

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

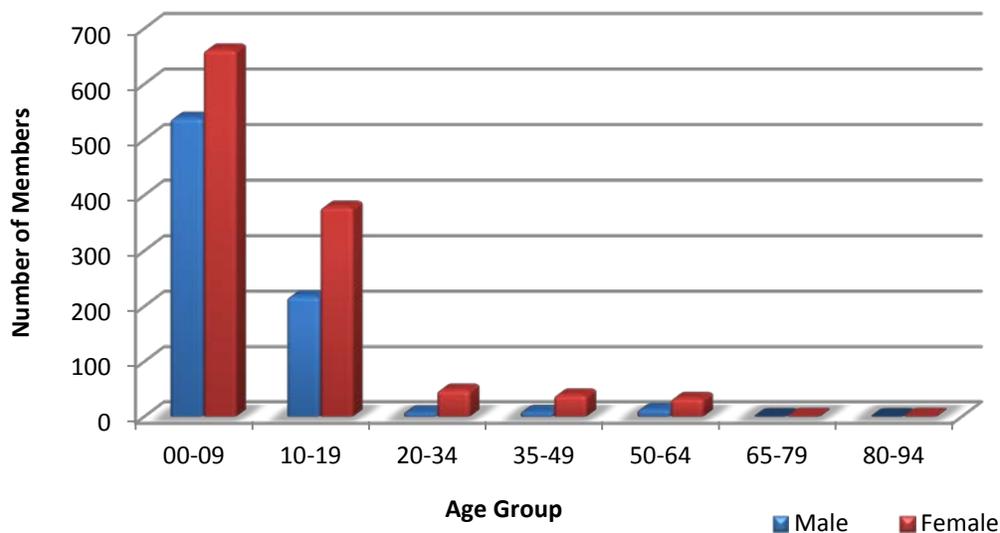
Fiscal Year	Members	Claims	Total Paid	Paid/Claim	Per-Diem	Units	Days
2010	2,226	3,234	\$492,464.76	\$152.28	\$5.00	168,400	98,423
2011	1,953	3,156	\$535,228.14	\$169.59	\$5.59	161,322	95,767
% Change	-12.30%	-2.40%	8.70%	11.40%	11.80%	-4.20%	-2.70%
Change	-273	-78	\$42,763.38	\$17.31	\$0.59	-7,078	-2,656

Utilization Details FY 2011

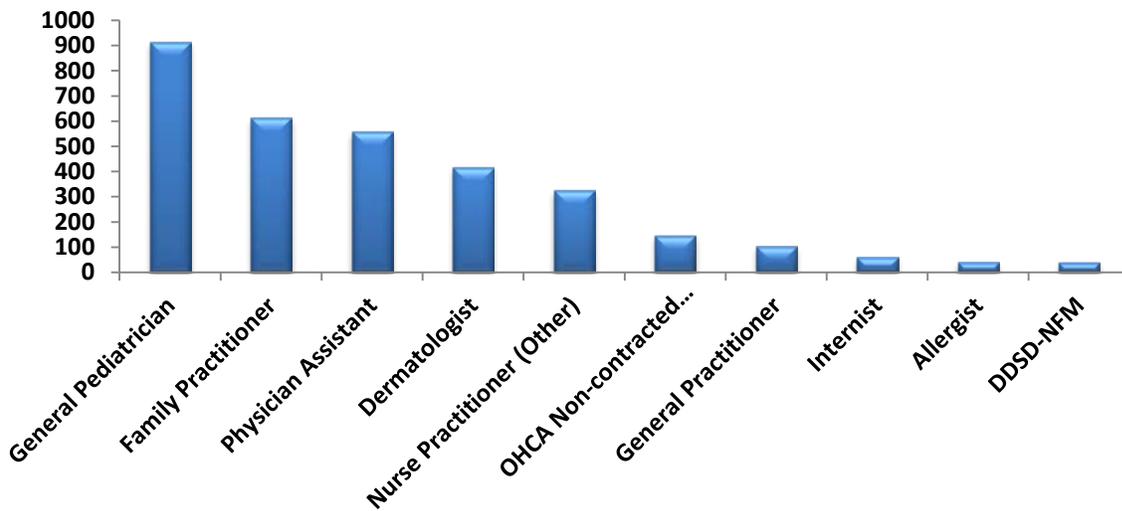
MEDICATION	CLAIMS	MEMBERS	PAID	CLAIMS/MEMBER	COST/DAY	% PAID
ELIDEL CRE 1%	1,904	1,162	\$289,486.06	1.64	\$5.01	54.09%
PROTOPIC OIN 0.03%	1,111	734	\$218,395.88	1.51	\$6.47	40.80%
PROTOPIC OIN 0.1%	141	102	\$27,346.20	1.38	\$6.44	5.11%
TOTALS	3,156	*1,953	\$535,228.14	1.62	\$5.59	100%

*Total Number of Unduplicated Members

Demographics FY 2011

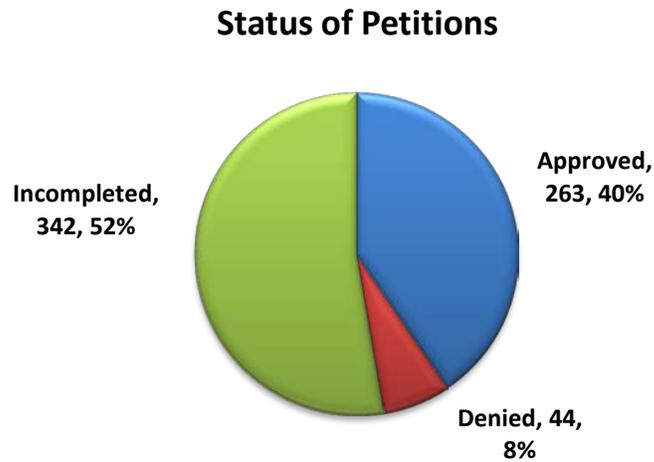


Top Prescriber Specialty by Number of Claims FY 2011



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.



Recommendations

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