BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

Richard Whitley
Interim Director

LAURIE SQUARTSOFF
Administrator

NOTICE OF PUBLIC MEETING – DRUG USE REVIEW BOARD

AGENDA

Date of Posting: **xxxxx**

Date of Meeting: **Thursday, April 23, 2015 at 5:30 PM**

Name of Organization: **The State of Nevada, Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP), Drug Use Review Board (DUR).**

Place of Meeting: **Best Western Plus Airport Plaza Hotel**
1981 Terminal Way
Reno, NV 89502
Phone: (775) 348-6370

AGENDA

1. **Call to Order and Roll Call**

2. **Public Comment on Any Matter on the Agenda**

3. **Administrative**

   a. **For Possible Action:** Review and Approve Meeting Minutes from January 22, 2015.

   b. Status Update by DHCFP
      i. Public Comment
      ii. Medicaid's update of the legislative session

4. **Presentation and Discussion of Nevada's Health Care Guidance Program**

   a. Dr. Amy Khan, MD, MPH, Medical Director, Nevada Health Care Guidance Program, McKesson Care Management

5. **Clinical Presentations**

a. **For Possible Action:** Discussion on Psychotropics for Children and Adolescents prior authorization process and policy.
   i. Public comment on the prior authorization process and policy.
   ii. Presentation of utilization and clinical information.
   iii. Discussion by the Board and review of utilization data.
   iv. Review prior authorization criteria and possible adoption of revised criteria.

b. **For Possible Action:** Discussion and possible adoption of policy and delivery model for Vivitrol® (naltrexone)
   i. Public comment on adoption of policy.
   ii. Presentation of utilization and clinical information.
   iii. Discussion by the Board and review of utilization data.
   iv. Possible adoption of prior authorization criteria/policy.

c. **For Possible Action:** Discussion and proposed adoption of prior of clinical prior authorization criteria for Ombitasvir/paritaprevir/ritonavir and dasabuvir (Viekira Pak®).
   i. Public comment on proposed clinical prior authorization criteria.
   ii. Presentation of utilization and clinical information.
   iii. Discussion by the Board and review of utilization data.
   iv. Proposed adoption of updated prior authorization criteria.

d. **For Possible Action:** Discussion and proposed adoption of prior authorization criteria for Sodium oxybate (Xyrem®)

   i. Public Comment on proposed clinical prior authorization criteria.
   ii. Presentation of utilization and clinical information.
   iii. Discussion by the Board and review of utilization data.
   iv. Proposed adoption of updated prior authorization criteria

e. **For Possible Action:** Discussion and proposed adoption of updated clinical prior authorization criteria for Omalizumab (Xolair®).

   i. Public comment on proposed clinical prior authorization criteria.
   ii. Presentation of utilization and clinical information.
   iii. Discussion by Board and review of utilization data.
   iv. Proposed adoption of updated prior authorization criteria.

f. **For Possible Action:** Discussion and proposed adoption of prior authorization criteria for Naproxen/esomeprazole magnesium (Vimovo®)

   i. Public Comment on proposed clinical prior authorization criteria.
   ii. Presentation of utilization and clinical information.
   iii. Discussion by the Board and review of utilization data.
   iv. Proposed adoption of updated prior authorization criteria.

g. **For Possible Action:** Discussion and proposed adoption of updated clinical prior authorization criteria for Hydrocodone extended release (Zohydro ER®).

   i. Public comment on proposed clinical prior authorization criteria.
   ii. Presentation of utilization and clinical information.
   iii. Discussion by Board and review of utilization data.
   iv. Proposed adoption of updated prior authorization criteria.

h. **For Possible Action:** Discussion and proposed adoption of updated clinical prior authorization criteria for Prednisone delayed-release (Rayos®).

   i. Public comment on proposed clinical prior authorization criteria.
   ii. Presentation of utilization and clinical information.
   iii. Discussion by Board and review of utilization data.
   iv. Proposed adoption of updated prior authorization criteria.

6. Public Comment on any DUR Board Requested Report

7. DUR Board Requested Reports

a. Report on Top 10 Black Box warning medications:

   i. Discussion by the Board and review of utilization data.

b. Report on controlled substance utilization and trends.

   i. Discussion by the Board and review of utilization data.

c. Report on psychotropic drug use in children.

   i. Discussion by the Board and review of utilization data.

d. Report on fluoxetine utilization in children, duration of treatment

   i. Discussion by the Board and review of utilization data.

e. Report on buprenorphine and buprenorphine/naloxone use.

   i. Discussion by the Board and review of utilization data.

f. Report on Nevada Medicaid Lock-in Program
   .
   i. Discussion by the Board and review of utilization data.

g. Report on diabetic patient compliance for blood glucose monitoring receiving insulin

i. Discussion by the Board and review of utilization data.

h. Report on Asthma treatment utilization.

i. Discussion by the Board and review of utilization data.

i. Report on Guaifenesin with Codeine Utilization.

i. Discussion by the Board and review of utilization data.

8. Public Comment on any Standard DUR Report

9. Standard DUR Reports

j. Review of Prescribing/Program Trends.

i. Top 10 Therapeutic Classes for Q3 2014, Q4 2014, and Q1 2015 (by Payment and by Claims).
ii. Top 50 Drugs of Q3 2014, Q4 2014, and Q1 2015 (by Payment and by Claims).

k. Concurrent Drug Utilization Review (ProDUR)

i. Review of Q3 2014, Q4 2014, and Q1 2015.
ii. Review of Top Encounters by Problem Type.

l. Retrospective Drug Utilization Review (RetroDUR)

i. Status of previous quarter.
ii. Status of current quarter.
iii. Review and discussion of responses.

8. Closing Discussion

a. Public comments on any subject.

b. Date and location of the next meeting.

i. Discussion of the time of the next meeting.

c. Adjournment.

Nevada Medicaid is unaware of any financial impact to other entities or local government due to this public hearing, other than as stated above.

PLEASE NOTE: Items may be taken out of order at the discretion of the chairperson.

Items may be combined for consideration by the public body. Items may be pulled or removed from the agenda at any time. If an action item is not completed within the time frame that has been allotted, that action item will be continued at a future time designated and announced at this meeting by the chairperson. All public comment may be limited to 5 minutes.

This notice and agenda have been posted at www.dhcfp.nv.gov and http://notice.nv.gov

Notice of this meeting and draft copies of the changes will be available on or after the date of this notice at the DHCFP Web site www.dhcfp.nv.gov, Carson City Central office and Las Vegas DHCFP. The agenda posting of this meeting can be viewed at the following locations: Nevada State Library; Carson City Library; Churchill County Library; Las Vegas Library; Douglas County Library; Elko County Library; Lincoln County Library; Lyon County Library; Mineral County Library; Tonopah Public Library; Pershing County Library; Goldfield Public Library; Eureka Branch Library; Humboldt County Library; Lander County Library; Storey County Library; Washoe County Library; and White Pine County Library and may be reviewed during normal business hours.

If requested in writing, a copy of the meeting materials will be mailed to you. Requests and/or written comments may be sent to Rita Mackie at the Division of Health Care Financing and Policy, 1100 E. William Street, Suite 101, Carson City, NV 89701, at least 3 days before the public hearing.

All persons that have requested in writing to receive the Public Hearings agenda have been duly notified by mail or e-mail.

Note: We are pleased to make reasonable accommodations for members of the public who are physically challenged and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Division of Health Care Financing and Policy, in writing, at 1100 East William Street, Suite 101, Carson City, Nevada 89701 or call Rita Mackie at (775) 684-3681, as soon as possible, or e-mail at rmackie@dhcfp.nv.gov

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Nevada Medicaid
Drug Use Review (DUR) Board
Draft Meeting Minutes

The Division of Health Care Financing and Policy (DHCFP) Drug Use Review (DUR) Board conducted a public meeting on January 22, 2015 beginning at 5:30 pm at the following location:

Silver Legacy
Silver/Gold Room
407 N Virginia St
Reno, Nevada 89501

Board Members Present:
Paul Oesterman, Pharm.D., Chairman; Dave England, Pharm.D.; James Marx, M.D; Jeff Zollinger, DO; Michael Owens, MD

Board Member Absent:
Chris Shea, Pharm.D.

Others Present:
DHCFP:
Coleen Lawrence, Chief, Program Services; Mary Griffith, RN, Pharmacy Services Specialist; Darrell Faircloth, Senior Deputy Attorney General;

HPES:
Beth Slamowitz, Pharm.D.

Catamaran:
Carl Jeffery, Pharm.D. Account Manager

Public:
Brandon Shaffer, Celgene; Betty Chan, Gilead; Charlie Collin, Gilead; Sergio Gonzalez, Takeda; Brian Hueston; Patrick Moby, Supenus; David Melikhan, Mallinckrodt; Lovell Robinson, Abbvie; Brett Ferguson, Pfizer; Sandy Sierawski, Pfizer; Scott Larson, BMS; Marykay Queener, J&J; Charissa Anne, J&J; Ryan Ley, NV Health Care Guidance; Jane Stephen, Allergan; Jeanette Belz, NV Psychiatric Assn.; Kim Jacoby, Lundbeck.

MINUTES

1. Call to Order and Roll Call

Meeting called to order at 5:30 PM

Roll Call:
Carl Jeffery – Catamaran
James Marx – Las Vegas Pain Management Physician
Michael Owens – Reno Family Physician
Dave England – Pharmacist Las Vegas
Paul Oesterman – Pharmacist Reno
Darrell Faircloth – Senior Deputy Attorney General
Jeff Zollinger – Physician Reno
Beth Slamowitz – HPES
Mary Griffith – Nevada Medicaid
Coleen Lawrence – Nevada Medicaid

2. Public Comment on Any Matter on the Agenda

No Comments.

3. Administrative

a. Review and Approve Meeting Minutes from July 24, 2014

Movement and second to approve the minutes from July 24, 2014.
Dave England: Move to accept the minutes.
James Marx: Second.
Voted: Ayes across the Board.
Approved.

b. Status Update by DHCFP

i. Public Comment – No public comment
ii. Medicaid's overview of the upcoming legislative session – Coleen Lawrence
The Governor gave his State of the State address and released the government's recommendations for the budget to the public. There were no specifics for pharmacy. There is one position in there for pharmacy that we are looking to fill. Everyone works together on the Nevada Medicaid team, but if there are upcoming bills that affect Medicaid, let DHCFP know about them to give us plenty of time to review.
iii. Introduction of new member, Dr. Michael Owens
I'm originally from California. I did my residency in Casper Wyoming. I've recently moved to Reno and am a family practice doctor at the Community Health Center (CHC). I'm married, my wife is a family practice at CHC also. We have 2 children. I've been in Reno for about 4 months.

4. Presentation and Discussion of Nevada's Prescription Monitoring Program

a. Jenine M. Davis, Pre-Criminal Intervention Officer, Controlled Substance Abuse Prevention Task Force
Everybody knows that prescription drug abuse is a huge problem. I just want to give you an idea of where we stand. Americans comprise about 6% of the world's population, yet we consume 80% of the world's supply of opioids, 75% of the world's oxycodone, and 99% of the world's hydrocodone. In the nation's ranking, Nevada is second in the consumption of hydrocodone, second in the consumption of oxycodone, fourth in the consumption of methadone, and third in the prescription overdose deaths. With a population of 2.7 million people, in one year, 81 million doses of hydrocodone were dispensed. 51 million of oxycodone and 25 million of alprazolam. Everyday youths, aged between 12 and 17 abuse an opioid for the first time. 2,700 use each day. There are more men than women and many more white and Native Americans than other races. Middle aged adults are the highest percent of opioid overdose deaths. People in rural counties are twice as likely to overdose as are people in the cities. In Nevada, this equates to 19.6 deaths per 100,000 people.

These are some of the reasons that we have the prescription monitoring program. So what is it? It is a database that collects information on the controlled substance prescriptions filled in the state of Nevada. The purpose of it is to help identify individuals abusing controlled substances, so they can get help. It was not set up for law enforcement purposes, but to help individuals.

In 1995 and 1996, legislation was passed NRS 453.1545 mandating the Board of Pharmacy and the Nevada Division of Investigation to develop a computerized program to track controlled substances. These regulations made data collection compliance effective in 1997.

We collect, through the prescription monitoring program, data from pharmacies, as well as dispensing practitioners, regarding schedules 2-4, dispensed in the state of Nevada. In the beginning the pharmacies were required to report once a month and now it's required weekly. However, most of the chain pharmacies are reporting every day, just so we have the most accurate, current information. Healthcare providers (er's, urgent care, pharmacies, family practice) can access this information online, 24-hours a day, 7 days a week.

The reports show the patient's name, where they are picking up the medication, the drug name, the date it was filled, the date it was written, and the type of payment. If it was Medicare, cash, or insurance, that is also on the report.

Currently it is not a requirement, or a statute, that each practitioner has to run a report. It says that they shall, under certain circumstances, if there's suspicion, but there is nothing requiring a practitioner to run a patient when they are prescribing.

Questions:

Paul Oesterman, Chairman: I'm very familiar with the program as a practicing pharmacist. Nevada is recognized for this program as one of the leaders in the country. It's great. My concern is what are we doing with the data? We've got great data and lots of it, but obviously

it's not working or we wouldn't be number 2 in the country. So what can be done to make it more effective?

Davis: Currently we have 4,900 users registered to use the system online. We get about 2,000 actively using the system. What needs to be done is the practitioners and the pharmacists need to use the system. The information is there. It just needs to be accessed and looked at.

Paul Oesterman, Chairman: It's not working in a community setting, I'm sure I'll be extremely unpopular with my colleagues, if I were to say what would it take to make it a statute, to make it mandatory that the data be looked at by the prescriber before they prescribe, the pharmacy before they fill, or the emergency department when a patient walks in.

Davis: Currently there is a statute saying basically that if you have any concerns that this patient is doctor seeking, or abusing the controlled substances – I think that is actually going to be brought up in legislature this year. I don't know that it will pass, but I think it is going to be brought up.

James Marx: I think the statute says in the event that you suspect abuse, you are to access the database. There is no requirement before you dispense. It's just when certain behavior presents itself. What's happening now, for example, Walgreen's is using it for every single fill. It goes through a call center and every prescription takes three days to be dispensed, which is a major disadvantage. Collecting data does not stop the abuse potential. The fact that we have so much data is the fact that we do such a good job recording it. On the other hand, we have a lot of opioid overdose deaths, a lot of those coming from Las Vegas, where a lot of those deaths are mischaracterized. The Medical Examiner's office in Las Vegas typically does over 1,000 forensic autopsies a year. The National Association of Forensic Pathologists says that they should do no more than 250. They are not adequately researching the manner, or cause of death as well as it should be done. So there's a lot of issues that really need to be addressed. But I think the one thing that the task force has done very well is provided a way that we can identify doctor shopping, where patients are going to multiply doctors and filing prescriptions, perhaps multiple times in a day, or a week. Now that ERs have access to this, I think that has helped a lot. It has cut down over the last 10-12 years tremendously and we have figures to show that.

One of the other issues is that when we started out, we had filter criteria. We have a lot of data and what happens is, if you didn't set the filter criteria incredibly high, literally 1,000s of people were falling out. It takes 48-hours to follow up on those sifted type of responses. So it's physically impossible, with the meager resources that the pharmacies, Board, and even law enforcement has to follow up on all of these indexed cases.

It's really going to come down to the prescriber community, the dispenser community, to really get a handle on this. The database is not going to go out and nab people.

Davis: No. It's a tool for the prescribers and dispensers to use.

Coleen Lawrence: It's kind of interesting because one of the best practices that we've been noted for is actually the collaboration we've had with the Board of Pharmacy and with Nevada Medicaid. Because it is very restricted on how the data can be utilized, for protection reasons, obviously. We use it in our Lock-In program. We do our own filters on the data. When we find somebody, we send our data over and match it with the Board of Pharmacy and that's how we lock people in to specific pharmacies and specific providers. Maybe looking at enhancing it that way, but allowing different providers the data in a different manner, same as we do. What are our numbers? Our numbers have grown. We don't have enough resources honestly to keep up with our Lock-In program. There's about 777 people in our Lock-In program and that started at about 100. And that is only because we don't have enough resources to keep up with the data mining to put people on the Lock-In program.

James Marx: I have one patient on the Lock-In program who has never been a problem. I don't understand why she's in the Lock-In program because there has never been an issue in 15 years.

Coleen Lawrence: But it might be because of other claims history, other than yours. Because it has to be multiple providers.

Dave England: In essence, this started about 10 years ago and the idea was to get a handle on this. By collecting the data and not doing anything with the reporting, other than through Medicaid – Does the Board of Pharmacy, or the Nevada Department of Investigation look at this data and then send out a letter? If the physician goes online to check a patient, but then continues writing prescriptions for that patient, knowing they are going elsewhere, is there any follow up?

Davis: We do unsolicited reports, which I think Dr. Marx referred to. What happens is that we may get a call from a provider who is concerned. We may get a call from a pharmacy. I do some reports for Northern Nevada. If somebody hits a certain criteria for picking up multiple pharmacies, multiple practitioners, we'll send out a letter to the practitioners and pharmacies within a certain time period to let them know that this person has seen 6 doctors, been to 4 pharmacies, just to make them aware.

We don't monitor prescribers. It's not in our jurisdiction. If someone is having surgery, the doctors are aware of it. We may have someone with mental health medications, as well as pain medications.

Dave England: Have any arrests taken places of either patients, or prescribers, or dispensers, through the data collected in this program?

Davis: I don't know. I know interventions have been done.

Dave England: Ok, not arrests, but interventions. Has anything been done as a result of this data to help the patients.

Davis: Yes. We have a program in the North. I'd have to look at my numbers, but I've done 60-80 interventions, where I meet with people who are doctor shopping and I try to get them help. We are at about 80% success rate. It makes the doctor aware that the patient is doctor shopping. It is up to the doctor whether he/she continues prescribing or not.

James Marx: I've worked with Jenine in the past. I try to get a report every time I have a patient I encounter, so I know if they fill a prescription somewhere else, or if I see something fishy, I make multiple calls to Jenine. She will make a phone call to the patient. That seems to work pretty well.

Jeff Zollinger: You mentioned that pharmacies now can access the database. What is the percentage of pharmacists actually checking the report? You mentioned that the physicians are actually a very small percent that are registered to access the reports. Do all pharmacists have access; are they registered?

Davis: I believe it's about 85% of pharmacies are registered. Some pharmacies have more than one account, some have just one, so it's hard to say.

Jeff Zollinger: I still get phone calls from pharmacists that say "I think this patient has gotten this filled at a different pharmacy." It seems like they would be able to check the report. They would be able to find that out for themselves.

Davis: They should be able to, yes. They should be able to get the same information you are.

Paul Oesterman, Chairman: Unfortunately, I think much of the management of chain pharmacies are saying volume, volume, volume. To do this, takes time. And the pharmacists are caught in that.

Jeff Zollinger: I know it takes time, but I've got a medical assistant who could prep a report within a couple minutes. So it's not that time consuming.

Davis: It's pretty quick. I don't know if anybody here has used the system. It takes a minute or two.

James Marx: A big issue is that they don't want to allow point of sale pharmacies access to the internet, because they don't want them on Facebook, so they have to go through some sort of call center to filter out that non-professional use of access. But yes, you're right, you could probably access it on a smartphone. They just don't want that access because they don't want techs, or the pharmacists checking their email, or whatever. I think that's really been a barrier to adoption in the retail environment.

Jeff Zollinger: I would agree. It seems that right now we don't have enough providers registered, so we're not really checking these reports. I would support an idea where we may get a bit more mandatory where physicians who are going to be prescribing opioids on a long term basis, there should be language in there that says if you're going to provide narcotics on a long-term basis, you need to be registered.

Davis: I believe that would be up to the Boards. We have jurisdiction over the controlled substances.

Mary Griffith: Is there any possibility of getting this information linked? We have a lot of people who go from here to California and back. It would be nice to have.

Carl Jeffery: Especially Vegas, we've got 4 states within an hour's drive.

Davis: We are currently working on linking 17 states right now. California does not have the ability to link their data with ours yet. It's probably going to be a ways off.

Coleen Lawrence: I think what the Board is saying is – This is a federally mandated Board for Nevada Medicaid. The Board has a very strong interest in promoting the use of this registry. As the session proceeds and as you have any type of active analysis that comes on any BDRs, let me know. Directly contact me to find out what is going on. That way I can find out what the stance is from behind the scenes from the Board. That way, from the Division standpoint, we can put what the Board's statement is and what their stance may be – in support, opposition, or neutrality on your analysis, so we can support the Board of Pharmacy on issues you may have with the registry. Because if it's sharing of data, or the drug task force, you'll come across a lot stronger if you have a report from the DUR Board.

Jeff Zollinger: Another way to utilize the information is for each physician to print out their own prescribing record. There are quite a few physicians that don't ever prescribe narcotics, but somehow people have gotten a hold of their numbers and have called in a prescription and they are totally unaware. It's prudent that physicians are aware that people can call in prescriptions, or try to fill medications using their DEA number for prescriptions. So checking your own report, or your own prescription history, is pretty important.

Davis: For the Dental Board, it is now regulation that they check theirs annually just for that reason.

Coleen Lawrence: Doesn't the Dental Board require all of the dentists to enroll in the registry, or participate? Isn't that why they have such a high participation?

Davis: Yes.

James Marx: All physicians were required to enroll. Enrolling doesn't mean you'll use it.

Davis: Correct.

Dave England: Would it be possible, and I don't know that we have the technological ability, or not, but a lot of prescriptions can't be hand written anymore. Is there any way, when a drug is being e-prescribed, that that drug is automatically linked in and then you can follow it back to the dispenser, or the pharmacist?

Davis: At this point, I don't think so. The way the system is set up, it would require every doctor's office be linked up. But I could ask about that.

Paul Oesterman, Chairman: Is there a way to look at those patients that get prescriptions under Medicaid that are also paying cash for large quantity prescriptions? We know it happens.

Davis: At this point, we don't have that ability. We are getting some new reports coming in. I don't know that that is one that we can pull, but if you were to ask me again in a month, I would know.

5. Clinical Presentations

Chairman Oesterman recuses himself from voting and leading the discussion due to possible conflict of interest. David England stands in as temporary chairman.

a. **For Possible Action:** Discussion and proposed adoption of updated clinical prior authorization criteria for sofosbuvir (Sovaldi®).
   i. Public comment on proposed clinical prior authorization criteria. – No comment.
   ii. Presentation of utilization and clinical information.
   Carl Jeffery – There has been a spike in Sovaldi that you can see (in presentation). We have the criteria that we approved at the April 24, 2014 meeting. We are not proposing any changes, but I think we are getting some pressure from the administration to bring this back up before the Board to maybe add some additional criteria because there are some other states with pretty strict criteria. For example, Oregon has criteria that has a once-in-a-lifetime treatment option. So if they're re-infected, they are just out of luck. They also have a requirement that they are almost to the end stage with liver disease before getting treatment. They also have requirements for drug testing and alcohol testing to make sure these patients are clean while they are on therapy. My personal feeling is that I don't think these are a benefit to our recipients or the State. No changes proposed. To be honest, these are expensive agents. They have PA criteria, so we are verifying that they are being used appropriately according to the current Chapter 1200 criteria.

   Coleen Lawrence: As you can imagine, this drug has hit every press article possible. What's happened is that it has hit everybody's list serve within our Division, within our Department. We turn on the nightly news and it's on there. It's propaganda at its best right now. So we've been asked to bring it back to the DUR Board to assure that we are clinically, appropriately reviewing this criteria, in the most quality and cost effective and efficient manner. Obviously we had the World Health Organization document that came out the same month that we first reviewed, which I believe was April, 2014. They released their recommendations based upon best practices on how to treat the recipients with Hep-C. We know the pipeline drugs are going to come out. This is going to be a continual discussion that we're going to have for years to come. We've known this was going to hit us. This is not the last discussion we're going to have. We're just asking you to review it, look at the total picture.

Dave England, Chairman: The recommendations that we are following are the recommendations by the AASLD. If we are following that criteria, I don't know how much more scrutiny we would want to give it. I can see the rational for the "once in a lifetime" dose. If we get someone cleaned up, so to speak, and they go back and get re-infected due to lifestyle, or whatever the case may be, we might want to consider that limitation on it.

Coleen Lawrence: So some of the states have done things like the "once in a lifetime". That is more of an ethical, social issue that you'll have to cross that bridge when you come to it and make that decision. There's also duration treatments. Do you want to, instead of giving all of the treatment, and allowing for one year prior authorization, and I'm saying this hypothetically, do we want to allow a 14-day trial and try it from a compliance standpoint. That is one approach that some of the states have looked at. Do we want to make sure that there is adherence to the treatment first, versus allowing a check back with the physician? That's one approach that some of the states have taken. Instead of being a more social type approach, it's more of a compliance to medication type of issue.

iii. Discussion by the Board and review of utilization data.
Dave England: In essence, we're probably not going to have the answer tonight.

Carl: I don't know that we necessarily need that decision tonight. It's just for the Board to review.

Coleen Lawrence: Well, you could do the quantity, absolutely, if you guys want to more of the compliance type route.

Carl Jeffery: It's hard to mandate compliance with these patients. Because even though they claim they are tolerating it ok, we can't force them to take it every day.

Dave England: At the same time they keep coming back because they are getting worse, but they aren't compliant. What's the rational for continuing to provide medication when the medication's there, but it's not being utilized properly? Why continue with it?

Carl: Especially if we have some patients, I think we've seen these, were they are prescribed Sovaldi and the ribavirin. Well the ribavirin, apparently gives them horrible side effects. So they are just taking Sovaldi, which is setting them up for failure. We certainly don't want to see that, but I think that is where they are going. So maybe there needs to be rules put in place where they have to renew every month, or in 20 days, so that the call center can check and say yes they picked it up. But even though they are picking it up at the pharmacy, we can't guarantee they are taking it.

Beth Slamowitz: Just to give you guys the big picture view, for the month of December alone, the three Hep-C drugs that are out there constituted 13% of the pharmaceutical expenditure for that entire month. That constitutes roughly 100 patients.

Carl: And we haven't seen the new (Hep-C drug on the market) yet.

Beth: Which would be a fourth.

Dave England: I'll put the spotlight on Dr. Owen. Having seen some of these patients in your practice, what would you feel about recommendations to require compliance? Would that be beneficial for your practice?

Owen: Just in the 4 months that I've been here, I have 10 patients with Hep-C. You're probably looking at 200 patients in our entire population that are Hep-C positive. You have to weigh several things. Here is a disease that was very difficult to treat where the cure was more deadly than the disease in the past, and now all of the sudden these medications have come out that have little to no side effects, but the price tag is so great. You will break the system. It kind of becomes an argument of what is the percentage of these patients that are going to progress to end-stage liver disease or hepatocellular carcinoma? What is the risk of passing this disease and how is that going to grow? It's not an easy argument.

Dave England: My recommendation is to continue with our criteria that we have right now and then have another look at the data and then try to differentiate which patients are going to show improvement and which ones aren't and which ones are going to comply.

iv. Proposed adoption of updated prior authorization criteria.
James Marx: Motion to accept 2 week initial fill for this class of drugs.
Michael Owens: Seconded.
Voted: 4 Ayes.
1 Abstain.
Motion Passes.

b. **For Possible Action:** Discussion and proposed adoption of prior authorization criteria for ledipasvir-sofosubuvir (Harvoni®)

i. Public Comment on proposed clinical prior authorization criteria.
Betty Chan – Gilead Sciences – Commented about a quantity limit for consideration. We saw quantity limits with the VA criteria. The goal was to look at adherence and compliance, but ultimately the VA took that out because it caused some adherence issues due to delaying treatment by getting the lab test and then getting the drug dispensed and PA criteria issues. But outside of that, how do you test for adherence? You can do pill counts. In clinical trials we do pill counts. There's no drug level testing that is commercially available. In clinical trials, we

test to see if patients have the drug level in their system. There is no commercially available way to do that. The only way to see is to check if their viral load has become undetectable in two weeks. If it's not undetectable, you could say maybe they are not taking their drug, but depending upon how high you start, it might take you longer to get there. Aside from that, the AASLD came out with guidance on who to treat first if you are budget constrained, but it also said to check the viral load at week 4, but a decision regarding whether or not to stop treatment should not be based on that. No severe side effects for this drug. The label also suggests to not split the bottle. Stability testing was not done for the drug outside the bottle. So you need to dispense one whole bottle at a time. That is why a lot of payers did go back on that.

Carl Jeffery: Is there something special about the bottle?

BC: No, it is just the testing wasn't done to make sure it was stable in other bottles. The label states to not split the bottle.

Dave England, Chairman: But we really have no idea how that medication is going to be stored at home.

BC: Also with getting levels, many payers are taking that out of the criteria because it does not impact duration of treatment. The AASLD recommends getting a viral load at 4 weeks, but they say to not alter treatment based on that level.

Paul Oesterman: The expiration dates are based on the bottle stored in controlled conditions.

BC: For the clarification of the Harvoni criteria, under 1D, it states there is a clinically appropriate reason why the recipient cannot or should not use the preferred alternative.

Jeff Zollinger: What are the side effects with this medication?

BC: They are nonspecific, and very low.

ii. Presentation of utilization and clinical information.
Carl: In the first three months, the claims we have sky rocketed. We're seeing a lot of utilization. It has only been approved for type 1 which is the most common in the United States.

Dave England: If it has only been approved for type 1, is it also being used for types 2-4, and if so, how are we rationalizing coverage?

Carl: The call center handles these questions and uses this criteria. The call center hasn't reported any issues with the drug only being utilized for type 1. Other than the Claims data, there is no way for us to know for sure.

iii. Discussion by the Board and review of utilization data.
Board Member: For utilization, would we want to put the same two-week requirement on this as we did on Sovaldi?

Carl: I would recommend on the criteria item 1d, that the Board strike that criteria for preferred agent.

iv. Proposed adoption of updated prior authorization criteria
Motion to accept 2 week initial fill for this class of drugs.
Seconded.
Voted: 3 Ayes, 2 abstain.
Motion Passes.

Paul Oesterman is reinstated as Chairman for the remaining of the meeting.

c. **For Possible Action:** Discussion and proposed adoption of updated clinical prior authorization criteria for simeprevir (Olysio®).

i. Public comment on proposed clinical prior authorization criteria.
Mary Kay Queener – Scientific liaison with Johnson & Johnson
The most recent guidelines don't recommend combining with peg/riba. The recent label update to Olysio is to approve the combination of sofosubuvir and simeprevir based on a Phase II clinical trial. This combination is now in the PI – 1 tablet of each product, once daily for 12 weeks – non cirrhotic / 24 weeks for cirrhotic.
The other two protease inhibitors in the PA criteria are no longer on the market, so that should probably be addressed.

ii. Presentation of utilization and clinical information.
Carl: We have a utilization spike. We were asked to bring this back up before the Board to make sure that we are keeping on target with appropriate criteria. No proposal for changes.

iii. Discussion by Board and review of utilization data.

Paul Oesterman, Chairman: Since the other two drugs have been taken off the market, should we remove them?

Carl: It almost makes sense to leave them in because it doesn't hurt to have them there in case of drug resistance.

Paul Oesterman, Chairman: We have no new criteria to approve.

iv. Proposed adoption of updated prior authorization criteria.
Dave England: Motion to accept 2 week initial fill for this drug combination with Peg Intron and Ribavirin.

Michael Owens: Seconded.
Voted: Aye across the Board.
Motion Passes.

d. **For Possible Action:** Discussion and proposed adoption of updated prior authorization criteria for Oxycodone w/acetaminophen tab CR (Xartemis XR®)

i. Public Comment on proposed clinical prior authorization criteria.
David Malicky – Director of Medical Affairs for Mallinckrodt Pharmaceuticals
This is a unique product – immediate release component and an extended release component. One tablet has 7.5 mg oxycodone and 325mg acetaminophen. When the drug is taken, 25% of the oxycodone and 50% of the acetaminophen is released and then over the next 11 hours, you get 75% of the oxycodone and the remaining 50% of the acetaminophen. The dosing is every 12 hours. There is an abuse deterrent in the formula. We're working with the FDA to get it on the label. Post-operative administeration is the goal.

Paul Oesterman, Chairman: One question, does crushing lead to immediate release?
DM: If they crush it, it mixes and still has a slow absorption over two hours. Alcohol actually slows the release of the product as well.

Dave England: Question about combo with OxyContin. Is it recommended to be given before a procedure?

DM: This has a fast acting product, so this can be used immediately post operatively.

ii. Presentation of utilization and clinical information.
Carl: For recipients 18 years and older and current diagnosis of acute pain. The quantity does not exceed 20 tablets for a 5 day supply, one 5 day supply per 6 months.

iii. Discussion by the Board and review of utilization data.

James Marx: Suggests this may not be long enough treatment for some surgeries.

Paul Oesterman, Chairman: Current proposal:

1. Recipient is 18years old or over
2. Current diagnosis of acute pain
3. Quantity does not exceed 60 tablets for 15 days supply, one 15 day supply is allowed every 6 months with one refill. More than two fills of a quantity of 60 each requires prior authorization within 6 months. PA is good for 6 months.
4.

iv. Proposed adoption of updated prior authorization criteria.

Jeff Zollinger: Motion to approve the 3 criteria for Xartemis XR.
James Marx: Seconded.
Voted: Ayes across the Board.
Motion Passed.

e. **For Possible Action:** Discussion and proposed adoption of updated prior authorization criteria for apixaban (Eliquis®)

i. Public Comment on proposed clinical prior authorization criteria.
Sandy Sorofsky – Pfizer Medical Division – requested the prior authorization criteria be reviewed due to new FDA approved indications. FDA approved this drug for treatment of DVT and PE and for the reduction of recurrent DVT and PE following initial therapy and also for prophylaxis of DVT and PE in patients who have gone through hip replacement surgery.

Paul Oesterman, Chairman: How does Eliquis compare in indications with Xarelto and Pradaxa?

SS: I don't have the others indications at my fingertips, but they are similar. All are good for Afib and treatment of DVT/PE, but I'm not sure about the prophylaxis. We do not recommend use with prosthetic valves because it has not been studied.

ii. Presentation of utilization and clinical information.

iii. Discussion by the Board and review of utilization data.

iv. Proposed adoption of updated prior authorization criteria.
James Marx: Motion: For all of the new oral anticoagulants approval will be given to the following criteria: Diagnosis code transmitted on the pharmacy claim is associated with the FDA approved indication and there are no contraindications to the medication.
Dave England: Seconded.
Voted: Ayes across the Board.
Motion carries.

f. **For Possible Action:** Discussion and proposed adoption of updated clinical prior authorization criteria for the immunomodulator class of medication.

i. Public comment on proposed clinical prior authorization criteria. – None

ii. Presentation of utilization and clinical information.

Carl: Two preferred agents are on the top of the list. What brought this before the Board is the addition of the Entyvio.

iii. Discussion by Board and review of utilization data.

iv. Proposed adoption of updated prior authorization criteria.
Dave England: Motion: Approve the addition of vedolizumab to the list of immunomodulator in our current format.
James Marx: Seconded.
Voted: Ayes across the Board.
Motion carries.

g. **For Possible Action:** Discussion and proposed adoption of updated clinical prior authorization criteria for transdermal fentanyl.

i. Public comment on proposed clinical prior authorization criteria. – None.

ii. Presentation of utilization and clinical information.

Carl: We're adding criteria to make this a bit easier to use. The criteria on these are so strict, that it might be pushing people over to drugs with more potential of abuse.

iii. Discussion by Board and review of utilization data.
Board Member: If we stick with the black box criteria, we should be covered.

Board Member: In the interest of time, we have the proposed criteria in front of us, the black box warning, we encourage prescribers check with the Board of Pharmacy PMP system. Then if transitioning, we have the recommended dosage guidelines. And then we are eliminating the addition of 1-C.

Carl: I updated it to make it a 12 month approval instead of a 6 month approval.

iv. Proposed adoption of updated prior authorization criteria.
Dave England: Motion: To approve the updated criteria
James Marx: Seconded.
Voted: Ayes across the Board.
Motion carries.

h. **For Possible Action:** Discussion and proposed adoption of updated clinical prior authorization criteria for palivizumab (Synagis®).

i. Public comment on proposed clinical prior authorization criteria.
Public comment from Dr. Nakamura – Infants born after 32 weeks, may not require prophylaxis. Previously we were able to treat babies born between 32 weeks and 35 weeks, but now due to a change in criteria, we are no longer able to treat these patients. Infants born between 29 weeks and 31 weeks are still at very high risk. The data shows similar hospitalization for these infants. The proposal is to treat babies under 6 months of age at the start of RSV season, namely babies in the category born after 05/01/14. The letter goes on to state that due to the higher elevation,

babies born between 32 and 35 weeks that do develop lung disease and who do go home on oxygen should be prophylaxed. They agree with the AAP guidelines for babies with lung disease and congenital abnormalities.

ii. Presentation of utilization and clinical information.

Coleen Lawrence: To remind the Board and public, with Synagis season starting, we've had an interim emergency Board meeting to catch the RSV season prior to starting, where we adopted the new AAP guidelines. The Synagis policy has a one-liner that reads prior authorization may also be submitted with supporting medical documentation. It was a safety net clause for the criteria.

After the last interim emergency Board meeting, we received the public comment from Dr. Nakamura. (Read aloud)

We will keep the overrides to those guidelines in our office and so far for the season, we've had 19 overrides. That is for the whole Fee For Service population.

Carl: We brought this back up because at the time there was concern from the public to review the guidelines. No proposed changes just discussion.

iii. Discussion by Board and review of utilization data.

iv. Proposed adoption of updated prior authorization criteria.

6. DUR Board Requested Reports

a. Report on Top 10 Black Box warning medications:

i. Public comment on Black Box warnings.
ii. Discussion by the Board and review of utilization data.
Board reviewed and made comments on interesting trends seen on the list.
Carl: Next DUR Board meeting there will be a report that breaks the data down by age.

b. Report on controlled substance utilization and trends.

i. Public comment on controlled substance utilization and trends.
Carl: No big shift of agents.
ii. Discussion by the Board and review of the utilization data.

c. Report on psychotropic drug use in children.

i. Public comment on psychotropic drug use in children. – Dr. Leyr from Westhills – There has never been a single study done that linked causality of suicide with antidepressants. Several studies show that when people are in treatment and taking

medication, they are far less likely to commit suicide or self-harm. Over prescribing of psychotropic drugs in children is a huge problem.

ii. Discussion by the Board and review of utilization data.

A request was made from the Board to drill down into the details of the report to see if these drugs are being given long term.
Also requested off label use.
We're looking at what other states are doing for assuring that these drugs are being used appropriately. If they are using the drugs as an off label, why?

d. Report on buprenorphine and buprenorphine/naloxone use.

i. Public comment on buprenorphine and buprenorphine/naloxone use.
ii. Discussion by the Board and review of utilization data.
Nothing to add here.

e. Report on Nevada Medicaid Lock-in Program

i. Public comment on Lock-in Program.
ii. Discussion by the Board and review of utilization data.
Before we lock-in a recipient, we'll take a snapshot of their medications and what we are spending on them and then every month after that, we'll see how much they are utilizing. There is more than enough ability to add more recipients into the Lock-In program. 15-20 people being added a month.

f. Report on Asthma treatment utilization.

i. Public comment on asthma treatment utilization.
ii. Discussion by the Board and review of utilization data.
We identified recipients that have been admitted to the hospital and have asthma. Then we took a look at their medications. We're not sure if the hospitalization is due to asthma attack, so this could be skewed. Some on the list have no asthma medications.
Board: Can we run a report for next time on outpatient asthma medication use to see if patients are using just one time, or if they are getting them on a regular basis.

g. Report on Tussionex Utilization.

i. Public comment on Tussionex Utilization.
ii. Discussion by the Board and review of utilization data.
Carl: Not too many claims on here for Tussionex.

7. Standard DUR Reports

a. Review of Prescribing/Program Trends.

i. Top 10 Therapeutic Classes for Q2 2014, Q3 2014, and Q4 2014 (by Payment and by Claims).
ii. Top 50 Drugs of Q2 2014, Q3 2014, and Q4 2014 (by Payment and by Claims).

b. Concurrent Drug Utilization Review (ProDUR).

i. Review of Q2 2014, Q3 2014, and Q4 2014.
ii. Review of Top Encounters by Problem Type.

c. Retrospective Drug Utilization Review (RetroDUR)

i. Public comment on Retro DUR.
ii. Status of previous quarter.
iii. Status of current quarter.
iv. Review and discussion of responses.

8. Closing Discussion

a. Public comments on any subject.
None.
b. Date and location of the next meeting.
April 23, 2015. Location TBA.

i. Discussion of the time of the next meeting.

c. Adjournment.

Meeting adjourned at 8:46 PM.

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISON OF HEALTHE CARE FINANCING AND POLICY
FEE FOR SERVICE

Psychotropic Trending Report

All Children Age 0 – 17

July 2012 – June 2014

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISON OF HEALTHCARE FINANCING AND POLICY - FEE FOR SERVICE

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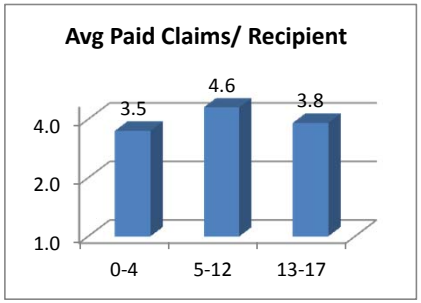
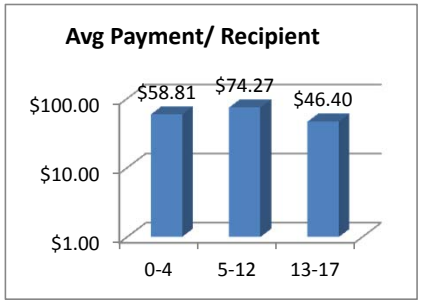
Psychotropic Trend Summary by Age (July 2012 - June 2014)

Antianxiety (July 2012 - June 2014)

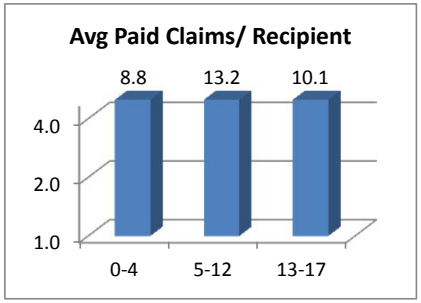
Age Group	Recipients	Paid Claims	Total Payment	Avg Paid Claims/ Recipient	Avg Payment/ Recipient
0-4	111	387	$ 6,527.42	3.5	$58.81
5-12	369	1700	$ 27,406.58	4.6	$74.27
13-17	498	1909	$ 23,108.96	3.8	$46.40

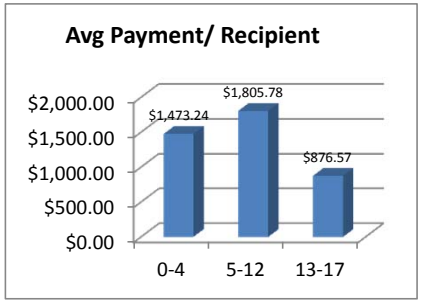




Anticonvulsants (July 2012 - June 2014)

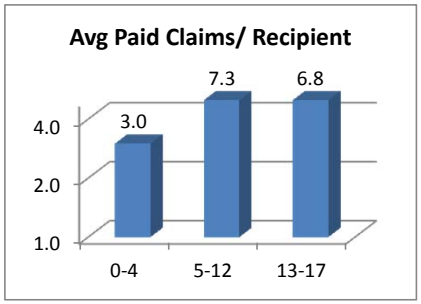
Age Group	Recipients	Paid Claims	Total Payment	Avg Paid Claims/ Recipient	Avg Payment/ Recipient
0-4	271	2388	$ 399,247.99	8.8	$1,473.24
5-12	1227	16238	$ 2,215,697.57	13.2	$1,805.78
13-17	1436	14473	$ 1,258,757.71	10.1	$876.57

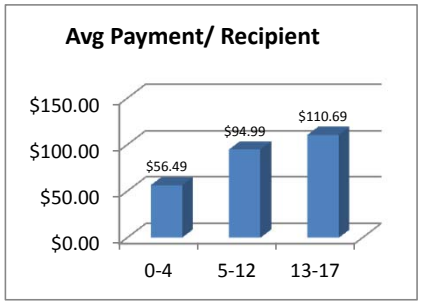




Antidepressants (July 2012 - June 2014)

Age Group	Recipients	Paid Claims	Total Payment	Avg Paid Claims/ Recipient	Avg Payment/ Recipient
0-4	14	42	$ 790.80	3.0	$56.49
5-12	1048	7641	$ 99,553.66	7.3	$94.99
13-17	1888	12917	$ 208,987.69	6.8	$110.69





Age Group: Based on the Age of the Recipient as of the time of the Claim.
Recipients: Number of Unique Members per Age Group.
Paid Claims: Number of Unique Claims per Age Group.
Total Payment: Total Amount Paid on the Unique Claims.
Avg Paid Claims/Recipient: The average number of Unique Claims per Unique Member. This is done by dividing the Paid Claims by the Recipients for the given Date Range and Age Group.
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Includes only Fee For Service claims.

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISON OF HEALTHCARE FINANCING AND POLICY - FEE FOR SERVICE

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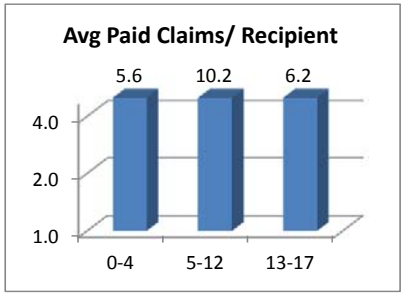
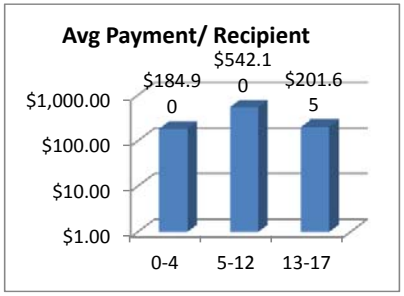
Psychotropic Trend Summary by Age (July 2012 - June 2014)

Sedatives (July 2012 - June 2014)

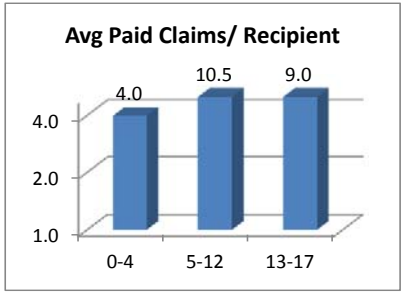
Age Group	Recipients	Paid Claims	Total Payment	Avg Paid Claims/ Recipient	Avg Payment/ Recipient
0-4	132	744	$ 24,407.04	5.6	$184.90
5-12	83	843	$ 44,994.11	10.2	$542.10
13-17	141	873	$ 28,432.21	6.2	$201.65

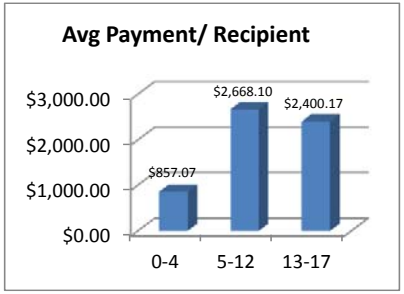




Antipsychotics (July 2012 - June 2014)

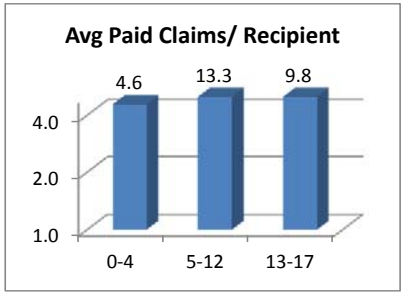
Age Group	Recipients	Paid Claims	Total Payment	Avg Paid Claims/ Recipient	Avg Payment/ Recipient
0-4	42	167	$ 35,997.02	4.0	$857.07
5-12	2310	24241	$ 6,163,309.98	10.5	$2,668.10
13-17	2070	18561	$ 4,968,343.63	9.0	$2,400.17

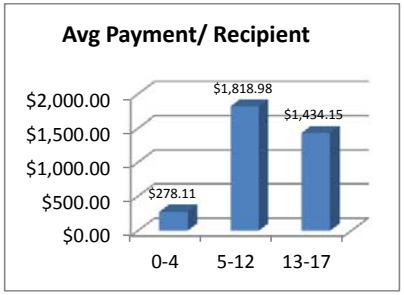




ADHD & Stimulants (July 2012 - June 2014)

Age Group	Recipients	Paid Claims	Total Payment	Avg Paid Claims/ Recipient	Avg Payment/ Recipient
0-4	88	402	$ 24,473.51	4.6	$278.11
5-12	4484	59534	$ 8,156,294.85	13.3	$1,818.98
13-17	2524	24854	$ 3,619,793.82	9.8	$1,434.15





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Recipients: Number of Unique Members per Age Group.
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Includes only Fee For Service claims.

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISON OF HEALTHCARE FINANCING AND POLICY - FEE FOR SERVICE

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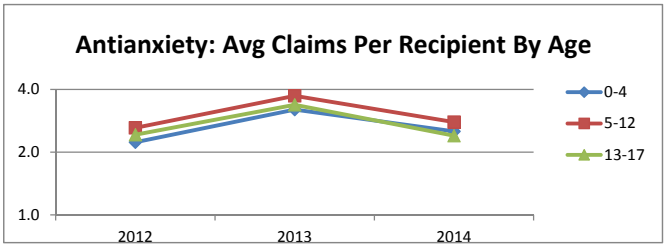
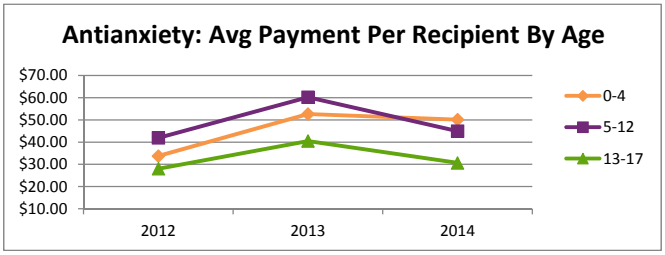
Psychotropic Trend Summary by Age (July 2012 - June 2014)

Antianxiety (July 2012 - June 2014)

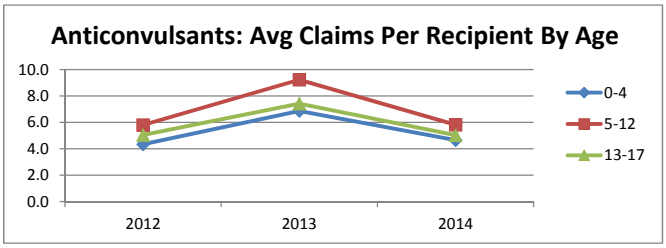
Year Filled	Age Group	Recipients	Paid Claims	Total Payment	Avg Paid Claims/ Recipient	Avg Payment/ Recipient
2012	0-4	43	96	$ 1,451.84	2.2	$33.76
2013	0-4	65	208	$ 3,421.08	3.2	$52.63
2014	0-4	33	83	$ 1,654.50	2.5	$50.14
2012	5-12	149	390	$ 6,247.24	2.6	$41.93
2013	5-12	229	853	$ 13,789.95	3.7	$60.22
2014	5-12	164	457	$ 7,369.39	2.8	$44.94
2012	13-17	164	398	$ 4,594.28	2.4	$28.01
2013	13-17	302	1019	$ 12,230.52	3.4	$40.50
2014	13-17	205	492	$ 6,284.16	2.4	$30.65

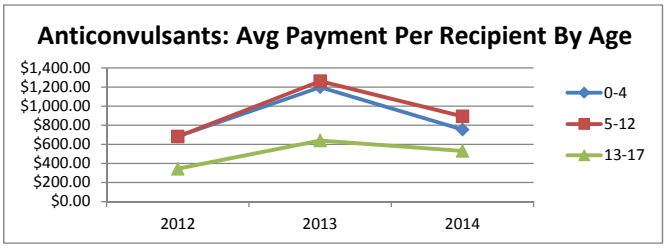




Anticonvulsants (July 2012 - June 2014)

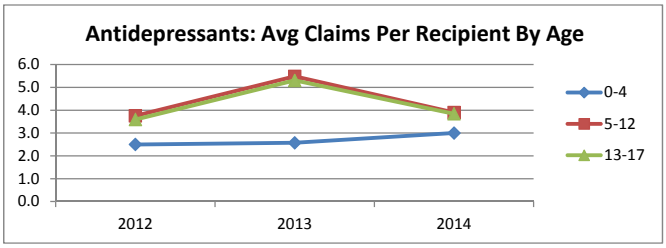
Year Filled	Age Group	Recipients	Paid Claims	Total Payment	Avg Paid Claims/ Recipient	Avg Payment/ Recipient
2012	0-4	133	577	$ 90,784.19	4.3	$682.59
2013	0-4	177	1215	$ 212,051.20	6.9	$1,198.03
2014	0-4	128	596	$ 96,412.60	4.7	$753.22
2012	5-12	672	3898	$ 458,171.38	5.8	$681.80
2013	5-12	871	8040	$ 1,098,236.28	9.2	$1,260.89
2014	5-12	739	4300	$ 659,289.91	5.8	$892.14
2012	13-17	680	3429	$ 234,001.67	5.0	$344.12
2013	13-17	986	7314	$ 631,007.87	7.4	$639.97
2014	13-17	742	3730	$ 393,748.17	5.0	$530.66

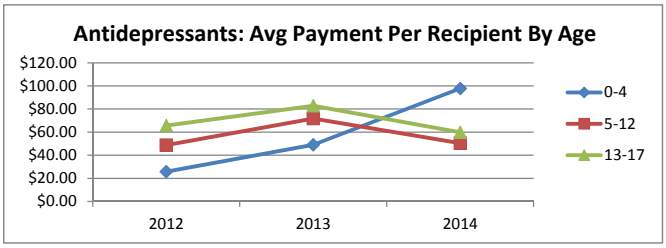




Antidepressants (July 2012 - June 2014)

Year Filled	Age Group	Recipients	Paid Claims	Total Payment	Avg Paid Claims/ Recipient	Avg Payment/ Recipient
2012	0-4	6	15	$ 154.47	2.5	$25.75
2013	0-4	7	18	$ 343.13	2.6	$49.02
2014	0-4	3	9	$ 293.20	3.0	$97.73
2012	5-12	469	1760	$ 22,849.75	3.8	$48.72
2013	5-12	699	3831	$ 50,168.95	5.5	$71.77
2014	5-12	526	2050	$ 26,534.96	3.9	$50.45
2012	13-17	784	2817	$ 51,513.89	3.6	$65.71
2013	13-17	1227	6510	$ 101,553.19	5.3	$82.77
2014	13-17	934	3590	$ 55,920.61	3.8	$59.87





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Includes only Fee For Service claims.

