Print Annual Reviews for Fiscal Year 2015

Count	Category/Medication	Review Period
1.	Antihistamines (oral)	Fiscal Year
2.	Acralyst® (rilonacept)	Fiscal Year
3.	Benlysta® (belimumab)	Fiscal Year
4.	Benzodiazepines	Fiscal Year
5.	Bladder Control Medications	Fiscal Year
6.	Benign Prostatic Hypertrophy Medications	Fiscal Year
7.	Elidel™ (pimecrolimus)/Protopic® (tacrolimus)	Fiscal Year
8.	Fibric Acid Derivatives	Fiscal Year
9.	Fulyzaq® (crofelemer)	Fiscal Year
10.	Gattex® (Teduglutide [rDNA origin])	Fiscal Year
11.	Hereditary Angioedema Medications	Fiscal Year
12.	Horizant® (gabapentin ER)/Gralise® (gabapentin ER)	Fiscal Year
13.	Insomnia Medications	Fiscal Year
14.	Lidoderm® (lidocaine patch)	Fiscal Year
15.	Metozolv® ODT (metoclopramide orally disintegrating tablets)	Fiscal Year
16.	Miscellaneous Butalbital Products	Fiscal Year
17.	Mozobil® (plerixafor)/Nplate® (romiplostim)	Fiscal Year
18.	Muscle Relaxant Medications	Fiscal Year
19.	Nuedexta® (dextromethorphan/quinidine)	Fiscal Year
20.	Osteoporosis Medications	Fiscal Year
21.	Pediculocides	Fiscal Year
22.	Prenatal Vitamins	Fiscal Year
23.	Procysbi® (cysteamine bitartrate)	Fiscal Year
24.	Qualaquin® (quinine sulfate)	Fiscal Year
25.	Qutenza® (capsaicin 8% patch)	Fiscal Year
26.	Ravicti® (glycerol phenylbutyrate)	Fiscal Year
27.	Retisert® (fluocinolone intravitreal implant)	Fiscal Year
28.	Ribavirin Unique Dosage Formulation Products	Fiscal Year
29.	Singulair® (montelukast)/Zyflo CR® (zileuton xxtended-release)	Fiscal Year
30.	Smoking Cessation	Fiscal Year
31.	Soliris® (eculizumab)	Fiscal Year
32.	Symlin® (pramlintide)	Fiscal Year
33.	Topical Antibiotics	Fiscal Year
34.	Topical Antifungals	Fiscal Year
35.	Vitamin D	Fiscal Year

Fiscal Year = July 1, 2014 – June 30, 2015
Calendar Year = January 1, 2015 – December 31, 2015

Fiscal Year 2015 Annual Review of Antihistamines

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Antihistamines		
Tier-1+	**Tier-2**	**Tier-3**
OTC cetirizine (Zyrtec®)	levocetirizine (Xyzal®)*	clemastine
OTC loratadine (Claritin®)		desloratadine (Clarinex®)

+For members 21 years and older, prior authorization is necessary for Tier-1 products, but no previous trials are required.
*Xyzal® tablets are not covered for members under age six.
*Xyzal® solution is available for children six months old to six years old.

Antihistamines Tier-2 Approval Criteria:

1. A diagnosis for a chronic allergic condition or asthma; and
2. A fourteen day trial of all Tier-1 products within the last 30 days.
3. Approvals will be for the duration of one year.

Antihistamines Tier-3 Approval Criteria:

1. A diagnosis for a chronic allergic condition or asthma; and
2. A fourteen day trial of all Tier-1 and Tier-2 products within the last 60 days.
3. Approvals will be for the duration of one year.

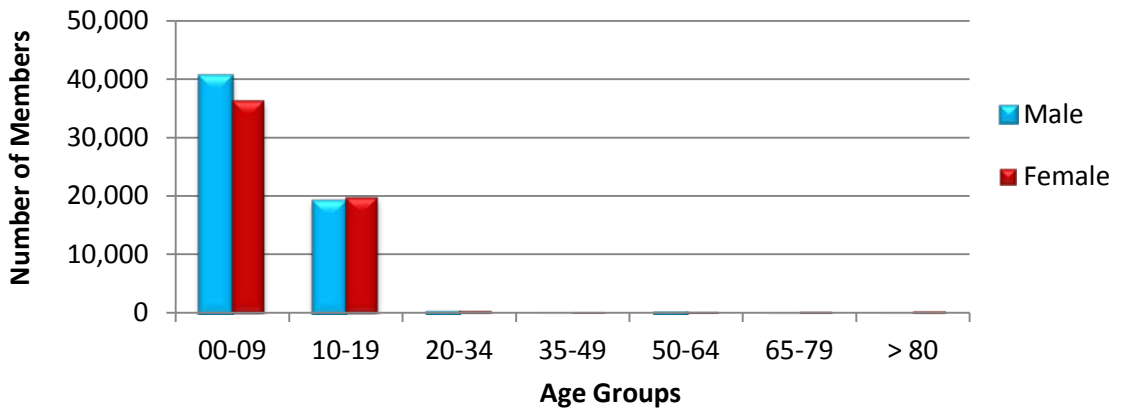
Utilization of Antihistamines: Fiscal Year 2015

Comparison of Fiscal Years

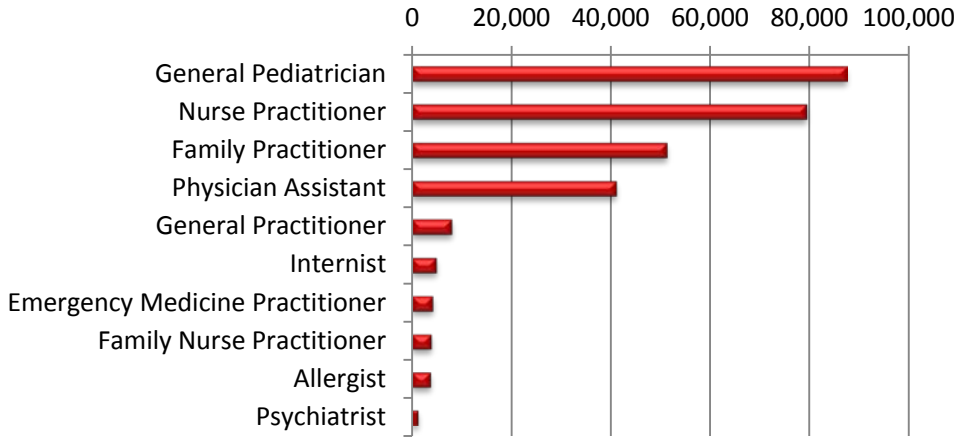
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	118,661	284,483	$2,508,366.76	$8.82	$0.29	24,495,953	8,662,646
2015	118,622	293,164	$2,317,158.68	$7.90	$0.26	25,408,421	8,921,121
% Change	**0.00%**	**3.10%**	**-7.60%**	**-10.40%**	**-10.30%**	**3.70%**	**3.00%**
Change	**-39**	**8,681**	**-$191,208.08**	**-$0.92**	**-$0.03**	**912,468**	**258,475**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Antihistamines



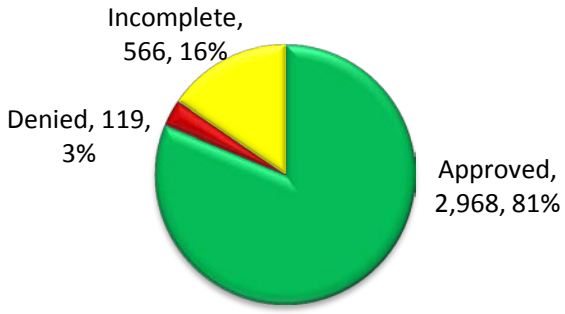
Top Prescriber Specialties of Antihistamines by Number of Claims



Prior Authorization of Antihistamines

There were 3,653 prior authorization requests submitted for the antihistamine category during fiscal year 2015. Computer edits are in place to detect Tier-1 medications in the member's recent claims history and generate automated prior authorizations where possible. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[1]

Anticipated Patent Expiration(s): Clarinex® (desloratadine syrup): December 2018

Recommendations

The College of Pharmacy recommends moving desloratadine oral tablets to Tier-2 based on state maximum allowable cost (SMAC). Current Tier-2 criteria for this category would apply. Other desloratadine formulations (orally disintegrating tablets and oral syrup) would remain in Tier-3.

Antihistamines Tier-2 Approval Criteria:

1. A diagnosis for a chronic allergic condition or asthma; and
2. A fourteen day trial of all Tier-1 products within the last 30 days.
3. Approvals will be for the duration of one year.

[1]FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/2015. Last accessed 02/05/2016.

Antihistamines Tier-3 Approval Criteria:

1. A diagnosis for a chronic allergic condition or asthma; and
2. A fourteen day trial of all Tier-1 and Tier-2 products within the last 60 days.
3. Approvals will be for the duration of one year.

Antihistamines		
Tier-1+	**Tier-2**	**Tier-3**
OTC cetirizine (Zyrtec®)	levocetirizine (Xyzal®)*	clemastine
OTC loratadine (Claritin®)	**desloratadine tablets (Clarinex®)**	desloratadine ODT and syrup (Clarinex®)

+For members 21 years and older, prior authorization is necessary for Tier-1 products, but no previous trials are required.
*Xyzal® tablets are not covered for members under age six. Xyzal® solution is available for children six months old to six years old.

Utilization Details of Antihistamines: Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	% COST	COST/ CLAIM
TIER-1 PRODUCTS						
CETIRIZINE PRODUCTS						
CETIRIZINE SYP 1MG/ML	126,720	63,143	1,117,021	$0.31	48.23%	$8.81
CETIRIZINE TAB 5MG	5,367	2,245	$42,277.50	$0.25	1.82%	$7.88
CETIRIZINE TAB 10MG	83,216	32,045	$485,233.27	$0.18	20.95%	$5.83
SUBTOTAL	**215,303**	**97,433**	**$1,644,531.59**	**$0.25**	**71.00%**	**$7.64**
LORATADINE PRODUCTS						
LORATADINE SOL 5MG/5ML	32,044	17,658	$344,028.87	$0.39	14.85%	$10.74
LORATADINE TAB 10MG	43,805	17,253	$285,761.25	$0.19	12.33%	$6.52
LORATADINE TAB 10MG ODT	1,161	488	$14,455.53	$0.38	0.63%	$12.45
SUBTOTAL	**77,010**	**35,399**	**$644,245.65**	**$0.27**	**27.81%**	**$8.37**
TIER-1 SUBTOTAL	**292,313**	**132,832**	**$2,288,777.24**	**$0.26**	**98.81%**	**$7.83**
TIER-2 PRODUCTS						
LEVOCETIRIZINE PRODUCTS						
LEVOCETIRIZI SOL 2.5/5ML	302	82	$16,485.58	$1.81	0.71%	$54.59
LEVOCETIRIZI TAB 5MG	463	103	$5,770.79	$0.38	0.25%	$12.46
SUBTOTAL	**765**	**185**	**$22,256.37**	**$0.92**	**0.96%**	**$29.09**
TIER-2 SUBTOTAL	**765**	**185**	**$22,256.37**	**$0.92**	**0.96%**	**$29.09**
TIER-3 PRODUCTS						
CLEMASTINE PRODUCTS						
CLEMASTINE SYP 0.5/5ML	13	3	$188.44	$0.54	0.01%	$14.50
SUBTOTAL	**13**	**3**	**$188.44**	**$0.54**	**0.01%**	**$14.50**
DESLORATADINE PRODUCTS						
CLARINEX SYP 0.5MG/ML	29	6	$4,183.50	$4.78	0.18%	$144.26
DESLORATADIN TAB 5MG	40	7	$1,132.45	$0.94	0.05%	$28.31
DESLORATADIN TAB 2.5 ODT	4	1	$620.68	$5.17	0.03%	$155.17
SUBTOTAL	**73**	**14**	**$5,936.63**	**$2.70**	**0.26%**	**$81.32**
TIER-3 SUBTOTAL	**86**	**17**	**$6,125.07**	**$2.40**	**0.27%**	**$71.22**
TOTAL	**293,164**	**133,034***	**$2,317,158.68**	**$0.26**	**100%**	**$7.90**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Fiscal Year 2015 Annual Review of Arcalyst® (Rilonacept)

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Arcalyst® (Rilonacept) Approval Criteria:

1. An FDA approved indication of Cryopyrin-Associated Periodic Syndromes (CAPS) verified by genetic testing. This includes Familial Cold Auto-inflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS) in adults and children 12 years and older; and
2. The member should not be using a tumor necrosis factor blocking agent (e.g. adalimumab, etanercept, and infliximab) or anakinra; and
3. Documentation that the member does not have active or chronic infection including hepatitis B, hepatitis C, human immunodeficiency virus, or tuberculosis; and
4. The following dosing restrictions will apply:
    a. Dosing should not be more often than once weekly
    b. Approved dosing schedule for adults 18 years and older:
        i. Initial treatment: loading dose of 320mg delivered as two 2mL subcutaneous injections of 160mg each given on the same day at two different injection sites.
        ii. Continued treatment is one 160mg injection given once weekly.
    c. Approved dosing schedule for pediatric patients aged 12-17 years (must have patient weight in kilograms):
        i. Initial treatment: loading dose of 4.4mg/kg, up to a maximum of 320mg, delivered as one or two subcutaneous injections with a maximum single-injection volume of 2mL.
        ii. Continued treatment is 2.2mg/kg, up to a maximum of 160mg, given once weekly.
5. Approvals will be for the duration of one year.

Utilization of Arcalyst® (Rilonacept): Fiscal Year 2015

- There were no pharmacy or medical claims for Arcalyst® (rilonacept) during fiscal year 2015.

Prior Authorization of Arcalyst® (Rilonacept)

There were no prior authorization requests submitted for Arcalyst® (rilonacept) during fiscal year 2015.

Recommendations

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

Fiscal Year 2015 Annual Review of Benlysta® (Belimumab)

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Benlysta® (Belimumab) Approval Criteria:

1. An FDA approved diagnosis of active, autoantibody-positive, systemic lupus erythematosus, already receiving standard therapy; and
2. Member must be 18 years or older; and
3. Member must have a documented inadequate response to at least two of the following medications:
    a. High-dose oral corticosteroids
    b. Methotrexate
    c. Azathioprine
    d. Mycophenolate
    e. Cyclophosphamide; and
4. Member must not have severe active lupus nephritis or severe active central nervous system lupus; and
5. Combination use with biologic therapies or intravenous cyclophosphamide will not be approved.

Utilization of Benlysta® (Belimumab): Fiscal Year 2015

Comparison of Fiscal Years: Medical Claims

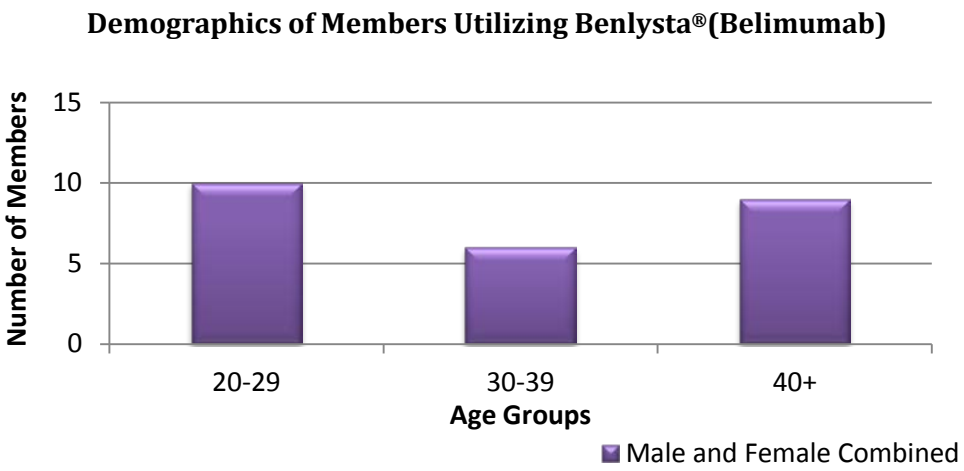
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/Claim	Total Units
2014	15	118	$330,651.89	$2,802.13	9,097
2015	24	137	$432,338.52	$3,155.76	11,328
% Change	**60.0%**	**16.1%**	**30.8%**	**12.6%**	**24.5%**
Change	**9**	**19**	**$101,686.63**	**$353.63**	**2,231**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Comparison of Fiscal Years: Pharmacy Claims

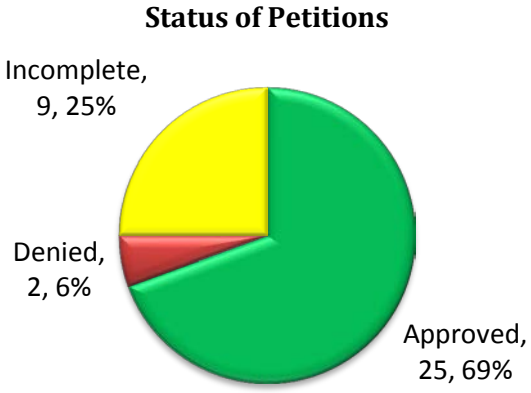
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/Claim	Total Units
2014	1	3	$4,822.98	$1,607.66	3
2015	1	1	$1,630.96	$1,630.96	1
% Change	**0.00%**	**-66.70%**	**-66.20%**	**1.40%**	**-66.70%**
Change	**0**	**-2**	**-$3,192.02**	**$23.30**	**-2**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.



Prior Authorization of Benlysta® (Belimumab)

There were 36 prior authorization requests submitted for Benlysta® (belimumab) during fiscal year 2015. The following chart shows the status of the submitted petitions.



Recommendations

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

Fiscal Year 2015 Annual Review of Benzodiazepine Medications

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Benzodiazepine Approval Criteria for Members 19 Years of Age & Older:

1. Currently there are no prior authorizations required; however, quantity limits are set at maximum of three units per day for most products.
2. Approval for dosing greater than three times daily requires a chronic physical diagnosis; for these diagnoses the maximum allowed dosing would be four times daily.
3. A member may receive more than three units per day if the following criteria exist:
    a. The number of units per day is greater than three, but less than the maximum daily dose for the product (or for a total daily dosing of three times daily).
    b. The member has a chronic diagnosis and a clinical reason for excessive units has been provided.

Benzodiazepine Approval Criteria for Members Under 19 Years of Age:

1. Member must have a chronic behavioral health related diagnosis or a chronic physical diagnosis
2. Approval Criteria for a Chronic Behavior Health Related Diagnosis:
    a. No concurrent stimulant ADHD medications; and
    b. No contraindicated conditions; and
    c. A maximum dosing of three times daily will apply.
3. Approval Criteria for a Chronic Physical Diagnosis:
    a. A maximum dosing of three times daily will apply if a hypnotic medication is being used concurrently;
    b. A maximum dosing of four times daily will apply if no hypnotic medication is being used concurrently.
4. Exceptions can be granted for administration prior to procedures.
5. Members 12 or younger will have the same criteria and the prescription must be originally written by a psychiatrist or neurologist.

Niravam™ (Alprazolam Orally Disintegrating Tablets) Approval Criteria:

1. An FDA approved diagnosis; and
2. A diagnosis indicating that the member has a condition that prevents him/her from swallowing tablets; and
3. The physician's signature is required for approval.
4. Dosing regimens that involve splitting of tablets will not be covered.

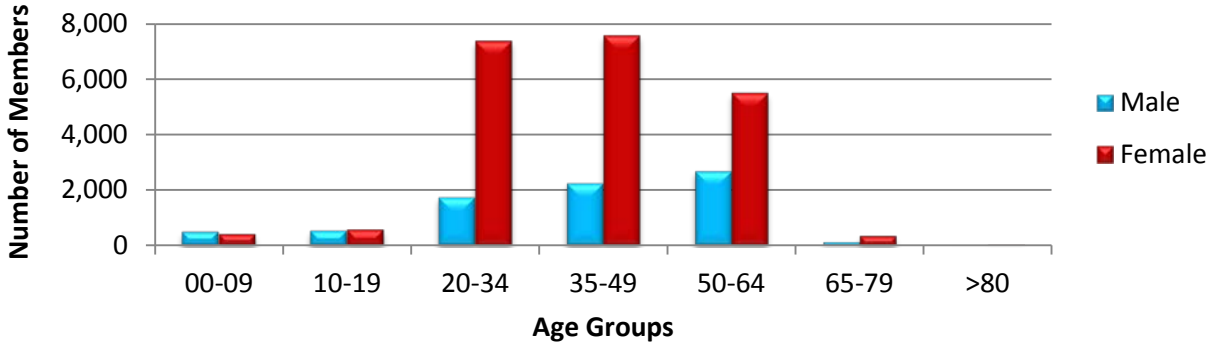
Utilization of Benzodiazepine Medications: Fiscal Year 2015

Comparison of Fiscal Years

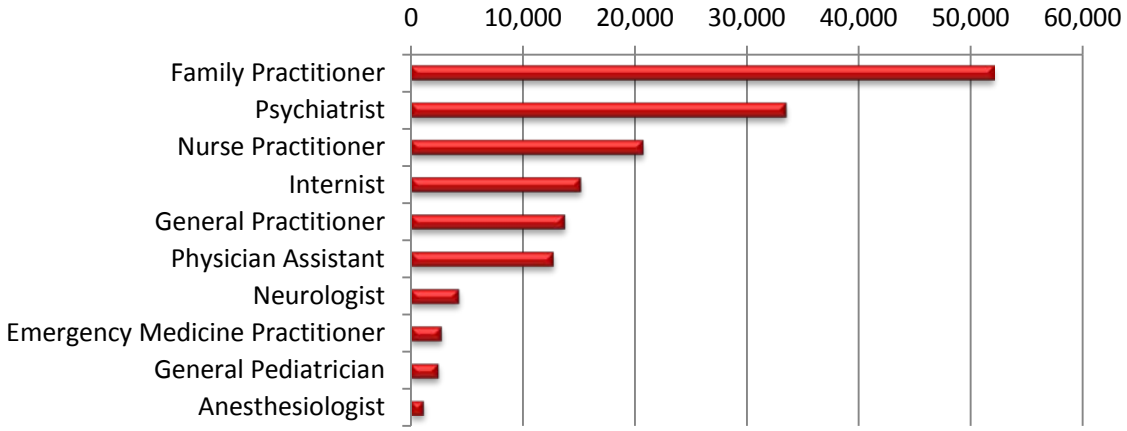
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	31,554	172,286	$2,302,561.97	$13.36	$0.49	10,686,737	4,724,537
2015	29,829	169,761	$1,859,375.00	$10.95	$0.40	10,612,578	4,688,660
% Change	**-5.50%**	**-1.50%**	**-19.20%**	**-18.00%**	**-18.40%**	**-0.70%**	**-0.80%**
Change	**-1,725**	**-2,525**	**-$443,186.97**	**-$2.41**	**-$0.09**	**-74,159**	**-35,877**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Benzodiazepine Medications



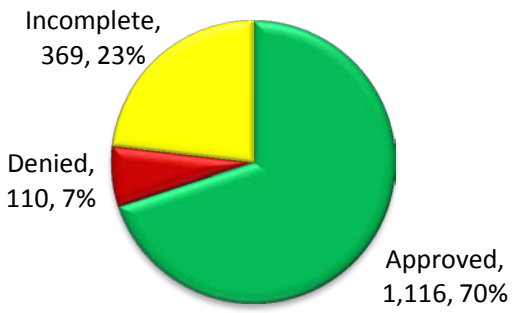
Top Prescriber Specialties of Benzodiazepine Medications by Number of Claims



Prior Authorization of Benzodiazepine Medications

There were 1,595 prior authorization requests submitted for the benzodiazepine medications category during fiscal year 2015. The following chart shows the status of the submitted petitions.

Status of Petitions



Recommendations

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

Utilization Details of Benzodiazepine Medications: Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM
ALPRAZOLAM PRODUCTS					
ALPRAZOLAM TAB 1MG	38,643	6,584	$222,840.95	$0.20	$5.77
ALPRAZOLAM TAB 2MG	18,457	2,731	$117,342.47	$0.22	$6.36
ALPRAZOLAM TAB 0.5MG	16,475	4,317	$77,401.43	$0.17	$4.70
ALPRAZOLAM TAB 0.25MG	4,175	1,460	$17,902.39	$0.17	$4.29
ALPRAZOLAM TAB 1MG ER	180	56	$2,004.57	$0.38	$11.14
ALPRAZOLAM TAB 2MG ER	178	62	$3,017.09	$0.57	$16.95
ALPRAZOLAM TAB 3MG ER	131	36	$3,203.01	$0.83	$24.45
ALPRAZOLAM TAB 0.5MG ER	56	27	$458.44	$0.29	$8.19
ALPRAZOLAM CON 1 MG/ML	15	2	$1,273.16	$2.83	$84.88
ALPRAZOLAM TAB 3MG XR	15	8	$338.22	$0.75	$22.55
ALPRAZOLAM TAB 1MG XR	9	8	$86.19	$0.32	$9.58
ALPRAZOLAM TAB 2MG XR	6	4	$101.99	$0.57	$17.00
ALPRAZOLAM TAB 1MG ODT	5	1	$299.93	$3.95	$59.99
ALPRAZOLAM TAB 0.5MG XR	1	1	$3.11	$0.22	$3.11
SUBTOTAL	**78,346**	**15,297**	**$446,272.95**	**$0.20**	**$5.70**
CHLORDIAZEPOXIDE PRODUCTS					
CHLORDIAZEP CAP 25MG	388	206	$1,954.30	$0.24	$5.04
CHLORDIAZEP CAP 10MG	208	84	$1,007.90	$0.20	$4.85
CHLORDIAZEP CAP 5MG	72	34	$537.64	$0.31	$7.47
SUBTOTAL	**668**	**324**	**$3,499.84**	**$0.24**	**$5.24**
CLONAZEPAM PRODUCTS					
CLONAZEPAM TAB 1MG	23,465	4,983	$119,247.99	$0.17	$5.08
CLONAZEPAM TAB 0.5MG	15,340	4,270	$63,951.60	$0.15	$4.17
CLONAZEPAM TAB 2MG	6,501	1,279	$34,381.20	$0.18	$5.29
CLONAZEP ODT TAB 0.25MG	634	205	$33,843.01	$2.18	$53.38
CLONAZEP ODT TAB 0.5MG	386	103	$16,464.64	$1.77	$42.65
CLONAZEP ODT TAB 0.125MG	232	99	$14,112.72	$2.51	$60.83
CLONAZEP ODT TAB 1MG	197	67	$7,617.26	$1.70	$38.67

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM
CLONAZEP ODT TAB 2MG	57	20	$1,647.16	$1.88	$28.90
KLONOPIN TAB 2MG	8	1	$1,655.08	$6.90	$206.89
KLONOPIN TAB 1MG	5	1	$1,023.95	$7.53	$204.79
KLONOPIN TAB 0.5MG	1	1	$128.73	$5.85	$128.73
SUBTOTAL	**46,826**	**11,029**	**$294,073.34**	**$0.22**	**$6.28**
CLORAZEPATE PRODUCTS					
CLORAZ DIPOT TAB 7.5MG	390	77	$7,881.36	$0.69	$20.21
CLORAZ DIPOT TAB 3.75MG	331	57	$5,214.07	$0.55	$15.75
CLORAZ DIPOT TAB 15MG	162	36	$2,755.62	$0.59	$17.01
SUBTOTAL	**883**	**170**	**$15,851.05**	**$0.62**	**$17.95**
DIAZEPAM PRODUCTS					
DIAZEPAM TAB 10MG	13,578	3,063	$69,844.80	$0.19	$5.14
DIAZEPAM TAB 5MG	9,629	3,018	$37,325.09	$0.15	$3.88
DIAZEPAM TAB 2MG	1,318	473	$4,730.36	$0.14	$3.59
DIAZEPAM GEL 10MG	1,283	714	$515,409.22	$67.53	$401.72
DIAZEPAM GEL 20MG	267	138	$132,225.46	$73.05	$495.23
DIAZEPAM SOL 1MG/ML	264	74	$6,243.04	$1.07	$23.65
DIASTAT ACDL GEL 5-10MG	197	117	$96,457.49	$53.12	$489.63
DIAZEPAM GEL 2.5MG	143	87	$46,246.63	$38.41	$323.40
DIASTAT ACDL GEL 12.5-20	102	49	$70,473.29	$70.26	$690.91
DIASTAT PED GEL 2.5M GEL	38	31	$13,135.57	$44.23	$345.67
DIAZEPAM INJ 5MG/ML	21	8	$1,432.61	$3.67	$68.22
DIAZEPAM CON 5MG/ML	19	6	$1,237.93	$2.37	$65.15
DIAZEPAM SOL 5MG/5ML	10	3	$1,938.81	$7.10	$193.88
SUBTOTAL	**26,869**	**7,781**	**$996,700.30**	**$1.50**	**$37.09**
LORAZEPAM PRODUCTS					
LORAZEPAM TAB 1MG	8,139	2,502	$38,470.40	$0.19	$4.73
LORAZEPAM TAB 0.5MG	5,040	1,707	$22,969.40	$0.18	$4.56
LORAZEPAM TAB 2MG	2,693	656	$17,565.05	$0.24	$6.52
LORAZEPAM CON 2MG/ML	123	55	$4,366.40	$1.27	$35.50
LORAZEPAM INJ 2MG/ML	48	32	$350.21	$1.51	$7.30
ATIVAN TAB 1MG	9	1	$12,280.14	$45.48	$1,364.46
SUBTOTAL	**16,052**	**4,953**	**$96,001.60**	**$0.23**	**$5.98**
OXAZEPAM PRODUCTS					
OXAZEPAM CAP 15MG	56	12	$3,808.86	$2.11	$68.02
OXAZEPAM CAP 30MG	38	12	$2,419.27	$2.16	$63.67
OXAZEPAM CAP 10MG	23	8	$747.79	$1.13	$32.51
SUBTOTAL	**117**	**32**	**$6,975.92**	**$1.94**	**$59.62**
TOTAL	**169,761**	**29,829***	**$1,859,375.00**	**$0.40**	**$10.95**

*Total number of unduplicated members.

