

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



November 17, 2011 at 2:00pm

Woolfolk Building, Room 117

Jackson, MS

Prepared by:

The University of Mississippi School of Pharmacy

Evidence-Based DUR Initiative, MS-DUR

MS | DUR

Drug Utilization Review Board

Gera Bynum, R.Ph.
Pharmacy Director, Scott Regional Hospital
371 Highway 13S
Morton, MS 39117
Term Expires: June 30, 2012

Lee Merritt, R.Ph.
Medfusion
2211 5th Street North
Columbus, MS 39705
Term Expires: June 30, 2013

Jason Dees, D.O.
New Albany Medical Group
West Longview Drive
New Albany, MS 38652
Term Expires: June 30, 2012

Paul Read, Pharm.D.
CVS Pharmacy #5744
3910 Hardy Street
Hattiesburg, MS 39402
Term Expires: June 30, 2012

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

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

Laura Gray, M.D.
905 Garfield Street
Tupelo, MS 38801
Term Expires: June 30, 2012

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

Antoinette M. Hubble, M.D.
McComb Children's Clinic
300 Rawls Dr. Ste 100
McComb, MS 39648
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

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

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

2012 DUR Board Meeting Dates

February 16, 2012
August 16, 2012

May 17, 2012
November 15, 2012

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.

The preferred drug list (PDL) indicators found in the resource utilization report are only included for reference and to facilitate discussion among the DUR Board members. As a result, the PDL indicators should not be considered the official PDL list. 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 17, 2011

Welcome Mark Reed, M.D. (Chair)

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

Approval of August 2011 Meeting Minutes

Resource Utilization Review Kyle D. Null, Pharm.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 Shannon P. Hardwick, R.Ph.

Elect DUR Board Chair and Co-Chair (DUR Coordinator)

New Business Kyle D. Null, Pharm.D.

Background on Medicaid Quality Measures Ben Banahan, Ph.D.

Special Analysis Projects

Update: Medical and POS Billings for Drug Products

Dilantin Shortage and Potential Problems with Unmonitored Switching

Clinical Edits Addressing the New Indications for Cialis (tadalafil)

Exceptions Monitoring

FDA Safety Warnings and 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 18, 2011 MEETING**

DUR Board Members:	Present	Absent
Gera Bynum, R.Ph.	✓	
Jason Dees, D.O.	✓	
Edgar Donahoe, M.D. (Co-Chair)	✓	
Laura Gray, M.D.		✓
Antoinette M. Hubble, M.D.	✓	
Cherise McIntosh, Pharm.D.	✓*	
Lee Merritt, R.Ph.	✓	
Paul Read, Pharm.D.	✓	
Mark Reed, M.D. (Chair)	✓	
Dennis Smith, R.Ph.		✓
Cynthia Undesser, M.D.	✓	
Vicky Veazey, R.Ph.	✓	
Total	10	2

*Arrived late due to weather. Not present to vote for approval of meeting minutes.

Also Present:

DOM Staff:

Judith Clark, R.Ph., DOM Pharmacy Bureau Director; Shannon Hardwick, R.Ph., DOM Clinical Pharmacist, DUR Coordinator; Terri Kirby, R.Ph., DOM Clinical Pharmacist

MS-DUR Staff:

Kyle Null, Pharm.D., Clinical Director; Ben Banahan, Ph.D., Project Director; Thomas Chapman, M.S., Analyst.

ACS Staff:

Leslie Leon, Pharm.D.

Visitors:

Dan Barbera, Lilly; Bruce Christian, Lilly; Chris Davis, Pfizer; John Harris, Abbott; Ed MacMillan, Abbott; Callista Goheen, Medimmune; Terri Johnson, UM pharmacy student; Patrick Harvey, Sunovion; Al Reine, Takeda; Marcus Kirby, Takeda; Hope Berry, Forest.

Call to Order: Dr. Mark Reed, Chairman of the Board, called the meeting to order at 2:00pm. Dr. Reed welcomed new members to the DUR Board and asked for introductions to be made around the table, including the DUR Board members, Mississippi Medicaid Staff, and MS-DUR staff.

Dr. Reed asked for a motion to accept the minutes from the May 19, 2011 meeting, as well as the February 17, 2011 meeting, which was not voted on due to lack of a quorum at the May 2011 DUR Board meeting. Dr. Mark Reed made a motion to accept the minutes from both the February 2011 and May 2011 DUR board meetings, with a second from Dr. Jason Dees. All voted in favor of the motion.

Resource Utilization Review:

Dr. Null reviewed the revised format of the resource utilization report, which incorporated suggestions from previous DUR Board meetings and from DOM staff. It was pointed out that the new format consists of a rolling three month utilization trend with one report sorted by quarterly claims paid and a second report sorted by the quarterly prescription volume. Dr. Dees asked about the increase in prescriptions in June relative to April and May. Dr. Null explained that MS-DUR's hypothesis is that much of increase is due to shift of beneficiaries out of the MississippiCAN program and back into the fee-for-service program. Ms. Clark explained options in MS CAN enrollment and shift and dynamic nature of monthly enrollment. Dr. Null added that MS-DUR has recently received expanded beneficiary information from Medicaid's fiscal agent ACS and will begin incorporating Medicaid enrollment into future reports, including information about the number of beneficiaries enrolled in MississippiCAN and fee-for-service Medicaid each month.

In discussing the new format changes to the resource utilization report, Dr. Null noted that the PDL indicator found on the report was for information purposes and to facilitate discussion among the DUR Board members and should not be interpreted as the official PDL list.

Pharmacy Program Update:

Ms. Clark reviewed the DUR Board and DUR program responsibilities and objectives. She discussed examples of how DUR process and Board have led to implementation of clinical edits for quantity limits, age limits, etc. Ms. Clark welcomed and thanked new members and especially those with pediatric and mental health backgrounds since these represent important large segments of the Medicaid program. Ms. Clark explained how the PA process was moved in-house in January 2011.

Ms. Clark introduced Terry Johnson, UM pharmacy student, and explained how the inappropriate prescribing project by Ms. Johnson grew out of an issue that came to the attention of the Pharmacy Bureau. The initial question was what would and would not be appropriate for non-traditional prescribers to prescribe.

Ms. Johnson presented an overview of her project while on rotation at DOM in June. Her project involved reviewing Mississippi law and regulations regarding prescriptive authority for dentists, podiatrists, and optometrists. Information was also collected from other states. Ms. Johnson reported that most often, law and regulations simply state the providers were allowed to prescribe within their "scope of practice." Some states had specific groups of drugs that were acceptable to prescribe, but many, including Mississippi, did not have a list.

Working with DOM staff, Ms. Johnson developed a list of therapeutic categories that could be considered clearly appropriate, possibly appropriate, or clearly inappropriate. Micromedex information was used to determine potential appropriateness based on all medically acceptable uses for questionable therapeutic categories, not just FDA indication.

The Board thanked Ms. Johnson for her presentation. Dr. Null noted that he would also have rotation students and that if it were acceptable to the Board, that he would like for his students to occasionally present relevant projects to the Board. The Board concurred.

Ms. Clark introduced Shannon Hardwick as the new DUR Coordinator – as of November 2011 – and stated that she will be assuming a greater role in the meetings in the future. Ms. Hardwick pointed out the PDL full list and alphabetical list for easy reference. Ms. Hardwick also discussed the updated OTC

drug list that will go into effect September 1, 2011. Dr. Donahoe questioned whether Sudafed was still available in Mississippi. The ensuing discussion clarified that Sudafed products were moved to controlled substance by Mississippi but are still available. Dr. Paul Read pointed out that some pharmacy chains are limiting ordering by stores and problems with availability may be due to local store policies. Discussion ensued about the other drugs that recently were moved into a new schedule, including tramadol, butalbital, lacosamide, and carisoprodol. Additionally, the appropriate routes of receiving a controlled substance prescription were discussed (i.e., hand signatures and facsimiles are appropriate; electronically signed prescriptions are not appropriate).

Ms. Hardwick explained the SmartPA process, noting that SmartPA still has some problems with children with EPSDT coverage and that it is critical that diagnoses are on the medical claims in order for SmartPA to detect and automatically approve PAs, when possible. Dr. Hubble indicated that when coding well care visit for EPSDT it is good idea to put, asthma for example, in secondary diagnosis fields on claims in order to be sure the diagnosis is getting into the system. Ms. Hardwick explained that diagnoses for clinical edits must be in a claim within the last two years in order to be identified by SmartPA.

Ms. Hardwick reviewed problems occurring with PAs submitted for children being prescribed outside of standard uses. The process can be improved by the provider filling out the document in his/her own handwriting or submitting via Web Portal. Illegible or incomplete forms are going to be sent back to prescribers. Dr. Undesser indicated that the paper form needs to have a place on page 2 to identify the beneficiary in case the pages get separated. Ms. Clark concurred and said that DOM is aware of that issue and they are working on a resolution that will balance what the legal department and PA staff need on the form.

Ms. Hardwick explained the state prescription drug monitoring program and encouraged providers to sign up for an account to be able to view the patient's controlled substances utilization, among other drug that might be useful to providers. Dr. Dees pointed out that the SureScript e-prescribing system provides full drug profile information to prescribers. Dr. Dees also noted that as of this month, SureScript will begin including cash, mail order, etc. into the drug profile information and not simply the claims submitted to an insurance switch for reimbursement. Dr. Dees requested that DOM explore sharing of prescription information with SureScript, or another appropriate vendor, so the DOM prescriptions can be included in what the provider sees in the system. Ideally, the system would also show PDL etc., if information is provided by DOM. Dr. Donahoe indicated he did not get this type of information from the AllScript e-prescribing system. Dr. Dees added that most of the commercial electronic medical records (EMR) allow providers to incorporate the patient's medication profile into the requesting provider's EMR, including formulary information. Ms. Clark responded by saying that DOM would look into the possibility of incorporating information from DOM into the network. Dr. Hubble added that one of the requirements for "meaningful use" is that the EMR system should have the ability to check with formularies. Ms. Clark concurred.

Ms. Hardwick reported on the updated forms and criteria for Synagis prescriptions, noting that they are available on the DOM website. Dr. Hubble indicated concerns about premature babies and the seasonal limit. Ms. Clark indicated that DOM generally considers the RSV season to be from November to March, but individual cases will always be considered. Ms. Hardwick reported on the annual DUR report required by CMS. She noted that significant changes had been made from the previous years and that DOM was diligently working on the report with ACS and MS-DUR.

Ms. Hardwick reported that the Suboxone PA process continues to be issue and DOM hopes to have new guidelines and recommendations for board at the November meeting. Dr. Donahoe asked about the current quantity limits on Suboxone. DOM responded and noted that they have developed new proposed guidelines and are consulting with an addictionologist to review and finalize the guidelines. Dr. Paul Read questioned whether Suboxone is something DOM should be covering and whether it should be classified differently. He has seen increase in use and considerable uptake by psychiatrists. Ms. Clark responded that DOM must cover the drug according to CMS guidelines, but they can develop guidelines for assuring the appropriate use of the drug. MS-DUR hopes to have new Suboxone guidelines for Board review and approval at the next meeting. Dr. Dees offered to work with DOM to help with development of the guidelines. He noted that his practice writes for Suboxone and just recently passed a DEA audit. Dr. Dees questioned whether DOM should even cover the tablets at all because they are seriously abused. Ms. Clark responded by noting the previous discussion about CMS guidelines requiring coverage of the drugs, but that the PA process could assist in that effort. Dr. Donahoe requested that Boards concerns about the product be reflected in the guidelines being developed.

New Business:*Overview of Medical and POS Billings*

Dr. Null began by describing the new process of reporting on ad-hoc or special topic issues, noting that rather than always presenting final results to the Board with recommendations from MS-DUR, the approach would be to present on key project at their current stage such that the Board could provide feedback on preliminary results and help guide further analysis.

Dr. Null asked Dr. Banahan to outline what has been done so far on a project examining issues related to J-code billing through Medical Services and POS billing for the same products. Dr. Banahan pointed out that this analysis is preliminary and requested comments from the Board, also noting that analyzing J-code billing is more difficult than POS-based billing. Ms. Clark pointed out average medical claim and average POS claim amounts may be very different. This is due to the fact that units associated with a claim in each system often are not the same, etc. Discussion took place regarding differences in average cost amounts. Questionable items were identified and Dr. Banahan indicated further analysis will be done exploring many of these. Dr. Null reminded the group that this project was presented as a preliminary analysis and the purpose of this analysis was to review the mix of POS and J-code billing and not to necessarily focus on the specific reimbursement amounts at this stage. MS-DUR and the Pharmacy Bureau will identify possible problem areas and when appropriate pass these on to Program Integrity and Medical Bureau for further review. Ms. Clark suggested that DOM and MS-DUR select 10-12 drugs and drill down into the specific claims to get clarification on disparities between billing amounts – prednisone, steroids, cefazolin, and Rocephin, were identified as potential drugs for further examination. Both Dr. Donahoe and Dr. Paul Read mentioned that this is an important topic and believe this should be examined further at a future DUR Board meeting.

High Dose Abilify® (aripiprazole) Prescribing

Dr. Null explained how other states have implemented high dose Abilify limits, defined as ≥ 30 mg per day. Before recommending to DOM Board that we implement an edit, MS-DUR wanted to assess the potential impact on beneficiaries, prescribers, and the DOM PA staff. Dr. Dees asked if there was data available from other states to support the clinical edit. MS-DUR responded that this was a DUR initiative from another state and data was not available. Dr. Null noted that one of the goals of the MS-DUR is to develop collaboration arrangements among DUR vendors to share this type of information among states. Dr. Undesser indicated she would not expect anyone to start high and titrate down. Dr. Banahan and Dr. Null pointed out that some of the limitations of working with claims data and that Dr. Undesser's

observation may be an artifact of those limitations. Dr. Banahan suggested that a washout period would possibly reduce these artifacts. Dr. Dees indicated we should look at trends, etc. Ms. Veazey questioned how high of a dose is being used and asked that further breakdown be done by dose levels, highest dose, provider type, geography, etc. Ms. Veazey indicated they do use a lot of high dose in the inpatient setting. Dr. Dees mentioned that it might be appropriate to look at the entire class of atypicals, as well.

Mental Health Treatment in Pediatric Beneficiaries

Ms. Clark introduced project saying DOM had requested a comprehensive review of mental health treatment of children to determine what, if any, problems may exist that we need to address. Since mental health is a big issue in Mississippi and nationwide, and children represent a large percentage of Medicaid beneficiaries, a proactive examination of this area seemed to be the responsible thing for DOM to do. DOM and MS-DUR will be asking Dr. Hubble, Dr. Undesser and other Board members to help review the results as they develop. Dr. Undesser noted that it is reasonable for the DUR Board to review this type of information, considering the focus on this area in the psychiatric literature and the potential problems associated with patients receiving mental health treatment. Dr. Undesser indicated that some states require that annual review by a psychiatrist be required for continued treatment with certain drugs. Dr. Hubble pointed out the difficulty of finding a psychiatrist that accepts Medicaid. Ms. Clark pointed out the MYPAC (Mississippi Youth Programs Around the Clock) program and encouraged the Board members to contact DOM if they have difficulty getting a patient into a psychiatrist.

Potential Prescribing Outside of Prescriptive Authority

Dr. Null reviewed the results and the appendix showing classification of inappropriate and possibly inappropriate prescriptions. Dr. Null briefly reviewed what Ms. Johnson had previously discussed and explained the preliminary analysis MS-DUR had performed. MS-DUR is incorporating days supply into the analysis as an additional criterion for assessing potential appropriateness of prescribing. Dr. Dees asked if we could include information regarding the practice locations, etc. to determine where the “questionable” is originating. Ms. Clark requested that wording be changed in the results tables to “clearly appropriate”, “possibly appropriate”, and “questionable” to minimize the judgmental aspect of the terms.

Exceptions Monitoring Criteria Recommendations

Dr. Reed proposed that the exceptions monitoring criteria be voted as a block vote. Dr. Donahoe mentioned that some of the measures were different than what the Board was familiar with seeing – typically drug safety issues, black box warnings, etc. Dr. Reed pointed out this is significant shift from past. Both asked for clarification on these new measures. Dr. Null reminded the Board that in the February 2011 DUR Board meeting, MS-DUR had had discussed the Adult Quality Indicator measures that state Medicaid agencies will begin voluntarily reporting in January 2012. These measures will become mandatory reporting for state Medicaid in January 2013. Dr. Null suggested that MS-DUR provide more background on each proposed measure and that the exceptions be reworded to be more consistent with past monitoring exceptions. Dr. Donahoe concurred. Dr. Banahan clarified that exception monitoring was different from the prior authorization and clinical edit process. Dr. Donahoe made a motion to table approval of the proposed exception monitoring criteria until the next meeting so that MS-DUR may provide more detail on the process. Dr. Reed asked if MS-DUR could elaborate on these measures for the next meeting to make the measures more clear. Dr. Dees pointed out that the quality of care issues are already important in facilities and for meaningful use criteria. Dr. Dees pointed out that the position of CMS seems to be to include these types of measures for the Medicaid population and DUR would be an appropriate avenue to do so. Dr. Donahoe identified the first 3 proposed criteria are clearly based on FDA guidance and the others are quality oriented. Dr. Reed made

motion that first 3 criteria be voted on as block. The vote was unanimous in favor of the criteria being monitored. Dr. Donahoe made motion to table remainder until next meeting when MS-DUR could provide more background information. Dr. Dees seconded the motion. Dr. Dees also requested a copy of the supporting documents from the February 2011 DUR Board meeting to facilitate the discussion.

Other Business:

Ms. Clark announced upcoming P&T meetings and asked if anyone had additional items. None were suggested. Ms. Clark noted that the election for chair and co-chair will take place at the November 2011 meeting.

Next Meeting Information:

Dr. Reed announced next meeting date is November 17, 2011 at 2:00p.m. and thanked everyone for making the effort to attend the DUR Board meeting. The meeting adjourned at 3:57pm.

