

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



MISSISSIPPI DIVISION OF  
**MEDICAID**

**July 21, 2016 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, PharmD  
University of MS School of Pharmacy  
2500 North State St.  
Jackson, MS 39216  
Term Expires: June 30, 2018

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

Antoinette M. Hubble, MD  
McComb Children's Clinic  
300 Rawls Dr. Ste 100  
McComb, MS 39648  
Term Expires: June 30, 2017

Dennis Smith, RPh (**Chair**)  
Polk's Discount Pharmacy  
1031 Star Rd  
Brandon, MS 39042  
Term Expires: June 30, 2017

Cherise McIntosh, PharmD  
UMC Dept of Pharmacy  
2500 North State St.  
Jackson, MS 39216  
Term Expires: June 30, 2017

Cynthia Undesser, MD  
MS Children's Home Services  
402 Wesley Ave  
Jackson, MS 39202  
Term Expires: June 30, 2017

Janet Ricks, DO  
UMMC, Family Medicine  
2500 North State Street  
Jackson, MS 39216  
Term Expires: June 30, 2018

Pearl Wales, PharmD  
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  
July 21, 2016**

<b>Welcome</b>	Dennis Smith, RPh (Chair)
<b>Old Business</b>	Dennis Smith, RPh (Chair)
Approval of April 2016 Meeting Minutes	page 5
<b>Resource Utilization Review (Hardwick)</b>	
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 15 Solid Dosage Form Products by Percent Change in Amount Paid Per Unit	page 15
Top 15 Solid Dosage Form High Volume (100+ Fills Last Month) Products by Percent Change in Amount Paid Per Unit	page 16
Top 25 Drug Molecules and Individual Product Details by Number of Claims (App A)	page 37
Top 25 Drug Molecules and Individual Product Details by Dollars Paid (App B)	page 49
<b>Pharmacy Program Update</b>	Terri Kirby, RPh Sara (Cindy) Noble, PharmD, MPH
<b>Feedback and Discussion from the Board</b>	
<b>New Business</b>	
<i>Special Analysis Projects</i>	
<i>Review of Buprenorphine/Naloxone Therapy and Current Clinical Guidelines (Banahan)</i>	page 19
<i>Preliminary Analysis of Payment Source for Narcotic Claims By Mississippi Medicaid             Beneficiaries (Banahan)</i>	page 32
<b>Next Meeting Information</b>	Dennis Smith, RPh (Chair)

## **DUR Board Meeting Minutes**

**MISSISSIPPI DIVISION OF MEDICAID  
DRUG UTILIZATION REVIEW (DUR) BOARD  
MINUTES OF THE APRIL 14, 2016 MEETING**

<b>DUR Board Members:</b>	<b>Aug 2014</b>	<b>Nov 2014</b>	<b>Feb 2015</b>	<b>May 2015</b>	<b>Aug 2015</b>	<b>Nov 2015</b>	<b>Jan 2016</b>	<b>Apr 2016</b>
Allison Bell, PharmD	✓		✓	✓	✓	✓	✓	✓
James R. "Beau" Cox, PharmD	✓		✓	✓	✓	✓	✓	✓
Logan Davis, PharmD	✓	✓	✓	✓	✓	✓	✓	✓
Antoinette M. Hubble, MD	✓	✓	✓	✓	✓	✓	✓	✓
Cherise McIntosh, PharmD	✓	✓	✓	✓		✓		✓
Jason Parham, MD	✓	✓	✓	✓	✓	✓	✓	✓
Bobby Proctor, MD	✓	✓		✓	✓	✓		✓
Janet Ricks, DO						✓	✓	
Sue Simmons, MD	✓		✓	✓	✓		✓	✓
Dennis Smith, RPh(Chair)	✓	✓	✓	✓	✓	✓	✓	✓
Cynthia Undesser, MD	✓		✓	✓	✓		✓	✓
Pearl Wales, PharmD						✓	✓	✓
<b>TOTAL PRESENT</b>	<b>11</b>	<b>6</b>	<b>9</b>	<b>10</b>	<b>9</b>	<b>10</b>	<b>10</b>	<b>11</b>

Mr. Smith arrived at 2:08

Dr. Parham arrived at 2:11

**Also Present:**

**DOM Staff:**

Terri Kirby, RPh, Interim Pharmacy Director, DOM; Cindy Noble, PharmD, MPH, DUR Coordinator, DOM; Dorthy Young, PhD, MHSA, Deputy Administrator for Health Services; Mary Katherine Ulmer, Medical Services Office Director; Tami Brooks, MD, DOM Medical Director; and Donna Mills, OMAP, Office of Medical Services

**MS-DUR Staff:**

Ben Banahan, PhD, MS-DUR Project Director; Shannon Hardwick, RPh, MS-DUR Clinical Director

**Xerox State Healthcare Staff:**

Leslie Leon, PharmD, Clinical Pharmacist, Mississippi Medicaid Project

**Coordinated Care Organization Staff:**

Conor Smith, MS, RPh, Director of Pharmacy, Magnolia Health

Michael Todaro, PharmD, Vice President, Pharmacy Operations, Magnolia Health

**Visitors:**

Wendy Phillabaum, Supernus; David Large, Supernus; Tim Hambacher, Otsuka; Jason Swartz, Otsuka; Steve Curry, Meda; John Kirby, Sanofi; Dan Barbera, Lilly; Alex Tabraue, ViiV Healthcare; Phil Hecht, Abbvie; Brian Bertlow, Sunovion; Florence Fraser, Pernix Therapeutics; Kelli Dulaney, UM-SOP student, Chelsey Bobo, UM-SOP student; Dr. Richard Olgetree, Pharm D; Clinical Assistant Professor, Pharmacy Practice, University of Mississippi Medical Center

**Call to Order:**

Pearl Wales, Co-Chair, called meeting to order at 2:03 pm.

**Old Business:**

Dr. Banahan indicated some corrective edits to address minor typos which were made to the draft January 21, 2016 minutes posted on the DOM website. Dr. Wales noted that her name was misspelled on page eight. Dr. Hubble moved to approve the minutes incorporating the above correction. The motion was seconded by Dr. McIntosh and approved unanimously.

Dr. Banahan requested an amendment to the agenda to add a review of non-preferred criteria for long-acting narcotics with abuse deterrent properties.

**Pharmacy Program Update:**

Ms. Kirby introduced Dr. Dorothy Young and recognized the DUR Board members, Drs. Cox, Davis, Parham, and Proctor, whose terms expire June 30, 2016. Ms. Kirby expressed her gratitude for their work and thanked them for their service to the state. Dr. Young also thanked the board members for their service to the state.

Ms. Kirby provided an overview of pharmacy reimbursement changes that are forthcoming as a result of the Affordable Care Act (ACA) Final Rule which addresses payment of Covered Outpatient Drugs in Medicaid programs. The Federal Upper Limits (FULs) have not been updated since 2009 but the new CMS rule provides for monthly updating. Ms. Kirby advised that DOM is working with pharmacy stakeholders during development of the new actual acquisition cost (AAC) based reimbursement methodology. Dr. Young expressed appreciation for the stakeholders' input during this process. She encouraged board members and others to utilize respective stakeholder representatives in their professional association organizations to provide input.

**Feedback and Discussion from the Board**

Dr. Cox asked that DOM review its policy of not covering insulin pens for beneficiaries residing in long term care (LTC) facilities. Dr. Cox has seen problems with accurate dosing in LTC and believes it is currently a safety issue not just a convenience issue. Ms. Kirby indicated that the decision to remove this restriction would rest with the Pharmacy and Therapeutics (P&T) Committee. She indicated that if data could be provided documenting safety issues in LTC, it could be taken back to P&T. Dr. Young suggested that the issue should be reviewed with DOM's Office of Long Term Care. Dr. Cox made the following motion:

*DOM's policy restricting use of insulin pens in LTC should be taken back to the P&T committee for reconsideration.*

The motion was seconded by Dr. McIntosh. After discussion, the motion was approved unanimously.

**Resource Utilization Review:**

Ms. Hardwick noted that eligibility data has stabilized following the transfer of children to the Coordinated Care Organizations (CCOs). Current enrollment has approximately 22% of beneficiaries with pharmacy benefits enrolled in FFS and approximately 39% in each of the CCOs. No unexpected or unexplained variations in product use were identified during the report period.

### ***Utilization and Treatment Patterns for Pediculicides***

Dr. Brooks, DOM Medical Director, provided a backgrounder on the potential problems being experienced by pediatricians and other primary care providers related to resistance when treating head lice. Ms. Hardwick reviewed results from a MS-DUR study. Dr. Hubble indicated that drug resistance is not anything new and that, in her experience, the OTC treatments need to be left on longer than indicated. Dr. Undesser stated that in her experience, residential care settings have definitely noted drug resistance from lice treatments. Dr. Noble reported that the Natroba step edit has been removed from the Universal Preferred Drug list (UPDL). Included in the DUR board packet was a chart summarizing current treatment options. Kelli Dulaney, a UM School of Pharmacy student, developed the chart while doing a rotation with Dr. Noble at DOM. Mr. Smith indicated that information about treatment options, treatment guidelines, use of gels, etc. would be helpful to him in his practice. Drs. Brooks and Simmons indicated that the chart summarizing products would be helpful for providers. Dr. Young stated that DOM cannot pay for provider education that is not related to products covered by Medicaid; however suggested working with United Healthcare and Magnolia regarding the educational chart summarizing the products. Dr. Noble advised the DUR Board that Medicaid does not cover hair gels and some of the treatments being discussed.

### ***Proposed DUR Criteria for Managing Opioid Use and Minimizing Risk of Overdose***

Dr. Banahan reminded the DUR Board that highlights of the proposed Draft CDC Guidelines for Prescribing Opioids for Chronic Pain were presented at the January 21, 2016 DUR Board meeting and that this topic would be a major agenda item for the April 14, 2016 DUR meeting. As the CDC guidelines are now finalized, each recommendation that could be addressed through DUR actions was reviewed by MS-DUR. Dr. Banahan described each CDC recommendation with results from an analysis of DOM data for fee-for-service and CCOs for the period of January – December 2015. The DUR Board was then asked for input on suggested actions for each of the following recommendations.

***CDC recommendation 1: When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.***

Dr. Banahan explained that new starts in therapy are typically identified by using a “wash out” period during which a beneficiary did not fill a prescription for the targeted therapy. MS-DUR identified new starts for narcotic therapy using a 60-day and 90-day wash out period. When using a 60-day period to define a new start, only 711 (0.70%) of beneficiaries had a new narcotic prescription fill that was not for a short-acting (SA) narcotic. This number decreased to 396 (0.46%) when using a 90-day period to define a new start. The analysis also found that SA opioids are not always being used before patients are transitioned to LA opioids and 14-18% of beneficiaries taking LA opioids are using them intermittently. After discussion, Dr. Bell made the following motion which was seconded by Dr. Simmons and passed unanimously.

- a. New narcotic prescriptions (first narcotic fill within 90 days) for non-cancer patients must be for SA narcotics.

***CDC recommendation 2: When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when increasing dosage to  $\geq 50$  morphine milligram equivalents (MME)/day, and should avoid increasing dosage to  $\geq 90$  MME/day or carefully justify a decision to titrate dosage to  $\geq 90$  MME/day.***

According to the CDC guidelines, most experts agreed that, in general, increasing dosages to  $\geq 50$  MME/day increases the risk of overdose without necessarily adding benefits for pain control or function. Clinicians should carefully reassess evidence of individual benefits and risks when considering increasing



opioid dosages to  $\geq 50$  MME/day. Most experts also agreed that opioid dosages should not be increased to  $\geq 90$  MME/day without careful justification based on diagnosis and on individualized assessment of benefits and risks. MS-DUR reported that in 2015, 23% of beneficiaries taking opioids had individual prescriptions written for  $\geq 50$  MEDD and 4.6% had individual prescriptions written for  $\geq 90$  MEDD. During the discussion, a board member asked that MS-DUR examine who and how many prescribers were writing the high MEDD prescriptions and conduct educational or other interventions if needed. After discussion, Dr. Hubble made the following motion, which was seconded by Dr. Wales and passed unanimously.

- b. For non-cancer patients, individual prescriptions for opioids with a MEDD of  $\geq 90$  must require a manual PA with documentation that the benefits outweigh the risks and that the patient has been counseled about the risks of overdose and death.

**CDC recommendation 3:** *Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages ( $\geq 50$  MME/day), or concurrent benzodiazepine use, are present.*

The Board was asked for input on the issue of making naloxone available. During the discussion, a board member asked that MS-DUR run an analysis on the frequency of overdose and death related to opioid use. No specific DUR recommendations were made.

**CDC recommendation 4:** *Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.*

The MS-DUR 2015 analysis found that 72% of new starts for SA narcotic prescriptions were written for  $\leq 7$  days and 88% were written for  $\leq 15$  days. After discussion, Dr. McIntosh made the following motion, which was seconded by Dr. Bell and passed unanimously.

- c. For non-cancer patients, new fills (first prescription fill in 90 days) for a SA opioid can be approved through an electronic PA for a maximum of two 7-day supplies. Use of SA opioids for longer periods will require a manual PA.

**CDC recommendation 5:** *Providers should avoid prescribing opioid pain medication for patients receiving benzodiazepines whenever possible.*

According to the CDC guidelines, experts agreed that although there are circumstances when it might be appropriate to prescribe opioids to a patient receiving benzodiazepines (e.g., severe acute pain in a patient taking long-term, stable low-dose benzodiazepine therapy), clinicians should avoid prescribing opioids and benzodiazepines concurrently whenever possible. The MS-DUR analysis found that 5.3% of beneficiaries taking opioids were concurrently taking benzodiazepines. After discussion, Dr. Undesser moved that the following DUR actions be taken, which was seconded by Dr. McIntosh and approved unanimously.

- d. Concomitant use of opioids and benzodiazepines should require a manual PA.
- e. MS-DUR should provide an educational mailing to providers prescribing concurrent use of benzodiazepines and opioids to inform them of the increased safety risks and highlight the CDC recommendation to avoid concomitant use.

***Review of Non-Preferred Criteria for Hysingla, Zohydro and Oxycontin (abuse deterrent opioids)***

Dr. Banahan reviewed the current UPDL non-preferred criteria for the long-acting narcotics (opioids).

Dr. Noble gave a backgrounder on recent changes in opioid formulations that have abuse-deterrent properties and highlighted the FDA's emphasis on use of abuse-deterrent products. Due to the existing, stricter PA criteria on these three products Dr. Noble suggested that PA criteria should be the same as the other non-preferred products.

Dr. Bell moved that products reformulated to have abuse-deterrent properties should not have additional non-preferred criteria applied beyond those for the class. The motion was seconded by Dr. Simmons. After discussion the motion was approved unanimously.

**Next Meeting Information:**

Mr. Smith announced that the next meeting date is scheduled for July 21, 2016 at 2:00 p.m. He thanked everyone for their attendance and participation at the April DUR Board meeting. The meeting adjourned at 4:02 pm.

Submitted,

Shannon Hardwick, RPh  
Evidence-Based DUR Initiative, MS-DUR




Mississippi Public Meeting Notices

## NOTICE DETAILS

### NOTICE DETAILS

State Agency: Division of Medicaid

Public Body: Division of Medicaid

Title: Drug Utilization Board Meeting

Subject: Quarterly Meeting

Date and Time: 4/14/2016 2:00:00 PM

Description:

See Attached

[Back](#)

### MEETING LOCATION

Woolfolk State Office Building 501 North West St  
Jackson MS MS

[Map this!](#)

### CONTACT INFORMATION

William(Billy) Thompson  
601-359-5242  
[William.Thompson@medicaid.ms.gov](mailto:William.Thompson@medicaid.ms.gov)


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MISSISSIPPI DIVISION OF  
**MEDICAID**

***Drug Utilization Review  
Board Meeting***

***April 14, 2016  
2:00 P.M.***

***Woolfolk Building - Room 117***

## **Resource Utilization Review**

TABLE 04A: ENROLLMENT STATISTICS FOR LAST 6 MONTHS							
November 1, 2015 through April 30, 2016							
		Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Total enrollment		750,045	748,732	752,239	752,313	751,361	748,622
Dual-eligibles		155,959	153,852	155,608	155,256	155,155	154,564
Pharmacy benefits		646,123	645,095	647,082	646,549	645,063	641,834
PLAN %	LTC	17,384	17,273	17,370	17,304	17,283	17,070
	FFS	23.3%	22.4%	22.0%	21.7%	21.3%	21.7%
	MSCAN-UHC	38.4%	38.8%	38.9%	39.1%	39.2%	39.0%
	MSCAN-Magnolia	38.3%	38.8%	39.1%	39.2%	39.4%	39.3%

TABLE 04B: PHARMACY UTILIZATION STATISTICS FOR LAST 6 MONTHS							
November 1, 2015 through April 30, 2016							
		Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
# Rx Fills	FFS	94,529	94,509	91,446	92,782	95,862	94,975
	MSCAN-UHC	207,091	205,119	207,109	212,223	217,841	122,335
	MSCAN-Mag	233,517	237,359	237,681	240,780	249,025	238,144
# Rx Fills / Bene	FFS	0.63	0.65	0.64	0.66	0.70	0.68
	MSCAN-UHC	0.83	0.82	0.82	0.84	0.86	0.49
	MSCAN-Mag	0.94	0.95	0.94	0.95	0.98	0.94
\$ Paid Rx	FFS	\$13,608,465	\$13,899,410	\$12,888,458	\$13,318,570	\$13,908,034	\$12,301,772
	MSCAN-UHC	\$18,045,844	\$18,623,824	\$19,196,360	\$19,524,232	\$20,635,017	\$10,901,286
	MSCAN-Mag	\$20,014,272	\$20,711,961	\$20,386,899	\$21,576,624	\$23,082,806	\$19,279,095
\$ /Rx Fill	FFS	\$143.96	\$147.07	\$140.94	\$143.55	\$145.08	\$129.53
	MSCAN-UHC	\$87.14	\$90.80	\$92.69	\$92.00	\$94.73	\$89.11
	MSCAN-Mag	\$85.71	\$87.26	\$85.77	\$89.61	\$92.69	\$80.96
\$ /Bene	FFS	\$90.39	\$96.19	\$90.54	\$94.93	\$101.22	\$88.33
	MSCAN-UHC	\$72.73	\$74.41	\$76.26	\$77.23	\$81.60	\$43.55
	MSCAN-Mag	\$80.88	\$82.75	\$80.58	\$85.13	\$90.82	\$76.43

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

Data for UHC are incomplete for two weeks in April. Cells affected are highlighted.

