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

September 18, 2003

Welcome	**Tim Alford, MD**
Old Business	
Reading & Approval of Minutes of June 19, 2003 DUR Board Meeting	**Lew Anne Snow, RN**
Update on Atypical Antipsychotic Duplication	**Derek Martin, R.Ph.**
Update on use of Generic Provider ID	**Derek Martin, R.Ph.**
Pharmacy Program Updates	**Judith Clark, R.Ph.**
New Business	
Prior authorization denials	**Lew Anne Snow, RN**
Narcotic Prescribing Patterns	**Derek Martin, R.Ph.**
Statin Utilization	**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.**
Next Meeting Information	**Tim Alford, MD**

June 19, 2003

Minutes of the June 19, 2003
Drug Utilization Review (DUR) Board Meeting

Members Attending: Tim Alford, M.D., Bob Broadus, RPh, Montez Carter R.Ph, Dianna McGowan, RPh,Joe McGuffee, RPh, John Mitchell, M.D., Lee Ann Ramsey, RPh, Sara Weisenberger, M.D.,and Cynthia Undesser., M.D.,

Members Absent: Clarence DuBose, RPh, and Andrea Phillips, M.D.

Also Present: Derek Martin, RPh, Lew Anne Snow, RN and Kathleen Burns, RN –HID Phyllis Williams, Judy Clark, RPh, Gay Gipson, Rica Lewis-Payton – DOM

Dr. Alford called the meeting to order at 2:02 p.m.

Approval of minutes of last meeting (March 20, 2003): Bob Broadus made a motion to accept the minutes as written. John Mitchell seconded the motion. All voted in favor of approval.

Reports:
PA Process:
Lew Anne Snow gave a report on the prior authorization process. This report included numerous steps taken to facilitate the PA process for all Mississippi providers. Also included was an example of a new PA forms developed in an effort to aid providers in completing the request form. Health Information Designs, Inc. will be available to assist providers with the PA process at the Division of Medicaid Provider workshops to be held in August 2003. A draft of the HID newsletter was included as an illustration of ongoing provider education regarding the PA process. It was reported that the prescribing physicians will now be notified by HID when a PA submitted is either approved or denied.
Judy Clark, Pharmacy Bureau Director of the Division of Medicaid, stated that DOM is considering implementing the use of a (9) digit NDC specific PA number to assist pharmacy providers in submission of pharmacy claims.

Pharmacy Program Updates:
Judy Clark, Pharmacy Bureau Director of the Division of Medicaid, reported that effective June 1, 2003, the all Extension of Benefits Prior authorizations will be approved for 12 months. The PDL, with a tiered co-pay system, went into effect in June 2003. Rica Lewis-Payton, Executive Director Division of Medicaid, explained that the PDL is strictly a voluntary list and will remain voluntary as long as DOM sees significant compliance from physicians.

New Business:

Report on Narcotic Prescribing Patterns:

Derek Martin presented a summary of the narcotic prescribing behavior of MS physicians. The study which identified physicians by specialty type, focused on what percentage of all prescriptions written by these providers were narcotics prescriptions. From February 2003 through April 2003, the average narcotic utilization was above the national average of narcotic prescriptions.

Recommendation: Bob Broadus made a motion that HID define criteria for the DUR Board to pursue in identifying physicians and their narcotic prescribing behaviors. Joe McGuffee seconded the motion. All voted in favor of motion.

Black Box Warnings or Boxed Warning Update:

Derek Martin reported on the Black Box warnings issued by the FDA since the last DUR Board meeting in March 2003.

Interventions:

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

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

Recommendation: Bob Broadus made a motion to accept all suggested interventions. Montez Carter seconded the motion. All voted in favor of motion

Statistical Report:

Derek Martin presented an Intervention Activity report regarding the intervention letters sent to physicians from January thru March 2003. The report indicated that there were 2769 letters sent to prescribers. The use of the default prescriber number by pharmacies when submitting claims was identified as a continual hindrance in identifying which prescribing physicians should receive an intervention letter.

TREND SUMMARY:
Lew Anne Snow presented a report on all therapeutic drug classes that require prior authorization. The report indicated each drug class by prescription cost and prescription count from January 2002 through March 2003.

DUR Board Members:
Phyllis Williams asked the current members of the DUR Board to consider extending their involvement for one (1) year in an effort facilitate the continuation of ideas and coordination of ongoing thought processes. She explained that this was also proposed to the P&T Committee so that they might continue with their business at hand in an orderly fashion. Those who have concerns with this extension were asked to notify Phyllis Williams.

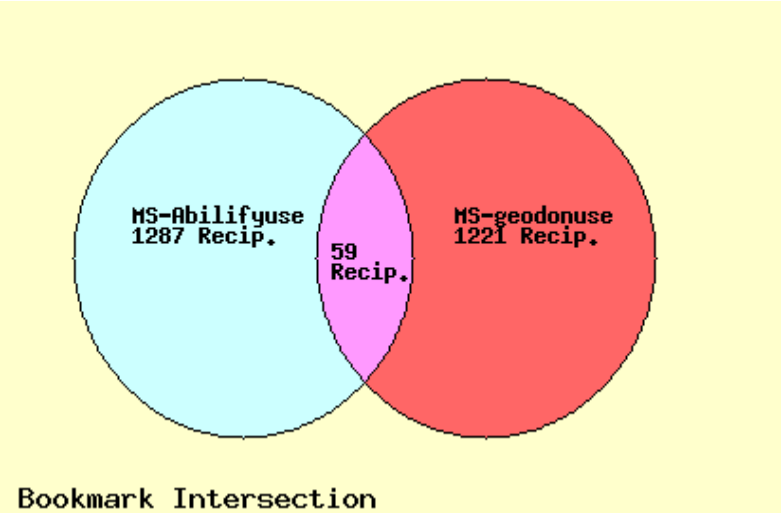
Next Meeting Information:
Dr Alford reminded the board of the next meeting on September 18, 2003 at 2:00 p.m.

There being no other business, Dr. Alford asked for a motion to adjourn the meeting, Bob Broadus made a motion to adjourn. Montez Carter seconded the motion. All voted in favor of approval. The meeting was then adjourned at 3:22p.m.

Respectfully submitted:
Health Information Designs

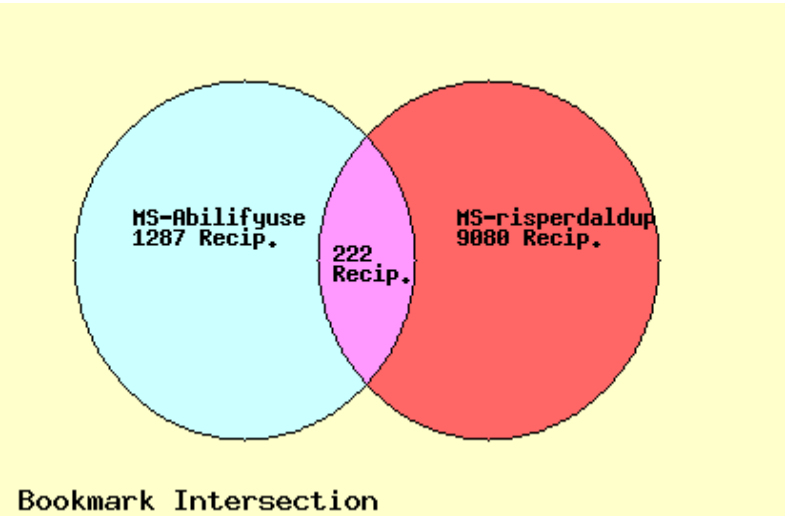
Therapeutic Duplication of Atypical Antipsychotics for 3/01/03 to 05/31/03

RECIPIENTS RECEIVING ABILIFY AND GEODON



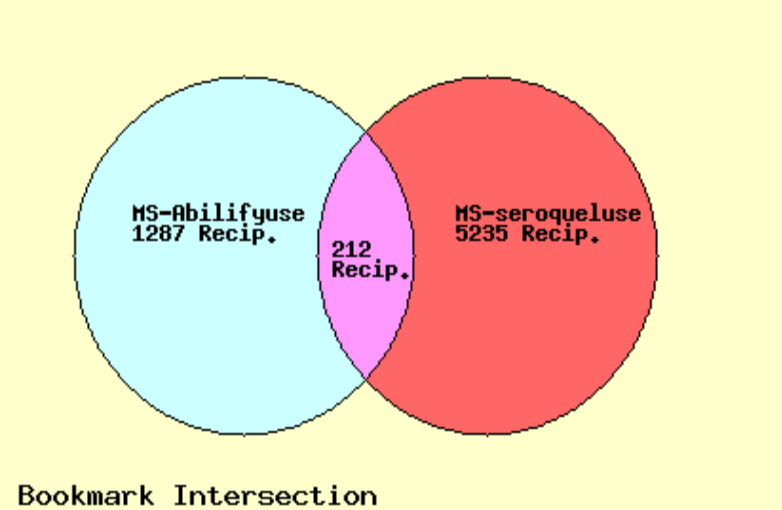
RX	# of Recipients		percentage receiving both by age
Abilify	1287	0-21 yo	10.20%
Geodon	1221	21-65 yo	84.70%
Both	59	65< yo	5.10%

