



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

November 20, 2003

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

November 20, 2003

Welcome

Tim Alford, MD

Old Business

**Reading & Approval of Minutes
Of September 18, 2003 DUR Board Meeting**

Lew Anne Snow, RN

Update on use of Generic Provider ID

Sam Warman, R.Ph.

Pharmacy Program Updates

Judith Clark, R.Ph.

New Business

Statin Utilization in Diabetics

Sam Warman R.Ph.

Narcotic Prescribing Patterns

Sam Warman R.Ph.

RDUR Criteria Recommendations

Sam Warman R.Ph.

**PPI Appropriate Dosing
Dose Optimization
Levitra
Crestor
Tacrine**

**Focused RDUR on Long Term Care
Beneficiaries and Under 21 Groups**

Sam Warman R.Ph.

**Black Box Warnings or Boxed
Warning Update**

Sam Warman R.Ph.

Intervention Activity Report

Sam Warman R.Ph.

Next Meeting Information

Tim Alford, MD

September 18, 2003

**Minutes of the September 18, 2003
Drug Utilization Review {DUR} Board Meeting**

Members Attending: Tim Alford, M.D., Bob Broadus, RPh, Clarence DuBose, RPh, Dianna McGowan, RPh, John Mitchell, M.D., Andrea Phillips, M.D., Cynthia Undesser, M.D.

Members Absent: Montez Carter, RPh, Joe McGuffee, RPh, Lee Ann Ramsey, RPh Sara Weisenberger, M.D.

Also Present: Derek Martin, RPh, Sam Warman, RPh, Lew Ann Snow, RN, Kathleen Burns, RN. –HID Bo Bowen, Judy Clark, RPh, Phyllis Williams –DOM

Dr. Alford called the meeting to order at 2:10 p.m.

Approval of minutes of last meeting (June 19, 2003): Bob Broadus made a motion to accept the minutes as written. Cynthia Undesser seconded the motion. All voted in favor of the approval.

Reports:

Update on Therapeutic Duplications of Atypical Antipsychotics

Derek Martin presented an update regarding the therapeutic duplication of atypical antipsychotics. The data presented in the report, from 3/1/03 through 5/31/03, gave a summary of the number of duplicate scripts written by each physician specialty type. The report found that Family Practice Physicians had the largest number of duplications. Dr. Cynthia Undesser explained that duplications could possibly occur during the transition from present medications to a new medication; therefore there would be duplication during this transition for possibly up to 60 days. There was general discussion regarding the problem of continued treatment for these patients upon discharge from a psychiatric facility when there is not a referral source in the rural areas for psychiatric care. No recommendations were made.

Default Providers:

Derek Martin presented an update on the intervention letters sent to pharmacies utilizing the default provider number greater than 40% of their total prescriptions. Derek stated that he had received numerous calls from pharmacists after receiving this letter. The majority of the calls were very positive in nature and the pharmacists were requesting information regarding obtaining an updated list of Medicaid prescribing physicians in an effort to correct the problem. Clarence Dubose stated that he believes utilization of the default provider number will continue to decrease upon receipt of this letter and he recommended that HID follow up on this intervention. Judith Clark recommended that we make this an ongoing process by HID. Mrs. Clark also stated that with the Envision System it would be possible to cross reference physician DEA numbers with their Medicaid provider numbers. No motion was made.

Pharmacy Program Update:

Judith Clark, Pharmacy Bureau Director of the Division of Medicaid gave an update on the Pharmacy program. She reminded the Board that current PA criteria are routed to the P&T committee for approvals and that there are new indications for several medications that will be awaiting approval. Mrs. Clark stated that the Division of Medicaid would prefer to review medications by therapeutic class categories instead of by specific drugs. The P & T committee is working with the University Of Mississippi School Of Pharmacy in order to make recommendations for the preferred drug list. The Envision system will go live in October and it will allow DOM policy to be implemented more accurately and efficiently. Max Units will be monitored closer and changed in the new system to 1 1/2 times' the maximum daily dose recommended by First Data Bank.

New Business:**Prior Authorization Denials:**

Lew Anne Snow reviewed the reasons most prior authorization requests were denied for each class. The most common reason for denial was due to the lack of a Physicians' signatures on the prior authorization request form. .was pointed out to be the main reason for denial. No recommendations were made.

Narcotic Prescribing Recommendations:

Derek Martin presented several recommendations to the Board regarding the parameters used to identify narcotic prescribing patterns. Derek asked the board to make recommendations to HID regarding the data used to identify these patterns. Judith Clark gave a brief summary of the pharmacy expenditures for all narcotics. Mrs. Clark stated that Hydrocodone was found to be the #1 drug in number of Rx's dispensed with Tylenol/codeine being #3. Ultram was noted as #36. Derek Martin stated that it would be possible for HID to look at these as a group or individually.

Recommendation: Bob Broadus recommended that HID look at all above mentioned medication separately. Cynthia Undesser seconded the motion. Motion approved.

Statins:

Derek Martin presented data regarding Statin utilization. There was general discussion regarding the underutilization of Statins. Dr. Tim Alford stated that Medicaid does not reimburse for the lab work necessary to monitor the patient medically while taking a Statin. Dr. Andrea Phillip stated that Mississippi leads the nation in diabetes and hypertension, and asked that physician's get the medical support from Medicaid to pay for these lab values needed for statin drug utilization in these high risk patients. Dr. Alford included that Medicare pays for these labs every 6 months. Judith Clark commented that she will mention this concern to the medical standards committee of the Division of Medicaid.

Recommendations: Andrea Phillips asked HID for more information regarding diabetic patients currently taking a Statin and hospitalization data for these patients. No Motion was made at this time

Black Box Warnings:

Derek Martin presented to the Board one Black Box warning Salmeterol.

Suggested Interventions:

Derek Martin presented 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:

- Black Box Warning concerning ACE Inhibitor Use during Pregnancy
- Therapeutic Duplication of Muscle Relaxants as well as Overutilization of Soma
- Overutilization of Sedative Agents Ambien and Sonata
- Therapeutic Duplication of Atypical Antipsychotics –
- The Overutilization of Narcotic Agents
- The Overutilization of Anxiolytic agents
- Therapeutic Duplication of Anxiolytic Agents
- Overutilization of Inhaled Beta-Agonists
- Overutilization of Stimulants
- Underutilization of Lipid Lowering Agents

Recommendation: Dr Mitchell made a motion to approve the suggested interventions. Andrea Phillips seconded the motion. All voted in favor of motion.

Next Meeting Information:

Dr Alford reminded the board of the next meeting on November 20, 2003 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. John Mitchell seconded the motion. All voted in favor of approval. The meeting was then adjourned at 3:45p.m.

Respectfully submitted:
Health Information Designs

Default Provider ID Update

- **Letter sent August 14, 2003 to all pharmacies at a utilization rate of 40% and greater**
- **First chart shows July 2003, the last full month before letter sent. Second chart shows September 2003, the first full month after letter sent.**
- **July 2003 shows a total of 226,991 claims submitted with Default ID AND All Nines ID. September 2003 shows a total of 164,693 claims submitted with the Default IDs.**
- **Result is a 38% decrease in the use of the Default Provider and All Nines Provider ID.**

TOP Prescribers for Month 07/2003 for Program ALL

Prescribers	Description	Rx Count	Dollar Total	Dollar/Rx
19999	DEFAULT PROVIDER-VOID VOID	218,035	\$12,781,104.10	\$58.62
XXXXXX	XXXXXXX	14,675	\$921,001.66	\$62.76
1999999	ALL NINES PROVIDER	8,956	\$530,138.89	\$59.19
XXXXXX	XXXXXXX	3,931	\$248,282.30	\$63.16
XXXXXX	XXXXXXX	2,735	\$154,457.73	\$56.47
XXXXXX	XXXXXXX	2,719	\$184,008.44	\$67.68
XXXXXX	XXXXXXX	2,459	\$88,109.19	\$35.83
XXXXXX	XXXXXXX	2,378	\$134,937.37	\$56.74
XXXXXX	XXXXXXX	2,009	\$108,860.41	\$54.19
XXXXXX	XXXXXXX	1,960	\$109,794.53	\$56.02
XXXXXX	XXXXXXX	1,844	\$103,628.48	\$56.20
XXXXXX	XXXXXXX	1,761	\$71,626.52	\$40.67
XXXXXX	XXXXXXX	1,711	\$63,724.39	\$37.24
XXXXXX	XXXXXXX	1,661	\$95,924.67	\$57.75
XXXXXX	XXXXXXX	1,660	\$103,443.36	\$62.32
XXXXXX	XXXXXXX	1,643	\$77,099.33	\$46.93
XXXXXX	XXXXXXX	1,633	\$67,517.49	\$41.35
XXXXXX	XXXXXXX	1,616	\$90,966.80	\$56.29
XXXXXX	XXXXXXX	1,600	\$89,618.74	\$56.01
XXXXXX	XXXXXXX	1,596	\$103,078.20	\$64.59

