DUR Board Meeting
December 11, 2006
Radisson Hotel
Manhattan Room
1pm

North Dakota Medicaid
DUR Board Meeting
Agenda
Radisson Hotel
Manhattan Room
December 11th, 2006
1pm

1. Administrative items
   - Travel vouchers
   - Board Members Sign In

2. Old Business

• Review and approval of minutes of 11/13/06 meeting	Chairman
• Budget update	Brendan Joyce
• Review Oxycontin	HID
• Review Solodyn and Oracea	HID
• Review Exubera	HID
• Yearly review of Zanaflex capsules	HID

3. New Business

• Review Tablet Splitting Initiative	HID
• Criteria Recommendations	Brendan Joyce
• Upcoming meeting date/agenda February 5th, 2007	Chairman

4. Adjourn — Chairman

Please remember to turn all cellular phones and pagers to silent mode during the meeting.

Oxycontin Utilization

2005	Label Name	Rx Num	Qty Dispensed	Total Price	Patients	Qty/RX
January	OXYCODONE HCL	147	9163	$29,862.94	96	62
February	OXYCODONE HCL	136	7944	$26,096.09	93	58
March	OXYCODONE HCL	152	8571	$30,113.26	102	56
April	OXYCODONE HCL	145	7814	$26,147.52	95	54
May	OXYCODONE HCL	153	8539	$29,973.45	96	56
June	OXYCODONE HCL	161	8833	$29,111.51	107	55
July	OXYCODONE HCL	153	9344	$30,535.42	104	61
August	OXYCODONE HCL	146	8212	$29,065.15	97	56
September	OXYCODONE HCL	146	8798	$29,772.86	95	60
October	OXYCODONE HCL	131	7811	$27,216.53	96	60
November	OXYCODONE HCL	128	7936	$26,282.22	92	62
December	OXYCODONE HCL	135	8209	$27,396.82	89	61
2006	**Label Name**	**Rx Num**	**Qty Dispensed**	**Total Price**	**Patients**	**Qty/RX**
January	OXYCODONE HCL	127	8618	$29,088.01	85	68
February	OXYCODONE HCL	114	7209	$18,029.02	83	63
March	OXYCODONE HCL	119	7014	$15,880.06	83	59
April	OXYCODONE HCL	121	6714	$16,109.55	86	55
May	OXYCODONE HCL	143	7614	$17,778.20	91	53
June	OXYCODONE HCL	126	7408	$18,875.05	78	59
July	OXYCODONE HCL	109	6442	$15,263.26	78	59
August	OXYCODONE HCL	101	6121	$13,877.54	78	61

Since Oxycontin became available generically, the number of patients, tablets and scripts each has decreased. Since July 2005, patients obtaining a prescription for Oxycontin decreased 25%, the quantity of scripts decreased 34%, and the quantity of pills dispensed decreased 34.5%. This might indicate that obtaining the generic, in some cases, may not be as appealing as obtaining the branded product.

In light of recent court rulings stating that the generic product will become unavailable, the Department would like to implement a prior authorization status for Oxycontin. This would ensure appropriate utilization of this medication and avoid questionable brand utilization increases.

FOR IMMEDIATE RELEASE
Contact: Tim Bannon
203-588-8450

Purdue Pharma L.P. Announces Agreement to End OxyContin® Patent Lawsuit with Teva Pharmaceuticals

Teva agrees to stop selling infringing products

Stamford, CT – (August 29, 2006) – Purdue Pharma L.P. of Stamford, Connecticut and Teva Pharmaceuticals USA, Inc. of North Wales, Pennsylvania have agreed to end their lawsuit concerning certain Purdue Pharma patents on OxyContin® (oxycodone HCl controlled-release) Tablets. Under the terms of the settlement agreement, Teva will cease selling its infringing oxycodone products at a future date and Purdue Pharma will not pursue damages against Teva for past infringement. The settlement agreement is subject to certain contingencies, including review by the United States antitrust agencies and the United States District Court for the Southern District of New York.

"We are pleased that Teva will respect our invention of an important medicine. I believe we would have prevailed in our lawsuit and the court eventually would have ordered Teva to stop selling its infringing product. Because of today's agreement, we no longer have to wait for a trial, and possible appeals, in order to secure the result provided in the agreement. We have avoided the risks, uncertainty and costs of continued litigation," said Michael Friedman, President and CEO of Purdue Pharma, in announcing the end of the lawsuit.

"Our first commitment is and always will be to serve both physicians and patients with innovative prescription and non-prescription products. In service of that commitment, we will continue to protect our important inventions against all infringers," Mr. Friedman concluded.