Costs do not reflect rebated prices or net costs.

Fiscal Year 2015 Annual Review of Bladder Control Medications

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Bladder Control Medications*		
Tier-1	**Tier-2**	**Tier-3**
oxybutynin (Ditropan®)	tolterodine (Detrol®)	darifenacin (Enablex®)
oxybutynin ER Tabs (Ditropan XL®)	trospium (Sanctura™)	fesoterodine (Toviaz™)
		flavoxate (Urispas®)
		mirabegron (Myrbetriq™)
		oxybutynin gel (Gelnique™)
		oxybutynin patch (Oxytrol®)
		solifenacin (Vesicare®)
		trospium ER (Sanctura XR™)
		tolterodine ER (Detrol LA®)

*Tier structure based on supplemental rebate participation and/or state maximum allowable cost (SMAC).
ER = Extended Release

Bladder Control Medications Tier-2 Approval Criteria:

1. A 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.

Bladder Control Medications Tier-3 Approval Criteria:

1. Trials of all Tier-2 medications that yielded inadequate clinical responses or adverse effects; or
2. A unique FDA approved indication not covered by lower Tiered products.

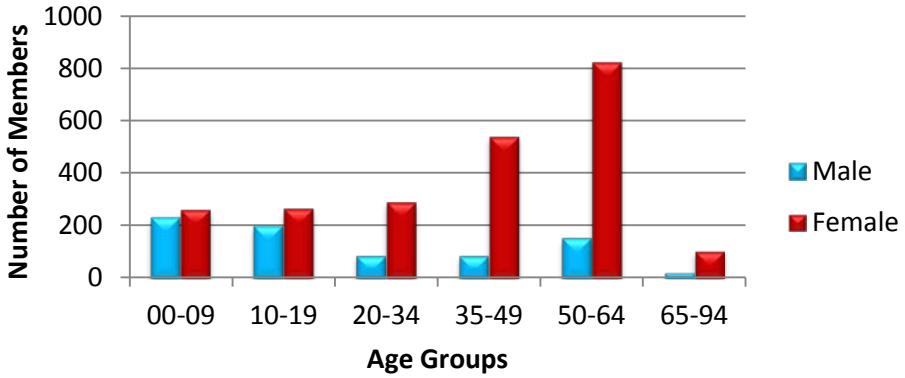
Utilization of Bladder Control Medications: Fiscal Year 2015

Comparison of Fiscal Years

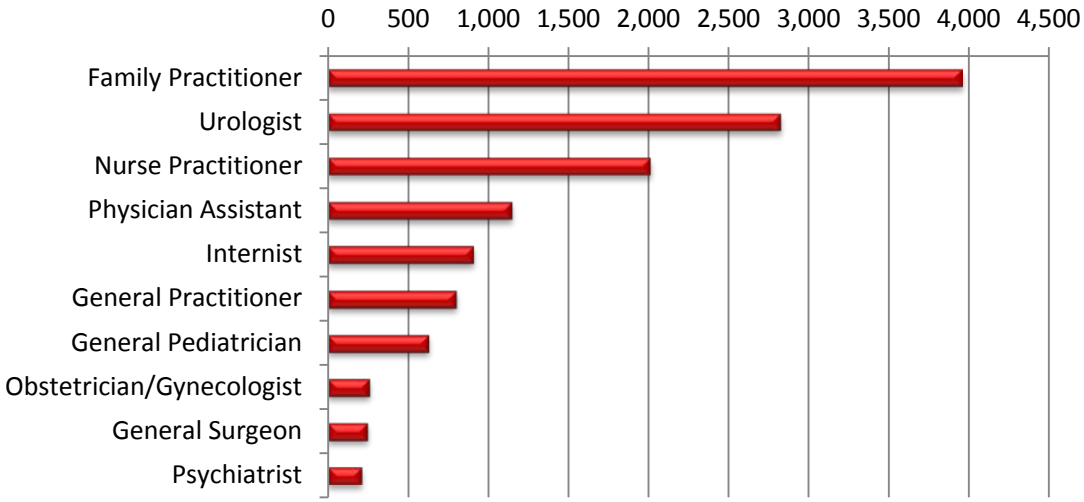
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	3,079	13,324	$921,056.21	$69.13	$2.22	993,572	414,027
2015	3,063	13,547	$804,626.62	$59.40	$1.91	1,009,536	421,388
% Change	**-0.50%**	**1.70%**	**-12.60%**	**-14.10%**	**-14.00%**	**1.60%**	**1.80%**
Change	**-16**	**223**	**-$116,429.59**	**-$9.73**	**-$0.31**	**15,964**	**7,361**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Bladder Control Medications



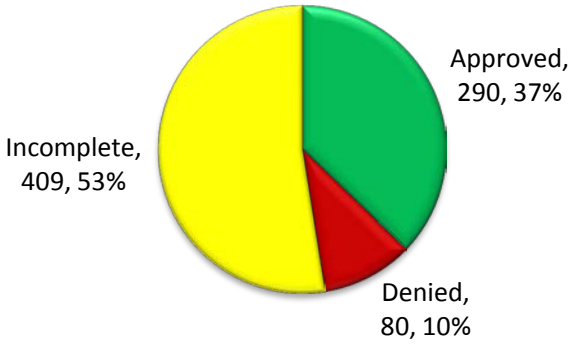
Top Prescriber Specialties of Bladder Control Medications by Number of Claims



Prior Authorization of Bladder Control Medications

There were 779 prior authorization requests submitted for the bladder control medications category during fiscal year 2015. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[2,3,4,5]

Anticipated Patent Expiration(s):

- Myrbetriq™ (mirabegron): December 2023
- Toviaz™ (fesoterodine): June 2027
- Gelnique™ (oxybutynin gel): March 2031

New FDA Approval(s):

- **March 2014:** The U.S. Food and Drug Administration (FDA) approved a generic version of Oxytrol® (oxybutynin patch); however, there are currently no generic products available on the market.
- **March 2015:** The FDA approved a generic version of Enablex® (darifenacin); however, there are currently no generic products available on the market.

New Safety Information and Update(s):

- **July 2015:** The FDA approved an updated "*warning and precautions*" section of the labeling for Oxytrol® (oxybutynin patch) and Gelnique™ (oxybutynin gel) to include hallucinations and confusion.

Recommendations

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

Utilization Details of Bladder Control Medications: Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	PERCENT COST
TIER-1 PRODUCTS						
OXYBUTYNIN PRODUCTS						
OXYBUTYNIN TAB 5MG	7,709	1,971	$224,948.75	$0.95	$29.18	27.96%
OXYBUTYNIN SYP 5MG/5ML	1,116	353	$11,958.31	$0.38	$10.72	1.49%
OXYBUTYNIN TAB 10MG ER	880	275	$35,724.41	$1.19	$40.60	4.44%
OXYBUTYNIN TAB 5MG ER	677	211	$25,757.32	$1.22	$38.05	3.20%
OXYBUTYNIN TAB 15MG ER	476	105	$21,377.58	$1.23	$44.91	2.66%
SUBTOTAL	**10,858**	**2,915**	**$319,766.37**	**$0.95**	**$29.45**	**39.75%**
TIER-1 SUBTOTAL	**10,858**	**2,915**	**$319,766.37**	**$0.95**	**$29.45**	**39.75%**
TIER-2 PRODUCTS						
TROSPIUM PRODUCTS						
TROSPIUM CL TAB 20MG	33	9	$3,595.19	$3.58	$108.95	0.45%
SUBTOTAL	**33**	**9**	**$3,595.19**	**$3.58**	**$108.95**	**0.45%**

[2] U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/2015. Last accessed 01/28/2016.

[3] U.S. Food and Drug Administration. First-Time Generic Drug Approvals-March 2014. http://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/DrugandBiologicApprovalReports/ANDAGenericDrugApprovals/ucm391516.htm. Issued 03/2014. Last accessed 02/2016.

[4] U.S. Food and Drug Administration. First-Time Generic Drug Approvals-March 2015. Available at: http://www.fda.gov/drugs/developmentapprovalprocess/howdrugsaredevelopedandapproved/drugandbiologicapprovalreports/andagenericdrugapprovals/ucm437677.htm. Issued 03/2015. Last accessed 02/2016.

[5] U.S. Food and Drug Administration. Drug Safety Label Changes – July 2015. Available at: http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm457920.htm. Issued 08/2015. Last accessed 02/2016.

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	PERCENT COST
TOLTERODINE PRODUCTS						
TOLTERODINE TAB 2MG	412	62	$47,346.27	$3.75	$114.92	5.88%
TOLTERODINE TAB 1MG	97	15	$12,303.53	$3.98	$126.84	1.53%
SUBTOTAL	**509**	**77**	**$59,649.80**	**$3.80**	**$117.19**	**7.41%**
TIER-2 SUBTOTAL	**542**	**86**	**$63,244.99**	**$3.78**	**$116.69**	**7.86%**
TIER-3 PRODUCTS						
TROSPIUM PRODUCTS						
TROSPIUM CHL CAP 60MG ER	1,081	249	$186,816.20	$5.20	$172.82	23.22%
SUBTOTAL	**1,081**	**249**	**$186,816.20**	**$5.20**	**$172.82**	**23.22%**
SOLIFENACIN PRODUCTS						
VESICARE TAB 10MG	138	25	$41,787.45	$8.01	$302.81	5.19%
VESICARE TAB 5MG	123	23	$43,007.28	$9.70	$349.65	5.34%
SUBTOTAL	**261**	**48**	**$84,794.73**	**$8.79**	**$324.88**	**10.53%**
DARIFENACIN PRODUCTS						
ENABLEX TAB 15MG	123	11	$27,255.31	$8.67	$221.59	3.39%
ENABLEX TAB 7.5MG	23	5	$4,550.64	$6.69	$197.85	0.57%
SUBTOTAL	**146**	**16**	**$31,805.95**	**$8.32**	**$217.85**	**3.96%**
MIRABEGRON PRODUCTS						
MYRBETRIQ TAB 50MG	46	9	$12,485.59	$9.20	$271.43	1.55%
MYRBETRIQ TAB 25MG	33	11	$8,579.27	$8.67	$259.98	1.07%
SUBTOTAL	**79**	**20**	**$21,064.86**	**$8.98**	**$266.64**	**2.62%**
FESOTERODINE PRODUCTS						
TOVIAZ TAB 8MG	40	6	$8,472.33	$7.06	$211.81	1.05%
TOVIAZ TAB 4MG	5	3	$1,058.00	$7.05	$211.60	0.13%
SUBTOTAL	**45**	**9**	**$9,530.33**	**$7.06**	**$211.79**	**1.18%**
TOLTERODINE PRODUCTS						
TOLTERODINE CAP 4MG ER	413	59	$62,410.72	$5.28	$151.12	7.76%
TOLTERODINE CAP 2MG ER	54	8	$9,943.99	$6.03	$184.15	1.24%
DETROL LA CAP 4MG	32	17	$6,561.54	$8.76	$205.05	0.82%
DETROL LA CAP 2MG	4	1	$658.44	$5.49	$164.61	0.08%
SUBTOTAL	**503**	**85**	**$79,574.69**	**$5.55**	**$158.20**	**9.90%**
FLAVOXATE PRODUCTS						
FLAVOXATE TAB 100MG	23	6	$1,609.78	$2.52	$69.99	0.20%
SUBTOTAL	**23**	**6**	**$1,609.78**	**$2.52**	**$69.99**	**0.20%**
OXYBUTYNIN PRODUCTS						
OXYTROL DIS 3.9MG/24	9	3	$6,418.72	$18.23	$713.19	0.80%
SUBTOTAL	**9**	**3**	**$6,418.72**	**$18.24**	**$713.19**	**0.80%**
TIER-3 SUBTOTAL	**2,147**	**436**	**$421,615.26**	**$6.16**	**$196.37**	**52.41%**
TOTAL	**13,547**	**3,063***	**$804,626.62**	**$1.91**	**$59.40**	**100%**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Fiscal Year 2015 Annual Review of Benign Prostatic Hyperplasia Medications

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Benign Prostatic Hyperplasia (BPH) Medications*		
Tier-1	**Tier-2**	**Tier-3**
alfuzosin (Uroxatral®)	doxazosin ER (Cardura XL®)	tadalafil 5mg (Cialis®)
doxazosin (Cardura®)	dutasteride (Avodart®)	
finasteride (Proscar®)	dutasteride/tamsulosin (Jalyn®)	
tamsulosin (Flomax®)	silodosin (Rapaflo®)	
terazosin (Hytrin®)		

*Tier structure based on supplemental rebate participation and/or state maximum allowable cost (SMAC).

Benign Prostatic Hyperplasia Medications Tier-2 Approval Criteria:

1. An FDA approved diagnosis; and
2. A four-week trial of two Tier-1 medications from different pharmacological classes within the past 90 days; or
3. Documented adverse effect, drug interaction, or contraindication to all available Tier-1 medications.

Benign Prostatic Hyperplasia Medications Tier-3 Approval Criteria:

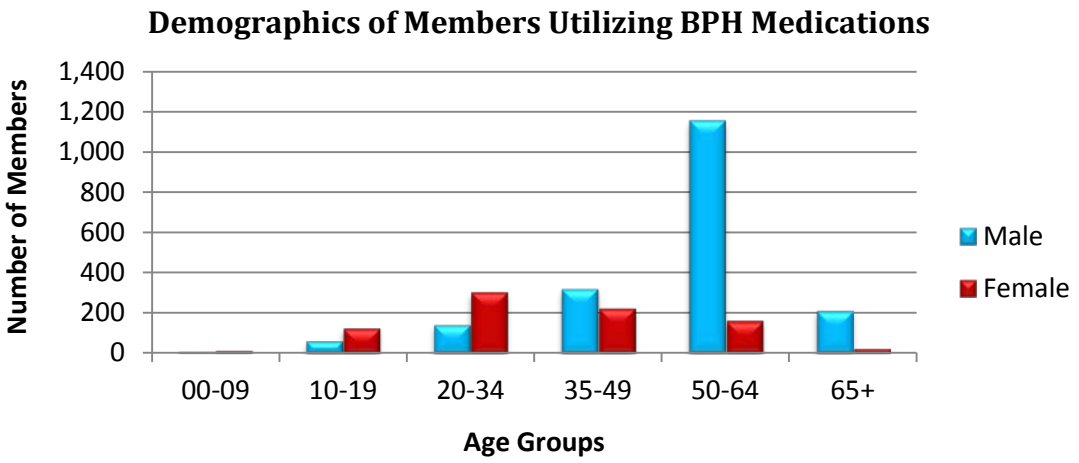
1. An FDA approved diagnosis of Benign Prostatic Hyperplasia (BPH); and
2. A four-week trial of at least two Tier-1 medications from different pharmacological classes; and
3. A four-week trial of all Tier-2 medications within the past five months; or
4. Documented adverse effect, drug interaction, contraindication, or lack of efficacy to all available Tier-1 and Tier-2 medications.
5. Authorizations for Cialis® (tadalafil) will be granted for the 5mg tablets only.

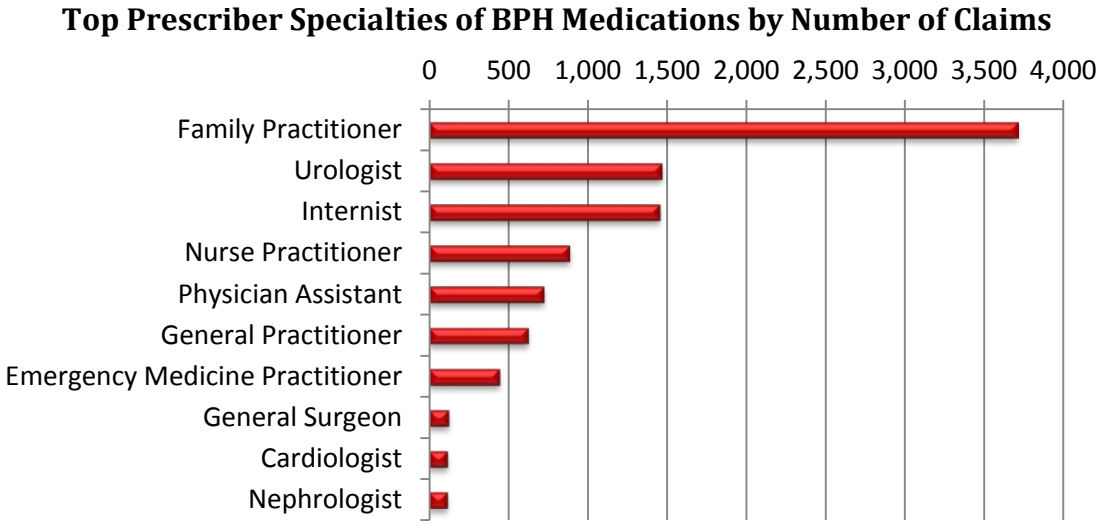
Utilization of BPH Medications: Fiscal Year 2015

Comparison of Fiscal Years

Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	2,838	10,392	$203,846.05	$19.62	$0.54	409,548	375,162
2015	2,748	10,095	$224,152.75	$22.20	$0.61	407,481	369,846
% Change	**-3.20%**	**-2.90%**	**10.00%**	**13.10%**	**13.00%**	**-0.50%**	**-1.40%**
Change	**-90**	**-297**	**$20,306.70**	**$2.58**	**$0.07**	**-2,067**	**-5,316**

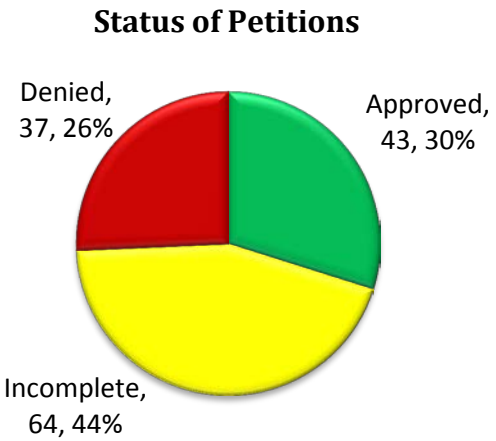
*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.





Prior Authorization of BPH Medications

There were 144 prior authorization requests submitted for the BPH medications category during fiscal year 2015. Computer edits are in place to detect Tier-1 medications in members' recent claims history and generate automated prior authorizations where possible. The following chart shows the status of the submitted petitions.



Market News and Updates[6,7]

Anticipated Patent Expiration(s):

- Rapaflo® (silodosin): December 2018
- Cialis® (tadalafil): November 2020

Update(s):

- **November 2015:** The patent for Avodart® (dutasteride) expired November 2015 and generic products are being produced by multiple manufacturers; however, generic pricing is currently comparable to the brand formulation price.
- **November 2015:** The patent for Jalyn® (dutasteride/tamsulosin) expired November 2015 and a generic version is currently available; however, generic pricing is currently comparable to the brand formulation price.

Recommendations

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

Utilization Details of BPH Medications: Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ CLAIM	% COST
TIER-1 PRODUCTS					
TAMSULOSIN PRODUCTS					
TAMSULOSIN CAP 0.4MG	6,405	2,106	$109,542.02	$17.10	48.87%
FLOMAX CAP 0.4MG	7	3	$2,306.67	$329.52	1.03%
SUBTOTAL	**6,412**	**2,109**	**$111,848.69**	**$17.44**	**49.90%**
DOXAZOSIN PRODUCTS					
DOXAZOSIN TAB 4MG	781	167	$20,125.27	$25.77	8.98%
DOXAZOSIN TAB 2MG	562	146	$13,661.58	$24.31	6.09%
DOXAZOSIN TAB 8MG	297	64	$7,286.90	$24.54	3.25%
DOXAZOSIN TAB 1MG	254	77	$6,428.61	$25.31	2.87%
CARDURA TAB 8MG	6	2	$116.31	$19.39	0.05%
SUBTOTAL	**1,900**	**456**	**$47,618.67**	**$25.06**	**21.24%**
FINASTERIDE PRODUCTS					
FINASTERIDE TAB 5MG	696	170	$7,585.01	$10.90	3.38%
SUBTOTAL	**696**	**170**	**$7,585.01**	**$10.90**	**3.38%**
TERAZOSIN PRODUCTS					
TERAZOSIN CAP 5MG	262	59	$1,642.38	$6.27	0.73%
TERAZOSIN CAP 2MG	228	74	$1,455.88	$6.39	0.65%
TERAZOSIN CAP 1MG	153	53	$807.92	$5.28	0.36%

[6]U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/2015. Last accessed 02/28/2016.

[7] U.S. Food and Drug Administration. First-Time Generic Drug Approvals - November 2015. Available online at: http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=Reports.ReportsMenu. Issued 11/2015. Last accessed 02/2016.

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ CLAIM	% COST
TERAZOSIN CAP 10MG	84	22	$572.64	$6.82	0.26%
SUBTOTAL	**727**	**208**	**$4,478.82**	**$6.16**	**2.00%**
ALFUZOSIN PRODUCTS					
ALFUZOSIN TAB 10MG	122	36	$1,632.86	$13.38	0.73%
SUBTOTAL	**122**	**36**	**$1,632.86**	$13.38	**0.73%**
TIER-1 SUBTOTAL	**9,857**	**2,979**	**$173,164.05**	**$17.57**	**77.25%**
TIER-2 PRODUCTS					
DUTASTERIDE PRODUCTS					
AVODART CAP 0.5MG	112	26	$27,119.28	$242.14	12.10%
SUBTOTAL	**112**	**26**	**$27,119.28**	**$242.14**	**12.10%**
SILODOSIN PRODUCTS					
RAPAFLO CAP 8MG	76	10	$12,528.64	$164.85	5.59%
RAPAFLO CAP 4MG	7	1	$1,232.97	$176.14	0.55%
SUBTOTAL	**83**	**11**	**$13,761.61**	**$165.80**	**6.14%**
DUTASTERIDE/TAMSULOSIN PRODUCTS					
JALYN CAP	24	4	$4,279.72	$178.32	1.91%
SUBTOTAL	**24**	**4**	**$4,279.72**	**$178.32**	**1.91%**
DOXAZOSIN PRODUCTS					
CARDURA XL TAB 4MG	2	2	$104.57	$52.29	0.05%
SUBTOTAL	**2**	**2**	**$104.57**	**$52.29**	**0.05%**
TIER-2 SUBTOTAL	**221**	**43**	**$45,265.18**	**$204.82**	**20.20%**
TIER-3 PRODUCTS					
TADALAFIL PRODUCTS					
CIALIS TAB 5MG	17	2	$5,723.52	$336.68	2.55%
SUBTOTAL	**17**	**2**	**$5,723.52**	**$336.68**	**2.55%**
TIER-3 SUBTOTAL	**17**	**2**	**$5,723.52**	**$336.68**	**2.55%**
TOTAL	**10,095**	**2,748***	**$224,152.75**	**$22.20**	**100%**

*Total number of unduplicated members.

Costs do not reflect rebated prices or net costs.

Fiscal Year 2015 Annual Review of Elidel™ (Pimecrolimus Topical) and Protopic® (Tacrolimus Topical)

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Elidel™ (Pimecrolimus Topical) and Protopic® (Tacrolimus Topical) Approval Criteria:

1. The first 90 days of a 12 month period will be covered without prior authorization.
2. After the initial period, authorization may be granted with documentation of one trial at least six weeks in duration within the past 90 days of a Tier-1 topical corticosteroid.
3. Therapy will be approved only once each 90 day period to ensure appropriate short-term and intermittent utilization as advised by the FDA.
4. Quantities will be limited to 30 grams for use on the face, neck, and groin, and 100 grams for all other areas.
5. Authorizations will be restricted to those patients who are not immunocompromised.

Members Must Meet All of the Following Criteria for Authorization:

1. An FDA approved diagnosis:
    a. Elidel™: short-term and intermittent treatment for mild to moderate atopic dermatitis (eczema)
    b. Protopic®: short-term and intermittent treatment for moderate to severe atopic dermatitis (eczema)
2. Age Restrictions:
    a. Elidel™ 1% is restricted to two years of age and older
    b. Protopic® 0.03% is restricted to two years of age and older
    c. Protopic® 0.1% is restricted to 15 years of age and older

Clinical Exceptions for Children Meeting Age Restriction:

1. Documented adverse effect, drug interaction, or contraindication to Tier-1 products; or
2. Atopic dermatitis of face or groin where physician does not want to use topical corticosteroids; or
3. Prescribed by a dermatologist.

Clinical Exceptions for Children <u>Not</u> Meeting Age Restriction: Prescribed by dermatologist.