**Table 04C: TOP 10 DRUG CATEGORIES BY NUMBER OF CLAIMS IN APRIL 2016 (FFS AND CCOs)**

Category	Month Year	Rank Volume	# RXs	\$ Paid	Unique Benes
narcotic analgesic combinations	Apr 2016	1	43,724	\$1,337,689	20,014
	Mar 2016	1	54,705	\$2,138,023	24,513
	Feb 2016	1	51,393	\$1,975,608	23,347
CNS stimulants	Apr 2016	2	20,896	\$4,498,465	18,421
	Mar 2016	2	26,820	\$6,152,141	23,055
	Feb 2016	2	25,716	\$5,936,885	22,587
contraceptives	Apr 2016	3	17,746	\$764,039	10,233
	Mar 2016	3	21,671	\$1,039,104	12,215
	Feb 2016	4	20,648	\$979,314	11,704
antihistamines	Apr 2016	4	16,910	\$365,052	16,244
	Mar 2016	4	21,053	\$458,680	20,081
	Feb 2016	5	18,956	\$414,883	18,189
nonsteroidal antiinflammatory	Apr 2016	5	14,258	\$197,198	13,725
	Mar 2016	6	17,599	\$263,079	16,874
	Feb 2016	9	16,489	\$254,953	15,917
aminopenicillins	Apr 2016	6	14,197	\$145,748	13,970
	Mar 2016	5	19,289	\$206,175	18,902
	Feb 2016	3	20,660	\$221,196	20,256
adrenergic bronchodilators	Apr 2016	7	14,031	\$1,044,452	12,375
	Mar 2016	7	17,500	\$1,239,428	15,384
	Feb 2016	7	17,637	\$1,180,244	15,713
glucocorticoids	Apr 2016	8	11,631	\$724,072	11,024
	Mar 2016	10	14,802	\$1,010,196	13,925
	Feb 2016	10	16,022	\$1,012,681	15,085
penicillins/ beta-lactamase inhib.	Apr 2016	9	11,406	\$606,202	5,603
	Mar 2016	9	15,256	\$895,438	7,473
	Feb 2016	8	16,544	\$974,371	8,128
macrolides	Apr 2016	10	11,259	\$318,553	11,012
	Mar 2016	8	15,758	\$521,136	15,372
	Feb 2016	6	17,879	\$579,027	17,396

**NOTE: Pharmacy encounter data for UHC is incomplete for two weeks in April 2016. This should not affect ranks but does affect total amounts for paid, number of prescriptions, and beneficiaries in April.**

**TABLE 04D: TOP 10 DRUG CATEGORIES BY DOLLARS PAID IN APRIL 2016 (FFS AND CCOs)**

Category	Month Year	Rank Paid Amt	# RXs	\$ Paid	Unique Benes
antiviral combinations	Apr 2016	1	1,687	\$5,925,651	623
	Mar 2016	1	1,996	\$6,815,650	720
	Feb 2016	1	1,858	\$6,919,046	680
CNS stimulants	Apr 2016	2	20,896	\$4,498,465	18,421
	Mar 2016	2	26,820	\$6,152,141	23,055
	Feb 2016	2	25,716	\$5,936,885	22,587
atypical antipsychotics	Apr 2016	3	10,045	\$3,774,184	9,022
	Mar 2016	3	11,929	\$5,585,482	10,528
	Feb 2016	3	11,274	\$5,247,321	10,119
factor for bleeding disorders	Apr 2016	4	94	\$2,349,699	76
	Mar 2016	6	109	\$2,379,266	87
	Feb 2016	4	113	\$2,690,506	83
insulin	Apr 2016	5	4,552	\$2,289,221	3,204
	Mar 2016	5	5,184	\$2,594,990	3,586
	Feb 2016	5	4,989	\$2,510,457	3,484
bronchodilator combinations	Apr 2016	6	5,262	\$1,591,939	2,478
	Mar 2016	8	6,066	\$1,801,158	2,792
	Feb 2016	8	5,776	\$1,731,585	2,710
narcotic analgesic combinations	Apr 2016	7	43,724	\$1,337,689	20,014
	Mar 2016	7	54,705	\$2,138,023	24,513
	Feb 2016	7	51,393	\$1,975,608	23,347
leukotriene modifiers	Apr 2016	8	9,953	\$1,313,552	9,836
	Mar 2016	4	12,497	\$2,658,632	12,257
	Feb 2016	6	10,881	\$2,312,537	10,743
adrenergic bronchodilators	Apr 2016	9	14,031	\$1,044,452	12,375
	Mar 2016	11	17,500	\$1,239,428	15,384
	Feb 2016	10	17,637	\$1,180,244	15,713
antirheumatics	Apr 2016	10	965	\$882,769	837
	Mar 2016	13	1,082	\$1,076,411	915
	Feb 2016	13	1,078	\$987,376	909

**NOTE: Pharmacy encounter data for UHC is incomplete for two weeks in April 2016. This should not affect ranks but does affect total amounts for paid, number of prescriptions, and beneficiaries in April.**

**TABLE 4E: TOP 15 DRUG SOLID DOSAGE FORM PRODUCTS  
WITH UNIT COST > \$1  
BY PERCENT CHANGE IN AMOUNT PAID PER UNIT FEBRUARY 2016 TO APRIL 2016 (FFS and CCOs)**

Drug Product Therapeutic Category	Apr 2016 # Claims	Apr 2016 \$ Paid	Apr 2016 Avr. Paid Per Rx	Apr 2016 Avr. Units Per Rx	Feb 2016 Paid Per Unit	Mar 2016 Paid Per Unit	Apr 2016 Paid Per Unit	Percent Change
dapsone 100 mg tablet / infectives	25	\$2,082	\$83.27	32	\$1.10	\$2.47	\$2.51	129.3%
dapsone 25 mg tablet / infectives	5	\$632	\$126.42	51	\$1.17	\$2.40	\$2.08	77.1%
leflunomide 20 mg tablet / selective immunosuppressants	64	\$7,680	\$120.00	30	\$2.34	\$2.41	\$3.95	69.0%
Daraprim (pyrimethamine) 25 mg tablet / miscellaneous antimalarials	2	\$118,802	\$59,400.91	55	\$495.86	\$502.99	\$791.96	59.7%
Trileptal (oxcarbazepine) 600 mg tablet / dibenzazepine anticonvulsants	2	\$1,914	\$956.80	72	\$8.05	\$7.12	\$12.71	57.8%
imipramine pamoate 100 mg capsule / tricyclic antidepressants	2	\$1,451	\$725.58	40	\$11.38	.	\$17.70	55.6%
diltiazem 360 mg/24 hours capsule, extended release / group IV antiarrhythmics	106	\$9,870	\$93.12	31	\$1.76	\$2.62	\$2.66	50.7%
Kalydeco (ivacaftor) 150 mg tablet / CFTR modulators	2	\$50,476	\$25,238.23	56	\$301.60	\$338.85	\$450.61	49.4%
Afinitor (everolimus) 10 mg tablet / selective immunosuppressants	8	\$94,977	\$11,872.16	28	\$289.76	\$423.58	\$423.87	46.3%
Afinitor (everolimus) 2.5 mg tablet / selective immunosuppressants	2	\$22,753	\$11,376.38	28	\$289.49	\$406.11	\$406.16	40.3%
sotalol AF 120 mg tablet / group III antiarrhythmics	2	\$145	\$72.67	21	\$2.36	\$2.36	\$3.23	37.0%
riluzole 50 mg tablet / miscellaneous uncategorized agents	3	\$1,133	\$377.67	40	\$8.36	\$24.42	\$11.34	35.7%
oxymorphone 10 mg tablet, extended release / narcotic analgesics	2	\$376	\$188.07	68	\$3.00	\$4.09	\$4.06	35.2%
leflunomide 10 mg tablet / selective immunosuppressants	10	\$1,019	\$101.88	31	\$2.41	\$2.41	\$3.23	34.3%
tizanidine 2 mg capsule / skeletal muscle relaxants	2	\$292	\$145.76	49	\$1.53	.	\$2.02	31.8%

**NOTE: Pharmacy encounter data for UHC is incomplete for two weeks in April 2016. This should not affect ranks but does affect total amounts for paid, number of claims, and number of beneficiaries in April and May.**

**Products are only included if 2 or more fills last month and average cost per unit in reference month was >= \$1.**



**TABLE 04F: TOP 15 DRUG SOLID DOSAGE FORM HIGH VOLUME (100+ RX FILLS LAST MONTH) PRODUCTS  
WITH UNIT COST > \$1  
BY PERCENT CHANGE IN AMOUNT PAID PER UNIT FEBRUARY 2016 TO APRIL 2016 (FFS and CCOs)**

Drug Product Therapeutic Category	Apr 2016 # Claims	Apr 2016 \$ Paid	Apr 2016 Avr. Paid Per Rx	Apr 2016 Avr. Units Per Rx	Feb 2016 Paid Per Unit	Mar 2016 Paid Per Unit	Apr 2016 Paid Per Unit	Percent Change
diltiazem 360 mg/24 hours capsule, extended release / group IV antiarrhythmics	106	\$9,870	\$93.12	31	\$1.76	\$2.62	\$2.66	50.7%
Onfi (clobazam) 10 mg tablet / benzodiazepines	158	\$163,120	\$1,032.40	73	\$11.92	\$13.21	\$13.68	14.8%
montelukast 10 mg tablet / leukotriene modifiers	1,337	\$129,388	\$96.78	30	\$2.80	\$2.89	\$3.06	9.3%
Saphris Black Cherry (asenapine) 10 mg tablet / atypical antipsychotics	114	\$92,857	\$814.54	48	\$15.88	\$15.84	\$17.18	8.2%
propranolol 60 mg capsule, extended release / group II antiarrhythmics	110	\$5,165	\$46.96	32	\$1.24	\$1.21	\$1.33	7.4%
Brintellix (vortioxetine) 20 mg tablet / miscellaneous antidepressants	101	\$32,509	\$321.87	30	\$10.01	\$10.02	\$10.69	6.8%
Brintellix (vortioxetine) 10 mg tablet / miscellaneous antidepressants	196	\$63,321	\$323.06	30	\$10.06	\$10.06	\$10.70	6.3%
Spiriva (tiotropium) 18 mcg capsule / anticholinergic bronchodilators	528	\$186,221	\$352.69	30	\$11.00	\$10.98	\$11.63	5.8%
phenazopyridine 100 mg tablet / miscellaneous genitourinary tract agents	119	\$3,238	\$27.21	15	\$1.44	\$1.39	\$1.50	4.7%
methotrexate 2.5 mg tablet / other immunosuppressants	1,112	\$39,393	\$35.43	26	\$1.10	\$1.13	\$1.15	4.7%
Dexilant (dexlansoprazole) 60 mg delayed release capsule / proton pump inhibitors	114	\$28,066	\$246.20	30	\$7.72	\$7.72	\$8.07	4.5%
Xarelto (rivaroxaban) 20 mg tablet / factor Xa inhibitors	154	\$54,287	\$352.51	29	\$11.54	\$11.46	\$12.05	4.5%
phenazopyridine 200 mg tablet / miscellaneous genitourinary tract agents	251	\$8,585	\$34.20	12	\$2.18	\$2.14	\$2.27	4.3%

**NOTE: Pharmacy encounter data for UHC is incomplete for two weeks in April 2016. This should not affect ranks but does affect total amounts for paid, number of claims, and number of beneficiaries in April and May.**

**Products are only included if 100 or more fills in last month and average cost per unit in reference month was >= \$1.**

**TABLE 04F: TOP 15 DRUG SOLID DOSAGE FORM HIGH VOLUME (100+ RX FILLS LAST MONTH) PRODUCTS  
WITH UNIT COST > \$1  
BY PERCENT CHANGE IN AMOUNT PAID PER UNIT FEBRUARY 2016 TO APRIL 2016 (FFS and CCOs)**

Drug Product Therapeutic Category	Apr 2016 # Claims	Apr 2016 \$ Paid	Apr 2016 Avr. Paid Per Rx	Apr 2016 Avr. Units Per Rx	Feb 2016 Paid Per Unit	Mar 2016 Paid Per Unit	Apr 2016 Paid Per Unit	Percent Change
Xulane (ethinyl estradiol-norelgestromin) 35 mcg-150 mcg/24 hr film, extended release / contraceptives	1,898	\$228,135	\$120.20	4	\$33.25	\$34.51	\$34.47	3.7%
Minastrin 24 Fe (ethinyl estradiol-norethindrone) 20 mcg-1 mg tablet, chewable / sex hormone combinations	308	\$46,149	\$149.83	28	\$5.04	\$5.17	\$5.21	3.4%

**NOTE:** Pharmacy encounter data for UHC is incomplete for two weeks in April 2016. This should not affect ranks but does affect total amounts for paid, number of claims, and number of beneficiaries in April and May.  
Products are only included if 100 or more fills in last month and average cost per unit in reference month was >= \$1.

**New Business**

**Special Analysis Projects**

## **REVIEW OF BUPRENORPHINE/NALOXONE THERAPY AND MISSISSIPPI MEDICAID CURRENT CLINICAL GUIDELINES**

Prepared by University of Mississippi MS-DUR  
Version 06/30/2016

### **BACKGROUND**

In September 2012, the Division of Medicaid (DOM) implemented criteria through electronic prior authorization (PA) and the pharmacy point-of-sale (POS) systems for managing use of buprenorphine/naloxone (Suboxone®) and buprenorphine (Subutex®) for the treatment of opioid dependence. The criteria were developed after a thorough review of other state Medicaid and private payer guidelines and consultation with licensed prescribers of buprenorphine/naloxone and an addictionologist. DOM's goals were to alleviate the burden of a manual PA for prescribers by including the criteria in electronic PA and to provide adequate access to therapy while assuring appropriate use that would be cost-effective to the state.

MS-DUR developed and distributed educational materials to inform prescribers and pharmacies about the new criteria. A copy of the current Provider Summary Sheet that summarizes the criteria is included as attachment page 32.

### **Current Mississippi Medicaid criteria for buprenorphine/naloxone and buprenorphine therapy Coverage:**

#### **Appropriate diagnoses**

- Buprenorphine/naloxone and buprenorphine therapy will be approved only for the treatment of opioid dependence.
- Buprenorphine (Subutex®) will only be approved for use during pregnancy.

#### **Length of coverage**

- Maximum coverage for each beneficiary was limited to a cumulative 24 months starting September 1, 2012 – even if more than one physician is involved in providing therapy for the beneficiary.
- A refill gap of  $\geq 60$  days (60 or more days after last refill ran out) will be considered to be a discontinuation and will require a restart in treatment. Beneficiaries are only allowed one restart of buprenorphine/naloxone or buprenorphine therapy. A refill gap is defined as the number of days that a beneficiary does not have medication before refilling the medication. Thus a refill occurring 60 or more days after the previous fill date + the days supply of the previous fill would be considered to be a discontinuation gap.

#### **Step therapy with maximum daily doses**

##### *Initial start of therapy*

- Step 1 – maximum daily dose of 24 mg/day for 1 month
- Step 2 – maximum daily dose of 16 mg/day for next 4 months
- Step 3 – maximum daily dose of 8 mg/day for remainder of time on therapy up to a cumulative 24 months of coverage

##### *Restart of therapy after discontinuation*

- Step 1 – maximum daily dose of 16 mg/day for 2 months

Step 2 – maximum daily dose of 8 mg/day for remainder of time on therapy up to a cumulative 24 months of coverage

### **Opioid use restrictions**

- Beneficiaries prescriptions for opiates should be restricted to  $\leq$  a 5 day supply while on buprenorphine/naloxone or buprenorphine therapy.
- Beneficiaries can have a maximum cumulative total of 10 days of opiate therapy during the timeframe buprenorphine/naloxone or buprenorphine therapy is prescribed.
- Beneficiaries with a cumulative total > 10 days of opiate therapy while prescribed buprenorphine/naloxone or buprenorphine therapy will be required to discontinue buprenorphine/naloxone or buprenorphine therapy and restart 60 days or more after the end date of the opioid prescription that exceeded the limits.

### **National trend**

Opioid abuse and related overdoses deaths have become a major health problem in the United States. During the last two years the opioid abuse “epidemic” has received considerable attention by multiple federal agencies. In 2015, the Department of Health and Human Services (HHS) published a report on the actions they were taking to address this problem.<sup>1</sup> The Food and Drug Administration (FDA) recently announced an “Action Plan” to increase actions related to the “growing epidemic of opioid abuse, dependence, and overdose in the United States.”<sup>2</sup> The Office of Inspector General of the Department of Health and Human Services (OIG) has strongly recommended that steps must be taken to address opioid misuse and diversion. The OIG 2016 Work Plan will focus on state actions taken through drug utilization review (DUR) programs to address opioid misuse and abuse in state Medicaid.<sup>3</sup> In March, 2016, the CDC released the final version of their Guidelines for Prescribing Opioids for Chronic Pain<sup>4</sup> and has recently launched a national education for providers.

An important component in most of these initiatives has been increased use of medication assisted treatment (MAT) for opioid use disorders. MAT is the use of medications in combination with counseling and behavioral therapies to provide a comprehensive patient approach to the treatment of substance use disorders, including opioid use disorders. It is a safe and effective strategy for reducing opioid use and the risk of overdose. Currently, there are four MAT medications approved by the FDA for the treatment of opioid dependence: methadone, buprenorphine, buprenorphine/naloxone and naltrexone.

