**Division of Medicaid**
**Office of the Governor**
**State of Mississippi**
**Drug Utilization Review (DUR) Board Meeting**

MISSISSIPPI DIVISION OF
MEDICAID

**May 15, 2014 at 2:00pm**

**Woolfolk Building, Room 117**

**Jackson, MS**

Prepared by:

The University of Mississippi School of Pharmacy

Evidence-Based DUR Initiative, MS-DUR

MS | DUR

# Drug Utilization Review Board

Allison Bell, Pharm.D.
University of MS School of Pharmacy
2500 North State St.
Jackson, MS 39216
Term Expires: June 30, 2015

James R. “Beau” Cox, Pharm.D. **(Co-Chair)**
Tara Pharmacy
110 Metroplex Blvd., Suite H
Pearl, MS 39208
Term Expires: June 30, 2016

Logan Davis, Pharm.D.
Vital Care, Inc.
1170 NE Industrial Park Rd
Meridian, MS 39301
Term Expires: June 30, 2016

Lee Greer, M.D.
IMA-Tupelo
845 S. Madison St.
Tupelo, MS 38801
Term Expires: June 30, 2015

Antoinette M. Hubble, M.D.
McComb Children's Clinic
300 Rawls Dr. Ste 100
McComb, MS 39648
Term Expires: June 30, 2014

Sarah Ishee, Pharm.D.
Kroger Pharmacy
2340 Hwy 15 N
Laurel, MS 39440
Term Expires: June 30, 2015

Cherise McIntosh, Pharm.D.
UMC Dept of Pharmacy
2500 North State St.
Jackson, MS 39216
Term Expires: June 30, 2014

Jason Parham, M.D.
UMMC Department of Medicine
2500 North State Street
Jackson, MS 39216
Term Expires: June 30, 2016

Bobby Proctor, M.D.
Laurel Family Clinic
1440 Jefferson St.
Laurel, MS 39440
Term Expires: June 30, 2016

Sue H. Simmons, M.D.
Maben Medical Clinic
49 Turner St.
Maben, MS 39750
Term Expires: June 30, 2015

Dennis Smith, R.Ph. **(Chair)**
Polk's Discount Pharmacy
1031 Star Rd
Brandon, MS 39042
Term Expires: June 30, 2014

Cynthia Undesser, M.D.
MS Children's Home Services
402 Wesley Ave
Jackson, MS 39202
Term Expires: June 30, 2014

## 2014 DUR Board Meeting Dates

February 13, 2014
May 15, 2014
August 21, 2014
November 20, 2014

As with any analysis, great efforts are made to ensure that the information reported in this document is accurate. The most recent administrative claims data available are being used at the time the reports are generated, which includes the most recent adjudication history. As a result, values may vary between reporting periods and between DUR Board meetings, reflecting updated reversals and claims adjustments.

Only Mississippi Medicaid beneficiaries with fee-for-service claims are included in the analyses, including dual enrollees with Medicare Part D. MississippiCAN data is not being reported unless otherwise specified. Further, reported dollar figures represent reimbursement to providers and are not representative of overall Medicaid costs. Any reported enrollment data are presented are unofficial and are only for general information purposes for the DUR Board.

Please refer to the Mississippi Division of Medicaid website for the official PDL list.

**MISSISSIPPI DIVISION OF MEDICAID**

**OFFICE OF THE GOVERNOR**

**DRUG UTILIZATION REVIEW BOARD**

**AGENDA**

**May 15, 2014**

# DUR Board Meeting Minutes

**MISSISSIPPI DIVISION OF MEDICAID**
**DRUG UTILIZATION REVIEW (DUR) BOARD**
**MINUTES OF THE FEBRUARY 13, 2014 MEETING**

| DUR Board Members: | Present | Absent |
|---|---|---|
| Allison Bell, Pharm.D. | ✓ | |
| James R. "Beau" Cox, Pharm.D. (Co-Chair) | ✓ | |
| Logan Davis, Pharm.D. | ✓ | |
| Lee Greer, M.D. | ✓ | |
| Antoinette M. Hubble, M.D. | ✓ | |
| Sarah Ishee, Pharm.D. | ✓ | |
| Cherise McIntosh, Pharm.D. | ✓ | |
| Jason Parham, M.D. | ✓ | |
| Bobby Poctor, M.D. | ✓ | |
| Sue Simmons, M.D. | ✓ | |
| Dennis Smith, R.Ph. (Chair) | ✓ | |
| Cynthia Undesser, M.D. | ✓ | |
| **Total** | **12** | **0** |

**Also Present:**

**DOM Staff:**
Judith Clark, R.Ph., DOM Pharmacy Bureau Director; Shannon Hardwick, R.Ph., DOM DUR Coordinator; Terri Kirby, R.Ph., DOM Clinical Pharmacist; Laura Reno, DOM Program Integrity

**MS-DUR Staff:**
Kyle Null, Pharm.D., Ph.D., Clinical Director; Ben Banahan, Ph.D., Project Director

**Xerox Staff:**
Flecia Labrano

**Visitors:**
Dan Barbera, Lilly; Roger Grozinger, BMS; John Kirby, Sanofi; Steve Curry Meda; Tim Melanlow, Baxter; Danny Duke, Merck; Bob Firnberg, Gilead;

**Call to Order:** Mr. Dennis Smith, Chairman of the Board, called the meeting to order at 2:02pm.

Approval of previous minutes:
Motion by Dr. Proctor, second by Dr. Hubble. Passed unanimously

Dr. McIntosh arrived at 2:05pm, making a full Board.

**Resource Utilization Review:**
Dr. Null discussed the new tables in resource report. Dr. Ishee asked for clarification about Tamiflu claims in December. Dr. Null noted a data discrepancy that was identified near the holidays that was rectified after the printing of the Board packets. Dr. Hubble provided clarification on the appropriate use

of multiple treatments of Tamiflu for the same beneficiary, which could also explain the higher claims count relative to the number of beneficiaries in the report.

**Pharmacy Program Update:**
Ms. Hardwick noted changes made to the January PDL including that the Ciprodex age edit has been increased to <= 14 years of age, permethrin 5% cream age change, and a trial of Vyvanse is no longer required for Adderall XR. Ms. Hardwick also reminded the Board that effective 1/1/2014, prescribers were required to be Medicaid provider, which is a Federal mandate. Prescribers who do not bill Medicaid for professional services, but who write prescriptions must be enrolled as an ordering and referring prescriber. A state law was passed that mandates a standardized PA form, which is on the DOM web site and will be the only form accepted in future. A provider notice will soon be on the web site about PDL changes that will occur April 1, 2014. Two new classes are being added to the PDL: colony stimulating factors and vaginal antifungals. DOM is hoping for a uniform PDL by July 1.

Dr. Null provided an overview of quality of care initiatives being undertaken by MS-DUR this year that have been approved by the DUR Board. A general letter was mailed to ~1,000 top prescribers over January and February 2014 describing the initiative. MS-DUR and DOM will be targeting these measures during next few months and will be reporting to the Board perhaps by August when enough time has occurred to see differences.

Ms. Clark reported that the recommendation the Board made on moving diabetic supplies to POS has been presented to DOM Executive Director's office and will hopefully be implemented as soon as possible. She also discussed a prescriber on the Coast reported a problem filling OTCs. No other Board members reported any problems. A possible explanation is due to a local store brand not participating in rebate program and therefore, not being covered.

**New Business:**
*Multi-Opioid, Multi-Provider Use in Persons Without Cancer*
Dr. Null reported on new measures being developed by the Pharmacy Quality Alliance that relate to multi-opioid, multi-provider use. Data were presented to the DUR Board in May 2012 to illustrate the number of beneficiaries that would be identified using various criteria. Dr. Null discussed that these measures are currently in the discussion stage at PQA but they are similar to one already used by CMS and by the MS-DUR. Dr. Bell asked if this data includes cash claims. Dr. Null indicated we do not have the PMP data yet. Dr. Null noted that Medicare Part D plans have been mandated to pursue exceptions of these measures.

Dr. Simmons indicated provider feedback on beneficiaries flagged by these measures would be very useful. Dr. Greer asked about the procedure and the capacity of Program Integrity (PI). Ms. Reno (from PI) provided background on how initial list was processed by PI. Dr. Undesser suggested letter be sent to providers for 4 prescribers + 4 pharmacies (4+4) even if PI used higher criteria. Ms. Reno indicated PI would really like a list from measure 3. Dr. Greer recommended provider letters about patients with 4+4 and list to PI for investigation if 6+6 with MED reported. Ms. Clark suggested an article for the state journals might be effective. Mr. Smith asked for confirmation that the recommendations being addressed would not affect any previous reporting to PI, namely reporting non-cancer beneficiaries going to 7 prescribers and 7 pharmacies. Dr. Null confirmed that was the case. Dr. Bell suggested looking for providers with large number of patients in Measure 1. The recommendation was made that Measure 1 would be further stratified based on important variables (ICD-9 codes, top prescribers, etc.) and reported, beneficiaries flagged by Measure 2 would result in letters to their providers, and beneficiaries

flagged by Measure 3 would be reported to PI and a letter would be sent to their providers. Dr. Undesser made a motion, which was seconded by Dr. Bell. The Motion was unanimously approved.

*Analysis of APAP Dose Recommendations by FDA*
Dr. Null explained how some shift has been observed since June 2013 with reduction in claims with drug strength >325 mg. Priority for provider letters will be on beneficiaries with 2+ APAP prescribers. Dr. Bell asked if letter to pharmacies might help to also address OTC use not paid by DOM. Some discussion was made by the Board with no clear consensus on whether pharmacies should be a part of the outreach initiatives. A motion to accept recommendation as written was made by Dr. Hubble, with a second by Dr. Proctor. The motion passed unanimously.

*Access to and Utilization of Immunization Services*
Dr. Banahan reviewed the report with the DUR Board. Dr. McIntosh indicated that all current pharmacy graduates are certified by the time of graduation. Dr. McIntosh noted that immunization recertification among pharmacists is more of an issue. Dr. Hubble asked if protocol and record keeping is as difficult for adults. Ms. Clark indicated it is not as rigorous for adults. Ms. Clark noted that based on state statistics, Mississippi does very well on pediatric vaccines but poorly on adult. Dr. Cox reported that the State Board of Pharmacy is discussing whether should require 2 pharmacists on duty when doing immunizations, limiting vaccines to certain times of day, etc. Dr. Cox noted that the addition of an administration fee would be an important step towards getting companies to recognize the vaccinations as a source of revenue to offset any additional costs that implementing the program would cost. Ms. Clark stated that DOM needs to remove as many barriers as possible, like prescription service limits (i.e., 5 prescriptions per month) and let the Board of Pharmacy handle other issues. Dr. Proctor indicated that providers are reluctant to do pediatric because of paperwork. Costs differences between office injected vs. prescription benefit is often prohibitive to getting in medical office. A motion to accept recommendations as written made by Dr. Davis, seconded by Dr. Hubble, approved unanimously.

*Exceptions Monitoring*
Dr. Null reviewed exceptions criteria recommendations. All exceptions monitoring criteria reviewed at this meeting were from FDA recommended safety warnings and labeling changes for things MS-DUR can monitor in a meaningful way. Dr. Bell noted a typo on number 8, which Dr. Null said would be fixed upon posting the final copy to the DOM website. Dr. Cox recommended accepting the exceptions monitoring criteria as a block vote, which was seconded by Dr. Parham. The motion passed unanimously.

**Next Meeting Information**
Mr. Smith announced that the next meeting date is May 15, 2014 at 2:00p.m. and thanked everyone for making the effort to attend the DUR Board meeting in order to have a quorum. The meeting adjourned at 3:25pm.

Submitted,
Evidence-Based DUR Initiative, MS-DUR

# Resource Utilization Review

## *Enrollment Statistics for Last 12 Months*

| Month | Tot. Enroll | Dual-Eligible | CAN | FFS | LTC | Pharmacy Benefits | <=2 | 3 - 6 | 7 - 12 | 13 - 17 | 18 - 21 | 22 - 35 | 36 - 50 | 51 - 64 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2/2013 | 667,019 | 150,193 | 138,866 | 377,960 | 2,734 | 357,306 | 28,129 | 91,942 | 105,525 | 70,833 | 26,565 | 13,187 | 6,767 | 9,512 |
| 3/2013 | 665,542 | 150,101 | 139,448 | 375,993 | 2,741 | 355,349 | 29,338 | 91,169 | 104,743 | 70,570 | 25,615 | 12,967 | 6,619 | 9,455 |
| 4/2013 | 665,273 | 150,275 | 140,328 | 374,670 | 2,715 | 353,478 | 30,938 | 90,373 | 104,200 | 70,204 | 24,663 | 12,514 | 6,347 | 9,330 |
| 5/2013 | 666,344 | 150,436 | 140,903 | 375,005 | 2,729 | 353,555 | 32,698 | 90,164 | 103,933 | 69,956 | 23,686 | 12,663 | 6,345 | 9,162 |
| 6/2013 | 667,512 | 150,636 | 140,143 | 376,733 | 2,735 | 355,033 | 35,075 | 89,902 | 103,729 | 69,759 | 22,656 | 13,173 | 6,569 | 9,187 |
| 7/2013 | 667,277 | 150,882 | 140,475 | 375,920 | 2,726 | 354,495 | 36,908 | 89,442 | 103,370 | 69,647 | 21,433 | 13,137 | 6,566 | 9,011 |
| 8/2013 | 666,507 | 151,014 | 140,854 | 374,639 | 2,757 | 353,809 | 38,362 | 88,973 | 103,200 | 69,435 | 20,426 | 13,042 | 6,465 | 8,876 |
| 9/2013 | 665,912 | 151,112 | 141,223 | 373,577 | 2,731 | 352,625 | 40,215 | 88,497 | 102,898 | 69,294 | 19,464 | 12,444 | 6,125 | 8,653 |
| 10/2013 | 663,598 | 148,985 | 142,307 | 372,306 | 2,737 | 351,372 | 42,089 | 88,033 | 102,712 | 69,165 | 18,406 | 11,784 | 5,706 | 8,395 |
| 11/2013 | 666,338 | 151,085 | 143,874 | 371,379 | 2,725 | 350,557 | 43,212 | 87,241 | 103,087 | 69,768 | 17,255 | 11,044 | 5,671 | 8,163 |
| 12/2013 | 668,055 | 151,171 | 144,134 | 372,750 | 2,695 | 351,297 | 45,247 | 87,383 | 103,542 | 70,132 | 16,308 | 10,184 | 5,423 | 7,936 |
| 1/2014 | 666,632 | 151,062 | 145,261 | 370,309 | 2,638 | 348,605 | 46,228 | 87,323 | 103,746 | 70,213 | 15,086 | 8,434 | 4,871 | 7,550 |

