BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
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RICHARD WHITLEY, MS
Director

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NOTICE OF PUBLIC MEETING – DRUG USE REVIEW BOARD

AGENDA

Date of Posting:	**xxxxx**
Date of Meeting:	**Thursday, April 28, 2016 at 5:15 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**
Webinar Pre-Registration	****Must Pre-Register**** **https://catamaranrx.webex.com/catamaranrx/onstage/g.php?MTID=e6806b5cfceaa7942bade987dec542650** **Or go to www.webex.com and enter the Event Number listed below.** **Once you have registered for the meeting, you will receive an email message confirming your registration. This message will provide the information that you need to join the meeting.**
Event Number:	**742 034 472** **Click "Join Now"** **Follow the instructions that appear on your screen to join the audio portion of the meeting. Audio will be transmitted over the internet. No phone number is required.**

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 28, 2016.

   b. Status Update by DHCFP
   April 14, 2016 MSM Chapter 1200 public hearing

4. **Board Action**

   a. **For Possible Adoption**: Discussion and possible adoption of coverage policy on medications used for the hormonal transition treatment for transgender individuals

      i. Public comment on medication limitations/availability of hormones for transition treatment for transgender individuals
      ii. Discussion by the Board and review of utilization data and current policy
      iii. Possible adoption of updated drug coverage policy and criteria

   b. **For Possible Action**: Discussion and adoption of coverage policy on allowance of pharmacist submitted prior authorizations.

      i. Public comment on pharmacists submitting prior authorizations
      ii. Discussion by the Board and review of utilization data and current policy
      iii. Possible adoption of updated policy and criteria

   c. **For Possible Action**: Discussion and adoption of coverage policy on use of brand name products when a generic is available and Dispense as Written requirements

      i. Public comment on Brand name products when a generic is available.
      ii. Discussion by the Board and review of utilization data and current policy
      iii. Possible adoption of updated drug coverage policy and criteria

5. **Clinical Presentations**

   a. **For Possible Action:** Discussion and possible adoption of updated prior authorization criteria for colony stimulating factors.

      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.

b. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for eluxadoline (Viberzi®)

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.

c. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for doxylamine succinate/pyridoxine hydrochloride (Diclegis®).

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 possible adoption of prior authorization criteria for Neurokinin-1 (NK1) Receptor Antagonists and Combinations

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.

e. **For Possible Action:** Discussion and possible adoption of updated prior authorization criteria for medications used for opioid dependence.

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 possible adoption of prior authorization criteria for medications used for opioid induced constipation.

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.

g. **For Possible Action:** Discussion and possible adoption of updated prior authorization criteria for long-acting opioids.

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. Cumulative acetaminophen report
   i. Discussion by the Board and review of utilization data.

b. Long-acting steroid inhaler combination utilization
   i. Discussion by the Board and review of utilization data.

c. Utilization of short-acting insulin without long-acting/basal insulin
   i. Discussion by the Board and review of utilization data.

d. Narcotic cough suppressants utilization
   i. Discussion by the Board and review of utilization data.

8. Public Comment on any Standard DUR Report

9. Standard DUR Reports

a. Review of Prescribing/Program Trends.

   i. Top 10 Therapeutic Classes for Q3 2015, Q4 2015 and Q1 2016 (by Payment and by Claims).
   ii. Top 50 Drugs of Q3 2015, Q4 2015 and Q1 2016 (by Payment and by Claims).

b. Concurrent Drug Utilization Review (ProDUR)

   i. Review of Q3 2015, Q4 2015 and Q1 2016.
   ii. Review of Top Encounters by Problem Type.

c. Retrospective Drug Utilization Review (RetroDUR)

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

7. 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.

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.**

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If requested in writing, a copy of the meeting materials will be mailed to you. Requests and/or written comments may be sent to Robyn Heddy 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 accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements are necessary, notify the Division of Health Care Financing and Policy as soon as possible and at least ten days in advance of the meeting, by e-mail at robyn.heddy@dhcfp.nv.gov in writing, at 1100 East William Street, Suite 101, Carson City, Nevada 89701 or call Robyn Heddy at (775) 684-3678.

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RICHARD WHITLEY, MS
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MARTA JENSEN
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NEVADA MEDICAID
DRUG USE REVIEW BOARD
DRAFT MEETING MINUTES

Date of Meeting: **Thursday, January 28, 2016 at 5:15 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

Committee Members Present: James Marx, MD; Michael Owens, MD; Paul Oesterman, Pharm.D. Chris Shea, Pharm.D.; David England, Pharm.D.

Committee Members Absent: Jeffrey Zollinger, DO

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

HPES: Beth Slamowitz, Pharm.D.

OptumRx: Carl Jeffery, Pharm.D.; Susan McCreight

Others: Laurie Squartsoff, DHHS; Chris DeSimone, Aegerion; Deborah Profant, Alkermes; Jeff Stockard, Wallbert; Tim Butler, Walgreens; Shane Hall, Purdue; James Kotusky, Gilead; Jennifer Lauper, BMS; Gregg Gittus, Alkermes; Sylvia Churchill, Amgen; Jen Yew, Astra Zeneca; Bret Fergusen, Pfizer; Sergio Gonzalez, Takeda

Others On Line: Lori Howarth, Bayer; Laura Hill, Abbvie; Christopher Conner, BMS; Rob Bigham,Shire; Andrea Scherschel, BMS

1. Call to Order and Roll Call

Meeting called to order at 5:25 PM

Roll Call

Michael Owens
James Marx
Dave England
Chris Shea
Paul Oesterman, Chairman
Darrell Faircloth
Coleen Lawrence
Beth Slamowitz
Mary Griffith
Carl Jeffery

2. Public Comment on Any Matter on the Agenda

Paul Oesterman, Chairman: Public comment? Please limit comment to no more than 5 minutes. No public comment.

3. Administrative

a. **For Possible Action:** Review and Approve Meeting Minutes from November 5, 2015.

Minutes reviewed.

Dave England: Move to accept minutes as presented.

James Marx: Second.

Votes: Ayes across the board, the motion carries.

b. Status Update by DHCFP

Paul Oesterman, Chairman: DHCFP Status updates.

Coleen Lawrence: Coleen Lawrence with the Department of Health and Human Services.

We put together a pharmacy tool kit. It is geared toward the manufacturers. It is not geared toward the general public because we use a lot of acronyms. We tried to make this an education tool for physicians and manufacturers. We get a lot of questions, and this hopefully answers most of the questions. This lives on the Division website, called the "Pharmacy Toolkit". It gives a high level overview of the Fee for Service. It talks about the P&T and the DUR Board,the roles and responsibilities of each are highlighted. We have some hints and statutory requirements. A new contact is listed on the form; it has a dedicated email box just for pharmacy questions.

Federal Upper Limit pricing update, NADAC was started 11/1/15. The FUL pricing is a known issue and the FUL is lower than the NADAC price and we are allowing overrides on those.

The CMS final rule did get released. It has been since 2010. We are reviewing it right now for final comment.

I am no longer with Nevada Medicaid. I will be with the Director's office, still within the Division. I will still be involved in pharmacy but at a higher level.

4. Board Action

a. **For Possible Action**: Discussion on Hospice Program proposed changes to criteria.

Paul Oesterman, Chairman: The next agenda item, proposed adoption of prior authorization criteria for all prescription drugs for the Hospice Program recipients over the age of 20. Do we have any public comment? We will hear a presentation from Beth.

Beth Slamowitz: HPE put together a presentation for the Hospice Program and presented to DHCFP. We took some of the pharmacy issues out of that presentation and have it here. We looked at FY2012 to last year FY2015. The overall increase has held steady for this year. Some of the increase being due to messaging and the demographics. This gives an overview of the recipient count within fee for service. We looked at the age groups, under 21, 21 to 64 and then over 64. The over 64 has been decreasing, our pediatric population is the fastest growing. The primary diagnosis for those on hospice, cancer is on the top. Similar to national numbers. We focused on the pediatrics because of the increase. Some changes include the Patient Protection and Affordable Care Act was signed into law, which enacted the concurrent care for children requirement. It was intended to make hospice available without foregoing any other services that may be available. The ACA does not change the requirements, the physician does need to verify the life expectancy is less than 6 months. Some of the concerns we had, the hospice medical directors, are also the ones certifying the terminal illness. This can be seen as a conflict of interest. Without a PA requirement, the potential conflict of interest is never addressed. Looking at payments by age group, the under 21 has a significant increase. The other groups have been steady, looking just at pharmacy and the drugs given to hospice recipients. There were 6700 claims and total expenditures just over 1.1 million. A spike in spending from 2014 to 2015. The specific drugs Medicaid is paying for, Synagis is the top of the list for the entire hospice recipient group. We have Harvoni, which brings into question why Medicaid would pay for that.

Coleen Lawrence: A good reminder of the procedure is to put it in perspective. Our current process is if a drug is related to the hospice condition, then it is covered by the hospice facility. If it is not related to the hospice condition, it will be paid outside the facility cost. The pharmacist is allowed to key the override stating it is not related to the hospice condition.

Beth Slamowitz: Currently in the POS system, the initial claim will reject for hospice. The pharmacy can enter a code to override the hospice limitation. So the pharmacy is

certifying if it should be billed to hospice or Medicaid. We also looked at the top 10 drugs by claim counts. These are obvious drugs that should be paid through the hospice benefit. Pain treatment, or nausea and vomiting treatments should be hospice.

James Marx: What about the compound drugs showing there?

Carl Jeffery: There were all kinds of medications included in there, I looked at several of them.

James Marx: We might want to keep an eye on the compounds.

Chris Shea: Could it be a simple compounded IV antibiotic?

Carl Jeffery: Yes, it could be. Two or more ingredients make a compound.

Beth Slamowitz: I asked some of the other states to see what other policies are in place. Alabama has a separate hospice PDL. Kansas requires a PA for all hospice patients. Delaware requires PA and a plan of care to be submitted. Some of the best practices for other states; 15 states do require prior authorization, mostly on the medical side. This helps address some of the conflicts of interests. The medical side is recommending adding some controls. For the pharmacy program, we have some recommendations.

Carl Jeffery: In the packet of handouts, there is a proposed PA sheet and proposed criteria. We are postulating that some of the prescribers for Synagis are specialists and may not be aware the recipient is on hospice. The first question is to make sure the prescriber knows the recipient is on hospice. The next question asks if the drug is related to the hospice diagnosis. The third asks if the medication is medically necessary. It prompts the prescriber to think through the process about if this is really necessary for this recipient. Then the last question is if the therapy provides prophylactic or curative treatment.

James Marx: Would this address using Harvoni or Hep C?

Carl Jeffery: That is our intent because these are tough decisions.

Mary Griffith: We are not really denying the service, we are denying who is paying for it. If we deny something, then the hospice will be responsible. If the recipient wants to pursue a curative treatment, then they could get out of hospice. There is no limit on when they can go in and out of hospice.

James Marx: Are hospice providers paid at a capitated rate?

Mary Griffith: It is a per diem rate, depending on what the service is.

Coleen Lawrence: They get an all-inclusive service in a bundled rate.

Beth Slamowitz: Originally, we looked at just over 20, but when we started looking at the data, we also wanted to include the pediatric patients.

Paul Oesterman, Chairman: For clarification, the agenda says over the age of 20. We will need to come back next time for the 19 and under group. It should be under 21.

Darrell Faircloth: Coleen was telling me about some of the characteristics of the EPSDT program and if they will override these criteria for purposes of your action today. For today, you can only adopt the criteria for over 20.

Mary Griffith: Keep in mind that Synagis still requires a PA for everyone. Because of that, these physicians do not know the recipient is in hospice.

Dave England: Would that be a question for the PA call center?

Carl Jeffery: There are not any criteria for that now, so that is not something they ask right now. That is one of the reasons we wanted to adopt this criteria.

Paul Oesterman, Chairman: To recap, we have the proposed PA criteria that apply to recipients over the age of 20. It includes the four points and would include authorization for 3 months. One question, on point B, the requested medication is not being used… it sounds like you eliminated the word "Symptoms" out of that.

Carl Jeffery: Right, it should be just to treat the terminal diagnosis.

Paul Oesterman, Chairman: We need a motion to approve the proposed criteria for recipients.

Dave England: Moved.

Michael Owens: Second.

Voting: Ayes across the board, the motion carries.

5. Clinical Presentations

a. **For Possible Action:** Discussion and possible adoption of updated prior authorization criteria for medications used in the treatment of Hepatitis C.

Paul Oesterman, Chairman: The next agenda item, discussion and possible adoption of updated prior authorization criteria for the medications used in the treatment of Hepatitis C. Do we have any public comment?

Andrea Scherschel: This is Andrea Scherchel, I'm an MSL with Bristol-Myers Squibb. I wanted to give you some updated clinical data on Daklinza, SVR in cirrhotic patients. There was no benefit with extending therapy, but there was a benefit with adding ribavirin. We are waiting for a label update and this data will be included in the updated label. We will have FDA approval for co-infection, treatment with decompensated liver disease and people who are post-transplant. Do you have any questions?

Dave England: Looking at the minutes from the last meeting, we discussed how to address the new information from national groups. The criteria we have now need to be in place while this information is released and then go back and review it after the fact.

Coleen Lawrence: That's what we did last time. The clinical call center has the authority to use peer reviewed literature that is available at the time of the request. Based upon their current research, they have the authority to use current research based on peer reviewed literature.

Dave England: We could still leave what we have, we don't need to change what we have here until it is published.

Coleen Lawrence: We should include the language in the binder that talks about medically accepted indications so we have that reference.

Paul Oesterman, Chairman: On the proposed criteria, are there any changes to what we previously approved?

Carl Jeffery: It mirrors the most recent AASLD guidelines. The updated criteria are in the binders.

Darrell Faircloth: This is all new? This isn't red-lined.

Carl Jeffery: Yes, it has all been reworded; they started from scratch following the direction from the last meeting. The old criteria breaks it down by product, but this is broken down by genotype. These criteria will accommodate new agents as they come on the market.

Paul Oesterman, Chairman: The bottom line is we are following the guidelines, there shouldn't be many denials.

Carl Jeffery: If the recipient meets the criteria from the guidelines as outlined by the AASLD, there shouldn't be anything denied. A correction on the Daklinza quantity limit on the last page, for recipients who are on other inducers need a higher dose, they need two tablets per day.

Dave England: On 3.d., that should be one or two tablets.

Carl Jeffery: Maybe it could be more specific if the patient is on an inducer, then they can get two tablets per day.

Paul Oesterman, Chairman: Do we have a motion to approve?

Dave England: Moved.

Chris Shea: Second.

Oesterman, Chairman: We have a motion and second to approve the criteria with the amendment of up to two per day if patient is on a CYP 3A inducer for Daklinza.

Voting: Ayes across the board, the motion carries.

b. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for tasimelteon (Hetlioz®).

Paul Oesterman, Chairman: The next action item is discussion and possible adoption of prior authorization criteria for tasimelteon or Hetlioz. Any public comment?

Carl Jeffery: This isn't a hugely used drug. We had one patient back in May. It is very specific population that this should be used for. In an effort to assure the correct recipients get this medication, we are proposing these PA criteria. It is intended for people who are totally blind to get their circadian rhythm. We talked about adding a therapeutic dose for the melatonin requirement.

Paul Oesterman, Chairman: Should there be a duration on the PA?

Carl Jeffery: That is a good question; I don't know how long someone is usually on this. I didn't look into the details regarding that person and their prescription. Typically our default duration is one year.

Paul Oesterman, Chairman: The package insert states the effect may not occur for weeks or months.

Carl Jeffery: I would kind of assume it is a long-term therapy.

Dave England: Is this really a therapeutic class of psychotropic?

Carl Jeffery: It is classified as a sedative hypnotic.

Paul Oesterman, Chairman: With these criteria, we are only approving for sleep/wake disorder, not major depressive disorder, but that may follow suit. It is being studied now. We need a motion to approve.

James Marx: Moved.

Chris Shea: Second.

Paul Oesterman, Chairman: We have motion and second to approve the criteria as presented with the inadequate response to at least four weeks of therapy to a therapeutic dose of melatonin or an adverse reaction or contraindication to melatonin.

Voting: Ayes across the board, the motion carries.

c. <u>For Possible Action:</u> Discussion and possible adoption of prior authorization criteria for proprotein convertase subtilisin kexin type 9 (PCSK9) inhibitors.

Paul Oesterman, Chairman: Our next agenda item is discussion and possible adoption of prior authorization criteria for proprotein convertase subtilisin kexin type 9 (PCSK9) inhibitors. Do we have any public comment?

Sylvia Churchill: My name is Sylvia Churchill, I am a pharmacist from Washington State representing Amgen. I am here to talk about Repatha. Looking at the prior auth, I think everything looks appropriate. But I did have one concern. There is a requirement for high-intensity statin therapy, and that is appropriate, the label says we are to be given with a statin therapy that still need a decrease in their LDL levels. But what I have a concern with is the requirement to have patient on a three month trial of Zetia before being put on a PSCK9. If you look at our label, there is no mention of Zetia. If you look at Zetia, it only lowers the LDL by 10-15%, whereas PSCK9s lowered the LDL by a different mechanism and reduce LDL by 40-60% compared to the statin alone. The prescriber would be better off going right to a PSCK9 instead of having to try Zetia. The other requirement I question is it being prescribed by a cardiologist or lipid specialist. Only because this is a very safe drug and a lot of primary care and endocrinologists prescribe statins.

Paul Oesterman, Chairman: It is actually in consultation with a cardiologist or lipid specialist. Any other questions? Any other comments from the public?

Carl Jeffery: At the last meeting we talked about one product that was available. We updated the criteria to exclude the drug names. I will address the Zetia trial requirement. It makes sense because the guidelines have not been updated yet; the next step following statin therapy is to add Zetia. It is the next logical step.

Dave England: The current guideline is three months? If two weeks is acceptable, then I could live with that.

Carl Jeffery: I'm not sure what the guidelines state. I think it is hard to get the patient back after that amount if time, but we could make it a minimum of two weeks.

Paul Oesterman, Chairman: So we are changing this from three months to two weeks?

Carl Jeffery: If we just have a minimum of two weeks, then we can cover the real life scenario of patient's getting back to the prescriber in a short amount of time.

Dave England: I'll make the motion to accept.

James Marx: Second.

Paul Oesterman, Chairman: We have a motion and second to accept the criteria with the change from three month trial to a minimum of two weeks for ezetamide or Zetia.

Voting: Ayes across the board, the motion carries.

d. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for colchicine (Colcrys®)

Paul Oesterman, Chairman: The next topic is the discussion and possible adoption of prior authorization criteria for colchicine. Do we have any public comment on this?

Carl Jeffery: It has been over five years since it has been reviewed by the Board. The criteria are limited to the familial Mediterranean fever or acute gout or chronic gout. We updated the criteria to add age and some criteria around chronic gout. The criteria are red-lined. There are specific criteria for patients wanting to exceed the quantity limits. Colchine capsules have a different FDA approved indication, so they are called out separately.

James Marx: Isn't colchicine dosed to an effect? How does this recommendation go with that?

Dave England: That is for acute gout, dosed to diarrhea.

Carl Jeffery: The current quantity limit would take care of any acute attack and then treat prophylaxis if needed after.

Paul Oesterman, Chairman: Is there a difference between the tablets and capsules?

Carl Jeffery: No.

Paul Oesterman, Chairman: Is one being preferred over the other?

Carl Jeffery: No, this isn't a class on the PDL. The indication is the difference between the caps and tabs. The caps only have the chronic indication.

Dave England: I move we accept the criteria.

James Marx: Second.

Paul Oesterman, Chairman: Motion and second to accept the proposed criteria.

Voting: Ayes across the board, the motion carries.

e. **For Possible Action:** Discussion and possible adoption of updated prior authorization criteria for the medications used for the treatment ADD/ADHD.

Paul Oesterman, Chairman: Our next topic is the discussion and possible adoption of updated prior authorization criteria for the medications used for the treatment of ADD/ADHD. Do we have any public comment?

Carl Jeffery: Our intent is not to review all the criteria; we just want to review the combination of the long-acting agents. We have two long-acting products now that work well with stimulants, Intuniv and Kapvay. Our call center is running into an issue with requests for Intuniv and Adderall XR. Clinically it makes sense, but the call center

doesn't have the rules to approve it. Clearly we don't want two long-acting stimulants like Adderall XR and an extended methylphenidate. In the binder you have a chart showing how many are on multiple long-acting ADHD treatment. It breaks it down by age and number of claims. The current criteria are on page 105. We added on the first, "Only one long acting stimulant can be used at a time, a 30-day transitional overlap in therapy will be allowed."

Dave England: So they can use the two sustained release product for transition, but not concurrently.

Carl Jeffery: A transition from one long-acting to another will be allowed for transition. Under 'C', an age restriction was also added, 3 years for short acting and 6 for long-acting. And the quantity limits have also been updated.

Paul Oesterman, Chairman: Do we have a motion to approve the updated criteria for the ADD/ADHD agents?

James Marx: I'll move.

Chris Shea: Second.

Paul Oesterman, Chairman: In the therapeutic class is it "ADHD/ADD" or "ADD/ADHD," just for consistency? We just may want to make it the same throughout.

Voting: Ayes across the board, the motion carries.

f. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for levalbuterol (Xopenex®)

Paul Oesterman, Chairman: Our next topic is the discussion and possible adoption of prior authorization criteria for levalbuterol or Xopenex. Do we have any public comment?

Carl Jeffery: We have Xopenex as preferred, and at our last P&T Committee meeting, a physician asked that we review the PA requirement. We brought this for review per his request. I don't have any suggestions for changes, but the Board can discuss. His idea was that there are fewer side effects with levalbuterol vs. albuterol.

Paul Oesterman, Chairman: It is available, just with a PA.

Dave England: Most literature I have read doesn't provide any difference in cardiovascular issues.

Paul Oesterman, Chairman: I like the criteria we have in place right now. If we are going to keep it the same, we don't need a motion or to vote.

g. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for naltrexone (Vivitrol®).

Paul Oesterman, Chairman: Our next agenda item is the discussion and possible adoption of prior authorization criteria for naltrexone or Vivitrol. Do we have any comment?

Debra Profant: I'm Debra Profant, I am an employee of Alkermes. The criteria has a requirement for a naloxone challenge, and you are one of the only states with this requirement. Most other states have a requirement for the physician to go over the risks involved prior to use and then the on-going risks. There are some states that talk of the use of a drug-screen. The urine screen and the naloxone challenge can miss and give a false negative. The naloxone challenge is more invasive and is cumbersome for the physician.

Dave England: I saw some literature with some criticism on how it was tested to other treatments.

Debra Profant: That is true, the studies that have been done have been vs. placebo. This therapy is an antagonist; this is for a different patient population. The other therapies are more of a maintenance therapy. You will find about half of the population that would qualify for this therapy don't go on it. It is for highly motivated patients or patients with a court mandate. There are more studies being done.

Paul Oesterman, Chairman: What do we have from other states?

Carl Jeffery: I don't have anything from other states. There is a letter from Dr. Dixon saying the naloxone challenge is not in the best interest of her patients.

Paul Oesterman, Chairman: It looks like Dr. Dixon is offering two urine screens as an alternative to the naloxone challenge.

James Marx: I think what she is doing is not so much an alternative, these would already be done. The other point she makes is addicts are very afraid of going into withdrawal and will admit if they are under the influence at the time of the office visit. I think it is valid in what she is saying.

Paul Oesterman, Chairman: What we are proposing right now is the current naltrexone criteria would remain as-is, but remove the naloxone challenge.

Carl Jeffery: Right and I think this is consistent with the direction the state wants to go with a focus on addiction treatment.

James Marx: I think we should also recommend some routine monitoring.

Carl Jeffery: Like what we do with buprenorphine products, not so much of a mandate, but recommendations for routine monitoring.

Paul Oesterman, Chairman: So we are proposing we eliminate 1B, but then add a new 1D, that routine urine screens/monitoring is recommended.

Carl Jeffery: Do you want to clarify what you are testing for the urine screen, you're looking for opioids, do you want to clarify that?

Paul Oesterman, Chairman: The revised criteria, eliminating the naloxone challenge and adding that routine opiate urine screen/monitoring is recommended.

Darrell Faircloth: No initial urine test?

Paul Oesterman, Chairman: By the time they are in the office, they are ready for treatment. Do we have a motion to approve?

Dave England: So moved.

James Marx: Second.

Voting: Ayes across the board, the motion carries.

6. Public Comment on any DUR Board Requested Report

Paul Oesterman, Chairman: Now we have our normal requested reports. Do we have any public comment?

7. DUR Board Requested Reports

a. Cumulative acetaminophen report

Carl Jeffery: The first report is the acetaminophen dosing, adding up the cumulative dose. I'm surprised there are so few people over 4 grams per day.

Paul Oesterman, Chairman: 234,000, the 8th one down, that seems like still a lot of hepatotoxicity.

James Marx: The four gram limit is really just for short term, not for the rest of your life. It really should be limited to 2.6 grams per day.

Carl Jeffery: We do have the single products limited to 3 grams per day, but if they are on multiple products, then it could be exceeded.

Dave England: Do we have the authority to set to 2.6 grams long-term vs. acute. Is that in our jurisdiction?

Carl Jeffery: From a claims standpoint, those are hard to catch. You may have some people who change therapy.

Paul Oesterman, Chairman: I think it would be interesting to drill down those patients who have greater than 50,000 mg, look to see if they are taking chronically. Don't look

at the onetime fills, but look at the days' supply filled. There are not very many, it looks pretty promising. What was the time frame?

Carl Jeffery: Three months.

Paul Oesterman, Chairman: So someone with a 90 day supply is getting it chronically. Can we get a report on the higher daily use? Anybody have anything else? The next report is the anticonvulsant.

b. Anticonvulsant utilization trending report

Carl Jeffery: The Board asked to look at the overall anticonvulsant, I think really looking at gabapentin, and it is no surprise it is at the top of the list. I think the other products fall in line.

Paul Oesterman, Chairman: Do we have any way to match up with a diagnosis of seizure disorder vs. peripheral neuropathy?

Carl Jeffery: Sure we can do that; we can get some claims from the medical side. Just for the gabapentin?

Paul Oesterman, Chairman: I would say gabapentin, Lyrica and divalproex. And then we have the naloxone utilization report.

c. Naloxone utilization

Carl Jeffery: I think we want to keep an eye on this. The legislature required us to put naloxone on the PDL as preferred. A nasal spray was recently made available and there was a news report about it being made available at the high schools. You can see the claims from the physician's office. There were no claims for the Evzio. We don't have any PA criteria on it.

James Marx: I think it may be coming from the managed care.

Carl Jeffery: Speaking of hospice, we have a hospice patient getting Vivitrol. All the other oral naltrexone are fee for service and a few long-term care.

8. Public Comment on any Standard DUR Report

Paul Oesterman, Chairman: Now moving to our standard reports. Any public comments?

9. Standard DUR Reports

Carl Jeffery: The first page is top 10 by paid amount. We usually have the top few jumping around, antipsychotics, hep C and hemophilia treatments. Those are always competing for number one. The Hep C treatments seem to have plateaued. Generic Abilify is now available, but it is non-preferred, the brand is still preferred. The next is

listed by claim count, opioid analgesics are number one, anticonvulsants are number two and antidepressants are number three.

Paul Oesterman, Chairman: The count is fairly consistent quarter to quarter.

Carl Jeffery: Starting on the third page is broken down more specifically. We can get a better idea of what drugs are driving the numbers.

Paul Oesterman, Chairman: on the claim count, what is included in the central muscle relaxants?

Carl Jeffery: That would include all the skeletal muscle relaxants.

Paul Oesterman, Chairman: Looks like the claim counts are consistent. What about the membership count?

Beth Slamowitz: It is increasing, up to about 635,000 for everything

Carl Jeffery: Fee for Service is about 150,000. And that is holding pretty steady, and you are seeing the numbers just from the fee for service. You usually see a spike around January in the membership count. On the top 50, Harvoni and Abilify and hemophilia hold the top. The hemophilia is hard to manage and takes some special case management. If the Board has some ideas how to corral some of the costs, please let us know what you think. It is tough class to manage.

Paul Oesterman, Chairman: Where do we stand on the combination of the beta-blocker inhalers with steroid? Like Symbicort or Breo and Advair. Are any preferred?

Carl Jeffery: Yes, this is a popular class, we frequently present it to the P&T Committee. Advair still holds the majority of the utilization; we can look at the class if you want.

Paul Oesterman, Chairman: Yes, let's look at that class.

Michael Owens: Yes, are we treating Hep C by diagnosis? If a patient has a diagnosis of Hep C, that isn't enough for some of the other programs; they require some changes with the liver. I try to tell the patients that not everyone may need to get treatment.

Coleen Lawrence: The guidelines are the norms for the other Medicaid agencies; I'm not sure what other commercial plans are doing. We have Federal regulations we have to abide to. I don't know what the other commercial plans are doing.

Michael Owens: I thought the other Medicaid programs are little more restrictive.

Coleen Lawrence: There was a release from CMS regarding the guidelines for Hep C and how we set our policy. It was a warning letter to make sure we are using clinical guidelines, not just looking at cost, using best practice and those types of things.

Carl Jeffery: There are some states with criteria such as drug tests, and some F scores for cirrhosis.

Coleen Lawrence: We talked about this at the beginning and presenting some options. CMS came back later and now some states have to change.

Carl Jeffery: The commercial payers do not have the same restriction.

Michael Owens: I wonder why, of the plans, we are the least restrictive? That is what it seems like to me. And I'm not sure where the other Medicaid programs are.

Coleen Lawrence: Make sure you are not comparing us to Federal or commercial programs. If social determinants rather than best practices, the Medicaid MCOs have to come back now and take another look at their criteria, but our criteria is ok.

Paul Oesterman, Chairman: In terms of other reports, could we look again at short-acting insulin with or without basal insulin. On the next set of reports, on the insufficient duration alerts, a couple of the antibiotics, for Invanz or sulfamethoxazole/trimethoprim, there is a message for insufficient days. Looking at April to June.

James Marx: There are some one day treatments.

Paul Oesterman, Chairman: Right that is what I was looking at, should we consider changing the days.

Carl Jeffery: There is a minimum of five days, and these are just messages to the pharmacy to make sure the dose is correct. I doubt very many pharmacies get these messages.

Chris Shea: So the total reversed, is that the number reversed because of the message?

Carl Jeffery: We can't tell why they were reversed, it could be from the message or it could be because the member never came to pick it up at the pharmacy.

Paul Oesterman, Chairman: Am I correct at assuming our promethazine claims are at the bottom?

Carl Jeffery: We can take a look at it for the next meeting.

Paul Oesterman, Chairman: Can we do all the liquid narcotic cough suppressants?

Carl Jeffery: Sure, because we limited a few others as well.

6. Closing Discussion

Paul Oesterman, Chairman: Anybody have anything else? Are there any comments from the public?

Laurie Squartsoff: Laurie Squartsoff from the Department of Health and Human Services. I would like to suggest a future topic and that is the health care guidance program and how you can use the program maybe for the hemophilia patients. Secondly regarding the discussion of naloxone and aligning the policy with the legislative regulation passed at the last session, look at how chronic opioid addiction is addressed in the state.

Coleen Lawrence: This Board has had a couple presentations now for the healthcare guidance program. They have been working with exchanging data, but we can bring it back with the hemophilia population in the future. I also want to let you know, but we will be doing something with the transgender medications. We will probably do something administratively, looking at peer-reviewed literature, we will be reworking at allowing the diagnosis to go through for hormone therapy. Right now, it stops at the counter. Obviously nationally this is a large issue and we want to make sure we are not limiting access to care.

James Marx: Will there be a meeting to review that?

Coleen Lawrence: It depends on the timing, but everything will be supported on peer-reviewed literature.

Paul Oesterman, Chairman: Our next meeting is scheduled for April 28th, same time, same place. The meeting is adjourned.

The meeting is adjourned at 7:40 PM.

c. The recipient has utilized the emergency room(s) for receiving controlled substances;

d. The recipient has been diagnosed with a drug dependency related condition;

e. The dispensed quantity per prescription of controlled substances appears excessive by the clinical review team; or

f. The recipient has other noted drug seeking behaviors(s).

2. The POS system will not allow another pharmacy to bill for controlled substance prescriptions, and a message will be given at the time of service to notify the pharmacy that the recipient is locked-in. Any non-controlled substance prescriptions can be filled at any pharmacy.

3. Recipients who are locked-in to one pharmacy can change their locked-in pharmacy at any time by contacting their Medicaid District Office.

4. Pharmacies may call the Technical Call Center for an override to the locked-in pharmacy if:

a. The locked-in pharmacy is out of stock.

b. The locked-in pharmacy is closed.

c. The recipient is out of town and cannot access the locked-in pharmacy.

3. Generic Substitution

Per NRS Chapter 639, if the practitioner has not indicated that generic substitution is prohibited, the pharmacy provider must dispense, in substitution, another drug which is available to him if the other drug:

a. is less expensive than the drug prescribed by brand name;

b. is biologically equivalent to the drug prescribed by brand name;

c. has the same active ingredient or ingredient of the same strength, quantity and form of dosage as the drug prescribed by brand name; and

d. is of the same generic type as the drug prescribed by brand name the least expensive of the drugs that are available to him for substitution.

The pharmacy provider shall substitute the least expensive of the drugs available to him/her for substitution.

4. Prescriber Brand Certification

Upper Limit cost limitations specified in this Chapter will not apply when a prescriber certifies that a specific brand of medication is medically necessary for a particular patient. The physician should document in the patient's medical record the need for the brand name product in place of the generic form. The procedure for certification must comply with the following:

a. The certification must be in the physician's own handwriting.

b. Certification must be written directly on the prescription blank.

c. The phrase "Dispense as written" is required on the face of the prescription. For electronically transmitted prescriptions "Dispense as written" must be noted. Not acceptable: A printed box on the prescription blank checked by the prescriber to indicate "brand necessary" or a handwritten statement transferred to a rubber stamp and then stamped on the prescription.

d. A prior authorization is required to override genetic substitution.

e. Certification is not required if a generic is not manufactured.

f. A fax copy/verbal order may be taken by the pharmacist from the physician but the pharmacy must obtain an original printed copy and keep on file.

1203.1C SERVICE DELIVERY MODEL

For the rate and reimbursement methodology see MSM Chapter 700, Rates. For POS claims refer to the Pharmacy Manual, and for Medicaid Management Information System (MMIS) claims refer to the Nevada Medicaid and NCU Billing Manual (Billing Manual).

Brand Products - Generic Available

Row Labels	Claim Count	Member Count	Total Qty	Total Paid
NVMBASIC	**32038**	**30305**	**1455345.7**	**$16,822,340.02**
ABILIFY	9091	8540	297801	$9,591,410.97
NEXIUM	9367	8891	289658	$2,436,856.80
INTUNIV	4222	4016	146691	$1,421,434.11
CYMBALTA	2492	2339	96563	$701,173.37
ADDERALL XR	1307	1279	42600	$307,153.79
FOCALIN XR	844	825	27271	$252,925.43
KEPPRA	195	176	58291	$169,892.14
COPAXONE	24	21	720	$149,243.40
FELBATOL	49	40	17151	$102,203.99
INVEGA	72	70	3059	$94,556.72
LAMICTAL	104	96	10058	$91,520.81
XOPENEX	144	141	37083	$90,792.16
BENZACLIN WITH PUMP	175	171	8710	$77,194.05
TRILEPTAL	76	71	24020	$54,737.14
LOVAZA	230	217	21616	$51,764.34
XENAZINE	2	2	240	$45,542.96
BENZACLIN	109	106	4000	$40,989.78
ZYPREXA	50	47	2028	$40,683.79
LAMICTAL ODT	59	56	4050	$39,772.81
CLOZARIL	42	33	4044	$38,953.91
RETIN-A MICRO	50	50	2200	$36,517.47
TOPAMAX	38	34	2940	$33,907.65
LAMICTAL CHEWABLE DISPERS	10	7	3820	$33,477.92
ARIXTRA	35	20	200.4	$32,731.57
MYSOLINE	9	9	803	$32,702.78
ATIVAN	15	14	1050	$32,477.35
LAMICTAL XR	38	36	1775	$32,189.85
NEURONTIN	43	41	7304	$27,045.51
FORTAMET	10	10	840	$25,556.74
DEPAKENE	42	38	26895	$25,432.70
DEPAKOTE ER	82	72	6300	$25,200.34
WELLBUTRIN XL	22	21	660	$24,098.70
RISPERDAL	39	33	1789	$20,936.69
PROVIGIL	15	15	660	$19,474.06
GEODON	29	28	1323	$19,402.24
SYNTHROID	491	472	16417	$18,556.19
ASTEPRO	118	113	3540	$18,134.92
PROGRAF	46	44	5360	$17,983.58
RITALIN LA	66	66	2282	$16,768.00
DURAGESIC	23	21	235	$16,699.93
CELLCEPT	18	17	1920	$16,382.44
MESTINON	9	8	1350	$16,242.70
FAZACLO	12	7	1148	$16,131.79
PATANASE	63	57	1921.5	$15,920.01
DEPAKOTE	35	32	6870	$15,793.49
DEPAKOTE SPRINKLES	44	44	11070	$15,413.53
ZONEGRAN	9	8	1320	$15,342.30
TOPAMAX SPRINKLE	20	19	3660	$14,729.28
ACULAR	70	65	370	$14,085.87
TEGRETOL	51	49	135377	$13,776.92

Row Labels	Claim Count	Member Count	Total Qty	Total Paid
DILANTIN	150	142	17918	$13,401.27
SEROQUEL	37	37	1350	$13,372.46
TEGRETOL-XR	67	61	5200	$12,394.82
MESTINON TIMESPAN	9	8	540	$12,390.36
PROZAC	12	12	840	$12,193.93
DIOVAN	60	57	2217	$11,957.15
KEPPRA XR	21	21	2130	$11,791.25
COUMADIN	171	157	6541	$11,711.36
PERCOCET	6	6	900	$11,416.93
AVODART	63	59	1920	$10,875.54
GLEEVEC	1	1	30	$9,859.73
EFFEXOR XR	29	28	1350	$9,847.61
NIASPAN	49	45	1680	$9,388.42
SOMA	10	10	1200	$9,198.83
XANAX	24	24	2190	$9,107.52
CARBATROL	34	30	5010	$8,731.40
REVATIO	3	3	270	$8,381.04
CATAPRES-TTS-2	6	6	92	$7,914.05
AVELOX	21	21	293	$7,568.42
ARMOUR THYROID	207	200	9860	$7,154.29
VALCYTE	3	3	90	$6,458.16
VIRAMUNE XR	10	9	300	$6,436.37
ANDROGEL	10	10	2100	$6,372.48
LEXAPRO	33	32	900	$6,196.58
KLONOPIN	17	17	2062	$5,262.66
RETIN-A MICRO PUMP	6	6	300	$5,132.70
MIACALCIN	18	17	66.6	$4,920.33
ZYVOX	1	1	28	$4,861.88
DIOVAN HCT	12	12	600	$4,731.95
MYFORTIC	9	9	540	$4,588.07
ADDERALL	14	14	930	$4,586.45
ACULAR LS	22	21	110	$4,557.46
GLUMETZA	3	2	90	$4,497.38
PROTONIX	30	13	658	$4,494.11
CIPRO	24	24	3190	$3,900.84
PROTOPIC	16	14	480	$3,842.74
XOPENEX CONCENTRATE	7	7	555	$3,694.73
AMBIEN	11	11	330	$3,417.66
ACTIGALL	7	7	420	$3,228.15
RAPAMUNE	5	4	180	$3,011.08
PRANDIN	4	4	480	$2,902.74
FAMVIR	7	7	175	$2,708.89
LIPITOR	12	11	360	$2,620.12
DETROL LA	9	9	270	$2,506.98
LITHIUM CARBONATE	180	171	12455	$2,474.46
PULMICORT	2	2	240	$2,462.59
ZOVIRAX	2	2	60	$2,314.38
ROXICODONE	1	1	240	$2,124.17
NORCO	5	5	585	$2,017.96
LOTREL	7	7	330	$2,017.92
SONATA	9	9	270	$1,978.55
LUNESTA	5	4	150	$1,924.05
VIVELLE-DOT	18	16	144	$1,901.71
PLAVIX	12	11	360	$1,850.34

Row Labels	Claim Count	Member Count	Total Qty	Total Paid
PAXIL	10	9	300	$1,446.88
CLARITIN-D 24 HOUR	52	50	1535	$1,444.48
EXTINA	2	2	100	$1,347.54
KAPVAY	4	4	240	$1,290.54
METADATE CD	6	6	180	$1,276.67
ZOLOFT	5	5	225	$1,273.99
EPIVIR	3	3	2640	$1,258.13
GLUCOPHAGE	15	15	1110	$1,241.76
XALATAN	7	7	17.5	$982.07
ZADITOR	63	60	315	$955.66
DILANTIN INFATABS	17	15	1245	$948.09
CLIMARA	9	7	36	$910.17
SALAGEN	8	8	480	$874.20
EXALGO	1	1	30	$770.83
RITALIN	3	3	495	$686.10
EXFORGE HCT	3	3	90	$684.56
FOCALIN	6	6	510	$679.54
YASMIN 28	8	7	224	$662.12
SKELAXIN	1	1	90	$624.92
CLARITIN-D 12 HOUR	18	18	900	$599.70
LOSEASONIQUE	2	2	182	$585.54
CYTOMEL	11	11	450	$565.16
NEORAL	2	2	120	$558.57
MIRAPEX	1	1	90	$483.97
ORTHO TRI-CYCLEN LO	1	1	84	$442.91
BONIVA	2	2	2	$353.20
CARNITOR SF	3	3	1200	$323.40
VENLAFAXINE HCL ER	4	4	120	$291.87
EXFORGE	1	1	30	$288.90
ULTRAM	1	1	90	$231.09
CELEXA	1	1	30	$220.67
FLUNISOLIDE	4	3	100	$199.90
ESTRACE	1	1	30	$159.30
CARNITOR	1	1	180	$157.78
AVELOX ABC PACK	1	1	5	$148.49
SOLU-MEDROL	9	3	9	$142.84
METHADONE HCL	9	4	163.7	$89.49
ALPHAGAN P	1	1	5	$87.74
PHENYTEK	1	1	30	$66.18
MUCINEX MAXIMUM STRENGTH	2	2	70	$60.61
D-VI-SOL	5	5	250	$60.15
K-PHOS NEUTRAL	2	2	64	$44.44
LASIX	2	2	60	$44.36
THICK-IT ORIGINAL	2	2	2040	$38.30
GLUCOPHAGE XR	1	1	180	$33.70
WELLBUTRIN SR	1	1	30	$20.21
MUCINEX DM	1	1	20	$19.21
CELEBREX	1	1	2	$17.75
POLYTRIM	1	1	10	$17.12
MUCINEX DM MAXIMUM STRENG	1	1	14	$16.90
LAMISIL AT	1	1	12	$13.50
POLY-VI-SOL	1	1	50	$11.49
CITRUCEL	1	1	30	$7.92
XELODA	1	1	180	$6.48

Row Labels	Claim Count	Member Count	Total Qty	Total Paid
NASONEX	1	1	17	$4.92
NVMNVPAD	**19455**	**14118**	**807993.868**	**$395,390.20**
ANGIOMAX	36	34	43	$36,379.47
ZOMETA	39	38	188	$34,260.61
DOXIL	16	11	387	$30,332.19
ZOFRAN ODT	1342	1247	1432	$29,390.89
HECTOROL	2381	231	3635	$22,757.78
LOVENOX	405	264	272	$21,876.89
GEMZAR	38	35	114	$21,312.67
MERREM	16	11	2405	$16,904.28
HYCAMTIN	8	4	14	$15,957.80
ELOXATIN	3	3	100	$10,110.74
LIPITOR	727	401	1481	$9,844.24
SOLU-MEDROL	1242	1052	1684.857	$9,556.80
ZOSYN	80	63	1508.25	$9,309.27
PROTONIX	1497	1148	1626.4	$9,125.90
CELESTONE-SOLUSPAN	568	515	1504.006	$9,082.69
NAVELBINE	44	20	238	$8,281.80
MORPHINE SULFATE	2791	2167	4243	$7,879.30
DEPO-MEDROL	790	772	988.88	$7,043.45
DEPO-PROVERA CONTRACEPTIV	248	248	247.5	$6,689.51
DIPRIVAN	893	879	25040	$5,872.67
CLEOCIN IN D5W	105	93	9800	$4,040.80
ZYPREXA	87	72	101	$3,844.63
RECLAST	4	4	305	$3,371.80
QUELICIN	211	210	1966	$3,121.66
ZYVOX	18	5	9330	$2,805.08
NEOSPORIN GU IRRIGANT	58	58	85	$2,492.07
LAMICTAL	187	81	447	$2,303.06
FERRLECIT	37	19	340	$2,167.49
PERCOCET	136	101	234	$2,142.02
ABILIFY	69	32	76	$2,016.20
XYLOCAINE	619	614	9771	$1,864.39
DESFERAL	15	7	55	$1,815.85
ZEMPLAR	46	10	125	$1,669.95
CLEOCIN PHOSPHATE	100	91	4492	$1,654.95
CEREBYX	12	12	240	$1,497.21
CAMPTOSAR	24	13	206	$1,470.25
NAROPIN	47	47	2610	$1,382.63
DEPAKOTE ER	164	59	281	$1,302.59
SULFAMYLON	5	4	5	$1,163.90
XYLOCAINE-MPF	279	278	2012	$1,157.93
KEPPRA	26	22	166	$1,111.16
DEPO-TESTOSTERONE	84	69	109.5	$1,059.91
MAXIPIME	22	19	1200	$984.00
IMITREX	15	15	12	$955.41
SILVADENE	106	63	2520	$949.13
GEODON	61	33	81	$924.33
ALCAINE	18	18	270	$795.55
PLAVIX	46	39	58	$782.40
VIDAZA	1	1	1.3	$776.03
FORTAZ	29	4	83	$760.28
DEMEROL	211	105	259	$742.73
ELLENCE	4	3	322	$735.71

Row Labels	Claim Count	Member Count	Total Qty	Total Paid
XYLOCAINE/EPINEPHRINE	163	163	3546	$614.33
ROBAXIN	9	8	90	$603.96
PLAN B ONE-STEP	32	32	59	$601.60
ZEMURON	27	27	141	$601.48
ALPHAGAN P	7	7	35.05	$581.70
ZITHROMAX	127	123	280	$569.17
DELESTROGEN	7	7	11	$566.89
NITROGLYCERIN IN DEXTROSE	40	40	10000	$529.08
SEROQUEL	58	33	77	$517.67
AVELOX	14	13	17	$462.86
HEPARIN SODIUM/SODIUM CHL	79	79	63000	$446.57
LEVAQUIN	24	24	1068	$438.93
MARCAINE/EPINEPHRINE	78	78	2572.5	$425.35
ROCEPHIN	13	12	500018	$415.16
UNASYN	32	27	32	$408.86
NORVASC	94	65	101	$391.22
OXYCODONE HCL	73	70	660	$385.29
ZOLOFT	54	27	61	$382.27
KCL 0.15%/D5W/NACL 0.9%	28	16	45000	$343.35
NEXIUM I.V.	7	7	8	$315.03
LEXAPRO	48	31	50	$310.61
MARCAINE	385	380	2470.5	$309.83
BACITRACIN	10	10	67	$295.89
POTASSIUM CHLORIDE	54	48	9700	$295.71
TOBRADEX	5	5	15.05	$276.16
DDAVP	2	2	5	$266.28
RISPERDAL	31	15	37	$258.30
LIDODERM	21	12	26	$242.69
NASONEX	1	1	17	$228.54
ISOPTO ATROPINE	6	6	30	$224.58
XALATAN	13	13	32.5	$210.10
ZOFRAN	111	94	510	$193.73
DEPAKOTE SPRINKLES	64	9	363	$191.79
CATAPRES-TTS-1	6	6	8	$175.21
COUMADIN	127	103	157.5	$172.57
CYKLOKAPRON	2	2	40	$169.68
PRECEDEX	2	2	32	$164.23
XOPENEX	26	20	87	$152.75
DURAGESIC	2	2	2	$152.26
BSS PLUS	2	2	1000	$150.08
ZANTAC	32	24	160	$139.38
IOPIDINE	1	1	5	$139.13
NULYTELY/FLAVOR PACKS	6	6	24000	$134.40
RISPERDAL M-TAB	6	6	16	$131.83
BACTROBAN	6	5	104	$131.58
ORTHO-CYCLEN	28	28	754	$130.96
GONAK	13	13	210	$126.74
LINCOCIN	10	10	11	$124.26
PFIZERPEN-G	8	6	10.5	$123.56
INVEGA	2	1	4	$115.58
CATAPRES-TTS-3	3	3	3	$112.73
FLONASE	5	4	80	$108.60
VANCOCIN HCL	1	1	30	$108.00
BLOXIVERZ	6	5	51	$107.58

Row Labels	Claim Count	Member Count	Total Qty	Total Paid
EFFEXOR XR	18	11	25	$105.15
CELEXA	15	9	15	$104.59
S2	100	96	83.05	$103.00
OCUFLOX	7	7	37	$102.56
METHADONE HCL	18	10	1537	$101.86
ELIPHOS	43	17	190	$94.89
CELEBREX	16	11	31	$93.81
ATACAND	29	18	29	$93.80
SYNTHROID	217	139	284	$93.09
REVATIO	3	2	3	$92.97
LEVOPHED	4	4	24	$91.38
MESTINON TIMESPAN	4	2	4	$90.36
PULMICORT	9	8	18	$83.69
XYLOCAINE-MPF/EPINEPHRINE	9	9	90	$80.91
MIACALCIN	1	1	3.7	$80.70
CATAPRES-TTS-2	2	2	2	$80.30
COSOPT	2	2	20	$76.00
LANOXIN	9	7	10	$75.24
DUONEB	13	7	108	$72.58
GOLYTELY	7	7	16003	$70.40
ENTOCORT EC	3	1	8	$65.83
HALDOL	4	4	4	$64.16
CYMBALTA	8	5	9	$62.97
BENTYL	1	1	2	$61.59
LORAZEPAM INTENSOL	2	1	60	$60.00
ORTHO MICRONOR	18	18	343	$55.69
ANECTINE	51	51	178	$54.49
DILAUDID	27	25	54	$53.24
ZITHROMAX Z-PAK	56	56	157	$50.26
PHENERGAN	15	15	16	$46.92
POTASSIUM CHLORIDE 0.15%	7	5	8000	$45.54
CYCLOGYL	1	1	5	$43.86
LTA 360 KIT	8	8	32	$43.83
AMBIEN	3	3	3	$41.73
POTASSIUM CHLORIDE 0.15%/	13	12	15000	$41.30
COREG	70	36	412	$39.47
ATROVENT	2	2	60	$36.70
XOPENEX CONCENTRATE	5	5	5.5	$34.23
ROCALTROL	4	1	15	$34.22
PRIMAXIN IV	1	1	1	$32.65
COZAAR	8	5	10	$32.25
CARNITOR	7	3	35	$31.64
NIASPAN	6	1	12	$31.50
UROCIT-K 5	4	1	20	$31.12
EZ CHAR	1	1	2	$30.01
AZACTAM	1	1	1	$29.58
DURACLON	1	1	20	$29.00
PITOCIN	6	6	1009	$28.79
K-TAB	33	25	34	$28.56
TRIZIVIR	1	1	1	$27.37
NEURONTIN	78	41	86	$26.82
MOBIC	4	3	4	$25.98
CLAFORAN	15	14	13.075	$24.46
PRANDIN	2	1	4	$23.24

Row Labels	Claim Count	Member Count	Total Qty	Total Paid
AVODART	4	1	4	$22.84
ORTHO TRI-CYCLEN	9	9	225	$22.83
NESACAINE-MPF	1	1	20	$22.83
BREVIBLOC	1	1	10	$21.76
ATIVAN	9	7	12	$20.82
MARINOL	5	2	5	$20.45
CILOXAN	3	3	15	$20.01
DIFLUCAN	14	13	14.5	$19.45
SINGULAIR	4	4	4	$18.58
RESTORIL	3	2	3	$18.51
VALTREX	9	6	9	$18.36
MESTINON	19	5	39	$17.53
NAMENDA	4	2	5	$17.48
NOR-QD	3	3	57	$15.91
ZOCOR	3	3	4	$15.07
WELLBUTRIN SR	20	9	24	$15.02
PYRIDIUM	4	4	5	$15.00
TUSSIONEX PENNKINETIC EXT	3	3	30	$14.94
VISTARIL	4	4	6	$14.81
STERILE DILUENT FOR FLOLA	1	1	50	$14.36
VENLAFAXINE HCL ER	6	1	6	$13.74
LOTRISONE	2	2	16	$13.17
NEO-SYNEPHRINE	4	4	60	$12.92
CATAPRES	4	4	4	$12.40
MEDROL	1	1	6	$11.92
DILANTIN	7	7	17	$10.94
YASMIN 28	4	3	112	$10.48
SPS	1	1	60	$9.18
DITROPAN XL	4	2	8	$9.05
DIAMOX	2	1	3	$9.00
PRAVACHOL	5	4	5	$8.96
DEPAKOTE	2	2	3	$8.94
MS CONTIN	2	1	8	$7.12
TOPROL XL	10	6	10	$7.07
LOMOTIL	20	18	31	$6.61
ORTHO TRI-CYCLEN LO	3	3	57	$5.69
FLEET PEDIATRIC	4	4	264	$5.06
MUCINEX DM	7	4	9	$4.91
PEPCID	1	1	5	$4.85
CLEOCIN PEDIATRIC GRANULE	2	2	10	$4.74
LITHIUM CARBONATE	12	6	55	$4.40
ACULAR LS	1	1	0.1	$4.36
DANTRIUM	1	1	4	$4.28
ARMOUR THYROID	5	4	7	$4.05
FLEET ENEMA	5	5	533	$3.93
CLEOCIN	9	9	9	$3.78
FLOMAX	9	7	9	$3.69
ORAPRED	6	6	40	$3.68
REQUIP	22	14	35	$3.67
MYAMBUTOL	1	1	3	$3.65
KEPPRA XR	4	3	8	$3.54
DEMADEX	7	4	10	$3.40
DOLOPHINE	22	8	22	$3.33
TAPAZOLE	9	5	13	$3.21

Row Labels	Claim Count	Member Count	Total Qty	Total Paid
SUPRAX	3	3	0.65	$2.82
ZEBETA	2	2	3	$2.18
TRICOR	2	2	2	$2.17
ZONEGRAN	5	3	6	$1.99
DILANTIN INFATABS	1	1	2	$1.95
MUCINEX	5	4	5	$1.85
FLEET OIL	1	1	133	$1.73
CEPACOL SORE THROAT	13	13	27	$1.69
WELLBUTRIN XL	2	1	2	$1.24
MEVACOR	2	2	4	$1.22
GLUCOPHAGE XR	8	4	9	$1.17
HYDREA	2	1	2	$1.02
BLEPH-10	1	1	5	$0.85
TEGRETOL	2	1	10	$0.84
MIRAPEX	11	5	13	$0.77
ZOVIRAX	5	3	5	$0.75
NITRO-DUR	1	1	1	$0.67
GAS-X	19	13	30	$0.66
CYTOTEC	1	1	1	$0.62
PREVACID 24HR	1	1	1	$0.58
K-PHOS NEUTRAL	1	1	1	$0.58
CASODEX	2	2	2	$0.54
ALTACE	1	1	2	$0.45
DILANTIN-125	1	1	4	$0.45
ACTOS	1	1	1	$0.44
PEDIA-LAX	4	4	4	$0.40
FLAGYL	3	3	3	$0.38
CELLCEPT	1	1	1	$0.37
EXCEDRIN EXTRA STRENGTH	2	2	6	$0.33
PROZAC	7	5	7	$0.28
CALAN	3	2	4	$0.24
CEPACOL SORE THROAT EXTRA	1	1	1	$0.15
ESTRACE	1	1	1	$0.12
NVMLTC	**1389**	**1047**	**50527.5**	**$742,452.11**
ABILIFY	617	466	15864.5	$513,102.47
COPAXONE	11	8	305	$62,999.28
INTUNIV	141	136	4205	$41,353.44
NEXIUM	191	134	3961	$33,654.54
INVEGA	20	16	574	$20,283.26
CYMBALTA	132	74	2843	$20,055.72
FOCALIN XR	41	39	1498	$14,379.79
AVELOX	16	15	171	$4,874.78
ADDERALL XR	17	17	675	$4,854.78
TRILEPTAL	16	9	4000	$4,729.97
ZYVOX	7	2	576	$4,556.56
RITALIN LA	12	12	600	$4,551.73
XOPENEX	19	9	1368	$3,437.64
CARBATROL	22	17	1762	$2,978.61
LOVAZA	15	14	782	$1,953.46
PRANDIMET	4	4	240	$1,408.04
RISPERDAL	1	1	60	$504.69
LITHIUM CARBONATE	50	29	1818	$425.45
PRANDIN	2	1	63	$375.32
PROVIGIL	6	2	42	$245.52

Row Labels	Claim Count	Member Count	Total Qty	Total Paid
NASONEX	1	1	17	$238.71
ACULAR	1	1	5	$229.95
DIOVAN	1	1	28	$163.42
SOLU-MEDROL	2	2	34	$144.52
MORPHINE SULFATE	9	7	18	$125.37
CIPRO	1	1	100	$119.89
CLEOCIN IN D5W	1	1	300	$114.83
S2	2	2	60	$101.17
NAMENDA	1	1	14	$85.88
REFRESH	8	5	222	$80.55
ARMOUR THYROID	3	3	75	$63.13
COUMADIN	6	4	6	$59.13
SYSTANE	4	4	60	$53.22
GOLYTELY	2	2	8000	$43.89
STROMECTOL	1	1	6	$34.15
OXYCODONE HCL	1	1	50	$16.39
PREPARATION H	2	2	52	$14.80
ZADITOR	1	1	5	$14.71
POLY-VI-SOL/IRON	1	1	50	$12.03
METHADONE HCL	1	1	18	$11.32
NVMBASCH	**407**	**400**	**23779**	**$281,367.52**
ABILIFY	161	157	5553	$181,773.59
XENAZINE	1	1	120	$19,976.23
INTUNIV	52	52	1710	$16,881.60
CYMBALTA	47	46	1864	$13,921.72
NEXIUM	48	48	1412	$11,796.14
DEPAKENE	6	6	5760	$5,260.41
KEPPRA	4	3	1396	$4,411.36
RISPERDAL	3	3	180	$3,992.34
ADDERALL XR	13	13	450	$3,151.01
FOCALIN XR	11	11	330	$3,070.81
DURAGESIC	2	2	20	$2,509.94
ZYPREXA	2	2	60	$2,206.58
TRILEPTAL	3	2	2000	$1,757.52
XOPENEX	2	2	576	$1,548.00
EXFORGE HCT	6	6	180	$1,272.99
PULMICORT	1	1	120	$1,260.34
LAMICTAL XR	1	1	60	$1,090.65
FORTAMET	1	1	30	$915.98
CARBATROL	8	8	450	$812.69
ULTRAM	3	3	270	$693.27
DEPAKOTE ER	6	6	180	$520.88
RITALIN LA	2	2	60	$476.57
DIOVAN	1	1	90	$425.18
LEXAPRO	2	2	45	$359.21
NEURONTIN	1	1	90	$354.44
SEROQUEL	1	1	30	$206.75
SYNTHROID	5	5	180	$195.83
NAMENDA	1	1	30	$177.67
LOTREL	1	1	90	$97.10
LITHIUM CARBONATE	7	7	300	$94.11
ARMOUR THYROID	3	3	90	$88.47
FLUNISOLIDE	1	1	25	$39.09
MUCINEX DM MAXIMUM STRENG	1	1	28	$29.05

Row Labels	Claim Count	Member Count	Total Qty	Total Paid
NVMB340B	**402**	**393**	**20146.9**	**$5,383.61**
NEXIUM	169	166	5100	$1,647.85
ABILIFY	7	7	210	$1,052.88
LIDODERM	18	16	540	$1,000.24
PREVPAC	2	2	224	$164.46
DEPO-TESTOSTERONE	12	12	24	$152.94
DEPAKOTE	19	19	1350	$114.93
RISPERDAL	9	8	440	$88.10
LOVAZA	15	15	1800	$87.90
TRILIPIX	7	7	210	$69.21
TOPROL XL	12	12	360	$67.29
ZANAFLEX	10	10	660	$53.12
PLAQUENIL	5	5	150	$52.66
NICODERM CQ	1	1	28	$52.45
ORTHO TRI-CYCLEN	7	7	196	$52.36
URSO FORTE	9	9	810	$50.04
DEPAKOTE ER	4	3	360	$48.88
CYTOMEL	9	9	270	$44.55
COUMADIN	7	6	195	$40.21
MACROBID	7	7	104	$39.10
EFFEXOR XR	5	5	450	$37.53
LOVENOX	1	1	4.4	$35.60
MEDROL DOSEPAK	4	4	85	$35.05
MICARDIS	7	7	210	$34.72
SEASONIQUE	6	6	546	$33.42
WELLBUTRIN	6	6	180	$31.15
CARDIZEM CD	5	5	150	$30.30
VENLAFAXINE HCL ER	4	4	120	$19.80
ZITHROMAX	2	2	67.5	$19.50
AUGMENTIN	2	2	60	$17.55
PROVIGIL	3	3	90	$15.18
NULYTELY/FLAVOR PACKS	1	1	4000	$14.74
LAMICTAL	1	1	450	$14.62
NOR-QD	2	2	56	$13.76
DIFLUCAN	2	2	3	$12.45
TRICOR	1	1	30	$12.25
PROTONIX	1	1	30	$11.60
LIPITOR	1	1	30	$11.41
VANOS	2	1	90	$10.23
INDERAL LA	2	2	8	$9.38
CATAPRES-TTS-1	2	2	8	$9.38
LAMISIL AT	1	1	12	$9.08
TERAZOL 7	1	1	45	$8.34
POLYTRIM	1	1	10	$6.62
MYSOLINE	1	1	90	$5.56
TEMOVATE	1	1	60	$5.26
NAPRELAN	1	1	60	$5.26
ZITHROMAX Z-PAK	1	1	2	$5.08
PROMETRIUM	1	1	40	$5.05
MICARDIS HCT	1	1	30	$4.96
AMBIEN	1	1	30	$4.95
BENZACLIN	1	1	25	$4.91
ALDARA	1	1	24	$4.89
RETIN-A	1	1	20	$4.86

Row Labels	Claim Count	Member Count	Total Qty	Total Paid
NVMBASICCU	**209**	**199**	**8315**	**$123,506.94**
ABILIFY	48	44	2580	$75,305.97
INTUNIV	68	64	2158	$21,300.19
BENZACLIN WITH PUMP	21	21	1050	$9,249.17
ADDERALL XR	21	21	624	$4,542.81
NEXIUM	13	12	390	$3,226.41
BENZACLIN	6	6	250	$2,628.00
FOCALIN XR	8	8	270	$2,537.28
DEPAKOTE ER	14	13	660	$2,465.65
RETIN-A MICRO	2	2	65	$1,142.69
PROTOPIC	2	2	60	$482.58
SEASONIQUE	1	1	91	$293.69
ACULAR	1	1	5	$216.51
XOPENEX	1	1	72	$62.45
ZADITOR	2	2	10	$30.20
CLARITIN-D 12 HOUR	1	1	30	$23.34
NVMBASICP	**51**	**51**	**2508**	**$20,188.68**
ABILIFY	9	9	300	$10,536.86
NEXIUM	17	17	508	$4,368.34
KEPPRA XR	2	2	420	$2,638.04
CYMBALTA	4	4	150	$1,131.34
SYNTHROID	17	17	1050	$1,048.30
BENZACLIN WITH PUMP	1	1	50	$435.27
CLARITIN-D 24 HOUR	1	1	30	$30.53
NVMHOSPICE	**10**	**10**	**5112**	**$24,384.60**
FELBATOL	7	7	4410	$23,046.95
XOPENEX	2	2	432	$1,128.44
PROGRAF	1	1	270	$209.21
NVMBCU340B	**2**	**2**	**47.5**	**$13.97**
ZITHROMAX	1	1	22.5	$9.06
BENZACLIN	1	1	25	$4.91
Grand Total	**53963**	**46525**	**2373775.468**	**$18,415,027.65**

SS. Colony Stimulating Factors (Point of Sale Claims Only)

Therapeutic Class: Colony Stimulating Factors
Last Reviewed by the DUR Board: July 25, 2013

Colony Stimulating Factors 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

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

a. Leukine® (sargramostim)

The recipient must meet one of the following:

1. The requested medication is being used for mobilization of hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis; or

2. The recipient has a diagnosis of acute myeloid leukemia, and has received induction chemotherapy; or

3. The recipient has a diagnosis of non-Hodgkin's lymphoma, acute lymphoblastic leukemia or Hodgkin's disease and is undergoing autologous bone marrow transplantation; or

4. The recipient is undergoing allogeneic bone marrow transplantation from human leukocyte antigen-matched related donors; or

5. The recipient has undergone allogeneic or autologous bone marrow transplantation and is experiencing engraftment failure or delay.

b. Neulasta® (pegfilgrastim)

The recipient must meet the following criteria:

1. The recipient has a diagnosis of nonmyeloid malignancy and

a. The recipient is receiving myelosuppressive anticancer drugs that are associated with a febrile neutropenia risk of ≥ 20%; or

b. The recipient is at high risk for complications from neutropenia (e.g., sepsis syndrome, current infection, age >65, absolute

neutrophil count (ANC) <100 cells/µL, or the expected duration of neutropenia is > 10 days); or

c. The recipient has experienced a prior episode of febrile neutropenia and the requested drug will be used as secondary prophylaxis.

c. Neupogen® (filgrastim)

The recipient must meet one of the following (1 to 5):

1. The recipient has a diagnosis of nonmyeloid malignancy; and

a. The recipient is receiving myelosuppressive anticancer drugs that are associated with a febrile neutropenia risk of ≥20%; or

b. The recipient is at high risk for complications from neutropenia (e.g., sepsis syndrome, current infection, age >65, ANC <100 cells/µL or the expected duration of neutropenia is >10 days); or

c. The recipient has experienced a prior episode of febrile neutropenia and the requested drug will be used as a secondary prophylaxis; or

2. The recipient has a diagnosis of acute myeloid leukemia and has received induction or consolidation chemotherapy; or

3. The recipient has a diagnosis of nonmyeloid malignancy and is undergoing myeloablative chemotherapy followed by marrow transplantation; or

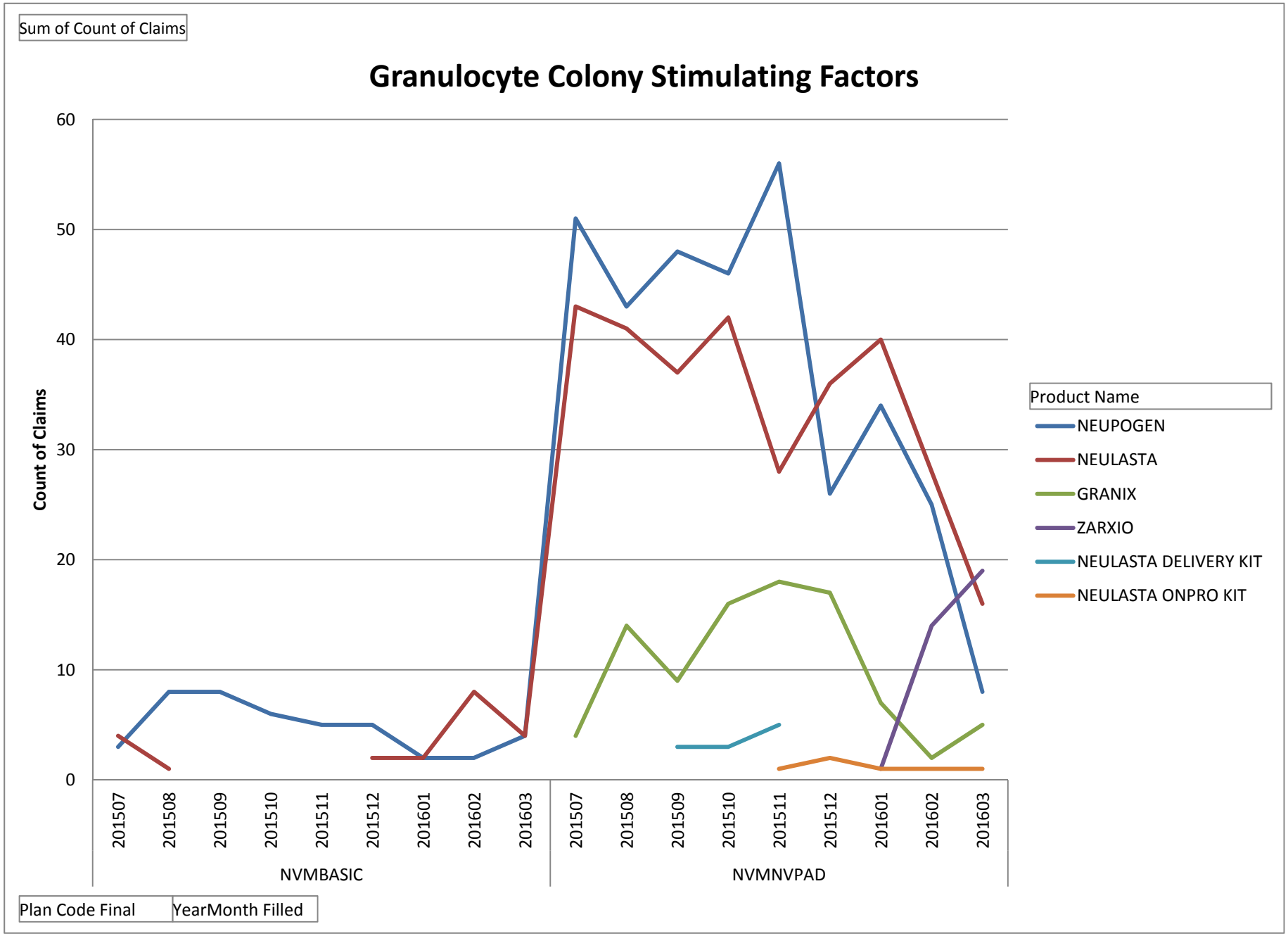
4. The recipient has a diagnosis of symptomatic congenital neutropenia, cyclic neutropenia or idiopathic neutropenia; or

5. The requested medication is being used for mobilization of hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis.

2. Prior Authorization Guidelines

a. Prior Authorization approval will be for one month.

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


Sum of Count of Claims
Granulocyte Colony Stimulating Factors
Count of Claims
60
50
40
30
20
10
0
201507
201508
201509
201510
201511
201512
201601
201602
201603
NVMBASIC
NVMNVPAD
Product Name
NEUPOGEN
NEULASTA
GRANIX
ZARXIO
NEULASTA DELIVERY KIT
NEULASTA ONPRO KIT
Plan Code Final
YearMonth Filled

GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)

July 2015 - March 2016

Row Labels	Claim Count	Member Count	Total Qty	Total Days Supply	Total Paid
NVMNVPAD	**791**	**464**	**1140.6**	**791**	**$1,748,064.81**
GRANIX	**92**	**45**	**232.9**	**92**	**$36,263.36**
201507	4	4	2.9	4	$1,456.67
201508	14	7	10.6	14	$5,324.50
201509	9	5	65.8	9	$3,333.34
201510	16	7	11.9	16	$5,977.45
201511	18	7	109	18	$7,074.04
201512	17	7	13.7	17	$6,847.19
201601	7	5	13.4	7	$3,450.94
201602	2	2	1.6	2	$799.78
201603	5	1	4	5	$1,999.45
NEULASTA	**311**	**246**	**187.8**	**311**	**$1,379,884.29**
201507	43	29	27	43	$198,396.75
201508	41	36	24.6	41	$194,615.30
201509	37	31	22.2	37	$174,589.10
201510	42	32	25.2	42	$188,128.85
201511	28	24	16.8	28	$118,335.84
201512	36	29	21.6	36	$154,517.91
201601	40	30	24	40	$168,020.48
201602	28	21	16.8	28	$116,691.58
201603	16	14	9.6	16	$66,588.48
NEULASTA DELIVERY KIT	**11**	**10**	**6.6**	**11**	**$54,474.00**
201509	3	3	1.8	3	$14,960.00
201510	3	2	1.8	3	$14,940.00
201511	5	5	3	5	$24,574.00
NEULASTA ONPRO KIT	**6**	**5**	**3.6**	**6**	**$30,211.35**
201511	1	1	0.6	1	$4,914.80
201512	2	1	1.2	2	$9,829.60
201601	1	1	0.6	1	$5,155.65
201602	1	1	0.6	1	$5,155.65
201603	1	1	0.6	1	$5,155.65
NEUPOGEN	**337**	**146**	**681.5**	**337**	**$231,724.03**
201507	51	24	64	51	$33,540.21
201508	43	18	39.4	43	$24,765.74
201509	48	21	343.5	48	$29,297.94
201510	46	19	48.2	46	$29,788.55
201511	56	23	70.5	56	$42,240.65
201512	26	13	30.1	26	$18,512.53
201601	34	13	43.1	34	$26,999.38
201602	25	11	32.9	25	$20,479.54
201603	8	4	9.8	8	$6,099.49
ZARXIO	**34**	**12**	**28.2**	**34**	**$15,507.78**
201601	1	1	0.8	1	$438.98
201602	14	4	10.8	14	$5,931.42

Row Labels	Claim Count	Member Count	Total Qty	Total Days Supply	Total Paid
201603	19	7	16.6	19	$9,137.38
NVMBASIC	**65**	**59**	**380.1**	**1257**	**$300,979.04**
GRANIX	**1**	**1**	**5.6**	**7**	**$2,809.40**
201512	1	1	5.6	7	$2,809.40
NEULASTA	**21**	**18**	**18**	**456**	**$143,833.88**
201507	4	4	3.6	98	$29,629.24
201508	1	1	1.2	28	$10,030.95
201512	2	1	1.2	42	$9,280.39
201601	2	2	1.8	49	$14,114.02
201602	8	7	6.6	173	$51,758.18
201603	4	3	3.6	66	$29,021.10
NEUPOGEN	**43**	**40**	**356.5**	**794**	**$154,335.76**
201507	3	2	7	27	$4,579.29
201508	8	7	53.2	116	$26,436.92
201509	8	7	65.3	145	$25,736.84
201510	6	6	48	125	$21,924.34
201511	5	5	64.2	89	$19,105.70
201512	5	5	40.6	114	$17,271.98
201601	2	2	20.6	37	$8,005.11
201602	2	2	23	58	$9,554.46
201603	4	4	34.6	83	$21,721.12
Grand Total	**856**	**523**	**1520.7**	**2048**	**$2,049,043.85**

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

Therapeutic Class: Colony Stimulating Factors
Last Reviewed by the DUR Board: July 25, 2013

Colony Stimulating Factors 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:**

   Approval for medications will be given if the following criteria are met.

   A. The requested agent is being used for an FDA-approved indication.

   B. Requests for a diagnosis of nonmyeloid malignancy must meet one of the following:
      1) The recipient is receiving myelosuppressive anticancer drugs that are associated with a febrile neutropenia risk of ≥ 20%; **or**
      2) The recipient is at high risk for complications from neutropenia (e.g., sepsis syndrome, current infection, age >65, absolute neutrophil count (ANC) <100 cells/µL, or the expected duration of neutropenia is > 10 days); **or**
      3) The recipient has experienced a prior episode of febrile neutropenia and the requested drug will be used as secondary prophylaxis.

2. **Prior Authorization Guidelines:**

   A. Prior authorization will be given for one month

3. **Quantity Limitations**:
   A. Neulasta: 1.2 mLs/7 days

Therapeutic Class Overview
Colony Stimulating Factors

Therapeutic Class Overview/Summary:
This review will focus on the granulocyte colony stimulating factors (G-CSFs) and granulocyte-macrophage colony stimulating factors (GM-CSFs).[1-5] Colony-stimulating factors (CSFs) fall under the naturally occurring glycoprotein cytokines, one of the main groups of immunomodulators.[6] In general, these proteins are vital to the proliferation and differentiation of hematopoietic progenitor cells.[6-8] The G-CSFs commercially available in the United States include pegfilgrastim (Neulasta®), filgrastim (Neupogen®), filgrastim-sndz (Zarxio®), and tbo-filgrastim (Granix®). While filgrastim-sndz and tbo-filgrastim are the same recombinant human G-CSF as filgrastim, only filgrastim-sndz is considered a biosimilar drug as it was approved through the biosimilar pathway. At this time, filgrastim-sndz has not applied for the interchangeable designation from the Food and Drug Administration (FDA). When tbo-filgrastim was approved, a regulatory pathway for biosimilar drugs had not yet been established in the United States and tbo-filgrastim was filed under its own Biologic License Application.[9] Only one GM-CSF is currently available, sargramostim (Leukine®). These agents are FDA-approved for a variety of conditions relating to neutropenia or for the collection of hematopoietic progenitor cells by leukapheresis.[1-5]

The G-CSFs are generally used in patients with cancer to reduce the incidence of adverse events associated with chemotherapy, such as febrile neutropenia, infections and delayed neutrophil recovery time. Neutrophils are the body's defense system against infection and play a key role in the process of acute inflammation.[10] Chemotherapy and radiation can affect neutrophil function as well as decrease the production of neutrophils in the bone marrow. When the absolute neutrophil count (ANC) falls below 1,500 cells/µL, this is defined as neutropenia. Patients who have severe neutropenia (ANC <500 cells/µL) are at high risk for infection.[10] Endogenous G-CSF is a growth factor produced by monocytes, fibroblasts and endothelial cells that acts upon the bone marrow to increase the production of neutrophils. In addition to increasing neutrophil production, G-CSF also enhances phagocytic and cytotoxic actions of mature neutrophils.[1,2] Filgrastim, tbo-filgrastim, filgrastim-sndz and pegfilgrastim are produced by recombinant deoxyribonucleic acid (DNA) technology via the insertion of the human G-CSF gene into *Escherichia coli* (*E coli*) bacteria.[1-3,5] Pegfilgrastim, a long-acting formulation of filgrastim, is produced by conjugating filgrastim with polyethylene glycol, thereby increasing the molecular weight and delaying kidney excretion.[3]

GM-CSF is primarily used to accelerate myeloid recovery in oncology patients following myelosuppressive treatment regimens. Endogenous GM-CSF is predominantly found in T lymphocytes, monocytes, macrophages, fibroblasts and endothelial cells.[6] In addition to increasing the production of neutrophils, GM-CSF also increases other white blood cells including monocytes, macrophages and eosinophils in the bone marrow as well as promoting their function. Like the G-CSFs, sargramostim is also produced utilizing recombinant DNA technology; however it is derived in yeast (*Saccharomyces cerevisiae*) expression system rather than from *E coli* bacteria.[4]

Table 1. Current Medications Available in the Therapeutic Class[1-5]

Generic (Trade Name)	Food and Drug Administration-Approved Indications	Dosage Form/Strength	Generic Availability
Filgrastim (Neupogen®)	Severe neutropenia in patients receiving myelosuppressive therapy for nonmyeloid malignancies and Induction and/or Consolidation Chemotherapy for AML, Myeloablative chemotherapy followed by BMT, Autologous	Vial: 300 µg/1 mL 480 µg/1.6 mL Prefilled Syringe: 300 µg/0.5 mL 480 µg/0.8 mL	a *

Generic (Trade Name)	Food and Drug Administration-Approved Indications	Dosage Form/Strength	Generic Availability
	Peripheral Blood Progenitor Cell Collection and Therapy, Congenital Neutropenia, Idiopathic or Cyclic Neutropenia, Hematopoietic Syndrome of Acute Radiation Syndrome		
Filgrastim-sndz (Zarxio®*)	Severe neutropenia in patients receiving myelosuppressive therapy for nonmyeloid malignancies and Induction and/or Consolidation Chemotherapy for AML, Myeloablative chemotherapy followed by BMT, Autologous Peripheral Blood Progenitor Cell Collection and Therapy, Congenital Neutropenia, Idiopathic or Cyclic Neutropenia	Vial: 300 µg/1 mL 480 µg/1.6 mL Prefilled Syringe: 300 µg/0.5 mL 480 µg/0.8 mL	-
Pegfilgrastim (Neulasta®)	Severe neutropenia in patients receiving myelosuppressive therapy for nonmyeloid malignancies, Hematopoietic Syndrome of Acute Radiation Syndrome	Prefilled Syringe: 6 mg/0.6 mL	-
Sargramostim (Leukine®)	Induction Chemotherapy for AML, Non-Hodgkin's lymphoma, acute lymphoblastic leukemia and Hodgkin's disease undergoing autologous BMT, Allogeneic or autologous bone marrow transplantation in whom engraftment is delayed or has failed, Autologous Peripheral Blood Progenitor Cell Collection and Therapy	Vial (powder for reconstitution): 250 µg Vial (solution) 500 µg/1 mL	-
Tbo-filgrastim (Granix®)	Severe neutropenia in patients receiving myelosuppressive therapy for nonmyeloid malignancies	Prefilled Syringe: 300 µg/0.5 mL 480 µg/0.8 mL	-

*Zarxio® is a biosimilar to the reference drug Neupogen®.

Evidence-based Medicine

- The safety and efficacy of the granulocyte and granulocyte-macrophage colony stimulating factors have been evaluated in several clinical trials; however, there are few trials that compare G-CSFs to GM-CSFs. Agents were shown to be safe and effective for FDA-approved indications.[18-53]
- Tbo-filgrastim was evaluated in a single multi-center, placebo- and active-controlled, randomized control trial that evaluated patients with breast cancer. Patients received tbo-filgrastim, filgrastim, or placebo for cycle one. For cycle two to four, patients that received placebo were switched to tbo-filgrastim. Doses were 5µg/kg daily for both active treatment groups for all cycles. The primary efficacy endpoint was duration of severe neutropenia in cycle one. When compared to placebo, tbo-

filgrastim was provided a statistically significant improvement in duration of severe neutropenia (no P value reported). When compared to filgrastim, tbo-filgrastim was considered equivalent with a least square mean difference of 0.028 (95% CI, -0.262 to 0.325). Secondary endpoints showed no differences between tbo-filgrastim and filgrastim during any cycle or overall.[38]

Key Points within the Medication Class

- Based on current guidelines:
  - It is important to prevent and limit the duration of febrile neutropenia.[11,12]
  - Recommend primary prophylaxis with a CSF when the risk of febrile neutropenia is >20%.
  - Recommend that the therapeutic use of a CSF be considered only when a patient with febrile neutropenia is at high risk of infection-related complications based on prognostic factors.
  - There is currently no general consensus among the guidelines regarding the specific CSFs within the class.
  - The NCCN states that when choosing an agent for the treatment of prophylaxis of febrile neutropenia, filgrastim and pegfilgrastim are considered to have stronger data to support their use compared to sargramostim.[11,13]
  - The European Organization for Research and Treatment of Cancer recommends the use of filgrastim and pegfilgrastim while stating that there is some evidence showing G-CSF and GM-CSF are comparable in efficacy.[14]
  - The ASCO state that due to the lack of information, no recommendation can be made with regards to the equivalency of the two G-CSFs.[12]

- Other Key Facts:
  - Due to the pathway taken, tbo-filgrastim does not share all of the same indications as filgrastim and these two products are not interchangeable. It is important to note that although filgrastim-sndz is a biosimilar product, and it was approved with all the same indications as filgrastim at the time, filgrastim has since received FDA-approval for an additional indication that filgrastim-sndz does not have, to increase survival in patients with acute exposure to myelosuppressive doses of radiation.[1-3]
  - Differences among dosing schedules also exist between the agents. Pegfilgrastim is administered at a fixed dose (6 mg subcutaneously once per chemotherapy cycle), while filgrastim, filgrastim-sndz, tbo-filgrastim, and sargramostim are dosed based on patient's body weight and are administered daily.[1-5]

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

Therapeutic Class: μ-opioid receptor agonist/δ-opioid receptor antagonist/κ-receptor agonist
Last Reviewed by the DUR Board: N/A

1. **Coverage and limitations:**

   Approval for eluxadoline (Viberzi®) will be given if the following criteria are met.

   A. The recipient has a diagnosis of irritable bowel syndrome with diarrhea (IBS-D)
      AND
   B. The recipient is 18 years of age or older
      AND
   C. The requested agent is prescribed by or in consultation with a gastroenterologist
      AND
   D. The requested dose is 75 mg twice daily or 100 mg twice daily
      AND
   E. One of the following:
      1) Inadequate response or adverse reaction to one of the following: loperamide, diphenoxylate/atropine, bile acid sequestrants (e.g. cholestyramine, colestipol, colesevelam), tricyclic antidepressants (TCAs), or selective serotonin reuptake inhibitors (SSRIs)
         OR
      2) Contraindication to ALL of the alternatives noted above

2. **Prior Authorization Guidelines:**

   A. Prior authorization will be given for one year

3. **Quantity Limitations**:
   A. eluxadoline (Viberzi®): 2/day

New Drug Overview
Diclegis® (doxylamine succinate/pyridoxine hydrochloride)

Overview/Summary: Viberzi® (eluxadoline) is a μ-opioid receptor agonist/δ-opioid receptor antagonist/κ-receptor agonist indicated in adults for the treatment of irritable bowel syndrome with diarrhea (IBS-D). It is a locally active visceral analgesic, with low systemic absorption and bioavailability. The μ-opioid agonist activity works by inhibiting gastrointestinal (GI) motility and secretion and the δ-opioid receptor antagonism works by mitigating against the constipating effects of unopposed peripherally acting μ-opioid receptor agonist.[1,2] This agent was assigned a Schedule IV designation due to its documented low potential for abuse and low risk of dependence.[3]

IBS is a functional bowel disorder characterized by chronic abdominal pain and altered bowel habits, in the absence of obvious structural or inflammatory abnormalities. It is thought to affect approximately 5 to 15% of the general population with the majority of cases occurring in individuals between the ages of 15 and 65 years.[4] Although the exact cause of IBS-D is not known, symptoms are thought to result from a disturbance in the way the GI tract and nervous system interact. IBS-D is a subset of irritable bowel syndrome that is defined as the presence of loose or watery stools with ≥ 25 percent of bowel movements and hard or lumpy stools with < 25 percent of bowel movements. This subtype accounts for approximately one-third of all IBS cases in the U.S. Rome III criteria are currently considered the "Gold Standard" for the diagnosis of IBS. These include recurrent abdominal pain or discomfort for at least three days per month in the last three months associated with two or more of the following: improvement with defecation, onset associated with a change in stool frequency, onset associated with a change in stool form.[5]

Currently there are a few therapeutic options that exist to manage the symptoms of abdominal pain, bloating, diarrhea and fecal urgency. These include non-pharmacologic options of lifestyle and dietary modifications as well as pharmacologic therapies such as antidiarrheals (e.g., loperamide), bile acid sequestrants (e.g., cholestyramine, colestipol, and colesevelam), antispasmodics for abdominal pain (e.g., hyoscyamine, dicyclomine), tricyclic antidepressants (TCAs) (e.g., amitriptyline) and selective serotonin reuptake inhibitors (SSRIs) (e.g., sertraline).[5] The only other FDA-approved treatments for IBS-D currently include Xifaxan® (rifaximin) which received this expanded indication in 2015 and Lotronex® (alosetron) which is restricted to women and requires prescribers to enroll in the Prometheus Prescribing Program due to its black box warning for potentially serious GI adverse reactions such as ischemic colitis and severe constipation.[6]

Table 1. Dosing and Administration[1]

Generic (Trade) Name	Adult Dose	Pediatric Dose	Availability
Eluxadoline (Viberzi®)	Irritable bowel syndrome with diarrhea: Tablet: initial, maintenance, maximum, 100 mg BID with food For individuals with IBS-D who do not have a gallbladder, are unable to tolerate the 100 mg dose, are receiving concomitant OATP1B1 inhibitors or have mild or moderate hepatic impairment (Child-Pugh class A or B): Tablet: initial, maintenance and maximum, 75 mg BID with food	Safety and efficacy in children have not been established.	Tablet: 75 mg 100 mg

BID=twice daily

Evidence-based Medicine

- The safety and efficacy of eluxadoline (Viberzi®) in the treatment of IBS-D was established in two identical randomized, multi-center, double-blind, placebo-controlled phase III clinical trials in adults with IBS-D (IBS-3001 and IBS-3002). Both trials were 26 weeks long. Individuals were randomized to receive twice daily placebo, eluxadoline 75 mg or eluxadoline 100 mg. In Study IBS-3001, the double-blinded treatment period was continued for an additional 26 weeks to monitor long-term safety (total of 52 weeks of treatment), followed by a two-week follow-up. Study IBS-3002 included a four-week single-blinded, placebo-withdrawal period upon completion of the 26-week treatment period. Efficacy of eluxadoline was assessed in both trials using an overall composite responder primary endpoint. This was defined by patients meeting the daily response criteria (pain and stool consistency) for ≥ 50% of the days with diary entries for two criteria: daily pain response (improvement in WAP scores in the past 24 hours by ≥ 30% compared to baseline) and daily stool consistency (BSS score < five or the absence of a bowel movement if accompanied by ≥ 30% improvement in WAP compared to baseline pain). The primary endpoints for the IBS-3001 trial, showed that the proportion of composite responders for the 75 mg and 100 mg treatment groups had a statistically greater response than placebo for weeks 1 to 12 (P<0.025) and weeks 1 to 26 for the 100 mg treatment group (P<0.001). In the IBS-3002 trial, the proportion of composite responders for the eluxadoline 75 mg and 100 mg groups had a statistically greater response than placebo for weeks 1 to 12 (P<0.001) and weeks 1 to 26 (P=0.001). The onset for response was noted to be within the first week of dosing in both trials.[2,10]

Key Points within the Medication Class

- Due to limited therapeutic options for the treatment of IBS-D, clinical guidelines have consistently provided only moderate or weak recommendations for the use of all agents, new and old.[7-9]
    - All current clinical guidelines suggest rifaximin, alosetron, TCAs, SSRIs, and antispasmodics are effective, but their place in therapy is not well defined and varies by guideline. Loperamide was granted a conditional recommendation by the American Gastrointestinal Association (AGA) due to its usefulness as a potential adjunctive therapy for the management of diarrhea, however the American College of Gastroenterology (ACG) and World Gastroenterology Organization Global Guidelines do not recommend its use due to no relief of the global symptoms of IBS-D.[7-9]
    - Only the World Gastroenterology Organization mentions the use of eluxadoline, but acknowledges that although it has been approved for use in the United States, its position in the management of IBS is difficult to define at this time.[9]

- Other Key Facts:
    - Efficacy of Viberzi® (eluxadoline) beyond 26 weeks has not been established.
    - This agent has shown equal efficacy in men and women, unlike alosetron which is indicated only in women.[2]

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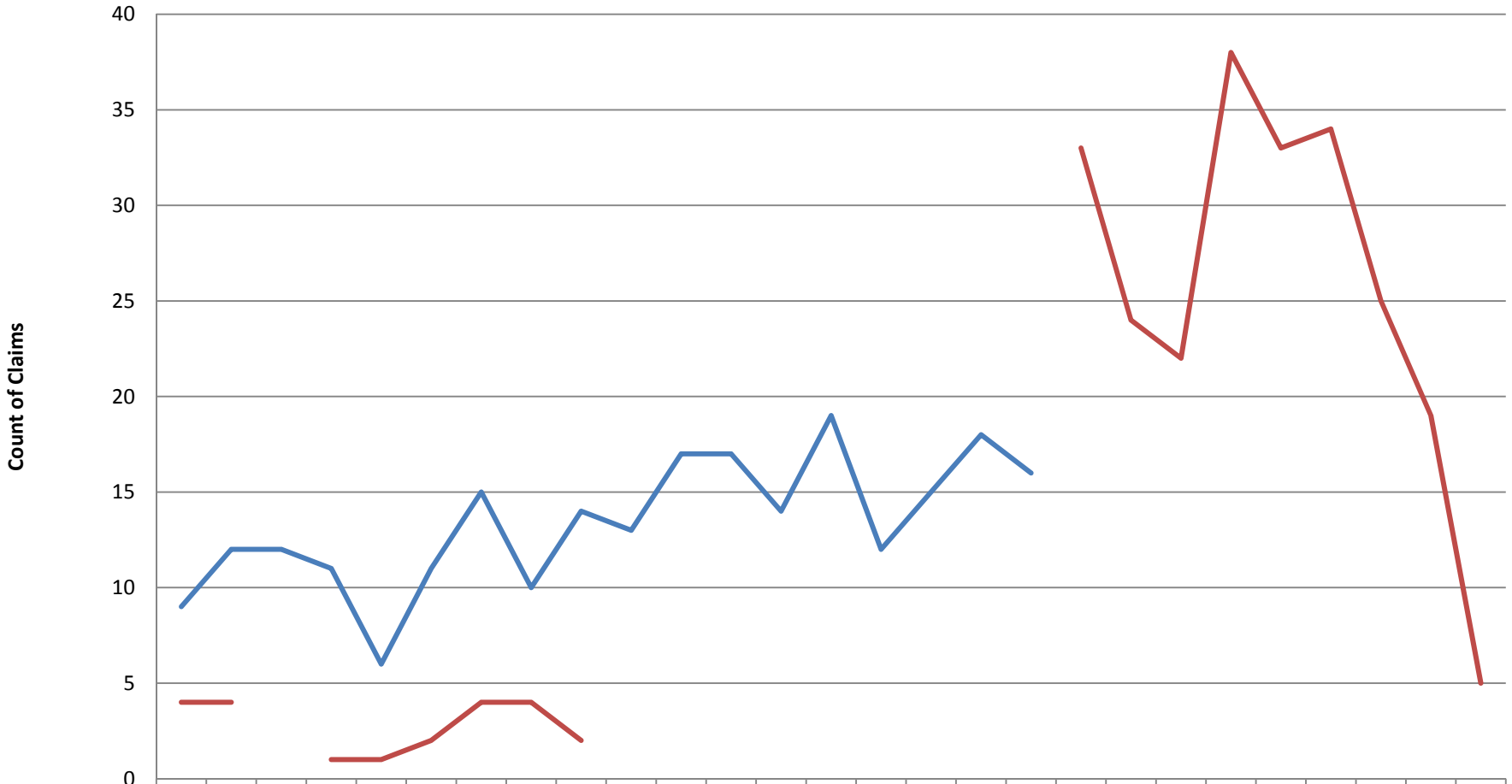
Sum of Count of Claims

Diclegis and Emend Utilization



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DICLEGIS	9	12	12	11	6	11	15	10	14	13	17	17	14	19	12	15	18	16									
EMEND	4	4		1	1	2	4	4	2										33	24	22	38	33	34	25	19	5

Plan Code Final | YearMonth Filled

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

Therapeutic Class: Antihistamine/vitamin B6 analog
Last Reviewed by the DUR Board: N/A

1. **Coverage and limitations:**

   Initial approval for Diclegis® (doxylamine/pyridoxine delayed-release) tablet will be given if the following criteria are met:

   A. The recipient is female
      AND
   B. The recipient is 18 years of age or older
      AND
   C. The recipient has a diagnosis of Nausea and Vomiting of Pregnancy (NVP)
      AND
   D. The requested dose does is 4 tablets/day or less

   Recertification for Diclegis® (doxylamine/pyridoxine delayed-release) tablet will be given if the following is met:

   A. There is documentation that the recipient continues to experience nausea and vomiting of pregnancy

2. **Prior Authorization Guidelines:**

   A. Length of prior authorization will be:
      1) Initial approval: six months
      2) Recertification: three months

3. **Quantity Limitations**:
   A. Doxylamine/pyridoxine delayed-release tablets (Diclegis®): 4 tablets/day

New Drug Overview
Diclegis® (doxylamine succinate/pyridoxine hydrochloride)

- **Overview/Summary:** Diclegis® (doxylamine succinate/pyridoxine hydrochloride) is a fixed dose combination drug product of doxylamine succinate, an antihistamine, and pyridoxine hydrochloride, a vitamin B6 analog. The agent is Food and Drug Administration (FDA)-approved for the treatment of nausea and vomiting of pregnancy (NVP) in women who do not respond to conservative management. It should be noted that the agent has not been studied in hyperemesis gravidarum.[1] The combination of doxylamine and pyridoxine was previously available in the United States under the brand name Bendectin®. However this product was removed from the market in 1983 due to law suits alleging teratogenicity, although scientific evidence supports the safety and efficacy of the medication. A meta-analysis of controlled studies on outcome of pregnancies exposed to Bendectin® reported no increase in the incidence of birth defects.[2]

  Doxylamine competes with histamine for H1-receptor sites and blocks the chemoreceptor trigger zone thereby decreasing nausea and vomiting. Antihistamine agents also work indirectly on the vestibular system by decreasing stimulation of the vomiting center. Hypotheses to explain the antiemetic effects of pyridoxine include prevention/treatment of vitamin B6 deficiency, intrinsic antinausea properties, and/or synergy with the antinausea properties of antihistamine.[1-3]

  Nausea with or without vomiting is common in early pregnancy and affects 70 to 85% of pregnant women.[2,4] Severe vomiting resulting in dehydration and weight loss is termed hyperemesis gravidarum and occurs infrequently. The treatment goals in patient with NVP are to reduce symptoms through changes in diet/environment and by medication, to correct consequences or complications of nausea and vomiting such as dehydration and to minimize the fetal effects of NVP treatment.[2]

Table 1. Dosing and Administration[1]

Generic Name	Adult Dose	Pediatric Dose	Availability
doxylamine succinate/ pyridoxine hydrochloride	Nausea and Vomiting of Pregnancy: Delayed-release tablet: Initial, two tablets QHS on day one; if symptoms persist into day two increase dose to one tablet QAM and two tablets QHS on day three; if symptoms continue increase to a maximum of four tablets per day with one in the morning, one in the mid-afternoon and two QHS	Safety and efficacy in children have not been established.	Delayed-release tablet: 10 mg/10 mg

NSAID=nonsteroidal anti-inflammatory drug

Evidence-based Medicine

- FDA-approval of Diclegis® (doxylamine succinate/pyridoxine hydrochloride) was based on one double-blind, randomized, multi-center, placebo-controlled study that evaluated the safety and efficacy of the agent in pregnant adult women in the gestational age range of 7 to 14 weeks with nausea and vomiting. Patients (N=298) were randomized to 14 days of placebo or two tablets daily at bedtime and up to a maximum dose of four tablets of doxylamine succinate/pyridoxine hydrochloride.[5] Doxylamine succinate/pyridoxine hydrochloride treatment resulted in a statistically significant improvement in both the symptom and quality of life domains of the Pregnancy Unique-Quantification of Emesis (PUQE) score. There was a 4.8 point mean decrease from baseline in the symptom domain PUQE score at day 15 in the doxylamine succinate/pyridoxine hydrochloride group compared to 3.9 point decrease in the placebo group. For quality of life, there was also a 2.8 point mean increase from baseline in the score at day 15 in the Diclegis® (doxylamine succinate/pyridoxine hydrochloride) group compared to a 1.8 point decrease in the placebo group.[5]

- A second study compared a five-day course of low-dose ondansetron to low-dose doxylamine succinate/pyridoxine hydrochloride. The study concluded that ondansetron provided a statistically significant reduction in the nausea and vomiting (P=0.019 and P=0.049, respectively). There were no difference between groups for the side effects of sedation or constipation (P=0.707 and P=0.412, respectively).[6]

Key Points within the Medication Class

- According to Obstetrician-Gynecologists Clinical Management Guideline for Nausea and Vomiting of Pregnancy[4]
  - Mild cases of nausea and vomiting may be resolved with lifestyle and dietary changes such as eating frequent small meals or avoiding spicy or fatty foods.
  - First-line pharmacotherapy with pyridoxine or in combination with doxylamine.
  - If initial therapy with pyridoxine monotherapy fails and if this is inadequate for symptom control then the addition of doxylamine is recommended.
  - For patients who fail this combination, promethazine or dimenhydrinate can be substituted for doxylamine. After this point, if the patient is still experiencing nausea and vomiting, options include metoclopramide, trimethobenzamide, methylprednisolone or ondansetron.

- Other Key Facts:
  - Only FDA-approved agent for the treatment of nausea and vomiting of pregnancy.
  - Initial dosing allows for once daily dosing.

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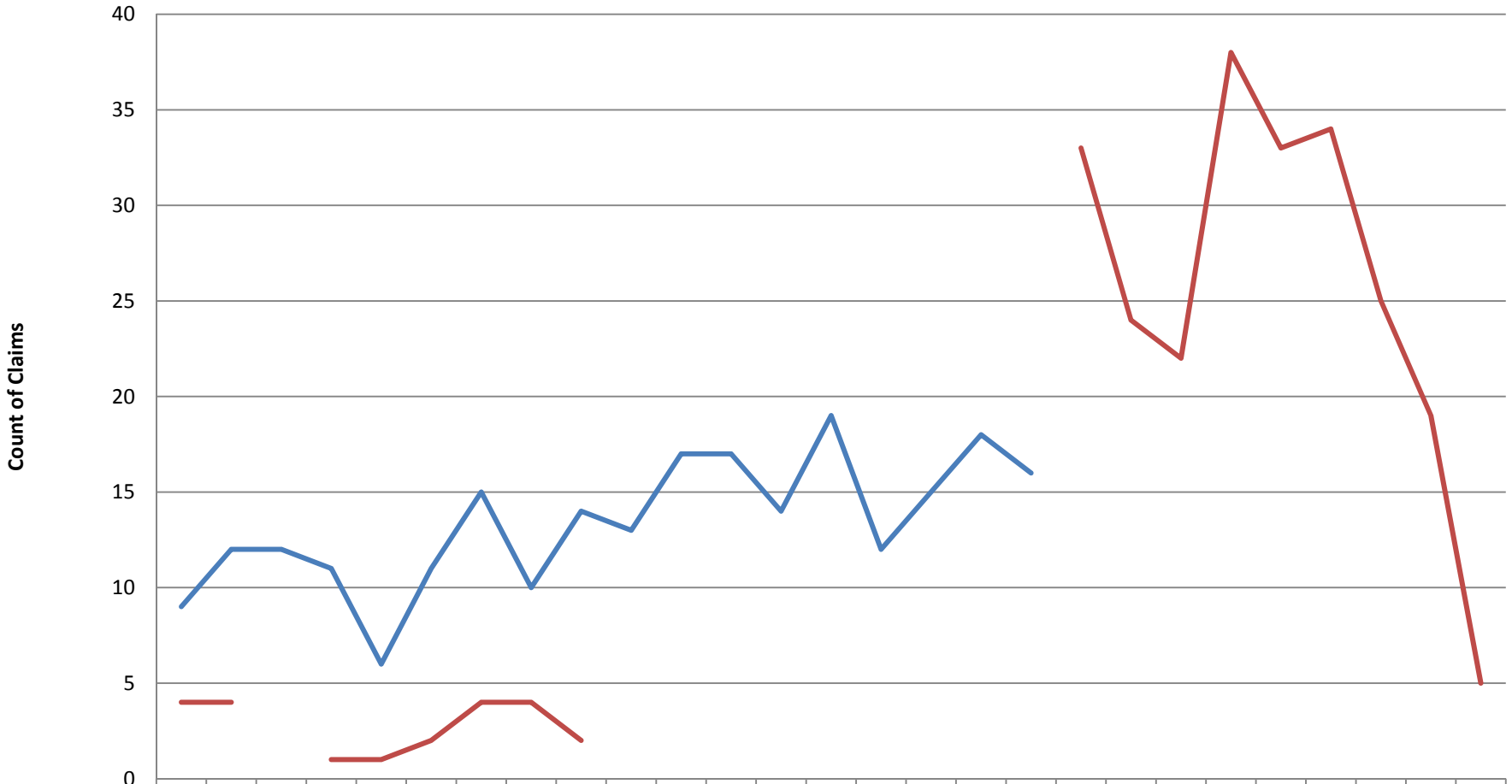
Sum of Count of Claims

Diclegis and Emend Utilization



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EMEND	4	4		1	1	2	4	4	2										33	24	22	38	33	34	25	19	5

Plan Code Final | YearMonth Filled

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

Therapeutic Class: Neurokinin-1 antagonists and combinations
Last Reviewed by the DUR Board: N/A

1. **Coverage and limitations:**

   Requests that exceed the quantity limit may be approved if the following criteria are met:

   A. The requested agent is being used for an FDA-approved indication.

   B. One of the following:
      1) The recipient is 18 years of age or older; or
      2) The recipient is 12 years of age or older, the requested agent is aprepitant, and the diagnosis is chemotherapy induced nausea and vomiting (CINV)

   C. Medical necessity for exceeding the quantity limit (e.g. duration of chemotherapy cycle) is documented

2. **Prior Authorization Guidelines:**
   A. Prior authorization will be given for 6 months

3. **Quantity Limitations**:
   A. Emend® (aprepitant) 40 mg cap: 1 capsule/Rx; 2 capsules/month
   B. Emend® (aprepitant) 80 mg cap: 2 capsules/Rx; 2 capsules/14 days
   C. Emend® (aprepitant) 125 mg cap: 1 capsule/Rx; 1 capsule/14 days
   D. Emend® (aprepitant) dose pack: 1 pack/Rx; 1 pack/14 days
   E. Emend® (fosaprepitant) 150 mg injection: 1 vial/14 days
   F. Varubi® (rolapitant) 90 mg tablet: 2 tablets/Rx; 2 tablets/14 days
   G. Akynzeo® (netupitant/palonosetron) 300/0.5 mg: 1 capsule/Rx; 1 capsules/14 days

Therapeutic Class Overview
Neurokinin-1 (NK1) Receptor Antagonists and Combinations

Therapeutic Class Overview/Summary:
This review will focus on neurokin-1 (NK_1) receptor antagonist anti-emetics and their combinations. All of these agents are Food and Drug Administration (FDA)-approved for the prevention of chemotherapy-induced nausea and vomiting (CINV). Single-entity products include: aprepitant (Emend®) and its prodrug fosaprepitant dimeglumine (Emend®) along with rolapitant hydrochloride (Varubi®). There is a single NK_1 antagonist combination product currently available, netupitant/palonosetron (Akynzeo®). With this combination, netupitant, the NK_1 antagonist is co-formulated with palonosetron, a serotonin type-3 (5-HT_3) receptor antagonist. In addition to CINV, aprepitant is FDA-approved for the prevention of post-operative nausea and vomiting in adults.[1-4] Differences in anti-emetic effect for the acute and delayed phases of CINV exist between agents and are summarized in Table 1. As the pathophysiology of CINV is not completely understood, the exact mechanisms by which NK_1 antagonists exert there antiemetic effects are not known. NK_1 is a broadly distributed receptor located in both the central and peripheral nervous systems. One proposed mechanism of NK_1 antagonists is by depressing the substance P mediated response in the central nevous system by blocking activation of NK_1 in areas of the brain responsible for chemoreception. Decreased activation of NK_1 by substance P reduces the emetic reflex. A second proposed mechanism is the blockade of peripheral NK_1 receptors located on the vagal terminals of the gut. It is hypothesized that peripheral blockade may decrease the intensity of the signal transmitted to the central nervous system, thus decreasing the overall emetic reflex.[1-6]

Table 1. Current Medications Available in the Therapeutic Class[1-4]

Generic (Trade Name)	Food and Drug Administration-Approved Indications	Dosage Form/Strength	Generic Availability
Aprepitant (Emend®)	Prevention of acute and delayed CINV associated with initial and repeat courses of HEC, Prevention of CINV associated with initial and repeat courses of MEC, Prevention of PONV	Capsule: 40 mg 80 mg 125 mg Capsule Dose Pack: 125 and 80 mg	-
Fosaprepitant dimeglumine (Emend®)	Prevention of acute and delayed CINV associated with initial and repeat courses of HEC, Prevention of delayed CINV associated with initial and repeat courses of MEC	Vial: 150 mg	-
Rolapitant hydrochloride (Varubi®)	Prevention of delayed CINV associated with initial and repeat courses of HEC, Prevention of delayed CINV associated with initial and repeat courses of MEC and prevention of delayed CINV associated with combination of anthracycline and cyclophosphamide	Tablet: 90 mg	-
Netupitant/palonosetron (Akynzeo®)	Prevention of acute and delayed CINV associated with initial and	Capsule: 300/0.5 mg	-

Generic (Trade Name)	Food and Drug Administration-Approved Indications	Dosage Form/Strength	Generic Availability
	repeat courses of HEC, Prevention of acute and delayed CINV associated with initial and repeat courses of cancer chemotherapy not considered highly emetogenic		

Other abbreviations: CINV=chemotherapy-induced nausea and vomiting, HEC=highly emetogenic cancer chemotherapy, MEC=moderately emetogenic cancer chemotherapy, PONV=post-operative nausea and vomiting

Evidence-based Medicine

- The safety and efficacy of the NK_1 antagonists have been evaluated in several clinical trials for their FDA-approved indications.[11-45] Aprepitant, being an older, more established agent has had more extensive review. Results of these trials are similar to those used by the FDA for approval.[15-32] There are currently no clinical trials that compare NK_1 antagonists to one-another.
- The approval of rolapitant (Varubi®) was based on the efficacy and safety in preventing CINV in patients receiving anthracycline combination therapy, MEC, or HEC with a cisplatin-based regimen in three clinical trials. The primary endpoint in both HEC studies was complete response (CR) in the delayed phase (defined as 25 to 120 hours post administration of chemotherapy) of CINV. Results of the showed a greater proportion of individuals treated with the rolapitant arm had a statistically significant CR compared with the placebo control group in HEC-1: (192 [73%] compared to 153 [58%]; P=0.0006). However, in HEC-2, this was statistically significant: (rolapitant [70%] compared to placebo control group [62%]; P=0.0426).[35,36] In the third trial, the antiemetic effect of rolapitant was evaluated in MEC. The primary endpoint of CR in the delayed phase of CINV showed a greater proportion of individuals treated with the rolapitant arm had a statistically significant CR compared with the placebo control group: (475 [71%] compared to 410 [62%]; P=0.0002).[35,37]
- The approval of netupitant/palonosetron (Akynzeo®) was based on the efficacy and safety in preventing CINV in patients receiving MEC or HEC. Both trials were double-blind, randomized, double-dummy, multicenter, parallel-group studies of netupitant/palonosetron given as a single oral dose 60 minutes before administration of chemotherapy in combination with dexamethasone. CR in the delayed phase was statically significant in HEC and MEC for patients who received netupitant/palonosetron (P=0.032 and P=0.01, respectively).[38,39]

Key Points within the Medication Class

- According to Current Clinical Guidelines:
  - It is recommended that antiemetic therapy be initiated before the administration of chemotherapy and then continued throughout the period when delayed emesis may occur. Choice of antiemetic regimen depends primarily on the emetogenic potential and the risk of delayed CINV associated with the chemotherapy agents. The period of risk for CINV may be up to three days after administration of highly emetogenic chemotherapy (HEC) and at least two days after moderately emetogenic chemotherapy (MEC).[7]
  - For the prevention of CINV post-HEC, triple therapy with a 5-HT_3 receptor antagonist, dexamethasone, and a NK_1 receptor antagonist is recommended.[7-8]
  - The updated 2015 National Comprehensive Cancer Network (NCCN) guidelines do not currently recommend one specific regimen over another.[7]
  - For the prevention of CINV post-MEC, a 5-HT_3 receptor antagonist and dexamethasone is recommended, with a NK_1 receptor antagonist being optional.[7-9]
  - Guidelines generally recommend palonosetron as the preferred 5-HT_3 receptor antagonist for the prevention CINV associated with MEC. Adjunctive therapies include with lorazepam, an H_2 receptor antagonist or a proton pump inhibitor.[7-9]
  - The Pediatric Oncology Group of Ontario in 2012 recommend aprepitant in combination with granisetron and dexamethasone in children 12 years of age or older who will be receiving HEC and in which the antineoplastics are not known to or suspected of interacting with

aprepitant. Dual therapy with ondansetron or granisetron and dexamethasone is recommended if the antineoplastic agents interact with aprepitant.[10]
- Several guidelines have not yet been updated to include netupitant/palonosetron and/or rolapitant.[8-10]

· Other Key Facts:
- All agents are formulated as oral capsules or tablets, with the exception of fosaprepitant, which is an intravenous injection.
- For HEC, fosaprepitant, rolapitant, and netupitant/palonosetron are given only on day one as a single dose, while aprepitant is given for three days.
- All NK_1 antagonists are associated with drug interactions to some extent. Of particular concern are drug interactions with agents that are either substrates of CYP3A4 or inhibit/induce CYP3A4. Dose adjustments and contraindications may apply based on the concurrent agent.[1-4]
- Aprepitant capsules are the only NK_1 antagonist currently approved by the FDA for use in pediatric patients.
- Both the FDA-approved label and clinical guidelines do not recommend aprepitant for patients less than 12 years of age.[1,10]
- Due to its co-formulation, netupitant/palonosetron carries the associated warnings of palonosetron, including a risk for serotonin syndrome.[4]

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BB. Buprenorphine/Naloxone (Suboxone®)

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

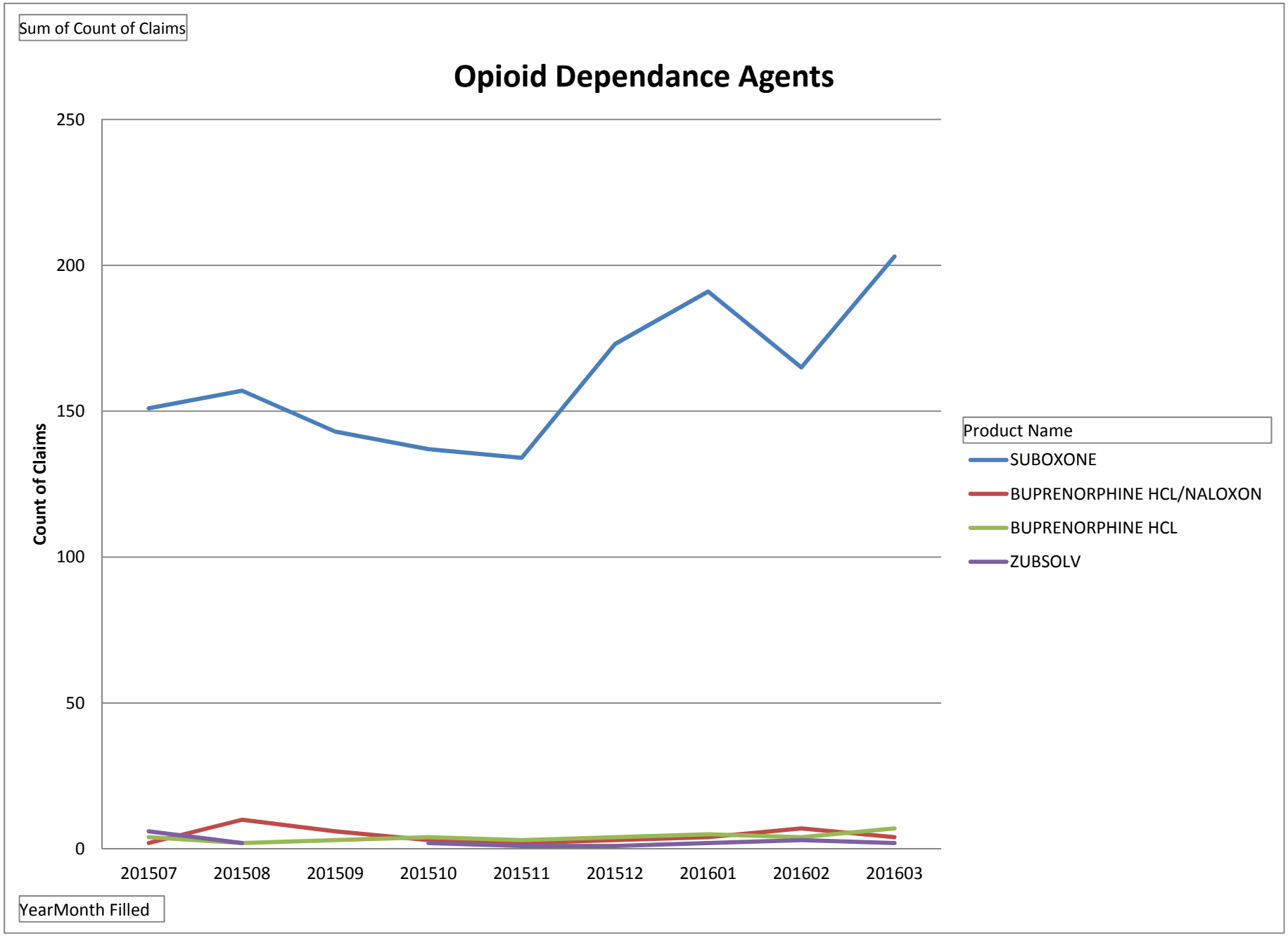
4. There is documentation that the recipient has honored all of their office visits; and

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


Sum of Count of Claims
Opioid Dependance Agents
250
200
150
100
50
0
Count of Claims
201507
201508
201509
201510
201511
201512
201601
201602
201603
YearMonth Filled
Product Name
SUBOXONE
BUPRENORPHINE HCL/NALOXON
BUPRENORPHINE HCL
ZUBSOLV

Opioid Dependence Agent Utilization

July 2015 - March 2016

Row Labels	Member Count	Claim Count	Total Qty	Total Paid
BUPRENORPHINE HCL	27	36	801	$1,204.62
BUPRENORPHINE HCL/NALOXON	30	41	1289	$5,505.48
SUBOXONE	937	1454	39466	$273,515.19
ZUBSOLV	14	19	810	$4,651.16
Grand Total	**1008**	**1550**	**42366**	**$284,876.45**

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

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

1. **Coverage and limitations:**

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

   A. The recipient is 16 years of age or older

   B. The recipient has a diagnosis of opioid dependence

   C. Requests for a diagnosis of chronic pain will not be approved

   D. There is documentation the recipient has honored all of their office visits

   E. 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

   F. All of the following:
      1) The recipient will not utilize opioids, including tramadol, concurrently with the requested agent; and
      2) If the recipient is currently utilizing an opioid, medical documentation must be provided stating the recipient will discontinue the opioid prior to initiation of buprenorphine or buprenorphine/naloxone

   G. Requests for buprenorphine will be approved if one of the following is met:
      1) The recipient is a pregnant female; or
      2) There is documentation that the recipient is breastfeeding an infant who is dependent on methadone or morphine
      3) The recipient has had an allergy to a buprenorphine/naloxone
      4) The recipient has moderate to severe hepatic impairment (Child-Pugh B to C)

   H. Requests that exceed the quantity limit must meet ALL of the following:
      1) There is documentation in the recipient's medical record that the requested dose is the lowest effective dose for the recipient
      2) Treatment plan has been provided

2. **Prior Authorization Guidelines:**
   A. Prior authorization will be given for one year

3. **Quantity Limitations**:
   A. buprenorphine sublingual tablets: 3/day
   B. buprenorphine/naloxone sublingual film (Suboxone®): 2/day
   C. buprenorphine/naloxone sublingual tablet (Zubsolv®): 1/day
   D. buprenorphine/naloxone sublingual tablet: 3/day
   E. buprenorphine/naloxone buccal film (Bunavail®): 2 units/day

Therapeutic Class Overview
Opioid Dependence Agents

Overview/Summary:
This review will focus on the partial opioid agonists and opioid antagonists. These agents are used alone or in combination in the treatment of opioid use disorder with several agents used for the reversal of opioid overdose.[1-9] 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] Naloxone solution and naloxone auto-injector (Evzio®) are used for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression.[8-9] 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. Naloxone is available as a vial for injection, prefilled syringe for injection and auto-injector solution (Evzio®)[1-9] Products which contain buprenorphine are classified as Schedule III controlled substances.[10] 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.[11,12] Buprenorphine and buprenorphine/naloxone sublingual tablets, naltrexone tablets and naloxone vials and prefilled syringes 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.[2-9] 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] Similarly, when naloxone alone is administered to a patient via intravenous, intramuscular or subcutaneous routes, reversal of opioid-related effects is expected. This includes respiratory and/or nevous system depression.[8-9] Evzio® (naloxone injection) is a prefilled autoinjector designed to deliver 0.4 mg of naloxone per injection. The injection can be given intramuscularly or subcutaneously into the outer thigh and may be given through clothing, if necessary. In addition, the device has a retractable needle system that is designed to prevent needlesticks. Evzio® (naloxone injection) is designed to be administered by laypersons in the presence of a patient with an apparent opioid overdose. The autoinjector device gives electronic voice instructions to the caregiver, including instruction to seek emergency medical assistance after a dose is administered.[9]

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.[13] Naloxone is recommended as an appropriate emergency pharmacologic intervention for instances of opioid overdose.[14] Additionally, The Substance Abuse and Mental Health Services Administration and American Medical Association are among some of the prominent medical organizations and advocacy groups that recognize naloxone as standard care for pharmacologic treatment of opioid overdose.[16,17]

Table 1. Current Medications Available in Therapeutic Class[1-9]

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	-
Naloxone (Evzio®)	Opioid overdose§	Auto-injector solution (Evzio®): 0.4 mg/0.4 mL Prefilled syringe, solution: 0.4 mg/mL 2 mg/2 mL Vial, solution 0.4 mg/mL	a
Combination Product			
Buprenorphine/naloxone (Bunavail®, Suboxone®‖, Zubsolv®)	Opioid dependence, treatment induction† (Suboxone®); opioid dependence, treatment maintenance†	Buccal film (Bunavail®): 2.1/0.3 mg 4.2/0.7 mg 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	a

* 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.
§As manifested by respiratory and/or central nervous system depression.
‖Generic available in at least one dosage form or strength.

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.[20-30, 41-48]

- 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.[22, 31-38]
- 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).[58]
- 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.[59]
- FDA-approval of Evzio® (naloxone injection) was based upon data from a bioavailability trial that compared Evzio® (naloxone injection) to naloxone given through a standard syringe. Subjects were randomized to receive Evzio® (naloxone injection) or standard naloxone injection on day one. On day two, the subjects received the opposite treatment in order to evaluate the comparative bioavailability. The mean peak plasma concentration (C_{max}), median times to peak plasma concentrations (T_{max}), mean elimination half-life ($T_{1/2}$) and mean area under-the-curve (AUC) mere similar when Evizio® (naloxone injection) was compared to standard naloxone injections (P values not reported).[60]

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.[13]
    - 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.[13]
    - Naloxone is recommended as an appropriate emergency pharmacologic intervention for instances of opioid overdose.[14]
    - Naltrexone is generally reserved as an alternative regimen after buprenorphine-containing products and methadone.[15]
- 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.[18]
    - 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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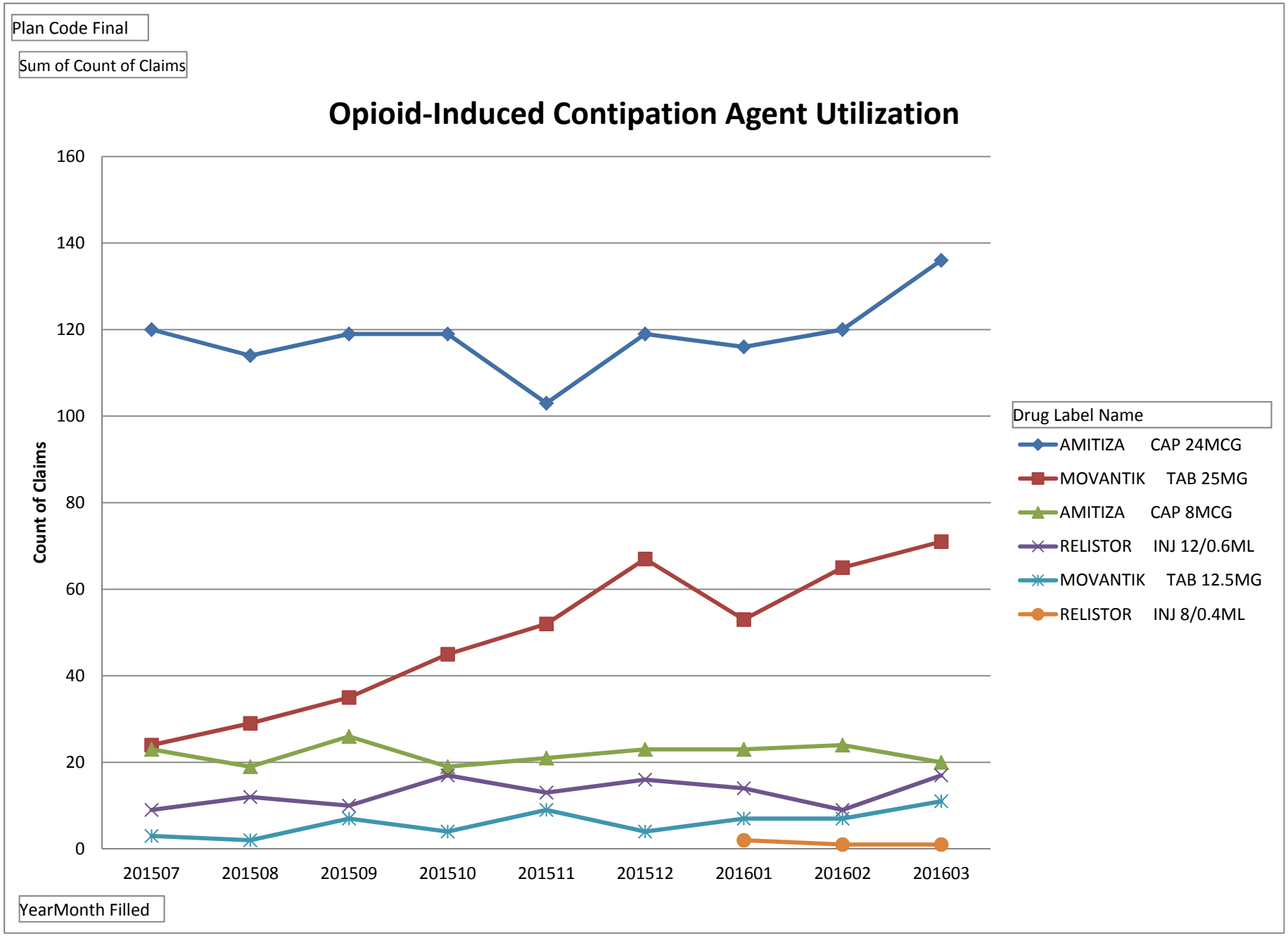
Plan Code Final
Sum of Count of Claims
Opioid-Induced Contipation Agent Utilization
160
140
120
100
80
60
40
20
0
Count of Claims
201507
201508
201509
201510
201511
201512
201601
201602
201603
YearMonth Filled
Drug Label Name
AMITIZA CAP 24MCG
MOVANTIK TAB 25MG
AMITIZA CAP 8MCG
RELISTOR INJ 12/0.6ML
MOVANTIK TAB 12.5MG
RELISTOR INJ 8/0.4ML

Opioid-Induced Contipation Agent Utilization

July 2015 - March 2016

Drug Label Name	YearMonth Filled	Data Claim Count	Member Count	Total Qty	Days Supply	Total Paid
AMITIZA CAP 24MCG	201507	83	77	4427	2318	$24,043.20
	201508	86	78	4560	2550	$24,793.40
	201509	87	80	4816	2493	$25,513.39
	201510	96	89	4980	2700	$27,054.74
	201511	81	78	4540	2375	$23,956.63
	201512	89	80	4629	2465	$24,429.60
	201601	78	75	4376	2308	$23,677.76
	201602	82	79	4584	2427	$25,358.34
	201603	87	84	4830	2595	$26,725.29
AMITIZA CAP 24MCG Total		**769**	**720**	**41742**	**22231**	**$225,552.35**
AMITIZA CAP 8MCG	201507	16	16	885	465	$4,808.40
	201508	16	16	840	480	$4,567.80
	201509	20	19	1035	570	$5,629.53
	201510	16	15	870	480	$4,728.21
	201511	20	19	991	571	$5,273.10
	201512	17	15	840	495	$4,479.16
	201601	15	15	750	450	$4,120.09
	201602	16	14	780	465	$4,361.80
	201603	10	10	450	300	$2,523.75
AMITIZA CAP 8MCG Total		**146**	**139**	**7441**	**4276**	**$40,491.84**
MOVANTIK TAB 12.5MG	201507	3	3	75	75	$650.76
	201508	2	2	60	30	$518.70
	201509	7	5	210	165	$1,815.45
	201510	3	2	90	60	$778.05
	201511	8	7	253	211	$2,112.77
	201512	3	3	91	91	$761.17
	201601	7	7	210	210	$1,852.71
	201602	6	5	180	150	$1,649.34
	201603	9	7	271	241	$2,482.84
MOVANTIK TAB 12.5MG Total		**48**	**41**	**1440**	**1233**	**$12,621.79**
MOVANTIK TAB 25MG	201507	21	21	800	620	$6,889.03
	201508	26	26	894	774	$7,710.55
	201509	31	31	960	930	$8,294.44
	201510	39	38	1150	1120	$9,944.93
	201511	45	43	1356	1296	$11,443.28
	201512	54	51	1664	1604	$13,917.20
	201601	40	40	1250	1190	$10,997.66
	201602	50	48	1590	1500	$14,546.61
	201603	56	52	1720	1660	$15,755.41
MOVANTIK TAB 25MG Total		**362**	**350**	**11384**	**10694**	**$99,499.11**
RELISTOR INJ 12/0.6ML	201507	8	6	73.8	149	$9,030.70
	201508	10	9	54.6	134	$6,635.81
	201509	8	7	54	177	$7,635.88
	201510	12	12	85.2	247	$14,459.57

Drug Label Name	YearMonth Filled	Claim Count	Member Count	Total Qty	Days Supply	Total Paid
RELISTOR INJ 12/0.6ML	201511	10	10	46.8	171	$7,608.88
	201512	12	10	75	246	$12,257.48
	201601	10	10	55.8	152	$8,998.19
	201602	8	8	77.4	218	$12,006.26
	201603	12	12	130.8	302	$21,386.51
RELISTOR INJ 12/0.6ML Total		**90**	**84**	**653.4**	**1796**	**$100,019.28**
RELISTOR INJ 8/0.4ML	201601	2	1	5.6	51	$1,374.26
	201602	1	1	2.8	30	$687.13
	201603	1	1	2.8	30	$687.13
RELISTOR INJ 8/0.4ML Total		**4**	**3**	**11.2**	**111**	**$2,748.52**
Grand Total		**1419**	**1337**	**62671.6**	**40341**	**$480,932.89**

Plan Code Final (Multiple Items)

Drug Label Name	YearMonth Filled	Data Claim Count	Member Count	Total Qty	Days Supply	Total Paid
AMITIZA CAP 2	201507	83	77	4427	2318	$24,043.20
	201508	86	78	4560	2550	$24,793.40
	201509	87	80	4816	2493	$25,513.39
	201510	96	89	4980	2700	$27,054.74
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AMITIZA CAP 24MCG Total		**769**	**720**	**41742**	**22231**	**$225,552.35**
AMITIZA CAP 8	201507	16	16	885	465	$4,808.40
	201508	16	16	840	480	$4,567.80
	201509	20	19	1035	570	$5,629.53
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	201508	2	2	60	30	$518.70
	201509	7	5	210	165	$1,815.45
	201510	3	2	90	60	$778.05
	201511	8	7	253	211	$2,112.77
	201512	3	3	91	91	$761.17
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MOVANTIK TAB 12.5MG Total		**48**	**41**	**1440**	**1233**	**$12,621.79**
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	201509	31	31	960	930	$8,294.44
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	201601	40	40	1250	1190	$10,997.66
	201602	50	48	1590	1500	$14,546.61
	201603	56	52	1720	1660	$15,755.41
MOVANTIK TAB 25MG Total		**362**	**350**	**11384**	**10694**	**$99,499.11**
RELISTOR INJ 1	201507	8	6	73.8	149	$9,030.70
	201508	10	9	54.6	134	$6,635.81
	201509	8	7	54	177	$7,635.88
	201510	12	12	85.2	247	$14,459.57
	201511	10	10	46.8	171	$7,608.88

Drug Label Name	YearMonth Filled	Claim Count	Member Count	Total Qty	Days Supply	Total Paid
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	201602	1	1	2.8	30	$687.13
	201603	1	1	2.8	30	$687.13
RELISTOR INJ 8/0.4ML Total		**4**	**3**	**11.2**	**111**	**$2,748.52**
Grand Total		**1419**	**1337**	**62671.6**	**40341**	**$480,932.89**

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

Therapeutic Class: Opioid-Induced Constipation Agents
Last Reviewed by the DUR Board: N/A

1. **Coverage and limitations:**

   Approval of medications will be given if the following criteria are met:

   A. The recipient is 18 years of age or older
      AND
   B. The requested agent is being used for an appropriate indication
      AND
   C. Requests for a diagnosis of opioid-induced constipation must meet all of the following criteria:
      1) There is documentation in the recipient's medical record indicating an inadequate response, adverse reaction, or contraindication to 1 agent from three of the four traditional laxative therapy classes:
         a. Bulk forming laxatives
         b. Osmotic laxatives
         c. Saline laxatives
         d. Stimulant laxatives

      AND
   D. Requests for methylnaltrexone bromide that exceed the quantity limit must meet all of the following criteria:
      1) The recipient has opioid-induced constipation in advanced illness and is receiving palliative care; and
      2) The requested dose is 0.15 mg/kg; and
      3) The recipient's current weight is >114 kg

2. **Prior Authorization Guidelines:**

   A. Prior authorization will be given for one year

3. **Quantity Limitations**:
   A. Lubiprostone (Amitiza®): 2 capsules/day
   B. Methylnaltrexone bromide (Relistor®): 1 vial or syringe/day
   C. Naloxegol oxylate (Movantik®): 1 tablet/day

Therapeutic Class Overview
Opioid-Induced Constipation Agents

Therapeutic Class Overview/Summary:
There are currently three agents approved by the Food and Drug Administration (FDA) for the treatment of opioid-induced constipation (OIC). Lubiprostone (Amitiza®), methylnaltrexone bromide (Relistor®), naloxegol oxalate (Movantik®) are indicated for the treatment of OIC in adults with chronic non-cancer pain. Additionally, methylnaltrexone bromide is also FDA-approved for use in adults with OIC who have advanced illness and are receiving palliative care.[1-3] While lubiprostone is also indicated for the treatment of chronic idiopathic constipation, and irritable bowel syndrome with constipation, those indications will not be covered in this review. Opioids are an effective and widely used treatment option to help control many different types of pain. Constipation, which can sometimes be severe, is a common side-effect of opioid use and may limit their acceptability.[4] The cause of constipation associated with opioid use is thought to occur due to multiple etiologies. One factor is the ability of opioids to bind to the μ- and δ-opioid receptors found on smooth muscle within the gastrointestinal tract. This decreases peristalsis in the small intestine and colon by relaxing the intestinal smooth muscles and preventing normal bowel elimination functions. In addition, opioids are thought to interfere with normal fluid and electrolyte levels within the gastrointestinal lumen due to this longer gastrointestinal transit time that causes excessive water and electrolyte reabsorption from feces.[5]

Agents used for the treatment of OIC work via one of two mechanisms. Lubiprostone is a locally acting chloride channel activator that enhances a chloride-rich intestinal fluid secretion without altering sodium and potassium concentrations in the serum. Lubiprostone acts by specifically activating the chloride channel-2 (CIC-2), which is a normal constituent of the apical membrane of the human intestine. By increasing intestinal fluid secretion, lubiprostone increases motility of the intestine, thereby increasing the passage of stool and alleviating symptoms of constipation.[1] Methylnaltrexone bromide and naloxegol oxalate are selective μ-opioid antagonists that prevent the peripheral activation of μ-opioid receptors in certain tissues, such as the gastrointestinal tract, thus reducing the constipation side-effect. At therapeutic doses, neither agent interferes with the analgesic activity of opioids, which is caused by activation of μ-opioid receptors within the central nervous system (CNS).[2-3] Methylnaltrexone bromide is a quaternary amine, which increases its polarity, and helps prevents its penetration into the CNS.[2] Naloxegol oxalate is a PEGylated derivative of naloxone, and is a substrate for the P-glycoprotein transporter (P-gp). The presence of a polyethylene glycol (PEG) moiety reduces its passive permeability into the CNS while being a substrate for P-gp increases efflux of naloxegol across the blood-brain barrer.[3]

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

Generic (Trade Name)	Food and Drug Administration-Approved Indications	Dosage Form/Strength	Generic Availability
Lubiprostone (Amitiza®)	Chronic Idiopathic constipation; opioid-induced constipation in chronic non-cancer pain, Irritable Bowel Syndrome with Constipation	Capsule: 8 μg 24 μg	-
Methylnaltrexone bromide (Relistor®)	Opioid-induced constipation in chronic non-cancer pain, Opioid-induced constipation in advanced illness	Prefilled Syringe: 8 mg/0.4 mL 12 mg/0.6 mL Vial, single-use: 12 mg/0.6 mL	-
Naloxegol oxalate (Movantik®)	Opioid-induced constipation in advanced illness	Tablet: 12.5 mg 25 mg	-

Evidence-based Medicine

- The efficacy of lubiprostone for the treatment of OIC was in patients receiving opioid therapy for chronic, non-cancer-related pain was assessed in three 12-week, randomized, double-blinded, placebo-controlled studies. In all three studies, patients had documented opioid-induced constipation at baseline, defined as having less than three spontaneous bowel movements (SBMs) per week, with at least 25% of SBMs associated with one or more of the following conditions: (1) hard to very hard stool consistency; (2) moderate to very severe straining; and/or (3) having a sensation of incomplete evacuation. Use of rescue laxatives was allowed in cases where no bowel movement had occurred in a 3-day period. At baseline, mean oral morphine equivalent daily doses (MEDDs) for the three studies were 99 mg and 130 mg, 237 mg and 265 mg, and 330 mg and 373 mg for placebo-treated and lubiprostone -treated patients, respectively.[1,6,7] Studies one and two have bene published, while study three remains unpublished. The primary endpoint of study one was the "overall responder" rate, defined as ≥1 SBM improvement over baseline frequency were reported for all treatment weeks for which data were available and ≥3 SBMs/week were reported for at least 9 of 12 treatment weeks. There was a statistically significant difference in favor of lubiprostone when compared to placebo for overall responder rate (27.1% compared with 18.9%; treatment difference, 8.2%; P=0.030). The primary endpoint of studies two and three was the mean change from baseline in SBM frequency at week eight. For study two, there was a statistically significant difference in changes from baseline in SBM frequency in favor of lubiprostone when compared to placebo (3.3 compared with 2.4; treatment difference, 0.9; P=0.004). However, in the unpublished study three, there was not a statically significant difference in the mean change from baseline in SBM frequency at week eight between lubiprostone and placebo groups (2.7 compared to 2.5; treatment difference -0.2; P=0.76).[1]
- The efficacy of methylnaltrexone bromide for the treatment of OIC was established in two clinical trials in patients with advanced illness receiving palliative care and one study in patients with chronic non-cancer pain.[2,8,9] All studies were double-blind, placebo-controlled studies that compared methylnaltrexone 0.15 mg/kg and/or 0.3 mg/kg subcutaneously to placebo. The primary endpoint of the first study was the proportion of patients with a rescue-free laxation within four hours after a single dose of study medication or placebo. Methylnaltrexone bromide-treated patients had a significantly higher rate of laxation within four hours of the double-blind dose (62% for 0.15 mg/kg and 58% for 0.3 mg/kg) than did placebo-treated patients (14%); P<0.0001 for each dose compared with placebo.[2,8] The second study evaluated the same primary end-point and found similar results. In this study the proportion of patients who had rescue-free laxation within four hours after receiving the first dose of the study drug was significantly higher in the methylnaltrexone bromide group than the placebo group (48% compared with 15%, respectively; P<0.001). In addition, the proportion of patients who had rescue-free laxation within four hours after receiving two or more of the first four doses was significantly higher in the methylnaltrexone bromide group compared to placebo (52% compared with 8%, respectively; P<0.001).[2,9] The safety and efficacy of methylnaltrexone bromide for the treatment of OIC in patients with chronic non-cancer pain was evaluated in an unpublished study with results reported only in the FDA-approved package insert. The primary endpoint was the proportion of patients with greater than three spontaneous bowel movements (SBMs) per week during the four-week double-blind period. The results from this study showed that 59% of individuals in methylnaltrexone were found to have at least three SBMs per week compared to 38% in the placebo group (P<0.001).[2]
- The efficacy of naloxegol oxalate for the treatment of OIC in adults receiving opioids for chronic noncancer-related pain was evaluated in two phase III trials. Both studies were identically designed multicenter, randomized, double-blind, placebo-controlled, 12 week trials that evaluated naloxegol 12.5 mg and 25 mg compared to placebo. In both of the trials, the primary efficacy outcome was the rate of response over weeks one through 12 (defined as ≥ SBMs/week and an increase from baseline of ≥ one SBM per week for at least nine of 12 weeks and at least three out of the last four weeks). Results from these two studies revealed that naloxegol 25 mg provided a statistically significant improvement over placebo for the primary outcome (P=0.001 and P=0.02, respectively); however, naloxegol 12.5 mg showed statistical significance only in the first study (P=0.02 and P=0.2, respectively).[3,10]

Key Points within the Medication Class

- There is limited current clinical guidance that address lubiprostone or the μ-opioid antagonists' place in therapy for OIC:[5,11-14]
  - Most, existing guidelines were published prior to approval of these agents or are only briefly mentioned.[12-14]
  - Generally well-established bowel regimens are recommended for an initial case of OIC. This may include a scheduled dose of a stimulant laxative such, as bisacodyl or senna, with or without a stool-softener, such as docusate. Alternatively, daily administration of an osmatic laxative such as lactulose or polyethylene glycol may be used.[5,11,12]
  - All laxatives are potential options and there is no data to suggest that any one approach is superior to any other.
  - The limited guidance that exists regarding the newer agents suggest that they are effective treatment options, but should be reserved for refectory cases of OIC only.[5,11-14]

- Other Key Facts:
  - There are currently no generic products available.
  - Lubiprostone and naloxegol oxalate are available as oral dosage forms.

References

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2. Relistor® [package insert]. Raleigh (NC): Salix Pharmaceuticals, Inc.; 2014 Sep.
3. Movantik® [package insert]. Wilmington (DE): AstraZeneca Pharmaceuticals LP; 2015 Jan.
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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.

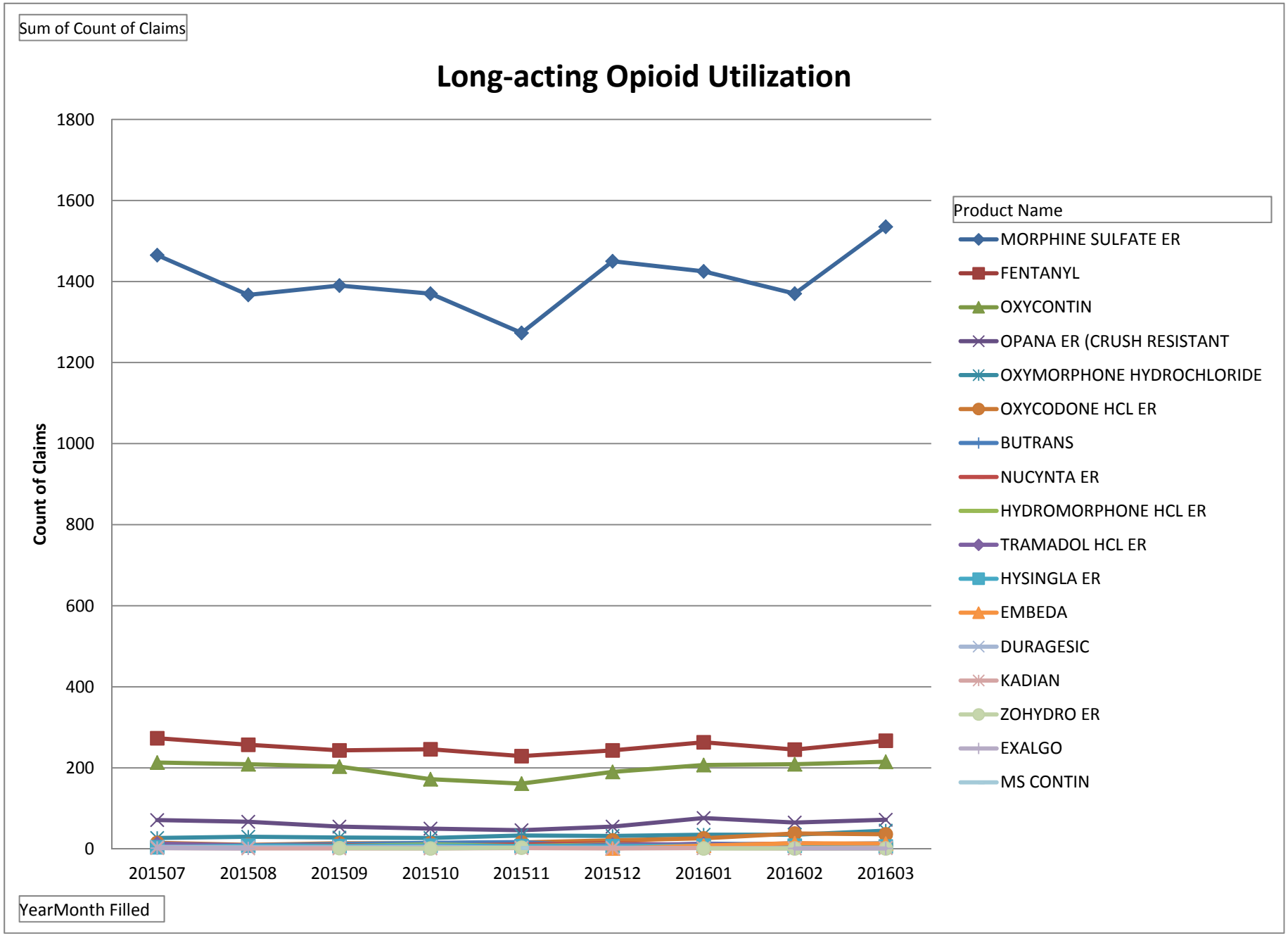
b. Please Note: The use of Long – Acting Narcotics for acute/short term treatment of pain not within the quantity limits will not be approved.

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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800
600
400
200
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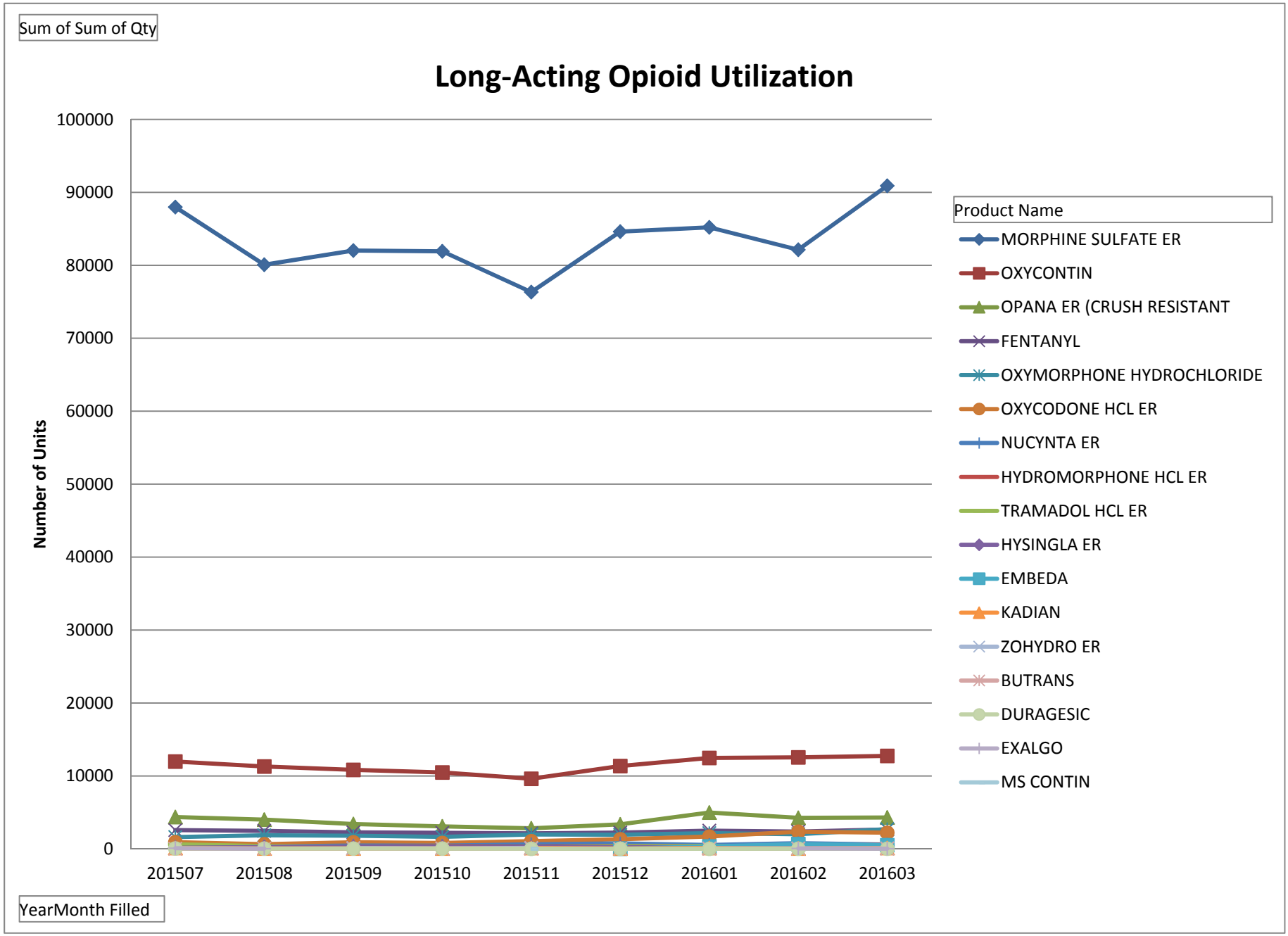
201508
201509
201510
201511
201512
201601
201602
201603
YearMonth Filled
Product Name
MORPHINE SULFATE ER
FENTANYL
OXYCONTIN
OPANA ER (CRUSH RESISTANT
OXYMORPHONE HYDROCHLORIDE
OXYCODONE HCL ER
BUTRANS
NUCYNTA ER
HYDROMORPHONE HCL ER
TRAMADOL HCL ER
HYSINGLA ER
EMBEDA
DURAGESIC
KADIAN
ZOHYDRO ER
EXALGO
MS CONTIN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201510
201511
201512
201601
201602
201603
YearMonth Filled
Product Name
MORPHINE SULFATE ER
OXYCONTIN
OPANA ER (CRUSH RESISTANT
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OXYMORPHONE HYDROCHLORIDE
OXYCODONE HCL ER
NUCYNTA ER
HYDROMORPHONE HCL ER
TRAMADOL HCL ER
HYSINGLA ER
EMBEDA
KADIAN
ZOHYDRO ER
BUTRANS
DURAGESIC
EXALGO
MS CONTIN

Long-Acting Opioids

July 2015 - March 2016

Row Labels	Claim Count	Member Count	Qty	Days Supply	Pharmacy Paid
MORPHINE SULFATE ER	**12645**	**11240**	**751208**	**334805**	**$635,482.18**
201507	1465	1277	87983	39081	$77,296.99
201508	1367	1225	80087	35544	$70,547.77
201509	1390	1239	82029	36690	$73,668.40
201510	1370	1222	81917	36409	$71,835.41
201511	1273	1151	76335	33796	$63,199.92
201512	1450	1242	84618	37831	$72,959.46
201601	1425	1290	85210	37571	$68,520.90
201602	1370	1262	82125	36960	$65,548.73
201603	1535	1332	90904	40923	$71,904.60
FENTANYL	**2266**	**2042**	**21429**	**59114**	**$140,580.62**
201507	273	244	2574	7157	$19,854.10
201508	257	238	2467	6919	$19,657.21
201509	243	216	2271	6324	$17,235.69
201510	246	216	2209	6017	$17,364.07
201511	229	207	2123	5829	$12,594.29
201512	243	205	2239	6123	$13,041.30
201601	263	245	2497	7007	$13,332.37
201602	245	228	2383	6461	$12,669.35
201603	267	243	2666	7277	$14,832.24
OXYCONTIN	**1779**	**1588**	**103340**	**45873**	**$649,264.11**
201507	213	187	11977	5270	$77,270.27
201508	209	178	11304	5108	$77,186.14
201509	203	174	10834	4847	$72,906.30
201510	172	158	10484	4654	$78,111.48
201511	161	156	9619	4359	$58,170.04
201512	190	167	11363	5076	$77,019.51
201601	207	193	12464	5512	$64,749.62
201602	209	189	12548	5450	$72,877.69
201603	215	186	12747	5597	$70,973.06
OPANA ER (CRUSH RESISTANT	**557**	**534**	**34594**	**16419**	**$229,057.92**
201507	71	68	4361	2105	$30,923.52
201508	67	63	4010	1960	$30,191.37
201509	55	52	3416	1633	$25,352.85
201510	50	49	3086	1483	$24,832.95
201511	46	46	2830	1355	$21,353.17
201512	55	53	3356	1633	$24,383.43
201601	76	74	4980	2280	$23,490.61
201602	65	63	4252	1901	$24,526.55
201603	72	66	4303	2069	$24,003.47
OXYMORPHONE HYDROCHLORIDE	**292**	**288**	**17730**	**8658**	**$73,603.80**
201507	27	27	1620	800	$7,350.49
201508	30	30	1870	890	$8,397.61
201509	28	28	1800	840	$8,746.25
201510	27	27	1650	810	$8,809.81
201511	33	33	1980	990	$7,986.61
201512	32	31	1950	960	$7,207.17
201601	35	34	2160	1048	$7,410.23
201602	35	34	2000	985	$7,342.04
201603	45	44	2700	1335	$10,353.59
OXYCODONE HCL ER	**190**	**173**	**11966**	**5096**	**$85,077.28**
201507	15	14	931	406	$4,950.31
201508	10	9	644	277	$3,340.46

Row Labels	Claim Count	Member Count	Qty	Days Supply	Pharmacy Paid
201509	14	12	914	382	$5,193.80
201510	14	13	818	334	$4,452.21
201511	16	15	1070	430	$8,420.00
201512	21	18	1320	570	$11,871.46
201601	26	25	1689	721	$12,602.00
201602	38	34	2366	1002	$16,665.87
201603	36	33	2214	974	$17,581.17
BUTRANS	**105**	**101**	**416**	**2879**	**$36,401.78**
201507	9	9	36	252	$3,154.53
201508	9	9	36	254	$3,241.49
201509	12	12	48	336	$4,362.97
201510	15	15	61	406	$7,419.94
201511	17	15	66	443	$6,335.25
201512	5	5	20	140	$1,700.79
201601	13	12	49	344	$3,339.38
201602	11	10	44	312	$3,328.70
201603	14	14	56	392	$3,518.73
NUCYNTA ER	**88**	**85**	**4829**	**2437**	**$38,869.12**
201507	6	5	285	165	$2,855.39
201508	7	7	328	178	$1,984.88
201509	9	8	468	258	$3,937.63
201510	8	8	450	240	$2,881.31
201511	11	11	630	288	$4,880.30
201512	14	13	750	367	$6,363.66
201601	9	9	540	270	$4,029.35
201602	14	14	778	371	$6,906.89
201603	10	10	600	300	$5,029.71
HYDROMORPHONE HCL ER	**84**	**80**	**3322**	**2437**	**$85,826.61**
201507	8	8	330	240	$8,479.24
201508	7	7	280	200	$7,265.87
201509	7	6	290	190	$8,647.67
201510	11	10	375	315	$11,376.44
201511	7	7	270	210	$8,841.83
201512	11	11	397	307	$9,969.44
201601	10	9	390	300	$10,553.76
201602	10	10	420	300	$8,188.06
201603	13	12	570	375	$12,504.30
TRAMADOL HCL ER	**78**	**77**	**2899**	**2305**	**$9,384.73**
201507	13	12	630	450	$2,139.10
201508	9	9	391	241	$1,367.30
201509	5	5	210	150	$617.97
201510	7	7	240	210	$804.11
201511	5	5	150	150	$401.11
201512	10	10	390	300	$1,480.95
201601	12	12	418	344	$1,597.46
201602	8	8	240	240	$514.30
201603	9	9	230	220	$462.43
HYSINGLA ER	**63**	**59**	**2118**	**1878**	**$16,461.75**
201507	4	4	150	120	$1,759.25
201508	8	5	258	228	$2,055.41
201509	7	7	270	210	$2,273.59
201510	8	8	270	240	$1,966.36
201511	7	6	210	210	$1,219.65
201512	7	7	240	210	$1,532.08
201601	8	8	270	240	$1,778.02

Row Labels	Claim Count	Member Count	Qty	Days Supply	Pharmacy Paid
201602	8	8	270	240	$2,272.78
201603	6	6	180	180	$1,604.61
EMBEDA	**36**	**35**	**1544**	**1004**	**$11,915.56**
201512	1	1	30	30	$256.28
201601	8	8	344	224	$2,168.31
201602	14	14	660	390	$4,553.75
201603	13	12	510	360	$4,937.22
DURAGESIC	**31**	**29**	**302**	**872**	**$23,905.34**
201507	5	5	55	150	$4,097.70
201508	4	4	40	120	$3,166.59
201509	4	4	40	120	$3,446.38
201510	5	5	41	121	$3,480.16
201511	3	3	21	61	$339.27
201512	3	2	30	90	$1,862.24
201601	2	2	20	60	$1,849.92
201602	2	2	25	60	$2,823.23
201603	3	2	30	90	$2,839.85
KADIAN	**13**	**13**	**780**	**390**	**$34,474.90**
201507	2	2	120	60	$4,004.29
201508	1	1	60	30	$3,340.77
201509	1	1	60	30	$3,340.77
201510	1	1	60	30	$3,671.04
201511	2	2	120	60	$4,302.97
201512	1	1	60	30	$3,604.56
201601	2	2	120	60	$4,302.97
201602	1	1	60	30	$3,604.56
201603	2	2	120	60	$4,302.97
ZOHYDRO ER	**9**	**9**	**501**	**254**	**$2,599.31**
201509	2	2	120	60	$799.76
201510	1	1	60	30	$419.08
201511	3	3	141	74	$958.23
201601	1	1	60	30	$3.60
201602	1	1	60	30	$3.60
201603	1	1	60	30	$415.04
EXALGO	**5**	**5**	**210**	**150**	**$6,995.71**
201507	2	2	90	60	$4,664.77
201508	1	1	30	30	$1,556.51
201602	1	1	60	30	$3.60
201603	1	1	30	30	$770.83
MS CONTIN	**2**	**1**	**8**	**2**	**$7.12**
201511	2	1	8	2	$7.12
Grand Total	**18243**	**16359**	**957196**	**484573**	**$2,079,907.84**

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:

The current policy for use of fentanyl transdermal patches or oxycodone/acetaminophen ER tablets is to be followed. For all other long-acting narcotics:

Requests that exceed the quantity limit must meet the following criteria:

A. The recipient has a diagnosis of terminal cancer;
OR
B. All of the following
   1. The recipient 18 years of age or older;
      AND
   2. The requested agent will be used for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment;
      AND
   3. There is documentation in the recipient's medical record that alternative agents (e.g. non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated or would be otherwise inadequate to provide sufficient management of pain.

2. Prior Authorization Guidelines:

Prior Authorization approval will be for a three months

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
- 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
- morphine sulfate/naltrexone ER (Embeda): 1/day

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]

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]

According to the FDA abuse and misuse of prescription opioid products has created a serious and growing public health problem. The FDA considers the development of abuse-deterrent products a priority. As outlined in their guidance for evaluation and labeling, “abuse-deterrent properties” are defined as those properties shown to meaningfully deter abuse, even if they do not fully prevent abuse. The FDA elected to use the term “abuse-deterrent” rather than “tamper-resistant” because the latter term refers to, or is used in connection with, packaging requirements applicable to certain classes of drugs, devices, and cosmetics. Abuse-deterrent technologies should target known or expected routes of abuse relevant to the proposed product. The FDA has provided several categories for abuse-deterrent formulations. Categories include physical/chemical barriers, agonist/antagonist combinations, aversion (adding a product that has an unpleasant effect if manipulated or is used at a higher than recommended dose), delivery systems, new molecular entities/prodrugs, a combination of these methods, or a novel approach (encompasses approaches or technologies not currently captured in previous categories).[24]

Hysingla ER® (hydrocodone ER) tablets are resistant to crushing, breaking and dissolution using different solvents, and the tablets still retain some extended-release properties after tampering. Attempts to

dissolve the tablets result in the formation of a viscous gel, which may cause difficulty passing through a hypodermic needle.[1] In addition, the tablets appear to be associated with less "drug liking" based upon results reported from two unpublished clinical abuse potential studies conducted in a small number of non-dependent recreational opioid users.[25] The abuse deterrent properties of Hysingla ER® (hydrocodone extended-release) is a potential strength of the formulation, as well as once daily dosing and demonstrated efficacy in the treatment of chronic pain. Potential weaknesses of Hysingla ER® (hydrocodone extended-release) include the high cost relative to generic long-acting opioid formulations, the high degree of subjects' willingness to take milled Hysingla ER® (hydrocodone extended-release) tablets again via oral ingestion in a clinical abuse potential study and the drug interaction that exists between Hysingla ER® (hydrocodone extended-release) and "strong laxatives" which many patients on chronic opioid treatment require.

The current formulation of OxyContin® (oxycodone ER) utilizes the RESISTEC® technology that employs a combination of polymer and processing that gives tablet hardness, imparts viscosity when dissolved in aqueous solutions and resists increased drug release rate when mixed with alcoholic beverages.[10] Results from trials support that, the reformulated oxycodone ER is able to resist crushing, breaking, extraction and dissolution in small volumes using a variety of tools and solvents.[26-28] When subjected to small volumes of an aqueous environment, oxycodone ER gradually forms a viscous hydrogel (i.e., a gelatinous mass) that resists passage through a needle.[26] In addition, a crushed formulation of oxycodone ER was rated lower than the crushed formulation of the original OxyContin® (oxycodone ER) and oxycodone powder when administered intranasally. There were also more reports of intranasal irritation with the reformulated oxycodone ER.[27,28]

Originally approved by the FDA in 2009, Embeda® (morphine sulfate/naltrexone hydrochloride) was voluntarily recalled from the market in March 2011 due to stability issues with the manufacturing process.[29] Subsequently, in November 2013, the FDA approved a manufacturing supplement for the product after the stability concerns were addressed through the manufacturing process. The abuse deterrent formulation of Embeda® (morphine sulfate/naltrexone hydrochloride) was granted FDA approval in October 2014, making it the third extended-release opioid analgesic to obtain this designation and the first among the morphine extended-release products.[30] Embeda® (morphine sulfate/naltrexone hydrochloride) capsules contain pellets consisting of morphine sulfate with a sequestered core of naltrexone hydrochloride at a ratio of 100:4.[3] If morphine sulfate/ naltrexone hydrochloride is crushed, chewed, or dissolved up to 100% of the sequestered naltrexone is released, reversing the effects of morphine, potentially precipitating withdrawal in opioid tolerant individuals, and increasing the risk of overdose and death.[30]

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	The management of pain severe enough to	Capsule, extended	-

Generic (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
(Hysingla ER®, Zohydro ER®)	require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.	release (Zohydro ER®): 10 mg 15 mg 20 mg 30 mg 40 mg 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	a

Generic (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
		release: 10 mg 20 mg 30 mg 40 mg 50 mg 80 mg 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®)	Pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.‡	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	-

Generic (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
		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:
  - The current clinical guidelines regarding the use of opioids recognize their established efficacy in the treatment of moderate to severe pain. None of the available agents are distinguished from the others in the class, and recommendations for treatment are made for the class as a whole.
  - 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:
- There are currently four abuse deterrent formulations of extended-release, long acting opioids approved by the FDA. These include oxycodone ER (OxyContin®), morphine sulfate/naltrexone (Embeda) and two hydrocodone ER products (Zohydro ER® and Hysingla ER®).
- 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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UOM	MG
Final Plan Code	(Multiple Items)

Cumulative Acetaminophen Utilization

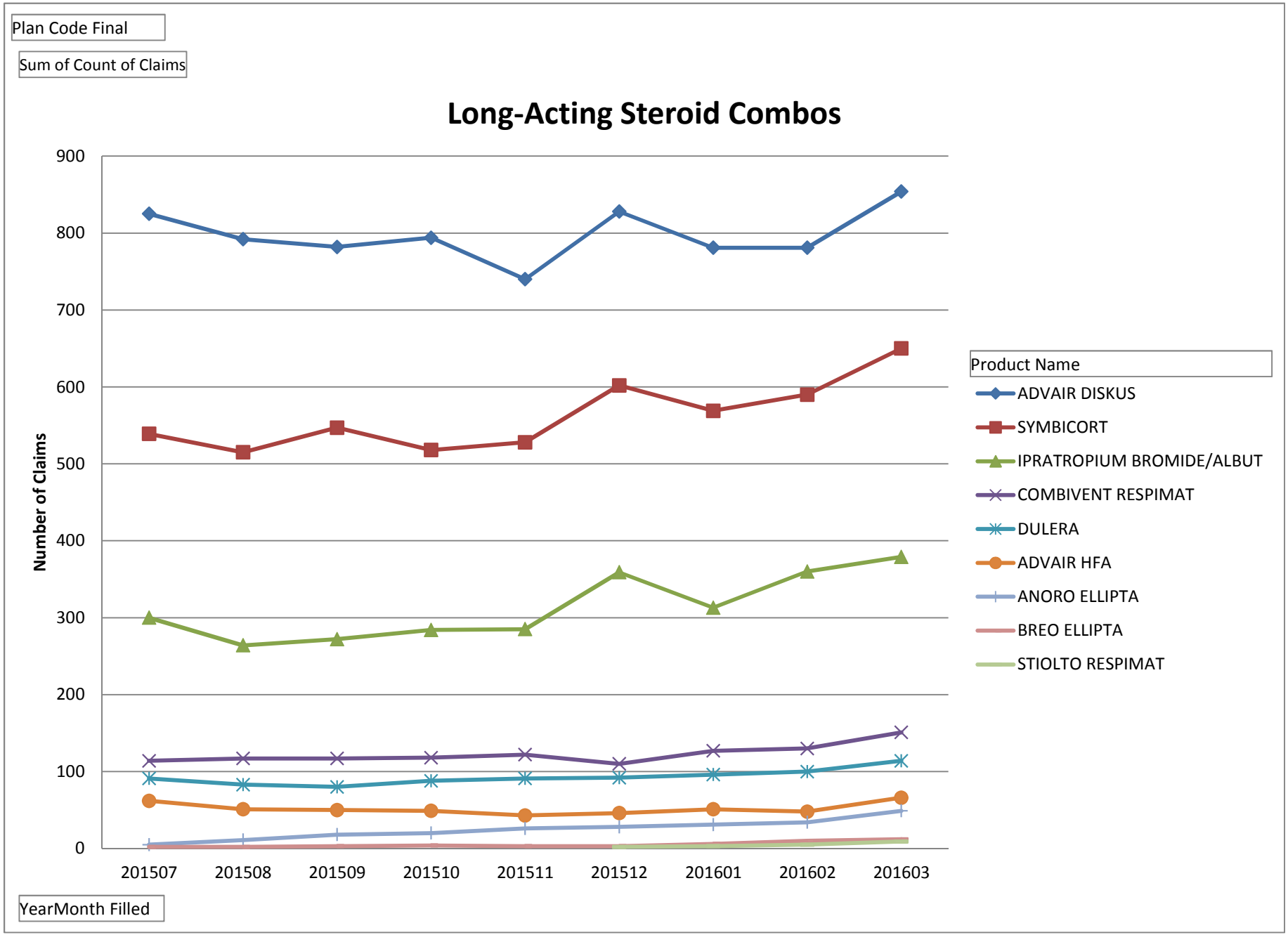
Row Labels	Count of Claims	Sum of DS	Total Qty	Total APAP	Daily APAP Amt
714	**8**	**240**	**960**	**312,000**	**3,467**
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	**5**	**150**	**600**	**195,000**	**2,167**
201601	2	60	240	78,000	867
201602	1	30	120	39,000	433
201603	2	60	240	78,000	867
OXYCODONE/ACETAMINOPHEN	**3**	**90**	**360**	**117,000**	**1,300**
201601	1	30	120	39,000	433
201602	1	30	120	39,000	433
201603	1	30	120	39,000	433
12017	**4**	**120**	**960**	**312,000**	**3,467**
HYDROCODONE/ACETAMINOPHEN	**4**	**120**	**960**	**312,000**	**3,467**
201601	1	30	240	78,000	867
201602	1	30	240	78,000	867
201603	2	60	480	156,000	1,733
10905	**4**	**120**	**960**	**312,000**	**3,467**
HYDROCODONE/ACETAMINOPHEN	**4**	**120**	**960**	**312,000**	**3,467**
201601	1	30	240	78,000	867
201602	1	30	240	78,000	867
201603	2	60	480	156,000	1,733
360	**8**	**144**	**944**	**306,800**	**3,409**
HYDROCODONE/ACETAMINOPHEN	**4**	**96**	**800**	**260,000**	**2,889**
201601	2	50	400	130,000	1,444
201602	1	23	200	65,000	722
201603	1	23	200	65,000	722
OXYCODONE/ACETAMINOPHEN	**4**	**48**	**144**	**46,800**	**520**
201601	2	24	72	23,400	260
201602	1	12	36	11,700	130
201603	1	12	36	11,700	130

Row Labels	Count of Claims	Sum of DS	Total Qty	Total APAP	Daily APAP Amt
10237	**4**	**117**	**930**	**302,250**	**3,358**
HYDROCODONE/ACETAMINOPHEN	**4**	**117**	**930**	**302,250**	**3,358**
201601	1	30	240	78,000	867
201602	2	60	480	156,000	1,733
201603	1	27	210	68,250	758
14842	**6**	**166**	**920**	**299,000**	**3,322**
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	**2**	**46**	**200**	**65,000**	**722**
201601	1	30	100	32,500	361
201603	1	16	100	32,500	361
OXYCODONE/ACETAMINOPHEN	**4**	**120**	**720**	**234,000**	**2,600**
201601	1	30	180	58,500	650
201602	1	30	180	58,500	650
201603	2	60	360	117,000	1,300
15839	**6**	**180**	**900**	**292,500**	**3,250**
ENDOCET	**1**	**30**	**180**	**58,500**	**650**
201602	1	30	180	58,500	650
HYDROCODONE/ACETAMINOPHEN	**3**	**90**	**360**	**117,000**	**1,300**
201601	1	30	120	39,000	433
201602	1	30	120	39,000	433
201603	1	30	120	39,000	433
OXYCODONE/ACETAMINOPHEN	**2**	**60**	**360**	**117,000**	**1,300**
201601	1	30	180	58,500	650
201603	1	30	180	58,500	650
16306	**6**	**170**	**900**	**292,500**	**3,250**
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	**3**	**80**	**360**	**117,000**	**1,300**
201601	1	20	120	39,000	433
201602	1	30	120	39,000	433
201603	1	30	120	39,000	433
HYDROCODONE/ACETAMINOPHEN	**3**	**90**	**540**	**175,500**	**1,950**
201601	1	30	180	58,500	650
201602	1	30	180	58,500	650
201603	1	30	180	58,500	650

Row Labels	Count of Claims	Sum of DS	Total Qty	Total APAP	Daily APAP Amt
18141	**5**	**100**	**900**	**292,500**	**3,250**
OXYCODONE/ACETAMINOPHEN	**5**	**100**	**900**	**292,500**	**3,250**
201601	2	40	360	117,000	1,300
201602	1	20	180	58,500	650
201603	2	40	360	117,000	1,300
39	**6**	**170**	**900**	**289,500**	**3,217**
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE	**3**	**90**	**360**	**114,000**	**1,267**
201601	1	30	120	39,000	433
201602	1	30	120	39,000	433
201603	1	30	120	36,000	400
HYDROCODONE/ACETAMINOPHEN	**3**	**80**	**540**	**175,500**	**1,950**
201601	1	20	180	58,500	650
201602	1	30	180	58,500	650
201603	1	30	180	58,500	650
12898	**3**	**98**	**870**	**282,750**	**3,142**
HYDROCODONE/ACETAMINOPHEN	**3**	**98**	**870**	**282,750**	**3,142**
201601	1	34	300	97,500	1,083
201602	1	34	300	97,500	1,083
201603	1	30	270	87,750	975
18079	**16**	**154**	**895**	**280,375**	**3,115**
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	**7**	**70**	**420**	**126,000**	**1,400**
201601	2	20	120	36,000	400
201602	3	30	180	54,000	600
201603	2	20	120	36,000	400
OXYCODONE/ACETAMINOPHEN	**9**	**84**	**475**	**154,375**	**1,715**
201601	4	28	210	68,250	758
201602	2	17	70	22,750	253
201603	3	39	195	63,375	704

Row Labels	Count of Claims	Sum of DS	Total Qty	Total APAP	Daily APAP Amt
4751	**8**	**215**	**860**	**279,500**	**3,106**
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	**5**	**125**	**500**	**162,500**	**1,806**
201601	1	25	100	32,500	361
201602	2	50	200	65,000	722
201603	2	50	200	65,000	722
HYDROCODONE/ACETAMINOPHEN	**3**	**90**	**360**	**117,000**	**1,300**
201601	1	30	120	39,000	433
201602	1	30	120	39,000	433
201603	1	30	120	39,000	433
16464	**7**	**210**	**840**	**273,000**	**3,033**
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	**4**	**120**	**480**	**156,000**	**1,733**
201601	1	30	120	39,000	433
201602	1	30	120	39,000	433
201603	2	60	240	78,000	867
OXYCODONE/ACETAMINOPHEN	**3**	**90**	**360**	**117,000**	**1,300**
201601	1	30	120	39,000	433
201602	1	30	120	39,000	433
201603	1	30	120	39,000	433
12659	**4**	**104**	**840**	**273,000**	**3,033**
HYDROCODONE/ACETAMINOPHEN	**4**	**104**	**840**	**273,000**	**3,033**
201601	1	30	240	78,000	867
201602	2	44	360	117,000	1,300
201603	1	30	240	78,000	867
3897	**3**	**94**	**840**	**273,000**	**3,033**
HYDROCODONE/ACETAMINOPHEN	**3**	**94**	**840**	**273,000**	**3,033**
201601	1	34	300	97,500	1,083
201602	1	30	270	87,750	975
201603	1	30	270	87,750	975
3824	**7**	**106**	**840**	**273,000**	**3,033**
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	**7**	**106**	**840**	**273,000**	**3,033**
201601	2	34	240	78,000	867
201602	3	42	360	117,000	1,300
201603	2	30	240	78,000	867

Row Labels	Count of Claims	Sum of DS	Total Qty	Total APAP	Daily APAP Amt
3576	**4**	**105**	**840**	**273,000**	**3,033**
HYDROCODONE/ACETAMINOPHEN	**4**	**105**	**840**	**273,000**	**3,033**
201601	2	45	360	117,000	1,300
201603	2	60	480	156,000	1,733
11625	**10**	**140**	**840**	**264,000**	**2,933**
ACETAMINOPHEN/CODEINE	**6**	**60**	**360**	**108,000**	**1,200**
201601	2	20	120	36,000	400
201602	2	20	120	36,000	400
201603	2	20	120	36,000	400
HYDROCODONE/ACETAMINOPHEN	**4**	**80**	**480**	**156,000**	**1,733**
201601	1	20	120	39,000	433
201602	2	40	240	78,000	867
201603	1	20	120	39,000	433
3900	**3**	**90**	**810**	**263,250**	**2,925**
HYDROCODONE/ACETAMINOPHEN	**3**	**90**	**810**	**263,250**	**2,925**
201601	1	30	270	87,750	975
201602	1	30	270	87,750	975
201603	1	30	270	87,750	975
18525	**3**	**90**	**810**	**263,250**	**2,925**
OXYCODONE/ACETAMINOPHEN	**3**	**90**	**810**	**263,250**	**2,925**
201601	1	30	270	87,750	975
201602	1	30	270	87,750	975
201603	1	30	270	87,750	975
16550	**3**	**90**	**810**	**263,250**	**2,925**
HYDROCODONE/ACETAMINOPHEN	**3**	**90**	**810**	**263,250**	**2,925**
201601	1	30	270	87,750	975
201602	1	30	270	87,750	975
201603	1	30	270	87,750	975


Plan Code Final
Sum of Count of Claims
Long-Acting Steroid Combos
900
800
700
600
500
400
300
200
100
0
Number of Claims
201507
201508
201509
201510
201511
201512
201601
201602
201603
YearMonth Filled
Product Name
ADVAIR DISKUS
SYMBICORT
IPRATROPIUM BROMIDE/ALBUT
COMBIVENT RESPIMAT
DULERA
ADVAIR HFA
ANORO ELLIPTA
BREO ELLIPTA
STIOLTO RESPIMAT

Count Members on Fast-Acting Insulin Products without Long-

July 2015 - March 2017

Row Labels	Count of Member ID	Count of RxClaim Nbr
APIDRA INJ SOLOSTAR	23	23
APIDRA INJ U-100	45	45
HUMALOG INJ 100/ML	203	203
HUMALOG KWIK INJ 100/ML	116	116
HUMULIN R INJ U-100	37	37
HUMULIN R INJ U-500	63	63
NOVOLIN R INJ RELION	5	5
NOVOLIN R INJ U-100	13	13
NOVOLOG INJ 100/ML	196	196
NOVOLOG INJ FLEXPEN	112	112
Grand Total	**813**	**813**

Total Fast-Acting Insulin Utilization

Row Labels	Count of Member ID	Count of RxClaim Nbr
AFREZZA POW 4& 8UNIT	5	5
AFREZZA POW 8&12UNIT	1	1
APIDRA INJ SOLOSTAR	233	233
APIDRA INJ U-100	117	117
HUMALOG INJ 100/ML	1059	1059
HUMALOG KWIK INJ 100/ML	1919	1919
HUMALOG KWIK INJ 200/ML	9	9
HUMULIN R INJ U-100	287	287
HUMULIN R INJ U-500	65	65
NOVOLIN R INJ RELION	52	52
NOVOLIN R INJ U-100	131	131
NOVOLOG INJ 100/ML	743	743
NOVOLOG INJ FLEXPEN	1733	1733
NOVOLOG INJ PENFILL	40	40
Grand Total	**6394**	**6394**

Total Long-Acting Insulin Utilization

Row Labels	Count of Member ID	Count of RxClaim Nbr
HUMULIN N INJ U-100	178	178
HUMULIN N INJ U-100KWP	36	36
LANTUS INJ 100/ML	2237	2237
LANTUS INJ SOLOSTAR	4957	4957
LEVEMIR INJ	415	415
LEVEMIR INJ FLEXPEN	8	8
LEVEMIR INJ FLEXTOUC	1567	1567
NOVOLIN N INJ RELION	67	67
NOVOLIN N INJ U-100	114	114
TOUJEO SOLO INJ 300IU/ML	58	58
Grand Total	**9637**	**9637**

Narcotic Cough Suppresant Utilization

July 2015 - March 2016

Row Labels	Claim Count	Member Count	Total Qty	Total Days	Total Paid	Sum of Avg Qty/Rx (ML)
NVMBASCH	**12**	**11**	**1308**	**102**	**$156.25**	**109**
HYDROCODONE POLISTIREX/CH	**1**	**1**	**50**	**10**	**$32.66**	**50**
201512	1	1	50	10	$32.66	50
PROMETHAZINE/CODEINE	**11**	**10**	**1258**	**92**	**$123.59**	**114**
201508	1	1	120	6	$7.00	120
201511	2	2	240	31	$23.54	120
201512	2	2	240	12	$23.52	120
201601	1	1	120	6	$12.15	120
201602	5	4	538	37	$57.38	108
NVMBASIC	**3044**	**2741**	**336557.09**	**21846**	**$52,124.36**	**111**
HYDROCODONE POLISTIREX/CH	**461**	**440**	**47365**	**5201**	**$25,800.59**	**103**
201507	19	18	2850	287	$1,505.88	150
201508	15	15	2005	223	$1,065.42	134
201509	45	42	4480	516	$2,432.17	100
201510	41	37	3580	403	$1,966.64	87
201511	67	67	7183	750	$3,884.15	107
201512	70	66	6900	735	$3,791.82	99
201601	61	58	5767	652	$3,178.78	95
201602	63	61	6535	711	$3,530.19	104
201603	80	76	8065	924	$4,445.54	101
PROMETHAZINE/CODEINE	**2583**	**2301**	**289192.09**	**16645**	**$26,323.77**	**112**
201507	140	126	16197	879	$968.81	116
201508	160	143	18266	1033	$1,102.42	114
201509	206	183	23402	1449	$1,417.49	114
201510	228	199	25705	1457	$1,564.53	113
201511	274	245	30466	1932	$3,101.75	111
201512	371	338	41354	2415	$4,285.83	111
201601	415	364	46294.09	2709	$4,821.24	112
201602	388	350	43124	2353	$4,441.95	111
201603	401	353	44384	2418	$4,619.75	111
NVMBASICCU	**47**	**47**	**5263**	**503**	**$616.36**	**112**
HYDROCODONE POLISTIREX/CH	**4**	**4**	**245**	**46**	**$146.85**	**61**
201512	3	3	130	23	$85.73	43
201601	1	1	115	23	$61.12	115
PROMETHAZINE/CODEINE	**43**	**43**	**5018**	**457**	**$469.51**	**117**
201508	1	1	118	23	$6.97	118
201509	3	3	360	48	$21.00	120
201510	3	3	360	23	$21.00	120
201511	7	7	840	66	$81.44	120
201512	5	5	600	54	$58.80	120
201601	5	5	600	50	$60.21	120
201602	9	9	1000	77	$104.13	111
201603	10	10	1140	116	$115.96	114
NVMBASICP	**37**	**32**	**3815**	**208**	**$610.27**	**103**
HYDROCODONE POLISTIREX/CH	**7**	**6**	**595**	**60**	**$333.64**	**85**

Row Labels	Claim Count	Member Count	Total Qty	Total Days	Total Paid	Sum of Avg Qty/Rx (ML)
201508	1	1	70	7	$39.61	70
201509	1	1	70	7	$39.19	70
201510	2	1	190	19	$102.96	95
201512	1	1	50	5	$32.66	50
201602	1	1	100	10	$56.16	100
201603	1	1	115	12	$63.06	115
PROMETHAZINE/CODEINE	**30**	**26**	**3220**	**148**	**$276.63**	**107**
201508	3	2	300	5	$19.88	100
201509	4	4	480	20	$28.00	120
201510	7	6	710	33	$46.58	101
201511	7	5	710	27	$76.96	101
201512	2	2	240	8	$23.52	120
201601	2	2	240	28	$24.03	120
201602	1	1	60	3	$9.50	60
201603	4	4	480	24	$48.16	120
NVMLTC	**11**	**10**	**1143**	**51**	**$113.56**	**104**
PROMETHAZINE/CODEINE	**11**	**10**	**1143**	**51**	**$113.56**	**104**
201507	1	1	120	4	$7.00	120
201509	1	1	118	7	$6.97	118
201510	1	1	60	2	$5.88	60
201601	2	2	240	11	$24.03	120
201602	5	4	505	22	$57.64	101
201603	1	1	100	5	$12.04	100
NVMNVPAD	**10**	**10**	**66**	**10**	**$15.55**	**7**
PROMETHAZINE/CODEINE	**7**	**7**	**36**	**7**	**$0.61**	**5**
201508	1	1	15	1	$0.28	15
201511	1	1	2	1	$0.04	2
201512	1	1	5	1	$0.07	5
201601	2	2	7	2	$0.11	4
201603	2	2	7	2	$0.11	4
TUSSIONEX PENNKINETIC EXT	**3**	**3**	**30**	**3**	**$14.94**	**10**
201512	3	3	30	3	$14.94	10
Grand Total	**3161**	**2851**	**348152.09**	**22720**	**$53,636.35**	**110**

Top 10 Drug Group by Paid Amt

Q3 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	28,794	$ 8,900,088.03
12	ANTIVIRALS*	4,346	$ 8,800,947.60
85	HEMATOLOGICAL AGENTS - MISC.*	3,811	$ 8,734,947.65
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	39,174	$ 4,231,370.00
27	ANTIDIABETICS*	26,457	$ 4,207,586.02
21	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	4,172	$ 3,568,985.51
72	ANTICONVULSANTS*	42,714	$ 3,190,456.14
65	ANALGESICS - OPIOID*	65,403	$ 2,388,152.92
61	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREX	10,196	$ 2,140,008.90
30	ENDOCRINE AND METABOLIC AGENTS - MISC.*	3,858	$ 2,101,489.47

Q4 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	28,529	$ 8,459,355.17
12	ANTIVIRALS*	4,350	$ 6,786,933.47
85	HEMATOLOGICAL AGENTS - MISC.*	3,468	$ 6,040,891.59
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	41,016	$ 4,252,191.38
27	ANTIDIABETICS*	25,693	$ 4,119,924.90
21	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	3,839	$ 3,318,535.62
72	ANTICONVULSANTS*	42,061	$ 3,032,148.17
30	ENDOCRINE AND METABOLIC AGENTS - MISC.*	6,736	$ 2,312,280.28
65	ANALGESICS - OPIOID*	61,918	$ 2,264,637.31
61	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREX	10,364	$ 1,992,241.63

Q1 2016

Class	Drug Class Name	Count of Claims	Pharmacy Paid
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	30,674	$ 8,547,529.77
12	ANTIVIRALS*	5,953	$ 7,908,302.65
85	HEMATOLOGICAL AGENTS - MISC.*	3,884	$ 6,076,059.01
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	47,005	$ 4,644,538.82
27	ANTIDIABETICS*	29,459	$ 4,390,716.80
21	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	3,926	$ 3,420,878.79
72	ANTICONVULSANTS*	45,563	$ 3,352,827.10
65	ANALGESICS - OPIOID*	65,228	$ 2,318,478.19
30	ENDOCRINE AND METABOLIC AGENTS - MISC.*	4,070	$ 2,245,267.23
61	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREX	10,669	$ 2,231,944.62

Top 10 Drug Group by Claim Count

Q3 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
65	ANALGESICS - OPIOID*	65,403	$ 2,388,152.92
72	ANTICONVULSANTS*	42,714	$ 3,190,456.14
58	ANTIDEPRESSANTS*	41,759	$ 1,028,142.69
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	39,174	$ 4,231,370.00
36	ANTIHYPERTENSIVES*	34,263	$ 318,860.71
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	28,794	$ 8,900,088.03
39	ANTIHYPERLIPIDEMICS*	26,636	$ 901,812.28
27	ANTIDIABETICS*	26,457	$ 4,207,586.02
57	ANTIANXIETY AGENTS*	26,200	$ 222,066.95
49	ULCER DRUGS*	24,029	$ 1,195,780.57

Q4 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
65	ANALGESICS - OPIOID*	61,918	$ 2,264,637.31
72	ANTICONVULSANTS*	42,061	$ 3,032,148.17
58	ANTIDEPRESSANTS*	41,113	$ 1,028,273.96
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	41,016	$ 4,252,191.38
36	ANTIHYPERTENSIVES*	33,205	$ 346,303.03
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	28,529	$ 8,459,355.17
39	ANTIHYPERLIPIDEMICS*	26,047	$ 893,740.49
27	ANTIDIABETICS*	25,693	$ 4,119,924.90
57	ANTIANXIETY AGENTS*	24,862	$ 256,278.70
66	ANALGESICS - ANTI-INFLAMMATORY*	23,819	$ 1,343,991.15

Q1 2016

Class	Drug Class Name	Count of Claims	Pharmacy Paid
65	ANALGESICS - OPIOID*	65,228	$ 2,318,478.19
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	47,005	$ 4,644,538.82
72	ANTICONVULSANTS*	45,563	$ 3,352,827.10
58	ANTIDEPRESSANTS*	44,597	$ 811,842.98
36	ANTIHYPERTENSIVES*	36,373	$ 395,972.40
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	30,674	$ 8,547,529.77
27	ANTIDIABETICS*	29,459	$ 4,390,716.80
39	ANTIHYPERLIPIDEMICS*	28,268	$ 920,798.52
57	ANTIANXIETY AGENTS*	26,426	$ 292,794.40
49	ULCER DRUGS*	25,554	$ 1,228,607.26

Top 10 Drug Classes by Paid Amt

Q3 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
8510	ANTIHEMOPHILIC PRODUCTS**	241	$ 8,176,528.61
1235	HEPATITIS AGENTS**	363	$ 5,772,116.21
5925	QUINOLINONE DERIVATIVES**	4,095	$ 4,080,033.37
2710	INSULIN**	8,330	$ 3,000,957.37
1210	ANTIRETROVIRALS**	2,421	$ 2,878,970.22
4420	SYMPATHOMIMETICS**	25,861	$ 2,482,488.96
7260	ANTICONVULSANTS - MISC.**	30,575	$ 2,160,742.77
5907	BENZISOXAZOLES**	6,897	$ 1,957,819.19
6240	MULTIPLE SCLEROSIS AGENTS**	302	$ 1,440,349.10
5915	DIBENZAPINES**	11,012	$ 1,370,413.51

Q4 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
8510	ANTIHEMOPHILIC PRODUCTS**	97	$ 5,443,221.59
5925	QUINOLINONE DERIVATIVES**	4,102	$ 3,932,817.79
1235	HEPATITIS AGENTS**	253	$ 3,826,362.18
2710	INSULIN**	7,946	$ 2,896,856.96
1210	ANTIRETROVIRALS**	2,445	$ 2,810,481.30
4420	SYMPATHOMIMETICS**	27,801	$ 2,544,387.58
7260	ANTICONVULSANTS - MISC.**	30,082	$ 2,010,100.97
5907	BENZISOXAZOLES**	6,776	$ 1,780,266.62
5940	ANTIPSYCHOTICS - MISC.**	2,988	$ 1,348,488.13
6240	MULTIPLE SCLEROSIS AGENTS**	280	$ 1,314,127.63

Q1 2016

Class	Drug Class Name	Count of Claims	Pharmacy Paid
8510	ANTIHEMOPHILIC PRODUCTS**	74	$ 5,475,106.43
1235	HEPATITIS AGENTS**	322	$ 4,572,228.22
5925	QUINOLINONE DERIVATIVES**	4,528	$ 3,961,801.73
2710	INSULIN**	9,395	$ 3,055,847.55
1210	ANTIRETROVIRALS**	2,863	$ 3,052,764.94
4420	SYMPATHOMIMETICS**	32,133	$ 2,895,178.76
7260	ANTICONVULSANTS - MISC.**	32,718	$ 2,272,715.37
5907	BENZISOXAZOLES**	7,418	$ 1,834,626.45
6240	MULTIPLE SCLEROSIS AGENTS**	321	$ 1,564,217.26
1950	MONOCLONAL ANTIBODIES**	542	$ 1,418,671.43

Top 10 Drug Classes by Claim Count

Q3 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
6599	OPIOID COMBINATIONS**	38,271	$ 1,074,337.49
7260	ANTICONVULSANTS - MISC.**	30,575	$ 2,160,742.77
6510	OPIOID AGONISTS**	26,472	$ 1,179,522.93
4420	SYMPATHOMIMETICS**	25,861	$ 2,482,488.96
6610	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*	23,528	$ 337,356.44
3940	HMG COA REDUCTASE INHIBITORS**	21,366	$ 419,089.76
5816	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**	21,066	$ 196,304.03
5710	BENZODIAZEPINES**	20,315	$ 145,641.08
7510	CENTRAL MUSCLE RELAXANTS**	15,829	$ 254,793.68
3610	ACE INHIBITORS**	15,359	$ 104,651.21

Q4 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
6599	OPIOID COMBINATIONS**	35,803	$ 996,454.99
7260	ANTICONVULSANTS - MISC.**	30,082	$ 2,010,100.97
4420	SYMPATHOMIMETICS**	27,801	$ 2,544,387.58
6510	OPIOID AGONISTS**	25,457	$ 1,131,255.26
6610	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*	23,390	$ 298,980.25
3940	HMG COA REDUCTASE INHIBITORS**	21,017	$ 421,916.07
5816	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**	20,779	$ 222,712.81
5710	BENZODIAZEPINES**	18,941	$ 174,588.21
7510	CENTRAL MUSCLE RELAXANTS**	15,606	$ 268,767.99
3610	ACE INHIBITORS**	14,965	$ 121,863.94

Q1 2016

Class	Drug Class Name	Count of Claims	Pharmacy Paid
6599	OPIOID COMBINATIONS**	37,390	$ 985,741.99
7260	ANTICONVULSANTS - MISC.**	32,718	$ 2,272,715.37
4420	SYMPATHOMIMETICS**	32,133	$ 2,895,178.76
6510	OPIOID AGONISTS**	27,049	$ 1,186,411.51
6610	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*	24,954	$ 309,221.51
3940	HMG COA REDUCTASE INHIBITORS**	23,051	$ 463,760.83
5816	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**	21,955	$ 249,389.83
5710	BENZODIAZEPINES**	19,959	$ 200,155.97
7510	CENTRAL MUSCLE RELAXANTS**	16,521	$ 281,338.19
3610	ACE INHIBITORS**	16,246	$ 139,454.49

Top 50 Drugs by Amount - Q3 2015

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
8510001025	ANTIHEMOPHILIC FACTOR RAHF-PFM	32	$ 4,500,766.56	66,275	17
5925001500	ARIPIPRAZOLE	4074	$ 4,065,162.21	14	13
1235990240	LEDIPASVIR-SOFOSBUVIR	196	$ 3,936,641.69	11	11
1235308000	SOFOSBUVIR	70	$ 1,742,493.20	8	8
5940002310	LURASIDONE HCL	1349	$ 1,208,712.58	17	15
2710400300	INSULIN GLARGINE	3301	$ 1,155,788.60	12	26
5907005010	PALIPERIDONE PALMITATE	622	$ 1,093,000.55	1	22
8510001510	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	132	$ 1,073,565.87	5,447	4
8510001000	ANTIHEMOPHILIC FACTOR (HUMAN)	11	$ 961,138.69	69,641	15
5915307010	QUETIAPINE FUMARATE	7244	$ 956,134.02	30	20
4927002510	ESOMEPRAZOLE MAGNESIUM	4118	$ 931,952.33	21	21
4420990270	FLUTICASONE-SALMETEROL	3187	$ 888,690.90	43	23
8510001020	ANTIHEMOPHILIC FACTOR (RECOMBINANT)	10	$ 835,530.66	47,400	25
9410003000	GLUCOSE BLOOD	6640	$ 831,699.34	70	21
4420101010	ALBUTEROL SULFATE	17402	$ 806,465.31	36	16
7260005700	PREGABALIN	2383	$ 667,108.86	50	21
4410008010	TIOTROPIUM BROMIDE MONOHYDRATE	2492	$ 598,453.14	24	25
1210990230	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	453	$ 583,864.89	22	22
2710400500	INSULIN LISPRO (HUMAN)	1335	$ 557,961.92	12	21
6510007510	OXYCODONE HCL	8539	$ 548,453.85	74	18
6135303010	GUANFACINE HCL (ADHD)	1780	$ 545,099.62	19	16
8240157000	PEGFILGRASTIM	103	$ 521,955.09	1	2
6599000220	OXYCODONE W/ ACETAMINOPHEN	11472	$ 520,781.87	51	13
6599170210	HYDROCODONE-ACETAMINOPHEN	24407	$ 504,974.20	57	14
2710400200	INSULIN ASPART	1349	$ 493,954.22	11	21
6629003000	ETANERCEPT	150	$ 484,731.75	2	14
6240552500	DIMETHYL FUMARATE	84	$ 479,587.68	17	8
3030001000	CORTICOTROPIN	12	$ 451,347.96	2	3
4420990241	BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE	2329	$ 449,335.24	8	24
3010002000	SOMATROPIN	150	$ 439,778.40	2	11
5907005000	PALIPERIDONE	405	$ 438,354.02	23	18
4530402000	DORNASE ALFA	137	$ 415,805.84	43	14
6627001500	ADALIMUMAB	112	$ 410,830.25	1	13
5818002510	DULOXETINE HCL	1956	$ 401,291.32	22	17
2710400600	INSULIN DETEMIR	1111	$ 392,413.51	11	23
1210990430	ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR	165	$ 384,281.83	18	18
1210990330	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	171	$ 371,435.56	19	19
6140002010	METHYLPHENIDATE HCL	2317	$ 370,282.24	34	18
6110002510	LISDEXAMFETAMINE DIMESYLATE	1645	$ 367,350.00	23	22
8510002000	ANTIINHIBITOR COAGULANT COMPLEX	35	$ 367,011.12	4,849	1
9085006000	LIDOCAINE	962	$ 352,706.16	42	14
0700007000	TOBRAMYCIN	75	$ 350,522.69	107	11
2153253000	EVEROLIMUS	28	$ 331,733.45	13	12
7260003600	LACOSAMIDE	662	$ 325,786.89	58	15
8580005000	ECULIZUMAB	16	$ 317,894.22	77	1
7210000700	CLOBAZAM	286	$ 312,987.89	54	13
6110990210	AMPHETAMINE-DEXTROAMPHETAMINE	2686	$ 310,550.77	29	20
2135307000	TRASTUZUMAB	82	$ 297,743.77	1	1
7250001010	DIVALPROEX SODIUM	4481	$ 290,610.50	55	19
4460306000	OMALIZUMAB	98	$ 290,493.07	2	15

Top 50 Drugs by Amount - Q4 2015

Drug Code	Drug Name	Claim Count		Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
5925001500	ARIPIPRAZOLE	4,022	$	3,867,527.48	14	13
8510001025	ANTIHEMOPHILIC FACTOR RAHF-PFM	27	$	3,398,650.44	56,363	12
1235990240	LEDIPASVIR-SOFOSBUVIR	170	$	2,952,849.45	8	8
5940002310	LURASIDONE HCL	1,370	$	1,251,574.38	17	15
1950206000	PALIVIZUMAB	480	$	1,243,714.46	1	25
2710400300	INSULIN GLARGINE	3,195	$	1,157,470.04	12	25
8510001020	ANTIHEMOPHILIC FACTOR (RECOMBINANT)	12	$	1,132,174.00	42,544	16
5907005010	PALIPERIDONE PALMITATE	552	$	1,012,117.39	1	22
4420101010	ALBUTEROL SULFATE	19,448	$	896,498.42	40	16
5915307010	QUETIAPINE FUMARATE	7,342	$	865,615.27	30	20
4927002510	ESOMEPRAZOLE MAGNESIUM	3,903	$	865,012.65	19	19
4420990270	FLUTICASONE-SALMETEROL	3,042	$	863,832.87	42	22
1235308000	SOFOSBUVIR	30	$	811,221.36	12	12
9410003000	GLUCOSE BLOOD	6,179	$	782,286.76	71	22
7260005700	PREGABALIN	2,314	$	685,093.63	47	20
4410008010	TIOTROPIUM BROMIDE MONOHYDRATE	2,426	$	598,153.16	24	25
1210990230	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	466	$	569,117.35	22	22
2710400500	INSULIN LISPRO (HUMAN)	1,240	$	514,339.23	11	20
2710400200	INSULIN ASPART	1,327	$	503,976.23	12	21
6510007510	OXYCODONE HCL	8,415	$	493,152.03	71	17
6240552500	DIMETHYL FUMARATE	83	$	484,779.31	17	9
3010002000	SOMATROPIN	168	$	482,754.90	2	11
6135303010	GUANFACINE HCL (ADHD)	1,705	$	481,811.95	18	16
6627001500	ADALIMUMAB	131	$	471,183.52	1	12
6599000220	OXYCODONE W/ ACETAMINOPHEN	10,776	$	470,103.55	55	14
6599170210	HYDROCODONE-ACETAMINOPHEN	22,773	$	468,091.98	58	14
8580005000	ECULIZUMAB	24	$	467,735.94	95	1
4420990241	BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE	2,275	$	452,802.94	8	24
6629003000	ETANERCEPT	133	$	447,680.16	2	12
8510001510	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	33	$	421,684.03	6,202	10
8240157000	PEGFILGRASTIM	94	$	420,198.04	1	1
4530402000	DORNASE ALFA	142	$	413,540.34	46	16
5907005000	PALIPERIDONE	397	$	394,100.26	17	13
3030001000	CORTICOTROPIN	10	$	378,532.73	1	2
6110002510	LISDEXAMFETAMINE DIMESYLATE	1,709	$	377,956.58	24	23
6140002010	METHYLPHENIDATE HCL	2,434	$	370,507.54	33	18
2710400600	INSULIN DETEMIR	1,072	$	369,006.07	11	22
1210990430	ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR	161	$	364,726.02	19	19
3090685000	IDURSULFASE	18	$	364,409.39	20	10
7210000700	CLOBAZAM	311	$	352,816.68	61	14
5818002510	DULOXETINE HCL	1,812	$	348,531.54	22	17
7260003600	LACOSAMIDE	718	$	337,059.03	52	13
9085006000	LIDOCAINE	1,050	$	336,191.53	40	13
8510002840	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	11	$	333,021.10	6,091	11
0700007000	TOBRAMYCIN	78	$	323,496.07	99	10
1210990330	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	141	$	299,813.71	19	19
2153253000	EVEROLIMUS	24	$	296,646.43	15	13
1910002010	IMMUNE GLOBULIN (HUMAN) IV	107	$	288,994.97	270	2
2135307000	TRASTUZUMAB	93	$	287,888.47	1	2
4530990230	LUMACAFTOR-IVACAFTOR	16	$	286,041.81	31	8

Top 50 Drugs by Amount - Q1 2016

Drug Code	Drug Name	Claim Count		Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
5925001500	ARIPIPRAZOLE	4,405.00	$	3,852,937.00	16	14
8510001025	ANTIHEMOPHILIC FACTOR RAHF-PFM	21.00	$	3,622,683.07	61,108	12
1235990240	LEDIPASVIR-SOFOSBUVIR	166.00	$	3,009,536.99	11	11
1950206000	PALIVIZUMAB	542.00	$	1,418,671.43	1	23
5940002310	LURASIDONE HCL	1,489.00	$	1,286,669.28	18	15
8510001020	ANTIHEMOPHILIC FACTOR (RECOMBINANT)	16.00	$	1,185,398.20	25,202	12
2710400300	INSULIN GLARGINE	3,793.00	$	1,170,681.26	13	26
1235308000	SOFOSBUVIR	45.00	$	1,143,425.94	11	11
5907005010	PALIPERIDONE PALMITATE	736.00	$	1,113,590.75	1	21
4420101010	ALBUTEROL SULFATE	22,212.00	$	1,046,449.01	39	15
4420990270	FLUTICASONE-SALMETEROL	3,364.00	$	951,085.87	43	22
4927002510	ESOMEPRAZOLE MAGNESIUM	4,227.00	$	911,697.72	21	21
5915307010	QUETIAPINE FUMARATE	7,960.00	$	880,748.27	30	20
9410003000	GLUCOSE BLOOD	6,659.00	$	852,605.25	73	22
7260005700	PREGABALIN	2,759.00	$	787,891.79	51	22
6627001500	ADALIMUMAB	171.00	$	615,796.47	1	10
2710400500	INSULIN LISPRO (HUMAN)	1,567.00	$	602,978.70	11	19
4410008010	TIOTROPIUM BROMIDE MONOHYDRATE	2,643.00	$	584,694.74	23	24
1210990230	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	516.00	$	584,273.89	18	18
3010002000	SOMATROPIN	177.00	$	560,191.64	2	10
6240552500	DIMETHYL FUMARATE	91.00	$	536,158.33	16	8
2710400200	INSULIN ASPART	1,507.00	$	528,552.94	12	22
6135303010	GUANFACINE HCL (ADHD)	1,776.00	$	520,769.95	21	18
4420990241	BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE	2,713.00	$	510,708.49	8	24
4530402000	DORNASE ALFA	163.00	$	507,218.18	35	12
6510007510	OXYCODONE HCL	9,172.00	$	502,934.38	75	18
6629003000	ETANERCEPT	148.00	$	489,584.23	2	16
8580005000	ECULIZUMAB	24.00	$	488,061.00	99	1
6599000220	OXYCODONE W/ ACETAMINOPHEN	11,281.00	$	469,731.39	55	14
6599170210	HYDROCODONE-ACETAMINOPHEN	23,683.00	$	454,257.48	61	15
6140002010	METHYLPHENIDATE HCL	2,522.00	$	419,548.14	35	19
6110002510	LISDEXAMFETAMINE DIMESYLATE	1,762.00	$	417,516.20	22	22
8510001510	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	23.00	$	397,224.88	6,873	10
8240157000	PEGFILGRASTIM	85.00	$	394,614.55	1	4
2710400600	INSULIN DETEMIR	1,323.00	$	390,902.73	12	24
7260003600	LACOSAMIDE	810.00	$	383,958.69	52	14
6110990210	AMPHETAMINE-DEXTROAMPHETAMINE	2,865.00	$	380,568.64	26	19
3090685000	IDURSULFASE	17.00	$	367,917.86	19	9
9085006000	LIDOCAINE	1,262.00	$	358,800.33	45	14
0700007000	TOBRAMYCIN	94.00	$	351,977.31	104	11
5907005000	PALIPERIDONE	440.00	$	350,497.01	22	17
1210990429	ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE	157.00	$	349,135.56	19	19
3030001000	CORTICOTROPIN	9.00	$	340,431.53	2	7
7210000700	CLOBAZAM	322.00	$	336,061.13	65	14
2153253000	EVEROLIMUS	27.00	$	334,854.46	13	11
4530990230	LUMACAFTOR-IVACAFTOR	19.00	$	319,007.96	28	7
1210990330	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	188.00	$	308,601.09	18	18
3090404500	NITISINONE	6.00	$	300,025.77	90	18
1210990430	ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR	143.00	$	297,544.08	19	19
2755007010	SITAGLIPTIN PHOSPHATE	1,242.00	$	290,035.32	26	25

Top 50 Drugs by Claim Count - Q3 2015

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
6599170210	HYDROCODONE-ACETAMINOPHEN	24407	$ 504,974.20	57	14
4420101010	ALBUTEROL SULFATE	17402	$ 806,465.31	36	16
3610003000	LISINOPRIL	13658	$ 73,351.61	31	28
7260003000	GABAPENTIN	12325	$ 219,171.55	71	23
6599000220	OXYCODONE W/ ACETAMINOPHEN	11472	$ 520,781.87	51	13
5710001000	ALPRAZOLAM	11071	$ 87,470.16	51	22
6610002000	IBUPROFEN	10943	$ 68,029.36	40	12
3400000310	AMLODIPINE BESYLATE	10183	$ 49,696.19	27	26
2810001010	LEVOTHYROXINE SODIUM	9771	$ 110,870.89	28	28
2725005000	METFORMIN HCL	9722	$ 157,385.21	54	26
3940001010	ATORVASTATIN CALCIUM	8690	$ 103,172.35	24	24
6510007510	OXYCODONE HCL	8539	$ 548,453.85	74	18
5812008010	TRAZODONE HCL	7390	$ 45,624.74	31	23
5915307010	QUETIAPINE FUMARATE	7244	$ 956,134.02	30	20
5025006505	ONDANSETRON HCL	7191	$ 33,279.76	4	2
3940007500	SIMVASTATIN	6848	$ 39,267.70	28	28
9410003000	GLUCOSE BLOOD	6640	$ 831,699.34	70	21
5816007010	SERTRALINE HCL	6559	$ 51,748.86	27	22
3320003010	METOPROLOL TARTRATE	6549	$ 30,835.18	40	22
4450505010	MONTELUKAST SODIUM	6464	$ 153,161.25	22	22
6510005510	MORPHINE SULFATE	6312	$ 245,976.84	31	13
6510009510	TRAMADOL HCL	6072	$ 48,400.27	57	15
4220003230	FLUTICASONE PROPIONATE (NASAL)	5974	$ 131,889.35	11	20
0120001010	AMOXICILLIN	5925	$ 45,972.55	51	6
6410001000	ASPIRIN	5732	$ 20,202.55	22	21
7510005010	CYCLOBENZAPRINE HCL	5672	$ 44,242.59	44	19
6020408010	ZOLPIDEM TARTRATE	5543	$ 42,220.55	24	24
5907007000	RISPERIDONE	5512	$ 120,081.90	34	20
3720003000	FUROSEMIDE	5436	$ 23,242.10	30	24
4920002010	RANITIDINE HCL	5430	$ 49,969.23	43	21
7210001000	CLONAZEPAM	5299	$ 31,747.74	37	18
5816002010	CITALOPRAM HYDROBROMIDE	5113	$ 28,716.65	24	23
5816004000	FLUOXETINE HCL	4958	$ 63,540.45	30	23
5710006000	LORAZEPAM	4819	$ 33,966.27	23	10
4927007010	PANTOPRAZOLE SODIUM	4770	$ 39,688.79	16	16
4155003000	LORATADINE	4717	$ 31,508.82	32	22
3620101010	CLONIDINE HCL	4662	$ 61,815.00	36	21
2210004500	PREDNISONE	4582	$ 22,966.24	19	9
7720203200	CHOLECALCIFEROL	4530	$ 23,419.09	22	19
7250001010	DIVALPROEX SODIUM	4481	$ 290,610.50	55	19
3615004020	LOSARTAN POTASSIUM	4349	$ 28,963.40	28	27
3330000700	CARVEDILOL	4152	$ 25,354.27	41	21
5710004000	DIAZEPAM	4148	$ 21,883.57	38	17
4927002510	ESOMEPRAZOLE MAGNESIUM	4118	$ 931,952.33	21	21
5925001500	ARIPIPRAZOLE	4074	$ 4,065,162.21	14	13
3760004000	HYDROCHLOROTHIAZIDE	4024	$ 20,046.95	28	27
7260004000	LAMOTRIGINE	3965	$ 258,804.27	43	20
5025006500	ONDANSETRON	3960	$ 58,701.38	10	4
0340001000	AZITHROMYCIN	3779	$ 47,402.03	7	4
7975001000	SODIUM CHLORIDE	3778	$ 10,636.17	418	1

Top 50 Drugs by Claim Count - Q4 2015

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
6599170210	HYDROCODONE-ACETAMINOPHEN	22773	$ 468,091.98	58	14
4420101010	ALBUTEROL SULFATE	19448	$ 896,498.42	40	16
3610003000	LISINOPRIL	13319	$ 93,292.79	32	29
7260003000	GABAPENTIN	12018	$ 195,863.75	72	23
6610002000	IBUPROFEN	11057	$ 90,551.47	46	13
6599000220	OXYCODONE W/ ACETAMINOPHEN	10776	$ 470,103.55	55	14
5710001000	ALPRAZOLAM	10521	$ 102,635.29	52	22
3400000310	AMLODIPINE BESYLATE	10058	$ 69,524.96	26	25
2810001010	LEVOTHYROXINE SODIUM	9641	$ 121,900.62	29	29
2725005000	METFORMIN HCL	9599	$ 139,225.65	53	26
3940001010	ATORVASTATIN CALCIUM	9015	$ 100,346.33	25	25
6510007510	OXYCODONE HCL	8415	$ 493,152.03	71	17
5915307010	QUETIAPINE FUMARATE	7342	$ 865,615.27	30	20
0120001010	AMOXICILLIN	7309	$ 68,780.45	57	6
5812008010	TRAZODONE HCL	7209	$ 62,342.84	31	23
5025006505	ONDANSETRON HCL	6603	$ 42,017.41	5	2
4220003230	FLUTICASONE PROPIONATE (NASAL)	6453	$ 103,616.79	11	21
3940007500	SIMVASTATIN	6440	$ 47,333.64	28	28
6510005510	MORPHINE SULFATE	6415	$ 234,561.32	29	12
5816007010	SERTRALINE HCL	6376	$ 64,709.69	29	23
3320003010	METOPROLOL TARTRATE	6349	$ 41,652.63	42	22
4450505010	MONTELUKAST SODIUM	6251	$ 128,184.02	23	23
9410003000	GLUCOSE BLOOD	6179	$ 782,286.76	71	22
0340001000	AZITHROMYCIN	6117	$ 81,739.97	7	4
6410001000	ASPIRIN	5695	$ 27,959.95	23	23
6510009510	TRAMADOL HCL	5618	$ 50,575.58	55	15
5907007000	RISPERIDONE	5511	$ 99,224.11	32	19
7510005010	CYCLOBENZAPRINE HCL	5474	$ 53,332.81	46	20
6020408010	ZOLPIDEM TARTRATE	5346	$ 49,820.40	23	23
4920002010	RANITIDINE HCL	5303	$ 62,856.06	45	22
7210001000	CLONAZEPAM	5230	$ 47,241.72	45	21
4927007010	PANTOPRAZOLE SODIUM	5038	$ 45,366.61	16	16
5816002010	CITALOPRAM HYDROBROMIDE	5034	$ 37,404.44	26	24
3720003000	FUROSEMIDE	4999	$ 30,518.29	32	25
2210004500	PREDNISONE	4982	$ 35,598.29	18	9
7720203200	CHOLECALCIFEROL	4868	$ 31,401.40	24	21
4155003000	LORATADINE	4843	$ 44,127.56	35	22
5816004000	FLUOXETINE HCL	4798	$ 66,528.05	30	23
7250001010	DIVALPROEX SODIUM	4470	$ 263,462.19	58	20
3620101010	CLONIDINE HCL	4434	$ 58,687.86	38	21
3615004020	LOSARTAN POTASSIUM	4299	$ 34,370.74	30	28
5710006000	LORAZEPAM	4228	$ 38,781.91	25	11
3330000700	CARVEDILOL	4078	$ 30,256.13	42	21
5925001500	ARIPIPRAZOLE	4022	$ 3,867,527.48	14	13
5710004000	DIAZEPAM	3930	$ 30,108.20	40	18
4927002510	ESOMEPRAZOLE MAGNESIUM	3903	$ 865,012.65	19	19
3760004000	HYDROCHLOROTHIAZIDE	3876	$ 24,077.70	28	27
7260004000	LAMOTRIGINE	3866	$ 192,209.00	43	21
5025006500	ONDANSETRON	3841	$ 53,257.13	10	4
6610005200	MELOXICAM	3783	$ 26,708.85	26	23

Top 50 Drugs by Claim Count - Q1 2016

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
6599170210	HYDROCODONE-ACETAMINOPHEN	23683	$ 454,257.48	61	15
4420101010	ALBUTEROL SULFATE	22212	$ 1,046,449.01	39	15
3610003000	LISINOPRIL	14523	$ 109,858.33	31	28
7260003000	GABAPENTIN	13329	$ 196,123.31	72	23
6610002000	IBUPROFEN	12403	$ 112,002.83	45	12
6599000220	OXYCODONE W/ ACETAMINOPHEN	11281	$ 469,731.39	55	14
5710001000	ALPRAZOLAM	11174	$ 116,293.90	52	22
3400000310	AMLODIPINE BESYLATE	10924	$ 82,987.16	28	27
2725005000	METFORMIN HCL	10663	$ 133,577.21	56	28
2810001010	LEVOTHYROXINE SODIUM	10584	$ 136,665.47	29	29
3940001010	ATORVASTATIN CALCIUM	10212	$ 106,651.31	25	25
6510007510	OXYCODONE HCL	9172	$ 502,934.38	75	18
0120001010	AMOXICILLIN	9166	$ 94,787.59	61	6
5812008010	TRAZODONE HCL	8002	$ 78,287.90	32	23
5915307010	QUETIAPINE FUMARATE	7960	$ 880,748.27	30	20
0340001000	AZITHROMYCIN	7725	$ 110,858.13	8	4
4220003230	FLUTICASONE PROPIONATE (NASAL)	7701	$ 93,007.64	12	23
4450505010	MONTELUKAST SODIUM	7128	$ 130,210.12	24	24
6510005510	MORPHINE SULFATE	6904	$ 236,726.68	28	12
3320003010	METOPROLOL TARTRATE	6848	$ 50,288.41	43	23
3940007500	SIMVASTATIN	6800	$ 52,085.48	29	29
5816007010	SERTRALINE HCL	6703	$ 71,254.33	29	23
9410003000	GLUCOSE BLOOD	6659	$ 852,605.25	73	22
6410001000	ASPIRIN	5946	$ 32,355.33	23	23
2210004500	PREDNISONE	5940	$ 46,262.17	17	9
6510009510	TRAMADOL HCL	5871	$ 57,977.32	60	16
5907007000	RISPERIDONE	5849	$ 95,908.74	34	20
5025006505	ONDANSETRON HCL	5793	$ 43,309.71	6	2
4920002010	RANITIDINE HCL	5747	$ 69,533.43	44	22
6020408010	ZOLPIDEM TARTRATE	5702	$ 55,141.49	23	23
7210001000	CLONAZEPAM	5635	$ 56,129.73	45	22
7510005010	CYCLOBENZAPRINE HCL	5601	$ 58,548.15	45	20
3720003000	FUROSEMIDE	5541	$ 36,941.48	31	25
4927007010	PANTOPRAZOLE SODIUM	5442	$ 53,656.04	18	18
4155003000	LORATADINE	5401	$ 56,125.54	35	21
5816004000	FLUOXETINE HCL	5315	$ 74,945.66	31	24
5816002010	CITALOPRAM HYDROBROMIDE	5165	$ 43,890.76	25	23
7720203200	CHOLECALCIFEROL	5054	$ 36,410.94	25	22
3615004020	LOSARTAN POTASSIUM	4905	$ 40,552.37	29	28
7250001010	DIVALPROEX SODIUM	4858	$ 269,202.22	58	20
3620101010	CLONIDINE HCL	4737	$ 62,477.77	38	21
3330000700	CARVEDILOL	4538	$ 33,406.92	47	24
5925001500	ARIPIPRAZOLE	4405	$ 3,852,937.00	16	14
5710006000	LORAZEPAM	4336	$ 44,327.56	27	12
5025006500	ONDANSETRON	4303	$ 60,454.42	11	4
4927002510	ESOMEPRAZOLE MAGNESIUM	4227	$ 911,697.72	21	21
3760004000	HYDROCHLOROTHIAZIDE	4218	$ 28,194.28	28	28
7260004000	LAMOTRIGINE	4198	$ 253,297.19	45	21
0199000220	AMOXICILLIN & POT CLAVULANATE	4188	$ 89,886.40	34	7
5710004000	DIAZEPAM	4187	$ 36,241.54	41	19

CONFIDENTIAL

RXT6050D - Summarized DUR Activity Report

Between Jul 1, 2015 and Sep 30, 2015

Oct 23, 2015
3:43:57 PM

Claims Summary:

RxCLAIM Status	Total Rxs	% of Total Rxs	Total Plan Paid	Total Member Paid
Paid	727,205	63.1%	$70,879,055.57	$0.00
Rejected	331,724	28.8%	$40,942,608.77	$0.00
Reversed	93,547	8.1%	-$16,760,019.66	$0.00
Totals	1,152,476	100%	$95,061,644.68	$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	61,152	22.9%	54,801	89.6%	0	0.0%	6,351	10.4%
TD - Therapeutic Duplication	0 - NS	60,035	22.5%	44,149	73.5%	7,569	12.6%	8,317	13.9%
ID - Ingredient Duplication	2 - Mod	47,936	17.9%	12,288	25.6%	32,234	67.2%	3,414	7.1%
DD - Drug-Drug Interaction	1 - Maj	37,233	13.9%	30,328	81.5%	3,436	9.2%	3,469	9.3%
LD - Low Dose Alert	0 - NS	26,238	9.8%	21,753	82.9%	0	0.0%	4,485	17.1%
HD - High Dose Alert	0 - NS	18,613	7.0%	16,415	88.2%	162	0.9%	2,036	10.9%
MN - Insufficnt Duration Alert	0 - NS	10,659	4.0%	7,556	70.9%	0	0.0%	3,103	29.1%
MX - Excessive Duration Alert	0 - NS	5,462	2.0%	4,969	91.0%	0	0.0%	493	9.0%
PA - Drug-Age Precaution	1 - Maj	25	0.0%	24	96.0%	0	0.0%	1	4.0%
Total All DURs		267,353	100.0%	192,283	71.9%	43,401	16.2%	31,669	11.8%

* 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	818	$6,386.56	$7.81	$0.00	28.2	75.8	86	29	$352.28
2	TRAZODONE HCL - QUETIAPINE	Message Only	411	$2,498.55	$6.08	$0.00	27.2	39.6	45	37	$630.44
3	SIMVASTATIN - FENOFIBRATE	Message Only	419	$8,441.05	$20.15	$0.00	33.5	34.2	52	16	$594.42
4	TRAZODONE HCL - CITALOPRAM	Message Only	371	$2,227.27	$6.00	$0.00	30.1	39.5	44	19	$237.98
5	TRAZODONE - QUETIAPINE FUMARATE	Message Only	355	$7,528.09	$21.21	$0.00	27.6	44.3	27	23	$373.97
6	TRAZODONE - CITALOPRAM HYDROBROMIDE	Message Only	325	$1,854.92	$5.71	$0.00	30.0	33.7	34	22	$142.52
7	SPIRONOLACT - LISINOPRIL	Message Only	314	$1,754.68	$5.59	$0.00	36.1	42.6	38	21	$88.29
8	SERTRALINE - CYCLOBENZAPRINE HCL	Message Only	306	$2,300.86	$7.52	$0.00	24.6	57.1	35	15	$114.26
9	SPIRONOLACTONE - LISINOPRIL	Message Only	291	$3,020.70	$10.38	$0.00	36.6	42.1	34	21	$172.52
10	METHADONE - ALPRAZOLAM	Message Only	272	$2,384.06	$8.76	$0.00	26.1	71.8	34	13	$115.80
All Others			26,446	$3,089,799.30	$116.83	$0.00	25.3	47.1	3,007	3,253	$712,514.97
DD - Drug-Drug Interaction			30,328	$3,128,196.04	$103.15	$0.00	25.8	47.5	3,436	3,469	$715,337.45

* 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	564	$20,143.16	$35.71	$0.00	16.4	130.4	0	32	$1,274.90
2	KETOROLAC TROMETHAMINE	GERIATRIC MAX DLY = 2.00UN	Message Only	530	$4,266.30	$8.05	$0.00	1.0	4.6	0	14	$110.98
3	PREVNAR 13	GERIATRIC MAX DLY = .50UN	Message Only	439	$12,524.67	$28.53	$0.00	1.0	10.3	0	1	$0.00
4	ZOLPIDEM TARTRATE	GERIATRIC MAX DLY = .50UN	Message Only	361	$1,286.90	$3.56	$0.00	30.1	30.1	0	15	$49.38
5	MIDAZOLAM HCL	GERIATRIC MAX DLY = 3.50UN	Message Only	188	$450.54	$2.40	$0.00	1.0	5.6	0	73	$203.14
6	GRANISETRON HCL	GERIATRIC MAX DLY = .85UN	Message Only	241	$6,426.24	$26.66	$0.00	1.0	1.1	0	2	$20.40
7	IBUPROFEN	ADULT MAX DLY = 4.00 UN	Message Only	228	$1,386.57	$6.08	$0.00	7.2	33.7	0	7	$38.03
8	ADACEL	GERIATRIC MAX DLY = .50UN	Message Only	216	$16,231.66	$75.15	$0.00	1.0	1.0	0	15	$1,296.88
9	KENALOG-40	GERIATRIC MAX DLY = 2.00UN	Message Only	198	$6,131.59	$30.97	$0.00	1.0	5.7	0	0	$0.00
10	INVEGA SUSTENNA	ADULT MAX DLY = .05 UN	Message Only	174	$340,432.89	$1,956.51	$0.00	25.3	1.5	0	10	$19,861.49
All Others				13,276	$3,505,279.50	$264.03	$0.00	14.5	139.9	162	1,867	$713,019.56
HD - High Dose Alert				16,415	$3,914,560.02	$238.47	$0.00	13.4	119.4	162	2,036	$735,874.76

* 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	2	$80.79	$40.40	$0.00	21.5	115.0	849	0	$0.00
2	SODIUM CHLORIDE	SOD CHLORIDE INJ 0.9%	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	579	0	$0.00
3	OXYCODONE/ ACETAMINOPHEN	OXYCOD/APAP TAB 10-325MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	449	0	$0.00
4	ALPRAZOLAM	ALPRAZOLAM TAB 1MG	Hard Reject	2	$14.03	$7.02	$0.00	11.5	45.0	393	0	$0.00
5	ZOLPIDEM TARTRATE	ZOLPIDEM TAB 10MG	Hard Reject	2	$11.56	$5.78	$0.00	30.0	30.0	363	0	$0.00
6	ALPRAZOLAM	ALPRAZOLAM TAB 2MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	363	0	$0.00
7	GABAPENTIN	GABAPENTIN CAP 300MG	Soft Reject	1	$11.57	$11.57	$0.00	30.0	90.0	351	0	$0.00
8	PROAIR HFA	PROAIR HFA AER	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	339	0	$0.00
9	TRAMADOL HCL	TRAMADOL HCL TAB 50MG	Hard Reject	1	$10.10	$10.10	$0.00	30.0	90.0	323	0	$0.00
10	ALPRAZOLAM	ALPRAZOLAM TAB 0.5MG	Hard Reject	3	$17.04	$5.68	$0.00	5.3	25.3	245	1	$5.85
All Others				12,277	$3,346,036.26	$272.55	$0.00	26.9	186.2	27,980	3,413	$554,400.14
ID - Ingredient Duplication				12,288	$3,346,181.35	$272.31	$0.00	26.9	186.1	32,234	3,414	$554,405.99

* 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	1,236	$525.43	$0.43	$0.00	1.4	1.3	0	819	$229.17
2	ONDANSETRON ODT	GERIATRIC MIN DLY = 2.00UN	Message Only	621	$476.66	$0.77	$0.00	1.3	1.3	0	187	$140.93
3	IPRATROPIUM BROMIDE/ALBUT	GERIATRIC MIN DLY = 12.00UN	Message Only	384	$911.47	$2.37	$0.00	2.7	16.0	0	197	$225.35
4	ZOFRAN ODT	GERIATRIC MIN DLY = 2.00UN	Message Only	402	$8,510.37	$21.17	$0.00	1.0	1.0	0	141	$3,000.96
5	METFORMIN HCL	ADULT MIN DLY = 1.70 UN	Message Only	508	$2,734.75	$5.38	$0.00	35.0	34.7	0	33	$186.47
6	VITAMIN D	ADULT MIN DLY = .14 UN	Message Only	474	$2,847.62	$6.01	$0.00	30.1	2.9	0	27	$151.67
7	GABAPENTIN	ADULT MIN DLY = 3.00 UN	Message Only	375	$2,642.55	$7.05	$0.00	31.9	53.3	0	30	$200.25
8	CITALOPRAM HYDROBROMIDE	ADULT MIN DLY = 2.00 UN	Message Only	347	$2,059.44	$5.93	$0.00	29.4	29.3	0	34	$215.19
9	ONDANSETRON HCL	ADULT MIN DLY = 2.00 UN	Message Only	292	$2,212.31	$7.58	$0.00	19.7	11.7	0	26	$201.03
10	OMEGA-3-ACID ETHYL ESTERS	ADULT MIN DLY = 4.00 UN	Message Only	287	$23,196.02	$80.82	$0.00	28.2	53.9	0	15	$1,428.25
All Others				16,827	$1,325,300.14	$78.76	$0.00	24.2	50.7	0	2,976	$319,037.38
LD - Low Dose Alert				21,753	$1,371,416.76	$63.04	$0.00	22.1	42.7	0	4,485	$325,016.65

* 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	88	$450.42	$5.12	$0.00	29.5	32.4	0	5	$25.63
2	LEVOTHYROXINE SODIUM	7 DAYS LATE REFILLING	Message Only	76	$760.72	$10.01	$0.00	30.0	29.8	0	5	$32.55
3	ATORVASTATIN CALCIUM	7 DAYS LATE REFILLING	Message Only	70	$986.69	$14.10	$0.00	29.4	29.4	0	3	$17.46
4	AMLODIPINE BESYLATE	8 DAYS LATE REFILLING	Message Only	65	$322.89	$4.97	$0.00	29.1	29.5	0	1	$6.10
4	LISINOPRIL	8 DAYS LATE REFILLING	Message Only	59	$322.14	$5.46	$0.00	30.0	34.6	0	7	$34.71
6	PROAIR HFA	7 DAYS LATE REFILLING	Message Only	61	$2,620.81	$42.96	$0.00	23.3	8.9	0	2	$59.38
7	AMLODIPINE BESYLATE	7 DAYS LATE REFILLING	Message Only	53	$262.57	$4.95	$0.00	29.6	30.1	0	8	$44.06
8	GABAPENTIN	8 DAYS LATE REFILLING	Message Only	51	$867.13	$17.00	$0.00	29.1	94.8	0	5	$52.60
9	METOPROLOL TARTRATE	7 DAYS LATE REFILLING	Message Only	52	$258.29	$4.97	$0.00	29.7	57.1	0	2	$10.78
10	LISINOPRIL	10 DAYS LATE REFILLING	Message Only	51	$266.63	$5.23	$0.00	30.0	34.7	0	2	$7.89
All Others				54,175	$5,197,828.24	$95.95	$0.00	28.7	49.1	0	6,311	$909,375.07
LR - Underuse Precaution				54,801	$5,204,946.53	$94.98	$0.00	28.7	49.0	0	6,351	$909,666.23

* 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	317	$56.85	$0.18	$0.00	1.1	1.7	0	219	$27.11
2	IPRATROPIUM BROMIDE/ALBUT	MIN. DAYS THERAPY = 30	Message Only	431	$12,556.50	$29.13	$0.00	9.2	140.5	0	51	$701.57
3	PANTOPRAZOLE SODIUM	MIN. DAYS THERAPY = 7	Message Only	263	$66.55	$0.25	$0.00	1.1	1.1	0	157	$38.56
4	METOPROLOL TARTRATE	MIN. DAYS THERAPY = 7	Message Only	256	$45.30	$0.18	$0.00	1.2	1.6	0	157	$7.65
5	CLONIDINE HCL	MIN. DAYS THERAPY = 7	Message Only	257	$282.29	$1.10	$0.00	1.5	4.2	0	96	$29.25
6		ING01 MIN DAYS THERAPY = 5	Message Only	268	$45,016.44	$167.97	$0.00	1.7	105.9	0	27	$3,086.42
7	LEVETIRACETAM	MIN. DAYS THERAPY = 14	Message Only	255	$2,421.09	$9.49	$0.00	6.4	33.4	0	35	$655.28
8	ATORVASTATIN CALCIUM	MIN. DAYS THERAPY = 7	Message Only	180	$113.92	$0.63	$0.00	1.2	1.3	0	100	$35.64
9	SULFAMETHOXAZOLE/ TRIMETHO	MIN. DAYS THERAPY = 5	Message Only	200	$555.31	$2.78	$0.00	1.9	6.2	0	39	$106.34
10	LIPITOR	MIN. DAYS THERAPY = 7	Message Only	138	$1,970.51	$14.28	$0.00	1.0	1.5	0	89	$1,119.16
All Others				4,991	$419,902.96	$84.13	$0.00	3.0	14.4	0	2,133	$79,865.09
MN - Insufficnt Duration Alert				7,556	$482,987.72	$63.92	$0.00	3.0	22.9	0	3,103	$85,672.07

* 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	2,563	$19,685.75	$7.68	$0.00	30.1	65.2	0	170	$1,264.07
2	EPIPEN 2-PAK	MAX DAYS THERAPY = 1	Message Only	204	$99,401.93	$487.26	$0.00	2.2	2.2	0	36	$17,566.02
3	FLUCONAZOLE	MAX DAYS THERAPY = 1	Message Only	215	$2,317.80	$10.78	$0.00	3.0	3.0	0	13	$106.00
4	AZITHROMYCIN	MAX DAYS THERAPY = 5	Message Only	175	$4,091.23	$23.38	$0.00	12.6	19.4	0	16	$602.67
5	MAPAP	MAX DAYS THERAPY = 10	Message Only	131	$721.62	$5.51	$0.00	26.2	106.0	0	9	$45.27
5	DIPHENOXYLATE/ ATROPINE	MAX DAYS THERAPY = 14	Message Only	128	$2,757.64	$21.54	$0.00	26.3	111.3	0	12	$373.21
7	POLYETHYLENE GLYCOL 3350	MAX DAYS THERAPY = 14	Message Only	90	$2,981.75	$33.13	$0.00	29.4	29.4	0	21	$712.05
8	EPIPEN-JR 2-PAK	MAX DAYS THERAPY = 1	Message Only	86	$45,029.08	$523.59	$0.00	2.4	2.4	0	19	$11,375.72
9	TRAMADOL HYDROCHLORIDE/AC	MAX DAYS THERAPY = 5	Message Only	93	$1,663.02	$17.88	$0.00	18.8	72.3	0	10	$228.62
10	SENEXON-S	MAX DAYS THERAPY = 14	Message Only	96	$559.47	$5.83	$0.00	29.6	54.8	0	4	$22.84
All Others				1,188	$177,081.41	$149.06	$0.00	26.8	73.8	0	183	$62,345.25
MX - Excessive Duration Alert				4,969	$356,290.70	$71.70	$0.00	25.5	60.8	0	493	$94,641.72

* 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	9	$61.59	$6.84	$0.00	10.7	88.8	0	0	$0.00
2	PROMETHAZINE/ DEXTROMETHOR	AGE LESS THAN 4	Message Only	8	$44.44	$5.56	$0.00	8.6	65.0	0	0	$0.00
3	PROMETHAZINE HCL	AGE LESS THAN 4	Message Only	4	$30.03	$7.51	$0.00	18.2	115.0	0	1	$8.35
4	PROMETHEGAN	AGE LESS THAN 4	Message Only	2	$31.87	$15.94	$0.00	3.5	11.0	0	0	$0.00
5	INFANRIX	AGE GREATER THAN 64	Message Only	1	$43.74	$43.74	$0.00	1.0	1.0	0	0	$0.00
PA - Drug-Age Precaution				24	$211.67	$8.82	$0.00	10.2	75.1	0	1	$8.35

* 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	1,476	$26,086.94	$17.67	$0.00	16.1	65.1	0	200	$1,754.15
2	HYDROMORPHONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	960	$5,272.34	$5.49	$0.00	4.2	15.4	0	525	$1,382.77
3	OXYCODONE/ ACETAMINOPHEN	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,143	$42,344.98	$37.05	$0.00	14.1	58.0	0	223	$3,291.97
4	QUETIAPINE FUMARATE	ORAL ANTIPSYCHOTICS	Message Only	1,117	$23,303.67	$20.86	$0.00	27.8	41.5	0	104	$2,043.15
5	MORPHINE SULFATE	SHORT ACTING NARCOTIC ANALGESI	Message Only	732	$3,593.67	$4.91	$0.00	5.5	19.0	0	414	$1,059.45
6	OXYCODONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	990	$40,234.09	$40.64	$0.00	22.3	101.9	0	122	$2,386.97
7	RISPERIDONE	ORAL ANTIPSYCHOTICS	Message Only	826	$12,465.63	$15.09	$0.00	26.8	45.4	0	70	$887.06
8	LORAZEPAM	BENZODIAZEPINES	Message Only	627	$1,785.37	$2.85	$0.00	9.0	20.2	0	225	$213.50
9	TRAMADOL HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	792	$6,556.46	$8.28	$0.00	20.7	84.7	0	56	$368.12
10	ALPRAZOLAM	BENZODIAZEPINES	Message Only	697	$5,152.62	$7.39	$0.00	24.8	61.2	0	69	$255.51
All Others				34,789	$5,019,442.55	$144.28	$0.00	24.6	79.4	7,569	6,309	$769,477.45
TD - Therapeutic Duplication				44,149	$5,186,238.32	$117.47	$0.00	23.1	73.9	7,569	8,317	$783,120.10

* 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, 2015
Primary End Date:	Sep 30, 2015
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, 2015 and Dec 31, 2015

Jan 14, 2016
3:23:18 PM

Claims Summary:

RxCLAIM Status	Total Rxs	% of Total Rxs	Total Plan Paid	Total Member Paid
Paid	728,709	62.5%	$68,309,265.55	$0.00
Rejected	348,704	29.9%	$46,365,673.67	$0.00
Reversed	88,886	7.6%	-$17,169,152.91	$0.00
Totals	1,166,299	100%	$97,505,786.31	$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
LR - Underuse Precaution	0 - NS	61,890	23.1%	55,662	89.9%	0	0.0%	6,228	10.1%
TD - Therapeutic Duplication	0 - NS	54,957	20.5%	40,307	73.3%	7,027	12.8%	7,623	13.9%
ID - Ingredient Duplication	2 - Mod	50,935	19.0%	12,178	23.9%	35,353	69.4%	3,404	6.7%
DD - Drug-Drug Interaction	1 - Maj	36,668	13.7%	30,102	82.1%	3,203	8.7%	3,363	9.2%
LD - Low Dose Alert	0 - NS	26,988	10.1%	22,878	84.8%	0	0.0%	4,110	15.2%
HD - High Dose Alert	0 - NS	20,687	7.7%	18,648	90.1%	165	0.8%	1,874	9.1%
MN - Insufficnt Duration Alert	0 - NS	10,859	4.0%	8,302	76.5%	0	0.0%	2,557	23.5%
MX - Excessive Duration Alert	0 - NS	5,353	2.0%	4,934	92.2%	0	0.0%	419	7.8%
PA - Drug-Age Precaution	1 - Maj	45	0.0%	42	93.3%	0	0.0%	3	6.7%
Total All DURs		268,382	100.0%	193,053	71.9%	45,748	17.0%	29,581	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	611	$5,957.90	$9.75	$0.00	29.1	80.4	71	23	$190.17
2	TRAZODONE HCL - QUETIAPINE	Message Only	430	$3,870.03	$9.00	$0.00	27.1	39.5	35	29	$653.83
3	SIMVASTATIN - FENOFIBRATE	Message Only	390	$7,260.74	$18.62	$0.00	31.8	32.3	46	18	$302.62
4	SPIRONOLACT - LISINOPRIL	Message Only	355	$2,626.36	$7.40	$0.00	34.1	40.0	44	23	$90.80
5	TRAZODONE - QUETIAPINE FUMARATE	Message Only	370	$6,407.66	$17.32	$0.00	27.2	44.4	18	20	$290.62
6	TRAZODONE HCL - CITALOPRAM	Message Only	332	$2,686.88	$8.09	$0.00	30.2	39.3	34	19	$175.68
7	SPIRONOLACTONE - LISINOPRIL	Message Only	309	$3,120.78	$10.10	$0.00	36.8	41.6	31	18	$196.36
8	DIVALPROEX - CLONAZEPAM	Message Only	304	$2,625.84	$8.64	$0.00	26.9	57.9	27	22	$147.52
9	TRAZODONE - CITALOPRAM HYDROBROMIDE	Message Only	281	$1,980.52	$7.05	$0.00	31.3	34.6	23	18	$142.53
10	SERTRALINE - CYCLOBENZAPRINE HCL	Message Only	284	$2,538.12	$8.94	$0.00	25.3	58.1	28	6	$45.27
All Others			26,436	$2,775,417.80	$104.99	$0.00	24.9	46.1	2,846	3,167	$535,835.27
DD - Drug-Drug Interaction			30,102	$2,814,492.63	$93.50	$0.00	25.5	46.4	3,203	3,363	$538,070.67

* 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	HECTOROL	GERIATRIC MAX DLY = 1.28UN	Message Only	1,088	$15,034.94	$13.82	$0.00	1.0	2.2	0	0	$0.00
2	HYDROCODONE/ ACETAMINOPHEN	ADULT MAX DLY = 6.00 UN	Message Only	544	$17,927.72	$32.96	$0.00	16.2	127.2	0	22	$912.69
3	KETOROLAC TROMETHAMINE	GERIATRIC MAX DLY = 2.00UN	Message Only	458	$2,951.51	$6.44	$0.00	1.0	4.3	0	36	$220.31
4	FLUZONE QUADRIVALENT 2015	GERIATRIC MAX DLY = .50UN	Message Only	396	$8,966.75	$22.64	$0.00	1.0	16.3	0	3	$108.54
5	ZOLPIDEM TARTRATE	GERIATRIC MAX DLY = .50UN	Message Only	352	$1,798.05	$5.11	$0.00	29.6	29.6	0	11	$56.10
6	PREVNAR 13	GERIATRIC MAX DLY = .50UN	Message Only	300	$19,836.73	$66.12	$0.00	1.0	9.4	0	1	$0.00
7	FLUVIRIN 2015-2016	GERIATRIC MAX DLY = .50UN	Message Only	293	$6,567.49	$22.41	$0.00	1.0	2.9	0	1	$28.58
8	DEXAMETHASONE SODIUM PHOS	GERIATRIC MAX DLY = 2.60UN	Message Only	207	$3,418.57	$16.51	$0.00	1.0	12.0	0	5	$35.39
9	ADACEL	GERIATRIC MAX DLY = .50UN	Message Only	193	$14,049.24	$72.79	$0.00	1.0	1.2	0	13	$1,223.26
10	KENALOG-40	GERIATRIC MAX DLY = 2.00UN	Message Only	200	$6,575.67	$32.88	$0.00	1.0	6.1	0	2	$65.78
All Others				14,617	$3,707,540.99	$253.65	$0.00	13.9	106.2	165	1,780	$737,405.69
HD - High Dose Alert				18,648	$3,804,667.66	$204.03	$0.00	12.1	88.5	165	1,874	$740,056.34

* 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	EPOGEN	EPOGEN INJ 10000/ML	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	2,864	0	$0.00
2	HYDROCODONE/ ACETAMINOPHEN	HYDROCO/APAP TAB 10-325MG	Hard Reject	5	$81.41	$16.28	$0.00	8.4	36.0	947	0	$0.00
3	SODIUM CHLORIDE	SOD CHLORIDE INJ 0.9%	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	593	0	$0.00
4	OXYCODONE/ ACETAMINOPHEN	OXYCOD/APAP TAB 10-325MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	514	0	$0.00
5	ALPRAZOLAM	ALPRAZOLAM TAB 1MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	402	0	$0.00
6	PROAIR HFA	PROAIR HFA AER	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	393	0	$0.00
7	ZOLPIDEM TARTRATE	ZOLPIDEM TAB 10MG	Hard Reject	2	$11.56	$5.78	$0.00	30.0	30.0	362	0	$0.00
8	GABAPENTIN	GABAPENTIN CAP 300MG	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	348	0	$0.00
9	HECTOROL	HECTOROL INJ 4MCG/2ML	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	330	0	$0.00
10	TRAMADOL HCL	TRAMADOL HCL TAB 50MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	327	0	$0.00
All Others				12,171	$1,723,968.11	$141.65	$0.00	27.0	95.4	28,273	3,404	$889,757.44
ID - Ingredient Duplication				12,178	$1,724,061.08	$141.57	$0.00	27.0	95.4	35,353	3,404	$889,757.44

* 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	957	$532.32	$0.56	$0.00	1.4	1.4	0	584	$179.80
2	ONDANSETRON ODT	GERIATRIC MIN DLY = 2.00UN	Message Only	575	$351.70	$0.61	$0.00	1.5	1.5	0	187	$103.04
3	IPRATROPIUM BROMIDE/ALBUT	GERIATRIC MIN DLY = 12.00UN	Message Only	439	$1,019.90	$2.32	$0.00	3.0	19.7	0	147	$132.98
4	METFORMIN HCL	ADULT MIN DLY = 1.70 UN	Message Only	541	$3,835.50	$7.09	$0.00	34.2	34.0	0	39	$277.67
5	ZOFRAN ODT	GERIATRIC MIN DLY = 2.00UN	Message Only	356	$7,433.56	$20.88	$0.00	1.0	1.0	0	164	$3,437.42
6	VITAMIN D	ADULT MIN DLY = .14 UN	Message Only	481	$3,960.70	$8.23	$0.00	30.8	3.1	0	33	$244.55
7	HECTOROL	GERIATRIC MIN DLY = .85UN	Message Only	501	$1,568.13	$3.13	$0.00	1.0	0.5	0	0	$0.00
8	GABAPENTIN	ADULT MIN DLY = 3.00 UN	Message Only	380	$3,702.75	$9.74	$0.00	31.6	52.4	0	19	$199.73
9	CITALOPRAM HYDROBROMIDE	ADULT MIN DLY = 2.00 UN	Message Only	343	$3,003.11	$8.76	$0.00	30.3	30.1	0	36	$266.15
10	ALBUTEROL SULFATE	GERIATRIC MIN DLY = 9.00UN	Message Only	306	$255.13	$0.83	$0.00	2.7	13.6	0	72	$24.27
All Others				17,999	$1,951,701.08	$108.43	$0.00	24.4	56.4	0	2,829	$371,599.63
LD - Low Dose Alert				22,878	$1,977,363.88	$86.43	$0.00	21.9	47.2	0	4,110	$376,465.24

* 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	88	$599.49	$6.81	$0.00	30.0	32.0	0	5	$35.18
2	LEVOTHYROXINE SODIUM	7 DAYS LATE REFILLING	Message Only	87	$775.85	$8.92	$0.00	30.5	30.1	0	4	$52.38
3	AMLODIPINE BESYLATE	7 DAYS LATE REFILLING	Message Only	69	$490.63	$7.11	$0.00	30.0	30.0	0	10	$71.05
4	AMLODIPINE BESYLATE	8 DAYS LATE REFILLING	Message Only	71	$525.81	$7.41	$0.00	30.9	31.3	0	2	$19.57
5	PROAIR HFA	11 DAYS LATE REFILLING	Message Only	68	$3,792.56	$55.77	$0.00	20.2	9.1	0	3	$166.18
6	LISINOPRIL	9 DAYS LATE REFILLING	Message Only	61	$461.31	$7.56	$0.00	29.6	32.6	0	3	$16.05
7	LEVOTHYROXINE SODIUM	8 DAYS LATE REFILLING	Message Only	58	$520.28	$8.97	$0.00	29.3	29.8	0	4	$22.09
8	LISINOPRIL	8 DAYS LATE REFILLING	Message Only	57	$381.66	$6.70	$0.00	29.6	33.8	0	3	$20.43
9	PROAIR HFA	10 DAYS LATE REFILLING	Message Only	54	$3,039.14	$56.28	$0.00	21.7	9.3	0	2	$114.36
9	MONTELUKAST SODIUM	7 DAYS LATE REFILLING	Message Only	51	$902.74	$17.70	$0.00	30.0	30.0	0	5	$328.83
All Others				54,998	$5,192,140.81	$94.41	$0.00	28.5	48.9	0	6,187	$911,162.82
LR - Underuse Precaution				55,662	$5,203,630.28	$93.49	$0.00	28.5	48.6	0	6,228	$912,008.94

* 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	CALCITRIOL	MIN. DAYS THERAPY = 7	Message Only	662	$721.51	$1.09	$0.00	1.0	1.9	0	5	$2.81
2	HECTOROL	MIN. DAYS THERAPY = 7	Message Only	618	$3,863.15	$6.25	$0.00	1.0	1.0	0	0	$0.00
3	PANTOPRAZOLE SODIUM	MIN. DAYS THERAPY = 7	Message Only	317	$92.68	$0.29	$0.00	1.1	1.2	0	223	$40.04
4	IPRATROPIUM BROMIDE/ALBUT	MIN. DAYS THERAPY = 30	Message Only	396	$8,421.26	$21.27	$0.00	9.1	143.7	0	61	$937.35
5	LISINOPRIL	MIN. DAYS THERAPY = 7	Message Only	231	$44.59	$0.19	$0.00	1.1	1.7	0	140	$28.57
6	LEVETIRACETAM	MIN. DAYS THERAPY = 14	Message Only	330	$3,334.00	$10.10	$0.00	6.0	40.6	0	37	$103.29
7	CLONIDINE HCL	MIN. DAYS THERAPY = 7	Message Only	240	$401.73	$1.67	$0.00	1.7	5.3	0	79	$33.66
8	METOPROLOL TARTRATE	MIN. DAYS THERAPY = 7	Message Only	187	$138.84	$0.74	$0.00	1.4	2.0	0	89	$13.61
9	SULFAMETHOXAZOLE/ TRIMETHO	MIN. DAYS THERAPY = 5	Message Only	179	$1,073.99	$6.00	$0.00	1.9	8.0	0	36	$38.41
9	ATORVASTATIN CALCIUM	MIN. DAYS THERAPY = 7	Message Only	146	$292.65	$2.00	$0.00	1.8	1.9	0	69	$55.71
All Others				4,996	$310,869.56	$62.22	$0.00	3.1	17.3	0	1,818	$55,880.23
MN - Insufficnt Duration Alert				8,302	$329,253.96	$39.66	$0.00	2.9	19.6	0	2,557	$57,133.68

* 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	2,490	$22,568.56	$9.06	$0.00	30.1	65.4	0	119	$1,047.72
2	AZITHROMYCIN	MAX DAYS THERAPY = 5	Message Only	268	$5,753.48	$21.47	$0.00	10.3	19.7	0	13	$290.83
3	FLUCONAZOLE	MAX DAYS THERAPY = 1	Message Only	200	$2,441.57	$12.21	$0.00	3.0	3.0	0	21	$415.66
4	MAPAP	MAX DAYS THERAPY = 10	Message Only	149	$1,215.70	$8.16	$0.00	26.9	102.8	0	9	$74.59
5	EPIPEN 2-PAK	MAX DAYS THERAPY = 1	Message Only	125	$62,735.41	$501.88	$0.00	2.3	2.3	0	17	$10,074.96
6	POLYETHYLENE GLYCOL 3350	MAX DAYS THERAPY = 14	Message Only	110	$4,112.50	$37.39	$0.00	30.4	30.4	0	28	$1,134.66
7	DIPHENOXYLATE/ ATROPINE	MAX DAYS THERAPY = 14	Message Only	126	$3,206.03	$25.44	$0.00	26.5	112.1	0	4	$55.82
8	SENEXON-S	MAX DAYS THERAPY = 14	Message Only	91	$777.81	$8.55	$0.00	27.9	52.9	0	6	$45.78
9	CEFDINIR	MAX DAYS THERAPY = 10	Message Only	82	$3,721.76	$45.39	$0.00	15.8	72.8	0	6	$221.39
10	TRAMADOL HYDROCHLORIDE/AC	MAX DAYS THERAPY = 5	Message Only	78	$1,321.37	$16.94	$0.00	19.5	72.7	0	9	$169.01
All Others				1,215	$197,431.97	$162.50	$0.00	26.8	74.5	0	187	$67,995.15
MX - Excessive Duration Alert				4,934	$305,286.16	$61.87	$0.00	25.8	62.6	0	419	$81,525.57

* 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/ DEXTROMETHOR	AGE LESS THAN 4	Message Only	17	$126.43	$7.44	$0.00	11.8	89.7	0	2	$11.38
2	PROMETHAZINE-DM	AGE LESS THAN 4	Message Only	15	$109.20	$7.28	$0.00	12.8	93.6	0	0	$0.00
3	PROMETHAZINE HCL PLAIN	AGE LESS THAN 4	Message Only	4	$20.89	$5.22	$0.00	9.5	105.0	0	0	$0.00
4	PROMETHAZINE HCL	AGE LESS THAN 4	Message Only	2	$26.60	$13.30	$0.00	7.5	122.0	0	1	$8.35
5	PROMETHAZINE/CODEINE	AGE LESS THAN 4	Message Only	2	$13.39	$6.70	$0.00	5.5	40.0	0	0	$0.00
6	PROMETHAZINE VC/CODEINE	AGE LESS THAN 4	Message Only	1	$18.33	$18.33	$0.00	7.0	30.0	0	0	$0.00
6	PROMETHEGAN	AGE LESS THAN 4	Message Only	1	$13.05	$13.05	$0.00	3.0	3.0	0	0	$0.00
PA - Drug-Age Precaution				42	$327.89	$7.81	$0.00	11.1	88.2	0	3	$19.73

* 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	1,327	$22,866.41	$17.23	$0.00	16.7	65.3	0	186	$1,372.06
2	HYDROMORPHONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	900	$4,869.55	$5.41	$0.00	4.6	16.3	0	484	$1,280.02
3	MORPHINE SULFATE	SHORT ACTING NARCOTIC ANALGESI	Message Only	827	$4,341.73	$5.25	$0.00	4.7	15.3	0	491	$1,293.25
4	OXYCODONE/ ACETAMINOPHEN	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,073	$37,847.53	$35.27	$0.00	14.4	58.6	0	193	$1,898.24
5	QUETIAPINE FUMARATE	ORAL ANTIPSYCHOTICS	Message Only	1,142	$20,315.44	$17.79	$0.00	27.4	40.1	0	103	$1,196.85
6	OXYCODONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	952	$32,655.02	$34.30	$0.00	22.6	102.2	0	93	$1,754.34
7	RISPERIDONE	ORAL ANTIPSYCHOTICS	Message Only	842	$11,120.73	$13.21	$0.00	27.6	45.8	0	75	$915.38
8	TRAMADOL HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	715	$6,751.12	$9.44	$0.00	21.6	88.8	0	70	$427.63
9	ALPRAZOLAM	BENZODIAZEPINES	Message Only	666	$5,958.00	$8.95	$0.00	25.3	62.4	0	88	$375.53
10	LISINOPRIL	ANGIOTENSIN BLOCKERS	Message Only	540	$3,248.41	$6.02	$0.00	34.8	39.1	0	123	$418.81
All Others				31,323	$4,229,601.89	$135.03	$0.00	24.1	54.9	7,027	5,717	$765,683.36
TD - Therapeutic Duplication				40,307	$4,379,575.83	$108.66	$0.00	23.0	54.7	7,027	7,623	$776,615.47

* 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, 2015
Primary End Date:	Dec 31, 2015
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, 2016 and Mar 31, 2016

Apr 19, 2016
11:39:49 AM

Claims Summary:

RxCLAIM Status	Total Rxs	% of Total Rxs	Total Plan Paid	Total Member Paid
Paid	788,252	61.3%	$71,987,212.63	$0.00
Rejected	402,093	31.3%	$57,052,700.28	$0.00
Reversed	94,747	7.4%	-$17,976,944.80	$0.00
Totals	1,285,092	100%	$111,062,968.11	$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	63,841	22.8%	57,667	90.3%	0	0.0%	6,174	9.7%
TD - Therapeutic Duplication	0 - NS	60,506	21.6%	44,395	73.4%	7,775	12.8%	8,336	13.8%
ID - Ingredient Duplication	2 - Mod	50,063	17.9%	13,624	27.2%	32,745	65.4%	3,694	7.4%
DD - Drug-Drug Interaction	1 - Maj	40,153	14.3%	32,767	81.6%	3,742	9.3%	3,644	9.1%
LD - Low Dose Alert	0 - NS	28,546	10.2%	24,050	84.2%	0	0.0%	4,496	15.8%
HD - High Dose Alert	0 - NS	19,809	7.1%	17,342	87.5%	170	0.9%	2,297	11.6%
MN - Insufficnt Duration Alert	0 - NS	11,358	4.1%	8,100	71.3%	0	0.0%	3,258	28.7%
MX - Excessive Duration Alert	0 - NS	5,691	2.0%	5,278	92.7%	0	0.0%	413	7.3%
PA - Drug-Age Precaution	1 - Maj	79	0.0%	73	92.4%	0	0.0%	6	7.6%
Total All DURs		280,046	100.0%	203,296	72.6%	44,432	15.9%	32,318	11.5%

* 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	587	$5,888.20	$10.03	$0.00	28.3	78.5	64	30	$147.53
2	TRAZODONE HCL - QUETIAPINE	Message Only	467	$4,764.48	$10.20	$0.00	28.5	41.7	41	53	$228.41
3	SIMVASTATIN - FENOFIBRATE	Message Only	441	$6,960.96	$15.78	$0.00	32.1	32.2	48	17	$273.67
4	TRAZODONE - QUETIAPINE FUMARATE	Message Only	396	$6,176.60	$15.60	$0.00	28.2	45.6	39	57	$380.02
5	TRAZODONE HCL - CITALOPRAM	Message Only	387	$3,668.48	$9.48	$0.00	29.7	39.6	42	16	$161.98
6	SPIRONOLACTONE - LISINOPRIL	Message Only	353	$3,665.70	$10.38	$0.00	35.8	38.9	55	26	$179.71
7	SPIRONOLACT - LISINOPRIL	Message Only	369	$3,044.07	$8.25	$0.00	36.2	43.7	30	31	$141.85
8	TRAZODONE - CITALOPRAM HYDROBROMIDE	Message Only	330	$2,637.86	$7.99	$0.00	30.2	33.4	30	18	$145.69
9	DIVALPROEX - CLONAZEPAM	Message Only	327	$3,096.65	$9.47	$0.00	26.7	56.6	26	15	$104.83
10	VOLTAREN - METFORMIN	Message Only	303	$24,070.17	$79.44	$0.00	24.6	224.4	43	14	$1,080.93
All Others			28,807	$2,877,658.69	$99.89	$0.00	25.4	46.0	3,324	3,367	$604,370.99
DD - Drug-Drug Interaction			32,767	$2,941,631.86	$89.77	$0.00	25.9	47.8	3,742	3,644	$607,215.61

* 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	494	$15,784.93	$31.95	$0.00	16.2	126.2	0	19	$670.21
2	ZOLPIDEM TARTRATE	GERIATRIC MAX DLY = .50UN	Message Only	426	$1,746.78	$4.10	$0.00	30.0	30.0	0	21	$103.43
3	KETOROLAC TROMETHAMINE	GERIATRIC MAX DLY = 2.00UN	Message Only	424	$2,680.57	$6.32	$0.00	1.0	4.7	0	21	$142.79
4	DEXAMETHASONE SODIUM PHOS	GERIATRIC MAX DLY = 2.60UN	Message Only	241	$4,216.38	$17.50	$0.00	1.0	12.7	0	9	$107.83
5	KENALOG-40	GERIATRIC MAX DLY = 2.00UN	Message Only	227	$7,569.76	$33.35	$0.00	1.0	5.8	0	15	$315.91
6	PROMETHAZINE/ CODEINE	ADULT MAX DLY = 30.00 UN	Message Only	223	$2,660.16	$11.93	$0.00	2.9	130.6	0	8	$91.21
7	GRANISETRON HCL	GERIATRIC MAX DLY = .85UN	Message Only	215	$5,416.43	$25.19	$0.00	1.0	1.6	0	6	$389.50
8	MIDAZOLAM HCL	GERIATRIC MAX DLY = 3.50UN	Message Only	158	$295.42	$1.87	$0.00	1.0	5.3	0	52	$98.19
9	VITAMIN D3	ADULT MAX DLY = 1.00 UN	Message Only	195	$1,702.04	$8.73	$0.00	28.8	65.8	0	11	$82.75
10	INVEGA SUSTENNA	ADULT MAX DLY = .05 UN	Message Only	198	$320,493.71	$1,618.66	$0.00	26.4	1.5	0	6	$10,311.90
All Others				14,541	$3,788,680.16	$260.55	$0.00	15.0	117.1	170	2,129	$883,394.62
HD - High Dose Alert				17,342	$4,151,246.34	$239.38	$0.00	14.5	105.4	170	2,297	$895,708.34

* 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	1	$14.62	$14.62	$0.00	7.0	21.0	891	0	$0.00
2	SODIUM CHLORIDE	SOD CHLORIDE INJ 0.9%	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	588	0	$0.00
3	OXYCODONE/ ACETAMINOPHEN	OXYCOD/APAP TAB 10-325MG	Hard Reject	2	$46.81	$23.40	$0.00	7.0	21.0	489	0	$0.00
4	PROAIR HFA	PROAIR HFA AER	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	419	0	$0.00
5	ALPRAZOLAM	ALPRAZOLAM TAB 1MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	411	0	$0.00
6	ZOLPIDEM TARTRATE	ZOLPIDEM TAB 10MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	404	0	$0.00
7	GABAPENTIN	GABAPENTIN CAP 300MG	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	371	0	$0.00
8	ALPRAZOLAM	ALPRAZOLAM TAB 2MG	Hard Reject	1	$13.43	$13.43	$0.00	30.0	60.0	368	0	$0.00
9	TRAMADOL HCL	TRAMADOL HCL TAB 50MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	311	0	$0.00
10	CLONAZEPAM	CLONAZEPAM TAB 1MG	Hard Reject	2	$22.23	$11.12	$0.00	20.0	30.0	276	0	$0.00
All Others				13,618	$2,077,676.07	$152.57	$0.00	27.4	99.1	28,217	3,694	$612,675.71
ID - Ingredient Duplication				13,624	$2,077,773.16	$152.51	$0.00	27.4	99.1	32,745	3,694	$612,675.71

* 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	723	$281.80	$0.39	$0.00	1.5	1.5	0	461	$120.14
2	ONDANSETRON ODT	GERIATRIC MIN DLY = 2.00UN	Message Only	659	$333.89	$0.51	$0.00	1.3	1.3	0	275	$114.45
3	IPRATROPIUM BROMIDE/ALBUT	GERIATRIC MIN DLY = 12.00UN	Message Only	590	$854.34	$1.45	$0.00	2.7	15.9	0	273	$216.15
4	METFORMIN HCL	ADULT MIN DLY = 1.70 UN	Message Only	575	$4,633.08	$8.06	$0.00	34.8	34.5	0	46	$401.21
5	VITAMIN D	ADULT MIN DLY = .14 UN	Message Only	499	$4,703.60	$9.43	$0.00	30.2	3.0	0	22	$188.82
6	ALBUTEROL SULFATE	GERIATRIC MIN DLY = 9.00UN	Message Only	386	$525.74	$1.36	$0.00	3.5	18.0	0	111	$104.10
7	GABAPENTIN	ADULT MIN DLY = 3.00 UN	Message Only	441	$4,710.65	$10.68	$0.00	32.0	51.8	0	29	$296.81
8	CITALOPRAM HYDROBROMIDE	ADULT MIN DLY = 2.00 UN	Message Only	323	$3,335.64	$10.33	$0.00	29.1	29.2	0	38	$406.20
9	PROPRANOLOL HCL	ADULT MIN DLY = 3.00 UN	Message Only	312	$3,666.21	$11.75	$0.00	30.2	53.6	0	43	$522.31
10	ONDANSETRON HCL	ADULT MIN DLY = 2.00 UN	Message Only	323	$3,760.19	$11.64	$0.00	19.0	12.0	0	22	$266.04
All Others				19,219	$2,039,169.61	$106.10	$0.00	24.2	52.7	0	3,176	$440,680.45
LD - Low Dose Alert				24,050	$2,065,974.75	$85.90	$0.00	22.6	46.0	0	4,496	$443,316.68

* 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	79	$589.32	$7.46	$0.00	30.0	32.3	0	9	$66.00
2	LEVOTHYROXINE SODIUM	7 DAYS LATE REFILLING	Message Only	75	$734.08	$9.79	$0.00	29.8	29.4	0	0	$0.00
3	AMLODIPINE BESYLATE	7 DAYS LATE REFILLING	Message Only	72	$630.06	$8.75	$0.00	29.7	30.1	0	1	$10.93
4	ATORVASTATIN CALCIUM	8 DAYS LATE REFILLING	Message Only	67	$773.67	$11.55	$0.00	29.5	29.8	0	3	$27.25
5	ATORVASTATIN CALCIUM	7 DAYS LATE REFILLING	Message Only	64	$724.27	$11.32	$0.00	30.0	30.5	0	4	$43.98
6	PROAIR HFA	11 DAYS LATE REFILLING	Message Only	63	$3,192.04	$50.67	$0.00	19.9	8.9	0	2	$120.07
6	LISINOPRIL	8 DAYS LATE REFILLING	Message Only	62	$450.39	$7.26	$0.00	29.4	31.6	0	3	$25.54
8	AMLODIPINE BESYLATE	8 DAYS LATE REFILLING	Message Only	57	$447.59	$7.85	$0.00	30.0	31.6	0	4	$33.76
8	GABAPENTIN	8 DAYS LATE REFILLING	Message Only	53	$691.73	$13.05	$0.00	28.2	97.3	0	8	$125.08
10	LISINOPRIL	9 DAYS LATE REFILLING	Message Only	53	$406.83	$7.68	$0.00	29.6	33.0	0	3	$18.91
All Others				57,022	$5,520,860.25	$96.82	$0.00	28.8	49.1	0	6,137	$1,037,297.01
LR - Underuse Precaution				57,667	$5,529,500.23	$95.89	$0.00	28.8	48.9	0	6,174	$1,037,768.53

* 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	542	$9,551.67	$17.62	$0.00	9.3	145.2	0	105	$1,176.72
2	LISINOPRIL	MIN. DAYS THERAPY = 7	Message Only	338	$252.28	$0.75	$0.00	1.3	1.6	0	223	$11.51
3	PANTOPRAZOLE SODIUM	MIN. DAYS THERAPY = 7	Message Only	292	$155.96	$0.53	$0.00	1.2	1.3	0	200	$30.07
4	METOPROLOL TARTRATE	MIN. DAYS THERAPY = 7	Message Only	228	$69.38	$0.30	$0.00	1.1	1.6	0	162	$5.68
5	CLONIDINE HCL	MIN. DAYS THERAPY = 7	Message Only	240	$393.66	$1.64	$0.00	1.6	5.5	0	110	$44.30
6	LEVETIRACETAM	MIN. DAYS THERAPY = 14	Message Only	313	$3,390.76	$10.83	$0.00	5.8	49.0	0	35	$177.76
7	LIPITOR	MIN. DAYS THERAPY = 7	Message Only	170	$2,399.45	$14.11	$0.00	1.0	1.5	0	135	$1,836.53
8	SULFAMETHOXAZOLE/ TRIMETHO	MIN. DAYS THERAPY = 5	Message Only	210	$1,020.72	$4.86	$0.00	2.0	8.8	0	42	$112.96
9	FERROUS SULFATE	MIN. DAYS THERAPY = 30	Message Only	179	$998.08	$5.58	$0.00	12.3	22.9	0	60	$41.37
10	BROMPHEN/ PSEUDOEPHEDRINE	MIN. DAYS THERAPY = 7	Message Only	221	$6,006.92	$27.18	$0.00	4.7	112.2	0	16	$435.52
All Others				5,367	$238,319.39	$44.40	$0.00	2.5	17.4	0	2,170	$70,638.97
MN - Insufficnt Duration Alert				8,100	$262,558.27	$32.41	$0.00	3.2	27.3	0	3,258	$74,511.39

* 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	2,519	$25,673.52	$10.19	$0.00	30.1	65.3	0	140	$2,164.02
2	AZITHROMYCIN	MAX DAYS THERAPY = 5	Message Only	321	$7,211.59	$22.47	$0.00	11.0	20.7	0	15	$314.35
3	FLUCONAZOLE	MAX DAYS THERAPY = 1	Message Only	204	$2,843.12	$13.94	$0.00	3.1	3.3	0	13	$304.86
4	EPIPEN 2-PAK	MAX DAYS THERAPY = 1	Message Only	152	$82,423.18	$542.26	$0.00	2.2	2.2	0	20	$9,956.65
5	MAPAP	MAX DAYS THERAPY = 10	Message Only	161	$1,522.89	$9.46	$0.00	26.9	101.1	0	9	$88.57
6	DIPHENOXYLATE/ ATROPINE	MAX DAYS THERAPY = 14	Message Only	146	$3,267.95	$22.38	$0.00	26.9	104.7	0	16	$320.58
7	POLYETHYLENE GLYCOL 3350	MAX DAYS THERAPY = 14	Message Only	111	$3,378.78	$30.44	$0.00	29.5	29.5	0	19	$505.14
8	SENEXON-S	MAX DAYS THERAPY = 14	Message Only	112	$1,085.73	$9.69	$0.00	29.5	58.3	0	6	$51.01
9	TRAMADOL HYDROCHLORIDE/AC	MAX DAYS THERAPY = 5	Message Only	106	$1,710.22	$16.13	$0.00	21.1	73.5	0	9	$153.59
10	CEFDINIR	MAX DAYS THERAPY = 10	Message Only	104	$4,459.59	$42.88	$0.00	15.7	70.1	0	2	$75.27
All Others				1,342	$201,446.32	$150.11	$0.00	26.3	74.4	0	164	$44,849.12
MX - Excessive Duration Alert				5,278	$335,022.89	$63.48	$0.00	25.5	62.2	0	413	$58,783.16

* 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	29	$218.50	$7.53	$0.00	10.1	86.4	0	1	$7.05
2	PROMETHAZINE/ DEXTROMETHOR	AGE LESS THAN 4	Message Only	19	$149.23	$7.85	$0.00	9.5	96.3	0	0	$0.00
3	PROMETHAZINE HCL PLAIN	AGE LESS THAN 4	Message Only	12	$87.77	$7.31	$0.00	9.3	114.4	0	1	$11.99
4	PROMETHAZINE HCL	AGE LESS THAN 4	Message Only	6	$62.68	$10.45	$0.00	10.0	114.2	0	2	$22.16
5	PROMETHAZINE/CODEINE	AGE LESS THAN 4	Message Only	4	$38.97	$9.74	$0.00	13.8	82.5	0	1	$12.41
6	PROMETHAZINE VC/CODEINE	AGE LESS THAN 4	Message Only	2	$80.35	$40.18	$0.00	20.0	102.5	0	0	$0.00
6	PROMETHEGAN	AGE LESS THAN 4	Message Only	1	$19.78	$19.78	$0.00	2.0	10.0	0	1	$19.78
PA - Drug-Age Precaution				73	$657.28	$9.00	$0.00	10.2	95.0	0	6	$73.39

* 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	MORPHINE SULFATE	SHORT ACTING NARCOTIC ANALGESI	Message Only	969	$4,815.23	$4.97	$0.00	3.8	12.6	0	656	$1,778.56
2	HYDROCODONE/ ACETAMINOPHEN	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,262	$21,591.36	$17.11	$0.00	16.4	66.0	0	188	$1,097.22
3	QUETIAPINE FUMARATE	ORAL ANTIPSYCHOTICS	Message Only	1,318	$19,845.33	$15.06	$0.00	26.8	38.8	0	101	$939.53
4	HYDROMORPHONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	876	$4,680.25	$5.34	$0.00	4.7	16.3	0	458	$1,328.77
5	OXYCODONE/ ACETAMINOPHEN	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,074	$32,960.98	$30.69	$0.00	13.4	54.0	0	229	$2,095.21
6	RISPERIDONE	ORAL ANTIPSYCHOTICS	Message Only	963	$11,541.98	$11.99	$0.00	27.6	46.7	0	99	$997.04
7	OXYCODONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	959	$29,472.73	$30.73	$0.00	22.6	103.4	0	87	$1,132.45
8	TRAMADOL HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	750	$7,348.00	$9.80	$0.00	21.2	85.3	0	48	$338.60
9	LISINOPRIL	ANGIOTENSIN BLOCKERS	Message Only	646	$4,007.48	$6.20	$0.00	32.6	35.8	0	141	$391.82
10	ALPRAZOLAM	BENZODIAZEPINES	Message Only	707	$6,704.52	$9.48	$0.00	24.9	62.1	0	62	$314.85
All Others				34,871	$4,233,948.17	$121.42	$0.00	24.4	52.8	7,775	6,267	$809,768.65
TD - Therapeutic Duplication				44,395	$4,376,916.03	$98.59	$0.00	23.2	52.6	7,775	8,336	$820,182.70

* 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, 2016
Primary End Date:	Mar 31, 2016
Relative Date Description:	N/A
Select Report Group By:	Product
Top Values Displayed:	10
Display Report Description:	No