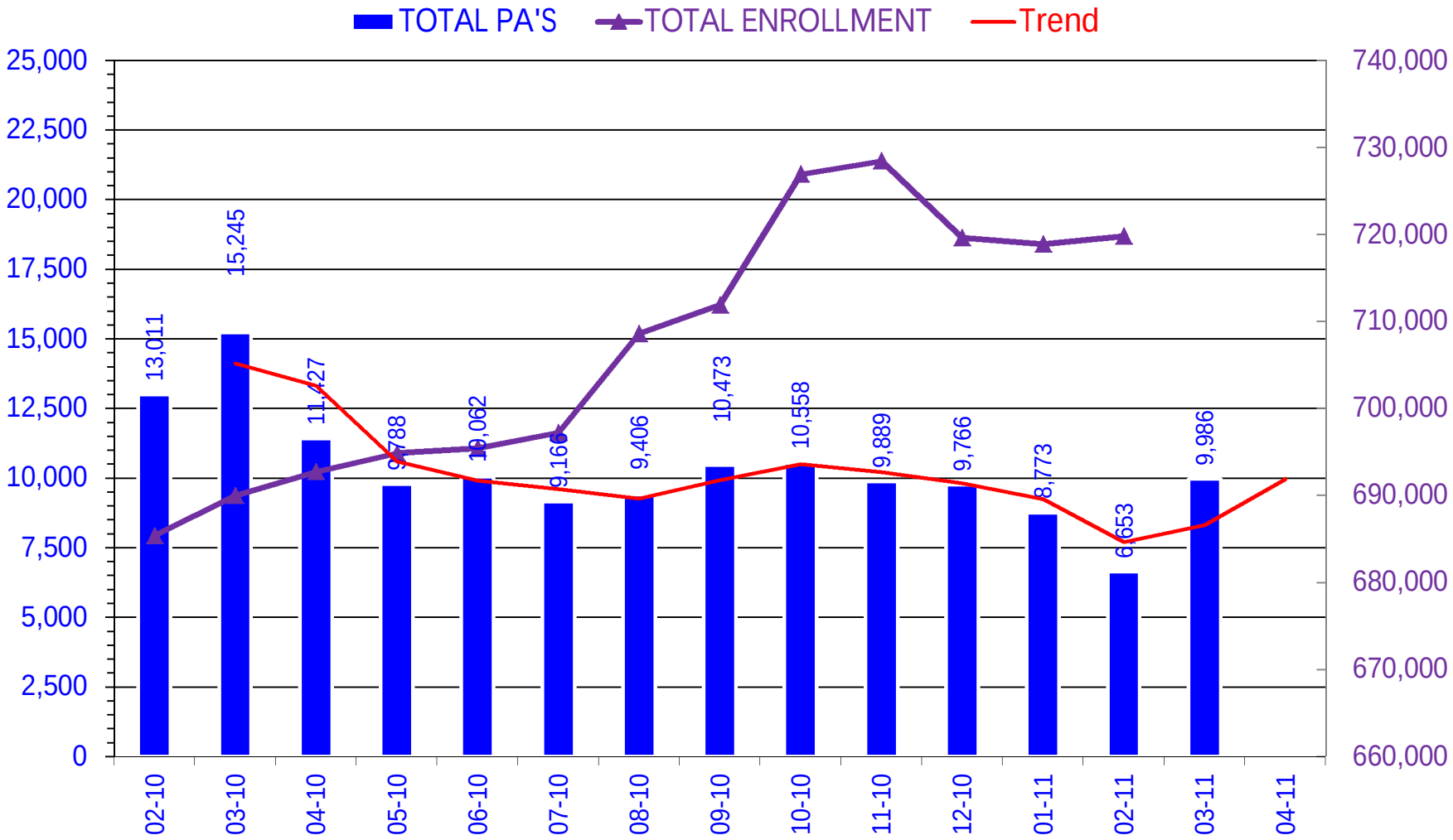
1 (2%)	*Record Error—Not my patient.*
3 (5%)	*No longer my patient.*
1 (2%)	*Medication has been changed prior to date of review letter.*
6 (10%)	*I was unaware of this situation & will consider making appropriate changes in therapy.*
34 (58%)	*I am aware of this situation and will plan to continue monitoring therapy.*
14 (24%)	*Other*

PRIOR AUTHORIZATION ACTIVITY REPORT: March 2011



PA totals include overrides

PRIOR AUTHORIZATION REPORT: March 2010 – March 2011



PA totals include overrides

Prior Authorization Activity

March 2011

	Total	Approved	Denied	Incomplete	Average Length of Approvals in Days
Advair/Symbicort	431	194	16	221	356
Amitiza	22	7	3	12	165
Anti-Ulcer	387	99	28	260	93
Antidepressant	393	145	20	228	352
Antihistamine	390	210	12	168	345
Antihypertensives	118	26	7	85	361
Antimigraine	114	19	10	85	333
Atypical Antipsychotics	712	366	22	324	352
Benzodiazepines	74	26	3	45	225
Bladder Control	66	16	2	48	346
Brovana (Arformoterol)	2	2	0	0	363
Byetta	15	8	1	6	363
Elidel/Protopic	57	19	1	37	91
ESA	163	114	6	43	81
Fibric Acid Derivatives	11	3	0	8	271
Fibromyalgia	167	41	12	114	349
Fortamet/Glumetza	3	1	1	1	352
Forteo	1	0	0	1	0
Glaucoma	10	5	0	5	364
Growth Hormones	102	82	7	13	142
HFA Rescue Inhalers	82	35	10	37	310
Insomnia	77	20	6	51	191
Misc Analgesics	55	3	41	11	90
Muscle Relaxant	163	58	53	52	52
Nasal Allergy	362	107	29	226	122
NSAIDS	183	42	16	125	285
Ocular Allergy	152	25	10	117	141
Ocular Antibiotics	64	11	4	49	21
Opioid Analgesic	332	179	14	139	246
Other	561	159	99	303	166
Otic Antibiotic	111	66	4	41	25
Pediculicides	92	39	6	47	16
Plavix	347	236	2	109	318
Singulair	1,046	555	44	447	262
Smoking Cessation	50	18	2	30	43
Statins	143	31	5	107	362
Stimulant	979	545	57	377	280
Symlin	3	3	0	0	363
Synagis	95	61	10	24	20
Topical Antibiotics	19	3	0	16	17
Topical Antifungals	20	4	0	16	81
Ultram ER and ODT	8	1	0	7	360
Xolair	10	4	0	6	269
Xopenex Nebs	50	20	1	29	335
Zetia (Ezetimibe)	25	15	1	9	343
Emergency PAs	8	8	0	0	
Total	**8,275**	**3,631**	**565**	**4,079**	

Overrides					
Brand	62	33	2	27	201
Dosage Change	590	569	2	19	11
High Dose	6	3	0	3	80
IHS-Brand	4	3	0	1	132
Ingredient Duplication	14	12	1	1	6
Lost/Broken Rx	110	109	0	1	12
NDC vs Age	42	40	0	2	204
Nursing Home Issue	152	145	1	6	11
Other	50	49	0	1	18
Quantity vs. Days Supply	676	410	39	227	275
Stolen	3	2	1	0	4
Third Brand Request	2	1	0	1	4
Overrides Total	**1,711**	**1,376**	**46**	**289**	
Total Regular PAs + Overrides	**9,986**	**5,007**	**611**	**4,368**	

Denial Reasons

Unable to verify required trials.	3,468
Lack required information to process request.	947
Does not meet established criteria.	589
Drug Not Deemed Medically Necessary	4

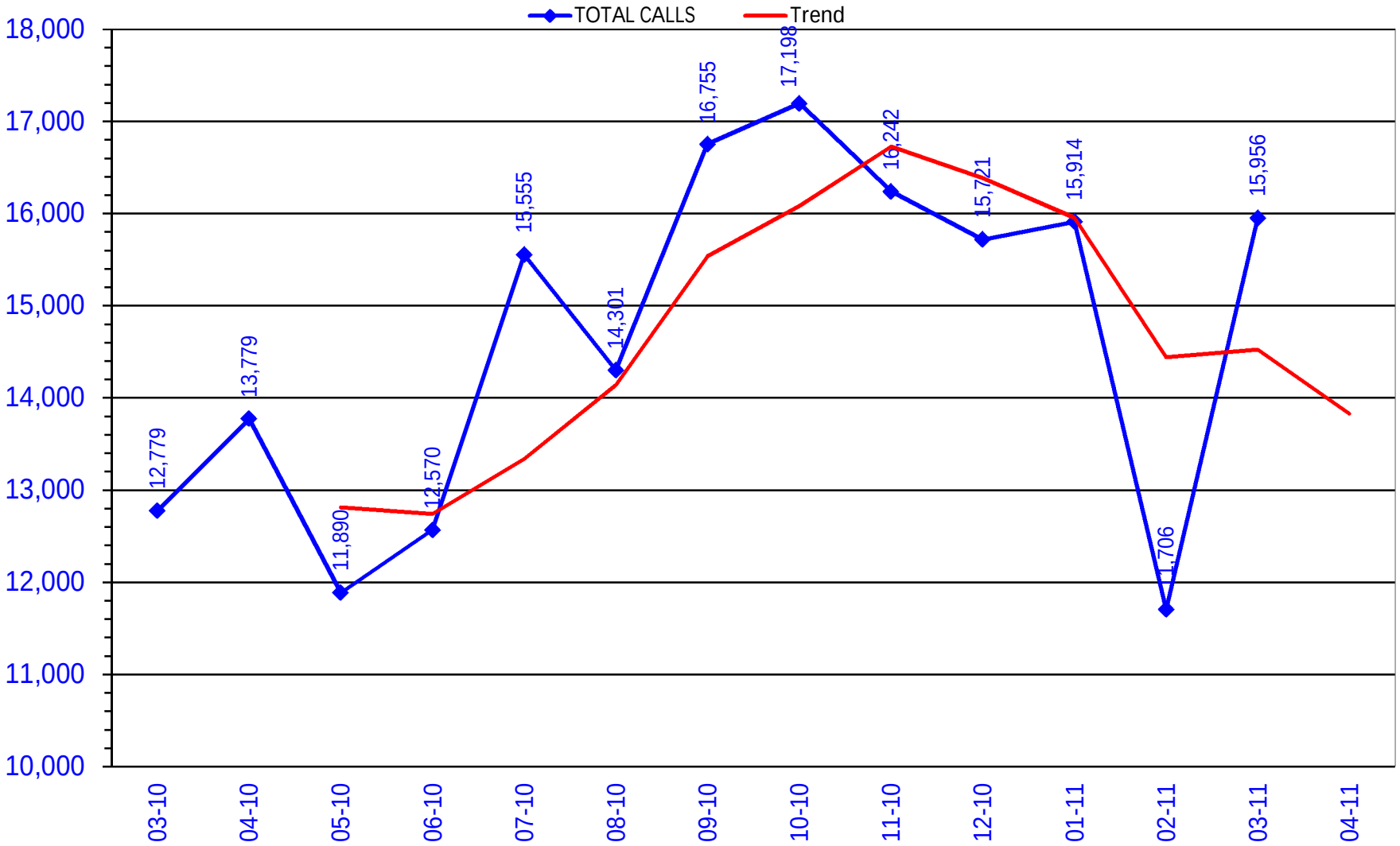
Duplicate Requests: 757

Letters: 1,693

No Process: 437

Changes to existing PAs: 440

CALL VOLUME MONTHLY REPORT:
March 2010 – March 2011



Appendix C

Vote to Update Osteoporosis PBPA Criteria and Prior Authorize Prolia™ (Denosumab) and Atelvia™ (Risedronate Delayed Release)

Oklahoma HealthCare Authority
April 2011

AACE Recommendations[1]

- **First Line**- Alendronate, Risedronate, Zoledronic acid or Denosumab
- **Second Line**- Ibandronate
- **Second or Third Line**- Raloxifene
- **Last Line**- Calcitonin
- Teriparatide- recommended for patients with high fracture risk or those in whom bisphosphonate therapy has been ineffective
- Advise against the use of combinations

Long Term Use[1]

Alendronate (Fosamax®):

- Trials- up to 10 years
- Observational tracking- now up to 13 years
- Drug Holiday for 1-2 years - suggested after 4-5 years (or longer depending on severity). When discontinued for 1 year, bone turnover markers typically increase to about 25%-30% higher than their values at the time the drug was stopped
- Resumption- when bone loss ensues

Residronate (Actonel®):

- Trials- 7 years
- Observational tracking- now up to 9 years
- Drug Holiday for up to 1 year is suggested after 3 years. When discontinued, no acceleration of bone loss, but slow bone loss may occur
- Resumption- recommended after 1 year

Ibandronate (Boniva®):

- Trials- 3 years
- Safety and efficacy- beyond 3 years has not been established
- No published studies addressing discontinuation

Zoledronic Acid (Reclast®):

- Trials- 3 years
- Safety and efficacy- up to 6 years have been completed but not yet published
- No published studies addressing discontinuation

Teriparatide (Forteo®):

- Safety and Efficacy- 2 years
- Treatment- not recommended to exceed 2 years
- When discontinued, bone density declines quickly during the following year, although fracture reduction may persist for 1-2 years. Use of alendronate after teriparatide prevents this loss and in some cases will be associated with a further increase in BMD

Denosumab (Prolia™):

- Trials- 6 years
- Safety and efficacy – beyond 6 years have not been established but trials are likely to extend through 10 years
- When treatment was discontinued after 2 years, BMD decreased to baseline values and bone turnover makers increased to values above baseline by 12 months after discontinuation

Recommendations

The College of Pharmacy recommends placement of Atelvia™ (risedronate) and Prolia™ (denosumab) into tier-3 of the Osteoporosis PBPA Cateogory and change to the current criteria in red. The College also recommends sending letters to providers suggesting a drug holiday per AACE recommendations.

Tier 1*	Tier 2	Tier 3
Alendronate (Fosamax®) Calcium + Vitamin D†	Alendronate + D (Fosamax®+D) Ibandronate (Boniva®) Risedronate (Actonel®)	Zoledronic acid (Reclast®) Teriparatide (Forteo®) Risedronate delayed release (Atelvia™) Denosumab (Prolia™)

1. **Treatment failure with all lower tiered products, or**
2. **Contraindication to all lower tiered products, or**
3. **Allergic reaction to all lowered tiered products, or**
4. **Specific indication not covered by a lower tiered product.**
5. **No concomitant use of bisphosphonate therapy will be approved. No additional bisphosphonate may be approved for 365 days following zoledronic acid infusion.**
6. **Clinical Exceptions/Additional Criteria:**
    a. **Risedronate** may be approved for members with high risk for gastric side effects.
    b. **Zoledronic acid** may be approved for members with a diagnosis of Paget's disease or for osteoporosis if secondary diagnosis meets criteria below:
        i. Severe esophageal disease (e.g., ulcerations, strictures)
        ii. Inability to take anything by mouth
        iii. Inability to sit or stand for prolonged periods
        iv. Inability to take an oral bisphosphonate for other special medical circumstances that justify the method of administration
    c. **Teriparatide** requires a BMD test (T-score at or below -2.5) within the last month, and a minimum 12 month trial with a bisphosphonate plus adequate calcium and vitamin D, and a 12 month trial of Prolia™ (Denosumab), unless contraindicated, intolerant, or allergic, that did not yield adequate results.
7. **Quantity Limits apply bases on FDA maximum doses.**

References:

1. Watts N.B., Bilezikian .P., Camacho P.M et al.. *American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for the Diagnosis and Treatment of Postmenopausal Osteoporosis*. AACE 2010; 16 (3), 1-37

oklahoma health care authority

SoonerCare Pharmacy Services

Working Together for a Healthier Oklahoma

OKC Metro Area: (405) 522-6205, Option 4
Statewide Toll-Free: (800) 522-0114, Option 4

April X, 2011

Dear OHCA Provider,

This letter is to notify you that based on the current recommended guidelines by the American Association of Clinical Endocrinologists (AACE), patients who have been on a bisphosphonate for mild osteoporosis, a drug holiday can be considered after 4-5 years of stability. If fracture risk is high, a drug holiday of 1-2 years after 10 years of treatment may be considered.[1]

If a drug holiday is considered, please follow BMD and bone turnover markers during the drug holiday period, and reinitiate therapy if bone density declines substantially, bone markers increase, or a fracture occurs.

Our records show that members in your care may benefit from this recommendation. Attached you will find a list of SoonerCare members and information regarding their bisphosphonate use which may aid you and the members in your decision process. Please note this information does not take into account individual member's compliance, or previous use before coming into the SoonerCare system , and is not intended to take the place of a physician consultation.

Thank you for the services you provide to Oklahomans insured by SoonerCare.

1. Watts N.B., Bilezikian .P., Camacho P.M et al.. American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for the Diagnosis and Treatment of Postmenopausal Osteoporosis. AACE 2010; 16 (3), page 5

Appendix D

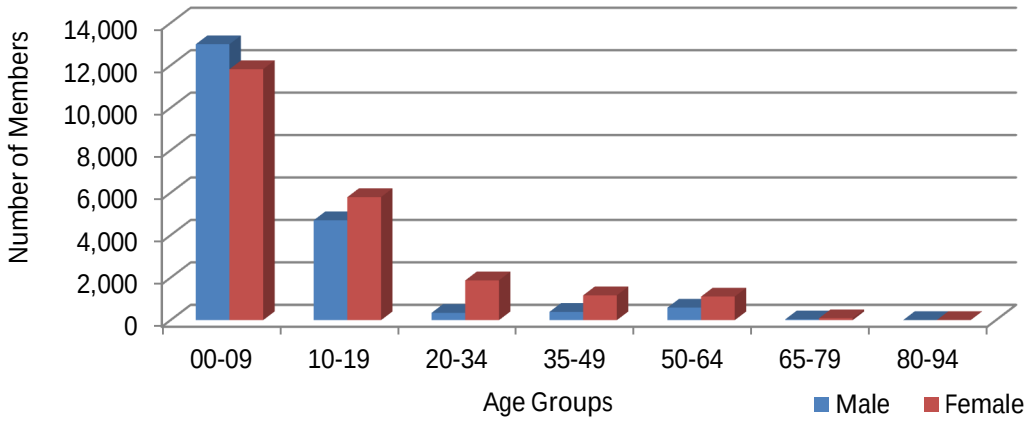
60 DAY NOTICE TO PRIOR AUTHORIZE TOPICAL CORTICOSTEROID PRODUCTS

OKLAHOMA HEALTH CARE AUTHORITY
APRIL 2011

This category was introduced for possible inclusion in the Product Based Prior Authorization program in March 2011. See the March 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.

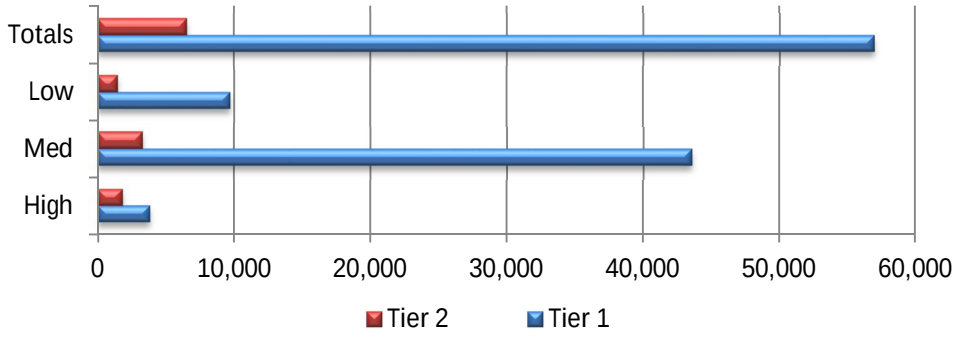
MEMBER DEMOGRAPHICS

There are a total of 40,968 members utilizing these medications. Due to the high utilization in children, minimal effect to nursing home or Waiver members is expected.



MARKET ANALYSIS BY CLAIMS

Currently, proposed Tier 1 medications have the majority of the market share by claims for this category as shown in the graph and chart below.



Tier 1		Tier 2	
Product	**Market Share (# Claims CY10)**	**Product**	**Market Share (# Claims CY10)**
Very high to high potency			
Clobetasol propionate (C,G,O,So)	1,742	Desoximetasone 0.25%(C,O)0.05%(G)	1,211
Fluocinonide 0.05% (G,C,O,So)	891	Augmented betamethasone (O,L)	269
Betamethasone dipropionate (O)	580	Clobetasol propionate (L,Sh,Spr,F)	141
Augmented betamethasone (G,C)	418	Halcinonide (C,O)	66
Halobetasol propionate (C,O)	99	Flurandrenolide tape	23
Diflorasone diacetate (O,C)	41	Fluocinonide (F)	22
		Amcinonide (O)	18
Total:	**3,771**	**Total:**	**1,750**
Med/high to medium potency			
Triamcinolone acetonide (C,O,L)	34,726	Fluticasone propionate (L)	1,941
Mometasone furoate (O,C,So)	3,130	Desoximetasone 0.05%(C)	684
Hydrocortisone valerate (C,O)	1,897	Betamethasone valerate (F)	290
Betamethasone valerate (C,O,L)	1,221	Prednicarbate (O,C)	167
Fluticasone propionate (C,O)	973	Triacinolone acetonide (Spr)	68
Betamethasone dipropionate (C,L)	943	Betamethasone/calcipotriene	65
Fluocinolone acetonide 0.025% (C,O)	316	Amcinonide (C,L)	32
Hydrocortisone butyrate (C,So,O)	301	Hydrocortisone butyrate (lipo C)	31
Fluocinonide emollient	34	Hydrocortisone probutate (C)	9
Total:	**43,541**	**Total:**	**3,286**
Low potency			
Hydrocortisone acetate (C,O,L)	5,311	Desonide (G,F,kit)	855
Desonide (C,O,L)	3,463	Hydrocortisone/aloe (L,G)	309
Fluocinolone acetonide 0.01% (So,C,oil)	884	Clocortoclone pivalate (C)	55
Alclometasone dipropionate (C,O)	197	Fluocinolone acetonide (Sh)	32
Hydrocortisone/urea (C)	1	Hydrocortisone emollient kit	10
		Hydrocortisone/lidocaine (C,L)	2
Total:	**9,856**	**Total:**	**1,263**
Grand Total Tier 1:	**57,168**	**Grand Total Tier 2:**	**6,299**

PRODUCT COSTS

Tier 1		Tier 2	
Product	**Avg Cost/ claim**	**Product**	**Avg Cost/ claim**
Very high to high Potency			
Augmented betamethasone (G,C)	$19.47^	Amcinonide (O)	$58.03^
Betamethasone dipropionate (O)	$13.28^	Augmented betamethasone (O,L)	$60.95^
Clobetasol propionate (C,G,O,So)	$13.29^	Clobetasol propionate (L,Sh,Spr,F)	$323.11*
Diflorasone diacetate (O,C)	$41.35^	Desoximetasone 0.25% (C,O) 0.05%(G)	$103.39^
Fluocinonide 0.05% (G,C,O,So)	$12.98^	Fluocinonide 0.01% (C)	$314.93*
Halobetasol propionate (C,O)	$19.23^	Flurandrenolide tape	$70.64*
		Halcinonide (C,O)	$128.37*

Product	Avg Cost/ claim	Product	Avg Cost/ claim
Med/high to medium potency			
Betamethasone dipropionate (C,L)	$9.34^	Amcinonide (C)	$80.58^
Betamethasone valerate (C,O,L)	$7.50^	Betamethasone/calcipotriene	$442.01*
Fluocinolone acetonide 0.025% (C,O)	$20.69^	Betamethasone valerate (F)	$231.72*
Fluocinonide emollient	$16.70^	Desoximetasone 0.05% (C)	$100.87^
Fluticasone propionate (C,O)	$17.11^	Fluticasone propionate (L)	$373.84*
Hydrocortisone butyrate (C,So,O)	$23.61^	Hydrocortisone butyrate (lipo C)	$235.71*
Hydrocortisone valerate (C,O)	$17.41^	Hydrocortisone probutate (C)	$150.12*
Mometasone furoate (O,C,So)	$18.71^	Prednicarbate (O,C)	$46.18^
Triamcinolone acetonide (C,O,L)	$8.70^	Triacinolone acetonide (Spr)	$124.30*
Low potency			
Alclometasone dipropionate (C,O)	$34.35^	Clocortoclone pivalate (C)	$156.17*
Desonide (C,O,L)	$19.36^	Desonide (G,F,kit)	$230.85*
Fluocinolone acetonide 0.01% (So,C,oil)	$29.41^	Fluocinolone acetonide (Sh)	$188.25*
Hydrocortisone acetate (C,O,L)	$8.80^	Hydrocortisone/aloe (L,G)	$59.05*
Hydrocortisone/urea (C)	$28.13^	Hydrocortisone/lidocaine (C,L)	$170.70*
		Hydrocortisone emollient kit	$125.70*
*EAC, ^SMAC; C=cream, O=ointment, G=gel, L=lotion, F=foam, So=solution, Sh=shampoo, Spr=spray			

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 5,000 petitions might be required if a Tier 1 product was not chosen initially by the prescriber. The proposed tier changes would affect approximately 7.5% 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 $38,150 and $74,100 annually. Anticipated actual administrative cost to the program is projected to be less than $15,000.

Potential Program Savings
Potential net ingredient savings to the program after rebates based on the recommended tiers and a potential shift of 75% of market share from Tier 2 to Tier 1 is estimated to be 20% of the FY10 total reimbursement to pharmacies for this category of drugs.

RECOMENDATION

The College of Pharmacy recommends the addition of the Topical Corticosteroid 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. When Tier 2 products receive a State Maximum Allowable Cost designation and approach the cost of Tier 1 products, they will be moved to Tier 1.

Tier 2 Approval Criteria:

1. Documented trials of at least two Tier 1 topical corticosteroids of similar potency in the past 30 days that did not yield adequate relief.
2. When the same medication is available in Tier 1, a clinical reason must be provided for using a special dosage form of that medication in Tier 2 (foams, shampoos, sprays, kits, etc.).