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISON OF HEALTHCARE FINANCING AND POLICY - FEE FOR SERVICE

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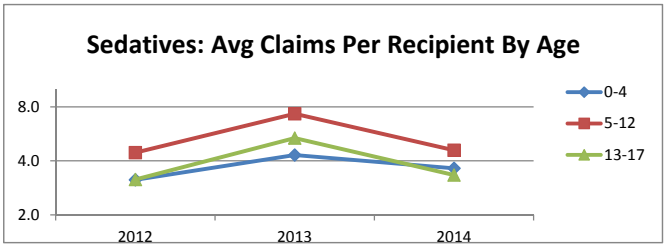
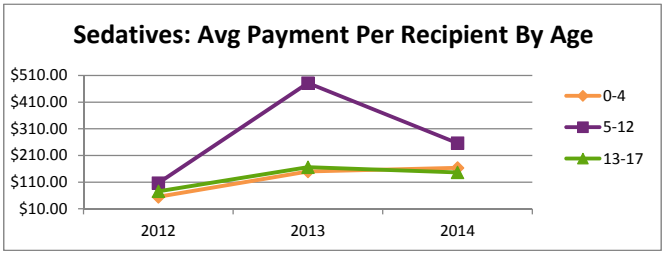
Psychotropic Trend Summary by Age (July 2012 - June 2014)

Sedatives (July 2012 - June 2014)

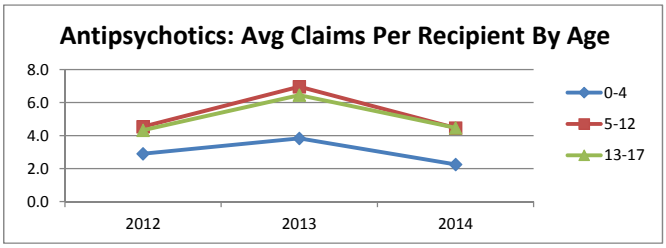
Year Filled	Age Group	Recipients	Paid Claims	Total Payment	Avg Paid Claims/ Recipient	Avg Payment/ Recipient
2012	0-4	59	185	$ 3,234.24	3.1	$54.82
2013	0-4	90	388	$ 13,490.14	4.3	$149.89
2014	0-4	47	171	$ 7,682.66	3.6	$163.46
2012	5-12	45	200	$ 4,793.33	4.4	$106.52
2013	5-12	59	432	$ 28,413.50	7.3	$481.58
2014	5-12	46	211	$ 11,787.28	4.6	$256.25
2012	13-17	66	208	$ 4,992.27	3.2	$75.64
2013	13-17	83	445	$ 13,772.46	5.4	$165.93
2014	13-17	66	220	$ 9,667.48	3.3	$146.48

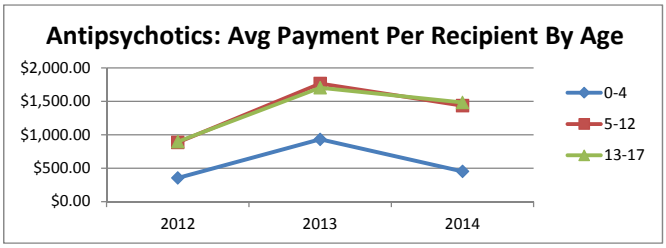




Antipsychotics (July 2012 - June 2014)

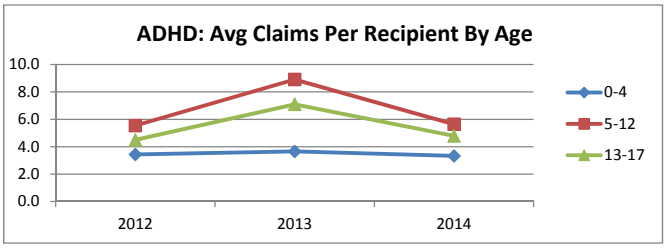
Year Filled	Age Group	Recipients	Paid Claims	Total Payment	Avg Paid Claims/ Recipient	Avg Payment/ Recipient
2012	0-4	10	29	$ 3,536.37	2.9	$353.64
2013	0-4	29	111	$ 27,026.62	3.8	$931.95
2014	0-4	12	27	$ 5,434.03	2.3	$452.84
2012	5-12	1428	6477	$ 1,263,768.63	4.5	$884.99
2013	5-12	1734	12066	$ 3,063,971.01	7.0	$1,767.00
2014	5-12	1278	5698	$ 1,835,570.34	4.5	$1,436.28
2012	13-17	1028	4448	$ 922,067.96	4.3	$896.95
2013	13-17	1454	9382	$ 2,476,668.43	6.5	$1,703.35
2014	13-17	1058	4731	$ 1,569,607.24	4.5	$1,483.56

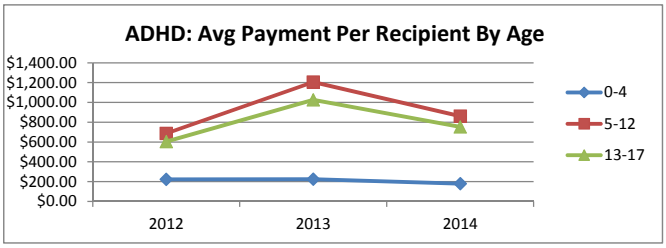




ADHD & Stimulants (July 2012 - June 2014)

Year Filled	Age Group	Recipients	Paid Claims	Total Payment	Avg Paid Claims/ Recipient	Avg Payment/ Recipient
2012	0-4	32	110	$ 7,130.88	3.4	$222.84
2013	0-4	58	212	$ 13,050.41	3.7	$225.01
2014	0-4	24	80	$ 4,292.22	3.3	$178.84
2012	5-12	2612	14459	$ 1,791,753.14	5.5	$685.97
2013	5-12	3322	29597	$ 4,002,389.60	8.9	$1,204.81
2014	5-12	2742	15478	$ 2,362,152.11	5.6	$861.47
2012	13-17	1246	5602	$ 753,000.18	4.5	$604.33
2013	13-17	1766	12528	$ 1,810,958.39	7.1	$1,025.46
2014	13-17	1403	6724	$ 1,055,835.25	4.8	$752.56





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STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISON OF HEALTHCARE FINANCING AND POLICY - FEE FOR SERVICE

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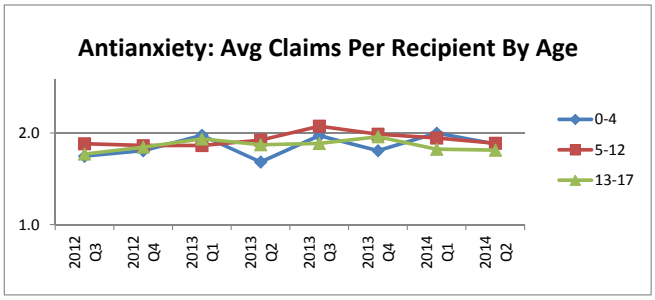
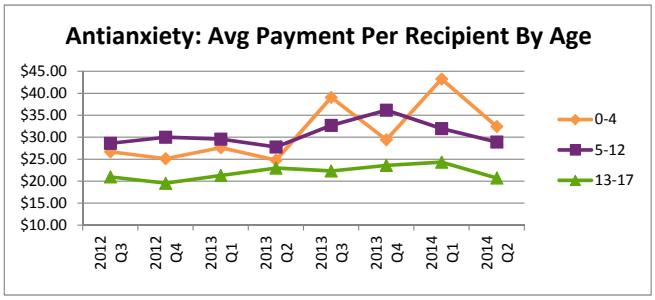
Psychotropic Trend Summary by Age (July 2012 - June 2014)

Antianxiety (July 2012 - June 2014)

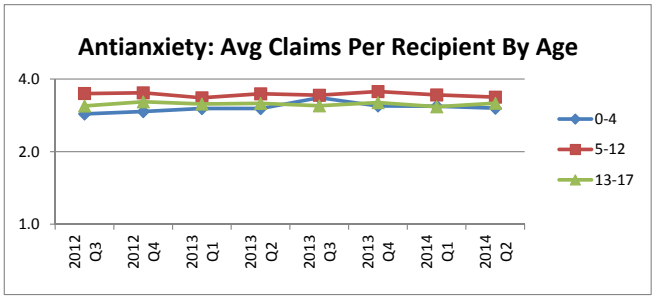
Year Filled	Age Group	Recipients	Paid Claims	Total Payment	Avg Paid Claims/ Recipient	Avg Payment/ Recipient
2012 Q3	0-4	28	47	$ 747.87	1.7	$26.71
2012 Q4	0-4	28	49	$ 703.97	1.8	$25.14
2013 Q1	0-4	29	57	$ 801.41	2.0	$27.63
2013 Q2	0-4	33	53	$ 818.62	1.6	$24.81
2013 Q3	0-4	25	49	$ 976.63	2.0	$39.07
2013 Q4	0-4	28	49	$ 824.42	1.8	$29.44
2014 Q1	0-4	24	48	$ 1,038.27	2.0	$43.26
2014 Q2	0-4	19	35	$ 616.23	1.8	$32.43
2012 Q3	5-12	103	190	$ 2,947.98	1.8	$28.62
2012 Q4	5-12	110	200	$ 3,299.26	1.8	$29.99
2013 Q1	5-12	94	171	$ 2,778.99	1.8	$29.56
2013 Q2	5-12	116	220	$ 3,223.83	1.9	$27.79
2013 Q3	5-12	112	236	$ 3,664.37	2.1	$32.72
2013 Q4	5-12	114	226	$ 4,122.76	2.0	$36.16
2014 Q1	5-12	121	233	$ 3,870.92	1.9	$31.99
2014 Q2	5-12	121	224	$ 3,498.47	1.9	$28.91
2012 Q3	13-17	109	186	$ 2,287.68	1.7	$20.99
2012 Q4	13-17	118	212	$ 2,306.60	1.8	$19.55
2013 Q1	13-17	115	220	$ 2,451.00	1.9	$21.31
2013 Q2	13-17	124	227	$ 2,850.73	1.8	$22.99
2013 Q3	13-17	158	292	$ 3,528.29	1.8	$22.33
2013 Q4	13-17	144	280	$ 3,400.50	1.9	$23.61
2014 Q1	13-17	139	246	$ 3,380.98	1.8	$24.32
2014 Q2	13-17	140	246	$ 2,903.18	1.8	$20.74

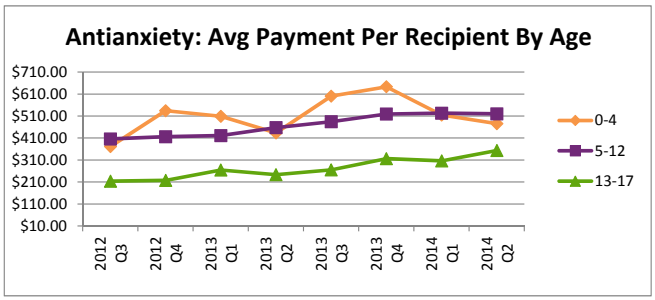




Anticonvulsants (July 2012 - June 2014)

Year Filled	Age Group	Recipients	Paid Claims	Total Payment	Avg Paid Claims/ Recipient	Avg Payment/ Recipient
2012 Q3	0-4	96	275	$ 35,684.07	2.9	$371.71
2012 Q4	0-4	103	302	$ 55,100.12	2.9	$534.95
2013 Q1	0-4	104	314	$ 52,936.35	3.0	$509.00
2013 Q2	0-4	100	302	$ 43,366.59	3.0	$433.67
2013 Q3	0-4	92	308	$ 55,261.77	3.3	$600.67
2013 Q4	0-4	94	291	$ 60,486.49	3.1	$643.47
2014 Q1	0-4	92	284	$ 47,382.31	3.1	$515.03
2014 Q2	0-4	103	312	$ 49,030.29	3.0	$476.02
2012 Q3	5-12	555	1933	$ 225,311.80	3.5	$405.97
2012 Q4	5-12	560	1965	$ 232,859.60	3.5	$415.82
2013 Q1	5-12	566	1894	$ 238,442.80	3.3	$421.28
2013 Q2	5-12	586	2036	$ 268,117.30	3.5	$457.54
2013 Q3	5-12	578	1981	$ 279,882.60	3.4	$484.23
2013 Q4	5-12	600	2129	$ 311,793.50	3.5	$519.66
2014 Q1	5-12	628	2160	$ 328,625.00	3.4	$523.29
2014 Q2	5-12	636	2140	$ 330,664.90	3.4	$519.91
2012 Q3	13-17	535	1656	$ 114,184.80	3.1	$213.43
2012 Q4	13-17	551	1773	$ 119,816.90	3.2	$217.45
2013 Q1	13-17	556	1751	$ 147,350.80	3.1	$265.02
2013 Q2	13-17	598	1897	$ 145,543.90	3.2	$243.38
2013 Q3	13-17	595	1844	$ 157,909.80	3.1	$265.39
2013 Q4	13-17	570	1822	$ 180,203.40	3.2	$316.15
2014 Q1	13-17	597	1834	$ 182,820.50	3.1	$306.23
2014 Q2	13-17	597	1896	$ 210,927.70	3.2	$353.31





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STATE OF NEVADA
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DIVISON OF HEALTHCARE FINANCING AND POLICY - FEE FOR SERVICE

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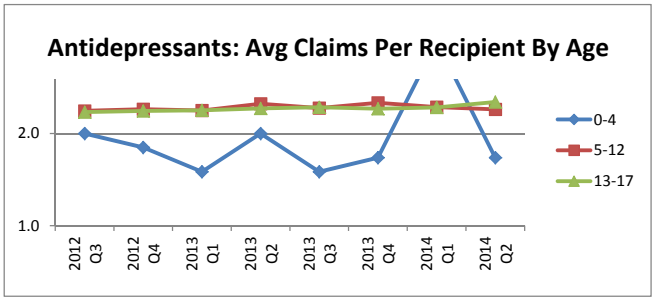
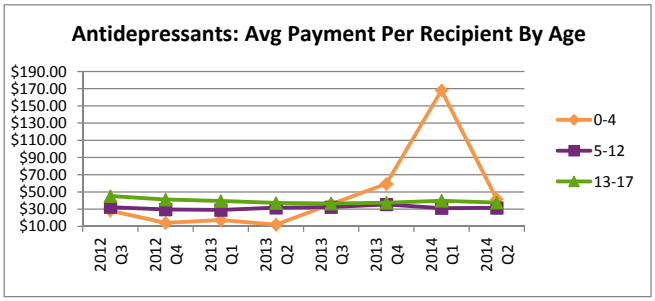
Psychotropic Trend Summary by Age (July 2012 - June 2014)

Antidepressants (July 2012 - June 2014)

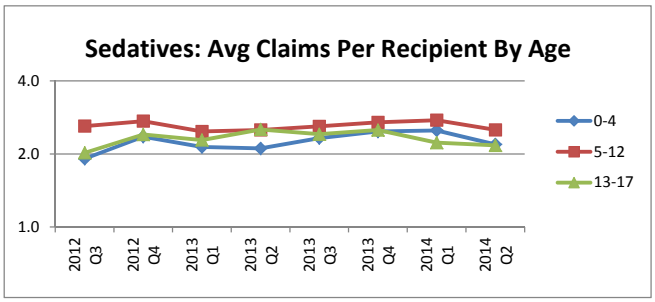
Year Filled	Age Group	Recipients	Paid Claims	Total Payment	Avg Paid Claims/ Recipient	Avg Payment/ Recipient
2012 Q3	0-4	3	6	$ 84.69	2.0	$28.23
2012 Q4	0-4	5	9	$ 69.78	1.8	$13.96
2013 Q1	0-4	4	6	$ 69.51	1.5	$17.38
2013 Q2	0-4	2	4	$ 24.01	2.0	$12.01
2013 Q3	0-4	2	3	$ 71.57	1.5	$35.79
2013 Q4	0-4	3	5	$ 178.04	1.7	$59.35
2014 Q1	0-4	1	4	$ 168.05	4.0	$168.05
2014 Q2	0-4	3	5	$ 125.15	1.7	$41.72
2012 Q3	5-12	370	877	$ 11,954.85	2.4	$32.31
2012 Q4	5-12	368	883	$ 10,894.90	2.4	$29.61
2013 Q1	5-12	380	903	$ 11,041.06	2.4	$29.06
2013 Q2	5-12	398	995	$ 12,580.06	2.5	$31.61
2013 Q3	5-12	391	946	$ 12,656.77	2.4	$32.37
2013 Q4	5-12	392	987	$ 13,891.06	2.5	$35.44
2014 Q1	5-12	422	1029	$ 13,149.82	2.4	$31.16
2014 Q2	5-12	426	1021	$ 13,385.14	2.4	$31.42
2012 Q3	13-17	592	1391	$ 26,768.63	2.3	$45.22
2012 Q4	13-17	602	1426	$ 24,745.26	2.4	$41.11
2013 Q1	13-17	640	1524	$ 25,232.76	2.4	$39.43
2013 Q2	13-17	676	1633	$ 25,187.63	2.4	$37.26
2013 Q3	13-17	676	1647	$ 24,650.41	2.4	$36.47
2013 Q4	13-17	708	1706	$ 26,482.39	2.4	$37.40
2014 Q1	13-17	714	1736	$ 28,358.58	2.4	$39.72
2014 Q2	13-17	732	1854	$ 27,562.03	2.5	$37.65

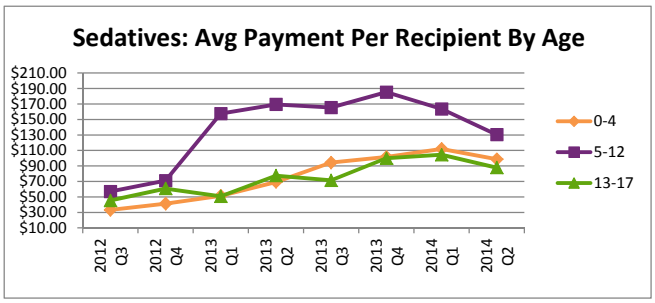




Sedatives (July 2012 - June 2014)

Year Filled	Age Group	Recipients	Paid Claims	Total Payment	Avg Paid Claims/ Recipient	Avg Payment/ Recipient
2012 Q3	0-4	45	86	$ 1,497.76	1.9	$33.28
2012 Q4	0-4	42	99	$ 1,736.48	2.4	$41.34
2013 Q1	0-4	44	94	$ 2,264.16	2.1	$51.46
2013 Q2	0-4	46	97	$ 3,184.54	2.1	$69.23
2013 Q3	0-4	40	93	$ 3,774.94	2.3	$94.37
2013 Q4	0-4	42	104	$ 4,266.50	2.5	$101.58
2014 Q1	0-4	36	90	$ 4,032.00	2.5	$112.00
2014 Q2	0-4	37	81	$ 3,650.66	2.2	$98.67
2012 Q3	5-12	38	99	$ 2,165.31	2.6	$56.98
2012 Q4	5-12	37	101	$ 2,628.02	2.7	$71.03
2013 Q1	5-12	42	104	$ 6,614.47	2.5	$157.49
2013 Q2	5-12	41	103	$ 6,947.06	2.5	$169.44
2013 Q3	5-12	45	117	$ 7,440.92	2.6	$165.35
2013 Q4	5-12	40	108	$ 7,411.05	2.7	$185.28
2014 Q1	5-12	41	113	$ 6,703.21	2.8	$163.49
2014 Q2	5-12	39	98	$ 5,084.07	2.5	$130.36
2012 Q3	13-17	47	95	$ 2,136.04	2.0	$45.45
2012 Q4	13-17	47	113	$ 2,856.23	2.4	$60.77
2013 Q1	13-17	46	105	$ 2,338.03	2.3	$50.83
2013 Q2	13-17	42	106	$ 3,255.61	2.5	$77.51
2013 Q3	13-17	46	111	$ 3,286.08	2.4	$71.44
2013 Q4	13-17	49	123	$ 4,892.74	2.5	$99.85
2014 Q1	13-17	53	118	$ 5,539.26	2.2	$104.51
2014 Q2	13-17	47	102	$ 4,128.22	2.2	$87.83





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STATE OF NEVADA
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DIVISON OF HEALTHCARE FINANCING AND POLICY - FEE FOR SERVICE

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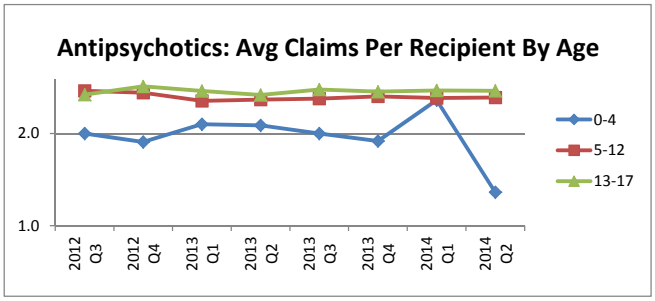
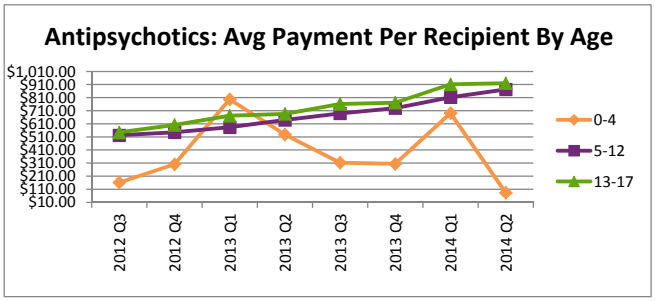
Psychotropic Trend Summary by Age (July 2012 - June 2014)

Antipsychotics (July 2012 - June 2014)

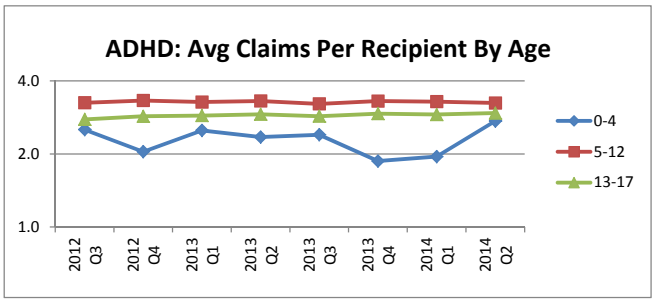
Year Filled	Age Group	Recipients	Paid Claims	Total Payment	Avg Paid Claims/ Recipient	Avg Payment/ Recipient
2012 Q3	0-4	7	14	$ 1,130.06	2.0	$161.44
2012 Q4	0-4	8	15	$ 2,406.31	1.9	$300.79
2013 Q1	0-4	14	30	$ 11,152.21	2.1	$796.59
2013 Q2	0-4	16	34	$ 8,448.28	2.1	$528.02
2013 Q3	0-4	15	30	$ 4,691.73	2.0	$312.78
2013 Q4	0-4	9	17	$ 2,734.40	1.9	$303.82
2014 Q1	0-4	7	18	$ 4,844.91	2.6	$692.13
2014 Q2	0-4	7	9	$ 589.12	1.3	$84.16
2012 Q3	5-12	1181	3254	$ 617,328.50	2.8	$522.72
2012 Q4	5-12	1186	3223	$ 646,440.10	2.7	$545.06
2013 Q1	5-12	1220	3118	$ 712,062.30	2.6	$583.66
2013 Q2	5-12	1184	3055	$ 757,468.90	2.6	$639.75
2013 Q3	5-12	1150	2989	$ 792,619.30	2.6	$689.23
2013 Q4	5-12	1099	2904	$ 801,820.60	2.6	$729.59
2014 Q1	5-12	1100	2873	$ 894,308.50	2.6	$813.01
2014 Q2	5-12	1078	2825	$ 941,261.80	2.6	$873.16
2012 Q3	13-17	800	2143	$ 435,594.00	2.7	$544.49
2012 Q4	13-17	809	2305	$ 486,474.00	2.8	$601.33
2013 Q1	13-17	843	2321	$ 566,234.80	2.8	$671.69
2013 Q2	13-17	881	2354	$ 603,954.30	2.7	$685.53
2013 Q3	13-17	845	2352	$ 643,149.70	2.8	$761.12
2013 Q4	13-17	860	2355	$ 663,329.50	2.7	$771.31
2014 Q1	13-17	866	2394	$ 789,215.40	2.8	$911.33
2014 Q2	13-17	848	2337	$ 780,391.90	2.8	$920.27

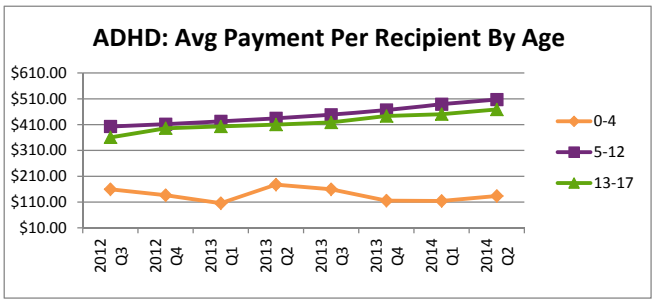




ADHD & Stimulants (July 2012 - June 2014)

Year Filled	Age Group	Recipients	Paid Claims	Total Payment	Avg Paid Claims/ Recipient	Avg Payment/ Recipient
2012 Q3	0-4	25	63	$ 3,983.89	2.5	$159.36
2012 Q4	0-4	23	47	$ 3,146.99	2.0	$136.83
2013 Q1	0-4	22	55	$ 2,324.33	2.5	$105.65
2013 Q2	0-4	23	54	$ 4,082.98	2.3	$177.52
2013 Q3	0-4	25	60	$ 3,988.67	2.4	$159.55
2013 Q4	0-4	23	43	$ 2,654.43	1.9	$115.41
2014 Q1	0-4	20	39	$ 2,286.53	2.0	$114.33
2014 Q2	0-4	15	41	$ 2,005.69	2.7	$133.71
2012 Q3	5-12	2147	6981	$ 864,490.90	3.3	$402.65
2012 Q4	5-12	2252	7478	$ 927,262.20	3.3	$411.75
2013 Q1	5-12	2281	7467	$ 964,429.60	3.3	$422.81
2013 Q2	5-12	2268	7499	$ 984,939.60	3.3	$434.28
2013 Q3	5-12	2200	7078	$ 986,093.20	3.2	$448.22
2013 Q4	5-12	2286	7553	$ 1,066,927.00	3.3	$466.72
2014 Q1	5-12	2364	7767	$ 1,156,662.00	3.3	$489.28
2014 Q2	5-12	2377	7711	$ 1,205,490.00	3.2	$507.15
2012 Q3	13-17	958	2660	$ 345,525.70	2.8	$360.67
2012 Q4	13-17	1029	2942	$ 407,474.50	2.9	$395.99
2013 Q1	13-17	1065	3067	$ 429,127.60	2.9	$402.94
2013 Q2	13-17	1087	3169	$ 445,807.30	2.9	$410.13
2013 Q3	13-17	1063	3043	$ 444,861.20	2.9	$418.50
2013 Q4	13-17	1108	3249	$ 491,162.20	2.9	$443.29
2014 Q1	13-17	1152	3349	$ 519,031.50	2.9	$450.55
2014 Q2	13-17	1145	3375	$ 536,803.70	2.9	$468.82





Year Filled: The Year/Quarter in which the Claim was submitted.
Age Group: Based on the Age of the Recipient as of the time of the Claim.
Recipients: Number of Unique Members per Year/Quarter per Age Group.
Paid Claims: Number of Unique Claims per Year/Quarter per Age Group.
Total Payment: Total Amount Paid on the Unique Claims.
Avg Paid Claims/Recipient: The average number of Unique Claims per Unique Member. This is done by dividing the Paid Claims by the Recipients for the Year/Quarter and Age Group.
Avg Payment/Recipient: The average payment of Unique Claims per Unique Member. This is done by dividing the Total Payment by the Recipients for the Year/Quarter and Age Group.

Includes only Fee For Service claims.

Prior Authorization Request
HP Enterprise Services – Catamaran

Psychotropic Agents for Children and Adolescents

Submit completed request to: Fax: 855-455-3303. Incomplete forms will be returned.
Purpose: For a prescribing physician to request prior authorization for a psychotropic agent for a recipient under age 18. For the purpose of this form, psychotropic agents are: antianxiety agents, anticonvulsants, antidepressants, antipsychotics, lithium preparations and sedatives.
Request only one drug per form. ☐ **Letter of Medical Necessity included (For ages 0-5 only).***
Questions: If you have questions, call the Clinical Pharmacy Services Call Center for Nevada Medicaid at 855-455-3311.

DATE OF REQUEST:		
RECIPIENT INFORMATION		
Last Name, First Name, Middle Initial:		Date of Birth:
Recipient ID:	Gender: Male Female	Phone:

PRESCRIBING PROVIDER INFORMATION (Required)	
Last Name, First name, Title:	NPI:
Phone:	Fax:
Person to contact regarding this request:	Prescriber Specialty:

DIAGNOSIS (Required)

Specific treatment diagnosis and diagnosis code:_____
List any other pertinent diagnoses:_____
☐ **The requested drug is an anticonvulsant used to treat a seizure disorder.** ***(Check if applicable)***
Per Nevada Medicaid Services Manual (MSM) Chapter 1200, Appendix A.1.N.2g: Treatment for seizure disorders with the following diagnoses beginning with 345 (Epilepsy), beginning with 780.3 (Convulsions) and 779.0 (Convulsions in Newborn) will be approved. These diagnoses written on the prescription and on the claim will bypass the prior authorization requirement in the pharmacy POS or the prior authorization requirement will be overridden for anticonvulsant medications when the prescriber has a provider specialty code of 126, neurology or 135, pediatric neurology, in the POS system.

TARGET SYMPTOM/SIDE EFFECT (Required)

Select one of the primary target symptoms:
☐ Psychosis ☐ Mania ☐ Irritability ☐ Aggression ☐ Impulsivity ☐ Inattentiveness ☐ Oppositional
☐ Other_____
And/or Select one of the primary target side effects:
☐ Sedation ☐ Restlessness ☐ Stiffness/Dystonia/Tremor ☐ Other Dyskinesia ☐ Other_____

Requested Drug (Required)		
Drug Name:	Strength:	☐ Generic substitution not permitted
Dosing Instructions:	Length of Therapy:	

List All Current Psychotropic Agents (Required) Document agent and diagnosis/indication
(antianxiety agents, anticonvulsants, antidepressants, antipsychotics, lithium preparations and sedatives)

COVERAGE CRITERIA (Required) ***Check the applicable boxes to indicate each item as true for the recipient***

☐ Each prescribed drug must independently treat a specific diagnosis or symptom/side effect **and;**
☐ The recipient must have a comprehensive treatment plan that addresses education, behavioral management, home environment and psychotherapy **and;**
☐ The recipient is in initial treatment or is **unstable** on the medication therapy, and documentation is available to support a monthly or more frequent visit with the prescribing practitioner **or;**
☐ The recipient is **stable** in their medication therapy and documentation is available to support visits with the treating physician at least every three months.

Multi-Agent Criteria (To be considered for multiple drug therapy for one diagnosis, treatment of unique symptoms, or treatment of medication side effects must be documented.) ***Check the applicable boxes to indicate each item as true for the recipient:***
☐ Recipient failed single-agent treatment in one therapeutic class requiring two agents in the same class.
Failed single agent drug name, strength and dosage:_____
☐ An additional psychotropic agent is needed to treat a unique symptom/side effect. (*Symptom/Side effect must be indicated under "Target Symptom/Side Effect" above*.)

COVERAGE CRITERIA for non-preferred agents (Required if applicable)

Check the applicable boxes to indicate each item as true for the recipient:

☐ The recipient has allergy(ies) to **ALL** preferred medications (document each agent and allergy below).
☐ The recipient has a contraindication(s) to **ALL** preferred medications (document each agent and contraindication below).
☐ The recipient has a drug-to-drug interaction(s) with **ALL** preferred medications (document each agent and interaction below).
☐ The recipient has had therapeutic failure with at least two preferred psychotropics **or,** if the request is for an antipsychotic, the recipient has had therapeutic failure with at least one preferred antipsychotic (document the agents and reasons below).
☐ The requested agent is being used for an indication which is unique to a non-preferred agent and is supported by peer-reviewed literature or an FDA-approved indication. Cite peer-reviewed data source:_____

_____

Document each agent from the above section or any other agents previously tried and failed:

Drug Name:	**Reason:**	**Date(s) of Trial:**

Other Clinical Information (Required if applicable) ***Check the boxes to indicate each item as true for the recipient***

☐ The drug being requested is for off label use due to treatment of a unique indication, symptom, side effect, or outside of the FDA approved age range, and the treatment is supported by peer-reviewed literature **(please include a citation of the literature).** *A letter of medical necessity is also required if medication is being prescribed for a child 0-5 years of age.
☐ The recipient was recently discharged from a mental health facility on the requested medication. Date: _____.

PROVIDER CERTIFICATION – *Prescriber's signature and date required.*

I hereby certify that this treatment is indicated and necessary and meets the guidelines for use as outlined by Nevada Medicaid.
Prescriber's Signature:_____ Date: _____

Providers are bound by both federal and state statutes and regulations, DHCFP policy and the DHCFP provider agreement to cooperate and provide any and all documentation (e.g., medical records, charts, billing information and any other documentation) requested by the DHCFP or other state and/or federal officials or their authorized agents for the purpose of determining the validity of claims and the reasonableness and necessity of all services billed to and paid by the DHCFP.

This authorization request is not a guarantee of payment. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program. The information on this form and on accompanying attachments is privileged and confidential and is only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication is received in error, the reader shall notify sender immediately and destroy all information received.

TEMPLATE LETTER OF MEDICAL NECESSITY (LMN) FOR PSYCHOTROPIC MEDICATIONS

Must be printed on prescriber's letterhead.
Must be accompanied by a completed Psychotropic Agents for Children/Adolescents Prior Authorization Request (FA-70)

To: Nevada Medicaid

Date: [Current Date]

Re: [Recipient's Name]
[Medicaid ID Number]
[Requested Drug(s)]
[Prescriber's name]
[Prescriber's National Provider Identifier (NPI)]

To Whom It May Concern:

This letter is on behalf of [Recipient Name] who is receiving treatment from me for [Insert Diagnosis(es)]. I believe that treatment with [Requested Drug(s)] is medically necessary because [Insert Treatment Rationale, i.e., how you expect it will benefit the recipient].

I have completed and attached the Prior Authorization Request. I am prescribing this medication(s) [within or outside] the FDA approved guidelines. If treatment is not within the FDA approved guidelines I have attached peer reviewed literature to support this course of treatment.

Please contact me if you need any additional information.

Sincerely,
[Physician's signature]
[Date of signature]
The prescribing physician must sign and date this letter.

March 13, 2015 *(Updated March 24, 2015)*
Announcement 891

Changes for Pharmacies and Prescribers of Psychotropic Medications for Children and Adolescents

Psychotropics for Children and Adolescents:

- The Nevada Division of Health Care Financing and Policy (DHCFP) discourages polypharmacy. Polypharmacy is defined as the prescribing of more than one medication from the same class or prescribing three or more psychotropic medications from different drug classes. (Medicaid Services Manual Chapter 1200*)
- DHCFP does not pay for medications which are prescribed outside the Federal Drug Administration (FDA) guidelines unless that usage is supported by peer-reviewed literature.

UPCOMING CHANGES EFFECTIVE APRIL 1, 2015:

- A Letter of Medical Necessity (LMN) will be required for prior authorization (PA) requests outside FDA guidelines for medications prescribed to children ages 0-5. A template for the LMN can be found on the Provider Forms webpage (https://www.medicaid.nv.gov/providers/forms/forms.aspx under Pharmacy Forms) and on the Pharmacy Forms webpage.
- Prescribers will also be required to submit peer-reviewed citations justifying all requests outside FDA guidelines. This will be accompanied by the LMN and the PA form. To search for FDA approved ages and indications for use, please access the link below: http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=Search.SearchDrugName
- The Psychotropic Agents for Children and Adolescents prior authorization form (FA-70) has been updated to include Target Symptom/Side Effect, all psychotropics the recipient is taking, and Multi-Agent Criteria. Use the updated form on and after April 1, 2015.
- Please be sure to review and complete the new prior authorization form carefully.

For any questions regarding this announcement please contact Catamaran at 855-455-3311.

***There are NO changes to policy located within MSM Chapter 1200.**

The following are lists of medications considered to be psychotropic medications for purposes of the PA and LMN requirement. The age ranges indicate the ages and indications which constitute on-label use. If prescribing off-label, peer-reviewed documentation must be submitted to justify the request.

	Antipsychotics						
		Schizophrenia	Bipolar I disorder	Autistic Disorder	Tourette's	Severe Behavioral Problems	Bipolar
Atypical	Aripiprazole	13-18 years	10-18 years	6-18 years			
	Olanzapine	13-18 years	13-18 years				
	Paliperidone	12-18 years					
	Quetiapine	13-18 years	10-18 years				
	Risperidone	13-18 years	10-18 years	5-18 years			
Conventional	Chlorpromazine	12-18 years					
	Fluphenazine	12-18 years					
	Haloperidol	3-18 years			3-18 years	3-18 years	
	Molindone	12-18 years					
	Perphenazine	12-18 years					
	Pimozide				13-18 years		
	Prochlorperazine	2-18 years					
	Thioridazine	5-18 years					
	Thiothixene	12-18 years					
	Trifluoperazine	12-18 years					
Misc	Lithium						12-18 years

Benzodiazepines

	Absence Seizures	Anxiety	Insomnia	Lennox-Gastaut syndrome	Myoclonic Seizures	Partial Seizures	Tonic-Clonic Seizures
Chlordiazepoxide Hydrochloride		6-18 years					
Clobazam				2-18 years			
Clonazepam	0-18 years			0-18 years	0-18 years		
Clorazepate Dipotassium						9-18 years	
Diazepam		6 mo - 18 yrs				0-18 years	0-18 years
Flurazepam Hydrochloride			15-18 years				
Lorazepam		12-18 years					
Oxazepam		6-18 years					

Antidepressants

		Depression	Major Depression	Obsessive-Compulsive Disorder (OCD)	Generalized Anxiety Disorder (GAD)	Functional Enuresis
SSRI	Escitalopram	12-18 years				
	Fluoxetine Hydrochloride	8-18 years		7-18 years		
	Fluvoxamine Maleate			8-18 years		
	Paroxetine Hydrochloride			7-18 years		
	Sertraline Hydrochloride			6-18 years		
Misc	Duloxetine				7-18 years	
	Trazodone	6-18 years				
TCA	Amitriptyline		12-18 years			
	Desipramine		12-18 years			
	Doxepin		12-18 years			
	Imipramine		12-18 years			6-18 years
	Nortriptyline		12-18 years			
	Trimipramine		12-18 years			

Anticonvulsants

	Seizure	LGS
Carbamazepine	0-18 years	
Ethosuximide	3-18 years	
Felbamate	15-18 years	2-18 years
Gabapentin	3-18 years	
Lacosamide	17-18 years	
Lamotrigine	2-18 years	
Levetiracetam	0-18 years	
Methsuximide	0-18 years	
Oxcarbazepine	2-18 years	
Perampanel	12-18 years	
Phenobarbital	0-18 years	
Phenytoin	0-18 years	
Primidone	0-18 years	
Rufinamide	4-18 years	
Tiagabine	12-18 years	
Topiramate	2-18 years	
Valproic Acid/Divalproex	10-18 years	
Vigabatrin	10-18 years	
Zonisamide	16-18 years	

N. Psychotropic Medications for Children and Adolescents

Therapeutic Class: Psychotropic Agents
Last Reviewed by the DUR Board: July 26, 2012

Psychotropic medications for children and adolescents are subject to prior authorization.

1. Coverage and Limitations

Nevada Medicaid has adopted the following practice standards to strengthen treatment outcomes for our children and adolescents.

These practices include:

a. For psychotropic medications in this age group, when possible, be prescribed by or in consultation with a child psychiatrist.

b. Psychotropic medication must be part of a comprehensive treatment plan that addresses the education, behavioral management, living home environment and psychotherapy.

c. Physician monitoring is required while the recipient is utilizing the medication.

1. For recipients who are in initial treatment or are unstable on the medication therapy, medical documentation must support a monthly or more frequent visit with the prescribing practitioner. If the recipient was discharged from an institution on the medication, the follow-up visit(s) can be with their treating physician.

2. For recipients who are considered stable in their medication therapy, medical documentation must support visits with the treating physician at least every three months.

d. Prescribing more than one medication from the same class or prescribing three or more psychotropic medications from different drug classes is to be avoided. Each pharmaceutical prescribed must be independently treating a specific condition (diagnosis). To be considered for multiple drug therapy for one diagnosis, treatment of unique symptoms, or treatments of medication side effects must be documented. Recipients must fail a trial of a single medication within the same class before treatment with multiple agents in the same class will be considered. This will be demonstrated by medical attestation by the treating physician.

2. Nevada Medicaid requires prior authorization for all psychotropic medications for recipients less than 18 years of age. Therapeutic classes subject to prior authorization for this age group include:

   a. Antianxiety Agents;

   b. Anticonvulsants;

   c. Antidepressants;

   d. Lithium Preparations;

   e. Sedatives; and

   f. Antipsychotics.

   Exceptions to this policy are:

   g. Treatment for seizure disorders with the following diagnoses beginning with 345 (Epilepsy), beginning with 780.3 (Convulsions) and 779.0 (Convulsions in Newborn) will be approved. These diagnoses written on the prescription and on the claim will bypass the prior authorization requirement in the pharmacy POS or the prior authorization requirement will be overridden for anticonvulsant medications when the prescriber has a provider specialty code of 126, neurology or 135, pediatric neurology, in the POS system.

   h. The current policy for treatment of ADD/ADHD is to be followed. Refer to this Chapter's Appendix A.

   i. For treatment with Abilify, if ICD-9 codes of 299.00 or 299.01 (autistic disorder) are written on the prescription and on the claim it will bypass the prior authorization requirement in the pharmacy POS system.

3. Prior Authorization Criteria

   a. Each medication prescribed must be independently treating a specific condition (diagnosis).

   b. To be considered for multiple drug therapy for one diagnosis, treatment of unique symptoms, or treatment of side effects must be documented.

   c. Recipients must fail a trial of a single medication within the same class before treatment with multiple agents in the same class will be considered.

   d. Physician monitoring is required while the recipient is utilizing the medication(s).

1. For recipients who are in initial treatment or are unstable on the medication therapy, medical documentation must support a monthly or more frequent visit with the prescribing practitioner. If the recipient was discharged from an institution on the medication, the follow up visit(s) can be with their treating physician.

2. For recipients who are considered stable in their medication therapy, medical documentation must support visits with the treating physician at least every three months.

e. Psychotropic medication must be part of a comprehensive treatment plan that addresses the education, behavioral management, living home environment and psychotherapy.

Prior Authorization forms are available at:
http://www.medicaid.nv.gov/providers/rx/rxforms.aspx

103 PROVIDER RULES AND REQUIREMENTS

Under a program such as Medicaid, providers of medical services have responsibilities that may not exist in a private patient relationship. The provider accepts a degree of responsibility not only to the recipient but also to the paying agency, which, in the end, is the community as a whole.

a. If the provider has knowledge of over-utilization, inappropriate utilization, use of the Nevada Medicaid card by a person not listed on the card, unreasonable demands for services, or any other situation that the provider feels is a misuse of medical services by a recipient, he shall inform the Nevada Medicaid office.

b. A Medicaid provider who accepts a Medicaid recipient for treatment accepts the responsibility to make sure the recipient receives all medically necessary services. This includes making appropriate referrals to other Medicaid providers, ensuring ancillary services are delivered by a Medicaid provider, and ensuring the recipient receives all medically necessary services at no cost to the recipient.

c. In addition, when the services require a Prior Authorization (PA) and a PA number is obtained; the provider must give that number to other relevant providers rendering service to the recipient.

d. All Medicaid providers who accept Medicaid reimbursement for treatment accept responsibility for understanding and comprehending their provider contract and all chapters of the Medicaid Services Manual (MSM) that pertain to their individual provider type and services they provide. This applies to all institutions and medical groups as well.

103.1 MEDICAL NECESSITY

A health care service or product that is provided for under the Medicaid State Plan and is necessary and consistent with generally accepted professional standards to: diagnose, treat or prevent illness or disease; regain functional capacity; or reduce or ameliorate effects of an illness, injury or disability.

The determination of medical necessity is made on the basis of the individual case and takes into account:

a. Type, frequency, extent, body site and duration of treatment with scientifically based guidelines of national medical or health care coverage organizations or governmental agencies.

b. Level of service that can be safely and effectively furnished, and for which no equally effective and more conservative or less costly treatment is available.

c. Services are delivered in the setting that is clinically appropriate to the specific physical and mental/behavioral health care needs of the recipient.

d. Services are provided for medical or mental/behavioral reasons rather than for the convenience of the recipient, the recipient's caregiver, or the health care provider.

Medical Necessity shall take into account the ability of the service to allow recipients to remain in a community based setting, when such a setting is safe, and there is no less costly, more conservative or more effective setting.

103.2 AUTHORIZATION

Titles XI and XVIII of the Act provide the statutory authority for the board objectives and operations of the Utilization and Quality Control Quality Improvement Organization (QIO) program. The Peer Review Improvement Act of the Tax Equity and Fiscal Responsibility Act of 1982 established Utilization and Quality Control QIO.

QIOs operate under contract with the Secretary of Health and Human Services (HHS) to review Medicaid services, once so certified by Center for Medicare and Medicaid Services (CMS). They may also contract with Medicaid agencies and private insurers. The utilization review/control requirements of 42 Code of Regulations (CFR) 456 are deemed met if a state Medicaid agency contract with a Medicare certified QIO, designated under Part 475 to perform review/control services (42 CFR 431.630).

PA review is conducted to evaluate medical necessity, appropriateness, location of service and compliance with Medicaid's policy, prior to the delivery of service.

a. Some services covered by Nevada Medicaid require PA for payment. When the provider learns that a patient has been approved for Medicaid, authorization, as appropriate, must be requested for services provided and/or being provided.

   For Medicaid recipients who have been discharged, but are approved retroactively the provider has 90 days from the date of the eligibility decision to submit a request for authorization, with the complete medical record, to the QIO-like vendor. For recipients still in the hospital when the date of decision is determined, the facility is responsible for initiating the admission and concurrent process within five working days.

b. For Medicare and Medicaid dual eligibles there is no requirement to obtain Medicaid PA for Medicare covered services. If services are non-covered for Medicare, the provider must follow Medicaid's PA guidelines. PA are not necessary for recipients who are eligible for Qualified Medicare Beneficiary (QMB) only since Medicaid pays only the co-pay and deductible. If Medicare benefits are exhausted (i.e. inpatient) a PA from

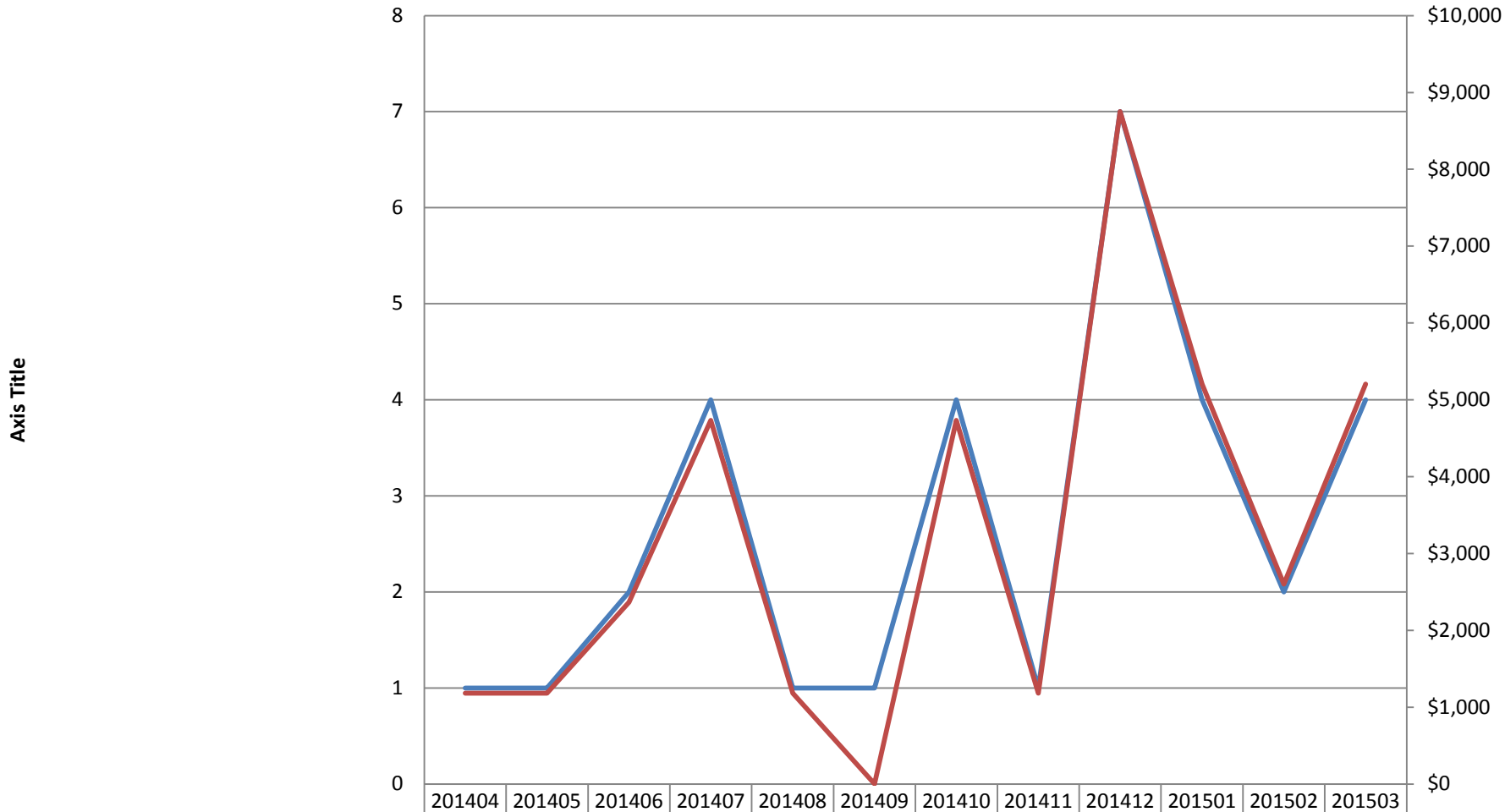
Vivitrol Utilization

April 2014 - March 2015

Row Labels	Sum of Count of Claims	Sum of Count of Members	Sum of Days Supply
Out Pt Phm	**32**	**31**	**836**
201404	1	1	30
201405	1	1	30
201406	2	2	58
201407	4	4	116
201408	1	1	30
201409	1	1	30
201410	4	4	118
201411	1	1	30
201412	7	6	210
201501	4	4	91
201502	2	2	31
201503	4	4	62

Sum of Count of Claims | Sum of Pharmacy Paid Amt

Vivitrol Utilization
April 2014 - March 2015



	201404	201405	201406	201407	201408	201409	201410	201411	201412	201501	201502	201503
VIVITROL - Sum of Count of Claims	1	1	2	4	1	1	4	1	7	4	2	4
VIVITROL - Sum of Pharmacy Paid Amt	$1,183	$1,183	$2,366	$4,731	$1,183	$4	$4,731	$1,183	$8,753	$5,205	$2,602	$5,205

YearMonth Filled

BB. Buprenorphine/Naloxone (Suboxone®) and Buprenorphine (Subutex®)

Therapeutic Class: Narcotic Withdrawal Therapy Agents
Last Reviewed by the DUR Board: July 25, 2013

Buprenorphine/Naloxone (Brand Suboxone®) and Buprenorphine (Brand Subutex®) are subject to prior authorization and quantity limitations based on the Application of Standards in Section 1927 of the Social Security Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage and Limitations

Nevada Medicaid encourages recipients to participate in formal substance abuse counseling and treatment.

Approval will be given if all of the following criteria are met and documented:

a. Buprenorphine/Naloxone (Suboxone®)

The recipient must meet all of the following:

1. The recipient has a diagnosis of opioid dependence; and

2. The recipient is 16 years of age or older; and

3. There is documentation that the recipient has honored all of their office visits; and

4. The medication is being prescribed by a physician with a Drug Addiction Treatment Act (DATA) of 2000 waiver who has a unique "X" DEA number.

b. Buprenorphine (Subutex®) (for female recipients):

The recipient must meet all of the following:

1. There is documentation that the recipient is pregnant or there is documentation the recipient is breastfeeding an infant who is dependent on methadone or morphine; and

2. The recipient has a diagnosis of opioid dependence; and

3. The recipient is 16 years of age or older; and

4. There is documentation that the recipient has honored all of their office visits; and

5. The medication is being prescribed by a physician with a Drug Addiction Treatment Act (DATA) of 2000 waiver who has a unique "X" DEA number.

2. Prior Authorization Guidelines

a. Prior Authorization approval will be for one year.

b. Prior Authorization forms are available at: http://www.medicaid.nv.gov/providers/rx/rxforms.aspx

Therapeutic Class Overview
Opioid Dependence Agents

Overview/Summary:
Partial opioid agonists and opioid antagonists are used alone or in combination in the treatment of opioid use disorder.[1-7] Buprenorphine (Subutex®) buprenorphine/naloxone (Bunavail®, Suboxone®, Zubsolv®) and naltrexone (ReVia®, Vivitrol®) are Food and Drug Administration (FDA)-approved for the treatment of opioid dependence.[1-7] Naltrexone is also FDA-approved for use in alcohol dependence.[2,3] Buprenorphine is available as a sublingual tablet, buprenorphine/naloxone is available as sublingual tablet sublingual film and buccal film, and naltrexone is available as a tablet and extended-release suspension for injection.[1-7] Products which contain buprenorphine are classified as Schedule III controlled substances. The transdermal and injectable formulations of buprenorphine, Butrans® and Buprenex®, respectively, are FDA-approved for use in the management of pain and will not be discussed within this review.[8,9] Buprenorphine and buprenorphine/naloxone sublingual tablets and naltrexone tablets are currently available generically.

Buprenorphine is a partial opioid agonist at the μ-opioid receptor (associated with analgesia and dependence) and an antagonist at the κ-opioid receptor (related to dysphoria). Partial opioid agonists reach a ceiling effect at higher doses and will displace full opioid agonists from the μ-opioid receptor. Buprenorphine is associated with a lower abuse potential, a lower level of physical dependence and is safer in overdose when compared to full opioid agonists [1,4-7] Naloxone and naltrexone are antagonists at the μ-opioid receptor.[2-7] Naloxone has measurable blood levels following sublingual buprenorphine/naloxone administration. However, due to naloxone's low oral bioavailability, there are no significant physiological or subjective differences when compared to the administration of buprenorphine alone. Following intramuscular or intravenous administration, buprenorphine/naloxone is associated with symptoms of opioid withdrawal and dysphoria which is caused by a stronger affinity of naloxone for the opioid receptor compared to buprenorphine.[4-7] Therefore, the addition of naloxone to buprenorphine results in a decreased risk of diversion compared to buprenorphine monotherapy.[10]

The United States Substance Abuse and Mental Service Clinical Guideline for the Use of Buprenorphine in the Treatment of Opioid Addiction recommends the use of buprenorphine/naloxone for the induction, stabilization and maintenance phases of opioid addiction treatment for most patients. This guideline also notes that buprenorphine alone should be used for pregnant patients and for the induction therapy of patients who are transitioning from methadone treatment.[11]

Table 1. Current Medications Available in Therapeutic Class[1-7]

Generic Name (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
Single Entity Agents			
Buprenorphine	Opioid dependence, treatment induction*,†; opioid dependence, treatment maintenance*,†	Sublingual tablet: 2 mg 8 mg	a
Naltrexone (ReVia®, Vivitrol®)	Alcohol dependence; opioid dependence‡ (ReVia®); opioid dependence, prevention of relapse following opioid detoxification (Vivitrol®)	Suspension for injection, extended-release (Vivitrol®): 380 mg Tablet (ReVia®): 50 mg	-
Combination Product			
Buprenorphine/naloxone	Opioid dependence, treatment induction† (Suboxone®); opioid	Buccal film (Bunavail®): 2.1/0.3 mg 4.2/0.7 mg	-

Generic Name (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
	dependence, treatment maintenance†	6.3/1 mg Sublingual film (Suboxone®): 2/0.5 mg 4/1 mg 8/2 mg 12/3 mg Sublingual tablet: 2/0.5 mg 8/2 mg Sublingual tablet (Zubsolv®): 1.4/0.36 mg 5.7/1.4 mg	

* According to the manufacturer, buprenorphine sublingual tablets are preferred for use only during induction of treatment for opioid dependance, but can be used for maintenance treatment in patients who cannot tolerate the presence of naloxone.
† As part of a complete treatment plan to include counseling and psychosocial support.
‡As part of a comprehensive plan of management that includes some measure to ensure the patient takes the medication.

Evidence-based Medicine

- Buprenorphine and buprenorphine/naloxone significantly improve many different outcomes for patients with opioid dependence compared to placebo and no treatment, but are generally found to not be significantly different from one another.[16-26, 37-44]
- FDA-approval of buprenorphine buccal film (Bunavail®) and buprenorphine/naloxone tablet (Zubsolv®) was via the 505(b)(2) pathway. Clinical and safety data for these medications is based on previously approved buprenorphine or buprenorphine/naloxone formulations.[5,7]
- Buprenorphine has been compared to methadone in several clinical studies and reviewed in multiple meta-analyses. Overall, studies have demonstrated that buprenorphine-based therapy was as effective as methadone in the management of opioid dependence.[18, 27-34]
- A meta-analysis of 1,158 participants in 13 randomized trials compared oral naltrexone maintenance treatment to either placebo or non-medication. No difference was seen between the active and control groups in sustained abstinence or most other primary outcomes.
    - Considering only studies in which patient's adherence were strictly enforced, there was a statistically significant difference in retention and abstinence with naltrexone over non therapy (relative risk [RR], 2.93; 95% CI, 1.66 to 5.18).[54]
- The efficacy and safety of Vivitrol® (naltrexone extended-release) for opioid dependence was evaluated in a 24-week, placebo-controlled randomized control trial. The percentage of subjects achieving each observed percentage of opioid-free weeks was greater in the naltrexone extended release group compared to the placebo group. Complete abstinence (opioid-free at all weekly visits) was sustained by 23% of subjects in the placebo group compared with 36% of subjects in the naltrexone extended release group from Week 5 to Week 24.[55]

Key Points within the Medication Class

- According to Current Clinical Guidelines:
    - The United States Substance Abuse and Mental Service Clinical Guideline for the Use of Buprenorphine in the Treatment of Opioid Addiction recommends the use of buprenorphine/naloxone for the induction, stabilization and maintenance phases of opioid addiction treatment for most patients.[11]
    - This guideline also notes that buprenorphine alone should be used for pregnant patients and for the induction therapy of patients who are transitioning from methadone treatment.[11]
    - Naltrexone is generally reserved as an alternative regimen after buprenorphine-containing products and methadone.[13]

- Other Key Facts:
  - According to the Drug Addiction Treatment Act of 2000, the ability to prescribe buprenorphine or buprenorphine/naloxone for the maintenance or detoxification of opioid dependence is limited to physicians who have obtained a waiver and a unique Drug Enforcement Agency number beginning with an X.[14]
  - Naltrexone extended-release suspension for injection is injected intramuscularly in the gluteal muscle every 4 weeks by a healthcare provider.[3]

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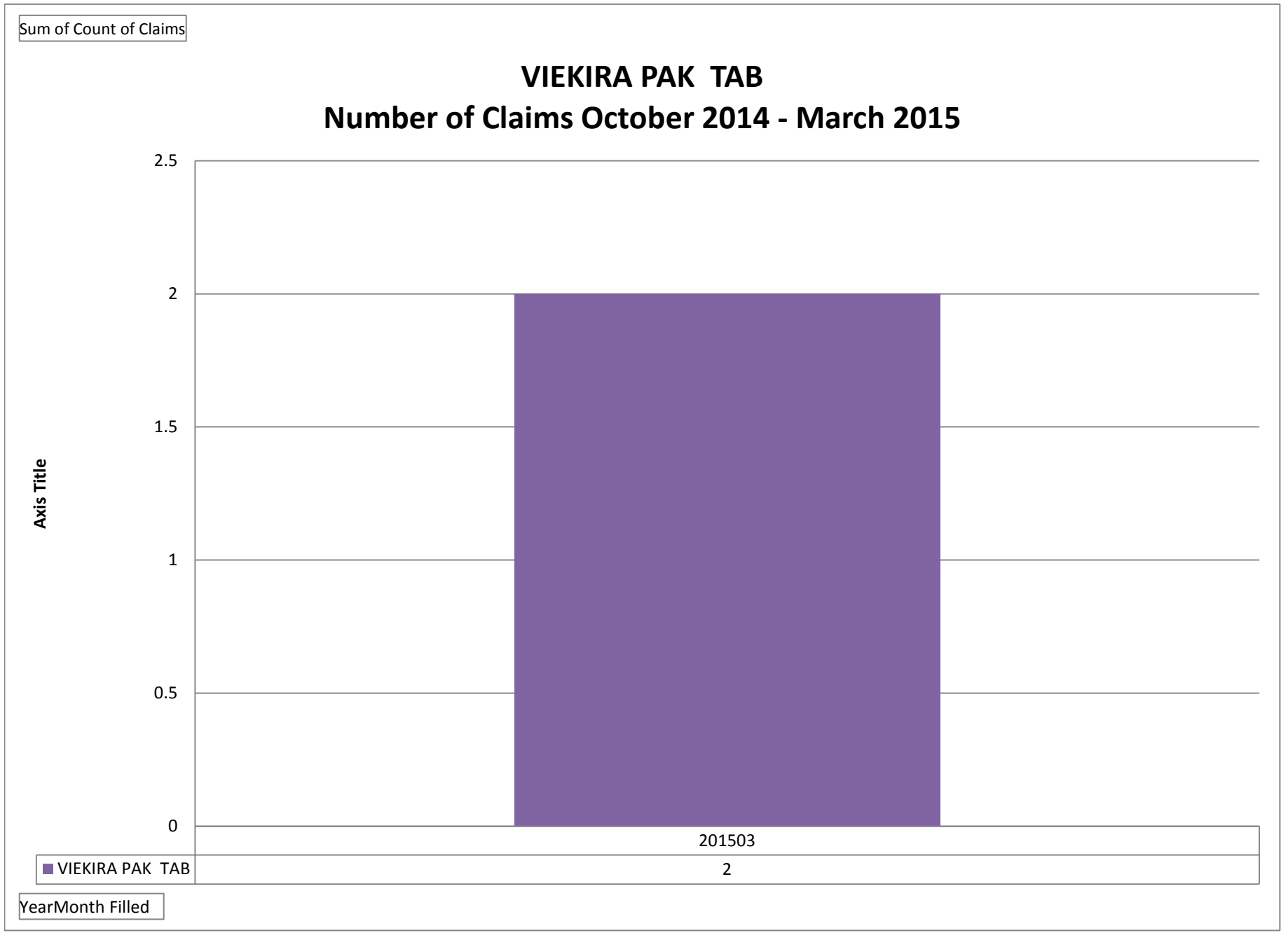
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DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD
PROPOSED PRIOR AUTHORIZATION CRITERIA

Viekira Pak® (dasabuvir-ombitasvir-paritaprevir-ritonavir) is a covered benefit of Nevada Medicaid for recipients who meet the criteria for coverage.

1. Coverage and Limitations:
Authorization will be given if the following criteria are met and documented:

Requests for Viekira Pak® (dasabuvir-ombitasvir-paritaprevir-ritonavir)

a. The recipient has a diagnosis of hepatitis C virus (HCV) genotype 1;
AND
b. The recipient is 18 years of age or older;
AND
c. The recipient does not have severe hepatic impairment (Child-Pugh class C);
AND
d. The recipient has not failed previous therapy that included an HCV protease inhibitor (i.e. boceprevir [Victrelis], simeprevir [Olysio], telaprevir [Incivek]).
AND
e. The recipient has not failed previous therapy that included sofosbuvir (Sovaldi);
AND
f. The requested dose is 25/150/100 mg of dasabuvir-paritaprevir-ritonavir (two tablets) once daily in combination with dasabuvir 250 mg (one tablet) twice daily.
AND
g. The recipient will be using combination therapy with ribavirin for any of the following:
    1. genotype 1a infection (all)
    2. genotype 1b infection (cirrhosis is present)
    3. recipient has had a liver transplant
AND
h. The requested duration of therapy is appropriate
AND
i. If the recipient has had a liver transplant, they have no or mild hepatic fibrosis (Metavir fibrosis score 2 or less)

2. PA Guidelines:
Prior Authorization approvals will be given for a period of 12 weeks at a time.

Comment [AC1]: 12 weeks per auth

Total length of therapy authorized will be based on the following:

Comment [AC2]: total auth length

- Genotype 1a (no cirrhosis): 12 weeks
- Genotype 1a (cirrhosis): 24 weeks
- Genotype 1b: 12 weeks
- Genotype 1a or 1b (recipient has had a liver transplant): 24 weeks

3. Quantity Limitations:
1 monthly carton/28 days

Therapeutic Class Overview
Direct Acting Hepatitis C Antivirals and Combinations

Overview/Summary:
The direct acting hepatitis C antiviral and combination products are all Food and Drug Administration (FDA)-approved for the treatment of chronic hepatitis C virus (HCV) infection; although, differences in indications exist relating to use in specific genotypes, with certain combination therapies and other patient factors.[1-5] HCV is an enveloped ribonucleic acid virus that is transmitted through exposure with infected blood and is the most common bloodborne infection in the United States, with an estimated prevalence of 3.2 million people chronically infected. Chronic HCV develops in 70 to 85% of HCV-infected persons and is associated with significant morbidity (e.g., cirrhosis, hepatocellular carcinoma [HCC]) and is the leading cause of liver transplantation.[7,8] The average annual incidence rate of HCC in the U.S. between 2001 and 2006 was 3.0 per 100,000 people, with 48% to cases attributed to HCV.[9] These agents act via several different mechanisms of action and include inhibition of non-structural (NS) 3/4A protease, NS5B polymerase and HCV NS5A.[1-6] The hepatitis C protease inhibitors boceprevir (Victrelis®) and simeprevir (Olysio®) both work via inhibition of the HCV NS3/4A protease of HCV genotype 1a and 1b thus preventing replication of HCV host cells.[1-2] Similarly, sofosbuvir (Sovaldi®) inhibits HCV NS5B polymerase which also prevents the replication of HCV host cells, however, it is active against multiple genotypes of HCV.[3] The two combination products that include direct acting hepatitis C antivirals include ledipasvir/sofosbuvir (Harvoni®) and a 4-drug regimen of ombitasvir/paritaprevir/ritonavir & dasabuvir (Viekira Pak®). Paritaprevir and dasabuvir exert their mechanisms of action in the same was as other agents and inhibit NS3/4A protease and NS5B polymerase, respectively. Ledipasvir and Ombitasvir work along the same line as the other agents, but specifically inhibit HCV non-structural protein NS5A. Ritonavir, when used in Viekira Pak®, is used as a boosting agent that increases the peak and trough plasma drug concentrations of paritaprevir along with overall drug exposure; it has no direct effect on the hepatitis C virus.[4-5] Specific indications for each of the direct acting hepatitis C antiviral agents are listed in Table 1.