Buprenorphine-based MAT is governed by the Controlled Substances Act (CSA), as amended by the Drug Addiction Treatment Act of 2000 (DATA 2000). Pursuant to DATA 2000, practitioners may obtain a waiver to prescribe buprenorphine for treatment of opioid use disorder. Initially, they may treat up to 30 patients

<sup>1</sup> ASPE Issue Brief: Opioid Abuse in the U.S. and HHS Actions to Address Opioid-Drug Related Overdoses and Deaths. <https://aspe.hhs.gov/pdf-report/opioid-abuse-us-and-hhs-actions-address-opioid-drug-related-overdoses-and-deaths>

<sup>2</sup> Food and Drug Administration. Fact Sheet – FDA Opioids Action Plan. <http://www.fda.gov/NewsEvents/Newsroom/FactSheets/ucm484714.htm>

<sup>3</sup> OIG Work Plan 2016, p 31. <http://oig.hhs.gov/reports-and-publications/archives/workplan/2016/oig-work-plan-2016.pdf>

<sup>4</sup> CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. <http://www.cdc.gov/media/modules/dpk/2016/dpk-pod/rr6501e1er-ebook.pdf>.

at a time and, after one year they may file a request to treat up to 100 patients at a time. Only physicians may be authorized to prescribe buprenorphine for the treatment of opioid use disorder. Existing evidence shows that MAT is under-utilized. The Department of Health and Human Services (HHS) has issued a proposed rule to increase the current patient limit for qualified physicians who prescribe buprenorphine/naloxone to treat opioid use disorders from 100 to 275 patients. The goal is to expand access to this evidence-based treatment while preventing diversion.<sup>5</sup>

With the increased focus on MAT and the need to treat opioid abuse more effectively, the restrictions often used to manage utilization of buprenorphine/naloxone treatment are being challenged. During a presentation in May 2016 at the Academy of Managed Care Pharmacy Annual Meeting, the President Elect of the American Society of Addiction Medicine cited the following non-clinical coverage issues that impede access to effective MAT buprenorphine therapy:

- Lifetime limits on coverage
- Forced taper
- Maximum doses less than FDA indicated (24 mg Suboxone® equivalent)
- Refraining from all drugs of abuse

MS-DUR conducted the following analysis to provide the DUR Board an overview of utilization of buprenorphine/naloxone therapy in Mississippi Division of Medicaid (DOM). The major objectives were to assess how well the current utilization criteria are functioning and how consistently the criteria are being applied across the three pharmacy programs.

## METHODS

A retrospective analysis using DOM buprenorphine/naloxone or buprenorphine prescription claims data from the FFS and the two coordinated care organizations (CCO's), United Healthcare (UHC) and Magnolia (MAG) was conducted for the period September 1, 2012 through April 30, 2016. When DOM's criteria for this therapy was implemented on September 1, 2012, beneficiaries currently receiving therapy were considered to have just started therapy under the new criteria. Therefore, the first prescription fills occurring after this date were classified as first time starts for purposes of criteria evaluation. Based on the therapy criteria, if a beneficiary had a refill gap of > 60 days the next prescription fill for buprenorphine/naloxone or buprenorphine was classified as "restarts".

Maximum daily dosing levels are set for each month of therapy. Since DOM beneficiaries sometimes need multiple partial fills in a month and have compliance gaps (refill gaps < 60 days) between refills, the months of therapy have to be calculated based on cumulative days supply. For purposes of computing daily dosing each month on therapy, prescription fills were consolidated such that each individual fill represented the dosing for sequential 30-day increments.

<sup>5</sup> HHS: Fact Sheet: Medication Assisted Treatment for Opioid Use Disorders: Increasing the Buprenorphine Patient Limit. <http://www.hhs.gov/about/news/2016/03/29/fact-sheet-mat-opioid-use-disorders-increasing-buprenorphine-patient-limit.html#>

## RESULTS

**Table 1: Number of Beneficiaries Initiating Therapy With Buprenorphine/Naloxone**

The number of beneficiaries starting and restarting therapy with buprenorphine/naloxone or buprenorphine each year since implementation of the therapy criteria is shown in Table 1. A total of 2,457 beneficiaries have initiated therapy since September 2012. In 2012, 85% of these beneficiaries initiating therapy were in FFS. With increases in CCO enrollment in 2013 and then in 2015, most of the beneficiaries receiving therapy were enrolled in the CCOs. Through April 30<sup>th</sup> of 2016, 83% of beneficiaries initiating therapy or restarting therapy were enrolled in CCOs.

<b>TABLE 1: Number of Beneficiaries Starting and Restarting Buprenorphine/Naloxone or Buprenorphine Therapy By Year</b> (September 1, 2012 - April 30, 2016)								
Start Year	FFS		UHC		MAG		Total	
	1st Starts	Restarts	1st Starts	Restarts	1st Starts	Restarts	1st Starts	Restarts
2012	540	0	56	0	42	0	638	0
2013	204	26	173	35	198	42	575	103
2014	119	36	179	73	146	81	444	190
2015	119	32	275	144	219	106	613	282
2016	38	10	72	56	77	33	187	99
<b>Total</b>	1,020	104	755	308	682	262	2,457	674

NOTE: Beneficiaries can have restarts in same or other pharmacy plan each year.

Since September 2012, Suboxone® has remained the preferred buprenorphine/naloxone product on the Preferred Drug List (2012 – 2014) and the Universal Preferred Drug List (UPDL 2015 – present). During DOM's P&T Committee meeting in March 2016, buprenorphine/naloxone products were moved to a new therapeutic category on the UPDL – "Opiate Dependence Treatments" which became effective July 1, 2016. This section of the UPDL is shown below.

OPIATE DEPENDENCE TREATMENTS	
	DEPENDENCE
naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone) <sup>SmartPA</sup>	buprenorphine tablets buprenorphine/naloxone tablets BUNAVAIL (buprenorphine/naloxone) ZUBSOLV (buprenorphine/naloxone)

**Table 2: Use of Preferred Products**

Table 2 provides information on the distribution of prescriptions for opiate dependence treatment products filled each year since September 2012. Suboxone® 8mg/2mg has been the dominant dosage form used every year. It is interesting to note that despite its non-preferred status, there was still utilization of a small percentage of the non-preferred generic buprenorphine/naloxone 8mg/2mg utilization. A small number of prescriptions have been dispensed for Zubsolv® and for buprenorphine for beneficiaries enrolled in the CCOs.

TABLE 2: Distribution of Prescription Fills by Drug Product by Year (September 1, 2012 - April 30, 2016)															
Drug Product	2012			2013			2014			2015			2016		
	FFS	UHC	MAG	FFS	UHC	MAG	FFS	UHC	MAG	FFS	UHC	MAG	FFS	UHC	MAG
<b>Total Rx Fills</b>	1,187	321	196	693	3,132	2,041	440	3,532	1,348	414	3,755	2,027	161	1,042	883
<b>Suboxone 2mg/0.5mg</b>	1.1%	0.9%	2.0%	1.7%	0.3%	0.4%	1.8%	0.5%	1.0%	1.4%	0.6%	0.4%	0.0%	0.6%	0.1%
<b>Suboxone 4mg/1mg</b>	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.2%	0.1%	0.6%	0.7%	0.7%	1.9%	0.0%	1.7%	1.6%
<b>Suboxone 8mg/2mg</b>	95.4%	94.7%	89.8%	88.0%	89.8%	90.3%	91.4%	85.9%	90.1%	90.1%	87.4%	89.0%	91.9%	87.2%	87.3%
<b>buprenorphine-naloxone 8mg/2mg</b>	0.0%	0.0%	0.0%	4.8%	2.9%	4.1%	0.7%	4.8%	1.0%	1.4%	2.0%	1.9%	0.0%	1.4%	2.0%
<b>Suboxone 12mg/3mg</b>	0.0%	0.0%	0.0%	0.4%	0.0%	0.2%	0.2%	0.1%	0.8%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
<b>buprenorphine 2mg</b>	0.2%	0.3%	0.0%	0.1%	0.5%	0.1%	0.2%	0.2%	0.1%	0.5%	0.2%	0.1%	0.0%	0.3%	0.1%
<b>buprenorphine 8mg</b>	3.4%	4.0%	8.2%	4.8%	6.5%	4.7%	5.5%	8.4%	6.4%	5.8%	8.7%	6.7%	8.1%	8.5%	8.7%
<b>Zubsolv 1.4mg/0.36mg</b>	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
<b>Zubsolv 5.7mg/1.4mg</b>	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.1%	0.1%

NOTE: Highlighting indicates non-preferred products



**Table 3: Restriction of Buprenorphine to Use in Pregnancy**

The therapy criteria states that Subutex® (buprenorphine) is only covered for females during pregnancy. An analysis of the prescriptions filled for generic buprenorphine between January 1, 2015 and April 30, 2016 found that some male beneficiaries in the CCOs receiving generic buprenorphine (Table 3). Analysis of all generic buprenorphine prescriptions fills during this time period found that 90% of these fills were for daily doses <16mg/day and none were for daily doses >24mg/day. This would indicate that use of generic buprenorphine for these patients was not being used for treatment of pain.

<b>TABLE 3: Number of Beneficiaries Treated With Generic Buprenorphine by Gender (January 1, 2015 - April 30, 2016)</b>						
<b>Drug Product</b>	<b>FFS</b>		<b>UHC</b>		<b>MAG</b>	
	<b>Gender</b>		<b>Gender</b>		<b>Gender</b>	
	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>
<b>buprenorphine 2mg</b>	0	0	9	0	2	0
<b>buprenorphine 8mg</b>	27	0	127	16	70	7

NOTE: DOM's criteria permits Subutex (buprenorphine) to only be approved for use during pregnancy.

**Table 4: Step Therapy With Maximum Daily Doses for Initial Therapy Starts**

Current DOM treatment criteria require dose reduction over time with maximum daily doses established for each month of therapy. It is important to note that month of therapy is determined by cumulative days supply of therapy and not calendar months. This distinction addresses small refill gaps due to noncompliance and multiple partial fills during a calendar month. Table 4 shows the number and percentage of beneficiaries with an initial start on buprenorphine/naloxone or buprenorphine therapy since January 2015 by daily dose levels each month. This analysis only includes therapy beginning after January 1, 2015 since this was the date the UPDL went into effect. Dose levels at or below the criteria maximums are shaded green.

The percentage of beneficiaries exceeding the step therapy maximum dosing levels each month varied considerably by pharmacy program: 3.1% for FFS, 16.8% for United Healthcare and 30.0% for Magnolia. FFS during this period used electronic prior authorization (SmartPA®) to manage maximum dose levels. CCOs were only using a manual PA process. Several possible conclusions could be reached from these results. First, the small number of manual PAs processed to approve higher dosage levels in the FFS program indicates that an electronic PA process can effectively manage the step therapy maximum dose levels. This low percentage of manual PAs also could indicate that prescribers do not feel strongly enough about the need for higher doses to warrant a manual PA or that beneficiaries are paying cash for the medication needed above the maximum daily dose limits. The higher percentages for the two CCOs may indicate that the step therapy maximum daily dose limits may be too difficult to efficiently manage through manual PA or that prescribers are wanting and requesting higher doses while processing the manual PAs. In May of 2016 MS-DUR received the Mississippi Prescription Monitoring Program data and we are in the process of analyzing the impact of cash payments on dose maximums prescribed for buprenorphine/naloxone therapy.

**TABLE 4: Number and Percentage of Beneficiaries by Daily Dosing Each Month on Therapy for NEW STARTS Beginning After January 1, 2015**

Therapy Month*	FFS				UHC				Magnolia			
	<= 8 mg	>8 to <= 16 mg	>16 to <=24 mg	> 24 mg	<= 8 mg	>8 to <= 16 mg	>16 to <=24 mg	> 24 mg	<= 8 mg	>8 to <= 16 mg	>16 to <=24 mg	> 24 mg
1	17 10.8%	114 72.6%	26 16.6%	0 0.0%	46 13.3%	263 75.8%	38 11.0%	0 0.0%	38 12.8%	196 66.2%	58 19.6%	4 1.4%
2	7 10.3%	61 89.7%	0 0.0%	0 0.0%	28 11.1%	216 85.4%	9 3.6%	0 0.0%	28 12.0%	180 77.3%	24 10.3%	1 0.4%
3	3 10.0%	27 90.0%	0 0.0%	0 0.0%	21 10.0%	183 87.6%	5 2.4%	0 0.0%	24 12.3%	151 77.4%	20 10.3%	0 0.0%
4	4 19.0%	17 81.0%	0 0.0%	0 0.0%	24 14.4%	138 82.6%	5 3.0%	0 0.0%	16 10.3%	129 82.7%	11 7.1%	0 0.0%
5	4 19.0%	17 81.0%	0 0.0%	0 0.0%	20 14.5%	116 84.1%	2 1.4%	0 0.0%	15 12.1%	99 79.8%	10 8.1%	0 0.0%
6	11 78.6%	3 21.4%	0 0.0%	0 0.0%	34 32.7%	69 66.3%	1 1.0%	0 0.0%	12 11.7%	86 83.5%	5 4.9%	0 0.0%
7	10 90.9%	1 9.1%	0 0.0%	0 0.0%	36 41.4%	49 56.3%	2 2.3%	0 0.0%	13 16.7%	60 76.9%	4 5.1%	1 1.3%
8	7 77.8%	1 11.1%	1 11.1%	0 0.0%	35 48.6%	37 51.4%	0 0.0%	0 0.0%	10 16.4%	48 78.7%	3 4.9%	0 0.0%
9	6 85.7%	0 0.0%	1 14.3%	0 0.0%	26 45.6%	31 54.4%	0 0.0%	0 0.0%	7 14.6%	34 70.8%	7 14.6%	0 0.0%
10	4 50.0%	3 37.5%	1 12.5%	0 0.0%	28 58.3%	19 39.6%	1 2.1%	0 0.0%	6 17.1%	26 74.3%	3 8.6%	0 0.0%
11	5 100.0%	0 0.0%	0 0.0%	0 0.0%	19 59.4%	13 40.6%	0 0.0%	0 0.0%	4 13.3%	25 83.3%	1 3.3%	0 0.0%
12	1 100.0%	0 0.0%	0 0.0%	0 0.0%	14 63.6%	8 36.4%	0 0.0%	0 0.0%	3 12.5%	20 83.3%	1 4.2%	0 0.0%
13	1 100.0%	0 0.0%	0 0.0%	0 0.0%	12 80.0%	3 20.0%	0 0.0%	0 0.0%	2 14.3%	11 78.6%	1 7.1%	0 0.0%
14					4 66.7%	2 33.3%	0 0.0%	0 0.0%	3 23.1%	8 61.5%	2 15.4%	0 0.0%
15					0 0.0%	3 100.0%	0 0.0%	0 0.0%	0 0.0%	6 75.0%	2 25.0%	0 0.0%
16					0 0.0%	1 100.0%	0 0.0%	0 0.0%	0 0.0%	2 66.7%	1 33.3%	0 0.0%
17					0 0.0%	1 100.0%	0 0.0%	0 0.0%				
18					0 0.0%	1 100.0%	0 0.0%	0 0.0%				

\* Maximum daily dose limits are based on 30-day supply increments; therefore therapy month is calculated as 30-day increments instead of calendar months.

**NOTES:**

- Green shading indicates approved maximum daily dosing.
- Plan is reported for time of prescription fill. Some beneficiaries moved between plans while continuing therapy.

**Table 5: Step Therapy With Maximum Daily Doses for Restarts**

Similar information about daily dosing levels for beneficiaries who have restarted therapy after a discontinuation gap is shown in Table 5. The percentage of beneficiaries each month exceeding the maximum daily dose levels was almost double that for new starts – 5.6% for FFS, 44.4% for United Healthcare, and 61.0% for Magnolia. In addition to the conclusions stated about new starts, the higher percentages for restarts indicates that addressing addiction issues for these patients can be more difficult and that higher doses may be required for a greater percentage of beneficiaries.

TABLE 5: Number and Percentage of Beneficiaries by Daily Dosing Each Month on Therapy for RESTARTS Beginning After January 1, 2015																								
Therapy Month*	FFS				UHC				Magnolia															
	<= 8 mg		>8 to <= 16 mg		>16 to <=24 mg		> 24 mg		<= 8 mg		>8 to <= 16 mg		>16 to <=24 mg		> 24 mg									
1	11	26.2%	30	71.4%	1	2.4%	0	0.0%	24	12.0%	154	77.0%	20	10.0%	2	1.0%	14	10.1%	106	76.3%	18	12.9%	1	0.7%
2	6	25.0%	18	75.0%	0	0.0%	0	0.0%	20	13.4%	119	79.9%	10	6.7%	0	0.0%	10	9.7%	81	78.6%	12	11.7%	0	0.0%
3	6	75.0%	2	25.0%	0	0.0%	0	0.0%	15	12.7%	98	83.1%	5	4.2%	0	0.0%	9	10.2%	71	80.7%	8	9.1%	0	0.0%
4	3	75.0%	1	25.0%	0	0.0%	0	0.0%	17	18.5%	71	77.2%	4	4.3%	0	0.0%	10	13.2%	63	82.9%	3	3.9%	0	0.0%
5	3	75.0%	1	25.0%	0	0.0%	0	0.0%	18	22.5%	60	75.0%	2	2.5%	0	0.0%	9	15.3%	45	76.3%	4	6.8%	1	1.7%
6	2	100.0%	0	0.0%	0	0.0%	0	0.0%	16	29.6%	36	66.7%	2	3.7%	0	0.0%	7	14.3%	39	79.6%	3	6.1%	0	0.0%
7	2	100.0%	0	0.0%	0	0.0%	0	0.0%	19	46.3%	21	51.2%	1	2.4%	0	0.0%	3	8.1%	33	89.2%	1	2.7%	0	0.0%
8	3	100.0%	0	0.0%	0	0.0%	0	0.0%	19	65.5%	9	31.0%	1	3.4%	0	0.0%	2	7.1%	26	92.9%	0	0.0%	0	0.0%
9	1	100.0%	0	0.0%	0	0.0%	0	0.0%	14	66.7%	6	28.6%	1	4.8%	0	0.0%	0	0.0%	23	95.8%	1	4.2%	0	0.0%
10									14	82.4%	2	11.8%	1	5.9%	0	0.0%	0	0.0%	17	100.0%	0	0.0%	0	0.0%
11									8	61.5%	5	38.5%	0	0.0%	0	0.0%	0	0.0%	10	100.0%	0	0.0%	0	0.0%
12									4	36.4%	7	63.6%	0	0.0%	0	0.0%	0	0.0%	7	100.0%	0	0.0%	0	0.0%
13									4	40.0%	6	60.0%	0	0.0%	0	0.0%	0	0.0%	4	100.0%	0	0.0%	0	0.0%
14									5	55.6%	4	44.4%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%
15									2	40.0%	3	60.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%
16									2	40.0%	3	60.0%	0	0.0%	0	0.0%								
17									1	100.0%	0	0.0%	0	0.0%	0	0.0%								

\* Maximum daily dose limits are based on 30-day supply increments; therefore therapy month is calculated as 30-day increments instead of calendar months.