RECIPIENTS RECEIVING ABILIFY AND RISPERDAL



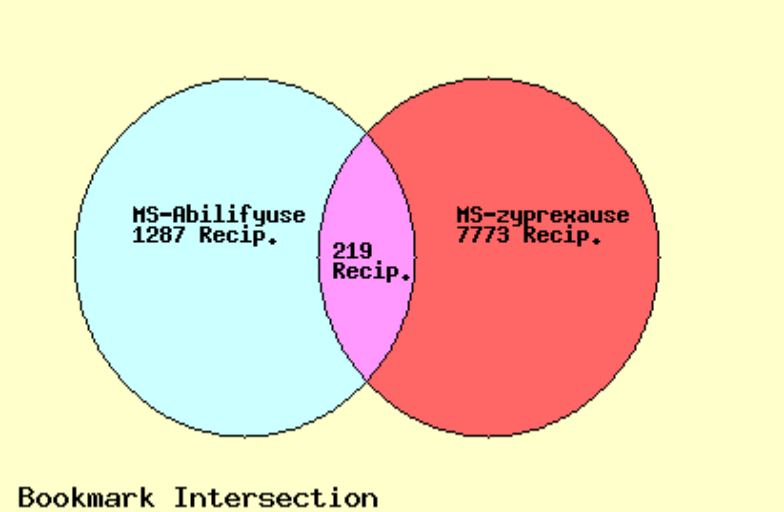
RX	# of Recipients		percentage receiving both by age
Abilify	1287	0-21 yo	12.60%
Risperdal	9080	21-65 yo	65.80%
Both	222	65< yo	21.60%

RECIPIENTS RECEIVING ABILIFY AND SEROQUEL



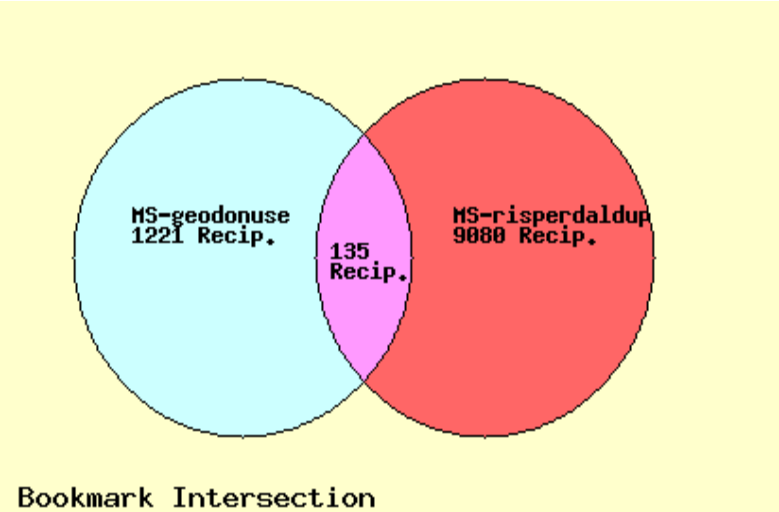
RX	# of Recipients		percentage receiving both by age
Abilify	1287	0-21 yo	15.60%
Seroquel	5235	21-65 yo	75.90%
Both	212	65< yo	8.50%

RECIPIENTS RECEIVING ABILIFY AND ZYPREXA



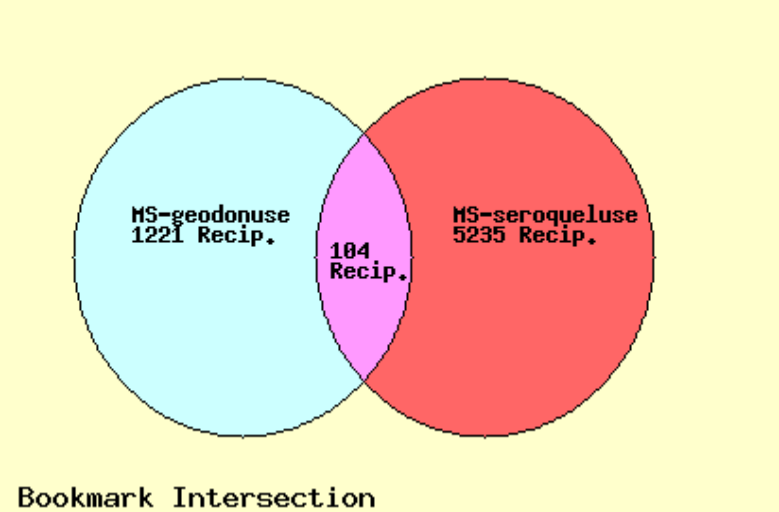
RX	# of Recipients		percentage receiving both by age
Abilify	1287	0-21 yo	9.10%
Zyprexa	7773	21-65 yo	79.00%
Both	219	65< yo	11.90%

RECIPIENTS RECEIVING GEODON AND RISPERDAL



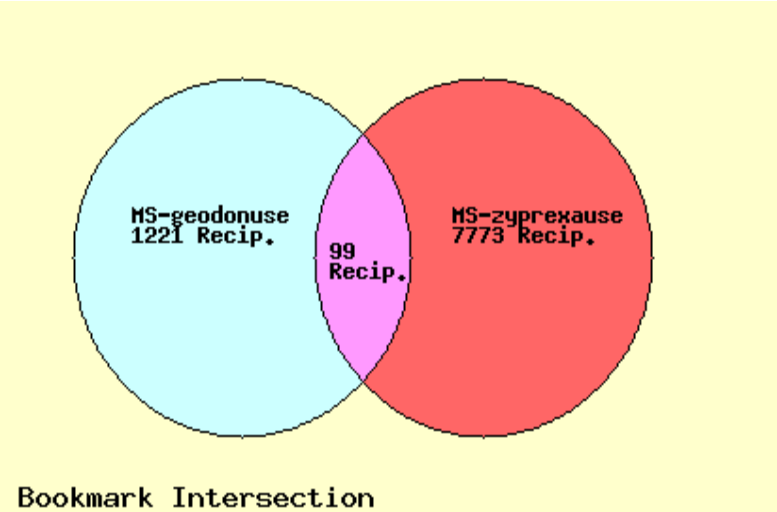
RX	# of Recipients		percentage receiving both by age
Geodon	1221	0-21 yo	15.6%
Risperdal	9080	21-65 yo	71.9%
Both	135	65< yo	12.5%

RECIPIENTS RECEIVING GEODON AND SEROQUEL



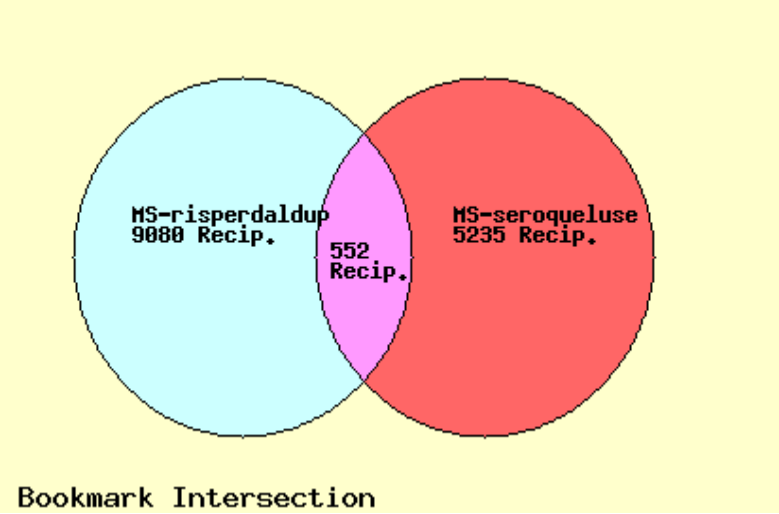
RX	# of Recipients		percentage receiving both by age
Geodon	1221	0-21 yo	8.2%
Seroquel	5235	21-65 yo	67.3%
Both	104	65< yo	24.5%

RECIPIENTS RECEIVING GEODON AND ZYPREXA



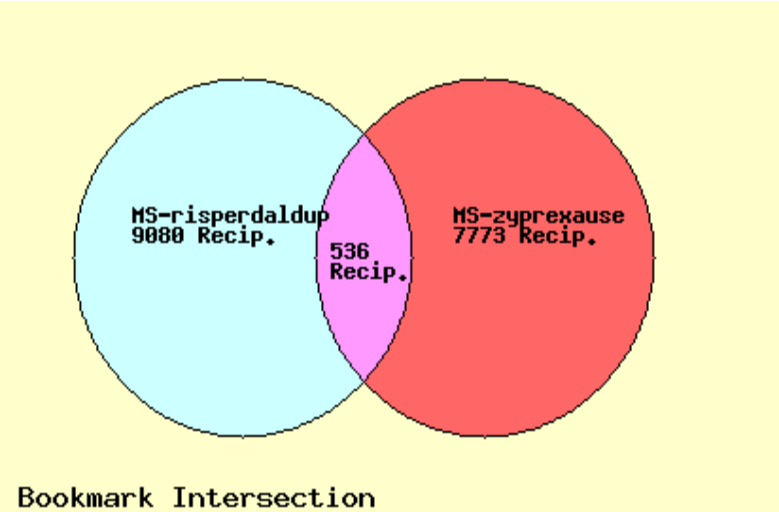
RX	# of Recipients		percentage receiving both by age
Geodon	1221	0-21 yo	8.1%
Zyprexa	7773	21-65 yo	78.8%
Both	99	65< yo	13.1%