Safety and efficacy of the direct acting hepatitis C agents have been established in multiple clinical trials.[10-25] Newly published guidelines developed by the American Association for the Study of Liver Diseases, Infectious Diseases Society of America and International Antiviral Society-USA have included all current treatments in their recommendations.[26] There are currently no generic direct acting hepatitis C agent available generically.

Table 1. Current Medications Available in Therapeutic Class[1-6]

Generic (Trade Name)	FDA Approved Indications	Dosage Form/Strength	Generic Availability
Single Entity Agents			
Boceprevir (Victrelis®)	Treatment of chronic hepatitis genotype 1 infection, in combination with peginterferon alfa and ribavirin, in adults with compensated liver disease, including cirrhosis, who are treatment-naïve or who have previously been treated with interferon-based treatment, including prior null responders, partial responders and relapsers	Capsule: 200 mg	-
Simeprevir (Olysio®)	Treatment of chronic HCV genotype 1 infection, including HCV/HIV-1 co-infection, in combination with peginterferon alfa and ribavirin or in combination with sofosbuvir*	Capsule: 150 mg	-
Sofosbuvir (Sovaldi®)	Treatment of chronic HCV genotype 1 infection, including HCV/HIV-1 co-infection, in combination with peginterferon alfa and ribavirin or ribavirin alone; treatment of	Tablet: 400 mg	-

Generic (Trade Name)	FDA Approved Indications	Dosage Form/Strength	Generic Availability
	chronic HCV genotype 4 infection, including HCV/HIV-1 co-infection, in combination with peginterferon alfa and ribavirin; treatment of chronic HCV genotype 2 or 3 infection, including HCV/HIV-1 co-infection, in combination with ribavirin; prevention of post-transplant HCV reinfection in combination with ribavirin in patients with hepatocellular carcinoma meeting Milan criteria (awaiting liver transplantation), including patients with HCV/HIV-1 co-infection		
Combination Products			
Ledipasvir/sofosbuvir (Harvoni®)	Treatment of chronic HCV genotype 1 infection in adults	Tablet: 90/400 mg	-
Ombitasvir/paritaprevir /ritonavir & dasabuvir (Viekira Pak®)	Treatment of chronic HCV genotype 1 infection in adults	Tablet (dasabuvir): 250 mg Tablet (ombitasvir/ paritaprevir/ ritonavir): 12.5/75/50 mg	-

FDA=Food and drug administration, HCV=hepatitis C virus, HIV=human immunodeficiency virus
*Although simeprevir is FDA-approved for combination therapy with sofosbuvir, the indication is only included on the FDA-approved label of simeprevir and is not listed in sofosbuvir's label.

Evidence-based Medicine

- The efficacy of boceprevir (Victrelis®) was assessed in two phase III clinical trials compromising approximately 1,500 adult patients.[1,13,18]
  - SPRINT-2 evaluated treatment-naïve patients. Sustained virologic response (SVR) was significantly higher in the response-guided therapy arm compared with placebo for both the black and non-black cohorts (P=0.04 and P<0.01). RESPOND-2 evaluated patients previously treated with peginterferon alfa and ribavirin, but who were not considered null responders. SVR was significantly improved in the response-guided therapy arm compared with placebo (P<0.001).[13]
  - An additional study, Flamm et al, evaluated the efficacy of boceprevir in combination with peginterferon alfa and ribavirin in patients who were relapsers or nonresponders to prior therapy. Overall SVR rates were 21 and 64% for control and the boceprevir-containing regimen respectively (P<0.001).[19]
- The efficacy of simeprevir (Olysio®) in patients with HCV genotype 1 infection was evaluated in several unpublished studies, including two phase III trials in treatment-naïve patients (QUEST 1 and QUEST 2), one phase III trial in patients who relapsed after prior interferon-based therapy (PROMISE).[2]
  - In the pooled analysis of QUEST 1 and QUEST 2, a greater proportion of patients in the simeprevir group achieved SVR at 12 weeks (SVR12) compared to control group (80 vs 50%; P value not reported).[2]
- The safety and efficacy of simeprevir in combination with sofosbuvir with or without ribavirin for the treatment of hepatitis C genotype 1 was evaluated in the COSMOS trial. Cohort 1 included prior null responders with METAVIR scores F0 to F2 and Cohort 2 included prior null responders and treatment-naïve patients with METAVIR scores F3 to F4.[2,20]
  - SVR at 12 weeks post therapy (SVR12) was achieved in 92% of the patients in the the intention to treat (ITT) population. SSVR12 for Cohort 1 and Cohort 2 were 90% (95% CI, 81

to 96) and 94% (95% CI, 87 to 98), respectively. The results were not significantly altered by use of ribavirin, duration of treatment, or treatment history (no P values reported). [20]

- The FDA approval of sofosbuvir was based on the results of five phase III trials (N=1,724) in HCV mono-infected patients (genotypes 1 to 6) and one unpublished phase III trial (N=223) in HCV/HIV-1 co-infected patients (HCV genotype 1, 2 or 3).[3,10,24,25]
    - All trials utilized SVR12 as the primary endpoint and overall, these studies showed that sofosbuvir provided a significant improvement in SVR12 compared with control in both treatment-naïve and treatment-experienced patients.[10,24,25]
    - Sofosbuvir was not specifically studied in treatment-experienced patients with HCV genotype 1 infection. According to the prescribing information, the estimated response rate in patient who previously failed treatment with peginterferon alfa and ribavirin is 71%. This is based on the observed response rate in patients from the NEUTRINO study.[3,10]
- The FDA approval of combination ledipasvir/sofosbuvir was based on the results of three phase III trials (N=1,518) in HCV mono-infected subjects with genotype 1 infection who had compensated liver disease. Treatment duration was fixed in each trial and was not guided by subjects' HCV RNA levels.[4,11,12,17]
    - ION-1 evaluated treatment-naïve patients include patients with cirrhosis; ION-2 evaluated patients with or without cirrhosis who failed previous therapy with an interferon-based regimen including those containing an HCV protease inhibitor; ION-3 evaluated non-cirrhotic, treatment-naïve patients.[11,12,17]
    - All studies showed that ledipasvir/sofosbuvir significantly improved SVR12 rate compared to control.[11,12,17]
- The FDA approval of ombitasvir/paritaprevir/ritonavir and dasabuvir (Viekira Pak®) was based on the results of six randomized, multicenter, clinical trials (N=2,308) in HCV patients with genotype 1, including one trial exclusively in patients with cirrhosis and mild hepatic impairment (Child-Pugh A). All studies included at least one treatment arm with ribavirin, while several studies included treatment arms without ribavirin.[5,14-16,21,22]
    - Study populations for each of the studies include treatment-naïve, non-cirrhotic adults with HCV genotype 1 infection (SAPPHIRE-I), treatment-naïve, non-cirrhotic adults with HCV genotype 1b and HCV genotype 1a infections (PEARL-III and PEARL-IV, respectively), treatment-naïve or previously treated with peginterferon alfa and ribavirin cirrhotic adults with HCV genotype 1 infection (TURQUOISE-II), noncirrhotic adults with HCV genotype 1 infection who either relapsed or were nonresponders to prior peginterferon alfa and ribavirin therapy (SAPPHIRE-II) and finally, non-cirrhotic adults with HCV genotype 1b infection who either relapsed or were nonresponders to prior peginterferon alfa and ribavirin therapy (PEARL-II).[14-16,21,22]
    - Overall, SVR12 rates were high and significantly improved compared with control after 12 weeks of thearpy.[14-16,21,22] Only TURQUOISE-II evaluated patients beyond 12 weeks of therapy and found there was no difference between 12 weeks of therapy compared with 24 weeks of therapy (P=0.09).[16]

Key Points within the Medication Class

- According to current clinical guidelines published by the American Association for the Study of Liver Diseases, Infectious Diseases Society of America and the International Antiviral Society-USA have been updated to include all currently available treatments with specific recommendations based on genotype, previous treatment history and special populations.[26]
- Old standards of therapy, including pegylated interferon alfa and ribavirin dual therapy and pegylated interferon alfa, ribavirin along with a protease inhibitor triple therapy are no longer recommended.
- Current, first-line therapies recommended in the new guidelines include all-oral combination therapies, each of which generally has at least one polymerase inhibitor and one other direct-acting agent that acts via a different mechanism of action.
- Depending on genotype, previous treatment-experience and special populations, the recommended regimens and durations of treatment vary due to differences in efficacy provided by clinical trials.
    - For genotype 1, three regimens with similar efficacy are recommended. Duration and addition of ribavirin depend on cirrhosis status and/or previous treatment failures.
        - § Ledipasvir/sofosbuvir 90/400 mg daily (QD) ± ribavirin for 12 to 24 weeks

        - § Paritaprevir/ritonavir/ombitasvir 150/100/25 mg QD + dasabuvir 250 mg twice-daily (BID) ± ribavirin for 12 to 24 weeks
        - § Sofosbuvir 400 mg QD + simeprevir 150 mg QD ± ribavirin for 12 to 24 weeks
    - o For genotype 2, the only 1st line regimen recommended is sofosbuvir 400 mg QD + ribavirin for 12 weeks (16 weeks with cirrhosis), regardless of previous treatment experience
    - o For genotype 3, the only 1st line regimen recommended is sofosbuvir 400 mg QD + ribavirin for 24 weeks
    - o For Genotype 4, three regimens are recommended, two of which are recommended independent of cirrhosis status and treatment experience and one of which is based on previous treatment failure.
        - § Ledipasvir/sofosbuvir 90/400 mg QD for 12 weeks
        - § Paritaprevir/ritonavir/ombitasvir 150/100/25 QD + ribavirin for 12 weeks
        - § Sofosbuvir 400 mg QD + ribavirin for 24 weeks (treatment-naïve) or sofosbuvir 400 mg QD + weight-based ribavirin for 24 weeks (previous treatment failure; may use for 12 weeks if pegylated interferon alfa added).
    - o In patients that fail a sofosbuvir-containing regimen, it is recommended to defer therapy unless the patient has advanced fibrosis; in this case, the only recommended regimen is ledipasvir/sofosbuvir 90/400 QD ± ribavirin for 24 weeks

- Other Key Facts:
    - o Prior to initiating therapy with simeprevir in combination with peginterferon and ribavirin, patients with HCV genotype 1a should be screened for the presence of NS3 Q80K polymorphism.[2]
        - § Screening for NS3 Q80K polymorphism is not necessary when used in combination with sofosbuvir that is associated with substantially reduced drug efficacy; alternative therapy should be considered if this polymorphism is present.[2]
    - o Sofosbuvir is a substrate of P-glycoprotein (P-gp). Thus, coadministration of potent P-gp inducers such as rifampin and St. John's wort should be avoided. Nevertheless, there are fewer drug interactions with sofosbuvir compared to the HCV protease inhibitors.[1,2,15-17]
    - o When prescribing ombitasvir/paritaprevir/ritonavir/dasabuvir, screening for drugs that should not be coadministered is recommended due to many, often severe, drug interactions.[5]

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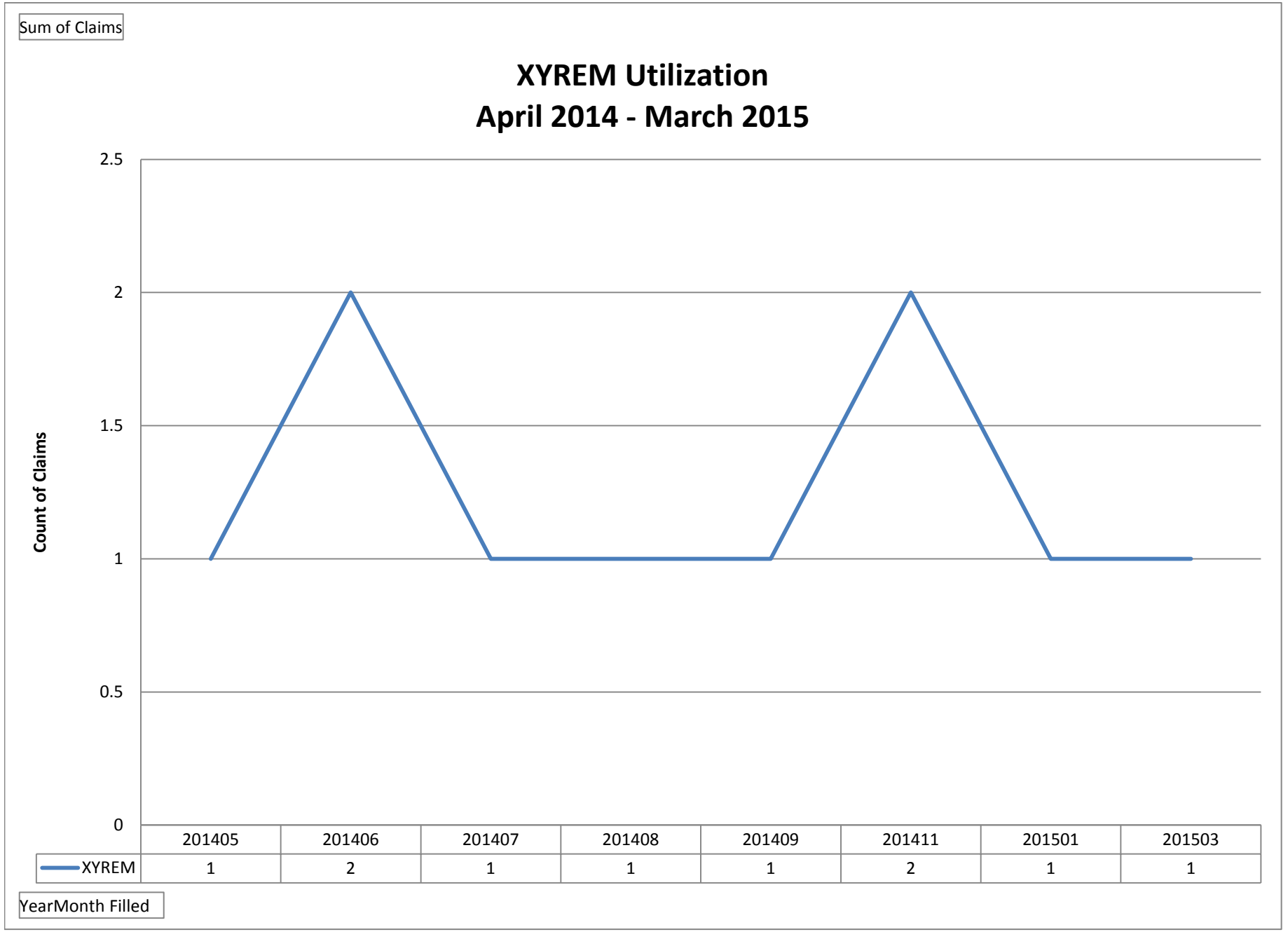
Xyrem Utilzation
April 2014 - March 2015

Row Labels	Column Labels XYREM Sum of Claims	Sum of Members	Sum of Pharmacy Paid
201405	1	1	$5,881
201406	2	2	$14,701
201407	1	1	$5,881
201408	1	1	$6,352
201409	1	1	$6,352
201411	2	2	$11,116
201501	1	1	$4
201503	1	1	$10,382


Sum of Claims
XYREM Utilization
April 2014 - March 2015
Count of Claims
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2
1.5
1
0.5
0
201405
201406
201407
201408
201409
201411
201501
201503
XYREM
1
2
1
1
1
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YearMonth Filled

DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD
PROPOSED PRIOR AUTHORIZATION CRITERIA

Narcolepsy Agents (non-stimulant)

Agents used for the treatment of narcolepsy, including, but not limited to, Provigil®, Nuvigil®, and Xyrem® are subject to prior authorization and quantity limitations based on the Applications of Standards in Section 1927 of the Social Security Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage and Limitations:

Authorization will be given if the following criteria are met and documented:

a. Use is for an FDA-approved Indication
   AND
b. For requests for sodium oxybate, one of the following:
   1. the request was submitted by a neurologist or sleep specialist
      OR
   2. There is documentation that the recipient has had a consultation with a neurologist or sleep specialist

2. PA Guidelines:
Prior Authorization approval will be for 1 year.

3. Quantity Limitations:

- Nuvigil (armodafinil) tablet: 1/day
- Provigil (modafinil) tablet: 1/day
- Xyrem (sodium oxybate): 540 mL/30 days

Therapeutic Class Overview
Narcolepsy Agents (non-stimulant)

Overview/Summary:
This review will focus on agents used for the symptomatic treatment of narcolepsy. This includes the wakefulness promoting agents armodafinil (Nuvigil®) and modafinil (Modafinil®), along with the central nervous system agent, sodium oxybate (Xyrem®).[1-3] Although several stimulant products are indicated for the treatment of narcolepsy, they will not be covered in this review. Narcolepsy is clinical syndrome that affects the control of sleep and wakefulness. Etiologies of narcolepsy may include loss of orexin signaling, genetic factors and rarely, brain lesions. People with narcolepsy often experience excessive daytime sleepiness (EDS) and intermittent, uncontrollable episodes of falling asleep during the daytime.[4] It is important to note that EDS is distinct from fatigue. Generally, fatigue is a subjective feeling of lack of energy that interferes with normal daily activities while EDS is an inability to stay awake or alert during the time of wakefulness in the sleep-wake cycle.[5] Specifically, modafinil and its R-enantiomer, armodafinil, are Food and Drug Administration (FDA)-approved for EDS associated with narcolepsy as well as EDS that results from obstructive sleep apnea (OSA) and shift work disorder (SWD).[1-2] In addition to EDS in narcolepsy, sodium oxybate is also FDA-approved for the treatment of cataplexy associated with narcolepsy.[3] Cataplexy is a term used to describe a sudden loss of muscle tone or weakness that ultimately leads to loss of voluntary muscle control. Additional symptoms caused by cataplexy can range from slurred speech to total body collapse, depending on the muscles involved. Cataplexy is often triggered by intense emotions such as surprise, laughter, or anger.[5] The exact mechanisms by which these agents exert their therapeutic effects are not completely understood.[1-3]

Efficacy of these agents has been well documented in placebo-controlled trials.[6-34] Head-to-head studies are limited, but it appears as though modafinil and armodafinil are equal in therapeutic effect.[34] Current clinical guidelines have not been updated to include armodafinil's place in therapy. Generally modafinil is recommended as a first line agent for the treatment of EDS. Central Nervous System (CNS) stimulants such as methylphenidate and amphetamine/dextroamphetamine as well sodium oxybate are recommended as alternatives. Recommendations regarding the use of certain types of antidepressants vary by guidelines, with some offering a recommendation for use and others not.[35-38] For cataplexy in narcolepsy, sodium oxybate is considered the first-line agent, but its use may be limited due to side effects.[36]

Table 1. Current Medications Available in Therapeutic Class[1-47]

Generic (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
Armodafinil (Nuvigil®)	EDS associated with narcolepsy, OSA and SWD	Tablet: 50 mg 150 mg 200 mg 250 mg	-
Modafinil (Provigil®*)	EDS associated with narcolepsy, OSA and SWD	Tablet: 100 mg 200 mg	a
Sodium oxybate (Xyrem®)	Cataplexy in narcolepsy; EDS associated with narcolepsy	Oral solution: 500 mg/mL	-

*Generic available in at least one dosage form or strength.

Evidence-based Medicine

- EDS in narcolepsy:
  - The ability for patients to remain awake, based on the Maintenance of Wakefulness Test (MWT), was significantly enhanced with each dose of armodafinil studied compared with placebo at the final visit (P<0.01).[6]
  - Modafinil demonstrated a significant improvement in objective and subjective measures of EDS for the modafinil groups compared to placebo (P<0.001 for both). There was also a statistically significant improvement in MWT and overall condition (Clinical Global Impression of Change [CGI-C]) with each dose compared to placebo.[7,8]
  - Sodium oxybate, provided statistically significant improvements in the Epworth Sleepiness Scale (ESS) and CGI-C compared to placebo at end of therapy (P≤0.001 for both).[15]
  - Sodium oxybate plus modafinil significantly improved MWT scores at week eight compared to the placebo group (P<0.001).[16]
- EDS in OSA:
  - Armodafinil and modafinil significantly improved MWT compared to placebo at the conclusion of their respective studies (armodafinil, P<0.001 and P=0.0003; modafinil, P<0.001 for both).[22,23]
- EDS in SWD:
  - Both armodafinil and modafinil were evaluated in one clinical trial each. Patients treated with armodafinil or modafinil showed a statistically significant prolongation in the time to sleep onset compared to placebo-treated patients, as measured by the nighttime Multiple Sleep Latency Test (MSLT) at the final visit compared with placebo (P<0.001 and P=0.002, respectively).[29,30]
- Cataplexy in narcolepsy:
  - Sodium oxybate resulted in statistically significant reductions in the frequency of cataplexy attacks (P<0.05).[13]
  - In a second trial, patients were randomized to blinded placebo after discontinuing long-term open-label sodium oxybate therapy or blinded sodium oxybate. These patients that discontinued sodium oxybate experienced a significant increase in cataplexy attacks (P<0.001).[14]

Key Points within the Medication Class

- According to Current Clinical Guidelines:
  - EDS
    - Generally modafinil is recommended as a first line agent.
    - Guidelines have not been updated to include armodafinil's place in therapy.
    - CNS stimulants such as methylphenidate and amphetamine/dextroamphetamine as well sodium oxybate are recommended as alternatives.
    - Recommendations regarding the use of certain types of antidepressants vary by guidelines, with some offering a recommendation for use and others not.[35-38]
  - For cataplexy in narcolepsy, sodium oxybate is considered the first-line agent, but its use may be limited due to side effects.36.[18-23]

- Other Key Facts:
  - Modafinil and armodafinil have produced psychoactive and euphoric effects along with other feelings typical of CNS stimulants and have been classified as Schedule IV drugs by the FDA.[1,2]
  - Sodium oxybate includes a black box warning in its FDA approved labeling regarding abuse potential and its depressive CNS effects that has led to serious adverse events and even death. It has been classified as a Schedule III controlled-substance by the FDA.[3]
  - Modafinil and armodafinil are administered once daily. Sodium oxybate has to be taken twice daily, once before bed and then once again approximately 2.5 to 4 hours later.[1-3]
  - Only modafinil is available generically.

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Xolair Utilization

April 2014 - March 2015

Row Labels	Sum of Count of Claims	Sum of Count of Members	Sum of Sum Pharmacy Paid
Out Pt Pharmacy			
201404	28	26	$80,656
201405	26	25	$77,603
201406	25	22	$74,302
201407	21	19	$64,392
201408	24	24	$56,163
201409	21	19	$47,082
201410	31	29	$77,759
201411	25	25	$66,125
201412	32	29	$92,732
201501	28	28	$81,569
201502	23	23	$71,259
201503	28	27	$85,855
Out Pt Pharmacy Total	**312**	**296**	**$875,497**
Physician Office			
201404	11	8	$191
201405	8	6	$777
201406	2	2	$185
201407	3	2	$1,548
201408	2	2	$774
201409	4	2	$2,322
201410	3	3	$774
201411	3	2	$1,548
201412	4	2	$1,548
201501	2	1	$1,548
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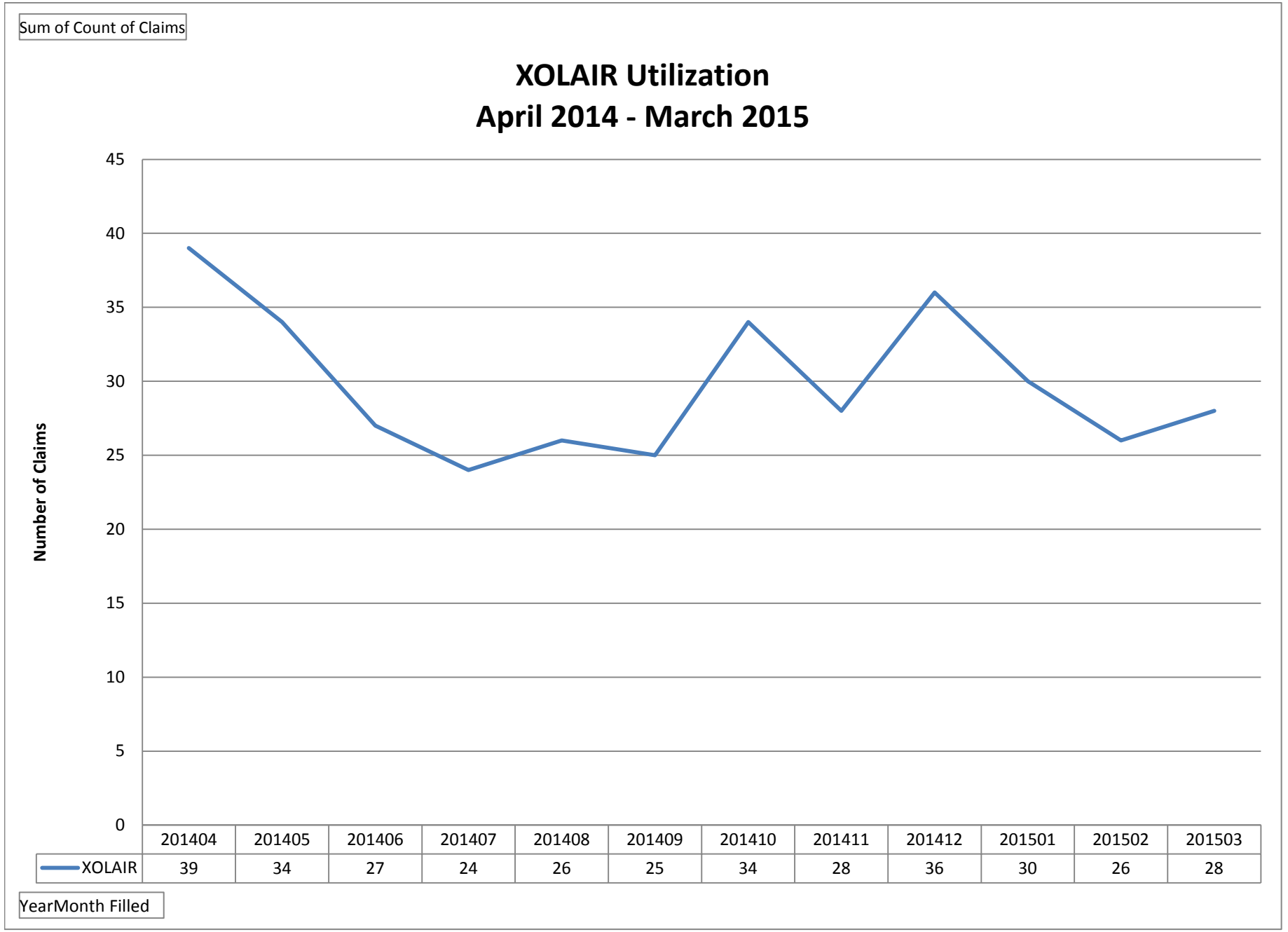
Grand Total	**357**	**328**	**$890,707**


Sum of Count of Claims
XOLAIR Utilization
April 2014 - March 2015
Number of Claims
45
40
35
30
25
20
15
10
5
0
201404 201405 201406 201407 201408 201409 201410 201411 201412 201501 201502 201503
XOLAIR 39 34 27 24 26 25 34 28 36 30 26 28
YearMonth Filled

DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD
PROPOSED PRIOR AUTHORIZATION CRITERIA

Xolair® (Omalizumab)

Therapeutic Class: Respiratory Monoclonal Antibody Agents

Xolair® (Omalizumab) is subject to prior authorization and quantity limitations based on the Application of Standards in Section 1927 of the Social Security Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage and Limitations

Approval will be given if the following criteria are met and documented: Recipients must meet at least one condition (A. or B.) listed below:

A. The recipient must have a diagnosis of moderate to severe persistent asthma;
AND
The recipient must meet all of the following criteria:
    1. The recipient must be age 12 years or older;
    AND
    2. The recipient must have tried and failed or have a contraindication to inhaled oral corticosteroids;
    AND
    3. The recipient must have tried and failed or have a contraindication to an oral second generation antihistamine;
    AND
    4. The recipient must have tried and failed or have a contraindication to a leukotriene receptor antagonist;
    AND
    5. The prescriber must be either a pulmonologist or allergist/immunologist;
    AND
    6. The recipient must have a history of a positive skin test or Radioallergosorbent (RAST) test to a perennial aeroallergen;
    AND
    7. The recipient must have had a pretreatment serum total Immunoglobulin E (IgE) level;
    AND
    8. The recipient's current weight must be recorded.
    AND
    9. The requested dose is appropriate for the recipient's pre-treatment serum IgE and body weight.

B. The recipient has a diagnosis of chronic idiopathic urticaria (CIU);
AND
The recipient must meet all of the following criteria:
    1. The recipient is age 12 years or older;
    AND
    2. The recipient must have tried and failed or have a contraindication to two oral second generation antihistamines;
    AND
    3. The recipient must have tried and failed or have a contraindication to an oral second generation antihistamine in combination with a leukotriene receptor antagonist;

Comment [AC1]: should this be removed for asthma? do allergists/immunologists diagnosis asthma?

Comment [MP2]: Leave in

Comment [AC3]: removed old questions 9 and 10 and replaced with this and the table below – I'm not sure if this should reference the table below or if the table below is just an example.

Comment [MP4]: Yes

AND

4. The prescriber must be an allergist/immunologist, dermatologist or a rheumatologist.
   AND
5. The requested dose is 150 to 300 mg every four weeks

Comment [AC5]: added

2. Prior Authorization Guidelines:

   Prior Authorization approval will be for 12 months.

   Prior Authorization forms are available at:
   http://www.medicaid.nv.gov/providers/rx/rxforms.aspx

3. Quantity Limits:
   - 6 vials/28 days

Table 1: Dosing for Xolair® (omalizumab)[1]

Comment [AC6]: added

Pre-treatment Serum IgE (IU/mL)	**Body Weight (kg)**			
	30-60	**>60-70**	**>70-90**	**>90-150**
≥ 30-100	150 mg	150 mg	150 mg	300 mg
> 100-200	300 mg	300 mg	300 mg	225 mg
> 200-300	300 mg	225 mg	225 mg	300 mg
> 300-400	225 mg	225 mg	300 mg	
> 400-500	300 mg	300 mg	375 mg	
> 500-600	300 mg	375 mg	**DO NOT DOSE**	
> 600-700	375 mg			
Every 2 weeks dosing				
Every 4 weeks dosing				

[1]Xolair® [package insert]. South San Francisco (CA). Genetech Inc.; 2014 March

P. Xolair® (Omalizumab

Therapeutic Class: Respiratory Monoclonal Antibody Agents
Last Reviewed by the DUR Board: July 24, 2014

Xolair® (Omalizumab) is subject to prior authorization and quantity limitations based on the Application of Standards in Section 1927 of the Social Security Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage and Limitations

Approval will be given if the following criteria are met and documented: Recipients must meet at least one condition (a. or b.) listed below:

a. The recipient must have a diagnosis of moderate to severe persistent asthma; and

The recipient must meet all of the following criteria:

1. The recipient must be age 12 years or older; and

2. The recipient must have tried or have a contraindication to inhaled oral corticosteroids; and

3. The recipient must have tried or have a contraindication to an oral second generation antihistamine; and

4. The recipient must have tried or have a contraindication to a leukotriene receptor antagonist; and

5. The prescriber must be either a pulmonologist or allergist/immunologist; and

6. The recipient must have a history of a positive skin test or Radioallergosorbent (RAST) test to a perennial aeroallergen; and

7. The recipient must have had a pretreatment serum total Immunoglobulin E (IgE) level; and

8. The recipient's current weight must be recorded.

b. The recipient has a diagnosis of chronic idiopathic urticaria (CIL), and

The recipient must meet all of the following criteria:

1. The recipient is age 12 years or older; and

2. The recipient must have tried or have a contraindication to two oral second generation antihistamines; and

3. The recipient must have tried or have a contraindication to an oral second generation antihistamine in combination with a leukotriene receptor antagonist; and

4. The prescriber must be either a dermatologist or a rheumatologist.

2. Prior Authorization Guidelines

Prior Authorization approval will be for 12 months.

Prior Authorization forms are available at:
http://www.medicaid.nv.gov/providers/rx/rxforms.aspx

Therapeutic Class Overview
Immunoglobulin E Monoclonal Antibodies

Therapeutic Class Overview/Summary:
Immunoglobulin E (IgE) monoclonal antibodies inhibit the binding of IgE to IgE receptors. The mechanism of action of IgE monoclonal antibodies may have utility in the treatment of various allergic conditions. Currently, there is one IgE monoclonal antibody approved by the Food and Drug Administration (FDA). Omalizumab (Xolair®) is a humanized monoclonal antibody that is FDA-approved for the treatment of adults and adolescents 12 years of age and older, with moderate to severe persistent asthma, who have a positive skin test or in vitro reactivity to a perennial aeroallergen and whose symptoms are inadequately controlled with inhaled corticosteroids (ICS), as well as for the treatment of patients with chronic idiopathic urticaria refractory to histamine$_1$ antihistamine therapy.[1]

An allergic form of asthma is found in approximately 90% of adult asthmatics.[2] Patients with allergic asthma with positive skin test reactions to a given aeroallergen tend to have exacerbations of asthma when exposed to that aeroallergen. IgE is believed to be pivotal in the pathogenesis of allergic asthma.[3] Omalizumab reduces the release of allergic response mediators by inhibiting the binding of IgE to its receptor on the surface of mast cells and basophils.[1] Although the mechanism by which treatment with omalizumab results in an improvement in the symptoms of chronic idiopathic urticaria is not fully understood, omalizumab binds to IgE and lowers free IgE levels, which down-regulates the IgE receptors on cells.[1]

Omalizumab is administered subcutaneously in a physician's office every two to four weeks in a dose that is determined by body weight and the levels of serum IgE for allergic asthma and 150 to 300 mg every four weeks for chronic idiopathic urticaria.[1,3] It carriers a black box warning due to the risk of anaphylaxis which may occur as early as after first dose, but also as long as beyond one year of treatment.[1]

The National Heart, Lung and Blood Institute and the National Asthma Education and Prevention Program recommend considering omalizumab as an adjunctive therapy in patients 12 years of age and older with allergies and severe persistent asthma that is inadequately controlled with the combination of high-dose ICS and long-acting β_2-agonist.[11] Similarly, Global Initiative for Asthma guidelines recommend omalizumab as an adjunctive therapy in patients with elevated serum levels of IgE who are not adequately controlled on controller medications.[12]

The National Institute for Health and Clinical Excellence guidelines recommend omalizumab add-on therapy for narrowly defined severely affected groups of asthma patients with unstable disease who have clinical confirmation of IgE mediation of asthma exacerbations and have had a trial of all standard asthma medications. In addition, omalizumab therapy may only be cost-effective for severely affected group of asthma patients at an elevated risk of asthma-related mortality, if therapy was discontinued in non-responders at 16 weeks and if vial wastage could be minimized to reduce costs.[13] Omalizumab is not recommended in children aged six to 11 because it does not provide enough benefit to justify its high cost.[14]

The European Academy of Allergology and Clinical Immunology/Global Allergy and Asthma European Network/European Dermatology Forum/World Allergy Organization consensus guidelines for the management of urticaria recommend omalizumab as a treatment option in patients who have failed treatment with two different histamine$_1$ antihistamines at four-times the labelled dose and combination therapy with a histamine$_1$ antihistamine in a leukotriene antagonist.[17] The British Association of Dermatologists Guidelines for the management of Urticaria in adults and children have not yet been updated to address the role of omalizumab in the treatment of urticaria.[18]

Although omalizumab is not FDA-approved for use in other allergic conditions, the evidence from several randomized controlled trials favors its efficacy in patients with allergic rhinitis.[1,19-22] Omalizumab is also being investigated in patients with peanut allergy, latex allergy, eosinophilic gastroenteritis, and other IgE mediated allergic conditions.[23]

Table 1. Current Medications Available in Therapeutic Class[3]

Generic Name (Trade name)	Medication Class	Generic Availability
Omalizumab (Xolair®)	Anti-IgE Antibody	-

Evidence-based Medicine

- The Food and Drug Administration (FDA) approval of omalizumab for the treatment of allergic asthma was based on the results of three published, randomized, double-blind, placebo-controlled, multicenter trials. All studies enrolled patients 12 years of age and older with moderate to severe persistent asthma and a positive skin test to a perennial aeroallergen. Two studies showed significantly greater reductions in exacerbations with omalizumab vs placebo. In all three studies, the dose of inhaled corticosteroids was significantly reduced with omalizumab compared to placebo.[4-6]
- Multiple meta-analyses demonstrated the efficacy of omalizumab in decreasing steroid consumption and reducing asthma exacerbations when added to an ICS.[7-9] However, further assessment in pediatric populations and direct double dummy comparison with an ICS was recommended.[8] In addition, a five-year long observational study (EXCELS) is currently evaluating the safety of omalizumab in patients with moderate to severe asthma. In July 2009, the FDA announced that the interim data suggests a disproportionate increase in cardiovascular and cerebrovascular adverse events in patients treated with omalizumab compared to placebo; however, no changes to the prescribing information were recommended.[10]
- The FDA-approval of omalizumab for the treatment of chronic idiopathic urticaria was based on two published, randomized, double-blind, placebo-controlled, multicenter trials. Both studies included patients 12 to 75 years of age with moderate to severe chronic idiopathic urticaria who remained symptomatic despite histamine$_1$ antihistamine therapy. Both studies showed significant improvements in the itch-severity test compared to placebo.[15,16]

Key Points within the Medication Class

- According to Current Clinical Guidelines:
  - Omalizumab is recommended as adjunctive therapy in patients ≥12 years old with allergies and severe, persistent asthma with elevated immunoglobulin E (IgE) who are not adequately controlled on controller medications.[11,12]
  - The European Academy of Allergology and Clinical Immunology/Global Allergy and Asthma European Network/European Dermatology Forum/World Allergy Organization consensus guidelines for the management of urticaria recommend omalizumab as a treatment option in patients who have failed treatment with two different histamine$_1$ antihistamines at four-times the labelled dose and combination therapy with a histamine$_1$ antihistamine in a leukotriene antagonist.[17]
- Other Key Facts:
  - Currently, omalizumab is the only agent in this novel drug class that has been approved by the Food and Drug Administration and is commercially available in the United States.[1]
  - Omalizumab is administered subcutaneously by a health care provider in a health care setting. For the treatment of allergic asthma, omalizumab is given at a dose of 150 to 375 mg every two or four weeks according to IgE level and body weight. For the treatment of chronic urticaria, omalizumab is given at a dose of 150 or 300 mg every four weeks, regardless of IgE level or weight.[1]
  - Omalizumab is associated with a black box warning due to the risk of anaphylaxis that may occur as early as the first dose or as late as beyond one year after treatment initiation.[1]
  - The most common adverse side effects associated with omalizumab include injection site pain, nausea, arthralgia, headache and respiratory symptoms.

References

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Vimovo Utilization
April 2014 - March 2015

Row Labels		Sum of Count of Claims	Sum of Sum Pharmacy Paid
201404		14	11983.81
VIMOVO	TAB 500-20MG	14	11983.81
201405		11	7504.85
VIMOVO	TAB 375-20MG	3	2459.82
VIMOVO	TAB 500-20MG	8	5045.03
201406		18	12700.98
VIMOVO	TAB 375-20MG	2	1639.88
VIMOVO	TAB 500-20MG	16	11061.1
201407		13	12289.59
VIMOVO	TAB 375-20MG	1	819.94
VIMOVO	TAB 500-20MG	12	11469.65
201408		11	8882.26
VIMOVO	TAB 375-20MG	2	1639.88
VIMOVO	TAB 500-20MG	9	7242.38
201409		15	14590.49
VIMOVO	TAB 375-20MG	3	2856.41
VIMOVO	TAB 500-20MG	12	11734.08
201410		18	23189.88
VIMOVO	TAB 500-20MG	18	23189.88
201411		23	22146.19
VIMOVO	TAB 375-20MG	1	1054.95
VIMOVO	TAB 500-20MG	22	21091.24
201412		36	37975.89
VIMOVO	TAB 375-20MG	2	2109.9
VIMOVO	TAB 500-20MG	34	35865.99
201501		24	28495.59
VIMOVO	TAB 375-20MG	1	3.6
VIMOVO	TAB 500-20MG	23	28491.99
201502		22	30468.94
VIMOVO	TAB 375-20MG	1	1429.32
VIMOVO	TAB 500-20MG	21	29039.62
201503		27	43752.8
VIMOVO	TAB 375-20MG	2	1551.11
VIMOVO	TAB 500-20MG	25	42201.69
Grand Total		**232**	**253981.27**

Sum of Count of Claims | Sum of Sum Pharmacy Paid

Vimovo Utilization
April 2014 - March 2015

	201404	201405	201406	201407	201408	201409	201410	201411	201412	201501	201502	201503
VIMOVO - Sum of Count of Claims	14	11	18	13	11	15	18	23	36	24	22	27
VIMOVO - Sum of Sum Pharmacy Paid	$11,984	$7,505	$12,701	$12,290	$8,882	$14,590	$23,190	$22,146	$37,976	$28,496	$30,469	$43,753

YearMonth Filled

DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD
PROPOSED PRIOR AUTHORIZATION CRITERIA

Non-steroidal Anti-inflammatory Drug (NSAID)/Anti-ulcer agent combinations

NSAID/anti-ulcer agent combinations (including, but not limited to, Arthrotec®, Duexis® and Vimovo®) are subject to prior authorization and quantity limitations based on the Applications of Standards in Section 1927 of the Social Security Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage and Limitations:

Authorization will be given if the following criteria are met and documented:

a. Use is for an FDA-approved Indication.
AND
b. Medical records documenting one of the following increased risk of developing an NSAID-related ulcer:
    a. Previous history of a major gastrointestinal bleed, perforation or obstruction
    b. Previous history of a peptic ulcer, hemorrhagic gastritis, hemorrhagic gastropathy, or erosive esophagitis
    c. Concomitant therapy for an anticoagulant or antiplatelet agent (including aspirin), or chronic oral corticosteroids
    d. Recipient has had gastric bypass surgery (Roux-en-Y gastric bypass)
AND
c. The recipient is intolerant to a COX-2 inhibitor **OR** has had a gastric or duodenal ulcer while taking a COX-2 inhibitor
AND
d. The recipient has experienced an NSAID-associated ulcer in the past while taking a single-entity proton pump inhibitor (PPI) or prostaglandin agent concomitantly with an NSAID **OR** the recipient is intolerant to both PPIs and prostaglandin agents
AND
e. Medical records documenting an inadequate response or adverse reaction with concurrent therapy of an equivalent dose of the individual components.

Comment [AC1]: use alternative question that had specific examples

Comment [MP2R1]: remove medical records…documentation of one of the following…

2. PA Guidelines:
Prior Authorization approval will be 1 year.

3. Quantity Limitations:

- Diclofenac/misoprostol (Arthrotec®) 50/0.2 mg: 4 tabs/day
- Diclofenac/misoprostol (Arthrotec®) 75/0.2 mg: 2 tabs/day
- Ibuprofen/famotidine (Duexis®) 800/26.6 mg: 3 tabs/day
- Naproxen/esomeprazole (Vimovo®) all strengths: 2 tabs/day

Therapeutic Class Overview
Nonsteroidal Anti-inflammatory Drug/Anti-ulcer Agent Combinations

Overview/Summary:
Collectively, the NSAID/anti-ulcer agent combination products are Food and Drug Administration (FDA)-approved for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis and/or ankylosing spondylitis while also helping to prevent NSAID-induced gastric or duodenal ulcers.[1-3] NSAIDs inhibit the cyclooxygenase (COX) family of enzymes, preventing the conversion of arachidonic acid to prostaglandin G_2 which is the first step of prostaglandin and thromboxane synthesis. Specifically, the inhibition of the COX-2 isoenzyme appears to be associated with the anti-inflammatory properties of NSAIDs.[4] The NSAID-related gastrointestinal adverse reactions can be severe in some patients and can occur at any time during therapy without warning.[5] All NSAID-containing agents are associated with a Black Box Warning regarding the increased risk of serious gastrointestinal adverse reactions including bleeding, ulceration and perforation of the stomach and intestines, which can be fatal.[5] In an attempt to reduce the occurrence of these ulcers, anti-ulcer agent have been given concomitantly with NSAIDs. Each combination's anti-ulcer component is has a distinct mechanism that works to prevent the NSAID-induced ulcers.

The safety and efficacy of these agents in the prevention of NSAID-induced gastric and/or duodenal ulcers is well documented in several clinical trials.[6-16] Current clinical guidelines published by the American College of Gastroenterology to prevent NSAID-induced ulcers stratify treatment strategy based on cardiovascular and gastrointestinal risk but generally recommend misoprostol or a PPI.[17] For the treatment of pain and inflammation in rheumatoid arthritis, osteoarthritis and ankylosing spondylitis, NSAIDs or selective COX-2 inhibitors along with other analgesics such as acetaminophen are considered first line.[18-23] Specific agents include Arthrotec® (diclofenac sodium/misoprostol), Duexis® (ibuprofen/famotidine), and Vimovo® (naproxen/esomeprazole magnesium). All combination products have the same drug-interactions, warnings, precautions and black box warning associated with NSAIDs. Differences between products are based on the other agent in the combination and the dosing. Diclofenac sodium/misoprostol is dosed three to four times a day based on indication while ibuprofen/famotidine is dosed three times a day and naproxen/esomeprazole magnesium is dosed only twice daily.[1-3]

Table 1. Current Medications Available in Therapeutic Class[1-47]

Generic (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
Diclofenac sodium/ misoprostol (Arthrotec®*)	For the relief of signs and symptoms of osteoarthritis and rheumatoid arthritis and to decrease the risk of developing NSAID-associated duodenal and gastric ulcers	Tablet, DR: 50/0.2 mg 75/0.2 mg	a
Ibuprofen/ famotidine (Duexis®)	For the relief of signs and symptoms of osteoarthritis and rheumatoid arthritis and to decrease the risk of developing NSAID-associated duodenal and gastric ulcers	Tablet, 800/26.6 mg	-
Naproxen/ esomeprazole magnesium (Vimovo®)	For the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis and to decrease the risk of developing NSAID-associated gastric ulcers	Tablet, DR: 375/20 mg 500/20 mg	-

DR=delayed-release
*Generic available in at least one dosage form or strength.

Evidence-based Medicine

- Diclofenac sodium/misoprostol (Arthrotec®) has comparable efficacy to diclofenac monotherapy for the treatment of osteoarthritis and is associated with a lower rate of gastric and duodenal ulcers.[6]
  - The combination agent has demonstrated comparable efficacy to that of naproxen and piroxicam monotherapy, and is also associated with a lower rate of gastric and duodenal ulcers compared to naproxen, piroxicam, and nabumetone monotherapy.[7,8]
  - In comparison to acetaminophen monotherapy in terms of efficacy, diclofenac sodium/misoprostol provided statistically significant improvement, but is associated with higher gastrointestinal distress and incidence of adverse events.[9]
- Ibuprofen/famotidine (Duexis®) was evaluated in two phase III clinical trials, REDUCE-1 and REDUCE-2, which included over 1,500 patients diagnosed with mild to moderate pain or arthritis
  - The primary endpoints for REDUCE-1 and REDUCE-2 were the reduction in gastric ulcers during the 24-week treatment period and the reduction in incidence of upper gastrointestinal ulcers during the 24-week period, respectively.[12]
  - Pooled results from both trials indicated that treatment with ibuprofen/famotidine resulted in an absolute risk reduction of 9.6% compared to ibuprofen for the risk of upper gastrointestinal ulcers (95% confidence interval [CI], 5.4 to 13.8).[12]
- Naproxen/esomeprazole magnesium (Vimovo®) was studied two phase III clinical trials (PN400-301 and 302) that evaluated the effectiveness in preventing the occurrence of NSAID-induced gastric ulcers. and two phase III trials that evaluated its effectiveness in the treatment of osteoarthritis (PN400-307 and 309).[1,13,15]
  - Naproxen/esomeprazole magnesium 500 mg/20 mg twice daily significantly reduced the 6-month cumulative incidence of gastric ulcers compared to enteric-coated naproxen 500 mg twice daily ($P<0.001$ for both studies). This translated to a relative risk reduction (RRR) of 82.3% and 70.8% in studies 301 and 302, respectively.[1,13]
  - Naproxen/esomeprazole magnesium arm significantly improved baseline scores of the Western Ontario and McMaster Osteoarthritis Index (WOMAC) pain subscale and the WOMAC physical function subscale when compared to placebo ($P<0.05$).[1,15]

Key Points within the Medication Class

- According to Current Clinical Guidelines:
  - Current clinical guidelines published by the American College of Gastroenterology to prevent NSAID-induced ulcers stratify treatment strategy based on cardiovascular and gastrointestinal risk.[17]
    - It is recommended that patients receive an NSAID plus either misoprostol or a PPI if they have low or moderate gastrointestinal risk.
    - If the patient has high cardiovascular risk, naproxen is recommended as the NSAID.
    - For patients with high gastrointestinal risk and low cardiovascular risk, a selective COX-2 inhibitor plus a PPI or misoprostol is recommended.
    - Patients with both high gastrointestinal and cardiovascular risk should not receive any type of NSAID therapy.
    - H2-receptor antagonists are much less effective compared to misoprostol or a PPI in preventing ulcers.
  - Generally, NSAIDs or selective COX-2 inhibitors along with other analgesics such as acetaminophen are considered first line for the treatment of rheumatoid arthritis, osteoarthritis and ankylosing spondylitis.[18-23]
- Other Key Facts:
  - The NSAID is used to treat pain and inflammation while the anti-ulcer agent is used to prevent a common, yet severe adverse event associated with NSAIDs.
  - Each combination's anti-ulcer component has a distinct mechanism of action.[1-3]
  - All agents in this class are tablets and share the same drug-interactions, warnings, precautions and black box warning associated with NSAIDs but differ based on their anti-ulcer component, particularly dosing.

- Diclofenac sodium/misoprostol is dosed three to four times a day based on indication; ibuprofen/famotidine is dosed three times; naproxen/esomeprazole magnesium is dosed twice daily.[1-3]
- Naproxen/esomeprazole magnesium is approved to prevent gastric ulcers and is not indicated to prevent NSAID-associated duodenal ulcers.[3]
- Only diclofenac sodium/misoprostol is available generically as a single-tablet combination.
- As single entity agents, all products are available generically, many of which are available over-the-counter.

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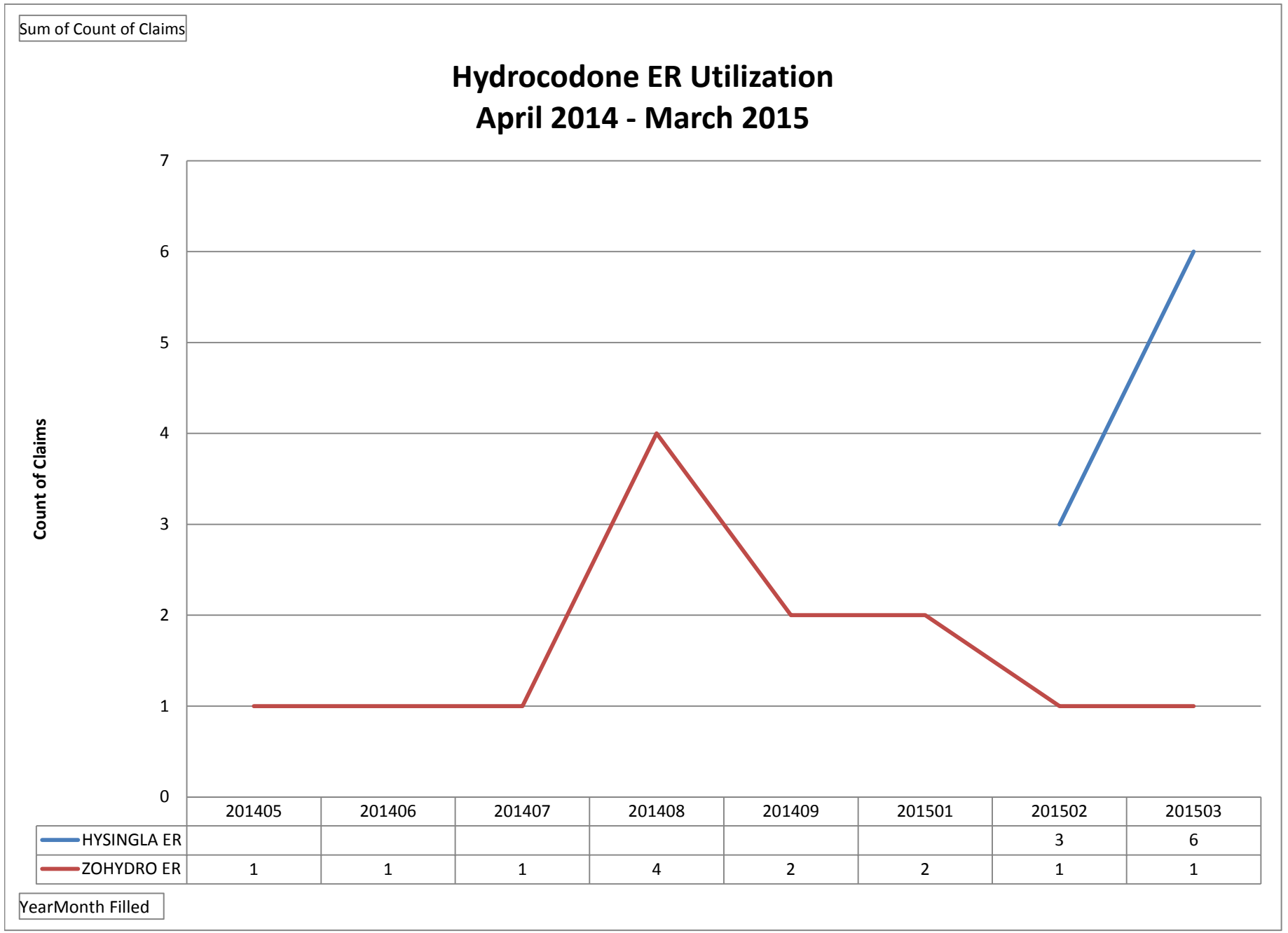
Hydrocodone ER Utilization
April 2014 - March 2015

Row Labels	Sum Claims	Sum Members	Sum of Quantity	Sum of Days Sply	Sum of Pharmacy Paid
201405	**1**	**1**	**60**	**30**	**$363**
ZOHYDRO ER	1	1	60	30	$363
201406	**1**	**1**	**60**	**30**	**$363**
ZOHYDRO ER	1	1	60	30	$363
201407	**1**	**1**	**60**	**30**	**$400**
ZOHYDRO ER	1	1	60	30	$400
201408	**4**	**4**	**208**	**104**	**$997**
ZOHYDRO ER	4	4	208	104	$997
201409	**2**	**2**	**65**	**60**	**$400**
ZOHYDRO ER	2	2	65	60	$400
201501	**2**	**2**	**120**	**60**	**$7**
ZOHYDRO ER	2	2	120	60	$7
201502	**4**	**4**	**150**	**120**	**$908**
HYSINGLA ER	3	3	90	90	$904
ZOHYDRO ER	1	1	60	30	$4
201503	**7**	**7**	**270**	**210**	**$1,828**
HYSINGLA ER	6	6	210	180	$1,824
ZOHYDRO ER	1	1	60	30	$4
Grand Total	**22**	**22**	**993**	**644**	**$5,266**


Sum of Count of Claims
Hydrocodone ER Utilization
April 2014 - March 2015
Count of Claims
7
6
5
4
3
2
1
0
201405 201406 201407 201408 201409 201501 201502 201503
HYSINGLA ER 3 6
ZOHYDRO ER 1 1 1 4 2 2 1 1
YearMonth Filled

DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD
PROPOSED PRIOR AUTHORIZATION CRITERIA

Long-Acting Narcotics

Therapeutic Class: Analgesics, Narcotic

Long-Acting Narcotics are subject to prior authorization and quantity limitations based on the Application of Standards in Section 1927 of the Social Security Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage and Limitations:

A. The recipient is at least 18 years of age, or if the request is for hydromorphone extended-release, the recipient is at least 17 years of age;
AND
B. The recipient has a diagnosis of terminal cancer;
OR
C. The recipient has a diagnosis of:
1. for oxycodone/acetaminophen extended-release, acute pain severe enough to require opioid treatment
OR
2. for hydromorphone extended-release, severe pain in opioid-tolerant patients (i.e. have been receiving opioid therapy) severe enough to require daily, around-the-clock, long-term opioid therapy
OR
3. severe pain that requires daily, around-the-clock, long-term opioid therapy
~~1.~~ ~~**OR**~~
AND
4. Documentation that alternative agents (i.e. non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain~~Management of moderate-to-severe pain when continuous around-the-clock analgesic is needed for an extended period of time.~~

2. Prior Authorization Guidelines:

Prior Authorization approval will be for a three months

The prior authorization must be initiated by the prescriber. The approved Payment Authorization Request (PAR) must be available if requested.

Prior Authorization forms are available at:
http://www.medicaid.nv.gov/providers/rx/rxforms.aspx

3. Quantity Limits:
- buprenorphine transdermal patch (Butrans): 4 patches/30 days
- hydrocodone ER capsule (Zohydro ER): 2/day
- hydrocodone ER tablet (Hysingla ER): 1/day
- hydromorphone ER tablet (Exalgo): 1/day
- morphine sulfate ER capsule (Avinza): 1/day
- morphine sulfate ER capsule (Kadian): 2/day

Comment [AC1]: added age restriction

Comment [AC2]: removed methadone due to difficulty managing QL

- morphine sulfate ER tablet (MS Contin): 3/day
- oxycodone ER tablet (OxyContin): 3/day
- oxymorphone ER tablet (Opana ER): 2/day
- tapentadol ER tablet (Nucynta ER): 2/day
- oxycodone/acetaminophen ER (Xartemis XR): 4/day

Q. Long-Acting Narcotics

Therapeutic Class: Analgesics, Narcotic
Last Reviewed by DUR Board: July 30, 2009

Long-Acting Narcotics are subject to prior authorization and quantity limitations based on the Application of Standards in Section 1927 of the Social Security Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage and Limitations

Indications: Management of moderate-to-severe pain when continuous around-the-clock analgesic is needed for an extended period of time. Medications:

a. Oxycontin (including generic); MS Contin (including generic); Avinza; Kadian; Oramorph.

1. No prior authorization is required for diagnosis of terminal cancer.

b. Please Note: The use of Long – Acting Narcotics for acute/short term treatment of pain not within the quantity limits will not be approved.

Approval will be for a three month time limit.

2. Prior Authorization Guidelines:

The prior authorization must be initiated by the prescriber. The approved Payment Authorization Request (PAR) must be available if requested.

Prior Authorization forms are available at:
http://www.medicaid.nv.gov/providers/rx/rxforms.aspx

Therapeutic Class Overview
Long-acting Opioids

Therapeutic Class

- **Overview/Summary:** As a class, opioid analgesics encompass a group of naturally occurring, semisynthetic, and synthetic drugs that stimulate opiate receptors and effectively relieve pain without producing loss of consciousness. The long-acting opioids and their Food and Drug Administration (FDA)-approved indications are outlined in Table 2.[1-18] Previously, they were prescribed for the management of moderate to severe chronic pain; however, starting in March 2014, the FDA's required label changes were made for most of the agents, updating their indication.[19] Currently, long-acting opioids are indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. This change was made for all long-acting opioids in an effort to help prescribers and patients make better decisions about who benefits from opioids and also to help prevent problems associated with their use.[19] In addition to indication changes, the long-acting opioid label must include statements that the long-acting opioid is not for "as needed" use, that it has an innate risk of addiction, abuse and misuse even at recommended doses, and finally it must include an update to the black box warning for increased risk of neonatal opioid withdrawal syndrome (NOWS).[19] Long-acting opioids are available in a variety of different dosage forms, and currently several agents are available generically.

  Pain is one of the most common and debilitating patient complaints, with persistent pain having the potentially to lead to functional impairment and disability, psychological distress, and sleep deprivation. Two broad categories of pain include adaptive and maladaptive. Adaptive pain contributes to survival by protecting individuals from injury and/or promoting healing when injury has occurred. Maladaptive, or chronic pain, is pain as a disease and represents pathologic functioning of the nervous system. Various definitions of chronic pain currently exist and may be based on a specified duration of pain; however, in general, the condition can be defined as pain which lasts beyond the ordinary duration of time that an insult or injury to the body needs to heal. Pain can also be categorized as being either nociceptive or neuropathic, and treatments for each are specific. Nociceptive pain is caused by damage to tissue and can further be divided into somatic (pain arising from injury to body tissues) and visceral pain (pain arising from the internal organs). Visceral pain is often described as poorly localized, deep, dull, and cramping. In contrast, neuropathic pain arises from abnormal neural activity secondary to disease, injury, or dysfunction of the nervous system.[20]

  Several mechanisms are thought to be involved in the promotion and/or facilitation of chronic pain, and include peripheral and central sensitization, ectopic excitability, structural reorganization/phenotypic switch of neurons, primary sensory degeneration, and disinhibition. Patients not responding to traditional pain treatments may require individualized and supplemental conventional treatment approaches that target different mechanisms.[20] Several pharmacologic and nonpharmacologic options are currently available for the management of chronic pain. Available treatment options make up six major categories: pharmacologic, physical medicine, behavioral medicine, neuromodulation, interventional, and surgical approaches. As stated previously, some patients may require multiple treatment approaches in order to achieve adequate control of their chronic pain. Pharmacologic therapy should not be the sole focus of pain treatment; however, it is the most widely utilized option to manage chronic pain. Major pharmacologic categories used in the management of pain include nonopioid analgesics, tramadol, opioid analgesics, α-2 adrenergic agonists, antidepressants, anticonvulsants, muscle relaxants, N-methyl-d-aspartate receptor antagonists, and topical analgesics. Combining pharmacologic therapies may result in improved analgesia, and because lower doses of each agent can be used, patients may experience fewer treatment-emergent adverse events. Response to pharmacologic therapies will vary between individual patients, and currently no one approach has been demonstrated to be appropriate for all patients. Treatment decisions are largely based on the type of pain (e.g., neuropathic, nociceptive), comorbidities, concurrent medications, pharmacokinetic/pharmacodynamic properties of the agent, and anticipated adverse events.[21]

For the treatment of neuropathic pain, generally accepted first line therapies include calcium channel α 2-detla ligand anticonvulsants (e.g., gabapentin, pregabalin) and tricyclic antidepressants. Serotonin norepinephrine reuptake inhibitors should be utilized second line, and opioids should be considered as a second or third line option for most patients. Ideally, nociceptive pain is primarily managed with the use of non-opioid analgesics, with acetaminophen and nonsteroidal anti-inflammatory drugs utilized first line in the management of mild to moderate pain. Opioids are associated with a risk of abuse and overdose, and the evidence for the effectiveness of long term opioid therapy in providing pain relief and improving functional outcomes is limited. Use of opioids in the management of chronic noncancer pain remains controversial, and consideration for their use in this clinical setting should be weighed carefully. Opioids should be reserved for the treatment of pain of any severity not adequately controlled with non-opioid analgesics or antidepressants, more severe forms of acute pain, and cancer pain. If being considered for the treatment of chronic noncancer pain, opioids should be further reserved for patients with moderate to severe chronic pain that is adversely affecting patient function and/or quality of life.[21]

The long-acting opioid agents primarily produce intense analgesia via their agonist actions at mu receptors, which are found in large numbers within the central nervous system. The binding of these agents to mu receptors produces a variety of other effects including bradycardia, sedation, euphoria, physical dependence, and respiratory depression. Key safety concerns associated with the opioid analgesics include respiratory depression, and to a lesser degree, circulatory depression.[21,22]

All of the long-acting opioids are classified as Schedule II controlled substances by the FDA, with the exception of buprenorphine transdermal systems which are a Schedule III controlled substance. Buprenorphine is a partial opiate agonist, and the transdermal system is the first and only seven day transdermal opioid approved by the FDA.[1] On July 9, 2012, the FDA approved a Risk Evaluation and Mitigation Strategy (REMS) for all long-acting opioids. The program requires companies who manufacture long-acting opioids to make training regarding proper prescribing practices available for health care professionals who prescribe these agents, as well as distribute educational materials to both prescribers and patients on the safe use of these agents. The new REMS program is part of the national prescription drug abuse plan announced by the Obama Administration in 2011 to combat prescription drug misuse and abuse.[23]

Even though OxyContin® (oxycodone extended-release [ER]) has received increased attention regarding overuse, abuse, and diversion, oxycodone itself does not appear to have a greater dependence or abuse liability compared to the other available opioids.[24] In April of 2010, the FDA approved a new formulation of OxyContin® that was designed to help discourage misuse and abuse of the medication. Specifically, the reformulated OxyContin® is intended to prevent the opioid medication from being cut, broken, chewed, crushed, or dissolved to release more medication. The FDA states that the new formulation may be an improvement that may result in less risk of overdosage due to tampering, and will likely result in less abuse by snorting or injection, but the agent can still be abused or misused by simply ingesting larger doses than are recommended. The manufacturers of the medication will be required by the FDA to conduct a postmarket study to evaluate the extent to which this new formulation reduces abuse and misuse of the medication.[25] Similarly, a new, crush-resistant formulation of Opana ER® (oxymorphone) was approved in December 2011; however, the manufacturer notes that it has not been established that the new formulation is less subject to misuse, abuse, diversion, overdose, or addiction.[26]

In October 2013, the FDA approved the first sole entity hydrocodone product in an ER formulation known as Zohydro ER® (hydrocodone) for the treatment of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatments are inadequate.[3] The approval of Zohydro ER® (hydrocodone) was somewhat controversial for a number of reasons. The advisory panel to the FDA voted 11 to 2 against the approval of Zohydro ER® (hydrocodone), due in large part to growing concerns regarding opioid abuse and the product's lack of an abuse deterrent mechanism. Despite the advisory committee vote, Zohydro ER® (hydrocodone ER) was approved based on an FDA Division Director's rationale that the benefit-risk balance for Zohydro ER®

(hydrocodone ER) and other non-abuse deterrent opioid analgesics is still favorable for patients requiring chronic opioid therapy. In addition, the case was made for having another alternative long-acting opioid for patients that cannot tolerate other options or who are on an opioid rotation.[11] As of February 2015, two abuse-deterrent formulations of hydrocodone ER have been FDA-approved. Hysingla ER® (hydrocodone ER) was approved on November 20, 2014 and the reformulated Zohydro ER® was FDA approved January 30, 2015.[3,4,27] It is important to note that the FDA does not require updates to drug labels that have already been approved for manufacturing changes. Thus, the FDA-approved label for Zohydro ER® did not require any changes and does not specifically mention a change in formulation.[3,27]

Embeda® (morphine sulfate/naltrexone) was the first long-acting opioid to become available. This particular agent combines an opioid agonist with an opioid antagonist to deter abuse. The combination product contains ER morphine sulfate with sequestered naltrexone; therefore, if crushed the naltrexone is released and the euphoric effects of morphine are reduced.[17,28] On March 16, 2011 it was announced that King Pharmaceuticals Inc., a wholly owned subsidiary of Pfizer, has voluntarily recalled from United States wholesalers and retailers all dosage forms of Embeda® due to a pre-specified stability requirement that was not met during routine testing. According to a press release, Embeda® will be available as soon as possible once the stability issue is resolved.[29] Overall, while these new long-acting opioid formulations intended to deter abuse may be promising, there is no evidence demonstrating that they truly prevent abuse.[30]

On March 11, 2014, the FDA approved a new combination product Xartemis XR® (oxycodone/acetaminophen), which contains oxycodone and acetaminophen. It has a bilayer formulation which has an immediate- and extended-release portion allowing for rapid analgesia with prolonged effects. This product, although new, is not formulated as an abuse-deterrent product. It has the unique indication of management of acute, severe pain, which is not shared with any of the other long-acting opioids. Due to the acetaminophen component use of this medication is limited, as a maximum of 4,000 mg/day is recommended by the manufacturer.[18]

Table 1. Current Medications Available in the Therapeutic Class[1-18]

Generic (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
Single-Entity Agents			
Buprenorphine (Butrans®)	The management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.	Transdermal patch: 5 µg/hour 7.5 µg/hour 10 µg/hour 15 µg/hour 20 µg/hour	-
Fentanyl (Duragesic®*)	The management of pain in opioid-tolerant patients, severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.†	Transdermal system‡: 12 µg/hour§ 25 µg/hour 50 µg/hour 75 µg/hour 100 µg/hour	a
Hydrocodone (Hysingla ER®, Zohydro ER®)	The management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.	Capsule, extended release (Zohydro ER®): 10 mg 15 mg 20 mg 30 mg 40 mg	-

Generic (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
		50 mg‡ Tablet, extended release (Hysingla ER®): 20 mg 30 mg 40 mg 60 mg 80 mg‡ 100 mg‡ 120 mg‡	
Hydromorphone (Exalgo®*)	The management of pain in opioid-tolerant patients severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.†	Tablet, extended release: 8 mg‡ 12 mg‡ 16 mg‡ 32 mg‡	a
Methadone (Dolophine®*, Methadose®*)	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. (solution, tablet). For detoxification treatment of opioid addiction (heroin or other morphine-like drugs) (concentrate solution, dispersible tablet, solution, tablet). For maintenance treatment of opioid addiction (heroin or other morphine-like drugs), in conjunction with appropriate social and medical services (concentrate solution, dispersible tablet, solution, tablet).	Concentrate solution, oral (sugar-free available): 10 mg/mL Solution, oral: 5 mg/5 mL 10 mg/5 mL Tablet, extended release: 5 mg 10 mg Tablet for oral suspension: 40 mg	a
Morphine sulfate (Avinza®*, Kadian®*, MS Contin®*)	For the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate (biphasic capsule, capsule, tablet).	Capsule, biphasic extended release: 30 mg 45 mg 60 mg 75 mg 90 mg‡ 120 mg‡ Capsule, extended release: 10 mg 20 mg 30 mg 40 mg 50 mg 80 mg	a

Generic (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
		100 mg‡ 200 mg‡ Tablet, extended release: 15 mg 30 mg 60 mg 100 mg‡ 200 mg‡	
Oxycodone (OxyContin®*)	For the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.¶	Tablet, extended release: 10 mg 15 mg 20 mg 30 mg 40 mg 60 mg‡ 80 mg‡	a #
Oxymorphone (Opana® ER*)	For the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.	Tablet extended release: 5 mg 7.5 mg 10 mg 15 mg 20 mg 30 mg 40 mg	a
Tapentadol (Nucynta ER®)	Pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Neuropathic pain associated with diabetic peripheral neuropathy (DPN) in adults severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.	Tablet, extended release: 50 mg 100 mg 150 mg 200 mg 250 mg	-
Combination Products			
Morphine sulfate/ naltrexone (Embeda®)	For the management of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time for patients in whom tolerance to an opioid of comparable potency is established.	Capsule, extended release: 20 mg/0.8 mg 30 mg/1.2 mg 50 mg/2 mg 60 mg/2.4 mg 80 mg/3.2 mg 100 mg/4 mg‡	-
Oxycodone/ Acetaminophen (Xartemis XR®)	For the management of acute pain severe enough to require opioid treatment and for which alternative treatment options are inadequate	Biphasic tablet, extended release: 7.5 mg/325 mg	-

*Generic is available in at least one dosage form or strength.
†Opioid-tolerant are those who are taking, for one week or longer, at least 60 mg of morphine daily, or at least 30 mg of oral oxycodone daily, or at least 8 mg of oral hydromorphone daily, 25 mcg fentanyl/hr, or an equianalgesic dose of another opioid.

‡Specific dosage form or strength should only be used in patients with opioid tolerance.
§Actual fentanyl dose is 12.5 µg/hour, but it is listed as 12 µg/hr to avoid confusion with a 125 µg dose.
#Generic availability is sporadic and does not include all strengths.
¶ A single dose of OxyContin® >40 mg or a total daily dose of 80 mg are only for use in patients who are tolerant to opioids.

Evidence-based Medicine

- Food and Drug Administration (FDA) approval of hydrocodone ER tablets (Hysingla ER®) was evaluated in an unpublished randomized double-blind, placebo controlled, multi-center, 12-week clinical trial in both opioid-experienced and opioid-naïve patients with moderate to severe chronic low back pain. Patients received either hydrocodone ER 20 to 120 mg tablets or matching placebo in a 1:1 ratio. There was a statistically significant difference in the weekly average pain scores at week 12 between the hydrocodone ER and placebo groups with a least square mean (standard deviation [SD]) difference of -0.53 (0.180) (95% confidence interval [CI], -0.882 to -0.178; P=0.0016). There were also significant improvements in proportion of responders, and Patient's Global Impression of Change scores.[4,31]
- The effectiveness of fentanyl in relieving pain appears to be similar to that of morphine sulfate sustained-release for the treatment of cancer and noncancer pain, and chronic lower back pain. Compared to morphine sulfate sustained-release, fentanyl transdermal systems appear to be associated with less constipation.[32-34]
- A trial comparing hydrocodone ER capsules to placebo in patients with moderate to severe chronic low back pain demonstrated hydrocodone ER had a lower mean change from baseline in pain intensity scores compared to placebo at 12 weeks (P=0.008). In addition, there was a significantly higher amount of treatment responders in the hydrocodone ER group compared to the placebo group (P<0.001) at the end of treatment, and subject global assessment of medication scores increased from baseline significantly in the hydrocodone ER group compared to placebo (P<0.0001).[35]
- In one trial, hydromorphone ER demonstrated greater efficacy in the treatment of lower back pain with regard to reducing pain intensity (P<0.001) and pain scores (P<0.01) compared to placebo.[36] In a noninferiority analysis of a hydromorphone ER compared to oxycodone ER, two agents provided similar pain relief in the management of osteoarthritic pain.[37]
- Methadone has demonstrated a greater efficacy over placebo for the treatment of nonmalignant neuropathic pain and similar efficacy compared to slow-release morphine sulfate for the treatment of cancer pain.[38,39]
- A trial comparing different long-acting formulations of morphine sulfate for the treatment of osteoarthritis pain demonstrated that both Avinza® (morphine sulfate ER) and MS Contin® (morphine sulfate ER) significantly reduced pain from baseline (P≤0.05 for both). Both treatments also reduced overall arthritis pain intensity, and achieved comparable improvements in physical functioning and stiffness. Each treatment significantly improved certain sleep parameters compared to placebo.[39] In a crossover trial, morphine sulfate (MS Contin®) was compared to fentanyl transdermal systems, and more patients preferred fentanyl transdermal systems (P<0.001), and reported on average, lower pain intensity scores than morphine sulfate phase (P<0.001).[41]
- Clinical trial data evaluating the combination long acting opioid agent morphine/naltrexone is limited. As mentioned previously, this product was recalled by the manufacturer due to not meeting a pre-specified stability requirement during routine testing in March 2011.[29]
- Morphine/naltrexone has demonstrated significantly better pain control compared to placebo in patients with osteoarthritis pain.[42]
- Oxycodone ER has demonstrated significantly greater efficacy compared to placebo for the treatment of neuropathic pain and chronic refractory neck pain.[43-45] For the treatment of cancer pain, no significant differences were observed between oxycodone ER and morphine sulfate ER in reducing pain intensity. The average number of rescue doses used within a 24 hour period was significantly less with morphine sulfate ER (P=0.01), and the incidence of nausea and sedation were similar between treatments.[46]
- Oxymorphone ER has produced similar mean daily pain intensity scores compared to both morphine sulfate and oxycodone ER for the treatment of chronic cancer pain.[47,48] The average scheduled daily dose of study drug and average total daily dose decreased after patients crossed over to oxymorphone ER from morphine sulfate or oxycodone ER. No significant changes were observed in visual analog pain scores, quality of life domains, or quality of sleep in any of the treatment groups.[47]

In another trial, oxymorphone ER demonstrated greater efficacy for the relief of osteoarthritis pain compared to placebo.[49]

- In a 12-week active comparator and placebo-controlled trial, significant pain relief was achieved with tapentadol ER compared to placebo (least squares mean difference, - 0.7; 95% CI, -1.04 to -0.33) at week 12. The average pain intensity rating at endpoint with oxycodone ER was reduced significantly compared to placebo for the overall maintenance period (least squares mean difference vs placebo, -0.3), but was not significantly lower at week 12 (least squares mean, -0.3; P values not reported).[50] In a, placebo-controlled and active comparator trial in adults with moderate to severe low back pain, improvements in average pain intensity scores occurred with tapentadol ER and oxycodone ER relative to placebo (P<0.001).[51] Schwartz et al evaluated tapentadol ER among adults with painful diabetic peripheral neuropathy. The least squares mean change in average pain intensity at week 12 was 1.4 in the placebo group, indicating a worsening in pain intensity, and 0.0 in the tapentadol ER group, indicating no change in pain intensity, (least squares mean difference, -1.3; 95% CI, -1.70 to -0.92; P<0.001).[52]
- The combination product oxycodone/acetaminophen's efficacy was established in a clinical trial evaluating its effectiveness at treating pain over the 48 hours after surgery. Singla et al concluded that pain, evaluated by the summed pain intensity difference (SPID) score, was significantly higher in the oxycodone/acetaminophen group (P<0.001) through that time period. Mean total pain relief values for oxycodone/APAP XR and placebo from 0 to 48 hours were 91.3 and 70.9, respectively, resulting in a treatment difference of 20.5 (95% CI, 11.0 to 30.0; *P*<0.001). The median time to perceptible pain relief for oxycodone/APAP XR was 33.56 minutes vs 43.63 minutes for placebo (*P*=0.002). The median times to confirmed pain relief and meaningful pain relief for the oxycodone/APAP XR group were 47.95 minutes and 92.25 minutes; however, neither of these metrics could be determined for the placebo group (*P*<0.001). The percentage of patients reporting at least a 30% reduction in PI after 2 hours was 63.1% for oxycodone/APAP XR versus 27.2% for placebo (*P*<0.0001).[53]
- Methadone is the only long-acting narcotic that is Food and Drug Administration-approved for the management of opioid addiction; however, in one study slow-release morphine sulfate demonstrated noninferiority to methadone in terms of completion rate for the treatment of opioid addiction (51 vs 49%).[54]

Key Points within the Medication Class

- According to Current Clinical Guidelines:
  - Patients with pain should be started on acetaminophen or a nonsteroidal anti-inflammatory drug (NSAID). If sufficient pain relief is not achieved, patients should be escalated to a "weak opioid" and then to a "strong opioid", such as morphine.[55,56]
  - Opioid selection, initial dosing, and titration should be individualized according to the patient's health status, previous exposure to opioids, attainment of therapeutic goals, and predicted or observed harms. There is insufficient evidence to recommend short-acting vs long-acting opioids, or as needed vs around-the-clock dosing of opioids.[56]
  - Patients with chronic persistent pain controlled by stable doses of short-acting opioids should be provided with round-the-clock ER or long-acting formulation opioids with provision of a 'rescue dose' to manage break-through or transient exacerbations of pain.[55]
  - Opioids with rapid onset and short duration are preferred as rescue doses. The repeated need for rescue doses per day may indicate the necessity to adjust the baseline treatment.[55,56]
  - In a patient who has not been exposed to opioids in the past, morphine is generally considered the standard starting drug of choice.[55]
  - Pure agonists (such as codeine, fentanyl, oxycodone, and oxymorphone) are the most commonly used medications in the management of cancer pain. Opioid agonists with a short half-life are preferred and include fentanyl, hydromorphone, morphine, and oxycodone.[55]
  - Meperidine, mixed agonist-antagonists, and placebos are not recommended for cancer patients. Meperidine is contraindicated for chronic pain especially in patients with impaired renal function or dehydration.[55]

- In patients who require relatively high doses of chronic opioid therapy, clinicians should evaluate for unique opioid-related adverse events, changes in health status, and adherence to the chronic opioid therapy treatment plan on an ongoing basis, and consider more frequent follow-up visits.[55,56]

- Other Key Facts:
  - All long-acting opioids are pregnancy category C, with the exception of oxycodone.
  - Only fentanyl transdermal system is approved in children (age 2 to 17 years).
  - Tapentadol is contraindicated with monoamine oxidase inhibitors; although, caution should be used when used in combination with any long-acting opioid.
  - Only oxymorphone is contraindicated in severe hepatic disease.
  - Methadone and buprenorphine have been implicated in QT prolongation and serious arrhythmias, use caution in patients at increased risk of QT prolongation.
  - Besides the two transdermal agents, almost all long-acting opioids are dosed twice daily. Buprenorphine patches are applied once every seven days, while fentanyl transdermal systems are applied every 72 hours.[1,2] Exalgo® ER (hydromorphone) and Hysingla ER (hydrocodone) tablets and Avinza® (morphine) capsules are dosed once daily.[4,5,10] Kadian® (morphine) capsules and Embeda® (morphine/naltrexone) capsules can to be administered once or twice daily.[12,17] MS Contin® (morphine) tablets or all methadone formulations are dosed twice or three times daily.[6-10,13] The remaining long-acting agents are dosed twice daily only (oxycodone, oxymorphone, tapentadol, oxycodone/acetaminophen).[3,15,16,18] Avinza® (morphine) and Xartemis XR® (oxycodone/acetaminophen) are the only long-acting opioids with a maximum daily dose. Avinza® (morphine) has a max dose of 1,600 mg/day due to the capsules being formulated with fumaric acid, which at that dose has not been shown to be safe and effective and may cause renal toxicity[11]. Xartemis XR (oxycodone/acetaminophen) is limited to four tablets per day, and/or if taking other acetaminophen products, a maximum of 4,000 mg/day.[18]
  - Buprenorphine patch and fentanyl transdermal systems are intended for transdermal use only and should be applied to intact, nonirritated, nonirradiated skin on a flat surface. The application site should be hairless, or nearly hairless, and if required hair should be clipped not shaven. Fentanyl may be applied to the chest, back, flank or upper arm while buprenorphine should be applied to the right or left outer arm, upper chest, upper back or side of chest.[1,2]
  - Most solid, long-acting opioid formulations (e.g., tablets, capsules) should be swallowed whole and should not be broken, chewed, cut, crushed, or dissolved before swallowing.[1-18] The only exceptions are the morphine-containing capsules (Avinza®, Kadian®, and Embeda®); all can be opened and the pellets sprinkled on applesauce and then swallowed whole.[11,12,17] Kadian® pellets can also be placed in 10 mL of water and used through a 16 French gastrostomy tube.[12] Neither Avinza®, Kadian®, nor Embeda® pellets may be used thorough a nasogastric tube.[11,12,17] It is recommended to only swallow one Zohydro ER® (hydrocodone) capsule, or one OxyContin® (oxycodone), Opana® ER (oxymorphone), and Nucynta® ER (tapentadol) tablet at a time.[3,14-16]
  - Differences in pharmacokinetics result in differences in how often the dose of an opioid may be titrated upward. Each long-acting opioid has a certain time period before which a dose titration can occur. The amount of time required before dose titration can occur can range from one to seven days. The specific times required for titration are listed in Table 10.[1-18] When switching between agents, an appropriate dose conversion table must be used. When discontinuing any long-acting opioid without starting another, always use a slow taper to prevent severe withdrawal symptoms.

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DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD
PROPOSED PRIOR AUTHORIZATION CRITERIA

Prednisone Delayed-release

Prednisone delayed-release (DR), including, but not limited to, Rayos® are subject to prior authorization and quantity limitations based on the Applications of Standards in Section 1927 of the Social Security Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage and Limitations:

Authorization will be given if the following criteria are met and documented:

a. Use is for an FDA-approved Indication.
AND
~~b. Documentation as to why the requested medication provides a significant or unique therapeutic advantage over immediate-release oral corticosteroids.~~
~~**AND**~~
~~c.~~b. Medical records documenting inadequate response or adverse reaction to generic prednisone immediate-release tablets.

Comment [MP1]: If we wanted to keep this, we would need specific examples for the call center criteria or we would get questions on what this means

Comment [AC2]: Removed as there are no specific criteria to go with this

2. PA Guidelines:
Prior Authorization approval will be:
- Initial therapy: 3 months
- Recertification: 1 year.

3. Quantity Limitations:
- None

New Drug Overview
Rayos® (Prednisone Delayed-Release)

Overview/Summary:
Rayos® (prednisone delayed-release [DR]) is approved by the Food and Drug Administration (FDA) for the treatment of a broad range of conditions including rheumatoid arthritis (RA), polymyalgia rheumatica, psoriatic arthritis, ankylosing spondylitis, asthma and chronic obstructive pulmonary disease.[1] Prednisone is a hormonal steroid in the glucocorticoid subclass. Glucocorticoids have important and profound effects on the body including effects on metabolism, inflammation, immunity and others.[2] Glucocorticoids that are often used in chronic disease management (i.g. prednisone) do not have significant mineralocorticoid, androgenic or estrogenic activity.[3] The actions of glucocorticoids, both natural and synthetic, are primarily achieved by the binding of the nuclear glucocorticoid receptors inside many different types of cells that are distributed throughout the body. Once bound, the glucocorticoid-receptor complex interacts with promoters of target genes and other transcription factors, thus regulating the targeted genes transcription.[2] Generally, it appears that the clinically desirable effects of glucocorticoids results from repression of transcription, leading to a decreased production of proinflammatory proteins.[3] To a lesser degree, glucocorticoids may exert there effect by interacting directly with cell membranes or by binding to certain membrane-bound glucocorticoid receptors.[3] The specific effects that glucocorticoids have on different cells and tissue throughout the body will not be discussed in this review.

The delayed-release formulation consists of a prednisone-containing core tablet encased in an inactive shell. The shell delays the onset of dissolution by approximately four hours after oral administration. This results in prednisone having an increase in the median time to peak plasma concentrations (T_{max}). The DR tablets having a median T_{max} of 6.0 to 6.5 hours compared with 2.0 hours for the immediate-release (IR) formulation.[1] This was developed to counter the high number of proinflammatory cytokines that are produced normally by the body late at night.[4]

Although approved for many indications, studies have only evaluated prednisone DR in adult patients with RA.[5-9] It was shown that prednisone DR significantly reduced the median relative duration of morning stiffness in RA patients by 22.7% while prednisone IR reducing the duration by 0.4% (P=0.045).[5] In addition, a higher proportion of patients who took prednisone DR had a 20% improvement in the signs and symptoms of RA based on American College of Rheumatology criteria (ACR20) compared with placebo.[7]

Table 1. Dosing and Administration

Generic Name (Trade Name)	FDA-Approved Indications	Pediatric Dose	Availability
Prednisone delayed-release	All indications: Tablet: Initial, 5 to 60 mg QD with food*; maintenance, use lowest dosage that will maintain an adequate clinical response; maximum, undefined†	All indications: The recommended dosage should be governed by the same considerations as adults rather than strict adherence to the ratio indicated by age or body weight.	Tablet: 1 mg 2 mg 5 mg

Evidence-based Medicine

- The safety and efficacy of prednisone DR (Rayos®) has been evaluated in several clinical trials.[5-9]
- In the 12-week CAPRA-1 study (N=288), patients with RA who have already been taking a disease modifying antirheumatic drug (DMARD) or other glucocorticoids were assessed. The absolute difference between the treatment groups for change in mean relative duration of morning stiffness was 29.2 min (95% CI, -2.59 to 61.9) in favor of prednisone DR.[5]
    - A 9-month open-label, extension study confirmed continued therapeutic effect over time.[6]

- The CAPRA-2 study (N=350) also assed patients with RA who had previously been receiving either a DMARD or glucocorticoid therapy. This study evaluated the efficacy of prednisone DR using the American College of Rheumatology criteria for RA. The proportion of patients with a 20% improvement in symptoms (ACR20) was significantly higher in the prednisone DR group compared with placebo (48% compared to 29%, P<0.001). The proportion of patients that had at least a 40% improvement in symptoms was also significantly improved with prednisone DR compared with placebo (22% compared to 10%, P<0.006).
- Two observational studies that evaluated 2,975 patients with RA over four or nine months have reaffirmed the results of the phase III clinical trials.[8,9]

Key Points

- According to Current Clinical Guidelines:
  - Widely-accepted criteria for the initiation of glucocorticoid therapy have not been established and current clinical guidelines for the treatment of RA do not address their use.[4,10-13]

- Other Key Facts:
  - Prednisone DR is currently available as a brand-name tablet only; however, prednisone is available generically as an IR tablet and oral solution.
  - Although approved for many indications, studies have only evaluated prednisone DR in adult patients with RA.[1]

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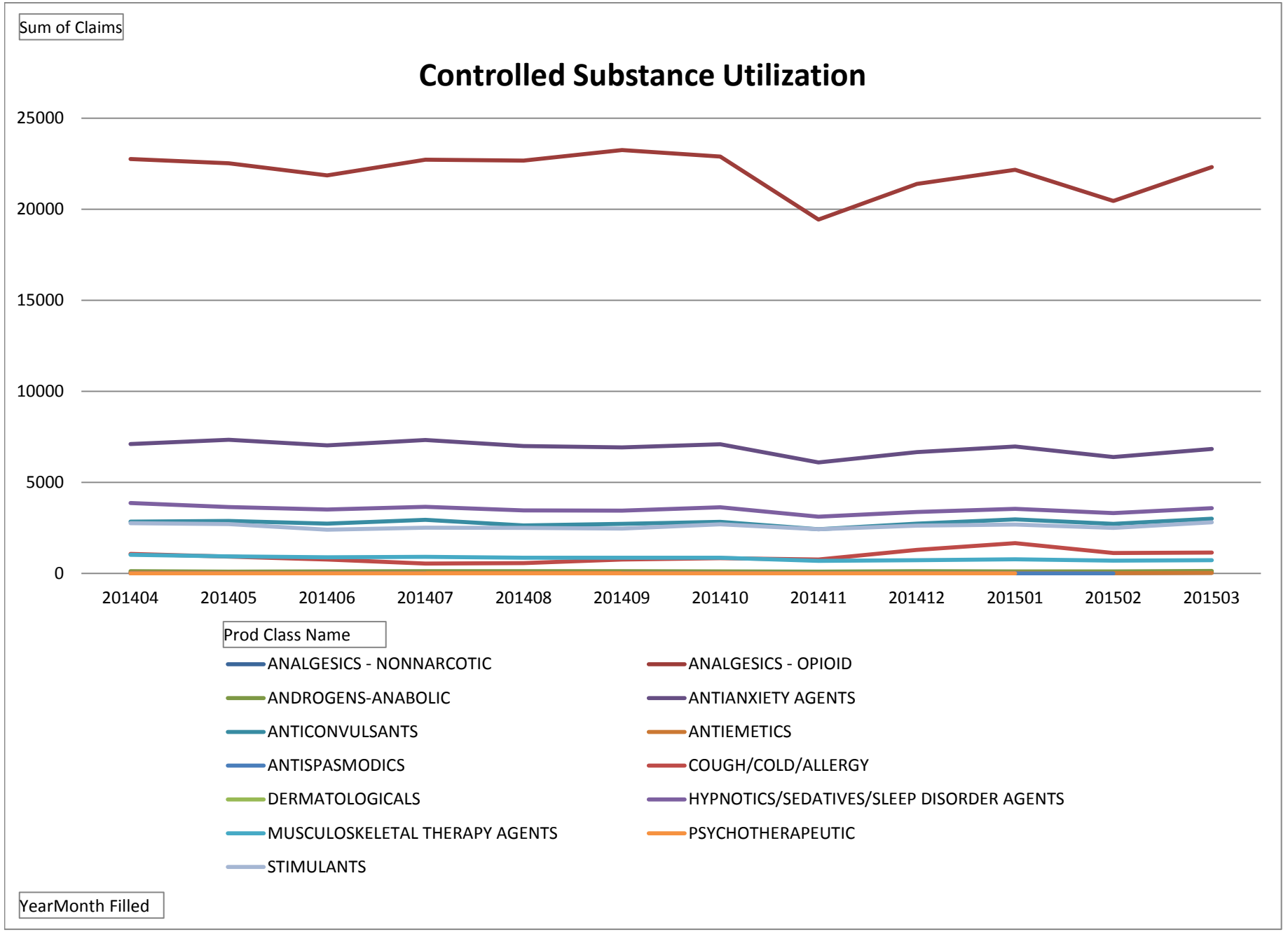

Sum of Claims
Controlled Substance Utilization
25000
20000
15000
10000
5000
0
201404
201405
201406
201407
201408
201409
201410
201411
201412
201501
201502
201503
Prod Class Name
ANALGESICS - NONNARCOTIC
ANALGESICS - OPIOID
ANDROGENS-ANABOLIC
ANTIANXIETY AGENTS
ANTICONVULSANTS
ANTIEMETICS
ANTISPASMODICS
COUGH/COLD/ALLERGY
DERMATOLOGICALS
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
MUSCULOSKELETAL THERAPY AGENTS
PSYCHOTHERAPEUTIC
STIMULANTS
YearMonth Filled

Controlled Substance Utilization
April 2014 - March 2015

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
ANALGESICS - OPIOID	**244,914**	**207,518**	**17,271,553**	**4,450,631**
HYDROCODONE/ACETAMINOPHEN	**103,490**	**88,344**	**7,455,707**	**1,882,349**
201404	9,935	8,234	694,447	173,712
201405	9,682	7,961	690,396	171,587
201406	9,594	8,065	674,091	168,175
201407	9,902	8,162	704,875	176,064
201408	9,340	7,873	656,518	164,465
201409	9,361	7,848	659,536	166,060
201410	8,076	6,909	580,350	146,778
201411	6,664	5,966	492,861	125,481
201412	7,531	6,475	563,159	143,591
201501	7,806	6,945	585,578	149,487
201502	7,358	6,610	547,372	140,549
201503	8,241	7,296	606,525	156,400
OXYCODONE/ACETAMINOPHEN	**40,505**	**34,157**	**2,822,370**	**676,063**
201404	3,316	2,727	222,674	52,568
201405	3,336	2,768	226,907	53,846
201406	3,213	2,682	215,822	50,662
201407	3,338	2,747	230,058	54,687
201408	3,266	2,743	221,898	52,645
201409	3,254	2,725	219,787	52,070
201410	3,545	2,972	242,289	58,561
201411	3,132	2,717	217,612	52,350
201412	3,446	2,863	244,543	59,712
201501	3,602	3,075	258,248	62,105
201502	3,311	2,923	244,627	59,310
201503	3,746	3,215	277,906	67,547
OXYCODONE HCL	**31,219**	**26,197**	**3,213,419**	**729,019**
201404	2,743	2,196	269,758	61,567
201405	2,812	2,212	272,046	61,917
201406	2,616	2,202	263,200	60,313
201407	2,773	2,262	275,200	63,633
201408	2,599	2,176	323,589	60,120
201409	2,547	2,169	256,278	59,728
201410	2,614	2,165	264,578	61,647
201411	2,278	2,007	232,558	54,255
201412	2,541	2,097	260,614	60,578
201501	2,621	2,250	270,053	62,038
201502	2,415	2,153	246,873	57,856
201503	2,660	2,308	278,673	65,367
MORPHINE SULFATE ER	**16,428**	**13,773**	**979,757**	**430,494**
201404	1,472	1,195	86,066	37,474
201405	1,460	1,181	85,278	36,849
201406	1,387	1,184	82,705	35,827
201407	1,492	1,193	87,935	38,830
201408	1,319	1,122	79,146	34,780
201409	1,293	1,088	76,127	33,658
201410	1,410	1,162	84,126	37,294

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
201411	1,215	1,042	72,191	31,871
201412	1,335	1,097	81,226	35,813
201501	1,350	1,170	81,803	35,925
201502	1,282	1,137	77,451	34,219
201503	1,413	1,202	85,703	37,954
TRAMADOL HCL	**15,622**	**14,151**	**1,123,691**	**287,247**
201404	19	14	484	78
201405	41	27	861	114
201406	42	32	730	133
201407	40	32	478	146
201408	1,128	1,037	77,500	19,348
201409	2,007	1,805	144,955	36,302
201410	2,244	2,004	163,520	41,050
201411	1,917	1,749	137,424	34,986
201412	2,098	1,848	151,568	38,991
201501	2,087	1,892	153,690	39,450
201502	1,891	1,774	137,066	36,440
201503	2,108	1,937	155,416	40,209
MORPHINE SULFATE	**12,850**	**10,148**	**257,348**	**71,301**
201404	1,331	1,053	24,908	6,548
201405	1,339	1,032	23,107	6,383
201406	1,328	1,050	23,745	5,980
201407	1,400	1,072	22,860	6,529
201408	1,350	1,044	22,401	6,111
201409	1,300	1,010	18,152	5,362
201410	1,018	821	21,198	6,125
201411	848	672	18,382	5,295
201412	772	630	19,276	5,400
201501	827	669	23,478	6,181
201502	730	582	19,626	5,607
201503	607	513	20,215	5,780
HYDROMORPHONE HCL	**10,077**	**7,919**	**313,814**	**77,441**
201404	879	689	29,392	6,814
201405	843	661	28,020	6,715
201406	911	699	25,537	6,373
201407	873	654	24,705	6,155
201408	869	675	25,216	6,121
201409	805	660	26,291	6,101
201410	914	704	26,816	6,701
201411	752	595	23,627	5,894
201412	832	664	27,642	6,629
201501	862	704	26,257	6,825
201502	773	619	24,063	6,246
201503	764	595	26,250	6,867
METHADONE HCL	**7,043**	**5,987**	**907,366**	**174,278**
201404	636	528	85,610	15,640
201405	670	545	82,950	15,717
201406	644	540	80,057	14,899
201407	656	525	83,026	15,461
201408	612	503	75,975	14,343

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
201409	585	495	74,598	13,993
201410	554	474	72,175	14,114
201411	510	453	65,620	13,081
201412	541	463	70,541	14,013
201501	553	491	73,979	14,588
201502	544	493	70,883	13,998
201503	538	477	71,954	14,431
ACETAMINOPHEN/CODEINE #3	**4,508**	**4,227**	**169,206**	**43,874**
201404	317	291	11,245	2,850
201405	292	268	10,590	2,721
201406	295	275	10,595	2,772
201407	326	301	11,470	3,048
201408	295	283	11,595	3,072
201409	289	270	11,401	2,838
201410	490	459	18,890	4,575
201411	454	421	16,835	4,280
201412	421	390	16,469	4,293
201501	466	442	17,697	4,666
201502	431	410	16,265	4,427
201503	432	417	16,154	4,332
FENTANYL	**3,172**	**2,615**	**28,875**	**78,565**
201404	299	226	2,495	6,656
201405	274	208	2,224	6,003
201406	290	233	2,480	6,701
201407	288	232	2,554	7,015
201408	268	217	2,340	6,387
201409	253	209	2,292	6,282
201410	259	222	2,431	6,661
201411	225	194	2,156	5,836
201412	252	206	2,393	6,561
201501	263	226	2,561	6,990
201502	231	211	2,318	6,295
201503	270	231	2,630	7,178
ANTIANXIETY AGENTS	**82,707**	**71,448**	**4,342,167**	**1,849,676**
ALPRAZOLAM	**44,129**	**40,093**	**2,772,934**	**1,156,914**
201404	3,780	3,432	235,787	98,649
201405	3,803	3,409	234,646	97,887
201406	3,718	3,378	230,056	96,241
201407	3,873	3,424	240,914	99,948
201408	3,663	3,328	227,474	94,466
201409	3,665	3,349	230,798	96,457
201410	3,729	3,356	234,073	97,623
201411	3,278	3,040	207,689	87,117
201412	3,546	3,139	222,351	93,525
201501	3,747	3,442	239,678	99,437
201502	3,466	3,252	222,018	91,967
201503	3,861	3,544	247,452	103,597
LORAZEPAM	**20,964**	**15,648**	**685,120**	**305,412**
201404	1,856	1,358	59,042	25,738
201405	2,056	1,397	60,853	26,687

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
201406	1,849	1,322	56,531	24,891
201407	1,899	1,398	60,296	26,903
201408	1,878	1,348	57,471	25,080
201409	1,771	1,285	53,452	24,146
201410	1,850	1,314	57,349	25,843
201411	1,526	1,172	52,788	23,577
201412	1,618	1,267	56,745	25,480
201501	1,708	1,348	58,899	26,663
201502	1,483	1,212	55,026	24,295
201503	1,470	1,227	56,669	26,109
DIAZEPAM	**16,143**	**14,453**	**820,510**	**359,526**
201404	1,333	1,198	69,900	30,017
201405	1,350	1,189	67,173	30,133
201406	1,305	1,180	65,777	28,840
201407	1,400	1,222	69,247	30,510
201408	1,314	1,189	66,195	28,813
201409	1,350	1,203	68,394	30,030
201410	1,401	1,229	69,704	30,972
201411	1,195	1,091	61,923	26,748
201412	1,386	1,217	70,051	30,295
201501	1,400	1,266	72,225	31,272
201502	1,322	1,213	67,393	29,675
201503	1,387	1,256	72,530	32,221
CHLORDIAZEPOXIDE HCL	**790**	**612**	**21,422**	**8,783**
201404	76	58	2,115	733
201405	62	53	1,724	725
201406	97	61	1,761	746
201407	79	58	1,874	724
201408	83	69	2,176	777
201409	64	49	1,683	740
201410	62	45	1,524	661
201411	47	37	1,394	627
201412	48	38	1,733	713
201501	57	47	1,713	708
201502	58	45	1,757	755
201503	57	52	1,968	874
ALPRAZOLAM ER	**214**	**206**	**8,940**	**6,329**
201404	15	15	664	441
201405	13	13	470	380
201406	18	17	765	515
201407	19	19	810	570
201408	16	16	630	480
201409	21	19	766	606
201410	21	20	960	630
201411	17	17	750	510
201412	17	14	720	510
201501	17	17	720	510
201502	22	21	865	655
201503	18	18	820	522
CLORAZEPATE DIPOTASSIUM	**206**	**191**	**15,937**	**5,961**

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
201404	18	18	1,436	534
201405	18	18	1,376	534
201406	20	19	1,586	594
201407	22	19	1,644	652
201408	16	15	1,256	526
201409	21	15	1,358	460
201410	17	17	1,346	496
201411	13	13	1,053	365
201412	18	16	1,513	526
201501	14	13	973	418
201502	14	14	1,228	408
201503	15	14	1,168	448
XANAX	**78**	**76**	**7,415**	**2,443**
201404	8	8	722	242
201405	7	7	481	181
201406	7	6	568	209
201407	6	6	574	211
201408	7	7	660	210
201409	7	7	660	210
201410	5	5	360	150
201411	7	7	810	270
201412	6	6	570	180
201501	6	6	750	180
201502	7	6	840	250
201503	5	5	420	150
ALPRAZOLAM XR	**60**	**57**	**2,313**	**1,773**
201404	6	6	180	180
201405	8	8	217	217
201406	5	4	146	146
201407	5	5	150	150
201408	5	5	240	150
201409	1	1	30	30
201410	4	4	120	120
201411	4	4	240	120
201412	6	5	270	180
201501	5	5	270	150
201502	6	6	270	180
201503	5	4	180	150
MEPROBAMATE	**49**	**45**	**3,144**	**1,208**
201404	4	4	240	120
201405	3	3	192	61
201406	5	4	354	84
201407	6	5	384	122
201408	8	7	414	174
201409	6	6	360	172
201410	3	3	120	70
201411	4	4	300	120
201412	2	1	180	45
201501	3	3	240	90
201502	2	2	90	60

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
201503	3	3	270	90
ALPRAZOLAM ODT	**37**	**34**	**3,251**	**868**
201404	3	3	300	90
201405	4	4	360	120
201406	2	2	240	60
201407	4	3	404	97
201408	3	3	94	32
201409	4	3	480	120
201410	1	1	150	30
201411	2	2	240	60
201412	5	4	342	101
201501	4	4	244	62
201502	2	2	240	60
201503	3	3	157	36
LORAZEPAM INTENSOL	**37**	**33**	**1,180**	**459**
201404	9	8	257	33
201405	6	6	234	132
201406	4	4	76	42
201407	6	5	162	89
201408	5	4	149	73
201409	3	3	122	74
201412	1	1	30	5
201501	2	1	60	10
201502	1	1	90	1
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	**42,013**	**38,636**	**1,656,287**	**1,079,324**
ZOLPIDEM TARTRATE	**22,900**	**21,514**	**656,857**	**652,639**
201404	2,074	1,936	58,402	57,530
201405	1,914	1,787	53,900	54,002
201406	1,862	1,758	52,702	53,834
201407	2,014	1,875	57,333	56,380
201408	1,896	1,796	53,956	53,132
201409	1,858	1,730	52,783	52,842
201410	1,960	1,804	56,154	55,047
201411	1,692	1,619	48,747	47,887
201412	1,860	1,709	54,396	55,295
201501	1,954	1,856	57,185	56,995
201502	1,800	1,743	52,427	51,866
201503	2,016	1,901	58,873	57,829
TEMAZEPAM	**11,253**	**9,997**	**309,860**	**293,635**
201404	1,070	894	27,345	25,273
201405	1,053	870	26,987	24,753
201406	978	882	26,456	25,084
201407	947	824	25,675	24,219
201408	921	805	24,697	23,466
201409	937	840	25,799	24,506
201410	933	826	26,048	24,703
201411	821	752	22,534	21,632
201412	841	758	24,022	22,712
201501	946	872	27,599	27,078
201502	886	830	25,769	24,450

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
201503	920	844	26,929	25,759
MIDAZOLAM HCL	**3,070**	**2,894**	**10,659**	**3,186**
201404	270	246	947	270
201405	234	227	837	234
201406	221	213	802	221
201407	254	239	805	254
201408	241	226	827	241
201409	258	248	972	287
201410	307	289	1,098	307
201411	241	233	862	241
201412	263	236	959	263
201501	269	259	832	298
201502	279	265	839	308
201503	233	213	880	262
PHENOBARBITAL	**2,912**	**2,434**	**620,593**	**76,757**
201404	269	209	51,669	6,591
201405	274	207	49,912	6,326
201406	259	209	53,461	6,463
201407	265	227	58,290	7,191
201408	231	199	48,461	6,348
201409	234	202	54,775	6,368
201410	256	209	54,319	6,663
201411	220	199	46,772	6,051
201412	254	212	54,281	7,099
201501	215	183	48,058	5,788
201502	204	179	48,862	5,574
201503	231	199	51,734	6,295
TRIAZOLAM	**538**	**511**	**17,850**	**12,234**
201404	43	43	1,604	1,073
201405	44	41	1,496	1,027
201406	47	45	1,438	999
201407	45	44	1,611	1,156
201408	42	40	1,274	860
201409	51	48	1,409	978
201410	47	42	1,525	1,097
201411	46	45	1,376	950
201412	48	45	1,744	1,130
201501	43	41	1,664	1,112
201502	33	33	1,164	786
201503	49	44	1,545	1,066
ZOLPIDEM TARTRATE ER	**526**	**502**	**15,541**	**16,614**
201404	43	41	1,264	1,272
201405	46	44	1,395	1,403
201406	50	47	1,466	1,482
201407	49	47	1,418	1,426
201408	46	45	1,369	1,377
201409	43	41	1,257	2,234
201410	46	43	1,299	1,307
201411	35	34	1,093	1,101
201412	39	38	1,140	1,148

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
201501	41	38	1,200	1,208
201502	40	40	1,245	1,253
201503	48	44	1,395	1,403
ESZOPICLONE	**430**	**409**	**12,915**	**13,074**
201404	15	15	450	450
201405	38	37	1,168	1,138
201406	38	38	1,243	1,258
201407	37	35	1,073	1,088
201408	38	35	1,068	1,083
201409	39	38	1,173	1,188
201410	39	35	1,151	1,166
201411	32	32	988	1,018
201412	41	36	1,149	1,194
201501	42	39	1,218	1,233
201502	35	35	1,217	1,211
201503	36	34	1,017	1,047
FLURAZEPAM HCL	**213**	**207**	**6,886**	**6,294**
201404	26	26	868	778
201405	22	20	688	658
201406	22	20	716	656
201407	21	21	690	615
201408	18	16	674	517
201409	9	9	250	250
201410	21	21	690	630
201411	13	13	390	390
201412	15	15	510	450
201501	15	15	510	450
201502	14	14	395	395
201503	17	17	505	505
ZALEPLON	**110**	**108**	**3,386**	**3,101**
201404	11	11	380	320
201405	11	11	325	295
201406	11	11	375	315
201407	8	8	260	230
201408	8	8	260	230
201409	12	12	370	340
201410	9	9	239	239
201411	8	8	230	215
201412	6	6	170	170
201501	5	5	180	150
201502	12	11	322	337
201503	9	8	275	260
LUNESTA	**61**	**60**	**1,740**	**1,790**
201404	33	33	915	950
201405	8	8	225	240
201406	1	1	30	30
201407	4	3	120	120
201408	1	1	30	30
201409	3	3	90	90
201410	2	2	60	60

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
201411	1	1	30	30
201501	3	3	90	90
201502	1	1	30	30
201503	4	4	120	120
ANTICONVULSANTS	**33,457**	**29,520**	**2,102,803**	**910,833**
CLONAZEPAM	**20,756**	**18,486**	**1,188,801**	**563,461**
201404	1,783	1,571	101,533	47,431
201405	1,817	1,571	100,272	47,953
201406	1,736	1,527	98,169	46,860
201407	1,820	1,580	101,238	48,441
201408	1,635	1,499	93,624	44,858
201409	1,722	1,531	97,881	46,344
201410	1,776	1,563	101,790	48,334
201411	1,502	1,365	86,485	40,942
201412	1,681	1,481	99,482	46,210
201501	1,813	1,624	104,773	49,708
201502	1,664	1,550	98,111	46,198
201503	1,807	1,624	105,442	50,182
LYRICA	**8,233**	**7,440**	**563,846**	**240,968**
201404	688	605	45,604	19,825
201405	686	609	46,263	19,508
201406	659	597	45,181	19,434
201407	725	632	48,406	20,828
201408	644	581	43,781	18,769
201409	635	576	43,087	18,551
201410	681	603	46,722	20,053
201411	594	542	40,381	17,254
201412	676	598	45,753	19,718
201501	766	714	53,619	22,732
201502	701	664	49,543	20,919
201503	778	719	55,506	23,377
VIMPAT	**2,542**	**1,905**	**214,291**	**60,120**
201404	213	154	17,493	5,009
201405	221	153	19,727	4,921
201406	205	150	16,731	4,596
201407	233	158	17,323	5,130
201408	199	150	20,105	4,551
201409	207	155	16,667	4,718
201410	211	158	17,303	4,963
201411	186	147	17,295	4,262
201412	209	157	20,276	5,246
201501	215	168	16,532	5,408
201502	205	168	16,391	5,222
201503	238	187	18,448	6,094
ONFI	**1,033**	**926**	**108,354**	**29,988**
201404	96	84	8,926	2,671
201405	91	77	9,255	2,751
201406	74	67	7,000	2,146
201407	91	79	8,712	2,597
201408	84	73	7,834	2,460

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
201409	80	74	7,851	2,292
201410	83	76	8,308	2,452
201411	73	71	7,782	2,125
201412	88	77	9,856	2,565
201501	94	82	11,057	2,647
201502	81	77	10,097	2,378
201503	98	89	11,676	2,904
CLONAZEPAM ODT	**320**	**308**	**18,539**	**8,561**
201404	21	21	958	456
201405	28	25	1,669	797
201406	18	18	910	455
201407	25	24	1,820	662
201408	24	21	1,393	659
201409	26	26	1,495	730
201410	30	30	1,699	739
201411	30	29	1,699	791
201412	32	29	2,010	870
201501	29	29	1,749	861
201502	30	30	1,730	805
201503	27	26	1,407	736
DIAZEPAM	**311**	**282**	**486**	**3,413**
201404	31	25	59	312
201405	30	28	42	310
201406	21	19	30	257
201407	29	27	46	345
201408	27	26	39	212
201409	24	24	43	268
201410	25	20	42	249
201411	21	20	29	256
201412	26	22	39	321
201501	23	21	35	238
201502	23	20	35	221
201503	31	30	47	424
FYCOMPA	**107**	**62**	**3,158**	**2,046**
201404	1	1	270	90
201406	16	1	39	16
201407	8	7	424	242
201408	8	7	232	200
201409	12	8	335	258
201410	12	7	313	235
201411	13	9	496	286
201412	10	6	328	208
201501	8	5	238	148
201502	10	6	268	208
201503	9	5	215	155
DIASTAT ACUDIAL	**81**	**70**	**223**	**1,062**
201404	6	5	12	98
201405	5	4	12	58
201406	3	2	4	50
201407	6	6	12	102

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
201408	10	8	19	85
201409	11	10	22	118
201410	4	4	9	66
201411	6	6	12	72
201412	7	6	28	90
201501	7	6	23	32
201502	7	5	26	120
201503	9	8	44	171
POTIGA	**56**	**23**	**3,616**	**658**
201404	2	2	450	60
201405	3	2	146	44
201406	5	2	198	57
201407	5	1	146	38
201408	4	2	174	51
201409	6	2	210	60
201410	6	2	400	63
201411	6	2	394	61
201412	5	2	384	58
201501	5	2	386	59
201502	4	2	346	49
201503	5	2	382	58
KLONOPIN	**18**	**18**	**1,489**	**556**
201404	5	5	379	136
201405	5	5	420	180
201406	2	2	180	60
201407	1	1	60	30
201412	1	1	30	30
201501	2	2	180	60
201502	1	1	120	30
201503	1	1	120	30
STIMULANTS	**29,500**	**27,285**	**1,247,563**	**867,748**
AMPHETAMINE/DEXTROAMPHETA	**7,152**	**6,480**	**346,325**	**210,948**
201404	512	473	27,563	15,156
201405	504	453	26,666	14,940
201406	468	433	24,764	13,812
201407	451	414	23,827	13,327
201408	459	424	23,071	13,344
201409	451	422	23,830	13,242
201410	473	429	24,927	13,868
201411	441	409	22,879	12,993
201412	462	420	23,903	13,670
201501	979	877	42,120	29,004
201502	926	838	39,284	27,263
201503	1,026	888	43,491	30,329
VYVANSE	**6,644**	**6,227**	**200,560**	**195,443**
201404	566	528	17,049	16,599
201405	569	536	17,339	16,889
201406	495	475	15,213	14,653
201407	521	481	15,839	15,333
201408	540	506	16,449	15,890

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
201409	517	493	15,594	15,234
201410	598	549	18,056	17,681
201411	511	492	15,404	15,038
201412	568	522	17,121	16,716
201501	584	545	17,584	17,111
201502	553	523	16,459	16,124
201503	622	577	18,453	18,175
METHYLPHENIDATE HCL ER	**4,732**	**4,381**	**155,908**	**139,404**
201404	432	396	14,330	12,756
201405	433	398	14,348	12,874
201406	383	362	12,724	11,305
201407	406	369	13,408	12,063
201408	372	349	12,220	10,929
201409	387	361	12,567	11,302
201410	401	364	13,233	11,770
201411	358	336	11,673	10,593
201412	398	363	12,954	11,688
201501	393	368	13,023	11,482
201502	355	335	11,836	10,481
201503	414	380	13,592	12,161
ADDERALL XR	**4,445**	**4,215**	**148,561**	**131,188**
201404	520	488	17,428	15,294
201405	517	487	17,207	15,303
201406	441	418	14,931	13,066
201407	490	465	16,707	14,467
201408	457	446	15,122	13,562
201409	459	435	15,164	13,549
201410	520	482	17,334	15,275
201411	472	457	15,365	13,857
201412	492	461	16,572	14,504
201501	25	25	1,020	750
201502	24	24	781	721
201503	28	27	930	840
METHYLPHENIDATE HCL	**2,487**	**2,301**	**146,033**	**73,779**
201404	236	216	13,896	6,930
201405	214	196	12,372	6,232
201406	166	155	10,082	4,966
201407	191	173	11,940	5,668
201408	201	183	11,338	5,975
201409	184	169	10,468	5,498
201410	217	200	13,079	6,442
201411	193	181	11,264	5,730
201412	212	200	12,639	6,331
201501	224	209	12,756	6,714
201502	217	206	12,448	6,408
201503	232	213	13,751	6,885
FOCALIN XR	**1,790**	**1,665**	**59,259**	**52,822**
201404	161	150	5,384	4,772
201405	149	141	5,273	4,448
201406	158	147	5,462	4,655

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
201407	149	139	5,001	4,408
201408	145	136	4,866	4,296
201409	150	141	4,736	4,334
201410	162	146	5,334	4,719
201411	139	130	4,540	4,060
201412	157	143	5,087	4,652
201501	156	144	5,053	4,588
201502	127	120	4,040	3,800
201503	137	128	4,483	4,090
DEXTROAMPHETAMINE SULFATE	**620**	**545**	**34,096**	**18,462**
201404	57	51	3,625	1,690
201405	51	46	2,910	1,530
201406	54	49	3,184	1,621
201407	53	45	2,921	1,586
201408	46	43	2,625	1,355
201409	60	53	3,090	1,800
201410	55	45	2,754	1,605
201411	44	40	2,520	1,321
201412	46	41	2,557	1,361
201501	54	46	2,555	1,597
201502	45	39	2,535	1,342
201503	55	47	2,820	1,654
MODAFINIL	**619**	**503**	**19,797**	**15,801**
201404	56	40	1,473	1,202
201405	59	43	1,758	1,429
201406	52	40	1,460	1,221
201407	50	41	1,565	1,279
201408	51	41	1,623	1,293
201409	43	38	1,293	1,158
201410	58	47	1,856	1,474
201411	50	43	1,633	1,333
201412	49	41	1,697	1,295
201501	53	45	1,830	1,410
201502	49	40	1,633	1,213
201503	49	44	1,976	1,494
QUILLIVANT XR	**544**	**532**	**121,020**	**16,038**
201404	45	45	10,380	1,331
201405	45	44	10,080	1,338
201406	40	40	8,760	1,170
201407	50	46	11,010	1,480
201408	42	42	8,700	1,312
201409	43	40	8,520	1,242
201410	50	48	9,990	1,422
201411	49	49	11,340	1,417
201412	53	51	12,630	1,572
201501	44	44	9,810	1,299
201502	37	37	9,330	1,099
201503	46	46	10,470	1,356
RITALIN LA	**467**	**436**	**16,004**	**13,863**
201404	52	48	1,809	1,525