Submitted,
Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report
Program Summary

Resource Utilization Report
Program Summary
Medical Claims

Medicaid					MS CAN				
Total Claims	Total Paid	Total Recip	Avg Per Claim	Avg Per Recip	Total Claims	Total Paid	Total Recip	Avg Per Claim	Avg Per Recip
April, 2011									
961,091	\$113,811,494.12	209,440	\$118.42	\$543.41	98,083	\$6,600,611.29	16,814	\$67.30	\$392.57
May, 2011									
933,480	\$114,722,727.85	201,883	\$122.90	\$568.26	102,265	\$7,124,105.43	16,502	\$69.66	\$431.71
June, 2011									
918,197	\$114,262,827.75	193,095	\$124.44	\$591.74	99,297	\$6,919,684.69	16,405	\$69.69	\$421.80
July, 2011									
927,383	\$112,368,446.30	194,220	\$121.17	\$578.56	92,564	\$6,530,262.48	15,837	\$70.55	\$412.34
August, 2011									
1,039,220	\$118,971,764.69	219,007	\$114.48	\$543.23	102,493	\$7,046,554.11	17,610	\$68.75	\$400.15
September, 2011									
929,420	\$107,481,233.49	206,598	\$115.64	\$520.24	70,149	\$4,649,174.57	14,699	\$66.28	\$316.29

Resource Utilization Report
Program Summary
Pharmacy Claims*

Medicaid					MS CAN				
Total Claims	Total Paid*	Total Recip	Avg Per Claim	Avg Per Recip	Total Claims	Total Paid*	Total Recip	Avg Per Claim	Avg Per Recip
April, 2011									
344,432	\$22,180,222.14	149,157	\$64.40	\$148.70	88,859	\$6,515,509.02	26,498	\$73.32	\$245.89
May, 2011									
263,932	\$17,641,292.58	122,224	\$66.84	\$144.34	88,493	\$6,586,967.38	25,885	\$74.43	\$254.47
June, 2011									
314,423	\$21,641,115.28	136,355	\$68.83	\$158.71	77,173	\$5,803,369.44	23,276	\$75.20	\$249.33
July, 2011									
242,280	\$16,495,106.72	111,222	\$68.08	\$148.31	87,751	\$6,531,963.56	25,598	\$74.44	\$255.17
August, 2011									
379,699	\$25,547,250.12	158,565	\$67.28	\$161.12	34,874	\$2,762,084.23	10,567	\$79.20	\$261.39
September, 2011									
376,838	\$24,617,278.45	157,831	\$65.33	\$155.97	12	\$269.78	6	\$22.48	\$44.96

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

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

Resource Utilization Report
Top 15 Drug Classes
Top 25 Drug Detail

By Quarter
Amount Paid*

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

AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Antipsychotics (atypical And Typical)	\$3,327,489.67	9,872	\$7,820,960.60	23,057	\$5,569,809.31	16,498	\$16,718,259.58	49,427
Aripiprazole	\$959,646.06	1,659	\$2,066,006.19	3,544	\$1,517,510.23	2,625	\$4,543,162.48	7,828
Quetiapine	\$770,896.78	1,781	\$1,844,037.85	3,996	\$1,266,090.17	2,792	\$3,881,024.80	8,569
Olanzapine	\$483,781.91	633	\$1,131,475.93	1,477	\$817,443.00	1,018	\$2,432,700.84	3,128
Risperidone	\$401,862.14	3,101	\$1,001,531.43	7,114	\$711,605.64	5,298	\$2,114,999.21	15,513
Paliperidone	\$253,369.33	254	\$709,550.33	705	\$495,044.69	475	\$1,457,964.35	1,434
Ziprasidone	\$297,370.71	625	\$682,412.27	1,399	\$465,122.05	943	\$1,444,905.03	2,967
Asenapine	\$48,404.54	109	\$90,049.34	194	\$82,773.60	178	\$221,227.48	481
Haloperidol	\$36,920.56	679	\$110,885.05	1,831	\$71,389.48	1,252	\$219,195.09	3,762
Clozapine	\$22,865.41	129	\$59,967.70	360	\$43,758.24	270	\$126,591.35	759
Lurasidone	\$9,303.46	21	\$21,767.17	48	\$28,895.13	63	\$59,965.76	132
Chlorpromazine	\$9,255.72	332	\$22,975.36	876	\$21,680.50	636	\$53,911.58	1,844
Iloperidone	\$10,089.07	17	\$19,779.77	36	\$11,005.75	20	\$40,874.59	73
Perphenazine	\$7,726.02	116	\$19,858.28	300	\$12,834.26	204	\$40,418.56	620
Fluphenazine	\$7,424.73	152	\$20,404.00	490	\$9,205.33	245	\$37,034.06	887
Loxapine	\$2,006.27	25	\$5,399.49	61	\$4,690.19	51	\$12,095.95	137
Prochlorperazine	\$2,352.88	122	\$5,210.78	340	\$4,060.32	222	\$11,623.98	684

Note: Resource Utilization Report Currently Contains Both Fee For Service Medicaid and MississippiCAN 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 Class Report
Top 15 Classes By Quarterly Amount Paid*†

AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Trifluoperazine	\$1,822.43	40	\$3,417.94	72	\$2,097.91	48	\$7,338.28	160
Thiothixene	\$847.65	32	\$3,063.33	112	\$1,956.14	74	\$5,867.12	218
Thioridazine	\$1,299.48	42	\$2,442.05	92	\$2,042.92	76	\$5,784.45	210
Pimozide	\$244.52	3	\$726.34	10	\$603.76	8	\$1,574.62	21
Antiretrovirals	\$963,855.91	1,119	\$2,467,837.86	2,765	\$1,747,960.54	1,950	\$5,179,654.31	5,834
Efavirenz/emtricitabine/tenofovir	\$233,338.12	140	\$612,784.58	366	\$449,926.56	264	\$1,296,049.26	770
Emtricitabine-tenofovir	\$126,676.90	121	\$331,076.78	304	\$244,890.23	220	\$702,643.91	645
Atazanavir	\$112,515.50	121	\$276,538.32	282	\$194,037.79	198	\$583,091.61	601
Raltegravir	\$63,247.12	64	\$171,163.30	171	\$127,219.34	125	\$361,629.76	360
Lopinavir-ritonavir	\$62,922.59	90	\$160,349.92	216	\$108,390.85	147	\$331,663.36	453
Lamivudine-zidovudine	\$53,782.01	63	\$126,979.27	150	\$95,866.19	111	\$276,627.47	324
Ritonavir	\$40,068.84	136	\$118,527.42	316	\$86,670.58	244	\$245,266.84	696
Tenofovir	\$49,211.34	67	\$107,702.63	151	\$74,286.63	104	\$231,200.60	322
Abacavir-lamivudine	\$41,292.49	44	\$100,083.54	105	\$65,067.47	69	\$206,443.50	218
Darunavir	\$32,701.60	32	\$88,743.38	88	\$64,277.07	63	\$185,722.05	183
Abacavir/lamivudine/zidovudine	\$37,037.87	28	\$85,770.70	60	\$50,318.18	36	\$173,126.75	124
Efavirenz	\$28,870.24	52	\$86,334.94	151	\$50,935.82	90	\$166,141.00	293
Abacavir	\$14,243.92	27	\$36,037.27	68	\$25,486.62	48	\$61,876.05	117
Etravirine	\$13,376.73	17	\$26,341.85	33	\$17,431.33	22	\$57,149.91	72
Lamivudine	\$7,761.63	23	\$22,107.63	65	\$16,817.14	51	\$46,686.40	139
Enfuvirtide	\$5,556.04	2	\$24,991.68	9	\$13,885.60	5	\$44,433.32	16

Note: Resource Utilization Report Currently Contains Both Fee For Service Medicaid and MississippiCAN Claims

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

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

AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Fosamprenavir	\$9,307.97	9	\$18,722.19	21	\$16,053.97	20	\$44,084.13	50
Nelfinavir	\$10,558.66	16	\$19,270.99	30	\$10,417.77	15	\$40,247.42	61
Nevirapine	\$8,002.68	15	\$12,770.19	23	\$12,193.31	22	\$32,966.18	60
Didanosine	\$4,379.08	18	\$11,039.96	50	\$7,006.02	31	\$22,425.06	99
Tipranavir			\$11,241.10	10	\$5,620.55	5	\$16,861.65	15
Maraviroc	\$3,962.04	4	\$6,933.57	7	\$3,962.04	4	\$14,857.65	15
Zidovudine	\$2,569.26	26	\$3,625.96	56	\$2,504.30	39	\$8,699.52	121
Stavudine	\$166.16	1	\$3,961.34	24	\$2,148.19	12	\$6,275.69	37
Saquinavir	\$1,862.36	2	\$2,267.85	3	\$1,944.46	3	\$6,074.67	8
Indinavir			\$1,614.47	4	\$483.26	1	\$2,097.73	5
Emtricitabine	\$444.76	1	\$857.03	2	\$119.27	1	\$1,421.06	4
Anticonvulsants, Miscellaneous	\$957,004.18	10,234	\$2,080,367.26	24,015	\$1,568,384.89	17,822	\$4,605,756.33	52,071
Divalproex Sodium	\$183,206.63	1,695	\$436,737.52	4,129	\$326,583.34	3,107	\$946,527.49	8,931
Oxcarbazepine	\$132,719.69	970	\$293,274.90	2,119	\$227,720.25	1,648	\$653,714.84	4,737
Pregabalin	\$128,622.37	680	\$265,597.11	1,429	\$189,796.09	1,008	\$584,015.57	3,117
Gabapentin	\$95,808.88	2,429	\$252,066.09	6,403	\$183,293.39	4,585	\$531,168.36	13,417
Levetiracetam	\$107,621.37	1,235	\$221,248.89	2,613	\$165,457.98	2,014	\$494,328.24	5,862
Lamotrigine	\$75,596.15	916	\$143,613.33	1,872	\$112,342.18	1,452	\$331,551.66	4,240
Topiramate	\$54,894.53	1,050	\$122,202.25	2,495	\$87,462.57	1,810	\$264,559.35	5,355
Lacosamide	\$46,615.40	105	\$95,639.47	209	\$77,281.41	169	\$219,536.28	483
Carbamazepine	\$39,624.03	660	\$92,745.03	1,712	\$66,441.24	1,210	\$198,810.30	3,582

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

AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Vigabatrin	\$29,159.16	5	\$46,327.48	12	\$38,174.64	9	\$113,661.28	26
Felbamate	\$17,587.57	23	\$24,892.81	36	\$28,089.52	35	\$70,569.90	94
Rufinamide	\$18,344.08	32	\$29,858.22	55	\$21,356.49	34	\$69,558.79	121
Zonisamide	\$13,602.52	271	\$24,751.44	532	\$19,213.55	420	\$57,567.51	1,223
Valproic Acid	\$7,397.57	152	\$17,691.90	366	\$15,040.75	295	\$40,130.22	813
Tiagabine	\$6,204.23	11	\$13,562.93	27	\$10,058.95	20	\$29,826.11	58
Amphetamines	\$758,311.24	4,842	\$1,706,602.82	10,740	\$1,469,659.08	9,297	\$3,934,573.14	24,879
Amphetamine-dextroamphetamine	\$426,313.51	2,700	\$989,404.40	6,108	\$841,233.01	5,235	\$2,256,950.92	14,043
Lisdexamfetamine	\$327,940.37	2,089	\$707,514.20	4,501	\$619,623.37	3,948	\$1,655,077.94	10,538
Dextroamphetamine	\$4,057.36	53	\$9,684.22	131	\$8,802.70	114	\$22,544.28	298
Leukotriene Modifiers	\$810,193.08	5,348	\$1,614,505.85	10,756	\$1,433,336.01	9,432	\$3,858,034.94	25,536
Montelukast	\$808,977.32	5,340	\$1,612,535.48	10,740	\$1,432,581.64	9,423	\$3,854,094.44	25,503
Zafirlukast	\$522.07	7	\$1,188.02	14	\$754.37	9	\$2,464.46	30
Zileuton	\$693.69	1	\$782.35	2			\$1,476.04	3
Adrenals	\$727,315.88	7,222	\$1,617,470.38	17,375	\$1,509,400.01	15,641	\$3,854,186.27	40,238
Budesonide	\$542,262.34	1,864	\$1,190,069.88	4,044	\$1,145,844.56	3,762	\$2,878,176.78	9,670
Prednisolone	\$40,675.85	2,297	\$98,503.98	5,540	\$108,979.67	6,048	\$248,159.50	13,885
Budesonide-formoterol	\$43,050.22	211	\$93,637.34	454	\$63,766.74	311	\$200,454.30	976
Fluticasone	\$37,474.75	274	\$89,408.77	663	\$72,267.81	536	\$199,151.33	1,473
Mometasone	\$21,898.93	166	\$38,805.13	291	\$34,700.45	261	\$95,404.51	718

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

AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Beclomethasone	\$16,620.11	127	\$41,385.63	341	\$33,167.46	265	\$91,173.20	733
Methylprednisolone	\$4,518.63	423	\$18,305.19	1,624	\$13,958.11	1,173	\$36,781.93	3,220
Prednisone	\$5,848.18	1,374	\$14,638.92	3,423	\$10,701.12	2,462	\$31,188.22	7,259
Formoterol-mometasone	\$5,485.70	26	\$14,601.19	62	\$10,636.49	51	\$30,723.38	139
Dexamethasone	\$4,309.47	285	\$8,101.84	603	\$6,502.17	492	\$18,913.48	1,380
Hydrocortisone	\$2,894.03	96	\$4,781.47	178	\$3,875.79	136	\$11,551.29	410
Flunisolide Nasal	\$948.43	17	\$2,757.02	43	\$2,542.87	42	\$6,248.32	102
Fludrocortisone	\$1,218.58	51	\$2,365.85	99	\$2,288.12	88	\$5,872.55	238
Hemostatics	\$475,953.84	28	\$2,030,287.91	88	\$1,055,716.76	58	\$3,561,958.51	174
Anti-inhibitor Coagulant Complex	\$214,913.02	4	\$822,217.36	13	\$547,473.96	7	\$1,584,604.34	24
Antihemophilic Factor	\$258,884.57	9	\$853,290.74	48	\$402,851.51	35	\$1,515,026.82	92
Antihemophilic Factor-von Willebrand			\$268,337.65	8	\$42,387.21	2	\$310,724.86	10
Coagulation Factor Ix			\$84,554.36	4			\$84,554.36	4
Coagulation Factor Viia					\$61,467.02	2	\$61,467.02	2
Tranexamic Acid	\$1,964.26	14	\$1,494.97	12	\$1,201.32	9	\$4,660.55	35
Aminocaproic Acid	\$191.99	1	\$392.83	3	\$335.74	3	\$920.56	7
Insulins	\$657,484.89	3,226	\$1,562,370.43	7,605	\$1,094,200.40	5,360	\$3,314,055.72	16,191
Insulin Glargine	\$194,367.79	930	\$490,500.71	2,397	\$338,236.69	1,707	\$1,023,105.19	5,034
Insulin Aspart	\$137,555.14	541	\$291,406.85	1,187	\$210,971.90	862	\$639,933.89	2,590
Insulin Aspart-insulin Aspart Protamin	\$107,823.45	317	\$289,805.97	864	\$202,075.59	573	\$599,705.01	1,754

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

AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Insulin Isophane-insulin Regular	\$63,859.23	435	\$174,477.33	1,164	\$121,919.23	799	\$360,255.79	2,398
Insulin Detemir	\$73,179.61	330	\$130,139.05	571	\$88,190.37	403	\$291,509.03	1,304
Insulin Isophane	\$42,071.59	369	\$98,048.05	808	\$64,433.89	543	\$204,553.53	1,720
Insulin Regular	\$23,174.09	238	\$42,191.56	418	\$33,885.63	331	\$99,251.28	987
Insulin Lispro	\$9,814.57	45	\$31,159.57	141	\$20,325.10	91	\$61,299.24	277
Insulin Lispro-insulin Lispro Protamine	\$3,387.44	11	\$12,331.20	43	\$10,704.62	34	\$26,423.26	88
Insulin Glulisine	\$2,251.98	10	\$2,310.14	12	\$3,457.38	17	\$8,019.50	39
Anorex., Resp. & Cerebral Stim., Misc.	\$637,635.76	3,816	\$1,467,208.78	8,932	\$1,164,586.14	7,233	\$3,269,430.68	19,981
Methylphenidate	\$415,897.99	2,417	\$983,450.98	5,825	\$774,111.55	4,744	\$2,173,460.52	12,986
Dexmethylphenidate	\$210,049.63	1,380	\$462,115.98	3,058	\$372,687.43	2,459	\$1,044,853.04	6,897
Modafinil	\$9,051.44	11	\$16,717.88	26	\$13,492.88	17	\$39,262.20	54
Armodafinil	\$2,636.70	8	\$4,757.84	15	\$4,294.28	13	\$11,688.82	36
Beta-adrenergic Agonists	\$524,662.26	7,442	\$1,509,249.18	21,180	\$1,103,802.65	16,538	\$3,137,714.09	45,160
Albuterol	\$226,973.08	6,036	\$655,816.17	17,145	\$523,337.96	13,858	\$1,406,127.21	37,039
Fluticasone-salmeterol	\$228,276.54	1,020	\$653,674.03	2,899	\$446,558.10	1,962	\$1,328,508.67	5,881
Albuterol-ipratropium	\$56,550.47	266	\$179,524.16	954	\$116,771.93	583	\$352,846.56	1,803
Levalbuterol	\$7,418.94	33	\$9,845.19	62	\$10,605.76	44	\$27,869.89	139
Terbutaline	\$2,362.22	66	\$3,344.12	78	\$2,260.82	66	\$7,967.16	210
Formoterol	\$1,446.60	9	\$3,967.08	22	\$2,429.25	15	\$7,842.93	46
Pirbuterol	\$1,634.41	12	\$1,527.30	11	\$938.86	6	\$4,100.57	29

