

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

February 2011



February 17, 2011 at 2:00pm

Woolfolk Building, Room 117

Jackson, MS

Prepared by:

The University of Mississippi School of Pharmacy

Evidence-Based DUR Initiative, MS-DUR

MS|DUR

Drug Utilization Review Board

Gera Bynum, R.Ph.
Pharmacy Director, Scott Regional Hospital
371 Highway 13S
Morton, MS 39117
Term Expires: June 30, 2012

Alvin Dixon, R.Ph.
Pharmacist
182 Cherry St
Clarksdale, MS 38614
Term Expires: June 30, 2011

Jason Dees, D.O.
New Albany Medical Group
West Longview Drive
New Albany, MS 38652
Term Expires: June 30, 2012

Edgar Donahoe, M.D. (Co-Chair)
Indianola Family Medicine Group
122 Baker Street
Indianola, MS 38751
Term Expires: June 30, 2013

Laura Gray, M.D.
905 Garfield Street
Tupelo, MS 38801
Term Expires: June 30, 2012

Lee Merritt, R.Ph.
Medfusion
2211 5th Street North
Columbus, MS 39705
Term Expires: June 30, 2013

Paul Read, Pharm.D.
CVS Pharmacy #5744
3910 Hardy Street
Hattiesburg, MS 39402
Term Expires: June 30, 2012

Mark Reed, M.D. (Chair)
University of MS Medical Center
2500 North State Street, Trailer 16
Jackson, MS 39216
Term Expires: June 30, 2010

Jason Strong, Pharm.D.
Canton Discount
26 E Peace Street
Canton, MS 39046
Term Expires: June 30, 2011

Vicky Veazey, R.Ph.
MS State Hospital, Bldg 50
Whitfield, MS 39193
Term Expires: June 30, 2013

Frank Wade, M.D.
Family Medical Clinic
376A Simpson Highway 149
Magee, MS 39111
Term Expires: June 30, 2011

Upcoming DUR Board Meeting Dates

May 19, 2011

August 18, 2011

November 17, 2011

February 16, 2012

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

February 17, 2011

Welcome	Mark Reed, M.D.
Incoming DUR Vendor Introductions	Judith Clark, R.Ph.
Old Business	Mark Reed, M.D.
Approval of Meeting Minutes	
Resource Utilization Review	Kyle D. Null, Pharm.D., M.S.
Discussion of Format Changes	
Pharmacy Program Update	Judith Clark, R.Ph.
New Business	Kyle D. Null, Pharm.D., M.S.
Criteria for Identifying “Medically-Accepted Indications” for PA Decisions	
Developing Protocols for Specialty, Orphan and Ultra-Orphan Drugs	
Coordination of Pharmacy and Medical Claims for Drug Products	
Next Meeting Information	Mark Reed, M.D.

Mississippi Division of Medicaid
Drug Utilization Review (DUR) Board
Minutes of the November 18, 2010 Meeting

Members Attending: William Bastian, M.D.; Gera Bynum, R.Ph.; Edgar Donahoe, M.D.; Lee Merritt, R.Ph.; Mark Reed, M.D.; Paul Read, Pharm.D.; Jason Strong, Pharm.D.; Vickie Veazey, R.Ph. **Members Absent:** Alvin Dixon, R.Ph.; Jason Dees, D.O.; Laura Gray, M.D.; Frank Wade, M.D.

Also Present: DOM Staff: Judith Clark, R.Ph., DOM Pharmacy Bureau Director; Shannon Hardwick, R.Ph., DOM Clinical Pharmacist; Delvin Taylor, DOM Pharmacy Bureau; Andrea McNeal, DOM Bureau of Program Integrity **HID Staff:** Ashleigh Holeman, Pharm.D., Project Manager

Call to Order: Dr. Mark Reed, Chairman of the Board, called the meeting to order at 2:00 p.m. Dr. Reed asked for a motion to accept the minutes from the meeting of August 19, 2010. Dr. William Bastian made a motion to accept the minutes with a second from Lee Merritt. All voted in favor of the motion.

Dr. Reed continued the meeting by asking Dr. Holeman to review the cost analysis with the Board.

Cost Management Analysis:

Dr. Holeman began the presentation with the Top 15 Therapeutic Classes, based on total cost of claims, from June 2010 through August 2010. The top three drug classes consistently remained antipsychotics, hemostatics, and anticonvulsants. Dr. Holeman noted that the fourth and fifth positions fluctuated between the leukotriene modifiers, amphetamines and antiretrovirals for the months of June through August 2010. The second report, Top 25 Drugs based on the number of claims, for the time frame of June through August 2010, revealed that the top five drugs were hydrocodone- acetaminophen, amoxicillin, cetirizine, Singulair® and azithromycin for all three months reviewed. The third report, the Top 25 Drugs, based on total claims cost report, showed that the tops three medications were Abilify®, Singulair®, and Seroquel®. In this same report, the fourth and fifth positions based on total claims cost alternated between Feiba VH®, Zyprexa®, and Adderall XR® for the three months analyzed. In the aforementioned reports, all drug strengths are incorporated into claims totals.

Pharmacy Program Update:

Ms. Clark began by informing the DUR Board that there would be a new contractor for Retrospective Drug Utilization services beginning in 2011. The University of Mississippi School of Pharmacy will be supporting the Division of Medicaid in this capacity going forward, and representatives from the School of Pharmacy were introduced. Ms. Clark also announced that there would be updates to the PDL on January 1, 2011, and that the updates will be posted to

the DOM website no later than the close of business on December 1, 2010. Ms. Clark concluded by announcing that DOM would also be implementing a new prior authorization process beginning January 1, 2011, and she asked that DUR Board members check the DOM website for further news and instructions regarding this change.

New Business:

Lovenox® Utilization Review

DOM recently received comments from the Centers for Medicare and Medicaid Services (CMS) regarding extended low molecular heparin utilization in the Medicaid population. Since the majority of claims are for Lovenox®, DOM requested that HID conduct a utilization review of Lovenox® products in the Mississippi Medicaid population. According to the manufacturer's prescribing information for the product, Lovenox® is approved for outpatient administration for up to 17 days for the indication of acute DVT without pulmonary embolism. However, there are clinical situations that warrant longer therapy. DOM asked HID review Lovenox® paid claims data to determine if long-term treatment with the product was an issue within the Mississippi Medicaid population. HID gathered Lovenox® claims data for several individual months and then intersected these searches to determine the number of beneficiaries receiving therapy consistently from month to month. This analysis showed that the number of claims and/or beneficiaries receiving Lovenox® remains relatively constant from month to month, with claims counts ranging from 130's – 150's and beneficiary counts ranging from 110-120. When the searches were intersected, the results provided indicate that the number of beneficiaries being treated longer than one month with Lovenox® is not substantial. The largest number identified was 50 beneficiaries who received Lovenox® during the months February and March. Dr. Donahoe made a motion to implement a duration of therapy edit of 17 days for Lovenox® products; claims for a longer duration of therapy would trigger a prior authorization requirement. Dr. Donahoe also would like to add the requirement of an appropriate diagnosis at a later time. The motion was seconded by Dr. Paul Read, and all voted in favor of the motion.

Utilization Review of Avandia®

In late September 2010, the FDA announced that access to Avandia® will be restricted due to data suggesting an increased risk of cardiovascular events in patients taking the medication. These restrictions follow the addition of black box warnings to the product's label in August and November 2007 regarding heart failure and myocardial infarction, respectively. Under the new restricted access program, patients currently taking Avandia® and benefitting from treatment will be allowed to continue to do so, but new patients will only be allowed access to the medication if they are unable to achieve blood glucose control with other diabetes medications, are unable to take Actos®, and are made aware of the drug's considerable risks to the heart. As a result of this announcement, DOM asked HID to review utilization data for Avandia® to determine what the current utilization in the Mississippi Medication population is as well as what the recent trend has been for the product. HID gathered claims data for the last several years, up to August 27, 2010, and compared the results to find any identifiable trends. This analysis revealed that there was a large decrease of approximately 50% in utilization of Avandia® from 2007 to 2008. This drop corresponds with the highly publicized addition of the

black box warnings to the product's label in the second half of 2007. Dr. Holeman continued by reporting that with each year there has been a steady decline in utilization of the medication, with only 942 claims in 2010. Although the restricted access of Avandia will undoubtedly impact a significant number of Mississippi Medicaid beneficiaries, the results of the utilization analysis provided to the DUR Board indicate that many prescribers have already made the decision to employ other measures in the treatment of their diabetic patients. Ms. Clark added that, because of the recent announcement regarding restricted access of Avandia®, the P&T committee voted to move the product, as well as Avandamet®, to non-preferred status beginning January 1, 2011.

Analyzing the Effectiveness of Maximum Age Limits for ADHD Agents

On January 1, 2010, the Division of Medicaid implemented a maximum age limit of 21 years on ADHD agents to ensure appropriate utilization of these medications. HID analyzed claims data pre- and post-implementation of the maximum age limit to determine if the age limit is serving its intended purpose. The claims analysis conducted by HID showed a 41% decrease in the number of claims for ADHD agents in the target population. That is, there were 2,973 claims in the six months prior to the implementation of the age edit and 1,741 claims in the six months following the age edit implementation. HID further analyzed claims data for these agents based on diagnoses. In addition to attention deficit hyperactivity disorder, other diagnoses accepted on prior authorization requests include narcolepsy and traumatic brain injury, among others. In the six months before the maximum age limit implementation, 72% of all claims for ADHD agents in beneficiaries over 21 years old were for a diagnosis of ADHD, traumatic brain injury, or narcolepsy. In the six months after the implementation, 80% of all claims for ADHD agents in the target population were for the aforementioned diagnoses. Dr. Holeman concluded the report by noting that the maximum age limit appears to be serving the intended purpose of promoting appropriate utilization of the ADHD agents in adult beneficiaries. Ms. Clark also added that this age limit was a direct recommendation from the DUR Board, and thanked them for their direction on the subject.

