



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

June 19, 2003

**DIVISION OF MEDICAID  
OFFICE OF THE GOVERNOR  
DRUG UTILIZATION REVIEW BOARD  
AGENDA  
June 19, 2003**

**Welcome** **Tim Alford, MD**

**Old Business**

**Reading & Approval of Minutes  
of March 20, 2003 DUR  
Board Meeting** **Lew Anne Snow, RN**

**Prior Authorization Process** **Lew Anne Snow, RN  
Derek Martin, R.Ph.**

**Pharmacy Program Updates** **Judith Clark, R.Ph.**

**New Business**

**Report on Narcotic Prescribing Patterns** **Derek Martin, R.Ph.**

**Black Box Warnings or Boxed  
Warning Update** **Derek Martin, R.Ph.**

**Intervention Activity Report with  
Suggested Interventions** **Derek Martin, R.Ph.**

**Cost Management Analysis Report/  
Trend Summary of Medications requiring  
Prior Authorization** **Derek Martin, R. Ph.**

**Next Meeting Information** **Tim Alford, MD**

March 24, 2003

**Minutes of the March 20, 2003  
Drug Utilization Review (DUR) Board Meeting**

**Members Attending:** Tim Alford, M.D., Bob Broadus, RPh, Clarence DuBose, RPh, Dianna McGowan, RPh, Joe McGuffee, RPh, John Mitchell, M.D., Andrea Phillips, M.D., Lee Ann Ramsey, RPh Robert Smith, M.D, Cynthia Undesser, M.D., Sara Weisenberger, M.D.

**Members Absent:** Montez Carter, RPh

**Also Present:**

Derek Martin, RPh, Lew Anne Snow, RN, – HID

Bo Bowen, Phyllis Williams, and Judy Clark, RPh - DOM

Dr. Alford called the meeting to order at 2:08 pm.

**Approve minutes of last meeting (November 21, 2002):** Bob Broadus made a motion to accept the minutes as written. Cynthia Undesser seconded the motion. All voted in favor of approval.

**Reports**

**Generic/Default Provider ID Number:** Derek Martin gave a report regarding the use of a generic or default provider ID number when submitting pharmacy claims. In 2002 all pharmacy claims filed using a generic/default prescribing provider accounted for \$115, 463, 386.18 of total prescription medication for the year. This prohibits the DUR Board from identifying the prescribing physician who should receive intervention letters. With the use of new software, which will be implemented in the fall of 2003, the Division of Medicaid (DOM) will be able to match a physician's DEA number with the Medicaid provider number. Phyllis Williams with the Division of Medicaid stated that after a pharmacy is identified as consistently utilizing the generic prescriber ID number and fails to correct the behavior it is possible that the pharmacy may lose point of sale privileges.

Recommendation: Tim Alford made a motion to identify those pharmacies which utilize the generic prescriber ID number greater than 40% of the time and send intervention letters to those pharmacies. Joe McGuffee seconded the motion. All voted in favor of approval.

**Therapeutic Duplication of Atypical Antipsychotics:** Derek Martin presented a study regarding the therapeutic duplication of atypical antipsychotics.

The study focused on the concurrent use of atypical antipsychotics and indicated instances during a 90 day period where two or more antipsychotics were used simultaneously.

Recommendation: Cynthia Undesser made a motion to send interventions based on a 90 day review regarding therapeutic duplication of atypical antipsychotics. Bob Broadus seconded the motion. All voted in favor of approval. Cynthia Undesser suggested that educational materials be included with the intervention letter regarding potential side effects of all antipsychotic agents which should be monitored by the prescribing physician. Clarence Dubose asked Health

Information Designs to repeat a study after intervention letters had been sent in order to ascertain if there is a decrease in therapeutic duplication of atypical antipsychotics.

**Statin Utilization:** Lew Anne Snow presented a report regarding the utilization of statins as requested by the DUR Board. The study indicated that the use of statin had increased after June 2002 when the extension of benefits prior authorization went into effect. No action was taken regarding this information.

**Pharmacy Program Updates:** Lew Anne Snow presented an update of the changes in the prior authorization process to the Board. The following updates were discussed:

**Early Refill/Renewal:**

Effective February 10, 2003, Medicaid will not pay for a prescription until 85% of the days supply of any Schedule III narcotic drug and 75% of the day's supply of all other drugs have elapsed, as indicated on the prescription.

Prior Authorization Criteria for Early Refill/Renewal:

Medicaid may permit an early refill of an original claim when:

- Billed by the same pharmacy
- the beneficiary's life is at risk; when an acute clinical condition require extra medication to stop or mitigate further morbidity;
- When the prescriber increases the dosing frequency or increases the number of tablets per dose.
- The prescriber must document the change in dosage or frequency by writing or phoning in a new prescription.

Medicaid will not authorize an early refill for medications used for palliative treatment or when the beneficiary has displayed gross negligence, or has a history of early refill/renewal requests.

**Synagis:**

Effective February 1, 2003, Medicaid beneficiaries must meet criteria in one of four categories.

- Category 1-Prematurity of <28 weeks gestation  
Age: < 1 year old
- Category 2- Prematurity of 29 -32 weeks gestation  
Age: <6 months at the start of RSV season
- Category 3- Prematurity of <35 weeks gestation  
Age: 0 - 2 years old  
Diagnosis of Chronic Lung Disease (CLD) and ongoing medical treatment for CLD (supplemental oxygen, steroids, bronchodilators or diuretics) within the last 6 months.
- Category 4- 33-35 weeks gestation  
Age: 0-6 months old during RSV season  
Risk factors as noted below are present and documented.  
RSV Risk Factors:  
One of the following are considered sufficient

- Hemodynamically significant Congenital Heart Disease (simple, small Atrial Septal Defects (ASD), Ventricular Septal Defects (VSD), and Patent Ductus Arteriosus (PDA) are not eligible).
- Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Deficiency Syndrome (AIDS)

Must have TWO of the following

- Exposure to tobacco smoke in the home
- School age Siblings
- Multiple Birth
- Day Care

No diagnosis of CLD is required.

Authorization will end at age two (last day of child's birthday month) extending beyond age 2 years will be considered on an individual basis when supported by clinical documentation of extreme necessity.

Authorization is granted during the RSV season only (usually November through April).

**Brand-Name Multi Source Drugs:**

Mississippi law requires that the Medicaid provider shall not prescribe, the Medicaid pharmacy shall not bill and the Division of Medicaid shall not reimburse for a brand name drug if an equally effective generic equivalent is available and the generic equivalent is the least expensive.

Effective February 10, 2003, Prior authorization is required for any brand-name multiple source drug that has an FDA AB rated generic equivalent except NTI drugs.

The following medications are identified as NTI drugs:

- Dilantin®
- Lanoxin®
- Tegretol®
- Coumadin®
- Synthroid®

Priori authorization for a brand-name multi source drug must include:

- The drug requested, the dosage form, strength and directions for use
- Previous trials of generic medications including length of therapy and the observed allergic reaction or adverse event.
- A copy of the MEDWATCH report filed with the FDA by the provider.

Duration of prior authorization may be granted for up to one year.

**Actiq:**

Actiq is indicated only for the management of breakthrough cancer pain in patients with malignancies who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. Patients considered opioid tolerant are those who are taking at least 60 mg morphine/day, 50 mcg transdermal fentanyl/hour, or an equianalgesic dose of another opioid for a week or longer.

Because life-threatening hypoventilation could occur at any dose in patients not taking chronic opiates, Actiq is contraindicated in the management of acute or postoperative pain. This product must not be used in opioid non-tolerant patients.

The FDA recommends Actiq to be used only in the care of cancer patients and only by oncologists and pain specialists who are knowledgeable of and skilled in the use of Schedule II opioids to treat cancer pain.<sup>1</sup>

The appropriate dosing and safety of Actiq in opioid tolerant children with breakthrough cancer pain have not been established below the age of 16 years.<sup>2</sup>

Prior Authorization (PA) is required for Actiq. PA requests must include documentation of:

- Management of breakthrough cancer pain in patients with malignancies who are already receiving and who are tolerant to opioid therapy
- Diagnosis of cancer (ICD-9 codes 141.0-208)

**Contraindications:**

- Hypersensitivity to opiates
- Respiratory depression/hypoxia/hypercarbia
- Severe asthma or COPD
- Paralytic ileus
- Treatment of acute or postoperative pain
- Treatment of opioid non-tolerant patients
- Use in children below the age of 16 years

Duration of Prior Authorization: Approval may be granted for up to 6 months.

**Anti-Secretory Therapy (Proton Pump Inhibitors)**

Effective April 7, 2003:

Beneficiary must have diagnosis of:

- Heartburn
- H. Pylori
- Gastroesophageal Reflux Disease (GERD)

---

<sup>1</sup> ©2002 Cephalon, Inc. Boxed Warning on Prescribing Information for Actiq

<sup>2</sup> ©2002 Cephalon, Inc. Prescribing Information for Actiq

- Esophagitis
- Peptic Ulcer Disease (PUD)
- Gastric Ulcer
- Barrett's Esophagus
- Zollinger-Ellison Syndrome
- Laryngopharyngeal Reflux (LPR)
- Other Hypersecretory condition (diagnosis with medical justification attached to the request)

Beneficiary must have failed two 30-day trials of Antacids, H2 Antagonists, or other PPI. Multiple antacids will be considered as one trial only.

Beneficiary must have documentation of testing supporting the diagnosis.

Approved length of therapy varies depending upon diagnosis.

\*Please note that brand H2 Antagonists will no longer require a prior authorization.

A current list of medications requiring prior authorizations was provided to the DUR Board members.

A request was made by Tim Alford for Health Information Designs to review the prior authorization process and present at the next DUR Board meeting ways in which the process could be stream-lined.

**Black Box Warnings:** Derek Martin presented an update on the medications which had been issued a black box warning or boxed warning by the FDA since the DUR Board meeting held in November. He gave a definition of both a boxed warning and a Black Box Warning according to the FDA.

### **Interventions:**

Derek Martin presented intervention recommendations. Each suggested intervention included the number of recipients identified during profile review as being at risk for the specific intervention. These suggested interventions included:

- Black Box warning concerning ACE Inhibitors during pregnancy  
Recommendation: Leigh Ann Ramsey made a motion to accept the boxed warning for Ace Inhibitor use during pregnancy as an intervention. John Mitchell seconded the motion. All voted in favor of the motion.
- Therapeutic Duplication of Muscle Relaxants  
Recommendation: Bob Broadus made a motion to accept therapeutic duplication of muscle relaxants as an intervention. Robert Smith seconded the motion. All voted in favor of the motion.

- Overutilization of Muscle Relaxants  
Recommendation: Bob Broadus made a motion to accept overutilization of muscle relaxants as an intervention. Robert Smith seconded the motion. All voted in favor of the motion.
- Therapeutic duplication of antiulcer agents  
No action taken on this suggested intervention.
- Overutilization of sedative agents Ambien and Sonata  
Recommendation: Dr. Robert Smith made a motion to accept the intervention. There was no second to this motion. The board suggested that Health Information Designs refine the criteria and table this intervention until a later date.
- Therapeutic duplication of atypical antipsychotics  
Recommendation: Cynthia Undesser made a motion to send interventions based on a 90 day review regarding therapeutic duplication of atypical antipsychotics. Bob Broadus seconded the motion. All voted in favor of approval.
- Overutilization of Narcotic Agents  
Recommendation: John Mitchell made a motion to accept overutilization of narcotic agents as an intervention. Bob Broadus seconded the motion. All voted in favor of the motion.
- Overutilization of Anxiolytic Agents  
Recommendation: Cynthia Undesser made a motion to accept overutilization of anxiolytic agents as an intervention. Clarence Dubose seconded the motion. All voted in favor of approval.

### **Legislative update**

Bo Bowen gave a legislative update regarding the current legislative session. He reported that March 26, 2003 was the conference report deadline.

### **Next Meeting Information**

Lew Anne Snow reminded the board of next meeting date. The next DUR Board meeting will be held June 19, 2003 at 2:00p.m.

There being no other business, Tim Alford made a motion to adjourn the meeting. Cynthia Undesser seconded the motion. All voted in favor of approval. The meeting was adjourned.

Respectfully submitted  
Health Information Designs



**All requests for drug prior authorization *must* be initiated by a physician or prescriber with prescribing authority for the drug category for which prior authorization is being requested.**

The following information *must* be supplied with each patient-specific drug prior authorization request:

- Beneficiary name
- Beneficiary Medicaid Identification Number
- Prescribers name, city, Medicaid provider number, and original signature - \*phone number and fax number are helpful but not necessary
- Pharmacy name, city, phone number- \* Medicaid Provider number, address, fax number are helpful but not necessary
- Medication name, strength, dosage form, and dosing schedule requested - \* If the prescribing physician does not know the NDC number of the medication being requested the form may be submitted without this information.
- Diagnosis requiring treatment with requested medication.
- Documentation of failed trials of other medications or medical reasons why the patient is exempt from the necessary criteria.
- Documentation of all necessary testing or why this is inappropriate in the beneficiary's case.
- Documentation of any pertinent medical information which may affect the outcome of the prior authorization request
- Prior authorizations may be moved to any pharmacy requested by the Medicaid beneficiary.
- As specified by OBRA '90, any Medicaid drug prior authorization process must provide a response by telephone or other telecommunication device within 24 hours of the receipt of a request for prior authorization.
- The prior authorization approval or denial is faxed directly to the pharmacy listed on the prior authorization form, as well as to the prescribing physician. If the pharmacy or physician has not received a response within 24 hours of faxing the request to Health Information Designs, Inc., please call HID @ 800-355-0486 to verify receipt of request.

## Pharmacy Program Updates

### Extension of Benefits prior authorizations

- Effective June 1, 2003 all extension of benefits prior authorizations will be approved for one year. This authorization number extends beneficiary's maximum drug coverage from 5 prescriptions monthly to 6 or 7 prescriptions only.
- This authorization number is **not** for drugs that require a prior authorization.
- Any other drug requiring a prior authorization must be submitted for the 1<sup>st</sup> through the 5<sup>th</sup> prescription per month and not for the 6<sup>th</sup> or 7<sup>th</sup> prescription submitted for payment.

### Preferred Drug List

- In an effort to contain cost while maintaining quality health care for Medicaid beneficiaries, Division of Medicaid has developed a Preferred Drug List (PDL). Prescribers are strongly encouraged to prescribe the agents when possible to meet the clinical needs of patients. These agents are selected based on their clinical efficacy and cost effectiveness. The PDL became effective June 1, 2003.

**MISSISSIPPI DIVISION OF MEDICAID  
PREFERRED DRUG LIST  
FREQUENTLY ASKED QUESTIONS (FAQ)**

**Is the Preferred Drug List a formulary?**

No. The Preferred Drug List (PDL) is not a formulary. It is a list of drugs, which have been reviewed by a committee of physicians and pharmacists referred to as the Pharmacy & Therapeutics (P&T) Committee. The Division of Medicaid (DOM) recommends that prescribing physicians use the drugs on the PDL list. All the listed drugs are FDA-approved, and are as effective as non-preferred drugs, but offer economic benefits for beneficiaries and the State of Mississippi.

**Are the drugs on the PDL the only drugs that can be prescribed for Medicaid beneficiaries? What if I want to write for a drug not listed?**

No. The drugs on the PDL are not the only drugs that can be prescribed.

All drugs covered by DOM are still available. Currently, the PDL is voluntary and you can write for any covered drug; however, there will be a higher co-pay for brand name drugs not on the PDL.

**Why should I write a prescription for a drug on the PDL?**

The drugs on the PDL have gone through a review process by physicians and pharmacists and been determined to be the most cost-effective in their class. Physicians are encouraged to prescribe these agents when possible to meet patients' needs. The Division of Medicaid's policy is to provide optimal health care outcomes at reasonable costs for all beneficiaries. Compliance with this list assists the State in slowing the growth of expenditures for prescription drugs.

**Some classes of drugs are not on the PDL. What about them?**

This PDL is a starting point for establishing a method of determining which drugs DOM recommends to prescribing physicians. The PDL will be reviewed and updated regularly by the P&T Committee, who will make recommendations to DOM's Executive Director. In the coming months, the P&T Committee will be reviewing additional classes of drugs for possible inclusion on the PDL.

**Can the drugs listed on the PDL change?**

Yes. The P & T Committee has the responsibility for ongoing maintenance of the PDL. The Committee will evaluate agents for safety, efficacy, and overall therapeutic and cost value. After thorough evaluation, the Committee may recommend addition or deletion of certain drugs and/or drug classes to or from the PDL.

Providers will be notified of changes to the PDL via the monthly Medicaid Provider Bulletin. The Division of Medicaid will also update the PDL on the agency's web site at [www.dom.state.ms.us](http://www.dom.state.ms.us) any time there is a change.

**Can anyone request that a drug be added to or deleted from the PDL?**

Yes. The guidelines for pharmaceutical manufacturers to request consideration of a product for the PDL are located on the DOM website at [www.dom.state.ms.us](http://www.dom.state.ms.us).

Individual providers who wish to request a particular drug be added or deleted should follow the same guidelines.

**Why are brand names listed beside generic drugs on the PDL? I thought we had to use generic equivalents when available.**

Brand names for generic drugs on the PDL are noted in parentheses, and are for information and reference purposes only. Brand name drugs approved for the PDL are listed in **bold**.

**Is prior authorization required for brand name drugs on the PDL?**

No. Per State law, prior authorization is required for those brand name drugs with generic equivalents. The exceptions are five drugs generally accepted as narrow therapeutic index (NTI) drugs and identified as Dilantin®, Lanoxin®, Tegretol®, Coumadin®, and Synthroid®.

**Does the PDL pertain to children and residents in a long-term care setting?**

Yes. The PDL contains the drugs Medicaid recommends to prescribers for all Medicaid beneficiaries.

Please note that children and residents in a long-term care setting continue to have unlimited prescription benefits.

**What happens when a brand name drug on the PDL becomes available generically?**

When a brand name drug included on the PDL (noted in bold print) becomes available generically, the generic equivalent(s) will replace brand name drugs. Brand name drugs will not be included on the PDL when generic equivalents and products are available at a generic price.

**What happens if a manufacturer discontinues a brand name drug listed on the PDL? Will another entity be substituted?**

If the manufacturer discontinues a drug, it will be removed from the PDL. If another entity in that classification is needed, reevaluation of this category will be considered.

**I have questions that are not answered here. Who do I call to get answers?**

Please call the Division of Medicaid's Pharmacy Bureau staff at 601-359-5253.