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AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Salmeterol			\$1,154.09	7	\$494.61	3	\$1,648.70	10
Arformoterol			\$391.10	1	\$405.36	1	\$796.46	2
Antineoplastic Agents	\$480,515.98	1,608	\$1,401,573.19	3,933	\$1,110,565.98	2,736	\$2,992,655.15	8,277
Sorafenib	\$25,143.78	4	\$188,578.38	30	\$143,817.86	18	\$357,540.02	52
Leuprolide	\$82,069.44	62	\$140,152.48	114	\$131,563.04	96	\$353,784.96	272
Erlotinib	\$64,897.42	14	\$154,592.48	33	\$87,888.78	18	\$307,378.68	65
Imatinib	\$34,841.18	8	\$136,304.22	27	\$107,276.82	20	\$278,422.22	55
Capecitabine	\$29,555.48	18	\$112,184.50	50	\$80,910.93	38	\$222,650.91	106
Histrelin			\$64,017.20	4	\$128,034.40	8	\$192,051.60	12
Megestrol	\$35,387.38	298	\$71,927.18	552	\$46,299.42	424	\$153,613.98	1,274
Sunitinib	\$52,524.58	6	\$29,908.22	6	\$52,357.88	6	\$134,790.68	18
Anastrozole	\$26,410.32	106	\$65,658.16	262	\$42,709.98	182	\$134,778.46	550
Letrozole	\$16,008.88	74	\$71,325.76	166	\$39,749.52	118	\$127,084.16	358
Dasatinib	\$16,648.08	2	\$58,268.28	7	\$41,620.20	5	\$116,536.56	14
Lapatinib	\$20,667.14	6	\$61,276.24	16	\$22,256.50	6	\$104,199.88	28
Methotrexate	\$18,775.24	704	\$47,785.00	1,832	\$33,613.12	1,212	\$100,173.36	3,748
Temozolomide	\$6,876.94	4	\$50,357.43	16	\$25,901.18	11	\$83,135.55	31
Everolimus	\$14,779.48	2	\$29,558.96	4	\$28,793.30	4	\$73,131.74	10
Tamoxifen	\$5,918.00	132	\$18,252.60	376	\$14,088.86	282	\$38,259.46	790
Nilotinib	\$8,064.49	1	\$16,128.98	2	\$8,064.49	1	\$32,257.96	4
Bevacizumab	\$4,931.59	1	\$9,863.18	2	\$14,794.77	3	\$29,589.54	6

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

AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Hydroxyurea	\$4,687.90	82	\$15,079.53	254	\$9,189.25	166	\$28,956.68	502
Bexarotene			\$13,486.37	3	\$10,373.86	2	\$23,860.23	5
Aldesleukin			\$10,287.26	2	\$12,344.34	2	\$22,631.60	4
Bicalutamide	\$2,816.54	30	\$9,381.88	90	\$4,263.76	40	\$16,462.18	160
Tretinoin			\$4,013.32	2	\$9,685.45	3	\$13,698.77	5
Exemestane	\$2,800.30	10	\$5,623.14	18	\$5,000.64	18	\$13,424.08	46
Mercaptopurine	\$3,143.13	35	\$4,596.98	48	\$3,928.02	43	\$11,668.13	126
Triptorelin			\$5,154.50	2			\$5,154.50	2
Pazopanib					\$4,528.13	1	\$4,528.13	1
Topotecan			\$4,322.82	2			\$4,322.82	2
Cyclophosphamide	\$532.37	3	\$1,187.28	5	\$642.35	5	\$2,362.00	13
Fulvestrant	\$1,748.44	2					\$1,748.44	2
Doxorubicin			\$1,310.62	2			\$1,310.62	2
Interferon Alfa-2b	\$1,063.39	1					\$1,063.39	1
Procarbazine			\$619.30	1			\$619.30	1
Flutamide					\$565.58	2	\$565.58	2
Proton-pump Inhibitors	\$640,134.77	6,134	\$1,293,180.57	14,549	\$1,002,005.93	10,971	\$2,935,321.27	31,654
Omeprazole	\$198,243.73	3,494	\$572,510.58	9,929	\$435,444.48	7,456	\$1,206,198.79	20,879
Lansoprazole	\$269,351.30	1,470	\$423,012.74	2,518	\$347,598.08	2,014	\$1,039,962.12	6,002
Dexlansoprazole	\$138,908.39	1,054	\$242,681.88	1,864	\$172,721.73	1,312	\$554,312.00	4,230
Amoxicillin/clarithromycin/lansoprazol	\$21,614.55	51	\$31,336.59	74	\$30,504.60	72	\$83,455.74	197

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Drug Class Report
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AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Esomeprazole	\$10,778.81	48	\$19,520.95	96	\$12,869.84	63	\$43,169.60	207
Pantoprazole	\$578.36	15	\$2,728.86	62	\$2,631.68	53	\$5,938.90	130
Rabeprazole	\$659.63	2	\$1,388.97	6	\$235.52	1	\$2,284.12	9
Opiate Agonists	\$515,688.92	23,904	\$1,201,778.56	52,397	\$838,359.39	39,115	\$2,555,826.87	115,416
Acetaminophen-hydrocodone	\$243,831.28	15,577	\$571,490.22	34,541	\$401,773.32	25,644	\$1,217,094.82	75,762
Fentanyl	\$85,813.45	330	\$168,231.58	627	\$120,366.15	470	\$374,411.18	1,427
Acetaminophen-oxycodone	\$45,079.95	1,694	\$129,184.04	3,638	\$86,201.38	2,799	\$260,465.37	8,131
Morphine	\$47,739.97	420	\$114,595.50	1,053	\$83,392.48	754	\$245,727.95	2,227
Oxycodone	\$32,980.57	289	\$83,666.70	656	\$49,827.89	429	\$166,475.16	1,374
Acetaminophen-codeine	\$21,129.96	2,547	\$40,564.05	4,713	\$34,227.09	4,079	\$95,921.10	11,339
Tramadol	\$13,608.33	2,259	\$31,679.65	5,281	\$21,200.25	3,614	\$66,488.23	11,154
Acetaminophen-tramadol	\$5,895.74	212	\$25,280.46	726	\$15,793.39	505	\$46,969.59	1,443
Hydrocodone-ibuprofen	\$5,713.74	218	\$9,230.85	304	\$6,512.74	253	\$21,457.33	775
Oxymorphone	\$5,481.45	14	\$7,620.78	19	\$6,171.79	15	\$19,274.02	48
Apap/caffeine/dihydrocodeine	\$3,306.97	71	\$5,490.23	136	\$3,825.23	87	\$12,622.43	294
Hydromorphone	\$2,204.72	83	\$5,703.39	195	\$3,409.33	125	\$11,317.44	403
Meperidine	\$1,188.91	85	\$2,690.49	185	\$1,801.20	125	\$5,680.60	395
Methadone	\$830.29	73	\$2,497.35	235	\$1,468.94	157	\$4,796.58	465
Aspirin-oxycodone	\$327.25	12	\$895.49	30	\$803.49	30	\$2,026.23	72
Apap/butalbital/caffeine/codeine	\$166.80	5	\$1,078.95	24	\$644.78	12	\$1,890.53	41
Asa/butalbital/caffeine/codeine	\$294.04	6	\$918.40	20	\$320.45	8	\$1,532.89	34

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	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Tapentadol	\$36.74	1	\$400.81	3	\$565.91	3	\$1,003.46	7
Antidepressants	\$448,992.23	12,796	\$1,108,852.88	31,678	\$769,273.25	22,698	\$2,327,118.36	67,172
Bupropion	\$127,227.98	1,528	\$316,605.12	3,660	\$236,966.78	2,766	\$680,799.88	7,954
Venlafaxine	\$48,146.45	344	\$186,116.54	1,286	\$82,364.25	672	\$316,627.24	2,302
Desvenlafaxine	\$73,130.02	540	\$131,738.48	945	\$107,018.51	765	\$311,887.01	2,250
Duloxetine	\$40,342.21	216	\$97,711.96	478	\$70,344.48	339	\$208,398.65	1,033
Mirtazapine	\$24,478.24	624	\$62,045.32	1,620	\$43,027.94	1,119	\$129,551.50	3,363
Citalopram	\$18,447.38	2,448	\$41,340.77	5,680	\$29,896.49	4,128	\$89,684.64	12,256
Escitalopram	\$19,118.91	164	\$39,169.06	351	\$30,894.69	272	\$89,182.66	787
Fluoxetine	\$19,156.31	1,329	\$42,094.59	3,237	\$27,893.22	2,229	\$89,144.12	6,795
Trazodone	\$11,994.29	1,459	\$34,066.70	4,157	\$24,344.35	2,876	\$70,405.34	8,492
Paroxetine	\$10,414.55	683	\$24,313.06	1,596	\$17,175.97	1,168	\$51,903.58	3,447
Fluoxetine-olanzapine	\$9,311.07	17	\$21,655.11	42	\$13,658.18	27	\$44,624.36	86
Sertraline	\$12,071.40	1,623	\$26,922.04	3,677	\$20,937.53	2,792	\$33,053.75	4,420
Fluvoxamine	\$7,230.45	81	\$14,389.65	165	\$10,986.15	130	\$32,606.25	376
Doxepin	\$8,945.28	450	\$22,624.10	1,280	\$18,524.42	972	\$31,652.80	1,736
Imipramine	\$6,280.96	179	\$12,977.94	360	\$10,530.35	283	\$29,789.25	822
Amitriptyline-perphenazine	\$4,162.62	98	\$12,250.85	317	\$9,688.30	219	\$26,101.77	634
Amitriptyline	\$4,294.28	813	\$12,104.67	2,368	\$8,595.62	1,632	\$24,994.57	4,813
Amitriptyline-chlordiazepoxide	\$1,811.08	34	\$4,136.75	76	\$1,791.60	36	\$7,739.43	146
Nortriptyline	\$1,038.56	132	\$2,540.98	311	\$1,875.83	220	\$5,455.37	663

Note: Resource Utilization Report Currently Contains Both Fee For Service Medicaid and MississippiCAN Claims

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

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

AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Clomipramine	\$944.12	25	\$1,086.33	34	\$1,237.21	30	\$3,267.66	89
Desipramine	\$170.51	4	\$2,010.47	22	\$1,070.93	13	\$3,251.91	39
Protriptyline	\$144.72	1	\$557.55	3	\$144.72	1	\$846.99	5
Nefazodone	\$89.38	3	\$339.74	10	\$264.27	8	\$693.39	21
Corticosteroids	\$435,444.38	4,750	\$879,373.20	9,630	\$749,355.55	7,766	\$2,064,173.13	22,146
Mometasone Nasal	\$178,261.15	1,516	\$426,566.32	3,634	\$402,860.44	3,426	\$1,007,687.91	8,576
Ciprofloxacin-dexamethasone Otic	\$131,660.73	1,005	\$180,439.01	1,328	\$130,253.20	966	\$442,352.94	3,299
Fluticasone Nasal	\$65,995.27	741	\$183,221.15	2,367	\$145,615.59	1,663	\$394,832.01	4,771
Dexamethasone-tobramycin Ophthal	\$16,525.82	214	\$26,880.18	363	\$25,256.88	307	\$68,662.88	884
Hydrocortisone/neomycin/polymyxin	\$22,372.10	830	\$25,723.13	974	\$18,012.28	676	\$66,107.51	2,480
Loteprednol Ophthalmic	\$3,934.29	31	\$6,478.00	51	\$3,885.96	28	\$14,298.25	110
Dexamethasone/neomycin/polymyxin	\$3,044.49	143	\$6,243.58	291	\$4,569.77	248	\$13,857.84	682
Prednisolone Ophthalmic	\$1,840.25	122	\$5,339.96	351	\$3,468.29	240	\$10,648.50	713
Hydrocortisone/neomycin/polymyxin	\$2,289.00	30	\$3,341.73	41	\$4,147.50	49	\$9,778.23	120
Flunisolide Nasal	\$948.43	17	\$2,757.02	43	\$2,542.87	42	\$6,248.32	102
Acetic Acid-hydrocortisone Otic	\$1,651.12	11	\$2,168.67	15	\$1,965.53	13	\$5,785.32	39
Triamcinolone Nasal	\$861.02	7	\$2,183.71	18	\$1,851.90	15	\$4,896.63	40
Ciprofloxacin-hydrocortisone Otic	\$1,880.62	14	\$1,753.20	12	\$718.73	5	\$4,352.55	31
Prednisolone-sulfacetamide Sodium O	\$1,466.66	19	\$1,178.33	30	\$1,289.04	20	\$3,934.03	69
Loteprednol-tobramycin Ophthalmic	\$1,410.36	12	\$1,228.49	7	\$622.20	5	\$3,261.05	24
Colistin/hc/neomycin/thonzonium Oti	\$691.12	10	\$1,419.58	19	\$781.75	11	\$2,892.45	40

Note: Resource Utilization Report Currently Contains Both Fee For Service Medicaid and MississippiCAN Claims

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

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

AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Fluorometholone Ophthalmic	\$267.03	20	\$625.93	44	\$551.24	34	\$1,444.20	98
Beclomethasone Nasal	\$146.58	1	\$439.74	3	\$436.74	3	\$1,023.06	7
Fluocinolone Otic	\$31.43	1	\$423.06	13	\$291.82	9	\$746.31	23

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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*†

Generic Molecule / Drug Name	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Aripiprazole	\$959,646.06	1,659	\$2,066,006.19	3,544	\$1,517,510.23	2,625	\$4,543,162.48	7,828
PDL Abilify	\$956,114.25	1,640	\$2,059,387.31	3,521	\$1,514,623.77	2,606	\$4,530,125.33	7,767
Abilify Discmelt	\$3,531.81	19	\$6,618.88	23	\$2,886.46	19	\$13,037.15	61
Quetiapine	\$770,896.78	1,781	\$1,844,037.85	3,996	\$1,266,090.17	2,792	\$3,881,024.80	8,569
PDL Seroquel	\$564,806.21	1,330	\$1,392,073.39	3,012	\$955,454.55	2,119	\$2,912,334.15	6,461
PDL Seroquel Xr	\$206,090.57	451	\$451,964.46	984	\$310,635.62	673	\$968,690.65	2,108
Montelukast	\$808,977.32	5,340	\$1,612,535.48	10,740	\$1,432,581.64	9,423	\$3,854,094.44	25,503
PDL Singulair	\$808,977.32	5,340	\$1,612,535.48	10,740	\$1,432,581.64	9,423	\$3,854,094.44	25,503
Budesonide	\$542,262.34	1,864	\$1,190,069.88	4,044	\$1,145,844.56	3,762	\$2,878,176.78	9,670
Budesonide	\$381,615.38	1,484	\$873,478.78	3,268	\$882,533.18	3,144	\$2,137,627.34	7,896
PDL Pulmicort Respules	\$153,010.46	326	\$282,577.04	536	\$243,734.28	478	\$679,321.78	1,340
PDL Pulmicort Flexhaler	\$7,636.50	54	\$34,014.06	240	\$19,577.10	140	\$61,227.66	434
Olanzapine	\$483,781.91	633	\$1,131,475.93	1,477	\$817,443.00	1,018	\$2,432,700.84	3,128
Zyprexa	\$444,546.46	584	\$1,061,596.17	1,397	\$762,530.74	948	\$2,268,673.37	2,929
Zyprexa Zydis	\$39,235.45	49	\$69,879.76	80	\$54,912.26	70	\$164,027.47	199

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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*†

Generic Molecule / Drug Name	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Amphetamine-dextroamphetamine	\$426,313.51	2,700	\$989,404.40	6,108	\$841,233.01	5,235	\$2,256,950.92	14,043
PDL Adderall Xr	\$357,292.76	1,623	\$792,629.42	3,604	\$688,307.14	3,168	\$1,838,229.32	8,395
Amphetamine-dextroamphetamine	\$45,900.63	952	\$91,715.13	1,864	\$93,230.65	1,711	\$230,846.41	4,527
Amphetamine-dextroamphetamine Er	\$23,120.12	125	\$105,059.85	640	\$59,695.22	356	\$187,875.19	1,121
Methylphenidate	\$415,897.99	2,417	\$983,450.98	5,825	\$774,111.55	4,744	\$2,173,460.52	12,986
PDL Concerta	\$281,754.34	1,413	\$519,670.35	2,502	\$270,630.82	1,319	\$1,072,055.51	5,234
Methylphenidate Hydrochloride Er	\$64,020.65	351	\$296,742.69	1,737	\$363,560.18	2,129	\$724,323.52	4,217
PDL Metadate Cd	\$35,370.06	215	\$90,504.92	570	\$71,369.51	454	\$197,244.49	1,239
PDL Daytrana	\$20,382.88	117	\$46,189.22	267	\$41,170.36	239	\$107,742.46	623
PDL Methylin	\$6,721.67	136	\$13,954.36	336	\$11,676.32	207	\$32,352.35	679
Methylphenidate Hydrochloride	\$3,956.78	153	\$8,981.98	343	\$9,673.47	342	\$22,612.23	838
Ritalin La	\$3,332.53	21	\$6,562.01	45	\$5,538.06	38	\$15,432.60	104
Methylin Er	\$150.20	5	\$624.84	19	\$356.99	12	\$1,132.03	36
Methylphenidate Hydrochloride Sr	\$208.88	6	\$220.61	6	\$95.79	3	\$525.28	15
Risperidone	\$401,862.14	3,101	\$1,001,531.43	7,114	\$711,605.64	5,298	\$2,114,999.21	15,513
Risperidone	\$295,924.73	2,973	\$695,464.33	6,728	\$500,402.73	5,043	\$1,491,791.79	14,744
Risperdal Consta	\$105,754.80	127	\$305,977.55	385	\$211,202.91	255	\$622,935.26	767
Lisdexamfetamine	\$327,940.37	2,089	\$707,514.20	4,501	\$619,623.37	3,948	\$1,655,077.94	10,538
PDL Vyvanse	\$327,940.37	2,089	\$707,514.20	4,501	\$619,623.37	3,948	\$1,655,077.94	10,538

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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*†

Generic Molecule / Drug Name	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Anti-inhibitor Coagulant Complex	\$214,913.02	4	\$822,217.36	13	\$547,473.96	7	\$1,584,604.34	24
Feiba Vh Immuno	\$128,382.50	1	\$490,252.06	5	\$230,290.31	2	\$848,924.87	8
Feiba Nf	\$86,530.52	3	\$331,965.30	8	\$317,183.65	5	\$735,679.47	16
Antihemophilic Factor	\$258,884.57	9	\$853,290.74	48	\$402,851.51	35	\$1,515,026.82	92
Advate Rahf-pfm	\$116,638.66	5	\$501,759.34	21	\$211,478.45	18	\$829,876.45	44
Recombinate	\$42,863.78	1	\$214,764.02	19	\$112,512.37	13	\$370,140.17	33
Helixate Fs	\$45,903.48	1	\$71,609.14	4	\$62,149.64	3	\$179,662.26	8
Xyntha	\$39,682.16	1	\$30,242.47	1			\$69,924.63	2
Hemofil-m	\$13,796.49	1	\$13,796.49	1	\$16,711.05	1	\$44,304.03	3
Kogenate Fs With Bioset			\$21,119.28	2			\$21,119.28	2
Paliperidone	\$253,369.33	254	\$709,550.33	705	\$495,044.69	475	\$1,457,964.35	1,434
Invega Sustenna	\$178,522.74	139	\$525,470.23	421	\$375,867.77	294	\$1,079,860.74	854
Invega	\$74,846.59	115	\$184,080.10	284	\$119,176.92	181	\$378,103.61	580
Ziprasidone	\$297,370.71	625	\$682,412.27	1,399	\$465,122.05	943	\$1,444,905.03	2,967
PDL Geodon	\$297,370.71	625	\$682,412.27	1,399	\$465,122.05	943	\$1,444,905.03	2,967
Albuterol	\$226,973.08	6,036	\$655,816.17	17,145	\$523,337.96	13,858	\$1,406,127.21	37,039
PDL Ventolin Hfa	\$139,800.13	3,439	\$387,673.95	9,243	\$286,720.37	6,784	\$814,194.45	19,466
Albuterol Sulfate	\$82,151.81	2,491	\$223,214.03	6,855	\$210,460.90	6,500	\$515,826.74	15,846
Proventil Hfa	\$4,638.68	89	\$19,825.88	372	\$14,909.40	285	\$39,373.96	746
Proair Hfa	\$231.96	6	\$24,059.50	581	\$10,921.95	262	\$35,213.41	849