Topical Corticosteroids	
Tier 1	Tier 2
Ultra high to high potency	
Augmented betamethasone dipropionate (Diprolene AF® G,C)	Amcinonide (O)
Betamethasone dipropionate (Diprosone® O)	Augmented betamethasone dipropionate (Diprolene® O, L)
Clobetasol propionate (Temovate® C,G,O,So)	Clobetasol propionate (Clobex® L,Sh,Spr; Olux® F)
Diflorasone diacetate (Apexicon® O, Apexicon E® C)	Desoximetasone 0.25% (Topicort® C,O,) 0.05% (G)
Fluocinonide 0.025% (Lidex® G,C,O)	Fluocinonide 0.01% (Vanos® C)
Halobetasol propionate (Ultravate® C,O)	Flurandrenolide tape (Cordran®)
	Halcinonide (Halog® C,O)
Med/high to medium potency	
Betamethasone dipropionate (Betanate® C,L)	Amcinonide (Cyclocort® C,L)
Betamethasone valerate (Beta-Val® C,O,L)	Betamethasone dipropionate/calcipotriene (Taclonex® O, Sus, Spr)
Fluocinolone acetonide (Synalar® C,O)	Betamethasone valerate (Luxiq® F)
Fluocinonide emollient (Lidex E® C)	Desoximetasone 0.05% (Topicort LP ® C)
Fluticasone propionate (Cutivate® C,O)	Fluticasone propionate (Cutivate® L)
Hydrocortisone valerate 0.2% C	Hydrocortisone butyrate (Locoid® O,C, L; Locoid Lipo C)
Mometasone furoate (Elocon® O,C,L)	Hydrocortisone probutate (Pandel® C)
Triamcinolone acetonide (Kenalog® C,O,L)	Hydrocortisone valerate (Westcort® C,O)
	Prednicarbate (Dermatop® O,C)
	Triamcinolone acetonide (Kenalog® Spr)
Low potency	
Alclometasone dipropionate (Aclovate® C,O)	Coclortolone pivalate (Cloderm® C)
Desonide (LoKara® C,O,L)	Desonide (Desonate® G, Verdeso® F)
Fluocinolone acetonide (So, C; Derma-Smooth®; Derma-Smooth FS® oil)	Desonide/emollient (Desowyn® kit C,O)
Hydrocortisone acetate 2.5% (C,O,L)	Fluocinolone acetonide (Capex® Sh)
Hydrocortisone/urea (U-Cort® C)	Hydrocortisone acetate 2%/aloe (Nucort®, L)
	Hydrocortisone/lidocaine (LidaMantle HC® C)
C=cream, O=ointment, L=lotion, G=gel, F=foam, So=solution, Sh=shampoo, Spr=Spray, Sus=suspension	

SUMMARY OF PAID CLAIMS CY10

Product	Claims	Units	Days	Members	Total Paid
Alclometasone dipropionate	197	7,965	2,588	146	$6,767.78
Amcinonide	50	4,950	1,018	32	$3,591.40
Betamethasone dipropionate	1,523	73,433	22,517	1,063	$16,531.56
Betamethasone dip, augmented	687	28,490	10,916	535	$23,338.92
Luxiq aero (betamethasone valerate)	290	24,150	6,441	178	$67,199.41
Betamethasone valerate	1,221	48,366	18,511	969	$9,151.95
Clobex (clobetasol propionate)	141	15,063	3,071	77	$45,558.20
Clobetasol propionate	1,742	89,464	28,605	1091	$23,152.75
Cloderm (clocortolone pivalate)	55	3,315	1,078	34	$8,589.09
Verdeso, Desonate, Desowen (desonide)	854	67,014	17,012	666	$197,148.84
Desonide	3,463	194,111	54,634	2,415	$67,057.38
Desoximetasone	1,895	90,740	29,642	1,639	$182,025.76
Diflorasone (Apexicon E)	41	1,830	698	19	$1,695.54
Fluocinolone acetonide	1,200	119,224	22,773	801	$39,604.75
Capex (fluocinolone acetonide)	32	3,836	580	19	$6,024.00
Fluocinonide	925	50,566	15,276	661	$11,066.18
Vanos (fluocinonide)	22	1,710	420	18	$6,928.53
Cordran tape (flurandrenolide)	23	24	371	19	$1,624.67
Fluticasone propionate	973	41,674	14,602	721	$16,652.18
Cutivate lotion (fluticasone propionate)	1,941	233,520	42,500	1,367	$725,630.73
Halog (halcinonide)	66	3,439	1089	48	$8,472.32
Halobetasol propionate	99	3,995	1386	60	$1,903.93
Hydrocortisone acetate	5,311	228,775	67,884	4,284	$46,742.94
Nucort, Pediaderm	319	18,757	5,483	256	$23,450.80
Hydrocortisone valerate	1,897	73,972	25,212	1,525	$33,030.41
Pandel (hydrocortisone probutate)	9	415	155	5	$1,351.04
Hydrocortisone butyrate	332	13,142	4,740	246	$17,223.71
Mometasone	3,130	122,730	46,040	2,237	$58,561.70
Prednicarbate	167	8,295	2,627	120	$7,712.01
Triamcinolone acetonide	34,726	2,927,182	491,124	26,277	$302,253.84
Kenalog spr (triamcinolone acetonide)	68	4,347	1,210	55	$8,452.71
Lidamantle (lidocaine/HC)	2	113	20	2	$206.82
Taclonex (calcipotriene/betamethasone)	65	4,420	1,169	35	$28,730.34
U-Cort (urea/HC)	1	28	20	1	$28.13
Total	**63,467**	**4,509,055**	**941,412**	**40,968***	**$1,997,460.32**

*Total number of unduplicated members.

Appendix E

30 Day Notice to Prior Authorize Pradaxa® (dabigatran etexilate mesylate)

Oklahoma Health Care Authority, April 2011

Product Summary

Dabigatran is a direct thrombin inhibitor indicated to reduce the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation.

- Dabigatran is available in a 75 mg and a 150 mg capsule. Once the packaging is open, it must be used within 60 days.
- Dosing is twice daily and based on creatinine clearance (CrCl). For patients with a CrCl 15-30 mL/min the dose is 75 mg BID and the dose is 150 mg BID for a ClCr > 30 mL/min. Patients with a CrCl < 15 mL/min or on dialysis do not have a dosing recommendation.
- Dabigatran is contraindicated in patients with active pathological bleeding and history of a serious hypersensitivity to dabigatran.

Comparison of Dabigatran and Warfarin

Dabigatran (blinded) was compared to warfarin (open-label) in a non-inferiority study, Randomized Evaluation of Long-term Anticoagulant Therapy (RE-LY). The relative risk of stroke or systemic embolism was 0.65 (0.52-0.81, p. <0.001) for dabigatran 150 mg versus warfarin, major bleeding was 0.93 (0.81-1.07, p. 0.32) and myocardial infarction was 1.27 (0.94-1.71, p. 0.12).[1,2,3]

	Cost	Annualized Cost
Pradaxa®	$4.05 (EAC per Unit) BID	$2,956.50
Warfarin	$0.30 (Per Diem for all strengths)	$109.50
INR Monitoring*	$5.17	$82.72
Common Office Visit Cost*	$72.78	$1,164.48

*Annualized cost based on 16 visits per year.

Recommendation

The College of Pharmacy recommends prior authorization Pradaxa® (dabigatran etexilate mesylate) with the following criteria:

1. FDA approved indication (special consideration will be given for a diagnosis of DVT when warfarin is not a viable option), AND
2. Inability of patient to meet goal INR on warfarin therapy (including reason), OR
3. Warfarin therapy is contraindicated (including reason).

Pradaxa® (dabigatran etexilate mesylate) Product Information[1]

Indication

Dabigatran is indicated to reduce the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation.

Dosage Forms

75mg and 150mg oral capsules

Contraindications

Dabigatran is contraindicated in patients with:

- Active pathologic bleeding
- History of a serious hypersensitivity reaction to dabigatran

Pregnancy Risk Factor C

Precautions

Risk of Bleeding: dabigatran increases the risk of bleeding and can cause significant and, sometimes, fatal bleeding. Risk factors for bleeding include the use of drugs that increase the risk of bleeding in general (e.g., anti-platelet agents, heparin, fibrinolytic therapy, and chronic use of NSAIDs) and labor and delivery. Promptly evaluate any signs or symptoms of blood loss (e.g., a drop in hemoglobin and/or hematocrit or hypotension). Discontinue dabigatran in patients with active pathological bleeding. In the RE-LY (Randomized Evaluation of Long-term Anticoagulant Therapy) study, a life-threatening bleed (bleeding that met one or more of the following criteria: fatal, symptomatic intracranial, reduction in hemoglobin of at least 5 grams per deciliter, transfusion of at least 4 units of blood, associated with hypotension requiring the use of intravenous inotropic agents, or necessitating surgical intervention) occurred at an annualized rate of 1.5% and 1.8% for dabigatran 150 mg and warfarin, respectively.

Temporary Discontinuation of Dabigatran: Discontinuing anticoagulants, including dabigatran, for active bleeding, elective surgery, or invasive procedures places patients at an increased risk of stroke. Lapses in therapy should be avoided, and if anticoagulation with dabigatran must be temporarily discontinued for any reason, therapy should be restarted as soon as possible.

Effect of P-gp Inducers and Inhibitors on Dabigatran Exposure: The concomitant use of dabigatran with P-glycoprotein (P-gp) inducers (e.g., rifampin) reduces exposure to dabigatran and should generally be avoided. P-gp inhibitors ketoconazole, verapamil, amiodarone, quinidine, and clarithromycin do not require dose adjustments. These results should not be extrapolated to other P-gp inhibitors.

Common Adverse Effect (>10%)

- Dyspepsia
- Bleeding

Less Common Adverse effects (≤10%)

- GI hemorrhage
- Gastritis-like symptoms

- Anemia
- Hematoma
- Hemoglobin decreased
- Hemorrhage (postprocedural or wound)
- ALT increased
- Hematuria
- Wound secretion
- Postprocedural discharge

Drug Interactions

The concomitant use of dabigatran with P-gp inducers (e.g., rifampin) reduces exposure to dabigatran and should generally be avoided. P-gp inhibitors ketoconazole, verapamil, amiodarone, quinidine, and clarithromycin do not require dose adjustments. These results should not be extrapolated to other P-gp inhibitors.

Patient Information

- Do not take any new prescriptions, OTC medications, or herbal products during therapy without consulting prescriber (including aspirin or other pain medications).
- Consult prescriber for appropriate pain medication if in pain.
- Take as directed; do not skip dose or take more than instructed.
- May be swallowed with water.
- Store medication as directed; protect from moisture.
- You may have a tendency to bleed easily while taking this medication (brush teeth with soft brush, use waxed dental floss, use electric razor, avoid scissors or sharp knives, avoid potentially harmful activities). Report any signs of unusual bleeding or bruising (bleeding gums, nosebleed, blood in urine, dark stool, bruises) or other adverse effects.

References

1. Pradaxa® (dabigatran etexilate mesylate) Product Information. Boehringer Ingelheim Pharmaceuticals, Inc. October 2010. URL: http://www.pradaxa.com.
2. Connolly SJ, Ezekowitz MD, Yusuf S, et.al. Dabigatran versus warfarin in patients with atrial fibrillation. NEJM. 2009;361(12):1139-1151.
3. Connolly SJ, Ezekowitz MD, Yusuf S, Reilly PA, Wallentin L. Letter to the editor: Newly identified events in the RE-LY trial. NEJM. 2010;369(19):1875-1876.

Appendix F

Fiscal Year 2010 Annual Review of Advair®/Symbicort® and 30 Day Notice to Prior Authorize Dulera® (mometasone/formoterol)

Oklahoma Health Care Authority
April 2011

Current Prior Authorization Criteria

Criteria for Approval:

- Diagnosis of COPD: Approve for one year
- Diagnosis of Asthma:
    1. Member must be 4 years of age or older, AND
    2. Have used inhaled corticosteroid for at least one month immediately prior, AND
    3. Considered uncontrolled by provider (required rescue medication > 2 days a week (not for prevention of exercise induced bronchospasms) and/or needed oral systemic corticosteroids), OR
    4. Clinical situation warranting initiation with combination therapy due to severity of asthma.

The following quantity limits apply:

Drug	Quantity Limits	Dosing
Budesonide / Formoterol (Symbicort®) 160/4.5mcg, 80/4.5 mcg inhalation aerosol	6g per 30 days (1 inhaler, 60 inhalations) 10.2g per 30 days (1 inhaler, 120 inhalations)	1-2 puffs BID
Fluticasone / salmeterol (Advair®) 100/50, 250/50, & 500/50 mcg powder for inhalation	60 doses per 30 days (1 inhalation device)	1 puff BID
Fluticasone / salmeterol (Advair® HFA) 45/21, 115/21, 230/21 mcg inhalation aerosol	12g per 30 days (1 inhaler, 120 inhalations) 8g per 30 days (1 inhaler, 60 inhalations)	1-2 puffs BID

Utilization of Advair®/Symbicort®

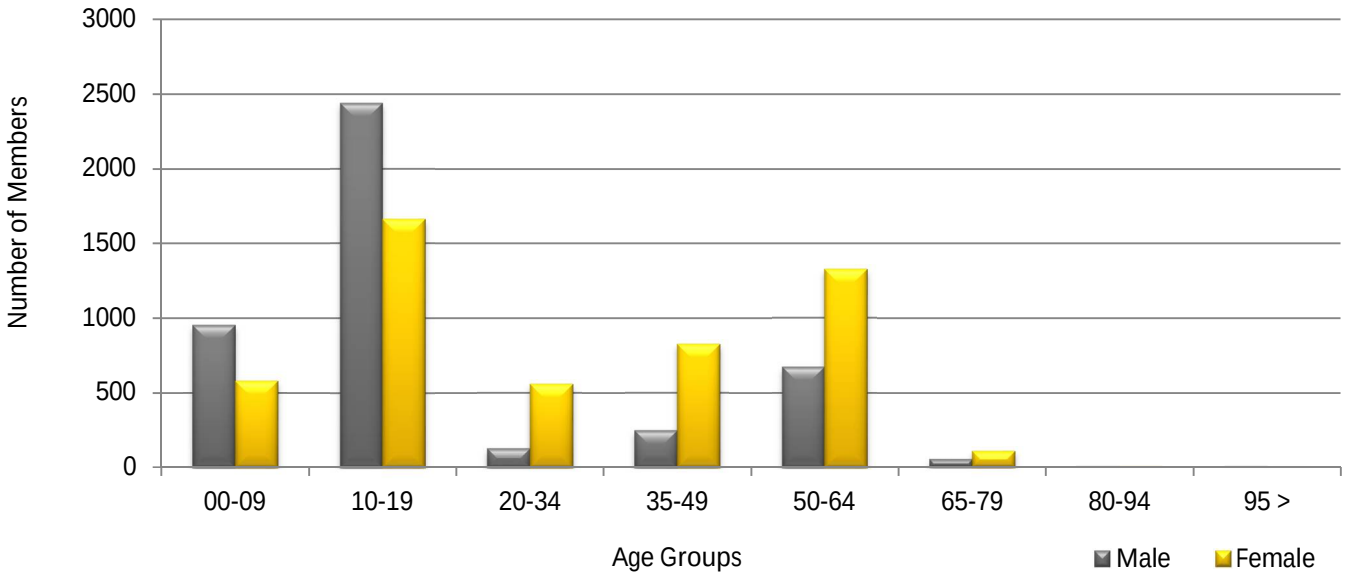
Fiscal Year Comparison

Fiscal Year	Members	Claims	Paid	Paid/Claim	Perdiem	Units	Days
2009	13,464	41,473	$8,080,537.72	$194.84	$6.43	2,143,036	1,255,871
2010	9,598	35,373	$7,103,329.31	$200.81	$6.59	1,742,218	1,078,261
% Change	-28.70%	-14.70%	-12.10%	3.10%	2.50%	-18.70%	-14.10%
Change	-3,866	-6,100	-$977,208.41	$5.97	$0.16	-400,818	-177,610

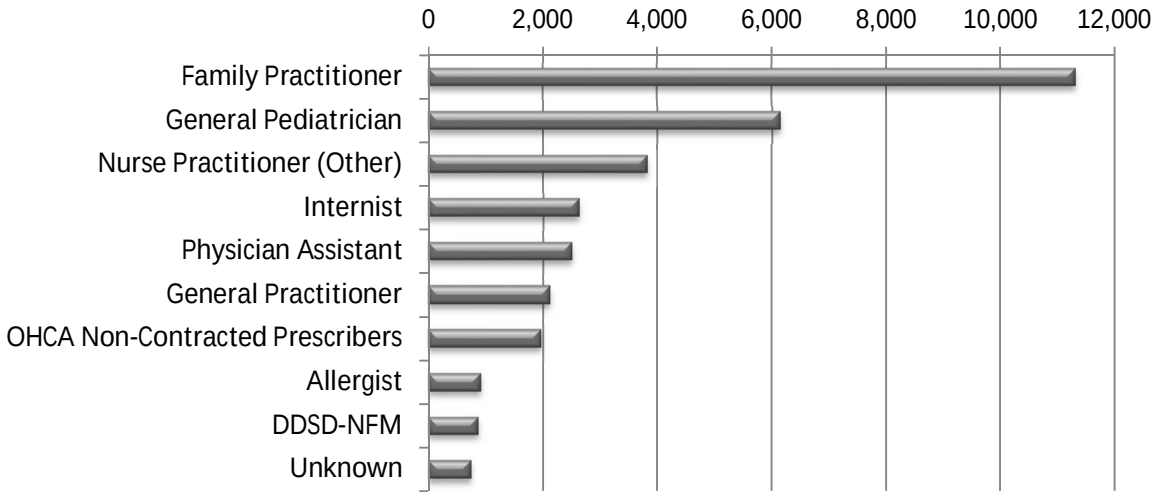
Utilization Details for FY 2010

Chemical Name	Brand Name	Claims	Members	Cost	Claims/ Members	Cost/ Day	% Cost
Fluticasone-Salmeterol	ADVAIR® DISKU AER 250/50	14,692	4,231	$3,047,098.99	3.47	$6.84	42.90%
Fluticasone-Salmeterol	ADVAIR® DISKU AER 100/50	9,253	2,870	$1,552,453.97	3.22	$5.55	21.86%
Fluticasone-Salmeterol	ADVAIR® DISKU AER 500/50	3,713	974	$1,013,785.81	3.81	$9.04	14.27%
Budesonide-Formoterol	SYMBICORT® AER 160-4.5	3,311	1,032	$646,642.63	3.21	$6.22	9.10%
Budesonide-Formoterol	SYMBICORT® AER 80-4.5	1,520	550	$260,640.36	2.76	$5.46	3.67%
Fluticasone-Salmeterol	ADVAIR® HFA AER 115/21	1,335	483	$270,525.35	2.76	$6.42	3.81%
Fluticasone-Salmeterol	ADVAIR® HFA AER 45/21	992	343	$159,372.60	2.89	$5.26	2.24%
Fluticasone-Salmeterol	ADVAIR® HFA AER 230/21	557	175	$152,809.60	3.18	$8.83	2.15%
	Totals	35,373	9,598	$7,103,329.31	3.69	$6.59	100%

Demographics of Members Utilizing Advair®/Symbicort®: FY 2010



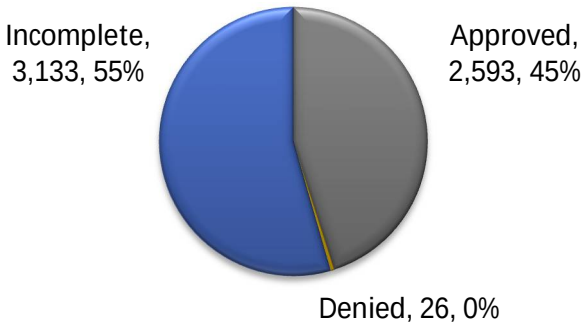
Prescriber Specialties by Number of Claims: FY 2010



Prior Authorization of Advair®/Symbicort®

There were a total of 5,752 petitions submitted for this PBPA category during fiscal year 2010. Automated computer edits are in place at the point of sale to generate automated prior authorizations where possible. The following chart shows the status of the submitted petitions.

Status of Petitions during FY 2010



Utilization of Long Acting Beta Agonists (LABAs)

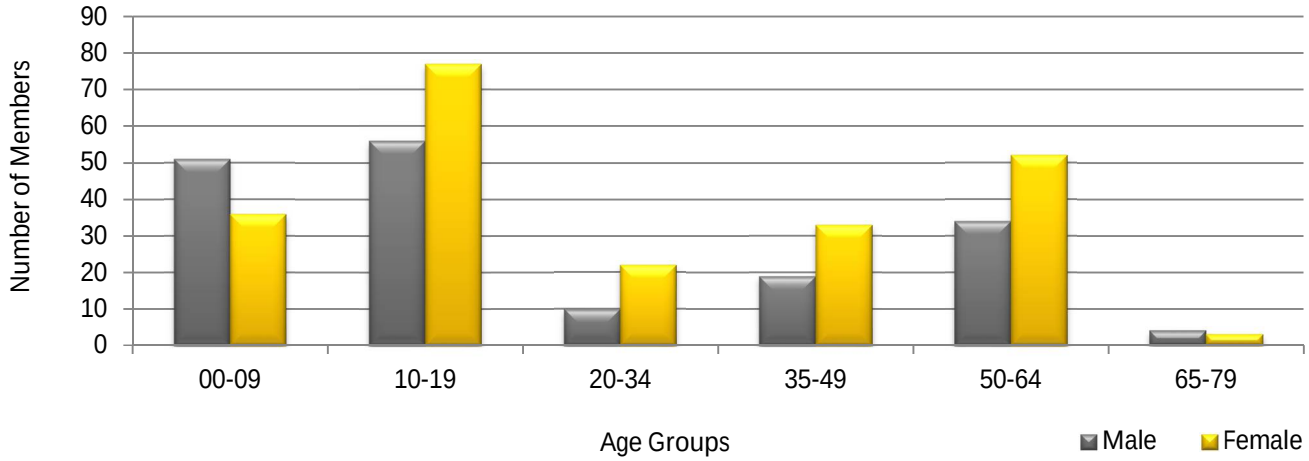
In February of 2010, the FDA required labeling changes for all products containing LABAs to include warnings regarding the increased risk of severe exacerbation of asthma symptoms, leading to hospitalizations in pediatric and adult patients as well as death in some patients using LABAs for the treatment of asthma. The following are the FDA recommendations regarding use of LABAs for the treatment of asthma[1]:

- The use of LABAs is contraindicated without the use of an asthma controller medication such as an inhaled corticosteroid. Single-ingredient LABAs should only be used in combination with an asthma controller medication; they should not be used alone.
- LABAs should only be used long-term in patients whose asthma cannot be adequately controlled on asthma controller medications.
- LABAs should be used for the shortest duration of time required to achieve control of asthma symptoms and discontinued, if possible, once asthma control is achieved. Patients should then be maintained on an asthma controller medication.
- Pediatric and adolescent patients who require the addition of a LABA to an inhaled corticosteroid should use a combination product containing both an inhaled corticosteroid and a LABA, to ensure compliance with both medications.

Utilization trends of LABAs (salmeterol and formoterol) were evaluated to detect possible concerns in the SoonerCare population.

Calendar Year	Members	Claims	Total Cost	Cost / Claim	Cost / Day	Total Days
2008	369	1,311	$176,479.44	$134.61	$4.68	78,308
2009	338	1,008	$161,722.48	$160.44	$5.35	65,599
2010	397	1,096	$176,263.59	$160.82	$5.27	71,295
% Change	7.60%	-16.40%	-0.10%	19.50%	12.60%	-11.30%
Change	28	-215	-$215.85	$26.21	$0.59	-4,266

Demographics of Members Utilizing LABAs during Calendar Year 2010



Market News and Update

Anticipated Patent Expirations:

- Advair Diskus® (fluticasone/salmeterol)- 2011
- Symbicort HFA® (budesonide/formoterol) – 2012
- Advair HFA® (fluticasone/salmeterol) – 2014

Dulera HFA® (mometasone/formoterol)

- FDA approved in June 2010
- Indicated for the treatment of asthma in patients 12 years of age and older
- Available in two strengths and is indicated to be dosed twice daily
- Carries similar warnings and precautions as other inhaled corticosteroid and long acting beta$_2$-adrenergic agonists including the black box warning regarding increase in asthma related deaths associated with long acting beta$_2$-adrenergic agonists.

Conclusion and Recommendations

The College of Pharmacy recommends prior authorization of Dulera® with the following of update to the criteria:

1. Diagnosis of COPD: Approve for one year
2. Diagnosis of Asthma:
    a. Member must be at or above the minimum age indicated, AND
    b. Have used inhaled corticosteroid for at least one month immediately prior, AND
    c. Considered uncontrolled by provider (required rescue medication > 2 days a week (not for prevention of exercise induced bronchospasms) and/or needed oral systemic corticosteroids), OR
    d. Clinical situation warranting initiation with combination therapy due to severity of asthma.
3. A quantity limit of one inhaler per 30 days will apply.

The College also recommends prior authorization of all LABA single products with the following criteria:

1. Diagnosis of COPD: Approve for one year
2. Diagnosis of Asthma:
    a. Member must be 12 years of age or older, AND
    b. Must have used an inhaled corticosteroid for at least one month immediately prior with inadequate results and plan to continue using ICS concomitantly with the LABA.
    c. Reason why member cannot use and ICS/LABA combination product.
    d. Approval will be for only 3 months to ensure use for the shortest duration of time required to achieve control of asthma symptoms.

PRODUCT DETAILS OF DULERA HFA™ (MOMETASONE/FORMOTEROL)[2]

FDA-APPROVED IN JUNE 2010

INDICATIONS: Dulera™ is indicated for the treatment of asthma in patients 12 years of age and older.

DOSAGE FORMS:

- Dulera™ is a pressurized metered dose inhaler that is available in 2 strengths.
- Dulera™ 100 mcg/5 mcg delivers 100 mcg of mometasone furoate and 5 mcg of formoterol fumarate dihydrate per actuation.
- Dulera™ 200 mcg/5 mcg delivers 200 mcg of mometasone furoate and 5 mcg of formoterol fumarate dihydrate per actuation.