**Mississippi Division of Medicaid  
FY2002  
Top 50 Drugs by Paid Amount**

<b>Grand Total ALL</b>	<b>\$567,707,268.35</b>
<b>Total for Top 50 Drugs</b>	<b>\$288,527,290.21</b>
<b>% of Total Payments</b>	
<b>Represented by Top 200</b>	<b>50.82%</b>

Rank	Drug Name	Class	Paid Amount
1	ZYPREXA	ATYPICAL ANTIPSYCHOTIC	\$22,224,241.72
2	PREVACID	G.I. AGENTS	\$16,328,740.71
3	PRILOSEC	G.I. AGENTS	\$14,979,978.90
4	RISPERDAL	ATYPICAL ANTIPSYCHOTIC	\$13,617,976.44
5	CELEBREX	ANTI-ARTHRITIC	\$10,446,533.91
6	NEURONTIN	ANTICONVULSANTS/ANTIEPILEPTIC	\$9,154,774.14
7	NORVASC	ANTYHYPERTENSIVE	\$8,483,869.40
8	LIPITOR	LIPIDS	\$8,310,050.04
9	SEROQUEL	ATYPICAL ANTIPSYCHOTIC	\$8,200,510.71
10	PLAVIX	MISCELLANEOUS	\$7,263,569.20
11	ZOLOFT	ANTIDEPRESSANTS	\$6,808,450.96
12	NEXIUM	G.I. AGENTS	\$6,727,564.13
13	CLARITIN	ANTI HISTAMINE	\$6,726,904.04
14	AUGMENTIN	ANTIBIOTICS	\$6,690,759.60
15	SYNAGIS	MISCELLANEOUS	\$6,085,108.45
16	PAXIL	ANTIDEPRESSANTS	\$6,073,629.35
17	VIOXX	ANTI-ARTHRITIC	\$5,997,823.20
18	DEPAKOTE	ANTICONVULSANTS/ANTIEPILEPTIC	\$5,885,242.29
19	ZOCOR	LIPIDS	\$5,702,846.35
20	ACTOS	DIABETES	\$5,661,651.80
21	HUMULIN	DIABETES	\$5,381,295.60
22	OXYCONTIN	OPIATE	\$5,202,334.06
23	ZITHROMAX	ANTIBIOTICS	\$4,933,290.20
24	ZYRTEC	ANTI HISTAMINE	\$4,825,905.22
25	AVANDIA	DIABETES	\$4,536,443.11
26	SINGULAIR	PULMONARY	\$4,501,619.08
27	GLUCOPHAGE	DIABETES	\$4,300,492.06
28	ULTRAM	OPIATE	\$4,104,445.88
29	ALBUTEROL	PULMONARY	\$4,028,941.91
30	CELEXA	ANTIDEPRESSANTS	\$3,878,328.37
31	FLUOXETINE	ANTIDEPRESSANTS	\$3,817,027.51

32	ARICEPT	MISCELLANEOUS	\$3,758,122.73
33	LOTREL	ANTIHYPERTENSIVE	\$3,736,796.79
34	CIPRO	ANTIBIOTICS	\$3,478,299.32
35	LEVAQUIN	ANTIBIOTICS	\$3,419,822.06
36	EFFEXOR	ANTIDEPRESSANTS	\$3,417,192.82
37	PROTONIX	G.I. AGENTS	\$3,348,752.04
38	PRAVACHOL	LIPIDS	\$3,184,434.20
39	ACIPHEX	G.I. AGENTS	\$3,053,710.41
40	REMERON	ANTIDEPRESSANTS	\$3,046,392.45
41	TOPAMAX	ANTICONVULSANTS/ANTIEPILEPTIC	\$2,987,975.56
42	PREMARIN	ESTROGEN	\$2,946,407.54
43	AMBIEN	HYPNOTIC	\$2,931,763.18
44	ADVAIR	PULMONARY	\$2,748,097.26
45	PROCRIT	MISCELLANEOUS	\$2,720,610.04
46	HYDROCODONE/APAP	OPIATE	\$2,699,209.86
47	DIOVAN	ANTYHYPERTENSIVE	\$2,674,867.23
48	BUSPIRONE	ANTIDEPRESSANTS	\$2,536,694.91
49	CEFZIL	ANTIBIOTICS	\$2,515,383.44
50	NIFEDIPINE	G.I. AGENTS	\$2,442,410.03

**Mississippi Division of Medicaid  
FY2003 (Current as of 05/19/2003)  
Top 50 Drugs by Paid Amount**

<b>Grand Total ALL</b>	<b>\$341,825,593.03</b>
<b>Total for Top 50 Drugs</b>	<b>\$227,180,771.21</b>
<b>% of Total Payments</b>	<b>66.46%</b>

Rank	Drug Name	Class	Paid Amount
1	ZYPREXA	ATYPICAL ANTIPSYCHOTICS	\$20,034,820.65
2	RISPERDAL	ATYPICAL ANTIPSYCHOTICS	\$13,916,402.71
3	NEURONTIN	ANTICONVULSANTS/ANTIEPILEPTIC	\$9,437,460.98
4	SEROQUEL	ATYPICAL ANTIPSYCHOTICS	\$9,168,527.25
5	PLAVIX	MISCELLANEOUS	\$8,641,083.06
6	LIPITOR	LIPIDS	\$8,000,829.38
7	NORVASC	ANTIHYPERTENSIVE	\$7,334,982.42
8	SYNAGIS	MISCELLANEOUS	\$7,078,144.76
9	ZOLOFT	ANTIDEPRESSANTS	\$6,164,403.88
10	ZOCOR	LIPIDS	\$5,580,144.26
11	ACTOS	DIABETES	\$5,482,607.10
12	ZITHROMAX	ANTIBIOTICS	\$5,050,340.53
13	SINGULAIR	PULMONARY	\$4,982,835.68
14	DEPAKOTE	ANTICONVULSANTS/ANTIEPILEPTIC	\$4,831,999.92
15	CELEBREX	ANTI-ARTHRITIC	\$4,789,611.51
16	PREVACID	G.I. AGENTS	\$4,755,398.16
17	HUMULIN	DIABETES	\$4,410,677.23
18	LOTREL	ANTIHYPERTENSIVE	\$4,409,697.98
19	PAXIL	ANTIDEPRESSANTS	\$4,130,174.90
20	AVANDIA	DIABETES	\$3,740,840.31
21	OXYCONTIN	OPIATE	\$3,716,912.56
22	TOPAMAX	ANTICONVULSANTS/ANTIEPILEPTIC	\$3,636,704.21
23	ARICEPT	MISCELLANEOUS	\$3,541,306.79
24	ADVAIR	PULMONARY	\$3,504,899.50
25	ZYRTEC	ANTIHISTAMINE	\$3,498,186.60
26	CELEXA	ANTIDEPRESSANTS	\$3,362,506.31
27	PRAVACHOL	LIPIDS	\$3,259,913.13
28	EFFEXOR XR	ANTIDEPRESSANTS	\$3,197,872.05
29	LEVAQUIN	ANTIBIOTICS	\$3,188,437.49
30	DURAGESIC	OPIATE	\$3,108,777.01
31	XOPENEX	PULMONARY	\$3,073,981.44
32	OMEPRAZOLE	G.I. AGENTS	\$3,029,588.20
33	CLARITIN	ANTIHISTAMINE	\$2,889,264.58

34	NEXIUM	G.I. AGENTS	\$2,876,401.17
35	METFORMIN HCL	DIABETES	\$2,799,117.81
36	RANITIDINE	G.I. AGENTS	\$2,769,230.86
37	AMBIEN	HYPNOTIC	\$2,719,266.14
38	HYDROCODONE/APAP	OPIATE	\$2,718,407.24
39	PULMICORT	PULMONARY	\$2,681,976.43
40	CEFZIL	ANTIBIOTICS	\$2,650,589.38
41	CIPRO	ANTIBIOTICS	\$2,585,880.60
42	PRILOSEC	G.I. AGENTS	\$2,521,456.01
43	ALBUTEROL	PULMONARY	\$2,356,714.05
44	PROCRIT	MISCELLANEOUS	\$2,316,497.59
45	AUGMENTIN	ANTIBIOTICS	\$2,284,693.98
46	REMERON	ANTIDEPRESSANTS	\$2,268,822.85
47	VIOXX	ANTI-ARTHRITIC	\$2,201,842.19
48	RENAGEL	MISCELLANEOUS	\$2,183,762.64
49	NIZATIDINE	G.I. AGENTS	\$2,170,411.10
50	HUMALOG	DIABETES	\$2,126,368.63



**Mississippi Division of Medicaid**  
**Top 50 Drugs Sorted by Class**  
**FY2003 (Current as of 05/19/2003)**

Drug Name	Class	Paid Amount
CELEBREX	ANTI-ARTHRITIC	\$4,789,611.51
VIOXX	ANTI-ARTHRITIC	\$2,201,842.19
		<b>\$6,991,453.70</b>
ZITHROMAX	ANTIBIOTICS	\$5,050,340.53
LEVAQUIN	ANTIBIOTICS	\$3,188,437.49
CEFZIL	ANTIBIOTICS	\$2,650,589.38
CIPRO	ANTIBIOTICS	\$2,585,880.60
AUGMENTIN	ANTIBIOTICS	\$2,284,693.98
		<b>\$15,759,941.98</b>
NEURONTIN	ANTICONVULSANTS/ANTIEPILEPTIC	\$9,437,460.98
DEPAKOTE	ANTICONVULSANTS/ANTIEPILEPTIC	\$4,831,999.92
TOPAMAX	ANTICONVULSANTS/ANTIEPILEPTIC	\$3,636,704.21
		<b>\$17,906,165.11</b>
ZOLOFT	ANTIDEPRESSANTS	\$6,164,403.88
PAXIL	ANTIDEPRESSANTS	\$4,130,174.90
CELEXA	ANTIDEPRESSANTS	\$3,362,506.31
EFFEXOR XR	ANTIDEPRESSANTS	\$3,197,872.05
REMERON	ANTIDEPRESSANTS	\$2,268,822.85
		<b>\$19,123,779.99</b>
ZYRTEC	ANTIHISTAMINE	\$3,498,186.60
CLARITIN	ANTIHISTAMINE	\$2,889,264.58
		<b>\$6,387,451.18</b>
NORVASC	ANTIHYPERTENSIVE	\$7,334,982.42
LOTREL	ANTIHYPERTENSIVE	\$4,409,697.98
		<b>\$11,744,680.40</b>
ZYPREXA	ATYPICAL ANTIPSYCHOTICS	\$20,034,820.65
RISPERDAL	ATYPICAL ANTIPSYCHOTICS	\$13,916,402.71
SEROQUEL	ATYPICAL ANTIPSYCHOTICS	\$9,168,527.25
		<b>\$43,119,750.61</b>

ACTOS	DIABETES	\$5,482,607.10
HUMULIN	DIABETES	\$4,410,677.23
AVANDIA	DIABETES	\$3,740,840.31
METFORMIN HCL	DIABETES	\$2,799,117.81
HUMALOG	DIABETES	\$2,126,368.63
		<b>\$18,559,611.08</b>

PREVACID	G.I. AGENTS	\$4,755,398.16
OMEPRazole	G.I. AGENTS	\$3,029,588.20
NEXIUM	G.I. AGENTS	\$2,876,401.17
RANITIDINE	G.I. AGENTS	\$2,769,230.86
PRILOSEC	G.I. AGENTS	\$2,521,456.01
NIZATIDINE	G.I. AGENTS	\$2,170,411.10
		<b>\$18,122,485.50</b>

AMBIEN	HYPNOTIC	<b>\$2,719,266.14</b>
--------	----------	-----------------------

LIPITOR	LIPIDS	\$8,000,829.38
ZOCOR	LIPIDS	\$5,580,144.26
PRAVACHOL	LIPIDS	\$3,259,913.13
		<b>\$16,840,886.77</b>

PLAVIX	MISCELLANEOUS	\$8,641,083.06
SYNAGIS	MISCELLANEOUS	\$7,078,144.76
ARICEPT	MISCELLANEOUS	\$3,541,306.79
PROCRIT	MISCELLANEOUS	\$2,316,497.59
RENAGEL	MISCELLANEOUS	\$2,183,762.64
		<b>\$23,760,794.84</b>

OXYCONTIN	OPIATE	\$3,716,912.56
DURAGESIC	OPIATE	\$3,108,777.01
HYDROCODONE/APAP	OPIATE	\$2,718,407.24
		<b>\$9,544,096.81</b>

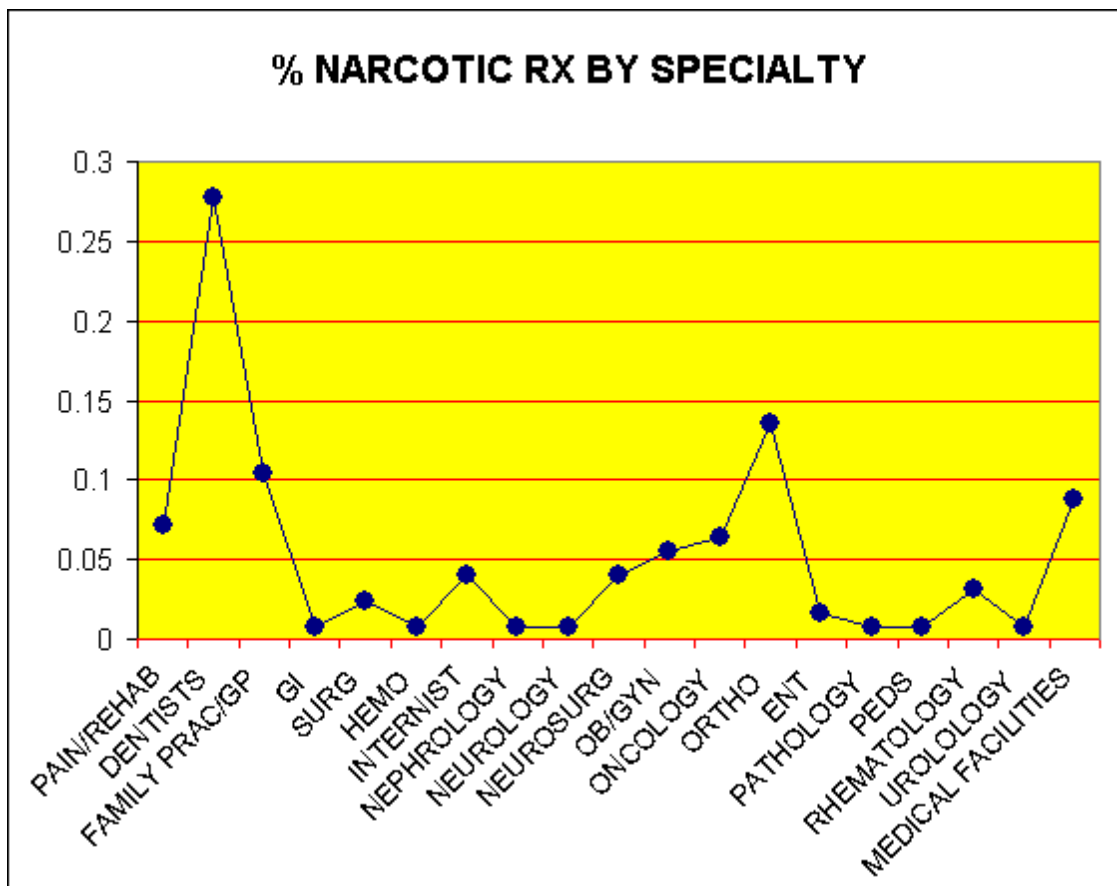
SINGULAIR	PULMONARY	\$4,982,835.68
ADVAIR	PULMONARY	\$3,504,899.50
XOPENEX	PULMONARY	\$3,073,981.44
PULMICORT	PULMONARY	\$2,681,976.43
ALBUTEROL	PULMONARY	\$2,356,714.05
		<b>\$16,600,407.10</b>

Requires Prior Authorization

	Narcotics Only			All Prescriptions		% Of
SPECIALTY	# RXs	QTY	RX COST	# RXs	RX COST	Narcotics
DENTIST	73	4,264	\$459.90	79	\$514.99	92.41%
ORTHOPEDICS	193	18,252	\$4,328.03	214	\$5,853.07	90.19%
ORTHOPEDICS	73	3,460	\$700.77	87	\$1,437.44	83.91%
DENTIST	72	966	\$413.72	87	\$720.23	82.76%
DENTIST	54	1,596	\$586.48	67	\$796.66	80.60%
DENTIST	60	1,574	\$400.58	77	\$597.81	77.92%
DENTIST	170	2,330	\$1,195.18	220	\$1,775.57	77.27%
DENTIST	61	910	\$371.57	83	\$697.72	73.49%
DENTIST	145	3,969	\$941.81	199	\$1,483.89	72.86%
ORTHOPEDICS	59	3,092	\$848.52	82	\$1,480.70	71.95%
ORTHOPEDICS	73	2,305	\$574.49	102	\$1,264.14	71.57%
GENERAL PRACTICE	60	3,400	\$4,180.03	85	\$5,982.31	70.59%
ORTHOPEDICS	76	2,106	\$510.53	113	\$1,449.78	67.26%
ORTHOPEDICS	143	4,792	\$1,611.43	215	\$5,111.22	66.51%
DENTIST	53	824	\$268.25	82	\$516.99	64.63%
PAIN MANAGEMENT	116	5,936	\$12,052.87	182	\$16,745.53	63.74%
ORTHOPEDICS	110	3,440	\$888.94	178	\$5,017.15	61.80%
ORTHOPEDICS	70	2,338	\$856.07	114	\$7,705.68	61.40%
GENERAL PRACTICE	77	2,310	\$734.28	127	\$2,958.46	60.63%
DENTIST	58	5,116	\$410.52	96	\$694.10	60.42%
NEURO SURGERY	271	9,515	\$7,621.94	450	\$14,421.58	60.22%
ORTHOPEDICS	141	7,605	\$6,224.52	236	\$11,660.09	59.75%
GENERAL PRACTICE	124	7,623	\$8,189.68	208	\$13,629.56	59.62%
DENTIST	54	1,340	\$289.38	93	\$672.39	58.06%
ORTHOPEDICS	116	3,325	\$1,079.86	200	\$3,712.40	58.00%
ORTHOPEDICS	110	6,545	\$2,364.70	191	\$5,586.26	57.59%
PAIN MANAGEMENT	113	7,058	\$24,854.05	197	\$30,039.38	57.36%
DENTIST	84	1,623	\$448.58	147	\$1,149.54	57.14%
DENTIST	75	2,503	\$489.19	132	\$1,362.20	56.82%
DENTIST	95	3,351	\$625.23	169	\$1,801.07	56.21%
GENERAL SURGERY	80	7,150	\$11,019.96	147	\$15,440.02	54.42%
DENTIST	86	4,398	\$566.14	159	\$1,417.72	54.09%
ORTHOPEDICS	61	2,604	\$703.50	113	\$3,536.14	53.98%
DENTIST	67	1,204	\$578.24	126	\$1,333.44	53.17%
ORTHOPEDICS	66	1,831	\$471.44	125	\$2,215.65	52.80%
DENTIST	130	1,782	\$841.73	248	\$1,561.26	52.42%
PATHOLOGY	55	1,779	\$367.47	105	\$1,125.83	52.38%
DENTIST	78	2,143	\$577.10	150	\$1,302.34	52.00%
DENTIST	80	1,188	\$471.38	156	\$906.64	51.28%
DENTIST	74	1,629	\$994.63	146	\$2,579.09	50.68%
ORTHOPEDICS	102	3,795	\$1,034.22	203	\$5,157.24	50.25%
DENTIST	91	1,697	\$502.50	182	\$2,403.34	50.00%
NEURO SURGERY	71	1,486	\$1,048.09	143	\$2,943.09	49.65%
DENTIST	150	3,999	\$1,069.42	304	\$2,902.44	49.34%
DENTIST	87	852	\$420.02	180	\$1,352.27	48.33%
DENTIST	63	1,524	\$446.67	131	\$1,368.61	48.09%

DENTIST	151	2,670	\$727.99	319	\$3,100.95	47.34%
DENTIST	62	1,822	\$386.62	132	\$1,558.84	46.97%
NEURO SURGERY	100	6,490	\$7,307.08	213	\$11,356.72	46.95%
DENTIST	56	1,900	\$353.03	120	\$1,026.31	46.67%
PAIN MANAGEMENT	114	6,215	\$8,656.64	246	\$18,591.65	46.34%
DENTIST	88	1,502	\$867.49	190	\$3,538.38	46.32%
DENTIST	65	1,517	\$877.43	146	\$1,588.11	44.52%
DENTIST	61	826	\$325.47	139	\$1,803.61	43.88%
PAIN MANAGEMENT	274	15,300	\$39,654.14	625	\$57,405.44	43.84%
DENTIST	62	1,536	\$356.59	150	\$2,023.87	41.33%
DENTIST	66	1,259	\$405.02	161	\$4,764.78	40.99%
ORTHOPEDICS	91	6,225	\$1,462.87	227	\$11,337.53	40.09%
DENTIST	58	2,580	\$415.69	145	\$1,468.31	40.00%
NEURO SURGERY	69	1,570	\$546.60	173	\$3,545.31	39.88%
REHAB MEDICINE	283	25,574	\$13,978.25	721	\$40,743.90	39.25%
DENTIST	56	1,557	\$606.70	143	\$1,502.71	39.16%
ORTHOPEDICS	60	2,820	\$1,177.35	157	\$7,521.11	38.22%
HEMATOLOGY	82	9,975	\$19,960.51	218	\$55,511.34	37.61%
ONCOLOGY	161	28,544	\$23,309.75	432	\$62,979.48	37.27%
INTERNIST	90	3,663	\$484.00	248	\$6,634.91	36.29%
DENTIST	84	2,287	\$1,781.60	232	\$3,164.41	36.21%
PAIN MANAGEMENT	151	11,831	\$5,003.22	444	\$33,909.62	34.01%
INTERNIST	88	4,340	\$2,916.96	270	\$15,897.85	32.59%
INTERNIST	80	2,049	\$618.85	250	\$5,150.09	32.00%
OB/GYN	74	4,187	\$781.72	244	\$6,233.22	30.33%
ONCOLOGY	116	14,124	\$16,069.98	384	\$35,709.00	30.21%
RHEUMATOLOGY	356	34,414	\$42,920.82	1,270	\$132,971.36	28.03%
GENERAL SURGERY	57	1,520	\$686.15	205	\$16,035.27	27.80%
GENERAL PRACTICE	59	1,293	\$506.49	221	\$5,834.19	26.70%
GENERAL PRACTICE	580	17,596	\$11,191.07	2,209	\$93,515.24	26.26%
DENTIST	150	5,991	\$1,230.60	582	\$9,411.93	25.77%
MEDICAL FACILITY	139	4,324	\$1,648.48	544	\$14,947.11	25.55%
OB/GYN	80	1,737	\$623.72	318	\$10,024.25	25.16%
GENERAL SURGERY	126	2,465	\$991.25	501	\$8,080.47	25.15%
ONCOLOGY	57	4,143	\$5,595.51	228	\$34,508.92	25.00%
OB/GYN	54	970	\$789.98	217	\$6,924.29	24.88%
REHAB MEDICINE	86	6,672	\$5,874.97	360	\$25,110.15	23.89%
ORTHOPEDICS	79	3,680	\$858.79	339	\$11,899.02	23.30%
INTERNIST	75	2,864	\$1,146.83	332	\$12,308.38	22.59%
ONCOLOGY	60	5,060	\$5,155.18	272	\$44,858.78	22.06%
FAMILY PRACTICE	242	30,796	\$3,023.17	1,102	\$39,291.80	21.96%
ONCOLOGY	78	4,421	\$4,734.51	363	\$59,275.42	21.49%
RHEUMATOLOGY	62	6,772	\$3,994.81	289	\$23,469.14	21.45%
MEDICAL FACILITY	60	3,059	\$444.15	287	\$7,706.00	20.91%
FAMILY PRACTICE	271	12,603	\$14,945.99	1,303	\$61,238.75	20.80%
OB/GYN	62	1,362	\$624.36	299	\$8,445.54	20.74%
MEDICAL FACILITY	89	2,936	\$1,242.46	444	\$13,608.40	20.05%
MEDICAL FACILITY	55	2,743	\$741.53	278	\$13,072.71	19.78%

