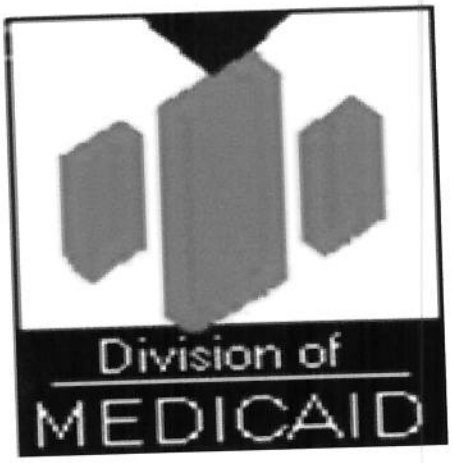

Division of Medicaid
Office of the Governor
State of Mississippi
DUR Board Meeting

June 13, 2002

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

I.	Reading & approval of February and April Minutes	Lew Anne Snow, RN BSN
II.	Approval of April Interventions	Laura Neumann, RPh
III.	Review of ICER	Laura Neumann, RPh
IV.	Presentation of Interventions	Laura Neumann, RPh
V.	Presentation of Physician Profiling	Laura Neumann, RPh
V.	Discussion and Voting	Tim Alford, MD
VI.	Old Business	Tim Alford, MD
VII.	New Business	Tim Alford, MD
VIII.	Closing	Tim Alford, MD

Combine the PA criteria on 1 form —

Only give 1 number

Pfizer

Benes ~~call Hrd~~

+

Providers Call Hrd

Claims Call ACS

Pharm providers

- 7 Rx's no PA
- provider education
- Bactroban / vs triple antibx

act range 5, 6, 7 Rx for DUR board

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 Steve Espy, RPh

Note taker: Lew Anne Snow, RN

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.

DUR Board Meeting	**4/11/2002** **1:30 AM** **Robert E. Lee Building** **Conference Room 12C**
Facilitator: Tim Alford, MD Laura Neumann, RPh	Type of meeting: DUR Board Meeting Note taker: Lew Anne Snow, RN

Attendees: Tim Alford, MD – Chairman DUR Board
Bob Broadus, RPh
Clarence DuBose, RPh –Vice-chairman DUR Board
Dianna McGowan, RPh, MBA
Robert McMurray, MD
John Mitchell, MD
Laura Neumann, RPh –Health Information Designs, Inc.
Lew Anne Snow, RN - Health Information Designs, Inc.

Agenda

Reading and Approval Of Minutes	Lew Anne Snow, RN
Submission of Intervention Letters for Approval	Laura Neumann, RPh
Review of Trend Analysis	Laura Neumann, RPh
Presentation of Interventions	Laura Neumann, RPh
Old Business	Tim Alford, MD
New Business	Tim Alford, MD
Closing	Tim Alford, MD

Call to Order
Dr. Alford called the meeting to order. He stated that since there was not a quorum present at the meeting there could be no transaction of business that required a vote or approval by the DUR board.

Reading and Approval of Minutes
A motion was made by Bob Broadus to dispense with the reading of the minutes because each board member had received a copy of the minutes in their packet. Dr. Alford stated that no vote could be taken on the motion because there was no quorum present. Dr. Alford stated that approval of the minutes from February 28, 2002 would have to wait until the next scheduled board meeting June 13, 2002.

Submission of Intervention Letters
Laura Neumann, RPh presented an overview of the intervention letters that needed approval from the DUR Board. Several of the members expressed a lack of understanding of the intervention letters and especially the criteria. Laura Neumann stated that the criteria were presented in the first packet and at the previous board meeting. Dr. Alford suggested that it may be helpful to the board members if an example of each intervention letter was sent with "mock" patient information included. Laura stated that this sample letter would be done and sent along with a ballot for approval/disapproval of intervention letters to every board member.

Review of Trend Analysis
Laura Neumann presented a trend analysis of MS Division of Medicaid Pharmacy program costs for the years 1999, 2000, and 2001. She stated that this analysis was informational in nature to illustrate to the board members the trend over several years.

Presentation of suggested interventions
Laura Neumann presented suggested DUR interventions to the board. Laura stated that these suggested interventions were generated after a study was done of MS data received from the fiscal agent. Laura stated that these were only suggestions made by Health Information Designs, Inc. because the DUR board must approve all interventions. Dr. Alford asked if these letters would now be sent to MS Medicaid providers. Laura answered that they would not be sent until the DUR Board members approved the letters. Laura reiterated that she would send a ballot enclosed in a packet of intervention letters to every board member in order to obtain approval of the intervention letters. Dianna McGowan asked when the board could begin to see results or changes from the intervention letters being sent. Laura Neumann answered that it would take approximately 90 – 120 days to analyze data in order to substantiate results.

Old Business
There was no old business.

New Business
Laura Neumann reminded the board members that if they had any questions concerning travel vouchers to contact Phyllis Williams. Laura also stated that the parking permit sent to every board member in their meeting packet should be placed on the dashboard of their vehicle so it would be visible.
Dr. Alford stated that the by-laws stated that any board member missing meeting on a recurring basis be replaced. He asked Phyllis Williams what the definition of recurring was. Phyllis Williams answered 50% of the meetings. Laura Neumann said that she would send a written reminder of all future meeting s to all board members.

Closing
Dr. Alford adjourned the meeting.

not voted

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.

Program(s): ALL
Cycle Date(s):05/20/02

Criteria Key	Utilization Category A	Utilization Category B	Low Score	Medium Score	High Score
79	BETA-BLOCKERS		0	211	43
191	NSAIDS	HYPERTENSION	0	36	9
351	ANTIHYPERTENSIVE AGENTS	DEPRESSION	0	24	16
474	HYPNOTICS (474 HD) (516 D		158	58	59
549	NARCOTICS	HISTORY OF DRUG ABUSE	0	89	120
567	SEDATIVE/HYPNOTICS	DEPRESSION & ILLNESS	0	0	129
587	LONG HALF-LIFE BENZO ANXI		0	137	76
591	TERTIARY AMINE TCA		0	0	273
620	SKELETAL MUSCLE RELAXANTS		0	0	118

Program(s): ALL
Cycle Date: 05/20/2002

(CA) COST APPROPRIATENESS

	Criteria	Utilization Category Descriptions Util. A	Util. B	Criteria Exception Risk Counts Low	Medium	High	Total
__ (125) DISEASE STATE MANAGEMENT							
__	546	AXID		1,427	63	17	1,507
__	570	AXID		1,427	63	16	1,506
			Problem Code Total :				3,013
__ (128) COST CONTROL							
__	556	CCB AMLODIPINE ONLY	ACE-INHIBITORS	189	12	0	201
__	557	PROTON PUMP INHIBITORS		20,096	1,463	554	22,113
__	597	CCB AMLODIPINE ONLY	ACE-INHIBITORS	189	12	0	201
			Problem Code Total :				22,515

(DB) DRUG-DRUG MARKER AND/OR DIAGNOSIS

	Criteria	Utilization Category Descriptions Util. A	Util. B	Criteria Exception Risk Counts Low	Medium	High	Total
__ (007) BETA BLOCKER INTERACTION							
__	416	BETA BLOCKERS	PULMONARY DISORDER	123	8	10	141
			Problem Code Total :				141
__ (008) HYPERTENSION							
__	624	CYCLOSPORINE	HYPERTENSION -DRUGS &	30	4	3	37
			Problem Code Total :				37
__ (025) ARRHYTHMIAS							
__	486	BRONCHODILATORS	CARDIAC ARRHYTHMIAS	4	0	0	4
			Problem Code Total :				4
__ (052) CONVULSIONS							
__	99	ANTIPSYCHOTIC AGENTS	CONVULSIONS	121	5	0	126
__	460	AMANTADINE	SEIZURE DISORDER (WITH	27	1	0	28
			Problem Code Total :				154
__ (054) HYPERTHYROIDISM							
__	111	STIMULANTS	HYPERTHYROIDISM	1	0	0	1

Problem Code Total : 1

__ (060) ANGINA

__	453	BRONCHODILATORS	NITRATES AND ANGINA	22	2	1	25

Problem Code Total : 25

__ (138) INCREASED CHOLINERGIC EFFECTS

__	600	CHOLINESTERASE INHIBITORS	GASTRIC DISORDERS & NS	928	11	4	943

Problem Code Total : 943

(DC) INFERRED DRUG DISEASE PRECAUTION

Criteria	Utilization Category Descriptions Util. A	Util. B	Criteria Exception Risk Counts Low	Medium	High	Total
__ (003) CARDIAC GLYCOSIDE INTERACTION						
__ 108	CARDIAC GLYCOSIDES	NAUSEA AND VOMITING	205	26	5	236
		Problem Code Total :				236
__ (008) HYPERTENSION						
__ 103	STIMULANTS	HYPERTENSION	36	3	2	41
		Problem Code Total :				41
__ (025) ARRHYTHMIAS						
__ 245	CYCLIC ANTIDEPRESSANT AGE	WOLFF PARKINSON WHITE	0	0	0	0
__ 331	TRICYCLIC ANTIDEPRESSANT	CARDIAC ARRHYTHMIAS	118	15	6	139
		Problem Code Total :				139
__ (051) ADVERSE FETAL EFFECTS						
__ 295	ANTIDEPRESSANTS	PREGNANCY	153	25	9	187
__ 323	ANTIPSYCHOTIC AGENTS	PREGNANCY	4	2	0	6
		Problem Code Total :				193
__ (052) CONVULSIONS						
__ 490	ANTIDEPRESSANT AGENTS	CONVULSIONS	79	7	3	89
		Problem Code Total :				89
__ (055) GASTROINTESTINAL DISORDER						
__ 105	GUANETHIDINE	DIARRHEA	0	0	0	0
__ 106	RESERPINE	ULCERATIVE COLITIS	0	0	0	0

__	107	QUINIDINE	DIARRHEA	0	0	0	0
__	244	CYCLIC ANTIDEPRESSANT AGE	PARALYTIC ILEUS	6	1	0	7
__	311	CHLORAL HYDRATE	GASTROINTESTINAL DISOR	3	2	0	5
				Problem Code Total :			12

__ (056) HYPERURICEMIA

__	113	DIURETIC AGENTS	HYPERURICEMIA	1,386	84	25	1,495
				Problem Code Total :			1,495

__ (058) ANXIETY

__	115	BRONCHODILATORS	ANXIETY	196	20	6	222
__	116	ANTIPARKINSONIAN AGENTS	ANXIETY	75	1	0	76
				Problem Code Total :			298

__ (061) ASTHMA

__	349	PROPAFENONE	ASTHMA DX PLUS DRUG MA	5	0	0	5
				Problem Code Total :			5

__ (063) SEXUAL DYSFUNCTION

__	118	BETA BLOCKERS	IMPOTENCE	7	1	0	8
__	119	ANTIHYPERTENSIVE AGENTS	IMPOTENCE	5	2	0	7
__	120	DIURETIC AGENTS	IMPOTENCE	10	0	0	10
				Problem Code Total :			25

__ (064) COUGH

__	121	ACEI	COUGH	0	0	0	0
				Problem Code Total :			0

__ (066) PARKINSONISM

__	288	TACRINE	PARKINSON'S DISEASE	1	0	0	1
__	317	INDOMETHACIN	PARKINSON'S DISEASE	0	0	0	0
__	327	ANTIPSYCHOTIC AGENTS	PARKINSON'S DISEASE	93	1	0	94
				Problem Code Total :			95

__ (080) CONGESTIVE HEART FAILURE

__	158	DIGOXIN	DIURETICS	1,282	17	15	1,314
				Problem Code Total :			1,314

__ (099) QUINOLONE INTERACTION

__	330	QUINOLONES (ALL)	SEIZURE DISORDER (WITH	106	13	3	122

			Problem Code Total :			122
__ (100) HEPATIC IMPAIRMENT						
__ 335	VALPROIC ACID	HEPATIC IMPAIRMENT	1	0	0	1
__ 338	HYPNOTICS	HEPATIC IMPAIRMENT	17	2	1	20
			Problem Code Total :			21
__ (101) HISTORY OF DRUG ABUSE						
__ 276	HYPNOTICS	HISTORY OF DRUG ABUSE	95	19	23	137
__ 278	BARBITURATES	HISTORY OF DRUG ABUSE	21	1	1	23
			Problem Code Total :			160
__ (102) ATAXIA						
__ 287	HYPNOTICS	ATAXIA	0	0	0	0
			Problem Code Total :			0
__ (105) OPTHALMIC DISORDERS						
__ 246	CYCLIC ANTIDEPRESSANT AGE	GLAUCOMA	0	0	0	0
			Problem Code Total :			0
__ (108) PREGNANCY						
__ 321	AMIODARONE	PREGNANCY	0	0	0	0
			Problem Code Total :			0

(DD) DRUG-DRUG INTERACTIONS

Criteria	Utilization Category Descriptions Util. A	Util. B	Criteria Exception Risk Counts Low	Medium	High	Total
__ (001) QUINIDINE TOXICITY						
__ 179	AMIODARONE	QUINIDINE	1	0	0	1
__ 205	VERAPAMIL	QUINIDINE	16	0	0	16
__ 213	CIMETIDINE	QUINIDINE	2	0	0	2
__ 229	RITONAVIR	QUINIDINE	0	0	0	0
__ 506	RITONAVIR	QUINIDINE	0	0	0	0
			Problem Code Total :			19
__ (002) ANTICOAGULANT INTERACTION						
__ 2	AMIODARONE	WARFARIN	203	12	4	219
__ 32	BARBITURATES	ANTICOAGULANT AGENTS	53	2	1	56
__ 33	ETHCHLORVYNOL	ANTICOAGULANT AGENTS	0	0	0	0

__	34	QUINIDINE	ANTICOAGULANT AGENTS	38	0	0	38
__	49	CIMETIDINE	WARFARIN	18	1	0	19
__	190	ASPIRIN	ANTICOAGULANT AGENTS	61	7	1	69
__	206	RIFAMYCINS	ANTICOAGULANT AGENTS	0	2	0	2
__	207	DISULFIRAM	ANTICOAGULANT AGENTS	0	0	0	0
__	215	MACROLIDES	ANTICOAGULANT AGENTS	37	6	2	45
__	258	ZILEUTON	ANTICOAGULANT AGENTS	0	0	0	0
__	262	PROPAFENONE	ANTICOAGULANTS	53	7	1	61
__	271	AZOLE ANTIFUNGAL AGENTS	ANTICOAGULANTS	18	3	1	22
__	423	ANTICOAGULANTS	DOXYCYCLINE	84	5	2	91
__	427	ZILEUTON	WARFARIN	0	0	0	0
__	451	FIBRIC ACID DERIVATIVES	WARFARIN	78	4	2	84
__	507	ZAFIRLUKAST	WARFARIN	25	1	1	27
__	609	SULFONAMIDES	WARFARIN	0	0	0	0
				Problem Code Total :			733

__ (003) CARDIAC GLYCOSIDE INTERACTION

__	3	AMIODARONE	CARDIAC GLYCOSIDES	161	23	5	189
__	55	QUINIDINE	CARDIAC GLYCOSIDES	81	5	2	88
__	57	VERAPAMIL	CARDIAC GLYCOSIDES	172	8	7	187
__	211	THIAZIDES	DIGOXIN	566	14	5	585
__	254	QUINIDINE	DIGOXIN	77	2	0	79
__	270	PROPAFENONE	DIGOXIN	50	4	0	54
__	350	LOOP DIURETICS-MOD TO HIG	DIGOXIN	417	7	4	428
__	525	RABEPRAZOLE (ACIPHEX)	DIGOXIN	119	11	3	133
				Problem Code Total :			1,743

__ (004) PHENYTOIN TOXICITY

__	5	DISULFIRAM	PHENYTOIN	1	0	0	1
__	6	ISONIAZID	PHENYTOIN	2	1	0	3
__	7	VALPROIC ACID	PHENYTOIN	298	14	3	315
__	50	CIMETIDINE	PHENYTOIN	11	0	0	11
				Problem Code Total :			330

__ (005) IMPAIRED CYCLOSPORINE EFFECTS

__	8	PHENYTOIN	CYCLOSPORINE	2	0	0	2
				Problem Code Total :			2

__ (006) CYCLOSPORINE TOXICITY

__	9	METOCLOPRAMIDE	CYCLOSPORINE	1	1	0	2
__	10	CALCIUM CHANNEL BLOCKERS	CYCLOSPORINE	5	0	0	5
__	214	MACROLIDES	CYCLOSPORINE	0	0	1	1
__	272	AZOLE ANTIFUNGAL AGENTS	CYCLOSPORINE	0	0	1	1
__	444	GLIPIZIDE	CYCLOSPORINE	0	0	0	0
__	447	HMG-COA REDUCTASE INHIBIT	CYCLOSPORINE	11	2	0	13
				Problem Code Total :			22

Program(s): ALL
Cycle Date: 05/20/2002

__ (007) BETA BLOCKER INTERACTION

__	92	BARBITURATES	BETA BLOCKERS	56	3	1	60
__	219	PROPAFENONE	BETA BLOCKERS	22	0	0	22
				Problem Code Total :			82

__ (008) HYPERTENSION

__	11	CLONIDINE	BETA BLOCKERS	951	87	24	1,062
__	13	NON-CARDIOSELECTIVE BETA	SYMPATHOMIMETIC AGENTS	19	3	2	24
__	14	GUANETHIDINE	SYMPATHOMIMETIC AGENTS	0	0	0	0
__	15	AMPHETAMINES	GUANETHIDINE	0	0	0	0
__	91	TRICYCLIC ANTIDEPRESSANT	ANTIHYPERTENSIVE AGENT	287	19	12	318
__	93	ANTIPSYCHOTIC AGENTS	GUANETHIDINE	0	0	0	0
__	220	MAO INHIBITORS	AMPHETAMINES	0	0	0	0
				Problem Code Total :			1,404

__ (009) RENAL IMPAIRMENT

__	17	NSAID'S	TRIAMTERENE	197	13	2	212
__	97	ACEI	NSAID'S	1,353	72	17	1,442
				Problem Code Total :			1,654

__ (010) METHOTREXATE TOXICITY

__	46	SALICYLATES	METHOTREXATE	5	0	0	5
__	182	NSAIDS	METHOTREXATE	31	3	1	35
__	533	ROFECOXIB (VIOXX)	METHOTREXATE	30	0	1	31
				Problem Code Total :			71

__ (011) LITHIUM TOXICITY

__	20	THIAZIDES	LITHIUM	35	2	2	39
__	21	THEOPHYLLINES	LITHIUM	2	0	1	3
__	185	NSAIDS	LITHIUM	26	2	2	30
__	239	LOOP DIURETICS-MOD TO HIG	LITHIUM	13	1	0	14
__	531	COX-2 INHIBITORS	LITHIUM	28	7	3	38
				Problem Code Total :			124

__ (012) NEUROTOXICITY

__	23	LITHIUM	CARBAMAZEPINE	29	3	1	33
__	238	PHENOTHIAZINES	LITHIUM	86	4	0	90
__	248	HALOPERIDOL	LITHIUM	87	2	2	91
__	261	ACEI	LITHIUM	59	3	3	65
__	281	VERAPAMIL	LITHIUM	10	1	1	12
				Problem Code Total :			291

__ (013) HALOPERIDOL INTERACTION

__	24	CARBAMAZEPINE	HALOPERIDOL	61	1	1	63
__	230	HALOPERIDOL	BARBITURATES	35	0	1	36
				Problem Code Total :			99

__ (014) CARBAMAZEPINE TOXICITY

__	26	VERAPAMIL	CARBAMAZEPINE	22	1	0	23
__	208	VERAPAMIL	CARBAMAZEPINE	22	1	0	23
__	209	CIMETIDINE	CARBAMAZEPINE	6	1	0	7
__	216	SEROTONIN REUPTAKE INHIBI	CARBAMAZEPINE	70	7	1	78
__	222	MACROLIDES	CARBAMAZEPINE	7	0	1	8
__	266	DILTIAZEM	CARBAMAZEPINE	30	0	0	30
__	497	CARBAMAZEPINE	DANAZOL	0	0	0	0
				Problem Code Total :			169

__ (015) SUBTX. QUINIDINE CONCENTRATION

__	27	BARBITURATES	QUINIDINE	5	0	0	5
__	89	PHENYTOIN	QUINIDINE	13	0	0	13
				Problem Code Total :			18

__ (016) IMPAIRED CORTICOSTEROID EFFECT

__	28	BARBITURATES	CORTICOSTEROIDS	31	4	0	35
				Problem Code Total :			35

__ (017) ANTI-INFECTIVE FAILURE

__	29	BARBITURATES	GRISEOFULVIN	2	0	0	2
__	68	ANTIULCER AGENTS	AZOLE ANTIFUNGALS	13	0	0	13
__	70	DIDANOSINE	DAPSONE	2	0	2	4
				Problem Code Total :			19

__ (018) BARBITURATE INTERACTION

__	30	VALPROIC ACID	BARBITURATES	154	8	3	165
__	458	BARBITURATES	DOXYCYCLINE	16	1	1	18
				Problem Code Total :			183

__ (019) MAO INHIBITOR INTERACTION

__	36	CYCLIC ANTIDEPRESSANT AGE	MAO-INHIBITORS W SELEG	0	0	0	0
__	67	SEROTONIN REUPTAKE INHIBI	MAO-INHIBITORS W SELEG	8	0	0	8
__	72	MEPERIDINE	SELEGILINE	0	0	0	0
__	150	MAO-INHIBITORS W SELEGILI	NEFAZODONE	0	0	0	0
__	152	MAO-INHIBITORS W SELEGILI	VENLAFAXINE	0	0	0	0
__	153	MAO INHIBITORS	MEPERIDINE	0	0	0	0
__	154	MAO INHIBITORS	SYMPATHOMIMETICS	0	0	0	0
__	155	MAO INHIBITORS	ANTIHYPERTENSIVES	0	0	0	0
__	157	MAO INHIBITORS	LEVODOPA	0	0	0	0

__	232	TRAMADOL	MAO INHIBITORS	0	0	0	0
__	284	DEXTROMETHORPHAN	MAO INHIBITORS	0	0	0	0
__	339	BUPROPION	MAO INHIBITORS	0	0	0	0
				Problem Code Total :			8

__ (020) SULFONYLUREA-IMPAIRED/ENHANCED RESPONSE

__	38	CHLORAMPHENICOL	SULFONYLUREAS	0	0	0	0
__	39	RIFAMYCINS	SULFONYLUREAS	0	0	0	0
__	40	DICUMAROL	SULFONYLUREAS	0	0	0	0
__	41	THYROID HORMONES	SULFONYLUREAS	667	25	4	696
__	43	SULFONAMIDES	SULFONYLUREAS	1	0	0	1
__	175	SALICYLATES	SULFONYLUREAS	318	5	0	323
__	252	MAO INHIBITORS	SULFONYLUREAS	0	0	0	0
__	488	SULFONYLUREAS	THIAZIDES	2,843	88	20	2,951
__	494	CIMETIDINE	SULFONYLUREAS	37	0	0	37
				Problem Code Total :			4,008

__ (023) PROCAINAMIDE TOXICITY

__	51	CIMETIDINE	PROCAINAMIDE	2	0	0	2
__	263	AMIODARONE	PROCAINAMIDE	0	0	0	0
__	269	TRIMETHOPRIM	PROCAINAMIDE	0	0	1	1
				Problem Code Total :			3

__ (024) THEOPHYLLINE TOXICITY

__	52	CIMETIDINE	THEOPHYLLINES	6	1	0	7
__	53	RIFAMYCINS	THEOPHYLLINES	2	0	0	2
__	218	MACROLIDES	THEOPHYLLINES	5	0	0	5
__	251	TACRINE	THEOPHYLLINES	0	0	0	0
__	259	ZILEUTON	THEOPHYLLINES	0	0	0	0
__	264	PROPRANOLOL	THEOPHYLLINES	6	1	0	7
__	265	DILTIAZEM	THEOPHYLLINES	106	3	1	110
__	267	MEXILETINE	THEOPHYLLINES	0	0	0	0
__	268	VERAPAMIL	THEOPHYLLINES	51	1	0	52
__	340	QUINOLONES	THEOPHYLLINES	23	1	0	24
__	505	TICLOPIDINE	THEOPHYLLINES	0	0	0	0
				Problem Code Total :			207

__ (025) ARRHYTHMIAS

__	54	RIFAMYCINS	QUINIDINE	0	0	0	0
				Problem Code Total :			0

__ (026) IMPAIRED CAR. GLYCOS. EFFECTS

__	56	THYROID HORMONES	CARDIAC GLYCOSIDES	651	25	5	681
__	59	BILE ACID SEQUESTRANTS	CARDIAC GLYCOSIDES	10	0	0	10
				Problem Code Total :			691

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__ (027) IMPAIRED ANTIPSYCHOTIC EFFECTS

__	60	ANOREXIANTS	ANTIPSYCHOTIC AGENTS	2	0	0	2
				Problem Code Total :			2

__ (028) IMPAIRED LEVODOPA EFFECTS

__	61	ANTIPSYCHOTIC AGENTS	LEVODOPA	85	0	0	85
				Problem Code Total :			85

__ (029) ADDITIVE SEDATION

__	31	BARBITURATES	PRIMIDONE	26	2	0	28
__	62	ANTIPSYCHOTIC AGENTS	NARCOTIC AGENTS	84	11	10	105
__	94	ANTIPSYCHOTIC AGENTS	ANTIHYPERTENSIVE AGENT	711	47	16	774
__	148	TRAZODONE	SEDATIVE AGENTS	0	0	0	0
__	173	BENZODIAZEPINES	NON-BENZO SEDATIVES	51	93	162	306
__	504	ANTIDEPRESSANT (TRICYCL +	SEDATIVES	571	78	42	691
__	667	TIZANIDINE	CNS DEPRESSANTS	759	108	155	1,022
				Problem Code Total :			2,926

__ (030) ADD. ANTICHOLINERGIC EFFECTS

__	63	ANTIPSYCHOTIC AGENTS	ANTICHOLINERGIC AGENTS	40	1	0	41
__	64	DISOPYRAMIDE	ANTICHOLINERGIC AGENTS	0	0	0	0
__	483	ANTIPARKINSONIA/ANTICHOLI	ANTIDEPRESSANT AGENTS	158	7	3	168
				Problem Code Total :			209

__ (031) TCA AGENT TOXICITY

__	132	SEROTONIN REUPTAKE INHIBI	CYCLIC ANTIDEPRESSANT	1,068	145	77	1,290
__	138	CIMETIDINE	CYCLIC ANTIDEPRESSANT	53	1	1	55
				Problem Code Total :			1,345

__ (032) CARDIOTOXICITY

__	226	RITONAVIR	ANTIHISTAMINES	0	0	0	0
__	228	RITONAVIR	MEPERIDINE	0	0	0	0
__	236	INDINAVIR	ANTIHISTAMINES	0	0	0	0
__	289	QUINOLONES (SPAR AND GREP	ANTIARRHYTHMIC AGENTS	0	0	0	0
				Problem Code Total :			0

__ (033) ENHANCED BENZODIAZ. RESPONSE

__	71	PROBENICID	SEDATIVE AGENTS	8	1	0	9
__	224	INDINAVIR	TRIAZOLAM	0	0	0	0
__	231	ANTIFUNGAL AGENTS	TRIAZOLAM	0	0	0	0
__	240	NEFAZODONE	BENZODIAZEPINES (ALPRA	1	1	0	2
				Problem Code Total :			11

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__ (050) HYPERKALEMIA

__	95	ACE INHIBITORS/K+SPARING	POTASSIUM SUPPLEMENTS	676	67	14	757
__	298	ACEI	K SPARING DIURETICS	606	24	4	634
				Problem Code Total :			1,391

__ (052) CONVULSIONS

__	459	ANTICONVULSANTS	FELODIPINE	25	1	0	26
				Problem Code Total :			26

__ (055) GASTROINTESTINAL DISORDER

__	534	COX-2 INHIBITORS	ASPIRIN	400	14	5	419
				Problem Code Total :			419

__ (070) TARDIVE DYSKINESIA

__	137	AMOXAPINE	LEVODOPA AND DOPAMINE	0	0	0	0
				Problem Code Total :			0

__ (072) SSRI INTERACTION

__	285	CLOZAPINE	SSRI	0	0	0	0
__	657	FLUVOXAMINE	LITHIUM	8	0	0	8
__	658	FLUVOXAMINE	BETA BLOCKERS	8	0	0	8
				Problem Code Total :			16

__ (073) CIMETIDINE INTERACTION

__	142	CIMETIDINE	PAROXETINE	7	1	1	9
__	168	CIMETIDINE	BENZODIAZEPINES	36	8	2	46
__	249	CIMETIDINE	TACRINE	0	0	0	0
__	489	CIMETIDINE	METFORMIN	28	1	1	30
__	518	ZALEPLON (SONATA)	CIMETIDINE	0	1	0	1
				Problem Code Total :			86