ADMINISTRATION:

- For oral inhalation only.
- Treatment of asthma in patients ≥12 years: 2 inhalations twice daily of Dulera™ 100 mcg/5 mcg or 200 mcg/5 mcg.
- Starting dosage is based on prior asthma therapy.
- The maximum daily recommended dose is two inhalations of Dulera™ 200 mcg/5 mcg twice daily.

CONTRAINDICATIONS:

- Status Asthmaticus: contraindicated in the primary treatment of status asthmaticus or other acute episodes of asthma where intensive measures are required.
- Hypersensitivity: contraindicated in patients with known hypersensitivity to mometasone furoate, formoterol fumarate, or any of the ingredients in Dulera™.

SPECIAL POPULATIONS:

- Pregnancy Category C: Based on animal data, may cause fetal harm.
- Nursing Mothers: It is not known whether Dulera™ is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Dulera™ is administered to a nursing woman.
- Pediatric Use: The safety and effectiveness of Dulera™ have been established in patients 12 years of age and older in 3 clinical trials up to 52 weeks in duration. The safety and efficacy of Dulera™ have not been established in children less than 12 years of age.
- Geriatric Use: No adjustment of dosage of Dulera™ in geriatric patients is warranted.
- Hepatic Impairment: Concentrations of mometasone furoate appear to increase with severity of hepatic impairment.

WARNINGS & PRECAUTIONS:

- Asthma-Related Death: Long-acting beta2-adrenergic agonists increase the risk. Prescribe only for recommended patient populations.
- Deterioration of Disease and Acute Episodes: Dulera™ should not be initiated in patients during rapidly deteriorating or potentially life-threatening episodes of asthma. Dulera™ has not been studied in patients with acutely deteriorating asthma. The initiation of Dulera™ in this setting is not appropriate. When beginning treatment with Dulera™, patients who have been taking oral or inhaled, short-acting beta2-agonists on a regular basis (e.g., 4 times a day) should be instructed to discontinue the regular use of these drugs.
- Excessive Use of Dulera™ and Use with Other Long-Acting Beta2-Agonists: Clinically significant cardiovascular effects and fatalities have been reported in association with excessive use of inhaled sympathomimetic drugs. Patients using DULERA should not use an additional long-acting beta2-agonist (e.g., salmeterol, formoterol fumarate, arformoterol tartrate) for any reason, including prevention of exercise-induced bronchospasm (EIB) or the treatment of asthma.
- Local Effects: Localized infections of the mouth and pharynx with Candida albicans have occurred in patients treated with Dulera™.
- Immunosuppression: Persons who are using drugs that suppress the immune system are more susceptible to infections than healthy individuals.

- Transferring Patients from Systemic Corticosteroid Therapy: Deaths due to adrenal insufficiency have occurred in asthmatic patients during and after transfer from systemic corticosteroids to less systemically available inhaled corticosteroids.
- Hypercorticism and Adrenal Suppression: Since mometasone furoate is absorbed into the circulation and can be systemically active at higher doses, the beneficial effects of Dulera™ in minimizing HPA dysfunction may be expected only when recommended dosages are not exceeded and individual patients are titrated to the lowest effective dose.
- Drug Interactions with Strong Cytochrome P450 3A4 Inhibitors: Caution should be exercised.
- Paradoxical Bronchospasm and Upper Airway Symptoms: may produce inhalation induced bronchospasm with an immediate increase in wheezing after dosing that may be lifethreatening. If inhalation induced bronchospasm occurs, it should be treated immediately with an inhaled, short-acting inhaled bronchodilator. Dulera™ should be discontinued immediately and alternative therapy instituted.
- Immediate Hypersensitivity Reactions: Immediate hypersensitivity reactions may occur after administration of Dulera™, as demonstrated by cases of urticaria, flushing, allergic dermatitis, and bronchospasm.
- Cardiovascular and Central Nervous System Effects: Should be used with caution in patients with cardiovascular disorders, especially coronary insufficiency, cardiac arrhythmias, and hypertension.
- Reduction in Bone Mineral Density: Patients with major risk factors for decreased bone mineral content, such as prolonged immobilization, family history of osteoporosis, or chronic use of drugs that can reduce bone mass (e.g., anticonvulsants and corticosteroids) should be monitored and treated with established standards of care.
- Effect on Growth: May cause a reduction in growth velocity when administered to pediatric patients.
- Glaucoma and Cataracts: Close monitoring is warranted in patients with a change in vision or with a history of increased intraocular pressure, glaucoma, and/or cataracts.
- Coexisting Conditions: Should be used with caution in patients with convulsive disorders or thyrotoxicosis; and in patients who are unusually responsive to sympathomimetic amines.
- Hypokalemia and Hyperglycemia: Beta2-agonist medications may produce significant hypokalemia in some patients, possibly through intracellular shunting, which has the potential to produce adverse cardiovascular effects.

ADVERSE REACTIONS (reported in ≥ 3% of patients treated):

- Nasopharyngitis
- Sinusitis
- Headache

DRUG INTERACTIONS:

- Strong cytochrome P450 3A4 inhibitors (e.g., ritonavir): Use with caution. May cause increased systemic corticosteroid effects.
- Adrenergic agents: Use with caution. Additional adrenergic drugs may potentiate sympathetic effects.
- Xanthine derivatives and diuretics: Use with caution. May potentiate ECG changes and/or hypokalemia.
- MAO inhibitors, tricyclic antidepressants, and drugs that prolong QTc interval: Use with extreme caution. May potentiate effect on the cardiovascular system.
- Beta-blockers: Use with caution and only when medically necessary. May decrease effectiveness and produce severe bronchospasm.

PATIENT INFORMATION:

- Patients should be advised that formoterol increases the risk of asthma-related death.
- Advise patients that Dulera™ is not indicated for acute asthma symptoms.
- Advise patients to not use additional long-acting beta2-agonists.
- Counsel patients on the risks associated with corticosteroid therapy.
- Patients should be informed that treatment with beta2-agonists may lead to adverse events which include palpitations, chest pain, rapid heart rate, tremor or nervousness.

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[1] http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm200776.htm

[2] Dulera® Label Information. Schering Corporation, a subsidiary of Merck & Co., Inc. Available online at: http://www.spfiles.com/pidulera.pdf. Last revised June 2010.

Appendix G

Fiscal Year 2010 Annual Review of Anti-Migraine Medications and 30 Day Notice to Prior Authorize Sumavel®

Oklahoma HealthCare Authority
April 2011

Prior Authorization Criteria

To qualify for a Tier 2 product the member must meet one of the following criteria:

- Trial of all available Tier 1 products with inadequate response, or
- Documented adverse effect to all the Tier 1 products, or
- Previous success with a Tier 2 product within the last 60 days.

To qualify for a Tier 3 product the member must meet one of the following criteria:

- Trial of all available Tier 2 products with inadequate response, or
- Documented adverse effect to all available Tier 2 products, or
- Previous success with a Tier 3 medication within the last 60 days.

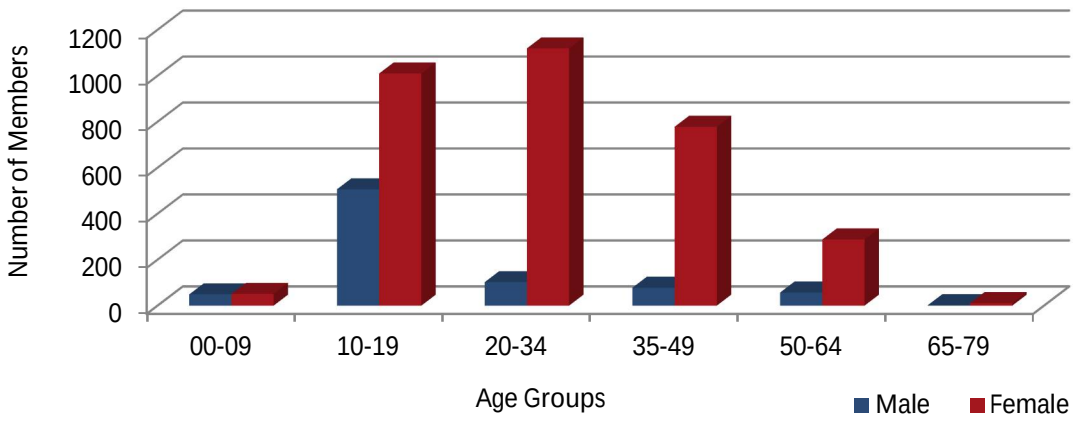
Tier 1	Tier 2	Tier 3
Sumatriptan (Imitrex®)	Naratriptan (Amerge®) Sumatriptan/Naproxen (Treximet®)	Almotriptan (Axert®) Eletriptan (Relpax®) Frovatriptan (Frova®) Rizatriptan (Maxalt®; Maxalt MLT®) Zolmitriptan (Zomig®; Zomig-ZMT®)

Utilization of Anti-Migraine Medications

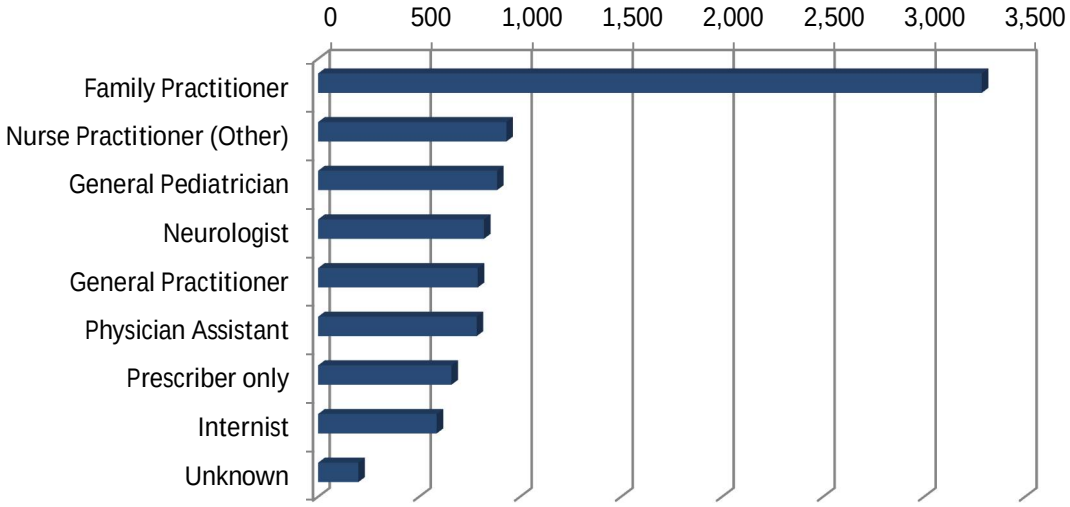
Comparison of Fiscal Years

Fiscal Year	Members	Claims	Cost	Cost/Claim	Perdiem	Units	Days
2009	3,812	9,248	$1,980,033.96	$214.10	$15.29	84,288	129,513
2010	4,051	9,703	$1,226,962.23	$126.45	$8.52	90,856	143,989
% Change	6.3%	4.9%	-38%	-41%	-44.3%	7.8%	11.2%
Change	239	455	-$753,071.73	-$87.65	-$6.77	6,568	14,476

Demographics of Members Utilizing Anti-Migraine Medications: FY 2010



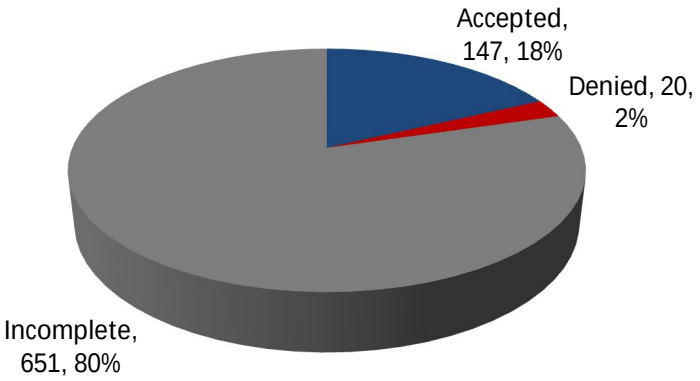
Prescribers of Anti-Migraine Medications: FY 2010



Prior Authorization of Anti-Migraine Medications

There were a total of 818 petitions submitted for this PBPA category during fiscal year 2010. Please note that for this PBPA category the system will automatically search Tier 1 medications in member's claims history within a certain timeframe and if detected, the member can automatically get the Tier 2 medication without submitting a prior authorization form. The following chart shows the status of the submitted petitions.

Status of Petitions for Anti-Migraine Medications: FY 2010



Market News and Updates

Upcoming Patent Expirations:

- Zomig® tablets, Zomig-ZMT®- May 2013
- Maxalt®, Maxalt MLT®- February 2014
- Axert®- November 2015
- Frova®- November 2015
- Relpax®- August 2017
- Zomig® spray- May 2021
- Treximet®- October 2025

Naratriptan (Amerge®)- generic versions were approved July 2010 and are now available in the market as multi-source medications with a State Maximum Allowable Cost (SMAC) designation.

- Price comparisons
  - Sumatriptan- $1.50/tablet ($13.50/pkg of 9)
  - Naratriptan-$4.85/tablet ($43.65/pkg of 9)
  - Other brand name triptans average approximately $22.88/tablet ($205.92/pkg of 9)

Triptan Medication Label Change, August 2010

- Precautions
  - Selective Serotonin Reuptake Inhibitors/Serotonin Norepinephrine Reuptake Inhibitors and Serotonin Syndrome: Cases of life-threatening serotonin syndrome have been reported during combined use of SSRIs or SNRIs and triptans
  - Patients should be cautioned about the risk of serotonin syndrome with the concomitant use of triptans and SSRIs or SNRIs.
- Patient Information
  - Some people may have a reaction called serotonin syndrome when they use certain types of antidepressants, SSRIs or SNRIs, while taking triptan. Symptoms may include confusion, hallucinations, fast heart beat, feeling faint, fever, sweating, muscle spasm, difficulty walking, and/or diarrhea. Call your doctor immediately if you have any of these symptoms after taking triptan.

New Product Approvals:

- Sumavel DosePro® (sumatriptan succinate) injectable- approved July 2009
  - Indicated for the acute treatment of migraine attacks, with or without aura, and the acute treatment of cluster headache episodes
  - Use only after a clear diagnosis of migraine or cluster headache has been established
  - Available as a prefilled, single-dose, needle-free subcutaneous delivery system delivering 0.5 mL of sterile solution containing 6 mg of sumatriptan succinate.
  - Dose should be administered only to the abdomen (not within 2 inches of the navel) or thigh.
  - The most common adverse reactions were injection site reactions, tingling, warm/hot sensation, burning sensation, feeling of heaviness, pressure sensation, feeling of tightness, numbness, feeling strange, tight feeling in head, flushing, tightness in chest, discomfort in nasal cavity/sinuses, jaw discomfort, dizziness/vertigo, drowsiness/sedation and headache.
  - Price is $183.74 per syringe

Recommendations

The College of Pharmacy recommends the following changes to the existing tier structure :

1. Placement of Naratripan (Amerge®) into Tier 2.
2. Placement of Sumatriptan (Sumavel DosePro®) into Tier 3.
   a. Must also provide clinical reason why member cannot use all other available formulations of sumatriptan.
3. Existing criteria will apply.

Tier 1	Tier 2	Tier 3
Sumatriptan (Imitrex®)	Naratriptan (Amerge®)	Almotriptan (Axert®) Eletriptan (Relpax®) Frovatriptan (Frova®) Rizatriptan (Maxalt®; Maxalt MLT®) Sumatriptan (Sumavel DosePro®) Sumatriptan/Naproxen (Treximet®) Zolmitriptan (Zomig®; Zomig-ZMT®)

Utilization Details of Anti-Migraine Medications: Fiscal Year 2010

BRAND NAME	CLAIMS	UNITS	DAYS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	PERCENT COST
SUMATRIPTAN TAB 100MG	2,192	22,519	30,532	1,020	$119,793.62	0.74	2.15	$3.92	9.76%
SUMATRIPTAN TAB 50MG	1,828	18,591	24,336	1,048	$106,839.43	0.76	1.74	$4.39	8.71%
SUMATRIPTAN TAB 25MG	1,118	12,107	16,227	652	$69,865.28	0.75	1.71	$4.31	5.69%
MAXALT-MLT TAB 10MG	712	6,572	9,899	272	$151,481.67	0.66	2.62	$15.30	12.35%
TREXIMET TAB 85-500MG	656	5,838	19,560	321	$119,297.44	0.3	2.04	$6.10	9.72%
MAXALT TAB 10MG	616	5,745	7,919	217	$130,517.85	0.73	2.84	$16.48	10.64%
RELPAX TAB 40MG	534	4,529	6,801	212	$97,591.57	0.67	2.52	$14.35	7.95%
FROVA TAB 2.5MG	277	2,283	3,580	108	$52,359.92	0.64	2.56	$14.63	4.27%
ZOMIG TAB 2.5MG	208	1,834	2,692	104	$41,451.56	0.68	2	$15.40	3.38%
ZOMIG TAB 5MG	200	1,124	2,915	83	$27,810.20	0.39	2.41	$9.54	2.27%
SUMATRIPTAN KIT 6MG/0.5	183	475	2,209	53	$68,268.56	0.22	3.45	$30.90	5.56%
MAXALT TAB 5MG	154	1,512	2,101	80	$35,162.34	0.72	1.93	$16.74	2.87%
MAXALT-MLT TAB 5MG	150	1,259	1,860	78	$28,944.12	0.68	1.92	$15.56	2.36%
RELPAX TAB 20MG	145	1,223	2,124	65	$26,081.43	0.58	2.23	$12.28	2.13%
SUMATRIPTAN SPR 20MG/ACT	142	1,063	2,794	61	$32,744.23	0.38	2.33	$11.72	2.67%
SUMATRIPTAN SPR 5MG/ACT	102	646	1,711	72	$19,056.83	0.38	1.42	$11.14	1.55%
ZOMIG ZMT TAB 5MG	96	528	1,550	48	$12,926.92	0.34	2	$8.34	1.05%
AXERT TAB 12.5MG	77	672	831	20	$13,923.25	0.81	3.85	$16.75	1.13%
ZOMIG ZMT TAB 2.5 MG	69	641	774	34	$13,735.38	0.83	2.03	$17.75	1.12%
AMERGE TAB 2.5MG	65	510	943	41	$14,744.51	0.54	1.59	$15.64	1.20%
ZOMIG SPR 5MG	60	354	819	30	$11,083.67	0.43	2	$13.53	0.90%
SUMATRIPTAN KIT 4MG/0.5	28	59	245	11	$8,523.15	0.24	2.55	$34.79	0.69%
IMITREX TAB 100MG	21	263	358	16	$6,840.06	0.73	1.31	$19.11	0.56%
IMITREX TAB 25MG	13	150	172	10	$3,756.03	0.87	1.3	$21.84	0.31%
IMITREX TAB 50MG	12	130	183	10	$3,395.53	0.71	1.2	$18.55	0.28%
IMITREX SPR 20MG/ACT	10	78	184	8	$3,106.74	0.42	1.25	$16.88	0.25%
SUMATRIPTAN INJ 6MG/0.5	10	26	280	8	$2,337.87	0.09	1.25	$8.35	0.19%
AMERGE TAB 1MG	8	57	97	4	$1,606.76	0.59	2	$16.56	0.13%
AXERT TAB 6.25MG	8	54	147	6	$1,136.33	0.37	1.33	$7.73	0.09%
IMITREX KIT 6MG/0.5	8	13	140	6	$2,535.91	0.09	1.33	$18.11	0.21%
IMITREX SPR 5MG/ACT	1	1	6	1	$44.07	0.17	1	$7.34	0.00%
TOTALS:	9,703	90,856	143,989	4,051*	$1,226,962.23	0.63	2.4	$8.52	100.00%

*Total unduplicated number of members

Product Details of Sumavel DosePro® (sumatriptan needle-free injection)
Zogenix, Inc.

INDICATIONS:

- Acute treatment of migraine attacks, with or without aura.
- Acute treatment of cluster headache episodes.

DOSAGE FORMS: A prefilled, single-dose, needle-free subcutaneous delivery system delivering 0.5 mL of sterile solution containing 6 mg sumatriptan (as the succinate salt).

DOSING & ADMINISTRATION:

- For subcutaneous use only.
- Administer a single 6 mg dose to the abdomen or thigh.
- Do not administer to the arm or other areas of the body.
- The maximum recommended dose that may be given in 24 hours is two doses separated by at least 1 hour.
- Benefit of second dose in patients who have failed to respond to a first dose has not been established.
- Do not use Sumavel DosePro® if the tip of the device is tilted or broken off upon removal from packaging.

CONTRAINDICATIONS:

- Do not administer intravenously as this may cause coronary vasospasm.
- Ischemic heart disease, coronary artery vasospasm, or other significant underlying cardiovascular disease.
- Cerebrovascular syndromes (e.g. history of stroke or TIA).
- Peripheral Vascular Disease (including Ischemic Bowel Disease).
- Uncontrolled hypertension.
- Do not use Sumavel DosePro® within 24 hours of any ergotamine-containing or ergot-type medication or another 5-HT1 agonist, e.g. another triptan.
- Hemiplegic or basilar migraine.
- Known hypersensitivity to sumatriptan.

SPECIAL POPULATIONS:

- Pregnancy Category C: Based on animal data, may cause fetal harm.
- Nursing Mothers: Caution should be exercised when administered to a nursing woman.
- Pediatric Use: The safety and effectiveness in pediatric patients under 18 years of age have not been established.
- Geriatric Use: Not recommended

WARNINGS & PRECAUTIONS:

- Risk of Myocardial Ischemia and Infarction and Other Adverse Cardiac Events Cardiac Events and Fatalities with 5-HT1 Agonists:
  - Serious adverse cardiac events, including acute myocardial infarction, and life-threatening disturbances of cardiac rhythm.
  - It is strongly recommended that Sumavel DosePro not be given to patients in whom unrecognized coronary artery disease (CAD) is predicted by the presence of risk factors. In very rare cases, serious cardiovascular events have been reported in association with sumatriptan use in the absence of known cardiovascular disease. If Sumavel DosePro is considered, patients should first have a cardiovascular evaluation. If the evaluation is satisfactory, first dose should take place in a physician's office setting.
  - Increase in blood pressure, associated with significant clinical events.
- Sensations of Pain, Tightness, Pressure in the Chest and/or Throat, Neck and Jaw
  - Sensations of pain, tightness, pressure and heaviness in the chest, throat, neck and jaw: generally not associated with myocardial ischemia, but patients with signs or symptoms suggestive of angina should be evaluated for the presence of CAD.

- Cerebrovascular Events and Fatalities
  - Cerebrovascular events, some fatal.
- Other Vasospasm-Related Events, including Peripheral Vascular Ischemia and Colonic Ischemia
  - Gastrointestinal ischemic events and peripheral vasospastic reactions (e.g. Raynaud's syndrome).
- Selective Serotonin Reuptake Inhibitors/Serotonin Norepinephrine Reuptake Inhibitors and Serotonin Syndrome
  - Potentially life-threatening serotonin syndrome, particularly in combination with selective serotonin reuptake inhibitors (SSRIs) or serotonin norepinephrine reuptake inhibitors (SNRIs). Monitor patients for neurologic changes and gastrointestinal symptoms if concomitant treatment is clinically warranted.
- Hypersensitivity
  - Hypersensitivity, life-threatening or fatal.

ADVERSE REACTIONS (Events Reported by at Least 5% of Patients Treated)

- Atypical sensations
  - Tingling
  - Warm/hot sensation
  - Burning sensation
  - Feeling of heaviness
  - Pressure sensation
  - Feeling of tightness
  - Numbness
- Cardiovascular
  - Flushing
  - Chest discomfort
- Miscellaneous
  - Jaw Discomfort
  - Musculoskeletal
- Neurological
  - Dizziness/vertigo

DRUG INTERACTIONS:

- MAO inhibitors: sumatriptan plasma levels nearly doubled; concurrent use ordinarily not recommended.
- Do not use Sumavel DosePro® and ergotamine-containing or ergot-type medications within 24 hours of each other.
- Do not use Sumavel DosePro® and other 5HT1 agonists (e.g. triptans) within 24 hours of each other.
- SSRI/SNRI: life-threatening serotonin syndrome reported during combined use with triptans.

INFORMATION FOR PATIENTS:

- What is the most important information I should know about Sumavel DosePro®?
  - In very rare cases, patients taking triptans, such as Sumavel DosePro®, may experience serious side effects, including heart attacks. Call your doctor right away if you have: severe chest pain, shortness of breath
  - Sumavel DosePro® is not for people with risk factors for heart disease unless a heart exam is done and shows no problem. You have a higher risk for heart disease if you: have high blood pressure, have high cholesterol levels, smoke, are overweight, have diabetes, have a family history of heart disease, are a female who has gone through menopause or are a male over age 40.
  - "Serotonin syndrome" is a serious and life-threatening problem that can happen with Sumavel DosePro®, especially if used with antidepressant medicines called selective serotonin reuptake inhibitors (SSRIs) or selective norepinephrine reuptake inhibitors (SNRIs).
  - Ask your doctor or pharmacist for a list of these medicines if you are not sure.
  - Call your doctor if you have any of these symptoms of serotonin syndrome: mental changes, (hallucinations, agitation, coma) fast heartbeat, changes in blood pressure, high body temperature, tight muscles, trouble walking nausea, vomiting or diarrhea.

- The most common side effects of Sumavel DosePro® include:
  - Bleeding, swelling, redness, bruising and pain at the delivery site, tingling or numbness in your fingers or toes, dizziness, warm, hot, burning feeling to your face (flushing), feeling of heaviness or pressure, discomfort or tightness in the in chest, neck, throat, nose, or jaw, feeling weak, drowsy, or tired, feeling strange or muscle pain.

References:
Sumavel® Label Information. Zogenix, Inc. Available online at: http://www.zogenix.com/docs/SV0018.0709A_SDP_PI.pdf Last revised September 2009.

