DIVISION OF MEDICAID
OFFICE OF THE GOVERNOR
DRUG UTILIZATION REVIEW BOARD
AGENDA
March 20, 2003

Welcome	Tim Alford, MD
Old Business	
Reading & Approval of Minutes of November 21, 2003 DUR Board Meeting	Lew Anne Snow, RN
Report on use of Generic Provider ID	Derek Martin, R.Ph.
Report on Therapeutic Duplication Of Atypical Antipsychotics	Derek Martin, R.Ph. Lew Anne Snow, RN
Report on Statin Utilization	Derek Martin, R.Ph.
Pharmacy Program Updates	Lew Anne Snow, RN
New Business	
Black Box Warnings or Boxed Warning Update	Derek Martin, R.Ph.
Intervention Activity Report with Suggested Interventions	Derek Martin, R.Ph.
Legislative Update	Bo Bowen, Division of Medicaid
Next Meeting Information	Tim Alford, MD

November 26, 2002

Minutes of the November 21, 2002
Drug Utilization Review (DUR) Board Meeting

Members Attending: Tim Alford, M.D., Robert Smith, M.D., Lee Ann Ramsey, RPh, Cynthia Undesser, M.D., Montez Carter, RPh, Clarence DuBose, RPh, Joe McGuffee, RPh

Members Absent: Dianna McGowan, RPh, Bob Broadus, RPh, Andrea Phillips, M.D., and John Mitchell, M.D.

Also Present:
Laura Neumann, RPh, Lew Anne Snow, RN, and Felicia Lobrano, RN – HID
Bo Bowen, Phyllis Williams and Carlis Faler, and Gay Gibson, RN - DOM

Dr. Alford called the meeting to order at 2:00 pm.

Approve minutes of last meeting (September 12, 2002): Robert Smith made a motion to accept the minutes as written, Montez Carter seconded the motion. All voted in favor of approval.

Reports
Generic/Default Provider ID Number: Laura Neumann gave a report regarding the use of a generic or default provider ID number when submitting pharmacy claims. Approximately 20% of all pharmacy claims filed indicates a generic/default prescribing provider. This prohibits the DUR Board from identifying the prescribing physician who should receive intervention letters. In addition, Bo Bowen distributed a Medicaid provider bulletin from October 1996 illustrating that the number of pharmacy claims filed with an unknown prescriber number has been a problem and continues to be a problem. He explained that with the use of new software, which will be implemented next year, the Division of Medicaid (DOM) would be able to match a physician's DEA number with his Medicaid provider number. Bo Bowen said that DOM could provide education to prescribing physicians and provider pharmacies about the use of the default ID number.

Recommendation: Tim Alford made a recommendation that as a short-term solution the top 10 to 20 pharmacies identified as using the generic provider number most often be sent an intervention letter, and as a long –term solution utilize software edits at the point of service until DOM has the capability of matching a physician's DEA number with his Medicaid ID number. Joe McGuffee made a motion to accept Dr. Alford's recommendation. Cynthia Undesser seconded the motion. All voted in favor of approval.

PPI Study: Laura Neumann presented a study regarding the impact of PPI prior authorization on medical costs. A copy of the report is attached.

Drug Prior Authorization Program: Laura Neumann presented an update of the changes in the prior authorization process to the Board. Effective November 1, 2002 the following policies are:

- Children less than 21 years of age no longer require an extension of benefits prior authorization
- Benzodiazepines and Clozapine no longer require a prior authorization.
- Prior Authorization is required for brand oral sustained-released opioid agonists

Clarence DuBose asked if there was any override code when submitting a claim on the weekend. Laura Neumann explained that Health Information Designs was available Monday through Friday 8:00 am to 6:00 pm and on Saturdays and Sundays from 10:00 am to 4:00 pm in order to process prior authorization requests. She also explained that DOM had a 72-hour emergency supply policy should a prescription need to be filled and the PA request not be processed. Phyllis Williams advised that there would be educational information regarding the 72-hour emergency supply of medication in the January edition of the Medicaid Provider Bulletin.

Robert Smith requested that the Board be provided with a list of medications that require prior authorization and the number of requests per drug/drug class.

Clarence DuBose requested that the Board be provided with a utilization report of the use of Statins prior to June 1, 2002 and after June 1, 2002.

Intervention Activity Report

Laura Neumann presented an intervention activity report along with suggested intervention recommendations. These recommendations included:

- under-utilization of Statin drug class
- disease state management of asthma, osteoporosis and diabetes
- continued retrospective study of PPI use versus medical costs
- continue over-utilization of narcotic interventions

Lock-In Program Overview

Carlis Faler, Bureau Director of Program Integrity presented an overview of the DOM Lock-In program. The Lock-In program is designed to identify and alleviate potential abuse of pharmacy benefits by Medicaid recipients.

Next Meeting

Discussion was held concerning the dates for DUR Board meetings in 2003. The proposed dates for 2003 DUR Board meetings are:

- March 20, 2003
- June 19, 2003
- September 18, 2003
- November 20, 2003

It was also proposed that the meeting time be changed to 2:00 p.m.

Clarence DuBose made a motion to accept the proposed meeting dates and change in time. Montez Carter seconded the motion. All voted in favor of approval.

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

TOP 20 Prescribers Of Controlled Substances for All of 2002				
Prescribers Of Controlled Substances	**Description**	**Rx Count**	**Dollar Total**	**Dollar/Rx**
0019999	DEFAULT PROVIDER-VOID VOID	201,106	$7,690,836.20	$38.24
XXXXX	XX	13,201	$435,105.94	$32.96
1999999	ALL NINES, PROVIDER	7,772	$323,051.16	$41.57
XXXXX	XXXX	8,538	$235,952.37	$27.64
XXXXX	XXXXX	1,641	$166,648.44	$101.55
XXXXX	XXXXXX	3,873	$135,529.44	$34.99
XXXXX	XXXXXXX	1,087	$128,318.25	$118.05
XXXXX	XXXXXXXX	1,266	$122,872.09	$97.06
XXXXX	XXXXXXXXX	2,368	$119,296.58	$50.38
XXXXX	XXXXXXXXXXX	985	$118,318.51	$120.12
XXXXX	XXXXXXXXXXXX	1,599	$110,101.77	$68.86
XXXXX	XXXXXXXXXXXXX	2,108	$109,784.03	$52.08
XXXXX	XXXXXXXXXXXXXX	2,013	$109,757.56	$54.52
XXXXX	XXXXXXXXXXXXXX	790	$98,245.90	$124.36
XXXXX	XXXXXXXXXXXXXX	644	$95,902.15	$148.92
XXXXX	XXXXXXXXXXXXXX	723	$92,339.59	$127.72
XXXXX	XXXXXXXXXXXXXX	3,345	$92,205.93	$27.57
XXXXX	XXXXXXXXXXXXXX	639	$87,545.79	$137.00
XXXXX	XXXXXXXXXXXXXX	2,276	$86,544.06	$38.02
XXXXX	XXXXXXXXXXXXXX	2,482	$85,300.81	$34.37

This is a list of the top twenty prescribers of controlled substances within the state of Mississippi for the calendar year of 2002. This data provides evidence that two of the top three prescribers within this given time frame were identified as default providers (0019999 & 1999999). When combining the prescription count for these default providers the totals are as follows:

- RX count = 208,878
- Dollar Total = $8,013,887.30

We are able to determine from this information that the default provider identification was used 15.23 times more often than the next highest prescriber on controlled substances for this given time period. In order to improve the effectiveness of the RDUR process, the use of generic Provider ID numbers should be limited to those situations that call for this measure.

TOP 10 Prescribers for All Prescriptions in 2002				
Prescribers	**Description**	**Rx Count**	**Dollar Total**	**Dollar/Rx**
0019999	DEFAULT PROVIDER-VOID VOID???????	1,998,051	$111,810,953.14	$55.96
XXXXX	XX	184,139	$10,874,305.01	$59.05
1999999	ALL NINES, PROVIDER	65,135	$3,652,433.04	$56.07
XXXXX	XXXX	18,107	$2,534,825.58	$139.99
XXXXX	XXXXX	41,355	$2,392,758.48	$57.86
XXXXX	XXXXXX	12,744	$2,207,215.12	$173.20
XXXXX	XXXXXXX	1,290	$1,968,555.27	$1,526.01
XXXXX	XXXXXXXX	29,065	$1,825,303.73	$62.80
XXXXX	XXXXXXXXX	28,996	$1,764,596.34	$60.86
XXXXX	XXXXXXXXXX	25,778	$1,542,841.15	$59.85

This is a list of the top ten prescribers of all prescriptions within the state of Mississippi for the calendar year of 2002. This data provides similar results to the controlled substances data. This demonstrates that two of the top three prescribers within this given time frame were identified as default providers (0019999 & 1999999). The generic prescriber ID accounted for $115,463,386.18 of total prescription medications in 2002.

MISSISSIPPI MEDICAID 2/18/03
PHARMACIES USING GENERIC ID
FOR THE PRESCRIBER ID 0019999
01//01/2002 - 12/31/2002

PHARAMCY ID	# RXS WITH GEN ID	# RXS DISPENSED IN 2002	% OF CLAIMS WITH GENERIC ID	PHARAMCY NAME	ST
XXX	320	320	100%	A	TN
XXX	176	176	100%	B	FL
XXX	16	16	100%	C	LA
XXX	7	7	100%	D	TN
XXX	5	5	100%	E	TN
XXX	126	129	98%	F	AL
XXX	65	68	96%	G	LA
XXX	123	141	87%	H	AR
XXX	388	452	86%	I	MS
XXX	8855	10717	83%	J	MS
XXX	4149	5027	83%	K	MS
XXX	4075	5039	81%	L	MS
XXX	3783	4805	79%	M	MS
XXX	34	44	77%	N	AR
XXX	20271	26437	77%	O	MS
XXX	7259	9515	76%	P	MS
XXX	7539	9891	76%	Q	MS
XXX	4548	6084	75%	R	MS
XXX	11024	14776	75%	S	MS
XXX	850	1155	74%	T	MS
XXX	47	64	73%	U	TN
XXX	3240	4444	73%	V	MS
XXX	5	7	71%	W	TN
XXX	1811	2553	71%	X	TN
XXX	3463	5029	69%	Y	MS
XXX	38	56	68%	Z	MS
XXX	3228	4761	68%	AA	MS
XXX	16021	23634	68%	BB	MS
XXX	11779	17382	68%	CC	MS
XXX	1181	1753	67%	DD	MS
XXX	3684	5514	67%	EE	MS
XXX	233	351	66%	FF	MS
XXX	1209	1867	65%	GG	MS
XXX	154	238	65%	HH	MS
XXX	4214	6608	64%	II	MS
XXX	5494	8669	63%	JJ	MS
XXX	13103	20694	63%	KK	MS
XXX	940	1497	63%	LL	MS