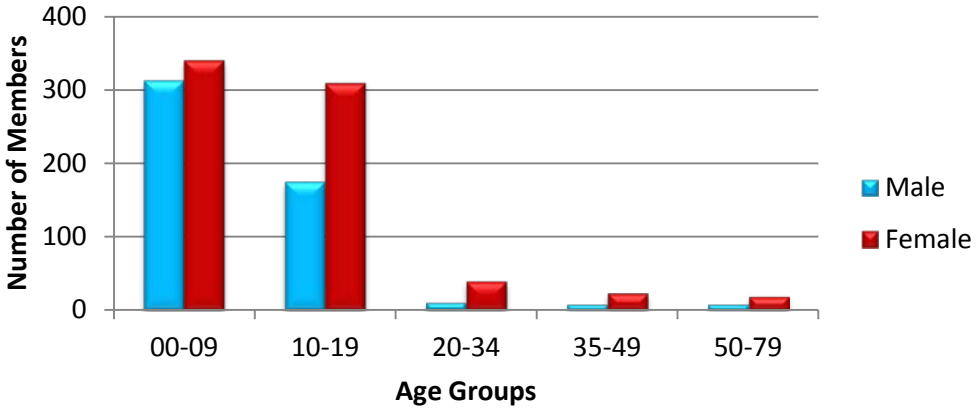
Utilization of Elidel™ and Protopic®: Fiscal Year 2015

Comparison of Fiscal Years

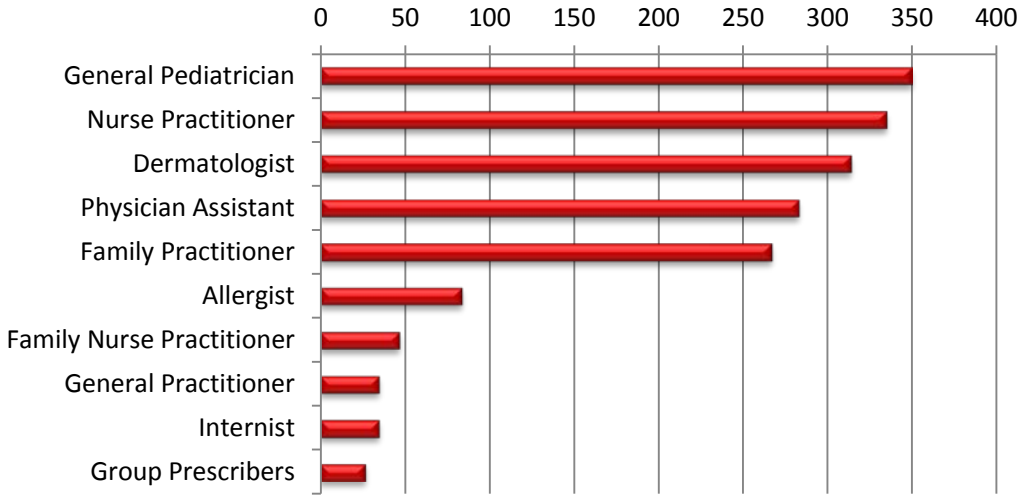
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	1,527	2,266	$686,731.36	$303.06	$9.29	103,470	73,956
2015	1,249	1,816	$591,929.86	$325.95	$10.21	82,500	57,956
% Change	**-18.20%**	**-19.90%**	**-13.80%**	**7.60%**	**9.90%**	**-20.30%**	**-21.60%**
Change	**-278**	**-450**	**-$94,801.50**	**$22.89**	**$0.92**	**-20,970**	**-16,000**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Elidel™ and Protopic®



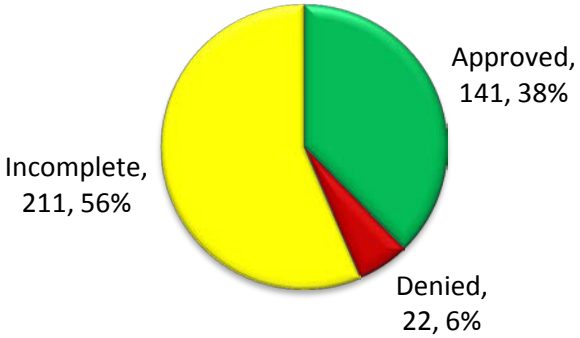
Top Prescriber Specialties of Elidel™ and Protopic® by Number of Claims



Prior Authorization of Elidel™ and Protopic®

There were 374 prior authorization requests submitted for Elidel™ and Protopic® during fiscal year 2015. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[8]

Anticipated Patent Expiration(s):

- Elidel™ (pimecrolimus topical): December 2018

Recommendations

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

Utilization Details of Elidel™ and Protopic®: Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	PERCENT COST	COST/CLAIM
ELIDEL CRE 1%	817	586	$256,031.37	$9.46	43.25%	$313.38
TACROLIMUS OIN 0.03%	468	359	$150,466.16	$10.56	25.42%	$321.51
PROTOPIC OIN 0.03%	407	327	$143,904.96	$11.43	24.31%	$353.57
TACROLIMUS OIN 0.1%	66	55	$17,751.02	$8.22	3.00%	$268.95
PROTOPIC OIN 0.1%	58	50	$23,776.35	$12.65	4.02%	$409.94
TOTAL	**1,816**	**1,249***	**$591,929.86**	**$10.21**	**100.00%**	**$325.95**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

[8] U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/2015. Last accessed 02/08/2016.

Fiscal Year 2015 Annual Review of Fibric Acid Derivative Medications

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Fibric Acid Derivative Medications	
Tier-1	**Tier-2**
fenofibrate (Lofibra® Capsules)	fenofibrate (Antara® Capsules)
fenofibrate (Triglide® Tablets) 160mg	fenofibrate (Lipofen® Capsules)
fenofibrate (Trilipix® Tablets)	fenofibrate (Fenoglide® Tablets)
fenofibrate (Tricor® Tablets)	fenofibrate (Fibricor® Tablets)
gemfibrozil (Lopid® Tablets)	

Fibric Acid Derivative Medications Tier-2 Approval Criteria:

1. Laboratory documented failure of a Tier-1 medication after a six month trial; or
2. Documented adverse effect, drug interaction, or contraindication to all Tier-1 products; or
3. Prior stabilization on the Tier-2 medication documented within the last 100 days.

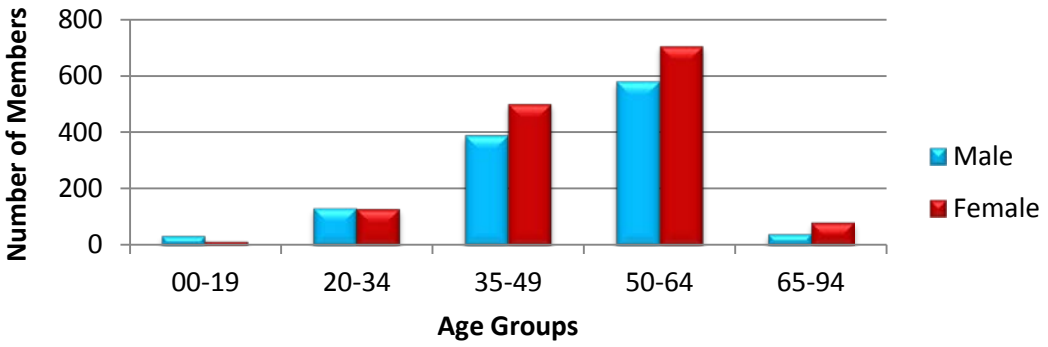
Utilization of Fibric Acid Derivative: Fiscal Year 2015

Comparison of Fiscal Years

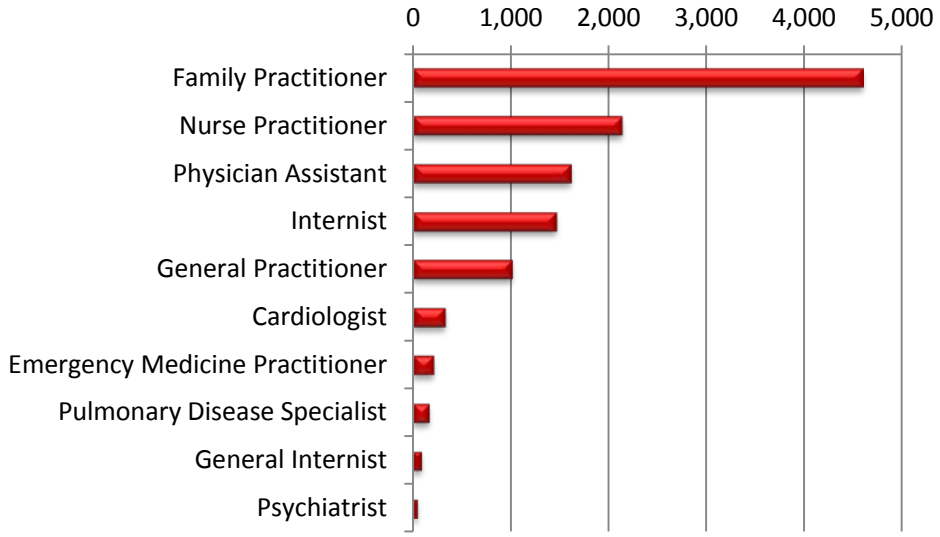
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	3,044	13,148	$928,685.12	$70.63	$1.86	644,148	499,064
2015	2,619	11,969	$617,021.99	$51.55	$1.36	570,316	452,042
% Change	**-14.00%**	**-9.00%**	**-33.60%**	**-27.00%**	**-26.90%**	**-11.50%**	**-9.40%**
Change	**-425**	**-1,179**	**-$311,663.13**	**-$19.08**	**-$0.50**	**-73,832**	**-47,022**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Fibric Acid Derivative Medications



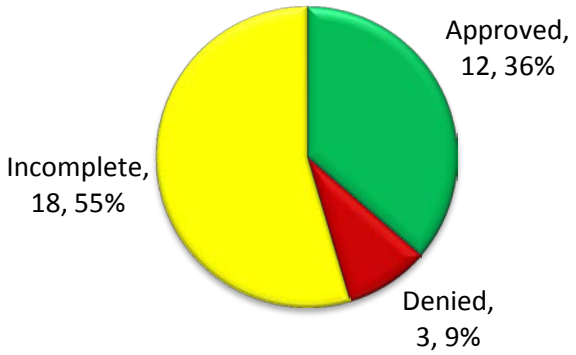
Top Prescriber Specialties of Fibric Acid Derivative Medications by Number of Claims



Prior Authorization of Fibric Acid Derivative Medications

There were 33 prior authorization requests submitted for the fibric acid derivative medications category during fiscal year 2015. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[9]

Anticipated Patent Expiration(s):

- Triglide® (fenofibrate tablets): September 2021
- Fenoglide® (fenofibrate tablets): December 2024
- Antara® (fenofibrate capsules): April 2025

Recommendations

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

[9]U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/2015. Last accessed 01/28/2016.

Utilization Details of Fibric Acid Derivative Medications: Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	MEMBERS	COST	COST/ DAY	COST/ CLAIM	% COST
TIER-1 PRODUCTS						
GEMFIBROZIL TAB 600MG	3,984	909	$38,896.28	$0.31	$9.76	6.30%
FENOFIBRATE TAB 145MG	2,515	624	$229,424.47	$2.09	$91.22	37.18%
FENOFIBRATE TAB 160MG	1,871	403	$78,945.03	$1.05	$42.19	12.79%
FENOFIBRIC CAP 135MG DR	1,173	275	$150,908.66	$2.92	$128.65	24.46%
FENOFIBRATE TAB 48MG	697	171	$27,748.82	$1.06	$39.81	4.50%
FENOFIBRATE TAB 54MG	567	124	$14,631.14	$0.72	$25.80	2.37%
FENOFIBRATE CAP 134MG	375	85	$23,150.39	$1.45	$61.73	3.75%
FENOFIBRIC CAP 45MG DR	319	74	$17,686.09	$1.49	$55.44	2.87%
TRILIPIX CAP 135MG	200	38	$18,120.82	$3.04	$90.60	2.94%
FENOFIBRATE CAP 200MG	165	27	$13,559.58	$2.23	$82.18	2.20%
FENOFIBRATE CAP 67MG	56	12	$1,754.44	$0.81	$31.33	0.28%
TRICOR TAB 48MG	19	5	$654.75	$1.15	$34.46	0.11%
TRILIPIX CAP 45MG	9	2	$417.73	$1.55	$46.41	0.07%
LOPID TAB 600MG	8	3	$96.88	$0.40	$12.11	0.02%
FENOFIBRIC TAB 105MG	5	2	$511.76	$2.47	$102.35	0.08%
LOFIBRA TAB 160MG	4	2	$204.73	$1.14	$51.18	0.03%
TIER-1 SUBTOTAL	**11,967**	**2,756**	**$616,711.57**	**$1.36**	**$51.53**	**99.95%**
TIER-2 PRODUCTS						
FENOFIBRATE CAP 130MG	2	2	$310.42	$5.17	$155.21	0.05%
TIER-2 SUBTOTAL	**2**	**2**	**$310.42**	**$5.17**	**$155.21**	**0.05%**
TOTAL	**11,969**	**2,619***	**$617,021.99**	**$1.36**	**$51.55**	**100.00%**

*Total number of unduplicated members.

Costs do not reflect rebated prices or net costs.

Fiscal Year 2015 Annual Review of Fulyzaq™ (Crofelemer)

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Fulyzaq™ (Crofelemer) Approval Criteria:

1. An FDA approved diagnosis of non-infectious diarrhea in adult patients with HIV/AIDS currently on anti-retroviral therapy; and
2. Duration of diarrhea has been greater than or equal to four weeks; and
3. Dietary modifications have failed; and
4. Prescribers must verify that infectious diarrhea has been ruled out via confirmation of all of the following:
    a. CD4 count has been measured and possible opportunistic infections have been ruled out; and
    b. Member does not have fever; and
    c. Stool studies for pathogens are negative including:
        i. Bacterial cultures
        ii. Ova, Parasite, Cryptosporidium and/or Giardia
        iii. *Clostridium difficile* (*Clostridium difficile* testing should include a glutamate dehydrogenase screen and if positive followed by a confirmatory test or nucleic acid amplification test in patients with documented diarrhea. A toxin enzyme immunoassay should not be used as a stand-alone test.); and
5. If stool study results are negative and the patient has severe symptoms, particularly in the case of advanced immunodeficiency, an endoscopy with biopsy is recommended, at the doctor's discretion, to rule out inflammatory bowel disease, cancer, cytomegalovirus (CMV) infection, microsporidium, or mycobacterium avium complex (MAC); and
6. A quantity limit of 60 tablets per 30 days will apply. Initial approval will be for four weeks of therapy. An additional six month approval may be granted if physician documents member is responding well to treatment.

Utilization of Fulyzaq™ (Crofelemer): Fiscal Year 2015

There was no utilization of Fulyzaq™ (crofelemer) during fiscal year 2015.

Prior Authorization of Fulyzaq™ (Crofelemer)

There was 1 prior authorization request submitted for Fulyzaq™ (crofelemer) during fiscal year 2015. The prior authorization request was denied.

Market News and Updates[10]

Anticipated Patent Expiration(s): Fulyzaq™ (crofelemer): October 2031

Recommendations

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

[10] U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/2015. Last accessed 02/2016.

Fiscal Year 2015 Annual Review of Gattex® (Teduglutide)

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Gattex® (Teduglutide) Approval Criteria:

1. An FDA approved diagnosis of severe Short Bowel Syndrome; and
2. Member must require parenteral nutrition at least three times per week, every week, for the past twelve months; and
3. Documentation of all of the following:
    a. Prior use of supportive therapies (e.g., anti-motility agents, proton pump inhibitors, bile acid sequestrants, and octreotide); and
    b. Colonoscopy within the previous six months, with removal of polyps if present; and
    c. Gastro-intestinal malignancy has been ruled out.
4. Approval will be for the duration of three months, after which time, the prescriber must verify benefit of medication by documented reduction of at least 20% in parenteral support. Subsequent approvals will be for the duration of one year.

Utilization of Gattex® (Teduglutide): Fiscal Year 2015

There was no utilization of Gattex® (teduglutide) during fiscal year 2015.

Prior Authorization of Gattex® (Teduglutide)

There were no prior authorization requests submitted for Gattex® (teduglutide) during fiscal year 2015.

Market News and Updates[11]

Anticipated Patent Expiration(s): Gattex® (teduglutide): November 2025

Recommendations

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

[11]U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/2015. Last accessed 02/2016.

Fiscal Year 2015 Annual Review of Hereditary Angioedema Medications

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Cinryze® (C1 Esterase Inhibitor) Approval Criteria:

1. An FDA approved diagnosis of hereditary angioedema (HAE); and
2. Cinryze® must be used for *prophylaxis* of hereditary angioedema; and
3. History of at least one or more abdominal or respiratory HAE attack(s) per month, or history of laryngeal attacks, or three or more emergency medical treatments per year; and
4. Member must not be currently taking an angiotensin converting enzyme (ACE) inhibitor or estrogen replacement therapy; and
5. Documented intolerance, insufficient response, or contraindication to:
    a. Attenuated androgens (e.g. danazol, stanozolol, oxandrolone, methyltestosterone); and
    b. Antifibrinolytic agents (e.g. ε – aminocaproic acid, tranexamic acid); or
    c. Recent hospitalization for severe episode of angioedema.
6. Dosing:
    a. The recommended dose of Cinryze® is 1,000 units intravenously (IV) every three to four days, approximately two times per week, to be infused at a rate of 1 mL/min.
    b. Initial doses should be administered in an outpatient setting by a healthcare provider. Patients can be taught by their healthcare provider to self-administer Cinryze® intravenously.
    c. A quantity limit of 8,000 units per month will apply (i.e. two treatments per week or eight treatments per month).

Berinert® (C1 Esterase Inhibitor), Kalbitor® (Ecallantide), and Firazyr® (Icatibant) Approval Criteria:

1. An FDA approved diagnosis of hereditary angioedema (HAE); and
2. Berinert®, Kalbitor®, or Firazyr® must be used for *treatment* of acute attacks of hereditary angioedema.

Ruconest® (C1 Esterase Inhibitor) Approval Criteria:

1. An FDA approved diagnosis of hereditary angioedema; and
2. Ruconest® must be used for *treatment* of acute attacks of hereditary angioedema; and
3. A patient-specific, clinically significant reason why the member cannot use Berinert® (C1 esterase inhibitor, human).

Utilization of Hereditary Angioedema Medications: Fiscal Year 2015

Comparison of Fiscal Years: Pharmacy Claims

Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	8	30	$1,275,801.77	$42,526.73	$1,814.80	510	703
2015	6	29	$1,144,376.15	$39,461.25	$1,589.41	461	720
% Change	**-25.00%**	**-3.30%**	**-10.30%**	**-7.20%**	**-12.40%**	**-9.60%**	**2.40%**
Change	**-2**	**-1**	**-$131,425.62**	**-$3,065.48**	**-$225.39**	**-49**	**17**

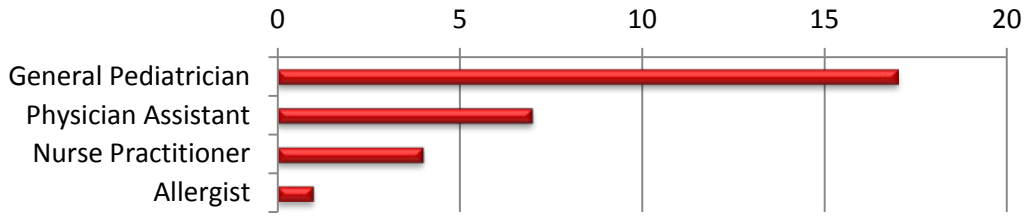
*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

- There were no paid medical claims for Berinert®, Kalbitor®, Firazyr®, or Ruconest® during fiscal year 2015.

Demographics of Members Utilizing Hereditary Angioedema Medications

- Due to the small number of members utilizing hereditary angioedema medications, this report does not contain demographic information.

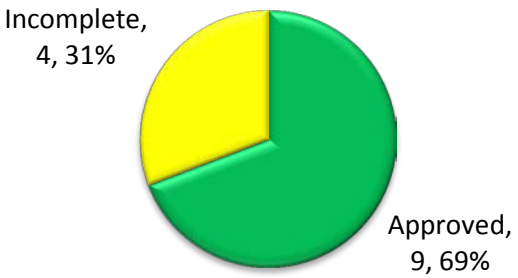
Top Prescriber Specialties of Hereditary Angioedema Medications by Number of Claims



Prior Authorization of Hereditary Angioedema Medications

There were 13 prior authorization requests submitted for hereditary angioedema medications during fiscal year 2015. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[12]

Anticipated Patent Expiration(s): Firazyr® (icatibant): July 2019

Recommendations

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

Utilization Details of Hereditary Angioedema Medications: Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/CLAIM	PERCENT COST
CINRYZE SOL 500 UNIT	14	2	$886,304.65	$2,308.09	$63,307.48	77.45%
BERINERT INJ 500UNIT	7	3	$64,031.76	$349.90	$9,147.39	5.60%
FIRAZYR 30MG/3ML INJ	5	2	$126,817.75	$1,048.08	$25,363.55	11.08%
KALBITOR INJ 10MG/ML	3	1	$67,221.99	$2,100.69	$22,407.33	5.87%
TOTAL	**29**	**6***	**$1,144,376.15**	**$1,589.41**	**$39,461.25**	**100.00%**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

[12]U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 01/2016. Last accessed 03/2016.

Fiscal Year 2015 Annual Review of Gralise™ (Gabapentin Extended-Release) & Horizant® (Gabapentin Enacarbil Extended-Release)

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Gralise™ (Gabapentin Extended-Release) Approval Criteria:

1. An FDA-approved indication of postherpetic neuralgia; and
2. Documented treatment attempts at recommended dosing with at least one agent from two of the following drug classes that did not yield adequate relief:
    a. Tricyclic antidepressants
    b. Anticonvulsants
    c. Topical or oral analgesics; and
3. A patient-specific, clinically significant reason why the member cannot take the immediate-release formulation of gabapentin.

Horizant® (Gabapentin Enacarbil Extended-Release) Approval Criteria:

1. For the FDA-approved indication of restless leg syndrome:
    a. Member must be 18 years of age or older; and
    b. Documented treatment attempts at recommended dosing with at least two of the following that did not yield adequate relief:
        i. Carbidopa/levodopa
        ii. Pramipexole
        iii. Ropinirole
    c. A patient-specific, clinically significant reason why the member cannot take the immediate-release formulation of gabapentin.
2. For the FDA-approved indication of postherpetic neuralgia:
    a. Member must be 18 years of age or older; and
    b. Documented treatment attempts at recommended dosing with at least one agent from two of the following drug classes that did not yield adequate relief:
        i. Tricyclic antidepressants
        ii. Anticonvulsants
        iii. Topical or oral analgesics
    c. A patient-specific, clinically significant reason why the member cannot take the immediate-release formulation of gabapentin.

Utilization of Gralise™ and Horizant®: Fiscal Year 2015

Comparison of Fiscal Years

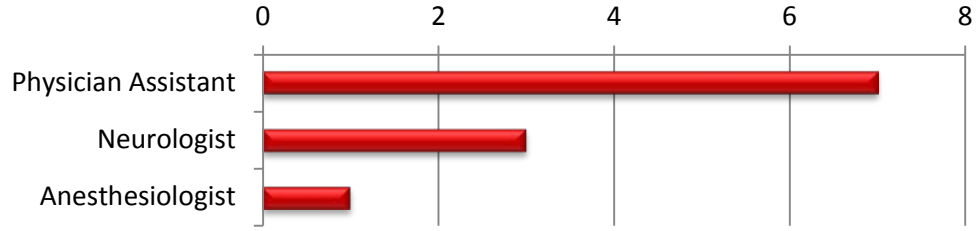
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2015	4	11	$5,131.83	$466.53	$13.16	1,140	390

*Total number of unduplicated members.
During fiscal year 2014, there was no utilization of Gralise™ or Horizant®.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Gralise™ or Horizant® Medications

- Due to the small number of members utilizing these products during fiscal year 2015, detailed demographic data could not be provided.

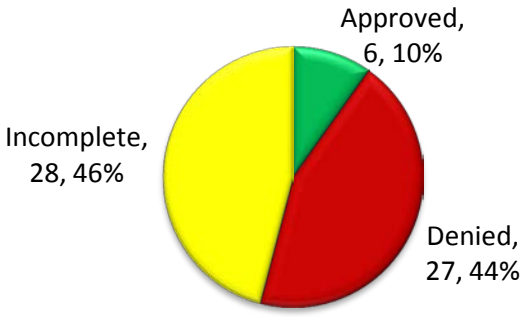
Top Prescriber Specialties of Gralise™ or Horizant® by Number of Claims



Prior Authorization of Gralise™ and Horizant®

There were 61 prior authorization requests submitted for Gralise™ and Horizant® during fiscal year 2015. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[13]

Anticipated Patent Expiration(s):

- Gralise™ (gabapentin extended-release tablets): February 2024
- Horizant® (gabapentin enacarbil extended-release tablets): June 2029

Recommendations

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

Utilization Details of Gralise™ and Horizant®: Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	% COST	COST/ CLAIM
GRALISE TAB 300MG	7	1	$3,786.59	$14.02	73.79%	$540.94
HORIZANT TAB	4	3	$1,345.24	$11.21	26.21%	$336.31
TOTAL	**11**	**4***	**$5,131.83**	**$13.16**	**100%**	**$466.53**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

[13]U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/2015. Last accessed 02/09/2016.

Fiscal Year 2015 Annual Review of Insomnia Medications

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Insomnia Medications			
Tier-1	**Tier-2**	**Tier-3**	**Special PA***
estazolam (ProSom®)	ramelteon (Rozerem®)	suvorexant (Belsomra®)	doxepin (Silenor®)
eszopiclone (Lunesta®)	zolpidem CR (Ambien® CR)		tasimelteon (Hetlioz®)+
flurazepam (Dalmane®)			temazepam (Restoril®) 7.5mg and 22.5mg
temazepam (Restoril®) 15mg and 30mg			zolpidem SL tablets (Edluar®)
triazolam (Halcion®)			zolpidem SL tablets (Intermezzo®)
zaleplon (Sonata®)			zolpidem oral spray (Zolpimist®)
zolpidem (Ambien®)			

*Unique dosage formulations require a special reason for use in place of Tier-1 formulations.
+ Individual criteria specific to tasimelteon applies.

- Tier-1 products are available without a prior authorization for all members 18 years of age and older.
- Members 18 years or younger will be required to submit a prior authorization for consideration.
- All products have a quantity limit of 30 units per 30 days.
- Unique dosage formulations require a special reason for use in place of Tier-1 formulations.

Insomnia Medications Tier-2 Approval Criteria:

1. An FDA approved diagnosis; and
2. A minimum of a 30-day trial with at least two Tier-1 products; and
3. Clinical documentation of attempts to correct any primary cause for insomnia; and
4. No concurrent anxiolytic benzodiazepine therapy greater than three times daily dosing.
5. Approvals will be granted for the duration of six months.

Insomnia Medications Tier- 3 Approval Criteria:

1. An FDA approved diagnosis; and
2. A minimum of a 30-day trial with at least two Tier-2 products; and
3. Clinical documentation of attempts to correct any primary cause for insomnia; and
4. No concurrent anxiolytic benzodiazepine therapy greater than three times daily dosing.
5. Approvals will be granted for the duration of six months.

Hetlioz® (tasimelteon) Approval Criteria:

1. An FDA approved diagnosis of Non-24-Hour Sleep-Wake Disorder (Non-24); and
2. Member must be 18 years of age or older; and
3. Member must be totally blind; and

4. A failed trial of appropriately timed doses of melatonin.
5. Initial approvals will be for the duration of 12 weeks. For continuation, the prescriber must include information regarding improved response/effectiveness of this medication.
6. A quantity limit of 30 capsules for 30 days will apply.