__ (074) FLUVOXAMINE INTERACTION

__	143	FLUVOXAMINE	THEOPHYLLINES	0	0	0	0
__	144	FLUVOXAMINE	ANTIHISTAMINES	0	0	0	0
__	145	FLUVOXAMINE	BENZODIAZEPINES	7	1	0	8
__	659	FLUVOXAMINE	WARFARIN	3	1	0	4
				Problem Code Total :			12

__ (075) ANTIHYPERLIPIDEMIC DRUG INTERACTIONS

__	449	HMG-COA REDUCTASE INHIBIT	GEMFIBROZIL	112	5	2	119

				Problem Code Total :		119
__ (076) SILDENAFIL INTERACTIONS						
__ 439	SILDENAFIL	MACROLIDES	9	2	1	12
				Problem Code Total :		12
__ (077) ADDITIVE DOPAMINERGIC EFFECTS						
__ 147	BUPROPION	LEVODOPA	8	1	0	9
				Problem Code Total :		9
__ (078) NEFAZODONE INTERACTION						
__ 149	NEFAZODONE	ANTIHISTAMINES	0	0	0	0
				Problem Code Total :		0
__ (079) RESPIRATORY DEPRESSION						
__ 169	BENZODIAZEPINES	CLOZAPINE	4	0	0	4
				Problem Code Total :		4
__ (084) THERAPEUTIC DUPLICATION OF SEDATIVE/HYPNOTIC AGENTS						
__ 562	ZALEPLON (SONATA)	TRAZODONE - SEDATIVE U	9	0	0	9
				Problem Code Total :		9
__ (086) SALICYLATE INTERACTION						
__ 174	SALICYLATES	ACETAZOLAMIDE	4	1	0	5
__ 176	CORTICOSTEROIDS	SALICYLATES	48	5	1	54
__ 177	SALICYLATES	VALPROIC ACID	38	2	2	42
__ 180	SALICYLATES	URICOSURIC AGENTS	8	0	0	8
__ 181	SALICYLATES	INSULIN	101	6	1	108
__ 456	ACETAMINOPHEN	SALICYLATES	88	12	4	104
				Problem Code Total :		321
__ (088) NSAID INTERACTION						
__ 16	NSAIDS	WARFARIN	188	24	3	215
__ 183	NSAIDS	ACEI	2,193	95	27	2,315
__ 186	NSAIDS	BETA BLOCKERS	1,167	66	22	1,255
__ 187	NSAIDS	LOOP DIURETICS	1,031	46	9	1,086
__ 530	COX-2 INHIBITORS	ACEI	2,809	242	48	3,099
__ 537	COX-2 INHIBITORS	WARFARIN	565	30	5	600
__ 539	COX-2 INHIBITORS	LOOP DIURETICS	2,066	81	11	2,158
__ 637	LOSARTAN	INDOMETHACIN	23	1	0	24
				Problem Code Total :		10,752

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__ (092) IMPAIRED ANTIFUNGAL EFFECTS

__	256	AZOLE ANTIFUNGALS	DIDANOSINE	6	0	0	6
__	499	RIFAMYCINS	AZOLE ANTIFUNGAL AGENT	0	0	0	0
__	524	RABEPRAZOLE (ACIPHEX)	KETOCONAZOLE	0	0	0	0
				Problem Code Total :			6

__ (093) IMPAIRED ANTIVIRAL EFFECT

__	225	INDINAVIR	RIFAMYCINS	0	0	0	0
__	336	DELAVIRDINE	RIFAMYCINS	0	0	0	0
__	500	RIFAMYCINS	PROTEASE INHIBITORS	1	0	0	1
__	508	PROTEASE INHIBITORS	TRIAZOLAM	0	0	0	0
				Problem Code Total :			1

__ (094) IMPAIRED ORAL CONTRACEPTIVE EFFECTS

__	234	BARBITURATES	ORAL CONTRACEPTIVES	17	0	0	17
__	235	RIFAMYCINS	ORAL CONTRACEPTIVES	1	0	0	1
				Problem Code Total :			18

__ (095) ENHANCED INSULIN RESPONSE

__	233	MAO INHIBITORS	INSULIN	0	0	0	0
				Problem Code Total :			0

__ (096) IMPAIRED ANTIBIOTIC EFFECT

__	255	TETRACYCLINES	IRON SALTS	20	1	0	21
				Problem Code Total :			21

__ (097) IMPAIRED PHENYTOIN EFFECTS

__	250	AMIODARONE	HYDANTOINS	11	3	1	15
				Problem Code Total :			15

__ (098) IMPAIRED ANTICHOLINERGIC ACTIVITY

__	247	TACRINE	ANTICHOLINERGIC AGENTS	0	0	0	0
				Problem Code Total :			0

__ (099) QUINOLONE INTERACTION

__	260	QUINOLONES (ALL)	SUCRALFATE	4	0	1	5
__	337	QUINOLONES	DIDANOSINE	1	0	0	1
__	421	QUINOLONES	IRON SALTS	35	3	1	39
__	501	ANTIARRHYTHMIC AGENTS	QUINOLONES (SPAR AND G	0	0	0	0
				Problem Code Total :			45

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__ (103) IMPAIRED ANTIHYPERTENSIVE EFFECTS							
__	274	HALOPERIDOL	GUAN. AGENTS (GUANETHI	0	0	0	0
				Problem Code Total :			0
__ (117) NITRATE INTERACTIONS							
__	372	SILDENAFIL	NITRATES	3	0	0	3
				Problem Code Total :			3
__ (120) ANTICONVULSANT INTERACTIONS							
__	495	FELBAMATE	VALPROIC ACID	8	0	0	8
__	496	LAMOTRIGINE	ANTICONVULSANTS	123	9	1	133
__	498	LAMOTRIGINE	VALPROIC ACID	39	2	0	41
				Problem Code Total :			182
__ (121) IMPAIRED ZALEPLON (SONATA) EFFECTS							
__	519	ZALEPLON (SONATA)	RIFAMYCINS	0	0	0	0
__	565	ZALEPLON (SONATA)	POTENT ENZYME INDUCERS	12	1	2	15
				Problem Code Total :			15
__ (123) IMPAIRED COX-2 INHIBITOR (VIOXX) RESPONSE							
__	532	ROFECOXIB (VIOXX)	RIFAMYCINS	1	0	0	1
				Problem Code Total :			1
__ (124) AZOLE ANTIFUNGAL INTERACTION							
__	536	CELECOXIB (CELEBREX)	FLUCONAZOLE	4	0	0	4
				Problem Code Total :			4
__ (129) THIORIDAZINE TOXICITY							
__	558	THIORIDAZINE (MELLARIL)	BETA-BLOCKERS	8	1	0	9
__	559	THIORIDAZINE (MELLARIL)	SELECTIVE SEROTONIN RE	0	0	0	0
				Problem Code Total :			9
__ (134) IMPAIRED BENZODIAZEPINE EFFECTS							
__	584	TRIAZOLAM	RIFAMPIN	0	0	0	0
				Problem Code Total :			0
__ (136) AZATHIOPRINE TOXICITY							
__	593	AZATHIOPRINE	ALLOPURINOL	2	0	0	2

				Problem Code Total :		2
__ (139) PROTEASE INHIBITOR INTERACTION						
__ 601	PROTEASE INHIBITORS	HMG COA INHIBITORS	0	0	1	1
				Problem Code Total :		1
__ (159) TIZANIDINE TOXICITY						
__ 665	TIZANIDINE	ORAL CONTRACEPTIVES	18	2	4	24
				Problem Code Total :		24
__ (161) ADDITIVE HYPOTENSIVE EFFECTS						
__ 669	TIZANIDINE	ALPHA 2 ADRENERGIC AGO	48	6	2	56
				Problem Code Total :		56

(ER) OVERUSE PRECAUTION

Criteria	Utilization Category Descriptions Util. A	Util. B	Criteria Exception Risk Counts Low	Medium	High	Total
__ (003) CARDIAC GLYCOSIDE INTERACTION						
__ 273	CARDIAC GLYCOSIDES		105	3	1	109
				Problem Code Total :		109
__ (041) OVERUTIL. OF ANTIULCER AGENTS						
__ 84	ANTI-ULCER AGENTS		4,382	570	183	5,135
				Problem Code Total :		5,135
__ (042) OVERUTIL. OF NARCOTIC AGENTS						
__ 85	NARCOTIC AGENTS		401	166	143	710
__ 594	OXYCONTIN- ONLY		5	3	0	8
__ 612	OXYCONTIN- ONLY		2	1	0	3
__ 613	OXYCONTIN- ONLY		2	1	0	3
__ 614	OXYCONTIN- ONLY		2	0	0	2
				Problem Code Total :		726
__ (043) OVERUTILIZATION OF STIMULANTS						
__ 86	STIMULANTS		256	29	12	297
				Problem Code Total :		297
__ (044) OVERUTIL. OF SEDATIVE AGENTS						

__	165	BENZO SEDATIVES	421	438	185	1,044
__	516	HYPNOTICS (474 HD) (516 D	213	149	103	465
__	564	AMBIEN & SONATA	2,967	256	218	3,441
				Problem Code Total :		4,950

__ (045) OVERUTIL. OF ANXIOLYTIC AGENTS

__	88	BENZO ANXIOLYTIC AGENTS	84	34	24	142
				Problem Code Total :		142

__ (082) INAPPROPRIATE THERAPY FOR ELDERLY

__	627	FELODIPINE	0	0	0	0
__	661	TIZANIDINE	0	0	0	0
				Problem Code Total :		0

__ (091) OVERUTILIZATION

__	200	KETOROLAC	0	0	0	0
__	302	BUTORPHANOL	1	0	0	1
__	303	NICOTINE POLACRILEX	2	0	0	2
__	304	BETA-AGONISTS (INHALED)	606	73	27	706
__	305	CARISOPRODOL	606	265	319	1,190
__	464	BUPROPION-ZYBAN ONLY	6	0	2	8
__	550	MEPROBAMATE	2	0	0	2
__	668	TIZANIDINE	140	21	22	183
				Problem Code Total :		2,092

__ (126) OVERUTIL. OF ANALGESICS

__	540	TRAMADOL	0	0	0	0
				Problem Code Total :		0

__ (131) OVERUTIL. OF DIPHENOXYLATE/ATROPINE

__	585	DIPHENOXYLATE/ATROPINE	0	0	0	0
				Problem Code Total :		0

__ (132) OVERUTILIZATION OF BUTALBITAL

__	571	BUTALBITAL	91	26	18	135
				Problem Code Total :		135

__ (141) INAPPROPRIATE MIGRAINE THERAPY

__	606	MIGRAINE SPECIFIC MEDS	0	0	0	0
				Problem Code Total :		0

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__ (148) OVERUTILIZATION OF CALCIUM CHANNEL BLOCKERS

__	623	AMLODIPINE	383	45	13	441
			Problem Code Total :			441

__ (151) OVERUTILIZATION OF SSRI'S

__	629	PAROXETINE	13	4	5	22
__	630	CITALOPRAM	18	15	9	42
__	644	PAROXETINE	20	13	20	53
__	647	SERTRALINE	53	6	7	66
__	653	FLUOXETINE	12	4	2	18
__	655	CITALOPRAM	30	21	23	74
			Problem Code Total :			275

__ (157) OVERUTILIZATION OF ANTIDEPRESSANTS

__	649	VENLAFAXINE-REGULAR RELEA	1	1	0	2
__	650	VENLAFAXINE-EXTENDED RELE	201	42	6	249
			Problem Code Total :			251

__ (158) OVERUTILIZATION OF TIZANIDINE

__	660	TIZANIDINE	0	1	0	1
			Problem Code Total :			1

(HD) HIGH DOSE ALERT

Criteria	Utilization Category Descriptions Util. A	Util. B	Criteria Exception Risk Counts Low	Medium	High	Total

__ (044) OVERUTIL. OF SEDATIVE AGENTS

__	474	HYPNOTICS (474 HD) (516 D	158	58	59	275
__	566	SONATA AND AMBIEN	779	228	43	1,050
			Problem Code Total :			1,325

__ (045) OVERUTIL. OF ANXIOLYTIC AGENTS

__	569	BUSPIRONE	1	0	0	1
			Problem Code Total :			1

(LR) UNDERUSE PRECAUTION

Criteria	Utilization Category Descriptions Util. A	Util. B	Criteria Exception Risk Counts Low	Medium	High	Total

__ (034) UNDERUTIL. OF SULFONYLUREAS

__	373	SULFONYLUREAS-LOW DOSE	313	22	6	341
__	374	SULFONYLUREAS- MODERATE D	567	0	0	567
			Problem Code Total :			908

__ (036) UNDERUTIL. OF BETA BLOCKERS

__	79	BETA-BLOCKERS	647	211	43	901
			Problem Code Total :			901

__ (037) UNDERUTILIZATION OF THIAZIDES

__	80	THIAZIDES	404	131	32	567
			Problem Code Total :			567

__ (038) UNDERUTIL. OF LOOP DIURETICS

__	81	LOOP DIURETICS-MOD TO HIG	330	66	15	411
__	369	LOOP DIURETICS-LOW DOSE	345	32	4	381
			Problem Code Total :			792

__ (039) UNDERUTIL. OF K-SPARING DIURET

__	82	POTASSIUM SPARING DIURETI	199	31	7	237
			Problem Code Total :			237

__ (040) UNDERUTILIZATION OF PHENYTOIN

__	83	PHENYTOIN	654	48	12	714
			Problem Code Total :			714

__ (127) UNDERUTILIZATION OF LIPID LOWERING AGENTS.

__	547	LIPID LOWERING AGENTS	257	17	3	277
			Problem Code Total :			277

__ (137) UNDERUTILIZATION OF PRENATAL VITAMINS

__	598	PRENATAL VITAMINS	281	28	4	313
			Problem Code Total :			313

__ (142) UNDERUTILIZATION OF HRT

__	607	HORMONE REPLACEMENT THERA	241	51	21	313
			Problem Code Total :			313

__ (153) UNDERUTILIZATIONF OF TAMSULOSIN

__	632	TAMSULOSIN		0	0	0	0
					Problem Code Total :		0

__ (155) UNDERUTILIZATION OF AMLODIPINE

__	634	AMLODIPINE		11	1	0	12
					Problem Code Total :		12

(MC) DRUG (ACTUAL) DISEASE PRECAUTION

Criteria	Utilization Category Descriptions Util. A	Util. B	Criteria Exception Risk Counts Low	Medium	High	Total
__ (003) CARDIAC GLYCOSIDE INTERACTION						
__ 368	CARDIAC GLYCOSIDES	HEART BLOCK: 1ST OR 2N	3	0	0	3
__ 433	CARDIAC GLYCOSIDES	VENTRICULAR TACHYCARDI	8	5	0	13
__ 434	CARDIAC GLYCOSIDES	HYPOKALEMIA	3	0	0	3
__ 435	CARDIAC GLYCOSIDES	WOLFF PARKINSON WHITE	0	0	0	0
__ 436	CARDIAC GLYCOSIDES	HYPERTROPHIC SUBAORTIC	3	1	0	4
__ 452	CARDIAC GLYCOSIDES	NAUSEA/VOMITING+ ANTIE	252	13	2	267
		Problem Code Total :				290
__ (007) BETA BLOCKER INTERACTION						
__ 401	BETA BLOCKERS	PREGNANCY	30	9	10	49
__ 405	BETA BLOCKERS	2ND AND 3RD DEGREE HEA	9	0	0	9
__ 408	VERAPAMIL	BRADYCARDIA	8	1	0	9
__ 417	BETA BLOCKERS	PERIPHERAL VASCULAR DI	252	12	5	269
__ 514	BETA BLOCKERS	PULMONARY DISORDERS WI	52	1	6	59
		Problem Code Total :				395
__ (008) HYPERTENSION						
__ 191	NSAIDS	HYPERTENSION	834	36	9	879
__ 351	ANTIHYPERTENSIVE AGENTS	DEPRESSION	180	24	16	220
__ 445	SYMPATHOMIMETICS	HYPERTENSION	279	50	14	343
		Problem Code Total :				1,442
__ (009) RENAL IMPAIRMENT						
__ 188	NSAIDS	RENAL FAILURE	18	6	11	35
__ 364	QUINIDINE	RENAL FAILURE	2	0	0	2
__ 377	ANTIARRHYTHMICS	RENAL FAILURE	0	0	0	0
__ 386	MINOXIDIL	RENAL FAILURE	37	9	9	55
__ 397	QUINOLONES	RENAL FAILURE	44	10	5	59
__ 404	BETA BLOCKERS	RENAL FAILURE	63	10	6	79
__ 413	CALCIUM CHANNEL BLOCKERS	RENAL FAILURE	59	10	4	73
__ 414	ACEI	RENAL ARTERY STENOSIS	10	0	1	11
__ 424	SULFONYLUREAS	RENAL FAILURE	32	3	1	36

__	450	METFORMIN	RENAL DISEASE AND LACT	7	2	0	9
__	455	K SPARING DIURETICS	RENAL FAILURE	28	2	0	30
__	481	AMANTADINE	RENAL FAILURE	0	0	0	0
__	502	DIGOXIN	RENAL FAILURE	32	10	0	42
__	646	PAROXETINE	RENAL FAILURE	17	4	1	22
__	652	VENLAFAXINE	RENAL FAILURE	4	3	0	7
__	662	TIZANIDINE	RENAL FAILURE	1	0	0	1
			Problem Code Total :				461

__ (011) LITHIUM TOXICITY

__	306	LITHIUM	SEIZURE DISORDERS	15	2	4	21
__	307	LITHIUM	RENAL FAILURE	1	1	0	2
			Problem Code Total :				23

__ (018) BARBITURATE INTERACTION

__	329	BARBITURATES	PORPHYRIA	0	0	0	0
__	457	BARBITURATES	COPD	43	1	1	45
			Problem Code Total :				45

__ (020) SULFONYLUREA-IMPAIRED/ENHANCED RESPONSE

__	389	SULFONYLUREAS	ALCOHOL DEPENDENCE	14	3	1	18
			Problem Code Total :				18

__ (025) ARRHYTHMIAS

__	419	PIMOZIDE	CARDIAC ARRHYTHMIAS	0	0	0	0
			Problem Code Total :				0

__ (044) OVERUTIL. OF SEDATIVE AGENTS

__	567	SEDATIVE/HYPNOTICS	DEPRESSION & ILLNESS	758	161	129	1,048
			Problem Code Total :				1,048

__ (050) HYPERKALEMIA

__	357	ANTIARRHYTHMICS	HYPERKALEMIA	0	0	0	0
__	446	ACEI	HYPERKALEMIA	9	0	0	9
			Problem Code Total :				9

__ (052) CONVULSIONS

__	425	TRAMADOL	SEIZURE DISORDER (WITH	185	27	4	216
__	510	AMANTADINE	CONVULSIONS NO DRUG MA	5	1	0	6
__	511	ANTIDEPRESSANT AGENTS	CONVULSIONS NO DRUG MA	11	3	0	14
__	512	ANTIPSYCHOTIC AGENTS	CONVULSIONS NO DRUG MA	33	1	0	34

				Problem Code Total :			270
__ (054) HYPERTHYROIDISM							
__	352	AMIODARONE	HYPERTHYROIDISM	4	0	0	4
				Problem Code Total :			4
__ (055) GASTROINTESTINAL DISORDER							
__	189	NSAIDS	PEPTIC ULCER DISEASE	25	1	2	28
__	195	ASPIRIN	PEPTIC ULCER DISEASE	3	0	0	3
__	515	CHLORAL HYDRATE	GASTROINTESTINAL DISOR	0	0	0	0
				Problem Code Total :			31
__ (060) ANGINA							
__	388	MINOXIDIL	ANGINA	10	2	0	12
__	398	HYDRALAZINE	ANGINA	129	10	4	143
				Problem Code Total :			155
__ (061) ASTHMA							
__	196	NSAIDS	ASTHMA	230	23	14	267
__	538	COX-2 INHIBITORS	ASTHMA	166	25	8	199
				Problem Code Total :			466
__ (062) DIABETES							
__	602	PROTEASE INHIBITORS	DIABETES	16	5	1	22
				Problem Code Total :			22
__ (065) RICKETS							
__	325	ANTICONVULSANTS	RICKET'S AND OSTEOMALA	0	0	0	0
				Problem Code Total :			0
__ (066) PARKINSONISM							
__	513	ANTIPSYCHOTIC AGENTS	PARKINSON'S DISEASE ON	11	0	0	11
				Problem Code Total :			11
__ (071) CARDIAC CONDUCTION ABNORMALITIES							
__	170	CYCLIC ANTIDEPRESSANT AGE	BUNDLE BRANCH BLOCK	1	0	0	1
__	171	CYCLIC ANTIDEPRESSANT AGE	ATRIOVENTRICULAR BLOCK	1	1	0	2
__	348	QUINIDINE	2ND AND 3RD DEGREE HEA	1	0	0	1
__	406	DILTIAZEM	BRADYCARDIA	18	1	0	19
__	415	BEPRIDIL	VENTRICULAR ARRHYTHMIA	0	0	0	0

				Problem Code Total :			23
__ (080) CONGESTIVE HEART FAILURE							
__	194	NSAIDS	CONGESTIVE HEART FAILU	80	8	0	88
__	390	MINOXIDIL	CONGESTIVE HEART FAILU	12	2	3	17
__	400	CALCIUM CHANNEL BLOCKERS	CONGESTIVE HEART FAILU	90	5	3	98
__	429	GUAN. AGENTS (GUANETHIDIN	CONGESTIVE HEART FAILU	0	0	0	0
__	442	TROGLITAZONE	CONGESTIVE HEART FAILU	0	0	0	0
__	443	METFORMIN	CONGESTIVE HEART FAILU	123	8	4	135
__	477	AMANTADINE	CONGESTIVE HEART FAILU	0	0	0	0
				Problem Code Total :			338
__ (086) SALICYLATE INTERACTION							
__	384	SALICYLATES/INDOMETHACIN	TINNITUS	1	0	0	1
				Problem Code Total :			1
__ (089) BLEEDING DISORDERS							
__	192	NSAIDS	BLEEDING DISORDERS	2	2	0	4
__	193	ASPIRIN	BLEEDING DISORDERS	1	0	0	1
				Problem Code Total :			5
__ (090) HEPATIC DISORDERS							
__	197	NSAIDS	HEPATIC IMPAIRMENT	5	0	1	6
__	277	BARBITURATES	HEPATIC IMPAIRMENT	1	0	0	1
__	280	BENZODIAZEPINES	HEPATIC IMPAIRMENT	3	2	0	5
__	318	MEPROBAMATE	HEPATIC IMPAIRMENT	0	0	0	0
__	333	ANTIDEPRESSANT AGENTS	HEPATIC IMPAIRMENT	10	3	1	14
				Problem Code Total :			26
__ (100) HEPATIC IMPAIRMENT							
__	341	K SPARING DIURETICS	HEPATIC IMPAIRMENT	74	5	3	82
__	354	THIAZIDES	HEPATIC IMPAIRMENT	38	6	1	45
__	362	DISOPYRAMIDE	HEPATIC IMPAIRMENT	0	0	0	0
__	363	QUINIDINE	HEPATIC IMPAIRMENT	0	0	0	0
__	365	TOCAINIDE	HEPATIC IMPAIRMENT	0	0	0	0
__	375	PROCAINAMIDE	HEPATIC IMPAIRMENT	0	0	0	0
__	376	AMIODARONE	HEPATIC IMPAIRMENT	1	0	0	1
__	379	ANTIARRHYTHMICS	HEPATIC IMPAIRMENT	0	0	0	0
__	382	LOOP DIURETICS	HEPATIC IMPAIRMENT	49	3	2	54
__	385	ANTIHISTAMINES	HEPATIC IMPAIRMENT	0	0	0	0
__	403	BETA BLOCKERS	HEPATIC IMPAIRMENT	14	1	1	16
__	409	PEMOLINE	HEPATIC IMPAIRMENT	0	0	0	0
__	410	METHYLDOPA	HEPATIC IMPAIRMENT	0	0	0	0
__	412	CALCIUM CHANNEL BLOCKING	HEPATIC IMPAIRMENT	28	2	2	32
__	426	SULFONYLUREAS	HEPATIC IMPAIRMENT	17	0	1	18
__	440	ACARBOSE	HEPATIC CIRRHOSIS	0	0	0	0
__	441	TROGLITAZONE	HEPATIC IMPAIRMENT	0	0	0	0

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__	521	ZALEPLON (SONATA)	HEPATIC IMPAIRMENT	2	1	0	3
__	526	RABEPRAZOLE (ACIPHEX)	HEPATIC IMPAIRMENT	8	2	2	12
__	529	COX-2 INHIBITORS	HEPATIC IMPAIRMENT	19	5	1	25
__	645	PAROXETINE	HEPATIC IMPAIRMENT	13	4	2	19
__	648	SERTRALINE	HEPATIC IMPAIRMENT	9	1	1	11
__	651	VENLAFAXINE	HEPATIC IMPAIRMENT	9	3	0	12
__	654	FLUOXETINE	HEPATIC IMPAIRMENT	11	1	1	13
__	656	CITALOPRAM	HEPATIC IMPAIRMENT	7	2	0	9
__	663	TIZANIDINE	HEPATIC IMPAIRMENT	2	0	2	4
					Problem Code Total :		356

__ (101) HISTORY OF DRUG ABUSE

__	286	MEPROBAMATE	HISTORY OF DRUG ABUSE	1	0	0	1
__	312	BENZODIAZEPINES	HISTORY OF DRUG ABUSE	245	66	76	387
__	549	NARCOTICS	HISTORY OF DRUG ABUSE	240	89	120	449
					Problem Code Total :		837

__ (102) ATAXIA

__	279	BARBITURATES	ATAXIA	0	0	0	0
__	301	MEPROBAMATE	ATAXIA	0	0	0	0
					Problem Code Total :		0

__ (104) PORPHYRIA

__	308	MEPROBAMATE	PORPHYRIA	0	0	0	0
__	391	ESTROGENS	PORPHYRIA	1	0	0	1
__	392	SULFONYLUREAS	PORPHYRIA	1	0	0	1
					Problem Code Total :		2

__ (105) OPTHALMIC DISORDERS

__	309	BENZODIAZEPINES	GLAUCOMA	2	0	0	2
__	360	AMIODARONE	OPTIC NEUROPATHY OR NE	1	0	0	1
__	378	ENCAINIDE /FLECAINIDE	BLURRED VISION/ACCOMOD	0	0	0	0
__	492	HYDROXYCHLOROQUIN / CHLOR	VISUAL DISTURBANCES	3	0	0	3
					Problem Code Total :		6

__ (106) RESPIRATORY DISORDERS

__	310	BENZODIAZEPINES	COPD	280	42	36	358
__	478	TOCAINIDE	PULMONARY FIBROSIS	0	0	0	0
__	482	AMIODARONE	PULMONARY FIBROSIS	0	0	0	0
					Problem Code Total :		358

__ (107) BLOOD DYSCRASIAS

__	315	THIOTHIXENE	AGRANULOCYTOSIS	0	0	0	0
__	326	PHENOTHIAZINES	AGRANULOCYTOSIS	3	0	1	4

__	346	INDOMETHACIN	AGRANULOCYTOSIS	0	0	0	0
__	438	LOOP DIURETICS	BLOOD DYSCRASIAS	17	4	1	22
__	503	SULFONYLUREAS	APLASTIC ANEMIA	0	0	0	0
				Problem Code Total :			26

__ (108) PREGNANCY

__	320	ANTIARRHYTHMIC AGENTS	PREGNANCY	0	0	0	0
__	322	TOCAINIDE	PREGNANCY	0	0	0	0
__	343	LOOP DIURETICS	PREGNANCY	10	1	0	11
__	344	THIAZIDES	PREGNANCY	18	3	3	24
__	345	SPIRONOLACTONE	PREGNANCY	1	0	0	1
__	359	ISOTRETINON	PREGNANCY	0	0	0	0
__	361	AZOLE ANTIFUNGAL AGENTS	PREGNANCY	2	0	0	2
__	366	MEXILETINE	PREGNANCY	0	0	0	0
__	367	PROPAFENONE	PREGNANCY	0	0	0	0
__	393	QUINOLONES (ALL)	PREGNANCY	0	0	0	0
__	394	MINOXIDIL	PREGNANCY	0	0	0	0
__	395	ESTROGENS /PROGESTERONE	PREGNANCY	84	4	1	89
__	396	SULFONYLUREAS	PREGNANCY	8	0	0	8
__	411	CALCIUM CHANNEL BLOCKING	PREGNANCY	22	26	5	53
__	430	TETRACYCLINES	PREGNANCY	0	0	0	0
__	431	NICOTINE	PREGNANCY	1	0	0	1
__	461	BARBITURATES	PREGNANCY	1	1	0	2
__	485	ANTIPARKINSONIA/ANTICHOLI	PREGNANCY	1	0	0	1
				Problem Code Total :			192

