State and Public School Life and Health Insurance Board Clinical and Fiscal Drug Utilization and Evaluation Committee

Minutes

January 11, 2010

The State and Public Life and Health Insurance Board, Drug Utilization and Evaluation Committee (DUEC) met on Monday, January 11, 2010 at 1:00 p.m., in the EBD Board Room, 501 Woodlane, Little Rock, AR.

Members present:	**Members absent:**
Dr. William Golden	Mark McGrew
Dr. Joe Stallings	Matthew Hadley
Kat Neill	Dr. James Bethea
Larry Dickerson/Proxy	
Robert Watson	
Dr. Hank Simmons	

Jason Lee, Executive Director, Employee Benefits Division of DFA.

Others Present
Barry Fielder, NMHC; Jill Johnson, Clay Patrick, UAMS College of Pharmacy/EBRx; Leigh Ann Chrouch, Michelle Hazelett , Amy Tustison, Florence Marvin, Lori Eden, Ellen Justus, Sherry Bryant, Cathy Harris, EBD; Barbara Melugin, Health Advantage; Dwight Davis; Jeff Britt, Pfizer; Stein Baughman, GSK; Lance Stewart, Merck; Ronda Walthall, AHTD

Call to Order
Meeting was called to order by Dr. Golden.

Approval of Minutes
The motion was made by Dr Golden to approve the October 5, 2009 minutes. Minutes were approved by consensus.

EBRx Topics *by Jill Johnson*

Listed are the current Prior Authorization (PA) followed by the EBRx call center and the recommendations for the committee's consideration.

1. **Leflunomide** is a medication that reduces inflammation and swelling due to rheumatoid arthritis.
    1. PA center approves all requests; the use is rheumatoid arthritis (RA).
    2. Off-label use is for Cytomegalovirus **(**CMV**)** in transplant recipients
    3. Costs is $20

Recommendation: Remove prior authorization (PA) for leflunomide.

The committee decided by consensus to remove prior authorization (PA) for leflunomide.

2. **Accutane** is a powerful drug used in the treatment of acne.
    1. Patients must gain access to the drug through the iPledge program. IPledge's primary goal is to ensure no woman gets pregnant while using isotretinoin.
    2. Cost is about $1200/month depending on patient weight. Dose is 0.5mg-1mg/kg/day divided into 2 doses.
    3. Previous anti-acne therapy
       Most all patients have previous antibiotics and other acne drugs.

    Johnson provided the committee with the requirements of the iPledge program and the criterions for obtaining the drug through the program.

    Recommendation: Remove PA from Accutane because the iPledge functions in the same capacity for safety.

    The committee agreed by consensus to remove PA for Accutane.

3. **Daytrana (methylphenidate patch)** is a methylphenidate patch that, unlike all other ADHD medications that are taken orally, is applied to the skin.

    1. Automated look back for any oral ADHD agent ever. If none found (or no history on the patient), a PA is required that calls for the patient to be unable to take oral drugs.
    2. Concerta and Focalin XR have the bulk of the methylphenidate/dexmethylphenidate market share (67.5% between the two products). Daytrana has 4.3% of the market share. Not much difference in plan cost between Concerta and Daytrana, as they are both currently preferred. Focalin XR is a little less due to its non-preferred status.
    3. Cost: #30 Daytrana is $162. #30 Concerta= $174. #30 Focalin XR=$146.

    Recommendation: Discontinue the Daytrana PA requirement because most all Daytrana prescriptions are approved because they have fulfilled the criteria.

    The committee decided by consensus to discontinue PA requirement for Daytrana.

4. **Effexor XR (brand only)** is indicated for major depressive disorder, generalized anxiety disorder, panic disorder, and social anxiety disorder.
    1. Fail 2 antidepressants

Recommendation: PA criteria; fail 2 generic SSRI's (paroxetine, sertraline, citalopram, fluoxetine), each of at least 4w or significant side effects. Grandfather those who have Effexor XR filled in past 120 days (arbitrary).

The committee decided by consensus to accept PA criteria for Effexor XR (brand only).

5. **Statin Combos:** Statins are medications that lower cholesterol levels in the blood. Statins are prescribed to people that are at high risk or currently have cardiovascular disease
    1. Reference price all statins, cost based on simvastatin.
    2. Also currently "failure after 3 months at a max dose of another statin allows Crestor 20 or 40mg or Lipitor 40 or 80mg to pay. (so someone could try fluvastatin 80mg and not reach goal and then go straight to Crestor 20; instead we would rather them try a statin like pravastatin 80mg or simvastatin 40 or 80mg that would more realistically help them achieve their goal before labeling them as "failed" on statins besides Lipitor or Crestor.
    3. Caduet (atorvastatin/amlodipine) is currently not included. This allows members to receive atorvastatin at the T3 copay ($60, with a plan balance of ~$65).
    4. Vytorin (simvastatin/ezetimibe) is currently T3 and not included in RP.

    Recommendation:
    1) Change the criteria that would allow for Lipitor 80mg or Crestor 20 or 40mg to pay after failing the equivalent of simvastatin 80mg OR becoming intolerant to simvastatin and with having tried and failed the equivalent of simvastatin 80mg.

    2) Add Caduet 5-80mg and 10-80mg, to PA the same as for Lipitor 80mg. Cover at same tier as Lipitor 80mg if approved. Continuous Caduet users would be grandfathered and would continue to get Caduet without ST, PA, and at the current tier. Those with a 90 day nonfill period and new users would be required to fulfill the Lipitor80/Crestor 20/40 PA criteria.

    3) All other strengths of Caduet will fall under the statin reference pricing arrangement. No PA required.

    4) Vytorin (Generic Name: ezetimibe and simvastatin): New prescriptions will be covered on the tier 4 level; grandfather current users at current benefit of tier 3 copay and the committee will revisit in the next meeting.

    The committee decided by consensus to accept recommendations 1 through 4 for statin combos.

6. **Itraconazole** is agent that is prescribed to patients with fungal infections
    1. Every claim rejects at the point of sale.

2. PA allows for any systemic fungal infection.
3. PA criteria allows for coverage of onychomycosis if also have DM, are immunocompromized, or if the patient's disease is severe enough to cause significant pain that limits normal activities of daily living or interference with work or in a patient with repeat ingrown toenails requiring surgery.
4. The potassium hydroxide (KOH) test

Recommendation:

1. Continue to allow for any systemic fungal infection.
2. Continue to allow for coverage of onychomycosis with the above conditions.
3. Require all other patients without the conditions above but with onychomycosis to have tried terbinafine first, meaning have on their profiles (arbitrary) 9 of the previous 12 months a terbinafine prescription before allowing itraconazole for this diagnosis.

The committee decided by consensus to accept the recommendation for Itraconazole.

7. **Long acting beta-2 agonist (LABA)** *(For Asthma only)*
LABA are allowed once 1 inhaled steroid is filled. Currently if the PA is approved, it is for 12 months, so someone can get 1 inhaled steroid per 12 months and get LABA 12 of 12 months.(not optimal asthma care) ((Note: age over 40 exempt from this PA)

   Recommendation: Allow LABA if inhaled steroid is on the profile 3 of the past 4 months OR if the patient currently qualifies as Moderate-Persistent Asthma (with questionnaire at EBRx Call Center which is the case with Advair) if filling salmeterol or formoterol alone will need criteria requiring concurrent use of inhaled corticosteroids (ICS).

   Recommendation: Change the length of PA to 4 months instead of 12 months. If the PA is approved for 4 months, there will be an automated look back at that point with each fill.

   The committee decided by consensus to accept the recommendation for long acting beta-2 agonist (LABA) (for Asthma only).

8. **Angiotensin II Receptor Blockers (ARBs)** are used for controlling high blood pressure, treating heart failure, and preventing kidney failure in people with diabetes or high blood pressure. Since these medications have effects that are similar to those of ACE inhibitors, they are often used when an ACE inhibitor cannot be tolerated by patients.
   1. Past use or side effect of ace inhibitors (ACEI); no automated look back.

Recommendation: Intolerance to an ACEI or maximum dose for that ACEI.

