

# Drug Utilization Review Board

Oklahoma Health Care Authority  
4545 N. Lincoln Suite 124  
Oklahoma City, Oklahoma 73105  
OHCA Board Room

THURSDAY

February 15, 2007

@ 6:00 p.m.



THE UNIVERSITY OF  
OKLAHOMA



# THE UNIVERSITY OF OKLAHOMA

## MEMORANDUM

**TO:** Drug Utilization Review Board Members

**FROM:** Shellie Gorman, Pharm.D.

**SUBJECT:** **Packet Contents for Board Meeting – February 15, 2007 \*\*THURSDAY\*\***

**DATE:** February 8, 2007

**NOTE:** **THE DUR BOARD WILL MEET AT 6:00 P.M.**

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

Call to Order

Public Comment Forum

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

Update on DUR/MCAU Program – **See Appendix B.**

**Action Item** – Vote on Changes to Elidel<sup>®</sup>/Protopic<sup>®</sup> Prior Authorization – **See Appendix C.**

**Action Item** – Required Annual Review of Hypertension PBPA Category – **See Appendix D.**

**Action Item** – Required Annual Review of ADHD/Narcolepsy Prior Authorization Category – **See Appendix E.**

**Action Item** – Required Annual Review of Amitiza<sup>®</sup>/Zelnorm<sup>®</sup> Prior Authorization Category – **See Appendix F.**

**Action Item** – Required Annual Review of Byetta<sup>®</sup>/Symlin<sup>®</sup> Prior Authorization – **See Appendix G.**

60 Day Notice and Potential Economic Impact of Ocular Allergy PBPA Category – **See Appendix H.**

Utilization Review of Select Topical Products – **See Appendix I.**

FDA and DEA Updates – **See Appendix J.**

Future Business

Adjournment

**Drug Utilization Review Board**  
(DUR Board)  
**Meeting – February 15, 2007 @ 6:00p.m.**

Oklahoma Health Care Authority  
4545 N. Lincoln Suite 124  
Oklahoma City, Oklahoma 73105  
**Oklahoma Health Care Authority Board Room**

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**AGENDA**

Discussion and Action on the Following Items:

Items to be presented by Dr. McNeill, Chairman:

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

Items to be presented by Dr. McNeill, Chairman:

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

Items to be presented by Dr. McNeill, Chairman:

- 3. Action Item – Approval of DUR Board Meeting Minutes – See Appendix A.**
  - A. January 10, 2007 DUR Minutes – Vote
  - B. January 10, 2007 DUR Recommendations Memorandum
  - C. Provider Correspondence

Items to be presented by Dr. Flannigan, Dr. McNeill, Chairman:

- 4. Update on DUR/MCAU Program – See Appendix B.**
  - A. Retrospective Drug Utilization Review for September 2006
  - B. Retrospective Drug Utilization Review Response for July 2006
  - C. Medication Coverage Activity Audit for January 2007
  - D. Help Desk Activity Audit for January 2007

Items to be presented by Dr. Chonlahan, Dr. McNeill, Chairman:

- 5. Action Item – Vote on Changes to Elidel<sup>®</sup>/Protopic<sup>®</sup> Prior Authorization – See Appendix C.**
  - A. Current Prior Authorization Criteria
  - B. Utilization Review
  - C. COP Recommendations
  - D. Topical Corticosteroids

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

6. **Action Item – Required Annual Review of Hypertension PBPA Category – See Appendix D.**  
A. Current Prior Authorization Criteria  
B. Utilization Review  
C. COP Recommendations

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

7. **Action Item – Required Annual Review of ADHD/Narcolepsy Prior Authorization Category – See Appendix E.**  
A. Current Prior Authorization Criteria  
B. Utilization Review  
C. COP Recommendations

Items to be presented by Dr. Browning, Dr. McNeill, Chairman

8. **Action Item – Required Annual Review of Amitiza<sup>®</sup>/Zelnorm<sup>®</sup> Prior Authorization Category – See Appendix F.**  
A. Current Prior Authorization Criteria  
B. Utilization Review  
C. COP Recommendations

Items to be presented by Dr. Gorman, Dr. McNeill, Chairman

9. **Action Item – Required Annual Review of Byetta<sup>®</sup>/Symlin<sup>®</sup> Prior Authorization Category – See Appendix G.**  
A. Current Prior Authorization Criteria  
B. Utilization Review  
C. COP Recommendations

Items to be presented by Dr. Gorman, Dr. McNeill, Chairman

10. **60 Day Notice and Potential Economic Impact of Ocular Allergy PBPA Category – See Appendix H.**  
A. Utilization Review  
B. Market Analysis  
C. COP Recommendations  
D. Potential Economic Impact

Items to be presented by Dr. Chonlahan, Dr. McNeill, Chairman

11. **Utilization Review of Select Topical Products – See Appendix I.**  
A. Introduction and Current Restrictions  
B. Utilization Review  
C. COP Recommendations

**12. FDA and DEA Updates – See Appendix J.**

**13. Future Business**

- A. Annual Reviews
- B. Xopenex<sup>®</sup> Review
- C. Benzodiazepine Review
- D. 30 Day Notice to PA Ocular Products
- E. New Product Reviews

**14. Adjournment**

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# APPENDIX A



**OKLAHOMA HEALTH CARE AUTHORITY  
DRUG UTILIZATION REVIEW BOARD MEETING  
MINUTES of MEETING of JANUARY 10, 2007**

<b>BOARD MEMBERS:</b>	<b>PRESENT</b>	<b>ABSENT</b>
Brent Bell, D.O., D.Ph.	X	
Mark Feightner, D.Ph.		X
Dorothy Gourley, D.Ph.		X
Evelyn Knisely, Pharm.D.	X	
Thomas Kuhls, M.D.	X	
Dan McNeill, Ph.D., PA-C; Chairman	X	
Cliff Meece, D.Ph., Vice-Chairman	X	
John Muchmore, M.D.	X	
James Rhymer, D.Ph	X	

<b>COLLEGE of PHARMACY STAFF:</b>	<b>PRESENT</b>	<b>ABSENT</b>
Leslie Browning, D.Ph./PA Coordinator	X	
Metha Chonlahan, D.Ph./Clinical Pharmacist	X	
Karen Egesdal, D.Ph./SMAC-ProDUR Coordinator/OHCA Liaison	X	
Kelly Flannigan, Pharm.D./Operations Manager	X	
Shellie Gorman, Pharm.D./DUR Manager	X	
Ronald Graham, D.Ph./Pharmacy Director	X	
Chris Le, Pharm.D., Clinical Pharmacist/Coordinator	X	
Carol Moore, Pharm.D. Clinical Pharmacist	X	
Neeraj Patel, Pharm.D.; Clinical Pharmacist	X	
Lester A. Reinke, Ph.D.		X
Visiting Pharmacy Students: Tyler Wellhausen	X	

<b>OKLAHOMA HEALTH CARE AUTHORITY STAFF:</b>	<b>PRESENT</b>	<b>ABSENT</b>
Alex Easton, M.B.A./ Pharmacy Operations Manager		X
Mike Fogarty, J.D., M.S.W./Chief Executive Officer		X
Nico Gomez, Director of Gov't and Public Affairs		
Lynn Mitchell, M.D., M.P.H/Director of Medical Services	X	
Nancy Nesser, Pharm.D., J.D./Pharmacy Director		X
Howard Pallotta, J.D./Director of Legal Services		X
Lynn Rambo-Jones, J.D./Deputy General Counsel III	X	
Rodney Ramsey/Drug Reference Coordinator	X	
Jill Ratterman, D.Ph./Pharmacy Specialist	X	

**OTHERS PRESENT:**

Greg Ford, Sanofi-Aventis	Dan Garcia, Takeda	Debbie Hayes, Sanofi-Aventis
Steve Higgins, TAP Pharm.	Bobby White, UCB Pharma	Aaron Walker, Schering Plough
Toby Thompson, Pfizer	Mary Beth Webb, Boehringer Ingelheim	Phil Sonnenfeld, Inspire
James McAdams, Daiichi-Sankyo	Justin Springfield, Sepracor	Kay Ruble, FKG
Jerry Gomez, King Pharm.	Jim Delatte, Takeda Pharma	Jonathan Klock, GSK
Aliza Tomlinson, OMJ	Mark DeClerk, Lilly	Thang C. Do, M.D.; Deaconess Hospital

**PRESENT FOR PUBLIC COMMENT:**

Dan Garcia, Pharm.D.; Takeda Pharmaceuticals	Agenda Item 5
Jeffrey Harless, Ph.D., Sanofi-Aventis	Agenda Item 5
Thang C. Do, M.D., Deaconess Hospital	Agenda Item 5

**AGENDA ITEM NO. 1:****CALL TO ORDER****1A: Roll Call**

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

**ACTION:** NONE REQUIRED.

**AGENDA ITEM NO. 2:****PUBLIC COMMENT FORUM**

Dr. McNeill acknowledged speakers for Public Comment for Agenda Item 5.

**ACTION:** NONE REQUIRED.

**AGENDA ITEM NO. 3:****APPROVAL OF DUR BOARD MINUTES****3A: December 13, 2006 DUR Minutes**

Dr. Meece moved to approve minutes as submitted; seconded by Dr. Kuhls.

**ACTION:** MOTION CARRIED.

**AGENDA ITEM NO. 4:****UPDATE ON DUR/MCAU PROGRAM****4A: Retrospective Drug Utilization Review Report: August 2006****4B: Retrospective Drug Utilization Review Response: June 2006****4C: Medication Coverage Activity Report: December 2006****4D: Help Desk Activity Report: December 2006**

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

**ACTION:** NONE REQUIRED.

**AGENDA ITEM NO. 5:****VOTE ON INSOMNIA PRODUCT BASED PRIOR AUTHORIZATION**

**For Public Comment, Dr. Dan Garcia:** Hello again. I'm Dr. Daniel Garcia. I'm the regional scientific manager for Takeda Pharmaceuticals and since I just presented last month, I am not going to represent the same materials again. I just wanted to remind the members that I am here available for questions and I want to commend the people who did the background material from the University of Oklahoma for doing a fine job on getting some background material. I actually went in it and read the National Institute of Clinical Excellence and they seem to have some very fine recommendations there, so hopefully that'll guide the committee toward what you need to do. So I won't take up any more of your time. I just wanted to remind you that I am here available for questions. Thank you.

**For Public Comment, Dr. Jeffrey Harless:** Good evening and thank you for allowing me to come and present tonight. I'm Jeff Harless, internal medicine department of Sanofi-Aventis medical affairs, here to provide pertinent background information on Ambien CR, zolpidem tartrate modified release, with provider packing of just kind of a snapshot of some slides there for reference. Dr. Greenblatt, Drs. Mendelson and Roff have described what they feel would be the ideal benzo receptor agonist for treatment of insomnia. We see some of the criteria there they describe. It needs to be a fast acting drug with an appropriate half life, no active metabolites, duration of activity long enough to assure a good night's sleep. No accumulation of the drug. It needs to be efficacious when used nightly or intermittently and should not cause next day residual effects for safety of the patient. Low propensity for drug interactions and should not have a serious abuse potential (unintelligible) argument that at all. The non-benzo receptor, long-acting benzodiazepine receptor agonist that Ambien CR best meets the criteria as outlined by Dr. Mendelson and in a later subsequent publication by Dr. Greenblatt. The first item on the second page is just a short, just a little look at the differences between Ambien IR and Ambien CR which is under pharmacokinetics. That flat line that you're looking at right there is the concentration of Ambien IR over time with a dosing interval. The curved is the difference between a concentration of Ambien CR and Ambien modified, I'm sorry, of Ambien CR and Ambien immediate release. That bellying out there in the middle of the night. That what provides the additional benefit with Ambien CR over Ambien IR and that it is effective for preserving sleep maintenance and total sleep time. In the next three slides, what you'll see is just a little snapshot of the Phase III studies looking at elderly insomnia patients and adult, young adult insomnia patients, looking at latency to persistence sleep which Ambien CR was significantly better than placebo and was actually comparable to Ambien IR as we've seen in other studies, but also effects on total sleep time and wait time after sleep onset. If we refer to the first line on the top of page 4 that went out, we see one comparative study of Ambien CR to Ambien IR which truly does demonstrate that there is a difference pharmacodynamically between these two drugs. There are things that we have looked at such as wait time after sleep onset, but this particular trial just looks at number of arousals and awakenings during the night, and certainly you do see a difference. Ambien IR, while it is very effective in latency to persistent sleep reductions, was not effective long term, for long duration during the night, with Ambien CR is. The important thing to also consider is next day residual effects. I've just provided a chart there on a healthy volunteer, but also keep in mind we did this in the Phase III studies with insomnia patients and what we saw as regards the psychometric parameter we looked at, we did not see next day residual effects with Ambien CR, and we looked at that eight hours post dose. The side effect profile provided on the first line on top of page 5, as you know Ambien IR has been out since 1988, first marketed in Europe, so we have a pretty good understanding of the side effect profile of Ambien IR. We see Ambien CR has a very similar side effect profile. We just completed and are beginning to publish a longterm study looking at Ambien CR on insomnia patients. The study duration that I've referenced here, first line on the bottom of page 5, was a six months' study. What we saw in that study is first that there was no evidence of tolerance. The number of pills taken per month on

an as-needed basis never changed over the 6-month period. Then the next three slides just show the effects of improvement in sleep as measured by patient global impression, clinician global impression and quality of sleep. You'll see some conclusions there on Ambien CR based on the information that I provided. It improves sleep and improves sleep maintenance and increases sleep duration. That's different than Ambien IR. Zolpidem MR or Ambien CR doesn't produce residual effects in eight hours post dose and that's unique. It's the only long acting non-benzodiazepine receptor agonist that does not produce those residual effects. Zolpidem MR or Ambien CR does have greater effects at three to six hours than Ambien IR. Both doses, 12.5 in young adults and 6.25 in elderly patients, were well tolerated and it has been demonstrated to be effective when used long term and it's well tolerated. So that concludes my time, subject to any questions that you might have.

**For Public Comment, Dr. Thang Do:** Thank you. Dr. Harless pretty much gave you the complete review of Ambien CR (unintelligible). I am a psychiatrist here in Oklahoma City and have a practice and I am here to advocate for accessibility (unintelligible) treatment of Medicaid patients. I have had a lot of experience (unintelligible) treating a lot of the (unintelligible) population (unintelligible) Crisis Center for the past two years and private practice (unintelligible). I've had a lot of exposure to indigent patients who required aid, Medicaid, medication assistance. In my mind, I think it's very important that Ambien CR maintain accessibility to these patients. They don't have the resources to go and have staff or the physicians call in and request prior authorization, it's just not going to happen. (unintelligible) further hospitalization (unintelligible) causing more financial burdens (unintelligible). My final statement is I think Ambien CR should be one of the primary options for consideration for treatment. (unintelligible) disorders (unintelligible) FDA approved for longer term treatment and in comparison with the the cost issues it's the same or less than (unintelligible) Ambien. So based on that I will also be (unintelligible) for questions. Thank you.

**Dr. Kuhls:** I'll ask the question. Since I'm not an expert in this area, you say you use it commonly. I can understand that. How many patients though have you used regular Ambien and then failed and went to Ambien CR and then suddenly the patient's done much better compared to going from regular Ambien, failing that and then going to one of these other medications? You understand my question?

**Dr. Do:** Yes sir. I've prescribed thousands of prescriptions of regular Ambien in the last ten years or so and I have had a lot of (unintelligible) tolerance (unintelligible) I think in the last year I've had (unintelligible) Ambien CR and have shown that patients have responded (unintelligible) that clinically in addition to studies showing that it's safer in the long term, I have felt comfortable with the use of that (unintelligible).

**Dr. Harless:** The FDA requested that we submit a package for pediatric use .... requested that last December. We were able to file that with the FDA in September. By the end of October we had a response back from the FDA from that point we had a six month exclusivity which I believe runs out end of April.

**Dr. McNeill:** Dr. Do have you had a chance to look at this proposal from the ..... ?

**Dr. Do:** Yes sir I have.

**Dr. McNeill:** Could I get you to come up here? Could you address this and maybe offer some insight into where you would like to see that go?

**Dr. Do:** It's obvious that some of the benzodiazepines are being chosen for tier one (unintelligible) consideration and also (unintelligible) also a consideration. That's why I here today, to suggest that Ambien CR be an option since (unintelligible) use. The efficacy is there, the FDA indications are there. On the cost issue (unintelligible). When I spoke with the Deaconess Hospital (unintelligible) finally decided to use Ambien CR (unintelligible).

**Dr. McNeill:** And the Lunesta and the other ones in tier two?

**Dr. Do:** Definitely they're the same family medications. Those are obviously good medications also (unintelligible) Ambien CR is not going to be (unintelligible) tier one at least be (unintelligible) medications.

**Dr. Knisley:** Ambien brand as soon as the generic's available, Ambien brand then will be not available at all, or will it go to tier three or .....?

**Dr. Gorman:** All the branded products, when there's a generic, require a prior authorization.

**Dr. Bell:** What was the rationale for putting Ambien CR in tier three?

**Dr. Gorman:** presented materials included in agenda packet.

**Dr. Muchmore:** What was the reason for putting triazolam in tier two?

**Dr. Gorman:** I know it's kind of an old thing limiting the quantity, it's not very expensive but there may be some safety issues. It's not an expense factor. It may be just that there's still some safety issues that should be considered to limit access. I don't think it's as big a concern as it used to be.

**Dr. Muchmore:** I never saw any valid data on that 12-day rule with triazolam, nor is it hard in practice. It's written for 90 days all the time. And especially in people that you'd rather they did that than drink whiskey. I mean that's the reason you give it is that they really, you know, they've got hepatitis C and they really shouldn't have a snort and they're going to trash their liver and they can safely take something like triazolam. Now estazolam is a perfectly adequate medicine too, but I just didn't understand putting the triazolam ..... unless somebody knows something different on that, that always happens. You know I would move it to tier one, I would move that. My biggest concern when I prescribe one of these medications is that these people often have a liver that's at risk and we really don't want them to move to transplant.

**Dr. McNeill:** I'm still not comfortable with the tier three for the Ambien CR. Looking at the usage, the number of claims on page 22, it's probably 5% of Ambien versus Ambien CR? Yeah. You guys see more people going to Ambien CR?

**Dr. Mccece:** I see them going to Ambien CR and going back to Ambien.

**Dr. Kuhls:** Can I just ask a real quick question that will maybe help me so I'll understand things. Before Ambien goes generic, where is it right now in your new scheme? Because I don't see that.

**Dr. Gorman:** Probably won't even implement it until Ambien goes generic.

**Dr. Kuhls:** So this isn't just whole tier one, two, three, stop won't even start until we get Ambien generic, right?

**Dr. Gorman:** Even if we started it right now, most of the patients are already on Ambien IR.

**Dr. Kuhls:** Right. So looking at this, this is just my own feel, because I think I'm with you, and I look at this graph in the lower left hand corner and I see that actual costs, looking at all your rebates and everything, your Lunesta has the highest cost ratio, which means you're probably looking at over here, not getting a lot of rebates. And then you look at your right hand number of

members who are getting scripts, your 2 mg and 3 mg scripts are high compared to all the others. That makes me think that to save money, what you want to try to do is, if you're going to pick one for tier three, you'd pick that one as tier three to try to get them to use a lower cost tier two drug if you fail your tier one Ambien. That's just the way I .....

**Dr. Gorman:** Right, but the reason that we did that is because at the moment with the data, it's not supported for, the Ambien CR is not supported for long-term sleep maintenance over Lunesta.

**Dr. Kuhls:** Yeah, when you have other tier two drugs.

**Dr. Gorman:** Not for sleep maintenance.

**Dr. Knisley:** Do you get that much information on the prior auth whether it's for maintenance or .....

**Dr. Gorman:** That would certainly be... if you wanted to move Ambien and CR to tier two, I was recommending adding that as a clinical exception because if it's just for sleep onset the Ambien is available.

**FIRST VOTE:** Dr. Meece moved to split categories; seconded by Dr. Kuhls

**ACTION:** MOTION CARRIED.

**SECOND VOTE:** Dr. Knisley moved to put all brand names in tier two, put all generics in tier one, delete tier three, plus use of Ambien CR for sleep maintenance; seconded by Dr. Bell

**ACTION:** MOTION CARRIED.

**THIRD VOTE:** Dr. Meece moved to approve for supplemental rebate; seconded by Dr. Kuhls

**ACTION:** MOTION CARRIED.

**AGENDA ITEM NO. 6: ANNUAL REVIEW OF FORTEO®**

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

**ACTION:** NONE REQUIRED

**AGENDA ITEM NO. 7: ANNUAL REVIEW OF ELIDEL®/PROTOPIC®**

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

Dr. Bell moved to table to February 14, 2007 and bring back Dr. Cornelison to reconsider use under age 2 years; seconded by Dr. Meece.

**ACTION:** MOTION CARRIED.

**AGENDA ITEM NO. 8: ANNUAL REVIEW OF XOPENEX®**

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

Dr. Meece moved to table and review new criteria; seconded by Dr. Gourley.

**ACTION:** MOTION CARRIED.

**AGENDA ITEM NO. 9: UTILIZATION REVIEW OF ASTHMA MEDICATIONS**

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

**ACTION:** NONE REQUIRED.

**AGENDA ITEM NO. 10: DISEASE MANAGEMENT PROGRAM UPDATE**

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

**ACTION:** NONE REQUIRED.

**AGENDA ITEM NO. 11: LOCK-IN PROGRAM UPDATE AND STUDY INFORMATION**

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

**ACTION:** NONE REQUIRED.

**AGENDA ITEM NO. 12: FDA & DEA UPDATES**

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

**ACTION:** NONE REQUIRED.

**AGENDA ITEM NO. 13:                    FUTURE BUSINESS**

**13A:    Annual Reviews**

**13B:    Topical Products Utilization Review**

**13C:    Hemophilia Utilization Review**

**13D:    New Product Reviews and 30-Day Notices**

Materials included in agenda packet; submitted by Dr. Graham.

**ACTION:**                    NONE REQUIRED.

**AGENDA ITEM NO. 14:                    ADJOURNMENT**

The meeting was declared adjourned.



# The University of Oklahoma

## College of Pharmacy

Pharmacy Management Consultants

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Oklahoma City, OK 73190

(405)-271-9039



### Memorandum

**Date:** January 11, 2007

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

**From:** Shellie Gorman, Pharm.D.  
Drug Utilization Review Manager  
Pharmacy Management Consultants

**Subject:** DUR Board Recommendations from Meeting of January 10, 2007.

#### Recommendation 1: Vote on Insomnia Product Based Prior Authorization

MOTION CARRIED by unanimous approval.

1. Split category into
  - a) benzodiazepine/non-benzodiazepine insomnia products and
  - b) non-hypnotic benzodiazepine anxiolytics.
2. New Insomnia Product Based Prior Authorization category:

The College of Pharmacy recommends the addition of the Insomnia class to the Product Based Prior Authorization program. The following Tier-1 drug list has been reviewed and determined to be an acceptable combination for use as initial therapy for the majority of clients. The College of Pharmacy recommends this list to the Drug Utilization Review Board for approval before referral to the Oklahoma Healthcare Authority for final limitations or additions based on cost and clinical effectiveness.

Tier 1 <sup>a</sup>	Tier 2
Estazolam temazepam flurazepam triazolam zolpidem <sup>b</sup>	Lunesta Sonata <sup>®</sup> Rozerem <sup>®</sup> Restoril <sup>®</sup> 7.5 and 22.5 mg Ambien CR <sup>®</sup>

<sup>a</sup>Brand products would still require a brand name override.

<sup>b</sup>Tier 1 once generic becomes available.

Tier 2 Insomnia Approval Criteria:

1. Minimum of 30 day trial with at least two Tier 1 products (including zolpidem once generic is available) and clinical documentation of attempts to correct any primary cause for insomnia.
2. FDA approved diagnosis (Ambien CR<sup>®</sup> only covered for sleep maintenance insomnia).
3. No concurrent anxiolytic benzodiazepine therapy greater than TID dosing and no concurrent ADHD medications.
4. Approvals granted for 6 months.

Also, age limits placed based on FDA approved limits and quantity limits of 30 units for a 30 day supply.

Category may be included in the supplemental rebate program.

**Recommendation 2: Required Annual Review of Forteo<sup>®</sup>**

No Action Required

The College of Pharmacy recommends continuation of current prior authorization criteria.

**Recommendation 3: Required Annual Review of Elidel<sup>®</sup>/Protopic<sup>®</sup>**

TABLED by unanimous approval.

College of Pharmacy will review current criteria with specialists regarding black box warning and present updated criteria to the DUR Board.

**Recommendation 4: Required Annual Review of Xopenex<sup>®</sup>**

TABLED by unanimous approval.

College of Pharmacy will further review current criteria and present updated criteria to the DUR Board.

**From:** Barker, Charlet L. [mailto:Charlet-Barker@dmei.org]  
**Sent:** Tuesday, February 06, 2007 3:24 PM  
**To:** Graham, Ronald D. (HSC)  
**Subject:**

Dr Hester is requesting Elestat remain on the Oklahoma Medicaid Formulary .

*Charlet Barker , COA  
Clinic Manager, Northwest Office*



*3500 N.W. 56th Street, suite 101  
Oklahoma City, Oklahoma 73112  
Office 405-271-9509  
Fax 405-271-9515  
[Charlet-Barker@dmei.org](mailto:Charlet-Barker@dmei.org)*

**From:** Carl M. Fisher, D.O. [mailto:okeye@okeye.com]  
**Sent:** Wednesday, February 07, 2007 9:37 AM  
**To:** Graham, Ronald D. (HSC)  
**Subject:** Elestat

February 7, 2007  
RE: Use of Elestat with my patients

I have a considerable number of patients whom I have placed on Elestat and have seen tremendous results with this medication. I would be reluctant to have to change their medications when I have seen such improvement with the use of Elestat. I would request that this medication remain on the Oklahoma Medicaid Formulary.

Carl M. Fisher, D.O.  
OKLAHOMA EYE CENTER  
9343 S. Mingo Road  
Tulsa, OK 74133-5702  
918-250-8555

From: Jan Rigney [mailto:ECEW@aciwireless.com]  
Sent: Wednesday, February 07, 2007 3:01 PM  
To: Graham, Ronald D. (HSC)  
Subject: Elestat Medicaid

February 07, 2007

Dear Dr. Graham,

I am writing to you in support of keeping Elestat on Oklahoma Medicaid. Elestat is currently the only product I use for my allergic conjunctivitis patients. I get better outcomes with Elestat as it has superior itch control and I have fewer complications due to drying. Please consider keeping Elestat available as it is essential to my practice.

Sincerely,

Dr. J. Jay Rigney

**From:** Laudy Naimeh [mailto:[lnaimeh@allergyclinicoftulsa.com](mailto:lnaimeh@allergyclinicoftulsa.com)]

**Sent:** Wednesday, February 07, 2007 8:00 PM

**To:** Graham, Ronald D. (HSC)

**Subject:**

Dr Graham

As an allergy specialist at the Allergy Clinic of Tulsa, Inc, I have had a lot of satisfaction from the Elastat as ocular treatment. My patients have been very pleased with the fact that it works fairly quickly and stays a long time. This is a good medication and would think it would be beneficial for medicaid patients to be able to continue with it if it stays on their formulary.

If you should have any questions, please feel free to contact me

Yours truly,

Laudy G. Naimeh, MD

Allergy Clinic of Tulsa, Inc.

