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

September 23, 2004

Room 139 Woolfolk Building
2 PM

DIVISION OF MEDICAID
OFFICE OF THE GOVERNOR
DRUG UTILIZATION REVIEW BOARD
AGENDA

September 23, 2004

Welcome	**Tim Alford, MD**
Reading & Approval of Minutes Of June 24, 2004 DUR Board Meeting	**Lew Anne Snow, RN**
Update on Therapeutic Duplication Of Atypical Antipsychotics	**Sam Warman, RPh**
Update on Over Utilization of Sedative Agents- Ambien® and Sonata®	**Sam Warman, RPh**
Survey of diagnoses for Neurontin® (gabapentin) Use	**Sam Warman, RPh**
Pharmacy Program Update	**Judith Clark, RPh**
FDA Labeling Updates	**Sam Warman, RPh**
Trend Summary	**Lew Anne Snow, RN**
Suggested Interventions	**Sam Warman, RPh**
Next Meeting Information	**Tim Alford, MD**

Minutes of the June 24, 2004
Drug Utilization Review (DUR) Board Meeting

Members Attending: Tim Alford, M.D., Bob Broadus, RPh, Clarence Dubose, RPh, John Mitchell, M.D., Joe McGuffee, RPh., Andrea Phillips, M.D., Cynthia Undesser, M.D., Rudy Runnels, M.D., Diana McGowan, RPh. ,Leigh Anne Ramsey, PharmD., Sara Weisenberger, M.D.

Members Absent: Montez Carter

Also Present: Lew Anne Snow, R.N., Pam DeRuiter, RPh, - HID, Judith Clark, RPh, Terri Kirby, RPh, Phyllis Williams, Sharon Barnett- Myers, DOM.

Dr. Tim Alford called the meeting to order at 2:07 p.m.
Lew Anne Snow introduced Pam DeRuiter from the Auburn office of HID to the DUR Board.

Approval of minutes of last meeting (March 25, 2004): Bob Broadus made a motion to accept the minutes as written. Joe McGuffee seconded the motion. All voted in favor of the approval.

Reports:
Update on Over-Utilization of Carisoprodol:
Lew Anne Snow presented a report requested by the DUR Board on the over-utilization of Carisoprodol. Data was reviewed from July, 2003 through September, 2003, with a finding of 308 recipients identified for possible intervention. Of those profiles reviewed 197 intervention letters were mailed. As of 04/15/04 73 responses were received.

The following recommendations were made.
1. Continue to mail intervention letters where appropriate regarding the over utilization of carisoprodol.
2. Continue to record and evaluate prescriber responses.
3. Communicate the findings of this evaluation to prescribers and pharmacy providers.
4. Report those responses that suggest lock-in or possible drug-seeking behavior to DOM due to the fact that 47 beneficiaries had intervention letters mailed to multiple prescribers.

Update on Over Utilization of Narcotic Agents:
Lew Anne Snow (HID) presented an update on the over-utilization of narcotic (C II – V) agents. Data was reviewed from June, 2003 through January, 2004. A total of 69 beneficiaries were available for intervention letters. It was reported that those beneficiaries with a diagnosis of cancer were excluded from the interventions.

Recommendations:
1. Continue mail intervention letters where appropriate regarding the over utilization of narcotic agents
2. Continue to record and evaluate prescriber responses.

3. Communicate the findings of this evaluation to prescribers and pharmacy providers.
4. Conduct additional retrospective evaluations targeting over utilization of narcotic agents by identifying beneficiaries that utilize multiple prescribers and providers.

Black Box Warning:
Lew Anne Snow presented black box warnings issued by the FDA concerning the following:

- Zelnorm – The new information relates to a warning for serious consequences of diarrhea and a precaution for rare reports of ischemic colitis in post marketing use of Zelnorm.

Pam DeRuiter (HID) informed the board that Serzone had been removed from the market due to warnings issued regarding hepatic toxicity.

Pharmacy Program Updates:
Judy Clark gave an update regarding the new Maximum Dosage Requirements effective July 1, 2004. In order for a beneficiary to receive more than the maximum daily dose allowed by the MS Division of Medicaid, the physician must submit a Maximum Unit override request to HID. The maximum daily dose is determined according to the FDA approved and manufacturers suggested recommended daily dose. MS Division of Medicaid will allow a 34 days supply of medication at the recommended dose. Mrs. Clark explained that maximum dose limits are assigned and utilized as a way to address abuse and over utilization of all medications. Medicaid is currently reviewing Hypnotics, Narcotic Analgesic Combinations, Central Analgesics, Non-Narcotic Analgesics with Barbiturates, Skeletal Muscle Relaxants, Flextra DS and Flextra 650. After much general discussion regarding the above classes, the general consensus of the Board was to set a maximum daily limit of 3 Grams of acetaminophen per day.

Beginning August 1, 2004, MS Division of Medicaid will require counterfeit-proof prescription pads for all controlled substances. After October 1, 2004 when a counterfeit-proof prescription pad is not used, the pharmacy will be required to contact the prescribing physician's office to verify authenticity of the prescription.

Sharon Barnett-Myers was introduced as the new Deputy Administrator for MS Division of Medicaid. She gave a brief statement regarding the vision of the MS Division of Medicaid. Sharon Barnett-Myers then excused herself to attend other obligations.