OB/GYN	92	2,975	\$847.82	468	\$10,203.01	19.66%
GENERAL PRACTICE	196	18,200	\$4,816.87	1,004	\$72,720.37	19.52%
GENERAL PRACTICE	73	9,755	\$490.04	376	\$11,608.67	19.41%
MEDICAL FACILITY	89	4,080	\$2,112.69	459	\$17,308.00	19.39%
RHEUMATOLOGY	154	11,530	\$3,228.28	799	\$83,543.92	19.27%
NEURO SURGERY	173	7,863	\$29,514.31	902	\$110,434.05	19.18%
ONCOLOGY	75	5,795	\$5,274.11	393	\$39,832.90	19.08%
FAMILY PRACTICE	60	4,575	\$2,208.44	316	\$16,691.43	18.99%
OTOLARYNGOLOGY	99	16,076	\$2,266.34	532	\$24,208.75	18.61%
GASTRO	118	10,869	\$3,682.49	637	\$50,837.94	18.52%
RHEUMATOLOGY	60	3,600	\$2,345.99	325	\$35,885.14	18.46%
INTERNIST	58	4,936	\$382.58	315	\$6,700.18	18.41%
GENERAL PRACTICE	65	4,231	\$1,033.11	354	\$17,078.12	18.36%
MEDICAL FACILITY	91	3,977	\$651.26	500	\$12,488.62	18.20%
OB/GYN	54	1,605	\$353.35	299	\$8,434.97	18.06%
ONCOLOGY	59	4,458	\$10,971.73	332	\$84,422.76	17.77%
OTOLARYNGOLOGY	77	15,825	\$1,291.75	434	\$22,033.54	17.74%
ONCOLOGY	61	4,135	\$9,903.51	351	\$103,743.76	17.38%
PEDIATRICS	202	32,712	\$1,887.59	1,165	\$52,301.24	17.34%
NEUROLOGY	104	6,223	\$12,025.19	615	\$79,927.88	16.91%
MEDICAL FACILITY	75	2,994	\$566.54	444	\$12,296.15	16.89%
MEDICAL FACILITY	57	2,404	\$623.53	339	\$14,081.90	16.81%
MEDICAL FACILITY	77	3,466	\$541.03	464	\$12,285.34	16.59%
MEDICAL FACILITY	66	1,653	\$643.41	404	\$10,681.53	16.34%
UROLOGY	74	3,702	\$995.28	454	\$24,211.40	16.30%
OB/GYN	60	1,680	\$584.52	369	\$10,076.68	16.26%
FAMILY PRACTICE	293	33,445	\$1,972.52	1,838	\$46,393.24	15.94%
MEDICAL FACILITY	64	2,142	\$564.57	408	\$11,628.60	15.69%
DENTIST	229	9,465	\$1,447.20	1,468	\$15,582.24	15.60%
NEPHROLOGY	391	31,857	\$31,003.82	2,525	\$133,881.67	15.49%
PAIN MANAGEMENT	182	12,126	\$22,440.04	1,183	\$108,880.29	15.38%
FAMILY PRACTICE	91	7,522	\$6,818.79	601	\$34,527.40	15.14%



**SUMMARY OF NARCOTIC PRESCRIBING BEHAVIOR BY SPECIALTY  
2/1/03 THROUGH 4/30/03**

STATE-WIDE AVERAGE					
NARCOTICS ONLY			ALL PRESCRIPTIONS		
# RX	QTY	RX COST	# RX	RX COST	
191	11,749	\$6,059.54	2902	\$152,149.15	

- AVERAGE NARCOTIC UTILIZATION STATE-WIDE WAS 14.97%

## Boxed Warning Description and Updates

Code of Federal Regulations definition for **Black Box**:

Citation: Title 21 CFR 201.57 Section E

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

### Lindane (gamma-hexachlorocyclohexane)

**Audience:** Primary Care providers, Pharmacists, and consumers

FDA issued a Public Health Advisory concerning the use of topical formulations of Lindane Lotion and Lindane Shampoo for the treatment of scabies and lice. A boxed warning emphasizes that it is a second-line treatment, updates information about its potential risks, especially in children and adults weighing less than 110 pounds, and reminds practitioners that reapplication of Lindane Lotion or Lindane Shampoo is not the appropriate treatment, if itching continues after the single treatment.

A Medication Guide, designed to inform patients of the risks of Lindane products and provide instructions for appropriate use of the drugs, must now be dispensed by the pharmacist with each new prescription.

### Risperdal (risperidone)

**Audience: Neuropsychiatric healthcare professionals**

Janssen Pharmaceutica and FDA revised the WARNINGS section of the prescribing information for Risperdal (risperidone), indicated for the treatment of schizophrenia. Cerebrovascular adverse events (e.g., stroke, transient ischemic attack), including fatalities, were reported in patients in trials of risperidone in elderly patients with dementia-related psychosis. In placebo-controlled trials, there was a significantly higher incidence of cerebrovascular adverse events in patients treated with risperidone compared to patients treated with placebo. RISPERDAL has not been shown to be safe or effective in the treatment of patients with dementia-related psychosis.

**Serevent (salmeterol xinafoate)**

**Audience: Pulmonary specialists and other healthcare professionals**

GlaxoSmithKline notified healthcare professionals of important new safety information on use of Serevent in patients with asthma. Recent findings from an interim analysis of a large Serevent safety study have prompted further review of the potential association between Serevent and rare, but potentially serious, respiratory adverse events.

This information was provided due to a motion in the September 12, 2002 minutes to accept all future black box warnings. There were no additional black box warnings within this time frame.



**Suggested Interventions  
June 19, 2003**

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

3.1 CONTRAINDICATIONS

Pregnancy (second and third trimesters particularly).

ICER Report Criteria Exception Risk Count = 6 recipients

- **Therapeutic Duplication of Muscle Relaxants as well as Overutilization of Soma**

ICER Report Criteria Exception Risk Count = 760 recipients  
(overutilization)

ICER Report Criteria Exception Risk Count = 414 recipients (duplication)

- **Overutilization of Sedative Agents Ambien and Sonata**

ICER Report Criteria Exception Risk Count = 1,157 recipients

- **Therapeutic Duplication of Atypical Antipsychotics** – Intervention letters will now be based on 90 days of overlap.

ICER Report Criteria Exception Risk Count = 337 recipients

- **The Overutilization of Narcotic Agents**

ICER Report Criteria Exception Risk Count = 408 recipients

- **The Overutilization of Anxiolytic agents**

ICER Report Criteria Exception Risk Count = 135 recipients

- **Therapeutic Duplication of Anxiolytic Agents**

ICER Report Criteria Exception Risk Count = 748 recipients

- **Overutilization of Inhaled Beta-Agonists**

ICER Report Criteria Exception Risk Count = 900 recipients

- **Overutilization of Stimulants**

ICER Report Criteria Exception Risk Count = 118 recipients

Office of the Governor  
Division of Medicaid

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

## Drug Utilization Review Program

### Criteria 1431 – Therapeutic Duplication of Atypical Antipsychotics

June 19, 2003

SAMPLE, DOCTOR MD  
DEMONSTRABLE CLINIC, INC.  
123 DEMONSTRATION ROAD  
DEMOVILLE, MS 12345

DEAR PRESCRIBER DOCTOR:

Health Information Designs, Inc. (HID) is the pharmacy benefits management/drug utilization review organization contracted with the Mississippi Division of Medicaid (DOM) to review pharmacy services provided to Medicaid beneficiaries. Under this contract, we seek to ensure that Medicaid beneficiaries receive appropriate and cost effective drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. **This letter is educational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy.**

During a recent review of the enclosed drug history profile, *it was noted that your patient, John Doe, is apparently taking the following drugs which have the same or similar therapeutic effects: Zyprexa and Risperdal. Therapeutic duplication of atypical antipsychotics may be occurring. This duplication of therapy has been occurring for 90 days or longer.* Although this may represent your conscious plan of drug therapy, we are concerned that it might represent an unintended duplication of therapy. The enclosed historical profile is provided for your evaluation and consideration. In presenting this information to you, we recognize that the management of each patient's drug therapy depends upon an assessment of the patient's entire clinical situation about which we are not fully aware.

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

**At the bottom of this letter are the specific prescriptions attributed to you by the dispensing pharmacy. In addition, if multiple physicians are involved, each will receive this information.** Thank you for your professional consideration.

RX #(s): [rx\_no\_a]

Sincerely,



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

Case#: [case\_no]

Office of the Governor  
Division of Medicaid

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

## Drug Utilization Review Program

### Criteria 304 – Overutilization of Beta-Agonists (inhaled)

June 19, 2003

SAMPLE, DOCTOR MD  
DEMONSTRABLE CLINIC, INC.  
123 DEMONSTRATION ROAD  
DEMOVILLE, MS 12345

DEAR PRESCRIBER DOCTOR:

Health Information Designs, Inc. (HID) is the pharmacy benefits management/drug utilization review organization contracted with the Mississippi Division of Medicaid (DOM) to review pharmacy services provided to Medicaid beneficiaries. Under this contract, we seek to ensure that Medicaid beneficiaries receive appropriate and cost effective drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified.

**This letter is educational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy.**

During a recent review of the enclosed drug history profile, *it was noted that your patient, JOHN PUBLIC may be receiving excessive amounts of PROVENTIL HFA. The overuse of beta-agonists may signal worsening asthma.* We routinely notify practitioners of suspected excessive use to ensure the patient is using the regimen as intended. The enclosed historical profile is provided for your evaluation and consideration. In presenting this information to you, we recognize that the management of each patient's drug therapy depends upon an assessment of the patient's entire clinical situation about which we are not fully aware.

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

**At the bottom of this letter are the specific prescriptions attributed to you by the dispensing pharmacy. In addition, if multiple physicians are involved, each will receive this information.** Thank you for your professional consideration.

RX #(s): 1234567

Sincerely,



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

Case#: 9999

Office of the Governor  
Division of Medicaid

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

## Drug Utilization Review Program

### Criteria 86 – Overutilization of Stimulants

June 19, 2003

SAMPLE, DOCTOR MD  
DEMONSTRABLE CLINIC, INC.  
123 DEMONSTRATION ROAD  
DEMOVILLE, MS 12345

DEAR PRESCRIBER DOCTOR:

Health Information Designs, Inc. (HID) is the pharmacy benefits management/drug utilization review organization contracted with the Mississippi Division of Medicaid (DOM) to review pharmacy services provided to Medicaid beneficiaries. Under this contract, we seek to ensure that Medicaid beneficiaries receive appropriate and cost effective drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. **This letter is educational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy.**

During a recent review of the enclosed drug history profile, *it was noted that your patient, JOHN PUBLIC may be receiving excessive amounts of RITALIN. Stimulants may be overutilized.* We routinely notify practitioners of suspected excessive use to ensure the patient is using the regimen as intended. The enclosed historical profile is provided for your evaluation and consideration. In presenting this information to you, we recognize that the management of each patient's drug therapy depends upon an assessment of the patient's entire clinical situation about which we are not fully aware.

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

**At the bottom of this letter are the specific prescriptions attributed to you by the dispensing pharmacy. In addition, if multiple physicians are involved, each will receive this information.** Thank you for your professional consideration.

RX #(s): 1234567

Sincerely,



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

Case#: 9999

**MISSISSIPPI MEDICAID**  
**1ST QUARTER ACTIVITY STATISTICAL REPORT - YEAR 2003**

	January	February	March	Sum		Average
<b>Date Processed</b>	1/8/2003	2/3/2003	3/5/2003			
<b># Claims Processed</b>	944,403	834,250	882,140	2,660,793		886,931
<b># Criteria Exception Hits (or # Potential Drug Therapy Problems)</b>	97,331	90,135	60,080	247,546		82,515
<b># Unique Patients with Hits</b>	62,619	59,061	93,404	215,114		71,705
<b>PROFILES</b>						
PRINTED/REVIEWED	950	931	941	2,822		941
REJECTED	190	365	292	847		282
<b>CASE INFORMATION</b>						
IDENTIFIED	755	587	704	2,046		682
CASE RATE	79%	63%	75%	217%		72%
<b>LETTER GENERATION</b>						
VALID PRESCRIBER ID	1,012	842	914	2,768		923
PHARMACY CALLS	1	0	0	1		0
TOTAL GENERATED	1,013	842	914	2,769		923
DELETED GENERIC PRESCRIBER ID	230	193	328	751		250
DELETED IN QA	125	78	37	240		80
<b># PRESCRIBER LETTERS MAILED</b>	658	571	549	1,778		593
<b># PRESCRIBER RESPONSES RECEIVED</b>	154	145	130	429		143
RESPONSE RATE	23%	25%	24%	24%		24%
<b>DISTRIBUTION OF CASES By Problem Type</b>						
DRUG/DISEASE INTERACTIONS	13	64	57	134	8%	45
DRUG/DRUG CONFLICTS	47	288	256	591	36%	197
OVER-UTILIZATION	231	148	270	649	39%	216
POSSIBLE NON-COMPLIANCE	0	23	4	27	2%	9
CLINICAL APPROPRIATENESS	85	64	114	263	16%	88
				(sum)1664	100%	
<b>LETTER FOLLOW UP</b>						
800 DUR CALLS, PROFILE FAXES, ETC.	13	0	6	19		6
PRESCRIBER REQUESTS FOR INFO	0	0	0	0		0
<b># PROFILE REFERRALS to SURS Program</b>	0	0	0	0		0

Information  
Date: 05/20/03  
Designs, Inc.  
Page#: 1

Mississippi Medicaid

Case Response Totals Report

1st Qtr 2003

Program(s): ALL  
Cycle Date(s): 03/05/03, 02/03/03, 01/08/03

Physician			
Count	Outcome Code	Description	
		NO RESPONSE	
1,332			
	AA	BENEFITS OF THE DRUG OUTWEIGH THE RISKS	
20			
	AB	MD UNAWARE OF WHAT OTHER MD PRESCRIBING	
50			
	AC	PATIENT HAS DIAGNOSIS THAT SUPPORTS TX	
15			
	AE	PT IS NO LONGER UNDER THIS MD's CARE	
41			
	AF	MD SAYS PROB INSIGNIF NO CHG THX	
90			
	AG	MD WILL REASSESS AND MODIFY DRUG THERAPY	
46			
	AI	PT HAS OR WILL DISCONTINUE DRUG	
14			
	AK	MD WON'T DISCUSS DRUG THERAPY CONFLICT	
14			
	AO	MD NO LONGER PRESCRIBING DRUG TO PT	
1			
	AP	MD TRIED TO MODIFY THERAPY, PT NON-COOP	
11			
	AR	PT HAS/WILL ENTER A REHAB/PAIN FACILITY	
2			
	AS	PT UNDER MY CARE BUT NOT SEEN RECENTLY	
7			
	AT	MD UNAWARE OF OTHER RXS CHG THERAPY	
9			
	AW	PATIENT DECEASED	
2			
	AX	MD DECEASED / RETIRED - NEVER SAW PT	
2			
	BA	PATIENT WAS NEVER UNDER MD CARE	
39			
	BB	HAS APPT TO DISCUSS THERAPY	
10			
	BC	MD APPRECIATES INFORMATION	
1			
	BE	MD DID NOT RX DRUG ATTRIBUTED TO HIM.	
16			
	BH	TRIED TO MODIFY THERAPY, SX RECURRED	
15			
	BI	MD SAW PATIENT ONLY ONCE IN ER OR AS ON-CALL MD	
22			
	BJ	MD NO LONGER AT THIS PRACTICE, PRESCRIBED RX - MOVED	
		1	
	DC	PHARMACY CAN'T PROVIDE MD INFORMATION	
618			
	DE	PATIENT DECEASED PER PHARMACY	
1			
	DF	INCOMPLETE MD INFORMATION NO RPH CALL	
26			
	DI	QA - CANCELLED - "PATIENT AGE"	
2			
	DJ	QA - INSIGNIF OTHER	
55			

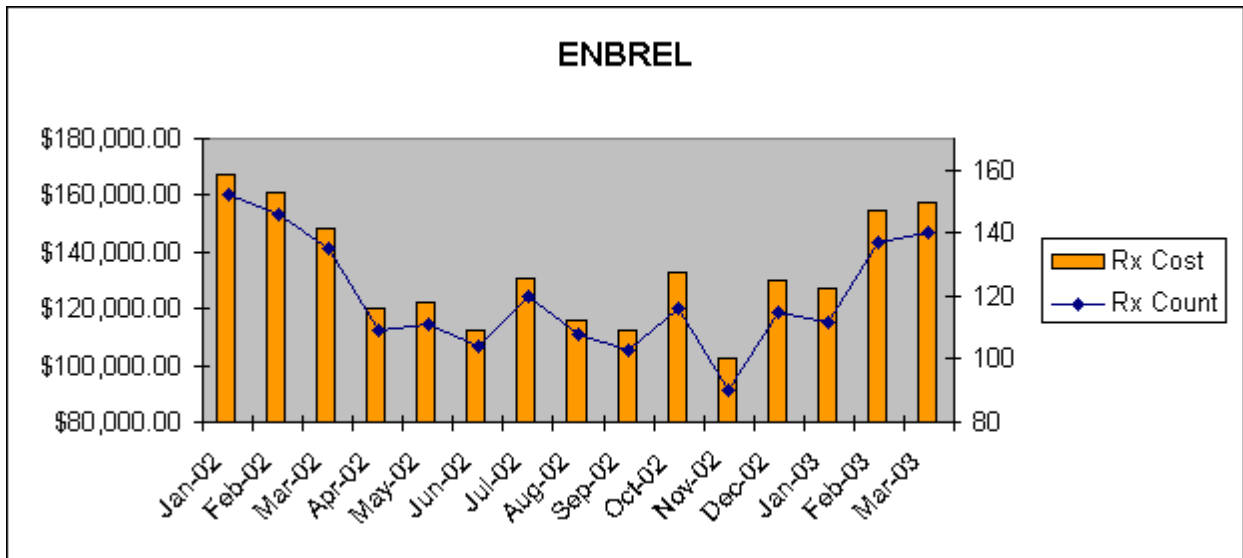
4	DK	QA - INSIGNIF DOSE
7	DL	QA - INSIGNIF LENGTH OF USE
11	DM	QA - INSIGNIF DIAGNOSIS
3	DP	QA ALERT DRUG TOO OLD
281	DY	HOSPITAL DEA - CAN'T PROVIDE SPECIFIC MD
1	IC	MD DID NOT WRITE RX
<hr/>		
2,769	Total:	