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# APPENDIX B



## Retrospective Drug Utilization Review Report

### *Claims Reviewed for September 2006*

<b>Module</b>	<b>Drug Interaction</b>	<b>Duplication of Therapy</b>	<b>Drug-Disease Precautions</b>	<b>Dosing &amp; Duration</b>
<b>Total # of messages returned by system when <u>no limits</u> were applied</b>	43,726	55,203	630,138	30,597
<b><u>Limits</u> which were applied</b>	Established, Major, Females 0-40 years	Antianxiety Agents, Males and Females, age 33-42 years	Contraindicated, Males and Females, Age 46-150, Drug Dependence/Abuse	High dose, Duration, Emend, Males and Females, Age 0-150
<b>Total # of messages after <u>limits</u> were applied</b>	21	183	29	8
<b>Total # of members reviewed after <u>limits</u> were applied</b>	31	166	29	4
<b>LETTERS</b>				
<b>Prescribers</b>		<b>Pharmacies</b>		
<b>Sent</b>	<b>Responded</b>	<b>Sent</b>	<b>Responded</b>	
73		34		

# Retrospective Drug Utilization Review Report

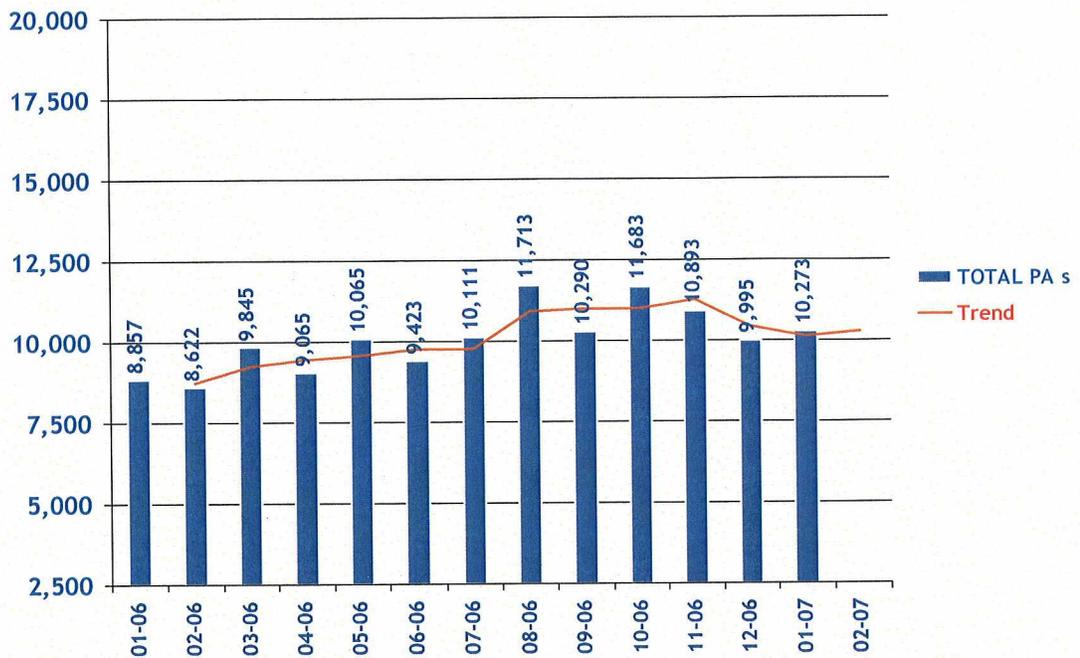
## Claims Reviewed for July 2006

Module	Drug Interaction	Duplication of Therapy	Drug-Disease Precautions	Dosing & Duration
<b>Limits which were applied</b>	Established, Major, Males Age 0-40	Anti-anxiety Agents, Males and Females, Age 0-21	Contraindicated, Drug Dependence/Abuse, Females, Age 0-21	High dose, Starlix, Prandin, Biguanides, Males and Females, Age 0-150
<b>Response Summary (Prescriber)</b> Letters Sent: 96 Response Forms Returned: 63  The response forms returned yielded the following results:				
5 (8%)	<i>Record Error—Not my patient.</i>			
7 (11%)	<i>No longer my patient.</i>			
4 (6%)	<i>Medication has been changed prior to date of review letter.</i>			
10 (16%)	<i>I was unaware of this situation &amp; will consider making appropriate changes in therapy.</i>			
23 (37%)	<i>I am aware of this situation and will plan to continue monitoring therapy.</i>			
14 (22%)	<i>Other</i>			
<b>Response Summary (Pharmacy)</b> Letters Sent: 43 Response Forms Returned: 27  The response forms returned yielded the following results:				
0 (0%)	<i>Record Error—Not my patient.</i>			
5 (19%)	<i>No longer my patient.</i>			
3 (11%)	<i>Medication has been changed prior to date of review letter.</i>			
6 (22%)	<i>I was unaware of this situation &amp; will consider making appropriate changes in therapy.</i>			
9 (33%)	<i>I am aware of this situation and will plan to continue monitoring therapy.</i>			
4 (15%)	<i>Other</i>			

## PRIOR AUTHORIZATION ACTIVITY REPORT January 2007



## PRIOR AUTHORIZATION REPORT January 2006 - January 2007



**Activity Audit for  
January 01, 2007 Through January 31, 2007**

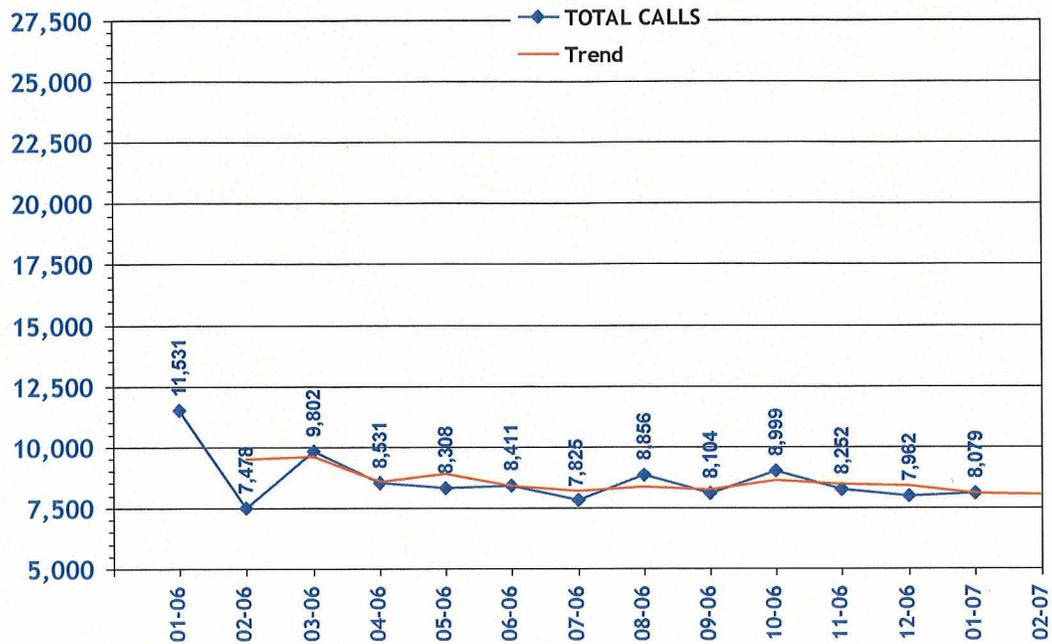
	Average Length of Approvals in Days	Approved	Denied	Total
ACE Inhibitors	213	9	18	27
Angiotensin Receptor Antagonist	349	32	76	108
Antidepressant	273	208	479	687
Antihistamine	97	857	641	1498
Antiulcers	4	14	3	17
Anxiolytic	92	3137	500	3637
Calcium Channel Blockers	279	23	59	82
Growth Hormones	173	26	5	31
HTN Combos	365	8	14	22
Hypnotics	91	373	158	531
Nsaids	231	24	47	71
Plavix	353	290	59	349
Stimulant	206	690	335	1025
Others	111	1046	1139	2185
Emergency PAs		3	0	3
<b>Total</b>		<b>6740</b>	<b>3533</b>	<b>10273</b>
<b>Overrides</b>				
Brand	299	31	22	53
Dosage Change	12	300	32	332
High Dose	90	1	1	2
Lost/Broken Rx	14	93	5	98
Nursing Home Issue	12	21	1	22
Other	31	21	13	34
Quantity vs. Days Supply	196	230	190	420
Stolen	6	7	4	11
Wrong D. S. on Previous Rx	5	1	5	6
<b>Overrides Total</b>		<b>705</b>	<b>273</b>	<b>978</b>

**Denial Reasons**

Lack required information to process request.	2950
Unable to verify required trials.	1153
Not an FDA approved indication/diagnosis.	219
Does not meet established criteria.	190
Member has active PA for requested medication.	131
Considered duplicate therapy. Member has a prior authorization for similar medication.	120
Requested dose exceeds maximum recommended FDA dose.	70
Medication not covered as pharmacy benefit.	24
Duplicate Requests	549
* Changes to existing	938

# CALL VOLUME MONTHLY REPORT

## January 2006 - January 2007



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# APPENDIX C



**Vote on Changes to Elidel®/Protopic® Prior Authorization**  
Oklahoma Health Care Authority  
February 2007

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**Current Product Based Prior Authorization Criteria**

With respect to the immunomodulator topical medications there are two products in this therapeutic category. Both are immunosuppressants classified as topical calcineurin inhibitors.

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

**Approved Clinical Diagnosis:**

- **Elidel®** (Pimecrolimus) for short-term and intermittent treatment for mild to moderate *atopic dermatitis (eczema)*
- **Protopic®** (Tacrolimus) for short-term and intermittent treatment for moderate to severe *atopic dermatitis (eczema)*

**Age Restriction:**

- **Elidel® 1% Cream** ≥ 2 years of age
- **Protopic® 0.03% Cream** ≥ 2 years of age
- **Protopic® 0.1% Cream** ≥ 15 years of age

**Clinical exceptions for topical corticosteroid trials are the following:**

- Documented adverse effect, drug interaction, or contraindication to topical corticosteroid products
- Atopic dermatitis on the face, neck, or groin where physician does not want to use topical corticosteroids (*regardless of age*)
- Prescription by allergist or dermatologist (*regardless of age*)



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# APPENDIX D



**Required Annual Review of Antihypertensive PBPA Category: FY 2006**  
**Oklahoma HealthCare Authority**  
**February 2007**

The following classes of antihypertensives were included in the PBPA categories:

<b>CCB MEDICATIONS</b>	
Tier 1	Tier 2
diltiazem (Cardizem)	amlodipine (Norvasc)
diltiazem (Tiazac, Taztia XT)	<b>amlodipine/atorvastatin (Caduet)</b>
diltiazem CD (Cardizem CD)	bepidil (Vascor)
diltiazem ER (Cartia XT, Diltia XT)	diltiazem (Cardizem LA)
diltiazem SR (Cardizem SR)	isradipine (Dynacirc)
diltiazem XR (Dilacor XR)	nicardipine (Cardene SR)
felodipine (Plendil)	nimodipine (Nimotop)
isradipine (Dynacirc CR)	nisoldipine (Sular)
nicardipine (Cardene)	verapamil (Covera HS)
nifedipine (Adalat, Procardia)	verapamil (Verelan PM)
nifedipine CC (Adalat CC)	
nifedipine ER	
nifedipine XL (Nifedical XL, Procardia XL)	
verapamil (Calan, Isoptin, Verelan)	
verapamil SR (Calan SR, Isoptin SR)	
<b>ACE INHIBITORS</b>	
Tier 1	Tier 2
benazepril (Lotensin)	moexipril (Univasc)
captopril (Capoten)	perindopril erbumine (Aceon)
enalapril (Vasotec)	ramipril (Altace)
enalaprilat (Vasotec IV)	trandolapril (Mavik)
fosinopril (Monopril)	
lisinopril (Prinivil, Zestril)	
quinapril (Accupril)	
<b>ACE/CCB COMBINATIONS</b>	
Tier 1	Tier 2
trandolapril/verapamil (Tarka)	enalapril/felodipine (Lexxel)
	<b>benazepril/amlodipine (Lotrel)</b>
<b>ACE/HCTZ COMBINATIONS</b>	
Tier 1	Tier 2
benazepril/HCTZ (Lotensin HCT)	quinapril/HCTZ (Accuretic)
captopril/HCTZ (Capozide)	moexipril/HCTZ (Uniretic)
enalapril/HCTZ (Vasoretic)	
<b>fosinopril/HCTZ (Monopril HCT)</b>	
lisinopril/HCTZ (Prinzide, Zestoretic)	
<b>ARB AND ARB/HCTZ COMBINATION</b>	
Avalide	<b>All other ARBs and ARB combos</b>

Blue highlight indicates tier changes due to supplemental rebate or SMAC changes from last fiscal year.

## Criteria for Authorization

To qualify for a Tier-2 medication, there must be one of the following:

- documented failure of a Tier-1 drug of the same class
- contraindication to the Tier-1 drugs
- previous stabilization on the Tier-2 drug
- a unique indication for the Tier-2 drug which the Tier-1 drugs lack

## Criteria for Caduet

Approval requires the following:

- An FDA approved diagnosis from each drug category (CCB and HMG-CoA Reductase Inhibitor.)
- A documented failed trial of a tier-1 CCB.
- Current use of an HMG-CoA Reductase Inhibitor.

## Utilization Trends of Antihypertensives

	<i>Fiscal Year 2005</i>	<i>Fiscal Year 2006</i>	<i>Percent Change</i>	
<b>Total Members</b>	<b>53,386</b>	<b>51,581</b>	<b>Decreased</b>	<b>3.38 %</b>
<b>Total Claims</b>	<b>344,071</b>	<b>231,165</b>	<b>Decreased</b>	<b>32.8 %</b>
<b>Total Cost</b>	<b>\$14,568,988.06</b>	<b>\$9,983,536.52</b>	<b>Decreased</b>	<b>31.5 %</b>
<b>Total Days</b>	<b>14,038,494</b>	<b>9,497,063</b>	<b>Decreased</b>	<b>32.3 %</b>
<b>Per Diem</b>	<b>\$1.04</b>	<b>1.05</b>	<b>Increased</b>	<b>0.10 %</b>

## Utilization of Antihypertensives: FY 2006

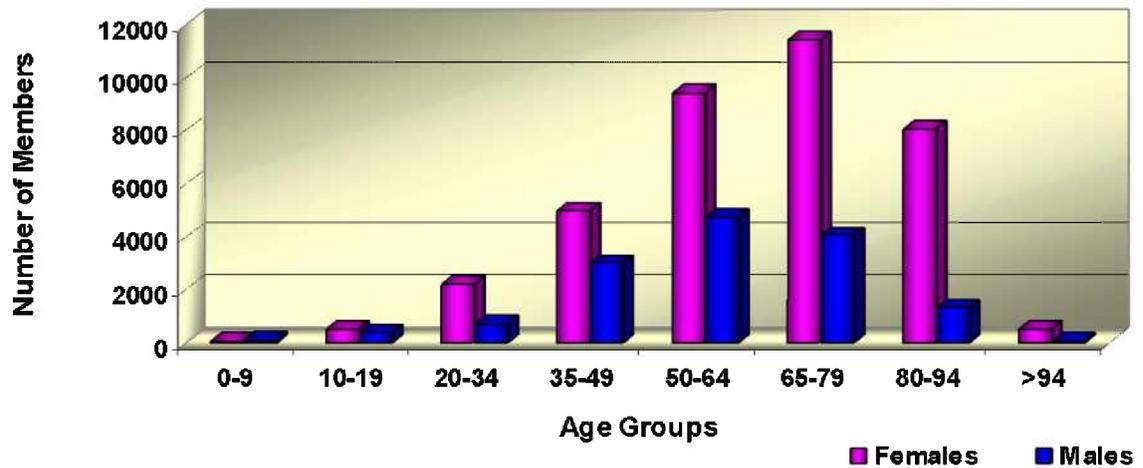
<b>Class</b>	<b>Claims</b>	<b>Units</b>	<b>Days</b>	<b>Members</b>	<b>Cost</b>	<b>Perdiem</b>
CCB	62,719	3,042,549	2,553,990	16,957	\$3,360,989.38	\$1.32
ACE	104,390	5,149,534	4,157,300	27,305	\$1,462,229.21	\$0.35
ARB	24,421	1,114,053	1,037,267	7,082	\$1,975,406.00	\$1.90
ACE_CCB	9,198	444,627	396,418	2,586	\$1,101,445.77	\$2.78
ACE_HCTZ	12,547	656,923	551,879	3,552	\$203,579.33	\$0.37
ARB_HCTZ	15,696	748,577	701,959	4,591	\$1,478,489.53	\$2.11
Caduet	2,194	99,669	98,250	677	\$401,397.30	\$4.09
<b>Totals</b>	<b>231,165</b>	<b>11,255,932</b>	<b>9,497,063</b>	<b>51,581*</b>	<b>\$9,983,536.52</b>	<b>\$1.05</b>

\*Total number of unduplicated members.

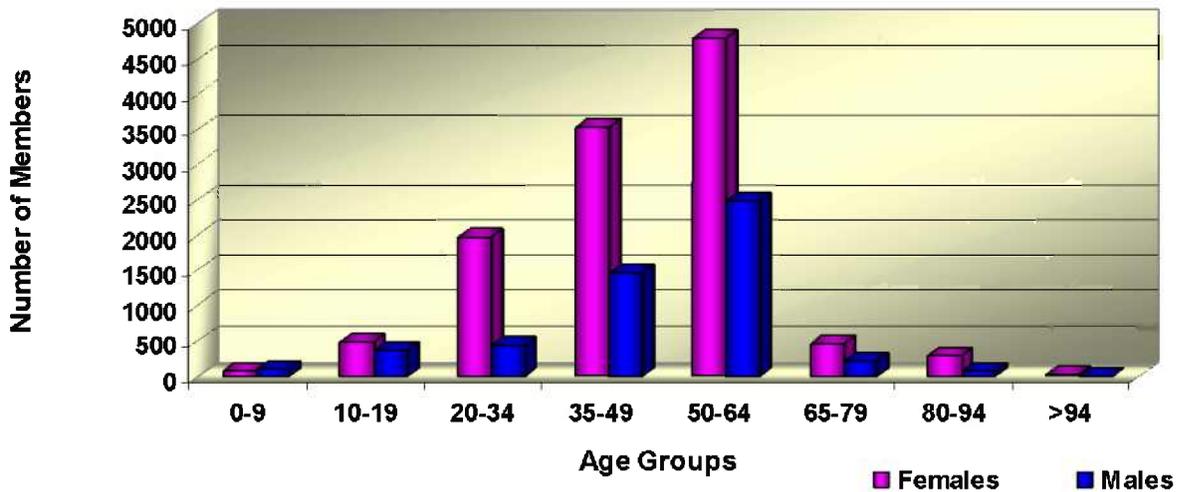
## Comparison of Cost vs. Claims between Antihypertensive Classes

<b>Class</b>	<b>Cost</b>	<b>% Cost</b>	<b>Claims</b>	<b>% Claims</b>
CCB	\$3,360,989.38	33.7	62,719	27.1
ACE	\$1,462,229.21	14.6	104,390	45.2
ARB	\$1,975,406.00	19.8	24,421	10.6
ACE_CCB	\$1,101,445.77	11.0	9,198	4.0
ACE_HCTZ	\$203,579.33	2.0	12,547	5.4
ARB_HCTZ	\$1,478,489.53	14.8	15,696	6.8
Caduet <sup>®</sup>	\$401,397.30	4.0	2,194	0.9
<b>TOTALS</b>	<b>\$9,983,536.52</b>	<b>100.0</b>	<b>231,165</b>	<b>100.0</b>

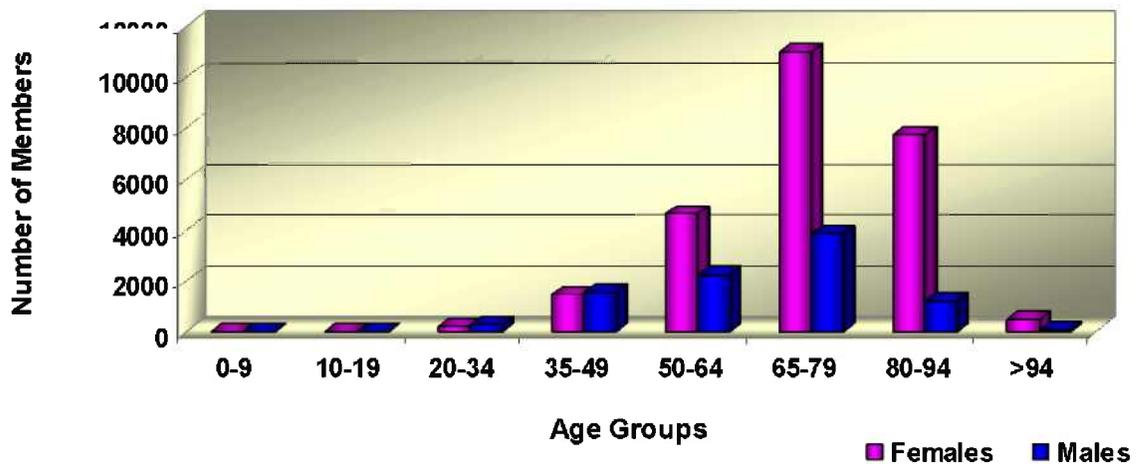
## Demographics of All Members Utilizing Antihypertensives



## Demographics of Non-Duals Utilizing Antihypertensives



## Demographics of Duals Utilizing Antihypertensives



When categorized by dual vs. non-dual eligible status, approximately 70% of the members utilizing the class of antihypertensives were dual eligible members. During fiscal year 2006, the dual eligible members accounted for 63% of the claims and 64% of the costs.

### Comparison of Non-Duals vs. Duals Utilization

CLASS	Claims			Cost		
	Non-Duals	Duals	Totals	Non-Duals	Duals	Totals
CCB	20,822	41,897	62,719	\$1,098,365.56	\$2,262,623.82	\$3,360,989.38
ACE	42,011	62,379	104,390	\$591,391.14	\$870,838.07	\$1,462,229.21
ARB	7,446	16,975	24,421	\$620,531.43	\$1,354,874.57	\$1,975,406.00
ACE_CCB	3,595	5,603	9,198	\$435,755.02	\$665,690.75	\$1,101,445.77
ACE_HCTZ	5,866	6,681	12,547	\$98,059.81	\$105,519.52	\$203,579.33
ARB_HCTZ	5,866	9,830	15,696	\$546,375.80	\$932,113.73	\$1,478,489.53
Caduet	944	1,250	2,194	\$179,751.47	\$221,645.83	\$401,397.30
<b>Totals FY 06</b>	<b>86,550</b>	<b>144,615</b>	<b>231,165</b>	<b>\$3,570,230.23</b>	<b>\$6,413,306.29</b>	<b>\$9,983,536.52</b>
<b>Totals FY 05</b>	<b>83,775</b>	<b>260,296</b>	<b>344,071</b>	<b>\$3,263,647.96</b>	<b>\$11,305,340.10</b>	<b>\$14,568,988.06</b>

### Utilization by Non-Dual Eligible Members

CLASS	CLAIMS	UNITS	DAYS	MEMBERS	COST	Perdiem
CCB	20,822	1,029,791	838,498	5,108	\$1,098,365.56	\$1.31
ACE	42,011	2,093,446	1,717,072	9,403	\$591,391.14	\$0.34
ARB	7,446	344,559	325,358	1,802	\$620,531.43	\$1.91
ACE_CCB	3,595	173,266	155,323	830	\$435,755.02	\$2.81
ACE_HCTZ	5,866	310,874	259,437	1,413	\$98,059.81	\$0.38
ARB_HCTZ	5,866	272,159	258,135	1,402	\$546,375.80	\$2.12
Caduet	944	43,634	43,078	249	\$179,751.47	\$4.17
<b>TOTALS</b>	<b>86,550</b>	<b>4,267,729</b>	<b>3,596,901</b>	<b>16,852*</b>	<b>\$3,570,230.23</b>	<b>\$0.99</b>

\*Total number of unduplicated members.

### Utilization by Dual Eligible Members

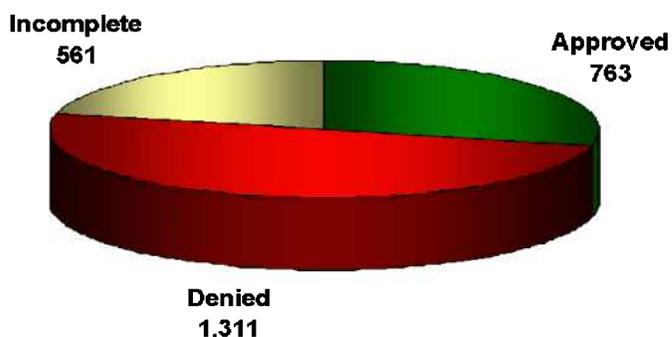
CLASS	CLAIMS	UNITS	DAYS	MEMBERS	COST	Perdiem
CCB	41,897	2,012,758	1,715,492	11,849	\$2,262,623.82	\$1.32
ACE	62,379	3,056,088	2,440,228	17,902	\$870,838.07	\$0.36
ARB	16,975	769,494	711,909	5,280	\$1,354,874.57	\$1.90
ACE_CCB	5,603	271,361	241,095	1,756	\$665,690.75	\$2.76
ACE_HCTZ	6,681	346,049	292,442	2,139	\$105,519.52	\$0.36
ARB_HCTZ	9,830	476,418	443,824	3,189	\$932,113.73	\$2.10
Caduet	1,250	56,035	55,172	428	\$221,645.83	\$4.02
<b>TOTALS</b>	<b>144,615</b>	<b>6,988,203</b>	<b>5,900,162</b>	<b>34,729</b>	<b>\$6,413,306.29</b>	<b>\$1.09</b>

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## Prior Authorization of Antihypertensives

1,869 members submitted a total of 2,635 prior authorization requests for an antihypertensive medication during fiscal year 2006. Of the 2,635 prior authorizations, 202 were for Refill-Too-Soon overrides, and 131 were Medication Therapy Management petitions. The following are the statistics on prior authorizations submitted for this class. Please note 347 of the petitions that were initially denied or incomplete were later approved.

### Prior Authorizations for the Class of Antihypertensives



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## Recommendations

The College of Pharmacy has the following recommendation(s) for Fiscal Year 2006:

- Continue to move drugs from Tier-2 to Tier-1 as they become available as generic and have a SMAC applied.

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# APPENDIX E



**Required Annual Review of ADHD/Narcolepsy Prior Authorization Category  
Fiscal Year 2006**  
Oklahoma Health Care Authority  
February 2007

**Product Based Prior Authorization**

<b>First</b>	Ritalin, Ritalin SR, Adderall, <b>Adderall XR</b> , Dexedrine, Dexedrine Spansule, <b>Focalin</b> , <b>Focalin XR</b> ,	Children up to 21 years old	No PA required
		Adults	PA required – Diagnosis of ADHD or narcolepsy.
<b>Second</b>	Ritalin LA, Concerta Metadate CD, Strattera, Daytrana	Children and Adults	PA Required – Requires failed trial with <u>one</u> first category drug. Diagnosis of ADHD or narcolepsy.
<b>Third</b>	Desoxyn, Pemoline*	Children and Adults	PA Required – Requires failed trial with <u>two</u> first category drugs. Diagnosis of ADHD or narcolepsy.

\* See changes for FY06

Blue highlight indicates Tier-1 status is due to a supplemental rebate agreement.

Quantity Limits are in place for the extended release products: Adderall XR, Focalin XR, Concerta, Metadate CD, and Ritalin.

**Provigil - Prior Authorization Criteria**

Provigil will be approved for members who have any of the following diagnoses:

- FDA approved indications:
  - Narcolepsy
  - Obstructive sleep apnea/hypopnea syndrome
  - Shift work sleep disorder
- Off-label uses:
  - Depression
  - Fatigue associated with multiple sclerosis
  - Fatigue associated with fibromyalgia
  - Daytime sleepiness in patients with myotonic dystrophy
  - Alcoholic organic brain syndrome during the early phase of abstinence
  - Drug-induced somnolence
- Quantity Limit of 30 units for 30 days supply is applied based on information in the FDA-approved product labeling.

## Utilization

For the period of July 2005 through June 2006, a total of 21,432 members received anorexiant/stimulant drugs through the Medicaid fee-for-service program. Costs do not reflect supplemental rebates. 819 members received Provigil. Provigil is not included in these totals

<b>Total Cost FY '06</b>	<b>\$11,760,467.12</b>
<i>Total Cost FY '05</i>	\$9,868,738.46
<b>Total Claims FY '06</b>	<b>144,453</b>
<i>Total Claims FY '05</i>	128,963
<b>Total Members FY '06</b>	<b>21,432</b>
<i>Total Members FY '05</i>	20,090
<b>Per Diem FY '06</b>	<b>\$2.70</b>
<i>Per Diem FY '05</i>	\$2.49

## All Claims

Product	# of claims	Total Units	Total Days	Units/day	Total Cost	Total Members	Per Diem
<i>Tier 1</i>	113,324	5,056,328	3,400,888	1.49	\$7,990,151.04	18,067	\$2.35
<i>Tier 2</i>	31,129	1,145,427	948,822	1.20	\$3,770,316.08	5,792	\$3.97
<b>Total</b>	<b>144,453</b>	<b>6,201,755</b>	<b>4,349,710</b>	<b>1.43</b>	<b>\$11,760,467.12</b>	<b>21,432*</b>	<b>\$2.70</b>

\*Total unduplicated members for FY06

## Non-Duals

Product	# of claims	Total Units	Total Days	Units/day	Total Cost	Total Members	Per Diem
<i>Tier 1</i>	112,285	4,985,459	3,368,765	1.48	\$7,944,527.02	17,805	2.36
<i>Tier 2</i>	30,848	1,126,968	939,880	1.2	\$3,719,311.95	5,719	3.96
<b>Total</b>	<b>143,133</b>	<b>6,112,427</b>	<b>4,308,645</b>	<b>1.42</b>	<b>\$11,663,838.97</b>	<b>21,108*</b>	<b>2.71</b>

\*Total unduplicated members for FY06

## Duals

Product	# of claims	Total Units	Total Days	Units/day	Total Cost	Total Members	Per Diem
<i>Tier 1</i>	1,039	70,869	32,123	2.21	\$45,624.02	262	\$1.42
<i>Tier 2</i>	281	18,459	8,942	2.06	\$51,004.13	73	\$5.70
<b>Total</b>	<b>1320</b>	<b>89,328</b>	<b>41,065</b>	<b>2.18</b>	<b>\$96,628.15</b>	<b>324*</b>	<b>2.35</b>

\*Total unduplicated members for FY06

## Provigil

Members	# of Claims	Total Units	Total Days	Units/Day	Total Cost	Total Members	Per Diem
<i>Duals</i>	1,225	39,616	36,855	1.07	\$275,089.97	342	\$7.46
<i>Non-Dual</i>	1,881	60,420	55,972	1.08	\$436,380.96	477	\$7.80
<b>Total</b>	<b>3,106</b>	<b>100,036</b>	<b>92,827</b>	<b>1.08</b>	<b>\$711,470.93</b>	<b>819</b>	<b>\$7.66</b>

\*Total unduplicated members for FY06

## Prior authorization activity

A total of 14,544 petitions for 6,747 members were submitted for this category during FY2006. These petitions included 12,774 regular PA's, 1,696 SuperPA's, and 73 therapy management requests. These totals include Provigil.