RECIPIENTS RECEIVING RISPERDAL AND SEROQUEL



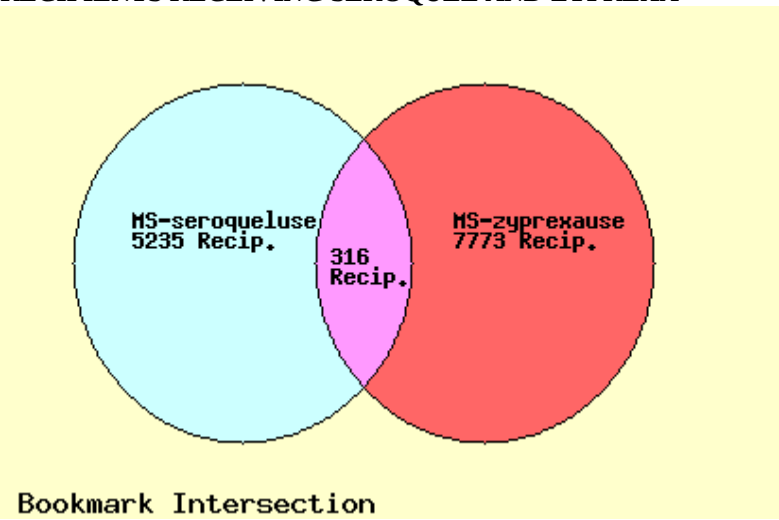
RX	# of Recipients		percentage receiving both by age
Risperdal	9080	0-21 yo	12.9%
Seroquel	5235	21-65 yo	57.9%
Both	552	65< yo	29.2%

RECIPIENTS RECEIVING RISPERDAL AND ZYPREXA



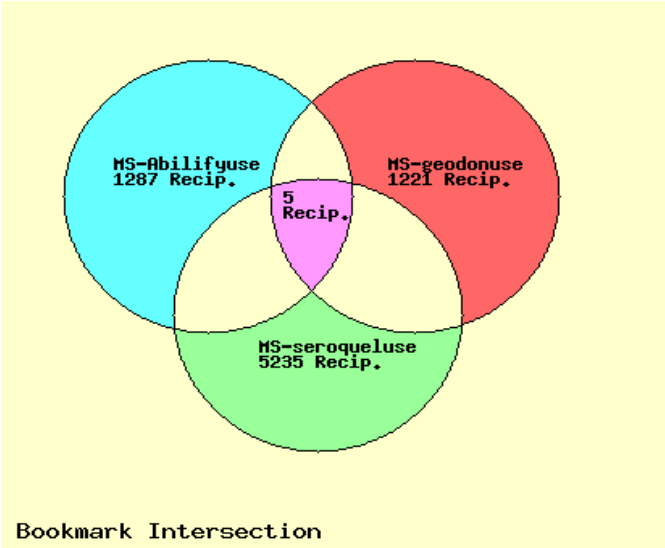
RX	# of Recipients		percentage receiving both by age
Risperdal	9080	0-21 yo	10.1%
Zyprexa	7773	21-65 yo	53.7%
Both	536	65< yo	36.2%

RECIPIENTS RECEIVING SEROQUEL AND ZYPREXA



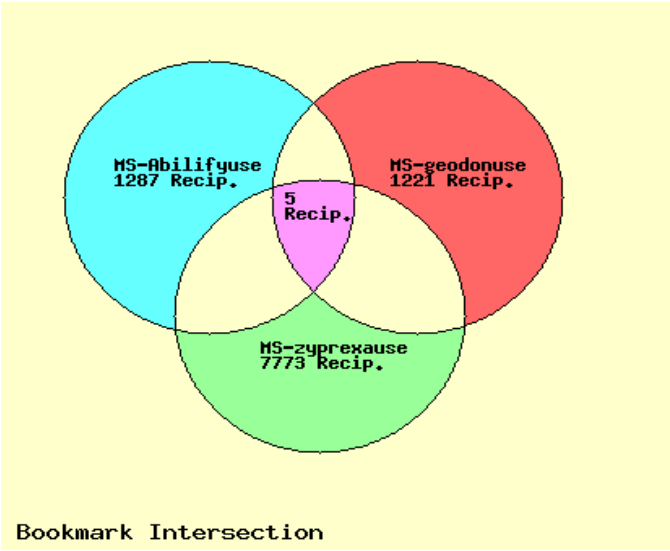
RX	# of Recipients		percentage receiving both by age
Seroquel	5235	0-21 yo	10.4%
Zyprexa	7773	21-65 yo	65.2%
Both	316	65< yo	24.4%

ABILIFY, GEODON, AND SEROQUEL



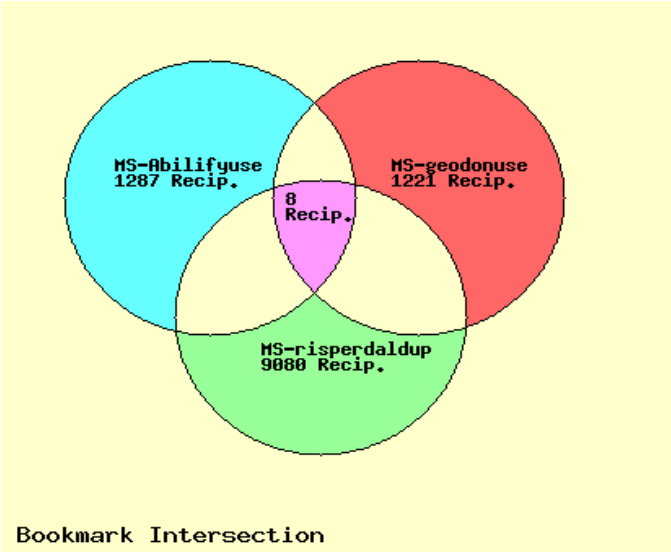
RX	# of Recipients		percentage receiving both by age
Abilify	1287	0-21 yo	20%
Geodon	1221	21-65 yo	80%
Seroquel	5235	65< yo	0%
All	5		

ABILIFY, GEODON, AND ZYPREXA



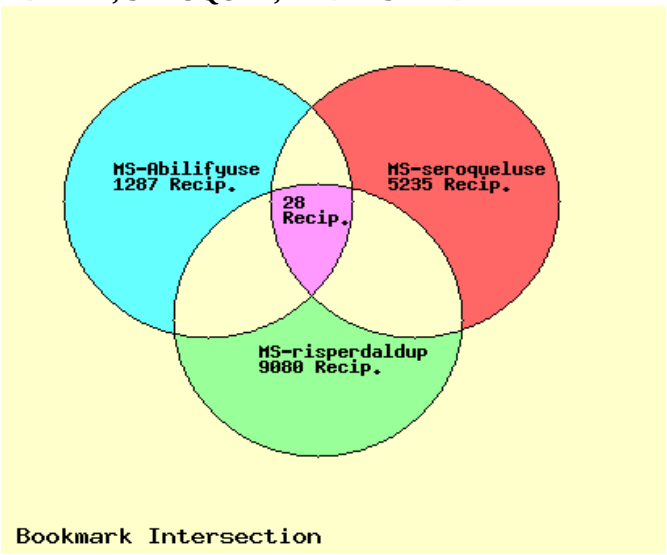
RX	# of Recipients		percentage receiving both by age
Abilify	1287	0-21 yo	0%
Geodon	1221	21-65 yo	100%
Zyprexa	7773	65< yo	0%
All	5		

ABILIFY, GEODON, AND RISPERDAL



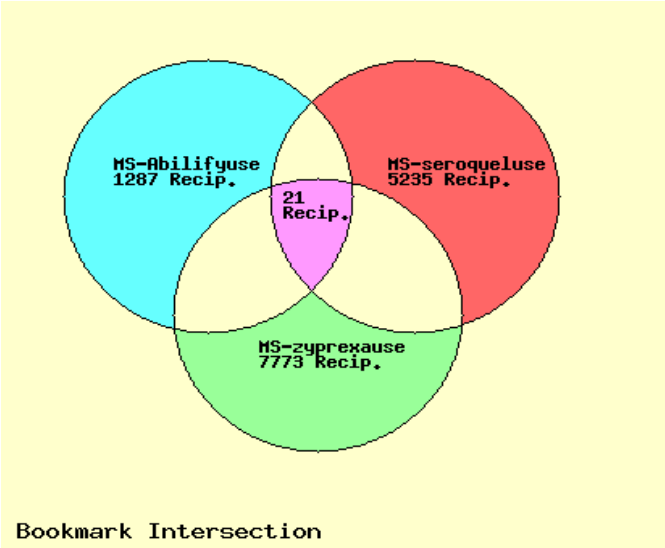
RX	# of Recipients		percentage receiving both by age
Abilify	**1287**	**0-21 yo**	**12.5%**
Geodon	**1221**	**21-65 yo**	**87.5%**
Risperdal	**9080**	**65< yo**	**0%**
All	**8**		

