Drug Utilization Review Board

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

Wednesday
December 12, 2012
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: Chris Le, Pharm.D.

SUBJECT: Packet Contents for Board Meeting – December 12, 2012

DATE: December 6, 2012

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 December 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 Prior Authorize Rayos® – See Appendix C.

Action Item – Vote to Prior Authorize Relistor® – See Appendix D.

Drug Utilization Review of Chronic Obstructive Pulmonary Disease Medications – See Appendix E.

Action Item – Annual Review of Amitiza® and 30 Day Notice to Prior Authorize Linzess™ – See Appendix F.

Action Item – Annual Review of Smoking Cessation Products – See Appendix G.

FDA and DEA Updates – See Appendix H.

Future Business

Adjournment

Oklahoma Health Care Authority
Drug Utilization Review Board
(DUR Board)
Meeting – December 12, 2012 @ 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. Cothran

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. November 14, 2012 DUR Minutes – Vote
B. November 15, 2012 DUR Recommendation Memorandum

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

4. Update on DUR / Medication Coverage Authorization Unit – See Appendix B.

A. Medication Coverage Activity for November 2012
B. Pharmacy Help Desk Activity for November 2012
C. SoonerCare Atypical Rx Program Update

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

5. Action Item – Vote to Prior Authorize Rayos® – See Appendix C.

A. COP Recommendations

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

6. Action Item – Vote to Prior Authorize Relistor® – See Appendix D.

A. COP Recommendations

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

7. Drug Utilization Review of Chronic Obstructive Pulmonary Disease Medications – See Appendix E.

A. Introduction
B. Treatment
C. Clinical Comparison
D. Utilization Trends
E. COP Recommendations

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

8. Action Item – Annual Review of Amitiza® and 30 Day Notice to Prior Authorize Linzess™ – See Appendix F.

A. Current Authorization Criteria
B. Utilization Review
C. Prior Authorization Review
D. Market News and Update
E. COP Recommendations

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

9. Action Item – Annual Review of Smoking Cessation Products – See Appendix G.

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

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

10. FDA and DEA Updates – See Appendix H.

11. Future Business

A. Annual Reviews
B. New Product Reviews
C. Safety Alerts

12. Adjournment

Appendix A

OKLAHOMA HEALTH CARE AUTHORITY
DRUG UTILIZATION REVIEW BOARD MEETING
MINUTES of MEETING of NOVEMBER 14, 2012

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
Terry Cothran, D.Ph.; Pharmacy Director	X	
Karen Egesdal, D.Ph.; SMAC-ProDUR Coordinator/OHCA Liaison	X	
Shellie Keast, Pharm.D, M.S.; Clinical Assistant Professor	X	
Chris Le, Pharm.D.; Assistant Director	X	
Mark Livesay, Operations Manager	X	
Carol Moore, Pharm.D.; Clinical Pharmacist	X	
Brandy Nawaz, 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	
Jo Nel Weber, Pharm.D.; Clinical Pharmacist	X	
Graduate Students: Amany Hussein, Manish Mittal	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
Garth Splinter, M.D., M.B.A.; Director of Medicaid/Medical Services		X
Rebecca Pasternik-Ikard, Deputy State Medicaid Director		X
Nancy Nesser, Pharm.D., J.D.; Pharmacy Director	X	
Lynn Rambo-Jones, J.D.; Deputy General Counsel III	X	
Carter Kimble, M.Ph.; Public Affairs- Information Representative		X
Jill Ratterman, D.Ph.; Pharmacy Specialist	X	
Kerri Wade, Senior Pharmacy Financial Analyst	X	
Stacey Hale, Pharmacy Research Analyst	X	

OTHERS PRESENT:	
Dwayne Dossett, Alkermes	Tone Jones, Sunovion
Gary Karg, Novartis	Jim Fowler, AstraZeneca
Sharon Lovseth, AstraZeneca	Hilary Carter, Otsuka
Mai Duong, Novartis	Roger Grotzinger, BMS
Don Kempin, Novo Nordisk	Clint Degrier, Novartis
Brian Maves, Pfizer	
Toby Thompson, Pfizer	
Lori Lowery, Lori Lowery Consulting	

PRESENT FOR PUBLIC COMMENT:

AGENDA ITEM NO. 1: CALL TO ORDER

1A: Roll Call

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

ACTION: NONE REQUIRED

AGENDA ITEM NO. 2: PUBLIC COMMENT FORUM

There were no speakers for public comment.

ACTION: NONE REQUIRED

AGENDA ITEM NO. 3: APPROVAL OF DUR BOARD MINUTES

3A: October 10, 2012 DUR Minutes

Dr. Kuhls moved to approve as submitted; seconded by Dr. Harrell.

ACTION: MOTION CARRIED

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

4A: Medication Coverage Activity: October 2012

4B: Pharmacy Help Desk Activity: October 2012

4C: Retrospective Drug Evaluation: Focusing on Duplication of Narcotic Therapy

Reports included in agenda packet; presented by Dr. Le.

ACTION: NONE REQUIRED

AGENDA ITEM NO. 5: VOTE ON 2013 MEETING DATES

JANUARY 9, 2013	FEBRUARY 13, 2013	MARCH 13, 2013
APRIL 10, 2013	MAY 8, 2013	JUNE 12, 2013
JULY 10, 2013	AUGUST 14, 2013	SEPTEMBER 11, 2013
OCTOBER 9, 2013	NOVEMBER 13, 2013	DECEMBER 11, 2013

Ms. Varalli-Claypool moved to approve meeting dates; seconded by Dr. Bell.

ACTION: MOTION CARRIED

AGENDA ITEM NO. 6: VOTE TO UPDATE BLADDER CONTROL PBPA CATEGORY AND PRIOR AUTHORIZE MYRBETRIQ™

Materials included in agenda packet; presented by Dr. Nawaz.

Dr. Bell moved to approve; seconded by Dr. Winegardener.

ACTION: APPROVED

AGENDA ITEM NO. 7: VOTE TO UPDATE ANTIDEPRESSANTS PBPA CATEGORY AND PRIOR AUTHORIZE FORFIVO XL® AND FLUOXETINE 60MG TABLETS

Materials included in agenda packet; presented by Dr. Le.

Dr. Winegardener moved to approve; seconded by Dr. Harrell.

ACTION: MOTION CARRIED

AGENDA ITEM NO. 8: VOTE TO PRIOR AUTHORIZE MISCELLANEOUS BUTALBITAL-ACETAMINOPHEN-CAFFEINE PRODUCTS

Materials included in agenda packet; presented by Dr. Moore.

Dr. Kuhls moved to approve; seconded by Dr. Rhymer.

ACTION: APPROVED

AGENDA ITEM NO. 9: ANNUAL REVIEW OF DALIRESP®

Materials included in agenda packet; presented by Dr. Weber.

ACTION: NONE REQUIRED

AGENDA ITEM NO. 10: ANNUAL REVIEW OF TOPICAL ANTIFUNGAL MEDICATIONS
Materials included in agenda packet; presented by Dr. Nawaz.
Dr. Kuhls moved to approve; seconded by Ms. Varalli-Claypool.
ACTION: MOTION CARRIED

AGENDA ITEM NO. 11: 30-DAY NOTICE TO PRIOR AUTHORIZE RELISTOR®
Materials included in agenda packet; presented by Dr. Moore.
ACTION: NONE REQUIRED

AGENDA ITEM NO. 12: 30-DAY NOTICE TO PRIOR AUTHORIZE RAYOS®
Materials included in agenda packet; presented by Dr. Moore.
ACTION: NONE REQUIRED

AGENDA ITEM NO 13: FDA AND DEA UPDATES
Materials included in agenda packet; presented by Dr. Cothran.
ACTION: NONE REQUIRED

AGENDA ITEM NO. 14: FUTURE BUSINESS
Materials included in agenda packet; submitted by Dr. Cothran.
A: Utilization Review of COPD Medications
B: Annual Reviews
C: New Product Reviews
ACTION: NONE REQUIRED

AGENDA ITEM NO. 15: ADJOURNMENT
The meeting was adjourned at 6:42 pm.

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

Memorandum

Date: November 15, 2012

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

From: Chris Le, Pharm.D.
Assistant Director
Pharmacy Management Consultants

Subject: DUR Board Recommendations from Meeting of November 14, 2012

Recommendation 1: Vote on 2013 Meeting Dates

MOTION CARRIED by unanimous approval.

January 9, 2013
February 13, 2013
March 13, 2013
April 10, 2013
May 8, 2013
June 12, 2013
July 10, 2013
August 14, 2013
September 11, 2013
October 9, 2013
November 13, 2013
December 11, 2013

Recommendation 2: Vote to Update Bladder Control PBPA Category and Prior Authorize Mybetriq™ (Mirebegron)

MOTION CARRIED by unanimous approval.

The College of Pharmacy recommends the following:

1. Placement of Myrbetriq™ (mirabegron), Urispas® (flavoxate), and Detrol® (tolterodine) into Tier 3.
2. Placement of Sanctura XR™ (trospium ER) into Tier 2.

The existing criteria will apply:

Tier 2 Authorization Criteria:

1. Trial of one Tier 1 medication that yielded inadequate clinical response or adverse effects, or
2. A unique FDA approved indication not covered by Tier 1 products.

Tier 3 Authorization Criteria:

1. Trial of all Tier 2 medications that yielded inadequate clinical response or adverse effects, or
2. A unique FDA approved indication not covered by lower tiered products.

This category will be grandfathered.

Bladder Control Medications		
Tier 1	Tier 2	Tier 3
Oxybutynin (Ditropan®)	Oxybutynin ER Tabs (Ditropan XL®) Trospium ER (Sanctura XR™)	Oxybutynin Patch (Oxytrol®) Oxybutynin Gel (Gelnique™) Tolterodine ER Tabs (Detrol LA®) Fesoterodine (Toviaz™) Solifenacin (VESIcare®) Darifenacin (Enablex®) Trospium (Sanctura™) Mirabegron (Myrbetriq™) Flavoxate (Urispas®) Tolterodine (Detrol®)

Recommendation 3: Vote to Update Antidepressants PBPA Category and Prior Authorize Forfivo XL® and Fluoxetine 60mg Tablets

MOTION CARRIED by unanimous approval.

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

1. Add Forfivo XL™ (bupropion extended release) to Tier 3
2. Revise the antidepressants PBPA category prior authorization criteria as shown below:

Tier 2 Authorization Criteria

1. A documented, recent (within 6 months) trial of two Tier 1 medications at least 4 weeks in duration and titrated to recommended dosing, that did not provide an adequate response. Tier 1 selection must include at least one medication from the SSRI category and one medication from the dual acting category.
2. Prior stabilization on the Tier 2 medication documented within the last 100 days. A past history of success on the Tier 2 medication will also be considered with adequate documentation.
3. A unique FDA-approved indication not covered by Tier 1 products or other products from a different therapeutic class.
4. A petition may be submitted for consideration whenever a unique member specific situation exists.

Tier 3 Authorization Criteria

1. A documented, recent (within 6 months) trial with two Tier 1 medications (one from each category) and a Tier 2 medication at least 4 weeks in duration and titrated to recommended dose, that did not provide an adequate response.
2. Prior stabilization on the Tier 3 medication documented within the last 100 days. A past history of success on the Tier 3 medication will also be considered with adequate documentation.
3. A unique FDA-approved indication not covered by a lowered tiered product or other products from a different therapeutic class.
4. A petition may be submitted for consideration whenever a unique member specific situation exists.

Special Criteria:

1. Use of fluoxetine 60mg tablets requires a patient specific, clinically significant reason why member cannot take three fluoxetine 20mg capsules.

Recommendation 4: Vote to Prior Authorize Miscellaneous Butalbital-Acetaminophen-Caffeine Products

MOTION CARRIED by unanimous approval.

The College of Pharmacy recommends the prior authorization of these products with the following criteria:

1. FDA approved indication for the treatment of tension-type headache, and
2. Must be 12 years of age or older, and
3. Failure within the previous 60 days of the following:
    a. All available formulations of butalbital/acetaminophen products available in generic
    b. At least two NSAIDs, unless contraindicated

Recommendation 5: Annual Review of Daliresp® (Roflumilast)

No Action Required

Recommendation 6: Annual Review of Topical Antifungal Medications

MOTION CARRIED by unanimous approval.

The College of Pharmacy recommends the following changes to the Topical Antifungal Medications PBPA category:

Placement of the following medications into Tier-2:

- Nystatin/Triamcinolone Cream 100,000-0.1 Unit/Gram %
- Nystatin/Triamcinolone Ointment 100,000-0.1 Unit/Gram %
- Clotrimazole/Betamethasone Cream 1-0.05%
- Clotrimazole/Betamethasone Lotion 1-0.05%

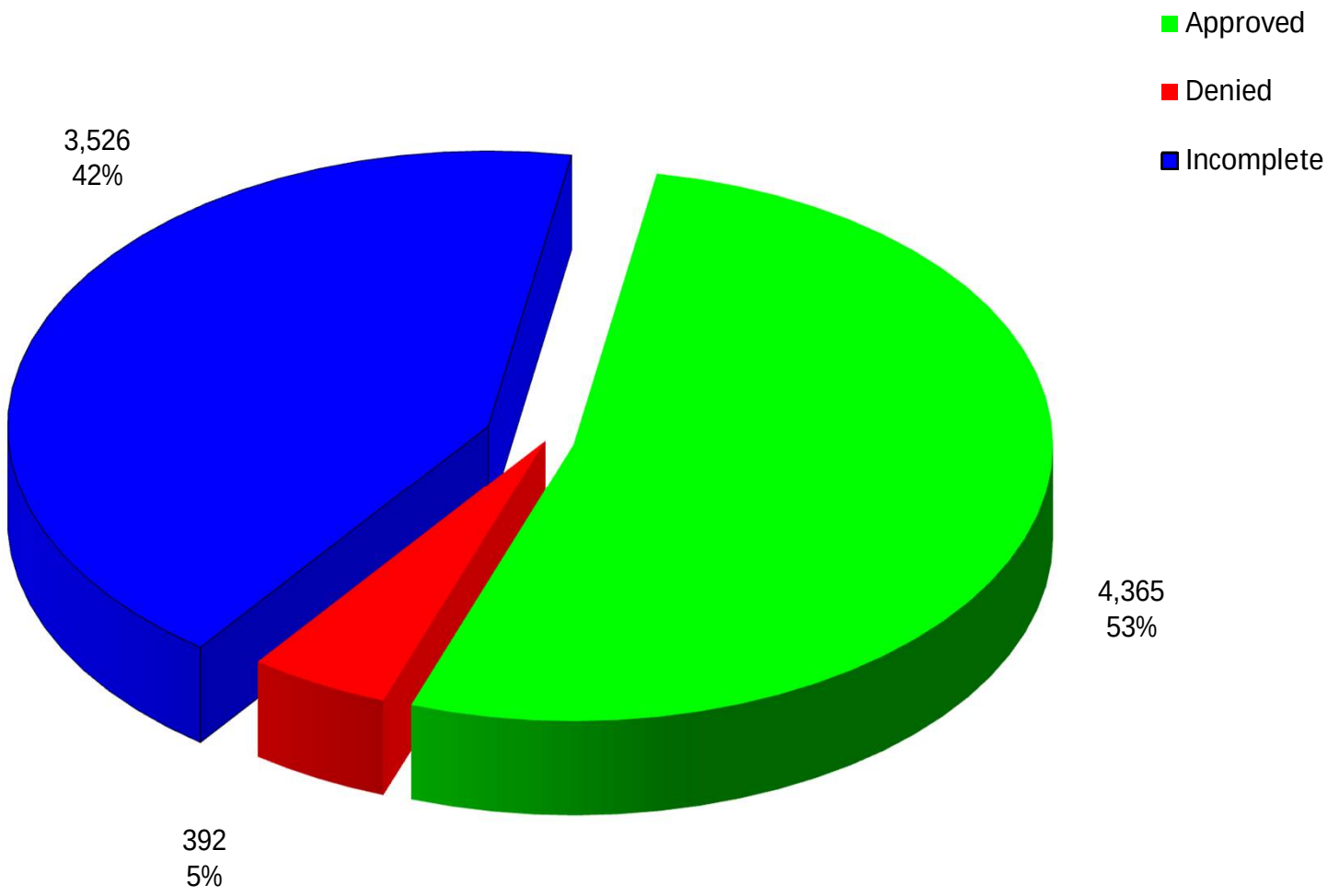
Coverage of the following OTC medications and placement into Tier-1:

- Clotrimazole 1% Cream
- Terbinafine 1% Cream
- Tolnaftate 1% Cream

Tier-1	Tier-2
ciclopirox-0.77% Cream	ciclopirox solution, shampoo, & gel (Penlac® and Loprox®), & 0.77% Susp
clotrimazole cream, solution (Rx)	miconazole/zinc oxide/white petrolatum (Vusion®)
econazole- 1% cream	oxiconazole (Oxistat®)
ketoconazole-2% cream, shampoo	sertaconazole nitrate (Ertaczo®)
nystatin- cream, ointment	butenafine (Mentax®)
clotrimazole 1% cream (OTC)	ketoconazole gel (Xolegel™)
terbinafine 1% cream (OTC)	naftifine (Naftin®)
tolnaftate 1% cream (OTC)	sulconazole (Exelderm®)
	ketoconazole foam 2% (Extina®)
	nystatin/triamcinolone- cream, ointment
	clotrimazole/betamethasone-1% & 0.05% cream, lotion

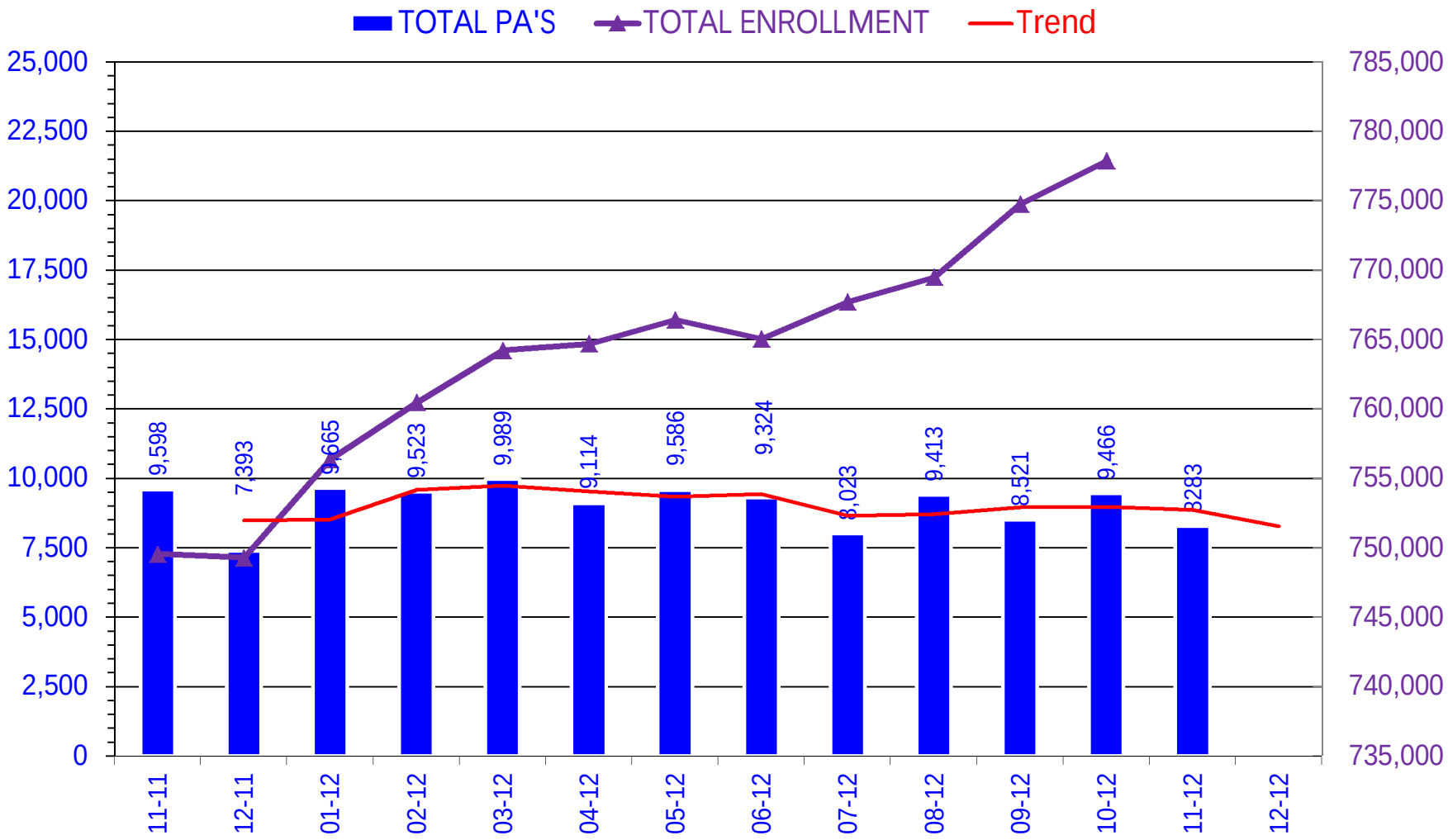
Appendix B

PRIOR AUTHORIZATION ACTIVITY REPORT: November 2012



PA totals include approved/denied/incomplete/overrides

PRIOR AUTHORIZATION REPORT: November 2011-November 2012



PA totals include approved/denied/incomplete/overrides

Prior Authorization Activity

11/1/2012 Through 11/30/2012

	Total	Approved	Denied	Incomplete	Average Length of Approvals in Days
Advair/Symbicort/Dulera	407	186	9	212	357
Analgesic, Narcotic	375	200	13	162	262
Angiotensin Receptor Antagonist	54	11	4	39	327
Antiasthma	906	487	15	404	237
Antibiotic	16	3	1	12	6
Anticoagulant	25	19	0	6	315
Anticonvulsant	95	62	0	33	340
Antidepressant	220	79	7	134	339
Antidiabetic	133	61	6	66	351
Antigout	10	3	1	6	359
Antihistamine	149	106	12	31	351
Antihyperlipidemic	19	1	2	16	353
Antimigraine	57	13	4	40	360
Antiparkinsons	13	2	3	8	360
Antiplatelet	20	15	0	5	360
Antiulcers	347	93	41	213	94
Anxiolytic	77	56	2	19	211
Atypical Antipsychotics	424	259	6	159	350
Biologics	33	23	0	10	358
Bladder Control	83	12	4	67	360
Calcium Channel Blockers	10	4	0	6	359
Cardiovascular	26	8	7	11	185
Dermatological	93	26	31	36	107
Endocrine & Metabolic Drugs	116	55	2	59	253
Erythropoietin Stimulating Agents	18	11	0	7	113
Fibromyalgia	142	53	13	76	347
Gastrointestinal Agents	73	31	3	39	143
Glaucoma	11	6	1	4	304
Growth Hormones	43	36	1	6	135
HFA Rescue Inhalers	131	34	3	94	290
Insomnia	67	20	7	40	199
Multiple Sclerosis	15	9	0	6	217
Muscle Relaxant	114	41	34	39	95
Nasal Allergy	117	8	11	98	124
Neurological Agents	50	34	1	15	360
Nsaids	165	38	6	121	308
Ocular Allergy	47	14	2	31	86
Ophthalmic	32	3	1	28	4
Osteoporosis	37	8	4	25	334
Other*	117	14	17	86	176
Otic Antibiotic	42	8	1	33	7
Pediculicide	95	36	2	57	16
Prenatal Vitamins	12	0	1	11	0
Smoking Cess.	54	16	4	34	33
Statins	70	28	3	39	359
Stimulant	717	396	16	305	337
Suboxone/Subutex	137	111	2	24	80
Synagis	374	176	54	144	126
Topical Antibiotic	12	1	0	11	2

* Includes any therapeutic category with less than 10 prior authorizations for the month.

	Total	Approved	Denied	Incomplete	Average Length of Approvals in Days
Topical Antifungal	11	1	1	9	6
Topical Corticosteroids	38	3	2	33	189
Vitamin	35	16	12	7	360
Pharmacotherapy	72	53	1	18	225
Emergency PAs	3	3	0	0	
Total	**6,559**	**2,992**	**373**	**3,194**	
Overrides					
Brand	52	36	0	16	300
Dosage Change	614	557	1	56	4
High Dose	12	11	0	1	296
Ingredient Duplication	8	7	0	1	5
Lost/Broken Rx	105	103	1	1	4
NDC vs Age	8	8	0	0	228
Nursing Home Issue	107	104	0	3	4
Other	37	28	0	9	16
Quantity vs. Days Supply	774	512	17	245	292
Stolen	6	6	0	0	3
Third Brand Request	1	1	0	0	7
Overrides Total	**1,724**	**1,373**	**19**	**332**	
Total Regular PAs + Overrides	**8,283**	**4,365**	**392**	**3,526**	

Denial Reasons	
Unable to verify required trials.	2,906
Lack required information to process request.	599
Does not meet established criteria.	395

Other PA Activity

Duplicate Requests: 779

Letters: 2,458

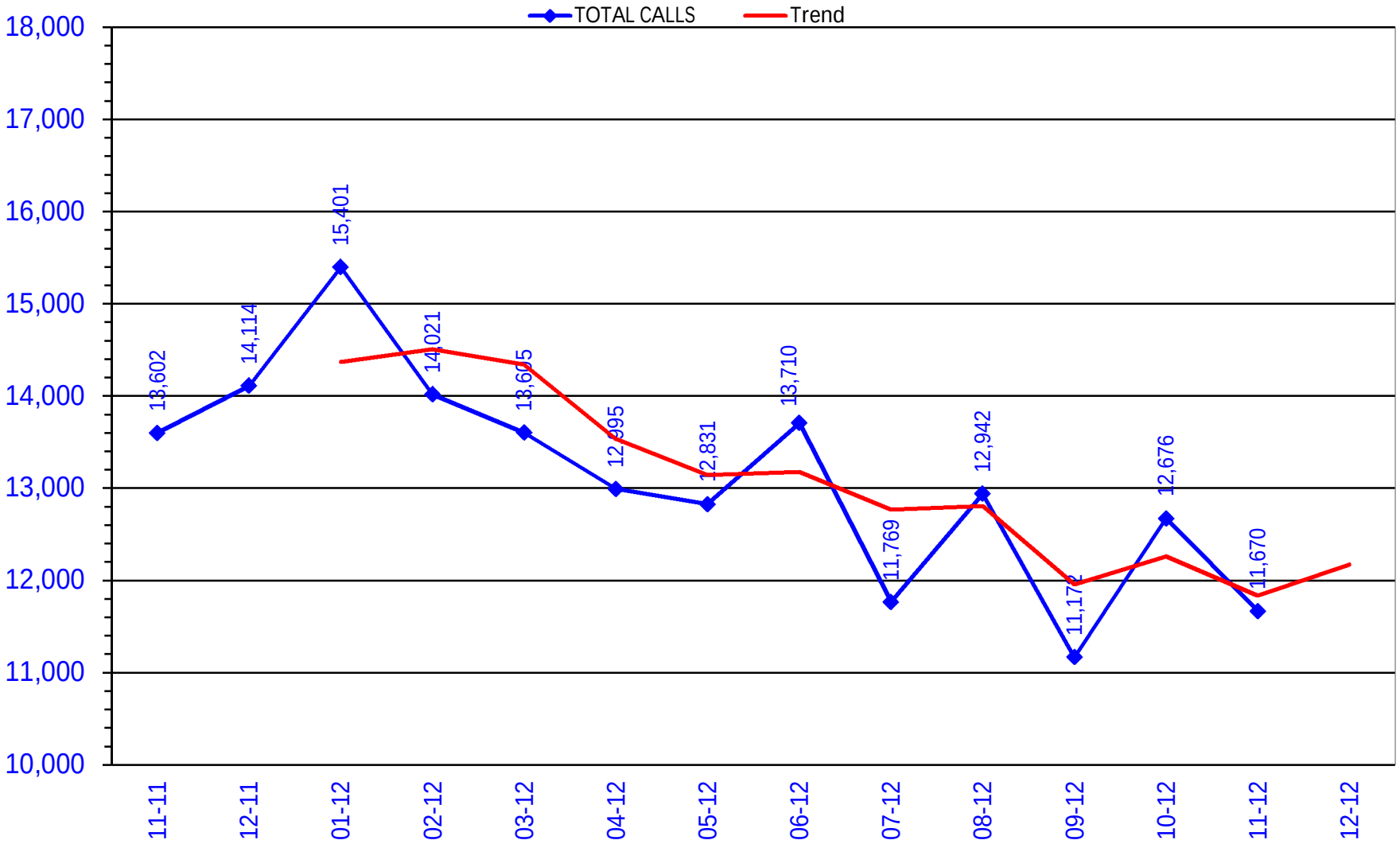
No Process: 265

Changes to existing PAs: 462

Partials: 973

* Includes any therapeutic category with less than 10 prior authorizations for the month.

CALL VOLUME MONTHLY REPORT:
November 2011- November 2012



SoonerCare Atypical Rx Program Update

Oklahoma Health Care Authority
December 2012

Physician Response to Second Mailing: Poly-Pharmacy and Diagnosis Consistent with Use of Antipsychotics

A total of 655 prescribers were listed on paid pharmacy claims for atypical antipsychotics between June 1, 2012 and August 31, 2012. A total of 6,572 members were reviewed for potential problems due to a lack of a strongly indicated diagnosis or poly-pharmacy. Poly-pharmacy was defined as having two or more concurrent atypical antipsychotics. Strongly indicated diagnoses included: schizophrenia, bipolar disorders, severe depression with or without psychotic features, delusional disorders, other nonorganic psychoses, obsessive-compulsive disorders, and autistic disorder.

There were 5,091 members flagged as having poly-pharmacy or a weak or missing diagnosis. Packets were mailed to 200 prescribers in September of 2012. The packets included information regarding the 982 individual members flagged and an optional individual member response page which allows the prescriber to provide feedback. Because some prescribers had multiple members, the maximum number of members included in a single packet was 10 in order to keep the volume manageable for the individual prescriber. We received responses for 300 members.