276,582

TOP Prescribers for Month 09/2003 for Program ALL

Prescribers	Description	Rx Count	Dollar Total	Dollar/Rx
19999	DEFAULT PROVIDER-VOID VOID	157,259	\$9,375,362.27	\$59.62
XXXXXX	XXXXXXX	13,107	\$814,694.37	\$62.16
1999999	ALL NINES, PROVIDER	7,434	\$446,028.36	\$60.00
XXXXXX	XXXXXXX	3,816	\$231,898.52	\$60.77
XXXXXX	XXXXXXX	2,774	\$88,045.59	\$31.74
XXXXXX	XXXXXXX	2,632	\$142,120.91	\$54.00
XXXXXX	XXXXXXX	2,606	\$168,964.82	\$64.84
XXXXXX	XXXXXXX	2,445	\$139,045.49	\$56.87
XXXXXX	XXXXXXX	2,108	\$127,691.11	\$60.57
XXXXXX	XXXXXXX	2,016	\$112,596.40	\$55.85
XXXXXX	XXXXXXX	1,999	\$100,850.25	\$50.45
XXXXXX	XXXXXXX	1,734	\$70,415.32	\$40.61
XXXXXX	XXXXXXX	1,720	\$65,769.07	\$38.24
XXXXXX	XXXXXXX	1,715	\$98,535.35	\$57.46
XXXXXX	XXXXXXX	1,707	\$57,311.08	\$33.57
XXXXXX	XXXXXXX	1,705	\$79,581.68	\$46.68
XXXXXX	XXXXXXX	1,553	\$229,308.48	\$147.66
XXXXXX	XXXXXXX	1,545	\$85,502.85	\$55.34
XXXXXX	XXXXXXX	1,529	\$59,022.45	\$38.60
XXXXXX	XXXXXXX	1,513	\$94,283.79	\$62.32

212,917

**Statin Utilization in
Beneficiaries with Diabetes Diagnosis**

<u>RACE CODE</u>	<u>TOTAL RECIPIENTS W/ HYPERCHOLESTEROLEMIA AND DIABETICS DIAGNOSIS AND TAKING A STATIN</u>	<u>TOTAL RECIPIENTS W/ HYPERCHOLESTEROLEMIA AND DIABETICS DIAGNOSIS*</u>
Asian	14	32
Hispanic	10	20
Indian	1	19
African American	1,750	3,826
Other	2	9
Unknown	437	913
Caucasian	1,066	2,265
Totals	3,280	7,084

Diagnosis Summary

- Of the beneficiaries with both diagnosis, 32% are currently on a statin lowering agent.
- Of the beneficiaries with both diagnosis, 68% are not currently on a statin lowering agent.

Beneficiaries with Both Diagnosis and NOT on a Statin

<u>RACE CODE</u>	<u>TOTAL RECIPIENTS</u>	<u>TOTAL MEDICAL COST FOR HYPERCHOLESTEROLEMIA DIAGNOSIS ONLY*</u>	<u>TOTAL HOSPITALIZATION MEDICAL COST FOR ALL DIAGNOSIS</u>
Asian	18	\$59,569.29	\$248,239.13
Hispanic	10	\$2,567.75	\$82,609.49
Indian	18	\$9,887.40	\$245,667.86
African American	2,076	\$2,877,047.93	\$16,114,041.83
Other	7	\$8,001.01	\$143,760.66
Unknown	476	\$793,030.76	\$4,254,351.02
Caucasian	1,199	\$2,211,852.44	\$9,597,645.86
TOTALS	3,804	\$5,961,956.58	\$30,686,315.85

Beneficiaries with Both Diagnosis and ON a Statin

<u>RACE CODE</u>	<u>TOTAL RECIPIENTS</u>	<u>TOTAL MEDICAL COST FOR HYPERCHOLESTEROLEMIA DIAGNOSIS ONLY*</u>	<u>TOTAL HOSPITALIZATION MEDICAL COST FOR ALL DIAGNOSIS</u>
Asian	14	\$18,305.68	\$87,969.09
Hispanic	10	\$31,609.20	\$111,680.91
Indian	1	\$ -	\$ 8,452.24
African American	1,750	\$ 2,814,195.98	\$14,332,826.66
Other	2	\$ -	\$33,118.28
Unknown	437	\$ 946,235.61	\$4,415,248.66
Caucasian	1,066	\$ 2,600,793.09	\$13,908,379.38
TOTALS	3,280	\$ 6,411,139.56	\$32,897,675.22

Summary

- Beneficiaries not on a statin had total hospitalization medical costs for all diagnosis averaging \$8,066.85 per beneficiary.
- Beneficiaries on a statin had total hospitalization medical costs for all diagnosis averaging \$10,029.78 per beneficiary.
- The total medical cost average per beneficiary with hypercholesterolemia diagnosis equals \$1,567.29.
- The total medical cost average per beneficiary with hypercholesterolemia diagnosis equals \$1,954.62.

Beneficiaries with Both Diagnosis and NOT on a Statin

<u>RACE CODE</u>	<u>TOTAL RECIPIENTS</u>	<u>TOTAL HOSPITALIZATION MEDICAL COST FOR HYPERCHOLESTEROLEMIA DIAGNOSIS ONLY</u>	<u># HOSPITALIZATIONS FOR ALL DIAGNOSIS</u>
Asian	18	\$51,165.35	19
Hispanic	10	\$ -	7
Indian	18	\$7,000.07	28
African American	2,076	\$2,010,311.96	1,862
Other	7	\$-	6
Unknown	476	\$578,943.61	495
Caucasian	1,199	\$1,464,074.51	1,138
TOTALS	3,804	\$4,111,495.50	3,555

Beneficiaries with Both Diagnosis and ON a Statin

RACE CODE	TOTAL RECIPIENTS	TOTAL HOSPITALIZATION MEDICAL COST FOR HYPERCHOLESTEROLEMIA DIAGNOSIS ONLY	# HOSPITALIZATIONS FOR ALL DIAGNOSIS
Asian	14	\$13,319.46	6
Hispanic	10	\$19,709.79	5
Indian	1	\$ -	0
African American	1,750	\$1,875,612.23	1,122
Other	2	\$ -	0
Unknown	437	\$557,255.19	331
Caucasian	1,066	\$1,674,109.02	782
TOTALS	3,280	\$4,140,005.69	2,246

Summary

- Beneficiaries NOT on a statin had an average of .93 hospitalizations for all diagnosis per beneficiary.
- Beneficiaries ON a statin had an average of .68 hospitalizations for all diagnosis per beneficiary.
- Total hospitalization medical cost for hypercholesterolemia diagnosis only for those beneficiaries NOT on a statin averaged \$1,080.83.
- Total hospitalization medical cost for hypercholesterolemia diagnosis only for those beneficiaries ON a statin averaged \$1,262.20.

Concerns/Recommendations

1. What is the goal?

Reduce hospitalizations—improve quality of life, reduce missed work days (affects income)

Recommendation

Develop an intervention letter produced from diagnosis criteria that explains the health benefits of testing and adding statin medications.

Recommended Addition

Approved Rejected

Diabetes/ /Antihyperlipidemics (890)

Alert Message: According to the National Cholesterol Education Program (NCEP) guidelines, diabetes alone is a risk equivalent for developing new coronary heart disease (CHD) within 10 years. NCEP recommends targeting a LDL cholesterol goal < 100mg/dL in these patients. You may consider prescribing lifestyle modifications (e.g. diet, exercise) and potentially lipid-lowering therapies when indicated.

Conflict Code: TA

Drugs:

Util A:

Insulin

Oral Hypoglycemics

Util B:

Util C:(Negating)

HMG-CoA Reductase Inhibitors

Bile Acid Sequestrants

Fibric Acid Derivatives

Ezetimibe

Niacin

References:

Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Executive Summary. National Institutes of Health. NIH Publications No. 02-5215, Sept. 2002.

Narcotic Prescribing Trends

“Cocktail” Controlled Substances

- **Medications included in search are Xanax (alprazolam), Ambien, hydrocodone, Soma (carisoprodol), Sonata (when not Ambien).**
- **Parameters—6 month time frame 03/01/2003-09/27/2003.**
 - Utilizations for each medication run and then intersected with recipient bookmarks.
 - Must have received all 4 medications in the same month (See attached sample profile)

Results

- **Xanax, Ambien, hydrocodone, Soma**
 1. **71 beneficiaries received this combination at least once in the same month in 6 months. This was the largest group.**
- **Xanax, Ambien, hydrocodone, Sonata**
 2. **2 beneficiaries received this combination at least once in the same month in 6 months.**

Statistics

- **47 beneficiaries or 67% used a different provider when filling the medications.**
- **44 beneficiaries or 60% had a different prescriber write the prescription.**
- **54 prescriptions or 74% were submitted utilizing the default prescriber number. It is plausible that the different prescriber stats could be higher however it could not be determined in some instances when one provider had a correct provider number and another pharmacy submitted the default number.**
- **53 of 73 (73%) were females; 20 of 73 (27%) males. Relevance?**