Beta Agonist Over-Utilization:
Pam DeRuiter presented the intervention letters that would be sent to both the prescribing physician as well as the provider pharmacy for those beneficiaries identified with possible over-utilization of inhaled beta agonists.

Recommendation:
Joe McGuffee made a motion to accept both intervention letters. Dr. Mitchell seconded the motion. All voted in favor of the motion.

RDUR Criteria Recommendations:
Several new criteria recommendations used in the retrospective DUR process were presented. The RDUR criteria recommendations included:

- Diabetes/Hypertension/Cardiovascular Drugs
  Patient has a history of diabetes and hypertension and may benefit from the addition of an anti-hypertensive agent to reduce cardiovascular morbidity and mortality.
- Certain Antihypertensive Agents/Post MI/Beta-blockers, ACE Inhibitor & Aldosterone Antagonist
  Patient has a diagnosis of myocardial infarction and is on an anti-hypertensive medication. The current JNC-7 report recommends a beta-blocker, ACE inhibitor or an aldosterone antagonist as optimal antihypertensive therapy for hypertensive post myocardial infarction patients, if no contraindications are present.
- Certain Antihypertensive Agents/Stroke/Thiazide diuretics & ACE Inhibitors
  Patient has a history of stroke and is on an anti-hypertensive medication. The current JNC-7 report suggests that recurrent stroke rates are lowered by the combination of an ACE inhibitor and a thiazide-type diuretic, if no contraindications are present.
- Certain Antihypertensive Agents/Chronic Kidney Disease/ACE Inhibitors & ARBs
  Patient has a diagnosis of chronic kidney disease and is on an anti-hypertensive medication. The current JNC-7 report recommends an ACE inhibitor or angiotensin II receptor antagonist as optimal antihypertensive therapy in these patients, if no contraindications are present.

Recommendation: Dr. Ramsey made a motion to not vote for any new criteria recommendation at this time. Dr. Mitchell seconded the motion. All voted in favor of motion.

Suggested Interventions:
Pam DeRuiter presented several intervention recommendations. Each suggested intervention included the number of recipients identified during profile review as being at risk for the specific intervention. These suggested interventions included:

Hypertension:

- Adverse Cardiovascular Effects—COX-2 Inhibitors & CHF/Edema/Fluid Retention
- Drug-Drug Interaction—Clonidine & Beta Blockers
- Drug-Drug Interaction—ACEI & K+ sparing diuretics
- Under-Utilization of Beta Blockers
- Therapeutic Appropriateness—Cardio Post MI Drug & Post Myocardial Infarction
- Drug (Actual) Disease Precaution—NSAIDS & Hypertension

Recommendation: Bob Broadus made a motion to approve the suggested interventions. Lee Ann Ramsey seconded the motion. All voted in favor of motion.

Next Meeting Information:
Dr. Alford reminded the Board of the next meeting on September 23, 2004 at 2:00 p.m. There being no other business, Dr. Alford asked for a motion to adjourn the meeting. Bob Broadus made a motion to adjourn. Joe McGuffee seconded the motion. The meeting was then adjourned at 3:32 p.m.

Respectfully submitted;
Health Information Designs

Update on the Therapeutic Duplication
Of
Atypical Anti-Psychotics

Introduction

The Mississippi Drug Utilization Review (DUR) Board approved a criterion recommendation and prescriber letter for an intervention regarding the therapeutic duplication of atypical anti-psychotic medications.

Methodology

Paid claims data is forwarded from ACS to Health Information Designs (HID) for review and evaluation. The DUR Board, Division of Medicaid (DOM), and HID developed the criterion for this evaluation. In order for a claim exception to occur, a beneficiary must receive at least 2 of the atypical anti-psychotic medications. These medications include Zyprexa™, Seroquel™, Abilify™, Risperdal™, and Geodon™. In June 2003, the existing criterion was amended to therapeutic duplications that occurred for 90 days or longer.
For this update, the time span used was January 2003 through December 2003. Claims data was evaluated against the criterion and cases were identified for review by a HID clinical pharmacist.
Approved educational intervention letters with attached response forms were mailed to prescribers for identified recipients. The response form asks the prescriber to indicate any action taken in response to the intervention letter. Response forms were returned to HID for review and evaluation.

Results

- A total of 392 profiles were selected from 14,735 possible criteria exceptions
- Of the 392 profiles reviewed, 186 beneficiaries were identified for possible intervention.
- 92 profiles were deleted for either generic prescriber identification number or other quality assurance reasons.

After profiles were reviewed, 94 intervention letters were mailed.
25 responses have been received equaling a 27% response rate. Table 1 summarizes the prescriber responses.

Table 1

Response	Number of responses
Physician unaware of what other physicians were prescribing	1
Patient is no longer under physicians care	5
Physician feels problem is insignificant, no change in therapy	9
Physician will reassess and modify drug therapy	1
Patient never under this physician's care	4
MD saw patient only once in ER or as On-Call MD	1
MD did not prescribe drug attributed to him/her	3
Patient in critical care or hospitalized	1

Discussion

This therapeutic duplication intervention identifies multiple atypical anti-psychotic prescriptions that appear to be taken during the same time frame for at least 90 days concurrently. Upon profile review, it was noted that 132 profiles were in fact receiving 2 different strengths of the same medication concurrently. This criterion does not differentiate between different strengths of the same drug. It is possible that a beneficiary might appear as a criteria exception when in fact the strength of the drug has been changed or as in the case of 25 profiles, two strengths of the identical medicine were taken to achieve a dose not available by the manufacturer. In the above cases, the alerts ARE NOT coded for letter intervention.