Summary of Mailing

Letters/Physicians	
Total Letters Mailed	200
Total Poly-Pharmacy/Diagnosis Letters	46
Total Poly-Pharmacy Only Letters	2
Total Diagnosis Only Letters	152
Members	
Total Members Included	982
Total Diagnosis Members Included	956
Total Poly-Pharmacy Members Included	75
Total Responses Received	300

Member Response Summary

Q#	Response	Total
Q1	Not my patient.	9
Q2	No longer my patient.	11
Q3	Medication has been changed prior to date of review letter.	7
Q4	I was unaware of this situation and will consider making appropriate changes in therapy.	3
Q5	I am aware of this situation and will plan to continue monitoring this therapy.	177
Q6	I am continuing this medication from an original psychiatric prescription.	124
Q7	Other, comments.	153

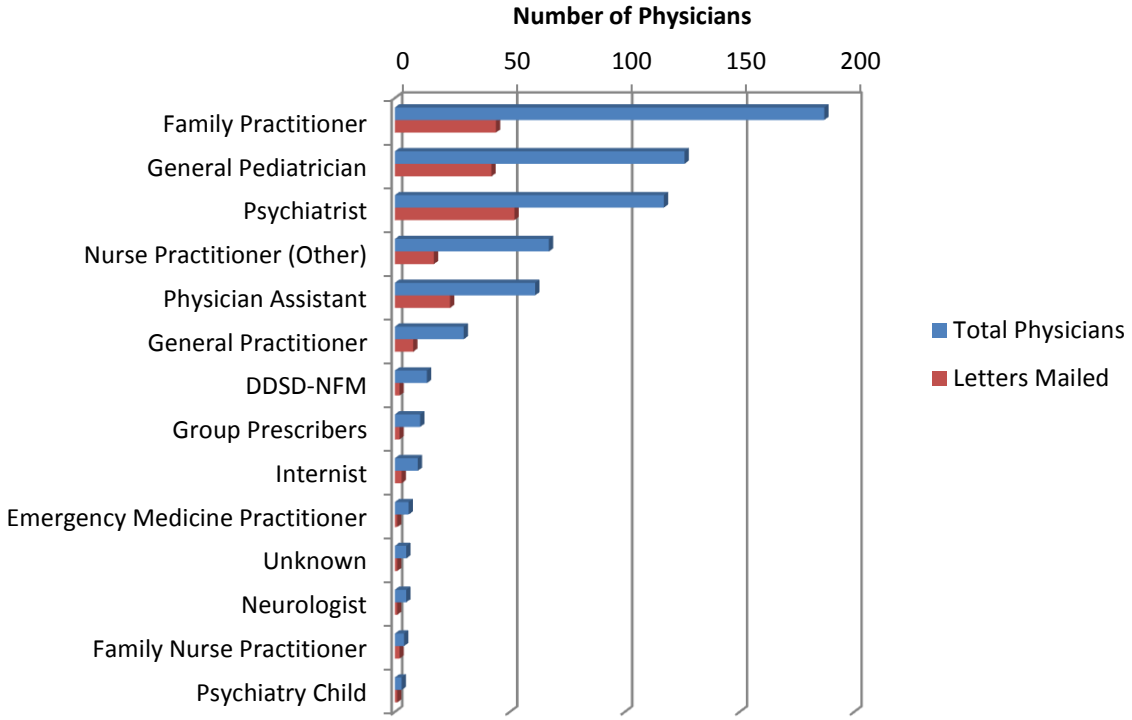
Summary of Additional Comments Provided

Comment Category	Total
Additional Diagnosis (Top 5 Below*)	79
Mood Disorder	28
ADHD	23
Bipolar**	17
Autism**	15
Aggression	13
Dose Adjustment	13
Patient Stable	9
Referred to Doctor	7
Discontinued Medication	6
Recent Clinic/Hospital	6
Doctor No Longer Seeing Patient	5
Psychologist/Counseling	2
Add-On Therapy	2

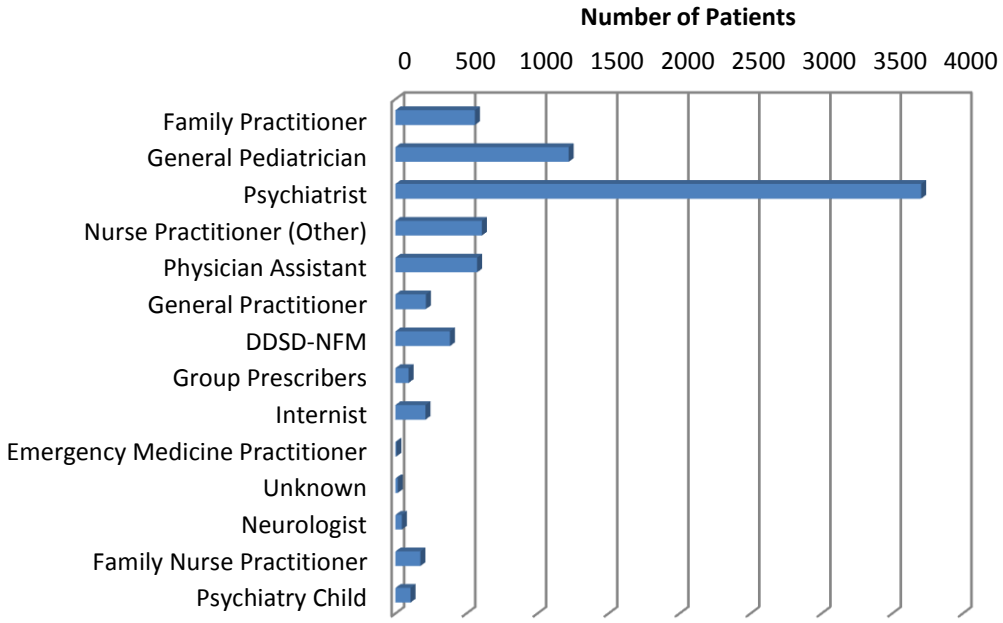
*Members can be included in multiple diagnosis categories.

**Included in the analysis as a strong indication however ICD-9 codes were not found in member's history.

Total Physicians versus Letters Mailed by Prescriber Specialty



Total Patients Reviewed by Prescriber Specialty



Next Mailing – December 2012

The next mailing is planned for December/January and will address adherence in the 5-14 year old age range (see attachment 1). For this project, adherence will be defined as at least an 80% medication possession ration (MPR) for the six month review period (MPR calculation starts the first day of a paid atypical antipsychotic claim during the period). For this age range, 57.3% had an MPR less than 80%, with an average MPR of 64.3%. The mailing will be limited to 200 unique prescribers not included in the first two mailings where possible.

Analysis of First Mailing

A review of the first mailing was performed using claims information from August 1, 2012 through October 31, 2012. It appears that for physicians included in the original data analysis a decrease occurred in the percentage of their members receiving flags for having a high dose or a missing or weak diagnosis. However it cannot be concluded from this analysis that the decrease is solely contributable to the intervention.

High Dose

	Percent of Members with a High Dose
Prior to First Mailing (3/1/12 – 5/31/12)	10.5
Secondary Review Period (8/1/12 – 10/31/12)	5.1

Diagnosis

	Percent of Members without a Strong Diagnosis
Prior to First Mailing (3/1/12 – 5/31/12)	74.4
Secondary Review Period (8/1/12 – 10/31/12)	63.4
Prescribers Who Received a Letter in First Mailing	
Prior to First Mailing (3/1/12 – 5/31/12)	80.6
Secondary Review Period (8/1/12 – 10/31/12)	60.8
Prescribers Who Did Not Receive a Letter in the First Mailing	
Prior to First Mailing (3/1/12 – 5/31/12)	73.6
Secondary Review Period (8/1/12 – 10/31/12)	65.6

Attachment 1: Adherence Insert for December/January Mailing

Medication Compliance and Adherence

Medication adherence is an essential condition for positive therapeutic outcomes. Non adherence may lead to false medication failure, relapse in symptoms, and increased health-care costs. These strategies may be utilized to increase compliance with children and adolescents:

Promote Positive Outcomes

Research shows positive correlation between patients' feelings and adherence. Patients must believe in positive outcomes of the therapy and must be promoted at every opportunity.[1]

Weight Gain

A good patient-physician relationship that addresses weight gain and its social stigma will minimize the impact on non-adherence. [1]

Prior Substance Abuse

Patients with a history of illicit drug use may choose to substitute it for the prescribed therapy.[2] Intervention with substance abuse is warranted to increase compliance.[2]

Formulation of Medication

For patients who have difficulty swallowing tablets or capsules, switching to medications with dispersible or liquid formulation may improve adherence. [3]

1. Yazdi K., Unterlass G., et al. Factors Influencing Adherence in Children and Adolescents Treated with Antipsychotics or Antidepressants. *Primary Care Companion Journal of Clinical Psychiatry* 2008. 10(2): p. 160-161.
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Appendix C

Vote to Prior Authorize Rayos® (Prednisone, Delayed Release)

Oklahoma Health Care Authority
December 2012

Recommendations

The College of Pharmacy recommends the prior authorization of Rayos® (prednisone, delayed release).

Approval Criteria:
Approval requires a patient specific, clinically significant reason why the member cannot use immediate release corticosteroid products.

Appendix D

Vote to Prior Authorize Relistor® (Methylnaltrexone Bromide)

Oklahoma Health Care Authority
December 2012

Recommendations

The College of Pharmacy recommends prior authorization of Relistor® (methylnaltrexone bromide), with the following criteria:

1. FDA approved indication for the treatment of opioid-induced constipation in patients with severe terminal disease who are receiving only palliative care (life expectancy less than 6 months), and
2. Current use of opioid medications, and
3. Documented treatment attempts with a minimum of three alternate products, excluding bulk forming laxatives, and
4. Mechanical gastrointestinal obstruction has been ruled out.
5. 12 mg single-use vials, syringes or kits will be the preferred products. Criteria for consideration of 8 mg single-use syringes:
    a. Weight range of 38-62 kg, and/or
    b. Caregiver unable to draw up dose from vial.
6. Quantity limit of 30 units per month.

Appendix E

Drug Utilization Review of
Chronic Obstructive Pulmonary Disease Medications

Oklahoma HealthCare Authority
December 2012

Introduction[1,2]

Disease:
Chronic Obstructive Pulmonary Disease (COPD) is a disease of the lungs that can present as chronic bronchitis and/or emphysema. Inflammation is common, persistent and progressive. Smoking is still the leading cause of COPD and accounts for up to 90% of all cases. Breathable toxins produced by industrial processes can also cause COPD. However, environmental toxins are overshadowed by tobacco smoking as the cause of COPD.

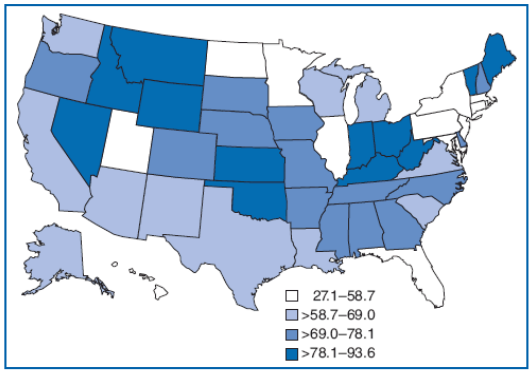
Pathophysiology:
An inflammatory response is activated by inhaled substances in the environment such as cigarette smoke, dust, and industrial chemicals. Because inflammation is the primary cause for disease symptoms, it is the target for most medications used to treat COPD. Tumor necrosis factor-α, interleukin-8 and leukotriene-B4 are released from inflammatory cells and destroy surrounding tissues. The resulting damage to the airways constricts airflow.

Presentation:
COPD slowly progresses with repeated exposure. Signs of COPD are fatigue and increased occurrence of respiratory infections. Common symptoms may include cough, wheeze, dyspnea, and increased mucus production. Diagnosing COPD involves assessing symptoms, spirometry, risk and comorbidities. Spirometry measures the forced expiratory volume (FEV) from the lungs. FEV values are used to classify disease severity and risk of exacerbation, which form the basis for treatment decisions.

Demographics[3]:
COPD more often affects Caucasians over 40 years of age. Statistics from the CDC show that death rates from 2006 were at 46.4 per 100,000 for men verses 34.2 per 100,000 for women. Oklahoma ranks in the top 13 states for death from COPD. According to the 2011 State of the State's Health Report from the Oklahoma State Department of Health 25.5% of the population are smokers compared to the United States at 17.9%. The third leading cause of death in Oklahoma and nationwide is Chronic Lower Respiratory Disease. In this state 98% of all these deaths are related to COPD.

Nationwide Statistics compared to Oklahoma[4]

FIGURE 2. Rate* of death with chronic obstructive pulmonary disease as the underlying cause, among adults aged ≥25 years, by quartile — National Vital Statistics System, 2005



* Per 100,000 population, age standardized to the 2000 U.S. standard population aged ≥25 years.

Treatment[5, 6]

Global Initiative for Chronic Obstructive Lung Disease (GOLD)[5] is a collective group of scientists who partner with National Heart, Lung, and Blood Institute; National Institutes of Health USA; and the World Health Organization. GOLD was created in 1997 and their expert panel includes: epidemiologists, public health officials, pulmonologists, and other respiratory specialists. GOLD's goal is to create awareness, educate, and improve COPD treatment. GOLD is widely accepted and the evidence-based guidelines initiated in 2001 have been adopted around the world. GOLD revised the COPD guidelines in 2011. The transition from assessing only spirometry values to investigating the patient as a whole was one of the major reasons for the revision. Treatment decisions are based on disease severity and risk of exacerbation.

		Disease Severity			
		A: low risk, less symptoms	B: low risk, more symptoms	C: high risk, less symptoms	D: high risk, more symptoms
Treatment Options	First line	SAMA or SABA	LAMA or LABA	ICS+LABA **OR** LAMA	ICS+LABA **OR** LAMA
	Second line	LAMA or LABA **OR** SAMA+SABA	LAMA+LABA	LAMA+LABA	ICS+LABA + LAMA **OR** ICS+LABA + PDE-4 **OR** LAMA + LABA **OR** LAMA + PDE-4
	Alternative	Theophylline	Theophylline **OR** SABA/SAMA	Theophylline **OR** SABA/SAMA **OR** PDE-4	Theophylline **OR** SABA/SAMA

SAMA = short acting muscarinic antagonist, SABA = short acting beta-agonist, ICS = inhaled corticosteroid
PDE-4 = phosphodiesterase-4 inhibitor, LAMA = Long acting muscarinic antagonist, LABA = Long acting beta agonist

Available Long Acting COPD Medications

	Generic	Trade	Indication	Dosage	Regimen
LAMA	**Tiotropium**	Spiriva®	COPD	Capsule for oral inhalation: 18mcg (Handihaler device)	2 inhalations QD (1 capsule)
	Aclidinium	Tudorza®	COPD	Dry Powder Inhaler: 400 mcg/actuation	1 inhalation BID
LABA	**Salmeterol**	Serevent®	Asthma EIB COPD	Dry Powder Inhaler: 50 mcg (Diskus Device)	Asthma: 1 inhalation BID EIB: 1 inhalation 30 min. prior COPD: 1 inhalation BID
	Formoterol	Foradil®	Asthma EIB COPD	Capsule for oral inhalation: 12 mcg (Aerolizer inhaler)	Asthma: Inhale 1 cap Q12H EIB: Inhale 1 cap 15 min. prior COPD: Inhale of 1 cap Q12H
	Formoterol	Perforomist®	COPD	Inhalation Solution: 20mcg/2ml vial (nebulization)	1 vial Q12H
	Arformoterol	Brovana ®	COPD	Inhalation Solution: 15mcg/2ml vial (nebulization)	1 vial Q12H
	Indacaterol	Arcapta®	COPD	Capsules for oral inhalation: 75 mcg (Neohaler inhaler)	Inhale 1 cap QD

COPD = Chronic Obstructive Pulmonary Disease, EIB = Exercise Induced Bronchospasm

Clinical Comparison

Comparison of Efficacy

- Differences in peak inspiratory capacity between indacaterol 150mcg and tiotropium 18mcg were statistically insignificant.[8]
- Formoterol 9mcg verses salmeterol 50mcg single dose study showed no significant improvement when compared but both were significantly higher than placebo.[10]
- Transition Dyspnea Index showed similar response for indacaterol 150mcg and formoterol.[13]

Comparison of Safety

- According to the FDA, there were increased cardiovascular and cerebrovascular adverse events with indacaterol compared to placebo and formoterol.[7]
- Aclidinium is reported to have similar adverse events to placebo but higher than tiotropium.[7]
- Tiotropium compared to LABAs as a group has fewer reported serious adverse effects and lower dropout rates.[11]
- Tiotropium has been shown to have lower incidence rates of cardiovascular events and mortality compared to placebo.[12]