XXX	8199	13082	63%	MM	MS
XXX	7363	11862	62%	NN	MS
XXX	9808	15920	62%	OO	MS
XXX	7265	11804	62%	PP	MS
XXX	680	1111	61%	QQ	TN
XXX	4980	8281	60%	RR	MS
XXX	4414	7385	60%	SS	MS
XXX	7716	12948	60%	TT	MS
XXX	609	1024	59%	UU	MS
XXX	70	119	59%	VV	TN
XXX	2967	5081	58%	WW	MS
XXX	75	129	58%	XX	MS
XXX	6656	11484	58%	YY	MS
XXX	3560	6261	57%	ZZ	MS
XXX	2411	4247	57%	AAA	MS
XXX	3092	5447	57%	BBB	MS
XXX	5534	9756	57%	CCC	MS
XXX	3147	5557	57%	DDD	MS
XXX	7803	13809	57%	EEE	MS
XXX	3748	6642	56%	FFF	MS
XXX	7739	13735	56%	GGG	MS
XXX	1862	3331	56%	HHH	MS
XXX	9835	17756	55%	III	MS
XXX	3291	5976	55%	JJJ	MS
XXX	157	288	55%	KKK	MS
XXX	8089	14984	54%	LLL	MS
XXX	2277	4222	54%	MMM	MS
XXX	14144	26226	54%	NNN	MS
XXX	12204	22675	54%	OOO	MS
XXX	6032	11230	54%	PPP	MS
XXX	5699	10614	54%	QQQ	MS
XXX	6705	12494	54%	RRR	MS
XXX	22879	42638	54%	SSS	MS
XXX	2214	4141	53%	TTT	MS
XXX	4284	8015	53%	UUU	MS
XXX	1002	1877	53%	VVV	MS
XXX	8015	15116	53%	WWW	MS
XXX	9093	17187	53%	XXX	MS
XXX	7235	13682	53%	YYY	MS
XXX	6533	12444	52%	ZZZ	MS
XXX	7068	13469	52%	AAAA	MS
XXX	1605	3070	52%	BBBB	MS
XXX	6199	11914	52%	CCCC	MS
XXX	701	1348	52%	DDDD	MS
XXX	5182	9981	52%	EEEE	MS
XXX	7860	15186	52%	FFFF	MS
XXX	11120	21533	52%	GGGG	MS
XXX	1175	2298	51%	HHHH	TN

XXX	4390	8617	51%	IIII	MS
XXX	12544	24633	51%	JJJJ	MS
XXX	6838	13458	51%	KKKK	MS
XXX	3827	7535	51%	LLLL	MS
XXX	5906	11652	51%	MMMM	MS
XXX	9692	19137	51%	NNNN	MS
XXX	3328	6576	51%	OOOO	MS
XXX	785	1560	50%	PPPP	AL
XXX	11	22	50%	QQQQ	TN
XXX	5	10	50%	RRRR	MS

Summary of Generic Prescriber ID 0019999

- A total of 96 pharmacies operated at a 50% or greater utilization rate of generic prescriber ID 0019999 (in-state and out-of-state)
- A total of 17 out-of-state pharmacies utilized the generic prescriber ID at a rate of 50% or greater accounting for only 17.7%, while in-state pharmacies accounted for 82.29% of generic prescriber utilization for all of 2002
- Of these out-of-state pharmacies ten are from TN, one from FL, two from LA, two from AL, and two from AR
- Seven pharmacies operated at percentages within 91-100% (all out-of-state = 100%)
- Five pharmacies operated at percentages within 81-90% (one out-of-state = 20%)
- Twelve pharmacies operated at percentages between 71-80% (four out-of-state = 33.33%)
- Nineteen pharmacies operated at percentages between 61-70% (one out-of-state = 5.26%)
- Fifty pharmacies operated at percentages between 51-60% (two out-of-state = 4%)
- Three pharmacies operated at 50% (two out-of-state = 66.66%)

MISSISSIPPI MEDICAID 2/18/03
PHARMACIES USING GENERIC ID
FOR THE PRESCRIBER ID 1999999
01//01/2002 - 12/31/2002

PHARAMCY ID	# RXS WITH GEN ID	# RXS DISPENSED IN 2002	% OF CLAIMS WITH GENERIC ID	PHARAMCY NAME	ST
XX	2685	7220	37%	A	MS
XX	3709	10855	34%	B	MS
XX	241	736	33%	C	MS
XX	218	701	31%	D	TN
XX	4742	17500	27%	E	MS
XX	1939	7565	26%	F	MS
XX	233	995	23%	G	TN
XX	3454	15758	22%	H	MS
XX	2661	12866	21%	I	MS
XX	2690	13159	20%	J	MS
XX	1293	6563	20%	K	MS
XX	443	2298	19%	L	TN
XX	743	4166	18%	M	MS
XX	2718	16191	17%	N	MS
XX	2256	13469	17%	O	MS
XX	861	5151	17%	P	MS
XX	2536	16143	16%	Q	MS
XX	16	109	15%	R	MS
XX	1179	8051	15%	S	MS
XX	2250	16319	14%	T	MS
XX	1723	13438	13%	U	MS
XX	2479	21281	12%	V	MS
XX	3391	31526	11%	W	MS
XX	1175	10924	11%	X	MS
XX	439	4342	10%	Y	MS
XX	44	436	10%	Z	MS
XX	9	90	10%	AA	MS
XX	288	3372	9%	BB	MS
XX	1896	23468	8%	CC	MS
XX	57	830	7%	DD	MS
XX	392	5817	7%	EE	MS
XX	233	3513	7%	FF	MS
XX	753	11862	6%	GG	MS
XX	162	2710	6%	HH	MS
XX	121	2193	6%	II	MS
XX	179	3250	6%	JJ	MS
XX	216	3995	5%	KK	MS
XX	3	56	5%	LL	MS
XX	680	13126	5%	MM	MS

XX	584	11579	5%	NN	MS
XX	106	2196	5%	OO	TN
XX	921	19394	5%	PP	MS
XX	701	15100	5%	QQ	MS
XX	251	5514	5%	RR	MS
XX	1336	31110	4%	SS	MS
XX	434	10822	4%	TT	MS
XX	592	16507	4%	UU	MS
XX	205	5931	3%	VV	MS
XX	72	2314	3%	WW	MS
XX	2	66	3%	XX	TN
XX	300	9964	3%	YY	MS
XX	254	10208	2%	ZZ	MS
XX	133	5689	2%	AAA	MS
XX	27	1155	2%	BBB	MS
XX	68	3101	2%	CCC	MS
XX	233	10717	2%	DDD	MS
XX	245	11810	2%	EEE	MS
XX	19	917	2%	FFF	MS
XX	387	18996	2%	GGG	MS
XX	29	1497	2%	HHH	MS
XX	1009	53196	2%	III	MS
XX	110	5895	2%	JJJ	MS
XX	223	12296	2%	KKK	MS
XX	21	1180	2%	LLL	MS
XX	18	1012	2%	MMM	MS
XX	281	15876	2%	NNN	MS
XX	98	5624	2%	OOO	MS
XX	144	8617	2%	PPP	MS
XX	34	2064	2%	QQQ	MS
XX	62	4134	1%	RRR	MS
XX	9	700	1%	SSS	MS
XX	155	12395	1%	TTT	MS
XX	130	10407	1%	UUU	MS
XX	89	7552	1%	VVV	MS
XX	93	7894	1%	WWW	MS
XX	143	12973	1%	XXX	MS
XX	37	3475	1%	YYY	MS
XX	153	14718	1%	ZZZ	MS
XX	97	9636	1%	AAAA	MS
XX	63	6282	1%	BBBB	MS
XX	128	12948	1%	CCCC	MS
XX	25	2592	1%	DDDD	MS
XX	63	6857	1%	EEEE	MS
XX	156	16987	1%	FFFF	MS
XX	45	5067	1%	GGGG	MS
XX	218	24718	1%	HHHH	MS
XX	31	3516	1%	IIII	MS

XX	94	10876	1%	JJJJ	MS
XX	78	9093	1%	KKKK	MS
XX	37	4351	1%	LLLL	MS
XX	2	238	1%	MMMM	MS
XX	78	9377	1%	NNNN	MS
XX	135	16383	1%	OOOO	MS
XX	11	1348	1%	PPPP	MS
XX	94	11776	1%	QQQQ	MS
XX	86	11804	1%	RRRR	MS
XX	100	14358	1%	SSSS	MS
XX	70	10462	1%	TTTT	MS
XX	135	20694	1%	UUUU	MS
XX	1	160	1%	VVVV	MS
XX	38	6090	1%	XXXX	MS
XX	83	13510	1%	YYYY	MS
XX	72	11863	1%	ZZZZ	MS
XX	30	4959	1%	AAAAA	MS
XX	130	21533	1%	BBBBB	MS
XX	68	11652	1%	CCCCC	MS
XX	95	16597	1%	DDDDD	MS
XX	20	3537	1%	EEEEE	MS
XX	79	14808	1%	FFFFF	MS
XX	92	17684	1%	GGGGG	MS
XX	18	3543	1%	HHHHH	MS

Profile Example for One Specific Beneficiary

Health Information Designs, Inc.

Date of service	RX number	NDC	Drug	QTY	DAYS	Pharmacy #	Prescriber #
01/13/03	0039988	00078032344	EXELON 1.5MG	30	28	A	0019999
01/12/03	0039930	00071080324	NEURONTIN 100MG	60	30	A	0019999
01/12/03	0039352	52544076005	RANITIDINE HCL 15	60	30	A	0019999
01/12/03	0038906	00456201001	LEXAPRO 10MG	15	30	A	0019999
01/12/03	0038906	00002411260	ZYPREXA 2.5MG	30	30	A	0019999
01/12/03	0038840	00378415105	TRAMADOL HCL 50M	60	30	A	0019999
01/12/03	0037636	00228300311	CLONAZEPAM 0.5MG	60	30	A	0019999
01/10/03	0040018	00597005801	FLOMAX 0.4MG	62	31	A	0019999
01/10/03	0040018	00048102005	SYNTHROID 25MCG	31	32	A	0019999
01/10/03	0040016	00069306030	ZITHROMAX 250MG	6	3	A	0019999
01/09/03	0039988	00078032344	EXELON 1.5MG	32	30	A	0019999
01/08/03	0039303	00024540131	AMBIEN 5MG	30	30	A	0019999
01/07/03	0039470	00078032344	EXELON 1.5MG	3	3	A	0019999
12/30/02	0039470	00078032344	EXELON 1.5MG	3	13	A	0019999
12/13/02	0038840	00378415105	TRAMADOL HCL 50MG	60	30	A	0019999
12/13/02	0038906	00002411260	ZYPREXA 2.5MG	30	30	A	0019999
12/13/02	0038906	00456201001	LEXAPRO 10MG	15	30	A	0019999
12/13/02	0039020	00048102005	SYNTHROID 25MCG	30	30	A	0019999
12/13/02	0039352	52544076005	RANITIDINE HCL 15	60	30	A	0019999
12/13/02	0038641	00597005801	FLOMAX 0.4MG	60	30	A	0019999
12/13/02	0037637	00078032344	EXELON1.5MG	60	30	A	0019999
12/13/02	0037636	00228300311	CLONAZEPAM 0.5MG	60	30	A	0019999
12/13/02	0036620	00071080324	NEURONTIN 100MG	60	30	A	0019999
12/06/02	0039303	00024540131	AMBIEN 5MG	30	30	A	0019999
12/04/02	0039250	00023918703	LUMIGAN 0.03%	8	3	A	0019999
11/25/02	0039132	00024540131	AMBIEN 5MG	10	10	A	0019999
11/25/02	0039115	00172290970	HYDROXYZINE 50MG	1	1	A	0019999
11/19/02	0039020	00048102005	SYNTHROID 25MCG	24	24	A	0019999
11/14/02	0038906	00456201001	LEXAPRO 10MG	15	30	A	0019999
11/14/02	0038906	00002411260	ZYPREXA 2.5MG	29	29	A	0019999
11/13/02	0038906	00052010730	REMERON 30MG	30	4	A	0019999
11/13/02	0038641	00597005801	FLOMAX 0.4MG	60	30	A	0019999
11/13/02	0038532	52544076005	RANITIDINE HCL150	60	30	A	0019999
11/13/02	0037637	00078032344	EXELON 1.5MG	60	30	A	0019999
11/13/02	0037636	00228300311	CLONAZEPAM 0.5MG	60	30	A	0019999
11/13/02	0036620	00071080324	NEURONTIN 100MG	60	30	A	0019999
11/11/02	0038840	00378415105	TRAMADOL HCL 50M	63	4	A	0019999
10/31/02	0038641	00597005801	FLOMAX 0.4MG	13	13	A	0019999
10/24/02	0038532	52544076005	RANITIDINE HCL150	40	20	A	0019999
10/14/02	0037637	00078032344	EXELON 1.5MG	60	30	A	0019999
10/14/02	0037636	00228300311	CLONAZEPAM 0.5MG	60	30	A	0019999
10/14/02	0036620	00071080324	NEURONTIN 100MG	60	30	A	0019999