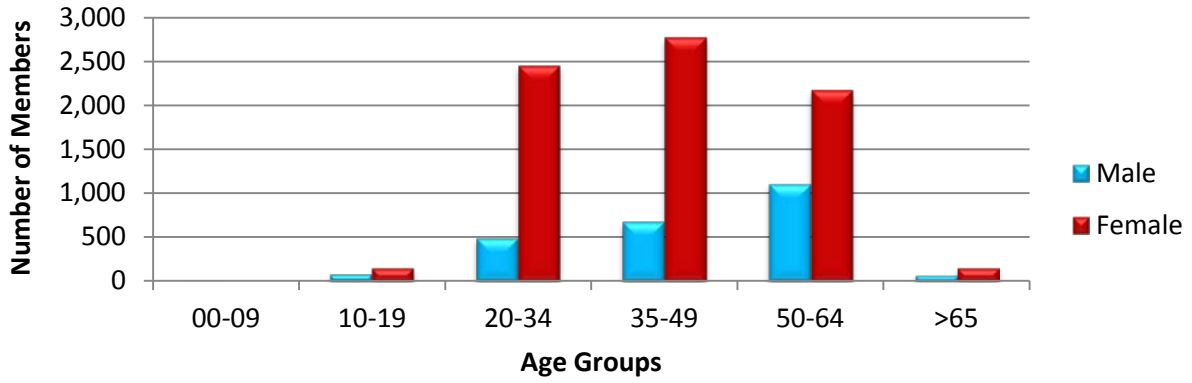
Utilization of Insomnia Medications: Fiscal Year 2015

Comparison of Fiscal Years

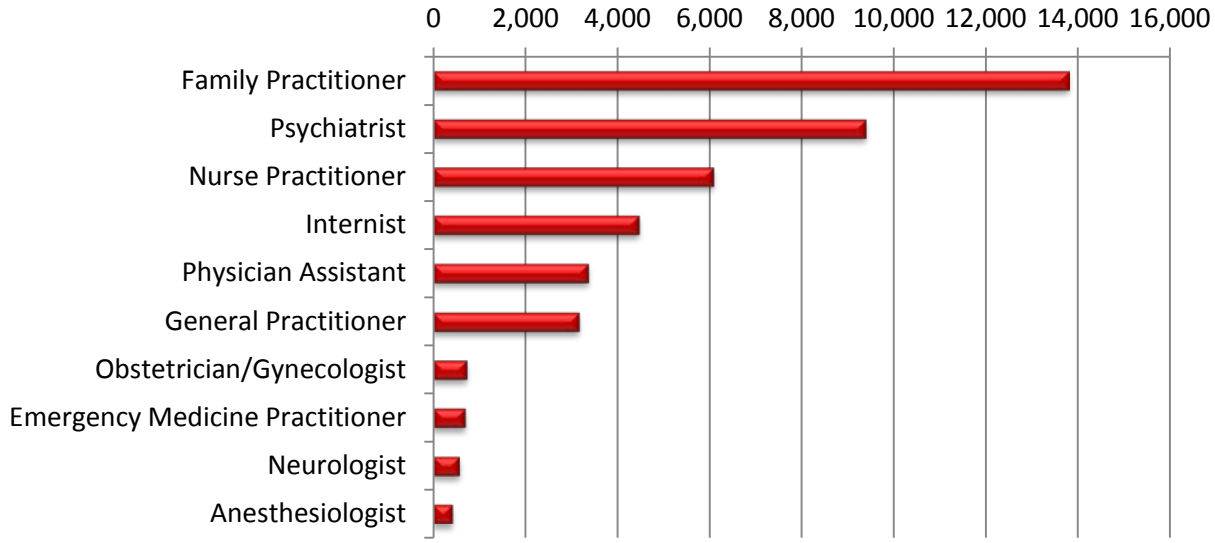
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	11,837	52,260	$653,213.31	$12.50	$0.43	1,505,257	1,506,585
2015	10,152	45,533	$362,999.62	$7.97	$0.28	1,317,819	1,316,056
% Change	**-14.20%**	**-12.90%**	**-44.40%**	**-36.20%**	**-34.90%**	**-12.50%**	**-12.60%**
Change	**-1,685**	**-6,727**	**-$290,213.69**	**-$4.53**	**-$0.15**	**-187,438**	**-190,529**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Insomnia Medications



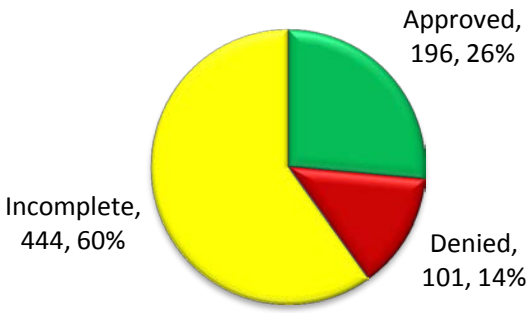
Top Prescriber Specialties of Insomnia Medications by Number of Claims



Prior Authorization of Insomnia Medications

There were 741 prior authorization requests submitted for the insomnia medications category during fiscal year 2015. Computer edits are in place to detect Tier-1 medications in members' recent claims history and generate automated prior authorizations where possible. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[14,15,16]

Anticipated Patent Expiration(s):

- Rozerem® (ramelteon tablets): July 2019
- Intermezzo® (zolpidem sublingual tablets): August 2029
- Silenor® (doxepin tablets): April 2030
- Hetlioz® (tasimelteon capsules): January 2033

New Generic Approval(s):

- **June 2015:** A generic formulation of Intermezzo® (zolpidem sublingual tablets) has been approved; however, there are currently no generic products available.

New Safety Information and Update(s):

- **May 2014:** The FDA issued a drug safety warning for Lunesta® (eszopiclone) warning that the medication can cause next-day impairment of driving and other activities that require alertness. The recommended starting dose of Lunesta® (eszopiclone) was decreased to 1mg at bedtime for both men and women.

Recommendations

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

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[14] U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 01/2016. Last accessed 03/2016.

[15] U.S. Food and Drug Administration. FDA Approved Drug Products: June 2015. Available online at: http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=Reports.MonthlyApprovalsAll. Issued 06/2015. Last accessed 03/2016.

[16] U.S. Food and Drug Administration. FDA Drug Safety Communication: FDA warns of next-day impairment with sleep aid Lunesta (eszopiclone) and lowers recommended dose. Available online at: http://www.fda.gov/Drugs/DrugSafety/ucm397260.htm. Issued 05/2014. Last accessed 03/2016.

Utilization Details of Insomnia Medications: Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
TIER-1 PRODUCTS						
ZOLPIDEM PRODUCTS						
ZOLPIDEM TAB 10MG	25,147	5,617	$74,080.68	$0.10	$2.95	20.41%
ZOLPIDEM TAB 5MG	5,921	2,207	$20,937.18	$0.12	$3.54	5.77%
AMBIEN TAB 10MG	7	4	$42.92	$0.24	$6.13	0.01%
SUBTOTAL	**31,075**	**7,828**	**$95,060.78**	**$0.11**	**$3.06**	**26.19%**
TEMAZEPAM PRODUCTS						
TEMAZEPAM CAP 30MG	6,436	1,515	$31,702.21	$0.17	$4.93	8.73%
TEMAZEPAM CAP 15MG	3,351	1,184	$15,629.23	$0.16	$4.66	4.31%
SUBTOTAL	**9,787**	**2,699**	**$47,331.44**	**$0.16**	**$4.84**	**13.04%**
TRIAZOLAM PRODUCTS						
TRIAZOLAM TAB 0.25MG	1,008	512	$16,336.60	$0.85	$16.21	4.50%
TRIAZOLAM TAB 0.125MG	39	24	$731.40	$0.88	$18.75	0.20%
SUBTOTAL	**1,047**	**536**	**$17,068.00**	**$0.85**	**$16.30**	**4.70%**
ZALEPLON PRODUCTS						
ZALEPLON CAP 10MG	811	298	$11,339.40	$0.48	$13.98	3.12%
ZALEPLON CAP 5MG	197	109	$2,407.96	$0.47	$12.22	0.66%
SUBTOTAL	**1,008**	**407**	**$13,747.36**	**$0.48**	**$13.64**	**3.78%**
FLURAZEPAM PRODUCTS						
FLURAZEPAM CAP 30MG	152	34	$1,148.66	$0.25	$7.56	0.32%
FLURAZEPAM CAP 15MG	42	17	$279.92	$0.22	$6.66	0.08%
SUBTOTAL	**194**	**51**	**$1,428.58**	**$0.25**	**$7.36**	**0.40%**
ESTAZOLAM PRODUCTS						
ESTAZOLAM TAB 2MG	63	16	$1,049.15	$0.59	$16.65	0.29%
ESTAZOLAM TAB 1MG	6	6	$72.23	$0.42	$12.04	0.02%
SUBTOTAL	**69**	**22**	**$1,121.38**	**$0.57**	**$16.25**	**0.31%**
ESZOPICLONE PRODUCTS						
ESZOPICLONE TAB 3MG	649	139	$14,933.34	$0.77	$23.01	4.11%
ESZOPICLONE TAB 2MG	210	67	$4,564.12	$0.73	$21.73	1.26%
ESZOPICLONE TAB 1MG	35	17	$823.97	$0.80	$23.54	0.23%
SUBTOTAL	**894**	**223**	**$20,321.43**	**$0.76**	**$22.73**	**5.60%**
TIER-1 TOTAL	**44,074**	**11,766**	**$196,078.97**	**$0.15**	**$4.45**	**54.02%**
TIER-2 PRODUCTS						
ZOLPIDEM PRODUCTS						
ZOLPIDEM ER TAB 12.5MG	1,111	204	$78,525.93	$2.37	$70.68	21.63%
ZOLPIDEM ER TAB 6.25MG	128	39	$10,550.65	$2.89	$82.43	2.91%
AMBIEN CR TAB 12.5MG	12	1	$4,574.55	$12.71	$381.21	1.26%
SUBTOTAL	**1,251**	**244**	**$93,651.13**	**$2.52**	**$74.86**	**25.80%**
RAMELTEON PRODUCTS						
ROZEREM TAB 8MG	190	29	$50,549.04	$8.96	$266.05	13.93%
SUBTOTAL	**190**	**29**	**$50,549.04**	**$8.96**	**$266.05**	**13.93%**
TIER-2 TOTAL	**1,441**	**273**	**$144,200.17**	**3**	**$100.07**	**39.73%**
TIER-3 PRODUCTS						
SUVOREXANT PRODUCTS						

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
BELSOMRA TAB 10MG	3	1	$808.22	$8.98	$269.41	0.22%
SUBTOTAL	**3**	**1**	**$808.22**	**$8.98**	**$269.41**	**0.22%**
TIER-3 TOTAL	**3**	**1**	**$808.22**	**9**	**$269.41**	**0.22%**
SPECIAL PA PRODUCTS						
TEMAZEPAM PRODUCTS						
TEMAZEPAM CAP 7.5MG	2	2	$384.28	$6.40	$192.14	0.11%
SUBTOTAL	**2**	**2**	**$384.28**	**$6.40**	**$192.14**	**0.11%**
ZOLPIDEM PRODUCTS						
EDLUAR SUB 10MG	6	1	$1,476.28	$5.47	$246.05	0.41%
INTERMEZZO SUB 1.75MG	1	1	$263.08	$8.77	$263.08	0.07%
SUBTOTAL	**7**	**2**	**$1,739.36**	**$5.80**	**$248.48**	**0.48%**
DOXEPIN PRODUCTS						
SILENOR TAB 6MG	4	1	$1,331.88	$11.10	$332.97	0.37%
SUBTOTAL	**4**	**1**	**$1,331.88**	**$11.10**	**$332.97**	**0.37%**
TASIMELTEON PRODUCTS						
HETLIOZ CAP 20MG	2	1	$18,456.74	$307.61	$9,228.37	5.08%
SUBTOTAL	**2**	**1**	**$18,456.74**	**$307.61**	**$9,228.37**	**5.08%**
SPECIAL PA TOTAL	**15**	**6**	**$21,912.26**	**$40.58**	**$1,460.82**	**6.04%**
GRAND TOTAL	**45,533**	**10,152***	**$362,999.62**	**$0.28**	**$7.97**	**100%**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Fiscal Year 2015 Annual Review of Lidoderm® (Lidocaine Patch)

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Lidoderm® (Lidocaine Patch) Approval Criteria:

1. An FDA approved diagnosis of pain caused by post herpetic neuralgia; and
2. Documented treatment attempts at recommended dosing to at least one agent from two of the following drug classes that failed to provide adequate relief or contraindications to all agents from the following classes:
    a. Tricyclic antidepressants
    b. Anticonvulsants
    c. Topical or Oral Analgesics

Utilization of Lidoderm® (Lidocaine Patch): Fiscal Year 2015

Comparison of Fiscal Years

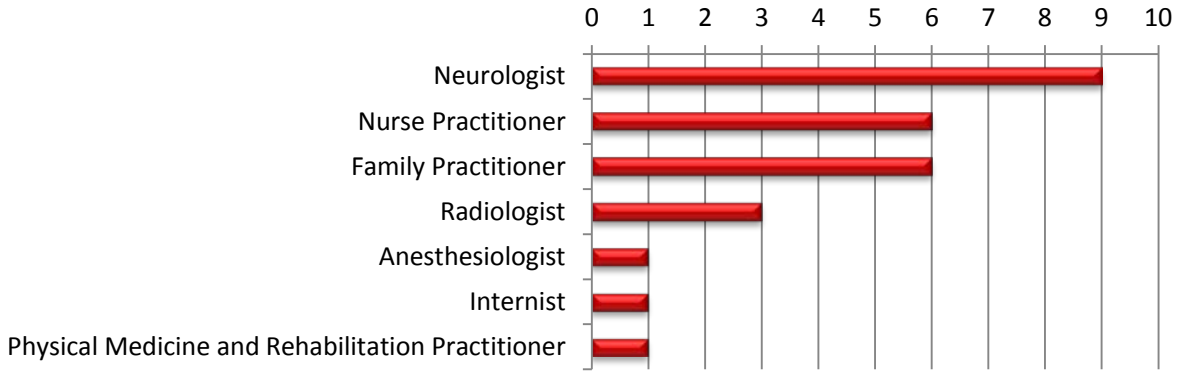
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	27	55	$21,830.39	$396.92	$14.77	2,741	1,478
2015	14	27	$11,018.73	$408.10	$14.22	1,570	775
% Change	**-48.10%**	**-50.90%**	**-49.50%**	**2.80%**	**-3.70%**	**-42.70%**	**-47.60%**
Change	**-13**	**-28**	**-$10,811.66**	**$11.18**	**-$0.55**	**-1,171**	**-703**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Lidoderm® (Lidocaine Patch)

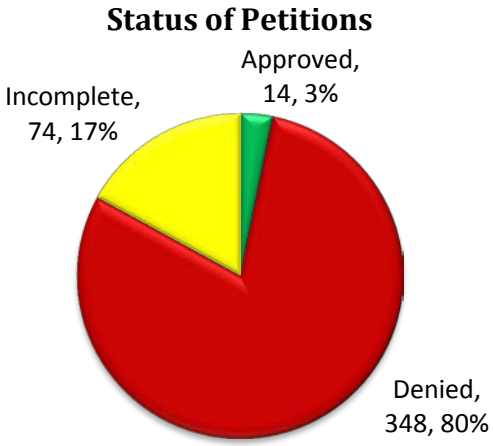
- Due to the small number of members utilizing Lidoderm® (lidocaine patch) during fiscal year 2015, detailed demographic data could not be provided.

Top Prescriber Specialties of Lidoderm® (Lidocaine Patch) by Number of Claims



Prior Authorization of Lidoderm® (Lidocaine Patch)

There were 436 prior authorization requests submitted for Lidoderm® during fiscal year 2015. The following chart shows the status of the submitted petitions.



Market News and Updates[17]

New FDA Approval(s):

- **August 2015**: The FDA approved a generic version of Lidoderm® (lidocaine patch) and generic lidocaine patches are currently available.

Recommendations

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

Utilization Details of Miscellaneous Lidoderm® (Lidocaine Patch): Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM
LIDOCAINE PAD 5%	27	14	$11,018.73	$14.22	$408.10
TOTAL	**27**	**14**	**$11,018.73**	**$14.22**	**$408.10**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

[17]U.S. Food and Drug Administration. FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/2015. Last accessed 02/09/2016.

Fiscal Year 2015 Annual Review of Metozolv® ODT (Metoclopramide Orally Disintegrating Tablets)

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Metozolv® ODT [Metoclopramide Orally Disintegrating Tablets (ODT)] Approval Criteria:

1. Use of Metozolv® ODT requires a patient-specific, clinically significant reason why the member is unable to use the metoclopramide oral tablet formulation.

Utilization of Metozolv® ODT (Metoclopramide ODT): Fiscal Year 2015

There was no utilization of Metozolv® ODT during fiscal year 2015.

Prior Authorization of Metozolv® ODT (Metoclopramide ODT)

There were no prior authorization requests submitted for Metozolv® ODT (metoclopramide ODT) during fiscal year 2015.

Market News and Updates[18]

- **August 2014:** The FDA approved a generic version of Metozolv® ODT and a generic formulation is now available. However, there is not a significant cost difference between the brand and generic formulations at this time.

Recommendations

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

[18]U.S. Food and Drug Amdiminstration. Drugs@FDA: FDA Approved Drug Products. Available online at: http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=Search.Generics&Mkt=1. Last updated 02/2016. Last accessed 02/2016.

Fiscal Year 2015 Annual Review of Miscellaneous Butalbital Medications

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Miscellaneous Butalbital Medications Approval Criteria:

1. An FDA approved indication for the treatment of tension-type headache; and
2. Member 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 that do not require prior authorization (Products available without prior authorization contain butalbital/acetaminophen/caffeine in the standard 50mg-325mg-40mg dose); and
    b. At least two NSAIDs, unless contraindicated.

Utilization of Miscellaneous Butalbital Medications: Fiscal Year 2015

Comparison of Fiscal Years

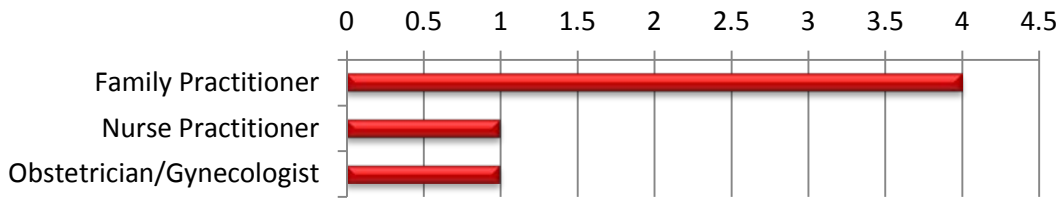
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	62	83	$1,424.39	$17.16	$1.31	3,600	1,086
2015	4	6	$403.03	$67.17	$6.40	210	63
% Change	**-93.50%**	**-92.80%**	**-71.70%**	**291.40%**	**388.50%**	**-94.20%**	**-94.20%**
Change	**-58**	**-77**	**-$1,021.36**	**$50.01**	**$5.09**	**-3,390**	**-1,023**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Miscellaneous Butalbital Medications

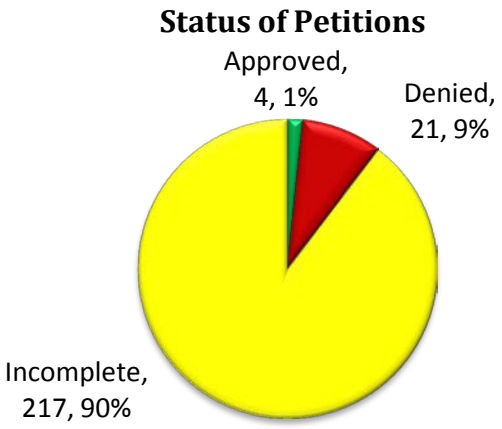
- Due to the small number of members utilizing miscellaneous butalbital medications, detailed demographic information cannot be provided.

Top Prescriber Specialties of Miscellaneous Butalbital Medications by Number of Claims



Prior Authorization of Miscellaneous Butalbital Medications

There were 242 prior authorization requests submitted for the Miscellaneous Butalbital Medication category during fiscal year 2015. The following chart shows the status of the submitted petitions.



Market News and Updates[19]

- There are no unexpired patents for the miscellaneous butalbital medications. Despite generic availability of these products, the unique formulations still remain more costly than their standard formulation counterparts.

Recommendations

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

Utilization Details of Miscellaneous Butalbital Medications: Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM
BUT/APAP/CAF CAP 50-300-40MG	6	4	$403.03	$6.40	$67.17
TOTAL	**6**	**4**	**$403.03**	**$6.40**	**$67.17**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

[19]U.S. Food and Drug Amdiminstration. Drugs@FDA: FDA Approved Drug Products. Available online at: http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm. Last updated 02/2016. Last accessed 02/2016.

Fiscal Year 2015 Annual Review of Mozobil® (Plerixafor) and Nplate® (Romiplostim)

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Mozobil® (Plerixafor) Approval Criteria:

1. An FDA approved indication for use in combination with granulocyte-colony stimulating factor (G-CSF) to mobilize hematopoietic stem cells to the peripheral blood for collection and subsequent autologous transplantation in patients with non-Hodgkin's lymphoma (NHL) and multiple myeloma (MM); and
2. Member must have a cancer diagnosis of non-Hodgkins's lymphoma (NHL) or multiple myeloma (MM). This medication is not covered for the diagnosis of leukemia; and
3. Mozobil® must be prescribed by an oncologist only; and
4. Member must be 18 years of age or older; and
5. Mozobil® must be given in combination with the granulocyte-colony stimulating factor (G-CSF) Neupogen® (filgrastim); and
6. The following dosing restrictions will apply (requires current body weight in kilograms):
    a. Recommended dose is 0.24mg/kg, maximum dose is 40mg/day, administered 11 hours prior to apheresis for up to four consecutive days.
    b. Dosing for renal impairment:
        i. Creatinine clearance ≤ 50 mL/min: 0.16mg/kg, maximum of 27mg/day.
7. Approvals will be for the duration of two months.

Nplate® (Romiplomstim) Approval Criteria:

1. An FDA approved indication of chronic immune (idiopathic) thrombocytopenia purpura (ITP) in adults 18 and over; and
2. Previous insufficient response with at least two of the following treatments:
    a. Corticosteroids; or
    b. Immunoglobulin; or
    c. Splenectomy; and
3. Member must have a recent platelet count of $< 50 \times 10^9$/L; and
4. The following dosing restrictions will apply:
    a. Initial dosing of 1mcg/kg once weekly as a subcutaneous injection with recent patient weight in kilograms provided; and
5. The following criteria will apply for continuation:
    a. Weekly CBCs with platelet count and peripheral blood smears until stable platelet count ($\geq 50 \times 10^9$/L for at least four weeks without dose adjustment) has been achieved; then should be obtained monthly thereafter; and
    b. Dosing adjustments:
        i. Platelets $< 50 \times 10^9$/L, increase dose by 1mcg/kg
        ii. Platelets $> 200 \times 10^9$/L for two consecutive weeks, reduce dose by 1mcg/kg
        iii. Platelets $> 400 \times 10^9$/L, do not dose. Continue to assess platelet count weekly. When platelets $< 200 \times 10^9$/L, resume at a dose reduced by 1mcg/kg
6. The following criteria will apply in regards to discontinuation:

a. Platelet count does not increase to a level sufficient to avoid clinically important bleeding after four weeks of therapy at the maximum weekly dose of 10mcg/kg

7. Approvals will be for the duration of four weeks initially and then quarterly thereafter.

Utilization of Mozobil® (Plerixafor) and Nplate® (Romiplostim): Fiscal Year 2015

- There were no pharmacy or medical claims for Mozobil® (plerixafor) (rilonacept) during fiscal year 2015.

Nplate® (Romiplostim) Fiscal Year comparison: Medical Claims

Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Total Units
2014	1	3	$3,870.75	$1,290.25	75
2015	1	4	$5,646.25	$1,411.56	500
% Change	**0.00%**	**25.00%**	**31.45%**	**8.59%**	**85.00%**
Change	**0**	**1**	**$1,775.50**	**$121.31**	**425**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Nplate® (Romiplostim) Fiscal Year comparison: Pharmacy Claims

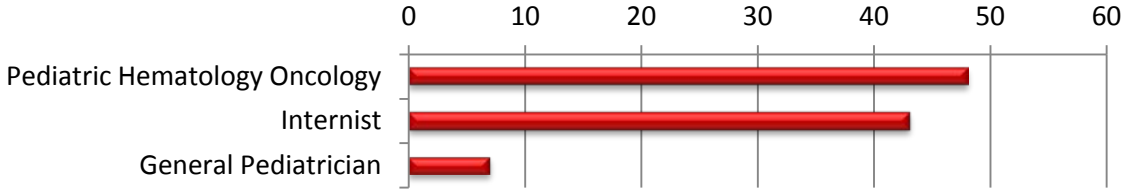
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	3	5	$41,489.91	$8,297.98	$292.18	60	142
2015	5	98	$214,506.73	$2,188.84	$403.21	267	532
% Change	**66.70%**	**1860.00%**	**417.00%**	**-73.60%**	**38.00%**	**345.00%**	**274.60%**
Change	**2**	**93**	**$173,016.82**	**-$6,109.14**	**$111.03**	**207**	**390**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Nplate® (Romiplostim)

- Due to the limited number of members utilizing Nplate® (romiplostim), detailed member demographics information cannot be provided.

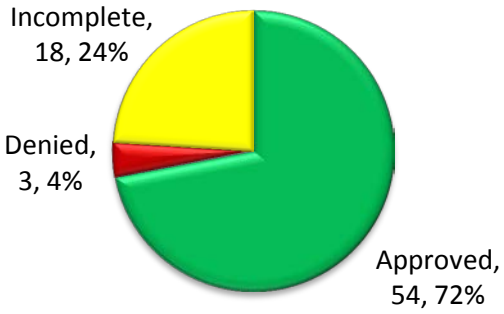
Top Prescriber Specialties of Nplate® (Romiplostim) by Number of Claims



Prior Authorization of Mozobil® (Plerixafor) and Nplate® (Romiplostim)

There were 75 prior authorization requests submitted for Mozobil® (plerixafor) and Nplate® (romiplostim) during fiscal year 2015. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[20]

Anticipated Patent Expiration(s): Mozobil® (plerixafor): July 2023

Recommendations

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

Utilization Details of Mozobil® (Plerixafor) and Nplate® (Romiplostim): Fiscal Year 2015

Fiscal Year 2015: Pharmacy Claims

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/CLAIM	PERCENT COST
NPLATE INJ 250MCG	85	5	$176,606.00	$340.28	$2,077.72	82.33%
NPLATE INJ 500MCG	13	2	$37,900.73	$2,915.44	$2,915.44	17.67%
TOTAL	**98**	**5***	**$214,506.73**	**$403.21**	**$2,188.84**	**100.00%**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

[20]U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 01/2016. Last accessed 03/2016.

Fiscal Year 2015 Annual Review of Muscle Relaxant Medications

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Muscle Relaxant Medications		
Tier-1	**Tier-2**	**Special Prior Authorization***
baclofen (Lioresal®)	metaxalone (Skelaxin®)	carisoprodol (Soma®) 350mg
chlorzoxazone (Parafon Forte®)		carisoprodol (Soma®) 250mg
cyclobenzaprine (Flexeril®)		carisoprodol/ASA
methocarbamol (Robaxin®)		carisoprodol/ASA/codeine
orphenadrine (Norflex®)		cyclobenzaprine ER (Amrix®)
tizanidine tablets (Zanaflex®)		cyclobenzaprine (Flexmid®)
		chlorzoxazone (Lorzone®)
		tizanidine capsules (Zanaflex®)

ASA = Aspirin
*Medications in the Special Prior Authorization Tier have individual criteria.

Muscle Relaxant Medications Tier-2 Approval Criteria:

1. Failure with at least two Tier-1 medications within the past 90 days defined as no beneficial response after at least two weeks of use during which time the drug has been titrated to the recommended dose.
2. Approvals will be for the duration of three months, except for members with chronic diseases such as multiple sclerosis, cerebral palsy, muscular dystrophy, paralysis, or other chronic musculoskeletal diagnosis confirmed with diagnostic results, in which case authorizations will be for the duration of one year.
3. For repeat authorizations, there must be documentation of a failed withdrawal attempt within past three months defined as increase in pain and debilitating symptoms when medication was discontinued.

Soma® (Carisoprodol) 350mg Approval Criteria:

1. Members may receive three months of carisoprodol 350mg per rolling 365 days without prior authorization.
2. After the member has used the three months, an additional approval for one month may be granted to allow titration or change to a Tier-1 muscle relaxant. This additional one-month approval is granted one time only. Further authorizations will not be granted.
3. Clinical exceptions may be made for members with the following diagnosis and approvals will be granted for the duration of one year: multiple sclerosis, cerebral palsy, muscular dystrophy, or paralysis.
4. A quantity limit of 120 tablets per 30 days will apply for carisoprodol and carisoprodol combination products.

Soma® (Carisoprodol) 250mg Approval Criteria:

1. Authorization requires detailed documentation regarding member's inability to use other skeletal muscle relaxants including carisoprodol 350mg, and a specific reason why member cannot be drowsy for even a short time-period. Member must not have other sedating medications in current claims history; and
2. A diagnosis of acute musculoskeletal pain, in which case, the approval will be for the duration of 14 days per 365 day period. Conditions requiring chronic use will not be approved.

Lorzone™ (Chlorzoxazone) Approval Criteria:

1. Generic chlorzoxazone 500mg tablets must be tried prior to consideration of Lorzone™; and
2. A patient-specific, clinically significant reason why the member cannot use generic chlorzoxazone 500mg tablets; and
3. The following quantity limits apply:
    a. Lorzone™ 375mg tablets: 120 tablets for 30 days
    b. Lorzone™ 750mg tablets: 120 tablets for 30 days

Zanaflex® (Tizanidine) Capsules Approval Criteria:

1. Tizanidine tablets must be tried prior to consideration of the capsules.
2. The capsules may be considered for approval only if there is supporting information as to why the member cannot take the tablets.