The committee decided by consensus to accept the recommendation for Angiotensin II Receptor Blockers (ARBs).

9. **Fluconazole 150mg dose** is an azole antifungal medication used to treat vaginal yeast infections.

   Recommendation: Remove quantity limit from fluconazole.

   The committee made the motion to accept recommendation for Fluconazole 150mg dose.

10. **Testosterone** is used in men and boys to treat conditions caused by a lack of this hormone. It is also used in women to treat breast cancer.

    Androderm- Transdermal system 2.5 mg per 24 h, 5 mg per 24 h
    Testopel- Implant pellets 75 mg
    Testosterone Cypionate: Depo-Testosterone- Inj.n 100 or 200 mg/mL
    Testosterone Enanthate: Delatestryl- Injection 200 mg/mL
    Testosterone Gel: AndroGel- Gel 1%; Testim- Gel 1%
    Testosterone Buccal System: Striant- Mucoadhesive 30 mg

    Recommendation: PA Criteria for Approval:
    1. Has the male patient been diagnosed with primary hypogonadism or hypogonadotropic hypogonadism **AND** a low serum testosterone (total or free) according to the lab result range faxed in?
       - Except the reference range results that are provided by the lab and free testosterone is adequate.

    The committee decided by consensus to accept recommendations for Testosterone.

Antiemetics *by Barry Fielder*

In an effort to ensure appropriate use of antiemetic drug therapy and help prevent drug wastage, the dispensing limitations below are offered for consideration.

- Anzemet 50, 100mg tab 5/month
- Emend 125mg 1/month
- Emend 80mg 2/month
- Emend 40mg 1/month
- Emend BiPack 80mg 1/month (2 caps)
- Emend Combo Pack 125/80 1 pack/mnth
- Kytril tabs 10/month
- Zofran 4mg/5ml oral soln 150ml/month
- Zofran/ODT 4, 8mg tabs 15/month
- Zofran 24mg tab 1/month

Current utilization is primarily in ondansetron tablets (generic Zofran). Based on 4Q09 utilization data, projected annual plan savings upon implementation of these dispensing limits is approximately **$42,800**. This assumes no exceptions, although an exception process (via PA) would be available for situations where quantities in excess of the limits were justified.

Recommendation: PA - Persistent vomiting

DUEC decided by consensus to allow for DOUBLE the listed quantity limit if greater than these doses are needed, a PA would occur. EBRx receives phone call and then EBD Case Management is notified.

Multi-Source Brand Summary *by Barry Fielder*

During 4Q09, Multi-Source (MS) brands (brands with generic equivalents available) accounted for 2.1% of total Rxs and 2.7% of total plan cost. The committee reviewed the top 10 drugs that accounted for 63% of the total multi-source brand plan costs as well as the top 10 multi-source brands by plan cost for 4Q09. Fielder provided examples of significant price differences between brands and generics. Included was the average plan cost columns for brands and generics. The most common strength of the MS Brand being dispensed for the plan was used to calculate the comparative costs. (See attachment #2)

No action taken by the committee.

New Drugs *by Jill Johnson*

Name	Tier

Divista **Exclude**

Specially designed as a once a day nutritional adjuvant to the current standard of care for patients with, or at risk of developing type 2 diabetes mellitus (T2DM). Divista™ provides a method for reducing hyperglycemia and stabilizing the level of serum cholesterol.

Embeda **Exclude**

An extended-release oral formulation of morphine sulfate and naltrexone hydrochl, oride indicated for the management of moderate to severe pain when a continuous, around the-clock opioid analgesic is needed for an extended period of time. Embeda is NOT intended for use as an "as needed" analgesic and is not indicated for acute / postoperative pain or if the pain is mild or not expected to persist for an extended period of time.

Extavia **Tier 2**

An interferon beta indicated for the treatment of relapsing forms of multiple sclerosis (MS) to reduce the frequency of clinical exacerbations. Extavia contains the same active ingredients as Betaseron.

Invega Sustenna **Tier 3**

A new medication that is used to treat symptoms of schizophrenia and lessen the chance of them coming back

Benzefoam Aer **Exclude**
Acne medication foam product

Bepreve Drops **Tier 3**
BEPREVE™ (bepotastine besilate ophthalmic solution) 1.5% is a histamine H receptor antagonist indicated for the treatment of itching associated with signs and symptoms of allergic conjunctivitis

Kerol AD **Exclude**
Used to soften thick, rough, or dry skin caused by certain skin conditions; it is also used to soften and remove damaged or diseased nails without surgery.

Terbinex Kit **Exclude**
Terbinafine is used to treat certain types of fungal infections (e.g., fingernail or toenail).

Valturna **Tier 2**
Valturna is used to treat high blood pressure (hypertension).

Zodryl DEC Susp **Tier 3**
Relieving congestion and cough caused by colds, flu, or hay fever.

Keralyt Kit Scalp **Exclude**
For the removal of excess keratin in hyperkeratotic disorders, including scaling associated with scalp psoriasis or thickened skin of palms and soles, corns and calluses.

Intuniv **Tier 3**
Intuniv is a selective alpha2Aadrenergic receptor agonist indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD).

Stelara **Exclude**
Stelara is indicated for the treatment of adult patients (18 years and older) with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy. Stelara is being investigated as a potential treatment for psoriatic arthritis and Crohn's disease.

Naprelan Pak **Exclude**
NAPROXEN (na PROX en) is a non-steroidal anti-inflammatory drug (NSAID). It is used to reduce swelling and to treat pain.

Folotyn Inj **Exclude/Not applicable**
Therapeutics for use as a single agent for the treatment of relapsed or refractory peripheral T-cell lymphoma (PTCL)

Donatuss DC **Tier 3**
This combination medication is used to temporarily treat cough, chest congestion, and stuffy nose symptoms caused by the common cold, flu, or other breathing illnesses (e.g., sinusitis, bronchitis).

Zenpep **Tier 2**
ZENPEP is a combination of porcine-derived lipases, proteases, and amylases indicated for the treatment of exocrine pancreatic insufficiency due to cystic fibrosis, or other conditions

Cervarix **Exclude**
Cervarix is a vaccine indicated for the prevention of the following diseases caused by oncogenic human papilloma virus types 16 and 18, including cervical cancer, cervical intraepithelial neoplasia grade 2 or worse and adenocarcinoma in situ, and cervical intraepithelial neoplasia grade 1. It is approved for use in females' age 10- 25 years of age.

Albatussin **Exclude**
Relieving congestion and cough due to colds, flu, or hay fever.

Carbaphen 12 **Exclude**
This combination medication is used to relieve symptoms caused by the common cold, flu, allergies, "hay fever," and other breathing illnesses (e.g., sinusitis, bronchitis).

Metozolv ODT **Exclude**
Metozolv ODT is indicated for the relief of symptoms in adults associated with acute and recurrent diabetic gastroparesis and for the treatment of short-term therapy (4-12 weeks) for adults with symptomatic documented gastroesophageal reflux disease (GERD) who fail to respond to conventional therapy.

Twynsta **Tier 2 with step therapy**
Twynsta is used to treat high blood pressure (hypertension). Twynsta is sometimes used together with other blood pressure medications

Uramaxin lot **Exclude**
This medication is used as a moisturizer to treat or prevent dry, rough, scaly, itchy skin and minor skin irritations (e.g., diaper rash, skin burns from radiation therapy).

Votrient **Tier 3 w/PA (diagnosis of RCC, approve 2 wk supply at a time)**
Votrient is indicated for the treatment of patients with advanced renal cell carcinoma (RCC). The recommended dose of Votrient is 800mg/day without food. GSK is investigating Votrient for other indications

Berinert Inj **Exclude/Not applicable**
Berinert is a plasma derived concentrate of C1 esterase inhibitor (Human) indicated for the treatment of acute abdominal or facial attacks of hereditary angioedema (HAE) in adult and adolescent patients

Halonate Kit **Tier 3**
This medicine is a kit that contains a topical corticosteroid and a humectant. The corticosteroid reduces skin inflammation (redness, swelling, itching, and irritation). The humectant moisturizes and softens the skin.