Purdue Pharma has filed infringement actions to protect its OxyContin patents against other companies. On February 1, 2006, the United States Court of Appeals for the Federal Circuit ruled the Purdue patents to have been infringed by extended-release oxycodone products sold by Endo Pharmaceuticals Inc. of Chadds Ford, Pennsylvania.

Purdue Pharma L.P. and its associated U.S. companies are privately-held pharmaceutical companies known for pioneering research on persistent pain. Headquartered in Stamford, CT, Purdue is engaged in the research, development, production, and distribution of both prescription and over-the-counter medicines and hospital products. Additional information about Purdue can be found at www.purduepharma.com.

The professional product labeling for OxyContin® Tablets contains the following boxed warning:

WARNING:
OxyContin is an opioid agonist and a Schedule II controlled substance with an abuse liability similar to morphine.
Oxycodone can be abused in a manner similar to other opioid agonists, legal or illicit.

This should be considered when prescribing or dispensing OxyContin in situations where the physician or pharmacist is concerned about an increased risk of misuse, abuse, or diversion.

OxyContin Tablets are a controlled-release oral formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time.

OxyContin Tablets are NOT intended for use as a prn analgesic.

OxyContin 80 mg and 160 mg Tablets ARE FOR USE IN OPIOID-TOLERANT PATIENTS ONLY. These tablet strengths may cause fatal respiratory depression when administered to patients not previously exposed to opioids.

OxyContin TABLETS ARE TO BE SWALLOWED WHOLE AND ARE NOT TO BE BROKEN, CHEWED, OR CRUSHED. TAKING BROKEN, CHEWED, OR CRUSHED OxyContin TABLETS LEADS TO RAPID RELEASE AND ABSORPTION OF A POTENTIALLY FATAL DOSE OF OXYCODONE.

Full prescribing information for OxyContin is available at http://www.purduepharma.com/PRESSROOM/PI/OXYCONTIN_PI.PDF.

# # #

OXYCONTIN PRIOR AUTHORIZATION
ND DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION

Fax Completed Form to:
866-254-0761
For questions regarding this Prior authorization, call
866-773-0695

ND Medicaid requires that patients receiving a prescription for Oxycontin must use a generic long acting opiod first line.
****Note: The PA may be approved if one of the following criteria is met:***
Failed trial of generic long acting opiod.
Patient has cancer diagnosis.

Part I: TO BE COMPLETED BY PHYSICIAN

	RECIPIENT
RECIPIENT NAME: Recipient	MEDICAID ID NUMBER:
Date of birth: / /	
	PHYSICIAN
PHYSICIAN NAME:	MEDICAID ID NUMBER:
Address:	Phone: ( ) -
City:	FAX: ( ) -
State: Zip:	

REQUESTED DRUG:	**Requested Dosage:**	**Diagnosis for this request:**
□ OXYCONTIN		

Qualifications for coverage:

Failed therapy	Start Date:	Dose:
	End Date:	Frequency:

□ *I confirm that I have considered a generic or other alternative and that the requested drug is expected to result in the successful medical management of the recipient.*

Physician Signature:		Date:

Part II: TO BE COMPLETED BY PHARMACY

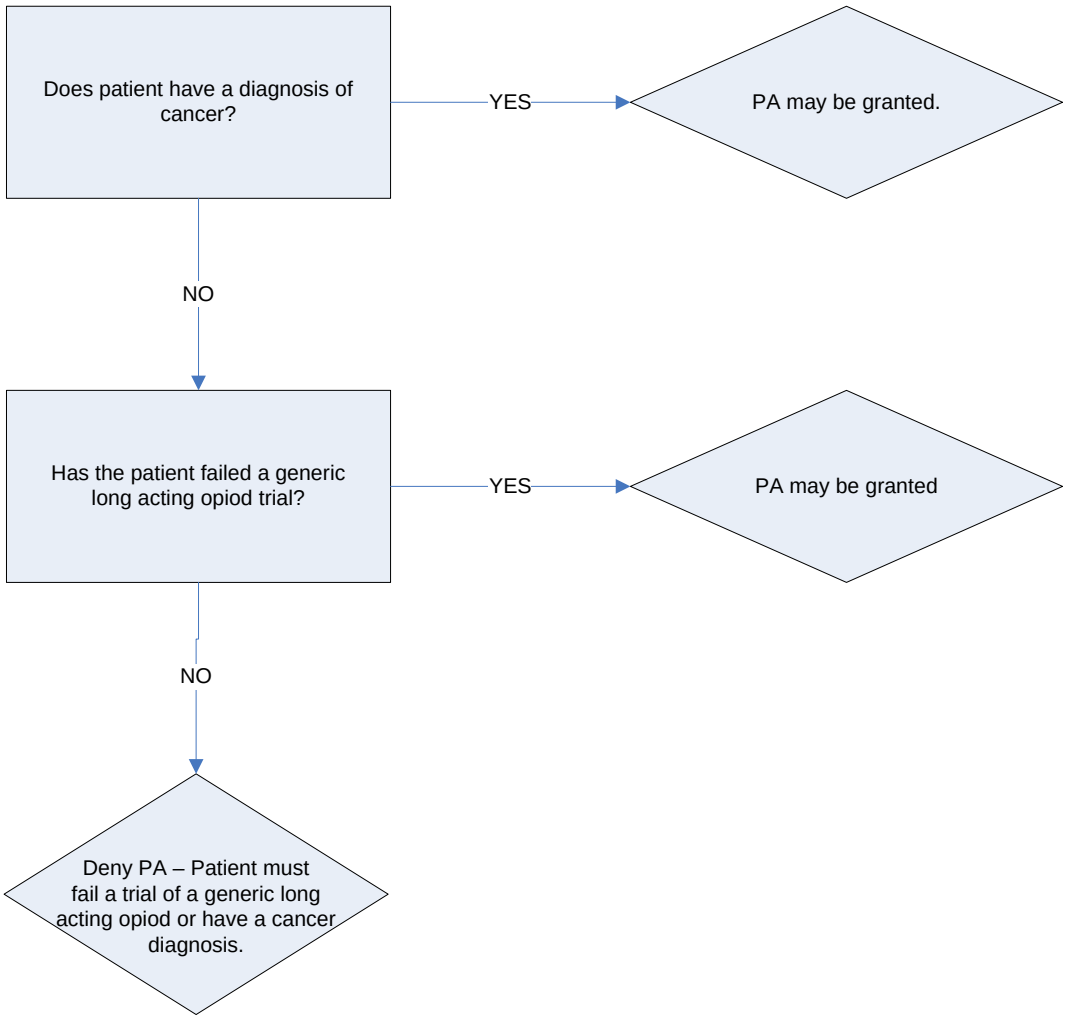
PHARMACY NAME:	ND MEDICAID PROVIDER NUMBER:
Phone: ( ) -	FAX: ( ) -
Drug:	NDC#:

Part III: FOR OFFICIAL USE ONLY

Date: / /	Initials: _____
Approved - Effective dates of PA: From: / /	To: / /
Denied: (Reasons)	

North Dakota Department of Human Services

Oxycontin Prior Authorization Criteria Algorithm



SOLODYN/ORACEA PRIOR AUTHORIZATION
ND DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION

Fax Completed Form to:
866-254-0761
For questions regarding this Prior authorization, call
866-773-0695

Note: ND Medicaid will not pay for Solodyn or Oracea without documented failure of a first line tetracycline agent.

- First line agents include: doxycycline, minocycline, and tetracycline.

Part I: TO BE COMPLETED BY PHYSICIAN

RECIPIENT NAME:	RECIPIENT MEDICAID ID NUMBER:
Recipient Date of birth: / /	
PHYSICIAN NAME:	PHYSICIAN MEDICAID ID NUMBER:
Address:	Phone: ( ) -
City:	FAX: ( ) -
State: Zip:	

REQUESTED DRUG:	**Indication:**
□ Solodyn □ Oracea	

□ *I confirm that I have considered a first line tetracycline agent (name of medication)_____ on this patient and it will not work because _____.*

Physician Signature:	Date:

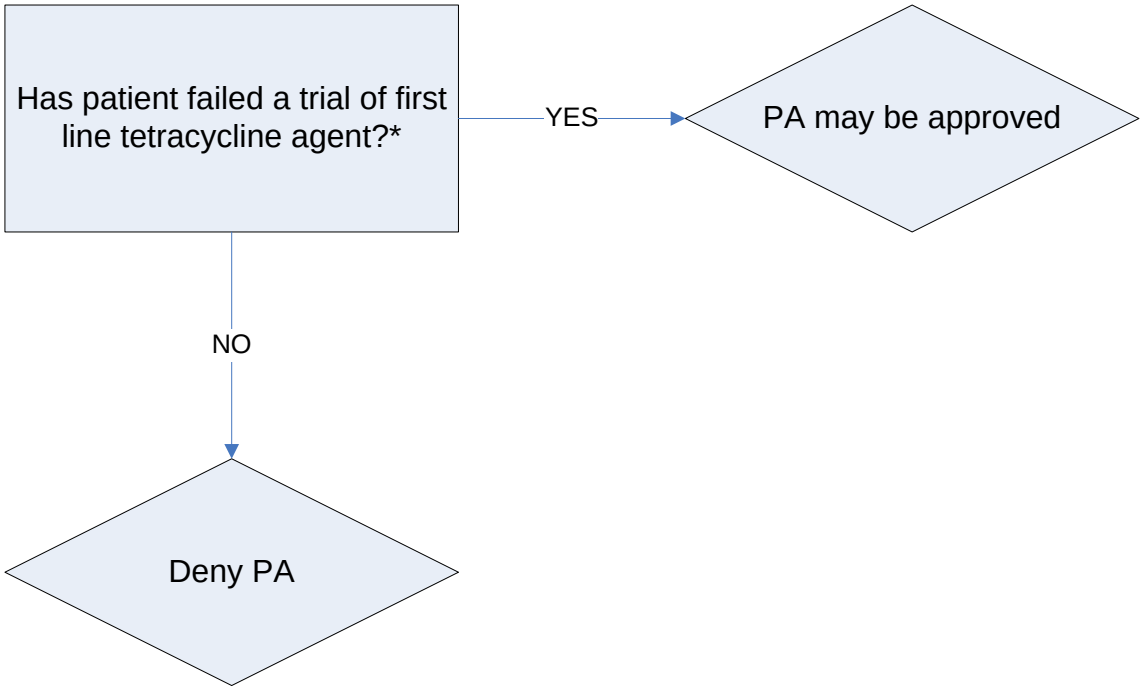
Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:	ND MEDICAID PROVIDER NUMBER:
Phone: ( ) -	FAX: ( ) -
Drug:	NDC#:

Part III: FOR OFFICIAL USE ONLY

Date: / /	Initials: _____
Approved - Effective dates of PA: From: / /	To: / /
Denied: (Reasons)	

North Dakota Department of Human Services
Solodyn/Oracea Authorization Algorithm



*First line agents include: doxycycline, minocycline, and tetracycline.

EXUBERA PRIOR AUTHORIZATION
ND DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION

Fax Completed Form to:
866-254-0761
For questions regarding this Prior authorization, call
866-773-0695

North Dakota Medicaid requires that patients receiving a new prescription for Exubera meet these guidelines for coverage:

- **Patient has Type 1 diabetes, or Type 2 diabetes inadequately controlled by treatment with diet and/or oral agents.**
- **Patient has intolerance to SC insulin (i.e. injection site reactions).**
- **Patient is a non-smoker with good lung function.**

Part I: TO BE COMPLETED BY PHYSICIAN

RECIPIENT NAME:	RECIPIENT MEDICAID ID NUMBER:
Recipient Date of birth: / /	
PHYSICIAN NAME:	PHYSICIAN MEDICAID ID NUMBER:
Address:	Phone: ( )
City:	FAX: ( )
State: Zip:	

REQUESTED DRUG: □ *Exubera*	**Requested Dosage:** (must be completed)
	Diagnosis for this request:

Qualifications for coverage:

❑ Failed therapy with diet and oral agents	Start Date: End Date:	Dose: Frequency:
□ Intolerance to SC insulin		

□ *I confirm that I have considered diet, oral agents, and SC insulin on this patient and these therapies will not work because* _____.

.

Physician Signature: Date:

Part II: TO BE COMPLETED BY PHARMACY

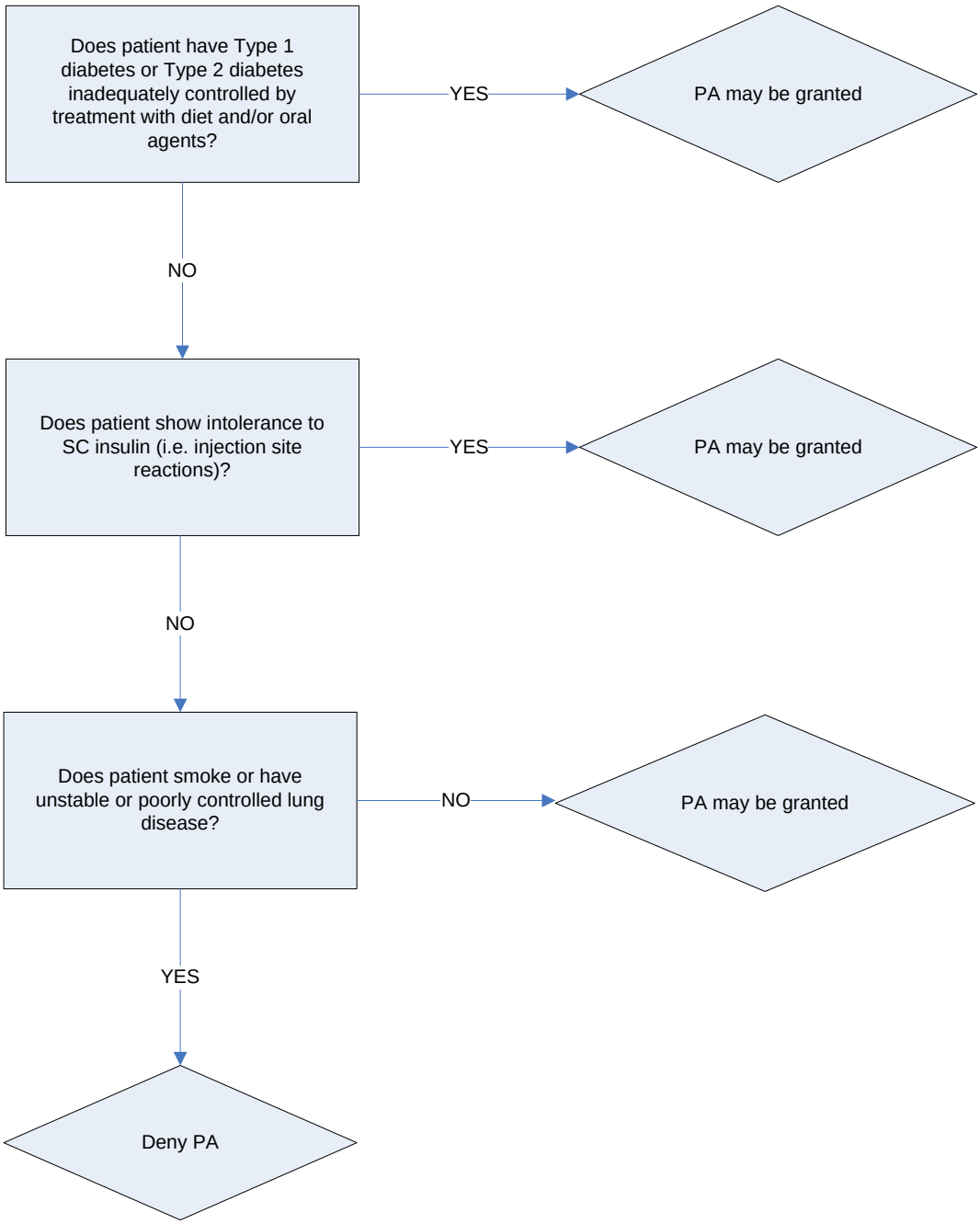
PHARMACY NAME:	ND MEDICAID PROVIDER NUMBER:
Phone:	FAX:
Drug:	NDC#:

Part III: FOR OFFICIAL USE ONLY

Date: / /	Initials: _____
Approved - Effective dates of PA: From: / /	To: / /
Denied: (Reasons)	

North Dakota Department of Human Services

Exubera Prior Authorization Criteria Algorithm



NORTH DAKOTA MEDICAID
Cost Avoidance Review

PA Class	Implementation Date	Cost Avoidance* Through Dec-05	Cost Avoidance** January 2006 Through June 2006	Total Cost Avoidance
Antihistamine	Mar-04	$620,633	$163,855	$784,488
Proton Pump Inhibitors	Mar-04	$2,316,652	$304,887	$2,621,539
NSAIDS/COXII	Mar-05	$178,720	$113,493	$292,213
ACE Inhibitors	May-05	-$18,814	$7,020	-$11,794
ARBS	Sep-05	$48,095	$39,184	$87,279
Sedative/Hypnotics	Jun-06	Not Implemented	$4,978	$4,978
All Classes		$3,145,286	$633,418	$3,778,704

***Cost Avoidance through December 2005 was calculated as follows: 1) Pre PA Actual Costs were projected using a linear trend line based on the actual cost for the most recent 12 months prior to the implementation of the PA; 2) Post PA Actual Costs were subtracted from the projection in (1) for each month after the implementation of the PA; 3) Cost Avoidance through December 2005 is the sum of the differences calculated in (2) for the months after PA implementation.**

****Cost Avoidance January 2006 through June 2006 was calculated by deducting the official state percentage of Part D recipients from the actual data through December 2005 then use the following: 1) Pre PA Actual Costs were projected using a linear trend line based on the actual cost for the most recent 12 months prior to the implementation of the PA; 2) Post PA Actual Costs were subtracted from the projection in (1) for each month after the implementation of the PA; 3) Cost Avoidance January 2006 through June 2006 is the sum of the differences calculated in (2) for the months after PA implementation.**

Zanaflex Capsule PRIOR AUTHORIZATION
ND DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION

Fax Completed Form to:
866-254-0761
For questions regarding this Prior authorization, call
866-773-0695

ND Medicaid requires that patients receiving Zanaflex capsules must use Tizanidine tablets first line.
****Note:***

- **Tizanidine tablets do not require a PA**
- **Patient must fail therapy on Tizanidine tablets before a PA may be granted**