Amrix® (Cyclobenzaprine Extended-Release) and Fexmid® (Cyclobenzaprine 7.5mg Tablets):

1. Authorization requires clinical documentation of inability to take other generically available forms of cyclobenzaprine tablets; and
2. The following quantity limits apply:
    a. Amrix® 15mg and 30mg extended-release capsules: 30 capsules for 30 days
    b. Fexmid® 7.5mg tablets: 90 tablets for 30 days

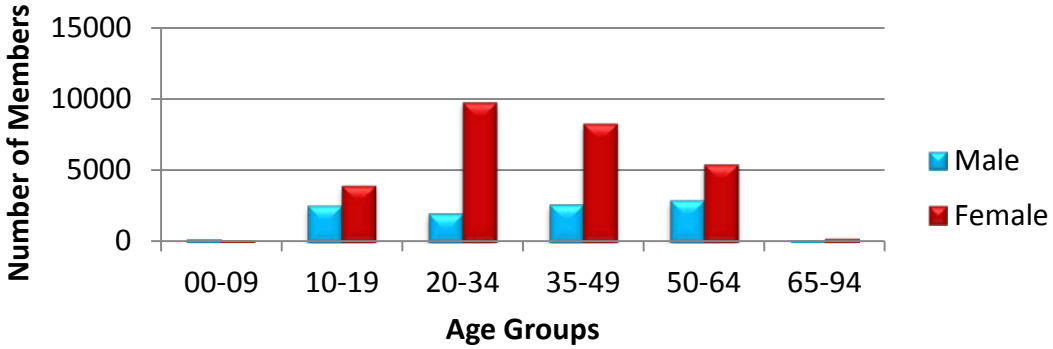
Utilization of Muscle Relaxant Medications: Fiscal Year 2015

Comparison of Fiscal Years

Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	42,169	123,037	$1,812,785.07	$14.73	$0.61	8,183,009	2,977,605
2015	38,392	115,166	$1,874,254.29	$16.27	$0.66	8,091,082	2,836,971
% Change	**-9.00%**	**-6.40%**	**3.40%**	**10.50%**	**8.20%**	**-1.10%**	**-4.70%**
Change	**-3,777**	**-7,871**	**$61,469.22**	**$1.54**	**$0.05**	**-91,927**	**-140,634**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Muscle Relaxant Medications

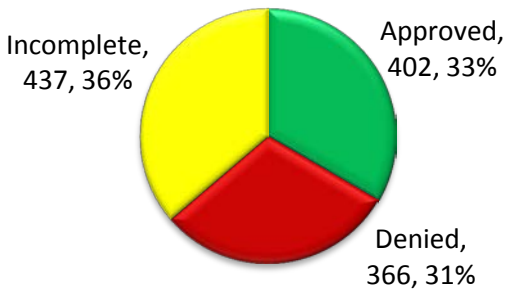


Top Prescriber Specialties of Muscle Relaxant Medications by Number of Claims

Prior Authorization of Muscle Relaxant Medications

There were 1,205 prior authorization requests submitted for the Muscle Relaxant Medications Product Based Prior Authorization (PBPA) category during fiscal year 2015. Computer edits are in place to detect Tier-1 medications in the member's recent claims history and generate automated prior authorizations where possible. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[21,22]

Anticipated Patent Expiration(s): Amrix® (cyclobenzaprine extended-release capsules): February 2025

New Generic Approval(s):

- **July 2015**: FDA approved a generic formulation of Soma® 250mg (carisoprodol).

Recommendations

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

Utilization Details of Muscle Relaxant Medications: Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
BACLOFEN PRODUCTS						
BACLOFEN TAB 10MG	13,946	4,247	$295,424.11	$0.76	$21.18	15.76%
BACLOFEN TAB 20MG	5,808	1,281	$242,905.47	$1.44	$41.82	12.96%
BACLOFEN POW	328	56	$7,042.79	$0.72	$21.47	0.38%
LIORESAL INT INJ 40MG/20	13	3	$21,836.57	$53.92	$1,679.74	1.17%
ED BACLOFEN TAB 10MG	4	1	$49.64	$0.89	$12.41	0.00%
LIORESAL INT INJ 10MG/20	2	1	$461.50	$7.69	$230.75	0.02%
SUBTOTAL	**20,101**	**5,589**	**$567,720.08**	**$1.00**	**$28.24**	**30.29%**
CARISOPRODOL PRODUCTS						
CARISOPRODOL TAB 350MG	6,146	2,799	$41,233.39	$0.26	$6.71	2.20%
CARISOPRODOL TAB ASA/COD	8	4	$1,526.42	$7.56	$190.80	0.08%
CARISOPRODOL TAB 250MG	1	1	$107.23	$7.66	$107.23	0.01%
SUBTOTAL	**6,155**	**2,804**	**$42,867.04**	**$0.27**	**$6.96**	**2.29%**
CHLORZOXAZONE PRODUCTS						
CHLORZOXAZON TAB 500MG	1,586	772	$24,627.21	$0.66	$15.53	1.31%
PARAFON FORT TAB 500MG	1	1	$24.68	$0.82	$24.68	0.00%
SUBTOTAL	**1,587**	**773**	**$24,651.89**	**$0.66**	**$15.53**	**1.31%**
CYCLOBENZAPRINE PRODUCTS						
CYCLOBENZAPR TAB 10MG	42,800	18,923	$225,657.53	$0.23	$5.27	12.04%
CYCLOBENZAPR TAB 5MG	7,081	4,682	$40,637.04	$0.31	$5.74	2.17%
AMRIX CAP 15MG	3	1	$13,613.52	$50.42	$4,537.84	0.73%
SUBTOTAL	**49,884**	**23,606**	**$279,908.09**	**$0.25**	**$5.61**	**14.94%**
METAXALONE PRODUCTS						
METAXALONE TAB 800MG	497	165	$133,388.36	$10.29	$268.39	7.12%
SKELAXIN TAB 800MG	4	1	$898.77	$11.23	$224.69	0.05%
METAXALONE TAB 400MG	1	1	$648.91	$21.63	$648.91	0.03%
SUBTOTAL	502	167	$134,936.04	$10.32	$268.80	7.20%
METHOCARBAMOL PRODUCTS						

[21] U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 02/2016. Last accessed 02/2016.

[22] U.S. Food and Drug Administration (FDA): Drugs@FDA. FDA Approved Drug Products. Available online at: http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=Reports.ReportsMenu. Issued 07/2015. Last accessed 03/2016.

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
METHOCARBAM TAB 750MG	5,359	2,405	$60,157.33	$0.45	$11.23	3.21%
METHOCARBAM TAB 500MG	4,552	2,266	$38,510.36	$0.39	$8.46	2.05%
SUBTOTAL	**9,911**	**4,671**	**$98,667.69**	**$0.42**	**$9.96**	**5.26%**
ORPHENADRINE PRODUCTS						
ORPHENADRINE TAB 100MG ER	2,882	1,826	$51,233.93	$0.94	$17.78	2.73%
SUBTOTAL	**2,882**	**1,826**	**$51,233.93**	**$0.94**	**$17.78**	**2.73%**
TIZANIDINE PRODUCTS						
TIZANIDINE TAB 4MG	21,740	6,687	$628,952.49	$1.06	$28.93	33.56%
TIZANIDINE TAB 2MG	2,404	914	$45,317.04	$0.72	$18.85	2.42%
SUBTOTAL	**24,144**	**7,601**	**$674,269.53**	**$1.03**	**$27.93**	**35.98%**
TOTAL	**115,166**	**38,392***	**$1,874,254.29**	**$0.66**	**$16.27**	**100%**

*Total number of unduplicated members.

Costs do not reflect rebated prices or net costs.

Fiscal Year 2015 Annual Review of Nuedexta® (Dextromethorphan/Quinidine)

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Nuedexta® (Dextromethorphan/Quinidine) Approval Criteria:

1. An FDA approved diagnosis of pseudobulbar affect; and
2. Member must be 18 years of age or older; and
3. A quantity limit of 60 tablets per 30 days will apply.
4. Approvals will be for the duration of one year.

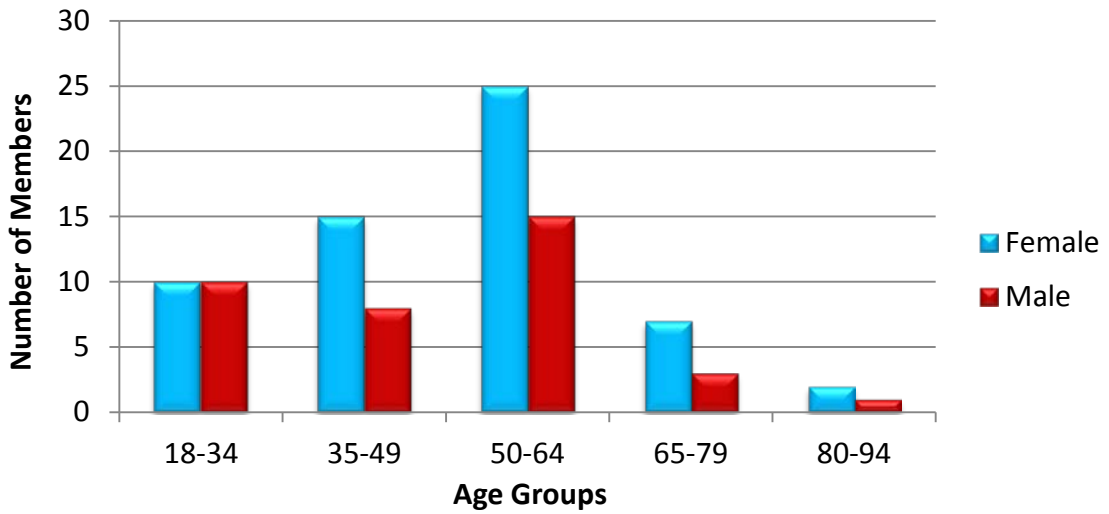
Utilization of Nuedexta® (Dextromethorphan/Quinidine): Fiscal Year 2015

Comparison of Fiscal Years

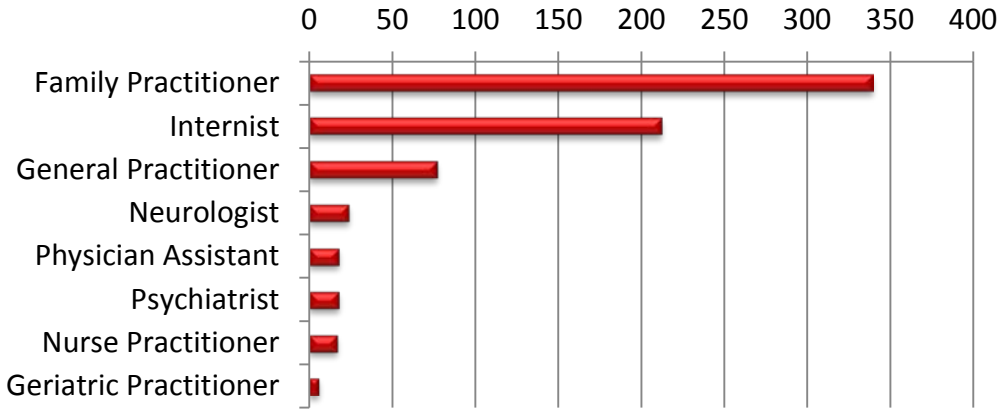
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	55	435	$214,280.09	$492.60	$20.27	20,330	10,572
2015	96	711	$362,255.65	$509.50	$21.36	32,051	16,961
% Change	**74.50%**	**63.40%**	**69.10%**	**3.40%**	**5.40%**	**57.70%**	**60.40%**
Change	**41**	**276**	**$147,975.56**	**$16.90**	**$1.09**	**11,721**	**6,389**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Nuedexta® (Dextromethorphan/Quinidine)



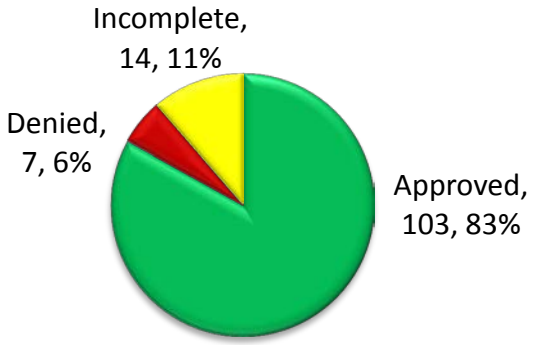
Top Prescriber Specialties of Nuedexta® (Dextromethorphan/Quinidine) by Number of Claims



Prior Authorization of Nuedexta® (Dextromethorphan/Quinidine)

There were 124 prior authorization requests submitted for Nuedexta® during fiscal year 2015. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[23]

Anticipated Patent Expiration(s): Nuedexta® (dextromethorphan/quinidine): August 2026

Recommendations

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

Utilization Details of Nuedexta® (Dextromethorphan/Quinidine): Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM
NUEDEXTA CAP 20-10MG	711	96	$362,255.65	$21.36	$509.50
TOTAL	**711**	**96***	**$362,255.65**	**$21.36**	**$509.50**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

[23] U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/2015. Last accessed 02/09/2016.

Fiscal Year 2015 Annual Review of Osteoporosis Medications

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Osteoporosis Medications		
Tier-1	**Tier-2***	**Tier-3**
alendronate (Fosamax®)	alendronate + D (Fosamax® +D)	alendronate effervescent tablets (Binosto®)
calcium + vitamin D	ibandronate (Boniva®)	denosumab (Prolia®)
	risedronate (Actonel®)	ibandronate (Boniva® IV)
		risedronate 30mg tablet (Actonel®)
		risedronate delayed-release tablets (Atelvia®)
		teriparatide (Forteo®)
		zoledronic acid (Reclast®)

*Tier-2 placement based on state maximum allowable cost (SMAC), estimated acquisition cost (EAC), or rebate participation.

Osteoporosis Medications Tier-2 Approval Criteria:

1. A trial of at least one Tier-1 medication, compliantly used for at least six months concomitantly with calcium + vitamin D, that failed to prevent fracture, or improve bone mineral density (BMD) scores; or
2. Hypersensitivity to or intolerable adverse effects with all Tier-1 medications.
3. Quantity limits apply based on FDA approved maximum doses.

Osteoporosis Medications Special Prior Authorization Approval Criteria:

1. **Forteo® (Teriparatide)**:
    a. A Bone Mineral Density test (T-score) at or below -2.5 within the last month; and
    b. A minimum of a 12 month trial with a bisphosphonate plus adequate calcium and vitamin D; or
    c. A 12 month trial of Prolia™ (denosumab), unless contraindicated, intolerant, or allergic, that did not yield adequate results.
    d. The diagnosis of non-healing fracture may be approved for six months.
    e. Approval will be for a maximum of 2 years of therapy.
2. **Prolia® (Denosumab), Reclast® (Zoledronic Acid), Boniva® (Ibandronate IV)**:
    a. A minimum of a 12 month trial with a Tier-1 or Tier-2 bisphosphonate plus adequate calcium and vitamin D; or
    b. Contraindication to or intolerable adverse effects with Tier-1 and Tier-2 medications.
    c. Clinical exceptions may apply for members with:
        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 bisphosphonates orally or other special medical circumstances that justify this method of administration

v. Intravenous zoledronic acid may be approved for a diagnosis of Paget disease of the bone

3. **Atelvia® (Risedronate Delayed-Release Tablets), Binosto® (Alendronate Effervescent Tablets), and Actonel® (Risedronate 30mg Tablets)**
   a. A patient specific, clinically significant reason why the member cannot use all other available Tier-1 and Tier-2 products.
   b. Members with diagnosis in history of Paget's disease will not require prior authorization.
4. **Quantity Limits apply based on U.S. Food and Drug Administration (FDA) approved maximum doses.**

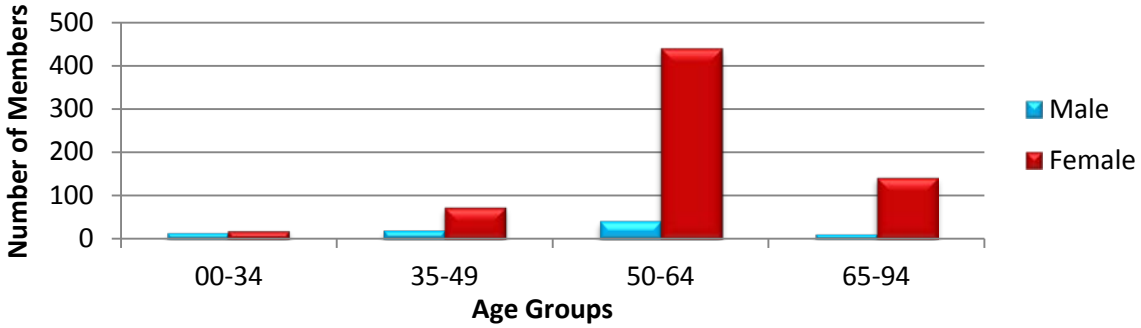
Utilization of Osteoporosis Medications: Fiscal Year 2015

Comparison of Fiscal Years

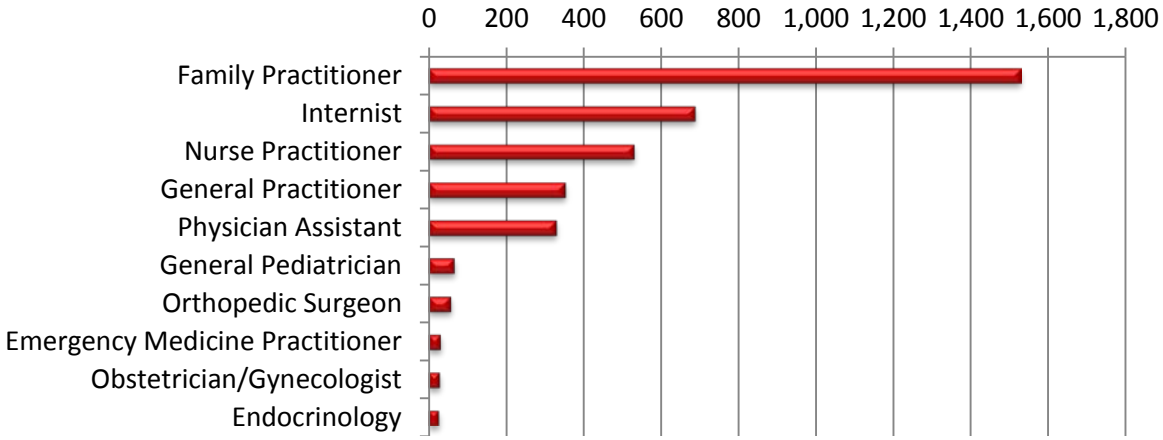
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	934	4,598	$259,570.64	$56.45	$1.83	23,261	141,893
2015	760	3,848	$400,301.58	$104.03	$3.33	23,160	120,309
% Change	**-18.60%**	**-16.30%**	**54.20%**	**84.30%**	**82.00%**	**-0.40%**	**-15.20%**
Change	**-174**	**-750**	**$140,730.94**	**$47.58**	**$1.50**	**-101**	**-21,584**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Osteoporosis Medications

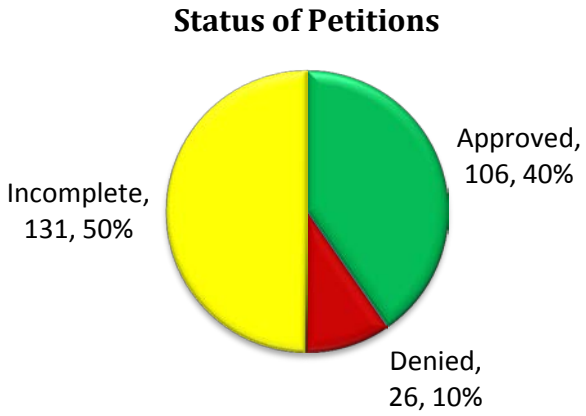


Top Prescriber Specialties of Osteoporosis Medications by Number of Claims



Prior Authorization of Osteoporosis Medications

There were 263 prior authorization requests submitted for the osteoporosis medication category during fiscal year 2015. Computer edits are in place to detect Tier-1 medications in the member's recent claims history and generate automated prior authorizations where possible. The following chart shows the status of the submitted petitions.



Market News and Updates[24,25,26,27]

Anticipated Patent Expiration(s):

- Fosamax® Plus D (alendronate/cholecalciferol): July 2018
- Forteo® (teriparatide): August 2019
- Binosto® (alendronate effervescent tablets): August 2023
- Reclast® (zoledronic acid): February 2028

New Generic Approval(s):

- **May 2015**: The generic for Atelvia® (risedronate delayed-release tablets) is currently available; however, generic pricing is currently comparable to the brand formulation price.
- **June 2015**: The generic for Actonel® (risedronate) tablets is currently available through multiple generic manufacturers; however, generic pricing is currently comparable to the brand formulation price.

New Updates:

- **January 2016**: A task force of the American Society for Bone and Mineral Research issued guidance on managing osteoporosis in patients on long-term bisphosphonate therapy. The task force suggests that clinicians should reassess the medications' potential benefits and risk after 5 years of oral bisphosphonate therapy or 3 years of

[24]U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 03/2016. Last accessed 03/2016.

[25]U.S. Food and Drug Administration. Drugs@FDA: FDA Approved Drug Products. Available online at: http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=Search.Search_Drug_Name. Issued 05/2015. Last accessed 03/2016.

[26] Adler, R.A., et al., Managing Osteoporosis in Patients on Long-Term Bisphosphonate Treatment: Report of a Task Force of the American Society for Bone and Mineral Research. *Journal of Bone and Mineral Research*. 2016. 31(1): p. 16-35.

[27]Amgen, UCB's Osteoporosis Candidate Shines in Phase 3 Trial. Available online at: http://www.fdanews.com/articles/175498-amgen-ucbs-osteoporosis-candidate-shines-in-phase-3-trial. Issued 02/2016. Accessed 03/2016.

intravenous (IV) bisphosphonate therapy. Oral treatment should be considered for up to 10 years or IV treatment for up to 6 years with periodic evaluation in women at high risk (e.g., older women, those with a low hip *T*-score or high fracture risk score, those with a previous major osteoporotic fracture, or who fracture on therapy). A drug holiday of 2 to 3 years may be considered after 3 to 5 years of treatment for women without high fracture risk. The task force noted that the suggested approach for long-term bisphosphonate use is based on limited evidence and only for vertebral fracture reduction in mostly white postmenopausal women, and does not replace the need for clinical judgement.

- **February 2016**: In a Phase 3 study of romosozumab, the primary endpoints of reducing new vertebral fractures in postmenopausal women with osteoporosis through months 12 and 24 were met. Romosozumab also met a secondary endpoint of reducing the incidence of clinical fractures through 12 months, however it did not meet its secondary endpoint of reducing the incidence of non-vertebral fractures through 12 and 24 months.

Recommendations

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

Utilization Details of Osteoporosis Medications: Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
TIER-1 UTILIZATION						
ALENDRONATE PRODUCTS						
ALENDRONATE TAB 70MG	2,799	558	$11,649.04	$0.15	$4.16	2.91%
ALENDRONATE TAB 35MG	385	83	$1,393.41	$0.13	$3.62	0.35%
ALENDRONATE TAB 10MG	87	22	$602.21	$0.23	$6.92	0.15%
ALENDRONATE TAB 5MG	32	7	$236.35	$0.25	$7.39	0.06%
ALENDRONATE SOL 70/75ML	18	2	$1,104.53	$2.14	$61.36	0.28%
ALENDRONATE TAB 40MG	1	1	$41.80	$0.50	$41.80	0.01%
SUBTOTAL	**3,322**	**673**	**$15,027.34**	**$0.16**	**$4.52**	**3.76%**
TIER-1 SUBTOTAL	**3,322**	**673**	**$15,027.34**	**$0.16**	**$4.52**	**3.76%**
TIER-2 UTILIZATION						
ALENDRONATE PRODUCTS						
FOSAMAX + D TAB 70-2800	1	1	$148.18	$5.29	$148.18	0.04%
SUBTOTAL	**1**	**1**	**$148.18**	**$5.29**	**$148.18**	**0.04%**
IBANDRONATE PRODUCTS						
IBANDRONATE TAB 150MG	161	32	$10,518.60	$1.45	$65.33	2.63%
SUBTOTAL	**161**	**32**	**$10,518.60**	**$1.45**	**$65.33**	**2.63%**
RISEDRONATE PRODUCTS						
RISEDRONATE TAB 150MG	3	3	$543.77	$6.04	$181.26	0.14%
ACTONEL TAB 35MG	117	12	$27,283.91	$8.27	$233.20	6.82%
ACTONEL TAB 5MG	21	3	$4,448.12	$7.34	$211.82	1.11%
RISEDRONATE TAB 35MG	1	1	$209.06	$7.47	$209.06	0.05%
RISEDRONATE TAB 5MG	1	1	$183.26	$6.54	$183.26	0.05%
SUBTOTAL	**143**	**20**	**$32,668.12**	**$8.07**	**$228.45**	**8.17%**

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
TIER-2 SUBTOTAL	**305**	**53**	**$43,334.90**	**$3.82**	**$4.52**	**10.84%**
SPECIAL PA UTILIZATION						
TERIPARATIDE PRODUCTS						
FORTEO SOL 600/2.4	152	26	$290,251.53	$67.03	$1,909.55	72.51%
SUBTOTAL	**152**	**26**	**$290,251.53**	**$67.03**	**$1,909.55**	**72.51%**
DENOSUMAB PRODUCTS						
PROLIA SOL 60MG/ML	52	40	$45,467.92	$5.01	$874.38	11.36%
SUBTOTAL	**52**	**40**	**$45,467.92**	**$5.01**	**$874.38**	**11.36%**
RISEDRONATE PRODUCTS						
ACTONEL TAB 30MG	5	2	$4,535.72	$12.39	$907.14	1.13%
SUBTOTAL	**5**	**2**	**$4,535.72**	**$12.39**	**$907.14**	**1.13%**
ALENDRONATE PRODUCTS						
BINOSTO TAB 70MG	11	1	$1,385.88	$4.50	$125.99	0.35%
SUBTOTAL	**11**	**1**	**$1,385.88**	**$4.50**	**$125.99**	**0.35%**
ZOLEDRONIC ACID PRODUCTS						
ZOLEDRONIC INJ 5/100ML	1	1	$298.29	$0.82	$298.29	0.07%
SUBTOTAL	**1**	**1**	**$298.29**	**$0.82**	**$298.29**	**0.07%**
SPECIAL PA SUBTOTAL	**221**	**70**	**$341,939.34**	**$23.69**	**$1,547.24**	**85.42%**
GRAND TOTAL	**3,848**	**760***	**$400,301.58**	**$3.33**	**$104.03**	**100%**

*Total number of unduplicated members.

Costs do not reflect rebated prices or net costs.

Fiscal Year 2015 Annual Review of Pediculicide Medications

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Over-the-counter (OTC) treatments for lice are a covered benefit for all members. A prescription is required for coverage, and fills are limited to one individual package size for a seven day supply.

Pediculicide Medications Tier-2 Approval Criteria:

1. A trial with one Tier-1 medication with inadequate response or adverse effect; and
2. Requested medication must be age-appropriate.
3. A clinical exception to Tier-1 medications applies if there is known resistance to OTC permethrin and pyrethrin.

Pediculicide Medications Tier-3 Approval Criteria:

1. Trials with all available Tier-2 medication(s) with inadequate response or adverse effect; and
2. Requested medication must be age-appropriate.
3. A clinical exception to Tier-1 medications applies if there is known resistance to OTC permethrin and pyrethrin.

Pediculicide Medications*		
Tier-1	**Tier-2**	**Tier-3**
Covered OTC Lice Products	benzoyl alcohol (Ulesfia™) lotion	lindane lotion & shampoo
Generics with SMAC pricing	spinosad (Natroba™) suspension	malathion (Ovide®) brand and generic
ivermectin (Sklice®) lotion		

*Tier structure based on supplemental rebate participation and state maximum allowable cost (SMAC).