Venelex oint **Tier 3**

Protectant like diaper rash cream.

Nalfon cap 400mg **Tier 3**
For relief of mild to moderate pain in adults. For relief of the signs and symptoms of rheumatoid arthritis. For relief of the signs and symptoms of osteoarthritis.

Rescon-MX **Exclude**
This product provides relief of the symptoms resulting from irritation of sinus, nasal, and upper respiratory tract tissue.

Arkansas State & Public School Employees *by Barry Fielder*
Fielder presented a report on the prescription drug plan performance for Arkansas State & Public School Employees from 2005 through 2009 plan years.

No action taken by the committee.

Meeting adjourned.

Arkansas State & Public School Employees

DUEC Meeting

January 11, 2010

AGENDA

State and Public School Life and Health Insurance Board
Clinical and Fiscal Drug Utilization and Evaluation Committee
EBD Board Room, 501 Woodlane, Suite 500
January 11th, 2010

1. Call to Order/Approval of Minutes……Dr. William Golden
2. EBRx Topics……..……..Jill Johnson
3. Antiemetics…..…….....Barry Fielder
4. Multi-Source Brands…….Barry Fielder
5. New Drugs……..……..Jill Johnson
6. Plan Performance Update…….Barry Fielder
7. Adjournment

EBRx Issues with EBD PA's
1-11-2010

EBRx Issues with EBD PA's
1-11-2010

1. Leflunomide
    a. Currently:
        i. PA center approves all requests, the use is RA.
        ii. Off-label use is for CMV in transplant recipients
        iii. Costs $20
    b. Proposed:
        i. Remove PA on leflunomide.

2. Accutane
    a. Currently: Patients must gain access to the drug thorught the iPledge Program:
        i. iPledge's primary goal is to ensure no woman gets pregnant while using isotretinoin.
        ii. Isotretinoin can cause severe, life-threatening birth defects in babies whose mothers take isotretinoin while pregnant. iPledge was developed, along with the U.S. FDA, to protect isotretinoin users as well as their developing fetuses. Everyone who uses isotretinoin, regardless of age or gender, is required to enroll in the iPledge program. Doctors who prescribe isotretinoin, and pharmacies that dispense it also must be registered in iPledge. Before your doctor can write you a prescription for isotretinoin, he/she will explain how thisa medication is used, and tell you the risks and possible side effects. Your doctor will also explain in detail the iPledge program. You must understand and agree to all terms of the program before you can receive a prescription.
        iii. You must meet certain requirements before you will be qualified to receive your medication. Requirements of the iPledge program includes using two methods of contraception or practicing 100% abstinence during treatment, having negative pregnancy tests each month (for women of childbearing potential), seeing your doctor monthly, and submitting to regular blood tests as needed.
        iv. Once you have completed the necessary steps to enroll in the program, you will receive an iPledge card with an ID number. You will need this number each time you pick up your medication.
        v. You will also have some criteria you'll have to meet each month to get your refill. Each month you'll have an appointment with your doctor, who will enter your information into the iPledge database and verify your negative pregnancy test. Then, your doctor will write your prescription. You will only get enough medication to last one month.
        vi. The pharmacist filling your prescription must also verify through the iPledge system website (or over the phone) that all criteria has

been met. Your pharmacist must obtain authorization before giving you the medication. The iPledge program also requires your prescription to be picked up within a certain time frame. If you're a woman of childbearing potential and you miss this window, you'll have to go through the monthly qualification process again.

vii. Cost
    1. ~$1200/month depending on patient weight. Dose is 0.5mg-1mg/kg/day divided into 2 doses.

viii. Previous anti-acne therapy
    1. Most all patients have previous antibiotics and other acne drugs.

b. Proposed: Remove PA from Accutane because the iPledge functions in the same capacity for safety.

3. Daytrana (methylphenidate patch)
    a. Current: automated lookback for any oral ADHD agent ever. If none found (or no history on the patient), a PA is required that calls for the patient to be unable to take oral drugs.
    b. Concerta and Focalin XR have the bulk of the methylphenidate/dexmethylphenidate market share (67.5% between the two products). Daytrana has 4.3% of the market share. Not much difference in plan cost between Concerta and Daytrana, as they are both currently preferred. Focalin XR is a little less due to its non-preferred status.
    c. Cost: #30 Daytrana is $162. #30 Concerta= $174. #30 Focalin XR=$146.
    d. Proposed: Discontinue the Daytrana PA requirement because most all Daytrana prescriptions are approved because they have fulfilled the criteria.

4. Effexor XR (brand only)
    a. Current PA: fail 2 antidepressants
    b. Proposed PA: fail 2 generic SSRI's (paroxetine, sertraline, citalopram, fluoxetine), each of at least 4w. Grandfather those who have Effexor XR filled in past 120 days (arbitrary).

5. Statin Combos
    a. Currently:
        i. Reference price all statins, cost based on simvastatin.
        ii. Also currently "failure after 3 months at a *max dose of another statin* allows Crestor 20 or 40mg or Lipitor 40 or 80mg to pay. (so someone could try fluvastatin 80mg and not reach goal and then go straight to Crestor 20; instead we would rather them try a statin like pravastatin 80mg or simvastatin 40 or 80mg that would more

realistically help them achieve their goal before labeling them as "failed" on statins besides Lipitor or Crestor.

iii. Caduet (atorvastatin/amlodipine) is currently not included. This allows members to receive atorvastatin at the T3 copay ($60, with a plan balance of ~$65).

iv. Vytorin (simvastatin/ezetimibe) is currently T3 and not included in RP.

b. Proposed:

i. Change the criteria that allows Lipitor 80mg or Crestor 20 or 40mg to pay to :

1. "failure after 3 months of simvastatin 80mg or equivalent", OR

2. "intolerance to simvastatin AND with failure of 3 months of either pravastatin 80mg or lovastatin 80mg or rosuvastatin 5 or 10mg daily.

Atorvastatin	Fluvastatin	Lovastatin	Pravastatin	Rosuvastatin	Simvastatin
--	40 mg	20 mg	20 mg	--	10 mg
10 mg	80 mg	40 or 80 mg	40 mg	--	20 mg
20 mg	--	80 mg	80 mg	5 or 10 mg	40 mg
40 mg	--	--	--	--	80 mg
80 mg	--	--	--	20 mg	--
--	--	--	--	40 mg	--

3. Include Caduet and Vytorin in statin reference pricing. For Caduet 5-80mg and 10-80mg, PA the same as for Lipitor 80mg.

6. Itraconazole

a. Currently:

i. Every claim rejects at the point of sale.

ii. PA allows for any systemic fungal infection.

iii. PA criteria allows for coverage of onychomycosis if also have DM, are immunocompromized, or if the patient's disease is severe enough to cause significant pain that limits normal activities of daily

living or interference with work or in a patient with repeat ingrown toenails requiring surgery.

iv. KOH test

b. Proposed:

i. Continue to allow for any systemic fungal infection.

ii. Continue to allow for coverage of onychomycosis with the above conditions.

iii. Require all other patients without the conditions above but with onychomycosis to have tried terbinafine first, meaning have on their profiles (arbitrary) 9 of the previous 12 months a terbinafine prescription before allowing itraconazole for this diagnosis.

From UpToDate (accessed 12/28/09):

DIAGNOSIS — Nail dystrophies, often clinically indistinguishable from distal subungual onychomycosis, can occur with psoriasis, eczematous conditions, senile ischemia (onychogryphosis), trauma, and lichen planus. Most studies have found that onychomycosis is responsible for only 50 to 60 percent of abnormal appearing nails [1]. Thus, it is important to establish the presence of the fungus before instituting antimycotic treatment. Insurance companies in the United States are increasingly requiring a positive diagnosis before they will authorize reimbursement for medication.

We suggest KOH examination of scrapings to diagnose distal subungual and white superficial onychomycosis. Nail culture or nail plate biopsy with histopathological examination should be performed if the KOH examination is negative or if required by insurance companies for reimbursement of antifungal therapy. A nail plate biopsy or partial or full nail removal with culture is needed for the diagnosis of proximal subungual onychomycosis.