Date Rx Dispensed	Label Name	Rx Provider #	Prescribing Physician	Qty Dispensed	Days Supply	Reimburse Amount
9/2/2003	GUIATUSS AC SYRUP	1	a	240	6	\$9.80
9/2/2003	CARISOPRODOL 350MG TABLET	1	a	68	34	\$28.36
9/2/2003	HYDROCODONE/A PAP 10/650 TAB	1	a	68	34	\$15.50
9/2/2003	ALPRAZOLAM 1MG TABLET	1	a	60	30	\$8.22
9/2/2003	AMBIEN 10MG TABLET	1	a	34	34	\$84.85
9/2/2003	ELIDEL 1% CREAM	2	b	100	15	\$150.78
9/2/2003	TRAMADOL HCL 50MG TABLET	2	b	60	7	\$21.32
8/7/2003	PLETAL 50MG TABLET	2	b	68	32	\$113.21
8/1/2003	GUIATUSS 100MG/5ML SYRUP	3	19999	480	30	\$8.58
8/1/2003	CARISOPRODOL 350MG TABLET	3	19999	60	30	\$25.37
8/1/2003	ALPRAZOLAM 1MG TABLET	3	19999	60	30	\$8.22
8/1/2003	AMBIEN 10MG TABLET	3	19999	30	30	\$74.98
7/8/2003	HYDROCODONE/A PAP 10/650 TAB	1	19999	60	30	\$14.02
7/8/2003	ALPRAZOLAM 1MG TABLET	1	19999	60	30	\$8.22
7/8/2003	CARISOPRODOL 350MG TABLET	1	19999	60	30	\$25.37
7/8/2003	TRAMADOL HCL 50MG TABLET	1	19999	60	30	\$21.32
7/1/2003	AMBIEN 10MG TABLET	1	19999	30	30	\$74.98
6/10/2003	CARISOPRODOL 350MG TABLET	3	a	60	30	\$25.37
6/10/2003	IOPHEN-C NR LIQUID	3	a	240	6	\$20.68
6/10/2003	HYDROCODONE/A PAP 10/650 TAB	3	a	60	30	\$14.02
6/10/2003	ALPRAZOLAM 1MG TABLET	3	a	60	30	\$8.22
6/2/2003	AMBIEN 10MG TABLET	2	b	30	30	\$74.98
5/1/2003	DYPHYLLIN GG TABLET	2	b	100	25	\$63.59
5/1/2003	AMOX TR-K CLV 400-57/5 SUSP	2	b	200	10	\$124.23

5/1/2003	ELIDEL 1% CREAM	2	b	100	10	\$150.78
5/1/2003	CARISOPRODOL 350MG TABLET	2	b	60	30	\$25.37
5/1/2003	HYDROCODONE/A PAP 10/650 TAB	2	b	60	30	\$14.02
5/1/2003	ALPRAZOLAM 1MG TABLET	2	b	60	30	\$6.51
4/21/2003	AMBIEN 10MG TABLET	2	b	30	30	\$74.98
4/1/2003	ALBUTEROL 90MCG INHALER	2	b	17	16	\$17.91
4/1/2003	CARISOPRODOL 350MG TABLET	2	b	60	30	\$25.37
4/1/2003	HYDROCODONE/A PAP 10/650 TAB	2	b	60	30	\$14.02
4/1/2003	ALPRAZOLAM 1MG TABLET	2	b	60	30	\$6.51
3/21/2003	TRAMADOL HCL 50MG TABLET	2	b	60	15	\$21.32
3/21/2003	AMBIEN 10MG TABLET	2	b	34	34	\$84.85
3/3/2003	OMEPRazole 20MG CAPSULE DR	3	a	34	34	\$127.16
3/3/2003	CARISOPRODOL 350MG TABLET	3	a	60	30	\$25.37
3/3/2003	HYDROCODONE/A PAP 10/650 TAB	3	a	60	30	\$14.02
3/3/2003	ALPRAZOLAM 1MG TABLET	3	a	60	30	\$6.51
3/1/2003	AMBIEN 10MG TABLET	1	19999	34	34	\$77.30

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alprazolam
ambien
hydrocodone
soma

Sex	Rx Count	Total Dollars	Days Supply
F	7	\$52.41	210
F	2	\$25.67	60
F	6	\$45.90	180
F	6	\$64.86	198
M	1	\$4.71	15
F	6	\$60.14	180
F	3	\$40.14	90
F	5	\$34.09	135
M	4	\$24.76	120
F	6	\$49.62	170
F	3	\$14.45	90
M	7	\$42.09	214
F	5	\$43.64	134
F	5	\$26.99	75
F	6	\$28.17	180
F	2	\$20.07	60
F	5	\$48.46	147
F	3	\$55.86	90
F	6	\$45.99	180
F	4	\$26.72	115
F	7	\$47.24	210
F	5	\$34.27	150
F	7	\$53.01	160
M	6	\$60.14	180
F	7	\$82.44	195
F	7	\$71.02	210
F	3	\$24.38	93
F	7	\$125.42	210
F	1	\$7.35	30
M	5	\$54.40	150
M	7	\$46.01	152
F	7	\$79.15	210
F	1	\$4.35	30
F	4	\$36.51	93
M	6	\$55.24	198
F	4	\$42.48	120
F	1	\$5.87	30
M	6	\$108.44	180
F	3	\$26.16	97
F	2	\$19.19	60
F	4	\$40.24	120
F	7	\$52.87	200

Sex	Rx Count	Total Dollars	Days Supply
F	5	\$27.68	90
F	7	\$71.65	216
F	8	\$61.99	242
M	3	\$13.62	75
M	7	\$47.24	210
F	7	\$125.42	210
F	7	\$64.06	195
F	5	\$37.63	150
F	7	\$46.01	200
F	4	\$29.09	61
F	3	\$16.95	93
F	4	\$35.81	120
M	2	\$11.14	30
M	6	\$45.26	180
M	2	\$7.66	30
M	10	\$61.54	190
F	7	\$47.24	210
F	1	\$8.15	15
M	5	\$65.81	150
M	4	\$34.92	120
M	2	\$20.07	60
F	2	\$17.14	64
F	7	\$54.78	179
M	1	\$74.98	30
M	4	\$279.91	120
F	4	\$319.66	128
F	1	\$74.98	30
M	1	\$37.94	15
F	1	\$74.98	30
F	3	\$447.15	90

Total Count of Recipients in Intersection: 71

sonata
alprazolam
hydrocodone
soma

Sex	Rx Count	Total Dollars	Days Supply	
M	5	\$362.18	150	
F	2	\$297.70	60	

Total Count of Recipients in Intersection: 2

Narcotic Prescribing Summary

1. Ultram

27,296 total prescriptions during search date range.
4,550 average prescriptions per month
593 average prescriptions per specialty
99 average prescriptions per specialty per month

2. Hydrocodone

121,897 total prescriptions during search date range
20,316 average prescriptions per month
1,905 average prescriptions per specialty
318 average prescriptions per specialty per month

3. Acetaminophen with Codeine

35,659 total prescriptions during search date range
5,943 average prescriptions per month
660 average prescriptions per specialty
110 average prescriptions per specialty per month

Totals

- **184,852 total prescriptions during search date range**
- **30,809 average prescriptions per month**
- **2,801 average prescriptions per specialty**
- **467 average prescriptions per specialty per month**

ULTRAM(Tramadol) USE (01/01/2003-06/30/2003) BY SPECIALTY

# RX'S	Specialty	Total Cost
7,858	Default Provider	\$252,510.60
2,051	General Practioner	\$69,302.72
94	Cardiologist	\$3,661.44
8	Radiologist	\$347.68
5	Pathologist	\$78.50
203	Pediatrician	\$7,660.65
269	Psychiatrist	\$7,623.72
152	OB/GYN	\$3,858.42
226	General Surgeon	\$5,776.68
369	Orthopedic Surgeon	\$8,744.97
88	Neurological Surgeon	\$2,820.77
14	Thoracic Surgeon	\$678.44
2	Plastic Surgeon	\$83.48
3,686	Internist	\$131,623.12
2	Preventive Medicine	\$27.14
130	Anesthesiologist	\$7,504.40
38	Ophthalmologist	\$1,172.79
15	Otolaryngologist	\$307.64
39	Urologist	\$869.14
24	Pulmonary Specialist	\$702.44
6	Eye, Ear, Nose and Throat Spec	\$218.54
76	Gastroenterologist	\$2,918.37
2	Allergist	\$61.04
46	Podiatrist	\$1,817.45
351	Rheumatology	\$18,657.85
4	Infectious Disease	\$111.82
644	Nephrology	\$19,951.67
10,346	Family Practice	\$345,807.06
144	General Dentistry	\$1,588.12
1	Orthodontics	\$23.68
2	Oral & maxillofacial surgery	\$19.74
1	Peridontics	\$7.82
18	Aerospace medicine	\$813.19
93	Emergency Medicine	\$1,173.93
16	Geriatrics	\$649.78
6	Neurology, child	\$172.81
4	Otorhinolaryngology	\$73.01
4	Radiology, diagnostic	\$89.43
3	Surgery, cardiovascular	\$55.09
6	Surgery, peripheral vascular	\$84.62
12	Surgery, OB/GYN	\$197.36
1	Radiation therapy	\$21.32
114	Neurologist	\$4,243.00
15	Primary care phys. In group elig.casemgt	\$846.39
71	Not a physician	\$2,439.39
37	no prov info in database new or moved	825.95

