

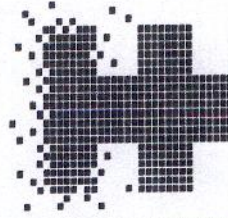
**Division of Medicaid
Office of the Governor
State of Mississippi
DUR Board Meeting**

April 11, 2002



Health Information Designs, Inc.

Using medication information cost effectively



513 Liberty Road
Jackson, Mississippi 39208

(800) 355-0486
laura@hidinc.com

03/21/02

RE: April 11, 2002 DUR Board Meeting

Dear DUR Board Member:

There will be a DUR Board Meeting on Thursday April 11, 2002 at 1:30pm. The meeting will take place in Conference Room C on the 12th floor of the Robert E. Lee Building, 239 North Lamar Street, Jackson, MS. I have enclosed a sample copy of all intervention letters for your review. The revisions are a collaboration of the board's requests along with the Division of Medicaid's suggestions. I hope you find the result adequate.

Thank you,
Laura Neumann, RPh
Account Director
Health Information Designs
In

Drug Utilization Review Board

Physicians

Robert McMurray, MD
UMC-Dept. of Rheumatology
2500 North State Street
Jackson, MS 39216
Term Expires: June 30, 2003

Tim Alford, MD
Kosciusko Medical Clinic
Hwy 12
Kosciusko, MS 39090
Term Expires: June 30, 2004

John R. Mitchell, MD
Tupelo Family Medicine Residency Ctr
1665 South Green Street
Tupelo, MS 38804
Term Expires: June 30, 2005

Cynthia Undesser, MD
PO Box 5102
Brandon, MS 39047
Term Expires: June 30, 2004

Warren Jones, MD
115 Cirencester Drive
Ridgeland, MS 39157
Term Expires: June 30, 2003

Vacant
Term Expires: June 30, 2005

Pharmacists

Joe McGuffee, RPh
McGuffee Drugs
102 North Main Street
Mendenhall, MS 39114
Term Expires: June 30, 2004

Montez Carter, PharmD
PO Box 1414
Greenwood, MS 38935
Term Expires: June 30, 2005

Leigh Ann Ramsey
6295 Old Canton Rd #34B
Jackson, MS 39211
Term Expires: June 30, 2005

Dianna McGowen, RPh, MBA
328 Dover Lane
Madison, MS 39110
Term Expires: June 30, 2003

Bob Broadus, RPh
(licensed in MS)
7147 Creekwood Drive
Mandeville, LA 70471
Term Expires: June 30, 2003

Clarence Dubose, RPh
Medi-Mart Pharmacy
3737 Main Street
Moss Point, MS 39563
Term Expires: June 30, 2004

DIVISION OF MEDICAID
OFFICE OF THE GOVERNOR
DRUG UTILIZATION REVIEW BOARD
AGENDA
April 11, 2002

- | | | |
|-------|-------------------------------------------------|-----------------------|
| I. | Reading & approval of February minutes | Lew Anne Snow, RN BSN |
| II. | Submission of Intervention Letters for approval | Laura Neumann, RPh |
| III. | Review of trend analysis | Laura Neumann, RPh |
| IV. | Presentation of interventions | Laura Neumann, RPh |
| V. | Old Business | Tim Alford, MD |
| VI. | New Business | Tim Alford, MD |
| VIII. | Closing | Tim Alford, MD |

DUR Board Meeting

2/28/2002

2:30 PM

**Robert E. Lee Building
Conference Room 12C**

Meeting called by: Rica Lewis-Payton

Type of meeting: DUR Board Meeting

Facilitator: Laura Neumann, RPh and

Note taker: Lew Anne Snow, RN

Steve Espy, RPh

Attendees:

Rica Lewis-Payton - Division of Medicaid
Laura Neumann, RPh - Health Information Designs, Inc.
Steve Espy, RPh - Health Information Designs, Inc.
Phyllis Williams - Division of Medicaid
Rickey Mallory, RPh - Division of Medicaid
Lew Anne Snow, RN - Health Information Designs, Inc.
Dianna McGowan, RPh, MBA
Robert McMurray, MD

Cynthia Undesser, MD
Joe McGuffee, RPh
Tim Alford, MD
Clarence DuBose, RPh
John Mitchell, MD
Leigh Ann Ramsey, PharmD
Bob Broadus, RPh
Montez Carter, PharmD

Agenda

Welcome	Rica Lewis-Payton, Director of Medicaid
DUR Board Responsibilities	Laura Neumann, RPh
Travel Voucher Procedures	Phyllis Williams
Presentation of Top Medicaid Drugs	Laura Neumann, RPh
Overview of Retrospective DUR process	Steve Espy, RPh
Selection of Chairman and Vice-Chairman	Laura Neumann, RPh
Selection of Future Meeting Dates	Laura Neumann, RPh
Closing	Chairman Elect

Welcome

The meeting was called to order by Rica Lewis-Payton at 2:30 p.m.

After a brief introduction and opening remarks, she introduced the DUR Board members. The meeting was then turned over to Laura Neumann.

DUR Board Responsibilities

Laura Neumann, RPh presented an overview of the DUR Board responsibilities. A copy of the DUR Board By-Laws was distributed to all members of the Board.-*see attached. Laura Neumann explained that it was the responsibility of the DUR Board to elect a Chairman and Vice-Chairman to preside over the remaining DUR Board meetings. She asked that the board think about who they would like to serve in these positions as they would elect them later in the meeting.

Travel Voucher Procedure

Phyllis Williams distributed the necessary travel voucher paperwork and made a brief explanation of the travel voucher process. She also distributed a confidentiality agreement, as well as a W-9 tax form. All board members must sign the agreement and return the forms to her.

Presentation of Top Medicaid Drugs

Laura Neumann presented several cost-management reports that were included in the packet. These reports were generated using patient claims data from Mississippi Medicaid patients participating in the pharmacy program.

Retrospective DUR

Steve Espy presented an overview of the retrospective drug utilization review process. After a review of the criteria used in the retrospective DUR process, Steve Espy stated that the board needed to approve the criteria presented in order for Health Information Designs to begin the retrospective DUR process. Rickey Mallory stated that the Division of Medicaid had reviewed the criteria and recommended that the criteria be approved. The board decided to delay approval of the criteria until later in the meeting after a Chairman and Vice-chairman had been elected. Steve Espy also presented an overview of the ICER, risk scores and patient profiles used by Health Information Designs in the RDUR process. In reviewing the intervention letters sent to physicians, Steve Espy presented examples of the following letters:

- Drug-Drug Interaction letter
- Chronic Use Letter
- Multiple Prescriber letter
- Therapeutic Appropriateness letter
- Prescriber Response Form

Selection of Chairman and Vice-Chairman

Laura Neumann reviewed the responsibilities of the Chairman and Vice-chairman of the DUR Board. The floor was then opened for nominations. Bob Broadus made a motion to nominate Dr Alford as chairman of the board. Dr. Undesser seconded the motion. All members approved and Dr. Alford was selected as Chairman of the DUR Board.

Dr. Undesser made a motion to nominate Clarence DuBose as Vice-chairman of the board. Bob Broadus seconded the motion. All members approved and Clarence Dubose was selected as the Vice-chairman of the DUR Board.

Dr. Mitchell closed the motion.

Criteria

Steve Espy recommended that the criteria be approved with the knowledge that the board can make changes to the criteria whenever they deem necessary. Dr. Mitchell made a motion to accept the criteria as presented. Montez Carter seconded the motion. Motion approved.

Intervention Letters

Steve Espy asked that the board approve the intervention letters so that Health Information Designs could begin the DUR process. After discussion, the board decided that the intervention letters should include the following:

- Letterhead and envelope should include some identification that this is from the Division of Medicaid.
- First line of letter in bold print, should read: **This letter is educational in nature....**
- The statement *"In compliance with the OBRA '90 federal legislation, state Medicaid agencies are mandated to institute the RDUR program"* should be in small print.
- Included in the letter will be an addressed, stamped envelope in which to return the prescriber response form.

Steve Espy asked that the board approve the intervention letter for over-utilization of narcotics and therapeutic appropriateness/underutilization of ACE-inhibitors in patients with hypertension and diabetes, so that Health Information Designs, Inc. could begin the RDUR process. Bob Broadus made a motion to accept these letters. Dr. Mitchell seconded the motion. Motion approved.

After further discussion among the board, it was decided that a copy of all remaining physician intervention letters, with proposed changes made, would be sent to all DUR board members for their approval. Included with these letters will be a response form for each member to indicate acceptance of these intervention letters. An addressed envelope, postage included, will be provided in order for the board members to return the form to Health Information Designs, Inc.

Selection of future Meeting dates.

Laura Neumann proposed that the dates be set for the remaining 2002 quarterly DUR Board meetings. The dates of the future DUR Board meetings decided upon are as follows:

April 11, 2002

June 13, 2002

September 12, 2002

November 21, 2002

All meetings will be held at 1:30 p.m.

Closing

Laura Neumann turned the meeting over to Chairman Alford. Chairman Alford asked if there was any further business to be presented or discussed. There was none. Chairman Alford made a motion to adjourn the meeting.

Bob Broadus seconded the motion. The meeting was adjourned.

Drug Utilization Review Board

By-Laws

The DUR Board will consist of five practicing physicians and six practicing pharmacists. The Mississippi State Medical Association and the State Pharmacy Association may recommend members of the DUR Board to the Division of Medicaid. Nominations are considered and the Executive Director makes appointments.

The initial appointments shall be made as follows: one-third shall be appointed for a term ending June 30, 2003, one-third shall be appointed for a term ending June 30, 2004, and one-third shall be appointed for a term ending June 30, 2005. All subsequent appointments shall be for terms of two years from the expiration date of the previous term. The Executive Director shall fill any vacancy before the end of the term, and the person appointed to fill the vacancy shall serve for the remainder of the unexpired term. Members may be re-appointed by the Executive Director for a second term.

Members are required to attend at a minimum fifty percent of the meetings per year. Failure to do so without explanation of extenuating circumstances will result in the termination of the member's appointment.

At the first meeting of the Board, the members shall select one member to serve as Chair of the Board and one member to serve as Vice-Chair. The Board shall select a Chair and Vice-Chair once every two years, and any person who has previously served as Chair or Vice-Chair may be reelected.

Eight of the members of the Board shall constitute a quorum for the transaction of any business of the Board. The Board shall meet at least once a quarter, and may meet at other times as necessary for the purpose of conducting business that may be required. The Chair, a majority of the members of the Board, or the Division of Medicaid, shall call all meetings.

The Division of Medicaid will reimburse DUR Board members for travel expenses.

Unless otherwise noted, meetings will be held at the Division of Medicaid, Robert E. Lee Building, 239 North Lamar Street, Jackson, Mississippi.

Office of the Governor
Division of Medicaid

Administered by Health Information Designs, Inc.
PO Box 320506
Flowood, MS 39232
(800) 355-0486 Fax (601) 939-7857

Drug Utilization Review Program

[TODAY]

[adrs1]
[adrs2]
[adrs3]
[adrs4]

**DRUG-DISEASE INTERACTION
INFERRED BY DRUG-MAKER
SAMPLE PHYSICIAN LETTER**

DEAR [tadrs1]:

Health Information Designs, Inc. (HID) is the pharmacy benefits management/drug utilization review organization contracted with the Mississippi Division of Medicaid (DOM) to review pharmacy services provided to Medicaid beneficiaries. Under this contract, we seek to ensure that Medicaid beneficiaries receive appropriate and cost effective drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. **This letter is educational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy.**

During a recent review of the enclosed drug history profile, *it was noted that your patient, [t1d0- recip- fst- nm] [t1d0- recip- lst- nm], is receiving [drug_a_name]. [alert_msg] The indicated condition has been inferred by the presence of [drug_b_name] in the patient's drug history.* In presenting this information to you we recognize the management of each patient's drug therapy depends upon the assessment of the patient's entire clinical situation of which we are not fully aware.

The success of the DUR program is enhanced by effective two-way exchange of information. Therefore, at your convenience, we would appreciate learning of your assessment of this information and of any action taken in response to this notice. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. Please complete the response form on the reverse side of this letter and return it in the enclosed envelope or fax it to the number below.

