

Annual Review - Fiscal Year 2008  
 Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)  
**Oklahoma Health Care Authority**  
**January 2009**

Approval Criteria:

1. Two consecutive trials with Tier 1 products with inadequate results within the last 120 days, or
2. Documented FDA-approved indication for which Tier-1 medications are not indicated
3. Other clinical exceptions may apply

Clinical exceptions include the following:

- (A) history of upper GI bleeding; or
- (B) history of NSAID-induced ulcer, or
- (C) active peptic ulcer disease, or
- (D) concurrent use of warfarin, or
- (E) concurrent chronic use of oral corticosteroids, or
- (F) chronic NSAID therapy in elderly or debilitated patients, or
- (G) diagnosis of gout – indomethacin only.

These clinical conditions are demonstrated by documentation sent by the prescribing physician and pharmacist.

After an individual has received tier-2 NSAID coverage, the individual has tier-1 and tier-2 coverage for the duration of their **continuous** NSAID therapy. Individuals who have not acquired an NSAID for 120 days will be considered to have **discontinued their continuous** NSAID therapy and the previous approval will no longer be in effect.

NSAIDS	
Tier 1	Tier 2
diclofenac ER (Voltaren XR <sup>®</sup> )	diclofenac sodium/misoprostol (Arthrotec <sup>®</sup> )
diclofenac potassium (Cataflam <sup>®</sup> )	celecoxib (Celebrex <sup>®</sup> )
diclofenac sodium (Voltaren <sup>®</sup> )	indomethacin (Indocin <sup>®</sup> )
etodolac (Lodine <sup>®</sup> )	naproxen sodium (Naprelan <sup>®</sup> )
etodolac ER (Lodine XL <sup>®</sup> )	piroxicam (Feldene <sup>®</sup> )
fenoprofen (Nalfon <sup>®</sup> )	Diclofenac epolamine (Flector Patch)
flurbiprofen (Ansaid <sup>®</sup> )	
ibuprofen (Motrin <sup>®</sup> )	
ketoprofen (Orudis <sup>®</sup> )	
ketoprofen ER (Oruvail <sup>®</sup> )	
meclofenamate (Meclomen <sup>®</sup> )	
mefanamic acid (Ponstel <sup>®</sup> )	
meloxicam (Mobic <sup>®</sup> )	
nabumetone (Relafen <sup>®</sup> )	
naproxen (Naprosyn <sup>®</sup> )	
naproxen sodium (Anaprox <sup>®</sup> )	
naproxen EC (Naprosyn EC <sup>®</sup> )	
oxaprozin (Daypro <sup>®</sup> )	
sulindac (Clinoril <sup>®</sup> )	
tolmetin (Tolectin <sup>®</sup> )	
diclofenac sodium Voltaren <sup>®</sup> ) Gel *	

\*Tier 1 due to supplemental rebate program

## Utilization – Fiscal Year 2008

For the period of July 2007 through June 2008, a total of 75,397 members received non-steroidal, anti-inflammatory drugs through the Oklahoma SoonerCare program.

### Utilization of Tier-1 and Tier-2 NSAIDS FY2008:

Tier	# of Claims	Total Units	Total Days	Units /Day	Total Cost	Total Members	Cost/ Member	Cost /Claim
Tier-1	135,530	8,956,486	2,558,394	3.50	\$1,283,351.62	88,383	\$ 14.52	\$ 9.47
Tier-2	3,771	193,550	128,748	1.50	\$522,957.45	1,033	\$ 506	\$ 138.68
<b>Total</b>	<b>139,301</b>	<b>9,150,036</b>	<b>2,687,142</b>	<b>3.40</b>	<b>\$1,806,309.07</b>	<b>75,397*</b>	<b>\$ 27.76</b>	<b>\$ 12.97</b>

\*Total unduplicated members for FY08

### Comparison of NSAIDS between FY2007 and FY2008:

<b>Total Cost FY '08</b>	<b>\$1,806,309.07</b>
<i>Total Cost FY '07</i>	<i>\$1,733,625.27</i>
<b>Total Claims FY '08</b>	<b>139,301</b>
<i>Total Claims FY '07</i>	<i>115,810</i>
<b>Total Members FY '08</b>	<b>75,397</b>
<i>Total Members FY '07</i>	<i>65,058</i>
<b>Per Diem FY '08</b>	<b>\$0.73</b>
<i>Per Diem FY '07</i>	<i>\$0.67</i>

### Member Demographics:

Claims were reviewed to determine the age/gender of the members.

Age	Female	Male	Totals
0 to 9	8,050	8,656	16,706
10 to 19	13,066	9,304	22,370
20 to 34	18,949	1,545	20,494
35 to 49	6,751	1,777	8,528
50 to 64	4,317	1,837	6,154
65 to 79	448	175	623
80 to 94	23	7	30
95 and Over	3	1	4
<b>Totals</b>	<b>51,607</b>	<b>23,302</b>	<b>74,909*</b>

\* 488 members with unknown age or gender codes, total of 75,397 members

TIER 2 UTILIZATION	CLAIMS	UNITS	DAYS	MEMBERS	COST	CLAIMS/ MEMBER	COST/ DAY
CELEBREX CAP 200MG	2,765	136,375	101,876	648	\$428,567.89	4.27	\$4.21
CELEBREX CAP 100MG	234	13,635	7,813	65	\$26,252.66	3.6	\$3.36
ARTHROTEC 75 TAB	202	13,134	6,756	44	\$26,778.99	4.59	\$3.96
PIROXICAM CAP 20MG	184	6,879	6,669	62	\$1,292.75	2.97	\$0.19
INDOMETHACIN CAP 25MG	165	13,276	4,454	64	\$1,699.56	2.58	\$0.38
INDOMETHACIN CAP 75MG ER	156	7,799	5,372	48	\$12,750.21	3.25	\$2.37
INDOMETHACIN CAP 50MG	140	8,569	3,240	70	\$1,560.38	2	\$0.48
ARTHROTEC 50 TAB	97	7,213	2,907	25	\$14,610.31	3.88	\$5.03
INDOCIN SUS 25MG/5ML	36	5,368	813	4	\$1,091.76	9	\$1.34
CELEBREX CAP 400MG	31	990	930	5	\$4,670.44	6.2	\$5.02
NAPRELAN TAB 375MG CR	13	920	408	7	\$1,543.59	1.86	\$3.78
PIROXICAM CAP 10MG	10	740	400	4	\$90.58	2.5	\$0.23
INDOCIN SUP 50MG	1	60	20	1	\$99.63	1	\$4.98
	<b>4,034</b>	<b>214,958</b>	<b>141,658</b>		<b>\$521,008.75</b>		

## Prior Authorizations

Prior Authorizations	No. of Petitions
Approved	330
Denied	761
Incomplete	128
<b>Total</b>	<b>1,219</b>

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## Recommendations

The College of Pharmacy recommends no changes at this time.