

Fiscal Year 2009 Annual Review of Elidel® and Protopic®

Oklahoma HealthCare Authority

April 2010

Current Prior Authorization Criteria

- Clinical Diagnosis: short term and intermittent treatment for mild to moderate atopic dermatitis (eczema).
- The first 90 days of a 12 month period will be covered without a prior authorization.
- After the initial period, authorization will be granted with documentation of one trial of a tier-1 topical corticosteroid of 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. Available in 30,60 and 100 gram tubes.
- Authorizations will be restricted to those patients who are not immunocompromised.

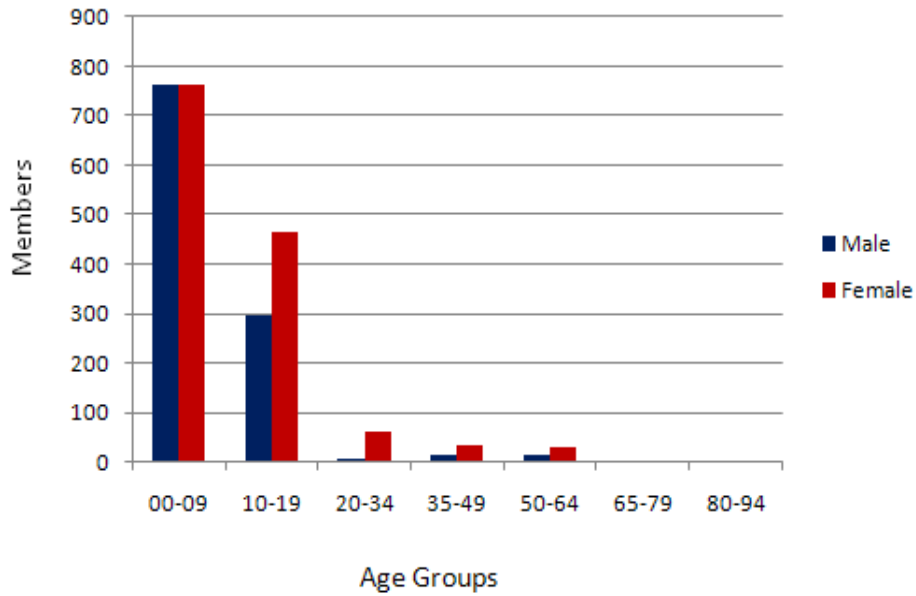
- **Age restrictions:**
 1. Elidel 1% ≥2 years of age
 2. Protopic 0.03% for ≥2 years of age
 3. Protopic 0.1% for ≥15 years of age (Approved for adult-use only)

- **Clinical Exceptions for members meeting age restriction:**
 - Documented adverse effect, drug interaction, or contraindication to tier-1 products.
 - Atopic dermatitis on the face or groin where physician does not want to use topical corticosteroids.
 - Prescription by dermatologist.
- **Clinical Exceptions for members not meeting age restriction:**
 - Prescription by dermatologist.
 - If members need help getting to a dermatologist, please refer to case management for assistance.

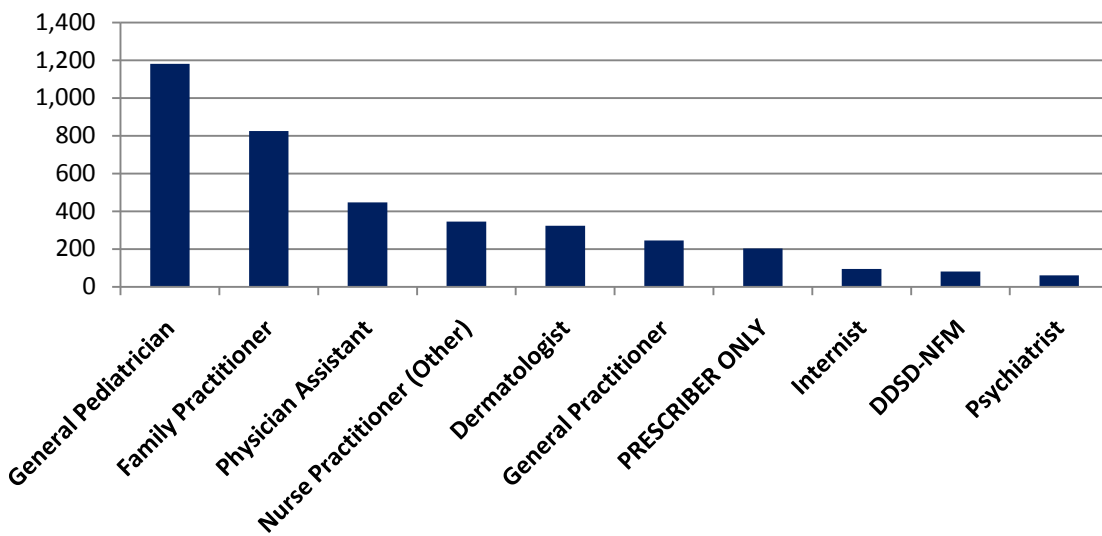
Utilization Comparison: Fiscal Year 2008 and 2009

Fiscal Year	Members	Claims	Total Paid	Paid/Claim	Per-Diem	Units	Days
2008	3,144	5,244	\$712,318.53	\$135.83	\$4.60	297,373	154,758
2009	2,455	3,981	\$573,159.21	\$143.97	\$5.43	214,610	105,525
% Change	-21.90%	-24.10%	-19.50%	6.00%	18.00%	-27.80%	-31.80%
Change	-689	-1,263	-\$139,159.32	\$8.14	\$0.83	-82,763	-49,233

Age and Gender FY 2009

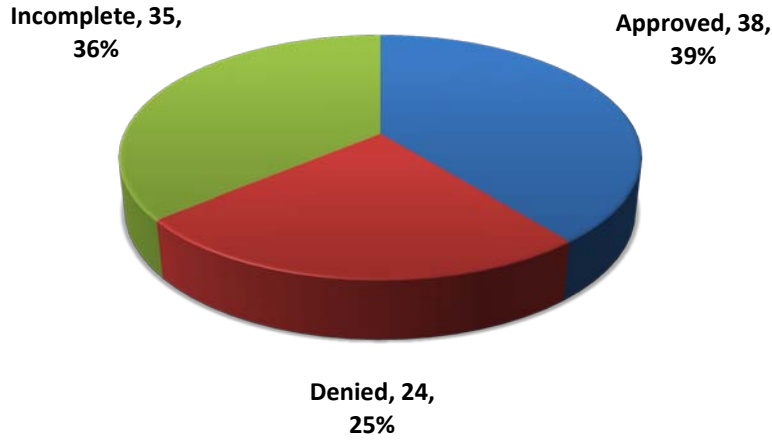


Top Prescriber Specialty by Number of Claims FY 2009



Prior Authorization Totals

PA Details (97 total)



Recommendations

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

MEDICATION	CLAIMS	UNITS	DAYS	MEMBERS	PAID	CLAIMS/MEMBER	PER-DIEM	% PAID
ELIDEL CRE 1%	3,132	167,260	82,036	2,005	\$419,979.17	1.56	\$5.12	73.27%
PROTOPIC OIN 0.03%	734	40,350	20,338	445	\$131,180.23	1.65	\$6.45	22.89%
PROTOPIC OIN 0.1%	115	7,000	3,151	69	\$21,999.81	1.67	\$6.98	3.84%
TOTALS	3,981	214,610	105,525	2,455*	\$573,159.21	1.62	\$5.43	100.00

*Total Number of Unduplicated Members