At the bottom of this letter are the specific prescriptions attributed to you by the dispensing pharmacy. In addition, if multiple prescribers are involved in the therapy identified above, each will receive this information. Thank you for your professional consideration.

RX #(s): [rx_no_a] and [rx_no_b]

Sincerely,



W. Murray Yarbrough, M.D.
Medical Director
Health Information Designs, Inc.

Case#: [case_no]
Enclosures

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Division of Medicaid

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Drug Utilization Review Program

[TODAY]

[adrs1]
[adrs2]
[adrs3]
[adrs4]

DRUG-DISEASE INTERACTION BY ICD-9 CODE SAMPLE PHYSICIAN LETTER

DEAR [tadrs1]:

Health Information Designs, Inc. (HID) is the pharmacy benefits management/drug utilization review organization contracted with the Mississippi Division of Medicaid (DOM) to review pharmacy services provided to Medicaid beneficiaries. Under this contract, we seek to ensure that Medicaid beneficiaries receive appropriate and cost effective drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. **This letter is educational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy.**

During a recent review of the enclosed drug history profile, *it was noted your patient, [t1d0-recip-fst-nm] [t1d0-recip-lst-nm], is receiving drug(s): [drug_a_name].* [alert_msg] In presenting this information to you, we recognize that the management of each patient's drug therapy depends upon an assessment of the patient's entire clinical situation about which we are not fully aware.

The success of the DUR program is enhanced by effective two-way exchange of information. Therefore, at your convenience, we would appreciate learning of your assessment of this information and of any action taken in response to this notice. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. Please complete the response form on the reverse side of this letter and return it in the enclosed envelope or fax it to the number below.

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RX #(s): [rx_no_a]

Sincerely,



W. Murray Yarbrough, M.D.
Medical Director
Health Information Designs, Inc.

Case#: [case_no]
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Drug Utilization Review Program

[TODAY]

[adrs1]
[adrs2]
[adrs3]
[adrs4]

**DRUG-DRUG INTERACTION
SAMPLE PHYSICIAN LETTER**

DEAR [tadrs1]:

Health Information Designs, Inc. (HID) is the pharmacy benefits management/drug utilization review organization contracted with the Mississippi Division of Medicaid (DOM) to review pharmacy services provided to Medicaid beneficiaries. Under this contract, we seek to ensure that Medicaid beneficiaries receive appropriate and cost effective drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. **This letter is educational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy.**

During a recent review of the enclosed drug history profile, *it was noted that your patient, [t1d0- recip- fst- nm] [t1d0- recip- lst- nm], is receiving [drug_a_name] and [drug_b_name].* [alert_msg] In presenting this information to you, we recognize that the management of each patient's drug therapy depends upon an assessment of the patient's entire clinical situation about which we are not fully aware.

The success of the DUR program is enhanced by the two way exchange of information. Therefore, at your convenience, we would appreciate learning of your assessment of this information and of any action taken in response to this notice. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. Please complete the response form on the reverse side of this letter and return it in the enclosed envelope or fax it to the number below.

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RX #(s): [rx_no_a]

Sincerely,



W. Murray Yarbrough, M.D.
Medical Director
Health Information Designs, Inc.

Case#: [case_no]
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Drug Utilization Review Program

[TODAY]

[adr1]
[adr2]
[adr3]
[adr4]

DRUG UNDER-UTILIZATION SAMPLE PHYSICIAN LETTER

DEAR [tadr1]:

Health Information Designs, Inc. (HID) is the pharmacy benefits management/drug utilization review organization contracted with the Mississippi Division of Medicaid (DOM) to review pharmacy services provided to Medicaid beneficiaries. Under this contract, we seek to ensure that Medicaid beneficiaries receive appropriate and cost effective drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. **This letter is educational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy.**

During a recent review of the enclosed drug history profile, *it was noted that your patient, [t1d0-recipe-fst-nm] [t1d0-recipe-lst-nm], is apparently underutilizing the drug(s) [drug_a_name].* Although this may represent a conscious change in your plan of drug therapy, we are concerned that it might reflect the patient's decision to discontinue/modify the therapy without your knowledge. The enclosed historical profile is provided for your evaluation and consideration. In presenting this information to you, we recognize that the management of each patient's drug therapy depends upon an assessment of the patient's entire clinical situation about which we are not fully aware.

The success of the DUR program is enhanced by the two way exchange of information. Therefore, at your convenience, we would appreciate learning of your assessment of this information and of any action taken in response to this notice. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. Please complete the response form on the reverse side of this letter and return it in the enclosed envelope or fax it to the number below.

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RX #(s): [rx_no_a]

Sincerely,



W. Murray Yarbrough, M.D.
Medical Director
Health Information Designs, Inc.

Case#: [case_no]
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Division of Medicaid

Drug Utilization Review Program

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[TODAY]

[adrs1]
[adrs2]
[adrs3]
[adrs4]

**EXCESSIVE USE
SAMPLE PHYSICIAN LETTER**

DEAR [tadrs1]:

Health Information Designs, Inc. (HID) is the pharmacy benefits management/drug utilization review organization contracted with the Mississippi Division of Medicaid (DOM) to review pharmacy services provided to Medicaid beneficiaries. Under this contract, we seek to ensure that Medicaid beneficiaries receive appropriate and cost effective drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. **This letter is educational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy.**

During a recent review of the enclosed drug history profile, *it was noted that your patient, [t1d0- recip- fst- nm] [t1d0- recip- lst- nm], may be receiving excessive amounts of [drug_a_name].* We routinely notify practitioners of suspected excessive use to ensure the patient is using the regimen as intended. The enclosed historical profile is provided for your evaluation and consideration. In presenting this information to you, we recognize that the management of each patient's drug therapy depends upon an assessment of the patient's entire clinical situation about which we are not fully aware.

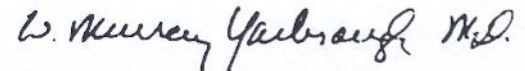
The success of the DUR program is enhanced by the two way exchange of information. Therefore, at your convenience, we would appreciate learning of your assessment of this information and of any action taken in response to this notice. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. Please complete the response form on the reverse side of this letter and return it in the enclosed envelope or fax it to the number below.

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RX #(s): [rx_no_a]

Case#: [case_no]
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Sincerely,



W. Murray Yarbrough, M.D.
Medical Director
Health Information Designs, Inc.

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Drug Utilization Review Program

[TODAY]

[adrs1]
[adrs2]
[adrs3]
[adrs4]

CHRONIC USE SAMPLE PHYSICIAN LETTER

DEAR [tadrs1]:

Health Information Designs, Inc. (HID) is the pharmacy benefits management/drug utilization review organization contracted with the Mississippi Division of Medicaid (DOM) to review pharmacy services provided to Medicaid beneficiaries. Under this contract, we seek to ensure that Medicaid beneficiaries receive appropriate and cost effective drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. **This letter is educational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy.**

During a recent review of the enclosed drug history profile, *it was noted that your patient, [t1d0-recipefst-nm] [t1d0-recipefst-nm], has been receiving [drug_a_name] chronically without a specific diagnosis or procedure in our records to suggest or support this use.* [alert_msg] We routinely notify practitioners of such continued use by the patient to ensure that this regimen is still desired. The enclosed historical profile is provided for your evaluation and consideration. In presenting this information to you, we recognize that the management of each patient's drug therapy depends upon an assessment of the patient's entire clinical situation about which we are not fully aware.

The success of the DUR program is enhanced by the two-way exchange of information. Therefore, at your convenience, we would appreciate learning of your assessment of this information and of any action taken in response to this notice. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. Please complete the response form on the reverse side of this letter and return it in the enclosed envelope or fax it to the number below.

At the bottom of this letter are the specific prescriptions attributed to you by the dispensing pharmacy. In addition, if multiple physicians are involved, each will receive this information. Thank you for your professional consideration.

RX #(s): [rx_no_a]

Sincerely,



W. Murray Yarbrough, M.D.
Medical Director
Health Information Designs, Inc.

Case#: [case_no]
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Drug Utilization Review Program

[TODAY]

[adrs1]
[adrs2]
[adrs3]
[adrs4]

EXCEEDS RECOMMENDED DOSE OF ACETAMINOPHEN SAMPLE PHYSICIAN LETTER

DEAR [tadrs1]:

Health Information Designs, Inc. (HID) is the pharmacy benefits management/drug utilization review organization contracted with the Mississippi Division of Medicaid (DOM) to review pharmacy services provided to Medicaid beneficiaries. Under this contract, we seek to ensure that Medicaid beneficiaries receive appropriate and cost effective drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. **This letter is educational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy.**

During a recent review of the enclosed drug history profile, *it was noted that your patient, [t1d0-recipefst-nm] [t1d0-recipefst-nm]'s, use of [drug_a_name] exceeds the maximum recommended daily dose of acetaminophen and may lead to hepatotoxicity.* We routinely notify practitioners of suspected acetaminophen use greater than 4 grams per day to ensure the patient is using the regimen as intended and to reduce hepatotoxicity risk. The enclosed historical profile is provided for your evaluation and consideration. In presenting this information to you, we recognize that the management of each patient's drug therapy depends upon an assessment of the patient's entire clinical situation about which we are not fully aware.

The success of the DUR program is enhanced by the two way exchange of information. Therefore, at your convenience, we would appreciate learning of your assessment of this information and of any action taken in response to this notice. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. Please complete the response form on the reverse side of this letter and return it in the enclosed envelope or fax it to the number below.

At the bottom of this letter are the specific prescriptions attributed to you by the dispensing pharmacy. In addition, if multiple physicians are involved, each will receive this information. Thank you for your professional consideration.

RX #(s): [rx_no_a]

Sincerely,



W. Murray Yarbrough, M.D.
Medical Director
Health Information Designs, Inc.

Case#: [case_no]
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Drug Utilization Review Program

[TODAY]

[adrs1]
[adrs2]
[adrs3]
[adrs4]

EARLY REFILLS SAMPLE PHYSICIAN LETTER

DEAR [tadrs1]:

Health Information Designs, Inc. (HID) is the pharmacy benefits management/drug utilization review organization contracted with the Mississippi Division of Medicaid (DOM) to review pharmacy services provided to Medicaid beneficiaries. Under this contract, we seek to ensure that Medicaid beneficiaries receive appropriate and cost effective drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. **This letter is educational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy.**

During a recent review of the enclosed drug history profile, *it was noted that your patient, [t1d0-ecip-fst-nm] [t1d0-ecip-lst-nm] is apparently over utilizing the drug(s) [drug_a_name] as evidenced by the unusually short time between prescriptions or refills.* Although this may represent a conscious change in your plan of drug therapy, we are concerned that it might reflect the patient's decision to modify the drug therapy without your knowledge. The enclosed historical profile is provided for your evaluation and action, if appropriate. In presenting this information to you, we recognize that management of each patient's drug therapy depends upon an assessment of the patient's entire clinical situation about which we are not fully aware.

The success of the DUR program is enhanced by the two-way exchange of information. Therefore, at your convenience, we would appreciate learning of your assessment of this information and of any action taken in response to this notice. Although your participation is voluntary, we find physician feedback helpful in adjusting our program to more effectively address clinically important problems. Please complete the response form on the reverse side of this letter and return it in the enclosed envelope or fax it to the number below.

At the bottom of this letter are the specific prescriptions attributed to you by the dispensing pharmacy. In addition, if multiple prescribers are involved, each will receive this information. Thank you for your professional consideration.

RX #(s): [rx_no_a]

Sincerely,



W. Murray Yarbrough, M.D.
Medical Director
Health Information Designs, Inc.

Case#: [case_no]
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Drug Utilization Review Program

[TODAY]

[adrs1]
[adrs2]
[adrs3]
[adrs4]

MULTIPLE PRESCRIBERS SAMPLE PHYSICIAN LETTER

DEAR [tadrs1]:

Health Information Designs, Inc. (HID) is the pharmacy benefits management/drug utilization review organization contracted with the Mississippi Division of Medicaid (DOM) to review pharmacy services provided to Medicaid beneficiaries. Under this contract, we seek to ensure that Medicaid beneficiaries receive appropriate and cost effective drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. **This letter is educational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy.**

During a recent review of the enclosed drug history profile, *it was noted that your patient, [t1d0- recip- fst- nm] [t1d0- recip- lst- nm], is receiving [drug_a_name]. [alert_msg] The indicated condition has been inferred by the presence of [drug_b_name] in the patient's drug history.* In presenting this information to you we recognize the management of each patient's drug therapy depends upon the assessment of the patient's entire clinical situation of which we are not fully aware.