Prior Authorizations	Petitions	Members
Approved	9,790	5,788
Denied	2,571	1,901
Incomplete	2,183	1,573
Denied/Incomplete → Approved	3,294	
Total	14,544	6,747

## High Dose

There were 1,325 quantity limit override requests for 07/01/2005 through 06/30/2006. 643 were approved, 442 were denied, 240 were incomplete. 130 of the denied or incomplete requests were subsequently approved.

## Demographics

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

Age	All		Dual		Non Dual	
	Female	Male	Female	Male	Female	Male
0 to 9	2,369	6,338	0	0	2,369	6,338
10 to 19	2,846	7,691	0	1	2,846	7,690
20 to 34	240	145	41	43	199	102
35 to 49	195	86	64	55	131	31
50 to 64	79	37	43	29	36	8
65 to 79	26	15	26	13	0	2
80 to 94	17	5	16	4	1	1
95 & over	1	0	1	0	0	0
<b>Totals</b>	<b>5,773</b>	<b>14,317</b>	<b>191</b>	<b>145</b>	<b>5,582</b>	<b>14,172</b>

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## **Fiscal Year '07 News**

- Effective October 23, 2006, Concerta® moved back to tier-2 after the manufacturer elected not to participate in the supplemental rebate program.
- On January 29, 2007 FDA approved first-time generic dexamethylphenidate (Focalin™).
- Sparlon™ (modafinil, the active ingredient in Provigil®) was rejected by the FDA for treatment of ADHD in adolescents and children due to concerns about a link between the drug and the development of Stevens Johnson Syndrome. Additional clinical trials are being done.
- The supply of pemoline at Oklahoma pharmacies and wholesalers has apparently been exhausted; there have been no claims for it since September. All members for whom it was prescribed have been changed to other products. Cylert® was voluntarily removed from the market in May 2005 due to increased risk of liver toxicity.

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## **Fiscal Year '06 Changes**

- In September 2005, the FDA issued a black box warning for atomoxetine (Strattera®) after additional studies revealed increased incidence of suicidal thoughts in youths.
- In February 2006, an advisory committee recommended to the FDA that the warning be strengthened in package inserts for all stimulant ADHD drugs with regard to potential cardiovascular risks.
- In April 2006, Metadate CD became available in 40 mg, 50 mg, and 60 mg strengths. A quantity limit of 30 units for a 30 day supply was applied to all sizes of this once daily medication.
- In May 2006, transdermal methylphenidate (Daytrana™) became available and was included in tier-2 in the ADHD Product Based Prior Authorization program. A Quantity limit of 30 patches for 30 days was also approved.

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## **Recommendations**

At this time, the College of Pharmacy does not recommend any changes to this category

## All Products

Product	# of claims	Total Units	Total Days	Units /day	Total Cost	Total Members	Per Diem
<i>Dexedrine, 5 mg tab</i>	20	4,011	600	6.69	\$1,916.75	3	\$3.19
<i>Dextroamphetamine, 5 mg tab</i>	640	52,996	19,070	2.78	\$11,392.32	201	\$0.60
<i>Dextrostat, 5 mg tab</i>	84	4,845	2,568	1.89	\$1,151.07	32	\$0.45
<i>Dextroamphetamine, 10 mg tab</i>	639	60,765	19,357	3.14	\$17,337.26	170	\$0.90
<i>Dextrostat, 10 mg tab</i>	41	4,500	1,129	3.99	\$1,222.66	17	\$1.08
<i>Dextroamphetamine CR 5 mg cap</i>	91	5,550	2,792	1.99	\$3,515.76	38	\$1.26
<i>Dexedrine CR 10 mg cap</i>	13	1,590	399	3.98	\$2,176.08	4	\$5.45
<i>Dextroamphetamine CR, 10 mg cap</i>	579	33,355	17,373	1.92	\$25,825.53	139	\$1.49
<i>Dexedrine CR, 15 mg cap</i>	37	4,004	1,121	3.57	\$7,282.56	3	\$6.50
<i>Dextroamphetamine CR, 15 mg cap</i>	497	35,396	15,015	2.36	\$32,558.76	110	\$2.17
<i>Desoxyn 5 mg tab</i>	45	6,630	1,310	5.06	\$11,341.16	7	\$8.66
<i>Adderall, 5 mg tab</i>	2	180	60	3.00	\$367.60	1	\$6.13
<i>Amphetamine Salt Combo, 5 mg tab</i>	5,817	339,266	175,027	1.94	\$194,080.37	1,932	\$1.11
<i>Adderall, 7.5 mg tab</i>	1	60	30	2.00	\$123.92	1	\$4.13
<i>Amphetamine Salt Combo, 7.5 mg tab</i>	269	12,716	8,039	1.58	\$8,419.65	72	\$1.05
<i>Adderall 10 mg tab</i>	30	1,560	900	1.73	\$3,198.98	9	\$3.55
<i>Amphetamine Salt Combo, 10 mg tab</i>	8,729	489,285	264,963	1.85	\$232,294.61	2,498	\$0.88
<i>Adderall, 12.5 mg tab</i>	3	180	90	2.00	\$371.76	1	\$4.13
<i>Amphetamine Salt Combo. 12.5 mg tab</i>	46	2,029	1,429	1.42	\$1,374.93	13	\$0.96
<i>Adderall, 15 mg tab</i>	1	60	30	2.00	\$123.92	1	\$4.13
<i>Amphetamine Salt Combo, 15 mg tab</i>	1,390	70,666	41,814	1.69	\$45,953.24	386	\$1.10
<i>Adderall, 20 mg tab</i>	32	2,265	960	2.36	\$4,604.20	12	\$4.80
<i>Amphetamine Salt Combo, 20 mg tab</i>	4,931	306,155	149,179	2.05	\$206,069.35	1,153	\$1.38
<i>Adderall, 30 mg tab</i>	35	2,900	1,051	2.76	\$5,916.85	6	\$5.63
<i>Amphetamine Salt Combo, 30 mg tab</i>	1,703	86,665	51,812	1.67	\$55,427.40	382	\$1.07
<i>Adderall XR, 5 mg cap</i>	1,012	30,405	29,762	1.02	\$103,643.46	456	\$3.48
<i>Adderall XR, 10 mg cap</i>	4,879	145,058	144,810	1.00	\$495,296.65	1,671	\$3.42
<i>Adderall XR, 15 mg cap</i>	4,047	120,677	120,394	1.00	\$413,642.52	1,176	\$3.44
<i>Adderall XR, 20 mg cap</i>	9,995	332,524	298,308	1.11	\$1,129,894.04	2,465	\$3.79
<i>Adderall XR, 25 mg cap</i>	2,101	62,819	62,489	1.01	\$215,124.84	521	\$3.44
<i>Adderall XR, 30 mg cap</i>	9,967	299,175	297,390	1.01	\$1,024,245.93	1,961	\$3.44
<i>Strattera, 10 mg cap</i>	793	29,255	24,093	1.21	\$103,328.14	262	\$4.29
<i>Strattera, 15 mg cap</i>	1,630	60,737	48,092	1.26	\$215,294.61	541	\$4.48
<i>Strattera, 25 mg cap</i>	4,513	161,998	137,256	1.18	\$571,572.31	1,216	\$4.16
<i>Strattera, 40 mg cap</i>	9,929	403,585	307,402	1.31	\$1,466,112.92	2,277	\$4.77
<i>Strattera, 60 mg cap</i>	5,486	171,327	170,161	1.01	\$625,256.96	1,137	\$3.67
<i>Strattera, 80 mg cap</i>	172	5,304	5,214	1.02	\$24,387.75	83	\$4.68
<i>Strattera, 100 mg cap</i>	35	1,054	1,054	1.00	\$4,888.79	21	\$4.64
<i>Focalin 2.5 mg tab</i>	273	13,436	8,272	1.62	\$8,229.19	112	\$0.99
<i>Focalin, 5 mg tab</i>	567	25,668	16,948	1.51	\$21,732.69	213	\$1.28
<i>Focalin, 10 mg tab</i>	598	29,685	18,228	1.63	\$34,162.08	172	\$1.87
<i>Focalin XR, 5 mg cap</i>	978	29,292	28,776	1.02	\$90,170.54	449	\$3.13
<i>Focalin XR, 10 mg cap</i>	1,952	58,618	57,885	1.01	\$180,699.37	749	\$3.12
<i>Focalin XR, 20 mg cap</i>	1,747	52,032	52,002	1.00	\$160,690.48	533	\$3.09

Product	# of claims	Total Units	Total Days	Units /day	Total Cost	Total Members	Per Diem
<i>Metadate CD, 10 mg cap</i>	288	8,805	8,541	1.03	\$19,965.03	126	\$2.34
<i>Metadate CD, 20 mg cap</i>	2,158	88,783	64,623	1.37	\$196,841.24	520	\$3.05
<i>Metadate CD, 30 mg cap</i>	1,388	54,220	41,356	1.31	\$121,121.94	299	\$2.93
<i>Metadate CD, 40 mg cap</i>	10	300	300	1.00	\$1,034.80	6	\$3.45
<i>Metadate CD, 50 mg cap</i>	2	60	60	1.00	\$273.62	1	\$4.56
<i>Metadate CD, 60 mg cap</i>	24	720	720	1.00	\$3,283.44	16	\$4.56
<i>Methylin, 5 mg tab</i>	2,832	180,055	85,122	2.12	\$27,344.36	1,064	\$0.32
<i>Methylphenidate, 5 mg tab</i>	3,514	220,653	105,191	2.10	\$34,030.06	1,352	\$0.32
<i>Ritalin, 5 mg tab</i>	17	810	510	1.59	\$511.81	4	\$1.00
<i>Methylin, 10 mg tab</i>	3,744	252,514	114,011	2.21	\$46,625.86	1,191	\$0.41
<i>Methylphenidate, 10 mg tab</i>	5,248	344,225	158,368	2.17	\$63,530.01	1,599	\$0.40
<i>Ritalin, 10 mg tab</i>	17	1,441	541	2.66	\$1,203.16	4	\$2.22
<i>Methylin, 20 mg tab</i>	1,100	77,256	33,859	2.28	\$22,318.52	333	\$0.66
<i>Methylphenidate, 20 mg tab</i>	2,309	166,057	69,655	2.38	\$47,283.17	602	\$0.68
<i>Ritalin, 20 mg tab</i>	66	7,743	1,981	3.91	\$8,848.14	8	\$4.47
<i>Metadate ER, 10 mg tab</i>	151	6,186	4,586	1.35	\$6,142.78	66	\$1.34
<i>Methylin ER, 10 mg tab</i>	503	21,853	15,382	1.42	\$17,967.76	164	\$1.17
<i>Metadate ER, 20 mg tab</i>	266	9,971	7,969	1.25	\$5,412.91	88	\$0.68
<i>Methylin ER, 20 mg tab</i>	1,826	74,389	56,616	1.31	\$39,180.85	557	\$0.69
<i>Methylphenidate CR, 20 mg tab</i>	755	32,829	24,767	1.33	\$17,409.51	295	\$0.70
<i>Methylphenidate ER, 20 mg tab</i>	499	21,636	15,366	1.41	\$11,384.46	157	\$0.74
<i>Methylphenidate SR, 20 mg tab</i>	7	300	210	1.43	\$153.48	6	\$0.73
<i>Ritalin SR, 20 mg tab</i>	5	180	150	1.20	\$318.06	3	\$2.12
<i>Concerta, 18 mg tab</i>	3,956	117,322	116,554	1.01	\$363,242.18	1,573	\$3.12
<i>Concerta, 27 mg tab</i>	3,484	103,288	103,205	1.00	\$329,702.92	1,115	\$3.19
<i>Concerta, 36 mg tab</i>	10,461	390,936	313,891	1.25	\$1,267,036.32	2,466	\$4.04
<i>Concerta, 54 mg tab</i>	8,680	263,021	259,161	1.01	\$932,378.78	1,781	\$3.60
<i>Methylin, 5 mg chew tab</i>	5	300	127	2.36	\$192.48	3	\$1.52
<i>Methylin, 10 mg chew tab</i>	1	120	30	4.00	\$101.09	1	\$3.37
<i>Methylin, 5 mg/5ml solution</i>	68	22,410	1,844	12.15	\$3,334.99	24	\$1.81
<i>Methylin, 10 mg/5 ml solution</i>	64	20,445	1,720	11.89	\$4,260.06	19	\$2.48
<i>Ritalin LA, 10 mg cap</i>	388	12,219	11,433	1.07	\$32,891.50	164	\$2.88
<i>Ritalin LA, 20 mg cap</i>	1,366	41,330	40,507	1.02	\$111,997.26	408	\$2.76
<i>Ritalin LA, 30 mg cap</i>	1,603	56,299	47,762	1.18	\$153,976.93	363	\$3.22
<i>Ritalin LA, 40 mg cap</i>	1,203	36,326	35,876	1.01	\$102,556.10	243	\$2.86
<i>Provigil, 100 mg tab</i>	764	22,097	22,261	0.99	\$121,860.02	240	\$5.47
<i>Provigil, 200 mg tab</i>	2,342	77,939	70,566	1.10	\$589,610.91	637	\$8.36
<i>Pemoline, 18.75 mg tab</i>	13	780	400	1.95	\$216.09	2	\$0.54
<i>Cylert, 37.5 mg tab</i>	3	320	93	3.44	\$574.72	2	\$6.18
<i>Pemoline, 37.5 mg tab</i>	61	4,450	1,949	2.28	\$1,699.49	14	\$0.87
<i>Cylert, 75 mg tab</i>	8	415	260	1.60	\$1,250.68	2	\$4.81
<i>Pemoline, 75 mg tab</i>	11	510	360	1.42	\$450.60	4	\$1.25
	<b>147,559</b>	<b>6,301,791</b>	<b>4,442,537</b>	<b>1.41</b>	<b>\$12,471,938.05</b>	<b>21,432*</b>	<b>\$2.70</b>

\*Total unduplicated members for FY06

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# APPENDIX F



# Required Annual Review of Amitiza<sup>®</sup>, Lotronex<sup>®</sup> and Zelnorm<sup>®</sup> - Fiscal Year 2006

Oklahoma Health Care Authority  
February 2007

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## Amitiza<sup>®</sup>

- Locally acting chloride channel activator.
- For treatment of chronic idiopathic constipation in the adult population.

## Lotronex<sup>®</sup>

- Potent and selective antagonist of the serotonin 5-HT<sub>3</sub> receptor.
- For women with severe diarrhea-predominant IBS

## Zelnorm<sup>®</sup>

- Partial agonist of the 5-HT<sub>4</sub> receptor.
- Short term (12 weeks) treatment of women with IBS whose primary bowel symptom is constipation and for chronic idiopathic constipation in patients less than 65 years of age.

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## Current Criteria:

### Tegaserod (Zelnorm):

Criteria to Prior Authorize Zelnorm<sup>®</sup>

1. Constipation-Predominate IBS in women.
2. Chronic Idiopathic Constipation in males and females who meet the following criteria:
  - a. Patient is between 19 and 65 years of age.
  - b. Have documentation that constipating therapies for other disease states have been discontinued (excluding opioid pain medications for cancer patients).
  - c. Documented and updated Colon Screening. (>50 years of age)
3. For both diagnoses, hydration and treatment attempts with a minimum of three alternate products must be documented.
4. Initial approval for 12 weeks of therapy. An additional year approval may be granted if physician documents client is responding well to treatment.

## Amitiza (Lubiprostone):

### Criteria to Prior Authorize Amitiza®

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

### Quantity Limits:

Zelnorm®: 100 units per 50 days supply.

Amitiza®: 100 units per 50 days supply.

### Utilization

For the period of July 2005 through June 2006:

Product	# of Claims	Total Units	Total Days	Units/Day	Total Cost	Total Members	Per Diem
<i>Amitiza 24mcg</i>	4	178	118	1.5	\$413.68	4	\$3.50
<i>Lotronex 0.5mg</i>	2	120	60	2	\$871.21	1	\$14.52
<i>Lotronex 1mg</i>	2	60	60	1	\$457.28	1	\$7.62
<i>Zelnorm 2mg</i>	177	9,079	5,171	1.8	\$26,390.54	69	\$5.10
<i>Zelnorm 6mg</i>	3,812	211,072	112,511	1.9	\$592,306.77	1,296	\$5.26
<b>Total</b>	<b>3,997</b>	<b>220,509</b>	<b>117,920</b>		<b>\$620,439.48</b>	<b>1,354*</b>	

\*Unduplicated members for the time period.

<b>Total Cost FY '06</b>		<b>\$620,439.48</b>
<i>Cost FY05</i>		\$685,913.32
<b>Total Claims FY '06</b>		<b>3,997</b>
<i>Claims FY05</i>		4,335
<b>Total Members FY 06</b>		<b>1,354</b>
<i>Members FY05</i>		1,346

361 petitions submitted for this category during Fiscal Year 2006 for 225 members:

Approved .....	85
Denied .....	201*
Incomplete .....	75 *
Supers.....	35
Therapy Management....	54

\*Of the 276 petitions that were denied or incomplete, 54 were subsequently approved.

	# of Members	# of Claims	Total Units	Total Days	Total Cost	Per Diem
Duals	673	2,081	114,079	61,561	\$316,695.19	\$5.14
Non-Duals	681	1,916	106,430	56,359	\$303,744.29	\$5.39

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

Age	Female	Male	Totals
0 to 9	8	3	11
10 to 19	92	23	115
20 to 34	200	26	226
35 to 49	297	47	344
50 to 64	278	56	334
65 to 79	165	34	199
80 to 94	99	19	118
95 and Over	7	0	7
<b>Totals</b>	<b>1,146</b>	<b>208</b>	<b>1,354</b>

Recommendations:

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

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# APPENDIX G



# Required Annual Review of Byetta<sup>®</sup> and Symlin<sup>®</sup> Prior Authorization - FY2006

Oklahoma Health Care Authority

February 2007

## Byetta<sup>®</sup> Summary

Byetta<sup>®</sup> is the first in a class of products called incretin mimetics, which improve glycemic control in patients with type 2 diabetes. It is indicated for patients who have suboptimal glycemic control in spite of their current therapy with metformin, a sulfonylurea, a **thiazolidinedione**, or a combination of metformin with a sulfonylurea, or **a combination of metformin with a thiazolidinedione**.<sup>1</sup>

## Current Approval Criteria

Authorization is based on the following criteria:

- Patients have Type 2 diabetes and are currently taking metformin, a sulfonylurea, or a combination and have not achieved adequate glycemic control (HbA1C  $\geq$  6.5)
- Members that have been on a sulfonylurea or metformin for 90 of the past 180 days will NOT require prior authorization (Step therapy edit)
- Clinical exception will be allowed if Byetta<sup>®</sup> is prescribed by an endocrinologist

## Symlin<sup>®</sup> Summary

Symlin<sup>®</sup> is an injectable antihyperglycemic drug for use in type 1 and type 2 diabetic patients, as adjunctive treatment in patients who use mealtime insulin therapy and who have failed to achieve desired glucose control despite optimal insulin therapy. It is a synthetic analog of human amylin, a naturally occurring hormone synthesized by pancreatic beta cells that contributes to glucose control during the postprandial period.<sup>2</sup>

## Current Criteria

Authorization for Symlin<sup>®</sup> is based on the FDA approved selection criteria:

Patients with type 1 and 2 diabetes using insulin who:

1. have failed to achieve adequate glycemic control
2. are receiving ongoing care under the guidance of a health care professional

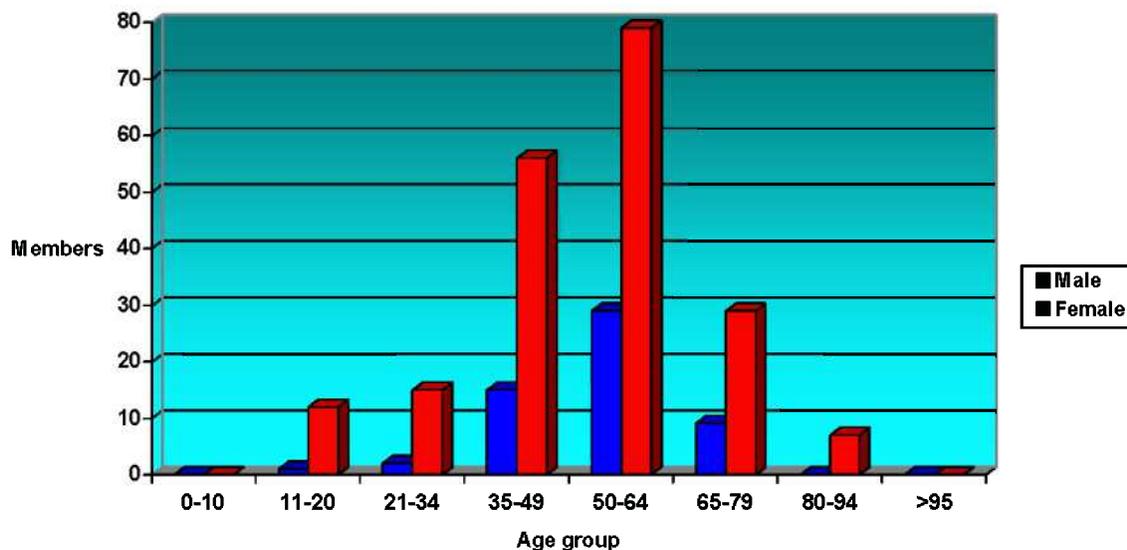
Patients meeting the following criteria should **NOT** be considered for Symlin<sup>®</sup> therapy:

1. poor compliance with insulin regimen
2. poor compliance with self-blood glucose monitoring
3. HbA1c > 9%
4. recurrent severe hypoglycemia requiring assistance in past 6 months
5. presence of hypoglycemia unawareness
6. diagnosis of gastroparesis
7. require use of drugs that stimulate GI motility
8. pediatric patients (< 15 years old)

## Utilization for July 1, 2005 through June 30, 2006

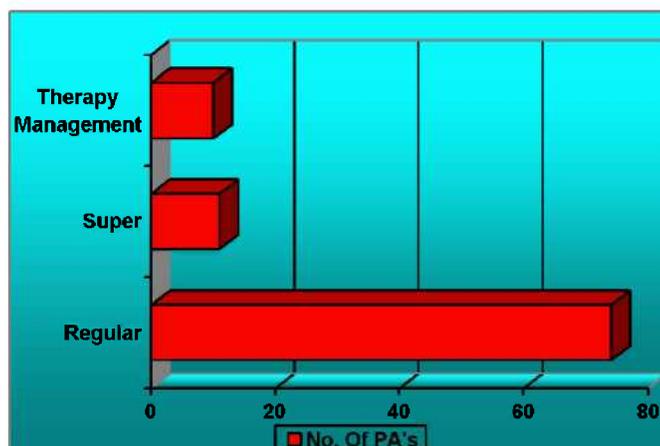
Product	# of Claims	Total Units	Total Days	Units/Day	Total Cost	Per Diem
Symlin <sup>®</sup>	27	385	668	0.58	\$ 6,815.73	10.20
Byetta <sup>®</sup> 5 mcg	406	1,129	12,862	0.61	\$ 90,012.29	7.00
Byetta <sup>®</sup> 10 mcg	345	1,297	9,774	0.13	\$ 85,742.02	8.77
<b>TOTALS</b>	<b>778</b>	<b>2,811</b>	<b>23,304</b>	<b>0.12</b>	<b>\$ 182,570.04</b>	<b>7.83</b>

## Age/Gender FY06



## Prior Authorizations for both Byetta<sup>®</sup> and Symlin<sup>®</sup>

Prior Authorizations	No. of Petitions	Members
Approved	27	23
Denied	50	34
Incomplete	18	15
Denied/Incomplete → Approved	25	
<b>TOTAL</b>	<b>95</b>	<b>54</b>



## Recommendations

The College of Pharmacy recommends the following:

- Continue current criteria for Symlin®
- Continue current criteria for Byetta® with the addition of thiazolidinediones to the criteria:
  - Patients must have Type 2 diabetes and currently taking metformin, a sulfonylurea, a thiazolidinedione or a combination and have not achieved adequate glycemic control (HbA1C  $\geq$  6.5)
  - Members that have been on a sulfonylurea, metformin, or a thiazolidinedione for 90 of the past 180 days will NOT require prior authorization (Step therapy edit)

## References

1. Byetta® Product Information. Amylin Pharmaceuticals, Inc. 2006.
2. Symlin® Product Information. Amylin Pharmaceuticals, Inc. 2005.

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# APPENDIX H



## 60 Day Notice and Potential Economic Impact of Product Based Prior Authorization of Ocular Allergy Products

Oklahoma Health Care Authority  
February 2007

This category was introduced for possible inclusion in the Product Based Prior Authorization program in December 2006. See the December DUR packet for a more complete discussion of the category. This notice and statement of potential economic impact are presented to meet the statutory requirements of 63 O.S. Sec. 5030.5.

### Total Reimbursed for Ocular Allergy Products – 1st Qtr FY '07

Class	Total Claims	Total Reimbursement
Mast Cell Stabilizers	31	\$ 1,433.56
Antihistamines	1	\$ 60.89
Antihistamines/Mast Cell	1,638	\$ 131,917.47
<b>Total</b>	<b>1,670</b>	<b>\$ 133,411.92</b>
<b>Annualized</b>		<b>\$ 533,647.68</b>

### Member Demographics – 1st Qtr FY '07

#### All Members

Age	Female	Male	Totals
0 to 9	215	270	485
10 to 19	340	293	633
20 to 34	64	17	81
35 to 49	79	10	89
50 to 64	52	17	69
65 to 79	6	2	8
80 to 94	1	1	2
95 and Over	0	0	0
<b>Totals</b>	<b>757</b>	<b>610</b>	<b>1,367</b>

#### Non Duals

Age	Female	Male	Totals
0 to 9	215	270	485
10 to 19	340	293	633
20 to 34	64	16	80
35 to 49	78	10	88
50 to 64	51	17	68
65 to 79	6	2	8
80 to 94	1	1	2
<b>Totals</b>	<b>755</b>	<b>609</b>	<b>1,364</b>

#### Duals

Age	Female	Male	Totals
0 to 9	0	0	0
10 to 19	0	0	0
20 to 34	0	1	1
35 to 49	1	0	1
50 to 64	1	0	1
65 to 79	0	0	0
80 to 94	0	0	0
<b>Totals</b>	<b>2</b>	<b>1</b>	<b>3</b>

## Market Analysis – 1st Qtr FY '07

### Market Share and Cost

Product	Total Claims	Total Days	Total Reimbursement	% Market Share	% Cost
CROMOLYN SOD SOL 4% OP	17	275	\$ 265.55	0.80%	0.20%
ALOMIDE SOL 0.1% OP	3	63	\$ 229.53	0.18%	0.17%
ALOCRI SOL 2%	10	218	\$ 795.50	0.63%	0.60%
ALAMAST DRO 0.1%	1	60	\$ 142.98	0.17%	0.11%
EMADINE SOL 0.05% OP	1	10	\$ 60.89	0.03%	0.05%
OPTIVAR DRO 0.05%	137	3,105	\$ 11,655.74	8.99%	8.74%
ELESTAT DRO 0.05%	177	3,468	\$ 13,977.07	10.04%	10.48%
ZADITOR SOL 0.025%OP	59	910	\$ 4,160.94	2.63%	3.12%
KETOTIFEN SOL FUMARATE	24	373	\$ 1,461.80	1.08%	1.10%
PATANOL SOL 0.1% OP	1,241	26,059	\$ 100,661.92	75.44%	75.45%
<b>Total</b>	<b>1,670</b>	<b>34,541</b>	<b>\$ 133,411.92</b>	<b>100.00%</b>	<b>100.00%</b>

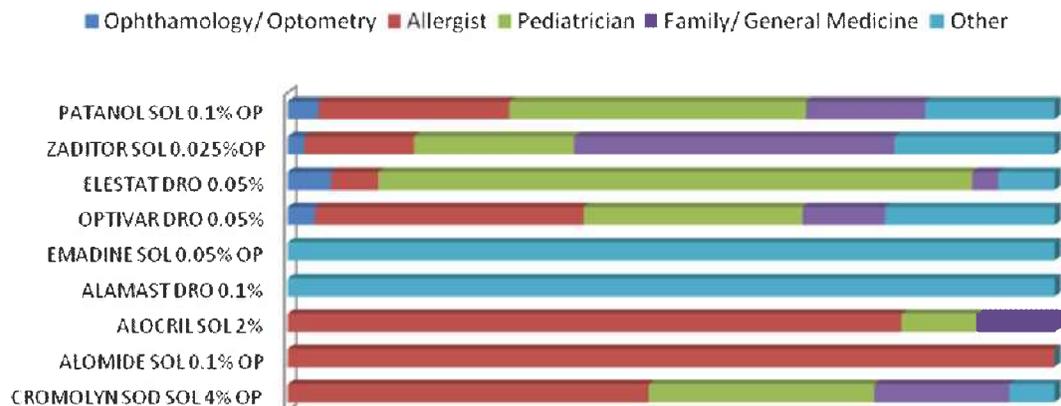
### Product Cost Comparison

Product	Drops per Day	Package Size	EAC	SMAC	Per Diem*
CROMOLYN SOD SOL 4% OP	1-2 OU QID	10 mL	N/A	\$11.95	\$0.71
ALOMIDE SOL 0.1% OP	1-2 OU up to QID	10 mL	\$74.36	N/A	\$3.45
ALOCRI SOL 2%	1-2 OU BID	5 mL	\$76.60	N/A	\$3.46
ALAMAST DRO 0.1%	1 OU QID	10 mL	\$72.93	N/A	\$2.31
EMADINE SOL 0.05% OP	1 OU QID	5 mL	\$58.74	N/A	\$5.67
OPTIVAR DRO 0.05%	1 OU BID	6 mL	\$82.08	N/A	\$3.57
ELESTAT DRO 0.05%	1 OU BID	5 mL	\$74.30	N/A	\$3.82
ZADITOR OTC**	1 OU BID	5 mL	\$10.73	N/A	\$0.96
KETOTIFEN SOL FUMARATE	1 OU BID	5 ML	\$57.08	N/A	\$3.65
PATANOL SOL 0.1% OP	1 OU BID	5 mL	\$75.68	N/A	\$3.67

\*Per Diem = Total Reimbursement – Dispensing Fees / Total Days

\*\*Anticipated pricing based on RX product utilization.