This intervention has proven to be very effective. During this time period, there were 308 less prescriptions written with a cost savings of $44,748.69. The newly amended criterion 1431 which requires that the therapeutic duplication occur for 90 days or more attributed to $28,641.75 of the total cost savings.

Conclusion

The atypical anti-psychotic class of medications is at the top in total claims cost while only representing 2.69% of total claims (1st quarter 2004). Reviewing profiles for possible therapeutic duplication is essential in managing the utilization and cost containment for this class of medications.

Recommendations

1. Continue to identify beneficiary criteria exceptions and mail intervention letters where appropriate regarding therapeutic duplications.
2. Continue to record and evaluate prescriber responses
3. Communicate the findings of this evaluation to prescribers and pharmacy providers.

Update on the Over Utilization
Of
Sedative Agents: Ambien® and Sonata®
Criterion 564

Introduction

The Mississippi Drug Utilization Review (DUR) Board approved a criterion recommendation and prescriber letter for an intervention regarding the over utilization of the sedative agents, Ambien™ and Sonata™.

Methodology

Paid claims data is forwarded from ACS to Health Information Designs (HID) for review and evaluation. The DUR Board, Division of Medicaid (DOM), and HID developed the criterion for this evaluation. In order for a claim exception to occur, a beneficiary must receive a 30 days supply or more of Ambien® and/or Sonata®. However, there are negating utilities to this criterion. If a beneficiary's profile indicates diagnoses of cancer, mental illness, chemotherapy, or mental illness within the last 90 days, a criterion exception will NOT occur. In addition, if the profile indicates a medication history within the last 90 days of antidepressants, antipsychotics, or antineoplastic medicines, a criterion exception will NOT occur.

For this update, the time span used was January 2003 through December 2003. Claims data was evaluated against the criterion and cases were identified for review by a HID clinical pharmacist.

Approved educational intervention letters with attached response forms were mailed to prescribers for identified recipients. The response form asks the prescriber to indicate any action taken in response to the intervention letter. Response forms were returned to HID for review and evaluation.

Results

- A total of 827 profiles were selected from 12,494 possible criteria exceptions.
- Of the 827 profiles reviewed, 410 beneficiaries were identified for possible intervention.
- 133 profiles were deleted for either generic prescriber identification number or other quality assurance reasons.

After profiles were reviewed, 277 intervention letters were mailed.

40 responses were received equaling a 14% response rate. Table 1 summarizes the prescriber responses.

Table 1

Response	Number of responses
Physician unaware of what other physicians were prescribing	2
Patient is no longer under physicians care	2
Physician feels problem is insignificant, no change in therapy	8
Physician will reassess and modify drug therapy	5
Patient never under this physician's care	2
MD saw patient only once in ER or as On-Call MD	2
MD did not prescribe drug attributed to him/her	1
Patient has diagnosis that supports therapy	2
Is my patient but have not seen in most recent 6 months	2
Tried to modify therapy, symptoms recurred	2
Benefits of the drug outweigh the risks	4
Patient has appt. to discuss drug therapy problem	6
Physician's response does not discuss drug therapy conflict	2

Discussion

This intervention criterion identifies those beneficiaries who have utilized Ambien or Sonata for 30 days or longer. Even in instances where the response to an intervention letter was not returned, there were identifiable changes in drug therapy. Findings showed that after the 277 intervention letters were mailed there were 91 less prescriptions for the same group of beneficiaries. This decrease in prescriptions resulted in a cost savings totaling $27,689.82.

Conclusion

This intervention has been successful as evidenced by the physicians' responses, the cost savings, and the decrease in the number of prescriptions. Mississippi Division of Medicaid has enacted additional steps that will further enhance this criterion by limiting the number of units a beneficiary may receive per month. Any monthly quantities prescribed in excess of these quantity limits will require a maximum unit override prior authorization.

Recommendations

1. Continue to identify beneficiary criteria exceptions and mail intervention letters when appropriate regarding over-utilization.
2. Continue to record and evaluate prescriber responses.
3. Communicate the findings of this evaluation to prescribers and pharmacy providers.
4. Record and report to DOM and the DUR Board the effectiveness of this criterion.

Survey on Off-Label Use
Of
Neurontin® (gabapentin)

Background

1993- Approved for adjunctive therapy in treatment of partial seizures with or without secondary generalization, in patients over 12 years old.
2000-Additional indication approved for partial seizures in patients age 3-12
2002-Approved for treatment of post-herpetic neuralgia

Annual sales of $2.9 billion in 2003

Mississippi Statistics:
2003—89,918 prescriptions
$11,452,178.24 total price

Recommendation

Identify beneficiaries who appear to use Neurontin® (gabapentin) for off-labeled use. Provide to prescribers a questionnaire in order to identify specific therapeutic use of Neurontin® (gabapentin)

Methodology

Gather claims data over a 90-day period specific to Neurontin® (gabapentin) where approved diagnosis data is not evident.
Send questionnaire/educational letter to prescribers whose beneficiaries receive Neurontin® (gabapentin) within the identified 90-day period.
Report after 120 days post survey the results of the survey to DOM and DUR Board.