27,296

HYDROCODONE USE (01/01/2003-06/30/2003) BY SPECIALTY

# RX'S	Specialty	Total Cost
42,716	Default Provider	\$544,736.38
10,591	General Practitioner	\$148,827.25
186	Cardiologist	\$2,272.35
129	Radiologist	\$2,982.78
73	Pathologist	\$594.91
1,214	Pediatrician	\$20,346.57
278	Psychiatrist	\$4,438.29
2,889	OB/GYN	\$22,973.42
2,715	General Surgeon	\$23,852.23
4,605	Orthopedic Surgeon	\$53,155.40
1,420	Neurological Surgeon	\$20,461.64
68	Thoracic Surgeon	\$930.20
84	Plastic Surgeon	\$679.59
12,269	Internist	\$194,085.25
1	Preventive Med	\$6.01
785	Anesthesiologist	\$16,536.13
311	Ophthalmologist	\$5,184.22
1,286	Otolaryngologist	\$29,176.98
538	Urologist	\$4,749.57
37	Dermatologist	\$344.51
186	Pulmonary Specialist	\$2,583.31
186	Eye, ear, nose & throat specialist	\$4,776.79
320	Gastroenterologist	\$4,491.41
4	Allergist	\$42.19
270	Podiatrist	\$1,970.77
731	Rheumatology	\$20,207.12
2	Endocrinology	\$25.29
45	Infectious Disease	\$664.18
2,133	Nephrology	\$28,626.87
28,401	Family Pracitce	\$423,755.57
4,270	General Dentistry	\$25,395.39
25	Orthodontics	\$242.14
123	Pediatrics	\$1,151.31
307	Oral and Maxillofacial Surgery	\$2,377.72
2	Peridontics	\$10.48
12	Aerospace Medicine	\$119.51
1,604	Emergency medicine	\$12,069.88
58	Geriatrics	\$627.79
4	Neurology, child	\$43.44
13	Otology	\$197.42
2	Otorhinolaryngology	\$88.68
3	Pediatrics, cardiology	\$26.42
2	Psychiatry, child	\$27.00
10	radilogy, diagnostic	\$114.51
2	Sugery, abdominal	\$16.41
24	surgery, cardiovascular	\$238.71
3	Surgery, colon and rectal	\$17.23
15	Surgery, hand	\$163.58

13	Surgery, haead and neck	\$341.86
4	Surgery, pediatric	\$33.53
18	Surgery, urological	\$213.53
42	Surgery, peripheral vascular	\$284.63
160	surgery, OB/GYN	\$1,127.07
16	Radiation therapy	\$277.39
2	Dermatology and syphilis	\$11.50
6	Neonatal-perinatal med	\$98.43
4	Addiction medicine	\$75.32
273	Neurologist	\$4,299.51
15	Psychologist	\$328.33
12	Radiological specialties	\$301.53
2	Anesthesia specialties	\$9.90
26	Primary care phys-eligible for case mgt	\$226.88
15	Not a physician	\$120.70
337	no prov info in database may be new or moved	\$3,580.17

121,897

TYLENOL W/CODEINE USE (01/01/2003-06/30/2003) BY SPECIALTY
(Acetaminophen w/codeine, apap w/codeine)

RX'S Specialty Total Cost

12,295	Default Provider	\$107,001.42
3,103	General Practioner	\$30,917.69
42	Cardiologist	\$392.66
32	Radiologist	\$281.89
21	Pathologist	\$160.09
1,786	Pediatrician	\$16,263.11
36	Psychiatrist	\$422.42
1,812	OB/GYN	\$13,645.22
441	General Surgeon	\$3,669.14
493	Orthopedic Surgeon	\$5,282.33
50	Neurological Surgeon	\$578.24
20	Plastic Surgeon	\$150.45
2,307	Internist	\$30,196.85
44	Anesthesiologist	\$435.64
74	Ophthalmologist	\$825.62
474	Otolaryngologist	\$4,748.56
170	Urologist	\$1,303.57
8	Dermatologist	\$88.49
14	Pulmonary Specialist	\$238.06
91	Eye, ENT Specialist	\$917.09
37	Gastroenterologist	\$688.08
90	Podiatrist	\$604.04
49	Rheumatology	\$761.48
2	Endocrinology	\$13.94
6	Infectious Disease	\$72.72
786	Nephrology	\$7,491.21
7,684	Family Practice	\$88,727.11
2,629	General Dentistry	\$17,148.35
1	Orthodontics	\$8.18
124	Pediatric Dentistry	\$857.45
29	Oral & Maxillofacial Surgery	\$206.00
4	Peridontics	\$25.32
482	Emergency Medicine	\$3,564.71
1	Geriatrics	\$6.12
1	Neurology, child	\$11.46
1	Otology	\$8.89
12	Pediatrics, cardiology	\$78.57
4	Psychiatry, child	\$42.93
4	Radiology, diagnostic	\$26.92
2	Radiology, therapeutic	\$40.24
23	Surgery, cardiovascular	\$206.90
1	Surgery, hand	\$5.61
22	Surgery, head and neck	\$219.30
21	Surgery, urological	\$169.27
3	Surgery, peripheral vascular	\$27.96
134	Surgery, OB/GYN	\$1,147.59
3	Neonatal-perinatal medicine	\$19.87

1	Addiction Medicine	\$6.47
17	Neurologist	\$187.25
3	Radiological specialties	\$37.92
5	Prim. Care Phys eligible case mgt	\$45.98
7	Prim. Care Phys in group elig.case mgmt	\$91.02
11	Not a physician	\$72.78
147	no provi. Info may be new/moved	\$1,616.12

35,659

Ultram Use Excluded Specialties

131	physical medicine and rehab	\$7,021.70
32	Oncology	\$668.94
19	Hematologist	\$613.91

Hydrocodone Use Excluded Specialties

774	physical medicine & rehab	\$18,883.87
568	Oncology	\$11,267.01
467	Hematologist	\$13,330.66

APAP w/codeine Use Excluded Specialties

18	Physical medicine and rehab	\$297.70
7	Oncology	\$92.11
37	Hematologist	\$742.38

NARCOTIC USE (01/01/2003-06/30/2003) BY SPECIALTY

RX CLAIMS (01/01/2003 - 06/30/2003) BY SPECIALTY

# RX'S	Specialty	Total Narcotic Cost	Use Rate	Total Rxs	Total Cost
62,656	Default Provider	\$902,631.62	4.27%	1,467,894	\$85,448,018.29
15,711	General Practitioner	\$248,899.76	4.05%	387,670	\$19,684,476.33
318	Cardiologist	\$6,289.17	0.58%	54,368	\$2,828,439.11
169	Radiologist	\$3,612.35	6.42%	2,634	\$199,667.69
99	Pathologist	\$833.50	4.56%	2,171	\$114,382.33
3,181	Pediatrician	\$43,952.63	1.05%	301,750	\$18,350,653.32
581	Psychiatrist	\$12,465.85	0.64%	91,142	\$10,244,856.77
4,806	OB/GYN	\$40,139.54	5.54%	86,763	\$2,852,278.86
3,376	General Surgeon	\$33,247.67	8.83%	38,248	\$1,844,027.02
5,443	Orthopedic Surgeon	\$66,867.95	28.09%	19,379	\$793,501.36
1,558	Neurological Surgeon	\$23,860.65	11.58%	13,460	\$1,091,778.03
82	Thoracic Surgeon	\$1,608.64	13.10%	626	\$43,593.23
106	Plastic Surgeon	\$913.52	7.98%	1,329	\$68,764.34
18,202	Internist	\$355,126.80	2.83%	642,841	\$36,520,730.97
3	Preventive Medicine	\$33.15	2.40%	125	\$5,049.80
958	Anesthesiologist	\$24,466.85	7.63%	12,553	\$995,944.29
423	Ophthalmologist	\$7,182.63	1.44%	29,334	\$1,561,827.01
1,774	Otolaryngologist	\$34,224.42	11.03%	16,086	\$727,604.15
744	Urologist	\$6,890.04	6.25%	11,904	\$770,017.15
45	Dermatologist	\$433.00	0.51%	8,741	\$452,766.07
225	Pulmonary Specialist	\$3,563.28	1.80%	12,478	\$836,782.21
283	Eye, ENT Specialist	\$5,912.42	10.43%	2,713	\$157,027.73
433	Gastroenterologist	\$8,097.86	3.36%	12,885	\$1,195,153.22
6	Allergist	\$103.23	0.50%	1,199	\$92,460.59
402	Podiatrist	\$4,372.59	10.55%	3,810	\$184,448.72
1,131	Rheumatology	\$39,626.45	8.98%	12,596	\$1,268,166.28
4	Endocrinology	\$39.23	0.46%	866	\$62,608.72
55	Infectious Disease	\$848.72	1.87%	2,935	\$944,907.62
3,559	Nephrology	\$56,015.38	2.87%	123,815	\$7,644,670.43
46,290	Family Practice	\$856,707.51	2.72%	1,702,767	\$81,317,753.41
6,973	General Dentistry	\$43,662.15	32.81%	21,251	\$255,975.58
27	Orthodontics	\$274.00	19.57%	138	\$5,334.82
247	Pediatric Dentistry	\$2,008.76	25.31%	976	\$23,747.10
336	Oral/Maxillofacial Surg	\$2,589.81	27.07%	1,241	\$21,559.12
7	Periodontics	\$43.62	46.67%	15	\$103.86
30	Aerospace Medicine	\$932.70	3.18%	942	\$59,033.40
2,170	Emergency Medicine	\$16,737.80	10.34%	20,992	\$696,504.06
75	Geriatrics	\$1,283.69	1.36%	5,523	\$288,419.76
11	Neurology, child	\$227.71	0.61%	1,805	\$170,449.56