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

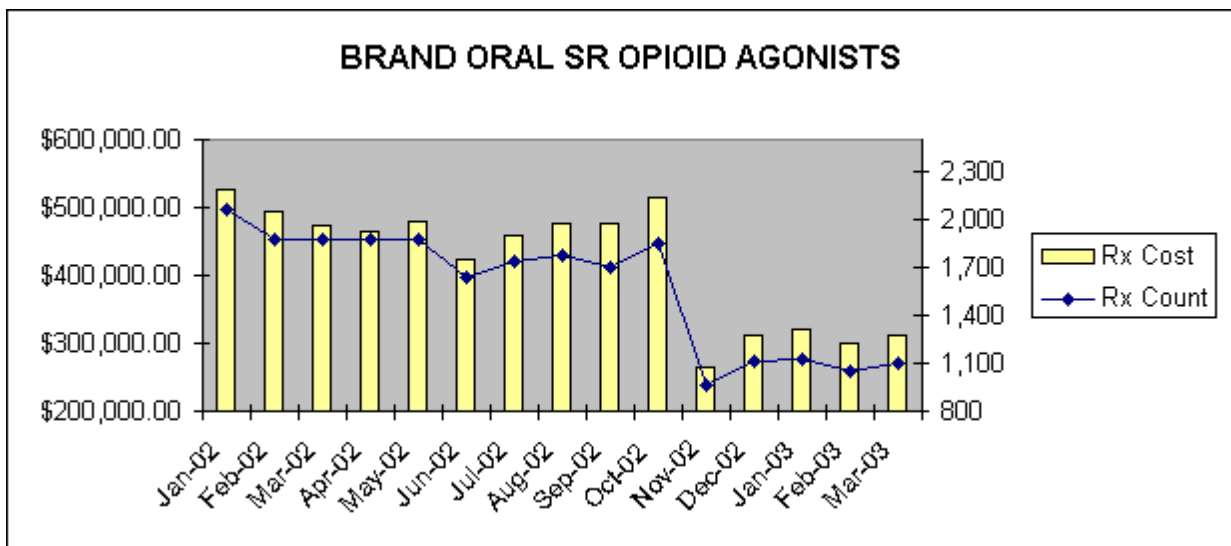
**ENBREL**

Period Covered	# Rx's	% Change	Cost	% Change
Jan-02	152		\$167,013.79	
Feb-02	146	-3.95%	\$160,881.50	-3.67%
Mar-02	135	-7.53%	\$148,440.23	-7.73%
Apr-02	109	-19.26%	\$120,014.21	-19.15%
May-02	111	1.83%	\$122,255.19	1.87%
Jun-02	104	-6.31%	\$112,337.35	-8.11%
Jul-02	120	15.38%	\$130,407.38	16.09%
Aug-02	108	-10.00%	\$116,135.54	-10.94%
Sep-02	103	-4.63%	\$112,282.36	-3.32%
Oct-02	116	12.62%	\$132,665.24	18.15%
Nov-02	90	-22.41%	\$102,597.78	-22.66%
Dec-02	115	27.78%	\$129,668.14	26.38%
Jan-03	112	-2.61%	\$126,957.55	-2.09%
Feb-03	137	22.32%	\$154,609.99	21.78%
Mar-03	140	2.19%	\$157,289.42	1.73%



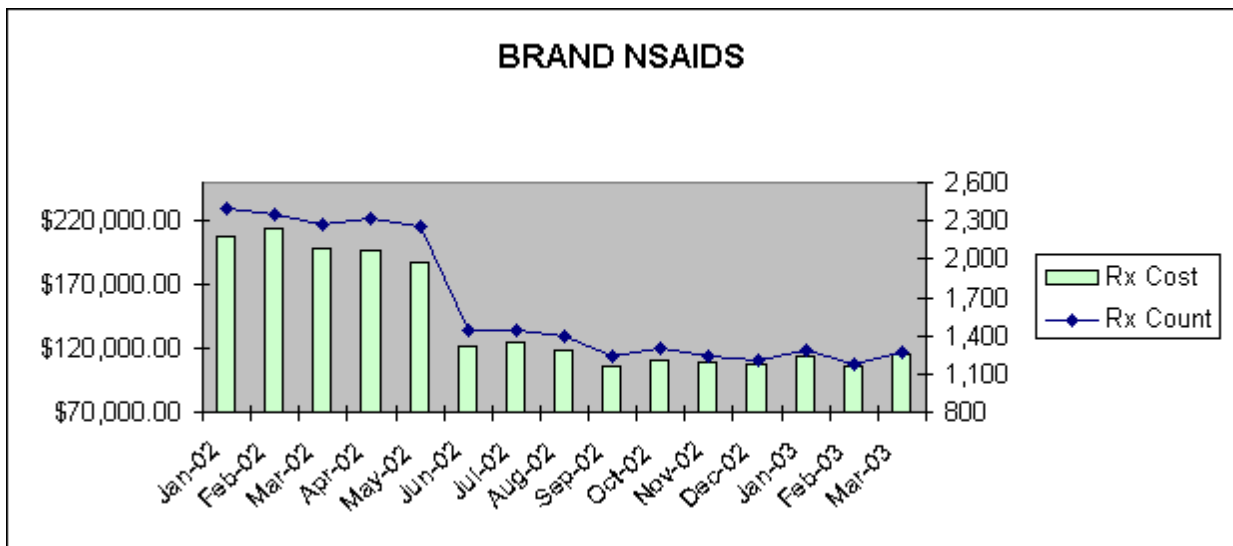
## BRAND ORAL SR OPIOID AGONISTS

Period Covered	# Rx's	% Change	Cost	% Change
Jan-02	2,063		\$525,748.41	
Feb-02	1,870	-9.36%	\$494,354.34	-5.97%
Mar-02	1,876	0.32%	\$474,103.84	-4.10%
Apr-02	1,873	-0.16%	\$465,100.68	-1.90%
May-02	1,875	0.11%	\$479,657.45	3.13%
Jun-02	1,642	-12.43%	\$424,921.94	-11.41%
Jul-02	1,737	5.79%	\$457,425.67	7.65%
Aug-02	1,774	2.13%	\$477,854.63	4.47%
Sep-02	1,699	-4.23%	\$476,145.15	-0.36%
Oct-02	1,856	9.24%	\$513,693.15	7.89%
Nov-02	961	-48.22%	\$263,913.10	-48.62%
Dec-02	1,112	15.71%	\$312,508.38	18.41%
Jan-03	1,128	1.44%	\$319,662.93	2.29%
Feb-03	1,048	-7.09%	\$298,537.95	-6.61%
Mar-03	1,103	5.25%	\$311,793.83	4.44%



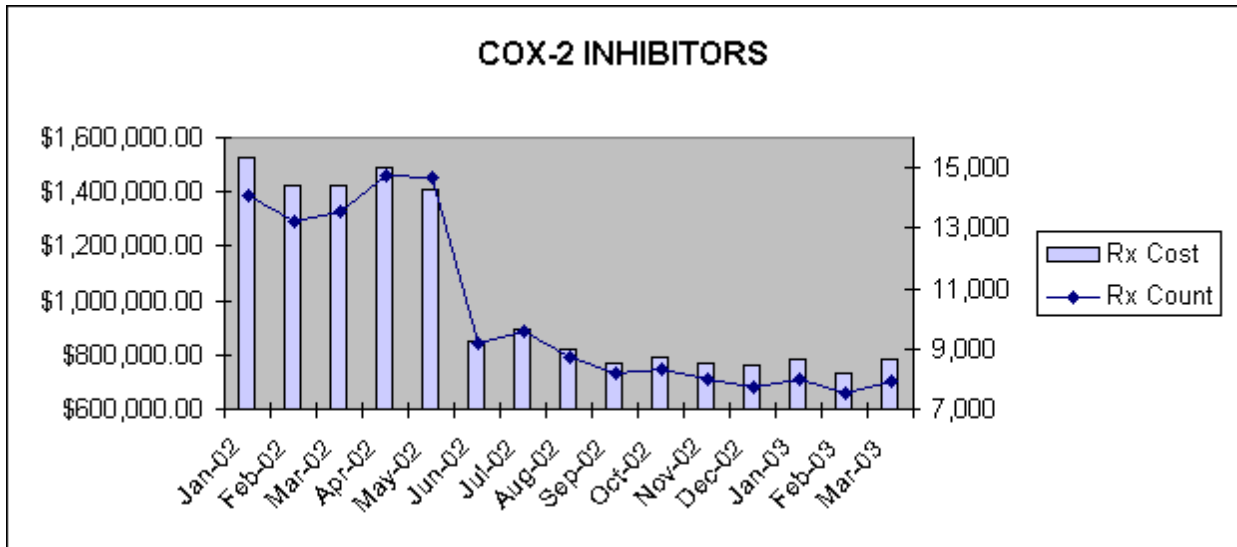
## BRAND NSAIDs

Period Covered	# Rx's	% Change	Cost	% Change
Jan-02	2,399		\$208,420.11	
Feb-02	2,349	-2.08%	\$213,534.91	2.45%
Mar-02	2,278	-3.02%	\$198,881.65	-6.86%
Apr-02	2,313	1.54%	\$196,687.57	-1.10%
May-02	2,249	-2.77%	\$187,908.08	-4.46%
Jun-02	1,441	-35.93%	\$121,429.20	-35.38%
Jul-02	1,444	0.21%	\$124,673.62	2.67%
Aug-02	1,389	-3.81%	\$117,889.80	-5.44%
Sep-02	1,246	-10.30%	\$106,006.56	-10.08%
Oct-02	1,297	4.09%	\$110,502.75	4.24%
Nov-02	1,246	-3.93%	\$109,171.74	-1.20%
Dec-02	1,203	-3.45%	\$107,405.17	-1.62%
Jan-03	1,282	6.57%	\$113,972.46	6.11%
Feb-03	1,182	-7.80%	\$105,726.05	-7.24%
Mar-03	1,272	7.61%	\$115,006.40	8.78%



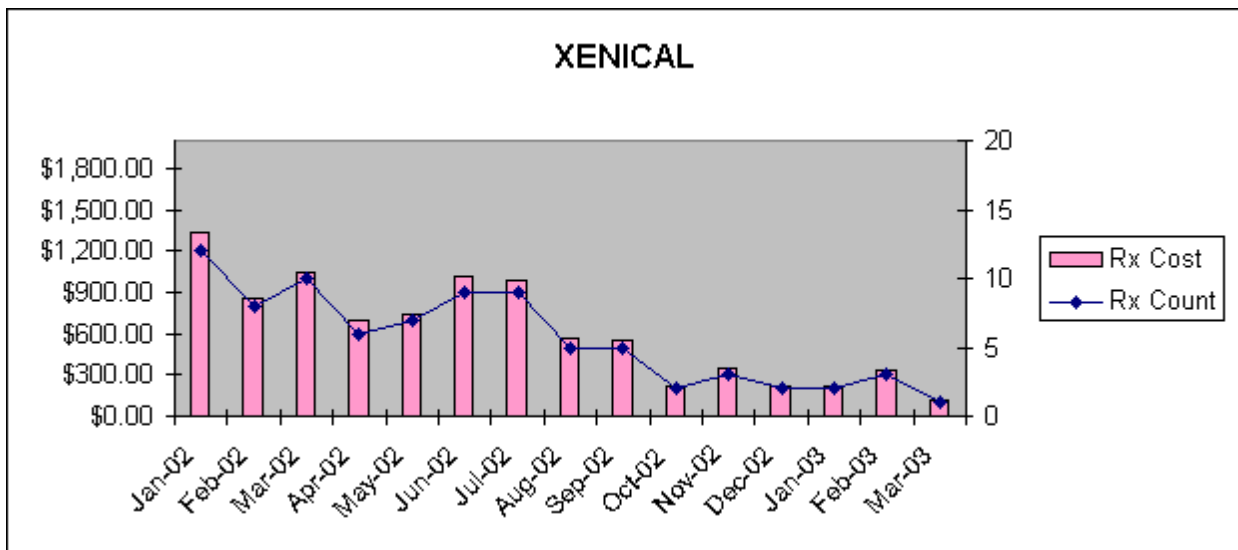
## COX-2 INHIBITORS

Period Covered	# Rx's	% Change	Cost	% Change
Jan-02	14,069		\$1,522,879.98	
Feb-02	13,235	-5.93%	\$1,422,908.91	-6.56%
Mar-02	13,535	2.27%	\$1,422,374.73	-0.04%
Apr-02	14,754	9.01%	\$1,486,555.72	4.51%
May-02	14,707	-0.32%	\$1,411,870.40	-5.02%
Jun-02	9,213	-37.36%	\$851,405.03	-39.70%
Jul-02	9,586	4.05%	\$890,978.36	4.65%
Aug-02	8,736	-8.87%	\$818,468.74	-8.14%
Sep-02	8,205	-6.08%	\$769,075.69	-6.03%
Oct-02	8,328	1.50%	\$791,512.02	2.92%
Nov-02	7,969	-4.31%	\$765,904.13	-3.24%
Dec-02	7,736	-2.92%	\$760,814.60	-0.66%
Jan-03	8,001	3.43%	\$780,931.90	2.64%
Feb-03	7,504	-6.21%	\$731,684.06	-6.31%
Mar-03	7,949	5.93%	\$781,461.71	6.80%



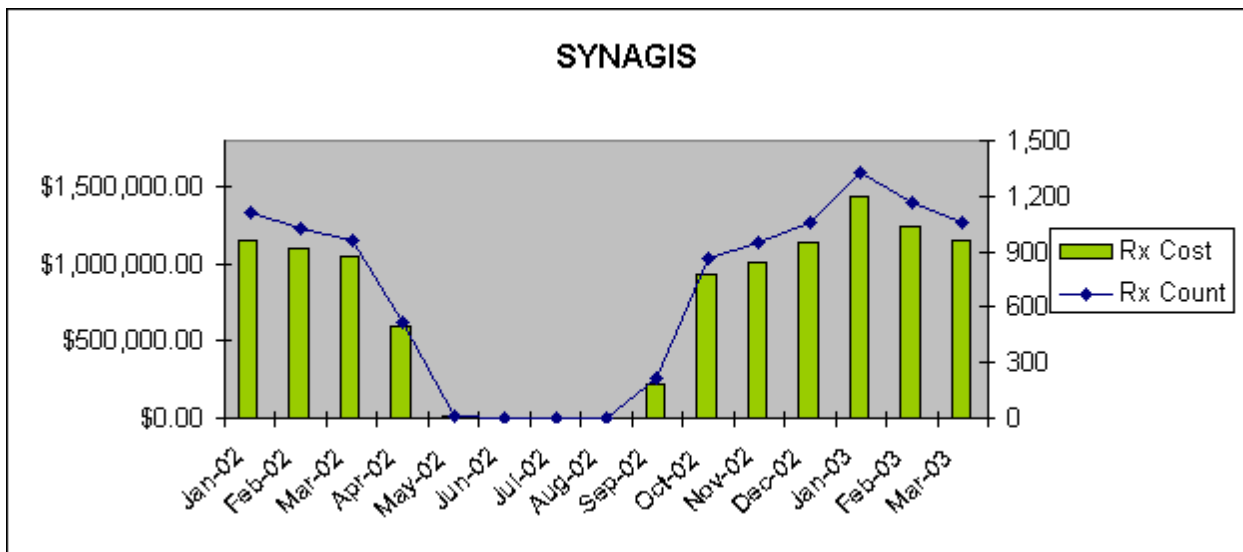
## XENICAL

Period Covered	# Rx's	% Change	Cost	% Change
Jan-02	12		\$1,328.11	
Feb-02	8	-33.33%	\$857.05	-35.47%
Mar-02	10	25.00%	\$1,047.53	22.23%
Apr-02	6	-40.00%	\$701.11	-33.07%
May-02	7	16.67%	\$741.85	5.81%
Jun-02	9	28.57%	\$1,012.49	36.48%
Jul-02	9	0.00%	\$979.82	-3.23%
Aug-02	5	-44.44%	\$561.15	-42.73%
Sep-02	5	0.00%	\$547.24	-2.48%
Oct-02	2	-60.00%	\$219.62	-59.87%
Nov-02	3	50.00%	\$343.95	56.61%
Dec-02	2	-33.33%	\$219.62	-36.15%
Jan-03	2	0.00%	\$219.62	0.00%
Feb-03	3	50.00%	\$329.43	50.00%
Mar-03	1	-66.67%	\$109.81	-66.67%



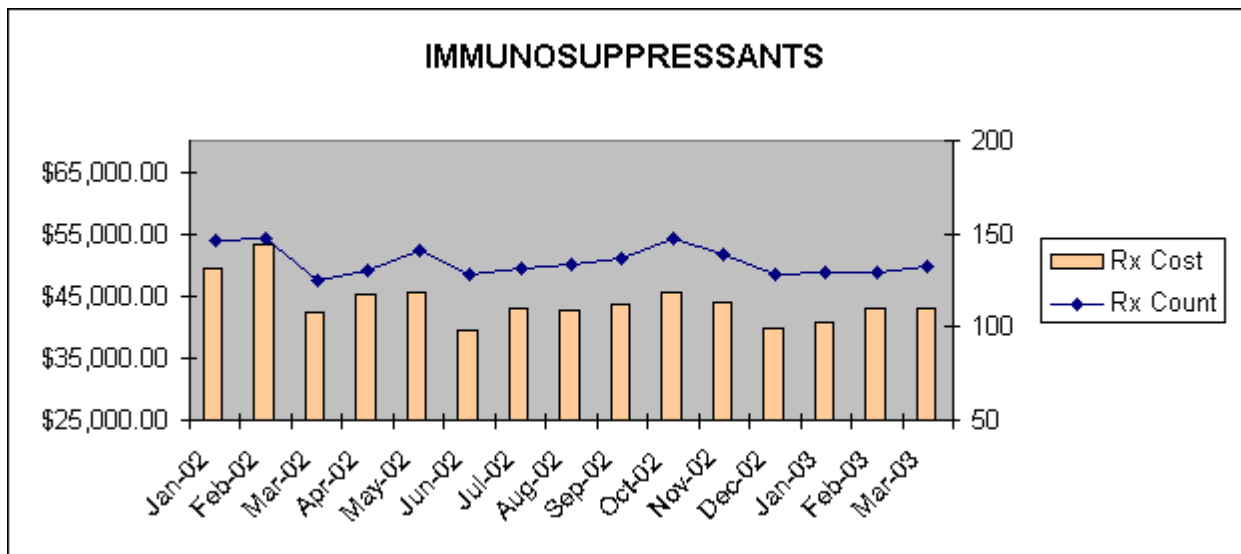
## SYNAGIS

Period Covered	# Rx's	% Change	Cost	% Change
Jan-02	1,113		\$1,153,783.84	
Feb-02	1,026	-7.82%	\$1,100,650.09	-4.61%
Mar-02	965	-5.95%	\$1,047,105.78	-4.86%
Apr-02	518	-46.32%	\$591,195.35	-43.54%
May-02	9	-98.26%	\$8,153.60	-98.62%
Jun-02	0	-100.00%	\$0.00	-100.00%
Jul-02	0	0.00%	\$0.00	0.00%
Aug-02	0	0.00%	\$0.00	0.00%
Sep-02	211	0.00%	\$222,960.26	0.00%
Oct-02	862	308.53%	\$932,607.40	318.28%
Nov-02	945	9.63%	\$1,007,516.53	8.03%
Dec-02	1,059	12.06%	\$1,136,998.41	12.85%
Jan-03	1,330	25.59%	\$1,442,783.94	26.89%
Feb-03	1,163	-12.56%	\$1,239,408.73	-14.10%
Mar-03	1,061	-8.77%	\$1,154,410.68	-6.86%