Goals

1. Identify drug's use in Medicaid beneficiaries.
2. Determine if results warrant therapeutic appropriate criteria intervention.

Office of the Governor
Designs, Inc
Division of Medicaid
[ADDRESS]

Administered by Health Information

PO Box
[ADDRESS]

[TODAY]

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

DEAR [tadrs1]:

In compliance with the OBRA '90 federal legislation, state Medicaid agencies are mandated to institute Retrospective Drug Utilization Review Programs (RDUR). The program's goal is to ensure that Medicaid patients receive optimal drug therapy at the lowest reasonable cost. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. This RDUR program is informational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy requirements.

During a recent review of the enclosed drug history profile, *it was noted that your patient,* **[t1d0-recip-fst-nm] [t1d0-recip-lst-nm]**, *has received* ***Neurontin® (gabapentin)*** *without record of a FDA approved diagnosis.* We recognize that this patient may be receiving this medication for an approved diagnosis however the diagnosis has not been coded in the last **6 months**. The enclosed historical profile and questionnaire is provided for your evaluation and consideration. In order to identify the specific prescribing habits for this medication and characterize its use, we ask that you simply fill out the questionnaire.

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

RX #(s): [rx_no_a]

Sincerely,

W. Murray Yarbrough M.D.

W. Murray Yarbrough, M.D.
Medical Director

Case#: [case_no]
Enclosures

Office of the Governor
Division of Medicaid

Administered by Health Information Designs, Inc
PO Box 320506
Flowood, MS 39232
(800) 355-0486 Fax (800) 459-2135

Prescriber Questionnaire

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

1. **Patient**
   _____ is under my care (Proceed to question 2)
   _____ is not under my care (Please stop here)
   _____ was under my care but have not seen in the last 6 months (Please stop here)

2. **Neurontin® (gabapentin) was**:

   _____ prescribed by me (Proceed to question 3)
   _____ not prescribed by me (Please stop here)
   _____ prescribed by me while covering for other MD (Please stop here)

3. **Neurontin® (gabapentin) prescribed for diagnosis of**:

   _____ adjunctive therapy for treatment of partial seizure
   _____ partial seizures
   _____ post-herpetic neuralgia
   _____ other (If other, please use space below to list primary diagnosis for gabapentin use)

FDA Labeling Updates

Paxil (paroxetine hydrochloride) Tablets and Oral Suspension *

Patients with major depressive disorder, both adult and pediatric, may experience worsening of their depression and/or the emergence of suicidal ideation and behavior (suicidality), whether or not they are taking antidepressant medications, and this risk may persist until significant remission occurs. Although there has been a long-standing concern that antidepressants may have a role in inducing worsening of depression and the emergence of suicidality in certain patients, a causal role for antidepressants in inducing such behaviors has not been established. Nevertheless, patients being treated with antidepressants should be observed closely for clinical worsening and suicidality, especially at the beginning of a course of drug therapy, or at the time of dose changes, either increases or decreases.

*Other medications that have updated the warnings and precautions sections with the above statement include: Paxil (paroxetine hydrochloride) Controlled Release Tablets, Lexapro (escitalopram oxalate) Tablets and Oral Solution,Effexor XR (venlafaxine hydrochloride) Extended Release Capsules, Effexor (venlafaxine hydrochloride) Tablets, Celexa (citalopram hydrobromide) and Oral Solution, Serzone (nefazodone hydrochloride) Tablets, Wellbutrin (bupropion hydrochloride) Tablets , Wellbutrin SR (bupropion hydrochloride) Sustained-Release Tablets , Wellbutrin XL (bupropion hydrochloride extended-release tablets).

Crixivan (indinavir sulfate) Capsules

Particular caution should be used when prescribing sildenafil, tadalafil, or vardenafil in patients receiving indinavir. Coadministration of Crixivan with these medications is expected to substantially increase plasma concentrations of sildenafil, tadalafil, and vardenafil and may result in an increase in adverse events, including hypotension, visual changes, and priapism, which have been associated with sildenafil, tadalafil, and vardenafil.

Capoten (captopril) Tablets

Intestinal angioedema has been reported in patients treated with ACE inhibitors. These patients presented with abdominal pain (with or without nausea or vomiting); in some cases there was no prior history of facial angioedema and C-1 esterase levels were normal. The angioedema was diagnosed by procedures including abdominal CT scan or ultrasound, or at surgery, and symptoms resolved after stopping the ACE inhibitor. Intestinal angioedema should be included in the differential diagnosis of patients on ACE inhibitors presenting with abdominal pain.

Avandamet (rosiglitazone maleate and metformin HCl) Tablets

Rosiglitazone, like other thiazolidinediones, alone or in combination with other antidiabetic agents, can cause fluid retention, which may exacerbate or lead to heart failure.