## *TOP 10 DRUGS BY CHANGE IN DOLLARS PAID January, 2014 TO March, 2014*

| Generic Molecule | Jan 2014 $ Paid | Feb 2014 $ Paid | Mar 2014 $ Paid | Jan 2014 # Claims | Feb 2014 # Claims | Mar 2014 # Claims | Jan 2014 # Benes | Feb 2014 # Benes | Mar 2014 # Benes |
|---|---|---|---|---|---|---|---|---|---|
| Anti-Inhibitor Coagulant Complex | $190,306 | $579,781 | $368,079 | 2 | 4 | 5 | 2 | 3 | 3 |
| Mometasone Nasal | $471,212 | $487,426 | $637,617 | 3,080 | 2,911 | 3,808 | 3,065 | 2,904 | 3,783 |
| Antihemophilic Factor | $423,237 | $677,483 | $577,652 | 32 | 33 | 33 | 21 | 26 | 22 |
| Montelukast | $1,338,187 | $1,207,048 | $1,468,516 | 7,200 | 6,510 | 7,890 | 7,074 | 6,429 | 7,761 |
| Cefixime | $53,416 | $104,606 | $126,254 | 180 | 356 | 417 | 176 | 356 | 415 |
| Ondansetron | $235,272 | $256,169 | $297,784 | 2,193 | 2,505 | 2,796 | 2,147 | 2,445 | 2,736 |
| Olopatadine Ophthalmic | $65,079 | $72,390 | $111,693 | 455 | 486 | 745 | 449 | 478 | 732 |
| Deferasirox | $62,203 | $77,425 | $102,725 | 19 | 22 | 22 | 16 | 20 | 20 |
| Eculizumab | $0 | $0 | $36,965 | 0 | 0 | 1 | 0 | 0 | 1 |
| Cetirizine | $236,049 | $211,662 | $269,005 | 11,527 | 10,448 | 13,170 | 11,332 | 10,329 | 13,006 |

***Only drugs with > $500 paid (amount reimbursed to pharmacy) in last month are included in detail listing***

## *TOP 10 DRUGS BY CHANGE IN NUMBER OF CLAIMS January, 2014 TO March, 2014*

| Generic Molecule | Jan 2014 $ Paid | Feb 2014 $ Paid | Mar 2014 $ Paid | Jan 2014 # Claims | Feb 2014 # Claims | Mar 2014 # Claims | Jan 2014 # Benes | Feb 2014 # Benes | Mar 2014 # Benes | Incr. # Claims |
|---|---|---|---|---|---|---|---|---|---|---|
| Cetirizine | $236,049 | $211,662 | $269,005 | 11,527 | 10,448 | 13,170 | 11,332 | 10,329 | 13,006 | 1,643 |
| Mometasone Nasal | $471,212 | $487,426 | $637,617 | 3,080 | 2,911 | 3,808 | 3,065 | 2,904 | 3,783 | 728 |
| Montelukast | $1,338,187 | $1,207,048 | $1,468,516 | 7,200 | 6,510 | 7,890 | 7,074 | 6,429 | 7,761 | 690 |
| Ondansetron | $235,272 | $256,169 | $297,784 | 2,193 | 2,505 | 2,796 | 2,147 | 2,445 | 2,736 | 603 |
| Promethazine | $20,248 | $22,312 | $22,672 | 1,862 | 2,100 | 2,194 | 1,783 | 2,032 | 2,098 | 332 |
| Olopatadine Ophthalmic | $65,079 | $72,390 | $111,693 | 455 | 486 | 745 | 449 | 478 | 732 | 290 |
| Loratadine | $9,301 | $8,967 | $11,726 | 1,352 | 1,254 | 1,597 | 1,319 | 1,242 | 1,570 | 245 |
| Cefixime | $53,416 | $104,606 | $126,254 | 180 | 356 | 417 | 176 | 356 | 415 | 237 |
| Permethrin Topical | $15,565 | $9,705 | $47,670 | 586 | 441 | 815 | 556 | 422 | 768 | 229 |
| Polymyxin B-Trimethoprim Ophthalmic | $5,570 | $6,418 | $7,987 | 403 | 471 | 581 | 403 | 471 | 575 | 178 |

***Only drugs with > $500 paid (amount reimbursed to pharmacy) in last month are included in detail listing***

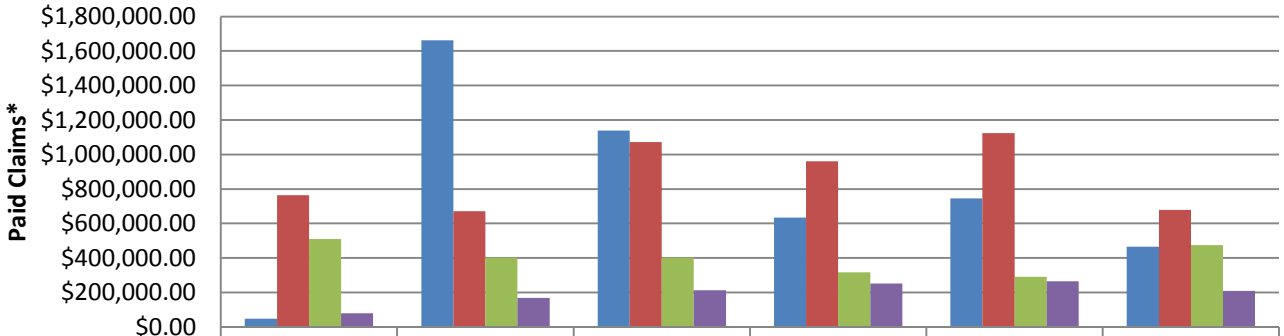
# SYNAGIS® (PALIVIZUMAB) UTILIZATION SUMMARY

2013-2014 RSV Season

**Fee-For-Service (FFS) Utilization**

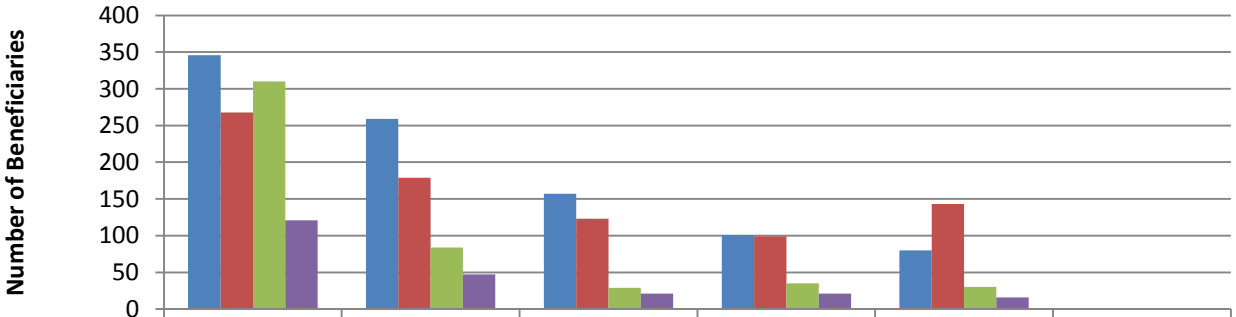
| RSV Season – Fee For Service claims | | | | |
|---|---|---|---|---|
| **Description** | **2010-2011** | **2011-2012** | **2012-2013** | **2013-2014** |
| Total Reimbursement* | $4,679,821 | $5,271,331 | $2,397,305 | $1,185,072 |
| Total Unique Beneficiaries | 944 | 812 | 489 | 226 |
| Total Point-of-Sale Claims | 2,736 | 2,741 | 1,183 | 566 |
| Average Reimbursement* per Beneficiary | $7,965±$4,969 | $9,909±$5,685 | $10,626±$9,762 | $9,473±$7940 |
| Average Reimbursement* per Injection | $2,152±$956 | $2,388±$1,075 | $2,730±$2,431 | $2,657±$1,710 |

## Figure 1 - Synagis® (palivizumab) Paid Claims (FFS)*




| | October | November | December | January | February | March |
|---|---|---|---|---|---|---|
| 2010-2011 | $48,492.18 | $1,661,262.92 | $1,138,105.08 | $633,549.24 | $745,552.90 | $465,807.93 |
| 2011-2012 | $763,570.41 | $671,187.71 | $1,071,233.11 | $961,440.72 | $1,124,757.63 | $679,141.80 |
| 2012-2013 | $510,699.01 | $402,987.15 | $401,823.24 | $316,504.38 | $291,393.99 | $473,896.82 |
| 2013-2014 | $78,878.25 | $168,021.71 | $212,682.17 | $251,390.35 | $264,809.27 | $209,290.54 |

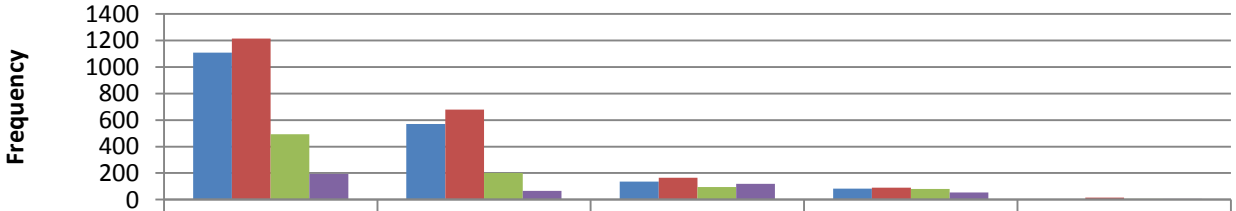
## Figure 2 - Synagis® (palivizumab) Count of Injections per Beneficiary (FFS)




| | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| 2010-2011 | 346 | 259 | 157 | 101 | 80 | 1 |
| 2011-2012 | 268 | 179 | 123 | 99 | 143 | 0 |
| 2012-2013 | 310 | 84 | 29 | 35 | 30 | 1 |
| 2013-2014 | 121 | 47 | 21 | 21 | 16 | 0 |

Number of Injections

## Figure 3 - Estimated Age of Beneficiaries at the Time of Each Synagis® (palivizumab) Injection (FFS)



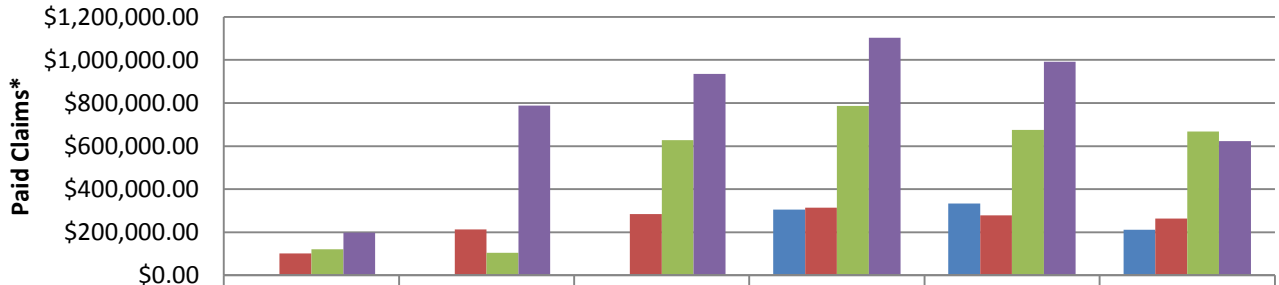

| | <6 | 6-12 | 13-18 | 19-24 | >24 |
|---|---|---|---|---|---|
| 2010-2011 | 1109 | 571 | 135 | 84 | 2 |
| 2011-2012 | 1215 | 679 | 164 | 90 | 15 |
| 2012-2013 | 493 | 200 | 96 | 81 | 5 |
| 2013-2014 | 194 | 66 | 119 | 55 | 5 |

Beneficiary Age (in Months)

## Managed Medicaid Claims

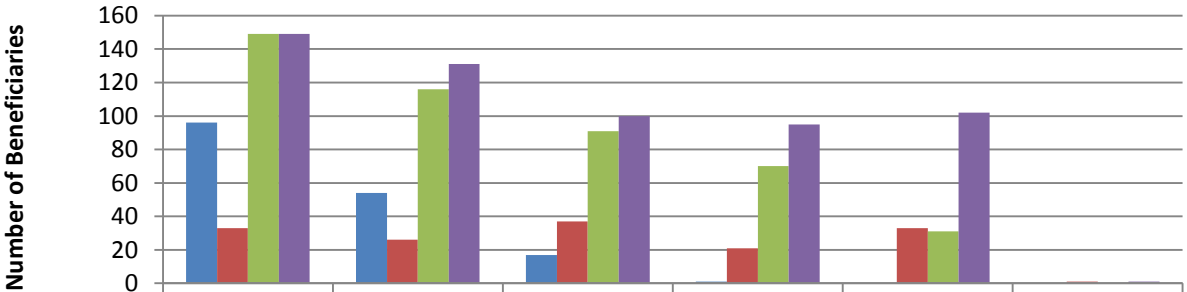
| RSV Season – Managed Care claims | | | | |
|---|---|---|---|---|
| **Description** | **2010-2011** | **2011-2012** | **2012-2013** | **2013-2014** |
| Total Reimbursement* | $849452 | $1,453,849 | $2,983,447 | $4,638,102 |
| Total Unique Beneficiaries | 168 | 151 | 457 | 578 |
| Total Point-of-Sale Claims | 427 | 645 | 1,370 | 2,051 |
| Average Reimbursement* per Beneficiary | $7,019±$4,394 | $12,171±$5,107 | $9,787±$5,580 | $11,445±$5,474 |
| Average Reimbursement* per Injection | $2,785±$980 | $3,174±$973 | $2,612±$920 | $2,842±$974 |