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

Generic Molecule / Drug Name	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Relion Ventolin Hfa	\$30.00	3	\$678.00	65			\$708.00	68
Albuterol	\$51.48	6	\$265.29	27	\$225.82	25	\$542.59	58
Fluticasone-salmeterol	\$228,276.54	1,020	\$653,674.03	2,899	\$446,558.10	1,962	\$1,328,508.67	5,881
PDL Advair Diskus	\$212,954.41	960	\$613,377.00	2,732	\$415,504.94	1,832	\$1,241,836.35	5,524
Advair Hfa	\$15,322.13	60	\$40,297.03	167	\$31,053.16	130	\$86,672.32	357
Efavirenz/emtricitabine/tenofovir	\$233,338.12	140	\$612,784.58	366	\$449,926.56	264	\$1,296,049.26	770
Atripla	\$233,338.12	140	\$612,784.58	366	\$449,926.56	264	\$1,296,049.26	770
Clopidogrel	\$242,105.94	1,262	\$606,405.30	3,176	\$411,789.23	2,144	\$1,260,300.47	6,582
PDL Plavix	\$242,105.94	1,262	\$606,405.30	3,176	\$411,789.23	2,144	\$1,260,300.47	6,582
Acetaminophen-hydrocodone	\$243,831.28	15,577	\$571,490.22	34,541	\$401,773.32	25,644	\$1,217,094.82	75,762
Acetaminophen-hydrocodone Bitartrate	\$243,764.21	15,575	\$571,344.13	34,529	\$401,585.16	25,633	\$1,216,693.50	75,737
Omeprazole	\$198,243.73	3,494	\$572,510.58	9,929	\$435,444.48	7,456	\$1,206,198.79	20,879
Omeprazole	\$197,924.08	3,493	\$571,716.50	9,910	\$434,827.84	7,448	\$1,204,468.42	20,851
Prilosec	\$319.65	1	\$397.23	2	\$481.43	2	\$1,198.31	5
Prilosec Otc			\$396.85	17	\$135.21	6	\$532.06	23
Somatropin	\$292,357.89	86	\$470,504.60	149	\$357,449.70	115	\$1,120,312.19	350
Nutropin Aq Pen 20 Cartridge	\$145,129.31	27	\$202,920.36	38	\$130,327.97	27	\$478,377.64	92
Nutropin Aq Nuspin 10	\$45,929.87	14	\$48,623.40	22	\$64,459.16	22	\$159,012.43	58
Genotropin	\$11,524.90	4	\$37,909.33	16	\$32,196.45	13	\$81,630.68	33

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

Generic Molecule / Drug Name	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Nutropin Aq Pen 10 Cartridge	\$20,750.89	10	\$30,393.04	19	\$20,748.79	11	\$71,892.72	40
Genotropin Miniquick	\$13,696.20	8	\$25,419.77	11	\$23,632.75	13	\$62,748.72	32
Norditropin Flexpro Pen			\$32,197.37	9	\$15,760.13	5	\$47,957.50	14
Tev-tropin	\$15,978.92	5	\$14,010.78	4	\$14,010.78	4	\$44,000.48	13
Nutropin Aq Nuspin 5	\$8,162.58	6	\$22,622.31	14	\$12,979.89	8	\$43,764.78	28
Saizen	\$11,518.09	2	\$15,828.89	3	\$12,536.33	2	\$39,883.31	7
Omnitrope Pen 10 Cartridge	\$17,612.17	6	\$9,549.62	3	\$12,358.79	4	\$39,520.58	13
Norditropin Nordiflex Pen			\$20,330.44	4	\$10,699.82	2	\$31,030.26	6
PDL Nutropin			\$5,224.39	1	\$5,224.39	1	\$10,448.78	2
Humatrope			\$4,728.72	3	\$1,768.27	1	\$6,496.99	4
Omnitrope Pen 5 Cartridge	\$1,311.13	3	\$746.18	2	\$746.18	2	\$2,803.49	7
PDL Nutropin Aq	\$743.83	1					\$743.83	1
Cetirizine	\$203,819.80	7,099	\$451,164.71	16,611	\$432,009.19	15,927	\$1,086,993.70	39,637
Cetirizine Hydrochloride	\$202,409.50	6,929	\$447,440.51	16,219	\$428,809.50	15,582	\$1,078,659.51	38,730
All Day Allergy	\$1,292.21	165	\$2,986.07	357	\$2,708.04	324	\$6,986.32	846
All Day Allergy Children's	\$118.09	5	\$738.13	35	\$491.65	21	\$1,347.87	61
Dexmethylphenidate	\$210,049.63	1,380	\$462,115.98	3,058	\$372,687.43	2,459	\$1,044,853.04	6,897
PDL Focalin Xr	\$202,124.03	1,185	\$443,809.57	2,600	\$357,638.29	2,085	\$1,003,571.89	5,870
Dexmethylphenidate Hydrochloride	\$6,721.93	169	\$15,994.19	415	\$12,971.32	332	\$35,687.44	916
PDL Focalin	\$1,203.67	26	\$2,312.22	43	\$2,077.82	42	\$5,593.71	111
Lansoprazole	\$269,351.30	1,470	\$423,012.74	2,518	\$347,598.08	2,014	\$1,039,962.12	6,002
PDL Prevacid Solutab	\$226,409.79	1,176	\$310,978.41	1,661	\$297,935.60	1,596	\$835,323.80	4,433

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

Generic Molecule / Drug Name	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Lansoprazole	\$42,941.51	294	\$108,486.41	739	\$46,402.72	311	\$197,830.64	1,344
Prevacid Otc			\$3,547.92	118	\$3,259.76	107	\$6,807.68	225
Insulin Glargine	\$194,367.79	930	\$490,500.71	2,397	\$338,236.69	1,707	\$1,023,105.19	5,034
PDL Lantus	\$143,348.78	732	\$386,357.36	2,002	\$282,106.03	1,493	\$811,812.17	4,227
Lantus Solostar Pen	\$50,815.39	197	\$102,518.05	391	\$56,130.66	214	\$209,464.10	802
Lantus Opticlik Cartridge	\$203.62	1	\$1,625.30	4			\$1,828.92	5
Multivitamin, Prenatal	\$265,549.26	6,204	\$396,406.50	9,608	\$354,251.48	8,516	\$1,016,207.24	24,328
Neevodha	\$56,515.40	1,072	\$100,615.86	1,912	\$106,265.70	2,014	\$263,396.96	4,998
Rovin-nv Dha	\$20,512.70	470	\$24,708.92	566	\$17,845.94	408	\$63,067.56	1,444
Neevo Dha	\$18,620.62	312	\$27,332.54	460	\$16,782.38	280	\$62,735.54	1,052
Prenate Essential	\$20,724.14	234	\$18,377.58	210	\$10,713.60	120	\$49,815.32	564
Nexa Select With Dha	\$11,953.74	158	\$18,781.46	250	\$18,591.84	246	\$49,327.04	654
Prenexa With Dha	\$13,354.22	182	\$15,708.00	216	\$11,944.98	164	\$41,007.20	562
Prefera Ob-one	\$6,184.26	98	\$13,847.44	194	\$16,775.16	238	\$36,806.86	530
Concept Dha	\$7,183.50	248	\$11,942.94	414	\$11,044.22	382	\$30,170.66	1,044
Zatean-pn Plus	\$6,983.16	124	\$10,269.88	184	\$11,234.66	196	\$28,487.70	504
Preferaob	\$5,027.18	102	\$11,709.10	208	\$11,685.46	198	\$28,421.74	508
Neevo	\$9,640.66	186	\$13,147.72	178	\$5,593.24	110	\$28,381.62	474
Neevo	\$6,611.46	98	\$9,985.34	190	\$10,738.26	144	\$27,335.06	432
Pnv-dha	\$5,177.56	100	\$9,923.38	188	\$8,758.46	170	\$23,859.40	458
Preferaob+dha	\$4,254.80	96	\$9,793.56	192	\$9,333.62	180	\$23,381.98	468
Pnv Select	\$6,068.56	134	\$9,197.12	200	\$7,064.50	152	\$22,330.18	486

Note: Resource Utilization Report Currently Contains Both Fee For Service Medicaid and MississippiCAN 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 Amount Paid*†

Generic Molecule / Drug Name	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Taron-c Dha	\$4,869.50	186	\$7,064.94	274	\$6,659.94	258	\$18,594.38	718
Prenate Elite Plus Iron	\$5,724.08	66	\$6,733.44	76	\$3,728.10	42	\$16,185.62	184
Prenatal Plus	\$6,040.32	682	\$160.18	14	\$9,796.26	1,102	\$15,996.76	1,798
Preque 10	\$7,980.44	184	\$5,883.88	138	\$1,988.88	46	\$15,853.20	368
Triveen Ten	\$2,719.74	86	\$5,472.56	168	\$5,553.70	164	\$13,746.00	418
Gesticare Dha Dr	\$3,300.94	54	\$5,646.88	96	\$4,167.68	68	\$13,115.50	218
Prenatal Plus	\$59.22	6	\$11,181.88	1,176	\$367.58	34	\$11,608.68	1,216
Natelle One Dha	\$2,845.90	30	\$3,981.70	42	\$4,717.50	50	\$11,545.10	122
Folcal Dha	\$3,692.82	74	\$4,578.34	94	\$3,029.40	60	\$11,300.56	228
Concept Ob	\$2,703.26	100	\$4,521.82	168	\$3,996.68	148	\$11,221.76	416
Rovin-nv	\$2,900.06	68	\$3,854.60	92	\$2,865.36	70	\$9,620.02	230
Citranatal Harmony	\$2,004.36	38	\$3,106.00	58	\$4,159.16	78	\$9,269.52	174
Paire Ob Plus Dha	\$2,317.44	62	\$3,685.20	98	\$3,227.28	86	\$9,229.92	246
Citranatal Assure	\$1,294.76	28	\$3,221.44	68	\$4,552.48	94	\$9,068.68	190
Zatean-pn Dha	\$2,665.20	48	\$3,148.14	60	\$2,746.40	52	\$8,559.74	160
Tricare Dha One	\$1,904.88	36	\$2,600.52	48	\$2,701.82	50	\$7,207.22	134
Prenaplus	\$1,821.50	172	\$2,881.00	286	\$2,442.26	236	\$7,144.76	694
TI-select	\$1,141.98	18	\$2,931.56	48	\$2,480.48	40	\$6,554.02	106
Pnv- Iron	\$2,037.14	46	\$1,701.34	40	\$1,263.76	30	\$5,002.24	116
Citranatal 90 Dha	\$772.98	16	\$1,829.24	40	\$2,228.46	48	\$4,830.68	104
Folivan-ob	\$1,328.76	54	\$1,993.70	82	\$1,395.14	58	\$4,717.60	194
Prenatal Ad	\$1,270.16	100	\$1,813.24	158	\$1,478.94	122	\$4,562.34	380
Zatean-pn	\$919.76	20	\$1,637.80	36	\$1,870.50	42	\$4,428.06	98
Vol-plus	\$966.28	86	\$1,873.78	178	\$1,395.40	126	\$4,235.46	390

Note: Resource Utilization Report Currently Contains Both Fee For Service Medicaid and MississippiCAN Claims

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† 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*†

Generic Molecule / Drug Name	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Pnv-dha Plus Docusate	\$1,394.72	32	\$1,415.58	32	\$1,137.06	26	\$3,947.36	90
Prenatal 19	\$923.74	66	\$1,395.94	106	\$1,060.18	78	\$3,379.86	250
Citranatal B-calm	\$749.76	18	\$768.76	20	\$946.12	26	\$2,464.64	64
Vemavite Prx 2	\$781.44	22	\$673.84	20	\$825.60	24	\$2,280.88	66
Citranatal Dha	\$216.42	6	\$888.38	22	\$1,136.92	24	\$2,241.72	52
Prenatabs Rx	\$474.00	40	\$944.68	92	\$660.16	60	\$2,078.84	192
Folcaps Omega 3	\$373.42	10	\$967.82	26	\$521.06	14	\$1,862.30	50
Se-natal 19	\$342.80	32	\$721.40	70	\$590.80	56	\$1,655.00	158
Duet Dha Balanced	\$104.26	2	\$545.30	10	\$765.82	14	\$1,415.38	26
Prefera Ob Plus Dha	\$465.20	12	\$413.10	10	\$507.50	12	\$1,385.80	34
Taron-prx Plus Dha	\$476.92	12	\$239.28	6	\$470.92	12	\$1,187.12	30
Natelle One	\$479.64	6	\$319.76	4	\$159.88	2	\$959.28	12
Ultimatecare One	\$368.36	10	\$290.38	8	\$296.38	8	\$955.12	26
Select-ob+dha	\$88.66	2	\$183.32	4	\$525.54	12	\$797.52	18
Se-care	\$186.00	8	\$276.00	12	\$291.02	12	\$753.02	32
Prenatal-u	\$134.64	12	\$306.26	26	\$305.28	24	\$746.18	62
Zatean-ch	\$265.28	8	\$192.96	6	\$265.28	8	\$723.52	22
Prenatal Plus Iron	\$254.16	28	\$218.92	26	\$238.46	30	\$711.54	84
Vinate Care	\$61.94	2	\$179.82	6	\$371.64	12	\$613.40	20
Pnv-dha Plus	\$178.60	4	\$267.90	6	\$89.30	2	\$535.80	12
Triveen-prx Rnf	\$179.80	4	\$263.28	6	\$89.90	2	\$532.98	12
Infanate Dha	\$126.46	2	\$126.46	2	\$252.92	4	\$505.84	8
Ob Natal One	\$143.60	4	\$287.20	8	\$74.80	2	\$505.60	14
Tricare	\$214.92	6	\$71.64	2	\$214.92	6	\$501.48	14

Note: Resource Utilization Report Currently Contains Both Fee For Service Medicaid and MississippiCAN Claims

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† 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
Top 15 Drug Classes
Top 25 Drug Detail

By Quarter
Number of Claims

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

AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Opiate Agonists	\$515,688.92	23,904	\$1,201,778.56	52,397	\$838,359.39	39,115	\$2,555,826.87	115,416
Acetaminophen-hydrocodone	\$243,831.28	15,577	\$571,490.22	34,541	\$401,773.32	25,644	\$1,217,094.82	75,762
Acetaminophen-codeine	\$21,129.96	2,547	\$40,564.05	4,713	\$34,227.09	4,079	\$95,921.10	11,339
Tramadol	\$13,608.33	2,259	\$31,679.65	5,281	\$21,200.25	3,614	\$66,488.23	11,154
Acetaminophen-oxycodone	\$45,079.95	1,694	\$129,184.04	3,638	\$86,201.38	2,799	\$260,465.37	8,131
Morphine	\$47,739.97	420	\$114,595.50	1,053	\$83,392.48	754	\$245,727.95	2,227
Acetaminophen-tramadol	\$5,895.74	212	\$25,280.46	726	\$15,793.39	505	\$46,969.59	1,443
Fentanyl	\$85,813.45	330	\$168,231.58	627	\$120,366.15	470	\$374,411.18	1,427
Oxycodone	\$32,980.57	289	\$83,666.70	656	\$49,827.89	429	\$166,475.16	1,374
Hydrocodone-ibuprofen	\$5,713.74	218	\$9,230.85	304	\$6,512.74	253	\$21,457.33	775
Methadone	\$830.29	73	\$2,497.35	235	\$1,468.94	157	\$4,796.58	465
Hydromorphone	\$2,204.72	83	\$5,703.39	195	\$3,409.33	125	\$11,317.44	403
Meperidine	\$1,188.91	85	\$2,690.49	185	\$1,801.20	125	\$5,680.60	395
Apap/caffeine/dihydrocodeine	\$3,306.97	71	\$5,490.23	136	\$3,825.23	87	\$12,622.43	294
Aspirin-oxycodone	\$327.25	12	\$895.49	30	\$803.49	30	\$2,026.23	72
Oxymorphone	\$5,481.45	14	\$7,620.78	19	\$6,171.79	15	\$19,274.02	48
Apap/butalbital/caffeine/codeine	\$166.80	5	\$1,078.95	24	\$644.78	12	\$1,890.53	41

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

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

AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Asa/butalbital/cafeine/codeine	\$294.04	6	\$918.40	20	\$320.45	8	\$1,532.89	34
Tapentadol	\$36.74	1	\$400.81	3	\$565.91	3	\$1,003.46	7
Antidepressants	\$448,992.23	12,796	\$1,108,852.88	31,678	\$769,273.25	22,698	\$2,327,118.36	67,172
Citalopram	\$18,447.38	2,448	\$41,340.77	5,680	\$29,896.49	4,128	\$89,684.64	12,256
Trazodone	\$11,994.29	1,459	\$34,066.70	4,157	\$24,344.35	2,876	\$70,405.34	8,492
Bupropion	\$127,227.98	1,528	\$316,605.12	3,660	\$236,966.78	2,766	\$680,799.88	7,954
Fluoxetine	\$19,156.31	1,329	\$42,094.59	3,237	\$27,893.22	2,229	\$89,144.12	6,795
Amitriptyline	\$4,294.28	813	\$12,104.67	2,368	\$8,595.62	1,632	\$24,994.57	4,813
Sertraline	\$12,071.40	1,623	\$26,922.04	3,677	\$20,937.53	2,792	\$33,053.75	4,420
Paroxetine	\$10,414.55	683	\$24,313.06	1,596	\$17,175.97	1,168	\$51,903.58	3,447
Mirtazapine	\$24,478.24	624	\$62,045.32	1,620	\$43,027.94	1,119	\$129,551.50	3,363
Venlafaxine	\$48,146.45	344	\$186,116.54	1,286	\$82,364.25	672	\$316,627.24	2,302
Desvenlafaxine	\$73,130.02	540	\$131,738.48	945	\$107,018.51	765	\$311,887.01	2,250
Doxepin	\$8,945.28	450	\$22,624.10	1,280	\$18,524.42	972	\$31,652.80	1,736
Duloxetine	\$40,342.21	216	\$97,711.96	478	\$70,344.48	339	\$208,398.65	1,033
Imipramine	\$6,280.96	179	\$12,977.94	360	\$10,530.35	283	\$29,789.25	822
Escitalopram	\$19,118.91	164	\$39,169.06	351	\$30,894.69	272	\$89,182.66	787
Nortriptyline	\$1,038.56	132	\$2,540.98	311	\$1,875.83	220	\$5,455.37	663
Amitriptyline-perphenazine	\$4,162.62	98	\$12,250.85	317	\$9,688.30	219	\$26,101.77	634
Fluvoxamine	\$7,230.45	81	\$14,389.65	165	\$10,986.15	130	\$32,606.25	376
Amitriptyline-chlordiazepoxide	\$1,811.08	34	\$4,136.75	76	\$1,791.60	36	\$7,739.43	146

