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

MISSISSIPPI DIVISION OF
MEDICAID

November 5, 2015 at 2:00pm

Woolfolk Building, Room 117

Jackson, MS

Prepared by:

MS | DUR Evidence-Based DUR Initiative
The University of Mississippi School of Pharmacy

Drug Utilization Review Board

Allison Bell, Pharm.D.
University of MS School of Pharmacy
2500 North State St.
Jackson, MS 39216
Term Expires: June 30, 2018

James R. "Beau" Cox, Pharm.D. (**Co-Chair**)
Tara Pharmacy
110 Metroplex Blvd., Suite H
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Term Expires: June 30, 2016

Logan Davis, Pharm.D., MBA
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Term Expires: June 30, 2016

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UMC Dept of Pharmacy
2500 North State St.
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Term Expires: June 30, 2017

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UMMC Department of Medicine
2500 North State Street
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Term Expires: June 30, 2016

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2500 North State Street
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Term Expires: June 30, 2018

Sue H. Simmons, M.D.
Maben Medical Clinic
49 Turner St.
Maben, MS 39750
Term Expires: June 30, 2018

Dennis Smith, R.Ph. (**Chair**)
Polk's Discount Pharmacy
1031 Star Rd
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Cynthia Undesser, M.D.
MS Children's Home Services
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Term Expires: June 30, 2017

Pearl Wales, Pharm.D.
Be Jay PE Pharmacy 1668
West Peace Street
Canton, MS 39047
Term Expires: June 30, 2018

2016 DUR Board Meeting Dates

January 21, 2016
April 14, 2016
July 21, 2016
September 29, 2016

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

Unless otherwise indicated, all MS-DUR analyses are conducted for the entire Mississippi Medicaid program including beneficiaries receiving services through the Medicaid fee-for-service (FFS) and the two Mississippi Medicaid Coordinated Care Organizations (CCOs). When dollar figures are reported, the reported dollar figures represent reimbursement amounts paid to providers and are not representative of final Medicaid costs after rebates. Any reported enrollment data presented are unofficial and are only for general information purposes for the DUR Board.

Please refer to the Mississippi Division of Medicaid website for the current official universal preferred drug list (PDL).

http://www.medicaid.ms.gov/providers/pharmacy/preferred-drug-list/

MISSISSIPPI DIVISION OF MEDICAID
OFFICE OF THE GOVERNOR
DRUG UTILIZATION REVIEW BOARD
AGENDA
November 5, 2015

Welcome — Dennis Smith, R.Ph. (Chair)

Introduction of New DUR Board Members — Judith P. Clark, R.Ph.
Overview of Board responsibilities, etc.

Old Business Dennis Smith, R.Ph. (Chair)
Approval of August 2015 Meeting Minutes — page 5

Resource Utilization Review (Hardwick)
Enrollment Statistics — page 12
Pharmacy Utilization Statistics — page 12
Top 10 Drug Categories by Amount Paid — page 13
Top 10 Drug Categories by Number of Claims — page 14
Top 10 Generic Molecules by Change in Amount Paid — page 15
Top 10 Generic Molecules by Change in Number of Claims — page 17
Top 15 Products by Change in Amount Paid Per Prescription — page 19

Pharmacy Program Update — Judith P. Clark, R.Ph.
Sara (Cindy) Noble, Pharm.D., M.Ph.

Feedback and Discussion from the Board

New Business
Special Analysis Projects
Jadenu - Exjade Utilization and Costs (Hardwick) — page 22
Daraprim Price Increase and Utilization (Hardwick) — page 27
Mental Health Medication Use in Children Transitioning from FFS to CCO (Banahan) — page 30

Exceptions Monitoring
Exceptions Monitoring Criteria Recommendations — page 35

Appendix
Top 25 Generic Molecules by Amount Paid — page 39
Top 25 Generic Molecules by Number of Claims — page 45

Next **Meeting Information** — Dennis Smith, R.Ph. (Chair)

DUR Board Meeting Minutes

MISSISSIPPI DIVISION OF MEDICAID
DRUG UTILIZATION REVIEW (DUR) BOARD
MINUTES OF THE August 6, 2015 MEETING

DUR Board Members:	Nov 2013	Feb 2014	May 2014	Aug 2014	Nov 2014	Feb 2015	May 2015	Aug 2015
Allison Bell, Pharm.D.**	✓	✓	✓	✓		✓	✓	(✓)
James R. "Beau" Cox, Pharm.D.	✓	✓		✓		✓	✓	✓
Logan Davis, Pharm.D.	✓	✓		✓	✓	✓	✓	✓
Antoinette M. Hubble, M.D.		✓	✓	✓	✓	✓	✓	✓
Cherise McIntosh, Pharm.D.	✓	✓	✓	✓	✓	✓	✓	
Jason Parham, M.D.	✓	✓	✓	✓	✓	✓	✓	✓
Bobby Proctor, M.D.		✓		✓	✓		✓	✓
Sue Simmons, M.D.**		✓	✓	✓		✓	✓	(✓)
Dennis Smith, R.Ph. (Chair)	✓	✓	✓	✓	✓	✓	✓	✓
Cynthia Undesser, M.D.		✓	✓	✓		✓	✓	✓
TOTAL PRESENT	**7**	**12**	**7**	**11**	**6**	**9**	**10**	**7(9)**

** Board members nominated for reappointment but not yet approved. These members participated in discussions but were not included in official voting.

Also Present:

DOM Staff:
Judith Clark, R.Ph., DOM Pharmacy Bureau Director; Terri Kirby, R.Ph., DOM Clinical Pharmacist; Cindy Noble, Pharm.D., MPH, DOM DUR Coordinator; Sue Reno, DOM Program Integrity; Andrea McNeal, DOM Program Integrity

MS-DUR Staff:
Ben Banahan, Ph.D., MS-DUR Project Director; Shannon Hardwick, R.Ph., MS-DUR Clinical Director; Mr. Sujith Ramachandran, MS-DUR Graduate Assistant, Mr. Kaustuv Bhattaharya, MS-DUR Graduate Assistant

Xerox Staff:
Ashleigh Holman, Pharm.D.

Coordinated Care Organization Staff:
Conor Smith, R.Ph., Magnolia

Visitors:
John Young, Ph.D., University of Mississippi Department of Psychology; Phil Hecht, Abbvie; Janet Ricks, D.O., Jackson; David Large, Supernus; Mark Stephens, Pfizer; Blake Bell, Capital Resources; John Kirby, Sanofi; Jeff Knappen, Allergan; Doug Wood, ViiV Healthcare; Brian Berhow, Sunovion; Roger Grotzinger, Bristol-Myers Squibb; Greg Martin, Bristol-Myers Squibb; Calista Goheen, AstraZeneca; Tim Hambacher, Otsuka; Cody Tawater, UM Pharmacy Student

Call to Order:
Mr. Dennis Smith, Chairman of the Board, called the meeting to order at 2:02 pm.

Old Business:
Dr. Hubble noted a correction needed to be made about the next meeting date in the minutes. The minutes were approved unanimously with this correction.

Resource Utilization Review:
Dr. Banahan explained the temporary gaps in the claims data have been due to transitioning to new data file formats which are for the files obtained monthly from Xerox. Programming adjustments have been made. DOM has provided to MS-DUR on Aug 6, 2015 the historical files in the new format. The new data installation will be completed in the next two weeks and resource reports will be finalized and reported to DOM. MS-DUR is also preparing a new format for the resource reports that will be incorporated for review into the next DUR board packet. Mr. Smith asked if the reports on top categories could be modified to include more information about the drugs included in the therapeutic categories reported. Ms. Clark suggested that MS-DUR explore how the therapeutic categories reported in the resource report could be aligned with the categories in the Universal Preferred Drug List (UPDL). Dr. Banahan highlighted the shift in Medicaid beneficiaries from the fee-for-service (FFS) program to the Coordinated Care Organizations (CCOs). This shift should be complete for the quarter reported in the next board packet.

Pharmacy Program Update:
Ms. Clark explained the status of reappointments to board and introduced Dr. Cindy Noble, as the new DUR Coordinator. DUR Board members were asked to complete the annual confidentiality statement in their packets and review materials that have been included in the DOM Preferred Drug List Changes effective August 1, 2015. Ms. Clark noted that due to several labelers terminating their participation in the national and Mississippi rebate programs their products will no longer be reimbursable by the DOM. DOM and Xerox have completed work on a searchable NDC list for OTC products reimbursed by Medicaid. This list is available on the Xerox Envision Web Portal.

Feedback and Discussion from the Board

The board had no new issues for feedback or discussion.

New Business:

Synagis Utilization Summary – 2014-2015 Season

Dr. Banahan provided an overview of analysis completed by MS-DUR. Results were consistent with what was projected based on the DOM's adoption of the American Academy of Pediatrics (AAP) 2014 "Updated Guidance for Palivizumab Prophylaxis Among Infants and Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection.". Overall, Medicaid had a 39% reduction in total payments for Synagis in the 2014-15 season as compared to the 2013-14 season. The number of beneficiaries treated decreased 42%, with a 39% decrease in expenditures and the amount paid per beneficiary increased by 4.5%. MS-DUR is working on an analysis of how the APP's guidance change may have affected the rate of hospital admissions for RSV related pneumonia and bronchitis in this patient population. Significant limitations with the use of only administrative claims data in being able to identify the specific target population affected by the change were noted. DUR Board member Dr. Davis indicated that his company had some data that might be helpful and he would be glad to work with MS-DUR on this analysis if it would be beneficial.

Patterns of Prescription Use of Triazolam

Ms. Hardwick presented results on a triazolam analysis MS_DUR conducted following a request made during the May 2015 P&T Committee meeting and post discussion. Prescriptions for triazolam should be written for short-term use (7 to 10 days) and it should not be prescribed in quantities exceeding a 1-month supply according to indications and usage guidance in the prescribing information. The failure of insomnia to remit after 7 to 10 days of treatment might indicate the presence of underlying psychiatric and/or medical illness conditions that should be evaluated. MS-DUR evaluated the number of beneficiaries having a prescription for triazolam, the length of therapy, and the number and type of triazolam prescribers.

Results from the analysis found a total of 320 unique beneficiaries identified as having filled a prescription for triazolam in 2014. Approximately 7% had prescriptions from more than 1 prescriber and approximately 14% had 3 or more prescription fills for the product. Overall, the average days supply/prescription fill was 8.6 days with an average 31.6 total days supply/beneficiary. However, these averages varied significantly among the three pharmacy programs (FFS and CCOs). Triazolam was prescribed by a wide variety of prescriber types. Family Practice, Internal Medicine, Family Practice Nurse Practitioners and Mental Health Nurse Practitioners prescribing patterns indicated use of triazolam on a long-term basis. Currently the UPDL has triazolam listed as a preferred product with the brand product as non-preferred.

After discussion, Dr. Parham moved that the DUR Board approve the recommendations provided by MS-DUR. Dr. Undesser seconded the motion and the following recommendations were passed unanimously:

1. The DUR Board recommends to the P&T Committee that triazolam be changed to non-preferred status unless supplemental contract requirements exist to prevent this change.
2. MS-DUR initiate an educational intervention on appropriate triazolam prescribing with clinicians who exceed the following treatment guidelines:
    a. Beneficiaries having more than two triazolam fills in a year that exceed a total of 30 days supply
    b. Beneficiaries having two or more prescriptions for >15 days supply
3. DOM implement the following clinical edits to assure more appropriate use of triazolam:
    a. Quantity limit of 10 day supply per month
    b. Cumulative quantity limit of 60 days within a 365 day period

Ms. Clark noted that there were no contract requirements that would prevent the change in status for triazolam.