**NOTES:**

- Green shading indicates approved maximum daily dosing.
- Plan is reported for time of prescription fill. Some beneficiaries moved between plans while continuing therapy.

**Table 6: Length of Coverage**

The cumulative months on therapy with buprenorphine/naloxone or buprenorphine since the implementation of the therapy criteria are represented in Table 6. The 24 month duration limit was set based on the assumption that MAT is for a limited time to support withdrawal and is not intended to be a long-term treatment approach. When beneficiaries remained in the same pharmacy program throughout all of their treatment, very few beneficiaries received treatment for longer than 24 months – 3 (1.5%) for FFS, 12 (3.0%) for United Healthcare, and 3 (0.9%) for Magnolia. However, the large number of beneficiaries -- 181 (11.9%) receiving therapy for more than 24 months when enrolled in multiple pharmacy programs throughout their treatment may be a concern. Since beneficiaries in the CCOs were already being processed by manual PAs, the percentage of beneficiaries in these programs needing MAT for longer than 24 months is probably a good indication of the actual need for longer treatment. The higher percentages noted among beneficiaries being treated in multiple programs may reflect the problem of coordinating care among rather than the actual need for longer time on MAT.

<b>TABLE 6: Number and Percentage of Beneficiaries by Total Cumulative Months on Therapy by Program Enrollment Throughout Treatment (September 1, 2012 - April 30, 2016)</b>									
<b>Total Cumulative Months* on Therapy</b>	<b>Pharmacy Program Enrolled In Throughout Treatment</b>								
	<b>FFS only</b>		<b>UHC only</b>		<b>MAG only</b>		<b>Mixed</b>		<b>Total</b>
<b>6 months or less</b>	175	83.7%	290	72.0%	250	75.5%	552	36.4%	1,267 51.5%
<b>&gt;6 months to 12 months</b>	22	10.5%	71	17.6%	61	18.4%	398	26.3%	552 22.5%
<b>&gt;12 months to 18 months</b>	6	2.9%	18	4.5%	15	4.5%	255	16.8%	294 12.0%
<b>&gt;18 months to 24 months</b>	3	1.4%	12	3.0%	2	0.6%	129	8.5%	146 5.9%
<b>&gt;24 months to 30 months</b>	1	0.5%	8	2.0%	2	0.6%	81	5.3%	92 3.7%
<b>&gt;30 months</b>	2	1.0%	4	1.0%	1	0.3%	100	6.6%	107 4.4%

*\* Maximum daily dose limits are based on 30-day supply increments; therefore therapy month is calculated as 30-day supply increments instead of calendar months.*

**Table 7: Number of Restarts**

When the current criteria were developed, analysis of prior treatment patterns indicated that multiple restarts were not a major problem. A limit of one restart was established to encourage beneficiaries to be committed to the success of their therapy while acknowledging that treatment failures will occur and restarts will be needed. As with cumulative time on therapy, very few beneficiaries needed more than one restart when they were enrolled in a single pharmacy program for all of their MAT – 0 (0%) for FFS, 5 (1.2%) for United Healthcare, and 6 (1.8%) for Magnolia. The number of beneficiaries with more than one restart was much higher when multiple pharmacy programs were used – 94 (6.2%). In addition to potential communication problems, the percentage exceeding the restart limit when multiple programs are involved could be the result of breaks in therapy when beneficiaries currently in MAT change plans. As with cumulative length of therapy, a small percentage of cases would be expected to have acceptable medical reasons for needing more than one restart. These results indicate that the one restart criteria may be an acceptable limit in most cases.

<b>TABLE 7: Number of Starts (Initial and Restarts) for Beneficiaries Receiving Therapy by Program Enrollment Throughout Treatment</b> (September 1, 2012 - April 30, 2016)					
Number of Starts/Restarts	Pharmacy Program Enrolled In Throughout Treatment				
	FFS only	UHC only	MAG only	Mixed	Total
1	208	357	299	1046	1910
2	1	41	26	373	441
3	0	4	6	80	90
4	0	1	0	14	15
5	0	0	0	2	2

NOTE: Current criteria only permits 1 restart.

**Table 8: Opioid Use Restrictions**

The therapy criteria limit the use of opioids while being treated with buprenorphine/naloxone or buprenorphine. When a beneficiary on MAT fills a prescription for an opioid that exceeds a five day supply or fills multiple prescriptions for opioids that exceed the cumulative 10 day limit, therapy should be terminated and not allowed to restart until after a 60 day gap. The termination in therapy should be accomplished by the prescriber not continuing to write prescriptions or by rejection of the next PA for buprenorphine/naloxone or buprenorphine either through electronic PA in the FFS program or manual PA review in the CCOs. As shown in Table 8, approximately 22% of beneficiaries with buprenorphine/naloxone or buprenorphine therapy starting after January 2015 had at least one prescription filled for an opioid. Only 12% of beneficiaries exceeded the opioid limit during treatment. When the opioid limit has been exceeded, the buprenorphine/naloxone or buprenorphine therapy has been stopped very few times within 30 days of the opioid prescription that exceeded the limits. This has been true for all three pharmacy programs.

<b>TABLE 8: Number and Percentage of Beneficiaries by Opioid Use While on Buprenorphine/Naloxone or Buprenorphine Therapy</b> (Therapy Starts Beginning January 1, 2016 - April 30, 2016)							
Status of Opioid Criteria	Pharmacy Program Enrollment While On Therapy						
	FFS		UHC		MAG		Total
No opioid use	164	82.4%	421	77.0%	340	78.2%	925 78.3%
Opioid used - within limits of criteria	19	9.5%	59	10.8%	39	9.0%	117 9.9%
Opioid use exceeded criteria - therapy stopped*	0	0.0%	7	1.3%	9	2.1%	16 1.4%
Opioid use exceeded criteria - therapy NOT stopped*	16	8.0%	60	11.0%	47	10.8%	123 10.4%

NOTE: Criteria states beneficiaries cannot have a prescription for more than 5 days supply of opiate and can have a cumulative maximum of 10 days of opioid treatment while on buprenorphine/naloxone or buprenorphine therapy.

\* Refilling a buprenorphine/naloxone or buprenorphine prescription more than 30 days after exceeding opioid limit was classified as not stopping therapy.

**Table 9: Stopping Therapy After Opioid Use Restriction Exceeded**

Table 9 shows the number of days beneficiaries remained on MAT therapy after exceeding the opioid limits. These results could indicate that (a) during the PA review process most beneficiaries exceeding the opioid limit were considered to have appropriate medical reasons for doing so and continuation of therapy was approved, (b) exceeding the opioid restriction is not being appropriately being detected during the PA process, and/or (c) PAs are being issued for longer than 30 days and exceeding the opioid limit is not being detected until the prior PA expires. Detection of opioid use during treatment would require checking for claims during electronic or manual PA or by checking the Prescription Monitoring Program data. The latter would be best since it would also include information about opioid prescriptions paid for with cash.

TABLE 9: Number and Percentage of Beneficiaries by Number of Days Remaining on Buprenorphine/Naloxone or Buprenorphine Therapy After Exceeding Opioid Criteria* (Therapy Starts Beginning January 1, 2015 - April 30, 2016)								
Days Remaining on Therapy**	Pharmacy Program Enrollment While on Therapy							
	FFS		UHC		MAG		Total	
30 days or less	0	0.0%	8	11.9%	9	16.1%	17	12.2%
31 - 60 days	7	43.8%	17	25.4%	8	14.3%	32	23.0%
61 - 90 days	3	18.8%	8	11.9%	11	19.6%	22	15.8%
91 + days	6	37.5%	34	50.7%	28	50.0%	68	48.9%

\* Criteria states beneficiaries cannot have a prescription for more than 5 days supply of opiate and can have a cumulative maximum of 10 days of opioid treatment while on buprenorphine/naloxone or buprenorphine therapy.

\*\* Days remaining on therapy was calculated as number of days from filling opioid prescription that exceeded criteria to end of days covered by possession of buprenorphine/naloxone or buprenorphine.

## CONCLUSIONS

### Appropriate product use:

- Since the introduction of generic buprenorphine/naloxone, a small number of claims for the generic formulation have been approved in all three programs even though the brand Suboxone® has been continuously preferred. Although the number of claims has been minimal and a potential explanation could be that community pharmacies may not have had the brand product in stock when needed.
- Both CCOs have approved a small number of claims for Zubsolv®, which is non-preferred.
- Both CCOs have also approved claims for males taking generic buprenorphine (Subutex®), which should only be approved for females during pregnancy. Dosages on these prescriptions was appropriate for drug abuse treatment and were low enough that they do not indicate use for pain.

**Step therapy with maximum daily doses:**

- Although variation existed amongst the three pharmacy programs, the two CCOs had a fairly high percentage of beneficiaries with daily doses exceeding the limits in the criteria after the step-down to maintenance level ( $\leq 8\text{mg/day}$ ) should have occurred.
- A further analysis of PAs in the three programs may be warranted to ascertain if this is the result of prescribing providers not agreeing with the appropriateness of the maximum 8mg/day maintenance dose.

**Length of coverage**

- The maximum of 24 cumulative months of therapy does not appear to be a problem, except when beneficiaries switch pharmacy programs.
- The large number of beneficiaries that exceeded the limit and have switched between pharmacy programs indicates communication issues between programs on the criteria still exist.
- The limited number of beneficiaries exceeding the 24 month recommended timeframe when they have remained in the same pharmacy program indicates that there may be some cases that need longer treatment. However, the current 24 month limit seems to be appropriate as a general treatment guideline.

**Number of restarts**

- As with length of coverage, the limit on the number of restarts does not appear to be a problem except when beneficiaries switch among the pharmacy programs.
- The number of beneficiaries switching between pharmacy programs that had more than one restart further supports that communication issues between programs on the criteria may exist. Also, discontinuations could occur due to breaks in therapy when beneficiaries transfer between programs.

**Opioid use limits**

- Since January 2015, approximately 12% of beneficiaries being treated with buprenorphine/naloxone or buprenorphine have exceeded the opioid use just over 10% exceeded the limit and continue therapy for more than 30 days.
- In all three programs, treatment with buprenorphine/naloxone or buprenorphine was very seldom stopped within 30 days of exceeding the opioid limit. This could indicate that PA review of these cases determined that the use of opioids was not indicative of treatment failure and the beneficiaries were allowed to continue therapy. A further review of these PA approvals would be required to determine if the opioid limitation is unnecessary.


**BOARD ACTION REQUESTED**

In light of the national push to make opioid dependency treatment more available and to limit restrictions on treatment, DOM and MS-DUR are seeking comments and guidance from the DUR Board regarding the current therapy criteria. Based on the DUR Board feedback and consultation with addictionologists, MS-DUR will present any recommendations for any changes in the buprenorphine/naloxone or buprenorphine therapy coverage criteria to the DUR Board at the September 2016 meeting.



**ATTACHMENT**  
**Buprenorphine/Naloxone and Buprenorphine Therapy Coverage**  
**Provider Summary Sheet**

## Buprenorphine/Naloxone and Buprenorphine THERAPY COVERAGE Provider Summary Sheet





MISSISSIPPI DIVISION OF  
**MEDICAID**

**INITIAL START OF THERAPY\***

**Month 1**


Step 1


  
Up to 24mg/day\*\*



**Months 2 - 5**


Step 2

  
Up to 16mg/day \*\*



**Remaining Months**


Step 3


  
Up to 8mg/day\*\*

**RE-START OF THERAPY\***  
**Only 1 re-start permitted**  
(Refill gap of 60+ days considered a discontinuation of therapy that required a restart in treatment)

**Months 1 - 2**


Step 1

  
Up to 16mg/day\*\*



**Remaining Months**

Step 2

  
Up to 8mg/day\*\*

\*\* Maximum daily doses shown are for use of Suboxone®, the preferred product. If Zubsolv® or Bunavail® are approved for use, equivalent dosing limits will apply. Refer to the Uniform Preferred Drug List for criteria regarding use of non-preferred products.  
<http://www.medicaid.ms.gov/providers/pharmacy/preferred-drug-list>





\*Cumulative 24 months maximum coverage – Only 1 re-start permitted

- Buprenorphine/naloxone and buprenorphine are only approved for opioid dependence ICD-10 codes that must be found in medical claims or written on prescription and entered by pharmacist with prescription claim (F11.10, F11.120, F11.129, F11.2xx, F11.90, F19.20 or F19.21).
- Buprenorphine is only approved for use during pregnancy. Appropriate ICD-10 codes must be found in medical claims or written on prescription and entered by pharmacist with prescription claim. Appropriate codes can be found at: [http://www.medicaid.ms.gov/wp-content/uploads/2015/09/Pharmacy\\_ICD-10Codes.pdf](http://www.medicaid.ms.gov/wp-content/uploads/2015/09/Pharmacy_ICD-10Codes.pdf)
- All buprenorphine/naloxone and buprenorphine prescribers must have current XDEA number.

**Opiate use restriction:**

- Beneficiaries cannot have prescription for more than 5 day supply of opiate while on buprenorphine/naloxone therapy.
- Cumulative maximum of 10 days of opiate treatment while on buprenorphine/naloxone therapy.
- Medicaid claims are electronically reviewed for opiate use. Physicians and pharmacists are encouraged to use Prescription Monitoring Program (PMP) to monitor opiate use paid for by cash or other payers.

**Trouble Shooting Rejections:**

- Claim denied no diagnoses for opioid dependence or for pregnancy (buprenorphine use) found**  
 **Solution:** Physician should write diagnosis code on prescription and pharmacy should enter diagnosis code on pharmacy claim and call Medicaid PA unit if claim is still rejected for lack of diagnosis.
- Maximum daily dose exceeded for current step in therapy**  
 **Solution:** Limits at each step in therapy are absolute. Beneficiary may pay for additional pills.
- Beneficiary has claim for > 5 days of opiate use in last 30 days**  
 **Solution:** Refill for buprenorphine/naloxone cannot be processed until 30 days after opiate prescription was filled.
- Beneficiary has more than 10 days total opiate supply while on therapy**  
 **Solution:** Manual PA required from physician for appeal with medical justification for restarting or continuing treatment.

Prepared by:

MS|DUR

**Evidence-Based DUR Initiative**

The University of Mississippi School of Pharmacy

Revision: 03/03/2016

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Copies of this Summary Sheet are available at:  
[www.pharmacy.olemiss.edu/cpmm/msdurreourcesforproviders.html](http://www.pharmacy.olemiss.edu/cpmm/msdurreourcesforproviders.html)



## **PRELIMINARY ANALYSIS OF PAYMENT SOURCE FOR NARCOTIC CLAIMS BY MISSISSIPPI MEDICAID BENEFICIARIES**

Prepared by University of Mississippi MS-DUR  
Version 06/30/2016

### **BACKGROUND**

In 2005, *Mississippi Code Anno. Section 73-21-127* directed the Board of Pharmacy (BOP) to develop and implement a computerized program to track prescriptions for narcotics and other controlled substances and to report suspected abuse and misuse of controlled substances in compliance with the federal regulations promulgated under authority of the National All Schedules Prescription Electronic Reporting Act of 2005. The Mississippi Prescription Monitoring Program (MS PMP) operates under the authority of the BOP with the mission of proactively safeguarding public health and safety; supporting the legitimate use of controlled substances; facilitating and encouraging the identification, intervention with and treatment of individuals addicted to controlled substances and specified non-controlled drugs; identifying and preventing drug diversion; providing assistance to those state and federal law enforcement and regulatory agencies investigating cases of drug diversion or other misuse; and informing public and health care professionals of the use and abuse trends related to controlled substances and specified non-controlled drugs.

Providers dispensing any Schedule II-V controlled substances to outpatients are required to report dispensing information daily for the previous 24-hour period. Any drug containing ephedrine or pseudoephedrine is to be reported as a Schedule III, and any drug containing tramadol or butalbital is to be reported as a Schedule IV. With the information available from the MS PMP, healthcare providers have the opportunity to utilize controlled substance data to make informed treatment decisions.

State legislation establishing the MS PMP states that “upon request, the State Board of Pharmacy shall provide collected information to:” . . . “the Division of Medicaid regarding Medicaid and Medicare Program recipients.” The Division of Medicaid (DOM) requested that MS PMP data for all Medicaid beneficiaries be made available to MS-DUR for use in drug utilization review (DUR). A memorandum of understanding was executed between the BOP and DOM in February 2016. In May 2016, MS-DUR received an initial data report which included all records in the MS PMP data system for beneficiaries enrolled in Mississippi Division of Medicaid covering the April 1, 2014 through April 30, 2016 timeframe. MS-DUR will be receiving monthly updates that will be added to this baseline data.

Since MS-DUR already has access to paid claims for Medicaid beneficiaries, a major objective for obtaining the MS PMP data was to assess the impact of cash payment for controlled substances. This information will allow DOM’s DUR Board to target and assess efforts undertaken by DOM to assure appropriate use of these products. As MS-DUR has just recently obtained the data, completing data validation work will take some time. We are providing preliminary descriptive information about the use of cash payments for narcotics in order to get obtain feedback from the DUR Board regarding the best ways DOM can make use of this information. A more detailed report on the impact of cash payments for narcotics and other controlled substances will be provided to the Board at future meetings.

## METHODS

A retrospective analysis was conducted using MS PMP data for the period April 1, 2014 through April 30, 2016. Claims for narcotics were included in the analysis for all beneficiaries enrolled in Mississippi Medicaid, including dual eligibles, for the month in which the prescription was filled. Several issues identified that will need to be addressed during data validation include:

- The PMP vendor creates a common identification code for all variations of a patient name that are believed to be the same person. These combinations and the linking of patient information in the PMP data to Medicaid beneficiary enrollment information will be validated by comparing identification of Medicaid paid claims in the PMP data.
- Pharmacies are not required to include NPI numbers for prescribers or their pharmacies in the PMP reports submitted, thus names and addresses must be used to add NPI numbers so that prescribers and pharmacies can be consistently identified.
- Coding of payment type is subject to interpretation by each pharmacy, which is described in more detail below.