Part I: TO BE COMPLETED BY PHYSICIAN

RECIPIENT NAME:	RECIPIENT MEDICAID ID NUMBER:
Recipient Date of birth: / /	
PHYSICIAN NAME:	PHYSICIAN MEDICAID ID NUMBER:
Address:	Phone: ( )
City:	FAX: ( )
State: Zip:	

REQUESTED DRUG:	**Requested Dosage:** (must be completed)

Qualifications for coverage:

❑ Failed generic drug	Start Date:	Dose:
	End Date:	Frequency:

□ *I confirm that I have considered a generic or other alternative and that the requested drug is expected to result in the successful medical management of the recipient.*

Physician Signature: Date:

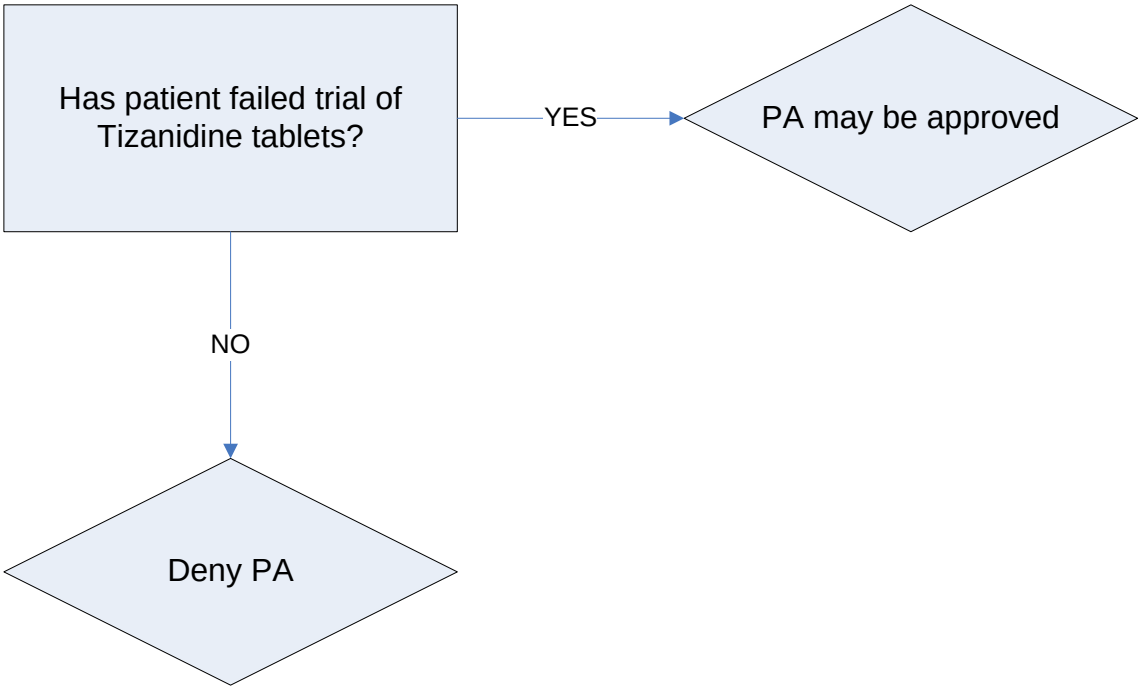
Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:	ND MEDICAID PROVIDER NUMBER:
Phone:	FAX:
Drug:	NDC#:

Part III: FOR OFFICIAL USE ONLY

Date: / /	Initials: _____
Approved - Effective dates of PA: From: / /	To: / /
Denied: (Reasons)	

North Dakota Department of Human Services
Zanaflex Authorization Algorithm



Cost Savings-Tablet Splitting
01/01/06-06/30/06

Name of Drug	Number of tablets dispensed	Total Cost	Cost Savings
Zoloft 25mg	3714	$8,911.33	
Zoloft 50mg (1/2 tab)	1857	$4,698.21	$4,213.12
Zoloft 50mg	19199	$48,659.12	
Zoloft 100mg (1/2 tab)	9599	$23,901.51	$24,757.61
Lexapro 5mg	180	$431.17	
Lexapro 10mg (1/2 tab)	90	$207.00	$224.17
Lexapro 10mg	21842	$50,225.55	
Lexapro 20mg (1/2 tab)	10921	$26,756.45	$23,469.10
Crestor 5mg	1560	$4,267.80	
Crestor 10mg (1/2 tab)	780	$2,254.20	$2,013.60
Crestor 10mg	6848	$19,762.58	
Crestor 20mg (1/2 tab)	3424	$10,100.80	$9,661.78
Crestor 20mg	2283	$6,731.02	
Crestor 40mg (1/2 tab)	1142	$3,437.42	$3,293.60
Lipitor 10mg	20963	$49,813.56	
Lipitor 20mg (1/2 tab)	10481	$35,320.97	$14,492.59
Lipitor 20mg	13934	$46,967.93	
Lipitor 40mg (1/2 tab)	6967	$26,056.58	$20,911.35
Lipitor 40mg	6162	$21,225.32	
Lipitor 80mg (1/2 tab)	3081	$10,136.49	$11,088.83
Zocor 10mg	721	$1,708.41	
Zocor 20mg (1/2 tab)	360	$1,461.60	$246.81
Zocor 20mg	4417	$17,922.51	
Zocor 40mg (1/2 tab)	2208	$9,648.96	$8,273.55
Zocor 40mg	4355	$19,046.48	
Zocor 80mg (1/2 tab)	2177	$10,014.20	$9,032.28
Toprol XL 25mg	4236	$3,892.81	
Toprol XL 50mg (1/2 tab)	2118	$1,736.76	$2,156.05
Toprol XL 50mg	7061	$5,791.02	
Toprol XL 100mg (1/2 tab)	3530	$4,306.60	$1,484.42