Utilization Trends among SoonerCare Members with COPD Diagnosis

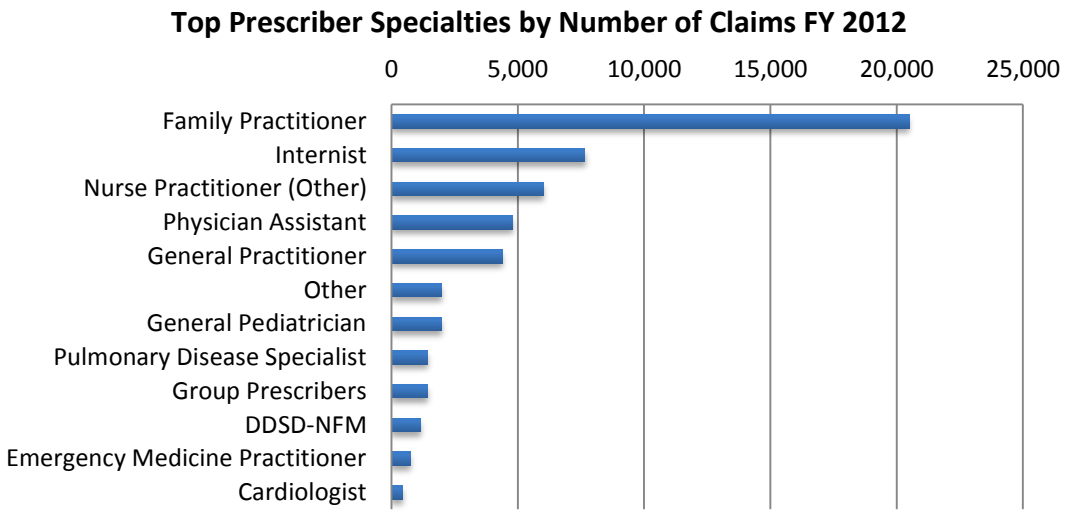
Fiscal Year Comparison of All COPD Medication Utilization

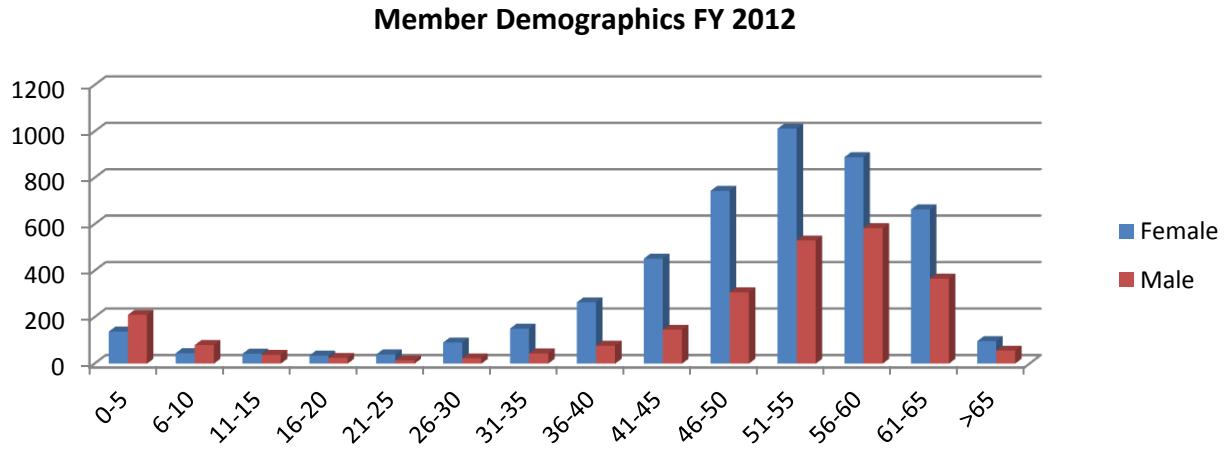
Fiscal Year	Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2011	7,291	51,683	$6,286,226	$121.63	$4.54	3,518,977	1,385,703
2012	7,165	53,364	$7,394,968	$138.58	$5.14	3,500,891	1,439,668
% Change	**-1.7%**	**3.3%**	**17.6%**	**13.9%**	**13.2%**	**-0.5%**	**3.9%**
Change	**-126**	**1,681**	**$1,108,742**	**$16.95**	**$0.60**	**-18,086**	**53,965**

Utilization by Categories for Fiscal Year 2012

Drug Class	Claims	Members	Days	Cost	% Cost	Cost /Day	Claims/Member
SAMA	1,552	522	38,862	$124,997.31	1.70%	$3.22	2.97
LAMA	7,622	1,690	230,041	$1,880,215.04	25.43%	$8.17	4.51
SABA	24,156	5,875	576,358	$1,188,077.70	16.07%	$2.06	4.11
LABA	354	113	10,770	$73,309.15	0.99%	$6.81	3.13
ICS	4,059	1,540	125,900	$809,030.73	10.94%	$6.43	2.64
Dual therapy	15,621	3,096	457,737	$3,319,338.51	44.87%	$7.25	5.05
Total	53,364	7,165*	1,439,668	$7,394,968.44	100%	$5.14	3.74

*Total number of unduplicated members.





Long Acting Anticholinergics & Beta2 Agonists

LAMA Fiscal Year Comparison (Spiriva®)

Fiscal Year	Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2011	1,615	6,822	$1,404,375	$205.86	$6.83	205,423	205,569
2012	1,690	7,622	$1,880,215	$246.68	$8.17	229,733	230,041
% Change	4.64%	11.73%	33.88%	19.83%	19.62%	11.83%	11.90%
Change	75	800	$475,840	$40.82	$1.34	24,310	24,472

LABA Fiscal Year Comparison (Serevent®, Foradil®, Perforomist® and Brovana®)

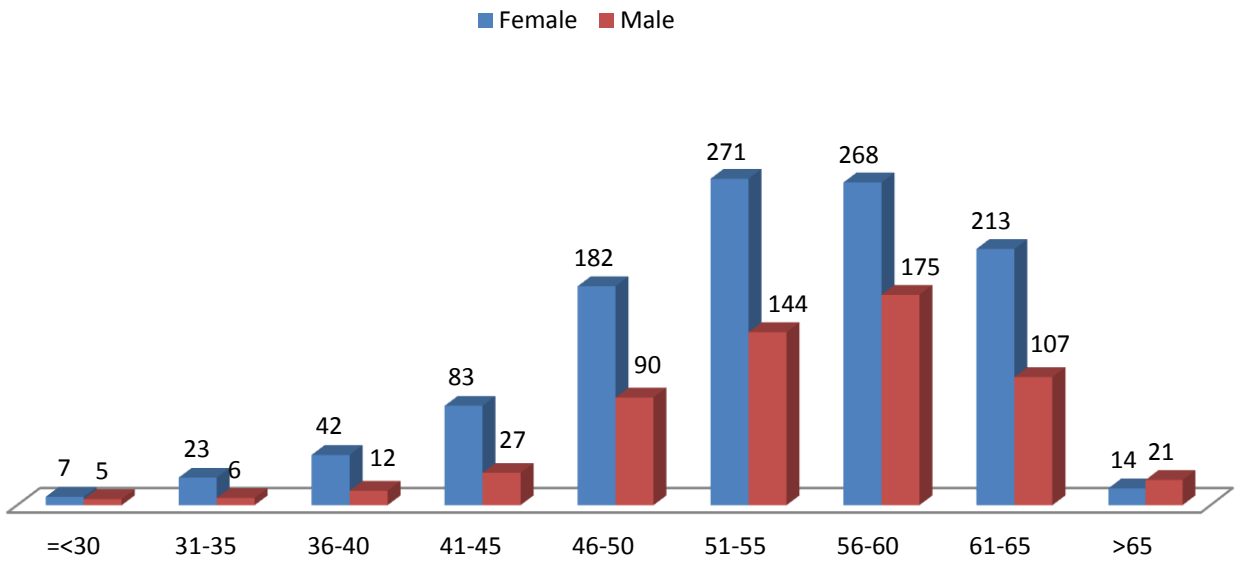
Fiscal Year	Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2011	138	441	$82,677	$187.48	$6.06	30,180	13,635
2012	113	354	$73,309	$207.09	$6.81	24,090	10,770
% Change	-18.12%	-19.73%	-11.33%	10.46%	12.26%	-20.18%	-21.01%
Change	-25	-87	-$9,367.85	$19.61	$0.74	-6,090	-2,865

Utilization Details

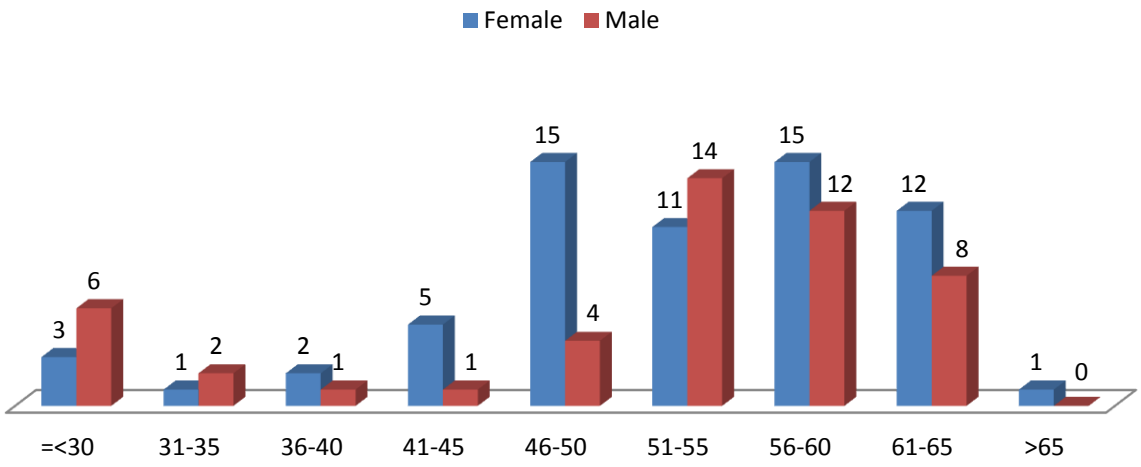
Brand Name	Claims	Members	Cost	Units/ Day	Claims/ Members	Cost/ Day	% Cost
Spiriva® 18mcg Handihaler	7,622	1,690	$1,880,215.04	1.00	4.51	8.17	96.25%
Serevent® 50mcg	164	61	$29,359.00	0.20	2.69	5.93	1.50%
Foradil® 12mcg Aerolizer	129	30	$21,768.82	1.98	4.30	5.58	1.11%
Perforomist® 20mcg Neb	18	10	$7,083.36	3.94	1.80	13.49	0.36%
Brovana® 15mcg Neb	43	14	$15,097.97	3.14	3.07	10.82	0.77%
Total	7,976	1,765*	$1,953,524.19	2.05	3.27	8.80	100.00%

*Total number of unduplicated members.

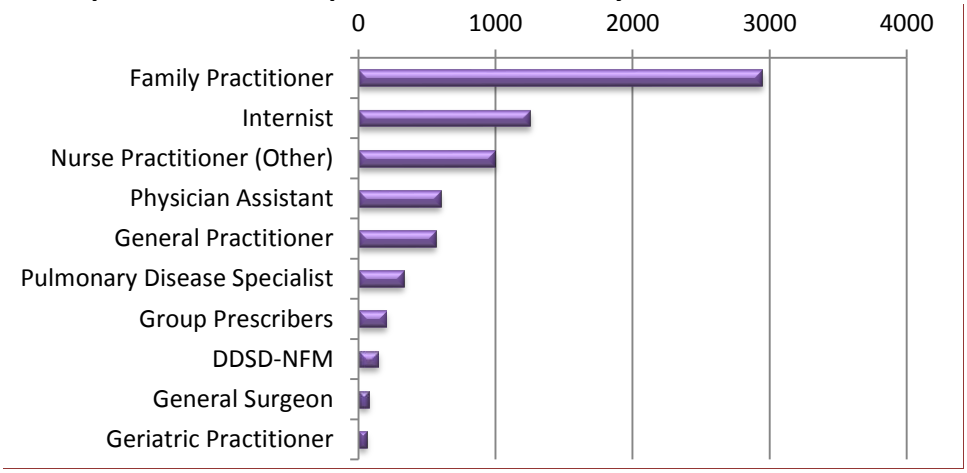
LAMA Member Demographics



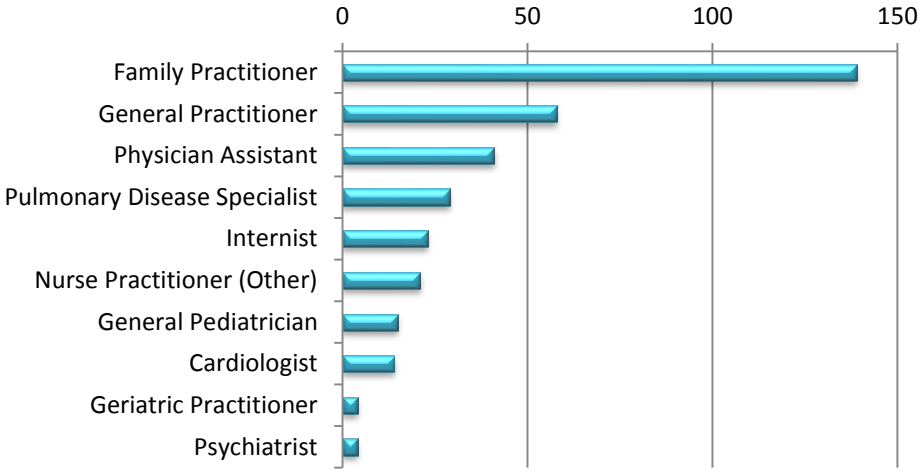
LABA Member Demographics



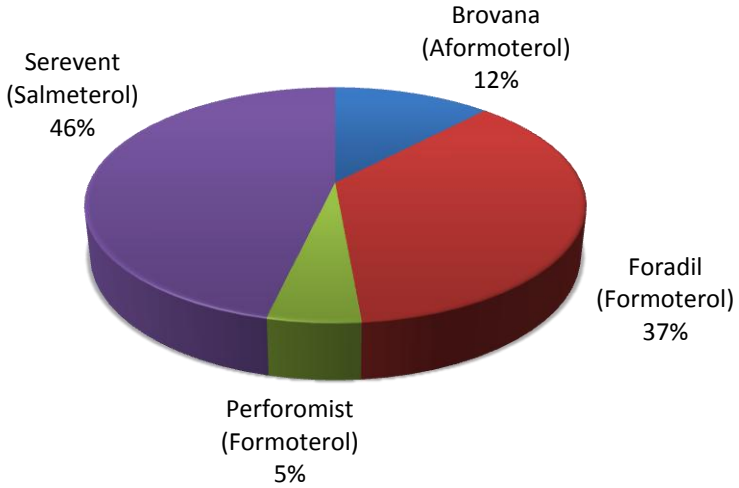
Top Ten Prescriber Specialties for LAMA by Total Claims FY 2012

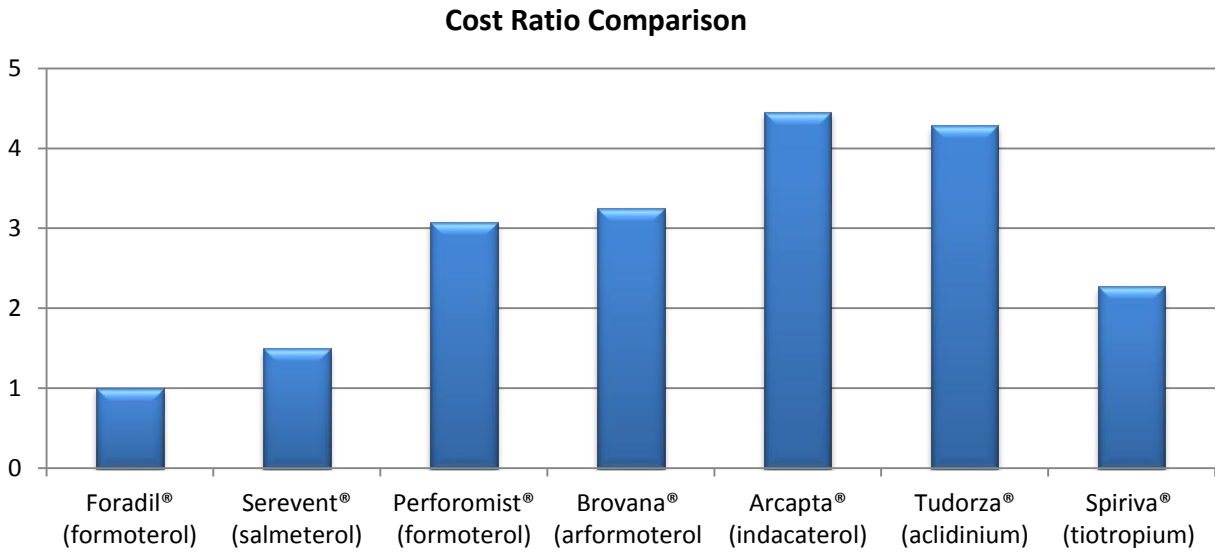


Top Ten Prescriber Specialties for LABA by Total Claims FY 2012



LABA Utilization by Total Claims FY 2012





Recommendations

The College of Pharmacy recommends establishing a Product Based Prior Authorization category for long acting bronchodilator medications to ensure appropriate and cost-effective utilization in accordance with current treatment guidelines. The following Tier 1 drug list has been determined to be acceptable 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 Health Care Authority.

