Fiscal Year 2011 Annual Review of Elidel® and Protopic®
Oklahoma HealthCare Authority
April 2012

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 2010 and 2011

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Members</th>
<th>Claims</th>
<th>Total Paid</th>
<th>Paid/Claim</th>
<th>Per-Diem</th>
<th>Units</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>2,226</td>
<td>3,234</td>
<td>$492,464.76</td>
<td>$152.28</td>
<td>$5.00</td>
<td>168,400</td>
<td>98,423</td>
</tr>
<tr>
<td>2011</td>
<td>1,953</td>
<td>3,156</td>
<td>$535,228.14</td>
<td>$169.59</td>
<td>$5.59</td>
<td>161,322</td>
<td>95,767</td>
</tr>
<tr>
<td>% Change</td>
<td>-12.30%</td>
<td>-2.40%</td>
<td>8.70%</td>
<td>11.40%</td>
<td>11.80%</td>
<td>-4.20%</td>
<td>-2.70%</td>
</tr>
<tr>
<td>Change</td>
<td>-273</td>
<td>-78</td>
<td>$42,763.38</td>
<td>$17.31</td>
<td>$0.59</td>
<td>-7,078</td>
<td>-2,656</td>
</tr>
</tbody>
</table>
Utilization Details FY 2011

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>CLAIMS</th>
<th>MEMBERS</th>
<th>PAID</th>
<th>CLAIMS/MEMBER</th>
<th>COST/DAY</th>
<th>% PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELIDEL CRE 1%</td>
<td>1,904</td>
<td>1,162</td>
<td>$289,486.06</td>
<td>1.64</td>
<td>$5.01</td>
<td>54.09%</td>
</tr>
<tr>
<td>PROTOPIC OIN 0.03%</td>
<td>1,111</td>
<td>734</td>
<td>$218,395.88</td>
<td>1.51</td>
<td>$6.47</td>
<td>40.80%</td>
</tr>
<tr>
<td>PROTOPIC OIN 0.1%</td>
<td>141</td>
<td>102</td>
<td>$27,346.20</td>
<td>1.38</td>
<td>$6.44</td>
<td>5.11%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>3,156</td>
<td>*1,953</td>
<td>$535,228.14</td>
<td>1.62</td>
<td>$5.59</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Total Number of Unduplicated Members

Demographics FY 2011

Top Prescriber Specialty by Number of Claims FY 2011
Prior Authorization of Elidel®/Protopic®

There were a total of 649 petitions submitted for this PBPA category during fiscal year 2011. The following chart shows the status of the submitted petitions.

Status of Petitions

- Approved, 263, 40%
- Denied, 44, 8%
- Incompleted, 342, 52%

Recommendations

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