### Percent of Claims by Prescriber Specialty



## Anticipated Market Changes

- Zaditor® has released an OTC version of the prescription product. Generic prescription products are also available.
- Other patents for the products in this category are not expected to expire until 2009.

## Recommendations

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

Tier 1	Tier 2
cromolyn sodium 4%	Alomide Alocril® Alamast®
Zaditor OTC	Optivar Elestat® Patanol® Ketotifen* Emadine®

\*Tier 2 until SMAC is comparable to OTC pricing.

## Potential Secondary Costs

Overall efficacy is considered to be equal across this class, but drug selection requires individual patient history which includes, but is not limited to: other illnesses, disease risk factors, and current symptoms. Clinical information for these products will be presented as part of the 30 Day Notice.

## Potential Administrative Costs

Based on a potential shift of proposed Tier 2 products to a Tier 1 product of 25 %, it is estimated that approximately 1,100 petitions would be required. The proposed tier changes would affect approximately 90 % of the total population for this PBPA category.

Previously, it has been theorized that total cost per petition to the *healthcare system* (includes cost to physicians, pharmacists, and program) is between \$7.12 and \$13.78. Total cost per petition to the *healthcare system* is estimated to be between \$7,850 and \$30,316 annually. Anticipated actual administrative cost to the program is projected to be less than \$15,000.

### Potential Program Savings

Potential pharmacy reimbursement savings to the program based on recommended tiers and a potential shift of 25% of market share from Tier 2 to Tier 1 is estimated to be \$280,000 annually. It should be noted that covered OTC products are also included under the Dual Eligible pharmacy benefit. Based on annualized FY06 utilization for Duals, an additional \$72,000 annually in drug reimbursement costs could be incurred if all Dual ocular allergy utilizers were to receive the OTC product.

### Total Potential Savings

Potential Savings:	\$ 280,000	\$ 280,000
Potential Administrative Cost:	<u>30,316</u>	<u>7,832</u>
<b>Total Potential Reimbursement Savings:</b>	<b>\$ 249,684</b>	<b>to \$ 272,168</b>
 <b>Percent of Current Reimbursement</b>	 <b>46.8% to 51.0%</b>	

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# APPENDIX I



# Pharmacoeconomic Review of Topical Products

Oklahoma Health Care Authority

February 2007

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## Introduction

For the purpose of this review, a topical medication involves local application on a surface of the body such as skin or mucous membrane. The medicinal properties of these products may be formulated for either local or systemic administration, or both. Application sites may include areas of the mouth, throat, eye, ear, nose, or genitals.

Topical medications include balms, creams, gels, oils, lotions, patches, ointments aerosols, powders and other products which are applied to the skin. Agents are available as either prescription or non-prescription.

Many topical medications are included in the SoonerCare pharmacy benefit. Under the SoonerCare program, a total of **292,464** members had claims for topical medications totaling **\$28,511,396.88** in pharmacy reimbursement during Fiscal Year 2006.

This review identifies and describes topical medications and to assess the current utilization among SoonerCare members for fiscal year 2006. Pediculocides and scabicides are not included in this review and will be covered separately at a later time. In addition to ensuring safe and appropriate use, this review evaluates areas of underutilization of less costly unbranded agents and overutilization of agents with narrow therapeutic indications.

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## Topical and Mucosal Preparations

- I. Ophthalmics
  - II. Otic
  - III. Mouth and Throat
  - IV. Anorectal
  - V. Dermatologic
  - VI. Vaginal
  - VII. Nasal
  - VIII. Transdermal
-

## Utilization FY 2006

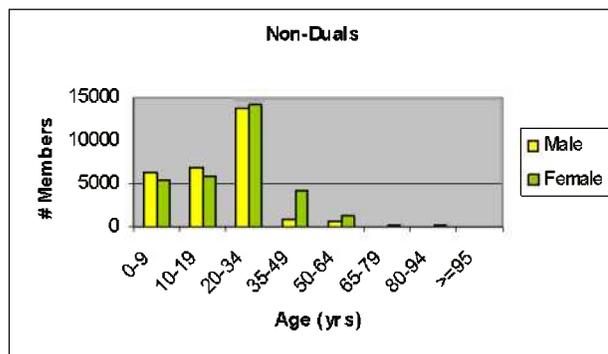
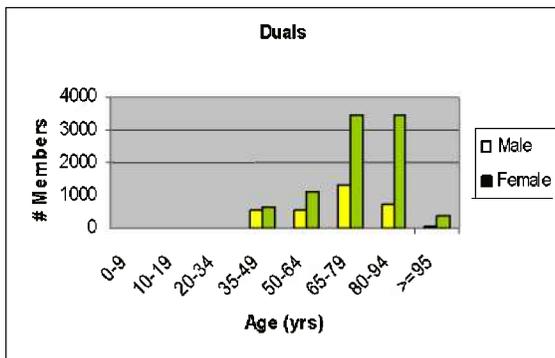
Totals represent only 6 months of Dual-Eligible utilization

### I. Ophthalmics Preparations

	Claims	Units	Days	Members	Total Paid	% FY '06 Topical Costs
Totals	134,467	916,561.45	1,298,027	71,955	\$5,589,458.03	20%

- A. **Anti-Infectives** (Zymar, Vigamox, Quixin, Ciprofloxacin)
- B. **Beta-Blockers** (Cosopt, Betoptic-S, Betagan)
- C. **Steroids** (Tobradex, Cortisporin, Pred Forte)
- D. **Prostaglandin agonists** (Xalatan, Lumigan, Travatan)
- E. **Cycloplegics** (Atropine sulfate, Isopto Homatropine, Cyclopental)
- F. **Miotics** (Pilocarpine, Phospholine, Isopto Carbachol)
- G. **Mydriatics** (Alphagan P, Brimonidine, Iopidine)
- H. **Anesthetics** (Tetracaine, Tectaine, Proparacaine)
- I. **Allergy** (Patanol, Elestat, Optivar)
- J. **Carbonic Anhydrase Inhibitors** (Trusopt, Azopt)
- K. **NSAID** (Acular, Nevanac, Voltaren)
- L. **Misc.** (Restasis, Botox, Artificial Tears)

### Age & Gender (Ophthalmics cont.)



### Duals and Non-Duals

	Members	Total Expenditures
Duals	12,291	\$2,612,408.99
Non-Duals	59,664	\$2,977,049.04

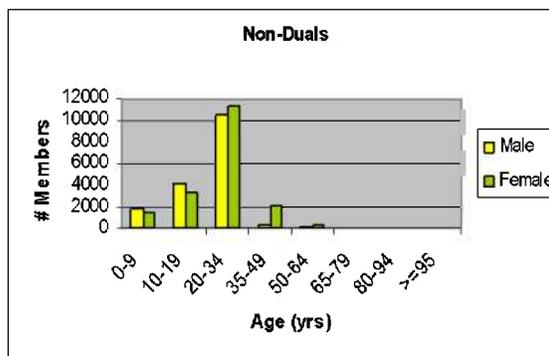
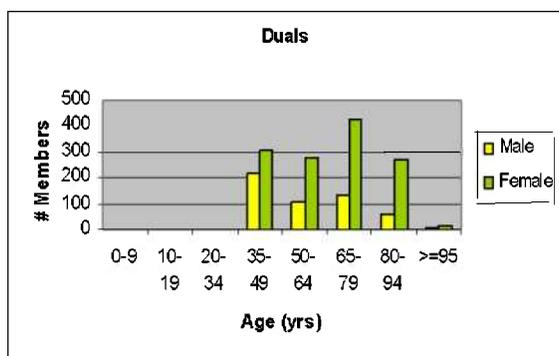
Prescriber Specialty	# of Providers	% of Total
Family Practitioner	21,535	31.8
General Pediatrician	15,123	22.3
General Practitioner	7,016	10.3
Optometrist	5,922	8.7
Ophthalmologist	5,396	8.0
Internist	3,875	5.7
Nurse Practitioner	1,866	2.8
Physician Assistant	1,470	2.2
OBGYN	628	1.0
General Surgeon	627	1.0

## II. Otic Preparations

	Claims	Units	Days	Members	Total Paid	% FY '06 Topical Costs
Totals	61,298	590,446	599,860	37,498	\$2,311,772.82	8%

- A. **Anti-Infectives** (Floxin)
- B. **Analgesics** (Oticaine, Otocain, Americaine)
- C. **Steroids** (Acetasol HC, Acetic Acid HC, Dermotic Oil)
- D. **Misc.** (Cerumenex, Cortone, Acetic Acid/Alum)
- E. **Combinations** (Ciprodex, Cipro HC, Neo/Poly/HC)

## Age & Gender



## Duals and Non-Duals

	Members	Total Expenditures
Duals	1,807	\$83,877.72
Non-Duals	35,691	\$2,227,895.10

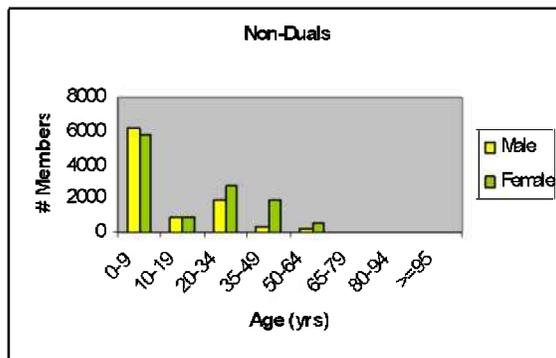
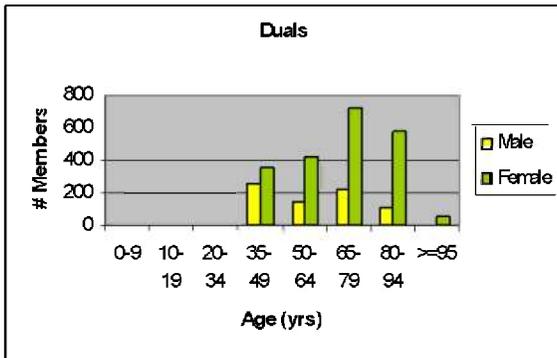
Prescriber Specialty	# of Providers	% of Total
Family Practitioner	11,305	32.6
General Pediatrician	7,941	22.9
ENT	4,490	12.9
General Practitioner	3,762	10.8
Internist	1,697	4.9
Nurse Practitioner	1,530	4.4
Physician Assistant	926	2.7
ER	745	2.2
General Surgeon	402	1.2
OB/GYN	369	1.1

## III. Mouth and Throat Preparations

	Claims	Units	Days	Members	Total Paid	% FY '06 Topical Costs
Totals	49,559	6,964,940.00	721,368	33,082	\$2,522,776.34	9%

- A. **Opioid Analgesics** (Actiq, Suboxone, Subutex)
- B. **Benzodiazepines** (Clonazepam ODT, Klonopin Waf)
- C. **Anti-Infectives** (Nystatin Susp, Clotrimazole Troches, Mycelex)
- D. **Anticholinergic** (Hyoscyamine SL, Symax SL)
- E. **Antiseptics** (Chlorhexidine, Periogard)
- F. **Smoking Cessation** (Commit Loz, Nicorette Gum, Nicotrol)
- G. **Cholinesterase Inhibitors** (Aricept ODT)
- H. **Antidepressants** (Mirtazapine ODT, Remeron Soltab)
- I. **Steroids** (TMC/Orabase, Kenalog/Orabase paste)
- J. **Allergy** (Aphasol)
- K. **Anesthetics** (Lidocaine, Xylocaine)
- L. **Dental** (Prevident Cr, SF Gel, SF 5000 Plus)
- M. **Nitrates** (Nitrolingual Spray, Nitroquick SL, Nitrostat SL)
- N. **Antimigraine** (Zomig Spray, Zomig ZMT)
- O. **Antiemetic** (Zofran ODT)

### Age & Gender (Mouth and Throat cont.)



### Duals and Non-Duals

	Members	Total Expenditures
Duals	2,872	\$752,724.96
Non-Duals	30,210	\$1,770,051.38

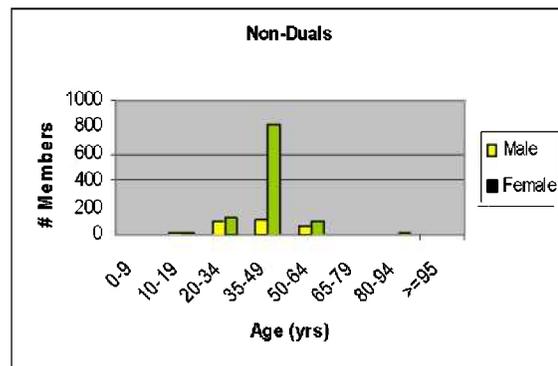
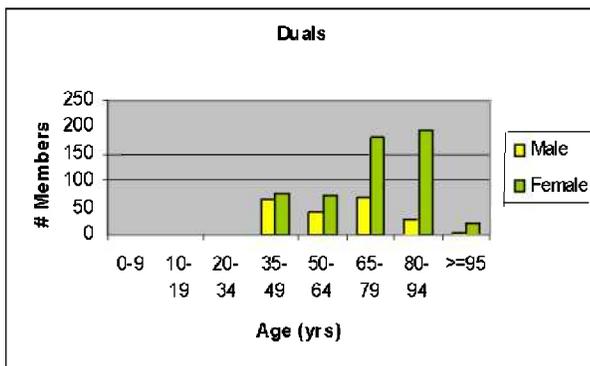
Prescriber Specialty	# of Providers	% of Total
Family Practitioner	7,381	32.7
General Pediatrician	5,065	22.5
General Practitioner	2,299	10.2
Internist	1,600	7.1
Dentist	1,549	6.9
Oral Surgeon	700	3.1
Nurse Practitioner	624	2.8
Orthodontist	488	2.2
Physician Assistant	359	1.6
OBGYN	337	1.5

### IV. Anorectal Preparations

	Claims	Units	Days	Members	Total Paid	% FY '06 Topical Costs
Totals	3,490	179,201.26	36,943	2213	\$121,851.75	<1%

- A. **Steroids** (Proctosert H Supp, Proctosol HC Cr, Proctozone Cr)
- B. **Intrarectal Steroids** (Cortifoam, *Hydrocortisone Enema*, Colocort Enema)
- C. **Combinations** (Proctofoam HC, Analpram HC Cr Lipocrm, Anamantle HC Cr)
- D. **Opioid Analgesic** (Belladonna/Opium Supp, B & O Supp, *Morphine Sulfate Supp*)
- E. **Antidote** (*Sodium Polystyrene Sulfate*, Kayexalate)

### Age & Gender



### Duals and Non-Duals (Anorectal cont.)

	Members	Total Expenditures
Duals	793	\$47,149.59
Non-Duals	1,420	\$74,702.16

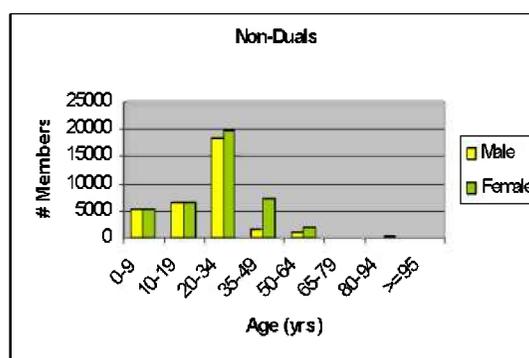
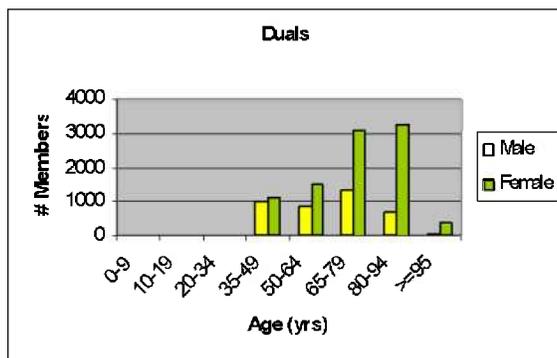
Prescriber Specialty	# of Providers	% of Total
Family Practitioner	820	40.2
OBGYN	381	18.7
Internist	260	12.8
General Practitioner	221	10.8
General Surgeon	70	3.4
Nurse Practitioner	44	2.2
General Pediatrician	33	1.6
Physician Assistant	32	1.6
ER	31	1.5
Anesthesiologist	23	1.1

### V. Dermatologic Preparations

	Claims	Units	Days	Members	Total Paid	% FY '06 Topical Costs
Totals	182,548	11336606.82	2,346,242	86,984	\$8,186,347.35	26%

- A. **Acne** (Benzaclin Gel, Duac Gel, Erythromycin/Benzoyl Gel)
- B. **Anti-Infectives** (Bactroban Cr, Mupirocin Oint, Centany Cr)
- C. **Anti-fungals** (Clotrimazole/Betamethasone Cr, Ketoconazole Cr, Clotrimazole Cr)
- D. **Anti-pruritics** (Zonalon, Prudoxin)
- E. **Anti-psoratics** (Tazorac, Dovonex, Psoriatec)
- F. **Anti-seborrheic** (Selenium sulfide, RE 10 Wash, Ovace Wash)
- G. **Anti-viral** (Zovirax, Denavir)
- H. **Anti-neoplastics** (Efudex, Carac, Solaraze)
- I. **Burn** (SSD Cr, Silver sulfa Cr, Sulfamylon Pak)
- J. **Steroids** (Mometasone Cr, Locoid Lipo Cr, Triamcinolon Cr)
- K. **Emollients** (Mimyx, Pentravan, Laclotion)
- L. **Emollients** (Xenaderm, Panafil, Granulex Aero)
- M. **Keratolytics** (Condylox, Salex Lot, Podofilox Sol)
- N. **Immunomodulators** (Elidel, Protopic, Aldara)
- O. **Anesthetics** (Lidoderm, Lidocaine/Prilocaine Cr, Lidocaine Gel)
- P. **Depigmenting** (Tri-luma, Hydroquinone Cr, Claripel Cr)
- Q. **Hydroactive Dressings** (Regranex, Accuzyme, Ethezyme)
- R. **Misc.** (Phisohex, Sterile Water for Irrigation, Aluminum CL sol)

### Age & Gender



**Duals and Non-Duals (Dermatologic cont.)**

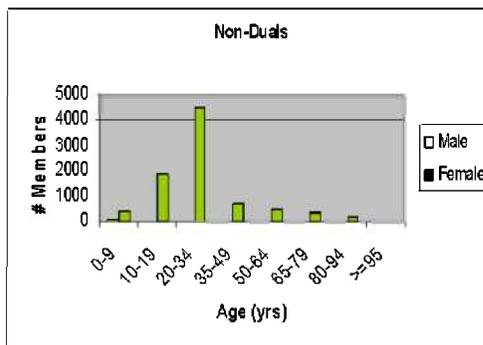
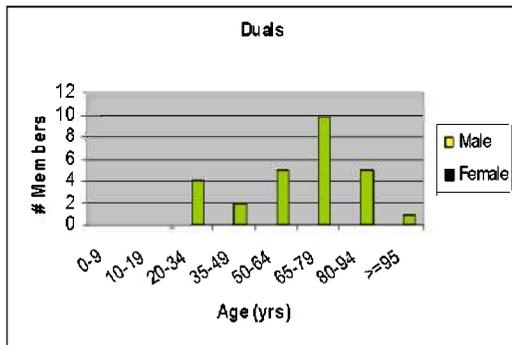
	Members	Total Expenditures
<b>Duals</b>	13,322	\$1,799,761.01
<b>Non-Duals</b>	73,662	\$6,386,586.35

Prescriber Specialty	# of Providers	% of Total
Family Practitioner	28,888	35.2%
General Pediatrician	20,275	24.7%
General Practice	10,187	12.4%
Internist	5,818	7.1%
Nurse Practitioner	3,535	4.3%
Physician Assistant	2,678	3.3%
Dermatologist	2,568	3.1%
OBGYN	1,884	2.3%
General Surgeon	1,088	1.3%
ER	753	1.0%

**VI. Vaginal Preparations**

	Claims	Units	Days	Members	Total Paid	% FY '06 Topical Costs
Totals	13,607	436,077.00	227,125	9,555	\$749,214.23	3%

- A. **Anti-Infective** (Clindesse Cr, Clindamax Cr, Cleocin Supp)
- B. **Anti-fungals** (MetroGel Cr, Terazol 7, Gynazole-1)
- C. **Contraceptive** (Delfen Aer, Gynol II, Conceptrol)
- D. **Hormone** (Nuvaring, Premarin Cr, Estrace Cr)
- E. **Misc.** (Crinone, Amino Acid Cr, Fem Ph Gel)



	Members	Total Expenditures
<b>Duals</b>	887	\$54,437.84
<b>Non-Duals</b>	8,668	\$694,776.39

Prescriber Specialty	# of Providers	% of Total
OBGYN	3,791	46.21
Family Practitioner	1,921	23.42
General Practice	576	7.02
Nurse Practitioner	490	5.97
Internal	343	4.18
Pediatrician	291	3.55
Urologist	105	1.28
Physician Assisant	85	1.04
ER	61	0.74
Anesthesiologist	59	0.72

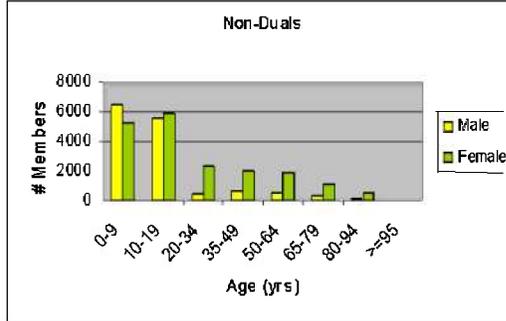
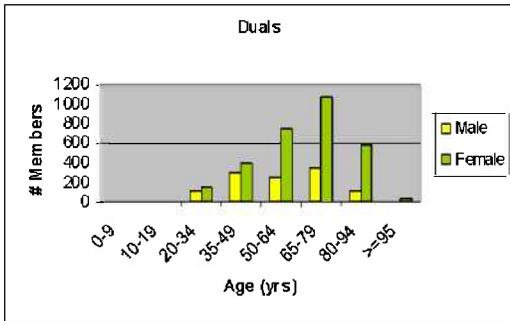
**VII. Nasal Preparations**

	Claims	Units	Days	Members	Total Paid	% FY '06 Topical Costs
Totals	68,263	1,119,863.00	2,178,855	37,405	\$4,986,210.56	18%

- A. **Decongestants** (Tyzine Ped Drp, 12 Hr Nasal Spr)
- B. **Steroids** (Flonase, Nasonex, Nasacort AQ)
- C. **Anti-Infectives** (Bactroban Oint)
- D. **Anticholinergic** (Atrovent, Ipratropium Spr)

- (Nasal cont.)
- E. **Anti-histamine** (Astelin)
  - F. **Smoking Cessation** (Nicotrol Nasal Spr)
  - G. **Migraine** (Imitrex, *Butorphanol Spr*)
  - H. **Misc.** (Ocean Nasal Spr)

### Age and Gender



### Duals and Non-Duals

	Members	Total Expenditures
Duals	4,143	\$435,547.25
Non-Duals	33,262	\$4,550,663.29

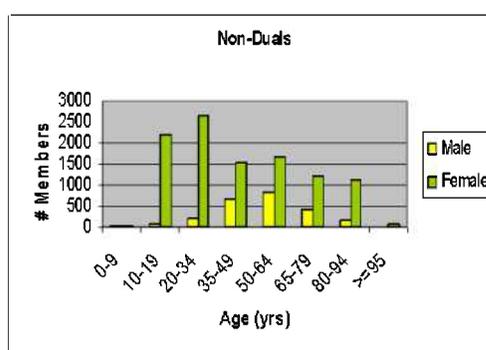
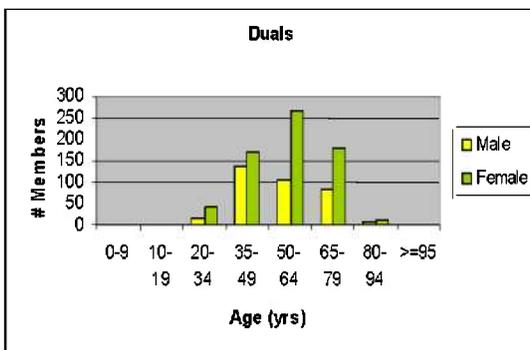
Prescriber Specialty	# of Providers	% of Total
Family Practitioner	12,256	38.83
Pediatrician	7,515	23.81
General Practice	3,104	9.83
Internal	2,184	6.92
Nurse Practitioner	1,583	5.02
Physician Assisant	915	2.90
ENT	855	2.71
Allergist	466	1.48
OBGYN	387	1.23
General Surgeon	371	1.18

### VIII. Transdermal Preparations

	Claims	Units	Days	Members	Total Paid	% FY '06 Topical Costs
Totals	33,632	679,581.00	963,725	13,772	4,739,914.85	17%

- A. **Hormone** (Androgel, Androderm, Testim)
- B. **Opioid Analgesics** (*Fentanyl*, Duragesic)
- C. **Cardiovascular** (*Catapres*, *Nitroglycerin*)
- D. **Smoking Cessation** (*Nicotine*, Nicoderm)
- E. **Misc.** (Oxytrol, Transderm Scop)

### Age and Gender



## Duals and Non-Duals (Transderm cont.)

	Members	Total Expenditures
<b>Duals</b>	884	<b>\$2,088,631.22</b>
<b>Non-Duals</b>	12,888	<b>\$3,466,310.08</b>

Prescriber Specialty	# of Providers	% of Total
Family Practitioner	5,064	<b>38.46</b>
Internal	2,105	<b>15.99</b>
General Practice	1,687	<b>12.81</b>
OBGYN	1,614	<b>12.26</b>
Nurse Practitioner	344	<b>2.61</b>
Cardiologist	324	<b>2.46</b>
Pediatrician	320	<b>2.43</b>
Anesthesiologist	293	<b>2.23</b>
General Surgeon	213	<b>1.62</b>
Physician Assistant	160	<b>1.22</b>

## Recommendations

As a result of this drug utilization review, the College of Pharmacy recommends the implementation of both qualitative and cost-containment strategies for topical medication use to obtain a substantial favorable impact on both safety and overall pharmacy expenditures.

This review identifies numerous topical products with either very narrow indications or underutilization of safe and cost-effective alternatives. Medication management strategies such as Brand Name Necessary Prior Authorization, Age/Gender/Diagnosis Restrictive Prior Authorization, Step Therapy Edits and Quantity/Day Supply limitations will assist in achieving both qualitative and economic goals.