Other Topics

Dr. Donahoe asked if there were any plans to begin step therapy for the atypical antipsychotics. Ms. Clark's response was that there was no step therapy, other than step therapy associated with non-preferred agents and the PDL. Ms. Clark reminded the Board of ICD-10 requirements for all claims beginning in 2013. Ms. Clark asked Dr. Donahoe for recommendations on this issue. Dr. Donahoe's professional opinion was that beneficiaries stable on the medication should be allowed to continue, but that new atypical antipsychotic starts for any Mississippi Medicaid beneficiary should trigger a prior authorization request documenting a clinically appropriate diagnosis. Ms. Clark responded that this subject would be reviewed at the next meeting. The DOM would consider an edit of this type later, possibly in 2011.

Other Criteria Recommendations

No RDUR criteria were submitted for approval this quarter.

Dr. Reed called for the meeting to be adjourned at 2:55 p.m. The next meeting will be held at 2:00 p.m. on February 17, 2011.

Respectfully Submitted,
Health Information Designs, Inc.

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Mark Reed, M.D.
Chair, DUR Board

Category

TOP 15 THERAPEUTIC CLASSES BY TOTAL COST OF CLAIMS FOR SEPTEMBER 2010

AHFS Therapeutic Class	↓ Paid* ↓	Rx	Avg Paid/Rx*	% Total Claims
Antipsychotics (atypical and typical)	\$3,860,514	12,417	\$310.91	12.36%
Hemostatics	\$1,809,133	65	\$27,832.82	5.79%
Adrenals	\$1,404,852	13,913	\$100.97	4.50%
Anticonvulsants, Misc.	\$1,169,584	13,232	\$88.39	3.74%
Leukotriene Modifiers	\$1,164,776	8,963	\$129.95	3.73%
Amphetamines	\$1,114,025	7,299	\$152.63	3.57%
Antiretrovirals	\$1,054,531	1,253	\$841.61	3.38%
Anorex., Resp. & Cerebral Stim., Misc.	\$974,655	6,656	\$146.43	3.12%
Proton-pump Inhibitors	\$862,412	7,948	\$108.51	2.76%
Beta-Adrenergic Agonists	\$813,550	13,462	\$60.43	2.60%
Insulins	\$734,087	3,994	\$183.80	2.35%
Antidepressants	\$699,508	16,947	\$41.28	2.24%
Antineoplastic Agents	\$670,907	1,781	\$376.70	2.15%
Opiate Agonists	\$643,900	31,054	\$20.73	2.06%
Contraceptives	\$589,252	11,875	\$49.62	1.89%

Total Rx Claims	492,151
Total Paid	\$31,244,163

TOP 15 THERAPEUTIC CLASSES BY TOTAL CLAIMS FOR SEPTEMBER 2010

AHFS Therapeutic Class	Paid*	↓ Rx ↓	Avg Paid/Rx*	% Total Claims
Opiate Agonists	\$643,900	31,054	\$20.73	2.06%
Penicillins	\$463,228	20,977	\$22.08	1.48%
Benzodiazepines	\$254,368	17,984	\$14.14	0.81%
Antidepressants	\$699,508	16,947	\$41.28	2.24%
Propylamine Derivatives	\$263,135	14,909	\$17.65	0.84%
Adrenals	\$1,404,852	13,913	\$100.97	4.50%
Nonsteroidal Anti-inflammatory Agents	\$162,982	13,896	\$11.73	0.52%
Sulfonamides	\$174,797	13,872	\$12.60	0.56%
Beta-Adrenergic Agonists	\$813,550	13,462	\$60.43	2.60%
Macrolides	\$398,074	13,255	\$30.03	1.27%
Anticonvulsants, Miscellaneous	\$1,169,584	13,232	\$88.39	3.74%
Second Generation Antihistamines	\$315,176	13,025	\$24.20	1.01%
Antipsychotics (atypical and typical)	\$3,860,514	12,417	\$310.91	12.36%
Contraceptives	\$589,252	11,875	\$49.62	1.89%
Cephalosporins	\$579,298	10,644	\$54.42	1.85%

Total Rx Claims	492,151
Total Paid	\$31,244,163

* Dollar figures represent payments to pharmacies for claims. Actual cost to DOM may be less due to manufacturer rebates.

Prepared by the Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report
Drug Detail for September 2010

	Generic Molecule / Drug Name	↓ Total Paid ↓	% of Paid	# Claims	% of Claims	Avg/Claim*
	montelukast	\$1,162,651.40		8,952		\$129.88
PDL	Singulair	\$1,162,651.40	100.00%	8,952	100.00%	\$129.88
	aripiprazole	\$1,145,406.66		2,049		\$559.01
PDL	Abilify	\$1,143,648.15	99.85%	2,044	99.76%	\$559.51
	Abilify Discmelt	\$1,758.51	0.15%	5	0.24%	\$351.70
	budesonide	\$1,107,472.82		3,790		\$292.21
	budesonide	\$791,060.82	71.43%	3,006	79.31%	\$263.16
PDL	Pulmicort Respules	\$303,031.98	27.36%	700	18.47%	\$432.90
PDL	Pulmicort Flexhaler	\$10,135.78	0.92%	78	2.06%	\$129.95
	Entocort EC	\$3,244.24	0.29%	6	0.16%	\$540.71
	quetiapine	\$872,152.21		2,178		\$400.44
PDL	Seroquel	\$676,502.25	77.57%	1,664	76.40%	\$406.55
PDL	Seroquel XR	\$195,649.96	22.43%	514	23.60%	\$380.64
	anti-inhibitor coagulant complex	\$812,676.19		13		\$62,513.55
	Feiba VH Immuno	\$418,348.96	51.48%	5	38.46%	\$83,669.79
	Feiba NF	\$394,327.23	48.52%	8	61.54%	\$49,290.90
	antihemophilic factor	\$670,022.91		34		\$19,706.56
	Advate rAHF-PFM	\$353,178.33	52.71%	16	47.06%	\$22,073.65
	Recombinate	\$142,270.28	21.23%	12	35.29%	\$11,855.86
	Kogenate FS with Bioset	\$90,118.16	13.45%	4	11.76%	\$22,529.54
	Helixate FS	\$57,894.89	8.64%	1	2.94%	\$57,894.89
	Xyntha	\$26,561.25	3.96%	1	2.94%	\$26,561.25
	amphetamine-dextroamphetamine	\$632,136.46		3,901		\$162.04
PDL	Adderall XR	\$582,102.35	92.08%	2,838	72.75%	\$205.11
	amphetamine-dextroamphetamine	\$49,772.30	7.87%	1,061	27.20%	\$46.91
	amphetamine-dextroamphetamine ER	\$161.31	0.03%	1	0.03%	\$161.31
	Adderall	\$100.50	0.02%	1	0.03%	\$100.50
	methylphenidate	\$615,689.78		4,136		\$148.86
PDL	Concerta	\$495,830.76	80.53%	3,015	72.90%	\$164.45
PDL	Metadate CD	\$60,151.62	9.77%	420	10.15%	\$143.22
PDL	Daytrana	\$39,431.78	6.40%	252	6.09%	\$156.48
PDL	Methylin	\$10,050.56	1.63%	210	5.08%	\$47.86
	Ritalin LA	\$5,945.20	0.97%	42	1.02%	\$141.55
	methylphenidate hydrochloride	\$3,690.23	0.60%	177	4.28%	\$20.85

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Resource Utilization Report
Drug Detail for September 2010

Generic Molecule / Drug Name	↓ Total Paid ↓	% of Paid	# Claims	% of Claims	Avg/Claim*
Methylin ER	\$527.79	0.09%	16	0.39%	\$32.99
methylphenidate hydrochloride SR	\$61.84	0.01%	4	0.10%	\$15.46
olanzapine	\$559,718.81		864		\$647.82
Zyprexa	\$513,366.24	91.72%	794	91.90%	\$646.56
Zyprexa Zydis	\$46,352.57	8.28%	70	8.10%	\$662.18
risperidone	\$529,308.06		4,043		\$130.92
risperidone	\$402,793.41	76.10%	3,886	96.12%	\$103.65
Risperdal Consta	\$125,594.76	23.73%	155	3.83%	\$810.29
Risperdal	\$611.66	0.12%	1	0.02%	\$611.66
Risperdal M-Tab	\$308.23	0.06%	1	0.02%	\$308.23
lisdexamphetamine	\$471,155.46		3,260		\$144.53
PDL Vyvanse	\$471,155.46	100.00%	3,260	100.00%	\$144.53
lansoprazole	\$400,891.93		2,239		\$179.05
PDL Prevacid SoluTab	\$396,858.87	98.99%	2,215	98.93%	\$179.17
Prevacid	\$2,982.92	0.74%	15	0.67%	\$198.86
lansoprazole	\$1,050.14	0.26%	9	0.40%	\$116.68
albuterol	\$384,608.46		11,240		\$34.22
PDL Ventolin HFA	\$205,603.91	53.46%	5,529	49.19%	\$37.19
albuterol sulfate	\$173,994.98	45.24%	5,446	48.45%	\$31.95
ProAir HFA	\$2,224.04	0.58%	54	0.48%	\$41.19
ReliOn Ventolin HFA	\$1,870.75	0.49%	174	1.55%	\$10.75
Proventil HFA	\$611.46	0.16%	14	0.12%	\$43.68
albuterol	\$216.73	0.06%	20	0.18%	\$10.84
albuterol extended release	\$86.59	0.02%	3	0.03%	\$28.86
multivitamin, prenatal	\$358,740.90		8,100		\$44.29
azithromycin	\$351,886.06		11,893		\$29.59
azithromycin	\$260,981.56	74.17%	7,872	66.19%	\$33.15
azithromycin 5 Day Dose Pack	\$86,703.72	24.64%	3,846	32.34%	\$22.54
azithromycin 3 Day Dose Pack	\$4,200.78	1.19%	175	1.47%	\$24.00
ziprasidone	\$350,619.27		780		\$449.51
PDL Geodon	\$350,619.27	100.00%	780	100.00%	\$449.51
fluticasone-salmeterol	\$346,025.54		1,667		\$207.57
PDL Advair Diskus	\$323,379.80	93.46%	1,568	94.06%	\$206.24

* Dollar figures represent payments to pharmacies for claims. Actual cost to DOM may be less due to manufacturer rebates.