10/14/02	0036620	00597005801	FLOMAX 0.4MG	30	30	A	0019999
10/14/02	0036043	00052010730	REMERON 30MG	30	30	A	0019999
10/10/02	0038285	00378415105	TRAMADOL HCL 50MG	66	8	A	0019999
09/14/02	0037637	00078032344	EXELON 1.5MG	60	30	A	0019999
09/14/02	0037636	00228300311	CLONAZEPAM 0.5MG	60	30	A	0019999
09/14/02	0036620	00378415105	TRAMADOL HCL 50MG	60	30	A	0019999
09/14/02	0036620	00071080324	NEURONTIN 100MG	60	30	A	0019999
09/14/02	0036620	00597005801	FLOMAX 0.4MG	30	30	A	0019999
09/14/02	0036043	00052010730	REMERON 30MG	30	30	A	0019999
09/09/02	0037503	00093314705	CEPHALEXIN500MG	8	2	A	0019999
09/09/02	0036620	00093005801	TRAMADOL HCL 50MG	8	4	A	0019999
09/01/02	0037798	51079060420	CEPHALEXIN 250MG	2	2	A	0019999
09/01/02	0037503	00093314705	CEPHALEXIN 500MG	28	7	A	0019999
08/15/02	0036620	00093005801	TRAMADOL HCL 50MG	60	30	A	0019999
08/15/02	0036620	00071080324	NEURONTIN 100MG	60	3	A	0019999
08/15/02	0036620	00597005801	FLOMAX 0.4MG	30	30	A	0019999
08/15/02	0036043	00052010730	REMERON 30MG	30	30	A	0019999
08/15/02	0034495	00078032344	EXELON 1.5MG	60	30	A	0019999
08/15/02	0034494	00228300311	CLONAZEPAM 0.5MG	60	30	A	0019999
07/16/02	0036043	00052010730	REMERON 30MG	30	30	A	0019999
07/16/02	0034495	00078032344	EXELON 1.5MG	60	30	A	0019999
07/16/02	0034494	00228300311	CLONAZEPAM 0.5MG	60	30	A	0019999
07/15/02	0036620	00093005801	TRAMADOL HCL 50MG	62	30	A	0019999
07/15/02	0036620	00071080324	NEURONTIN 100MG	62	3	A	0019999
07/15/02	0036620	00597005801	FLOMAX 0.4MG	31	31	A	0019999
07/09/02	0036290	00072571208	LAC-HYDRIN 12%	225	30	A	0019999
07/01/02	0036290	00072571208	LAC-HYDRIN 12%	225	30	A	0019999
06/16/02	0035795	00071080324	NEURONTIN 100MG	60	30	A	0019999
06/16/02	0034616	00045065970	ULTRAM 50MG	60	60	A	0019999
06/16/02	0034495	00078032344	EXELON 1.5MG	60	60	A	0019999
06/16/02	0034494	00228300311	CLONAZEPAM 0.5MG	60	30	A	0019999
06/14/02	0036043	00052010730	REMERON 30MG	32	4	A	0019999
06/14/02	0036043	00597005801	FLOMAX 0.4MG	32	4	A	0019999
05/29/02	0035795	00071080324	NEURONTIN 100MG	34	17	A	0019999
05/17/02	0035222	00052010730	REMERON 30MG	30	30	A	0019999
05/17/02	0035089	00597005801	FLOMAX 0.4MG	30	30	A	0019999
05/17/02	0034616	00045065970	ULTRAM 50MG	60	30	A	0019999
05/17/02	0034495	00078032344	EXELON 1.5MG	60	30	A	0019999
05/17/02	0034494	00228300311	CLONAZEPAM 0.5MG	60	30	A	0019999
05/14/02	0035567	00008084181	PROTONIX 40MG	33	33	A	0019999
05/10/02	0035525	00093049001	PROPOXYPHENE 650M	20	20	A	0019999
05/10/02	0035525	00093314705	CEPHALEXIN 500MG	10	5	A	0019999
04/23/02	0035222	00052010730	REMERON 30MG	24	24	A	0019999
04/17/02	0034616	00045065970	ULTRAM 50MG	60	30	A	0019999
04/17/02	0034495	00078032344	EXELON 1.5MG	60	30	A	0019999
04/17/02	0034494	00228300311	CLONAZEPAM 0.5MG	60	30	A	0019999
04/15/02	0035101	00052010530	REMERON 15MG	31	1	A	0019999
04/15/02	0035089	00597005801	FLOMAX 0.4MG	32	32	A	0019999
04/12/02	0035074	00008084181	PROTONIX 40MG	35	30	A	0019999
03/19/02	0034616	00045065970	ULTRAM 50MG	58	29	A	0019999

03/18/02	0034495	00078032344	EXELON 1.5MG	60	30	A	0019999
03/18/02	0034494	00228300311	CLONAZEPAM 0.5MG	60	30	A	0019999
03/18/02	0034173	00052010530	REMERON 15MG	30	30	A	0019999
03/18/02	0033975	00008084181	PROTONIX 40MG	30	30	A	0019999
03/18/02	0033473	00597005801	FLOMAX 0.4MG	30	30	A	0019999
03/18/02	0032838	00025152551	CELEBREX 200 MG	30	30	A	0019999
03/13/02	0034548	62175010801	HYOSCYAMINE 0.375 MG	30	15	A	0019999
02/19/02	0034173	00052010530	REMERON 15MG	27	27	A	0019999
02/16/02	0033975	00008084181	PROTONIX 40MG	30	10	A	0019999
02/16/02	0033473	00597005801	FLOMAX 0.4MG	30	30	A	0019999
02/16/02	0033472	00052010530	REMERON 15MG	15	30	A	0019999
02/16/02	0032838	00025152551	CELEBREX 200 MG	30	30	A	0019999
02/16/02	0031493	00078032344	EXELON 1.5MG	60	30	A	0019999
02/16/02	0031328	00228300311	CLONAZEPAM 0.5MG	60	30	A	0019999
02/11/02	0033960	00008084181	PROTONIX 40MG	5	5	A	0019999
02/09/02	0033955	00052010530	REMERON 15MG	3	6	A	0019999
02/05/02	0032313	00677103105	IBUPROFEN 400MG	30	15	A	0019999
01/17/02	0032838	00025152551	CELEBREX 200 MG	30	30	A	0019999
01/17/02	0032614	00071042624	NEURONTIN 800MG	90	90	A	0019999
01/17/02	0031493	00078032344	EXELON 1.5MG	60	30	A	0019999
01/17/02	0031493	50458030050	RISPERDAL 1MG	30	30	A	0019999
01/17/02	0031328	00228300311	CLONAZEPAM 0.5MG	60	30	A	0019999
01/15/02	0033473	00597005801	FLOMAX 0.4MG	32	30	A	0019999
01/15/02	0033472	00052010530	REMERON 15MG	16	4	A	0019999
01/14/02	0033436	00008084181	PROTONIX 40MG	33	33	A	0019999
01/14/02	0032313	00677103105	IBUPROFEN 400MG	30	15	A	0019999
12/18/01	0032614	00071042624	NEURONTIN 800MG	90	30	A	0019999
12/18/01	0032313	00677103105	IBUPROFEN 400MG	30	15	A	0019999
12/18/01	0031799	00597005801	FLOMAX 0.4MG	30	30	A	0019999
12/18/01	0031493	00078032344	EXELON 1.5MG	60	30	A	0019999
12/18/01	0031493	00052010530	REMERON 15MG	15	30	A	0019999
12/18/01	0031493	50458030050	RISPERDAL 1MG	30	30	A	0019999
12/16/01	0032860	00008084181	PROTONIX 40MG	32	7	A	0019999
12/14/01	0032838	00025152551	CELEBREX 200 MG	34	32	A	0019999
12/13/01	0032819	61314063136	NEO/POLYMYXIN/D .10%	4	8	A	0019999
12/03/01	0032614	00071042624	NEURONTIN 800MG	45	15	A	0019999
11/28/01	0032313	00677103105	IBUPROFEN 400MG	30	15	A	0019999
11/20/01	0032430	24208083060	NEOMYCIN/POLYMY .10%	5	5	A	0019999
11/18/01	0031870	00008084181	PROTONIX 40MG	30	30	A	0019999
11/18/01	0031799	00025152051	CELEBREX 200 MG	60	30	A	0019999
11/18/01	0031799	00597005801	FLOMAX 0.4MG	30	30	A	0019999
11/18/01	0031493	00078032344	EXELON 1.5MG	60	30	A	0019999
11/18/01	0031493	00052010530	REMERON 15MG	15	30	A	0019999
11/18/01	0031493	50458030050	RISPERDAL 1MG	30	30	A	0019999
11/18/01	0031482	00071080524	NEURONTIN 300MG	270	30	A	0019999
11/18/01	0031328	00228300311	CLONAZEPAM 0.5MG	60	30	A	0019999
11/13/01	0032313	00677103105	IBUPROFEN 400MG	30	15	A	0019999
11/09/01	0032260	50458022304	NIZORAL 25	120	4	A	0019999
10/19/01	0031799	00025152051	CELEBREX 100MG	60	30	A	0019999
10/19/01	0031799	00597005801	FLOMAX 0.4MG	30	30	A	0019999