The success of the DUR program is enhanced by effective two-way exchange of information. Therefore, at your convenience, we would appreciate learning of your assessment of this information and of any action taken in response to this notice. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. Please complete the response form on the reverse side of this letter and return it in the enclosed envelope or fax it to the number below.

At the bottom of this letter are the specific prescriptions attributed to you by the dispensing pharmacy. In addition, if multiple prescribers are involved in the therapy identified above, each will receive this information. Thank you for your professional consideration.

RX #(s): [rx_no_a] and [rx_no_b]

Sincerely,



W. Murray Yarbrough, M.D.
Medical Director
Health Information Designs, Inc.

Case#: [case_no]
Enclosures

Office of the Governor
Division of Medicaid

Administered by Health Information Designs, Inc.
PO Box 320506
Flowood, MS 39232
(800) 355-0486 Fax (601) 939-7857

Drug Utilization Review Program

[TODAY]

[adrs1]
[adrs2]
[adrs3]
[adrs4]

DUPLICATE THERAPY SAMPLE PHYSICIAN LETTER

DEAR [tadrs1]:

Health Information Designs, Inc. (HID) is the pharmacy benefits management/drug utilization review organization contracted with the Mississippi Division of Medicaid (DOM) to review pharmacy services provided to Medicaid beneficiaries. Under this contract, we seek to ensure that Medicaid beneficiaries receive appropriate and cost effective drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. **This letter is educational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy.**

During a recent review of the enclosed drug history profile, *it was noted that your patient, [t1d0- recip- fst- nm] [t1d0- recip- lst- nm], is apparently taking the following drugs which have the same or similar therapeutic effects: [drug_a_name] and [drug_b_name].* [alert_msg] Although this may represent your conscious plan of drug therapy, we are concerned that it might represent an unintended duplication of therapy. The enclosed historical profile is provided for your evaluation and consideration. In presenting this information to you, we recognize that the management of each patient's drug therapy depends upon an assessment of the patient's entire clinical situation about which we are not fully aware.

The success of the DUR program is enhanced by the two way exchange of information. Therefore, at your convenience, we would appreciate learning of your assessment of this information and of any action taken in response to this notice. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. Please complete the response form on the reverse side of this letter and return it in the enclosed envelope or fax it to the number below.

At the bottom of this letter are the specific prescriptions attributed to you by the dispensing pharmacy. In addition, if multiple physicians are involved, each will receive this information. Thank you for your professional consideration.

RX #(s): [rx_no_a]

Sincerely,



W. Murray Yarbrough, M.D.
Medical Director
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Drug Utilization Review Program

[TODAY]

[adrs1]
[adrs2]
[adrs3]
[adrs4]

**THERAPEUTIC APPROPRIATENESS
SAMPLE PHYSICIAN LETTER**

DEAR [tadrs1]:

Health Information Designs, Inc. (HID) is the pharmacy benefits management/drug utilization review organization contracted with the Mississippi Division of Medicaid (DOM) to review pharmacy services provided to Medicaid beneficiaries. Under this contract, we seek to ensure that Medicaid beneficiaries receive appropriate and cost effective drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. **This letter is educational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy.**

During a recent review of the enclosed drug history profile, it was noted that your patient, [t1d0- recip-fst-nm] [t1d0- recip-lst-nm], is receiving [drug_a_name]. [alert_msg] In presenting this information to you, we recognize that the management of each patient's drug therapy depends upon an assessment of the patient's entire clinical situation about which we are not fully aware.

The success of the DUR program is enhanced by effective two-way exchange of information. Therefore, at your convenience, we would appreciate learning of your assessment of this information and of any action taken in response to this notice. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. Please use the enclosed response to note your comments and return it in the enclosed envelope or fax it to the number below.

At the bottom of this letter are the specific prescriptions attributed to you by the dispensing pharmacy. In addition, if multiple prescribers are involved in the therapy identified above, each will receive this information. Thank you for your professional consideration.

RX #(s): [rx_no_a]

Sincerely,



W. Murray Yarbrough, M.D.
Medical Director
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Case#: [case_no]
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Drug Utilization Review Program

[TODAY]

[adrs1]
[adrs2]
[adrs3]
[adrs4]

COST SAVINGS SAMPLE PHYSICIAN LETTER

DEAR [tadrs1]:

Health Information Designs, Inc. (HID) is the pharmacy benefits management/drug utilization review organization contracted with the Mississippi Division of Medicaid (DOM) to review pharmacy services provided to Medicaid beneficiaries. Under this contract, we seek to ensure that Medicaid beneficiaries receive appropriate and cost effective drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. **This letter is educational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy.**

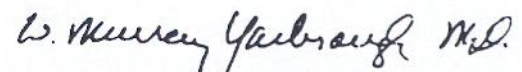
During a recent review of the enclosed drug history profile, it was noted that your patient, [t1d0-ecip-fst-nm] [t1d0-ecip-lst-nm], has been receiving [drug_a_name]. [alert_msg]

The success of the DUR program is enhanced by the two-way exchange of information. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. At your earliest convenience, please use the enclosed response form to note your comments and return it in the enclosed envelope or fax the response to the number below. Thank you for your time and attention to this matter.

At the bottom of this letter are the specific prescriptions attributed to you by the dispensing pharmacy. In addition, if multiple physicians are involved, each will receive this information.

RX #(s): [rx_no_a]

Sincerely,



W. Murray Yarbrough, M.D.
Medical Director
Health Information Designs, Inc.

Case#: [case_no]
Enclosures

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Division of Medicaid

Drug Utilization Review Program

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Flowood, MS 39232
(800) 355-0486 Fax (601) 939-7857

[TODAY]

[adrs1]
[adrs2]
[adrs3]
[adrs4]

COST SAVINGS: LDL-C REDUCTION SAMPLE PHYSICIAN LETTER

DEAR [tadrs1]:

Health Information Designs, Inc. (HID) is the pharmacy benefits management/drug utilization review organization contracted with the Mississippi Division of Medicaid (DOM) to review pharmacy services provided to Medicaid beneficiaries. Under this contract, we seek to ensure that Medicaid beneficiaries receive appropriate and cost effective drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. **This letter is educational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy.**

During a recent review of the enclosed drug history profile, it was noted that your patient, [t1d0- recip- fst- nm] [t1d0- recip- lst- nm], has been receiving [drug_a_name]. [alert_msg]

The success of the DUR program is enhanced by the two-way exchange of information. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. At your earliest convenience, please use the enclosed response form to note your comments and return it in the enclosed envelope or fax the response to the number below. Thank you for your time and attention to this matter.

At the bottom of this letter are the specific prescriptions attributed to you by the dispensing pharmacy. In addition, if multiple physicians are involved, each will receive this information.

RX #(s): [rx_no_a]

Case#: [case_no]
Enclosures

Sincerely,



W. Murray Yarbrough, M.D.
Medical Director
Health Information Designs, Inc.

LDL-C Lowering Properties of HMG-CoA Reductase Inhibitors and Associated Costs ^{1, 2}

DRUG	DOSE PER DAY (MG)	COST PER DAY (\$)	AVG LDL-C REDUCTION (%)
FLUVASTATIN (LESCOL™)	20	1.41	18.9 – 35%
	40	1.41	
LOVASTATIN (MEVACOR™)	10	1.42	21 – 40%
	20	2.51	
	40	4.52	
SIMVASTATIN (ZOCOR™)	5	1.78	14 – 47%
	10	2.38	
	20	4.16	
	40	4.16	
	80	4.16	
ATORVASTATIN (LIPITOR™)	10	2.11	26.5 – 45%
	20	3.27	
	40	3.64	
	80	3.64	
PRAVASTATIN (PRAVACHOL™)	10	2.61	22 – 34%
	20	2.55	
	40	4.14	

LEAST COSTLY

MOST COSTLY

1. Drug Facts and Comparisons, May 2001.

2. Drug Topics Red Book, 2001 Ed. pp. 207, 381, 386, 412, 413, 477, 577, 578. Based on Average Wholesale Price (AWP).

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Drug Utilization Review Program

[TODAY]

[adrs1]
[adrs2]
[adrs3]
[adrs4]

COST SAVINGS: PPI'S SAMPLE PHYSICIAN LETTER

DEAR [tadrs1]:

Health Information Designs, Inc. (HID) is the pharmacy benefits management/drug utilization review organization contracted with the Mississippi Division of Medicaid (DOM) to review pharmacy services provided to Medicaid beneficiaries. Under this contract, we seek to ensure that Medicaid beneficiaries receive appropriate and cost effective drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. **This letter is educational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy.**

During a recent review of the enclosed drug history profile, it was noted that your patient, [t1d0-ecip-fst-nm] [t1d0-ecip-1st-nm], has been receiving [drug_a_name]. [alert_msg]

The success of the DUR program is enhanced by the two-way exchange of information. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. At your earliest convenience, please use the enclosed response form to note your comments and return it in the enclosed envelope or fax the response to the number below. Thank you for your time and attention to this matter.

At the bottom of this letter are the specific prescriptions attributed to you by the dispensing pharmacy. In addition, if multiple physicians are involved, each will receive this information.

RX #(s): [rx_no_a]

Sincerely,



W. Murray Yarbrough, M.D.
Medical Director
Health Information Designs, Inc.

Case#: [case_no]
Enclosures

Relative Cost of H₂ Antagonists¹

DRUG	STRENGTH	COST PER MONTH ²	COST PER DAY
GENERIC			
CIMETIDINE	200 MG	50.50	1.68
	300 MG	52.87	1.76
	400 MG	83.52	2.78
	800 MG	161.18	5.37
RANITIDINE	150 MG	88.80	2.96
	300 MG	161.20	5.37
BRAND			
TAGAMET	300 MG	60.63	2.02
	400 MG	100.65	3.36
	800 MG	178.40	5.95
ZANTAC	150 MG	109.52	3.65
	300 MG	198.84	6.63
PEPCID	20 MG	116.00	3.87
	40 MG	224.20	7.47
AXID	150 MG	123.74	4.12
	300 MG	239.42	7.98

Relative Cost of Proton Pump Inhibitors¹

DRUG	STRENGTH	COST PER MONTH ²	COST PER DAY
PROTONIX	40 MG	90.00	3.00
ACIPHEX	20MG	113.99	3.80
PREVACID	15MG	117.65	3.92
	30MG	120.00	4.00
NEXIUM	20MG	119.90	3.99
	40MG	119.90	3.99
PRILOSEC	10MG	111.25	3.71
	20MG	124.17	4.14
	40MG	178.20	5.95

LEAST COSTLY



MOST COSTLY

1. Drug Topics 2001, Red Book, May Update, Vol. 19, No. 6, 2001 ed. pp. 60. Based on Average Wholesale Price (AWP).
2. H-2 Antagonists are priced as Equivalent Dosing to PPI's BID Dosing

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Drug Utilization Review Program

[TODAY]

[adrs1]
[adrs2]
[adrs3]
[adrs4]

**Cost savings- combination product
Physician Sample Letter**

DEAR [tadrs1]:

Health Information Designs, Inc. (HID) is the pharmacy benefits management/drug utilization review organization contracted with the Mississippi Division of Medicaid (DOM) to review pharmacy services provided to Medicaid beneficiaries. Under this contract, we seek to ensure that Medicaid beneficiaries receive appropriate and cost effective drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. **This letter is educational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy.**

During a recent review of the enclosed drug history profile, *it was noted that your patient, [t1d0-recip-fst-nm] [t1d0-recip-lst-nm], is receiving [drug_b_name] and [drug_a_name]. [alert_msg]* A combination product is often as effective as two or more individual products. If appropriate for this patient, converting from multiple drug therapy to a single combination product could result in increased compliance and cost savings.