## Figure 4 - Synagis® (palivizumab) Paid Claims* (MAN)




| | October | November | December | January | February | March |
|---|---|---|---|---|---|---|
| 2010-2011 | $0.00 | $0.00 | $0.00 | $304,871.58 | $333,174.53 | $211,406.05 |
| 2011-2012 | $101,403.53 | $213,165.76 | $283,898.00 | $313,473.72 | $277,911.24 | $263,996.48 |
| 2012-2013 | $121,005.78 | $104,831.96 | $626,933.51 | $786,932.65 | $675,576.88 | $668,166.02 |
| 2013-2014 | $197,386.38 | $787,332.03 | $935,262.75 | $1,103,656.1 | $991,835.35 | $622,628.93 |

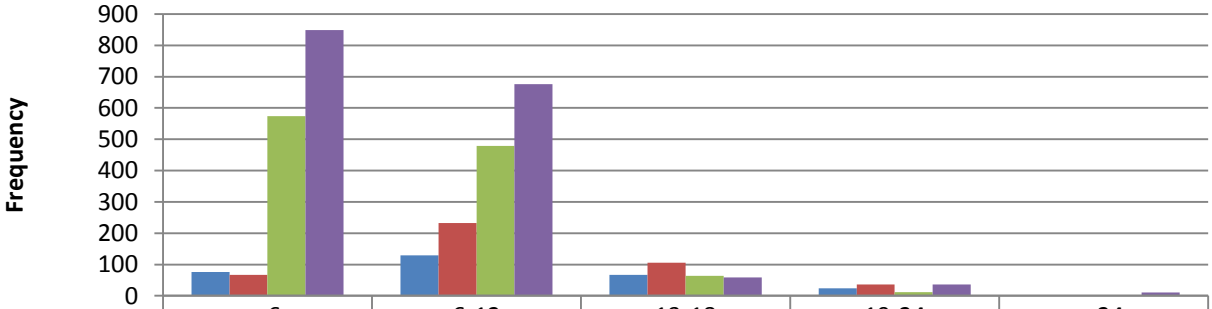
## Figure 5 - Synagis® (palivizumab) Count of Injections per Beneficiary (MAN)




| | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| 2010-2011 | 96 | 54 | 17 | 1 | 0 | 0 |
| 2011-2012 | 33 | 26 | 37 | 21 | 33 | 1 |
| 2012-2013 | 149 | 116 | 91 | 70 | 31 | 0 |
| 2013-2014 | 149 | 131 | 100 | 95 | 102 | 1 |

Number of Injections

## Figure 6 - Estimated Age of Beneficiaries at the Time of Each Synagis® (palivizumab) Injection (MAN)

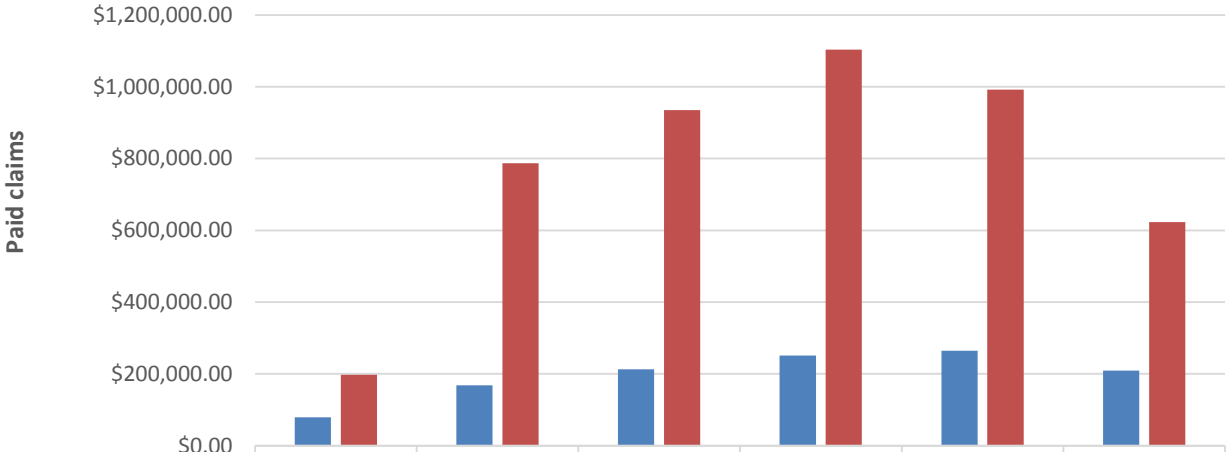



| | <6 | 6-12 | 13-18 | 19-24 | >24 |
|---|---|---|---|---|---|
| 2010-2011 | 76 | 129 | 67 | 24 | 1 |
| 2011-2012 | 67 | 232 | 106 | 36 | 2 |
| 2012-2013 | 574 | 479 | 64 | 12 | 0 |
| 2013-2014 | 849 | 676 | 59 | 36 | 11 |

Beneficiary Age (in Months)

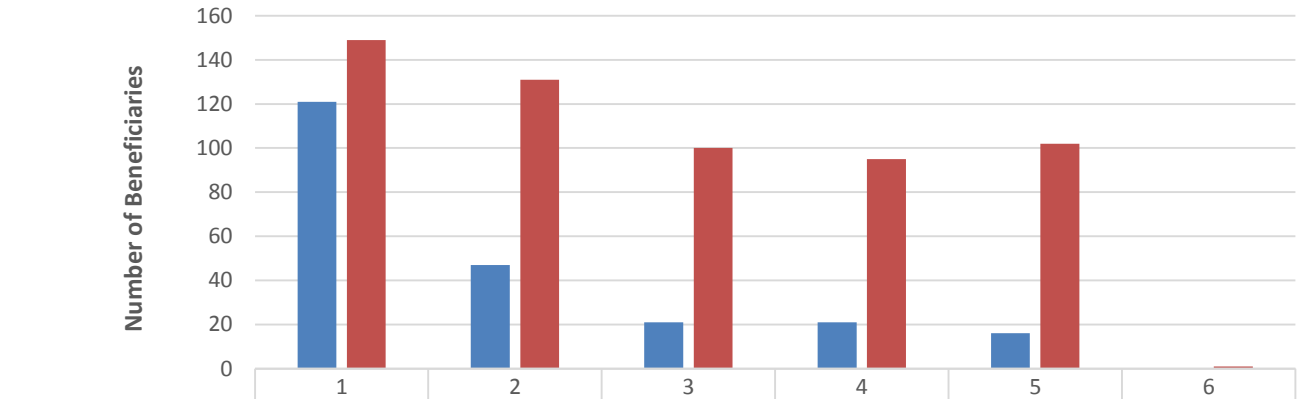
## FFS and Managed Medicaid Comparison

### Figure 7 - Synagis® (palivizumab) Count of Injections per Beneficiary in 2013-2014




| | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| Fee For Service claims | $78,878.25 | $168,021.71 | $212,682.17 | $251,390.35 | $264,809.27 | $209,290.54 |
| Managed Care claims | $197,386.38 | $787,332.03 | $935,262.75 | $1,103,656.16 | $991,835.35 | $622,628.93 |

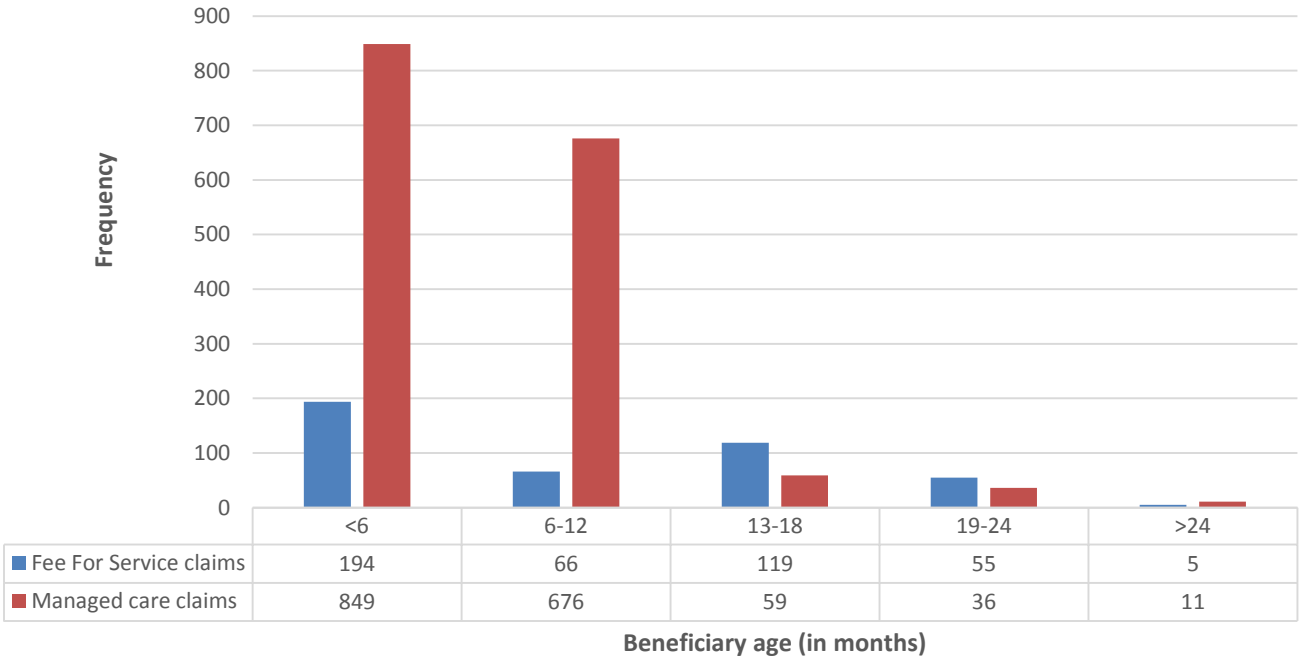
### Figure 8 - Synagis® (palivizumab) Count of Injections per Beneficiary for 2013-2014




| | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| Fee For Service claims | 121 | 47 | 21 | 21 | 16 | 0 |
| Managed Care claims | 149 | 131 | 100 | 95 | 102 | 1 |

Number of Injections

## Figure 9 - Estimated Age of Beneficiaries at the Time of Each Synagis® (palivizumab) Injection in 2013-2014




| | <6 | 6-12 | 13-18 | 19-24 | >24 |
|---|---|---|---|---|---|
| Fee For Service claims | 194 | 66 | 119 | 55 | 5 |
| Managed care claims | 849 | 676 | 59 | 36 | 11 |

# Special Analysis Projects

# IDENTIFYING POTENTIALLY INAPPROPRIATE USE OF EMERGENCY OVERRIDES

## BACKGROUND

Federal law requires the availability of a 72-hour emergency supply of a prescribed drug if a medication is needed without delay, and receiving a prior authorization (PA) in a timely manner is not expected. This usually occurs when the prescriber cannot be reached, is unable to request the PA, or when the PA is needed outside of normal operating hours. In such situations, pharmacists are encouraged to use their professional judgment regarding the appropriateness utilizing the emergency override and may input a level of service code 3 that will allow the claim to process. In cases where a level of service 3 code is submitted by the pharmacist, up to a 72 hour supply of the prescription is allowed to be dispensed; however, a prior authorization is not assigned to the claim until further clinical review.

The purpose of this report is to propose a method for identifying pharmacies that may potentially be misusing the emergency override provision, and intervening to educate the concerned parties.

## METHODS

A retrospective analysis was conducted using the emergency override data from January 1, 2011 to October 31, 2013. The data were extracted based on the claim having a level of service code 3 submitted by the pharmacist Two pharmacy-level metrics were computed to identify pharmacies that may potentially misuse the emergency PA provision:

- **Number of fills with an emergency overrides during regular work hours**
  Regular work hours were assumed to be Monday through Friday, between 8AM and 5PM.
- **Average number of emergency overrides per beneficiary receiving at least one fill with an emergency PA**
  The number of emergency overrides received by each patient receiving at least one fill with an emergency override, was counted. These values were averaged for each pharmacy. For e.g. if a pharmacy had three patients with at least one fill with an emergency overrides, who received 3, 1, and 5 emergency overrides, the value on this variable for that pharmacy would be 3 (i.e. (3+1+5)/3).

## RESULTS

Using these two metrics, top 10 pharmacies that may potentially be misusing the emergency override provision were identified. This list of pharmacies was then de-identified for the purposes of this report. The top 10 pharmacies' values on the two metrics, and average values of all pharmacies on these metrics, can be viewed below:

| Number of Pharmacies with At Least One Emergency Override | Average Values for All Pharmacies with ≥ One Emergency Override | |
|---|---|---|
| | Number of fills with an emergency override during regular work hours | Average number of emergency overrides / bene receiving at least one fill with an emergency override |
| 454 | 8 | 1.15 |

| Business Name (de-identified) | Number of fills with an emergency override during regular work hours | Average number of emergency overrides / bene receiving at least one fill with an emergency override |
|---|---|---|
| Pharmacy 1 | 631 | 2.74 |
| Pharmacy 2 | 200 | 1.47 |
| Pharmacy 3 | 134 | 1.62 |
| Pharmacy 4 | 133 | 2.46 |
| Pharmacy 5 | 111 | 2.78 |
| Pharmacy 6 | 77 | 1.35 |
| Pharmacy 7 | 61 | 1.28 |
| Pharmacy 8 | 56 | 1.13 |
| Pharmacy 9 | 46 | 1.29 |
| Pharmacy 10 | 40 | 1.05 |

**RECOMMENDATIONS**

The Division of Medicaid is seeking discussion and a recommendation from the DUR Board on appropriate metrics to identify pharmacies potentially misusing emergency overrides. The two metrics proposed in this report – number of fills with an emergency override during regular work hours and average number of emergency overrides per beneficiary receiving at least one fill with an emergency override – can help identify pharmacies that may be misusing emergency overrides.