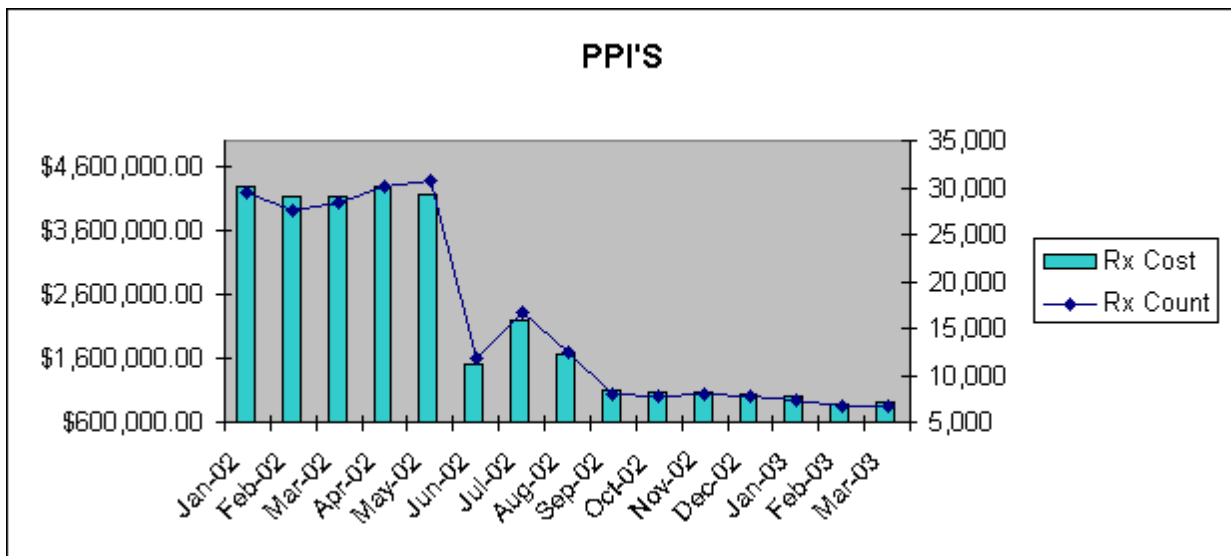
## IMMUNOSUPPRESSANTS

Period Covered	# Rx's	% Change	Cost	% Change
Jan-02	146		\$49,296.29	
Feb-02	148	1.37%	\$53,202.29	7.92%
Mar-02	125	-15.54%	\$42,366.54	-20.37%
Apr-02	130	4.00%	\$45,313.43	6.96%
May-02	141	8.46%	\$45,622.12	0.68%
Jun-02	128	-9.22%	\$39,482.54	-13.46%
Jul-02	131	2.34%	\$43,124.50	9.22%
Aug-02	134	2.29%	\$42,811.28	-0.73%
Sep-02	137	2.24%	\$43,699.16	2.07%
Oct-02	147	7.30%	\$45,635.51	4.43%
Nov-02	139	-5.44%	\$43,933.74	-3.73%
Dec-02	128	-7.91%	\$39,931.91	-9.11%
Jan-03	129	0.78%	\$40,629.75	1.75%
Feb-03	129	0.00%	\$43,135.15	6.17%
Mar-03	133	3.10%	\$43,008.66	-0.29%



## PPIs

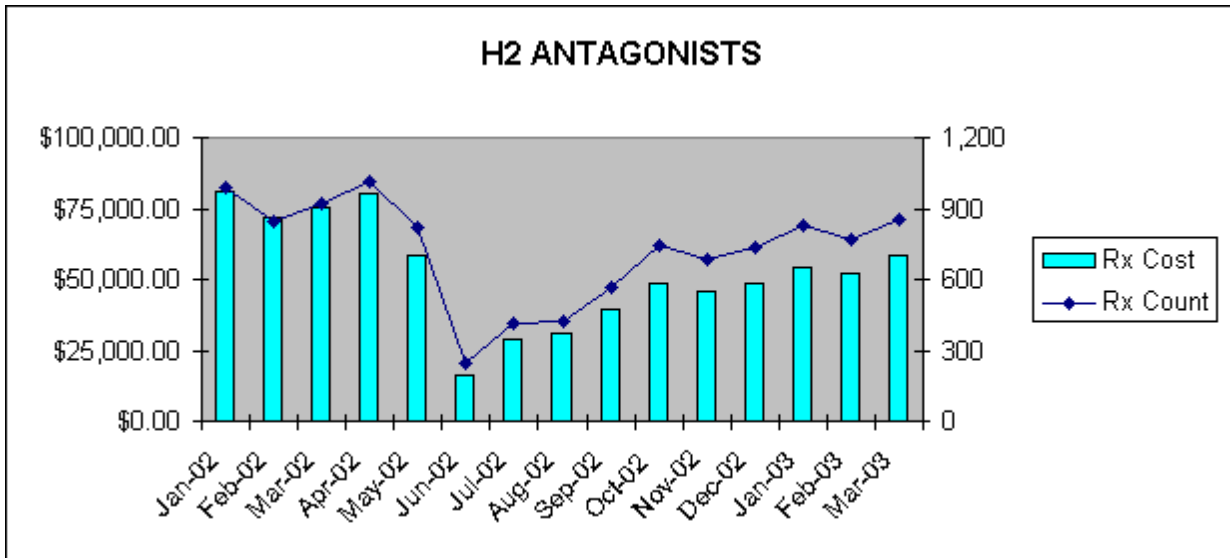
Period Covered	# Rx's	% Change	Cost	% Change
Jan-02	29,372		\$4,274,327.37	
Feb-02	27,519	-6.31%	\$4,133,821.30	-3.29%
Mar-02	28,379	3.13%	\$4,133,083.16	-0.02%
Apr-02	30,065	5.94%	\$4,277,206.99	3.49%
May-02	30,734	2.23%	\$4,143,071.32	-3.14%
Jun-02	11,703	-61.92%	\$1,509,365.98	-63.57%
Jul-02	16,701	42.71%	\$2,176,526.31	44.20%
Aug-02	12,398	-25.76%	\$1,648,450.87	-24.26%
Sep-02	7,985	-35.59%	\$1,095,988.18	-33.51%
Oct-02	7,862	-1.54%	\$1,076,279.75	-1.80%
Nov-02	7,941	1.00%	\$1,066,113.89	-0.94%
Dec-02	7,827	-1.44%	\$1,032,434.06	-3.16%
Jan-03	7,395	-5.52%	\$991,138.42	-4.00%
Feb-03	6,676	-9.72%	\$890,435.38	-10.16%
Mar-03	6,689	0.19%	\$901,155.01	1.20%





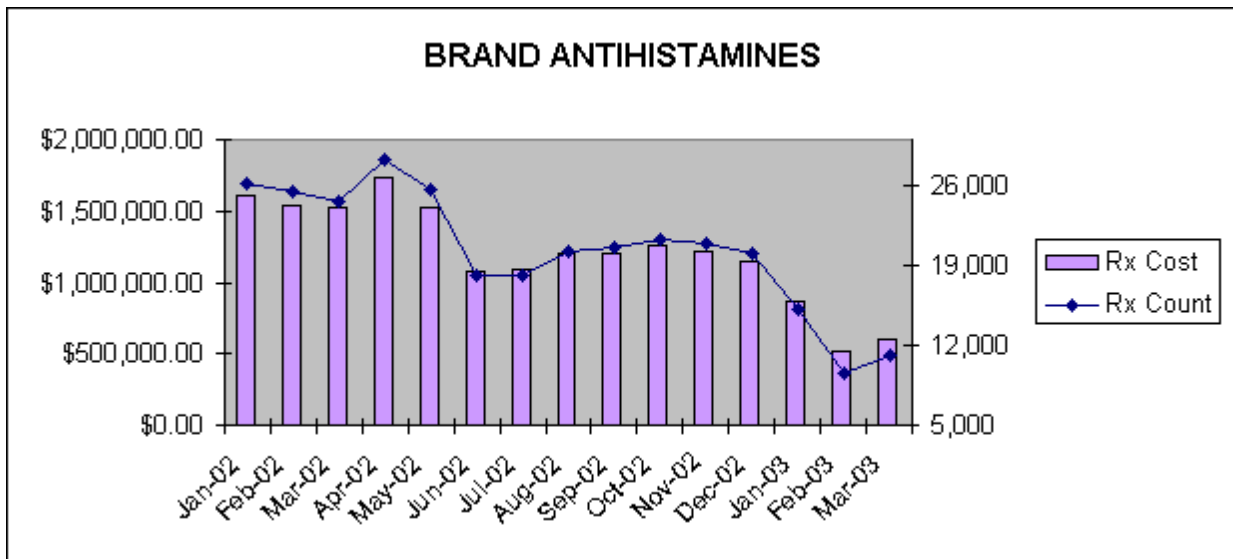
## H2 ANTAGONISTS

Period Covered	# Rx's	% Change	Cost	% Change
Jan-02	992		\$81,135.23	
Feb-02	845	-14.82%	\$72,110.31	-11.12%
Mar-02	919	8.76%	\$75,356.30	4.50%
Apr-02	1,015	10.45%	\$80,411.05	6.71%
May-02	822	-19.01%	\$58,742.99	-26.95%
Jun-02	245	-70.19%	\$16,277.46	-72.29%
Jul-02	412	68.16%	\$28,836.09	77.15%
Aug-02	419	1.70%	\$31,027.93	7.60%
Sep-02	564	34.61%	\$39,117.00	26.07%
Oct-02	741	31.38%	\$48,611.07	24.27%
Nov-02	686	-7.42%	\$45,555.94	-6.28%
Dec-02	732	6.71%	\$48,394.47	6.23%
Jan-03	830	13.39%	\$54,206.08	12.01%
Feb-03	772	-6.99%	\$52,172.92	-3.75%
Mar-03	855	10.75%	\$58,331.10	11.80%



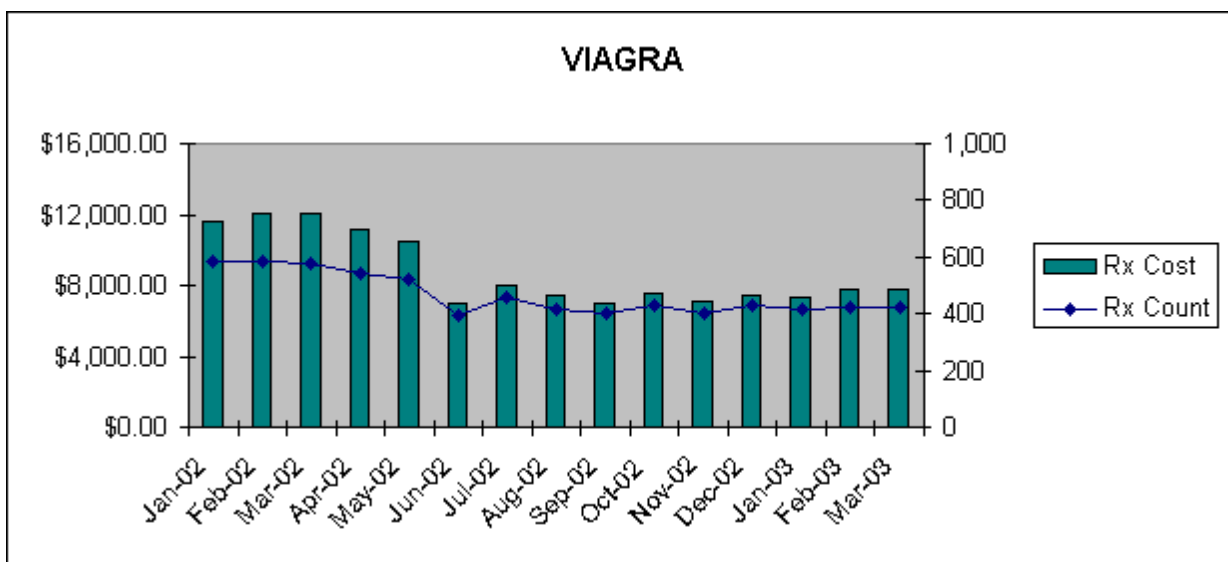
## BRAND ANTIHISTAMINES

Period Covered	# Rx's	% Change	Cost	% Change
Jan-02	26,175		\$1,602,018.98	
Feb-02	25,539	-2.43%	\$1,538,644.49	-3.96%
Mar-02	24,639	-3.52%	\$1,520,378.41	-1.19%
Apr-02	28,282	14.79%	\$1,741,205.43	14.52%
May-02	25,696	-9.14%	\$1,522,681.03	-12.55%
Jun-02	18,145	-29.39%	\$1,073,602.53	-29.49%
Jul-02	18,113	-0.18%	\$1,094,683.39	1.96%
Aug-02	20,210	11.58%	\$1,203,218.11	9.91%
Sep-02	20,477	1.32%	\$1,205,212.38	0.17%
Oct-02	21,339	4.21%	\$1,259,517.96	4.51%
Nov-02	20,944	-1.85%	\$1,222,201.37	-2.96%
Dec-02	20,095	-4.05%	\$1,152,491.34	-5.70%
Jan-03	15,133	-24.69%	\$862,802.83	-25.14%
Feb-03	9,478	-37.37%	\$522,439.66	-39.45%
Mar-03	11,161	17.76%	\$606,463.47	16.08%



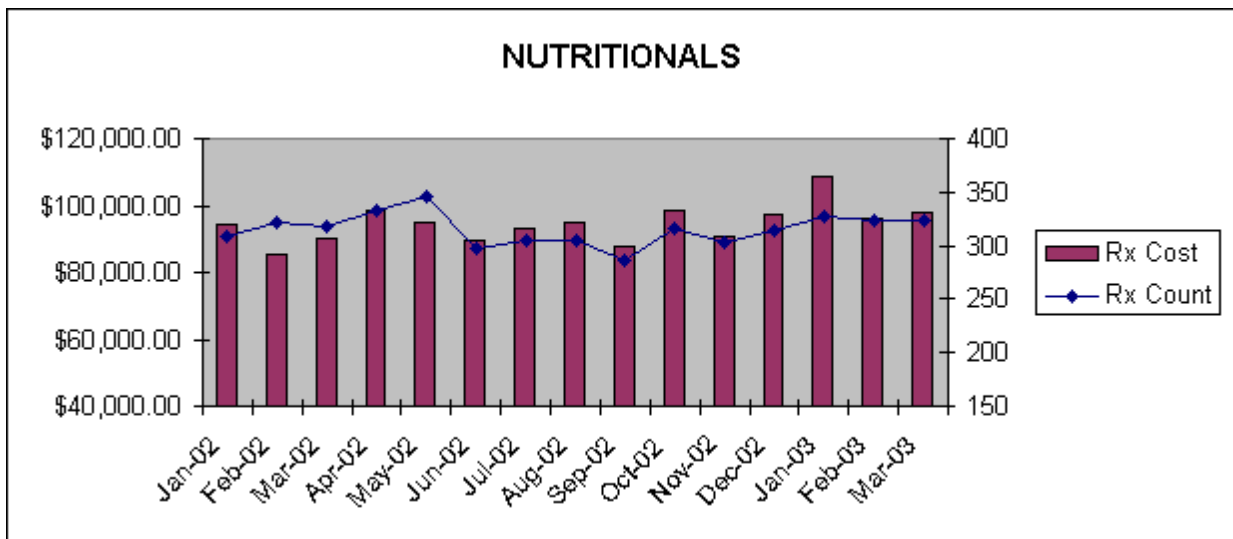
## VIAGRA

Period Covered	# Rx's	% Change	Cost	% Change
Jan-02	582		\$11,614.68	
Feb-02	584	0.34%	\$12,076.88	3.98%
Mar-02	580	-0.68%	\$12,009.80	-0.56%
Apr-02	540	-6.90%	\$11,105.63	-7.53%
May-02	520	-3.70%	\$10,470.14	-5.72%
Jun-02	395	-24.04%	\$6,941.65	-33.70%
Jul-02	455	15.19%	\$8,043.31	15.87%
Aug-02	418	-8.13%	\$7,448.26	-7.40%
Sep-02	401	-4.07%	\$7,015.22	-5.81%
Oct-02	432	7.73%	\$7,539.21	7.47%
Nov-02	403	-6.71%	\$7,047.29	-6.52%
Dec-02	427	5.96%	\$7,458.25	5.83%
Jan-03	413	-3.28%	\$7,341.14	-1.57%
Feb-03	422	2.18%	\$7,758.79	5.69%
Mar-03	423	0.24%	\$7,783.68	0.32%



## NUTRITIONALS

Period Covered	# Rx's	% Change	Cost	% Change
Jan-02	309		\$94,506.80	
Feb-02	322	4.21%	\$85,192.22	-9.86%
Mar-02	318	-1.24%	\$90,222.09	5.90%
Apr-02	332	4.40%	\$98,544.60	9.22%
May-02	345	3.92%	\$94,739.15	-3.86%
Jun-02	297	-13.91%	\$89,388.95	-5.65%
Jul-02	304	2.36%	\$93,157.75	4.22%
Aug-02	305	0.33%	\$95,091.81	2.08%
Sep-02	286	-6.23%	\$87,655.09	-7.82%
Oct-02	316	10.49%	\$98,288.50	12.13%
Nov-02	303	-4.11%	\$90,608.12	-7.81%
Dec-02	315	3.96%	\$97,342.05	7.43%
Jan-03	328	4.13%	\$108,891.54	11.86%
Feb-03	324	-1.22%	\$96,384.46	-11.49%
Mar-03	323	-0.31%	\$97,949.42	1.62%



# BRAND ORAL SR OPIOID AGONISTS

## PRIOR AUTHORIZATION REQUEST FORM

NOTE: Oral SR opioid agonists are narcotic analgesics and schedule II controlled substances. They are not intended for use as a PRN analgesic or for short-term (10 days or less) pain management.

FAX OR MAIL TO:  
HEALTH INFORMATION DESIGNS

P.O. BOX 320506

Flowood, MS 39232

Phone: (800) 355-0486 or Fax: (800)459-2135

### BENEFICIARY INFORMATION

Beneficiary's Name: \_\_\_\_\_ Beneficiary's Medicaid #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_  
Month Day 4-Digit Year

### PRESCRIBER INFORMATION

Medicaid ID #: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Area Code)  
City State Zip Fax #: \_\_\_\_\_  
(Area Code)

*A physician, nurse practitioner or physician assistant who attests to the medical necessity of the prescribed medication, who knowingly or willingly makes, or causes to be made, any false statement or representation of a material fact in any application for Medicaid benefits or Medicaid payments, may be prosecuted under federal and/or state criminal laws and/or may be subject to civil monetary penalties and/or fines. I hereby certify that I am the ordering physician/nurse practitioner/physician assistant identified in this form. I certify that the medical necessity information is true, accurate and complete to the best of my knowledge. I certify that I have reviewed the items requested in this form and that I deem them medically necessary for the patient listed. I understand that any falsification, omission or concealment of material fact may subject me to civil monetary penalties, fines or criminal prosecution.*

Physician's Signature and Date \_\_\_\_\_

### PHARMACY INFORMATION

Dispensing Pharmacy: \_\_\_\_\_ Provider #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Area Code)  
City State Zip Fax #: \_\_\_\_\_  
(Area Code)

### DRUG/CLINICAL INFORMATION

Drug Name: \_\_\_\_\_ Daily Dose \_\_\_\_\_ Quantity/month: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-9: \_\_\_\_\_ NDC #: \_\_\_\_\_

Duration of Therapy: \_\_\_\_\_ months Additional Medical Justification: \_\_\_\_\_

Indicate type of pain: Acute ☐ Chronic; ☐ Indicate severity of pain: ☐ Mild ☐ Moderate ☐ Severe

Does the patient have a history of substance abuse or addiction? ☐ Yes ☐ No

Does the patient have a history of the following?

- |   |  |
|---|--|
| <input type="checkbox"/> Hypersensitivity to opiates                | <input type="checkbox"/> Pregnancy/lactation             |
| <input type="checkbox"/> Respiratory depression/hypoxia/hypercarbia | <input type="checkbox"/> Increased intracranial pressure |
| <input type="checkbox"/> Severe asthma or COPD                      | <input type="checkbox"/> Circulatory shock               |
| <input type="checkbox"/> Paralytic ileus                            |  |

Indicate prior and/or current analgesic therapy or alternative management choices:

Drug/therapy: \_\_\_\_\_ Dose: \_\_\_\_\_

Length of therapy: \_\_\_\_\_ Reason of d/c: \_\_\_\_\_

Drug/therapy: \_\_\_\_\_ Dose: \_\_\_\_\_

Length of therapy: \_\_\_\_\_ Reason of d/c: \_\_\_\_\_

\*\*\*Supporting documentation must be available in the patient record.