Given the high prevalence of yeast in fingernail onychomycosis, infected fingernails should be cultured to establish the causative organism.

Cultures will also occasionally demonstrate nondermatophyte molds, which may indicate a lower rate of successful treatment.

A meta-analysis found the following mycological cure rates in randomized controlled trials [24]:

- Terbinafine (76 ±3 percent)
- Itraconazole pulse therapy (63 ±7 percent)
- Griseofulvin (60 ±6 percent)
- Itraconazole continuous therapy (59 ±5 percent)
- Fluconazole (48 ±5 percent)

- Although continuous itraconazole and terbinafine appear to have similar efficacy in short-term studies (up to one year) [26,27], long-term cure rates appear to be better with terbinafine [28], and terbinafine has fewer drug-drug interactions. A systematic review found that mycologic cure rates were better with terbinafine than itraconazole, but there was no adequate assessment of clinical cure [29]. A randomized, double-blind trial reported that terbinafine was more effective than itraconazole pulse therapy on measures of long-term clinical outcomes [30]. A randomized trial with 18 month follow-up also found that continuous terbinafine was more effective than pulse terbinafine [31]. There is some evidence that patients find continuous therapy easier and more convenient than pulse therapy [32].

- Patients should be advised that improvement will continue after oral therapy has stopped; it may take 9 to 12 months to fully assess cure. Repeat courses of therapy can be tried if the patient experiences a recurrence.

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TI Long-term outcomes in the treatment of toenail onychomycosis.

AU De Cuyper C; Hindryckx PH

SO Br J Dermatol 1999 Nov;141 Suppl 56:15-20.

Most clinical studies in subjects with toenail onychomycosis end with a final assessment at 48-52 weeks. This fails to take full account of the physiology of toenail growth, as toenails can take up to 12-18 months to grow out fully. Accurate assessment of long-term outcomes therefore requires follow-up of at least 2 years after completion of the study. We have evaluated long-term outcomes of treatment in the patients whom we

contributed to two multicentre studies of oral therapy for toenail onychomycosis caused by dermatophyte infection. In the first, a dose-finding study for terbinafine (Lamisil), the high rates of mycological and clinical cure achieved by terbinafine at week 48 were maintained more than 2 years after completion of the study. In the second, a comparative study between terbinafine and itraconazole (Sporanox), the excellent mycological and clinical cure rates achieved by terbinafine at week 48 were again maintained more than 2 years after completion of the study. By contrast, the failure and relapse rates seen with itraconazole were much higher. Other studies undertaken in recent years have confirmed these positive findings with respect to terbinafine, and have demonstrated its superiority over itraconazole in maintaining mycological and clinical cure over long periods. These long-term benefits of terbinafine probably relate to its primarily fungicidal action against dermatophytes, compared to the fungistatic action of itraconazole and other triazole agents. Future clinical studies should therefore incorporate at least 2 years' follow-up.

AD Department of Dermatology, AZ Sint-Jan, Bruges, Belgium.
PMID 10730909

7. LABAs
    a. Currently: LABA are allowed once 1 inhaled steroid is filled. Currently if the PA is approved, it is for 12 months, so someone can get 1 inhaled steroid per 12 months and get LABA 12 of 12 months.(not optimal asthma care) ((Note: age over 40 exempt from this PA)
    b. Proposed: Allow LABA if inhaled steroid is on the profile 3 of the past 4 months OR if the patient currently qualifies as Moderate-Persistent Asthma (with questionnaire at EBRx Call Center which is the case with Advair) If filling salmeterol or formoterol alone will need criteria requiring concurrent use of ICS.
    c. Proposed: Change the length of PA to 4 months instead of 12 months. If the PA is approved for 4 months, there will be an automated lookback at that point with each fill.

8. ARBs
    a. Currently: "Past use or side effect of ACEI"; no automated lookback
    b. Proposed: ARB combo allows if fail ACEI combo 1st or if the patient is intolerant to an ACEI.
    c. Proposed: Past ACEI use is maximum dose for that ACEI.

9. Fluconazole 150mg dose.
    a. Proposed: Remove quantity limit from fluconazole.

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10. **Testosterone**

Androderm- **Transdermal system** 2.5 mg per 24 h, 5 mg per 24 h
Testopel- **Implant pellets** 75 mg
Testosterone Cypionate: Depo-Testosterone- **Inj.n** 100 or 200 mg/mL

Testosterone Enanthate: Delatestryl- Injection 200 mg/mL
Testosterone Gel: AndroGel- Gel 1%; **Testim- Gel** 1%
Testosterone Buccal System: Striant- Mucoadhesive 30 mg

PA Criteria for Approval:

1. Has the male patient been diagnosed with primary hypogonadism or hypogonadotropic hypogonadism? AND Is the total serum testosterone concentration <200 ng/dL, 6.9nmol/L off of testosterone replacement?	( ) YES ( ) NO
2. Has the female patient been diagnosed with metastatic breast cancer requiring ablation of ovaries?	( ) YES ( ) NO

If Yes to #1 or #2, then approve for life.

References:

1. Facts & Comparisons 4.0. Accessed 1/5/10.
2. Dynamed. Accessed 1/5/2010.

From Dynamed (accessed 1/5/10):

As men age, their serum concentrations of testosterone and, to a greater extent, free testosterone, decrease. This decline is sometimes referred to as "andropause" or "late-onset hypogonadism". However, unlike menopause, where complete estrogen deficiency with known clinical consequences occurs, the decline in androgens in aging men is modest and the possible clinical consequences have not been well-established.

The Endocrine Society published evidence-based clinical guidelines for testosterone therapy in adult men with androgen deficiency in 2006. We agree with their approach in elderly men and suggest the following [35]:

- In the absence of known pituitary or testicular disease, we suggest testosterone therapy only for men with unequivocally and reproducibly low serum testosterone concentrations (<200 ng/dL, 6.9 nmol/L) and clinically important symptoms of androgen deficiency. Physicians must discuss the uncertainty about the risks and benefits of testosterone therapy before recommending this approach.
- The target serum testosterone concentration in these men should be lower than that for younger men, for example, 300 to 400 ng/dL, rather than 500 to 600 ng/dL, to minimize the potential risk of testosterone-dependent diseases [36].

Arkansas State and Public School Employees
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In an effort to ensure appropriate use of antiemetic drug therapy and help prevent drug wastage, the dispensing limitations below are offered for consideration. Current utilization is primarily in ondansetron tablets (generic Zofran). Based on 4Q09 utilization data, projected annual plan savings upon implementation of these dispensing limits is approximately **$42,800**. This assumes no exceptions, although an exception process (via PA) would be available for situations where quantities in excess of the limits were justified.

Drug Name / Strength	QL	Rationale
Anzemet 50, 100mg tab	5/month	Approved for the prevention of CINV and PONV. Usual dose for CINV is 1oomg once 1 hour before chemotherapy; for PONV, the usual dose is 100mg 2 hours before surgery.
Emend 125mg	1/month	For CINV – Recommended dose is 125mg on day 1 followed by 80mg on days 2 and 3
Emend 80mg	2/month	For CINV – Recommended dose is 125mg on day 1 followed by 80mg on days 2 and 3
Emend 40mg	1/month	For PONV – dosed 1 capsules 3 hours before anesthesia
Emend BiPack 80mg	1/month (2 caps)	Contains 2 x 80mg capsules
Emend Combo Pack 125/80	1 pack/mnth	For CINV – Recommended dose is 125mg on day 1 followed by 80mg on days 2 and 3. pack contains 3 days worth of treatment
Kytril tabs	10/month	For CINV prophylaxis – 1mg p.o. given up to 60 minutes prior to chemotherapy follwed by a second tablet 12 hours later on the days of chemotherapy administration, or 2mg p.o. as a single dose anytime within 1 hour prior to chemotherapy. For RINV prophylaxis – 2mg p.o. one hour prior to first dose of radiation. Max dose is 2mg.
Zofran 4mg/5ml oral soln	150ml/month	Each bottle contains 50 mL of a 4 mg/5 mL oral solution. Usual dose for prevention of CINV is 8 mg three times a day; the first dose should be given 30 minutes before the start of emetogenic chemotherapy, with two subsequent doses four hours and eight hours after the initial dose; further doses may be given every 8 hours for 1—2 days after completion of chemotherapy. Usual dose of prevention of PONV is 16 mg PO as a single dose 1 hour before anesthesia induction. Usual dose for prevention of RINV is 8 mg PO 1—2 hours prior to