Tier-2 Approval Criteria:

1. The member must be age 18 or older, and
2. A diagnosis of COPD, chronic bronchitis, or emphysema, and
3. A 4 week trial of at least one LABA and a four week trial of one LAMA within the past 90 days, or
4. A documented adverse effect, drug interaction, or contraindication to all available Tier-1 products.
5. A clinical exception will be made for members who are unable to effectively use hand-actuated devices or who are stable on nebulized therapy

Tier 1	Tier 2
Long Acting Beta$_2$ Agonists	
Serevent® (Salmeterol inhalation powder) Foradil® (formoterol aerosolized powder)	Perforomist® (formoterol nebulizer solution) Brovana® (arformoterol nebulizer solution) Arcapta® (indacaterol inhalation powder)
Long Acting Anticholinergics	
Spiriva® (tiotropium inhalation powder)	Tudorza® (aclidinium inhalation powder)

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Appendix F

Fiscal Year 2012 Annual Review of Amitiza® (Lubiprostone) and 30 Day Notice to Prior Authorize Linzess™ (Linaclotide)

Oklahoma Health Care Authority
December 2012

Current Prior Authorization of Amitiza®

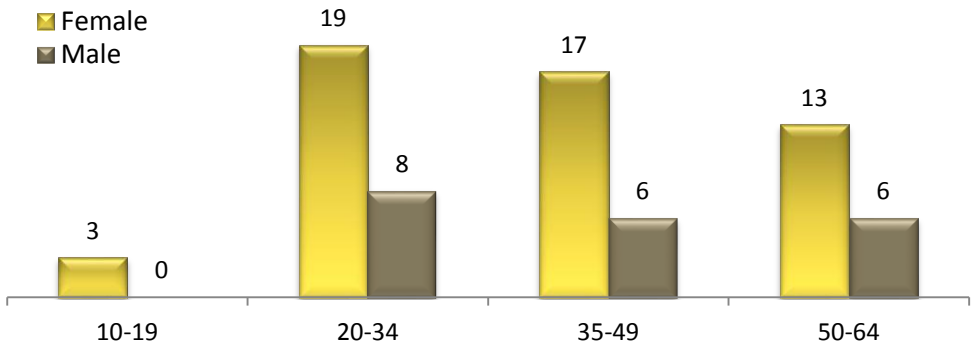
1. Chronic Idiopathic Constipation in males and females 18 years of age and older who meet the following criteria, or IBS-Constipation predominant in females 18 years of age or older:
    a. Have documentation that constipation-causing therapies for other disease states have been discontinued (excluding opioid pain medications for cancer patients).
    b. Documented and updated Colon Screening. (>50 years of age)
2. Hydration and treatment attempts with a minimum of three alternate products must be documented.
3. Initial approval for 12 weeks of therapy. An additional year approval may be granted if physician documents member is responding well to treatment.
4. Quantity limit of 100 units for a 50 day supply applies.

Utilization of Amitiza®

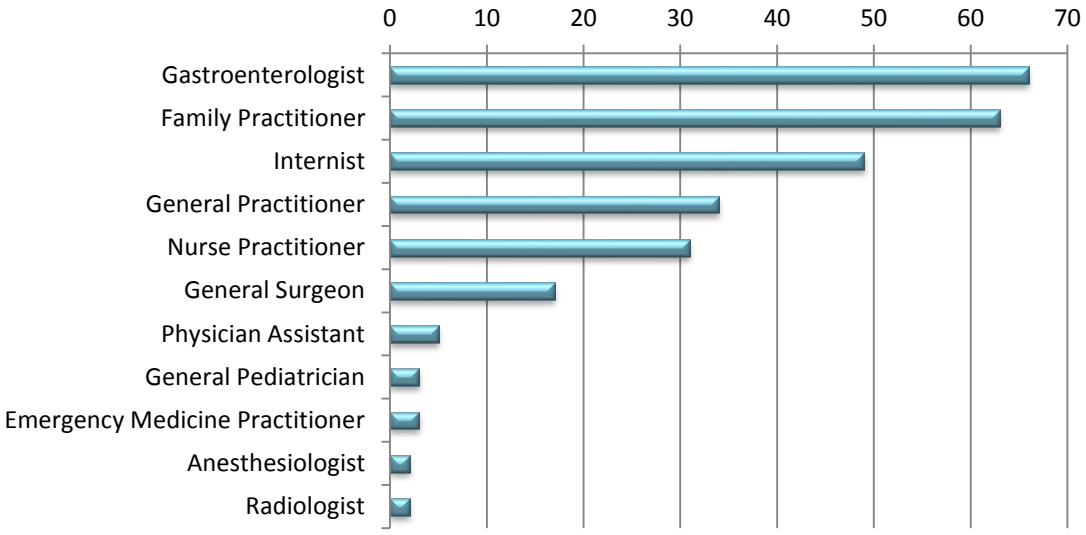
Comparison of Fiscal Year Utilization

Fiscal Year	Members	Claims	Paid	Paid/Claim	Perdiem	Units	Days
2011	68	238	$50,945.97	$214.06	$7.17	13,528	7,109
2012	72	276	$60,462.79	$219.07	$7.32	15,327	8,256
% Change	**5.90%**	**16.00%**	**18.70%**	**2.30%**	**2.10%**	**13.30%**	**16.10%**
Change	**4**	**38**	**$9,516.82**	**$5.01**	**$0.15**	**1,799**	**1,147**

Demographics of Members Utilizing Amitiza® for FY 2012



Prescribers of Amitiza® for FY 2012



Utilization Details: FY 2012

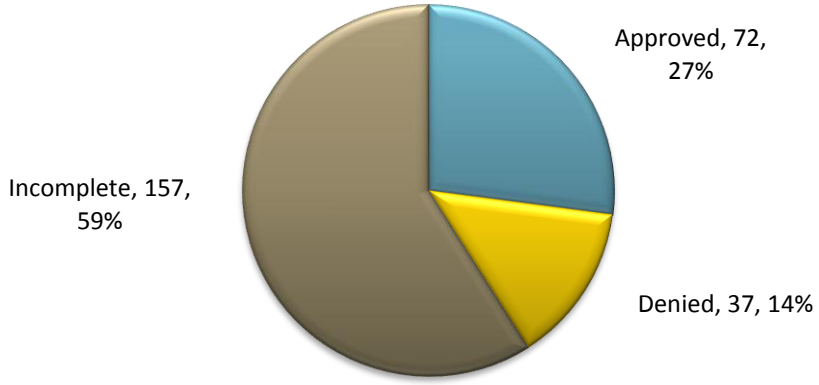
Medication	Claims	Units	Days	Members	Paid	Units/ Day	Claims/ Member	Cost/ Day
AMITIZA CAP 24MCG	216	11,787	6,486	52	$46,542.06	1.82	4.15	$7.18
AMITIZA CAP 8MCG	60	3,540	1,770	20	$13,920.73	2	3	$7.86
Totals	**276**	**15,327**	**8,256**	**72***	**$60,462.79**	**1.86**	**3.83**	**$7.32**

***Total Number of Unduplicated Members**

Prior Authorization of Amitiza®

There were a total of 266 petitions submitted for this medication during fiscal year 2012. The following shows the status of the submitted petitions.

Status of Petitions for Amitiza®: FY 2012



Market News and Update

Amitiza® (lubiprostone) – anticipated patent expiration July 2014.

Linzess™ (linaclotide) - was approved by the FDA during 2012 and is indicated for the treatment of irritable bowel syndrome (IBS) with constipation and chronic idiopathic constipation. Linzess™ is a guanylate cyclase-C agonist that binds and activates the guanylate cyclase-C of the luminal surface. This in turn increases intracellular and extracellular levels of cyclic guanosine monophosphate (cGMP). Elevated intracellular cGMP stimulates the secretion of chloride and bicarbonate into the intestinal lumen, causing an increase in intestinal fluid and faster transit.

The recommended dose of Linzess™ is 290mcg once daily for constipation predominant IBS, and 145mcg once daily for chronic idiopathic constipation. Linzess™ is indicated to be taken orally on an empty stomach at least 30 minutes prior to the first meal of the day. The most common adverse effects are diarrhea, abdominal pain and distension, and flatulence. If diarrhea is severe, Linzess™ should be stopped or temporarily withheld. Linzess™ is contraindicated in children less than 6 years of age and should not be used in pediatric members 6-17 years of age. Linzess™ must be dispensed in its original container, with the desiccant, and should be stored in a dry place with the bottle closed tightly.

The cost of Linzess™ 290mcg and 145mcg capsules are flat-priced at $7.49 per capsule.

Recommendations

The College of Pharmacy recommends the prior authorization of Linzess™ (linaclotide) with the following changes to the criteria:

Amitiza® and Linzess™ Prior Authorization Criteria:

1. Members 18 years of age or older with an FDA approved diagnosis, and
    a. Documentation that constipation-causing therapies for other disease states have been discontinued (excluding opioid pain medications for cancer patients).
    b. Documented and updated Colon Screening for members >50 years of age.[1]
2. Documented trials of at least three different types of products that failed to relieve constipation. Trials must be within the past 90 days. Products may be OTC or prescription.
3. Approval will initially be for 12 weeks of therapy. Further approval may be granted if prescriber documents member is responding well to treatment.
4. Quantity limits of 100 units for a 50 day supply applies for Amitiza® and 100 units for a 100 day supply applies for Linzess™.

[1] Centers for Disease Control and Prevention: Colorectal Cancer Screening Guidelines. Available online at: http://www.cdc.gov/cancer/colorectal/basic_info/screening/guidelines.htm. Page last updated: January 2011

Appendix G

Annual Review of Smoking Cessation Products - Fiscal Year 2012

Oklahoma Health Care Authority
December 2012

Prior Authorization Criteria

Smoking cessation products, including OTC products, are covered without prior authorization for the first 90 days. After 90 days of use in a 365 day period, further use of smoking cessation products requires prior authorization.

Criteria for Approval after the First 90 Days:

1. Member must be enrolled in a smoking cessation behavior modification program and the name of the program must be stated on the petition.
2. Petition will be approved for another 90 days.
3. After the member has had 180 days of treatment in a 365 day period, the member must wait another 180 days before smoking cessation treatment will be covered again.
4. Smoking cessation products do not count against the 6 prescription per month limit. This includes Chantix™ (varenicline) and Zyban® (bupropion)
5. Quantity limits apply.

Utilization of Smoking Cessation Products

Comparison of Fiscal Years

Fiscal Year	Members*	Claims	Cost	Cost/ Claim	Cost/ Day	Units	Days
2011	**5,416**	**8,609**	**$917,546.67**	**$106.58**	**$4.06**	**426,783**	**225,964**
2012	**5,653**	**9,639**	**$1,129,626.87**	**$117.19**	**$4.60**	**489,832**	**245,655**
% Change	**4.37%**	**11.96%**	**23.11%**	**9.95%**	**13.3%**	**14.77%**	**8.71%**
Change	**237**	**1,030**	**$212,080.20**	**$10.61**	**$0.54**	**63,049**	**19,691**

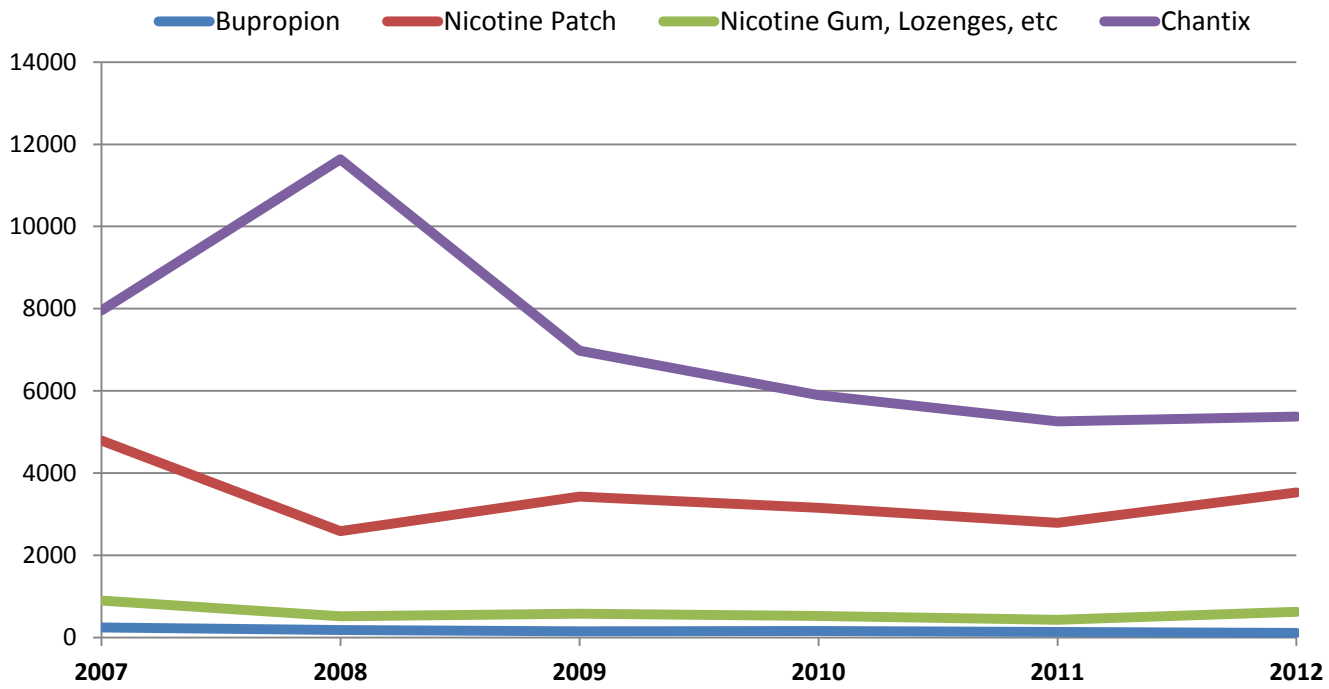
***Total number of unduplicated members.**