Methadone Use in Mississippi Medicaid Program

MS-DUR's results were presented from the analyses on methadone utilization performed in response to the May 2015 DUR Board request related to safety concerns noted in the April 2015 Pew Charitable Trust report. Safety issues related to the use of methadone and criticism of state Medicaid programs for having methadone listed as a preferred drug were a focus of the report In 2014, 154 unique beneficiaries were treated with methadone with a total of 1,341 prescription claims. Based on figures for the first quarter of 2015 utilization is projected to increase by as much as 45% this year. Results by

prescriber type, prescriber location, and pharmacy location indicate that problems exist with respect to heavy use of methadone by some providers and perhaps an overuse of methadone for pain treatment. Methadone is currently a preferred drug on the UPDL. After considerable discussion about the safety problems associated with the use of methadone for pain management, Dr. Davis moved that the recommendations below from MS-DUR be accepted. Dr. Parham seconded the motion and the board unanimously voted approval of the following recommendations:

1. The DUR Board requests that the P&T Committee consider changing methadone from preferred to non-preferred status due to beneficiary safety concerns.
2. The DUR Board requests MS-DUR continue to perform analysis to monitor changes in methadone use and implement educational interventions.

Ms. Clark suggested that if the status of methadone on the UPDL was changed, MS-DUR should notify current prescribers of the change in status. The board suggested that an educational intervention focus on the safety concerns and that the DOM and MS-DUR work with an expert in substance abuse and/or pain management to develop the educational information.

Quality of Care Assurance in Use of Antipsychotics in Children

Dr. Banahan reminded the board of the background information provided in the May 2015 the Office of the Inspector General (OIG) of the Department of Health and Human Services report titled, " Second-generation Antipsychotic Drug Use Among Medicaid Enrolled Children: Quality of Care Concerns." MS-DUR reviewed related Texas and Florida utilization guidances developed by Florida and Texas Medicaid program and identified quality measures related to the criteria areas reviewed by the OIG. The intent of the review and discussion presented is to provide the board an overview Mississippi Medicaid's performance on these criteria, current DUR efforts to address these criteria, and to gather input from the board on additional DUR efforts that the DOM should consider to assure proper use of antipsychotics in the population.

Appropriate dosage: The Florida and HEDIS guidelines for appropriate dosing were presented and discussed. After considerable discussion, Dr. Undesser pointed out that if maximum dosage edits were implemented, the most likely prior authorization (PA) criteria would be that a psychiatric consult was required for other provider types to use higher doses. Consensus of the board was that with the severe shortage of child psychiatrists available in the state and participating in Medicaid, such a PA requirement would impose a significant burden on providers and could limit beneficiaries from obtaining needed care. After further discussion, the board did not recommend that changes be made on dosage limits but did recommend that MS-DUR further explore the extent of the problem.

Duration of use: The OIG report advised to plan for dose reduction and discontinuation of treatment with antipsychotics over time. It was noted that the Florida Medicaid guidance includes a recommendation that after 6-9 months of stable therapy, dose reduction and potential titration to discontinuation should begin. During discussion, it was noted that not all practitioners agree with this treatment approach. After discussion, it was the consensus of the board that it was not practical for the DOM DUR to monitor this since it would require medical record review

Indication for use: It was reported that several organizations have considered quality measures related to appropriate diagnoses being recorded for the use of antipsychotics but this has not emerged as a formal quality measure. It was the consensus of the board that it was not practical to address this

criteria through DUR as that medical record review would be required to accurately assess an appropriate indication for use.

Monitoring: It was noted that in the OIG study, medical chart audits were conducted to evaluate whether appropriate monitoring took place. The HEDIS measure: "the percentage of children having a follow-up visit with the prescriber within 30 days of initiating therapy with an antipsychotic medication" is one method for DUR to evaluate monitoring. MS-DUR analysis of this HEDIS measure found that only 14% of children starting antipsychotics had follow-up visits within 30 days. The board discussed the supply problem of child psychiatrists to perform appropriate monitoring and evaluation and concluded that no prospective actions could be used in the POS system to assure appropriate monitoring. Since an appropriate evaluation of monitoring would require chart audits, no recommendations for further actions were made by the board.

Polypharmacy: The OIG report indicated that all guidelines recommend that monotherapy be tried before multiple drugs and that there needed to be clear documentation of the rationale for using multiple antipsychotics with children. MS-DUR conducted an analysis of performance on the HEDIS measure for the percentage of children on antipsychotic medications who were taking two or more antipsychotics concomitantly. At the February 2015 DUR Board Meeting, recommendations were approved for (1) a prospective electronic clinical edit to force a manual prior authorization for any beneficiary that would be taking 3 or more antipsychotics concurrently and (2) manual review criteria be developed which would require a recommendation by a psychiatrist for any beneficiary to receive 3 or more antipsychotics concurrently. It was noted that it would be difficult to be more restrictive due to the limited number of child psychiatrists in the state.

Side effects: The OIG report described the importance of monitoring for side effects and indicated that evaluating this criteria would require medical chart audit. There are two HEDIS measures that address conducting metabolic monitoring: 1) when treatment with an antipsychotic is initiated for children and 2) while children are on treatment with an antipsychotic. During the February 2015 DUR Board Meeting performance on one of these measures was reported and recommendations were approved that MS-DUR should initiate an educational intervention program regarding the importance of metabolic monitoring. This initiative is currently underway and performance on the measure will be reevaluated in several months. MS. Clark stated that DOM is awaiting finalization of the Affordable Care Act (ACA) Federal Upper Limits (FUL) for multiple source drugs rule. This rule gives states the option of using NADAC or National Average Drug Acquisition costs rather than FUL for multisource generic drugs. When this occurs, DOM hopes to make changes in pharmacy reimbursement. DOM is supportive of reimbursement for pharmacists' cognitive services. One such example could be metabolic testing with concurrent use of atypical antipsychotics. The board was very supportive of possible pharmacy reimbursement for metabolic testing. During discussion it was pointed out that it would not be practical to put a hard edit in place to force metabolic monitoring due to interruptions in therapy that could result. It was the consensus of the board that this criteria was being addressed as well as could be as part of DUR.

Patient age: The OIG report emphasized the need for age limits for the use of antipsychotics. In July 2013, MS-DUR reported to the board on DOM's performance on a Pharmacy Quality Alliance measure regarding use of antipsychotics in children under age five years. Mississippi is close to the national average on this measure. It was noted that DOM currently has electronic PA criteria in place for product specific age limits and a manual PA is required for waiver of these age limits. It was the consensus of the board that DOM was adequately addressing the age criteria at this time through prospective DUR.

The board did not recommend any new DUR actions that needed to be undertaken at this time. During discussion, Dr. Undesser noted that DOM did need to continue exploring the disparities in utilization rates that exist between foster and non-foster children and evaluating whether these differences are appropriate or represent disparities in quality of care. Dr. Parham noted that many of the issues that need to be monitored or evaluated concerning antipsychotic use among children cannot be managed through DUR criteria as it requires greater involvement of psychiatrists and there is a critical shortage of child psychiatrists to perform evaluations and consultations. He suggested that if the DOM wanted to go much further with monitoring this issue it might be necessary to hire a child psychiatrist to work at or consult with at the DOM.

Other Business

Ms. Clark told the board about activities currently underway to integrate medical and pharmacy to address issues in pain management and to coordinate this activity with the CCOs. Medical licensure has pain management practice registration. DOM will continue to work with CCOs and integrating medical and pharmacy to better manage pain management treatment and appropriate use of lock-in programs.

Next Meeting Information:

Mr. Smith announced that the next meeting date is November 5, 2015 at 2:00p.m. He thanked everyone for making the effort to attend the DUR Board meeting and having such good discussion. The meeting adjourned at 3:44 pm.

Submitted,
Evidence-Based DUR Initiative, MS-DUR

Resource Utilizaton Review

ENROLLMENT STATISTICS FOR LAST 6 MONTHS
March 1, 2015 through August 31, 2015

			Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Total enrollment			763,110	763,466	762,335	760,827	758,267	750,664
Dual-eligibles			155,139	155,065	154,913	154,859	154,600	154,244
Pharmacy benefits			661,283	661,373	659,635	657,346	654,721	646,895
	LTC		17,585	17,584	17,566	17,525	17,440	17,133
	PLAN %	FFS	69.0%	68.5%	51.6%	35.3%	22.9%	22.6%
		MSCAN-UHC	14.9%	15.1%	23.4%	31.9%	38.6%	38.8%
		MSCAN-Magnolia	16.1%	16.4%	24.9%	32.8%	38.5%	38.6%

PHARMACY UTILIZATION STATISTICS FOR LAST 6 MONTHS
March 1, 2015 through August 31, 2015

		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
# Rx Fills	FFS	251,829	234,255	147,941	116,325	84,843	88,122
	MSCAN-UHC	130,509	78,159	144,466	161,433	179,729	204,428
	MSCAN-Mag	165,185	168,727	108,076	197,620	212,379	230,911
# Rx Fills / Bene	FFS	0.6	0.5	0.4	0.5	0.6	0.6
	MSCAN-UHC	1.3	0.8	0.9	0.8	0.7	0.8
	MSCAN-Mag	1.5	1.6	0.7	0.9	0.8	0.9
$ Paid Rx	FFS	$25,450,382	$22,696,139	$16,641,725	$15,230,399	$12,802,613	$12,437,555
	MSCAN-UHC	$11,128,904	$6,658,809	$12,530,988	$14,471,640	$16,604,593	$18,186,208
	MSCAN-Mag	$13,377,864	$14,372,366	$9,936,536	$17,845,434	$19,274,737	$20,407,866
$ /Rx Fill	FFS	$101.06	$96.89	$112.49	$130.93	$150.90	$141.14
	MSCAN-UHC	$85.27	$85.20	$86.74	$89.64	$92.39	$88.96
	MSCAN-Mag	$80.99	$85.18	$91.94	$90.30	$90.76	$88.38
$ /Bene	FFS	$55.78	$50.08	$48.87	$65.62	$85.39	$85.07
	MSCAN-UHC	$113.25	$66.59	$81.04	$69.01	$65.70	$72.46
	MSCAN-Mag	$125.34	$132.83	$60.40	$82.79	$76.47	$81.73

NOTE: Paid amounts represent amount reported on claims as paid to the pharmacy. These amounts do not reflect final actual costs after rebates, etc.