		each fraction of radiotherapy (total body radiation) or initially, 8 mg PO 1—2 hours prior to radiotherapy; then, 8 mg PO every 8 hours each day radiotherapy is given for fractionated radiation or for single high dose radiation initially, 8 mg PO 1—2 hours prior to radiotherapy; then, 8 mg PO every 8 hours after the first dose for 1—2 days following completion of radiotherapy. Maximum dose is 24 mg/day. For patients with hepatic impairment, the dose should not exceed 8 mg/day. This QL allows for 5 days of treatment for CINV and RINV
Zofran/ODT 4, 8mg tabs	15/month	Usual dose for prevention of CINV is 8 mg three times a day; the first dose should be given 30 minutes before the start of emetogenic chemotherapy, with two subsequent doses four hours and eight hours after the initial dose; further doses may be given every 8 hours for 1—2 days after completion of chemotherapy. Usual dose of prevention of PONV is 16 mg PO as a single dose 1 hour before anesthesia induction. Usual dose for prevention of RINV is 8 mg PO 1—2 hours prior to each fraction of radiotherapy (total body radiation) or initially, 8 mg PO 1—2 hours prior to radiotherapy; then, 8 mg PO every 8 hours each day radiotherapy is given for fractionated radiation or for single high dose radiation initially, 8 mg PO 1—2 hours prior to radiotherapy; then, 8 mg PO every 8 hours after the first dose for 1—2 days following completion of radiotherapy. Maximum dose is 24 mg/day. For patients with hepatic impairment, the dose should not exceed 8 mg/day. This QL allows for 5 days of treatment for CINV and RINV
Zofran 24mg tab	1/month	Usual dose for prevention of CINV associated with highly emetogenic chemotherapy is a single 24 mg dose PO 30 minutes before administration of single-day highly emetogenic chemotherapy, including cisplatin >= 50 mg/m2. Multiday, single dose administration of ondansetron 24 mg tablets has not been studied

Arkansas State and Public School Employees
Prescription Drug Program
Multi-Source Brand Summary
4Q09

For DUEC Discussion

During 4Q09, multi-source brands (brands with generic equivalents available) accounted for 2.1% of total Rxs and 2.7% of total plan cost. The top 10 drugs accounted for 63% of the total multi-source brand plan cost. The table below shows the top 10 multi-source brands by plan cost for 4Q09. Below that table are a few select examples of significant price differences between brand and generic that are not included in the top 10 table. For the average plan cost columns for brands and generics, the most common strength of the MS Brand being dispensed for the plan was used to calculate the comparative costs.

Product Name	#Rxs MS Brand	Total Plan Cost	Avg Brand Plan Cost	Avg Generic Plan Cost	% Diff Brand vs Generic
Oxycontin*	312	$114,071	$180.60	$178.20	1.3%
Prograf	92	$64,795	$689.40	$696.60	(1.0%)
Lamictal	126	$53,828	$314.40	$108.00	191.1%
Valtrex**	183	$41,842	$212.60	$216.60	(1.8%)
Topamax	106	$40,895	$351.00	$274.20	28.0%
Sandostatin Inj	5	$40,796	$8,159.30	$7,555.20	8.0%
Keppra	94	$40,326	$293.40	$99.90	193.7%
Wellbutrin XL	104	$19,892	$166.50	$70.80	135.2%
Prozac	74	$19,215	$130.80	$1.80	7,166.7%
Cellcept	30	$19,054	$625.50	$261.00	139.7%

Select Examples outside of Top 10 by Plan Cost

Product Name	#Rxs MS Brand	Total Plan Cost	Avg Brand Plan Cost	Avg Generic Plan Cost	% Diff Brand vs Generic
Pamelor 10mg	2	$3,650	$1,824.83	$0.90	202,658.9%
Librax 5-2.5mg	6	$2,810	$468.36	$87.40	435.9%
Valium 10mg	13	$3,215	$247.28	$0.67	36,807.5%

DUEC New Drugs October - December 2009

Drug	Generic Name	Other Drugs in Same Class (AWP Pricing)			AWP per unit	Estimated AWP/ month	Notes	Consultant's Notes	DUEC Vote	Insurance Vote
Divista	Folic Acid /B6/B12/Omega 3/Biotin Cr				$1.03			T3 or exclude, no info.		
Embeda	Morphine/Naltrexone	Kadian ($126.60 to $2031 per month)	Avinza ($125.10 to $431.40 per month)	Morphine Sulfate ext release ($26.70 to $539.40 per month)	4.72-$17.15	$141.16 - $1,029	Embeda is an extended-release oral formulation of morphine sulfate and naltrexone hydrochl,oride indicated for the management ofmoderate to sever pain when a continuous, around-the-clock opiod analgesic is needed for an extended period of time. Embeda is NOT intended for use as an "as needed" analgesic and is not indicated for acute / postoperative pain or if the pai is mild or not expected to persist for an extended period of time.	Recommend exclusion; the formulation prevents crushing it. If crushing occurs, all the naltrexone will be released to blunt morphine's effect. Abuse can still occur by simply taking large doses of Embeda.		
Extavia	Interferon Beta 1B	Betaseron (2,951.46 per 28 days)	Avonex ($2,762.40 per month)	Copaxone ($3,005 per month)	$196.76	$2,951.40	Extavia is an interferon beta indicated for the treatment of relapsing forms of multiple sclerosis (MS) to reduce the frequency of clinical exacerbations. Extavia contains the same active ingredients as Betaseron.	Recommendation: Put Extavia the same place as Betaseron. It is another brand of interferon beta.		
Invega Sustenna	Paliperidone Palmitate IM Ext Rel Susp				$1,185.85			T3		
Benzefoam Aer	Benzoyl Peroxide Foam				$2.89			Exclude or T3; this is the only foam product.		
Bepreve Drops	Bepotastine Besilate	Pataday $98.10 per 2.5ml	Patanol $98.10 per 5ml		$11.25	$112.50 per 10ml vial	BEPREVE™ (bepotastine besilate ophthalmic solution) 1.5% is a histamine H receptor antagonist indicated for the treatment of itching associated with signs and symptoms of allergic conjunctivitis.	Recommend Exclusion or T3. In PubMed, only 3 studies of the oral form, not the eyedrop. From the PI: Clinical efficacy was evaluated in 2 conjunctival allergen challenge studies (237 patients). It was more effective than its vehicle for relieving ocular itching induced by an ocular allergen challenge, both at 15 min and 8 h. Safety was evaluated in a RCT of 861 subjects over 6 weeks. PI info was not published in peer-reviewed literature. There is an over the counter eyedrop antihistamine, but it has an ophth decongestant in it also.		
Kerol AD	Urea in Zinc Undecylenate - Lactic Acid				$0.90	$216.00		T3; at this strength it is available only by Rx.		