14	Otology	\$206.31	15.56%	90	\$2,085.08
6	Otorhinolaryngology	\$161.69	4.32%	139	\$9,744.36
15	Pediatrics, cardiology	\$104.99	0.81%	1,842	\$91,102.01
6	Psychiatry, child	\$69.93	0.08%	7,793	\$791,172.31
18	Radiology, diagnostic	\$230.86	1.03%	1,756	\$69,161.51
2	Radiology, therapeutic	\$40.24	1.43%	140	\$17,146.15
2	Surgery, abdominal	\$16.41	9.52%	21	\$1,649.60
50	Surgery, cardiovascular	\$500.70	7.16%	698	\$32,394.45
3	Surgery, colon/rectal	\$17.23	27.27%	11	\$309.68
16	Surgery, hand	\$169.19	50.00%	32	\$526.93
35	Surgery, head/neck	\$561.16	12.41%	282	\$10,705.17
4	Surgery, pediatric	\$33.53	7.55%	53	\$5,802.79
39	Surgery, urological	\$382.80	1.69%	2,304	\$169,982.09
51	Surgery, peripheral vascular	\$397.21	7.97%	640	\$27,136.28
301	surgery, OB/GYN	\$2,432.04	7.50%	4,016	\$123,703.42
17	Roentgenology, radiology	\$298.71	2.82%	602	\$48,040.99
2	Dermatology, syphilis	\$11.50	0.29%	701	\$37,199.12
9	Neonatal-perinatal med	\$118.30	1.92%	468	\$24,856.80
5	Addiction Medicine	\$81.79	2.44%	205	\$12,507.46
404	Neurologist	\$8,729.76	2.20%	18,340	\$1,937,673.04
15	Psychologist	\$328.33	4.08%	368	\$17,506.74
15	Radiological specialties	\$339.45	22.06%	68	\$3,293.95
2	Anesthesia specialties	\$9.90	20.00%	10	\$524.51
5	Prim Care physician	\$45.98	2.34%	214	\$12,441.50
48	Primary Care physician	\$1,164.29	4.03%	1,192	\$49,386.40
95	Not a physician	\$2,619.57	0.54%	17,598	\$911,679.72
521	no phys info prov-new/moved	\$6,022.24	3.72%	14,003	\$756,964.98
184,852		\$2,881,820.76	3.56%	5,191,551	\$284,988,179.35

MISSISSIPPI MEDICAID

RETROSPECTIVE DRUG UTILIZATION REVIEW

CRITERIA RECOMMENDATIONS

NOVEMBER 2003

Recommended Additions

Approved Rejected

1. PPI's/Appropriate Dosing/Negating

Alert Message: It is recommended by the FDA that all PPIs be dosed once daily, as all are delayed-release products. Patients should be re-evaluated on a regular basis for the need to continue the PPI and stepped down to an acute daily dose of an H2 blocker for treatment of GERD. Recurring duodenal or gastric ulcer may require the testing and/or treatment of H. pylori. Chronic PPI use may cause rebound hyperacidity when discontinued and a H2 blocker or antacid may be temporarily needed.

Conflict Code: Overuse Precaution

Exclusion Days: 180 days

Drugs:

Util A

Util B

Util C

Omeprazole
Esomeprazole
Lansoprazole
Pantoprazole
Rabeprazole

Zollinger-Ellison Syndrome
Barrett's Esophagitis
Active GI Bleed
Gastric Outlet Obstruction
Ulcer penetration or perforation
Mucosal Esophagitis
Mucosal Erosive Esophagitis

Age Range: 3 years old and older

References:

Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol. 113, 2002.

Facts & Comparisons, 2002 Updates.

AHFS Drug Information 2003.

2. Dose Optimization Criteria

These criteria will identify any patient taking a drug twice a day or more. The alert message will be the same for all dose optimization criteria. There must be a criterion created for each strength because the system must calculate the "max limit" for each strength. Any recipient receiving over the one tablet strength will hit on these criteria.

Alert Message: The patient may not be receiving the optimal dosing regimen for this medication. A higher strength exists for this medication, which would allow for a reduced dosing schedule. Utilizing the optimal dosing for this medication would increase patient compliance, decrease Medicaid expenditures, and reduce drug diversion.

Conflict Code: ER-Overutilization

Drugs:

Util A

Util B

Util C

Drug X

Drug X

Max Limit

Approved Rejected

Ambien 5mg

5mg

Celexa 10mg

10mg

Celexa 20mg

20mg

Effexor XR 37.5mg

37.5mg

<u>Drug X</u>	<u>Max Dose</u>	Approved	Rejected
Effexor XR 75mg	75mg	_____	_____
Lipitor 10mg	10mg	_____	_____
Lipitor 20mg	20mg	_____	_____
Lipitor 40mg	40mg	_____	_____
Nexium 20mg	20mg	_____	_____
Paxil 10mg	10mg	_____	_____
Paxil 20mg	20mg	_____	_____
Pravachol 10mg	10mg	_____	_____
Pravachol 20mg	20mg	_____	_____
Pravachol 40mg	40mg	_____	_____
Prevacid 15mg	15mg	_____	_____
Prilosec 10mg	10mg	_____	_____
Prilosec 20mg	20mg	_____	_____
Vioxx 12.5mg	12.5mg	_____	_____
Vioxx 25mg	25mg	_____	_____
Zocor 5mg	5mg	_____	_____
Zocor 10mg	10mg	_____	_____
Zocor 20mg	20mg	_____	_____
Zocor 40mg	40mg	_____	_____
Zolof 25mg	25mg	_____	_____
Zolof 50mg	50mg	_____	_____
Zyrtec 5mg	5mg	_____	_____
Risperdal 0.25mg	0.5mg	_____	_____
Risperdal 0.5mg	1.0mg	_____	_____
Risperdal 1.0mg	2.0mg	_____	_____
Risperdal 2.0mg	4.0mg	_____	_____

References:

Facts & Comparisons, 2002 Updates.

Micromedex Healthcare Series, Drugdex drug Evaluation, 2003.

The Merck Manual of Diagnosis and Therapy, Section 33. Clinical Pharmacology, Ch. 301,

Factors Affecting Drug Response, Merck & Co., Inc. 2003.

Recommended Additions

Approved Rejected

3. Levitra (Vardenafil)/High Dose

Alert Message: Levitra (vardenafil) may be over-utilized. The manufacturer's recommended maximum dose is 20mg and the maximum dosing frequency is once a day.

Conflict Code: - HD – High Dose

Drugs:

Util A

Util B

Util C

Vardenafil

Max dose: 20mg/day

References:

Levitra Product Information, Aug. 2003, Bayer Pharmaceuticals Corporation.

4. Levitra (Vardenafil)/Hepatic Impairment

Alert Message: Levitra (vardenafil) should be used with caution in patients with moderate hepatic impairment. The maximum dose in these patients should not exceed 10mg. Vardenafil has not been evaluated in patients with severe hepatic impairment.

Conflict Code: HD – High Dose in Hepatic Impairment

Drugs:

Util A

Util B

Util C

Vardenafil

Hepatic Impairment

Max Dose: 10mg/day

References:

Levitra Product Information, Aug. 2003, Bayer Pharmaceuticals Corporation.

5. Levitra (Vardenafil)/QT Prolongation & Class IA & III Antiarrhythmics

Alert Message: The use of Levitra (vardenafil) should be avoided in patients with congenital or acquired QT prolongation, or who are receiving Class IA or Class III antiarrhythmias. Vardenafil has been shown to increase the QTc interval.

Conflict Code: DB – Drug/Drug marker and/or Diagnosis

Drugs:

Util A

Util B

Util C

Vardenafil

QT Prolongation

Quinidine

Procainamide

Dysopyramide

Bretylum

Amiodarone

Sotalol

References:

Levitra Product Information, Aug. 2003, Bayer Pharmaceuticals Corporation.

6. Levitra (Vardenafil)/Nitrates

Alert Message: The use of Levitra (vardenafil) and nitrates or nitric oxide donors is contraindicated. Vardenafil is a phosphodiesterase type 5 inhibitor (PDE5) which can produce hypotension and therefore may potentiate the hypotensive effects of nitrates.

Conflict Code: DD – Drug/Drug Interaction - **Contraindication**

Drugs:

Util A

Util B

Util C

Vardenafil

Nitrates

References:

Levitra Product Information, Aug. 2003, Bayer Pharmaceuticals Corporation.

Recommended Additions

Approved ***Rejected***

7. Levitra (Vardenafil)/Alpha Blockers

Alert Message: The use of Levitra (vardenafil) and an alpha-blocking agent is contraindicated. Vardenafil is a phosphodiesterase type 5 inhibitor (PDE5) which can produce hypotension and therefore may potentiate the hypotensive effects of alpha-blockers.

Conflict Code: Drug/Drug Interaction - **Contraindication**

Drugs:

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Vardenafil	Terazosin	
	Prazosin	
	Doxazosin	

References:

Levitra Product Information, Aug. 2003, Bayer Pharmaceuticals Corporation.

8. Levitra (Vardenafil)/Left Ventricular Outflow Obstruction

Alert Message: Levitra (vardenafil) should be used with caution in patients with left ventricular outflow obstruction, e.g., aortic stenosis and idiopathic hypertrophic subaortic stenosis, due to potential sensitivity to the vasodilator action.

Conflict Code: MC- Drug (Actual) Disease Precaution – Warning Section

Drugs:

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Vardenafil	Aortic Stenosis	
	Idiopathic Hypertrophic Subaortic Stenosis	

References:

Levitra Product Information, Aug. 2003, Bayer Pharmaceuticals Corporation.

9. Levitra (Vardenafil)/Ritonavir

Alert Message: The dosage of Levitra (vardenafil) may require adjustment in patients receiving the potent CYP 3A4 inhibitor ritonavir. A single dose of vardenafil should not exceed 2.5mg in a 72-hour period when used in combination with ritonavir.

Conflict Code: ER-Overutilization

Drugs:

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Vardenafil		Ritonavir

Max dose: 2.5 mg/day

References:

Levitra Product Information, Aug. 2003, Bayer Pharmaceuticals Corporation.