## RESULTS

The information on payment type recorded in the MS PMP is determined by the type of software being used by the pharmacy provider reporting dispensing data based on the American Society for Automation in Pharmacy standards. The payment type options recorded in these data included paid (CASH), Medicaid, Medicare, insurance, military, workmen compensation, Indian Nation, and unknown.

**Table 1: Distribution of DOM Beneficiaries by Payment Sources for Controlled Substance Claims**

MS DUR's preliminary analysis found that many pharmacies coded claims paid by Medicaid coordinated care organizations (CCOs) as commercial insurance when reporting to the MS PMP data vendor. MS-DUR will confirm this during the data validation work phase; however, for the current purpose of reporting cash payments for narcotics, this is not an issue. Table 1 reports the distribution of DOM beneficiaries based on their mix of payment sources for the narcotic prescriptions filled.

- 22% of beneficiaries filled at least one narcotic prescription that was paid for by cash
- 3.6% of beneficiaries paid for all narcotic prescriptions with cash
- 17.8% of beneficiaries had a mix of cash payments and some other form of coverage.

<b>TABLE 1: Number of Beneficiaries by Payment Sources for Narcotic Claims</b> <small>(Includes MS PMP Data For April 1, 2014 - April 30, 2016 for dual and non-dual eligible beneficiaries enrolled in Medicaid at time of claim)</small>		
Payment Sources	Unique Beneficiaries	
	Number	%
CASH only	3,071	3.6%
Medicaid	10,006	11.8%
Medicaid and CASH	887	1.0%
Medicaid/Insurance	4,265	5.0%
Medicaid/Insurance and CASH	3,441	4.1%
Insurance	35,739	42.2%
Insurance and CASH	7,680	9.1%
Medicaid/Medicare/Insurance	401	0.5%
Medicaid/Medicare/Insurance and CASH	496	0.6%
Medicare (w or w/o other Insurance)	15,375	18.2%
Medicare (w or w/o other Insurance) and CASH	3,344	3.9%
<b>TOTAL</b>	<b>84,705</b>	
Number with no cash claims	65,786	77.7%
Number with cash claims	18,919	22.3%

**NOTES:**

- "Insurance" is believed to represent Medicaid CCOs in most case without any Medicare coverage.
- Claim pay types of Indian Health, major medical, military, unknown, and worker's compensation are included in groups classified by major pay types but are not broken out separately in this table.

**Table 2: Number of Prescription Claims for Controlled Substances by Cash vs. Other Payment Sources**

The number of prescriptions for narcotics prescription claims filled for beneficiaries enrolled in Medicaid by drug product and payment source is shown in Table 2. Overall, 12.4% of all narcotic claims for Medicaid beneficiaries were paid for with cash. Approximately one-third of buprenorphine/naloxone prescriptions and over two-thirds of buprenorphine prescriptions were paid for by cash (highlighted in the table). This preliminary finding indicates that cash payments may have a meaningful impact on prospective DUR efforts to manage these and the other narcotic products.

<b>TABLE 2: Number of Prescriptions For Narcotic Claims by Payment Source</b> (Includes MS PMP data for April 1, 2014 - April 30, 2016 for dual and non-dual eligible beneficiaries enrolled in Medicaid at time of claim)					
Generic Drug Name	Prescription Payment Source				
	CASH		All Payers		Total
acetaminophen/butalbital/ caffeine/codeine	165	27.0%	447	73.0%	612
acetaminophen/caffeine/ dihydrocodeine	0	0.0%	29	100.0%	29
acetaminophen-codeine	2,176	6.8%	29,852	93.2%	32,028
acetaminophen-hydrocodone	42,103	11.4%	326,546	88.6%	368,649
acetaminophen-oxycodone	8,556	12.5%	59,928	87.5%	68,484
acetaminophen-tramadol	404	7.8%	4,784	92.2%	5,188
aspirin/butalbital/caffeine/codeine	82	27.6%	215	72.4%	297
aspirin/caffeine/dihydrocodeine	0	0.0%	1	100.0%	1
aspirin-oxycodone	3	4.8%	59	95.2%	62
belladonna-opium	1	25.0%	3	75.0%	4
buprenorphine	3,770	69.1%	1,688	30.9%	5,458
buprenorphine-naloxone	6,091	31.8%	13,063	68.2%	19,154
butorphanol	59	26.0%	168	74.0%	227
codeine	5	20.0%	20	80.0%	25
fentanyl	869	6.0%	13,532	94.0%	14,401
hydrocodone-ibuprofen	561	33.0%	1,137	67.0%	1,698
hydromorphone	799	17.9%	3,676	82.1%	4,475
meperidine	275	27.9%	712	72.1%	987
meperidine-promethazine	2	100.0%	0	0.0%	2
methadone	994	23.0%	3,323	77.0%	4,317
morphine	1,600	9.5%	15,324	90.5%	16,924
morphine-naltrexone	0	0.0%	156	100.0%	156
naloxone-pentazocine	15	21.7%	54	78.3%	69
opium	3	60.0%	2	40.0%	5
oxycodone	3,666	14.6%	21,512	85.4%	25,178
oxymorphone	332	11.8%	2,482	88.2%	2,814
tapentadol	18	3.4%	516	96.6%	534
tramadol	8,369	10.3%	72,862	89.7%	81,231
<b>Total</b>	80,918	12.4%	572,091	87.6%	653,009

Once MS-DUR has completed data validation and has clearly identified dual-eligible status and prescription drug coverage status for each beneficiary, several major analyses, proposed below, are planned to evaluate the impact of cash payments on DUR projects.

1. Identifying non-dual beneficiaries using cash payments for narcotics when they are not at the prescription limit and including this in criteria used to identify at risk beneficiaries for possible lock-in.
2. Identifying prescribers who are outliers with respect to the percentage of narcotic prescriptions for Medicaid beneficiaries that are paid for with cash.
3. Evaluating the impact of including cash payment prescriptions in measures of:
  - a. Detecting doctor/pharmacy shopping,
  - b. Exceeding the CMS Adult Core Measure criteria for morphine equivalent dosing,
  - c. Exceeding the dosing restrictions for buprenorphine/naloxone or buprenorphine therapy for opioid dependence,
  - d. Exceeding limits on use of opioid products while on buprenorphine/naloxone or buprenorphine therapy for opioid dependence,
  - e. Exceeding quantity limits in the Universal Preferred Drug List for narcotics and stimulants, and
  - f. Identifying concomitant use of narcotics and benzodiazepines.

MS-DUR will present results from these analyses and any specific DUR recommendations for consideration at future DUR Board meetings.

#### **DUR BOARD ACTION REQUESTED**

Feedback as related to MS-DUR proposed analysis and suggestions for other ways cash payment information can be best utilized in DUR activities for DOM is needed.

**Appendix A**  
**Table 04G: Top 25 Drug Molecules and Individual Product Detail**  
**by Number of Claims In April 2016 (FFS and CCOs)**

**TABLE 04G: TOP 25 DRUG MOLECULES AND INDIVIDUAL PRODUCT  
DETAILS BY NUMBER OF CLAIMS IN APRIL 2016 (FFS and CCOs)**

Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
acetaminophen-hydrocodone / narcotic analgesic combinations	\$947,866	\$1,016,595	\$633,815	36,468	38,862	34,382	16,889	17,740	15,932
... acetaminophen-hydrocodone 325 mg-10 mg tablet	\$547,915	\$576,633	\$352,301	15,974	16,728	15,056	7,693	7,932	7,185
... acetaminophen-hydrocodone 325 mg-7.5 mg tablet	\$216,587	\$227,675	\$138,715	10,784	11,424	10,070	5,050	5,325	4,730
... acetaminophen-hydrocodone 325 mg-5 mg tablet	\$116,915	\$126,668	\$78,063	8,264	9,068	7,894	3,956	4,288	3,755
... acetaminophen-hydrocodone 325 mg-7.5 mg/15 mL solution	\$65,405	\$84,768	\$63,691	1,414	1,618	1,338	678	773	646
sulfamethoxazole-trimethoprim / infectives	\$509,667	\$552,759	\$413,502	20,260	22,056	19,780	4,991	5,417	4,877
... sulfamethoxazole-trimethoprim 800 mg-160 mg tablet	\$101,440	\$113,847	\$66,497	11,368	12,704	11,212	2,804	3,119	2,766
... sulfamethoxazole-trimethoprim 200 mg-40 mg/5 mL suspension	\$352,390	\$387,292	\$303,805	6,356	7,036	6,528	1,573	1,734	1,612
... Sulfatrim Pediatric (sulfamethoxazole-trimethoprim) 200 mg-40 mg/5 mL suspension	\$47,945	\$44,373	\$36,828	1,376	1,260	1,028	342	313	257
... sulfamethoxazole-trimethoprim 400 mg-80 mg tablet	\$7,892	\$7,246	\$6,372	1,160	1,056	1,012	285	259	251
amoxicillin / aminopenicillins	\$218,809	\$204,595	\$163,963	20,563	19,185	15,963	20,167	18,813	15,687
... amoxicillin 400 mg/5 mL powder for reconstitution	\$126,163	\$117,314	\$95,912	9,224	8,486	6,924	9,127	8,405	6,868
... amoxicillin 500 mg capsule	\$30,541	\$28,991	\$22,698	5,125	4,906	4,352	5,037	4,810	4,261
... amoxicillin 250 mg/5 mL powder for reconstitution	\$28,742	\$27,229	\$23,601	3,268	3,042	2,410	3,232	3,008	2,390
... amoxicillin 875 mg tablet	\$15,719	\$14,395	\$8,071	980	914	816	978	906	813
... amoxicillin 200 mg/5 mL powder for reconstitution	\$8,821	\$8,028	\$6,700	775	724	569	769	715	566
... amoxicillin 125 mg/5 mL powder for reconstitution	\$5,711	\$5,373	\$4,015	796	751	540	787	741	535
... amoxicillin 250 mg capsule	\$1,718	\$1,299	\$1,522	293	221	243	292	221	238
... amoxicillin 250 mg tablet, chewable	\$951	\$1,074	\$999	68	69	68	67	69	67

**NOTE: Individual product details are only reported under the molecule when the product total amount paid in the last month > \$500.**

**NOTE: Pharmacy encounter data for UHC is incomplete for two weeks in April 2016. This should not affect ranks but does affect total amounts for paid, number of claims, and number of beneficiaries in April and May.**

**TABLE 04G: TOP 25 DRUG MOLECULES AND INDIVIDUAL PRODUCT  
DETAILS BY NUMBER OF CLAIMS IN APRIL 2016 (FFS and CCOs)**

Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
albuterol / adrenergic bronchodilators	\$864,080	\$868,881	\$819,732	17,036	16,801	14,924	15,250	14,848	13,190
... Ventolin HFA (albuterol) CFC free 90 mcg/inh aerosol	\$263,855	\$288,605	\$277,733	4,402	4,810	4,595	4,315	4,669	4,481
... albuterol 2.5 mg/3 mL (0.083%) solution	\$114,722	\$106,634	\$139,065	5,024	4,645	4,072	4,906	4,532	3,971
... ProAir HFA (albuterol) CFC free 90 mcg/inh aerosol	\$171,086	\$172,368	\$158,185	2,751	2,770	2,551	2,708	2,707	2,504
... Proventil HFA (albuterol) CFC free 90 mcg/inh aerosol	\$142,250	\$148,145	\$129,966	1,708	1,753	1,548	1,677	1,717	1,517
... albuterol 1.25 mg/3 mL (0.042%) solution	\$95,535	\$83,682	\$60,815	1,519	1,352	981	1,483	1,317	956
... albuterol 0.63 mg/3 mL (0.021%) solution	\$53,872	\$45,844	\$32,351	827	709	530	808	690	518
... albuterol 2 mg/5 mL syrup	\$4,794	\$4,970	\$2,832	507	457	331	502	452	327
... ProAir RespiClick (albuterol) 90 mcg/inh powder	\$15,208	\$16,094	\$16,199	257	273	281	254	272	277
... albuterol 2 mg tablet	\$2,138	\$2,130	\$1,466	8	7	5	8	7	5
amoxicillin-clavulanate / penicillins/beta	\$966,577	\$892,120	\$691,749	16,510	15,242	12,960	8,124	7,471	6,360
... amoxicillin-clavulanate 600 mg-42.9 mg/5 mL powder for reconstitution	\$277,554	\$268,221	\$230,427	4,954	4,766	3,840	2,457	2,356	1,904
... amoxicillin-clavulanate 875 mg-125 mg tablet	\$214,078	\$187,847	\$114,174	4,300	3,820	3,434	2,130	1,893	1,695
... amoxicillin-clavulanate 400 mg-57 mg/5 mL powder for reconstitution	\$209,982	\$194,133	\$166,625	3,380	3,106	2,560	1,677	1,529	1,272
... amoxicillin-clavulanate 500 mg-125 mg tablet	\$79,415	\$73,110	\$38,643	1,840	1,670	1,552	912	828	768
... amoxicillin-clavulanate 250 mg-62.5 mg/5 mL powder for reconstitution	\$148,485	\$131,021	\$110,289	1,284	1,146	988	620	560	481
... amoxicillin-clavulanate 200 mg-28.5 mg/5 mL powder for reconstitution	\$18,247	\$16,930	\$13,252	554	530	416	267	260	202
... amoxicillin-clavulanate 400 mg-57 mg tablet, chewable	\$8,973	\$12,326	\$8,929	106	120	106	52	59	52
... amoxicillin-clavulanate 250 mg-125 mg tablet	\$5,855	\$5,677	\$3,892	52	58	38	26	29	19

**NOTE: Individual product details are only reported under the molecule when the product total amount paid in the last month > \$500.**

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**TABLE 04G: TOP 25 DRUG MOLECULES AND INDIVIDUAL PRODUCT  
DETAILS BY NUMBER OF CLAIMS IN APRIL 2016 (FFS and CCOs)**

Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
... amoxicillin-clavulanate 1000 mg-62.5 mg tablet, extended release	\$3,274	\$2,762	\$1,836	30	24	16	15	11	8
... Augmentin (amoxicillin-clavulanate) 125 mg-31.25 mg/5 mL powder for reconstitution	\$0	\$0	\$3,470	0	0	4	0	0	2
azithromycin / macrolides	\$493,543	\$431,409	\$271,368	16,861	14,795	12,103	16,463	14,495	11,848
... azithromycin 250 mg tablet	\$162,940	\$140,504	\$62,676	7,329	6,327	5,322	7,209	6,245	5,257
... azithromycin 200 mg/5 mL powder for reconstitution	\$234,503	\$202,115	\$164,741	6,732	5,857	4,757	6,618	5,772	4,694
... azithromycin 100 mg/5 mL powder for reconstitution	\$64,052	\$60,157	\$29,818	1,607	1,536	1,095	1,550	1,478	1,043
... azithromycin 500 mg tablet	\$28,722	\$25,397	\$12,001	1,110	994	864	1,087	984	844
... azithromycin 600 mg tablet	\$2,315	\$2,089	\$1,316	45	41	37	41	40	37
... azithromycin 1 g powder for reconstitution	\$1,011	\$1,147	\$816	38	40	28	38	39	27
montelukast / leukotriene modifiers	\$2,311,686	\$2,657,093	\$1,354,926	10,875	12,487	11,018	10,737	12,247	10,877
... Singulair (montelukast) 5 mg tablet, chewable	\$963,167	\$1,118,631	\$429,043	4,434	5,150	2,485	4,394	5,068	2,484
... montelukast 5 mg tablet, chewable	\$2,056	\$4,379	\$33,961	24	43	2,098	24	40	2,098
... Singulair (montelukast) 10 mg tablet	\$687,666	\$786,376	\$412,156	3,168	3,603	1,876	3,135	3,546	1,874
... Singulair (montelukast) 4 mg tablet, chewable	\$586,327	\$663,566	\$261,312	2,696	3,050	1,478	2,668	3,001	1,476
... montelukast 10 mg tablet	\$2,035	\$3,080	\$129,388	23	31	1,337	23	31	1,333
... montelukast 4 mg tablet, chewable	\$748	\$1,023	\$24,223	8	13	1,239	8	13	1,239
... montelukast 4 mg granule	\$69,469	\$79,382	\$64,624	521	594	504	515	588	502
cetirizine / antihistamines	\$234,134	\$282,522	\$262,409	10,063	11,876	10,827	9,940	11,666	10,704
... cetirizine 1 mg/mL syrup	\$230,046	\$277,380	\$257,583	9,518	11,193	10,191	9,409	10,993	10,078

**NOTE: Individual product details are only reported under the molecule when the product total amount paid in the last month > \$500.**

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**TABLE 04G: TOP 25 DRUG MOLECULES AND INDIVIDUAL PRODUCT  
DETAILS BY NUMBER OF CLAIMS IN APRIL 2016 (FFS and CCOs)**

Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
... cetirizine 5 mg tablet	\$4,087	\$5,142	\$4,826	545	683	636	539	679	632
medroxyprogesterone / progestins	\$541,411	\$554,373	\$498,622	10,059	11,151	10,113	3,339	3,705	3,356
... medroxyprogesterone 150 mg/mL suspension	\$536,099	\$548,509	\$493,323	9,174	10,236	9,180	3,054	3,411	3,057
... medroxyprogesterone 10 mg tablet	\$4,740	\$4,680	\$4,625	774	801	813	250	260	267
ethinyl estradiol-norgestimate / contraceptives	\$297,107	\$294,596	\$183,728	8,946	9,060	8,120	4,273	4,248	3,880
... ethinyl estradiol-norgestimate triphasic 35 mcg tablet	\$110,627	\$114,316	\$68,162	3,918	4,064	3,634	1,879	1,895	1,733
... ethinyl estradiol-norgestimate 35 mcg-0.25 mg tablet	\$68,478	\$69,212	\$44,576	2,832	2,888	2,612	1,343	1,349	1,237
... Ortho Tri-Cyclen Lo (ethinyl estradiol-norgestimate) triphasic 25 mcg tablet	\$82,037	\$61,518	\$33,772	1,126	866	736	549	421	359
... ethinyl estradiol-norgestimate triphasic 25 mcg tablet	\$17,965	\$23,290	\$19,024	374	470	448	175	221	219
... Ortho Tri-Cyclen (ethinyl estradiol-norgestimate) triphasic 35 mcg tablet	\$8,354	\$9,546	\$6,499	420	464	370	210	226	184
... Ortho-Cyclen (ethinyl estradiol-norgestimate) 35 mcg-0.25 mg tablet	\$3,191	\$3,082	\$2,939	192	180	186	96	90	90
... Tri-Lo-Sprintec (ethinyl estradiol-norgestimate) triphasic 25 mcg tablet	\$6,455	\$13,632	\$8,758	84	128	134	39	60	63
lisdexamfetamine / CNS stimulants	\$2,205,520	\$2,307,412	\$2,034,360	8,362	8,765	7,738	8,161	8,397	7,536
... Vyvanse (lisdexamfetamine) 30 mg capsule	\$607,579	\$646,944	\$558,582	2,302	2,455	2,121	2,288	2,399	2,099
... Vyvanse (lisdexamfetamine) 40 mg capsule	\$462,404	\$485,331	\$436,000	1,748	1,841	1,656	1,732	1,787	1,636
... Vyvanse (lisdexamfetamine) 20 mg capsule	\$377,317	\$387,482	\$329,541	1,432	1,473	1,262	1,419	1,445	1,240
... Vyvanse (lisdexamfetamine) 50 mg capsule	\$355,120	\$360,765	\$318,575	1,346	1,365	1,210	1,331	1,326	1,194
... Vyvanse (lisdexamfetamine) 60 mg capsule	\$194,791	\$196,058	\$186,438	738	745	709	730	723	695
... Vyvanse (lisdexamfetamine) 70 mg capsule	\$169,580	\$184,432	\$163,232	647	706	619	635	682	613

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Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
... Vyvanse (lisdexamfetamine) 10 mg capsule	\$38,729	\$46,400	\$41,992	149	180	161	146	174	161
ibuprofen / nonsteroidal anti	\$68,446	\$72,412	\$62,793	8,108	8,636	7,487	7,968	8,456	7,355
... ibuprofen 800 mg tablet	\$15,618	\$16,791	\$15,807	2,894	3,161	2,825	2,840	3,089	2,761
... ibuprofen 100 mg/5 mL suspension	\$41,040	\$43,489	\$35,217	2,888	3,060	2,454	2,856	3,015	2,435
... ibuprofen 600 mg tablet	\$7,376	\$7,935	\$7,592	1,537	1,661	1,487	1,518	1,637	1,466
... ibuprofen 400 mg tablet	\$4,411	\$4,197	\$4,177	789	754	721	782	747	718
omeprazole / proton pump inhibitors	\$552,821	\$585,962	\$289,669	7,864	8,292	7,387	7,704	8,036	7,229
... omeprazole 20 mg delayed release capsule	\$354,902	\$375,405	\$180,092	4,274	4,519	4,002	4,207	4,403	3,918
... omeprazole 40 mg delayed release capsule	\$191,491	\$202,056	\$105,339	3,504	3,666	3,304	3,435	3,558	3,245
... omeprazole 10 mg delayed release capsule	\$6,169	\$8,023	\$3,758	83	103	77	83	100	76
promethazine / phenothiazine antiemetics	\$89,652	\$93,755	\$78,438	7,826	8,344	7,122	3,746	3,959	3,381
... promethazine 25 mg tablet	\$57,772	\$59,539	\$36,470	5,050	5,364	4,740	2,429	2,589	2,284
... promethazine 6.25 mg/5 mL syrup	\$13,914	\$14,559	\$10,904	1,562	1,654	1,246	764	795	605
... promethazine 12.5 mg tablet	\$8,276	\$9,397	\$5,297	674	750	594	329	366	288
... promethazine 25 mg suppository	\$3,359	\$3,511	\$12,079	222	222	232	108	110	111
... promethazine 12.5 mg suppository	\$2,531	\$2,706	\$9,830	204	208	180	102	104	87
... promethazine 50 mg tablet	\$2,311	\$2,558	\$1,702	86	106	100	41	52	50
... promethazine 50 mg suppository	\$1,165	\$1,057	\$1,955	4	6	6	2	3	3
fluticasone nasal / nasal steroids	\$383,847	\$418,629	\$393,747	6,751	7,472	7,040	6,730	7,421	7,007

**NOTE: Individual product details are only reported under the molecule when the product total amount paid in the last month > \$500.**

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DETAILS BY NUMBER OF CLAIMS IN APRIL 2016 (FFS and CCOs)**

Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
... fluticasone nasal 50 mcg/inh spray	\$383,238	\$418,425	\$393,747	6,748	7,471	7,040	6,727	7,420	7,007
gabapentin / gamma	\$321,316	\$326,254	\$204,505	7,206	7,445	6,845	6,824	6,990	6,485
... gabapentin 300 mg capsule	\$35,371	\$36,623	\$28,514	3,011	3,154	2,892	2,934	3,052	2,818
... gabapentin 600 mg tablet	\$140,593	\$146,308	\$85,437	1,705	1,775	1,605	1,671	1,723	1,558
... gabapentin 800 mg tablet	\$125,549	\$123,439	\$73,325	1,233	1,219	1,122	1,178	1,150	1,063
... gabapentin 100 mg capsule	\$5,842	\$6,363	\$4,861	648	714	662	619	671	638
... gabapentin 400 mg capsule	\$8,225	\$8,111	\$6,851	532	519	493	516	495	475
... gabapentin 250 mg/5 mL solution	\$5,387	\$5,409	\$5,167	76	64	70	71	63	65
clonazepam / benzodiazepines	\$53,519	\$53,571	\$43,927	7,092	7,180	6,646	3,413	3,419	3,202
... clonazepam 1 mg tablet	\$22,597	\$22,711	\$18,558	3,412	3,406	3,198	1,656	1,646	1,568
... clonazepam 0.5 mg tablet	\$15,328	\$15,796	\$12,151	2,746	2,846	2,634	1,343	1,364	1,282
... clonazepam 2 mg tablet	\$7,024	\$6,822	\$4,851	800	796	682	390	387	331
... clonazepam 0.25 mg tablet, disintegrating	\$3,720	\$2,870	\$3,428	66	50	54	32	25	26
... clonazepam 0.125 mg tablet, disintegrating	\$2,037	\$2,228	\$1,527	34	38	32	17	18	16
... clonazepam 0.5 mg tablet, disintegrating	\$1,395	\$1,491	\$1,853	18	20	28	9	9	14
... clonazepam 1 mg tablet, disintegrating	\$926	\$1,055	\$1,069	10	16	12	5	8	6
multivitamin, prenatal / vitamin and mineral combinations	\$204,537	\$233,590	\$203,869	6,780	7,524	6,526	1,653	1,804	1,578
... Concept DHA (multivitamin, prenatal) Prenatal Multivitamins with Folic Acid 1 mg capsule	\$103,130	\$119,558	\$100,298	3,328	3,880	3,256	827	953	808
... multivitamin, prenatal Prenatal Multivitamins with Folic Acid 1 mg tablet	\$24,038	\$24,187	\$21,302	1,344	1,316	1,216	334	323	304

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DETAILS BY NUMBER OF CLAIMS IN APRIL 2016 (FFS and CCOs)**

Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
... Taron-C DHA (multivitamin, prenatal) Prenatal Multivitamins with Folic Acid 1 mg capsule	\$22,283	\$25,689	\$22,511	816	940	840	204	231	209
... TriCare (multivitamin, prenatal) Prenatal Multivitamins with Folic Acid 1 mg tablet	\$21,056	\$19,116	\$16,533	612	544	476	153	134	119
... PNV Prenatal Plus (multivitamin, prenatal) Prenatal Multivitamins with Folic Acid 1 mg tablet	\$5,341	\$6,510	\$5,113	312	380	296	77	94	74
... CitraNatal 90 DHA (multivitamin, prenatal) Prenatal Multivitamins with Folic Acid 1 mg, Docusate, and Pyridoxine kit	\$9,347	\$14,349	\$16,853	104	160	192	13	20	24
... CitraNatal Harmony (multivitamin, prenatal) Prenatal Multivitamins with Folic Acid 1 mg and Docusate capsule	\$8,935	\$10,488	\$11,036	102	120	126	17	20	21
... CitraNatal Assure (multivitamin, prenatal) Prenatal Multivitamins with Folic Acid 1 mg and Docusate capsule	\$3,679	\$4,682	\$5,174	42	54	60	7	9	10
... CitraNatal B-Calm (multivitamin, prenatal) Prenatal Multivitamins with Folic Acid 1 mg kit	\$1,548	\$1,727	\$1,318	28	28	20	7	7	5
... CitraNatal DHA (multivitamin, prenatal) Prenatal Multivitamins with Folic Acid 1 mg kit	\$1,336	\$1,661	\$1,324	16	20	16	4	5	4
... CitraNatal Rx (multivitamin, prenatal) Prenatal Multivitamins with Folic Acid 1 mg and Docusate tablet	\$1,853	\$1,835	\$749	30	30	12	5	4	2
... OB Complete (multivitamin, prenatal) Prenatal Multivitamins with Folic Acid 1.25 mg tablet	\$221	\$636	\$648	4	8	8	1	2	2
... Prenate Elite (multivitamin, prenatal) Prenatal Multivitamins with Folic Acid 1 mg tablet	\$658	\$658	\$658	4	4	4	1	1	1
acetaminophen-oxycodone / narcotic analgesic combinations	\$519,759	\$555,772	\$326,051	7,104	7,402	6,442	3,381	3,473	3,056
... acetaminophen-oxycodone 325 mg-10 mg tablet	\$436,906	\$465,539	\$269,918	3,440	3,626	3,216	1,651	1,708	1,524
... acetaminophen-oxycodone 325 mg-5 mg tablet	\$29,810	\$29,115	\$23,355	2,906	2,880	2,496	1,403	1,386	1,210
... acetaminophen-oxycodone 325 mg-7.5 mg tablet	\$51,990	\$61,119	\$32,744	754	896	728	365	427	350

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DETAILS BY NUMBER OF CLAIMS IN APRIL 2016 (FFS and CCOs)**

Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
amlodipine / calcium channel blocking agents	\$47,136	\$48,429	\$33,327	6,709	6,925	6,435	6,550	6,671	6,241
... amlodipine 10 mg tablet	\$31,420	\$31,686	\$22,067	4,146	4,227	3,987	4,066	4,077	3,879
... amlodipine 5 mg tablet	\$14,446	\$15,171	\$10,318	2,364	2,463	2,248	2,308	2,396	2,193
... amlodipine 2.5 mg tablet	\$1,271	\$1,572	\$942	199	235	200	198	230	196
hydrochlorothiazide-lisinopril / ACE inhibitors with thiazides	\$46,675	\$47,163	\$29,262	6,920	7,008	6,278	3,405	3,421	3,082
... hydrochlorothiazide-lisinopril 12.5 mg-20 mg tablet	\$20,688	\$21,081	\$12,847	2,720	2,770	2,528	1,343	1,349	1,246
... hydrochlorothiazide-lisinopril 25 mg-20 mg tablet	\$16,330	\$16,287	\$10,615	2,612	2,646	2,346	1,282	1,294	1,147
... hydrochlorothiazide-lisinopril 12.5 mg-10 mg tablet	\$9,657	\$9,794	\$5,800	1,588	1,592	1,404	786	783	692
methylphenidate / CNS stimulants	\$1,465,105	\$1,523,552	\$1,261,150	6,560	6,832	6,073	6,000	6,112	5,510
... methylphenidate 36 mg/24 hr tablet, extended release	\$391,354	\$411,596	\$375,099	1,481	1,555	1,435	1,470	1,509	1,419
... methylphenidate 54 mg/24 hr tablet, extended release	\$240,969	\$258,514	\$193,669	1,029	1,109	979	1,024	1,076	964
... Quillivant XR (methylphenidate) 25 mg/5 mL powder for reconstitution, extended release	\$291,663	\$298,722	\$259,445	948	951	869	931	917	849
... methylphenidate 27 mg/24 hr tablet, extended release	\$169,179	\$178,924	\$131,441	813	864	761	808	846	751
... methylphenidate 18 mg/24 hr tablet, extended release	\$111,956	\$117,615	\$95,728	556	581	479	550	567	476
... methylphenidate 10 mg tablet	\$6,828	\$7,289	\$10,473	382	408	381	378	399	375
... methylphenidate 5 mg tablet	\$4,716	\$4,712	\$6,001	340	345	303	337	334	302
... Metadate CD (methylphenidate) 20 mg/24 hr capsule, extended release	\$41,024	\$39,697	\$33,867	169	164	157	168	161	155
... methylphenidate 20 mg tablet	\$3,257	\$3,332	\$5,759	151	154	143	146	150	139
... Metadate CD (methylphenidate) 40 mg/24 hr capsule, extended release	\$43,492	\$41,210	\$32,954	130	123	112	130	119	111

**NOTE: Individual product details are only reported under the molecule when the product total amount paid in the last month > \$500.**

**NOTE: Pharmacy encounter data for UHC is incomplete for two weeks in April 2016. This should not affect ranks but does affect total amounts for paid, number of claims, and number of beneficiaries in April and May.**

**TABLE 04G: TOP 25 DRUG MOLECULES AND INDIVIDUAL PRODUCT  
DETAILS BY NUMBER OF CLAIMS IN APRIL 2016 (FFS and CCOs)**

Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
... Metadate CD (methylphenidate) 30 mg/24 hours capsule, extended release	\$29,453	\$31,274	\$21,925	119	127	108	117	125	107
... Metadate CD (methylphenidate) 50 mg/24 hours capsule, extended release	\$23,664	\$22,112	\$15,804	60	58	48	57	53	47
... Metadate CD (methylphenidate) 60 mg/24 hours capsule, extended release	\$19,977	\$19,566	\$15,616	49	48	44	49	47	44
... Metadate CD (methylphenidate) 10 mg/24 hr capsule, extended release	\$13,874	\$14,602	\$8,902	57	62	44	57	61	43
... Daytrana (methylphenidate) 20 mg/9 hr film, extended release	\$12,690	\$15,568	\$10,095	40	49	32	40	49	32
... Daytrana (methylphenidate) 30 mg/9 hr film, extended release	\$19,695	\$15,959	\$9,763	61	50	31	61	47	30
... methylphenidate 20 mg/8 hr tablet, extended release	\$5,592	\$6,270	\$3,807	28	32	21	28	32	21
... Daytrana (methylphenidate) 10 mg/9 hr film, extended release	\$9,052	\$10,954	\$7,432	26	33	21	26	32	21
... Daytrana (methylphenidate) 15 mg/9 hr film, extended release	\$4,212	\$4,857	\$6,798	13	15	20	13	15	20
... methylphenidate 40 mg/24 hr capsule, extended release	\$1,640	\$1,792	\$1,947	11	12	13	11	12	13
... methylphenidate 30 mg/24 hours capsule, extended release	\$1,872	\$1,601	\$1,869	13	12	13	13	12	13
... methylphenidate 10 mg/8 hr tablet, extended release	\$2,212	\$2,813	\$2,343	13	16	13	12	16	13
... methylphenidate 20 mg/24 hr capsule, extended release	\$2,120	\$2,466	\$1,193	16	18	9	16	18	9
... Methylin (methylphenidate) 10 mg/5 mL solution	\$3,595	\$5,118	\$2,066	11	14	8	11	13	8
... Methylin (methylphenidate) 5 mg/5 mL solution	\$4,232	\$2,760	\$2,480	12	11	7	12	11	7
... Ritalin LA (methylphenidate) 30 mg/24 hours capsule, extended release	\$260	\$521	\$1,030	1	2	4	1	2	4
... methylphenidate 50 mg/24 hours capsule, extended release	\$446	\$439	\$655	2	2	3	2	2	3
prednisolone / glucocorticoids	\$156,343	\$152,131	\$145,913	8,060	6,884	5,995	7,842	6,689	5,853
... prednisolone 15 mg/5 mL syrup	\$51,325	\$44,502	\$48,199	3,981	3,446	3,081	3,911	3,376	3,030

**NOTE: Individual product details are only reported under the molecule when the product total amount paid in the last month > \$500.**

**NOTE: Pharmacy encounter data for UHC is incomplete for two weeks in April 2016. This should not affect ranks but does affect total amounts for paid, number of claims, and number of beneficiaries in April and May.**

**TABLE 04G: TOP 25 DRUG MOLECULES AND INDIVIDUAL PRODUCT  
DETAILS BY NUMBER OF CLAIMS IN APRIL 2016 (FFS and CCOs)**

Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
... prednisolone sodium phosphate 15 mg/5 mL liquid	\$34,091	\$28,710	\$23,262	3,429	2,788	2,261	3,361	2,737	2,230
... prednisolone (as sodium phosphate) 5 mg/5 mL liquid	\$13,181	\$11,539	\$13,685	355	316	355	350	311	351
... Veripred 20 (prednisolone) (as sodium phosphate) 20 mg/5 mL liquid	\$55,667	\$63,620	\$58,060	285	313	281	285	311	281
... prednisolone 15 mg tablet, disintegrating	\$1,449	\$2,205	\$1,552	7	8	7	7	7	7
... prednisolone 30 mg tablet, disintegrating	\$630	\$1,148	\$811	3	5	6	3	5	6
amphetamine-dextroamphetamine / CNS stimulants	\$978,175	\$1,006,584	\$718,234	6,486	6,806	5,964	5,670	5,824	5,171
... amphetamine-dextroamphetamine 10 mg tablet	\$57,167	\$61,382	\$33,762	957	1,037	887	939	1,004	872
... Adderall XR (amphetamine-dextroamphetamine) 20 mg capsule, extended release	\$218,533	\$226,441	\$159,351	896	933	784	888	904	773
... Adderall XR (amphetamine-dextroamphetamine) 30 mg capsule, extended release	\$178,978	\$185,027	\$142,566	772	798	719	754	771	708
... amphetamine-dextroamphetamine 5 mg tablet	\$41,077	\$44,772	\$26,399	710	756	664	706	732	657
... amphetamine-dextroamphetamine 20 mg tablet	\$41,442	\$46,256	\$26,716	591	672	584	581	641	571
... Adderall XR (amphetamine-dextroamphetamine) 15 mg capsule, extended release	\$134,170	\$130,453	\$100,568	589	573	526	585	559	521
... Adderall XR (amphetamine-dextroamphetamine) 10 mg capsule, extended release	\$126,945	\$126,784	\$92,880	557	558	481	556	550	479
... amphetamine-dextroamphetamine 30 mg tablet	\$36,981	\$37,323	\$24,122	494	507	460	488	489	447
... Adderall XR (amphetamine-dextroamphetamine) 25 mg capsule, extended release	\$78,390	\$78,529	\$57,230	338	340	296	332	330	292
... amphetamine-dextroamphetamine 15 mg tablet	\$12,343	\$14,510	\$9,795	236	268	236	234	262	233
... Adderall XR (amphetamine-dextroamphetamine) 5 mg capsule, extended release	\$21,230	\$22,288	\$18,603	94	97	96	93	96	95
... amphetamine-dextroamphetamine 7.5 mg tablet	\$4,015	\$4,505	\$3,074	70	80	67	70	78	66
... amphetamine-dextroamphetamine 20 mg capsule, extended release	\$5,619	\$6,316	\$6,777	34	38	44	34	38	43