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

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

AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Clomipramine	\$944.12	25	\$1,086.33	34	\$1,237.21	30	\$3,267.66	89
Fluoxetine-olanzapine	\$9,311.07	17	\$21,655.11	42	\$13,658.18	27	\$44,624.36	86
Desipramine	\$170.51	4	\$2,010.47	22	\$1,070.93	13	\$3,251.91	39
Nefazodone	\$89.38	3	\$339.74	10	\$264.27	8	\$693.39	21
Protriptyline	\$144.72	1	\$557.55	3	\$144.72	1	\$846.99	5
Benzodiazepines	\$184,114.79	14,612	\$403,730.67	27,833	\$278,469.84	22,630	\$866,315.30	65,075
Lorazepam	\$43,608.75	6,381	\$73,158.75	11,142	\$63,328.68	9,402	\$180,096.18	26,925
Alprazolam	\$37,201.99	4,383	\$74,120.85	8,592	\$56,624.70	6,842	\$167,947.54	19,817
Diazepam	\$94,279.64	2,756	\$239,015.50	6,096	\$144,612.24	4,706	\$477,907.38	13,558
Temazepam	\$5,575.62	769	\$9,745.80	1,347	\$8,217.69	1,147	\$23,539.11	3,263
Clorazepate	\$2,206.43	197	\$4,631.65	399	\$3,500.16	316	\$10,338.24	912
Triazolam	\$390.07	42	\$889.17	94	\$822.82	100	\$2,102.06	236
Chlordiazepoxide	\$359.32	48	\$687.27	93	\$474.10	64	\$1,520.69	205
Oxazepam	\$390.65	15	\$1,255.63	32	\$736.83	22	\$2,383.11	69
Penicillins	\$234,978.36	10,912	\$546,424.34	25,467	\$502,356.69	23,530	\$1,283,759.39	59,909
Amoxicillin	\$62,544.92	6,784	\$149,897.17	16,012	\$145,916.37	15,112	\$358,358.46	37,908
Amoxicillin-clavulanate	\$154,268.56	2,867	\$357,280.08	6,734	\$329,231.46	6,241	\$688,535.81	12,995
Penicillin V Potassium	\$12,573.78	1,101	\$26,868.32	2,373	\$21,892.37	1,947	\$61,334.47	5,421
Ampicillin	\$1,273.30	119	\$2,809.76	265	\$2,415.23	188	\$6,498.29	572
Penicillin G Benzathine	\$1,788.29	22	\$2,079.96	45	\$1,001.22	17	\$4,869.47	84

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

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

AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Dicloxacillin	\$270.09	15	\$585.58	30	\$345.03	19	\$1,200.70	64
Ampicillin-sulbactam	\$489.60	2	\$1,741.31	3	\$775.12	4	\$3,006.03	9
Nafcillin	\$1,574.08	1	\$4,049.31	2	\$519.57	1	\$6,142.96	4
Piperacillin-tazobactam	\$195.74	1	\$1,022.47	2	\$826.31	1	\$2,044.52	4
Anticonvulsants, Miscellaneous	\$957,004.18	10,234	\$2,080,367.26	24,015	\$1,568,384.89	17,822	\$4,605,756.33	52,071
Gabapentin	\$95,808.88	2,429	\$252,066.09	6,403	\$183,293.39	4,585	\$531,168.36	13,417
Divalproex Sodium	\$183,206.63	1,695	\$436,737.52	4,129	\$326,583.34	3,107	\$946,527.49	8,931
Levetiracetam	\$107,621.37	1,235	\$221,248.89	2,613	\$165,457.98	2,014	\$494,328.24	5,862
Topiramate	\$54,894.53	1,050	\$122,202.25	2,495	\$87,462.57	1,810	\$264,559.35	5,355
Oxcarbazepine	\$132,719.69	970	\$293,274.90	2,119	\$227,720.25	1,648	\$653,714.84	4,737
Lamotrigine	\$75,596.15	916	\$143,613.33	1,872	\$112,342.18	1,452	\$331,551.66	4,240
Carbamazepine	\$39,624.03	660	\$92,745.03	1,712	\$66,441.24	1,210	\$198,810.30	3,582
Pregabalin	\$128,622.37	680	\$265,597.11	1,429	\$189,796.09	1,008	\$584,015.57	3,117
Zonisamide	\$13,602.52	271	\$24,751.44	532	\$19,213.55	420	\$57,567.51	1,223
Valproic Acid	\$7,397.57	152	\$17,691.90	366	\$15,040.75	295	\$40,130.22	813
Lacosamide	\$46,615.40	105	\$95,639.47	209	\$77,281.41	169	\$219,536.28	483
Rufinamide	\$18,344.08	32	\$29,858.22	55	\$21,356.49	34	\$69,558.79	121
Felbamate	\$17,587.57	23	\$24,892.81	36	\$28,089.52	35	\$70,569.90	94
Tiagabine	\$6,204.23	11	\$13,562.93	27	\$10,058.95	20	\$29,826.11	58
Vigabatrin	\$29,159.16	5	\$46,327.48	12	\$38,174.64	9	\$113,661.28	26

Note: Resource Utilization Report Currently Contains Both Fee For Service Medicaid and MississippiCAN Claims

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

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

AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Nonsteroidal Anti-inflammatory Agents	\$106,919.70	9,917	\$261,053.06	22,412	\$209,250.87	18,343	\$577,223.63	50,672
Ibuprofen	\$28,907.01	3,880	\$66,730.42	8,476	\$63,070.31	7,535	\$158,707.74	19,891
Naproxen	\$30,663.88	2,192	\$70,225.17	4,928	\$56,577.95	3,979	\$157,467.00	11,099
Meloxicam	\$8,680.99	1,306	\$23,912.18	3,667	\$16,997.01	2,568	\$49,590.18	7,541
Aspirin	\$4,932.66	1,414	\$7,493.00	2,330	\$6,910.06	2,052	\$19,335.72	5,796
Apap/butalbital/cafeine	\$21,873.90	864	\$37,375.37	1,658	\$31,400.52	1,306	\$90,649.79	3,828
Diclofenac	\$8,916.52	289	\$22,875.23	776	\$17,770.95	636	\$49,562.70	1,701
Ketorolac	\$5,050.54	320	\$10,378.17	706	\$8,943.50	581	\$24,372.21	1,607
Indomethacin	\$4,869.95	165	\$14,818.66	526	\$9,763.34	333	\$29,451.95	1,024
Etodolac	\$1,962.40	77	\$6,608.90	228	\$4,498.14	153	\$13,069.44	458
Oxaprozin	\$2,124.16	55	\$5,554.48	144	\$3,498.62	92	\$11,177.26	291
Sulindac	\$808.13	35	\$3,160.44	131	\$1,797.39	76	\$5,765.96	242
Celecoxib	\$6,602.50	44	\$16,872.03	109	\$11,014.56	70	\$34,489.09	223
Ketoprofen	\$647.53	43	\$1,060.57	80	\$1,105.01	78	\$2,813.11	201
Asa/butalbital/cafeine	\$937.15	40	\$1,442.29	68	\$1,364.94	52	\$3,744.38	160
Nabumetone	\$261.93	4	\$5,067.41	95	\$2,988.93	54	\$8,318.27	153
Piroxicam	\$123.34	21	\$292.63	52	\$161.70	28	\$577.67	101
Flurbiprofen	\$116.04	8	\$494.03	35	\$310.07	21	\$920.14	64
Salsalate	\$396.31	13	\$476.63	18	\$526.92	14	\$1,399.86	45
Diflunisal			\$868.86	16	\$283.26	7	\$1,152.12	23
Diclofenac-misoprostol	\$430.12	3	\$1,658.92	11	\$644.29	4	\$2,733.33	18

Note: Resource Utilization Report Currently Contains Both Fee For Service Medicaid and MississippiCAN Claims

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† 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 Number of Claimst

AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Fenopropfen	\$298.24	3	\$781.09	9	\$581.49	5	\$1,660.82	17
Antipsychotics (atypical And Typical)	\$3,327,489.67	9,872	\$7,820,960.60	23,057	\$5,569,809.31	16,498	\$16,718,259.58	49,427
Risperidone	\$401,862.14	3,101	\$1,001,531.43	7,114	\$711,605.64	5,298	\$2,114,999.21	15,513
Quetiapine	\$770,896.78	1,781	\$1,844,037.85	3,996	\$1,266,090.17	2,792	\$3,881,024.80	8,569
Aripiprazole	\$959,646.06	1,659	\$2,066,006.19	3,544	\$1,517,510.23	2,625	\$4,543,162.48	7,828
Haloperidol	\$36,920.56	679	\$110,885.05	1,831	\$71,389.48	1,252	\$219,195.09	3,762
Olanzapine	\$483,781.91	633	\$1,131,475.93	1,477	\$817,443.00	1,018	\$2,432,700.84	3,128
Ziprasidone	\$297,370.71	625	\$682,412.27	1,399	\$465,122.05	943	\$1,444,905.03	2,967
Chlorpromazine	\$9,255.72	332	\$22,975.36	876	\$21,680.50	636	\$53,911.58	1,844
Paliperidone	\$253,369.33	254	\$709,550.33	705	\$495,044.69	475	\$1,457,964.35	1,434
Fluphenazine	\$7,424.73	152	\$20,404.00	490	\$9,205.33	245	\$37,034.06	887
Clozapine	\$22,865.41	129	\$59,967.70	360	\$43,758.24	270	\$126,591.35	759
Prochlorperazine	\$2,352.88	122	\$5,210.78	340	\$4,060.32	222	\$11,623.98	684
Perphenazine	\$7,726.02	116	\$19,858.28	300	\$12,834.26	204	\$40,418.56	620
Asenapine	\$48,404.54	109	\$90,049.34	194	\$82,773.60	178	\$221,227.48	481
Thiothixene	\$847.65	32	\$3,063.33	112	\$1,956.14	74	\$5,867.12	218
Thioridazine	\$1,299.48	42	\$2,442.05	92	\$2,042.92	76	\$5,784.45	210
Trifluoperazine	\$1,822.43	40	\$3,417.94	72	\$2,097.91	48	\$7,338.28	160
Loxapine	\$2,006.27	25	\$5,399.49	61	\$4,690.19	51	\$12,095.95	137
Lurasidone	\$9,303.46	21	\$21,767.17	48	\$28,895.13	63	\$59,965.76	132
Iloperidone	\$10,089.07	17	\$19,779.77	36	\$11,005.75	20	\$40,874.59	73

Note: Resource Utilization Report Currently Contains Both Fee For Service Medicaid and MississippiCAN Claims

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

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

AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Pimozide	\$244.52	3	\$726.34	10	\$603.76	8	\$1,574.62	21
Second Generation Antihistamines	\$223,199.24	8,739	\$500,930.80	20,742	\$471,446.07	19,433	\$1,195,576.11	48,914
Cetirizine	\$203,819.80	7,099	\$451,164.71	16,611	\$432,009.19	15,927	\$1,086,993.70	39,637
Loratadine	\$9,053.63	1,292	\$21,844.31	3,148	\$18,903.23	2,716	\$49,801.17	7,156
Cetirizine-pseudoephedrine	\$4,578.10	208	\$12,004.62	579	\$9,562.06	485	\$26,144.78	1,272
Loratadine-pseudoephedrine	\$1,480.13	82	\$4,273.66	245	\$3,667.63	207	\$9,421.42	534
Levocetirizine	\$2,852.54	39	\$5,722.71	82	\$3,955.21	58	\$12,530.46	179
Fexofenadine	\$497.42	11	\$2,602.54	47	\$650.79	14	\$3,750.75	72
Desloratadine	\$854.93	7	\$2,240.25	19	\$1,150.09	11	\$4,245.27	37
Acrivastine-pseudoephedrine	\$62.69	1	\$1,078.00	11	\$1,426.77	14	\$2,567.46	26
Beta-adrenergic Agonists	\$524,662.26	7,442	\$1,509,249.18	21,180	\$1,103,802.65	16,538	\$3,137,714.09	45,160
Albuterol	\$226,973.08	6,036	\$655,816.17	17,145	\$523,337.96	13,858	\$1,406,127.21	37,039
Fluticasone-salmeterol	\$228,276.54	1,020	\$653,674.03	2,899	\$446,558.10	1,962	\$1,328,508.67	5,881
Albuterol-ipratropium	\$56,550.47	266	\$179,524.16	954	\$116,771.93	583	\$352,846.56	1,803
Terbutaline	\$2,362.22	66	\$3,344.12	78	\$2,260.82	66	\$7,967.16	210
Levalbuterol	\$7,418.94	33	\$9,845.19	62	\$10,605.76	44	\$27,869.89	139
Formoterol	\$1,446.60	9	\$3,967.08	22	\$2,429.25	15	\$7,842.93	46
Pirbuterol	\$1,634.41	12	\$1,527.30	11	\$938.86	6	\$4,100.57	29
Salmeterol			\$1,154.09	7	\$494.61	3	\$1,648.70	10
Arformoterol			\$391.10	1	\$405.36	1	\$796.46	2

Note: Resource Utilization Report Currently Contains Both Fee For Service Medicaid and MississippiCAN Claims

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

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

AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Sulfonamides	\$120,471.80	9,448	\$225,968.55	18,148	\$183,419.41	14,481	\$529,859.76	42,077
Sulfamethoxazole-trimethoprim	\$118,686.94	9,376	\$221,431.96	18,006	\$179,566.52	14,368	\$519,685.42	41,750
Sulfasalazine	\$1,341.70	68	\$2,630.82	134	\$2,327.60	108	\$6,300.12	310
Sulfadiazine	\$443.16	4	\$1,905.77	8	\$1,525.29	5	\$3,874.22	17
Adrenals	\$727,315.88	7,222	\$1,617,470.38	17,375	\$1,509,400.01	15,641	\$3,854,186.27	40,238
Prednisolone	\$40,675.85	2,297	\$98,503.98	5,540	\$108,979.67	6,048	\$248,159.50	13,885
Budesonide	\$542,262.34	1,864	\$1,190,069.88	4,044	\$1,145,844.56	3,762	\$2,878,176.78	9,670
Prednisone	\$5,848.18	1,374	\$14,638.92	3,423	\$10,701.12	2,462	\$31,188.22	7,259
Methylprednisolone	\$4,518.63	423	\$18,305.19	1,624	\$13,958.11	1,173	\$36,781.93	3,220
Fluticasone	\$37,474.75	274	\$89,408.77	663	\$72,267.81	536	\$199,151.33	1,473
Dexamethasone	\$4,309.47	285	\$8,101.84	603	\$6,502.17	492	\$18,913.48	1,380
Budesonide-formoterol	\$43,050.22	211	\$93,637.34	454	\$63,766.74	311	\$200,454.30	976
Beclomethasone	\$16,620.11	127	\$41,385.63	341	\$33,167.46	265	\$91,173.20	733
Mometasone	\$21,898.93	166	\$38,805.13	291	\$34,700.45	261	\$95,404.51	718
Hydrocortisone	\$2,894.03	96	\$4,781.47	178	\$3,875.79	136	\$11,551.29	410
Fludrocortisone	\$1,218.58	51	\$2,365.85	99	\$2,288.12	88	\$5,872.55	238
Formoterol-mometasone	\$5,485.70	26	\$14,601.19	62	\$10,636.49	51	\$30,723.38	139
Flunisolide Nasal	\$948.43	17	\$2,757.02	43	\$2,542.87	42	\$6,248.32	102
Macrolides	\$162,287.31	5,374	\$481,628.18	16,387	\$444,991.31	14,532	\$1,088,906.80	36,293
Azithromycin	\$142,175.97	4,857	\$425,844.68	14,960	\$397,339.47	13,385	\$965,360.12	33,202

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

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

AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Clarithromycin	\$15,240.31	392	\$46,603.44	1,156	\$39,348.56	931	\$101,192.31	2,479
Erythromycin	\$4,582.94	113	\$8,333.91	243	\$7,274.71	183	\$20,191.56	539
Erythromycin-sulfisoxazole	\$288.09	12	\$846.15	28	\$1,028.57	33	\$2,162.81	73
Anxiolytics, Sedatives, And Hypnotics;	\$125,381.34	6,957	\$277,000.55	15,748	\$205,090.91	11,877	\$607,472.80	34,582
Hydroxyzine	\$83,804.12	4,846	\$184,742.08	10,620	\$146,497.00	8,294	\$415,043.20	23,760
Diphenhydramine	\$19,626.60	4,348	\$39,257.40	8,844	\$40,522.76	8,828	\$99,406.76	22,020
Zolpidem	\$6,315.04	1,402	\$16,994.63	3,568	\$11,216.45	2,492	\$34,526.12	7,462
Buspirone	\$8,204.06	544	\$21,130.14	1,234	\$15,133.35	889	\$44,467.55	2,667
Eszopiclone	\$25,622.07	134	\$50,918.92	266	\$30,184.14	160	\$106,725.13	560
Zaleplon	\$318.15	13	\$698.43	24	\$419.75	17	\$1,436.33	54
Chloral Hydrate	\$116.11	11	\$423.58	20	\$225.61	14	\$765.30	45
Ramelteon	\$1,001.79	7	\$2,050.58	15	\$1,414.61	11	\$4,466.98	33
Angiotensin-converting Enzyme Inhibito	\$46,310.88	5,843	\$121,140.42	15,959	\$82,865.85	10,995	\$250,317.15	32,797
Lisinopril	\$11,791.03	2,515	\$32,728.03	7,131	\$22,631.85	4,879	\$67,150.91	14,525
Hydrochlorothiazide-lisinopril	\$15,555.59	1,842	\$39,236.21	4,906	\$27,382.24	3,456	\$54,841.62	6,754
Enalapril	\$2,339.16	463	\$6,607.88	1,316	\$4,470.99	888	\$13,418.03	2,667
Benazepril	\$5,777.53	388	\$12,659.24	844	\$8,706.08	580	\$27,142.85	1,812
Quinapril	\$1,617.00	143	\$4,569.22	437	\$3,022.73	288	\$9,208.95	868
Ramipril	\$2,566.46	122	\$7,312.74	356	\$4,967.67	247	\$14,846.87	725
Enalapril-hydrochlorothiazide	\$2,753.86	93	\$7,077.24	254	\$4,864.64	173	\$14,695.74	520