### FOR HID USE ONLY

Medicaid Eligibility verified \_\_\_\_\_ by \_\_\_\_\_  
Approved \_\_\_\_\_ Date \_\_\_\_\_  
Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_  
Qty Approved \_\_\_\_\_  
Reviewed by \_\_\_\_\_  
HID # \_\_\_\_\_

Medicaid Eligibility verified \_\_\_\_\_ by \_\_\_\_\_  
Denied \_\_\_\_\_ Date \_\_\_\_\_  
Reason \_\_\_\_\_  
Reviewed by \_\_\_\_\_  
HID # \_\_\_\_\_

**FAX TO : 1-800-459-2135**

Health Information Designs, Inc.  
P.O. Box 320506  
Flowood, MS 39232  
Phone 800-355-0486

**BRAND ORAL SR OPIOID  
AGONISTS  
PRIOR AUTHORIZATION  
REQUEST FORM**

**BENEFICIARY INFORMATION**

Beneficiary's Name: \_\_\_\_\_ Beneficiary's Medicaid # \_\_\_\_\_

DOB: \_\_\_\_\_ City \_\_\_\_\_  
Month Day 4-Digit Year

**PRESCRIBER INFORMATION**

Prescribing Physician: \_\_\_\_\_ Medicaid ID # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone #: \_\_\_\_\_

FAX #: \_\_\_\_\_

\_\_\_\_\_  
Physician's signature and date

*I hereby certify that I am the ordering physician/nurse practitioner/physician assistant identified in this form and I deem the prescribed medication to be necessary for the patient listed. I understand that any falsification, omission or concealment of material fact may subject me to civil penalties, fines or criminal prosecution.*

**PHARMACY INFORMATION**

Dispensing Pharmacy: \_\_\_\_\_ Provider # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone #: \_\_\_\_\_

FAX #: \_\_\_\_\_

**DRUG/CLINICAL INFORMATION**

Drug Name & Strength: \_\_\_\_\_ Quantity /Month \_\_\_\_\_ Frequency: \_\_\_\_\_

Diagnosis with ICD-9: \_\_\_\_\_ NDC#: \_\_\_\_\_ Indicate asymmetrical dosing (if needed) \_\_\_\_\_am \_\_\_\_\_pm

Additional Medical Justification: \_\_\_\_\_

List prior drug use:

1. \_\_\_\_\_ Length of therapy \_\_\_\_\_ days Reason for d/c: \_\_\_\_\_

2. \_\_\_\_\_ Length of therapy \_\_\_\_\_ days Reason for d/c: \_\_\_\_\_

Indicate type of pain: \_\_\_Acute\_\_\_Chronic Indicate severity of pain: \_\_\_Mild\_\_\_Moderate \_\_\_Severe

Does the patient have a history of substance abuse or addiction? Yes No

Does the patient have a history of the following?

Hypersensitivity to opiates  
Respiratory depression/hypoxia/hypercarbia  
Severe asthma or COPD  
Paralytic ileus

**FOR HID USE ONLY**

Eligibility Verified by \_\_\_\_\_

Approved \_\_\_\_\_

Denied/Code: \_\_\_\_\_

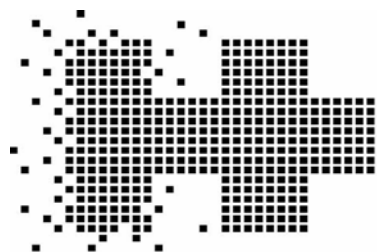
From Date \_\_\_\_\_ Thru Date \_\_\_\_\_

Reviewed by \_\_\_\_\_

HID# \_\_\_\_\_ PA# \_\_\_\_\_

Volume 1, Issue 1

Newsletter Date



# HEALTH INFORMATION DESIGNS

Using medication information cost effectively

## Introduction

Health Information Designs, Inc. (HID) is the pharmacy benefits management/drug utilization review organization contracted with the Mississippi Division of Medicaid (DOM) to review pharmacy services provided to Medicaid beneficiaries. Under this contract, we seek to ensure that Medicaid beneficiaries receive appropriate and cost effective drug therapy. Health Information Designs, Inc. began the prior authorization process for the Mississippi Division of Medicaid in June 2002.



### Our Staff:

- Derek Martin, M.Ed, RPh  
Account Manager
- Lew Anne Snow, RN, BSN  
Clinical Specialist
- Kathleen Burns, RN  
Clinical Review Nurse
- 25 Pharmacy Technicians/  
Help Desk Personnel

### Hours of Operation

**Monday through Friday 8:00 a.m.— 6:00 p.m. (excluding State Holidays)**

**Saturday and Sunday 10:00 a.m.—4:00 p.m.**

**State Holidays 10:00 a.m.—4:00 p.m.**

**Closed Thanksgiving Day, Christmas Day and New Years Day**



**800-355-0486 (press #2 for assistance)**

**601-709-0000 (press #2 for assistance)**

**Please fax all prior authorization requests to:**

**800-459-2135**



**Please mail all prior authorization requests to:**

**PO Box 320506**

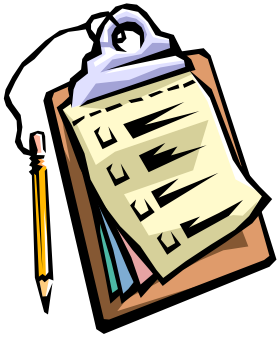
**Flowood, MS 39232**



### Inside this issue:

Introduction	1
Hours of Operation	2
PA Process	2
Drugs Requiring PA	3
Who to Call	4
Web Sites	4

## Prior Authorization Process



All requests for drug prior authorization ***must*** be initiated by a physician or prescriber with prescribing authority for the drug category for which prior authorization is being requested.

The following information ***must*** be supplied with each patient-specific drug prior authorization request:

- Beneficiary name
- Beneficiary Medicaid Identification Number
- Prescribers name, city, phone number, fax number, Medicaid provider number, and original signature
- Pharmacy name, city, phone number, fax number, and Medicaid Provider number
- Medication name, strength, dosage form, and dosing schedule requested
- Diagnosis for which the medication is to be used to treat
- Documentation of failed trials of other medications or medical reasons why the patient is exempt from the necessary criteria
- Documentation of all necessary testing or why this is inappropriate in the beneficiary's case

Medication or category specific prior authorization criteria have been approved by the Division of Medicaid.

Prior authorizations may be moved to any pharmacy requested by the Medicaid beneficiary.

If the prescribing physician does not know the NDC number of the medication being requested, the form may be submitted without this information.

As specified by OBRA '90, any Medicaid drug prior authorization process must provide a response by telephone or other telecommunication device within 24 hours of the receipt of a request for prior authorization.

### APPEAL PROCESS:

- Should the beneficiary not agree with HID's decision, they have the right to request an Administrative Appeal with the Division of Medicaid. A written request must be submitted by mail or fax to DOM within thirty (30) working days of the date of the notification of denial. All correspondence can be mailed or faxed to:

Division of Medicaid

Attn: Pharmacy

239 N. Lamar Street, Suite 801

Jackson, MS 39201-1399

Fax: 601-359-9555

please provide complete diagnosis and/or medical information which



may affect outcome of the prior authorization





## Drugs Requiring Prior Authorization

### ACTIQ

EFFECTIVE 4-7-03

ACTIQ

### ENBREL

EFFECTIVE 6-1-02

ENBREL

### BRAND ANTIHISTAMINES

EFFECTIVE 8-1-02

ALLEGRA  
ASTELIN NS  
CLARINEX  
CLARITIN  
Zyrtec  
ALLEGRA-D  
CLARITIN-D  
Zyrtec-D

### IMMUNOSUPPRESSANTS

EFFECTIVE 6-1-02

CYCLOSPORINE  
GENGRAF  
NEORAL  
SANDIMMUNE

### NUTRITIONALS

EFFECTIVE 6-1-02

BOOST  
ENSURE  
GLUCERNA  
ISOCAL  
JEVITY  
KINDERCAL  
TWOCAI HN

\*THIS LIST IS NOT ALL INCLUSIVE

### BRAND-NAME MULTI-SOURCE DRUGS

EFFECTIVE 2-10-03

MS LAW REQUIRES THAT THE MEDICAID PROVIDER SHALL NOT PRESCRIBE, THE PHARMACY SHALL NOT BILL & DOM SHALL NOT REIMBURSE FOR A BRAND NAME DRUG IF AN EQUALLY EFFECTIVE GENERIC EQUIVALENT IS AVAILABLE AND THE GENERIC IS LESS EXPENSIVE

### BRAND NSAIDS

EFFECTIVE 6-1-03

ARTHROTEC  
MOBIC  
PONSTEL

### BRAND ORAL SR OPIOID AGONISTS

EFFECTIVE 11-1-02

AVINZA  
KADIAN  
MS CONTIN  
ORAMORPH SR  
OXYCONTIN

### COX-2 INHIBITORS

EFFECTIVE 6-1-02

BEXTRA  
CELEBREX  
VIOXX



### PPI

EFFECTIVE 4-7-03

ACIPHEX  
NEXIUM  
OMEPRazole  
PREVACID  
PREVPAC  
PRILOSEC  
PROTONIX

### SYNAGIS

EFFECTIVE 6-1-02

SYNAGIS

### VIAGRA

EFFECTIVE 6-1-02

VIAGRA

### XENICAL

EFFECTIVE 6-1-02

XENICAL

D

R

A

F

T

## WHO TO CALL

### HID

Prior Authorization Status	800-355-0486
NDC or dose changes	601-709-0000
Early Refills	800-459-2135 (FAX)
DUR overrides/error messages	

### ACS

Claim submission problems	800-884-3222
Claim denials	
Claim reversals	

### Medicaid Provider Relations

General Coverage questions	888-421-2408
----------------------------	--------------

### Medicaid Pharmacy Bureau

Pharmacy questions	601-359-5253
Max unit overrides	



D

R

A

F

T



### **Informational Web Sites**

#### Health Information Designs

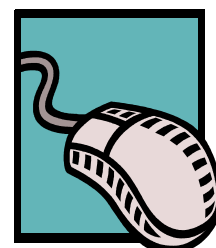
[www.hidmsmedicaid.com](http://www.hidmsmedicaid.com)

- Prior Authorization Request Form
- Prior Authorization Criteria
- PDL

#### Division Of Medicaid

[www.dom.state.ms.us](http://www.dom.state.ms.us)

- Provider Information
- DOM Contacts and Phone Numbers
- PDL
- P & T Committee Information
- DUR Board Information



Office of the Governor  
Division of Medicaid

# Preferred Drug List

**JUNE 2003**



## MISSISSIPPI MEDICAID PREFERRED DRUG LIST

Brand drugs in parenthesis are for reference purposes only.

Brand drugs in **bold** are on the Preferred Drug List.\*Office of the Governor  
Division of Medicaid  
Preferred Drug List

June 2003



RELATIVE COST	THERAPEUTIC CLASS		RELATIVE COST	THERAPEUTIC CLASS
	<b>ANALGESICS</b>			<b>ANALGESIC/ MIGRAINE</b>
	<b>NSAIDS</b>			
\$\$\$	choline/magnesium salicylate (Trilisate)		\$	aspirin/butalbital/caffeine (Fiorinal)
\$\$	diclofenac (Voltaren)		\$	acetaminophen/butalbital/caffeine (Fioricet)
\$\$	diflunisal (Dolobid)		\$\$	aspirin/butalbital/caffeine/codeine (Fiorinal with Codeine)
\$\$\$	etodolac (Lodine)		\$\$	acetaminophen/butalbital/caffeine/codeine (Fioricet with Codeine)
\$	fenoprofen (Nalfon)		\$\$	ergotamine/caffeine (Cafergot)
\$\$	flurbiprofen (Ansaid)		\$\$\$\$\$	<b>almotriptan - Axert</b>
\$	ibuprofen (Motrin)		\$\$\$\$\$	<b>sumatriptan - Imitrex</b>
\$\$	indomethacin (Indocin)			<b>ANTIBIOTICS</b>
\$\$\$	ketoprofen (Orudis)			<b>MISCELLANEOUS</b>
\$\$\$	ketoprofen sustained released (Oruvail)		\$\$	clindamycin (Cleocin)
\$\$	ketorolac (Toradol)		\$	metronidazole (Flagyl)
\$\$\$\$\$	meclofenamate (Meclomen)			<b>ANTIFUNGALS</b>
\$\$\$\$\$	nabumetone (Relafen)		\$\$	griseofulvin (Grisactin)
\$	naproxen (Naprosyn)		\$\$	ketoconazole (Nizoral)
\$\$	naproxen enteric coated (Naprosyn EC)		\$	nystatin (Mycostatin)
\$	naproxen sodium (Anaprox)		\$\$\$	<b>fluconazole 150mg tablets - Diflucan</b>
\$	piroxicam (Feldene)			<b>ANTIVIRALS</b>
\$\$	salsalate (Disalcid)		\$\$	acyclovir (Zovirax)
\$	sulindac (Clinoril)		\$\$\$\$\$	<b>famciclovir - Famvir</b>
	<b>OPIOID AGONISTS</b>		\$\$\$\$\$	<b>valacyclovir - Valtrex</b>
\$\$	codeine (Codeine)			<b>CEPHALOSPORINS - 1ST GENERATION</b>
\$	codeine/acetaminophen (Tylenol with Codeine)		\$\$	cefadroxil (Duricef)
\$	hydrocodone/acetaminophen (Vicodin)		\$	cephalexin (Keflex)
\$	hydrocodone/acetaminophen (Lortab)			<b>CEPHALOSPORINS - 2ND GENERATION</b>
\$\$	hydromorphone (Dilaudid)		\$\$	cefaclor (Ceclor)
\$\$	meperidine (Demerol)		\$\$\$	cefuroxime (Ceftin)
\$\$\$\$\$	morphine (MSIR)			<b>CEPHALOSPORINS - 3RD GENERATION</b>
\$\$	morphine suppository (Morphine supp.)		\$\$\$	cefepodoxime suspension -(Vantin, suspension only)
\$\$	oxycodone (Roxicodone)			
\$	oxycodone/acetaminophen (Tylox)			
\$	oxycodone/acetaminophen (Percocet)			
\$	oxycodone/aspirin (Percodan)			
\$	propoxyphene/acetaminophen (Darvocet-N-100)			
\$\$	tramadol (Ultram)			

**Legend**Least  
Expensive  
\$Most  
Expensive  
\$\$\$\$\$

## MISSISSIPPI MEDICAID PREFERRED DRUG LIST

Brand drugs in parenthesis are for reference purposes only.

Brand drugs in **bold** are on the Preferred Drug List.\*Office of the Governor  
Division of Medicaid  
Preferred Drug List

June 2003



RELATIVE COST	THERAPEUTIC CLASS		RELATIVE COST	THERAPEUTIC CLASS
	<b>ANTIBIOTICS</b>			<b><u>INSULIN - VIALS ONLY</u></b>
	<b><u>MACROLIDES</u></b>		\$\$\$	insulin glargine - Lantus
\$	erythromycin (E-Mycin)		\$\$	insulin human lente - Humulin L
\$	erythromycin/sulfisoxazole (Pediazole)		\$\$	insulin human lente - Novolin L
\$\$	<b>azithromycin - Zithromax</b>		\$\$	insulin human NPH - Humulin N
	<b><u>PENICILLINS</u></b>		\$\$	insulin human NPH - Novolin N
\$	amoxicillin (Amoxil)		\$\$	insulin human regular - Humulin R
\$	ampicillin (Principen)		\$\$	insulin human regular - Novolin R
\$	penicillin v potassium (Pen-Vee K)		\$\$\$\$	insulin lispro - Humalog
	<b><u>QUINOLONES</u></b>		\$\$\$\$	insulin lispro - Novolog
\$\$\$	<b>ciprofloxacin - Cipro</b>		\$\$	insulin mixtures - Humulin 70/30
\$\$\$	<b>levofloxacin - Levaquin</b>		\$\$	insulin mixtures - Novolin 70/30
	<b><u>SULFONAMIDES</u></b>		\$\$	insulin mixtures - Humulin 50/50
\$	sulfamethoxazole/trimethoprim (Bactrim)		\$\$	insulin mixtures - Novolin 50/50
	<b><u>TETRACYCLINES</u></b>			<b><u>SULFONUREAS</u></b>
\$	doxycycline (Vibramycin)		\$	glipizide (Glucotrol)
\$\$	minocycline (Minocin)		\$\$	glyburide (Micronase)
\$	tetracycline (Sumycin)		\$\$	<b>glimepiride - Amaryl</b>
	<b><u>URINARY ANTI-INFECTIVES</u></b>		\$\$\$	<b>glyburide/ metformin - Glucovance</b>
\$\$	nitrofurantoin/micro (Macrochantin)			<b>ANTI-RHEUMATIC</b>
\$\$	<b>nitrofurantoin/macro -Macrobid</b>			<b><u>ANTI-RHEUMATIC</u></b>
	<b>ANTICOAGULANTS</b>		\$\$\$\$	azathioprine (Imuran)
\$\$	<b>warfarin - Coumadin</b>		\$\$\$	hydroxychloroquine (Plaquenil)
	<b>ANTIDIABETICS</b>		\$\$\$	methotrexate (Rheumatrex)
	<b><u>ANTIDIABETICS MISCELLANEOUS</u></b>			<b>ANTITUSSIVES</b>
\$\$\$	metformin (Glucophage)			<b><u>ANTITUSSIVES</u></b>
\$\$	<b>pioglitazone - Actos</b>		\$	guaifenesin/codeine (Robitussin AC)
\$\$\$\$\$	<b>Rosiglitazone maleate / metformin hydrochloride - Avandamet</b>		\$	promethazine/codeine (Phenergan with codeine)
		<b><u>Legend</u></b>		
		<b>Least Expensive</b>		
		<b>\$</b>		
		<b>Most Expensive</b>		
		<b>\$\$\$\$\$</b>		

## MISSISSIPPI MEDICAID PREFERRED DRUG LIST

Brand drugs in parenthesis are for reference purposes only.

Brand drugs in **bold** are on the Preferred Drug List.\*Office of the Governor  
Division of Medicaid  
Preferred Drug List

June 2003



RELATIVE COST	THERAPEUTIC CLASS		RELATIVE COST	THERAPEUTIC CLASS
	<b>CARDIOVASCULAR</b>			<b>HYPOTENSIVE AGENTS</b>
	<b><u>ACE INHIBITORS</u></b>			
\$	captopril (Capoten)		\$	clonidine (Catapres)
\$	captopril/ HCTZ (Capozide)		\$\$	doxazosin (Cardura)
\$\$	enalapril (Vasotec)		\$	hydralazine (Apresoline)
\$\$	enalapril/ HCTZ (Vasoretic)		\$\$	terazosin (Hytrin)
\$\$	lisinopril (Zestril)			<b><u>ANTI-PLATELET</u></b>
\$\$	lisinopril/ HCTZ (Zestoretic)		\$\$\$\$\$	<b>clopidogrel - Plavix</b>
\$\$	<b>ramipril - Altace</b>			<b><u>VASODILATING AGENTS</u></b>
	<b><u>ANGIOTENSIN ANTAGONISTS</u></b>		\$	isosorbide dinitrate (Isordil)
\$\$\$	<b>irbesartan - Avapro</b>		\$\$	isosorbide mononitrate SR (Imdur)
\$\$\$	<b>Irbesartan/ HCTZ - Avalide</b>		\$	nitroglycerin sublingual (Nitrostat)
\$\$\$	<b>valsartan - Diovan</b>		\$\$	nitroglycerin transdermal (NitroDUR)
\$\$\$	<b>valsartan/ HCTZ - Diovan HCT</b>			<b>CONTRACEPTIVES</b>
	<b><u>ANTIARRHYTHMICS</u></b>			<b><u>CONTRACEPTIVES - MONOPHASIC</u></b>
\$\$\$\$\$	amiodarone (Cordarone)		\$\$	ethinyl estradiol/ desogestrel (Desogen)
\$	<b>digoxin - Lanoxin</b>		\$\$	ethinyl estradiol/ ethynodiol (Demulen 1/35)
	<b><u>BETA BLOCKERS</u></b>		\$\$	ethinyl estradiol/ethynodiol (Demulen 1/50)
\$	atenolol (Tenormin)		\$\$	ethinyl estradiol/levonorgestrel (Nordette)
\$	atenolol/chlorthalidone (Tenoretic)		\$\$	ethinyl estradiol/levonorgestrel (Alesse)
\$\$	bisoprolol (Zebeta)		\$\$	ethinyl estradiol/norethindrone (Necon 0.5/35)
\$\$	bisoprolol/ HCTZ (Ziac)		\$\$	ethinyl estradiol/norethindrone (Loestrin Fe 1.5/30)
\$\$	labetolol (Normodyne)		\$\$	ethinyl estradiol/norethindrone (Ortho Novum 1/35)
\$	metoprolol (Lopressor)		\$\$	ethinyl estradiol/norethindrone (Microgestin)
\$	propranolol (Inderal)		\$\$	ethinyl estradiol/norgestrel (Lo-Ovral)
\$\$	propranolol SR (Inderal LA)		\$\$	mestranol/ norethindrone (Ortho Novum 1/50)
\$\$	acebutolol (Sectral)			<b><u>CONTRACEPTIVES - BIPHASIC</u></b>
\$\$\$\$\$	<b>carvedilol - Coreg</b>		\$\$	ethinyl estradiol/ norethindrone (Ortho Novum 10-11)
\$\$	<b>metoprolol SR - Toprol XL</b>			<b><u>CONTRACEPTIVES - TRIPHASIC</u></b>
\$\$\$\$\$	sotalol (Betapace)		\$\$	ethinyl estradiol/ levonorgestrel (TriPhasil)
	<b><u>CALCIUM CHANNEL BLOCKERS</u></b>		\$\$\$\$\$	ethinyl estradiol/norethindrone (Notrel 7/7/7)
\$\$	diltiazem SR (Cardizem CD)			<b><u>CONTRACEPTIVES - PROGESTINS</u></b>
\$\$	nifedipine SR (Procardia XL)		\$\$\$	norethindrone (Ortho-Micronor)
\$	verapamil SR (Calan SR)		\$\$	norethindrone (NorQD)
\$\$	<b>amlodipine - Norvasc</b>		\$\$	<b>medroxyprogesterone injection - Depo-Provera</b>
\$\$\$\$	<b>amlodipine/ benazepril - Lotrel</b>			

**Legend**Least  
Expensive  
\$Most  
Expensive  
\$\$\$\$\$

## MISSISSIPPI MEDICAID PREFERRED DRUG LIST

Brand drugs in parenthesis are for reference purposes only.