Top 10 Drug Categories by Dollars Paid Sep 2015 (FFS AND CCOs)

Category	Month Year	Rank Paid Amt	# RXs	$ Paid	# Benes
ANTIPSYCHOTICS	Sep 2015	1	8,621	$3475628	7,222
	Aug 2015	3	12,697	$5077742	10,643
	Jul 2015	2	12,649	$5080373	10,451
CENTRAL NERVOUS SYSTEM AGENTS	Sep 2015	2	15,402	$3391252	13,785
	Aug 2015	2	23,560	$5184043	20,594
	Jul 2015	3	19,852	$4296727	17,136
COAGULATION MODIFIERS	Sep 2015	3	71	$2774255	54
	Aug 2015	9	91	$1755771	79
	Jul 2015	7	101	$2475574	83
ANTIVIRAL AGENTS	Sep 2015	4	2,053	$2729468	1,616
	Aug 2015	1	3,276	$5237253	2,431
	Jul 2015	1	3,355	$5472179	2,414
RESPIRATORY AGENTS	Sep 2015	5	37,230	$2088309	31,690
	Aug 2015	4	55,449	$3197878	46,151
	Jul 2015	5	40,054	$2684906	33,528
ANTICONVULSANTS	Sep 2015	6	18,086	$1914249	14,118
	Aug 2015	6	27,412	$2666806	20,901
	Jul 2015	6	27,698	$2619997	20,931
ANTIDIABETIC AGENTS	Sep 2015	7	7,463	$1777653	5,509
	Aug 2015	5	12,293	$2906676	8,686
	Jul 2015	4	12,423	$2835941	8,830
BRONCHODILATORS	Sep 2015	8	12,689	$1440660	10,267
	Aug 2015	7	21,323	$2612679	16,633
	Jul 2015	8	16,339	$2122266	12,603
ANALGESICS	Sep 2015	9	32,298	$1223856	26,938
	Aug 2015	8	52,605	$1939211	41,376
	Jul 2015	9	51,685	$1958186	40,146
GASTROINTESTINAL AGENTS	Sep 2015	10	12,378	$1072460	11,146
	Aug 2015	10	19,850	$1619550	17,569
	Jul 2015	10	19,631	$1620581	17,258

Only drugs with > $500 paid to pharmacies in last month are included in detail listing

Top 10 Drug Categories by Number of Claims Sep 2015 (FFS AND CCOs)

Category	Month Year	Rank Volume	# RXs	$ Paid	# Benes
RESPIRATORY AGENTS	Sep 2015	1	37,230	$2088309	31,690
	Aug 2015	1	55,449	$3197878	46,151
	Jul 2015	2	40,054	$2684906	33,528
ANALGESICS	Sep 2015	2	32,298	$1223856	26,938
	Aug 2015	2	52,605	$1939211	41,376
	Jul 2015	1	51,685	$1958186	40,146
ANTICONVULSANTS	Sep 2015	3	18,086	$1914249	14,118
	Aug 2015	4	27,412	$2666806	20,901
	Jul 2015	4	27,698	$2619997	20,931
CARDIOVASCULAR AGENTS	Sep 2015	4	17,166	$726,959	14,504
	Aug 2015	3	27,554	$1176202	22,810
	Jul 2015	3	27,960	$1206989	22,903
DERMATOLOGICAL AGENTS	Sep 2015	5	15,945	$901,479	13,866
	Aug 2015	5	27,046	$1444147	22,895
	Jul 2015	5	26,871	$1408760	22,604
CENTRAL NERVOUS SYSTEM AGENTS	Sep 2015	6	15,402	$3391252	13,785
	Aug 2015	6	23,560	$5184043	20,594
	Jul 2015	7	19,852	$4296727	17,136
PENICILLINS	Sep 2015	7	14,903	$350,364	14,611
	Aug 2015	7	22,283	$516,119	21,521
	Jul 2015	9	16,682	$390,330	16,047
BRONCHODILATORS	Sep 2015	8	12,689	$1440660	10,267
	Aug 2015	8	21,323	$2612679	16,633
	Jul 2015	10	16,339	$2122266	12,603
ANTIDEPRESSANTS	Sep 2015	9	12,558	$489,806	11,053
	Aug 2015	9	20,113	$809,252	17,319
	Jul 2015	6	20,108	$789,224	17,069
GASTROINTESTINAL AGENTS	Sep 2015	10	12,378	$1072460	11,146
	Aug 2015	10	19,850	$1619550	17,569
	Jul 2015	8	19,631	$1620581	17,258

Only drugs with > $500 paid to pharmacies in last month are included in detail listing

Top 10 Generic Molecules by Change in Amount Paid From Jul 2015 TO Sep 2015 (FFS and CCOs)

Generic Molecule	Jul 2015 $ Paid	Aug 2015 $ Paid	Sep 2015 $ Paid	Jul 2015 # Claims	Aug 2015 # Claims	Sep 2015 # Claims	Jul 2015 # Benes	Aug 2015 # Benes	Sep 2015 # Benes
Anti-Inhibitor Coagulant Complex / Misc. Coagulation Modifiers	$1,188,878	$857,802	$1,358,177	8	7	9	3	4	4
-------Feiba Nf	$1,188,878	$857,802	$1,358,177	8	7	9	3	4	4
Coagulation Factor Viia / Misc. Coagulation Modifiers	$247,880	$0	$388,955	5	0	7	3	0	2
-------Novoseven Rtwith Mixpro	$247,880	$0	$388,955	5	0	7	3	0	2
Ivacaftor – Lumacaftor / Cystic Fibrosis	$0	$105,210	$105,281	0	5	6	0	5	6
------- Orkambi	$0	$105,210	$105,281	0	5	6	0	5	6
Coagulation Factor Ix / Misc. Coagulation Modifiers	$97,835	$80,295	$198,685	3	5	5	3	3	5
-------Benefix	$58,802	$80,295	$140,784	2	5	3	2	3	3
-------Alprolix	$39,032	$0	$57,900	1	0	2	1	0	2
Alphanate / Misc.Coagulation Modifiers	$0	$0	$71,381	0	0	1	0	0	1
-------Alphanate	$0	$0	$71,381	0	0	1	0	0	1
Advate / Misc. Coagulation Modifiers	$6,718	$141,207	$77,731	1	6	2	1	3	2
-------Advate	$6,718	$141,207	$77,731	1	6	2	1	3	2
Enzalutamide / Antiandrogens	$28,033	$37,378	$74,755	3	4	8	3	4	7
-------Xtandi	$28,033	$37,378	$74,755	3	4	8	3	4	7
Mifepristone / Progesterone Receptor Modulators	$0	$0	$44,609	0	0	1	0	0	1
-------Korlym	$0	$0	$44,609	0	0	1	0	0	1

Only brand drugs with > $500 paid to pharmacies in last month are included in detail listing

Top 10 Generic Molecules by Change in Amount Paid From Jul 2015 TO Sep 2015 - continued (FFS and CCOs)

Generic Molecule	Jul 2015 $ Paid	Aug 2015 $ Paid	Sep 2015 $ Paid	Jul 2015 # Claims	Aug 2015 # Claims	Sep 2015 # Claims	Jul 2015 # Benes	Aug 2015 # Benes	Sep 2015 # Benes
Oseltamivir / Neuraminidase Inhibitors	$11,423	$44,099	$48,884	67	237	267	67	237	267
-------Tamiflu	$11,423	$44,099	$48,884	67	237	267	67	237	267
Teduglutide / Miscellaneous Gi Agents	$0	$33,107	$33,107	0	1	1	0	1	1
------Gattex	$0	$33,107	$33,107	0	1	1	0	1	1

Only brand drugs with > $500 paid to pharmacies in last month are included in detail listing

Top 10 Generic Molecules by Change in Number of Claims From Jul 2015 To Sep 2015 (FFS and CCOs)

Generic Molecule	Jul 2015 $ Paid	Aug 2015 $ Paid	Sep 2015 $ Paid	Jul 2015 # Claims	Aug 2015 # Claims	Sep 2015 # Claims	Jul 2015 # Benes	Aug 2015 # Benes	Sep 2015 # Benes
Brompheniramine/ Dextromethorph/ Phenylephrine / Upper Respiratory Combinations	$13,870	$50,735	$38,578	1,690	6,215	4,771	1,678	6,128	4,731
-------Rynex Dm	$12,715	$47,553	$36,925	1,546	5,821	4,564	1,536	5,742	4,528
-------Endacof-Dm	$847	$2,387	$1,186	95	267	130	94	263	128
Azithromycin / Macrolides	$170,934	$306,706	$203,900	5,969	10,550	7,099	5,844	10,333	7,024
-------Azithromycin	$129,552	$234,583	$154,915	4,078	7,311	4,904	3,983	7,165	4,857
-------Azithromycin 5 Day Dose Pack	$37,932	$67,288	$45,646	1,741	3,038	2,061	1,721	2,994	2,046
-------Azithromycin 3 Day Dose Pack	$3,222	$4,836	$3,340	148	201	134	146	195	131
Brompheniramine-Phenylephrine / Upper Respiratory Combinations	$7,777	$15,835	$11,282	1,027	2,098	1,521	1,022	2,087	1,512
-------Rynex Pe	$7,252	$14,723	$10,582	936	1,907	1,398	931	1,898	1,389
Codeine-Guaifenesin / Upper Respiratory Combinations	$5,837	$10,909	$9,380	408	768	664	404	762	659
-------Cheratussin Ac	$2,850	$5,092	$4,041	198	354	284	197	350	284
-------Codeine Phosphate-Guaifenesin	$1,678	$4,131	$3,687	113	277	248	111	275	244
-------Guaiatussin Ac	$547	$874	$870	35	65	62	34	65	61
-------Virtussin Ac	$564	$601	$614	50	58	59	50	58	59

Only brand drugs with > $500 paid to pharmacies in last month are included in detail listing

Top 10 Generic Molecules by Change in Number of Claims From Jul 2015 To Sep 2015 – continued (FFS and CCOs)

Prednisolone / Glucocorticoids	$49,389	$73,134	$52,560	3,323	5,062	3,565	3,233	4,965	3,513
-------Prednisolone	$23,294	$36,077	$25,621	1,677	2,648	1,924	1,646	2,618	1,903
-------Prednisolone Sodium Phosphate	$25,571	$35,045	$24,216	1,639	2,403	1,632	1,611	2,370	1,619
-------Prednisolone Sodium Phosphate Odt	$444	$1,746	$2,701	4	9	8	4	9	8
Fluvirin / Influenza Virus	$0	$1,301	$3,590	0	78	221	0	78	221
-------Fluvirin	$0	$1,301	$3,590	0	78	221	0	78	221
Oseltamivir / Neuraminidase Inhibitors	$11,423	$44,099	$48,884	67	237	267	67	237	267
-------Tamiflu	$11,423	$44,099	$48,884	67	237	267	67	237	267
Dextromethorphan-Guaifenesin / Upper Respiratory Combinations	$1,391	$2,393	$2,412	283	468	454	277	462	446
-------Q-Tussin Dm	$689	$1,409	$1,265	166	310	273	164	307	273
Guaifenesin / Expectorants	$1,449	$2,969	$2,323	311	632	474	307	631	473
-------Q-Tussin	$859	$1,514	$1,295	196	356	287	193	355	286

Only brand drugs with > $500 paid to pharmacies in last month are included in detail listing

Top 15 Products by Change in Amount Paid Per Prescription Jul 2015 To Sep 2015 (FFS and CCOs)