Summary of Smoking Cessation Product Categories: FY 2012

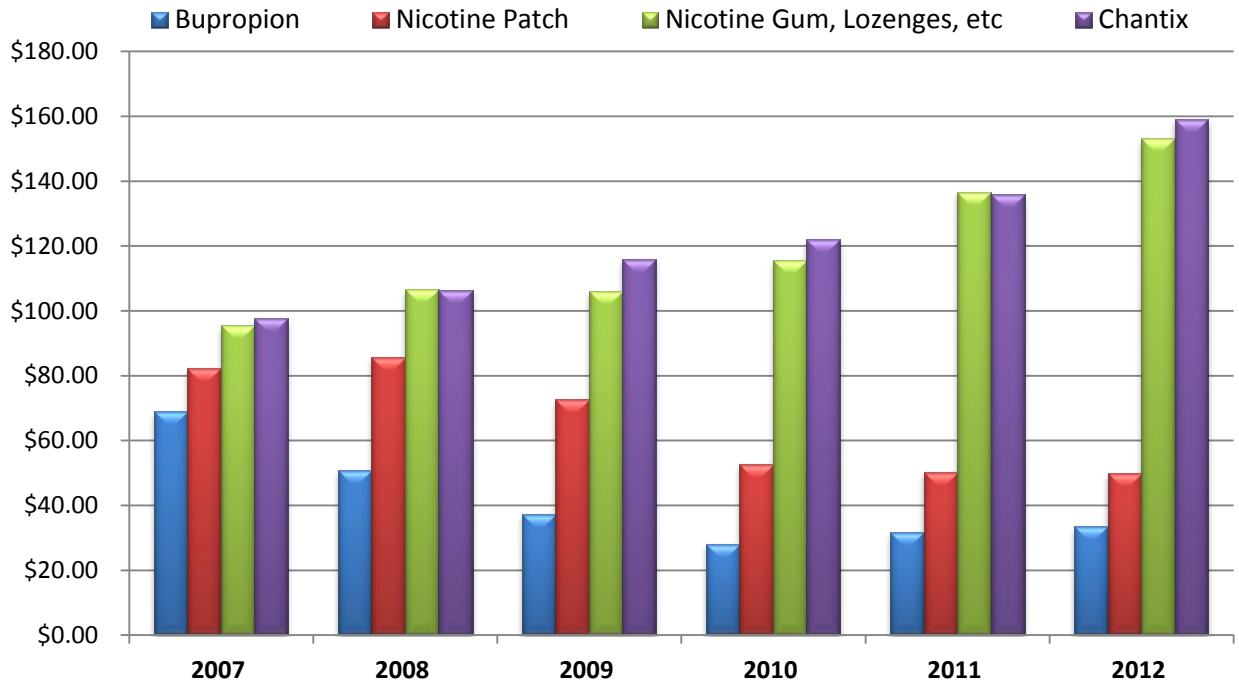
Type of Product	Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Days	% Cost	Avg Days/ Member
Zyban® (bupropion)	78	110	$3,672.26	$33.38	$1.04	3,516	0.32%	45
Nicotine Patches	2,054	3,530	$176,099.18	$49.89	$2.34	75,382	15.59%	37
Nicotine Gum, Lozenges, etc.	435	627	$96,064.09	$153.21	$7.15	13,444	8.47%	31
Chantix™ (varenicline)	3,279	5,372	$853,791.34	$158.93	$5.57	153,313	75.59%	47
Totals	**5,653***	**9,639**	**$1,129,626.87**	**$117.19**	**$4.60**	**245,655**	**100%**	**43**

***Total number of unduplicated members.**

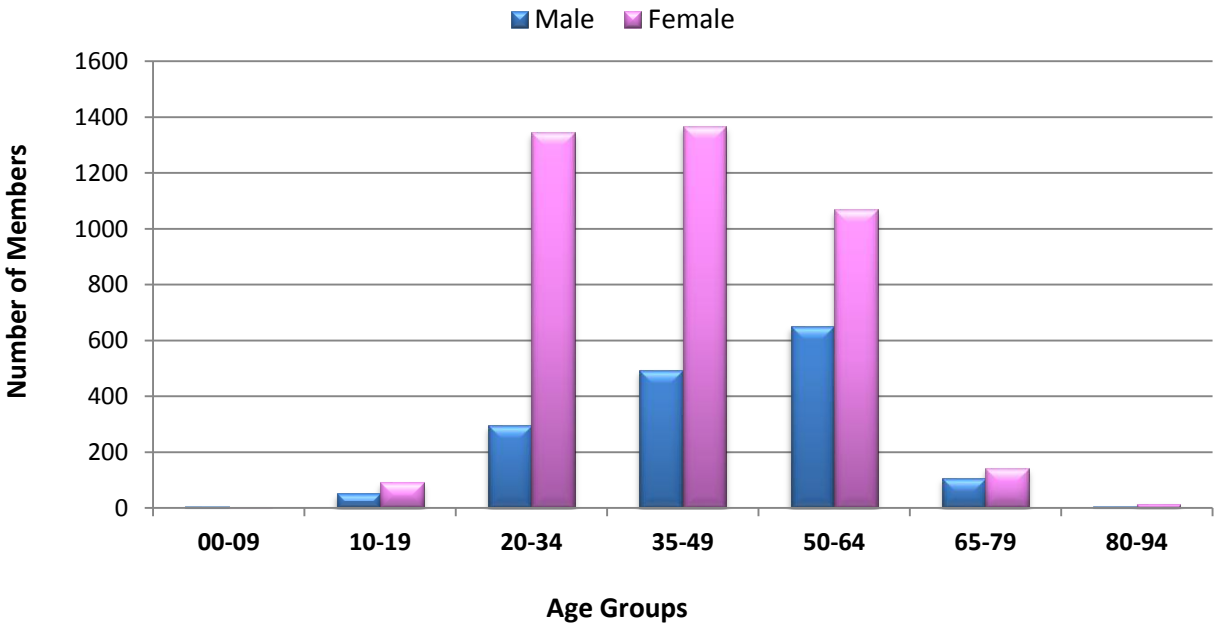
Utilization Trends by Total Number of Claims from FY 2007-2012



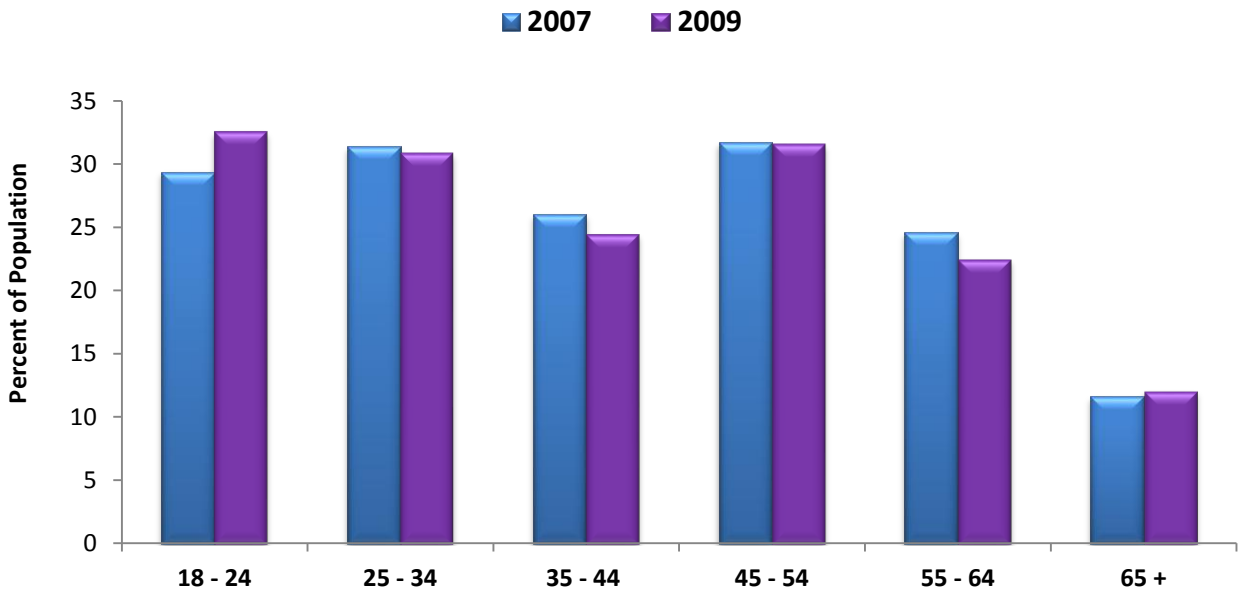
Cost/Claim Trends from FY 2007-2012



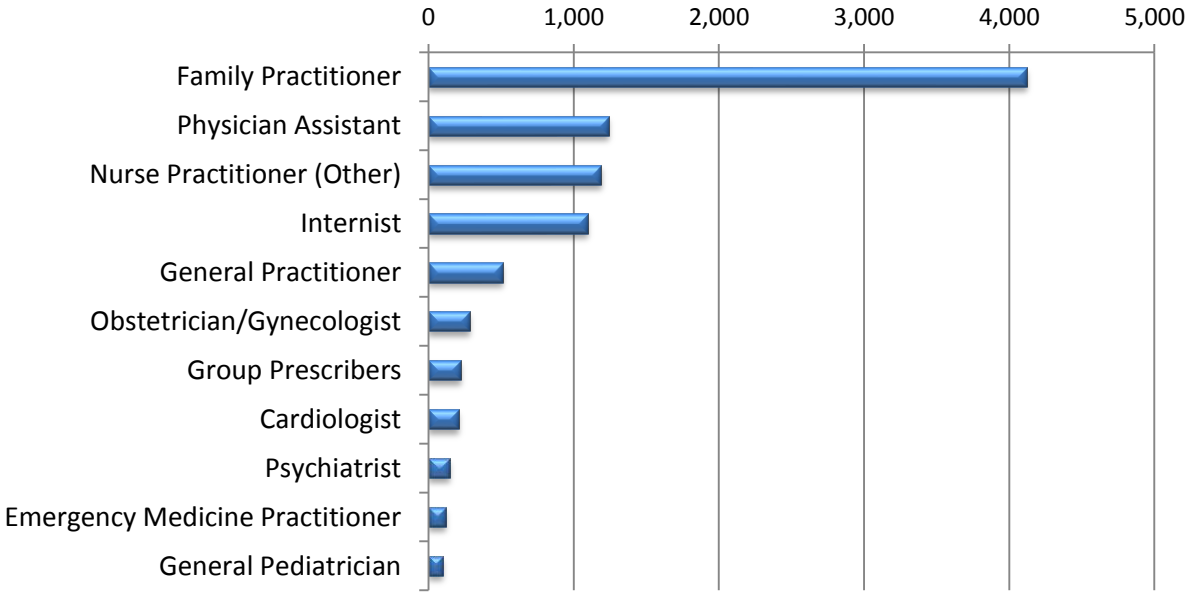
Demographics of Members Utilizing Smoking Cessation Products: FY 2012



Trends in Oklahoma Smoking Prevalence Rates Among Age Groups > 18 Years[1]



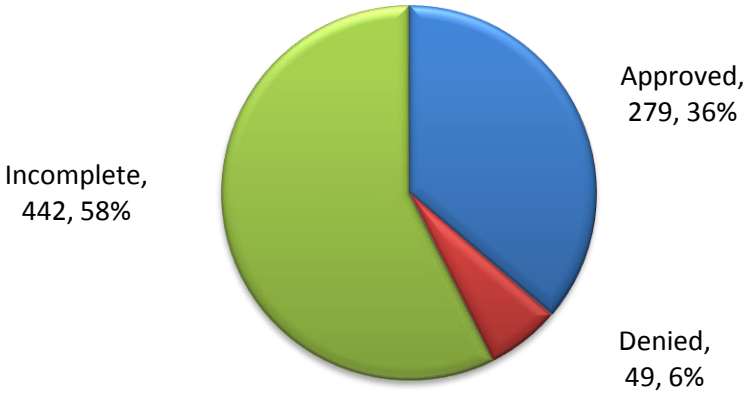
Prescriber Specialties by Number of Claims: FY 2012



Prior Authorization of Smoking Cessation Products

There were a total of 770 petitions submitted for these products during fiscal year 2012. The following chart shows the status of the submitted petitions.

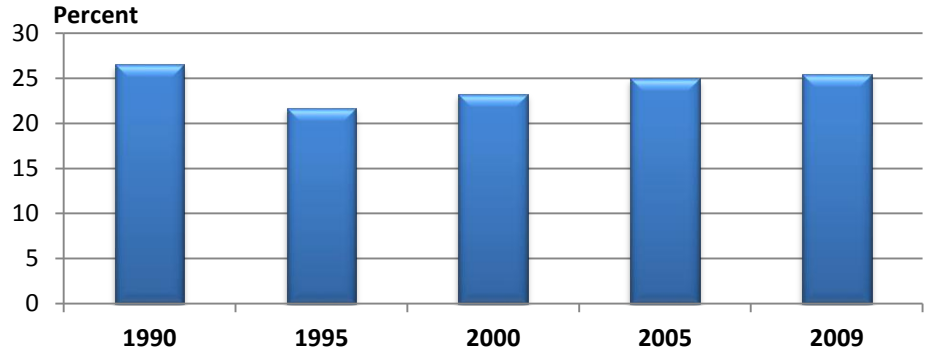
Status of Petitions for Smoking Cessations Products: FY 2012



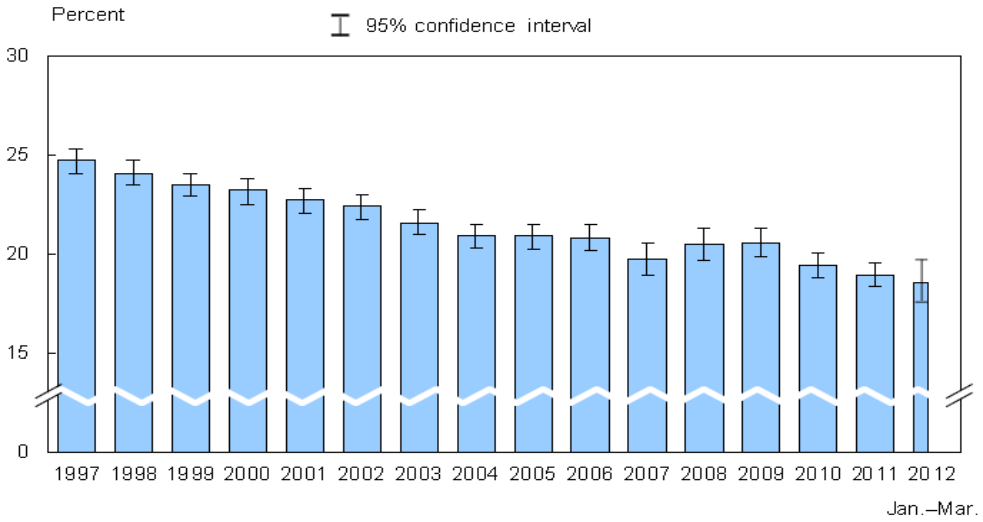
Market News and Update

Chantix™ (varenicline) anticipated patent expiration – May 2020.