Brand drugs in **bold** are on the Preferred Drug List.\*Office of the Governor  
Division of Medicaid  
Preferred Drug List

June 2003



RELATIVE COST	THERAPEUTIC CLASS		RELATIVE COST	THERAPEUTIC CLASS
	<b>CORTICOSTEROIDS</b>			<b>MISCELLANEOUS GI DRUGS</b>
	<b><u>CORTICOSTEROIDS - ORAL</u></b>		\$\$	sulfasalazine (Azulfidine)
\$	dexamethasone (Decadron)		\$\$	sucralfate (Carafate)
\$	methylprednisolone (Medrol dose pack)		\$\$\$\$\$	<b>mesalamine - Asacol</b>
\$	prednisolone syrup (Prelone)			<b><u>H - 2 BLOCKERS</u></b>
\$	prednisone (Deltasone)		\$	cimetidine (Tagamet)
			\$\$	ranitidine (Zantac)
	<b>DIURETICS</b>			<b><u>BOWEL PREP</u></b>
	<b><u>DIURETICS</u></b>		\$	PEG electrolyte sol (Golytely)
\$	bumetanide (Bumex)			<b><u>PROKINETIC AGENTS</u></b>
\$	furosemide (Lasix)		\$	metoclopramide (Reglan)
	<b><u>DIURETICS, POTASSIUM SPARING</u></b>			
\$	spironolactone (Aldactone)			<b>MUSCLE RELAXANT</b>
\$	triamterene/ HCTZ (Maxzide)			<b><u>SKELETAL MUSCLE RELAXANTS</u></b>
	<b><u>DIURETICS, THIAZIDES</u></b>		\$	baclofen (Lioresal)
\$	indapamide (Lozol)		\$	cyclobenzaprine (Flexeril)
\$	hydrochlorothiazide (Hydrodiuril)		\$	methocarbamol (Robaxin)
\$\$	metolazone (Zaroxolyn)		\$\$\$\$	tizanidine (Zanaflex)
	<b>GASTROINTESTINAL</b>			<b>OPHTHALMIC/GLAUCOMA</b>
	<b><u>AMMONIA DETOXICANTS</u></b>		\$\$	<b><u>CARBONIC ANHYDRASE INHIBITORS</u></b>
\$	lactulose (Enulose)		\$\$\$	<b>dorzolamide - Trusopt</b>
	<b><u>ANTIDIARRHEA AGENTS</u></b>		\$\$\$	<b>dorzolamide/timolol - Cosopt</b>
\$	diphenoxylate (Lomotil)			<b><u>OPHTHALMICS - MIOTICS</u></b>
\$\$	loperamide (Imodium)		\$\$	pilocarpine (Pilocar)
	<b><u>ANTIEMETICS</u></b>			<b><u>OPHTHALMICS - BETA BLOCKER</u></b>
\$	meclizine (Antivert)		\$\$\$	betaxolol (Betoptic S)
\$	prochlorperazine (Compazine)		\$	levobunolol (Betagan)
\$	promethazine (Phenergan)		\$	timolol (Timoptic)
	<b><u>ANTISPASMODICS</u></b>			<b><u>OPHTHALMICS - MISCELLANEOUS</u></b>
\$	dicyclomine (Bentyl)		\$\$\$	<b>brimonidine - Alphagan</b>
\$	hyoscyamine (Levsin)		\$\$\$	<b>latanoprost - Xalatan</b>
\$\$	hyoscyamine extended release (Levsinex)			<b><u>OPHTHALMICS - MYDRIATICS</u></b>
			\$	dipivefrin (Propine)

**Legend**Least  
Expensive  
\$Most  
Expensive  
\$\$\$\$\$

## MISSISSIPPI MEDICAID PREFERRED DRUG LIST

Brand drugs in parenthesis are for reference purposes only.

Brand drugs in **bold** are on the Preferred Drug List.\*Office of the Governor  
Division of Medicaid  
Preferred Drug List

June 2003



RELATIVE COST	THERAPEUTIC CLASS		RELATIVE COST	THERAPEUTIC CLASS
	<b>OPHTHALMIC</b>			<b>RESPIRATORY</b>
	<b><u>OPHTHALMICS - ANTI-INFECTIVES</u></b>			<b><u>ADRENERGIC AGENTS</u></b>
\$	erythromycin ophth oint (Ilotycin)		\$	albuterol syrup (Proventil Syrup)
\$	gentamicin ophth drops (Garamycin)		\$	albuterol inhaler (Proventil Inhaler)
\$	neomycin/polymixin/gramicidin ophth drops (neomycinsporin)		\$\$\$\$	albuterol nebulized sol. (Proventil Inhalation Sol)
\$	neomycin/polymixin/bacitracin ophth oint (neomycinsporin)		\$\$\$\$	<b>salmeterol inhaler - Serevent Inhaler</b>
	<b><u>OPHTHALMICS - ANTI-INFECTIVE/ANTI-INFLAMMATORY</u></b>		\$\$\$\$\$	<b><u>ADRENERGIC AGENTS/STEROID</u></b>
\$	neomycin/polymixin/dexamethasone ophth drops (Maxitrol)		\$\$\$\$\$	<b>salmeterol/fluticasone - Advair Diskus</b>
	<b><u>OPHTHALMICS - ANTI-INFLAMMATORY</u></b>			<b><u>ANTIHISTAMINES</u></b>
\$\$	diclofenac ophth (Voltaren)		\$	diphenhydramine (Benadryl)
\$	prednisolone sod phos ophth (Inflamase Mild)		\$	hydroxyzine (Atarax)
\$	prednisolone sod phos ophth (Inflamase Forte)		\$	triprolidine/psuedo (Actifed)
	<b><u>OPHTHALMICS - ANTIHISTAMINE</u></b>		\$\$\$	<b><u>ANTICHOLINERGIC - INHALED</u></b>
\$	naphazoline/pheniramine ophth (Naphcon A)		\$\$\$	<b>ipratropium inhaler (Atrovent)</b>
	<b><u>OPHTHALMICS - SULFONAMIDES</u></b>		\$\$\$	<b>ipratropium/albuterol inhaler - Combivent</b>
\$	sulfacetamide ophth drops (Bleph-10)		\$\$\$\$\$	<b><u>CORTICOSTEROIDS - INHALED</u></b>
\$	sulfacetamide/prednisolone ophth drops (Blephamide)		\$\$\$\$\$	<b>budesonide inhaler - Pulmicort Inhaler</b>
	<b>OSTEOPOROSIS</b>		\$\$\$\$\$	<b>budesonide respules - Pulmicort Respules</b>
	<b><u>BIPHOSPHONATE</u></b>		\$\$\$	<b>fluticasone inhaler - Flovent</b>
\$\$\$	<b>risedronate - Actonel</b>			<b><u>NASAL AGENTS</u></b>
\$\$\$	<b>alendronate - Fosamax</b>		\$\$\$	<b>fluticasone - Flonase</b>
	<b><u>PARATHYROID HORMONES</u></b>		\$	<b>triamcinolone - Nasacort</b>
\$\$\$	<b>calcitonin - Miacalcin Nasal</b>		\$\$\$	<b>triamcinolone - Nasacort AQ</b>
	<b><u>ESTROGEN RECEPTOR MODULATOR</u></b>			<b><u>SMOOTH MUSCLE RELAXANTS</u></b>
\$\$\$	<b>raloxifene - Evista</b>		\$	<b>theophylline extended release (Theo-Dur)</b>
				<b><u>LEUKOTRIENE ANTAGONIST</u></b>
			\$\$\$\$	<b>montelukast - Singulair</b>
		<b>Legend</b>		
		<b>Least Expensive</b>		
		<b>\$</b>		
		<b>Most Expensive</b>		
		<b>\$\$\$\$\$</b>		



## MISSISSIPPI MEDICAID PREFERRED DRUG LIST

Brand drugs in parenthesis are for reference purposes only.

Brand drugs in **bold** are on the Preferred Drug List.\*Office of the Governor  
Division of Medicaid  
Preferred Drug List

June 2003



RELATIVE COST	THERAPEUTIC CLASS		RELATIVE COST	THERAPEUTIC CLASS
	<b>SUPPLEMENTS</b>			<b><u>ANTI-INFLAMMATORY MEDIUM POTENCY</u></b>
	<b><u>REPLACEMENT PREPARATIONS</u></b>		\$	betamethasone valerate oint 0.1% (valerateisone Ointment)
\$	potassium 8 mEq tabs (Slow K)		\$	betamethasone dipropionate cr 0.05% (Diprosone Cream)
\$\$	potassium 10 mEq tabs (K-Dur)		\$	triamcinolone cream 0.5% (Kenalog Cream)
\$\$	potassium 20 mEq tabs (K-Dur)		\$	triamcinolone oint 0.5% (Kenalog Ointment)
	<b>THYROID</b>		\$	fluocinolone acetonide oint 0.025% (Synalar Ointment)
	<b><u>THYROIDS</u></b>		\$\$	triamcinolone oint 0.1% (Kenalog Ointment)
\$	levothyroxine - Levoxyl		\$\$	triamcinolone cr 0.1% (Kenalog Cream)
\$	levothyroxine - Synthroid			<b><u>ANTI-INFLAMMATORY LOW POTENCY</u></b>
	<b>TOPICAL</b>		\$	betamethasone valerate cr 0.01% (valerateisone Cream)
	<b><u>ANTI-INFLAMMATORY- VERY HIGH POTENCY</u></b>		\$	fluocinolone acetonide cr 0.025% (Synalar Cream)
\$\$	betameth dipropionate optim oint 0.05% (Diprolene Ointment)		\$	hydrocortisone cr 2.5% (Hytone Cream)
\$\$	betameth optimum vehicle cr 0.05% (Diprolene AF Cream)		\$	hydrocortisone oint 2.5% (Hytone Ointment)
\$\$	clobetasol cream 0.05% (Temovate Cream)			<b><u>ANTIVIRALS</u></b>
\$\$	clobetasol ointment 0.05% (Temovate Ointment)		\$\$	<b>acyclovir ointment - Zovirax Ointment</b>
	<b><u>ANTI-INFLAMMATORY HIGH POTENCY</u></b>			<b><u>MISCELLANEOUS ANTI-INFECTIVE</u></b>
\$	betamethasone dipropionate oint 0.05% (Diprosone Ointment)		\$	silver sulfadiazine cream (Silvadene)
\$	desoximetasone cr 0.25% (Topicort Cream)			<b><u>SCABICIDES AND PEDICULICIDES</u></b>
\$	fluocinonide cream 0.05% (Lidex Cream)		\$	permethrin cream (Acticin)
\$\$	fluocinonide oint 0.05% (Lidex Ointment)			<b><u>TOPICAL ANTIBIOTICS</u></b>
\$\$	fluocinonide solution 0.05% (Lidex Solution)		\$\$	clindamycin solution (Cleocin T Solution)
			\$	erythromycin solution (T-Stat Solution)
			\$	gentamicin cream (Garamycin Cream)
			\$	neomycin/polymixin/bacitracin ointment (Neosporin Ointment)
				<b><u>TOPICAL ANTIFUNGALS</u></b>
			\$\$	clotrimazole/betamethasone cream (Lotrisone Cream)
			\$\$	ketoconazole cream (Nizoral Cream)
			\$	nystatin cream (Mycostatin Cream)
			\$	nystatin/triamcinolone cream (Mycolog II Cream)

**Legend**Least  
Expensive  
\$Most  
Expensive  
\$\$\$\$\$

## MISSISSIPPI MEDICAID PREFERRED DRUG LIST

Brand drugs in parenthesis are for reference purposes only.

Brand drugs in **bold** are on the Preferred Drug List.\*Office of the Governor  
Division of Medicaid  
Preferred Drug List

June 2003

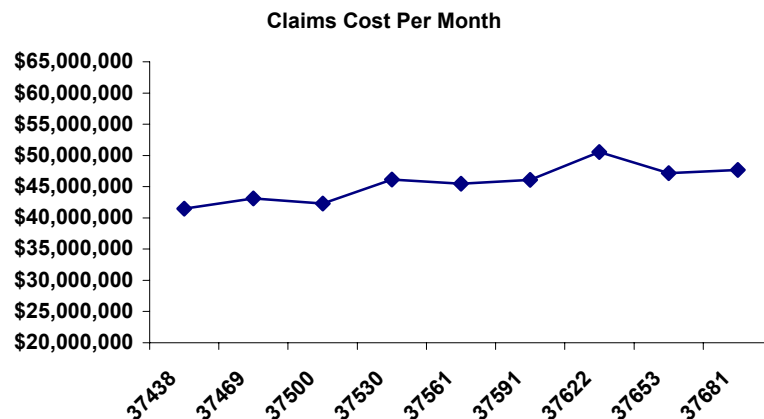
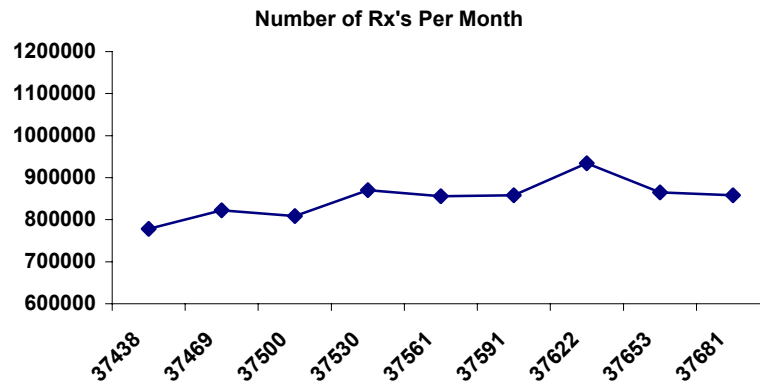


RELATIVE COST	THERAPEUTIC CLASS		RELATIVE COST	THERAPEUTIC CLASS
	<b>UROLOGICALS</b>			
	<b><u>ANTI-INFLAMMATORY AGENTS</u></b>			
\$	phenazopyridine tablets (Pyridium)			
	<b><u>CHOLINERGIC AGENTS</u></b>			
\$\$\$	bethanechol (Urecholine)			
	<b><u>SMOOTH MUSCLE RELAXANTS</u></b>			
\$	oxybutynin (Ditropan)			
	<b><u>GOUT</u></b>			
\$	allopurinol (Zyloprim)			
\$	colchicine (Colchicine)			
	<b>VAGINAL</b>			
	<b><u>ANTI-INFECTIVE</u></b>			
\$\$	metronidazole gel - MetroGel Vaginal			
	<b><u>ANTIFUNGALS</u></b>			
\$	miconazole cream (Monistat - 7)			
\$	miconazole cream (Monistat - 3)			
\$	clotrimazole cream (Mycelex)			
\$	clotrimazole cream (Gyne-Lotrimin)			
	<b>VITAMINS</b>			
	<b><u>MULTIVITAMINS – PRENATAL</u></b>			
	All generic and brand only prenatal vitamins are preferred. The following are a few examples.			
\$	Prenatal Rx (NatalinsRx)			
\$	Prenatal MR 90 (Prenate 90)			
\$	Prenatal Plus (Stuartnatal Plus)			
		<b><u>Legend</u></b>		
		Least Expensive \$		* If equally effective generic equivalents, which are the least expensive become available, they will become the preferred drug.
		Most Expensive \$\$\$\$\$		At this time the brand name will only be available through the brand name multi-source prior authorization policy.

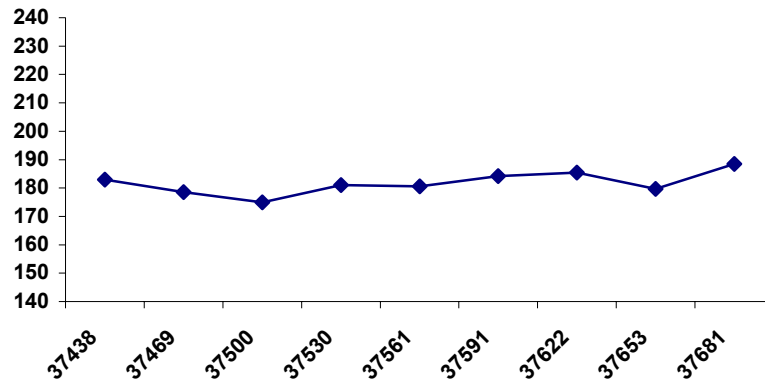
**MISSISSIPPI MEDICAID  
Cost Management Analysis**

05/15/2003

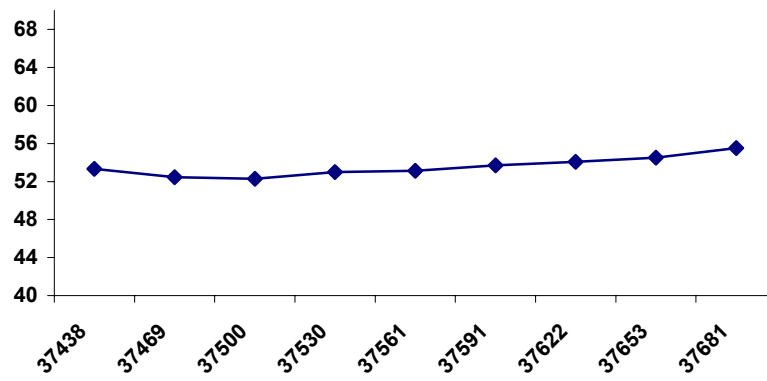
				Cost per	
			Rx Claims	Recipient Per	
Period Covered	Recipients	# Rx's	Cost	Month	Cost/Claim
Jul-02	226,824	777,887	\$41,490,152.09	\$182.92	\$53.34
Aug-02	241,554	822,176	\$43,120,885.51	\$178.51	\$52.45
Sep-02	241,819	808,826	\$42,302,217.61	\$174.93	\$52.30
Oct-02	254,722	869,995	\$46,114,104.81	\$181.04	\$53.01
Nov-02	251,778	855,885	\$45,478,318.18	\$180.63	\$53.14
Dec-02	250,090	857,924	\$46,070,890.47	\$184.22	\$53.70
Jan-03	272,564	934,328	\$50,527,401.74	\$185.38	\$54.08
Feb-03	262,476	865,291	\$47,154,410.21	\$179.65	\$54.50
Mar-03	252,898	858,186	\$47,661,002.32	\$188.46	\$55.54