Prepared by the Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report
Drug Detail for September 2010

	Generic Molecule / Drug Name	↓ Total Paid ↓	% of Paid	# Claims	% of Claims	Avg/Claim*
	Advair HFA	\$22,645.74	6.54%	99	5.94%	\$228.74
	dexmethylphenidate	\$337,746.59		2,484		\$135.97
PDL	Focalin XR	\$323,660.61	95.83%	2,146	86.39%	\$150.82
	dexmethylphenidate hydrochloride	\$9,653.30	2.86%	248	9.98%	\$38.92
PDL	Focalin	\$4,432.68	1.31%	90	3.62%	\$49.25
	amoxicillin-clavulanate	\$309,548.93		5,767		\$53.68
	amoxicillin-clavulanate	\$298,078.47	96.29%	5,641	97.82%	\$52.84
	Augmentin	\$8,798.21	2.84%	97	1.68%	\$90.70
	amoxicillin-clavulanate ER	\$1,852.46	0.60%	23	0.40%	\$80.54
	Augmentin XR	\$819.79	0.26%	6	0.10%	\$136.63
	mometasone nasal	\$302,221.84		2,903		\$104.11
PDL	Nasonex	\$302,221.84	100.00%	2,903	100.00%	\$104.11
	cetirizine	\$273,635.04		10,576		\$25.87
	cetirizine hydrochloride	\$271,031.42	99.05%	10,310	97.48%	\$26.29
	All Day Allergy	\$2,103.65	0.77%	245	2.32%	\$8.59
	All Day Allergy Children's	\$499.97	0.18%	21	0.20%	\$23.81
	All Day Allergy	\$25.55	76.36%	5	83.33%	\$5.11
	cetirizine hydrochloride	\$7.91	23.64%	1	16.67%	\$7.91
	clopidogrel	\$272,792.18		1,619		\$168.49
PDL	Plavix	\$272,792.18	100.00%	1,619	100.00%	\$168.49
	cefdinir	\$270,587.13		3,543		\$76.37
	cefdinir	\$270,235.30	99.87%	3,541	99.94%	\$76.32
	Omnicef	\$351.83	0.13%	2	0.06%	\$175.92
	acetaminophen-hydrocodone	\$264,258.13		18,295		\$14.44
	acetaminophen-hydrocodone	\$264,203.20	99.98%	18,286	99.95%	\$14.45
	Hydrogesic	\$25.27	0.01%	4	0.02%	\$6.32
	Stagesic	\$18.06	0.01%	3	0.02%	\$6.02
	Margesic-H	\$11.60	0.00%	2	0.01%	\$5.80
	efavirenz/emtricitabine/tenofovir	\$261,443.94		166		\$1,574.96
	Atripla	\$261,443.94	100.00%	166	100.00%	\$1,574.96

* Dollar figures represent payments to pharmacies for claims. Actual cost to DOM may be less due to manufacturer rebates.

Prepared by the Evidence-Based DUR Initiative, MS-DUR

Category

TOP 15 THERAPEUTIC CLASSES BY TOTAL COST OF CLAIMS FOR OCTOBER 2010

AHFS Therapeutic Class	↓ Paid* ↓	Rx	Avg Paid/Rx*	% Total Paid
Antipsychotics (atypical and typical)	\$3,896,886	12,288	\$317.13	12.55%
Adrenals	\$1,642,471	16,012	\$102.58	5.29%
Leukotriene Modifiers	\$1,251,086	9,614	\$130.13	4.03%
Anticonvulsants, Misc.	\$1,177,508	13,266	\$88.76	3.79%
Hemostatics	\$1,142,539	46	\$24,837.80	3.68%
Amphetamines	\$1,105,028	7,268	\$152.04	3.56%
Antiretrovirals	\$1,041,324	1,238	\$841.13	3.35%
Anorex., Resp. & Cerebral Stim., Misc.	\$1,002,522	6,636	\$151.07	3.23%
Beta-Adrenergic Agonists	\$880,184	15,263	\$57.67	2.83%
Proton-pump Inhibitors	\$844,662	7,899	\$106.93	2.72%
Insulins	\$764,038	4,064	\$188.00	2.46%
Antineoplastic Agents	\$752,600	1,954	\$385.16	2.42%
Antidepressants	\$703,377	17,000	\$41.38	2.26%
Cephalosporins	\$686,335	11,422	\$60.09	2.21%
Opiate Agonists	\$643,675	30,844	\$20.87	2.07%

Total Rx Claims	503,072
Total Paid	\$31,062,372

TOP 15 THERAPEUTIC CLASSES BY TOTAL CLAIMS FOR OCTOBER 2010

AHFS Therapeutic Class	Paid*	↓ Rx ↓	Avg Paid/Rx*	% Total Claims
Opiate Agonists	\$643,675	30,844	\$20.87	2.07%
Penicillins	\$534,761	23,754	\$22.51	1.72%
Benzodiazepines	\$243,718	17,796	\$13.70	0.78%
Propylamine Derivatives	\$317,641	17,124	\$18.55	1.02%
Antidepressants	\$703,377	17,000	\$41.38	2.26%
Adrenals	\$1,642,471	16,012	\$102.58	5.29%
Macrolides	\$478,083	15,800	\$30.26	1.54%
Beta-Adrenergic Agonists	\$880,184	15,263	\$57.67	2.83%
Nonsteroidal Anti-inflammatory Agents	\$161,670	14,104	\$11.46	0.52%
Second Generation Antihistamines	\$335,472	13,958	\$24.03	1.08%
Anticonvulsants, Miscellaneous	\$1,177,508	13,266	\$88.76	3.79%
Sulfonamides	\$156,649	12,477	\$12.56	0.50%
Antipsychotics (atypical and typical)	\$3,896,886	12,288	\$317.13	12.55%
Contraceptives	\$584,393	11,814	\$49.47	1.88%
Cephalosporins	\$686,335	11,422	\$60.09	2.21%

Total Rx Claims	503,072
Total Paid	\$31,062,372

* Dollar figures represent payments to pharmacies for claims. Actual cost to DOM may be less due to manufacturer rebates.

Prepared by the Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report
Drug Detail for October 2010

	Generic Molecule / Drug Name	↓ Total Paid ↓	% of Paid	# Claims	% of Claims	Avg/Claim*
	budesonide	\$1,309,847.90		4,562		\$287.12
	budesonide	\$958,504.68	73.18%	3,698	81.06%	\$259.20
PDL	Pulmicort Respules	\$322,475.80	24.62%	738	16.18%	\$436.96
	Entocort EC	\$14,999.12	1.15%	18	0.39%	\$833.28
PDL	Pulmicort Flexhaler	\$13,868.30	1.06%	108	2.37%	\$128.41
	montelukast	\$1,249,657.45		9,605		\$130.10
PDL	Singulair	\$1,249,657.45	100.00%	9,605	100.00%	\$130.10
	aripiprazole	\$1,171,893.55		2,092		\$560.18
PDL	Abilify	\$1,170,744.29	99.90%	2,090	99.90%	\$560.16
	Abilify Discmelt	\$1,149.26	0.10%	2	0.10%	\$574.63
	quetiapine	\$860,150.33		2,155		\$399.14
PDL	Seroquel	\$679,857.21	79.04%	1,668	77.40%	\$407.59
PDL	Seroquel XR	\$180,293.12	20.96%	487	22.60%	\$370.21
	methylphenidate	\$651,838.74		4,139		\$157.49
PDL	Concerta	\$531,102.60	81.48%	3,002	72.53%	\$176.92
PDL	Metadate CD	\$58,679.89	9.00%	417	10.07%	\$140.72
	Daytrana	\$38,912.06	5.97%	244	5.90%	\$159.48
PDL	Methylin	\$12,269.10	1.88%	236	5.70%	\$51.99
	Ritalin LA	\$6,648.92	1.02%	48	1.16%	\$138.52
	methylphenidate hydrochloride	\$3,716.42	0.57%	173	4.18%	\$21.48
	Methylin ER	\$418.49	0.06%	13	0.31%	\$32.19
	methylphenidate hydrochloride SR	\$91.26	0.01%	6	0.14%	\$15.21
	amphetamine-dextroamphetamine	\$622,176.71		3,857		\$161.31
PDL	Adderall XR	\$571,945.66	91.93%	2,799	72.57%	\$204.34
	amphetamine-dextroamphetamine	\$49,042.25	7.88%	1,051	27.25%	\$46.66
	amphetamine-dextroamphetamine ER	\$689.05	0.11%	5	0.13%	\$137.81
	Adderall	\$499.75	0.08%	2	0.05%	\$249.88
	antihemophilic factor	\$549,797.93		32		\$17,181.19
	Advate rAHF-PFM	\$275,020.37	50.02%	12	37.50%	\$22,918.36
	Recombinate	\$98,702.60	17.95%	10	31.25%	\$9,870.26
	Kogenate FS with Bioset	\$82,501.44	15.01%	4	12.50%	\$20,625.36
	Helixate FS	\$73,704.54	13.41%	4	12.50%	\$18,426.14
	Hemofil-M	\$19,868.98	3.61%	2	6.25%	\$9,934.49