**NOTE: Individual product details are only reported under the molecule when the product total amount paid in the last month > \$500.**

**NOTE: Pharmacy encounter data for UHC is incomplete for two weeks in April 2016. This should not affect ranks but does affect total amounts for paid, number of claims, and number of beneficiaries in April and May.**

**TABLE 04G: TOP 25 DRUG MOLECULES AND INDIVIDUAL PRODUCT  
DETAILS BY NUMBER OF CLAIMS IN APRIL 2016 (FFS and CCOs)**

Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
... amphetamine-dextroamphetamine 30 mg capsule, extended release	\$6,270	\$5,801	\$5,491	41	37	36	41	36	34
... amphetamine-dextroamphetamine 25 mg capsule, extended release	\$4,080	\$4,642	\$3,623	26	28	24	24	26	24
... amphetamine-dextroamphetamine 10 mg capsule, extended release	\$4,167	\$3,582	\$3,509	27	23	24	27	22	24
... amphetamine-dextroamphetamine 15 mg capsule, extended release	\$4,019	\$5,155	\$2,684	27	35	19	27	35	19
... amphetamine-dextroamphetamine 12.5 mg tablet	\$1,128	\$1,038	\$556	18	16	11	17	14	11
hydroxyzine / miscellaneous anxiolytics, sedatives and hypnotics	\$79,584	\$82,085	\$71,848	5,922	6,132	5,816	2,879	2,949	2,831
... hydroxyzine hydrochloride 10 mg/5 mL syrup	\$40,106	\$40,977	\$39,272	2,502	2,546	2,474	1,223	1,234	1,211
... hydroxyzine pamoate 25 mg capsule	\$18,587	\$18,947	\$15,973	2,002	2,076	1,928	979	1,000	937
... hydroxyzine pamoate 50 mg capsule	\$13,964	\$15,104	\$11,882	1,188	1,278	1,212	579	610	594
... hydroxyzine hydrochloride 25 mg tablet	\$2,228	\$2,401	\$1,751	96	76	78	47	38	39
... hydroxyzine hydrochloride 10 mg tablet	\$2,063	\$1,877	\$1,162	68	76	66	34	38	32
... hydroxyzine pamoate 100 mg capsule	\$1,122	\$1,217	\$1,092	36	46	36	18	23	18
... hydroxyzine hydrochloride 50 mg tablet	\$1,291	\$1,562	\$716	26	34	22	13	17	11

**NOTE: Individual product details are only reported under the molecule when the product total amount paid in the last month > \$500.**

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**Appendix B**  
**Table 04H: Top 25 Drug Molecules and Individual Product Detail**  
**By Dollars Paid In April 2016 (FFS and CCOs)**

**TABLE 04H: TOP 25 DRUG MOLECULES AND INDIVIDUAL PRODUCT  
DETAILS BY DOLLARS PAID IN APRIL 2016 (FFS and CCOs)**

Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
ledipasvir-sofosbuvir / antiviral combinations	\$3,126,372	\$2,661,199	\$2,594,669	94	80	78	45	35	37
... Harvoni (ledipasvir-sofosbuvir) 90 mg-400 mg tablet	\$3,126,372	\$2,661,199	\$2,594,669	94	80	78	45	35	37
lisdexamfetamine / CNS stimulants	\$2,205,520	\$2,307,412	\$2,034,360	8,362	8,765	7,738	8,161	8,397	7,536
... Vyvanse (lisdexamfetamine) 30 mg capsule	\$607,579	\$646,944	\$558,582	2,302	2,455	2,121	2,288	2,399	2,099
... Vyvanse (lisdexamfetamine) 40 mg capsule	\$462,404	\$485,331	\$436,000	1,748	1,841	1,656	1,732	1,787	1,636
... Vyvanse (lisdexamfetamine) 20 mg capsule	\$377,317	\$387,482	\$329,541	1,432	1,473	1,262	1,419	1,445	1,240
... Vyvanse (lisdexamfetamine) 50 mg capsule	\$355,120	\$360,765	\$318,575	1,346	1,365	1,210	1,331	1,326	1,194
... Vyvanse (lisdexamfetamine) 60 mg capsule	\$194,791	\$196,058	\$186,438	738	745	709	730	723	695
... Vyvanse (lisdexamfetamine) 70 mg capsule	\$169,580	\$184,432	\$163,232	647	706	619	635	682	613
... Vyvanse (lisdexamfetamine) 10 mg capsule	\$38,729	\$46,400	\$41,992	149	180	161	146	174	161
aripiprazole / atypical antipsychotics	\$1,906,066	\$2,064,043	\$1,614,129	2,454	2,686	2,427	2,315	2,496	2,289
... Abilify (aripiprazole) 20 mg tablet	\$592,717	\$635,826	\$548,853	656	725	637	630	679	612
... Abilify (aripiprazole) 10 mg tablet	\$379,891	\$424,850	\$283,814	672	750	595	653	717	575
... Abilify (aripiprazole) 30 mg tablet	\$307,647	\$345,259	\$253,057	312	357	288	299	345	279
... Abilify (aripiprazole) 2 mg tablet	\$218,476	\$218,129	\$155,280	221	221	188	214	214	182
... Abilify (aripiprazole) 5 mg tablet	\$191,560	\$212,604	\$127,692	259	287	213	252	281	209
... Abilify (aripiprazole) 15 mg tablet	\$130,074	\$131,177	\$91,959	198	203	161	192	198	157
... aripiprazole 20 mg tablet	\$22,987	\$26,773	\$60,592	33	36	99	32	35	97
... aripiprazole 30 mg tablet	\$21,699	\$22,374	\$31,718	29	28	55	27	27	55

**NOTE: Individual product details are only reported under the molecule when the product total amount paid in the last month > \$500.**

**NOTE: Pharmacy encounter data for UHC is incomplete for two weeks in April 2016. This should not affect ranks but does affect total amounts for paid, number of claims, and number of beneficiaries in April and May.**

**TABLE 04H: TOP 25 DRUG MOLECULES AND INDIVIDUAL PRODUCT  
DETAILS BY DOLLARS PAID IN APRIL 2016 (FFS and CCOs)**

Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
... aripiprazole 10 mg tablet	\$16,262	\$16,679	\$27,973	33	34	107	32	34	105
... aripiprazole 2 mg tablet	\$8,547	\$6,458	\$15,392	11	8	29	11	8	29
... aripiprazole 5 mg tablet	\$8,249	\$9,320	\$8,198	14	18	27	14	15	27
... aripiprazole 15 mg tablet	\$5,178	\$6,287	\$6,794	10	12	23	10	12	23
... aripiprazole 1 mg/mL solution	\$2,482	\$8,212	\$2,380	4	6	3	4	6	3
montelukast / leukotriene modifiers	\$2,311,686	\$2,657,093	\$1,354,926	10,875	12,487	11,018	10,737	12,247	10,877
... Singulair (montelukast) 5 mg tablet, chewable	\$963,167	\$1,118,631	\$429,043	4,434	5,150	2,485	4,394	5,068	2,484
... Singulair (montelukast) 10 mg tablet	\$687,666	\$786,376	\$412,156	3,168	3,603	1,876	3,135	3,546	1,874
... Singulair (montelukast) 4 mg tablet, chewable	\$586,327	\$663,566	\$261,312	2,696	3,050	1,478	2,668	3,001	1,476
... montelukast 10 mg tablet	\$2,035	\$3,080	\$129,388	23	31	1,337	23	31	1,333
... montelukast 4 mg granule	\$69,469	\$79,382	\$64,624	521	594	504	515	588	502
... montelukast 5 mg tablet, chewable	\$2,056	\$4,379	\$33,961	24	43	2,098	24	40	2,098
... montelukast 4 mg tablet, chewable	\$748	\$1,023	\$24,223	8	13	1,239	8	13	1,239
efavirenz/emtricitabine/tenofovir / antiviral combinations	\$1,279,535	\$1,563,254	\$1,286,416	522	633	519	171	201	167
... Atripla (efavirenz/emtricitabine/tenofovir) 600 mg-200 mg-300 mg tablet	\$1,279,535	\$1,563,254	\$1,286,416	522	633	519	171	201	167
methylphenidate / CNS stimulants	\$1,465,105	\$1,523,552	\$1,261,150	6,560	6,832	6,073	6,000	6,112	5,510
... methylphenidate 36 mg/24 hr tablet, extended release	\$391,354	\$411,596	\$375,099	1,481	1,555	1,435	1,470	1,509	1,419
... Quillivant XR (methylphenidate) 25 mg/5 mL powder for reconstitution, extended release	\$291,663	\$298,722	\$259,445	948	951	869	931	917	849
... methylphenidate 54 mg/24 hr tablet, extended release	\$240,969	\$258,514	\$193,669	1,029	1,109	979	1,024	1,076	964

**NOTE: Individual product details are only reported under the molecule when the product total amount paid in the last month > \$500.**

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**TABLE 04H: TOP 25 DRUG MOLECULES AND INDIVIDUAL PRODUCT  
DETAILS BY DOLLARS PAID IN APRIL 2016 (FFS and CCOs)**

Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
... methylphenidate 27 mg/24 hr tablet, extended release	\$169,179	\$178,924	\$131,441	813	864	761	808	846	751
... methylphenidate 18 mg/24 hr tablet, extended release	\$111,956	\$117,615	\$95,728	556	581	479	550	567	476
... Metadate CD (methylphenidate) 20 mg/24 hr capsule, extended release	\$41,024	\$39,697	\$33,867	169	164	157	168	161	155
... Metadate CD (methylphenidate) 40 mg/24 hr capsule, extended release	\$43,492	\$41,210	\$32,954	130	123	112	130	119	111
... Metadate CD (methylphenidate) 30 mg/24 hours capsule, extended release	\$29,453	\$31,274	\$21,925	119	127	108	117	125	107
... Metadate CD (methylphenidate) 50 mg/24 hours capsule, extended release	\$23,664	\$22,112	\$15,804	60	58	48	57	53	47
... Metadate CD (methylphenidate) 60 mg/24 hours capsule, extended release	\$19,977	\$19,566	\$15,616	49	48	44	49	47	44
... methylphenidate 10 mg tablet	\$6,828	\$7,289	\$10,473	382	408	381	378	399	375
... Daytrana (methylphenidate) 20 mg/9 hr film, extended release	\$12,690	\$15,568	\$10,095	40	49	32	40	49	32
... Daytrana (methylphenidate) 30 mg/9 hr film, extended release	\$19,695	\$15,959	\$9,763	61	50	31	61	47	30
... Metadate CD (methylphenidate) 10 mg/24 hr capsule, extended release	\$13,874	\$14,602	\$8,902	57	62	44	57	61	43
... Daytrana (methylphenidate) 10 mg/9 hr film, extended release	\$9,052	\$10,954	\$7,432	26	33	21	26	32	21
... Daytrana (methylphenidate) 15 mg/9 hr film, extended release	\$4,212	\$4,857	\$6,798	13	15	20	13	15	20
... methylphenidate 5 mg tablet	\$4,716	\$4,712	\$6,001	340	345	303	337	334	302
... methylphenidate 20 mg tablet	\$3,257	\$3,332	\$5,759	151	154	143	146	150	139
... methylphenidate 20 mg/8 hr tablet, extended release	\$5,592	\$6,270	\$3,807	28	32	21	28	32	21
... Methylin (methylphenidate) 5 mg/5 mL solution	\$4,232	\$2,760	\$2,480	12	11	7	12	11	7
... methylphenidate 10 mg/8 hr tablet, extended release	\$2,212	\$2,813	\$2,343	13	16	13	12	16	13
... Methylin (methylphenidate) 10 mg/5 mL solution	\$3,595	\$5,118	\$2,066	11	14	8	11	13	8

**NOTE: Individual product details are only reported under the molecule when the product total amount paid in the last month > \$500.**

**NOTE: Pharmacy encounter data for UHC is incomplete for two weeks in April 2016. This should not affect ranks but does affect total amounts for paid, number of claims, and number of beneficiaries in April and May.**

**TABLE 04H: TOP 25 DRUG MOLECULES AND INDIVIDUAL PRODUCT  
DETAILS BY DOLLARS PAID IN APRIL 2016 (FFS and CCOs)**

Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
... methylphenidate 40 mg/24 hr capsule, extended release	\$1,640	\$1,792	\$1,947	11	12	13	11	12	13
... methylphenidate 30 mg/24 hours capsule, extended release	\$1,872	\$1,601	\$1,869	13	12	13	13	12	13
... methylphenidate 20 mg/24 hr capsule, extended release	\$2,120	\$2,466	\$1,193	16	18	9	16	18	9
... Ritalin LA (methylphenidate) 30 mg/24 hours capsule, extended release	\$260	\$521	\$1,030	1	2	4	1	2	4
... methylphenidate 50 mg/24 hours capsule, extended release	\$446	\$439	\$655	2	2	3	2	2	3
budesonide / inhaled corticosteroids	\$1,612,284	\$1,615,684	\$1,224,724	3,564	3,560	2,658	1,759	1,749	1,321
... Pulmicort Respules (budesonide) 0.5 mg/2 mL suspension	\$1,020,914	\$1,005,527	\$776,758	2,162	2,132	1,654	1,069	1,050	825
... Pulmicort Respules (budesonide) 0.25 mg/2 mL suspension	\$556,865	\$562,463	\$399,581	1,326	1,344	930	657	663	463
... budesonide 1 mg/2 mL suspension	\$7,706	\$8,738	\$14,541	12	10	18	6	5	9
... budesonide 3 mg capsule, extended release	\$2,599	\$12,395	\$14,324	8	16	12	3	6	6
... Pulmicort Respules (budesonide) 1 mg/2 mL suspension	\$15,646	\$18,255	\$13,046	12	16	12	6	8	6
... Pulmicort Flexhaler (budesonide) 90 mcg/inh powder	\$3,219	\$2,674	\$2,321	20	18	16	10	9	8
... Pulmicort Flexhaler (budesonide) 180 mcg/inh powder	\$3,432	\$2,575	\$1,719	16	12	8	8	6	4
... budesonide 0.5 mg/2 mL suspension	\$1,469	\$2,623	\$1,577	6	10	6	3	5	3
... budesonide 0.25 mg/2 mL suspension	\$433	\$433	\$857	2	2	2	1	1	1
antihemophilic factor / factor for bleeding disorders	\$973,186	\$897,717	\$1,209,063	38	39	39	28	27	30
... Eloctate with Fc Fusion Protein (antihemophilic factor) recombinant fc fusion protein powder for injection	\$600,084	\$543,924	\$577,264	12	12	12	7	8	9
... Advate (antihemophilic factor) recombinant albumin-free powder for injection	\$142,598	\$126,653	\$464,554	15	17	19	10	10	13
... Recombinate (antihemophilic factor) recombinant powder for injection	\$67,827	\$96,395	\$71,331	3	5	3	3	4	3

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**TABLE 04H: TOP 25 DRUG MOLECULES AND INDIVIDUAL PRODUCT  
DETAILS BY DOLLARS PAID IN APRIL 2016 (FFS and CCOs)**

Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
... Hemofil-M (antihemophilic factor) human powder for injection	\$50,478	\$0	\$48,155	1	0	1	1	0	1
... Kogenate FS with Adapter (antihemophilic factor) recombinant powder for injection	\$37,977	\$36,924	\$36,924	1	1	1	1	1	1
... Helixate FS (antihemophilic factor) recombinant powder for injection	\$5,584	\$5,584	\$8,758	1	1	2	1	1	2
... Xyntha (antihemophilic factor) recombinant albumin-free kit	\$0	\$1,925	\$2,077	0	1	1	0	1	1
adalimumab / antirheumatics	\$1,320,927	\$1,339,612	\$1,179,196	262	262	246	118	117	113
... Humira Pen (adalimumab) 40 mg/0.8 mL kit	\$992,053	\$986,651	\$954,572	206	208	206	95	92	95
... Humira (adalimumab) 40 mg/0.8 mL kit	\$208,565	\$168,464	\$128,349	44	34	28	20	16	13
... Humira Pen Crohns Disease/Ulcerative Colitis Starter Package (adalimumab) 40 mg/0.8 mL kit	\$72,181	\$96,247	\$48,133	6	8	4	3	4	2
... Humira Pediatric (adalimumab) 20 mg/0.4 mL kit	\$16,047	\$40,121	\$32,101	2	6	6	1	2	2
... Humira Pen Psoriasis Starter Package (adalimumab) 40 mg/0.8 mL kit	\$32,082	\$48,128	\$16,041	4	6	2	2	3	1
quetiapine / atypical antipsychotics	\$1,499,842	\$1,558,468	\$1,007,083	2,868	2,998	2,754	2,615	2,690	2,484
... SEROquel (quetiapine) 400 mg tablet	\$311,074	\$330,109	\$177,078	338	373	212	325	349	210
... SEROquel (quetiapine) 300 mg tablet	\$309,763	\$323,357	\$175,616	427	441	275	411	421	274
... SEROquel (quetiapine) 200 mg tablet	\$221,798	\$235,995	\$132,275	436	464	292	424	448	289
... SEROquel XR (quetiapine) 300 mg tablet, extended release	\$134,683	\$128,160	\$127,027	165	155	156	160	150	150
... SEROquel XR (quetiapine) 400 mg tablet, extended release	\$115,852	\$110,435	\$118,670	117	113	113	109	108	109
... SEROquel (quetiapine) 100 mg tablet	\$177,064	\$187,361	\$96,382	631	666	393	610	637	391
... SEROquel (quetiapine) 50 mg tablet	\$98,864	\$102,678	\$51,623	358	365	217	343	345	215
... SEROquel XR (quetiapine) 200 mg tablet, extended release	\$29,024	\$33,441	\$30,552	56	62	60	54	60	54