The following restrictions also apply for each individual product based on FDA approval information:

1. **Benzyl Alcohol (Ulesfia®) Lotion:**
    a. Member must be at least six months old; and
    b. Due to mechanism of action, requires retreatment after seven days; and
    c. Hair length is required in order to approve the appropriate number of bottles if requesting more than two bottles per treatment (four bottles for both treatments).
2. **Crotamiton (Eurax®) Cream & Lotion:**
    a. Diagnosis of scabies; and
    b. Member must be at least 18 years of age; and
    c. Member must have used permethrin 5% cream in the past seven to fourteen days with inadequate results; and
    d. A quantity limit of 60 grams per 30 days will apply.
3. **Ivermectin (Sklice®) Lotion:**
    a. Member must be at least six months of age; and
    b. A quantity limit of 117mL per seven days will apply.

4. **Lindane Lotion & Shampoo:**
    a. Member must be at least 13 years old or weigh at least 110 pounds; and
    b. A quantity limit of 60mL per seven days will apply; and
    c. One seven day supply per 30 days maximum.
5. **Malathion (Ovide®) lotion:**
    a. Member must be at least six years of age; and
    b. A quantity limit of 60mL per seven days will apply; may be repeated once if needed for current infestation after seven days from original fill date.
6. **Spinosad (Natroba™) Suspension:**
    a. Member must be at least six months of age; and
    b. A quantity limit of 120mL per seven days will apply; may be repeated once if needed for current infestation after seven days from original fill date.

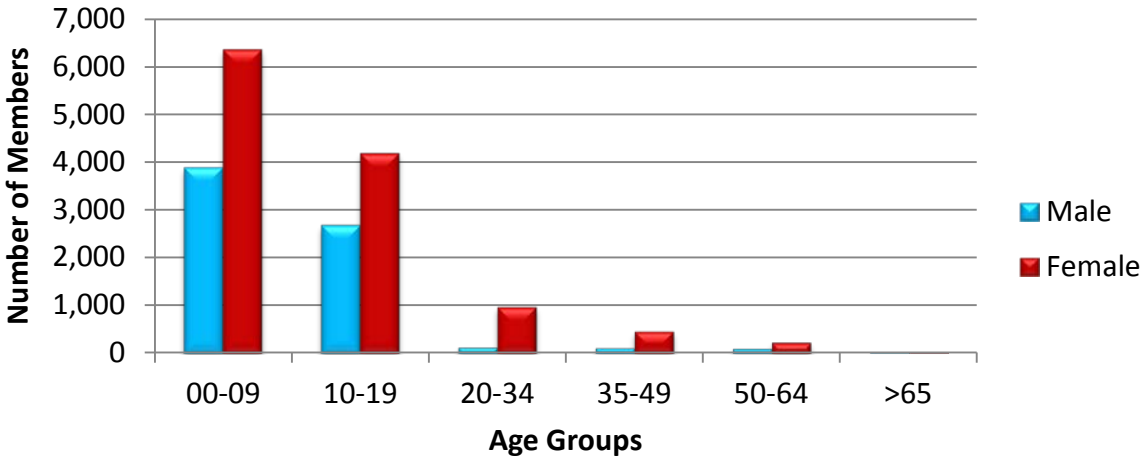
Utilization of Pediculicide Medications: Fiscal Year 2015

Comparison of Fiscal Years

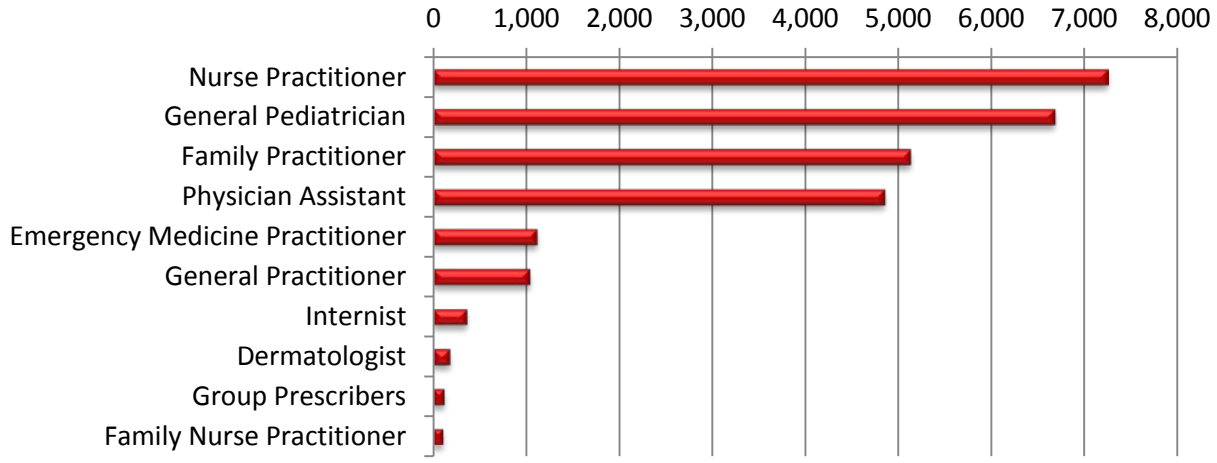
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	18,179	25,574	$1,513,880.82	$59.20	$5.75	1,890,658	263,328
2015	19,158	27,476	$1,653,556.41	$60.18	$5.92	1,966,235	279,470
% Change	**5.40%**	**7.40%**	**9.20%**	**1.70%**	**3.00%**	**4.00%**	**6.10%**
Change	**979**	**1,902**	**$139,675.59**	**$0.98**	**$0.17**	**75,577**	**16,142**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Pediculicide Medications



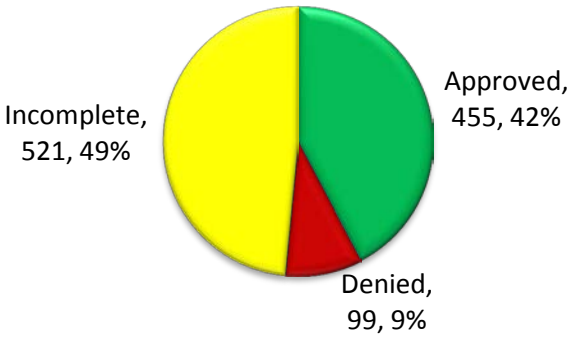
Top Prescriber Specialties of Pediculicide Medications by Number of Claims



Prior Authorization of Pediculicide Medications

There were 1,075 prior authorization requests submitted for pediculicide medications during fiscal year 2015. Computer edits are in place to detect Tier-1 medications in the member's recent claims history and generate automated prior authorizations where possible. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[28,29]

Anticipated Patent Expiration(s):

- Ulesfia® (benzyl alcohol): May 2024
- Sklice® (ivermectin): October 2027

Guideline Update(s):

- **April 2015:** The American Academy of Pediatrics (AAP) published an updated clinical report with information for pediatricians and other health practitioners on safe and effective methods for treating head lice. Unless resistance has been seen in the

[28] U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 02/2016. Last accessed 03/2016.

[29] AAP Updates Treatments for Head Lice. American Academy of Pediatrics. Available online at: https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Updates-Treatments-for-Head-Lice.aspx. Published online 4/27/2015. Last accessed 03/2016.

community, over-the-counter (OTC) medications containing 1% permethrin or pyrethrin are considered first-line therapy for active lice infestations. After applying the product, caregivers should follow with nit removal and wet combing. The treatment should be reapplied at day nine, and if needed, at day eighteen. In areas with known resistance to OTC products or when caregivers' efforts do not work, treatment with a prescription medication such as spinosad or topical ivermectin should be used.

Recommendations

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

Utilization Details of Pediculicide Medications: Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
TIER-1 UTILIZATION						
OTC Permethrin Products						
PERMETHRIN LOT 1%	9,400	6,476	$110,827.54	$1.24	$11.79	6.70%
SM LICE LOT TREATMNT	895	644	$13,738.30	$1.48	$15.35	0.83%
LICE TREATME LOT 1%	353	275	$3,546.63	$1.21	$10.05	0.21%
LICE TRTMNT LIQ 1%	51	37	$706.22	$1.81	$13.85	0.04%
SUBTOTAL	**10,699**	**7,432**	**$128,818.69**	**$1.26**	**$12.04**	**7.78%**
Prescription Permethrin Products						
PERMETHRIN CRE 5%	16,029	12,313	$1,316,605.48	$8.01	$82.14	79.62%
SUBTOTAL	**16,029**	**12,313**	**$1,316,605.48**	**$8.01**	**$82.14**	**79.62%**
Ivermectin Products						
SKLICE LOT 0.5%	85	76	$23,462.55	$23.49	$276.03	1.42%
SUBTOTAL	**85**	**76**	**$23,462.55**	**$23.49**	**$276.03**	**1.42%**
TIER-1 SUBTOTAL	**26,813**	**19,821**	**$1,468,886.72**	**$5.49**	**$54.78**	**88.82%**
TIER-2 UTILIZATION						
Benzyl Alcohol Products						
ULESFIA LOT 5%	382	327	$124,509.83	$14.58	$325.94	7.53%
SUBTOTAL	**382**	**327**	**$124,509.83**	**$14.58**	**$325.94**	**7.53%**
Spinosad Products						
SPINOSAD SUS 0.9%	224	192	$47,966.10	$18.97	$214.13	2.90%
NATROBA SUS 0.9%	31	26	$7,587.78	$18.74	$244.77	0.46%
SUBTOTAL	**255**	**218**	**$55,553.88**	**$18.94**	**$217.86**	**3.36%**
TIER-2 SUBTOTAL	**637**	**545**	**$180,063.71**	**$15.70**	**$282.67**	**10.89%**
TIER-3 UTILIZATION						
Malathion Products						
MALATHION LOT 0.5%	8	7	$1,459.71	$16.97	$182.46	0.09%
SUBTOTAL	**8**	**7**	**$1,459.71**	**$16.97**	**$182.46**	**0.09%**
Lindane Products						
LINDANE LOT 1%	4	4	$415.24	$7.69	$103.81	0.03%
SUBTOTAL	**4**	**4**	**$415.24**	**$7.69**	**$103.81**	**0.03%**
TIER-3 SUBTOTAL	**12**	**11**	**$1,874.95**	**$13.39**	**$156.25**	**0.12%**
Crotamiton Products						
EURAX CRE 10%	10	7	$2,123.31	$7.08	$212.33	0.13%

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
EURAX LOT 10%	4	4	$607.72	$5.06	$151.93	0.04%
SUBTOTAL	**14**	**11**	**$2,731.03**	**$6.50**	**$195.07**	**0.17%**
GRAND TOTAL	**27,464**	**19,158***	**$1,651,681.46**	**$5.91**	**$60.14**	**100%**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Fiscal Year 2015 Annual Review of Prenatal Vitamins

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Prenatal Vitamins Approval Criteria:

- Most brand-name prenatal vitamins require prior authorization for SoonerCare members. Preferred products do not require prior authorization. Products that are not listed on the preferred product list are non-preferred, and require prior authorization.
- Updated versions of the preferred products list can be downloaded from www.okhca.org/providers/rx.
- The SoonerCare prenatal vitamin category is modified throughout the fiscal year and adjusted for price fluctuations.

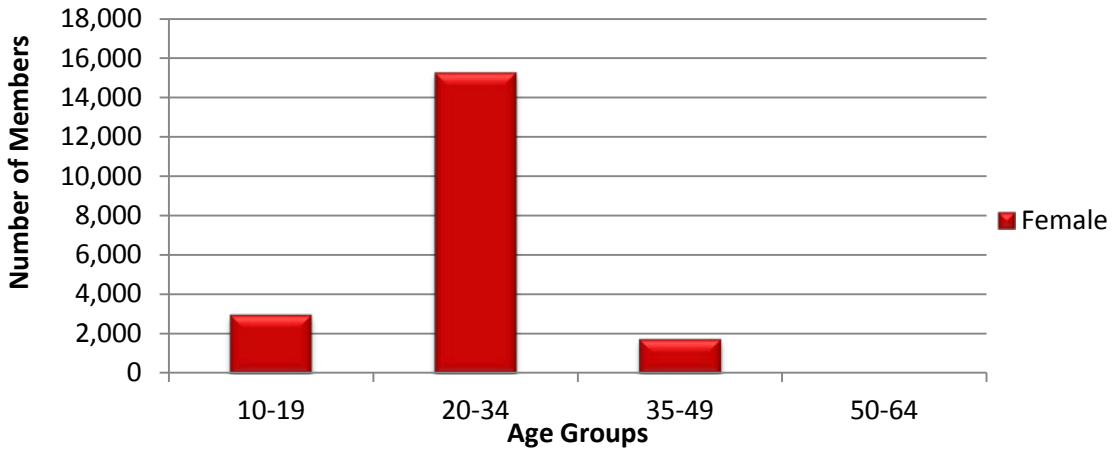
Utilization of Prenatal Vitamin Medications: Fiscal Year 2015

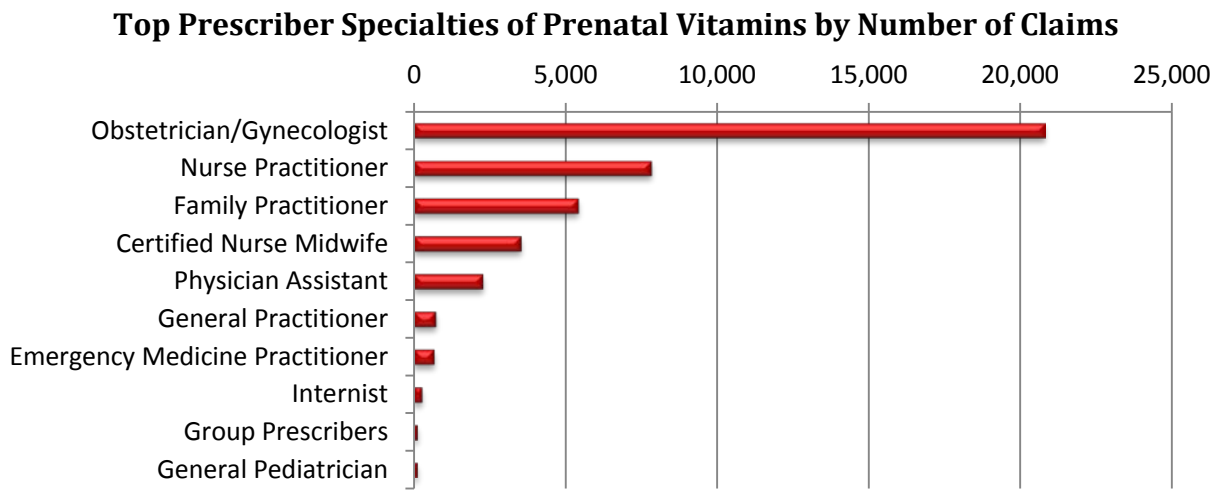
Comparison of Fiscal Years

Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	22,228	45,498	$1,199,532.14	$26.36	$0.58	2,083,003	2,065,143
2015	20,063	42,078	$1,339,514.38	$31.83	$0.71	1,954,613	1,893,137
% Change	**-9.70%**	**-7.50%**	**11.70%**	**20.80%**	**22.40%**	**-6.20%**	**-8.30%**
Change	**-2,165**	**-3,420**	**$139,982.24**	**$5.47**	**$0.13**	**-128,390**	**-172,006**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

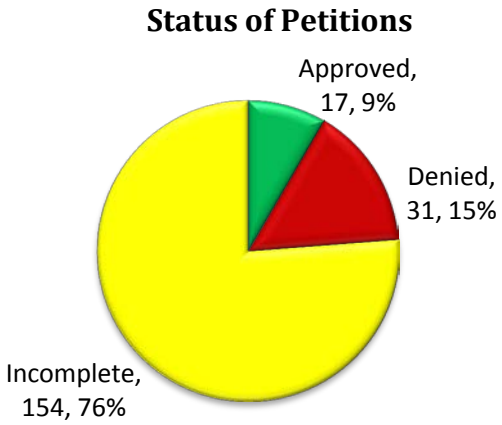
Demographics of Members Utilizing Prenatal Vitamin Medications





Prior Authorization of Prenatal Vitamins

There were 202 prior authorization requests submitted for prenatal vitamins during fiscal year 2015. The following chart shows the status of the submitted petitions.



Recommendations

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

Utilization Details of Prenatal Vitamin Medications: Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
CONCEPT DHA CAP	10,004	4,399	$370,605.12	$0.88	$37.05	27.67%
TARON-C DHA CAP	9,543	4,821	$348,081.78	$0.83	$36.48	25.99%
PNV PRENATAL TAB PLUS	4,468	2,387	$75,410.81	$0.37	$16.88	5.63%
PREPLUS TAB 27-1MG	3,769	2,229	$47,105.34	$0.23	$12.50	3.52%
PRENATAL TAB PLUS	3,159	1,539	$32,008.84	$0.26	$10.13	2.39%
FOLIVANE-OB CAP	2,493	1,541	$76,610.82	$0.69	$30.73	5.72%
VOL-PLUS TAB	1,654	1,100	$52,067.68	$0.42	$31.48	3.89%
CONCEPT OB CAP	1,425	899	$44,290.34	$0.72	$31.08	3.31%
PRENAT PLUS TAB 27-1MG	1,381	931	$27,892.62	$0.39	$20.20	2.08%
CITRANATAL CAP HARMONY	778	497	$90,031.77	$2.85	$115.72	6.72%

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
CITRANATAL MIS 90 DHA	675	442	$60,317.96	$2.72	$89.36	4.50%
CITRANATAL PAK ASSURE	403	237	$34,048.76	$2.78	$84.49	2.54%
SE-NATAL 19 TAB	371	216	$7,772.27	$0.49	$20.95	0.58%
COMPLETE NAT PAK DHA	337	158	$8,634.31	$0.82	$25.62	0.64%
CITRANATAL PAK DHA	278	216	$22,731.90	$2.55	$81.77	1.70%
VOL-TAB RX TAB	254	150	$4,091.69	$0.37	$16.11	0.31%
SE-NATAL 19 CHW	237	166	$6,914.52	$0.66	$29.18	0.52%
CITRANATAL MIS B-CALM	167	130	$9,044.01	$1.43	$54.16	0.68%
PRENATA CHW 29-1MG	165	122	$1,843.65	$0.25	$11.17	0.14%
COMPLETENATE CHW	109	80	$2,862.91	$0.55	$26.27	0.21%
TRINATAL RX TAB 1	93	54	$1,342.57	$0.28	$14.44	0.10%
VIRT-C DHA CAP	58	58	$2,715.26	$1.02	$46.81	0.20%
SELECT-OB+ PAK DHA	39	12	$3,412.70	$2.92	$87.51	0.25%
PRENATAL TAB PLUS FE	38	23	$268.58	$0.17	$7.07	0.02%
PRENATAL VIT TAB PLUS	34	26	$329.62	$0.26	$9.69	0.02%
SE-TAN DHA CAP	30	15	$1,434.90	$1.49	$47.83	0.11%
CITRANATAL TAB RX	26	19	$2,771.20	$1.92	$106.58	0.21%
TRINATAL GT TAB	23	7	$237.80	$0.27	$10.34	0.02%
PNV TABS TAB 29-1MG	13	13	$196.43	$0.50	$15.11	0.01%
PNV FE FUM TAB DOC/FA	8	7	$160.90	$0.52	$20.11	0.01%
TRIADVANCE TAB	5	2	$46.96	$0.31	$9.39	0.00%
PROVIDA OB CAP	4	4	$226.35	$0.94	$56.59	0.02%
VITAFOL-NANO TAB	4	3	$492.91	$4.69	$123.23	0.04%
PRENATE DHA CAP	3	2	$655.19	$4.37	$218.40	0.05%
PNV-DHA CAP	3	1	$122.34	$1.36	$40.78	0.01%
TARON-PREX CAP	3	1	$101.34	$1.13	$33.78	0.01%
HEMENATAL OB MIS + DHA	2	1	$91.40	$1.52	$45.70	0.01%
NATALVIRT CA PAK	2	1	$115.43	$1.92	$57.72	0.01%
VP-GGR-B6 TAB PRENATAL	2	1	$52.42	$0.87	$26.21	0.00%
VIRT-ADVANCE TAB 90-1MG	2	2	$18.66	$0.31	$9.33	0.00%
VITAFOL-ONE CAP	2	1	$203.56	$3.39	$101.78	0.02%
PRENATE CAP ESSENT	2	1	$806.70	$4.48	$403.35	0.06%
PRENATE DHA CAP	1	1	$232.84	$3.88	$232.84	0.02%
PRENATE CAP ESSENTIA	1	1	$370.34	$4.11	$370.34	0.03%
PRETAB TAB 29-1MG	1	1	$13.67	$0.46	$13.67	0.00%
PNV-SELECT TAB	1	1	$42.21	$1.41	$42.21	0.00%
VINATE II TAB	1	1	$34.70	$0.35	$34.70	0.00%
VITAFOL-OB TAB 65-1MG	1	1	$47.42	$0.79	$47.42	0.00%
PRENATE CAP RESTORE	1	1	$115.22	$3.84	$115.22	0.01%
VITAFOL CAP ULTRA	1	1	$86.61	$2.89	$86.61	0.01%
VP-HEME ONE CAP	1	1	$77.46	$2.58	$77.46	0.01%
NATALVIRT MIS 90 DHA	1	1	$52.63	$1.75	$52.63	0.00%
ZATEAN-PN CAP DHA	1	1	$136.17	$1.36	$136.17	0.01%
PRENATE TAB ELITE	1	1	$134.79	$4.49	$134.79	0.01%
TOTAL	**42,078**	**20,063***	**$1,339,514.38**	**$0.71**	**$31.83**	**100%**

*Total number of unduplicated members.

Costs do not reflect rebated prices or net costs.

Fiscal Year 2015 Annual Review of Procysbi® (Cysteamine Bitartrate)

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Procysbi® (Cysteamine Bitartrate) Approval Criteria:

1. An FDA approved diagnosis of nephropathic cystinosis; and
2. A patient-specific, clinically significant reason why the member cannot use the short-acting formulation Cystagon® (cysteamine bitartrate).

Utilization of Procysbi® (Cysteamine Bitartrate): Fiscal Year 2015

Comparison of Fiscal Years

Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	1	3	$23,677.02	$7,892.34	$263.08	360	90
2015	1	10	$154,568.47	$15,456.85	$515.23	2,340	300
% Change	**0.00%**	**233.30%**	**552.80%**	**95.80%**	**95.80%**	**550.00%**	**233.30%**
Change	**0**	**7**	**$130,891.45**	**$7,564.51**	**$252.15**	**1,980**	**210**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Top Prescriber Specialties of Procysbi® (Cysteamine Bitartrate) by Number of Claims

- The only prescriber specialty of Procysbi® (cysteamine bitartrate) during fiscal year 2015 was a pediatric nephrologist.

Prior Authorization of Procysbi® (Cysteamine Bitartrate)

- There were three prior authorization requests submitted for Procysbi® (cysteamine bitartrate) during fiscal year 2015. One of the requests was incompleted and two were approved.

Market News and Updates[30,31]

Anticipated Patent Expiration(s): Procysbi® (cysteamine bitartrate): June 2034

[30] U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/2015. Last accessed 02/2016.
[31] U.S. Food and Drug Administration (FDA): New Pediatric Labeling Information Database – Detail. Available online at: http://www.accessdata.fda.gov/scripts/sda/sdDetailNavigation.cfm?sd=labelingdatabase&id=23BAC739DB590230E053554DA8C0A2E7&rownum=14. Last revised 11/4/2015. Last accessed 02/2016.

New FDA Approvals and Indications:

- **August 2015**: The FDA expanded the indication of Procysbi® (cysteamine bitartrate) to pediatric patients down to 2 years. Procysbi® (cysteamine bitartrate) was previously approved in patients 6 years and older.

Recommendations

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

Fiscal Year 2015 Annual Review of Qualaquin® (Quinine Sulfate)

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Qualaquin® (Quinine Sulfate) Approval Criteria:

1. An FDA approved diagnosis of malaria.
2. Off-label use for the prevention/treatment of leg cramps and other related conditions will not be covered.

Utilization of Qualaquin® (Quinine Sulfate): Fiscal Year 2015

There were no claims for Qualaquin® (quinine sulfate) during fiscal year 2015.

Prior Authorization of Qualaquin® (Quinine Sulfate)

There were seven prior authorization requests submitted for Qualaquin® (quinine sulfate) during fiscal year 2015. All seven prior authorizations were denied.

Recommendations

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

Fiscal Year 2015 Annual Review of Qutenza® (Capsaicin 8% Patch)

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Qutenza® (Capsaicin 8% Patch) Approval Criteria:

1. An FDA approved diagnosis of postherpetic neuralgia; and
2. Documented treatment attempts at recommended dosing or contraindication to at least one agent from each of the following drug classes:
    a. Tricyclic antidepressants
    b. Anticonvulsants
    c. Topical lidocaine; and
3. Qutenza® must be administered by a healthcare provider.
4. A quantity limit of no more than four patches per treatment every 90 days will apply.

Utilization of Qutenza® (Capsaicin 8% Patch): Fiscal Year 2015

There was no utilization of Qutenza® (capsaicin 8% patch) during fiscal year 2015.

Prior Authorization of Qutenza® (Capsaicin 8% Patch)

There were two prior authorization requests submitted for Qutenza® (capsaicin 8% patch) during fiscal year 2015, both of which were denied.

Market News and Updates[32]

Anticipated Patent Expiration(s): Qutenza® (capsaicin 8% patch): November 2016

Recommendations

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

[32]U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/2015. Last accessed 02/09/2016.

Fiscal Year 2015 Annual Review of Ravicti® (Glycerol Phenylbutyrate)

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Ravicti® (Glycerol Phenylbutyrate) Approval Criteria:

1. An FDA approved diagnosis of urea cycle disorder (UCD); AND
2. Active management with protein restricted diet; AND
3. A patient specific, clinically significant reason why member cannot use Buphenyl® (sodium phenylbutyrate).

Utilization of Ravicti® (Glycerol Phenylbutyrate): Fiscal Year 2015

Comparison of Fiscal Years

Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2015	1	4	$25,476.88	$6,369.22	$197.50	200	129

*Total number of unduplicated members.
During fiscal year 2014, there was no utilization of Ravicti®.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Ravicti® (Glycerol Phenylbutyrate)

- Due to the small number of members utilizing Ravicti® (glycerol phenylbutyrate), detailed demographic information cannot be provided.

Top Prescriber Specialties of Ravicti® (Glycerol Phenylbutyrate) by Number of Claims

- The only prescriber specialty for Ravicti® (glycerol phenylbutyrate) during fiscal year 2015 was a general pediatrician.

Prior Authorization of Ravicti® (Glycerol Phenylbutyrate)

There was one prior authorization request submitted for Ravicti® (glycerol phenylbutyrate) during fiscal year 2015. The prior authorization request was approved.

Market News and Updates[33]

Anticipated Patent Expiration(s): Ravicti® (glycerol phenylbutyrate): March 2032

Recommendations

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

[33] U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/2015. Last accessed 1/28/2016.

Fiscal Year 2015 Annual Review of Retisert® (Fluocinolone Intravitreal Implant)

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Retisert® (Fluocinolone Intravitreal Implant) Approval Criteria:

1. An FDA approved diagnosis of chronic non-infectious posterior uveitis.

Utilization of Retisert® (Fluocinolone Intravitreal Implant): Fiscal Year 2015

There was no utilization of Retisert® (fluocinolone intravitreal implant) during fiscal year 2015.

Prior Authorization of Retisert® (Fluocinolone Intravitreal Implant)

There were no prior authorization requests submitted for Retisert® (fluocinolone intravitreal implant) during fiscal year 2015.

Market News and Updates[34]

Anticipated Patent Expiration(s): Retisert® (fluocinolone intravitreal implant): March 2019

Recommendations

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

[34]U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/2015. Last accessed 02/2016.

Fiscal Year 2015 Annual Review of Ribavirin Unique Dosage Formulation Products

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

RibaPak® (Ribavirin Dose Pack), Rebetol® (Ribavirin Solution), and Ribasphere® (Ribavirin 400mg and 600mg Tablets) Approval Criteria:

1. A patient-specific, clinically significant reason why member cannot use the 200mg tablets or 200mg capsules in place of the unique dosage formulations.