Toprol XL 100mg	4786	$5,828.18	
Toprol XL 200mg (1/2 tab)	2393	$4,474.91	$1,353.27
Provigil 100mg	1288	$6,646.16	
Provigil 200mg (1/2 tab)	644	$4,565.96	$2,080.20

Annualized Cost Savings

Zoloft	$57,941.46
Lexapro	$47,386.54
Crestor	$29,937.96
Lipitor	$92,985.54
Zocor	$35,105.28
Toprol	$9,987.48
Provigil	$4,160.40
Total	$277,504.66

NORTH DAKOTA MEDICAID
DRUG UTILIZATION REVIEW
CRITERIA RECOMMENDATIONS
4th QUARTER 2006

Criteria Recommendations ***Approved*** ***Rejected***

1. Triptans / SSRIs & SNRIs _____ _____

Alert Message: Coadministration of triptans and SSRIs or SNRIs should be done with caution. Concomitant use may increase the risk of serotonin syndrome. Prescribers are advised to weigh the potential risk of serotonin syndrome with the expected benefit of using the drugs in combination.
Conflict Code: DD – Drug/Drug Interaction
Drugs/Disease:

Util A	Util B	Util C
Naratriptan	Fluvoxamine	
Almotriptan	Fluoxetine	
Frovatriptan	Sertraline	
Sumatriptan	Paroxetine	
Zolmitriptan	Venlafaxine	
Rizatriptan	Duloxetine	
Eletriptan	Escitalopram	
	Citalopram	

References:
MedWatch – The Safety Information and Adverse Event Reporting Program, 2006.

*Deleting #1147 which only included SSRIs/Triptans. The MedWatch Warning includes SSRIs & SNRIs.

2. Combunox / Duration _____ _____

Alert Message: Combunox (oxycodone/ibuprofen) may be over-utilized. This medication is indicated for short-term (no more than 7 days) management of acute moderate to severe pain.
Conflict Code: Drugs/Disease:

Util A	Util B	Util C
Combunox		

Duration: 8 days or more

References:
Facts & Comparisons, 2006 Updates.
Micromedex Healthcare Series, Drugdex Drug Evaluations, 2006.
Combunox Prescribing Information, March 2006, Forrest Laboratories.

3. Combunox / High Dose _____ _____

Alert Message: Combunox (oxycodone/ibuprofen) may be over-utilized. The manufacturer's recommended maximum dosage is 4 tablets in a 24-hour period, with use not to exceed 7 days.
Conflict Code: Drugs/Disease:

Util A	Util B	Util C
Combunox		

Max Dose: 20mg oxycodone / day

References:
Facts & Comparisons, 2006 Updates.
Micromedex Healthcare Series, Drugdex Drug Evaluations, 2006.
Combunox Prescribing Information, March 2006, Forrest Laboratories.

Criteria Recommendations *Approved* *Rejected*

4. Betamethasone Dipropionate Augmented / Therapeutic Appropriateness _____ _____

Alert Message: Use of betamethasone dipropionate augmented in pediatric patients 12 years of age and younger is not recommended. Safety and efficacy in this population has not been established. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Betamethasone Dipropionate Augmented		
Cream		
Lotion		
Gel		
Ointment		

(Brand Names: Diprolene, Diprolene AF)
Age Range: 0 – 11 years of age

References:
Facts & Comparisons, 2006 Updates.
Diprolene Gel Prescribing Information, Jan. 2000, Schering Corporation.
Diprolene Lotion Prescribing Information, Sept. 2003, Schering Corporation.
Diprolene AF Cream Prescribing Information, June 2004, Schering Corporation.