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
201405	48	41	1,610	1,400
201406	34	32	1,139	1,019
201407	36	32	1,290	1,080
201408	39	37	1,340	1,160
201409	37	34	1,230	1,110
201410	38	37	1,260	1,140
201411	39	38	1,380	1,170
201412	48	44	1,754	1,397
201501	32	30	1,080	960
201502	28	28	920	830
201503	36	35	1,192	1,072
COUGH/COLD/ALLERGY	**11,183**	**10,328**	**1,813,764**	**98,649**
PROMETHAZINE/CODEINE	**5,272**	**4,700**	**800,896**	**45,035**
201404	558	500	123,484	6,363
201405	514	424	83,028	4,585
201406	447	370	62,541	3,624
201407	294	265	45,098	2,603
201408	284	252	41,094	2,375
201409	376	333	54,998	3,190
201410	409	375	57,787	3,386
201411	372	341	51,828	3,097
201412	493	465	70,600	4,003
201501	627	558	83,761	4,699
201502	414	389	59,339	3,434
201503	484	428	67,337	3,676
CHERATUSSIN AC	**2,031**	**1,953**	**360,649**	**15,818**
201404	139	138	24,154	1,206
201405	122	117	22,378	1,002
201406	101	96	20,756	836
201407	76	72	14,134	654
201408	66	63	12,524	671
201409	121	117	22,027	892
201410	121	117	22,502	965
201411	117	113	21,487	978
201412	262	250	44,239	2,020
201501	416	402	73,008	2,933
201502	249	239	42,935	1,793
201503	241	229	40,505	1,868
HYDROCODONE POLISTIREX/CH	**1,029**	**943**	**141,728**	**14,648**
201404	87	81	12,094	1,623
201405	77	68	10,790	1,110
201406	71	57	10,620	1,019
201407	58	51	9,451	888
201408	69	62	10,388	1,023
201409	85	75	11,728	1,208
201410	97	89	13,247	1,318
201411	74	71	11,094	1,066
201412	127	119	15,846	1,539
201501	125	120	15,850	1,643
201502	87	84	10,775	1,176

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
201503	72	66	9,845	1,035
GUAIATUSSIN AC	**760**	**742**	**135,237**	**5,560**
201404	73	71	11,713	718
201405	61	59	11,333	476
201406	40	40	8,409	269
201407	21	20	4,323	192
201408	34	34	6,874	314
201409	49	47	7,846	400
201410	49	49	10,048	348
201411	42	42	5,958	251
201412	141	137	24,131	944
201501	153	149	27,052	1,015
201502	83	80	15,229	542
201503	14	14	2,321	91
IOPHEN C-NR	**462**	**446**	**92,644**	**3,595**
201404	30	28	5,528	243
201405	27	27	4,860	202
201406	18	17	4,228	131
201407	14	13	2,795	105
201408	20	18	4,966	170
201409	20	19	3,957	138
201410	25	24	5,553	175
201411	37	36	8,478	320
201412	67	65	13,494	560
201501	92	90	17,175	701
201502	59	57	10,796	432
201503	53	52	10,814	418
PROMETHAZINE VC/CODEINE	**461**	**415**	**74,080**	**3,702**
201404	42	41	9,011	435
201405	22	19	5,775	237
201406	12	10	3,323	147
201407	15	14	3,440	170
201408	14	14	3,463	128
201409	29	26	6,140	249
201410	37	32	5,888	283
201411	38	32	4,378	201
201412	61	54	7,753	467
201501	72	70	9,616	582
201502	54	48	6,313	313
201503	65	55	8,980	490
GUAIFENESIN/CODEINE	**420**	**406**	**70,891**	**3,224**
201404	34	32	5,078	298
201405	32	29	5,065	239
201406	18	18	2,390	115
201407	16	16	3,465	164
201408	15	15	2,150	139
201409	29	28	4,540	210
201410	26	25	5,888	221
201411	26	24	4,416	199
201412	47	45	6,903	277

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
201501	79	77	13,475	576
201502	51	50	9,836	475
201503	47	47	7,685	311
HYDROMET	**306**	**299**	**54,426**	**2,872**
201404	37	36	6,143	403
201405	25	25	5,210	268
201406	16	16	3,408	151
201407	14	14	2,793	184
201408	20	18	3,583	175
201409	22	21	4,334	193
201410	26	26	4,653	210
201411	18	18	3,123	175
201412	36	36	6,103	328
201501	38	36	6,803	316
201502	26	25	3,725	234
201503	28	28	4,548	235
HYDROCODONE BITARTRATE/HO	**262**	**248**	**48,286**	**2,744**
201404	31	29	4,695	337
201405	33	32	5,915	354
201406	20	20	4,378	253
201407	19	18	4,473	227
201408	30	26	5,410	331
201409	20	17	3,850	188
201410	24	22	3,830	247
201411	16	16	4,308	210
201412	17	16	2,981	113
201501	20	20	3,121	208
201502	17	17	2,276	100
201503	15	15	3,049	176
VIRTUSSIN A/C	**180**	**176**	**34,928**	**1,451**
201404	1	1	180	18
201407	3	3	320	37
201408	1	1	240	4
201501	3	3	440	16
201502	74	73	15,372	611
201503	98	95	18,376	765
MUSCULOSKELETAL THERAPY AGENTS	**9,967**	**9,164**	**781,155**	**277,761**
CARISOPRODOL	**9,945**	**9,142**	**778,955**	**277,120**
201404	1,022	892	78,126	27,262
201405	935	841	73,808	25,648
201406	888	831	70,327	24,920
201407	904	818	70,646	25,229
201408	861	798	66,485	23,503
201409	859	787	66,787	23,718
201410	864	777	67,217	24,046
201411	690	662	53,847	19,403
201412	725	653	57,981	20,749
201501	779	743	61,242	22,103
201502	698	675	55,416	19,955
201503	720	665	57,073	20,584

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
SOMA	**22**	**22**	**2,200**	**641**
201404	1	1	120	30
201405	4	4	420	120
201406	1	1	120	30
201407	4	4	310	101
201408	2	2	210	60
201409	2	2	180	60
201410	1	1	120	30
201411	1	1	120	30
201412	1	1	120	30
201501	2	2	180	60
201502	2	2	180	60
201503	1	1	120	30
(blank)	**1,610**	**1,454**	**102,039**	**23,288**
DIPHENOXYLATE/ATROPINE	**1,588**	**1,432**	**102,006**	**23,266**
201404	161	149	9,819	2,334
201405	165	142	8,830	2,190
201406	148	128	9,324	2,068
201407	133	119	8,177	1,962
201408	140	124	8,761	2,043
201409	134	117	8,117	1,927
201410	110	102	7,981	1,651
201411	119	104	7,685	1,858
201412	128	115	9,395	1,984
201501	119	113	8,630	1,822
201502	108	106	7,228	1,610
201503	123	113	8,059	1,817
LOMOTIL	**22**	**22**	**34**	**22**
201407	5	5	7	5
201408	5	5	7	5
201409	1	1	2	1
201410	4	4	7	4
201411	3	3	5	3
201412	1	1	1	1
201501	1	1	2	1
201503	2	2	3	2
ANDROGENS-ANABOLIC	**1,376**	**1,282**	**46,274**	**35,839**
TESTOSTERONE CYPIONATE	**790**	**744**	**4,814**	**21,972**
201404	69	65	678	1,772
201405	60	56	1,455	1,556
201406	58	56	270	1,874
201407	63	60	315	1,815
201408	63	58	260	1,611
201409	70	64	305	1,849
201410	63	57	229	1,677
201411	61	61	249	1,822
201412	77	73	310	2,099
201501	60	57	236	1,718
201502	64	61	226	1,752
201503	82	76	281	2,427

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
ANDROGEL PUMP	**204**	**198**	**18,450**	**6,256**
201404	17	17	1,650	505
201405	14	14	1,200	420
201406	10	10	975	300
201407	19	17	1,725	570
201408	18	18	1,725	520
201409	18	18	1,725	579
201410	19	19	1,650	553
201411	21	19	1,725	646
201412	16	16	1,350	468
201501	20	19	1,650	673
201502	18	17	1,725	538
201503	14	14	1,350	484
DEPO-TESTOSTERONE	**167**	**133**	**1,426**	**904**
201404	14	13	713	41
201405	13	11	512	69
201406	17	12	17	17
201407	13	8	15	40
201408	17	13	18	44
201409	16	13	19	45
201410	16	10	26	114
201411	13	10	23	102
201412	17	15	26	86
201501	7	7	10	63
201502	11	11	32	214
201503	13	10	15	69
ANDROGEL	**126**	**121**	**17,486**	**3,908**
201404	13	12	1,688	390
201405	6	6	1,050	240
201406	11	11	1,425	330
201407	15	15	1,875	450
201408	16	15	2,138	480
201409	10	10	1,313	300
201410	11	11	1,988	390
201411	4	4	600	120
201412	11	9	1,500	334
201501	11	11	1,361	330
201502	7	7	938	210
201503	11	10	1,613	334
TESTOSTERONE ENANTHATE	**34**	**34**	**183**	**1,149**
201404	4	4	25	128
201405	3	3	16	65
201406	7	7	40	273
201407	3	3	20	95
201408	2	2	11	31
201409	5	5	21	130
201411	2	2	10	64
201501	4	4	20	120
201502	2	2	10	120
201503	2	2	10	123

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
ANDRODERM	**17**	**16**	**510**	**510**
201404	1	1	30	30
201405	2	2	60	60
201406	1	1	30	30
201407	4	3	120	120
201409	1	1	30	30
201410	1	1	30	30
201412	1	1	30	30
201502	2	2	60	60
201503	4	4	120	120
ANADROL-50	**16**	**15**	**660**	**480**
201404	1	1	15	30
201405	1	1	15	30
201406	1	1	15	30
201407	2	2	135	60
201408	1	1	15	30
201409	1	1	15	30
201410	2	2	135	60
201411	1	1	15	30
201412	1	1	15	30
201501	2	2	135	60
201503	3	2	150	90
TESTOSTERONE	**9**	**9**	**1,275**	**270**
201406	1	1	150	30
201407	1	1	150	30
201408	1	1	150	30
201409	1	1	150	30
201410	1	1	150	30
201501	1	1	150	30
201502	2	2	225	60
201503	1	1	150	30
AXIRON	**8**	**8**	**720**	**240**
201404	1	1	90	30
201406	1	1	90	30
201407	2	2	180	60
201409	1	1	90	30
201411	1	1	90	30
201502	2	2	180	60
TESTIM	**5**	**4**	**750**	**150**
201404	3	2	450	90
201405	2	2	300	60
ANALGESICS - NONNARCOTIC	**316**	**288**	**18,452**	**5,730**
BUTAL/ASA/CAFF	**136**	**127**	**7,915**	**2,368**
201404	21	17	1,405	353
201405	16	15	820	240
201406	23	21	1,090	362
201407	17	16	1,033	329
201408	20	20	1,180	376
201409	21	20	1,112	333
201410	16	16	1,203	343

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
201411	2	2	72	32
BUTALBITAL/ASPIRIN/CAFFEI	**136**	**120**	**7,988**	**2,554**
201405	2	2	120	45
201407	1	1	60	30
201410	2	2	60	40
201411	18	18	796	291
201412	30	27	1,630	626
201501	25	23	1,587	469
201502	27	20	1,250	418
201503	31	27	2,485	635
BUTALBITAL/ASA/CAFFEINE	**44**	**41**	**2,549**	**808**
201404	6	6	234	89
201405	3	3	160	60
201406	6	6	410	123
201407	6	5	315	103
201408	6	6	370	107
201409	9	8	450	149
201410	7	6	580	170
201411	1	1	30	7
ANTIEMETICS	**275**	**237**	**15,199**	**7,117**
DRONABINOL	**272**	**236**	**15,196**	**7,114**
201404	35	27	1,677	787
201405	34	26	1,714	797
201406	29	23	1,485	697
201407	22	20	1,365	652
201408	22	20	1,425	660
201409	25	25	1,638	726
201410	20	18	1,143	567
201411	17	17	1,087	465
201412	13	12	735	363
201501	19	17	1,095	543
201502	14	12	809	312
201503	22	19	1,023	545
MARINOL	**3**	**1**	**3**	**3**
201502	3	1	3	3
ANTISPASMODICS	**21**	**19**	**142**	**67**
BELLADONNA & OPIUM	**15**	**13**	**111**	**46**
201404	2	2	50	13
201406	2	2	2	2
201407	2	2	11	5
201409	1	1	1	1
201410	3	1	36	18
201411	1	1	2	1
201412	1	1	1	1
201501	3	3	8	5
BELLADONNA ALKALOIDS & OP	**6**	**6**	**31**	**21**
201405	2	2	13	13
201406	2	2	16	6
201409	1	1	1	1
201502	1	1	1	1

Row Labels	Sum of Claims	Sum of Members	Sum of Qty Disp	Sum of Days
PSYCHOTHERAPEUTIC	**18**	**18**	**4,800**	**490**
XYREM	**10**	**10**	**4,050**	**300**
201405	1	1	360	30
201406	2	2	900	60
201407	1	1	360	30
201408	1	1	360	30
201409	1	1	360	30
201411	2	2	630	60
201501	1	1	540	30
201503	1	1	540	30
CHLORDIAZEPOXIDE/AMITRIPT	**8**	**8**	**750**	**190**
201404	1	1	150	30
201405	1	1	150	30
201406	1	1	150	30
201408	1	1	60	20
201410	1	1	60	20
201412	1	1	60	20
201501	1	1	60	20
201503	1	1	60	20
DERMATOLOGICALS	**2**	**2**	**8**	**2**
COCAINE HCL	**2**	**2**	**8**	**2**
201405	1	1	4	1
201412	1	1	4	1
Grand Total	**457,359**	**397,199**	**29,402,206**	**9,607,155**

Plan Code Final NVMBASIC

Fluoxetine Utilization
April 2014 - March 2015
Age <18 years

Member Age	Member ID Encrypte	Drug Label Name	Sum of Days Supply	Count of Date of Fill
5	88882984407	FLUOXETINE TAB 10MG	94	3
	00004106720	FLUOXETINE TAB 10MG	34	1
6	00006036429	FLUOXETINE CAP 10MG	150	5
	77773703076	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	30	1
		FLUOXETINE CAP 40MG	60	2
	00006086055	FLUOXETINE CAP 10MG	60	2
7	66661730052	FLUOXETINE CAP 10MG	390	13
	77773703076	FLUOXETINE CAP 40MG	270	9
	00006036429	FLUOXETINE CAP 10MG	60	2
		FLUOXETINE CAP 20MG	90	3
	55550573870	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	60	2
	33336495794	FLUOXETINE TAB 10MG	30	1
	11117114348	FLUOXETINE CAP 10MG	30	1
	44445575091	FLUOXETINE TAB 10MG	30	1
	44440481289	FLUOXETINE SOL 20MG/5ML	12	1
8	55550629940	FLUOXETINE CAP 10MG	330	11
	88883804649	FLUOXETINE CAP 10MG	240	8
		FLUOXETINE CAP 20MG	90	3
	55550573870	FLUOXETINE CAP 20MG	270	9
	00000187824	FLUOXETINE CAP 10MG	150	5
	77772764782	FLUOXETINE CAP 10MG	7	1
		FLUOXETINE CAP 20MG	90	3
	77771891854	FLUOXETINE TAB 10MG	90	3
	11116292748	FLUOXETINE TAB 10MG	90	3
	55558633190	FLUOXETINE TAB 10MG	60	2
	22227321427	FLUOXETINE TAB 10MG	60	2
	22225291081	FLUOXETINE SOL 20MG/5ML	60	2
	44440481289	FLUOXETINE SOL 20MG/5ML	54	2
	22226310330	FLUOXETINE CAP 10MG	30	1
	22228367688	FLUOXETINE CAP 10MG	30	1
	33337497250	FLUOXETINE TAB 10MG	30	1
9	00001140374	FLUOXETINE CAP 20MG	300	10
	66660644473	FLUOXETINE CAP 20MG	300	10
	22225291081	FLUOXETINE SOL 20MG/5ML	284	9
	22226209432	FLUOXETINE CAP 10MG	120	4
		FLUOXETINE TAB 10MG	150	5
	00006013785	FLUOXETINE CAP 20MG	120	4
		FLUOXETINE TAB 10MG	120	4
	77771891854	FLUOXETINE CAP 10MG	90	3

Member Age	Member ID Encrypte	Drug Label Name	Sum of Days Supply	Count of Date of Fill
9	77771891854	FLUOXETINE TAB 10MG	120	4
	11117240203	FLUOXETINE TAB 10MG	180	6
	22226205670	FLUOXETINE CAP 20MG	180	6
	99991087565	FLUOXETINE CAP 10MG	150	5
	44449485907	FLUOXETINE TAB 10MG	129	4
	33337497250	FLUOXETINE TAB 10MG	120	4
	66662796220	FLUOXETINE TAB 10MG	120	4
	99994992945	FLUOXETINE TAB 10MG	90	3
	11113274309	FLUOXETINE TAB 10MG	90	3
	55550629940	FLUOXETINE CAP 10MG	60	2
	77772710583	FLUOXETINE CAP 20MG	60	2
	44449545522	FLUOXETINE TAB 10MG	60	2
	00000187824	FLUOXETINE CAP 10MG	30	1
	55558633190	FLUOXETINE TAB 10MG	30	1
	55555670444	FLUOXETINE TAB 10MG	30	1
10	11113274309	FLUOXETINE TAB 10MG	240	8
	99994992945	FLUOXETINE TAB 10MG	210	7
	99991087565	FLUOXETINE CAP 10MG	210	7
	44449485907	FLUOXETINE CAP 10MG	150	5
		FLUOXETINE TAB 10MG	60	2
	66668744483	FLUOXETINE CAP 10MG	180	6
	44449545522	FLUOXETINE CAP 20MG	30	1
		FLUOXETINE TAB 10MG	150	5
	22226205670	FLUOXETINE CAP 20MG	150	5
	00004153827	FLUOXETINE CAP 10MG	120	4
	77773829086	FLUOXETINE CAP 20MG	90	3
	11115263534	FLUOXETINE CAP 10MG	90	3
	99996020978	FLUOXETINE CAP 20MG	30	1
		FLUOXETINE CAP 40MG	60	2
	22226209432	FLUOXETINE CAP 10MG	90	3
	66662796220	FLUOXETINE TAB 10MG	60	2
		FLUOXETINE TAB 20MG	30	1
	77772727242	FLUOXETINE SOL 20MG/5ML	72	3
	77779706987	FLUOXETINE CAP 20MG	60	2
	66662727361	FLUOXETINE CAP 20MG	60	2
	77771737107	FLUOXETINE CAP 10MG	60	2
	00001140374	FLUOXETINE CAP 20MG	60	2
	00006056481	FLUOXETINE CAP 20MG	30	1
	66662758475	FLUOXETINE CAP 20MG	30	1
	22225274729	FLUOXETINE CAP 20MG	30	1
	44444569332	FLUOXETINE TAB 10MG	30	1
	11110235233	FLUOXETINE CAP 10MG	10	1
11	44449560480	FLUOXETINE CAP 10MG	360	12
	11115200858	FLUOXETINE CAP 10MG	240	8
		FLUOXETINE TAB 10MG	90	3
	55557523166	FLUOXETINE CAP 20MG	120	4

Member Age	Member ID Encrypte	Drug Label Name	Sum of Days Supply	Count of Date of Fill
11	55557523166	FLUOXETINE TAB 10MG	180	6
	77772727242	FLUOXETINE SOL 20MG/5ML	284	13
	77777870059	FLUOXETINE CAP 20MG	270	9
	77773829086	FLUOXETINE CAP 20MG	240	8
	00002163297	FLUOXETINE TAB 20MG	240	8
	66662727361	FLUOXETINE CAP 20MG	210	7
	66661747496	FLUOXETINE CAP 20MG	210	7
	22225274729	FLUOXETINE CAP 20MG	210	7
	11113166066	FLUOXETINE CAP 20MG	30	1
		FLUOXETINE CAP 40MG	180	6
	11117220197	FLUOXETINE TAB 10MG	180	6
	33335352405	FLUOXETINE CAP 20MG	180	6
	88880905253	FLUOXETINE CAP 10MG	180	6
	77778734752	FLUOXETINE CAP 10MG	150	5
	44446423926	FLUOXETINE TAB 10MG	150	5
	77779712052	FLUOXETINE CAP 10MG	120	4
	00006056481	FLUOXETINE CAP 20MG	120	4
	11112286604	FLUOXETINE CAP 20MG	120	4
	55556659897	FLUOXETINE TAB 10MG	120	4
	77779706987	FLUOXETINE CAP 20MG	30	1
		FLUOXETINE TAB 20MG	60	2
	99996050470	FLUOXETINE TAB 10MG	90	3
	77779769005	FLUOXETINE SOL 20MG/5ML	90	3
	22225252741	FLUOXETINE CAP 20MG	30	1
		FLUOXETINE TAB 20MG	60	2
	99990945392	FLUOXETINE CAP 10MG	60	2
		FLUOXETINE CAP 20MG	30	1
	88882882563	FLUOXETINE CAP 10MG	60	2
	66668646996	FLUOXETINE CAP 10MG	60	2
	33335375482	FLUOXETINE TAB 20MG	60	2
	55553619849	FLUOXETINE CAP 20MG	60	2
	66668744483	FLUOXETINE CAP 10MG	60	2
	44447437669	FLUOXETINE TAB 10MG	60	2
	55550609988	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	30	1
	11113169900	FLUOXETINE SOL 20MG/5ML	30	1
	55557550526	FLUOXETINE TAB 10MG	30	1
	22225296527	FLUOXETINE TAB 10MG	30	1
	11118201034	FLUOXETINE TAB 10MG	30	1
	77773803499	FLUOXETINE CAP 10MG	30	1
12	41553134433	FLUOXETINE CAP 10MG	120	4
		FLUOXETINE TAB 10MG	210	7
	55556588139	FLUOXETINE CAP 20MG	330	11
	66663716786	FLUOXETINE TAB 10MG	288	10
	77779769005	FLUOXETINE SOL 20MG/5ML	270	9
	77778734752	FLUOXETINE CAP 10MG	120	4

Member Age	Member ID Encrypte	Drug Label Name	Sum of Days Supply	Count of Date of Fill
12	77778734752	FLUOXETINE CAP 20MG	150	5
	77778710730	FLUOXETINE TAB 10MG	210	7
	55556659897	FLUOXETINE TAB 10MG	210	7
	99990945392	FLUOXETINE CAP 20MG	90	3
		FLUOXETINE CAP 40MG	90	3
	11113217834	FLUOXETINE CAP 10MG	150	5
	11118201034	FLUOXETINE CAP 10MG	60	2
		FLUOXETINE TAB 10MG	90	3
	66668639354	FLUOXETINE CAP 10MG	120	4
	33334352622	FLUOXETINE CAP 20MG	60	2
		FLUOXETINE TAB 10MG	60	2
	55555665648	FLUOXETINE CAP 20MG	30	1
		FLUOXETINE CAP 40MG	30	1
		FLUOXETINE TAB 20MG	60	2
	00000028758	FLUOXETINE TAB 10MG	30	1
		FLUOXETINE TAB 20MG	90	3
	77777870059	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	90	3
	88884904926	FLUOXETINE TAB 10MG	90	3
	88880905253	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	60	2
	11117263523	FLUOXETINE CAP 20MG	90	3
	11112286604	FLUOXETINE CAP 20MG	90	3
	88882882563	FLUOXETINE CAP 10MG	90	3
	00002163297	FLUOXETINE TAB 20MG	90	3
	66660769745	FLUOXETINE CAP 10MG	90	3
	77779712052	FLUOXETINE CAP 10MG	90	3
	11113166066	FLUOXETINE CAP 20MG	45	3
		FLUOXETINE CAP 40MG	30	1
	99990013017	FLUOXETINE TAB 10MG	64	2
	55557523166	FLUOXETINE CAP 20MG	60	2
	77778851905	FLUOXETINE CAP 40MG	60	2
	11117220197	FLUOXETINE TAB 10MG	60	2
	22226327198	FLUOXETINE CAP 10MG	60	2
	77778795539	FLUOXETINE TAB 20MG	60	2
	77237722212	FLUOXETINE SOL 20MG/5ML	60	2
	55556572929	FLUOXETINE CAP 10MG	30	1
	22227398838	FLUOXETINE SOL 20MG/5ML	30	1
	99991910731	FLUOXETINE CAP 10MG	15	1
		FLUOXETINE CAP 20MG	15	1
	55558644422	FLUOXETINE CAP 10MG	30	1
	22223246894	FLUOXETINE CAP 10MG	30	1
	33339421918	FLUOXETINE CAP 10MG	30	1
	33337474615	FLUOXETINE TAB 20MG	20	1
13	99990973067	FLUOXETINE CAP 20MG	210	7
		FLUOXETINE CAP 40MG	150	5

Member Age	Member ID Encrypte	Drug Label Name	Sum of Days Supply	Count of Date of Fill
13	99999931983	FLUOXETINE CAP 20MG	300	10
	99992940773	FLUOXETINE CAP 20MG	240	8
	33334333047	FLUOXETINE CAP 10MG	150	5
		FLUOXETINE CAP 20MG	90	3
	77773880557	FLUOXETINE CAP 10MG	90	3
		FLUOXETINE CAP 20MG	150	5
	66660769745	FLUOXETINE CAP 10MG	210	7
		FLUOXETINE CAP 20MG	30	1
	88881980349	FLUOXETINE TAB 10MG	210	7
	11115141782	FLUOXETINE TAB 10MG	30	1
		FLUOXETINE TAB 20MG	180	6
	99990009841	FLUOXETINE CAP 20MG	210	7
	66660770301	FLUOXETINE CAP 20MG	210	7
	78730333435	FLUOXETINE CAP 20MG	30	1
		FLUOXETINE CAP 40MG	180	6
	99990917960	FLUOXETINE CAP 10MG	150	5
		FLUOXETINE TAB 10MG	30	1
	66668639354	FLUOXETINE CAP 10MG	180	6
	77770766539	FLUOXETINE TAB 10MG	180	6
	29362055657	FLUOXETINE CAP 10MG	150	5
	11111177237	FLUOXETINE CAP 10MG	90	3
		FLUOXETINE CAP 20MG	60	2
	77779775954	FLUOXETINE CAP 10MG	150	5
	99999905900	FLUOXETINE CAP 40MG	120	4
	99995994771	FLUOXETINE CAP 20MG	113	4
	41556834433	FLUOXETINE TAB 10MG	94	3
	77778851905	FLUOXETINE CAP 20MG	30	1
		FLUOXETINE CAP 40MG	60	2
	99990013017	FLUOXETINE TAB 10MG	90	3
	44444499420	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	60	2
	55556572929	FLUOXETINE CAP 10MG	90	3
	11117263523	FLUOXETINE CAP 20MG	90	3
	33338325222	FLUOXETINE CAP 20MG	60	2
		FLUOXETINE CAP 40MG	30	1
	22227270875	FLUOXETINE CAP 20MG	90	3
	33335387399	FLUOXETINE CAP 40MG	90	3
	66666611716	FLUOXETINE CAP 20MG	30	1
		FLUOXETINE CAP 40MG	30	1
		FLUOXETINE TAB 60MG	30	1
	44445421118	FLUOXETINE CAP 10MG	66	2
	22226232878	FLUOXETINE TAB 10MG	60	2
	44445450288	FLUOXETINE TAB 10MG	60	2
	00006123026	FLUOXETINE CAP 20MG	60	2
	05243133438	FLUOXETINE CAP 10MG	60	2
	55552668107	FLUOXETINE CAP 20MG	60	2

Member Age	Member ID Encrypte	Drug Label Name	Sum of Days Supply	Count of Date of Fill
	44444495686	FLUOXETINE TAB 10MG	60	2
	99995063431	FLUOXETINE CAP 20MG	60	2
	33333377374	FLUOXETINE CAP 20MG	60	2
	66667613353	FLUOXETINE TAB 10MG	60	2
	66661608823	FLUOXETINE CAP 20MG	60	2
	44440509675	FLUOXETINE CAP 20MG	37	2
	77777718094	FLUOXETINE TAB 20MG	34	1
	11112174905	FLUOXETINE CAP 10MG	30	1
	55557588516	FLUOXETINE CAP 20MG	30	1
	55551659540	FLUOXETINE CAP 40MG	30	1
	99992027759	FLUOXETINE CAP 20MG	30	1
	77777856659	FLUOXETINE CAP 40MG	30	1
	77777760853	FLUOXETINE CAP 20MG	30	1
	33334497794	FLUOXETINE TAB 10MG	30	1
	55555524789	FLUOXETINE CAP 20MG	30	1
	77778703495	FLUOXETINE CAP 10MG	30	1
	22222209319	FLUOXETINE CAP 20MG	30	1
	77779892611	FLUOXETINE TAB 10MG	30	1
14	**52545388989**	FLUOXETINE TAB 10MG	360	12
	88885902918	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	300	10
	10023433433	FLUOXETINE CAP 40MG	330	11
	77772767022	FLUOXETINE CAP 10MG	120	4
		FLUOXETINE CAP 20MG	180	6
	00000010621	FLUOXETINE CAP 10MG	60	2
		FLUOXETINE CAP 20MG	240	8
	05243133438	FLUOXETINE CAP 10MG	240	8
	66660660376	FLUOXETINE TAB 20MG	210	7
	99995994771	FLUOXETINE CAP 20MG	210	7
	99994068888	FLUOXETINE CAP 20MG	90	3
		FLUOXETINE CAP 40MG	90	3
	44440509675	FLUOXETINE CAP 20MG	180	6
	73817177878	FLUOXETINE CAP 10MG	180	6
	33337419788	FLUOXETINE CAP 20MG	180	10
	44442596578	FLUOXETINE CAP 20MG	180	6
	99990009841	FLUOXETINE CAP 20MG	150	5
	77770766539	FLUOXETINE TAB 10MG	150	5
	33335402094	FLUOXETINE CAP 20MG	150	5
	22225339312	FLUOXETINE CAP 20MG	120	4
		FLUOXETINE TAB 10MG	30	1
	78730333435	FLUOXETINE CAP 20MG	150	5
	64087377877	FLUOXETINE CAP 10MG	120	4
		FLUOXETINE CAP 20MG	30	1
	00006123026	FLUOXETINE CAP 20MG	150	5
	44444499420	FLUOXETINE CAP 20MG	150	5
	11111177877	FLUOXETINE CAP 10MG	150	5

Member Age	Member ID Encrypte	Drug Label Name	Sum of Days Supply	Count of Date of Fill
	66667601527	FLUOXETINE CAP 20MG	120	4
	22226232878	FLUOXETINE TAB 20MG	120	4
	88881980349	FLUOXETINE TAB 10MG	120	4
	99995063431	FLUOXETINE CAP 20MG	120	4
	66662700324	FLUOXETINE CAP 10MG	90	3
		FLUOXETINE CAP 20MG	30	1
	99995046034	FLUOXETINE CAP 10MG	120	4
	44444467696	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	90	3
	99997010068	FLUOXETINE CAP 40MG	90	3
		FLUOXETINE TAB 20MG	30	1
	44445450288	FLUOXETINE TAB 10MG	120	4
	00000021818	FLUOXETINE CAP 20MG	120	4
	55557588813	FLUOXETINE CAP 20MG	30	1
		FLUOXETINE TAB 20MG	74	3
	77777729010	FLUOXETINE CAP 10MG	60	2
		FLUOXETINE CAP 20MG	30	1
	11115154986	FLUOXETINE CAP 20MG	90	3
	44445425330	FLUOXETINE CAP 10MG	90	3
	03775867766	FLUOXETINE CAP 20MG	90	3
	99999910706	FLUOXETINE CAP 40MG	90	3
	66660770301	FLUOXETINE CAP 20MG	90	3
	00003013715	FLUOXETINE CAP 20MG	60	2
	77777760853	FLUOXETINE CAP 20MG	60	2
	99990917960	FLUOXETINE CAP 10MG	60	2
	55557588516	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	30	1
	77924711211	FLUOXETINE CAP 20MG	30	1
		FLUOXETINE TAB 20MG	30	1
	11115294945	FLUOXETINE CAP 20MG	60	2
	65523099090	FLUOXETINE TAB 10MG	60	2
	33334352262	FLUOXETINE CAP 40MG	60	2
	55555521548	FLUOXETINE SOL 20MG/5ML	60	2
	66668631794	FLUOXETINE TAB 10MG	34	1
	99993042904	FLUOXETINE TAB 10MG	33	1
	75804011213	FLUOXETINE CAP 10MG	33	1
	20745233433	FLUOXETINE CAP 10MG	30	1
	33335387399	FLUOXETINE CAP 40MG	30	1
	42771799093	FLUOXETINE CAP 10MG	30	1
	55555639098	FLUOXETINE CAP 40MG	30	1
	11111131499	FLUOXETINE CAP 40MG	30	1
	77770763389	FLUOXETINE CAP 20MG	30	1
	22226281982	FLUOXETINE CAP 10MG	30	1
	51017988980	FLUOXETINE TAB 10MG	30	1
	22222209319	FLUOXETINE CAP 40MG	30	1
	77770771227	FLUOXETINE CAP 20MG	30	1

Member Age	Member ID Encrypte	Drug Label Name	Sum of Days Supply	Count of Date of Fill
14	88884869827	FLUOXETINE CAP 10MG	30	1
	00002024822	FLUOXETINE CAP 10MG	30	1
	88888915470	FLUOXETINE TAB 10MG	30	1
	99999931983	FLUOXETINE CAP 20MG	30	1
	22226253901	FLUOXETINE CAP 20MG	30	1
	00000093828	FLUOXETINE CAP 10MG	30	1
	11115119688	FLUOXETINE CAP 40MG	30	1
	77779770878	FLUOXETINE CAP 10MG	30	1
	11115141782	FLUOXETINE CAP 10MG	30	1
	22222299194	FLUOXETINE CAP 10MG	30	1
	33333358258	FLUOXETINE CAP 10MG	30	1
	33334497794	FLUOXETINE TAB 10MG	30	1
	00005027501	FLUOXETINE CAP 10MG	30	1
	55551507205	FLUOXETINE CAP 10MG	30	1
	55551501931	FLUOXETINE TAB 20MG	30	1
15	99999910706	FLUOXETINE CAP 20MG	210	7
		FLUOXETINE CAP 40MG	180	6
	66666604237	FLUOXETINE CAP 20MG	60	2
		FLUOXETINE CAP 40MG	270	9
	11116186223	FLUOXETINE CAP 20MG	270	9
	77778705998	FLUOXETINE CAP 10MG	150	5
		FLUOXETINE CAP 20MG	90	3
	05698299091	FLUOXETINE TAB 10MG	240	8
	93336766766	FLUOXETINE CAP 40MG	240	8
	44448491811	FLUOXETINE CAP 40MG	240	8
	11111200050	FLUOXETINE CAP 10MG	210	7
		FLUOXETINE CAP 40MG	30	1
	55551501931	FLUOXETINE TAB 20MG	240	8
	99996021869	FLUOXETINE CAP 10MG	133	6
		FLUOXETINE CAP 20MG	90	3
	88888862307	FLUOXETINE CAP 20MG	210	7
	86428788988	FLUOXETINE TAB 10MG	90	3
		FLUOXETINE TAB 20MG	120	4
	55558637141	FLUOXETINE CAP 20MG	210	7
	11111177877	FLUOXETINE CAP 10MG	90	3
		FLUOXETINE CAP 20MG	90	3
	00000021818	FLUOXETINE CAP 20MG	180	6
	55555639098	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	30	1
		FLUOXETINE CAP 40MG	120	4
	00000010621	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	120	4
	83401466767	FLUOXETINE CAP 10MG	60	2
		FLUOXETINE CAP 20MG	90	3
	68427333323	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE TAB 10MG	90	3

Member Age	Member ID Encrypte	Drug Label Name	Sum of Days Supply	Count of Date of Fill
	55550542568	FLUOXETINE CAP 20MG	120	4
	26151799099	FLUOXETINE CAP 20MG	120	4
	60207517761	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	90	3
	61347933433	FLUOXETINE CAP 20MG	60	2
		FLUOXETINE TAB 20MG	30	1
	70865144544	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	60	2
	66662790019	FLUOXETINE CAP 10MG	90	3
	27299299090	FLUOXETINE CAP 40MG	90	3
	88888818478	FLUOXETINE CAP 10MG	60	2
		FLUOXETINE CAP 40MG	30	1
	33335402094	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	60	2
	66660660376	FLUOXETINE TAB 20MG	90	3
	44442596578	FLUOXETINE CAP 20MG	90	3
	12363880098	FLUOXETINE CAP 10MG	90	3
	00001152434	FLUOXETINE TAB 10MG	90	3
	75558877877	FLUOXETINE CAP 40MG	30	1
		PROZAC CAP 40MG	60	2
	11113200418	FLUOXETINE CAP 40MG	90	3
	00001057179	FLUOXETINE CAP 10MG	90	3
	11118287085	FLUOXETINE CAP 20MG	90	3
	66667601527	FLUOXETINE CAP 20MG	65	3
	88884869827	FLUOXETINE CAP 10MG	60	2
	77772719935	FLUOXETINE TAB 10MG	60	2
	33337419788	FLUOXETINE TAB 20MG	60	2
	88888875231	FLUOXETINE CAP 20MG	60	2
	11117274738	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	30	1
	33339451069	FLUOXETINE TAB 20MG	60	2
	55556665269	FLUOXETINE CAP 10MG	60	2
	35894711101	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	30	1
	77771781108	FLUOXETINE CAP 40MG	60	2
	29020022322	FLUOXETINE CAP 20MG	60	2
	77772767022	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	30	1
	77774858371	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	30	1
	77924711211	FLUOXETINE CAP 20MG	30	1
		FLUOXETINE CAP 40MG	30	1
	85669911214	FLUOXETINE CAP 20MG	60	2
	67714522325	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE TAB 20MG	30	1
	33337440252	FLUOXETINE CAP 20MG	60	2

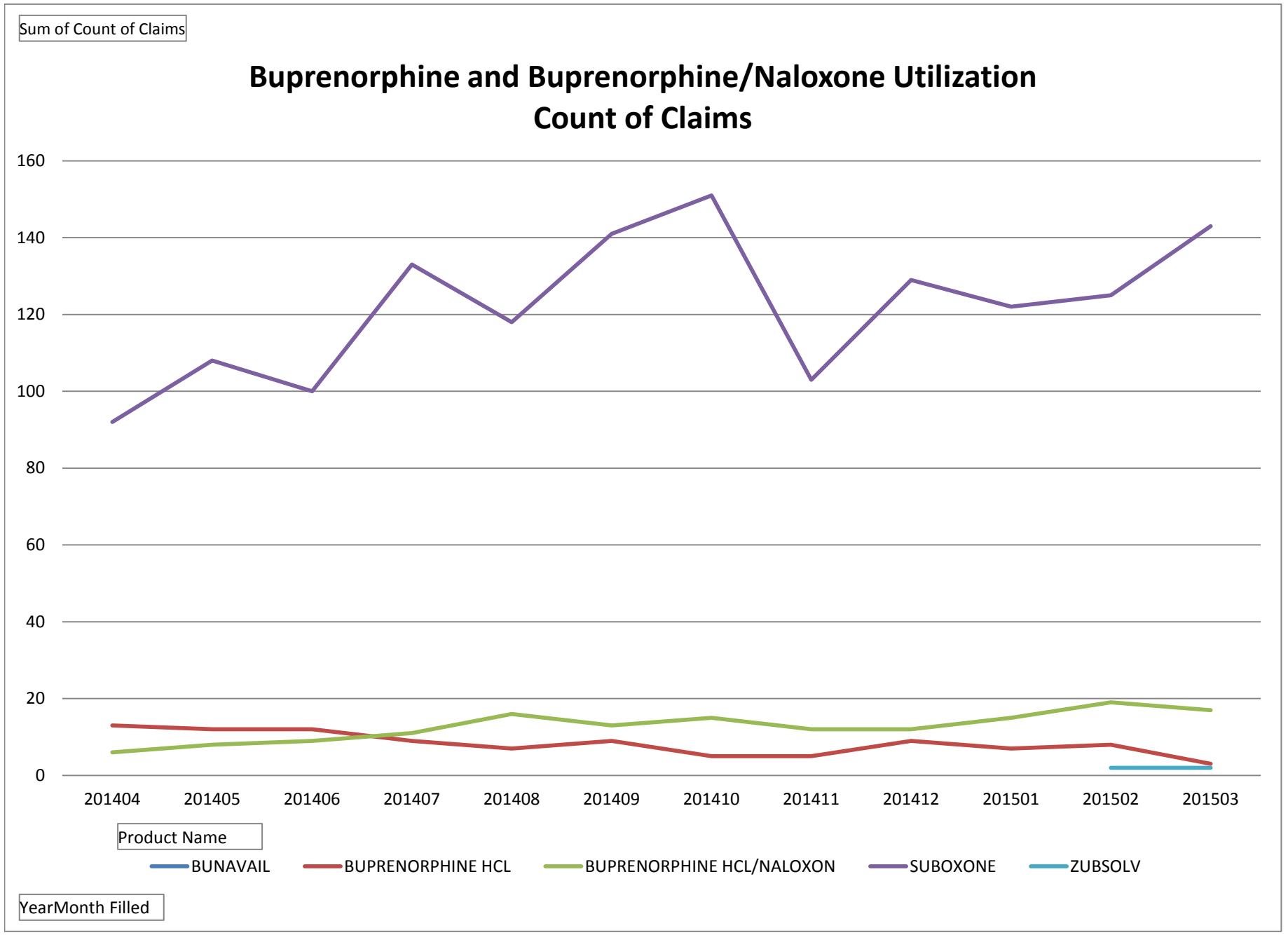
Member Age	Member ID Encrypte	Drug Label Name	Sum of Days Supply	Count of Date of Fill
	00001030222	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	30	1
	44448589598	FLUOXETINE CAP 20MG	30	1
		FLUOXETINE CAP 40MG	30	1
	22222261906	FLUOXETINE CAP 10MG	16	1
		FLUOXETINE CAP 20MG	30	1
	55557670569	FLUOXETINE TAB 10MG	40	2
	04506377877	FLUOXETINE CAP 20MG	22	2
		FLUOXETINE CAP 40MG	15	1
	88889806092	FLUOXETINE CAP 10MG	30	1
	88885902918	FLUOXETINE CAP 20MG	30	1
	22225376997	FLUOXETINE CAP 40MG	30	1
	23196699094	FLUOXETINE TAB 20MG	30	1
	22226277446	FLUOXETINE CAP 10MG	30	1
	00003013715	FLUOXETINE CAP 20MG	30	1
	33336460567	FLUOXETINE CAP 10MG	30	1
	66666616766	FLUOXETINE CAP 20MG	30	1
	66662700324	FLUOXETINE CAP 10MG	30	1
	11115119688	FLUOXETINE CAP 40MG	30	1
	73817177878	FLUOXETINE CAP 10MG	30	1
	02007266766	FLUOXETINE CAP 20MG	30	1
	75021177879	FLUOXETINE TAB 10MG	30	1
	66667795929	FLUOXETINE SOL 20MG/5ML	30	1
	02944555655	FLUOXETINE CAP 20MG	30	1
	33334334118	FLUOXETINE CAP 40MG	30	1
	66661723212	FLUOXETINE CAP 20MG	30	1
	25693799099	FLUOXETINE TAB 10MG	30	1
	66664751326	FLUOXETINE CAP 10MG	30	1
	33339449413	FLUOXETINE CAP 10MG	7	1
16	**33339451069**	FLUOXETINE TAB 20MG	270	9
	66661723212	FLUOXETINE CAP 20MG	240	8
	68427333323	FLUOXETINE CAP 10MG	180	6
		FLUOXETINE TAB 10MG	60	2
	44780288988	FLUOXETINE CAP 40MG	240	8
	66667795929	FLUOXETINE SOL 20MG/5ML	228	9
	75558877877	PROZAC CAP 20MG	180	6
		PROZAC CAP 40MG	30	1
	77778705998	FLUOXETINE CAP 10MG	210	7
	77771781108	FLUOXETINE CAP 40MG	183	6
	00006037923	FLUOXETINE CAP 20MG	180	6
	00004111968	FLUOXETINE CAP 20MG	180	6
	77777796584	FLUOXETINE CAP 10MG	150	5
	86428788988	FLUOXETINE TAB 20MG	150	5
	00001050257	FLUOXETINE CAP 10MG	90	3
		FLUOXETINE CAP 20MG	60	2
	39285522323	FLUOXETINE CAP 10MG	60	2

Member Age	Member ID Encrypte	Drug Label Name	Sum of Days Supply	Count of Date of Fill
	39285522323	FLUOXETINE CAP 20MG	90	3
	00002060417	FLUOXETINE CAP 10MG	21	1
		FLUOXETINE CAP 40MG	120	4
	44449569049	FLUOXETINE CAP 10MG	112	5
		FLUOXETINE CAP 20MG	15	1
	00002199306	FLUOXETINE CAP 20MG	60	2
		FLUOXETINE CAP 40MG	60	2
	05698299091	FLUOXETINE CAP 10MG	90	3
		FLUOXETINE TAB 10MG	30	1
	00003054215	FLUOXETINE CAP 20MG	90	3
		FLUOXETINE CAP 40MG	30	1
	93336766766	FLUOXETINE CAP 40MG	120	4
	44445418905	FLUOXETINE CAP 20MG	120	4
	46408211213	FLUOXETINE CAP 10MG	60	2
		FLUOXETINE CAP 20MG	60	2
	12363880098	FLUOXETINE CAP 10MG	60	2
		FLUOXETINE TAB 10MG	30	1
	61347933433	FLUOXETINE CAP 20MG	30	1
		FLUOXETINE TAB 60MG	60	2
	77772833253	FLUOXETINE CAP 20MG	90	3
	44446433556	FLUOXETINE CAP 20MG	90	3
	00005183409	FLUOXETINE CAP 20MG	90	3
	44449431429	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	60	2
	75021177879	FLUOXETINE CAP 10MG	60	2
		FLUOXETINE TAB 10MG	30	1
	08463511211	FLUOXETINE CAP 20MG	30	1
		FLUOXETINE TAB 10MG	30	1
		FLUOXETINE TAB 20MG	30	1
	77779823806	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE TAB 20MG	60	2
	47218311212	FLUOXETINE CAP 20MG	90	3
	88880961657	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	60	2
	72315299091	FLUOXETINE CAP 10MG	39	2
		FLUOXETINE CAP 20MG	30	1
	23196699094	FLUOXETINE TAB 20MG	60	2
	22222261906	FLUOXETINE CAP 20MG	60	2
	00002179777	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	30	1
	44296088988	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	30	1
	77770873288	FLUOXETINE CAP 20MG	60	2
	71972044545	FLUOXETINE CAP 10MG	60	2
	60207517761	FLUOXETINE CAP 10MG	60	2
	00002087616	FLUOXETINE CAP 10MG	30	1

Member Age	Member ID Encrypte	Drug Label Name	Sum of Days Supply	Count of Date of Fill
	00002087616	FLUOXETINE CAP 20MG	30	1
	86249199091	FLUOXETINE TAB 10MG	60	2
	33337392337	FLUOXETINE CAP 20MG	60	2
	49485075547	FLUOXETINE CAP 20MG	30	1
		FLUOXETINE CAP 40MG	30	1
	66666604237	FLUOXETINE CAP 40MG	60	2
	11113200418	FLUOXETINE CAP 40MG	60	2
	70865144544	FLUOXETINE CAP 20MG	30	1
	11111266634	FLUOXETINE TAB 10MG	30	1
	61900144544	FLUOXETINE TAB 10MG	30	1
	00000020585	FLUOXETINE CAP 10MG	30	1
	02944555655	FLUOXETINE CAP 20MG	30	1
	94588477877	FLUOXETINE CAP 10MG	30	1
	80877744544	FLUOXETINE CAP 10MG	30	1
	44448520241	FLUOXETINE CAP 10MG	30	1
	64368177877	FLUOXETINE CAP 40MG	30	1
	28469925522	FLUOXETINE TAB 20MG	30	1
	88888862307	FLUOXETINE CAP 20MG	30	1
	77777846939	FLUOXETINE CAP 20MG	30	1
	32360988980	FLUOXETINE TAB 10MG	30	1
	36329500101	FLUOXETINE CAP 10MG	30	1
	67119500100	FLUOXETINE CAP 40MG	30	1
	55555598274	FLUOXETINE CAP 20MG	22	2
17	**62941677767**	FLUOXETINE CAP 10MG	180	6
		FLUOXETINE CAP 20MG	180	6
	88888918918	FLUOXETINE TAB 10MG	300	10
	91273255655	FLUOXETINE CAP 10MG	210	7
		FLUOXETINE CAP 20MG	30	1
	23283366766	FLUOXETINE CAP 20MG	240	8
	33336420606	FLUOXETINE TAB 10MG	240	8
	55550558994	FLUOXETINE TAB 10MG	240	8
	22227287408	FLUOXETINE CAP 10MG	60	2
		FLUOXETINE CAP 20MG	150	5
	91852955655	FLUOXETINE CAP 20MG	210	7
	80773244544	FLUOXETINE CAP 20MG	180	6
	77778784090	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	30	1
		FLUOXETINE TAB 10MG	60	2
		FLUOXETINE TAB 20MG	60	2
	44445418905	FLUOXETINE CAP 20MG	180	6
	11111140417	FLUOXETINE TAB 10MG	180	6
	69875144545	FLUOXETINE CAP 20MG	180	6
	88881993958	FLUOXETINE CAP 20MG	150	5
	44448553588	FLUOXETINE CAP 20MG	60	2
		FLUOXETINE CAP 40MG	90	3
	77778718101	FLUOXETINE CAP 10MG	30	1

Member Age	Member ID Encrypte	Drug Label Name	Sum of Days Supply	Count of Date of Fill
	77778718101	FLUOXETINE CAP 20MG	120	4
	33383099091	FLUOXETINE CAP 10MG	60	2
		FLUOXETINE CAP 20MG	60	2
		FLUOXETINE TAB 10MG	30	1
	88882834421	FLUOXETINE CAP 20MG	90	3
		FLUOXETINE CAP 40MG	30	1
	99995059968	FLUOXETINE CAP 40MG	120	4
	00001050257	FLUOXETINE CAP 20MG	120	4
	08463511211	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 20MG	90	3
	03960922328	FLUOXETINE CAP 20MG	120	4
	44449569049	FLUOXETINE CAP 20MG	105	4
	77773811373	FLUOXETINE CAP 20MG	90	3
	99999923379	FLUOXETINE CAP 20MG	90	3
	11116278627	FLUOXETINE CAP 20MG	30	1
		FLUOXETINE CAP 40MG	60	2
	16581288980	FLUOXETINE CAP 20MG	90	3
	60509644545	FLUOXETINE CAP 40MG	90	3
	88882846680	FLUOXETINE CAP 40MG	60	2
	00002060417	FLUOXETINE CAP 40MG	60	2
	88885988086	FLUOXETINE TAB 10MG	60	2
	66660639118	FLUOXETINE CAP 10MG	60	2
	99991944671	FLUOXETINE CAP 10MG	60	2
	66661764776	FLUOXETINE CAP 10MG	30	1
		FLUOXETINE CAP 40MG	30	1
	88882964238	FLUOXETINE CAP 10MG	60	2
	39285522323	FLUOXETINE CAP 20MG	60	2
	44448573315	FLUOXETINE CAP 20MG	30	1
		FLUOXETINE TAB 10MG	30	1
	22224385411	FLUOXETINE CAP 10MG	60	2
	93607200102	FLUOXETINE CAP 20MG	60	2
	82753888980	FLUOXETINE CAP 10MG	60	2
	44448520241	FLUOXETINE CAP 10MG	60	2
	77779823806	FLUOXETINE CAP 20MG	60	2
	99993951149	FLUOXETINE TAB 10MG	30	1
	44743388988	FLUOXETINE CAP 20MG	30	1
	89623233433	FLUOXETINE CAP 20MG	30	1
	11114250160	FLUOXETINE CAP 20MG	30	1
	99990968117	FLUOXETINE TAB 10MG	30	1
	66666775148	FLUOXETINE CAP 20MG	30	1
	77777796584	FLUOXETINE TAB 10MG	30	1
	66669679854	FLUOXETINE TAB 10MG	30	1
	28469925522	FLUOXETINE TAB 20MG	30	1
	22225350454	FLUOXETINE TAB 10MG	30	1
	77778748388	FLUOXETINE CAP 20MG	30	1
	00006138778	FLUOXETINE CAP 40MG	30	1

Member Age	Member ID Encrypte	Drug Label Name	Sum of Days Supply	Count of Date of Fill
	04291772217	FLUOXETINE CAP 20MG	30	1
	77772833253	FLUOXETINE CAP 20MG	30	1
	48546911211	FLUOXETINE CAP 20MG	30	1
	36073222324	FLUOXETINE CAP 40MG	30	1
	55556506111	FLUOXETINE CAP 20MG	30	1
	44445528679	FLUOXETINE CAP 40MG	30	1


Sum of Count of Claims
Buprenorphine and Buprenorphine/Naloxone Utilization
Count of Claims
160
140
120
100
80
60
40
20
0
201404
201405
201406
201407
201408
201409
201410
201411
201412
201501
201502
201503
Product Name
BUNAVAIL
BUPRENORPHINE HCL
BUPRENORPHINE HCL/NALOXON
SUBOXONE
ZUBSOLV
YearMonth Filled

Buprenorphine and Buprenorphine/Nalxone Utilization
April 2014 - March 2015

Product Name	YearMonth Filled	Sum of Count of Claims	Sum of Count of Members	Sum of Sum of Qty	Sum of Sum of Days Supply	Sum of Sum Pharmacy Paid
BUNAVAIL	201503	3	3	28	28	$266
BUPRENORPHINE HCL	201404	13	11	743	321	$1,305
	201405	12	8	524	211	$1,249
	201406	12	9	472	232	$729
	201407	9	7	242	159	$490
	201408	7	7	339	172	$849
	201409	9	6	329	170	$857
	201410	5	4	119	101	$309
	201411	5	5	157	121	$414
	201412	9	5	200	145	$552
	201501	7	5	246	138	$663
	201502	8	4	170	125	$457
	201503	3	2	72	57	$214
BUPRENORPHINE HCL/	201404	6	5	192	125	$884
	201405	8	6	208	141	$1,198
	201406	9	8	318	196	$1,968
	201407	11	10	336	225	$2,185
	201408	16	10	428	222	$3,360
	201409	13	7	292	190	$2,198
	201410	15	9	419	238	$2,745
	201411	12	5	254	154	$1,885
	201412	12	8	345	189	$1,889
	201501	15	8	345	199	$2,369
	201502	19	10	448	263	$3,219
	201503	17	9	308	193	$2,274
SUBOXONE	201404	92	61	2585	1590	$19,724
	201405	108	73	3051	1913	$22,312
	201406	100	79	2926	1964	$21,754
	201407	133	90	3862	2426	$26,963
	201408	118	82	3381	2148	$22,728
	201409	141	89	3887	2310	$27,274
	201410	151	96	3816	2488	$26,998
	201411	103	74	3249	2085	$22,824
	201412	129	83	3999	2416	$27,759
	201501	122	84	3578	2177	$25,384
	201502	125	89	3692	2205	$26,783
	201503	143	91	4230	2495	$30,497
ZUBSOLV	201502	2	1	60	45	$72
	201503	2	2	58	29	$84

Lock-In Savings Report March 2015

Note	Summary				
Summary calculations do not take into account the claims and amounts for inactive members.	Total Claims Month Before Lock-In	Total Amount Month Before Lock-In	Total Claims March 2015	Total Amount March 2015	Total Savings March 2015
	7,432	$559,607.69	5,377	$537,037.63	$ 22,570.06

Number	Month Before Lock-In	Lock-In Date	Term Date	Status	Total Claims Month Before Lock-In	Total Amount Month Before Lock-In	Total Claims March 2015	Total Amount March 2015	Total Savings March 2015
1	11/1/2008	12/1/2008	12/31/2039	A	18	1524.88			1524.88
2	11/1/2008	12/1/2008	11/30/2009	I	2	9.59			
3	11/1/2008	12/1/2008	12/31/2039	A	5	86.8	10	1583.97	-1497.17
4	2/1/2009	3/1/2009	10/26/2009	I	9	184.93			
5	2/1/2009	3/1/2009	12/31/2039	A	0	0	4	43.19	-43.19
6	2/1/2009	3/1/2009	6/30/2010	I	26	731.87			
7	3/1/2009	4/1/2009	12/31/2039	A	23	349.2			349.2
8	5/1/2009	6/1/2009	9/30/2009	I	10	1957.14			
9	5/1/2009	6/1/2009	7/31/2010	I	25	679.96			
10	5/1/2009	6/1/2009	9/30/2010	I	23	781.46			
11	6/1/2009	7/1/2009	7/31/2009	I	65	13169.84			
12	6/8/2009	7/8/2009	12/31/2039	A	9	706.37	8	1414.1099	-707.7399
13	8/16/2009	9/16/2009	12/31/2039	A	1	11.3699			11.3699
14	8/25/2009	9/25/2009	12/31/2039	A	8	970.5	12	1018.78	-48.28
15	10/1/2009	11/1/2009	12/31/2039	A	4	9.3			9.3
16	12/1/2009	1/1/2010	12/31/2039	A	6	401.17	10	252.63	148.54
17	12/1/2009	1/1/2010	12/31/2039	A	0	0	5	62.21	-62.21
18	4/11/2010	5/11/2010	12/31/2039	A	9	453.07	13	264.54	188.53
19	8/1/2010	9/1/2010	9/16/2010	I	4	71.93			
20	8/1/2010	9/1/2010	12/31/2039	A	15	196.99	11	407.31	-210.32
21	8/1/2010	9/1/2010	5/31/2011	I	23	224.79			
22	8/20/2010	9/20/2010	12/31/2039	A	15	2669.44	16	1263.4	1406.04
23	10/1/2010	11/1/2010	12/31/2039	A	6	681.86			681.86
24	10/1/2010	11/1/2010	12/31/2039	A	15	2089.34			2089.34
25	1/1/2011	2/1/2011	9/25/2012	I	27	3042.05			
26	1/1/2011	2/1/2011	12/31/2039	A	9	430.85	7	169.1	261.75
27	1/1/2011	2/1/2011	8/31/2011	I	4	143.27			
28	1/1/2011	2/1/2011	12/31/2039	A	12	1326.33	1	224.29	1102.04
29	3/12/2011	4/12/2011	9/30/2014	I	4	694.27			
30	3/12/2011	4/12/2011	12/31/2039	A	5	472.05	7	164.15	307.9
31	4/1/2011	5/1/2011	12/31/2039	A	10	48.6	3	93.1	-44.5
32	4/1/2011	5/1/2011	1/6/2014	I	7	82.03			
33	4/1/2011	5/1/2011	12/31/2039	A	11	251.96	16	315.2799	-63.3199
34	4/1/2011	5/1/2011	12/31/2039	A	18	2792.09	15	534.17	2257.92
35	4/1/2011	5/1/2011	4/30/2011	I	0	0			
36	7/1/2011	8/1/2011	12/31/2039	A	41	1032.27	19	2899.43	-1867.16
37	8/1/2011	9/1/2011	10/31/2014	I	0	0			
38	8/1/2011	9/1/2011	12/31/2039	A	14	204.5	3	66.23	138.27
39	8/1/2011	9/1/2011	12/31/2039	A	26	1030.75	5	64.8199	965.9301
40	8/1/2011	9/1/2011	4/30/2015	A	0	0			0
41	8/1/2011	9/1/2011	7/26/2014	I	29	433.62			
42	8/1/2011	9/1/2011	10/31/2012	I	0	0			