If this metric is adopted, the pharmacies identified can be contacted to educate them about the appropriate use of emergency overrides. If the same pharmacy is observed to misuse this option repeatedly, upon further review, they may be reported to program integrity.

# QUANTITY LIMITS ON INHALED AND INTRANASAL PRODUCTS

## BACKGROUND

Mississippi Medicaid requested the Mississippi Drug Utilization Review (MS-DUR) to conduct a utilization review for inhaled products covered by Mississippi (MS) Medicaid. The requested review included verifying the daily dose for each inhaled product with the inhaled medications maximum unit recommended by MS Medicaid. Based on this utilization review, MS Medicaid is also seeking recommendations for updating the existing quantity limits on inhaled products and suggestions regarding inhaled products that currently are without quantity limits.

## METHODOLOGY

A retrospective analysis of the MS Medicaid pharmacy claims data for the year 2013 was conducted. Daily dose was calculated by dividing the submitted quantity by days' supply for all inhaled products. The top three most frequent daily doses and the corresponding percentage of patients utilizing these doses were also examined for each inhaled product. The top three most frequently utilized daily doses were then compared with the daily maximum unit dose currently enforced by Medicaid for each inhaled product. Based on this comparison, inhaled products that warrant a change in their existing quantity limit or inhaled products currently without quantity limits that may need monitoring, were identified. For drugs without an already existing quantity limit, the most frequently prescribed doses were presented to supplement the clinical review process. Maximum and minimum limits on Micromedex, package inserts, and other clinical sources were reviewed to provide clinically recommended limits. Clinical reasoning was applied where guidelines or specific recommendations were not available.

## RESULTS

The results have been presented on the following pages. Each unique NDC recommended for review has been presented along with its corresponding Generic Category Number (GCN), primary therapeutic class, generic name, drug package size, strength, currently enforced Medicaid maximum and minimum daily limits, recommended dose units identified by clinical product review, the most frequently prescribed daily dose and the percentage of prescriptions that contain the most frequently prescribed dose. The table contains the maximum and minimum daily dose recorded across the observation period to provide a perspective on the range of daily doses observed.

## CONCLUSIONS

Several drugs which need revisions for the maximum daily units have been identified. The current usage doses and clinically appropriate dosage limits have been presented in the table below. No specific recommendation is being sought at this time.

| | | | | | Current Quantity Limits | | Utilization review | | | | Suggested Quantity Limits (Clinical review) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NDC | GCN | Generic Name | Size | Strength | Max Daily Units | Min Daily Units | Freq daily dose | % Use | Max daily dose | Min daily dose | Max daily dose | Min daily dose |
| 00029152611 | 62265 | MUPIROCIN CALCIUM | 1 | 2 % | 0 | 0 | 2 | 43.66 | 5 | 0.1 | 2 | 0.1 |
| 00054004544 | 42239 | IPRATROPIUM BROMIDE | 30 | 21 MCG | 0.84 | 0.28 | 1 | 78.72 | 4.286 | 0.968 | 1 | 0.7 |
| 00054327099 | 62263 | FLUTICASONE PROPIONATE | 16 | 50 MCG | 0.532 | 0.133 | 0.533 | 46.67 | 5.333 | 0.533 | 0.533 | 0.266 |
| 00113006510 | 34062 | OXYMETAZOLINE HCL | 60 | 0.05 % | 0 | 0 | 1 | 100 | 1 | 1 | 2 | 1 |
| 00113030410 | 34062 | OXYMETAZOLINE HCL | 60 | 0.05 % | 0 | 0 | 3 | 36.36 | 3 | 0.357 | 2 | 1 |
| 00113038810 | 34062 | OXYMETAZOLINE HCL | 60 | 0.05 % | 0 | 0 | 2 | 50 | 2 | 1 | 2 | 1 |
| 00113081710 | 34062 | OXYMETAZOLINE HCL | 60 | 0.05 % | 0 | 0 | 3 | 50 | 3 | 1 | 2 | 1 |
| 00172640649 | 46780 | CROMOLYN SODIUM | 2 | 20 MG/2 ML | 8 | 2 | 9.6 | 100 | 9.6 | 9.6 | 8 | 4 |
| 00173045301 | 62263 | FLUTICASONE PROPIONATE | 16 | 50 MCG | 0.532 | 0.133 | 0.533 | 89.05 | 16 | 0.033 | 0.533 | 0.133 |
| 00187526001 | 34291 | SODIUM CHLORIDE | 104 | 0.65 % | 0 | 0 | 3.467 | 66.67 | 10.4 | 1.8 | 3 | 1 |
| 00187526003 | 34291 | SODIUM CHLORIDE | 45 | 0.65 % | 0 | 0 | 6.429 | 50 | 6.429 | 3.214 | 6 | 3 |
| 00187526501 | 34291 | SODIUM CHLORIDE | 37.5 | 0.65 % | 0 | 0 | 1.25 | 100 | 1.25 | 1.25 | 1 | 1 |
| 00225038080 | 34291 | SODIUM CHLORIDE | 50 | 0.65 % | 0 | 0 | 1.667 | 26.46 | 16.667 | 0.5 | 1 | 0.5 |
| 00256015201 | 34291 | SODIUM CHLORIDE | 45 | 0.65 % | 0 | 0 | 4.5 | 28.81 | 22.5 | 1 | 6 | 1 |
| 00256015218 | 34291 | SODIUM CHLORIDE | 45 | 0.65 % | 0 | 0 | 3 | 50 | 6.429 | 0.333 | 3 | 0.5 |
| 00256015225 | 34291 | SODIUM CHLORIDE | 104 | 0.65 % | 0 | 0 | 3.467 | 61.11 | 10.4 | 3.467 | 3 | 3 |
| 00256021101 | 34291 | SODIUM CHLORIDE | 37.5 | 0.65 % | 0 | 0 | 2.885 | 35.71 | 7.5 | 1.25 | 3 | 1 |
| 00363032003 | 34291 | SODIUM CHLORIDE | 30 | 0.65 % | 0 | 0 | 2.143 | 25 | 10 | 1 | 3 | 1 |
| 00378698964 | 42235 | IPRATROPIUM BROMIDE | 2.5 | 0.2 MG/ML | 10 | 0.5 | 15 | 33.33 | 15 | 3.125 | 10 | 3.75 |

| | | | | | Current Quantity Limits | | Utilization review | | | | Suggested Quantity Limits (Clinical review) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NDC | GCN | Generic Name | Size | Strength | Max Daily Units | Min Daily Units | Freq daily dose | % Use | Max daily dose | Min daily dose | Max daily dose | Min daily dose |
| 00378797052 | 42235 | IPRATROPIUM BROMIDE | 2.5 | 0.2 MG/ML | 10 | 0.5 | 10.417 | 44.44 | 18.75 | 6.25 | 10 | 3.75 |
| 00378797091 | 42235 | IPRATROPIUM BROMIDE | 2.5 | 0.2 MG/ML | 10 | 0.5 | 15 | 19.05 | 21.429 | 5 | 10 | 3.75 |
| 00378968244 | 24541 | LEVALBUTEROL HCL | 3 | 1.25MG/3ML | 9 | 4.536 | 12 | 50 | 18 | 9.6 | 12 | 6 |
| 00487980101 | 42235 | IPRATROPIUM BROMIDE | 2.5 | 0.2 MG/ML | 10 | 0.5 | 15 | 29.79 | 60 | 0.962 | 10 | 3.75 |
| 00487980125 | 42235 | IPRATROPIUM BROMIDE | 2.5 | 0.2 MG/ML | 10 | 0.5 | 10.417 | 19.79 | 31.25 | 2.083 | 10 | 3.75 |
| 00536250676 | 34291 | SODIUM CHLORIDE | 45 | 0.65 % | 0 | 0 | 3 | 34.26 | 15 | 0.1 | 3 | 0.5 |
| 00536500572 | 34062 | OXYMETAZOLINE HCL | 15 | 0.05 % | 0 | 0 | 1.875 | 100 | 1.875 | 1.875 | 1 | 0.5 |
| 00591291923 | 24540 | LEVALBUTEROL HCL | 3 | 0.63MG/3ML | 17.857 | 9 | 18 | 29.41 | 24 | 4.8 | 18 | 5 |
| 00591292023 | 24541 | LEVALBUTEROL HCL | 3 | 1.25MG/3ML | 9 | 4.536 | 18 | 44.44 | 24 | 6 | 12 | 6 |
| 00603038046 | 34291 | SODIUM CHLORIDE | 45 | 0.65 % | 0 | 0 | 1.5 | 36.36 | 9 | 1.5 | 1 | 1 |
| 00781715786 | 42235 | IPRATROPIUM BROMIDE | 2.5 | 0.2 MG/ML | 10 | 0.5 | 10.417 | 32.26 | 12.5 | 4.167 | 10 | 3.75 |
| 00904386575 | 34291 | SODIUM CHLORIDE | 44 | 0.65 % | 0 | 0 | 1.467 | 45.06 | 11.25 | 1 | 1 | 1 |
| 00904571130 | 34062 | OXYMETAZOLINE HCL | 30 | 0.05 % | 0 | 0 | 1 | 66.67 | 2 | 1 | 1 | 1 |
| 00904571135 | 34062 | OXYMETAZOLINE HCL | 15 | 0.05 % | 0 | 0 | 2.143 | 41.94 | 7.5 | 0.5 | 1 | 0.5 |
| 10939040233 | 34291 | SODIUM CHLORIDE | 44 | 0.65 % | 0 | 0 | 4.4 | 22.22 | 4.4 | 1 | 4 | 1 |
| 10939040333 | 34291 | SODIUM CHLORIDE | 88 | 0.65 % | 0 | 0 | 11 | 50 | 11 | 5.5 | 6 | 3 |
| 11523115901 | 34062 | OXYMETAZOLINE HCL | 15 | 0.05 % | 0 | 0 | 0.5 | 75 | 1 | 0.5 | 1 | 0.5 |
| 11523116703 | 34062 | OXYMETAZOLINE HCL | 15 | 0.05 % | 0 | 0 | 7.5 | 33.33 | 7.5 | 1.5 | 1 | 0.5 |
| 11523116705 | 34062 | OXYMETAZOLINE HCL | 30 | 0.05 % | 0 | 0 | 1 | 100 | 1 | 1 | 1 | 1 |
| 11523116706 | 34062 | OXYMETAZOLINE HCL | 15 | 0.05 % | 0 | 0 | 0.5 | 100 | 0.5 | 0.5 | 1 | 0.5 |

| | | | | | Current Quantity Limits | | Utilization review | | | | Suggested Quantity Limits (Clinical review) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NDC | GCN | Generic Name | Size | Strength | Max Daily Units | Min Daily Units | Freq daily dose | % Use | Max daily dose | Min daily dose | Max daily dose | Min daily dose |
| 11523170201 | 34050 | OXYMETAZOLINE HCL | 15 | 0.05 % | 0 | 0 | 1.5 | 50 | 1.5 | 1.071 | 1 | 0.5 |
| 11822320300 | 34291 | SODIUM CHLORIDE | 45 | 0.65 % | 0 | 0 | 1.5 | 75 | 3 | 1.5 | 1 | 1 |
| 11822349540 | 34291 | SODIUM CHLORIDE | 89 | 0.65 % | 0 | 0 | 17.8 | 33.33 | 17.8 | 6.357 | 9 | 6 |
| 11917001257 | 34291 | SODIUM CHLORIDE | 88 | 0.65 % | 0 | 0 | 17.6 | 30 | 17.6 | 2.933 | 9 | 2 |
| 11917002642 | 34291 | SODIUM CHLORIDE | 44 | 0.65 % | 0 | 0 | 6.286 | 18.42 | 8.8 | 1.25 | 6 | 1 |
| 15127003520 | 34291 | SODIUM CHLORIDE | 45 | 0.65 % | 0 | 0 | 5 | 25 | 5 | 2.25 | 3 | 1 |
| 15127003520 | 34291 | SODIUM CHLORIDE | 90 | 0.65 % | 0 | 0 | 5 | 25 | 5 | 2.25 | 3 | 1 |
| 15127030405 | 34062 | OXYMETAZOLINE HCL | 30 | 0.05 % | 0 | 0 | 1 | 100 | 1 | 1 | 1 | 1 |
| 15127030410 | 34062 | OXYMETAZOLINE HCL | 60 | 0.05 % | 0 | 0 | 1.5 | 100 | 1.5 | 1.5 | 2 | 1 |
| 21522015201 | 34291 | SODIUM CHLORIDE | 45 | 0.65 % | 0 | 0 | 1.5 | 100 | 1.5 | 1.5 | 1.5 | 1.5 |
| 23558068965 | 34291 | SODIUM CHLORIDE | 44 | 0.65 % | 0 | 0 | 1.467 | 50 | 8.8 | 1.467 | 1.5 | 1.5 |
| 24208034425 | 34280 | FLUNISOLIDE | 25 | 25 MCG | 2 | 0.5 | 4.167 | 63.64 | 4.167 | 4 | 2 | 1 |
| 24208039830 | 42239 | IPRATROPIUM BROMIDE | 30 | 21 MCG | 0.84 | 0.28 | 1 | 82.22 | 10 | 1 | 1 | 0.7 |
| 24385006710 | 34062 | OXYMETAZOLINE HCL | 30 | 0.05 % | 0 | 0 | 2 | 100 | 2 | 2 | 1 | 1 |
| 24385030410 | 34062 | OXYMETAZOLINE HCL | 30 | 0.05 % | 0 | 0 | 2 | 50 | 2 | 1 | 1 | 1 |
| 24385032521 | 34291 | SODIUM CHLORIDE | 88 | 0.65 % | 0 | 0 | 2.933 | 35 | 17.6 | 2.933 | 3 | 3 |
| 24385032558 | 34291 | SODIUM CHLORIDE | 44 | 0.65 % | 0 | 0 | 1.467 | 31.71 | 11 | 1.419 | 1.5 | 1.5 |
| 24385039010 | 34186 | PHENYLEPHRINE HCL | 30 | 1 % | 0.9 | 0.1 | 2 | 100 | 2 | 2 | 1 | 1 |
| 24385049810 | 34070 | OXYMETAZOLINE HCL | 30 | 0.05 % | 0 | 0 | 3.75 | 42.86 | 6 | 1 | 1 | 1 |