The success of the RDUR program is enhanced by the two-way exchange of information. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. At your earliest convenience, please use the enclosed response form to note your comments and return it in the enclosed envelope or fax the response to the number below.

At the bottom of this letter are the specific prescriptions attributed to you by the dispensing pharmacy. In addition, if multiple prescribers are involved in the therapy mentioned above, each will receive this information. Thank you for your professional consideration.

RX #(s): [rx_no_a]

Sincerely,



W. Murray Yarbrough, M.D.
Medical Director
Health Information Designs, Inc.

Case#: [case_no]
Enclosures

SAMPLE PRESCRIBER RESPONSE
THIS WILL BE INCLUDED IN EVERY INTERVENTION LETTER

Office of the Governor
Division of Medicaid
Drug Utilization Review Program

Administered by Health Information Designs, Inc.
PO Box 320206
Flowood, MS 39232
(800) 355-0486 Fax (601) 939-7857

PRESCRIBER RESPONSE

All information used to generate the enclosed letter, including Prescriber identification, was obtained from Pharmacy Claims Data. If there appears to be an error in the information provided, please note the discrepancy. Thank you for your cooperation.

1. This patient is under my care:

- I have reviewed the information and will continue without change.
- however, I did not prescribe the following medication(s) _____.
- and has an appointment to discuss drug therapy.
- however, has not seen me recently.
- however, I was not aware of other prescribers.
- I have reviewed the information and modified drug therapy.
- I have not modified drug therapy because benefits outweigh the risks.
- I have tried to modify therapy, however the patient refuses to change.
- I have tried to modify therapy, however symptoms reoccurred.

2. This patient is not under my care:

- however, I did prescribe medication while covering for other MD or in the ER.
- but has previously been a patient of mine.
- because the patient recently expired.
- and has never been under my care.

3. I have reviewed the enclosed information and found it:

very useful useful neutral somewhat useful not useful.

4. Please check here if you wish to receive reference information on the identified problem _____. (Please provide a fax number if available _____ - _____ - _____.)

Comments: _____

[adrs1] Case# [case_no]
Letter Type [letter_type]
[alert_msg]
[criteria]

Program Summary

6 Month Assessment

Period Covered:	12/2000 - 05/2001
Rx Claims Cost:	\$210,400,347.45
Number Rx:	3,897,533
Total Recipients:	302,782
Avg. Recipients Per Month:	172,047
Avg Paid Per Member Over Period:	\$694.89
Avg. Paid Per Member Per Month:	\$203.82
Avg Paid Per Rx	\$53.98

6 Month Assessment

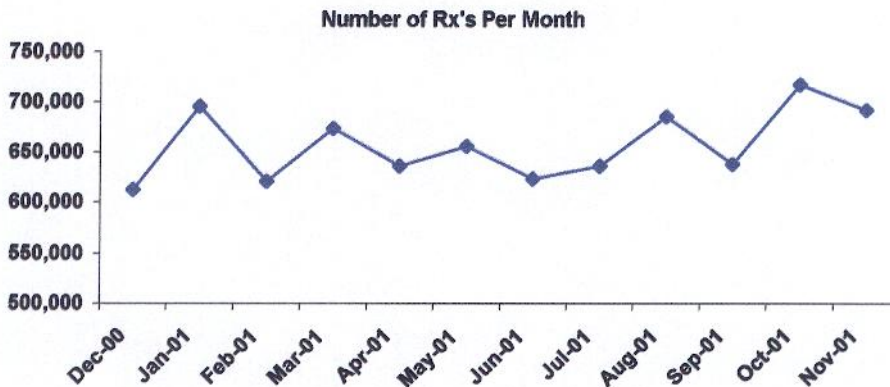
Period Covered:	06/2001 - 11/2001
Rx Claims Cost:	\$225,035,840.96
Number Rx:	3,995,892
Total Recipients:	309,192
Avg. Recipients Per Month:	174,719
Avg Paid Per Member Over Period:	\$727.82
Avg. Paid Per Member Per Month:	\$214.66
Avg Paid Per Rx	\$56.32

12 Month Assessment

Period Covered:	12/2000 - 11/2001
Rx Claims Cost:	\$435,436,188.41
Number Rx:	7,893,425
Total Recipients:	376,861
Avg. Recipients Per Month:	173,383
Avg Paid Per Member Over Period:	\$1,155.43
Avg. Paid Per Member Per Month:	\$209.28
Avg Paid Per Rx	\$55.16

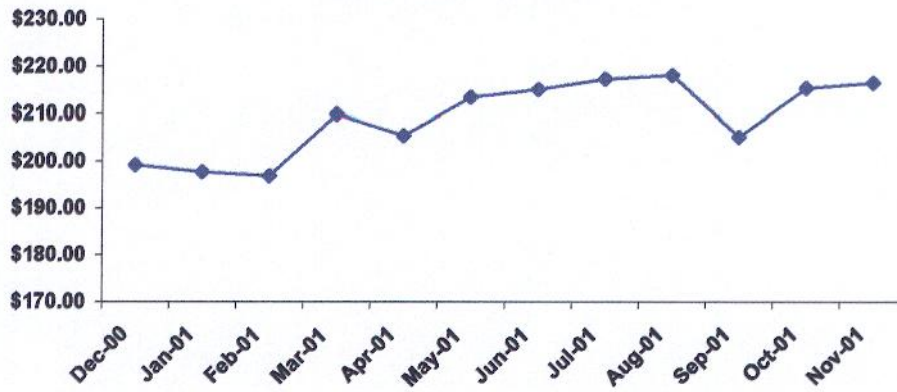
**MISSISSIPPI MEDICAID
 Cost Management Analysis**

Period Covered	Recipients	# Rx's	Rx Claims Cost	Cost per Member Per Month	Cost/Claim
Dec-00	163,576	613,116	\$ 32,598,770.71	\$199.29	\$53.17
Jan-01	183,322	696,254	\$ 36,246,428.39	\$197.72	\$52.06
Feb-01	169,690	621,335	\$ 33,422,324.83	\$196.96	\$53.79
Mar-01	175,174	673,836	\$ 36,785,431.45	\$209.99	\$54.59
Apr-01	170,139	636,760	\$ 34,968,400.26	\$205.53	\$54.92
May-01	170,381	656,232	\$ 36,378,991.81	\$213.52	\$55.44
Jun-01	163,312	623,783	\$ 35,148,573.69	\$215.22	\$56.35
Jul-01	165,553	636,417	\$ 35,980,574.11	\$217.34	\$56.54
Aug-01	176,753	686,418	\$ 38,565,706.63	\$218.19	\$56.18
Sep-01	173,613	638,425	\$ 35,634,067.93	\$205.25	\$55.82
Oct-01	186,961	718,086	\$ 40,282,507.33	\$215.46	\$56.10
Nov-01	182,124	692,763	\$ 39,424,411.27	\$216.47	\$56.91

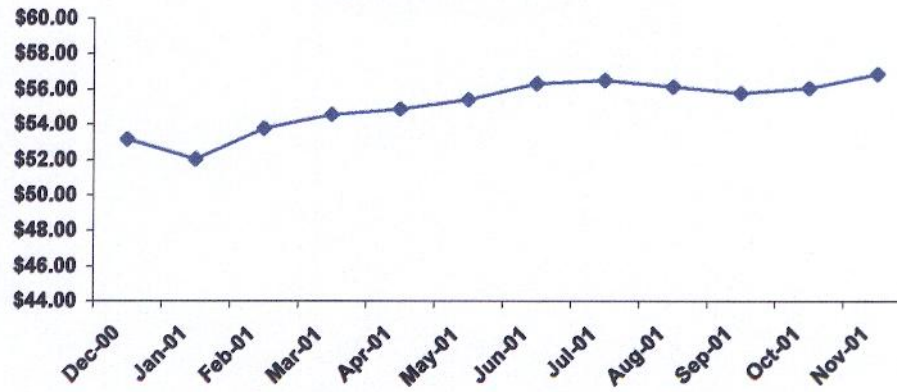


Cost Per Member Per Month

Cost Per Member Per Month



Avg Cost Per Rx Per Month

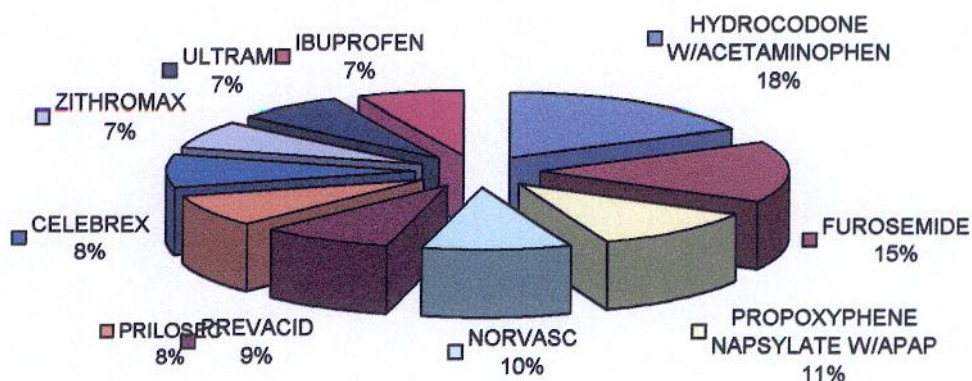


TOP 25 DRUGS BASED ON NUMBER OF CLAIMS FROM 06/01/2001 - 11/30/2001

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
HYDROCODONE W/ACETAMINOPHEN	OPIATE AGONISTS	95289	\$ 1,189,925.55	\$12.49	2.38%
FUROSEMIDE	DIURETICS	84255	\$ 548,178.01	\$6.51	2.11%
PROPOXYPHENE NAPSYLATE W/APAP	OPIATE AGONISTS	61016	\$ 921,048.02	\$15.10	1.53%
NORVASC	CARDIAC DRUGS	53817	\$ 3,528,990.46	\$65.57	1.35%
PREVACID	MISCELLANEOUS GI DRUGS	46865	\$ 6,838,371.46	\$145.92	1.17%
PRILOSEC	MISCELLANEOUS GI DRUGS	44951	\$ 7,351,668.81	\$163.55	1.12%
CELEBREX	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	44850	\$ 4,736,995.01	\$105.62	1.12%
ZITHROMAX	MACROLIDES	38358	\$ 1,520,666.68	\$39.64	0.96%
ULTRAM	OPIATE AGONISTS	38085	\$ 1,907,236.60	\$50.08	0.95%
IBUPROFEN	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	37781	\$ 369,397.65	\$9.78	0.95%
CLARITIN	ANTIHISTAMINE DRUGS	37029	\$ 2,717,555.61	\$73.39	0.93%
PREMARIN	ESTROGENS	36848	\$ 1,274,975.61	\$34.60	0.92%
LIPITOR	ANTILIPEMIC AGENTS	36408	\$ 3,404,916.59	\$93.52	0.91%
ACETAMINOPHEN W/CODEINE	OPIATE AGONISTS	34608	\$ 363,616.09	\$10.51	0.87%
CEPHALEXIN	CEPHALOSPORINS	34497	\$ 470,149.87	\$13.63	0.86%
ZYRTEC	ANTIHISTAMINE DRUGS	32814	\$ 1,806,161.50	\$55.38	0.82%
POTASSIUM CHLORIDE	REPLACEMENT PREPARATIONS	32371	\$ 489,523.86	\$15.12	0.81%
ZOLOFT	ANTIDEPRESSANTS	31128	\$ 2,736,710.66	\$87.92	0.78%
NEURONTIN	MISCELLANEOUS ANTICONVULSANTS	31044	\$ 3,575,198.51	\$115.17	0.78%
VIOXX	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	30548	\$ 2,916,867.92	\$95.48	0.76%
RISPERDAL	ANTIPSYCHOTIC AGENTS	29645	\$ 5,130,226.15	\$173.06	0.74%
LANOXIN	CARDIAC DRUGS	28419	\$ 294,350.49	\$10.36	0.71%
HYDROCHLOROTHIAZIDE	DIURETICS	28377	\$ 204,722.11	\$7.21	0.71%
GLUCOPHAGE	MISCELLANEOUS ANTIDIABETIC AGENTS	28051	\$ 2,031,062.00	\$72.41	0.70%
TRIAMTERENE W/HCTZ	DIURETICS	27469	\$ 328,960.51	\$11.98	0.69%
TOTAL TOP 25		1,024,323	\$56,657,475.73	\$55.31	25.63%