Appendix H

Top 100 Medications by Total Pharmacy Reimbursement

Fiscal Year 2010 vs Fiscal Year 2009

		2010		2009	
		Rank	Amount Paid	Rank	Amount Paid
Aripiprazole	Abilify	1	$20,381,191.96	1	$18,410,152.62
Quetiapine	Seroquel	2	$16,852,993.38	2	$14,941,255.27
Coagulation Factor VIIa (Recomb)	Novoseven	3	$13,808,064.10	3	$14,078,205.01
Montelukast Sodium	Singulair	4	$10,649,183.76	4	$12,726,805.37
Olanzapine	Zyprexa	5	$8,852,352.65	5	$8,096,231.87
Albuterol Sulfate	Multiple Products	6	$8,744,130.96	9	$6,641,047.90
Methylphenidate	Multiple Products	7	$8,372,238.07	11	$6,226,004.06
Oxycodone HCl	Multiple Products	8	$6,732,083.11	8	$7,097,581.55
Budesonide Inhalation	Pulmicort	9	$6,272,512.37	16	$5,500,229.12
Antihemophilic Factor (Recombinant)	Recombinate	10	$6,257,295.57	13	$5,542,397.97
Fluticasone-Salmeterol	Advair	11	$6,196,046.32	6	$7,308,692.60
Lisdexamfetamine Dimesylate	Vyvanse	12	$6,053,367.68	18	$4,293,854.56
Palivizumab	Synagis	13	$5,953,298.61	7	$7,301,462.22
Antiinhibitor Coagulant Complex For Inj	Feiba VH	14	$5,323,182.10	17	$5,188,741.99
Amphetamine-Dextroamphetamine	Multiple Products	15	$4,912,643.37	12	$5,645,050.92
Ziprasidone	Geodon	16	$4,668,844.14	19	$4,025,487.48
Somatropin Inj	Multiple Products	17	$4,000,784.58	21	$3,606,768.81
Hydrocodone-Acetaminophen	Multiple Products	18	$3,890,069.12	24	$3,382,710.53
Paliperidone	Invega	19	$3,633,405.69	26	$3,347,437.68
Azithromycin	Zithromax*	20	$3,453,739.72	23	$3,388,955.06
Lansoprazole	Prevacid*	21	$3,281,901.49	14	$5,540,078.62
Fluticasone Propionate	Flovent	22	$3,278,152.23	36	$2,243,445.52
Atorvastatin	Lipitor	23	$3,010,685.93	25	$3,363,266.46
Insulin Glargine	Lantus	24	$2,942,733.80	30	$2,472,393.68
Dexmethylphenidate	Focalin*	25	$2,815,505.80	34	$2,288,228.56
Enoxaparin	Lovenox	26	$2,581,191.23	33	$2,362,626.60
Antihemophilic Factor rAHF-PFM	Advate	27	$2,567,849.53	31	$2,445,758.36
Atomoxetine	Strattera	28	$2,531,048.61	32	$2,385,668.34
Amoxicillin & K Clavulanate	Augmentin*	29	$2,497,050.92	37	$2,151,358.10
C1 Inhibitor (Human)	Cinryze	30	$2,457,305.25	78	$849,498.85
Pregabalin	Lyrica	31	$2,456,386.58	29	$2,527,660.70
Oseltamivir	Tamiflu	32	$2,375,003.44	-	$264,541.47
Clopidogrel	Plavix	33	$2,355,881.32	39	$2,011,056.70
Cefdini	Cefdinir	34	$2,318,579.63	35	$2,246,693.97
Levalbuterol	Xopenex*	35	$2,203,429.59	28	$2,692,142.77
Peginterferon alfa-2a	Pegasys	36	$2,118,615.35	45	$1,754,700.96
Etanercept	Enbrel	37	$2,079,157.92	44	$1,884,284.50
Insulin Aspart	Novolog	38	$2,052,256.58	50	$1,585,337.55
Pioglitazone	Actos	39	$2,047,828.72	42	$1,940,453.81
Risperidone	Risperdal Inj	40	$2,025,737.55	41	$1,949,471.20

Amoxicillin	Amoxil*	41	$1,967,673.10	46	$1,712,934.97
Divalproex	Depakate*	42	$1,886,869.97	22	$3,453,009.46
Venlafaxine	Effexor*	43	$1,867,470.08	38	$2,104,301.28
Duloxetine	Cymbalta	44	$1,810,177.14	40	$1,982,933.48
Adalimumab	Humira	45	$1,799,432.70	55	$1,309,698.32
Levetiracetam	Keppra*	46	$1,771,928.00	27	$3,253,088.00
Risperidone	Risperdal*	47	$1,681,059.57	10	$6,454,355.03
Dornase Alfa	Pulmozyne	48	$1,661,961.91	54	$1,425,565.64
Clozapine	Multiple Products	49	$1,632,887.11	61	$1,141,878.80
Drospirenone-Ethinyl Estradiol	Multiple Products	50	$1,592,160.54	47	$1,659,483.34
Escitalopram	Lexapro	51	$1,573,929.48	51	$1,572,199.09
Esomeprazole	Nexium	52	$1,547,161.97	49	$1,612,969.48
Efavirenz-Emtricitabine-Tenofovir	Atripla	53	$1,528,928.48	70	$961,669.62
Fluticasone Furoat	Veramyst	54	$1,518,089.28	48	$1,638,399.79
Ipratropium-Albuterol	Multiple Products	55	$1,450,859.30	53	$1,515,871.93
Cetirizine	Zyrtec*	56	$1,448,851.62	86	$757,800.37
Tiotropium Bromide	Spiriva	57	$1,422,938.95	62	$1,126,736.69
Cefixime	Suprax	58	$1,391,673.63	88	$751,624.32
Oxcarbazepine	Trileptal*	59	$1,359,785.43	43	$1,898,814.98
Tobramycin Nebu Soln	Tobi	60	$1,346,876.72	57	$1,242,615.88
Glatiramer Acetate	Copaxone	61	$1,324,079.54	66	$1,032,590.16
Insulin Lispro (Human)	Humalog	62	$1,249,752.43	64	$1,059,861.21
Valacyclovir	Valtrex*	63	$1,247,876.02	59	$1,159,788.43
Lamotrigine	Lamictal*	64	$1,238,606.11	20	$3,635,988.98
Deferasirox	Exjade	65	$1,195,427.94	76	$866,419.13
Diazepam Rectal Gel	Diastat	66	$1,171,768.01	69	$983,648.13
Fentanyl Patch	Duragesic*	67	$1,163,294.65	56	$1,258,657.80
Interferon Beta-1a	Rebif	68	$1,155,977.43	60	$1,148,358.84
Levofloxacin	Levaquin	69	$1,099,513.77	63	$1,109,638.87
Topiramate	Topamax*	70	$1,086,865.97	15	$5,502,797.37
Emtricitabine-Tenofovir	Truvada	71	$1,071,373.63	89	$749,822.20
Loratadine	Loratadine	72	$1,070,436.53	65	$1,056,089.89
Insulin Detemir	Levemir	73	$1,068,275.35	99	$642,159.04
Oxycodone-Acetaminophen	Multiple Products	74	$1,058,463.47	79	$838,179.57
Omeprazole	Prilosec*	75	$1,029,113.72	71	$946,800.50
Coagulation Factor IX (Recombinant)	Benefix	76	$999,791.98	98	$645,282.06
Spacer/Aerosol-Holding Chambers	Multiple Products	77	$971,311.55	87	$756,855.87
Ciprofloxacin-Dexamethasone Otic	Ciprodex	78	$941,167.75	52	$1,531,810.62
Imatinib Mesylate	Gleevac	79	$938,114.11	-	$609,053.18
Sulfamethoxazole-Trimethoprim	Multiple Products	80	$917,039.95	90	$738,555.77
Budesonide-Formoterol	Symbicort	81	$907,282.99	84	$771,845.12
Alprazolam Tab SR 24HR 3 MG	Xanax*	82	$899,741.58	80	$829,509.43
Pegademase Bovine	Adagen	83	$853,554.84	73	$879,244.50
Desmopressin	Stimate	84	$853,443.55	82	$818,491.40
Prednisolone	Multiple Products	85	$822,998.11	-	$525,898.40
Bupropion	Wellbutrin*	86	$816,366.79	58	$1,168,078.86

Linezolid	Zyvox	87	$815,020.17	72	$888,120.36
Etonogestrel-Ethinyl Estradiol VA Ring	Nuvaring	88	$807,020.81	-	$594,435.63
Clonidine	Catapres*	89	$803,742.84	93	$727,515.81
Norgestimate-Eth Estradiol	Multiple Products	90	$802,490.60	-	$555,511.47
Fluticasone Prop Nasal	Fluticasone	91	$797,036.01	-	$350,574.13
Morphine Sulfate	Multiple Products	92	$791,581.25	85	$769,268.44
Filgrastim	Neupogen	93	$789,599.08	77	$857,400.69
Oxymorphone	Opana	94	$783,372.24	-	$520,637.79
Buprenorphine HCl-Naloxone HCl SL	Suboxone	95	$777,056.78	-	$444,000.95
Cephalexin	Keflex*	96	$760,112.52	-	$613,426.36
Corticotropin Inj	Acthar HP	97	$734,881.57	-	$76,791.85
Varenicline	Chantix	98	$733,745.47	81	$823,794.46
Sitagliptin	Januvia	99	$728,324.73	-	$611,179.64
Peginterferon alfa-2b	Peg-Intron	100	$694,814.45	75	$872,730.05
Mometasone Furoate Nasal	Nasonex	-	$18,852.47	67	$997,449.10
Sumatriptan	Sumatriptan	-	$392,694.58	68	$988,824.07
Amylase-Lipase-Protease	Multiple Products	-	$514,353.11	74	$873,904.17
Zolpidem	Ambien*	-	$604,469.07	83	$802,691.38
Tacrolimus	Prograf	-	$661,628.97	91	$737,333.03
Tolterodine	Detrol	-	$659,432.69	92	$731,075.70
Triamcinolone Acetonide Nasal	Nasacort AQ	-	$590,185.51	94	$688,797.21
Lopinavir-Ritonavi	Kaletra	-	$625,299.60	95	$669,607.59
Pantoprazole	Protonix*	-	$544,948.19	96	$667,287.50
Antihemophilic Factor/VWF (Human)	Humate-P	-	$664,303.90	97	$667,142.68
Ribavirin	Ribavirin	-	$560,482.14	100	$633,975.07

*Includes Generics

Top 50 Medications by Number of Pharmacy Claims

Fiscal Year 2010

Rank Claims	Rank Cost	Product	Claims	Units	Pharmacy Reimbursement	Units/ Day	Claims/ Member	Cost/ Day	Percent Cost
1	18	Hydrocodone/APAP	288,991	18,784,596	$3,890,069.12	4.69	3.05	$0.97	3.05%
2	6	Albuterol	220,529	12,982,180	$8,744,130.96	2.79	2.3	$1.88	6.86%
3	41	Amoxicillin	209,482	22,850,858	$1,967,673.10	11.34	1.41	$0.98	1.54%
4	20	Azithromycin	166,492	2,581,564	$3,453,739.72	3.11	1.4	$4.16	2.71%
5	56	Cetirizine	101,554	7,756,415	$1,448,851.62	2.65	2.1	$0.50	1.14%
6	73	Loratadine	97,246	6,943,770	$1,070,436.53	2.42	2.08	$0.37	0.84%
7	83	Alprazolam	95,879	6,790,503	$899,741.58	2.6	4.74	$0.34	0.71%
8	4	Montelukast	88,551	2,652,395	$10,649,183.76	1	4.22	$4.01	8.36%
9	116	Ibuprofen	83,688	5,659,297	$572,741.39	4.47	1.43	$0.45	0.45%
10	81	Sulfamethoxazole-Trimethoprim	79,699	7,188,357	$917,039.95	8.24	1.31	$1.05	0.72%
11	7	Methylphenidate	71,714	2,767,207	$8,372,238.07	1.3	5.74	$3.93	6.57%
12	103	Promethazine	68,607	2,723,860	$689,280.59	6.7	1.52	$1.69	0.54%
13	29	Amoxicillin & K Clavulanate	64,756	5,713,689	$2,497,050.92	8.82	1.25	$3.85	1.96%
14	117	Clonazepam	63,075	4,208,956	$571,869.91	2.31	5.39	$0.31	0.45%
15	76	Omeprazole	62,196	2,808,050	$1,029,113.72	1.34	3.17	$0.49	0.81%
16	90	Clonidine	59,172	2,769,121	$803,742.84	1.51	5.47	$0.44	0.63%
17	97	Cephalexin	51,900	4,183,306	$760,112.52	8.85	1.19	$1.61	0.60%
18	168	Citalopram	50,064	1,815,005	$366,854.92	1.09	3.28	$0.22	0.29%
19	179	Lisinopril	49,738	2,142,845	$334,171.86	1.11	3.96	$0.17	0.26%
20	15	Amphetamine-Dextroamphetamine	49,510	1,889,851	$4,912,643.37	1.28	6.17	$3.33	3.86%
21	92	Fluticasone Propionate Nasal	47,771	763,907	$797,036.01	0.48	1.57	$0.50	0.63%
22	47	Risperidone	47,752	2,177,298	$1,681,059.57	1.47	5.47	$1.14	1.32%
23	151	Sertraline	47,677	1,824,120	$411,162.04	1.17	3.77	$0.26	0.32%
24	12	Lisdexamfetamine	46,744	1,394,003	$6,053,367.68	1	5.93	$4.36	4.75%
25	34	Cefdinir	46,300	3,254,708	$2,318,579.63	7.02	1.3	$5.00	1.82%
26	75	Oxycodone/APAP	45,689	2,526,532	$1,058,463.47	4.64	1.78	$1.94	0.83%
27	167	Tramadol	45,306	3,321,033	$370,735.36	4.33	2.4	$0.48	0.29%
28	86	Prednisolone	45,193	1,653,794	$822,998.11	6.42	1.37	$3.19	0.65%
29	2	Quetiapine	44,599	2,038,226	$16,852,993.38	1.46	5.93	$12.03	13.23%
30	165	Cyclobenzaprine	44,558	2,267,158	$377,153.11	2.48	2.03	$0.41	0.30%
31	161	Trazodone	44,538	1,836,831	$388,254.80	1.29	3.72	$0.27	0.30%

32	1	Aripiprazole	41,926	1,302,926	$20,381,191.96	0.99	5	$15.42	16.00%
33	183	Codeine/APAP	40,982	2,992,596	$321,294.39	11.88	1.26	$1.28	0.25%
34	134	Levothyroxine	40,065	1,609,024	$453,162.53	1.01	4.81	$0.29	0.36%
35	149	Fluoxetine	39,415	1,722,275	$413,015.89	1.34	3.72	$0.32	0.32%
36	184	Lorazepam	38,116	2,108,222	$318,176.82	2.29	3.79	$0.35	0.25%
37	175	Metformin	35,846	2,470,171	$343,477.99	2.13	4.27	$0.30	0.27%
38	111	Gabapentin	35,830	3,448,939	$652,750.74	3.18	4.01	$0.60	0.51%
39	272	Prednisone	34,462	794,812	$175,600.59	2.12	1.38	$0.47	0.14%
40	113	Zolpidem	34,043	972,220	$604,469.07	0.99	3.72	$0.62	0.47%
41	141	Ranitidine	34,039	2,758,393	$439,195.20	2.68	2.38	$0.43	0.34%
42	222	Diazepam	33,002	2,146,078	$233,165.87	2.53	3.65	$0.27	0.18%
43	211	Triamcinolone	32,542	2,704,579	$257,417.83	5.93	1.41	$0.56	0.20%
44	42	Divalproex	32,515	2,857,266	$1,886,869.97	2.91	6.12	$1.92	1.48%
45	11	Fluticasone-Salmeterol Inhal	30,542	1,693,277	$6,196,046.32	1.83	3.69	$6.69	4.86%
46	32	Oseltamivir	30,520	653,374	$2,375,003.44	3.78	1.03	$13.74	1.86%
47	133	Mupirocin	30,320	721,978	$455,067.27	2.19	1.2	$1.38	0.36%
48	22	Fluticasone Propionate HFA	27,762	317,081	$3,278,152.23	0.38	2.14	$3.90	2.57%
49	210	Propoxyphene-N/APAP	27,240	1,208,283	$258,992.89	3.62	1.76	$0.78	0.20%
50	21	Lansoprazole	26,382	814,920	$3,281,901.49	1.04	4.5	$4.19	2.58%
		Totals	3,174,519	181,565,849	$127,407,442.10	2.72	7.76	$1.91	

Pharmacy Claims by Therapeutic Category
Fiscal Year Comparison

(01) PENICILLINS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Penicillins (0100)	0	$0.00	0	$0.00
Natural Penicillins (0110)	17,379	$159,832.55	17,742	$154,734.47
Ampicillins (0120)	180,200	$1,732,885.64	210,941	$1,990,715.22
Penicillinase-resistant (0130)	540	$53,226.53	473	$48,085.89
Extended Spectrum (0140)	0	$0.00	0	$0.00
Amidinopenicillins (0150)	0	$0.00	0	$0.00
Penicillin Combinations (0199)	55,401	$2,199,922.76	64,898	$2,546,927.47
(01) PENICILLINS TOTAL	253,520	$4,145,867.48	294,054	$4,740,463.05

(02) CEPHALOSPORINS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Cephalosporins (0200)	0	$0.00	0	$0.00
Cephalosporins - 1st Generation (0210)	48,703	$709,045.40	54,412	$849,632.27
Cephalosporins - 2nd Generation (0220)	19,389	$665,450.29	16,948	$572,459.86
Cephalosporins - 3rd Generation (0230)	43,391	$3,156,879.06	56,016	$3,866,874.40
Cephalosporins - 4th Generation (0240)	42	$7,945.93	69	$9,157.53
Cephalosporins Other (0250)	0	$0.00	0	$0.00
Cephalosporin Combinations (0299)	0	$0.00	0	$0.00
(02) CEPHALOSPORINS TOTAL	111,525	$4,539,320.68	127,445	$5,298,124.06

(03) MACROLIDE ANTIBIOTICS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Macrolide antibiotics (0300)	0	$0.00	0	$0.00
Erythromycins (0310)	4,490	$53,966.34	4,153	$54,362.45
Troleandomycin (0320)	0	$0.00	0	$0.00
Not Classified (0330)	0	$0.00	0	$0.00
Azithromycin (0340)	144,428	$3,388,955.06	166,496	$3,453,827.83
Clarithromycin (0350)	3,004	$102,853.62	3,342	$113,554.19
Dirithromycin (0352)	0	$0.00	0	$0.00
Miocamycin (0355)	0	$0.00	0	$0.00
Roxithromycin (0357)	0	$0.00	0	$0.00
Spiramycin (0360)	0	$0.00	0	$0.00
(03) MACROLIDE ANTIBIOTICS TOTAL	151,922	$3,545,775.02	173,991	$3,621,744.47

(04) TETRACYCLINES

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Tetracyclines (0400)	21,502	$281,500.73	24,818	$321,811.02
Tetracycline Combinations (0499)	0	$0.00	0	$0.00
(04) TETRACYCLINES TOTAL	21,502	$281,500.73	24,818	$321,811.02

(05) FLUOROQUINOLONES

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Fluoroquinolones (0500)	25,932	$1,452,030.27	26,438	$1,479,541.80
Fluoroquinolone Combinations (0599)	0	$0.00	0	$0.00
(05) FLUOROQUINOLONES TOTAL	25,932	$1,452,030.27	26,438	$1,479,541.80

(07) AMINOGLYCOSIDES

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Aminoglycosides (0700)	1,039	$1,299,695.37	1,013	$1,381,978.19
(07) AMINOGLYCOSIDES TOTAL	1,039	$1,299,695.37	1,013	$1,381,978.19

(08) SULFONAMIDES

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Sulfonamides (0800)	43	$2,543.92	3	$1,261.04
Sulfa Combinations (0899)	0	$0.00	0	$0.00
(08) SULFONAMIDES TOTAL	43	$2,543.92	3	$1,261.04

(09) ANTIMYCOBACTERIAL AGENTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antimycobacterial agents (0900)	686	$55,788.69	783	$48,719.53
Anti TB Combinations (0999)	0	$0.00	0	$0.00
(09) ANTIMYCOBACTERIAL AGENTS TOTAL	686	$55,788.69	783	$48,719.53

(11) ANTIFUNGALS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antifungals (1100)	5,518	$477,239.46	5,816	$440,473.68
Imidazole-Related Antifungals (1140)	17,384	$552,776.81	20,160	$546,080.66
Antifungal - Glucan Synthesis Inhibitors (Echinocandins) (1150)	7	$17,595.94	14	$44,579.50
(11) ANTIFUNGALS TOTAL	22,909	$1,047,612.21	25,990	$1,031,133.84

(12) ANTIVIRAL

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antiviral (1200)	0	$0.00	0	$0.00
Antiretrovirals (1210)	5,708	$4,504,825.21	7,229	$5,966,628.70
CMV Agents (1220)	163	$297,803.14	123	$204,426.60
Hepatitis Agents (1235)	2,525	$3,449,372.69	2,513	$3,586,735.92
Herpes Agents (1240)	10,845	$1,330,510.62	12,516	$1,471,900.85
Influenza Agents (1250)	3,644	$287,026.75	31,048	$2,405,843.79
Respiratory Syncytial Virus (RSV) Agents (1260)	0	$0.00	0	$0.00
Misc. Antivirals (1270)	0	$0.00	0	$0.00
Antiviral Combinations (1299)	0	$0.00	0	$0.00
(12) ANTIVIRAL TOTAL	22,885	$9,869,538.41	53,429	$13,635,535.86

(13) ANTIMALARIAL

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antimalarial (1300)	1,726	$29,900.43	2,228	$36,886.85
Antimalarial Combinations (1399)	18	$4,235.02	16	$3,773.86
(13) ANTIMALARIAL TOTAL	1,744	$34,135.45	2,244	$40,660.71

(14) AMEBICIDES

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Amebicides (1400)	0	$0.00	0	$0.00
Amebicide Combinations (1499)	0	$0.00	0	$0.00
(14) AMEBICIDES TOTAL	0	$0.00	0	$0.00

(15) ANTHELMINTIC

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Anthelmintic (1500)	3,498	$49,295.68	3,952	$55,052.13
Anthelmintic Combinations (1599)	0	$0.00	0	$0.00
(15) ANTHELMINTIC TOTAL	3,498	$49,295.68	3,952	$55,052.13

(16) MISC. ANTI-INFECTIVES

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Misc. anti-infectives (1600)	17,222	$478,738.34	19,534	$520,497.38
Polymyxins (1610)	3	$165.60	1	$138.26
Carbapenems (1615)	213	$172,929.50	293	$239,488.61
Chloramphenicols (1620)	4	$2,423.91	0	$0.00
Ketolides (1621)	0	$0.00	1	$103.52
Lincosamides (1622)	11,501	$369,758.03	13,363	$474,384.53
Oxazolidinones (1623)	513	$888,120.36	450	$815,020.17
Streptogramins (1625)	1	$1,771.81	0	$0.00
Cyclic Lipopeptides (1627)	38	$124,211.19	97	$225,002.75
Glycylcyclines (1629)	25	$20,010.92	22	$20,747.01
Leprostatics (1630)	213	$5,491.05	238	$7,274.07
Antiprotozoal Agents (1640)	116	$32,308.88	90	$31,439.48
Anti-infective Adjuvants (1650)	0	$0.00	0	$0.00
Sepsis Syndrome Agents (1660)	0	$0.00	0	$0.00
Misc. Anti-infective Combinations (1699)	74,938	$772,077.87	80,593	$945,649.73
(16) MISC. ANTI-INFECTIVES TOTAL	104,787	$2,868,007.46	114,682	$3,279,745.51

(17) VACCINES

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Vaccines (1700)	0	$0.00	0	$0.00
Viral Vaccines (1710)	633	$22,444.35	1,043	$19,508.99
Bacterial Vaccines (1720)	136	$7,296.74	74	$4,512.16
Mixed Vaccine Combinations (1799)	0	$0.00	0	$0.00
(17) VACCINES TOTAL	769	$29,741.09	1,117	$24,021.15

(18) TOXOIDS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Toxoids (1800)	5	$212.47	17	$489.27
Toxoid Combinations (1899)	24	$1,019.90	5	$152.38
(18) TOXOIDS TOTAL	29	$1,232.37	22	$641.65

(19) PASSIVE IMMUNIZING AGENTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Passive immunizing agents (1900)	0	$0.00	0	$0.00
Immune Serums (1910)	745	$677,696.12	703	$594,963.38
Antitoxins-Antivenins (1920)	0	$0.00	0	$0.00
Monoclonal Antibodies (1950)	4,706	$7,301,462.22	3,601	$5,953,298.61
Passive Immunizing Agents - Combinations (1999)	0	$0.00	0	$0.00
(19) PASSIVE IMMUNIZING AGENTS TOTAL	5,451	$7,979,158.34	4,304	$6,548,261.99

(20) BIOLOGICALS MISC

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Biologicals misc (2000)	30	$879,244.50	28	$853,554.84
Allergenic Extracts (2010)	0	$0.00	0	$0.00
(20) BIOLOGICALS MISC TOTAL	30	$879,244.50	28	$853,554.84

(21) ANTINEOPLASTICS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antineoplastics (2100)	0	$0.00	0	$0.00
Alkylating Agents (2110)	206	$331,903.89	188	$319,640.43
Antineoplastic Antibiotics (2120)	2	$84.55	0	$0.00
Antineoplastic Enzymes (2125)	0	$0.00	0	$0.00
Antimetabolites (2130)	3,421	$429,912.79	3,945	$628,811.00
Antineoplastic - Angiogenesis Inhibitors (2133)	0	$0.00	7	$32,942.55
Antineoplastic - Antibodies (2135)	0	$0.00	3	$29,207.12
Antineoplastic - Hormonal Agents (2140)	6,235	$1,431,141.29	6,965	$1,736,966.89
Antineoplastic - Immunomodulators (2145)	0	$0.00	0	$0.00
Mitotic Inhibitors (2150)	21	$11,489.23	19	$6,449.69
Antineoplastic Enzyme Inhibitors (2153)	355	$1,631,762.62	401	$2,036,099.72
Topoisomerase I Inhibitors (2155)	28	$49,485.78	22	$98,510.01
Antineoplastic Radiopharmaceuticals (2160)	0	$0.00	0	$0.00
Antineoplastics Misc. (2170)	222	$110,403.51	283	$103,667.20
Chemotherapy Rescue/Antidote Agents (2175)	86	$15,661.26	104	$21,553.66
Chemotherapy Adjuvants (2176)	1	$9,079.15	0	$0.00
Investigational - Antineoplastics (2180)	0	$0.00	0	$0.00
Antineoplastic Combinations (2199)	0	$0.00	0	$0.00
(21) ANTINEOPLASTICS TOTAL	10,577	$4,020,924.07	11,937	$5,013,848.27