| | | | | | Current Quantity Limits | | Utilization review | | | | Suggested Quantity Limits (Clinical review) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NDC | GCN | Generic Name | Size | Strength | Max Daily Units | Min Daily Units | Freq daily dose | % Use | Max daily dose | Min daily dose | Max daily dose | Min daily dose |
| 37205006710 | 34062 | OXYMETAZOLINE HCL | 30 | 0.05 % | 0 | 0 | 1 | 100 | 1 | 1 | 1 | 1 |
| 37205093013 | 34291 | SODIUM CHLORIDE | 45 | 0.65 % | 0 | 0 | 3 | 50 | 3 | 1.5 | 3 | 1.5 |
| 37205093021 | 34291 | SODIUM CHLORIDE | 88 | 0.65 % | 0 | 0 | 10 | 50 | 10 | 1 | 9 | 1 |
| 41163023331 | 34291 | SODIUM CHLORIDE | 44 | 0.65 % | 0 | 0 | 2.933 | 100 | 2.933 | 2.933 | 3 | 3 |
| 45802035758 | 34291 | SODIUM CHLORIDE | 45 | 0.65 % | 0 | 0 | 4.5 | 13.27 | 11.25 | 1.5 | 4 | 1.5 |
| 45802035758 | 34291 | SODIUM CHLORIDE | 90 | 0.65 % | 0 | 0 | 4.5 | 13.27 | 11.25 | 1.5 | 4 | 1.5 |
| 45802041059 | 34062 | OXYMETAZOLINE HCL | 30 | 0.05 % | 0 | 0 | 4.286 | 33.33 | 4.286 | 1 | 1 | 1 |
| 46122016510 | 34062 | OXYMETAZOLINE HCL | 30 | 0.05 % | 0 | 0 | 2 | 50 | 2 | 1 | 1 | 1 |
| 49348002827 | 34062 | OXYMETAZOLINE HCL | 30 | 0.05 % | 0 | 0 | 3 | 100 | 3 | 3 | 1 | 1 |
| 49348023027 | 34062 | OXYMETAZOLINE HCL | 30 | 0.05 % | 0 | 0 | 2 | 100 | 2 | 2 | 1 | 1 |
| 49348027627 | 34070 | OXYMETAZOLINE HCL | 30 | 0.05 % | 0 | 0 | 3 | 25 | 3 | 1 | 1 | 1 |
| 49348035625 | 34291 | SODIUM CHLORIDE | 44 | 0.65 % | 0 | 0 | 2.933 | 25.35 | 11 | 1.467 | 3 | 1.5 |
| 50383070016 | 62263 | FLUTICASONE PROPIONATE | 16 | 50 MCG | 0.532 | 0.133 | 0.533 | 94.12 | 0.64 | 0.533 | 0.533 | 0.266 |
| 50428006205 | 34291 | SODIUM CHLORIDE | 88 | 0.65 % | 0 | 0 | 6.286 | 100 | 6.286 | 6.286 | 6 | 6 |
| 50428891465 | 34291 | SODIUM CHLORIDE | 45 | 0.65 % | 0 | 0 | 1.5 | 38.46 | 6.429 | 1.5 | 3 | 1.5 |
| 51672203005 | 34062 | OXYMETAZOLINE HCL | 15 | 0.05 % | 0 | 0 | 1 | 100 | 1 | 1 | 1 | 0.5 |
| 52569013385 | 34291 | SODIUM CHLORIDE | 44 | 0.65 % | 0 | 0 | 2.933 | 100 | 2.933 | 2.933 | 3 | 3 |

# SPECIALTY DRUGS – DEFINITION AND MANAGEMENT

## BACKGROUND

Specialty drugs compromise an area of high-cost and often highly involved medications. They are generally used to treat diseases or medical conditions that a patient would not see a general practitioner for, such as forms of cancer, multiple sclerosis, and rheumatoid arthritis. Vaccinations (non-childhood) may also be included within this field of agents.[1] But a precise definition of what constitutes a "specialty drug" varies from one source to another.

Estimates dictate that specialty drugs still compromise less than 20 percent of overall prescriptions;[2] however, it is becoming more apparent that these agents are not merely a significant contributor to high medication healthcare costs, but are in fact the primary driver for increased pharmaceutical costs. Furthermore, the development of these drugs is quickly increasing. In 2008, approximately 25% of all drugs approved as new molecular entities (NMEs) by the Food and Drug Administration (FDA) were considered specialty drugs.[3] Today, over 50% of drugs approved by the FDA each year are considered specialty drugs.

With nearly 900 new drugs in the specialty pipeline, this is an area of concern for all health care payers. Payers need to develop strategies for managing specialty drugs in order to assure appropriate use and maximum benefits.

## DISCUSSION

### Definition of Specialty Drugs

Before discussing possible strategies for DOM to use for management of these drugs, it is important to arrive at a definition of what we will be referring to with the term "specialty drugs".

Specialty drugs are generally identified based on three types of criteria:

- **Handling requirement:** Many of the early specialty drugs were identified as such because they required special handling, such as refrigerated shipping, etc. Although these drugs might be expensive, the criterion used to classify them as specialty was the need for special handling during distribution or administration. Biologic products frequently have special handling requirements. Due to this requirement and the fact they are often expensive, biologics are often equated with specialty products. Drugs in

[1] Midwest Business Group on Health. Biologics/Specialty Pharmacy Initiative & National Employer Survey [Internet]. 2012 [cited 2014 Apr 15]. Available from: http://higherlogicdownload.s3.amazonaws.com/MBGH/a8737135-e2cb-46f0-8a62-2c7a74609d23/UploadedImages/Final Biologics Sponsor Project Overview 0201_2012.pdf
[2] Sammer J. Specialty Drugs Driving Pharmacy Benefit Costs [Internet]. 2011. Available from: https://www.shrm.org/hrdisciplines/benefits/articles/pages/specialtydrugs.aspx
[3] Host K. What lies ahead for specialty pharmacy? [Internet]. 2012 [cited 2014 Apr 15]. Available from: http://www.benefitspro.com/2012/03/19/what-lies-ahead-for-specialty-pharmacy

this group typically are distributed through a limited number of specialty wholesalers and specialty pharmacies that are equipped to provide these special handling needs.

- **Patient care needs:** Some products have special patient care needs do to the complex nature of the disease and the need to assure appropriate utilization to maximize outcomes (e.g. post-transplant immunosuppressants) or FDA approved risk management requirements for certification of appropriateness of treatment (e.g. Tysabri for treatment of NHL). Distribution of these drugs is usually restricted to a limited number of specialty wholesalers and pharmacies. Specialty pharmacies for these products usually provide extensive patient management services including assistance in insurance and co-pay assistance claims, medication and adherence monitoring, collecting data and monitoring laboratory values, etc. The goal for specialty drugs in this model is to assure that only appropriate patients are being treated and the benefits of treatment are being maximized in order to achieve maximum benefit from the expenditure.

- **Cost:** This is by far the simplest and possibly the most frequently used criteria. High cost drugs are often referred to as specialty drugs regardless of their other characteristics. The only difficulty with this definition is determining the appropriate cost level for defining specialty status. Specialty drugs identified on cost alone are usually managed by requiring prior authorization or step therapy. They may also be restricted to reimbursement through pharmacy services where prior authorizations can be more easily managed. Another management approach is to place these drugs in a specialty co-pay class with a percentage co-insurance rather than a fixed co-pay amount. Although these are classified as specialty drugs, distribution often occurs through normal retail pharmacy channels.

Most payers and agencies use their own specific definition for identifying specialty drugs; often combining one or more of these criteria. This practice has led to the lack of a coordinated definition. Recently, a collaborative effort among Medicaid pharmacy directors resulted in the development of a draft definition of specialty drugs. Recently MS-DUR examined the implications of this definition within the DOM pharmacy program and variations in specialty drugs identified by the six largest PBMs in the country. The results of this study were presented at the spring meeting of the Academy of Managed Care Pharmacy[4].

**Strategies for Managing the Use of Specialty Drugs**

Management of specialty drugs has typically been accomplished using two basic strategies.

1. ***Restricted distribution to specialty pharmacy***
    - Appropriate for agents requiring special handling, delicate storage (e.g. steady temperatures, low shelf life of agents, etc.), and/or high levels of patient monitoring, and personalized support for the patient. Specialty pharmacies are equipped to meet these requirements.

[4] Meeting Abstract: Academy of Management Care Pharmacies 26th Annual Meeting and Expo. *JMCP Supplement* 2014:20(4-a).

- Specialty pharmacies generally offer a place of distribution of specialty drugs, but can also provide a range of patient-centered services. They offer a comprehensive care system for specialty agents where patients may receive expert therapy management and support from healthcare personnel.
- Since poor resource utilization as well as poor management of the patient's care can ultimately cost the healthcare system more than otherwise, payers are increasingly seeing the benefit in utilizing this model of care.[5]
- Agents requiring distribution through specialty pharmacies are billed through medical benefits and pharmacy benefits depending on plan requirements and site of administration. Physicians may maintain an inventory and bill the health plans at a contracted rate, or may order the drug from a specialty pharmacy when required, and bill the health plan for only the administration and procedure-related costs. In the latter scenario, the specialty pharmacies act like most other pharmacies and bill as a pharmacy benefit and collect any copayment or coinsurance from the patient.
    - In the case where the specialty agent is a self-administered agent (SAA), the patient may directly pick the agent up from a pharmacy, and the medication is directly billed through the pharmacy benefit and cost share collected from the pharmacy.

***2. Introduction of a fourth tier to increase patient contribution to cost and discourage use***

- An estimated 90% of Medicare Part D plans and approximately 10% of commercial health plans take advantage of a "fourth tier" or "specialty tier" in their formularies to shift some of the high costs of these agents back toward the patient.[6] Plans may also introduce restrictions such as step edits, prior authorizations, or possibly even quantity limits to reduce use.
- CMS allows Part D sponsors in their plans to exempt a formulary tier (a "specialty tier") from tiered cost-sharing exceptions. This tier is only allowed for those agents whose monthly cost across the drug's full duration of action exceeds $600 per month. In allowing for this specialty tier, CMS specifies certain guidelines for Part D sponsors to comply with for the tier to be approved: [7]
    - There can be only one specialty tier,
    - Cost-sharing up to 25% after the deductible and before the initial coverage limit,
    - Only Part D drugs that exceed the dollar-per-month amount established by CMS in the annual Call Letter can be placed in this tier, and
    - The sponsor must ensure that if certain forms and strengths within a category or class do not meet the criteria for inclusion in the specialty tier, the

[5] Utilization Review Accreditation Commission. The Patient-Centered Outgrowth of Specialty Pharmacy [Internet]. 2011. Available from: https://www.urac.org/wp-content/uploads/2012/09/urac_pqm_specialty_white_paper.pdf
[6] Walsh B. The Tier 4 Phenomenon: Shifting the High Cost of Drugs to Consumers [Internet]. 2009. Available from: http://assets.aarp.org/rgcenter/health/tierfour.pdf
[7] Centers for Medicare & Medicaid Services. Medicare Prescription Drug Benefit Manual: Chapter 6 - Part D Drugs and Formulary Requirements [Internet]. 2010 [cited 2014 Apr 16]. Available from: http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/downloads/chapter6.pdf

remaining must be placed among other tiers of the formulary such that enrollment is not substantially discouraged

- Some plans charge patients a fixed dollar amount, or a percentage, for medications taken in the specialty tier.[8]
  - CMS caps this percentage at 25% (as mentioned above), although they allow plans to charge higher coinsurance if offset with other plan features (e.g. lower deductible).
- In addition to having a fourth tier, 33% of commercial health plans have opted to include an additional tier (tier 5) in the management of their specialty agents. This tier is almost entirely managed through charging coinsurances to the patient (93% of commercialized plans with tier 5).[9]

**DISCUSSION OF POSSIBLE DOM STRATEGIES FOR MANAGING SPECIALTY DRUGS**

MS-DUR and other DOM vendors are working with DOM to develop a strategy for identifying and managing specialty drugs. In developing a strategy, several factors have to be considered:

- Specialty drugs requiring special handling will have limited distribution through designated wholesalers and pharmacies.
- Higher patient contribution to cost is not feasible in the Medicaid population.
- Mississippi is an any willing provider state – distribution of products with special service requirements must be open to any pharmacy willing to meet the specified requirements.
- The high cost of newer therapies will make it critical that patient management and monitoring be done in order to assure appropriate use and maximum outcomes.