10/19/01	0031493	00078032344	EXELON 1.5MG	60	30	A	0019999
10/19/01	0031493	00052010530	REMERON 15MG	15	32	A	0019999
10/19/01	0031493	50458030050	RISPERDAL 1MG	30	30	A	0019999
10/19/01	0031482	00071080524	NEURONTIN 300MG	270	30	A	0019999
10/19/01	0031328	00228300311	CLONAZEPAM 0.5MG	60	30	A	0019999
10/15/01	0031870	00008084181	PROTONIX 40MG	33	11	A	0019999
09/21/01	0031493	00052010530	REMERON 15MG	2	4	A	0019999
09/19/01	0031328	62269035324	CLONAZEPAM	60	30	A	0019999
09/19/01	0028288	00025152051	CELEBREX 100MG	60	30	A	0019999
09/19/01	0028287	00597005801	FLOMAX 0.4MG	30	30	A	0019999
09/17/01	0031493	00078032344	EXELON 1.5MG	62	35	A	0019999
09/17/01	0031493	00052010530	REMERON 15MG	16	34	A	0019999
09/17/01	0031493	50458030050	RISPERDAL 1MG	32	32	A	0019999
09/17/01	0031493	00008084181	PROTONIX 40MG	31	31	A	0019999
09/17/01	0031482	00071080524	NEURONTIN 300MG	282	32	A	0019999
08/31/01	0031193	00071080524	NEURONTIN 300MG	18	6	A	0019999
08/20/01	0030837	00008084181	PROTONIX 40MG	30	30	A	0019999
08/20/01	0030836	00071080524	NEURONTIN 300MG	180	30	A	0019999
08/20/01	0029517	00078032344	EXELON 1.5MG	60	30	A	0019999
08/20/01	0029517	00052010530	REMERON 15MG	15	30	A	0019999
08/20/01	0029517	50458030050	RISPERDAL 1MG	30	30	A	0019999
08/20/01	0028288	00025152051	CELEBREX 100MG	60	30	A	0019999
08/20/01	0028287	00597005801	FLOMAX 0.4MG	30	30	A	0019999
08/20/01	0027292	62269035324	CLONAZEPAM 0.5MG	60	30	A	0019999
07/23/01	0030440	00072571208	LAC-HYDRIN 12%	225	6	A	0019999
07/21/01	0029518	00008084181	PROTONIX 40MG	30	30	A	0019999
07/21/01	0029517	00078032344	EXELON 1.5MG	60	30	A	0019999
07/21/01	0029517	00052010530	REMERON 15MG	15	30	A	0019999
07/21/01	0029517	50458030050	RISPERDAL 1MG	30	30	A	0019999
07/21/01	0028288	00025152031	CELEBREX 100MG	60	30	A	0019999
07/21/01	0028287	00597005801	FLOMAX 0.4MG	30	30	A	0019999
07/21/01	0027292	62269035324	CLONAZEPAM 0.5MG	60	30	A	0019999
07/21/01	0026975	00071080524	NEURONTIN 300MG	180	30	A	0019999

Atypical Antipsychotic Utilization for 2002

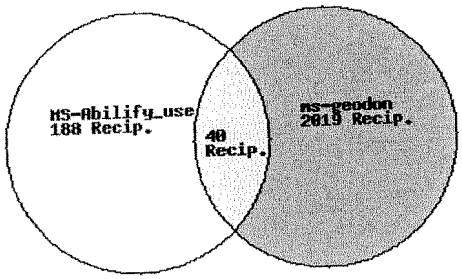
DRUG USAGE for MS-Atypical Utilization from 01/01/02 to 12/31/02		
Generic Name	**Rx Num**	**Total Price**
ARIPIPRAZOLE	197	$60,140.82
OLANZAPINE	70709	$22,095,810.99
QUETIAPINE FUMARATE	46592	$9,399,539.57
RISPERIDONE	81702	$14,690,426.05
ZIPRASIDONE HCL	8831	$1,934,836.99
ZIPRASIDONE MESYLATE	17	$5,064.11

Summary of Atypical Utilization

- Atypical Antipsychotic Utilization accounted for $48,185,818.53 for the year 2002

Atypical Antipsychotic Duplication for 2002

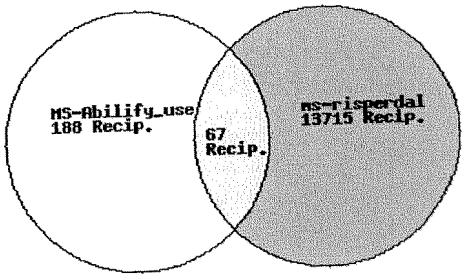
Abilify and Geodon Duplication



Bookmark Intersection

RX	# of Recipients	
Abilify	188	
Geodon	2019	
Combination	40	1.81%

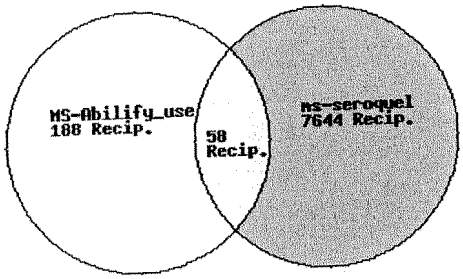
Abilify and Risperdal Duplication



Bookmark Intersection

RX	# of Recipients	
Abilify	188	
Risperdal	13715	
Combination	67	0.48%

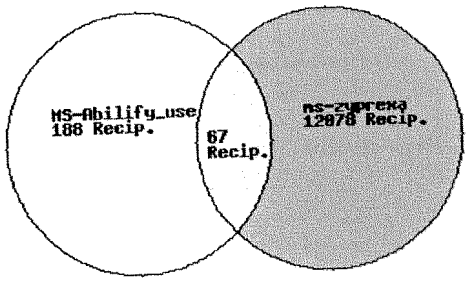
Abilify and Seroquel Duplication



Bookmark Intersection

RX	# of Recipients	
Abilify	188	
Seroquel	7644	
Combination	58	0.74%

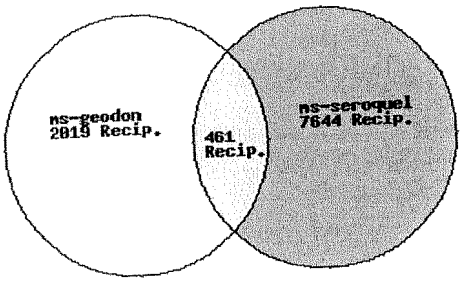
Abilify and Zyprexa Duplication



Bookmark Intersection

RX	# of Recipients	
Abilify	188	
Zyprexa	12078	
Combination	67	0.55%

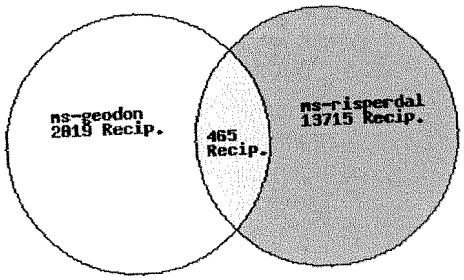
Geodon and Seroquel Duplication



Bookmark Intersection

RX	# of Recipients	
Geodon	2019	
Seroquel	7644	
Combination	461	4.77%

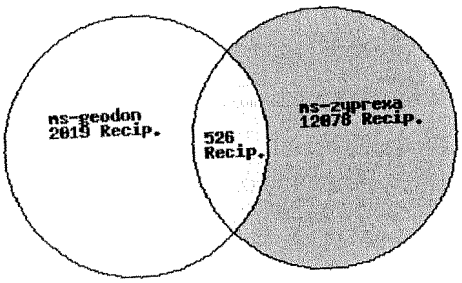
Geodon and Risperdal Duplication



Bookmark Intersection

RX	# of Recipients	
Geodon	2019	
Risperdal	13715	
Combination	465	2.95%

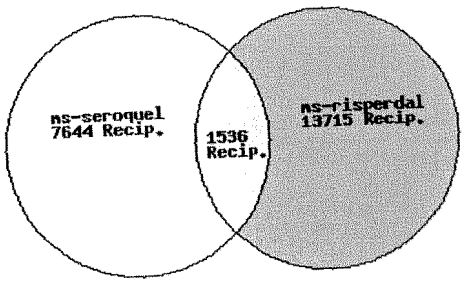
Geodon and Zyprexa Duplication



Bookmark Intersection

RX	# of Recipients	
Geodon	2019	
Zyprexa	12078	
Combination	526	3.73%

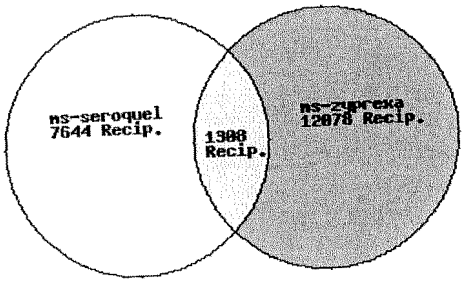
Seroquel and Risperdal Duplication



Bookmark Intersection

RX	# of Recipients	
Seroquel	7644	
Risperdal	13715	
Combination	1536	7.19%

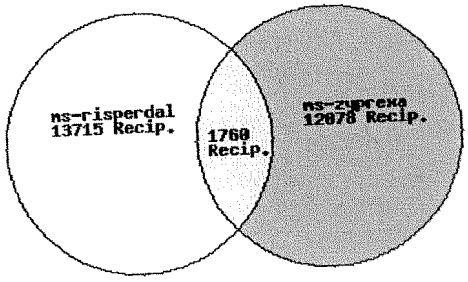
Seroquel and Zyprexa Duplication



Bookmark Intersection

RX	# of Recipients	
Seroquel	7644	
Zyprexa	12078	
Combination	1308	6.60%

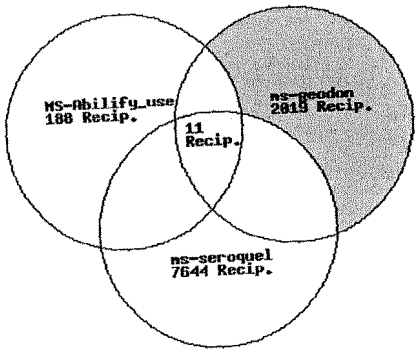
Risperdal and Zyprexa Duplication



Bookmark Intersection

RX	# of Recipients	
Risperdal	13715	
Zyprexa	12078	
Combination	1760	6.82%

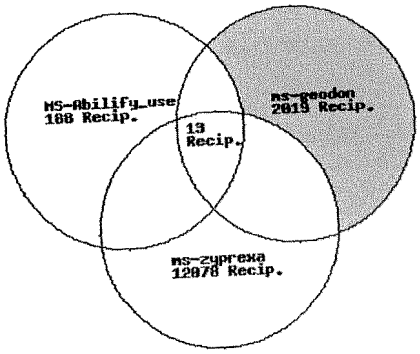
Abilify, Geodon, and Seroquel



Bookmark Intersection

RX	# of Recipients	
Abilify	188	
Geodon	2019	
Seroquel	7644	
Triplicate	11	0.11%

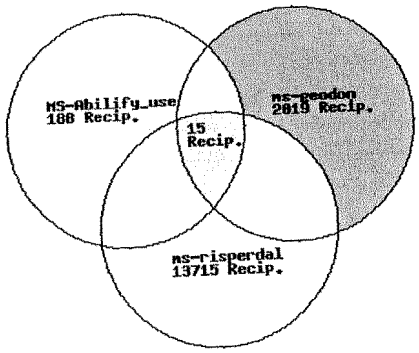
Abilify, Geodon, and Zyprexa



Bookmark Intersection

RX	# of Recipients	
Abilify	188	
Geodon	2019	
Zyprexa	12078	
Triplicate	13	0.09%

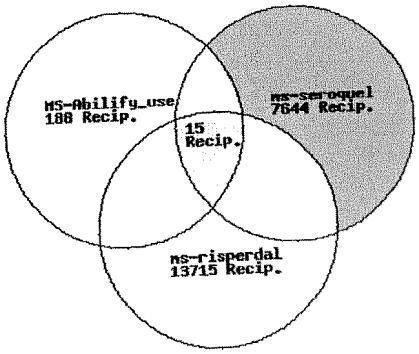
Abilify, Geodon, and Risperdal



Bookmark Intersection

RX	# of Recipients	
Abilify	188	
Geodon	2019	
Risperdal	13715	
Triplicate	15	0.09%