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report
Drug Detail for October 2010

Generic Molecule / Drug Name	↓ Total Paid ↓	% of Paid	# Claims	% of Claims	Avg/Claim*
olanzapine	\$536,139.95		831		\$645.17
Zyprexa	\$481,469.59	89.80%	745	89.65%	\$646.27
Zyprexa Zydis	\$54,670.36	10.20%	86	10.35%	\$635.70
risperidone	\$510,299.90		3,863		\$132.10
risperidone	\$378,579.21	74.19%	3,697	95.70%	\$102.40
Risperdal Consta	\$130,415.61	25.56%	163	4.22%	\$800.10
Risperdal M-Tab	\$693.42	0.14%	2	0.05%	\$346.71
Risperdal	\$611.66	0.12%	1	0.03%	\$611.66
lisdexamphetamine	\$472,183.26		3,275		\$144.18
PDL Vyvanse	\$472,183.26	100.00%	3,275	100.00%	\$144.18
anti-inhibitor coagulant complex	\$462,871.33		4		\$115,717.83
Feiba VH Immuno	\$320,935.57	69.34%	3	75.00%	\$106,978.52
Feiba NF	\$141,935.76	30.66%	1	25.00%	\$141,935.76
albuterol	\$446,355.39		12,987		\$34.37
PDL Ventolin HFA	\$223,895.52	50.16%	6,038	46.49%	\$37.08
albuterol sulfate	\$218,308.37	48.91%	6,711	51.67%	\$32.53
ReliOn Ventolin HFA	\$1,860.00	0.42%	167	1.29%	\$11.14
ProAir HFA	\$1,535.69	0.34%	38	0.29%	\$40.41
Proventil HFA	\$521.38	0.12%	12	0.09%	\$43.45
albuterol	\$196.50	0.04%	20	0.15%	\$9.83
albuterol extended release	\$37.93	0.01%	1	0.01%	\$37.93
azithromycin	\$423,174.00		14,248		\$29.70
azithromycin	\$313,288.44	74.03%	9,413	66.07%	\$33.28
azithromycin 5 Day Dose Pack	\$104,462.37	24.69%	4,613	32.38%	\$22.65
azithromycin 3 Day Dose Pack	\$5,423.19	1.28%	222	1.56%	\$24.43
lansoprazole	\$379,900.70		2,130		\$178.36
PDL Prevacid SoluTab	\$370,802.26	97.61%	2,061	96.76%	\$179.91
lansoprazole	\$7,861.82	2.07%	62	2.91%	\$126.80
Prevacid	\$1,236.62	0.33%	7	0.33%	\$176.66
ziprasidone	\$360,171.95		789		\$456.49
PDL Geodon	\$360,171.95	100.00%	789	100.00%	\$456.49

* Dollar figures represent payments to pharmacies for claims. Actual cost to DOM may be less due to manufacturer rebates.

Prepared by the Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report

Drug Detail for October 2010

Generic Molecule / Drug Name	↓ Total Paid ↓	% of Paid	# Claims	% of Claims	Avg/Claim*
amoxicillin-clavulanate	\$356,754.45		6,655		\$53.61
amoxicillin-clavulanate	\$343,690.71	96.34%	6,509	97.81%	\$52.80
Augmentin	\$10,064.88	2.82%	111	1.67%	\$90.67
amoxicillin-clavulanate ER	\$2,156.47	0.60%	25	0.38%	\$86.26
Augmentin XR	\$842.39	0.24%	10	0.15%	\$84.24
multivitamin, prenatal	\$354,795.76		7,882		\$45.01
fluticasone-salmeterol	\$351,969.70		1,713		\$205.47
PDL Advair Diskus	\$331,879.54	94.29%	1,619	94.51%	\$204.99
Advair HFA	\$20,090.16	5.71%	94	5.49%	\$213.73
dexmethylphenidate	\$330,221.91		2,459		\$134.29
PDL Focalin XR	\$315,065.60	95.41%	2,102	85.48%	\$149.89
dexmethylphenidate hydrochloride	\$10,980.09	3.33%	270	10.98%	\$40.67
PDL Focalin	\$4,176.22	1.26%	87	3.54%	\$48.00
mometasone nasal	\$325,657.74		3,126		\$104.18
PDL Nasonex	\$325,657.74	100.00%	3126	100.00%	\$104.18
cefdinir	\$301,585.05		3,827		\$78.80
cefdinir	\$301,210.87	99.88%	3,822	99.87%	\$78.81
Omnicef	\$374.18	0.12%	5	0.13%	\$74.84
cetirizine	\$61.15		9		\$6.79
cetirizine hydrochloride	\$291,536.28	99.23%	11,168	97.82%	\$26.10
All Day Allergy	\$2,062.99	0.70%	239	2.09%	\$8.63
All Day Allergy Children's	\$213.66	0.07%	10	0.09%	\$21.37
All Day Allergy	\$48.33	79.04%	7	77.78%	\$6.90
cetirizine hydrochloride	\$12.82	20.96%	2	22.22%	\$6.41
paliperidone	\$290,752.20		333		\$873.13
Invega Sustenna	\$190,679.44	65.58%	161	48.35%	\$1,184.34
Invega	\$100,072.76	34.42%	172	51.65%	\$581.82
clopidogrel	\$274,153.23		1,598		\$171.56
PDL Plavix	\$274,153.23	100.00%	1,598	100.00%	\$171.56
efavirenz/emtricitabine/tenofovir	\$272,353.52		173		\$1,574.30
Atripla	\$272,353.52	100.00%	173	100.00%	\$1,574.30

* Dollar figures represent payments to pharmacies for claims. Actual cost to DOM may be less due to manufacturer rebates.

Prepared by the Evidence-Based DUR Initiative, MS-DUR

TOP 15 THERAPEUTIC CLASSES BY TOTAL COST OF CLAIMS FOR NOVEMBER 2010

AHFS Therapeutic Class	↓ Paid* ↓	Rx	Avg Paid/Rx*	% Total Paid
Antipsychotics (atypical and typical)	\$3,971,022	12,668	\$313.47	11.76%
Monoclonal Antibodies	\$1,683,293	971	\$1,733.57	4.98%
Adrenals	\$1,640,120	16,432	\$99.81	4.86%
Hemostatics	\$1,294,834	42	\$30,829.38	3.83%
Anticonvulsants, Misc.	\$1,213,717	13,465	\$90.14	3.59%
Leukotriene Modifiers	\$1,193,990	9,196	\$129.84	3.53%
Amphetamines	\$1,136,050	7,496	\$151.55	3.36%
Antiretrovirals	\$1,093,088	1,299	\$841.48	3.24%
Anorex., Resp. & Cerebral Stim., Misc.	\$1,034,215	6,737	\$153.51	3.06%
Beta-Adrenergic Agonists	\$900,734	15,566	\$57.87	2.67%
Proton-pump Inhibitors	\$841,475	7,888	\$106.68	2.49%
Cephalosporins	\$788,144	12,658	\$62.26	2.33%
Insulins	\$785,729	4,145	\$189.56	2.33%
Antidepressants	\$698,972	17,286	\$40.44	2.07%
Antineoplastic Agents	\$694,184	1,868	\$371.62	2.06%

Total Rx Claims	521,815
Total Paid	\$33,778,842

TOP 15 THERAPEUTIC CLASSES BY TOTAL CLAIMS FOR NOVEMBER 2010

AHFS Therapeutic Class	Paid*	↓ Rx ↓	Avg Paid/Rx*	% Total Paid
Opiate Agonists	\$648,387	30,985	\$20.93	1.92%
Penicillins	\$584,294	26,171	\$22.33	1.73%
Macrolides	\$572,314	18,800	\$30.44	1.69%
Propylamine Derivatives	\$378,239	18,521	\$20.42	1.12%
Benzodiazepines	\$245,263	18,239	\$13.45	0.73%
Antidepressants	\$698,972	17,286	\$40.44	2.07%
Adrenals	\$1,640,120	16,432	\$99.81	4.86%
Beta-Adrenergic Agonists	\$900,734	15,566	\$57.87	2.67%
Nonsteroidal Anti-inflammatory Agents	\$168,658	14,687	\$11.48	0.50%
Second Generation Antihistamines	\$324,551	13,817	\$23.49	0.96%
Anticonvulsants, Miscellaneous	\$1,213,717	13,465	\$90.14	3.59%
Antipsychotics (atypical and typical)	\$3,971,022	12,668	\$313.47	11.76%
Cephalosporins	\$788,144	12,658	\$62.26	2.33%
Sulfonamides	\$149,983	11,961	\$12.54	0.44%
Contraceptives	\$598,365	11,828	\$50.59	1.77%

Total Rx Claims	521,815
Total Paid	\$33,778,842

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report
Drug Detail for November 2010