Total Rx Claims From 06/01/2001 - 11/30/2001	3,995,892
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Top 10 Drugs
Based on Number of Claims

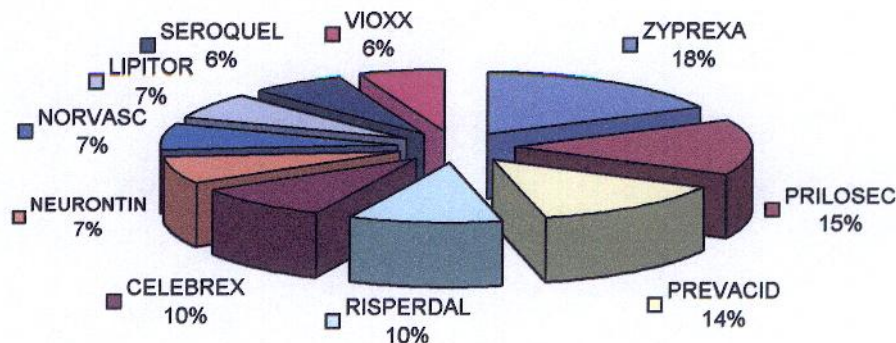


TOP 25 DRUGS BASED ON TOTAL CLAIMS COST FROM 06/01/2001 - 11/30/2001

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
ZYPREXA	ANTIPSYCHOTIC AGENTS	27448	\$ 8,689,955.23	\$316.60	0.69%
PRILOSEC	MISCELLANEOUS GI DRUGS	44951	\$ 7,351,668.81	\$163.55	1.12%
PREVACID	MISCELLANEOUS GI DRUGS	46865	\$ 6,838,371.46	\$145.92	1.17%
RISPERDAL	ANTIPSYCHOTIC AGENTS	29645	\$ 5,130,226.15	\$173.06	0.74%
CELEBREX	NONSTEROIDAL ANTI-INFLAMMATORY A	44850	\$ 4,736,995.01	\$105.62	1.12%
NEURONTIN	MISCELLANEOUS ANTICONVULSANTS	31044	\$ 3,575,198.51	\$115.17	0.78%
NORVASC	CARDIAC DRUGS	53817	\$ 3,528,990.46	\$65.57	1.35%
LIPITOR	ANTILIPEMIC AGENTS	36408	\$ 3,404,916.59	\$93.52	0.91%
SEROQUEL	ANTIPSYCHOTIC AGENTS	16051	\$ 3,056,479.35	\$190.42	0.40%
VIOXX	NONSTEROIDAL ANTI-INFLAMMATORY A	30548	\$ 2,916,867.92	\$95.48	0.76%
ZOLOFT	ANTIDEPRESSANTS	31128	\$ 2,736,710.66	\$87.92	0.78%
CLARITIN	ANTIHIISTAMINE DRUGS	37029	\$ 2,717,555.61	\$73.39	0.93%
PLAVIX	UNCLASSIFIED THERAPEUTIC AGENTS	22605	\$ 2,576,906.33	\$114.00	0.57%
PAXIL	ANTIDEPRESSANTS	26236	\$ 2,498,450.16	\$95.23	0.66%
OXYCONTIN	OPIATE AGONISTS	9923	\$ 2,372,921.77	\$239.13	0.25%
ACTOS	MISCELLANEOUS ANTIDIABETIC AGENTS	14644	\$ 2,314,725.58	\$158.07	0.37%
ZOCOR	ANTILIPEMIC AGENTS	16171	\$ 2,265,656.52	\$140.11	0.40%
NEXIUM	MISCELLANEOUS GI DRUGS	16633	\$ 2,111,615.20	\$126.95	0.42%
GLUCOPHAGE	MISCELLANEOUS ANTIDIABETIC AGENTS	28051	\$ 2,031,062.00	\$72.41	0.70%
AVANDIA	MISCELLANEOUS ANTIDIABETIC AGENTS	14967	\$ 2,027,375.56	\$135.46	0.37%
DEPAKOTE	MISCELLANEOUS ANTICONVULSANTS	19496	\$ 2,000,648.27	\$102.62	0.49%
ULTRAM	OPIATE AGONISTS	38085	\$ 1,907,236.60	\$50.08	0.95%
AUGMENTIN	PENICILLINS	25997	\$ 1,903,801.70	\$73.23	0.65%
ZYRTEC	ANTIHIISTAMINE DRUGS	32614	\$ 1,806,161.50	\$55.38	0.82%
PROZAC	ANTIDEPRESSANTS	12402	\$ 1,569,678.83	\$126.57	0.31%
TOTAL TOP 25		707,608	\$82,070,175.78	\$115.98	17.71%

Total Rx Claims From 06/01/2001 - 11/30/2001	3,995,892
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Top 10 Drugs
Based on Total Claims Cost

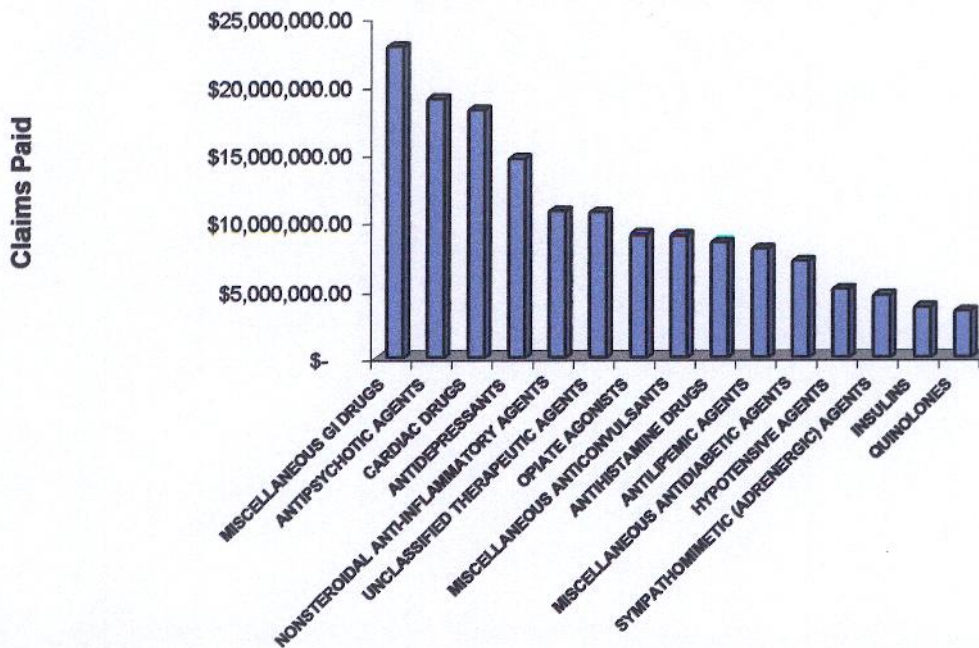


TOP 15 THERAPEUTIC CLASSES BY TOTAL COST OF CLAIMS FROM 6/01/2001 - 11/30/2001

AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
MISCELLANEOUS GI DRUGS	203382	\$ 22,850,921.77	\$112.35	5.09%
ANTIPSYCHOTIC AGENTS	104491	\$ 19,009,328.80	\$181.92	2.61%
CARDIAC DRUGS	395093	\$ 18,199,182.56	\$46.06	9.89%
ANTIDEPRESSANTS	210082	\$ 14,591,890.88	\$69.46	5.26%
NONSTEROIDAL ANTI-INFLAMM	186388	\$ 10,714,834.37	\$57.49	4.66%
UNCLASSIFIED THERAPEUTIC A	93565	\$ 10,617,534.81	\$113.48	2.34%
OPIATE AGONISTS	283251	\$ 9,048,024.05	\$31.94	7.09%
MISCELLANEOUS ANTICONVULS	84876	\$ 8,979,189.88	\$105.79	2.12%
ANTIHISTAMINE DRUGS	215534	\$ 8,507,103.95	\$39.47	5.39%
ANTILIPEMIC AGENTS	79393	\$ 8,035,756.23	\$101.21	1.99%
MISCELLANEOUS ANTIDIABETIC	70312	\$ 7,138,669.99	\$101.53	1.76%
HYPOTENSIVE AGENTS	119099	\$ 5,075,252.46	\$42.61	2.98%
SYMPATHOMIMETIC (ADRENER	81057	\$ 4,610,856.62	\$56.88	2.03%
INSULINS	52243	\$ 3,725,971.93	\$71.32	1.31%
QUINOLONES	46913	\$ 3,418,150.48	\$72.86	1.17%
TOTAL TOP 15	2,225,679	\$154,522,668.78	\$69.43	55.70%

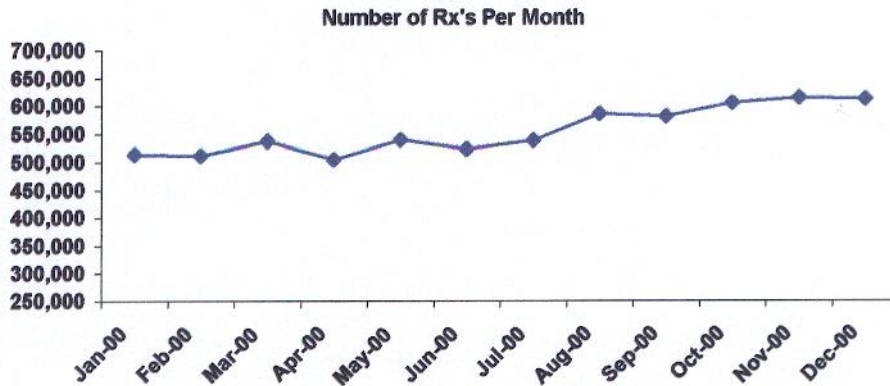
Total Rx Claims From 06/01/2001 - 11/30/2001	3,995,892
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Top 15 Therapeutic Classes
Based on Total Cost of Claims



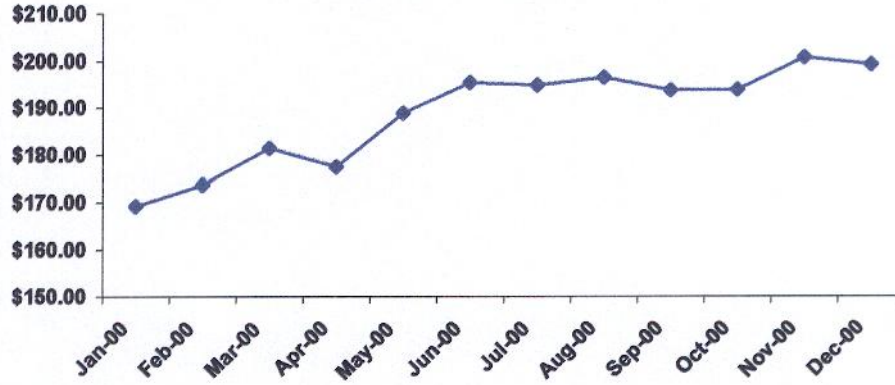
**MISSISSIPPI MEDICAID
 Cost Management Analysis**

Period Covered	Recipients	# Rx's	Rx Claims Cost	Cost per Recipient Per Month	Cost/Claim
Jan-00	150,488	515,513	\$ 25,470,773.62	\$169.25	\$49.41
Feb-00	149,733	512,397	\$ 26,015,883.91	\$173.75	\$50.77
Mar-00	152,098	537,729	\$ 27,585,239.22	\$181.36	\$51.30
Apr-00	147,423	506,267	\$ 26,171,119.45	\$177.52	\$51.69
May-00	148,983	540,565	\$ 28,143,471.36	\$188.90	\$52.06
Jun-00	143,499	524,770	\$ 28,041,805.85	\$195.41	\$53.44
Jul-00	147,699	539,435	\$ 28,789,148.59	\$194.92	\$53.37
Aug-00	159,107	586,859	\$ 31,272,606.34	\$196.55	\$53.29
Sep-00	160,165	581,438	\$ 31,043,112.25	\$193.82	\$53.39
Oct-00	165,869	605,498	\$ 32,159,915.25	\$193.89	\$53.11
Nov-00	164,264	615,496	\$ 32,985,465.96	\$200.81	\$53.59
Dec-00	163,576	613,116	\$ 32,598,770.71	\$199.29	\$53.17