**Case example currently impacting DOM: New treatments for Hepatitis C**

Previously, the expected outcome of treatment of Hepatitis C (HCV) was suppressed viral loads, not cure. Last year two new treatments were approved – Victrelis® (boceprevir) and Incivek® (telaprevir) and early this year an even more revolutionary treatment, Sovaldi®, was approved. According to many experts in the area and feedback from other Medicaid programs, many practitioners have been holding back their HCV patients awaiting these new products; especially Sovaldi®, which may have a high cure rate. Sovaldi® by Gilead Sciences is estimated to cost $84,000 for the 12 week treatment for genotype 1 and 2, and $168,000 for the 24 week treatment for genotype 3.[10]

Recent MS-DUR analysis found the following:

[8] Walsh B. The Tier 4 Phenomenon: Shifting the High Cost of Drugs to Consumers [Internet]. 2009. Available from: http://assets.aarp.org/rgcenter/health/tierfour.pdf

[9] EMD Serono. EMD Serono Specialty Digest™, 9th Edition: Managed Care Strategies for Specialty Pharmaceuticals [Internet]. 2013. Available from: http://www.amcp.org/EMDSeronoSpecialtyDigest9th.pdf

[10] Pollack A. F.D.A. Approves Pill to Treat Hepatitis C. NYTimes.com [Internet]. 2013 December 6 [cited 2014 Apr 16]; Available from: http://www.nytimes.com/2013/12/07/business/fda-approves-pill-to-treat-hepatitis-c.html

Potential patients awaiting treatment

- FFS – 90 HCV patients (55 dual-eligible, 3 LTC)
- MSCAN – 84

FFS treatments in last year

- 4 Victrelis® patients; 2 – 6 doses; range of treatment costs $11,694 - $31,575
- 3 Sovaldi® patients since January 2014 – treatment cost was $88,706 for patient receiving full 3-month course of therapy

Currently DOM requires prior authorization for use of Sovaldi® with documentation of lab values. These PAs are being reviewed internally by DOM staff at this time.

**RECOMMENDATION**

Until a comprehensive strategy for managing specialty drugs has been developed, MS-DUR has made the following recommendations regarding the current situation with HCV treatments:

DOM should provide comprehensive patient management services for each HCV patient treated with Sovaldi® that includes (a) monitoring and assuring adherence to the regimen and (b) appropriate viral response for continued therapy throughout treatment.

These services could be provided by (1) hiring additional internal clinical personnel, (2) requiring distribution through specialty pharmacies providing the needed services, or (3) contracting for the patient management and monitoring services separately from the product but integrated into the PA process.

# Exceptions Monitoring Criteria Recommendations

**MISSISSIPPI MEDICAID**
**RETROSPECTIVE DRUG UTILIZATION REVIEW**
**EXCEPTIONS MONITORING CRITERIA RECOMMENDATIONS**

***Criteria Recommendations***

1. **Administration of Cozaar (losartan potassium) or Hyzaar (losartan potassium hydrochlorothiazide) tablets during pregnancy.**
   Message: In January 2014, the FDA approved labeling changes for Cozaar (losartan potassium) and Hyzaar (losartan potassium hydrochlorothiazide) tablets to include a boxed warning that the drugs should not be administered to pregnant women.

   Exception Type: DDC - Drug-disease contraindication

| Field 1 | Field 2 |
|---|---|
| Cozaar (losartan potassium)<br>Hyzaar (losartan potassium hydrochlorothiazide) | pregnancy |

   References:
   FDA Drug Safety Labeling Changes. January 2014. Available at:
   http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm169666.htm
   http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm169677.htm

2. **Co-administration of Victrelis (boceprevir) capsules with alfusozin, doxasozin, silodosin or tamsulosin**
   Message: In January 2014, the FDA approved labeling changes for Victrelis (boceprevir) capsules to include contraindications with concomitant use of alfusozin, doxasozin, silodosin or tamsulosin leading to increased risk of hypertension and priapism.

   Exception Type: DDI - Drug-drug interaction

| Field 1 | Field 2 | Field 3 |
|---|---|---|
| Victrelis (boceprevir) | alfusozin<br>doxasozin<br>silodosin<br>tamsulosin | hypertension<br>priapism |

   References:
   FDA Drug Safety Labeling Changes. January 2014. Available at:
   http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm303600.htm

**3. Concomitant administration of Promacta (eltrombopag) with interferon and ribavarin in patients with chronic hepatitis C.**

Message: In February 2014, the FDA approved labeling changes for Promacta (eltrombopag) tablets to include a boxed warning that Promacta in combination with interferon and ribavirin in patients with chronic hepatitis C would increase the risk of hepatic decompensation.

Exception Type: DDI - Drug-drug interaction

| Field 1 | Field 2 | Field 3 |
|---|---|---|
| Promacta | interferon & ribavarin | hepatitis C |

References:
FDA Drug Safety Labeling Changes. February 2014. Available at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm207394.htm

**4. Co-administration of Nizoral (ketoconazole) tablets with methadone, disopyramid, dronedarone and ranolazine**

Message: In February 2014, the FDA approved labeling changes for Nizoral (ketoconazole) tablets to update the boxed warning that co-administration of Nizoral with methadone, disopyramide, dronedarone, ranolazine is contraindicated.

Exception Type: DDI - Drug-drug interaction

| Field 1 | Field 2 |
|---|---|
| Nizoral (ketoconazole) | methadone<br>disopyramide<br>dronedarone<br>ranolazine |

References:
FDA Drug Safety Labeling Changes. February 2014. Available at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm364157.htm

**5. Concomitant administration of Juvisync (sitagliptin and simvastatin) and cobicistat containing drugs**

Message: In February 2014, the FDA updated the labeling of Juvisync (sitagliptin and simvastatin) to include a contraindication with concomitant use of cobicistat containing products.

Exception Type: DDI - Drug-drug interaction

| Field 1 | Field 2 |
|---|---|
| Juvisync (sitagliptin and simvastatin) | cobicistat |

References:
FDA Drug Safety Labeling Changes. February 2014. Available at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/Safety-RelatedDrugLabelingChanges/ucm323856.htm

**6. Concomitant administration of Mevacor (lovastatin) and cobicistat containing drugs**

Message: In February 2014, the FDA updated the labeling of Mevacor (lovastatin) to include a contraindication with concomitant use of cobicistat containing products.

Exception Type: DDI - Drug-drug interaction

| Field 1 | Field 2 |
|---|---|
| Mevacor (lovastatin) | cobicistat |

References:
FDA Drug Safety Communications. February 2014. Available at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm389714.htm

**7. Concomitant administration of Zocor (simvastatin) and cobicistat containing drugs**

Message: In February 2014, the FDA updated the labeling of Zocor (simvastatin) to include a contraindication with concomitant use of cobicistat containing products.

Exception Type: DDI - Drug-drug interaction

| Field 1 | Field 2 |
|---|---|
| Zocor (simvastatin) | cobicistat |

References:
FDA Drug Safety Communications. February 2014. Available at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm208610.htm

**8. Concomitant administration of Vytorin (ezetimibe and simvastatin) and cobicistat containing drugs**

Message: In February 2014, the FDA updated the labeling of Vytorin (ezetimibe and simvastatin) to include a contraindication with concomitant use of cobicistat containing products.

Exception Type: DDI - Drug-drug interaction

| Field 1 | Field 2 |
|---|---|
| Vytorin (ezetimibe and simvastatin) | cobicistat |

References:
FDA Drug Safety Labeling Changes. February 2014. Available at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm208609.htm

**9. Co-administration of Diflucan (fluconazole) tablets, I.V, and oral suspension with other drugs known to prolong the QT interval and which are metabolized via the enzyme CYP3A4.**

Message: In March 2014, the FDA updated the labeling of Diflucan (fluconazole) tablets, I.V, and oral suspension to include a contraindication with concomitant use of Diflucan and other drugs known to prolong the QT interval and those which are metabolized via the enzyme CYP3A4.

Exception Type: DDI - Drug-drug interaction

| Field 1 | Field 2 |
|---|---|
| Diflucan | Drugs known to prolong the QT interval and which are metabolized via the enzyme CYP3A4 |

References:

FDA Drug Safety Labeling Changes. March 2014. Available at: http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm262570.htm

# Appendix

## *Detail Resource Utilization Report - Top 25 Drugs by Dollars Paid Last Month*

| Generic Molecule | Jan 2014 $ Paid | Feb 2014 $ Paid | Mar 2014 $ Paid | Jan 2014 # Claims | Feb 2014 # Claims | Mar 2014 # Claims | Jan 2014 # Benes | Feb 2014 # Benes | Mar 2014 # Benes |
|---|---|---|---|---|---|---|---|---|---|
| Montelukast | $1,338,187 | $1,207,048 | $1,468,516 | 7,200 | 6,510 | 7,890 | 7,074 | 6,429 | 7,761 |
| -------Singulair | $1,338,187 | $1,206,990 | $1,468,516 | 7,200 | 6,509 | 7,890 | 7,074 | 6,428 | 7,761 |
| Lisdexamfetamine | $1,113,094 | $1,054,245 | $1,129,583 | 5,355 | 5,031 | 5,391 | 5,124 | 4,907 | 5,192 |
| -------Vyvanse | $1,113,094 | $1,054,245 | $1,129,583 | 5,355 | 5,031 | 5,391 | 5,124 | 4,907 | 5,192 |
| Methylphenidate | $752,619 | $744,875 | $775,243 | 4,597 | 4,544 | 4,736 | 4,234 | 4,199 | 4,360 |
| -------Methylphenidate Hydrochloride Er | $540,310 | $510,722 | $545,286 | 3,252 | 3,110 | 3,290 | 3,105 | 2,985 | 3,141 |
| -------Quillivant Xr | $75,726 | $86,142 | $93,909 | 313 | 356 | 388 | 303 | 346 | 380 |
| -------Metadate Cd | $63,521 | $66,696 | $67,528 | 272 | 284 | 281 | 262 | 271 | 270 |
| -------Daytrana | $54,148 | $62,662 | $51,843 | 238 | 265 | 219 | 232 | 256 | 214 |
| -------Methylphenidate Hydrochloride | $8,639 | $8,586 | $8,969 | 478 | 488 | 521 | 459 | 469 | 496 |
| -------Methylin | $7,703 | $7,480 | $5,655 | 22 | 22 | 19 | 21 | 21 | 19 |
| -------Concerta | $783 | $798 | $772 | 3 | 3 | 2 | 3 | 3 | 2 |
| -------Ritalin La | $1,035 | $1,194 | $710 | 6 | 6 | 5 | 6 | 6 | 4 |
| -------Methylphenidate Hydrochloride Sr | $700 | $596 | $508 | 12 | 10 | 10 | 11 | 10 | 10 |
| Aripiprazole | $731,959 | $712,046 | $728,275 | 1,122 | 1,115 | 1,133 | 1,008 | 1,027 | 1,021 |
| -------Abilify | $730,488 | $709,879 | $726,597 | 1,120 | 1,113 | 1,131 | 1,006 | 1,025 | 1,019 |
| -------Abilify Maintena | $0 | $1,187 | $1,187 | 0 | 1 | 1 | 0 | 1 | 1 |
| Budesonide | $689,007 | $558,931 | $662,698 | 1,553 | 1,254 | 1,499 | 1,519 | 1,237 | 1,466 |
| -------Pulmicort Respules | $669,441 | $542,633 | $644,606 | 1,478 | 1,179 | 1,403 | 1,448 | 1,162 | 1,376 |
| -------Pulmicort Flexhaler | $10,676 | $11,665 | $14,482 | 67 | 71 | 91 | 66 | 71 | 89 |
| -------Budesonide | $8,890 | $4,633 | $3,610 | 8 | 4 | 5 | 8 | 4 | 5 |

***Only drugs with > $500 paid (amount reimbursed to pharmacy) in last month are included in detail listing***

## *Detail Resource Utilization Report - Top 25 Drugs by Dollars Paid Last Month*

| Generic Molecule | Jan 2014 $ Paid | Feb 2014 $ Paid | Mar 2014 $ Paid | Jan 2014 # Claims | Feb 2014 # Claims | Mar 2014 # Claims | Jan 2014 # Benes | Feb 2014 # Benes | Mar 2014 # Benes |
|---|---|---|---|---|---|---|---|---|---|
| Mometasone Nasal | $471,212 | $487,426 | $637,617 | 3,080 | 2,911 | 3,808 | 3,065 | 2,904 | 3,783 |
| -------Nasonex | $471,212 | $487,426 | $637,617 | 3,080 | 2,911 | 3,808 | 3,065 | 2,904 | 3,783 |
| Amphetamine-Dextroamphetamine | $556,747 | $552,370 | $588,002 | 3,608 | 3,526 | 3,761 | 3,048 | 3,041 | 3,201 |
| -------Adderall Xr | $443,921 | $456,871 | $486,232 | 1,866 | 1,923 | 2,061 | 1,751 | 1,841 | 1,951 |
| -------Amphetamine-Dextroamphetamine | $100,130 | $94,769 | $101,770 | 1,676 | 1,599 | 1,700 | 1,534 | 1,481 | 1,562 |
| Antihemophilic Factor | $423,237 | $677,483 | $577,652 | 32 | 33 | 33 | 21 | 26 | 22 |
| -------Advate Rahf-Pfm | $181,383 | $442,609 | $330,620 | 18 | 19 | 17 | 12 | 16 | 12 |
| -------Recombinate | $145,379 | $190,194 | $170,128 | 8 | 10 | 10 | 6 | 7 | 6 |
| -------Xyntha | $0 | $0 | $36,410 | 0 | 0 | 1 | 0 | 0 | 1 |
| -------Helixate Fs | $96,475 | $22,592 | $22,823 | 6 | 3 | 4 | 3 | 2 | 2 |
| -------Kogenate Fs With Bioset | $0 | $22,088 | $17,671 | 0 | 1 | 1 | 0 | 1 | 1 |
| Esomeprazole | $495,365 | $478,355 | $499,584 | 1,961 | 1,889 | 1,947 | 1,876 | 1,835 | 1,882 |
| -------Nexium | $495,365 | $478,355 | $499,584 | 1,961 | 1,889 | 1,947 | 1,876 | 1,835 | 1,882 |
| Guanfacine | $489,299 | $458,446 | $495,849 | 3,093 | 2,954 | 3,172 | 2,948 | 2,844 | 3,017 |
| -------Intuniv | $471,549 | $441,027 | $477,424 | 1,867 | 1,749 | 1,903 | 1,782 | 1,701 | 1,809 |
| -------Guanfacine Hydrochloride | $17,750 | $17,419 | $18,426 | 1,226 | 1,205 | 1,269 | 1,176 | 1,158 | 1,223 |
| Albuterol | $439,323 | $368,017 | $449,074 | 9,306 | 7,744 | 9,211 | 8,223 | 6,930 | 8,073 |
| -------Proventil Hfa | $232,097 | $197,673 | $248,673 | 3,387 | 2,888 | 3,600 | 3,339 | 2,849 | 3,548 |
| -------Albuterol Sulfate | $165,204 | $128,318 | $155,756 | 5,107 | 4,065 | 4,774 | 4,924 | 3,951 | 4,614 |
| -------Ventolin Hfa | $29,954 | $28,721 | $31,452 | 586 | 552 | 593 | 567 | 538 | 577 |
| -------Proair Hfa | $11,847 | $13,075 | $12,849 | 210 | 231 | 226 | 207 | 227 | 220 |
| Dexmethylphenidate | $420,617 | $409,785 | $448,305 | 2,271 | 2,094 | 2,288 | 1,925 | 1,822 | 1,924 |