The chart below lists examples of topical preparations which might benefit from one or more of the medication management strategies listed above to control utilization and costs. The examples given are based on a complete switch to the alternate product(s) and do not include any rebate information. A detailed review of each category will be done and recommendations will be brought back to the DUR Board where indicated.

Recommendations			Examples		
Category	Action	Products	Alternative Product selection <sup>#</sup>	Cost Comparison	Potential Savings
Ophthalmic	Step Therapy	Anti-Infectives	Quinolones ↓ Ciprofloxacin/Ofloxacin	\$1,030,392.83 <b>-vs-</b> \$232,975.58	<b>77%</b> (\$797,417.30)
Otic	Step Therapy	Anti-Infective Steroid Combination	Antibiotic/Steroid ↓ Neomycin/Polymixin/HC	\$973,761.15 <b>-vs-</b> \$188,568.02	<b>81%</b> (\$785,193.13)
Dermatologic	Step Therapy	Anti-psoriatics	Anti-psoriatics ↓ Fluocinonide	\$245,719.15 <b>-vs-</b> \$14,694.29	<b>94%</b> (\$231,024.86)
Transdermal	Step Therapy	Cardiovascular	Catapres Patch ↓ Clonidine Tabs	\$560,312.11 <b>-vs-</b> \$57,932.17	<b>90%</b> (\$502,379.94)
<b>Quinolones</b> (Ciloxan, Zymar, Quixin, Vigamox, Chibroxin) <b>Antibiotic/Steroid</b> (CortisporinTC, Coly-Mycin-S, Cortomycin, Antibiotic Ear, Pediatic, Cipro HC, Ciprodex) <b>Anti-psoriatics</b> (Anthralin, Psoriatec, Dovonex, Tazorac) <b>Catapres patch</b> (0.1, 0.2, 0.3 mg)			<b>Total Potential Savings with alternative products (not including supplemental rebates) →</b>		<b>\$2,316,015.23</b>

**I. Ophthalmics Preparations**

**20% of FY 06 Topical Expenditures**

Drug	Claims	Units	Days	Members	Total Paid	Per Diem	Units / day	Limits/ Criteria
<b>A. Anti-Infectives</b>	<b>70,630</b>	<b>457,971</b>	<b>697,750</b>	<b>61,753</b>	<b>\$1,559,457.39</b>	<b>2.23</b>	<b>0.66</b>	
AK-TRACIN OIN OP	3	11	22	3	16.46	0.75	0.50	
BACITRACIN OIN OP	750	2901.625	5980	483	4639.6	0.78	0.49	
CIPROFLOXACIN SOL 0.3% OP	3137	16246.67	28529	2772	70395.56	2.47	0.57	
CILOXAN OIN 0.3% OP	444	1575.25	3558	305	28089	7.33	0.44	
ERYTHROMYCIN OIN OP	9705	35840.13	75806	8552	60671.28	0.80	0.47	
ZYMAR DRO 0.3%	2879	14773	33750	2207	154638.2	4.58	0.44	
GENOPTIC SOL 0.3% OP	14	70	99	14	78.86	0.80	0.71	
GENTAFAIR SOL 0.3% OP	8	40	46	5	47.12	1.02	0.87	
GENTAK SOL 0.3% OP	743	4339	6586	691	4619.23	0.70	0.66	
GENTAMICIN SOL 0.3% OP	7557	45709.5	69192	6697	47846.85	0.69	0.66	
GENTAMICIN 0.3% OP	1	15	25	1	8.79	0.35	0.60	
GENOPTIC OIN SOP 0.3%	2	7	10	2	34.02	3.40	0.70	
GENTAK OIN 0.3% OP	1075	3871.5	8456	961	20843.68	2.46	0.46	
GENTAMICIN OIN 0.3% OP	151	555.5	1119	135	2837.26	2.54	0.50	
QUIXIN SOL 0.5%	657	3390	6573	573	34203.59	5.20	0.52	
VIGAMOX DRO 0.5%	14778	45255	146659	12206	815390.1	5.56	0.31	
CHIBROXIN SOL 0.3% OP	3	15	21	3	71.94	3.43	0.71	
OFLOXACIN SOL 0.3%	2561	15359	23811	2168	42872.36	1.80	0.65	
AK-TOB SOL 0.3% OP	173	975	1783	166	1133.18	0.64	0.55	
TOBRAMYCIN SOL 0.3% OP	4248	22033.5	38831	3852	27249.68	0.70	0.57	
TOBREX OIN 0.3% OP	435	1560.541	3447	390	24864.75	7.21	0.45	
BLEPH-10 SOL 10% OP	62	345	563	60	297.39	0.53	0.61	
SOD SULFACET SOL 10% OP	7780	116779.5	96492	7216	48807.58	0.51	1.21	
SOD SULFACET 10% OP	1	15	5	1	6.45	1.29	3.00	
SOD SULFACET SOD SOL 10% OP	1298	19456	15530	1204	8104.71	0.52	1.25	
SOD SULAMYD SOL 30% OP	7	105	82	7	187.44	2.29	1.28	
SOD SULAMYD 30% OP	1	15	10	1	26.92	2.69	1.50	
SOD SULAMYD OIN 10% OP	2	7.5	8	2	45.97	5.75	0.94	
SULFACET SOD OIN 10% OP	562	2136.333	4569	525	6286.24	1.37	0.47	
TRIFLURIDINE SOL 1% OP	170	1283.813	2058	112	14934.03	7.26	0.62	
VIROPTIC SOL 1% OP	35	261	414	28	3458.19	8.35	0.63	
VIRA-A OIN 3% OP	1	3.5	14	1	25.98	1.86	0.25	
NATACYN SUS 5% OP	7	105	72	5	1099.1	15.27	1.46	
AK-POLY-BAC OIN OP	120	423	981	107	1434.1	1.46	0.43	
BACIT/POLYMY OIN OP	1012	3686.499	8945	892	12683.86	1.42	0.41	
POLYMYXIN B/ SOL TMP	3694	37256.5	44915	3429	22293.39	0.50	0.83	
TRIMETHOPRIM SOL	2854	28508	29493	2650	17253.08	0.58	0.67	
POLYMYXN	262	960.75	1982	238	3336.28	1.68	0.48	
BAC/NEO/POLY OIN OP	359	1329.041	2862	308	5899.31	2.04	0.46	
NEO/BAC/POLY OIN OP	12	43	89	9	466.83	5.24	0.48	
NEOSPORIN OIN OP	3083	30888	34515	2788	74181.64	2.15	0.89	
NEO/POLY/GRA SOL OP	4	40	18	4	97.6	5.42	2.22	
OCUTRICIN SOL OP	10,283	90,099.27	246,966	2,449	\$520,759.30	2.11	0.37	
B. Beta-Blockers								
BETOPTIC-S SUS 0.25% OP	1465	15465	36402	320	122928.5	3.38	0.42	
BETAXOLOL SOL 0.5% OP	55	520	995	21	1708.64	1.72	0.52	
CARTEOLOL SOL OPHTH 1%	56	590	1165	12	1292.48	1.11	0.51	
METIPRANOLOL SOL 0.3% OPH	108	785	2845	15	1848.97	0.70	0.30	
LEVOBUNOLOL SOL 0.25% OP	47	385	962	13	547.51	0.57	0.40	
BETAGAN SOL 0.5% OP	8	105	190	2	543.53	2.86	0.55	
LEVOBUNOLOL SOL 0.5% OP	483	4840	11679	117	4482.05	0.38	0.41	
BETIMOL SOL 0.25%	43	525	1219	17	1896.16	1.56	0.43	
BETIMOL DRO 0.5%	65	575	1784	34	2532.73	1.42	0.32	
BETIMOL SOL 0.5%	219	2285	6603	76	10150.3	1.54	0.35	
TIMOLOL MAL SOL 0.25% OP	323	2876	7312	93	2592.51	0.35	0.39	
TIMOLOL MAL SOL 0.5% OP	2102	22045	49604	566	17658.81	0.36	0.44	
TIMOPTIC SOL 0.5% OP	5	70	195	1	274.87	1.41	0.36	
ISTALOL SOL 0.5% OP	12	60	265	4	224.26	0.85	0.23	
TIMOLOL GEL SOL 0.25% OP	134	705	2788	30	3160.88	1.13	0.25	
TIMOLOL GEL SOL 0.5% OP	1405	7543.667	30217	294	42835.97	1.42	0.25	
TIMOPTIC-XE SOL 0.5% OP	10	50	255	2	329.5	1.29	0.20	
COSOPT SOL 2-5% OP	114	1070	2163	42	8558.26	3.96	0.49	
COSOPT SOL 2-0.5% OP	3629	29604.6	90523	790	297183.6	3.28	0.33	

<b>(Opth cont. Beta Blockers)</b>							
<b>C. Steroids</b>	<b>15,651</b>	<b>98,301.48</b>	<b>190,506</b>	<b>11,730</b>	<b>\$592,277.20</b>	<b>3.11</b>	<b>0.52</b>
MAXIDEX SUS 0.1% OP	8	80	114	4	488.25	4.28	0.70
DEXAMETH PHO SOL 0.1% OP	130	825	1376	73	2872.68	2.09	0.60
DEXAMETH PHO OIN 0.05% OP	1	4	5	1	8.54	1.71	0.80
FLUOROMETHOL SUS 0.1% OP	482	3920	8848	280	7356.52	0.83	0.44
FML LIQUIFLM SUS 0.1% OP	3	45	115	3	205.41	1.79	0.39
FML FORTE SUS 0.25% OP	67	660	1216	34	2331.63	1.92	0.54
FML S.O.P. OIN 0.1% OP	88	345	936	57	3056.23	3.27	0.37
FLAREX SUS 0.1% OP	36	180	622	20	1164.56	1.87	0.29
ALREX SUS 0.2%	170	1033	2883	117	9236.39	3.20	0.36
LOTEMAX SUS 0.5%	323	2382.5	5768	210	15258.1	2.65	0.41
HMS LIQUIFLM SUS 1% OP	5	25	65	3	108.4	1.84	0.38
PRED MILD SUS 0.12% OP	107	710	1575	46	2959.85	1.88	0.45
ECONOPRED PL SUS 1% OP	5	40	90	4	73.08	0.81	0.44
PRED FORTE SUS 1% OP	49	450	1506	18	2004.2	1.33	0.30
PREDNISOLONE SUS 1% OP	2950	25957	49703	1658	40091.79	0.81	0.52
AK-PRED SOL 1% OP	1	15	10	1	30.43	3.04	1.50
PRED SOD PHO SOL 1% OP	24	225	318	15	510.6	1.61	0.71
VEXOL SUS 1% OP	166	1120	3464	57	6610.31	1.91	0.32
PRED-G SUS OP	27	160	224	23	883.39	3.94	0.71
PRED-G S.O.P OIN OP	6	28	49	4	216.78		
ZYLET SUS 0.5-0.3%	120	610	1201	105	7730.79	6.44	0.51
NEOMYCINDEX SOL 0.5-0.1%	1	5	7	1	10.68	1.53	0.71
FML-S SUS LIQUIFLM	19	105	213	12	494.74	2.32	0.49
BLEPHAMIDE SUS OP	361	2370	4059	295	19335.5	4.76	0.58
AK-CIDE SUS 10-0.5%	1	10	5	1	21.23	4.25	2.00
SULF/PRED NA SOL OP	70	625	679	59	1733.14	2.55	0.92
BLEPHAMIDE OIN S.O.P.	209	741.25	1867	144	9417.8	5.04	0.40
TOBRADEX SUS OP	3961	21315.83	42962	3334	283085.3	6.12	0.50
TOBRADEX OIN OP	974	3521.625	8014	722	68534.78	8.55	0.44
DEX/NEO/POLY SUS 0.1% OP	351	1823	3031	298	2172.94	0.72	0.60
NEO/POLY/DEX SUS 0.1% OP	1541	7970.5	16894	1289	9657.4	0.57	0.47
NEO/POLY/DEX OIN 0.1% OP	874	3198.125	7529	671	5549.44	0.74	0.42
NEO/POLY/HC SUS OP	2144	16402.28	22055	1855	106081.5	4.81	0.74
POLY-PRED SUS OP	14	90	156	12	466.62	3.00	0.58
BAC/POLY/NEO OIN/HC OP 1%	246	870.582	1883	198	1695.86	0.90	0.46
NEO/POLY/BAC OIN/HC OP 1%	117	428.791	1064	106	822.49	0.77	0.40
<b>D. Prostaglandin agonist</b>	<b>16,698</b>	<b>56,019.35</b>	<b>388,179</b>	<b>3,729</b>	<b>\$1,280,769.00</b>	<b>3.30</b>	<b>0.14</b>
LUMIGAN SOL 0.03%	4076	18652.59	94760	1044	439675.9	4.64	0.20
XALATAN SOL 0.005%	9848	2895.17	236298	1968	638153.7	2.70	0.12
TRAVATAN SOL 0.004%	2770	8651.587	57028	714	202760.3	3.56	0.15
RESCULA SOL 0.15%	4	20	93	3	179.43	1.93	0.22
<b>E. Cycloplegics</b>	<b>1,420</b>	<b>13,644.38</b>	<b>29,635</b>	<b>977</b>	<b>\$17,674.15</b>	<b>0.60</b>	<b>0.46</b>
ATROPIN-CARE SOL 1% OP	1	2	3	1	4.46	1.49	0.67
ATROPINE SUL SOL 1% OP	625	6602	13663	423	3658.5	0.27	0.48
ATROPINE SUL OIN 1% OP	64	220.375	519	48	381.23	0.73	0.42
CYCLOGYL SOL 0.5% OP	2	30	12	2	84.36	7.03	2.50
AK-PENTOLATE SOL 1% OP	29	382	405	27	259.14	0.64	0.94
CYCLOGYL SOL 1% OP	2	10	40	2	53.84	1.35	0.25
CYCLOPENTOL SOL 1% OP	287	3267	7724	213	2271.96	0.29	0.42
CYCLOPENTOL SOL 2% OP	14	81	97	11	521.8	5.38	0.84
ISO HOMATROP SOL 2% OP	12	60	242	10	290.53	1.20	0.25
HOMATROPAIRE SOL 5% OP	14	70	181	11	284.74	1.46	0.39
HOMATROPINE SOL 5% OP	24	125	572	23	376.6	0.96	0.22
ISO HOMATROP SOL 5% OP	153	1130	2238	105	4411.75	1.97	0.50
ISO HYOSCINE SOL 0.25% OP	181	1485	3450	92	4844.67	1.40	0.43
TROPICAMIDE SOL 0.5% OP	2	30	45	1	25.36	0.56	0.67
TROPICACYL SOL 1% OP	1	15	5	1	12.52	2.50	3.00
TROPICAMIDE SOL 1% OP	7	105	419	6	55.26	0.13	0.25
CYCLOMYDRIL SOL OP	2	30	20	1	157.46	7.87	1.50

<b>(Opth cont.)</b>								
<b>F. Decongestant</b>	<b>79</b>	<b>1,040</b>	<b>1,054</b>	<b>52</b>	<b>\$812.93</b>	<b>0.77</b>	<b>0.99</b>	
AK-CON SOL 0.1% OP	11	165	190	10	95.46	0.50	0.87	
NAPHAZOLINE SOL 0.1% OP	19	285	170	11	167.34	0.88	1.68	
AK-DILATE SOL 2.5% OP	4	34	150	3	35.82	0.24	0.23	
NEO-SYNEPHRI SOL 2.5% OP	4	60	140	2	128.38	0.92	0.43	
PHENYLEPHRIN SOL 2.5% OP	7	35	47	2	54.6	1.16	0.74	
NEO-SYNEPHRI SOL 10% OP	2	10	8	2	58.6	7.45	1.25	
PHENYLEPHRIN SOL 2.5% OP	32	451	349	22	271.92	0.78	1.29	
<b>G. Miotics</b>	<b>808</b>	<b>11,992</b>	<b>18,444</b>	<b>216</b>	<b>\$13,185.01</b>	<b>0.72</b>	<b>0.65</b>	
ISO CARBACHO SOL 3% OP	11	165	400	3	454.2	1.14	0.41	
OP	34	510	799	8	305.03	0.38	0.64	
ISOPTO CARP SOL 1% OP	1	15	30	1	25.93	0.86	0.50	
PILOCARPINE SOL 1% OP	123	1845	2570	38	1113.37	0.43	0.72	
ISOPTO CARP SOL 2% OP	4	60	105	2	102.97	0.88	0.57	
PILOCAR SOL 2% OP	2	30	40	2	28.38	0.71	0.75	
PILOCARPINE SOL 2% OP	193	3015	4130	53	2176.86	0.53	0.73	
PILOCARPINE SOL 3% OP	1	15	3	1	12.55	4.18	5.00	
PILOCARPINE SOL 4% OP	359	5835	8088	71	4087.83	0.51	0.72	
PILOCARPINE SOL 6% OP	7	110	452	4	83.43	0.18	0.24	
PILOPINE HS GEL 4% OP	23	92	327	11	847.8	2.59	0.28	
PHOSPHOLINE SOL 0.125% OP	50	300	1490	22	3936.86	2.64	0.20	
<b>H. Adrenergic Mydriatics</b>	<b>6,367</b>	<b>62,262</b>	<b>142,141</b>	<b>1,642</b>	<b>\$463,446.00</b>	<b>3.26</b>	<b>0.44</b>	
DIPIVEFRIN SOL 0.1% OP	124	1090	2447	25	927.38	0.38	0.45	
IOPIDINE SOL 0.5% OP	28	240	519	7	3327.56	6.41	0.46	
ALPHAGAN P SOL 0.1%	26	255	550	15	2222.04	4.04	0.46	
ALPHAGAN P SOL 0.15%	4878	49336	115517	1244	407898.1	3.53	0.43	
BRIMONIDINE SOL 0.2% OP	1311	11341	23108	351	49070.83	2.12	0.49	
<b>I. Anesthetics</b>	<b>185</b>	<b>954.6</b>	<b>1,026</b>	<b>144</b>	<b>\$1,036.80</b>	<b>1.01</b>	<b>0.93</b>	
PROPARGICAIN SOL 0.5% OP	11	165	62	4	128.47	2.07	2.66	
TETCAINE HCL SOL 0.5% OP	133	74.4	480	107	574.7	1.20	0.16	
TETRACAINE SOL 0.5% OP	41	715.2	484	33	333.63	0.69	1.48	
<b>J. Allergy</b>	<b>8,700</b>	<b>45,894</b>	<b>177,382</b>	<b>5,475</b>	<b>\$656,123.60</b>	<b>3.70</b>	<b>0.26</b>	
OPTIVAR DRO 0.05%	453	2748	8789	305	35938.7	4.09	0.31	
CROLOM SOL 4% OP	4	31	74	4	36.65	0.50	0.42	
CROMOLYN SOD SOL 4% OP	106	1080	1882	74	1261.05	0.67	0.57	
EMADINE SOL 0.05% OP	3	15	37	2	188.67	5.10	0.41	
ELESTAT DRO 0.05%	779	4130	15760	526	601.65.17	3.82	0.28	
ZADITOR SOL 0.02% OP	516	2627	9291	334	33566.3	3.61	0.28	
LIVOSTIN SUS 0.05% OP	10	75	245	8	625.4	2.55	0.31	
ALOMIDE SOL 0.1% OP	15	150	295	11	1140.53	3.87	0.51	
ALOCRIL SOL 2%	104	525	1809	44	7529.96	4.16	0.29	
PATANOL SOL 0.1% OP	6665	34063	138340	4144	512650.5	3.71	0.25	
ALAMAST DRO 0.1%	45	450	860	21	3020.69	3.51	0.52	
<b>K Glaucoma</b>	<b>890</b>	<b>8,050</b>	<b>22,102</b>	<b>348</b>	<b>\$48,072.64</b>	<b>2.18</b>	<b>0.36</b>	
AZOFT SUS 1% OP	364	3240	9585	148	21762.8	2.27	0.34	
TRUSOPT SOL	452	4140	10679	162	23101.67	2.16	0.39	
TRUSOPT SOL 2% OP	74	670	1838	38	3208.17	1.75	0.36	
<b>L. NSAID</b>	<b>908</b>	<b>5,418.67</b>	<b>13,764</b>	<b>628</b>	<b>\$70,587.84</b>	<b>5.13</b>	<b>0.39</b>	
XIBROM SOL 0.09%	31	150	527	22	2810.3	5.33	0.28	
VOLTAREN SOL 0.1% OP	134	692.5	2240	90	8617.1	3.85	0.31	
FLURBIPROFEN SOL 0.03% OP	1	4.166	10	1	16.95	1.70	0.42	
ACULAR LS SOL 0.4%	216	1100	3276	154	14535.78	4.44	0.34	
ACULAR SOL 0.5% OP	388	2345	6057	270	30910.96	5.10	0.39	
ACULAR PF SOL 0.5% OP	18	677	402	8	2963.75	7.37	1.68	
NEVANAC SUS 0.1%	120	450	1252	83	10733	8.57	0.36	
<b>M. Misc.</b>	<b>1,927</b>	<b>65,954.7</b>	<b>67,881.7</b>	<b>553</b>	<b>\$366,069.1</b>	<b>2.74</b>	<b>0.97</b>	
Artificial tears	4	281.5	41	4	153.04	3.73	6.87	
Restasis	1,830	65,673.2	36,057	549	185,715.50	5.15	1.82	
BOTOX INJ 100UNIT	93	380	548	58	18000.6	328.83	0.69	
<b>Total</b>	<b>134,546</b>	<b>917,601.45</b>	<b>1,299,081</b>		<b>\$5,590,270.96</b>			

II. Otic Preparations					8% of FY 06 Topical Expenditures			
Drug	Claims	Units	Days	Members	Total Paid	Per Diem	Units / day	Limits/ Criteria
<b>A. Anti-Infectives</b>	<b>16,615</b>	<b>131,422.50</b>	<b>162,633</b>	<b>13,262</b>	<b>\$1,036,366.00</b>	<b>6.32</b>	<b>0.80</b>	
FLOXIN OTIC SOL 0.3%	15157	102980.5	141822	12011	961902.5	6.78	0.73	
FLOXIN OTIC SOL SINGLE	1458	28442	20811	1251	74483.34	3.58	1.37	
<b>B. Analgesics</b>	<b>72</b>	<b>1,080</b>	<b>851</b>	<b>65</b>	<b>\$1,097.00</b>	<b>1.29</b>	<b>1.27</b>	
AMERICAINE SOL 20% OTI	1	15	7	1	22.23	3.18	2.14	
OMEDIA OTIC SOL 20%	1	15	7	1	13.65	1.95	2.14	
OTICAINE SOL 20% OTIC	69	1035	822	62	1032.45	1.26	1.26	
OTOCAIN SOL 20% OTIC	1	15	15	1	28.67	1.91	1.00	
<b>C. Steroids</b>	<b>762</b>	<b>8,254.72</b>	<b>8,005</b>	<b>627</b>	<b>\$17,271.32</b>	<b>2.16</b>	<b>1.03</b>	
DERMOTIC OIL 0.01%	2	40	20	1	63.3	3.17	2.00	
ACETASOL HC SOL OTIC	651	6940	7023	544	14681.09	2.09	0.99	
ACETIC ACID SOL /HC OTI	109	1274.72	962	82	2511.93	2.61	1.33	
<b>D. Misc.</b>	<b>525</b>	<b>17,887</b>	<b>6,168</b>	<b>444</b>	<b>\$16,677.40</b>	<b>2.70</b>	<b>2.90</b>	
ACETASOL SOL 2% OTIC	3	60	30	3	44.62	1.49	2.00	
ACETIC ACID SOL 2% OTIC	230	3645	2828	188	8662.54	3.05	1.29	
ACETIC ACID 2% OTIC	1	10	30	1	5.15	0.17	0.33	
ACE ACID/ALUM SOL 2% OT	96	5755	1240	76	974.28	0.79	4.64	
BOROFAIR SOL 2% OTIC	2	120	60	2	25.99	0.43	2.00	
DOMEBORO SOL 2% OTIC	1	60	15	1	20.39	1.36	4.00	
CERUMENEX SOL OTIC	77	737	702	69	2972.57	4.23	1.05	
CORTONE	115	7,500	1,263	104	3,971.86	3.14	5.94	
<b>E. Combinations</b>	<b>43,324</b>	<b>431,801.80</b>	<b>422,203</b>	<b>37,141</b>	<b>\$1,243,361.10</b>	<b>3.70</b>	<b>1.08</b>	
CIPRO HC SUS OTIC	1856	18613	20299	1698	161842.73	7.97	0.92	
ANTIBIOT EAR SUS 1% OTI	24	240	174	24	390.32	2.24	1.38	
CORTOMYCIN SUS 1% OT	100	1000	797	76	1691.6	2.12	1.25	
NEO/POLY/HC SUS 1% OTI	7504	75625.88	73102	6913	127454.13	1.74	1.03	
PEDIOTIC SUS 1% OTIC	14	162.25	137	12	1179.12	8.61	1.18	
ANTIBIOT EAR SOL 1% OT	14	140	115	14	261.26	2.27	1.22	
CORTOMYCIN SOL 1% OT	7	70	54	7	118.96	2.20	1.30	
NEO/POLY/HC SOL 1% OT	2332	23393	23981	2218	42300.99	1.76	0.98	
COLY-MYCIN-S SUS OTIC	26	140	274	20	1020.5	3.72	0.51	
CORTISPORIN SUS -TC OT	198	1980	1834	169	12926.95	7.05	1.08	
A/B OTIC SOL	5899	87525.39	51873	5513	33133.99	0.64	1.69	
ALLERGEN SOL OTIC	520	7694.79	5030	470	2888.49	0.57	1.53	
ANTIPI/BENZO SOL OTIC	3861	41735.65	44391	3523	20251.21	0.46	0.94	
AURODEX SOL OTIC	533	8002.9	5867	442	3011.69	0.51	1.36	
AUROGUARD SOL	202	3213.91	1676	186	1162.65	0.69	1.62	
AURO TO SOL OTIC	115	1845.81	1777	108	648.79	0.37	1.04	
EAR DROPS RX SOL OTIC	88	1243.2	819	84	479.46	0.59	1.52	
PRAMOTIC DRO 1-0.1%	147	1470	1519	131	3052.49	2.01	0.97	
UNI-OTIC LIQ 1-0.1%	12	120	158	12	214.96	1.36	0.76	
AERO OTIC HC SOL	47	490	483	45	796.48	1.65	1.01	
CORTANE-B DRO OTIC	480	4860	5352	459	9778.59	1.83	0.91	
CYOTIC DRO	79	790	715	76	1574.23	2.20	1.10	
OTIRX DRO	127	1270	1026	124	2088.38	2.04	1.24	
TRI-OTIC SOL	1	10	8	1	10.39	1.30	1.25	
ZOLENE HC DRO	240	2397	2152	226	4758.79	2.21	1.11	
ZOTO-HC SOL OTIC	43	430	494	41	1230.46	2.49	0.87	
CORTANE-B DRO AQ OTIC	173	1740	1979	167	3817.02	1.93	0.88	
ZOTANE HC DRO AQ	160	1640	1579	152	2951.29	1.97	1.04	
EAR-GESIC DRO OTIC	327	4899	4043	298	4848.14	1.20	1.21	
TYMPAGESIC SOL OTIC	361	2370	4059	6	147.02	0.04	0.58	
CIPRODEX SUS 0.3-0.1%	8917	68345	83218	6963	794329.9	9.55	0.82	
<b>Total</b>	<b>61,298</b>	<b>590,446</b>	<b>599,860</b>		<b>\$2,311,772.82</b>			