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DETAILS BY DOLLARS PAID IN APRIL 2016 (FFS and CCOs)**

Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
... SEROquel XR (quetiapine) 150 mg tablet, extended release	\$30,508	\$35,737	\$30,099	62	71	58	60	67	58
... SEROquel (quetiapine) 25 mg tablet	\$32,992	\$34,070	\$15,411	171	184	94	166	176	94
... SEROquel XR (quetiapine) 50 mg tablet, extended release	\$14,338	\$12,660	\$14,709	41	37	41	40	34	41
... quetiapine 300 mg tablet	\$7,841	\$7,985	\$12,164	12	16	138	12	15	133
... quetiapine 400 mg tablet	\$8,058	\$8,825	\$10,472	13	15	121	13	13	120
... quetiapine 200 mg tablet	\$3,931	\$3,113	\$5,947	8	8	136	8	8	135
... quetiapine 100 mg tablet	\$2,585	\$2,427	\$5,694	19	11	216	18	11	216
... quetiapine 50 mg tablet	\$882	\$1,467	\$1,924	8	10	150	8	9	145
... quetiapine 25 mg tablet	\$585	\$650	\$1,441	6	7	82	5	7	81
epinephrine / vasopressors	\$886,297	\$1,041,653	\$969,385	1,590	1,860	1,746	529	609	582
... EpiPen 2-Pak (epinephrine) 0.3 mg kit	\$527,309	\$653,125	\$587,236	945	1,164	1,050	315	384	350
... EpiPen JR 2-Pak (epinephrine) 0.15 mg kit	\$356,380	\$387,224	\$382,149	639	693	696	213	229	232
insulin glargine / insulin	\$867,699	\$862,876	\$830,725	1,925	1,920	1,833	1,859	1,845	1,777
... Lantus (insulin glargine) 100 units/mL solution	\$601,683	\$589,707	\$556,851	1,339	1,305	1,215	1,292	1,251	1,179
... Lantus SoloStar Pen (insulin glargine) 100 units/mL solution	\$251,581	\$254,620	\$258,843	564	580	585	558	569	573
... Toujeo SoloStar (insulin glargine) 300 units/mL solution	\$14,435	\$18,549	\$15,030	22	35	33	21	34	33
albuterol / adrenergic bronchodilators	\$864,080	\$868,881	\$819,732	17,036	16,801	14,924	15,250	14,848	13,190
... Ventolin HFA (albuterol) CFC free 90 mcg/inh aerosol	\$263,855	\$288,605	\$277,733	4,402	4,810	4,595	4,315	4,669	4,481
... ProAir HFA (albuterol) CFC free 90 mcg/inh aerosol	\$171,086	\$172,368	\$158,185	2,751	2,770	2,551	2,708	2,707	2,504

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**TABLE 04H: TOP 25 DRUG MOLECULES AND INDIVIDUAL PRODUCT  
DETAILS BY DOLLARS PAID IN APRIL 2016 (FFS and CCOs)**

Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
... albuterol 2.5 mg/3 mL (0.083%) solution	\$114,722	\$106,634	\$139,065	5,024	4,645	4,072	4,906	4,532	3,971
... Proventil HFA (albuterol) CFC free 90 mcg/inh aerosol	\$142,250	\$148,145	\$129,966	1,708	1,753	1,548	1,677	1,717	1,517
... albuterol 1.25 mg/3 mL (0.042%) solution	\$95,535	\$83,682	\$60,815	1,519	1,352	981	1,483	1,317	956
... albuterol 0.63 mg/3 mL (0.021%) solution	\$53,872	\$45,844	\$32,351	827	709	530	808	690	518
... ProAir RespiClick (albuterol) 90 mcg/inh powder	\$15,208	\$16,094	\$16,199	257	273	281	254	272	277
... albuterol 2 mg/5 mL syrup	\$4,794	\$4,970	\$2,832	507	457	331	502	452	327
... albuterol 2 mg tablet	\$2,138	\$2,130	\$1,466	8	7	5	8	7	5
anti-inhibitor coagulant complex / factor for bleeding disorders	\$710,014	\$956,657	\$792,847	4	8	6	4	6	5
... Feiba NF (anti-inhibitor coagulant complex) - powder for injection	\$710,014	\$956,657	\$792,847	4	8	6	4	6	5
fluticasone-salmeterol / bronchodilator combinations	\$776,375	\$790,566	\$732,484	2,154	2,210	2,026	1,071	1,082	1,000
... Advair Diskus (fluticasone-salmeterol) 250 mcg-50 mcg powder	\$271,512	\$252,800	\$221,578	768	716	626	382	351	310
... Advair HFA (fluticasone-salmeterol) CFC free 115 mcg-21 mcg/inh aerosol	\$147,964	\$151,209	\$128,586	406	432	368	203	213	184
... Advair Diskus (fluticasone-salmeterol) 100 mcg-50 mcg powder	\$129,042	\$143,686	\$122,038	452	500	426	225	246	211
... Advair HFA (fluticasone-salmeterol) CFC free 230 mcg-21 mcg/inh aerosol	\$98,470	\$104,425	\$118,126	214	228	256	106	112	126
... Advair Diskus (fluticasone-salmeterol) 500 mcg-50 mcg powder	\$104,404	\$111,890	\$110,040	224	240	236	111	115	114
... Advair HFA (fluticasone-salmeterol) CFC free 45 mcg-21 mcg/inh aerosol	\$24,983	\$26,556	\$32,116	90	94	114	45	47	57
amphetamine-dextroamphetamine / CNS stimulants	\$978,175	\$1,006,584	\$718,234	6,486	6,806	5,964	5,670	5,824	5,171
... Adderall XR (amphetamine-dextroamphetamine) 20 mg capsule, extended release	\$218,533	\$226,441	\$159,351	896	933	784	888	904	773
... Adderall XR (amphetamine-dextroamphetamine) 30 mg capsule, extended release	\$178,978	\$185,027	\$142,566	772	798	719	754	771	708

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DETAILS BY DOLLARS PAID IN APRIL 2016 (FFS and CCOs)**

Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
... Adderall XR (amphetamine-dextroamphetamine) 15 mg capsule, extended release	\$134,170	\$130,453	\$100,568	589	573	526	585	559	521
... Adderall XR (amphetamine-dextroamphetamine) 10 mg capsule, extended release	\$126,945	\$126,784	\$92,880	557	558	481	556	550	479
... Adderall XR (amphetamine-dextroamphetamine) 25 mg capsule, extended release	\$78,390	\$78,529	\$57,230	338	340	296	332	330	292
... amphetamine-dextroamphetamine 10 mg tablet	\$57,167	\$61,382	\$33,762	957	1,037	887	939	1,004	872
... amphetamine-dextroamphetamine 20 mg tablet	\$41,442	\$46,256	\$26,716	591	672	584	581	641	571
... amphetamine-dextroamphetamine 5 mg tablet	\$41,077	\$44,772	\$26,399	710	756	664	706	732	657
... amphetamine-dextroamphetamine 30 mg tablet	\$36,981	\$37,323	\$24,122	494	507	460	488	489	447
... Adderall XR (amphetamine-dextroamphetamine) 5 mg capsule, extended release	\$21,230	\$22,288	\$18,603	94	97	96	93	96	95
... amphetamine-dextroamphetamine 15 mg tablet	\$12,343	\$14,510	\$9,795	236	268	236	234	262	233
... amphetamine-dextroamphetamine 20 mg capsule, extended release	\$5,619	\$6,316	\$6,777	34	38	44	34	38	43
... amphetamine-dextroamphetamine 30 mg capsule, extended release	\$6,270	\$5,801	\$5,491	41	37	36	41	36	34
... amphetamine-dextroamphetamine 25 mg capsule, extended release	\$4,080	\$4,642	\$3,623	26	28	24	24	26	24
... amphetamine-dextroamphetamine 10 mg capsule, extended release	\$4,167	\$3,582	\$3,509	27	23	24	27	22	24
... amphetamine-dextroamphetamine 7.5 mg tablet	\$4,015	\$4,505	\$3,074	70	80	67	70	78	66
... amphetamine-dextroamphetamine 15 mg capsule, extended release	\$4,019	\$5,155	\$2,684	27	35	19	27	35	19
... amphetamine-dextroamphetamine 12.5 mg tablet	\$1,128	\$1,038	\$556	18	16	11	17	14	11
amoxicillin-clavulanate / penicillins/beta	\$966,577	\$892,120	\$691,749	16,510	15,242	12,960	8,124	7,471	6,360
... amoxicillin-clavulanate 600 mg-42.9 mg/5 mL powder for reconstitution	\$277,554	\$268,221	\$230,427	4,954	4,766	3,840	2,457	2,356	1,904
... amoxicillin-clavulanate 400 mg-57 mg/5 mL powder for reconstitution	\$209,982	\$194,133	\$166,625	3,380	3,106	2,560	1,677	1,529	1,272

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Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
... amoxicillin-clavulanate 875 mg-125 mg tablet	\$214,078	\$187,847	\$114,174	4,300	3,820	3,434	2,130	1,893	1,695
... amoxicillin-clavulanate 250 mg-62.5 mg/5 mL powder for reconstitution	\$148,485	\$131,021	\$110,289	1,284	1,146	988	620	560	481
... amoxicillin-clavulanate 500 mg-125 mg tablet	\$79,415	\$73,110	\$38,643	1,840	1,670	1,552	912	828	768
... amoxicillin-clavulanate 200 mg-28.5 mg/5 mL powder for reconstitution	\$18,247	\$16,930	\$13,252	554	530	416	267	260	202
... amoxicillin-clavulanate 400 mg-57 mg tablet, chewable	\$8,973	\$12,326	\$8,929	106	120	106	52	59	52
... amoxicillin-clavulanate 250 mg-125 mg tablet	\$5,855	\$5,677	\$3,892	52	58	38	26	29	19
... Augmentin (amoxicillin-clavulanate) 125 mg-31.25 mg/5 mL powder for reconstitution	\$0	\$0	\$3,470	0	0	4	0	0	2
... amoxicillin-clavulanate 1000 mg-62.5 mg tablet, extended release	\$3,274	\$2,762	\$1,836	30	24	16	15	11	8
cobicistat/elvitegravir/emtricitabine/tenofovir / antiviral combinations	\$659,426	\$688,522	\$685,343	236	244	248	57	58	59
... Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir) 150 mg-150 mg-200 mg-300 mg tablet	\$615,859	\$623,172	\$441,193	220	220	156	53	52	37
... Genvoya (cobicistat/elvitegravir/emtricitabine/tenofovir) 150 mg-150 mg-200 mg-10 mg tablet	\$43,567	\$65,350	\$244,149	16	24	92	4	6	22
acetaminophen-hydrocodone / narcotic analgesic combinations	\$947,866	\$1,016,595	\$633,815	36,468	38,862	34,382	16,889	17,740	15,932
... acetaminophen-hydrocodone 325 mg-10 mg tablet	\$547,915	\$576,633	\$352,301	15,974	16,728	15,056	7,693	7,932	7,185
... acetaminophen-hydrocodone 325 mg-7.5 mg tablet	\$216,587	\$227,675	\$138,715	10,784	11,424	10,070	5,050	5,325	4,730
... acetaminophen-hydrocodone 325 mg-5 mg tablet	\$116,915	\$126,668	\$78,063	8,264	9,068	7,894	3,956	4,288	3,755
... acetaminophen-hydrocodone 325 mg-7.5 mg/15 mL solution	\$65,405	\$84,768	\$63,691	1,414	1,618	1,338	678	773	646
etanercept / antirheumatics	\$485,917	\$638,077	\$628,895	128	158	160	62	74	75
... Enbrel SureClick (etanercept) 50 mg/mL solution	\$350,531	\$448,986	\$433,232	88	108	104	43	51	50

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... Enbrel Prefilled Syringe (etanercept) 50 mg/mL solution	\$100,044	\$157,563	\$168,190	26	38	42	12	17	18
... Enbrel Prefilled Syringe (etanercept) 25 mg/0.5 mL solution	\$23,520	\$11,830	\$23,527	10	6	12	5	3	6
... Enbrel (etanercept) 25 mg kit	\$11,822	\$19,699	\$3,945	4	6	2	2	3	1
dexmethylphenidate / CNS stimulants	\$745,565	\$751,245	\$622,843	2,955	3,014	2,684	2,515	2,513	2,266
... Focalin XR (dexmethylphenidate) 20 mg capsule, extended release	\$170,235	\$171,505	\$139,596	528	530	442	521	517	435
... Focalin XR (dexmethylphenidate) 10 mg capsule, extended release	\$140,708	\$138,722	\$115,123	462	449	393	457	444	387
... Focalin XR (dexmethylphenidate) 15 mg capsule, extended release	\$136,738	\$145,506	\$108,750	434	457	378	431	450	373
... Focalin XR (dexmethylphenidate) 25 mg capsule, extended release	\$74,780	\$73,517	\$73,541	223	220	219	219	216	218
... Focalin XR (dexmethylphenidate) 30 mg capsule, extended release	\$75,115	\$77,908	\$49,654	246	254	194	245	246	191
... Focalin XR (dexmethylphenidate) 5 mg capsule, extended release	\$52,191	\$44,561	\$33,022	175	150	118	174	145	117
... Focalin XR (dexmethylphenidate) 40 mg capsule, extended release	\$35,674	\$36,729	\$32,963	104	105	99	104	100	97
... Focalin XR (dexmethylphenidate) 35 mg capsule, extended release	\$19,654	\$22,218	\$17,198	58	64	50	58	62	50
... dexmethylphenidate 10 mg tablet	\$14,472	\$15,147	\$13,717	311	328	296	306	319	287
... dexmethylphenidate 5 mg tablet	\$8,120	\$9,547	\$8,505	267	320	283	265	311	279
... dexmethylphenidate 20 mg capsule, extended release	\$5,165	\$4,414	\$8,339	23	20	38	23	20	38
... dexmethylphenidate 15 mg capsule, extended release	\$3,027	\$2,810	\$7,353	19	17	44	19	17	44
... dexmethylphenidate 10 mg capsule, extended release	\$2,781	\$2,558	\$5,750	14	12	28	14	12	28
... dexmethylphenidate 30 mg capsule, extended release	\$2,774	\$1,959	\$3,556	17	12	23	17	12	22
... dexmethylphenidate 40 mg capsule, extended release	\$1,525	\$1,341	\$3,024	8	7	16	8	7	16

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Drug Molecule Therapeutic Category	Apr 2016 \$ Paid	Mar 2016 \$ Paid	Feb 2016 \$ Paid	Apr 2016 # Claims	Mar 2016 # Claims	Feb 2016 # Claims	Apr 2016 # Benes	Mar 2016 # Benes	Feb 2016 # Benes
... dexamethylphenidate 5 mg capsule, extended release	\$215	\$640	\$1,083	2	4	6	2	4	6
... dexamethylphenidate 2.5 mg tablet	\$842	\$965	\$969	37	41	41	37	39	41
somatropin / growth hormones	\$703,015	\$724,198	\$615,093	155	161	132	150	153	127
... Norditropin FlexPro Pen (somatropin) 15 mg/1.5 mL solution	\$250,129	\$263,416	\$196,728	42	42	33	40	42	32
... Norditropin FlexPro Pen (somatropin) 10 mg/1.5 mL solution	\$249,556	\$250,849	\$189,886	64	68	50	61	63	49
... Omnitrope Pen 10 Cartridge (somatropin) 10 mg/1.5 mL solution	\$36,268	\$45,753	\$61,246	9	11	11	9	10	10
... Norditropin FlexPro Pen (somatropin) 30 mg/3 mL solution	\$61,733	\$58,249	\$51,951	8	8	7	8	7	7
... Genotropin (somatropin) 12 mg powder for injection	\$26,387	\$26,387	\$39,579	3	3	4	3	3	3
... Nutropin AQ NuSpin 20 (somatropin) 20 mg/2 mL solution	\$33,546	\$35,785	\$35,785	5	6	6	5	6	5
... Norditropin FlexPro Pen (somatropin) 5 mg/1.5 mL solution	\$26,196	\$24,559	\$22,382	14	13	12	14	12	12
... Nutropin AQ NuSpin 10 (somatropin) 10 mg/2 mL solution	\$14,544	\$14,544	\$13,426	4	4	4	4	4	4
... Omnitrope Pen 5 Cartridge (somatropin) 5 mg/1.5 mL solution	\$3,874	\$3,874	\$3,328	3	3	2	3	3	2
oseltamivir / neuraminidase inhibitors	\$701,207	\$1,478,152	\$603,413	3,518	7,454	2,993	3,512	7,424	2,988
... Tamiflu (oseltamivir) 6 mg/mL powder for reconstitution	\$533,943	\$1,126,854	\$472,060	2,378	5,062	2,087	2,377	5,042	2,084
... Tamiflu (oseltamivir) 75 mg capsule	\$140,070	\$304,897	\$113,405	991	2,142	806	990	2,142	806
... Tamiflu (oseltamivir) 30 mg capsule	\$19,094	\$32,832	\$12,467	87	146	57	86	146	57
... Tamiflu (oseltamivir) 45 mg capsule	\$8,100	\$13,568	\$5,481	62	104	43	62	103	43
ivacaftor-lumacaftor / CFTR combinations	\$587,741	\$799,930	\$589,481	30	42	32	15	17	15
... Orkambi (ivacaftor-lumacaftor) 125 mg-200 mg tablet	\$587,741	\$799,930	\$589,481	30	42	32	15	17	15

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emtricitabine/rilpivirine/tenofovir / antiviral combinations	\$680,775	\$671,109	\$583,788	288	273	240	94	89	79
... Complera (emtricitabine/rilpivirine/tenofovir) 200 mg-25 mg-300 mg tablet	\$680,775	\$671,109	\$583,788	288	273	240	94	89	79

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