__ (109) MYASTHENIA GRAVIS

__	314	ANTIARRHYTHMIC AGENTS	MYASTHENIA GRAVIS	0	0	0	0
__	420	TOCAINIDE	THROMBOCYTOPENIA	0	0	0	0
__	484	ANTIPARKINSONIA/ANTICHOLI	MYASTHENIA GRAVIS	0	0	0	0
				Problem Code Total :			0

__ (110) SYSTEMIC LUPUS ERYTHEMATOSIS

__	313	PROCAINAMIDE	SYSTEMIC LUPUS ERYTHEM	0	0	0	0
__	437	ISONIAZID	SYSTEMIC LUPUS ERYTHEM	0	0	0	0
__	448	METHYLDOPA	SYSTEMIC LUPUS ERYTHEM	3	0	0	3
__	479	QUINIDINE	SYSTEMIC LUPUS ERYTHEM	0	0	0	0
__	480	HYDRALAZINE	SYSTEMIC LUPUS ERYTHEM	1	0	0	1
				Problem Code Total :			4

__ (111) HYPOTHYROIDISM

__	347	AMIODARONE	HYPOTHYROIDISM	6	1	0	7
				Problem Code Total :			7

__ (112) THROMBOCYTOPENIA

__	332	MEXILETINE	THROMBOCYTOPENIA	0	0	0	0

__	334	QUINIDINE	THROMBOCYTOPENIA	0	0	0	0
				Problem Code Total :			0

__ (113) ANTICHOLINERGIC EFFECTS

__	328	ANTIPSYCHOTIC AGENTS	PROSTATIC HYPERTROPHY	1	0	0	1
__	462	ANTIDEPRESSANT AGENTS	PROSTATIC HYPERTROPHY	6	0	0	6
				Problem Code Total :			7

__ (114) HYPOKALEMIA

__	355	THIAZIDES	HYPOKALEMIA	46	4	3	53
__	356	LOOP DIURETICS	HYPOKALEMIA	21	3	1	25
__	358	ANTIARRHYTHMICS	HYPOKALEMIA	0	0	0	0
__	432	BEPRIDIL	HYPOKALEMIA	0	0	0	0
				Problem Code Total :			78

__ (115) HYPONATREMIA

__	380	THIAZIDES	HYPONATREMIA	27	1	3	31
__	381	LOOP DIURETICS	HYPONATREMIA	18	4	0	22
__	387	CHLORPROPAMIDE	HYPONATREMIA	1	0	0	1
				Problem Code Total :			54

__ (116) HORMONE EFFECTS

__	399	PROGESTERONES	MIGRAINE	44	9	1	54
__	402	BIRTH CONTROL PILLS	LIVER ADENOMA	0	0	0	0
__	407	ESTROGENS	ENDOMETRIAL CARCINOMA	5	0	0	5
__	422	ESTROGENS	HEPATIC IMPAIRMENT,CHO	46	13	8	67
				Problem Code Total :			126

__ (118) OTOTOXICITY

__	383	LOOP DIURETICS	HEARING LOSS DUE OTOTO	3	0	0	3
				Problem Code Total :			3

__ (129) THIORIDAZINE TOXICITY

__	560	THIORIDAZINE (MELLARIL)	CARDIAC ARRHYTHMIAS	3	0	0	3
				Problem Code Total :			3

__ (140) RENAL INSUFFICIENCY

__	603	FAMOTIDINE	RENAL INSUFFICIENCY	19	1	4	24
				Problem Code Total :			24

__ (160) ADVERSE TIZANIDINE EFFECTS

__	666	TIZANIDINE	PSYCHOSIS & HALLUCINAT	5	0	3	8
			Problem Code Total :				8

(PG) DRUG PREGNANCY ALERT

	Criteria	Utilization Category Descriptions Util. A	Util. B	Criteria Exception Risk Counts Low	Medium	High	Total
__	(051) ADVERSE FETAL EFFECTS						
__	124	ACEI	PREGNANCY	7	0	1	8
__	125	SEDATIVE AGENTS	PREGNANCY	11	3	4	18
__	199	NSAIDS	PREGNANCY	8	5	1	14
			Problem Code Total :				40

(TA) THERAPEUTIC APPROPRIATENESS

	Criteria	Utilization Category Descriptions Util. A	Util. B	Criteria Exception Risk Counts Low	Medium	High	Total
__	(082) INAPPROPRIATE THERAPY FOR ELDERLY						
__	587	LONG HALF-LIFE BENZO ANXI		326	137	76	539
__	588	LONG HALF-LIFE BENZO SEDA		1	0	0	1
__	590	BARBITURATE SEDATIVE HYPN		22	14	2	38
__	591	TERTIARY AMINE TCA		1,607	789	273	2,669
__	599	RIVASTIGMINE		943	14	2	959
__	604	FAMOTIDINE		800	288	37	1,125
__	628	FLUOXETINE		22	14	3	39
__	641	LONG HALF-LIFE BENZO ANXI		326	137	73	536
			Problem Code Total :				5,906
__	(125) DISEASE STATE MANAGEMENT						
__	541	DIABETES		10,236	513	145	10,894
__	543	CARDIO POST MI DRUGS	POST MYOCARDIAL INFARC	86	11	6	103
__	544	BETA AGONIST	ASTHMA	134	13	3	150
__	545	DIGOXIN	ATRIAL FIB AGENTS & IC	1,159	39	9	1,207
__	551	ATRIAL FIB DRUGS ONLY	ATRIAL FIB ICD-9	56	5	2	63
			Problem Code Total :				12,417
__	(130) ADVERSE ANTIPSYCHOTIC EFFECT						
__	586	ATYPICAL NEUROLEPTICS		11,547	612	233	12,392
			Problem Code Total :				12,392
__	(135) MYELOSUPPRESSION						
__	592	LINEZOLID (ZYVOX)		15	1	2	18

					Problem Code Total :		18
__ (141) INAPPROPRIATE MIGRAINE THERAPY							
__	605	ANALGESIC MIGRAINE MEDS	MIGRAINE	20	4	3	27
					Problem Code Total :		27
__ (143) FLUOROQUINOLONE TOXICITY							
__	608	QUINOLONES		110	45	22	177
					Problem Code Total :		177
__ (149) DEPRESSION							
__	625	METOCLOPRAMIDE	DEPRESSION - DRUGS & I	139	29	9	177
					Problem Code Total :		177
__ (159) TIZANIDINE TOXICITY							
__	664	TIZANIDINE		1,098	128	172	1,398
					Problem Code Total :		1,398

(TD) THERAPEUTIC DUPLICATION

Criteria	Utilization Category Descriptions Util. A	Util. B	Criteria Exception Risk Counts Low	Medium	High	Total
__ (046) DUPLICATE ANTIULCER THERAPY						
__ 463	ANTIULCER AGENTS		931	116	75	1,122
				Problem Code Total :		1,122
__ (047) ACEI DUPLICATE THERAPY						
__ 74	ACEI		608	52	11	671
				Problem Code Total :		671
__ (048) CALCIUM CHANNEL BLOCKER DUP TX						
__ 75	CALCIUM CHANNEL BLOCKERS		10	0	1	11
				Problem Code Total :		11
__ (049) DUPLICATE NSAID THERAPY						
__ 535	NSAIDS		1,128	174	76	1,378
				Problem Code Total :		1,378

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__ (068) DUPLICATE ANTIPSYCHOTIC THERAPY

__	127	ANTIPSYCHOTIC AGENTS-TRAD	356	17	6	379
__	454	ANTIPSYCHOTICS-ATYPICAL	1,856	79	36	1,971
__	561	ANTIPSYCHOTICS - ALL	2,732	109	45	2,886
				Problem Code Total :		5,236

__ (069) DUPLICATE ANTIDEPRESSANT THERAPY

__	134	MAO INHIBITORS	0	0	0	0
__	135	CYCLIC ANTIDEPRESSANT AGE	182	45	25	252
__	136	SEROTONIN REUPTAKE INHIBI	518	77	40	635
				Problem Code Total :		887

__ (084) THERAPEUTIC DUPLICATION OF SEDATIVE/HYPNOTIC AGENTS

__	166	BENZO SEDATIVES	13	1	3	17
__	520	HYPNOTICS	90	17	27	134
				Problem Code Total :		151

__ (085) THERAPEUTIC DUPLICATION OF ANXIOLYTIC AGENTS

__	167	BENZO ANXIOLYTIC AGENTS	352	75	79	506
				Problem Code Total :		506

__ (087) DUPLICATE SALICYLATE THERAPY

__	178	SALICYLATES	26	1	0	27
				Problem Code Total :		27

__ (144) THERAPEUTIC DUPLICATION OF ANTIHYPERLIPIDEMIC AGENTS

__	619	HMG-COA REDUCTASE INHIBIT	134	10	5	149
				Problem Code Total :		149

__ (145) THERAPEUTIC DUPLICATION OF SKELETAL MUSCLE RELAXANTS

__	620	SKELETAL MUSCLE RELAXANTS	501	129	118	748
				Problem Code Total :		748

__ (146) THERAPEUTIC DUPLICATION OF PLATELET AGGREGATION INHIBITORS

__	621	PLATELET AGGREGATION INHI	26	0	0	26
				Problem Code Total :		26

__ (147) THERAPEUTIC DUPLICATION OF THIAZOLIDINEDIONES

__	622	THIAZOLIDINEDIONES	69	6	3	78

			Problem Code Total :			78
__ (150) THERAPEUTIC DUPLICATION OF DIURETICS						
__	626	LOOP DIURETICS	497	40	8	545
			Problem Code Total :			545
__ (152) THERAPEUTIC DUPLICATION OF BETA BLOCKERS						
__	631	BETA BLOCKERS	310	28	9	347
			Problem Code Total :			347
__ (154) THERAPEUTIC DUPLICATION OF ARB'S						
__	633	AIIRB'S	177	12	7	196
			Problem Code Total :			196
__ (156) THERAPEUTIC DUPLICATION OF SULFONYLUREAS						
__	635	SULFONYLUREAS	229	15	2	246
			Problem Code Total :			246

Suggested Interventions

I. **Proton Pump Inhibitor Cost Control**

A. Criteria #557- The efficacy of Proton Pump Inhibitors (PPIs) and H-2 Antagonists in relieving symptoms of mild to moderate GERD and resolving PUD is essentially equal. If appropriate for your patient, your assistance in changing drug therapy to a less expensive H-2 Antagonist would result in a cost savings between $20.00 and $50.00 per patient per month. Certainly for patients with a higher severity level of GERD, PPIs would be indicated. Please consider the enclosed relative cost chart when prescribing.

B. Profiles Generated-554*

II. **Over-Utilization of Narcotics**

A. Criteria #85- Narcotic Agents may be over-utilized.

B. Profiles Generated-143*

III. **Over-Utilization of Anti-Ulcer Agents**

A. Criteria #84-Acute doses of anti-ulcer agents are generally indicated for short term use.

B. Profiles Generated-183*

IV. **SSRI Duplication of Therapy**

A. Criteria #136-Duplicate therapy with serotonin reuptake inhibitors may be occurring.

B. Profiles Generated-40*

V. **Anti-Ulcer Duplication of Therapy**

A. Criteria#463-Duplicate therapy with anti-ulcer agents may be occurring.

B. Profiles Generated-75*

VI. **NSAID Duplication of Therapy**

A. Criteria # 535-Duplicate therapy with NSAIDs may be occurring.

B. Profiles Generated-76*

VII. **Disease State Management-Diabetes**

A. Criteria #541-Diabetics (hypertensive and normotensive with microalbuminuria) may benefit from the addition of an ACE inhibitor to their therapy to reduce the rate of progression of renal disease.

B. Profiles Generated-145*

* This value does not indicate the number of physician intervention letters that will be generated.

Relative Cost Of H_2 Antagonists[1]

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	161.18 113.00	5.37 3.90
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	224.20 147.00	7.47
AXID	150 MG	123.74	4.12
	300 MG	239.42	7.98

Relative Cost Of Proton Pump Inhibitors[1]

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

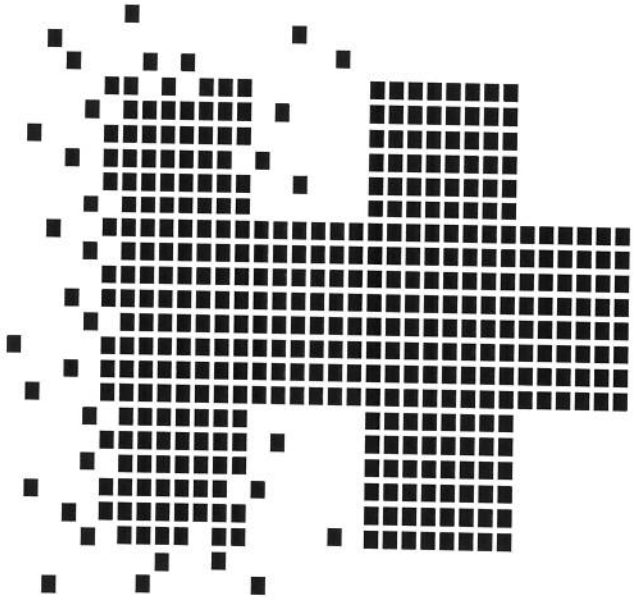
1. Drug Topics 2001, Red Book, May Update, Vol. 19, No. 6, 2001 ed. pp. 60. Based on Average Wholesale Price (AWP).
2. H-2 Antagonists are Priced as Equivalent Dosing to PPI's BID Dosing

Suggested Physician Profiling Categories

1. Prescribing of Narcotics

2. Prescribing of PPI's

3. Prescribing of COX-2s



CRIT-ERIA NO.	UTIL A	UTILA DESCRIPTION	UTIL B	UTIL B DESCRIPTION	UTIL C	UTIL C DESCRIPTION	)NFLI CODE	CRITERIA DESCRIPTION
52	65	CIMETIDINE	67	THEOPHYLLINES	0		DD	Cimetidine may potentiate the effects of theophylline, aminophylline or oxtriphylline.
51	65	CIMETIDINE	66	PROCAINAMIDE	0		DD	Cimetidine may potentiate the effects of procainamide.
50	65	CIMETIDINE	5	PHENYTOIN	0		DD	Cimetidine may potentiate the effects of phenytoin.
49	65	CIMETIDINE	3	WARFARIN	0		DD	Cimetidine may potentiate the effects of warfarin.
46	61	SALICYLATES	63	METHOTREXATE	0		DD	Salicylates may increase methotrexate serum concentrations and enhance methotrexate toxicity.
43	59	SULFONAMIDES	60	SULFONYLUREAS	0		DD	Sulfonamides may potentiate the effects of sulfonylureas.
41	55	THYROID HORMONES	56	SULFONYLUREAS	0		DD	Thyroid hormones may inhibit the effects of sulfonylureas.
40	54	DICUMAROL	50	SULFONYLUREAS	0		DD	Dicumarol may potentiate the effects of certain selected sulfonylureas.
39	52	RIFAMYCINS	53	SULFONYLUREAS	0		DD	Rifampin may inhibit the effects of sulfonylureas.
38	51	CHLORAMPHENICOL	50	SULFONYLUREAS	0		DD	Chloramphenicol may potentiate the effects of sulfonylureas.
36	47	CYCLIC ANTIDEPRESSANT AGENTS	83	MAO-INHIBITORS W SELEGILINE	0		DD	The combination of tricyclic or tetracyclic antidepressant agents and MAO inhibitors may produce additive toxic effects.
35	564	METFORMIN	565	GLYBURIDE	566	GLUCOVANCE	CA	This combination of medications, metformin and glyburide, is available in a fixed dosage combination and may result in better glycemic control.
34	2	QUINIDINE	45	ANTICOAGULANT AGENTS	0		DD	Quinidine may potentiate the effects of anticoagulant agents.
33	44	ETHCHLORVYNOL	43	ANTICOAGULANT AGENTS	0		DD	Ethchlorvynol may inhibit the effects of anticoagulant agents.
32	42	BARBITURATES	43	ANTICOAGULANT AGENTS	0		DD	Amobarbital, phenobarbital, or secobarbital may inhibit the effects of warfarin and dicumarol.
31	41	BARBITURATES	40	PRIMIDONE	0		DD	The combination of primidone and barbiturates may produce additive sedative effects.
30	8	VALPROIC ACID	38	BARBITURATES	0		DD	Valproic acid may potentiate the effects of phenobarbital and primidone.
29	38	BARBITURATES	39	GRISEOFULVIN	0		DD	Barbiturates may inhibit the effects of griseofulvin.
28	36	BARBITURATES	37	CORTICOSTEROIDS	0		DD	Barbiturates may inhibit the effects of corticosteroids.
27	35	BARBITURATES	2	QUINIDINE	0		DD	Barbiturates may inhibit the effects of quinidine.
26	34	VERAPAMIL	31	CARBAMAZEPINE	0		DD	Verapamil may potentiate the effects of carbamazepine.
24	31	CARBAMAZEPINE	32	HALOPERIDOL	0		DD	Carbamazepine may inhibit the effects of haloperidol.
23	27	LITHIUM	31	CARBAMAZEPINE	0		DD	The combination of lithium and carbamazepine may produce neurotoxicity.
21	29	THEOPHYLLINES	27	LITHIUM	0		DD	Theophyllines may enhance renal lithium clearance.
20	28	THIAZIDES	27	LITHIUM	0		DD	Thiazide Diuretics may cause increased levels of Lithium, which may\result in Lithium toxicity.
17	22	NSAID'S	23	TRIAMTERENE	0		DD	The combination of indomethacin, ibuprofen, or diclofenac with triamterene may cause acute renal failure.
16	21	NSAIDS	3	WARFARIN	0		DD	NSAIDs may potentiate the effects of warfarin.
15	20	AMPHETAMINES	18	GUANETHIDINE	0		DD	Amphetamines may inhibit the effects of guanethidine.
14	18	GUANETHIDINE	19	SYMPATHOMIMETIC AGENTS	0		DD	Guanethidine may potentiate the effects of sympathomimetic agents.
13	16	NON-CARDIOSELECTIVE BETA BLOCKE	17	SYMPATHOMIMETIC AGENTS	0		DD	Non-cardioselective beta blockers may potentiate the effects of sympathomimetic agents, thereby causing hypertension and bradycardia.
11	12	CLONIDINE	154	BETA BLOCKERS	0		DD	The combination of clonidine and certain beta blockers has been reported to cause a hypertensive crisis when one drug is withdrawn.
10	11	CALCIUM CHANNEL BLOCKERS	9	CYCLOSPORINE	0		DD	Calcium channel blockers may potentiate the effects of cyclosporine.
9	10	METOCLOPRAMIDE	9	CYCLOSPORINE	0		DD	Metoclopramide may potentiate the effects of cyclosporine.
8	5	PHENYTOIN	9	CYCLOSPORINE	0		DD	Phenytoin may inhibit the effects of cyclosporine.
7	8	VALPROIC ACID	5	PHENYTOIN	0		DD	Valproic acid may potentiate the effects of phenytoin.
6	7	ISONIAZID	5	PHENYTOIN	0		DD	Isoniazid may potentiate the effects of phenytoin.
5	6	DISULFIRAM	5	PHENYTOIN	0		DD	Disulfiram may potentiate the effects of phenytoin.
3	1	AMIODARONE	4	CARDIAC GLYCOSIDES	0		DD	Amiodarone may potentiate the effects of digoxin.
2	1	AMIODARONE	3	WARFARIN	0		DD	Amiodarone may potentiate the effects of warfarin.

CRIT-ERIA NO.	UTIL A	UTILA DESCRIPTION	UTIL B	UTIL B DESCRIPTION	UTIL C	UTIL C DESCRIPTION	INFLI CODE	CRITERIA DESCRIPTION
111	143	STIMULANTS	144	HYPERTHYROIDISM	0		DB	Stimulants are contraindicated for patients with hyperthyroidism.
108	68	CARDIAC GLYCOSIDES	138	NAUSEA AND VOMITING	0		DC	Nausea and vomiting may occur when serum levels of cardiac glycosides are toxic.
107	2	QUINIDINE	135	DIARRHEA	0		DC	Quinidine may cause diarrhea.
106	136	RESERPINE	137	ULCERATIVE COLITIS	0		DC	Reserpine may exacerbate ulcerative colitis.
105	18	GUANETHIDINE	135	DIARRHEA	0		DC	Guanethedine may cause diarrhea.
103	131	STIMULANTS	132	HYPERTENSION	0		DC	Stimulants may cause or exacerbate hypertension.
99	125	ANTIPSYCHOTIC AGENTS	126	CONVULSIONS	0		DB	Antipsychotic agents may cause or exacerbate convulsive disorders.
97	94	ACEI	121	NSAID'S	456	NEPHROTIC SYNDROME	DD	The combination of ACEI and NSAIDs may produce decreased renal function due to diminished GFR. Patients at greatest risk are the elderly and those with CHF, liver cirrhosis or systemic lupus erythematosis.
95	117	ACE INHIBITORS/K+SPARING DIURETIC	118	POTASSIUM SUPPLEMENTS	119	POTASSIUM WASTING DIURETIC	DD	The combination of potassium sparing diuretics or ACE inhibitors together with potassium supplements may produce hyperkalemia.
94	115	ANTIPSYCHOTIC AGENTS	116	ANTIHYPERTENSIVE AGENTS	0		DD	The combination of antipsychotic agents and antihypertensive agents may produce additive sedation.
93	114	ANTIPSYCHOTIC AGENTS	18	GUANETHIDINE	0		DD	Antipsychotic agents may inhibit the effects of guanethidine.
92	113	BARBITURATES	15	BETA BLOCKERS	0		DD	Barbiturates may inhibit the effects of beta blockers.
91	111	TRICYCLIC ANTIDEPRESSANT AGENTS	112	ANTIHYPERTENSIVE AGENTS	0		DD	Tricyclic antidepressant agents may inhibit the effects of guanethidine, guanadrel, or clonidine.
89	5	PHENYTOIN	2	QUINIDINE	0		DD	Phenytoin may inhibit the effects of quinidine.
88	109	BENZO ANXIOLYTIC AGENTS	0		0		ER	Anxiolytic agents may be overutilized.
87	108	SEDATIVE AGENTS	0		0		ER	Sedative agents are usually intended for short term use.
86	107	STIMULANTS	0		0		ER	Stimulants may be overutilized.
85	105	NARCOTIC AGENTS	0		106	NARCOTIC NEGATING CATEGOF	ER	Narcotic agents may be overutilized.
84	104	ANTI-ULCER AGENTS	0		199	ANTI-ULCER NEGATING	ER	Acute doses of antiulcer agents are generally indicated for short term use.
83	103	PHENYTOIN	0		0		LR	Phenytoin may be underutilized.
82	102	POTASSIUM SPARING DIURETICS	0		0		LR	Potassium-sparing diuretics may be underutilized.
81	101	LOOP DIURETICS-MOD TO HIGH DOSE	0		0		LR	Loop diuretics may be underutilized.
80	100	THIAZIDES	0		0		LR	Thiazides may be underutilized.
79	99	BETA-BLOCKERS	0		0		LR	Beta blockers may be underutilized.
77	97	SULFONYLUREAS	0		0		LR	Sulfonylureas may be underutilized.
75	95	CALCIUM CHANNEL BLOCKERS	0		0		TD	Duplicate calcium channel blocker therapy may be occurring.
74	94	ACEI	0		0		TD	Duplicate ACE Inhibitor therapy may be occurring .
73	93	ANTI-ULCER AGENTS	0		0		TD	Therapeutic duplication of antiulcer agents may be occurring.
72	91	MEPERIDINE	92	SELEGILINE	0		DD	Meperidine may potentiate the effects of selegiline.
71	62	PROBENICID	90	SEDATIVE AGENTS	0		DD	Probenecid may potentiate the effects of sedative agents.
70	88	DIDANOSINE	89	DAPSONE	0		DD	Didanosine may inhibit the effects of dapsone.
68	84	ANTIULCER AGENTS	85	AZOLE ANTIFUNGALS	0		DD	Concomitant use of antiulcer medications and azole antifungal may result in antifungal therapy failure. Increased gastric pH induced by antiulcer medications decreases azole antifungal absorption.
67	81	SEROTONIN REUPTAKE INHIBITORS	83	MAO-INHIBITORS W SELEGILINE	0		DD	The combination of serotonin reuptake inhibitors and MAO inhibitors may produce a serotonin syndrome, which may include hyperthermia, tremor, myoclonus and irritability.
64	78	DISOPYRAMIDE	79	ANTICHOLINERGIC AGENTS	0		DD	The combination of disopyramide and anticholinergic agents may produce additive anticholinergic effects.
63	76	ANTIPSYCHOTIC AGENTS	77	ANTICHOLINERGIC AGENTS	0		DD	The combination of antipsychotic agents and anticholinergic agents may produce additive anticholinergic effects.
62	74	ANTIPSYCHOTIC AGENTS	75	NARCOTIC AGENTS	0		DD	The combination of antipsychotic agents and narcotics may produce additive sedation.
61	72	ANTIPSYCHOTIC AGENTS	73	LEVODOPA	0		DD	Antipsychotic agents may inhibit the effects of levodopa.
60	70	ANOREXIANTS	71	ANTIPSYCHOTIC AGENTS	0		DD	Anorexiants may inhibit the effects of antipsychotic agents and antipsychotic agents may inhibit the effects of anorexiants.
59	69	BILE ACID SEQUESTRANTS	68	CARDIAC GLYCOSIDES	0		DD	Bile acid sequestrants may inhibit the effects of cardiac glycosides.
57	34	VERAPAMIL	68	CARDIAC GLYCOSIDES	0		DD	Verapamil may potentiate the effects of cardiac glycosides.
56	55	THYROID HORMONES	68	CARDIAC GLYCOSIDES	0		DD	Thyroid hormones may inhibit the effects of cardiac glycosides.
55	2	QUINIDINE	68	CARDIAC GLYCOSIDES	0		DD	Quinidine may potentiate the effects of cardiac glycosides.
54	52	RIFAMYCINS	2	QUINIDINE	0		DD	Rifampin may inhibit the effects of quinidine.
53	52	RIFAMYCINS	67	THEOPHYLLINES	0		DD	Rifampin may inhibit the effects of theophylline, aminophylline, or oxtriphylline.