**III. Mouth and Throat Preparations 9% of FY 06 Topical Expenditures**

Drug	Claims	Units	Days	Members	Total Paid	Per Diem	Units / day	Limits/ Criteria
<b>A. Opioid Analgesic</b>	<b>796</b>	<b>54,982</b>	<b>18,881</b>	<b>243</b>	<b>\$962,010.23</b>	<b>50.95</b>	<b>2.91</b>	
Actiq 200mcg Loz	107	3405	1248	53	\$30,689.94	24.56	2.73	QL
Actiq 400mcg Loz	172	8029	3621	61	\$107,046.51	29.56	2.22	QL
Actiq 600mcg Loz	115	10067	3202	28	\$152,702.43	47.69	3.14	QL
Actiq 800mcg Loz	176	15815	4845	36	\$309,011.87	63.78	3.26	QL
Actiq 1200mcg Loz	78	7396	2082	18	\$179,916.68	86.42	3.54	QL
Actiq 1600mcg Loz	63	5574	1638	11	\$167,476.60	102.24	3.40	QL
Subutex 2mg SL	1	60	60	1	\$178.70	2.98	1.00	
Subutex 8mg SL	4	106	79	1	\$622.69	7.88	1.34	
Suboxone 2- 5mg SL	50	3450	1350	24	\$9,163.16	6.79	2.56	
Suboxone 8-2mg SL	30	1110	756	10	\$5,201.65	6.88	1.47	
<b>B. Benzodiazepine</b>	<b>400</b>	<b>28,025</b>	<b>11,256</b>	<b>187</b>	<b>\$33,945.92</b>	<b>3.02</b>	<b>2.49</b>	
Clonazepam ODT 0.125mg	41	2372	1130	18	\$2,763.44	2.45	2.10	
Klonopin Waf 0.125mg	18	1260	540	6	\$1,714.74	3.18	2.33	
Clonazepam ODT 0.25mg	125	7419	3355	63	\$8,524.38	2.54	2.21	
Klonopin Waf 0.25mg	84	5075	2255	32	\$6,707.07	2.97	2.25	
Clonazepam ODT 0.5mg	37	3042	1268	32	\$3,223.99	2.54	2.40	
Klonopin Waf 0.5mg	32	1996	961	11	\$2,703.17	3.14	2.32	
Clonazepam ODT 1mg	23	1761	647	15	\$2,281.78	3.53	2.72	
Klonopin Waf 1mg	33	2850	990	6	\$4,436.39	4.48	2.88	
Clonazepam ODT 2mg	6	450	160	3	\$835.96	4.64	2.50	
Klonopin Waf 2mg	1	1800	30	1	\$755.00	25.17	60.00	
<b>C. Anti-Infectives</b>	<b>22,828</b>	<b>2,509,818</b>	<b>259,271</b>	<b>17,668</b>	<b>\$579,840.00</b>	<b>2.24</b>	<b>9.68</b>	
AMPHOTERICIN POW B	3	15	60	1	324	5.40	0.25	
NYSTATIN SUS 100000	22230	2476246	251562	17235	541129.31	2.15	9.84	
NYSTATIN SUS 100000U	32	3119	322	30	756.84	2.35	9.69	
NYSTEX SUS 100000	2	120	21	2	22.7	1.08	5.71	
MYCOSTATIN LOZ 200000	15	810	220	3	782.29	3.56	3.68	
CLOTRIMAZOLE LOZ 10MG	10	418	83	9	496.42	6.01	5.04	
CLOTRIMAZOLE TRO 10MG	503	27547	6644	358	33840.5	5.09	4.15	
MYCELEX TRO 10MG	31	1351	319	29	2305.03	7.23	4.24	
Mycostatin Loz 200000	2	192	40	1	\$181.14	4.53	4.80	
<b>D. Anticholinergic</b>	<b>3,739</b>	<b>184,150</b>	<b>45,115</b>	<b>2544</b>	<b>\$22,399.33</b>	<b>0.50</b>	<b>4.08</b>	
Hyoscyamine SL 0.125mg	3697	182663	44736	2514	\$22,107.62	0.49	4.08	
Symax SL 0.125mg	39	1397	334	29	\$204.71	0.61	4.18	
iB Stat Spr 0.125/ml	3	90	45	1	\$87.00	1.93	2.00	
<b>E. Antiseptics</b>	<b>4,487</b>	<b>2,771,841</b>	<b>80,440</b>	<b>2,553</b>	<b>\$39,218.34</b>	<b>0.49</b>	<b>34.46</b>	
CHLORHEX GLU SOL 0.12%	4087	2559947	72506	2292	35972.97	0.50	35.31	
PERIOGARD SOL 0.12%	400	211894	7934	261	3245.37	0.41	26.71	
<b>F. Smoking Cessation</b>	<b>1,399</b>	<b>279,463</b>	<b>29,728</b>	<b>886</b>	<b>\$160,708.63</b>	<b>5.41</b>	<b>9.40</b>	
Commit 2mg Loz	21	3528	368	12	\$1,745.90	4.77	9.64	PA
Commit 4mg Loz	193	30360	3767	102	\$15,052.32	4.00	8.06	PA
Nicotrol Inh	934	207157	20871	618	\$128,958.74	6.18	9.93	PA
Nicorette 2mg Gum	42	5096	761	26	\$2,050.24	2.69	6.70	PA
Nicotine 2mg Gum	26	4122	407	19	\$1,219.25	3.00	10.13	PA
Nicorette 4mg Gum	107	16822	1957	64	\$7,282.74	3.71	8.60	PA
Nicotine 4mg Gum	76	12378	1599	45	\$4,419.34	2.76	7.74	PA
<b>G. Cholinesterase Inhib</b>	<b>4</b>	<b>169</b>	<b>165</b>	<b>4</b>	<b>\$829.34</b>	<b>5.03</b>	<b>1.02</b>	
Aricept ODT 5mg	1	34	30	1	\$176.03	5.87	1.13	
Aricept ODT 10mg	3	135	135	3	\$653.31	4.84	1.00	
<b>H. Antidepressant</b>	<b>1,432</b>	<b>43,898</b>	<b>44,606</b>	<b>432</b>	<b>\$88,757.66</b>	<b>1.99</b>	<b>0.98</b>	
Mirtazapine 15mg ODT	1427	43748	44501	430	\$86,509.96	1.99	0.98	QL
Remeron Softab 15mg	2	60	60	1	\$160.70	2.68	1.00	QL
<b>I. Steroids</b>	<b>984</b>	<b>5,296.5</b>	<b>8,315</b>	<b>732</b>	<b>\$16,443.00</b>	<b>1.98</b>	<b>0.64</b>	
KENALOG/ORAB PST 0.1%	1	5	7	1	19.73	2.82	0.71	
TRIA ORADENT PST 0.1%	2	11	20	2	25.28	1.26	0.55	
TRIAM DENTAL PST 0.1%	3	15	17	3	34.91	2.05	0.88	
TRIAMCINORAB PST 0.1%	978	5265.5	8271	726	16363.08	1.98	0.64	
<b>J. Allergy (aphasol)</b>	<b>30</b>	<b>150</b>	<b>191</b>	<b>25</b>	<b>\$659.60</b>	<b>3.45</b>	<b>0.79</b>	
<b>K. Anesthetic</b>	<b>3,202</b>	<b>530,307.2</b>	<b>28,907</b>	<b>2,693</b>	<b>\$26,040.63</b>	<b>0.90</b>	<b>18.35</b>	
LIDOCAINE SOL 2% VISC	3201	530247.2	28892	2692	26036.48	0.90	18.35	
XYLOCAINE SOL 2% VISC	1	60	15	1	4.15	0.28	4.05	

<b>(Mouth and Throat cont.)</b>								
<b>L. Dental</b>	<b>2,138</b>	<b>196,890.8</b>	<b>44,429</b>	<b>1,448</b>	<b>\$26,667.28</b>	<b>0.60</b>	<b>4.43</b>	
PHOS FLUR SOL 0.044%	1	473	30	1	13.33	0.44	15.77	
PHOS FLUR 0.044%	1	500	15	1	10.73	0.72	33.33	
PREVIDENT SOL RINSE	16	7156	263	7	185.8	0.71	27.21	
DENTA 5000 CRE PLUS	6	315	80	4	68.31	0.85	3.94	
DENTA 5000 CRE PLUS 2PK	20	1989	525	16	342.86	0.65	3.79	
ETHEDENT CRE DENTAL	223	13573	5052	166	2547.15	0.50	2.69	
PREVIDENT CRE 5000 PLS	496	80408	10274	299	6673.72	0.65	7.83	
PREVIDENT 5000 PLS	1	56	30	1	12.07	0.40	1.87	
SF 5000 PLUS CRE 1.1%	267	15656	5669	178	3326.29	0.59	2.76	
DENTAGEL GEL 1.1%	3	176	70	3	35.21	0.50	2.51	
ETHEDENT GEL 1.1%	176	9684	3576	133	1996.09	0.56	2.76	
PHOS-FLUR GEL 1.1%	11	2698	261	10	224.63	0.86	10.34	
PREVIDENT GEL 1.1% BER	197	11648	4132	129	2484.75	0.60	2.82	
PREVIDENT GEL 1.1% CHR	123	7549	2756	80	1608.44	0.58	2.74	
PREVIDENT GEL 1.1% MIN	189	9654.286	3641	119	2084.19	0.57	2.65	
SF GEL 1.1%	313	17659	5314	227	3502.25	0.66	3.32	
PREVIDENT GEL 5000 BST	3	318	65	3	37.2	0.57	4.89	
PREVIDENT PST 5000 BST	78	8373	1920	55	981.6	0.51	4.36	
PERIO MED CON 0.63%	1	283.5	30	1	13.05	0.44	9.45	
GEL-KAM CON 0.63%	20	4843.985	471	16	307.63	0.65	10.28	
STAN FLUORID CON 0.63%	13	3679	255	9	210.28	0.82	14.43	
<b>M. Nitrates</b>	<b>6,387</b>	<b>314,475</b>	<b>109,774</b>	<b>4,777</b>	<b>\$83,893.20</b>	<b>0.76</b>	<b>2.86</b>	
Isosorb Din SL 5mg	23	2170	600	7	\$196.21	0.33	3.62	
Isosorb Din SL 5mg	11	878	215	6	\$97.87	0.46	4.08	
Isordil SL 10mg	3	180	90	3	\$72.73	0.81	2.00	
Nitroglycer SL 0.3mg	2	200	55	2	\$14.56	0.26	3.64	
Nitroquick SL 0.3mg	70	6536	1651	56	\$524.10	0.32	3.96	
Nitrostat SL 0.3mg	9	900	288	9	\$98.28	0.24	3.13	
Nitroglycer SL 0.4mg	216	10205	3349	164	\$1,238.47	0.37	3.05	
Nitroquick SL 0.4mg	4424	236582	70935	3318	\$25,471.17	0.36	3.34	
Nitrostat SL 0.4mg	867	49327	17514	669	\$5,101.68	0.29	2.82	
Nitroquick SL 0.6mg	5	500	110	3	\$35.05	0.32	4.55	
Nitrostat SL 0.6mg	8	800	155	3	\$74.77	0.48	5.16	
Nitrolingual Spr	749	9197	14812	537	\$50,998.31	3.44	0.62	
<b>N. Misc. (dry mouth)</b>	<b>321</b>	<b>31,226</b>	<b>9,578</b>	<b>100</b>	<b>\$41,306.42</b>	<b>4.31</b>	<b>3.26</b>	
EVOXAC CAP 30MG	172	15607	5320	51	25108.2	4.72	2.93	
PILOCARPINE TAB 5MG	143	14887	4058	47	14830.68	3.65	3.67	
SALAGEN TAB 5MG	2	204	68	1	327.44	4.82	3.00	
SALAGEN TAB 7 5MG	4	528	132	1	1040.1	7.88	4.00	
<b>O. Antimigraine</b>	<b>424</b>	<b>2,977</b>	<b>4,584</b>	<b>171</b>	<b>\$57,452.08</b>	<b>12.53</b>	<b>0.65</b>	
Zomig Spr 5mg	151	906	1663	64	\$22,295.08	13.41	0.54	
Zomig ZMT 2.5mg	183	1569	2001	70	\$25,848.16	12.62	0.78	
Zomig ZMT 5mg	90	502	920	37	\$9,308.84	10.12	0.56	
<b>P. Antiemetic</b>	<b>988</b>	<b>11,271</b>	<b>26,128</b>	<b>575</b>	<b>\$382,691.74</b>	<b>14.65</b>	<b>0.43</b>	
Zofran ODT 8mg	988	11271	26128	575	\$382,691.74	14.65	0.43	QL
<b>Total</b>	<b>49,559</b>	<b>6,964,940.00</b>	<b>721,368</b>		<b>\$2,522,776.34</b>			

<b>IV. Anorectal Preparations</b>									<b>&lt;1% of FY 06 Topical Expenditures</b>	
<b>Drug</b>	<b>Claims</b>	<b>Units</b>	<b>Days</b>	<b>Members</b>	<b>Total Paid</b>	<b>Per Diem</b>	<b>Units / day</b>	<b>*Limits/ Criteria</b>		
<b>A. Steroids</b>	<b>2,041</b>	<b>65,544.26</b>	<b>20,480</b>	<b>1,402</b>	<b>\$27,381.59</b>	<b>1.34</b>	<b>3.20</b>			
ANUSOL-HC CRE 2.5%	23	744	252	21	231.96	0.92	2.95			
PROCTO-KIT CRE 2.5%	48	1367.378	622	39	1556.57	2.50	2.20			
PROCTOCREAM CRE HC 2.5%	1	30	7	1	36.62	5.23	4.29			
PROCTOSOL HC CRE 2.5%	1448	49444.59	14491	992	15495.31	1.07	3.41			
PROCTOZONE CRE -HC 2.5%	228	7894.293	2261	160	2496.32	1.10	3.49			
ANUSOL-HC SUP 25MG	15	324	139	12	149.2	1.07	2.33			
HEMORRHOIDAL SUP -HC 25MG	201	3920	1705	137	1589.47	0.93	2.30			
PROCTOSOL SUP 25MG	5	158	71	4	59.4	0.84	2.23			
ENCORT SUP 30MG	13	500	231	7	1667.66	7.22	2.16			
HYDROCORT AC SUP 30MG	5	87	47	4	309.64	6.59	1.85			

<b>(Anorectal cont. steroids)</b>								
PROCTOCORT SUP 30MG	3	60	27	3	245.45	9.09	2.22	
PROCTOSERT H SUP 30 MG	51	1015	627	22	3543.99	5.65	1.62	
<b>B. Intrarectal Steroids</b>	<b>107</b>	<b>41,125</b>	<b>1,730</b>	<b>50</b>	<b>\$13,155.46</b>	<b>7.60</b>	<b>23.77</b>	
COLOCORT ENE 100MG	15	19920	206	6	2268.38	11.01	96.70	
HYDROCORT ENE 100MG	20	19750	421	8	2329.91	5.53	46.91	
CORTIFOAM AER 90MG	72	1455	1103	36	8557.17	7.76	1.32	
<b>C. Combinations</b>	<b>1224</b>	<b>25819</b>	<b>12901</b>	<b>820</b>	<b>\$68,603.14</b>	<b>5.32</b>	<b>2.00</b>	
ANAMANTLE HC CRE	23	2289	245	7	2412.49	9.85	9.34	
LIDAZONE CRE	35	3303	339	16	2262.8	6.67	9.74	
LIDOCAINE/HC CRE 3%-0.5%	10	889	195	6	621.8	3.19	4.56	
ANAMANTLE HC KIT	5	100	45	3	716.35	15.92	2.22	
LIDOCAINE/HC KIT 3%-0.5%	5	178	130	5	1094.75	8.42	1.37	
ANAMANTLE HC KIT FORTE	11	220	144	6	1736.96	12.08	1.53	
ANALPRAM-HC CRE 1%	104	3387	1152	81	4770.62	4.14	2.94	
ANALPRAM-HC CRE LIPOCRM	208	6333	2324	161	9947.93	4.28	2.73	
PROCTOFOAM AER -HC 1%	822	9060	8312	534	44979.22	5.41	1.09	
ANALPRAM-HC LOT 2.5%	1	60	15	1	60.23	4.02	4.00	
<b>D. Opioid Analgesic</b>	<b>18</b>	<b>241</b>	<b>102</b>	<b>13</b>	<b>\$541.93</b>	<b>5.31</b>	<b>2.36</b>	
B & O Sup	2	36	18	1	\$116.22	6.46	2.00	
Belladonna & Opium Sup	4	39	18	2	\$128.16	7.12	2.17	
Bella/Opium Sup	6	72	44	4	\$149.85	3.41	1.64	
RMS 5mg Sup	1	12	3	1	\$16.78	5.59	4.00	
Morphine Sulf 10mg Sup	3	42	16	3	\$62.89	3.93	2.63	
Morphine Sulf 20mg Sup	1	30	1	1	\$48.81	48.81	30.00	
RMS 20mg Sup	1	10	2	1	\$19.23	9.62	5.00	
<b>E. Antidote</b>	<b>100</b>	<b>46472</b>	<b>1730</b>	<b>58</b>	<b>\$12,169.63</b>	<b>7.03</b>	<b>26.86</b>	
Kayexalate Pow	31	12471	573	23	\$5871.10	10.25	21.76	
Sodium Polystyrene Sulf	69	34001	1157	35	\$6298.53	5.44	29.39	
<b>Total</b>	<b>3,490</b>	<b>179,201.26</b>	<b>36,943</b>		<b>\$121,851.75</b>			

<b>V. Dermatologic Preparations</b>									<b>26% of FY 06 Topical Expenditures</b>		
<b>Drug</b>	<b>Claims</b>	<b>Units</b>	<b>Days</b>	<b>Members</b>	<b>Total Paid</b>	<b>Per Diem</b>	<b>Units / day</b>	<b>Limits/ Criteria</b>			
<b>A. Acne</b>	<b>8,305</b>	<b>418,123.58</b>	<b>176,957</b>	<b>4,508</b>	<b>\$680,665.60</b>	<b>4.18</b>	<b>2.32</b>				
AZELEX CRE 20%	256	9050	3752	94	18171.47	4.84	2.41				
BENZASHAVE 5 CRE 5%	2	228.4	50	1	75.58	1.51	4.53				
TRIAZ GEL 0%	1	42.5	8	1	45.75	5.72	5.31				
TRIAZ CLEANS LOT 0%	1	170	30	1	42.54	1.42	5.67				
TRIAZ PAD 6%	6	180	180	1	468.43	2.60	1.00	AG			
TRIAZ PAD 9%	1	30	15	1	71.7	4.78	2.00	AG			
NUOX GEL 6-3%	2	86	40	1	67.52	1.69	2.15				
METROGEL GEL 0.75%	10	409.352	85	4	494.86	5.82	4.82	AG			
METRONIDAZOL POW BENZOATE	4	438.4	100	3	268.72	2.69	4.38				
TRETINOIN CRE 0.025%	5	225	120	3	357.2	2.98	1.88	AG			
TRETINOIN CRE 0.05%	5	225	146	4	435.1	2.98	1.54				
EVOCLIN AER 1%	87	6701	1856	53	10276.46	5.54	3.61	AG			
CLINDAGEL GEL 1%	70	4556	1462	50	6704.42	4.59	3.12	AG			
STACIN SOL 1.5%	1	60	30	1	29.1	0.97	2.00				
ERYDERM SOL 2%	49	2908	1428	28	328.31	0.23	2.04	AG			
ERYTHROMYCIN SOL 2%	920	57149	21980	627	6556.58	0.30	2.60	AG			
A/T/S GEL 2%	1	30	10	1	12.32	1.23	3.00				
ERYTHROMYCIN GEL 2%	454	20285	8287	277	9305.75	1.12	2.45	AG			
AKNE-MYCIN OIN 2%	15	375	287	9	932.28	3.25	1.31	AG			
KLARON LOT 10%	78	9110	1611	48	8109.13	5.03	5.65	AG			
BENZAMYCIN GEL PAK	70	4260	2059	44	5714.09	2.78	2.07	AG			
ERYTHROMYCIN GEL /BENZOYL	1111	46101.9	25595	591	84434.27	3.30	1.80	AG			
BENZACLIN GEL 1-5%	3603	142712	77043	1787	364544.57	4.73	1.85	AG			
DUAC GEL 1-5%	1054	48530	21728	557	129075.71	5.94	2.23	AG			
CLENIA EMU FOAMING	30	6313.066	715	15	1727.39	2.42	8.83	AG			
PLEXION EMU 10-5%	9	1702.4	197	8	601.31	3.05	8.64	AG			
PLEXION CLNS EMU 10-5%	22	4480.085	510	11	1644.64	3.22	8.78	AG			
PRASCION EMU	48	10908.69	1011	18	2575.8	2.55	10.79	AG			

<b>(Dermatologic cont. Acne)</b>									
ROSADERM EMU CLEANSER	8	1870	180	5	525.57	2.92	10.39	AG	
ROSANIL EMU CLEANSER	17	3264	292	12	1205.14	4.13	11.18	AG	
ROSULA EMU CLEANSER	4	908	78	3	142.76	1.83	11.64	AG	
PLEXION TS SUS 10-5%	6	180	70	4	459.48	6.66	2.57	AG	
AVAR-E EMOLL CRE 10-5%	3	132	24	2	177.36	7.39	5.50	AG	
CLENIA CRE 10-5%	6	252	105	4	463.66	4.42	2.40		
PLEXION SCT CRE 10-5%	3	340.2	45	2	207.38	4.61	7.56	AG	
SUPHERA CRE 10-5%	13	1475.6	236	10	689.35	2.92	6.25	AG	
AVAR GEL 10-5%	1	45	10	1	60.37	6.04	4.50		
SOD SUL/SULF LOT 10%-5%	69	1842	1101	37	2957.97	2.69	1.67	AG	
PLEXION CLTH MIS 10-5%	15	660	363	7	1991.23	5.49	1.82		
ROSULA EMU CLEANSER	42	14910	930	18	3902.68	4.20	16.03	AG	
SULFATOL EMU CLEANSER	17	6035	435	11	1149.91	2.64	13.87	AG	
ROSULA GEL 10-5%	13	630	197	8	1218.4	6.18	3.20	AG	
SULFATOL GEL 10-5%	4	180	61	3	259.24	4.25	2.95	AG	
ROSAC CRE 10-5%	15	675	167	10	1017.93	6.10	4.04	AG	
METRONIDAZOL CRE 0.75%	39	1890	617	34	2317.36	3.76	3.06	AG	
NORITATE CRE 1%	3	150	42	3	236.92	5.64	3.57	AG	
METROGEL GEL 0.75%	101	4770	1436	85	7878.51	5.35	3.32	AG	
METROLOTION LOT 0.75%	11	651	233	10	933.38	4.01	2.79	AG	
<b>B. Anti-Infectives</b>	<b>26,002</b>	<b>644,653</b>	<b>268,607</b>	<b>20,481</b>	<b>\$955,999.40</b>	<b>3.56</b>	<b>2.40</b>		
BACITRACIN OIN 500/GM	2	120	10	2	118.63	11.86	12.00		
GENTAMICIN CRE 0.1%	134	3450	1222	77	815.8	0.67	2.82		
GENTAMICIN OIN 0.1%	244	6698	2068	162	1803.07	0.87	3.24		
BACTROBAN OIN 2%	1	22	7	1	54.51	7.79	3.14		
CENTANY OIN 2%	726	16825	7791	640	19007.82	2.44	2.16		
MUPIROGIN OIN 2%	15405	375432.5	156061	11880	417117.45	2.67	2.41		
BACTROBAN CRE 2%	9338	239198.5	100187	7623	509417.91	5.08	2.39		
BACITPOLYMY OIN	6	225	45	1	244.05	5.42	5.00		
POLYSPORIN OIN	1	29.989	15	1	29.75	1.98	2.00		
TRIPLE ANTIB OIN	8	1000	49	4	59.68	1.22	20.41		
CORTISPORIN CRE	1	7.5	5	1	34.68	6.94	1.50		
CORTISPORIN CRE 0.5%	79	737	627	40	4023.65	6.42	1.18		
CORTISPORIN OIN 1%	57	907.5	520	49	3272.35	6.29	1.75		
<b>C. Anti-fungals</b>	<b>47,297</b>	<b>1,901,610</b>	<b>524,837</b>	<b>34,280</b>	<b>\$961,359.80</b>	<b>1.82</b>	<b>3.62</b>		
MENTAX CRE 1%	554	15467	6426	405	38225.46	5.95	2.41		
PENLAC SOL 8%	446	3184.91	9265	287	62122.1	6.71	0.34		
LOPROX GEL TOPICAL	109	4310	1556	76	8761.43	5.63	2.77		
LOPROX SHA 1%	174	22680	2994	97	13257.75	4.43	7.58		
CICLOPIROX SUS 0.77%	404	21750	6144	266	28709.01	4.67	3.54		
CICLOPIROX CRE 0.77%	1070	47210.76	13872	794	66930.19	4.82	3.40		
LOPROX CRE 0.77%	3	120	22	3	54.5	2.48	5.45		
LOPROX LOT 0.77%	1	120	14	1	101.36	7.24	8.57		
NAFTIN CRE 1%	81	3195	1103	65	4334.6	3.93	2.90		
NAFTIN-MP CRE 1%	1	60	15	1	73	4.87	4.00		
NAFTIN GEL 1%	42	1920	671	27	2670.53	3.98	2.86		
NYAMYC POW 100000	34	15640	283	25	20062.54	71.00	55.27		
NYSTATIN POW 100000	1015	48599.35	8136	641	66927.58	8.23	5.97		
NYSTOP POW 100000	1846	42782	18339	1109	67413.44	3.68	2.33		
PEDI-DRI POW 100000	65	3614.352	603	43	5214.35	8.65	5.99		
NYSTAT-RX POW 150MU	2	86.4	25	2	107.04	4.28	3.46		
NYSTAT-RX POW 500MU	1	86	15	1	120.56	8.04	5.73		
NYSTAT-RX POW 50MU	5	114	66	4	267.43	3.93	1.68		
NYSTATIN POW 1BU	1	45	10	1	70	7.00	4.50		
NYSTATIN POW 500MU	1	18.933	10	1	33	3.30	1.89		
NYSTATIN POW 50MU	2	45.17	8	2	58.21	7.28	5.65		
NYSTATIN CRE 100000	10386	334510	98698	7762	66523.51	0.67	3.39		
NYSTATIN OIN 100000	2740	98570	28529	2136	19520.6	0.68	3.46		
ANTIFUNGAL CRE 1%	1	240	5	1	8.68	1.74	48.00		
LAMISIL SPR 1%	18	570	214	13	1543.57	7.21	2.66		
CLOTRIMAZOLE SOL 1%	52	1505	518	38	714.27	1.38	2.91		
LOTTRIMIN AF SOL 1%	1	18	5	1	92.04	18.41	3.60		
CLOTRIMAZOLE POW USP	7	280	62	7	100.37	1.62	4.19		
CLOTRIMAZOLE CRE 1%	3895	137226	47504	2891	79216.85	1.67	2.89		