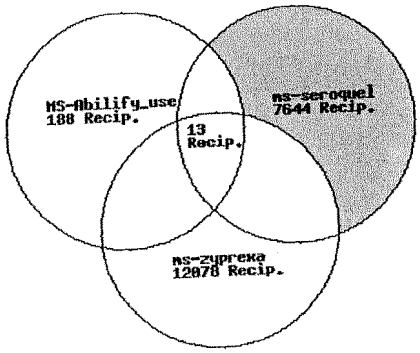
Abilify, Seroquel, and Risperdal



Bookmark Intersection

RX	# of Recipients	
Abilify	188	
Seroquel	7644	
Risperdal	13715	
Triplicate	15	0.07%

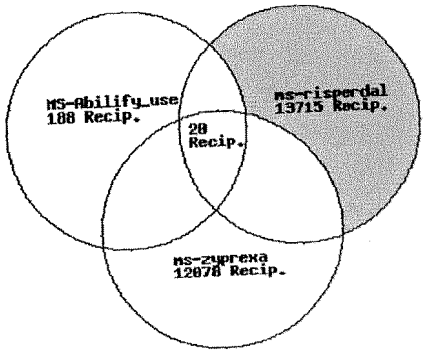
Abilify, Seroquel, and Zyprexa



Bookmark Intersection

RX	# of Recipients	
Abilify	188	
Seroquel	7644	
Zyprexa	12078	
Triplicate	13	0.07%

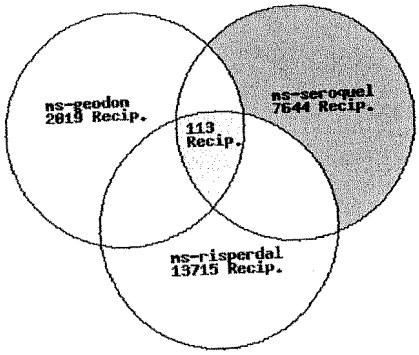
Abilify, Risperdal, and Zyprexa



Bookmark Intersection

RX	# of Recipients	
Abilify	188	
Risperdal	13715	
Zyprexa	12078	
Triplicate	20	0.08%

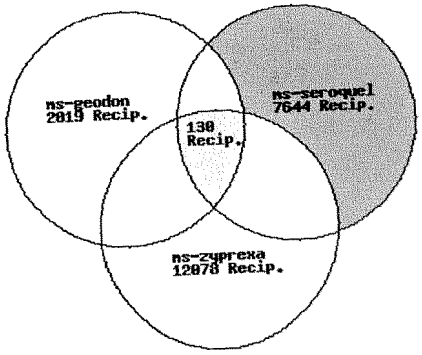
Geodon, Seroquel, and Risperdal



Bookmark Intersection

RX	# of Recipients	
Geodon	2019	
Seroquel	7644	
Risperdal	13715	
Triplicate	113	0.48%

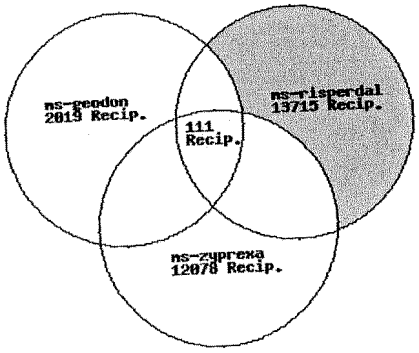
Geodon, Seroquel, and Zyprexa



Bookmark Intersection

RX	# of Recipients	
Geodon	2019	
Seroquel	7644	
Zyprexa	12078	
Triplicate	130	0.60%

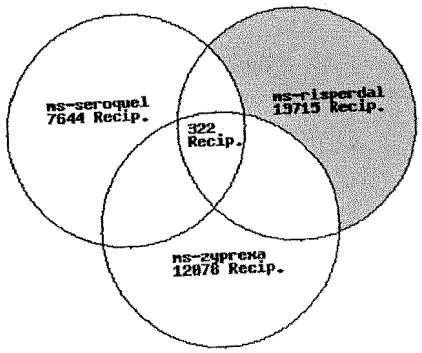
Geodon, Risperdal, and Zyprexa



Bookmark Intersection

RX	# of Recipients	
Geodon	2019	
Risperdal	13715	
Zyprexa	12078	
Triplicate	111	0.40%

Seroquel, Risperdal, and Zyprexa



Bookmark Intersection

RX	# of Recipients	
Seroquel	7644	
Risperdal	13715	
Zyprexa	12078	
Triplicate	322	0.96%

Summary of Atypical Antipsychotic Duplication for 2002

- This data shows total number of recipients that received multiple atypical antipsychotics throughout the year.
- The data *only* suggests that at one time during the calendar year of 2002 multiple products were filled within the same therapeutic class.
- In order to legitimately determine if the recipients were actually taking the products concurrently, each individual profile would have to be reviewed separately. A random sampling of profiles was chosen in order to study actual therapeutic duplication.
- To allow for cross titration of these medications a reasonable time period of 90 days was chosen. Current literature suggests the cross-over period should not exceed 60 days.

Example of Atypical Antipsychotic Duplication

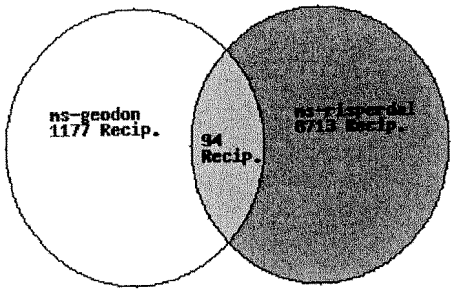
Date Rx Dispensed	Rx Number	Drug Code	Label Name	Rx Provider #	Prescribing Physician	Qty Dispensed	Days Supply
02/04/02	006954407	50458030006	RISPERDAL 1MG TABLET	A	Dr. Joe	30	30
02/04/02	006954408	00310027210	SEROQUEL 200MG TABLET	A	Dr. Joe	60	30
02/19/02	006956522	00049399060	GEODON 80MG CAPSULE	A	Dr. Joe	60	30
02/19/02	006956523	00002411560	ZYPREXA 5MG TABLET	A	Dr. Joe	30	14
03/02/02	006958078	00310027210	SEROQUEL 200MG TABLET	A	Dr. Joe	60	30
03/18/02	006958079	00049399060	GEODON 80MG CAPSULE	A	Dr. Joe	60	30
03/28/02	006958078	00310027210	SEROQUEL 200MG TABLET	A	Dr. Joe	60	30
04/15/02	006958079	00049399060	GEODON 80MG CAPSULE	A	Dr. Joe	60	30
04/29/02	006967665	00310027210	SEROQUEL 200MG TABLET	A	Dr. Joe	60	30
05/15/02	006967664	00049399060	GEODON 80MG CAPSULE	A	Dr. Joe	60	30
05/29/02	006972379	00310027210	SEROQUEL 200MG TABLET	A	Dr. Joe	30	30
06/10/02	006974291	00049399060	GEODON 80MG CAPSULE	A	Dr. Joe	60	30
07/27/02	006974291	00049399060	GEODON 80MG CAPSULE	A	Dr. Joe	60	30

Date Rx Dispensed	Rx Number	Drug Code	Label Name	Rx Provider #	Prescribing Physician	Qty Dispensed	Days Supply
08/05/02	006755525	00310027210	SEROQUEL 200MG TABLET	B	Dr. Bob	60	30
08/30/02	006986088	00310027210	SEROQUEL 200MG TABLET	A	Dr. Joe	60	30
09/02/02	006986258	00049399060	GEODON 80MG CAPSULE	A	Dr. Joe	60	30
09/29/02	006986088	00310027210	SEROQUEL 200MG TABLET	A	Dr. Joe	60	30
09/29/02	006986258	00049399060	GEODON 80MG CAPSULE	A	Dr. Joe	60	30
10/26/02	006766887	00310027210	SEROQUEL 200MG TABLET	B	Dr. Bob	60	30
10/26/02	006767986	00049399060	GEODON 80MG CAPSULE	B	Dr. Bob	60	30
11/27/02	006767986	00049399060	GEODON 80MG CAPSULE	B	Dr. Bob	60	30
11/30/02	006766887	00310027210	SEROQUEL 200MG TABLET	B	Dr. Bob	60	30
12/30/02	006778729	00049399060	GEODON 80MG CAPSULE	B	Dr. Bob	60	30
01/02/03	006778722	00310027210	SEROQUEL 200MG TABLET	B	Dr. Bob	60	30

RECIPIENTS RECEIVING 2 ATYPICAL ANTIPSYCHOTICS

9/28/02 TO 12/28/02

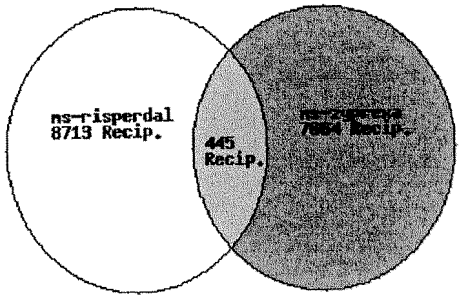
RECIPIENTS RECEIVING GEODON AND RISPERDAL



Bookmark Intersection

RX	# RECIPIENTS	percentage receiving both by age	
Geodon	1177	0-21 yo	19%
Risperdal	8713	21-65 yo	77%
Both	94	65< yo	4%

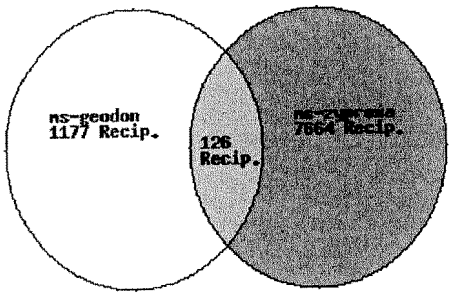
RECIPIENTS RECEIVING RISPERDAL AND ZYPREXA