Drug	Generic Name	Other Drugs in Same Class (AWP Pricing)			AWP per unit	Estimated AWP/ month	Notes	Consultant's Notes	DUEC Vote	Insurance Vote
Terbinex Kit	terbinafine 250mg tab plus	Generic terbinafine on $4 list			$187.50			Exclude		
Valturna	Aliskiren - Valsartan				$2.71 - $3.41	$81.30 - $102.30		Rec: same tier as valsartan with step therapy requiring failure of maximum dose of ACEI OR intolerance to an ACEI as well as failure of ARB/HCTZ combo.		
Zodryl DEC Susp	Pseudoephedrine w/ Codeine GG				$0.16 - $0.30			T3		
Keralyt Kit Scalp	Salicylic Acid shampoo and gel				$67.80			Exclude		
Intuniv	Guanfacine SR	Strattera ($168.90 to $337.80 per month)			$5.50	$165.00	Intuniv is a selective alpha2A-adrenergic receptor agonist indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD).	T3. This drug will likely be an add-on.		
Stelara	Ustekinumab	Enbrel ($28,525 per year)	Humira ($23,774 per year)	Amevive ($13,104 - $26,208 per year)	$5,595.60 per vial	$27,978 - $55,956 per year	Stelara, a human interleukin (IL_-12 and IL-23 antagonist, is indicated for the treatment of adult patients (18 years and older) with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy. Stelara is being investigated as a potential treatment for psoriatic arthritis and Crohn's disease.	From Pharmacist's Letter: first of a new class. It inhibits the inflammatory proteins interleukin-12 and -23 instead of TNF. Some evidence suggests that Stelara might be more effective than Enbrel for psoriasis. But this isn't proven yet. And ther are concerns about long-term safety. Stelara is given SC q12w compared to q2 for Enbrel and qOW for Humira. But Stelara is NOT approved for self-inj. the FDA wants pts to get it from a healthcare provider for closer monitoring. Expect pricing to be similar to Enbrel and Humira. But it will be twice as much for patients over 100 kg because they will need two 45mg vials instead of one. REcommend TB testing before starting Stelara and counsel pts to watch for signs of infection. Cancer might be a bigger concern with Stalara than with TNF inhibitors. Consider it an option to Enbrel or Humira especially in pt who can't take TNF inhibitors due to demyelinating disease (MS, etc) or heart failure.; May be useful in Crohn's and psoriatic arthritis; no comparative trial resul		
Naprelan Pak	Naproxen SR 500mg/750mg				$5.98			Exclude		
Folotyn Inj	Praletrexate				$3,750.00			N/A not an outpatient drug		
Donatuss DC	Penylephrine - Dihydrocodeine - GG Syrup				$0.17			T3		

Drug	Generic Name	Other Drugs in Same Class (AWP Pricing)			AWP per unit	Estimated AWP/ month	Notes	Consultant's Notes	DUEC Vote	Insurance Vote
Zenpep	Pancrelipase DR	Creon ($0.88 - $3.00 per unit)			$0.79 - $3.00		ZENPEP is a combination of porcine-derived lipases, proteases, and amylases indicated for the treatment of exocrine pancreatic insufficiency due to cystic fibrosis, or other conditions	T3		
Cervarix	Human Papilloma Virus Bival	Gardasil $156.50 per vial			$154.35 per vial		Cervarix is a vaccine indicated for the prevention of the following diseases caused by oncogenic human papilloma virus types 16 and 18, including cervical cancer, cervical intraepithelial neoplasia grade 2 or worse and adenocarcinoma *in situ,* and cervical intraepithelial neoplasia grade 1. It is approved for use in females age 10 - 25 years of age.	From Pharmacists' Letter: Both Cervarix and Gardasil protect against HPV types 16 & 18, which cause 70% of cases of cervical cancer. Both are given in 3 doses over 6 m and cost ~$400 for the whole series. Cervarix uses a different adjuvant which may give longer immunity. Gardasil also protects against HPV types 6 & 11 which cause genital warts in men and women. Gardasil is not approved also for males 9-26 to prevent genital warts. A head-to-head study is underway but there are no results yet. Requires committee discussion.		
Albatussin	Phenylephrine - Carbetapentane GG				$1.20			Exclude		
Carbaphen 12	Phenylephrine - Chlorpheniramine - Carbetapentane				$0.39			Exclude		
Metozolv ODT	metocolopramide ODT	metocolopramide tabs ($0.20 - $0.45 per unit)			$1.32		Metozolv ODT is a new orally disintegrating tablet of metoclopramide.	Exclude.		
Twynsta	Telmisartan - Amlodipine				$4.20	$126.00		Rec: same tier as valsartan with step therapy requiring failure of maximum dose of ACEI OR intolerance to an ACEI .		
Uramaxin lot	urea lotion				$0.37			Exclude		
Votrient	Pazopanib	Afinitor ($6,588 to $13,896 per month)	Nexavar ($3,718 - $7,435 per month)	Sutent ($7,722 - $16,886 per month)	$54.96	$6,595.60	Votrient is a iinase inhibitor indicated for the treatment of patients with advanced renal cell carcinoma. The recommended dose of Votrient is 800mg/day without food. GSK is investigating Votreint for other indications	T3 PA: 1. Dx of RCC. BLOOD, 7 MAY 2009 VOLUME 113, NUMBER 19 showed that pazopanib is not at all likely to be helpful in multiple myeloma despite adequate blood levels.		

Drug	Generic Name	Other Drugs in Same Class (AWP Pricing)	AWP per unit	Estimated AWP/ month	Notes	Consultant's Notes	DUEC Vote	Insurance Vote
Berinert Inj	C1 Esterase Inhibitor	Cinryze ($4,680 per treatment)	$2,070	~$6,210 per treatment	Berinert is a plasma derived concentrate of C1 esterase inhibitor (Human) indicated for the treatment of acute abdominal or facial attacks of hereditary angioedema (HAE) in adult and adolescent patients.	**From Dynamed: Treatment overview:** maintain airway mechanically, epinephrine not effective **Medications:** limited androgens, antihistamines, corticosteroids ecallantide may reduce symptoms during acute hereditary angioedema attacks (level 2 [mid-level] evidence) based on small randomized trial 48 patients having acute hereditary angioedema attacks were randomized to ecallantide 5, 10, 20, or 40 mg/m2 IV (10 patients in each treatment group) vs. placebo (2 patients for each dose group) ; 72.5% (29/40) treated patients vs. 25% (2/8) placebo patients reported significant symptom improvement within 4 hours (p = 0.0169, NNT 3) Reference - J Allergy Clin Immunol 2007 Aug;120(2):416 prophylactic administration of androgens (methyltestosterone in Ann Intern Med 1960;53:739, danazol in N Engl J Med 1976 Dec 23;295(26):1444, stanozolol in J Allergy Clin Immunol 1987 Dec;80(6):855 with correction in J Allergy Clin Immunol 1988;81:1208) or antifibrinolytic agents (epsilon aminocaproic acid in N Engl J Med 1972 Apr 13;286(15):808, tranexamic acid in N Engl J Med 1972 Aug 31;287(9):452) is useful in reduc hepatocellular adenomas reported in 3 patients taking danazol > 10 years for hereditary ang prophylaxis study - 6 patients with inadequate results from androgens or antifibrinolytic agen treatment study - 22 patients with 104 acute attacks given infusion within 5 hours; 69% attac		
						Editorialist suggests C1 inhibitor is indicated for treatment of dangerous attacks (laryngeal edema and severe abdominal attacks) but not suggested for prophylaxis (editorial in N Engl J Med 1996 Jun 20;334(25):1666) . C1 inhibitor concentrate IV shortened duration of laryngeal edema from 101 hours to 15 hours in study comparing 24 untreated patients (324 episodes) with 18 treated patients (193 episodes), assignment not randomized (Arch Intern Med 2001 Mar 12;161(5):714). plasma-derived C1 inhibitor (Cinryze) FDA approved for use in patients with hereditary angioedema (FDA Press Release 2008 Oct 10) . epsilon-aminocaproic acid (EACA) has been used to control attacks of angioedema due to C1 inhibitor deficiency, case report of 2 patients treated with EACA can be found in Mayo Clin Proc 1996 Dec;71(12):1175 . H. pylori eradication may reduce frequency of edematous episodes in patients with hereditary angioneurotic edema and dyspepsia and H. pylori infection, based on non-randomized series (Lancet 2001 Nov 17;358 (9294): 1695.) Requires committee discussion		

Drug	Generic Name	Other Drugs in Same Class (AWP Pricing)			AWP per unit	Estimated AWP/ month	Notes	Consultant's Notes	DUEC Vote	Insurance Vote
Halonate Kit	Halobetasol Prop & Ammonium Lactate				$1.15			T3 or exclude. This medicine is a kit that contains a topical corticosteroid and a humectant. The corticosteroid reduces skin inflammation (redness, swelling, itching, and irritation). The humectant moisturizes and softens the skin.		
Venelex oint	Balsam Peru - Castor Oil				$0.63			T3. Protectant like diaper rash cream.		
Nalfon cap 400mg	Fenoprofen Ca 400mg				$1.36			T3, generic available.		
Rescon-MX	Dexchlorpheniramine - Phenylephrine SR				$2.80			Exclude. OTC alternatives		

Arkansas State and Public School Employees
Prescription Drug Program
Multi-Source Brand Summary
4Q09

For DUEC Discussion

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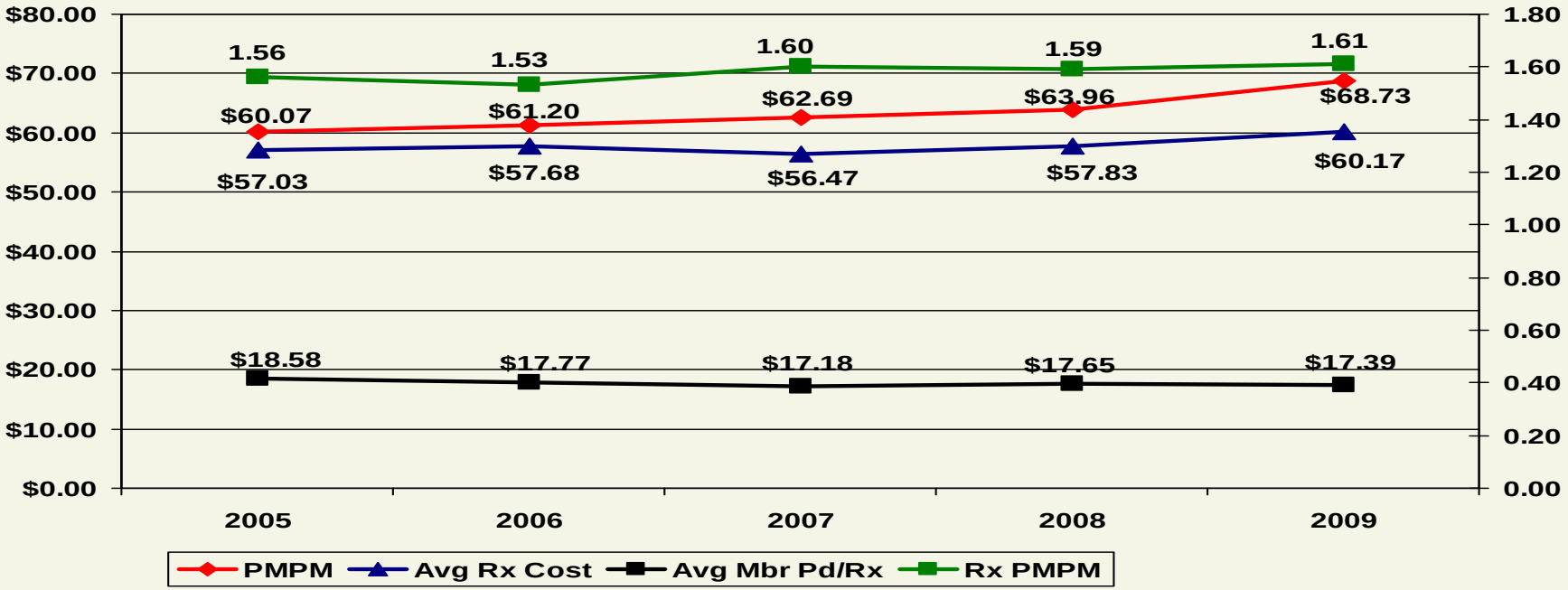
Plan Performance Overview

January 11, 2010

Redefining Pharmacy Benefit Management

Trend Analysis



The line graph above shows trends in key factors of a prescription drug benefit over the past 5 years. The average member paid/Rx has been fairly stable, even with a co-payment change during this time, due to the increasing generic dispensing rate. Utilization increased early in the period but has stabilized over the past 3 years. The Avg Rx Cost has seen slight increases each year, with a more significant increase in 2009. Finally, the PMPM cost has shown minimal year over year increases (1.9%, 2.4% and 2.0% for the first 3 periods, with a current 7.45% trend comparing 2008 to 2009.

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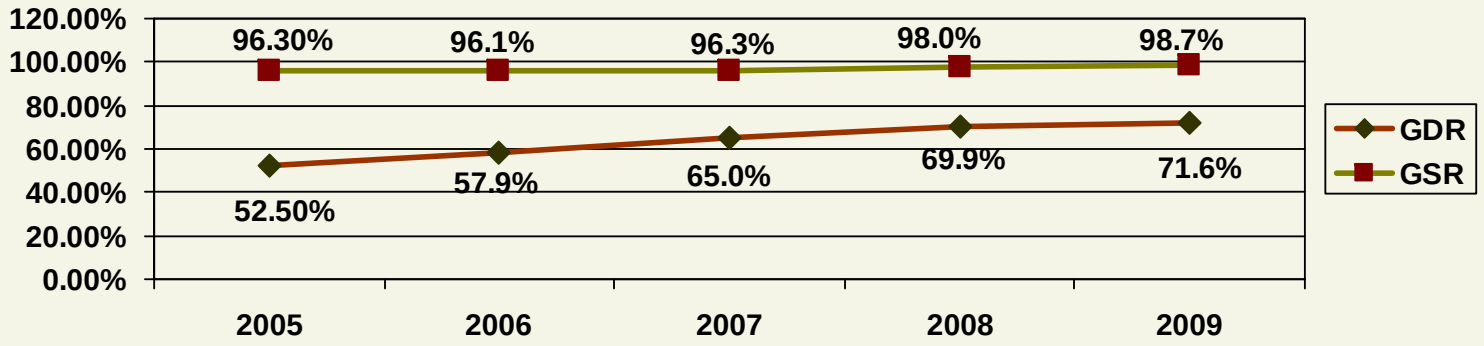
Generic Drug Trends



GDR – Generic Dispensing Rate GSR – Generic Substitution Rate

- GDR increases of 5 – 7 points year over year for the first 3 years
- As the GDR approached 70%, the incremental yearly gain has decreased, indicating much of the opportunity has been realized
- GSR has increased to well over 98%, indicating generic drug use is being maximized when a generic equivalent is available

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Key Plan Performance Measures

	CY 2008	CY 2009	% Change
Avg Eligible Members	128,765	128,384	(0.3%)
Total Plan Paid	$98,828,258	$105,880,896	7.14%
Total Rxs	2,459,653	2,475,012	0.62%
Plan Paid PMPM	$63.96	$68.73	7.45%
Avg Rx Cost	$57.83	$60.17	4.05%
Rxs PMPM	1.59	1.61	1.26%
Member Paid %	30.52%	28.90%	(5.31%)
Generic Disp Rate	69.92%	71.57%	2.36%
Average Days Supply/Rx	26.37	26.97	2.27%

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Specialty Drug Spend Summary

	Jan-Oct 2008	Jan-Oct 2009	% Change
Specialty Rxs/1000/month	81.9	87.1	6.3%
Avg Plan Paid/Rx	$2,236.84	$2,644.39	15.4%
Member Cost Sharing %	1.7%	1.4%	(17.6%)
Specialty Spend PMPM	$11.03	$13.05	18.3%
% of Total Plan Cost	17.4%	19.0%	9.2%

Product Name	# Rxs	Total Plan Paid	% Specialty Plan Paid
Enbrel	1,307	$2,345,730	14.0%
Humira	841	$1,612,811	9.7%
Copaxone	512	$1,421,256	8.5%
Forteo	775	$ 638,165	3.8%
Rebif	219	$ 594,175	3.6%
Gleevec	169	$ 576,504	3.5%
Revlimid	73	$ 547,469	3.3%
Recombinate	69	$ 464,034	2.8%
Thalomid	88	$ 447,314	2.7%
Avonex	166	$ 436,135	2.6%
Subtotal	*4,219*	*$9,083,593*	*54.4%*
Specialty Totals	**11,146**	**$16,697,456**	**100.0%**