Generic Molecule / Drug Name	↓ Total Paid ↓	% of Paid	# Claims	% of Claims	Avg/Claim*
palivizumab	\$1,683,292.53		971		\$1,733.57
Synagis	\$1,683,292.53	100.00%	971	100.00%	\$1,733.57
budesonide	\$1,304,153.96		4,626		\$281.92
budesonide	\$996,714.54	76.43%	3,866	83.57%	\$257.82
PDL Pulmicort Respules	\$278,952.22	21.39%	634	13.71%	\$439.99
Entocort EC	\$14,882.08	1.14%	20	0.43%	\$744.10
PDL Pulmicort Flexhaler	\$13,605.12	1.04%	106	2.29%	\$128.35
montelukast	\$1,193,248.36		9,189		\$129.86
PDL Singulair	\$1,193,248.36	100.00%	9189	100.00%	\$129.86
aripiprazole	\$1,158,087.57		2,086		\$555.17
PDL Abilify	\$1,155,731.30	99.80%	2,080	99.71%	\$555.64
Abilify Discmelt	\$2,356.27	0.20%	6	0.29%	\$392.71
quetiapine	\$887,906.23		2,213		\$401.22
PDL Seroquel	\$675,156.73	76.04%	1,662	75.10%	\$406.23
PDL Seroquel XR	\$212,749.50	23.96%	551	24.90%	\$386.12
anti-inhibitor coagulant complex	\$695,458.22		10		\$69,545.82
Feiba VH Immuno	\$373,632.45	53.72%	3	30.00%	\$124,544.15
Feiba NF	\$321,825.77	46.28%	7	70.00%	\$45,975.11
methylphenidate	\$680,857.85		4,203		\$161.99
PDL Concerta	\$561,433.70	82.46%	3,047	72.50%	\$184.26
PDL Metadate CD	\$58,437.20	8.58%	408	9.71%	\$143.23
PDL Daytrana	\$38,299.73	5.63%	241	5.73%	\$158.92
PDL Methylin	\$12,197.20	1.79%	253	6.02%	\$48.21
Ritalin LA	\$5,938.81	0.87%	41	0.98%	\$144.85
methylphenidate hydrochloride	\$4,057.01	0.60%	193	4.59%	\$21.02
Methylin ER	\$371.81	0.05%	11	0.26%	\$33.80
methylphenidate hydrochloride SR	\$122.39	0.02%	9	0.21%	\$13.60
amphetamine-dextroamphetamine	\$626,191.42		3,904		\$160.40
PDL Adderall XR	\$573,406.03	91.57%	2,808	71.93%	\$204.20
amphetamine-dextroamphetamine	\$51,670.17	8.25%	1,090	27.92%	\$47.40
amphetamine-dextroamphetamine ER	\$815.55	0.13%	5	0.13%	\$163.11
Adderall	\$299.67	0.05%	1	0.03%	\$299.67

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report
Drug Detail for November 2010

Generic Molecule / Drug Name	↓ Total Paid ↓	% of Paid	# Claims	% of Claims	Avg/Claim*
olanzapine	\$547,591.64		836		\$655.01
Zyprexa	\$495,222.22	90.44%	764	91.39%	\$648.20
Zyprexa Zydis	\$52,369.42	9.56%	72	8.61%	\$727.35
risperidone	\$534,764.03		4,061		\$131.68
risperidone	\$404,090.78	75.56%	3,898	95.99%	\$103.67
Risperdal Consta	\$129,959.03	24.30%	161	3.96%	\$807.20
Risperdal M-Tab	\$537.35	0.10%	1	0.02%	\$537.35
Risperdal	\$176.87	0.03%	1	0.02%	\$176.87
azithromycin	\$507,221.67		16,988		\$29.86
azithromycin	\$375,070.10	73.95%	11,153	65.65%	\$33.63
azithromycin 5 Day Dose Pack	\$126,404.71	24.92%	5,611	33.03%	\$22.53
azithromycin 3 Day Dose Pack	\$5,746.86	1.13%	224	1.32%	\$25.66
lisdexamfetamine	\$499,809.02		3,463		\$144.33
PDL Vyvanse	\$499,809.02	100.00%	3,463	100.00%	\$144.33
albuterol	\$457,108.66		13,289		\$34.40
albuterol sulfate	\$229,916.88	50.30%	7,221	54.34%	\$31.84
PDL Ventolin HFA	\$223,333.13	48.86%	5,839	43.94%	\$38.25
ReliOn Ventolin HFA	\$1,908.00	0.42%	174	1.31%	\$10.97
ProAir HFA	\$1,237.95	0.27%	30	0.23%	\$41.27
Proventil HFA	\$549.48	0.12%	12	0.09%	\$45.79
albuterol	\$124.06	0.03%	12	0.09%	\$10.34
albuterol extended release	\$39.16	0.01%	1	0.01%	\$39.16
antihemophilic factor	\$422,430.64		20		\$21,121.53
Advate rAHF-PFM	\$299,452.99	70.89%	8	40.00%	\$37,431.62
Recombinate	\$83,075.47	19.67%	9	45.00%	\$9,230.61
Xyntha	\$26,561.25	6.29%	1	5.00%	\$26,561.25
Hemofil-M	\$13,340.93	3.16%	2	10.00%	\$6,670.47
amoxicillin-clavulanate	\$388,852.42		7,308		\$53.21
amoxicillin-clavulanate	\$376,874.12	96.92%	7,178	98.22%	\$52.50
Augmentin	\$8,706.89	2.24%	98	1.34%	\$88.85
amoxicillin-clavulanate ER	\$2,167.11	0.56%	24	0.33%	\$90.30
Augmentin XR	\$1,104.30	0.28%	8	0.11%	\$138.04

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report
Drug Detail for November 2010

	Generic Molecule / Drug Name	↓ Total Paid ↓	% of Paid	# Claims	% of Claims	Avg/Claim*
	lansoprazole	\$368,533.53		2,036		\$181.01
PDL	Prevacid SoluTab	\$365,278.63	99.12%	2014	98.92%	\$181.37
	lansoprazole	\$1,674.87	0.45%	14	0.69%	\$119.63
	Prevacid	\$1,580.03	0.43%	8	0.39%	\$197.50
	ziprasidone	\$364,772.79		811		\$449.78
PDL	Geodon	\$364,772.79	100.00%	811	100.00%	\$449.78
	fluticasone-salmeterol	\$361,196.70		1,718		\$210.24
PDL	Advair Diskus	\$336,464.97	93.15%	1,615	94.00%	\$208.34
	Advair HFA	\$24,731.73	6.85%	103	6.00%	\$240.11
	multivitamin, prenatal	\$361,028.92		7,818		\$46.18
	dexmethylphenidate	\$334,637.99		2,502		\$133.75
PDL	Focalin XR	\$318,863.24	95.29%	2,129	85.09%	\$149.77
	dexmethylphenidate hydrochloride	\$11,355.79	3.39%	286	11.43%	\$39.71
PDL	Focalin	\$4,418.96	1.32%	87	3.48%	\$50.79
	cefdinir	\$334,627.99		4,308		\$77.68
	cefdinir	\$334,456.45	99.95%	4,307	99.98%	\$77.65
	Omnicef	\$171.54	0.05%	1	0.02%	\$171.54
	mometasone nasal	\$314,411.32		3,018		\$104.18
PDL	Nasonex	\$314,411.32	100.00%	3,018	100.00%	\$104.18
	paliperidone	\$306,997.23		339		\$905.60
	Invega Sustenna	\$211,227.81	68.80%	175	51.62%	\$1,207.02
	Invega	\$95,769.42	31.20%	164	48.38%	\$583.96
	cetirizine	\$285,117.29		11,227		\$25.40
	cetirizine hydrochloride	\$282,709.71	99.16%	10,979	97.79%	\$25.75
	All Day Allergy	\$1,976.74	0.69%	228	2.03%	\$8.67
	All Day Allergy Children's	\$430.84	0.15%	20	0.18%	\$21.54
	All Day Allergy	\$62.90	88.83%	10	90.91%	\$6.29
	cetirizine hydrochloride	\$7.91	11.17%	1	9.09%	\$7.91
	clopidogrel	\$279,420.31		1,636		\$170.79
PDL	Plavix	\$279,420.31	100.00%	1,636	100.00%	\$170.79

* Dollar figures represent payments to pharmacies for claims. Actual cost to DOM may be less due to manufacturer rebates.

Prepared by the Evidence-Based DUR Initiative, MS-DUR

Category

TOP 15 THERAPEUTIC CLASSES BY TOTAL COST OF CLAIMS FOR DECEMBER 2010

AHFS Therapeutic Class	↓ Paid* ↓	Rx	Avg Paid/Rx*	% Total Claims
Antipsychotics (atypical and typical)	\$4,118,127	13,113	\$314.05	11.71%
Adrenals	\$1,678,212	17,645	\$95.11	4.77%
Hemostatics	\$1,489,859	61	\$24,423.92	4.24%
Anticonvulsants, Misc.	\$1,267,146	13,943	\$90.88	3.60%
Monoclonal Antibodies	\$1,147,914	650	\$1,766.02	3.26%
Leukotriene Modifiers	\$1,144,302	8,803	\$129.99	3.25%
Antiretrovirals	\$1,079,965	1,280	\$843.72	3.07%
Amphetamines	\$1,079,854	7,167	\$150.67	3.07%
Anorex., Resp. & Cerebral Stim., Misc.	\$1,003,936	6,503	\$154.38	2.85%
Cephalosporins	\$933,368	15,035	\$62.08	2.65%
Beta-Adrenergic Agonists	\$923,264	16,298	\$56.65	2.63%
Proton-pump Inhibitors	\$885,138	8,130	\$108.87	2.52%
Neuraminidase Inhibitors	\$879,179	10,499	\$83.74	2.50%
Insulins	\$809,947	4,226	\$191.66	2.30%
Antineoplastic Agents	\$766,536	1,967	\$389.70	2.18%