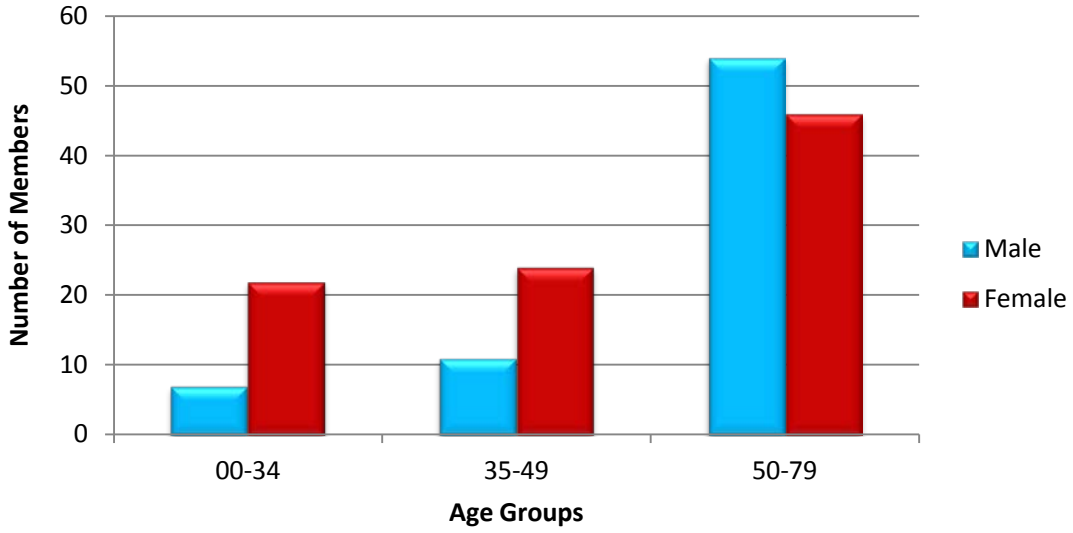
Utilization of Ribavirin Products: Fiscal Year 2015

Comparison of Fiscal Years

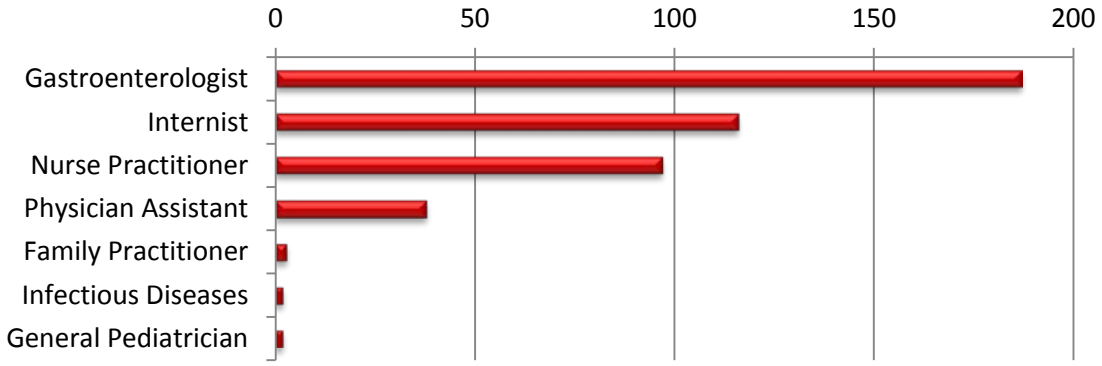
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	293	982	$104,074.37	$105.98	$3.74	148,618	293
2015	164	445	$53,323.30	$119.83	$4.29	70,118	164
% Change	**-44.00%**	**-54.70%**	**-48.80%**	**13.10%**	**14.70%**	**-52.80%**	**-44.00%**
Change	**-129**	**-537**	**-$50,751.07**	**$13.85**	**$0.55**	**-78,500**	**-129**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Ribavirin Products



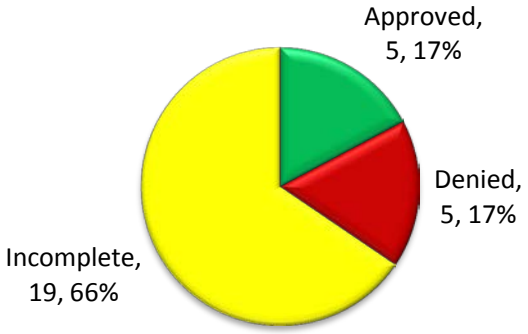
Top Prescriber Specialties of Ribavirin Products by Number of Claims



Prior Authorization of Ribavirin Products

There were 29 prior authorization requests submitted for ribavirin products during fiscal year 2015. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[35]

Anticipated Patent Expiration(s): Rebetol® (ribavirin solution): October 2023

Recommendations

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

Utilization Details of Ribavirin Products: Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
RIBAVIRIN CAP 200 MG	92	37	$9,520.58	$3.76	$103.48	17.85%
RIBAVIRIN TAB 200 MG	340	129	$34,965.53	$3.67	$102.84	65.57%
REBETOL SOL 40MG/ML	13	1	$8,837.19	$22.66	$679.78	16.57%
TOTAL	**445**	**167***	**$53,323.30**	**$4.29**	**$119.83**	**100%**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

[35] U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/2015. Last accessed 02/2016.

Fiscal Year 2015 Annual Review of Singulair® (Montelukast) and Zyflo CR® (Zileuton)

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Singulair® (Montelukast) Approval Criteria:

1. Montelukast tablets and chewable tablets are available without prior authorization.
2. For Insure Oklahoma members a prior authorization is required. This medication is not covered for a diagnosis of allergic rhinitis for those members.
3. A prior authorization is required for the granule formulation of montelukast.
    a. Use of the granule formulation requires a patient-specific, clinically significant reason why member cannot use montelukast tablets or chewable tablets.

Zyflo CR® (Zileuton) Approval Criteria:

1. Member must be 12 year and older; and
2. An FDA approved diagnosis of mild or moderate persistent asthma or allergic rhinitis; and
    a. For a diagnosis of asthma, the member must meet the following:
        i. A trial of an inhaled corticosteroid and corticosteroid/long-acting beta-2 agonist (LAB_2A) therapy within the previous six months and reason for trial failure; and
        ii. A recent trial with at least one other available leukotriene modifier that did not yield adequate response.
    b. For a diagnosis of allergic rhinitis, the member must meet the following:
        i. A trial of an oral antihistamine, 14 days in duration within the past 30 days that has failed to relieve allergic rhinitis symptoms.

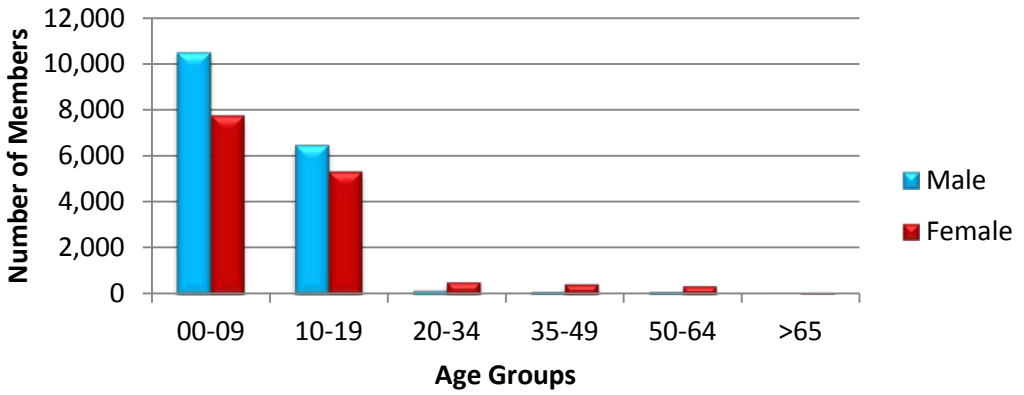
Utilization of Singulair® (Montelukast) and Zyflo CR® (Zileuton): Fiscal Year 2015

Comparison of Fiscal Years

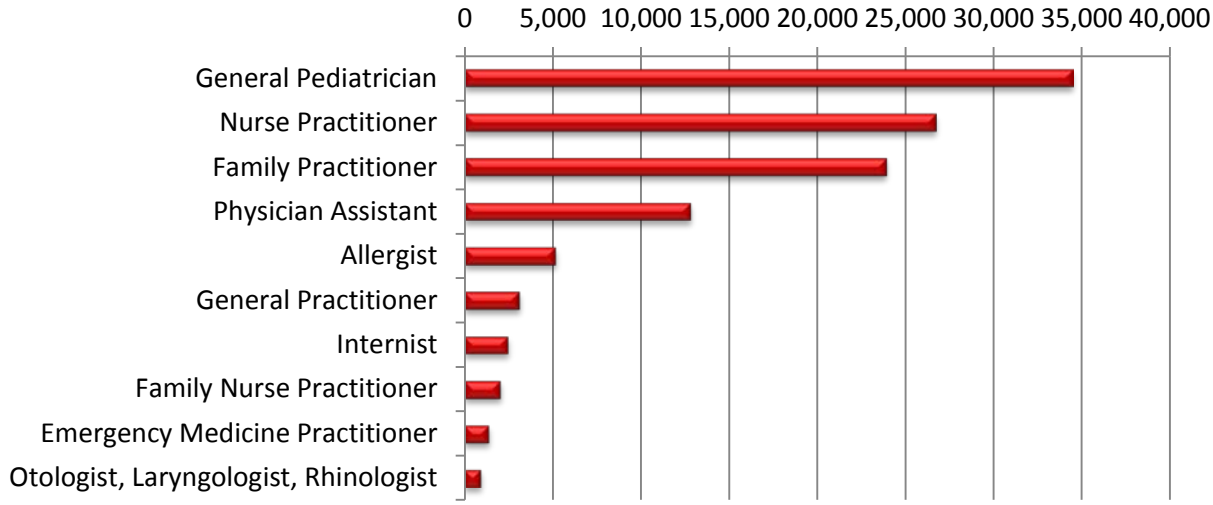
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	28,158	104,071	$1,867,773.74	$17.95	$0.60	3,116,711	3,120,278
2015	32,028	115,911	$1,850,832.52	$15.97	$0.53	3,469,296	3,476,225
% Change	**13.70%**	**11.40%**	**-0.90%**	**-11.00%**	**-11.70%**	**11.30%**	**11.40%**
Change	**3,870**	**11,840**	**-$16,941.22**	**-$1.98**	**-$0.07**	**352,585**	**355,947**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Singulair® (Montelukast) and Zyflo CR® (Zileuton)



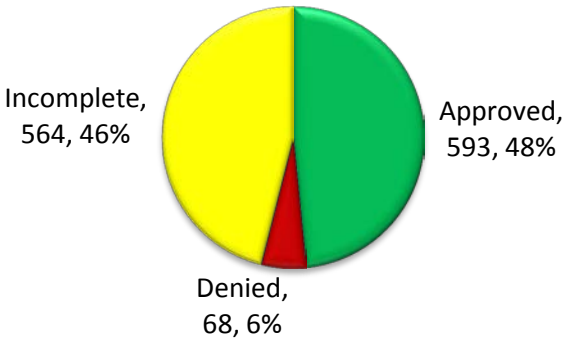
Top Prescriber Specialties of Singulair® (Montelukast) and Zyflo CR® (Zileuton) by Number of Claims



Prior Authorization of Singulair® (Montelukast) and Zyflo CR® (Zileuton)

There were 1,225 prior authorization requests submitted for Singulair® and Zyflo CR® during fiscal year 2015. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[36]

New Safety Information and Updates:

- **November 2014**: The U.S. Food and Drug Administration (FDA) updated the "adverse reactions" section of the labeling for Singulair® (montelukast) to include enuresis in children.

Recommendations

Prior authorization requirements were removed for Singulair® (montelukast) tablets and chewable tablets in October 2015 for all SoonerCare members excluding Insure Oklahoma Members. The College of Pharmacy does not recommend any additional changes at this time.

Utilization Details of Singulair® (Montelukast) and Zyflo CR® (Zileuton): Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM
MONTELUKAST PRODUCTS					
MONTELUKAST CHW 5MG	49,134	1,472,800	$685,085.35	$0.47	$13.94
MONTELUKAST CHW 4MG	33,274	996,864	$465,557.22	$0.47	$13.99
MONTELUKAST TAB 10MG	29,849	890,258	$314,240.24	$0.35	$10.53
MONTELUKAST TAB 10MG	780	23,235	$8,866.27	$0.38	$11.37
MONTELUKAST GRA 4MG	2,837	84,867	$366,642.94	$4.30	$129.24
SINGULAIR CHW 4MG	18	540	$1,921.08	$3.56	$106.73
SINGULAIR CHW 5MG	11	330	$1,843.12	$5.59	$167.56
SINGULAIR GRA 4MG	5	150	$993.33	$6.62	$198.67
SUBTOTAL	**115,908**	**3,469,044**	**$1,845,149.55**	**$0.53**	**$15.92**
ZILEUTON EXTENDED-RELEASE PRODUCTS					
ZYFLO CR TAB 600MG	3	2	$5,682.97	$90.21	$1,894.32
SUBTOTAL	**3**	**2**	**$5,682.97**	**$90.21**	**$1,894.32**
TOTAL	**115,911**	**32,028***	**$1,850,832.52**	**$0.53**	**$15.97**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

[36]U.S. Food and Drug Administration (FDA): Safety Update. Available online at: http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm285264.htm. Issued 12/2014. Last accessed 03/2016.

Fiscal Year 2015 Annual Review of Smoking Cessation Products

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Smoking Cessation Products Coverage Criteria:

1. All nicotine replacement products (patches, gum, lozenges, and inhalers), Zyban® (bupropion), and Chantix® (varenicline) do not require prior authorization.
2. Effective March 2016 the duration of therapy limit of 180 days was removed for smoking cessation products excluding Chantix® (varenicline). Chantix® (varenicline) may only be used for up to 180 days per calendar year.
3. Smoking cessation products do not count against the six prescription limit per month.
4. Smoking cessation products are available without a co-pay.

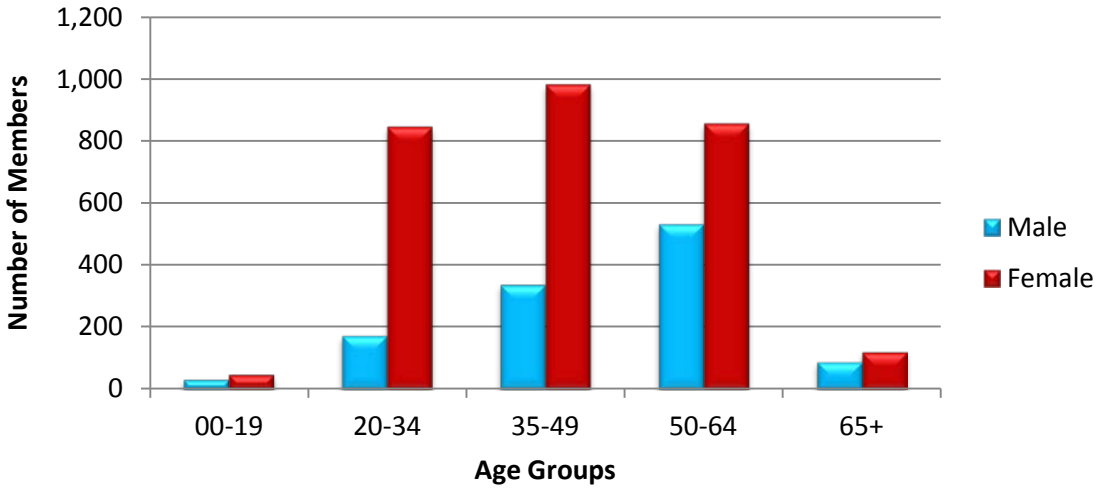
Utilization of Smoking Cessation Products: Fiscal Year 2015

Comparison of Fiscal Years

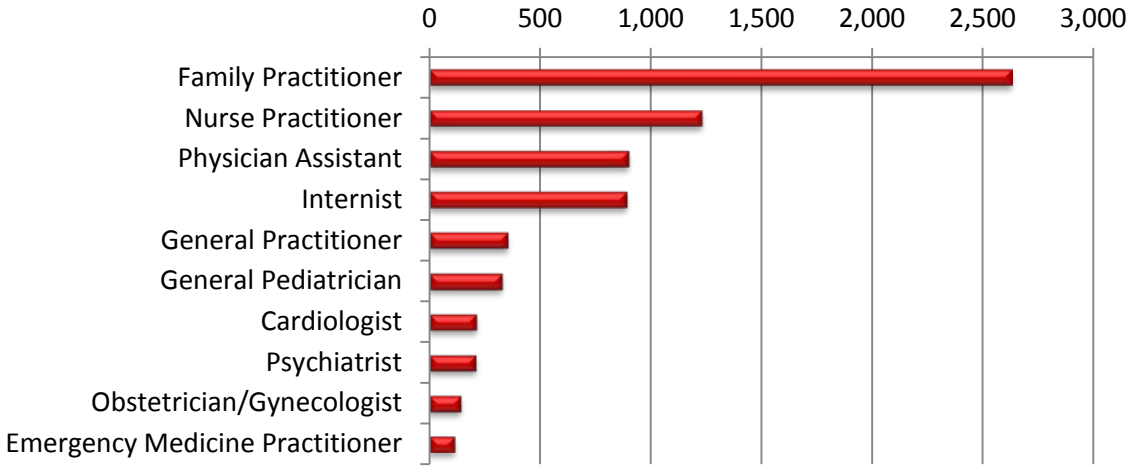
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	3,966	6,791	$948,425.18	$139.66	$5.65	351,658	167,890
2015	4,021	7,404	$1,112,781.41	$150.29	$6.15	386,695	180,832
% Change	**1.40%**	**9.00%**	**17.30%**	**7.60%**	**8.80%**	**10.00%**	**7.70%**
Change	**55**	**613**	**$164,356.23**	**$10.63**	**$0.50**	**35,037**	**12,942**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Smoking Cessation Products



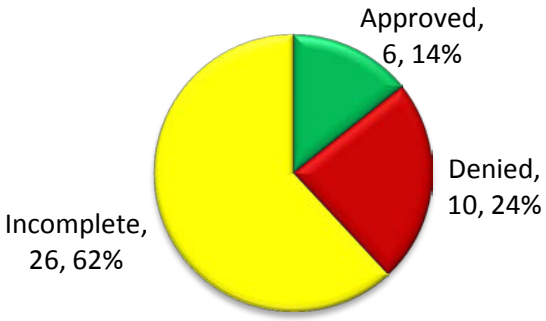
Top Prescriber Specialties of Smoking Cessation Products by Number of Claims



Prior Authorization of Smoking Cessation Products

There were 42 prior authorization requests submitted for smoking cessation products during fiscal year 2015. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[37]

Anticipated Patent Expiration(s): Chantix® (varenicline): August 2022

Recommendations

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

Utilization Details of Smoking Cessation Products: Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/DAY	COST/CLAIM
NICOTINE REPLACEMENT PRODUCTS					
NICOTINE DIS 21MG/24H	786	526	$35,962.49	$2.10	$45.75
NICOTINE DIS 14MG/24H	463	309	$18,617.94	$2.13	$40.21

[37] U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 02/2016. Last accessed 03/2016.

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/DAY	COST/CLAIM
NICODERM CQ DIS	392	274	$26,439.30	$3.05	$67.45
NICOTINE TD DIS 21MG/24H	382	303	$20,580.38	$2.12	$53.88
NICODERM CQ DIS	257	170	$16,467.32	$3.00	$64.08
NICOTINE TD DIS 14MG/24H	210	165	$10,773.59	$2.09	$51.30
NICOTINE DIS 7MG/24HR	192	133	$6,907.83	$2.21	$35.98
SM NICOTINE GUM 4MG	190	37	$7,257.31	$5.70	$38.20
SM NICOTINE DIS 21MG	117	86	$8,209.79	$2.81	$70.17
NICOTINE TD DIS 7MG/24HR	112	93	$4,510.76	$2.00	$40.27
NICOTROL INH	93	84	$30,763.25	$12.21	$330.79
NICORELIEF GUM 2MG MINT	89	83	$16,482.10	$6.60	$185.19
NICODERM CQ DIS	79	59	$3,900.33	$2.84	$49.37
SM NICOTINE LOZ 4MG MINT	66	19	$2,519.15	$4.53	$38.17
NICOTINE POL LOZ 4MG	46	30	$2,155.96	$3.03	$46.87
HM NICOTINE DIS 14MG/24H	31	27	$2,171.74	$2.63	$70.06
NICOTROL NS SPR 10MG/ML	30	26	$10,688.31	$14.29	$356.28
NICOTINE POL GUM 4MG	28	14	$1,491.84	$2.15	$53.28
NICORETTE GUM 4MG CINN	22	6	$1,062.25	$2.61	$48.28
NICORELIEF GUM 4MG MINT	21	13	$784.85	$1.80	$37.37
NICORETTE GUM 4MG MINT	19	16	$962.65	$3.80	$50.67
SM NICOTINE LOZ 2MG MINT	17	9	$819.94	$2.91	$48.23
NICORETTE LOZ 2MG MINT	17	7	$1,102.21	$3.51	$64.84
NICORETTE GUM 2MG MINT	16	13	$1,236.51	$4.65	$77.28
NICOTINE POL GUM 2MG	14	9	$637.90	$2.95	$45.56
NICORELIEF GUM 4MG ORIG	14	11	$570.56	$2.07	$40.75
NICORETTE ST GUM 4MG	13	9	$749.36	$3.78	$57.64
NICOTINE POL LOZ 2MG	13	12	$495.72	$2.53	$38.13
HM NICOTINE LOZ 4MG	12	9	$477.05	$2.86	$39.75
NICORELIEF GUM 2MG ORIG	11	10	$440.53	$3.12	$40.05
HM NICOTINE GUM 2MG	11	11	$696.49	$2.75	$63.32
NICORETTE GUM 4MGFRUIT	11	7	$786.08	$4.57	$71.46
NICOTINE POL GUM 4MG	10	10	$876.22	$3.53	$87.62
SM NICOTINE GUM 2MG	10	6	$368.03	$3.76	$36.80
NICORETTE GUM 2MG ORIG	8	6	$501.04	$2.57	$62.63
HM NICOTINE LOZ 2MG	8	7	$271.08	$1.66	$33.89
NICORETTE GUM 2MG CINN	7	2	$337.89	$2.66	$48.27
NICOTINE POL GUM 2MG	7	4	$150.82	$1.89	$21.55
SM NICOTINE GUM 2MG	7	5	$436.65	$3.86	$62.38
NICOTINE POL GUM 4MG	7	6	$419.22	$3.85	$59.89
HM NICOTINE GUM 4MG	6	5	$484.38	$3.78	$80.73
NICOTINE POL GUM 2MG	6	6	$172.14	$1.37	$28.69
NICORETTE LOZ 4MG MINT	5	5	$358.94	$4.22	$71.79
NICORETTE ST GUM 2MG	5	5	$375.05	$3.83	$75.01
SM NICOTINE GUM 4MG	5	4	$368.85	$2.56	$73.77
NICORETTE GUM 4MG ORIG	3	3	$246.82	$2.74	$82.27
HM NICOTINE DIS 21MG/24H	3	3	$106.34	$2.53	$35.45

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/DAY	COST/CLAIM
NICOTINE SYS KIT TRANSDER	2	2	$97.48	$1.74	$48.74
NICORETTE GUM 2MGFRUIT	2	2	$96.54	$12.07	$48.27
GNP NICOTINE GUM 4MG	2	2	$60.64	$2.43	$30.32
NICORETTE LOZ 2MG ORIG	1	1	$52.91	$6.61	$52.91
NICORETTE LOZ 2MG CHRY	1	1	$39.21	$6.54	$39.21
GNP NICOTINE GUM 2MG	1	1	$27.11	$1.08	$27.11
NICORETTE ST GUM 2MG	1	1	$137.40	$4.91	$137.40
NICORETTE LOZ 4MG CHRY	1	1	$71.21	$2.54	$71.21
SUBTOTAL	**3,882**	**2,105**	**$242,777.46**	**$3.03**	**$62.54**
VARENICLINE PRODUCTS					
CHANTIX PAK 0.5 & 1MG	1,768	1,580	$455,289.46	$8.94	$257.52
CHANTIX PAK 1MG	940	583	$241,834.75	$8.97	$257.27
CHANTIX TAB 1MG	628	342	$155,986.82	$8.66	$248.39
CHANTIX TAB 0.5MG	78	61	$13,732.91	$8.39	$176.06
SUBTOTAL	**3,414**	**1,954**	**$866,843.94**	**$8.89**	**$253.91**
BUPROPION PRODUCTS					
BUPROPION TAB 150MG	70	44	$2,134.49	$1.00	$30.49
BUPROBAN TAB 150MG	38	30	$1,025.52	$0.89	$26.99
SUBTOTAL	**108**	**70**	**$3,160.01**	**$0.96**	**$29.26**
TOTAL	**7,404**	**4,021***	**$1,112,781.41**	**$6.15**	**$150.29**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Fiscal Year 2015 Annual Review of Soliris® (Eculizumab)

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Soliris® (Eculizumab) Approval Criteria:

1. Established diagnosis of paroxysmal nocturnal hemoglobinuria or atypical hemolytic uremic syndrome via ICD-9 coding in member's medical claims.
2. An age restriction of 18 years and older will apply.

Utilization of Soliris® (Eculizumab)

Soliris® (Eculizumab) Utilization: Medical Claims

Fiscal Year	Total Members*	Total Claims	Total Cost	Cost/Claim	Total Units
2015	5	68	$1,344,942.33	$19,778.56	6840

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Soliris® (Eculizumab) Fiscal Year comparison: Pharmacy Claims

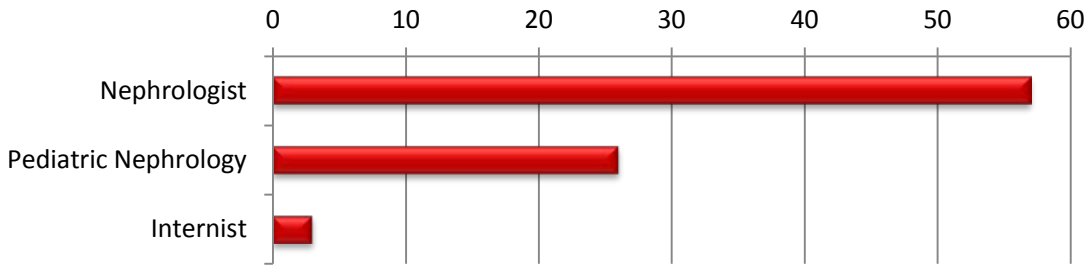
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	3	82	$1,580,192.48	$19,270.64	$1,519.42	11,860	1,040
2015	4	86	$1,783,706.00	$20,740.77	$1,541.66	12,110	1,157
% Change	**33.30%**	**4.90%**	**12.90%**	**7.60%**	**1.50%**	**2.10%**	**11.30%**
Change	**1**	**4**	**$203,513.52**	**$1,470.13**	**$22.24**	**250**	**117**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Soliris® (Eculizumab)

- Due to the small number of members utilizing Soliris® (eculizumab), detailed demographic information cannot be provided.

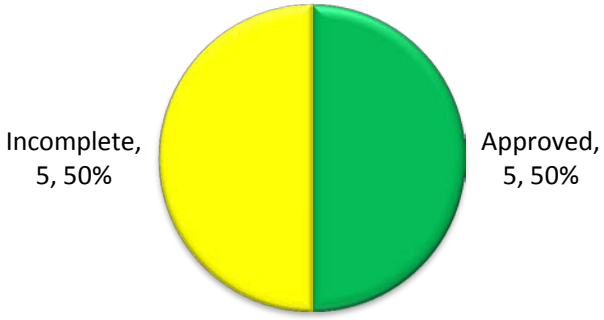
Top Prescriber Specialties of Soliris® (Eculizumab) by Number of Claims



Prior Authorization of Soliris® (Eculizumab)

There were 10 prior authorization requests submitted for Soliris® (eculizumab) during fiscal year 2015. The following chart shows the status of the submitted petitions.