10. Levitra (Vardenafil)/Erythromycin

Alert Message: The dosage of Levitra (vardenafil) may require adjustment in patients receiving concomitant therapy with the potent CYP 3A4 inhibitor erythromycin. A single dose of vardenafil should not exceed 5mg in a 24-hour period when used in combination with erythromycin.

Conflict Code: ER - Overutilization

Drugs:

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Vardenafil		Erythromycin

Max dose: 5 mg/day

References:

Levitra Product Information, Aug. 2003, Bayer Pharmaceuticals Corporation.

*** Limitation: This criterion will hit on all patients taking Levitra and erythromycin within a 90-day period. At this time we cannot narrow it down due to the dose calculation***

Recommended Additions**Approved Rejected****11. Levitra (Vardenafil)/Indinavir**

Alert Message: The dosage of Levitra (vardenafil) may require adjustment in patients receiving the potent CYP 3A4 inhibitor indinavir. A single dose of vardenafil should not exceed 2.5 mg in a 24-hour period when used in combination with indinavir.

Conflict Code: ER - Overutilization

Drugs:

Util A

Vardenafil

Util B

Util C

Indinavir

Max Dose: 2.5 mg/day

References:

Levitra Product Information, Aug. 2003, Bayer Pharmaceuticals Corporation.

12. Levitra (Vardenafil)/Ketoconazole & Itraconazole

Alert Message: The dosage of Levitra (vardenafil) may require adjustment in patients receiving either potent CYP 3A4 inhibitor ketoconazole or itraconazole. A single dose of vardenafil should not exceed 2.5mg in a 24 hour period if coadministered with 400 mg daily of ketoconazole or itraconazole.

Conflict Code: Drug/Drug Interaction

Drugs:

Util A

Ketoconazole

Util B

Util C

Vardenafil (5mg only)

Itraconazole

Max: Dose: 400 mg/day of ketoconazole or itraconazole

References:

Levitra Product Information, Aug. 2003, Bayer Pharmaceuticals Corporation.

*** Limitation: This criterion will hit on all patients taking Levitra and ketoconazole or itraconazole within a 90-day period. At this time we cannot narrow it down due to the dose calculation***

13. Levitra (Vardenafil)/Ketoconazole & Itraconazole

Alert Message: The dosage of Levitra (vardenafil) may require adjustment in patients receiving either potent CYP 3A4 inhibitor ketoconazole or itraconazole. A single dose of vardenafil should not exceed 5.0 mg in a 24-hour period if coadministered with 200 mg daily of ketoconazole or itraconazole.

Conflict Code: Drug/Drug Interaction

Drugs:

Util A

Itraconazole

Util B

Util C

Vardenafil (10 and 20 mg only)

Ketoconazole

Max Dose: 200 mg/day of itraconazole or ketoconazole

References:

Levitra Product Information, Aug. 2003, Bayer Pharmaceuticals Corporation.

*** Limitation: This criterion will hit on all patients taking Levitra and itraconazole within a 90-day period. At this time we cannot narrow it down due to the dose calculation***

Recommended Additions**Approved Rejected****14. Crestor (Rosuvastatin)/High Dose**

Alert Message: Crestor (rosuvastatin) may be over-utilized. The manufacturer's recommended maximum dose is 40mg once daily. Exceeding the recommended daily dose may result in the increase risk of adverse effects (e.g., myalgia, rhabdomyolysis, proteinuria).

Conflict Code: HD - High Dose

Drugs:

Util A

Util B

Util C

Rosuvastatin

Max Dose: 40 mg/day

References:

Crestor Product Information, Aug. 2003, AstraZeneca Pharmaceuticals LP.

15. Crestor (Rosuvastatin)/Liver Disease

Alert Message: Crestor (rosuvastatin) is contraindicated in patients with active liver disease or unexplained persistent elevations of serum transaminases. Use of rosuvastatin in this population may put them at risk for rhabdomyolysis.

Conflict Code: MC – Drug (Actual) Disease Precaution

Drugs:

Util A

Util B

Util C

Rosuvastatin

Active Liver Disease

References:

Crestor Product Information, Aug. 2003, AstraZeneca Pharmaceuticals LP.

16. Crestor (Rosuvastatin)/Cyclosporine – High Dose

Alert Message: The dosage of Crestor (rosuvastatin) should not exceed 5mg once daily in patients receiving concomitant cyclosporine. Exceeding this dosage of rosuvastatin may increase the risk of myopathy and/or rhabdomyolysis.

Conflict Code: ER - Overutilization

Drugs:

Util A

Util B

Util C

Rosuvastatin

Cyclosporine

Max Dose: 5 mg/day

References:

Crestor Product Information, Aug. 2003, AstraZeneca Pharmaceuticals LP.

17. Crestor (Rosuvastatin)/Gemfibrozil

Alert Message: The concomitant use of Crestor (rosuvastatin) and gemfibrozil should generally be avoided. If rosuvastatin must be used in combination with gemfibrozil the dose of rosuvastatin should not exceed 10mg once daily. Exceeding this dosage of rosuvastatin may increase the risk of myopathy and/or rhabdomyolysis.

Conflict Code: ER - Overutilization

Drugs:

Util A

Util B

Util C

Rosuvastatin

Gemfibrozil

Max Dose: 10mg/day

References:

Crestor Product Information, Aug. 2003, AstraZeneca Pharmaceuticals LP.

Recommended Additions**Approved Rejected****18. Crestor (Rosuvastatin)/Renal Insufficiency**

Alert Message: The dosage of Crestor (rosuvastatin) should be initiated at 5mg once daily and should not exceed 10mg once daily for patients with severe renal impairment (CL < 30mL/min) not on hemodialysis. Exceeding this recommended dose may increase the risk of myopathy/rhabdomyolysis.

Conflict Code: ER - Overutilization

Drugs:

Util A

Rosuvastatin

Util B

Util C

Chronic Renal Failure

Max dose: 10 mg/day

References:

Crestor Product Information, Aug. 2003, AstraZeneca Pharmaceuticals LP.

19. Tacrine/ Cardiovascular Conditions

Alert Message: Cognex (tacrine) is a cholinesterase inhibitor may cause vagotonic effects on the sinoatrial and atrioventricular nodes possibly leading to bradycardia and/or heart block. These effects may be particularly harmful to patients with conduction abnormalities, bradyarrhythmias, or a sick sinus syndrome, but may also occur in patients without existing cardiac disease.

Conflict Code: MC – Drug (Actual) Disease Precaution

Drugs/Disease

Util A

Tacrine

Util B

Bradyarrhythmias

Conduction Abnormalities

Sick Sinus Syndrome

Util C

References:

Cognex Product Information, Jan. 2002, Parke Davis Pharmaceuticals, LTD.

Micromedex Healthcare Series, Drugdex Drug Evaluations, 2003.

Physicians' Desk Reference, Micromedex Healthcare Series, 2003.

20. Tacrine/ Hepatic Impairment

Alert message: Cognex (tacrine) should be used with caution in patients with current evidence or history of hepatic impairment. Tacrine is associated with elevations in serum aminotransferase and may increase the risk of liver injury.

Conflict Code: MC – Drug (Actual) Disease Precaution

Util A

Tacrine

Util B

Hepatic Impairment

Util C

References:

Facts & Comparisons, 2003 Updates.

Micromedex Healthcare Series, Drugdex Drug Evaluations, 2003.

Cognex Product Information, Oct. 2000, Parke-Davis Pharmaceuticals, Ltd.

**FOCUSED RETROSPECTIVE DRUG UTILIZATION REVIEW
ON
LONG TERM CARE BENEFICIARIES
AND
THE UNDER THE AGE OF 21 GROUPS**

Beneficiaries residing in long term care (LTC) facilities and those under the age of 21 are exempt from the Extension of Benefits Prior Authorization Program. However, there is a need to focus on the drug therapies retrospectively for these 2 populations due to poly-pharmacy concerns.

Methodology

- **Run data to identify those beneficiaries identified in these groups to determine the number of patients who receive more than 5 prescriptions monthly.**
- **From this data, profiles will be generated and reviewed by pharmacists. Intervention letters can be sent to the provider, the LTC facility and prescriber on criteria such as a blanket polypharmacy event or more specific events such as drug-disease, drug-drug interactions, therapeutic duplications, or inappropriate therapy.**
- **Should be noted that these profiles will be reviewed in addition to monthly profiles generated and reviewed.**
- **The profiles will be separated out by risk score. In other words we can look at low, moderate, and/or high risk beneficiaries in these 2 groups.**

Goal

To reduce the possible incidences of adverse events associated with polypharmacy.