(22) CORTICOSTEROIDS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Corticosteroids (2200)	0	$0.00	0	$0.00
Glucocorticosteroids (2210)	106,508	$1,122,445.18	131,400	$1,489,590.12
Mineralocorticoids (2220)	803	$21,371.45	875	$24,632.32
(22) CORTICOSTEROIDS TOTAL	107,311	$1,143,816.63	132,275	$1,514,222.44

(23) ANDROGEN-ANABOLIC

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Androgen-anabolic (2300)	0	$0.00	0	$0.00
Androgens (2310)	711	$127,042.21	897	$161,954.16
Anabolic Steroids (2320)	0	$0.00	0	$0.00
(23) ANDROGEN-ANABOLIC TOTAL	711	$127,042.21	897	$161,954.16

(24) ESTROGENS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Estrogens (2400)	12,780	$629,702.36	13,393	$662,294.38
Estrogen Combinations (2499)	1,636	$111,424.68	1,677	$128,711.21
(24) ESTROGENS TOTAL	14,416	$741,127.04	15,070	$791,005.59

(25) CONTRACEPTIVES

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Contraceptives (2500)	0	$0.00	0	$0.00
Progestin Contraceptives - Oral (2510)	3,912	$141,842.24	4,303	$147,791.52
Progestin Contraceptives - Injectable (2515)	6,351	$257,290.48	7,722	$312,248.37
Progestin IUD (2520)	41	$15,794.08	309	$214,878.17
Progestin Implants (2530)	34	$21,967.98	82	$51,515.98
Emergency Contraceptives (2540)	534	$21,357.68	734	$28,792.36
Combination Contraceptives - Transdermal (2596)	3,367	$233,254.97	4,536	$352,287.14
Combination Contraceptives - Vaginal (2597)	7,574	$594,435.63	9,234	$807,020.81
Combination Contraceptives - Injectable (2598)	0	$0.00	0	$0.00
Combination Contraceptives - Oral (2599)	65,860	$3,369,532.95	78,147	$4,106,755.95
(25) CONTRACEPTIVES TOTAL	87,673	$4,655,476.01	105,067	$6,021,290.30

(26) PROGESTINS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Progestins (2600)	3,316	$250,682.14	3,838	$291,634.43
(26) PROGESTINS TOTAL	3,316	$250,682.14	3,838	$291,634.43

(27) ANTIDIABETIC

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antidiabetic (2700)	0	$0.00	0	$0.00
Insulin (2710)	44,930	$7,269,894.11	50,574	$9,007,832.31
Antidiabetic - Amylin Analogs (2715)	15	$6,402.97	31	$18,138.77
Incretin Mimetic Agents (2717)	805	$217,612.21	857	$246,762.75
Sulfonylureas (2720)	18,009	$212,674.49	19,211	$215,368.90
Antidiabetic - Amino Acid Derivatives (2723)	0	$0.00	0	$0.00
Biguanides (2725)	31,641	$352,970.06	35,847	$343,489.31
Meglitinide Analogues (2728)	338	$47,052.60	302	$43,520.66
Diabetic Other (2730)	1,486	$255,328.50	1,695	$328,269.04
Aldose Reductase Inhibitors (2740)	0	$0.00	0	$0.00
Alpha-Glucosidase Inhibitors (2750)	184	$13,877.56	225	$16,296.35
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors (2755)	2,516	$611,179.64	2,880	$747,275.04
Dopamine Receptor Agonists - Antidiabetic (2757)	0	$0.00	0	$0.00
Insulin Sensitizing Agents (2760)	10,042	$2,474,151.81	9,568	$2,500,603.48
Antidiabetic Combinations (2799)	6,026	$826,234.03	6,279	$901,306.62
(27) ANTIDIABETIC TOTAL	115,992	$12,287,377.98	127,469	$14,368,863.23

(28) THYROID

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Thyroid (2800)	0	$0.00	0	$0.00
Thyroid Hormones (2810)	35,460	$437,262.49	40,844	$474,054.66
Antithyroid Agents (2830)	651	$14,356.22	786	$18,904.98
(28) THYROID TOTAL	36,111	$451,618.71	41,630	$492,959.64

(29) OXYTOCICS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Oxytocics (2900)	811	$11,135.92	787	$10,968.89
Abortifacients/Agents for Cervical Ripening (2920)	0	$0.00	0	$0.00
Oxytocic Combinations (2999)	0	$0.00	0	$0.00
(29) OXYTOCICS TOTAL	811	$11,135.92	787	$10,968.89

(30) MISC. ENDOCRINE

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Misc. endocrine (3000)	0	$0.00	0	$0.00
Adrenal Steroid Inhibitors (3002)	0	$0.00	0	$0.00
Calcium Regulators (3004)	7,807	$640,920.60	7,864	$488,222.13
Hormone Receptor Modulators (3005)	528	$78,971.12	503	$75,568.19
Fertility Regulators (3006)	1	$103.04	7	$1,128.66
Luteinizing Hormone Releasing-Hormone (LHRH/GnRH) (3007)	0	$0.00	0	$0.00
LHRH/GnRH Agonist Analog Pituitary Suppressants (3008)	319	$407,234.29	300	$415,689.39
GnRH/LHRH Antagonists (3009)	0	$0.00	0	$0.00
Growth Hormone (3010)	1,516	$3,647,870.54	1,646	$4,089,138.65
Growth Hormone Releasing Hormone (GHRH) (3015)	0	$0.00	0	$0.00
Growth Hormone (3016)	0	$0.00	0	$0.00
Somatostatic Agents (3017)	47	$49,396.06	64	$78,070.77
Growth Hormone Receptor Antagonist (3018)	0	$0.00	1	$5,461.82
Posterior Pituitary (3020)	11,235	$940,353.54	11,774	$970,450.95
Corticotropin (3030)	1	$76,791.85	12	$734,881.57
Prolactin Inhibitors (3040)	91	$47,395.94	87	$17,797.66
Vasopressin Receptor Antagonists (3045)	0	$0.00	0	$0.00
Progesterone Receptor Antagonists (3050)	0	$0.00	0	$0.00
Menopausal Symptoms Suppressants (3060)	0	$0.00	0	$0.00
Uterine Relaxants (3080)	0	$0.00	0	$0.00
Metabolic Modifiers (3090)	1,922	$937,128.56	2,165	$1,366,323.95
Endocrine and Metabolic Agents Misc. - Combinations (3099)	0	$0.00	0	$0.00
(30) MISC. ENDOCRINE TOTAL	23,467	$6,826,165.54	24,423	$8,242,733.74

(31) CARDIOTONICS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Cardiotonics (3100)	0	$0.00	0	$0.00
Phosphodiesterase Inhibitors (3110)	11	$19,668.05	51	$143,876.16
Cardiac Glycosides (3120)	5,021	$66,586.45	5,074	$62,530.08
Calcium Sensitizers (3130)	0	$0.00	0	$0.00
Cardioprotectants (3180)	0	$0.00	0	$0.00
(31) CARDIOTONICS TOTAL	5,032	$86,254.50	5,125	$206,406.24

(32) ANTIANGINAL AGENTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antianginal agents (3200)	0	$0.00	0	$0.00
Nitrates (3210)	7,170	$125,684.23	7,633	$156,116.87
Potassium-Channel Activators (3215)	0	$0.00	0	$0.00
Antianginals-Other (3220)	524	$120,772.82	704	$165,948.00
Antianginal Combinations (3299)	0	$0.00	0	$0.00
(32) ANTIANGINAL AGENTS TOTAL	7,694	$246,457.05	8,337	$322,064.87

(33) BETA BLOCKERS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Beta blockers (3300)	0	$0.00	0	$0.00
Beta Blockers Non-Selective (3310)	9,851	$148,933.11	11,272	$149,017.20
Beta Blockers Cardio-Selective (3320)	42,526	$714,553.44	46,448	$925,012.24
Alpha-Beta Blockers (3330)	11,709	$265,179.23	14,229	$275,137.48
Beta Blocker Combinations (3399)	0	$0.00	0	$0.00
(33) BETA BLOCKERS TOTAL	64,086	$1,128,665.78	71,949	$1,349,166.92

(34) CALCIUM BLOCKERS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Calcium blockers (3400)	29,899	$734,273.62	34,229	$698,899.70
Calcium Channel Blocker Combinations (3499)	0	$0.00	0	$0.00
(34) CALCIUM BLOCKERS TOTAL	29,899	$734,273.62	34,229	$698,899.70

(35) ANTIARRHYTHMIC

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antiarrhythmic (3500)	0	$0.00	0	$0.00
Antiarrhythmics Type I - Nonspecific (3505)	0	$0.00	0	$0.00
Antiarrhythmics Type I-A (3510)	33	$952.85	24	$1,383.19
Antiarrhythmics Type I-B (3520)	47	$1,086.64	36	$723.15
Antiarrhythmics Type I-C (3530)	251	$7,227.28	304	$9,178.15
Antiarrhythmics Type III (3540)	1,336	$25,292.27	1,700	$45,607.64
Misc. Antiarrhythmic (3550)	2	$92.46	0	$0.00
(35) ANTIARRHYTHMIC TOTAL	1,669	$34,651.50	2,064	$56,892.13

(36) ANTIHYPERTENSIVE

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antihypertensive (3600)	0	$0.00	0	$0.00
ACE Inhibitors (3610)	59,871	$469,759.12	66,393	$469,041.43
Angiotensin II Receptor Antagonist (3615)	5,621	$560,992.53	5,796	$618,771.75
Direct Renin Inhibitors (3617)	226	$22,912.85	178	$22,251.09
Antiadrenergic Antihypertensives (3620)	59,901	$828,354.86	70,652	$928,733.70
Selective Aldosterone Receptor Antagonists (SARAs) (3625)	58	$10,116.13	62	$7,146.57
Agents for Pheochromocytoma (3630)	1	$67.88	0	$0.00
Vasodilators (3640)	1,799	$39,588.71	2,078	$46,818.06
Antihypertensives - Monoamine Oxidase Inhibitors (3650)	0	$0.00	0	$0.00
Misc. Antihypertensives (3660)	0	$0.00	0	$0.00
Antihypertensive Combinations (3699)	21,316	$1,000,305.92	24,878	$1,033,256.98
(36) ANTIHYPERTENSIVE TOTAL	148,793	$2,932,098.00	170,037	$3,126,019.58

(37) DIURETICS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Diuretics (3700)	0	$0.00	0	$0.00
Carbonic Anhydrase Inhibitors (3710)	622	$47,655.06	578	$42,572.45
Loop Diuretics (3720)	26,702	$202,790.08	27,570	$210,388.08
Mercurial Diuretics (3730)	0	$0.00	0	$0.00
Osmotic Diuretics (3740)	0	$0.00	0	$0.00
Potassium Sparing Diuretics (3750)	5,606	$103,137.90	5,873	$104,996.64
Thiazides and Thiazide-Like Diuretics (3760)	22,153	$162,098.14	24,073	$152,832.81
Miscellaneous Diuretics (3790)	0	$0.00	0	$0.00
Combination Diuretics (3799)	4,007	$34,434.25	3,976	$40,232.32
(37) DIURETICS TOTAL	59,090	$550,115.43	62,070	$551,022.30

(38) VASOPRESSORS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Vasopressors (3800)	259	$21,862.87	285	$19,546.27
Anaphylaxis Therapy Agents (3890)	3,597	$340,581.15	4,545	$505,522.08
Vasopressor Combinations (3899)	0	$0.00	0	$0.00
(38) VASOPRESSORS TOTAL	3,856	$362,444.02	4,830	$525,068.35

(39) ANTIHYPERLIPIDEMIC

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antihyperlipidemic (3900)	0	$0.00	0	$0.00
Bile Sequestrants (3910)	1,450	$115,947.68	1,857	$117,916.77
Fibric Acid Derivatives (3920)	7,294	$440,049.87	9,502	$734,128.82
Intestinal Cholesterol Absorption Inhibitors (3930)	951	$140,506.35	768	$123,315.03
HMG CoA Reductase Inhibitors (3940)	51,499	$4,005,776.06	57,926	$3,824,714.23
Nicotinic Acid Derivatives (3945)	1,085	$126,176.73	1,574	$193,218.60
Misc. Antihyperlipidemics (3950)	1,670	$220,005.16	2,155	$296,481.38
Antihyperlipidemic Combinations (3999)	2,086	$304,453.29	1,610	$255,307.19
(39) ANTIHYPERLIPIDEMIC TOTAL	66,035	$5,352,915.14	75,392	$5,545,082.02

(40) MISC. CARDIOVASCULAR

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Misc. cardiovascular (4000)	0	$0.00	0	$0.00
Peripheral Vasodilators (4010)	36	$1,938.24	22	$2,360.30
Pulmonary Hypertension - Phosphodiesterase Inhibitors (4014)	371	$303,153.71	508	$468,046.32
Microvasodilators (4015)	0	$0.00	0	$0.00
Pulmonary Hypertension - Endothelin Receptor Antagonists (4016)	101	$505,282.15	163	$749,656.43
Prostaglandin Vasodilators (4017)	91	$768,376.39	75	$859,496.97
Vasoactive Natriuretic Peptides (4018)	0	$0.00	0	$0.00
Cardioplegic Soln (4020)	0	$0.00	0	$0.00
Vasoconstrictor Inhibitors (4025)	0	$0.00	0	$0.00
Impotence Agents (4030)	10	$104.03	15	$1,748.49
Vasoprotectants (4060)	0	$0.00	0	$0.00
Misc. Cardiovascular Combinations (4099)	1,786	$367,656.27	1,450	$304,818.49
(40) MISC. CARDIOVASCULAR TOTAL	2,395	$1,946,510.79	2,233	$2,386,127.00

(41) ANTIHISTAMINES

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antihistamines (4100)	0	$0.00	0	$0.00
Antihistamines - Alkylamines (4110)	9	$323.65	1	$33.65
Antihistamines - Ethanolamines (4120)	743	$9,316.50	838	$10,486.29
Antihistamines - Ethylenediamines (4130)	0	$0.00	0	$0.00
Antihistamines - Phenothiazines (4140)	58,959	$624,345.62	68,608	$689,284.59
Antihistamines - Piperidines (4150)	3,243	$45,866.24	3,817	$55,120.18
Antihistamines - Non-Sedating (4155)	155,810	$2,015,743.04	203,156	$2,709,325.95
Antihistamines - Miscellaneous (4160)	0	$0.00	0	$0.00
Antihistamines - Combinations (4199)	0	$0.00	0	$0.00
(41) ANTIHISTAMINES TOTAL	218,764	$2,695,595.05	276,420	$3,464,250.66

(42) SYSTEMIC AND TOPICAL NASAL PRODUCTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Systemic and topical nasal products (4200)	0	$0.00	0	$0.00
Sympathomimetic Decongestants (4210)	1,394	$8,518.73	439	$2,701.49
Nasal Steroids (4220)	63,716	$3,787,144.90	71,973	$2,989,879.15
Nasal Anti-infectives (4225)	346	$40,036.20	11	$1,131.31
Nasal Anticholinergics (4230)	414	$6,904.86	650	$9,161.26
Nasal Antiallergy (4240)	2,338	$205,716.69	1,426	$136,186.01
Nasal Mucolytics (4245)	0	$0.00	0	$0.00
Misc. Nasal Preparations (4250)	1	$90.26	0	$0.00
Nasal Combinations (4299)	0	$0.00	0	$0.00
(42) SYSTEMIC AND TOPICAL NASAL PRODUCTS TOTAL	68,209	$4,048,411.64	74,499	$3,139,059.22

(43) COUGH/COLD/ALLERGY

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Cough/cold/allergy (4300)	0	$0.00	0	$0.00
Antitussives (4310)	143	$1,096.69	149	$1,604.61
Expectorants (4320)	3	$27.65	0	$0.00
Mucolytics (4330)	240	$15,076.56	380	$26,166.21
Misc. Respiratory Inhalants (4340)	1,022	$20,094.77	838	$20,120.61
Cough/Cold/Allergy Combinations (4399)	197	$3,668.45	163	$2,373.57
(43) COUGH/COLD/ALLERGY TOTAL	1,605	$39,964.12	1,530	$50,265.00

(44) ANTIASTHMATIC AND BRONCHODILATOR AGENTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antiasthmatic and Bronchodilator Agents (4400)	0	$0.00	0	$0.00
Antiasthmatics - Anticholinergics (4410)	10,942	$1,314,375.00	11,784	$1,610,187.84
Anti-Inflammatory Agents (4415)	350	$27,829.13	65	$5,965.28
Sympathomimetics (4420)	266,350	$19,823,005.98	285,360	$19,857,899.65
Xanthines (4430)	1,669	$43,394.56	1,504	$40,332.32
Steroid Inhalants (4440)	49,383	$8,491,411.60	61,893	$10,525,512.67
Leukotriene Modulators (4450)	114,262	$12,782,997.91	89,039	$10,712,897.25
Antiasthmatic - Monoclonal Antibodies (4460)	98	$200,012.70	118	$242,428.45
Asthma Combinations (4499)	178	$1,911.86	180	$1,817.92
(44) ANTIASTHMATIC AND BRONCHODILATOR AGENTS TOTAL	443,232	$42,684,938.74	449,943	$42,997,041.38

(45) MISC. RESPIRATORY

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Misc. respiratory (4500)	0	$0.00	0	$0.00
Alpha-Proteinase Inhibitor (Human) (4510)	26	$214,442.69	29	$235,101.94
Cystic Fibrosis Agents (4530)	732	$1,425,565.64	820	$1,661,961.91
Pleural Sclerosing Agents (4550)	0	$0.00	0	$0.00
(45) MISC. RESPIRATORY TOTAL	758	$1,640,008.33	849	$1,897,063.85

(46) LAXATIVES

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Laxatives (4600)	0	$0.00	0	$0.00
Saline Laxatives (4610)	351	$23,122.08	283	$21,016.58
Stimulant Laxatives (4620)	0	$0.00	0	$0.00
Bulk Laxatives (4630)	0	$0.00	0	$0.00
Lubricant Laxatives (4640)	0	$0.00	0	$0.00
Surfactant Laxatives (4650)	0	$0.00	0	$0.00
Miscellaneous Laxatives (4660)	17,188	$424,232.14	20,679	$551,391.96
Laxative Combinations (4699)	2,254	$58,557.59	3,093	$78,329.53
(46) LAXATIVES TOTAL	19,793	$505,911.81	24,055	$650,738.07

(47) ANTIDIARRHEALS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antidiarrheals (4700)	0	$0.00	0	$0.00
Antiperistaltic Agents (4710)	3,896	$41,266.58	3,788	$44,000.95
GI Adsorbents (4720)	0	$0.00	0	$0.00
Misc. Antidiarrheal Agents (4730)	2	$15.25	2	$18.59
Antidiarrheal Combinations (4799)	0	$0.00	0	$0.00
(47) ANTIDIARRHEALS TOTAL	3,898	$41,281.83	3,790	$44,019.54

(48) ANTACIDS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antacids (4800)	0	$0.00	0	$0.00
Antacids - Aluminum Salts (4810)	0	$0.00	0	$0.00
Antacids - Bicarbonate (4820)	0	$0.00	0	$0.00
Antacids - Calcium Salts (4830)	0	$0.00	1	$5.96
Antacids - Magnesium Salts (4840)	0	$0.00	0	$0.00
Antacids - Sodium Citrate (4850)	0	$0.00	0	$0.00
Antacid Combinations (4899)	195	$1,431.23	258	$1,915.75
(48) ANTACIDS TOTAL	195	$1,431.23	259	$1,921.71

(49) ULCER DRUGS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Ulcer drugs (4900)	0	$0.00	0	$0.00
Antispasmodics (4910)	15,857	$436,023.20	17,201	$425,062.41
H-2 Antagonists (4920)	42,352	$1,034,805.41	47,088	$984,609.16
Ulcer Drugs - Prostaglandins (4925)	409	$5,582.35	334	$4,484.08
Proton Pump Inhibitors (4927)	99,038	$9,181,093.01	109,410	$7,130,663.62
Misc. Anti-Ulcer (4930)	4,237	$179,240.28	4,908	$226,592.33
Ulcer Therapy Combinations (4999)	1,880	$391,794.68	845	$260,502.89
(49) ULCER DRUGS TOTAL	163,773	$11,228,538.93	179,786	$9,031,914.49

(50) ANTIEMETICS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antiemetics (5000)	0	$0.00	0	$0.00
Antiemetics - Antidopaminergic (5010)	0	$0.00	0	$0.00
Antiemetics - Anticholinergic (5020)	3,321	$105,599.21	3,348	$131,393.24
5-HT3 Receptor Antagonists (5025)	18,199	$345,944.86	27,872	$357,822.14
Substance P/Neurokinin 1 (NK1) Receptor Antagonist (5028)	305	$103,903.03	261	$100,298.69
Antiemetics Miscellaneous (5030)	490	$269,498.83	400	$179,033.63
(50) ANTIEMETICS TOTAL	22,315	$824,945.93	31,881	$768,547.70

(51) DIGESTIVE AIDS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Digestive aids (5100)	0	$0.00	0	$0.00
Choleretics (5110)	0	$0.00	0	$0.00
Digestive Enzymes (5120)	0	$0.00	590	$420,061.77
Gastric Acidifiers (5130)	0	$0.00	0	$0.00
Hydrocholeretics (5140)	0	$0.00	0	$0.00
Digestive Aids - Mixtures (5199)	1,421	$873,904.17	922	$514,353.11
(51) DIGESTIVE AIDS TOTAL	1,421	$873,904.17	1,512	$934,414.88

(52) MISC. GI

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Misc. gi (5200)	0	$0.00	0	$0.00
Gallstone Solubilizing Agents (5210)	759	$56,038.32	771	$63,641.15
GI Antiallergy Agents (5216)	9	$2,548.27	12	$3,667.98
Antiflatulents (5220)	0	$0.00	0	$0.00
GI Stimulants (5230)	15,993	$159,626.09	12,652	$123,653.67
Intestinal Acidifiers (5240)	3,117	$49,018.73	2,974	$56,557.58
Gastrointestinal Chloride Channel Activators (5245)	210	$40,074.34	221	$44,150.43
Inflammatory Bowel Agents (5250)	1,847	$557,994.84	2,073	$704,432.76
Irritable Bowel Syndrome (IBS) Agents (5255)	18	$17,009.50	6	$4,875.73
Peripheral Opioid Receptor Antagonists (5258)	15	$7,893.09	31	$14,472.47
Hepatotropics (5260)	0	$0.00	0	$0.00
Phosphate Binder Agents (5280)	1,156	$468,014.22	1,204	$468,027.67
(52) MISC. GI TOTAL	23,124	$1,358,217.40	19,944	$1,483,479.44

(53) URINARY ANTI-INFECTIVES

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Urinary anti-infectives (5300)	17,529	$346,315.61	18,813	$431,661.45
Combination Urinary Anti-infectives (5399)	321	$15,955.43	307	$18,267.72
(53) URINARY ANTI-INFECTIVES TOTAL	17,850	$362,271.04	19,120	$449,929.17

(54) URINARY ANTISPASMODICS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Urinary antispasmodics (5400)	12,604	$1,219,633.31	13,183	$1,175,532.58
Urinary Antispasmodic Combinations (5499)	0	$0.00	0	$0.00
(54) URINARY ANTISPASMODICS TOTAL	12,604	$1,219,633.31	13,183	$1,175,532.58

(55) VAGINAL PRODUCTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Vaginal products (5500)	0	$0.00	0	$0.00
Vaginal Anti-infectives (5510)	6,573	$234,266.11	5,915	$158,562.82
Vaginal Anti-inflammatory Agents (5515)	0	$0.00	0	$0.00
Douche Products (5520)	0	$0.00	0	$0.00
Spermicides (5530)	0	$0.00	0	$0.00
Vaginal Estrogens (5535)	1,405	$144,244.18	1,567	$176,711.10
Vaginal Progestins (5537)	0	$0.00	0	$0.00
Miscellaneous Vaginal Products (5540)	12	$309.31	5	$157.84
(55) VAGINAL PRODUCTS TOTAL	7,990	$378,819.60	7,487	$335,431.76

(56) MISCELLANEOUS GENITOURINARY PRODUCTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Miscellaneous genitourinary products (5600)	0	$0.00	0	$0.00
Acidifiers (5610)	6	$168.94	11	$307.14
Alkalinizers (5620)	738	$14,746.56	893	$19,302.67
Urinary Analgesics (5630)	3,485	$17,650.71	3,999	$21,254.55
Cystinosis Agents (5640)	0	$0.00	0	$0.00
Interstitial Cystitis Agents (5650)	210	$58,866.67	265	$79,859.56
Urinary Stone Agents (5660)	7	$1,194.17	4	$743.66
G U Irrigants (5670)	823	$10,362.29	993	$11,575.58
Prostatic Hypertrophy Agents (5685)	4,502	$528,153.79	5,134	$670,594.99
(56) MISCELLANEOUS GENITOURINARY PRODUCTS TOTAL	9,771	$631,143.13	11,299	$803,638.15

(57) ANTIANXIETY AGENTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antianxiety agents (5700)	0	$0.00	0	$0.00
Benzodiazepines (5710)	156,723	$1,489,490.68	171,819	$1,526,725.82
Misc. Antianxiety Agents (5720)	47,336	$709,355.84	55,892	$787,061.52
Antianxiety Agent Combinations (5799)	0	$0.00	0	$0.00
(57) ANTIANXIETY AGENTS TOTAL	204,059	$2,198,846.52	227,711	$2,313,787.34

(58) ANTIDEPRESSANTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antidepressants (5800)	0	$0.00	0	$0.00
Alpha-2 Receptor Antagonists (Tetracyclics) (5803)	11,167	$135,290.11	13,175	$159,645.93
MAO Inhibitors (5810)	29	$13,701.17	31	$12,606.29
Modified Cyclics (5812)	37,682	$339,084.72	44,653	$392,413.90
Selective Serotonin Reuptake Inhibitors (SSRIs) (5816)	147,120	$3,087,000.91	172,848	$3,270,081.20
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) (5818)	26,334	$4,150,385.70	25,127	$3,776,052.45
Tricyclic Agents (5820)	23,781	$361,437.48	25,822	$359,289.16
Misc. Antidepressants (5830)	18,571	$1,169,140.30	21,259	$821,113.58
Antidepressant Combinations (5899)	0	$0.00	0	$0.00
(58) ANTIDEPRESSANTS TOTAL	264,684	$9,256,040.39	302,915	$8,791,202.51

(59) ANTIPSYCHOTICS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antipsychotics (5900)	0	$0.00	0	$0.00
Benzamides (5905)	0	$0.00	0	$0.00
Benzisoxazoles (5907)	54,722	$11,751,263.91	58,792	$7,802,626.13
Butyrophenones (5910)	5,073	$149,733.64	5,579	$161,939.27
Dibenzapines (5915)	63,772	$24,208,989.54	66,103	$27,491,568.21
Dihydroindolones (5916)	39	$10,226.63	38	$14,884.00
Diphenylbutylpiperidines (5918)	0	$0.00	0	$0.00
Phenothiazines (5920)	6,703	$139,394.17	7,105	$152,445.24
Quinolinone Derivatives (5925)	39,563	$18,410,152.62	41,926	$20,381,191.96
Thioxanthenes (5930)	485	$13,294.54	466	$11,598.14
Misc. Antipsychotics (5940)	11,547	$4,073,254.41	11,928	$4,721,652.70
Antimanic Agents (5950)	6,808	$113,355.57	7,054	$109,981.89
(59) ANTIPSYCHOTICS TOTAL	188,712	$58,869,665.03	198,991	$60,847,887.54

(60) HYPNOTICS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Hypnotics (6000)	0	$0.00	0	$0.00
Barbiturate Hypnotics (6010)	12,427	$108,625.48	11,444	$97,994.03
Non-Barbiturate Hypnotics (6020)	58,874	$1,556,917.87	64,857	$1,218,516.52
Selective Melatonin Receptor Agonists (6025)	913	$99,852.97	490	$59,627.01
Antihistamine Hypnotics (6030)	0	$0.00	0	$0.00
Hypnotics - Tricyclic Agents (6040)	0	$0.00	0	$0.00
Hypnotic Combinations (6099)	0	$0.00	0	$0.00
(60) HYPNOTICS TOTAL	72,214	$1,765,396.32	76,791	$1,376,137.56

(61) ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Adhd/anti-narcolepsy/anti-obesity/anorexiants (6100)	0	$0.00	0	$0.00
Amphetamines (6110)	87,369	$9,988,298.25	96,891	$11,019,125.10
Anorexiants Non-Amphetamine (6120)	0	$0.00	0	$0.00
Anti-Obesity Agents (6125)	0	$0.00	0	$0.00
Analeptics (6130)	227	$207,290.21	231	$201,216.27
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents (6135)	15,267	$2,385,668.34	18,333	$2,967,356.24
Misc. Stimulants (6140)	85,579	$9,397,073.64	100,661	$12,016,040.35
(61) ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS TOTAL	188,442	$21,978,330.44	216,116	$26,203,737.96

(62) MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Misc psychotherapeutic and neurological agents (6200)	234	$20,869.37	179	$16,962.43
Antidementia (6205)	4,152	$725,213.02	5,298	$986,804.29
Smoking Deterrents (6210)	11,708	$1,164,834.36	10,294	$988,095.32
Premenstrual Dysphoric Disorder (PMDD) Agents (6220)	3	$22.23	8	$60.30
Movement Disorder Drug Therapy (6238)	7	$16,561.91	38	$129,891.48
Multiple Sclerosis Agents (6240)	973	$2,400,568.10	1,044	$2,853,993.47
Anti-Cataplectic Agents (6245)	8	$4,760.45	12	$14,479.64
Fibromyalgia Agents (6250)	23	$2,644.78	411	$44,417.83
Pseudobulbar Affect (PBA) Agents (6260)	0	$0.00	0	$0.00
Agents for Chemical Dependency (6280)	517	$65,835.30	447	$61,990.62
Combination Psychotherapeutics (6299)	742	$183,220.39	859	$249,863.24
(62) MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS TOTAL	18,367	$4,584,529.91	18,590	$5,346,558.62

(64) ANALGESICS - NonNarcotic

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Analgesics - nonnarcotic (6400)	0	$0.00	0	$0.00
Salicylates (6410)	485	$13,064.59	342	$10,553.79
Analgesics-Pedtide Channel Blockers (6415)	0	$0.00	0	$0.00
Analgesics Other (6420)	12,507	$86,023.71	17,213	$122,216.78
Analgesic Combinations (6499)	12,963	$183,434.37	15,320	$205,086.86
(64) ANALGESICS - NonNarcotic TOTAL	25,955	$282,522.67	32,875	$337,857.43

(65) ANALGESICS - Narcotic

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Analgesics - narcotic (6500)	0	$0.00	0	$0.00
Narcotic Agonists (6510)	89,461	$10,719,255.19	100,655	$10,496,384.31
Narcotic Partial Agonists (6520)	3,080	$573,115.22	4,295	$1,041,486.18
Not Classified (6540)	0	$0.00	0	$0.00
Cannabinoid Agonists (6550)	0	$0.00	0	$0.00
Narcotic Combinations (6599)	370,488	$5,004,072.86	410,897	$5,750,565.65
(65) ANALGESICS - Narcotic TOTAL	463,029	$16,296,443.27	515,847	$17,288,436.14

(66) ANALGESICS - ANTI-INFLAMMATORY

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Analgesics - anti-inflammatory (6600)	0	$0.00	0	$0.00
NSAID's (6610)	129,059	$1,689,757.28	151,460	$1,794,231.29
Gold Compounds (6620)	1	$301.48	6	$1,641.41
Antirheumatic Antimetabolite (6625)	4	$996.28	6	$1,210.09
Interleukin-1 Receptor Antagonist (IL-1Ra) (6626)	54	$73,799.74	43	$61,418.39
Anti-TNF-alpha - Monoclonoal Antibodies (6627)	652	$1,316,636.92	936	$1,889,603.52
Pyrimidine Synthesis Inhibitors (6628)	274	$4,582.06	355	$5,686.33
Soluble Tumor Necrosis Factor Receptor Agents (6629)	1,075	$1,884,284.50	1,129	$2,079,157.92
Antirheumatics - Misc. (6630)	0	$0.00	0	$0.00
Selective Costimulation Modulators (6640)	4	$6,782.07	1	$4,686.75
Interleukin-1 Blockers (6645)	0	$0.00	0	$0.00
Interleukin-1beta Blockers (6646)	0	$0.00	0	$0.00
Interleukin-6 Receptor Inhibitors (6650)	0	$0.00	0	$0.00
Analgesics - Anti-inflammatory Combinations (6699)	0	$0.00	0	$0.00
(66) ANALGESICS - ANTI-INFLAMMATORY TOTAL	131,123	$4,977,140.33	153,936	$5,837,635.70

(67) MIGRAINE PRODUCTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Migraine products (6700)	64	$22,543.45	47	$24,680.55
Carboxylic Acid Derivatives (6730)	0	$0.00	0	$0.00
Serotonin Agonists (6740)	8,624	$1,862,586.78	9,014	$1,104,660.69
Migraine Combinations (6799)	736	$119,227.11	783	$122,095.16
(67) MIGRAINE PRODUCTS TOTAL	9,424	$2,004,357.34	9,844	$1,251,436.40

(68) GOUT

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Gout Agents (6800)	3,132	$24,005.43	3,657	$44,752.24
Uricosurics (6810)	62	$1,827.25	59	$1,586.05
Gout Agent Combinations (6899)	27	$1,134.85	20	$697.87
(68) GOUT TOTAL	3,221	$26,967.53	3,736	$47,036.16

(69) LOCAL ANESTHETICS-Parenteral

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Local anesthetics-parenteral (6900)	0	$0.00	0	$0.00
Local Anesthetics - Amides (6910)	383	$2,372.56	426	$2,599.88
Local Anesthetics - Esters (6920)	657	$8,762.68	879	$7,741.21
Local Anesthetic Combinations (6999)	1	$4.11	0	$0.00
(69) LOCAL ANESTHETICS-Parenteral TOTAL	1,041	$11,139.35	1,305	$10,341.09

(70) GENERAL ANESTHETICS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
General anesthetics (7000)	0	$0.00	0	$0.00
Anesthetic Gasses (7005)	0	$0.00	0	$0.00
Barbiturate Anesthetics (7010)	0	$0.00	0	$0.00
Volatile Anesthetics (7020)	0	$0.00	0	$0.00
Misc. Anesthetics (7040)	0	$0.00	1	$328.00
(70) GENERAL ANESTHETICS TOTAL	0	$0.00	1	$328.00

(72) ANTICONVULSANT

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Anticonvulsant (7200)	0	$0.00	0	$0.00
Anticonvulsant - Benzodiazepines (7210)	57,610	$1,550,214.66	64,996	$1,743,637.92
Carbamates (7212)	574	$190,706.93	579	$198,908.96
GABA Modulators (7217)	380	$122,006.93	426	$178,435.58
Hydantoins (7220)	14,191	$525,497.48	13,607	$492,149.14
Oxazolidinediones (7230)	0	$0.00	0	$0.00
Succinimides (7240)	779	$54,282.14	912	$59,467.52
Valproic Acid (7250)	36,071	$3,592,217.60	37,108	$2,043,041.90
Misc. Anticonvulsants (7260)	129,753	$18,234,642.84	147,248	$10,029,543.74
Anticonvulsant Combinations (7299)	0	$0.00	0	$0.00
(72) ANTICONVULSANT TOTAL	239,358	$24,269,568.58	264,876	$14,745,184.76

(73) ANTIPARKINSONIAN

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antiparkinsonian (7300)	0	$0.00	0	$0.00
Antiparkinsonian Anticholinergic (7310)	11,844	$139,264.26	12,431	$127,705.91
Antiparkinsonian COMT Inhibitors (7315)	38	$10,140.69	48	$12,126.98
Antiparkinsonian Dopaminergic (7320)	9,142	$440,228.24	10,360	$498,551.15
Antiparkinsonian Monoamine Oxidase Inhibitor (7330)	14	$2,171.17	16	$3,790.31
Antiparkinsonian Adjuvants (7340)	16	$1,214.12	11	$489.50
(73) ANTIPARKINSONIAN TOTAL	21,054	$593,018.48	22,866	$642,663.85

(74) NEUROMUSCULAR AGENTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Neuromuscular agents (7400)	0	$0.00	0	$0.00
Depolarizing Muscle Relaxants (7410)	0	$0.00	0	$0.00
Nondepolarizing Muscle Relaxants (7420)	0	$0.00	0	$0.00
Neuromuscular Blocking Agent - Neurotoxins (7440)	62	$144,016.80	78	$134,196.64
ALS Agents (7450)	11	$10,504.27	14	$16,640.28
(74) NEUROMUSCULAR AGENTS TOTAL	73	$154,521.07	92	$150,836.92

(75) MUSCULOSKELETAL THERAPY AGENTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Musculoskeletal therapy agents (7500)	0	$0.00	0	$0.00
Central Muscle Relaxants (7510)	76,550	$1,050,607.33	88,346	$1,071,379.82
Direct Muscle Relaxants (7520)	350	$32,309.04	338	$36,550.79
Misc. Muscle Relaxants (7530)	0	$0.00	0	$0.00
Viscosupplements (7580)	14	$10,777.44	7	$5,104.69
Articular Cartilage Repair Therapy (7584)	0	$0.00	0	$0.00
Muscle Relaxant Combinations (7599)	174	$12,903.20	136	$12,853.29
(75) MUSCULOSKELETAL THERAPY AGENTS TOTAL	77,088	$1,106,597.01	88,827	$1,125,888.59

(76) ANTIMYASTHENIC AGENTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antimyasthenic agents (7600)	149	$10,754.92	174	$10,851.46
Antimyasthenic Combinations (7699)	0	$0.00	0	$0.00
(76) ANTIMYASTHENIC AGENTS TOTAL	149	$10,754.92	174	$10,851.46

(77) VITAMINS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Vitamins (7700)	0	$0.00	0	$0.00
Water Soluble Vitamins (7710)	0	$0.00	8	$67.27
Oil Soluble Vitamins (7720)	2,457	$54,103.83	5,840	$116,711.40
Misc. Nutritional Factors (7730)	0	$0.00	0	$0.00
(77) VITAMINS TOTAL	2,457	$54,103.83	5,848	$116,778.67

(78) MULTIVITAMINS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Multivitamins (7800)	0	$0.00	0	$0.00
Vitamin Mixtures (7810)	0	$0.00	0	$0.00
B-Complex Vitamins (7811)	0	$0.00	0	$0.00
B-Complex w/ C (7812)	0	$0.00	0	$0.00
B-Complex w/ Folic Acid (7813)	0	$0.00	0	$0.00
B-Complex w/ Iron (7814)	0	$0.00	0	$0.00
B-Complex w/ Minerals (7815)	0	$0.00	0	$0.00
Bioflavonoid Products (7816)	0	$0.00	0	$0.00
Biotin w/ Vitamin C (7817)	0	$0.00	0	$0.00
Multivitamins (7820)	5	$31.25	0	$0.00
Multiple Vitamins w/ Iron (7821)	0	$0.00	0	$0.00
Multiple Vitamins w/ Minerals (7831)	3	$59.85	7	$154.12
Multiple Vitamins w/ Fluoride (7834)	0	$0.00	0	$0.00
Multiple Vitamins w/ Calcium (7835)	0	$0.00	0	$0.00
Multiple Vitamins w/ Minerals & Calcium-Folic Acid (7836)	3	$36.87	1	$12.29
Multiple Vitamins w/ Minerals & Fluoride-Folic Acid (7837)	0	$0.00	0	$0.00
Pediatric Vitamins (7840)	0	$0.00	0	$0.00
Pediatric Multiple Vitamins (7841)	0	$0.00	0	$0.00
Ped Multiple Vitamins w/ Minerals (7842)	0	$0.00	10	$259.53
Ped MV w/ Iron (7843)	0	$0.00	0	$0.00
Ped MV w/ Fluoride (7844)	1,273	$16,411.18	1,285	$19,226.35
Ped Multi Vitamins w/Fl & FE (7845)	294	$2,817.47	264	$3,059.22
Specialty Vitamins Products (7850)	0	$0.00	0	$0.00
Prenatal Vitamins (7851)	47,455	$2,142,887.01	53,619	$2,789,792.45
Vitamins w/ Lipotropics (7852)	0	$0.00	0	$0.00
Vitamins w/ Hormones (7853)	0	$0.00	0	$0.00
Hematinic-Vitamin Products (7860)	0	$0.00	0	$0.00
Iron w/ Vitamins (7861)	0	$0.00	0	$0.00
B-12 w/ Vitamins (7862)	0	$0.00	0	$0.00
Iron & B12 w/ Vitamins (7863)	0	$0.00	0	$0.00
(78) MULTIVITAMINS TOTAL	49,033	$2,162,243.63	55,186	$2,812,503.96

(79) MINERALS & ELECTROLYTES

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Minerals & electrolytes (7900)	0	$0.00	0	$0.00
Bicarbonates (7905)	719	$13,581.78	928	$13,014.71
Calcium (7910)	16	$380.39	37	$983.40
Chloride (7920)	0	$0.00	0	$0.00
Fluoride (7930)	1,900	$14,020.24	1,921	$14,128.64
Iodine Products (7935)	0	$0.00	0	$0.00
Magnesium (7940)	73	$680.52	22	$238.58
Manganese (7950)	0	$0.00	0	$0.00
Phosphate (7960)	192	$3,126.73	222	$3,743.50
Potassium (7970)	23,736	$339,504.81	24,587	$370,501.17
Sodium (7975)	1,921	$26,883.95	1,981	$22,511.02
Zinc (7980)	4	$189.50	2	$10.23
Mineral Combinations (7985)	0	$0.00	0	$0.00
Trace Minerals (7990)	0	$0.00	0	$0.00
Electrolyte Mixtures (7999)	301	$7,221.85	174	$4,242.50
(79) MINERALS & ELECTROLYTES TOTAL	28,862	$405,589.77	29,874	$429,373.75

(80) NUTRIENTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Nutrients (8000)	0	$0.00	0	$0.00
Carbohydrate (8010)	241	$5,238.88	317	$13,473.45
Lipids (8020)	1	$56.78	4	$227.34
Protein (8030)	0	$0.00	3	$122.18
Lipotropics (8040)	0	$0.00	0	$0.00
Misc. Nutritional Substances (8050)	0	$0.00	0	$0.00
(80) NUTRIENTS TOTAL	242	$5,295.66	324	$13,822.97

(81) DIETARY PRODUCTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Dietary products (8100)	0	$0.00	0	$0.00
Infant Foods (8110)	4	$1,011.14	0	$0.00
Nutritional Supplements (8120)	104	$55,167.34	140	$54,511.51
Dietary Management Products (8125)	0	$0.00	0	$0.00
Tube Feedings (8130)	0	$0.00	0	$0.00
Nutritional Substitutes (8140)	0	$0.00	0	$0.00
Nutritional Modifiers (8190)	0	$0.00	0	$0.00
(81) DIETARY PRODUCTS TOTAL	108	$56,178.48	140	$54,511.51

(82) HEMATOPOIETIC AGENTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Hematopoietic agents (8200)	0	$0.00	0	$0.00
Cobalamins (8210)	0	$0.00	3	$43.17
Intrinsic Factor (8215)	0	$0.00	0	$0.00
Folic Acid/Folates (8220)	12,385	$68,216.76	13,292	$65,872.33
Iron (8230)	0	$0.00	0	$0.00
Hematopoietic Growth Factors (8240)	969	$1,618,907.09	754	$1,372,294.53
Stem Cell Mobilizers (8250)	0	$0.00	0	$0.00
Agents for Gaucher Disease (8270)	28	$229,066.60	32	$187,349.18
Agents for Sickle Cell Anemia (8280)	0	$0.00	1	$50.10
Hematopoietic Mixtures (8299)	0	$0.00	0	$0.00
(82) HEMATOPOIETIC AGENTS TOTAL	13,382	$1,916,190.45	14,082	$1,625,609.31

(83) ANTICOAGULANTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Anticoagulants (8300)	0	$0.00	0	$0.00
Heparins And Heparinoid-Like Agents (8310)	2,820	$2,542,494.62	2,950	$2,821,967.36
Coumarin Anticoagulants (8320)	8,676	$94,990.10	9,519	$99,296.82
Indanedione Anticoagulants (8330)	0	$0.00	0	$0.00
Thrombin Inhibitors (8333)	0	$0.00	0	$0.00
Anticoagulants - Misc. (8335)	0	$0.00	0	$0.00
Direct Factor Xa Inhibitors (8337)	0	$0.00	0	$0.00
In Vitro Anticoagulants (8340)	0	$0.00	0	$0.00
(83) ANTICOAGULANTS TOTAL	11,496	$2,637,484.72	12,469	$2,921,264.18

(84) HEMOSTATICS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Hemostatics (8400)	0	$0.00	0	$0.00
Hemostatics - Systemic (8410)	21	$9,164.09	30	$14,807.19
Hemostatics - Topical (8420)	0	$0.00	0	$0.00
(84) HEMOSTATICS TOTAL	21	$9,164.09	30	$14,807.19

(85) MISC. HEMATOLOGICAL

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Misc. Hematological (8500)	0	$0.00	0	$0.00
Antihemophilic Products (8510)	678	$28,993,015.94	792	$29,901,827.41
Platelet Aggregation Inhibitors (8515)	12,843	$2,244,994.87	14,172	$2,612,964.81
Hematorheological (8520)	711	$10,616.99	683	$10,202.66
Hemin (8525)	0	$0.00	0	$0.00
In Vitro Hematologic Agents (8527)	0	$0.00	0	$0.00
Plasma Expanders (8530)	0	$0.00	0	$0.00
Plasma Proteins (8540)	50	$39,327.22	53	$31,482.18
Protamine (8550)	0	$0.00	0	$0.00
Human Protein C (8555)	0	$0.00	0	$0.00
Thrombolytic Enzymes (8560)	11	$8,575.45	28	$3,357.97
Hematologic Oxygen Transporters (8570)	0	$0.00	0	$0.00
Complement Inhibitors (8580)	19	$849,498.85	53	$2,457,305.25
Plasma Kallikrein Inhibitors (8584)	0	$0.00	2	$75,544.84
(85) MISC. HEMATOLOGICAL TOTAL	14,312	$32,146,029.32	15,783	$35,092,685.12

(86) OPHTHALMIC

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Ophthalmic (8600)	0	$0.00	0	$0.00
Ophthalmic Anti-infectives (8610)	39,176	$1,028,306.11	43,447	$1,084,047.17
Artificial Tears and Lubricants (8620)	91	$2,660.01	127	$3,709.54
Beta-blockers - Ophthalmic (8625)	1,087	$76,520.68	1,330	$73,311.14
Ophthalmic Steroids (8630)	3,541	$133,634.65	3,875	$151,593.60
Prostaglandins - Ophthalmic (8633)	2,615	$260,839.90	2,954	$299,129.09
Cycloplegics (8635)	684	$7,570.37	825	$11,467.52
Ophthalmic Decongestants (8640)	52	$439.38	45	$357.79
Miotics (8650)	41	$758.75	27	$779.05
Adrenergic Agents (8660)	665	$46,894.65	756	$53,069.17
Ophthalmic - Angiogenesis Inhibitors (8665)	0	$0.00	0	$0.00
Ophthalmic Photodynamic Therapy Agents (8670)	0	$0.00	0	$0.00
Ophthalmic Immunomodulators (8672)	339	$57,125.19	425	$82,160.75
Ophthalmic Local Anesthetics (8675)	17	$151.72	30	$332.47
Ophthalmic Surgical Aids (8678)	0	$0.00	0	$0.00
Misc. Ophthalmics (8680)	7,915	$688,678.11	9,092	$818,338.17
Contact Lens Solutions (8690)	0	$0.00	0	$0.00
(86) OPHTHALMIC TOTAL	56,223	$2,303,579.52	62,933	$2,578,295.46

(87) OTIC

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Otic (8700)	0	$0.00	0	$0.00
Otic Anti-infectives (8710)	8,758	$276,815.68	13,661	$211,645.73
Otic Analgesics (8720)	18	$278.43	9	$210.57
Otic Steroids (8730)	264	$11,049.33	96	$4,298.14
Otic Miscellaneous (8740)	217	$6,172.33	256	$8,881.63
Otic Agents - For External Ear (8770)	0	$0.00	0	$0.00
Otic Combinations (8799)	39,041	$1,993,144.32	37,851	$1,579,034.50
(87) OTIC TOTAL	48,298	$2,287,460.09	51,873	$1,804,070.57

(88) MOUTH/THROAT/DENTAL AGENTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Mouth & throat (local) (8800)	0	$0.00	0	$0.00
Anti-infectives - Throat (8810)	12,982	$166,835.42	12,695	$198,054.35
Antiseptics - Mouth/Throat (8815)	4,332	$35,013.85	5,417	$44,901.40
Lozenges (8820)	0	$0.00	0	$0.00
Steroids - Mouth (8825)	420	$12,204.96	508	$24,969.01
Antiallergy Agents (8827)	0	$0.00	0	$0.00
Mouthwashes (8830)	0	$0.00	0	$0.00
Anesthetics Topical Oral (8835)	2,610	$21,389.78	3,027	$25,382.18
Dental Products (8840)	2,369	$26,426.82	3,285	$35,602.67
Periodontal Products (8845)	0	$0.00	0	$0.00
Misc. Throat Products (8850)	129	$18,441.03	151	$22,791.96
(88) MOUTH/THROAT/DENTAL AGENTS TOTAL	22,842	$280,311.86	25,083	$351,701.57

(89) ANORECTAL

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Anorectal (8900)	0	$0.00	0	$0.00
Rectal Steroids (8910)	714	$8,161.86	815	$8,832.00
Intrarectal Steroids (8915)	20	$2,314.88	15	$1,969.72
Rectal Local Anesthetics (8920)	0	$0.00	0	$0.00
Misc. Rectal Products (8930)	0	$0.00	0	$0.00
Rectal Protectants-Emollients (8940)	0	$0.00	0	$0.00
Rectal Combinations (8999)	614	$41,249.74	640	$43,730.34
(89) ANORECTAL TOTAL	1,348	$51,726.48	1,470	$54,532.06

(90) DERMATOLOGICAL

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Dermatological (9000)	0	$0.00	0	$0.00
Acne Products (9005)	5,996	$307,044.53	8,122	$522,881.46
Rosacea Agents (9006)	152	$12,668.71	214	$24,983.61
Analgesics (9007)	0	$0.00	0	$0.00
Antibiotics - Topical (9010)	31,209	$1,157,057.39	31,145	$486,734.03
Antifungals - Topical (9015)	41,575	$548,400.15	44,471	$597,457.59
Antihistamines-Topical (9020)	0	$0.00	0	$0.00
Anti-inflammatory Agents - Topical (9021)	801	$62,790.59	978	$81,392.96
Antipruritics (9022)	15	$1,058.26	6	$669.26