***Only drugs with > $500 paid (amount reimbursed to pharmacy) in last month are included in detail listing***

## *Detail Resource Utilization Report - Top 25 Drugs by Dollars Paid Last Month*

| Generic Molecule | Jan 2014 $ Paid | Feb 2014 $ Paid | Mar 2014 $ Paid | Jan 2014 # Claims | Feb 2014 # Claims | Mar 2014 # Claims | Jan 2014 # Benes | Feb 2014 # Benes | Mar 2014 # Benes |
|---|---|---|---|---|---|---|---|---|---|
| -------Focalin Xr | $403,965 | $395,978 | $431,022 | 1,854 | 1,758 | 1,867 | 1,749 | 1,682 | 1,761 |
| -------Dexmethylphenidate Hydrochloride | $12,206 | $6,886 | $12,744 | 331 | 188 | 322 | 320 | 183 | 310 |
| -------Focalin | $4,447 | $6,920 | $4,538 | 86 | 148 | 99 | 82 | 140 | 97 |
| Somatropin | $483,008 | $375,582 | $420,799 | 123 | 97 | 110 | 111 | 93 | 103 |
| -------Norditropin Flexpro Pen | $107,788 | $95,791 | $90,280 | 30 | 29 | 27 | 27 | 26 | 27 |
| -------Genotropin | $101,439 | $80,561 | $88,197 | 21 | 18 | 20 | 18 | 17 | 17 |
| -------Nutropin Aq Nuspin 20 | $114,979 | $75,375 | $86,666 | 20 | 14 | 15 | 19 | 14 | 14 |
| -------Nutropin Aq Nuspin 10 | $91,499 | $58,389 | $86,651 | 29 | 18 | 29 | 28 | 18 | 28 |
| -------Genotropin Miniquick | $36,897 | $38,627 | $49,421 | 9 | 9 | 12 | 8 | 9 | 11 |
| -------Saizen | $10,046 | $10,800 | $10,800 | 1 | 1 | 1 | 1 | 1 | 1 |
| -------Nutropin Aq Pen 20 Cartridge | $5,648 | $5,648 | $5,648 | 1 | 1 | 1 | 1 | 1 | 1 |
| -------Nutropin Aq Pen 10 Cartridge | $2,826 | $1,889 | $2,834 | 1 | 2 | 3 | 1 | 2 | 2 |
| Quetiapine | $449,282 | $426,398 | $406,626 | 985 | 929 | 931 | 799 | 780 | 769 |
| -------Seroquel | $360,544 | $343,842 | $329,226 | 832 | 801 | 803 | 674 | 659 | 655 |
| -------Seroquel Xr | $84,682 | $77,465 | $74,042 | 146 | 120 | 123 | 128 | 117 | 116 |
| -------Quetiapine Fumarate | $4,056 | $5,091 | $3,359 | 7 | 8 | 5 | 6 | 7 | 5 |
| Anti-Inhibitor Coagulant Complex | $190,306 | $579,781 | $368,079 | 2 | 4 | 5 | 2 | 3 | 3 |
| -------Feiba Nf | $190,306 | $579,781 | $368,079 | 2 | 4 | 5 | 2 | 3 | 3 |
| Ondansetron | $235,272 | $256,169 | $297,784 | 2,193 | 2,505 | 2,796 | 2,147 | 2,445 | 2,736 |
| -------Ondansetron Hydrochloride | $235,272 | $256,169 | $297,784 | 2,193 | 2,505 | 2,796 | 2,147 | 2,445 | 2,736 |

***Only drugs with > $500 paid (amount reimbursed to pharmacy) in last month are included in detail listing***

## *Detail Resource Utilization Report - Top 25 Drugs by Dollars Paid Last Month*

| Generic Molecule | Jan 2014 $ Paid | Feb 2014 $ Paid | Mar 2014 $ Paid | Jan 2014 # Claims | Feb 2014 # Claims | Mar 2014 # Claims | Jan 2014 # Benes | Feb 2014 # Benes | Mar 2014 # Benes |
|---|---|---|---|---|---|---|---|---|---|
| Amoxicillin-Clavulanate | $280,851 | $259,592 | $278,118 | 4,655 | 4,235 | 4,475 | 4,594 | 4,180 | 4,392 |
| -------Amoxicillin-Clavulanate | $278,454 | $258,590 | $274,398 | 4,641 | 4,230 | 4,453 | 4,580 | 4,175 | 4,371 |
| -------Augmentin | $1,904 | $574 | $3,002 | 11 | 4 | 18 | 11 | 4 | 18 |
| -------Augmentin Xr | $493 | $429 | $718 | 3 | 1 | 4 | 3 | 1 | 4 |
| Cetirizine | $236,049 | $211,662 | $269,005 | 11,527 | 10,448 | 13,170 | 11,332 | 10,329 | 13,006 |
| -------Cetirizine Hydrochloride | $234,732 | $210,321 | $267,428 | 11,377 | 10,298 | 12,978 | 11,184 | 10,180 | 12,818 |
| -------All Day Allergy | $984 | $967 | $1,149 | 127 | 121 | 159 | 125 | 121 | 157 |
| Azithromycin | $315,204 | $261,123 | $267,370 | 9,703 | 7,953 | 8,090 | 9,529 | 7,811 | 7,928 |
| -------Azithromycin | $263,045 | $217,281 | $221,703 | 7,441 | 6,067 | 6,134 | 7,315 | 5,955 | 6,022 |
| -------Azithromycin 5 Day Dose Pack | $49,357 | $41,203 | $43,328 | 2,152 | 1,780 | 1,880 | 2,118 | 1,765 | 1,854 |
| -------Azithromycin 3 Day Dose Pack | $2,801 | $2,639 | $2,339 | 110 | 106 | 76 | 110 | 104 | 73 |
| Cefdinir | $240,337 | $227,170 | $244,140 | 2,981 | 2,750 | 2,974 | 2,932 | 2,712 | 2,921 |
| -------Cefdinir | $240,337 | $227,170 | $244,140 | 2,981 | 2,750 | 2,974 | 2,932 | 2,712 | 2,921 |
| Fluticasone-Salmeterol | $229,204 | $212,259 | $234,747 | 814 | 730 | 813 | 798 | 720 | 803 |
| -------Advair Diskus | $190,928 | $178,568 | $194,194 | 691 | 631 | 688 | 679 | 622 | 678 |
| -------Advair Hfa | $38,276 | $33,691 | $40,553 | 123 | 99 | 125 | 120 | 98 | 125 |
| Palivizumab | $251,390 | $264,809 | $209,291 | 113 | 122 | 100 | 79 | 84 | 77 |
| -------Synagis | $251,390 | $264,809 | $209,291 | 113 | 122 | 100 | 79 | 84 | 77 |
| Risperidone | $215,342 | $204,691 | $208,839 | 2,309 | 2,154 | 2,152 | 2,039 | 1,944 | 1,912 |
| -------Risperidone | $209,871 | $199,210 | $202,266 | 2,303 | 2,147 | 2,144 | 2,033 | 1,940 | 1,907 |
| -------Risperdal Consta | $4,993 | $5,482 | $6,124 | 5 | 7 | 7 | 5 | 4 | 5 |
| Insulin Glargine | $177,961 | $159,843 | $171,107 | 546 | 496 | 525 | 518 | 474 | 503 |

***Only drugs with > $500 paid (amount reimbursed to pharmacy) in last month are included in detail listing***

## *Detail Resource Utilization Report - Top 25 Drugs by Dollars Paid Last Month*

| Generic Molecule | Jan 2014 $ Paid | Feb 2014 $ Paid | Mar 2014 $ Paid | Jan 2014 # Claims | Feb 2014 # Claims | Mar 2014 # Claims | Jan 2014 # Benes | Feb 2014 # Benes | Mar 2014 # Benes |
|---|---|---|---|---|---|---|---|---|---|
| -------Lantus | $116,324 | $111,203 | $109,308 | 384 | 366 | 357 | 363 | 352 | 343 |
| -------Lantus Solostar Pen | $61,637 | $48,640 | $61,799 | 162 | 130 | 168 | 159 | 126 | 163 |
| Olanzapine | $174,325 | $166,037 | $163,644 | 353 | 337 | 311 | 257 | 257 | 231 |
| -------Olanzapine | $138,947 | $131,993 | $138,553 | 283 | 279 | 275 | 219 | 218 | 207 |
| -------Zyprexa | $32,859 | $31,978 | $25,045 | 54 | 47 | 35 | 38 | 34 | 26 |

***Only drugs with > $500 paid (amount reimbursed to pharmacy) in last month are included in detail listing***

## *Detail Resource Utilization Report - Top 25 Drugs by Number of Claims Last Month*

| Generic Molecule | Jan 2014 $ Paid | Feb 2014 $ Paid | Mar 2014 $ Paid | Jan 2014 # Claims | Feb 2014 # Claims | Mar 2014 # Claims | Jan 2014 # Benes | Feb 2014 # Benes | Mar 2014 # Benes |
|---|---|---|---|---|---|---|---|---|---|
| Cetirizine | $236,049 | $211,662 | $269,005 | 11,527 | 10,448 | 13,170 | 11,332 | 10,329 | 13,006 |
| -------Cetirizine Hydrochloride | $234,732 | $210,321 | $267,428 | 11,377 | 10,298 | 12,978 | 11,184 | 10,180 | 12,818 |
| -------All Day Allergy | $984 | $967 | $1,149 | 127 | 121 | 159 | 125 | 121 | 157 |
| Amoxicillin | $117,585 | $106,544 | $115,814 | 10,815 | 9,674 | 10,422 | 10,611 | 9,513 | 10,245 |
| -------Amoxicillin | $117,585 | $106,544 | $115,814 | 10,815 | 9,674 | 10,422 | 10,611 | 9,513 | 10,245 |
| Albuterol | $439,323 | $368,017 | $449,074 | 9,306 | 7,744 | 9,211 | 8,223 | 6,930 | 8,073 |
| -------Albuterol Sulfate | $165,204 | $128,318 | $155,756 | 5,107 | 4,065 | 4,774 | 4,924 | 3,951 | 4,614 |
| -------Proventil Hfa | $232,097 | $197,673 | $248,673 | 3,387 | 2,888 | 3,600 | 3,339 | 2,849 | 3,548 |
| -------Ventolin Hfa | $29,954 | $28,721 | $31,452 | 586 | 552 | 593 | 567 | 538 | 577 |
| -------Proair Hfa | $11,847 | $13,075 | $12,849 | 210 | 231 | 226 | 207 | 227 | 220 |
| Azithromycin | $315,204 | $261,123 | $267,370 | 9,703 | 7,953 | 8,090 | 9,529 | 7,811 | 7,928 |
| -------Azithromycin | $263,045 | $217,281 | $221,703 | 7,441 | 6,067 | 6,134 | 7,315 | 5,955 | 6,022 |
| -------Azithromycin 5 Day Dose Pack | $49,357 | $41,203 | $43,328 | 2,152 | 1,780 | 1,880 | 2,118 | 1,765 | 1,854 |
| -------Azithromycin 3 Day Dose Pack | $2,801 | $2,639 | $2,339 | 110 | 106 | 76 | 110 | 104 | 73 |
| Montelukast | $1,338,187 | $1,207,048 | $1,468,516 | 7,200 | 6,510 | 7,890 | 7,074 | 6,429 | 7,761 |
| -------Singulair | $1,338,187 | $1,206,990 | $1,468,516 | 7,200 | 6,509 | 7,890 | 7,074 | 6,428 | 7,761 |
| Brompheniramine/ Dextromethorph/Phenylephrine | $85,826 | $69,619 | $66,778 | 9,276 | 7,491 | 7,309 | 9,079 | 7,363 | 7,182 |
| -------Rynex Dm | $77,838 | $63,054 | $59,815 | 8,322 | 6,678 | 6,451 | 8,153 | 6,566 | 6,349 |
| -------Endacof-Dm | $5,385 | $4,609 | $4,899 | 583 | 513 | 552 | 571 | 507 | 538 |
| -------Dimaphen Dm | $1,448 | $1,373 | $1,378 | 224 | 222 | 215 | 219 | 216 | 214 |
| Lisdexamfetamine | $1,113,094 | $1,054,245 | $1,129,583 | 5,355 | 5,031 | 5,391 | 5,124 | 4,907 | 5,192 |