**MISSISSIPPI MEDICAID
RECIPIENT PRESCRIPTION
TOTALS PER MONTH
2003**

10/30/2003

*RECIPIENTS AGE >= 21
AND NOT NH RECIPIENTS

	<u>Recipients receiving 5 or less prescriptions</u>		<u>Recipients receiving 6 prescriptions</u>		<u>Recipients receiving 7 prescriptions</u>		<u>Recipients receiving 8 or more prescriptions</u>		<u>TOTAL REMB AMT</u>
		<u>\$ Remb</u>		<u>\$ Remb</u>		<u>\$ Remb</u>		<u>\$ Remb</u>	
January 2003	126,300	\$ 22,590,609.27	7,756	\$ 3,001,827.01	14,384	\$ 6,449,660.88	1,643	\$ 983,811.93	\$ 33,025,909.09
February 2003	124,975	\$ 22,111,914.13	7,166	\$ 2,750,986.96	13,427	\$ 6,157,922.38	1,042	\$ 675,418.37	\$ 31,696,241.84
March 2003	125,453	\$ 22,202,056.28	7,750	\$ 2,981,356.86	14,602	\$ 6,677,341.80	1,288	\$ 789,490.00	\$ 32,650,244.94
April 2003	125,015	\$ 21,907,088.19	7,989	\$ 3,042,490.57	15,251	\$ 6,913,825.47	1,364	\$ 854,131.38	\$ 32,717,535.61
May 2003	124,524	\$ 22,072,113.71	7,981	\$ 3,071,579.27	15,928	\$ 7,336,274.42	1,409	\$ 884,718.47	\$ 33,364,685.87
June 2003	123,969	\$ 21,813,155.42	8,233	\$ 3,192,692.95	15,319	\$ 7,088,179.45	1,359	\$ 829,388.28	\$ 32,923,416.10
July 2003	125,564	\$ 22,906,478.83	8,656	\$ 3,385,318.53	16,075	\$ 7,496,650.72	1,481	\$ 927,670.54	\$ 34,716,118.62
August 2003	126,095	\$ 23,061,845.44	8,652	\$ 3,361,383.95	15,635	\$ 7,344,099.72	1,671	\$ 1,053,683.28	\$ 34,821,012.39

*NH RECIPIENTS

	<u>Recipients receiving 5 or less prescriptions</u>		<u>Recipients receiving 6 prescriptions</u>		<u>Recipients receiving 7 prescriptions</u>		<u>Recipients receiving 8 or more prescriptions</u>		<u>TOTAL REMB AMT</u>
		<u>\$ Remb</u>		<u>\$ Remb</u>		<u>\$ Remb</u>		<u>\$ Remb</u>	
January 2003	6,244	\$ 1,186,311.30	1,527	\$ 520,244.24	1,317	\$ 512,321.36	6,513	\$ 3,964,630.10	\$ 6,183,507.00
February 2003	7,105	\$ 1,338,757.36	1,455	\$ 492,875.68	1,381	\$ 539,439.73	5,427	\$ 3,149,626.32	\$ 5,520,699.09
March 2003	6,384	\$ 1,222,020.51	1,491	\$ 509,493.02	1,389	\$ 542,652.13	6,169	\$ 3,782,288.54	\$ 6,056,454.20
April 2003	6,490	\$ 1,247,668.88	1,562	\$ 547,651.00	1,344	\$ 546,056.71	6,101	\$ 3,707,056.30	\$ 6,048,432.89
May 2003	6,443	\$ 1,257,913.62	1,487	\$ 509,336.22	1,382	\$ 557,352.68	6,182	\$ 3,768,366.08	\$ 6,092,968.60
June 2003	6,681	\$ 1,310,149.14	1,500	\$ 527,266.57	1,390	\$ 537,402.91	5,952	\$ 3,612,896.28	\$ 5,987,714.90
July 2003	6,118	\$ 1,249,831.36	1,495	\$ 546,206.77	1,375	\$ 565,881.75	6,361	\$ 4,008,357.53	\$ 6,370,277.41
August 2003	6,383	\$ 1,340,191.80	1,385	\$ 495,589.48	1,356	\$ 546,536.70	5,870	\$ 3,751,302.59	\$ 6,133,620.57

*ALL RECIPIENTS

	<u>Recipients receiving 5 or less prescriptions</u>		<u>Recipients receiving 6 prescriptions</u>		<u>Recipients receiving 7 prescriptions</u>		<u>Recipients receiving 8 or more prescriptions</u>		<u>TOTAL REMB AMT</u>
		<u>\$ Remb</u>		<u>\$ Remb</u>		<u>\$ Remb</u>		<u>\$ Remb</u>	
January 2003	235,807	\$ 33,469,538.35	11,529	\$ 4,254,150.28	16,826	\$ 7,398,970.75	9,172	\$ 5,613,357.97	\$ 50,736,017.35
February 2003	230,530	\$ 32,476,398.56	10,470	\$ 3,832,831.46	15,685	\$ 7,045,035.23	7,252	\$ 4,281,734.39	\$ 47,635,999.64
March 2003	219,296	\$ 31,850,465.64	10,859	\$ 4,030,858.02	16,798	\$ 7,555,767.86	8,225	\$ 5,078,326.72	\$ 48,515,418.24
April 2003	217,584	\$ 30,650,387.42	11,227	\$ 4,125,931.61	17,389	\$ 7,757,277.59	8,244	\$ 5,032,879.33	\$ 47,566,475.95
May 2003	208,264	\$ 30,166,341.22	10,694	\$ 3,977,319.44	17,924	\$ 8,144,868.88	8,139	\$ 5,103,796.94	\$ 47,392,326.48
June 2003	200,319	\$ 29,237,660.76	10,780	\$ 4,091,825.57	17,225	\$ 7,839,081.70	7,777	\$ 4,740,226.91	\$ 45,908,794.94
July 2003	202,389	\$ 30,605,347.47	11,229	\$ 4,294,873.32	17,994	\$ 8,291,133.72	8,369	\$ 5,281,804.83	\$ 48,473,159.34
August 2003	212,205	\$ 31,605,950.93	11,324	\$ 4,274,448.04	17,630	\$ 8,200,619.78	8,140	\$ 5,188,648.67	\$ 49,269,667.42

Drug Utilization Review Program

PROVIDER NAME

DATE

[adrs2]

[adrs3]

[adrs4]

DEAR PROVIDER:

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-recipefst-nm] [t1d0-recipefst-nm], is receiving multiple medications from and may be at higher risk for developing adverse events or negative outcomes associated with polypharmacy.* Polypharmacy can lead to an increase in the incidence of adverse drug effects, hospitalizations, non-compliance and morbidity. Using the fewest medications necessary can have a significant beneficial impact on patients as well as the Medicaid program. Since one provider may be unaware of the treatment given by another, we are providing the enclosed historical profile for your evaluation. A thorough review of the patient's medications can often reduce the number of drugs used and may improve patient outcomes. In presenting this information to you, we recognize that the management of each patient's drug therapy depends upon an assessment of the patient's entire clinical situation about which we are not fully aware.

The success of the DUR program is enhanced by effective two-way exchange of information. Therefore, at your convenience, we would appreciate learning of your assessment of this information and of any action taken in response to this notice. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. Please complete the response form on the reverse side of this letter and return it in the enclosed envelope or fax it to the program administrator, Health Information Designs, Inc. (800) 748-0116.

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

RX #(s): [rx_no_a]

Sincerely,



W. Murray Yarbrough, M.D.

Medical Director

Health Information Designs, Inc.

Case#: [case_no]

Enclosure

PRESCRIBER RESPONSE

Your response is voluntary, implies no penalty or liability and is reviewed with strict confidentiality.

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

1. This patient:

_____ is under my care, however, I did not prescribe the following medication(s) that were attributed to my provider number _____.
_____ has an appointment to discuss drug therapy.
_____ is under my care, however, has not seen me recently.
_____ is no longer under my care.
_____ has never been under my care.
_____ has recently expired.

2. I have reviewed the information provided and, I:

_____ discontinued the following medication(s): _____.
_____ reassessed and modified drug therapy.
_____ have not modified patient's drug therapy because the benefits outweigh the risks.
_____ have not modified patient's drug therapy because the potential interaction is not clinically significant.
_____ have tried to modify the drug therapy, however, patient refuses to change medications.
_____ have tried to modify drug therapy, however, recurrence of symptom necessitates continuation of the medication.

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

_____ very useful _____ useful _____ neutral _____ somewhat useful _____ not useful.

4. _____ Please check here if you would like to receive an updated historical drug profile for the patient in the future.

Comments: _____

[adrs1] Case# [case_no]

Letter Type [letter_type]

[criteria]

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

Drug Utilization Review Program

PROVIDER NAME

DATE

[adrs2]

[adrs3]

[adrs4]

DEAR PROVIDER:

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-recipefst-nm] [t1d0-recipefst-nm], is receiving multiple medications and may be at higher risk for developing adverse events or negative outcomes associated with polypharmacy.* Polypharmacy can lead to an increase in the incidence of adverse drug effects, hospitalizations, non-compliance and morbidity. Using the fewest medications necessary can have a significant beneficial impact on patients as well as the Medicaid program. Since one provider may be unaware of the treatment given by another, we are providing the enclosed historical profile for your evaluation. A thorough review of the patient's medications can often reduce the number of drugs used and may improve patient outcomes. In presenting this information to you, we recognize that the management of each patient's drug therapy depends upon an assessment of the patient's entire clinical situation about which we are not fully aware.

The success of the DUR program is enhanced by effective two-way exchange of information. Therefore, at your convenience, we would appreciate learning of your assessment of this information and of any action taken in response to this notice. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. Please complete the response form on the reverse side of this letter and return it in the enclosed envelope or fax it to the program administrator, Health Information Designs, Inc. (800) 748-0116.

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

RX #(s): [rx_no_a]

Sincerely,



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

Case#: [case_no]
Enclosure

PHARMACIST RESPONSE

Your response is voluntary, implies no penalty or liability and is reviewed with strict confidentiality.

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

1. This patient:

- _____ is a patient at this pharmacy.
_____ no longer receives medication from this pharmacy.
_____ has never been a patient at this pharmacy.
_____ has recently expired.