<b>(Dermatologic cont. Antifungals)</b>								
CLOTRIMAZOLE CRE ANTI-FINGL	1	60	7	1	15.49	2.21	8.57	
LOTIRIMIN LOT 1%	8	207	71	7	216.77	3.05	2.92	
ECONAZOLE CRE 1%	1493	67329	18173	1125	59534.91	3.28	3.70	
SPECTAZOLE CRE 1%	60	2095	689	52	2668.65	3.87	3.04	
KETOCONAZOLE CRE 2%	3116	106577	37853	2382	73634.24	1.95	2.89	
KETOCONAZOLE SHA 2%	1631	205343	26185	948	47207.13	1.80	7.84	
NIZORAL SHA 2%	172	22620	2426	111	5646.1	2.33	9.32	
MONISTAT CRE DERM 2%	267	12781.18	3205	208	15519.76	4.84	3.99	
OXISTAT CRE 1%	351	12180	4520	283	18682.15	4.13	2.69	
OXISTAT LOT 1%	22	660	358	17	997.38	2.79	1.84	
ERTACZO CRE 2%	106	3990	1602	70	6825.87	4.26	2.49	
EXELDERM SOL 1%	9	270	171	7	251.49	1.47	1.58	
EXELDERM CRE 1%	66	2490	1037	50	1895.84	1.83	2.40	
CLOTRIM/BETA CRE DIPROP	10023	398097	108762	6814	220072.7	2.02	3.66	
CLOTRIM/BETA LOT DIPROP	458	16275	6080	349	18765.01	3.09	2.68	
LOTRISONE LOT	4	120	57	4	234.36	4.11	2.11	
HYDROC IODO CRE 1%	14	488.579	146	11	323.31	2.21	3.35	
HYDROCORT/ CRE IODOQUIN	81	2703.854	816	44	1951.44	2.39	3.31	
N.T.A CRE	3	150	26	3	22.7	0.87	5.77	
NYSTAT/TRIAM CRE	5405	200481	58922	4171	36494.22	0.62	3.40	
TRI-STATN II CRE	1	60	14	1	8.7	0.62	4.29	
MYCOGEN II OIN	2	60	20	2	13.15	0.66	3.00	
MYTRES OIN	1	30	30	1	6.74	0.22	1.00	
NYSTAT/TRIAM OIN	725	23670	7586	587	4861.99	0.64	3.12	
VERSICLEAR LOT	1	120	30	1	21.31	0.71	4.00	
ALCORTIN GEL	467	21371	6139	361	28718.12	4.68	3.48	
VUSION OIN	3	90	80	3	166.74	2.08	1.13	
<b>D. Anti-pruritics</b>	<b>67</b>	<b>2,895</b>	<b>791</b>	<b>52</b>	<b>\$3,714.40</b>	<b>4.70</b>	<b>3.66</b>	
Prudoxin 5% Cr	42	1980	444	32	\$1922.61	4.33	4.46	
Zonaton 5% Cr	25	915	347	20	\$1791.79	5.16	2.64	
<b>E. Anti-psoratics</b>	<b>1,813</b>	<b>100,611</b>	<b>39,090</b>	<b>1,028</b>	<b>\$382,379.30</b>	<b>9.78</b>	<b>2.57</b>	
ANTHRALIN CRE 1%	2	100	100	1	111.96	1.12	1.00	
PSORiatec CRE 1%	23	1150	369	12	2041.75	5.53	3.12	
DOVONEX SOL 0.005%	85	5160	1338	44	9678.08	7.23	3.86	QL
DOVONEX CRE 0.005%	263	24570	4431	123	51306.95	11.68	5.55	QL
DOVONEX OIN 0.005%	223	20230	4214	110	41436.18	9.83	4.80	QL
TAZORAC CRE 0.05%	266	9990	5561	189	31336.64	5.64	1.80	QL
TAZORAC CRE 0.1%	480	21180	11024	274	68945.88	6.25	1.92	QL
TAZORAC GEL 0.05%	104	3560	2101	71	11271.7	5.36	1.69	QL
TAZORAC GEL 0.1%	217	9005	4798	151	29592	6.17	1.88	QL
<b>F. Anti-seborrheic</b>	<b>1,313</b>	<b>188,724</b>	<b>21,218</b>	<b>848</b>	<b>\$21,783.90</b>	<b>1.03</b>	<b>8.89</b>	
CAPITROL SHA 2%	1	110	28	1	22.96	0.82	3.93	
SELENIUM SUL LOT 2.5%	602	97872	9608	395	7825.01	0.81	10.19	
SELENIUM SUL SHA 2.5%	586	72192	9325	396	5876.7	0.63	7.74	
MEXAR WASH LIQ	5	850	100	2	194.6	1.95	8.50	
OVACE WASH LIQ	23	5690	367	5	1984.55	5.41	15.50	
RE 10 WASH LIQ	38	7990	773	18	2215.32	2.87	10.34	
OVACE CRE 10%	6	180	100	2	331.5	3.32	1.80	
OVACE AER 10%	9	450	95	2	575.11	6.05	4.74	
OVACE GEL 10%	3	150	60	3	267.06	4.45	2.50	
CARMOL SCALP LOT TREATMEN	9	765	187	8	493.8	2.64	4.09	
ROSULANS PAD	4	120	105	2	259.04	2.47	1.14	AG
CARMOL SCALP KIT	1	1	20	1	63.33	3.17	0.05	
CARMOL SCALP KIT TREATMNT	13	14	217	4	931.46	4.29	0.06	
SELENIUM SUL SHA 2.25%	1	180	30	1	56.75	1.89	6.00	
SELSEB SHA 2.25%	12	2180	203	8	686.71	3.38	10.64	
<b>G. Anti-viral</b>	<b>2,991</b>	<b>31,093.25</b>	<b>27,066</b>	<b>2,247</b>	<b>\$258,394.1</b>	<b>9.55</b>	<b>1.15</b>	
ZOVIRAX CRE 5%	965	4988	8046	754	84845.05	10.54	0.62	
ZOVIRAX OIN 5%	1554	25273	15474	1163	156548.4	10.12	1.63	
DENAVIR CRE 1%	472	83225	3546	330	17000.64	4.79	0.23	
<b>H. Anti-neoplastic</b>	<b>253</b>	<b>9,369</b>	<b>4,482</b>	<b>212</b>	<b>\$36,777.04</b>	<b>8.21</b>	<b>2.09</b>	
EFUDEX SOL 2%	1	10	20	1	76.91	3.85	0.50	
FLUOROURACIL SOL 2%	5	50	47	5	315.45	6.71	1.08	
EFUDEX SOL 5%	7	70	90	6	622.33	9.14	0.78	
FLUOROURACIL SOL 5%	4	40	45	4	353.88	7.86	0.89	

(Dermatologic cont. Anti-neoplastics)								
CARAC CR 0.5%	44	1440	1040	36	4932.44	4.74	1.38	
FLUOROPLEX CR 1%	6	165	62	2	543.99	8.77	2.66	
EFUDEX CR 5%	177	6944	2914	153	28257.26	9.70	2.38	
SOLARAZE GEL 3%	9	650	264	5	1464.78	5.55	2.46	
<b>I. Burn</b>	<b>5,907</b>	<b>915,108</b>	<b>61,276</b>	<b>4,002</b>	<b>\$94,537.79</b>	<b>1.54</b>	<b>14.93</b>	
SULFAMYLON PAK 5%	5	25	75	1	2705.75	36.08	0.33	
SULFAMYLON CRE 85MG/GM	19	3951.6	281	7	1428.16	5.08	14.06	
SILVADENE CRE 1%	1	95	4	1	7.55	1.89	23.75	
SILVER SULFA CRE 1%	1700	187460	20952	1368	21594.59	1.03	8.94	
SSD CRE 1%	3898	678306.6	36230	2393	65538.67	1.81	18.72	
SSD AF CRE 1%	72	11055	930	51	1170.66	1.26	11.89	
THERMAZENE CRE 1%	212	34215	2794	181	2092.41	0.75	12.25	
<b>J. Steroids</b>	<b>50,922</b>	<b>3,712,919</b>	<b>676,788</b>	<b>34,936</b>	<b>\$1,075,758.00</b>	<b>1.59</b>	<b>5.49</b>	
ACLOVATE CRE 0.05% ALCLOMETASON CRE 0.05%	58 105	2235 4515	748 1570	38 80	2526.57 3981.17	3.38 2.54	2.99 2.88	
ACLOVATE OIN 0.05% ALCLOMETASON OIN 0.05%	5 38	225 1625	118 550	3 24	222.2 1440.39	1.88 2.62	1.91 2.95	
AMCINONIDE CRE 0.1%	103	7650	1518	59	5342.65	3.52	5.04	
AMCINONIDE LOT 0.1%	4	480	60	1	313.56	5.23	8.00	
CYCLOCORT LOT 0.1%	8	540	108	6	400.43	3.71	5.00	
AMCINONIDE OIN 0.1%	105	6736.7	2440	72	4600.84	1.89	2.76	
BETAMETH DIP CRE 0.05% BETAMETH DIP LOT 0.05%	797 72	39285 4320	10158 1002	511 52	6936.11 642.61	0.68 0.64	3.87 4.31	
BETAMETH DIP OIN 0.05%	291	16090	4091	175	2781.44	0.68	3.93	
AUG BETAMET CRE 0.05%	543	21655	8015	364	25128.55	3.14	2.70	
AUG BETAMET GEL 0.05%	5	125	122	5	157.96	1.29	1.02	
BETA DIPROP GEL 0.05%	11	510	147	7	650.85	4.43	3.47	
DIPROLENE LOT 0.05%	41	2610	519	28	4419.49	6.52	5.03	
AUG BETAMET OIN 0.05%	330	18945	4370	210	5333.04	1.22	4.34	
DIPROLENE OIN 0.05%	1	50	30	1	98.26	3.28	1.67	
BETA-VAL CRE 0.1%	25	1080	408	21	198.48	0.49	2.65	
BETAMETH VAL CRE 0.1%	872	83477	11790	649	9370.21	0.79	7.08	
LUXIQ AER 0.12%	229	20500	4460	155	28577.6	6.41	4.60	
BETA-VAL LOT 0.1%	5	300	44	5	39.42	0.90	6.82	
BETAMETH VAL LOT 0.1%	147	8820	1717	110	1233.8	0.72	5.14	
BETAMETH VAL OIN 0.1%	195	7905	3203	149	1385.43	0.43	2.47	
CLOBEX SPR 0.05%	8	472	162	6	1064.11	6.57	2.91	
CLOBETASOL SOL 0.05%	291	18185	4729	152	4734.2	1.00	3.85	
CORMAX SOL 0.05%	1	50	14	1	13.15	0.94	3.57	
EMBELINE SOL 0.05%	26	1175	331	8	337.2	1.02	3.55	
CLOBETASOL POW PROPIONA	1	0.06	30	1	10.54	0.35	0.00	
CLOBETASOL CRE 0.05%	541	24224	7286	353	6779.08	0.93	3.32	
CORMAX CRE 0.05%	1	45	7	1	11.51	1.64	6.43	
EMBELINE CRE 0.05%	17	930	202	11	238.04	1.18	4.60	
OLUX AER 0.05%	180	16350	3518	101	31928.16	9.08	4.65	PA
CLOBETASOL GEL 0.05%	34	2940	428	24	1554.91	3.63	6.87	
EMBELINE GEL 0.05%	2	120	25	2	98.9	3.96	4.80	
CLOBEX LOT 0.05%	72	5388.2	1218	50	10755.78	8.83	4.42	
CLOBETASOL OIN 0.05%	487	26655	6994	282	7042.64	1.01	3.81	
EMBELINE OIN 0.05%	10	511	183	7	140.78	0.77	2.79	
CLOBEX SHA 0.05%	84	10762	1574	42	11270.61	7.16	6.84	
CLOBETASOL E CRE 0.05%	65	3270	947	43	1366.43	1.44	3.45	
EMBELINE E CRE 0.05%	13	675	152	6	255.39	1.68	4.44	
CLODERM CRE 0.1%	51	2415	564	23	3635.7	6.45	4.28	
DESONIDE CRE 0.05%	1018	55082	14765	657	15925.66	1.08	3.73	
TRIDESILON CRE 0.05%	3	45	35	2	20.45	0.58	1.29	
DESONIDE LOT 0.05%	593	54370.03	8380	323	16229.58	1.94	6.49	
DESONIDE OIN 0.05%	387	22645	5648	193	6205.3	1.10	4.01	
DESOXIMETAS CRE 0.05%	197	9420	2195	131	7744.12	3.53	4.29	
DESOXIMETAS CRE 0.25%	814	38405	9898	523	25329.63	2.56	3.88	
DESOXIMETAS GEL 0.05%	123	5645	1761	104	6025.32	3.42	3.21	
DESOXIMETAS OIN 0.25%	105	5115	1125	69	5681.08	5.05	4.55	
DIFLORASONE CRE 0.05%	69	4155	600	26	2370.19	2.96	5.19	
FLORONE-E CRE 0.05%	1	16	15	1	50.42	3.36	1.07	
DIFLORASONE OIN 0.05%	88	3825	721	21	2730.35	3.79	5.31	
APEXICONE CRE 0.05%	9	390	126	8	577.69	4.58	3.10	

**(Dermatologic cont. Steroids)**

PSORCON E CRE 0.05%	3	180	25	3	289.63	11.59	7.20
PSORCON E OIN 0.05%	20	1066	285	10	1811.02	6.35	3.84
DERMA-SMOOTH OIL /FS	550	66500.87	9750	297	20846.29	2.14	6.82
FLUOCIN ACET SOL 0.01%	122	7340	2028	90	970.82	0.48	3.62
FLUOCINOLONE POW ACETONID	1	30	10	1	35	3.50	3.00
FLUOCIN ACET CRE 0.01%	26	1245	345	16	140.91	0.41	3.61
FLUOCIN ACET CRE 0.025%	336	19385	4372	223	2156.38	0.49	4.44
FLUOCIN ACET OIN 0.025%	89	6870	1444	52	678.75	0.47	4.76
CAPEX SHA 0.01%	125	15960	1861	57	8099.71	4.35	8.58
FLUOCINONIDE SOL 0.05%	218	15160	3583	129	4291.6	1.20	4.23
FLUOCINONIDE CRE 0.05%	522	27055.6	6467	334	3841.64	0.59	4.18
VANOS CRE 0.1%	32	2070	547	25	4722.61	8.63	3.78
FLUOCINONIDE GEL 0.05%	107	3825	1388	86	1954.48	1.41	2.76
FLUOCINONIDE OIN 0.05%	192	10255	2957	122	4284.75	1.45	3.47
FLUOCINONIDE CRE -E 0.05%	70	3490	929	41	916.65	0.99	3.76
FLUOCINONIDE CRE 0.05%	2	120	33	2	31.7	0.96	3.64
LIDEX-E CRE 0.05%	1	120	7	1	8.78	1.25	17.14
CORDRAN SP CRE 0.05%	6	225	48	6	270.55	5.64	4.69
CORDRAN LOT 0.05%	2	120	25	2	126.58	5.06	4.80
CORDRAN OIN 0.05%	1	30	5	1	39.63	7.93	6.00
CORDRAN 24X3 TAP 4MCG/CM	25	25	322	14	736.21	2.29	0.08
CORDRAN 80X3 TAP 4MCG/CM	23	23	402	14	1350.62	3.36	0.06
FLUTICASONE CRE 0.05%	664	22965	8614	463	18438.84	2.14	2.67
CUTIVATE LOT 0.05%	49	3000	693	39	4210.08	6.08	4.33
FLUTICASONE OIN 0.005%	104	4845	1578	67	3919.23	2.48	3.07
HALOG SOL 0.1%	14	500	185	7	603.22	3.26	2.70
HALOG CRE 0.1%	7	285	112	6	322.09	2.88	2.54
HALOG OIN 0.1%	13	495	105	8	588.33	5.58	4.71
HALOBETASOL CRE 0.05%	125	5560	1880	76	7705.62	4.10	2.96
HALOBETASOL OIN 0.05%	127	6010	2061	79	6649.07	3.23	2.92
TEXACORT SOL 2.5%	1	100	100	1	160.55	1.61	1.00
HYDROCORT POW MICRONIZ	6	139.5	54	3	158.74	2.94	2.58
HYDROCORT CRE 1%	1185	60878.64	10177	753	7386.36	0.73	5.98
PROCTO-KIT CRE 1%	4	113.4	92	2	121.96	1.33	1.23
PROCTOCORT CRE 1%	8	283.5	85	7	473.61	5.57	3.34
HYDROCORT CRE 2.5%	2523	117709.9	29234	1839	21466.09	0.73	4.03
HYDROCORT LOT 1%	27	3322	395	23	256.59	0.65	8.41
NUTRACORT LOT 1%	3	178	24	2	19.64	0.82	7.42
HYDROCORT LOT 2.5%	210	19781	3047	141	9275.75	3.04	6.49
HYDROCORTSONE LOT 2.5%	172	12187	2663	126	5627.25	2.11	4.58
NUTRACORT LOT 2.5%	151	14574	2551	102	5711.38	2.24	5.71
HYDROCORT OIN 1%	50	2310.11	519	40	332.87	0.64	4.45
HYDROCORT OIN 2.5%	528	29013.12	7001	337	5965.33	0.85	4.14
HYTONE OIN 2.5%	5	270	75	4	47.89	0.64	3.60
HYDROCORT POW	27	8499.027	588	12	951.76	1.68	14.96
HYDROCORT AC POW	10	1021.4	225	2	722.33	3.21	4.54
HC VALERATE CRE 0.2%	1824	94861.13	24345	1249	33146.74	1.36	3.90
HC VALERATE OIN 0.2%	312	11070	3837	238	5796.65	1.51	2.89
PANDEL CRE 0.1%	99	5185	1229	35	6836.39	5.56	4.22
HYDROCORT SOL BUTYRATE	38	2200	554	29	625.72	1.13	3.97
LOCROID SOL 0.1%	27	1380	343	19	420.7	1.23	4.02
HC BUTYRATE CRE 0.1%	136	6522	1902	91	5986.81	3.15	3.43
LOCROID CRE 0.1%	147	5565	2053	87	6441.12	3.14	2.71
HC BUTYRATE OIN 0.1%	16	735	183	11	559.77	2.90	3.81
LOCROID OIN 0.1%	42	2175	534	17	1467.86	2.75	4.07
LOCROID LIPO CRE 0.1%	1683	71060	23959	1125	121602.06	5.08	2.97
ELOCON LOT 0.1%	58	3405	873	42	3467.59	3.97	3.90
MOMETASONE SOL 0.1%	164	8727	2471	104	7897.62	3.20	3.53
ELOCON CRE 0.1%	41	1620	560	39	2114.06	3.78	2.89
MOMETASONE CRE 0.1%	2824	106899.4	36622	1942	118530.14	3.24	2.92
MOMETASONE OIN 0.1%	403	14725	4968	273	12762.28	2.56	2.95
DERMATOP CRE 0.1%	404	17460	5179	232	20325.81	3.92	3.37
DERMATOP OIN 0.1%	104	4755	1584	53	5262.46	3.32	3.00
TRIAMCINOLON POW	1	482.4	240	1	41.64	0.17	2.01
TRIAMCINOLON POW ACETONID	31	18905.68	689	21	4445.24	6.45	27.44
KENALOG AER SPRAY	86	5796	1268	53	3120.12	2.46	4.57

<b>(Dermatologic cont. Steroids)</b>								
ARISTOCORT A CRE 0.025%	7	225	77	6	125.25	1.63	2.62	
TRIAMCINOLON CRE 0.025%	3878	310078.2	49420	2820	30660.1	0.62	6.27	
ARISTOCORT A CRE 0.1%	49	2520	873	29	1694.14	1.94	2.89	
TRIAMCINOLON CRE 0.1%	13507	1218276	178046	9771	87575.44	0.49	6.84	
ARISTOCORT A CRE 0.5%	6	180	80	6	407.65	5.10	2.25	
TRIAMCINOLON CRE 0.5%	1406	59985.4	15626	958	13314.9	0.85	3.84	
TRIAMCINOLON LOT 0.025%	171	11492	2433	125	6325.02	2.60	4.72	
TRIAMCINOLON LOT 0.1%	420	70070	5719	315	16999.6	2.97	12.25	
TRIAMCINOLON OIN 0.025%	566	64015	7581	400	4709.61	0.62	8.44	
TRIAMCINOLON OIN 0.05%	9	3190	115	4	222.43	1.93	27.74	
TRIAMCINOLON OIN 0.1%	2781	425293.6	40128	1806	24482.16	0.61	10.60	
TRIAMCINOLON OIN 0.5%	162	6255	1822	128	1966.19	1.08	3.43	
LIDAMANTLE CRE HC3-0.5%	9	775	147	7	693.53	4.72	5.27	
LIDOCAINE/HC CRE 3%-0.5%	7	368.4	99	5	362.74	3.87	3.72	
LIDAMANTLE LOT HC3-0.5%	2	354	60	1	217.15	3.62	5.90	
LIDOCAINE/HC LOT 3%-0.5%	2	354	60	1	156.12	2.60	5.90	
PRAMOSONE CRE 1%	23	807.779	280	14	976.63	3.49	2.88	
PRAMOSONE CRE 2.5%	29	1349.4	381	20	1615.05	4.24	3.54	
EPIFOAM AER 1%	16	170	179	14	470.5	2.63	0.95	
PRAMOSONE LOT 1%	21	2760	373	12	1967.67	5.28	7.40	
PRAMOSONE LOT 2.5%	46	4776	613	32	3810.37	6.22	7.79	
PRAMOSONE OIN 1%	1	28.4	10	1	38.74	3.87	2.84	
PRAMOSONE OIN 2.5%	1	120	15	1	183.3	10.89	8.00	
NOVACORT GEL	447	15352	4953	319	25899.01	5.23	3.10	
CORTANE-B LOT	1071	67280	13283	867	49346.41	3.72	5.07	
TACLONEX OIN	3	180	85	3	1096.62	12.94	2.12	
NUZON GEL 2%	48	2064	498	35	1957.6	3.93	4.14	
CARMOL-HC CRE 1%	25	2755	495	12	2820.92	5.70	5.57	
HERATOL HC CRE 1%	1	85.2	10	1	76.91	7.69	8.52	
UCORT CRE 1%	1	87	30	1	78.08	2.57	2.90	
<b>K. Emollients</b>	<b>3,177</b>	<b>336,582.8</b>	<b>26,845</b>	<b>2,236</b>	<b>\$53,623.65</b>	<b>2.00</b>	<b>12.54</b>	
CETAPHIL CRE	5	1372.6	90	3	49.83	0.55	15.25	
CETAPHIL CRE MOISTURE	4	1891.396	70	3	158.31	2.26	27.02	
HYDROCREAM CRE	3	561	24	2	11.75	0.49	23.38	
MIMYX CRE	271	19310	4742	165	16434.07	3.47	4.07	
MOISTUREL CRE	19	7757.39	327	12	785.08	2.40	23.72	
MOISTURIZING CRE	11	3460	207	3	66.97	0.32	16.71	
PENTRAVAN CRE	1862	20268.71	5299	1440	11635.3	2.20	3.83	
VANICREAM CRE	17	7093.45	250	5	111.63	0.45	28.37	
VELVACHOL CRE	54	10438.92	675	25	802.65	1.19	15.47	
CETAPHIL LOT CLEANSER	3	738	50	1	101.97	2.04	14.76	
CETAPHIL LOT MOISTUR	17	4703	185	8	408.5	2.21	25.42	
LLBRIDERM DA LOT SPF 15	5	1205	50	1	30	0.60	24.12	
LLBRISOFT LOT UNSCENTED	8	5704	63	1	73.56	1.17	90.54	
NUTRADERM LOT	3	724	34	2	31.02	0.91	21.29	
AQUAPHOR OIN	71	2748.19	859	47	926.02	1.08	3.20	
FLANDERS OIN	1	248	7	1	61.45	8.78	35.43	
HYDROPHOR OIN	1	239.625	10	1	24.11	2.41	23.96	
AMLACTIN CRE 12%	1	143.5	10	1	20.94	2.09	14.35	
AMMONIUM LAC CRE 12%	334	96940	6557	198	10204.43	1.56	15.09	
LAC-HYDRIN CRE 12%	1	280	30	1	42.31	1.41	9.33	
LACTIC ACID LOT 10%	7	2484.04	129	6	246.82	1.91	19.26	
LACTINOL LOT 10%	2	709.68	40	2	144.58	3.61	17.74	
AMMONIUM LAC LOT 12%	143	50107	2576	94	3848.85	1.49	19.45	
LAC-HYDRIN LOT 12%	1	230.6	5	1	40.11	8.02	46.12	
LACLOTION LOT 12%	331	94885	4481	211	7270.61	1.62	21.17	
LACTINOL-E CRE	1	238.737	15	1	80.05	5.34	15.62	
PETROLATUM OIN	1	120	60	1	11.73	0.20	2.00	
<b>L. Enzymes</b>	<b>11,105</b>	<b>676,395.10</b>	<b>79,986</b>	<b>3,827</b>	<b>\$679,219.50</b>	<b>8.49</b>	<b>8.46</b>	
SANTYL OIN 250/GM	798	25357	6275	407	45320.76	7.22	4.04	
GRANUL-DERM AER	243	27917.89	2507	157	4588.27	1.83	11.14	
GRANULEX AER	548	62444.51	5845	320	11505.33	1.97	10.68	
TBC AER	168	19401.37	1704	97	3232.65	1.90	11.39	
XENADERM OIN	8337	508223.2	55750	2314	531029.59	9.53	9.12	
ALLANFIL SPR	1	33	5	1	73.36	14.67	6.60	

<b>(Dermatologic cont. Enzymes)</b>									
PANAFIL LIQ SPRAY	140	5049	1354	77	11799.25	8.71	3.73		
PANAFIL SPR	11	363	102	9	703.28	6.89	3.56		
ALLANFIL 405 OIN	24	720	174	13	1638.20	9.42	4.14		
GLADASE-C OIN	31	930	356	20	1744.91	4.90	2.61		
PANAFIL OIN	761	24606	5485	385	64483.21	11.76	4.49		
PAPA-UREA-CH OIN	35	1110	317	21	2652.59	6.37	3.50		
ZIOX 405 OIN	8	240	111	6	449.04	4.05	2.16		
<b>M. Keratolytics</b>	<b>296</b>	<b>64,630</b>	<b>4,997</b>	<b>199</b>	<b>\$38,787.28</b>	<b>7.76</b>	<b>12.93</b>		
PODOFILOX SOL 0.5%	77	272.5	1205	59	6463.06	5.36	0.23		
CONDYLOX GEL 0.5%	101	378.125	1490	68	16896.96	11.28	0.25		
PODOCON SOL 25%	7	210	85	7	812.02	12.49	3.23		
SALEX CRE	70	28000	1418	40	6097.55	4.72	19.75		
SALEX CRE 6%	3	1200	70	3	298.38	4.23	17.14		
SALEX LDT 6%	38	34569	741	22	7620.41	10.28	46.65		
<b>O. Aldara</b>	<b>1,766</b>	<b>21,157</b>	<b>53,781</b>	<b>1,184</b>	<b>\$314,509.9</b>	<b>5.85</b>	<b>0.39</b>	<b>QL</b>	
<b>P. Immunomodulator</b>	<b>12,859</b>	<b>770,550</b>	<b>213,565</b>	<b>7,353</b>	<b>\$1,511,208.17</b>	<b>7.08</b>	<b>3.61</b>		
Eliel Cr 1%	11346	678700	186946	6437	1312939.21	7.02	3.63	AG, ST	
Protopic Oin 0.03%	838	48570	14743	500	102558.69	6.96	3.29	AG, ST	
Protopic Oin 0.1%	675	43280	11876	416	95710.27	8.06	3.64	AG, ST	
<b>Q. Anesthetics</b>	<b>5,768</b>	<b>252,609</b>	<b>127,595</b>	<b>2,713</b>	<b>\$942,133.35</b>	<b>7.38</b>	<b>1.98</b>		
Capsaicin 95%	3	26	110	2	102.28	0.93	0.24		
Lidocaine Pow	3	85	41	3	46.66	1.14	2.07		
Lidocaine Oint 5%	202	13185	2406	114	4272.43	1.77	5.48		
Lidoderm 5%	3899	165765	103457	1671	890332.05	8.61	1.60		
Lidocaine 2% sol	4	961	23	4	64.36	2.80	41.78		
Lidocaine 4% sol	8	630	120	8	125.40	1.05	5.25		
Lidocaine Pow	6	361	104	5	298.29	2.87	3.47		
Lidamantle Cr 3%	6	510	95	5	442.48	4.66	5.37		
Lidocaine Cr 3%	42	6747	630	15	2644.52	4.20	10.71		
Lidocaine Gel 2%	348	16899	3776	243	8105.90	2.15	4.47		
Lidocaine Lot 3%	2	354	28	1	200.40	7.16	12.64		
Lidocaine oin 5%	6	400	82	6	128.17	1.56	4.88		
Pontocaine Sol 2%	1	30	30	1	19.18	0.64	1.00		
Lidoc/Priloc 2.5-2.5% Cr	1223	46524	16553	624	34549.21	2.09	2.81		
Emla Pad	1	10	10	1	47.66	4.77	1.00		
Emla Kit	14	122	126	10	754.36	5.99	0.97		
<b>R. Depigmenting</b>	<b>131</b>	<b>4,270.49</b>	<b>2,125</b>	<b>74</b>	<b>\$7,598.43</b>	<b>3.58</b>	<b>2.01</b>		
HYDROQUINONE SOL 3%	20	584	279	6	244.25	0.88	2.09		
HYDROQUINONE CRE 4%	17	569.75	251	13	416.41	1.66	2.27		
EPIQUIN MICR CRE 4%	5	150	38	2	396.1	10.16	3.95		
CLARIFEL CRE 4%	2	90	40	2	241.48	6.04	2.25		
GLYQUIN CRE 4% WSUN	1	56.8	7	1	127.41	18.20	8.11		
GLYQUIN XM CRE	1	56	20	1	135.01	6.75	2.80		
HYDROQUINONE CRE 4%/SUNS	38	1241.8	527	21	1869.74	3.55	2.36		
LUSTRA-AF CRE 4%	2	88.189	30	1	191.26	6.38	2.94		
HYDROQUINONE GEL 4%/SUNS	5	141.75	135	3	203.81	1.51	1.05		
SOLAQUIN FOR GEL 4%	2	56.8	40	2	108.84	2.72	1.42		
BENOQUIN CRE 20%	1	35.4	15	1	46.37	3.09	2.36		
TRI-LUMA CRE	37	1200	743	21	3627.75	4.88	1.62		
<b>S. Hydroactive Dressings</b>	<b>1,049</b>	<b>32,501</b>	<b>12,453</b>	<b>642</b>	<b>\$131,897.08</b>	<b>10.59</b>	<b>2.61</b>		
ACCUZYME SPR	95	3366	723	53	5170.17	7.15	4.66		
ETHEZYME OIN	23	800	238	14	1172.75	4.93	3.36		
ACCUZYME OIN	478	15738	3757	272	26322.17	7.01	4.19		
ACCUZYME OIN 0.83/G	101	3180	785	83	4782.91	6.09	4.05		
ALLANZYME OIN 650	32	1200	377	22	1701.41	4.51	3.18		
KOMA 6.5 OIN	2	60	14	2	85.7	6.12	4.29		
ETHEZYME 830 OIN	97	3540	1041	64	4353.48	4.18	3.40		
GLADASE OIN 0.83/G	46	1560	442	23	2083.69	4.71	3.53		
PAP-UREA OIN 0.83/G	1	30	30	1	33.54	1.12	1.00		
BIAFINE EMU	9	495	119	8	227.98	1.92	4.16		
SCARLET RED MIS DRESSING	1	12	7	1	29.06	4.15	1.71		
REGRANEX GEL 0.01%	164	2520	4920	99	8594.22	17.47	0.51	QL	
<b>T. Misc.</b>	<b>1,527</b>	<b>1,252,805.60</b>	<b>23,783</b>	<b>1,068</b>	<b>\$36,000.66</b>	<b>1.51</b>	<b>52.68</b>		
ALUMINUM CL SOL 20%	121	4591	2241	83	2080.36	0.92	2.05		
DRYSOL SOL 20%	136	6187.117	2567	108	1515.83	0.59	2.41		
HYPERCARE SOL 20%	67	3507.039	1262	45	707.02	0.56	2.78		