5. Clobetasol / Therapeutic Appropriateness _____ _____

Alert Message: Use of clobetasol propionate in pediatric patients younger than 12 years of age is not recommended. Safety and efficacy in this population has not been established. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Clobetasol Cream		
Cream		
Ointment		
Gel		
Emollient Cream		
Foam		

Age Range: 0 – 11 years of age

References:
Physicians' Desk Reference, Micromedex Healthcare Series, 2006.
Facts & Comparisons, 2006 Updates.
Micromedex Healthcare Series, DrugDex Drug Evaluations, 2006.

Criteria Recommendations	*Approved*	*Rejected*

6. Clobetasol / Therapeutic Appropriateness _____ _____

Alert Message: Use of clobetasol propionate lotion, spray and shampoo in pediatric patients 18 years of age and younger is not recommended. Safety and efficacy in this population has not been established. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Clobetasol Lotion		
Clobetasol Spray		
Clobetasol Shampoo		

Age Range: 0 – 18 years of age

References:
Physicians' Desk Reference, Micromedex Healthcare Series, 2006.
Clobex Spray Prescribing Information, Oct. 2005, Galderma Laboratories, L.P.
Clobex Shampoo Prescribing Information, Sept. 2004, Galderma Laboratories, L.P.
Clobex Lotion Prescribing Information, Oct. 2005, Galderma Laboratories, L.P.

7. Diflorasone Diacetate / Therapeutic Appropriateness _____ _____

Alert Message: Use of diflorasone diacetate ointment and cream in pediatric patients 18 years of age and younger is not recommended. Safety and efficacy in this population has not been established. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Diflorasone Diacetate		
Ointment		
Cream		

Age Range: 0 – 18 years of age

References:
Psorcon E Prescribing Information, Dec. 2001, Dermik Laboratories, Inc.
Psorcon Prescribing Information, Dec. 2001, Dermik Laboratories, Inc.

8. Halobetasol Propionate / Therapeutic Appropriateness _____ _____

Alert Message: Use of halobetasol propionate cream and ointment in pediatric patients younger than 12 years of age is not recommended. Safety and efficacy in this population has not been established. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Halobetasol		

Age Range: 0 – 11 years of age
References:
Facts & Comparisons, 2006 Updates.
Micromedex Healthcare Series, DrugDex Drug Evaluations, 2006.
Ultravate Prescribing Information, April 2003, Bristol-Myers Squibb Company.

Criteria Recommendations *Approved* *Rejected*

9. Amcinonide / Therapeutic Appropriateness _____ _____

Alert Message: Amcinonide ointment, cream, and lotion should be used with caution in pediatric patients 18 years of age and younger. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Amcinonide		

Age Range: 0 – 18 years of age.

References:
Facts & Comparisons, 2006 Updates.
Micromedex Healthcare Series, DrugDex Drug Evaluations, 2006.
AHFS Drug Information, 2006.
Cyclocort Prescribing Information, August 2002, Fujisawa Healthcare Inc.

10. Desoximetasone Ointment / Therapeutic Appropriateness _____ _____

Alert Message: Use of desoximetasone ointment in pediatric patients younger than 10 years of age is not recommended. Safety and efficacy in this population has not been established. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Desoximetasone Ointment		

**Discontinued but may be some left on market.

Age Range: 0 – 9 years of age.

References:
Facts & Comparisons, 2006 Updates.
Micromedex Healthcare Series, DrugDex Drug Evaluations, 2006.

11. Desoximetasone Cream & Gel / Therapeutic Appropriateness _____ _____

Alert Message: Desoximetasone cream or gel should be used with caution in pediatric patients 18 years of age and younger. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Desoximetasone		
Cream		
Gel		

Age Range: 0 – 18 years of age.

References:
Facts & Comparisons, 2006 Updates.
Micromedex Healthcare Series, DrugDex Drug Evaluations, 2006.

Criteria Recommendations	*Approved*	*Rejected*

12. Fluocinonide 0.1% Cream/ Therapeutic Appropriateness _____ _____

Alert Message: Use of fluocinonide 0.1% cream in pediatric patients 18 years of age and younger is not recommended. Safety and efficacy in this population has not been established. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Fluocinonide		

Age Range: 0 – 18 years of age.

References:
Facts & Comparisons, 2006 Updates.
Micromedex Healthcare Series, DrugDex Drug Evaluations, 2006.
Vanos Prescribing Information, September 2005, Medicis, The Dermatology Company.

13. Halcinonide / Therapeutic Appropriateness _____ _____

Alert Message: Halcinonide cream, ointment, and solution should be used with caution in pediatric patients 18 years of age and younger. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Halcinonide		

Age Range: 0 – 18 years of age.

References:
Halog Prescribing Information, April 2003, Westwood Squibb Company, Inc.
Facts & Comparisons, 2006 Updates.