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

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

AHFS Class / Generic Molecule	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Benazepril-hydrochlorothiazide	\$1,148.15	86	\$3,727.77	252	\$2,137.60	170	\$7,013.52	508
Captopril	\$370.93	80	\$776.85	172	\$546.96	119	\$1,694.74	371
Fosinopril	\$1,177.11	54	\$2,874.81	132	\$1,987.09	91	\$6,039.01	277
Sulindac	\$808.13	35	\$3,160.44	131	\$1,797.39	76	\$5,765.96	242
Captopril-hydrochlorothiazide	\$463.56	34	\$1,204.52	90	\$792.45	58	\$2,460.53	182
Trandolapril	\$175.95	8	\$592.24	27	\$526.51	24	\$1,294.70	59
Hydrochlorothiazide-quinapril	\$335.67	9	\$959.93	24	\$422.05	11	\$1,717.65	44
Fosinopril-hydrochlorothiazide	\$138.33	3	\$492.74	10	\$307.43	8	\$938.50	21
Benzodiazepines	\$54,467.44	7,118	\$102,230.90	13,838	\$83,395.10	11,148	\$240,093.44	32,104
Clonazepam	\$54,467.44	7,118	\$102,230.90	13,838	\$83,395.10	11,148	\$240,093.44	32,104

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

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

Generic Molecule / Drug Name	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Acetaminophen-hydrocodone	\$243,831.28	15,577	\$571,490.22	34,541	\$401,773.32	25,644	\$1,217,094.82	75,762
Acetaminophen-hydrocodone Bitartrate	\$243,764.21	15,575	\$571,344.13	34,529	\$401,585.16	25,633	\$1,216,693.50	75,737
Sulfamethoxazole-trimethoprim	\$118,686.94	9,376	\$221,431.96	18,006	\$179,566.52	14,368	\$519,685.42	41,750
Sulfatrim Pediatric	\$547.20	30	\$1,717.28	90	\$1,411.78	70	\$3,676.26	190
Sulfamethoxazole-trimethoprim Ds	\$37,822.76	4,346	\$81,937.60	9,436	\$63,053.84	7,188	\$182,814.20	20,970
Smz-tmp Ds	\$482.02	58	\$1,476.50	156	\$1,402.52	146	\$3,361.04	360
Sulfamethoxazole-trimethoprim	\$79,834.96	4,942	\$136,300.58	8,324	\$113,698.38	6,964	\$329,833.92	20,230
Cetirizine	\$203,819.80	7,099	\$451,164.71	16,611	\$432,009.19	15,927	\$1,086,993.70	39,637
Cetirizine Hydrochloride	\$202,409.50	6,929	\$447,440.51	16,219	\$428,809.50	15,582	\$1,078,659.51	38,730
All Day Allergy	\$1,292.21	165	\$2,986.07	357	\$2,708.04	324	\$6,986.32	846
All Day Allergy Children's	\$118.09	5	\$738.13	35	\$491.65	21	\$1,347.87	61
Amoxicillin	\$62,544.92	6,784	\$149,897.17	16,012	\$145,916.37	15,112	\$358,358.46	37,908
Moxatag	\$918.59	10	\$2,145.72	22	\$1,047.78	12	\$4,112.09	44
Amoxicillin	\$61,626.33	6,774	\$147,751.45	15,990	\$144,864.32	15,099	\$354,242.10	37,863
Albuterol	\$226,973.08	6,036	\$655,816.17	17,145	\$523,337.96	13,858	\$1,406,127.21	37,039
Relion Ventolin Hfa	\$30.00	3	\$678.00	65			\$708.00	68

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

Generic Molecule / Drug Name	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Albuterol	\$51.48	6	\$265.29	27	\$225.82	25	\$542.59	58
Proventil Hfa	\$4,638.68	89	\$19,825.88	372	\$14,909.40	285	\$39,373.96	746
PDL Ventolin Hfa	\$139,800.13	3,439	\$387,673.95	9,243	\$286,720.37	6,784	\$814,194.45	19,466
Proair Hfa	\$231.96	6	\$24,059.50	581	\$10,921.95	262	\$35,213.41	849
Albuterol Sulfate	\$82,151.81	2,491	\$223,214.03	6,855	\$210,460.90	6,500	\$515,826.74	15,846
Azithromycin	\$142,175.97	4,857	\$425,844.68	14,960	\$397,339.47	13,385	\$965,360.12	33,202
Azithromycin	\$105,416.46	3,209	\$295,670.84	9,099	\$298,477.76	8,958	\$699,565.06	21,266
Azithromycin 5 Day Dose Pack	\$34,483.45	1,548	\$122,749.68	5,533	\$93,251.44	4,195	\$250,484.57	11,276
Azithromycin 3 Day Dose Pack	\$2,276.06	100	\$7,345.97	327	\$5,610.27	232	\$15,232.30	659
Clonazepam	\$54,467.44	7,118	\$102,230.90	13,838	\$83,395.10	11,148	\$240,093.44	32,104
Clonazepam	\$54,467.44	7,118	\$102,230.90	13,838	\$83,395.10	11,148	\$240,093.44	32,104
Lorazepam	\$43,608.75	6,381	\$73,158.75	11,142	\$63,328.68	9,402	\$180,096.18	26,925
Lorazepam	\$43,608.75	6,381	\$73,158.75	11,142	\$63,328.68	9,402	\$180,096.18	26,925
Montelukast	\$808,977.32	5,340	\$1,612,535.48	10,740	\$1,432,581.64	9,423	\$3,854,094.44	25,503
PDL Singulair	\$808,977.32	5,340	\$1,612,535.48	10,740	\$1,432,581.64	9,423	\$3,854,094.44	25,503
Medroxyprogesterone	\$191,336.61	5,910	\$352,283.88	10,425	\$287,337.54	8,589	\$830,958.03	24,924
Medroxyprogesterone Acetate	\$147,360.90	3,471	\$232,047.69	5,904	\$205,689.54	5,145	\$585,098.13	14,520
Depo-subq Provera 104	\$43,975.71	2,439	\$119,956.23	4,518	\$81,295.20	3,423	\$245,227.14	10,380
Depo-provera Contraceptive			\$279.96	3	\$352.80	21	\$632.76	24

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

Generic Molecule / Drug Name	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Promethazine	\$59,208.26	4,838	\$136,081.60	11,010	\$106,074.64	8,842	\$301,364.50	24,690
Phenadoz	\$2,960.52	212	\$4,758.58	356	\$3,260.96	260	\$10,980.06	828
Promethegan	\$1,816.44	130	\$4,711.96	290	\$4,695.00	262	\$11,223.40	682
Promethazine Hydrochloride	\$54,403.52	4,494	\$447.60	40	\$963.54	66	\$55,814.66	4,600
Promethazine Hydrochloride	\$25.02	2	\$126,511.62	10,360	\$98,118.68	8,320	\$224,655.32	18,682
Multivitamin, Prenatal	\$265,549.26	6,204	\$396,406.50	9,608	\$354,251.48	8,516	\$1,016,207.24	24,328
Natelle One Dha	\$2,845.90	30	\$3,981.70	42	\$4,717.50	50	\$11,545.10	122
Folcal Dha	\$3,692.82	74	\$4,578.34	94	\$3,029.40	60	\$11,300.56	228
Prenatal Plus	\$59.22	6	\$11,181.88	1,176	\$367.58	34	\$11,608.68	1,216
Gesticare Dha Dr	\$3,300.94	54	\$5,646.88	96	\$4,167.68	68	\$13,115.50	218
Concept Ob	\$2,703.26	100	\$4,521.82	168	\$3,996.68	148	\$11,221.76	416
Rovin-nv	\$2,900.06	68	\$3,854.60	92	\$2,865.36	70	\$9,620.02	230
Citranatal Harmony	\$2,004.36	38	\$3,106.00	58	\$4,159.16	78	\$9,269.52	174
Paire Ob Plus Dha	\$2,317.44	62	\$3,685.20	98	\$3,227.28	86	\$9,229.92	246
Citranatal Assure	\$1,294.76	28	\$3,221.44	68	\$4,552.48	94	\$9,068.68	190
Triveen Ten	\$2,719.74	86	\$5,472.56	168	\$5,553.70	164	\$13,746.00	418
Tricare Dha One	\$1,904.88	36	\$2,600.52	48	\$2,701.82	50	\$7,207.22	134
Zatean-pn	\$919.76	20	\$1,637.80	36	\$1,870.50	42	\$4,428.06	98
Prenaplus	\$1,821.50	172	\$2,881.00	286	\$2,442.26	236	\$7,144.76	694
TI-select	\$1,141.98	18	\$2,931.56	48	\$2,480.48	40	\$6,554.02	106
Pnv- Iron	\$2,037.14	46	\$1,701.34	40	\$1,263.76	30	\$5,002.24	116
Citranatal 90 Dha	\$772.98	16	\$1,829.24	40	\$2,228.46	48	\$4,830.68	104

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

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

Generic Molecule / Drug Name	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Folivan-ob	\$1,328.76	54	\$1,993.70	82	\$1,395.14	58	\$4,717.60	194
Prenatal Ad	\$1,270.16	100	\$1,813.24	158	\$1,478.94	122	\$4,562.34	380
Zatean-pn Dha	\$2,665.20	48	\$3,148.14	60	\$2,746.40	52	\$8,559.74	160
Preferaob	\$5,027.18	102	\$11,709.10	208	\$11,685.46	198	\$28,421.74	508
Neevodha	\$56,515.40	1,072	\$100,615.86	1,912	\$106,265.70	2,014	\$263,396.96	4,998
Rovin-nv Dha	\$20,512.70	470	\$24,708.92	566	\$17,845.94	408	\$63,067.56	1,444
Neevo Dha	\$18,620.62	312	\$27,332.54	460	\$16,782.38	280	\$62,735.54	1,052
Prenate Essential	\$20,724.14	234	\$18,377.58	210	\$10,713.60	120	\$49,815.32	564
Nexa Select With Dha	\$11,953.74	158	\$18,781.46	250	\$18,591.84	246	\$49,327.04	654
Prenexa With Dha	\$13,354.22	182	\$15,708.00	216	\$11,944.98	164	\$41,007.20	562
Prefera Ob-one	\$6,184.26	98	\$13,847.44	194	\$16,775.16	238	\$36,806.86	530
Pnv Select	\$6,068.56	134	\$9,197.12	200	\$7,064.50	152	\$22,330.18	486
Zatean-pn Plus	\$6,983.16	124	\$10,269.88	184	\$11,234.66	196	\$28,487.70	504
Preque 10	\$7,980.44	184	\$5,883.88	138	\$1,988.88	46	\$15,853.20	368
Neevo	\$9,640.66	186	\$13,147.72	178	\$5,593.24	110	\$28,381.62	474
Neevo	\$6,611.46	98	\$9,985.34	190	\$10,738.26	144	\$27,335.06	432
Pnv-dha	\$5,177.56	100	\$9,923.38	188	\$8,758.46	170	\$23,859.40	458
Prenatabs Rx	\$474.00	40	\$944.68	92	\$660.16	60	\$2,078.84	192
Preferaob+dha	\$4,254.80	96	\$9,793.56	192	\$9,333.62	180	\$23,381.98	468
Taron-c Dha	\$4,869.50	186	\$7,064.94	274	\$6,659.94	258	\$18,594.38	718
Prenate Elite Plus Iron	\$5,724.08	66	\$6,733.44	76	\$3,728.10	42	\$16,185.62	184
Prenatal Plus	\$6,040.32	682	\$160.18	14	\$9,796.26	1,102	\$15,996.76	1,798
Concept Dha	\$7,183.50	248	\$11,942.94	414	\$11,044.22	382	\$30,170.66	1,044
Ultimatecare One	\$368.36	10	\$290.38	8	\$296.38	8	\$955.12	26

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Drug Detail Report
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Generic Molecule / Drug Name	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Vemavite Prx 2	\$781.44	22	\$673.84	20	\$825.60	24	\$2,280.88	66
Tricare	\$214.92	6	\$71.64	2	\$214.92	6	\$501.48	14
Ob Natal One	\$143.60	4	\$287.20	8	\$74.80	2	\$505.60	14
Infanate Dha	\$126.46	2	\$126.46	2	\$252.92	4	\$505.84	8
Triveen-prx Rnf	\$179.80	4	\$263.28	6	\$89.90	2	\$532.98	12
Pnv-dha Plus	\$178.60	4	\$267.90	6	\$89.30	2	\$535.80	12
Vinate Care	\$61.94	2	\$179.82	6	\$371.64	12	\$613.40	20
Prenatal Plus Iron	\$254.16	28	\$218.92	26	\$238.46	30	\$711.54	84
Zatean-ch	\$265.28	8	\$192.96	6	\$265.28	8	\$723.52	22
Prenatal-u	\$134.64	12	\$306.26	26	\$305.28	24	\$746.18	62
Vol-plus	\$966.28	86	\$1,873.78	178	\$1,395.40	126	\$4,235.46	390
Select-ob+dha	\$88.66	2	\$183.32	4	\$525.54	12	\$797.52	18
Natelle One	\$479.64	6	\$319.76	4	\$159.88	2	\$959.28	12
Taron-prx Plus Dha	\$476.92	12	\$239.28	6	\$470.92	12	\$1,187.12	30
Prefera Ob Plus Dha	\$465.20	12	\$413.10	10	\$507.50	12	\$1,385.80	34
Duet Dha Balanced	\$104.26	2	\$545.30	10	\$765.82	14	\$1,415.38	26
Se-natal 19	\$342.80	32	\$721.40	70	\$590.80	56	\$1,655.00	158
Folcaps Omega 3	\$373.42	10	\$967.82	26	\$521.06	14	\$1,862.30	50
Citranatal Dha	\$216.42	6	\$888.38	22	\$1,136.92	24	\$2,241.72	52
Citranatal B-calm	\$749.76	18	\$768.76	20	\$946.12	26	\$2,464.64	64
Prenatal 19	\$923.74	66	\$1,395.94	106	\$1,060.18	78	\$3,379.86	250
Pnv-dha Plus Docusate	\$1,394.72	32	\$1,415.58	32	\$1,137.06	26	\$3,947.36	90
Se-care	\$186.00	8	\$276.00	12	\$291.02	12	\$753.02	32

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

Generic Molecule / Drug Name	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Hydroxyzine	\$83,804.12	4,846	\$184,742.08	10,620	\$146,497.00	8,294	\$415,043.20	23,760
Hydroxyzine Hydrochloride	\$65,085.26	3,036	\$135,401.12	5,838	\$112,620.20	5,048	\$313,106.58	13,922
Hydroxyzine Pamoate	\$18,718.86	1,810	\$49,340.96	4,782	\$33,876.80	3,246	\$101,936.62	9,838
Hydroxyzine Hydrochloride	\$65,085.26	3,036	\$85.04	4	\$112,620.20	5,048	\$177,790.50	8,088
Diphenhydramine	\$19,626.60	4,348	\$39,257.40	8,844	\$40,522.76	8,828	\$99,406.76	22,020
Diphenhydramine	\$156.72	32	\$713.36	128	\$399.08	76	\$1,269.16	236
Banophen	\$1,459.24	332	\$2,861.84	700	\$3,169.00	780	\$7,490.08	1,812
Diphenhist	\$1,411.76	288	\$3,185.88	660	\$3,248.84	656	\$7,846.48	1,604
Diphenhydramine Hydrochloride	\$4,943.40	1,240	\$9,900.60	2,704	\$8,988.20	2,256	\$23,832.20	6,200
Q-dryl	\$11,180.00	2,360	\$22,120.52	4,560	\$24,125.96	4,956	\$57,426.48	11,876
Omeprazole	\$198,243.73	3,494	\$572,510.58	9,929	\$435,444.48	7,456	\$1,206,198.79	20,879
Prilosec Otc			\$396.85	17	\$135.21	6	\$532.06	23
Omeprazole	\$197,924.08	3,493	\$571,716.50	9,910	\$434,827.84	7,448	\$1,204,468.42	20,851
Prilosec	\$319.65	1	\$397.23	2	\$481.43	2	\$1,198.31	5
Ibuprofen	\$28,907.01	3,880	\$66,730.42	8,476	\$63,070.31	7,535	\$158,707.74	19,891
Ibuprofen	\$24,471.17	3,099	\$57,046.61	6,779	\$54,327.23	6,011	\$135,845.01	15,889
Ibu	\$4,127.55	742	\$8,582.20	1,575	\$7,516.38	1,381	\$20,226.13	3,698
Ibuprofen Childrens	\$276.15	35	\$935.11	103	\$971.00	115	\$2,182.26	253
Alprazolam	\$37,201.99	4,383	\$74,120.85	8,592	\$56,624.70	6,842	\$167,947.54	19,817
Alprazolam	\$31,714.32	4,326	\$63,951.26	8,503	\$49,260.74	6,770	\$144,926.32	19,599