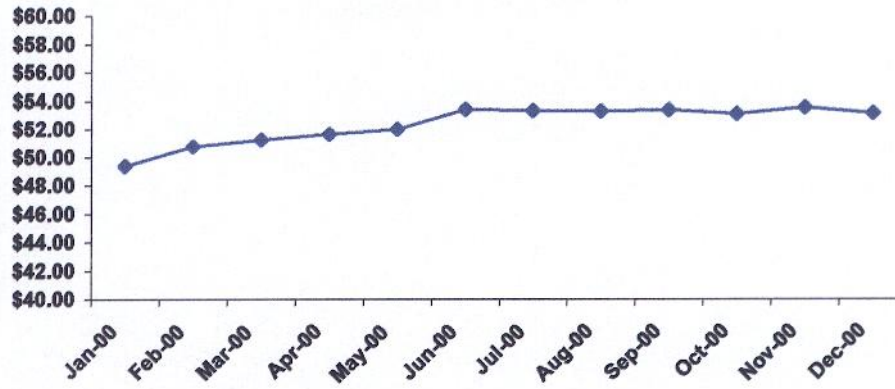


Jan- Feb- Mar- Apr- May- Jun- Jul- Aug- Sep- Oct- Nov- Dec-

Cost Per Member Per Month



Avg Cost Per Rx Per Month

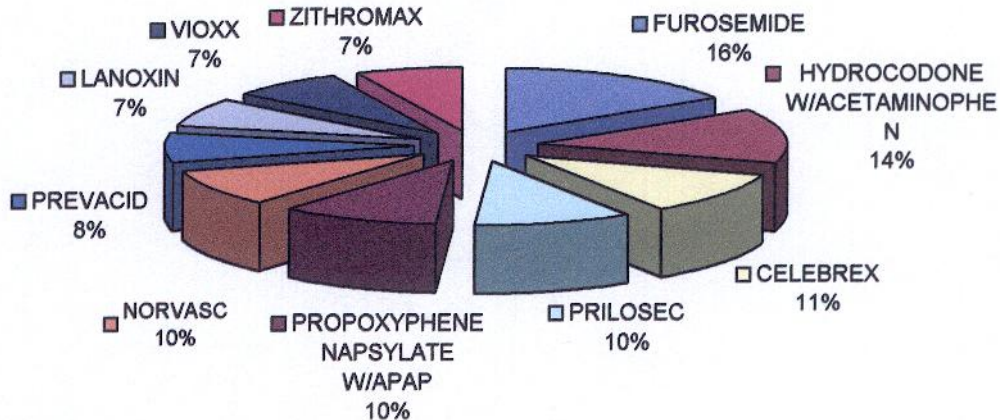


TOP 25 DRUGS BASED ON NUMBER OF CLAIMS FROM 01/2000 - 12/2000

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
FUROSEMIDE	DIURETICS	149762	\$ 873,805.56	\$5.83	2.24%
HYDROCODONE W/ACETAMINOPHEN	OPIATE AGONISTS	135225	\$ 1,639,763.68	\$12.13	2.02%
CELEBREX	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	101041	\$ 10,012,715.13	\$99.10	1.51%
PRILOSEC	MISCELLANEOUS GI DRUGS	98831	\$ 14,865,747.07	\$150.42	1.48%
PROPOXYPHENE NAPSYLATE	OPIATE AGONISTS	97232	\$ 2,031,604.04	\$20.89	1.46%
NORVASC	CARDIAC DRUGS	90347	\$ 5,895,603.63	\$65.26	1.35%
PREVACID	MISCELLANEOUS GI DRUGS	71557	\$ 9,734,544.30	\$136.04	1.07%
LANOXIN	CARDIAC DRUGS	69514	\$ 698,742.65	\$10.05	1.04%
VIOXX	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	67483	\$ 5,932,303.85	\$87.91	1.01%
ZITHROMAX	MACROLIDES	66703	\$ 2,558,328.79	\$38.35	1.00%
PREMARIN	ESTROGENS	65041	\$ 2,027,773.77	\$31.18	0.97%
GLUCOPHAGE	MISCELLANEOUS ANTIDIABETIC AGENTS	64244	\$ 3,988,728.64	\$62.09	0.96%
CEPHALEXIN	CEPHALOSPORINS	60916	\$ 672,342.73	\$11.04	0.91%
K-DUR	REPLACEMENT PREPARATIONS	60556	\$ 1,813,474.71	\$29.95	0.91%
ULTRAM	OPIATE AGONISTS	60308	\$ 2,804,071.51	\$46.50	0.90%
POTASSIUM CHLORIDE	REPLACEMENT PREPARATIONS	59687	\$ 865,608.51	\$14.50	0.89%
IBUPROFEN	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	59542	\$ 793,250.13	\$13.32	0.89%
ACETAMINOPHEN W/CODEINE	OPIATE AGONISTS	58781	\$ 456,622.14	\$7.77	0.88%
CLARITIN	ANTIHISTAMINE DRUGS	55545	\$ 3,677,332.70	\$66.20	0.83%
TRIAMTERENE W/HCTZ	DIURETICS	52339	\$ 633,742.96	\$12.11	0.78%
LIPITOR	ANTILIPEMIC AGENTS	50695	\$ 4,720,138.57	\$93.11	0.76%
ZOLOFT	ANTIDEPRESSANTS	49525	\$ 4,209,001.55	\$84.99	0.74%
RISPERDAL	ANTIPSYCHOTIC AGENTS	48801	\$ 7,650,193.73	\$156.76	0.73%
ZYPREXA	ANTIPSYCHOTIC AGENTS	47319	\$ 13,898,880.02	\$293.73	0.71%
ALBUTEROL	SYMPATHOMIMETIC (ADRENERGIC) AGENTS	45444	\$ 659,571.59	\$14.51	0.68%
TOTAL TOP 25		1,786,438	\$ 103,113,891.96	\$57.72	26.75%

Total Rx Claims From 01/2000 - 12/2000	6,679,083
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Top 10 Drugs
Based on Number of Claims

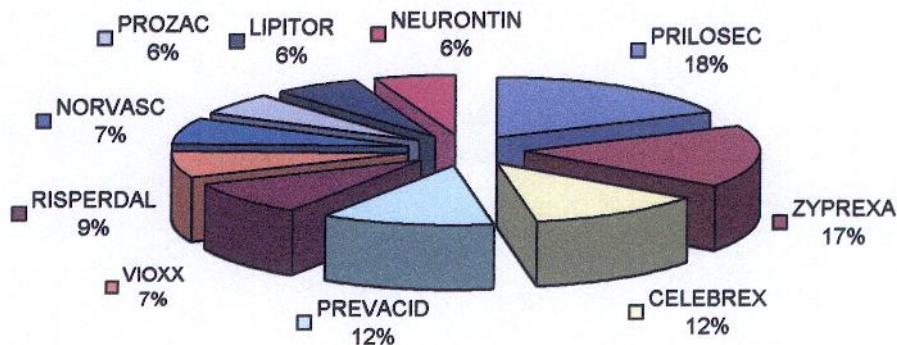


TOP 25 DRUGS BASED ON TOTAL CLAIMS COST FROM 01/2000 - 12/2000

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
PRILOSEC	MISCELLANEOUS GI DRUGS	98831	\$ 14,865,747.07	\$150.42	1.48%
ZYPREXA	ANTIPSYCHOTIC AGENTS	47319	\$ 13,898,880.02	\$293.73	0.71%
CELEBREX	NONSTEROIDAL ANTI-INFLAMMATORY A	101041	\$ 10,012,715.13	\$99.10	1.51%
PREVACID	MISCELLANEOUS GI DRUGS	71557	\$ 9,734,544.30	\$136.04	1.07%
RISPERDAL	ANTIPSYCHOTIC AGENTS	48801	\$ 7,650,193.73	\$156.76	0.73%
VIOXX	NONSTEROIDAL ANTI-INFLAMMATORY A	67483	\$ 5,932,303.85	\$87.91	1.01%
NORVASC	CARDIAC DRUGS	90347	\$ 5,895,603.63	\$65.26	1.35%
PROZAC	ANTIDEPRESSANTS	43161	\$ 4,746,847.15	\$109.98	0.65%
LIPITOR	ANTILIPEMIC AGENTS	50695	\$ 4,720,138.57	\$93.11	0.76%
NEURONTIN	MISCELLANEOUS ANTICONVULSANTS	41837	\$ 4,652,750.14	\$111.21	0.63%
ZOLOFT	ANTIDEPRESSANTS	49525	\$ 4,209,001.55	\$84.99	0.74%
GLUCOPHAGE	MISCELLANEOUS ANTIDIABETIC AGENTS	64244	\$ 3,988,728.64	\$62.09	0.96%
DEPAKOTE	MISCELLANEOUS ANTICONVULSANTS	39235	\$ 3,874,570.36	\$98.75	0.59%
PAXIL	ANTIDEPRESSANTS	43521	\$ 3,730,506.49	\$85.72	0.65%
CLARITIN	ANTIHISTAMINE DRUGS	55545	\$ 3,677,332.70	\$66.20	0.83%
OXYCONTIN	OPIATE AGONISTS	17190	\$ 3,498,804.78	\$203.54	0.26%
SEROQUEL	ANTIPSYCHOTIC AGENTS	19449	\$ 3,197,154.15	\$164.39	0.29%
AUGMENTIN	PENICILLINS	45420	\$ 3,084,602.59	\$67.91	0.68%
PLAVIX	UNCLASSIFIED THERAPEUTIC AGENTS	29091	\$ 3,036,420.22	\$104.38	0.44%
ARICEPT	PARASYMPATHOMIMETIC (CHOLINERGIC)	22939	\$ 2,980,387.70	\$129.93	0.34%
ULTRAM	OPIATE AGONISTS	60308	\$ 2,804,071.51	\$46.50	0.90%
BUSPAR	MISC. ANXIOLYTICS, SEDATIVES & HYPN	25786	\$ 2,791,190.28	\$108.24	0.39%
ZOCOR	ANTILIPEMIC AGENTS	20811	\$ 2,752,099.99	\$132.24	0.31%
AVANDIA	MISCELLANEOUS ANTIDIABETIC AGENTS	21440	\$ 2,747,670.43	\$128.16	0.32%
ZITHROMAX	MACROLIDES	66703	\$ 2,558,328.79	\$38.35	1.00%
TOTAL TOP 25		1,242,279	\$ 131,040,593.77	\$105.48	18.60%

Total Rx Claims From 01/2000 - 12/2000	6,679,083
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Top 10 Drugs
Based on Total Claims Cost



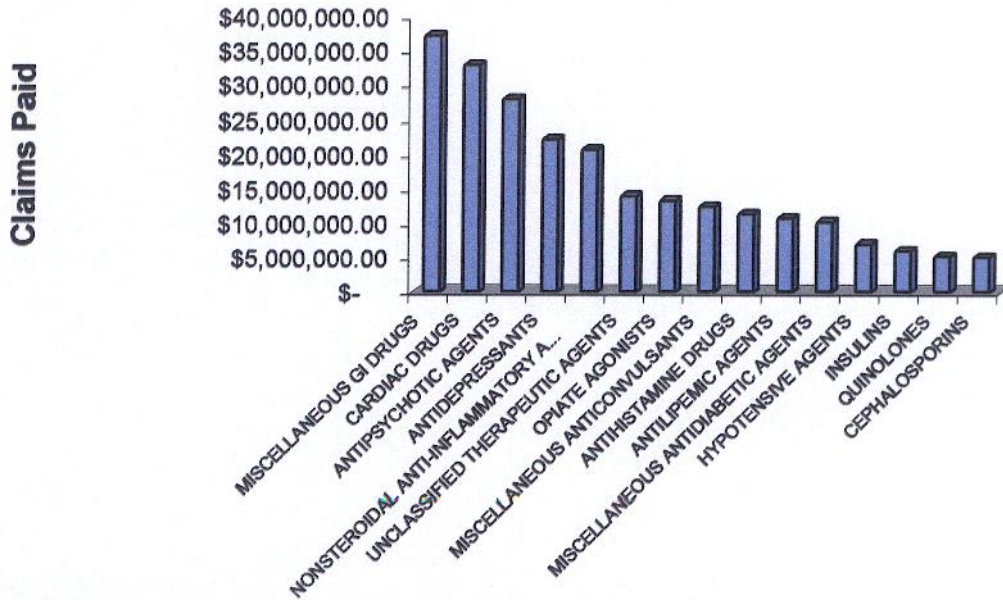
**MISSISSIPPI MEDICAID
Cost Management Analysis**