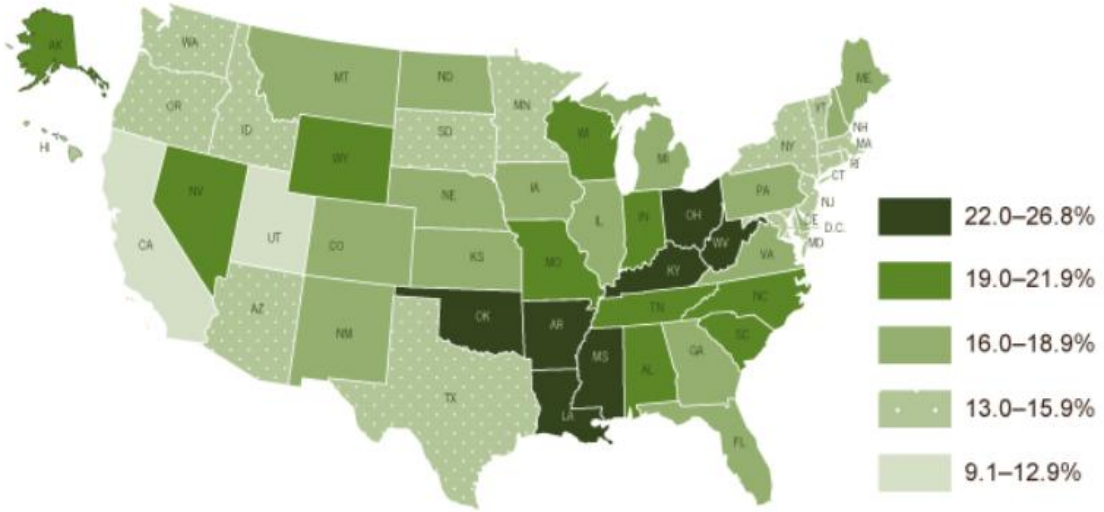
Prevalence of Current Smoking among Adults Aged 18 and Over: State of Oklahoma, 1990 - 2009[2]



Prevalence of Current Smoking among Adults Aged 18 and Over: United States, 1997-March 2012[3]



Adult Smoking Prevalence by State[4]



Oklahoma Smoking Statistics[5]

- Smoking is Oklahoma's leading cause of preventable death. Smoking kills more Oklahomans than alcohol, auto accidents, AIDS, suicides, murders and illegal drugs combined.
- Smoking costs Oklahomans an estimated $2.7 billion in medical expenses and lost productivity each year.
- Smokers miss an average of 50 percent more work days than nonsmokers.
- About 60 percent of adult smokers in Oklahoma made at least one serious attempt to quit within the last year.
- Each year, about 5,400 Oklahoma children become new daily smokers.
- Each year, about $213 million is spent by tobacco companies to promote their products to Oklahomans.

Conclusion and Recommendations

The College of Pharmacy recommends removal of the prior authorization requirement for Zyban® (bupropion) and nicotine patches. Member may utilize both products up to 180 days each within a 365 day period. Previous criteria for Chantix™ (varenicline) and other formulations of nicotine replacement products still apply.

Utilization Details of Smoking Cessation Products: Fiscal Year 2012

GENERIC NAME	BRAND NAME	CLAIMS	MEMBERS	DAYS	COST	UNITS/ DAY	CLAIMS / MEM	COST/ DAY
Bupropion	BUPROPION TAB 150MG	85	55	2,746	$2,848.62	1.76	1.55	$1.04
Bupropion	BUPROBAN TAB 150MG	25	23	770	$823.64	1.87	1.09	$1.07
	Subtotal	**110**	**78**	**3,516**	**$3,672.26**	**1.79**	**1.41**	**$1.04**
Nicotine Patch	NICOTINE SYS KIT TRANSDER	1	1	56	$90.59	1	1	$1.62
Nicotine Patch	NICOTINE DIS 7MG/24HR	240	182	3,995	$8,758.00	1.01	1.32	$2.19
Nicotine Patch	NICODERM CQ DIS 7MG/24HR	103	77	1,628	$5,285.32	1.01	1.34	$3.25
Nicotine Patch	SM NICOTINE DIS 7MG/24HR	44	43	816	$1,599.91	1.02	1.02	$1.96
Nicotine Patch	NICOTINE TD DIS 7MG/24HR	14	14	289	$649.84	1.02	1	$2.25
Nicotine Patch	NICOTINE PATCH 7MG/24	2	2	28	$55.82	1	1	$1.99
Nicotine Patch	NICOTINE DIS 14MG/24H	615	479	12,208	$25,535.81	1.01	1.28	$2.09
Nicotine Patch	NICODERM CQ DIS 14MG/24H	315	211	5,905	$19,033.58	1.01	1.49	$3.22
Nicotine Patch	SM NICOTINE DIS 14MG/24H	119	108	3,278	$6,238.40	1	1.1	$1.90
Nicotine Patch	NICOTINE TD DIS 14MG/24H	51	44	1,227	$2,852.41	1.01	1.16	$2.32
Nicotine Patch	NICOTINE DIS 21MG/24H	1,276	935	29,297	$58,904.15	1	1.36	$2.01
Nicotine Patch	NICODERM CQ DIS 21MG/24H	454	291	9,071	$29,899.39	1.03	1.56	$3.30
Nicotine Patch	SM NICOTINE DIS 21MG	169	137	4,151	$9,895.50	1	1.23	$2.38
Nicotine Patch	NICOTINE TD DIS 21MG/24H	126	105	3,391	$7,221.08	0.98	1.2	$2.13
Nicotine Patch	NICOTINE PATCH 21MG/24HR	1	1	42	$79.38	1	1	$1.89
	Subtotal	**3,530**	**2,054**	**75,382**	**$176,099.18**	**1.00**	**1.72**	**$2.34**
Nicotine Gum	SM NICOTINE GUM 2MG	18	9	215	$1,212.61	13.02	2	$5.64
Nicotine Gum	NICOTINE POL GUM 2MG MINT	13	9	187	$634.54	8.72	1.44	$3.39
Nicotine Gum	NICORETTE GUM 2MG ORIG	13	9	183	$785.76	12.08	1.44	$4.29
Nicotine Gum	NICORETTE GUM 2MGFRUIT	11	6	118	$498.72	9.32	1.83	$4.23
Nicotine Gum	SM NICOTINE GUM 2MG MINT	9	6	167	$1,060.39	19.95	1.5	$6.35
Nicotine Gum	NICORETTE GUM 2MG MINT	8	5	150	$357.54	5.47	1.6	$2.38
Nicotine Gum	NICORETTE ST GUM 2MG MINT	7	4	148	$481.13	7.64	1.75	$3.25
Nicotine Gum	GNP NICOTINE GUM 2MG MINT	5	4	131	$319.63	8.78	1.25	$2.44
Nicotine Gum	NICOTINE POL GUM 2MG ORIG	4	4	63	$208.31	13.94	1	$3.31
Nicotine Gum	NICOTINE POL GUM 2MG STRT	4	4	104	$169.81	6.36	1	$1.63
Nicotine Gum	NICORETTE GUM 2MG CINN	3	1	90	$135.36	3.33	3	$1.50
Nicotine Gum	NICOTINE GUM 2MG	3	3	45	$84.29	5.78	1	$1.87
Nicotine Gum	GNP NICOTINE GUM 2MG ORIG	2	2	34	$48.74	4.71	1	$1.43
Nicotine Gum	NICOTINE POL GUM 2MG CINN	2	2	50	$259.32	11.6	1	$5.19
Nicotine Gum	NICORETTE ST GUM 2MG ORIG	1	1	5	$45.12	22	1	$9.02
Nicotine Gum	NICOTINE POL GUM 2MG REF	1	1	30	$21.62	1.67	1	$0.72
Nicotine Gum	NICORELIEF GUM 2MG MINT	1	1	20	$50.67	5.5	1	$2.53
Nicotine Gum	NICORELIEF GUM 2MG ORIG	1	1	28	$64.89	11.79	1	$2.32
Nicotine Gum	SM NICOTINE GUM 4MG	45	17	660	$3,968.04	13.12	2.65	$6.01
Nicotine Gum	NICORETTE GUM 4MG MINT	10	5	154	$576.82	8.77	2	$3.75
Nicotine Gum	NICOTINE POL GUM 4MG ORIG	10	8	238	$450.44	5.44	1.25	$1.89
Nicotine Gum	NICOTINE POL GUM 4MG MINT	9	5	252	$483.87	5.55	1.8	$1.92
Nicotine Gum	NICORELIEF GUM 4MG ORIG	9	5	160	$479.96	9.25	1.8	$3.00
Nicotine Gum	SM NICOTINE GUM 4MG MINT	9	7	183	$452.28	7.65	1.29	$2.47
Nicotine Gum	GNP NICOTINE GUM 4MG MINT	9	6	153	$985.31	12.92	1.5	$6.44

GENERIC NAME	BRAND NAME	CLAIMS	MEMBERS	DAYS	COST	UNITS/ DAY	CLAIMS / MEM	COST/ DAY
Nicotine Gum	NICORETTE ST GUM 4MG ORIG	8	6	228	$330.77	3.86	1.33	$1.45
Nicotine Gum	NICORELIEF GUM 4MG MINT	6	4	161	$197.35	4.78	1.5	$1.23
Nicotine Gum	NICORETTE GUM 4MG CINN	5	3	128	$554.61	10.16	1.67	$4.33
Nicotine Gum	NICOTINE POL GUM 4MG STRT	4	2	77	$267.34	10	2	$3.47
Nicotine Gum	NICORETTE GUM 4MG ORIG	3	2	44	$195.61	11.55	1.5	$4.45
Nicotine Gum	GNP NICOTINE GUM 4MG ORIG	3	3	22	$99.62	15.91	1	$4.53
Nicotine Gum	NICORETTE GUM 4MGFRUIT	1	1	10	$45.12	10	1	$4.51
Nicotine Gum	NICOTINE POL GUM 4MG	1	1	30	$66.39	6.67	1	$2.21
Nicotine Lozenge	SM NICOTINE LOZ 2MG MINT	17	9	265	$1,585.75	14.44	1.89	$5.98
Nicotine Lozenge	NICORETTE LOZ 2MG	8	8	160	$578.08	7.71	1	$3.61
Nicotine Lozenge	COMMIT LOZ 2MG	5	4	87	$362.16	9.1	1.25	$4.16
Nicotine Lozenge	NICOTINE LOZ 2MG MINT	3	3	50	$131.19	4.68	1	$2.62
Nicotine Lozenge	NICORETTE LOZ MINI 2MG	2	2	60	$263.68	9.45	1	$4.39
Nicotine Lozenge	NICOTINE POL LOZ 2MG MINT	2	2	40	$124.29	7.2	1	$3.11
Nicotine Lozenge	GNP NICOTINE LOZ 2MG MINT	2	2	39	$123.74	6.15	1	$3.17
Nicotine Lozenge	NICORETTE LOZ 4MG	26	18	405	$1,721.43	8.89	1.44	$4.25
Nicotine Lozenge	SM NICOTINE LOZ 4MG MINT	12	9	260	$932.70	8.58	1.33	$3.59
Nicotine Lozenge	GNP NICOTINE LOZ 4MG MINT	7	1	210	$902.65	9.6	7	$4.30
Nicotine Lozenge	NICOTINE POL LOZ 4MG MINT	5	3	105	$149.76	3.43	1.67	$1.43
Nicotine Lozenge	COMMIT LOZ 4MG	4	3	75	$155.58	4.08	1.33	$2.07
Nicotine Lozenge	NICOTINE LOZ 4MG MINT	3	3	57	$258.11	8.84	1	$4.53
Nicotine Lozenge	NICORETTE LOZ MINI 4MG	2	2	37	$78.28	4.38	1	$2.12
Nicotine Nas Spr	NICOTROL NS SPR 10MG/ML	16	12	365	$3,608.39	2.08	1.33	$9.89
Nicotine Inhaler	NICOTROL INH	275	234	6,961	$69,496.32	8.98	1.18	$9.98
	Subtotal	**627**	**435**	**13,444**	**$96,064.09**	**8.90**	**1.44**	**$7.15**
Varenicline	CHANTIX TAB 0.5MG	116	101	2,334	$11,971.60	1.78	1.15	$5.13
Varenicline	CHANTIX PAK 1MG	1,536	1,129	43,918	$245,781.28	1.96	1.36	$5.60
Varenicline	CHANTIX TAB 1MG	681	458	19,565	$107,069.58	1.9	1.49	$5.47
Varenicline	CHANTIX PAK 0.5& 1MG	3,039	2,719	87,496	$488,968.88	1.84	1.12	$5.59
	Subtotal	**5,372**	**3,279**	**153,313**	**$853,791.34**	**1.88**	**1.64**	**$5.57**
	TOTALS	**9,639**	**5,653***	**245,655**	**$1,129,626.87**	**1.99**	**1.71**	**$4.60**

***Total number of unduplicated members.**

[1] Current Smoking Prevalence. **State of the State's Health Report**. http://www.ok.gov/health/pub/boh/state/SOSH2011.pdf. Pg 30.
[2] Current Smoking Prevalence. **State of the State's Health Report**. http://www.ok.gov/health/pub/boh/state/SOSH2011.pdf. Pg 30.
[3] http://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201209_08.pdf
[4] http://www.cdc.gov/VitalSigns/AdultSmoking/index.html#StateInfo
[5] Current Smoking Prevalence. **State of the State's Health Report**. http://www.ok.gov/health/pub/boh/state/SOSH2011.pdf. Pg 30.

Appendix H

FDA & DEA Updates (additional information can be found at http://www.fda.gov/Drugs/default.htm)

FDA NEWS RELEASE

For Immediate Release: Nov. 15, 2012
FDA approves first drug-eluting stent to treat peripheral arterial disease

The U.S. Food and Drug Administration approved the Zilver PTX Drug-Eluting Peripheral Stent (Zilver PTX Stent), the first drug-eluting stent indicated to re-open a particular artery in the thigh (femoropopliteal artery) when narrowed or blocked as a result of peripheral artery disease (PAD).

PAD occurs when fatty material (plaque) builds up in the arteries that carry blood to the head, organs and limbs, usually affecting the arteries in the legs. This causes hardening and/or narrowing of the arteries (atherosclerosis), limiting the flow of oxygen-rich blood to the body. People with PAD may experience lifestyle-limiting symptoms, such as leg pain, or serious complications, including skin ulcers or gangrene.

The Zilver PTX Stent includes a small, metal mesh tube called a self-expanding metal stent that keeps an artery open. The stent is coated on its outer surface with the drug paclitaxel, a drug that helps prevent recurrent narrowing of arteries (restenosis). Existing options for treatment of PAD can include exercise, drug therapy, and other options within the artery, such as percutaneous transluminal angioplasty (PTA, or balloon angioplasty), or bare-metal stenting or surgical bypass.

Data supporting the safety and effectiveness of the stent came from extensive non-clinical testing including biocompatibility, bench, and animal testing, as well as a clinical trial program.

One clinical trial compared the safety and effectiveness of the Zilver PTX stent to PTA and bare-metal stenting. This study enrolled 479 patients with a single stenotic lesion less than 140 mm long in one or both of their femoropopliteal arteries. Patients randomly received the Zilver PTX or underwent PTA. If PTA failed, the patient then randomly received either a Zilver PTX or a bare metal stent that did not have the paclitaxel coating.

At the end of 12 months, 83 percent of narrowings treated with the Zilver PTX stent were still open, compared with 33 percent in the PTA control group. Among patients who failed the PTA treatment, 90 percent of narrowings treated with the Zilver PTX were open at 12 months compared with 73 percent for those treated with the bare metal stent.

In a separate study, researchers enrolled 787 patients in a 12-month clinical trial where patients could receive up to four Zilver PTX stents for treating a single or multiple lesions. Researchers detected stent fractures in 1.54 percent of Zilver PTX stents at 12 months. The stent fractures did not result in any detectable clinical consequences. The rate of stent thrombosis was 2.8 percent at 12 months and 3.5 percent at 24 months. The study results indicate that treatment with the Zilver PTX stent is at least as safe as treatment with PTA and significantly more effective.

In both studies, the most common major adverse event was restenosis requiring additional treatment to re-establish adequate flow in the artery.

The device is contraindicated (should not be used) in patients with stenoses that cannot be dilated to permit passage of the catheter or proper placement of the stent, patients who cannot receive recommended drug therapy due to bleeding disorders, or women who are pregnant, breastfeeding, or plan to become pregnant in the next five years.