2. I **agree** with the information provided. After reviewing the profile I have:

- _____ conferred with the physician and
_____ a) anticipate modification in the patient's drug regimen.
_____ b) do not advise modification of the patient's drug therapy because the benefits outweigh the risks, and the patient is closely monitored.
_____ c) do not advise modification of the patient's drug therapy because the potential problem is not clinically significant for this patient.
_____ counseled the patient regarding the appropriate use of the medication

3. I **disagree** with the information provided and after reviewing the case, I have:

- _____ taken no further action.
_____ counseled the patient regarding the information provided.
_____ conferred with the physician regarding the information provided.

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

_____ very useful _____ useful _____ neutral _____ somewhat useful _____ not useful.

Comments: _____

[adrs1] Case# [case_no]

Letter Type [letter_type]

[criteria]

Boxed Warning Description and Update

Code of Federal Regulations definition for Black Box:

Citation: Title 21 CFR 201.57 Section E

(e) Warnings. Under this section heading, the labeling shall describe serious adverse reactions and potential safety hazards, limitations in use imposed by them, and steps that should be taken if they occur. The labeling shall be revised to include a warning as soon as there is reasonable evidence of an association of a serious hazard with a drug; a causal relationship need not have been proved. A specific warning relating to a use not provided for under the "Indications and Usage" section of labeling may be required by the Food and Drug Administration if the drug is commonly prescribed for a disease or condition, and there is lack of substantial evidence of effectiveness for that disease or condition, and such usage is associated with serious risk or hazard. Special problem, particularly those that may lead to death or serious risk or hazard. Special problems, particularly those that may lead to death or serious injury, may be required by the Food and Drug Administration to be placed in a prominently displayed box. The boxed warning ordinarily shall be based on clinical data, but serious animal toxicity may also be the basis of a boxed warning in the absence of clinical data. If a boxed warning is required, its location will be specified by the Food and Drug Administration. The frequency of these adverse reactions and, if known, the approximate mortality and morbidity rates for patients sustaining the reaction, which are important to safe and effective use of the drug, shall be expressed as provided under the "Adverse Reactions" section of the labeling.

Accutane (isotretinoin) Capsules

CONTRAINDICATIONS & BOXED WARNINGS

- **Information for Pharmacists**

PRECAUTIONS

- Information for Patients and Prescribers
- Drug Interactions
 - Micro-dosed Progesterone Preparations
- Pediatric Use

PATIENT INFORMATION CONSENT (for female patients concerning birth defects)

CONTRAINDICATIONS & BOXED WARNINGS: Although hormonal contraceptives are highly effective, there have been reports of pregnancy from women who have used oral contraceptives, as well as topical/injectable/implantable/insertable hormonal birth control products.

Information for Pharmacists: Accutane must only be dispensed within seven days of the qualification date.

Advair (fluticasone propionate/salmeterol) inhalation powder

BOXED WARNING

WARNINGS

PRECAUTIONS

- Information for Patients

BOXED WARNING: Data from a large placebo-controlled US study that compared the safety of salmeterol (Serevent Inhalation Aerosol) or placebo added to usual asthma therapy showed a small but significant increase in asthma-related deaths in patients receiving salmeterol (13 deaths out of 13,174 patients treated for 28 weeks) versus those on placebo (4 of 13,179). Subgroup analyses suggest the risk may be greater in African-American patients compared to Caucasians (see **WARNINGS**).

WARNINGS: Results of the Serevent Multicenter Asthma Research Trial (SMART) incorporated in a **BOXED WARNING**, **WARNINGS**, and **PRECAUTIONS**.

**Suggested Interventions
November 20, 2003**

- **Black Box Warning concerning ACE Inhibitor Use during Pregnancy**

3.1 CONTRAINDICATIONS

Pregnancy (second and third trimesters particularly)

ICER Risk Count = 2 beneficiaries

- **Therapeutic Duplication of Muscle Relaxants and Over-Utilization of carisoprodol**

ICER Risk Count = 471 beneficiaries duplication of muscle relaxants

ICER Risk Count = 738 beneficiaries over-utilization of carisoprodol

- **Over-Utilization of Sedative Agents Ambien and Sonata**

ICER Risk Count = 1,303

- **Therapeutic Duplication of Atypical Antipsychotics-90 days**

ICER Risk Count = 1,423 beneficiaries

- **Over-Utilization of Narcotic Agents**

ICER Risk Count = 107 beneficiaries

- **Over-Utilization of Anxiolytic Agents**

ICER Risk Count=131 beneficiaries

- **Therapeutic Duplication of Anxiolytic Agents**

ICER Risk Count = 935 beneficiaries

- **Over-Utilization of Inhaled Beta-Agonists**

ICER Risk Count = 1,008 beneficiaries

- **Over-Utilization of Stimulants**

ICER Risk Count = 137 beneficiaries

- **Under-Utilization of Lipid Lowering Agents**

ICER Risk Count = 2,643 beneficiaries

TOP Drugs by Cost for Month 09/2003 for Program ALL

Generic Name	Rx Count	Dollar Total	Dollar/Rx
<u>ZYPREXA</u>	5,427	\$1,713,446.74	\$315.73
<u>RISPERDAL</u>	5,518	\$1,155,932.55	\$209.48
<u>NEURONTIN</u>	7,201	\$941,477.57	\$130.74
<u>PLAVIX</u>	7,904	\$924,787.77	\$117.00
<u>SEROQUEL</u>	4,138	\$901,195.00	\$217.79
<u>LIPITOR</u>	9,387	\$800,047.59	\$85.23
<u>NORVASC</u>	11,901	\$663,906.41	\$55.79
<u>SINGULAR</u>	7,228	\$619,149.45	\$85.66
<u>ZOLOFT</u>	6,578	\$572,862.58	\$87.09
<u>ZOCOR</u>	4,538	\$545,498.34	\$120.21
<u>ACTOS</u>	3,348	\$498,846.40	\$149.00
<u>AUGMENTIN</u>	7,338	\$479,666.99	\$65.37
<u>LOTREL</u>	5,911	\$476,589.97	\$80.63
<u>DEPAKOTE</u>	4,019	\$470,429.14	\$117.05
<u>PAROXETINE HCL</u>	5,149	\$460,199.93	\$89.38
<u>PREVACID</u>	3,124	\$458,062.82	\$146.63
<u>ZITHROMAX</u>	10,354	\$420,885.94	\$40.65
<u>CELEBREX</u>	3,673	\$410,934.24	\$111.88
<u>OMEPRAZOLE</u>	2,779	\$399,904.21	\$143.90
<u>ADVAIR</u>	2,800	\$391,586.23	\$139.85
<u>DURAGESIC</u>	1,297	\$379,763.26	\$292.80
<u>TOPAMAX</u>	1,703	\$376,032.44	\$220.81
<u>EFFEXOR</u>	3,022	\$374,729.41	\$124.00
<u>ABILIFY</u>	1,060	\$351,391.24	\$331.50
<u>NEXIUM</u>	2,553	\$344,638.71	\$134.99

MONTHLY ACTIVITY STATISTICAL REPORT - YEAR 2003

	January	February	March	April	May	June	July	August	September	October	November	December
Date Processed	1/8/2003	2/3/2003	3/5/2003	4/7/2003	5/7/2003	6/5/2003	7/7/2003	8/7/2003	9/4/2003	10/7/2003		
# Claims Processed	944,403	834,250	882,140	985,498	813,663	804,166	919,790	778,315	807,828	1,001,942		
# Criteria Exception Hits (or # Potential Drug Therapy Problems)	97,331	90,135	93,404	106,954	92,727	88,962	110,487	99,652	104,186	118,739		
# Unique Patients with Hits	62,619	59,091	60,080	66,981	58,859	57,415	69,386	63,281	64,466	72,254		

PROFILES

PRINTED/REVIEWED	950	931	941	883	758	906	747	813	1073	919
REJECTED	190	365	292	504	409	685	349	377	392	283

CASE INFORMATION

IDENTIFIED	755	587	704	387	362	227	422	377	702	701
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CASE RATE	79%	63%	75%	44%	48%	25%	56%	46%	65%	76%	#DIV/0!	#DIV/0!
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LETTER GENERATION

VALID PRESCRIBER ID	1012	842	914	542	467	277	526	411	924	822	0	0
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PHARMACY CALLS	1	0	0	1	0	0	1	1	0	3
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TOTAL GENERATED	1013	842	914	543	467	277	527	412	924	825
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DELETED GENERIC PRESCRIBER ID	230	193	328	137	112	71	117	116	223	146
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DELETED IN QA	125	78	37	64	45	33	64	54	145	120
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# PRESCRIBER LETTERS MAILED	658	571	549	342	310	173	346	242	556	559	0	0
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PRESCRIBER RESPONSES RECEIVED

RESPONSE RATE	23%	25%	24%	26%	25%	13%	0%	0%	0%	0%	#DIV/0!	#DIV/0!
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DISTRIBUTION OF CASES By Problem Type

DRUG/DISEASE INTERACTIONS	13	64	57	26	21	20	96	84	109	127
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DRUG/DRUG CONFLICTS	47	288	256	185	124	75	105	54	125	93
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OVER-UTILIZATION	231	148	270	98	167	50	125	47	221	159
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POSSIBLE NON-COMPLIANCE	0	23	4	0	0	0	4	132	103	127
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CLINICAL APPROPRIATENESS	85	64	117	78	50	82	92	60	144	195
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LETTER FOLLOW UP

TER FOLLOW UP	587	704	387	362	227	422	377	702	701	0	0
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800 DUR CALLS, PROFILE FAXES, ETC.

PRESCRIBER REQUESTS FOR INFO

PROFILE REFERRALS to SURS Program