Brand Name Therapeutic Category	Jul 2015 $ Paid	Aug 2015 $ Paid	Sep 2015 $ Paid	Jul 2015 # Claims	Aug 2015 # Claims	Sep 2015 # Claims	Jul 2015 Paid Per Rx	Aug 2015 Paid Per Rx	Sep 2015 Paid Per Rx
Alphanate / Miscellaneous Coagulation Modifiers	$6,718	$141,207	$77,731	1	6	2	$6,718	$23,534	$38,866
Novoseven Rtwith Mixpro 2000 Mcg (2 Mg) Powder For Injection / Misc Coagulation Modifiers	$8,065	$0	$104,806	1	0	4	$8,065	.	$26,202
Benefix Recombinant Powder For Injection / Miscellaneous Coagulation Modifiers	$58,802	$80,295	$140,784	2	5	3	$29,401	$16,059	$46,928
Alphanate Kit / Miscellaneous Coagulation Modifiers	$55,349	$35,298	$24,917	4	2	1	$13,837	$17,649	$24,917
Cubicin 500 Mg Powder For Injection / Miscellaneous Antibiotics	$31,113	$35,539	$28,255	19	5	3	$1,638	$7,108	$9,418
Glumetza 500 Mg Tablet, Extended Release / Biguanides	$2,175	$4,350	$6,524	1	1	1	$2,175	$4,350	$6,524
Neupogen 480 Mcg/1.6 Ml Solution / Colony Stimulating Factors	$2,287	$0	$5,146	2	0	1	$1,143	.	$5,146
Eloctate With Fc Fusion Protein / Miscellaneous Coagulation Modi	$468,382	$383,843	$419,568	7	6	6	$66,912	$63,974	$69,928
Advate / Miscellaneous Coagulation Modifiers	$13,766	$21,976	$19,220	4	3	3	$3,441	$7,325	$6,407
Aztreonam 1 G Powder For Injection / Miscellaneous Antibiotics	$143	$71	$3,063	1	1	1	$143	$71	$3,063
Mekinist 0.5 Mg Tablet / Multikinase Inhibitors	$10,637	$7,977	$7,977	2	1	1	$5,319	$7,977	$7,977
Feiba Nf - Powder For Injection / Miscellaneous Coagulation Modifiers	$1,188,878	$857,802	$1,358,177	8	7	9	$148,610	$122,543	$150,909
Humira Pediatric 20 Mg/0.4 Ml Kit / Tnf Alfa Inhibitors	$6,871	$10,256	$10,953	2	3	2	$3,435	$3,419	$5,477

Only brand drugs with > $500 paid to pharmacies in last month are included in detail listing

Top 15 Products by Change in Amount Paid Per Prescription Jul 2015 To Sep 2015 - continued (FFS and CCOs)

Brand Name Therapeutic Category	Jul 2015 $ Paid	Aug 2015 $ Paid	Sep 2015 $ Paid	Jul 2015 # Claims	Aug 2015 # Claims	Sep 2015 # Claims	Jul 2015 Paid Per Rx	Aug 2015 Paid Per Rx	Sep 2015 Paid Per Rx
Xenazine 25 Mg Tablet / Miscellaneous Central Nervous System Agents	$60,120	$60,120	$47,449	6	6	4	$10,020	$10,020	$11,862
Recombinate Recombinant Powder For Injection / Miscellaneous Coagulation Modifiers	$215,442	$116,412	$177,697	12	6	9	$17,953	$19,402	$19,744

Only brand drugs with > $500 paid to pharmacies in last month are included in detail listing

New Business

Special Analysis Projects

JADENU / EXJADE UTILIZATION AND COSTS

BACKGROUND

Deferasirox (Exjade/Jadenu) is indicated for the treatment of chronic iron overload due to blood transfusions in patients 2 years of age and older, and chronic iron overload in non-transfusion-dependent thalassemia syndromes (NTDT) in patients 10 years of age and older.

Chronic iron overload can affect people with sickle cell disease, thalassemia and myelodysplastic syndrome. Thalassemia is a blood disorder, which is inherited, in which the body makes an abnormal form of hemoglobin and large numbers of red blood cells are destroyed; leading to anemia. Myelodysplastic syndromes (MDS) are conditions that can occur when the blood-forming cells in the bone marrow are damaged which leads to low numbers of one or more type of blood cells. MDS is considered a type of cancer.

Exjade, a tablet formulation for oral suspension, was first approved in November 2005. Jadenu (deferasirox) is a new formulation

Exjade and Jadenu are both weight-based dosed. One advantage is an improvement in palatability, thus enhanced tolerability compared to Exjade. Jadenu simplifies the daily dosage regimen and can be taken with or without food. Exjade must be dissolved into an oral suspension and should be taken on an empty stomach.

WARNING: RENAL FAILURE, HEPATIC FAILURE, AND GASTROINTESTINAL HEMORRHAGE

See full prescribing information for complete boxed warning.

JADENU may cause serious and fatal:

- **renal toxicity, including failure (5.1)**
- **hepatic toxicity, including failure (5.2)**
- **gastrointestinal hemorrhage (5.3)**

JADENU therapy requires close patient monitoring, including laboratory tests of renal and hepatic function. (5)

Both products have a black box warning that was recently updated to also include grastrointestinal hemorrhage.

Due to a significant increases in the utilization of these products, MS-DUR conducted an evaluation to evaluate whether any utilization management actions were needed to assure appropriate utilization is occurring.

METHODS

A retrospective analysis, which included claims for all Medicaid programs – fee-for-services (FFS) and both coordinated care organizations (CCOs), was conducted of Exjade and Jadenu claims for the period January 2014 through July 2015. This time frame represents the last month for complete data from CCOs at the time of the analysis.

RESULTS

Table 1 and Figure 1 show the number of Exjade and Jadenu prescriptions paid for each month. In 2014, DOM averaged 46.3 Exjade prescriptions per month with fairly stable utilization. The first prescription claim for Jadenu was paid in April 2015 and since then, DOM has experienced an increase in the total number of patients treated with deferasirox each month. In July 2015 the total number of prescriptions had increased to 86 per month with 80% of these prescriptions written for Jadenu.

TABLE 1: Number of Exjade and Jadenu Prescription Fills by Month

Fill Month	Number of Rx Fills		
	Exjade	Jadenu	Total
2014- 1	46	0	46
2014- 2	46	0	46
2014- 3	38	0	38
2014- 4	49	0	49
2014- 5	46	0	46
2014- 6	44	0	44
2014- 7	43	0	43
2014- 8	52	0	52
2014- 9	41	0	41
2014-10	55	0	55
2014-11	48	0	48
2014-12	47	0	47
2015- 1	47	0	47
2015- 2	59	0	59
2015- 3	63	0	63
2015- 4	46	1	47
2015- 5	37	21	58
2015- 6	23	50	73
2015- 7	17	69	86

FIGURE 1: Exjade and Jadenu Prescriptions

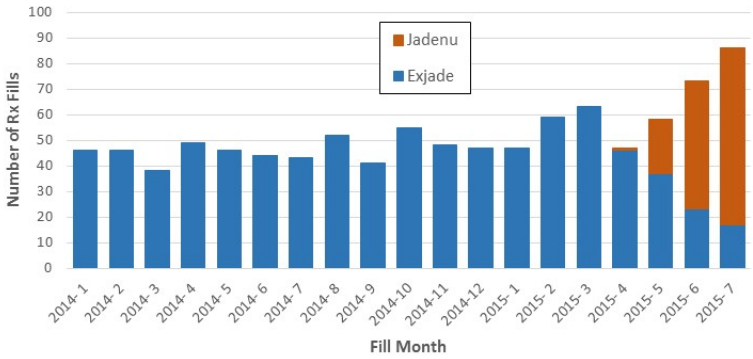

Table 2 illustrates the dollar amounts paid for Exjade and Jadenu prescriptions during the period May – August 2015. The amounts paid for the three strengths for the two products are fairly comparable. The average cost per prescription for the three strengths have been comparable; with Jadenu prescriptions being slightly lower.

TABLE 2: Amount Paid for Exjade and Jadenu Prescriptions
(May - August 2015)

DRUG	Total Paid	Number of Fills	Average Paid / Fill	Average Paid / Unit
Exjade all strengths	$413,156	51	$8,101	
Exjade 125	$5,994	2	$2,997	$29.38
Exjade 250	$73,616	10	$7,362	$59.85
Exjade 500	$333,546	39	$8,552	$111.82
Jadenu all strengths	$1,107,576	166	$6,672	
Jadenu 90	$19,960	15	$1,331	$29.03
Jadenu 180	$219,465	47	$4,669	$51.83
Jadenu 360	$868,152	104	$8,348	$104.17

NOTE: Includes claims for fee-for-service (FFS) and coordinated care organizations (CC

TABLE 3: Amount Paid for Patients Treated With Exjade and Jadenu by Month

Fill Month	# Fills	Total Amount Paid
2014- 1	46	$259,855
2014- 2	46	$242,378
2014- 3	38	$222,158
2014- 4	49	$283,805
2014- 5	46	$286,051
2014- 6	44	$272,223
2014- 7	43	$248,047
2014- 8	52	$327,207
2014- 9	41	$254,429
2014-10	55	$297,568
2014-11	48	$268,209
2014-12	47	$274,190
2015- 1	47	$262,590
2015- 2	59	$378,209
2015- 3	63	$400,731
2015- 4	47	$314,132
2015- 5	58	$386,032
2015- 6	73	$496,233
2015- 7	86	$605,810

NOTE: Includes claims for fee-for-service (FFS) and coordinated care organizations (CCOs).

Table 3 shows the total number of prescriptions processed and the amount paid for all beneficiaries treated with Exjade and Jadenu on a monthly basis. Dosing for both products is weight-based and thus some fluctuations can occur in the amounts paid each month due to which patients are being treated and their individual weights. Even though the previous table showed that the average cost per fill for Jadenu was comparable to, if not slightly lower than the average cost per fill for Exjade, the introduction of Jadenu has resulted in a significant increase in the total number of prescription fills each month.

Since January 2014, the number of prescriptions per month for this therapy has increased 87% while the amount paid per month for the treatment has increased 133%. Some of the increase in utilization may be attributed to Jadenu's enhanced tolerability profile which could translate into better product adherence.

Clinical edits that could be considered for assuring appropriate utilization of these products would normally include limiting use of these products to certain specialties, approved diagnoses, and/or specific ages. Table 4 depicts the classification of provider types who wrote prescriptions for Exjade and Jadenu. Based on the indications for the products, these specialties appear to be appropriate for prescribing the products; thus a restriction by provider type does not appear to be needed.

TABLE 4: Provider Types Prescribing Exjade and Jadenu

Provider Type	Number of Prescriptions
Hospital	9
MD-Hem/Onc	586
MD-IM	27
MD-Ped	140
NP	20
NP-FM	12
NP-Ped	188
Prov-Other	61

Table 5 shows the number of unique beneficiaries treated with these products and whether indicated diagnoses were found in the medical claims during the observation period. The target diagnoses examined included:

- Sickle cell (ICD-9 282.6x)
- Thalassemia (ICD-9 282.4x)
- Myelodysplastic syndromes (ICD-9 238.72 – 238.75)
- Hemochromatosis due to transfusions (ICD-9 275.02)
- Hemochromatosis – other (ICD-9 275.03)

A total of 146 beneficiaries were treated with these products during the observation period. Almost half of these beneficiaries had a diagnosis of sickle cell disease present in the medical claims. Hemochromatosis due to transfusions was documented for 71 beneficiaries. Among children 2-9 years of age, only 13% did not have any target diagnosis in the medical claims. Overall, 29% of the beneficiaries taking these drugs did not have a target diagnosis found in the medical claims. Although not every beneficiary taking Exjade or Jadenu had a target diagnosis recorded in the medical claims, this is not an unusual finding. The data does not indicate a significant problem with respect to inappropriate utilization of these medications.