CRIT-ERIA NO.	UTIL A	UTIL A DESCRIPTION	UTIL B	UTIL B DESCRIPTION	UTIL C	UTIL C DESCRIPTION	ONFLI CODE	CRITERIA DESCRIPTION
174	61	SALICYLATES	262	ACETAZOLAMIDE	0		DD	Salicylates may increase the plasma concentration of acetazolamide leading to CNS toxicity.
173	162	BENZODIAZEPINES	252	NON-BENZO SEDATIVES	0		DD	The use of a benzodiazepine with a sedative/hypnotic agent may result in excessive sedation.
171	82	CYCLIC ANTIDEPRESSANT AGENTS	259	ATRIOVENTRICULAR BLOCK	0		MC	Tricyclic and tetracyclic antidepressant agents should be used with caution in patients with cardiac conduction disorders.
170	82	CYCLIC ANTIDEPRESSANT AGENTS	258	BUNDLE BRANCH BLOCK	0		MC	Tricyclic and tetracyclic antidepressant agents should be used with caution in patients with cardiac conduction disorders.
169	256	BENZODIAZEPINES	255	CLOZAPINE	0		DD	The combination of clozapine and selected benzodiazepines may lead to respiratory depression or hypotension.
168	65	CIMETIDINE	254	BENZODIAZEPINES	0		DD	The combination of cimetidine and benzodiazepines may lead to increased benzodiazepine effects and/or toxicity.
167	109	BENZO ANXIOLYTIC AGENTS	0		0		TD	Therapeutic Duplication of anxiolytic agents may be occurring.
166	251	BENZO SEDATIVES	0		0		TD	Therapeutic duplication of benzodiazepine sedative/hypnotic agents may be occurring.
165	251	BENZO SEDATIVES	0		0		ER	Sedative agents are usually intended for short term use.
158	244	DIGOXIN	245	DIURETICS	585	ACEI'S & AIIRB'S	DC	Patient may have Congestive Heart Failure and may need to have an ACE Inhibitor added to their therapy.
157	206	MAO INHIBITORS	227	LEVODOPA	0		DD	The combination of MAO Inhibitors with levodopa may cause a hypertensive crisis.
155	206	MAO INHIBITORS	225	ANTIHYPERTENSIVES	0		DD	The combination of MAO Inhibitor and Guanethidine or reserpine may cause hypertension.
154	206	MAO INHIBITORS	224	SYMPATHOMIMETICS	0		DD	The combination of MAO Inhibitors and sympathomimetic agents may cause hypertensive crisis.
153	206	MAO INHIBITORS	223	MEPERIDINE	0		DD	The combination of MAO Inhibitors and Meperidine may produce a serotonin syndrome, which may include hyperthermia, tremor, myoclonus and irritability.
152	83	MAO-INHIBITORS W SELEGILINE	222	VENLAFAXINE	0		DD	The combination of MAO Inhibitors and Venlafaxine may produce a serotonin syndrome, which may include hyperthermia, tremor, myoclonus and irritability.
150	83	MAO-INHIBITORS W SELEGILINE	220	NEFAZODONE	0		DD	The combination of MAO Inhibitors and Nefazodone may produce a serotonin syndrome, which may include hyperthermia, tremor, myoclonus and irritability.
149	220	NEFAZODONE	217	ANTIHISTAMINES	0		DD	Nefazodone may raise concentrations of terfenadine or astemizole, thereby causing cardiac arrhythmias.
148	218	TRAZODONE	219	SEDATIVE AGENTS	0		DD	The combination of trazodone and sedative agents may cause additive sedative effects.
147	216	BUPROPION	227	LEVODOPA	0		DD	The combination of Bupropion and levodopa may cause excessive dopamine stimulation thereby resulting in psychotic symptoms.
145	212	FLUVOXAMINE	215	BENZODIAZEPINES	0		DD	Fluvoxamine may potentiate the effects of alprazolam, diazepam or triazolam.
144	212	FLUVOXAMINE	217	ANTIHISTAMINES	0		DD	Fluvoxamine may raise concentrations of terfenadine or astemizole, there by causing cardiac arrhythmias.
143	212	FLUVOXAMINE	213	THEOPHYLLINES	0		DD	Fluvoxamine may potentiate the effects of theophylline.
142	65	CIMETIDINE	211	PAROXETINE	0		DD	Cimetidine may potentiate the effects of paroxetine.
138	65	CIMETIDINE	82	CYCLIC ANTIDEPRESSANT AGENTS	0		DD	Cimetidine may potentiate the effects of tricyclic antidepressants
137	207	AMOXAPINE	208	LEVODOPA AND DOPAMINE AGONIST	0		DD	The combination of amoxapine and dopamine agonist or levodopa may exacerbate tardive dyskinesia.
136	204	SEROTONIN REUPTAKE INHIBITORS	0		0		TD	Duplicate therapy with serotonin reuptake inhibitors may be occurring.
135	82	CYCLIC ANTIDEPRESSANT AGENTS	0		0		TD	Duplicate cyclic antidepressant therapy may be occurring.
134	206	MAO INHIBITORS	0		0		TD	Duplicate cyclic antidepressant therapy may be occurring.
132	204	SEROTONIN REUPTAKE INHIBITORS	82	CYCLIC ANTIDEPRESSANT AGENTS	0		DD	Serotonin reuptake inhibitors may potentiate the effects of tricyclic or tetracyclic antidepressant agents.
127	163	ANTIPSYCHOTIC AGENTS-TRADITIONAL	0		0		TD	Therapeutic duplication of antipsychotic agents may be occurring.
125	161	SEDATIVE AGENTS	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIAG	PG	Sedative agents should be avoided during pregnancy because of the risk of adverse fetal effects.
124	94	ACEI	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIAG	PG	ACE inhibitors should be avoided during pregnancy because of the risk of adverse fetal effects.
121	94	ACEI	158	COUGH	0		DC	ACE inhibitors may cause persistent coughing.
120	157	DIURETIC AGENTS	155	IMPOTENCE	0		DC	Certain diuretic agents may cause or exacerbate impotence.
119	156	ANTIHYPERTENSIVE AGENTS	155	IMPOTENCE	0		DC	Certain antihypertensive agents may cause or exacerbate impotence.
118	154	BETA BLOCKERS	155	IMPOTENCE	0		DC	Nonselective beta blockers may cause or exacerbate impotence.
116	151	ANTIPARKINSONIAN AGENTS	142	ANXIETY	0		DC	Certain anti-Parkinsonism agents may cause or exacerbate anxiety.
115	150	BRONCHODILATORS	142	ANXIETY	0		DC	Bronchodilators may cause or exacerbate anxiety.
113	146	DIURETIC AGENTS	147	HYPERURICEMIA	269	CONGESTIVE HEART FAILURE	DC	Diuretic agents may cause or exacerbate hyperuricemia.

CRIT-ERIA NO.	UTIL A	UTIL A DESCRIPTION	UTIL B	UTIL B DESCRIPTION	UTIL C	UTIL C DESCRIPTION	)NFLI CODE	CRITERIA DESCRIPTION
220	49	MAO INHIBITORS	20	AMPHETAMINES	0		DD	Concurrent administration of MAO Inhibitors and Amphetamines may precipitate hypertensive crises.
219	14	PROPAFENONE	15	BETA BLOCKERS	0		DD	The concurrant use of Propafenone and Beta Blockers may result in increased pharmacologic effects of beta blockers.
218	281	MACROLIDES	67	THEOPHYLLINES	0		DD	Macrolide antibiotics such as Biaxin & erythromycin may cause increased Theophylline levels and toxicity.
216	204	SEROTONIN REUPTAKE INHIBITORS	31	CARBAMAZEPINE	569	SELECTIVE SEROTONIN RI'S	DD	The combination of certain SSRI's and Carbamazepine may cause an increase in carbamazepine effects. Paroxetine, Citalopram and Sertraline do not exhibit this interaction with Carbamazepine.
215	281	MACROLIDES	45	ANTICOAGULANT AGENTS	0		DD	Concurrent use of Erythromycin and Anticoagulants may result in increased anticoagulant effect.
214	285	MACROLIDES	9	CYCLOSPORINE	0		DD	The combination of macrolide antibiotics and cyclosporine may result in cyclosporine toxicity.
213	65	CIMETIDINE	2	QUINIDINE	0		DD	The combination of cimetidine and quinidine may cause quinidine toxicity.
211	28	THIAZIDES	244	DIGOXIN	287	POTASSIUM SALTS/POTASSIUM	DD	Thiazide Diuretics may cause hypokalemia which may result in Digoxin toxicity.
210	86	MACROLIDES	277	CISAPRIDE	0		DD	The concurrent use of Macrolides and Cisapride may result in serious cardiac problems.
209	65	CIMETIDINE	31	CARBAMAZEPINE	0		DD	The combination of Cimetidine and Carbamazepine may result in Carbamazepine toxicity.
208	34	VERAPAMIL	31	CARBAMAZEPINE	0		DD	Concurrent use of verapamil and carbamazepine may result in carbamazepine toxicity.
207	6	DISULFIRAM	45	ANTICOAGULANT AGENTS	0		DD	Disulfiram may potentiate the effects of anticoagulant agents.
206	52	RIFAMYCINS	45	ANTICOAGULANT AGENTS	0		DD	Rifampin may inhibit the effects of Anticoagulant agents.
205	34	VERAPAMIL	2	QUINIDINE	0		DD	The concurrent use of verapamil and quinidine may cause increased levels of Quinidine which may result in Quinidine toxicity, including cardiotoxicity.
203	220	NEFAZODONE	277	CISAPRIDE	0		DD	Nefazodone may raise concentrations of cisapride, thereby causing cardiac arrhythmias.
202	212	FLUVOXAMINE	277	CISAPRIDE	0		DD	Fluvoxamine may raise concentrations of cisapride, thereby causing cardiac arrhythmias.
201	120	AZOLE ANTIFUNGAL AGENTS	277	CISAPRIDE	0		DD	Azole Antifungal agents may increase cisapride plasma concentrations, and this may lead to cardiac toxicity.
200	275	KETOROLAC	0		0		ER	Ketorolac is not recommended for longer than five days of therapy.
199	21	NSAIDS	273	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA	PG	NSAIDs should be avoided, especially during the 3rd trimester of pregnancy, to prevent adverse fetal cardiovascular effects and prolonged labor.
197	21	NSAIDS	270	HEPATIC IMPAIRMENT	0		MC	NSAIDS should be used with caution in patients with pre-existing hepatic disorders.
196	21	NSAIDS	198	ASTHMA	0		MC	NSAIDs may cause or exacerbate asthma.
195	64	ASPIRIN	267	PEPTIC ULCER DISEASE	0		MC	Aspirin should be used with caution in patients with peptic ulcer disease.
194	21	NSAIDS	269	CONGESTIVE HEART FAILURE	0		MC	NSAIDS should be used with caution in patients with congestive heart failure.
193	64	ASPIRIN	272	BLEEDING DISORDERS	0		MC	Aspirin should be avoided in patients with bleeding disorders.
192	21	NSAIDS	272	BLEEDING DISORDERS	0		MC	NSAIDS should be used with caution in patients with bleeding disorders.
191	21	NSAIDS	271	HYPERTENSION	0		MC	NSAIDS should be used with caution in patients with hypertension.
190	64	ASPIRIN	43	ANTICOAGULANT AGENTS	0		DD	Aspirin may potentiate the effects of warfarin.
189	21	NSAIDS	267	PEPTIC ULCER DISEASE	37	CORTICOSTEROIDS	MC	NSAIDs may cause or exacerbate upper GI disease.
188	21	NSAIDS	268	RENAL FAILURE	487	RENAL UNDERPERFUSSION, CC	MC	NSAIDS may cause or worsen renal dysfunction. Patients with co-existing conditions causing compromised renal perfusion are at greatest risk.
187	21	NSAIDS	266	LOOP DIURETICS	0		DD	NSAIDS may decrease the effects of loop diuretics.
186	21	NSAIDS	154	BETA BLOCKERS	0		DD	NSAIDS may reduce the antihypertensive effects of beta blockers.
185	21	NSAIDS	27	LITHIUM	0		DD	NSAIDs may potentiate the effects of lithium.
183	21	NSAIDS	94	ACEI	0		DD	NSAIDS may reduce the antihypertensive effects of ACE Inhibitors.
182	21	NSAIDS	25	METHOTREXATE	0		DD	NSAIDS may reduce renal elimination of methotrexate, resulting in an increased risk of methotrexate toxicity.
181	61	SALICYLATES	264	INSULIN	0		DD	Salicylates may enhance the hypoglycemic effect of insulin.
180	61	SALICYLATES	265	URICOSURIC AGENTS	0		DD	Salicylates may inhibit the uricosuric effects of probenecid and sulfinpyrazone.
179	1	AMIODARONE	2	QUINIDINE	0		DD	Amiodarone may potentiate the effects of quinidine.
178	61	SALICYLATES	0		0		TD	Therapeutic duplication of salicylate agents may be occurring.
177	61	SALICYLATES	8	VALPROIC ACID	0		DD	Salicylates may increase serum concentrations of valproic acid, resulting in valproic acid toxicity.
176	37	CORTICOSTEROIDS	61	SALICYLATES	0		DD	Corticosteroids may enhance the elimination of salicylates, resulting in subtherapeutic concentrations of salicylates.
175	61	SALICYLATES	56	SULFONYLUREAS	0		DD	Salicylates may enhance the hypoglycemic response to sulfonylureas.

CRIT-ERIA NO.	UTIL A	UTIL A DESCRIPTION	UTIL B	UTIL B DESCRIPTION	UTIL C	UTIL C DESCRIPTION	CONFLI CODE	CRITERIA DESCRIPTION
260	306	QUINOLONES (ALL)	328	SUCRALFATE	0		DD	The combination of Quinolones and Sucralfate may result in decreased pharmacologic effects of Quinolones.
259	301	ZILEUTON	213	THEOPHYLLINES	0		DD	The combination of zileuton and theophylline (or derivatives) may result in increased theophylline effects.
258	301	ZILEUTON	43	ANTICOAGULANT AGENTS	0		DD	The combination of zileuton and anticoagulants increases the effects of the anticoagulants.
256	85	AZOLE ANTIFUNGALS	88	DIDANOSINE	0		DD	The concurrent use of Antifungal Agents and Didanosine may result in decreased pharmacologic effects of Antifungal Agents.
255	282	TETRACYCLINES	300	IRON SALTS	0		DD	The combination of a tetracycline and iron salts may result in decreased pharmacologic effect of the tetracycline.
254	2	QUINIDINE	244	DIGOXIN	0		DD	The combination of quinidine and digoxin may cause digoxin toxicity.
252	49	MAO INHIBITORS	56	SULFONYLUREAS	0		DD	The combination of MAO inhibitors and sulfonylureas may cause an increase in sulfonylureas effects.
251	296	TACRINE	67	THEOPHYLLINES	0		DD	The combination of Tacrine and Theophyllines may result in Theophylline toxicity.
250	1	AMIODARONE	297	HYDANTOINS	0		DD	The combination of Amiodarone and Hydantoins may cause increased levels of Hydantoins, and decreased effects of Amiodarone.
249	65	CIMETIDINE	296	TACRINE	0		DD	The combination of Tacrine and Cimetidine may cause increased pharmacologic effects of Tacrine.
248	32	HALOPERIDOL	27	LITHIUM	0		DD	The combination of Haloperidol and Lithium may result in neurotoxicity.
247	296	TACRINE	77	ANTICHOLINERGIC AGENTS	0		DD	The combination of Tacrine and Anticholinergics may cause a decrease in Anticholinergic effects.
246	82	CYCLIC ANTIDEPRESSANT AGENTS	295	GLAUCOMA	0		DC	Antidepressants may exacerbate narrow angle glaucoma.
245	82	CYCLIC ANTIDEPRESSANT AGENTS	293	WOLFF PARKINSON WHITE SYNDROME	0		DC	Antidepressants may exacerbate Wolff-Parkinson-White Syndrome.
244	82	CYCLIC ANTIDEPRESSANT AGENTS	294	PARALYTIC ILEUS	0		DC	Tricyclics may cause or exacerbate Paralytic Ileus.
240	220	NEFAZODONE	221	BENZODIAZEPINES (ALPRAZ.,TRIAZ.)	0		DD	The combination of Nefazodone and Alprazolam or Triazolam may result in Alprazolam and Triazolam toxicity.
239	101	LOOP DIURETICS-MOD TO HIGH DOSE	27	LITHIUM	0		DD	Initiation or discontinuation of loop diuretics may require an adjustment in dosage of lithium.
238	284	PHENOTHIAZINES	27	LITHIUM	0		DD	The combination of Phenothiazines and Lithium may lead to Neurotoxicity.
236	288	INDINAVIR	217	ANTIHISTAMINES	0		DD	The combination of Indinavir and Non-Sedating Antihistamines may result in serious cardiotoxicity.
235	52	RIFAMYCINS	283	ORAL CONTRACEPTIVES	0		DD	The concurrent use of Rifampin and Oral Contraceptives may cause decreased Oral Contraceptive effects.
234	41	BARBITURATES	283	ORAL CONTRACEPTIVES	0		DD	The concurrent use of Barbiturates and Oral Contraceptives may cause decreased effects oral contraceptive effects.
233	48	MAO INHIBITORS	264	INSULIN	0		DD	The combination of MAO Inhibitors and Insulin may cause increased pharmacologic effect of Insulin.
232	292	TRAMADOL	206	MAO INHIBITORS	0		DD	Concurrent administration of Tramadol and MAO Inhibitors may result in increased risk of seizures.
231	291	ANTIFUNGAL AGENTS	289	TRIAZOLAM	0		DD	The concurrent use of Antifungal Agents and Triazolam may cause increased Triazolam effects.
230	32	HALOPERIDOL	41	BARBITURATES	0		DD	The concurrent use of the haloperidol and barbiturates may result in deceased haloperidol effect and additive sedation.
229	290	RITONAVIR	2	QUINIDINE	0		DD	The concurrent use of Ritonavir and Quinidine may cause increased levels of Quinidine. Which may result in Quinidine toxicity.
228	290	RITONAVIR	223	MEPERIDINE	0		DD	The combination of Ritonavir and Meperidine may cause serious cardiotoxicity.
227	290	RITONAVIR	277	CISAPRIDE	0		DD	The combination of Ritonavir and Cisapride may cause cardiotoxicity.
226	290	RITONAVIR	217	ANTIHISTAMINES	0		DD	The combination of ritonavir and non-sedating antihistamines may result in serious cardiotoxicity.
225	288	INDINAVIR	52	RIFAMYCINS	0		DD	Indinavir and rifampin may interact, which may cause increased rifampin levels, and decreased indinavir effects.
224	288	INDINAVIR	289	TRIAZOLAM	0		DD	The combination of indinavir and triazolam may cause increased levels of triazolam and result in triazolam toxicity.
223	288	INDINAVIR	277	CISAPRIDE	0		DD	The combination of indinavir and cisapride may result in serious cardiotoxicity.
222	281	MACROLIDES	31	CARBAMAZEPINE	0		DD	The combination of Macrolides and Carbamazepine may result in carbamazepine toxicity.

CRIT-ERIA NO.	UTIL A	UTILA DESCRIPTION	UTIL B	UTIL B DESCRIPTION	UTIL C	UTIL C DESCRIPTION	CONFLI CODE	CRITERIA DESCRIPTION
310	162	BENZODIAZEPINES	336	COPD	0		MC	Benzodiazepines may increase the risk of pulmonary failure and should\therefore be used with caution in patients with COPD.
309	162	BENZODIAZEPINES	295	GLAUCOMA	0		MC	Due to their anticholinergic effects, benzodiazepinesshould be used with caution in patients with narrow angle glaucoma.
308	321	MEPROBAMATE	337	PORPHYRIA	0		MC	Meprobamate should be avoided in patients with porphyria.
307	27	LITHIUM	268	RENAL FAILURE	0		MC	Lithium should be used with caution when used in patients with renal insufficiency.
306	27	LITHIUM	274	SEIZURE DISORDERS	0		MC	Lithium should be used with caution in patients with seizure disorders.
305	354	CARISOPRODOL	0		0		ER	Carisoprodol is usually intended for short term use. Carisoprodol is metabolized by the liver to meprobamate and patients may be at risk for developing dependence.
304	340	BETA-AGONISTS (INHALED)	0		0		ER	The overuse of beta agonists may signal worsening asthma.
303	343	NICOTINE POLACRILEX	0		0		ER	The use of nicotine polacrilex for more than 6 months indicates that this medication is being used as a substitute source of nicotine to maintain addiction. Gradual withdrawal may be indicated.
302	349	BUTORPHANOL	0		0		ER	Butorphanol may be overutilized.
301	321	MEPROBAMATE	320	ATAXIA	0		MC	Meprobamate should be used with caution in patients with ataxia.
298	94	ACEI	327	K SPARING DIURETICS	146	DIURETIC AGENTS	DD	The combination of Ace inhibitors and Potassium Sparing Diuretics may lead to hyperkalemia.
295	205	ANTIDEPRESSANTS	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA(	DC	Antidepressants should be used with caution in pregnancy.
289	303	QUINOLONES (SPAR AND GREPAFLOXA	317	ANTIARRHYTHMIC AGENTS	0		DD	The combination of the quinolone sparfloxacin with anti-arrhythmic agents may increase the risk of life-threatening cardiac arrhythmias.
288	318	TACRINE	316	PARKINSON'S DISEASE	0		DC	When Tacrine is given to a patient with Parkinson's, it may worsen the disease.
287	310	HYPNOTICS	320	ATAXIA	0		DC	Hypnotics should be used with caution in patients with ataxia.
286	321	MEPROBAMATE	319	HISTORY OF DRUG ABUSE	0		MC	Meprobamate should be used with caution in patients with a history of drug abuse.
285	255	CLOZAPINE	311	SSRI	0		DD	The combination of clozapine and certain SSRI's (fluvoxamine, fluoxetine and sertraline) may result in elevated clozapine levels.
284	302	DEXTROMETHORPHAN	49	MAO INHIBITORS	0		DD	The concurrent use of MAO inhibitors and dextromethorphan must be avoided.
283	304	BEPRIDIL	303	QUINOLONES (SPAR AND GREPAFLOXACIN)	0		DD	The combination of bepridil with sparfloxacin may result in life-threatening cardiac arrhythmias.
281	34	VERAPAMIL	27	LITHIUM	0		DD	The combination of lithium and verapamil may cause increased neurotoxicity.
280	325	BENZODIAZEPINES	270	HEPATIC IMPAIRMENT	0		MC	Benzodiazepines should be used with caution in patients with hepatic impairment.
279	324	BARBITURATES	320	ATAXIA	0		MC	Barbiturates may cause or worsen ataxia.
278	324	BARBITURATES	319	HISTORY OF DRUG ABUSE	0		DC	Barbiturates should be used with caution in patients with a history of drug abuse.
277	324	BARBITURATES	270	HEPATIC IMPAIRMENT	0		MC	Barbiturates should be used with caution in patients with hepatic impairment.
276	310	HYPNOTICS	319	HISTORY OF DRUG ABUSE	0		DC	Hypnotics should be used with caution in patients with a history of drug abuse.
274	32	HALOPERIDOL	334	GUAN. AGENTS (GUANETHIDINE AND GUANAD	0		DD	Haloperidol may inhibit the effects of guanethidine or guanadrel.
273	333	CARDIAC GLYCOSIDES	0		0		ER	Patient may be overutilizing cardiac glycosides which may lead to cardiac glycoside toxicity.
272	120	AZOLE ANTIFUNGAL AGENTS	9	CYCLOSPORINE	0		DD	The combination of Azole Antifungal agents and cyclosporine may cause increased levels of cyclosporine and may result in cyclosporine toxicity.
271	120	AZOLE ANTIFUNGAL AGENTS	326	ANTICOAGULANTS	0		DD	The combination of Azole Antifungal agents and Anticoagulants may cause increased pharmacologic effects of Anticoagulants.
270	14	PROPAFENONE	244	DIGOXIN	0		DD	The combination of Propafenone and Digoxin may cause increased levels of Digoxin, which may lead to Digoxin toxicity.
269	329	TRIMETHOPRIM	66	PROCAINAMIDE	0		DD	Trimethoprim may potentiate the effects of Procainamide.
268	34	VERAPAMIL	67	THEOPHYLLINES	0		DD	The concurrent use of Verapamil and Theophylline may cause increased Theophylline effects and may lead to Theophylline toxicity.
267	331	MEXILETINE	67	THEOPHYLLINES	0		DD	Concurrent use of Mexiletine and Theophylline may cause increased levels of Theophylline which may lead to Theophylline toxicity.
266	330	DILTIAZEM	31	CARBAMAZEPINE	0		DD	The concurrent use of Diltiazem and Carbamazepine may result in increased levels of Carbamazepine which may lead to Carbamazepine toxicity.
265	330	DILTIAZEM	67	THEOPHYLLINES	0		DD	The concurrent use of Diltiazem and Theophyllines may cause increased Theophylline effects and may lead to Theophylline toxicity.
264	332	PROPRANOLOL	67	THEOPHYLLINES	0		DD	Propranolol and Theophylline may counter the effects of each other.
263	1	AMIODARONE	66	PROCAINAMIDE	0		DD	Amiodarone may potentiate the effects of Procainamide.
262	14	PROPAFENONE	326	ANTICOAGULANTS	0		DD	Propafenone may potentiate the effects of Anticoagulants.
261	94	ACEI	27	LITHIUM	322	CHF/RENAL DISEASE	DD	The combination of Ace Inhibitors and Lithium may result in neurotoxicity.

CRIT-ERIA NO.	UTIL A	UTILA DESCRIPTION	UTIL B	UTIL B DESCRIPTION	UTIL C	UTIL C DESCRIPTION	ONFLI CODE	CRITERIA DESCRIPTION
350	101	LOOP DIURETICS-MOD TO HIGH DOSE	244	DIGOXIN	393	POTASSIUM SALTS/ K+ SPARING	DD	Loop diuretics may cause hypokalemia which may increase the risk of digoxin toxicity.
349	14	PROPAFENONE	386	ASTHMA DX PLUS DRUG MARKERS	0		DC	Due to propafenone's beta blocking properties, it may promote bronchospasm and therefore, should be used with caution in patients with asthma or bronchospastic disease.
348	2	QUINIDINE	377	2ND AND 3RD DEGREE HEART BLOCK	0		MC	Quinidine should be used with caution in patients with second degree heart block as it may cause complete heart block.
347	1	AMIODARONE	362	HYPOTHYROIDISM	0		MC	Amiodarone can alter thyroid function tests and has been associated with hypothyroidism. Careful dose titration may be needed in patients with existing hypothyroidism.
346	276	INDOMETHACIN	339	AGRANULOCYTOSIS	0		MC	Indomethacin may cause or worsen agranulocytosis.
345	380	SPIRONOLACTONE	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA	MC	The use of spironolactone is not recommended during pregnancy. Spironolactone is FDA pregnancy category D.
344	28	THIAZIDES	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA	MC	Thiazide diuretics should be used with caution during pregnancy.
343	266	LOOP DIURETICS	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA	MC	Loop diuretics should be used with caution in pregnancy.
341	327	K SPARING DIURETICS	270	HEPATIC IMPAIRMENT	0		MC	Potassium sparing diuretics should be used with caution in patients with hepatic impairment due to their increased sensitivity to electrolyte changes.
340	312	QUINOLONES	67	THEOPHYLLINES	0		DD	The combination of quinolones and theophylline may result in increased theophylline effects.
339	314	BUPROPION	49	MAO INHIBITORS	0		DD	The concurrent use of MAO-Inhibitors and Bupropion may result in acute bupropion toxicity.
338	310	HYPNOTICS	270	HEPATIC IMPAIRMENT	0		DC	Hypnotics should be used with caution in patients with hepatic impairment.
337	313	QUINOLONES	88	DIDANOSINE	0		DD	Quinolones and Didanosine may interact, which may cause decreased pharmacologic effects of Quinolones.
336	309	DELAVIRDINE	52	RIFAMYCINS	0		DD	The combination of delavirdine and rifamycins may result in decreased blood level of delavirdine.
335	8	VALPROIC ACID	270	HEPATIC IMPAIRMENT	0		DC	Valproic acid should be used with caution in patients with hepatic impairment. Particular caution should be used for children under 2.
334	2	QUINIDINE	364	THROMBOCYTOPENIA	0		MC	Quinidine is contraindicated in patients with a history of thrombocytopenia.
333	128	ANTIDEPRESSANT AGENTS	270	HEPATIC IMPAIRMENT	0		MC	Tricyclic antidepresants are metabolized extensively by the liver. Dosage in patients with hepatic dysfunction may need to be decreased to prevent accumulation.
332	331	MEXILETINE	364	THROMBOCYTOPENIA	0		MC	Mexiletine may cause or worsen the patient's thrombocytopenia.
331	111	TRICYCLIC ANTIDEPRESSANT AGENTS	375	CARDIAC ARRHYTHMIAS	0		DC	Tricyclic antidepressants may exacerbate cardiac arrhythmias.
330	306	QUINOLONES (ALL)	305	SEIZURE DISORDER (WITH DRUGS)	307	SECONDARY USE OF ANTI-CON	DC	Quinolones may cause CNS stimulation and worsen seizure disorder.
329	36	BARBITURATES	337	PORPHYRIA	0		MC	Barbiturates may exacerbate porphyria.
328	74	ANTIPSYCHOTIC AGENTS	370	PROSTATIC HYPERTROPHY	0		MC	The anticholinergic effects of antipsychotic medications may exacerbate symptoms of prostatic hypertrophy.
327	72	ANTIPSYCHOTIC AGENTS	316	PARKINSON'S DISEASE	0		DC	Antipsychotics may worsen extrapyramidal symptoms of Parkinson's disease.
326	284	PHENOTHIAZINES	339	AGRANULOCYTOSIS	0		MC	Phenothiazines may cause or worsen agranulocytosis.
325	371	ANTICONVULSANTS	372	RICKET'S AND OSTEOMALACIA	378	ERGOCALCIFEROL	MC	Anticonvulsants may cause or exacerbate rickets or osteomalacia due to decrease d serum concntrations of ergocalciferol, cholecalciferol and calcium.
323	160	ANTIPSYCHOTIC AGENTS	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA	DC	Antipsychotic agents should be avoided during pregnancy because of the risk of adverse fetal effects.
322	356	TOCAINIDE	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA	MC	Tocainide may be maternotoxic and should be avoided in pregnancy.
321	1	AMIODARONE	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA	DC	Amiodarone is not recommended for use in pregnancy due to possible adverse effects on fetal heart rate and thyroid status. Amiodarone is pregnancy category D.
320	210	ANTIARRHYTHMIC AGENTS	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA	MC	Class I antiarrhythmic (procainamide, quinidine and disopyramide) are not recommended for use during pregnancy due to possible fetal abnormalities or premature initiations of uterine contractions.
318	321	MEPROBAMATE	270	HEPATIC IMPAIRMENT	0		MC	Meprobamate should be used with caution in patients with hepatic impairment. Decreased metabolism may lead to drug accumulation in the body.
317	276	INDOMETHACIN	316	PARKINSON'S DISEASE	0		DC	Indomethacin may aggravate psychiatric disturbances such as parkinsonism.
315	338	THIOXANTHENES	339	AGRANULOCYTOSIS	0		MC	Thiothixene should be avoided in patients with agranulocytosis.
314	210	ANTIARRHYTHMIC AGENTS	353	MYASTHENIA GRAVIS	0		MC	Class I antiarrhythmic drugs (quinidine, disopyramide, and procainamide) may cause muscle weakness and therefore exacerbate myasthenia gravis.
313	66	PROCAINAMIDE	355	SYSTEMIC LUPUS ERYTHEMATOSUS	0		MC	Procainamide may precipitate active SLE in patients with a history of Lupus.
312	162	BENZODIAZEPINES	319	HISTORY OF DRUG ABUSE	0		MC	Due to their potential for abuse and dependence, benzodiazepines should be used with caution in patients with a history of drug abuse.
311	145	CHLORAL HYDRATE	335	GASTROINTESTINAL DISORDERS	0		DC	Chloral hydrate may cause GI irritation and worsen existing gastrointestinal disorders.

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386	405	MINOXIDIL	268	RENAL FAILURE	0		MC	The dose of minoxidil may need to be adjusted in patients with renal impairment due to reduced drug elimination.
385	217	ANTIHISTAMINES	270	HEPATIC IMPAIRMENT	0		MC	Terfenadine and astemizole should be used with caution in patients with existing hepatic function impairment as this condition may result in increased plasma levels. Increased plasma levels of either drug may lead to cardiac arrythmias.
384	403	SALICYLATES/INDOMETHACIN	402	TINNITUS	0		MC	Chronic use of high dose salicylates or indomethacin may cause tinnitus.
383	266	LOOP DIURETICS	412	HEARING LOSS DUE OTOTOXICITY	0		MC	Ototoxicity can be associated with high doses of loop diuretics. Renally impaired patients are at greatest risk and should be monitored for hearing loss.
382	266	LOOP DIURETICS	270	HEPATIC IMPAIRMENT	0		MC	Loop diuretics should be used with caution in patients with hepatic impairment as they may precipitate hepatic coma due to alterations in eletrolyte balance.
381	266	LOOP DIURETICS	408	HYPONATREMIA	0		MC	Use of loop diuretics can cause hyponatremia. This usually occurs several months after the start of therapy.
380	28	THIAZIDES	408	HYPONATREMIA	0		MC	Use of thiazide diuretics can cause or exacerbate hyponatremia. The onset can be sudden and life threatening in certain conditions.
379	382	ANTIARRHYTHMICS	270	HEPATIC IMPAIRMENT	0		MC	This antiarrythmic medication is metabolized by the liver\and may require dose reduction in hepatically impaired patients.
378	395	ENCAINIDE /FLECAINIDE	399	BLURRED VISION/ACCOMODATION DISORDER	0		MC	Visual disturbances may be caused or worsened by flecainide or encainide therapy. The effect is usually dose related and may require dosage adjustment.
377	382	ANTIARRHYTHMICS	268	RENAL FAILURE	0		MC	Due to renal impairment there may be reduced clearance of this antiarrhythmic agent in this patient. Dosage adjustment may be needed.
376	1	AMIODARONE	270	HEPATIC IMPAIRMENT	0		MC	Lower doses of amiodarone may be required in patients with hepatic impairment due to reduced metabolism of the drug.
375	66	PROCAINAMIDE	270	HEPATIC IMPAIRMENT	0		MC	Procainamide should be used with caution in patients with hepatic impairment. Procainamide accumulation may occur leading to symptoms of overdose such as ventricular tachycardia.
374	428	SULFONYLUREAS- MODERATE DOSE	0		0		LR	Sulfonylureas may be underutilized.
373	426	SULFONYLUREAS-LOW DOSE	0		0		LR	Low dose sulfonylureas may be underutilized.
372	424	SILDENAFIL	425	NITRATES	0		DD	The hypotensive effects of nitrates are potentiated by sildenafil. The resulting severe hypotension may cause dizziness, syncope or serious cardiac events.
369	394	LOOP DIURETICS-LOW DOSE	0		0		LR	Loop diuretics may be underutilized.
368	68	CARDIAC GLYCOSIDES	367	HEART BLOCK: 1ST OR 2ND DEGREE	0		MC	Cardiac glycosides may cause progression to complete heart block in patients with first or second degree heart block.
367	357	PROPAFENONE	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA(	MC	Propafenone is not recommended for use in pregnancy.
366	331	MEXILETINE	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA(	MC	Mexitilene is not recommended for use during pregnancy. (FDA pregnancy category C).
365	356	TOCAINIDE	270	HEPATIC IMPAIRMENT	0		MC	In patients with hepatic impairment lower or less frequent doses may be required due to decreased biotransformation of tocainide.
364	2	QUINIDINE	268	RENAL FAILURE	0		MC	Due to renal impairment there could be quinidine accumulation in this patient. Dosage adjustment may be needed.
363	2	QUINIDINE	270	HEPATIC IMPAIRMENT	0		MC	Due to hepatic impairment, quinidine accumulation may occur in this patient. Dosage adjustment may be needed.
362	78	DISOPYRAMIDE	270	HEPATIC IMPAIRMENT	0		MC	Since disopyramide is metabolized by the liver, dosage adjustment may be needed in patients with hepatic insufficiency.
361	120	AZOLE ANTIFUNGAL AGENTS	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA(	MC	Azole antifungals should be used with caution in pregnancy.
360	1	AMIODARONE	361	OPTIC NEUROPATHY OR NEURITIS	0		MC	Amiodarone should be used with caution in this patient as optic neuritis or neuropathy may be caused by amiodarone.
359	392	ISOTRETINON	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA(	MC	Isotretinoin is contraindicated in pregnancy as it has caused major human fetal abnormalities. Isotretinoin is rated FDA pregnancy category X.
358	382	ANTIARRHYTHMICS	358	HYPOKALEMIA	393	POTASSIUM SALTS/ K+ SPARING	MC	Hypokalemia can alter the effects of type I antiarrhtymic agents.
357	382	ANTIARRHYTHMICS	381	HYPERKALEMIA	146	DIURETIC AGENTS	MC	Hyperkalemia can alter the effects of class I antiarrhythmic agents.
356	266	LOOP DIURETICS	358	HYPOKALEMIA	393	POTASSIUM SALTS/ K+ SPARING	MC	Loop diuretics can worsen hypokalemia.
355	28	THIAZIDES	358	HYPOKALEMIA	393	POTASSIUM SALTS/ K+ SPARING	MC	Thiazide diuretics may worsen hypokalemia.
354	28	THIAZIDES	270	HEPATIC IMPAIRMENT	358	HYPOKALEMIA	MC	Thiazide diuretics should be used with caution in patients with hepatic impairment as they may precipitate hepatic coma due to electrolyte imbalance.
352	1	AMIODARONE	144	HYPERTHYROIDISM	0		MC	The use of amiodarone can alter thyroid function tests or cause functional hyperthyroidism.
351	383	ANTIHYPERTENSIVE AGENTS	384	DEPRESSION	0		MC	This antihypertensive agent may exacerbate depression.

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421	419	QUINOLONES	300	IRON SALTS	0		DD	Iron supplements interfere with the absorption of this quinolone by decreasing bioavailability. To avoid this interaction the quinolone must be dosed 2-4 hours before or 6-8 hours after iron supplements.
420	356	TOCAINIDE	200	THROMBOCYTOPENIA	0		MC	Tocainide may cause or worsen thrombocytopenia.
419	406	PIMOZIDE	375	CARDIAC ARRHYTHMIAS	0		MC	Pimozide may cause or worsen cardiac arrhythmias.
417	154	BETA BLOCKERS	449	PERIPHERAL VASCULAR DISEASE	0		MC	Beta blockers may exacerbate peripheral vascular disease by reducing peripheral circulation.
416	154	BETA BLOCKERS	451	PULMONARY DISORDER	557	CARDIO SELECTIVE BETA BLOC	DB	Beta blockers may exacerbate pulmonary disorders by promoting bronchospasms and blocking effects of bronchodilators. Consider a cardio-selective beta blocker (metoprolol, atenolol, acebutolol, bisoprolol or betaxolol) which has less of an effect on bronchi as an alternative.
415	304	BEPRIDIL	450	VENTRICULAR ARRHYTHMIAS	0		MC	Bepridil may exacerbate ventricular arrhythmias.
414	94	ACEI	448	RENAL ARTERY STENOSIS	0		MC	ACE inhibitors may induce renal failure in patients with renal artery stenosis.
413	438	CALCIUM CHANNEL BLOCKERS	268	RENAL FAILURE	0		MC	A dosage adjustment of the calcium channel blocking agent (verapamil or diltiazem only) may be required in patients with renal impairment.
412	429	CALCIUM CHANNEL BLOCKING AGENTS	270	HEPATIC IMPAIRMENT	0		MC	A dosage adjustment of calcium channel blocking agents may be required in patients with hepatic impairment.
411	429	CALCIUM CHANNEL BLOCKING AGENTS	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA	MC	Calcium Channel blockers should be used with caution in pregnancy.
410	420	METHYLDOPA	270	HEPATIC IMPAIRMENT	0		MC	Methyldopa should be avoided in patients with acute hepatic disease. Lower doses my be required in those with hepatic impairment due to reduced drug elimination.
409	407	PEMOLINE	270	HEPATIC IMPAIRMENT	0		MC	Pemoline therapy should be avoided in patients with hepatic impairment as it has been associated with acute hepatic failure.
408	34	VERAPAMIL	430	BRADYCARDIA	0		MC	Verapamil may cause or exacerbate bradycardia.
407	409	ESTROGENS	414	ENDOMETRIAL CARCINOMA	0		MC	Estrogens alone or in combination products should not be used in patients with a history of endometrial carcinoma.
406	330	DILTIAZEM	430	BRADYCARDIA	0		MC	Diltiazem may cause or exacerbate bradycardia.
405	154	BETA BLOCKERS	377	2ND AND 3RD DEGREE HEART BLOCK	0		MC	Beta blocking agents are contraindicated in patients with 2nd or 3rd degree AV block.
404	431	BETA BLOCKERS	268	RENAL FAILURE	0		MC	This beta-blocking agent may require dosage adjustment in patients with renal impairment.
403	440	BETA BLOCKERS	270	HEPATIC IMPAIRMENT	0		MC	A dosage adjustment of beta blocking agents may be required in patients with liver impairment.
402	432	BIRTH CONTROL PILLS	413	LIVER ADENOMA	0		MC	The use of oral contraceptives has been associated with liver adenomas.
401	439	BETA BLOCKERS	124	PREGNANCY	298	BIRTH/TERMINATION OF PREGN	MC	Certain beta blocking agents should be used with caution during pregnancy.
400	438	CALCIUM CHANNEL BLOCKERS	352	CONGESTIVE HEART FAILURE	0		MC	Calcium channel blocking agents may cause or exacerbate congestive heart failure especially in patients receiving beta-blockers.
399	423	PROGESTERONES	411	MIGRAINE	0		MC	Oral contraceptives or other progesterone products may cause or worsen migraine headaches.
398	388	HYDRALAZINE	153	ANGINA	0		MC	Hydralazine can aggrevate angina, possibly due to reflex tachycardia.
397	418	QUINOLONES	268	RENAL FAILURE	0		MC	This quinolone is primarily renally excreated and may require dosage adjustment in patients with renal impairment.
396	56	SULFONYLUREAS	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA	MC	Sulfonylureas are not recommended for use during pregnancy due to possible teratogenic effects. Insulin is the preferred method of blood glucose control during pregnancy.
395	410	ESTROGENS /PROGESTERONE	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA	MC	Estrogens and progestins should be avoided during pregnancy due to their possible teratogenic effects.
394	405	MINOXIDIL	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA	MC	Minoxidil should be avoided in pregnancy due to possible teratogenic effects. Minoxidil is rated as FDA pregnancy category C.
393	306	QUINOLONES (ALL)	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA	MC	Quinolones are not recommended in pregnancy. Quinolones are FDA pregnancy category C.
392	56	SULFONYLUREAS	337	PORPHYRIA	0		MC	Sulfonylureas may cause or woren porphyria.
391	409	ESTROGENS	337	PORPHYRIA	0		MC	The use of estrogens may precipitate or worsen porphyria.
390	405	MINOXIDIL	269	CONGESTIVE HEART FAILURE	0		MC	Minoxidil therapy may exacerbate congestive heart failure due to fluid retention.
389	416	SULFONYLUREAS	404	ALCOHOL DEPENDENCE	0		MC	Certain sulfonylureas may cause a disulfiram reaction when combined with alcohol. They should be used with caution in patients with a history of alcohol dependence.
388	405	MINOXIDIL	153	ANGINA	154	BETA BLOCKERS	MC	Minoxidil can cause or worsen angina, especially in patients not receiving beta-blocker therapy. This effect may be due to increased oxygen demand associated with increased heart rate and cardiac output caused by minoxidil.
387	415	CHLORPROPAMIDE	408	HYPONATREMIA	0		MC	Chlorpropamide therapy may cause hyponatremia. This effect is usually reversed upon discontinuation of the drug.

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455	327	K SPARING DIURETICS	268	RENAL FAILURE	0		MC	Potassium sparing diuretics are contraindicated in patients with renal function impairment because they may lead to hyperkalemia.
454	466	ANTIPSYCHOTICS-ATYPICAL	0		0		TD	Therapeutic duplication of atypical antipsychotic agents may be occurring.
453	437	BRONCHODILATORS	455	NITRATES AND ANGINA	0		DB	Inhaled bronchodilators with beta-1 receptor activity or orally administered beta-2 agonists may have significant cardiac effect and worsen angina.
452	4	CARDIAC GLYCOSIDES	396	NAUSEA/VOMITING+ ANTIEMETIC DRUGS	397	VERTIGO/MENIER'S DX CANCER	MC	Nausea and vomiting may be a symptom of cardiac glycoside toxicity.
451	454	FIBRIC ACID DERIVATIVES	3	WARFARIN	0		DD	Fibric acid derivatives may increase the anticoagulant effects of warfarin.
450	445	METFORMIN	323	RENAL DISEASE AND LACTIC ACIDOSIS	0		MC	Patients with renal impairment or a past history of lactic acidosis may be at increased risk of developing lactic acidosis when receiving metformin therapy.
449	452	HMG-COA REDUCTASE INHIBITORS (ST	444	GEMFIBROZIL	0		DD	The combination of HMG-Co-A reductase inhibitors and gemfibrozil\can cause severe myopathy, rhabdomyolosis and sometimes renal failure.
448	433	METHYLDOPA	355	SYSTEMIC LUPUS ERYTHEMATOSUS	0		MC	Methyldopa may cause systemic lupus erythematosus.
447	452	HMG-COA REDUCTASE INHIBITORS (ST	9	CYCLOSPORINE	0		DD	The combination of HMG-Co-A reductase inhibitors and cyclosporine may result in severe myopathy, rhabdomyolisis and possible renal failure.
446	94	ACEI	381	HYPERKALEMIA	146	DIURETIC AGENTS	MC	ACE inhibitors may cause or exacerbate hyperkalemia.
445	441	SYMPATHOMIMETICS	271	HYPERTENSION	0		MC	Sympathomimetics may cause or exacerbate hypertension due to drug-induced cardiovascular effects.
444	443	GLIPIZIDE	9	CYCLOSPORINE	0		DD	Patients may require a 20 to 30% dosage reduction of cyclosporine when glipizide is initiated due to marked increase in cyclosporine levels.
443	445	METFORMIN	269	CONGESTIVE HEART FAILURE	0		MC	Congestive heart failure may cause tissue hypoxia and\increase the risk for lactic acidosis in patients treated with metformin.
442	446	TROGLITAZONE	269	CONGESTIVE HEART FAILURE	0		MC	Troglitazone may increase plasma volume and worsen congestive heart failure.
441	446	TROGLITAZONE	270	HEPATIC IMPAIRMENT	0		MC	Troglitazone should be used with extreme caution in patients with existing hepatic impairment.
440	447	ACARBOSE	453	HEPATIC CIRRHOSIS	0		MC	Acarbose may cause transaminase elevations in patients with hepatic cirrhosis.
439	424	SILDENAFIL	281	MACROLIDES	0		DD	Macrolides may potentiate the effects of sildenafil by inhibiting sildenafil metabolism.
438	442	LOOP DIURETICS	435	BLOOD DYSCRASIAS	0		MC	Blood dyscrasias may be caused by loop diuretics.
437	7	ISONIAZID	355	SYSTEMIC LUPUS ERYTHEMATOSUS	0		MC	Isoniazid may cause a lupus like syndrome or worsen existing SLE.
436	68	CARDIAC GLYCOSIDES	366	HYPERTROPHIC SUBAORTIC STENOSIS	0		MC	Cardiac glycosides may exacerbate hypertrophic subaortic stenosis due to increased obstruction of left ventriular outflow.
435	68	CARDIAC GLYCOSIDES	293	WOLFF PARKINSON WHITE SYNDROME	0		MC	Cardiac glycosides should be avoided in patients with WPW syndrome because they may enhance conduction via accessory pathways.
434	68	CARDIAC GLYCOSIDES	358	HYPOKALEMIA	393	POTASSIUM SALTS/ K+ SPARING	MC	Hypokalemia may predispose this patient to cardiac glycoside induced arrhythmias.
433	68	CARDIAC GLYCOSIDES	368	VENTRICULAR TACHYCARDIA	0		MC	Cardiac glycosides may exacerbate ventricular tachycardia.
432	304	BEPRIDIL	358	HYPOKALEMIA	0		MC	Bepridil should be avoided in patients with hypokalemia. Hypokalemia may alter the electrophysiologic effects of\bepridil and increase risk of arrhythmia.
431	417	NICOTINE	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA	MC	Nicotine replacement therapy is not recommended during pregnancy as it has been associated with fetal harm. Nicotine is FDA pregnancy category X.
430	401	TETRACYCLINES	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA	MC	Tetracyclines should be avoided during pregnancy as it causes yellow brown discoloration of the primary teeth of the fetus when given after the first trimester.
429	334	GUAN. AGENTS (GUANETHIDINE AND G	269	CONGESTIVE HEART FAILURE	0		MC	Guanethidine and guanadrel may exacerbate congestive heart failure.
428	111	TRICYCLIC ANTIDEPRESSANT AGENTS	303	QUINOLONES (SPAR AND GREPAFLOXACIN)	0		DD	Sparfloxacin and grepafloxacin have been associated with QT interval prolongation. They should be avoided in patients receiving other QT interval prolonging drugs such as tricyclic antidepressants.
427	301	ZILEUTON	3	WARFARIN	0		DD	Concurrent use of zileuton and warfarin may cause clinically significant increases in PT (INR).
426	56	SULFONYLUREAS	270	HEPATIC IMPAIRMENT	0		MC	Metabolism of sulfonylureas may be decreased by hepatic impairment increasing the risk for serious hypoglycemia.
425	292	TRAMADOL	305	SEIZURE DISORDER (WITH DRUGS)	307	SECONDARY USE OF ANTI-CON	MC	Tramadol has been known to cause seizures and should be avoided in patients with a history of seizure disorder.
424	422	SULFONYLUREAS	268	RENAL FAILURE	0		MC	Renal impairment will increase the elimination half life of this sulfonyurea, increasing the risk for hypoglycemia.
423	326	ANTICOAGULANTS	421	DOXYCYCLINE	0		DD	Doxycycline therapy may increase PT (INR) in patients receiving oral anticoagulants.
422	409	ESTROGENS	436	HEPATIC IMPAIRMENT,CHOLELITHIASIS	0		MC	Estrogen metabolism may be impaired by hepatic dysfunction. Estrogen may also worsen hepatic or cholestatic disease.

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500	52	RIFAMYCINS	497	PROTEASE INHIBITORS	0		DD	Rifamycins increase the metabolism of protease inhibitors resulting in\ subtherapeutic levels. Protease inhibitors can cause an increase in \rifampin levels.
499	52	RIFAMYCINS	120	AZOLE ANTIFUNGAL AGENTS	0		DD	Rifamycins may increase the metabolism of the azole antifungals lowering their\plasma concentration and decreasing effectiveness.
498	496	LAMOTRIGINE	8	VALPROIC ACID	0		DD	Valproic acid may increase plasma levels of lamotrigine due to increased\ heptic clearance. This may lead to serious rash or disabling temor.
497	31	CARBAMAZEPINE	492	DANAZOL	0		DD	Carbamazepine levels may be increased significantly with concurrent danazol\therapy due to inhibition of carbamazepine metabolism.
496	496	LAMOTRIGINE	467	ANTICONVULSANTS	0		DD	Hepatic enzyme inducing anticonvulsants may decrease serum levels of lamotrigine\and decrease level of seizure control.
495	493	FELBAMATE	8	VALPROIC ACID	0		DD	Felbamate may increase serum concentrations of valproic\acid due to inhibition of valproic acid metabolism.
494	495	CIMETIDINE	56	SULFONYLUREAS	0		DD	Concurrent administration of cimetidine or ranitidine with sulfonylureas\may increase their hypoglycemic effect.
492	490	HYDROXYCHLOROQUIN / CHLOROQUIN	491	VISUAL DISTURBANCES	0		MC	Visual disturbances including disorders of accomodation\corneal deposits and retinopathy may occur as a result\of chloroquin or hydroxychloroquin therapy.
490	127	ANTIDEPRESSANT AGENTS	126	CONVULSIONS	387	MOOD DISORDERS/MOVMENT D	DC	Antidepressant agents may cause or exacerbate convulsive disorders.
489	65	CIMETIDINE	445	METFORMIN	0		DD	Cimetidine can significantly increase the plasma concentration\of metformin and increase risk of lactic acidosis. Metformin\dosage reduction may be needed.
488	56	SULFONYLUREAS	28	THIAZIDES	0		DD	Moderate to high doses of thiazide diuretics impair control of diabetes\by increasing blood sugar. An alternate agent may be more beneficial.
486	437	BRONCHODILATORS	375	CARDIAC ARRHYTHMIAS	0		DB	Beta adrenergic agents can cause or exacerbate cardiac\arrhythmias.
485	482	ANTIPARKINSONIA/ANTICHOLINERGIC A	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA	MC	Anticholinergic agents are contraindicated during pregnancy.
484	482	ANTIPARKINSONIA/ANTICHOLINERGIC A	353	MYASTHENIA GRAVIS	0		MC	Anticholinergics may exacerbate myasthemia gravis due \to the inhibition of acetylcholine.
483	482	ANTIPARKINSONIA/ANTICHOLINERGIC A	80	ANTIDEPRESSANT AGENTS	0		DD	The combination of tricyclic antidepressants and anticholinergic\agents may result in additive anticholinergic effects.
482	1	AMIODARONE	363	PULMONARY FIBROSIS	0		MC	Amiodarone may cause or exacerbate pulmonary fibrosis.
481	463	AMANTADINE	268	RENAL FAILURE	0		MC	The dose of amantidine may need to be reduced by 50%\in patients with renal impairment due to a decrease\in amantidine elimination.
480	388	HYDRALAZINE	355	SYSTEMIC LUPUS ERYTHEMATOSUS	0		MC	Hydralazine may cause or exacerbate systemic lupus erythematosus.
479	2	QUINIDINE	355	SYSTEMIC LUPUS ERYTHEMATOSUS	0		MC	Quinidine may cause systemic lupus erythematosus.
478	356	TOCAINIDE	363	PULMONARY FIBROSIS	0		MC	Tocainide may cause or exacerbate pulmonary fibrosis.
477	463	AMANTADINE	269	CONGESTIVE HEART FAILURE	0		MC	Amantadine may cause of exacerbate congestive heart failure due to\redistribution of fluid.
475	484	CONTROLLED SUBSTANCES	0		106	NARCOTIC NEGATING CATEGOF	LI	Patient has received several prescriptions for controlled substances\in recent months.
474	483	HYPNOTICS (474 HD) (516 DURATION)	0		0		HD	Zolpidem (Ambien) and zaleplon (Sonata) are not recommended to\be used at doses > 10 mg/day.
464	478	BUPROPION-ZYBAN ONLY	0		0		ER	Zyban is intended for short term use for smoking cessation.\Use beyond 2-3 months has not been shown to be more effective.
463	84	ANTIULCER AGENTS	0		0		TD	Therapeutic duplication of antiulcer agents may be occurring.
462	128	ANTIDEPRESSANT AGENTS	370	PROSTATIC HYPERTROPHY	0		MC	Tricyclic antidepressants can worsen urinary retention in\patients with prostatic hypertrophy.
461	324	BARBITURATES	124	PREGNANCY	360	NORMAL DELIVERY/MISCARRIA	MC	Barbiturates should be avoided in pregnancy. The use of phenobarbital\has been associted with FHS (fetal hydantoin syndrome) including adverse\effects on neural development and decreased head circumference.
460	463	AMANTADINE	305	SEIZURE DISORDER (WITH DRUGS)	307	SECONDARY USE OF ANTI-CON	DB	Amantadine may cause increased seizure activity in patients with a\history of seizure disorder.
459	467	ANTICONVULSANTS	464	FELODIPINE	0		DD	Felodipine levels may be greatly decreased when carbamazepine,\phenobarbital or phenytoin are added to therapy, due to increased \hepatic metabolism. Alternate antihypertensive agents should be \considered.
458	324	BARBITURATES	421	DOXYCYCLINE	0		DD	Barbiturates increase the hepatic metabolism of doxycycline\and may therefore reduce its effectiveness.
457	324	BARBITURATES	336	COPD	0		MC	Barbiturates should be avoided in patients with COPD due to the risk of respiratory depression.
456	470	ACETAMINOPHEN	61	SALICYLATES	0		DD	Chronic use of both salicylates and acetaminophen can increase the risk of analgesic nephropathy and eventually lead to end stage renal disease.

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543	530	CARDIO POST MI DRUGS	529	POST MYOCARDIAL INFARCTION	154	BETA BLOCKERS	TA	Post myocardial infarction patients may benefit from a beta blocker being \added to their therapy.
541	527	DIABETES	0		585	ACEI'S & AIIRB'S	TA	Diabetics (hypertensive and normotensive with microalbuminuria) may\benefit from the addition of an ACE inhibitor to their therapy to\reduce the rate of progression of renal disease.
540	524	TRAMADOL	0		106	NARCOTIC NEGATING CATEGOR	ER	Ultram (tramadol) may be overutilized. This medication has low abuse\potential and may reintroduce dependence in patients with a history\of opioid dependence.
539	516	COX-2 INHIBITORS	266	LOOP DIURETICS	0		DD	NSAIDS, including COX-2 inhibitors, may decrease the effects of loop diuretics.
538	516	COX-2 INHIBITORS	198	ASTHMA	0		MC	COX-2 inibitors may produce hypersensitivity reactions in patients with\aspirin-sensitive asthma, therefore they should be avoided or used with\caution.
537	516	COX-2 INHIBITORS	3	WARFARIN	0		DD	Concomitant use of COX-2 inhibitors and warfarin may result in increased\INR values and increased risk of bleeding.
536	510	CELECOXIB (CELEBREX)	521	FLUCONAZOLE	0		DD	Concomitant use of fluconazole and celecoxib (Celebrex) may result in\a two-fold increase in Celebrex plasma concentrations.
535	520	NSAIDS	0		0		TD	Duplicate NSAID therapy (including COX-2 inhibitors) may be occurring.
534	516	COX-2 INHIBITORS	519	ASPIRIN	0		DD	Concurrent use of COX-2 inhibitors and Aspirin may result in an increased risk\of gastrointestinal bleeding.
533	512	ROFECOXIB (VIOXX)	25	METHOTREXATE	0		DD	Vioxx(rofecoxib) may reduce renal elimination of methotrexate, resulting\in methotrexate toxicity.
532	512	ROFECOXIB (VIOXX)	52	RIFAMYCINS	0		DD	Rifampin may decrease plasma concentrations of Vioxx(rofecoxib) resulting\in decreased efficacy.
531	516	COX-2 INHIBITORS	27	LITHIUM	0		DD	COX-2 inhibitors may increase lithium plasma levels resulting in lithium\toxicity.
530	516	COX-2 INHIBITORS	94	ACEI	0		DD	COX-2 Inhibitors may reduce the antihypertensive effects of ACE inhibitors.
529	516	COX-2 INHIBITORS	270	HEPATIC IMPAIRMENT	0		MC	COX-2 inhibitors should be used with caution in patients with hepatic\impairment.
526	513	RABEPRAZOLE (ACIPHEX)	270	HEPATIC IMPAIRMENT	0		MC	Rabeprazole(Aciphex) should be used with caution in patients with hepatic\impairmant and cirrhosis.
525	513	RABEPRAZOLE (ACIPHEX)	244	DIGOXIN	0		DD	Rabeprazole(Aciphex) may increase digoxin Cmax 29%\resulting in toxicity.
524	513	RABEPRAZOLE (ACIPHEX)	518	KETOCONAZOLE	0		DD	Aciphex (rabeprazole) may decrease effects of ketoconazole resulting in\treatment failure.
521	511	ZALEPLON (SONATA)	270	HEPATIC IMPAIRMENT	0		MC	Sonata should be used with caution in patients with hepatic\impairment and cirrhosis.
520	310	HYPNOTICS	0		0		TD	Therapeutic duplication of sedative/hypnotics may be occurring.
519	509	ZALEPLON (SONATA)	52	RIFAMYCINS	0		DD	Rifamycins may inhibit the effects of zaleplon (Sonata).
518	509	ZALEPLON (SONATA)	65	CIMETIDINE	0		DD	Cimetidine may potentiate the effects of zaleplon (Sonata).
516	483	HYPNOTICS (474 HD) (516 DURATION)	0		0		ER	Zaleplon (Sonata) and zolpidem (Ambien) are not recommended for\duration of > 7 - 10 days.
515	145	CHLORAL HYDRATE	505	GASTROINTESTINAL DISORDERS WITH NO DF	0		MC	Chloral hydrate may cause GI irritation and worsen existing \gastrointestinal disorders.
514	154	BETA BLOCKERS	504	PULMONARY DISORDERS WITH NO DRUG MA	616	BETA-BLOCKERS	MC	Beta blockers may exacerbate pulmonary disorders by\promoting bronchospasms and blocking effects of bronchodilators.\Consider a cardio-selective beta blocker (metoprolol, atenolol,\acebutolol, bisoprolol or betaxolol) which has less of an effect\on bronchi as an alternative.
513	72	ANTIPSYCHOTIC AGENTS	503	PARKINSON'S DISEASE ONLY DX	0		MC	Antipsychotics may worsen extrapyramidal symptoms of Parkinson's disease.
512	125	ANTIPSYCHOTIC AGENTS	502	CONVULSIONS NO DRUG MARKERS	0		MC	Antipsychotic agents may cause or exacerbate convulsive disorders.
511	127	ANTIDEPRESSANT AGENTS	502	CONVULSIONS NO DRUG MARKERS	0		MC	Antidepressant agents may cause or exacerbate convulsive disorders.
510	463	AMANTADINE	502	CONVULSIONS NO DRUG MARKERS	0		MC	Amantadine may cause increased seizure activity in patients with a\history of seizure disorder.
508	497	PROTEASE INHIBITORS	501	TRIAZOLAM	0		DD	This protease inhibitor may increase the plasma concentration of triazolam\which may in crease the risk of over sedation.
507	476	ZAFIRLUKAST	3	WARFARIN	0		DD	Zafirlukast may inhibit the metabolism of warfarin,resulting in\increased prothrombin time.
506	290	RITONAVIR	2	QUINIDINE	0		DD	Ritonavir may increase the effects of quinidine which may increase the risk of\cardiac arrhythmias.
505	500	TICLOPIDINE	213	THEOPHYLLINES	0		DD	Ticlopidine may cause increased theophylline levels as it impairs theophylline\eliminatioin.
504	499	ANTIDEPRESSANT (TRICYCL + TRAZOD	498	SEDATIVES	0		DD	The concurrent use of an antidepressant and sedative may\result in additive sedation.
503	56	SULFONYLUREAS	434	APLASTIC ANEMIA	0		MC	Sulfonylureas may cause or worsen aplastic anemia.
502	244	DIGOXIN	268	RENAL FAILURE	0		MC	Dosage adjustment of digoxin may be required in patients with renal impairment.
501	317	ANTIARRHYTHMIC AGENTS	303	QUINOLONES (SPAR AND GREPAFLOXACIN)	0		DD	Sparfloxacin and grepafloxacin have been associated with QT\interval prolongation and are contraindicated for use in\patients receiving other QT interval prolonging medications.

CRIT-ERIA NO.	UTIL A	UTILA DESCRIPTION	UTIL B	UTIL B DESCRIPTION	UTIL C	UTIL C DESCRIPTION	INFLI CODE	CRITERIA DESCRIPTION
570	533	PEPCID & AXID	0		534	H-2 BLOCKERS (NEGATING)	CA	Current literature suggests that generic H-2 antagonists are as effective as Axid for the treatment of PUD and GERD. If appropriate for this patient, modifying drug therapy from the brand name drug to an equivalent generic H-2 antagonist would result in cost savings of $25.00 to $70.00 per patient per month.
569	567	BUSPIRONE	0		0		HD	Buspirone may be overutilized. The maximum daily dosage should not exceed 60mg.
567	563	SEDATIVE/HYPNOTICS	560	DEPRESSION & ILLNESS	0		MC	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.
566	562	SONATA AND AMBIEN	0		0		HD	Elderly and debilitated patients appear to be more sensitive to the effects of hynotics, therefore the recommended dose of Ambien (zolipdem) and Sonata (zaleplon) is 5 mg. Impaired motor and/or cognitive performance appears to be dose-related.
565	511	ZALEPLON (SONATA)	561	POTENT ENZYME INDUCERS	0		DD	The concomitant use of Sonata (zaleplon) and potent CYP3A4 enzyme\inducers (carbamazepine, phenytoin and phenobarbital) could lead to the ineffectiveness of Sonata (zaleplon) due to induced metabolism.
564	559	AMBIEN & SONATA	0		560	DEPRESSION & ILLNESS	ER	The failure of insomnia to remit after 7 to 10 days of treatment may indicate the need to evaluate for an unrecognized primary psychiatric or medical illness.
562	509	ZALEPLON (SONATA)	558	TRAZODONE - SEDATIVE USE	0		DD	Duplicate sedative/hypnotic therapy may be occurring with Sonata and trazodone (trazodone = or > 100mg hs).
561	554	ANTIPSYCHOTICS - ALL	0		0		TD	Therapeutic duplication of antipsychotic agents may be occurring.
560	551	THIORIDAZINE (MELLARIL)	375	CARDIAC ARRHYTHMIAS	0		MC	Thioridazine should be avoided in patients with congenital long QT syndrome, reduced levels of activity of P450 2D6 isozyme or a history of cardiac arrhythmias because of the increased risk of serious, potentially fatal, cardiac arrhythmias.
559	551	THIORIDAZINE (MELLARIL)	553	SELECTIVE SEROTONIN REUPTAKE INHIBITOR	0		DD	The concurrent use of thioridazine and certain Selective Serotonin Reuptake Inhibitors (fluoxetine, paroxetine and fluvoxamine) may result in elevated levels of thioridazine increasing the risk of serious, potentially fatal, cardiac arrhythmias.
558	551	THIORIDAZINE (MELLARIL)	552	BETA-BLOCKERS	0		DD	The concurrent use of thioridazine and certain beta blockers (propranolol and pindolol) may result in elevated levels of thioridazine increasing the risk of serious, potentially fatal, cardiac arrhythmias.
557	549	PROTON PUMP INHIBITORS	0		550	H-2 ANTAGONIST	CA	The efficacy of Proton Pump Inhibitors (PPIs) and H-2 antagonists in relieving symptoms of mild to moderate GERD and resolving PUD is essentially equal. If appropriate for this patient, your assistance in changing drug therapy to a less expensive H-2 antagonist would result in cost savings between $20.00 to $50.00 per patient per month. Certainly for patients with a higher severity level of GERD, PPIs would be indicated. Please consider the enclosed relative cost chart when prescribing.
556	525	CCB AMLODIPINE ONLY	526	ACE-INHIBITORS	523	LOTREL	CA	This combination of medications, an ACE inhibitor and a dihydropyridine calcium channel blocker, is available in a fixed-dosage combination and may result in better blood pressure control by enhancing compliance.
551	540	ATRIAL FIB DRUGS ONLY	541	ATRIAL FIB ICD-9	326	ANTICOAGULANTS	TA	Patients with atrial fibrillation may benefit from an anticoagulant added to their therapy to reduce the risk of stroke.
550	539	MEPROBAMATE	0		0		ER	Meprobamate is usually intended for short-term use because it is highly addictive and sedating.
549	538	NARCOTICS	319	HISTORY OF DRUG ABUSE	0		MC	Due to potential for abuse and dependence narcotics should be used with caution in patients with a history of drug abuse.
547	537	LIPID LOWERING AGENTS	0		0		LR	Lipid lowering agents may be underutilized resulting in subtherapeutic effects.
546	533	PEPCID & AXID	0		534	H-2 BLOCKERS (NEGATING)	CA	Current literature suggests that the generic H-2 antagonists, cimetidine and ranitidine, are as effective as Pepcid and Axid for the treatment of PUD and GERD. If appropriate for this patient, modifying drug therapy from the brand name drug to an equivalent generic H-2 antagonist would result in cost savings of $25.00 to $70.00 per patient per month.
545	244	DIGOXIN	532	ATRIAL FIB AGENTS & ICD-9	326	ANTICOAGULANTS	TA	Patient may have Congestive Heart Failure and Atrial Fibrillation and may benefit from an anticoagulant added to their therapy to decrease the risk of stroke.
44	543	BETA AGONIST	198	ASTHMA	531	LONG TERM ASTHMA CONTROL	TA	NIH Guidelines suggest for long term control of asthma, patients with mild persistent to severe persistent cases may benefit from the addition or increased strength of Inhaled Corticosteroids; and/or, the addition of a long-acting inhaled B2-agonist, Mast Cell Stabilizer, Leukotriene Modifier or alternatively (but not preferred) theophylline.

CRIT-ERIA NO.	UTIL A	UTILA DESCRIPTION	UTIL B	UTIL B DESCRIPTION	UTIL C	UTIL C DESCRIPTION	ONFLI CODE	CRITERIA DESCRIPTION
598	595	PRENATAL VITAMINS	0		0		LR	Prenatal vitamins may be under-utilized resulting in vitamin and/or mineral deficiencies before, during and/or while breast feeding.
597	525	CCB AMLODIPINE ONLY	526	ACE-INHIBITORS	523	LOTREL	CA	This combination of medications, an ACE inhibitor and a dihydropyridine calcium channel blocker, is available in a fixed-dosage combination (Lotrel) and may result in better blood pressure control by enhancing compliance.
594	591	OXYCONTIN- ONLY	0		106	NARCOTIC NEGATING CATEGOF	ER	Oxycontin may be over-utilized. In treating pain it is vital to assess the patient regularly and systematically to ensure maintenance of pain control and the relative occurrence of side effects.
593	589	AZATHIOPRINE	590	ALLOPURINOL	0		DD	Concomitant use of allopurinol and azathioprine results in a significant increase in azathioprine effect and possible azathioprine toxicity. The dose of azathioprine should be reduced if given with allopurinol.
592	588	LINEZOLID (ZYVOX)	0		0		TA	Linezolid may cause myelosuppression. It is recommended that complete blood counts be monitored weekly in patients who receive linezolid. Patients at greatest risk are those who receive linezolid for longer than two weeks, those with pre-existing myelosuppression, those receiving concomitant drugs that produce bone marrow suppression, or those with chronic infection who have received previous or concomitant antibiotic therapy.
591	576	TERTIARY AMINE TCA	0		0		TA	Tertiary amine tricyclic antidepressants should be used with caution in the elderly with depressive symptoms. These agents have significant anticholingeric side effects and are sedating increasing the risk of falls/fractures. Secondary amine tricyclic antidepressants, nortriptyline and despiramine, selective or non-selective serotonin reuptake inhibitor antidepressants are alternative agents with more favorable adverse effect profiles.
590	575	BARBITURATE SEDATIVE HYPNOTICS	0		0		TA	Barbiturate sedative/hypnotics are associated with rapid development of tolerance, psychological and physical dependence as well as withdrawal. The elderly may have increased sensitivity to barbiturates resulting in prolonged sedation, increasing the risk of falls/fractures. Sedative/hypnotics with short or intermediate half-lives, such as zaleplon, zolpidem, estazolam and temazepam are alternative agents with more favorable adverse effect profiles and are intended for short-term se.
588	574	LONG HALF-LIFE BENZO SEDATIVES	0		0		TA	Benzodiazepine sedative/hypnotics with long half-lives should be avoided in the elderly due to their increased sensitivity to these agents. \Chronic dosing of these agents can result in accumulation of the parent compound and the active metabolite causing prolonged sedation and increased risk of falls/fractures. Sedative/hypnotics with short or intermediate half-lives such as zolpidem, zaleplon or temazepam, are recommended alternatives and are intended for short-term use.
587	587	LONG HALF-LIFE BENZO ANXIOLYTICS	0		0		TA	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 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 and lorazepam are recommended as alternatives.
586	586	ATYPICAL NEUROLEPTICS	0		0		TA	The use of clozapine, olanzapine, risperidone or quetiapine may increase the risk of developing type II diabetes mellitus or impaired glucose tolerance. Patients with a family history of diabetes or with pre-existing diabetes may need to have blood sugar monitored closely or changed to an alternativen medication.
585	570	DIPHENOXYLATE/ATROPINE	0		0		ER	Diphenoxylate/atropine may be overutilized. If clinical improvement of chronic diarrhea is not observed within 10 days of treatment with a maximum daily dose of diphenoxylate 20mg, symptoms are unlikely to respond to further doses. Consider loperamide which has superior clinical efficacy, duration of action and safety.
584	583	TRIAZOLAM	584	RIFAMPIN	0		DD	The concurrent use of triazolam and rifampin (a potent enzyme inducer) may result in the loss of efficacy of triazolam due to the increased metabolism of triazolam.
571	572	BUTALBITAL	0		0		ER	Mid-range analgesics containing butalbital may be over-utilized. Patients using this agent more than 3 times a week or exceeding the\recommended dosage may develop rebound headaches.

CRIT-ERIA NO.	UTIL A	UTILA DESCRIPTION	UTIL B	UTIL B DESCRIPTION	UTIL C	UTIL C DESCRIPTION	INFLI CRITERIA DESCRIPTION CODE	
613	591	OXYCONTIN- ONLY	0		0		ER	Oxycontin has been targeted for theft and diversion. "Doctor shopping" to obtain additional prescriptions, emergency calls or visits near the end office hours, and repeated "loss" of prescrioptions are common drug seeking tactics.
612	591	OXYCONTIN- ONLY	0		0		ER	According to the manufacturer's information, Oxycontin should be dosed every 12 hours around-the-clock. It is recommended to increase the mg dose to control pain rather than increase the dose frequency. For patients with severe pain, a larger mg strength or a combination of two strengths is not only more cost effective for Arkansas Medicaid but is also a deterrent for theft and diversion when fewer tablets are dispensed.
609	610	SULFONAMIDES	3	WARFARIN	0		DD	Concomitant use of warfarin and a sulfonamide may result in an enhanced hypoprothrombinemic response to warfarin. The patient's INR values should be closely monitored upon addition and withdrawal of the sulfonamide and reassessed periodically during concurrent therapy. Adjustments to warfarin dose may be necessaty to maintain desired anticoagulation.
608	608	QUINOLONES	0		609	CF & ANTHRAX	TA	The safety and effectiveness of quinolones in pediatric patients and adolescents (less than 18 years of age) has not been established. Quinolones have been shown to cause cartilage damage in juvenile animals.
607	607	HORMONE REPLACEMENT THERAPY	0		0		LR	Hormone replacement therapy may be under-utilized resulting in sub-therapeutic effects.
606	606	MIGRAINE SPECIFIC MEDS	0		637	MIGRAINE PROPHYLACTIC THER	ER	The overuse of migraine-specific medications (exceeding the recommended dosage and/or taking an agent more than 2 times a week) may result in drug-induced rebound headaches. Please consider the use of preventive medications such as divalproex, beta-blockers or SSRI's.
605	604	ANALGESIC MIGRAINE MEDS	411	MIGRAINE	605	ARTHRITIS	TA	The overuse of aspirin, NSAIDS or acetaminophen compounds (exceeding recommended dosage and/or taking an agent more than 2 to 3 times a week) for migraine relief may result in drug-induced rebound headaches. Analgesic rebound reduces the efficacy of other anti-migraine measures and may contribute to the chronic nature of the migraine.
604	602	FAMOTIDINE	0		0		TA	Famotidine should be used with caution in the elderly due to the risk of increased adverse effects resulting from possible age-related renal insufficiency. Lower doses of famotidine or less frequent dosing intervals may be required to compensate for the increased elimination half-life of famotidine.
603	602	FAMOTIDINE	603	RENAL INSUFFICIENCY	0		MC	Adverse CNS effects have been reported in patients with moderate to severe renal insufficiency receiving famotidine. Longer intervals between doses or lower doses may need to be used in patients with moderate (creatinine clearance <50mL/min) or severe (creatinine <10mL/min) renal insufficiency to compensate for the increased elimination half-life of famotidine.
602	601	PROTEASE INHIBITORS	385	DIABETES	0		MC	Protease Inhibitors may cause or exacerbate diabetes mellitus and hyperglycemia. Monitor patients closely for symptoms of diabetes (increased thrist, hunger, unexplained weight loss, increased urination, dry itchy skin).
601	601	PROTEASE INHIBITORS	600	HMG COA INHIBITORS	0		DD	Concurrent use of a protease inhibitor and lovastatin or simvastatin should be avoided due to the increased risk of skeletal muscle toxicity and potential decreased levels of the protease inhibitor resulting in possible virologic failure. Protease inhibitors cause inhibition of\CYP3A4 isoenzymes increasing statin levels and either statin may cause induction of P450 metabolism of protease inhibitors. Pravastatin is the\statin least susceptible to interaction with CYP isoenzyme metabolism. Low initial doses of pravastatin are recommended. Fluvastatin is also\an alternative but little interaction data is available.
600	598	CHOLINESTERASE INHIBITORS	599	GASTRIC DISORDERS & NSAIDS	0		MC	Reversible cholinesterace inhibitors are associated with significant adverse gastrointestinal effects due to increased cholinergic activity. Patients receiving rivastigmine (Exelon), tacrine (Cognex), galantamine (Reminyl) or donepezil (Aricept) should be monitored closely for symptoms of active or occult gastrointestinal bleeding, especially those at risk\for developing ulcers, e.g., those with a history of ulcer disease or those receiving concurrent non-steroidal anti-inflammatory drugs.
599	597	RIVASTIGMINE	0		0		TA	Patients on rivastigmine (Exelon) should always be started on 1.5 mg twice a day and titrated to their maintenance dose due to the drug's potential for significant adverse gastrointestinal effects. If treatment is interrupted for several days rivastigmine should be reinitiated at the lowest daily dose to prevent the possibility of severe vomiting.

CRIT-ERIA NO.	UTIL A	UTILA DESCRIPTION	UTIL B	UTIL B DESCRIPTION	UTIL C	UTIL C DESCRIPTION	)NFLI CODE	CRITERIA DESCRIPTION
650	644	VENLAFAXINE-EXTENDED RELEASE	0		0		ER	Venlafaxine may be over-utilized. The manufacturer's recommended maximum dose, for extended-release venlafaxine, is 225mg per day.
649	643	VENLAFAXINE-REGULAR RELEASE	0		0		ER	Venlafaxine may be over-utilized. The manufacturer's recommended maximum dose of regular-release venlafaxine is 375mg per day.
648	642	SERTRALINE	270	HEPATIC IMPAIRMENT	0		MC	Sertraline may be overutilized. In patients with hepatic impairment or cirrhosis, a lower dose or a less frequent dosing interval should be used due to the extensive hepatic metabolism of sertraline.
647	641	SERTRALINE	0		0		ER	Sertraline may be over-utilized. The manufacturer's recommended maximum dose is 200mg per day.
646	211	PAROXETINE	268	RENAL FAILURE	0		MC	Paroxetine may be over-utilized. In patients with severe renal impairment, the manufacturer's recommended maximum dose for paroxetine regular-release is 40mg per day.
645	211	PAROXETINE	270	HEPATIC IMPAIRMENT	0		MC	Paroxetine may be over-utilized. In patients with hepatic impairment the manufacturer's recommended maximum daily dose for regular-release paroxetine is 40mg per day.
644	640	PAROXETINE	0		0		ER	Paroxetine may be over-utilized. The manufacturer's recommended dose for regular-release paroxetine is 60mg per day.
641	587	LONG HALF-LIFE BENZO ANXIOLYTICS	0		0		TA	All benzodiazepine anxiolytic agents, especially those with long half-lives, may result in accumulation causing prolonged sedation, increasing the risk of falls/fractures, and mortality. Anxiolytics with short to intermediate half-lives such as lorazepam and oxazepam are alternatives. Buspirone and SSRI's are excellant alternatives to benzodiazepines.
637	485	LOSARTAN	276	INDOMETHACIN	0		DD	The concurrent administratiuon of losartan and indomethacin may result in the decreased antihypertensive effect of losartan. Monitor hypertensive patients receiving both losartan and indomethacin for alternations in blood pressure.
635	56	SULFONYLUREAS	0		0		TD	Therapeutic duplication of sulfonylureas may be occurring.
634	631	AMLODIPINE	0		0		LR	Amlodipine may be under-utilized. Non-compliance may result in sub-therapeutic effects.
633	629	AIIRB'S	0		0		TD	Therapeutic duplication of angiotensin II receptor antagonists may be occurring.
632	628	TAMSULOSIN	0		0		LR	Tamsulosin may be under-utilized. Non-compliance may result in the decreased relief from symptoms of benign prostatic hyperplasia.
631	154	BETA BLOCKERS	0		0		TD	Therapeutic duplication of beta blockers may be occurring.
630	627	CITALOPRAM	0		0		ER	Citalopram may be over-utilized. The recommended daily dose for elderly patients is 20 mg. The maximum daily dose should not exceed 40 mg.
629	626	PAROXETINE	0		0		ER	Paroxetine may be over-utilized. The initial recommended daily dose in elderly patients is 10 mg, with the maximum daily dose not to exceed 40 mg.
628	625	FLUOXETINE	0		0		TA	In geriatric patients a lower initial dose or longer dosing interval is recommended because fluoxetine and its active metabolite have a long elimination half-life.
627	624	FELODIPINE	0		0		ER	Felodipine may be over-utilized. Patients over 65 years of age may develop elevated levels of felodipine, therefore the recommended starting dose is 2.5mg once a day with the maximum daily dose being 10 mg.
626	623	LOOP DIURETICS	0		0		TD	Therapeutic duplication of loop diuretics may be occurring.
625	10	METOCLOPRAMIDE	622	DEPRESSION - DRUGS & ICD9'S	0		TA	Metoclopramide may cause or exacerbate depression. Decreasing the dose to enable the resolution of depression, then increasing the dose gradually may eliminate depressive symptoms.
624	9	CYCLOSPORINE	621	HYPERTENSION -DRUGS & ICD9'S	0		DB	Cyclosporine may cause or exacerbate hypertension. Monitor patient closely for loss of hypertensive control.
623	620	AMLODIPINE	0		0		ER	Amlodipine may be over-utilized. The manufacturer's recommended maximum daily dose is 10 mg.
622	619	THIAZOLIDINEDIONES	0		0		TD	Therapeutic duplication of thiazolidinedione antidiabetic agents may be occurring.
621	618	PLATELET AGGREGATION INHIBITORS	0		0		TD	Therapeutic duplication of platelet aggregation inhibitor agents may be occurring.
620	617	SKELETAL MUSCLE RELAXANTS	0		0		TD	Therapeutic duplication of skeletal muscle relaxants may be occurring.
619	452	HMG-COA REDUCTASE INHIBITORS (ST	0		0		TD	Therapeutic duplication of HMG CoA reductase inhibitors may be occurring.
614	591	OXYCONTIN- ONLY	0		0		ER	This patient may be receiving excessive amounts of Oxycontin. According to manufacturer's information, Oxycontin should be dosed every 12 hours around- the-clock. It is recommended to increase the mg dose to control pain rather than increase the dose frequency. A combination of two different strengths may be required. Dispensing fewer tablets is not only cost effective for Arkansas Medicaid, but also a deterrent for theft and diversion.

CRIT-ERIA NO.	UTIL A	UTILA DESCRIPTION	UTIL B	UTIL B DESCRIPTION	UTIL C	UTIL C DESCRIPTION	INFLI CODE	CRITERIA DESCRIPTION
669	651	TIZANIDINE	656	ALPHA 2 ADRENERGIC AGONISTS	0		DD	Tizanidine is an alpha2-adrenergic agonist (like clonidine) and can produce hypotension. Caution is advised when tizanidine is to be used in patients receiving antihypertensive therapy and should not be used with other alpha2-adrenergic agonists.
668	651	TIZANIDINE	0		655	MUSCLE SPASM DIAGNOSES	TA	Patient has been receiving tizanidine (Zanaflex) for > 90 days. Limited data are available on the long-term use of tizanidine in patients other than those that have a diagnosis for multiple sclerosis, spinal cord injury or stroke. Consider evaluating for therapeutic efficacy and tolerance of adverse effects.
667	651	TIZANIDINE	654	CNS DEPRESSANTS	0		DD	The concurrent use of tizanidine and CNS depressant medications may result in additive sedation.
666	651	TIZANIDINE	653	PSYCHOSIS & HALLUCINATIONS	0		MC	Tizanidine should be used with caution in patients with psychosis. Tizanidine use has been associated with hallucinations and psychotic-like symptoms.
665	651	TIZANIDINE	652	ORAL CONTRACEPTIVES	0		DD	Tizanidine should be used with caution in patients receiving oral contaceptives due to the increased risk of tizanidine adverse effects resulting from the reduced clearance of tizanidine.
664	651	TIZANIDINE	0		0		TA	Tizanidine occassionally causes liver injury. Monitoring aminotransferase levels is recommended during the first 6 months of treatment (e.g. baseline 1, 3 and 6 months) and periodically thereafter, based on clinical status.
663	651	TIZANIDINE	270	HEPATIC IMPAIRMENT	0		MC	Tizanidine should be used with caution in patients with hepatic impairment due to the potential hepatoxicity of tizanidine.
662	651	TIZANIDINE	268	RENAL FAILURE	0		MC	Tizanidine should be used with caution in patients with renal insufficiency (creatinine clearance <25ml/min), as clearance is reduced > 50%. These patients may require reduced, individual doses during titration. If higher doses are required, increase individual doses rather than dosing frequency.
661	650	TIZANIDINE	0		0		ER	Tizanidine should be used with caution in the elderly. A cross study comparison showed a four-fold decrease in tizinadine clearance in elderly subjects.
660	649	TIZANIDINE	0		0		ER	Tizanidine may be over-utilized. The manufacturer's recommended maximum dose is 36 mg per day.
659	212	FLUVOXAMINE	3	WARFARIN	0		DD	Concurrent administration of fluvoxamine and warfarin may result in increased prothrombin time due to inhibition of warfarin metabolism. Prothrombin time ratio should be monitored closely with the addition or withdrawal of fluvoxamine and the warfarin dose adjusted accordingly.
658	212	FLUVOXAMINE	15	BETA BLOCKERS	0		DD	Concurrent administration of fluvoxamine and certain beta-blockers (propranolol or metoprolol) may result in elevated beta-blocker serum concentrations causing bradycardia and hypotension. Alternatively, atenolol, a beta-blocker that is not hepatically metabolized, may be considered.
657	212	FLUVOXAMINE	27	LITHIUM	0		DD	The combination of fluvoxamine and lithium should be used with caution due to the risk of enhanced serotonergic effects and possible seizures.
656	648	CITALOPRAM	270	HEPATIC IMPAIRMENT	0		MC	Citalopram should be used with caution in patients with reduced hepatic function. The manufacturer's recommended dose is 20 mg a day for patients with hepatic impairment. The maximum dose is not to exceed 40 mg per day.
655	647	CITALOPRAM	0		0		ER	Citalopram may be over-utilized. The manufacturer's recommended maximum dose is 60mg per day.
654	33	FLUOXETINE	270	HEPATIC IMPAIRMENT	0		MC	Fluoxetine should be used with caution in patients with hepatic insufficiency. A lower dose or less frequent dosing schedule is recommended.
653	646	FLUOXETINE	0		0		ER	Fluoxetine may be over-utilized. The manufacturer's recommended maximum dose is 80mg per day.
652	645	VENLAFAXINE	268	RENAL FAILURE	0		MC	Venlafaxine should be used with caution in patients with renal impairment. The total dose of venlafaxine (immediate release) should be reduced by 25% and venlafaxine XR (extended-release) 25-50% in patients with mild to moderate renal impairment (GFR between 10ml/min-70ml/min). For patients undergoing hemodialysis, the total daily dose should be decreased by 50%.
651	645	VENLAFAXINE	270	HEPATIC IMPAIRMENT	0		MC	Venlafaxine should be used with caution in patients with hepatic impairment. Venlafaxine clearance is decreased 30-35% in patients with hepatic impairment. The total daily dose should be reduced by 50% in patients with moderate hepatic impairment.

Health Information Designs, Inc.

Mississippi Medicaid
DRUG UTILIZATION REVIEW PROGRAM
Patient Dx/Rx History Profile
Medicaid

DATE: 05/20/2002
PAGE: 1,082

Patient ID: [redacted] DOB: 10/24/1967 Age: 34 Gender: F County: 02

# of Pharmacies since 12/28/01 = 3
# of Prescribers since 12/28/01 = 6

THERAPEUTIC CRITERIA EXCEPTION

1) Beta blockers may be underutilized.
REVIEW Criteria: 00079 Trigger DOS: 03/29/2002 Assoc. DOS: 11/12/2001
1 CODE Risk Score: 140 MODERATE SEVERITY
___ Letter Type: 200
References: Facts and Comparisons, 2001 updates
Arch Intern Med 1993; 153: 154-83.

2) Acute doses of antiulcer agents are generally indicated for short term use.
REVIEW Criteria: 00084 Trigger DOS: 04/08/2002 Assoc. DOS: 03/23/2002
C CODE Risk Score: 110 MODERATE SEVERITY
___ Letter Type: 300P
References: USP-DI, 1999
AHFS Drug Information, 1999 Edition

3) The efficacy of Proton Pump Inhibitors (PPIs) and H-2 antagonists in relieving symptoms of mild to moderate GERD and resolving PUD is essentially equal. If appropriate for this patient, your assistance in changing drug therapy to a less expensive H-2 antagonist would result in cost savings between $20.00 to $50.00 per patient per month. Certainly for patients with a higher severity level of GERD, PPIs would be indicated. Please consider the enclosed relative cost chart when prescribing.
REVIEW Criteria: 00557 Trigger DOS: 04/08/2002 Assoc. DOS: 03/23/2002
1 CODE Risk Score: 91 MINOR SEVERITY
___ Letter Type: 600PI
References: Facts and Comparisons, 2000 updates.
Drug Topics Red Book, 2000 edition.
MICROMEDEX Healthcare Series, Drugdex Drug Evaluations, Vol. 105, 2000.

TOTAL RISK: 341
* = Most recent occurrence of drugs identified in potential therapy problem.
- = Occurrences of drugs identified in the same therapeutic class as those involved in the potential therapy problem.
___ Refer to abuse unit.

Drug History

	Date of Service	Rx Number	GCN		Drug Description	Strength	Qty	Days	Pharmacy Number	Prescriber Number	LTC Ind
	04/25/2002	006841107	18020		CYCLOBENZAPRINE HCL	10MG	30	5	0330057	0120509	
	04/25/2002	006841510	89863		GLUCOPHAGE XR	500MG	120	30	0330057	0116650	
	04/22/2002	006841106	93161		VIOXX	25MG	32	32	0330057	0120509	
	04/17/2002	006840678	26328		LEVOXYL	175MCG	30	30	0330057	0116650	
3	04/08/2002	006839904	42193		DIFLUCAN	150MG	2	2	0330057	0019999	
___	04/08/2002	006839902	04348	*	PRILOSEC	20MG	60	30	0330057	0019999	
	04/03/2002	006653120	16366		PAXIL	20MG	30	30	0330275	0019999	
	04/03/2002	006653119	40360		DOXYCYCLINE HYCLATE	100MG	20	10	0330275	0019999	
	04/03/2002	004415127	14161		LORAZEPAM	1MG	50	15	0330275	0019999	
1	03/29/2002	006838809	20631	*	PROPRANOLOL HCL	20MG	30	30	0330057	0019999	
	03/27/2002	006838619	04749		AVAPRO	150MG	34	34	0330057	0116650	
	03/27/2002	006814509	89863		GLUCOPHAGE XR	500MG	120	30	0330057	0116650	
___	03/23/2002	006687858	04348	*	PRILOSEC	20MG	60	30	0330026	0019999	
	03/20/2002	006837727	26533		ZOCOR	20MG	90	90	0330057	0116650	
	03/20/2002	006687771	93161		VIOXX	25MG	32	32	0330026	0120509	
	03/19/2002	006837555	34824		HYDROCHLOROTHIAZIDE	25MG	100	100	0330057	0116650	
	03/19/2002	006811561	93203		AVANDIA	4MG	30	30	0330057	0116650	
	03/19/2002	006687690	18020		CYCLOBENZAPRINE HCL	10MG	30	30	0330026	0120509	
	03/14/2002	006837090	26534		ZOCOR	40MG	30	30	0330057	0116650	
___	02/27/2002	006835228	20631	-	PROPRANOLOL HCL	20MG	30	30	0330057	0019999	
	02/26/2002	006814509	89863		GLUCOPHAGE XR	500MG	120	30	0330057	0116650	
	02/18/2002	006811561	93203		AVANDIA	4MG	30	30	0330057	0116650	
	02/18/2002	004442658	92713		SONATA	5MG	50	50	0330057	0114984	

Health Information Designs, Inc.

Mississippi Medicaid
DRUG UTILIZATION REVIEW PROGRAM
Patient Dx/Rx History Profile
Medicaid

DATE: 05/20/2002
PAGE: 1,083

Patient ID: [redacted] DOB: 10/24/1967 Age: 34 Gender: F County: 02

Drug History

Date of Service	Rx Number	GCN	Drug Description	Strength	Qty	Days	Pharmacy Number	Prescriber Number	LTC Ind
02/18/2002	006683933	93161	VIOXX	25MG	30	30	0330026	0120509	
02/18/2002	006683932	18020	CYCLOBENZAPRINE HCL	10MG	30	30	0330026	0120509	
02/08/2002	006810708	49291	ZYRTEC	10MG	90	90	0330057	1999999	
02/05/2002	006832542	26325	LEVOXYL	200MCG	90	90	0330057	0116650	
01/29/2002	006831631	47074	LEVAQUIN	500MG	10	10	0330057	9011836	
01/29/2002	006831628	42193	DIFLUCAN	150MG	2	1	0330057	9011836	
01/28/2002	006831458	20631 -	PROPRANOLOL HCL	20MG	30	30	0330057	0019999	
01/26/2002	006814509	89863	GLUCOPHAGE XR	500MG	120	30	0330057	0116650	
01/18/2002	006683933	93161	VIOXX	25MG	30	30	0330026	0120509	
01/18/2002	006683932	18020	CYCLOBENZAPRINE HCL	10MG	30	30	0330026	0120509	
01/11/2002	006811561	93203	AVANDIA	4MG	30	30	0330057	0116650	
01/11/2002	006829738	04348 -	PRILOSEC	20MG	100	50	0330057	0019999	
12/27/2001	006828222	04749	AVAPRO	150MG	90	90	0330057	0116650	
12/26/2001	006814509	89863	GLUCOPHAGE XR	500MG	120	30	0330057	0116650	
12/26/2001	006828124	20631 -	PROPRANOLOL HCL	20MG	30	30	0330057	0019999	
12/20/2001	004439159	92713	SONATA	5MG	50	50	0330057	0114984	
12/20/2001	006683933	93161	VIOXX	25MG	30	30	0330026	0120509	
12/18/2001	006683932	18020	CYCLOBENZAPRINE HCL	10MG	30	30	0330026	0120509	
12/11/2001	006811561	93203	AVANDIA	4MG	30	30	0330057	0116650	
12/03/2001	006825055	34824	HYDROCHLOROTHIAZIDE	25MG	100	100	0330057	0116650	
12/03/2001	006825054	26533	ZOCOR	20MG	100	100	0330057	0116650	
12/02/2001	006825326	26326	LEVOXYL	125MCG	120	60	0330057	0116650	
11/27/2001	006814509	89863	GLUCOPHAGE XR	500MG	120	30	0330057	0116650	
11/27/2001	006229772	20631 -	PROPRANOLOL HCL	20MG	30	30	0030578	0013060	
11/27/2001	006143149	58822	CHROMAGEN FA	200-250MG	30	30	0030564	0013060	
11/20/2001	006815164	47632	LEVOTHROID	137MCG	60	30	0330057	0116650	
11/20/2001	006824386	04348 -	PRILOSEC	20MG	60	30	0330057	0019999	
11/19/2001	006683933	93161	VIOXX	25MG	30	30	0330026	0120509	
11/17/2001	006683932	18020	CYCLOBENZAPRINE HCL	10MG	30	30	0330026	0120509	
11/12/2001	006229499	20741 *	TOPROL XL	50MG	30	30	0030578	0116650	
11/08/2001	006810708	49291	ZYRTEC	10MG	90	90	0330057	1999999	
11/08/2001	004437954	00871	AMBIEN	10MG	30	30	0330057	0115005	
10/26/2001	006814509	89863	GLUCOPHAGE XR	500MG	120	30	0330057	0116650	
10/26/2001	006229221	34824	HYDROCHLOROTHIAZIDE	25MG	30	30	0030578	0116650	
10/26/2001	006229772	20631 -	PROPRANOLOL HCL	20MG	30	30	0030578	0013060	
10/26/2001	006133682	04749	AVAPRO	150MG	60	30	0030564	0116650	
10/26/2001	006133681	26533	ZOCOR	20MG	30	30	0030564	0116650	
10/22/2001	006815164	47632	LEVOXYL	137MCG	60	30	0330057	0116650	
10/20/2001	006821091	39661	TRIMOX	500MG	30	10	0330057	0019999	
10/18/2001	006820817	18020	CYCLOBENZAPRINE HCL	10MG	30	30	0330057	0120509	
10/18/2001	004439159	92713	SONATA	5MG	50	50	0330057	0114984	
10/18/2001	006808776	04348 -	PRILOSEC	20MG	60	30	0330057	0019999	

Prescriber History (3 months)

Prescriber Number	Prescriber Name	Address	City	State
0019999	DEFAULT PROVIDER-VOI	385B HIGHLAND COLONY PKWY	RIDGELAND	MS
0114984	RISH, JAMES MD	845 SOUTH MADISON EXT	TUPELO	MS
0116650	SHEPHERD, MARK MD	P O BOX 4087	TUPELO	MS
0120509	ERICKSON, ALAN MD	845 SOUTH MADISON	TUPELO	MS
1999999	ALL NINES, PROVIDER	385B HIGHLAND COLONY PKWY	RIDGELAND	MS
9011836	THE SEGARS CLINIC PA	1507 W QUITMAN	IUKA	MS

Prescriber information above is provided for profile review only and is not provided with letter interventions to prescribers or pharmacies.

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Patient ID: [redacted] DOB: 01/04/1967 Age: 35 Gender: F County: 33

HW - chart P

# of Pharmacies since 12/28/01 = 2
# of Prescribers since 12/28/01 = 2

THERAPEUTIC CRITERIA EXCEPTION

1) Zolpidem (Ambien) and zaleplon (Sonata) are not recommended to be used at doses > 10 mg/day.
4 REVIEW Criteria: 00474 Trigger DOS: 04/24/2002 Assoc. DOS: 04/22/2002
___ CODE Risk Score: 30 MAJOR SEVERITY
___ Letter Type: 300
References: USP-DI, 1998
AHFS, 1998
MICROMEDEX Health Series, Drugdex Drug Evaluations, Vol 103, 2000.

2) Zaleplon (Sonata) and zolpidem (Ambien) are not recommended for duration of > 7 - 10 days.
4 REVIEW Criteria: 00516 Trigger DOS: 04/24/2002 Assoc. DOS: 04/22/2002
___ CODE Risk Score: 40 MAJOR SEVERITY
___ Letter Type: 300P
References: Facts and Comparisons, 2000 updates.
AHFS DI, Medscape DrugInfo, Medscape Inc., 2000.
Sonata Product Information, Wyeth Laboratories, 2001.

3) Therapeutic duplication of sedative/hypnotics may be occurring.
1 REVIEW Criteria: 00520 Trigger DOS: 04/24/2002 Assoc. DOS: 04/22/2002
___ CODE Risk Score: 10 MAJOR SEVERITY
300 Letter Type: ~~400~~
References: Facts and Comparisons, 2000 updates.
MICROMEDEX Healthcare Series, Drugdex Drug Evaluations, Vol. 108, 2001.

4) Venlafaxine may be over-utilized. The manufacturer's recommended maximum dose for extended-release venlafaxine, is 225mg per day.
9 REVIEW Criteria: 00650 Trigger DOS: 03/25/2002 Assoc. DOS: 02/23/2002
___ CODE Risk Score: 5 MODERATE SEVERITY
___ Letter Type: 300
References: Facts and Comparisons, 2001 Updates.
MICROMEDEX Healthcare Series, Drugdex Drug Evaluations, Vol. 108, 2001.
Effexor XR Product Information, Sept. 2001, Wyeth Laboratories.

5) Sedative/hypnotic drugs, should be administered with caution in patients exhibiting signs and symptons 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.
9 REVIEW Criteria: 00567 Trigger DOS: 04/24/2002 Assoc. DOS: 04/03/2002
___ CODE Risk Score: 5 MODERATE SEVERITY
___ Letter Type: 99
References: Facts and Comparisons, 2000 updates.
MICROMEDEX Healthcare Series, Drugdex Drug Evaluations, Vol. 106, 2000.
MICROMEDEX Healthcare Series, Physicians' Desk Reference, Vol. 106, 2000

6) Duplicate NSAID therapy (including COX-2 inhibitors) may be occurring.
9 REVIEW Criteria: 00535 Trigger DOS: 04/01/2002 Assoc. DOS: 03/19/2002
___ CODE Risk Score: 5 MODERATE SEVERITY
___ Letter Type: 400
References: AHFS Drug Information, 1999 Edition
Facts and Comparisons, 2000 updates.
MICROMEDEX Health Series, Drugdex Drug Evaluations, Vol 103, 2000.

TOTAL RISK: 95
* = Most recent occurrence of drugs identified in potential therapy problem.
- = Occurrences of drugs identified in the same therapeutic class as those involved in the potential therapy problem.
___ Refer to abuse unit.

Drug History

Date of Service	Rx Number	GCN	Drug Description	Strength	Qty	Days	Pharmacy Number	Prescriber Number	LTC Ind
04/24/2002	006729718	16386	WELLBUTRIN SR	150MG	60	30	0330296	0018212	

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Patient ID: [redacted] DOB: 01/04/1967 Age: 35 Gender: F County: 33

Drug History

	Date of Service	Rx Number	GCN		Drug Description	Strength	Qty	Days	Pharmacy Number	Prescriber Number	LTC Ind
03	04/24/2002	004418886	92723	*	SONATA	10MG	60	30	0330296	0018212	
03	04/22/2002	000698801	00871	*	AMBIEN	10MG	30	30	0030619	0019999	
	04/22/2002	000692478	94668		ZIAGEN	300MG	60	30	0030619	0019999	
	04/22/2002	000692477	89621		COMBIVIR	300-150MG	60	30	0030619	0019999	
	04/01/2002	000697515	35793	*	NAPROXEN	500MG	30	15	0030619	0019999	
	04/01/2002	000697514	18020		CYCLOBENZAPRINE HCL	10MG	21	7	0030619	0019999	
	03/25/2002	006722037	16817	*	EFFEXOR XR	75MG	120	30	0330296	0018212	
	03/19/2002	000694963	35744	*	IBUPROFEN	800MG	45	15	0030619	0019999	
	03/19/2002	000692478	94668		ZIAGEN	300MG	60	30	0030619	0019999	
	03/19/2002	000692477	89621		COMBIVIR	300-150MG	60	30	0030619	0019999	
	02/23/2002	006722037	16817	*	EFFEXOR XR	75MG	120	30	0330296	0018212	
	02/18/2002	000694964	63565		ALLEGRA-D	120-60MG	20	10	0030619	0019999	
	02/18/2002	000694963	35744	-	IBUPROFEN	800MG	45	15	0030619	0019999	
	02/16/2002	000692478	94668		ZIAGEN	300MG	60	30	0030619	0019999	
	02/16/2002	000692477	89621		COMBIVIR	300-150MG	60	30	0030619	0019999	
	01/22/2002	006722037	16817	-	EFFEXOR XR	75MG	120	30	0330296	0018212	
	12/31/2001	000683472	94668		ZIAGEN	300MG	60	30	0030619	0019999	
	12/31/2001	000683471	89621		COMBIVIR	300-150MG	60	30	0030619	0019999	
	12/15/2001	006711761	16817	-	EFFEXOR XR	75MG	120	30	0330296	0018212	
	12/08/2001	000683472	94668		ZIAGEN	300MG	60	30	0030619	0019999	
	12/08/2001	000683471	89621		COMBIVIR	300-150MG	60	30	0030619	0019999	
	11/19/2001	000680803	70931		PROPOXYPHENE NAPSYLATE W/	100-650MG	30	5	0030619	0019999	
	11/12/2001	006711761	16817	-	EFFEXOR XR	75MG	120	30	0330296	0018212	
	11/03/2001	000683471	89621		COMBIVIR	300-150MG	60	30	0030619	0019999	
	11/03/2001	000683472	94668		ZIAGEN	300MG	60	30	0030619	0019999	
	10/13/2001	006711761	16817	-	EFFEXOR XR	75MG	120	30	0330296	0018212	
	10/08/2001	000683472	94668		ZIAGEN	300MG	60	30	0030619	0019999	
	10/08/2001	000683471	89621		COMBIVIR	300-150MG	60	30	0030619	0019999	
	10/01/2001	000686734	11260		MEDROXYPROGESTERONE ACETA	10MG	10	10	0030619	0019999	
	09/12/2001	006711761	16817	-	EFFEXOR XR	75MG	120	30	0330296	0018212	
	09/07/2001	000683472	94668		ZIAGEN	300MG	60	30	0030619	0019999	
	09/07/2001	000683471	89621		COMBIVIR	300-150MG	60	30	0030619	0019999	
	08/13/2001	006705293	16817	-	EFFEXOR XR	75MG	120	30	0330296	0018212	
	08/06/2001	000683472	94668		ZIAGEN	300MG	60	30	0030619	0019999	
	08/06/2001	000683471	89621		COMBIVIR	300-150MG	60	30	0030619	0019999	
	07/17/2001	000682380	70333		HYDROCODONE W/ACETAMINOPH	7.5-650MG	12	4	0030619	0060050	
	07/17/2001	000682379	39802		CEPHALEXIN	500MG	21	7	0030619	0060050	
	07/14/2001	006705293	16817	-	EFFEXOR XR	75MG	120	30	0330296	0018212	
	07/12/2001	000682175	90163		SEPTRA DS	800-160MG	14	7	0030619	0019999	
	07/12/2001	000682174	70134		ACETAMINOPHEN W/CODEINE	30-300MG	24	5	0030619	0019999	
	07/10/2001	000682027	89621		COMBIVIR	300-150MG	60	30	0030619	0019999	
	07/10/2001	000682026	94668		ZIAGEN	300MG	60	30	0030619	0019999	
	06/15/2001	000680803	70931		PROPOXYPHENE NAPSYLATE W/	100-650MG	30	5	0030619	0019999	
	06/13/2001	006705292	16391		TRAZODONE HCL	50MG	30	30	0330296	0018212	
	06/13/2001	006699095	16817	-	EFFEXOR XR	75MG	120	30	0330296	0018212	
	06/08/2001	000680391	70339		HYDROCODONE W/ACETAMINOPH	7.5-500MG	12	2	0030619	0019999	
	06/07/2001	000680348	94668		ZIAGEN	300MG	60	30	0030619	0019999	
	06/07/2001	000680347	89621		COMBIVIR	300-150MG	60	30	0030619	0019999	
	05/18/2001	006699095	16817	-	EFFEXOR XR	75MG	120	30	0330296	0018212	

Diagnosis History

	Current Date of Serv	Diag-nosis		ICD9 Code Description	First Date of Serv	# of Occurances	Physician Number
	04/03/02	V611		COUNSELING FOR MARITAL AND PARTNER PROBLEMS	05/08/01	10	0018212
	04/03/02	29633	*	MAJOR DEPRESSIVE AFFECTIVE DISORDER, RECURRENT EPISODE, SEVERE DEGREE,	05/08/01	10	0018212

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Patient ID: [redacted] DOB: 01/04/1967 Age: 35 Gender: F County: 33

Diagnosis History

Current Date of Serv	Diagnosis	ICD9 Code Description	First Date of Serv	# of Occurences	Physician Number
12/31/01	71948	PAIN IN JOINT INVOLVING OTHER SPECIFIED SITES	12/31/01	1	9013977
11/12/01	4659	ACUTE UPPER RESPIRATORY INFECTIONS OF UNSPECIFIED SITE	11/12/01	1	9013977
11/12/01	462	ACUTE PHARYNGITIS	11/12/01	1	0020133
11/06/01	6268	OTHER DISORDERS OF MENSTRUATION AND OTHER ABNORMAL BLEEDING FROM FEMAL	10/01/01	6	9013977
10/26/01	7840	HEADACHE	10/26/01	1	9013977
10/26/01	6269	UNSPECIFIED DISORDERS OF MENSTRUATION AND OTHER ABNORMAL BLEEDING FROM	10/23/01	2	0020133
10/26/01	2189	LEIOMYOMA OF UTERUS, UNSPECIFIED	10/26/01	1	9010984
10/23/01	6266	METRORRHAGIA	10/01/01	2	9013977
10/23/01	6262	EXCESSIVE OR FREQUENT MENSTRUATION	10/23/01	1	9013977
07/25/01	64781	OTHER SPECIFIED INFECTIOUS AND PARASITIC DISEASES OF MOTHER, WITH DELI	07/25/01	1	9013977
06/14/01	3559	MONONEURITIS OF UNSPECIFIED SITE	06/14/01	1	0020133

Prescriber History (3 months)

Prescriber Number	Prescriber Name	Address	City	State
0018212	PINE BELT MENTAL HEA	103 S 19TH AVE	HATTIESBURG	MS
0019999	DEFAULT PROVIDER-VOI	385B HIGHLAND COLONY PKWY	RIDGELAND	MS

Prescriber information above is provided for profile review only and is not provided with letter interventions to prescribers or pharmacies.

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DATE: 05/20/2002
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Patient ID: [redacted] DOB: 12/31/1956 Age: 45 Gender: F County: 24

# of Pharmacies since 12/28/01 = 6
# of Prescribers since 12/28/01 = 7

THERAPEUTIC CRITERIA EXCEPTION

1) Zolpidem (Ambien) and zaleplon (Sonata) are not recommended to be used at doses > 10 mg/day.
H REVIEW Criteria: 00474 Trigger DOS: 04/09/2002 Assoc. DOS: 03/05/2002
__ CODE Risk Score: 225 MAJOR SEVERITY
__ Letter Type: 300
References: USP-DI, 1998
AHFS, 1998
MICROMEDEX Health Series, Drugdex Drug Evaluations, Vol 103, 2000.

2) 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.
1 REVIEW Criteria: 00567 Trigger DOS: 04/15/2002 Assoc. DOS: 01/09/2002
__ CODE Risk Score: 200 MODERATE SEVERITY
__ Letter Type: 99
References: Facts and Comparisons, 2000 updates.
MICROMEDEX Healthcare Series, Drugdex Drug Evaluations, Vol. 106, 2000.
MICROMEDEX Healthcare Series, Physicians' Desk Reference, Vol. 106, 2000

3) Zaleplon (Sonata) and zolpidem (Ambien) are not recommended for duration of > 7 - 10 days.
C REVIEW Criteria: 00516 Trigger DOS: 04/09/2002 Assoc. DOS: 03/05/2002
__ CODE Risk Score: 235 MAJOR SEVERITY
__ Letter Type: 300P
References: Facts and Comparisons, 2000 updates.
AHFS DI, Medscape DrugInfo, Medscape Inc., 2000.
Sonata Product Information, Wyeth Laboratories, 2001.

4) The use of clozapine, olanzapine, risperidone or quetiapine may increase the risk of developing type II diabetes mellitus or impaired glucose tolerance. Patients with a family history of diabetes or with pre-existing diabetes may need to have blood sugar monitored closely or changed to an alternative medication.
C REVIEW Criteria: 00586 Trigger DOS: 04/18/2002 Assoc. DOS: 02/27/2002
__ CODE Risk Score: 200 MODERATE SEVERITY
__ Letter Type: 500
References: MICROMEDEX Healthcare Series, Drugdex Drug Evaluations, Vol. 107, 2001.
Henderson DC, et al., Clozapine, diabetes mellitus, weight gain, and lip
Wirshing DA, etc., Novel antipsychotics and new onset diabetes. Biologic
Physicians' Desk Reference, Micromedex Healthcare Series, Vol. 109, 2001
Wirshing DA, Risperidone-Associated New-Onset Diabetes, Biological Psych

5) The concurrent use of an antidepressant and sedative may result in additive sedation.
9 REVIEW Criteria: 00504 Trigger DOS: 04/12/2002 Assoc. DOS: 04/09/2002
__ CODE Risk Score: 200 MODERATE SEVERITY
__ Letter Type: 100P
References: USP-DI, 1998
AHFS, 1998

6) Due to their potential for abuse and dependance, benzodiazepines should be used with caution in patients with a history of drug abuse.
9 REVIEW Criteria: 00312 Trigger DOS: 04/15/2002 Assoc. DOS: 03/27/2002
__ CODE Risk Score: 200 MODERATE SEVERITY
__ Letter Type: 99
References: USP-DI, 1999
AHFS Drug Information, 1999 Edition

TOTAL RISK: 1,260
* = Most recent occurrence of drugs identified in potential therapy problem.
- = Occurrences of drugs identified in the same therapeutic class as those involved in the potential therapy problem.

__ Refer to abuse unit.

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DATE: 05/20/2002
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Patient ID: [redacted] DOB: 12/31/1956 Age: 45 Gender: F County: 24

Drug History

Date of Service	Rx Number	GCN		Drug Description	Strength	Qty	Days	Pharmacy Number	Prescriber Number	LTC Ind
04/18/2002	006018903	67662	*	SEROQUEL	100MG	90	30	0330594	0117389	
04/18/2002	006028850	18561		CENOGEN-OB	106-1MG	100	100	0330594	0019999	
04/15/2002	000403969	14220	*	DIAZEPAM	10MG	60	15	0035912	0117389	
04/12/2002	000257781	16393	*	TRAZODONE HCL	150MG	30	30	0039390	0117389	
04/09/2002	006307665	00781		NEURONTIN	300MG	60	30	0330338	0117389	
04/09/2002	004307664	00871	*	AMBIEN	10MG	60	30	0330338	0117389	
04/03/2002	007029326	39055		VEETIDS 500	500MG	30	7	0030087	0019999	
04/03/2002	004495483	70333		HYDROCODONE W/ACETAMINOPH	7.5-650MG	15	3	0030087	0019999	
04/01/2002	000410591	70332		HYDROCODONE W/ACETAMINOPH	10-650MG	15	3	0035912	0660387	
04/01/2002	000403969	14220	-	DIAZEPAM	10MG	60	15	0035912	0117389	
03/26/2002	000409650	20941		LAC-HYDRIN	12%	225	12	0035912	0119666	
03/26/2002	000409691	16366		PAXIL	20MG	60	30	0035912	0117389	
03/20/2002	000403969	14220	-	DIAZEPAM	10MG	60	15	0035912	0117389	
03/08/2002	000403969	14220	-	DIAZEPAM	10MG	60	15	0035912	0117389	
03/05/2002	006309422	42193		DIFLUCAN	150MG	1	1	0330338	9013185	
03/05/2002	006309421	90163		SULFAMETHOXAZOLE/TRIMETHO	800-160MG	20	10	0330338	9013185	
03/05/2002	006307665	00781		NEURONTIN	300MG	60	30	0330338	0117389	
03/05/2002	004307664	00871	*	AMBIEN	10MG	60	30	0330338	0117389	
02/27/2002	006018903	67662	*	SEROQUEL	100MG	90	30	0330594	0117389	
02/26/2002	000404607	70333		HYDROCODONE W/ACETAMINOPH	7.5-650MG	15	3	0035912	0660387	
02/26/2002	000404606	39055		PENICILLIN V POTASSIUM	500MG	30	7	0035912	0660387	
02/22/2002	000403969	14220	-	DIAZEPAM	10MG	60	15	0035912	0117389	
02/19/2002	006018904	16366		PAXIL	20MG	60	30	0330594	0117389	
02/19/2002	003029761	70270		PANLOR DC	16-356-30	20	2	0330594	0018802	
02/12/2002	004432546	14220	-	DIAZEPAM	10MG	120	30	0030434	0117389	
02/07/2002	006307665	00781		NEURONTIN	300MG	60	30	0330338	0117389	
02/07/2002	004307664	00871	-	AMBIEN	10MG	60	30	0330338	0117389	
01/24/2002	004027059	14220	-	DIAZEPAM	10MG	60	15	0330594	0117389	
01/14/2002	000253111	10200		RANITIDINE HCL	150MG	28	14	0039390	9013185	
01/14/2002	000253110	43032		METRONIDAZOLE	500MG	42	14	0039390	9013185	
01/14/2002	000253109	39661		AMOXICILLIN	500MG	42	14	0039390	9013185	
01/09/2002	006018904	16366		PAXIL	20MG	60	30	0330594	0117389	
01/09/2002	006018903	67662	-	SEROQUEL	100MG	90	30	0330594	0117389	
01/09/2002	006027529	70889		ANEMAGEN OB	28-1MG	100	100	0330594	0019999	
01/09/2002	006307665	00781		NEURONTIN	300MG	60	30	0330338	0117389	
01/09/2002	004307664	00871	*	AMBIEN	10MG	60	30	0330338	0117389	
01/07/2002	006307571	35793		NAPROXEN	500MG	60	30	0330338	0010095	
12/31/2001	004432546	14220	-	DIAZEPAM	10MG	120	30	0030434	0117389	
12/11/2001	006018904	16366		PAXIL	20MG	60	30	0330594	0117389	
12/11/2001	004306721	00871	-	AMBIEN	10MG	60	30	0330338	0117389	
12/11/2001	000249507	16817		EFFEXOR XR	75MG	30	30	0039390	0117389	
12/05/2001	006018903	67662	-	SEROQUEL	100MG	90	30	0330594	0117389	
12/05/2001	006736050	15082	-	ZYPREXA	10MG	30	30	0030434	0117389	
11/26/2001	004432546	14220	-	DIAZEPAM	10MG	120	30	0030434	0117389	
11/13/2001	004020123	14220	-	DIAZEPAM	10MG	60	15	0330594	0117389	
11/13/2001	004020122	00871	-	AMBIEN	10MG	60	30	0330594	0117389	
10/31/2001	000249508	67661	-	SEROQUEL	25MG	240	30	0039390	0117389	
10/31/2001	000249507	16817		EFFEXOR XR	75MG	30	30	0039390	0117389	
10/31/2001	000249506	16366		PAXIL	20MG	60	30	0039390	0117389	
10/15/2001	004432547	00871	-	AMBIEN	10MG	60	30	0030434	0117389	
10/15/2001	004432546	14220	-	DIAZEPAM	10MG	120	30	0030434	0117389	
10/11/2001	006018904	16366		PAXIL	20MG	60	30	0330594	0117389	
10/03/2001	004020123	14220	-	DIAZEPAM	10MG	60	15	0330594	0117389	
09/18/2001	004020123	14220	-	DIAZEPAM	10MG	60	15	0330594	0117389	
09/18/2001	004020122	00871	-	AMBIEN	10MG	60	30	0330594	0117389	
09/03/2001	004202044	00871	-	AMBIEN	10MG	60	30	0330482	0117389	
08/31/2001	004020123	14220	-	DIAZEPAM	10MG	60	15	0330594	0117389	
08/24/2001	006018903	67662	-	SEROQUEL	100MG	90	30	0330594	0117389	
08/13/2001	006018904	16366		PAXIL	20MG	60	30	0330594	0117389	

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DATE: 05/20/2002
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Patient ID: [redacted] DOB: 12/31/1956 Age: 45 Gender: F County: 24

Drug History

Date of Service	Rx Number	GCN	Drug Description	Strength	Qty	Days	Pharmacy Number	Prescriber Number	LTC Ind
08/13/2001	004020123	14220	- DIAZEPAM	10MG	60	15	0330594	0117389	
07/28/2001	004020183	14220	- DIAZEPAM	10MG	60	15	0330594	0117389	
07/28/2001	004020122	00871	- AMBIEN	10MG	60	30	0330594	0117389	
07/13/2001	006011720	92984	NATATAB FA	29-1MG	100	100	0330594	0019999	
07/11/2001	004202044	00871	- AMBIEN	10MG	60	30	0330482	0117389	
07/05/2001	004431557	14220	- DIAZEPAM	10MG	120	30	0030434	0117389	
06/25/2001	006018904	16366	PAXIL	20MG	60	30	0330594	0117389	
06/25/2001	006018903	67662	- SEROQUEL	100MG	90	30	0330594	0117389	
06/12/2001	004431557	14220	- DIAZEPAM	10MG	120	30	0030434	0117389	
06/10/2001	004202044	00871	- AMBIEN	10MG	60	30	0330482	0117389	
06/04/2001	004017042	70931	PROPOXYPHENE NAPSYLATE W/	100-650MG	30	5	0330594	0116159	
05/17/2001	004431557	14220	- DIAZEPAM	10MG	120	30	0030434	0117389	
05/16/2001	006736050	15082	- ZYPREXA	10MG	30	30	0030434	0117389	
05/16/2001	006732138	16366	PAXIL	20MG	30	30	0030434	0117389	
05/16/2001	004431080	00871	- AMBIEN	10MG	60	30	0030434	0117389	
05/04/2001	004017042	70931	PROPOXYPHENE NAPSYLATE W/	100-650MG	30	5	0330594	0116159	

Diagnosis History

Current Date of Serv	Diag-nosis	ICD9 Code Description	First Date of Serv	# of Occur ences	Physician Number
03/27/02	30480 *	COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG, UNSPECIFIE	05/02/01	7	0018213
03/27/02	30183	BORDERLINE PERSONALITY	05/02/01	8	0018213
03/27/02	3004	NEUROTIC DEPRESSION	05/02/01	7	0018213
03/05/02	V016	CONTACT WITH OR EXPOSURE TO VENEREAL DISEASES	03/05/02	1	0120321
03/05/02	59989	OTHER SPECIFIED DISORDERS OF URINARY TRACT	03/05/02	1	9013185
02/19/02	E927	OVEREXERTION AND STRENUOUS MOVEMENTS	02/19/02	1	9013297
02/19/02	E8499	ACCIDENTS OCCURRING IN UNSPECIFIED PLACE	02/19/02	1	9013297
02/19/02	84500	UNSPECIFIED SITE OF ANKLE SPRAIN	02/19/02	1	9013297
02/19/02	7823	EDEMA	02/19/02	1	9014149
01/14/02	V700	ROUTINE GENERAL MEDICAL EXAMINATION AT A HEALTH CARE FACILITY	01/14/02	1	0120321
01/14/02	V5869	LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS	01/14/02	1	0120321
01/09/02	36500	PREGLAUCOMA, UNSPECIFIED	07/09/01	2	0087660
01/09/02	29633 *	MAJOR DEPRESSIVE AFFECTIVE DISORDER, RECURRENT EPISODE, SEVERE DEGREE,	05/10/01	9	0117389
01/07/02	7245	BACKACHE, UNSPECIFIED	01/07/02	1	0010095
10/24/01	5990	URINARY TRACT INFECTION, SITE NOT SPECIFIED	10/19/01	1	0020226
10/24/01	30560	NONDEPENDENT COCAINE ABUSE, UNSPECIFIED USE	10/19/01	1	0020226
10/05/01	311	DEPRESSIVE DISORDER, NOT ELSEWHERE CLASSIFIED	10/05/01	2	0020226
10/05/01	3009	UNSPECIFIED NEUROTIC DISORDER	10/05/01	2	9011455
05/22/01	V242	ROUTINE POSTPARTUM FOLLOW-UP	04/30/01	3	0019240
05/04/01	V252	STERILIZATION	05/04/01	4	9014078
05/04/01	30393	OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE, IN REMISSION	05/04/01	1	0020221
05/04/01	29680	MANIC-DEPRESSIVE PSYCHOSIS, UNSPECIFIED	05/04/01	1	0020221

Prescriber History (3 months)

Prescriber Number	Prescriber Name	Address	City	State
0018802	MESSER JR, THOMAS MD	415 SO 28TH AVE	HATTIESBURG	MS
0019999	DEFAULT PROVIDER-VOI	385B HIGHLAND COLONY PKWY	RIDGELAND	MS
0117389	PYLES, PAUL MD	2318 PASS RD #5	BILOXI	MS
0119666	DIMITRIADES, DIMITRI	1643 E PASS RD	GULFPORT	MS
0660387	MALLETTE, KERMIT DDS	COASTAL FAMILY HEALTH	BILOXI	MS
9013185	COASTAL FHC - BILOXI	683 E DIVISION STREET	BILOXI	MS

Prescriber information above is provided for profile review only and is not provided with letter interventions to prescribers or pharmacies.

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# of Pharmacies since 12/28/01 = 4
# of Prescribers since 12/28/01 = 9

THERAPEUTIC CRITERIA EXCEPTION

1) Therapeutic duplication of skeletal muscle relaxants may be occurring.
1 REVIEW Criteria: 00620 Trigger DOS: 04/01/2002 Assoc. DOS: 03/18/2002
1 CODE Risk Score: 170 MODERATE SEVERITY
302 Letter Type: 400
References: Facts and Comparisons, 2001 Updates.
MICROMEDEX Healthcare Series, Drugdex Drug Evaluations, Vol. 108, 2001.

multiple fills

2) Narcotic agents may be overutilized.
9 REVIEW Criteria: 00085 Trigger DOS: 04/12/2002 Assoc. DOS: 03/18/2002
1 CODE Risk Score: 185 MODERATE SEVERITY
___ Letter Type: 300P
References: Facts and Comparisons, 2001 updates
AMA Psychiatry for Primary Care Physicians 1998. Pages 42-62.

3) The concurrent use of tizanidine and CNS depressant medications may result in additive sedation.
9 REVIEW Criteria: 00667 Trigger DOS: 04/01/2002 Assoc. DOS: 03/14/2002
1 CODE Risk Score: 175 MAJOR SEVERITY
___ Letter Type: 100P
References: USP-DI, Micromedex Healthcare Series, Vol.109, 2001.
Physicians' Desk Reference, Micromedex Healthcare Series, Vol. 110, 2001

4) Tizanidine occassionally causes liver injury. Monitoring aminotransferase levels is recommended during the first 6 months of treatment (e.g. baseline 1, 3 and 6 months) and periodically thereafter, based on clinical status.
9 REVIEW Criteria: 00664 Trigger DOS: 04/01/2002 Assoc. DOS: 04/01/2002
1 CODE Risk Score: 175 MAJOR SEVERITY
___ Letter Type: 500
References: Facts and Comparisons, 2001 Updates.
MICROMEDEX Healthcare Series, Drugdex Drug Evaluations, Vol. 108, 2001.
Physicians' Desk Reference, Micromedex Healthcare Series, Vol. 110, 2001

TOTAL RISK: 705
* = Most recent occurrence of drugs identified in potential therapy problem.
- = Occurrences of drugs identified in the same therapeutic class as those involved in the potential therapy problem.
___ Refer to abuse unit.

Drug History

	Date of Service	Rx Number	GCN		Drug Description	Strength	Qty	Days	Pharmacy Number	Prescriber Number	LTC Ind
	04/15/2002	006393861	35742		IBUPROFEN	600MG	20	6	0030641	0116830	
	04/15/2002	006393860	37499		METHYLPREDNISOLONE	4MG	21	6	0030641	0116830	
	04/12/2002	004427536 ✓	70333	*	HYDROCODONE W/ACETAMINOPH	7.5-650MG ✓	120	30	0030137	0119879	
QT	04/01/2002	006392884	14693	*	ZANAFLEX	4MG	90	30	0030641	0114581 1	
	03/27/2002	006392883	90163		SULFAMETHOXAZOLE/TRIMETHO	800-160MG	20	10	0030641	0114581	
QT	03/18/2002	006831459	17920	*	SKELAXIN	400MG	120	20	0030137	0119879 2	
	03/18/2002	004427537	13841	-	TEMAZEPAM	30MG	30	30	0030137	0119879	
	03/18/2002	004427536 ✓	70333	*	HYDROCODONE W/ACETAMINOPH	7.5-650MG	120	30	0030137	0119879	
	03/14/2002	000663974	72531	*	BUTALBITAL/APAP/CAFFEINE	500-40-50	40	5	0330197	0124231	
QT	03/04/2002	006391572	17892	-	METHOCARBAMOL Robaxin	500MG	30	10	0030641	0121571 3	
	03/04/2002	006391571	37499		METHYLPREDNISOLONE	4MG	21	6	0030641	0121571	
	03/04/2002	006391570	35793		NAPROXEN	500MG	30	15	0030641	0121571	
	03/02/2002	004314803 ✓	70333	-	HYDROCODONE W/ACETAMINOPH	7.5-650MG	15	5	0030641	2 0121499	
	03/01/2002	000122814	03513		KLOR-CON M20	20MEQ	32	32	0330584	0113051	
	02/26/2002	000125905	35741		IBUPROFEN	400MG	20	5	0330584	0121571	
	02/26/2002	000125902	17520		AMANTADINE HCL	100MG	10	5	0330584	0121571	
	02/26/2002	000125901	70331	-	HYDROCODONE W/ACETAMINOPH	5-500MG	20	10	0330584	0121571	
	02/21/2002	006390980	07221		ULTRAM	50MG	120	15	0030641	0117554	
	02/21/2002	006390979	15481		BEXTRA	20MG	30	30	0030641	0117554	
	02/21/2002	004314698	70332	-	HYDROCODONE W/ACETAMINOPH	10-650MG	120	(30)	0030641	0117554	

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Drug History

Date of Service	Rx Number	GCN	Drug Description	Strength	Qty	Days	Pharmacy Number	Prescriber Number	LTC Ind
02/21/2002	004314697	13841	- TEMAZEPAM	30MG	30	30	0030641	0117554	
02/04/2002	004314531	70332	- HYDROCODONE W/ACETAMINOPH	10-650MG	60	15	0030641	0117554	
02/04/2002	004314530	13841	- TEMAZEPAM	30MG	17	17	0030641	0117554	
02/01/2002	000122814	03513	KLOR-CON M20	20MEQ	32	32	0330584	0113851	
01/25/2002	006389608	07221	ULTRAM	50MG	50	12	0030641	0113851	
01/21/2002	006389329	93161	VIOXX	25MG	30	30	0030641	0113703	
01/16/2002	004314361	70333	- HYDROCODONE W/ACETAMINOPH	7.5-650MG	80	20	0030641	0117554	
01/16/2002	004314360	13841	- TEMAZEPAM	30MG	30	30	0030641	0117554	
01/07/2002	000122814	03513	K-DUR	20MEQ	32	32	0330584	0113851	
01/07/2002	000122813	32962	RELAFEN	750MG	60	30	0330584	0113851	
01/04/2002	006388615	07221	ULTRAM	50MG	50	12	0030641	0113703	
12/29/2001	004314194	70332	- HYDROCODONE W/ACETAMINOPH	10-650MG	40	10	0030641	0113703	
12/19/2001	004314114	70332	- HYDROCODONE W/ACETAMINOPH	10-650MG	50	12	0030641	0113703	
12/14/2001	004314057	70332	- HYDROCODONE W/ACETAMINOPH	10-650MG	50	7	0030641	0113703	
12/07/2001	004313982	70332	- HYDROCODONE W/ACETAMINOPH	10-650MG	50	10	0030641	0113703	
11/29/2001	006386882	16374	ZOLOFT	50MG	30	30	0030641	0113703	
11/29/2001	004313891	70332	- HYDROCODONE W/ACETAMINOPH	10-650MG	50	10	0030641	0113703	
11/23/2001	004313840	70333	- HYDROCODONE W/ACETAMINOPH	7.5-650MG	50	10	0030641	0113703	
11/16/2001	004313788	70332	- HYDROCODONE W/ACETAMINOPH	10-650MG	50	12	0030641	0113703	
11/09/2001	004313704	70332	- HYDROCODONE W/ACETAMINOPH	10-650MG	50	12	0030641	0113703	
10/31/2001	004313622	70332	- HYDROCODONE W/ACETAMINOPH	10-650MG	50	10	0030641	0113703	
10/24/2001	004313561	70332	- HYDROCODONE W/ACETAMINOPH	10-650MG	40	8	0030641	0113703	
10/20/2001	004313529	70333	- HYDROCODONE W/ACETAMINOPH	7.5-650MG	40	6	0030641	0113703	
10/16/2001	004026162	70333	- HYDROCODONE W/ACETAMINOPH	7.5-650MG	20	3	0030066	9014346	
10/13/2001	006384719	27172	PREDNISONE	10MG	30	15	0030641	0010911	
10/13/2001	006384718	17920	- SKELAXIN	400MG	100	12	0030641	0010911	
10/10/2001	000116752	13841	- TEMAZEPAM	30MG	30	30	0330584	0117554	
10/08/2001	004313407	70333	- HYDROCODONE W/ACETAMINOPH	7.5-650MG	40	6	0030641	0113703	
10/05/2001	004026042	70332	- HYDROCODONE W/ACETAMINOPH	10-650MG	60	12	0030066	9013096	
09/28/2001	004313317	70333	- HYDROCODONE W/ACETAMINOPH	7.5-650MG	40	6	0030641	0113703	
09/13/2001	004313195	13841	- TEMAZEPAM	30MG	20	20	0030641	0117554	
09/13/2001	004313194	70332	- HYDROCODONE W/ACETAMINOPH	10-650MG	60	15	0030641	0117554	
08/23/2001	006117256	07221	ULTRAM	50MG	60	20	0030066	9013096	
07/28/2001	006381085	35793	NAPROXEN	500MG	20	10	0030641	0121499	
07/28/2001	004312764	70931	- PROPOXYPHENE NAPSYLATE W/	100-650MG	15	5	0030641	0121499	
06/23/2001	006379667	35793	NAPROXEN	500MG	40	20	0030641	0113703	
05/30/2001	004312284	13011	MERIDIA	10MG	30	30	0030641	0113703	
05/23/2001	006378321	43032	METRONIDAZOLE	500MG	14	7	0030641	0113703	
05/23/2001	006378320	42193	DIFLUCAN	150MG	1	1	0030641	0113703	
05/23/2001	006378319	40360	DOXYCYCLINE HYCLATE	100MG	14	7	0030641	0113703	

Diagnosis History

Current Date of Serv	Diag-nosis	ICD9 Code Description	First Date of Serv	# of Occur ences	Physician Number
03/25/02	7242	LUMBAGO	06/22/01	12	9015744
03/23/02	72210	DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY	09/25/01	4	0440872
03/04/02	72885	SPASM OF MUSCLE	03/04/02	1	0121571
02/27/02	7291	MYALGIA AND MYOSITIS, UNSPECIFIED	01/21/02	2	9014346
02/26/02	7292	NEURALGIA, NEURITIS, AND RADICULITIS, UNSPECIFIED	02/10/02	4	0020156
02/24/02	8469	UNSPECIFIED SITE OF SACROILIAC REGION SPRAIN	02/24/02	2	0020156
02/21/02	7295	PAIN IN LIMB	09/28/01	4	0020025
02/21/02	3019	UNSPECIFIED PERSONALITY DISORDER	11/07/01	5	0018206
02/21/02	2768	HYPOPOTASSEMIA	01/16/02	3	0020025
01/28/02	7245	BACKACHE, UNSPECIFIED	01/28/02	1	0020149
01/21/02	7336	TIETZE'S DISEASE	01/06/02	5	0116851
01/07/02	79431	NONSPECIFIC ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	01/06/02	3	9012469
01/06/02	7943	NONSPECIFIC ABNORMAL RESULTS OF FUNCTION STUDY OF CARDIOVASCULAR SYSTE	01/06/02	1	9014346

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Diagnosis History

Current Date of Serv	Diagnosis	ICD9 Code Description	First Date of Serv	# of Occurences	Physician Number
11/29/01	311	DEPRESSIVE DISORDER, NOT ELSEWHERE CLASSIFIED	11/29/01	1	9014346
10/18/01	7906	OTHER ABNORMAL BLOOD CHEMISTRY	10/18/01	1	9014346
10/18/01	7194	PAIN IN JOINT	10/18/01	1	9014346
10/13/01	72252	DEGENERATION OF LUMBAR OR LUMBOSACRAL INTERVERTEBRAL DISC	10/13/01	2	9012469
10/13/01	71926	VILLONODULAR SYNOVITIS INVOLVING LOWER LEG	10/13/01	2	9012469
10/10/01	7244	THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED	08/23/01	3	9015360
09/28/01	71690	UNSPECIFIED ARTHROPATHY, SITE UNSPECIFIED	08/23/01	2	0020025
09/20/01	7229	OTHER AND UNSPECIFIED DISC DISORDER	09/20/01	1	9014346
08/08/01	V571	CARE INVOLVING OTHER PHYSICAL THERAPY	08/08/01	1	0020025
08/08/01	7213	LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY	08/08/01	2	0020025
08/02/01	7820	DISTURBANCE OF SKIN SENSATION	08/02/01	1	9014572
07/23/01	78659	OTHER CHEST PAIN	07/22/01	3	9012469
05/23/01	61610	VAGINITIS AND VULVOVAGINITIS, UNSPECIFIED	05/23/01	1	0116851
05/23/01	6161	VAGINITIS AND VULVOVAGINITIS	05/23/01	1	9014346
05/23/01	6160	CERVICITIS AND ENDOCERVICITIS	05/23/01	1	9014346
05/22/01	78079	OTHER MALAISE AND FATIGUE	05/22/01	1	0116851
05/22/01	7807	MALAISE AND FATIGUE	05/22/01	1	9014346
05/22/01	71943	PAIN IN JOINT INVOLVING FOREARM	05/22/01	2	9012469
05/22/01	27800	OBESITY, UNSPECIFIED	05/22/01	1	0116851
05/22/01	2780	OBESITY	05/22/01	1	9014346

Prescriber History (3 months)

Prescriber Number	Prescriber Name	Address	City	State
0113851	WILSON, JAMES MD	WINONA FAMILY PRACTICE	WINONA	MS
0114581	BATES, SANDRA CFNP	126 NORTH LOUISVILLE STREET	ACKERMAN	MS
0116830	PITCOCK, ROBERT MD	960 AVENT DR	GRENADA	MS
0117554	MADDEN, DAVID MD	P O BOX 6469	LAUREL	MS
0119879	BESSELIEVRE, TODD MD	300 SE 3RD AVE	MAGEE	MS
0121499	RAO, GUTTI MD	408 TYLER HOLMES DRIVE	WINONA	MS
0121571	GUTTI, KUMARI MD	408 TYLER HOLMES DR	WINONA	MS
0124231	POE, KATRINA MD	303 LAMAR AVENUE	KILMICHAEL	MS

Prescriber information above is provided for profile review only and is not provided with letter interventions to prescribers or pharmacies.

Cycle Date(s):01/28/02

DRUG/DISEASE INTERACTION

PROBLEM CODE	DESCRIPTION	# OF CASES	% OF CASES
008	HYPERTENSION	2	.53%
025	ARRHYTHMIAS	1	.27%
044	OVERUTIL. OF SEDATIVE AGENTS	2	.53%
051	ADVERSE FETAL EFFECTS	1	.27%
052	CONVULSIONS	2	.53%
090	HEPATIC DISORDERS	2	.53%
101	HISTORY OF DRUG ABUSE	2	.53%
106	RESPIRATORY DISORDERS	1	.27%
SUBTOTAL		13	3.46%

DRUG/DRUG CONFLICTS

PROBLEM CODE	DESCRIPTION	# OF CASES	% OF CASES
008	HYPERTENSION	2	.53%
020	SULFONYLUREA-IMPAIRED/ENHANCED RESPONSE	1	.27%
029	ADDITIVE SEDATION	8	2.13%
031	TCA AGENT TOXICITY	1	.27%
046	DUPLICATE ANTIULCER THERAPY	2	.53%
047	ACEI DUPLICATE THERAPY	2	.53%
049	DUPLICATE NSAID THERAPY	6	1.6%

055		GASTROINTESTINAL DISORDER
1	.27%	
084		THERAPEUTIC DUPLICATION OF SEDATIVE/HYPNOTIC AGENTS
2	.53%	
085		THERAPEUTIC DUPLICATION OF ANXIOLYTIC AGENTS
4	1.06%	
088		NSAID INTERACTION
1	.27%	
124		AZOLE ANTIFUNGAL INTERACTION
1	.27%	
145		THERAPEUTIC DUPLICATION OF SKELETAL MUSCLE RELAXANTS
15	3.99%	
152		THERAPEUTIC DUPLICATION OF BETA BLOCKERS
1	.27%	
SUBTOTAL		
47	12.52%	

OVER-UTILIZATION

PROBLEM CODE	DESCRIPTION	# OF CASES	% OF CASES
041	OVERUTIL. OF ANTIULCER AGENTS	1	.27%
042	OVERUTIL. OF NARCOTIC AGENTS	187	49.73%
044	OVERUTIL. OF SEDATIVE AGENTS	16	4.26%
045	OVERUTIL. OF ANXIOLYTIC AGENTS	3	.8%
091	OVERUTILIZATION	23	6.12%
132	OVERUTILIZATION OF BUTALBITAL	1	.27%

SUBTOTAL		
231	61.45%	

CLINICAL APPROPRIATENESS

PROBLEM CODE	DESCRIPTION	# OF CASES	% OF CASES

082		INAPPROPRIATE THERAPY FOR ELDERLY
13	3.46%	
091		OVERUTILIZATION
2	.53%	
125		DISEASE STATE MANAGEMENT
63	16.76%	
128		COST CONTROL
1	.27%	
130		ADVERSE ANTIPSYCHOTIC EFFECT
2	.53%	
141		INAPPROPRIATE MIGRAINE THERAPY
3	.8%	
159		TIZANIDINE TOXICITY
1	.27%	

SUBTOTAL	
85	22.62%

TOTALS	
376	100□

Program(s): ALL
Cycle Date(s):05/20/02

DRUG/DISEASE INTERACTION

PROBLEM CODE	# OF CASES	% OF CASES	DESCRIPTION
007	7	.59%	BETA BLOCKER INTERACTION
008	37	3.11%	HYPERTENSION
009	2	.17%	RENAL IMPAIRMENT
020	1	.08%	SULFONYLUREA-IMPAIRED/ENHANCED RESPONSE
025	1	.08%	ARRHYTHMIAS
044	30	2.53%	OVERUTIL. OF SEDATIVE AGENTS
051	2	.17%	ADVERSE FETAL EFFECTS
055	1	.08%	GASTROINTESTINAL DISORDER
056	1	.08%	HYPERURICEMIA
061	1	.08%	ASTHMA
080	8	.67%	CONGESTIVE HEART FAILURE
090	1	.08%	HEPATIC DISORDERS
100	2	.17%	HEPATIC IMPAIRMENT
101	59	4.97%	HISTORY OF DRUG ABUSE
107	1	.08%	BLOOD DYSCRASIAS
114	1	.08%	HYPOKALEMIA
138	2	.17%	INCREASED CHOLINERGIC EFFECTS
160	1	.08%	ADVERSE TIZANIDINE EFFECTS
SUBTOTAL	158	13.27%	

DRUG/DRUG CONFLICTS

PROBLEM CODE	DESCRIPTION	# OF CASES	% OF CASES
002	ANTICOAGULANT INTERACTION	1	.08%
003	CARDIAC GLYCOSIDE INTERACTION	1	.08%
008	HYPERTENSION	11	.93%
009	RENAL IMPAIRMENT	5	.42%
010	METHOTREXATE TOXICITY	2	.17%
011	LITHIUM TOXICITY	1	.08%
014	CARBAMAZEPINE TOXICITY	1	.08%
016	IMPAIRED CORTICOSTEROID EFFECT	1	.08%
018	BARBITURATE INTERACTION	1	.08%
020	SULFONYLUREA-IMPAIRED/ENHANCED RESPONSE	1	.08%
029	ADDITIVE SEDATION	34	2.86%
031	TCA AGENT TOXICITY	16	1.35%
046	DUPLICATE ANTIULCER THERAPY	8	.67%
047	ACEI DUPLICATE THERAPY	2	.17%
048	CALCIUM CHANNEL BLOCKER DUP TX	1	.08%
049	DUPLICATE NSAID THERAPY	12	1.01%
050	HYPERKALEMIA	3	.25%
068	DUPLICATE ANTIPSYCHOTIC THERAPY	3	.25%
069	DUPLICATE ANTIDEPRESSANT THERAPY	14	1.18%
073	CIMETIDINE INTERACTION	1	.08%

074	FLUVOXAMINE INTERACTION	1 .08%
084	THERAPEUTIC DUPLICATION OF SEDATIVE/HYPNOTIC AGENTS	10 .84%
085	THERAPEUTIC DUPLICATION OF ANXIOLYTIC AGENTS	16 1.35%
086	SALICYLATE INTERACTION	

036		UNDERUTIL. OF BETA BLOCKERS
89	7.49%	
040		UNDERUTILIZATION OF PHENYTOIN
1	.08%	
142		UNDERUTILIZATION OF HRT
1	.08%	
SUBTOTAL		
91	7.65%	

CLINICAL APPROPRIATENESS

PROBLEM CODE		DESCRIPTION	# OF CASES	% OF CASES
082		INAPPROPRIATE THERAPY FOR ELDERLY		
343	28.87%			
125		DISEASE STATE MANAGEMENT		
33	2.78%			
128		COST CONTROL		
35	2.95%			
130		ADVERSE ANTIPSYCHOTIC EFFECT		
8	.67%			
141		INAPPROPRIATE MIGRAINE THERAPY		
1	.08%			
149		DEPRESSION		
7	.59%			
159		TIZANIDINE TOXICITY		
4	.34%			
SUBTOTAL				
431	36.28%			
TOTALS				
1,188	100□			