***Only drugs with > $500 paid (amount reimbursed to pharmacy) in last month are included in detail listing***

## *Detail Resource Utilization Report - Top 25 Drugs by Number of Claims Last Month*

| Generic Molecule | Jan 2014 $ Paid | Feb 2014 $ Paid | Mar 2014 $ Paid | Jan 2014 # Claims | Feb 2014 # Claims | Mar 2014 # Claims | Jan 2014 # Benes | Feb 2014 # Benes | Mar 2014 # Benes |
|---|---|---|---|---|---|---|---|---|---|
| -------Vyvanse | $1,113,094 | $1,054,245 | $1,129,583 | 5,355 | 5,031 | 5,391 | 5,124 | 4,907 | 5,192 |
| Prednisolone | $81,346 | $67,963 | $80,266 | 5,074 | 4,245 | 4,989 | 4,914 | 4,134 | 4,816 |
| -------Prednisolone Sodium Phosphate | $34,426 | $30,371 | $36,840 | 2,505 | 2,134 | 2,527 | 2,445 | 2,094 | 2,465 |
| -------Prednisolone | $29,965 | $26,510 | $32,507 | 2,180 | 1,901 | 2,276 | 2,134 | 1,878 | 2,231 |
| -------Veripred 20 | $11,317 | $5,321 | $4,520 | 329 | 161 | 126 | 326 | 158 | 126 |
| -------Orapred Odt | $5,515 | $5,198 | $5,811 | 58 | 48 | 56 | 57 | 46 | 56 |
| Methylphenidate | $752,619 | $744,875 | $775,243 | 4,597 | 4,544 | 4,736 | 4,234 | 4,199 | 4,360 |
| -------Methylphenidate Hydrochloride Er | $540,310 | $510,722 | $545,286 | 3,252 | 3,110 | 3,290 | 3,105 | 2,985 | 3,141 |
| -------Methylphenidate Hydrochloride | $8,639 | $8,586 | $8,969 | 478 | 488 | 521 | 459 | 469 | 496 |
| -------Quillivant Xr | $75,726 | $86,142 | $93,909 | 313 | 356 | 388 | 303 | 346 | 380 |
| -------Metadate Cd | $63,521 | $66,696 | $67,528 | 272 | 284 | 281 | 262 | 271 | 270 |
| -------Daytrana | $54,148 | $62,662 | $51,843 | 238 | 265 | 219 | 232 | 256 | 214 |
| -------Methylin | $7,703 | $7,480 | $5,655 | 22 | 22 | 19 | 21 | 21 | 19 |
| -------Methylphenidate Hydrochloride Sr | $700 | $596 | $508 | 12 | 10 | 10 | 11 | 10 | 10 |
| -------Ritalin La | $1,035 | $1,194 | $710 | 6 | 6 | 5 | 6 | 6 | 4 |
| -------Concerta | $783 | $798 | $772 | 3 | 3 | 2 | 3 | 3 | 2 |
| Acetaminophen-Hydrocodone | $91,656 | $88,932 | $95,553 | 4,681 | 4,380 | 4,568 | 4,224 | 4,020 | 4,173 |
| -------Acetaminophen-Hydrocodone Bitartrate | $91,656 | $88,846 | $95,553 | 4,681 | 4,379 | 4,568 | 4,224 | 4,019 | 4,173 |
| Amoxicillin-Clavulanate | $280,851 | $259,592 | $278,118 | 4,655 | 4,235 | 4,475 | 4,594 | 4,180 | 4,392 |
| -------Amoxicillin-Clavulanate | $278,454 | $258,590 | $274,398 | 4,641 | 4,230 | 4,453 | 4,580 | 4,175 | 4,371 |

***Only drugs with > $500 paid (amount reimbursed to pharmacy) in last month are included in detail listing***

## *Detail Resource Utilization Report - Top 25 Drugs by Number of Claims Last Month*

| Generic Molecule | Jan 2014 $ Paid | Feb 2014 $ Paid | Mar 2014 $ Paid | Jan 2014 # Claims | Feb 2014 # Claims | Mar 2014 # Claims | Jan 2014 # Benes | Feb 2014 # Benes | Mar 2014 # Benes |
|---|---|---|---|---|---|---|---|---|---|
| -------Augmentin | $1,904 | $574 | $3,002 | 11 | 4 | 18 | 11 | 4 | 18 |
| -------Augmentin Xr | $493 | $429 | $718 | 3 | 1 | 4 | 3 | 1 | 4 |
| Ibuprofen | $44,289 | $37,286 | $37,519 | 4,635 | 3,840 | 3,922 | 4,542 | 3,778 | 3,866 |
| -------Ibuprofen | $40,697 | $34,522 | $34,912 | 4,119 | 3,446 | 3,542 | 4,045 | 3,391 | 3,499 |
| -------Ibu | $1,768 | $1,192 | $1,082 | 311 | 211 | 196 | 304 | 208 | 193 |
| -------Ibuprofen Children's | $1,546 | $1,353 | $1,373 | 174 | 158 | 168 | 172 | 156 | 162 |
| Mometasone Nasal | $471,212 | $487,426 | $637,617 | 3,080 | 2,911 | 3,808 | 3,065 | 2,904 | 3,783 |
| -------Nasonex | $471,212 | $487,426 | $637,617 | 3,080 | 2,911 | 3,808 | 3,065 | 2,904 | 3,783 |
| Amphetamine-Dextroamphetamine | $556,747 | $552,370 | $588,002 | 3,608 | 3,526 | 3,761 | 3,048 | 3,041 | 3,201 |
| -------Adderall Xr | $443,921 | $456,871 | $486,232 | 1,866 | 1,923 | 2,061 | 1,751 | 1,841 | 1,951 |
| -------Amphetamine-Dextroamphetamine | $100,130 | $94,769 | $101,770 | 1,676 | 1,599 | 1,700 | 1,534 | 1,481 | 1,562 |
| Sulfamethoxazole-Trimethoprim | $41,109 | $39,305 | $44,180 | 3,145 | 3,007 | 3,280 | 3,097 | 2,964 | 3,228 |
| -------Sulfamethoxazole-Trimethoprim | $29,317 | $27,923 | $32,500 | 1,934 | 1,851 | 2,068 | 1,911 | 1,824 | 2,044 |
| -------Sulfamethoxazole-Trimethoprim Ds | $11,700 | $11,333 | $11,576 | 1,198 | 1,149 | 1,197 | 1,176 | 1,135 | 1,175 |
| Guanfacine | $489,299 | $458,446 | $495,849 | 3,093 | 2,954 | 3,172 | 2,948 | 2,844 | 3,017 |
| -------Intuniv | $471,549 | $441,027 | $477,424 | 1,867 | 1,749 | 1,903 | 1,782 | 1,701 | 1,809 |
| -------Guanfacine Hydrochloride | $17,750 | $17,419 | $18,426 | 1,226 | 1,205 | 1,269 | 1,176 | 1,158 | 1,223 |
| Cefdinir | $240,337 | $227,170 | $244,140 | 2,981 | 2,750 | 2,974 | 2,932 | 2,712 | 2,921 |
| -------Cefdinir | $240,337 | $227,170 | $244,140 | 2,981 | 2,750 | 2,974 | 2,932 | 2,712 | 2,921 |
| Clonidine | $149,213 | $135,365 | $139,090 | 2,927 | 2,762 | 2,883 | 2,736 | 2,629 | 2,715 |
| -------Clonidine Hydrochloride | $22,014 | $20,932 | $21,906 | 2,479 | 2,360 | 2,465 | 2,336 | 2,272 | 2,335 |

***Only drugs with > $500 paid (amount reimbursed to pharmacy) in last month are included in detail listing***

## *Detail Resource Utilization Report - Top 25 Drugs by Number of Claims Last Month*

| Generic Molecule | Jan 2014 $ Paid | Feb 2014 $ Paid | Mar 2014 $ Paid | Jan 2014 # Claims | Feb 2014 # Claims | Mar 2014 # Claims | Jan 2014 # Benes | Feb 2014 # Benes | Mar 2014 # Benes |
|---|---|---|---|---|---|---|---|---|---|
| -------Clonidine Hcl | $53,496 | $51,483 | $58,117 | 225 | 215 | 247 | 214 | 209 | 240 |
| -------Kapvay | $64,385 | $54,756 | $49,467 | 193 | 161 | 140 | 182 | 156 | 134 |
| -------Catapres-Tts-1 | $1,648 | $1,254 | $2,130 | 9 | 7 | 11 | 7 | 7 | 8 |
| -------Catapres-Tts-3 | $4,230 | $4,021 | $4,226 | 10 | 10 | 10 | 10 | 9 | 10 |
| -------Catapres-Tts-2 | $2,134 | $1,940 | $1,937 | 7 | 6 | 6 | 7 | 5 | 6 |
| -------Kapvay Dose Pack | $1,306 | $980 | $1,306 | 4 | 3 | 4 | 4 | 2 | 4 |
| Ondansetron | $235,272 | $256,169 | $297,784 | 2,193 | 2,505 | 2,796 | 2,147 | 2,445 | 2,736 |
| -------Ondansetron Hydrochloride | $235,272 | $256,169 | $297,784 | 2,193 | 2,505 | 2,796 | 2,147 | 2,445 | 2,736 |
| Ethinyl Estradiol-Norgestimate | $97,341 | $94,005 | $101,500 | 2,708 | 2,522 | 2,656 | 2,542 | 2,458 | 2,515 |
| -------Ortho Tri-Cyclen Lo | $43,063 | $44,597 | $49,495 | 578 | 546 | 546 | 546 | 536 | 523 |
| -------Trinessa | $15,761 | $14,089 | $15,980 | 497 | 447 | 512 | 458 | 435 | 473 |
| -------Tri-Sprintec | $6,889 | $6,298 | $7,347 | 394 | 363 | 414 | 368 | 354 | 391 |
| -------Sprintec | $5,539 | $4,940 | $5,381 | 301 | 282 | 299 | 283 | 271 | 285 |
| -------Mononessa | $7,136 | $6,660 | $7,352 | 245 | 237 | 255 | 233 | 230 | 241 |
| -------Ortho Tri-Cyclen | $3,598 | $3,488 | $2,346 | 177 | 166 | 157 | 177 | 166 | 155 |
| -------Tri-Previfem | $5,040 | $4,316 | $4,679 | 148 | 126 | 138 | 141 | 123 | 128 |
| -------Tri-Linyah | $4,442 | $4,117 | $3,723 | 134 | 123 | 112 | 123 | 120 | 107 |
| -------Ethinyl Estradiol-Norgestimate | $1,677 | $1,551 | $1,790 | 72 | 64 | 73 | 68 | 61 | 70 |
| -------Ortho-Cyclen | $1,276 | $1,421 | $733 | 63 | 81 | 60 | 63 | 81 | 60 |
| -------Previfem | $1,518 | $1,343 | $1,630 | 52 | 46 | 54 | 48 | 46 | 51 |
| -------Mono-Linyah | $1,404 | $1,185 | $1,043 | 47 | 41 | 36 | 44 | 40 | 35 |
| Dexmethylphenidate | $420,617 | $409,785 | $448,305 | 2,271 | 2,094 | 2,288 | 1,925 | 1,822 | 1,924 |

***Only drugs with > $500 paid (amount reimbursed to pharmacy) in last month are included in detail listing***

## *Detail Resource Utilization Report - Top 25 Drugs by Number of Claims Last Month*

| Generic Molecule | Jan 2014 $ Paid | Feb 2014 $ Paid | Mar 2014 $ Paid | Jan 2014 # Claims | Feb 2014 # Claims | Mar 2014 # Claims | Jan 2014 # Benes | Feb 2014 # Benes | Mar 2014 # Benes |
|---|---|---|---|---|---|---|---|---|---|
| -------Focalin Xr | $403,965 | $395,978 | $431,022 | 1,854 | 1,758 | 1,867 | 1,749 | 1,682 | 1,761 |
| -------Dexmethylphenidate Hydrochloride | $12,206 | $6,886 | $12,744 | 331 | 188 | 322 | 320 | 183 | 310 |
| -------Focalin | $4,447 | $6,920 | $4,538 | 86 | 148 | 99 | 82 | 140 | 97 |
| Promethazine | $20,248 | $22,312 | $22,672 | 1,862 | 2,100 | 2,194 | 1,783 | 2,032 | 2,098 |
| -------Promethazine Hydrochloride | $19,382 | $21,251 | $21,796 | 1,794 | 2,047 | 2,134 | 1,724 | 1,989 | 2,053 |
| Mupirocin Topical | $86,881 | $82,050 | $92,850 | 2,023 | 1,893 | 2,166 | 1,981 | 1,854 | 2,122 |
| -------Mupirocin | $75,318 | $69,434 | $79,342 | 1,921 | 1,790 | 2,052 | 1,884 | 1,759 | 2,010 |
| -------Bactroban | $11,564 | $12,615 | $13,509 | 102 | 103 | 114 | 102 | 102 | 114 |
| Triamcinolone Topical | $28,863 | $26,421 | $27,356 | 2,270 | 1,937 | 2,162 | 2,237 | 1,896 | 2,114 |
| -------Triamcinolone Acetonide Topical | $28,546 | $26,193 | $27,268 | 2,268 | 1,936 | 2,161 | 2,235 | 1,895 | 2,113 |
| Risperidone | $215,342 | $204,691 | $208,839 | 2,309 | 2,154 | 2,152 | 2,039 | 1,944 | 1,912 |
| -------Risperidone | $209,871 | $199,210 | $202,266 | 2,303 | 2,147 | 2,144 | 2,033 | 1,940 | 1,907 |
| -------Risperdal Consta | $4,993 | $5,482 | $6,124 | 5 | 7 | 7 | 5 | 4 | 5 |

***Only drugs with > $500 paid (amount reimbursed to pharmacy) in last month are included in detail listing***