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antipsoriatics (9025)	1,484	$374,221.75	1,814	$427,819.86
Antiseborrheic Products (9030)	788	$11,311.88	844	$11,772.60
Antiviral - Topical (9035)	2,540	$318,019.45	2,552	$358,840.00
Antineoplastic or Premalignant Lesions - Topical (9037)	121	$23,413.54	153	$33,748.29
Bath Products (9040)	0	$0.00	0	$0.00
Burn Products (9045)	4,468	$53,974.67	4,862	$54,542.20
Cauterizing Agents (9050)	0	$0.00	0	$0.00
Tar Products (9052)	0	$0.00	0	$0.00
Corticosteroids - Topical (9055)	53,861	$1,719,099.52	59,968	$1,885,822.80
Diaper Rash Products (9060)	0	$0.00	0	$0.00
Emollients (9065)	1,042	$59,885.93	712	$11,874.33
Emollient/Keratolytic (9066)	349	$12,390.16	388	$12,608.57
Enzymes - Topical (9070)	1,158	$76,723.73	1,138	$90,715.91
Hair Growth Agents (9073)	0	$0.00	0	$0.00
Hair Reduction Agents (9074)	0	$0.00	0	$0.00
Keratolytics/Antimitotics (9075)	335	$33,313.83	376	$48,988.24
Agents for External Genital and Perianal Warts (9076)	0	$0.00	0	$0.00
Immunomodulating Agents - Topical (9077)	1,157	$426,049.01	1,141	$477,291.72
Immunosuppressive Agents - Topical (9078)	3,732	$535,499.32	3,377	$516,321.13
Liniments (9080)	0	$0.00	0	$0.00
Local Anesthetics - Topical (9085)	2,002	$96,486.92	2,226	$111,342.62
Pigmenting-Depigmenting Agents (9087)	15	$2,345.65	4	$669.94
Agents for Facial Wrinkles (9088)	0	$0.00	0	$0.00
Glabellar Lines (Frown Lines) Agents (9089)	0	$0.00	0	$0.00
Scabicides & Pediculicides (9090)	16,533	$384,040.28	22,109	$596,249.53
Sunscreens (9092)	0	$0.00	0	$0.00
Scar Treatment Products (9093)	0	$0.00	0	$0.00
Wound Care Products (9094)	105	$20,400.95	102	$13,752.08
Poison Ivy Products (9095)	0	$0.00	0	$0.00
Topical Vasoprotectants (9096)	0	$0.00	0	$0.00
Misc. Topical (9097)	339	$3,585.19	399	$4,263.27
Podiatric Products (9098)	0	$0.00	0	$0.00
Misc. Dermatological Products (9099)	0	$0.00	0	$0.00
(90) DERMATOLOGICAL TOTAL	169,777	$6,239,781.41	187,101	$6,370,742.00

(92) ANTISEPTICS & DISINFECTANTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antiseptics & disinfectants (9200)	1	$56.61	4	$164.22
Chlorine Antiseptics (9210)	464	$17,369.33	121	$3,810.15
Iodine Antiseptics (9220)	0	$0.00	0	$0.00
Mercury Antiseptics (9230)	0	$0.00	0	$0.00
Silver Antiseptics (9240)	0	$0.00	0	$0.00
Water Purifiers (9250)	0	$0.00	0	$0.00
Disinfectants (9280)	0	$0.00	0	$0.00
Antiseptic Combinations (9299)	0	$0.00	0	$0.00
(92) ANTISEPTICS & DISINFECTANTS TOTAL	465	$17,425.94	125	$3,974.37

(93) ANTIDOTES

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Antidotes (9300)	43	$39,202.55	67	$40,976.87
Antidotes - Chelating Agents (9310)	232	$868,198.43	256	$1,197,970.24
Benzodiazepine Antagonists (9320)	0	$0.00	1	$70.04
Narcotic Antagonists (9340)	833	$81,921.54	881	$59,411.70
Topical Antidotes (9380)	0	$0.00	0	$0.00
Antidote Kits (9399)	0	$0.00	0	$0.00
(93) ANTIDOTES TOTAL	1,108	$989,322.52	1,205	$1,298,428.85

(94) DIAGNOSTIC PRODUCTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Diagnostic products (9400)	0	$0.00	0	$0.00
Diagnostic Reagents (9410)	0	$0.00	0	$0.00
Diagnostic Drugs (9420)	7	$8,270.36	11	$12,691.08
Diagnostic Biologicals (9430)	2	$76.24	1	$35.30
Diagnostic Radiopharmaceuticals (9435)	0	$0.00	0	$0.00
Radiographic Contrast Media (9440)	0	$0.00	0	$0.00
Non-Radiographic Contrast Media (9450)	0	$0.00	0	$0.00
Diagnostic Products, Misc. (9460)	0	$0.00	0	$0.00
(94) DIAGNOSTIC PRODUCTS TOTAL	9	$8,346.60	12	$12,726.38

(95) ALTERNATIVE MEDICINES

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Alternative medicines (9500)	0	$0.00	0	$0.00
Alternative Medicine - A's (9503)	0	$0.00	0	$0.00
Alternative Medicine - B's (9506)	0	$0.00	0	$0.00
Alternative Medicine - C's (9509)	0	$0.00	0	$0.00
Alternative Medicine - D's (9512)	0	$0.00	0	$0.00
Alternative Medicine - E's (9515)	0	$0.00	0	$0.00
Alternative Medicine - F's (9518)	0	$0.00	0	$0.00
Alternative Medicine - G's (9521)	0	$0.00	0	$0.00
Alternative Medicine - H's (9524)	0	$0.00	0	$0.00
Alternative Medicine - I (9527)	0	$0.00	0	$0.00
Alternative Medicine - J (9530)	0	$0.00	0	$0.00
Alternative Medicine - K's (9533)	0	$0.00	0	$0.00
Alternative Medicine - L's (9536)	0	$0.00	0	$0.00
Alternative Medicine - M's (9539)	0	$0.00	0	$0.00
Alternative Medicine - N's (9542)	0	$0.00	0	$0.00
Alternative Medicine - O's (9545)	0	$0.00	0	$0.00
Alternative Medicine - P's (9548)	0	$0.00	0	$0.00
Alternative Medicine - R's (9554)	0	$0.00	0	$0.00
Alternative Medicine - S's (9557)	0	$0.00	0	$0.00
Alternative Medicine - T's (9560)	0	$0.00	0	$0.00
Alternative Medicine - U (9563)	0	$0.00	0	$0.00
Alternative Medicine - V's (9566)	0	$0.00	0	$0.00
Alternative Medicine - W's (9569)	0	$0.00	0	$0.00
Alternative Medicine - Y's (9575)	0	$0.00	0	$0.00
Alternative Medicine Combinations (9599)	0	$0.00	0	$0.00
(95) ALTERNATIVE MEDICINES TOTAL	0	$0.00	0	$0.00

(96) CHEMICALS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Chemicals (9600)	0	$0.00	0	$0.00
Acids, Bases, & Buffers (9610)	0	$0.00	0	$0.00
Liquids (9620)	52	$1,452.64	122	$1,357.55
Solids (9630)	9	$79.15	61	$396.44
Semi-Solids (9640)	0	$0.00	3	$56.66
Bulk Chemicals - A's (9642)	2	$6.35	1	$6.12
Bulk Chemicals - B's (9644)	0	$0.00	1	$4.74
Bulk Chemicals - C's (9646)	718	$3,073.73	1,012	$4,183.52
Bulk Chemicals - D's (9648)	4	$157.37	3	$11.74
Bulk Chemicals - E's (9650)	0	$0.00	3	$15.41
Bulk Chemicals - F's (9652)	0	$0.00	0	$0.00
Bulk Chemicals - G's (9654)	4	$89.23	1	$48.00
Bulk Chemicals - H's (9656)	38	$1,533.51	23	$325.38
Bulk Chemicals - I's (9658)	0	$0.00	0	$0.00
Bulk Chemicals - J's (9660)	0	$0.00	0	$0.00
Bulk Chemicals - K's (9662)	0	$0.00	7	$947.07
Bulk Chemicals - L's (9664)	7	$66.66	192	$926.75
Bulk Chemicals - M's (9666)	26	$237.25	26	$275.55
Bulk Chemicals - N's (9668)	0	$0.00	0	$0.00
Bulk Chemicals - O's (9670)	124	$970.37	95	$10,974.87
Bulk Chemicals - P's (9672)	0	$0.00	1	$65.95
Bulk Chemicals - Q's (9674)	0	$0.00	0	$0.00
Bulk Chemicals - R's (9676)	0	$0.00	0	$0.00
Bulk Chemicals - S's (9678)	20	$1,132.03	0	$0.00
Bulk Chemicals - T's (9680)	13	$497.85	34	$2,060.55
Bulk Chemicals - U's (9682)	27	$898.61	16	$464.31
Bulk Chemicals - V's (9684)	0	$0.00	0	$0.00
Bulk Chemicals - W's (9686)	0	$0.00	0	$0.00
Bulk Chemicals - X (9687)	0	$0.00	0	$0.00
Bulk Chemicals - Y's (9688)	0	$0.00	0	$0.00
Bulk Chemicals - Z's (9689)	0	$0.00	0	$0.00
Bulk Chemicals (9690)	0	$0.00	0	$0.00
(96) CHEMICALS TOTAL	1,044	$10,194.75	1,601	$22,120.61

(97) MEDICAL DEVICES

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Medical devices (9700)	0	$0.00	0	$0.00
Parenteral Therapy Supplies (9705)	0	$0.00	0	$0.00
Cardiology Supplies (9708)	0	$0.00	0	$0.00
Respiratory Therapy Supplies (9710)	15,571	$757,864.84	19,763	$971,835.40
Respiratory Aids (9712)	0	$0.00	0	$0.00
Medical Gases (9714)	0	$0.00	0	$0.00
GI-GU Ostomy & Irrigation Supplies (9715)	0	$0.00	0	$0.00
Hemodialytics & Hemofiltrates (9716)	0	$0.00	0	$0.00
Peritoneal Dialysis (9717)	0	$0.00	0	$0.00
Diabetic Supplies (9720)	0	$0.00	0	$0.00
Blood Monitoring Supplies (9722)	0	$0.00	0	$0.00
Enteral Nutrition Supplies (9725)	0	$0.00	0	$0.00
Bandages-Dressings-Tape (9730)	0	$0.00	0	$0.00
Fixed (Rigid) Bandages/Supports & Accessories (9734)	0	$0.00	0	$0.00
Elastic Bandages & Supports (9735)	0	$0.00	0	$0.00
Surgical Supplies (9736)	0	$0.00	0	$0.00
Heating/Cooling Aids (9737)	0	$0.00	0	$0.00
Back Plasters (9739)	0	$0.00	0	$0.00
Contraceptives (9740)	103	$1,573.14	114	$2,031.15
Fertility Monitoring Test Supplies (9742)	0	$0.00	0	$0.00
Female Personal Care Products (9745)	0	$0.00	0	$0.00
Impotence Aids (9747)	0	$0.00	0	$0.00
Oral Hygiene Products (9750)	0	$0.00	0	$0.00
Infant Care Products (9755)	0	$0.00	0	$0.00
Auditory Supplies (9757)	0	$0.00	0	$0.00
Optical Supplies (9760)	0	$0.00	0	$0.00
Durable Medical Equipment (9765)	0	$0.00	0	$0.00
Misc. Devices (9770)	0	$0.00	1	$4.21
Blood Pressure Devices (9775)	0	$0.00	0	$0.00
Foot Care Products (9780)	0	$0.00	0	$0.00
First Aid Kits (9785)	0	$0.00	0	$0.00
(97) MEDICAL DEVICES TOTAL	15,674	$759,437.98	19,878	$973,870.76

(98) PHARMACEUTICAL ADJUVANTS

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Pharmaceutical adjuvants (9800)	0	$0.00	0	$0.00
Alkalizing Agents (9805)	0	$0.00	0	$0.00
Antimicrobial Agents (9810)	0	$0.00	0	$0.00
Antioxidants (9820)	0	$0.00	0	$0.00
Antioxidants (9825)	0	$0.00	0	$0.00
Coloring Agents (9830)	0	$0.00	0	$0.00
Flavoring Agents (9833)	0	$0.00	0	$0.00
Pharmaceutical Excipients (9835)	2	$12.98	13	$56.98
Internal Vehicle Ingredients/Agents (9836)	0	$0.00	0	$0.00
Surfactants (9837)	0	$0.00	0	$0.00
Liquid Vehicle (9840)	990	$55,749.54	8,054	$516,563.32
Semi Solid Vehicle (9860)	24	$123.77	84	$405.33
Delivery Devices (9865)	0	$0.00	0	$0.00
Gelatin Capsules (Empty) (9870)	3	$52.87	15	$333.61
Non Gelatin Capsules (Empty) (9871)	0	$0.00	0	$0.00
Placebos (9880)	0	$0.00	0	$0.00
Pharmaceutical Adjuvants Miscellanous (9890)	0	$0.00	0	$0.00
(98) PHARMACEUTICAL ADJUVANTS TOTAL	1,019	$55,939.16	8,166	$517,359.24

(99) ASSORTED CLASSES

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
Assorted classes (9900)	0	$0.00	0	$0.00
Cardioplegic Solution (9910)	0	$0.00	0	$0.00
Chelating Agents (9920)	31	$9,521.59	20	$4,751.70
Collagen Implants (9930)	0	$0.00	0	$0.00
Cytoprotective Agents (9932)	0	$0.00	0	$0.00
Enzymes (9935)	0	$0.00	0	$0.00
Immunomodulators (9939)	34	$122,871.12	67	$440,382.13
Immunosuppressive Agents (9940)	3,857	$1,694,193.64	3,945	$1,291,339.37
K Removing Resin (9945)	94	$6,723.34	142	$9,829.23
Lymphatic Agents (9947)	0	$0.00	0	$0.00
Prostaglandins (9950)	0	$0.00	0	$0.00
Sclerosing Agents (9965)	0	$0.00	0	$0.00
Peritoneal Dialysis Solutions (9970)	0	$0.00	0	$0.00
Continuous Renal Replacement Therapy (CRRT) Solutions (9972)	0	$0.00	0	$0.00
Irrigation Solutions (9975)	108	$2,393.15	77	$2,062.18
Organ Preservation Solution (9980)	0	$0.00	0	$0.00
Misc Natural Products (9985)	0	$0.00	0	$0.00
Homeopathic Products (9987)	0	$0.00	0	$0.00
Not Classified (9990)	0	$0.00	0	$0.00
(99) ASSORTED CLASSES TOTAL	4,124	$1,835,702.84	4,251	$1,748,364.61

	2009		2010	
	Total Claims	Total Paid	Total Claims	Total Paid
GRAND TOTAL	4,882,344	$353,122,604.27	5,502,456	$366,411,079.41

Appendix I

Fiscal Year 2010 Annual Review of Plavix® (clopidogrel) and Effient® (prasugrel)

Oklahoma Health Care Authority, April 2011

Current Prior Authorization of Plavix® and Effient®

The first 90 days of therapy for these products does not require prior authorization.

Plavix® Criteria:

1. Plavix® therapy will be approved for members with one of the following diagnoses:
    a. Recent stroke
    b. Recent myocardial infarction
    c. Established peripheral artery disease
    d. Acute coronary syndrome (unstable angina/non-Q-wave MI)
    e. Percutaneous coronary intervention with stent placement
    f. Transient ischemic attacks (CVA, Stroke)
2. Length of approval: 1 year.

Effient® criteria:

1. Effient® therapy will be approved for members who meet approved diagnostic criteria:
    a. The approved diagnoses are Unstable Angina/Non-ST-Segment Elevated Myocardial Infarction and ST-Segment Elevated MI patients who are to be managed with percutaneous coronary intervention (PCI), primary or delayed.
2. Length of approval: 1 year.
3. Effient® will not be approved for members with the following situations:
    a. Coronary Artery Bypass Graft surgery
    b. Members with a history of Transient Ischemic Attack or stroke
4. Members greater than 75 years of age will generally not be approved without supporting information.

After the end of 15 months, prescribers should provide supporting information for the continuation of these products.

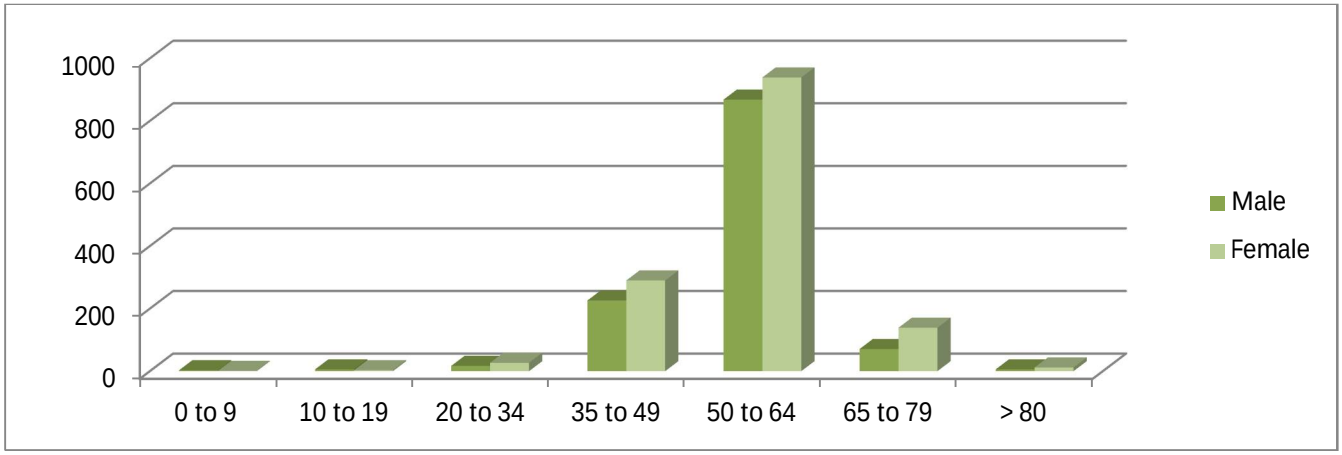
Plavix® 300 mg (Voted July 2008, Implemented Immediately)

- FDA approved diagnosis of non-ST-segment elevated acute coronary syndrome or ST segment elevated acute myocardial infarction.
- Approval will be for only one dose of 300mg.

Trends in Utilization

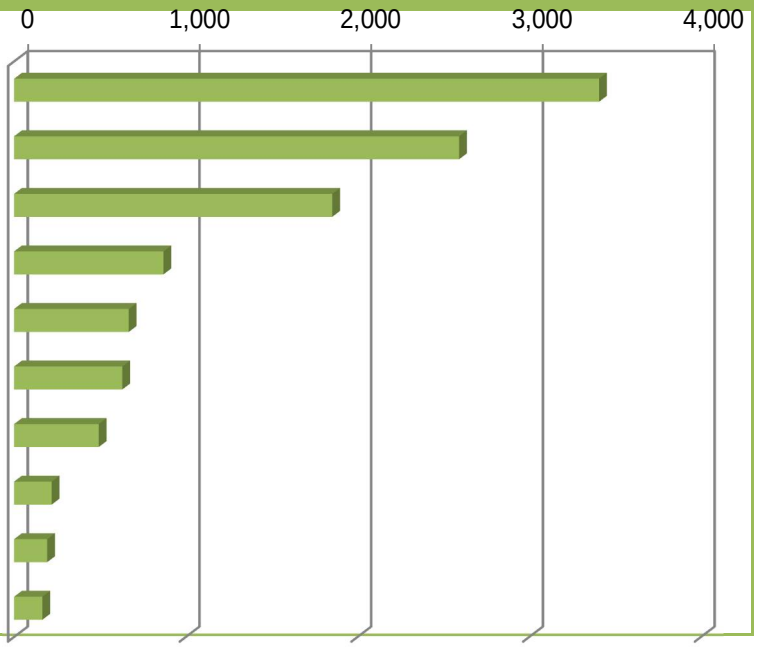
Fiscal Year	Members	Claims	Cost	Cost / Claim	Per-Diem	Units	Days
2009	2,030	10,476	$2,011,056.70	$191.97	$4.88	412,594	412,417
2010	2,609	11,807	$2,370,568.95	$200.78	$5.21	455,743	454,714
% Change	28.5%	12.7%	17.9%	4.6%	6.8%	10.5%	10.3%
Change	579	1,331	$359,512.25	$8.81	$0.33	43,149	42,297

Member Demographics for Fiscal Year 2010

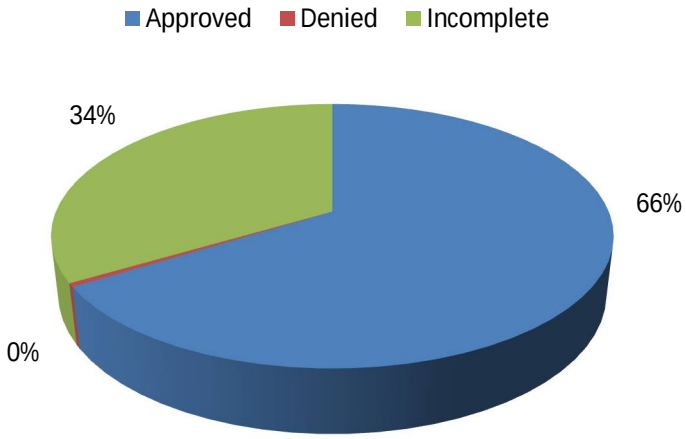


Top 10 Prescribers for Fiscal Year 2010

Specialty	Total Claims	Total Cost
Family Practitioner	3,407	$674,093.27
Cardiologist	2,592	$542,313.35
Internist	1,853	$356,312.90
General Practitioner	870	$184,052.16
Nurse Practitioner (Other)	668	$147,902.58
PRESCRIBER ONLY	630	$123,042.53
Physician Assistant	493	$97,668.22
General Surgeon	219	$43,930.56
DDSD-NFM	193	$45,446.13
Geriatric Practitioner	165	$25,531.51



Prior Authorization for Fiscal Year 2010



Product Utilization Details – Fiscal Year 2010

Product	Claims	Units	Days	Members	Total Paid	Claims / Member	$/Day	% Cost
PLAVIX TAB 75MG	11,733	453,193	452,269	2,583	$2,355,881.32	4.54	$5.21	99.38%
EFFIENT TAB 10MG	71	2,460	2,370	32	$14,163.20	2.22	$5.98	0.60%
EFFIENT TAB 5MG	3	90	75	1	$524.43	3	$6.99	0.02%
TOTALS	11,807	455,743	454,714	2,609*	2,370,568.95	9.76	$5.21	100.0%

*Unduplicated members.

Market Changes

The patent is expected to expire for Plavix® in November 2011, with market exclusivity into 2012. The following table shows the change in AWP for this drug over the last two years. The AWP for Plavix® has increased by $1.75 (32%) since September of 2008.

Date	AWP	% Change
09/05/2008	$5.55	-
09/26/2009	$5.76	3.8
02/01/2010	$6.22	10.8
09/01/2010	$6.52	4.8
02/03/2011	$7.30	12.0

The novel antiplatelet drug, ticagrelor, did not win FDA approval in December 2010 despite a favorable vote by the advisory committee. An additional analysis of the pivotal clinical trial was requested by the FDA due to an increased incidence of primary endpoints for the U.S. participants of the international trial.

There are also several new and/or upcoming products in the anticoagulation market pipeline including dabigatran, rivaroxaban, and apixaban.

Recommendations

The College of Pharmacy does not recommend any changes to the current prior authorization criteria for Plavix® and Effient® at this time.

Appendix J

Annual Review of Fibromyalgia Medications - Fiscal Year 2010
Oklahoma HealthCare Authority
April 2011

Current Prior Authorization Criteria

Tier 1	Tier 2	Tier 3*
Amitriptyline Cyclobenzaprine Fluoxetine Tramadol	Supplemental Rebated Tier 3	Lyrica® (Pregabalin) Cymbalta® (Duloxetine HCl) Savella™ (Milnacipran)

*May be rebated to Tier 2 status only.

1. Recent trials (within the last six months) of two Tier 1 medications at least 3 weeks in duration that did not provide adequate response, or resulted in intolerable adverse effects, or
2. Contraindication(s) to all available lower tiered medications,
3. Current stabilization on a Tier 2 medication (samples will not be accepted if member has not had appropriate lower tiered trials).
4. Clinical Exceptions include:
    a. Diagnosis of seizures, diabetic neuropathy, or postherpetic neuralgia for Lyrica®(Pregabalin)
    b. Diagnosis of diabetic neuropathy for Cymbalta® (Duloxetine HCl)

Utilization of Fibromyalgia Medications

Comparison of Fiscal Years†

Fiscal Year	Members	Claims	Cost	Cost/Claim	PerDiem	Units	Days
2009	5,716	27,995	$4,513,113.26	$161.21	$5.07	1,603,089	890,233
2010	4,757	25,245	$4,310,981.55	$170.77	$5.30	1,485,616	813,286
% Change	**-16.8%**	**-9.8%**	**-4.5%**	**5.9%**	**4.5%**	**-7.3%**	**-8.6%**
Change	**-959**	**-2,750**	**($202,131.71)**	**$9.56**	**$0.23**	**-117,473**	**-76,947**

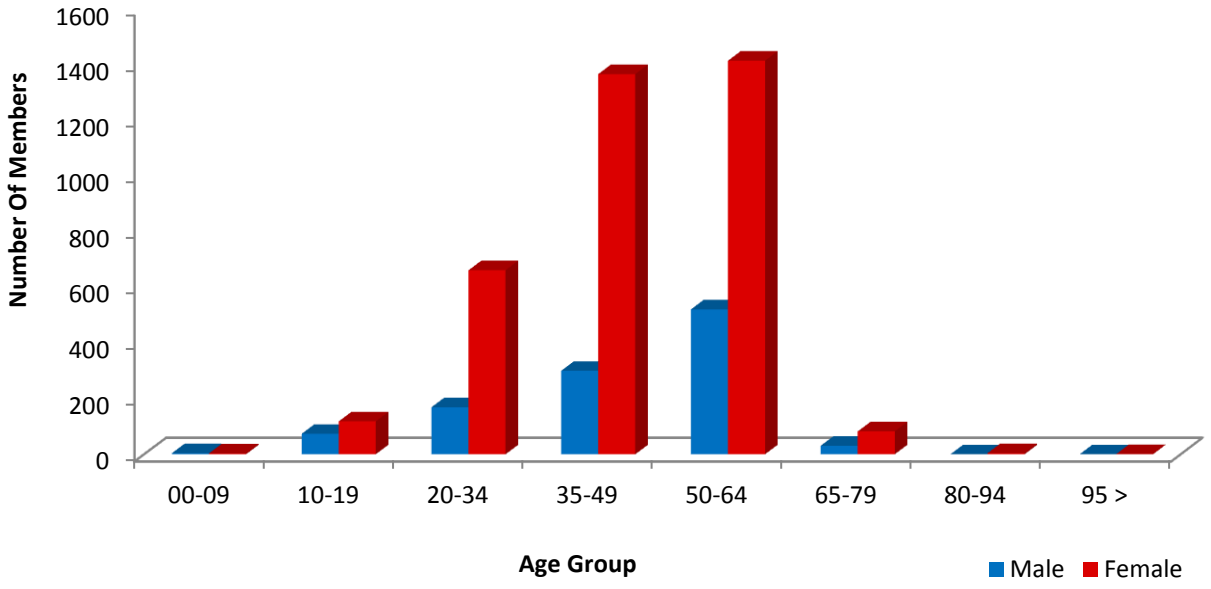
†Utilization data reflects total utilization of products reviewed, not specific for indication of fibromyalgia.