Total Rx Claims	564,362
Total Paid	\$35,171,660

TOP 15 THERAPEUTIC CLASSES BY TOTAL CLAIMS FOR DECEMBER 2010

AHFS Therapeutic Class	Paid*	↓ Rx ↓	Avg Paid/Rx*	% Total Claims
Penicillins	\$729,562	32,192	\$22.66	2.07%
Opiate Agonists	\$665,293	30,974	\$21.48	1.89%
Macrolides	\$746,355	24,308	\$30.70	2.12%
Propylamine Derivatives	\$510,818	23,769	\$21.49	1.45%
Benzodiazepines	\$232,239	18,566	\$12.51	0.66%
Adrenals	\$1,678,212	17,645	\$95.11	4.77%
Nonsteroidal Anti-inflammatory Agents	\$190,374	16,821	\$11.32	0.54%
Antidepressants	\$677,779	16,789	\$40.37	1.93%
Beta-Adrenergic Agonists	\$923,264	16,298	\$56.65	2.63%
Cephalosporins	\$933,368	15,035	\$62.08	2.65%
Second Generation Antihistamines	\$334,302	14,205	\$23.53	0.95%
Anticonvulsants, Miscellaneous	\$1,267,146	13,943	\$90.88	3.60%
Antipsychotics (atypical and typical)	\$4,118,127	13,113	\$314.05	11.71%
Contraceptives	\$594,681	11,909	\$49.94	1.69%
Sulfonamides	\$149,795	11,886	\$12.60	0.43%

Total Rx Claims	564,362
Total Paid	\$35,171,660

* Dollar figures represent payments to pharmacies for claims. Actual cost to DOM may be less due to manufacturer rebates.

Prepared by the Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report Drug Detail for December 2010

	Generic Molecule / Drug Name	↓ Total Paid ↓	% of Paid	# Claims	% of Claims	Avg/Claim*
	budesonide	\$1,334,738.72		4,772		\$279.70
	budesonide	\$1,052,693.34	78.87%	4,050	84.87%	\$259.92
PDL	Pulmicort Respules	\$264,426.10	19.81%	622	13.03%	\$425.12
PDL	Pulmicort Flexhaler	\$11,355.34	0.85%	92	1.93%	\$123.43
	Entocort EC	\$6,263.94	0.47%	8	0.17%	\$782.99
	aripiprazole	\$1,189,676.85		2,190		\$543.23
PDL	Abilify	\$1,188,291.62	99.88%	2,178	99.45%	\$545.59
	Abilify Discmelt	\$1,385.23	0.12%	12	0.55%	\$115.44
	palivizumab	\$1,147,914.04		650		\$1,766.02
	Synagis	\$1,147,914.04	100.00%	650	100.00%	\$1,766.02
	montelukast	\$1,142,783.90		8,793		\$129.97
PDL	Singulair	\$1,142,783.90	100.00%	8,793	100.00%	\$129.97
	quetiapine	\$905,102.69		2,279		\$397.15
PDL	Seroquel	\$693,840.17	76.66%	1,742	76.44%	\$398.30
PDL	Seroquel XR	\$211,262.52	23.34%	537	23.56%	\$393.41
	oseltamivir	\$878,165.56		10,481		\$83.79
	Tamiflu	\$878,165.56	100.00%	10,481	100.00%	\$83.79
	anti-inhibitor coagulant complex	\$773,753.32		10		\$77,375.33
	Feiba VH Immuno	\$539,984.44	69.79%	4	40.00%	\$134,996.11
	Feiba NF	\$233,768.88	30.21%	6	60.00%	\$38,961.48
	azithromycin	\$663,548.25		22,171		\$29.93
	azithromycin	\$494,911.42	74.59%	14,669	66.16%	\$33.74
	azithromycin 5 Day Dose Pack	\$161,322.52	24.31%	7,216	32.55%	\$22.36
	azithromycin 3 Day Dose Pack	\$7,280.06	1.10%	285	1.29%	\$25.54
	Zithromax	\$34.25	0.01%	1	0.00%	\$34.25
	methylphenidate	\$663,443.88		4,079		\$162.65
PDL	Concerta	\$555,401.27	83.71%	3,021	74.06%	\$183.85
PDL	Metadate CD	\$54,077.95	8.15%	378	9.27%	\$143.06
PDL	Daytrana	\$33,850.83	5.10%	209	5.12%	\$161.97
PDL	Methylin	\$9,863.19	1.49%	239	5.86%	\$41.27
	Ritalin LA	\$6,065.90	0.91%	43	1.05%	\$141.07
	methylphenidate hydrochloride	\$3,507.03	0.53%	159	3.90%	\$22.06
	Methylin ER	\$514.78	0.08%	17	0.42%	\$30.28
	methylphenidate hydrochloride SR	\$162.93	0.02%	13	0.32%	\$12.53

* Dollar figures represent payments to pharmacies for claims. Actual cost to DOM may be less due to manufacturer rebates.

Prepared by the Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report
Drug Detail for December 2010

Generic Molecule / Drug Name	↓ Total Paid ↓	% of Paid	# Claims	% of Claims	Avg/Claim*
olanzapine	\$595,199.99		908		\$655.51
Zyprexa	\$542,866.33	91.21%	826	90.97%	\$657.22
Zyprexa Zydis	\$52,333.66	8.79%	82	9.03%	\$638.22
amphetamine-dextroamphetamine	\$591,943.93		3,747		\$157.98
PDL Adderall XR	\$518,495.76	87.59%	2,513	67.07%	\$206.33
amphetamine-dextroamphetamine	\$53,423.42	9.03%	1,107	29.54%	\$48.26
amphetamine-dextroamphetamine ER	\$19,725.08	3.33%	126	3.36%	\$156.55
Adderall	\$299.67	0.05%	1	0.03%	\$299.67
risperidone	\$554,932.95		4,186		\$132.57
risperidone	\$414,109.26	74.62%	3,999	95.53%	\$103.55
Risperdal Consta	\$139,497.81	25.14%	184	4.40%	\$758.14
Risperdal	\$788.53	0.14%	2	0.05%	\$394.27
Risperdal M-Tab	\$537.35	0.10%	1	0.02%	\$537.35
antihemophilic factor	\$538,414.07		33		\$16,315.58
Advate rAHF-PFM	\$297,893.31	55.33%	15	45.45%	\$19,859.55
Recombinate	\$93,169.99	17.30%	11	33.33%	\$8,470.00
Kogenate FS with Bioset	\$63,083.24	11.72%	3	9.09%	\$21,027.75
Helixate FS	\$40,023.78	7.43%	1	3.03%	\$40,023.78
Xyntha	\$30,242.47	5.62%	1	3.03%	\$30,242.47
Hemofil-M	\$14,001.28	2.60%	2	6.06%	\$7,000.64
amoxicillin-clavulanate	\$484,456.48		8,902		\$54.42
amoxicillin-clavulanate	\$469,516.68	96.92%	8,733	98.10%	\$53.76
Augmentin	\$11,060.12	2.28%	126	1.42%	\$87.78
amoxicillin-clavulanate ER	\$2,672.34	0.55%	31	0.35%	\$86.20
Augmentin XR	\$1,207.34	0.25%	12	0.13%	\$100.61
albuterol	\$477,507.29		14,025		\$34.05
albuterol sulfate	\$251,982.90	52.77%	8,055	57.43%	\$31.28
PDL Ventolin HFA	\$222,586.45	46.61%	5,752	41.01%	\$38.70
ReliOn Ventolin HFA	\$1,796.80	0.38%	175	1.25%	\$10.27
ProAir HFA	\$613.72	0.13%	14	0.10%	\$43.84
Proventil HFA	\$276.24	0.06%	6	0.04%	\$46.04
albuterol	\$190.83	0.04%	21	0.15%	\$9.09
albuterol extended release	\$60.35	0.01%	2	0.01%	\$30.18

* Dollar figures represent payments to pharmacies for claims. Actual cost to DOM may be less due to manufacturer rebates.

Prepared by the Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report

Drug Detail for December 2010

	Generic Molecule / Drug Name	↓ Total Paid ↓	% of Paid	# Claims	% of Claims	Avg/Claim*
	lisdexamfetamine	\$475,916.98		3,282		\$145.01
PDL	Vyvanse	\$475,916.98	100.00%	3,282	100.00%	\$145.01
	cefdinir	\$432,947.12		5,579		\$77.60
	cefdinir	\$432,842.63	99.98%	5,578	99.98%	\$77.60
	Omnicef	\$104.49	0.02%	1	0.02%	\$104.49
	lansoprazole	\$386,041.22		2,126		\$181.58
PDL	Prevacid SoluTab	\$382,408.41	99.06%	2,098	98.68%	\$182.27
	lansoprazole	\$3,279.49	0.85%	26	1.22%	\$126.13
	Prevacid	\$353.32	0.09%	2	0.09%	\$176.66
	ziprasidone	\$372,879.60		827		\$450.88
PDL	Geodon	\$372,879.60	100.00%	827	100.00%	\$450.88
	multivitamin, prenatal	\$363,361.70		7,848		\$46.30
	Neevo DHA	\$85,937.04	23.65%	1,430	18.22%	\$60.10
	fluticasone-salmeterol	\$361,582.08		1,728		\$209.25
PDL	Advair Diskus	\$338,396.93	93.59%	1,622	93.87%	\$208.63
	Advair HFA	\$23,185.15	6.41%	106	6.13%	\$218.73
	paliperidone	\$327,121.39		359		\$911.20
	Invega Sustenna	\$222,803.73	68.11%	183	50.97%	\$1,217.51
	Invega	\$104,317.66	31.89%	176	49.03%	\$592.71
	mometasone nasal	\$323,967.88		3,107		\$104.27
PDL	Nasonex	\$323,967.88	100.00%	3,107	100.00%	\$104.27
	dexmethylphenidate	\$321,431.58		2,390		\$134.49
PDL	Focalin XR	\$306,904.87	95.48%	2,044	85.52%	\$150.15
	dexmethylphenidate hydrochloride	\$11,060.72	3.44%	281	11.76%	\$39.36
PDL	Focalin	\$3,465.99	1.08%	65	2.72%	\$53.32
	chlorpheniramine-phenylephrine	\$305,367.38		16,937		\$18.03
	Nasohist Pediatric	\$72,003.41	23.58%	1,702	10.05%	\$42.31
	Ed ChlorPed D	\$53,477.61	17.51%	1,333	7.87%	\$40.12
	Ed A-Hist	\$52,068.97	17.05%	6,314	37.28%	\$8.25
	C Phen Drops	\$41,383.31	13.55%	1,320	7.79%	\$31.35
	C Phen	\$27,751.31	9.09%	1,433	8.46%	\$19.37
	NoHist	\$15,858.53	5.19%	2,238	13.21%	\$7.09
	Ceron	\$11,203.24	3.67%	768	4.53%	\$14.59

* Dollar figures represent payments to pharmacies for claims. Actual cost to DOM may be less due to manufacturer rebates.