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

Generic Molecule / Drug Name	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Alprazolam Er	\$5,487.67	57	\$10,169.59	89	\$7,363.96	72	\$23,021.22	218
Amlodipine	\$19,776.75	2,880	\$50,743.74	7,453	\$37,152.89	5,438	\$107,673.38	15,771
Amlodipine Besylate	\$19,776.75	2,880	\$50,743.74	7,453	\$37,152.89	5,438	\$107,673.38	15,771
Risperidone	\$401,862.14	3,101	\$1,001,531.43	7,114	\$711,605.64	5,298	\$2,114,999.21	15,513
Risperidone	\$295,924.73	2,973	\$695,464.33	6,728	\$500,402.73	5,043	\$1,491,791.79	14,744
Risperdal Consta	\$105,754.80	127	\$305,977.55	385	\$211,202.91	255	\$622,935.26	767
Lisinopril	\$11,791.03	2,515	\$32,728.03	7,131	\$22,631.85	4,879	\$67,150.91	14,525
Lisinopril	\$11,791.03	2,515	\$32,728.03	7,131	\$22,631.85	4,879	\$67,150.91	14,525
Metronidazole	\$20,269.80	3,110	\$37,759.06	6,048	\$30,178.50	4,896	\$88,207.36	14,054
Metronidazole	\$20,269.80	3,110	\$37,759.06	6,048	\$30,178.50	4,896	\$88,207.36	14,054
Amphetamine-dextroamphetamine	\$426,313.51	2,700	\$989,404.40	6,108	\$841,233.01	5,235	\$2,256,950.92	14,043
Amphetamine-dextroamphetamine Er	\$23,120.12	125	\$105,059.85	640	\$59,695.22	356	\$187,875.19	1,121
Amphetamine-dextroamphetamine	\$45,900.63	952	\$91,715.13	1,864	\$93,230.65	1,711	\$230,846.41	4,527
PDL Adderall Xr	\$357,292.76	1,623	\$792,629.42	3,604	\$688,307.14	3,168	\$1,838,229.32	8,395
Prednisolone	\$40,675.85	2,297	\$98,503.98	5,540	\$108,979.67	6,048	\$248,159.50	13,885
Prednisolone	\$12,184.98	872	\$27,768.95	2,006	\$30,560.93	2,235	\$70,514.86	5,113
Orapred Odt	\$5,172.52	57	\$11,615.03	120	\$13,585.19	137	\$30,372.74	314
Prednisolone Sodium Phosphate	\$10,933.52	919	\$27,935.61	2,275	\$28,498.27	2,397	\$67,367.40	5,591
Millipred	\$350.52	17	\$520.85	25	\$509.99	25	\$1,381.36	67

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

Generic Molecule / Drug Name	July 2011		August 2011		September 2011		Quarter	
	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims	Total Paid*	Total Claims
Veripred 20	\$12,011.82	431	\$30,423.64	1,104	\$35,655.86	1,247	\$78,091.32	2,782
Diazepam	\$94,279.64	2,756	\$239,015.50	6,096	\$144,612.24	4,706	\$477,907.38	13,558
Diastat Pediatric	\$558.48	2	\$6,693.96	22	\$1,675.44	6	\$8,927.88	30
Diastat Acudial	\$46,712.50	96	\$119,753.10	274	\$71,849.60	168	\$238,315.20	538
Diazepam	\$47,008.66	2,658	\$112,568.44	5,800	\$71,087.20	4,532	\$230,664.30	12,990
Gabapentin	\$95,808.88	2,429	\$252,066.09	6,403	\$183,293.39	4,585	\$531,168.36	13,417
Gabapentin	\$95,552.76	2,425	\$251,136.94	6,395	\$183,137.55	4,583	\$529,827.25	13,403
Neurontin	\$256.12	4	\$929.15	8	\$155.84	2	\$1,341.11	14

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New Business

Background on Medicaid Quality Measures

Chronic diseases account for the bulk of health care spending in the United States.

- An estimated 144 million people in the United States had one or more chronic conditions in 2010.
- Approximately 20% of these individuals have multiple chronic conditions.
- The prevalence of chronic conditions is projected to increase in the near future.
- Cost of managing these conditions is estimated to be \$1.8 trillion, which forms 75% of all healthcare spending.

Payers have been recognized as playing an important role in the management of chronic conditions by providing better access to pharmaceutical care, disease management, and medication therapy management. Payers can also use drug utilization review to target providers and patients for education and interventions aimed at improving the quality of chronic care.

On March, 2010, the Patient Protection and Affordable Care Act (Affordable Care Act) was signed into law. Section 2701 of the Affordable Care Act added new sections to the Social Security Act that mandated that the Secretary of Health and Human Services (HHS) develop a core set of health quality measures for Medicaid eligible adults. The law mandated that HHS should complete the following actions:

- By January 1, 2011 publish a recommended core set of measures for comment.
- By January 1, 2012 publish an initial core of measures and establish a Medicaid Quality Measurement Program to fund development, testing, and validation of emerging and innovative evidence-based measures.
- By January 1, 2013 develop a standardized reporting format on the core set and procedures to encourage voluntary reporting by the States.
- By January 1, 2014 annually publish recommended changes to the cores set based on research and development of quality health measures.
- By September 30, 2014 collect, analyze and make publicly available the information reported by the States.

In December 2010, the Agency for Healthcare Research and Quality (AHRQ) compiled a list of health quality measures applicable to Medicaid eligible adults and these were published in the Federal Register for public comment. Several of the measures proposed by AHRQ as the core set are related to the management of chronic conditions using medications.

- persistence with beta-blocker medications post-MI
- statin use in people with coronary artery disease (CAD)
- use of inhaled corticosteroid (ICS) or similar medications in individuals with persistent asthma
- persistence with antidepressant medications
- long-term use of antipsychotic medications
- polypharmacy utilization of antipsychotics
- annual monitoring for patients on persistent medications
- adherence to ACEI/ARBs
- adherence to beta-blockers
- adherence to calcium-channel blockers
- adherence to lipid modifiers

- adherence to biguanides
- adherence to sulfonylureas
- adherence to thiazolidinediones

Proposed DUR Action:

MS-DUR will continue to monitor the development of the core set of quality measures for Medicaid Eligible Adults. At the February 2012 Board Meeting, MS-DUR will provide:

- A summary of the pharmacy related measures in the initial core set approved by HHS,
- Information on how the Mississippi Medicaid program currently performs on these measures, and
- A plan for DUR interventions during 2012 aimed at improvement on selected measures where improvement may be needed and practical through educational interventions.

Special Analysis Projects

Medical and POS Billings for Drug Products

Background

DOM needs to better understand what drugs are billing billed through medical and POS claims in order to determine if policy changes need to be made in order to better control and monitor use of expensive medications. Issues being examined include:

- Proportion of claims in Medical and POS and whether certain drugs could be better managed by restricting reimbursement to one system.
- Potential double billing of drugs through both systems.
- Need for DOM to be sure reimbursement in both systems is comparable for similar products.

Actions to Date

At the August Board Meeting, MS-DUR reported preliminary results regarding the number of claims and the average claim payments for drugs being reimbursed through both systems. Further analyses were conducted in an attempt to develop a better comparison of products and similar units between the two systems. At the present time, MS-DUR is not receiving some key data fields that are needed to make a more appropriate comparison between the two systems. DOM and ACS, the claim processor, are working on having these fields added to the data received by MS-DUR.

On September 21, 2011, MS-DUR attended a meeting with DOM Pharmacy Bureau, DOM Medical Bureau and DOM Systems to review the preliminary results from analyses that had been conducted. Once the additional data fields are obtained, MS-DUR will continue working with this group to identify problems that might exist and possible DUR monitoring that could be done to help address these issues.

DUR Board action at this time

No specific Board actions are needed at this time.

Dilantin Shortage and Potential Problems with Unmonitored Switching of Manufacturers between Phenytoin Refills

Background/Issue

Phenytoin is considered to be a narrow therapeutic index drug (NTI). There have been studies reporting potential problems related the variability in dosing for NTI drugs when switches occur among manufacturing sources during refills. Recently Pfizer, the manufacturer of Dilantin, has experienced manufacturing delays that has caused spot shortages of product. This may result in more frequent switching between manufacturing sources during refills. MS-DUR conducted an analysis to determine whether evidence supported the need for DUR actions to manage potential switching between manufacturers when beneficiaries are refilling phenytoin prescriptions.

To assess the frequency of phenytoin switching and whether supply shortage has increased the frequency of switching. If switching appears to be happening, to assess the outcomes associated with switching manufacturers.

Results

22,444 prescriptions for phenytoin were identified between January 2010 and June 2011. 758 beneficiary/prescriptions encountered switching.

As shown in Table 1, approximately one-fourth of phenytoin users were subject to 1 or more switches in manufacturers when refilling prescriptions.

TABLE 1 – Number of Phenytoin Switching Events Occurring		
Total number of Switches	Number of beneficiaries	Percentage
0	2,177	74.2%
1	511	17.4%
2	162	5.5%
3	51	1.7%
4	22	0.7%
5	7	0.2%
6	4	0.1%
7	1	0.0%

As can be seen from Table 2, the number of emergency room and physician visits remained fairly constant for the 30 days prior to and just after beneficiaries encountered a switch in manufacturers for their phenytoin prescriptions.

TABLE 2 – Trend associated with visits pre and post switching		
Healthcare setting	Mean number of visits	% Beneficiaries having one or more visits
Emergency room		
30 days before switch	0.16	13.4%
30 days post switch	0.13	10.3%
Physician		
30 days before switch	1.08	41.7%
30 days post switch	0.94	37.8%

Conclusion/Recommendation

Based on the results conducted by MS-DUR, there does not appear to be a clinical problem resulting from manufacturer switching with phenytoin refills. MS-DUR recommends no further action at this time.

Clinical Edits Addressing the New Indications for Cialis

Background

In addition to the treatment of erectile dysfunction, the FDA has recently approved two new indications for Cialis (tadalafil) for benign prostatic hyperplasia (BPH). The two new indications include the treatment of: 1) the signs and symptoms of BPH and 2) erectile dysfunction and the signs and symptoms of BPH.¹¹ The once daily dose for Cialis (tadalafil) is 5mg for the new BPH indications. The once daily starting dose for the treatment of erectile dysfunction is 2.5mg.

According to Section 1927 of the Social Security Act (SSA), certain therapies are excluded from coverage by Medicaid, including agents used for the treatment of sexual or erectile dysfunction, unless such agents are used to treat a condition, other than sexual or erectile dysfunction, for which the agents have been approved by the FDA. A similar situation with Viagra (sildenafil) was encountered when a new indication was approved for the treatment of pulmonary arterial hypertension. However, this situation involved the approval of a new brand name product Revatio (sildenafil) instead of adding indications to Viagra (sildenafil). Coverage of Revatio (sildenafil) was easier to handle administratively because this new treatment for sildenafil was released under a new brand name product.

Clinical Guidelines and Trials

Alpha blockers are considered 1st line therapy for treating the symptoms of BPH according to guidelines released by the American Urological Association last updated in 2010, prior to the addition of these new indications. The 5-alpha reductase inhibitors are only recommended in men with documented prostate enlargement; however, combination therapy with alpha blockers and 5-alpha reductase inhibitors is also appropriate for BPH.²

Recommendation for Consideration by Board

In order to ensure that the drug is not prescribed solely for erectile dysfunction, an excluded condition under SSA Section 1927, MS-DUR recommends that clinical edits be implemented for Cialis (tadalafil). Considerations for this clinical edit include the following:

- Diagnosis codes must be available for BPH or related prostate conditions through prior medical claims (SmartPA) or documentation by prescriber (manual PA).
- A quantity limit of 30 tablets in 30 days as specified in the labeling of the drug.
- Dose for BPH is restricted to 2.5 to 5mg daily, and should exclude as needed (or prn) dosing.¹ Prior therapy with at least 1 preferred alpha blocker or 5-alpha reductase inhibitor in the past 60 days must be attempted before Cialis (tadalafil) will be covered.

¹ Cialis [package insert]. Indianapolis, IN: Eli Lilly and Company; 2003 [revised October 2011]

² American Urological Association Practice Guidelines Committee. AUA guideline on management of benign prostatic hyperplasia (2003). Chapter 1: diagnosis and treatment recommendations. *J Urol.* 2003;170(2 pt 1):530–547.

The product labeling for Cialis (tadalafil) states that concomitant therapy with an alpha-blocker for the treatment of BPH is not recommended due to lack of study data and because of the potential risk of hypotension.¹ Other state Medicaid programs are questioning whether to require a prior authorization with exclusion if the patient has a history of erectile dysfunction.

For reference, the following table is an excerpt of the drugs used to treat BPH from the preferred drug list effective June 1, 2011:

BPH Agents	PREFERRED AGENTS	NON-PREFERRED AGENTS
	ALPHA BLOCKERS	
	doxazosin FLOMAX JALYN (dutasteride/tamsulosin) tamsulosin terazosin UROXATRAL (alfuzosin)	CARDURA XL (doxazosin) RAPAFLO (silodosin)
	5-ALPHA-REDUCTASE (5AR) INHIBITORS	
	AVODART (dutasteride) finasteride	

Status of Other Special Analyses Currently Being Conducted

1. High Dose Abilify Prescribing (on-going analysis)
2. Mental Health Treatment (awaiting creation of master beneficiary eligibility file for denominator)
3. Synagis Prescribing and Outcomes (on-going analysis)
4. HIV/AIDS Treatment Patterns (analysis recently started)

Exceptions Monitoring Criteria Recommendations

FDA Safety Warnings and Exceptions Monitoring

Background

In order to respond to significant safety warnings from the FDA in a timely manner, the Division of Medicaid and MS-DUR are seeking guidance from the DUR Board and a directive to allow MS-DUR to conduct exceptions monitoring and potential provider education on select FDA safety alerts without prior review from the DUR Board.

The FDA reports MedWatch safety labeling changes based on the package insert section that is modified at the following website: <http://www.fda.gov/Safety/MedWatch/default.htm>. These label sections include the boxed warning, contraindications, warnings, precautions, adverse reactions, and patient package insert/ medication guide sections. Title 42 of the Code of Federal Regulations (CFR) provides some guidance for the various package insert sections. Included here are definitions for boxed warning and contraindications.

42 CFR §201.57 (c)(1) *Boxed warning*. Certain contraindications or serious warnings, particularly those that may lead to death or serious injury, may be required by the FDA to be presented in a box. The boxed warning ordinarily must be based on clinical data, but serious animal toxicity may also be the basis of a boxed warning in the absence of clinical data.

42 CFR §201.57 (5) *Contraindications*. This section must describe any situations in which the drug should not be used because the risk of use (e.g., certain potentially fatal adverse reactions) clearly outweighs any possible therapeutic benefit. Those situations include use of the drug in patients who, because of their particular age, sex, concomitant therapy, disease state, or other condition, have a substantial risk of being harmed by the drug and for whom no potential benefit makes the risk acceptable. Known hazards and not theoretical possibilities must be listed (e.g., if severe hypersensitivity to the drug has not been demonstrated, it should not be listed as a contraindication).

The warnings, precautions, adverse reactions, and patient package insert/ medication guide sections typically do not contain information that would warrant a timely response from the MS-DUR.

Recommendation to DUR Board for action

Since FDA notices about boxed warnings and new contraindications potentially have significant health implications, the MS-DUR would like to launch immediate monitoring/education activities directed at these new safety notices. The DUR Board only meets quarterly; therefore the MS-DUR requests that the Board approve a new exceptions monitoring/education policy as follows:

MS-DUR should evaluate all notices about FDA labeling changes that result in boxed warnings or updates to the contraindication sections of product labels. When these changes are considered to have significant implications to the state Medicaid program, MS-DUR should immediately initiate appropriate exceptions monitoring and educational interventions. At each Board Meeting, MS-DUR will report on all interventions initiated between meetings under this policy and the Board will take official action to continue or discontinue these exceptions monitoring criteria and educational interventions.

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

Criteria Recommendations**Approved Rejected****1. Persistence of beta-blocker treatment after a heart attack**

Message: Guidelines from the American College of Cardiology and the American Heart Association strongly recommend patients be treated indefinitely using beta-blockers following a heart attack, unless contraindicated. Persistent treatment with beta blocker therapy is important to reduce mortality during acute and long-term management of patients who have had heart attacks.

Exception Type: Clinical appropriateness (CAP)

Drug Class

beta-blockers

Disease Category

acute myocardial infarction

References:

Antman, EM et al. ACC/AHA guidelines for the management of patients with ST-elevation myocardial infarction – executive summary: A report of the American College of Cardiology/ American Heart Association Task Force on Practice Guidelines. Circulation. 2004 Aug 3; 110(5):588-636.

2. Statin therapy in patients with coronary artery disease

Message: Guidelines from the American College of Cardiology and the American Heart Association recommend that lipid levels be managed in patients with chronic stable coronary artery disease, using statin therapy to achieve a low-density lipoprotein level of 70 to 100 mg/dl.

Exception Type: Clinical appropriateness (CAP)

Drug Class

statins

Disease Category

coronary artery disease

References:

Fraker, TD. 2007 Chronic Angina Focused Update of the ACC/AHA 2002 Guidelines for the Management of Patients with Chronic Stable Angina. Circulation 2007 Nov 12; 116:2762-2772.

Criteria Recommendations**Approved Rejected****3. Use of controller medications for people with persistent asthma**

Message: Evidence-based guidelines from the National Heart, Lung, and Blood Institute recommend that patients with persistent asthma be treated with an inhaled corticosteroid or similar controller medications, including nedocromil, cromolyn sodium, leukotriene modifiers or methylxanthines.

Exception Type: Clinical appropriateness (CAP)

References:

U.S. Department of Health and Human Services. National Institutes of Health. National Heart, Lung, and Blood Institute. National Asthma Education and Prevention Program. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. Full Report 2007.

4. Adherence with beta-blockers

Message: We have identified the following patients in your practice who may have suboptimal adherence to their beta blocker therapy, based on Medicaid prescription claims data. This does not account for any prescriptions that the patient may have paid for out of pocket.

Exception Type: Appropriate Use (APU)

Drug Class

beta-blockers

References:

U.S. Department of Health and Human Services. National Institutes of Health. National Heart, Lung, and Blood Institute. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7). Full Report 2003.

5. Adherence with angiotensin converting enzyme (ACE) inhibitors

Message: We have identified the following patients in your practice who may have suboptimal adherence to their angiotensin converting enzyme (ACE) inhibitor therapy, based on Medicaid prescription claims data. This does not account for any prescriptions that the patient may have paid for out of pocket.

Exception Type: Appropriate Use (APU)

Drug Class

ACE inhibitors

References:

U.S. Department of Health and Human Services. National Institutes of Health. National Heart, Lung, and Blood Institute. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7). Full Report 2003.

Criteria Recommendations**Approved Rejected****6. Adherence with angiotensin receptor blockers (ARBs)**

Message: We have identified the following patients in your practice who may have suboptimal adherence to their angiotensin receptor blocker (ARB) therapy, based on Medicaid prescription claims data. This does not account for any prescriptions that the patient may have paid for out of pocket.

Exception Type: Appropriate Use (APU)

Drug Class

angiotensin receptor blockers (ARBs)

References:

U.S. Department of Health and Human Services. National Institutes of Health. National Heart, Lung, and Blood Institute. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7). Full Report 2003.