Bookmark Intersection

RX	# RECIPIENTS	percentage receiving both by age	
Risperdal	8713	0-21 yo	12%
Zyprexa	7664	21-65 yo	63%
Both	445	65< yo	25%

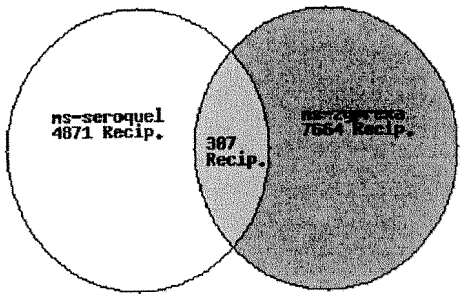
RECIPIENTS RECEIVING GEODON AND ZYPREXA



Bookmark Intersection

RX	# RECIPIENTS	percentage receiving both by age	
Geodon	1177	0-21 yo	11%
Zyprexa	7664	21-65 yo	80%
Both	126	> 65 yo	9%

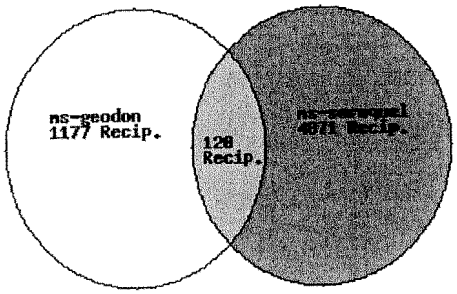
RECIPIENTS RECEIVING SEROQUEL AND ZYPREXA



Bookmark Intersection

RX	# RECIPIENTS	percentage receiving both by age	
Seroquel	4871	0-21 yo	8%
Zyprexa	7664	21-65 yo	73%
Both	307	> 65 yo	19%

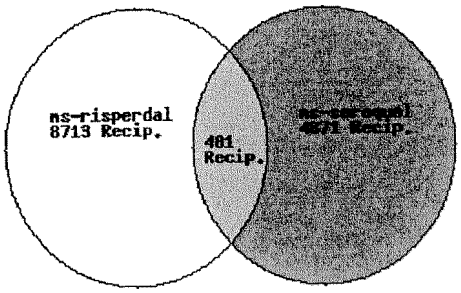
RECIPIENTS RECEIVING GEODON AND SEROQUEL



Bookmark Intersection

RX	# RECIPIENTS	percentage receiving both by age	
Geodon	1177	0-21 yo	12%
Seroquel	4871	21-65 yo	81%
Both	128	> 65 yo	7%

RECIPIENTS RECEIVING RISPERDAL AND SEROQUEL

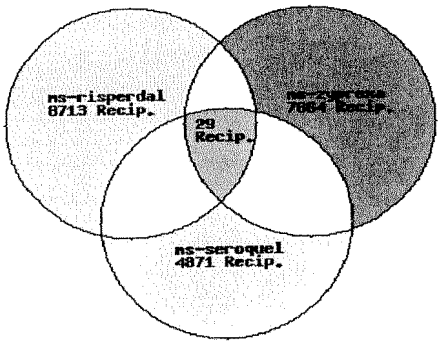


Bookmark Intersection

RX	# RECIPIENTS	percentage receiving both by age	
Risperdal	8713	0-21 yo	14%
Seroquel	4871	21-65 yo	64%
Both	481	> 65 yo	22%

RECIPIENTS RECEIVING THREE ATYPICAL ANTIPSYCHOTICS

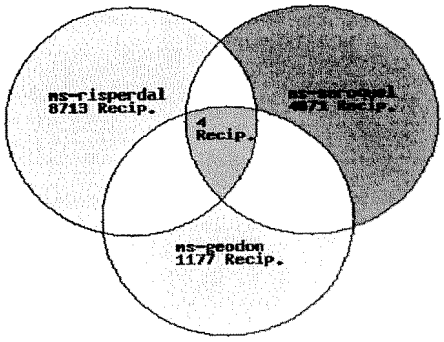
RECIPIENTS RECEIVING RISPERDAL, ZYPREXA & SEROQUEL



Bookmark Intersection

RX	# RECIPIENTS	percentage receiving both by age	
Risperdal	8713	0-21 yo	17%
Zyprexa	7664	21-65 yo	80%
Seroquel	4871	> 65 yo	3%
Three RX	29		

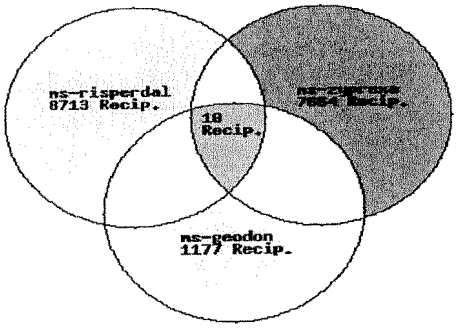
RECIPIENTS RECEIVING RISPERDAL, SEROQUEL & GEODON



Bookmark Intersection

RX	# RECIPIENTS	percentage receiving both by age	
Risperdal	8713	0-21 yo	100%
Seroquel	4871	21-65 yo	0%
Geodon	1177	>65 yo	0%
Three RX	4		

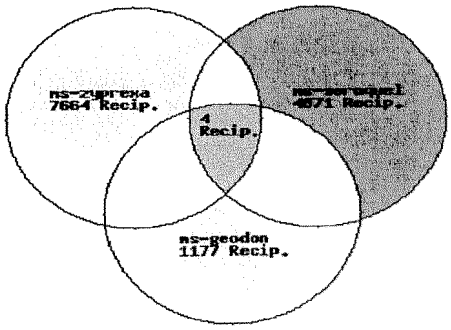
RECIPIENTS RECEIVING RISPERDAL, ZYPREXA & GEODON



Bookmark Intersection

RX	# RECIPIENTS	percentage receiving both by age	
Risperdal	8713	0-21 yo	100%
Zyprexa	7664	21-65 yo	0%
Geodon	1177	> 65 yo	0%
Three RX	18		

RECIPIENTS RECEIVING ZYPREXA, SEROQUEL & GEODON



Bookmark Intersection

RX	# RECIPIENTS	percentage receiving both by age	
Zyprexa	7664	0-21 yo	100%
Seroquel	4871	21-65 yo	0%
Geodon	1177	> 65 yo	0%
Three RX	4		

Summary of Therapeutic Duplication of Atypical Antipsychotics

The data indicated in this report was collected from 9/28/02 through 12/28/02. This time frame was chosen in order to review the number of atypical antipsychotics received over a 90 day period. Cross-titration for patients receiving these medications may take 1 -2 months but should not exceed 60 days.

Between 9/28/02 and 12/28/02 there were 52,961 RX claims submitted for atypical antipsychotics. (These 52, 961RX represented approximately 2% of all RX claims for this time frame) Of these claims submitted, a study was run to indicate how many recipients received 2 or more atypical antipsychotic RX during this period. In order to differentiate those recipients who were actually taking duplicate therapy from those recipients who were being cross-titrated or switched to another medication, it was necessary to review the individual profile of each recipient.

Of the 52,961 claims submitted a random selection of 445 recipients who received both Risperdal and Zyprexa were reviewed for duplicate therapy. Risperdal and Zyprexa were chosen because they were the top 2 antipsychotic medications prescribed during the time frame studied. The results are as follows:

Of the 445 patients:
121 took both Risperdal and Zyprexa (27%)
3 took Risperdal, Zyprexa and a 3rd atypical. (1%)

The following is an intervention letter regarding atypical antipsychotic duplication:

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 454 – Therapeutic Duplication of Atypical Antipsychotics

March 20, 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** *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. 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): 1234567

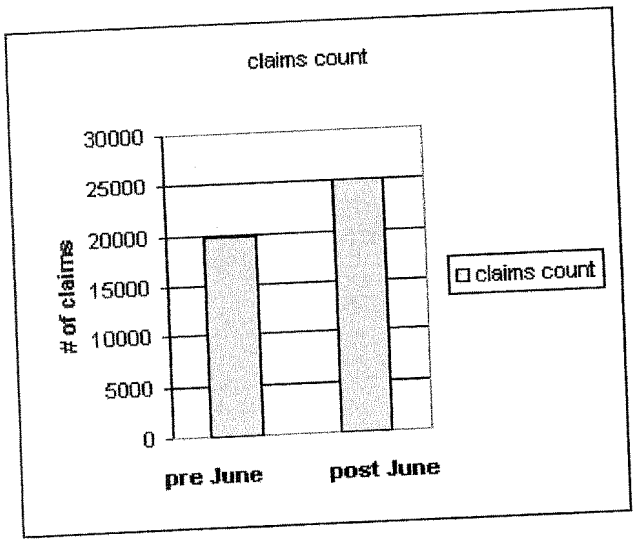
Sincerely,

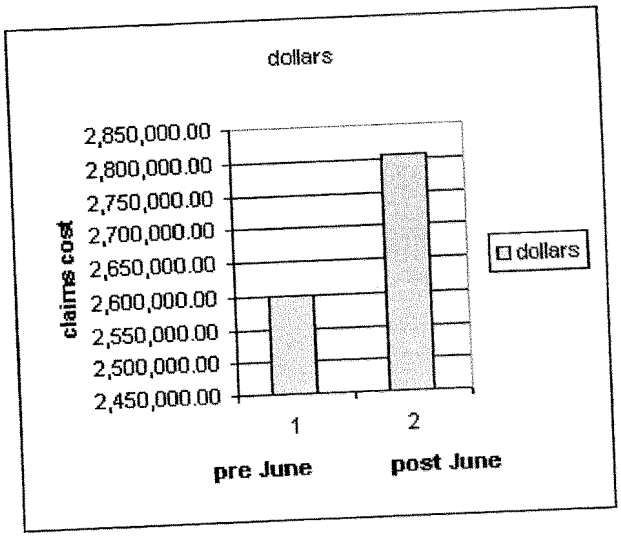
W. Murray Yarbrough M.D.