<b>(Dermatologic cont. Misc.)</b>								
DOMEORO POW PACKETS	1	61	7	1	6.42	0.92	8.71	
ACID MANTLE CRE	13	13540.74	231	11	259.35	1.12	58.62	
XERAC-AC SOL 6.25%	4	215	58	4	43.94	0.76	3.71	
ZINC OXIDE OIN 20%	7	537	80	5	154.02	1.93	6.71	
DRY SKIN CRE	4	1600	30	2	25.22	0.84	53.33	
EUCERIN CRE	1	102.5	30	1	13.07	0.44	3.42	
EUCERIN CRE UNSCENT	84	27948.199	1599	64	921.27	0.58	17.48	
HYDROCERIN CRE	9	1812	50	3	124.76	2.50	36.24	
MOISTURIN CRE	7	2677	100	7	51.19	0.51	26.77	
MOISTURIN CRE DRY SKIN	1	484	15	1	4.15	0.28	32.27	
Lazerformly 10%	8	690	91	8	369.39	4.06	7.58	
Formalyde-10 Aer 10% Spr	1	60	5	1	42.75	8.55	12.00	
Phenol liq	4	606	50	2	27.08	0.54	12.12	
PhisoHex Liq 3%	831	262877	12983	637	25182.33	1.94	20.28	
Idosorb Gel	35	2450	203	18	1751.66	8.63	12.07	
Povidone-Iod Soln 10%	5	3940	22	2	35.60	1.63	179.09	
Sterile Water for Irrigation	188	918920	2179	65	2705.05	1.24	421.72	
<b>Total</b>	<b>182,548</b>	<b>11,336,606.82</b>	<b>2,346,242</b>		<b>\$8,186,347.35</b>			

<b>VI. Vaginal Preparations</b>									<b>3% of FY 06 Topical Expenditures</b>	
<b>Drug</b>	<b>Claims</b>	<b>Units</b>	<b>Days</b>	<b>Members</b>	<b>Total Paid</b>	<b>Per Diem</b>	<b>Units / day</b>	<b>Limits/ Criteria</b>		
<b>A. Anti-Infective</b>	<b>1210</b>	<b>25431</b>	<b>8146</b>	<b>1047</b>	<b>\$72,446.21</b>	<b>8.89</b>	<b>3.12</b>			
Cleocin Vag Cr 2%	164	6815	1498	150	\$9,218.10	6.15	4.55			
Clindamax Cr 2%	345	14,081	3,215	302	\$16,278.61	5.06	4.37			
Clindamycin Cr 2%	20	840	141	16	\$964.13	6.84	5.96			
Cleocin 100mg Sup	206	800	770	171	\$13,301.50	17.27	1.04			
Clindesse Cr 2%	475	2915	2522	408	\$32,683.67	12.06	1.16			
<b>B. Antifungal</b>	<b>6417</b>	<b>306915</b>	<b>44377</b>	<b>5397</b>	<b>\$315,891.87</b>	<b>7.12</b>	<b>6.92</b>			
MetroGel Vag Gel 0.75%	1514	109199	11618	1338	\$112,968.51	9.72	9.40			
Vandazole Gel 0.75%	443	31,475	3133	402	\$25,934.88	8.28	10.05			
Nystatin Tab 100000U	40	601	545	32	\$1,567.92	2.88	1.10			
AVC Cr 15%	17	2040	216	14	\$884.14	4.09	9.44			
Gynazole-1 Cr 2%	789	3980	3161	621	\$36,454.67	11.53	1.26			
Miconazole 3 Sup	14	42	41	13	\$608.13	14.83	1.02			
Monistat Kit	2	2	31	2	\$57.36	1.85	0.06			
Terazol 7 Cr 0.4%	1924	131903	18037	1606	\$77,374.76	4.28	7.30			
Terconazole Cr 0.4%	1280	26352	6324	1043	\$38,750.78	6.13	4.17			
Terazol 3 Sup 80mg	394	1321	1241	326	\$21,300.52	17.16	1.06			
<b>C. Contraceptive</b>	<b>39</b>	<b>850</b>	<b>969</b>	<b>34</b>	<b>\$354.12</b>	<b>0.37</b>	<b>0.88</b>			
Delfen Aero	32	544	865	31	\$283.20	0.33	0.63			
Gynol II Gel 2%	1	108	1	1	\$8.57	8.57	108.00			
Conceptrol 4%	6	198	103	2	\$82.35	0.61	1.92			
<b>D. Hormone</b>	<b>5,819</b>	<b>93,779</b>	<b>171,922</b>	<b>3,037</b>	<b>\$353,702.25</b>	<b>2.06</b>	<b>0.54</b>			
Mirena IUD	25	25	1004	25	\$11,095.22	11.05	0.02			
Vagifem Tab 25mcg	256	4092	8186	133	\$13,634.23	1.67	0.50			
Estrace Vag Cr 0.1mg/gm	499	22754	10917	334	\$35,345.29	3.24	2.08			
Estring 2mg	27	27	2029	16	\$2,823.84	1.44	0.01			
Nuvaring	3608	4486	117667	1520	\$186,655.47	1.59	0.04			
Femring 0.05mg/24hr	13	13	844	10	\$1,399.25	1.66	0.02			
Femring 0.1mg/24hr	4	4	288	3	\$470.07	1.63	0.01			
Premarin Vag Cr 0.625mg	1387	62378	30987	996	\$101,978.88	3.29	2.01			
<b>E. Misc.</b>	<b>122</b>	<b>9,102</b>	<b>1,711</b>	<b>100</b>	<b>\$6,819.78</b>	<b>3.99</b>	<b>5.32</b>			
Crinone 8% Vag Gel	14	519	282	8	\$3,650.70	12.65	1.84	PA		
Amino Acid Cr	62	5839	774	52	\$1,150.68	1.49	7.54			
Acid Jelly Vag	14	1190	240	11	\$398.98	1.62	4.96			
Cervidil Vag 10mg	1	4	1	1	\$839.06	839.06	4.00			
Fem Ph Gel	31	1550	414	28	\$789.36	1.91	3.74			
<b>Total</b>	<b>13,607</b>	<b>436,077.00</b>	<b>227,125</b>		<b>\$749,214.23</b>					

VII. Nasal Preparations					18% of FY 06 Topical Expenditures			
Drug	Claims	Units	Days	Members	Total Paid	Per Diem	Units / day	Limits/ Criteria
<b>A. Decongestant</b>	<b>14</b>	<b>330</b>	<b>252</b>	<b>13</b>	<b>\$399.11</b>	<b>1.58</b>	<b>1.31</b>	
12 Hr Nasal Spr 0.05%	3	165	33	2	\$40.95	1.24	5.00	
Tyzine Ped Drip 0.05%	11	165	219	11	\$358.16	1.64	0.75	
<b>B. Steroids</b>	<b>63,164</b>	<b>1,006,717</b>	<b>2,048,170</b>	<b>35,443</b>	<b>\$4,631,248.00</b>	<b>2.26</b>	<b>0.49</b>	
Beconase AQ Spr 0.042%	458	11867	12688	211	\$39,210.59	3.02	0.91	QL
Rhinocort Susp	6929	59780	231976	3691	\$540,700.75	2.33	0.26	QL
Flunisolide Spr 0.025%	1913	47913	56392	1302	\$72,454.16	1.28	0.85	
<b>Nasarel Spr 29mcg</b>	<b>244</b>	<b>6325</b>	<b>6659</b>	<b>154</b>	<b>\$13,168.52</b>	<b>1.98</b>	<b>0.95</b>	<b>QL</b>
Flonase Spr 0.05%	22819	364969	741815	12208	\$1,669,562.11	2.28	0.49	QL
Fluticasone Spr 50 mcg	6249	99994	202832	4667	\$430,297.72	2.12	0.49	
Nasonex Spr 50mcg	16964	288237	559419	9453	\$1,281,808.66	2.29	0.52	QL
Nasacort AQ Aer 55mcg	7579	127531	235772	3748	\$563,453.88	2.39	0.54	QL
Nasacort Aer 55mcg	9	101	317	9	\$561.31	1.77	0.32	QL
<b>C. Anti-Infective</b>	<b>210</b>	<b>2,669</b>	<b>2,044</b>	<b>180</b>	<b>\$17,302.34</b>	<b>8.46</b>	<b>1.31</b>	
Bactroban Clint Nasal 2%	210	2669	2044	180	\$17,302.34	8.46	1.31	
<b>D. Anticholinergic</b>	<b>819</b>	<b>20,319</b>	<b>23,815</b>	<b>525</b>	<b>\$21,171.69</b>	<b>0.89</b>	<b>0.85</b>	
Atroventi Nasal 0.03%	535	15654	16696	346	\$14,528.10	0.87	0.96	QL
ipratropium Spr 0.03%	284	4365	7119	179	\$6,643.59	0.93	0.61	
<b>E. Anti-histamine</b>	<b>2,603</b>	<b>79,200</b>	<b>80,429</b>	<b>1,568</b>	<b>\$177,626.86</b>	<b>2.21</b>	<b>0.98</b>	
Astelin Nasal Spr 137mcg	2603	79200	80429	1568	\$177,626.86	2.21	0.98	QL
<b>F. Misc.</b>	<b>2</b>	<b>100</b>	<b>30</b>	<b>2</b>	<b>\$24.12</b>	<b>0.80</b>	<b>3.33</b>	
Ocean Nasal Spr 0.65%	2	100	30	2	\$24.12	0.80	3.33	
<b>G. Migraine</b>	<b>1386</b>	<b>6522</b>	<b>22918</b>	<b>428</b>	<b>\$125,986.47</b>	<b>5.50</b>	<b>0.28</b>	
Butorphanol Sol 10mg/ml	819	2923	14688	155	\$31,145.71	2.12	0.20	QL
Migranal Spr 4mg/ml	78	419	1171	45	\$13,653.48	11.66	0.36	QL
Imitrex Spr 5mg	142	929	2085	66	\$24,568.12	11.78	0.45	QL
Imitrex Spr 20mg	196	1345	3311	98	\$34,323.08	10.37	0.41	QL
Zomig Spr 5mg	151	906	1663	64	\$22,295.08	13.41	0.54	QL
<b>H. Smoking cess.</b>	<b>65</b>	<b>4006</b>	<b>1197</b>	<b>27</b>	<b>\$12,451.97</b>	<b>10.40</b>	<b>3.35</b>	
Nicotrol Nasal Spr 10mg/ml	65	4006	1197	27	\$12,451.97	10.40	3.35	PA
<b>Total</b>	<b>68,263</b>	<b>1,119,863.00</b>	<b>2,178,855</b>		<b>\$4,986,210.56</b>			

VIII. Transdermal Preparations					17% of FY 06 Topical Expenditures			
Drug	Claims	Units	Days	Members	Total Paid	Per Diem	Units / day	Limits/ Criteria
<b>A. Hormone</b>	<b>456</b>	<b>54,345</b>	<b>13,873</b>	<b>189</b>	<b>\$83,773.86</b>	<b>6.04</b>	<b>3.92</b>	
AndroGel 1% 25mg	33	2430	1192	12	\$5,418.36	4.55	2.04	
AndroGel 1% 50mg	146	22740	4406	64	\$29,095.00	6.60	5.16	
AndroGel 1% Pump	65	13575	1724	25	\$17,623.61	10.22	7.87	
Testim 1% 50mg Gel	47	6010	1326	18	\$7,574.91	5.70	4.53	
Androderm 2.5mg/24hr	9	450	300	4	\$1,312.39	4.37	1.50	
<b>Androderm 5m g/24hr</b>	<b>87</b>	<b>2760</b>	<b>2713</b>	<b>33</b>	<b>\$17,556.48</b>	<b>6.47</b>	<b>1.02</b>	
Estrasorb Emu	27	2474	735	10	\$1,175.24	1.60	3.37	
EstroGel	42	3606	1475	23	\$4,016.87	2.72	2.65	
<b>B. Opioid Analgesic</b>	<b>14,485</b>	<b>149,009</b>	<b>409,791</b>	<b>4,799</b>	<b>\$3,300,959.16</b>	<b>8.06</b>	<b>0.36</b>	
Duragesic 12.5mcg/hr	137	1217	3666	62	\$14,861.52	4.05	0.33	B
Duragesic 25mcg/hr	60	670	1785	14	\$9,917.45	5.56	0.38	B
Fentanyl 25mcg/hr	3771	34761	103822	1504	\$320,340.27	3.09	0.33	
Duragesic 50mcg/hr	37	321	887	13	\$8,569.51	9.68	0.36	B
Fentanyl 50mcg/hr	4278	40784	121941	1533	\$709,443.12	5.82	0.33	
Duragesic 75mcg/hr	44	540	1260	12	\$21,959.09	17.43	0.43	B
Fentanyl 75mcg/hr	2641	26696	75501	815	\$665,606.41	8.82	0.35	
Duragesic 100mcg/hr	72	975	2067	21	\$49,798.72	24.09	0.47	B
Fentanyl 100mcg/hr	3445	43085	98880	825	\$1,500,443.07	15.18	0.44	
<b>C. Cardiovascular</b>	<b>10,882</b>	<b>233,127</b>	<b>348,966</b>	<b>3,115</b>	<b>\$722,129.12</b>	<b>2.07</b>	<b>0.67</b>	
Catapres 0.1/24hr	1269	5054	35693	387	\$77,877.61	2.18	0.14	QL
Catapres 0.2/24hr	1843	7865	53041	498	\$204,094.51	3.85	0.15	QL
Catapres 0.3/24hr	1718	7688	51477	423	\$278,339.99	5.41	0.15	QL
NitroDur 0.1mg/hr	51	1560	1530	17	\$1,066.70	0.69	1.04	
Nitroglycerin 0.1mg/hr	290	9742	9652	95	\$6,198.40	0.64	1.01	

<b>(Transdermal cont. Cardiovascular)</b>								
NitroDur 0.2mg/hr	934	31118	29909	264	\$21,597.41	0.72	1.04	
Nitroglycerin 0.2mg/hr	1887	66149	65136	545	\$44,939.75	0.69	1.02	
NitroDur 0.3mg/hr	151	5340	5276	41	\$13,146.59	2.49	1.01	
NitroDur 0.4mg/hr	211	8710	8545	80	\$6,176.91	0.72	1.02	
Nitroglycerin 0.4mg/hr	2195	76561	75477	652	\$54,248.52	0.72	1.01	
NitroDur 0.6mg/hr	100	3530	3470	32	\$3,540.53	1.02	1.02	
Nitroglycerin 0.6mg/hr	215	9220	9220	76	\$9,411.37	1.02	1.00	
NitroDur 0.8mg/hr	18	540	540	5	\$1,500.83	2.78	1.00	
<b>D. Smoking cess.</b>	<b>5,520</b>	<b>224,338</b>	<b>126,434</b>	<b>3,964</b>	<b>\$477,844.68</b>	<b>3.78</b>	<b>1.77</b>	
Nicotine Sys Kit	2	58	58	1	\$113.67	1.96	1.00	PA
Nicoderm CQ 7mg/24hr	408	7153	7002	310	\$22,416.67	3.20	1.02	PA
Nicotine 7mg/hr	301	65425	5477	235	\$21,155.19	3.86	11.95	PA
Nicoderm CQ 14mg/24hr	853	30480	17450	584	\$92,151.40	5.28	1.75	PA
Nicotine 14mg/hr	698	18731	16019	523	\$63,619.30	3.97	1.17	PA
Nicoderm CQ 21mg/24hr	1736	61799	40505	1155	\$126,394.26	3.12	1.53	PA
Nicotine 21mg/24hr	1497	40054	39321	1135	\$150,068.23	3.62	1.02	PA
Nicotrol Step1	11	329	305	11	\$1,028.13	3.37	1.08	PA
Nicotrol Step2	9	173	171	6	\$521.30	3.05	1.01	PA
Nicotrol Step3	5	126	126	4	\$378.33	2.99	1.00	PA
<b>Misc.</b>	<b>2,289</b>	<b>18,762</b>	<b>54,661</b>	<b>749</b>	<b>\$155,208.03</b>	<b>2.84</b>	<b>0.34</b>	
Oxytrol 3.9mg/24hr	720	6392	21445	206	\$68,481.07	3.19	0.30	ST
Transderm Scop 1.5mg	1569	12370	33216	543	\$86,726.06	2.61	0.37	
<b>Total</b>	<b>33,632</b>	<b>679,581.00</b>	<b>953,725</b>		<b>\$4,739,914.85</b>			

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# APPENDIX J



## **FDA Public Health Advisory**

### **Life-Threatening Side Effects with the Use of Skin Products Containing Numbing Ingredients for Cosmetic Procedures**

FDA is issuing this advisory to alert you to the potential hazards of using skin numbing products, also known as topical anesthetics, for cosmetic procedures. These topical anesthetics contain anesthetic drugs such as lidocaine, tetracaine, benzocaine, and prilocaine in a cream, ointment, or gel. Topical anesthetics are widely used to numb the skin for medical and cosmetic procedures, and to relieve pain and burning and itching due to a variety of medical conditions. FDA has approved many products for these uses. Some must be prescribed by a doctor; others may be purchased without a prescription. Applying topical anesthetics for a medical procedure is usually done in a doctor's office by a trained medical professional. However, FDA is aware that use of these products before a cosmetic procedure may not be supervised by trained health professionals. Without this supervision, a patient may apply large amounts of topical anesthetics to their skin. This application can result in high levels of these products in the blood causing life-threatening side effects, such as an irregular heartbeat, seizures, and death.

Topical anesthetics are sometimes used in ways not approved by FDA and at doses that may pose a risk for serious harm to consumers. FDA is aware of two instances where women, aged 22 and 25 years old, applied topical anesthetics to their legs to lessen the pain of laser hair removal. These women then wrapped their legs in plastic wrap, as they were instructed, to increase the creams' numbing effect. Both women had seizures, fell into comas, and subsequently died from the toxic effects of the anesthetic drugs. The skin numbing creams used in these two cases were made in pharmacies and contained high amounts of the anesthetic drugs lidocaine and tetracaine. FDA also has received reports of serious and life-threatening side effects such as irregular heart beat, seizures and coma, and slowed or stopped breathing following the use of these numbing products. These effects happened in both children and adults and when the anesthetic drug was used both for approved and unapproved conditions.

Topical anesthetics work by blocking pain sensation in the skin. Some of the anesthetic drugs in these products can pass through the skin into the blood stream, and if too much gets into the blood, patients can experience serious harm. More drug passes into the blood stream when the product is applied over a large area of skin, when it stays on the skin for a long time and when the skin is covered after application of the cream. Anesthetic drugs may also pass into the blood stream if the skin is irritated or has a rash, or if the skin temperature goes up.

Exercise, covering the skin with a wrap, or use of a heating pad can all increase the skin temperature. The amount of the drug that can pass through the skin and enter the blood also can differ from person to person.

If you are thinking about having a cosmetic or medical procedure on your skin, you should discuss with your doctor if you need a numbing product to ease the pain and, if so, if you can use a topical anesthetic approved for that use by the FDA. You should also discuss with your doctor whether there are other ways to reduce the pain you may feel during the procedure. Some patients report that they do not need to use topical anesthetics. Some procedures may

require a degree of numbness that cannot be safely achieved with these products. There are other techniques that doctors can use if a high amount of numbness is needed.

If a topical anesthetic is prescribed or recommended for a procedure and you choose to use one, consider the following:

- use a topical anesthetic approved by the FDA. Approval information is available by going to <http://www.fda.gov/cder/ob/default.htm> and typing in the product's active ingredient or name. If you do not see the product, the product may not be approved.
- use a topical anesthetic that contains the lowest amount of anesthetic drugs possible that will relieve your pain. Ask your doctor if the amount of anesthetic drugs in the cream is needed or advised for your procedure. There are medical procedures that use skin numbing products with high concentrations of anesthetic drugs. Ask your doctor what side effects are possible from these drugs and how to lower your chance of having life-threatening side effects from these drugs.
- be sure you receive instructions from your doctor on how to safely use the topical anesthetic. This is especially important if you are having a cosmetic procedure because a doctor may not be present when you use the product. Apply as little of the cream to cover the affected skin area for the briefest period possible. If wrapping or covering the skin with any type of material or dressing is recommended or desired, be aware that this step can increase the chance of side effects.

You can find more details about the high-strength unapproved topical anesthetics made by pharmacies in [FDA's Press Release](#). You can find more information on unapproved drugs by going to [www.fda.gov/cder/drug/unapproved\\_drugs/default.htm](http://www.fda.gov/cder/drug/unapproved_drugs/default.htm)

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FDA/Center for Drug Evaluation and Research

## FDA Notifies Pharmaceutical Companies to Confirm or Repeat Analytic Studies Used in the Approval of a Number of Drug Products

As a precaution, the Food and Drug Administration (FDA) is notifying certain pharmaceutical companies to recommend that they reevaluate pharmacokinetic studies that were conducted for them by MDS Pharma Services (MDS Pharma) at its St. Laurent (Montreal) and Blainville, Quebec, Canada sites from 2000 through 2004. MDS Pharma is a contract company that performs these pharmacokinetic testing services for a number of pharmaceutical companies. A pharmacokinetic study is used to measure the level of drug in a patient's blood. The results of the study can be part of the basis for the approval of a drug by the Agency.

FDA is taking this action as a result of FDA inspections of two MDS Pharma Canadian facilities that raised questions about the validity and accuracy of test results from studies conducted by MDS Pharma from 2000 through 2004. FDA has worked with MDS Pharma to address these issues concerning its test results and is now following up directly with all pharmaceutical companies with marketed drugs or pending drug applications that may be affected by these testing issues. FDA has identified all of the approved generic drugs and generic drugs pending approval that are affected by these MDS Pharma studies and is notifying these companies of FDA's recommendation for reevaluation of these studies. For brand-name drugs, FDA is notifying all companies that submitted applications during the affected time period to identify any studies conducted on their behalf by MDS Pharma at its St. Laurent (Montreal) and Blainville, Quebec, Canada sites.

FDA will be working with the affected companies to ensure, where necessary, that they validate their pharmacokinetic data through audits, new analyses or repeating their tests within a reasonable period of time.

FDA is taking this action as a precautionary measure to ensure that data submitted to the Agency and used in making approval decisions is of the highest quality. FDA's routine adverse event surveillance monitoring program has not detected any signals or any evidence that any of the drugs involved pose a safety risk or that there has been any impact on efficacy. FDA does not have any evidence that there are problems with the quality, purity, or potency of the affected drug products.

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## FDA News

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P07-11  
February 2, 2007

**Media Inquiries:**

Heidi Rebello, 301-827-6242

**Consumer Inquiries:**

888-INFO-FDA

### FDA Approves New Product to Treat Von Willebrand Disease

The U.S. Food and Drug Administration (FDA) today announced the approval of Antihemophilic Factor/von Willebrand Factor Complex (Human), Alphanate. The product is approved for patients undergoing surgery or invasive procedures with von Willebrand disease (vWD) in whom the hormone desmopressin is either ineffective or contraindicated. It is not approved for patients with severe vWD (Type 3) who are undergoing major surgery. The disease is the most common inherited bleeding disorder, affecting about one percent of the U.S. population.

Alphanate is the first biologic product approved for treatment of surgical and invasive procedures in patients with vWD. Alphanate is already approved for the prevention and control of bleeding in patients with Factor VIII deficiency due to hemophilia A or acquired Factor VIII deficiency.

"This approval is an important advance for patients and their surgeons, providing them access to a proven preventive therapy that can make needed surgery possible and safer," said Jesse L. Goodman, M.D., MPH, director of FDA's Center for Biologics Evaluation and Research.

Men and women are equally affected by vWD, which is caused by a deficiency or defect in certain plasma proteins critical to blood clotting. In most affected people, the disease is mild, and treatment usually is not required to stop bleeding. However, about 2,000 people in the U.S. each year suffer from moderate and severe forms of the disease in which bleeding can be excessive if not treated.

Successful management of surgery or invasive procedures in mildly, moderately and severely affected individuals routinely requires correction of the bleeding defect. In the absence of correction of the bleeding defect, patients may suffer from prolonged bleeding and delayed wound healing.

Alphanate is purified from pooled human plasma from carefully screened and tested U.S. donors, and contains the clotting proteins deficient or defective in vWD, which are Factor VIII (also known as Antihemophilic factor) and von Willebrand factor. Alphanate undergoes two separate steps for viral inactivation to reduce the risk for transfusion-transmitted viruses. However, the potential risk for the transmission of blood-borne viruses, and theoretically variant CJD, while very low, cannot be totally eliminated.

In clinical studies with Alphanate, 120 major, moderate and minor surgical procedures were performed in 76 patients. Based on predefined criteria for efficacy, more than 90 percent of patients had favorable outcomes. In these clinical studies, 15.8 percent of subjects and 5.7 percent of infusions were accompanied by adverse reactions, most commonly itching,

pharyngitis, paresthesia (a sensation of numbness and tingling on the skin) and headache, swelling of the face, and rash and chills.

Alphanate is manufactured by Grifols Biologicals, Inc., Los Angeles, Calif.

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## FDA News

**FOR IMMEDIATE RELEASE**

P07-13  
February 6, 2007

**Media Inquiries:**

Karen Riley, 301-827-6242

**Consumer Inquiries:**

888-INFO-FDA

### FDA Clears Breast Cancer Specific Molecular Prognostic Test

The U.S. Food and Drug Administration (FDA) today cleared for marketing a test that determines the likelihood of breast cancer returning within five to 10 years after a woman's initial cancer. It is the first cleared molecular test that profiles genetic activity.

The MammaPrint test uses the latest in molecular technology to predict whether existing cancer will metastasize (spread to other parts of a patient's body). The test relies on microarray analysis, a powerful tool for simultaneously studying the patterns of behavior of large numbers of genes in biological specimens.

The recurrence of cancer is partly dependent on the activation and suppression of certain genes located in the tumor. Prognostic tests like the MammaPrint can measure the activity of these genes, and thus help physicians understand their patients' odds of the cancer spreading.

MammaPrint was developed by Agendia, a laboratory located in Amsterdam, Netherlands, where the product has been on the market since 2005.

"Clearance of the MammaPrint test marks a step forward in the initiative to bring molecular-based medicine into current practice," said Andrew C. von Eschenbach, M.D., Commissioner of Food and Drugs. "MammaPrint results will provide patients and physicians with more information about the prospects for the outcome of the disease. This information will support treatment decisions.

Agendia compared the genetic profiles of a large number of women suffering from breast cancer and identified a set of 70 genes whose activity confers information about the likelihood of tumor recurrence. The MammaPrint test measures the level of activity of each of these genes in a sample of a woman's surgically removed breast cancer tumor, then uses a specific formula, known as an algorithm, to produce a score that determines whether the patient is deemed low risk or high risk for spread of the cancer to another site. The result may help a doctor in planning appropriate follow-up for a patient when used with other clinical information and laboratory tests.

The MammaPrint is the first cleared in vitro diagnostic multivariate index assay (IVDMIA) device. Several months ago, FDA issued a draft guidance document concerning the need for these complex molecular tests to meet pre-market review and post-market device requirements even when the tests are developed and used by a single laboratory. Although FDA regulates diagnostic tests sold to laboratories, hospitals and physicians, it uses discretion when regulating tests developed and performed by single laboratories.

On February 8, FDA will hold a public meeting to discuss its draft guidance document describing its regulatory approach to this type of test.

"There have been rapid advances in microarrays and other pioneering diagnostics, and a corresponding increase in the use and impact of these complex tests. This has prompted FDA to take a closer look at the potential risks as well as the benefits associated with such tests when they are developed and used in laboratories," remarked Steven Gutman, M.D., Director, Office of In Vitro Diagnostic Device Evaluation. "This test clearance takes into account the development of these innovative technologies and ensures public health by carefully evaluating their performance."

Prior to clearance, FDA requested evidence that the MammaPrint had been properly validated for its intended use. Agendia submitted data from a study using tumor samples and clinical data from 302 patients at five European centers. These studies confirmed that the test was useful in predicting time to distant metastasis in women who are under age 61 and in the two earliest stages of the disease (Stage I and Stage II) and who have tumor size equal to or less than five centimeters and no evidence that the cancer has spread to nearby lymph nodes (lymph node negative). FDA plans to publish a special controls guidance document within the next 60 days describing types of data that should support claims for genetic profiling for breast cancer prognosis.

According to the American Cancer Society, an estimated 178,480 new cases of invasive breast cancer will be diagnosed among women in the United States this year and over 40,000 women are expected to die from the disease.

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