TOP 15 THERAPEUTIC CLASSES BY TOTAL COST OF CLAIMS FROM 01/2000 - 12/2000

AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
MISCELLANEOUS GI DRUGS	340248	\$ 37,149,104.25	\$109.18	5.09%
CARDIAC DRUGS	716471	\$ 32,844,904.06	\$45.84	10.73%
ANTIPSYCHOTIC AGENTS	184407	\$ 27,928,802.15	\$151.45	2.76%
ANTIDEPRESSANTS	340163	\$ 22,221,218.37	\$65.33	5.09%
NONSTEROIDAL ANTI-INFLAMMATORY AGE	333634	\$ 20,725,567.55	\$62.12	5.00%
UNCLASSIFIED THERAPEUTIC AGENTS	130634	\$ 14,013,773.33	\$107.28	1.96%
OPIATE AGONISTS	433178	\$ 13,345,343.18	\$30.81	6.49%
MISCELLANEOUS ANTICONVULSANTS	133608	\$ 12,495,167.77	\$93.52	2.00%
ANTIHISTAMINE DRUGS	331244	\$ 11,465,144.52	\$34.61	4.96%
ANTILIPEMIC AGENTS	117060	\$ 10,773,224.83	\$92.03	1.75%
MISCELLANEOUS ANTIDIABETIC AGENTS	113952	\$ 10,290,657.18	\$90.31	1.71%
HYPOTENSIVE AGENTS	186577	\$ 7,018,632.95	\$37.62	2.79%
INSULINS	97274	\$ 6,067,547.73	\$62.38	1.46%
QUINOLONES	74917	\$ 5,237,890.03	\$69.92	1.12%
CEPHALOSPORINS	132356	\$ 5,116,124.83	\$38.65	1.98%
TOTAL TOP 15	3,665,723	\$ 236,693,102.73	\$64.57	54.88%

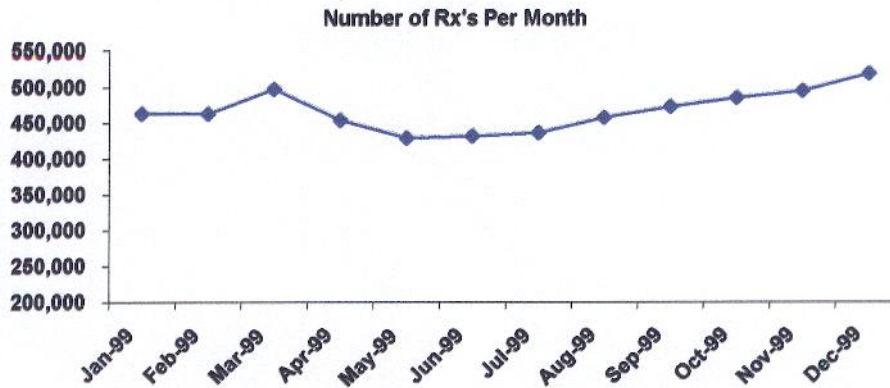
Total Rx Claims From 01/2000 - 12/2000	6,679,083
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**Top 15 Therapeutic Classes
Based on Total Cost of Claims**

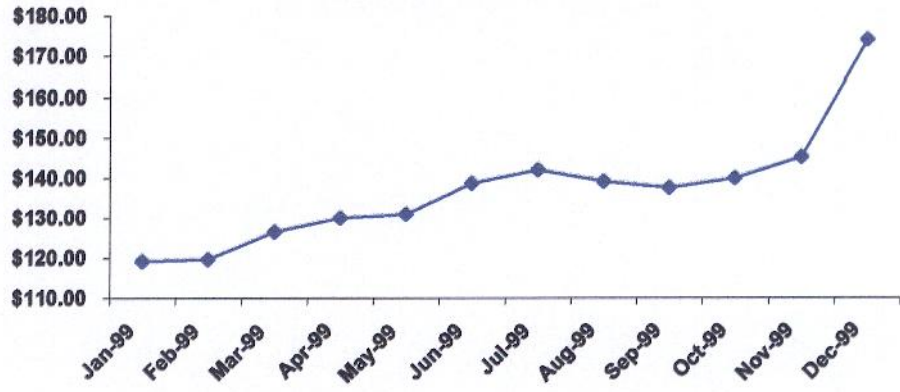


**MISSISSIPPI MEDICAID
 Cost Management Analysis**

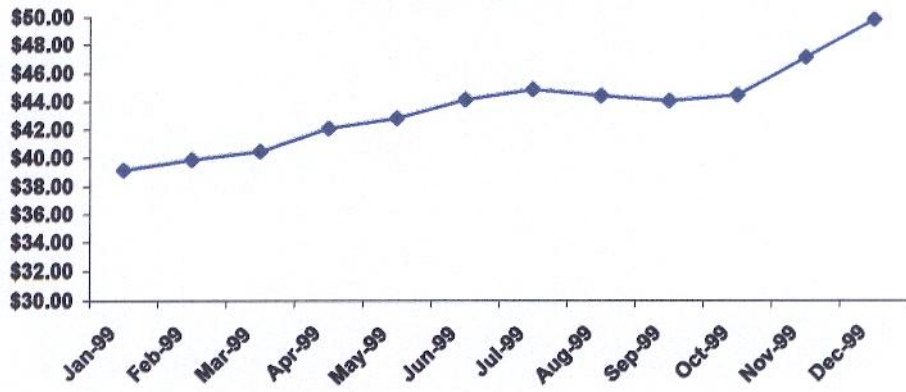
Period Covered	Recipients	# Rx's	Rx Claims Cost	Cost per Recipient Per Month	Cost/Claim
Jan-99	152,462	464,096	\$ 18,186,980.60	\$ 119.29	\$39.19
Feb-99	154,771	464,361	\$ 18,548,155.51	\$ 119.84	\$39.94
Mar-99	159,599	499,232	\$ 20,225,905.96	\$ 126.73	\$40.51
Apr-99	147,551	455,416	\$ 19,200,670.27	\$ 130.13	\$42.16
May-99	140,716	430,487	\$ 18,452,280.20	\$ 131.13	\$42.86
Jun-99	137,689	432,999	\$ 19,122,116.22	\$ 138.88	\$44.16
Jul-99	137,958	437,113	\$ 19,617,122.74	\$ 142.20	\$44.88
Aug-99	146,482	458,946	\$ 20,404,821.58	\$ 139.30	\$44.46
Sep-99	151,829	474,354	\$ 20,919,554.94	\$ 137.78	\$44.10
Oct-99	154,613	486,752	\$ 21,661,063.62	\$ 140.10	\$44.50
Nov-99	160,890	496,108	\$ 23,384,879.49	\$ 145.35	\$47.14
Dec-99	149,114	520,379	\$ 25,958,281.40	\$ 174.08	\$49.88



Cost Per Member Per Month



Avg Cost Per Rx Per Month

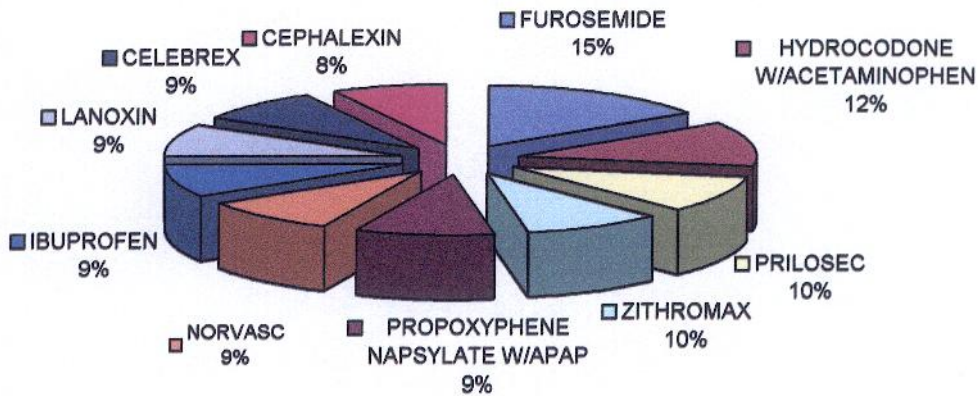


TOP 25 DRUGS BASED ON NUMBER OF CLAIMS FROM 01/1999 - 12/1999

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
FUROSEMIDE	DIURETICS	115569	\$ 674,216.55	\$5.83	2.06%
HYDROCODONE W/ACETAMINO	OPIATE AGONISTS	85954	\$ 863,568.80	\$10.05	1.53%
PRILOSEC	MISCELLANEOUS GI DRUGS	71615	\$ 9,841,856.19	\$137.43	1.27%
ZITHROMAX	MACROLIDES	69898	\$ 2,444,542.45	\$34.97	1.24%
PROPOXYPHENE NAPSYLATE W	OPIATE AGONISTS	68293	\$ 1,104,104.73	\$16.17	1.22%
NORVASC	CARDIAC DRUGS	67863	\$ 4,285,563.10	\$63.15	1.21%
IBUPROFEN	NONSTEROIDAL ANTI-INFLAMMATORY A	64743	\$ 601,836.54	\$9.30	1.15%
LANOXIN	CARDIAC DRUGS	62430	\$ 629,149.35	\$10.08	1.11%
CELEBREX	NONSTEROIDAL ANTI-INFLAMMATORY A	61818	\$ 5,477,955.30	\$88.61	1.10%
CEPHALEXIN	CEPHALOSPORINS	56791	\$ 629,495.77	\$11.08	1.01%
ACETAMINOPHEN W/CODEINE	OPIATE AGONISTS	55310	\$ 412,869.09	\$7.46	0.98%
AUGMENTIN	PENICILLINS	54323	\$ 3,011,849.43	\$55.44	0.97%
K-DUR	REPLACEMENT PREPARATIONS	50880	\$ 1,451,369.14	\$28.53	0.91%
ALBUTEROL SULFATE	SYMPATHOMIMETIC (ADRENERGIC) AG	49104	\$ 1,075,875.04	\$21.91	0.87%
POTASSIUM CHLORIDE	REPLACEMENT PREPARATIONS	47844	\$ 634,420.01	\$13.26	0.85%
PREMARIN	ESTROGENS	46568	\$ 1,298,970.53	\$27.89	0.83%
TRIAMTERENE W/HCTZ	DIURETICS	46076	\$ 548,515.24	\$11.90	0.82%
CLARITIN	ANTIHISTAMINE DRUGS	45465	\$ 2,674,265.05	\$58.82	0.81%
ULTRAM	OPIATE AGONISTS	45175	\$ 1,914,755.83	\$42.39	0.80%
GLUCOPHAGE	MISCELLANEOUS ANTIDIABETIC AGENT	43808	\$ 2,322,847.65	\$53.02	0.78%
PREVACID	MISCELLANEOUS GI DRUGS	43295	\$ 5,514,197.66	\$127.36	0.77%
AMOXIL	PENICILLINS	42769	\$ 391,774.82	\$9.16	0.76%
PALGIC DS	ANTIHISTAMINE DRUGS	41167	\$ 600,202.54	\$14.58	0.73%
DILANTIN	HYDANTOINS	40052	\$ 1,070,551.24	\$26.73	0.71%
ZOLOFT	ANTIDEPRESSANTS	37974	\$ 3,008,262.24	\$79.22	0.68%
TOTAL TOP 25		1,414,784	\$ 52,483,014.29	\$37.10	25.17%

Total Rx Claims From 01/1999 - 12/1999	5,620,243
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Top 10 Drugs
Based on Number of Claims