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Cost Drivers
Top Therapeutic Categories

	PMPM Cost		
Therapeutic Category	**CY 2008**	**CY 2009**	**% Change**
Antidiabetics	$5.22	$5.98	14.6%
Antidepressants	$4.37	$4.13	(5.5%)
Analgesics Anti-Inflammatory	$3.11	$3.61	16.1%
Antihypertensives	$3.58	$3.56	(0.6%)
Anticonvulsants	$3.50	$3.19	(8.9%)
Antihyperlipidemics	$3.13	$3.15	0.6%
Antiasthmatics	$2.81	$2.94	4.6%
Misc Psycho & Neuro Agents	$2.25	$2.78	23.6%
Ulcer Drugs	$2.39	$2.63	10.0%
Antineoplastics	$2.08	$2.52	21.2%
Subtotal Top 10	*$32.42*	*$34.50*	*6.4%*
Overall Plan Totals	**$63.96**	**$68.73**	**7.5%**

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AWP Inflation

Drug Name	1/1/2008	9/1/2009	% Change
Copaxone	$2,358.60	$3,130.74	32.74%
Avonex	$552.19	$719.38	30.28%
Rebif 44	$380.38	$487.01	28.03%
Betaseron	$143.37	$171.26	19.45%
Enbrel	$421.00	$495.23	17.63%
Humira	$825.15	$908.00	10.04%
Forteo	$384.45	$415.21	8.00%
Revlimid 10mg	$309.09	$388.40	25.66%
Revlimid 5mg	$295.36	$371.14	25.66%

The Average AWP per Brand Rx at Retail increased from $159.58 in the 2008 time period to $175.70 in the 2009 time period, an increase of 10.1%.

Bold = Top 25 Drugs by Plan Cost

Bold Italics = Top 25 Drugs by # Rxs

Drug Name	1/1/2008	9/1/2009	% Change
Flomax	$2.88	$4.11	42.71%
Valtrex 500mg	$6.66	$8.56	28.53%
Yaz	$2.11	$2.67	26.54%
Aricept	$6.15	$7.78	26.5%
Valtrex 1gm	$11.62	$14.65	26.08%
Crestor 10/20	$3.58	$4.48	25.14%
Lantus	$8.82	$10.75	21.88%
Diovan 160mg	$2.35	$2.85	21.28%
Humalog/Novolog	$9.57	$11.59	21.11%
Singulair 10mg	$3.83	$4.56	19.06%
Evista	$3.53	$4.20	18.98%
Actos 45mg	$7.48	$8.72	16.58%
Effexor XR 150mg	$4.64	$5.40	16.38%
Plavix 75mg	$5.19	$6.00	15.61%
Abilify 5mg, 10mg	$14.59	$16.84	15.42%
Lyrica	$2.34	$2.68	14.53%
Lexapro 20mg	$3.10	$3.52	13.55%

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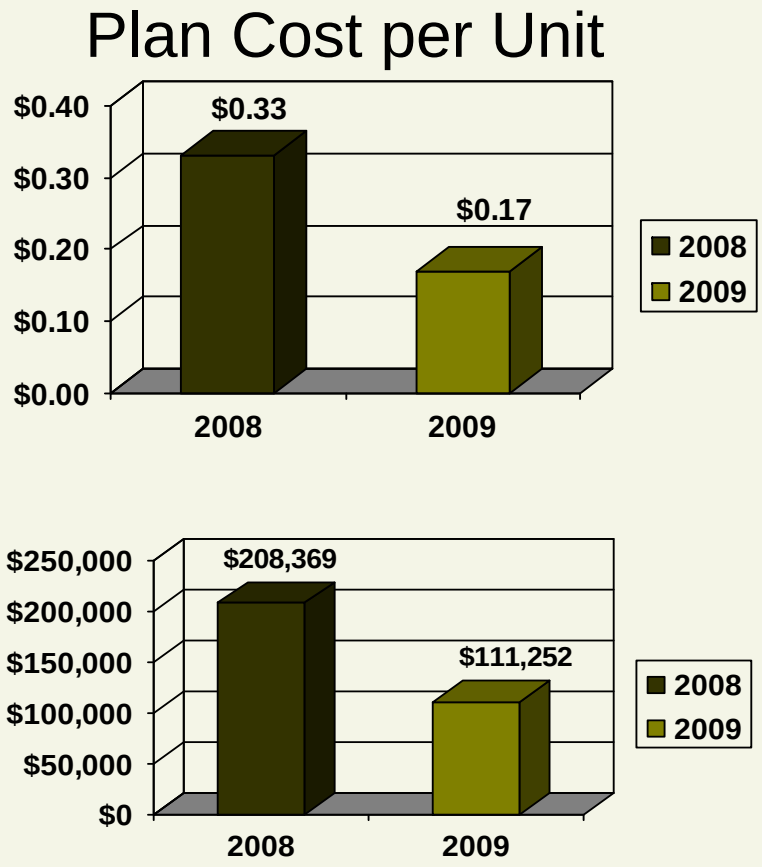
Reference Pricing Hypnotics



- Reference price changed 1/1/09
- Zolpidem market share increased from 54.8% to 61.5%
- 46.6% reduction in plan cost on only 189 fewer Rxs

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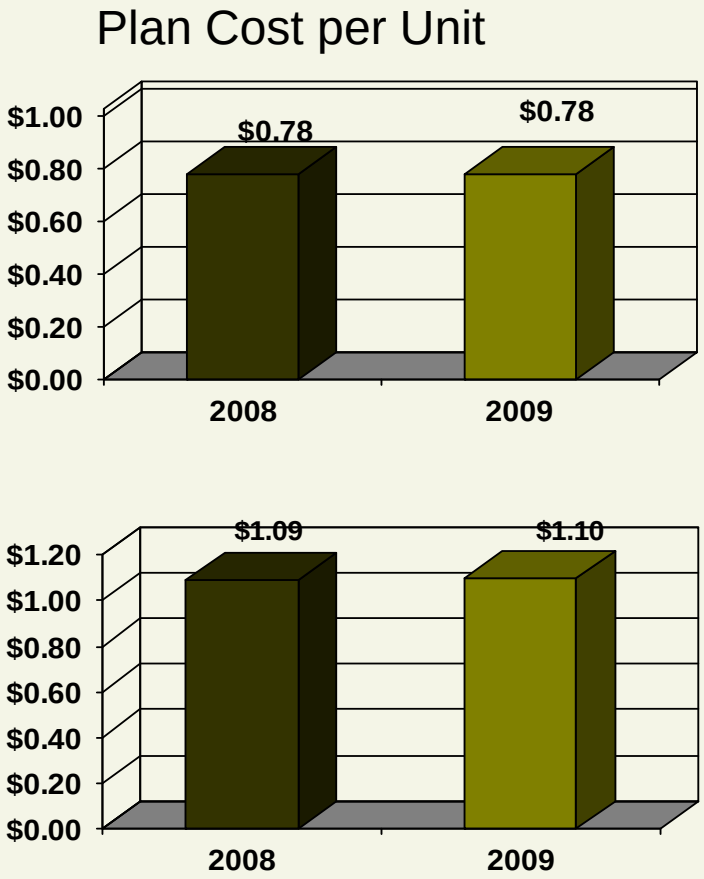
Reference Pricing PPI's



- Plan cost per unit flat
- Plan cost per day essentially flat
- 86.1% of PPI Rxs for omeprazole

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Reference Pricing Statins
Early Returns

	3Q09	4Q09
Cost per Day	$0.65	$0.52
Simvastatin Mkt Share	56.2%	60.0%
Lipitor Mkt Share	11.8%	9.5%
Crestor Mkt Share	8.0%	6.2%
Lipitor Cost per Day	$2.05	$1.82
Crestor Cost per Day	$2.32	$1.98

- Reference pricing initiated 10/1/09
- Current users of impacted products grandfathered until 1/1/10
- Plan savings of approximately $142K in 4Q09

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