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

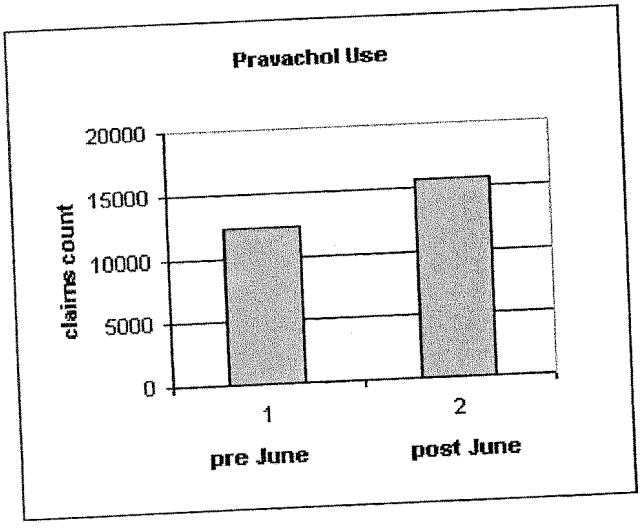
Statin Utilization

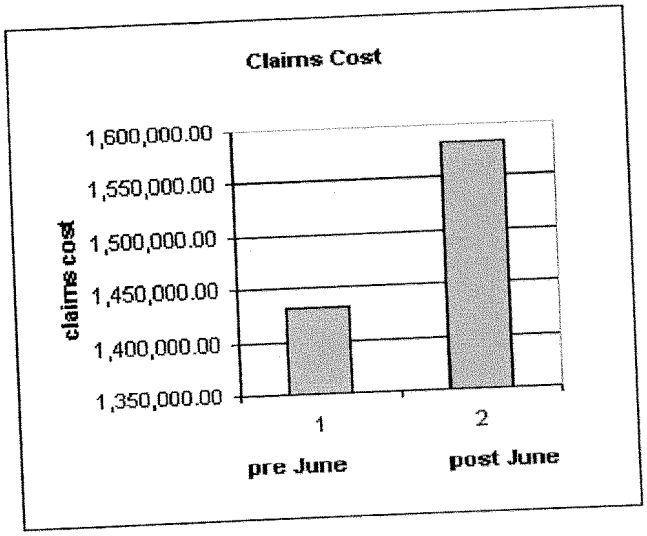
Zocor Use:	Pre-June	Post-June
Claims count	19645	25028
dollars	2,600,470.60	2,804,024.05





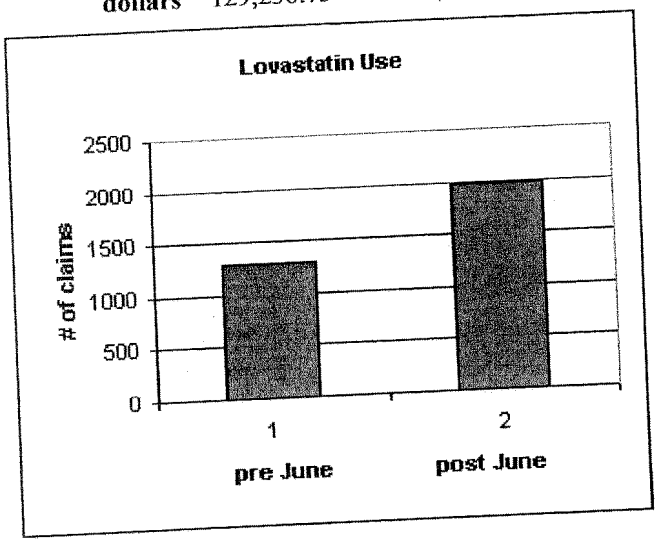
Pravachol Use:	Pre-June	Post-June
Claims count	12281	15648
dollars	1,431,020.66	1,582,590.86

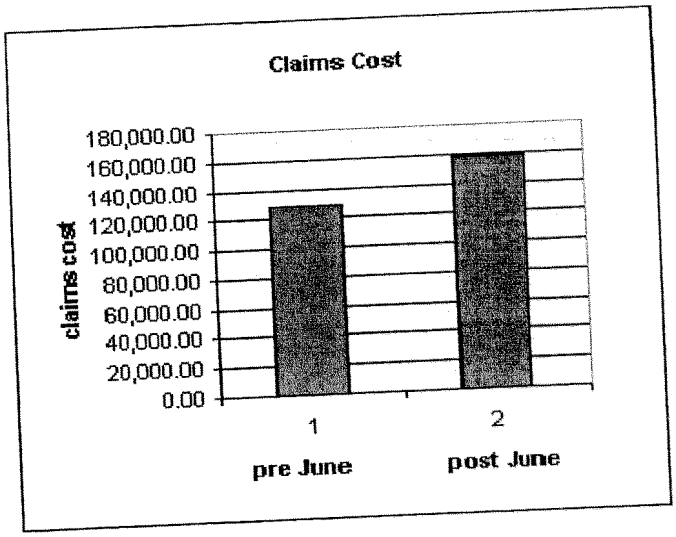




Lovastatin Use:

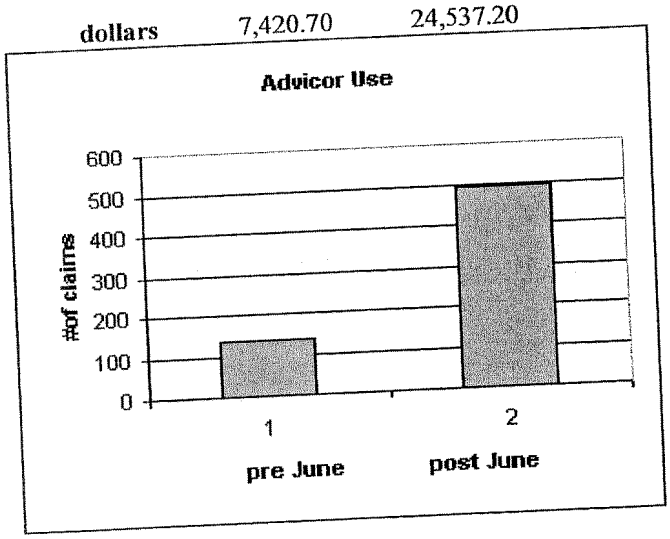
	Pre-June	Post-June
Claims count	1283	1978
dollars	129,230.75	158,345.95

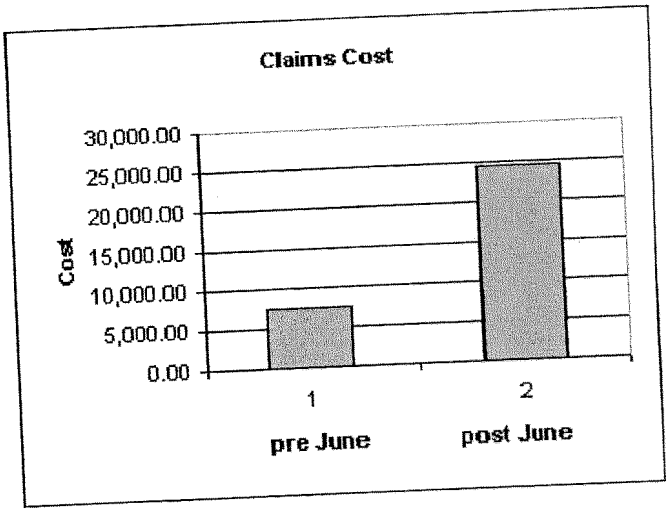




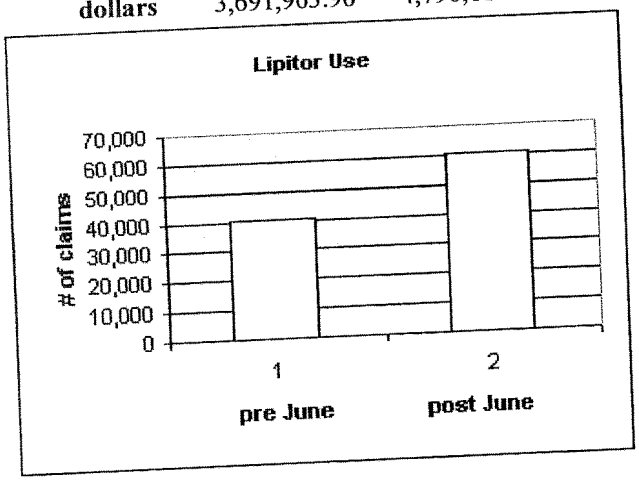
Advicor Use:

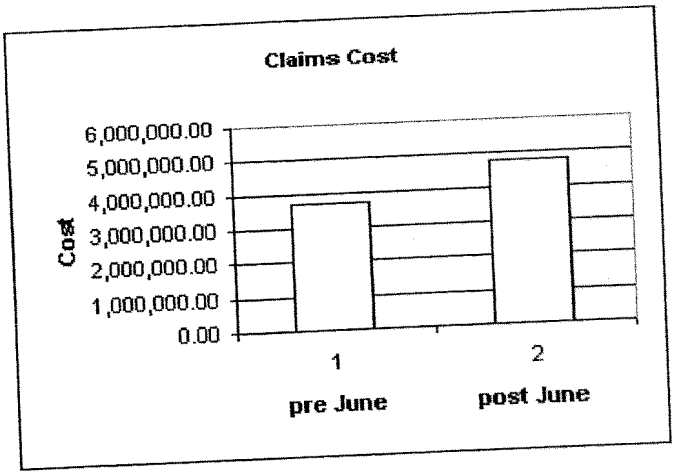
	Pre-June	Post-June
Claims count	135	494
dollars	7,420.70	24,537.20





	Lipitor Use: Pre-June	Post-June
Claims count	40,235	60,405
dollars	3,691,963.96	4,796,164.70





Summary of Statin Use for Pre and Post June

- There was a 12% increase in claims of Zocor® from Pre-June to Post-June resulting in an increase in total cost equaling $203,553.45
- There was a 12% increase in claims of Pravachol® from Pre-June to Post-June resulting in an increase in total cost equaling $151,570.20
- There was a 21.3% increase in claims of Lovastatin from Pre-June to Post-June resulting in an increase in total cost equaling $29,115.20
- There was a 57% increase in claims of Advicor® from Pre-June to Post-June resulting in an increase in total cost equaling $17,116.50
- There was a 20% increase in claims of Lipitor® from Pre-June to Post-June resulting in an increase in total cost equaling $1,104,200.74

Pharmacy Program Updates

Early Refill/Renewal

Medicaid provides up to a 34-day supply of medication to Medicaid beneficiaries. 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.

By law, Schedule II narcotics cannot be refilled; therefore, Medicaid will not pay for a prescription refill for any Schedule II narcotic. Nor will Medicaid pay for a new prescription until 85% of the days supply has elapsed.

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.[1]

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.[2]

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.