As part of the approval, the FDA is requiring the manufacturer to conduct a five-year post-approval study of 900 patients treated with the Zilver-PTX Stent to further monitor safety and efficacy.

The Zilver PTX Stent is manufactured by Cook Incorporated of Bloomington, Ind.

Safety Announcements

FDA Statement on the Ranbaxy Atorvastatin Recall

Update: 11/30/2012

FDA is notifying the public that after reviewing additional information related to the Ranbaxy atorvastatin recall, FDA has determined that the possibility of adverse health problems related to the recalled atorvastatin is extremely low.

What patients should know

- Patients who have the recalled medicine can continue taking it unless directed otherwise by their physician or health care provider.
- To date, FDA hasn't received any reports of injury.
- The possibility of adverse health problems related to the recalled atorvastatin is extremely low.
- If patients experience any adverse events, they should contact their health care provider, and report to FDA's MedWatch program.
- Ranbaxy decided to stop making atorvastatin until the company has thoroughly investigated the cause of the contamination and remedied the problem.
- The recall does not include atorvastatin 80mg strength or any other Ranbaxy product.
- FDA will continue to oversee the recall process and work with Ranbaxy to resolve quality issues.
- The FDA does not anticipate a drug shortage. FDA is working with other atorvastatin manufacturers to avoid a drug shortage and is closely monitoring the situation.

[11/29/2012] On Nov. 9, 2012, Ranbaxy Pharmaceuticals informed its customers of a voluntary recall of certain lots of the company's 10mg, 20mg, and 40mg dosage strengths of atorvastatin tablets. The lots of atorvastatin, packaged in bottles of 90 and 500 tablets, are being recalled due to possible contamination with very small glass particles similar to the size of a grain of sand (less than 1 mm in size).

Due to this quality issue, Ranbaxy has decided to stop manufacturing atorvastatin until it has thoroughly investigated the cause of the glass particulates and remedied the problem. Based on the information from Ranbaxy and from the FDA's initial assessment, the possibility of adverse events related to the recalled product appear to be low, and if any adverse events are experienced, they would be temporary.

At this time, we have not received any reports of patient harm due to glass particulates that may be in the recalled product.

Consumers who are concerned that they may have received a recalled product should consult with their pharmacist where they bought the product to confirm whether they received a recalled product, should stop taking the product if it was recalled, and should consult with their pharmacist or physician about how to obtain an alternative product.

Americans expect and deserve safe, effective, and high quality medications. The FDA continues to evaluate information associated with this recall and will notify the public as new information becomes available. The agency will continue to oversee the recall process, and work with the Ranbaxy to resolve these pharmaceutical quality issues.

Atorvastatin is a widely used cholesterol lowering medication that is available from several manufacturers. While there is no anticipated drug shortage for any of the affected lots or strengths, the FDA is proactively monitoring the situation for the possibility of a shortage. The FDA is working with other manufacturers of atorvastatin to ensure adequate market supply in order to avoid shortages of atorvastatin as a result of this ongoing recall.

If patients experience any adverse events, they should contact their health care provider. Health care professionals and consumers can also report adverse events to MedWatch, FDA's adverse event reporting program:

- Complete and submit the report online: www.fda.gov/MedWatch/report.htm, or
- Download form 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.

Safety Announcements

FDA Drug Safety Communication: Updated information on 32 mg intravenous ondansetron (Zofran) dose and pre-mixed ondansetron products

This update is a follow-up to the FDA Drug Safety Communication: New information regarding QT prolongation with ondansetron (Zofran) on 6/29/2012.

[12-4-2012] The U.S. Food and Drug Administration (FDA) is notifying health care professionals that the 32 mg, single intravenous (IV) dose of the anti-nausea drug Zofran (ondansetron hydrochloride) will no longer be marketed because of the potential for serious cardiac risks. This dose has been removed from the Zofran drug label. FDA is now working with the manufacturers of all 32 mg dose ondansetron injectable products (brand and generic) to voluntarily recall them from the market. These drugs are sold pre-mixed in solutions of either dextrose or sodium chloride in plastic containers (See Table 1).

A previous Drug Safety Communication (DSC), issued on June 29, 2012, communicated that the 32 mg, single IV dose should be avoided due to the risk of a specific type of irregular heart rhythm called QT interval prolongation, which can lead to Torsades de Pointes, an abnormal, potentially fatal heart rhythm.

The 32 mg, single IV dose had been used to prevent chemotherapy-induced nausea and vomiting. As stated in the previous DSC, FDA continues to recommend the intravenous regimen of 0.15 mg/kg administered every 4 hours for three doses to prevent chemotherapy-induced nausea and vomiting. If the calculated weight-based dose were to exceed 16 mg, the potential for prolonged QT interval would be greater; therefore, no single intravenous dose should exceed 16 mg. In addition, oral dosing of ondansetron remains effective for the prevention of chemotherapy-induced nausea and vomiting. At this time, there is not enough information available for FDA to recommend an alternative single IV dose regimen.

FDA anticipates these products (see Table 1, below) to be removed from the market through early 2013. FDA does not anticipate that removal of the 32 mg intravenous dose of ondansetron currently sold as pre-mixed injections will contribute to a drug shortage of IV ondansetron, as the 32 mg dose makes up a very small percentage of the current market. According to sales distribution data, ondansetron IV 32 mg premixed bags accounted for less than 1% of ondansetron IV sales (vials, bags, etc.) from the manufacturers to retail and non-retail channels of distribution in the 12-month period ending in June 2012.

Table 1. List of ondansetron products to be voluntarily withdrawn from the U.S. market

Generic name	Sponsor	Application Number
Ondansetron Hydrochloride Injection, USP premix in Intravia Plastic Container	Baxter Healthcare Corporation	NDA 021915
Ondansetron Hydrochloride and Dextrose in Plastic Container	Hospira	ANDA 077348
Ondansetron Hydrochloride and Dextrose in Plastic Container	Teva	ANDA 077480

Ondansetron Hydrochloride and Dextrose in Plastic Container	Bedford Labs	ANDA 078291
Ondansetron Hydrochloride and Dextrose in Plastic Container	Claris Lifesciences	ANDA 078308

Reference

1. Source: IMS Health, IMS National Sales Perspectives™ . July 2011-June 2012. Extracted Nov 2012.

Current Drug Shortages Index (as of November 30, 2012):

The information provided in this section is provided voluntarily by manufacturers.

Acetylcysteine Inhalation Solution
Acyclovir Sodium Injection (initial posting 11/13/2012)
Alfentanil (Alfenta) Injection (initial posting 1/23/2012)
Amikacin Injection
Amino Acid Products (initial posting 2/14/2012) UPDATED 11/25/2012
Ammonium Chloride Injection
Atracurium besylate (initial posting 2/27/2012) UPDATED 11/20/2012
Atropine Sulfate Injection UPDATED 11/25/2012
Bacteriostatic 0.9% Sodium Chloride (initial posting 9/10/2012) UPDATED 11/19/2012
Barium Sulfate for Suspension (initial posting 10/12/2012)
Bismuth subsalicylate/tetracycline hydrochloride/metronidazole (Helidac) Therapy (initial posting 3/8/2012)
Bumetanide Injection (initial posting 6/21/2012) UPDATED 11/25/2012
Bupivacaine Hydrochloride (Marcaine, Sensorcaine) Injection UPDATED 11/25/2012
Buprenorphine hydrochloride (Buprenex) Injection
Butorphanol (Stadol) Injection UPDATED 11/25/2012
Caffeine, anhydrous (125 mg/mL) and Sodium benzoate (125 mg/mL)
Caffeine and Ergotamine Tartrate Tablet (initial posting 3/8/2012)
Cetrorelix Acetate for Injection (Cetrotide) (initial posting 9/20/2012)
Chloroprocaine (Nesacaine) Injection (initial posting 3/28/2012)
Chromic Chloride Injection UPDATED 11/25/2012
Citric Acid; Gluconolactone; Magnesium Carbonate Solution (Renacidin); Irrigation (initial posting 6/30/2012)
Corticorelin Ovine Triflutate UPDATED 11/20/2012
Daunorubicin Hydrochloride Solution for Injection
Denileukin diftitox (Ontak) injection (initial posting 9/22/2012)
Desmopressin Injection (DDAVP) UPDATED 11/25/2012
Dexrazoxane (Zinecard) Injection UPDATED 11/19/2012
Dextroamphetamine (Dexedrine) Tablets (initial posting 1/12/2012)
Dextrose Injection (initial posting 5/23/2012)
Diazepam Injection UPDATED 11/25/2012
Dipyridamole Injection (initial posting 7/24/2012)
Doxorubicin (adriamycin) lyophilized powder (initial posting 12/2/2011) UPDATED 11/20/2012
Doxorubicin Liposomal (Doxil) Injection
Edetate Calcium Disodium (Calcium Disodium Versenate) Injection (initial posting 10/12/2012)
Epinephrine Injection (initial posting 4/27/2012)

Epinephrine 1mg/mL (Preservative Free) (initial posting 6/21/2012) UPDATED 11/19/2012
Erythromycin Lactobionate Injection (initial posting 6/12/2012) UPDATED 11/25/2012
Ethiodol (ETHIODIZED OIL) ampules
Etomidate (Amidate) Injection (initial posting 2/9/2012) UPDATED 11/25/2012
Fentanyl Citrate (Sublimaze) Injection UPDATED 11/25/2012
Fluticasone Propionate and Salmeterol (Advair HFA) Inhalation Powder (initial posting date) - 10/17/2012)
Foscarnet Sodium (Foscavir) Injection
Fosphenytoin Sodium (Cerebyx) Injection (initial posting 3/30/2012)
Fospropofol disodium (Lusedra) Injection (initial posting 6/18/2012)
Furosemide Injection (initial posting 6/20/2012) UPDATED 11/25/2012
Gallium Nitrate Injection (Ganite) (initial posting 4/4/2012)
Heparin Sodium Premixes (initial posting 7/5/2012) UPDATED 11/19/2012
Hydromorphone Hydrochloride (Dilaudid) Injection (initial posting 3/7/2012) UPDATED 11/25/2012
Ibandronate sodium (Boniva) injection (initial posting 6/6/2012)
Intravenous Fat Emulsion
Isoniazid Tablets UPDATED 11/14/2012
Ketorolac Tromethamine Injection UPDATED 11/25/2012
Leucovorin Calcium Lyophilized Powder for Injection UPDATED 11/20/2012
Leuprolide Acetate Injection
Lidocaine (Xylocaine) Hydrochloride Injection (initial posting date - 2/22/2012) UPDATED 11/25/2012
Lidocaine HCL, 4% Topical Solution (Laryng-O-Jet, LTA kit) (initial posting 5/31/2012) UPDATED 11/27/2012
Liotrix (Thyrolar) Tablets
Lorazepam (Ativan) Injection UPDATED 11/25/2012
Magnesium Sulfate Injection UPDATED 11/25/2012
Mannitol Injection (Osmitrol, Resectisol) Injection (initial posting date - 12/21/2011) UPDATED 11/19/2012
Methadone Injection (initial posting - 11/13/2012)
Methazolamide (Glauctabs, Neptazane) Tablets
Methotrexate Injection UPDATED 11/20/2012
Methoxsalen (Oxsoralen) 1% topical lotion
Methyldopate HCL Injection UPDATED 11/19/2012
Metoclopramide (Reglan) Injection UPDATED 11/25/2012
Midazolam HCL (Versed) Injection UPDATED 11/25/2012
Mitomycin Powder for Injection
Morphine Sulfate Injection UPDATED 11/25/2012
Morphine Sulfate (Astramorph PF, Duramorph, Infumorph) Injection (Preservative Free) UPDATED 11/25/2012
Multi-Vitamin Infusion (Adult and pediatric) 9/18/2012
Nalbuphine HCl (Nubain) Injection (initial posting 5/15/2012) UPDATED 11/25/2012
Naloxone (Narcan) Injection (initial posting 2/22/2012) UPDATED 11/25/2012
Naltrexone Oral (Revia) Tablets (initial posting 2/22/2012)
Nefazodone (Serzone) Tablets (initial posting 4/16/2012)
Nitroglycerin Ointment USP, 2% (Nitro-Bid) (Initial posting 10/23/2012)
Norethindrone and Ethinyl Estradiol Tablets, USP (Ovcon 50 Tablets) (initial posting 4/16/2012)
Ondansetron (Zofran) Injection 2 mg/mL UPDATED 11/25/2012
Ondansetron Injection 32 mg/50 mL premixed bags UPDATED 11/21/2012
Oxymorphone Hydrochloride (Opana) Oral Tablet (initial posting 3/19/2012)
Pancuronium Bromide Injection UPDATED 11/21/2012
Peginterferon Alfa-2a (Pegasys) Injection-Prefilled Syringes (initial posting 3/26/2012)
Pentamidine isethionate inhalant (NebuPent) (initial posting 8/27/2012) UPDATED 11/14/2012

Pentamidine isethionate for injection (Pentam 300) (initial posting 8/27/2012) UPDATED 11/14/2012
Pentostatin for Injection (Nipent) (initial posting 3/21/2012) UPDATED 11/21/2012
Perflutren Lipid Microsphere (DEFINITY) Injection (initial posting 3/23/2012)
Phentolamine Mesylate (Regitine) Injection
Pilocarpine HCL Opthalmic Gel 4% (Pilopine HS) (initial posting 6/1/2012)
Potassium Chloride Injection 2 mEq/mL (initial posting 5/15/2012) UPDATED 11/25/2012
Potassium Phosphate Injection UPDATED 11/25/2012
Procainamide HCL Injection UPDATED 11/21/2012
Prochlorperazine Injection (initial posting 1/30/2012)
Promethazine Injection (initial posting 2/10/2012) UPDATED 11/21/2012
Propofol (Diprivan) Injection (initial posting 4/5/2012) UPDATED 11/21/2012
Secretin Synthetic Human (ChiRhoStim) Injection (ChiRhoStim) (initial posting 6/15/2012)
Selenium Injection
Sodium Acetate Injection (initial posting 3/20/2012) UPDATED 11/25/2012
Sodium benzoate and Sodium phenylacetate (Ammonul) Injection
Sodium Bicarbonate Injection (initial posting 4/4/2012) UPDATED 11/25/2012
Sodium Chloride 0.9% (5.8mL and 20mL) (initial posting 5/4/2012)
Sodium Chloride 23.4% UPDATED 11/21/2012
Succinylcholine (Anectine, Quelicin) Injection (initial posting 8/17/2012) UPDATED 11/25/2012
Sufentanil Citrate (Sufenta) Injection UPDATED 11/21/2012
Sulfamethoxazole 80mg/trimethoprim 160mg/ml injection (SMX/TMP) Bactrim)
Technetium Tc99m Bicisate for Injection (Neurolite) (initial posting 5/4/2012)
Technetium Tc99m Sestamibi Kit for Injection (initial posting 2/14/2012)
Telavancin (Vibativ) Injection
Tetracycline Capsules
Thiotepa (Thioplex) for Injection
Thyrotropin alfa (Thyrogen) injection 1.1mg/vial
Ticarcillin disodium/Clavulanic Potassium Injection (Timentin) (initial posting 8/16/12)
Ticlopidine (Ticlid) Tablets
Tobramycin Solution for Injection UPDATED 11/19/2012
Tromethamine (Tham) Injection (initial posting 5/2/2012) UPDATED 11/21/2012
Viaspan Cold Storage Solution 1000 mL Bag (initial posting 4/16/2012)
Vinblastine Sulfate Injection (initial posting 1/31/2012)
Vitamin A Palmitate (Aquasol A) Injection
Vitamin K1 (Phytonadione) Injectable Emulsion UPDATED 11/27/2012
Zinc Chloride Injection (initial posting 2/15/2012) UPDATED 11/25/2012