Number	Month Before Lock-In	Lock-In Date	Term Date	Status	Total Claims Month Before Lock-In	Total Amount Month Before Lock-In	Total Claims March 2015	Total Amount March 2015	Total Savings March 2015
43	8/1/2011	9/1/2011	3/9/2013	I	17	580.8			
44	8/1/2011	9/1/2011	12/31/2039	A	4	75.51			75.51
45	10/16/2011	11/16/2011	12/31/2039	A	1	10.1199	5	237.25	-227.1301
46	11/1/2011	12/1/2011	1/31/2015	I	3	22.4			
47	11/1/2011	12/1/2011	12/31/2039	A	13	605.91	21	2726.52	-2120.61
48	11/1/2011	12/1/2011	12/31/2039	A	10	119.99			119.99
49	11/1/2011	12/1/2011	8/31/2012	I	6	75.29			
50	11/1/2011	12/1/2011	12/31/2039	A	16	625.59	5	811.7	-186.11
51	11/1/2011	12/1/2011	12/31/2039	A	5	205.4199	3	21.42	183.9999
52	11/1/2011	12/1/2011	12/31/2039	A	10	181.48	12	239.72	-58.24
53	11/1/2011	12/1/2011	12/31/2039	A	12	302.1			302.1
54	11/1/2011	12/1/2011	12/31/2039	A	27	7985.99	13	588.52	7397.47
55	11/1/2011	12/1/2011	12/31/2039	A	16	375.51	41	1861.86	-1486.35
56	11/1/2011	12/1/2011	12/31/2039	A	13	1105.44			1105.44
57	11/1/2011	12/1/2011	1/29/2013	I	16	907.35			
58	11/1/2011	12/1/2011	12/31/2039	A	13	390.26	15	388.42	1.84
59	11/1/2011	12/1/2011	12/31/2039	A	11	151.56	6	349.7799	-198.2199
60	11/1/2011	12/1/2011	7/2/2014	I	8	265.54			
61	11/1/2011	12/1/2011	12/31/2039	A	1	4	6	70.75	-66.75
62	11/1/2011	12/1/2011	12/31/2039	A	12	609.23	8	100.88	508.35
63	11/1/2011	12/1/2011	12/31/2039	A	7	333.3399			333.3399
64	11/1/2011	12/1/2011	12/31/2039	A	24	1304.94	15	1715.97	-411.03
65	11/1/2011	12/1/2011	4/20/2013	I	10	327.22			
66	11/1/2011	12/1/2011	2/19/2012	I	0	0			
67	11/1/2011	12/1/2011	1/17/2015	I	4	47.02			
68	11/1/2011	12/1/2011	12/31/2039	A	15	558.62	12	1313.13	-754.51
69	11/1/2011	12/1/2011	12/31/2039	A	7	164.98	7	472.37	-307.39
70	11/1/2011	12/1/2011	12/31/2039	A	19	415.81	17	3484.8	-3068.99
71	11/1/2011	12/1/2011	5/3/2012	I	5	539.92			
72	12/5/2011	1/5/2012	12/31/2039	A					0
73	1/1/2012	2/1/2012	11/8/2012	I	15	300.3399			
74	1/20/2012	2/20/2012	12/31/2039	A	8	1610.07			1610.07
75	1/20/2012	2/20/2012	12/31/2039	A	7	300.11	10	557.77	-257.66
76	3/1/2012	4/1/2012	12/31/2039	A	8	320.0899	10	661.1	-341.0101
77	3/1/2012	4/1/2012	12/31/2039	A	31	210.93	4	308.7799	-97.8499
78	3/1/2012	4/1/2012	12/31/2039	A	23	883.87	10	764.37	119.5
79	3/1/2012	4/1/2012	12/31/2039	A	6	299.61	5	171.66	127.95
80	3/1/2012	4/1/2012	4/30/2015	A	14	638.97	8	441.66	197.31
81	3/1/2012	4/1/2012	12/31/2039	A	19	5855.6	2	154.12	5701.48
82	3/1/2012	4/1/2012	12/31/2039	A	26	159.7	16	1182.89	-1023.19
83	3/1/2012	4/1/2012	11/30/2014	I	24	145.4			
84	3/1/2012	4/1/2012	12/31/2039	A	17	642.6	13	2627.96	-1985.36
85	3/1/2012	4/1/2012	12/31/2039	A	16	664.28	24	941.49	-277.21
86	3/1/2012	4/1/2012	2/6/2014	I	26	1018.72			
87	4/1/2012	5/1/2012	7/31/2013	I	11	866.8			
88	4/1/2012	5/1/2012	12/31/2039	A	8	3686.76	6	5882.99	-2196.23
89	4/1/2012	5/1/2012	12/31/2039	A	6	1307.35	10	1046.29	261.06
90	4/1/2012	5/1/2012	12/31/2039	A	23	866.26	30	2215.79	-1349.53
91	4/1/2012	5/1/2012	12/31/2039	A	23	258.66	8	114.19	144.47
92	4/1/2012	5/1/2012	12/31/2039	A	2	37.75	6	453.84	-416.09
93	4/1/2012	5/1/2012	12/31/2039	A	7	747.4299			747.4299
94	4/1/2012	5/1/2012	9/1/2014	I	8	618.5			
95	4/1/2012	5/1/2012	12/31/2039	A	0	0			0
96	4/1/2012	5/1/2012	12/31/2039	A	20	1791.18	9	1544.66	246.52
97	4/1/2012	5/1/2012	4/30/2015	A	14	1424.2	36	1928	-503.8
98	4/1/2012	5/1/2012	12/31/2039	A	21	853.3	5	330.25	523.05
99	4/1/2012	5/1/2012	4/30/2015	A	18	755.82	8	12	743.82
100	4/1/2012	5/1/2012	12/31/2039	A	5	144.32	8	607.46	-463.14

Number	Month Before Lock-In	Lock-In Date	Term Date	Status	Total Claims Month Before Lock-In	Total Amount Month Before Lock-In	Total Claims March 2015	Total Amount March 2015	Total Savings March 2015
101	4/1/2012	5/1/2012	12/31/2039	A	9	233.34	7	284.85	-51.51
102	4/1/2012	5/1/2012	12/31/2039	A	13	638.3099	11	598.22	40.0899
103	4/1/2012	5/1/2012	8/31/2013	I	6	184.37			
104	4/1/2012	5/1/2012	12/31/2039	A	10	425.87	1	13.31	412.56
105	4/1/2012	5/1/2012	12/31/2039	A	14	584.1	3	46.89	537.21
106	5/1/2012	6/1/2012	12/31/2039	A	8	1031.81	10	522.86	508.95
107	5/1/2012	6/1/2012	12/31/2039	A	7	205.34	19	1715.19	-1509.85
108	5/1/2012	6/1/2012	1/31/2013	I	7	301.38			
109	5/1/2012	6/1/2012	12/31/2039	A	34	1408.98	2	66.9	1342.08
110	5/1/2012	6/1/2012	2/28/2015	I	20	21.68			
111	5/1/2012	6/1/2012	12/31/2039	A	12	222.75	5	412.35	-189.6
112	5/1/2012	6/1/2012	9/14/2014	I	12	540.97			
113	5/1/2012	6/1/2012	12/31/2039	A	1	67.86	5	554.55	-486.69
114	5/1/2012	6/1/2012	12/31/2039	A	11	359.15	16	1238.2	-879.05
115	5/1/2012	6/1/2012	12/31/2039	A	8	910.77	7	3343.66	-2432.89
116	5/1/2012	6/1/2012	12/31/2039	A	8	2463.03			2463.03
117	5/1/2012	6/1/2012	7/31/2014	I	9	283.48			
118	5/1/2012	6/1/2012	12/31/2039	A	10	1042.97			1042.97
119	5/1/2012	6/1/2012	12/31/2039	A	10	1362.2	8	181.22	1180.98
120	5/1/2012	6/1/2012	12/31/2039	A	16	516.5	5	121.01	395.49
121	5/1/2012	6/1/2012	12/31/2039	A	30	1351.06	8	327.31	1023.75
122	5/1/2012	6/1/2012	3/31/2015	I	16	1665.82	3	215.24	
123	5/1/2012	6/1/2012	12/31/2039	A	10	1451.58	8	286.99	1164.59
124	5/1/2012	6/1/2012	8/31/2013	I	14	218.98			
125	5/1/2012	6/1/2012	12/31/2039	A	15	882.14	17	444.83	437.31
126	5/1/2012	6/1/2012	12/31/2039	A	5	153.46			153.46
127	5/1/2012	6/1/2012	12/31/2039	A	9	531.3099	6	124.06	407.2499
128	5/1/2012	6/1/2012	12/31/2039	A	21	350	13	276.45	73.55
129	5/1/2012	6/1/2012	12/31/2039	A	3	127.49	10	348.39	-220.9
130	5/1/2012	6/1/2012	12/31/2039	A	4	152.32			152.32
131	5/1/2012	6/1/2012	12/31/2039	A	5	140.73	4	368.14	-227.41
132	5/1/2012	6/1/2012	12/31/2039	A	5	202.1399	8	363.99	-161.8501
133	5/1/2012	6/1/2012	12/31/2039	A	7	286.5			286.5
134	5/1/2012	6/1/2012	3/31/2013	I	9	504.26			
135	5/1/2012	6/1/2012	12/31/2039	A	5	195.3899	7	496.51	-301.1201
136	5/1/2012	6/1/2012	12/31/2039	A	12	3276.94	2	78.09	3198.85
137	5/1/2012	6/1/2012	6/30/2013	I	7	332.43			
138	5/1/2012	6/1/2012	12/31/2039	A	8	114.68	1	9.2	105.48
139	5/1/2012	6/1/2012	12/31/2012	I	10	561.71			
140	5/1/2012	6/1/2012	12/31/2039	A	13	1365.47	7	1791.32	-425.85
141	5/1/2012	6/1/2012	12/31/2039	A	59	2978.4699	6	112.87	2865.5999
142	5/1/2012	6/1/2012	12/31/2039	A	12	413.73	2	2.4	411.33
143	5/1/2012	6/1/2012	12/31/2039	A	14	642.78	4	314.51	328.27
144	5/1/2012	6/1/2012	12/31/2039	A	3	65.94	4	790.96	-725.02
145	5/1/2012	6/1/2012	12/31/2039	A	14	348.11			348.11
146	5/1/2012	6/1/2012	12/31/2039	A	10	198.22	7	1955.48	-1757.26
147	5/1/2012	6/1/2012	12/31/2039	A	15	826.82			826.82
148	5/1/2012	6/1/2012	11/30/2014	I	2	43.1			
149	5/1/2012	6/1/2012	12/31/2039	A	19	2805.57	15	1774.61	1030.96
150	5/1/2012	6/1/2012	12/31/2039	A	6	193.4199	10	1645.8699	-1452.45
151	5/1/2012	6/1/2012	12/31/2039	A	9	102.72	2	47.72	55
152	5/1/2012	6/1/2012	12/31/2039	A	9	149.94	5	214.09	-64.15
153	5/1/2012	6/1/2012	9/30/2012	I	7	15.36			
154	5/1/2012	6/1/2012	12/31/2039	A	4	1204.34	13	1193.08	11.26
155	6/1/2012	7/1/2012	8/19/2013	I	14	598.99			
156	6/1/2012	7/1/2012	2/1/2015	I	19	288.68			
157	7/1/2012	8/1/2012	12/31/2039	A	30	2380.14	12	1032.32	1347.82
158	7/1/2012	8/1/2012	12/31/2039	A	4	125			125

Number	Month Before Lock-In	Lock-In Date	Term Date	Status	Total Claims Month Before Lock-In	Total Amount Month Before Lock-In	Total Claims March 2015	Total Amount March 2015	Total Savings March 2015
159	7/1/2012	8/1/2012	12/31/2039	A	12	644.4			644.4
160	7/1/2012	8/1/2012	12/31/2039	A	7	93.34	4	67.8	25.54
161	7/1/2012	8/1/2012	12/31/2039	A	8	198.25	5	205.5	-7.25
162	7/1/2012	8/1/2012	8/31/2014	I	13	1492.81			
163	7/1/2012	8/1/2012	12/31/2039	A	8	165.56	6	413.5899	-248.0299
164	7/1/2012	8/1/2012	12/31/2039	A	8	36.47	6	7.2	29.27
165	7/1/2012	8/1/2012	10/25/2014	I	4	82.0699			
166	7/1/2012	8/1/2012	7/31/2013	I	6	14.84			
167	7/1/2012	8/1/2012	12/31/2039	A	16	686.86	6	143.57	543.29
168	7/1/2012	8/1/2012	12/31/2039	A	10	2117.08	5	297.83	1819.25
169	7/1/2012	8/1/2012	12/31/2039	A	15	1074.91	25	1362.8599	-287.9499
170	7/1/2012	8/1/2012	12/31/2039	A	14	153.13	10	1684	-1530.87
171	7/1/2012	8/1/2012	12/31/2039	A	6	73.73			73.73
172	7/1/2012	8/1/2012	7/20/2013	I	4	105.15			
173	7/1/2012	8/1/2012	12/31/2039	A	10	118.94	3	66.59	52.35
174	7/1/2012	8/1/2012	12/31/2039	A	11	806.78	8	860.89	-54.11
175	7/1/2012	8/1/2012	12/31/2039	A	9	1634.49	6	1070.03	564.46
176	7/1/2012	8/1/2012	12/31/2039	A	5	133.85	2	21.71	112.14
177	7/1/2012	8/1/2012	7/31/2013	I	9	1993.36			
178	7/1/2012	8/1/2012	12/31/2039	A	14	1576.6099	10	1439.81	136.7999
179	7/1/2012	8/1/2012	12/31/2039	A	3	56.78			56.78
180	7/1/2012	8/1/2012	10/31/2012	I	9	22.67			
181	7/1/2012	8/1/2012	7/31/2013	I	3	2.65			
182	7/1/2012	8/1/2012	12/31/2012	I	15	290.24			
183	7/1/2012	8/1/2012	12/31/2039	A	0	0	5	133.01	-133.01
184	7/1/2012	8/1/2012	12/31/2039	A	9	1012.06			1012.06
185	7/1/2012	8/1/2012	12/31/2039	A	8	125.87	4	222.52	-96.65
186	7/1/2012	8/1/2012	12/31/2039	A	6	136.18	9	169.72	-33.54
187	7/1/2012	8/1/2012	8/31/2013	I	14	554.14			
188	7/1/2012	8/1/2012	12/31/2039	A	14	798.71	25	811.25	-12.54
189	7/1/2012	8/1/2012	12/31/2039	A	10	443.93	11	381.37	62.56
190	7/1/2012	8/1/2012	4/24/2013	I	25	292.26			
191	7/1/2012	8/1/2012	12/31/2039	A	26	1350.13	47	3662.06	-2311.93
192	7/1/2012	8/1/2012	12/31/2039	A	2	33.5			33.5
193	7/1/2012	8/1/2012	12/31/2039	A	9	551.26	6	310.05	241.21
194	7/1/2012	8/1/2012	11/30/2013	I	56	324.76			
195	7/1/2012	8/1/2012	12/31/2039	A	10	19.75	14	63.48	-43.73
196	7/1/2012	8/1/2012	12/31/2039	A	12	274.18	8	371.17	-96.99
197	7/1/2012	8/1/2012	12/31/2039	A	5	722.57	14	314.3399	408.2301
198	7/1/2012	8/1/2012	10/31/2014	I	14	475.15			
199	7/1/2012	8/1/2012	12/31/2039	A	16	4124.42	7	628.6799	3495.7401
200	7/1/2012	8/1/2012	12/31/2039	A	6	26.36			26.36
201	7/1/2012	8/1/2012	1/31/2013	I	21	1437.2			
202	7/1/2012	8/1/2012	10/31/2014	I	13	136.49			
203	7/1/2012	8/1/2012	12/31/2039	A	9	236.16	12	2413.01	-2176.85
204	7/1/2012	8/1/2012	12/31/2039	A	11	378.44	28	2310.86	-1932.42
205	7/1/2012	8/1/2012	12/31/2039	A	6	135.1699			135.1699
206	7/1/2012	8/1/2012	12/31/2039	A	12	532.9299	24	862.24	-329.3101
207	7/1/2012	8/1/2012	12/31/2039	A	3	56.23	21	1003.95	-947.72
208	7/1/2012	8/1/2012	12/31/2039	A	10	101.49	1	6.55	94.94
209	7/1/2012	8/1/2012	12/31/2039	A	6	79.27	8	116.53	-37.26
210	7/1/2012	8/1/2012	11/30/2012	I	16	638.48			
211	7/1/2012	8/1/2012	3/21/2013	I	9	232.15			
212	7/1/2012	8/1/2012	12/31/2039	A	5	118.95	2	51.4099	67.5401
213	7/1/2012	8/1/2012	12/31/2039	A	25	6821.19	16	980.27	5840.92
214	7/1/2012	8/1/2012	12/31/2039	A	11	518.59	14	484.24	34.35
215	7/1/2012	8/1/2012	12/31/2039	A	14	1496.48	18	61.08	1435.4
216	7/1/2012	8/1/2012	12/31/2039	A	16	1265.94	8	671.58	594.36

Number	Month Before Lock-In	Lock-In Date	Term Date	Status	Total Claims Month Before Lock-In	Total Amount Month Before Lock-In	Total Claims March 2015	Total Amount March 2015	Total Savings March 2015
217	7/1/2012	8/1/2012	12/31/2039	A	13	32.54	26	211.75	-179.21
218	7/1/2012	8/1/2012	12/31/2039	A	13	2688.27			2688.27
219	7/1/2012	8/1/2012	12/31/2039	A	9	25.38	14	22	3.38
220	7/1/2012	8/1/2012	10/27/2013	I	13	98.78			
221	7/1/2012	8/1/2012	12/31/2039	A	8	374.66	8	342.5	32.16
222	7/1/2012	8/1/2012	8/31/2014	I	10	378.63			
223	7/1/2012	8/1/2012	12/31/2039	A	14	62.57	22	487.61	-425.04
224	7/1/2012	8/1/2012	4/30/2013	I	13	593.98			
225	7/1/2012	8/1/2012	12/31/2039	A	11	32.79	8	9.6	23.19
226	7/1/2012	8/1/2012	12/31/2039	A	14	1804.98	11	1810.05	-5.07
227	7/1/2012	8/1/2012	12/31/2039	A	12	440.41	5	38.02	402.39
228	7/1/2012	8/1/2012	5/21/2014	I	9	205.62			
229	7/1/2012	8/1/2012	12/31/2039	A	6	138.51	4	94.54	43.97
230	8/1/2012	9/1/2012	12/31/2039	A	12	1072.38	5	342.98	729.4
231	8/1/2012	9/1/2012	12/31/2039	A	36	1080.41	29	2626.43	-1546.02
232	8/1/2012	9/1/2012	12/31/2039	A	4	154.04			154.04
233	8/1/2012	9/1/2012	12/31/2039	A	11	118.07	1	7.96	110.11
234	8/1/2012	9/1/2012	12/31/2039	A	5	91.36	4	91.61	-0.25
235	8/1/2012	9/1/2012	12/31/2039	A	5	9.73			9.73
236	8/1/2012	9/1/2012	12/31/2039	A	12	197.35	6	450.2	-252.85
237	8/1/2012	9/1/2012	12/31/2039	A	23	1937.33	12	940.32	997.01
238	8/1/2012	9/1/2012	12/31/2039	A	4	110.76	3	34.68	76.08
239	8/1/2012	9/1/2012	12/31/2039	A	6	113.18			113.18
240	8/1/2012	9/1/2012	12/31/2039	A	18	1264.78	14	886.59	378.19
241	8/1/2012	9/1/2012	2/28/2014	I	11	99.23			
242	8/1/2012	9/1/2012	12/31/2039	A	5	154.53	4	203.24	-48.71
243	8/1/2012	9/1/2012	12/31/2039	A	2	58.25	2	107.7	-49.45
244	8/1/2012	9/1/2012	12/31/2039	A	7	500.31	15	898.04	-397.73
245	8/1/2012	9/1/2012	12/31/2039	A	12	238.77	9	128.44	110.33
246	8/1/2012	9/1/2012	12/31/2039	A	4	147.61	2	19.9	127.71
247	8/1/2012	9/1/2012	12/31/2039	A	8	419.06	1	1.2	417.86
248	8/1/2012	9/1/2012	12/31/2039	A	6	59.52	20	483.36	-423.84
249	8/1/2012	9/1/2012	7/31/2014	I	6	300.86			
250	8/1/2012	9/1/2012	12/31/2039	A	9	664.3	13	812.12	-147.82
251	8/1/2012	9/1/2012	12/31/2039	A	5	143.85	1	1.84	142.01
252	8/1/2012	9/1/2012	12/31/2039	A	8	148.8	9	103.87	44.93
253	8/1/2012	9/1/2012	12/31/2039	A	8	216.34	8	430.86	-214.52
254	8/1/2012	9/1/2012	12/31/2039	A	6	108.23			108.23
255	8/1/2012	9/1/2012	12/31/2039	A	18	849.3	11	680.6799	168.6201
256	8/1/2012	9/1/2012	12/31/2039	A	4	109.79	6	84.51	25.28
257	8/1/2012	9/1/2012	6/1/2013	I	8	139.1399			
258	8/1/2012	9/1/2012	9/4/2013	I					
259	8/1/2012	9/1/2012	12/31/2039	A	8	180.1	13	399.5899	-219.4899
260	8/1/2012	9/1/2012	12/31/2039	A	8	1638.79	9	2032.55	-393.76
261	8/1/2012	9/1/2012	12/31/2039	A	10	26.74	6	454.01	-427.27
262	8/1/2012	9/1/2012	12/31/2039	A	9	3180.55	9	645.02	2535.53
263	8/1/2012	9/1/2012	12/31/2039	A	7	156.06	5	62.99	93.07
264	8/1/2012	9/1/2012	12/31/2039	A	8	6925.79			6925.79
265	8/1/2012	9/1/2012	12/31/2039	A	6	283.3399			283.3399
266	8/1/2012	9/1/2012	10/31/2014	I	22	456.81			
267	8/1/2012	9/1/2012	12/31/2039	A	22	771.09	5	295.37	475.72
268	8/1/2012	9/1/2012	5/31/2014	I	21	282.41			
269	8/1/2012	9/1/2012	12/31/2039	A	11	115.81	12	153.41	-37.6
270	8/1/2012	9/1/2012	12/31/2039	A	8	593.78	5	318.96	274.82
271	8/1/2012	9/1/2012	12/31/2039	A	12	258.12	14	242.26	15.86
272	8/1/2012	9/1/2012	12/31/2039	A	9	2378.7199	8	3218.16	-839.4401
273	8/1/2012	9/1/2012	12/31/2039	A	10	11.65	11	14.3	-2.65
274	8/1/2012	9/1/2012	12/31/2039	A	8	133.29	5	85.87	47.42

Number	Month Before Lock-In	Lock-In Date	Term Date	Status	Total Claims Month Before Lock-In	Total Amount Month Before Lock-In	Total Claims March 2015	Total Amount March 2015	Total Savings March 2015
275	8/1/2012	9/1/2012	4/30/2015	A	8	316.25			316.25
276	8/1/2012	9/1/2012	12/31/2039	A	5	169.15	7	180.8899	-11.7399
277	8/1/2012	9/1/2012	12/31/2039	A	7	212.92	5	116.39	96.53
278	8/1/2012	9/1/2012	9/6/2013	I	5	257.27			
279	8/1/2012	9/1/2012	12/31/2039	A	10	213.98	9	2143.9	-1929.92
280	8/1/2012	9/1/2012	10/31/2012	I	13	949.68			
281	8/1/2012	9/1/2012	12/31/2039	A	15	3411.21	10	3111.94	299.27
282	8/1/2012	9/1/2012	12/31/2039	A	2	15.32	10	14.4	0.92
283	8/1/2012	9/1/2012	12/31/2039	A	1	76.04	6	138.76	-62.72
284	8/1/2012	9/1/2012	2/14/2013	I	16	1011.58			
285	8/1/2012	9/1/2012	12/31/2039	A	19	363.94	14	1870.04	-1506.1
286	8/1/2012	9/1/2012	12/31/2039	A	4	374.94	4	118.94	256
287	8/1/2012	9/1/2012	10/31/2012	I	20	808.51			
288	8/1/2012	9/1/2012	12/31/2039	A	2	74.19			74.19
289	8/1/2012	9/1/2012	12/31/2039	A	18	1868.32	17	1541.21	327.11
290	8/1/2012	9/1/2012	12/20/2014	I	19	1525.65			
291	8/1/2012	9/1/2012	12/31/2039	A	9	182.36	10	1297.95	-1115.59
292	8/1/2012	9/1/2012	12/31/2039	A	9	971.73	5	654.2	317.53
293	8/1/2012	9/1/2012	2/12/2014	I	10	1259.71			
294	9/1/2012	10/1/2012	12/31/2039	A	6	13.54	7	8.4	5.14
295	9/1/2012	10/1/2012	12/31/2039	A	4	106.95	3	3.6	103.35
296	9/1/2012	10/1/2012	12/31/2039	A	3	8.7899	6	12.52	-3.7301
297	9/1/2012	10/1/2012	1/8/2013	I	16	739.64			
298	9/1/2012	10/1/2012	12/31/2039	A	6	290.9	3	109.51	181.39
299	9/1/2012	10/1/2012	1/31/2015	I	20	282.76			
300	9/1/2012	10/1/2012	12/31/2039	A	10	1231.3699	8	371.54	859.8299
301	9/1/2012	10/1/2012	12/31/2039	A	4	102.66	15	1594.4	-1491.74
302	9/1/2012	10/1/2012	11/21/2012	I	7	342.45			
303	9/1/2012	10/1/2012	12/31/2039	A	5	132.62	5	239.99	-107.37
304	9/1/2012	10/1/2012	12/31/2039	A	4	418.76	6	468.9	-50.14
305	9/1/2012	10/1/2012	12/31/2039	A	6	144.6699	1	6.76	137.9099
306	9/1/2012	10/1/2012	12/31/2039	A	2	185.82			185.82
307	9/1/2012	10/1/2012	12/31/2039	A	9	23.18	18	195.93	-172.75
308	9/1/2012	10/1/2012	12/31/2039	A	9	2490.43	4	3096.64	-606.21
309	9/1/2012	10/1/2012	12/31/2039	A	7	166.61	3	56.83	109.78
310	9/1/2012	10/1/2012	12/31/2039	A	12	192.35	18	671.1799	-478.8299
311	9/1/2012	10/1/2012	1/31/2013	I	8	240.28			
312	9/1/2012	10/1/2012	12/31/2039	A	6	76.5	4	54.35	22.15
313	9/1/2012	10/1/2012	7/28/2014	I	15	442.5			
314	9/1/2012	10/1/2012	12/31/2039	A	13	1443.88	6	322.27	1121.61
315	9/1/2012	10/1/2012	12/31/2039	A	0	0	1	101.38	-101.38
316	9/1/2012	10/1/2012	12/31/2039	A	6	200.56	1	32.65	167.91
317	9/1/2012	10/1/2012	12/31/2039	A	27	850.86	12	1196.09	-345.23
318	9/1/2012	10/1/2012	12/31/2039	A	12	275.02	15	566.58	-291.56
319	9/1/2012	10/1/2012	2/3/2013	I	16	221.14			
320	9/1/2012	10/1/2012	2/28/2015	I	1	10.1199			
321	9/1/2012	10/1/2012	12/31/2039	A	5	62.39	4	46.18	16.21
322	9/1/2012	10/1/2012	12/31/2039	A	5	65.06	10	196.26	-131.2
323	9/1/2012	10/1/2012	12/31/2039	A	5	620.89	8	1062.01	-441.12
324	9/1/2012	10/1/2012	12/31/2039	A	11	1204.65	6	1311.24	-106.59
325	9/1/2012	10/1/2012	8/31/2013	I	8	129.37			
326	9/1/2012	10/1/2012	12/31/2039	A	7	22.54	6	12	10.54
327	9/1/2012	10/1/2012	12/31/2039	A	15	2216.91	9	480.91	1736
328	9/1/2012	10/1/2012	5/31/2013	I	14	246.25			
329	9/1/2012	10/1/2012	12/31/2039	A	6	47.82	2	2.4	45.42
330	9/1/2012	10/1/2012	12/31/2039	A	9	11.01	3	3.6	7.41
331	9/1/2012	10/1/2012	12/31/2039	A	15	2552.55	12	3676.05	-1123.5
332	9/1/2012	10/1/2012	12/31/2039	A	9	1429.82	18	583.05	846.77

Number	Month Before Lock-In	Lock-In Date	Term Date	Status	Total Claims Month Before Lock-In	Total Amount Month Before Lock-In	Total Claims March 2015	Total Amount March 2015	Total Savings March 2015
333	10/1/2012	11/1/2012	12/31/2039	A	9	1871.12	6	637.23	1233.89
334	10/1/2012	11/1/2012	12/31/2039	A	5	20.78			20.78
335	10/1/2012	11/1/2012	12/31/2039	A	14	95.75	3	28.58	67.17
336	10/1/2012	11/1/2012	7/31/2014	I	13	524.33			
337	10/1/2012	11/1/2012	12/31/2039	A	3	39	5	53.92	-14.92
338	10/1/2012	11/1/2012	12/31/2039	A	12	20.04	7	10.8	9.24
339	10/1/2012	11/1/2012	12/31/2039	A	25	1195.09	38	1130.3599	64.7301
340	10/1/2012	11/1/2012	7/31/2013	I	9	811.44			
341	10/1/2012	11/1/2012	12/31/2039	A	13	35.38	28	52.3	-16.92
342	10/1/2012	11/1/2012	12/31/2039	A	9	382.89	10	415.65	-32.76
343	10/1/2012	11/1/2012	10/31/2012	I	1	1.1			
344	10/1/2012	11/1/2012	12/31/2039	A	18	1963.12	11	4892.39	-2929.27
345	10/1/2012	11/1/2012	12/31/2039	A	6	130.56	6	531.71	-401.15
346	10/1/2012	11/1/2012	12/31/2039	A	3	47.9099			47.9099
347	10/1/2012	11/1/2012	12/31/2039	A	13	213.9	15	169.55	44.35
348	10/1/2012	11/1/2012	12/31/2039	A	3	23.3	5	6	17.3
349	10/1/2012	11/1/2012	12/31/2039	A	11	195.35			195.35
350	10/1/2012	11/1/2012	12/31/2039	A	7	178	3	58.06	119.94
351	10/1/2012	11/1/2012	2/18/2013	I	27	297.02			
352	10/1/2012	11/1/2012	12/31/2039	A	15	1771.05	10	3215.9899	-1444.9399
353	10/1/2012	11/1/2012	12/31/2039	A	7	1828.99	3	20.9899	1808.0001
354	10/1/2012	11/1/2012	12/31/2039	A	5	96.5			96.5
355	10/1/2012	11/1/2012	12/31/2039	A	13	1969.52	2	926.32	1043.2
356	10/1/2012	11/1/2012	12/31/2039	A	10	165.27	8	148.8	16.47
357	10/1/2012	11/1/2012	12/31/2039	A	13	167.08	7	103.55	63.53
358	10/1/2012	11/1/2012	4/30/2014	I	12	392.55			
359	11/1/2012	12/1/2012	12/31/2039	A	10	307.86	4	1588.94	-1281.08
360	11/1/2012	12/1/2012	12/31/2039	A	8	409.47	9	777.54	-368.07
361	11/1/2012	12/1/2012	12/31/2039	A	18	337.45	4	47.26	290.19
362	11/1/2012	12/1/2012	12/31/2014	I	13	1085.53			
363	11/1/2012	12/1/2012	8/22/2014	I	2	82.66			
364	11/1/2012	12/1/2012	5/31/2013	I	11	296.39			
365	11/1/2012	12/1/2012	12/31/2039	A	16	209.43	9	111.57	97.86
366	11/1/2012	12/1/2012	12/31/2039	A	25	518.9	17	757.78	-238.88
367	11/1/2012	12/1/2012	11/15/2014	I	15	2019.39			
368	11/1/2012	12/1/2012	11/30/2014	I	7	488.79			
369	11/1/2012	12/1/2012	12/31/2039	A	11	138.28	5	3312.1	-3173.82
370	11/1/2012	12/1/2012	12/31/2039	A	15	3133.53	6	160.72	2972.81
371	11/1/2012	12/1/2012	12/13/2014	I	3	74.73			
372	11/1/2012	12/1/2012	12/31/2039	A	5	72.79	4	9.6	63.19
373	11/1/2012	12/1/2012	12/31/2039	A	2	78.75	7	237.39	-158.64
374	11/1/2012	12/1/2012	8/31/2013	I	11	616.5599			
375	11/1/2012	12/1/2012	12/31/2039	A	92	1333.09	3	614.23	718.86
376	11/1/2012	12/1/2012	6/30/2013	I	8	409.8399			
377	11/1/2012	12/1/2012	6/30/2013	I	15	307.12			
378	11/1/2012	12/1/2012	12/31/2039	A	15	795.42			795.42
379	11/1/2012	12/1/2012	12/31/2039	A	17	364.11	10	522.6799	-158.5699
380	11/1/2012	12/1/2012	12/31/2039	A	12	597.51	11	717.49	-119.98
381	11/1/2012	12/1/2012	1/31/2015	I	23	2723.36			
382	11/1/2012	12/1/2012	12/31/2039	A	13	435.31	12	713.94	-278.63
383	11/1/2012	12/1/2012	12/31/2039	A	15	1326.96	4	9.6	1317.36
384	12/1/2012	1/1/2013	12/31/2039	A	12	351.74	18	736.6	-384.86
385	12/1/2012	1/1/2013	3/26/2014	I	4	11.92			
386	12/1/2012	1/1/2013	12/31/2039	A	11	163.75	7	825.37	-661.62
387	12/1/2012	1/1/2013	12/31/2039	A	13	1909.13	13	816.88	1092.25
388	12/1/2012	1/1/2013	1/31/2015	I	6	24.13			
389	12/1/2012	1/1/2013	12/31/2039	A	13	238.21	17	543.76	-305.55
390	12/1/2012	1/1/2013	5/31/2014	I	11	1521.3699			

Number	Month Before Lock-In	Lock-In Date	Term Date	Status	Total Claims Month Before Lock-In	Total Amount Month Before Lock-In	Total Claims March 2015	Total Amount March 2015	Total Savings March 2015
391	12/1/2012	1/1/2013	12/31/2039	A	13	560.05	8	574.32	-14.27
392	12/1/2012	1/1/2013	12/31/2039	A	9	214.55	12	185	29.55
393	12/1/2012	1/1/2013	10/6/2013	I	17	709.17			
394	12/1/2012	1/1/2013	12/31/2039	A	8	1843.99			1843.99
395	12/1/2012	1/1/2013	12/31/2039	A	8	284.5	7	573.3099	-288.8099
396	12/1/2012	1/1/2013	2/20/2015	I	7	112.61			
397	12/1/2012	1/1/2013	12/31/2039	A	8	160.79	11	1430.63	-1269.84
398	12/1/2012	1/1/2013	12/31/2039	A	10	404.16	7	325.64	78.52
399	12/1/2012	1/1/2013	12/31/2039	A	8	657.79	9	507.27	150.52
400	12/1/2012	1/1/2013	12/31/2039	A	6	45.99			45.99
401	12/1/2012	1/1/2013	12/31/2039	A	14	1013.51	4	33.35	980.16
402	12/1/2012	1/1/2013	12/31/2039	A	13	530.26	6	197.15	333.11
403	12/1/2012	1/1/2013	12/31/2039	A	18	1246.42	17	1437.24	-190.82
404	12/1/2012	1/1/2013	12/31/2039	A	10	36.24	6	12.25	23.99
405	12/1/2012	1/1/2013	12/31/2039	A	8	542.77	7	698.52	-155.75
406	12/1/2012	1/1/2013	7/31/2013	I	17	729.1			
407	12/1/2012	1/1/2013	12/31/2039	A	3	138.4199	6	79.36	59.0599
408	12/1/2012	1/1/2013	12/31/2039	A					0
409	12/1/2012	1/1/2013	3/27/2014	I	15	5960.52			
410	12/1/2012	1/1/2013	12/31/2039	A	17	211.66	12	106.94	104.72
411	1/1/2013	2/1/2013	12/31/2039	A	2	0.28			0.28
412	1/1/2013	2/1/2013	12/31/2039	A	13	592.9299	7	132.4	460.5299
413	1/1/2013	2/1/2013	12/31/2039	A	19	528.51	10	936.04	-407.53
414	1/1/2013	2/1/2013	12/31/2039	A	16	418.01	57	1036.57	-618.56
415	1/1/2013	2/1/2013	12/31/2039	A	8	469.06	2	64.29	404.77
416	1/1/2013	2/1/2013	12/31/2039	A	11	582.73	2	40.1	542.63
417	1/1/2013	2/1/2013	12/31/2039	A	20	896.08	12	362.01	534.07
418	1/1/2013	2/1/2013	4/30/2015	A	7	190.83	4	379.52	-188.69
419	1/1/2013	2/1/2013	12/31/2039	A	8	507.41	11	734.79	-227.38
420	1/1/2013	2/1/2013	12/31/2039	A	17	964.53	20	1814.89	-850.36
421	1/1/2013	2/1/2013	12/31/2039	A	10	150.18	4	42.04	108.14
422	1/1/2013	2/1/2013	12/31/2039	A	13	1404.38	14	1770.31	-365.93
423	1/1/2013	2/1/2013	3/24/2013	I	14	5070.3			
424	1/1/2013	2/1/2013	8/31/2013	I	12	299.49			
425	1/1/2013	2/1/2013	12/31/2039	A	5	278.15	1	327.81	-49.66
426	1/1/2013	2/1/2013	12/31/2039	A	12	695.9	11	2709.94	-2014.04
427	1/1/2013	2/1/2013	9/30/2013	I	20	131.58			
428	1/1/2013	2/1/2013	12/31/2039	A	13	904.53	4	438.34	466.19
429	1/1/2013	2/1/2013	11/8/2014	I	11	12.1			
430	1/1/2013	2/1/2013	12/31/2039	A	2	2.2			2.2
431	1/1/2013	2/1/2013	12/31/2039	A	8	493.85			493.85
432	1/1/2013	2/1/2013	12/31/2039	A	19	1500.17	17	525.78	974.39
433	1/1/2013	2/1/2013	12/31/2039	A	19	864.94	14	990.92	-125.98
434	1/1/2013	2/1/2013	12/31/2039	A	10	748.01	11	20.4	727.61
435	1/1/2013	2/1/2013	12/31/2039	A	24	496.34	23	1321.31	-824.97
436	1/1/2013	2/1/2013	12/31/2039	A	20	565.71	17	624.9299	-59.2199
437	2/1/2013	3/1/2013	12/31/2013	I	7	472.14			
438	2/1/2013	3/1/2013	12/31/2039	A	5	5746.39			5746.39
439	2/1/2013	3/1/2013	12/31/2039	A	5	188.93	9	216.87	-27.94
440	2/1/2013	3/1/2013	12/31/2039	A	6	1572.95	9	2132.38	-559.43
441	2/1/2013	3/1/2013	12/31/2039	A	8	146.95	7	117.83	29.12
442	2/1/2013	3/1/2013	12/31/2039	A	11	183.27	9	502.41	-319.14
443	2/1/2013	3/1/2013	6/30/2014	I	6	174.9199			
444	2/1/2013	3/1/2013	12/31/2039	A	6	161.1699			161.1699
445	2/1/2013	3/1/2013	12/31/2039	A	6	74.28	14	258.46	-184.18
446	2/1/2013	3/1/2013	2/16/2013	I	3	313.08			
447	2/1/2013	3/1/2013	12/31/2039	A	12	1555.31	22	916.72	638.59
448	2/1/2013	3/1/2013	12/31/2039	A	12	554.63	26	2221.56	-1666.93

Number	Month Before Lock-In	Lock-In Date	Term Date	Status	Total Claims Month Before Lock-In	Total Amount Month Before Lock-In	Total Claims March 2015	Total Amount March 2015	Total Savings March 2015
449	2/1/2013	3/1/2013	10/29/2013	I	6	8.8			
450	2/1/2013	3/1/2013	12/31/2039	A	18	640.54	4	864.57	-224.03
451	2/1/2013	3/1/2013	10/31/2014	I					
452	2/1/2013	3/1/2013	12/31/2039	A	14	1235	11	934.27	300.73
453	2/1/2013	3/1/2013	6/30/2013	I	8	152.35			
454	2/1/2013	3/1/2013	11/30/2013	I	10	157.74			
455	2/1/2013	3/1/2013	12/31/2039	A	16	403.36	17	2155.18	-1751.82
456	2/1/2013	3/1/2013	6/20/2014	I	9	341.74			
457	2/1/2013	3/1/2013	12/31/2039	A	10	193.99	11	265.69	-71.7
458	2/1/2013	3/1/2013	12/31/2039	A	19	107.53	4	4.8	102.73
459	2/1/2013	3/1/2013	12/31/2039	A	7	192.96	11	2180.4899	-1987.5299
460	2/1/2013	3/1/2013	5/31/2013	I	8	259.13			
461	2/1/2013	3/1/2013	12/31/2039	A	4	650.39	4	94.77	555.62
462	2/1/2013	3/1/2013	12/31/2039	A	20	273.56	5	71.77	201.79
463	2/1/2013	3/1/2013	12/31/2039	A	36	2058.46	13	151.1699	1907.2901
464	2/1/2013	3/1/2013	12/31/2039	A	7	627.17			627.17
465	2/1/2013	3/1/2013	12/31/2039	A	38	132.44	1	6.29	126.15
466	2/1/2013	3/1/2013	12/31/2039	A	10	508.42	7	445.33	63.09
467	2/1/2013	3/1/2013	12/31/2039	A	12	1476.23	7	1626.06	-149.83
468	2/22/2013	3/22/2013	12/31/2039	A	1	26.35			26.35
469	3/1/2013	4/1/2013	12/31/2039	A	7	126.53			126.53
470	3/1/2013	4/1/2013	12/31/2039	A	6	194.24	6	139.88	54.36
471	3/1/2013	4/1/2013	12/31/2039	A	9	643.36	10	3082.2399	-2438.8799
472	3/1/2013	4/1/2013	12/31/2039	A	8	68.2	9	53.56	14.64
473	3/1/2013	4/1/2013	12/31/2039	A	7	131.34	3	115.06	16.28
474	3/1/2013	4/1/2013	12/31/2039	A	9	442.39	6	212.15	230.24
475	3/1/2013	4/1/2013	12/31/2039	A	10	1390.79	7	676.11	714.68
476	3/1/2013	4/1/2013	12/31/2039	A	6	119.13	4	60.46	58.67
477	3/1/2013	4/1/2013	12/31/2039	A	11	238.46			238.46
478	3/1/2013	4/1/2013	12/31/2039	A					0
479	3/1/2013	4/1/2013	12/31/2039	A	24	904.86	12	957.59	-52.73
480	3/1/2013	4/1/2013	12/31/2039	A	5	97.9599	16	2922.63	-2824.6701
481	3/1/2013	4/1/2013	8/31/2013	I	7	82.27			
482	3/1/2013	4/1/2013	12/31/2039	A	3	59.14	1	55.78	3.36
483	3/1/2013	4/1/2013	12/31/2039	A	10	17.6	11	20.4	-2.8
484	3/1/2013	4/1/2013	12/31/2039	A	36	3484.35	29	2818.08	666.27
485	3/1/2013	4/1/2013	8/31/2013	I	1	7.23			
486	3/1/2013	4/1/2013	12/31/2039	A	5	50.07			50.07
487	3/1/2013	4/1/2013	1/31/2015	I	16	477.5			
488	4/1/2013	5/1/2013	12/31/2039	A	18	1080.13	3	184.27	895.86
489	4/1/2013	5/1/2013	12/31/2039	A	8	154.55	5	428.09	-273.54
490	4/1/2013	5/1/2013	1/31/2015	I	14	753.21			
491	4/1/2013	5/1/2013	7/21/2014	I	5	273.69			
492	4/1/2013	5/1/2013	12/31/2039	A	20	4016.09			4016.09
493	4/1/2013	5/1/2013	1/31/2015	I					
494	4/1/2013	5/1/2013	12/31/2039	A	10	365.64	5	131.93	233.71
495	4/1/2013	5/1/2013	12/31/2039	A	9	489.16	5	35.28	453.88
496	4/1/2013	5/1/2013	12/31/2039	A	4	183.25	15	283.45	-100.2
497	4/1/2013	5/1/2013	12/31/2039	A	16	1737.23	19	2041.73	-304.5
498	4/1/2013	5/1/2013	12/31/2039	A	5	106.54	4	165.78	-59.24
499	4/1/2013	5/1/2013	12/31/2039	A	15	993.33	13	385.21	608.12
500	4/1/2013	5/1/2013	8/31/2014	I	6	762.22			
501	4/1/2013	5/1/2013	12/31/2039	A	29	870.63	7	114.89	755.74
502	4/1/2013	5/1/2013	12/31/2039	A	7	662.54			662.54
503	4/1/2013	5/1/2013	12/31/2039	A	14	2413.32	10	736.61	1676.71
504	5/1/2013	6/1/2013	11/30/2013	I	9	10691.09			
505	5/1/2013	6/1/2013	4/30/2014	I	20	367.51			
506	5/1/2013	6/1/2013	12/31/2039	A	4	80.87	7	300.98	-220.11

Number	Month Before Lock-In	Lock-In Date	Term Date	Status	Total Claims Month Before Lock-In	Total Amount Month Before Lock-In	Total Claims March 2015	Total Amount March 2015	Total Savings March 2015
507	5/1/2013	6/1/2013	12/31/2039	A	5	89.7	13	1244.19	-1154.49
508	5/1/2013	6/1/2013	12/31/2039	A	11	40.93	9	18.2399	22.6901
509	5/1/2013	6/1/2013	12/31/2039	A	2	4.4	8	15.61	-11.21
510	5/1/2013	6/1/2013	12/31/2039	A	7	330.16	9	261.45	68.71
511	5/1/2013	6/1/2013	12/31/2039	A	9	391.26	6	366.91	24.35
512	5/1/2013	6/1/2013	12/31/2039	A	15	1773.57	5	75.77	1697.8
513	5/1/2013	6/1/2013	12/31/2039	A	6	6.65	7	13.2	-6.55
514	10/1/2013	11/1/2013	12/31/2039	A	28	401.51			401.51
515	10/1/2013	11/1/2013	12/31/2039	A	4	248.33	3	68.7099	179.6201
516	10/1/2013	11/1/2013	12/31/2039	A	11	232.54	14	191.87	40.67
517	10/1/2013	11/1/2013	12/31/2039	A	16	952.45	26	687.98	264.47
518	10/1/2013	11/1/2013	12/31/2039	A	3	50.4799	4	32.68	17.7999
519	10/1/2013	11/1/2013	10/31/2014	I	7	343.83			
520	10/1/2013	11/1/2013	2/13/2015	I	19	1033.6			
521	10/1/2013	11/1/2013	12/31/2039	A	25	1634.59			1634.59
522	10/1/2013	11/1/2013	12/31/2039	A	19	732.58	49	983.01	-250.43
523	10/1/2013	11/1/2013	12/31/2039	A	8	18.9	2	2.4	16.5
524	10/1/2013	11/1/2013	12/31/2039	A			14	5124.64	-5124.64
525	10/1/2013	11/1/2013	12/31/2039	A	20	575.14	18	613.6799	-38.5399
526	10/1/2013	11/1/2013	12/31/2039	A	12	682.58	19	707.17	-24.59
527	10/1/2013	11/1/2013	10/31/2014	I	17	976.76			
528	10/1/2013	11/1/2013	8/31/2014	I	10	55.36			
529	10/1/2013	11/1/2013	12/31/2039	A	9	168.91	8	647.35	-478.44
530	10/1/2013	11/1/2013	12/31/2039	A	18	487.29	14	539.67	-52.38
531	10/1/2013	11/1/2013	12/31/2039	A	6	80.54			80.54
532	10/1/2013	11/1/2013	12/31/2039	A	5	790.1	4	101.65	688.45
533	10/1/2013	11/1/2013	1/2/2015	I	6	364.5			
534	10/1/2013	11/1/2013	12/31/2039	A	6	5.75	6	7.2	-1.45
535	10/1/2013	11/1/2013	12/31/2039	A	10	368.91			368.91
536	10/1/2013	11/1/2013	12/31/2039	A	6	214.09	15	453.9	-239.81
537	10/1/2013	11/1/2013	11/21/2013	I	12	1037.7			
538	10/1/2013	11/1/2013	12/31/2039	A	23	1078.52			1078.52
539	10/1/2013	11/1/2013	12/31/2039	A			11	793.15	-793.15
540	10/1/2013	11/1/2013	4/30/2014	I	16	159.65			
541	10/1/2013	11/1/2013	12/31/2039	A	22	386.3	17	3399.3	-3013
542	10/1/2013	11/1/2013	12/31/2039	A	16	238.41	11	605.99	-367.58
543	10/1/2013	11/1/2013	12/31/2039	A	8	183.49	13	1182.19	-998.7
544	10/1/2013	11/1/2013	12/31/2039	A	13	845.44	7	5433.92	-4588.48
545	11/1/2013	12/1/2013	12/31/2039	A	6	73.34	2	69.56	3.78
546	11/1/2013	12/1/2013	12/31/2039	A	19	1004.68	10	809.21	195.47
547	11/1/2013	12/1/2013	12/31/2039	A	27	1048.3699	8	889.01	159.3599
548	11/1/2013	12/1/2013	12/31/2039	A	8	826.24	3	59.73	766.51
549	11/1/2013	12/1/2013	12/31/2039	A	5	107.12	4	122.31	-15.19
550	11/1/2013	12/1/2013	2/28/2015	I	1	76.55			
551	11/1/2013	12/1/2013	12/31/2039	A	7	12.75			12.75
552	11/1/2013	12/1/2013	12/31/2039	A	15	919.38	18	789.87	129.51
553	11/1/2013	12/1/2013	12/31/2039	A	7	542.4	7	255.18	287.22
554	11/1/2013	12/1/2013	12/31/2039	A	9	169.01	12	1597.53	-1428.52
555	11/1/2013	12/1/2013	12/31/2039	A	17	14839.48	13	8973.35	5866.13
556	11/1/2013	12/1/2013	12/31/2039	A	11	3846.73	12	3491.11	355.62
557	11/1/2013	12/1/2013	12/31/2039	A	14	4026.27	4	415	3611.27
558	11/1/2013	12/1/2013	12/31/2039	A	10	67.06	8	225.5	-158.44
559	12/1/2013	1/1/2014	12/31/2039	A	11	676.61	7	10.8	665.81
560	12/1/2013	1/1/2014	12/31/2039	A	23	1025.85	16	1466.53	-440.68
561	12/1/2013	1/1/2014	12/31/2039	A	19	1929.24	5	4033.12	-2103.88
562	12/1/2013	1/1/2014	12/31/2039	A	10	25.4			25.4
563	12/1/2013	1/1/2014	12/31/2039	A	11	2208.69	12	2456.17	-247.48
564	12/1/2013	1/1/2014	12/31/2039	A	11	263.66	6	737.58	-473.92

Number	Month Before Lock-In	Lock-In Date	Term Date	Status	Total Claims Month Before Lock-In	Total Amount Month Before Lock-In	Total Claims March 2015	Total Amount March 2015	Total Savings March 2015
565	12/1/2013	1/1/2014	12/31/2039	A	4	764.16	6	77.12	687.04
566	12/1/2013	1/1/2014	12/31/2039	A	3	32.36	1	15.15	17.21
567	12/1/2013	1/1/2014	9/23/2014	I	4	68.4			
568	12/1/2013	1/1/2014	12/31/2039	A	7	116.38			116.38
569	12/1/2013	1/1/2014	12/31/2039	A	12	154.35	12	285.22	-130.87
570	12/1/2013	1/1/2014	3/18/2015	I	15	715.79	1	53.53	
571	12/1/2013	1/1/2014	12/31/2039	A	9	413.3	10	686.57	-273.27
572	12/1/2013	1/1/2014	12/31/2039	A	11	162.11	8	982.79	-820.68
573	1/1/2014	2/1/2014	12/31/2039	A	6	7.2			7.2
574	1/1/2014	2/1/2014	12/31/2039	A	21	411.5299	11	1468.59	-1057.0601
575	1/1/2014	2/1/2014	3/31/2015	I	12	979.89	4	87.4599	
576	1/1/2014	2/1/2014	12/31/2039	A	9	1454.31	5	1332.55	121.76
577	1/1/2014	2/1/2014	6/30/2014	I	7	303.46			
578	1/1/2014	2/1/2014	12/31/2039	A	9	1081.14	4	153.7	927.44
579	1/1/2014	2/1/2014	12/31/2039	A	17	2470.03			2470.03
580	1/1/2014	2/1/2014	12/31/2039	A	5	1003.4	9	1181.29	-177.89
581	1/1/2014	2/1/2014	12/31/2039	A	11	1658.83	9	1267.92	390.91
582	1/1/2014	2/1/2014	12/31/2039	A	11	3101.9899	12	3116.92	-14.9301
583	1/1/2014	2/1/2014	12/31/2039	A	7	262.7799	19	1614.43	-1351.6501
584	1/1/2014	2/1/2014	12/31/2039	A	18	1036.43			1036.43
585	1/1/2014	2/1/2014	12/31/2039	A	11	2241.23	1	79.86	2161.37
586	1/1/2014	2/1/2014	12/31/2039	A	10	1682.58	11	1961.71	-279.13
587	1/1/2014	2/1/2014	12/31/2039	A	7	257.47	2	225.93	31.54
588	1/1/2014	2/1/2014	4/20/2014	I	63	676			
589	1/1/2014	2/1/2014	12/31/2039	A	7	152.46	5	404.96	-252.5
590	1/1/2014	2/1/2014	12/31/2039	A	19	927.7	20	253.39	674.31
591	1/1/2014	2/1/2014	7/31/2014	I	10	391.73			
592	1/1/2014	2/1/2014	12/31/2039	A	12	271.94			271.94
593	1/1/2014	2/1/2014	12/31/2039	A	10	1381.21	1	22.91	1358.3
594	1/1/2014	2/1/2014	12/31/2039	A	24	1659.3	24	1042.15	617.15
595	1/1/2014	2/1/2014	12/31/2039	A	49	48180.76	45	86740.67	-38559.91
596	1/1/2014	2/1/2014	3/31/2014	I	12	61.16			
597	1/1/2014	2/1/2014	12/31/2039	A	18	2028.58	4	149.71	1878.87
598	2/1/2014	3/1/2014	12/31/2039	A	8	363.51	13	391.66	-28.15
599	2/1/2014	3/1/2014	12/31/2039	A	11	420.55	10	1434.03	-1013.48
600	2/1/2014	3/1/2014	12/31/2039	A	14	680.39			680.39
601	2/1/2014	3/1/2014	12/31/2039	A	9	395.12	5	82.94	312.18
602	2/1/2014	3/1/2014	12/31/2039	A	13	1457.3	1	440.68	1016.62
603	2/1/2014	3/1/2014	12/31/2039	A	12	536.58	9	767.37	-230.79
604	2/1/2014	3/1/2014	1/31/2014	I					
605	2/1/2014	3/1/2014	12/31/2039	A	8	878.01			878.01
606	2/1/2014	3/1/2014	12/31/2039	A					0
607	2/1/2014	3/1/2014	12/31/2039	A	7	74.84	14	203.2	-128.36
608	2/1/2014	3/1/2014	12/31/2039	A	10	337.13	10	396.45	-59.32
609	2/1/2014	3/1/2014	12/31/2039	A	11	902.82	12	766.92	135.9
610	2/1/2014	3/1/2014	12/31/2039	A	47	692.52	4	294.21	398.31
611	2/1/2014	3/1/2014	12/31/2039	A	6	187.62	4	132.19	55.43
612	2/1/2014	3/1/2014	12/31/2039	A	7	1035.13	12	1426.3599	-391.2299
613	2/1/2014	3/1/2014	11/30/2014	I	16	1012.65			
614	2/1/2014	3/1/2014	12/31/2039	A	7	1001.14	13	128.44	872.7
615	2/1/2014	3/1/2014	12/31/2039	A	8	438.84			438.84
616	2/1/2014	3/1/2014	12/31/2039	A	4	102.23			102.23
617	2/1/2014	3/1/2014	12/31/2039	A	4	62.17	9	651.57	-589.4
618	2/1/2014	3/1/2014	12/31/2039	A	17	852.38	15	639.59	212.79
619	2/1/2014	3/1/2014	12/31/2039	A	26	1355.27	9	314.48	1040.79
620	2/1/2014	3/1/2014	1/31/2015	I	11	862.41			
621	2/1/2014	3/1/2014	12/31/2039	A	29	164.91	8	129.85	35.06
622	2/1/2014	3/1/2014	12/31/2039	A	30	285.06	16	247.11	37.95

Number	Month Before Lock-In	Lock-In Date	Term Date	Status	Total Claims Month Before Lock-In	Total Amount Month Before Lock-In	Total Claims March 2015	Total Amount March 2015	Total Savings March 2015
623	2/1/2014	3/1/2014	12/31/2039	A	11	862.67	8	937.94	-75.27
624	2/1/2014	3/1/2014	12/31/2039	A	20	1532.22	16	1103.25	428.97
625	2/1/2014	3/1/2014	12/31/2039	A	12	924.18	16	1264.4	-340.22
626	2/1/2014	3/1/2014	12/31/2039	A	13	288.75	4	17.64	271.11
627	2/1/2014	3/1/2014	12/31/2039	A	13	1016.7	11	210.99	805.71
628	2/1/2014	3/1/2014	12/31/2039	A	25	1174.68			1174.68
629	2/1/2014	3/1/2014	12/31/2039	A	19	682.28	20	1557.83	-875.55
630	2/1/2014	3/1/2014	12/31/2039	A	19	1564.21	23	1242.1099	322.1001
631	2/1/2014	3/1/2014	12/31/2039	A	4	2556.71			2556.71
632	2/1/2014	3/1/2014	12/31/2039	A	4	138.25	9	586.11	-447.86
633	3/1/2014	4/1/2014	12/31/2039	A	7	1315.47	2	2.4	1313.07
634	3/1/2014	4/1/2014	12/31/2039	A	15	66.17			66.17
635	3/1/2014	4/1/2014	12/31/2039	A	5	67.49	3	70.25	-2.76
636	3/1/2014	4/1/2014	12/31/2039	A	17	1386.89	12	1526.55	-139.66
637	3/1/2014	4/1/2014	12/31/2039	A	21	86.31	26	294.06	-207.75
638	3/1/2014	4/1/2014	8/31/2014	I	16	1543.34			
639	3/1/2014	4/1/2014	12/31/2039	A	27	1415.54	15	1228.72	186.82
640	3/1/2014	4/1/2014	12/31/2039	A	16	1499.24	5	2471.96	-972.72
641	3/1/2014	4/1/2014	12/31/2039	A	16	4729.65	6	485.55	4244.1
642	3/1/2014	4/1/2014	12/31/2039	A	7	214.15	7	490.65	-276.5
643	3/1/2014	4/1/2014	12/31/2039	A	27	2385.08	5	310.2	2074.88
644	3/1/2014	4/1/2014	9/30/2014	I	18	2317.36			
645	3/1/2014	4/1/2014	1/6/2015	I	9	309.48			
646	3/1/2014	4/1/2014	12/31/2039	A	23	727.4	27	1054.46	-327.06
647	3/1/2014	4/1/2014	9/30/2014	I	2	4.8			
648	3/1/2014	4/1/2014	12/31/2039	A	7	96.35			96.35
649	3/1/2014	4/1/2014	8/31/2014	I	10	117.4			
650	3/1/2014	4/1/2014	12/31/2039	A			2	21.42	-21.42
651	3/1/2014	4/1/2014	12/31/2039	A	12	19.2	12	16.8	2.4
652	3/1/2014	4/1/2014	12/31/2039	A	6	764.55	3	1067.58	-303.03
653	3/1/2014	4/1/2014	12/31/2039	A	12	1485.21	30	5261.99	-3776.78
654	3/1/2014	4/1/2014	12/31/2039	A	14	491.34	5	207.88	283.46
655	4/1/2014	5/1/2014	12/31/2039	A	7	55.42	6	114.25	-58.83
656	4/1/2014	5/1/2014	12/31/2039	A	12	142.3899	8	889.47	-747.0801
657	4/1/2014	5/1/2014	12/31/2039	A	13	337.43	13	275.04	62.39
658	4/1/2014	5/1/2014	8/31/2014	I	6	131.86			
659	4/1/2014	5/1/2014	12/31/2039	A	15	26.13	13	26.36	-0.23
660	4/1/2014	5/1/2014	12/31/2039	A	10	175.59	10	947.65	-772.06
661	4/1/2014	5/1/2014	12/31/2039	A	14	697.99	2	219.05	478.94
662	4/1/2014	5/1/2014	12/31/2039	A	10	546.58	7	611.36	-64.78
663	4/1/2014	5/1/2014	12/31/2039	A	9	465.33	16	709.9	-244.57
664	4/1/2014	5/1/2014	12/31/2039	A	4	1240.18	6	1149.04	91.14
665	4/1/2014	5/1/2014	12/31/2039	A	25	2165.9899			2165.9899
666	4/1/2014	5/1/2014	12/31/2039	A	8	106.4	1	11.85	94.55
667	4/1/2014	5/1/2014	12/31/2039	A	32	210.19	11	20.4	189.79
668	4/1/2014	5/1/2014	3/31/2015	I	14	119.75			
669	4/1/2014	5/1/2014	12/31/2039	A	24	2910.94	9	2395.93	515.01
670	4/1/2014	5/1/2014	12/31/2039	A	16	215.94	10	113.05	102.89
671	4/1/2014	5/1/2014	12/31/2039	A	13	1101.25	11	1081.47	19.78
672	4/1/2014	5/1/2014	12/31/2039	A	12	1109.95	7	409.58	700.37
673	4/1/2014	5/1/2014	12/31/2039	A					0
674	5/1/2014	6/1/2014	12/31/2039	A	6	96.66			96.66
675	5/1/2014	6/1/2014	12/31/2039	A	6	7.2	8	9.6	-2.4
676	5/1/2014	6/1/2014	12/31/2039	A	8	5299.54	18	11873.15	-6573.61
677	5/1/2014	6/1/2014	12/31/2039	A	10	270.31	8	584.72	-314.41
678	5/1/2014	6/1/2014	12/31/2039	A	11	572.54	18	985.96	-413.42
679	5/1/2014	6/1/2014	12/31/2039	A	11	522.34	11	1626.92	-1104.58
680	5/1/2014	6/1/2014	12/31/2039	A	21	1043.57	27	1447.35	-403.78

Number	Month Before Lock-In	Lock-In Date	Term Date	Status	Total Claims Month Before Lock-In	Total Amount Month Before Lock-In	Total Claims March 2015	Total Amount March 2015	Total Savings March 2015
681	5/1/2014	6/1/2014	12/31/2039	A	12	640.9299	11	856.72	-215.7901
682	5/1/2014	6/1/2014	12/31/2039	A	19	39.45	21	49.53	-10.08
683	5/1/2014	6/1/2014	12/31/2039	A	9	2398.2199	9	2985.21	-586.9901
684	5/1/2014	6/1/2014	5/31/2014	I	6	2311.31			
685	5/1/2014	6/1/2014	12/31/2039	A	13	857.89			857.89
686	5/1/2014	6/1/2014	12/31/2039	A	8	246.89	8	455.74	-208.85
687	6/1/2014	7/1/2014	12/31/2039	A	20	1402.27	13	781	621.27
688	6/1/2014	7/1/2014	12/31/2039	A	3	58.75	7	96.68	-37.93
689	6/1/2014	7/1/2014	12/31/2039	A	7	306.99	1	11.99	295
690	6/1/2014	7/1/2014	12/31/2039	A	12	1100.8	16	1429.88	-329.08
691	6/1/2014	7/1/2014	12/31/2039	A	11	385.87	18	490.63	-104.76
692	6/1/2014	7/1/2014	12/31/2039	A	6	297.02	5	2359.62	-2062.6
693	6/1/2014	7/1/2014	12/31/2039	A	1	9.57	4	49.81	-40.24
694	6/1/2014	7/1/2014	12/31/2039	A	8	64.48	12	2572.59	-2508.11
695	6/1/2014	7/1/2014	12/31/2039	A	15	398.71	24	479.61	-80.9
696	6/1/2014	7/1/2014	12/31/2039	A	11	733	6	577.1	155.9
697	7/1/2014	8/1/2014	12/31/2039	A	25	19.22			19.22
698	7/1/2014	8/1/2014	12/31/2039	A	12	1944.54	17	2366.4	-421.86
699	7/1/2014	8/1/2014	12/31/2039	A	9	358.99	5	148.49	210.5
700	7/1/2014	8/1/2014	12/31/2039	A	9	94.38	3	20.8	73.58
701	7/1/2014	8/1/2014	12/31/2039	A	11	236.83	4	441.72	-204.89
702	7/1/2014	8/1/2014	12/31/2039	A	8	289.36	7	378.32	-88.96
703	7/1/2014	8/1/2014	12/31/2039	A	10	781.86	4	556	225.86
704	7/1/2014	8/1/2014	12/31/2039	A	15	1078.1199	7	1335.19	-257.0701
705	7/1/2014	8/1/2014	12/31/2039	A	26	936.35	22	1364.74	-428.39
706	7/1/2014	8/1/2014	12/31/2039	A	29	168.72			168.72
707	7/1/2014	8/1/2014	12/31/2039	A	24	2118.31	37	3180.7199	-1062.4099
708	7/1/2014	8/1/2014	10/10/2014	I	22	931.38			
709	7/1/2014	8/1/2014	12/31/2039	A	15	22.18	13	18	4.18
710	7/1/2014	8/1/2014	12/31/2039	A	26	1279.02	21	1341.84	-62.82
711	7/1/2014	8/1/2014	12/31/2039	A	10	16.8	2	2.4	14.4
712	7/1/2014	8/1/2014	12/31/2039	A	19	20.77	1	1.2	19.57
713	7/1/2014	8/1/2014	12/31/2039	A	30	134.1399	17	70.2	63.9399
714	8/1/2014	9/1/2014	12/31/2039	A	12	1366.3599	8	1673.47	-307.1101
715	8/1/2014	9/1/2014	12/31/2039	A	6	110.9	4	219.68	-108.78
716	8/1/2014	9/1/2014	12/21/2014	I	10	1477.55			
717	8/1/2014	9/1/2014	12/31/2039	A	10	14.4	14	31.44	-17.04
718	8/1/2014	9/1/2014	12/31/2039	A	12	561.9299	15	1069.44	-507.5101
719	8/1/2014	9/1/2014	12/31/2039	A	15	392.88	5	133.31	259.57
720	8/1/2014	9/1/2014	12/31/2039	A	19	2090.71	8	521.41	1569.3
721	8/1/2014	9/1/2014	4/30/2015	A	14	264.2799	5	157.96	106.3199
722	8/1/2014	9/1/2014	12/31/2039	A					0
723	8/1/2014	9/1/2014	12/31/2039	A	20	155.01	1	1.19	153.82
724	8/1/2014	9/1/2014	3/31/2015	I	4	72.62			
725	8/1/2014	9/1/2014	12/31/2039	A					0
726	8/1/2014	9/1/2014	12/31/2039	A	4	132.9	19	25233.71	-25100.81
727	8/1/2014	9/1/2014	12/31/2039	A	12	31491.62	14	2665.33	28826.29
728	9/1/2014	10/1/2014	12/31/2039	A	20	1222.25	15	1993.52	-771.27
729	9/1/2014	10/1/2014	12/31/2039	A	15	1382.75	9	280.62	1102.13
730	9/1/2014	10/1/2014	12/31/2039	A	13	96.09	8	106.13	-10.04
731	9/1/2014	10/1/2014	3/31/2015	I	17	263.29	2	21.13	
732	9/1/2014	10/1/2014	12/31/2039	A	35	464.13	16	350.18	113.95
733	9/1/2014	10/1/2014	12/31/2039	A	12	1269.02	13	1110.24	158.78
734	9/1/2014	10/1/2014	12/31/2039	A	10	504.7	12	244.87	259.83
735	9/1/2014	10/1/2014	12/31/2039	A	11	156.49	20	457.09	-300.6
736	9/1/2014	10/1/2014	2/28/2015	I	20	716.08			
737	9/1/2014	10/1/2014	12/31/2039	A	19	646.32	6	696.3	-49.98
738	9/1/2014	10/1/2014	9/30/2014	I	6	360.52			

Number	Month Before Lock-In	Lock-In Date	Term Date	Status	Total Claims Month Before Lock-In	Total Amount Month Before Lock-In	Total Claims March 2015	Total Amount March 2015	Total Savings March 2015
739	9/1/2014	10/1/2014	12/31/2039	A	2	47.92	2	111.5	-63.58
740	9/1/2014	10/1/2014	12/31/2039	A	18	1220.19	7	472.21	747.98
741	9/1/2014	10/1/2014	12/31/2039	A	10	692.4299	11	865.38	-172.9501
742	9/1/2014	10/1/2014	12/31/2039	A	14	2734.38	24	4820.1899	-2085.8099
743	9/1/2014	10/1/2014	12/31/2039	A	2	138.74	1	10.94	127.8
744	9/1/2014	10/1/2014	12/31/2039	A	9	3054.6	12	3256.28	-201.68
745	10/1/2014	11/1/2014	12/31/2039	A	10	336.0299	10	644.4	-308.3701
746	10/1/2014	11/1/2014	12/31/2039	A	7	127.74	5	101.7	26.04
747	10/1/2014	11/1/2014	12/31/2039	A	10	12	7	10.8	1.2
748	10/1/2014	11/1/2014	12/31/2039	A	12	12.16	4	4.8	7.36
749	10/1/2014	11/1/2014	12/31/2039	A	14	153.91	1	10.1199	143.7901
750	10/1/2014	11/1/2014	12/31/2039	A	44	476.38	7	59.3	417.08
751	10/1/2014	11/1/2014	12/31/2039	A	19	3693.42	22	4339.93	-646.51
752	10/1/2014	11/1/2014	12/31/2039	A	4	163.7	3	106.98	56.72
753	10/1/2014	11/1/2014	11/18/2014	I	13	20.4			
754	10/1/2014	11/1/2014	12/31/2039	A	13	1016.15			1016.15
755	10/1/2014	11/1/2014	12/31/2039	A	17	3605.77	15	2539.37	1066.4
756	10/1/2014	11/1/2014	1/31/2015	I	11	604.6			
757	10/1/2014	11/1/2014	2/28/2015	I	3	21.22			
758	10/1/2014	11/1/2014	2/28/2015	I	1	6.19			
759	10/1/2014	11/1/2014	12/31/2039	A	5	59.1	5	47.52	11.58
760	10/1/2014	11/1/2014	12/31/2014	I	57	462.13			
761	10/1/2014	11/1/2014	10/31/2014	I	16	591.51			
762	10/1/2014	11/1/2014	12/31/2039	A	2	160.65	4	328.44	-167.79
763	10/1/2014	11/1/2014	12/31/2039	A	20	510.92	11	3214.92	-2704
764	11/1/2014	12/1/2014	12/31/2039	A	20	8427.52	9	725.84	7701.68
765	11/1/2014	12/1/2014	12/31/2039	A	21	487.92	8	496.26	-8.34
766	11/1/2014	12/1/2014	12/31/2039	A	11	864.79	10	870.66	-5.87
767	11/1/2014	12/1/2014	12/31/2039	A	6	59.84	6	131.56	-71.72
768	11/1/2014	12/1/2014	12/31/2039	A	7	604.14	9	782.8	-178.66
769	11/1/2014	12/1/2014	12/31/2039	A	4	147.78	6	121.75	26.03
770	11/1/2014	12/1/2014	12/31/2039	A	30	228.1	7	186.88	41.22
771	11/1/2014	12/1/2014	12/31/2039	A	16	3473.24	6	527.22	2946.02
772	11/1/2014	12/1/2014	3/31/2015	I	10	62.13			
773	11/1/2014	12/1/2014	12/31/2039	A	20	1328.32	10	298.32	1030
774	11/1/2014	12/1/2014	12/31/2039	A	11	85.9599	7	276.76	-190.8001
775	11/1/2014	12/1/2014	12/31/2039	A					0
776	11/1/2014	12/1/2014	2/28/2015	I	17	232.45			
777	11/1/2014	12/1/2014	12/31/2039	A	14	575.38			575.38
778	11/1/2014	12/1/2014	12/31/2039	A	13	1008.44	16	888.13	120.31
779	11/1/2014	12/1/2014	12/31/2039	A	13	1083.35	19	2172.14	-1088.79
780	11/1/2014	12/1/2014	12/31/2039	A	6	379.5	17	1639.67	-1260.17
781	11/1/2014	12/1/2014	12/31/2039	A	11	682.38	5	608.17	74.21
782	11/1/2014	12/1/2014	12/31/2039	A	16	506.18	7	710.09	-203.91
783	12/16/2014	1/16/2015	2/28/2015	I	23	261.06			
784	12/16/2014	1/16/2015	12/31/2039	A	17	1206.43	6	332.9	873.53
785	12/16/2014	1/16/2015	12/31/2039	A	7	246.12	8	257.38	-11.26
786	12/16/2014	1/16/2015	12/31/2039	A	15	767.03	18	691.13	75.9
787	12/16/2014	1/16/2015	12/31/2039	A	11	382.82	6	591.24	-208.42
788	12/16/2014	1/16/2015	12/31/2039	A	4	264.51	7	288.75	-24.24
789	12/16/2014	1/16/2015	12/31/2039	A	6	279.9	5	289.61	-9.71
790	12/16/2014	1/16/2015	1/31/2015	I	3	285.16			
791	1/1/2015	2/1/2015	4/30/2015	A	1	148.35	2	16.0799	132.2701
792	1/1/2015	2/1/2015	12/31/2039	A	3	113.7	3	118.39	-4.69
793	1/1/2015	2/1/2015	12/31/2039	A					0
794	1/1/2015	2/1/2015	12/31/2039	A	12	20.2			20.2
795	1/1/2015	2/1/2015	12/31/2039	A	15	1724.15	6	412.97	1311.18
796	1/1/2015	2/1/2015	12/31/2039	A	11	84.01	6	80.48	3.53

Number	Month Before Lock-In	Lock-In Date	Term Date	Status	Total Claims Month Before Lock-In	Total Amount Month Before Lock-In	Total Claims March 2015	Total Amount March 2015	Total Savings March 2015
797	1/1/2015	2/1/2015	12/31/2039	A	11	357.98	13	502.28	-144.3
798	1/1/2015	2/1/2015	12/31/2039	A	8	498.81	11	1159.69	-660.88
799	1/1/2015	2/1/2015	12/31/2039	A					0
800	1/1/2015	2/1/2015	12/31/2039	A	8	110.5	5	34.76	75.74
801	1/1/2015	2/1/2015	12/31/2039	A	8	392.56	8	360.97	31.59
802	1/1/2015	2/1/2015	12/31/2039	A	10	12	12	14.4	-2.4
803	1/1/2015	2/1/2015	12/31/2039	A	12	156.28	20	277.93	-121.65
804	2/1/2015	3/1/2015	12/31/2039	A	3	116.23	1	8.0399	108.1901
805	2/1/2015	3/1/2015	12/31/2039	A	16	747.6	19	840.51	-92.91
806	2/1/2015	3/1/2015	12/31/2039	A	5	417.17	9	1264.41	-847.24
807	2/1/2015	3/1/2015	12/31/2039	A	13	822.87	11	352.3	470.57
808	2/1/2015	3/1/2015	12/31/2039	A	14	698.47	15	438.76	259.71
809	2/1/2015	3/1/2015	12/31/2039	A	27	6887.12	28	8075.65	-1188.53
810	2/1/2015	3/1/2015	12/31/2039	A	9	167.72	4	78.33	89.39
811	2/1/2015	3/1/2015	12/31/2039	A	5	173.33	14	1069.85	-896.52

Insulin Claims for recipients without Test Strip Claim
April 2014 - March 2015

Row Labels	Count of RxClaim Nbr
APIDRA	22
APIDRA SOLOSTAR	36
HUMALOG	332
HUMALOG KWIKPEN	454
HUMALOG MIX 50/50 KWIKPEN	11
HUMALOG MIX 75/25	15
HUMALOG MIX 75/25 KWIKPEN	40
HUMULIN 70/30	34
HUMULIN 70/30 KWIKPEN	19
HUMULIN 70/30 PEN	1
HUMULIN N	77
HUMULIN N KWIKPEN	4
HUMULIN R	143
HUMULIN R U-500 (CONCENTR	17
LANTUS	859
LANTUS SOLOSTAR	1235
LEVEMIR	266
LEVEMIR FLEXPEN	192
LEVEMIR FLEXTOUCH	176
NOVOLIN 70/30	75
NOVOLIN 70/30 RELION	45
NOVOLIN N	58
NOVOLIN N RELION	49
NOVOLIN R	185
NOVOLIN R RELION	46
NOVOLOG	375
NOVOLOG FLEXPEN	549
NOVOLOG MIX 70/30	18
NOVOLOG MIX 70/30 PREFILL	82
NOVOLOG PENFILL	6
Grand Total	**5421**

Row Labels	Count of RxClaim Nbr
NVMBASIC	**3886**
LANTUS SOLOSTAR	1064
LANTUS	722
HUMALOG KWIKPEN	354
NOVOLOG FLEXPEN	273
HUMALOG	258
NOVOLOG	175
LEVEMIR FLEXTOUCH	135
LEVEMIR	127
LEVEMIR FLEXPEN	113
HUMULIN R	84
NOVOLOG MIX 70/30 PREFILL	72
HUMULIN N	69
NOVOLIN 70/30	65
NOVOLIN N RELION	46
NOVOLIN R RELION	40
HUMALOG MIX 75/25 KWIKPEN	39
APIDRA SOLOSTAR	35
NOVOLIN 70/30 RELION	32
HUMULIN 70/30	30
NOVOLIN N	27
NOVOLIN R	27
APIDRA	20
HUMULIN 70/30 KWIKPEN	19
HUMULIN R U-500 (CONCENTR	17
NOVOLOG MIX 70/30	15
HUMALOG MIX 50/50 KWIKPEN	11
HUMALOG MIX 75/25	8
NOVOLOG PENFILL	6
HUMULIN N KWIKPEN	2
HUMULIN 70/30 PEN	1
NVMLTC	**794**
NOVOLOG FLEXPEN	261
LEVEMIR FLEXPEN	78
LANTUS	73
LANTUS SOLOSTAR	54
NOVOLIN R	49
NOVOLOG	48
HUMALOG KWIKPEN	40
LEVEMIR FLEXTOUCH	40
LEVEMIR	38
HUMALOG	35
HUMULIN R	25
NOVOLIN N	19

NOVOLIN 70/30 RELION	13
NOVOLOG MIX 70/30 PREFILL	10
NOVOLIN 70/30	3
HUMULIN N	3
NOVOLIN R RELION	3
NOVOLIN N RELION	2
NVMBASICP	**29**
NOVOLOG	4
HUMALOG	4
HUMULIN N	4
HUMALOG KWIKPEN	3
HUMULIN R	3
LANTUS	3
HUMULIN N KWIKPEN	2
NOVOLIN R	2
NOVOLIN N	2
LEVEMIR FLEXTOUCH	1
NOVOLIN N RELION	1
NVMBASICCU	**8**
LANTUS SOLOSTAR	4
NOVOLOG FLEXPEN	2
HUMALOG	1
HUMALOG KWIKPEN	1
Grand Total	**4717**

Guaifenesin with Codeine Utilization
April 2014 - March 2015

Row Labels	Claims	Members	Qty	Days Supply	Qty/Claim (ML)	Qty/Day (ML)
CHERATUSSIN AC	2,031	1,956	360,649	15,818	178	23
GUAIATUSSIN AC	760	742	135,237	5,560	178	24
GUAIFENESIN AC	47	47	8,758	356	186	25
GUAIFENESIN/CODEINE	420	406	70,891	3,224	169	22
IOPHEN C-NR	461	445	92,171	3,588	200	26
VIRTUSSIN A/C	180	176	34,928	1,451	194	24
Total	**3,899**	**3,772**	**702,634**	**29,997**	**184**	**24**

Top 10 Drug Group by Paid Amt

Q3 2014

Class	Drug Class Name	Count of Claims	Pharmacy Paid
12	ANTIVIRALS*	4,334	$ 7,831,875.91
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	28,851	$ 7,459,877.89
85	HEMATOLOGICAL AGENTS - MISC.*	3,700	$ 5,050,893.52
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	36,589	$ 3,491,464.48
21	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	4,031	$ 3,442,320.47
27	ANTIDIABETICS*	24,791	$ 3,076,547.70
72	ANTICONVULSANTS*	39,051	$ 2,535,347.65
65	ANALGESICS - OPIOID*	71,642	$ 2,482,410.76
30	ENDOCRINE AND METABOLIC AGENTS - MISC.*	4,005	$ 2,351,578.94
61	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREX	10,219	$ 2,115,073.48

Q4 2014

Class	Drug Class Name	Count of Claims	Pharmacy Paid
12	ANTIVIRALS*	4,468	$ 8,504,634.14
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	27,128	$ 7,683,927.56
85	HEMATOLOGICAL AGENTS - MISC.*	3,372	$ 6,979,163.17
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	37,789	$ 3,711,803.05
27	ANTIDIABETICS*	23,521	$ 3,238,990.79
21	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	3,514	$ 2,928,075.06
72	ANTICONVULSANTS*	38,048	$ 2,690,144.60
65	ANALGESICS - OPIOID*	61,598	$ 2,362,958.40
61	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREX	10,496	$ 2,204,887.73
30	ENDOCRINE AND METABOLIC AGENTS - MISC.*	3,724	$ 2,014,499.56

Q1 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
12	ANTIVIRALS*	6,331	$ 9,423,368.52
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	29,118	$ 8,469,326.81
85	HEMATOLOGICAL AGENTS - MISC.*	3,760	$ 7,597,768.53
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	45,060	$ 4,232,146.44
27	ANTIDIABETICS*	26,958	$ 3,630,467.57
21	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	3,892	$ 3,205,358.07
72	ANTICONVULSANTS*	41,585	$ 2,921,342.97
65	ANALGESICS - OPIOID*	64,322	$ 2,402,423.76
61	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREX	10,790	$ 2,200,152.41
30	ENDOCRINE AND METABOLIC AGENTS - MISC.*	4,020	$ 1,950,591.19

Top 10 Drug Group by Claim Count

Q3 2014

Class	Drug Class Name	Count of Claims	Pharmacy Paid
65	ANALGESICS - OPIOID*	71,631	$ 2,482,276.97
72	ANTICONVULSANTS*	39,050	$ 2,535,347.64
58	ANTIDEPRESSANTS*	37,932	$ 826,977.09
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	36,593	$ 3,491,467.74
36	ANTIHYPERTENSIVES*	32,250	$ 354,937.49
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	28,849	$ 7,459,859.59
57	ANTIANXIETY AGENTS*	25,921	$ 201,414.02
27	ANTIDIABETICS*	24,791	$ 3,076,547.70
39	ANTIHYPERLIPIDEMICS*	24,671	$ 820,516.83
49	ULCER DRUGS*	22,070	$ 1,026,492.05

Q4 2014

Class	Drug Class Name	Count of Claims	Pharmacy Paid
65	ANALGESICS - OPIOID*	61,598	$ 2,362,958.40
72	ANTICONVULSANTS*	38,048	$ 2,690,144.60
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	37,789	$ 3,711,803.05
58	ANTIDEPRESSANTS*	36,919	$ 837,021.47
36	ANTIHYPERTENSIVES*	31,101	$ 349,762.95
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	27,128	$ 7,683,927.56
57	ANTIANXIETY AGENTS*	23,977	$ 200,978.33
39	ANTIHYPERLIPIDEMICS*	23,655	$ 804,254.01
27	ANTIDIABETICS*	23,521	$ 3,238,990.79
49	ULCER DRUGS*	21,208	$ 1,079,722.12

Q1 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
65	ANALGESICS - OPIOID*	61,598	$ 2,362,958.40
72	ANTICONVULSANTS*	38,048	$ 2,690,144.60
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	37,789	$ 3,711,803.05
58	ANTIDEPRESSANTS*	36,919	$ 837,021.47
36	ANTIHYPERTENSIVES*	31,101	$ 349,762.95
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	27,128	$ 7,683,927.56
57	ANTIANXIETY AGENTS*	23,977	$ 200,978.33
39	ANTIHYPERLIPIDEMICS*	23,655	$ 804,254.01
27	ANTIDIABETICS*	23,521	$ 3,238,990.79
49	ULCER DRUGS*	21,208	$ 1,079,722.12

Top 10 Drug Classes by Paid Amt

Q3 2014

Class	Drug Class Name	Count of Claims	Pharmacy Paid
1235	HEPATITIS AGENTS**	398	$ 5,224,584.34
8510	ANTIHEMOPHILIC PRODUCTS**	119	$ 4,519,700.74
5925	QUINOLINONE DERIVATIVES**	4,085	$ 3,445,502.22
1210	ANTIRETROVIRALS**	2,427	$ 2,496,796.37
2710	INSULIN**	8,300	$ 2,347,110.16
4420	SYMPATHOMIMETICS**	24,372	$ 2,090,374.30
7260	ANTICONVULSANTS - MISC.**	26,756	$ 1,682,719.06
5907	BENZISOXAZOLES**	7,177	$ 1,612,690.41
5915	DIBENZAPINES**	10,625	$ 1,279,998.43
6510	OPIOID AGONISTS**	29,413	$ 1,271,033.91

Q4 2014

Class	Drug Class Name	Count of Claims	Pharmacy Paid
8510	ANTIHEMOPHILIC PRODUCTS**	124	$ 6,483,141.59
1235	HEPATITIS AGENTS**	332	$ 5,947,397.39
5925	QUINOLINONE DERIVATIVES**	4,203	$ 3,636,167.83
2710	INSULIN**	7,686	$ 2,477,258.93
1210	ANTIRETROVIRALS**	2,245	$ 2,371,303.70
4420	SYMPATHOMIMETICS**	25,497	$ 2,148,741.41
7260	ANTICONVULSANTS - MISC.**	26,416	$ 1,761,055.45
5907	BENZISOXAZOLES**	6,765	$ 1,725,772.87
5915	DIBENZAPINES**	10,027	$ 1,250,108.53
6240	MULTIPLE SCLEROSIS AGENTS**	272	$ 1,238,233.66

Q1 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
8510	ANTIHEMOPHILIC PRODUCTS**	148	$ 7,200,843.43
1235	HEPATITIS AGENTS**	319	$ 6,292,250.83
5925	QUINOLINONE DERIVATIVES**	4,504	$ 4,068,454.43
1210	ANTIRETROVIRALS**	2,979	$ 2,815,709.14
2710	INSULIN**	8,941	$ 2,747,234.25
4420	SYMPATHOMIMETICS**	30,823	$ 2,494,868.24
7260	ANTICONVULSANTS - MISC.**	29,237	$ 1,944,711.58
5907	BENZISOXAZOLES**	7,222	$ 1,798,689.64
5915	DIBENZAPINES**	10,860	$ 1,391,828.34
6240	MULTIPLE SCLEROSIS AGENTS**	281	$ 1,263,544.24

Top 10 Drug Classes by Claim Count

Q3 2014

Class	Drug Class Name	Count of Claims	Pharmacy Paid
6599	OPIOID COMBINATIONS**	41,662	$ 1,113,326.31
6510	OPIOID AGONISTS**	29,422	$ 1,271,156.49
7260	ANTICONVULSANTS - MISC.**	26,756	$ 1,682,719.06
4420	SYMPATHOMIMETICS**	24,369	$ 2,090,371.25
6610	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*	21,162	$ 408,697.98
5710	BENZODIAZEPINES**	21,039	$ 137,184.71
3940	HMG COA REDUCTASE INHIBITORS**	19,961	$ 351,213.63
5816	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**	19,439	$ 160,654.59
7510	CENTRAL MUSCLE RELAXANTS**	15,151	$ 240,050.41
3610	ACE INHIBITORS**	14,733	$ 84,073.37

Q4 2014

Class	Drug Class Name	Count of Claims	Pharmacy Paid
6599	OPIOID COMBINATIONS**	35,453	$ 1,028,967.39
7260	ANTICONVULSANTS - MISC.**	26,416	$ 1,761,055.45
6510	OPIOID AGONISTS**	25,600	$ 1,234,264.94
4420	SYMPATHOMIMETICS**	25,497	$ 2,148,741.41
6610	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*	20,575	$ 397,015.36
3940	HMG COA REDUCTASE INHIBITORS**	19,117	$ 353,605.23
5710	BENZODIAZEPINES**	19,078	$ 135,647.26
5816	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**	18,977	$ 167,907.49
7510	CENTRAL MUSCLE RELAXANTS**	14,722	$ 234,927.34
3610	ACE INHIBITORS**	14,065	$ 92,980.74

Q1 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
6599	OPIOID COMBINATIONS**	37,462	$ 1,062,192.77
4420	SYMPATHOMIMETICS**	30,823	$ 2,494,868.24
7260	ANTICONVULSANTS - MISC.**	29,237	$ 1,944,711.58
6510	OPIOID AGONISTS**	26,305	$ 1,234,781.01
6610	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*	23,224	$ 367,697.06
3940	HMG COA REDUCTASE INHIBITORS**	21,172	$ 385,791.59
5816	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**	20,686	$ 183,401.32
5710	BENZODIAZEPINES**	19,974	$ 143,945.18
7510	CENTRAL MUSCLE RELAXANTS**	15,606	$ 243,075.03
3610	ACE INHIBITORS**	15,426	$ 99,931.93

Top 50 Drugs by Amount - Q3 2014

Drug Code	Drug Name	Claim Count		Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
1235308000	SOFOSBUVIR	184.00	$	4,604,058.76	17	17
5925001500	ARIPIPRAZOLE	4,085.00	$	3,445,502.22	21	18
8510001025	ANTIHEMOPHILIC FACTOR RAHF-PFM	18.00	$	2,296,990.49	48,703	13
2710400300	INSULIN GLARGINE	3,252.00	$	964,196.18	12	25
3030001000	CORTICOTROPIN	14.00	$	935,563.72	5	7
5940002310	LURASIDONE HCL	1,182.00	$	856,355.39	15	13
4420990270	FLUTICASONE-SALMETEROL	3,222.00	$	844,417.24	42	22
8510001020	ANTIHEMOPHILIC FACTOR (RECOMBINANT)	23.00	$	832,808.69	6,681	6
5915307010	QUETIAPINE FUMARATE	6,847.00	$	826,606.07	28	18
5907005010	PALIPERIDONE PALMITATE	550.00	$	818,557.72	1	22
4927002510	ESOMEPRAZOLE MAGNESIUM	3,679.00	$	786,069.74	23	21
9410003000	GLUCOSE BLOOD	6,268.00	$	748,719.26	67	20
4420101010	ALBUTEROL SULFATE	16,740.00	$	713,262.54	37	16
6599170210	HYDROCODONE-ACETAMINOPHEN	29,340.00	$	619,000.21	59	14
8240157000	PEGFILGRASTIM	134.00	$	615,327.01	1	2
6510007510	OXYCODONE HCL	8,389.00	$	609,521.64	76	17
8510001000	ANTIHEMOPHILIC FACTOR (HUMAN)	2.00	$	563,891.02	236,250	30
6135303010	GUANFACINE HCL (ADHD)	1,681.00	$	546,177.48	22	19
1235307710	SIMEPREVIR SODIUM	33.00	$	498,641.92	23	23
4410008010	TIOTROPIUM BROMIDE MONOHYDRATE	2,329.00	$	492,487.19	25	25
1210990230	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	411.00	$	488,303.73	20	20
7260005700	PREGABALIN	1,996.00	$	452,189.99	47	20
8510001510	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	51.00	$	446,853.86	3,474	8
6599000220	OXYCODONE W/ ACETAMINOPHEN	10,244.00	$	441,649.77	50	12
3090685000	IDURSULFASE	21.00	$	437,977.12	22	11
6110990210	AMPHETAMINE-DEXTROAMPHETAMINE	2,775.00	$	430,287.23	27	19
6240552500	DIMETHYL FUMARATE	84.00	$	414,248.21	21	11
8580005000	ECULIZUMAB	22.00	$	412,460.46	73	1
2710400500	INSULIN LISPRO (HUMAN)	1,257.00	$	405,780.87	11	21
2135307000	TRASTUZUMAB	108.00	$	393,806.76	1	1
7250001010	DIVALPROEX SODIUM	4,519.00	$	391,547.41	48	16
5907005000	PALIPERIDONE	440.00	$	388,302.22	19	15
2710400200	INSULIN ASPART	1,430.00	$	381,056.58	11	19
6629003000	ETANERCEPT	144.00	$	359,298.96	2	13
0700007000	TOBRAMYCIN	73.00	$	350,441.60	149	16
5818002510	DULOXETINE HCL	2,024.00	$	347,708.92	21	16
3010002000	SOMATROPIN	135.00	$	344,453.60	2	12
4420990241	BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE	2,022.00	$	338,108.73	8	24
8310102010	ENOXAPARIN SODIUM	1,091.00	$	330,376.20	2	2
1210990330	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	171.00	$	319,656.05	17	17
1210990430	ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR	139.00	$	315,527.09	19	19
2133502000	BEVACIZUMAB	265.00	$	313,803.32	8	1
6110002510	LISDEXAMFETAMINE DIMESYLATE	1,577.00	$	309,412.07	23	22
6140002010	METHYLPHENIDATE HCL	2,154.00	$	290,257.28	31	17
1910002010	IMMUNE GLOBULIN (HUMAN) IV	100.00	$	285,840.69	294	3
6510005510	MORPHINE SULFATE	7,917.00	$	282,200.24	21	9
4530402000	DORNASE ALFA	112.00	$	281,526.18	52	18
6627001500	ADALIMUMAB	101.00	$	278,509.23	1	12
6240306045	INTERFERON BETA-1A	56.00	$	269,038.25	2	17
2710400600	INSULIN DETEMIR	993.00	$	268,359.17	14	20

Top 50 Drugs by Amount - Q4 2014

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
5925001500	ARIPIPRAZOLE	4203	$ 3,636,167.83	21	18
8510001025	ANTIHEMOPHILIC FACTOR RAHF-PFM	26	$ 3,287,092.39	54,794	16
1235990240	LEDIPASVIR-SOFOSBUVIR	102	$ 2,956,433.92	16	16
1235308000	SOFOSBUVIR	99	$ 2,657,888.92	15	15
8510001026	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PLASMA/ALBLUMIN FREE	19	$ 1,124,529.80	13,823	9
2710400300	INSULIN GLARGINE	3133	$ 1,039,653.64	12	25
1950206000	PALIVIZUMAB	407	$ 971,315.39	1	18
8510001000	ANTIHEMOPHILIC FACTOR (HUMAN)	5	$ 909,227.52	152,372	27
5907005010	PALIPERIDONE PALMITATE	586	$ 895,252.39	1	24
4927002510	ESOMEPRAZOLE MAGNESIUM	3847	$ 840,377.85	23	22
4420990270	FLUTICASONE-SALMETEROL	3145	$ 840,005.60	45	23
5915307010	QUETIAPINE FUMARATE	6610	$ 828,408.65	30	20
5940002310	LURASIDONE HCL	1104	$ 814,253.85	15	14
4420101010	ALBUTEROL SULFATE	18082	$ 753,958.27	42	16
9410003000	GLUCOSE BLOOD	5985	$ 727,299.29	70	21
6510007510	OXYCODONE HCL	7825	$ 563,217.49	73	18
6135303010	GUANFACINE HCL (ADHD)	1711	$ 553,254.34	20	17
3030001000	CORTICOTROPIN	17	$ 549,122.44	2	5
4410008010	TIOTROPIUM BROMIDE MONOHYDRATE	2231	$ 508,666.85	26	26
8240157000	PEGFILGRASTIM	109	$ 506,187.12	1	3
8510001510	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	50	$ 504,302.54	5,235	9
6599170210	HYDROCODONE-ACETAMINOPHEN	22615	$ 491,601.83	55	13
6599000220	OXYCODONE W/ ACETAMINOPHEN	10297	$ 483,437.76	51	12
7260005700	PREGABALIN	1916	$ 473,314.13	50	21
1210990230	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	388	$ 469,187.54	20	20
2710400500	INSULIN LISPRO (HUMAN)	1241	$ 446,756.00	11	20
6240552500	DIMETHYL FUMARATE	87	$ 446,305.76	22	11
6110990210	AMPHETAMINE-DEXTROAMPHETAMINE	2869	$ 446,230.71	26	18
8510001020	ANTIHEMOPHILIC FACTOR (RECOMBINANT)	12	$ 417,607.27	9,138	8
5907005000	PALIPERIDONE	390	$ 409,331.27	21	16
7250001010	DIVALPROEX SODIUM	4267	$ 392,241.84	53	18
2710400200	INSULIN ASPART	1246	$ 382,606.01	11	20
6629003000	ETANERCEPT	139	$ 369,088.32	2	14
3010002000	SOMATROPIN	137	$ 367,750.01	2	11
4420990241	BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE	1994	$ 359,869.68	8	24
8580005000	ECULIZUMAB	18	$ 348,665.58	95	1
3090685000	IDURSULFASE	17	$ 345,488.54	19	9
2135307000	TRASTUZUMAB	80	$ 344,697.38	1	2
0700007000	TOBRAMYCIN	72	$ 334,530.59	131	14
5818002510	DULOXETINE HCL	1893	$ 332,664.60	23	18
6110002510	LISDEXAMFETAMINE DIMESYLATE	1677	$ 326,933.74	23	23
1210990430	ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR	135	$ 312,348.17	19	19
6140002010	METHYLPHENIDATE HCL	2225	$ 310,302.21	34	18
1210990330	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	152	$ 308,339.02	19	18
6627001500	ADALIMUMAB	111	$ 300,211.89	1	15
1910002010	IMMUNE GLOBULIN (HUMAN) IV	94	$ 285,168.97	314	4
7260003600	LACOSAMIDE	599	$ 277,355.61	54	14
4530402000	DORNASE ALFA	108	$ 270,423.92	48	17
2710400600	INSULIN DETEMIR	862	$ 269,279.85	9	17
6510005510	MORPHINE SULFATE	6052	$ 256,449.38	30	12

Top 50 Drugs by Amount - Q1 2015

Drug Code	Drug Name	Claim Count		Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
8510001025	ANTIHEMOPHILIC FACTOR RAHF-PFM	35	$	5,070,707.93	49,113	12
1235990240	LEDIPASVIR-SOFOSBUVIR	164	$	4,628,500.60	17	17
5925001500	ARIPIPRAZOLE	4,504	$	4,068,454.43	21	18
1235308000	SOFOSBUVIR	57	$	1,571,069.00	14	14
1950206000	PALIVIZUMAB	499	$	1,228,964.43	1	21
2710400300	INSULIN GLARGINE	3,611	$	1,131,548.33	13	27
8510001000	ANTIHEMOPHILIC FACTOR (HUMAN)	6	$	1,066,124.91	141,625	30
5907005010	PALIPERIDONE PALMITATE	703	$	946,879.96	1	23
5940002310	LURASIDONE HCL	1,289	$	945,176.26	18	16
5915307010	QUETIAPINE FUMARATE	7,106	$	934,912.48	30	20
4420990270	FLUTICASONE-SALMETEROL	3,461	$	907,251.13	44	23
4420101010	ALBUTEROL SULFATE	21,840	$	897,575.07	43	15
4927002510	ESOMEPRAZOLE MAGNESIUM	4,254	$	878,644.88	21	20
9410003000	GLUCOSE BLOOD	6,073	$	753,955.47	70	21
6510007510	OXYCODONE HCL	8,330	$	580,171.58	74	18
6135303010	GUANFACINE HCL (ADHD)	1,734	$	552,627.44	18	16
1210990230	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	506	$	535,677.10	21	21
7260005700	PREGABALIN	2,244	$	533,299.56	51	22
4410008010	TIOTROPIUM BROMIDE MONOHYDRATE	2,592	$	524,100.25	25	25
6599000220	OXYCODONE W/ ACETAMINOPHEN	11,010	$	509,284.25	51	12
6599170210	HYDROCODONE-ACETAMINOPHEN	23,867	$	499,286.73	60	15
2710400500	INSULIN LISPRO (HUMAN)	1,364	$	496,350.07	12	23
3030001000	CORTICOTROPIN	11	$	493,630.36	4	5
8240157000	PEGFILGRASTIM	104	$	492,118.64	1	2
8510001510	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	66	$	475,994.83	3,476	6
3010002000	SOMATROPIN	152	$	431,678.45	2	12
4420990241	BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE	2,504	$	423,583.58	8	25
5907005000	PALIPERIDONE	450	$	423,006.22	21	17
6240552500	DIMETHYL FUMARATE	80	$	411,171.52	20	10
2710400200	INSULIN ASPART	1,472	$	405,772.90	12	22
7250001010	DIVALPROEX SODIUM	4,610	$	379,850.90	55	19
1210990430	ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR	194	$	379,486.99	19	19
6110002510	LISDEXAMFETAMINE DIMESYLATE	1,761	$	370,631.07	22	22
6629003000	ETANERCEPT	139	$	367,741.77	2	15
1210990330	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	220	$	364,062.21	21	21
6110990210	AMPHETAMINE-DEXTROAMPHETAMINE	3,017	$	352,212.72	25	18
0700007000	TOBRAMYCIN	68	$	348,498.68	164	17
5818002510	DULOXETINE HCL	2,056	$	336,790.63	24	18
6627001500	ADALIMUMAB	140	$	334,722.32	1	14
6140002010	METHYLPHENIDATE HCL	2,263	$	327,243.31	32	17
2710400600	INSULIN DETEMIR	1,068	$	326,388.92	11	21
1910002010	IMMUNE GLOBULIN (HUMAN) IV	134	$	325,021.07	275	3
9085006000	LIDOCAINE	983	$	319,433.38	50	15
7260003600	LACOSAMIDE	656	$	307,897.17	50	16
2153253000	EVEROLIMUS	25	$	299,755.22	10	9
4440001500	BUDESONIDE (INHALATION)	942	$	297,759.39	50	17
2135307000	TRASTUZUMAB	66	$	290,096.83	1	2
4530402000	DORNASE ALFA	100	$	282,768.18	42	15
6135401510	ATOMOXETINE HCL	890	$	278,500.98	18	16
8580005000	ECULIZUMAB	14	$	271,238.40	94	1

Top 50 Drugs by Claim Count - Q3 2014

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
6599170210	HYDROCODONE-ACETAMINOPHEN	29338	$ 618,989.00	59	14
4420101010	ALBUTEROL SULFATE	16742	$ 713,263.14	37	16
3610003000	LISINOPRIL	13101	$ 68,700.96	30	25
5710001000	ALPRAZOLAM	11294	$ 92,530.23	50	21
7260003000	GABAPENTIN	10536	$ 185,170.10	71	22
6599000220	OXYCODONE W/ ACETAMINOPHEN	10244	$ 441,649.77	50	12
6610002000	IBUPROFEN	9664	$ 58,411.63	45	13
2810001010	LEVOTHYROXINE SODIUM	9481	$ 99,472.70	27	27
3400000310	AMLODIPINE BESYLATE	9119	$ 42,996.36	26	25
2725005000	METFORMIN HCL	8994	$ 66,856.80	53	26
6510007510	OXYCODONE HCL	8389	$ 609,521.64	76	17
6510005510	MORPHINE SULFATE	7911	$ 282,087.76	21	9
3940007500	SIMVASTATIN	7558	$ 43,174.73	28	28
5025006505	ONDANSETRON HCL	7365	$ 31,625.45	4	2
5915307010	QUETIAPINE FUMARATE	6847	$ 826,606.07	28	18
6510009510	TRAMADOL HCL	6636	$ 57,237.47	56	14
5812008010	TRAZODONE HCL	6625	$ 48,998.99	31	23
3940001010	ATORVASTATIN CALCIUM	6427	$ 71,736.04	23	23
9410003000	GLUCOSE BLOOD	6268	$ 748,719.26	67	20
3320003010	METOPROLOL TARTRATE	6017	$ 27,346.44	38	21
0120001010	AMOXICILLIN	5982	$ 46,071.50	51	6
4450505010	MONTELUKAST SODIUM	5915	$ 138,056.26	22	22
6020408010	ZOLPIDEM TARTRATE	5912	$ 43,644.50	23	23
6410001000	ASPIRIN	5859	$ 19,017.45	17	16
5907007000	RISPERIDONE	5831	$ 137,405.55	33	19
5816007010	SERTRALINE HCL	5788	$ 45,749.15	28	22
3720003000	FUROSEMIDE	5467	$ 21,636.80	27	21
5816002010	CITALOPRAM HYDROBROMIDE	5460	$ 30,281.53	24	22
5710006000	LORAZEPAM	5413	$ 22,429.53	19	9
4920002010	RANITIDINE HCL	5368	$ 50,383.36	45	22
7210001000	CLONAZEPAM	5240	$ 29,539.18	44	21
7510005010	CYCLOBENZAPRINE HCL	5121	$ 39,085.83	43	19
5816004000	FLUOXETINE HCL	4826	$ 46,273.14	29	22
4220003230	FLUTICASONE PROPIONATE (NASAL)	4722	$ 104,724.34	13	23
3620101010	CLONIDINE HCL	4597	$ 58,626.59	34	19
7250001010	DIVALPROEX SODIUM	4519	$ 391,547.41	48	16
4155003000	LORATADINE	4477	$ 29,125.42	30	21
2210004500	PREDNISONE	4309	$ 20,569.93	19	10
5925001500	ARIPIPRAZOLE	4085	$ 3,445,502.22	21	18
0340001000	AZITHROMYCIN	4053	$ 55,089.97	7	4
5710004000	DIAZEPAM	4046	$ 20,369.68	40	18
3760004000	HYDROCHLOROTHIAZIDE	4022	$ 18,784.13	26	26
3330000700	CARVEDILOL	3838	$ 23,158.82	44	21
4920003000	FAMOTIDINE	3729	$ 30,838.74	28	18
4120003010	DIPHENHYDRAMINE HCL	3721	$ 11,264.09	16	6
4927002510	ESOMEPRAZOLE MAGNESIUM	3679	$ 786,069.74	23	21
4927006000	OMEPRAZOLE	3603	$ 13,842.02	32	28
3615004020	LOSARTAN POTASSIUM	3561	$ 21,310.61	30	29
5025006500	ONDANSETRON	3425	$ 55,874.04	9	3
7260004300	LEVETIRACETAM	3399	$ 179,465.25	112	17

Top 50 Drugs by Claim Count - Q4 2014

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
6599170210	HYDROCODONE-ACETAMINOPHEN	22615	$ 491,601.83	55	13
4420101010	ALBUTEROL SULFATE	18082	$ 753,958.27	42	16
3610003000	LISINOPRIL	12423	$ 68,245.04	31	28
7260003000	GABAPENTIN	10661	$ 195,663.17	69	22
5710001000	ALPRAZOLAM	10565	$ 88,571.88	52	22
6599000220	OXYCODONE W/ ACETAMINOPHEN	10297	$ 483,437.76	51	12
6610002000	IBUPROFEN	9771	$ 60,767.95	47	13
2810001010	LEVOTHYROXINE SODIUM	9161	$ 98,696.16	28	28
3400000310	AMLODIPINE BESYLATE	8845	$ 43,406.79	27	26
2725005000	METFORMIN HCL	8707	$ 68,667.87	54	26
6510007510	OXYCODONE HCL	7825	$ 563,217.49	73	18
0120001010	AMOXICILLIN	7580	$ 63,406.59	63	6
3940007500	SIMVASTATIN	6960	$ 41,083.13	28	28
5915307010	QUETIAPINE FUMARATE	6610	$ 828,408.65	30	20
3940001010	ATORVASTATIN CALCIUM	6552	$ 77,301.22	26	26
5812008010	TRAZODONE HCL	6490	$ 50,704.17	32	24
5025006505	ONDANSETRON HCL	6235	$ 36,144.18	4	2
6510009510	TRAMADOL HCL	6213	$ 52,385.26	60	15
0340001000	AZITHROMYCIN	6125	$ 82,705.38	8	4
6510005510	MORPHINE SULFATE	6052	$ 256,449.38	30	12
9410003000	GLUCOSE BLOOD	5985	$ 727,299.29	70	21
5816007010	SERTRALINE HCL	5928	$ 48,325.71	27	22
3320003010	METOPROLOL TARTRATE	5831	$ 28,162.87	39	21
4450505010	MONTELUKAST SODIUM	5810	$ 141,311.22	21	21
6020408010	ZOLPIDEM TARTRATE	5619	$ 41,533.66	24	24
5907007000	RISPERIDONE	5413	$ 129,270.64	34	20
4920002010	RANITIDINE HCL	5352	$ 49,978.57	47	23
4220003230	FLUTICASONE PROPIONATE (NASAL)	5174	$ 117,045.11	12	23
6410001000	ASPIRIN	5128	$ 19,171.16	21	21
5816002010	CITALOPRAM HYDROBROMIDE	5056	$ 28,941.53	25	24
7510005010	CYCLOBENZAPRINE HCL	5030	$ 41,770.39	44	20
7210001000	CLONAZEPAM	4995	$ 29,860.87	46	22
3720003000	FUROSEMIDE	4769	$ 20,189.38	28	22
5816004000	FLUOXETINE HCL	4610	$ 51,135.58	29	22
3620101010	CLONIDINE HCL	4493	$ 54,750.27	38	21
4155003000	LORATADINE	4468	$ 30,270.52	33	21
5710006000	LORAZEPAM	4422	$ 25,378.35	24	11
2210004500	PREDNISONE	4417	$ 22,078.42	16	8
7250001010	DIVALPROEX SODIUM	4267	$ 392,241.84	53	18
5925001500	ARIPIPRAZOLE	4203	$ 3,636,167.83	21	18
5710004000	DIAZEPAM	3886	$ 19,821.21	43	19
4927002510	ESOMEPRAZOLE MAGNESIUM	3847	$ 840,377.85	23	22
3760004000	HYDROCHLOROTHIAZIDE	3809	$ 18,404.43	27	27
3615004020	LOSARTAN POTASSIUM	3589	$ 22,712.87	31	30
3330000700	CARVEDILOL	3549	$ 23,253.15	48	24
5025006500	ONDANSETRON	3443	$ 55,252.51	9	3
7720203200	CHOLECALCIFEROL	3428	$ 18,152.96	26	22
4920003000	FAMOTIDINE	3338	$ 26,771.27	31	19
7260004000	LAMOTRIGINE	3302	$ 189,153.92	45	21
7260004300	LEVETIRACETAM	3279	$ 175,214.12	110	17

Top 50 Drugs by Claim Count - Q1 2015

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
6599170210	HYDROCODONE-ACETAMINOPHEN	23867	$ 499,286.73	60	15
4420101010	ALBUTEROL SULFATE	21840	$ 897,575.07	43	15
3610003000	LISINOPRIL	13663	$ 71,880.44	32	29
7260003000	GABAPENTIN	11955	$ 214,697.54	71	22
6610002000	IBUPROFEN	11351	$ 69,969.31	46	12
5710001000	ALPRAZOLAM	11162	$ 89,248.90	52	22
6599000220	OXYCODONE W/ ACETAMINOPHEN	11010	$ 509,284.25	51	12
3400000310	AMLODIPINE BESYLATE	9962	$ 47,406.56	29	28
2810001010	LEVOTHYROXINE SODIUM	9699	$ 105,128.36	29	29
2725005000	METFORMIN HCL	9639	$ 73,305.31	56	27
0120001010	AMOXICILLIN	8976	$ 77,080.15	65	7
6510007510	OXYCODONE HCL	8330	$ 580,171.58	74	18
3940001010	ATORVASTATIN CALCIUM	7713	$ 87,896.77	26	26
0340001000	AZITHROMYCIN	7619	$ 102,920.68	8	4
3940007500	SIMVASTATIN	7278	$ 41,525.67	29	29
5812008010	TRAZODONE HCL	7174	$ 49,983.28	32	24
5915307010	QUETIAPINE FUMARATE	7106	$ 934,912.48	30	20
5025006505	ONDANSETRON HCL	7090	$ 41,581.42	5	2
4220003230	FLUTICASONE PROPIONATE (NASAL)	7060	$ 155,020.86	13	24
4450505010	MONTELUKAST SODIUM	6607	$ 155,814.61	23	23
3320003010	METOPROLOL TARTRATE	6296	$ 29,547.13	40	22
5816007010	SERTRALINE HCL	6296	$ 49,933.02	29	23
6510009510	TRAMADOL HCL	6099	$ 49,760.28	61	16
9410003000	GLUCOSE BLOOD	6073	$ 753,955.47	70	21
6510005510	MORPHINE SULFATE	6058	$ 248,977.76	32	13
6020408010	ZOLPIDEM TARTRATE	5925	$ 41,199.05	23	23
5907007000	RISPERIDONE	5640	$ 134,473.45	36	21
2210004500	PREDNISONE	5624	$ 27,020.44	16	9
4920002010	RANITIDINE HCL	5545	$ 51,493.10	46	23
7510005010	CYCLOBENZAPRINE HCL	5422	$ 44,266.66	47	21
7210001000	CLONAZEPAM	5358	$ 31,127.25	46	22
3720003000	FUROSEMIDE	5354	$ 22,112.76	31	24
6410001000	ASPIRIN	5336	$ 19,574.06	22	21
5816002010	CITALOPRAM HYDROBROMIDE	5228	$ 29,302.33	26	25
4155003000	LORATADINE	5066	$ 35,543.82	37	22
5816004000	FLUOXETINE HCL	4945	$ 53,976.65	29	23
3620101010	CLONIDINE HCL	4781	$ 61,969.18	37	21
7250001010	DIVALPROEX SODIUM	4610	$ 379,850.90	55	19
5710006000	LORAZEPAM	4520	$ 32,768.58	25	11
5925001500	ARIPIPRAZOLE	4504	$ 4,068,454.43	21	18
0199000220	AMOXICILLIN & POT CLAVULANATE	4269	$ 119,878.38	39	7
4927002510	ESOMEPRAZOLE MAGNESIUM	4254	$ 878,644.88	21	20
3615004020	LOSARTAN POTASSIUM	4162	$ 26,492.14	27	25
5025006500	ONDANSETRON	4098	$ 64,312.42	9	3
3330000700	CARVEDILOL	4081	$ 24,533.54	49	24
5710004000	DIAZEPAM	4081	$ 20,328.21	43	19
3760004000	HYDROCHLOROTHIAZIDE	4073	$ 19,547.77	27	27
4927007010	PANTOPRAZOLE SODIUM	3918	$ 31,584.80	18	17
7720203200	CHOLECALCIFEROL	3797	$ 20,273.84	27	22
4927006000	OMEPRAZOLE	3690	$ 11,146.10	34	30

CONFIDENTIAL

RXT6050D - Summarized DUR Activity Report

Between Jul 1, 2014 and Sep 30, 2014

Jan 13, 2015
1:48:30 PM

Claims Summary:

RxCLAIM Status	Total Rxs	% of Total Rxs	Total Plan Paid	Total Member Paid
Paid	697,520	62.3%	$58,905,968.09	$0.00
Rejected	326,277	29.2%	$30,317,172.11	$0.00
Reversed	95,141	8.5%	-$12,110,667.86	$0.00
Totals	1,118,938	100%	$77,112,472.34	$0.00

DUR Information Summary:

		Total DURs		DURs on Paid Rxs		DURs on Rejected Rxs		DURs on Reversed Rxs	
DUR Type	Clinical Level	Count	% of All DURs	Count	% of DUR Type	Count	% of DUR Type	Count	% of DUR Type
TD - Therapeutic Duplication	0 - NS	64,761	23.8%	46,927	72.5%	7,437	11.5%	10,397	16.1%
LR - Underuse Precaution	0 - NS	57,271	21.1%	51,706	90.3%	0	0.0%	5,565	9.7%
ID - Ingredient Duplication	2 - Mod	44,974	16.6%	11,738	26.1%	29,723	66.1%	3,513	7.8%
DD - Drug-Drug Interaction	1 - Maj	38,368	14.1%	30,642	79.9%	3,280	8.5%	4,446	11.6%
LD - Low Dose Alert	0 - NS	26,454	9.7%	21,942	82.9%	0	0.0%	4,512	17.1%
HD - High Dose Alert	0 - NS	23,450	8.6%	19,417	82.8%	161	0.7%	3,872	16.5%
MN - Insufficnt Duration Alert	0 - NS	13,190	4.9%	8,991	68.2%	0	0.0%	4,199	31.8%
MX - Excessive Duration Alert	0 - NS	3,177	1.2%	2,841	89.4%	0	0.0%	336	10.6%
PA - Drug-Age Precaution	1 - Maj	35	0.0%	32	91.4%	0	0.0%	3	8.6%
Total All DURs		271,680	100.0%	194,236	71.5%	40,601	14.9%	36,843	13.6%

* DUR Information Summary results are sorted by Total DUR count in descending order
* Some Rx claims could have multiple DUR messages. And there could be multiple instances of the same DUR message on a Rx claim
* The Count and % of DUR Type for Paid, Rejected and Reversed Rxs are based on DUR Type totals for each row

DD - Drug-Drug Interaction

Rank	Top Drug Drug Interaction	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	CARISOPRODOL - ALPRAZOLAM	Message Only	1,015	$7,513.78	$7.40	$0.00	27.9	77.4	127	39	$246.18
2	OXYCODONE - CARISOPRODOL	Message Only	459	$4,221.21	$9.20	$0.00	28.4	81.8	72	20	$764.86
3	OXYCODONE HCL - CARISOPRODOL	Message Only	472	$23,227.78	$49.21	$0.00	27.0	114.9	45	15	$771.49
4	SIMVASTATIN - FENOFIBRATE	Message Only	425	$14,024.41	$33.00	$0.00	34.7	35.1	54	28	$1,505.70
5	TRAZODONE HCL - CITALOPRAM	Message Only	388	$2,961.46	$7.63	$0.00	29.0	36.1	47	20	$143.22
6	TRAZODONE - CITALOPRAM HYDROBROMIDE	Message Only	362	$1,897.17	$5.24	$0.00	28.5	30.5	40	20	$114.83
7	OXYCOD/APAP - CARISOPRODOL	Message Only	325	$2,309.58	$7.11	$0.00	26.5	74.7	42	15	$103.65
8	SPIRONOLACTONE - LISINOPRIL	Message Only	292	$2,548.04	$8.73	$0.00	35.4	38.0	45	42	$288.18
9	OXYCODONE/ACETAMINOPHEN - CARISOPRODOL	Message Only	332	$19,462.47	$58.62	$0.00	25.1	105.9	31	10	$432.64
10	METHADONE - ALPRAZOLAM	Message Only	331	$2,905.45	$8.78	$0.00	26.4	71.8	21	13	$72.03
All Others			26,241	$1,890,645.39	$72.05	$0.00	24.4	47.5	2,756	4,224	$303,981.81
DD - Drug-Drug Interaction			30,642	$1,971,716.74	$64.35	$0.00	25.0	50.6	3,280	4,446	$308,424.59

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

HD - High Dose Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ ACETAMINOPHEN	ADULT MAX DLY = 6.00 UN	Message Only	865	$29,205.39	$33.76	$0.00	13.8	109.6	0	32	$915.67
2	POLYETHYLENE GLYCOL 3350	ADULT MAX DLY = 17.00 UN	Message Only	644	$17,323.73	$26.90	$0.00	27.9	560.2	0	64	$1,637.51
3	KETOROLAC TROMETHAMINE	GERIATRIC MAX DLY = 2.00UN	Message Only	492	$1,823.73	$3.71	$0.00	1.0	4.2	0	58	$208.04
4	POLYETHYLENE GLYCOL 3350	PEDIATRIC MAX DLY = 17.00UN	Message Only	472	$13,605.98	$28.83	$0.00	28.3	546.6	0	76	$2,191.75
5	ZOLPIDEM TARTRATE	GERIATRIC MAX DLY = .50UN	Message Only	394	$1,205.59	$3.06	$0.00	29.4	29.4	0	12	$153.77
6	DIPHENHYDRAMINE HCL	GERIATRIC MAX DLY = 1.00UN	Message Only	162	$377.56	$2.33	$0.00	1.0	2.4	0	115	$261.09
7	GRANISETRON HCL	GERIATRIC MAX DLY = .85UN	Message Only	242	$27,250.72	$112.61	$0.00	1.0	5.9	0	4	$262.01
8	POLYETHYLENE GLYCOL 3350	GERIATRIC MAX DLY = 17.00UN	Message Only	193	$1,368.77	$7.09	$0.00	27.6	530.0	0	21	$157.62
9	DEXAMETHASONE SODIUM PHOS	GERIATRIC MAX DLY = 6.50UN	Message Only	197	$947.76	$4.81	$0.00	1.0	14.8	0	9	$62.67
10	NEXIUM	ADULT MAX DLY = 1.00 UN	Message Only	168	$74,626.14	$444.20	$0.00	28.7	57.4	0	12	$4,579.59
All Others				15,588	$4,366,059.86	$280.09	$0.00	12.6	122.2	161	3,469	$767,342.09
HD - High Dose Alert				19,417	$4,533,795.23	$233.50	$0.00	13.5	141.6	161	3,872	$777,771.81