Status of Petitions



Recommendations

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

Fiscal Year 2015 Annual Review of Symlin® (Pramlintide)

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Symlin® (Pramlintide) Approval Criteria:

1. An FDA approved diagnosis of type 1 or type 2 diabetes; and
2. Member must be using a basal-bolus insulin regimen; and
3. Member must have failed to achieve adequate glycemic control on basal-bolus insulin regimen or are gaining excessive weight on basal-bolus insulin regimen; and
4. Member must be receiving ongoing care under the guidance of a healthcare professional.

Members Meeting Any of the Following Criteria Should Not be Considered for Symlin® (Pramlintide) Therapy:

1. Poor compliance with insulin regimen; or
2. Poor compliance with self-blood glucose monitoring; or
3. HbA1c > 9%; or
4. Recurrent severe hypoglycemia requiring assistance in the past six months; or
5. Presence of hypoglycemia unawareness; or
6. Diagnosis of gastroparesis; or
7. Required use of medications that stimulate gastrointestinal motility; or
8. Pediatric patients 15 years of age or younger

Utilization of Symlin® (Pramlintide): Fiscal Year 2015

Comparison of Fiscal Years

Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	2	11	$10,124.66	$920.42	$31.25	88	324
2015	1	4	$5,221.29	$1,305.32	$43.51	43	120
% Change	**-50.00%**	**-63.60%**	**-48.40%**	**41.80%**	**39.20%**	**-51.10%**	**-63.00%**
Change	**-1**	**-7**	**-4903.37**	**$384.90**	**$12.26**	**-45**	**-204**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Symlin® (Pramlintide)

- Due to the limited number of members utilizing Symlin®, detailed demographic information cannot be provided.

Top Prescriber Specialties of Symlin® (Pramlintide)

- The only prescriber specialty of Symlin® (pramlintide) during fiscal year 2015 was an internist.

Prior Authorization of Symlin® (Pramlintide)

There were two prior authorization requests submitted for Symlin® (pramlintide) during fiscal year 2015, both of which were incompleted.

Market News and Updates[38]

Anticipated Patent Expiration(s): Symlin® (pramlintide): March 2019

Recommendations

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

[38]U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/2015. Last accessed 02/10/2016.

Fiscal Year 2015 Annual Review of Topical Antibiotic Products

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Topical Antibiotic Products	
Tier-1	**Tier-2**
Bactroban® (mupirocin) ointment 2%	Altabax® (retapamulin) ointment 1%
Cortisporin® (neomycin/polymixin B sulfates/hydrocortisone) cream 0.5%	Bactroban® (mupirocin) cream 2%
Cortisporin® (neomycin/polymixin B sulfates/ bacitracin zinc/hydrocortisone) ointment 1%	Bactroban® (mupirocin) nasal ointment 2%
Garamycin® (gentamicin) cream 0.1%	Centany® (mupirocin) kit 2%
Garamycin® (gentamicin) ointment 0.1%	
Gentamicin powder	

Topical Antibiotic Tier-2 Approval Criteria:

1. Documented five day trial of a Tier-1 product within the last 30 days.
2. Clinical exceptions apply for adverse effects with all Tier-1 products, or a unique indication not covered by Tier-1 products.
3. Approvals will be for the duration of ten days.

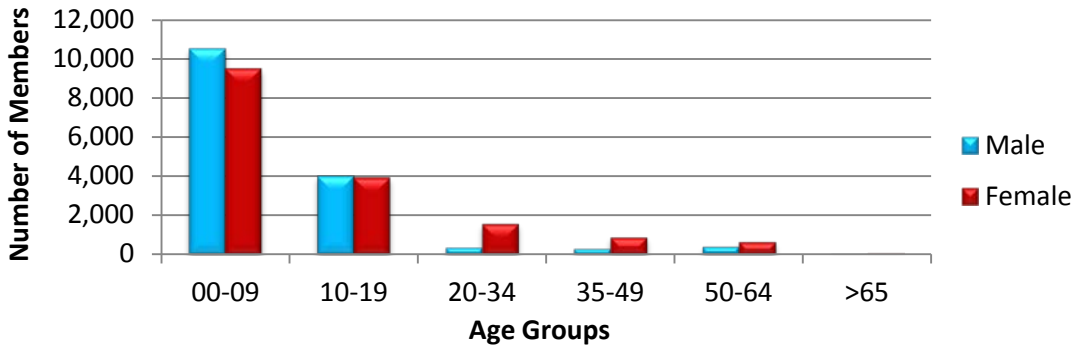
Utilization of Topical Antibiotic Products: Fiscal Year 2015

Comparison of Fiscal Years

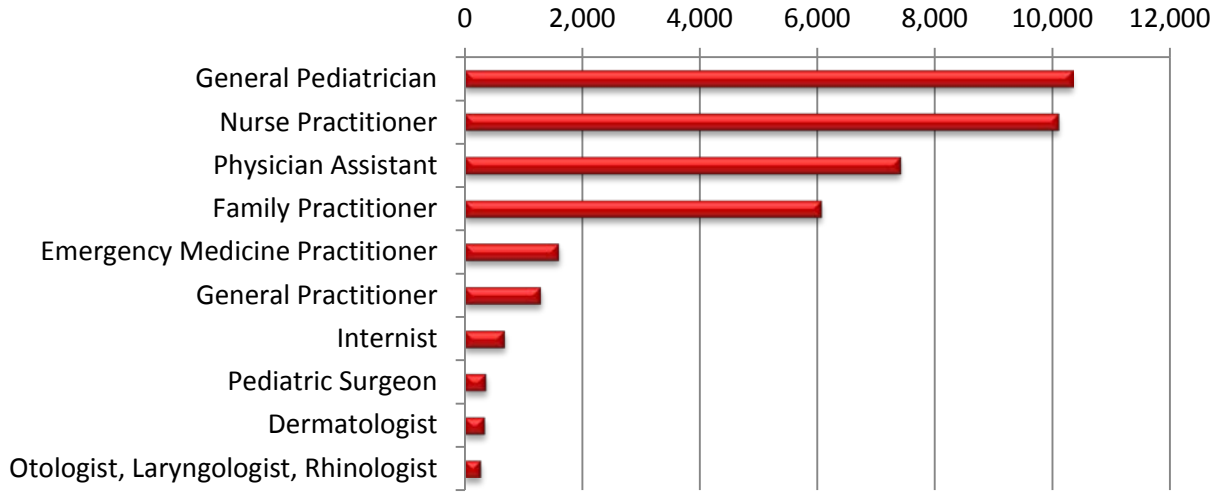
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	32,101	38,541	$531,250.89	$13.78	$1.25	932,357	425,626
2015	32,402	39,952	$527,210.92	$13.20	$1.20	970,717	440,418
% Change	**0.90%**	**3.70%**	**-0.80%**	**-4.20%**	**-4.00%**	**4.10%**	**3.50%**
Change	**301**	**1,411**	**-$4,039.97**	**-$0.58**	**-$0.05**	**38,360**	**14,792**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Topical Antibiotic Products



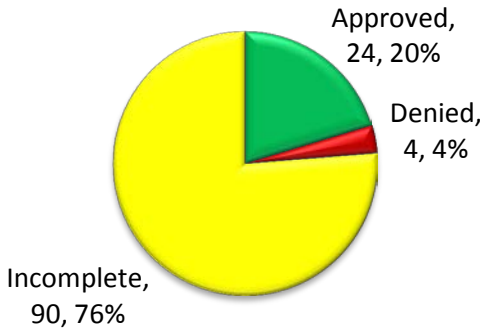
Top Prescriber Specialties of Topical Antibiotic Products by Number of Claims



Prior Authorization of Topical Antibiotic Products

There were 118 prior authorization requests submitted for the topical antibiotic products during fiscal year 2015. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[39]

Anticipated Patent Expiration(s): Altabax® (retapamulin): February 2027

Recommendations

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

[39] U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 02/2016. Last accessed 03/2016.

Utilization Details of Topical Antibiotic Products: Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ CLAIM	COST/ DAY	% COST
Tier-1 Products						
BACTROBAN OIN 2%	90	55	$1,178.16	$13.09	$1.30	0.22%
CORTISPORIN CRE 0.5%	70	51	$4,996.93	$71.38	$6.42	0.95%
CORTISPORIN OIN 1%	45	39	$5,021.65	$111.59	$8.45	0.95%
GENTAMICIN CRE 0.1%	101	59	$3,665.47	$36.29	$2.32	0.70%
GENTAMICIN OIN 0.1%	304	188	$16,390.49	$53.92	$4.53	3.11%
GENTAMICIN POW SULFATE	14	2	$373.51	$26.68	$0.89	0.07%
MUPIROCIN OIN 2%	39,296	32,057	$493,596.33	$12.56	$1.14	93.62%
SUBTOTAL	**39,920**	**32,451**	**$525,222.54**	**$13.16**	**$1.19**	**99.62%**
Tier-2 Products						
ALTABAX OIN 1%	1	1	$149.28	$149.28	$9.95	0.03%
BACTROBAN OIN NASAL 2%	4	4	$560.36	$140.09	$23.35	0.11%
CENTANY OIN 2%	8	8	$117.13	$14.64	$1.23	0.02%
MUPIROCIN CRE 2%	19	18	$1,161.61	$61.14	$5.07	0.22%
SUBTOTAL	**32**	**31**	**$1,988.38**	**$62.14**	**$5.48**	**0.38%**
TOTAL	**39,952**	**32,402***	**$527,210.92**	**$13.20**	**$1.20**	**100%**

*Total number of unduplicated members.

Costs do not reflect rebated prices or net costs.

Fiscal Year 2015 Annual Review of Topical Antifungal Products

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Topical Antifungal Medications		
Tier-1	**Tier-2**	**Special PA**
ciclopirox cream	butenafine (Mentax®)	efinaconazole (Jublia®)
clotrimazole (Rx) cream, solution	ciclopirox solution, shampoo, gel, suspension (Penlac® & Loprox®)	tavaborole (Kerydin™)
clotrimazole (OTC)* cream	clotrimazole/betamethasone cream, lotion	
econazole cream	ketoconazole foam (Extina®)	
ketoconazole cream, shampoo	ketoconazole gel (Xolegel™)	
nystatin cream, ointment, powder	luliconazole cream (Luzu™)	
terbinafine (OTC)* cream	miconazole/zinc oxide/white petrolatum (Vusion®)	
tolnaftate (OTC)*cream	naftifine (Naftin®)	
	nystatin/triamcinolone cream, ointment	
	oxiconazole (Oxistat®)	
	salicylic acid (Bensal HP®)	
	sertaconazole nitrate (Ertaczo®)	
	sulconazole (Exelderm®)	

*Over-the-counter (OTC) antifungal products are covered for pediatric members 0-20 years of age without prior authorization.

Topical Antifungal Tier-2 Approval Criteria:

1. Documented, recent trials with at least two Tier-1 topical antifungal products for at least 90 days each; and
2. When the same medication is available in Tier-1, a patient-specific, clinically significant reason must be provided for using a special dosage form of that medication in Tier-2 (foams, shampoos, sprays, kits, etc.).
3. Authorization of combination products nystatin/triamcinolone or clotrimazole/betamethasone requires a patient-specific, clinically significant reason why the member cannot use the individual components separately.
4. For treatment of onychomycosis, a trial of oral antifungals (6 weeks for fingernails and 12 weeks for toenails) will be required for consideration of approval of Penlac® (ciclopirox solution).

Jublia® (Efinaconazole) and Kerydin™ (Tavaborole) Approval Criteria:

1. An FDA approved diagnosis of onychomycosis of the toenails due to *Trichophyton rubrum* or *Trichophyton mentagrophytes;* and

2. A trial of oral antifungals (12 weeks for toenails); and
3. A patient-specific, clinically significant reason why the member cannot use Penlac® (ciclopirox solution); and
4. A clinically significant reason the member requires treatment for onychomycosis (cosmetic reasons will not be approved).

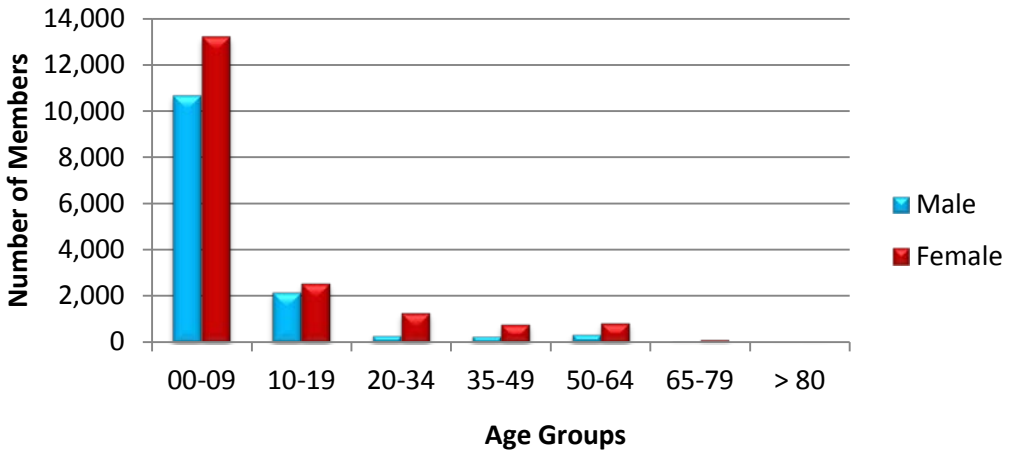
Utilization of Topical Antifungal Products: Fiscal Year 2015

Comparison of Fiscal Years

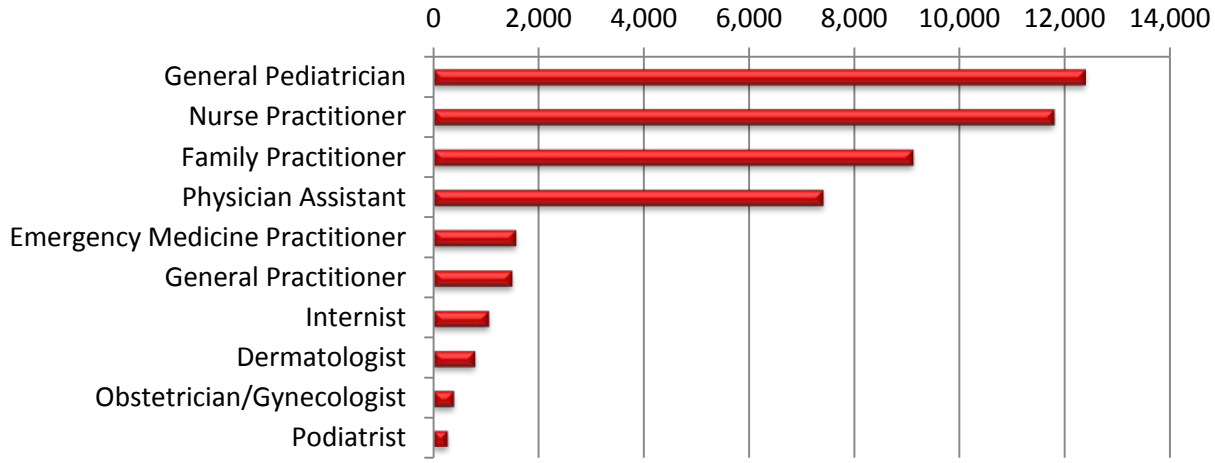
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	33,523	47,940	$1,039,580.75	$21.69	$1.55	1,719,810	669,035
2015	32,687	47,841	$1,110,682.79	$23.22	$1.63	1,724,914	681,205
% Change	**-2.50%**	**-0.20%**	**6.80%**	**7.10%**	**5.20%**	**0.30%**	**1.80%**
Change	**-836**	**-99**	**$71,102.04**	**$1.53**	**$0.08**	**5,104**	**12,170**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Topical Antifungal Products



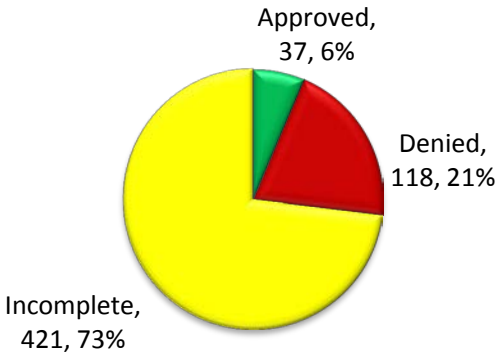
Top Prescriber Specialties of Topical Antifungal Products by Number of Claims



Prior Authorization of Topical Antifungal Products

There were 576 prior authorization requests submitted for the Topical Antifungal Product Based Prior Authorization (PBPA) category during fiscal year 2015. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[40]

Anticipated Patent Expiration(s):

- Ecoza™ (econazole nitrate topical foam 1%): January 2018
- Loprox® Gel (ciclopirox): September 2018
- Extina® (ketoconazole foam 2%): October 2018
- Luzu™ (luliconazole): April 2034
- Xolegel™ (ketoconazole gel): November 2020
- Kerydin™ (tavaborole 5% solution): May 2027
- Vusion® (miconazole/zinc oxide/white petrolatum): March 2028
- Jublia® (efinaconazole 10% topical solution): October 2030
- Naftin® (naftifine gel 2%): January 2033

Recommendations

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

Utilization Details of Topical Antifungal Products: Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
TIER-1 UTILIZATION						
NYSTATIN PRODUCTS						
NYSTATIN CRE 100000	17,380	13,295	$298,496.06	$1.42	$17.17	26.88%
NYSTATIN OIN 100000	6,659	5,216	$168,011.77	$2.08	$25.23	15.13%
NYSTOP POW 100000	2,420	1,613	$72,711.80	$1.90	$30.05	6.55%
NYSTATIN POW 100000	921	596	$24,839.86	$1.92	$26.97	2.24%
NYAMYC POW 100000	733	342	$24,440.12	$3.10	$33.34	2.20%

[40]U.S. Food and Drug Administration (FDA): Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 02/2016. Last accessed 03/2016.

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
SUBTOTAL	**28,113**	**21,062**	**$588,499.61**	**$1.68**	**$20.93**	**53.00%**
CLOTRIMAZOLE PRODUCTS						
CLOTRIMAZOLE CRE 1%	9,836	7,771	$207,552.49	$1.52	$21.10	18.69%
CLOTRIMAZOLE SOL 1%	180	155	$2,960.84	$0.99	$16.45	0.27%
CLOTRIMAZOLE POW	21	16	$174.10	$0.38	$8.29	0.02%
ATHLETE FOOT CRE 1%	21	20	$156.32	$0.51	$7.44	0.01%
SUBTOTAL	**10,058**	**7,962**	**$210,843.75**	**$1.51**	**$20.96**	**18.99%**
KETOCONAZOLE PRODUCTS						
KETOCONAZOLE CRE 2%	4,565	3,706	$129,327.08	$1.74	$28.33	11.64%
KETOCONAZOLE SHA 2%	2,684	1,695	$38,853.39	$0.47	$14.48	3.50%
SUBTOTAL	**7,249**	**5,401**	**$168,180.47**	**$1.08**	**$23.20**	**15.14%**
ECONAZOLE PRODUCTS						
ECONAZOLE CRE 1%	1,180	892	$120,960.76	$6.58	$102.51	10.89%
SUBTOTAL	**1,180**	**892**	**$120,960.76**	**$6.58**	**$102.51**	**10.89%**
CICLOPIROX PRODUCTS						
CICLOPIROX CRE 0.77%	771	618	$14,275.57	$1.36	$18.52	1.29%
SUBTOTAL	**771**	**618**	**$14,275.57**	**$1.36**	**$18.52**	**1.29%**
TERBINAFINE PRODUCTS						
ATHLETE FOOT CRE 1%	28	25	$430.72	$1.08	$15.38	0.04%
TERBINAFINE CRE 1%	369	323	$4,842.71	$0.94	$13.12	0.44%
LAMISIL AT CRE 1%	36	33	$569.65	$1.19	$15.82	0.05%
ATHLETE FOOT CRE AF	2	2	$31.15	$1.25	$15.58	0.00%
SUBTOTAL	**435**	**383**	**5874.23**	**$0.97**	**$13.50**	**0.53%**
TOLNAFTATE PRODUCTS						
TOLNAFTATE CRE 1%	9	9	$79.72	$0.59	$8.86	0.01%
SM ANTIFUNGL CRE 1%	3	3	$32.49	$1.02	$10.83	0.00%
SUBTOTAL	**12**	**12**	**$112.21**	**$0.67**	**$9.35**	**0.01%**
MICONAZOLE PRODUCTS						
ANTIFUNGAL CRE 2%	4	1	$29.80	$1.06	$7.45	0.00%
SUBTOTAL	**4**	**1**	**$29.80**	**$1.06**	**$7.45**	**0.00%**
TIER-1 SUBTOTAL	**47,822**	**36,331**	**$1,108,776.40**	**$1.63**	**$23.19**	**99.85%**
TIER-2 UTILIZATION						
CLOTRIMAZOLE/BETAMETHASONE PRODUCTS						
CLOTRIM/BETA CRE DIPROP	6	6	$313.50	$3.37	$52.25	0.03%
SUBTOTAL	**6**	**6**	**$313.50**	**$3.37**	**$52.25**	**0.03%**
CICLOPIROX PRODUCTS						
CICLOPIROX SOL 8%	5	5	$169.98	$0.94	$34.00	0.02%
CICLOPIROX SUS 0.77%	3	2	$105.37	$1.40	$35.12	0.01%
SUBTOTAL	**8**	**7**	**$275.35**	**$1.08**	**$34.42**	**0.03%**
NYSTATIN/TRIAMCINOLONE PRODUCTS						
NYSTAT/TRIAM CRE	2	2	$238.46	$5.30	$119.23	0.02%
SUBTOTAL	**2**	**2**	**$238.46**	**$5.30**	**$119.23**	**0.02%**
NAFTIFINE PRODUCTS						
NAFTIN CRE 2%	1	1	$310.28	$6.90	$310.28	0.03%
SUBTOTAL	**1**	**1**	**$310.28**	**$6.90**	**$310.28**	**0.03%**

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
OXICONAZOLE PRODUCTS						
OXISTAT CRE 1%	2	1	$768.80	$19.22	$384.40	0.07%
SUBTOTAL	**2**	**1**	**$768.80**	**$19.22**	**$384.40**	**0.07%**
TIER-2 SUBTOTAL	**19**	**17**	**$1,906.39**	**$3.99**	**$100.34**	**0.18%**
TOTAL	**47,841**	**32,687***	**$1,110,682.79**	**$1.63**	**23**	**100%**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Fiscal Year 2015 Annual Review of Vitamin D Supplement

Oklahoma Health Care Authority
Fiscal Year 2015 Print Report

Current Prior Authorization Criteria

Vitamin D Supplement Approval Criteria:

1. Diagnosis of End Stage Renal Disease (ESRD); or
2. For those without ESRD, prior authorization will only be approved when medically necessary for children younger than 21 years of age.

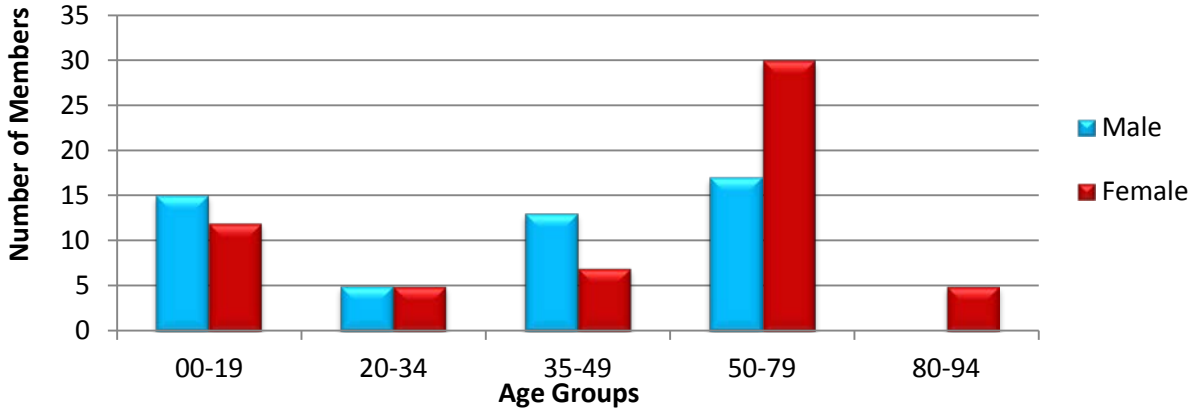
Utilization of Vitamin D Supplement: Fiscal Year 2015

Comparison of Fiscal Years

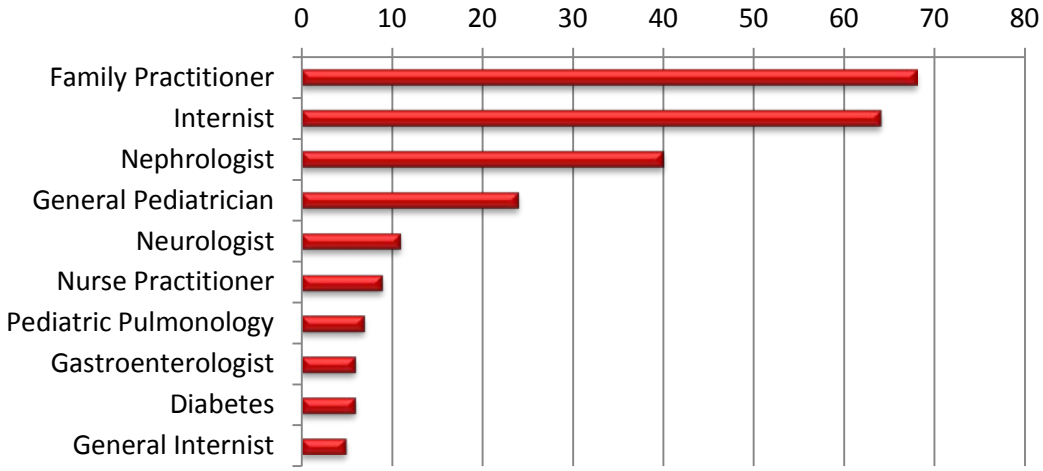
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2014	98	224	$2,664.27	$11.89	$0.25	2,547	10,466
2015	109	266	$2,847.54	$10.71	$0.24	2,899	11,984
% Change	**11.20%**	**18.80%**	**6.90%**	**-9.90%**	**-4.00%**	**13.80%**	**14.50%**
Change	**11**	**42**	**$183.27**	**-$1.18**	**-$0.01**	**352**	**1,518**

*Total number of unduplicated members.
Costs do not reflect rebated prices or net costs.

Demographics of Members Utilizing Vitamin D Supplement



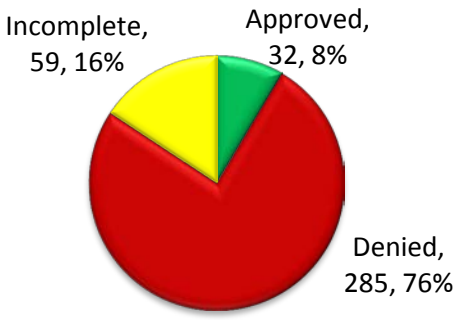
Top Prescriber Specialties of Vitamin D Supplement by Number of Claims



Prior Authorization of Vitamin D Supplement

There were 376 prior authorization requests submitted for vitamin D supplement during fiscal year 2015. Computer edits are in place to detect ESRD in the member's diagnosis summary and generate automated prior authorization where possible. The following chart shows the status of the submitted petitions.

Status of Petitions



Recommendations

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

Utilization Details of Vitamin D Supplements: Fiscal Year 2015

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
VITAMIN D CAP 50000UNT	229	92	$1,191.01	$0.12	$5.20	41.83%
ERGOCALCIFER SOL	37	17	$1,656.53	$0.71	$44.77	58.17%
TOTAL	**266**	**109***	**$2,847.54**	**$0.24**	**$10.71**	**100%**

*Total number of unduplicated members.

Costs do not reflect rebated prices or net costs.