ABILIFY, SEROQUEL, AND RISPERDAL



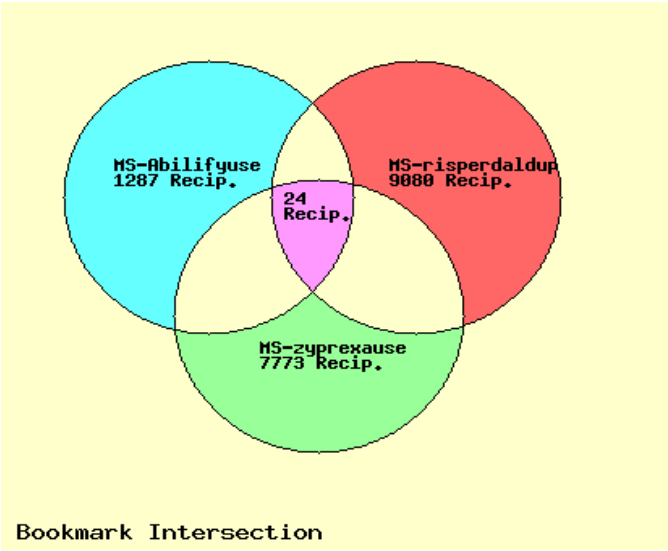
RX	# of Recipients		percentage receiving both by age
Abilify	**1287**	**0-21 yo**	**10.7%**
Seroquel	**5235**	**21-65 yo**	**82.2%**
Risperdal	**9080**	**65< yo**	**7.1%**
All	**28**		

ABILIFY, SEROQUEL, AND ZYPREXA



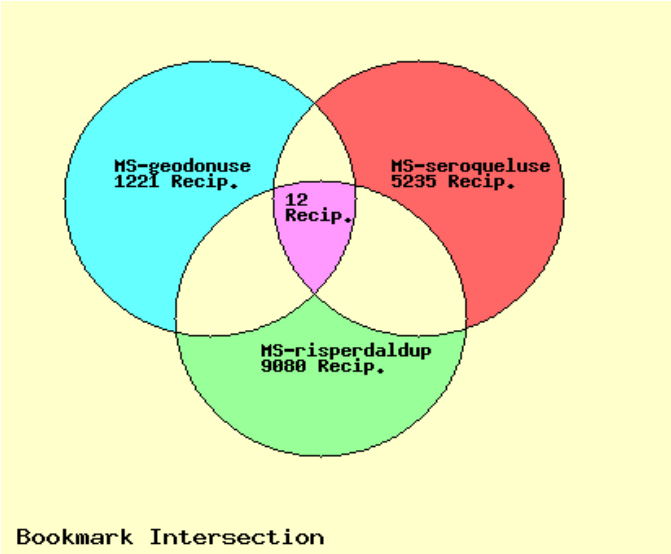
RX	# of Recipients		percentage receiving both by age
Abilify	**1287**	**0-21 yo**	**9.5%**
Seroquel	**5235**	**21-65 yo**	**90.5%**
Zyprexa	**7773**	**65< yo**	**0%**
All	**21**		

ABILIFY, RISPERDAL, AND ZYPREXA



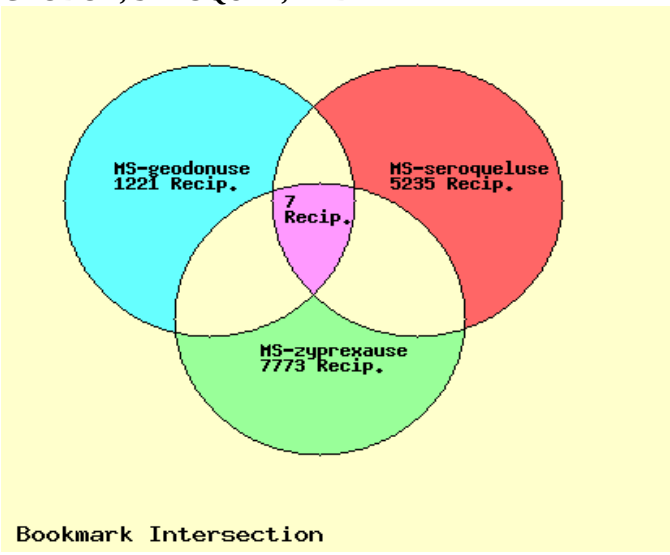
RX	# of Recipients		percentage receiving both by age
Abilify	**1287**	**0-21 yo**	**12.5%**
Risperdal	**9080**	**21-65 yo**	**66.7%**
Zyprexa	**7773**	**65< yo**	**20.8%**
All	**24**		

GEODON, SEROQUEL, AND RISPERDAL



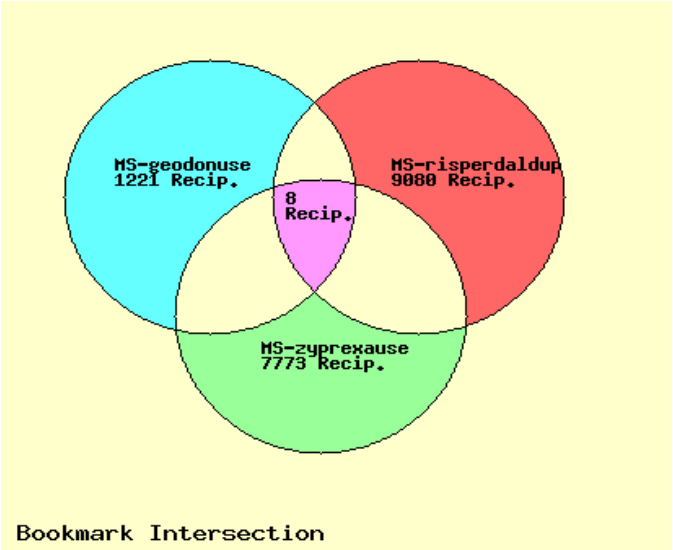
RX	# of Recipients		percentage receiving both by age
Geodon	1221	0-21 yo	0%
Seroquel	5235	21-65 yo	58.3%
Risperdal	9080	65< yo	41.7%
All	12		

GEODON, SEROQUEL, AND ZYPREXA



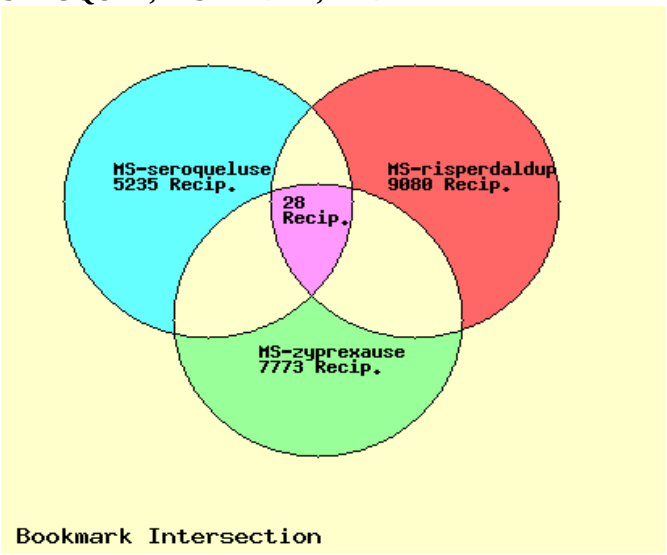
RX	# of Recipients		percentage receiving both by age
Geodon	1221	0-21 yo	14.3%
Seroquel	5235	21-65 yo	57.1%
Zyprexa	7773	65< yo	28.6%
All	7		

GEODON, RISPERDAL, AND ZYPREXA



RX	# of Recipients		percentage receiving both by age
Geodon	1221	0-21 yo	12.5%
Risperdal	9080	21-65 yo	50.0%
Zyprexa	7773	65< yo	37.5%
All	8		

SEROQUEL, RISPERDAL, AND ZYPREXA



RX	# of Recipients		percentage receiving both by age
Seroquel	5235	0-21 yo	0%
Risperdal	9080	21-65 yo	50%
Zyprexa	7773	65< yo	50%
All	28		

Summary by Prescriber Specialty

Provider Specialty	# of Duplicate Scripts	Provider Specialty	# of Duplicate Scripts
DEFAULT PROVIDER	4707	NEPHROLOGY	196
GENERAL PRACTITIONER	765	DERMATOLOGIST	6
CARDIOLOGIST	19	GASTROENTEROLGIST	9
RADIOLOGIST	4	FAMILY PRACTICE	2313
PEDIATRICIAN	105	PHYSICAL MEDICINE & REHAB	6
PSYCHIATRIST	1996	EMERGENCY MEDICINE	14
OB/GYN	26	NEUROLOGY, CHILD	4
GENERAL SURGEON	50	PEDIATRIC DENTIST	8
NEUROLOGICAL SURGEON	38	PSYCHIATRY, CHILD	24
PLASTIC SURGEON	2	NEUROLOGIST	21
INTERNIST	765	RADIOLOGY, PEDIATRIC	1
ANESTHESIOLOGIST	160	GENERAL DENTISTRY	1
OPTHAMOLOGIST	12	PEDIATRICS, CARDIOLOGY	5
OTOLARYNGOLOGIST	5	NOT A PHYSICIAN	6
UROLOGIST	1	?	30