In combination with insulin, thiazolidinediones may increase the risk of other cardiovascular adverse events... (see prescribing information)

In a double-blind study in type 2 diabetes patients with chronic renal failure (112 received 4 mg or 8 mg of rosiglitazone plus insulin and 108 received insulin alone), there was no difference in cardiovascular adverse events with rosiglitazone in combination with insulin compared to insulin alone.

Patients treated with combination Avandamet and insulin should be monitored for cardiovascular adverse events. The combination therapy should be discontinued in patients who do not respond as manifested by a reduction in HbA1c or insulin dose after 4 to 5 months of therapy or who develop any significant adverse events.

Cordarone (amiodarone HCl) Tablets

CONTRAINDICATIONS

Cordarone is contraindicated in severe sinus-node dysfunction, causing marked sinus bradycardia; second- or third-degree atrioventricular block; and when episodes of bradycardia have caused syncope (except when used in conjunction with a pacemaker).

Cordarone is contraindicated in patients with a known hypersensitivity to the drug or to any of its components, including iodine.

WARNINGS

The need to co-administer amiodarone with any other drug known to prolong the QTc interval must be based on a careful assessment of the potential risks and benefits of doing so for each patient.

A careful assessment of the potential risks and benefits of administering Cordarone must be made in patients with thyroid dysfunction due to the possibility of arrhythmia breakthrough or exacerbation of arrhythmia in these patients.

Risperdal (risperidone)

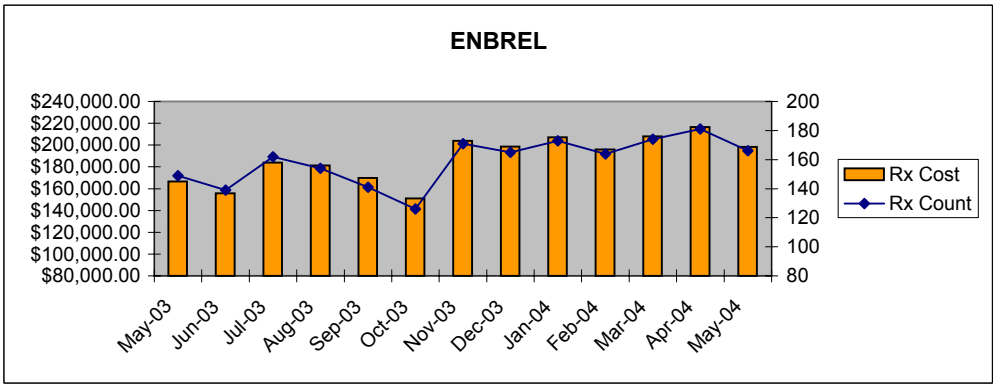
Audience: Neuropsychiatric healthcare professionals
FDA and Janssen revised the WARNINGS section of labeling, describing the increased risk of hyperglycemia and diabetes in patients taking Risperdal. MedWatch is posting a revised version of a letter originally distributed to health care professionals November 2003. FDA asked all manufacturers of atypical antipsychotic medications, including Janssen, to add this Warning statement to labeling.

*As reported by The U. S. Food and Drug Administration Medwatch The FDA Safety and Adverse Event Reporting Program

MISSISSIPPI MEDICAID
PA DRUG TOTALS BY RX COST AND RX COUNT BY DRUG CLASS

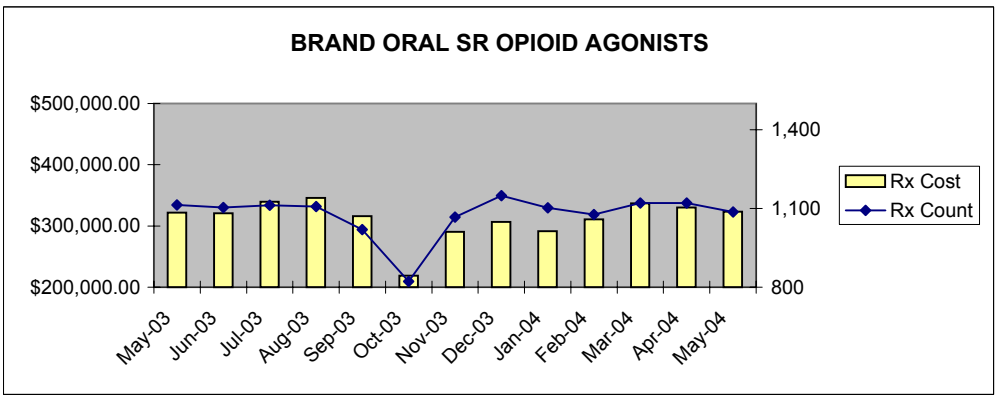
ENBREL

Period Covered	# Rx's	% Change	Cost	% Change
May-03	149		$166,737.66	
Jun-03	139	-6.71%	$155,829.31	-6.54%
Jul-03	162	16.55%	$184,000.89	18.08%
Aug-03	154	-4.94%	$181,302.15	-1.47%
Sep-03	141	-8.44%	$169,946.00	-6.26%
Oct-03	126	-10.64%	$151,151.92	-11.06%
Nov-03	171	35.71%	$204,015.21	34.97%
Dec-03	165	-3.51%	$198,744.80	-2.58%
Jan-04	173	4.85%	$207,079.31	4.19%
Feb-04	164	-5.20%	$195,941.20	-5.38%
Mar-04	174	6.10%	$207,870.52	6.09%
Apr-04	181	4.02%	$216,648.05	4.22%
May-04	166	-8.29%	$198,188.98	-8.52%