Prepared by the Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report
Drug Detail for December 2010

Generic Molecule / Drug Name	↓ Total Paid ↓	% of Paid	# Claims	% of Claims	Avg/Claim*
Sonahist	\$10,808.68	3.54%	533	3.15%	\$20.28
Dallergy Drops	\$8,347.93	2.73%	355	2.10%	\$23.52
R-Tanna	\$7,070.73	2.32%	213	1.26%	\$33.20
Sildec-PE	\$4,833.85	1.58%	713	4.21%	\$6.78
Allan Tannate Pediatric	\$425.79	0.14%	9	0.05%	\$47.31
Tanahist-D	\$72.03	0.02%	3	0.02%	\$24.01
Tannate Pediatric	\$61.99	0.02%	3	0.02%	\$20.66

* Dollar figures represent payments to pharmacies for claims. Actual cost to DOM may be less due to manufacturer rebates.

Prepared by the Evidence-Based DUR Initiative, MS-DUR

Criteria for Identifying “Medically-Accepted Indications” for Prior Authorization Decisions

Background

The Mississippi Division of Medicaid (DOM) is seeking guidance and recommendations from the DUR Board. Said guidance is requested to assist with the development of an internal policy and/or a set of criteria identifying “medically-accepted indications” used in prior authorization (PA) drug coverage decisions. Drug coverage is limited to the drug’s Food and Drug Administration (FDA) approval or medically accepted indications and dosing limits. Medically accepted indications refers to any use supported by one or more of the following official compendia as defined by Centers for Medicare and Medicaid Services (CMS).

Implementation of SmartPA®

On December 15, 2010, the DOM implemented SmartPA®, an enhanced electronic prior authorization (PA) process, to expedite PA decisions for patients’ drug claims. SmartPA® will enhance the Division’s prior authorization program by electronically processing the majority of prior authorization requests at the pharmacy with fewer phone calls required from prescribers to the Drug PA Unit. SmartPA® works with the pharmacy point of sale (POS) claims processing system by checking historical drug claims and medical claims to determine if prior authorization criteria have been met. Some drugs and/or drug classes previously requiring a manual prior authorization, initiated by the prescriber, will now be processed electronically.¹ As a part of this initiative, certain prior authorization decisions still require manual review by a clinical pharmacist. If suitable criteria can be established, more drug claims may be shifted into the electronic PA system, where appropriate.

An excerpt from the Mississippi Medicaid Bulletin:

How Does SmartPA® Work?²

- The pharmacist submits a beneficiary’s prescription to Mississippi Medicaid through the point of sale system. If the medication requires prior authorization and the claim has not denied for any other edit, the claim is electronically transmitted to SmartPA®.
- SmartPA® applies predetermined PA criteria to the pharmacy drug claim utilizing both medical and drug claims history.
- Claims that meet the predetermined criteria are approved and adjudicated in a real time environment without the need for human intervention.
- If the criteria are not met, the pharmacy provider is sent an electronic message at POS that states “PA required” and the drug claim is denied.

¹ Robinson, Robert L. “Enhanced Prior Authorization Program for Medications.” Memorandum to Mississippi Medicaid Prescribing Providers. December 21, 2010.

² From Mississippi Medicaid Bulletin. Division of Medicaid Notice – Physicians, Mid-Level Practitioners, and Pharmacy Providers. “Introducing SmartPA®” Volume 16, Issue 7. December 2010.

Drug Reference Compendia

The currently accepted drug reference compendia for use by drug utilization review board activities is outlined in 42 CFR § 456.703(f)(1)³, includes:

1. American Hospital Formulary Service Drug Information (AHFS-DI)
2. United States Pharmacopeia – Drug Information (USP-DI) or its approved replacement and/or successor publication (Micromedex DrugDex[®] is the successor)
3. American Medical Association Drug Evaluations (no longer published)

American Hospital Formulary Service – Drug Information Evidence Rating System

The AHFS-DI is a print compendia that, in addition to providing drug information, provides a rating system for FDA and non-FDA labeled indications, including evidence levels, strength of study end points, and grades of recommendation. Based on the work of Fletcher and Sackett, these ratings are similar to the Micromedex DrugDex[®] ratings.⁴ However, AHFS ratings do not appear to be consistently applied to the AHFS-DI as echoed by information present on the AHFS website.⁵ As a result, this method may not be useful for non-FDA labeled coverage decisions until the evidence rating system has been universally applied across the compendia.

Thompson Micromedex DrugDex[®] Consult Evidence Rating System

The Thompson Micromedex DrugDex[®] Consults is an online compendia that provides recommendation, evidence and efficacy ratings for selected therapeutic uses for drugs, including FDA-labeled and non-FDA-labeled indications. The Thompson Micromedex DrugDex[®] Consult evidence rating system is outlined in Tables 1 & 2. The strength of recommendation and efficacy ratings found in Table 1 likely provide the most useful information for determining coverage decisions for non-FDA-labeled indications. The strength of evidence ratings found in Table 2 primarily support the strength of recommendation and efficacy ratings. For example, a Class IIa recommendation (recommended in most cases) would likely come from a Category A or B strength of evidence (the evidence is supported by meta-analyses and/or randomized controlled trials).

³ Requirements for predetermined standards in Drug Use Review (DUR) Program and Electronic Claims Management System for Outpatient Drug Claims 42 CFR § 456.703(f)(1) (2010).

⁴ Canadian Task Force on Periodic Examination. "The Periodic Health Examination." *Can Med Assoc J.* 1979 November 3; 121(9): 1193–1254.

⁵ AHFS-DI Website. Overview: Codified Levels of Evidence. Available at: http://www.ahfsdruginformation.com/off_label/overview.aspx. Accessed on: January 31, 2011.

Table 1 - Micromedex DrugDex Consult Strength of Recommendation and Efficacy Ratings Summaries

Strength of Recommendation	Efficacy
<p>Class I – Recommended</p> <p>The given test or treatment has been proven to be useful, and should be performed or administered.</p> <p>Class IIa - Recommended, In Most Cases</p> <p>The given test or treatment is generally considered to be useful, and is indicated in most cases.</p> <p>Class IIb - Recommended, In Some Cases</p> <p>The given test or treatment may be useful, and is indicated in some, but not most, cases.</p> <p>Class III - Not Recommended</p> <p>The given test or treatment is not useful, and should be avoided.</p> <p>Class Indeterminate - Evidence Inconclusive</p>	<p>Class I – Effective</p> <p>Evidence and/or expert opinion suggests that a given drug treatment for a specific indication is effective</p> <p>Class IIa - Evidence Favors Efficacy</p> <p>Evidence and/or expert opinion is conflicting as to whether a given drug treatment for a specific indication is effective, but the weight of evidence and/or expert opinion favors efficacy.</p> <p>Class IIb - Evidence is Inconclusive</p> <p>Evidence and/or expert opinion is conflicting as to whether a given drug treatment for a specific indication is effective, but the weight of evidence and/or expert opinion argues against efficacy.</p> <p>Class III - Ineffective</p> <p>Evidence and/or expert opinion suggests that a given drug treatment for a specific indication is ineffective.</p>

Table 2 - Micromedex DrugDex Consult Strength of Evidence rating summary

Strength of Evidence
<p>Category A</p> <p>Category A evidence is based on data derived from:</p> <ul style="list-style-type: none"> • Meta-analyses of randomized controlled trials with homogeneity with regard to the directions and degrees of results between individual studies. • Multiple, well-done randomized clinical trials involving large numbers of patients. <p>Category B</p> <p>Category B evidence is based on data derived from:</p> <ul style="list-style-type: none"> • Meta-analyses of randomized controlled trials with conflicting conclusions with regard to the directions and degrees of results between individual studies. • Randomized controlled trials that involved small numbers of patients or had significant methodological flaws (e.g., bias, drop-out rate, flawed analysis, etc.).

- Nonrandomized studies (e.g., cohort studies, case-control studies, observational studies).

Category C

Category C evidence is based on data derived from:

- Expert opinion or consensus, case reports or case series.