Utilization Details of Fibromyalgia Medications: Fiscal Year 2010†

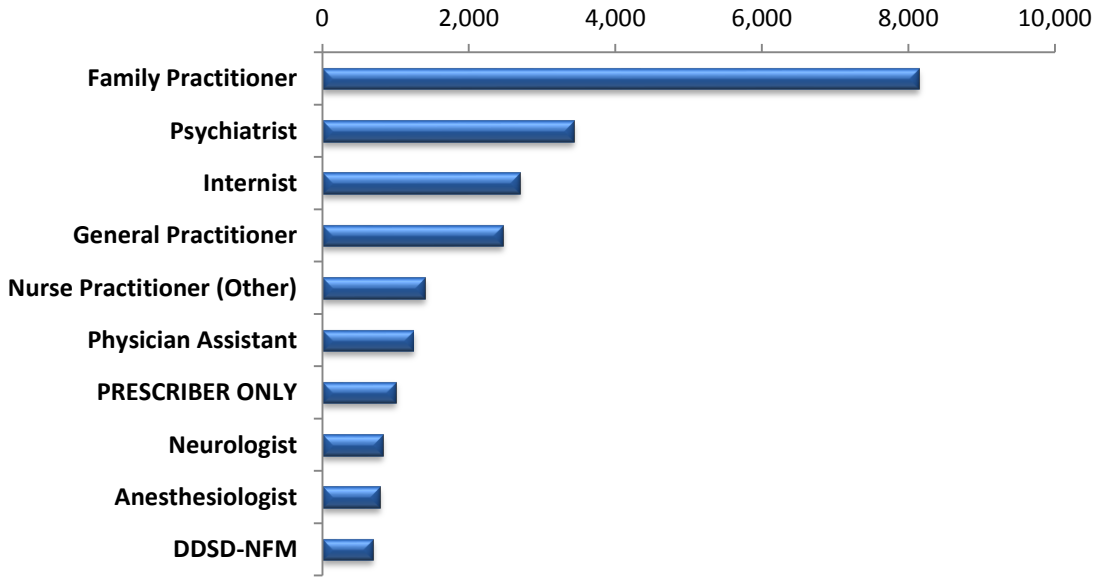
Medication	Claims	Members	Units	Days	Units/ Day	Cost	Claims/ Member	Perdiem	%Cost
CYMBALTA	10,331	2,191	408,174	360,994	1.13	$1,810,177.14	4.72	$5.01	41.99%
LYRICA	14,503	3,815	1,053,408	440,030	2.39	$2,456,386.58	3.80	$5.58	56.98%
SAVELLA	411	171	24,034	12,262	1.96	$44,417.83	2.40	$3.62	1.03%
TOTAL	**25,245**	**4757***	**1,485,616**	**813,286**	**1.83**	**$4,310,981.55**	**5.31**	**$5.30**	**100.00%**

†Utilization data reflects total utilization of products reviewed, not specific for indication of fibromyalgia.
*Total number of unduplicated members

Demographics of Members Utilizing Fibromyalgia Medications: FY 2010



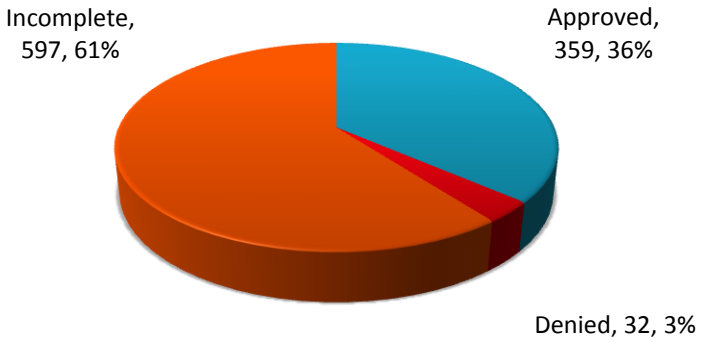
Prescribers of Fibromyalgia Medications by Number of Claims: FY 2010



Prior Authorization of Fibromyalgia Medications

There were a total of 988 petitions submitted for this PBPA category during fiscal year 2010. The following chart shows the status of the submitted fibromyalgia medication petitions.

Status of Petitions for Fibromyalgia Medications: FY 2010



	Approved	Denied	Incomplete
Lyrica®	266	19	353
Cymbalta®	38	5	88
Savella®	55	8	156

Market News and Update

- August 2010: FDA advisory committee recommended against approving sodium oxybate (Xyrem®) by Jazz Pharmaceutical, Inc. for the treatment of fibromyalgia

- **Patent Expirations :**
  Cymbalta® (Duloxetine HCl) - Possibly June 2013
  Lyrica® (Pregabalin) – Possibly October 2013

Conclusion and Recommendations

The College of Pharmacy recommends continuing the current criteria for the Fibromyalgia medications.

Appendix K

U.S. Food and Drug Administration

Drugs

FDA Drug Safety Communication: Special storage and handling requirements must be followed for Pradaxa (dabigatran etexilate mesylate) capsules

Safety Announcement

[03-29-2011] The U.S. Food and Drug Administration (FDA) is alerting the public to important storage and handling requirements for Pradaxa (dabigatran etexilate mesylate) capsules. Due to the potential for product breakdown from moisture and loss of potency, Pradaxa capsules should only be dispensed and stored in the original bottle or blister package and patients should be aware of the specific handling requirements.

The Pradaxa label and Medication Guide contain information about these special storage and handling requirements, but FDA is concerned that these requirements are not commonly known and are not being followed by Pradaxa users and by pharmacies.

We are aware that many consumers use pill boxes or pill organizers to aid them in remembering to take their medications. However, because of the potential for product breakdown and loss of potency, consumers should not store Pradaxa in any container other than the original manufacturer packaging. Additionally, pharmacists should only dispense Pradaxa capsules in the original manufacturer packaging. Using the manufacturer packaging will minimize product breakdown from moisture. Pradaxa is packaged in a bottle containing a 30-day supply with a desiccant (drying agent) in the cap to help keep moisture away from the capsules. Pradaxa capsules are also available in a blister package which protects from moisture.

Facts about Pradaxa

- An anticoagulant (or blood thinner) medication known as a direct thrombin inhibitor. It works by preventing the formation of blood clots.
- Used to help prevent strokes or serious blood clots in people who have non-valvular atrial fibrillation (irregular heart beat), a condition that increases the chance of clots forming in the body, which can lead to a stroke.[1]
- From October 2010 through January 2011, approximately 128,000 Pradaxa prescriptions were dispensed and approximately 86,000 patients filled Pradaxa prescriptions from the outpatient retail pharmacies in the U.S.[2]

Although the current Pradaxa label states that the product should be discarded 30 days after the original bottle is opened, data currently under review by the FDA indicate that the product maintains its potency up to 60 days after bottle opening as long as it is stored in the original bottle and the handling requirements are met--including that the cap is closed tightly after each use, and the bottle is kept away from excessive moisture, heat, and cold. The manufacturer is gathering more information on whether the product can be used after 60 days and this information will be added to the Pradaxa label when FDA's review is complete.

Additional Information for Patients

- Store Pradaxa in the original bottle or blister package to protect from moisture.
- Do not store or place Pradaxa capsules in any other container, such as pill boxes or pill organizers.
- For Pradaxa bottles:
  - Open only one bottle of Pradaxa at a time. Once the bottle is opened, the product must be used within 60 days.
  - Remove only one capsule from the bottle at the time of use. The bottle should be immediately closed tightly.
  - Date the bottle to expire 60 days after opening.
- For Pradaxa blister packages:
  - Open the blister package at time of use. Do not open or puncture the blister any earlier than the time of use.
- Discuss any questions or concerns about Pradaxa with your healthcare professional.
- Read the Medication Guide for Pradaxa each time you get your prescription refilled.
- Report any side effects you experience to the FDA MedWatch program using the information in the "Contact Us" box at the bottom of the page.

Additional Information for Healthcare Professionals

- Tell patients it is important to follow the special storage and handling requirements for Pradaxa.
- Tell patients that Pradaxa must be kept in the original bottle or blister package to protect from moisture. The bottle contains a dessicant in the cap and the blister package protects unopened pills from moisture.
- Tell patients that Pradaxa capsules must not be stored in pill boxes or pill organizers.
- Pharmacists should only dispense Pradaxa in the original manufacturer bottle with the original dessicant cap. Do not repackage Pradaxa capsules in standard amber pharmacy vials.
- Pharmacists should not open the Pradaxa bottle when dispensing. When more than one bottle is dispensed, tell the patient to only open one bottle at a time.
- Pharmacists should place an auxiliary expiration label on the bottle and instruct the patients to date the bottle to expire 60 days after opening.
- Pharmacists can also number the bottles (e.g., bottle #1 and bottle #2) when dispensing multiple bottles so the patient can keep track of whic bottle they opened.[3]

- Report adverse events involving Pradaxa to the FDA MedWatch program, using the information in the "Contact Us" box at the bottom of the page.

Data Summary

Pradaxa was approved by the FDA on October 19, 2010, with special storage and product handling requirements. Pradaxa capsules will hydrolyze over time when exposed to humidity, causing a breakdown of active ingredient, and rendering the medication less effective. As a result, Pradaxa was packaged in a 30-day supply bottle with a desiccant cap or in unit-of-use blister packaging to minimize product breakdown from moisture. The approved Pradaxa label states that once opened, the product must be used within 30 days. FDA is currently reviewing data that indicate no significant loss of potency up to 60 days after the bottle is opened as long as Pradaxa is stored in the original bottle and the handling requirements are met. The current Pradaxa label and Medication Guide contains information about these special storage and product handling requirements.

FDA is concerned that these special storage and handling requirements are not commonly known and are not being followed by Pradaxa users and by pharmacies. Boehringer Ingelheim Pharmaceuticals, Inc., the manufacturer of Pradaxa, has started a campaign to educate healthcare professionals (prescribers and pharmacists) about these requirements. FDA is emphasizing that healthcare professionals must also reinforce the importance of following these special storage and handling requirements to their patients.

References

1. U.S. National Library of Medicine. National Institutes of Health. Drugs & Supplements monograph. Available at http://www.nlm.nih.gov/medlineplus/druginfo/meds/a610024.html [1] Accessed March 8, 2011.
2. SDI, Vector One®: National (VONA) and Total Patient Tracker (TPT). October 2010 to January 2011. Extracted 3-8-2011.
3. Pradaxa capsules have short expiration date after bottle opened. ISMP Medication Safety Alert Acute Care. Volume 16, Issue 4; February 24, 2011.

Related Information

- Information on Dabigatran Etexilate Mesylate (marketed as Pradaxa) [2]
- FDA Drug Safety Podcast for Healthcare Professionals: Special storage and handling requirements must be followed for Pradaxa (dabigatran etexilate mesylate) capsules [3]

Contact Us

- **Report a Serious Problem**
- 1-800-332-1088
- 1-800-FDA-0178 Fax

MedWatch Online [4]

Regular Mail: Use postage-paid FDA Form 3500 [5]

Mail to: MedWatch 5600 Fishers Lane

Rockville , MD 20857

Links on this page:

1. http://www.nlm.nih.gov/medlineplus/druginfo/meds/a610024.html
2. /Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm248694.htm
3. /Drugs/DrugSafety/DrugSafetyPodcasts/ucm249464.htm
4. https://www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm
5. http://www.fda.gov/downloads/Safety/MedWatch/DownloadForms/UCM082725.pdf

U.S. Food and Drug Administration

Drugs

FDA Drug Safety Podcast: Risk of Low Magnesium Levels Associated with Long-Term Use of Proton Pump Inhibitors

Podcast [1]

On March 2, 2011 the Food and Drug Administration issued a drug safety communication that states that prolonged use of prescription proton pump inhibitors may cause low magnesium levels.

I am Yolanda Fultz-Morris from F-D-A's Center for Drug Evaluation and Research.

Low magnesium levels have been reported in patients treated with proton pump inhibitors for at least three months but most cases occurred after a year of treatment.

Proton pump inhibitors are available by prescription to treat conditions such as gastroesophageal reflux disease, stomach and small intestine ulcers, and inflammation of the esophagus. PPIs reduce the amount of acid in the stomach. Over-the-counter PPIs, marketed under brand names Prilosec OTC, Zegerid OTC, and Prevacid 24-hour carry little risk of consumers developing low magnesium levels when used according to package directions.

Low magnesium levels can cause muscle spasms, irregular heartbeat and seizures. Patients with a low blood magnesium level do not always have symptoms.

FDA advises patients on PPI treatment to:

- Seek immediate care if you (or your child) experience an abnormal heart rate or rhythm, or symptoms such as a racing heartbeat, palpitations, muscle spasm, tremor or convulsions while taking a PPI drug. In children, abnormal heart rates may cause fatigue, upset stomach, dizziness and lightheadedness.
- Tell your healthcare professional if you have ever been told you have low magnesium levels in your blood, or if you take the drug digoxin or diuretics.
- Your healthcare professional may occasionally check your serum magnesium level (a blood test) while you are taking your prescription PPI drug.
- Do not stop taking your prescription PPI drug without talking to your healthcare professional.
- Discuss any questions or concerns about your PPI drug with your healthcare professional.
- If you take an over-the-counter (OTC) PPI drug, follow the directions on the package carefully.
- Make sure your healthcare professional knows if you have been taking an OTC PPI drug for a long period of time.

Information about the potential risk of low magnesium levels from PPIs will be added to the warnings and precautions sections of the labels for all the prescription PPIs.

FDA urges healthcare providers and patients to report any adverse events or side effects that may be associated with the use of proton pump inhibitor to FDA's MedWatch adverse event reporting program by phone at 1-800-F-D-A-ten-88 or by the Internet at W-W-W dot F-D-A dot GOV slash M-E-D-W -A-T-C-H.

Updated information about drugs with emerging safety concerns is available 24 hours a day at our Web site W-W-W dot F-D-A dot GOV slash D-R-U-G S.

Related Information

- FDA Drug Safety Podcast: Risk of Low Magnesium Levels Associated with Long-Term Use of Proton Pump Inhibitors - mp3 (MP3 - 3353KB) [2]
- FDA Drug Safety Communication: Low magnesium levels can be associated with long-term use of Proton Pump Inhibitor drugs (PPIs) [3] 3/2/2011
- Proton Pump Inhibitors Information [4]

Contact Us

- **Human Drug Information**
- (888) 463-6332
- (301) 796-3400
- druginfo@fda.hhs.gov

Division of Drug Information (CDER)

Office of Communications

Feedback Form [5]

10001 New Hampshire Avenue

Hillandale Building, 4th Floor

Silver Spring , MD 20993

Links on this page:

1. /downloads/Drugs/DrugSafety/DrugSafetyPodcasts/UCM246864.mp3
2. /downloads/Drugs/DrugSafety/DrugSafetyPodcasts/UCM246864.mp3
3. /Drugs/DrugSafety/ucm245011.htm

U.S. Food and Drug Administration

News & Events

FDA NEWS RELEASE

For Immediate Release: March 9, 2011
Media Inquiries: Erica Jefferson, 301-796-4988, erica.jefferson@fda.hhs.gov; Morgan Liscinsky, 301-796-0397, morgan.liscinsky@fda.hhs.gov
Consumer Inquiries: 888-INFO-FDA

FDA approves Benlysta to treat lupus
First new lupus drug approved in 56 years

The U.S. Food and Drug Administration today approved Benlysta (belimumab) to treat patients with active, autoantibody-positive lupus (systemic lupu erythematosus) who are receiving standard therapy, including corticosteroids, antimalarials, immunosuppressives, and nonsteroidal anti-inflammatory drugs.

Benlysta is delivered directly into a vein (intravenous infusion) and is the first inhibitor designed to target B-lymphocyte stimulator (BLyS) protein, which may reduce the number of abnormal B cells thought to be a problem in lupus.

Prior to Benlysta, FDA last approved drugs to treat lupus, Plaquenil (hydroxychloroquine) and corticosteroids, in 1955. Aspirin was approved to treat lupus in 1948.

Lupus is a serious, potentially fatal, autoimmune disease that attacks healthy tissues. It disproportionately affects women, and usually develops between ages 15 and 44. The disease affects many parts of the body including the joints, the skin, kidneys, lungs, heart, and the brain. When commor lupus symptoms appear (flare) they can present as swelling in the joints or joint pain, light sensitivity, fever, chest pain, hair loss, and fatigue.

Estimates vary on the number of lupus sufferers in the United States ranging from approximately 300,000 to 1.5 million people. People of all races car have the disease; however, African American women have a 3 times higher incidence (number of new cases) than Caucasian women.

"Benlysta, when used with existing therapies, may be an important new treatment approach for health care professionals and patients looking to help manage symptoms associated with this disease," said Curtis Rosebraugh, M.D., M.P.H., director of the Office of Drug Evaluation II in the FDA's Center for Drug Evaluation and Research.

Two clinical studies involving 1,684 patients with lupus demonstrated the safety and effectiveness of Benlysta. The studies diagnosed patients with active lupus and randomized them to receive Benlysta plus standard therapy, or an inactive infused solution (placebo) plus standard therapy. The studies excluded patients who had received prior B-cell targeted therapy or intravenous cyclophosphamide, and those who had active lupus involving the kidneys or central nervous system.

Patients treated with Benlysta and standard therapies experienced less disease activity than those who received a placebo and standard of care medicines. Results suggested, but did not definitively establish, that some patients had a reduced likelihood of severe flares, and some reduced their steroid doses.

African American patients and patients of African heritage participating in the two studies did not appear to respond to treatment with Benlysta. The studies lacked sufficient numbers to establish a definite conclusion. To address this concern, the sponsor has agreed to conduct an additional study of people with those backgrounds to further evaluate the safety and effectiveness of Benlysta for this subgroup of lupus patients.

Those receiving Benlysta during clinical studies reported more deaths and serious infections compared with placebo. The drug should not be administered with live vaccines. The manufacturer is required to provide a Medication Guide to inform patients of the risks associated with Benlysta.

The most common side effects in the studies included nausea, diarrhea, and fever (pyrexia). Patients also commonly experienced infusion reactions, sc pre-treatment with an antihistamine should be considered.

Human Genome Sciences Inc., based in Rockville, Md., developed Benlysta and will co-market the drug in the United States with GlaxoSmithKline of Philadelphia.

For more information:

- NIH: Lupus Fact Sheet [1]
- NIAMS: What is lupus? [2]

#

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4. http://www.fda.gov/AboutFDA/ContactFDA/StayInformed/RSSFeeds/PressReleases/rss.xml
5. http://www.fda.gov/AboutFDA/ContactFDA/StayInformed/RSSFeeds/ucm144575.htm

U.S. Food and Drug Administration

News & Events

FDA NEWS RELEASE

For Immediate Release: March 10 2011
Media Inquiries: Shelly Burgess, 301-796-4651; shelly.burgess@fda.hhs.gov
Consumer Inquiries: 888-INFO-FDA

FDA, Justice Department take action against McNeil-PPC Inc.

Charged with manufacturing and distributing OTC drugs in violation of federal law

The U.S. Food and Drug Administration announced today that a consent decree of permanent injunction has been filed against McNeil-PPC and two of its officers for failing to comply with current good manufacturing practice requirements as required by federal law. The action prevents McNeil, a subsidiary of Johnson & Johnson, from manufacturing and distributing drugs from its Fort Washington, Pa., facility until the FDA determines that its operations are compliant with the law.

McNeil Consumer Healthcare Division s Vice President of Quality and the company s Vice President of Operations for OTC Products also were named defendants in the consent decree, filed with the U.S. District Court for the Eastern District of Pennsylvania in Philadelphia on March 10, 2011.

The decree also requires McNeil to adhere to a strict timetable to bring its facilities in Las Piedras, Puerto Rico, and Lancaster, Pa., into compliance.

Dara A. Corrigan, the FDA s associate commissioner for regulatory affairs said, "This FDA drug safety enforcement action is aimed at protecting the public health."

FDA inspections at McNeil s Fort Washington, Las Piedras, and Lancaster facilities from 2009 to 2010 found violations of the Federal Food, Drug, and Cosmetic Act. The Act requires drug companies to follow current good manufacturing practice requirements.

"This is a strong, but necessary, step to ensure that the products manufactured by this company meet federal standards for quality, safety and purity, said Deborah Autor, director of the Office of Compliance in the FDA s Center for Drug Evaluation and Research.

Manufacturing deficiencies at McNeil s facilities have resulted in several extensive recalls, including an April 30, 2010, recall of lots of several liquid products such as children s Tylenol, Motrin, Zyrtec, and Benadryl products. In January 2010, the FDA issued a Warning Letter to McNeil s Consumer Healthcare Division regarding violations identified at McNeil s Las Piedras facility.

The decree, filed by the U.S. Department of Justice s Office of Consumer Litigation and the U.S. Attorney s Office for the Eastern District of Pennsylvania, requires McNeil to destroy all drugs under McNeil s control that have been recalled from the Fort Washington, Las Piedras, and Lancaster facilities since December 2009. McNeil also must retain an independent expert to inspect the Fort Washington, Las Piedras, and Lancaster facilities to determine whether the violations have been corrected, and to ensure that adequate manufacturing processes are in place. After expert certification, the FDA will determine if the facilities are in compliance.

If the defendants violate the decree, the FDA may order McNeil to cease manufacturing, recall products, and take other corrective action, including levying fines of $15,000 for each day and an additional $15,000 for each violation of the law, up to $10 million annually.

The decree becomes effective when it has been entered by the court.

#

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U.S. Food and Drug Administration

Safety

Kaletra (lopinavir/ritonavir): Label Change - Serious Health Problems in Premature Babies

[Posted 03/08/2011]

AUDIENCE: Infectious Disease

ISSUE: FDA notified healthcare professionals of serious health problems that have been reported in premature babies receiving Kaletra (lopinavir/ritonavir) oral solution. Kaletra oral solution contains the ingredients alcohol and propylene glycol. Premature babies may be at increased ris for health problems because they have a decreased ability to eliminate propylene glycol; this could lead to adverse events such as serious heart, kidney, or breathing problems. Because the consequences of using Kaletra oral solution in babies immediately after birth can be severe or possibly fatal, the label is being revised to include a new warning.

BACKGROUND: Kaletra oral solution is an antiviral medication used in combination with other antiretroviral drugs for the treatment of HIV-1 infection in pediatric patients 14 days of age (whether premature or full term) or older and in adults.

RECOMMENDATION: The use of Kaletra oral solution should be avoided in premature babies until 14 days after their due date, or in full-term babies younger than 14 days of age unless a healthcare professional believes that the benefit of using Kaletra oral solution to treat HIV infection immediately after birth outweighs the potential risks. In such cases, FDA strongly recommends monitoring for increases in serum osmolality, serum creatinine, and other signs of toxicity.

Healthcare professionals and patients are encouraged to report adverse events, side effects, or product quality problems related to the use of these products to the FDA's MedWatch Safety Information and Adverse Event Reporting Program:

- Complete and submit the report Online: www.fda.gov/MedWatch/report.htm [1]
- Download form [2] or call 1-800-332-1088 to request a reporting form, then complete and return to the address on the pre-addressed form, or submit by fax to 1-800-FDA-0178

[03/08/2011 - Drug Safety Communication [3] - FDA]

Links on this page:

1. http://www.fda.gov/MedWatch/report.htm
2. /Safety/MedWatch/HowToReport/DownloadForms/default.htm
3. /Drugs/DrugSafety/ucm246002.htm

U.S. Food and Drug Administration

Safety

Topamax (topiramate): Label Change - Risk For Development of Cleft Lip and/or Cleft Palate in Newborns

Available as generic topiramate

[Posted 03/04/2011]

AUDIENCE: Neurology, OB/GYN

ISSUE: FDA notified healthcare professionals and patients of an increased risk of development of cleft lip and/or cleft palate (oral clefts) in infants bor to women treated with Topamax (topiramate) during pregnancy. Because of new human data that show an increased risk for oral clefts, topiramate is being placed in Pregnancy Category D. Pregnancy Category D means there is positive evidence of human fetal risk based on human data but the potential benefits from use of the drug in pregnant women may be acceptable in certain situations despite its risks. The patient medication guide and prescribing information for Topamax and generic topiramate will be updated with the new information.

BACKGROUND: Topiramate is an anticonvulsant medication approved for use alone or with other medications to treat patients with epilepsy who have certain types of seizures. Topiramate is also approved for use to prevent migraine headaches. The new data was from the North American Antiepileptic Drug (NAAED) Pregnancy Registry.

RECOMMENDATION: Before starting topiramate, pregnant women and women of childbearing potential should discuss other treatment options with their health care professional. Women taking topiramate should tell their health care professional immediately if they are planning to or become pregnant. Patients taking topiramate should not stop taking it unless told to do so by their health care professional. Women who become pregnant while taking topiramate should talk to their health care professional about registering with the North American Antiepileptic Drug Pregnancy Registry, a group that collects information about outcomes in infants born to women treated with antiepileptic drugs during pregnancy.

See Drug Safety Communication for additional information, including a data summary and recommendations for healthcare professionals and patients.

[03/04/2011 - Drug Safety Communication [1] - FDA]
[03/04/2011 - Q&As [2] - FDA]
[03/04/2011 - News Release [3] - FDA]
[03/2011 - Prescribing Information, Topamax [4] - Ortho-McNeil]

Links on this page:

1. /Drugs/DrugSafety/ucm245085.htm
2. /Drugs/DrugSafety/ucm245470.htm
3. /NewsEvents/Newsroom/PressAnnouncements/ucm245594.htm
4. http://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020505s040s045,020844s035s037lbl.pdf