Summary of Atypical Utilization

09/28/03 to 12/28/02

Generic Name	Rx Num	Total Price
ARIPIPRAZOLE	186	$56,600.94
OLANZAPINE	18498	$5,796,944.84
QUETIAPINE FUMARATE	12326	$2,567,261.27
RISPERIDONE	21262	$3,844,295.38
ZIPRASIDONE HCL	2567	$568,174.27
ZIPRASIDONE MESYLATE	13	$4,300.34
		$12,837,577.04

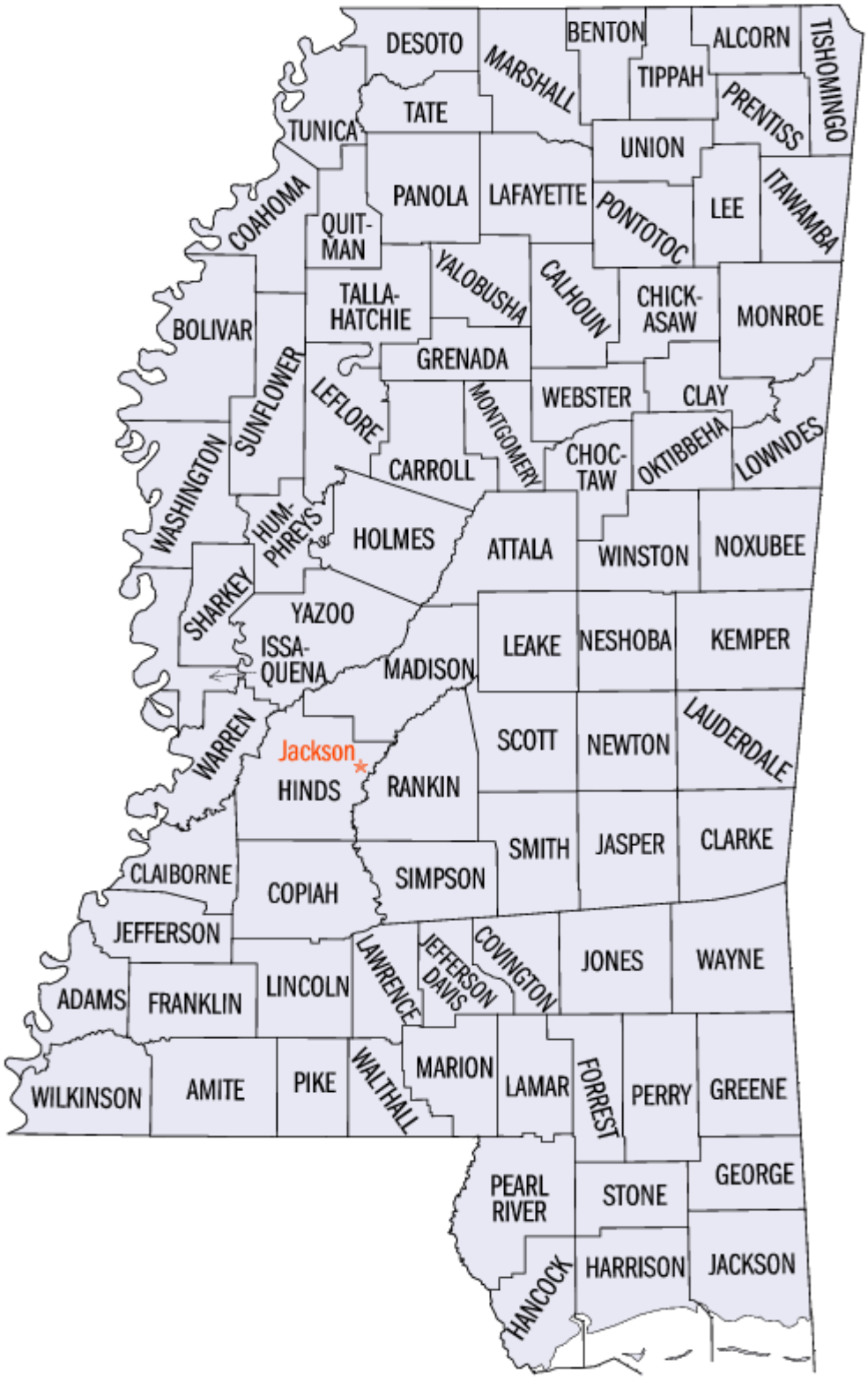
03/01/03 to 05/31/02

Generic Name	Rx Num	Total Price
ARIPIPRAZOLE	2371	$774,699.71
OLANZAPINE	18857	$5,996,248.24
QUETIAPINE FUMARATE	12924	$2,761,348.21
RISPERIDONE	21544	$4,087,465.98
ZIPRASIDONE HCL	2742	$628,054.59
ZIPRASIDONE MESYLATE	22	$3,352.52
		$14,251,169.25

- **Atypical Antipsychotics accounted for a total of $14,251,169.25 during the time period of 03/01/03 to 05/31/03 (Second Study)**
- **Atypical Antipsychotics accounted for a total of $12,837,577.04 during the time period of the first study (09/28/02 to 12/28/02)**
- **Atypical Antipsychotic utilization increased by $1,413,592.21 or 5.2% from the first study until the second study**
- **Atypical Antipsychotics in the year 2002 accounted for 8.78% of total paid pharmacy claims**

Summary by County

County	Recipient Count	County	Recipient Count
ADAMS	99	LOWNDES	94
ALCORN	103	MADISON	130
AMITE	23	MARION	113
ATTALA	48	MARSHALL	83
BENTON	29	MONROE	85
BOLIVAR EAST	100	MONTGOMERY	26
CALHOUN	40	NESHOBA	83
CARROLL	34	NEWTON	97
CHICKASAW EAST	41	NOXUBEE	38
CHOCTAW	23	OKTIBBEHA	58
CLAIBORNE	30	PANOLA	74
CLARKE	35	PEARL RIVER	112
CLAY	54	PERRY	39
COAHOMA	68	PIKE	84
COPIAH	104	PONTOTOC	36
COVINGTON	40	PRENTISS	58
DESOTO	99	QUITMAN	18
FORREST	300	RANKIN	330
FRANKLIN	17	SCOTT	72
GEORGE	68	SHARKEY	13
GREENE	27	SIMPSON	135
GRENADA	96	SMITH	47
HANCOCK	29	STONE	39
HARRISON	342	SUNFLOWER	59
HINDS	963	TALLAHTCHIE	32
HOLMES	81	TATE	37
HUMPHREYS	14	TIPPAH	89
ISSAQUENA	2	TISHOMINGO	40
ITAWAMBA	42	TUNICA	14
JACKSON	260	UNION	44
JASPER	56	WALTHALL	29
JEFFERSON	16	WARREN	120
JEFFERSON DAVIS	52	WASHINGTON	95
JONES	198	WAYNE	40
KEMPER	18	WEBSTER	24
LAFAYETTE	62	WILKINSON	21
LAMAR	69	WINSTON	69
LAUDERDALE	261	YALOBUSHA	35
LAWRENCE	47	YAZOO	65
LEAKE	67	BOLIVAR WEST	0
LEE	187	CHICKASAW WEST	0
LEFLORE	96	FOSTER CHILDREN	20
LINCOLN	114		


DESOTO
MARSHALL
BENTON
ALCORN
TISHOMINGO
TIPPAH
PRENTISS
TATE
TUNICA
UNION
COAHOMA
PANOLA
LAFAYETTE
PONTOTOC
LEE
ITAWAMBA
QUIT-MAN
YALOBUSHA
CALHOUN
CHICK-ASAW
MONROE
TALLA-HATCHIE
BOLIVAR
GRENADA
SUNFLOWER
LEFLORE
MONTGOMERY
WEBSTER
CLAY
WASHINGTON
CARROLL
CHOC-TAW
OKTIBBEHA
LOWNDES
HUM-PHREYS
HOLMES
ATTALA
WINSTON
NOXUBEE
SHARKEY
YAZOO
LEAKE
NESHOBA
KEMPER
ISSA-QUENA
MADISON
WARREN
SCOTT
NEWTON
LAUDERDALE
Jackson
HINDS
RANKIN
SMITH
JASPER
CLARKE
CLAIBORNE
COPIAH
SIMPSON
JEFFERSON
LAWRENCE
JEFFERSON DAVIS
COVINGTON
JONES
WAYNE
ADAMS
FRANKLIN
LINCOLN
WILKINSON
AMITE
PIKE
WALTHALL
MARION
LAMAR
FORREST
PERRY
GREENE
PEARL RIVER
STONE
GEORGE
HARRISON
JACKSON
HANCOCK

Default Provider ID Update

- **Attached is a copy of the approved Pharmacy letter that was sent on August 14, 2003**

- **All pharmacies utilizing the generic ID at a percentage of 40% and greater were targeted with these letters**

- **185 Pharmacies received letter**

- **The letter indicated the number of Medicaid claims submitted for each pharmacy and the percentage of those Medicaid claims that were submitted using the generic ID. The state wide median usage of the default provider ID was included as a comparison. A current list of Medicaid provider numbers is accessible on the DOM website and through ACS:**

    1. **www.dom.state.ms.us**
    2. **ACS contact number: 1-800-884-3222**

Health Information Designs, Inc
"Using medication Information cost effectively"

P.O. Box 320506
Flowood, MS 39232

601-709-0000
800-355-0486
FAX 800-459-2135

August 6, 2003

XXXX Drug Store
Main Street
Mt. Medicaid, MS 30000

Dear Pharmacist-in-Charge:

Federal and State regulations require the Division of Medicaid to conduct retrospective drug utilization reviews (DUR). The Division of Medicaid contracts with Health Information Designs to conduct these reviews. The objectives of DUR are:

- Prevent underutilization
- Prevent overutilization
- Prevent iatrogenic effects and adverse drug reactions
- Prevent contraindicated combination use
- Prevent drug therapy contraindicated by diagnosis

Without prescriber identification numbers on pharmacy claims this cannot be adequately performed. In a recent review, approximately 60% of the claims used the default/generic prescriber identification number.

The following information was obtained during the period of 07/01/02-06/30/03.

Number of Medicaid prescriptions dispensed from your pharmacy	**4,661**
Percentage of Medicaid claims from your pharmacy using the generic/default provider number	**79.47%**
State-wide Median	**20.90%**

The Division of Medicaid's policy for identifying prescribers on pharmacy claims is enclosed. We ask that you take immediate steps to ensure accurate provider information on claims submitted for payment. Accurate prescriber identification of the prescription issuer is required.

Non-compliance may result in termination of POS privileges.

If you have any questions about this letter, please contact Derek Martin, R.Ph. at 1-800-355-0486, Ext 100.

Sincerely,

Derek L. Martin, M.Ed., R.Ph.
Health Information Designs, Inc.

Identification of Prescribers on Pharmacy Claims

The Division of Medicaid is reviewing pharmacy claims for accuracy. An analysis of the Medicaid pharmacy claims determined that a substantial number of pharmacy providers submitted claims with either an invalid prescriber number or an unknown prescriber number such as 0019999 or 1999999.

In order to decrease the use of the "generic" prescriber number for pharmacy claims, the Division of Medicaid is implementing the use of the following procedures for indicating the prescriber on prescription claims to assist pharmacists in submitting accurate claims information to DOM:

1. If the prescriber's name and provider number are listed on the Prescribing Providers Lists (Mississippi, Alabama, Arkansas, Louisiana, and Tennessee), this provider number should be filed on the pharmacy claim submitted for payment by Medicaid.

2. If the prescriber's name and provider number are not listed on the Prescribing Providers Lists, the prescriber's office should be contacted by the pharmacy to acquire the provider number. If the issuer of the prescription does not participate in Medicaid as a provider of services, the 0019999 prescriber number should be entered to the pharmacy claim.

3. If the prescriber is a member of a clinic from which the prescription was issued, but the individual physician/nurse practitioner does not have his or her own prescriber number, determine if the clinic's provider number is contained in the listing. If so, use the clinic's provider number.

4. If the prescription is issued at a hospital or ER for outpatient dispensing and that location has a provider number in the Prescribing Providers lists, utilize this number or the prescriber's provider number.

5. If no prescriber identification number is available following a good faith effort by the pharmacy staff to obtain one, the 0019999 number may be utilized.

The pharmacy is responsible for maintaining accurate and current prescriber identification capability accessible to pharmacy employees. When the utilization of the 0019999 number becomes substantial, the pharmacy provider should again attempt to obtain a Medicaid provider number for prescribers.

In order to receive a current Prescribing Provider List you may contact the fiscal agent. The list is also available at http://www.dom.state.ms.us/Provider/Publications/publications.html.

Accurate prescriber identification of the prescription issuer is required; non-compliance may result in termination of POS privileges.

ACT **Actiq** **16**

DENY CODE	DENY DESCRIPTION	COUNT
I11	According to manufacturers guidelines and FDA indications Actiq is indicated only for the management of breakthrough cancer pain in patients with malignancies	14
I7	Diagnosis/documentation does not justify medication requested and/or quantity	1
O1	Other Failed Criteria	1

ANT **Antihistamine** **387**

DENY CODE	DENY DESCRIPTION	COUNT
G4	Requires use of two prior antihistamines (may be OTC, generic or brand)	153
P1	Requires physician information-phone #, fax#, Medicaid state license #, signature	64
R2	Recipient is not Medicaid eligible	58
G6	Diagnosis/documentation does not justify medication requested and/or quantity	29
I7	Diagnosis/documentation does not justify medication requested and/or quantity	27
I8	Dosage exceeds requirements for maintenance therapy	13
G5	Requires recipient's diagnosis or substantial medical justification	11
O1	Other Failed Criteria	11
I5	Requires recipient's diagnosis and/or substantial medical justification	10
G1	Requires use of two prior NSAID/COX2 within the past 6 months (may be generic, OTC or brand name)	5
I2	Diagnosis requires documentation of testing supporting the diagnosis	4
M2	Medicaid does not cover this medication	1
R1	Requires recipient's Medicaid number	1

BRA **Multi-Source Brands** **957**

DENY CODE	DENY DESCRIPTION	COUNT
B1	Per state law a prescriber may not prescribe, a pharmacy may not fill and Medicaid may not reimburse for a Brand name drug if there is an equally effective generic equivalent available. Since there is at least one FDA AB-rated generic equivalent for this product, DOM must deny your request.	757
O1	Other Failed Criteria	117
M2	Medicaid does not cover this medication	42
R2	Recipient is not Medicaid eligible	22
P1	Requires physician information-phone #, fax#, Medicaid state license #, signature	11
I2	Diagnosis requires documentation of testing supporting the diagnosis	3
I5	Requires recipient's diagnosis and/or substantial medical justification	2
M1	Requires medication name, NDC#, quantity requested	2
G4	Requires use of two prior antihistamines (may be OTC, generic or brand)	1

COX	COX-2	1,468
DENY CODE	**DENY DESCRIPTION**	**COUNT**
G1	Requires use of two prior NSAID/COX2 within the past 6 months (may be generic, OTC or brand name)	**719**
P1	Requires physician information-phone #, fax#, Medicaid state license #, signature	**175**
R2	Recipient is not Medicaid eligible	**140**
O1	Other Failed Criteria	**114**
G6	Diagnosis/documentation does not justify medication requested and/or quantity	**79**
I7	Diagnosis/documentation does not justify medication requested and/or quantity	**68**
G5	Requires recipient's diagnosis or substantial medical justification	**63**
I2	Diagnosis requires documentation of testing supporting the diagnosis	**39**
I5	Requires recipient's diagnosis and/or substantial medical justification	**24**
M1	Requires medication name, NDC#, quantity requested	**22**
I6	Resubmit on PPI/anti-secretory form effective 4-7-03	**6**
G2	Medicaid does not allow ORAL Nutritional Supplements for recipients over 21 years old	**5**
R1	Requires recipient's Medicaid number	**4**
G4	Requires use of two prior antihistamines (may be OTC, generic or brand)	**2**
G7	Lab values do not meet required criteria	**2**
M2	Medicaid does not cover this medication	**2**
P2	Prescribing physician is not Medicaid eligible; OR State license has EXPIRED	**2**
B1	Per state law a prescriber may not prescribe, a pharmacy may not fill and Medicaid may not reimburse for a Brand name drug if there is an equally effective generic equivalent available. Since there is at least one FDA AB-rated generic equivalent for this product, DOM must deny your request.	**1**
I9	According to manufacturer's guidelines and FDA indications, the Division of Medicaid criteria maintains that the requested medication shall not exceed twice a day dosing.	**1**

EAR	Early Refill	9
DENY CODE	**DENY DESCRIPTION**	**COUNT**
O1	Other Failed Criteria	**6**
R2	Recipient is not Medicaid eligible	**2**
P1	Requires physician information-phone #, fax#, Medicaid state license #, signature	**1**

ENB	Etanercept/Enbrel	21
DENY CODE	**DENY DESCRIPTION**	**COUNT**
O1	Other Failed Criteria	**12**
P1	Requires physician information-phone #, fax#, Medicaid state license #, signature	**5**
I7	Diagnosis/documentation does not justify medication requested and/or quantity	**2**
G6	Diagnosis/documentation does not justify medication requested and/or quantity	**1**
R2	Recipient is not Medicaid eligible	**1**

NSA	NSAID	247
DENY CODE	**DENY DESCRIPTION**	**COUNT**
G1	Requires use of two prior NSAID/COX2 within the past 6 months (may be generic, OTC or brand name)	**97**
G6	Diagnosis/documentation does not justify medication requested and/or quantity	**42**
I7	Diagnosis/documentation does not justify medication requested and/or quantity	**30**
P1	Requires physician information-phone #, fax#, Medicaid state license #, signature	**23**
O1	Other Failed Criteria	**19**
R2	Recipient is not Medicaid eligible	**13**
M1	Requires medication name, NDC#, quantity requested	**6**
G5	Requires recipient's diagnosis or substantial medical justification	**5**
I6	Resubmit on PPI/anti-secretory form effective 4-7-03	**5**
B1	Per state law a prescriber may not prescribe, a pharmacy may not fill and Medicaid may not reimburse for a Brand name drug if there is an equally effective generic equivalent available. Since there is at least one FDA AB-rated generic equivalent for this product, DOM must deny your request.	**3**
I2	Diagnosis requires documentation of testing supporting the diagnosis	**2**
I3	Requires documentation of combination therapy for H. Pylori	**1**
R1	Requires recipient's Medicaid number	**1**

NUT	Nutrition	92
DENY CODE	**DENY DESCRIPTION**	**COUNT**
G2	Medicaid does not allow ORAL Nutritional Supplements for recipients over 21 years old	**43**
M2	Medicaid does not cover this medication	**14**
R2	Recipient is not Medicaid eligible	**14**
O1	Other Failed Criteria	**8**
P1	Requires physician information-phone #, fax#, Medicaid state license #, signature	**4**
B1	Per state law a prescriber may not prescribe, a pharmacy may not fill and Medicaid may not reimburse for a Brand name drug if there is an equally effective generic equivalent available. Since there is at least one FDA AB-rated generic equivalent for this product, DOM must deny your request.	**2**
G6	Diagnosis/documentation does not justify medication requested and/or quantity	**2**
I5	Requires recipient's diagnosis and/or substantial medical justification	**2**
G1	Requires use of two prior NSAID/COX2 within the past 6 months (may be generic, OTC or brand name)	**1**
G5	Requires recipient's diagnosis or substantial medical justification	**1**
I2	Diagnosis requires documentation of testing supporting the diagnosis	**1**

OPO	Opioid	594
DENY CODE	**DENY DESCRIPTION**	**COUNT**
I9	According to manufacturer's guidelines and FDA indications, the Division of Medicaid criteria maintains that the requested medication shall not exceed twice a day dosing.	**315**
I7	Diagnosis/documentation does not justify medication requested and/or quantity	**106**
O1	Other Failed Criteria	**87**
R2	Recipient is not Medicaid eligible	**18**
I5	Requires recipient's diagnosis and/or substantial medical justification	**16**
P1	Requires physician information-phone #, fax#, Medicaid state license #, signature	**15**
I10	Mississippi Division of Medicaid criteria maintains that daily dosage intervals of oral sustained-released opioid agonists should not exceed manufacturer guidelines or FDA requirements.	**13**
G6	Diagnosis/documentation does not justify medication requested and/or quantity	**9**
B1	Per state law a prescriber may not prescribe, a pharmacy may not fill and Medicaid may not reimburse for a Brand name drug if there is an equally effective generic equivalent available. Since there is at least one FDA AB-rated generic equivalent for this product, DOM must deny your request.	**4**
I11	According to manufacturers guidelines and FDA indications Actiq is indicated only for the management of breakthrough cancer pain in patients with malignancies	**4**
I2	Diagnosis requires documentation of testing supporting the diagnosis	**4**
G5	Requires recipient's diagnosis or substantial medical justification	**3**

VIA	Viagra	206
DENY CODE	**DENY DESCRIPTION**	**COUNT**
G6	Diagnosis/documentation does not justify medication requested and/or quantity	**61**
O1	Other Failed Criteria	**58**
I7	Diagnosis/documentation does not justify medication requested and/or quantity	**32**
G5	Requires recipient's diagnosis or substantial medical justification	**16**
R2	Recipient is not Medicaid eligible	**14**
P1	Requires physician information-phone #, fax#, Medicaid state license #, signature	**11**
I5	Requires recipient's diagnosis and/or substantial medical justification	**10**
M1	Requires medication name, NDC#, quantity requested	**2**
I2	Diagnosis requires documentation of testing supporting the diagnosis	**1**
M2	Medicaid does not cover this medication	**1**

PPI	Proton Pump Inhibitors	14,117
DENY CODE	**DENY DESCRIPTION**	**COUNT**
I2	Diagnosis requires documentation of testing supporting the diagnosis	**10110**
O1	Other Failed Criteria	**864**
I7	Diagnosis/documentation does not justify medication requested and/or quantity	**799**
G6	Diagnosis/documentation does not justify medication requested and/or quantity	**711**
P1	Requires physician information-phone #, fax#, Medicaid state license #, signature	**561**
I6	Resubmit on PPI/anti-secretory form effective 4-7-03	**408**
R2	Recipient is not Medicaid eligible	**292**
I5	Requires recipient's diagnosis and/or substantial medical justification	**100**
I1	Must have failed two 30 day trials of Antacids, H2 Antagonists, or PPI.(multiple antacids will be considered as one trial only)	**68**
G5	Requires recipient's diagnosis or substantial medical justification	**51**
I8	Dosage exceeds requirements for maintenance therapy	**47**
G1	Requires use of two prior NSAID/COX2 within the past 6 months (may be generic, OTC or brand name)	**44**
M1	Requires medication name, NDC#, quantity requested	**26**
P2	Prescribing physician is not Medicaid eligible; OR State license has EXPIRED	**15**
I3	Requires documentation of combination therapy for H. Pylori	**6**
M2	Medicaid does not cover this medication	**4**
R1	Requires recipient's Medicaid number	**4**
G7	Lab values do not meet required criteria	**2**
I10	Mississippi Division of Medicaid criteria maintains that daily dosage intervals of oral sustained-released opioid agonists should not exceed manufacturer guidelines or FDA requirements.	**2**
I11	According to manufacturers guidelines and FDA indications Actiq is indicated only for the management of breakthrough cancer pain in patients with malignancies	**2**
B1	Per state law a prescriber may not prescribe, a pharmacy may not fill and Medicaid may not reimburse for a Brand name drug if there is an equally effective generic equivalent available. Since there is at least one FDA AB-rated generic equivalent for this product, DOM must deny your request.	**1**

IMM	Immunosuppressant	10
DENY CODE	**DENY DESCRIPTION**	**COUNT**
G5	Requires recipient's diagnosis or substantial medical justification	**3**
P1	Requires physician information-phone #, fax#, Medicaid state license #, signature	**3**
O1	Other Failed Criteria	**2**
R2	Recipient is not Medicaid eligible	**2**

SYN	Synagis	260
DENY CODE	**DENY DESCRIPTION**	**COUNT**
O1	Other Failed Criteria	**221**
R2	Recipient is not Medicaid eligible	**33**
G6	Diagnosis/documentation does not justify medication requested and/or quantity	**6**

XEN	Xenical	165
DENY CODE	**DENY DESCRIPTION**	**COUNT**
G3	Must provide copy of lab values within the last 30 days	**44**
O1	Other Failed Criteria	**35**
I7	Diagnosis/documentation does not justify medication requested and/or quantity	**25**
G6	Diagnosis/documentation does not justify medication requested and/or quantity	**24**
G7	Lab values do not meet required criteria	**14**
G5	Requires recipient's diagnosis or substantial medical justification	**12**
I5	Requires recipient's diagnosis and/or substantial medical justification	**5**
I8	Dosage exceeds requirements for maintenance therapy	**2**
G1	Requires use of two prior NSAID/COX2 within the past 6 months (may be generic, OTC or brand name)	**1**
I2	Diagnosis requires documentation of testing supporting the diagnosis	**1**
M1	Requires medication name, NDC#, quantity requested	**1**
R2	Recipient is not Medicaid eligible	**1**

EXT	Extension Of Benefits	3,235
DENY CODE	**DENY DESCRIPTION**	**COUNT**
O1	Other Failed Criteria	**1497**
P1	Requires physician information-phone #, fax#, Medicaid state license #, signature	**489**
G5	Requires recipient's diagnosis or substantial medical justification	**427**
I5	Requires recipient's diagnosis and/or substantial medical justification	**337**
R2	Recipient is not Medicaid eligible	**297**
M1	Requires medication name, NDC#, quantity requested	**64**
I2	Diagnosis requires documentation of testing supporting the diagnosis	**52**
I6	Resubmit on PPI/anti-secretory form effective 4-7-03	**24**
G6	Diagnosis/documentation does not justify medication requested and/or quantity	**22**
I7	Diagnosis/documentation does not justify medication requested and/or quantity	**8**
G1	Requires use of two prior NSAID/COX2 within the past 6 months (may be generic, OTC or brand name)	**6**
P2	Prescribing physician is not Medicaid eligible; OR State license has EXPIRED	**5**
R1	Requires recipient's Medicaid number	**2**
B1	Per state law a prescriber may not prescribe, a pharmacy may not fill and Medicaid may not reimburse for a Brand name drug if there is an equally effective generic equivalent available. Since there is at least one FDA AB-rated generic equivalent for this product, DOM must deny your request.	**1**
G7	Lab values do not meet required criteria	**1**
I1	Must have failed two 30 day trials of Antacids, H2 Antagonists, or PPI.(multiple antacids will be considered as one trial only)	**1**
M2	Medicaid does not cover this medication	**1**

Narcotic Prescribing Recommendations

Drugs to be contained in the profiling:

- **Brand oral opioid agonists**
- **Generic opioid agonists**
- **Duragesic®**
- **All Hydrocodone containing Brand medications examples include Lortab®, Vicodin®, Vicoprofen®, and Lorcet®**
- **All generics containing Hydrocodone**

Physician Specialties to be excluded:

- **Pain/Rehabilitation**
- **Oncology/Hematology**
- **Did not exclude surgery because some of the drugs in the search are not indicated for post-operative pain unless the patient was already maintained on the agent prior to surgery**

Recommendations:

- ❖ **Run data from 01/01/03 to 06/30/03**
- ❖ **Determine the state-wide median**
- ❖ **Send intervention letters to the physicians who prescribed narcotic RXs above the percentage determined by the DUR board**