TABLE 5: Number of Beneficiaries by Age at First Treatment and Prescence of Target Diagnoses During Observation Period

			Diagnoses Present in Medical Claims (Number of Beneficiaries)						
		Number of Beneficiaries Treated	Sickle Cell	Thalassemia	Myelodysplastic Syndrome	Hemochromatosis - Transfusions	Hemochromatosis - Other	Any Target Dx	No Target Dx
Age at First Treatment (Years)	2 - 9	23	10	0	0	19	2	20	3
	10 - 20	54	18	1	0	24	1	36	18
	21 +	69	41	0	0	28	5	48	21
	TOTAL	146	69	1	0	71	8	104	42

Table 6 shows the number of beneficiaries by the number of Exjade and Jadenu prescriptions they had filled during the observation period. Only 12 of the 79 beneficiaries who have taken Jadenu did not have prior treatment with Exjade during the observation period. It is not known if these beneficiaries had tried Exjade prior to January 2014. Although Jadenu has only been on the market for a few months, the utilization observed indicates that Exjade patients are being switched to Jadenu.

TABLE 6: Number of Beneficiaries by Number of Exjade and Jadenu Prescription Fills					
		Number of Rx Fills for Jadenu			
		0	1	2	3+
Number of Rx Fills for Exjade	0	0	6	2	4
	1	12	3	2	1
	2	13	7	3	2
	3+	42	12	14	23

CONCLUSIONS AND RECOMMENDATIONS:

Jadenu is a new formulation of Exjade, with the advantages of palatability and compliance.

- Utilization of deferasirox has increased significantly with the introduction of Jadenu.
- Although there are only a limited number of beneficiaries receiving treatment, this number has the potential to increase, which will result in an increase in the total cost of this therapy.
- The amount paid for treatment with Jadenu is comparable to treatment with Exjade.
- However, the net cost of Exjade to DOM may be lower since it has been on the market longer and may have a larger Federal rebate.
- Current utilization of deferasirox appears to be clinically appropriate with respect to the conditions being treated, the age of beneficiaries being treated, and the type of providers prescribing the products.
- The only area for potential utilization control could be in requiring a diagnosis. However, this will most likely just result in assuring documentation of a diagnosis and is unlikely to have a significantly impact on utilization since more than two-thirds of current patients were found to have a diagnosis already present in the medical claims.

Actions Needed From DUR Board:

- Provide comments on report.
- Recommendation that Goold Health Systems (the UPDL vendor) evaluate the net costs after rebates for Jadenu and Exjade to determine if they need to refer these products to P&T Committee for placing these products on the UPDL and/or recommending clinical edits be developed, if appropriate.

DARAPRIM PRICE INCREASE AND UTILIZATION

BACKGROUND

A dramatic increase in the price of Daraprim has sparked national attention on the issue of how drugs, both old and new, are priced. Daraprim, the brand name for pyrimethamine, is the only medication for treating toxoplasmosis. Daraprim was developed in 1953 as a treatment for toxoplasmosis, an infection caused by a parasite. Daraprim is used in combination with a sulfonamide and is indicated for malaria, malaria prophylaxis, and toxoplasmosis. Toxoplasmosis comes from eating under-cooked meat or drinking contaminated water, and affects those with compromised immune systems, like AIDS and cancer patients.

When Turing Pharmaceuticals bought the 62-year-old drug called Daraprim from Impax Laboratories in August 2015, the company immediately raised the price of one pill from $13.50 to $750, (a 5,000 percent increase). The average cost of treatment for patients rose from about $1,130 to $63,000. For certain patients, the cost can go as high as $634,000. DOM requested MS-DUR run an analysis of Daraprim utilization to estimate the potential impact of the pricing increase and to determine whether clinical edits were needed to assure appropriate use.

Since this initial report was requested, Turing Pharmaceutical CEO Martin Shkreli has backed down on his plan for an astronomical price increase. The company did not say what the new price would be, but presumably less than the $750 a pill it had planned to charge.

METHODS

A retrospective analysis was conducted using MS Medicaid pharmacy and medical claims for all programs [fee-for-service (FFS) and coordinated care organizations (CCOs)] for the timeframe January, 2014 through August, 2015. Daraprim was identified using NDC codes in the pharmacy data.

RESULTS

Only 12 unique beneficiaries were identified as being prescribed Daraprim during the observation period (Table 1). Nine of these patients had a medical claim with a diagnosis of toxoplasmosis during the same time period.

TABLE 1: Presence of Target Diagnoses for Beneficiaries Taking Daraprim ***(January 2014 - August 2015)***

Diagnosis		Number of patients
Total patients		12
Diagnoses Detected	Both HIV and Toxoplasmosis	7
	HIV only	2
	Toxoplasmosis only	2
	No diagnosis	1

TABLE 2: Types of Prescribers Wrting Daraprim Prescriptions		
Prescriber Specialty	**Number of Unique Beneficiaries**	**Number of Prescription Claims**
Internal Medicine	5	39
Infectious Disease	2	4
Nurse Practitioner	2	10
Family Medicine	1	1
General Practice	1	1
Student in health program training	1	2

Most of the Daraprim prescriptions were written by internal medicine or infectious disease providers.

Information on the prescribing characteristics (quantity dispensed and number of tablets /day prescribed) and the average amount DOM paid for Daraprim prescriptions prior to the price increase are summarized in Table 3. A total of 57 prescription fills, with an average paid amount of $882.10 per prescription filled. The most common dosing was 2 tablets per day (40.4%) followed by 3 tablets per day (35.1%).

Total dollar amount paid for Daraprim during this period was $50,280, with an average unit cost paid of $14.40 per tablet. Table 4 illustrates the total amount that would be paid for these 57 prescriptions at varying costs per tablet as compared to the amount paid prior to the price increase.

TABLE 3: Amount Paid for Daraprim and Prescription Characteristics *(January 2014 - August 2015)*			
TOTAL NUMBER RXs		57	
Total amount paid		$50,280	
Average paid / prescription		$882.10	
Average unit cost paid*		$14.40	
Quantity Dispensed	9	1	1.8%
	30	14	24.6%
	40	1	1.8%
	60	23	40.4%
	90	17	29.8%
	92	1	1.8%
Number of Tablets / Day	1	14	24.6%
	2	23	40.4%
	3	20	35.1%

** Paid amount for prescription - dispensing fee divided by quantity dispensed.*

TABLE 4: Estimated Impact of Daraprim Price Increase*		
Unit Price	Price Increase Percent	Total Amount Paid
Amount paid at previous price		$50,280
$600 / tablet	3590%	$1,794,684
$700 / tablet	4205%	$2,102,079
$750 / tablet	4513%	$2,255,776

**Percentage increase was only applied to ingredient costs.*

Applying the scenario in Table 4 for a price increase to $750 per tablet, the DOM would be paying approximately $2.2 million more in costs to treat the same number of cases prescribed Daparpim during the last 20 months. Even if the price is increased to only $600 / tablet, the DOM would experience an increase of more than $1.7 million in the amount paid for this therapy.

CONCLUSIONS AND RECOMMENDATIONS

During the last year and a half, only 12 beneficiaries were treated with Daraprim; resulting in a total of 57 prescription fills. A total of $50,280 was paid to pharmacies for these prescriptions. The planned price increase could translate to as much as a $2.2 million increase DOM payments for this therapy.

Although a price increase of the magnitude initially proposed would result in a major increase in the amount DOM pays to pharmacies for Daraprim therapy, the net impact on DOM may be an actual reduction in net cost due to mandatory Federal rebate guidelines.

Since the current use for Daraprim appears to be appropriate and the new price will not result in an increase in the net cost of the product to DOM, MS-DUR recommends that no new utilization management actions be taken at this time.

Action needed by DUR Board: Reported for information purposes only, no action needed.

CHANGES IN MENTAL HEALTH MEDICATION USE AMONG CHILDREN TRANSITIONING FROM FEE-FOR-SERVICE (FFS) TO COORDINATED CARE ORGANIZATIONS (CCO)

BACKGROUND

During the DOM P&T Committee Meeting on August 11, 2015, some committee members expressed concerns about the use multiple stimulants when beneficiaries being treated for ADHD transitioned from fee-for-service (FFS) to coordinated care organizations (CCOs). As a result, MS-DUR was asked to examine prescribing patterns for children taking ADHD and other mental health medications. Specifically, the intent of the analysis was to determine if there were systematic restrictions being applied regarding the use of multiple medications from the same therapeutic class.

METHODS

A retrospective analysis was conducted for beneficiaries less than age 21 prescribed stimulants, antipsychotics or antidepressants who were shifted from FFS to a CCO during the time frame period October 2014 through May 2015.

Eligibility criteria for children included in the analysis:

1) Enrollment in FFS prior to December 2014 and transitioned to a CCO between January 1 and May 30, 2015. The first month of enrollment in a CCO was considered to be the index month for each child.
   AND
2) Prescribed at least 1 stimulant, antipsychotic and/or antidepressant during the three months prior to the index month.
   AND
3) Continuous enrollment in a Medicaid CCO for the 3 months starting with the index transition month.

The number of different stimulants, antipsychotics, and antidepressants were determined for the pre-period and post-period for each child. Children with prescription claims for at least a 60 days regimen during the 90 day pre- or post-period were included in the analysis. Children were categorized into three groups based on the plan they were enrolled in after the transition -- United Healthcare (UHC), Magnolia and a mix of both CCOs.

RESULTS

ADHD Stimulants:

A total of 4,938 children who were taking stimulants met the inclusion criteria (2,391 in United Health, 2,287 in Magnolia and 260 who were in both UHC and Magnolia during the observation period). Table 1 describes the change in the number of different stimulants used to treat these children pre- and post-transition to a CCO. The majority of children were treated with only one stimulant pre- and post-transition. A small number of children who were continuously in one of the CCOs after transition had a reduction in the number of different stimulants being used (43 in UHC and 47 in Magnolia). Although the number was somewhat smaller, some children transitioning to both CCOs had an increase in the number of different stimulants being used (32 for UHS and 24 for Magnolia).

TABLE1. Changes in Number of ADHD Stimulants Used Before and After Transitioning to Coordinated Care

United Healthcare (UHC)				
No of same class Rxs in	No of same class Rxs in CCO			
FFS	1	2	3	Total
1	2,201	32	-	2,233
2	41	114	-	155
3	1	1	1	3
Total	2,243	147	1	2,391
Magnolia				
No of same class Rxs in	No of same class Rxs in CCO			
FFS	1	2	3	Total
1	2,147	24	-	2,171
2	47	69	-	116
3	-	-	-	-
Total	2,194	93	-	2,287
Mix of UHC/Magnolia				
No of same class Rxs in	No of same class Rxs in CCO			
FFS	1	2	3	Total
1	244	5	-	249
2	5	6	-	11
3	-	-	-	-
Total	249	11	-	260

Antipsychotics:

A total of 575 children being prescribed antipsychotics met all the inclusion criteria (261 in United Health, 285 in Magnolia and 29 in both UHC/Magnolia). Table 2 illustrates the change in the number of antipsychotics being used to treat children pre- and post-transition. Almost all of the children were prescribed only one antipsychotic product both pre- and post-transition. Very few children had a reduction in the number of antipsychotics prescribed (2 for UHC and 4 for Magnolia) or had an increase in the number of antipsychotics prescribed (5 for UHC and 1 for Magnolia).