No Evidence

CMS Approach to Coverage Decisions for non-FDA-labeled Indications in Oncology

The Center for Medicare and Medicaid Services (CMS) has established some general criteria for identifying “medically-accepted indications” for oncology chemotherapeutics covered by Medicare Part B. Using these compendia-based rating systems as outlined in 42 CFR § 414.930(f)(1) and briefly summarized below:

An excerpt from the CMS Manual System Medicare Benefit Policy:

CMS is recognizing the following as authoritative compendia and listing them in Pub. 100-02 of the Medicare Benefit Policy Manual, chapter 15, section 50.4.5 for use in the determination of a “medically-accepted indication” of drugs and biologicals used off-label in an anti-cancer chemotherapeutic regimen:

- American Hospital Formulary Service – Drug Information
- NCCN Drugs and Biologicals Compendium
- Thompson Micromedex DrugDex®
- Clinical Pharmacology

In general, a use is identified by a compendium as **medically accepted** if the:

1. indication is a Category 1 or 2A in NCCN, or Class I, Class IIa, or Class IIb in DrugDex; or,
2. narrative text in AHFS-DI or Clinical Pharmacology is supportive.

A use is **not medically accepted** by a compendium if the:

1. indication is a Category 3 in NCCN or a Class III in DrugDex; or,
2. narrative text in AHFS or Clinical Pharmacology is “not supportive.”

The complete absence of narrative text on a use is considered neither supportive nor non-supportive.

Recommendation

MS-DUR recommends that an internal policy be adopted based on the Thomson Micromedex DrugDex® Consult strength of recommendation and efficacy criteria or a combination thereof. One example of such a combination is illustrated in Figure 1. In this example, the DOM could institute an electronic prior authorization for a non-FDA-labeled indication with a strength of recommendation Class IIb (recommended in some cases) or higher or a Class IIa efficacy rating (evidence favors efficacy) or higher. An example of a prior authorization requiring a manual review would be a Class IIb strength of recommendation (recommended in some cases) accompanied by a Class IIb efficacy rating (evidence is inconclusive). Any strength of recommendation or efficacy rating which is less than the manual review levels would probably not be covered by DOM or considered in the PA process. Adoption of an internal policy should be applied to coverage decisions, where applicable, including the prior authorization process.

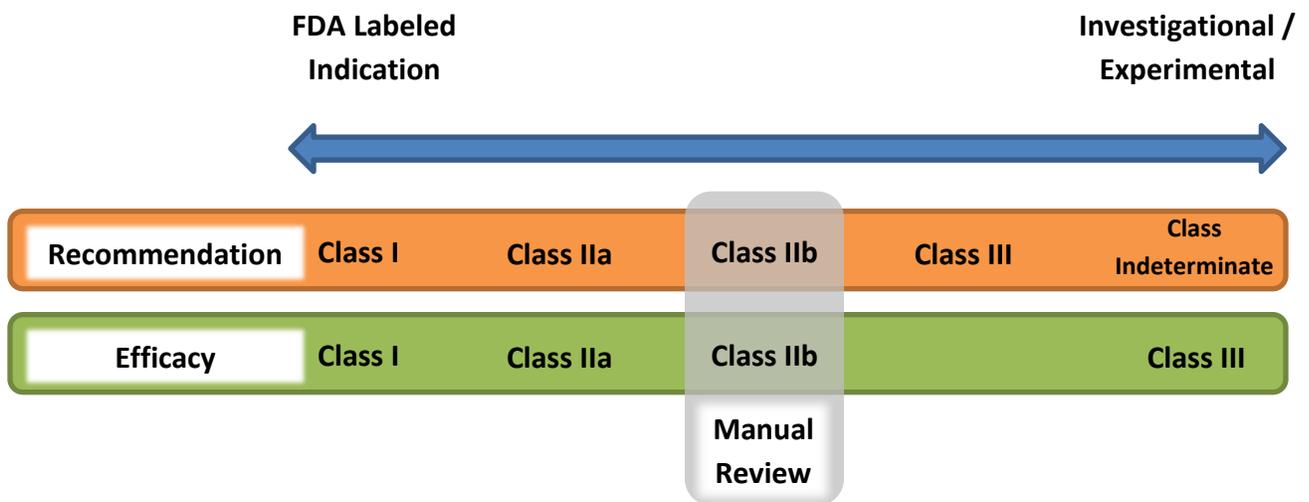


Figure 1 - Micromedex DrugDex Ratings Diagram

Developing Protocols for Specialty, Orphan and Ultra-Orphan Drugs

Background

The Foundation for Managed Care Pharmacy released the Fourth Annual FMCP Emerging Trends Survey and reported that among managed care organizations, specialty pharmacy formulary strategies remained the most critical initiative to implement in the next two years. Cost effectiveness of therapy and the role of evidence were considered more important in specialty pharmacy compared to non-specialty formulary decisions.⁶ These findings are likely driven by the substantially higher cost of specialty pharmacy products relative to non-specialty. Further, establishing best practices in pharmacy benefit design was the most frequently reported information or tool that would be most useful in specialty pharmacy efforts. Recognizing this emerging trend, commercial managed care plans and several state Medicaid programs, including the DOM programs in Nebraska and Maryland, have established protocols to guide the appropriate utilization of specialty drugs.

Overview of the Specialty Drug Landscape

According to the Medco 2010 Drug Trend Report, the growth of specialty pharmaceuticals has experienced growth between 12 and 16% over the last four consecutive years with the average annual cost of therapy for the top 10 specialty therapeutic classes ranging from \$9,000 to over \$150,000.⁷ Some examples of specialty therapeutic categories include drugs and biologics used for the treatment of rheumatoid arthritis, multiple sclerosis, hepatitis C, and hemophilia.⁸

Orphan and Ultra-Orphan Drugs⁹

Drugs developed for orphan diseases, defined in the United States as a disease which affects less than 200,000 individuals and in Europe as less than 1 person per 2,000. The term "ultra-orphan" is not officially recognized in the United States, however the National Health Services' National Institute for Health and Clinical Excellence (NICE) in England defines an ultra-orphan disease as a prevalence of less than 1 per 50,000 population (or <1,000 in the United Kingdom).

⁶ Foundation for Managed Care Pharmacy. Fourth Annual FMCP Emerging Trends Survey. September 2009.

Available at: www.fmcpcnet.org

⁷ 2010 Medco Drug Trend Report. Volume 12. Available at:

http://www.drugtrend.com/art/drug_trend/pdf/DT_Report_2010.pdf

⁸ Stern, Debbie & Debi Reissman. "Specialty Pharmacy Cost Management Strategies of Private Health Care Payers." *J Man Care Pharm.* Nov/Dec 2006. Vol 12(9): 736-44.

⁹ Adapted with permission from: Paul, Doug; Partner, Medical Marketing Economics. "New Complexities in Pricing Orphan and Ultra-Orphan Drugs." Presentation from the Centric Health Resources Ultra-Orphan Conference 2009. St. Louis, MO. September 28, 2010.

Estimates for the United States put this number as <6,000 (based on roughly 300 million in the US population). Many pharmaceutical companies are focusing their efforts on orphan and ultra-orphan drugs. Only the four “big” oncology indications (lung, female breast, prostate, and colorectal) are not orphan.

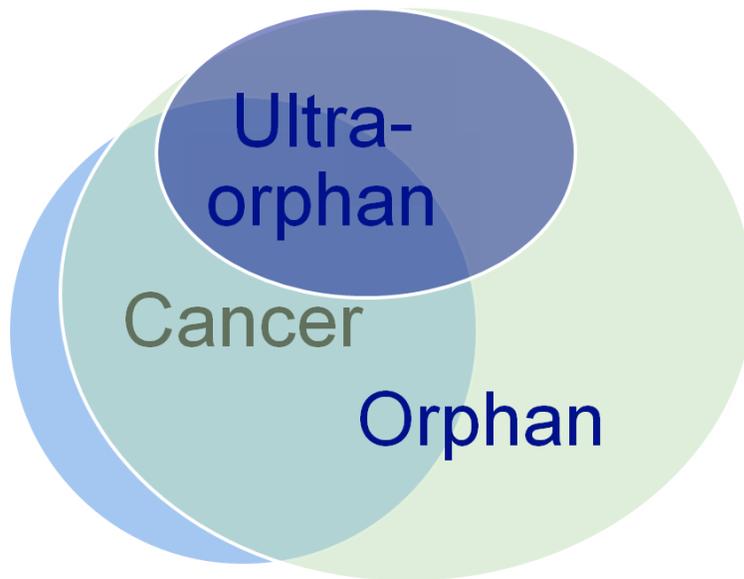


Figure 2 - Conceptual Illustration of Drugs Developed for Orphan Diseases

Recommendation

Because of the emerging specialty, orphan, and ultra-orphan pharmaceutical market, MS-DUR recommends that the DOM monitor the utilization patterns of these therapeutic categories. Many commercial managed care plans and state Medicaid programs have established medical policies to ensure appropriate use of these high-cost products. Pending the need, criteria may be developed and a dedicated specialty drug watch may be incorporated into DUR reports.

Coordination of Pharmacy and Medical Claims for Drug Products

Background

The Patient Protection and Affordable Care Act of 2010 changed the time period during which state Medicaid programs can collect for overpayments due to fraud from 60 days to one year. This change provides more time for DUR and other review programs to detect possible billing for overpayment due to fraud or billing errors. In addition, new CMS requirements will make it necessary for DOM to monitor drug payments through pharmacy POS and medical claims to assure that drug products are reimbursed at the same amount in both programs.

Recommendation

MS-DUR recommends that an analysis be performed using claims for 2010 and a report presented to the DUR Board at the next meeting on the following issues related to these changes.

1. How frequently do double billing errors occur with products that can be purchased through the POS system and administered in physicians' offices and purchased by physicians and billed using medical claims (J-codes) when administered in the office?
2. How do payment amounts compare for products that are paid for through the pharmacy POS system and medical care claims?