BRAND ORAL SR OPIOID AGONISTS

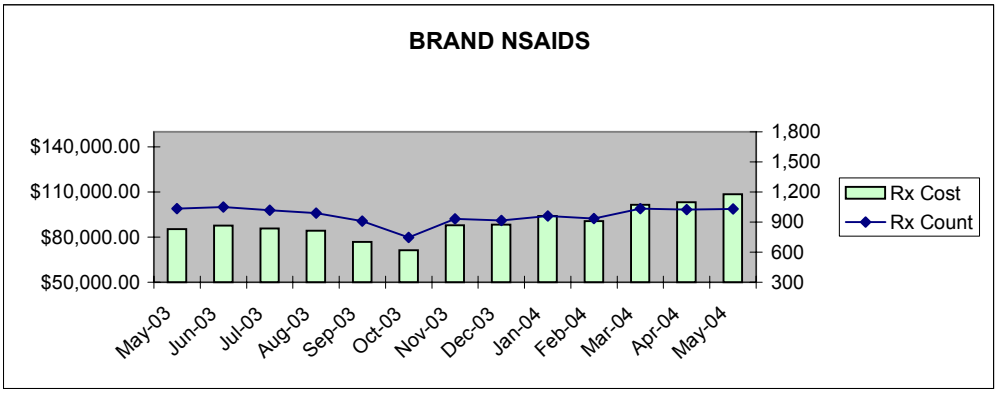
Period Covered	# Rx's	% Change	Cost	% Change
May-03	1,114		$321,649.50	
Jun-03	1,104	-0.90%	$320,513.42	-0.35%
Jul-03	1,112	0.72%	$339,489.88	5.92%
Aug-03	1,107	-0.45%	$345,967.81	1.91%
Sep-03	1,020	-7.86%	$316,185.49	-8.61%
Oct-03	822	-19.41%	$218,700.24	-30.83%
Nov-03	1,067	29.81%	$290,410.07	32.79%
Dec-03	1,149	7.69%	$306,393.14	5.50%
Jan-04	1,103	-4.00%	$291,429.16	-4.88%
Feb-04	1,077	-2.36%	$310,881.89	6.67%
Mar-04	1,121	4.09%	$336,955.69	8.39%
Apr-04	1,121	0.00%	$329,968.25	-2.07%
May-04	1,086	-3.12%	$323,127.88	-2.07%



MISSISSIPPI MEDICAID
PA DRUG TOTALS BY RX COST AND RX COUNT BY DRUG CLASS

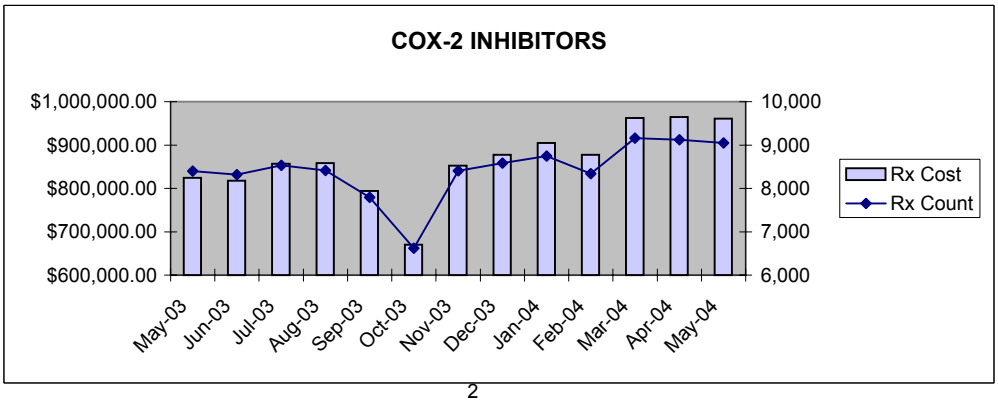
BRAND NSAIDs

Period Covered	# Rx's	% Change	Cost	% Change
May-03	1,034		$85,216.65	
Jun-03	1,051	1.64%	$87,602.54	2.80%
Jul-03	1,019	-3.04%	$85,692.73	-2.18%
Aug-03	988	-3.04%	$84,352.45	-1.56%
Sep-03	911	-7.79%	$76,884.07	-8.85%
Oct-03	748	-17.89%	$71,197.83	-7.40%
Nov-03	931	24.47%	$87,783.52	23.30%
Dec-03	915	-1.72%	$88,238.80	0.52%
Jan-04	960	4.92%	$93,984.36	6.51%
Feb-04	936	-2.50%	$90,591.57	-3.61%
Mar-04	1,034	10.47%	$101,483.69	12.02%
Apr-04	1,025	-0.87%	$103,184.28	1.68%
May-04	1,031	0.59%	$108,440.38	5.09%