TABLE 2. Changes in Number of Antipsychotics Used Before and After Transitioning to Coordinated Care

United Healthcare (UHC)				
No of same class Rxs in FFS	No of same class Rxs in CCO			
	1	2	3	Total
1	254	5	-	259
2	2	-	-	2
3	-	-	-	-
Total	256	5	-	261

Magnolia				
No of same class Rxs in FFS	No of same class Rxs in CCO			
	1	2	3	Total
1	278	1	-	279
2	4	2	-	6
3	-	-	-	-
Total	282	3	-	285

Mix of UHC/Magnolia				
No of same class Rxs in FFS	No of same class Rxs in CCO			
	1	2	3	Total
1	29	-	-	29
2	-	-	-	-
3	-	-	-	-
Total	29	-	-	29

Antidepressants:

A total of 619 children were prescribed antidepressants who met all of the inclusion criteria (274 in United Health, 311 in Magnolia and 34 in both UHC and Magnolia). Table 3 describes the change in the number of different antidepressants pre- and post-transition to CCOs. Almost all children were prescribed a single antidepressant pre-transition. Only 1 child had a change in the number of antidepressants being used.

TABLE 3. Changes in Number of Antidepressants Used Before and After Transitioning to Coordinated Care

United Healthcare (UHC)				
No of same class Rxs in FFS	No of same class Rxs in CCO			
	1	2	3	Total
1	272	-		272
2	1	1		2
3				
Total	273	1		274
Magnolia				
No of same class Rxs in FFS	No of same class Rxs in CCO			
	1	2	3	Total
1	311	-	-	311
2	-	-	-	-
3	-	-	-	-
Total	311	-	-	311
Mix of UHC/Magnolia				
No of same class Rxs in FFS	No of same class Rxs in CCO			
	1	2	3	Total
1	34	-	-	34
2	-	-	-	-
3	-	-	-	-
Total	34	-	-	34

CONCLUSIONS

Of the 4,938 children being prescribed stimulants and transitioning to CCOs, 95 had a reduction in the number of agents, 61 had an increase in the number of agents, and 190 continued to more than one agent without a change in the number of agents. Only a few children were taking multiple antipsychotics and this number changed very little after transitioning to CCOs. The results do not indicate that any systematic denial of the use of multiple agents is occurring when children transition to COOs. MS-DUR does not recommend any actions that the DOM needs to implement at this time.

Action needed by DUR Board: Reported for information purposes only, no action being requested at this time.

Exceptions Monitoring Criteria Recommendations

MISSISSIPPI MEDICAID
RETROSPECTIVE DRUG UTILIZATION REVIEW
EXCEPTIONS MONITORING CRITERIA RECOMMENDATIONS

Criteria Recommendations

1. **Concomitant administration of Stribild (elvitegravir, cobicistat, emtricitabine, tenofovir disoproxil fumarate) with anticonvulsant medications - carbamazepine, phenobarbital, and phenytoin.**

Message: In July 2015, the FDA approved labeling changes for Stribild (elvitegravir, cobicistat, emtricitabine, tenofovir disoproxil fumarate) fixed dose combination to include a contraindication that Stribild should not be co-administered with carbamazepine, phenobarbital, and phenytoin.

Exception Type: DDI - Drug-drug interaction

Field 1	Field 2
Stribild	Carbamazepine
	Phenobarbital
	Phenytoin

References:
FDA Drug Safety Labeling Changes. July 2015. Available at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm430199.htm

2. **Concomitant administration of Etopophos (etoposide phosphate) with antiepileptic medications.**

Message: In July 2015, the FDA approved labeling changes for Etopophos (etoposide phosphate) to include a precaution that Etopophos should not be concomitantly used with antiepileptic medications.

Exception Type: DDI - Drug-drug interaction

Field 1	Field 2
Etopophos	Antiepileptic medications

References:
FDA Drug Safety Labeling Changes. July 2015. Available at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm250461.htm

3. Use of Daytrana (methylphenidate transdermal system) in patients with chemical leukoderma.

Message: In August 2015, the FDA approved labeling changes for Daytrana to include a precaution to discontinue the use of Daytrana patch in patients with chemical leukoderma.

Exception Type: DDC - Drug-disease contraindication

Field 1	Field 2
Daytrana	Chemical leukoderma

References:

FDA Drug Safety Labeling Changes. August 2015. Available at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm460720.htm

4. Co-administration of ACE inhibitors and mTOR inhibitors leading to increased risk of angioedema.

Message: In August 2015, the FDA approved labeling changes for the ACE inhibitors to include a warning that co-administration of ACE inhibitors and mTOR inhibitors (e.g., temsirolimus, sirolimus, everolimus) could lead to increased risk of angioedema.

Exception Type: DDI - Drug-drug interaction

Field 1	Field 2	Field 3
ACE inhibitors Lotensin HCT (benazepril hydrochloride/hydrochlorothiazide) Prestalia (perindopril arginine/amlodipine besylate) Prinivil (lisinopril) Vaseretic (enalapril maleate/hydrochlorothiazide) Vasotec (enalapril maleate) Zestoretic (lisinopril/hydrochlorothiazide) Zestril (lisinopril)	mTOR inhibitors	Angioedema

References:

FDA Drug Safety Labeling Changes. August 2015. Available at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm461227.htm

5. Concomitant use of PDE5 Inhibitors and mTOR inhibitors leading to increased risk of hypotension.

Message: In September 2015, the FDA approved labeling changes for PDE5 inhibitors, Cialis (tadalafil), Levitra/Staxyn (vardenafil hydrochloride), Stendra (avanafil), Viagra (sildenafil citrate) to include a contraindication for the concomitant use of PDE5 inhibitors with Guanylate Cyclase (GC) Stimulators.

Exception Type: DDI - Drug-drug interaction

Field 1	Field 2
Cialis (tadalafil) Levitra (vardenafil hydrochloride) Staxyn (vardenafil hydrochloride) Stendra (avanafil) Viagra (sildenafil citrate)	Guanylate Cyclase (GC) Stimulators

References:

FDA Drug Safety Labeling Changes. September 2015. Available at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm466053.htm

6. Proglycem (diazoxide) Capsules and Oral Suspension use in neonates and infants

Message: In September 2015, the FDA approved labeling changes for Proglycem (diazoxide) to include a warning that the use of Proglycem could cause pulmonary hypertension.

Exception Type: CAP - Pediatric warning

Field 1	Field 2
Proglycem (diazoxide)	Pulmonary Hypertension

References:

FDA Drug Safety Labeling Changes. September 2015. Available at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm466194.htm

Appendix

Detail Resource Utilization Report - Top 25 Generic Molecules by Dollars Paid Sep 2015 (FFS and CCOs)

Generic Molecule	Jul 2015 $ Paid	Aug 2015 $ Paid	Sep 2015 $ Paid	Jul 2015 # Claims	Aug 2015 # Claims	Sep 2015 # Claims	Jul 2015 # Benes	Aug 2015 # Benes	Sep 2015 # Benes
Montelukast / Leukotriene Modifiers	$1,943,967	$2,313,443	$1,461,810	9,060	10,841	6,839	8,875	10,676	6,798
-------Singulair	$1,918,503	$2,251,838	$1,418,624	8,811	10,331	6,501	8,637	10,180	6,464
-------Montelukast Sodium	$25,464	$61,605	$43,186	249	510	338	243	506	338
Anti-Inhibitor Coagulant Complex / Miscellaneous Coagulation Modifiers	$1,188,878	$857,802	$1,358,177	8	7	9	3	4	4
-------Feiba Nf	$1,188,878	$857,802	$1,358,177	8	7	9	3	4	4
Aripiprazole / Atypical Antipsychotics	$1,654,227	$1,713,425	$1,216,453	2,121	2,201	1,587	1,969	2,076	1,508
-------Abilify	$1,646,938	$1,710,633	$1,214,206	2,115	2,199	1,585	1,963	2,074	1,506
-------Abilify Discmelt	$5,547	$1,050	$2,247	5	1	2	5	1	2
Lisdexamfetamine / Cns Stimulants	$1,377,557	$1,773,317	$1,154,956	5,955	7,321	4,777	5,707	7,079	4,697
-------Vyvanse	$1,377,557	$1,773,317	$1,154,956	5,955	7,321	4,777	5,707	7,079	4,697
Ledipasvir-Sofosbuvir / Antiviral Combinations	$2,094,552	$2,227,612	$1,064,477	63	67	32	57	62	31
-------Harvoni	$2,094,552	$2,227,612	$1,064,477	63	67	32	57	62	31
Quetiapine / Atypical Antipsychotics	$1,553,847	$1,534,232	$1,039,724	2,983	2,929	1,998	2,641	2,650	1,809
-------Seroquel	$1,215,928	$1,177,751	$816,402	2,464	2,374	1,647	2,171	2,153	1,486
-------Seroquel Xr	$311,240	$333,973	$210,747	455	499	320	421	460	298
-------Quetiapine Fumarate	$26,679	$22,509	$12,576	64	56	31	60	54	29
Methylphenidate / Cns Stimulants	$1,054,445	$1,272,814	$841,967	5,013	6,072	4,010	4,552	5,547	3,714

Only brand drugs with > $500 paid to pharmacies in last month are included in detail listing

Detail Resource Utilization Report - Top 25 Generic Molecules by Dollars Paid Sep 2015 (FFS and CCOs)

Generic Molecule	Jul 2015 $ Paid	Aug 2015 $ Paid	Sep 2015 $ Paid	Jul 2015 # Claims	Aug 2015 # Claims	Sep 2015 # Claims	Jul 2015 # Benes	Aug 2015 # Benes	Sep 2015 # Benes
-------Methylphenidate Hydrochloride Er	$678,065	$797,700	$532,356	3,096	3,679	2,453	2,937	3,495	2,365
-------Quillivant Xr	$168,074	$231,249	$152,274	579	797	537	556	774	532
-------Metadate Cd	$134,821	$161,085	$98,730	499	603	363	484	584	357
-------Daytrana	$49,177	$54,924	$40,394	168	188	137	160	182	134
-------Methylphenidate Hydrochloride	$10,767	$13,134	$8,201	620	758	477	584	715	453
-------Methylin	$7,404	$7,985	$3,800	20	20	12	20	20	12
-------Methylphenidate Hydrochloride Sr	$1,998	$1,873	$3,353	12	7	16	12	7	16
-------Methylphenidate Hydrochloride Cd	$1,133	$920	$1,527	8	6	10	7	6	10
-------Concerta	$2,242	$2,301	$861	7	7	3	7	7	3
Antihemophilic Factor / Miscellaneous Coagulation Modifiers	$820,789	$638,887	$725,760	24	22	21	16	19	18
-------Eloctate With Fc Fusion Protein	$468,382	$383,843	$419,568	7	6	6	6	6	6
-------Advate Rahf-Pfm	$128,727	$93,357	$126,666	3	3	5	3	3	5
-------Recombinate	$131,346	$71,367	$92,985	6	3	5	3	3	4
-------Kogenate Fs With Adapter	$72,905	$39,641	$79,281	2	1	2	1	1	1
-------Helixate Fs	$11,190	$5,405	$5,430	4	2	2	1	1	1
-------Advate	$8,238	$45,275	$1,831	2	7	1	2	5	1
Amphetamine-Dextroamphetamine / Cns Stimulants	$833,593	$936,712	$599,966	5,465	6,141	3,932	4,664	5,302	3,468

Only brand drugs with > $500 paid to pharmacies in last month are included in detail listing