Statin Utilization

Race Code	Total Recipients w/ Hypercholesterolemia Diagnosis & Taking a Statin	Total Recipients w/ Hypercholesterolemia Diagnosis
Asian	29	70
Hispanic	17	48
Indian	7	33
African American	3,223	8,677
Other	5	18
Unknown	886	2,104
Caucasian	2,700	6,631
Totals	**6,867**	**17,581**

Summary of Hypercholesterolemia Diagnosis

- **Of the recipients with a diagnosis of hypercholesterolemia 28% are currently on a statin lowering agent**
- **Of the recipients with a diagnosis of hypercholesterolemia 72% are not on a statin currently**

Recipients with Hypercholesterolemia Diagnosis and Not On a Statin

Race Code	Total Recipients	Total Medical Costs for Hypercholesterolemia Diagnosis Only	Total Hospitalization Medical Cost For All Diagnosis
Asian	41	32,948.17	159,953.58
Hispanic	31	2,774.65	163,991.50
Indian	26	16,443.64	284,443.64
African American	5,454	5,878,066.52	33,513,961.98
Other	13	16,233.12	135,315.83
Unknown	1,218	1,568,604.35	7,450,530.88
Caucasian	3,931	5,363,392.17	20,805,526.13
Totals	**10,714**	**$12,878,453.62**	**$62,513,723.54**

Recipients with Hypercholesterolemia Diagnosis and On a Statin

Race Code	Total Recipients	Total Medical Costs for Hypercholesterolemia Diagnosis Only	Total Hospitalization Medical Cost For All Diagnosis
Asian	29	33,186.51	68,092.88
Hispanic	17	34,621.10	104,357.82
Indian	7	12,101.47	8,452.24
African American	3,223	3,808,816.61	11,852,755.00
Other	5	3,024.49	33,118.28
Unknown	886	1,293,650.43	3,362,833.36
Caucasian	2,700	4,545,980.12	10,586,455.80
Totals	**6,867**	**$9,731,380.73**	**$26,016,065.38**

Summary

- **Recipients not on a statin had total hospitalization medical costs for all diagnosis averaging $5,834.77/recipient**
- **Recipients on a statin had total hospitalization medical costs for all diagnosis averaging $3,788.56/recipient**
- **Recipients not on a statin had total medical costs for hypercholesterolemia diagnosis only equaling $1,202.02/recipient**
- **The average total medical cost for those recipients on a statin with a diagnosis of hypercholesterolemia equaled $1,417.12/recipient**

Recipients with Hypercholesterolemia Diagnosis and Not On a Statin

Race Code	Total Recipients	Total Hospitalization Medical Cost for Hypercholesterolemia Diagnosis Only	# of Hospitalizations For All Diagnosis
Asian	41	23,386.48	23
Hispanic	31		13
Indian	26	7,000.07	35
African American	5,454	3,741,839.81	4,123
Other	13	6,943.76	15
Unknown	1,218	814,880.67	1,004
Caucasian	3,931	3,006,399.41	3,032
Totals	**10,714**	**$7,600,450.20**	**8,245**

Recipients with Hypercholesterolemia Diagnosis and On a Statin

Race Code	Total Recipients	Total Hospitalization Medical Cost for Hypercholesterolemia Diagnosis Only	# of Hospitalizations For All Diagnosis
Asian	29	23,490.68	9
Hispanic	17	21,553.29	9
Indian	7	8,452.24	2
African American	3,223	2,410,604.49	1,637
Other	5		3
Unknown	886	782,651.46	497
Caucasian	2,700	2,639,022.62	1,537
Totals	**6,867**	**$5,885,774.78**	**3,694**

Summary

- **Recipients not on a statin had an average of .77 hospitalizations for all diagnosis per recipient**
- **Recipients on a statin had an average of .54 hospitalizations for all diagnosis per recipient**
- **Total hospitalization medical cost for hypercholesterolemia diagnosis only for those recipients not on a statin lowering agent averaged $709.39/recipient**
- **Total hospitalization medical cost for hypercholesterolemia diagnosis only for those recipients on a statin lowering agent averaged $857.11/recipient**

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.

Serevent Inhalation Aerosol (salmeterol xinafoate)
Serevent Diskus (salmeterol xinafoate inhalation powder)
Advair Diskus (fluticasone propionate and salmeterol inhalation powder)

Audience: Pulmonary specialists and other healthcare professionals

The FDA announced the addition of new safety information and warnings to the labeling for drug products that contain salmeterol, a long-acting bronchodilator used to treat asthma and chronic obstructive pulmonary disease (COPD). The new labeling includes a ***boxed warning*** about a small, but significant, increased risk of life-threatening asthma episodes or asthma-related deaths observed in patients taking salmeterol in a recently completed large U.S. safety study.

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
September 18, 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 = 5 recipients

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

  ICER Report Criteria Exception Risk Count = 769 recipients (overutilization)

  ICER Report Criteria Exception Risk Count = 484 recipients (duplication)

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

  ICER Report Criteria Exception Risk Count = 1,118 recipients

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

  ICER Report Criteria Exception Risk Count = 1,358 recipients

- **The Overutilization of Narcotic Agents**

  ICER Report Criteria Exception Risk Count = 100 recipients

- **The Overutilization of Anxiolytic agents**

  ICER Report Criteria Exception Risk Count = 104 recipients

- **Therapeutic Duplication of Anxiolytic Agents**

  ICER Report Criteria Exception Risk Count = 859 recipients

- **Overutilization of Inhaled Beta-Agonists**

  ICER Report Criteria Exception Risk Count = 891

- **Overutilization of Stimulants**

  ICER Report Criteria Exception Risk Count = 94

✓ **Underutilization of Lipid Lowering Agents**

  ICER Report Criteria Exception Risk Count = 1,829

✓ ***= New Intervention***

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

September 18, 2003

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

LIPID-LOWERING AGENTS
UNDERUTILIZATION
SAMPLE PHYSICIAN LETTER

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 underutilizing the drug(s)* **LIPITOR.** *Lipid lowering agents may be underutilized resulting in subtherapeutic\effects.* Although this may represent a conscious change in your plan of drug therapy, we are concerned that it might reflect the patient's decision to discontinue/modify the therapy without your knowledge. 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): 0099999999

Sincerely,

W. Murray Yarbrough M.D.

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

Case#: 999

Enclosures

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

PRESCRIBER RESPONSE

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

1. This patient **is** under my care:

_____ I have reviewed the information and will continue without change.
_____ however, I did not prescribe the following medication(s)_____.
_____ and has an appointment to discuss drug therapy.
_____ however, has not seen me recently.
_____ however, I was not aware of other prescribers.
_____ I have reviewed the information and modified drug therapy.
_____ I have not modified drug therapy because benefits outweigh the risks.
_____ I have tried to modify therapy; however the patient refuses to change.
_____ I have tried to modify therapy, however symptoms reoccurred.

2. This patient **is not** under my care:

_____ however, I did prescribe medication while covering for other MD or in the ER.
_____ but has previously been a patient of mine.
_____ because the patient recently expired.
_____ and has never been under my care.

3. I have reviewed the enclosed information and found it:
_____ very useful_____ useful_____ neutral_____ somewhat useful_____ not useful.

4. Please check here if you wish to receive reference information on the identified problem___. (Please provide a fax number if available_____-_____-_____.)

Comments: _____
_____
_____
_____

SAMPLE, DOCTOR MD Case# 999

MISSISSIPPI MEDICAID
2ND QUARTER ACTIVITY STATISTICAL REPORT - YEAR 2003

	April	May	June	SUM		AVERAGE
Date Processed	4/7/2003	05/07/03	06/05/03			
# Claims Processed	985,498	813,663	804,166	2,603,327		867,776
# Criteria Exception Hits (or # Potential Drug Therapy Problems)	106,954	92,727	88,962	288,643		96,214
# Unique Patients with Hits	66,981	58,859	57,415	183,255		61,085
PROFILES						
PRINTED/REVIEWED	883	758	906	2,547		849
REJECTED	504	409	685	1,598		533
CASE INFORMATION						
IDENTIFIED	387	362	227	976		325
COMPLETED	0	0	0	0		0
CASE RATE	44%	48%	25%	38%		39%
LETTER GENERATION						
VALID PRESCRIBER ID	542	467	277	1,286		429
PHARMACY CALLS	1	0	0	1		0
TOTAL GENERATED	543	467	277	1,287		429
DELETED GENERIC PRESCRIBER ID	137	112	71	320		107
DELETED IN QA	64	45	33	142		47
# PRESCRIBER LETTERS MAILED	342	310	173	825		275
# PRESCRIBER RESPONSES RECEIVED	88	77	23	188		63
RESPONSE RATE	26%	25%	13%	23%		21%
DISTRIBUTION OF CASES By Problem Type					Percentage	
DRUG/DISEASE INTERACTIONS	26	21	20	67	7%	22
DRUG/DRUG CONFLICTS	125	124	75	324	35%	108
OVER-UTILIZATION	98	167	50	315	34%	105
POSSIBLE NON-COMPLIANCE	0	0	0	0	0%	0
CLINICAL APPROPRIATENESS	78	50	82	210	23%	70
			SUM	916	100%	
LETTER FOLLOW UP						
800 DUR CALLS, PROFILE FAXES, ETC.	0	0	0	0		0
PRESCRIBER REQUESTS FOR INFO	0	0	0	0		0
# PROFILE REFERRALS to SURS Program	0	0	0	0		0