COX-2 INHIBITORS

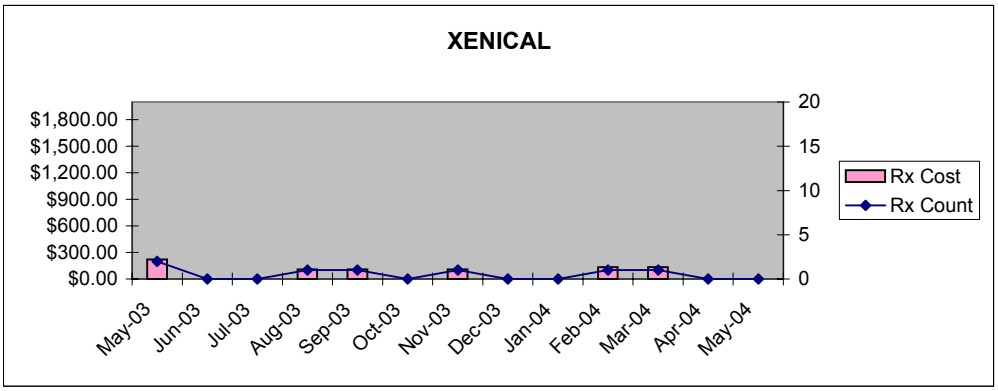
Period Covered	# Rx's	% Change	Cost	% Change
May-03	8,401		$824,503.27	
Jun-03	8,316	-1.01%	$817,492.51	-0.85%
Jul-03	8,535	2.63%	$856,742.59	4.80%
Aug-03	8,411	-1.45%	$858,568.33	0.21%
Sep-03	7,797	-7.30%	$793,994.83	-7.52%
Oct-03	6,620	-15.10%	$669,765.69	-15.65%
Nov-03	8,407	26.99%	$852,323.71	27.26%
Dec-03	8,585	2.12%	$877,823.33	2.99%
Jan-04	8,744	1.85%	$904,991.47	3.09%
Feb-04	8,340	-4.62%	$877,544.77	-3.03%
Mar-04	9,162	9.86%	$962,144.25	9.64%
Apr-04	9,122	-0.44%	$964,721.63	0.27%
May-04	9,050	-0.79%	$960,733.16	-0.41%



MISSISSIPPI MEDICAID
PA DRUG TOTALS BY RX COST AND RX COUNT BY DRUG CLASS

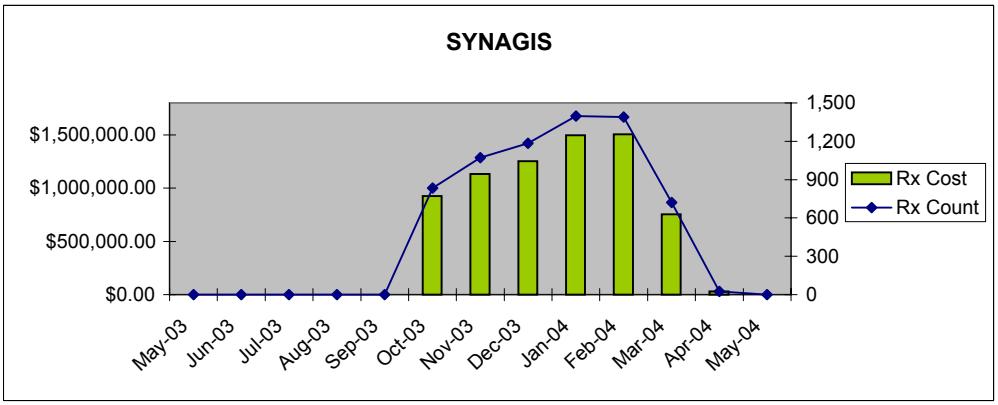
XENICAL

Period Covered	# Rx's	% Change	Cost	% Change
May-03	2		$219.62	
Jun-03	0	-100.00%	$0.00	-100.00%
Jul-03	0	0.00%	$0.00	0.00%
Aug-03	1	0.00%	$109.81	0.00%
Sep-03	1	0.00%	$109.81	0.00%
Oct-03	0	-100.00%	$0.00	-100.00%
Nov-03	1	0.00%	$109.81	0.00%
Dec-03	0	-100.00%	$0.00	-100.00%
Jan-04	0	0.00%	$0.00	0.00%
Feb-04	1	0.00%	$134.01	0.00%
Mar-04	1	0.00%	$134.01	0.00%
Apr-04	0	-100.00%	$0.00	-100.00%
May-04	0	0.00%	$0.00	0.00%