Detail Resource Utilization Report - Top 25 Generic Molecules by Dollars Paid Sep 2015 (FFS and CCOs)

Generic Molecule	Jul 2015 $ Paid	Aug 2015 $ Paid	Sep 2015 $ Paid	Jul 2015 # Claims	Aug 2015 # Claims	Sep 2015 # Claims	Jul 2015 # Benes	Aug 2015 # Benes	Sep 2015 # Benes
-------Adderall Xr	$646,166	$731,563	$467,952	2,726	3,119	1,997	2,570	2,978	1,945
-------Amphetamine-Dextroamphetamine	$168,635	$184,985	$117,763	2,620	2,893	1,846	2,385	2,675	1,739
-------Amphetamine-Dextroamphetamine Er	$17,978	$19,888	$14,251	115	127	89	107	121	88
Insulin Glargine / Insulin	$878,728	$872,095	$523,931	1,927	1,896	1,175	1,863	1,844	1,156
-------Lantus	$667,556	$667,093	$384,237	1,463	1,436	876	1,416	1,396	866
-------Lantus Solostar Pen	$211,172	$205,002	$139,694	464	460	299	456	454	296
Budesonide / Glucocorticoids	$485,412	$667,163	$478,236	1,133	1,576	1,096	1,112	1,549	1,086
-------Pulmicort Respules	$445,261	$616,932	$449,743	946	1,343	962	930	1,323	953
-------Pulmicort Flexhaler	$27,932	$38,247	$22,250	162	218	125	161	214	125
-------Budesonide	$9,118	$8,877	$4,693	23	13	8	23	13	8
-------Uceris	$3,101	$3,107	$1,550	2	2	1	2	2	1
Albuterol / Adrenergic Bronchodilators	$592,432	$819,124	$477,673	11,600	15,921	9,626	10,113	13,883	8,576
-------Ventolin Hfa	$226,211	$286,771	$163,555	4,219	5,204	3,065	4,068	5,078	3,037
-------Albuterol Sulfate	$117,812	$184,127	$122,275	3,684	5,608	3,720	3,575	5,434	3,637
-------Proventil Hfa	$128,769	$174,044	$97,137	1,662	2,226	1,256	1,627	2,180	1,244
-------Proair Hfa	$119,078	$173,991	$94,510	2,019	2,871	1,575	1,976	2,798	1,567
Dexmethylphenidate / Cns Stimulants	$508,822	$625,822	$409,575	2,165	2,626	1,738	1,836	2,253	1,521
-------Focalin Xr	$482,484	$596,452	$389,889	1,671	2,050	1,352	1,580	1,953	1,307
-------Dexmethylphenidate Hydrochloride	$22,976	$25,085	$17,435	461	522	363	434	497	348

Only brand drugs with > $500 paid to pharmacies in last month are included in detail listing

Detail Resource Utilization Report - Top 25 Generic Molecules by Dollars Paid Sep 2015 (FFS and CCOs)

Generic Molecule	Jul 2015 $ Paid	Aug 2015 $ Paid	Sep 2015 $ Paid	Jul 2015 # Claims	Aug 2015 # Claims	Sep 2015 # Claims	Jul 2015 # Benes	Aug 2015 # Benes	Sep 2015 # Benes
-------Dexmethylphenidate Hydrochloride Er	$2,154	$1,752	$1,307	11	10	7	10	10	7
-------Focalin	$1,208	$2,533	$945	22	44	16	22	42	16
Coagulation Factor Viia / Miscellaneous Coagulation Modifiers	$247,880	$0	$388,955	5	0	7	3	0	2
-------Novoseven Rtwith Mixpro	$247,880	$0	$388,955	5	0	7	3	0	2
Somatropin / Growth Hormones	$542,555	$563,159	$387,346	142	149	95	134	137	90
-------Norditropin Flexpro Pen	$404,155	$444,830	$279,183	106	118	69	100	110	65
-------Omnitrope Pen 10 Cartridge	$32,929	$38,039	$28,045	9	10	7	9	9	7
-------Nutropin Aq Nuspin 20	$26,677	$14,373	$26,677	5	5	5	5	3	5
-------Genotropin	$19,044	$24,539	$22,004	4	4	4	4	4	4
-------Nutropin Aq Nuspin 10	$23,812	$21,758	$16,424	8	7	5	8	7	4
-------Genotropin Miniquick	$28,587	$10,563	$10,563	5	2	2	4	2	2
-------Omnitrope Pen 5 Cartridge	$7,350	$2,900	$4,450	5	2	3	4	2	3
Olanzapine / Atypical Antipsychotics	$529,847	$521,401	$365,337	948	993	717	830	869	601
-------Olanzapine	$444,522	$504,012	$359,088	850	975	709	741	853	593
-------Zyprexa	$82,632	$16,967	$6,249	94	17	8	88	16	8
Sofosbuvir / Miscellaneous Antivirals	$798,361	$650,516	$354,827	27	22	12	24	20	12
-------Sovaldi	$798,361	$650,516	$354,827	27	22	12	24	20	12

Only brand drugs with > $500 paid to pharmacies in last month are included in detail listing

Detail Resource Utilization Report - Top 25 Generic Molecules by Dollars Paid Sep 2015 (FFS and CCOs)

Generic Molecule	Jul 2015 $ Paid	Aug 2015 $ Paid	Sep 2015 $ Paid	Jul 2015 # Claims	Aug 2015 # Claims	Sep 2015 # Claims	Jul 2015 # Benes	Aug 2015 # Benes	Sep 2015 # Benes
Fluticasone-Salmeterol / Bronchodilator Combinations	$492,694	$571,002	$344,572	1,494	1,733	1,046	1,466	1,704	1,037
-------Advair Diskus	$425,365	$496,015	$284,794	1,301	1,516	875	1,274	1,492	870
-------Advair Hfa	$67,330	$74,987	$59,779	193	217	171	192	213	167
Acetaminophen-Hydrocodone / Narcotic Analgesic Combinations	$590,291	$568,713	$343,168	20,907	20,509	12,417	18,744	18,577	11,703
-------Acetaminophen-Hydrocodone Bitartrate	$590,110	$568,574	$343,161	20,903	20,506	12,416	18,740	18,574	11,702
Esomeprazole / Proton Pump Inhibitors	$473,253	$497,727	$332,172	1,790	1,864	1,265	1,695	1,785	1,210
-------Nexium	$473,253	$497,727	$332,172	1,790	1,864	1,265	1,695	1,785	1,210
Insulin Aspart / Insulin	$530,701	$542,945	$317,258	1,126	1,149	692	1,071	1,084	676
-------Novolog	$327,546	$330,947	$191,153	734	752	450	707	714	443
-------Novolog Flexpen	$194,418	$204,933	$124,825	375	384	239	365	371	238
-------Novolog Penfill	$8,737	$7,064	$1,280	17	13	3	16	13	3
Adalimumab / Tnf Alfa Inhibitors	$490,552	$451,053	$286,984	120	116	67	113	103	67
-------Humira Pen	$365,298	$352,849	$207,230	94	92	51	89	81	51
-------Humira	$74,417	$77,800	$50,556	19	20	12	19	19	12
-------Humira Pediatric	$6,871	$10,256	$10,953	2	3	2	2	3	2
-------Humira Pen Crohns Disease/Ulcerative C	$30,438	$10,148	$10,947	3	1	1	3	1	1
-------Humira Pen Psoriasis Starter Package	$13,527	$0	$7,298	2	0	1	2	0	1

Only brand drugs with > $500 paid to pharmacies in last month are included in detail listing

Detail Resource Utilization Report - Top 25 Generic Molecules by Dollars Paid Sep 2015 (FFS and CCOs)

Generic Molecule	Jul 2015 $ Paid	Aug 2015 $ Paid	Sep 2015 $ Paid	Jul 2015 # Claims	Aug 2015 # Claims	Sep 2015 # Claims	Jul 2015 # Benes	Aug 2015 # Benes	Sep 2015 # Benes
Pregabalin / Gamma-Aminobutyric Acid Analogs	$441,885	$439,586	$283,486	1,205	1,202	785	1,149	1,141	763
-------Lyrica	$441,885	$439,586	$283,486	1,205	1,202	785	1,149	1,141	763
Omeprazole / Proton Pump Inhibitors	$522,688	$503,334	$280,279	7,611	7,350	4,134	7,392	7,178	4,092
-------Omeprazole	$521,430	$501,400	$279,624	7,599	7,337	4,126	7,380	7,165	4,084
-------First Omeprazole	$841	$677	$655	11	9	8	11	9	8
Lurasidone / Atypical Antipsychotics	$317,636	$356,747	$246,356	322	361	246	298	337	228
-------Latuda	$317,636	$356,747	$246,356	322	361	246	298	337	228

Only brand drugs with > $500 paid to pharmacies in last month are included in detail listing

Detail Resource Utilization Report - Top 25 Generic Molecules by Number of Claims Sep 2015 (FFS and CCOs)

Generic Molecule Therapeutic Category	Jul 2015 $ Paid	Aug 2015 $ Paid	Sep 2015 $ Paid	Jul 2015 # Claims	Aug 2015 # Claims	Sep 2015 # Claims	Jul 2015 # Benes	Aug 2015 # Benes	Sep 2015 # Benes
Acetaminophen-Hydrocodone / Narcotic Analgesic Combinations	$590,291	$568,713	$343,168	20,907	20,509	12,417	18,744	18,577	11,703
-------Acetaminophen-Hydrocodone Bitartrate	$590,110	$568,574	$343,161	20,903	20,506	12,416	18,740	18,574	11,702
Cetirizine / Antihistamines	$229,649	$302,822	$194,626	14,284	18,536	11,885	14,057	18,292	11,804
-------Cetirizine Hydrochloride	$227,556	$299,817	$192,499	14,011	18,143	11,620	13,787	17,901	11,542
-------All Day Allergy	$1,747	$2,570	$1,756	246	358	235	243	358	235
Amoxicillin / Aminopenicillins	$103,622	$147,423	$102,069	10,853	14,706	10,001	10,612	14,432	9,895
-------Amoxicillin	$103,622	$147,423	$102,069	10,853	14,706	10,001	10,612	14,432	9,895
Albuterol / Adrenergic Bronchodilators	$592,432	$819,124	$477,673	11,600	15,921	9,626	10,113	13,883	8,576
-------Albuterol Sulfate	$117,812	$184,127	$122,275	3,684	5,608	3,720	3,575	5,434	3,637
-------Ventolin Hfa	$226,211	$286,771	$163,555	4,219	5,204	3,065	4,068	5,078	3,037
-------Proair Hfa	$119,078	$173,991	$94,510	2,019	2,871	1,575	1,976	2,798	1,567
-------Proventil Hfa	$128,769	$174,044	$97,137	1,662	2,226	1,256	1,627	2,180	1,244
Azithromycin / Macrolides	$170,934	$306,706	$203,900	5,969	10,550	7,099	5,844	10,333	7,024
-------Azithromycin	$129,552	$234,583	$154,915	4,078	7,311	4,904	3,983	7,165	4,857
-------Azithromycin 5 Day Dose Pack	$37,932	$67,288	$45,646	1,741	3,038	2,061	1,721	2,994	2,046
-------Azithromycin 3 Day Dose Pack	$3,222	$4,836	$3,340	148	201	134	146	195	131
Montelukast / Leukotriene Modifiers	$1,943,967	$2,313,443	$1,461,810	9,060	10,841	6,839	8,875	10,676	6,798
-------Singulair	$1,918,503	$2,251,838	$1,418,624	8,811	10,331	6,501	8,637	10,180	6,464