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

ID - Ingredient Duplication

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ ACETAMINOPHEN	HYDROCO/APAP TAB 10-325MG	Hard Reject	5	$146.93	$29.39	$0.00	14.8	79.2	1,394	0	$0.00
2	SODIUM CHLORIDE	SOD CHLORIDE INJ 0.9%	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	489	0	$0.00
3	ZOLPIDEM TARTRATE	ZOLPIDEM TAB 10MG	Hard Reject	1	$5.00	$5.00	$0.00	7.0	7.0	473	0	$0.00
4	OXYCODONE/ ACETAMINOPHEN	OXYCOD/APAP TAB 10-325MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	448	0	$0.00
5	ALPRAZOLAM	ALPRAZOLAM TAB 1MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	378	0	$0.00
6	ALPRAZOLAM	ALPRAZOLAM TAB 2MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	354	0	$0.00
7	HYDROCODONE/ ACETAMINOPHEN	HYDROCO/APAP TAB 5-325MG	Hard Reject	2	$17.23	$8.62	$0.00	2.0	12.5	351	0	$0.00
8	CARISOPRODOL	CARISOPRODOL TAB 350MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	307	0	$0.00
9	CLONAZEPAM	CLONAZEPAM TAB 1MG	Hard Reject	3	$18.79	$6.26	$0.00	23.3	50.0	298	0	$0.00
10	CLONAZEPAM	CLONAZEPAM TAB 0.5MG	Hard Reject	2	$12.15	$6.08	$0.00	30.0	60.0	293	0	$0.00
All Others				11,725	$2,364,423.61	$201.66	$0.00	26.6	139.0	24,938	3,513	$441,593.98
ID - Ingredient Duplication				11,738	$2,364,623.71	$201.45	$0.00	26.6	138.9	29,723	3,513	$441,593.98

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

LD - Low Dose Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	ONDANSETRON HCL	GERIATRIC MIN DLY = 2.00UN	Message Only	1,072	$429.58	$0.40	$0.00	1.7	1.6	0	678	$174.83
2	ONDANSETRON ODT	GERIATRIC MIN DLY = 2.00UN	Message Only	575	$407.31	$0.71	$0.00	1.2	1.1	0	200	$135.53
3	ZOFRAN ODT	GERIATRIC MIN DLY = 2.00UN	Message Only	380	$8,084.66	$21.28	$0.00	1.0	1.0	0	179	$3,810.11
4	METFORMIN HCL	ADULT MIN DLY = 1.70 UN	Message Only	456	$2,342.27	$5.14	$0.00	34.8	34.4	0	50	$261.22
5	VITAMIN D	ADULT MIN DLY = .14 UN	Message Only	442	$2,716.08	$6.14	$0.00	30.6	2.7	0	39	$240.86
6	CITALOPRAM HYDROBROMIDE	ADULT MIN DLY = 2.00 UN	Message Only	396	$2,376.45	$6.00	$0.00	28.9	28.7	0	30	$187.61
7	GABAPENTIN	ADULT MIN DLY = 3.00 UN	Message Only	388	$2,664.54	$6.87	$0.00	32.2	52.8	0	30	$221.62
8	ONDANSETRON HCL	ADULT MIN DLY = 2.00 UN	Message Only	336	$2,493.27	$7.42	$0.00	18.3	11.0	0	19	$154.48
9	PROPRANOLOL HCL	ADULT MIN DLY = 3.00 UN	Message Only	279	$1,569.26	$5.62	$0.00	27.4	48.8	0	19	$115.77
10	IPRATROPIUM BROMIDE/ALBUT	GERIATRIC MIN DLY = 12.00UN	Message Only	194	$562.58	$2.90	$0.00	4.1	23.2	0	103	$174.75
All Others				17,424	$1,921,720.99	$110.29	$0.00	23.7	54.6	0	3,165	$421,062.30
LD - Low Dose Alert				21,942	$1,945,366.99	$88.66	$0.00	22.1	46.7	0	4,512	$426,539.08

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

LR - Underuse Precaution

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	LEVOTHYROXINE SODIUM	7 DAYS LATE REFILLING	Message Only	65	$534.96	$8.23	$0.00	29.6	29.6	0	4	$36.70
2	LISINOPRIL	7 DAYS LATE REFILLING	Message Only	61	$292.54	$4.80	$0.00	29.6	31.6	0	2	$9.74
2	LISINOPRIL	9 DAYS LATE REFILLING	Message Only	61	$295.23	$4.84	$0.00	30.0	32.2	0	2	$9.45
4	METFORMIN HCL	7 DAYS LATE REFILLING	Message Only	57	$351.14	$6.16	$0.00	29.6	62.5	0	3	$13.23
5	LISINOPRIL	8 DAYS LATE REFILLING	Message Only	54	$248.86	$4.61	$0.00	30.7	31.9	0	3	$18.13
6	AMLODIPINE BESYLATE	7 DAYS LATE REFILLING	Message Only	53	$224.42	$4.23	$0.00	30.0	30.6	0	3	$13.40
7	GABAPENTIN	7 DAYS LATE REFILLING	Message Only	51	$745.28	$14.61	$0.00	29.4	101.9	0	3	$83.24
8	SIMVASTATIN	7 DAYS LATE REFILLING	Message Only	48	$280.44	$5.84	$0.00	29.5	29.5	0	3	$9.14
9	AMLODIPINE BESYLATE	8 DAYS LATE REFILLING	Message Only	48	$217.26	$4.53	$0.00	30.0	31.3	0	2	$6.25
10	PROAIR HFA	11 DAYS LATE REFILLING	Message Only	47	$2,336.55	$49.71	$0.00	19.4	8.9	0	1	$52.89
All Others				51,161	$4,099,564.81	$80.13	$0.00	28.8	51.0	0	5,539	$614,843.59
LR - Underuse Precaution				51,706	$4,105,091.49	$79.39	$0.00	28.8	50.9	0	5,565	$615,095.76

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

MN - Insufficnt Duration Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	LISINOPRIL	MIN. DAYS THERAPY = 7	Message Only	395	$57.78	$0.15	$0.00	1.0	1.7	0	286	$24.81
2	PANTOPRAZOLE SODIUM	MIN. DAYS THERAPY = 7	Message Only	376	$74.45	$0.20	$0.00	1.0	1.1	0	291	$56.32
3	METOPROLOL TARTRATE	MIN. DAYS THERAPY = 7	Message Only	283	$56.17	$0.20	$0.00	1.1	1.7	0	185	$12.28
4	CLONIDINE HCL	MIN. DAYS THERAPY = 7	Message Only	268	$188.88	$0.70	$0.00	1.3	3.0	0	144	$24.05
5	LEVOTHYROXINE SODIUM	MIN. DAYS THERAPY = 10	Message Only	302	$1,434.47	$4.75	$0.00	6.1	6.7	0	49	$95.91
6	CIPROFLOXACIN HCL	MIN. DAYS THERAPY = 5	Message Only	282	$769.46	$2.73	$0.00	2.0	3.6	0	63	$40.77
7	OLANZAPINE	MIN. DAYS THERAPY = 7	Message Only	242	$254.18	$1.05	$0.00	1.1	1.9	0	88	$96.82
8	ATORVASTATIN CALCIUM	MIN. DAYS THERAPY = 7	Message Only	153	$84.40	$0.55	$0.00	1.1	1.3	0	167	$75.76
9	IPRATROPIUM BROMIDE/ALBUT	MIN. DAYS THERAPY = 30	Message Only	285	$8,130.73	$28.53	$0.00	8.6	131.2	0	24	$792.07
10		ING01 MIN DAYS THERAPY = 5	Message Only	297	$30,589.33	$102.99	$0.00	1.5	75.4	0	5	$668.47
All Others				6,108	$259,855.16	$42.54	$0.00	2.8	14.7	0	2,897	$61,409.17
MN - Insufficnt Duration Alert				8,991	$301,495.01	$33.53	$0.00	2.7	17.3	0	4,199	$63,296.43

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

MX - Excessive Duration Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	POLYETHYLENE GLYCOL 3350	MAX DAYS THERAPY = 14	Message Only	497	$10,926.16	$21.98	$0.00	25.5	331.3	0	55	$1,542.18
2	AZITHROMYCIN	MAX DAYS THERAPY = 5	Message Only	212	$5,277.51	$24.89	$0.00	12.1	18.7	0	10	$376.55
3	EPIPEN 2-PAK	MAX DAYS THERAPY = 1	Message Only	176	$59,899.28	$340.34	$0.00	2.2	2.2	0	32	$11,034.28
4	FLUCONAZOLE	MAX DAYS THERAPY = 1	Message Only	162	$2,007.79	$12.39	$0.00	3.2	3.2	0	7	$89.73
5	DIPHENOXYLATE/ ATROPINE	MAX DAYS THERAPY = 14	Message Only	158	$3,032.41	$19.19	$0.00	25.4	98.9	0	10	$109.62
6	PHENAZOPYRIDINE HCL	MAX DAYS THERAPY = 2	Message Only	161	$3,037.11	$18.86	$0.00	5.3	16.3	0	5	$184.52
7	EPIPEN-JR 2-PAK	MAX DAYS THERAPY = 1	Message Only	92	$36,915.02	$401.25	$0.00	2.5	2.5	0	23	$8,825.47
8	TRAMADOL HYDROCHLORIDE/AC	MAX DAYS THERAPY = 5	Message Only	97	$2,263.70	$23.34	$0.00	19.5	86.4	0	12	$238.64
9	MAPAP	MAX DAYS THERAPY = 10	Message Only	99	$548.59	$5.54	$0.00	26.7	100.1	0	3	$16.89
10	DOCUSATE SODIUM & SENNA S	MAX DAYS THERAPY = 14	Message Only	69	$407.91	$5.91	$0.00	31.3	63.4	0	7	$47.50
All Others				1,118	$180,679.86	$161.61	$0.00	28.0	91.7	0	172	$76,809.56
MX - Excessive Duration Alert				2,841	$304,995.34	$107.35	$0.00	20.8	110.2	0	336	$99,274.94

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

PA - Drug-Age Precaution

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	PROMETHAZINE HCL	AGE LESS THAN 4	Message Only	11	$83.12	$7.56	$0.00	7.1	95.5	0	0	$0.00
2	PROMETHAZINE-DM	AGE LESS THAN 4	Message Only	10	$62.59	$6.26	$0.00	10.3	76.9	0	0	$0.00
3	PROMETHAZINE VC PLAIN	AGE LESS THAN 4	Message Only	3	$48.72	$16.24	$0.00	12.0	100.0	0	0	$0.00
3	PROMETHAZINE/ DEXTROMETHOR	AGE LESS THAN 4	Message Only	3	$17.77	$5.92	$0.00	8.7	75.0	0	0	$0.00
5	INFANRIX	AGE GREATER THAN 64	Message Only	1	$43.74	$43.74	$0.00	1.0	1.0	0	1	$43.74
5	MULTI-VITAMIN	AGE LESS THAN 10	Message Only	1	$5.55	$5.55	$0.00	30.0	30.0	0	1	$5.55
5	PROMETHAZINE HCL PLAIN	AGE LESS THAN 4	Message Only	2	$10.32	$5.16	$0.00	8.0	85.0	0	0	$0.00
8	MULTI-VITAMINS	AGE LESS THAN 10	Message Only	0	$0.00	$0.00	$0.00	0.00	0.00	0	1	$5.05
8	PROMETHAZINE/CODEINE	AGE LESS THAN 4	Message Only	1	$7.00	$7.00	$0.00	8.0	120.0	0	0	$0.00
PA - Drug-Age Precaution				32	$278.81	$8.71	$0.00	9.3	83.3	0	3	$54.34

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

TD - Therapeutic Duplication

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ ACETAMINOPHEN	SHORT ACTING NARCOTIC ANALGESI	Message Only	2,522	$47,444.36	$18.81	$0.00	15.7	63.4	0	313	$1,943.15
2	MORPHINE SULFATE	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,281	$4,966.26	$3.88	$0.00	3.5	11.9	0	864	$1,820.48
3	OXYCODONE/ ACETAMINOPHEN	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,508	$53,732.57	$35.63	$0.00	13.3	55.9	0	298	$2,106.36
4	HYDROMORPHONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	975	$5,907.75	$6.06	$0.00	5.3	21.3	0	522	$1,545.12
5	OXYCODONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,322	$67,187.47	$50.82	$0.00	22.4	99.9	0	151	$2,512.61
6	TRAMADOL HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,006	$8,569.20	$8.52	$0.00	21.0	88.4	0	93	$485.23
7	QUETIAPINE FUMARATE	ORAL ANTIPSYCHOTICS	Message Only	1,022	$22,452.57	$21.97	$0.00	27.6	41.9	0	76	$1,603.59
8	ALPRAZOLAM	BENZODIAZEPINES	Message Only	818	$5,848.11	$7.15	$0.00	24.1	61.6	0	81	$232.12
9	LORAZEPAM	BENZODIAZEPINES	Message Only	629	$2,040.83	$3.24	$0.00	11.5	24.9	0	240	$244.11
10	LISINOPRIL	ANGIOTENSIN BLOCKERS	Message Only	610	$2,421.62	$3.97	$0.00	29.5	32.7	0	247	$269.35
All Others				35,234	$4,565,444.88	$129.57	$0.00	23.6	59.7	7,437	7,512	$714,197.15
TD - Therapeutic Duplication				46,927	$4,786,015.62	$101.99	$0.00	21.8	58.2	7,437	10,397	$726,959.27

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

Selected Filters

Client(s): Nevada Medicaid - HPES

Carrier(s): NVM-NEVADA MEDICAID

Account(s): ALL

Group(s): ALL

Date Type:	Date Filled Submitted
Primary Start Date:	Jul 1, 2014
Primary End Date:	Sep 30, 2014
Relative Date Description:	N/A
Select Report Group By:	Product
Top Values Displayed:	10
Display Report Description:	Yes

Report Description

Report overview:

This report will be used to track concurrent DURs. The subsequent information will also be used to assist clients in managing Hard Rejects, Soft Rejects as well as Message Only edits. Reversals are also included in the report.

Detail Line Description:

Column Name	Description
Summary Page:	
Claims Summary:	
RxCLAIM Status	The claims status associated with the RxCLAIM transaction. For this reoprt, a claim Status can be any one of the following values: P = Paid Status, X = Reversal Status, R = Rejected Status.
Total Rxs	The total number of Rxs.
% of Total Rxs	The percentage of the total number of Rxs.

Total Plan Paid	The Client Total Amount Due.
Total Member Paid	The Client Total Patient Pay Amount. The patient pay would include copays and all other charges paid by the member.

DUR Information Summary:

DUR Type	DUR Reason for Service Code and Description
Clinical Level	DUR (Drug Utilization Review). Indicates how significant the first conflict is. This field reflects the significance that the originating database assigned to it. 0 = Not specified, 1 = Major, 2 = Moderate, 3 = Minor
Total DURs	
Count	Total count of DUR edits. An Rx claim may have more than 1 DUR edit.
% of All DURs	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types.
DURs on Paid Rxs	
Count	Total count of DUR edits on paid Rx claims. A paid Rx claim may have more than 1 DUR edit.
% of DUR Type	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Paid Rx claims.
DURs on Rejected Rxs	
Count	Total count of DUR edits on rejected Rx claims. A rejected Rx claim may have more than 1 DUR edit.
% of DUR Type	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Rejected Rx claims.
DURs on Reversed Rxs	
Count	Total count of DUR edits on reversed Rx claims. A reversed Rx claim may have more than 1 DUR edit.
% of DUR Type	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Reversed Rx claims.

DUR Tabs:

Rank	Ranking is based on total number of Rxs (Paid + Rjected + Reversal) in descending order. A gap in sequence may occur if two or more rows tie (known as Olympic ranking).
Top Drug-Drug Interaction (DD Only)	Drug combination with a DD DUR code
Top Drug	Product Name
Therapy / Reason	DUR Free Text Message
DUR Response	DUR Responses are categorized as: H = Hard Reject, S = Soft Reject, any other code = Message Only
Total Paid Rxs	The total number of paid Rxs.
Total Plan Paid	The Client total amount due.
Avg Plan Paid / Rx	The average plan cost per Rx.

Avg Member Paid / Rx	The average member cost per Rx.
Avg Days Supply / Rx	The average days supply per Rx.
Avg Quantity / Rx	The average quantity per Rx.
Total Rejected Rxs	The total number of rejected Rxs.
Total Reversed Rxs	The total number of reversed Rxs.
Total Reversed Amount	The total amount of reversed Rxs.

CONFIDENTIAL

RXT6050D - Summarized DUR Activity Report

Between Oct 1, 2014 and Dec 31, 2014

Jan 13, 2015
3:14:33 PM

Claims Summary:

RxCLAIM Status	Total Rxs	% of Total Rxs	Total Plan Paid	Total Member Paid
Paid	669,114	64.9%	$62,158,754.84	$0.00
Rejected	283,325	27.5%	$40,969,480.24	$0.00
Reversed	78,736	7.6%	-$13,791,232.46	$0.00
Totals	1,031,175	100%	$89,337,002.62	$0.00

DUR Information Summary:

		Total DURs		DURs on Paid Rxs		DURs on Rejected Rxs		DURs on Reversed Rxs	
DUR Type	Clinical Level	Count	% of All DURs	Count	% of DUR Type	Count	% of DUR Type	Count	% of DUR Type
LR - Underuse Precaution	0 - NS	56,821	22.8%	51,327	90.3%	0	0.0%	5,494	9.7%
TD - Therapeutic Duplication	0 - NS	56,687	22.7%	42,122	74.3%	7,414	13.1%	7,151	12.6%
ID - Ingredient Duplication	2 - Mod	45,384	18.2%	11,688	25.8%	30,589	67.4%	3,107	6.8%
DD - Drug-Drug Interaction	1 - Maj	35,093	14.1%	28,606	81.5%	3,487	9.9%	3,000	8.5%
LD - Low Dose Alert	0 - NS	23,888	9.6%	20,293	85.0%	0	0.0%	3,595	15.0%
HD - High Dose Alert	0 - NS	18,352	7.4%	16,142	88.0%	180	1.0%	2,030	11.1%
MN - Insufficnt Duration Alert	0 - NS	8,863	3.6%	6,291	71.0%	0	0.0%	2,572	29.0%
MX - Excessive Duration Alert	0 - NS	4,242	1.7%	3,872	91.3%	0	0.0%	370	8.7%
PA - Drug-Age Precaution	1 - Maj	44	0.0%	38	86.4%	0	0.0%	6	13.6%
Total All DURs		249,374	100.0%	180,379	72.3%	41,670	16.7%	27,325	11.0%

* DUR Information Summary results are sorted by Total DUR count in descending order
* Some Rx claims could have multiple DUR messages. And there could be multiple instances of the same DUR message on a Rx claim
* The Count and % of DUR Type for Paid, Rejected and Reversed Rxs are based on DUR Type totals for each row

DD - Drug-Drug Interaction

Rank	Top Drug Drug Interaction	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	CARISOPRODOL - ALPRAZOLAM	Message Only	840	$6,502.86	$7.74	$0.00	28.0	76.7	126	38	$290.04
2	OXYCODONE HCL - CARISOPRODOL	Message Only	416	$20,277.30	$48.74	$0.00	27.8	116.5	36	14	$632.71
3	OXYCODONE - CARISOPRODOL	Message Only	384	$3,785.02	$9.86	$0.00	29.2	83.1	56	16	$113.24
4	SIMVASTATIN - FENOFIBRATE	Message Only	341	$13,612.82	$39.92	$0.00	33.6	33.8	69	25	$825.85
5	TRAZODONE HCL - CITALOPRAM	Message Only	368	$3,581.28	$9.73	$0.00	30.1	38.0	35	19	$409.20
6	OXYCODONE/ACETAMINOPHEN - CARISOPRODOL	Message Only	343	$22,217.59	$64.77	$0.00	26.5	109.1	45	25	$2,024.38
7	OXYCOD/APAP - CARISOPRODOL	Message Only	312	$2,273.16	$7.29	$0.00	28.4	77.6	53	20	$133.71
8	TRAZODONE HCL - QUETIAPINE	Message Only	329	$2,274.11	$6.91	$0.00	27.0	38.8	34	11	$39.15
9	TRAZODONE - CITALOPRAM HYDROBROMIDE	Message Only	317	$1,817.02	$5.73	$0.00	29.7	31.8	38	17	$94.21
10	SPIRONOLACT - LISINOPRIL	Message Only	287	$1,532.79	$5.34	$0.00	37.0	41.6	40	19	$68.53
All Others			24,669	$2,075,769.24	$84.14	$0.00	25.5	48.5	2,955	2,796	$259,493.91
DD - Drug-Drug Interaction			28,606	$2,153,643.19	$75.29	$0.00	26.0	51.2	3,487	3,000	$264,124.93

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

HD - High Dose Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ ACETAMINOPHEN	ADULT MAX DLY = 6.00 UN	Message Only	569	$18,788.06	$33.02	$0.00	14.5	114.9	0	33	$1,566.09
2	ZOLPIDEM TARTRATE	GERIATRIC MAX DLY = .50UN	Message Only	342	$1,080.45	$3.16	$0.00	29.9	29.9	0	16	$42.00
3	KETOROLAC TROMETHAMINE	GERIATRIC MAX DLY = 2.00UN	Message Only	299	$1,376.39	$4.60	$0.00	1.0	4.3	0	48	$205.77
4	POLYETHYLENE GLYCOL 3350	ADULT MAX DLY = 17.00 UN	Message Only	246	$6,513.82	$26.48	$0.00	28.1	555.3	0	25	$609.58
5	POLYETHYLENE GLYCOL 3350	PEDIATRIC MAX DLY = 17.00UN	Message Only	166	$4,752.82	$28.63	$0.00	28.4	545.6	0	24	$711.73
6	INVEGA SUSTENNA	ADULT MAX DLY = .05 UN	Message Only	181	$339,231.09	$1,874.20	$0.00	26.6	1.5	0	6	$11,520.48
7	MIDAZOLAM HCL	GERIATRIC MAX DLY = .70UN	Message Only	179	$922.92	$5.16	$0.00	1.0	5.7	0	2	$1.80
8	CELESTONE-SOLUSPAN	GERIATRIC MAX DLY = 1.50UN	Message Only	168	$4,704.38	$28.00	$0.00	1.0	4.0	0	2	$91.41
9	ONDANSETRON ODT	ADULT MAX DLY = 3.00 UN	Message Only	140	$3,472.78	$24.81	$0.00	6.7	26.4	0	26	$684.61
10	IBUPROFEN	ADULT MAX DLY = 4.00 UN	Message Only	159	$964.99	$6.07	$0.00	7.5	35.6	0	3	$19.34
All Others				13,693	$2,862,054.62	$209.02	$0.00	13.8	122.2	180	1,845	$466,409.78
HD - High Dose Alert				16,142	$3,243,862.32	$200.96	$0.00	14.0	123.2	180	2,030	$481,862.59

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

ID - Ingredient Duplication

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ ACETAMINOPHEN	HYDROCO/APAP TAB 10-325MG	Hard Reject	5	$191.13	$38.23	$0.00	17.8	108.0	1,161	0	$0.00
2	OXYCODONE/ ACETAMINOPHEN	OXYCOD/APAP TAB 10-325MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	497	0	$0.00
3	ZOLPIDEM TARTRATE	ZOLPIDEM TAB 10MG	Hard Reject	2	$11.56	$5.78	$0.00	30.0	30.0	468	0	$0.00
4	ALPRAZOLAM	ALPRAZOLAM TAB 1MG	Hard Reject	1	$6.22	$6.22	$0.00	8.0	30.0	425	0	$0.00
5	SODIUM CHLORIDE	SOD CHLORIDE INJ 0.9%	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	425	0	$0.00
6	TRAMADOL HCL	TRAMADOL HCL TAB 50MG	Hard Reject	1	$7.87	$7.87	$0.00	7.0	56.0	409	0	$0.00
7	ALPRAZOLAM	ALPRAZOLAM TAB 2MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	389	0	$0.00
8	PROAIR HFA	PROAIR HFA AER	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	336	0	$0.00
9	GABAPENTIN	GABAPENTIN CAP 300MG	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	326	0	$0.00
10	CLONAZEPAM	CLONAZEPAM TAB 1MG	Hard Reject	2	$12.14	$6.07	$0.00	22.5	45.0	312	0	$0.00
All Others				11,677	$3,171,850.00	$271.63	$0.00	27.3	184.9	25,841	3,107	$401,953.35
ID - Ingredient Duplication				11,688	$3,172,078.92	$271.40	$0.00	27.3	184.8	30,589	3,107	$401,953.35

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

LD - Low Dose Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	ONDANSETRON HCL	GERIATRIC MIN DLY = 2.00UN	Message Only	687	$316.15	$0.46	$0.00	1.9	1.8	0	413	$119.25
2	ONDANSETRON ODT	GERIATRIC MIN DLY = 2.00UN	Message Only	526	$331.40	$0.63	$0.00	1.3	1.1	0	150	$99.46
3	METFORMIN HCL	ADULT MIN DLY = 1.70 UN	Message Only	450	$2,332.30	$5.18	$0.00	35.2	34.9	0	28	$147.25
4	VITAMIN D	ADULT MIN DLY = .14 UN	Message Only	379	$2,331.73	$6.15	$0.00	30.9	2.7	0	35	$222.44
5	GABAPENTIN	ADULT MIN DLY = 3.00 UN	Message Only	371	$2,629.55	$7.09	$0.00	30.1	49.4	0	30	$217.85
6	CITALOPRAM HYDROBROMIDE	ADULT MIN DLY = 2.00 UN	Message Only	360	$2,163.19	$6.01	$0.00	28.7	28.7	0	34	$210.27
7	IPRATROPIUM BROMIDE/ALBUT	GERIATRIC MIN DLY = 12.00UN	Message Only	251	$727.47	$2.90	$0.00	3.4	18.6	0	122	$118.75
8	ZOFRAN ODT	GERIATRIC MIN DLY = 2.00UN	Message Only	253	$5,312.95	$21.00	$0.00	1.0	1.0	0	79	$1,683.49
9	ONDANSETRON HCL	ADULT MIN DLY = 2.00 UN	Message Only	290	$2,292.97	$7.91	$0.00	19.4	12.0	0	26	$204.48
10	PROPRANOLOL HCL	ADULT MIN DLY = 3.00 UN	Message Only	249	$1,402.02	$5.63	$0.00	28.6	52.4	0	17	$97.59
All Others				16,477	$1,953,705.72	$118.57	$0.00	24.4	57.8	0	2,661	$344,409.31
LD - Low Dose Alert				20,293	$1,973,545.45	$97.25	$0.00	23.0	50.3	0	3,595	$347,530.14

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

LR - Underuse Precaution

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	LISINOPRIL	7 DAYS LATE REFILLING	Message Only	83	$417.20	$5.03	$0.00	29.3	32.1	0	5	$26.14
2	LISINOPRIL	8 DAYS LATE REFILLING	Message Only	62	$350.02	$5.65	$0.00	30.6	34.5	0	8	$38.71
3	AMLODIPINE BESYLATE	7 DAYS LATE REFILLING	Message Only	61	$319.22	$5.23	$0.00	29.6	29.4	0	3	$18.83
4	SIMVASTATIN	7 DAYS LATE REFILLING	Message Only	60	$411.82	$6.86	$0.00	30.0	30.2	0	3	$26.06
4	LISINOPRIL	9 DAYS LATE REFILLING	Message Only	59	$298.49	$5.06	$0.00	30.0	32.8	0	4	$19.57
6	LEVOTHYROXINE SODIUM	7 DAYS LATE REFILLING	Message Only	59	$430.53	$7.30	$0.00	30.0	29.2	0	3	$45.62
7	LISINOPRIL	10 DAYS LATE REFILLING	Message Only	48	$251.56	$5.24	$0.00	29.5	31.4	0	3	$17.09
8	PROAIR HFA	11 DAYS LATE REFILLING	Message Only	47	$2,189.89	$46.59	$0.00	21.7	9.2	0	3	$303.09
9	PROAIR HFA	7 DAYS LATE REFILLING	Message Only	48	$2,145.10	$44.69	$0.00	24.2	8.9	0	1	$101.03
9	AMLODIPINE BESYLATE	8 DAYS LATE REFILLING	Message Only	43	$226.41	$5.27	$0.00	30.0	30.7	0	6	$39.38
All Others				50,757	$4,368,294.68	$86.06	$0.00	28.6	51.2	0	5,455	$612,086.93
LR - Underuse Precaution				51,327	$4,375,334.92	$85.24	$0.00	28.6	50.9	0	5,494	$612,722.45

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

MN - Insufficnt Duration Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	IPRATROPIUM BROMIDE/ALBUT	MIN. DAYS THERAPY = 30	Message Only	361	$10,712.14	$29.67	$0.00	9.0	133.8	0	33	$532.98
2	PANTOPRAZOLE SODIUM	MIN. DAYS THERAPY = 7	Message Only	204	$36.38	$0.18	$0.00	1.0	1.1	0	174	$36.16
3		ING01 MIN DAYS THERAPY = 5	Message Only	319	$39,236.46	$123.00	$0.00	1.6	30.3	0	20	$1,882.43
4	LISINOPRIL	MIN. DAYS THERAPY = 7	Message Only	168	$56.20	$0.33	$0.00	1.1	1.4	0	130	$12.56
5	METOPROLOL TARTRATE	MIN. DAYS THERAPY = 7	Message Only	177	$61.98	$0.35	$0.00	1.2	1.9	0	116	$30.41
6	LEVOTHYROXINE SODIUM	MIN. DAYS THERAPY = 10	Message Only	255	$1,095.30	$4.30	$0.00	6.1	6.1	0	23	$26.41
7	LEVETIRACETAM	MIN. DAYS THERAPY = 14	Message Only	258	$2,727.23	$10.57	$0.00	6.8	32.3	0	9	$49.49
8	OLANZAPINE	MIN. DAYS THERAPY = 7	Message Only	141	$143.98	$1.02	$0.00	1.1	1.8	0	112	$96.58
9	SULFAMETHOXAZOLE/ TRIMETHO	MIN. DAYS THERAPY = 5	Message Only	198	$606.85	$3.06	$0.00	1.9	7.1	0	46	$103.41
10	NICOTINE	MIN. DAYS THERAPY = 7	Message Only	130	$252.57	$1.94	$0.00	1.0	1.0	0	99	$193.84
All Others				4,080	$216,057.53	$52.96	$0.00	3.0	21.2	0	1,810	$49,507.07
MN - Insufficnt Duration Alert				6,291	$270,986.62	$43.08	$0.00	3.3	24.9	0	2,572	$52,471.34

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

MX - Excessive Duration Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	CYCLOBENZAPRINE HCL	MAX DAYS THERAPY = 21	Message Only	1,410	$10,860.05	$7.70	$0.00	30.3	65.3	0	96	$771.11
2	AZITHROMYCIN	MAX DAYS THERAPY = 5	Message Only	281	$6,588.74	$23.45	$0.00	11.6	19.2	0	32	$842.14
3	POLYETHYLENE GLYCOL 3350	MAX DAYS THERAPY = 14	Message Only	250	$6,184.26	$24.74	$0.00	26.5	266.6	0	40	$1,093.64
4	FLUCONAZOLE	MAX DAYS THERAPY = 1	Message Only	176	$2,244.10	$12.75	$0.00	3.4	3.5	0	13	$220.55
5	DIPHENOXYLATE/ ATROPINE	MAX DAYS THERAPY = 14	Message Only	147	$2,697.43	$18.35	$0.00	25.6	106.7	0	7	$167.32
6	EPIPEN 2-PAK	MAX DAYS THERAPY = 1	Message Only	129	$47,831.30	$370.79	$0.00	2.2	2.2	0	20	$9,375.33
7	MAPAP	MAX DAYS THERAPY = 10	Message Only	126	$714.27	$5.67	$0.00	26.3	108.8	0	2	$10.98
8	PHENAZOPYRIDINE HCL	MAX DAYS THERAPY = 2	Message Only	107	$1,972.62	$18.44	$0.00	4.4	13.7	0	5	$168.59
9	TRAMADOL HYDROCHLORIDE/AC	MAX DAYS THERAPY = 5	Message Only	96	$2,156.62	$22.46	$0.00	18.7	71.2	0	7	$124.34
10	CEFDINIR	MAX DAYS THERAPY = 10	Message Only	79	$4,349.15	$55.05	$0.00	15.2	73.6	0	2	$171.62
All Others				1,071	$176,568.42	$164.86	$0.00	27.1	77.6	0	146	$69,786.55
MX - Excessive Duration Alert				3,872	$262,166.96	$67.71	$0.00	24.1	75.3	0	370	$82,732.17

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

PA - Drug-Age Precaution

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	PROMETHAZINE-DM	AGE LESS THAN 4	Message Only	13	$92.08	$7.08	$0.00	10.2	101.5	0	0	$0.00
2	PROMETHAZINE/ DEXTROMETHOR	AGE LESS THAN 4	Message Only	10	$62.76	$6.28	$0.00	11.2	98.0	0	2	$16.94
3	PROMETHAZINE/CODEINE	AGE LESS THAN 4	Message Only	6	$40.70	$6.78	$0.00	16.8	108.3	0	1	$7.00
4	PROMETHAZINE HCL	AGE LESS THAN 4	Message Only	4	$35.07	$8.77	$0.00	9.5	70.0	0	2	$14.27
5	PROMETHAZINE HCL PLAIN	AGE LESS THAN 4	Message Only	2	$12.43	$6.22	$0.00	4.0	75.0	0	1	$4.00
6	PROMETHEGAN	AGE LESS THAN 4	Message Only	2	$28.74	$14.37	$0.00	3.5	10.0	0	0	$0.00
7	PROMETHAZINE VC PLAIN	AGE LESS THAN 4	Message Only	1	$16.74	$16.74	$0.00	12.0	90.0	0	0	$0.00
PA - Drug-Age Precaution				38	$288.52	$7.59	$0.00	10.8	91.8	0	6	$42.21

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

TD - Therapeutic Duplication

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ ACETAMINOPHEN	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,821	$37,623.27	$20.66	$0.00	17.6	72.2	0	191	$2,475.74
2	OXYCODONE/ ACETAMINOPHEN	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,243	$50,036.55	$40.25	$0.00	14.7	62.1	0	192	$2,633.25
3	HYDROMORPHONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	810	$5,999.26	$7.41	$0.00	5.9	22.4	0	421	$1,521.96
4	OXYCODONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,120	$55,871.84	$49.89	$0.00	23.3	106.7	0	102	$2,629.58
5	QUETIAPINE FUMARATE	ORAL ANTIPSYCHOTICS	Message Only	1,028	$22,621.49	$22.01	$0.00	27.2	41.5	0	80	$1,064.36
6	MORPHINE SULFATE	SHORT ACTING NARCOTIC ANALGESI	Message Only	709	$4,307.57	$6.08	$0.00	5.9	19.5	0	376	$1,015.45
7	TRAMADOL HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	884	$7,519.90	$8.51	$0.00	19.8	84.4	0	61	$354.80
8	RISPERIDONE	ORAL ANTIPSYCHOTICS	Message Only	750	$11,964.83	$15.95	$0.00	26.7	43.6	0	73	$779.76
9	ALPRAZOLAM	BENZODIAZEPINES	Message Only	753	$5,707.04	$7.58	$0.00	25.4	63.7	0	56	$241.66
10	METHADONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	657	$10,795.01	$16.43	$0.00	27.4	135.9	0	27	$523.53
All Others				32,347	$4,474,070.44	$138.31	$0.00	24.9	62.7	7,414	5,572	$720,213.34
TD - Therapeutic Duplication				42,122	$4,686,517.20	$111.26	$0.00	23.6	63.5	7,414	7,151	$733,453.43

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

Selected Filters

Client(s): Nevada Medicaid - HPES

Carrier(s): NVM-NEVADA MEDICAID

Account(s): ALL

Group(s): ALL

Date Type:	Date Filled Submitted
Primary Start Date:	Oct 1, 2014
Primary End Date:	Dec 31, 2014
Relative Date Description:	N/A
Select Report Group By:	Product
Top Values Displayed:	10
Display Report Description:	Yes

Report Description

Report overview:

This report will be used to track concurrent DURs. The subsequent information will also be used to assist clients in managing Hard Rejects, Soft Rejects as well as Message Only edits. Reversals are also included in the report.

Detail Line Description:

Column Name	Description
Summary Page:	
Claims Summary:	
RxCLAIM Status	The claims status associated with the RxCLAIM transaction. For this reoprt, a claim Status can be any one of the following values: P = Paid Status, X = Reversal Status, R = Rejected Status.
Total Rxs	The total number of Rxs.
% of Total Rxs	The percentage of the total number of Rxs.

Total Plan Paid	The Client Total Amount Due.
Total Member Paid	The Client Total Patient Pay Amount. The patient pay would include copays and all other charges paid by the member.

DUR Information Summary:

DUR Type	DUR Reason for Service Code and Description
Clinical Level	DUR (Drug Utilization Review). Indicates how significant the first conflict is. This field reflects the significance that the originating database assigned to it. 0 = Not specified, 1 = Major, 2 = Moderate, 3 = Minor
Total DURs	
Count	Total count of DUR edits. An Rx claim may have more than 1 DUR edit.
% of All DURs	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types.
DURs on Paid Rxs	
Count	Total count of DUR edits on paid Rx claims. A paid Rx claim may have more than 1 DUR edit.
% of DUR Type	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Paid Rx claims.
DURs on Rejected Rxs	
Count	Total count of DUR edits on rejected Rx claims. A rejected Rx claim may have more than 1 DUR edit.
% of DUR Type	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Rejected Rx claims.
DURs on Reversed Rxs	
Count	Total count of DUR edits on reversed Rx claims. A reversed Rx claim may have more than 1 DUR edit.
% of DUR Type	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Reversed Rx claims.

DUR Tabs:

Rank	Ranking is based on total number of Rxs (Paid + Rjected + Reversal) in descending order. A gap in sequence may occur if two or more rows tie (known as Olympic ranking).
Top Drug-Drug Interaction (DD Only)	Drug combination with a DD DUR code
Top Drug	Product Name
Therapy / Reason	DUR Free Text Message
DUR Response	DUR Responses are categorized as: H = Hard Reject, S = Soft Reject, any other code = Message Only
Total Paid Rxs	The total number of paid Rxs.
Total Plan Paid	The Client total amount due.
Avg Plan Paid / Rx	The average plan cost per Rx.

Avg Member Paid / Rx	The average member cost per Rx.
Avg Days Supply / Rx	The average days supply per Rx.
Avg Quantity / Rx	The average quantity per Rx.
Total Rejected Rxs	The total number of rejected Rxs.
Total Reversed Rxs	The total number of reversed Rxs.
Total Reversed Amount	The total amount of reversed Rxs.

CONFIDENTIAL

RXT6050D - Summarized DUR Activity Report

Between Jan 1, 2015 and Mar 31, 2015

Apr 17, 2015
11:10:54 AM

Claims Summary:

RxCLAIM Status	Total Rxs	% of Total Rxs	Total Plan Paid	Total Member Paid
Paid	744,386	64.3%	$67,607,153.67	$0.00
Rejected	326,676	28.2%	$42,019,371.85	$0.00
Reversed	86,795	7.5%	-$12,830,660.21	$0.00
Totals	1,157,857	100%	$96,795,865.31	$0.00

DUR Information Summary:

		Total DURs		DURs on Paid Rxs		DURs on Rejected Rxs		DURs on Reversed Rxs	
DUR Type	Clinical Level	Count	% of All DURs	Count	% of DUR Type	Count	% of DUR Type	Count	% of DUR Type
TD - Therapeutic Duplication	0 - NS	62,135	22.8%	46,275	74.5%	7,773	12.5%	8,087	13.0%
LR - Underuse Precaution	0 - NS	61,287	22.5%	55,775	91.0%	0	0.0%	5,512	9.0%
ID - Ingredient Duplication	2 - Mod	48,764	17.9%	12,790	26.2%	32,639	66.9%	3,335	6.8%
DD - Drug-Drug Interaction	1 - Maj	38,801	14.2%	31,849	82.1%	3,654	9.4%	3,298	8.5%
LD - Low Dose Alert	0 - NS	27,697	10.2%	23,265	84.0%	0	0.0%	4,432	16.0%
HD - High Dose Alert	0 - NS	19,278	7.1%	16,994	88.2%	190	1.0%	2,094	10.9%
MN - Insufficnt Duration Alert	0 - NS	9,370	3.4%	6,775	72.3%	0	0.0%	2,595	27.7%
MX - Excessive Duration Alert	0 - NS	5,371	2.0%	4,948	92.1%	0	0.0%	423	7.9%
PA - Drug-Age Precaution	1 - Maj	84	0.0%	78	92.9%	0	0.0%	6	7.1%
Total All DURs		272,787	100.0%	198,749	72.9%	44,256	16.2%	29,782	10.9%

* DUR Information Summary results are sorted by Total DUR count in descending order
* Some Rx claims could have multiple DUR messages. And there could be multiple instances of the same DUR message on a Rx claim
* The Count and % of DUR Type for Paid, Rejected and Reversed Rxs are based on DUR Type totals for each row

DD - Drug-Drug Interaction

Rank	Top Drug Drug Interaction	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	CARISOPRODOL - ALPRAZOLAM	Message Only	771	$5,428.97	$7.04	$0.00	28.9	77.5	88	41	$190.75
2	SIMVASTATIN - FENOFIBRATE	Message Only	456	$15,076.78	$33.06	$0.00	33.4	33.9	45	15	$449.04
3	OXYCODONE HCL - CARISOPRODOL	Message Only	414	$18,450.27	$44.57	$0.00	28.1	119.8	47	22	$924.34
4	OXYCODONE - CARISOPRODOL	Message Only	368	$3,270.05	$8.89	$0.00	29.3	85.1	87	14	$101.51
5	OXYCOD/APAP - CARISOPRODOL	Message Only	371	$2,567.58	$6.92	$0.00	29.0	77.0	61	32	$124.63
6	OXYCODONE/ACETAMINOPHEN - CARISOPRODOL	Message Only	399	$24,346.98	$61.02	$0.00	26.7	111.0	31	22	$956.64
7	TRAZODONE HCL - CITALOPRAM	Message Only	363	$2,466.65	$6.80	$0.00	29.9	37.2	48	23	$193.86
8	TRAZODONE HCL - QUETIAPINE	Message Only	370	$2,594.68	$7.01	$0.00	27.3	39.7	32	27	$308.04
9	SPIRONOLACT - LISINOPRIL	Message Only	308	$1,572.56	$5.11	$0.00	34.8	38.9	42	34	$72.04
10	TRAZODONE - QUETIAPINE FUMARATE	Message Only	316	$5,797.82	$18.35	$0.00	26.8	42.5	30	22	$352.43
All Others			27,713	$2,286,776.47	$82.52	$0.00	25.3	48.5	3,143	3,046	$426,948.22
DD - Drug-Drug Interaction			31,849	$2,368,348.81	$74.36	$0.00	25.9	51.0	3,654	3,298	$430,621.50

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

HD - High Dose Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ ACETAMINOPHEN	ADULT MAX DLY = 6.00 UN	Message Only	603	$20,613.41	$34.18	$0.00	15.8	124.7	0	27	$954.94
2	ZOLPIDEM TARTRATE	GERIATRIC MAX DLY = .50UN	Message Only	420	$970.16	$2.31	$0.00	30.3	30.3	0	25	$47.15
3	KETOROLAC TROMETHAMINE	GERIATRIC MAX DLY = 2.00UN	Message Only	243	$1,298.02	$5.34	$0.00	1.0	4.2	0	28	$157.10
4	INVEGA SUSTENNA	ADULT MAX DLY = .05 UN	Message Only	213	$347,933.72	$1,633.49	$0.00	26.8	1.5	0	7	$11,211.22
5	PROMETHAZINE/ CODEINE	ADULT MAX DLY = 30.00 UN	Message Only	193	$1,411.34	$7.31	$0.00	3.2	138.7	0	16	$112.39
6	GRANISETRON HCL	GERIATRIC MAX DLY = .85UN	Message Only	198	$3,310.69	$16.72	$0.00	1.0	1.1	0	7	$71.40
7	MIDAZOLAM HCL	GERIATRIC MAX DLY = .70UN	Message Only	188	$791.16	$4.21	$0.00	1.0	4.7	0	5	$7.38
8	ONDANSETRON ODT	ADULT MAX DLY = 3.00 UN	Message Only	157	$3,988.02	$25.40	$0.00	6.7	25.7	0	29	$804.04
9	CEFTRIAXONE SODIUM	GERIATRIC MAX DLY = 2.00UN	Message Only	176	$46,291.70	$263.02	$0.00	1.0	231.1	0	9	$243.90
10	TAMIFLU	PEDIATRIC MAX DLY = 20.00UN	Message Only	160	$40,517.33	$253.23	$0.00	5.1	124.7	0	15	$3,574.10
All Others				14,443	$3,133,802.14	$216.98	$0.00	14.2	122.3	190	1,926	$768,587.17
HD - High Dose Alert				16,994	$3,600,927.69	$211.89	$0.00	13.9	114.7	190	2,094	$785,770.79

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

ID - Ingredient Duplication

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ ACETAMINOPHEN	HYDROCO/APAP TAB 10-325MG	Hard Reject	4	$98.15	$24.54	$0.00	13.5	67.5	1,089	1	$32.65
2	SODIUM CHLORIDE	SOD CHLORIDE INJ 0.9%	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	725	0	$0.00
3	OXYCODONE/ ACETAMINOPHEN	OXYCOD/APAP TAB 10-325MG	Hard Reject	3	$123.45	$41.15	$0.00	16.3	56.7	581	0	$0.00
4	ZOLPIDEM TARTRATE	ZOLPIDEM TAB 10MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	471	0	$0.00
5	ALPRAZOLAM	ALPRAZOLAM TAB 1MG	Hard Reject	2	$14.79	$7.40	$0.00	18.5	55.5	460	0	$0.00
6	ALPRAZOLAM	ALPRAZOLAM TAB 2MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	421	0	$0.00
7	PROAIR HFA	PROAIR HFA AER	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	376	0	$0.00
8	TRAMADOL HCL	TRAMADOL HCL TAB 50MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	318	0	$0.00
9	GABAPENTIN	GABAPENTIN CAP 300MG	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	310	0	$0.00
10	CLONAZEPAM	CLONAZEPAM TAB 1MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	288	0	$0.00
All Others				12,781	$3,025,478.23	$236.72	$0.00	27.0	162.0	27,600	3,334	$468,407.47
ID - Ingredient Duplication				12,790	$3,025,714.62	$236.57	$0.00	27.0	161.9	32,639	3,335	$468,440.12

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

LD - Low Dose Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	ONDANSETRON HCL	GERIATRIC MIN DLY = 2.00UN	Message Only	1,067	$334.50	$0.31	$0.00	1.3	1.2	0	665	$171.83
2	ONDANSETRON ODT	GERIATRIC MIN DLY = 2.00UN	Message Only	691	$527.64	$0.76	$0.00	1.2	1.2	0	226	$160.84
3	IPRATROPIUM BROMIDE/ALBUT	GERIATRIC MIN DLY = 12.00UN	Message Only	564	$1,175.69	$2.08	$0.00	3.1	13.3	0	225	$187.11
4	ZOFRAN ODT	GERIATRIC MIN DLY = 2.00UN	Message Only	383	$8,046.74	$21.01	$0.00	1.0	1.0	0	151	$3,213.43
5	METFORMIN HCL	ADULT MIN DLY = 1.70 UN	Message Only	484	$2,498.86	$5.16	$0.00	32.1	31.6	0	43	$220.39
6	ALBUTEROL SULFATE	GERIATRIC MIN DLY = 9.00UN	Message Only	412	$299.70	$0.73	$0.00	3.6	17.2	0	84	$77.56
7	VITAMIN D	ADULT MIN DLY = .14 UN	Message Only	427	$2,623.88	$6.14	$0.00	33.0	2.9	0	37	$213.63
8	GABAPENTIN	ADULT MIN DLY = 3.00 UN	Message Only	380	$2,650.89	$6.98	$0.00	33.1	54.0	0	27	$180.01
9	CITALOPRAM HYDROBROMIDE	ADULT MIN DLY = 2.00 UN	Message Only	367	$2,182.90	$5.95	$0.00	29.7	29.7	0	27	$140.72
10	ONDANSETRON HCL	GERIATRIC MIN DLY = 10.00UN	Message Only	192	$384.26	$2.00	$0.00	1.0	1.3	0	167	$321.43
All Others				18,298	$1,765,519.95	$96.49	$0.00	24.5	54.0	0	2,780	$333,321.05
LD - Low Dose Alert				23,265	$1,786,245.01	$76.78	$0.00	21.8	45.3	0	4,432	$338,208.00

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

LR - Underuse Precaution

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	LISINOPRIL	7 DAYS LATE REFILLING	Message Only	82	$425.81	$5.19	$0.00	30.8	35.3	0	6	$19.80
2	AMLODIPINE BESYLATE	7 DAYS LATE REFILLING	Message Only	67	$279.57	$4.17	$0.00	29.2	29.6	0	4	$20.28
3	LISINOPRIL	8 DAYS LATE REFILLING	Message Only	67	$396.61	$5.92	$0.00	30.0	36.3	0	1	$6.69
4	ATORVASTATIN CALCIUM	7 DAYS LATE REFILLING	Message Only	57	$650.16	$11.41	$0.00	29.2	29.2	0	5	$69.38
5	SIMVASTATIN	7 DAYS LATE REFILLING	Message Only	57	$324.60	$5.69	$0.00	30.1	30.9	0	1	$7.94
6	METFORMIN HCL	7 DAYS LATE REFILLING	Message Only	53	$280.57	$5.29	$0.00	29.7	62.7	0	4	$35.21
7	AMLODIPINE BESYLATE	8 DAYS LATE REFILLING	Message Only	52	$297.99	$5.73	$0.00	29.8	30.9	0	4	$25.07
8	LEVOTHYROXINE SODIUM	7 DAYS LATE REFILLING	Message Only	51	$417.49	$8.19	$0.00	29.5	28.6	0	4	$56.93
9	MONTELUKAST SODIUM	7 DAYS LATE REFILLING	Message Only	50	$1,720.74	$34.41	$0.00	30.0	30.6	0	4	$94.82
9	PROAIR HFA	7 DAYS LATE REFILLING	Message Only	52	$2,522.84	$48.52	$0.00	23.3	9.2	0	2	$108.67
All Others				55,187	$4,788,348.10	$86.77	$0.00	28.6	50.1	0	5,477	$694,729.08
LR - Underuse Precaution				55,775	$4,795,664.48	$85.98	$0.00	28.6	49.9	0	5,512	$695,173.87

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

MN - Insufficnt Duration Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	IPRATROPIUM BROMIDE/ALBUT	MIN. DAYS THERAPY = 30	Message Only	446	$12,647.69	$28.36	$0.00	9.3	141.7	0	39	$736.11
2	LISINOPRIL	MIN. DAYS THERAPY = 7	Message Only	216	$58.73	$0.27	$0.00	1.1	1.4	0	161	$11.00
3	METOPROLOL TARTRATE	MIN. DAYS THERAPY = 7	Message Only	216	$67.31	$0.31	$0.00	1.2	2.1	0	139	$7.89
4	PANTOPRAZOLE SODIUM	MIN. DAYS THERAPY = 7	Message Only	170	$67.01	$0.39	$0.00	1.1	1.2	0	148	$38.18
5		ING01 MIN DAYS THERAPY = 5	Message Only	261	$27,349.60	$104.79	$0.00	1.5	85.4	0	25	$1,769.00
6	CLONIDINE HCL	MIN. DAYS THERAPY = 7	Message Only	198	$202.96	$1.03	$0.00	1.6	5.0	0	78	$12.37
7	BROMPHEN/ PSEUDOEPHEDRINE	MIN. DAYS THERAPY = 7	Message Only	218	$5,506.80	$25.26	$0.00	4.9	118.2	0	15	$432.76
8	SULFAMETHOXAZOLE/ TRIMETHO	MIN. DAYS THERAPY = 5	Message Only	196	$556.96	$2.84	$0.00	2.1	5.9	0	36	$10.95
9	LEVETIRACETAM	MIN. DAYS THERAPY = 14	Message Only	208	$2,137.45	$10.28	$0.00	6.8	38.0	0	22	$158.69
10	LEVOTHYROXINE SODIUM	MIN. DAYS THERAPY = 10	Message Only	204	$845.81	$4.15	$0.00	6.2	6.2	0	16	$19.49
All Others				4,442	$251,500.76	$56.62	$0.00	3.0	15.7	0	1,916	$38,826.12
MN - Insufficnt Duration Alert				6,775	$300,941.08	$44.42	$0.00	3.4	28.5	0	2,595	$42,022.56

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

MX - Excessive Duration Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	CYCLOBENZAPRINE HCL	MAX DAYS THERAPY = 21	Message Only	2,524	$18,943.02	$7.51	$0.00	30.1	64.9	0	142	$1,240.18
2	AZITHROMYCIN	MAX DAYS THERAPY = 5	Message Only	333	$8,044.26	$24.16	$0.00	10.6	20.6	0	29	$1,709.35
3	FLUCONAZOLE	MAX DAYS THERAPY = 1	Message Only	202	$2,326.55	$11.52	$0.00	3.4	3.5	0	6	$53.47
4	DIPHENOXYLATE/ ATROPINE	MAX DAYS THERAPY = 14	Message Only	131	$2,869.76	$21.91	$0.00	24.9	116.2	0	6	$150.51
5	EPIPEN 2-PAK	MAX DAYS THERAPY = 1	Message Only	120	$49,515.48	$412.63	$0.00	2.2	2.2	0	14	$6,614.50
6	MAPAP	MAX DAYS THERAPY = 10	Message Only	122	$671.97	$5.51	$0.00	26.6	96.2	0	9	$52.86
7	CEFDINIR	MAX DAYS THERAPY = 10	Message Only	112	$6,232.44	$55.65	$0.00	15.9	71.5	0	8	$247.37
8	TRAMADOL HYDROCHLORIDE/AC	MAX DAYS THERAPY = 5	Message Only	113	$2,066.93	$18.29	$0.00	19.9	81.9	0	6	$136.35
9	POLYETHYLENE GLYCOL 3350	MAX DAYS THERAPY = 14	Message Only	87	$2,290.66	$26.33	$0.00	30.5	30.5	0	16	$420.57
10	DOCUSATE SODIUM & SENNA S	MAX DAYS THERAPY = 14	Message Only	83	$473.40	$5.70	$0.00	29.2	58.5	0	7	$34.36
All Others				1,121	$205,162.43	$183.02	$0.00	25.6	69.6	0	180	$64,880.96
MX - Excessive Duration Alert				4,948	$298,596.90	$60.35	$0.00	25.2	60.9	0	423	$75,540.48

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

PA - Drug-Age Precaution

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	PROMETHAZINE-DM	AGE LESS THAN 4	Message Only	25	$179.16	$7.17	$0.00	10.8	104.6	0	1	$4.00
2	PROMETHAZINE/ DEXTROMETHOR	AGE LESS THAN 4	Message Only	23	$134.36	$5.84	$0.00	9.5	80.2	0	0	$0.00
3	PROMETHAZINE HCL PLAIN	AGE LESS THAN 4	Message Only	11	$76.54	$6.96	$0.00	9.0	109.5	0	3	$20.25
4	PROMETHAZINE/CODEINE	AGE LESS THAN 4	Message Only	10	$64.40	$6.44	$0.00	8.8	90.0	0	0	$0.00
5	PROMETHAZINE HCL	AGE LESS THAN 4	Message Only	5	$46.15	$9.23	$0.00	10.6	93.4	0	0	$0.00
6	PHENADOZ	AGE LESS THAN 4	Message Only	2	$26.10	$13.05	$0.00	3.0	8.0	0	1	$15.12
7	PROMETHEGAN	AGE LESS THAN 4	Message Only	1	$10.53	$10.53	$0.00	3.0	6.0	0	1	$7.64
8	PROMETHAZINE VC/CODEINE	AGE LESS THAN 4	Message Only	1	$21.20	$21.20	$0.00	8.0	80.0	0	0	$0.00
PA - Drug-Age Precaution				78	$558.44	$7.16	$0.00	9.6	91.4	0	6	$47.01

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

TD - Therapeutic Duplication

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ ACETAMINOPHEN	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,715	$33,704.76	$19.65	$0.00	17.5	71.8	0	193	$1,540.75
2	HYDROMORPHONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	945	$5,360.49	$5.67	$0.00	5.0	18.1	0	494	$1,352.92
3	OXYCODONE/ ACETAMINOPHEN	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,198	$46,270.74	$38.62	$0.00	14.5	61.1	0	200	$4,645.45
4	QUETIAPINE FUMARATE	ORAL ANTIPSYCHOTICS	Message Only	1,144	$23,510.60	$20.55	$0.00	27.3	41.4	0	86	$1,715.43
5	OXYCODONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,103	$52,771.21	$47.84	$0.00	22.9	105.4	0	101	$2,265.42
6	MORPHINE SULFATE	SHORT ACTING NARCOTIC ANALGESI	Message Only	726	$3,852.12	$5.31	$0.00	5.8	19.3	0	398	$930.88
7	TRAMADOL HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	887	$7,568.64	$8.53	$0.00	20.5	86.4	0	65	$370.60
8	RISPERIDONE	ORAL ANTIPSYCHOTICS	Message Only	810	$11,622.84	$14.35	$0.00	26.3	43.0	0	53	$631.53
9	ALPRAZOLAM	BENZODIAZEPINES	Message Only	745	$5,518.42	$7.41	$0.00	25.4	64.1	0	69	$314.23
10	LISINOPRIL	ANGIOTENSIN BLOCKERS	Message Only	598	$2,574.65	$4.31	$0.00	33.9	39.6	0	137	$286.14
All Others				36,404	$4,203,792.62	$115.48	$0.00	24.5	58.4	7,773	6,291	$652,303.25
TD - Therapeutic Duplication				46,275	$4,396,547.09	$95.01	$0.00	23.4	58.4	7,773	8,087	$666,356.60

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

Selected Filters

Client(s): Nevada Medicaid - HPES

Carrier(s): NVM-NEVADA MEDICAID

Account(s): ALL

Group(s): ALL

Date Type:	Date Filled Submitted
Primary Start Date:	Jan 1, 2015
Primary End Date:	Mar 31, 2015
Relative Date Description:	Previous Quarter
Select Report Group By:	Product
Top Values Displayed:	10
Display Report Description:	Yes

Report Description

Report overview:

This report will be used to track concurrent DURs. The subsequent information will also be used to assist clients in managing Hard Rejects, Soft Rejects as well as Message Only edits. Reversals are also included in the report.

Detail Line Description:

Column Name	Description
Summary Page:	
Claims Summary:	
RxCLAIM Status	The claims status associated with the RxCLAIM transaction. For this reoprt, a claim Status can be any one of the following values: P = Paid Status, X = Reversal Status, R = Rejected Status.
Total Rxs	The total number of Rxs.
% of Total Rxs	The percentage of the total number of Rxs.

Total Plan Paid	The Client Total Amount Due.
Total Member Paid	The Client Total Patient Pay Amount. The patient pay would include copays and all other charges paid by the member.

DUR Information Summary:

DUR Type	DUR Reason for Service Code and Description
Clinical Level	DUR (Drug Utilization Review). Indicates how significant the first conflict is. This field reflects the significance that the originating database assigned to it. 0 = Not specified, 1 = Major, 2 = Moderate, 3 = Minor
Total DURs	
Count	Total count of DUR edits. An Rx claim may have more than 1 DUR edit.
% of All DURs	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types.
DURs on Paid Rxs	
Count	Total count of DUR edits on paid Rx claims. A paid Rx claim may have more than 1 DUR edit.
% of DUR Type	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Paid Rx claims.
DURs on Rejected Rxs	
Count	Total count of DUR edits on rejected Rx claims. A rejected Rx claim may have more than 1 DUR edit.
% of DUR Type	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Rejected Rx claims.
DURs on Reversed Rxs	
Count	Total count of DUR edits on reversed Rx claims. A reversed Rx claim may have more than 1 DUR edit.
% of DUR Type	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Reversed Rx claims.

DUR Tabs:

Rank	Ranking is based on total number of Rxs (Paid + Rjected + Reversal) in descending order. A gap in sequence may occur if two or more rows tie (known as Olympic ranking).
Top Drug-Drug Interaction (DD Only)	Drug combination with a DD DUR code
Top Drug	Product Name
Therapy / Reason	DUR Free Text Message
DUR Response	DUR Responses are categorized as: H = Hard Reject, S = Soft Reject, any other code = Message Only
Total Paid Rxs	The total number of paid Rxs.
Total Plan Paid	The Client total amount due.
Avg Plan Paid / Rx	The average plan cost per Rx.

Avg Member Paid / Rx	The average member cost per Rx.
Avg Days Supply / Rx	The average days supply per Rx.
Avg Quantity / Rx	The average quantity per Rx.
Total Rejected Rxs	The total number of rejected Rxs.
Total Reversed Rxs	The total number of reversed Rxs.
Total Reversed Amount	The total amount of reversed Rxs.