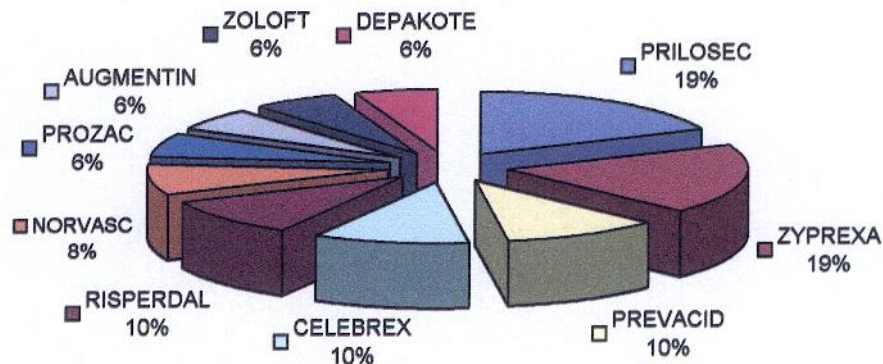


TOP 25 DRUGS BASED ON TOTAL CLAIMS COST FROM 01/1999 - 12/1999

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
PRILOSEC	MISCELLANEOUS GI DRUGS	71615	\$ 9,841,856.19	\$137.43	1.27%
ZYPREXA	ANTIPSYCHOTIC AGENTS	36446	\$ 9,802,145.92	\$268.95	0.85%
PREVACID	MISCELLANEOUS GI DRUGS	43295	\$ 5,514,197.66	\$127.36	0.77%
CELEBREX	NONSTEROIDAL ANTI-INFLAMMATORY A	61818	\$ 5,477,955.30	\$88.61	1.10%
RISPERDAL	ANTIPSYCHOTIC AGENTS	37448	\$ 5,336,495.03	\$142.50	0.67%
NORVASC	CARDIAC DRUGS	67863	\$ 4,285,563.10	\$63.15	1.21%
PROZAC	ANTIDEPRESSANTS	33437	\$ 3,319,263.81	\$99.27	0.59%
AUGMENTIN	PENICILLINS	54323	\$ 3,011,849.43	\$55.44	0.97%
ZOLOFT	ANTIDEPRESSANTS	37974	\$ 3,008,262.24	\$79.22	0.68%
DEPAKOTE	MISCELLANEOUS ANTICONVULSANTS	33301	\$ 2,985,933.14	\$89.66	0.59%
REZULIN	MISCELLANEOUS ANTIDIABETIC AGENTS	16714	\$ 2,764,460.62	\$165.40	0.30%
CLARITIN	ANTIHISTAMINE DRUGS	45465	\$ 2,674,265.05	\$58.82	0.81%
LIPITOR	ANTILIPEMIC AGENTS	29309	\$ 2,590,244.29	\$88.38	0.52%
ARICEPT	PARASYMPATHOMIMETIC (CHOLINERGIC)	20426	\$ 2,578,124.79	\$126.22	0.36%
ZITHROMAX	MACROLIDES	69898	\$ 2,444,542.45	\$34.97	1.24%
PROCARDIA XL	CARDIAC DRUGS	30648	\$ 2,419,877.12	\$78.96	0.55%
PAXIL	ANTIDEPRESSANTS	30717	\$ 2,375,516.61	\$77.34	0.55%
NEURONTIN	MISCELLANEOUS ANTICONVULSANTS	21867	\$ 2,359,916.72	\$107.92	0.39%
GLUCOPHAGE	MISCELLANEOUS ANTIDIABETIC AGENTS	43808	\$ 2,322,847.65	\$53.02	0.78%
AXID	MISCELLANEOUS GI DRUGS	26169	\$ 2,316,144.07	\$88.51	0.47%
PROPULSID	MISCELLANEOUS GI DRUGS	26544	\$ 2,211,389.57	\$83.31	0.47%
PEPCID	MISCELLANEOUS GI DRUGS	23303	\$ 2,131,634.53	\$91.47	0.41%
CIPRO	QUINOLONES	31340	\$ 2,057,703.94	\$65.66	0.56%
BUSPAR	MISC. ANXIOLYTICS, SEDATIVES & HYPN	21110	\$ 1,954,955.75	\$92.61	0.38%
ULTRAM	OPIATE AGONISTS	45175	\$ 1,914,755.83	\$42.39	0.80%
TOTAL TOP 25		960,013	\$ 87,699,900.81	\$91.35	17.08%

Total Rx Claims From 01/1999 - 12/1999	5,620,243
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Top 10 Drugs
Based on Total Claims Cost



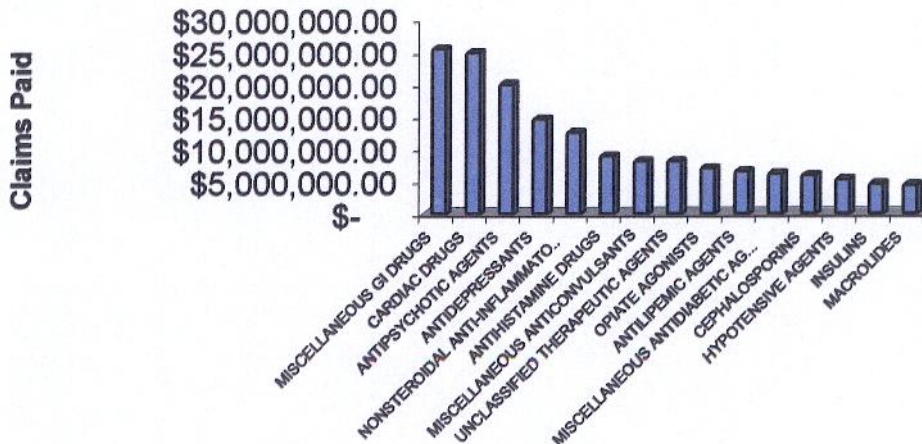
**MISSISSIPPI MEDICAID
Cost Management Analysis**

TOP 15 THERAPEUTIC CLASSES BY TOTAL COST OF CLAIMS FROM 01/1999 - 12/1999

AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
MISCELLANEOUS GI DRUGS	268139	\$ 25,316,586.79	\$94.42	4.77%
CARDIAC DRUGS	564979	\$ 24,761,453.86	\$43.83	10.05%
ANTIPSYCHOTIC AGENTS	162372	\$ 19,897,668.86	\$122.54	2.89%
ANTIDEPRESSANTS	252045	\$ 14,471,624.51	\$57.42	4.48%
NONSTEROIDAL ANTI-INFLAMMATORY AGE	263969	\$ 12,407,216.02	\$47.00	4.70%
ANTIHISTAMINE DRUGS	342021	\$ 8,757,989.40	\$25.61	6.09%
MISCELLANEOUS ANTICONVULSANTS	100685	\$ 8,012,256.55	\$79.58	1.79%
UNCLASSIFIED THERAPEUTIC AGENTS	87800	\$ 8,006,446.89	\$91.19	1.56%
OPIATE AGONISTS	307401	\$ 6,900,770.25	\$22.45	5.47%
ANTILIPEMIC AGENTS	75612	\$ 6,416,387.90	\$84.86	1.35%
MISCELLANEOUS ANTIDIABETIC AGENTS	71733	\$ 6,088,021.43	\$84.87	1.28%
CEPHALOSPORINS	157345	\$ 5,818,770.97	\$36.98	2.80%
HYPOTENSIVE AGENTS	149476	\$ 5,205,717.80	\$34.83	2.66%
INSULINS	80899	\$ 4,527,532.71	\$55.97	1.44%
MACROLIDES	117635	\$ 4,321,330.78	\$36.74	2.09%
TOTAL TOP 15	3,002,111	\$160,909,774.72	\$53.60	53.42%

Total Rx Claims From 01/1999 - 12/1999	5,620,243
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**Top 15 Therapeutic Classes
Based on Total Cost of Claims**



Suggested Interventions

- I. **Over-utilization of Sedatives/Hypnotics**
 - A. Criteria #474- Zolpidem (Ambien) and zaleplon (Sonata) are not recommended to be used at doses > 10mg/day.
 - B. Population Affected-Those who chronically over-utilize sedative/hypnotic agents.
 - C. Profiles Generated-256
 - D. Plan of Action- Send intervention letters to appropriate physician, alerting him to patient's over-utilization of the particular agent.

- II. **Under-utilization of Beta Blockers**
 - A. Criteria #79- Beta-Blockers may be under-utilized.
 - B. Population Affected-Those patients found to be receiving less than the recommended dosage of Beta-Blocking agent.
 - C. Profiles Generated-105
 - D. Plan of Action-Send intervention letters to appropriate physician, making them aware that his patient is receiving less than recommended dosage of Beta-Blocking agent.

- III. **Hypertension**
 - A. Criteria #191-NSAIDS should be used with caution in patients with hypertension.
 - a. Population Affected- Those patients with known diagnosis of hypertension and shown to be concurrently taking NSAIDs.
 - b. Profiles Generated-67
 - c. Plan of Action-Send intervention letters to appropriate physician, making him aware that his patient with diagnosis of hypertension is concurrently taking NSAIDs which may result in complications.

 - B. Criteria #351-This anti-hypertensive medication may exacerbate depression.
 - a. Population Affected- Those patients with known diagnosis of depression and shown to be concurrently taking anti-hypertensive medication.
 - b. Profiles Generated-33
 - c. Plan of Action-Send intervention letters to appropriate physician, making him aware that his patient with diagnosis of depression is concurrently taking an anti-hypertensive medication which may exacerbate depression.

- IV. **Sedative/Hypnotics in Depression**
 - A. Criteria #567-Sedative/Hypnotic drugs should be administered with caution in patients exhibiting signs and symptoms of depression. Intentional overdose is more common in this group of patients;

therefore, prescribe the least amount of the drug that is feasible for the patient at one time.

- B. Population Affected-Those patients with known diagnosis of depression concurrently taking sedative/hypnotic agents.
- C. Profiles Generated-134
- D. Plan of Action-Send intervention letters to physicians whose patient with known diagnosis of depression is also receiving sedative/hypnotic agents.

V. History of Drug Abuse/Narcotic Use

- A. Criteria#549-Due to potential for abuse and dependence, narcotics should be used with caution in patients with a history of drug abuse.
- B. Population Affected-Those patients with known history of drug abuse found to be concurrently taking narcotics.
- C. Profiles Generated-164
- D. Plan of Action-Send intervention letters to physicians whose patient with known history of drug abuse is also receiving a narcotic.

VI. Inappropriate Treatment for Elderly

- A. Criteria # 587-Benzodiazepine anxiolytic agents with long half-lives should be avoided in the elderly due to their increased sensitivity to these agents. Chronic dosing of these agents may result in the accumulation of the parent compound and the active metabolites causing prolonged sedation and increased risk of falls/fractures. Anxiolytics with short to intermediate half-lives, such as oxazepam or lorazepam are recommended as alternatives.
 - a. Population Affected-Those patients categorized as elderly and who are concurrently receiving benzodiazepines with extended half-lives.
 - b. Profiles Generated-164
 - c. Plan of Action-Send intervention letters to physicians whose elderly patient is receiving a benzodiazepine with an extended half-life notifying them of potential complications.
- B. Criteria #591-Tertiary Amine Tricyclic antidepressants should be used with caution in the elderly with depressive symptoms. These agents have significant anti-cholinergic side effects and are sedating, increasing the risk of falls/fractures. Secondary amine tricyclic antidepressants, nortriptyline, desipramine, and selective or non-selective serotonin reuptake inhibitor antidepressants are alternative agents with more favorable adverse effect profiles.
 - a. Population Affected-Those patients categorized as elderly and are receiving tertiary amine tricyclic antidepressants.
 - b. Profiles Generated-207

- c. Plan of Action-Send intervention letters to physicians whose elderly patients are receiving tertiary amine tricyclic antidepressants notifying them of potential complications.

VII. Therapeutic Duplication of Skeletal Muscle Relaxants

- A. Criteria #620-Therapeutic duplication of skeletal muscle relaxants may be occurring.
- B. Population Affected-Those patients concurrently taking two or more medications categorized as skeletal muscle relaxants.
- C. Profiles Generated-157
- D. Plan of Action-Send intervention letters to physicians whose patient has shown to be receiving duplication in therapy of skeletal muscle relaxants.