Only drugs with > $500 paid to pharmacies in last month are included in detail listing

Detail Resource Utilization Report - Top 25 Generic Molecules by Number of Claims Sep 2015 (FFS and CCOs)

Generic Molecule Therapeutic Category	Jul 2015 $ Paid	Aug 2015 $ Paid	Sep 2015 $ Paid	Jul 2015 # Claims	Aug 2015 # Claims	Sep 2015 # Claims	Jul 2015 # Benes	Aug 2015 # Benes	Sep 2015 # Benes
-------Montelukast Sodium	$25,464	$61,605	$43,186	249	510	338	243	506	338
Lisdexamfetamine / Cns Stimulants	$1,377,557	$1,773,317	$1,154,956	5,955	7,321	4,777	5,707	7,079	4,697
-------Vyvanse	$1,377,557	$1,773,317	$1,154,956	5,955	7,321	4,777	5,707	7,079	4,697
Brompheniramine/ Dextromethorph/ Phenylephrine / Upper Respiratory Combinations	$13,870	$50,735	$38,578	1,690	6,215	4,771	1,678	6,128	4,731
-------Rynex Dm	$12,715	$47,553	$36,925	1,546	5,821	4,564	1,536	5,742	4,528
-------Endacof-Dm	$847	$2,387	$1,186	95	267	130	94	263	128
Gabapentin / Gamma-Aminobutyric Acid Analogs	$307,953	$306,348	$190,205	7,221	7,187	4,476	6,783	6,815	4,304
-------Gabapentin	$307,953	$306,348	$190,205	7,221	7,187	4,476	6,783	6,815	4,304
Sulfamethoxazole-Trimethoprim / Miscellaneous Antibiotics	$171,231	$177,061	$110,635	6,817	6,912	4,284	6,688	6,803	4,214
-------Sulfamethoxazole-Trimeth oprim Ds	$31,675	$32,512	$20,878	3,559	3,599	2,281	3,497	3,550	2,248
-------Sulfamethoxazole-Trimeth oprim	$114,089	$118,205	$75,153	2,555	2,581	1,624	2,522	2,541	1,596
-------Sulfatrim Pediatric	$25,467	$26,334	$14,604	703	731	379	696	726	378
Ibuprofen / Nonsteroidal Anti-Inflammatory Agents	$49,009	$57,625	$36,261	5,960	6,761	4,196	5,854	6,642	4,154
-------Ibuprofen	$44,589	$52,268	$33,101	5,256	5,929	3,708	5,165	5,830	3,670
-------Ibu	$2,627	$2,935	$1,682	511	570	326	504	562	326
-------Ibuprofen Children's	$1,452	$2,124	$1,282	158	230	141	156	227	139

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Detail Resource Utilization Report - Top 25 Generic Molecules by Number of Claims Sep 2015 (FFS and CCOs)

Generic Molecule Therapeutic Category	Jul 2015 $ Paid	Aug 2015 $ Paid	Sep 2015 $ Paid	Jul 2015 # Claims	Aug 2015 # Claims	Sep 2015 # Claims	Jul 2015 # Benes	Aug 2015 # Benes	Sep 2015 # Benes
Omeprazole / Proton Pump Inhibitors	$522,688	$503,334	$280,279	7,611	7,350	4,134	7,392	7,178	4,092
-------Omeprazole	$521,430	$501,400	$279,624	7,599	7,337	4,126	7,380	7,165	4,084
-------First Omeprazole	$841	$677	$655	11	9	8	11	9	8
Methylphenidate / Cns Stimulants	$1,054,445	$1,272,814	$841,967	5,013	6,072	4,010	4,552	5,547	3,714
-------Methylphenidate Hydrochloride Er	$678,065	$797,700	$532,356	3,096	3,679	2,453	2,937	3,495	2,365
-------Quillivant Xr	$168,074	$231,249	$152,274	579	797	537	556	774	532
-------Methylphenidate Hydrochloride	$10,767	$13,134	$8,201	620	758	477	584	715	453
-------Metadate Cd	$134,821	$161,085	$98,730	499	603	363	484	584	357
-------Daytrana	$49,177	$54,924	$40,394	168	188	137	160	182	134
-------Methylphenidate Hydrochloride Sr	$1,998	$1,873	$3,353	12	7	16	12	7	16
-------Methylin	$7,404	$7,985	$3,800	20	20	12	20	20	12
-------Methylphenidate Hydrochloride Cd	$1,133	$920	$1,527	8	6	10	7	6	10
-------Concerta	$2,242	$2,301	$861	7	7	3	7	7	3
Amphetamine-Dextroamphetamine / Cns Stimulants	$833,593	$936,712	$599,966	5,465	6,141	3,932	4,664	5,302	3,468
-------Adderall Xr	$646,166	$731,563	$467,952	2,726	3,119	1,997	2,570	2,978	1,945
-------Amphetamine-Dextroamphetamine	$168,635	$184,985	$117,763	2,620	2,893	1,846	2,385	2,675	1,739
-------Amphetamine-Dextroamphetamine Er	$17,978	$19,888	$14,251	115	127	89	107	121	88

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Detail Resource Utilization Report - Top 25 Generic Molecules by Number of Claims Sep 2015 (FFS and CCOs)

Generic Molecule Therapeutic Category	Jul 2015 $ Paid	Aug 2015 $ Paid	Sep 2015 $ Paid	Jul 2015 # Claims	Aug 2015 # Claims	Sep 2015 # Claims	Jul 2015 # Benes	Aug 2015 # Benes	Sep 2015 # Benes
Amoxicillin-Clavulanate / Beta-Lactamase Inhibitors	$262,461	$340,446	$231,227	4,236	5,758	3,872	4,171	5,685	3,832
-------Amoxicillin-Clavulanate	$247,390	$338,446	$230,832	4,219	5,750	3,867	4,156	5,677	3,827
Fluticasone Nasal / Nasal Steroids	$250,421	$350,454	$220,202	4,311	6,030	3,790	4,283	5,997	3,783
-------Fluticasone Propionate	$248,907	$349,052	$219,459	4,297	6,017	3,784	4,269	5,984	3,777
Amlodipine / Calcium Channel Blocking Agents	$41,289	$40,224	$24,972	5,991	5,812	3,575	5,770	5,657	3,477
-------Amlodipine Besylate	$41,289	$40,224	$24,972	5,991	5,812	3,575	5,770	5,657	3,477
Prednisolone / Glucocorticoids	$49,389	$73,134	$52,560	3,323	5,062	3,565	3,233	4,965	3,513
-------Prednisolone	$23,294	$36,077	$25,621	1,677	2,648	1,924	1,646	2,618	1,903
-------Prednisolone Sodium Phosphate	$25,571	$35,045	$24,216	1,639	2,403	1,632	1,611	2,370	1,619
-------Prednisolone Sodium Phosphate Odt	$444	$1,746	$2,701	4	9	8	4	9	8
Mupirocin Topical / Topical Antibiotics	$168,488	$179,244	$95,082	5,851	6,071	3,465	5,698	5,898	3,411
-------Mupirocin	$134,924	$147,953	$85,409	5,591	5,835	3,388	5,448	5,681	3,338
-------Bactroban	$33,564	$31,291	$9,315	260	236	75	258	233	74
Clonidine / Antiadrenergic Agents, Centrally Acting	$140,938	$130,999	$90,888	4,394	4,537	2,920	4,125	4,302	2,828
-------Clonidine Hydrochloride	$36,973	$38,133	$24,471	4,037	4,210	2,705	3,810	4,003	2,624
-------Clonidine Hcl	$73,344	$63,321	$38,524	281	253	145	270	244	144
-------Kapvay	$13,492	$12,326	$11,972	29	27	26	26	26	25
-------Catapres-Tts-2	$8,667	$7,074	$6,546	24	19	18	22	17	18

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Detail Resource Utilization Report - Top 25 Generic Molecules by Number of Claims Sep 2015 (FFS and CCOs)

Generic Molecule Therapeutic Category	Jul 2015 $ Paid	Aug 2015 $ Paid	Sep 2015 $ Paid	Jul 2015 # Claims	Aug 2015 # Claims	Sep 2015 # Claims	Jul 2015 # Benes	Aug 2015 # Benes	Sep 2015 # Benes
-------Catapres-Tts-3	$6,354	$7,828	$6,848	13	17	14	13	17	14
-------Catapres-Tts-1	$2,109	$2,318	$2,528	10	11	12	10	11	12
Ethinyl Estradiol-Norgestimate / Contraceptives	$160,006	$158,348	$107,226	4,564	4,493	2,896	4,257	4,213	2,853
-------Tri-Sprintec	$23,040	$21,990	$15,359	955	909	621	877	860	612
-------Ortho Tri-Cyclen Lo	$65,238	$65,407	$44,319	878	888	525	842	830	521
-------Sprintec	$14,431	$15,407	$9,624	681	725	454	644	682	449
-------Trinessa	$16,738	$15,739	$10,416	540	505	325	492	469	317
-------Mononessa	$10,413	$10,074	$6,944	376	362	245	355	340	241
-------Tri-Linyah	$9,821	$9,465	$6,341	294	281	192	270	261	191
-------Ortho Tri-Cyclen	$4,037	$4,364	$3,526	268	276	165	260	265	165
-------Tri-Previfem	$7,938	$8,209	$5,105	237	242	156	219	226	153
-------Previfem	$1,953	$1,756	$2,293	67	61	76	61	57	75
-------Mono-Linyah	$3,064	$3,252	$2,033	110	116	73	100	111	72
-------Ortho-Cyclen	$1,485	$1,331	$797	103	87	50	100	83	50
Lisinopril / Angiotensin Converting Enzyme Inhibitors	$21,054	$20,317	$12,113	4,965	4,771	2,817	4,813	4,648	2,750
-------Lisinopril	$21,054	$20,317	$12,113	4,965	4,771	2,817	4,813	4,648	2,750
Ranitidine / H2 Antagonists	$71,493	$75,698	$52,436	3,811	4,077	2,561	3,704	3,950	2,517
-------Ranitidine Hydrochloride	$71,488	$75,698	$52,431	3,810	4,077	2,560	3,703	3,950	2,516
Medroxyprogesterone / Antineoplastic Hormones	$177,445	$161,627	$118,226	3,844	3,494	2,525	3,824	3,483	2,519

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Detail Resource Utilization Report - Top 25 Generic Molecules by Number of Claims Sep 2015 (FFS and CCOs)

Generic Molecule Therapeutic Category	Jul 2015 $ Paid	Aug 2015 $ Paid	Sep 2015 $ Paid	Jul 2015 # Claims	Aug 2015 # Claims	Sep 2015 # Claims	Jul 2015 # Benes	Aug 2015 # Benes	Sep 2015 # Benes
-------Medroxyprogesterone Acetate	$177,082	$161,264	$118,226	3,843	3,493	2,525	3,823	3,482	2,519
Triamcinolone Topical / Topical Steroids	$54,266	$51,135	$31,077	4,507	4,273	2,512	4,353	4,116	2,466
-------Triamcinolone Acetonide Topical	$54,038	$51,135	$31,077	4,506	4,273	2,512	4,352	4,116	2,466

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