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[1] ©2002 Cephalon, Inc. Boxed Warning on Prescribing Information for Actiq
[2] ©2002 Cephalon, Inc. Prescribing Information for Actiq

Anti-Secretory Therapy (Proton Pump Inhibitors)

Beneficiary must have diagnosis of:

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

Current List of Medications on Prior Authorization

ACTIQ
EFFECTIVE 4-7-03
ACTIQ

BRAND ANTIHISTAMINES
EFFECTIVE 8-1-02
CLARINEX
ALLEGRA
ASTELIN NS
ZYRTEC
CLARITIN
CLARITIN-D
ZYRTEC-D
ALLEGRA-D

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 THE LEAST EXPENSIVE

BRAND NSAIDS
EFFECTIVE 6-1-02
ARTHROTEC
LODINE XL
MOBIC
PONSTEL

BRAND ORAL SR OPIOID AGONISTS
EFFECTIVE 11-1-02
OXYCONTIN
MS CONTIN
ORAMORPH SR
KADIAN
AVINZA

IMMUNOSUPPRESSANTS
EFFECTIVE 6-1-02
NEORAL
SANDIMMUNE
GENGRAF
CYCLOSPORINE

NUTRITIONALS*
EFFECTIVE 6-1-02
PEDIASURE
ENSURE
ISOCAL
TWOCAL HN
BOOST
JEVITY
KINDERCAL
GLUCERNA
ULTRACAL
POLYCOSE
*THIS LIST IS NOT ALL INCLUSIVE

PPI
EFFECTIVE 6-1-02
ACIPHEX
PREVACID
PRILOSEC
NEXIUM
PROTONIX
PREVPAC
H2 ANTAGONISTS*
*WILL NOT REQUIRE PA EFFECTIVE 4-7-03
ZANTAC LIQUID
PEPCID LIQUID

SYNAGIS
EFFECTIVE 6-1-02
SYNAGIS

COX-2 INHIBITORS
EFFECTIVE 6-1-02
VIOXX
CELEBREX
BEXTRA

ENBREL
EFFECTIVE 6-1-02
ENBREL

XENICAL
EFFECTIVE 6-1-02
XENICAL

Boxed Warning Description and Update

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

Citation: Title 21 CFR 201.57 Section E

(e) Warnings. Under this section heading, the labeling shall describe serious adverse reactions and potential safety hazards, limitations in use imposed by them, and steps that should be taken if they occur. The labeling shall be revised to include a warning as soon as there is reasonable evidence of an association of a serious hazard with a drug; a causal relationship need not have been proved. A specific warning relating to a use not provided for under the ``Indications and Usage'' section of 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.

Cafergot (ergotamine tartrate and caffeine)

Audience: Neurologists and other healthcare professionals
FDA and Novartis strengthened the labeling, including a new **BOXED WARNING** and updates to the **CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, and CLINICAL PHARMACOLOGY** sections of the prescribing information.

Serious and/or life-threatening peripheral ischemia has been associated with the co administration of Cafergot with potent CYP 3A4 inhibitors including protease inhibitors and macrolide antibiotics. Because CYP 3A4 inhibition elevates the serum levels of Cafergot, the risk for vasospasm leading to cerebral ischemia and/or ischemia of the extremities is increased. Because of the increased risk of serious vasospastic adverse events, concomitant use of these medications is contraindicated.

[October 2002 Letter - Novartis]

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 the time frame of 09/12/2002 to the present.

Suggested Interventions
March 20, 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 = 8 recipients

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

  ICER Report Criteria Exception Risk Count = 654 recipients (overutilization)

  ICER Report Criteria Exception Risk Count = 431 recipients (duplication)

- **Therapeutic Duplication of Antiulcer Agents** – upon completing the RDUR for this past month it was apparent that some patients were receiving duplicate therapy within this class.

  ICER Report Criteria Exception Risk Count = 621 recipients

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

  ICER Report Criteria Exception Risk Count = 1,119 recipients

- **Therapeutic Duplication of Atypical Antipsychotics** – the use of duplicate therapy within this class has been demonstrated by data provided in this report. Thus further monitoring is recommended in order to track progress of possible educational interventions.

  ICER Report Criteria Exception Risk Count = 1,637 recipients

- **The Overutilization of Narcotic Agents**

  ICER Report Criteria Exception Risk Count = 474 recipients

- **The Overutilization of Anxiolytic agents**

  ICER Report Criteria Exception Risk Count = 116 recipients

- **Therapeutic Duplication of Anxiolytic Agents**

  ICER Report Criteria Exception Risk Count = 748 recipients

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Drug Utilization Review Program

Criteria 124 – ACE Inhibitors and Pregnancy

March 20, 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 your patient,* **JANE PUBLIC**, *is receiving drug(s):* **ALTACE**. *ACE inhibitors should be avoided during pregnancy because of the risk of adverse fetal effects.* In presenting this information to you, we recognize that the management of each patient's drug therapy depends upon an assessment of the patient's entire clinical situation about which we are not fully aware.

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

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

RX #(s): [rx_no_a]

Sincerely,

W. Murray Yarbrough M.D.

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

Case#: [case_no]

Office of the Governor
Division of Medicaid

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Drug Utilization Review Program

Criteria 305 – Overutilization of Carisoprodol

March 20, 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**, *has been receiving* **CARISOPRODOL** *chronically without a specific diagnosis or procedure in our records to suggest or support this use. Carisoprodol is usually intended for short term use. Carisoprodol is metabolized by the liver to meprobamate and patients may be at risk for developing dependence.* We routinely notify practitioners of such continued use by the patient to ensure that this regimen is still desired. 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.

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RX #(s): [rx_no_a]

Sincerely,

W. Murray Yarbrough M.D.

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

Office of the Governor
Division of Medicaid

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Drug Utilization Review Program

Criteria 620 – Therapeutic Duplication of Skeletal Muscle Relaxants

March 20, 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**, *is apparently taking the following drugs which have the same or similar therapeutic effects:* **CARISOPRODOL AND TIZANIDINE.** *Therapeutic duplication of skeletal muscle relaxants may be occurring.* 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.

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

Office of the Governor
Division of Medicaid

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Drug Utilization Review Program

Criteria 463 – Therapeutic Duplication of Anti-Ulcer Meds

March 20, 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**, *is apparently taking the following drugs which have the same or similar therapeutic effects:* **ZANTAC and PRILOSEC.** *Therapeutic duplication of antiulcer agents may be occurring.* 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.

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

Office of the Governor
Division of Medicaid

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Drug Utilization Review Program

Criteria 564 – Overutilization of Ambien or Sonata

March 20, 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** *is receiving* **AMBIEN.** *The failure of insomnia to remit after 7 to 10 days of treatment may indicate the need to evaluate for an unrecognized primary psychiatric or medical illness.* 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.

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

RX #(s): [rx_no_a]

Sincerely,

W. Murray Yarbrough M.D.

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

Case#: [case_no]

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Drug Utilization Review Program

Criteria 454 – Therapeutic Duplication of Atypical Antipsychotics

March 20, 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**, *is apparently taking the following drugs which have the same or similar therapeutic effects:* **ZYPREXA AND RISPERDAL.** *Therapeutic duplication of atypical antipsychotic agents may be occurring.* 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.

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W. Murray Yarbrough M.D.

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

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Division of Medicaid

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Drug Utilization Review Program

Criteria 85 – Overutilization of Narcotics

March 20, 2003

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

DEAR PRESCRIBER DOCTER:

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**, *has been receiving* **LORTAB** *chronically without a specific diagnosis or procedure in our records to suggest or support this use. Narcotic agents may be overutilized.* We routinely notify practitioners of such continued use by the patient to ensure that this regimen is still desired. 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.

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Sincerely,

W. Murray Yarbrough M.D.

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

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Division of Medicaid

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Drug Utilization Review Program

Criteria 88 – Overutilization of Anxiolytics

March 20, 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**, *has been receiving* **DIAZEPAM** *chronically without a specific diagnosis or procedure in our records to suggest or support this use. Anxiolytic agents may be overutilized.* We routinely notify practitioners of such continued use by the patient to ensure that this regimen is still desired. 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.

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RX #(s): [rx_no_a]

Sincerely,

W. Murray Yarbrough M.D.

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

Case#: [case_no]

Health Information Designs, Inc.

Therapeutic duplication of anxiolytic agents

Date of service	RX number	NDC	Drug	QTY	DAYS	Pharmacy #	Prescriber #
1/15/2003	0636655	00045152550	LEVAQUIN 500MG	14	14	0090034	0019999
1/11/2003	0407618	59762371804	TRIAZOLAM 0.25	30	30	0090034	0019999
12/30/2002	0089219	00228205350	DIAZEPAM 10MG	120	30	0330371	0019999
12/24/2002	0407458	00781144213	TRIAZOLAM 0.25	30	30	0090034	0019999
12/24/2002	0407458	00591562010	DIAZEPAM 10MG	120	30	0090034	0019999
11/27/2002	0407458	00781144213	TRIAZOLAM 0.25MG	30	30	0090034	0019999
11/27/2002	0407458	00591562010	DIAZEPAM 10MG	120	30	0090034	0019999
11/27/2002	0088985	00074632613	ERYTHROMYCIN 259MG	28	7	0330371	0019999
11/4/2002	0001625	00074508216	TAZICEF 1G	7	7	0330473	0019999
10/31/2002	0042692	59011010310	OXYCONTIN 20MG	93	31	0030006	0019999
10/25/2002	0407458	00781144213	TRIAZOLAM 0.25MG	30	30	0090034	0019999
10/25/2002	0407458	00591562010	DIAZEPAM 10MG	120	30	0090034	0019999
10/4/2002	0691243	00085045803	CLARITIN 10MG	30	30	0330346	0122193
9/30/2002	0291922	59011010310	OXYCONTIN 20MG	93	31	0330346	0122193
9/28/2002	0407458	00781144213	TRIAZOLAM 0.25MG	30	30	0090034	0019999
9/28/2002	0407458	00591562010	DIAZEPAM 10MG	120	30	0090034	0019999
9/9/2002	0088420	00026851251	CIPRO 250MG	28	14	0330371	0019999
8/30/2002	0691243	00085045803	CLARITIN 10MG	30	30	0330346	0122193
8/30/2002	0291243	59011010310	OXYCONTIN 20MG	93	31	0330346	0122193
8/8/2002	0635333	00085045806	CLARITIN 10MG	30	30	0090034	0019999
8/5/2002	0407433	00781144213	TRIAZOLAM 0.25MG	30	30	0090034	0019999
8/2/2002	0490679	00228205350	DIAZEPAM 10MG	120	30	0330346	0122193
8/2/2002	0290680	59011010310	OXYCONTIN 20MG	93	31	0330346	0122193
7/7/2002	0690138	00026851251	CIPRO 250MG	28	14	0330346	0122193
7/5/2002	0087356	00085045806	CLARITIN 10MG	30	30	0330371	0019999
7/3/2002	0041666	59011010310	OXYCONTIN 20MG	93	31	0030006	0019999
6/22/2002	0087356	00378047705	DIAZEPAM 10MG	120	30	0330371	0019999
6/3/2002	0087356	00085045806	CLARITIN 10MG	30	30	0330371	0019999
6/3/2002	0087356	00378047705	DIAZEPAM 10MG	120	30	0330371	0019999
6/3/2002	0289398	59011010310	OXYCONTIN 20MG	93	31	0330346	0122193
5/3/2002	0087554	59011010310	OXYCONTIN 20MG	93	31	0330371	0019999
5/3/2002	0087356	00085045806	CLARITIN 10MG	30	30	0330371	0019999
5/3/2002	0087356	00378047705	DIAZEPAM 10MG	120	30	0330371	0019999
5/3/2002	0087356	00186074231	PRILOSEC 20MG	30	30	0330371	0019999

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Criteria 167 – Therapeutic Duplication of Anxiolytic Agents

March 20, 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**, *is apparently taking the following drugs which have the same or similar therapeutic effects:* **ALPRAZOLAM AND LORAZEPAM.** *Therapeutic Duplication of anxiolytic agents may be occurring.* 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.

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RX #(s): [rx_no_a]

Sincerely,

W. Murray Yarbrough M.D.

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