Cost Per Member Per Month



Avg Cost Per Rx Per Month

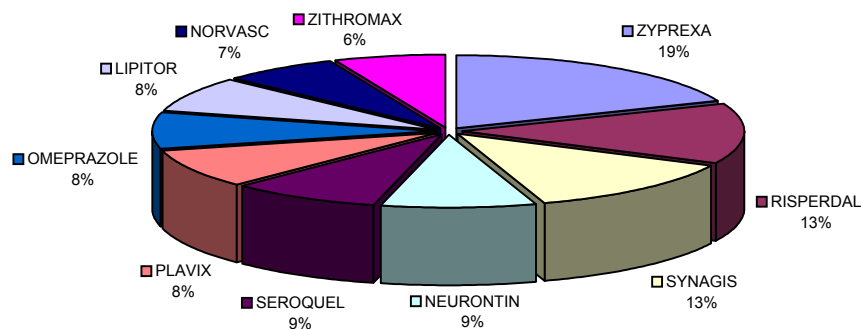


**MISSISSIPPI MEDICAID  
Cost Management Analysis  
TOP 25 DRUGS BASED ON TOTAL CLAIMS FROM 1/1/03 - 3/31/03**

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx
ZYPREXA	ANTIPSYCHOTIC AGENTS	17,563	\$5,637,040.15	\$320.96
RISPERDAL	ANTIPSYCHOTIC AGENTS	20,754	\$3,984,414.28	\$191.98
SYNAGIS	ANTIVIRALS	3,554	\$3,836,603.35	\$1,079.52
NEURONTIN	MISCELLANEOUS ANTICONVULSANTS	21,699	\$2,723,393.53	\$125.51
SEROQUEL	ANTIPSYCHOTIC AGENTS	12,199	\$2,584,186.80	\$211.84
PLAVIX	UNCLASSIFIED THERAPEUTIC AGENTS	22,152	\$2,544,192.27	\$114.85
OMEPRAZOLE	MISCELLANEOUS GI DRUGS	17,763	\$2,399,980.94	\$135.11
LIPITOR	HMG-COA REDUCTASE INHIBITORS	28,030	\$2,320,115.74	\$82.77
NORVASC	CALCIUM-CHANNEL BLOCKING AGENTS	38,366	\$2,052,314.86	\$53.49
ZITHROMAX	MACROLIDES	48,235	\$1,876,677.17	\$38.91
ZOLOFT	ANTIDEPRESSANTS	20,967	\$1,750,932.42	\$83.51
ZOCOR	HMG-COA REDUCTASE INHIBITORS	13,705	\$1,623,003.04	\$118.42
ACTOS	MISCELLANEOUS ANTIDIABETIC AGENTS	10,652	\$1,527,152.63	\$143.37
SINGULAIR	UNCLASSIFIED THERAPEUTIC AGENTS	18,150	\$1,488,970.14	\$82.04
LOTREL	CALCIUM-CHANNEL BLOCKING AGENTS	17,258	\$1,311,493.80	\$75.99
CELEBREX	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	11,892	\$1,264,407.57	\$106.32
DEPAKOTE	MISCELLANEOUS ANTICONVULSANTS	10,792	\$1,193,099.32	\$110.55
PREVACID	MISCELLANEOUS GI DRUGS	8,094	\$1,145,632.00	\$141.54
XOPENEX	SYMPATHOMIMETIC (ADRENERGIC) AGENTS	8,671	\$1,119,721.81	\$129.13
ADVAIR DISKUS	SYMPATHOMIMETIC (ADRENERGIC) AGENTS	8,272	\$1,091,983.10	\$132.01
PAXIL	ANTIDEPRESSANTS	12,318	\$1,076,823.46	\$87.42
TOPAMAX	MISCELLANEOUS ANTICONVULSANTS	5,196	\$1,074,123.65	\$206.72
AMOX TR/POTASSIUM CLAVULANATE	PENICILLINS	14,980	\$1,026,543.49	\$68.53
AVANDIA	MISCELLANEOUS ANTIDIABETIC AGENTS	8,731	\$1,015,699.86	\$116.33
LEVAQUIN	QUINOLONES	12,966	\$1,002,252.87	\$77.30
TOTAL TOP 25		412,959	\$48,670,758.25	\$117.86

Total Rx Claims From 01/01/2003 - 03/31/2003	2,657,805
---	-----------

**Top 10 Drugs  
Based on Total Claims Cost**



05/15/2003

% Total Claims
0.66%
0.78%
0.13%
0.82%
0.46%
0.83%
0.67%
1.05%
1.44%
1.81%
0.79%
0.52%
0.40%
0.68%
0.65%
0.45%
0.41%
0.30%
0.33%
0.31%
0.46%
0.20%
0.56%
0.33%
0.49%
15.54%

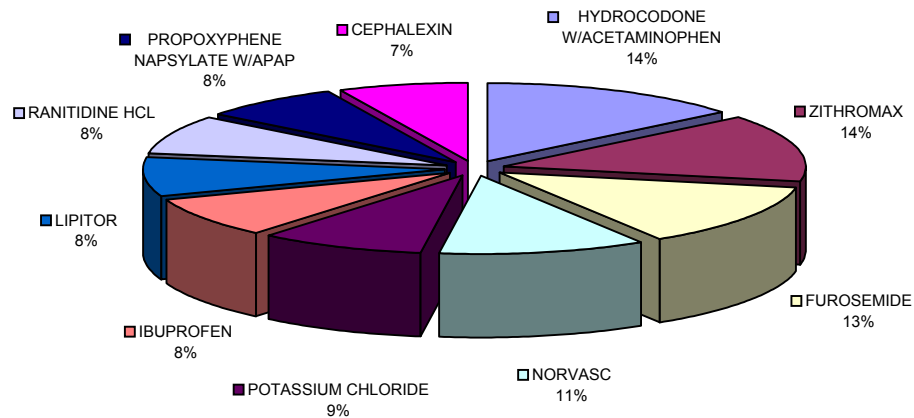
**MISSISSIPPI MEDICAID  
Cost Management Analysis**

**TOP 25 DRUGS BASED ON NUMBER OF CLAIMS FROM 01/01/2003 - 03/31/2003**

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx
HYDROCODONE W/ACETAMINOPHEN	OPIATE AGONISTS	48,484	\$661,836.29	\$13.65
ZITHROMAX	MACROLIDES	48,235	\$1,876,677.17	\$38.91
FUROSEMIDE	DIURETICS	44,516	\$264,860.25	\$5.95
NORVASC	CALCIUM-CHANNEL BLOCKING AGENTS	38,366	\$2,052,314.86	\$53.49
POTASSIUM CHLORIDE	REPLACEMENT PREPARATIONS	30,072	\$538,760.59	\$17.92
IBUPROFEN	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	28,990	\$266,202.34	\$9.18
LIPITOR	HMG-COA REDUCTASE INHIBITORS	28,030	\$2,320,115.74	\$82.77
RANITIDINE HCL	MISCELLANEOUS GI DRUGS	26,824	\$787,436.33	\$29.36
PROPOXYPHENE NAPSYLATE W/APAP	OPIATE AGONISTS	26,450	\$360,026.36	\$13.61
CEPHALEXIN	CEPHALOSPORINS	23,567	\$454,613.52	\$19.29
PLAVIX	UNCLASSIFIED THERAPEUTIC AGENTS	22,152	\$2,544,192.27	\$114.85
NEURONTIN	MISCELLANEOUS ANTICONVULSANTS	21,699	\$2,723,393.53	\$125.51
ZOLOFT	ANTIDEPRESSANTS	20,967	\$1,750,932.42	\$83.51
RISPERDAL	ANTIPSYCHOTIC AGENTS	20,754	\$3,984,414.28	\$191.98
AMOXICILLIN	PENICILLINS	20,552	\$183,323.03	\$8.92
TOPROL XL	BETA-ADRENERGIC BLOCKING AGENTS	20,400	\$580,313.66	\$28.45
ACETAMINOPHEN W/CODEINE	OPIATE AGONISTS	19,171	\$183,093.92	\$9.55
HYDROCHLOROTHIAZIDE	DIURETICS	18,435	\$121,570.53	\$6.59
SINGULAIR	UNCLASSIFIED THERAPEUTIC AGENTS	18,150	\$1,488,970.14	\$82.04
PREMARIN	ESTROGENS	17,998	\$552,850.36	\$30.72
OMEPRAZOLE	MISCELLANEOUS GI DRUGS	17,763	\$2,399,980.94	\$135.11
ZYRTEC	ANTIHISTAMINE DRUGS	17,606	\$819,603.68	\$46.55
ZYPREXA	ANTIPSYCHOTIC AGENTS	17,563	\$5,637,040.15	\$320.96
LOTREL	CALCIUM-CHANNEL BLOCKING AGENTS	17,258	\$1,311,493.80	\$75.99
TRIAMTERENE W/HCTZ	DIURETICS	16,957	\$170,143.55	\$10.03
TOTAL TOP 25		630,959	\$34,034,159.71	\$53.94

Total Rx Claims From 01/01/2003 - 03/31/2003	2,657,805
---	-----------

**Top 10 Drugs  
Based on Number of Claims**



05/15/2003

% Total Claims
1.82%
1.81%
1.67%
1.44%
1.13%
1.09%
1.05%
1.01%
1.00%
0.89%
0.83%
0.82%
0.79%
0.78%
0.77%
0.77%
0.72%
0.69%
0.68%
0.68%
0.67%
0.66%
0.66%
0.65%
0.64%
23.74%



**MISSISSIPPI MEDICAID  
TOP 50 DRUGS (USAN GENERIC NAME)  
BY TOTAL PRICE  
01/01/2003 - 03/31/2003**

<u>USAN GENERIC NAME</u>	<u>AHFS THERAPEUTIC CLASS</u>	<u>TOTAL RXS</u>	<u>TOTAL CLAIMS COST</u>
OLANZAPINE	ANTIPSYCHOTIC AGENTS	18,109	\$5,840,497.44
RISPERIDONE	ANTIPSYCHOTIC AGENTS	20,754	\$3,984,414.28
PALIVIZUMAB	ANTIVIRALS	3,554	\$3,836,603.35
GABAPENTIN	MISCELLANEOUS ANTICONVULSANTS	21,699	\$2,723,393.53
OMEPRAZOLE	MISCELLANEOUS GI DRUGS	18,958	\$2,588,045.27
QUETIAPINE FUMARATE	ANTIPSYCHOTIC AGENTS	12,199	\$2,584,186.80
CLOPIDOGREL BISULFATE	UNCLASSIFIED THERAPEUTIC AGENTS	22,152	\$2,544,192.27
ATORVASTATIN CALCIUM	ANTILIPEMIC AGENTS	28,030	\$2,320,115.74
AMLODIPINE BESYLATE	CALCIUM-CHANNEL BLOCKING AGENTS	38,366	\$2,052,314.86
AMOX TR/POTASSIUM CLAVULANATE	PENICILLINS	32,198	\$2,027,274.23
AZITHROMYCIN	MACROLIDES	48,235	\$1,876,677.17
SERTRALINE HCL	ANTIDEPRESSANTS	20,967	\$1,750,932.42
SIMVASTATIN	HMG-COA REDUCTASE INHIBITORS	13,705	\$1,623,003.04
PAROXETINE HCL	ANTIDEPRESSANTS	18,280	\$1,596,870.08
PIOGLITAZONE HCL	MISCELLANEOUS ANTIDIABETIC AGENTS	10,652	\$1,527,152.63
MONTELUKAST SODIUM	UNCLASSIFIED THERAPEUTIC AGENTS	18,150	\$1,488,970.14
DIVALPROEX SODIUM	MISCELLANEOUS ANTICONVULSANTS	13,770	\$1,481,507.52
AMLODIPINE BESYLATE/BENAZEPRIL	CALCIUM-CHANNEL BLOCKING AGENTS	17,258	\$1,311,493.80
CELECOXIB	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	11,892	\$1,264,407.57
LANSOPRAZOLE	MISCELLANEOUS GI DRUGS	8,094	\$1,145,632.00
LEVALBUTEROL HCL	SYMPATHOMIMETIC (ADRENERGIC) AGENTS	8,671	\$1,119,721.81
FLUTICASONE/SALMETEROL	SYMPATHOMIMETIC (ADRENERGIC) AGENTS	8,272	\$1,091,983.10
METFORMIN HCL	MISCELLANEOUS ANTIDIABETIC AGENTS	21,084	\$1,081,025.49
BUDESONIDE	ANTI-INFLAMMATORY AGENTS	7,799	\$1,080,354.85
TOPIRAMATE	MISCELLANEOUS ANTICONVULSANTS	5,196	\$1,074,123.65
VENLAFAXINE HCL	ANTIDEPRESSANTS	9,205	\$1,017,286.61
ROSIGLITAZONE MALEATE	MISCELLANEOUS ANTIDIABETIC AGENTS	8,731	\$1,015,699.86
LEVOFLOXACIN	QUINOLONES	13,103	\$1,000,718.09
DONEPEZIL HCL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)	7,309	\$985,018.41
CEFPROZIL	CEPHALOSPORINS	15,159	\$978,876.41
PRAVASTATIN SODIUM	HMG-COA REDUCTASE INHIBITORS	8,978	\$967,721.80
DILTIAZEM HCL	CALCIUM-CHANNEL BLOCKING AGENTS	18,472	\$959,648.54
RANITIDINE HCL	MISCELLANEOUS GI DRUGS	29,223	\$943,076.51
FENTANYL	OPIATE AGONISTS	3,597	\$941,803.85
EPOETIN ALFA	HEMATOPOIETIC AGENTS	795	\$923,176.70
CLARITHROMYCIN	MACROLIDES	14,044	\$881,188.36
OXYCODONE HCL	OPIATE AGONISTS	3,327	\$875,025.36
CITALOPRAM HYDROBROMIDE	ANTIDEPRESSANTS	11,665	\$874,943.60
POTASSIUM CHLORIDE	REPLACEMENT PREPARATIONS	45,256	\$854,167.04
METHYLPHENIDATE HCL	ANOREXIGENICS;RESPIR.,CEREBRAL STIMULANT	10,954	\$831,822.70
HUM INSULIN NPH/REG INSULIN HM	INSULINS	11,810	\$828,579.51
HYDROCODONE BIT/ACETAMINOPHEN	OPIATE AGONISTS	60,813	\$824,749.10
CETIRIZINE HCL	ANTIHISTAMINE DRUGS	17,606	\$819,603.68
CIPROFLOXACIN HCL	QUINOLONES	10,805	\$811,458.93
ZOLPIDEM TARTRATE	MISC. ANXIOLYTICS, SEDATIVES & HYPNOTICS	11,355	\$786,964.89
MIRTAZAPINE	ANTIDEPRESSANTS	9,673	\$781,683.54
NIFEDIPINE	CARDIAC DRUGS	12,697	\$772,810.71
AMPHET ASP/AMPHET/D-AMPHET	ANOREXIGENICS;RESPIR.,CEREBRAL STIMULANT	8,977	\$749,154.67
ESOMEPRAZOLE MAG TRIHYDRATE	MISCELLANEOUS GI DRUGS	5,720	\$735,741.86
CEFDINIR	CEPHALOSPORINS	11,364	\$680,021.11

**MISSISSIPPI MEDICAID  
TOP 50 DRUGS (USAN GENERIC NAME)  
BY TOTAL PRICE  
01/01/2003 - 03/31/2003**

<u>USAN GENERIC NAME</u>	<u>AHFS THERAPEUTIC CLASS</u>	<u>TOTAL RXS</u>	<u>TOTAL CLAIMS COST</u>
OLANZAPINE	ANTIPSYCHOTIC AGENTS	18,109	\$5,840,497.44
RISPERIDONE	ANTIPSYCHOTIC AGENTS	20,754	\$3,984,414.28
PALIVIZUMAB	ANTIVIRALS	3,554	\$3,836,603.35
GABAPENTIN	MISCELLANEOUS ANTICONVULSANTS	21,699	\$2,723,393.53
OMEPRAZOLE	MISCELLANEOUS GI DRUGS	18,958	\$2,588,045.27
QUETIAPINE FUMARATE	ANTIPSYCHOTIC AGENTS	12,199	\$2,584,186.80
CLOPIDOGREL BISULFATE	UNCLASSIFIED THERAPEUTIC AGENTS	22,152	\$2,544,192.27
ATORVASTATIN CALCIUM	ANTILIPEMIC AGENTS	28,030	\$2,320,115.74
AMLODIPINE BESYLATE	CALCIUM-CHANNEL BLOCKING AGENTS	38,366	\$2,052,314.86
AMOX TR/POTASSIUM CLAVULANATE	PENICILLINS	32,198	\$2,027,274.23
AZITHROMYCIN	MACROLIDES	48,235	\$1,876,677.17
SERTRALINE HCL	ANTIDEPRESSANTS	20,967	\$1,750,932.42
SIMVASTATIN	HMG-COA REDUCTASE INHIBITORS	13,705	\$1,623,003.04
PAROXETINE HCL	ANTIDEPRESSANTS	18,280	\$1,596,870.08
PIOGLITAZONE HCL	MISCELLANEOUS ANTIDIABETIC AGENTS	10,652	\$1,527,152.63
MONTELUKAST SODIUM	UNCLASSIFIED THERAPEUTIC AGENTS	18,150	\$1,488,970.14
DIVALPROEX SODIUM	MISCELLANEOUS ANTICONVULSANTS	13,770	\$1,481,507.52
AMLODIPINE BESYLATE/BENAZEPRIL	CALCIUM-CHANNEL BLOCKING AGENTS	17,258	\$1,311,493.80
CELECOXIB	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	11,892	\$1,264,407.57
LANSOPRAZOLE	MISCELLANEOUS GI DRUGS	8,094	\$1,145,632.00
LEVALBUTEROL HCL	SYMPATHOMIMETIC (ADRENERGIC) AGENTS	8,671	\$1,119,721.81
FLUTICASONE/SALMETEROL	SYMPATHOMIMETIC (ADRENERGIC) AGENTS	8,272	\$1,091,983.10
METFORMIN HCL	MISCELLANEOUS ANTIDIABETIC AGENTS	21,084	\$1,081,025.49
BUDESONIDE	ANTI-INFLAMMATORY AGENTS	7,799	\$1,080,354.85
TOPIRAMATE	MISCELLANEOUS ANTICONVULSANTS	5,196	\$1,074,123.65
VENLAFAXINE HCL	ANTIDEPRESSANTS	9,205	\$1,017,286.61
ROSIGLITAZONE MALEATE	MISCELLANEOUS ANTIDIABETIC AGENTS	8,731	\$1,015,699.86
LEVOFLOXACIN	QUINOLONES	13,103	\$1,000,718.09
DONEPEZIL HCL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)	7,309	\$985,018.41
CEFPROZIL	CEPHALOSPORINS	15,159	\$978,876.41
PRAVASTATIN SODIUM	HMG-COA REDUCTASE INHIBITORS	8,978	\$967,721.80
DILTIAZEM HCL	CALCIUM-CHANNEL BLOCKING AGENTS	18,472	\$959,648.54
RANITIDINE HCL	MISCELLANEOUS GI DRUGS	29,223	\$943,076.51
FENTANYL	OPIATE AGONISTS	3,597	\$941,803.85
EPOETIN ALFA	HEMATOPOIETIC AGENTS	795	\$923,176.70
CLARITHROMYCIN	MACROLIDES	14,044	\$881,188.36
OXYCODONE HCL	OPIATE AGONISTS	3,327	\$875,025.36
CITALOPRAM HYDROBROMIDE	ANTIDEPRESSANTS	11,665	\$874,943.60
POTASSIUM CHLORIDE	REPLACEMENT PREPARATIONS	45,256	\$854,167.04
METHYLPHENIDATE HCL	ANOREXIGENICS;RESPIR.,CEREBRAL STIMULANT	10,954	\$831,822.70
HUM INSULIN NPH/REG INSULIN HM	INSULINS	11,810	\$828,579.51
HYDROCODONE BIT/ACETAMINOPHEN	OPIATE AGONISTS	60,813	\$824,749.10
CETIRIZINE HCL	ANTIHISTAMINE DRUGS	17,606	\$819,603.68
CIPROFLOXACIN HCL	QUINOLONES	10,805	\$811,458.93
ZOLPIDEM TARTRATE	MISC. ANXIOLYTICS, SEDATIVES & HYPNOTICS	11,355	\$786,964.89
MIRTAZAPINE	ANTIDEPRESSANTS	9,673	\$781,683.54
NIFEDIPINE	CARDIAC DRUGS	12,697	\$772,810.71
AMPHET ASP/AMPHET/D-AMPHET	ANOREXIGENICS;RESPIR.,CEREBRAL STIMULANT	8,977	\$749,154.67
ESOMEPRAZOLE MAG TRIHYDRATE	MISCELLANEOUS GI DRUGS	5,720	\$735,741.86
CEFDINIR	CEPHALOSPORINS	11,364	\$680,021.11