SYNAGIS

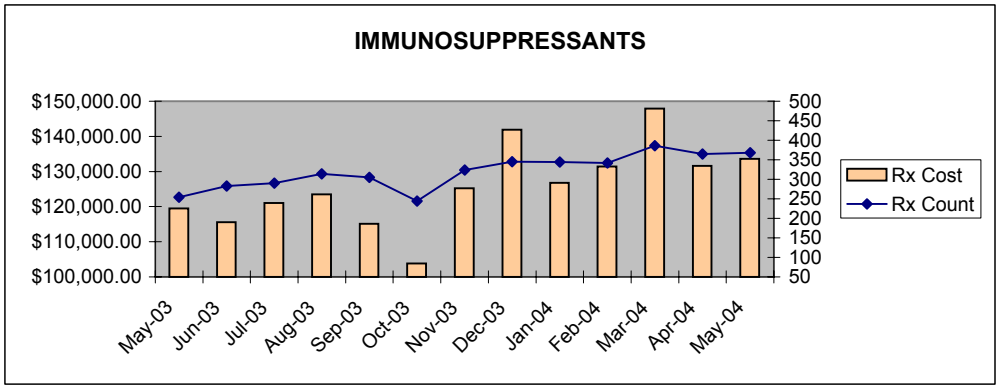
Period Covered	# Rx's	% Change	Cost	% Change
May-03	0		$0.00	
Jun-03	0		$0.00	
Jul-03	0		$0.00	
Aug-03	0		$0.00	
Sep-03	0		$0.00	
Oct-03	833	100.00%	$924,777.49	100.00%
Nov-03	1,071	0.00%	$1,133,260.77	0.00%
Dec-03	1,185	0.00%	$1,252,851.87	0.00%
Jan-04	1,397	0.00%	$1,497,319.86	0.00%
Feb-04	1,390	-0.50%	$1,504,071.80	0.45%
Mar-04	722	-48.06%	$754,004.83	-49.87%
Apr-04	25	-96.54%	$28,735.32	-96.19%
May-04	0	-100.00%	$0.00	-100.00%



MISSISSIPPI MEDICAID
PA DRUG TOTALS BY RX COST AND RX COUNT BY DRUG CLASS

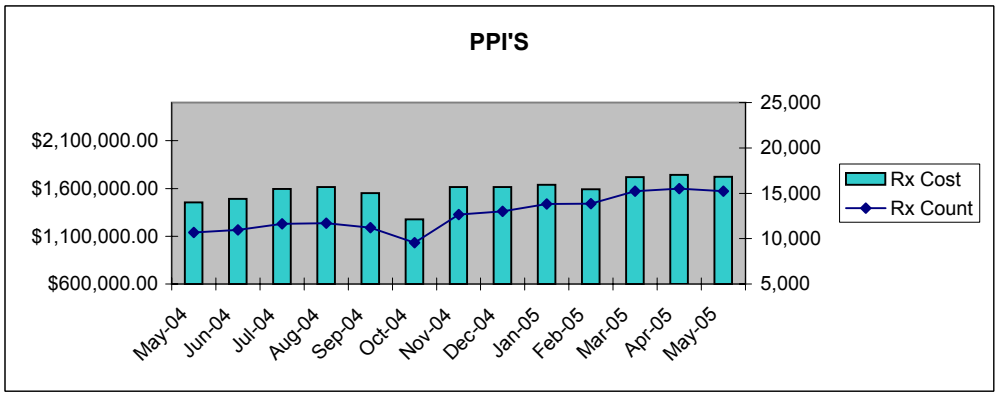
IMMUNOSUPPRESSANTS

Period Covered	# Rx's	% Change	Cost	% Change
May-03	254		$119,511.50	
Jun-03	283	11.42%	$115,614.83	-3.26%
Jul-03	290	2.47%	$121,054.31	4.70%
Aug-03	314	8.28%	$123,498.31	2.02%
Sep-03	305	-2.87%	$115,124.15	-6.78%
Oct-03	244	-20.00%	$103,863.17	-9.78%
Nov-03	324	32.79%	$125,253.84	20.60%
Dec-03	345	6.48%	$141,885.44	13.28%
Jan-04	344	-0.29%	$126,815.19	-10.62%
Feb-04	342	-0.58%	$131,425.45	3.64%
Mar-04	386	12.87%	$147,885.63	12.52%
Apr-04	365	-5.44%	$131,593.52	-11.02%
May-04	368	0.82%	$133,615.79	1.54%



PPIs

Period Covered	# Rx's	% Change	Cost	% Change
May-04	10,674		$1,455,184.81	
Jun-04	10,949	2.58%	$1,490,563.00	2.43%
Jul-04	11,642	6.33%	$1,596,567.43	7.11%
Aug-04	11,718	0.65%	$1,614,834.30	1.14%
Sep-04	11,217	-4.28%	$1,553,316.96	-3.81%
Oct-04	9,544	-14.91%	$1,278,163.77	-17.71%
Nov-04	12,665	32.70%	$1,615,002.84	26.35%
Dec-04	12,998	2.63%	$1,613,721.24	-0.08%
Jan-05	13,810	6.25%	$1,637,538.66	1.48%
Feb-05	13,853	0.31%	$1,593,491.02	-2.69%
Mar-05	15,222	9.88%	$1,720,768.71	7.99%
Apr-05	15,497	1.81%	$1,744,274.81	1.37%
May-05	15,245	-1.63%	$1,722,111.97	-1.27%



Suggested Interventions
September 23, 2004

Over Utilization of Stimulants
Initial Criteria Exception Report Count—154 beneficiaries

Over Utilization of Anxiolytic Agents
Initial Criteria Exception Report Count—141 beneficiaries

Over Utilization of Inhaled Beta Agonists
Initial Criteria Exception Report Count—477 beneficiaries

Over Utilization of Narcotic Agents
Initial Criteria Exception Report Count—101 beneficiaries

Over Utilization of Sedative Agents Ambien and Sonata
Initial Criteria Exception Report Count—472 beneficiaries