7. Adherence with calcium channel blockers

Message: We have identified the following patients in your practice who may have suboptimal adherence to their calcium channel blocker therapy, based on Medicaid prescription claims data. This does not account for any prescriptions that the patient may have paid for out of pocket.

Exception Type: Appropriate Use (APU)

Drug Class

calcium channel blockers

References:

U.S. Department of Health and Human Services. National Institutes of Health. National Heart, Lung, and Blood Institute. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7). Full Report 2003.

Criteria Recommendations**Approved** **Rejected****8. Adherence with HMG-CoA reductase inhibitors “statins”**

Message: We have identified the following patients in your practice who may have suboptimal adherence to their HMG-CoA reductase inhibitor “statin” therapy, based on Medicaid prescription claims data. This does not account for any prescriptions that the patient may have paid for out of pocket.

Exception Type: Appropriate Use (APU)

Drug Class

statins

References:

U.S. Department of Health and Human Services. National Institutes of Health. National Heart, Lung, and Blood Institute. Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III). Final Report 2002.

9. Adherence with metformin

Message: We have identified the following patients in your practice who may have suboptimal adherence to their metformin therapy, based on Medicaid prescription claims data. This does not account for any prescriptions that the patient may have paid for out of pocket.

Exception Type: Appropriate Use (APU)

Drug Class

biguanides

References:

American Diabetes Association. Standards of Medical Care in Diabetes – 2011. Diabetes Care. Volume 34, Supplement 1, January 2011. S11-S61.

10. Adherence with sulfonylureas

Message: We have identified the following patients in your practice who may have suboptimal adherence to their sulfonylurea therapy, based on Medicaid prescription claims data. This does not account for any prescriptions that the patient may have paid for out of pocket.

Exception Type: Appropriate Use (APU)

Drug Class

sulfonylureas

References:

American Diabetes Association. Standards of Medical Care in Diabetes – 2011. Diabetes Care. Volume 34, Supplement 1, January 2011. S11-S61.

Criteria Recommendations**Approved Rejected****11. Adherence with thiazolidinediones (TZDs)**

Message: We have identified the following patients in your practice who may have suboptimal adherence to their thiazolidinedione (TZD) therapy, based on Medicaid prescription claims data. This does not account for any prescriptions that the patient may have paid for out of pocket.

Exception Type: Appropriate Use (APU)

Drug Class

thiazolidinediones (TZDs)

References:

American Diabetes Association. Standards of Medical Care in Diabetes – 2011. Diabetes Care. Volume 34, Supplement 1, January 2011. S11-S61.

Proposed Removal of Select Exceptions Monitoring Criteria**Approved Rejected****1. Propoxyphene / Black Box Warning****11/19/2010 _____**

Description: Propoxyphene-containing products should not be prescribed to patients who are suicidal or addiction prone. Many propoxyphene-related deaths have occurred in patients with histories of emotional disturbances, suicidal ideation or attempts, or misuse of tranquilizers, alcohol, and other CNS-active drugs.

Conflict Code: MC – Drug (Actual) Disease Warning (Black Box Warning)

Drug/Disease:

Util A

Util B

Util C

Propoxyphene

Suicidality

Addiction

References:

FDA News & Events, FDA Takes Action on Darvon, other Pain Medications Containing Propoxyphene. July 7, 2009. Available at: www.fda.gov/NewsEvent/Newsroom/PressAnnouncements/ucm170769.htm

Facts & Comparisons, 2009 Updates

2. Propoxyphene / Black Box Warning**11/19/2010 _____**

Description: The maximum recommended dose of propoxyphene napsylate is 600 mg per day and 390 mg per day for propoxyphene hydrochloride. Exceeding the maximum dose of propoxyphene may result in accumulation of the parent compound and the active metabolite causing an increased risk of adverse reactions and sometimes fatal overdose. Fatalities within the first hour of overdosage are not uncommon.

Conflict Code: ER – Overutilization – Black Box Warning

Drug/Disease:

Util A

Util B

Util C

Propoxyphene

Max Dose: 600mg/day napsylate and 390mg/day hydrochloride

References:

FDA News & Events, FDA Takes Action on Darvon, other Pain Medications Containing Propoxyphene. July 7, 2009. Available at: www.fda.gov/NewsEvent/Newsroom/PressAnnouncements/ucm170769.htm

Facts & Comparisons, 2009 Updates

Proposed Removal of Select Exceptions Monitoring Criteria***Approved Rejected*****3. Propoxyphene / CNS Depressants (Black Box)****11/19/2010 _____**

Description: Propoxyphene-containing products should be prescribed with caution in patients receiving other CNS depressants (e.g. tranquilizers, antidepressants, opiates and antipsychotics) or who use alcohol in excess. Concurrent use may lead to additive CNS depression.

Conflict Code: DD – Drug/Drug Interaction (Black Box Warning)

Drug/Disease:

Util A

Util B

Util C

Propoxyphene

Opioid Analgesics

Phenothiazines

Sedative/Hypnotics

Anxiolytics

Anticonvulsants

Antipsychotics

Muscle Relaxants

References:

FDA News & Events, FDA Takes Action on Darvon, other Pain Medications Containing Propoxyphene. July 7, 2009. Available at: www.fda.gov/NewsEvent/Newsroom/PressAnnouncements/ucm170769.htm

Facts & Comparisons, 2009 Updates

Appendix

9300 for TDD Relay/1-800-877-8339 for toll free.

Jean H. Ellen,
Chief Docket Clerk.

[FR Doc. 2010-33038 Filed 12-28-10; 11:15 am]

BILLING CODE 6735-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[CMS-2420-NC]

Medicaid Program: Initial Core Set of Health Quality Measures for Medicaid-Eligible Adults

AGENCY: Office of the Secretary, HHS.

ACTION: Notice with comment period.

SUMMARY: This notice identifies an initial core set of health quality measures recommended for Medicaid-eligible adults, as required by section 2701 of the Affordable Care Act, for voluntary use by State programs administered under title XIX of the Social Security Act (the Act), health insurance issuers and managed care entities that enter into contracts with Medicaid, and providers of items and services under these programs. This notice also solicits comments on these initial measures, on facilitating the use of these measures by States and on identifying priority areas for measure enhancement and development.

DATES: To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on March 1, 2011.

ADDRESSES: Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of two ways (please choose only one of the ways listed):

1. *Electronic Mail.*

medicaidadultmeasures@ahrq.hhs.gov.

2. *Regular Mail.* Agency for

Healthcare Research and Quality, Attention: Nancy Wilson, Immediate Office of the Director, Room 3028, 540 Gaither Road, Rockville, MD 20850.

FOR FURTHER INFORMATION CONTACT:

Nancy Wilson, M.D., M.P.H., Coordinator of the Advisory Council Subcommittee, at the Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850, (301) 427-1310. For press-related information, please contact Karen Migdail at (301) 427-1855.

SUPPLEMENTARY INFORMATION:

I. Background

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (Affordable Care Act) (Pub. L. 111-148). Section 2701 of the Affordable Care Act added new section 1139B to the Social Security Act (the Act); section 1139B(a) of the Act now mandates that the Secretary of Health and Human Services (HHS) identify and publish for public comment a recommended initial core set of health quality measures for Medicaid eligible adults. Section 1139B(b) of the Act, as added by section 2701 of the Affordable Care Act, requires that a recommended initial core set be published for public comment by January 1, 2011, and that an initial core set be published by January 1, 2012.

In addition, the Affordable Care Act mandates that HHS should complete the following actions

—By January 1, 2012:

- Establish a Medicaid Quality Measurement Program to fund development, testing, and validation of emerging and innovative evidence-based measures.

—By January 1, 2013:

- Develop a standardized reporting format on the core set and procedures to encourage voluntary reporting by the States.

—By January 1, 2014:

- Annually publish recommended changes to the initial core set that shall reflect the results of the testing, validation, and consensus process for the development of adult health quality measures.

—By September 30, 2014:

- Collect, analyze, and make publicly available the information reported by the States as required in section 1139B(d)(1) of the Act.

Additionally, the statute requires the initial core set recommendation to consist of existing adult health quality measures that are in use under public and privately sponsored health care coverage arrangements or are part of reporting systems that measure both the presence and duration of health insurance coverage over time and that may be applicable to Medicaid-eligible adults.

II. Method for Determining Proposed Initial Core Set of Adult Health Quality Measures

The Affordable Care Act parallels the requirement under title IV of the Children's Health Insurance Program Reauthorization Act (Pub. L. 111-3) to identify and publish a recommended initial core set of quality measures for children in Medicaid and the Children's

Health Insurance Program. A similar process was used to identify the proposed initial core set of adult health quality measures. To facilitate an evidence-based and transparent process for making recommendations, the National Advisory Council of the Agency for Healthcare Research and Quality (AHRQ) created a subcommittee (the Subcommittee) for identifying quality measures for Medicaid-eligible adults. The Subcommittee consisted of State Medicaid representatives, health care quality experts, and representatives of health professional organizations and associations. The Subcommittee held a public meeting October 18th and 19th and considered public comments. The Subcommittee's advice was reported to the Chair of AHRQ's National Advisory Council and considered further by the Centers for Medicare & Medicaid Services (CMS) and staff in the Office of the Secretary of HHS prior to this public posting.

The initial core set was developed by reviewing measures from nationally recognized sources, including measures currently endorsed by the National Quality Forum (NQF), measures submitted by Medicaid medical directors, measures currently in use by CMS, and measures suggested by the Co-Chairs and members of the Subcommittee of AHRQ's National Advisory Council.

In prioritizing measures, the Subcommittee considered the needs of adults (ages 18 and older) enrolled in Medicaid. To help guide the discussion of priority health needs within the adult populations covered by Medicaid, the Subcommittee was divided into four workgroups—Maternal/Reproductive Health, Overall Adult Health, Complex Health Care Needs, and Mental Health and Substance Use. The workgroups considered potential measurement opportunities across the Institute of Medicine's (IOM) eight domains of quality: Safe, timely, effective, efficient, access, patient and family centeredness, care coordination, and infrastructure capabilities for health care. The Subcommittee also considered how health care equity and value (also from the IOM) could be reflected in the initial measurement set. Ultimately, the Subcommittee used the following three criteria in voting on the recommended measures for the core set:

- The scientific acceptability of measure properties.
- Feasibility of use by Medicaid.
- Importance to Medicaid programs.

The Subcommittee also considered whether the measures were currently used in other Medicaid quality

measurement efforts (for example, three maternity care measures included in the initial core set of children's quality measures, and measures designated for inclusion in the Medicare and Medicaid Electronic Health Record Incentive Payment Programs). The Subcommittee identified many measures that were cross-cutting and relevant to the entire adult Medicaid population. In the end, the Subcommittee identified a set of 51 measures to recommend as the initial core set of adult quality measures.

We are now soliciting public comments on the recommended initial core set of adult quality measures. Specifically, we seek comment on whether any measures should be added or deleted from the initial core set, the reporting burden, which measures may need further development, and the types of technical assistance and other resources States may need to implement these measures. We also are interested in feedback on how many measures are feasible and realistic for a State to collect and use in its monitoring of quality of care. We are trying to strike a balance between the need for State data to monitor and improve quality and an interest in minimizing the reporting burden on States and providers by aligning with other quality reporting and incentive initiatives.

HHS will be making improvements and enhancements to the core set as a result of public comments on the initial recommended core measure set. To further these efforts, AHRQ and CMS are working to identify ways to align State reporting requirements with other HHS quality reporting initiatives and requirements; coordinate quality

measurement efforts with payment reform strategies, health information technology, and electronic health record initiatives; and identify priority areas for the development of new measures. States will also receive technical assistance to facilitate implementation of the measures. The initial core set of adult quality measures, as required by the Affordable Care Act, will serve as the groundwork for creating a standardized approach to better understand the quality of care adults in Medicaid receive, improve how this care is measured, and create opportunities to impact health outcomes.

III. The Draft Initial Core Set of Health Quality Measures for Medicaid-Eligible Adults

The list of measures in the accompanying table of measures was developed on the basis of advice from the Subcommittee. For additional information, see the background paper at <http://ahrq.hhs.gov/>.

Respondents commenting on the measurement set are encouraged to:

- Specify which of the measures are being addressed.
- Explain the reasoning behind their comment.

In addition, we invite comments on ways to enhance the initial core set of measures so they can be implemented efficiently and accurately across all Medicaid programs, providers, and enrollees.

IV. Collection of Information Requirements

This document does not impose information collection and record-

keeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35).

V. Regulatory Impact Statement

In accordance with the provisions of Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

Authority: Sections XIX and XXI of the Social Security Act (42 U.S.C. 13206 through 9a).

Dated: November 17, 2010.

Donald M. Berwick,

Administrator, Centers for Medicare & Medicaid Services.

Approved: December 20, 2010.

Kathleen Sebelius,

Secretary, Health and Human Services.

Measures Recommended for Initial Core Set of Health Quality Measures for Medicaid-Eligible Adults

This table of the recommended initial core measure set includes National Quality Forum (NQF) identifying numbers for measures that have been endorsed, provides the measure owners, and indicates those measures that have been designated for inclusion in the Medicare & Medicaid Electronic Health Record Incentive Payment Programs for eligible health care professionals and hospitals that adopt certified Electronic Health Record technology under the Final Rule published in the July 28, 2010 **Federal Register** (75 FR 44314).

Number	NQF ID†	Measure owner	Measure name	EHR‡
Prevention & Health Promotion				
1	0039 ...	NCQA	Flu Shots for Adults Ages 50–64 (Collected as part of HEDIS CAHPS Supplemental Survey).	
2	0421 ...	CMS	Adult Weight Screening and Follow up	X
3	0031 ...	NCQA	Breast Cancer Screening	X
4	0032 ...	NCQA	Cervical Cancer Screening	X
5	NA	RAND	Alcohol Misuse: Screening, Brief Intervention, Referral for Treatment	
6	0027 ...	NCQA	Medical Assistance With Smoking and Tobacco Use Cessation	X
7	0418 ...	CMS	Screening for Clinical Depression and Followup Plan	
8	NA	NCQA	Plan All-Cause Readmission.	
9	0272 ...	AHRQ	PQI 01: Diabetes, short-term complications	
10	0273 ...	AHRQ	PQI 02: Perforated appendicitis.	
11	0274 ...	AHRQ	PQI 03: Diabetes, long-term complications	
12	0275 ...	AHRQ	PQI 05: Chronic obstructive pulmonary disease	
13	0276 ...	AHRQ	PQI 07: Hypertension.	
14	0277 ...	AHRQ	PQI 08: Congestive heart failure.	
15	0280 ...	AHRQ	PQI 10: Dehydration	
16	0279 ...	AHRQ	PQI 11: Bacterial pneumonia	
17	0281 ...	AHRQ	PQI 12: Urinary Tract Infection Admission Rate	
18	0282 ...	AHRQ	PQI 13: Angina without procedure.	
19	0638 ...	AHRQ	PQI 14: Uncontrolled Diabetes Admission Rate	
20	0283 ...	AHRQ	PQI 15: Adult asthma.	

Number	NQF ID†	Measure owner	Measure name	EHR‡
21	0285 ...	AHRQ	PQI 16: Lower extremity amputations among patients with diabetes	
Management of Acute Conditions				
22	0052 ...	NCQA	Use of Imaging Studies for Low Back Pain	X
23	0640 ...	TJC	HBIPS—2 Hours of physical restraint use.	
24	0576 ...	NCQA	Followup After Hospitalization for Mental Illness	
25	0476 ...	Providence St. Vincent Medical Center.	Appropriate Use of Antenatal Steroids.	
26	0469 ...	Hospital Corporation of America	Elective delivery prior to 39 completed weeks gestation	
27	0648 ...	AMA-PCPI	Timely Transmission of Transition Record (Inpatient Discharges to Home/Self-Care or Any Other Site of Care).	
28	0647 ...	AMA-PCPI	Transition Record With Specified Elements Received by Discharged Patients (Inpatient Discharges to Home/Self-Care or Any Other Site of Care).	
Management of Chronic Conditions				
29	0071 ...	NCQA	Persistence of Beta-Blocker Treatment After a Heart Attack	
30	0018 ...	NCQA	Controlling High Blood Pressure	X
31	0074 ...	AMA-PCPI	Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL Cholesterol.	X
32	0075 ...	NCQA	Comprehensive Ischemic Vascular Disease Care: Complete Lipid Profile and LDL-C Control Rates.	X
33	0063 ...	NCQA	Diabetes: Lipid profile.	
34	0057 ...	NCQA	Comprehensive Diabetes Care: Hemoglobin A1c testing	
35	0036 ...	NCQA	Use of Appropriate Medications for People With Asthma	X
36	0403 ...	NCQA	HIV/AIDS: Medical visit.	
37	0105 ...	NCQA	Antidepressant Medication Management	X
38	NA	RAND	Bipolar I Disorder 2: Annual assessment of weight or BMI, glycemic control, and lipids.	
39	NA	RAND	Bipolar I Disorder C: Proportion of patients with bipolar I disorder treated with mood stabilizer medications during the course of bipolar I disorder treatment.	
40	NA	RAND	Schizophrenia 2: Annual assessment of weight/BMI, glycemic control, lipids.	
41	NA	RAND	Schizophrenia B: Proportion of schizophrenia patients with long-term utilization of antipsychotic medications.	
42	NA	RAND	Schizophrenia C: Proportion of selected schizophrenia patients with antipsychotic polypharmacy utilization.	
43	0021 ...	NCQA	Annual Monitoring for Patients on Persistent Medications	
44	0541 ...	PQA	Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category	
Family Experiences of Care				
45	0006 ...	AHRQ	CAHPS Health Plan Survey v 4.0—Adult Questionnaire	
46	0007 ...	NCQA	CAHPS Health Plan Survey v 4.0H—NCQA Supplemental items for CAHPS 4.0 Adult Questionnaire.	
Availability				
47	NA	NCQA	Ambulatory Care: Outpatient and Emergency Department Visits	X
48	NA	NCQA	Inpatient Utilization: General Hospital/Acute Care	
49	0004 ...	NCQA	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment.	
50	NA	NCQA	Mental Health Utilization.	
51	NA	NCQA	Prenatal and Postpartum Care: Postpartum Care Rate	

† NQF ID National Quality Forum identification numbers are used for measures that are NQF-endorsed; otherwise, NA is used.

‡ EHR Measures with an “X” are included in the Medicare and Medicaid Electronic Health Record Incentive Payment Program and may be collected through electronic health records. Specifications for these measures are available from the Centers for Medicare & Medicaid Services Web site at: http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage.