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

**November 15, 2012 at 2:00pm**

**Woolfolk Building, Room 117**

**Jackson, MS**

Prepared by:

The University of Mississippi School of Pharmacy

Evidence-Based DUR Initiative, MS-DUR

# Drug Utilization Review Board

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

Logan Davis, Pharm.D.
Vital Care, Inc.
1170 NE Industrial Park Rd
Meridian, MS 39301
Term Expires: June 30, 2013

Edgar Donahoe, M.D.
Indianola Family Medicine Group
122 Baker Street
Indianola, MS 38751
Term Expires: June 30, 2013

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

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

Sarah Ishee, Pharm.D.
Fred's Pharmacy
1000 Broadway Dr., Suite 50
Hattiesburg, MS 39401
Term Expires: June 30, 2015

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

Mark Reed, M.D. (Chair)
University of MS Medical Center
2500 North State Street, Trailer 16
Jackson, MS 39216
Term Expires: June 30, 2013

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

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

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

Vicki Veazey, R.Ph.
MS State Hospital , Bldg 50
Whitfield, MS 39193
Term Expires: June 30, 2013
Vicky Veazey, R.Ph.

## 2013 DUR Board Meeting Dates

February 21, 2013
May 16, 2013
August 15, 2013
November 21, 2013

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

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

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

**MISSISSIPPI DIVISION OF MEDICAID**

**OFFICE OF THE GOVERNOR**

**DRUG UTILIZATION REVIEW BOARD**

**AGENDA**

**November 15, 2012**

**Welcome** — Mark Reed, M.D. (Chair)

**Old Business** — Mark Reed, M.D. (Chair)

- Approval of August 2012 Meeting Minutes

**Resource Utilization Review** — Kyle D. Null, Pharm.D., Ph.D.

- Program Summary Report
- Top 15 Drug Classes and Top 25 Drug Detail – Amount Paid*
- Top 15 Drug Classes and Top 25 Drug Detail – Number of Claims

**Pharmacy Program Update**

- Medicaid Update — Shannon Hardwick, R.Ph.
- DUR Process and DUR Board Responsibilities — Kyle D. Null, Pharm.D., Ph.D.

**New Business**

- *Special Analysis Projects* — Kyle D. Null, Pharm.D., Ph.D.
  - Revatio (sildenafil) Use in Children and Adolescents
  - Monitoring Suboptimal Asthma Control
  - Provider Outreach for Potential Control Substance Abuse/Misuse
  - Update on Suboxone SmartPA Implementation and Utilization Monitoring — Shannon Hardwick, R.Ph.
- *Exceptions Monitoring*
  - Exceptions Monitoring Criteria Recommendations

**Next Meeting Information** — Mark Reed, M.D. (Chair)

# DUR Board Meeting Minutes

# MISSISSIPPI DIVISION OF MEDICAID
# DRUG UTILIZATION REVIEW (DUR) BOARD
# MINUTES OF THE AUGUST 16, 2012 MEETING

| DUR Board Members: | Present | Absent |
|---|---|---|
| Edgar Donahoe, M.D. **(Co-Chair)** | ✓ | |
| Antoinette M. Hubble, M.D. | ✓ | |
| Cherise McIntosh, Pharm.D. | ✓ | |
| Mark Reed, M.D. **(Chair)** | ✓ | |
| Dennis Smith, R.Ph. | ✓ | |
| Cynthia Undesser, M.D. | ✓ | |
| Vicky Veazey, R.Ph. | ✓ | |
| **Total** | **7** | **0** |

Note: New members replacing those going off board have not yet been approved by Governor's Office.

**Also Present:**

**DOM Staff:**
Judith Clark, R.Ph., Division of Medicaid (DOM) Pharmacy Bureau Director; Shannon Hardwick, R.Ph., DOM Clinical Pharmacist, DUR Coordinator; Terri Kirby, R.Ph., DOM Clinical Pharmacist; Otis Washington, Jr. Program Integrity; Jennifer Grant, DOM.

**MS-DUR Staff:**
Kyle Null, Pharm.D., Ph.D., Clinical Director; Ben Banahan, Ph.D., Project Director, Leah Simmons, UM Student on DUR rotation.

**ACS Staff:**
Leslie Leon, Pharm.D.

**Visitors:**
John Harris, Abbott; Phil Hecht, Abbott; Danny Duke, Merck.

**Call to Order:**
Dr. Mark Reed, Chairman of the Board, called the meeting to order at 1:57 pm. Dr. Reed noted that all of the current members of the Board were present and expressed gratitude that everyone could attend for a quorum. Dr. Reed proceeded to ask for a motion to accept the minutes from the previous meetings. **Dr. Hubble made a motion to approve the minutes from the February and May 2012 meetings.** The motion was seconded by Dr. Undesser and approved unanimously.

**Resource Utilization Review:**
Dr. Null noted that no major shifts or trends were found in the resource utilization report. Mr. Smith questioned the jump in monthly trends for antihemophilic factor and then the dip in May. Dr. Null noted that a cyclical fill pattern was often observed in drug utilization. Dr. Banahan suggested MS-DUR conduct an analysis on expenditures and the number of children using these drugs to gain a better perspective on utilization trends in the hemophilic population. There were no other comments or questions about the resource utilization report.

**Pharmacy Program Update:**
Ms. Clark thanked everyone for making effort to attend. Ms. Clark noted that new DUR Board appointments are still at the Governor's Office awaiting approval. Ms. Clark also mentioned that Mr. Merritt has retired and moved out of state since the last meeting and has resigned from the Board as a result. Thus, there are five new members being appointed for this cycle. Ms. Clark discussed changes made in the 2012 Legislative session that allow preferred brands to not count toward the two brand limit in monthly prescription limits when the brand is less expensive to Medicaid than the generic. Dr. Donahoe and others discussed problems with pharmacists still not understanding brand preferred. Ms. Clark concluded that the DOM may need to look into sending messages to pharmacies and will continue to provide outreach to providers to help educate on this area. Dr. Donahoe asked if a more provider friendly version of the PDL could be developed, focusing on treatment categories. An example was given for searching for antibiotics as a group, rather than looking for the generic class of the product. Ms. Clark noted that the PDL vendor, GHS, was responsible for generating the PDL list and continuous improvements are being made to the list. The Board members discussed frustrations with E-prescribing systems and EHR systems not providing good feedback on formulary at time of prescribing. Dr. McIntosh pointed out that the SmartPA criteria are not always clear to the providers. An example was provided regarding stable criteria requirement stating must have "X" number of days on therapy but does not state the continuation fill requirement. Dr. Donahoe asked about the "grandfathering" requirement on the PDL. Ms. Clark explained that it is the stable therapy requirement that was discussed.

Ms. Clark informed board that PDL will have a new class added for "miscellaneous" that will include products where brand is less expensive than generic when class is not reviewed or products that do not fit into major classes. She also stated that the PDL will be updated annually in the future on January 1 each year, rather than twice a year as it currently is updated. Ms. Clark noted that minor changes may still be made during the year to account for new products and other things. Discussions are being held regarding integrating the fee-for-service PDL and the MS-CAN PDLs, but this is still in the early stages. Ms. Clark noted that prenatal vitamins will be added as a class to the PDL at some point in the future.

Ms. Clark discussed a CMS requirement that a prescriber must be a Medicaid provider in order for Medicaid to pay for prescriptions and it will most likely be implemented in October of this year. Ms. Clark noted that this will create some problems at the pharmacy level due to prescribers not being enrolled in the program. Dr. Donahoe asked if ER physicians would be affected. Ms. Clark noted they would have to be Medicaid providers as well. Dr. Reed and Dr. McIntosh expressed concerns about communication directly to UMC to be sure that residents are covered. Questions were raised about residents being able to be a Medicaid provider while they have a temporary license during residency.

Ms. Hardwick noted that the Summer 2012 pharmacy program newsletter is included in the packet. Ms. Clark notified the board that benzodiazepines will be moved to Part D in October. Medicaid will no longer be able to pay for these medications for dual beneficiaries. Ms. Clark noted that injectable antipsychotics will be denied at the point of sale beginning November 1st. Dr. Banahan provided update on Suboxone. It was noted that Suboxone materials were sent to prescribers and pharmacies informing them of the coverage changes effective September 1st.

**New Business:**

***Special analysis projects:***

*Pharmacy Lock-in Program Recommendations for Program Integrity (PI)*

Mr. Washington commented on the initial PI list provided by MS-DUR. The PI staff evaluated all of the beneficiaries identified using the initial MS-DUR criteria. MSCAN beneficiaries were turned over to MS-CAN with instructions that they be evaluated for possible lock-in. Medicaid had 69 beneficiaries in FFS that were reviewed by PI. These are being evaluated to determine if an informational or lock in letter will be sent to these beneficiaries. Mr. Washington wanted to encourage the DUR Board to continue applying these criteria and providing lists for referral to PI.

Dr. Null informed the board that a meeting was held with PI and that MS-DUR is working on additional criteria and information to be provided in future quarterly reports to PI. Dr. Null asked the Board for input on whether all Suboxone patients should be in lock-in. Dr. Donahoe stated that he thought all of them should be in the pharmacy lock-in program. Mr. Washington pointed out that DOM has to be careful about protecting beneficiaries' rights. **Dr. Donahoe made a motion that beneficiaries receiving Suboxone, Subutex, or Methadone should be placed in lock in with only one MD and one pharmacy.** Beneficiaries should have choice on pharmacy and the appropriate appeal process needs to be available. Dr. Undesser seconded motion. The motion passed unanimously.

*Sedative Hypnotic Therapy Switches*

Dr. Null provided an overview of the problem with therapy switches. During discussion at the last meeting where a quorum did not exist, it was noted that one therapy change and one dosage change should be allowed on sedative-hypnotics within a 1 year period. **A motion was made by Dr. McIntosh and seconded by Dr. Hubble.** The motion passed unanimously.

*Safety Issues Related to Proton Pump Inhibitor Length of Therapy*

Dr. Null reviewed the results from the MS-DUR analysis. Results found that a large number of beneficiaries on long term use of PPIs have no recorded diagnosis appearing in the medical claims for the last year. Dr. Donahoe asked about the safety problems that have been reported. Dr. Null replied that the safety issues were rare, but there was increased risk following a year or greater of therapy. Dr. Donahoe stated that until the FDA becomes clearer about guidelines he does not think DOM needs to do anything through DUR. Ms. Clark indicated that this issue is getting attention by CMS and others and that continued monitoring this category is necessary. Mr. Smith agreed it may be premature to take action now, but agreed that it needs to be monitored.

*Comparative Utilization of Insulin Vials versus Insulin Pens*

Ms. Clark gave background information noting that the rebates on the vials makes these products very inexpensive for DOM compared to the insulin pens. However, there are situations where patients may not be able to use syringes and vials. Mr. Smith pointed out that pens usually have more units than vials, so some of the comparisons may not be possible. Dr. Donahoe indicated that with Part D plans, pens are not even a consideration. Dr. McIntosh said she works with diabetic patients. Some patients do need pens due to blindness, arthritis, etc., but some patients also need pens because they are working or their lifestyle is such that they cannot be near a refrigerator. Some of the issues identified included: lifestyle needs, differences between Type 1 and Type 2 patients, LTC could easily be restricted to vials. Mr. Smith questioned whether we want to do anything that might restrict adherence with care due to the high percentage of diabetes in the state. Dr. McIntosh stated that she has patients that have been more compliant and better managed because they were offered a pen. Ms. Clark said that compliance and access are both important issues with this population. Ms. Clark mentioned that this

issue is being addressed in other states and that DOM may have to revisit this issue in the future. Consensus was not reached on how to handle the use of pens in the adult population**. Dr. Donahoe made a motion that LTC be limited to vials only.** The motion was seconded by Mr. Smith and approved unanimously.

*Mental Health Treatment of Foster Children and Other Children*
Dr. Banahan reviewed the mental health treatment of children report. Dr. Banahan stated that the report in the DUR Board packet was a summary of a larger report that was conducted in conjunction with DOM. Dr. Banahan mentioned that the full report is available at www.msdur.org. The analysis included quality of care indicators for this population and presented data which compared Mississippi to other states on these quality indicators.

Dr. Banahan reviewed the recommendations following the report, including duplicate therapy criteria and recommendations for monitoring and interventions. Dr. Undesser pointed out that almost all antipsychotics have age edits that require PA review so duplicative therapy check may not be necessary. Dr. Donahoe indicated that what we are currently doing appears to be working well and we may not need to do much more. Dr. Undesser stated that we should apply the same criteria to adults as we do for children for antipsychotics. Dr. Donahoe thought that additional data may be needed for adults and duplicative therapy, etc. Dr. Donahoe mentioned that stimulants may be problematic since changes are often made in therapy to get the patient stabilized. Dr. Banahan mentioned that Ms. Clark will be attending a meeting in the coming weeks that will address these issues and that we will revisit this topic following that meeting.

***Exceptions Monitoring***
Dr. Null pointed out that there are two meetings worth of new safety warnings currently being recommended for monitoring. The exceptions monitoring recommendations were taken as block vote. **The motion was made by Dr. Reed to accept the exceptions monitoring criteria as written.** The motion was seconded by Mr. Smith and was unanimously approved.

**Other Business**
No other business was introduced.

**Next Meeting Information:**
Dr. Reed announced next meeting date is November 15, 2012 at 2:00 P.M. and thanked everyone for making the effort to attend the DUR Board meeting in order to have a quorum. The meeting adjourned at 3:54 P.M.

Submitted,
Evidence-Based DUR Initiative, MS-DUR

# Resource Utilization Report

## Top 15 Drugs by Class

## Top 25 Drug Detail

## By Amount Paid* and Number of Claims

# Resource Utilization Report
## Drug Class Report
## Top 15 Classes By Quarterly Amount Paid*ł

| AHFS Class / Generic Molecule | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| **Antipsychotics (atypical And Typical)** | **$2,892,461.96** | **8,465** | **$2,541,295.66** | **7,574** | **$2,654,624.54** | **7,816** | **$8,088,382.16** | **23,855** |
| Aripiprazole | $1,074,365.58 | 1,633 | $927,338.16 | 1,406 | $1,004,404.05 | 1,526 | $3,006,107.79 | 4,565 |
| Quetiapine | $667,295.42 | 1,580 | $596,575.42 | 1,448 | $595,684.99 | 1,450 | $1,859,555.83 | 4,478 |
| Risperidone | $337,662.07 | 2,895 | $296,639.03 | 2,579 | $309,259.40 | 2,674 | $943,560.50 | 8,148 |
| Olanzapine | $297,323.44 | 501 | $246,737.40 | 408 | $266,934.00 | 453 | $810,994.84 | 1,362 |
| Paliperidone | $219,822.79 | 192 | $200,466.77 | 172 | $200,563.35 | 169 | $620,852.91 | 533 |
| Ziprasidone | $97,828.84 | 257 | $80,158.36 | 210 | $84,819.78 | 223 | $262,806.98 | 690 |
| Asenapine | $78,155.15 | 157 | $72,691.46 | 138 | $73,007.02 | 134 | $223,853.63 | 429 |
| Lurasidone | $51,632.83 | 90 | $47,335.32 | 87 | $58,837.86 | 99 | $112,427.57 | 193 |
| Haloperidol | $26,286.57 | 559 | $23,183.88 | 485 | $23,125.47 | 469 | $72,595.92 | 1,513 |
| Clozapine | $22,033.87 | 124 | $18,780.60 | 109 | $19,250.89 | 117 | $60,065.36 | 350 |
| Chlorpromazine | $24,175.94 | 218 | $27,017.70 | 258 | $24,956.70 | 250 | $53,219.68 | 520 |
| Iloperidone | $13,749.10 | 21 | $11,365.88 | 19 | $9,447.34 | 17 | $34,562.32 | 57 |
| Perphenazine | $3,544.12 | 52 | $2,792.88 | 42 | $4,583.14 | 66 | $10,920.14 | 160 |
| Fluphenazine | $2,496.10 | 59 | $2,768.05 | 58 | $2,483.88 | 50 | $7,748.03 | 167 |
| Prochlorperazine | $2,029.50 | 128 | $2,061.92 | 142 | $2,352.40 | 124 | $6,443.82 | 394 |
| Loxapine | $1,372.57 | 16 | $1,291.57 | 15 | $1,104.88 | 13 | $3,769.02 | 44 |

Note: Resource Utilization Report Currently Contains Only Fee For Service Medicaid Claims
* Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.
ł Molecule names accounting for less than $500 in quarterly amount paid are not shown

# Resource Utilization Report
## Drug Class Report
## Top 15 Classes By Quarterly Amount Paid*ł

| AHFS Class / Generic Molecule | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Trifluoperazine | $1,437.21 | 27 | $1,165.57 | 24 | $1,052.40 | 23 | $3,655.18 | 74 |
| Thioridazine | $1,218.62 | 39 | $1,138.23 | 38 | $1,035.42 | 37 | $3,392.27 | 114 |
| Pimozide | $603.49 | 6 | $409.89 | 4 | $527.19 | 4 | $1,540.57 | 14 |
| Thiothixene | $515.00 | 23 | $495.97 | 21 | $507.47 | 20 | $1,518.44 | 64 |
| **Adrenals** | **$1,057,864.67** | **9,287** | **$1,322,128.23** | **10,553** | **$1,635,216.46** | **13,882** | **$4,015,209.36** | **33,722** |
| Budesonide | $777,283.12 | 1,838 | $1,031,546.50 | 2,412 | $1,286,244.94 | 3,076 | $3,095,074.56 | 7,326 |
| Prednisolone | $64,901.96 | 3,539 | $69,735.21 | 4,154 | $101,677.21 | 6,124 | $236,314.38 | 13,817 |
| Fluticasone | $54,299.86 | 373 | $59,660.21 | 413 | $65,192.11 | 444 | $179,152.18 | 1,230 |
| Budesonide-formoterol | $53,222.42 | 240 | $50,405.24 | 227 | $57,868.70 | 249 | $161,496.36 | 716 |
| Beclomethasone | $33,748.87 | 245 | $37,738.37 | 274 | $40,791.55 | 299 | $112,278.79 | 818 |
| Mometasone | $27,311.49 | 196 | $26,652.12 | 186 | $28,989.01 | 207 | $82,952.62 | 589 |
| Formoterol-mometasone | $19,896.57 | 89 | $17,781.13 | 81 | $20,369.09 | 91 | $58,046.79 | 261 |
| Methylprednisolone | $11,202.26 | 912 | $11,805.11 | 940 | $14,350.72 | 1,171 | $37,358.09 | 3,023 |
| Prednisone | $6,786.74 | 1,367 | $7,019.59 | 1,370 | $8,547.62 | 1,640 | $22,353.95 | 4,377 |
| Dexamethasone | $4,024.65 | 329 | $4,407.60 | 347 | $5,135.32 | 413 | $13,567.57 | 1,089 |
| Flunisolide Nasal | $1,714.17 | 24 | $2,364.59 | 35 | $2,541.71 | 36 | $6,620.47 | 95 |
| Hydrocortisone | $2,117.22 | 83 | $1,835.57 | 68 | $2,321.67 | 85 | $6,274.46 | 236 |
| Fludrocortisone | $1,263.21 | 48 | $1,103.76 | 43 | $1,093.73 | 44 | $3,460.70 | 135 |
| **Amphetamines** | **$1,155,830.34** | **6,777** | **$1,184,324.89** | **6,954** | **$1,388,306.52** | **8,224** | **$3,728,461.75** | **21,955** |
| Amphetamine-dextroamphetamine | $641,499.86 | 3,694 | $641,930.53 | 3,698 | $727,324.06 | 4,264 | $2,010,754.45 | 11,656 |

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|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Lisdexamfetamine | $497,864.63 | 2,978 | $524,169.52 | 3,147 | $636,703.68 | 3,815 | $1,658,737.83 | 9,940 |
| Dextroamphetamine | $16,465.85 | 105 | $18,224.84 | 109 | $24,278.78 | 145 | $58,969.47 | 359 |
| **Hemostatics** | **$1,550,161.04** | **64** | **$695,935.57** | **50** | **$930,485.52** | **54** | **$3,176,582.13** | **168** |
| Anti-inhibitor Coagulant Complex | $985,252.47 | 10 | $89,370.19 | 1 | $437,533.28 | 3 | $1,422,785.75 | 13 |
| Antihemophilic Factor | $374,317.03 | 10 | $573,088.34 | 12 | $341,243.94 | 12 | $1,288,649.31 | 34 |
| Antihemophilic Factor-von Willebrand Fa | $76,634.78 | 4 | $4,092.74 | 1 | $87,356.82 | 3 | $168,084.34 | 8 |
| Coagulation Factor Ix | $42,495.98 | 2 | $24,661.02 | 2 | $59,728.53 | 3 | $126,885.53 | 7 |
| Coagulation Factor Viia | $65,127.82 | 2 | | | | | $65,127.82 | 2 |
| Tranexamic Acid | $4,263.14 | 30 | $4,167.71 | 28 | $3,979.37 | 28 | $12,410.22 | 86 |
| Aminocaproic Acid | $2,069.82 | 6 | $523.53 | 5 | $643.58 | 5 | $3,236.93 | 16 |
| **Leukotriene Modifiers** | **$1,134,170.37** | **6,774** | **$897,659.32** | **5,353** | **$957,764.26** | **5,704** | **$2,989,593.95** | **17,831** |
| Montelukast | $1,133,842.80 | 6,771 | $897,007.18 | 5,347 | $957,112.12 | 5,698 | $2,987,962.10 | 17,816 |
| Zafirlukast | $327.57 | 3 | $652.14 | 6 | $652.14 | 6 | $1,631.85 | 15 |
| **Anticonvulsants, Miscellaneous** | **$1,028,538.83** | **10,756** | **$872,599.16** | **9,140** | **$951,901.89** | **9,761** | **$2,853,039.88** | **29,657** |
| Divalproex Sodium | $167,656.25 | 1,630 | $147,294.94 | 1,416 | $150,841.51 | 1,493 | $465,792.70 | 4,539 |
| Pregabalin | $147,339.67 | 688 | $129,736.95 | 583 | $139,177.43 | 629 | $416,254.05 | 1,900 |
| Oxcarbazepine | $130,335.08 | 1,016 | $112,774.24 | 873 | $122,341.41 | 951 | $365,450.73 | 2,840 |
| Levetiracetam | $112,110.98 | 1,340 | $91,838.94 | 1,087 | $105,632.05 | 1,208 | $309,581.97 | 3,635 |
| Gabapentin | $100,570.04 | 2,624 | $89,211.89 | 2,309 | $90,368.98 | 2,371 | $280,150.91 | 7,304 |
| Lamotrigine | $93,202.36 | 946 | $68,515.88 | 797 | $78,332.33 | 849 | $240,050.57 | 2,592 |

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| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Lacosamide | $63,048.43 | 151 | $51,360.77 | 119 | $61,852.33 | 133 | $176,261.53 | 403 |
| Topiramate | $63,541.89 | 1,212 | $50,906.58 | 993 | $60,119.66 | 1,086 | $174,568.13 | 3,291 |
| Vigabatrin | $37,880.36 | 7 | $35,019.62 | 6 | $42,165.60 | 7 | $115,065.58 | 20 |
| Carbamazepine | $36,798.26 | 634 | $27,756.08 | 508 | $29,588.97 | 531 | $94,143.31 | 1,673 |
| Rufinamide | $22,276.24 | 31 | $27,115.20 | 35 | $26,969.90 | 35 | $76,361.34 | 101 |
| Felbamate | $24,571.62 | 32 | $16,468.27 | 17 | $18,426.21 | 24 | $59,466.10 | 73 |
| Zonisamide | $12,156.53 | 255 | $11,001.90 | 237 | $11,975.78 | 259 | $35,134.21 | 751 |
| Valproic Acid | $8,319.97 | 179 | $7,439.88 | 149 | $7,978.87 | 168 | $23,738.72 | 496 |
| Tiagabine | $8,731.15 | 11 | $6,158.02 | 11 | $5,972.52 | 8 | $20,861.69 | 30 |
| **Anorex., Resp. & Cerebral Stim., Misc.** | **$852,063.57** | **4,954** | **$870,887.85** | **5,163** | **$990,987.11** | **5,870** | **$2,713,938.53** | **15,987** |
| Methylphenidate | $554,499.12 | 3,184 | $579,301.61 | 3,387 | $659,665.54 | 3,826 | $1,793,466.27 | 10,397 |
| Dexmethylphenidate | $281,997.85 | 1,749 | $278,549.18 | 1,758 | $316,914.75 | 2,027 | $877,461.78 | 5,534 |
| Modafinil | $11,032.02 | 10 | $9,444.86 | 10 | $11,696.92 | 11 | $32,173.80 | 31 |
| Armodafinil | $4,358.58 | 10 | $3,592.20 | 8 | $2,709.90 | 6 | $10,660.68 | 24 |
| **Antineoplastic Agents** | **$861,378.69** | **1,536** | **$569,704.87** | **1,239** | **$660,687.35** | **1,300** | **$2,091,770.91** | **4,075** |
| Everolimus | $172,376.58 | 28 | $64,710.18 | 10 | $158,467.18 | 26 | $395,553.94 | 64 |
| Sunitinib | $161,639.78 | 20 | $38,164.82 | 4 | $38,164.82 | 4 | $237,969.42 | 28 |
| Imatinib | $66,573.84 | 10 | $76,806.63 | 11 | $87,391.08 | 11 | $230,771.55 | 32 |
| Leuprolide | $90,692.54 | 60 | $67,895.24 | 46 | $63,576.14 | 46 | $222,163.92 | 152 |
| Erlotinib | $63,847.85 | 13 | $59,876.54 | 12 | $50,251.68 | 9 | $173,976.07 | 34 |

Note: Resource Utilization Report Currently Contains Only Fee For Service Medicaid Claims
* Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.
ł Molecule names accounting for less than $500 in quarterly amount paid are not shown

# Resource Utilization Report
## Drug Class Report
## Top 15 Classes By Quarterly Amount Paid*ł

| AHFS Class / Generic Molecule | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Capecitabine | $38,772.43 | 14 | $45,237.77 | 13 | $48,204.42 | 15 | $132,214.62 | 42 |
| Sorafenib | $53,086.26 | 6 | $22,120.64 | 4 | $18,580.14 | 2 | $93,787.04 | 12 |
| Anastrozole | $33,703.64 | 132 | $29,607.02 | 120 | $29,487.36 | 116 | $92,798.02 | 368 |
| Letrozole | $30,579.66 | 80 | $27,406.00 | 68 | $26,563.26 | 68 | $84,548.92 | 216 |
| Megestrol | $28,667.38 | 242 | $26,172.94 | 194 | $23,206.30 | 202 | $78,046.62 | 638 |
| Nilotinib | $24,193.44 | 3 | $16,128.96 | 2 | $24,193.44 | 3 | $64,515.84 | 8 |
| Methotrexate | $19,107.68 | 668 | $15,454.00 | 528 | $17,788.56 | 560 | $52,350.24 | 1,756 |
| Temozolomide | $9,889.75 | 7 | $11,786.62 | 5 | $17,411.66 | 3 | $39,088.03 | 15 |
| Pazopanib | | | $13,692.10 | 2 | $13,692.10 | 2 | $27,384.20 | 4 |
| Dasatinib | $17,280.62 | 2 | $8,640.31 | 1 | | | $25,920.93 | 3 |
| Bortezomib | $6,214.41 | 1 | $6,362.25 | 1 | $6,362.25 | 1 | $18,938.91 | 3 |
| Topotecan | $6,041.72 | 2 | $6,041.72 | 2 | $6,041.72 | 2 | $18,125.16 | 6 |
| Lapatinib | $8,584.38 | 2 | $9,013.52 | 2 | | | $17,597.90 | 4 |
| Tamoxifen | $5,210.00 | 118 | $5,216.32 | 110 | $5,174.42 | 104 | $15,600.74 | 332 |
| Bevacizumab | $5,143.33 | 1 | $5,143.33 | 1 | $5,143.33 | 1 | $15,429.99 | 3 |
| Tretinoin | $2,815.05 | 1 | $2,815.05 | 1 | $6,333.63 | 2 | $11,963.73 | 4 |
| Bicalutamide | $4,055.96 | 30 | $2,827.88 | 18 | $4,789.20 | 28 | $11,673.04 | 76 |
| Hydroxyurea | $3,255.13 | 57 | $3,170.84 | 46 | $2,762.37 | 53 | $9,188.34 | 156 |
| Mercaptopurine | $1,553.56 | 20 | $1,737.27 | 18 | $2,029.12 | 21 | $5,319.95 | 59 |
| Exemestane | $2,013.60 | 10 | $805.44 | 4 | $1,651.96 | 8 | $4,471.00 | 22 |
| Fulvestrant | $3,654.62 | 2 | | | | | $3,654.62 | 2 |

Note: Resource Utilization Report Currently Contains Only Fee For Service Medicaid Claims
* Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.
ł Molecule names accounting for less than $500 in quarterly amount paid are not shown

# Resource Utilization Report
## Drug Class Report
## Top 15 Classes By Quarterly Amount Paid*ł

| AHFS Class / Generic Molecule | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Goserelin | $795.92 | 2 | $795.92 | 2 | $795.92 | 2 | $2,387.76 | 6 |
| Cyclophosphamide | $502.26 | 2 | $882.83 | 5 | $937.09 | 4 | $2,322.18 | 11 |
| Mitotane | $948.16 | 1 | | | $948.16 | 1 | $1,896.32 | 2 |
| Thioguanine | $162.95 | 1 | $339.67 | 2 | $92.13 | 2 | $594.75 | 5 |
| Flutamide | | | | | $568.10 | 2 | $568.10 | 2 |
| Cytarabine | $16.19 | 1 | $480.29 | 2 | $15.54 | 1 | $512.02 | 4 |
| **Insulins** | **$720,624.07** | **3,160** | **$665,560.42** | **2,800** | **$694,946.47** | **2,925** | **$2,081,130.96** | **8,885** |
| Insulin Glargine | $221,658.55 | 882 | $200,073.39 | 799 | $204,496.22 | 828 | $626,228.16 | 2,509 |
| Insulin Aspart | $167,058.06 | 636 | $149,937.26 | 545 | $161,448.22 | 580 | $478,443.54 | 1,761 |
| Insulin Aspart-insulin Aspart Protamine | $104,512.99 | 288 | $104,672.47 | 250 | $102,049.11 | 253 | $311,234.57 | 791 |
| Insulin Detemir | $80,231.69 | 331 | $71,448.32 | 288 | $80,956.30 | 327 | $232,636.31 | 946 |
| Insulin Isophane-insulin Regular | $55,837.08 | 317 | $49,634.37 | 267 | $50,359.11 | 268 | $155,830.56 | 852 |
| Insulin Isophane | $41,914.48 | 370 | $37,084.59 | 319 | $41,268.21 | 346 | $120,267.28 | 1,035 |
| Insulin Regular | $24,721.51 | 247 | $22,297.28 | 218 | $25,119.70 | 215 | $72,138.49 | 680 |
| Insulin Lispro | $15,290.89 | 64 | $20,869.98 | 88 | $20,369.15 | 80 | $56,530.02 | 232 |
| Insulin Lispro-insulin Lispro Protamine | $7,520.69 | 16 | $7,667.63 | 17 | $6,118.95 | 16 | $21,307.27 | 49 |
| Insulin Glulisine | $1,878.13 | 9 | $1,875.13 | 9 | $2,761.50 | 12 | $6,514.76 | 30 |
| **Corticosteroids** | **$648,125.93** | **6,059** | **$638,898.47** | **5,676** | **$742,633.97** | **6,297** | **$2,029,658.37** | **18,032** |
| Mometasone Nasal | $333,730.06 | 2,620 | $432,368.56 | 3,390 | $542,982.90 | 4,095 | $1,309,081.52 | 10,105 |
| Ciprofloxacin-dexamethasone Otic | $217,843.67 | 1,520 | $150,369.12 | 1,051 | $140,253.04 | 970 | $508,465.83 | 3,541 |

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ł Molecule names accounting for less than $500 in quarterly amount paid are not shown

# Resource Utilization Report
## Drug Class Report
## Top 15 Classes By Quarterly Amount Paid*ł

| AHFS Class / Generic Molecule | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Hydrocortisone/neomycin/polymyxin B | $26,074.60 | 956 | $15,817.84 | 581 | $12,876.72 | 473 | $54,769.16 | 2,010 |
| Dexamethasone-tobramycin Ophthalmic | $15,820.83 | 203 | $14,835.48 | 180 | $18,850.59 | 230 | $49,506.90 | 613 |
| Fluticasone Nasal | $33,335.51 | 296 | $5,458.83 | 52 | $5,310.55 | 52 | $44,104.89 | 400 |
| Loteprednol Ophthalmic | $2,682.17 | 21 | $3,305.99 | 23 | $3,053.70 | 21 | $9,041.86 | 65 |
| Hydrocortisone/neomycin/polymyxin B | $2,307.47 | 25 | $1,888.86 | 19 | $2,988.48 | 29 | $7,184.81 | 73 |
| Acetic Acid-hydrocortisone Otic | $3,354.67 | 22 | $1,717.32 | 11 | $1,877.90 | 12 | $6,949.89 | 45 |
| Flunisolide Nasal | $1,714.17 | 24 | $2,364.59 | 35 | $2,541.71 | 36 | $6,620.47 | 95 |
| Triamcinolone Nasal | $1,111.74 | 9 | $2,707.56 | 22 | $2,474.20 | 20 | $6,293.50 | 51 |
| Tobramycin Ophthalmic | $2,195.64 | 170 | $2,148.19 | 161 | $1,675.65 | 175 | $6,019.48 | 506 |
| Ciprofloxacin-hydrocortisone Otic | $2,689.23 | 17 | $1,265.52 | 8 | $1,423.71 | 9 | $5,378.46 | 34 |
| Dexamethasone/neomycin/polymyxin B | $2,437.82 | 160 | $2,000.72 | 140 | $2,511.40 | 171 | $4,975.20 | 334 |
| Prednisolone Ophthalmic | $1,657.14 | 118 | $1,421.94 | 108 | $1,765.49 | 122 | $4,844.57 | 348 |
| Colistin/hc/neomycin/thonzonium Otic | $1,330.16 | 19 | $378.65 | 5 | $817.89 | 12 | $2,526.70 | 36 |
| Loteprednol-tobramycin Ophthalmic | $533.48 | 4 | $719.45 | 5 | $857.34 | 6 | $2,110.27 | 15 |
| Prednisolone-sulfacetamide Sodium Oph | $763.64 | 19 | $603.47 | 10 | $503.68 | 11 | $1,870.79 | 40 |
| Beclomethasone Nasal | $167.99 | 1 | $665.96 | 4 | $1,001.94 | 6 | $1,835.89 | 11 |
| Bacitracin/neomycin/polymyxin B Ophth | $420.58 | 10 | $437.63 | 9 | $400.04 | 9 | $1,258.25 | 28 |
| Fluorometholone Ophthalmic | $290.52 | 20 | $584.64 | 26 | $304.26 | 18 | $1,179.42 | 64 |
| Fluocinolone Otic | $150.75 | 5 | $247.80 | 8 | $113.53 | 4 | $512.08 | 17 |
| **Beta-adrenergic Agonists** | **$633,260.89** | **8,763** | **$672,511.15** | **10,093** | **$723,088.02** | **11,442** | **$2,028,860.06** | **30,298** |
| Albuterol | $309,332.18 | 7,405 | $378,325.03 | 8,838 | $413,708.95 | 10,093 | $1,101,366.16 | 26,336 |

Note: Resource Utilization Report Currently Contains Only Fee For Service Medicaid Claims

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ł Molecule names accounting for less than $500 in quarterly amount paid are not shown

Prepared by the Evidence-Based DUR Initiative, MS-DUR

# Resource Utilization Report
## Drug Class Report
## Top 15 Classes By Quarterly Amount Paid*ł

| AHFS Class / Generic Molecule | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Fluticasone-salmeterol | $263,732.79 | 1,081 | $240,052.56 | 989 | $249,667.42 | 1,039 | $753,452.77 | 3,109 |
| Albuterol-ipratropium | $49,873.93 | 207 | $42,344.76 | 183 | $49,623.75 | 217 | $141,842.44 | 607 |
| Levalbuterol | $6,579.09 | 27 | $7,039.27 | 33 | $5,837.82 | 29 | $19,456.18 | 89 |
| Formoterol | $1,506.57 | 7 | $1,971.09 | 12 | $1,773.24 | 10 | $5,250.90 | 29 |
| Terbutaline | $1,042.48 | 32 | $999.32 | 34 | $1,875.92 | 52 | $3,917.72 | 118 |
| Arformoterol | $1,193.85 | 4 | $1,779.12 | 4 | $600.92 | 2 | $3,573.89 | 10 |
| Pirbuterol | $577.67 | 3 | $1,023.56 | 6 | $729.14 | 4 | $2,330.37 | 13 |
| **Proton-pump Inhibitors** | **$751,311.25** | **6,307** | **$561,732.59** | **5,334** | **$668,407.89** | **5,980** | **$1,981,451.73** | **17,621** |
| Omeprazole | $242,291.86 | 3,555 | $228,569.01 | 3,429 | $237,414.69 | 3,606 | $708,275.56 | 10,590 |
| Lansoprazole | $303,723.01 | 1,436 | $137,141.03 | 696 | $217,462.64 | 1,066 | $658,326.68 | 3,198 |
| Dexlansoprazole | $173,848.27 | 1,206 | $169,034.24 | 1,114 | $179,826.78 | 1,188 | $522,709.29 | 3,508 |
| Amoxicillin/clarithromycin/lansoprazole | $20,521.92 | 43 | $16,788.05 | 35 | $21,506.32 | 44 | $58,816.29 | 122 |
| Esomeprazole | $8,689.27 | 44 | $8,745.81 | 40 | $9,073.19 | 41 | $26,508.27 | 125 |
| Pantoprazole | $1,810.37 | 21 | $999.16 | 17 | $2,829.65 | 33 | $5,639.18 | 71 |
| Omeprazole-sodium Bicarbonate | $147.31 | 1 | $147.31 | 1 | $294.62 | 2 | $589.24 | 4 |
| Rabeprazole | $279.24 | 1 | $307.98 | 2 | | | $587.22 | 3 |
| **Biologic Response Modifiers** | **$553,091.48** | **110** | **$591,146.07** | **110** | **$620,125.96** | **120** | **$1,764,363.51** | **340** |
| Lenalidomide | $199,185.90 | 24 | $188,000.80 | 22 | $206,354.98 | 26 | $593,541.68 | 72 |
| Interferon Beta-1a | $139,306.75 | 37 | $142,610.30 | 38 | $162,238.17 | 43 | $444,155.22 | 118 |
| Glatiramer | $122,901.21 | 30 | $106,026.93 | 26 | $118,125.96 | 28 | $347,054.10 | 84 |

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ł Molecule names accounting for less than $500 in quarterly amount paid are not shown

# Resource Utilization Report
## Drug Class Report
## Top 15 Classes By Quarterly Amount Paid*ł

| AHFS Class / Generic Molecule | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Interferon Gamma-1b | $20,051.01 | 1 | $60,153.03 | 3 | $40,102.02 | 2 | $120,306.06 | 6 |
| Natalizumab | $39,519.47 | 10 | $36,181.80 | 9 | $36,181.80 | 9 | $111,883.07 | 28 |
| Interferon Beta-1b | $22,883.16 | 6 | $23,706.84 | 6 | $27,657.98 | 7 | $74,247.98 | 19 |
| Thalidomide | | | $20,628.30 | 3 | $20,628.30 | 3 | $41,256.60 | 6 |
| Fingolimod | $9,243.98 | 2 | $13,838.07 | 3 | $8,836.75 | 2 | $31,918.80 | 7 |
| **Central Nervous System Agents, Misc** | **$545,697.60** | **2,598** | **$507,071.15** | **2,414** | **$596,207.41** | **2,815** | **$1,648,976.16** | **7,827** |
| Guanfacine | $386,080.24 | 2,001 | $356,781.70 | 1,829 | $413,099.83 | 2,122 | $1,155,961.77 | 5,952 |
| Atomoxetine | $101,952.24 | 521 | $101,466.05 | 519 | $116,347.16 | 609 | $319,765.45 | 1,649 |
| Tetrabenazine | $35,603.44 | 6 | $30,126.39 | 4 | $38,448.39 | 7 | $104,178.22 | 17 |
| Memantine | $12,509.52 | 62 | $9,645.04 | 48 | $13,333.35 | 63 | $35,487.91 | 173 |
| Sodium Oxybate | $6,908.06 | 2 | $5,135.71 | 1 | $9,244.46 | 2 | $21,288.23 | 5 |
| Dextromethorphan-quinidine | $1,125.60 | 3 | $3,740.73 | 12 | $5,207.63 | 9 | $10,073.96 | 24 |
| Riluzole | $1,167.44 | 1 | | | | | $1,167.44 | 1 |
| Acamprosate | $351.06 | 2 | $175.53 | 1 | $526.59 | 3 | $1,053.18 | 6 |
| **Antiretrovirals** | **$574,968.58** | **620** | **$501,285.43** | **529** | **$520,161.21** | **573** | **$1,596,415.22** | **1,722** |
| Efavirenz/emtricitabine/tenofovir | $137,273.52 | 78 | $127,914.89 | 71 | $133,263.72 | 75 | $398,452.13 | 224 |
| Emtricitabine-tenofovir | $100,040.64 | 82 | $88,454.07 | 75 | $91,293.36 | 77 | $279,788.07 | 234 |
| Atazanavir | $59,187.49 | 58 | $50,540.98 | 49 | $58,044.98 | 57 | $167,773.45 | 164 |
| Raltegravir | $47,408.96 | 44 | $40,372.37 | 38 | $40,866.85 | 40 | $128,648.18 | 122 |
| Lopinavir-ritonavir | $45,189.27 | 60 | $31,346.92 | 41 | $38,548.08 | 54 | $115,084.27 | 155 |

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ł Molecule names accounting for less than $500 in quarterly amount paid are not shown

# Resource Utilization Report
## Drug Class Report
## Top 15 Classes By Quarterly Amount Paid*ł

| AHFS Class / Generic Molecule | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Tenofovir | $29,852.44 | 37 | $22,375.54 | 28 | $21,469.65 | 31 | $73,697.63 | 96 |
| Abacavir-lamivudine | $23,268.24 | 23 | $20,777.98 | 21 | $22,416.16 | 23 | $66,462.38 | 67 |
| Lamivudine-zidovudine | $24,112.82 | 34 | $17,582.22 | 25 | $22,029.32 | 33 | $63,724.36 | 92 |
| Abacavir/lamivudine/zidovudine | $16,779.36 | 11 | $19,864.80 | 13 | $18,933.65 | 12 | $55,577.81 | 36 |
| Darunavir | $20,638.55 | 21 | $18,422.33 | 17 | $14,089.80 | 14 | $53,150.68 | 52 |
| Ritonavir | $19,401.46 | 66 | $17,452.78 | 56 | $15,635.38 | 58 | $52,489.62 | 180 |
| Efavirenz | $11,511.09 | 21 | $10,513.41 | 19 | $10,353.57 | 20 | $32,378.07 | 60 |
| Abacavir | $6,915.44 | 12 | $3,626.95 | 7 | $6,702.32 | 13 | $17,244.71 | 32 |
| Nelfinavir | $5,111.07 | 8 | $6,348.23 | 8 | $5,455.82 | 8 | $16,915.12 | 24 |
| Etravirine | $6,037.77 | 7 | $5,607.17 | 7 | $3,448.44 | 4 | $15,093.38 | 18 |
| Lamivudine | $3,563.24 | 12 | $3,618.78 | 12 | $4,134.18 | 13 | $11,316.20 | 37 |
| Nevirapine | $3,697.61 | 6 | $4,363.93 | 9 | $2,946.33 | 5 | $11,007.87 | 20 |
| Fosamprenavir | $4,173.98 | 4 | $3,340.52 | 4 | $2,589.48 | 3 | $10,103.98 | 11 |
| Enfuvirtide | $2,859.78 | 1 | $2,859.78 | 1 | $2,859.78 | 1 | $8,579.34 | 3 |
| Maraviroc | $3,170.28 | 3 | $2,113.52 | 2 | $1,112.55 | 1 | $6,396.35 | 6 |
| Didanosine | $2,117.35 | 9 | $1,560.45 | 7 | $1,202.51 | 5 | $4,880.31 | 21 |
| Zidovudine | $1,509.26 | 18 | $895.10 | 15 | $1,008.01 | 19 | $3,412.37 | 52 |
| Emtricitabine | $170.22 | 1 | $683.29 | 2 | $1,098.63 | 3 | $1,952.14 | 6 |
| Stavudine | $495.48 | 3 | $166.16 | 1 | $658.64 | 4 | $1,320.28 | 8 |
| Indinavir | $483.26 | 1 | $483.26 | 1 | | | $966.52 | 2 |

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# Resource Utilization Report
## Drug Detail Report
## Top 25 Drugs By Quarterly Amount Paid*ł

| Generic Molecule / Drug Name | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| **Budesonide** | **$777,283.12** | **1,838** | **$1,031,546.50** | **2,412** | **$1,286,244.94** | **3,076** | **$3,095,074.56** | **7,326** |
| Pulmicort Respules | $715,168.88 | 1,624 | $989,696.80 | 2,248 | $1,236,195.78 | 2,882 | $2,941,061.46 | 6,754 |
| Budesonide | $46,319.60 | 110 | $27,057.98 | 64 | $31,345.68 | 68 | $104,723.26 | 242 |
| Pulmicort Flexhaler | $15,794.64 | 104 | $14,791.72 | 100 | $18,703.48 | 126 | $49,289.84 | 330 |
| **Aripiprazole** | **$1,074,365.58** | **1,633** | **$927,338.16** | **1,406** | **$1,004,404.05** | **1,526** | **$3,006,107.79** | **4,565** |
| Abilify | $1,070,812.18 | 1,627 | $925,187.40 | 1,403 | $1,002,281.27 | 1,524 | $2,998,280.85 | 4,554 |
| Abilify Discmelt | $3,553.40 | 6 | $2,150.76 | 3 | $2,122.78 | 2 | $7,826.94 | 11 |
| **Montelukast** | **$1,133,842.80** | **6,771** | **$897,007.18** | **5,347** | **$957,112.12** | **5,698** | **$2,987,962.10** | **17,816** |
| Singulair | $1,133,842.80 | 6,771 | $897,007.18 | 5,347 | $953,484.41 | 5,667 | $2,984,334.39 | 17,785 |
| Montelukast Sodium | | | | | $3,627.71 | 31 | $3,627.71 | 31 |
| **Amphetamine-dextroamphetamine** | **$641,499.86** | **3,694** | **$641,930.53** | **3,698** | **$727,324.06** | **4,264** | **$2,010,754.45** | **11,656** |
| Adderall Xr | $532,318.01 | 2,213 | $542,053.50 | 2,272 | $612,531.67 | 2,584 | $1,686,903.18 | 7,069 |
| Amphetamine-dextroamphetamine | $80,355.70 | 1,304 | $75,509.14 | 1,263 | $88,793.51 | 1,498 | $244,658.35 | 4,065 |
| Amphetamine-dextroamphetamine Er | $28,700.33 | 176 | $24,367.89 | 163 | $25,998.88 | 182 | $79,067.10 | 521 |
| **Quetiapine** | **$667,295.42** | **1,580** | **$596,575.42** | **1,448** | **$595,684.99** | **1,450** | **$1,859,555.83** | **4,478** |
| Quetiapine Fumarate | $342,844.66 | 920 | $320,412.90 | 858 | $331,160.78 | 876 | $994,418.34 | 2,654 |

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* Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.

ł Molecule names accounting for less than $500 in quarterly amount paid are not shown

# Resource Utilization Report
## Drug Detail Report
## Top 25 Drugs By Quarterly Amount Paid*ł

| Generic Molecule / Drug Name | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Seroquel Xr | $171,043.94 | 329 | $149,682.55 | 292 | $143,588.62 | 279 | $464,315.11 | 900 |
| Seroquel | $153,406.82 | 331 | $126,479.97 | 298 | $120,935.59 | 295 | $400,822.38 | 924 |
| **Methylphenidate** | **$554,499.12** | **3,184** | **$579,301.61** | **3,387** | **$659,665.54** | **3,826** | **$1,793,466.27** | **10,397** |
| Methylphenidate Hydrochloride Er | $428,684.73 | 2,287 | $456,682.08 | 2,469 | $521,144.45 | 2,815 | $1,406,511.26 | 7,571 |
| Metadate Cd | $47,667.44 | 262 | $49,568.32 | 252 | $61,328.58 | 307 | $158,564.34 | 821 |
| Daytrana | $32,367.82 | 172 | $37,408.35 | 198 | $42,809.89 | 226 | $112,586.06 | 596 |
| Concerta | $34,704.64 | 156 | $22,021.84 | 96 | $17,601.91 | 76 | $74,328.39 | 328 |
| Methylphenidate Hydrochloride | $6,661.98 | 272 | $9,470.46 | 331 | $9,053.62 | 363 | $25,186.06 | 966 |
| Methylin | $3,066.89 | 24 | $3,064.91 | 23 | $6,330.42 | 25 | $12,462.22 | 72 |
| Ritalin La | $1,213.85 | 5 | $616.71 | 3 | $1,069.00 | 5 | $2,899.56 | 13 |
| Methylphenidate Hydrochloride Sr | $131.77 | 6 | $408.77 | 13 | $327.67 | 9 | $868.21 | 28 |
| **Lisdexamfetamine** | **$497,864.63** | **2,978** | **$524,169.52** | **3,147** | **$636,703.68** | **3,815** | **$1,658,737.83** | **9,940** |
| Vyvanse | $497,864.63 | 2,978 | $524,169.52 | 3,147 | $636,703.68 | 3,815 | $1,658,737.83 | 9,940 |
| **Anti-inhibitor Coagulant Complex** | **$985,252.47** | **10** | **$89,370.19** | **1** | **$437,533.28** | **3** | **$1,422,785.75** | **13** |
| Feiba Vh Immuno | $354,877.33 | 3 | | | $437,533.28 | 3 | $792,410.61 | 6 |
| Feiba Nf | $630,375.14 | 7 | $89,370.19 | 1 | | | $719,745.33 | 8 |
| **Mometasone Nasal** | **$333,730.06** | **2,620** | **$432,368.56** | **3,390** | **$542,982.90** | **4,095** | **$1,309,081.52** | **10,105** |
| Nasonex | $333,730.06 | 2,620 | $432,368.56 | 3,390 | $542,982.90 | 4,095 | $1,309,081.52 | 10,105 |
| **Antihemophilic Factor** | **$374,317.03** | **10** | **$573,088.34** | **12** | **$341,243.94** | **12** | **$1,288,649.31** | **34** |
| Advate Rahf-pfm | $227,755.15 | 5 | $407,344.18 | 7 | $222,181.71 | 8 | $857,281.04 | 20 |

Note: Resource Utilization Report Currently Contains Only Fee For Service Medicaid Claims
* Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.
ł Molecule names accounting for less than $500 in quarterly amount paid are not shown

# Resource Utilization Report
## Drug Detail Report
## Top 25 Drugs By Quarterly Amount Paid*ł

| Generic Molecule / Drug Name | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Recombinate | $64,912.99 | 2 | $76,028.02 | 2 | $44,757.19 | 1 | $185,698.20 | 5 |
| Helixate Fs | $59,352.80 | 1 | $50,391.16 | 1 | $51,269.75 | 1 | $161,013.71 | 3 |
| Kogenate Fs With Bioset | $22,296.09 | 2 | | | $23,035.29 | 2 | $45,331.38 | 4 |
| Xyntha | | | $22,529.45 | 1 | | | $22,529.45 | 1 |
| Hemofil-m | | | $16,795.53 | 1 | | | $16,795.53 | 1 |
| **Guanfacine** | **$386,080.24** | **2,001** | **$356,781.70** | **1,829** | **$413,099.83** | **2,122** | **$1,155,961.77** | **5,952** |
| Intuniv | $386,080.24 | 2,001 | $356,781.70 | 1,829 | $413,099.83 | 2,122 | $1,155,961.77 | 5,952 |
| Guanfacine Hydrochloride | $10,969.40 | 762 | $9,884.60 | 684 | $11,468.22 | 830 | $32,322.22 | 2,276 |
| **Albuterol** | **$309,332.18** | **7,405** | **$378,325.03** | **8,838** | **$413,708.95** | **10,093** | **$1,101,366.16** | **26,336** |
| Ventolin Hfa | $173,460.68 | 3,805 | $209,164.63 | 4,462 | $203,220.19 | 4,417 | $585,845.50 | 12,684 |
| Albuterol Sulfate | $103,818.44 | 2,997 | $122,572.97 | 3,500 | $161,345.25 | 4,743 | $387,736.66 | 11,240 |
| Proair Hfa | $19,366.93 | 375 | $31,340.73 | 601 | $33,699.47 | 648 | $84,407.13 | 1,624 |
| Proair Hfa | $19,366.93 | 375 | $31,340.73 | 601 | $97.95 | 2 | $50,805.61 | 978 |
| Proventil Hfa | $12,558.35 | 214 | $14,913.01 | 261 | $15,204.80 | 262 | $42,676.16 | 737 |
| Albuterol | $127.78 | 14 | $179.76 | 12 | $239.24 | 23 | $546.78 | 49 |
| **Cetirizine** | **$307,676.35** | **10,705** | **$319,653.75** | **11,531** | **$353,152.49** | **14,075** | **$980,482.59** | **36,311** |
| Cetirizine Hydrochloride | $305,748.48 | 10,506 | $317,509.33 | 11,332 | $350,877.48 | 13,852 | $974,135.29 | 35,690 |
| All Day Allergy | $1,224.96 | 151 | $1,211.22 | 148 | $1,316.73 | 166 | $3,752.91 | 465 |
| All Day Allergy Children's | $702.91 | 48 | $933.20 | 51 | $958.28 | 57 | $2,594.39 | 156 |
| **Epinephrine** | **$273,095.13** | **1,302** | **$439,513.29** | **1,935** | **$263,508.06** | **1,158** | **$976,116.48** | **4,395** |
| Epipen Jr 2-pak | $155,113.56 | 735 | $256,265.76 | 1,116 | $139,593.81 | 615 | $550,973.13 | 2,466 |

Note: Resource Utilization Report Currently Contains Only Fee For Service Medicaid Claims
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ł Molecule names accounting for less than $500 in quarterly amount paid are not shown
Prepared by the Evidence-Based DUR Initiative, MS-DUR

# Resource Utilization Report
## Drug Detail Report
## Top 25 Drugs By Quarterly Amount Paid*ł

| Generic Molecule / Drug Name | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Epipen 2-pak | $114,499.44 | 543 | $181,548.93 | 804 | $122,500.80 | 534 | $418,549.17 | 1,881 |
| Epipen Auto-injector | $1,878.96 | 15 | $807.45 | 6 | $879.06 | 6 | $3,565.47 | 27 |
| Epipen Jr Auto-injector | $1,603.17 | 9 | $891.15 | 9 | $534.39 | 3 | $3,028.71 | 21 |
| **Risperidone** | **$337,662.07** | **2,895** | **$296,639.03** | **2,579** | **$309,259.40** | **2,674** | **$943,560.50** | **8,148** |
| Risperidone | $275,530.24 | 2,823 | $242,921.98 | 2,518 | $253,724.96 | 2,611 | $772,177.18 | 7,952 |
| Risperdal Consta | $61,721.00 | 70 | $53,361.39 | 60 | $55,123.61 | 61 | $170,206.00 | 191 |
| Risperdal | $410.83 | 2 | $355.66 | 1 | $410.83 | 2 | $1,177.32 | 5 |
| **Somatropin** | **$333,614.72** | **103** | **$304,931.56** | **85** | **$294,599.72** | **88** | **$933,146.00** | **276** |
| Nutropin Aq Nuspin 20 | $99,817.40 | 16 | $80,804.75 | 13 | $76,050.61 | 12 | $256,672.76 | 41 |
| Genotropin | $71,242.62 | 20 | $70,987.51 | 17 | $64,060.92 | 17 | $206,291.05 | 54 |
| Nutropin Aq Nuspin 10 | $65,804.81 | 28 | $50,847.01 | 20 | $57,092.34 | 23 | $173,744.16 | 71 |
| Genotropin Miniquick | $26,559.98 | 13 | $31,906.79 | 12 | $23,076.75 | 9 | $81,543.52 | 34 |
| Saizen | $16,450.76 | 2 | $16,450.76 | 2 | $17,715.60 | 2 | $50,617.12 | 6 |
| Norditropin Flexpro Pen | $13,166.22 | 6 | $13,066.22 | 4 | $19,106.12 | 8 | $45,338.56 | 18 |
| Nutropin Aq Pen 10 Cartridge | $16,650.99 | 8 | $15,862.29 | 8 | $9,521.77 | 7 | $42,035.05 | 23 |
| Nutropin Aq Pen 20 Cartridge | $7,924.87 | 2 | $15,845.83 | 3 | $17,639.01 | 4 | $41,409.71 | 9 |
| Nutropin Aq Nuspin 5 | $5,549.72 | 2 | $6,738.18 | 3 | $2,775.77 | 2 | $15,063.67 | 7 |
| Tev-tropin | $5,160.18 | 1 | | | $5,160.18 | 1 | $10,320.36 | 2 |
| Omnitrope Pen 10 Cartridge | $2,266.28 | 2 | $2,266.28 | 2 | $2,203.65 | 2 | $6,736.21 | 6 |
| Nutropin Aq | $2,379.01 | 1 | | | | | $2,379.01 | 1 |
| Humatrope | $641.88 | 2 | $155.94 | 1 | | | $797.82 | 3 |

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

# Resource Utilization Report
## Drug Detail Report
## Top 25 Drugs By Quarterly Amount Paid*ł

| Generic Molecule / Drug Name | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| **Adalimumab** | **$337,910.84** | **130** | **$281,183.00** | **110** | **$264,065.40** | **112** | **$883,159.24** | **352** |
| Humira Pen | $249,796.10 | 98 | $181,620.44 | 76 | $194,801.04 | 84 | $626,217.58 | 258 |
| Humira | $75,964.72 | 30 | $77,925.54 | 30 | $60,609.18 | 26 | $214,499.44 | 86 |
| Humira Pen Crohn's Disease Starter Pack | $12,150.02 | 2 | $12,981.84 | 2 | | | $25,131.86 | 4 |
| Humira Pen Psoriasis Starter Package | | | $8,655.18 | 2 | $8,655.18 | 2 | $17,310.36 | 4 |
| **Dexmethylphenidate** | **$281,997.85** | **1,749** | **$278,549.18** | **1,758** | **$316,914.75** | **2,027** | **$877,461.78** | **5,534** |
| Focalin Xr | $269,039.43 | 1,438 | $266,360.70 | 1,442 | $13,266.41 | 69 | $548,666.54 | 2,949 |
| Focalin Xr | $10,163.95 | 52 | $8,627.81 | 44 | $301,012.62 | 1,629 | $319,804.38 | 1,725 |
| Dexmethylphenidate Hydrochloride | $11,991.00 | 298 | $11,909.50 | 309 | $15,232.16 | 387 | $39,132.66 | 994 |
| Focalin | $967.42 | 13 | $278.98 | 7 | $669.97 | 11 | $1,916.37 | 31 |
| **Olanzapine** | **$297,323.44** | **501** | **$246,737.40** | **408** | **$266,934.00** | **453** | **$810,994.84** | **1,362** |
| Olanzapine | $235,135.72 | 392 | $194,841.31 | 336 | $207,236.71 | 341 | $637,213.74 | 1,069 |
| Zyprexa | $53,025.46 | 94 | $42,560.25 | 60 | $49,238.01 | 70 | $144,823.72 | 224 |
| Zyprexa Zydis | $9,162.26 | 15 | $9,335.84 | 12 | $10,459.28 | 42 | $28,957.38 | 69 |
| **Azithromycin** | **$202,185.92** | **6,719** | **$256,444.17** | **8,517** | **$341,275.67** | **11,158** | **$799,905.76** | **26,394** |
| Azithromycin | $164,941.13 | 5,036 | $205,648.05 | 6,294 | $279,735.39 | 8,452 | $650,324.57 | 19,782 |
| Azithromycin 5 Day Dose Pack | $35,275.25 | 1,597 | $47,635.06 | 2,096 | $57,783.82 | 2,565 | $140,694.13 | 6,258 |
| Azithromycin 3 Day Dose Pack | $1,922.35 | 85 | $3,161.06 | 127 | $3,756.46 | 141 | $8,839.87 | 353 |
| **Fluticasone-salmeterol** | **$263,732.79** | **1,081** | **$240,052.56** | **989** | **$249,667.42** | **1,039** | **$753,452.77** | **3,109** |
| Advair Diskus | $239,200.48 | 985 | $215,603.61 | 900 | $224,619.97 | 941 | $679,424.06 | 2,826 |

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

# Resource Utilization Report
## Drug Detail Report
## Top 25 Drugs By Quarterly Amount Paid*ł

| Generic Molecule / Drug Name | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Advair Hfa | $24,532.31 | 96 | $24,448.95 | 89 | $25,047.45 | 98 | $74,028.71 | 283 |
| **Cefdinir** | **$198,714.17** | **2,633** | **$227,313.28** | **2,884** | **$300,372.19** | **3,875** | **$726,399.64** | **9,392** |
| Cefdinir | $198,714.17 | 2,633 | $227,313.28 | 2,884 | $300,372.19 | 3,875 | $726,399.64 | 9,392 |
| **Omeprazole** | **$242,291.86** | **3,555** | **$228,569.01** | **3,429** | **$237,414.69** | **3,606** | **$708,275.56** | **10,590** |
| Omeprazole | $242,291.86 | 3,555 | $228,396.18 | 3,428 | $237,414.69 | 3,606 | $708,102.73 | 10,589 |
| **Lansoprazole** | **$303,723.01** | **1,436** | **$137,141.03** | **696** | **$217,462.64** | **1,066** | **$658,326.68** | **3,198** |
| Prevacid Solutab | $289,648.84 | 1,341 | $116,220.71 | 543 | $201,374.09 | 948 | $607,243.64 | 2,832 |
| Lansoprazole | $14,074.17 | 95 | $20,920.32 | 153 | $15,451.86 | 115 | $50,446.35 | 363 |
| Prevacid | | | | | $636.69 | 3 | $636.69 | 3 |
| **Medroxyprogesterone** | **$232,329.21** | **6,081** | **$187,675.56** | **5,163** | **$211,683.57** | **5,100** | **$631,688.34** | **16,344** |
| Medroxyprogesterone Acetate | $200,954.19 | 4,536 | $160,203.93 | 3,711 | $190,882.59 | 4,065 | $552,040.71 | 12,312 |
| Depo-provera Contraceptive | $27,090.96 | 1,482 | $41,337.63 | 2,259 | $52,975.44 | 2,898 | $121,404.03 | 6,639 |
| Depo-provera Contraceptive | $41,513.88 | 2,271 | $25,994.16 | 1,422 | $18,261.72 | 999 | $85,769.76 | 4,692 |
| Depo-subq Provera 104 | $4,284.06 | 63 | $1,477.47 | 30 | $2,539.26 | 36 | $8,300.79 | 129 |

Note: Resource Utilization Report Currently Contains Only Fee For Service Medicaid Claims
* Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.
ł Molecule names accounting for less than $500 in quarterly amount paid are not shown

# Resource Utilization Report
## Drug Class Report
## Top 15 Classes By Quarterly Number of Claims†

| AHFS Class / Generic Molecule | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| **Opiate Agonists** | **$512,741.96** | **24,146** | **$430,347.26** | **20,290** | **$464,187.81** | **22,589** | **$1,407,277.03** | **67,025** |
| Acetaminophen-hydrocodone | $233,362.00 | 15,668 | $195,883.60 | 13,082 | $213,909.58 | 14,560 | $447,271.58 | 30,228 |
| Acetaminophen-codeine | $23,957.67 | 2,936 | $20,820.80 | 2,536 | $24,791.11 | 2,969 | $69,569.58 | 8,441 |
| Acetaminophen-oxycodone | $66,799.38 | 2,215 | $53,901.49 | 1,763 | $59,986.28 | 2,011 | $180,687.15 | 5,989 |
| Tramadol | $8,310.02 | 1,536 | $7,121.18 | 1,329 | $7,325.67 | 1,385 | $17,083.59 | 3,167 |
| Fentanyl | $90,047.21 | 391 | $73,731.56 | 310 | $76,169.01 | 325 | $239,947.78 | 1,026 |
| Morphine | $38,302.75 | 318 | $33,255.59 | 294 | $33,404.42 | 284 | $104,962.76 | 896 |
| Oxycodone | $31,282.42 | 293 | $27,819.99 | 254 | $28,567.68 | 268 | $87,670.09 | 815 |
| Hydrocodone-ibuprofen | $5,849.98 | 215 | $6,021.79 | 224 | $6,519.79 | 255 | $18,391.56 | 694 |
| Acetaminophen-tramadol | $6,577.16 | 241 | $5,198.35 | 189 | $6,386.99 | 225 | $18,162.50 | 655 |
| Hydromorphone | $2,828.05 | 96 | $2,026.54 | 88 | $2,366.52 | 89 | $7,221.11 | 273 |
| Methadone | $584.92 | 74 | $536.35 | 67 | $529.93 | 68 | $1,651.20 | 209 |
| Meperidine | $1,148.54 | 109 | $819.29 | 96 | $757.22 | 83 | $1,587.80 | 180 |
| Apap/caffeine/dihydrocodeine | $2,678.63 | 44 | $2,314.00 | 39 | $2,817.72 | 44 | $7,810.35 | 127 |
| Aspirin-oxycodone | $106.23 | 5 | $147.00 | 5 | $450.21 | 17 | $703.44 | 27 |
| Oxymorphone | $3,172.13 | 7 | $2,170.41 | 4 | $2,578.76 | 5 | $7,921.30 | 16 |
| Tapentadol | $779.42 | 3 | $545.35 | 2 | $952.75 | 3 | $2,277.52 | 8 |

Note: Resource Utilization Report Currently Contains Only Fee For Service Medicaid Claims

* Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.

† Molecule names accounting for less than $500 in quarterly amount paid are not shown

# Resource Utilization Report
## Drug Class Report
## Top 15 Classes By Quarterly Number of Claimsł

| AHFS Class / Generic Molecule | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| **Benzodiazepines** | **$199,014.81** | **17,047** | **$185,949.85** | **14,171** | **$192,653.95** | **15,396** | **$577,618.61** | **46,614** |
| Lorazepam | $52,183.83 | 7,722 | $43,159.77 | 6,411 | $47,045.46 | 6,921 | $142,389.06 | 21,054 |
| Alprazolam | $40,075.09 | 4,959 | $33,788.13 | 4,139 | $36,579.46 | 4,517 | $110,442.68 | 13,615 |
| Diazepam | $96,199.00 | 3,158 | $100,111.46 | 2,604 | $99,527.32 | 2,860 | $295,837.78 | 8,622 |
| Temazepam | $6,619.26 | 819 | $5,656.48 | 698 | $6,007.36 | 759 | $18,283.10 | 2,276 |
| Clorazepate | $2,316.87 | 230 | $2,006.34 | 194 | $2,066.36 | 195 | $6,389.57 | 619 |
| Chlordiazepoxide | $539.10 | 63 | $425.33 | 49 | $473.76 | 57 | $1,438.19 | 169 |
| Triazolam | $412.66 | 54 | $365.31 | 45 | $384.51 | 44 | $1,162.48 | 143 |
| Oxazepam | $517.96 | 14 | $319.48 | 9 | $388.50 | 11 | $1,225.94 | 34 |
| **Penicillins** | **$269,506.42** | **13,432** | **$285,170.98** | **13,936** | **$371,730.19** | **18,346** | **$926,407.59** | **45,714** |
| Amoxicillin | $87,438.05 | 9,124 | $96,192.10 | 9,657 | $130,156.72 | 12,969 | $313,786.87 | 31,750 |
| Amoxicillin-clavulanate | $162,975.85 | 3,002 | $171,994.96 | 3,120 | $223,841.40 | 3,981 | $558,812.21 | 10,103 |
| Penicillin V Potassium | $13,379.86 | 1,179 | $11,650.45 | 1,026 | $13,941.78 | 1,224 | $38,972.09 | 3,429 |
| Ampicillin | $1,140.16 | 98 | $1,171.43 | 107 | $2,189.51 | 133 | $4,501.10 | 338 |
| Dicloxacillin | $523.30 | 19 | $206.45 | 12 | $543.35 | 20 | $1,273.10 | 51 |
| Penicillin G Benzathine | $417.90 | 9 | $460.43 | 8 | $656.24 | 12 | $1,534.57 | 29 |
| Piperacillin-tazobactam | | | $1,022.04 | 3 | $784.01 | 6 | $1,806.05 | 9 |
| Oxacillin | $3,631.30 | 1 | $2,422.08 | 2 | | | $6,053.38 | 3 |
| **Second Generation Antihistamines** | **$332,251.62** | **12,931** | **$345,029.21** | **13,860** | **$381,854.94** | **16,771** | **$1,059,135.77** | **43,562** |
| Cetirizine | $307,676.35 | 10,705 | $319,653.75 | 11,531 | $353,152.49 | 14,075 | $980,482.59 | 36,311 |

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# Resource Utilization Report
## Drug Class Report
## Top 15 Classes By Quarterly Number of Claimsł

| AHFS Class / Generic Molecule | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Loratadine | $11,774.31 | 1,720 | $12,194.30 | 1,747 | $14,409.58 | 2,023 | $38,378.19 | 5,490 |
| Cetirizine-pseudoephedrine | $6,576.06 | 328 | $7,887.50 | 422 | $9,182.18 | 488 | $23,645.74 | 1,238 |
| Loratadine-pseudoephedrine | $1,937.74 | 124 | $1,785.76 | 117 | $2,350.86 | 152 | $6,074.36 | 393 |
| Levocetirizine | $3,518.34 | 45 | $2,353.32 | 30 | $2,122.36 | 26 | $7,994.02 | 101 |
| Acrivastine-pseudoephedrine | $407.58 | 4 | $690.66 | 6 | $413.56 | 4 | $1,511.80 | 14 |
| Fexofenadine | $197.65 | 4 | $300.33 | 6 | $70.30 | 2 | $568.28 | 12 |
| **Nonsteroidal Anti-inflammatory Agen** | **$126,062.19** | **11,942** | **$118,270.79** | **11,139** | **$136,579.35** | **13,036** | **$380,912.33** | **36,117** |
| Ibuprofen | $42,005.17 | 5,081 | $41,250.76 | 4,830 | $52,827.80 | 6,123 | $136,083.73 | 16,034 |
| Naproxen | $36,813.46 | 2,352 | $33,656.05 | 2,178 | $38,626.97 | 2,588 | $109,096.48 | 7,118 |
| Aspirin | $6,507.40 | 2,032 | $6,092.34 | 1,854 | $5,490.54 | 1,750 | $18,090.28 | 5,636 |
| Meloxicam | $9,854.30 | 1,308 | $8,940.10 | 1,205 | $9,673.30 | 1,308 | $28,467.70 | 3,821 |
| Apap/butalbital/caffeine | $20,397.36 | 917 | $19,730.65 | 866 | $20,073.17 | 951 | $60,201.18 | 2,734 |
| Ketorolac | $4,324.14 | 411 | $4,262.24 | 409 | $5,325.15 | 486 | $13,911.53 | 1,306 |
| Diclofenac | $9,112.32 | 361 | $8,499.47 | 334 | $8,777.30 | 383 | $26,389.09 | 1,078 |
| Indomethacin | $2,837.94 | 130 | $2,298.70 | 109 | $2,427.38 | 130 | $7,564.02 | 369 |
| Etodolac | $1,868.29 | 77 | $1,824.37 | 71 | $1,635.31 | 64 | $5,327.97 | 212 |
| Celecoxib | $9,410.32 | 52 | $8,760.56 | 45 | $7,974.06 | 46 | $26,144.94 | 143 |
| Sulindac | $876.63 | 38 | $835.96 | 34 | $1,047.96 | 44 | $2,760.55 | 116 |
| Ketoprofen | $316.41 | 26 | $263.94 | 18 | $481.19 | 35 | $1,061.54 | 79 |
| Asa/butalbital/caffeine | $766.86 | 29 | $280.45 | 11 | $647.18 | 23 | $1,694.49 | 63 |
| Salsalate | $226.37 | 8 | $281.93 | 10 | $203.40 | 6 | $711.70 | 24 |

Note: Resource Utilization Report Currently Contains Only Fee For Service Medicaid Claims
* Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.
ł Molecule names accounting for less than $500 in quarterly amount paid are not shown

# Resource Utilization Report
## Drug Class Report
## Top 15 Classes By Quarterly Number of Claimsł

| AHFS Class / Generic Molecule | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Diflunisal | $224.81 | 3 | $266.02 | 6 | $314.89 | 8 | $805.72 | 17 |
| Nabumetone | $126.50 | 2 | $131.09 | 2 | $251.71 | 4 | $509.30 | 8 |
| Fenoprofen | $247.76 | 2 | $221.70 | 2 | $103.07 | 1 | $572.53 | 5 |
| Diclofenac-misoprostol | $197.61 | 1 | $197.61 | 1 | $395.22 | 2 | $790.44 | 4 |
| **Adrenals** | **$1,057,864.67** | **9,287** | **$1,322,128.23** | **10,553** | **$1,635,216.46** | **13,882** | **$4,015,209.36** | **33,722** |
| Prednisolone | $64,901.96 | 3,539 | $69,735.21 | 4,154 | $101,677.21 | 6,124 | $236,314.38 | 13,817 |
| Budesonide | $777,283.12 | 1,838 | $1,031,546.50 | 2,412 | $1,286,244.94 | 3,076 | $3,095,074.56 | 7,326 |
| Prednisone | $6,786.74 | 1,367 | $7,019.59 | 1,370 | $8,547.62 | 1,640 | $22,353.95 | 4,377 |
| Methylprednisolone | $11,202.26 | 912 | $11,805.11 | 940 | $14,350.72 | 1,171 | $37,358.09 | 3,023 |
| Fluticasone | $54,299.86 | 373 | $59,660.21 | 413 | $65,192.11 | 444 | $179,152.18 | 1,230 |
| Dexamethasone | $4,024.65 | 329 | $4,407.60 | 347 | $5,135.32 | 413 | $13,567.57 | 1,089 |
| Beclomethasone | $33,748.87 | 245 | $37,738.37 | 274 | $40,791.55 | 299 | $112,278.79 | 818 |
| Budesonide-formoterol | $53,222.42 | 240 | $50,405.24 | 227 | $57,868.70 | 249 | $161,496.36 | 716 |
| Mometasone | $27,311.49 | 196 | $26,652.12 | 186 | $28,989.01 | 207 | $82,952.62 | 589 |
| Formoterol-mometasone | $19,896.57 | 89 | $17,781.13 | 81 | $20,369.09 | 91 | $58,046.79 | 261 |
| Hydrocortisone | $2,117.22 | 83 | $1,835.57 | 68 | $2,321.67 | 85 | $6,274.46 | 236 |
| Fludrocortisone | $1,263.21 | 48 | $1,103.76 | 43 | $1,093.73 | 44 | $3,460.70 | 135 |
| Flunisolide Nasal | $1,714.17 | 24 | $2,364.59 | 35 | $2,541.71 | 36 | $6,620.47 | 95 |
| **Antidepressants** | **$427,454.45** | **11,948** | **$377,392.11** | **10,409** | **$393,911.76** | **11,247** | **$1,198,758.32** | **33,604** |
| Citalopram | $17,471.68 | 2,319 | $15,075.52 | 1,998 | $16,788.12 | 2,218 | $49,335.32 | 6,535 |

Note: Resource Utilization Report Currently Contains Only Fee For Service Medicaid Claims
* Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.
ł Molecule names accounting for less than $500 in quarterly amount paid are not shown

# Resource Utilization Report
## Drug Class Report
## Top 15 Classes By Quarterly Number of Claimsł

| AHFS Class / Generic Molecule | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Bupropion | $135,885.82 | 1,458 | $115,170.40 | 1,218 | $117,921.80 | 1,284 | $368,978.02 | 3,960 |
| Fluoxetine | $18,376.95 | 1,318 | $16,753.40 | 1,179 | $18,225.87 | 1,297 | $53,356.22 | 3,794 |
| Trazodone | $10,862.09 | 1,285 | $9,296.16 | 1,130 | $10,250.94 | 1,245 | $30,409.19 | 3,660 |
| Sertraline | $14,095.38 | 1,814 | $12,211.42 | 1,572 | $13,651.95 | 1,739 | $26,013.94 | 3,329 |
| Amitriptyline | $4,005.56 | 754 | $3,581.71 | 669 | $3,897.55 | 738 | $11,484.82 | 2,161 |
| Desvenlafaxine | $85,534.83 | 546 | $82,676.08 | 522 | $87,773.83 | 549 | $255,984.74 | 1,617 |
| Paroxetine | $7,859.63 | 525 | $7,032.90 | 469 | $7,044.41 | 487 | $21,936.94 | 1,481 |
| Mirtazapine | $18,984.01 | 483 | $15,915.14 | 412 | $16,553.78 | 431 | $51,452.93 | 1,326 |
| Doxepin | $6,289.42 | 472 | $5,460.48 | 416 | $5,240.90 | 386 | $16,990.80 | 1,274 |
| Imipramine | $7,761.18 | 207 | $8,090.14 | 170 | $7,699.64 | 176 | $23,550.96 | 553 |
| Duloxetine | $43,205.65 | 181 | $38,425.21 | 151 | $37,689.34 | 158 | $119,320.20 | 490 |
| Venlafaxine | $23,175.85 | 162 | $18,883.06 | 126 | $20,365.64 | 146 | $62,424.55 | 434 |
| Nortriptyline | $988.88 | 105 | $918.04 | 102 | $1,020.56 | 112 | $2,927.48 | 319 |
| Escitalopram | $12,760.54 | 107 | $10,562.06 | 94 | $10,881.66 | 91 | $34,204.26 | 292 |
| Fluvoxamine | $9,136.67 | 74 | $8,279.71 | 66 | $8,865.30 | 75 | $26,281.68 | 215 |
| Amitriptyline-perphenazine | $3,533.11 | 63 | $2,832.55 | 50 | $2,877.45 | 55 | $9,243.11 | 168 |
| Amitriptyline-chlordiazepoxide | $2,336.86 | 39 | $2,091.11 | 30 | $1,730.58 | 26 | $6,158.55 | 95 |
| Clomipramine | $925.60 | 25 | $862.78 | 27 | $869.47 | 24 | $2,657.85 | 76 |
| Fluoxetine-olanzapine | $4,165.55 | 8 | $3,212.70 | 6 | $4,495.02 | 8 | $11,873.27 | 22 |
| Desipramine | $190.53 | 3 | $254.45 | 3 | $142.99 | 2 | $587.97 | 8 |

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ł Molecule names accounting for less than $500 in quarterly amount paid are not shown

# Resource Utilization Report
## Drug Class Report
## Top 15 Classes By Quarterly Number of Claimsł

| AHFS Class / Generic Molecule | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| **Sulfonamides** | **$146,156.97** | **11,138** | **$133,021.98** | **10,254** | **$155,673.95** | **11,906** | **$434,852.90** | **33,298** |
| Sulfamethoxazole-trimethoprim | $144,363.38 | 11,088 | $131,956.82 | 10,200 | $153,444.96 | 11,842 | $429,765.16 | 33,130 |
| Sulfasalazine | $980.62 | 48 | $1,065.16 | 54 | $1,416.02 | 62 | $3,461.80 | 164 |
| Sulfadiazine | $812.97 | 2 | | | $812.97 | 2 | $1,625.94 | 4 |
| **Beta-adrenergic Agonists** | **$633,260.89** | **8,763** | **$672,511.15** | **10,093** | **$723,088.02** | **11,442** | **$2,028,860.06** | **30,298** |
| Albuterol | $309,332.18 | 7,405 | $378,325.03 | 8,838 | $413,708.95 | 10,093 | $1,101,366.16 | 26,336 |
| Fluticasone-salmeterol | $263,732.79 | 1,081 | $240,052.56 | 989 | $249,667.42 | 1,039 | $753,452.77 | 3,109 |
| Albuterol-ipratropium | $49,873.93 | 207 | $42,344.76 | 183 | $49,623.75 | 217 | $141,842.44 | 607 |
| Terbutaline | $1,042.48 | 32 | $999.32 | 34 | $1,875.92 | 52 | $3,917.72 | 118 |
| Levalbuterol | $6,579.09 | 27 | $7,039.27 | 33 | $5,837.82 | 29 | $19,456.18 | 89 |
| Formoterol | $1,506.57 | 7 | $1,971.09 | 12 | $1,773.24 | 10 | $5,250.90 | 29 |
| Pirbuterol | $577.67 | 3 | $1,023.56 | 6 | $729.14 | 4 | $2,330.37 | 13 |
| Arformoterol | $1,193.85 | 4 | $1,779.12 | 4 | $600.92 | 2 | $3,573.89 | 10 |
| **Anticonvulsants, Miscellaneous** | **$1,028,538.83** | **10,756** | **$872,599.16** | **9,140** | **$951,901.89** | **9,761** | **$2,853,039.88** | **29,657** |
| Gabapentin | $100,570.04 | 2,624 | $89,211.89 | 2,309 | $90,368.98 | 2,371 | $280,150.91 | 7,304 |
| Divalproex Sodium | $167,656.25 | 1,630 | $147,294.94 | 1,416 | $150,841.51 | 1,493 | $465,792.70 | 4,539 |
| Levetiracetam | $112,110.98 | 1,340 | $91,838.94 | 1,087 | $105,632.05 | 1,208 | $309,581.97 | 3,635 |
| Topiramate | $63,541.89 | 1,212 | $50,906.58 | 993 | $60,119.66 | 1,086 | $174,568.13 | 3,291 |
| Oxcarbazepine | $130,335.08 | 1,016 | $112,774.24 | 873 | $122,341.41 | 951 | $365,450.73 | 2,840 |
| Lamotrigine | $93,202.36 | 946 | $68,515.88 | 797 | $78,332.33 | 849 | $240,050.57 | 2,592 |

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# Resource Utilization Report
## Drug Class Report
## Top 15 Classes By Quarterly Number of Claimsł

| AHFS Class / Generic Molecule | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Pregabalin | $147,339.67 | 688 | $129,736.95 | 583 | $139,177.43 | 629 | $416,254.05 | 1,900 |
| Carbamazepine | $36,798.26 | 634 | $27,756.08 | 508 | $29,588.97 | 531 | $94,143.31 | 1,673 |
| Zonisamide | $12,156.53 | 255 | $11,001.90 | 237 | $11,975.78 | 259 | $35,134.21 | 751 |
| Valproic Acid | $8,319.97 | 179 | $7,439.88 | 149 | $7,978.87 | 168 | $23,738.72 | 496 |
| Lacosamide | $63,048.43 | 151 | $51,360.77 | 119 | $61,852.33 | 133 | $176,261.53 | 403 |
| Rufinamide | $22,276.24 | 31 | $27,115.20 | 35 | $26,969.90 | 35 | $76,361.34 | 101 |
| Felbamate | $24,571.62 | 32 | $16,468.27 | 17 | $18,426.21 | 24 | $59,466.10 | 73 |
| Tiagabine | $8,731.15 | 11 | $6,158.02 | 11 | $5,972.52 | 8 | $20,861.69 | 30 |
| Vigabatrin | $37,880.36 | 7 | $35,019.62 | 6 | $42,165.60 | 7 | $115,065.58 | 20 |
| **Macrolides** | **$232,636.83** | **7,244** | **$285,549.56** | **9,044** | **$384,985.75** | **11,909** | **$903,172.14** | **28,197** |
| Azithromycin | $202,185.92 | 6,719 | $256,444.17 | 8,517 | $341,275.67 | 11,158 | $799,905.76 | 26,394 |
| Clarithromycin | $21,368.54 | 426 | $22,951.07 | 452 | $36,319.72 | 668 | $80,639.33 | 1,546 |
| Erythromycin | $8,750.95 | 91 | $5,798.79 | 66 | $6,914.76 | 70 | $21,464.50 | 227 |
| Erythromycin-sulfisoxazole | $331.42 | 8 | $355.53 | 9 | $484.41 | 13 | $1,171.36 | 30 |
| **Cephalosporins** | **$423,904.46** | **7,005** | **$462,361.43** | **7,420** | **$620,250.97** | **9,540** | **$1,506,516.86** | **23,965** |
| Cefdinir | $198,714.17 | 2,633 | $227,313.28 | 2,884 | $300,372.19 | 3,875 | $726,399.64 | 9,392 |
| Cephalexin | $38,572.77 | 2,548 | $35,950.03 | 2,326 | $45,620.49 | 2,926 | $120,143.29 | 7,800 |
| Cefprozil | $56,427.54 | 985 | $73,389.96 | 1,250 | $83,209.95 | 1,441 | $213,027.45 | 3,676 |
| Cefixime | $101,561.51 | 414 | $108,637.49 | 470 | $167,648.10 | 685 | $377,847.10 | 1,569 |
| Cefuroxime | $5,194.46 | 248 | $6,039.39 | 297 | $7,668.05 | 373 | $18,901.90 | 918 |

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# Resource Utilization Report
## Drug Class Report
## Top 15 Classes By Quarterly Number of Claimsł

| AHFS Class / Generic Molecule | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Ceftriaxone | $18,497.93 | 89 | $6,097.66 | 101 | $8,001.29 | 108 | $32,596.88 | 298 |
| Cefadroxil | $2,403.81 | 72 | $3,269.15 | 77 | $4,825.35 | 110 | $10,498.31 | 259 |
| Cefaclor | $347.99 | 7 | $267.43 | 6 | $367.84 | 7 | $983.26 | 20 |
| Cefepime | $1,070.82 | 7 | $969.93 | 6 | $1,355.23 | 6 | $3,395.98 | 19 |
| Cefpodoxime | $56.99 | 1 | $107.62 | 1 | $555.24 | 4 | $719.85 | 6 |
| Ceftibuten | | | $288.97 | 1 | $574.03 | 1 | $863.00 | 2 |
| Ceftaroline | $1,056.47 | 1 | | | | | $1,056.47 | 1 |
| **Antipsychotics (atypical And Typical)** | **$2,892,461.96** | **8,465** | **$2,541,295.66** | **7,574** | **$2,654,624.54** | **7,816** | **$8,088,382.16** | **23,855** |
| Risperidone | $337,662.07 | 2,895 | $296,639.03 | 2,579 | $309,259.40 | 2,674 | $943,560.50 | 8,148 |
| Aripiprazole | $1,074,365.58 | 1,633 | $927,338.16 | 1,406 | $1,004,404.05 | 1,526 | $3,006,107.79 | 4,565 |
| Quetiapine | $667,295.42 | 1,580 | $596,575.42 | 1,448 | $595,684.99 | 1,450 | $1,859,555.83 | 4,478 |
| Haloperidol | $26,286.57 | 559 | $23,183.88 | 485 | $23,125.47 | 469 | $72,595.92 | 1,513 |
| Olanzapine | $297,323.44 | 501 | $246,737.40 | 408 | $266,934.00 | 453 | $810,994.84 | 1,362 |
| Ziprasidone | $97,828.84 | 257 | $80,158.36 | 210 | $84,819.78 | 223 | $262,806.98 | 690 |
| Paliperidone | $219,822.79 | 192 | $200,466.77 | 172 | $200,563.35 | 169 | $620,852.91 | 533 |
| Chlorpromazine | $24,175.94 | 218 | $27,017.70 | 258 | $24,956.70 | 250 | $53,219.68 | 520 |
| Asenapine | $78,155.15 | 157 | $72,691.46 | 138 | $73,007.02 | 134 | $223,853.63 | 429 |
| Prochlorperazine | $2,029.50 | 128 | $2,061.92 | 142 | $2,352.40 | 124 | $6,443.82 | 394 |
| Clozapine | $22,033.87 | 124 | $18,780.60 | 109 | $19,250.89 | 117 | $60,065.36 | 350 |
| Lurasidone | $51,632.83 | 90 | $47,335.32 | 87 | $58,837.86 | 99 | $112,427.57 | 193 |
| Fluphenazine | $2,496.10 | 59 | $2,768.05 | 58 | $2,483.88 | 50 | $7,748.03 | 167 |

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# Resource Utilization Report
## Drug Class Report
## Top 15 Classes By Quarterly Number of Claimsł

| AHFS Class / Generic Molecule | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Perphenazine | $3,544.12 | 52 | $2,792.88 | 42 | $4,583.14 | 66 | $10,920.14 | 160 |
| Thioridazine | $1,218.62 | 39 | $1,138.23 | 38 | $1,035.42 | 37 | $3,392.27 | 114 |
| Trifluoperazine | $1,437.21 | 27 | $1,165.57 | 24 | $1,052.40 | 23 | $3,655.18 | 74 |
| Thiothixene | $515.00 | 23 | $495.97 | 21 | $507.47 | 20 | $1,518.44 | 64 |
| Iloperidone | $13,749.10 | 21 | $11,365.88 | 19 | $9,447.34 | 17 | $34,562.32 | 57 |
| Loxapine | $1,372.57 | 16 | $1,291.57 | 15 | $1,104.88 | 13 | $3,769.02 | 44 |
| Pimozide | $603.49 | 6 | $409.89 | 4 | $527.19 | 4 | $1,540.57 | 14 |
| **Benzodiazepines** | **$63,811.88** | **8,228** | **$54,897.26** | **7,152** | **$60,156.74** | **7,846** | **$178,865.88** | **23,226** |
| Clonazepam | $63,811.88 | 8,228 | $54,897.26 | 7,152 | $60,156.74 | 7,846 | $178,865.88 | 23,226 |
| **Contraceptives** | **$394,537.06** | **8,833** | **$301,270.04** | **6,346** | **$353,603.32** | **7,514** | **$1,049,410.42** | **22,693** |
| Ethinyl Estradiol-norethindrone | $172,398.60 | 2,826 | $144,960.26 | 2,312 | $168,140.32 | 2,638 | $485,499.18 | 7,776 |
| Ethinyl Estradiol-norgestimate | $81,107.60 | 3,092 | $61,785.07 | 1,944 | $69,970.78 | 2,421 | $212,863.45 | 7,457 |
| Norethindrone | $29,163.84 | 1,042 | $21,480.96 | 688 | $24,572.84 | 822 | $75,217.64 | 2,552 |
| Ethinyl Estradiol-etonogestrel | $40,461.63 | 500 | $30,992.94 | 391 | $34,737.05 | 430 | $106,191.62 | 1,321 |
| Ethinyl Estradiol-levonorgestrel | $21,209.60 | 421 | $17,780.34 | 339 | $20,779.01 | 427 | $59,768.95 | 1,187 |
| Ethinyl Estradiol-norelgestromin | $48,847.15 | 502 | $47,341.75 | 520 | $57,136.61 | 635 | $97,156.77 | 1,041 |
| Ethinyl Estradiol-norgestrel | $7,321.45 | 259 | $6,255.72 | 219 | $6,731.81 | 238 | $20,308.98 | 716 |
| Drospirenone-ethinyl Estradiol | $12,176.80 | 182 | $9,923.69 | 152 | $11,157.32 | 172 | $33,257.81 | 506 |
| Desogestrel-ethinyl Estradiol | $6,494.42 | 171 | $4,750.22 | 134 | $6,222.88 | 158 | $17,467.52 | 463 |
| Drospirenone/ethinyl Estradiol/levomefo | $14,369.40 | 159 | $10,575.33 | 122 | $12,583.62 | 127 | $37,528.35 | 408 |

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# Resource Utilization Report
## Drug Class Report
## Top 15 Classes By Quarterly Number of Claimsł

| AHFS Class / Generic Molecule | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Dienogest-estradiol | $1,376.16 | 16 | $1,626.38 | 17 | $2,542.05 | 27 | $5,544.59 | 60 |
| Ethinyl Estradiol-ethynodiol | $416.89 | 15 | $397.98 | 14 | $469.77 | 17 | $1,284.64 | 46 |
| Levonorgestrel | $515.26 | 14 | | | $314.72 | 8 | $829.98 | 22 |
| Mestranol-norethindrone | $140.00 | 5 | $221.39 | 8 | $242.88 | 9 | $604.27 | 22 |

Note: Resource Utilization Report Currently Contains Only Fee For Service Medicaid Claims
* Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.
ł Molecule names accounting for less than $500 in quarterly amount paid are not shown

# Resource Utilization Report
## Drug Detail Report
## Top 25 Drugs By Quarterly Number of Claims†

| Generic Molecule / Drug Name | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| **Cetirizine** | **$307,676.35** | **10,705** | **$319,653.75** | **11,531** | **$353,152.49** | **14,075** | **$980,482.59** | **36,311** |
| Cetirizine Hydrochloride | $305,748.48 | 10,506 | $317,509.33 | 11,332 | $350,877.48 | 13,852 | $974,135.29 | 35,690 |
| All Day Allergy | $1,224.96 | 151 | $1,211.22 | 148 | $1,316.73 | 166 | $3,752.91 | 465 |
| All Day Allergy Children's | $702.91 | 48 | $933.20 | 51 | $958.28 | 57 | $2,594.39 | 156 |
| **Sulfamethoxazole-trimethoprim** | **$144,363.38** | **11,088** | **$131,956.82** | **10,200** | **$153,444.96** | **11,842** | **$429,765.16** | **33,130** |
| Sulfamethoxazole-trimethoprim | $100,846.42 | 6,308 | $89,557.50 | 5,582 | $104,952.06 | 6,518 | $295,355.98 | 18,408 |
| Sulfamethoxazole-trimethoprim Ds | $42,919.76 | 4,704 | $42,115.10 | 4,582 | $47,479.12 | 5,210 | $132,513.98 | 14,496 |
| Smz-tmp Ds | $597.20 | 76 | $284.22 | 36 | $1,013.78 | 114 | $1,895.20 | 226 |
| **Amoxicillin** | **$87,438.05** | **9,124** | **$96,192.10** | **9,657** | **$130,156.72** | **12,969** | **$313,786.87** | **31,750** |
| Amoxicillin | $86,817.35 | 9,122 | $95,876.34 | 9,655 | $129,683.08 | 12,966 | $312,376.77 | 31,743 |
| Moxatag | $620.70 | 2 | $315.76 | 2 | $473.64 | 3 | $1,410.10 | 7 |
| **Acetaminophen-hydrocodone** | **$233,362.00** | **15,668** | **$195,883.60** | **13,082** | **$213,909.58** | **14,560** | **$447,271.58** | **30,228** |
| Acetaminophen-hydrocodone Bitartrate | $233,317.29 | 15,664 | $195,870.38 | 13,081 | $1,816.18 | 108 | $431,003.85 | 28,853 |
| Acetaminophen-hydrocodone Bitartrate | $1,378.53 | 93 | $1,223.68 | 72 | $213,873.07 | 14,556 | $216,475.28 | 14,721 |
| **Azithromycin** | **$202,185.92** | **6,719** | **$256,444.17** | **8,517** | **$341,275.67** | **11,158** | **$799,905.76** | **26,394** |
| Azithromycin | $164,941.13 | 5,036 | $205,648.05 | 6,294 | $279,735.39 | 8,452 | $650,324.57 | 19,782 |

Note: Resource Utilization Report Currently Contains Only Fee For Service Medicaid Claims

* Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.

† Molecule names accounting for less than $500 in quarterly amount paid are not shown

Prepared by the Evidence-Based DUR Initiative, MS-DUR

# Resource Utilization Report
## Drug Detail Report
## Top 25 Drugs By Quarterly Number of Claimsł

| Generic Molecule / Drug Name | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Azithromycin 5 Day Dose Pack | $35,275.25 | 1,597 | $47,635.06 | 2,096 | $57,783.82 | 2,565 | $140,694.13 | 6,258 |
| Azithromycin 3 Day Dose Pack | $1,922.35 | 85 | $3,161.06 | 127 | $3,756.46 | 141 | $8,839.87 | 353 |
| **Albuterol** | **$309,332.18** | **7,405** | **$378,325.03** | **8,838** | **$413,708.95** | **10,093** | **$1,101,366.16** | **26,336** |
| Ventolin Hfa | $173,460.68 | 3,805 | $209,164.63 | 4,462 | $203,220.19 | 4,417 | $585,845.50 | 12,684 |
| Albuterol Sulfate | $103,818.44 | 2,997 | $122,572.97 | 3,500 | $161,345.25 | 4,743 | $387,736.66 | 11,240 |
| Proair Hfa | $19,366.93 | 375 | $31,340.73 | 601 | $33,699.47 | 648 | $84,407.13 | 1,624 |
| Proair Hfa | $19,366.93 | 375 | $31,340.73 | 601 | $97.95 | 2 | $50,805.61 | 978 |
| Proventil Hfa | $12,558.35 | 214 | $14,913.01 | 261 | $15,204.80 | 262 | $42,676.16 | 737 |
| Albuterol | $127.78 | 14 | $179.76 | 12 | $239.24 | 23 | $546.78 | 49 |
| **Clonazepam** | **$63,811.88** | **8,228** | **$54,897.26** | **7,152** | **$60,156.74** | **7,846** | **$178,865.88** | **23,226** |
| Clonazepam | $63,811.88 | 8,228 | $54,897.26 | 7,152 | $60,156.74 | 7,846 | $178,865.88 | 23,226 |
| **Lorazepam** | **$52,183.83** | **7,722** | **$43,159.77** | **6,411** | **$47,045.46** | **6,921** | **$142,389.06** | **21,054** |
| Lorazepam | $52,183.83 | 7,722 | $43,159.77 | 6,411 | $47,045.46 | 6,921 | $142,389.06 | 21,054 |
| **Montelukast** | **$1,133,842.80** | **6,771** | **$897,007.18** | **5,347** | **$957,112.12** | **5,698** | **$2,987,962.10** | **17,816** |
| Singulair | $1,133,842.80 | 6,771 | $897,007.18 | 5,347 | $953,484.41 | 5,667 | $2,984,334.39 | 17,785 |
| Montelukast Sodium | | | | | $3,627.71 | 31 | $3,627.71 | 31 |
| **Diphenhydramine** | **$26,340.60** | **5,512** | **$26,506.72** | **5,528** | **$31,186.48** | **6,396** | **$84,033.80** | **17,436** |
| Q-dryl | $14,818.08 | 2,992 | $14,625.92 | 2,956 | $17,642.68 | 3,568 | $47,086.68 | 9,516 |
| Diphenhydramine Hydrochloride | $6,918.36 | 1,556 | $6,461.00 | 1,464 | $7,109.36 | 1,528 | $20,488.72 | 4,548 |
| Diphenhist | $2,304.96 | 444 | $2,877.52 | 548 | $3,238.96 | 612 | $8,421.44 | 1,604 |

Note: Resource Utilization Report Currently Contains Only Fee For Service Medicaid Claims
* Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.
ł Molecule names accounting for less than $500 in quarterly amount paid are not shown

# Resource Utilization Report
## Drug Detail Report
## Top 25 Drugs By Quarterly Number of Claimsł

| Generic Molecule / Drug Name | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Banophen | $1,785.00 | 428 | $1,782.84 | 420 | $2,192.32 | 500 | $5,760.16 | 1,348 |
| Complete Allergy | $121.08 | 24 | $232.68 | 44 | $266.16 | 52 | $619.92 | 120 |
| Good Neighbor Pharmacy Childrens Aller | $225.12 | 40 | $112.24 | 20 | $274.88 | 52 | $612.24 | 112 |
| **Medroxyprogesterone** | **$232,329.21** | **6,081** | **$187,675.56** | **5,163** | **$211,683.57** | **5,100** | **$631,688.34** | **16,344** |
| Medroxyprogesterone Acetate | $200,954.19 | 4,536 | $160,203.93 | 3,711 | $190,882.59 | 4,065 | $552,040.71 | 12,312 |
| Depo-provera Contraceptive | $27,090.96 | 1,482 | $41,337.63 | 2,259 | $52,975.44 | 2,898 | $121,404.03 | 6,639 |
| Depo-provera Contraceptive | $41,513.88 | 2,271 | $25,994.16 | 1,422 | $18,261.72 | 999 | $85,769.76 | 4,692 |
| Depo-subq Provera 104 | $4,284.06 | 63 | $1,477.47 | 30 | $2,539.26 | 36 | $8,300.79 | 129 |
| **Ibuprofen** | **$42,005.17** | **5,081** | **$41,250.76** | **4,830** | **$52,827.80** | **6,123** | **$136,083.73** | **16,034** |
| Ibuprofen | $34,784.16 | 3,844 | $34,303.90 | 3,686 | $44,454.36 | 4,726 | $113,542.42 | 12,256 |
| Ibu | $5,182.74 | 936 | $4,774.97 | 836 | $7,066.04 | 1,247 | $17,023.75 | 3,019 |
| Ibu | $1,105.11 | 195 | $1,130.84 | 195 | | | $2,235.95 | 390 |
| Ibuprofen Children's | $703.89 | 78 | $821.29 | 87 | $1,033.38 | 119 | $2,558.56 | 284 |
| Childrens Ibuprofen | $229.27 | 28 | $204.22 | 24 | $253.35 | 29 | $686.84 | 81 |
| **Hydroxyzine** | **$89,706.64** | **5,232** | **$78,627.40** | **4,610** | **$81,594.10** | **4,696** | **$249,928.14** | **14,538** |
| Hydroxyzine Hydrochloride | $73,044.78 | 3,570 | $63,373.88 | 3,072 | $66,358.66 | 3,150 | $202,777.32 | 9,792 |
| Hydroxyzine Pamoate | $16,661.86 | 1,662 | $15,253.52 | 1,538 | $15,235.44 | 1,546 | $47,150.82 | 4,746 |
| **Promethazine** | **$53,659.60** | **4,564** | **$51,894.28** | **4,324** | **$61,231.62** | **5,310** | **$166,785.50** | **14,198** |
| Promethazine Hydrochloride | $47,406.22 | 4,246 | $46,549.52 | 4,064 | $7,574.84 | 562 | $101,530.58 | 8,872 |
| Promethazine Hydrochloride | $7,142.46 | 514 | $6,246.18 | 490 | $55,109.14 | 4,980 | $68,497.78 | 5,984 |
| Promethegan | $5,024.78 | 224 | $3,345.56 | 138 | $3,917.20 | 182 | $12,287.54 | 544 |

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ł Molecule names accounting for less than $500 in quarterly amount paid are not shown

# Resource Utilization Report
## Drug Detail Report
## Top 25 Drugs By Quarterly Number of Claimsł

| Generic Molecule / Drug Name | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Phenadoz | $1,228.60 | 94 | $1,999.20 | 122 | $2,164.12 | 144 | $5,391.92 | 360 |
| **Multivitamin, Prenatal** | **$189,870.22** | **5,364** | **$148,601.62** | **4,260** | **$166,251.74** | **4,304** | **$504,723.58** | **13,928** |
| Prenatal Plus | $12,643.46 | 1,300 | $10,120.90 | 1,088 | $1,580.78 | 152 | $24,345.14 | 2,540 |
| Concept Dha | $20,809.14 | 706 | $17,137.20 | 580 | $18,429.88 | 626 | $56,376.22 | 1,912 |
| Vitafol-one | $31,949.32 | 552 | $25,402.14 | 438 | $40,416.92 | 652 | $97,768.38 | 1,642 |
| Prenatal Plus | $1,300.06 | 130 | $1,408.54 | 144 | $11,217.28 | 1,178 | $13,925.88 | 1,452 |
| Relnate Dha | $17,466.88 | 296 | $18,756.40 | 306 | $22,052.12 | 350 | $58,275.40 | 952 |
| Nestabs Dha | $17,715.34 | 350 | $12,559.44 | 250 | $14,742.78 | 290 | $45,017.56 | 890 |
| Taron-c Dha | $6,812.36 | 244 | $6,477.64 | 228 | $7,506.86 | 258 | $20,796.86 | 730 |
| Prenaplus | $3,842.42 | 338 | $3,175.86 | 292 | | | $7,018.28 | 630 |
| Citranatal Assure | $13,898.74 | 224 | $12,088.84 | 200 | $11,856.30 | 200 | $37,843.88 | 624 |
| Prefera Ob-one | $16,639.70 | 198 | $15,265.08 | 182 | $20,537.44 | 238 | $52,442.22 | 618 |
| Citranatal Harmony | $8,758.84 | 144 | $9,113.00 | 142 | $11,213.34 | 182 | $29,085.18 | 468 |
| Nexa Select With Dha | $13,068.74 | 156 | $10,517.18 | 124 | $13,173.52 | 140 | $36,759.44 | 420 |
| Preferaob+dha | $10,451.52 | 168 | $6,797.20 | 106 | $7,948.14 | 120 | $25,196.86 | 394 |
| Vol-plus | $1,207.78 | 104 | $1,408.34 | 120 | $1,238.68 | 102 | $3,854.80 | 326 |
| Concept Ob | $3,247.20 | 120 | $2,364.08 | 88 | $2,436.90 | 90 | $8,048.18 | 298 |
| Citranatal 90 Dha | $6,334.10 | 110 | $4,897.34 | 80 | $5,987.72 | 102 | $17,219.16 | 292 |
| Preferaob | $8,623.34 | 102 | $8,502.56 | 100 | $6,886.22 | 82 | $24,012.12 | 284 |
| Prennaissance With Dha | $8,177.48 | 106 | $7,041.94 | 84 | $5,621.18 | 78 | $20,840.60 | 268 |
| Zatean-pn Dha | $5,892.94 | 104 | $4,412.38 | 82 | $4,477.30 | 82 | $14,782.62 | 268 |
| Prenatal Ad | $983.14 | 80 | $595.02 | 46 | $851.66 | 64 | $2,429.82 | 190 |
| Paire Ob Plus Dha | $2,521.64 | 66 | $2,287.44 | 62 | $6,284.10 | 56 | $11,093.18 | 184 |

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# Resource Utilization Report
## Drug Detail Report
## Top 25 Drugs By Quarterly Number of Claimsł

| Generic Molecule / Drug Name | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Se-natal 19 | $959.00 | 66 | $444.66 | 30 | $1,117.32 | 76 | $2,520.98 | 172 |
| Prenexa With Dha | $5,815.20 | 72 | $3,969.06 | 46 | $4,535.62 | 52 | $14,319.88 | 170 |
| Folivan-ob | $1,094.36 | 46 | $841.96 | 34 | $1,197.10 | 46 | $3,133.42 | 126 |
| Pnv-dha | $2,662.10 | 46 | $2,106.36 | 38 | $2,251.16 | 38 | $7,019.62 | 122 |
| Preque 10 | $2,061.94 | 58 | $637.76 | 18 | $1,421.28 | 44 | $4,120.98 | 120 |
| Prenatal Plus Iron | $398.42 | 44 | $331.92 | 36 | $360.76 | 40 | $1,091.10 | 120 |
| Pnv Select | $3,063.04 | 44 | $2,713.84 | 44 | $1,699.92 | 22 | $7,476.80 | 110 |
| Vitafol-ob+dha | $1,621.46 | 32 | $1,797.28 | 36 | $1,732.08 | 34 | $5,150.82 | 102 |
| Prenatal 19 | $1,303.94 | 94 | $27.00 | 2 | | | $1,330.94 | 96 |
| Tricare Dha One | $3,477.20 | 56 | $1,510.78 | 26 | $779.02 | 14 | $5,767.00 | 96 |
| Citranatal Dha | $1,706.66 | 28 | $1,468.40 | 26 | $2,176.64 | 38 | $5,351.70 | 92 |
| Zatean-pn | $1,305.64 | 28 | $1,375.98 | 30 | $1,069.04 | 26 | $3,750.66 | 84 |
| Natelle One Dha | $4,603.06 | 34 | $2,135.94 | 18 | $3,250.64 | 26 | $9,989.64 | 78 |
| B-nexa | $837.78 | 22 | $973.72 | 20 | $1,286.10 | 36 | $3,097.60 | 78 |
| Citranatal B-calm | $1,626.48 | 36 | $867.72 | 20 | $873.72 | 20 | $3,367.92 | 76 |
| Prenatabs Rx | $550.84 | 48 | $315.18 | 24 | $25.20 | 2 | $891.22 | 74 |
| Tl-select | $1,702.44 | 26 | $932.90 | 14 | $1,750.04 | 28 | $4,385.38 | 68 |
| Zatean-pn Plus | $1,718.62 | 32 | $836.06 | 16 | $1,052.34 | 18 | $3,607.02 | 66 |
| Citranatal Harmony | $1,564.46 | 32 | $873.64 | 18 | $1,060.76 | 16 | $3,498.86 | 66 |
| Prenaissance Plus | $1,716.48 | 36 | $1,008.04 | 22 | $284.28 | 6 | $3,008.80 | 64 |
| Citranatal B-calm | $1,626.48 | 36 | $867.72 | 20 | $209.32 | 4 | $2,703.52 | 60 |
| Viva Dha | $1,067.68 | 16 | $938.72 | 14 | $1,831.44 | 28 | $3,837.84 | 58 |
| Triveen Ten | $616.36 | 22 | $649.94 | 20 | $520.12 | 10 | $1,786.42 | 52 |
| Prenate Elite Plus Iron | $2,836.88 | 32 | $712.40 | 8 | $1,067.88 | 12 | $4,617.16 | 52 |

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# Resource Utilization Report
## Drug Detail Report
## Top 25 Drugs By Quarterly Number of Claimsł

| Generic Molecule / Drug Name | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| Gesticare Dha | $1,576.82 | 22 | $1,019.56 | 14 | $944.42 | 14 | $3,540.80 | 50 |
| Tricare Dha One | $648.20 | 12 | $291.74 | 6 | $1,769.08 | 28 | $2,709.02 | 46 |
| Folcal Dha | $402.72 | 8 | $504.90 | 10 | $894.48 | 22 | $1,802.10 | 40 |
| Taron-prx Plus Dha | $421.70 | 10 | $587.54 | 10 | $520.44 | 12 | $1,529.68 | 32 |
| Ob Complete With Dha | $801.84 | 12 | $324.46 | 6 | $656.20 | 10 | $1,782.50 | 28 |
| Vinate Care | $365.64 | 12 | $247.76 | 8 | $185.82 | 6 | $799.22 | 26 |
| Macnatal Cn With Dha | $389.04 | 8 | $487.80 | 10 | $206.42 | 6 | $1,083.26 | 24 |
| Vemavite Prx 2 | $373.36 | 8 | $189.68 | 4 | $468.20 | 10 | $1,031.24 | 22 |
| Folivan-prx Dha | $319.04 | 8 | $333.60 | 10 | $159.52 | 4 | $812.16 | 22 |
| Folcaps Omega 3 | $297.20 | 8 | $222.90 | 6 | $142.60 | 4 | $662.70 | 18 |
| Taron-bc | $198.84 | 6 | $198.84 | 6 | $204.84 | 6 | $602.52 | 18 |
| Nestabs | $632.68 | 8 | $139.52 | 4 | $69.76 | 2 | $841.96 | 14 |
| Select-ob+dha | $315.42 | 6 | $111.80 | 2 | $223.60 | 4 | $650.82 | 12 |
| Prenate Essential | $538.68 | 6 | $532.68 | 6 | | | $1,071.36 | 12 |
| Pnv-dha Plus Docusate | $183.68 | 4 | $284.52 | 6 | $94.84 | 2 | $563.04 | 12 |
| Duet Dha Balanced | $171.82 | 2 | $171.82 | 2 | $165.82 | 2 | $509.46 | 6 |
| **Prednisolone** | **$64,901.96** | **3,539** | **$69,735.21** | **4,154** | **$101,677.21** | **6,124** | **$236,314.38** | **13,817** |
| Prednisolone Sodium Phosphate | $16,235.73 | 1,406 | $19,659.92 | 1,668 | $30,551.00 | 2,414 | $66,446.65 | 5,488 |
| Prednisolone | $17,061.03 | 1,247 | $13,301.04 | 1,469 | $18,836.54 | 2,250 | $49,198.61 | 4,966 |
| Veripred 20 | $22,425.32 | 774 | $23,512.09 | 853 | $35,440.43 | 1,249 | $81,377.84 | 2,876 |
| Orapred Odt | $8,689.39 | 91 | $12,210.77 | 119 | $15,752.73 | 164 | $36,652.89 | 374 |
| Millipred | $468.00 | 20 | $1,025.90 | 44 | $997.55 | 43 | $2,491.45 | 107 |

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# Resource Utilization Report
## Drug Detail Report
## Top 25 Drugs By Quarterly Number of Claimsł

| Generic Molecule / Drug Name | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| **Alprazolam** | **$40,075.09** | **4,959** | **$33,788.13** | **4,139** | **$36,579.46** | **4,517** | **$110,442.68** | **13,615** |
| Alprazolam | $35,437.23 | 4,908 | $29,444.46 | 4,085 | $32,060.31 | 4,461 | $96,942.00 | 13,454 |
| Alprazolam Er | $4,637.86 | 51 | $4,343.67 | 54 | $4,519.15 | 56 | $13,500.68 | 161 |
| **Amphetamine-dextroamphetamine** | **$641,499.86** | **3,694** | **$641,930.53** | **3,698** | **$727,324.06** | **4,264** | **$2,010,754.45** | **11,656** |
| Adderall Xr | $532,318.01 | 2,213 | $542,053.50 | 2,272 | $612,531.67 | 2,584 | $1,686,903.18 | 7,069 |
| Amphetamine-dextroamphetamine | $80,355.70 | 1,304 | $75,509.14 | 1,263 | $88,793.51 | 1,498 | $244,658.35 | 4,065 |
| Amphetamine-dextroamphetamine Er | $28,700.33 | 176 | $24,367.89 | 163 | $25,998.88 | 182 | $79,067.10 | 521 |
| **Brompheniramine/dextromethorph/p** | **$19,875.55** | **2,172** | **$32,987.63** | **3,621** | **$46,412.40** | **5,151** | **$99,275.58** | **10,944** |
| Rynex Dm | $19,316.03 | 2,093 | $31,781.94 | 3,436 | $44,428.43 | 4,858 | $95,526.40 | 10,387 |
| Dimaphen Dm | $316.09 | 49 | $889.38 | 146 | $1,357.20 | 215 | $2,562.67 | 410 |
| Endacof-dm | | | | | $1,304.66 | 159 | $1,304.66 | 159 |
| Cold & Cough Childrens | $126.42 | 16 | $181.81 | 23 | $502.57 | 61 | $810.80 | 100 |
| **Metronidazole** | **$25,360.32** | **3,780** | **$22,023.12** | **3,342** | **$25,156.38** | **3,792** | **$72,539.82** | **10,914** |
| Metronidazole | $25,360.32 | 3,780 | $22,023.12 | 3,342 | $25,156.38 | 3,792 | $72,539.82 | 10,914 |
| **Mupirocin Topical** | **$150,830.24** | **3,644** | **$144,524.19** | **3,433** | **$156,175.39** | **3,734** | **$451,529.82** | **10,811** |
| Mupirocin | $135,163.21 | 3,477 | $126,934.35 | 3,239 | $136,777.38 | 3,516 | $398,874.94 | 10,232 |
| Bactroban | $15,667.03 | 167 | $17,589.84 | 194 | $19,398.01 | 218 | $52,654.88 | 579 |
| **Omeprazole** | **$242,291.86** | **3,555** | **$228,569.01** | **3,429** | **$237,414.69** | **3,606** | **$708,275.56** | **10,590** |
| Omeprazole | $242,291.86 | 3,555 | $228,396.18 | 3,428 | $237,414.69 | 3,606 | $708,102.73 | 10,589 |

Note: Resource Utilization Report Currently Contains Only Fee For Service Medicaid Claims
* Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.
ł Molecule names accounting for less than $500 in quarterly amount paid are not shown
Prepared by the Evidence-Based DUR Initiative, MS-DUR

# Resource Utilization Report
## Drug Detail Report
## Top 25 Drugs By Quarterly Number of Claimsł

| Generic Molecule / Drug Name | July 2012 | | August 2012 | | September 2012 | | Quarter | |
|---|---|---|---|---|---|---|---|---|
| | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims | Total Paid* | Total Claims |
| **Methylphenidate** | **$554,499.12** | **3,184** | **$579,301.61** | **3,387** | **$659,665.54** | **3,826** | **$1,793,466.27** | **10,397** |
| Methylphenidate Hydrochloride Er | $428,684.73 | 2,287 | $456,682.08 | 2,469 | $521,144.45 | 2,815 | $1,406,511.26 | 7,571 |
| Methylphenidate Hydrochloride | $6,661.98 | 272 | $9,470.46 | 331 | $9,053.62 | 363 | $25,186.06 | 966 |
| Metadate Cd | $47,667.44 | 262 | $49,568.32 | 252 | $61,328.58 | 307 | $158,564.34 | 821 |
| Daytrana | $32,367.82 | 172 | $37,408.35 | 198 | $42,809.89 | 226 | $112,586.06 | 596 |
| Concerta | $34,704.64 | 156 | $22,021.84 | 96 | $17,601.91 | 76 | $74,328.39 | 328 |
| Methylin | $3,066.89 | 24 | $3,064.91 | 23 | $6,330.42 | 25 | $12,462.22 | 72 |
| Methylphenidate Hydrochloride Sr | $131.77 | 6 | $408.77 | 13 | $327.67 | 9 | $868.21 | 28 |
| Ritalin La | $1,213.85 | 5 | $616.71 | 3 | $1,069.00 | 5 | $2,899.56 | 13 |
| **Mometasone Nasal** | **$333,730.06** | **2,620** | **$432,368.56** | **3,390** | **$542,982.90** | **4,095** | **$1,309,081.52** | **10,105** |
| Nasonex | $333,730.06 | 2,620 | $432,368.56 | 3,390 | $542,982.90 | 4,095 | $1,309,081.52 | 10,105 |
| **Amoxicillin-clavulanate** | **$162,975.85** | **3,002** | **$171,994.96** | **3,120** | **$223,841.40** | **3,981** | **$558,812.21** | **10,103** |
| Amoxicillin-clavulanate | $46,567.18 | 755 | $171,443.99 | 3,112 | $223,703.73 | 3,979 | $441,714.90 | 7,846 |
| Amoxicillin-clavulanate | $162,560.48 | 2,996 | $69,191.30 | 836 | $75,817.55 | 1,242 | $307,569.33 | 5,074 |
| Augmentin | $294.49 | 4 | $1,922.75 | 15 | $2,437.44 | 20 | $4,654.68 | 39 |
| Augmentin | $1,824.40 | 14 | $296.38 | 4 | $2,437.44 | 20 | $4,558.22 | 38 |
| Amoxicillin-clavulanate Er | $120.88 | 2 | $254.59 | 4 | $137.67 | 2 | $513.14 | 8 |

Note: Resource Utilization Report Currently Contains Only Fee For Service Medicaid Claims
* Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.
ł Molecule names accounting for less than $500 in quarterly amount paid are not shown

# Pharmacy Program Update

## Drug Utilization Review (DUR) Board Background and Responsibilities

### Background

Title 42 of the Code of Federal Regulations (CFR), Section 456, Subpart K outlines the requirements for the Division of Medicaid's drug utilization review program to ensure appropriate use of drug therapy. These requirements can be divided into two components:

1. Retrospective drug use review
2. Educational program

The following is an excerpt from Title 42, Section 456, Subpart K of the CFR:

**§ 456.709 Retrospective drug use review**

(a) *General.* The State plan must provide for a retrospective DUR program for ongoing periodic examination (no less frequently than quarterly) of claims data and other records in order to identify patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and Medicaid recipients, or associated with specific drugs or groups of drugs. […]

(b) *Use of predetermined standards.* Retrospective DUR includes, but is not limited to, using predetermined standards to monitor for the following:

(1) Therapeutic appropriateness, that is, drug prescribing and dispensing that is in conformity with the predetermined standards.
(2) Overutilization and underutilization, as defined in § 456.702.
(3) Appropriate use of generic products, that is, use of such products in conformity with State product selection laws.
(4) Therapeutic duplication as described in § 456.705(b)(1).
(5) Drug-disease contraindication as described in § 456.705(b)(2).
(6) Drug-drug interaction as described in § 456.705(b)(3).
(7) Incorrect drug dosage as described in § 456.705(b)(4).
(8) Incorrect duration of drug treatment as described in § 456.705(b)(5).
(9) Clinical abuse or misuse as described in § 456.705(b)(7).

**§ 456.711 Educational program**

The State plan must provide for ongoing educational outreach programs that, using DUR Board data on common drug therapy problems, educate practitioners on common drug therapy problems with the aim of improving prescribing and dispensing practices. The program may be established directly by the DUR Board or through contracts with accredited health care educational institutions, State medical societies or State pharmacists associations/ societies, or other organizations. The program must include the interventions listed in paragraphs (a) through (d) of this section. The DUR Board determines the content of education regarding common therapy problems and the circumstances in which each of the interventions is to be used.

(a) Dissemination of information to physicians and pharmacists in the State concerning the duties and powers of the DUR Board and the basis for the standards required by § 456.705(c) for use in assessing drug use.
(b) Written, oral, or electronic reminders containing patient-specific or drug-specific information (or both) and suggested changes in prescribing or dispensing practices. These reminders must be conveyed in a manner designed to ensure the privacy of patient-related information.
(c) Face-to-face discussions, with follow up discussions when necessary, between health care professionals expert in appropriate drug therapy and selected prescribers and pharmacists who have been targeted for educational intervention on optimal prescribing, dispensing, or pharmacy care practices.
(d) Intensified review or monitoring of selected prescribers or dispensers.

# New Business

# Special Analysis Projects

# Revatio (sildenafil) Use in Children and Adolescents

**Background**

Revatio (sildenafil) currently has an FDA-labeled indication for the treatment of pulmonary arterial hypertension (WHO Group I)[1] in adults to improve exercise ability and delay clinical worsening. This analysis was requested by Mississippi Medicaid based on the following FDA safety announcement regarding the use of Revatio (sildenafil) in children and adolescents less than 18 years of age:

> *FDA Safety Announcement*
>
> FDA notified healthcare professionals and their medical care organizations that REVATIO (sildenafil) should not be prescribed to children (ages 1 through 17) for pulmonary arterial hypertension (PAH). This recommendation against use is based on a recent long-term clinical pediatric trial showing that: (1) children taking a high dose of REVATIO had a higher risk of death than children taking a low dose and (2) the low doses of REVATIO are not effective in improving exercise ability. Treatment of PAH in children with this drug is an off-label use (not approved by FDA) and a new warning, stating the use of REVATIO is not recommended in pediatric patients has been added to the REVATIO labeling. Patients and caregivers are advised to not change the REVATIO dose or stop taking REVATIO without talking to a health care professional. Healthcare professionals were reminded that use of this product, particularly chronic use, in children is an off-label indication, not approved by FDA, and is not recommended. See the Drug Safety Communication for the Data Summary from the randomized, double-blind, placebo-controlled clinical trial of 234 patients with PAH, 1 to 17 years of age with mild to moderate symptoms at baseline.[2]

The purpose of this report was to examine the utilization of Revatio (sildenafil) among Mississippi Medicaid beneficiaries.

**Methodology**

Pharmacy claims from January 1, 2008 to September 30, 2012 Medicaid data were used to assess utilization of Revatio (sildenafil). Date of birth for each beneficiary who had a claim in 2012 (i.e., current users) was obtained from the recipient master file. The age for each beneficiary was calculated as the exact age on the day of the claim. Beneficiaries in 2012 were then stratified into ages less than 18 years and greater than or equal to 18 years.

[1] WHO Group I PAH description: http://www.nhlbi.nih.gov/health/health-topics/topics/pah/types.html
[2] Read the MedWatch safety alert, including a link to the FDA Drug Safety Communication, at: www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm317743.htm

Table 1 includes the utilization of Revatio (sildenafil) since 2008 and Table 2 includes the utilization among current users stratified by age categories.

**Table 1: Utilization of Revatio (sildenafil) from January 2008 to September 2012**

| Year | # of beneficiaries | # of prescriptions |
|---|---|---|
| 2008 | 33 | 147 |
| 2009 | 40 | 197 |
| 2010 | 55 | 205 |
| 2011 | 34 | 164 |
| 2012 | 23 | 99 |

**Table 2: Utilization of Revatio (sildenafil) in 2012 (Current users)**

| Age | # of beneficiaries | # of prescriptions |
|---|---|---|
| <18 | 7 | 32 |
| >=18 | 16 | 67 |
| **Total** | **23** | **99** |

**Conclusion**

Due to the nature of this FDA safety communication (e.g., increasing mortality in a sub population), the Division of Medicaid is requesting an age edit consistent with the FDA-approved labeling. This analysis is being presented to the DUR Board for information only and for documentation of the analysis. No action is required of the Board at this time.

# Monitoring Suboptimal Respiratory Control

**Background**

During the October 2012 P&T Committee meeting, short-acting beta agonists were reviewed. During the discussion, several members of the P&T Committee inquired about the role of Medicaid in ensuring the appropriate utilization of *rescue* inhalers in the Mississippi Medicaid population. Several members of the P&T Committee requested that the DUR Board review the utilization of *rescue* inhalers and proposed routine monitoring and educational interventions to prescribers of inhalers whose patients exhibit excessive utilization. Mississippi Medicaid currently allows for up to two canisters of short-acting beta agonists to be dispensed per calendar month.

**Identifying Insufficient Respiratory Control**

Identifying insufficient respiratory control using administrative claims data is markedly different than using clinical information found in a patient's medical records. As a result, finding a validated method for identifying insufficient respiratory control using claims data is very important for this review. Two methods of classifying insufficient respiratory control using administrative claims data were found in the literature. The National Quality Forum (NQF) has endorsed measures from the Pharmacy Quality Alliance (PQA) for suboptimal asthma control (SAC) and absence of controller therapy (ACT).[3] The intended level of analysis for these measures is at the health plan level (i.e., *how well is MS Medicaid performing at population asthma control?*). The measures from the NQF are presented here:

> The percentage of patients with asthma who were dispensed more than 3 canisters of a short-acting beta2 agonist inhaler over a 90-day period and who did not receive controller therapy during the same 90-day period. Two rates are reported.
>
> - **Suboptimal Asthma Control (SAC):** The percentage of patients with persistent asthma who were dispensed more than 3 canisters of a short-acting beta2 agonist inhaler during the same 90-day period.
>
> - **Absence of Controller Therapy (ACT):** The percentage of patients with asthma during the measurement period who were dispensed more than 3 canisters of short acting beta2 agonist inhalers over a 90-day period and who did not receive controller therapy during the same 90-day period.

Even though these measures are intended to be aggregated at the health plan level, cases of insufficient respiratory control can be identified using the operationalization provided in the narrative. For example, beneficiaries could be *flagged* for suboptimal asthma control if more than 3 canisters of a short acting beta2 agonist inhaler were dispensed during a 90 day period. After identifying suspect cases, targeted educational outreach to the primary prescriber could be initiated alerting the prescriber of short acting beta2 agonist refill patterns that may be of concern. This is the same basic process MD-DUR uses for

[3] National Quality Forum (2011). Suboptimal Asthma Control (SAC) and Absence of Controller Therapy (ACT). Measure 0548. Steward: Pharmacy Quality Alliance, Inc. Measure summary Available at: www.qualityforum.org and http://www.pqaalliance.org/files/PQA%20approved%20measures.pdf

educational interventions triggered through routine exceptions monitoring. In addition to identifying prescribers for educational intervention, the use of a standard indicator at the health plan-level would provide an opportunity for MS DOM to evaluate how well the system is performing compared to other states or payers for which the measure has been reported.

**Recommendation**

We are seeking a directive from the DUR Board for MS-DUR to conduct an initial evaluation of the MS DOM program using the PQA measures and to provide specific recommendations at the February Board Meeting on educational outreach for providers and other regarding this initiative.

# Provider Outreach for Potential Control Substance Abuse/Misuse

**Background**

The DUR Board has discussed the pharmacy lock-in program and methods for recommending beneficiaries for review by Medicaid's Program Integrity (PI) over the last several meetings. A summary of those meetings is provided here.

**DUR Board Activity**

At the May 2012 DUR Board meeting, a preliminary analysis of criteria to identify beneficiaries for the pharmacy program lock-in recommendation was reviewed. MS-DUR provided the Division of Medicaid's (DOM) Program Integrity with a target list of beneficiaries for consideration into the pharmacy lock in program. In July 2012, DOM and MS-DUR met with Program Integrity to review the criteria. An update was provided at the August 2012 DUR Board meeting which included an update from Mississippi Medicaid's Program Integrity (PI) and a revised algorithm for identifying suspect cases for substance abuse/misuse for PI to review. The updated algorithm identifies fee-for-service beneficiaries with 7 or more unique prescriber AND pharmacy NPI numbers in a 90 day period for a target set of prescription drugs, including narcotic analgesics, muscle relaxants, benzodiazepines, and other drugs likely to be abused. Exceptions are made for beneficiaries with a cancer diagnosis found in the medical claims and/or prescriptions used in post-surgery care (for 10 to 14 days of therapy). Additionally, the motion was made that beneficiaries receiving buprenorphine-containing products and/or methadone be placed in pharmacy lock-in with only one prescriber and one pharmacy. The motion passed unanimously.

**Provider Coordination of Care**

In addition to referring beneficiaries to PI for review, provider coordination of care was discussed using a lower *cut point*. This coordination of care would include letters notifying prescribers and pharmacies about patients getting multiple prescriptions from multiple prescribers, would be helpful to the providers. Figure 1 from the May 2012 DUR Board packet shows the unique count of prescribers and pharmacies per beneficiary for an analysis of narcotic analgesics.

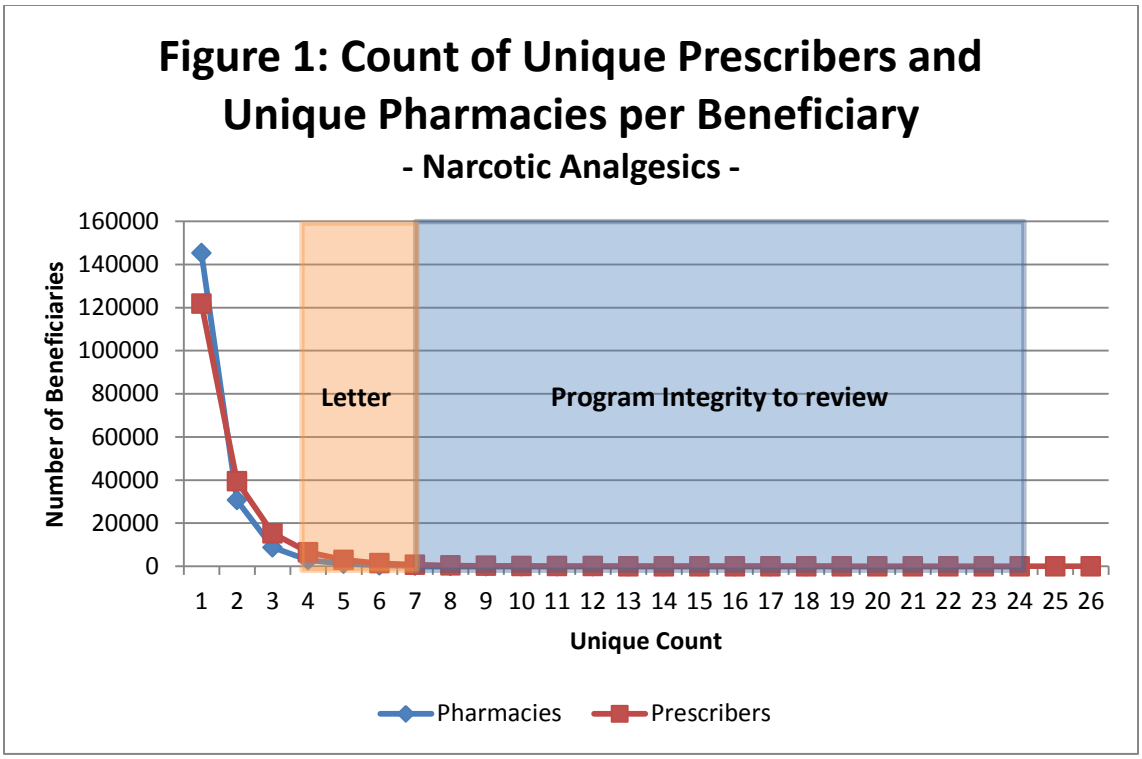



**Figure 1 – Adapted from original figure presented at the May 2012 DUR Board Meeting**

Table 2 from the May 2012 DUR Board packet shows the count of unique prescribers and pharmacies. The red shaded cells represent the beneficiaries from the May 2012 analysis that would have been referred to PI for review. The blue shaded cells represent the beneficiaries who may be reviewed for provider coordination of care.

**Table 2: Count of unique prescribers and pharmacies**

| | | Unique Pharmacies | | | |
|---|---|---|---|---|---|
| | **Count** | **1-3** | **4-6** | **7-10** | **≥11** |
| **Unique Prescribers** | **1-3** | 127,632 | 1,261 | 24 | 0 |
| | **4-6** | 7,839 | 2,471 | 103 | 0 |
| | **7-10** | 853 | 906 | 225 | 0 |
| | **≥11** | 35 | 155 | 125 | 17 |
| | **Total** | 136,359 | 4793 | 477 | 17 |

**Seeking Recommendation**

MS-DUR is seeking a directive from the DUR Board to provide educational outreach to providers with Mississippi Medicaid beneficiaries who are receiving prescriptions from between 4 and 7 unique prescribers AND pharmacies. The previously established criteria for recommending beneficiaries to program integrity will remain the same. Educational outreach to providers may include information about prescription fills from other providers and pharmacies, including fill dates, quantities and other pertinent information.

# Update on Suboxone SmartPA Implementation and Utilization Monitoring

DOM developed a new Suboxone protocol based on results of MS-DUR analyses, review of the clinical literature, Suboxone labeling and dosing guidelines, information from how other Medicaid programs are handling Suboxone, and clinical consultant recommendations. The specific criteria included in the new protocol were presented to the DUR Board at the February 2012 meeting.

During the February 2012 meeting, the DUR Board approved the following recommendations:

- MS-DUR will work with DOM to develop a Medicaid Suboxone Therapy Guide Sheet that will be sent, along with other educational materials, to all MDs currently prescribing Suboxone for Medicaid beneficiaries.
- During the first year of implementation, MS-DUR will run monthly exceptions monitoring and send educational materials to new prescribers and pharmacies.
- MS-DUR will continuously monitor Suboxone utilization for changes in utilization trends before and after implementation of the new protocol and will report on these trends at upcoming DUR Board Meetings.

The new protocol was implemented through the SmartPA electronic prior authorization system beginning September 1, 2012. MS-DUR developed educational materials for physicians and pharmacies to explain the new protocols and how to manage potential prior authorization issues (see handouts). At the first of August, these educational materials were mailed to all physicians prescribing Suboxone during the prior year and all pharmacies having filled Suboxone prescriptions during the last year.

The major objectives of the new protocol were (1) to encourage step therapy with dose reduction over time of treatment and (2) to limit cumulative length of time patients can remain on therapy. The new protocol was not intended to reduce access to Suboxone therapy. In order to provide time for physicians and patients to adapt to the new dose reduction schedule, the protocol was implemented such that all patients were considered to be new starts on September 1 even if they were already taking Suboxone. Thus, beneficiaries taking Suboxone were only limited to a maximum daily dose of 24mg during September.

As shown in Figure 1, the number of beneficiaries on Suboxone therapy has grown steadily during the last three months. Implementation of the new protocol in September did not have an effect on this trend.

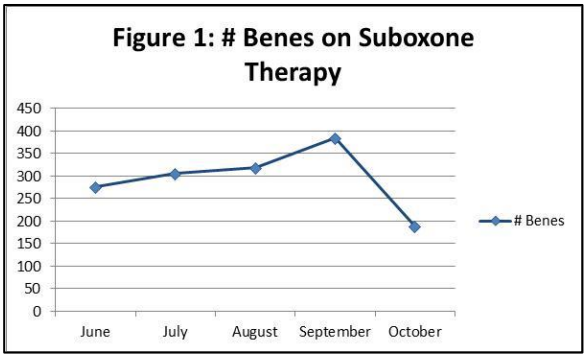



Table 1 shows the number of beneficiaries receiving Suboxone therapy and the distribution by daily dose for June through early October of 2012. As expected, based on the objectives of the new protocol, the number of beneficiaries on Suboxone continued to increase in September with little impact on the daily doses being used. However, as beneficiaries moved into the second month of treatment under the new protocol, maximum daily doses were restricted to 16mg/day. Although the data for October are only

partial, there appears to be a significant reduction in the percentage of patients on 24 mg/day and an increase in patients on 8 mg/day.

**TABLE 1: Suboxone Daily Dose by Month**

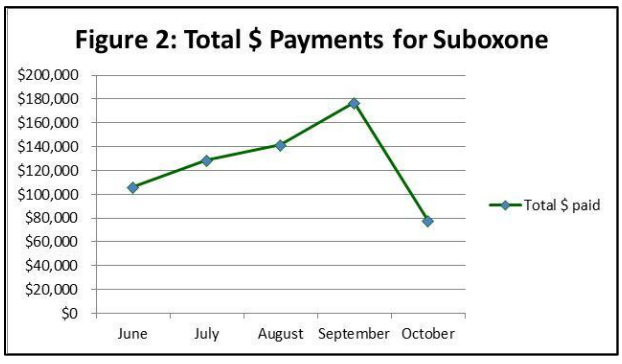
| | 2012 Month | | | | |
|---|---|---|---|---|---|
| | **June** | **July** | **August** | **September** | **October** |
| **# Benes** | 277 | 305 | 318 | 384 | 188 |
| **Daily Dose** | *Number (percent) of prescriptions* | | | | |
| 2 mg/day | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) | 1 (0.2%) | 1 (0.5%) |
| 4mg/day | 1 (0.4%) | 2 (0.6%) | 1 (0.3%) | 2 (0.5%) | 2 (1.1%) |
| 6 mg/day | 2 (0.7%) | 0 (0.0%) | 0 (0.0%) | 1 (0.2%) | 0 (0.0%) |
| 8 mg/day | 26 (9.2%) | 32 (9.9%) | 31 (9.0%) | 40 (9.5%) | 26 (13.6%) |
| 16 mg/day | 215 (75.7%) | 248 (77.0%) | 276 (80.0%) | 317 (75.5%) | 151 (79.1%) |
| 24 mg/day | 40 (14.1%) | 39 (12.1%) | 37 (10.7%) | 59 (14.1%) | 11 (5.8%) |
| 32 mg/day | 0 (0.0%) | 1 (0.3%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) |

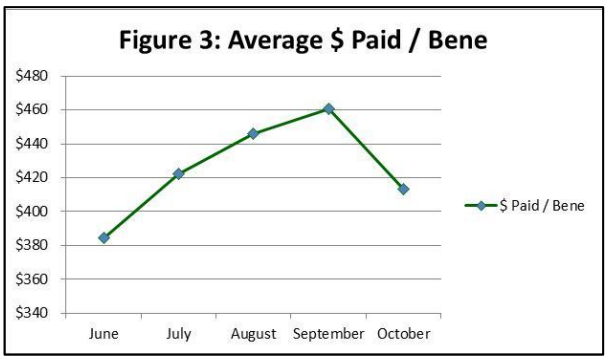
Table 2 shows the number of units dispensed each month, the total amount of payments for Suboxone therapy, and the average payment per beneficiary on therapy.

**TABLE 2: Suboxone Units and Dollars Paid by Month**

| | 2012 Month | | | | |
|---|---|---|---|---|---|
| | **June** | **July** | **August** | **September** | **October** |
| **# Benes** | 277 | 305 | 318 | 384 | 188 |
| **Units by Strength** | *Total number of units* | | | | |
| 2 mg | 195 | 120 | 45 | 208 | 123 |
| 8 mg | 14,956 | 17,054 | 18,367 | 23,058 | 9,802 |
| **Total $ paid** | $106,528 | $128,724 | $141,766 | $176,904 | $77,687 |
| **$ Paid / Bene** | $385 | $422 | $446 | $461 | $413 |

As previously stated, the new protocol was not intended to reduce the number of patients on Suboxone therapy except through cumulative limits of 24 months of therapy. Therefore, it is not surprising that the number of patients and total payments for Suboxone continued to rise in September. The new protocol was designed to address the higher doses being used. The average payments per beneficiary were increasing monthly before the new protocol. However, the partial data for October indicate that the average payment per beneficiary may be going down as a result of the dosing step-down that occurs after the first month of coverage. It is anticipated that the cost per beneficiary will drop significantly as beneficiaries begin reaching the second step down level.



Implementation of the new protocol in SmartPA was delayed until September 1 due to programming difficulties. Table 3 provides a summary of exceptions that have been generated in SmartPA since the new protocol was implemented September 1. DOM has been identifying pharmacies that have repeatedly had problems resolving exception denials and have been calling these pharmacies to provide additional instructions on how to address exceptions. Most pharmacies have learned how to enter the diagnosis with the prescription, and the total number of transactions generating exception code 4606 has declined significantly since the first two weeks of implementation. As a large number of beneficiaries have passed the first month under the new protocol, an increase was seen in claims with exception code 4613 (dose exceeds 16mg per day). Although roughly 14% of prescriptions hit this exception during weeks 5 and 6, the number of total transactions with this exception indicates that pharmacies are learning how to manage the first step-down in dose.

**TABLE 3: Suboxone Exceptions in SmartPA**

| | # New RXs | All Exception Denials | | | Ended With SmartPA Approval 4132 | | Exception 4606 Diagnosis | | | Exception 4613 Dose > 16mg | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Any Denials | | Total # | | | Any Denials | | Total # | Any Denials | | Total # |
| | | # RXs | % | Trans. | # RXs | % | # RXs | % | Trans. | # RXs | % | Trans. |
| **Week 1 (Sept 1-7)** | 178 | 45 | 25% | 253 | 148 | 83% | 32 | 18% | 220 | 5 | 3% | 13 |
| **Week 2 (Sept 8-14)** | 144 | 41 | 28% | 236 | 108 | 75% | 33 | 23% | 202 | 1 | 1% | 2 |
| **Week 3 (Sept 15-21)** | 101 | 29 | 29% | 93 | 83 | 82% | 17 | 17% | 60 | 6 | 6% | 20 |
| **Week 4 (Sept 22-28)** | 116 | 40 | 34% | 107 | 94 | 81% | 25 | 22% | 79 | 6 | 5% | 7 |
| **Week 5 (Sept 29 - Oct 5)** | 130 | 44 | 34% | 187 | 105 | 81% | 20 | 15% | 91 | 17 | 13% | 48 |
| **Week 6 (Oct 6-12)** | 122 | 48 | 39% | 129 | 90 | 74% | 25 | 20% | 60 | 18 | 15% | 43 |
| **Week 7 (Oct 13-19)** | 116 | 50 | 43% | 154 | 90 | 78% | 28 | 24% | 98 | 10 | 9% | 20 |

Table 4 summarizes the SmartPA exceptions for concomitant use of opiates. The opiate screening did not check for concomitant use until the second prescription fill after the implementation date of September 1. As shown in Table 4, claims for beneficiaries using more than 5 days of an opiate within 30 days of a Suboxone fill are being denied.

**TABLE 4: Suboxone Opiate Exceptions in SmartPA**

| | Exception 4620 Opiate for > 5 days | | | Exception 4621 Opiate for > 10 days total | | |
|---|---|---|---|---|---|---|
| | Any Denials | | Total # | Any Denials | | Total # |
| | # RXs | % | Trans. | # RXs | % | Trans. |
| **Week 1 (Sept 1-7)** | 0 | 0% | 0 | 0 | 0% | 0 |
| **Week 2 (Sept 8-14)** | 0 | 0% | 0 | 0 | 0% | 0 |
| **Week 3 (Sept 15-21)** | 0 | 0% | 0 | 0 | 0% | 0 |
| **Week 4 (Sept 22-28)** | 0 | 0% | 0 | 0 | 0% | 0 |
| **Week 5 (Sept 29 - Oct 5)** | 4 | 3% | 20 | 0 | 0% | 0 |
| **Week 6 (Oct 6-12)** | 5 | 4% | 11 | 0 | 0% | 0 |
| **Week 7 (Oct 13-19)** | 5 | 4% | 19 | 1 | 1% | 2 |

# Exceptions Monitoring Criteria Recommendations

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

***Criteria Recommendations***

1. **Use lowest dose compatible with optimal response in elderly patients receiving dantrolene**
   Message: In July 2012, the FDA updated the labeling of Dantriul (dantrolene sodium) to include a warning for use in elderly patients. The FDA recommends that dose selection for patients 65 and older should be cautious and advise to use of the lowest dose compatible with optimal response. The labeling recommends not using doses ≥400mg/day.

   Exception Type: CAP - Elderly warning

   | Field 1 | Field 2 |
   |---|---|
   | Dantrolene ≥400mg/day | Age ≥ 65 years old |

   References:
   FDA Drug Safety Labeling Changes. July 2012. Available at:
   http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm314893.htm

2. **Risk of drowsiness with concomitant use of dantrolene with CNS depressants**
   Message: In July 2012, the FDA updated the labeling of Dantrium (dantrolene sodium) to include a warning for increased drowsiness with concomitant use of CNS depressants such as sedatives and tranquilizing agents. Sedatives include agents such as barbiturates, opioids, benzodiazepines, certain antihistamines (diphenhydramine, dimenhydrinate, doxylamine, promethazine), antipsychotics, mood stabilizers, and nonbenzodiazepine sedatives (eszopicline, zaleplon, zolpidem, zopiclone).

   Exception Type: DDI - Drug-drug interaction

   | Field 1 | Field 2 |
   |---|---|
   | Dantrolene | CNS depressants |

   References:
   FDA Drug Safety Labeling Changes. July 2012. Available at:
   http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm314893.htm

3. **Clarithromycin use in patients with history of QT prolongation**
   **Message:** In July 2012, the FDA updated the labeling of clarithromycin containing products to include a contraindication for use in patients with a history of QT prolongation or ventricular cardiac arrhythmia, including torsades de pointes.

   Exception Type: DDC - Drug-disease contraindication

| Field 1 | Field 2 |
|---|---|
| Clarithromycin | QT prolongation |

   References:
   FDA Drug Safety Labeling Changes
   http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm258816.htm

4. **Clarithromycin and the concomitant use with HMG-CoA reductase inhibitors lovastatin and simvastatin**
   Message: In July 2012, the FDA updated the labeling of clarithromycin containing products to include a contraindication that clarithromycin should not be used concomitantly with HMG-CoA reductase inhibitors (statins) that are extensively metabolized by CYP3A4 (lovastatin or simvastatin), due to increased risk of myopathy including rhabdomyolysis.

   Exception Type: DDI - Drug-drug interaction

| Field 1 | Field 2 |
|---|---|
| Clarithromycin | Lovastatin |
| | Simvastatin |

   References:
   FDA Drug Safety Labeling Changes
   http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm258816.htm

5. **Aplenzin (bupropion hydrobromide) contraindicated in patients with seizure disorder**
   Message: In August 2012, the FDA updated the labeling of Aplenzin (bupropion hydrobromide) containing products to include a contraindication in patients with seizure disorder or conditions that increase the risk of seizures (e.g., arteriovenous malformation, severe head injury, CNS tumor or CNS infection, severe stroke, anorexia nervosa or bulimia, or abrupt discontinuation of alcohol, benzodiazepines, barbiturates, and antiepileptic drugs).

   Exception Type: DDC - Drug-disease contraindication

| Field 1 | Field 2 |
|---|---|
| Bupropion | Seizure Disorder |

   References:
   FDA Drug Safety Labeling Changes
   http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm318918.htm

6. **Coartem (artemether/lumefantrine) contraindicated with strong CYP3A4 inducers**
   Message: In August 2012, the FDA updated the labeling of Coartem (artemether/lumefantrine) containing products to include a contraindication in patients taking strong CYP3A4 inducers such as rifampin, carbamazepine, phenytoin, and St. John's wort due to decreased concentrations of artemether and/or lumefantrine and loss of anti-malarial efficacy.

   Exception Type: DDI - Drug-drug interaction

| Field 1 | Field 2 |
|---|---|
| Artemether/lumefantrine | Strong CYP3A4 inducers |

   References:
   FDA Drug Safety Labeling Changes
   http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm316324.htm

7. **Revatio (sildenafil) contraindicated with organic nitrates**
   Message: In August 2012, the FDA updated the labeling of Revatio (sildenafil) containing products to include a contraindication in patients taking organic nitrates in any form, either regularly or intermittently because of greater risk of hypotension.

   Exception Type: DDI - Drug-drug interaction

| Field 1 | Field 2 |
|---|---|
| Revatio | organic nitrates |

   References:
   FDA Drug Safety Labeling Changes
   http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm319416.htm

8. **Bactrim (sulfamethoxazole/trimethoprim with leucovorin for Pneumocystitis jiroveci pneumonia**
   Message: In August 2012, the FDA updated the labeling of Bactrim (sulfamethoxaole/trimethoprim) containing products to include a warning in patients taking leucovorin for Pneumocystitis jiroveci pnuemonia. Treatment failure and excess mortality were observed when trimethoprim-sulfamethoxazole was used concomitantly with leucovorin for the treatment of HIV positive patients with Pneumocystis jiroveci pneumonia in a randomized placebo controlled trial. Co-administration of trimethoprimsulfamethoxazole and leucovorin during treatment of Pneumocystis jiroveci pneumonia should be avoided.

   Exception Type: DDI - Drug-drug interaction

| Field 1 | Field 2 | Field 3 |
|---|---|---|
| Sulfamethoxazole/trimethoprim | leucovorin | Pneumocystitis jiroveci pneumonia |

   References:
   FDA Drug Safety Labeling Changes
   http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm319394.htm

**9. ACE and ARB dual blockade of the RAS**

Message: In September 2012, the FDA updated the labeling of ACE inhibitor and ARB containing products to include a contraindication in dual blockage of the RAS. Dual blockade of the RAS with angiotensin receptor blockers, ACE inhibitors, or aliskiren is associated with increased risks of hypotension, hyperkalemia, and changes in renal function (including acute renal failure) compared to monotherapy.

Exception Type: DDI - Drug-drug interaction

| Field 1 | Field 2 |
|---|---|
| ACE inhibitors | Angiotensin Receptor Blockers (ARB) |

References:
FDA Drug Safety Labeling Changes
http://www.fda.gov/Safety/MedWatch/SafetyInformation/Safety-RelatedDrugLabelingChanges/ucm323785.htm

**10. Juvisync (sitagliptin/simvastatin) contraindicated with CYP3A4 inhibitors**

Message: In September 2012, the FDA updated the labeling of Juvisync (sitagliptin/simvastatin) containing products to include a contraindication in patients takings strong CYP3A4 inhibitors, such as itraconazole, ketoconazole, posaconazole, HIV protease inhibitors boceprevir, telaprevir, erythromycin, clarithromycin, telithromycin, and nefazodone, due to the increased risk of myopathy and rhabdomyolysis.

Exception Type: DDI - Drug-drug interaction

| Field 1 | Field 2 |
|---|---|
| Sitagliptin/simvastatin | Strong CYP3A4 inhibitors |

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