BRIAN SANDOVAL
Governor

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

ROMAINE GILLILAND
Director

LAURIE SQUARTSOFF
Administrator

NOTICE OF PUBLIC MEETING – DRUG USE REVIEW BOARD

AGENDA

Date of Posting: **xxxxx**

Date of Meeting: **Thursday, July 24, 2014 at 5:30 PM**

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

Place of Meeting: **Best Western Airport Plaza Hotel**
1981 Terminal Way
Reno, Nevada 89502-3215

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 April 24, 2014.

   b. Status Update by DHCFP

      1. Policy updates
      2. Division updates
      3. Health Care Reform

   c. Annual DUR report presentation

      1. **For Possible Action:** Board Approval of preliminary Annual DUR Report for submission to Centers for Medicare and Medicaid Services (CMS).

4. **Clinical Presentations**

   a. **For Possible Action:** Discussion and proposed adoption of updated clinical prior authorization criteria for medications used for the treatment of acne.

1. Public comment on proposed clinical prior authorization criteria.
2. Presentation of utilization and clinical information.
3. Discussion by the Board and review of utilization data.

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

1. Public Comment on proposed clinical prior authorization criteria.
2. Presentation of utilization and clinical information.
3. Discussion by the Board and review of utilization data.

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

1. Public comment on proposed clinical prior authorization criteria.
2. Presentation of utilization and clinical information.
3. Discussion by Board and review of utilization data.

d. **For Possible Action:** Discussion and proposed adoption of updated clinical prior authorization criteria for agents used to treat ADD/ADHD.

1. Public comment on proposed clinical prior authorization criteria.
2. Presentation of utilization and clinical information.
3. Discussion by Board and review of utilization data.

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

1. Public comment on proposed clinical prior authorization criteria.
2. Presentation of utilization and clinical information.
3. Discussion by Board and review of utilization data.

5. DUR Board Requested Reports

a. Report on Top 10 Black Box warning medications:

1. Public comment on Black Box warnings.
2. Discussion by the Board and review of utilization data.

b. Report on controlled substance utilization and trends.

1. Public comment on controlled substance utilization and trends.
2. Discussion by the Board and review of utilization data.

c. Report on psychotropic drug use in children.

1. Public comment on psychotropic drug use in children.
2. Discussion by the Board and review of utilization data.

d. Report on ProDUR edit on late refill and correlation to ER visits.

1. Public comment on late refill and ER visits.
2. Discussion by the Board and review of utilization data.

e. Report on buprenorphine and buprenorphine/naloxone use.

1. Public comment on buprenorphine and buprenorphine/naloxone use.
2. Discussion by the Board and review of utilization data.
3. **For Possible Action:** Changes to the Prior Authorization criteria, quantity, age or gender limits.

6. Standard DUR Reports

a. Review of Prescribing/Program Trends.

1. Top 10 Therapeutic Classes for Q3 2013, Q4 2013, and Q1 2014 (by Payment and by Claims).
2. Top 50 Drugs of Q3 2013, Q4 2013, and Q1 2014 (by Payment and by Claims).

b. Concurrent Drug Utilization Review (ProDUR)

1. Review of Q3 2013, Q4 2013, and Q1 2014.
2. Review of Top Encounters by Problem Type.

c. Retrospective Drug Utilization Review (RetroDUR)

1. Public comment on Retro DUR.
2. Status of previous quarter.
3. Status of current quarter.
4. Review and discussion of responses.

7. Closing Discussion

a. Public comments on any subject.

b. Date and location of the next meeting.

1. Discussion of the time of the next meeting.

c. Adjournment.

No action may be taken on a matter raised under any item of the agenda until the matter itself has been specifically included on the agenda as an item upon which action can be taken.

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 per person or business entity.

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

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

If requested in writing, items for discussion will be mailed to you. Requests and/or written comments on the items for discussion may be sent to the Division of Health Care Financing and Policy, Attention Rita Mackie, 1100 E. William Street, Suite 101, Carson City, NV 89701.

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

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

Tab: Meeting Minutes

BRIAN SANDOVAL
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MICHAEL J. WILLDEN
Director

LAURIE SQUARTSOFF
Administrator

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

The Division of Health Care Financing and Policy (DHCFP) Drug Use Review (DUR) Board conducted a public meeting on April 24, 2014 beginning at 5:30 pm at the following location:

BEST WESTERN AIRPORT PLAZA HOTEL
1981 TERMINAL WAY
RENO, NV 89502-3215

Board Members Present:
Paul Oesterman, Pharm.D., Chairman; James Marx, M.D.; Dave England, Pharm.D.; Jeff Zollinger, D.O.

Board Member Absent:
Larry Nussbaum, MD; Chris Shea, Pharm.D.

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

HPES:
Beth Slamowitz, Pharm.D.

Catamaran:
Carl Jeffery, Pharm.D. Account Manager; Mariellen Rich

Others:
Alan Kaska, Abbott; Charlie Collins, Gilead; Sandy Sierawsky, Pfizer; Brooks Hubbard, BIPI; Marcus Laughlin, BIPI; Charissa Anne, J&J; Mary Kay Queener, J&J; Shane Hall, Purdue; Mike Stauffer, J&J; Camille Kerr, Allergan; Deirdre Monroe, Allergan; Betty Chan, Gilead; Melissa Walsh, Nova; Kim Laubmeier, Otsuka; Krystal Joy, Otsuka; Scott Larson, BMS; Lori Howarth, Bayer

1) Call to Order and Roll Call

Meeting called to order at 5:30 PM.

Roll Call:
Carl Jeffery, Catamaran
James Marx, MD, Las Vegas Pain Management and Addiction
David England, Pharm.D., Las Vegas
Paul Oesterman, Pharm.D. Reno
Darrell Faircloth, Deputy Attorney General
Jeff Zollinger, Pain Specialist in Reno
Mary Griffith, DHCFP
Coleen Lawrence, Chief Clinical Policy Team, Nevada Medicaid

2) Public Comment

None.

3) Administrative

a) Review and approve January 23, 2014 Meeting Minutes

James Marx, MD: requested the minutes to be more abstracted.
Paul Oesterman, Pharm.D., Chairman: Page 9, spelling correction for medication "Xeljanz."
Dave England, Pharm.D.: Moved to accept meeting minutes.
James Marx, MD: Second.
Board votes unanimous, "Aye."
Minutes approved.

b) Status Update by DHCFP

Coleen Lawrence: Provided updates on:

ICD-10. Implementation has been delayed another year. We are looking at 2015 now. The policy updates will still be coming to the Board for small changes.

CMS has asked states to do another State Plan Amendment for benzos and barbs for 2014. We will be submitting that. No policy changes with this, we are just keeping the State Plan up to date.

DHCFP has been preparing budget concept papers to our Director's office. They must be submitted by next week. There are a lot of ideas, provider rate increases, and some others.

Presentation of Clinical Steering Board

Based on practices and changes across the Board, HP presented this information and we're very impressed with the emergency room visits.

Beth Slamowitz, Pharm.D.: Called Ross Merritt, Senior Analytics Consultant, who put the presentation together but was unable to connect. Slides presented:

ER Frequent Fliers: Population Metrics

- Patients: 112
- Average Age: 41
- 51% Male (44% in all NV Medicaid)
- ER visits: 4,425 (39.5 visits per person)
- 93 patients with at least 1 inpatient admission (692 total admissions)
- Patients saw an average of 19 providers
- Patients filled 75 prescriptions each
- $7.1 million in net payments in FY 2013 (all services)
- More likely to reside in Elko County (11% vs 2%)

James Marx, MD: Are those 19 ER providers?
Beth Slamowitz, Pharm.D.: Those are 19 providers in general. They looked at the total claim history as a whole.

Most Common Diagnoses

- Resp Sys/Oth Chest Symp (93% of frequent fliers*)
- Other Abdomen/Pelvis Symp (91%)
- General Symptoms (83%)
- Other Soft Tissue Dis (71%)
- Symptoms Invol Head/Neck (69%)
- Back Disorder NED & NOS (67%)
- GI System Symptoms (63%)
- Joint Disorder NEC & NOS (62%)

*93% of patients had at least 1 ER visit with a primary diagnosis of Resp Sys/Oth Chest Symp (Dx Code 786.xx)

Chronic Conditions

Condition	Prevalence	Condition	Prevalence
Anxiety Disorder	34%	Diabetes	31%
Asthma	18%	Bipolar Disorder	36%
Congestive Heart Failure	19%	Coronary Artery Disease	23%
Complications	31%	HIV Infection	3%
Hypertension	47%	Low Back Disorder	65%
Depression	50%	Obesity	1%

- Everything is higher than average, except obesity, which is severely underdiagnosed.
- Notice the rates of conditions related to behavioral health
- The rates of heart disease, diabetes and hypertension are double or triple the Medicaid average

Beth Slamowitz, Pharm.D.: Everything is higher than the general population except obesity which is under diagnosed.

Prescription Drugs

- Forty-four percent (44%) of prescriptions are Central Nervous System drugs.
  - Analg/Antipyr, Opiate Agonists
  - Anticonvulsants, Misc
  - Benzodiazepines
  - Psychotherapeutics, Antidepressants
- Cardiovascular Agents (12%)
- Gastrointestinal Drugs (7%)
- Anti-Infective Agents (7%)
- Autonomic Drugs (6%)

Prescription Drugs – Top 10 by Net Payments, 2013

ER Frequent Fliers

Product Name	Therapeutic Class General	Net Pay	Patients	Days Supply
Abilify	Anti-Infective Agents	$22,279	1	360
Dronabinol	Gastrointestinal Drugs	$17,199	2	360
Abilify	Central Nervous System	$11,240	6	540
Oxycodone Hydrochloride	Central Nervous System	$10,577	35	5,754
Morphine Sulfate	Central Nervous System	$6,552	16	1,620
Apap/Hydrocodone Bitartate	Central Nervous System	$6,207	69	5,640
Opana Er	Central Nervous System	$5,724	2	240
Cubicin	Central Nervous System	$4,901	1	24
Apap/Oxycodone	Central Nervous System	$4,650	65	2,617

All Fee-for-Service

Product Name	Therapeutic Class General	Net Pay	Patients	Days Supply
Abilify	Central Nervous System	$6,009,198	2,314	360,590
Synagis	Anti-Infective Agents	$2,774,065	257	54,406
Invega Sustenna	Anti-Infective Agents	$1,954,917	242	45,184
Seroquel Xr	Anti-Infective Agents	$1,825,654	655	107,029
Nexium	Gastrointestinal Drugs	$1,576,555	1,847	290,225
Truvada	Gastrointestinal Drugs	$1,471,660	250	41,310
Spiriva	Autonomic Drugs	$1,255,075	1,577	252,776
Cymbalta	Autonomic Drugs	$1,200,020	1,259	199,740
Invega	Autonomic Drugs	$1,166,649	255	51,967

Prescription Drugs – Top 10 by # of Patients, 2013

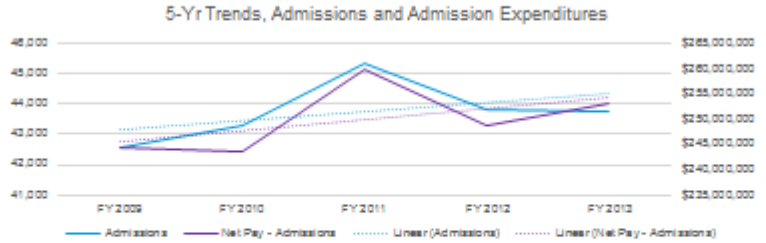
ER Frequent Fliers

Product Name	Therapeutic Class General	Patients
Apap/Hydrocodone Bitartate	Central Nervous System	69
Apap/Oxycodone	Central Nervous System	65
Azithromycin	Anti-Infective Agents	42
Ciprofloxacin	Anti-Infective Agents	40
Tramadol Hydrochloride	Central Nervous System	38
Gabapentin	Central Nervous System	38
Hydrocodone Bitartate and Acetaminophen	Central Nervous System	36
Ondansetron	Gastrointestinal Drugs	36
Oxycodone Hydrochloride	Central Nervous System	35

All Fee-for-Service

Product Name	Therapeutic Class General	Patients
Apap/Hydrocodone Bitartate	Central Nervous System	20060
Amoxicillin	Anti-Infective Agents	18428
Azithromycin	Anti-Infective Agents	14445
Ibuprofen	Central Nervous System	11416
Albuterol Sulfate	Autonomic Drugs	8046
Lisinopril	Cardiovascular Agents	7638
Apap/Oxycodone	Central Nervous System	7458
Cephalexin	Anti-Infective Agents	7474
Alprazolam	Central Nervous System	7048

Admission Trends, Overall, FY 2009 – FY 2013



	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	5-Yr Change
Admits Acute	42,592	43,268	45,367	43,837	43,785	2.8%
Net Pay Admit Acute	$244,413,317	$243,408,288	$259,947,852	$248,608,939	$252,943,241	3.5%

Beth Slamowitz, Pharm.D.: Looking at the acute admits, the number doesn't increase that much, 2.8% over 5 years which is good. That might have some to do with the secondary clinics, the urgent care clinics.

Admission Trends by DRG

DRGs with largest 5-year increases (at least 10 admissions in FY09)

DRG w Code	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	5-Yr Trend
054 Nervous System Neoplasms w MCC	10	19	27	30	30	200%
637 Diabetes w MCC	76	150	169	200	205	170%
935 Non-Extens Burns	12	18	24	18	26	117%
983 Extens Off Proc Unrelated to Prin Dx wo CC/MCC	12	12	13	15	26	117%
071 Nonspecific Cerebrovascular Disorders w CC	12	11	15	14	25	108%
884 Organic Disturbances & Mental Retardation	65	78	106	144	126	103%
133 Other Ear Nose Mouth & Throat OR Procs w CC/MCC	10	16	15	24	20	100%
189 Pulmonary Edema & Resp Failure	172	169	221	261	555	94%
086 Traumatic Stupor & Coma-Coma <1 Hr w CC	10	21	17	21	19	90%
064 Intracranial Hemorrhage or Cerebral Infarction w MCC	96	128	169	166	182	90%

Admission Trends by DRG

DRGs with largest 5-year decreases (at least 10 admissions in FY09)

DRG w Code	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	5-Yr Trend
664 Minor Bladder Procs wo CC/MCC	21	19	8	7	5	-86%
887 Other Mental Disorder Dxs	41	35	26	24	6	-85%
839 Chemo w Acute Leukemia As 3Dx wo CC/MCC	22	15	42	37	4	-82%
747 Vagina Cervix & Vulva Procs wo CC/MCC	16	15	14	9	4	-75%
497 Local Excis & Remov Int Fix Dev X Hip/Femur wo CC/MCC	12	10	9	5	3	-75%
020 Intracranial Vascular Procs w PDx Hemorrhage w MCC	17	5	8	5	5	-71%
665 Minor Bladder Procs w CC	15	6	12	4	4	-69%
627 Thyroid Parathyroid & Thyroglossal Procs wo CC/MCC	31	11	11	11	10	-68%
714 Transurethral Prostatectomy wo CC/MCC	12	11	10	5	4	-67%
167 Other Resp System OR Procs w CC	25	22	21	16	9	-64%

Members w 9+ Admissions: Population Metrics

- 105 Members
- 48% Male (vs 43% Male for all FFS Medicaid)
- Average age: 42.1 (vs 33.7 for all FFS Medicaid)
- Saw an average of 19 providers (same as ER frequent flier population)
- Patients filled 76 prescriptions on average (same as ER FF population)
- More likely to live in urban Clark County (85% vs 64%)

Coleen Lawrence: We are looking at the fee for service claims. Saying it was Clark County, right there you have a very specific population that we are talking about because in Clark County and in Washoe County, we have what we call “Moms and Babies”, and our age, blind and disabled patients. You have a very select population who are not in managed care that are in this group. This was before the Medicaid Expansion.

Members w 9+ Admissions: Admissions by DRG, FY13

Most common DRGs in the high admission population, as % of all admissions

	High Admit Group		All Medicaid		
DRG w Code	Admissions	% of Total	Admissions	% of Total	Ratio
640 Nutritional & Misc Metabolic Disorders w MCC	144	10.4%	459	1.0%	10.5
682 Renal Failure w MCC	72	5.2%	418	1.0%	5.4
812 Red Blood Cell Disorders wo MCC	66	4.8%	548	0.8%	6.0
291 Heart Failure & Shock w MCC	52	3.7%	456	1.0%	3.8
885 Psychoses	43	3.1%	3,154	7.2%	0.4
637 Diabetes w MCC	41	3.0%	305	0.5%	6.3
638 Diabetes w CC	33	2.4%	278	0.6%	5.7
313 Chest Pain	31	2.2%	529	0.8%	3.0
190 Chronic Obstructive Pulmonary Disease w MCC	30	2.2%	444	1.0%	2.1
191 Chronic Obstructive Pulmonary Disease w CC	30	2.2%	521	0.7%	2.9

Avoidable Admissions - Introduction

The Prevention Quality Indicators (PQIs) are a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions." **These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.**

Even though these indicators are based on hospital inpatient data, they **provide insight into the community health care system or services outside the hospital setting**. For example, patients with diabetes may be hospitalized for diabetic complications if their conditions are not adequately monitored or if they do not receive the patient education needed for appropriate self-management....

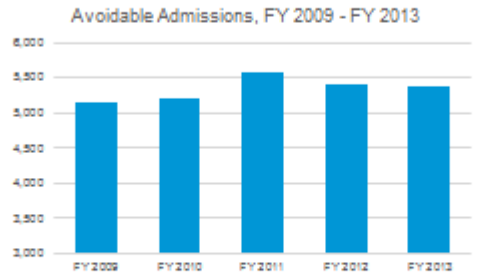
Avoidable Admissions – Introduction (cont.)

With high-quality, community-based primary care, hospitalization for these illnesses often can be avoided. Although other factors outside the direct control of the health care system, such as poor environmental conditions or lack of patient adherence to treatment recommendations, can result in hospitalization, the PQIs provide a good starting point for assessing quality of health services in the community.

They can be used to provide a window into the community — to identify unmet community health care needs, to monitor how well complications from a number of common conditions are being avoided in the outpatient setting, and to compare performance of local health care systems across communities.

For more information, please see http://www.qualityindicators.ahrq.gov

Avoidable Admission Trends



"Avoidable Admissions" are conditions on admission claims that generally would not have resulted in inpatient admission if appropriate prior treatment had occurred. The conditions included in this subset are angina without procedure, asthma, bacterial pneumonia, CHF, COPD, dehydration, diabetes, hypertension, low birth weight, pediatric gastroenteritis, perforated appendix, and urinary tract infection. Source: AHRQ Prevention Quality Indicators, Version 4.2, September 2010.

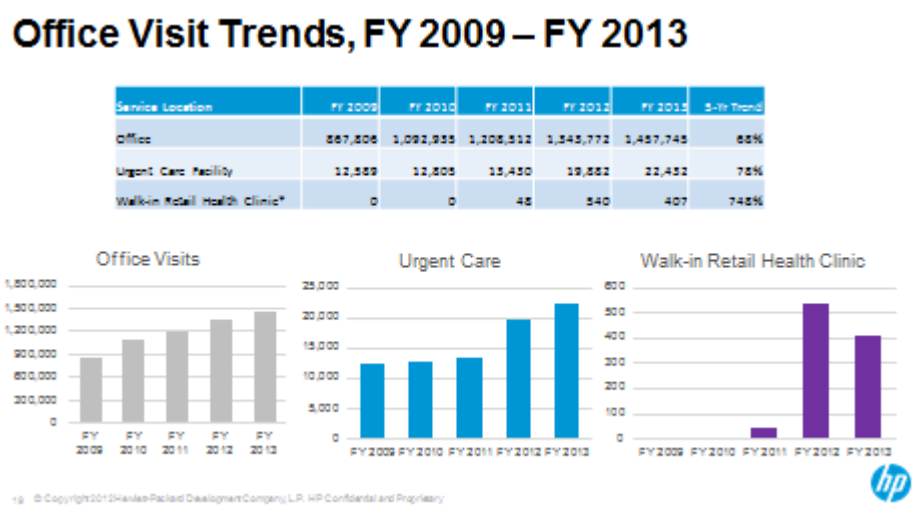
Paul Oesterman, Pharm.D., Chairman: The column on the left, is that patient days or total?
Beth Slamowitz, Pharm.D.: That is total.

Avoidable Admission Trends (cont.)

	Acute Admissions					
Avoidable Admission Condition	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	5-Yr Trend
Diabetes	650	721	911	575	682	56%
Asthma	591	480	447	456	469	20%
Urinary Tract Infection	599	562	629	654	635	7%
Hypertension	140	176	155	147	149	6%
Perforated Appendix	71	73	66	62	75	6%
Bacterial Pneumonia	545	555	965	594	547	0%
Congestive Heart Failure	622	715	617	751	609	-2%
COPD	736	719	769	756	715	-3%
Low Birth Weight	629	647	586	576	596	-5%
Pediatric Gastroenteritis	65	53	50	44	56	-8%
Dehydration	165	124	149	95	109	-33%
Angina without Procedure	52	30	29	24	20	-55%

Considering the growth of the population as a whole, these results indicate that the system is improving its ability to deliver high quality, coordinated care in outpatient settings, preventing complications and increasingly severe disease.

An increase in high quality outpatient care should correspond to a decrease in admissions



Paul Oesterman, Pharm.D., Chairman: Thanks Dr. Slamowitz for the presentation. The Board will review and come back with some ideas and recommendations for the next meeting.

The Board discussed access to health care or lack of using the care that is available. It was suggested to look at more than just ER, but also looking at labs, primary care visits, compliance. Coordination of care and care management were mentioned as possible areas to help.

Paul Oesterman, Pharm.D., Chairman: Requested a report to see something along the lines of how often the ER frequent flyers are using other services including pharmacy.

Dave England, Pharm.D.: Asked how Nevada compares to other programs.

Coleen Lawrence: Stated that Medicaid programs are hard to compare, but New Mexico is close to Nevada and we should be able to get some comparisons.

Paul Oesterman, Pharm.D., Chairman: Also suggested a closer look at asthma and diabetes patients.

4) Clinical Presentations

a) Presentation of sofosbuvir utilization and clinical information

Paul Oesterman, Pharm.D., Chairman: Recuses himself from the discussion due to a financial interest. Dave England, Pharm D. steps in to chair the meeting for this agenda item.

Betty Chan: On behalf of Gilead Science, stated the recommendations are consistent with the label. The only population was not addressed was the HIV/HCV co-infected patients. On our label we do have an indication for the co-infected. The recommendation is the same as the

mono-infected. She recommended adding that indication under number 1, “the following guidelines apply to HCV mono-infected and HCV/HIV co-infected with HIV”.

CarlJeffery, Pharm.D.: Presented clinical information and utilization trends.

Members discussed the treatment guidelines and goals of the PA criteria.

Carl Jeffery, Pharm.D.: Requetsed the Board to add a quantity limit of 12 weeks of therapy at a time limit. Also adding a letter “E” to the criteria for the co-infected patients.

Dave England, Pharm.D.: Proposed to accept the presented criteria as-is, with the addition of “E” that talks about the HIV co-infected and then changes on the quantity of 12-week intervals based on genotype.

James Marx, MD: I so move.
Jeff Zollinger, DO: Second.
Board votes unanimous “Aye.”

Paul Osterman, Pharm.D. returned to Chair the meeting.

b) Presentation of Hepatitis C Protease Inhibitors utilization and clinical information

Mary Kay Queener: Of Johnson and Johnson stated the PA criteria largely matched the package insert. She requested two changes. Under treatment continuation for weeks 9 through 12, the criteria calls out treatment naïve and prior relapsers, but in the package insert, prior-partial and null-responders are also included. She recommended adding those in as well or maybe just not have the particular sub-types called out. She also recommended under number one for treatment initiation, adding pre-screening the patients who have genotype 1A for the NS3 Q80K polymorphism because there is significantly decreased efficacy if they have this polymorphism.

Carl Jeffery, Pharm.D.: Preseented clinical information and utilization trends.

Members discussed the duration of therapy and quantity limits.

Paul Oesterman, Pharm.D., Chairman: Suggested the addition of the Olysio product to the current class. He called for approval of the revised criteria to include the addition of a 1. D. patients must NOT have NS3 Q80K polymorphism prescreening. And add E to include null-responders and prior-partial responders.

Dave England, Pharm.D.: So moved.

James Marx, MD: Second.

Board votes unanimous, “Aye.”

c) Presentation of palivizumab utilization and clinical information

Public Comment: None.

Carl Jeffery, Pharm.D.: Presented clinical information, utilization statistics and current criteria. He stated the current criteria was not quite aligned with the guidelines. In letter B, the new guidelines state the age should be 28 weeks and 6 days instead of just 28 weeks of gestation. So that adds that time to align with the guidelines. The other change is adding that the recipient is under the age of two at the start of the RSV season. As it is now, if they turn 2 during the season, they technically don't qualify any more.

Board members discussed by Board about RSV season definition.

Paul Oesterman,Pharm.D., Chairman: Proposed a motion to approve the revised criteria for Synagis.

Dave England, Pharm.D.: So moved.
James Marx, MD: Second.
Board votes unanimously, "Aye."

d) Presentation of proton pump inhibitor use and clinical information

Public Comment: None.

Carl Jeffery, Pharm.D.: Presented a brief clinical background, utilization and the current PA criteria. He suggested loosening the criteria to make them more accessible, and adding quantity limits of one per day.

The Board discussed quantity limits and concomitant use with other similar agents.

Paul Oesterman, Pharm.D., Chairman: Proposed a motion to approve the revised proposed criteria to include three steps with an "or" between each and the first two steps as presented and the third with the criteria of concurrent therapy with a PPI with an H2 antagonist or sucralfate.

Dave England, Pharm.D.: So moved.

James Marx, MD: Second.

Board votes unanimously, "Aye."

e) Presentation of immunomodulators use and clinical information

Sandy Sierawsky: with Pfizer, spoke on Xeljanz. She provided details on the mechanism of action, indications, administration, and contraindications. She pointed out the title on the criteria is "Injectable" but Xeljanz is an oral product.

Mary Kay Queener: with Johnson and Johnson, provided information regarding Stelara and the new indications for psoriatic arthritis and pediatric Crohn's and pediatric ulcerative colitis.

The members of the Board discussed how best to list the different drugs for the treatment with the different indications. The rules and exceptions for the decision process were discussed.

Paul Oesterman, Pharm.D., Chairman: Suggested the following changes to the criteria: remove the word, "Injectable", remove the specific brand names associated with each of the conditions, and then the next time we will bring back the criteria to include pediatric Crohn's and pediatric UC.

Dave England, Pharm.D.: So moved.

James Marx, MD: Second.

Board votes unanimously, "Aye."

f) Presentation of products used to treat ADD/ADHD use and clinical information

Sandy Sierawsky: with Pfizer. talked about Quilivant XR. She identifies when it is prescribed by a psychiatrist, the criteria is less restrictive. She provided data from IMS Health regarding prescribing trends of long-acting stimulants, few written by psychiatrist, the rest from other practitioners. The ADA requires that pediatricians diagnosis and treat ADHD, from the Academy of Pediatrics. She stated the current criteria are cumbersome and restrictive and requests removing some barriers.

The Board discussed removing reference to DSM-IV and specific codes for ICD-9 and ICD-10, and the benefits and drawbacks of having it listed in Chapter 1200. The diagnosis still needs to be documented on the prescription and the prescriber still needs to call for a PA. The history of the criteria for psychiatrist override was also discussed.

Utilization statistics, and the increase in use was discussed The top prescribers are still psychiatrists. Regarding the concomitant use of short-acting and long-acting, are they being used together or diverted.

Paul Oesterman, Pharm.D., Chairman: Proposed to eliminate DSM-IV terminology, and leave as "Diagnosis of ADHD/ADD" and bring back the criteria for the next meeting with some specific patient data as to what kind of product, duration of therapy, and quantities used.

Dave England, Pharm.D.: Motion to accept the Chairman's proposal.
Jeff Zollinger, DO: Second.
Board votes unanimous, "Aye."

g) Review of transdermal fentanyl use and clinical information

Public Comment: None.

Carl Jeffery, Pharm.D.: Gave background information on why this drug is being reviewed. It has been five years since the last review and a generic is now available.

Utilization was discussed. The lower strengths use is increasing more than the other strengths. The appropriate utilization of 12mcg patch vs. the 25 mcg patch and when they should be started was discussed. Dr. Marx was surprised to see the utilization is so low. Problems of adhering to skin for 72 hours and skin reactions are reasons it may not be used as much..

Paul Oesterman, Pharm.D., Chairman: requested a report for the amount of fentanyl by age and diagnosis.

James Marx, MD: Suggested maybe having an edit to add a step of using fentanyl transdermal before moving to short acting and morphine.

Options for PAs were discussed. Quantity limits exceeding beyond 15 per 30 day, will require justification. The current quantity limit is one patch every 3 days.

A proposal was made to amend the current criteria to add a quantity of 15 per month, beyond that would require a PA.

Continued discussion on adding the criteria supported by the Black Box Warning. And calculating a morphine equivalent dose before approval is discussed.

Paul Oesterman, Pharm.D., Chairman: suggested changing A to "patient failed lesser means such as acetaminophen/opioid combination".

He stated that fentanyl patches are often used in combination with short-acting and other long-acting opioids.

Jeff Zollinger, DO: Recommended adding a statement of, "Not intended for the opioid naïve patient".

The item was tabled until the next meeting with a report on utilization by age and diagnosis.

h) Presentation of botulinum toxin products use and clinical information

Public Comment:

Deirdre Monroe with Allergan, agreed with the proposed language added to the policy.

Coleen Lawrence: Updated the Board about the policy added to chapter 600. It will be going to the June public hearing. One more statement that physicians must document utilization is for an FDA approved indication will be added. Physician Services billing manual will be updated at the same time.

Botulinum toxin will be limited to be dispensed by physician's offic's only.

No action taken.

i) Presentation of buprenorphine and buprenorphine/naloxone use and clinical information

Public comment: None.

Discussion by members on updating the criteria to include the new products available. Quantity limits were also updated. A reference to the drug names was removed. Options of adding Methadone transition as a reason for getting the buprenorphine-only product was discussed.

Paul Oesterman, Pharm.D., Chairman: requested a report of the count of recipients, the count of claims of top 25 recipients, how many recipients are started and never refilled or recipients on it indefinitely. He proposed a motion to approve the prior authorization criteria as previously amended with counseling recommended.

Dave England, Pharm.D.: Moved.
James Marx, MD: Second.
Board votes unanimous, "Aye."

j) Presentation of Hydrocodone ER (Zohydro®) use and clinical information

Public Comment: None.

Carl Jeffery, Pharm.D.: Presented indications, the approval process through FDA, and the process for obtaining this medication.

Board members discussed utilization. No usage since it was introduced. PA options and quantity limits was also discussed.

A motion was made to add a quantity limit of 5 tablets per 30 days for Zohydro ER. No PA criteria to exceed the quantity limit.

Dave England, Pharm.D.: Moved.

Jeff Zollinger, DO: Second.

Board votes unanimous, "Aye."

5) DUR Board Requested Reports

a) Special Presentation: Clinical Steering Board Presentation

Presented earlier in meeting

b) Report on Top 10 Black Box warning medications:

Not provided, tabled for next meeting.

c) Report on Controlled Substance utilization and trends

Presentation and discussion of utilization.

Paul Oesterman, Pharm.D., Chairman: Asked if it is reasonable to have the pharmacy check the controlled substances task force database before dispensing any controlled substances..

It was requested to add an agenda item for next meeting to have a Board of Pharmacy representative come talk to the DUR Board.

d) Report on psychotropic drug use in children

Carl Jeffery, PharmD. presented the utilization by age of psychotropic drugs, physician office claims and POS claims. The history of adding the PA criteria for the kids was discussed.

Paul Oesterman, Pharm.D., Chairman: Requested pulling out the seizure disorder diagnosis and bringing the data back to the next meeting.

Dave England, Pharm.D.: Requested comparing which are prescribed by a psychiatrist vs. family practitioners.

Action for next meeting: Remove Seizure related diagnosis, break down by provider specialty type and remove PAD claims.

e) Report on Promethazine VC use

Carl Jeffery, PharmD: presented the utilization of Promethazine VC.

The Board discussed the utilization.

Paul Oesterman, Pharm.D., Chairman: Proposed implementing the same quantity limits imposed on Promethazine with codeine, 120ml per fill up to 3 fills per rolling 365 days with 30 days of messaging before turning the hard stop on.

Dave England, Pharm.D.: Moved.

James Marx, MD: Second.

Board votes unanimous, “Aye.”

f) Report on Blood Factor Product utilization

Carl Jeffery, PharmD: presented the utilization data on blood factor products.

The Board discussed of utilization of all outpatient claims.

g) Report on Abilify utilization by age and diagnosis

Carl Jeffery presented the of utilization of Abilify.

The Board members discussed the utilization.

Paul Oesterman, Pharm.D., Chairman: Proposed requiring a diagnosis on the POS claim on all antipsychotic medications for children.

Dave England, Pharm.D.: Moved. All Abilify claims need to have a diagnosis submitted on the claim, no edit on what the diagnosis is, for all ages.

James Marx, MD: Second.

Board votes unanimous, “Aye”

h) Report on ProDUR edit on late refill

Presentation and discussion on ProDUR edits.

Paul Oesterman, Pharm.D., Chairman: Requested a report showing the correlation between ER visits and late refills.

i) Report on seizure medication utilization and patient compliance

Presentation and discussion of messages returned to pharmacy.

6) Standard DUR Reports

Presented DUR reports. Brief discussion of Medicaid enrollment expansion.

a) Review of Prescribing/Program Trends
   i) Program Trends
   ii) Top 10 Therapeutic Classes for Q3 2013, Q4 2013, and Q1 2014 (by Payment and by Claims)
   iii) Top 50 Drugs of Q3 2013, Q4 2013, and Q1 2014 (by Payment and by Claims)

b) Concurrent Drug Utilization Review (ProDUR)
   i) Review of Q3 2013, Q4 2013, and Q1 2014
   ii) Review of Top Encounters by Problem Type

c) Retrospective Drug Utilization Review (RetroDUR)
   i) Public Comment
   ii) Review of Responses
   iii) Status of Previous Quarter
   iv) Status of Current Quarter
   v) **For Possible Action**: Board Discussion and Approval of Future Criteria Selection

7) Closing Discussion

a) Public Comment

None.

b) Date and Location of next meeting

July 24, 2014 at 5:30 at the Best Western.

c) Adjournment

Meeting Adjourned at 8:56 PM.

Tab: Acne Treatment

E. Medications for the Treatment of Acne

1. Payable only for recipients up to age 21 years.

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

Medications for the treatment of acne are a covered benefit of Nevada Medicaid for recipients who meet the criteria for coverage.

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

a. The recipient is up to age 21 years.

OR

b. The recipient is ≥22 years of age and has a diagnosis of moderate to severe acne (grade II or higher).

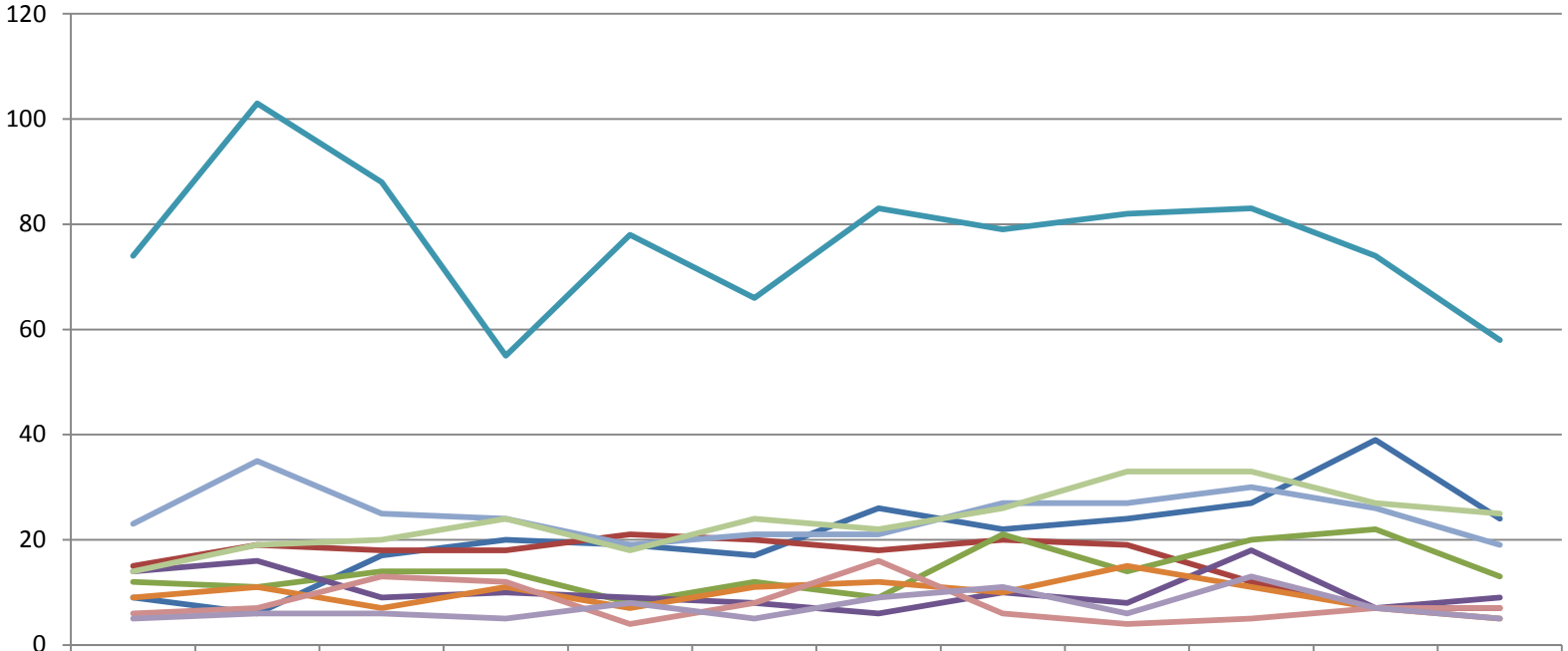
2. PA Guidelines:
Prior Authorization approval will be for 1 year.

Acne Medication Utilization July 2013 to June 2014

Product Name	Sum of Count of Claims	Sum of Count of Members	Sum of Days Supply	Sum of Total Due
ABSORICA	1	1	30	$ 870.01
ACANYA	9	9	175	$ 1,342.88
ACNE MEDICATION	1	1	30	$ 9.32
ACNE MEDICATION 10	11	11	315	$ 78.43
ACNE MEDICATION 5	12	12	267	$ 81.87
ACZONE	42	41	1,082	$ 9,024.67
ADAPALENE	14	12	402	$ 1,452.86
AMNESTEEM	29	29	870	$ 16,605.26
AZELEX	15	15	375	$ 3,480.86
BENZACLIN	258	250	6,977	$ 95,025.44
BENZACLIN WITH PUMP	199	194	5,513	$ 75,532.01
BENZOYL PEROXIDE	171	170	4,617	$ 2,599.06
BENZOYL PEROXIDE WASH	129	124	3,511	$ 1,900.62
BP WASH	1	1	30	$ 22.82
BPO CREAMY WASH COMPLETE	1	1	30	$ 71.78
CLARAVIS	30	30	900	$ 21,169.50
CLINDACIN-P	1	1	30	$ 33.74
CLINDAGEL	4	3	80	$ 14.30
CLINDAMYCIN PHOSPHATE	962	923	25,338	$ 41,104.60
CLINDAMYCIN/BENZOYL PEROX	120	116	3,154	$ 13,222.38
DIFFERIN	13	12	440	$ 2,466.63
EPIDUO	78	77	2,140	$ 11,024.95
ERYGEL	2	1	30	$ 7.20
ERYTHROMYCIN	40	38	934	$ 575.69
ERYTHROMYCIN/BENZOYL PERO	316	297	8,230	$ 26,597.28
FABIOR	2	2	60	$ 775.62
INOVA 4/1 ACNE CONTROL TH	4	4	120	$ 1,106.52
INVISIBLE ACNE MAXIMUM ST	3	3	81	$ 18.15
MYORISAN	5	5	150	$ 2,524.32
PANOXYL WASH	3	3	90	$ 32.64
RETIN-A	3	3	90	$ 911.22
RETIN-A MICRO	29	28	810	$ 14,206.40
RETIN-A MICRO PUMP	11	11	313	$ 6,677.77
SODIUM SULFACETAMIDE	1	1	30	$ 1.20
SODIUM SULFACETAMIDE/SULF	14	14	418	$ 926.15
SULFACETAMIDE SODIUM	2	2	38	$ 169.66
SULFACETAMIDE SODIUM/SULF	12	12	330	$ 461.58
TRETINOIN	104	95	2,541	$ 3,859.50
TRETINOIN MICROSPHERE	288	285	7,744	$ 123,347.18
TRETINOIN MICROSPHERE PUM	87	86	2,408	$ 45,951.94
VELTIN	3	3	90	$ 637.82
ZENATANE	5	5	150	$ 3,045.66
ZIANA	42	42	1,113	$ 21,066.80
Grand Total	**3,077**	**2,973**	**82,076**	**$ 550,034.29**

Sum of Count of Members

Acne Medication Utilization - Count of Members - Top 10

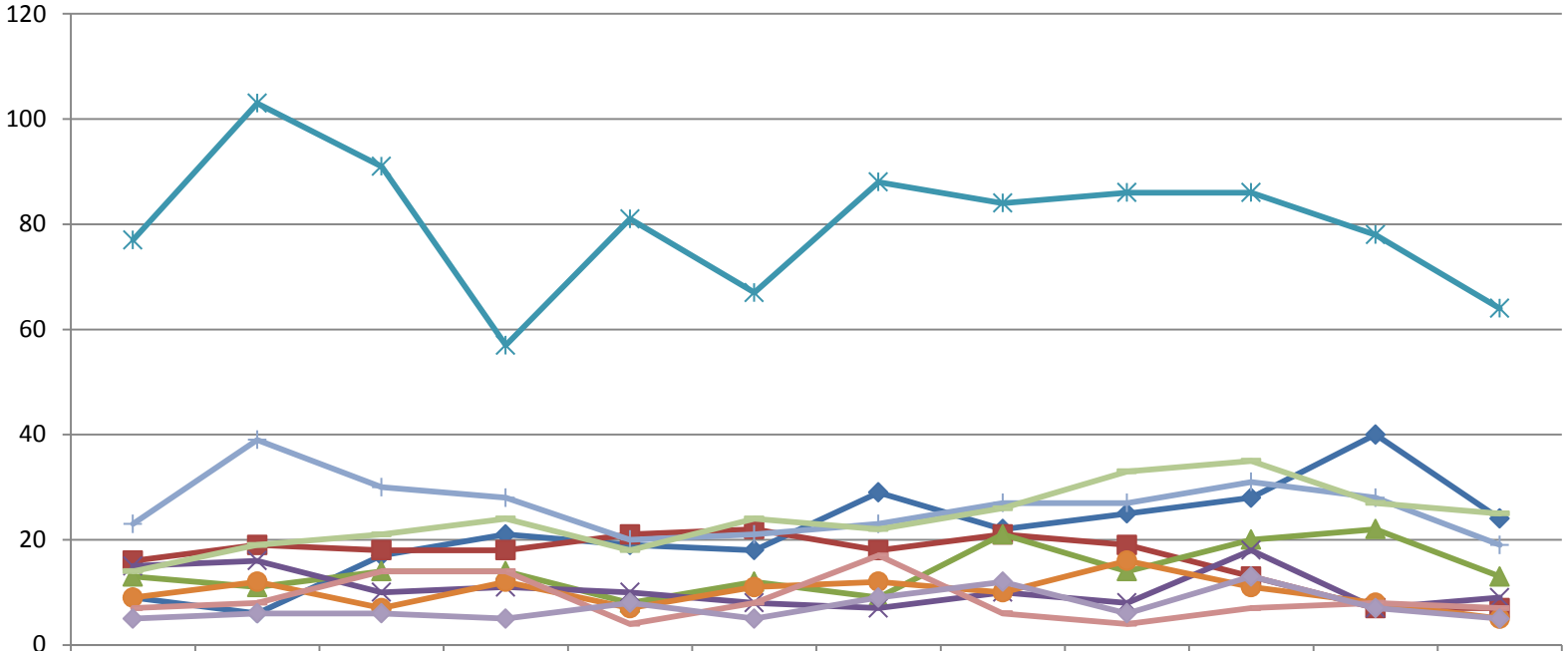


	201307	201308	201309	201310	201311	201312	201401	201402	201403	201404	201405	201406
BENZACLIN	9	6	17	20	19	17	26	22	24	27	39	24
BENZACLIN WITH PUMP	15	19	18	18	21	20	18	20	19	12	7	7
BENZOYL PEROXIDE	12	11	14	14	8	12	9	21	14	20	22	13
BENZOYL PEROXIDE WASH	14	16	9	10	9	8	6	10	8	18	7	9
CLINDAMYCIN PHOSPHATE	74	103	88	55	78	66	83	79	82	83	74	58
CLINDAMYCIN/BENZOYL PEROX	9	11	7	11	7	11	12	10	15	11	7	5
ERYTHROMYCIN/BENZOYL PERO	23	35	25	24	19	21	21	27	27	30	26	19
TRETINOIN	6	7	13	12	4	8	16	6	4	5	7	7
TRETINOIN MICROSPHERE	14	19	20	24	18	24	22	26	33	33	27	25
TRETINOIN MICROSPHERE PUM	5	6	6	5	8	5	9	11	6	13	7	5

YearMonth Filled

Sum of Count of Claims

Acne Medication Utilization - Count of Claims - Top 10



	201307	201308	201309	201310	201311	201312	201401	201402	201403	201404	201405	201406
BENZACLIN	9	6	17	21	19	18	29	22	25	28	40	24
BENZACLIN WITH PUMP	16	19	18	18	21	22	18	21	19	13	7	7
BENZOYL PEROXIDE	13	11	14	14	8	12	9	21	14	20	22	13
BENZOYL PEROXIDE WASH	15	16	10	11	10	8	7	10	8	18	7	9
CLINDAMYCIN PHOSPHATE	77	103	91	57	81	67	88	84	86	86	78	64
CLINDAMYCIN/BENZOYL PEROX	9	12	7	12	7	11	12	10	16	11	8	5
ERYTHROMYCIN/BENZOYL PERO	23	39	30	28	20	21	23	27	27	31	28	19
TRETINOIN	7	8	14	14	4	8	17	6	4	7	8	7
TRETINOIN MICROSPHERE	14	19	21	24	18	24	22	26	33	35	27	25
TRETINOIN MICROSPHERE PUM	5	6	6	5	8	5	9	12	6	13	7	5

YearMonth Filled

Therapeutic Overview
Topical Acne Agents

Overview/Summary

Acne vulgaris, a disease of the pilosebaceous follicles, is the most common cutaneous dermatological disorder and primarily affects adolescents and young adults.[1] Acne manifests as open and/or closed comedones, as well as inflammatory lesions that may include papules, pustules or nodules. There are four pathogenic factors involved in the development of acne lesions, including follicular hyperkeratinization, increased sebum production, follicular colonization with *Propionibacterium acnes* and inflammation. The development of acne typically occurs during adolescence and resolves by the third decade of life; however, some individuals experience acne that persists into or first develops during adulthood.[1,2]

The initial evaluation and management of acne may be guided by rating the disease severity. There are several rating systems available for grading acne, most of which utilize lesion counting as well as a global assessment that takes into consideration the number, size and extent of the lesions. Although there is currently a lack of consensus on which rating system is best, it is recommended that clinicians be consistent.[3]

Topical therapy is currently considered first-line therapy, alone or in combination with other agents, for mild to moderate acne. Such agents include topical retinoids, topical benzoyl peroxide as monotherapy or in combination with erythromycin or clindamycin, other topical antibiotics, salicylic acid and azelaic acid. Other treatment options may include systemic antibiotics, estrogen-containing oral contraceptives and isotretinoin. For the treatment of moderate acne, systemic antibiotics may be added to the topical anti-acne regimen. Oral isotretinoin is typically reserved for the treatment of severe recalcitrant nodular acne and, due to its teratogenicity, is only available through the Food and Drug Administration's (FDA) iPLEDGE program.[3]

Medications

Table 1. Topical Acne Medications

Generic Name (Trade name)	Medication Class	Generic Availability
Single Entity Products		
Adapalene (Differin®*)	Topical retinoids	✔
Azelaic acid (Azelex®)	Topical anti-bacterial	-
Benzoyl peroxide (Benzefoam®*, Benziq®*, Desquam-X®*, Lavoclen®*, Zaclir®*)	Topical anti-bacterial	✔
Clindamycin (Cleocin® T*, Clindagel®, Clindamax®*, Evoclin®*)	Topical anti-bacterial	✔
Dapsone (Aczone®)	Topical anti-bacterial	-
Erythromycin (Akne-Mycin®, Ery®*)	Topical anti-bacterial	✔
Sulfacetamide sodium (Klaron®*)	Topical anti-bacterial	✔
Tazarotene (Tazorac®*, Fabior®)	Topical retinoids	✔
Tretinoin (Atralin®, Avita®*, Retin-A®*, Retin-A Micro®*, Tretin-X®)	Topical retinoids	✔
Combination Products		
Adapalene/benzoyl peroxide (Epiduo®)	Topical anti-bacterial	
Benzoyl peroxide/clindamycin (Acanya®, Benzaclin®*, Duac®*)	Topical anti-bacterial	✔
Benzoyl peroxide/erythromycin (Benzamycin®*, Benzamycin Pak®)	Topical anti-bacterial	✔
Benzoyl peroxide/salicylic acid/vitamin E (Inova®)	Topical anti-bacterial	-
Benzoyl peroxide/sulfur (Nuox®)	Topical anti-bacterial	-

Generic Name (Trade name)	Medication Class	Generic Availability
Benzoyl peroxide/urea (ZoDerm®*)	Topical anti-bacterial	✔
Benzoyl peroxide/vitamin E (Inova Kit®)	Topical anti-bacterial	-
Clindamycin/tretinoin (Veltin®, Ziana®)	Topical anti-bacterial/retinoid	-
Sulfacetamide sodium/sulfur (Avar®*, Clarifoam®*, Plexion®*, Rosanil®*, Sumaxin®*)	Topical anti-bacterial	✔

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

Clinical Guidelines

Table 2. Clinical Guidelines

Clinical Guidelines	Recommendations
American Academy of Pediatrics: **Evidence-based Recommendations for the Diagnosis and Treatment of Pediatric Acne (2013)**[3]	Mild acne • Topical therapy alone or in combination is recommended as first-line treatment of mild acne. • For patients of color in whom the propensity for scarring and postinflammatory hyperpigmentation is greater, initial treatment may also include an oral or topical antibiotic. Moderate acne • Moderate acne may be treated with topical combinations, including a retinoid and benzoyl peroxide and/or antibiotics or with oral antibiotics in combination with a topical retinoid and benzoyl peroxide and/or topical antibiotics. Severe acne • Severe acne should be managed with oral antibiotics and topical retinoids with benzoyl peroxide, with or without topical antibiotics. • Hormonal therapy may be considered in pubertal females. • Oral isotretinoin may also be considered for patients with severe acne. Over-the-counter treatment options • Benzoyl peroxide is a safe and effective treatment option that may be used as monotherapy, in topical combination products for mild acne or in regimens of care for acne of all types and severities. • When used with topical or systemic antibiotics, benzoyl peroxide may minimize the development of antibiotic-resistant *Propionibacterium acnes.* Topical retinoids • Tolerability to topical retinoids may be improved by using noncomedogenic moisturizer that includes a sunscreen. • Topical retinoids may be used as monotherapy or in combination with other anti-acne products for all types and severities of acne in children and adolescents of all ages. Topical antibiotics • Topical benzoyl peroxide should be used in combination with prolonged topical or oral antibiotic therapy to reduce the emergence of resistant *Propionibacterium acnes.* Oral antibiotics

Clinical Guidelines	Recommendations
	• Treatment with oral antibiotics is appropriate for moderate to severe inflammatory acne vulgaris at any age. • Tetracycline derivatives (e.g., tetracycline, doxycycline, minocycline) should not be used in children younger than eight years of age. Oral isotretinoin • Isotretinoin is recommended for the treatment of severe, scarring and/or refractory acne in adolescents and may be used in younger patients. • Patients should receive extensive counseling regarding the avoidance of pregnancy and careful monitoring of potential side effects and toxicities. Topical fixed-dose combination therapies • Topical combination therapies may be useful for the treatment of all types and severities of acne. Hormonal therapy • Oral contraceptives may be useful as a second-line treatment option in pubertal females with moderate to severe acne. • Due to concerns regarding growth and bone density, it may be appropriate to withhold oral contraceptives for acne that is not associated with endocrinologic pathology until one year after onset of menstruation.
American Academy of Dermatology: **New Insights into the Management of Acne: An Update from the Global Alliance to Improve Outcomes in Acne Group (2009)[2]**	• Acne vulgaris should be managed early and aggressively as a chronic disease to limit scarring; the disease is self-limiting in 60% of cases. • Oral isotretinoin, the most effective acne vulgaris treatment developed to date, is administered during a 20 week period and sometimes must be given in repeated courses. • The combination of a topical retinoid and antimicrobial agent remains the preferred treatment approach for the majority of patients with acne vulgaris, especially in the presence of inflammatory lesions. • Due to the risk of bacterial resistance, antibiotics should be used for the shortest duration and should not be used as monotherapy but in combination with benzoyl peroxide. • Topical antibiotics combined with benzoyl peroxide and a topical retinoid may be used in mild to moderate acne vulgaris; oral antibiotics are recommended for moderate to moderately severe acne vulgaris. • Topical retinoids alone or in combination with benzoyl peroxide is recommended for the maintenance of acne vulgaris. • Long term antibiotic use may be required in the rare cases in which the patient experiences acne vulgaris flares when oral antibiotics are discontinued. Global alliance acne vulgaris treatment algorithm • For mild acne vulgaris (comedonal), treatment with a topical retinoid is considered first line; treatment with an alternative topical retinoid or azelaic acid or salicylic acid are considered alternatives. • For mild acne vulgaris (mixed and papular/pustular), treatment with a topical retinoid and a topical antimicrobial is considered first line; treatment with alternative topical retinoid and alternative topical antimicrobial, or azelaic acid are considered alternatives. • For moderate acne vulgaris (mixed and papular/pustular), treatment with oral antibiotic and a topical retinoid with or without benzoyl peroxide is considered first line; treatment with an alternative oral antibiotic and alternative topical retinoid with or without benzoyl peroxide are considered

Clinical Guidelines	Recommendations
	alternatives. • For moderate acne vulgaris (nodular), treatment with an oral antibiotic and a topical retinoid and benzoyl peroxide is considered first line; treatment with oral isotretinoin or alternate oral antibiotic and an alternate topical retinoid (with or without) benzoyl peroxide/azelaic acid are considered alternatives. • For severe acne (nodular/conglobate), treatment with oral isotretinoin is considered first line; treatment with high dose oral antibiotic and a topical retinoid and benzoyl peroxide are considered alternative. • For maintenance therapy (mild to severe acne vulgaris), treatment with a topical retinoid with or without benzoyl peroxide is considered first line.
American Academy of Dermatology: **Guidelines of Care for Acne Vulgaris Management (2007)**[3]	<u>Standard of care</u> • Topical therapy is the standard of care in acne vulgaris treatment. • Benzoyl peroxide and combinations with erythromycin or clindamycin are effective treatments for acne vulgaris. • Systemic antibiotics are a standard of care in moderate to severe acne vulgaris and treatment-resistant forms of inflammatory acne vulgaris. • Intralesional corticosteroid injections are effective for large inflammatory lesions. <u>Topical therapy</u> • Topical retinoids reduce obstruction within the follicle and are useful in the management of both comedonal and inflammatory acne vulgaris. • The relative efficacy between topical retinoids (i.e., tretinoin, adapalene, tazarotene, isotretinoin [not available topically in the United States]) is unclear. • Benzoyl peroxide is a bactericidal agent with the ability to prevent or eliminate the development of *Propionibacterium acnes* resistance, and is therefore used in combination with oral or topical antibiotics. • Topical antibiotics (erythromycin and clindamycin) are effective in the treatment of acne vulgaris but are more effective when used in combination with benzoyl peroxide due to synergy as well as the resulting elimination or reduction of bacterial resistance. • Salicylic acid has moderately effective and less potent comedolytic properties than topical retinoids and is therefore used in patients intolerant to dermatological effects caused by topical retinoids. • Azelaic acid has shown to be effective, with comedolytic and antibacterial properties. • The role of aluminum chloride, resorcinol, sodium sulfacetamide, sulfur and zinc in the management of acne vulgaris is unclear due to limited clinical evidence and/or peer-reviewed literature. <u>Systemic antibiotics</u> • Doxycycline and minocycline are more effective than tetracycline. • Minocycline has been shown to be superior to doxycycline in reducing *Propionibacterium acnes.* • Erythromycin is effective but associated with bacterial resistance and therefore its use should be limited to those who cannot tolerate tetracyclines (i.e., pregnant women and children <8 years old due to the potential damage to the skeleton or teeth). <u>Hormonal agents</u> • Oral contraceptives containing norgestimate with ethinyl estradiol and

Clinical Guidelines	Recommendations
	norethindrone acetate with ethinyl estradiol are Food and Drug Administration approved for the management of acne vulgaris. Isotretinoin • Isotretinoin, a vitamin A derivative, is approved for the treatment of severe recalcitrant nodular acne vulgaris and possibly effective in treatment-resistant acne vulgaris or acne vulgaris producing physical or psychological scarring. • Since isotretinoin is a potent teratogenic, females of child-bearing age must only be treated if they are participating in the approved pregnancy prevention and management program (iPLEDGE).

Conclusions

According to Chapter 1200 of the Nevada Medicaid Services Manual section 1203.1A 3c, agents used for cosmetic purposes and hair growth are excluded from reimbursement. However, guidelines recommend treatment to reduce scarring, which is associated with moderate to severe acne. Moreover, acne is less common for older patients and is frequently a transient problem observed primarily in adolescent years.

References

1. Graber E. Treatment of acne vulgaris. UpToDate [database on the internet]. Waltham (MA): UpToDate; 2014 [cited 2014 May 28]. Available from: http://www.uptodate.com
2. Thiboutot D, Gollnick H, Bettoli V, Dreno B, Kang S, Leyden JJ et al. New insights into the management of acne: An update from the Global Alliance to Improve Outcomes in Acne Group. J Am Acad Dermatol. 2009;60:S1-50.
3. Eichenfield LF, Krakowski AC, Piggott C, Del Rosso J, Baldwin H, Friedlander SF, et al. Evidence-based recommendations for the diagnosis and treatment of pediatric acne. Pediatrics. 2013;131:S163.
4. Strauss JS, Krowchuk DP, Leyden JJ, Lucky AW, Shalita AR, Siegfried EC, et al. Guidelines of care for acne vulgaris management. J Am Acad Dermatol. 2007 April;56(4):651-63.
5. Dals MV. Rosacea: pathogenesis, clinical features and diagnosis. UpToDate [database on the internet]. Waltham (MA): UpToDate; 2014 [cited 2014 May 27]. Available from: http://www.utdol.com/utd/index.do.

Tab: Xolair

P. Omalizumab (Xolair®)

Therapeutic Class: Respiratory Monoclonal Antibody Agents
Last Reviewed by the DUR Board: Not Available

1. Coverage and Limitations

Omalizumab (XOLAIR®) is subject to prior authorization. Omalizumab has not been shown to alleviate asthma exacerbations acutely and should not be used for treatment of acute bronchospasm or status asthmatics.

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

a. Recipient must have a diagnosis of moderate to severe persistent asthma.

b. Recipient must be age 12 years or older.

c. Recipient must have tried or have a contraindication to inhaled oral corticosteroids.

d. Recipient must have tried or have a contraindication to an oral second generation antihistamine.

e. Recipient must have tried or have a contraindication to a leukotriene receptor antagonist.

f. Prescriber must be either a pulmonologist or allergist/immunologist.

g. Recipient must have a history of a positive skin test or Radioallergosorbent (RAST) test to a perennial aeroallergen.

h. Recipient must have had a pretreatment serum total Immunoglobulin E (IgE) level.

i. Recipient's current weight must be recorded.

2. Prior Authorization

Prior approval will be granted for a three month period.

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

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

Xolair® (omalizumab) is a covered benefit of Nevada Medicaid for recipients who meet the criteria for coverage.

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

Requests for Xolair® (omalizumab)

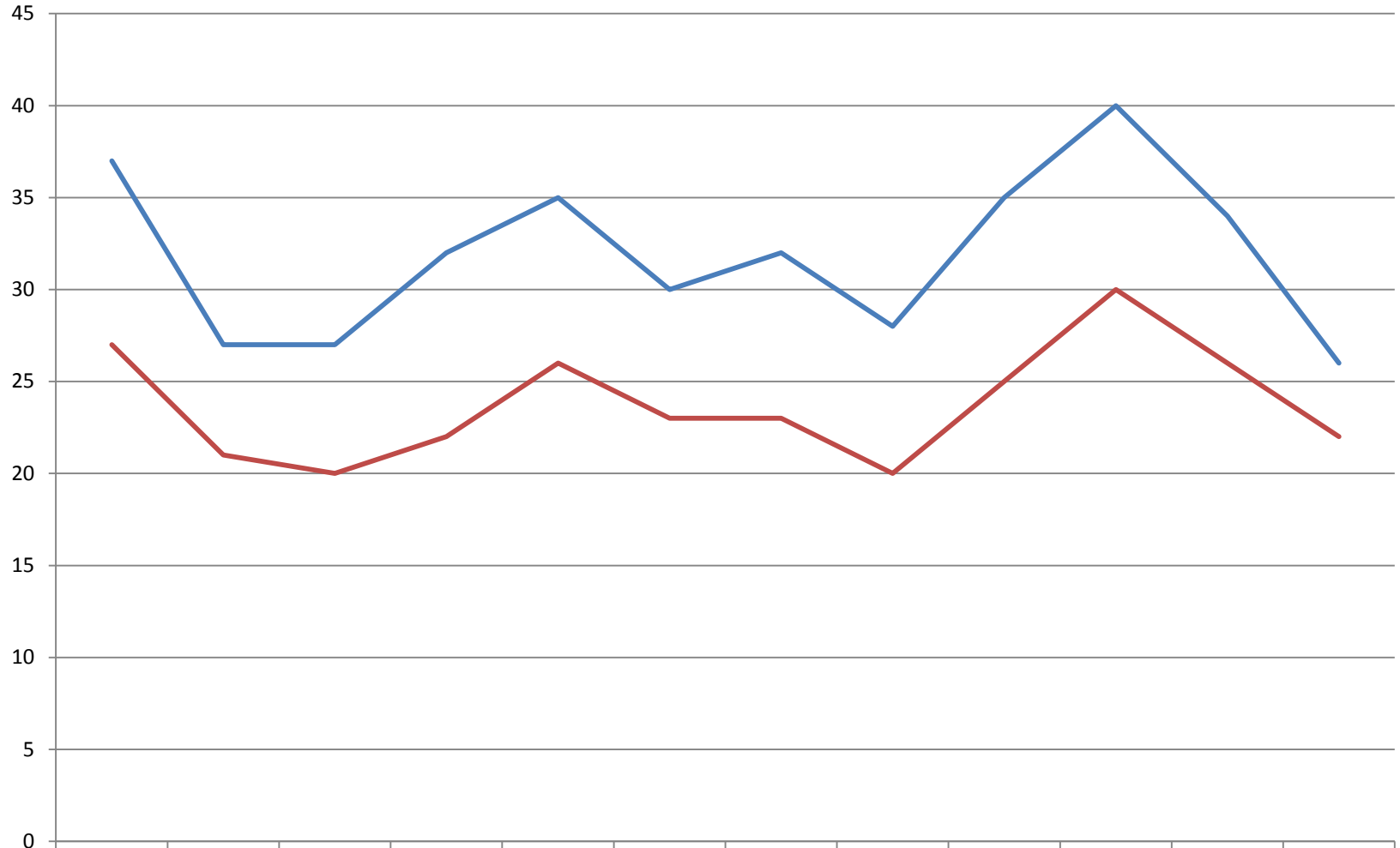
1. Must have ONE of the following:
    a. The recipient has a diagnosis of severe persistent asthma.
    AND
    The following all criteria are met and documented.
        i. The recipient is age 12 years or older.
        AND
        ii. Recipient must have tried or have a contraindication to inhaled oral corticosteroids.
        AND
        iii. Recipient must have tried or have a contraindication to an oral second generation antihistamine.
        AND
        iv. Recipient must have tried or have a contraindication to a leukotriene receptor antagonist.
        AND
        v. Prescriber must be either a pulmonologist or allergist/immunologist.
        AND
        vi. Recipient must have a history of a positive skin test or Radioallergosorbent (RAST) test to a perennial aeroallergen.
        AND
        vii. Recipient must have had a pretreatment serum total Immunoglobulin E (IgE) level.
        AND
        viii. Recipient's current weight must be recorded.

    b. The recipient has a diagnosis of chronic idiopathic urticaria.
    AND
    All The following ~~all~~ criteria are met and documented.
        i. The recipient is age 12 years or older.
        AND
        ii. Recipient must have tried or have a contraindication to TWO oral second generation antihistamines.
        AND
        iii. Recipient must have tried or have a contraindication to an oral second generation antihistamine in combination with a leukotriene receptor antagonist.

2. PA Guidelines:
Prior Authorization approval will be up to 3 months.

Sum of Count of Claims | Sum of Count of Members

Xolair Utilization



	201307	201308	201309	201310	201311	201312	201401	201402	201403	201404	201405	201406
Sum of Count of Claims	37	27	27	32	35	30	32	28	35	40	34	26
Sum of Count of Members	27	21	20	22	26	23	23	20	25	30	26	22

YearMonth Filled

Product Name	XOLAIR

	Sum of Count of Claims	Sum of Count of Members	Sum of Metric Qty	Sum of Days supply	Sum of Total Due
201307	37	27	1623	739	$ 71,002.98
201308	27	21	1104	538	$ 52,678.23
201309	27	20	622	540	$ 51,154.11
201310	32	22	964	653	$ 62,209.07
201311	35	26	791	656	$ 65,087.08
201312	30	23	708.5	570	$ 60,520.30
201401	32	23	662	628	$ 57,162.89
201402	28	20	865	541	$ 53,989.41
201403	35	25	619	685	$ 69,844.77
201404	40	30	717.5	798	$ 80,847.49
201405	34	26	431	737	$ 78,380.72
201406	26	22	92	701	$ 74,301.65
Grand Total	**383**	**285**	**9199**	**7786**	**$ 777,178.70**

Therapeutic Class Overview
Immunoglobulin E Monoclonal Antibodies

Therapeutic Class

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

An allergic form of asthma is found in approximately 90% of adult asthmatics.[2] Patients with allergic asthma with positive skin test reactions to a given aeroallergen tend to have exacerbations of asthma when exposed to that aeroallergen. IgE is believed to be pivotal in the pathogenesis of allergic asthma.[3] Omalizumab reduces the release of allergic response mediators by inhibiting the binding of IgE to its receptor on the surface of mast cells and basophils.[1]

Although the mechanism by which treatment with omalizumab results in an improvement in the symptoms of chronic idiopathic urticaria is not fully understood, omalizumab binds to IgE and lowers free IgE levels, which down-regulates the IgE receptors on cells.[1]

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

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

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

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

Although omalizumab is not FDA-approved for use in other allergic conditions, the evidence from several randomized controlled trials favors its efficacy in patients with allergic rhinitis.[1,19-22] Omalizumab is also

being investigated in patients with peanut allergy, latex allergy, eosinophilic gastroenteritis, and other IgE mediated allergic conditions.[23]

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

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

Evidence-based Medicine

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

Key Points within the Medication Class

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

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Tab: Kalydeco

MM. Kalydeco® (ivacaftor)

Therapeutic Class: Respiratory Agent
Last Reviewed by the DUR Board: July 26, 2012

Kalydeco® (ivacaftor) is subject to prior authorization and 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

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

   a. The recipient has a diagnosis of cystic fibrosis, and

   b. There is documentation that the recipient has had an FDA-approved cystic fibrosis mutation test confirming presence of the G551D gene mutation.

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

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

Kalydeco® (ivacaftor) is a covered benefit of Nevada Medicaid for recipients who meet the criteria for coverage.

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

a. The recipient is 6 years of age or older.
AND
b. The recipient has a diagnosis of cystic fibrosis.
AND
c. There is documentation that the recipient has had an FDA-approved cystic fibrosis mutation test confirming presence of the G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, or S549R gene mutation.

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

3. Quantity Limits:
60 tablets per rolling 25 days

Kalydeco Util - July 2013 to June 2014

Row Labels	Sum of Count of Claims	Sum of Count of Members	Sum of Metric Qty	Sum of Days Supply	Sum of Total Due
201404	1	1	60	30	$ 26,119.82
201405	1	1	60	30	$ 26,119.82
201406	1	1	60	30	$ 26,119.82
Grand Total	**3**	**3**	**180**	**90**	**$ 78,359.46**

Therapeutic Class Overview
Cystic Fibrosis Transmembrane Conductance Regulator Potentiator

Therapeutic Class

- **Overview/Summary:** Cystic fibrosis is an autosomal recessive disease caused by mutations in the gene on chromosome seven that encodes the cystic fibrosis transmembrane conductance regulator (CFTR).[1] Normally, the CFTR protein functions as a chloride channel which regulates the activity of other cell-surface chloride and sodium channels. Currently, there are more than 1,300 known possible mutations of the CFTR gene, which are divided into five classes. Class I mutations are characterized by defective protein production, resulting in the complete absence of the CFTR protein, while class II mutations involve defective protein processing. Class III and IV mutations are characterized by diminished channel activity and defective conduction, respectively. Lastly, Class V mutations result in reduced amounts of functional CFTR protein.[2] Mutations in the CFTR gene result in deranged transport of ions which include chloride, sodium and bicarbonate; this may lead to viscous secretions in the respiratory, gastrointestinal and reproductive tract, as well as increased salt content in sweat gland secretions.[1]

  In the United States, cystic fibrosis occurs most commonly in Caucasians, with a prevalence of one in approximately 3,000 people. Typical respiratory manifestations of cystic fibrosis include a persistent and productive cough, hyperinflation of the lung fields on chest radiograph, pulmonary function tests consistent with obstructive airway disease, as well as colonization of the airway with pathogenic bacteria early in life. In terms of the gastrointestinal manifestations, patients experience progressive pancreatic disease in the form of pancreatic insufficiency, pancreatitis and cystic fibrosis -related diabetes. Furthermore, malnutrition due to pancreatic insufficiency may cause rectal prolapse and musculoskeletal disorders. Patients with cystic fibrosis are also at an increased risk of liver disease, infertility, venous thrombosis and nephrolithiasis.[1]

  Kalydeco® (ivacaftor) is a CFTR potentiator Food and Drug Administration (FDA)-approved for the treatment of cystic fibrosis in patients at least six years of age who have one of the following mutations in the CFTR gene: G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, or S549R. If the patient's genotype is unknown, a FDA-cleared cystic fibrosis mutation test should be used to detect the presence of a CFTR mutation followed by verification with bi-directional sequencing when recommended by the mutation test instructions for use. Ivacaftor is not effective in patients with cystic fibrosis who are homozygous for the F508*del* mutation in the CFTR gene. As a potentiator of the CFTR protein, ivacaftor facilitates increased chloride transport by potentiating the channel-open probability (or gating) of the CFTR protein.[3] According to the consensus guidelines from the Cystic Fibrosis Foundation, in patients six years of age and older with at least one G551D CFTR mutation, treatment with ivacaftor is strongly recommended to improve lung function and quality of life, as well as to reduce exacerbations.[4]

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

Generic (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
Ivacaftor (Kalydeco®)	Treatment of cystic fibrosis in patients six years of age and older who have one of the following mutations in the cystic fibrosis transmembrane conductance regulator gene: G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, or S549R	Tablet: 150 mg	-

Evidence-based Medicine

- The safety and efficacy of ivacaftor for up to 48 weeks in patients with cystic fibrosis for its Food and Drug Administration-approved indications are supported by randomized and controlled clinical trials.[3,5-7]

- In two placebo-controlled trials (N=213), treatment with ivacaftor in patients with cystic fibrosis and at least one G551D-cystic fibrosis transmembrane conductance regulator (CFTR) mutation significantly increased forced expiratory volume in one second (FEV_1) after 24 weeks, and the significant treatment effect was maintained throughout a total of 48 weeks. In addition, treatment with ivacaftor was associated with significant improvements in respiratory symptoms and significant decreases in sweat chloride concentrations and pulmonary exacerbations in one trial. In both trials patients receiving ivacaftor gained significantly more weight compared to placebo.[6,7]
- According to the labeling information for ivacaftor, the efficacy and safety of ivacaftor in patients with cystic fibrosis with G1244E, G1349D, G178R, G551S, G970R, S1251N, S1255P, S549N, or S549R mutation in the CFTR gene were evaluated in a currently unpublished two-part, randomized, double-blind, placebo-controlled, crossover clinical trial (N=39). For the overall population of the nine mutations studied, treatment with ivacaftor compared to placebo resulted in significant improvement in percent predicted FEV_1, body mass index, and cystic fibrosis respiratory symptom score.[3]
- There is currently a lack of long term data with ivacaftor, and its benefits on mortality are unclear at this time.

Key Points within the Medication Class

- According to Current Clinical Guidelines:
    - According to the consensus guidelines from the Cystic Fibrosis Foundation, in patients six years of age and older with at least one G551D cystic fibrosis transmembrane conductance regulator (CFTR) mutation, treatment with ivacaftor is strongly recommended to improve lung function and quality of life, as well as to reduce exacerbations. The clinical guideline does not address the use of ivacaftor in patients with a non-G551D CFTR mutation.[4]
- Other Key Facts:
    - Ivacaftor is the first and only CFTR potentiator Food and Drug Administration (FDA)-approved for the treatment of cystic fibrosis in patients at least six years of age who have one of the following mutations in the CFTR gene: G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, or S549R.[3]
    - Ivacaftor is not effective in patients with cystic fibrosis who are homozygous for the F508del mutation in the CFTR gene.[3]
    - Currently, ivacaftor is only available as a branded agent.
    - Ivacaftor is currently being evaluated in patients with homozygous F508*del* mutation.

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Tab: ADHD Treatment

C. Agents used for the treatment of Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)

Therapeutic Class: ADHD/ADD Agents
Last Reviewed by the DUR Board: January 24, 2008

Agents, both stimulants and non-stimulants used for the treatment of ADD/ADHD are subject to prior authorization for pediatric, adolescent, and adult clients that meet the criteria for coverage.

1. Coverage and Limitations

Approval for medications will be given at the therapeutics class level if the following criteria is met and documented:

a. General Criteria (Children and Adults)

1. Only one long-acting agent at a time may be used for the treatment of ADD/ADHD (applies to the entire ADD/ADHD/Stimulant Class); a 30-day transitional overlap in therapy will be allowed.

2. The following two criteria's must be met and documented in the recipient's medical record for adult and pediatric recipients.

a. The decision to medicate for ADD or ADHD must be based on problems that are persistent and sufficiently severe to cause functional impairment in one or more of the following social environments: school, home, work or with peers; and

b. Before treatment with pharmacological methods is instituted, other treatable causes have been ruled out.

b. Children (up to age 18 years)

In addition to the general criteria above, the following conditions apply and must be documented in the recipient's medical record.

1. Prescriptions for ADD/ADHD medications do not require prior authorizations for children five years of age, up to eighteen years of age, if the following conditions apply:

a. The medication is prescribed by a psychiatrist; and

b. One of the following ICD-9 codes is documented on the prescription: 314.0-314.9.

2. In all other cases, prior authorization is required. The following is required for prior authorization.

a. An initial evaluation or examination has been done within the past 12 months by the treating physician, pediatrician, psychiatrist or neurologist documenting the developmental history, physical evaluation, medical history or a primary neurological diagnosis and all of the following:

1. School information, Standardized Teachers Rating Scales testing reports such as Test of Variables of Attention (TOVA), achievement test, neuropsychological testing if indicated, Conner's scale, speech and language evaluation;

2. Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) symptoms of ADD or ADHD, presence or absence-child behavior checklist, development and context of symptoms and resulting impairment, including school, family and peers, DSM-IV symptoms of possible alternate or comorbid psychiatric diagnosis, history of psychiatric, psychological pediatric or neurological treatment for ADD or ADHD; and

3. Family history including diagnosis of ADD and ADHD, tic disorder, substance abuse disorder, conduct disorder, personality disorder and other anxiety disorders, past or present family stressors, crises, any abuse or neglect, interview with parent(s) or guardian(s).

c. Adults (18 years and above) In addition to the general criteria above, the following must be present and documented in the recipient's medical record:

1. An initial evaluation-complete psychiatric assessment, present and past DSM-IV, symptoms of ADD or ADHD, history of development and context of symptoms and resulting past and present impairment, including academic achievement, learning disorder evaluation, and

2. One of the following:

a. Medical history, medical or primary neurological diagnosis, identify medication(s) that could be causing symptoms (e.g. Phenobarbital, steroids), or;

b. History of other psychiatric disorder(s) and treatment, or;

c. DSM-IV symptoms of ADD and ADHD presence or absence, possible alternate comorbid psychiatric diagnosis (especially: personality disorder, mood disorder, depression or mania, anxiety disorder, dissociative disorder, tic disorder including Tourette's disorder and substance abuse disorder); or

d. Family history including diagnosis of ADD or ADHD, tic disorder, substance abuse disorder, conduct disorder, personality disorder, mood disorder and anxiety disorder, possible family stressors, any history of abuse or neglect.

3. Prior Authorization will be given for a one year time period.

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

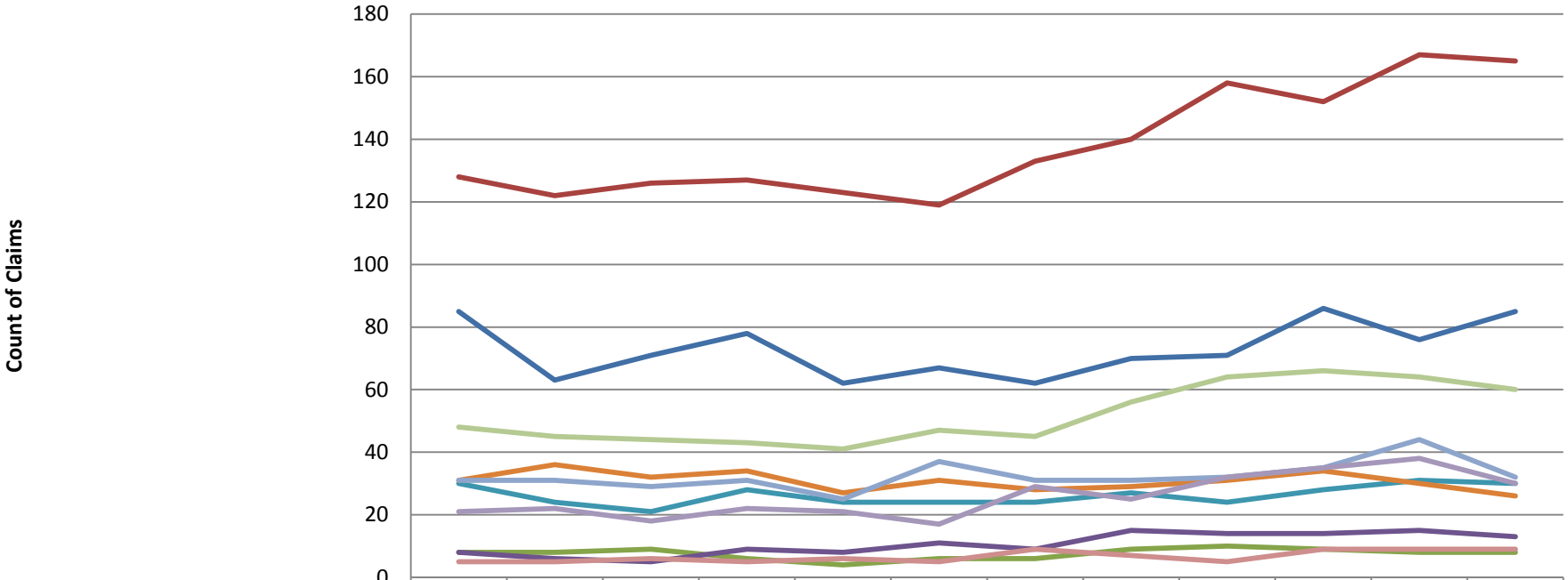
DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD
PROPOSED PRIOR AUTHORIZATION CRITERIA

Agents used for the treatment of Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)

No proposed changes to current MSM Chapter 1200 criteria.

Count of RxClaim Nbr

ADHD Medication Utilization - >18 Years Old (Top 10)



	201307	201308	201309	201310	201311	201312	201401	201402	201403	201404	201405	201406
ADDERALL XR	85	63	71	78	62	67	62	70	71	86	76	85
AMPHETAMINE/DEXTROAMPHETA	128	122	126	127	123	119	133	140	158	152	167	165
FOCALIN XR	8	8	9	6	4	6	6	9	10	9	8	8
INTUNIV	8	6	5	9	8	11	9	15	14	14	15	13
METHYLPHENIDATE HCL	30	24	21	28	24	24	24	27	24	28	31	30
METHYLPHENIDATE HCL ER	31	36	32	34	27	31	28	29	31	34	30	26
MODAFINIL	31	31	29	31	25	37	31	31	32	35	44	32
RITALIN LA	5	5	6	5	6	5	9	7	5	9	9	9
STRATTERA	48	45	44	43	41	47	45	56	64	66	64	60
VYVANSE	21	22	18	22	21	17	29	25	32	35	38	30

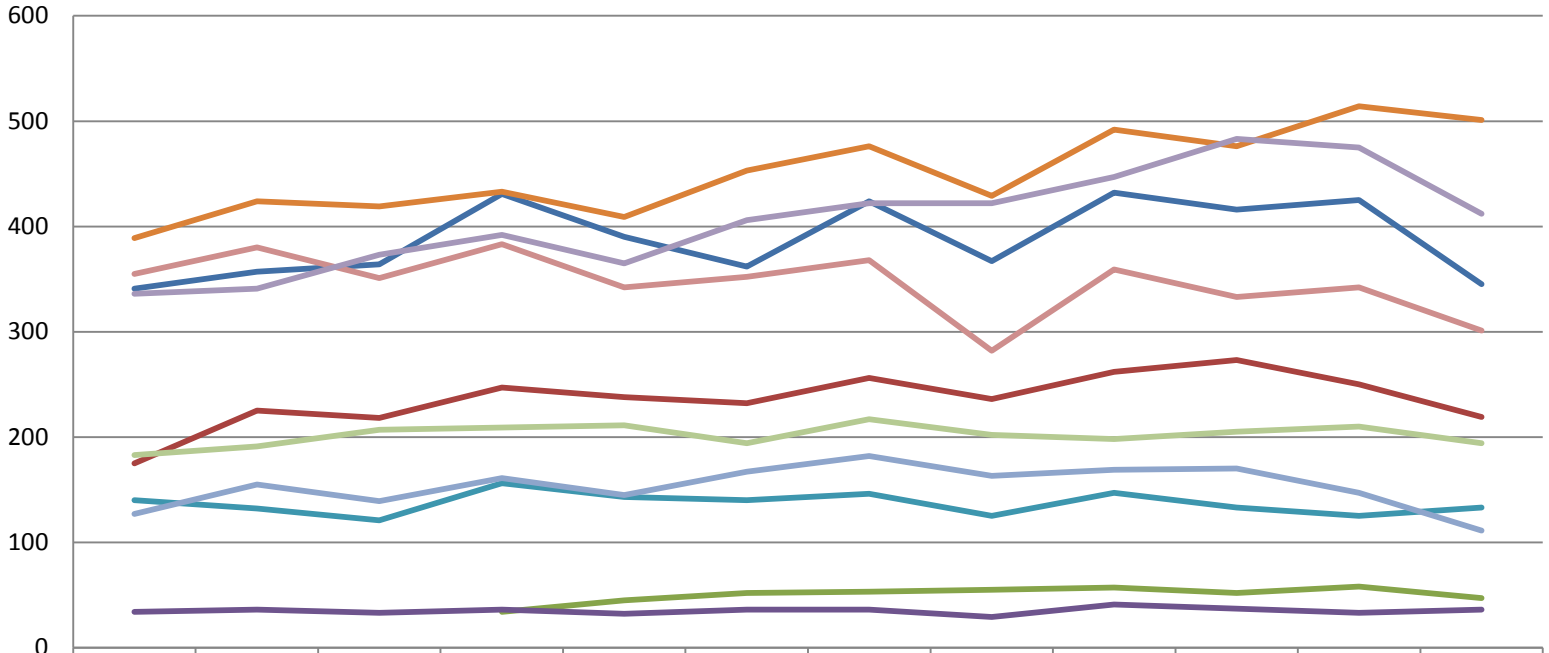
YearMonth Filled

ADHD Medication Utilization - Recipients Over 18
July 2013 to June 2014

Row Labels	Count of Claims	Count of Member ID	Sum of Metric Qty	Sum of Days Supply	Sum of Total Due	Average of Days Supply	Average of Metric Qty
ADDERALL	10	10	482	242	$ 1,953.50	24.2	48.2
ADDERALL XR	876	876	33,418	25,474	$ 246,557.14	29.1	38.1
AMPHETAMINE/DEXTROAMPHETA	1,660	1,660	115,818	48,927	$ 147,759.59	29.5	69.8
CLONIDINE HCL ER	7	7	420	210	$ 1,461.32	30.0	60.0
DAYTRANA	16	16	600	480	$ 4,629.82	30.0	37.5
DEXMETHYLPHENIDATE HCL	3	3	118	90	$ 118.49	30.0	39.3
DEXTROAMPHETAMINE SULFATE	69	69	6,988	2,023	$ 14,027.93	29.3	101.3
FOCALIN XR	91	91	3,051	2,721	$ 21,950.83	29.9	33.5
INTUNIV	127	127	4,339	3,672	$ 36,428.38	28.9	34.2
METHAMPHETAMINE HCL	5	5	700	130	$ 2,641.33	26.0	140.0
METHYLPHENIDATE HCL	315	315	24,883	9,378	$ 8,456.05	29.8	79.0
METHYLPHENIDATE HCL CD	47	47	2,000	1,405	$ 9,711.49	29.9	42.6
METHYLPHENIDATE HCL ER	369	369	12,696	10,866	$ 72,624.74	29.4	34.4
METHYLPHENIDATE HCL SR	4	4	120	120	$ 80.24	30.0	30.0
MODAFINIL	389	389	12,444	9,780	$ 305,014.10	25.1	32.0
NUVIGIL	73	73	2,190	2,190	$ 36,021.98	30.0	30.0
PROVIGIL	7	7	182	181	$ 6,871.64	25.9	26.0
QUILLIVANT XR	13	13	2,550	363	$ 3,399.86	27.9	196.2
RITALIN	18	18	2,155	521	$ 2,838.13	28.9	119.7
RITALIN LA	80	80	3,584	2,406	$ 21,868.57	30.1	44.8
STRATTERA	623	623	21,395	18,338	$ 174,683.21	29.4	34.3
VYVANSE	310	310	9,793	9,148	$ 65,516.08	29.5	31.6
Grand Total	**5,112**	**5,112**	**259,926**	**148,665**	**$ 1,184,614.42**	**29.1**	**50.8**

Count of RxClaim Nbr

ADHD Medication Utilization - < 18 Years Old (Top 10)



	201307	201308	201309	201310	201311	201312	201401	201402	201403	201404	201405	201406
ADDERALL XR	341	357	364	431	390	362	424	367	432	416	425	345
AMPHETAMINE/DEXTROAMPHETA	175	225	218	247	238	232	256	236	262	273	250	219
CLONIDINE HCL ER				34	45	52	53	55	57	52	58	47
DEXTROAMPHETAMINE SULFATE	34	36	33	36	32	36	36	29	41	37	33	36
FOCALIN XR	140	132	121	156	143	140	146	125	147	133	125	133
INTUNIV	389	424	419	433	409	453	476	429	492	476	514	501
METHYLPHENIDATE HCL	127	155	139	161	145	167	182	163	169	170	147	111
METHYLPHENIDATE HCL ER	355	380	351	383	342	352	368	282	359	333	342	301
STRATTERA	183	191	207	209	211	194	217	202	198	205	210	194
VYVANSE	336	341	373	392	365	406	422	422	447	483	475	412

YearMonth Filled

ADHD Medication Utilization - Recipients Under 18
July 2013 - June 2014

Row Labels	Count of RxClaim Nbr	Count of Membes	Sum of Metric Qty	Sum of Days Supply	Sum of Total Due	Average of Days Supply	Average of Qty
ADDERALL	25	25	855	735	4,007	29.4	34.2
ADDERALL XR	4,654	4,654	150,790	137,451	1,113,744	29.5	32.4
AMPHETAMINE/DEXTROAMPHETA	2,831	2,831	126,185	83,463	193,173	29.5	44.6
CLONIDINE HCL ER	453	453	30,260	13,391	105,039	29.6	66.8
CONCERTA	70	70	2,450	2,090	19,393	29.9	35.0
DAYTRANA	196	196	5,970	5,880	44,957	30.0	30.5
DEXEDRINE	1	1	30	30	89	30.0	30.0
DEXMETHYLPHENIDATE HCL	324	324	17,232	9,512	17,222	29.4	53.2
DEXMETHYLPHENIDATE HCL ER	13	13	390	390	2,268	30.0	30.0
DEXTROAMPHETAMINE SULFATE	419	419	19,626	12,360	49,341	29.5	46.8
FOCALIN	3	3	135	75	126	25.0	45.0
FOCALIN XR	1,641	1,641	57,057	48,719	413,407	29.7	34.8
INTUNIV	5,415	5,415	182,574	160,262	1,512,168	29.6	33.7
KAPVAY	155	155	9,664	4,529	39,657	29.2	62.3
KAPVAY DOSE PACK	1	1	30	30	161	30.0	30.0
METADATE CD	2	2	60	60	392	30.0	30.0
METADATE ER	2	2	120	60	117	30.0	60.0
METHYLPHENIDATE HCL	1,836	1,836	99,480	54,379	36,299	29.6	54.2
METHYLPHENIDATE HCL CD	225	225	7,091	6,701	36,006	29.8	31.5
METHYLPHENIDATE HCL ER	4,148	4,148	133,659	122,454	732,019	29.5	32.2
METHYLPHENIDATE HCL SR	32	32	1,620	960	1,156	30.0	50.6
METHYLPHENIDATE HYDROCHLO	39	39	12,638	1,167	12,547	29.9	324.1
MODAFINIL	13	13	360	390	7,605	30.0	27.7
NUVIGIL	13	13	390	390	6,376	30.0	30.0
QUILLIVANT XR	292	292	60,600	8,639	88,697	29.6	207.5
RITALIN	20	20	1,860	593	2,078	29.7	93.0
RITALIN LA	336	336	10,999	9,966	66,082	29.7	32.7
STRATTERA	2,421	2,421	78,013	71,175	618,559	29.4	32.2
VYVANSE	4,874	4,874	148,838	144,197	991,734	29.6	30.5
Grand Total	**30,454**	**30,454**	**1,158,976**	**900,048**	**6,114,418**	**29.6**	**38.1**

Therapeutic Class Overview
Attention Deficit/Hyperactivity Disorder (ADHD) Agents and Stimulants

Therapeutic Class

- **Overview/Summary:** Attention deficit/hyperactivity disorder (ADHD) is a common psychiatric disorder that is often diagnosed during childhood; however, children with ADHD may continue to manifest symptoms into adulthood.[1] The core symptoms of ADHD utilized in the diagnosis of the disorder include hyperactivity, impulsivity, and inattention. Untreated, or undertreated ADHD is associated with adverse sequelae, including delinquent behavior, antisocial personality traits, substance abuse and other comorbidities.[2] Several central nervous system agents are Food and Drug Administration (FDA)-approved for the treatment of ADHD, including the cerebral stimulants (amphetamines and methylphenidate derivatives), atomoxetine (Strattera®), clonidine extended-release (Kapvay®) and guanfacine extended-release (Intuniv®).[3-23] The cerebral stimulant agents are classified as Schedule II controlled substances due to their potential for abuse.[3-11,14-21,23] Atomoxetine, clonidine extended-release and guanfacine extended-release are not classified as controlled substances.[12,13,22] Clonidine and guanfacine, extended-release formulations, are approved as adjunctive therapy with stimulant medications as well as monotherapy.[12,13,24] Some cerebral stimulant agents are indicated for the treatment of a variety of sleep disorders. Narcolepsy is a sleep disorder characterized by excessive daytime sleepiness and intermittent manifestations of rapid eye movement sleep during wakefulness. Obstructive sleep apnea (OSA) is a common chronic disorder that often requires lifelong care. Cardinal features of OSA include obstructive apneas, hypopneas, or respiratory effort related arousals; daytime symptoms attributable to disrupted sleep (e.g., sleepiness, fatigue, poor concentration); and signs of disturbed sleep (e.g., snoring, restlessness, or resuscitative snorts).[25,26] Circadian rhythm sleep disorder consists of a persistent/recurrent pattern of sleep interruption. The shift work type occurs in individuals who work non-standard hours (e.g., night work, early morning work and rotating schedules) and is characterized by excessive sleepiness and/or insomnia.[25] Modafinil (Provigil®) and armodafinil (Nuvigil®) are both FDA-approved to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, OSA and shift work sleep disorder. These agents are classified as Schedule IV controlled substances because they have been shown to have been shown to produce psychoactive and euphoric effects similar to stimulants.[27,28] Sodium oxybate (Xyrem®) is γ-hydroxybutyric acid, a known drug of abuse. It is approved for the treatment of excessive daytime sleepiness and cataplexy in patients with narcolepsy. It is classified as a Schedule III controlled substance. However, non-medical uses of sodium oxybate are classified under Schedule I.[28] Several generic ADHD agents and stimulants are currently available. Specifically, at least one short-, intermediate-, and long-acting agent is available generically.[29]

Table 1. Current Medications Available in the Therapeutic Class[3-22, 26-28]

Generic (Trade Name)	Food and Drug Administration- Approved Indications	Dosage Form/Strength	Generic Availability
Anorexigenic Agents and Respiratory and Cerebral Stimulants-Amphetamines			
Amphetamine/ dextroamphetamine salts (Adderall®*, Adderall XR®*)	Treatment of ADHD	Capsule (Adderall XR®): 5 mg 10 mg 15 mg 20 mg 25 mg 30 mg Tablet (Adderall®): 5 mg 7.5 mg	✔

Generic (Trade Name)	Food and Drug Administration- Approved Indications	Dosage Form/Strength	Generic Availability
		10 mg 12.5 mg 15 mg 20 mg 30 mg	
Dextroamphetamine (ProCentra®, Dexedrine Spansule®*, Zenzedi®*)	Treatment of ADHD, narcolepsy	Solution (ProCentra®): 5 mg/5 mL Sustained-release capsule (Dexedrine Spansule®): 5 mg 10 mg 15 mg Tablet: 2.5 mg 5 mg 7.5 mg 10 mg	✔
Lisdexamfetamine (Vyvanse®)	Treatment of ADHD	Capsule: 20 mg 30 mg 40 mg 50 mg 60 mg 70 mg	-
Methamphetamine (Desoxyn®*)	Exogenous obesity, treatment of ADHD	Tablet: 5 mg	✔
Anorexigenic Agents and Respiratory and Cerebral Stimulants-Miscellaneous			
Armodafinil (Nuvigil®)	Improve wakefulness in patients with excessive sleepiness associated with OSA and narcolepsy, improve wakefulness in patients with excessive sleepiness associated with shift work disorder	Tablet: 50 mg 150 mg 250 mg	-
Dexmethylphenidate (Focalin®*, Focalin XR®)	Treatment of ADHD	Extended-release capsule: 5 mg 10 mg 15 mg 20 mg 25 mg 30 mg 35 mg 40 mg Tablet: 2.5 mg 5 mg 10 mg	✔

Generic (Trade Name)	Food and Drug Administration- Approved Indications	Dosage Form/Strength	Generic Availability
Methylphenidate (Concerta®*, Daytrana®, Metadate CD®*, Metadate ER®*, Methylin®, Quillivant XR®, Ritalin®*, Ritalin LA®*, Ritalin SR®*)	Treatment of ADHD, narcolepsy	Chewable tablet (Methylin®): 2.5 mg 5 mg 10 mg Extended-release capsule (Metadate CD®): 10 mg 20 mg 30 mg 40 mg 50 mg 60 mg Extended-release capsule (Ritalin LA®): 10 mg 20 mg 30 mg 40 mg Extended-release suspension (Quillivant XR®): 25 mg/ 5 mL Extended-release tablet (Concerta®): 18 mg 27 mg 36 mg 54 mg Extended-release tablet (Metadate ER®): 20 mg Solution (Methylin®): 5 mg/5 mL 10 mg/5 mL Sustained-release tablet (Ritalin-SR®): 20 mg Tablet (Ritalin®): 5 mg 10 mg 20 mg Transdermal patch (Daytrana®):	✔

Generic (Trade Name)	Food and Drug Administration- Approved Indications	Dosage Form/Strength	Generic Availability
		10 mg/9 hours (1.1 mg/hour) 15 mg/9 hours (1.6 mg/hour) 20 mg/9 hours (2.2 mg/hour) 30 mg/9 hours (3.3 mg/hour)	
Modafinil (Provigil®*)	Improve wakefulness in patients with excessive sleepiness associated with OSA and narcolepsy, improve wakefulness in patients with excessive sleepiness associated with shift work disorder	Tablet: 100 mg 200 mg	✔
Central α-Agonists			
Clonidine extended-release (Kapvay®*)	Treatment of ADHD as monotherapy and as adjunctive therapy to stimulant medications	Extended-release tablet: 0.1 mg 0.2 mg	✔
Guanfacine extended-release (Intuniv®)	Treatment of ADHD as monotherapy and as adjunctive therapy to stimulant medications	Extended-release tablet: 1 mg 2 mg 3 mg 4 mg	-
Central Nervous System Agents-Miscellaneous			
Atomoxetine (Strattera®)	Treatment of ADHD	Capsule: 10 mg 18 mg 25 mg 40 mg 60 mg 80 mg 100 mg	-
Sodium oxybate (Xyrem®)	Treatment of excessive daytime sleepiness and cataplexy in patients with narcolepsy	Solution: 500 mg/mL (180 mL)	-

ADHD=attention deficit/hyperactivity disorder, OSA=obstructive sleep apnea
* Generic available in at least one dosage form or strength.

Evidence-based Medicine

- Data from several clinical trials demonstrate that the attention deficit/hyperactivity disorder (ADHD) agents and stimulants are effective in the treatment of ADHD, as measured by significant decreases in ADHD rating scale scores compared to placebo. Although comparative trials have been conducted, it is difficult to interpret the results of these trials due to design flaws (e.g., small population, short treatment duration, variable outcomes). Overall, there is insufficient evidence to suggest that one ADHD agent and stimulant is more efficacious than another for the treatment of ADHD.[38-125]
- The majority of efficacy data supporting the use of the ADHD agents and stimulants is derived from placebo-controlled trials. In addition, the majority of trials were conducted in the pediatric population. Limited data exists to demonstrate the efficacy of a variety of cerebral stimulants (amphetamine/ dextroamphetamine, dexmethylphenidate, and lisdexamfetamine) and atomoxetine in the adult population.[43,51,68,93,94,109]

- Clonidine extended-release and guanfacine extended-release have been shown to improve ADHD symptoms scores both as monotherapy and as adjunctive therapy to psychostimulants. These agents are Food and Drug Administration (FDA)-approved for use in ADHD as monotherapy and as adjunctive treatment to stimulants.[64,65,74-82]
- Armodafinil, modafinil and sodium oxybate have all been shown to be more effective compared to placebo in patients with narcolepsy, obstructive sleep apnea (OSA) and shift work disorder, as measured by significant improvements in sleepiness scale scores. In addition, sodium oxybate has been shown to significantly reduce the rate of inadvertent naps and cataplexy attacks compared to placebo. Similar to ADHD, there is insufficient evidence to suggest that one ADHD agent and stimulant is more efficacious than another for the treatment of sleep disorders.[126-155]

Key Points within the Medication Class

- According to Current Clinical Guidelines:
    - Guidelines recommend the use of Food and Drug Administration (FDA)-approved agents for initial pharmacologic treatment of attention deficit/hyperactivity disorder (ADHD), and preference of one agent over another is not stated.
    - Stimulant medications remain the most effective treatment option for most children with ADHD, and response to one stimulant dose not predict response to another. Other factors associated with treatment decisions include presence of comorbid conditions, patient/family preference, storage/administration issues at school, history and/or presence of substance abuse, pharmacokinetics, and anticipated adverse events.[2,24,31-33]
    - With regard to the use of non stimulant medications in the treatment of ADHD, atomoxetine is recognized as a good option for patients with comorbid anxiety, sleep initiation disorder, substance abuse, or tics, or if initially preferred by parents and/or the physician.
    - Overall, atomoxetine, clonidine extended-release and guanfacine extended-release are effective in reducing ADHD core symptoms; however, these agents have a smaller evidence base compared to the cerebral stimulants.[24]
    - Methylphenidate is recommended as first-line treatment of ADHD in adults, with atomoxetine and dexamphetamine recommended second line.[31-33]
    - For the treatment of narcolepsy, obstructive sleep apnea (OSA), and shift work disorder, guidelines recommend the use of FDA-approved agents for the treatment of such sleep disorders, with modafinil recommended first-line for the treatment of narcolepsy.[25,139-141]
    - Even though guidelines were published prior to FDA-approval of sodium oxybate, the agent is the only one to be recognized as being an effective option for the treatment of cataplexy due to narcolepsy. Armodafinil, was FDA-approved in 2007; however, its role is not defined within current clinical guidelines.[25,34-36]
- Other Key Facts:
    - Armodafinil (Nuvigil®) is the longer half-life enantiomer of modafinil (Provigil®).
    - At least one short-, intermediate-, and long-acting stimulant is available generically.[30]
    - Due to safety concerns and abuse potential, sodium oxybate (Xyrem®) is available only through restricted distribution, the Xyrem Success Program.

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Tab: Fentanyl

F. Duragesic® (fentanyl transdermal) Patches

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

Transdermal fentanyl, a narcotic agonist analgesic, is indicated in the management of chronic pain in patients requiring continuous opioid analgesia for pain that cannot be managed by lesser means such as acetaminophen-opioid combinations, non-steroidal analgesics or PRN dosing with short-acting opioids. Transdermal fentanyl is subject to prior authorization and quantity limitations based on the Application of Standards in Section 1927 of the Social Security Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage and Limitations

Because serious or life-threatening hypoventilation could occur, fentanyl transdermal is contraindicated in management of acute or postoperative pain, mild or intermittent pain responsive to PRN or non-opioid therapy, or in doses exceeding 25 mcg/hr at the initiation of opioid therapy. Therefore, patients must meet the following two criteria in order to gain prior authorization approval:

a. Patient cannot be managed by lesser means such as acetaminophen-opioid combinations, nonsteriodal analgesics, or PRN dosing with short-acting opioid.

b. Patient requires continuous opioid administration.

In addition the following guideline applies:

c. Do not authorize if on long-acting narcotics. If recipient is switching to fentanyl and has a prior authorization for a long-acting narcotic, discontinue the prior authorization for the long-acting narcotic and inform the prescriber.

2. Prior Authorizations

Prior approval will be given for a six month time period.

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

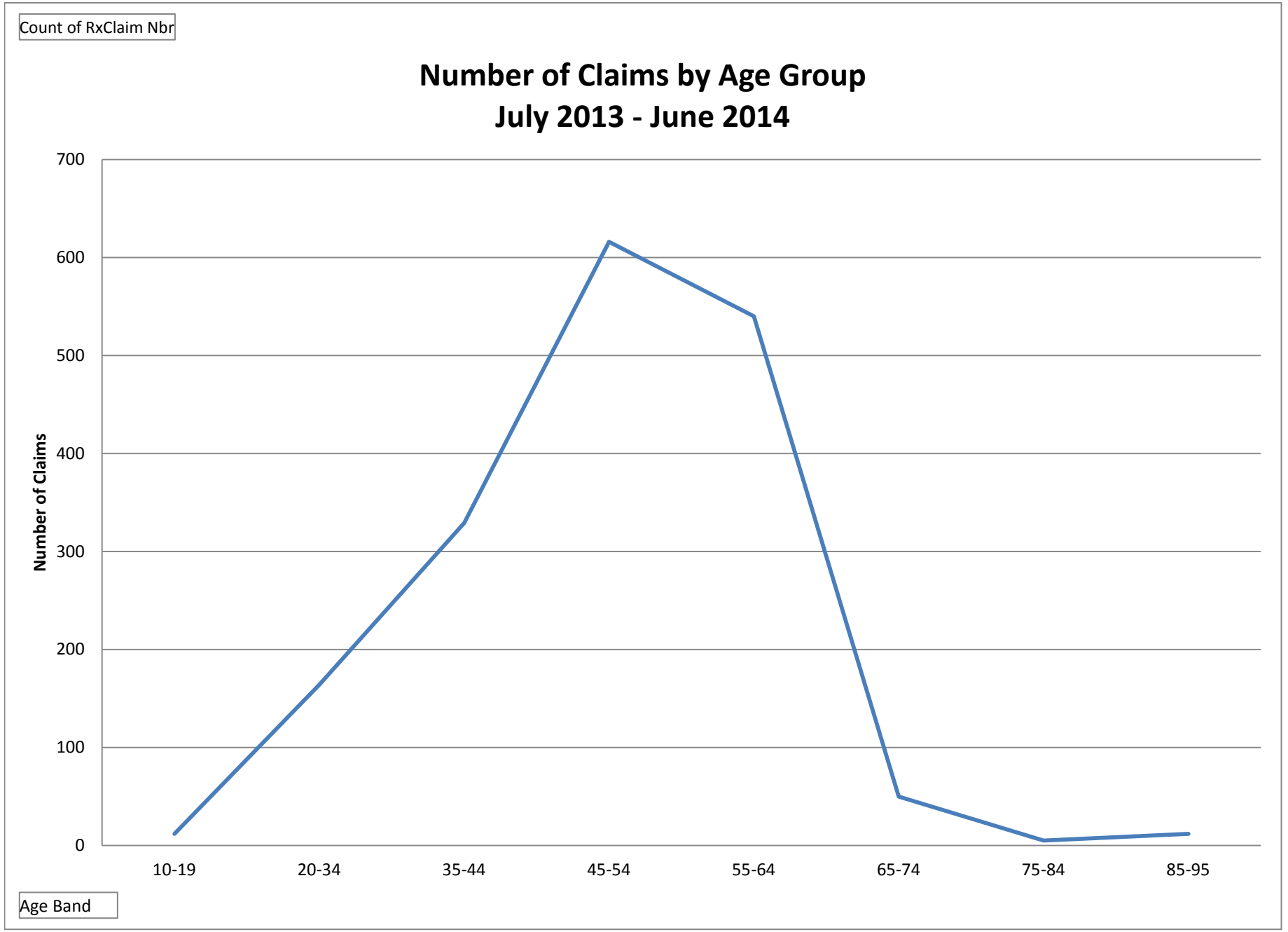
DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD
PROPOSED PRIOR AUTHORIZATION CRITERIA

Fentanyl transdermal Patches

No proposed changes to current MSM Chapter 1200 criteria.

Fentanyl Transdermal
Pharmacy Submitted Diagnosis
July 2013 - June 2014

Diagnosis	Count of Members
ABDMNAL PAIN OTH SPCF ST	2
ABDMNAL PAIN RT UPR QUAD	1
ACUTE APPENDICITIS NOS	1
ACUTE PAIN NEC	1
ACUTE PHARYNGITIS	9
ACUTE POSTOP PAIN NEC	1
CEREBRAL DEGENERATION	4
CHR AIRWAY OBSTRUCT NEC	10
DIABETES MELLITUS	1
DRUG ABUSE NEC/NOS	1
FRACTURE TWO RIBS-CLOSED	1
GASTROPARESIS	1
HEART FAILURE	5
HUNTINGTON'S CHOREA	4
HYPOTHYROIDISM NOS	3
LATE EFF CEREBROVASC DIS	4
MALIG NEO TONGUE NOS	1
MALIG NEOPL UTERUS BODY	4
METH RESIS STAPH CARRIER	1
MYALGIA AND MYOSITIS NOS	1
OTH ABDOMEN/PELVIS SYMP	2
PARAPLEGIA NOS	1
(blank)	1669
Grand Total	**1728**


Count of RxClaim Nbr
Number of Claims by Age Group
July 2013 - June 2014
700
600
500
400
300
200
100
0
Number of Claims
10-19
20-34
35-44
45-54
55-64
65-74
75-84
85-95
Age Band

Therapeutic Class Overview
Long-acting Opioids

Therapeutic Class

- **Overview/Summary:** Pain is one of the most common and debilitating patient complaints, with persistent pain having the potential to lead to functional impairment, disability, psychological distress and sleep deprivation. Pain can be categorized as being either nociceptive or neuropathic, and the treatments for each are specific. Nociceptive pain is caused by damage to tissues 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.[1] 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.[2]

  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.[3-19] These 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.[2,20] The long-acting opioids are primarily utilized in the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period of time.[3] Long-acting opioids are available in a variety of different dosage forms, and currently several agents are available generically.[3]

  OxyContin® (oxycodone extended-release) has received increased attention regarding overuse, abuse, and diversion, but oxycodone itself does not appear to have a greater dependence or abuse liability compared to the other available opioids.[21] The Food and Drug Administration (FDA) approved a new OxyContin® formulation in April of 2010 that was designed to discourage misuse and abuse. The reformulated OxyContin® is intended to prevent the medication from being cut, broken, chewed, crushed, or dissolved to release more medication. The FDA states that the new formulation may result in less risk of overdose due to tampering, and will likely result in less abuse by snorting or injection, but the agent can still be abused or misused by ingesting larger than recommended doses. The manufacturer is required to conduct a postmarketing study evaluating the extent to which the new formulation reduces abuse and misuse.[22] Similarly, a new, crush-resistant formulation of Opana ER® (oxymorphone extended-release) was approved in December 2011; however, the manufacturer notes that it has not been established that the new formulation is less subject to misuse, abuse, diversion, overdose or addiction.[23]

Table 1. Current Medications Available in the Therapeutic Class[4-19]

Generic (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
Single-Entity Agents			
Buprenorphine (Butrans®)	The management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period of time	Transdermal system: 5 µg/hour 10 µg/hour 20 µg/hour	-
Fentanyl (Duragesic®*)	The management of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means such as non-steroidal analgesics, opioid combination products, or immediate-release opioids	Transdermal system: ‡ 12 µg/hour 25 µg/hour 50 µg/hour 75 µg/hour 100 µg/hour	✔
Hydromorphone (Exalgo®)	The management of moderate to severe pain in opioid tolerant patients requiring continuous, around-the-clock opioid analgesia for an extended period of time	Extended release tablets: ‡ 8 mg 12 mg 16 mg	-
Methadone (Dolophine®*, Methadose®*)	Treatment of moderate to severe pain not responsive to non-narcotic analgesics, for detoxification treatment of opioid addiction (heroin or other morphine-like drugs) and for maintenance treatment of opioid addiction (heroin or other morphine-like drugs), in conjunction with appropriate social and medical services	Concentrate (sugar-free available): 10 mg/mL Dispersible tablet: 40 mg Solution: 5 mg/5 mL 10 mg/5 mL Tablet: 5 mg 10 mg	✔
Morphine sulfate (Avinza®, Kadian®*, MS Contin®*, Oramorph SR®)	For the management of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time (Avinza®), for the relief of moderate to severe pain requiring continuous, around the clock opioid therapy for an extended period of time (Kadian® and MS Contin®) and for the relief of pain in patients who require opioid analgesics for more than a few days (Oramorph SR®)	Extended release capsules: 10 mg§ 20 mg§ 30 mg 45 mg‖ 50 mg§ 60 mg‡,¶ 75 mg‖ 80 mg§ 90 mg‡,‖ 100 mg‡,§ 120 mg‡,‖ 200 mg‡,§ Extended release tablets: 15 mg	✔

Generic (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
		30 mg 60 mg 100 mg§ 200 mg§ Tablet (Oramorph SR®) 15 mg 30 mg 60 mg 100 mg	
Oxycodone (OxyContin®*)	For the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time	Extended release tablet: 10 mg 15 mg# 20 mg 30 mg# 40 mg 60 mg‡,# 80 mg‡	✔ †
Oxymorphone (Opana® ER)	For the relief of moderate to severe pain in patients requiring continuous, around-the-clock opioid treatment for an extended period of time	Extended release tablet: 5 mg 7.5 mg 10 mg 15 mg 20 mg 30 mg 40 mg	-
Tapentadol (Nucynta ER®)	For the management of moderate to severe chronic pain in adults when a continuous, around-the-clock opioid analgesic is needed for an extended period of time and treatment of neuropathic pain associated with diabetic peripheral neuropathy in adults	Extended release tablet: 50 mg 100 mg 150 mg 200 mg 250 mg	-
Combination Products			
Morphine sulfate/ naltrexone	For the management of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time	Extended release capsule: 20 mg/0.8 mg 30 mg/1.2 mg 50 mg/2 mg 60 mg/2.4 mg 80 mg/3.2 mg 100 mg/4 mg‡	-

*Generic is available in at least one dosage form or strength.
†Generic availability is sporadic and does not include all strengths.
‡For use in opioid-tolerant patients only.
§Kadian® only.
‖Avinza® only.
¶ Avinza® 60 mg extended-release capsules are for use in opioid-tolerant patients only.
#OxyContin® only.

Evidence-based Medicine

- In one trial, treatment with the buprenorphine transdermal system significantly improved the average pain score over 24 hours at week 12 compared to treatment with buprenorphine 5 µg/hour (*P*<0.001 for both). In a second trial, treatment with either 10 or 20 µg/hour of buprenorphine transdermal system resulted in a treatment difference favoring buprenorphine (95% confidence interval [CI], -1.02 to -0.14; *P*=0.01) compared to placebo. Two other trials failed to show efficacy for buprenorphine transdermal system in patients with low back pain and osteoarthritis, respectively against oxycodone/acetaminophen and oxycodone immediate-release. In another trial, treatment with either buprenorphine transdermal system 20 µg/hour or oxycodone immediate-release was compared to treatment with buprenorphine transdermal system 5 µg/hour in patients with osteoarthritis. The decrease in the average pain score over the last 24 hours was greater in the buprenorphine transdermal system 20 µg/hour and oxycodone immediate-release treatment groups compared to the buprenorphine transdermal system 5 µg/hour group, however the difference was not significant (*P* values not reported).[4,24]
- 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.[25-27]
- In one trial, hydromorphone extended-release 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.[28] In a noninferiority analysis of a hydromorphone extended-release compared to oxycodone extended-release, two agents provided similar pain relief in the management of osteoarthritic pain.[29]
- 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.[30,31]
- A trial comparing different long-acting formulations of morphine sulfate for the treatment of osteoarthritis pain demonstrated that both Avinza® (morphine sulfate extended-release) and MS Contin® (morphine sulfate controlled-release) 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.[32] 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).[33]
- Morphine/naltrexone has demonstrated significantly better pain control compared to placebo in patients with osteoarthritis pain.[34]
- Oxycodone controlled-release has demonstrated significantly greater efficacy compared to placebo for the treatment of neuropathic pain and chronic refractory neck pain.[35-37] For the treatment of cancer pain, no significant differences were observed between oxycodone controlled-release and morphine sulfate controlled-release in reducing pain intensity. The average number of rescue doses used within a 24 hour period was significantly less with morphine sulfate controlled-release (*P*=0.01), and the incidence of nausea and sedation were similar between treatments.[38]
- Oxymorphone extended-release has produced similar mean daily pain intensity scores compared to both morphine sulfate and oxycodone controlled-release for the treatment of chronic cancer pain.[39,40] The average scheduled daily dose of study drug and average total daily dose decreased after patients crossed over to oxymorphone extended-release from morphine sulfate or oxycodone controlled-release. No significant changes were observed in visual analog pain scores, quality of life domains, or quality of sleep in any of the treatment groups.[40] In another trial, oxymorphone extended-release demonstrated greater efficacy for the relief of osteoarthritis pain compared to placebo.[41]
- In a 12-week active comparator and placebo-controlled trial, significant pain relief was achieved with tapentadol extended-release 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 controlled-release 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).[42] 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 extended-release and oxycodone controlled-release relative to placebo (*P*<0.001).[43] Schwartz et al evaluated tapentadol extended-release 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 extended-release group, indicating no change in pain intensity, (least squares mean difference, -1.3; 95% CI, -1.70 to -0.92; *P*<0.001).[44]

- 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%).[45]

Key Points within the Medication Class

- According to Current Clinical Guidelines:
  - Patients with pain should be started on acetaminophen or a nonsteroidal anti-inflammatory drug (NSAID). If sufficient pain relief is not achieved, patients should be escalated to a "weak opioid" and then to a "strong opioid", such as morphine.[46,47]
  - 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.[47]
  - Patients with chronic persistent pain controlled by stable doses of short-acting opioids should be provided with round-the-clock extended-release or long-acting formulation opioids with provision of a 'rescue dose' to manage break-through or transient exacerbations of pain.[46]
  - 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.[46,47]
  - In a patient who has not been exposed to opioids in the past, morphine is generally considered the standard starting drug of choice.[46]
  - 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.[46]
  - 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.[46]
  - 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.[46,47]
- Other Key Facts:
  - All of the long-acting opioids are classified as Schedule II controlled substances by the Food and Drug Administration (FDA), with the exception of buprenorphine transdermal systems which are a Schedule III controlled substance.[4-19] Buprenorphine is a partial opiate agonist, and the transdermal system is the first and only seven-day transdermal opioid approved by the FDA.[5]
  - On July 9, 2012, the FDA approved a Risk Evaluation and Mitigation Strategy (REMS) for all long-acting opioids. The program will require 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.[48]
  - 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.[48]

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Tab: Controlled Substances

Top Controlled Substances by Claim Count

Product Name	Sum of Count of Claims	Sum of Count of Members	Sum of Qty Disp	Sum of Days Supply
HYDROCODONE/ACETAMINOPHEN	94,506	83,828	7,101,747	1,773,970
HYDROCO/APAP TAB 10-325MG	37,827	33,700	3,797,909	901,838
201307	1,532	1,313	153,106	35,326
201308	1,583	1,370	158,295	36,458
201309	1,529	1,363	153,522	35,154
201310	1,720	1,492	172,617	39,572
201311	1,769	1,578	175,664	40,449
201312	2,528	2,237	258,602	60,904
201401	3,961	3,522	400,105	96,022
201402	3,978	3,697	405,920	97,386
201403	4,621	4,166	466,132	112,172
201404	4,924	4,383	487,985	117,363
201405	4,901	4,278	488,609	116,466
201406	4,781	4,301	477,352	114,566
HYDROCO/APAP TAB 10-500MG	13,267	12,279	1,407,688	347,030
201307	2,512	2,262	264,490	65,196
201308	2,278	2,117	243,968	60,636
201309	2,157	2,043	228,763	56,575
201310	2,341	2,093	244,536	59,960
201311	1,872	1,776	197,880	48,656
201312	1,419	1,333	153,812	37,701
201401	688	655	74,239	18,306
HYDROCO/APAP TAB 5-325MG	22,482	19,208	810,646	221,137
201307	1,009	864	36,222	9,824
201308	1,043	892	35,752	9,448
201309	1,076	926	35,603	9,721
201310	1,097	926	40,270	11,013
201311	1,038	886	35,724	9,611
201312	1,198	1,024	45,599	12,630
201401	2,195	1,857	80,645	21,940
201402	2,150	1,900	81,580	22,476
201403	2,618	2,266	95,656	26,208
201404	3,093	2,619	109,257	29,679
201405	2,988	2,510	108,184	29,514
201406	2,977	2,538	106,154	29,073
HYDROCO/APAP TAB 5-500MG	5,674	5,069	238,605	69,208
201307	1,119	996	46,862	13,635
201308	1,047	926	43,493	12,616
201309	1,043	939	41,880	12,109
201310	1,037	918	43,528	12,435
201311	797	729	33,905	9,944
201312	631	561	28,937	8,469

Product Name	Sum of Count of Claims	Sum of Count of Members	Sum of Qty Disp	Sum of Days Supply
HYDROCO/APAP TAB 7.5-325	12,246	10,886	680,147	187,848
201307	525	480	29,189	7,791
201308	507	467	29,911	8,088
201309	506	464	29,611	8,101
201310	605	529	33,283	9,227
201311	540	485	31,073	9,027
201312	670	601	40,699	11,324
201401	1,164	1,049	64,511	17,897
201402	1,239	1,120	66,331	18,616
201403	1,502	1,329	83,679	23,421
201404	1,741	1,499	94,166	25,773
201405	1,637	1,419	90,793	24,864
201406	1,610	1,444	86,901	23,719
HYDROCO/APAP TAB 7.5-500	3,010	2,686	166,752	46,909
201307	654	576	37,164	10,158
201308	642	571	35,557	9,822
201309	576	525	31,581	9,033
201310	636	558	34,131	9,870
201311	502	456	28,319	8,026

Product Name	Sum of Count of Claims	Sum of Count of Members	Sum of Qty Disp	Sum of Days Supply
ALPRAZOLAM	35,112	32,462	2,290,799	948,374
ALPRAZOLAM TAB 0.5MG	10,795	9,668	605,319	263,143
201307	806	721	45,988	20,253
201308	828	744	47,109	20,515
201309	745	674	42,084	18,413
201310	843	743	46,599	20,980
201311	770	690	42,571	18,192
201312	805	679	43,533	18,792
201401	959	844	55,215	23,463
201402	860	803	50,164	21,337
201403	968	894	55,327	24,086
201404	1,064	961	59,362	25,909
201405	1,109	975	59,400	25,838
201406	1,038	940	57,968	25,365
ALPRAZOLAM TAB 1MG	12,919	11,985	903,900	355,721
201307	1,058	938	73,773	28,833
201308	1,002	916	71,126	27,686
201309	953	905	67,129	26,392
201310	1,040	958	72,672	28,814
201311	928	870	64,040	25,462
201312	972	896	68,128	26,863
201401	1,189	1,083	83,665	32,773
201402	1,089	1,029	75,391	29,799
201403	1,129	1,052	79,962	31,246
201404	1,189	1,125	82,003	32,533
201405	1,185	1,108	83,201	32,867
201406	1,185	1,105	82,810	32,453
ALPRAZOLAM TAB 2MG	11,398	10,809	781,580	329,510
201307	964	888	65,450	27,656
201308	909	848	62,902	26,173
201309	894	858	59,957	25,916
201310	944	881	64,364	27,611
201311	831	807	57,167	24,160
201312	875	821	59,926	25,446
201401	997	936	68,500	28,901
201402	947	927	63,929	27,302
201403	1,004	950	69,021	28,943
201404	1,044	992	72,519	30,051
201405	1,001	955	70,264	29,008
201406	988	946	67,581	28,343

Product Name	Sum of Count of Claims	Sum of Count of Members	Sum of Qty Disp	Sum of Days Supply
OXYCODONE/ACETAMINOPHEN	28,621	24,979	2,158,939	501,455
OXYCOD/APAP TAB 10-325MG	17,657	15,815	1,777,934	411,083
201307	1,532	1,357	160,365	36,605
201308	1,463	1,318	154,517	35,502
201309	1,377	1,266	144,533	33,371
201310	1,497	1,321	155,729	36,216
201311	1,345	1,229	136,687	31,576
201312	1,146	1,016	117,031	26,668
201401	1,457	1,292	145,374	33,502
201402	1,351	1,244	134,832	30,919
201403	1,572	1,407	153,529	36,070
201404	1,636	1,449	157,892	36,780
201405	1,684	1,485	162,092	37,864
201406	1,597	1,431	155,354	36,010
OXYCOD/APAP TAB 5-325MG	10,964	9,164	381,005	90,372
201307	832	698	29,614	6,630
201308	796	666	28,927	6,734
201309	748	646	26,618	6,188
201310	745	634	27,895	6,511
201311	682	563	23,894	5,521
201312	719	592	24,337	5,891
201401	963	772	32,207	7,837
201402	880	750	30,034	7,082
201403	1,038	884	36,973	9,232
201404	1,240	1,011	41,970	9,995
201405	1,188	992	40,315	9,725
201406	1,133	956	38,221	9,026

Product Name	Sum of Count of Claims	Sum of Count of Members	Sum of Qty Disp	Sum of Days Supply
OXYCODONE HCL	18,185	16,555	2,112,443	480,161
OXYCODONE TAB 15MG	7,235	6,526	803,424	186,760
201307	588	530	66,884	15,702
201308	544	495	60,696	14,115
201309	550	503	60,529	14,134
201310	564	496	62,623	14,462
201311	498	458	57,083	13,178
201312	548	487	58,543	13,806
201401	628	547	70,322	16,268
201402	583	549	66,174	15,165
201403	614	578	69,905	15,934
201404	715	631	78,610	18,273
201405	742	642	78,957	18,514
201406	661	610	73,099	17,209
OXYCODONE TAB 30MG	10,950	10,029	1,309,019	293,401
201307	959	855	118,538	25,979
201308	908	828	110,067	24,531
201309	830	779	99,850	22,260
201310	900	802	108,919	24,363
201311	802	753	95,111	21,689
201312	836	762	99,573	22,365
201401	991	887	116,842	26,217
201402	919	873	109,007	24,507
201403	944	882	112,737	25,423
201404	963	874	114,858	25,685
201405	962	871	113,606	25,545
201406	936	863	109,911	24,837

Product Name	Sum of Count of Claims	Sum of Count of Members	Sum of Qty Disp	Sum of Days Supply
ZOLPIDEM TARTRATE	16,199	15,457	474,773	474,191
ZOLPIDEM TAB 10MG	16,199	15,457	474,773	474,191
201307	1,406	1,320	40,862	40,746
201308	1,291	1,228	38,047	37,725
201309	1,227	1,191	36,317	35,999
201310	1,296	1,228	38,016	37,833
201311	1,187	1,151	34,684	34,322
201312	1,253	1,173	36,283	35,925
201401	1,458	1,388	43,012	42,673
201402	1,334	1,297	39,061	38,965
201403	1,440	1,374	42,176	41,926
201404	1,503	1,426	43,930	43,715
201405	1,432	1,362	41,893	42,346
201406	1,372	1,319	40,493	42,016
CLONAZEPAM	15,794	14,380	922,006	432,367
CLONAZEPAM TAB 0.5MG	7,692	6,943	414,634	205,662
201307	589	525	33,376	15,920
201308	557	520	30,879	15,305
201309	565	521	31,499	15,279
201310	566	522	32,933	15,731
201311	514	480	29,010	14,012
201312	589	513	31,147	15,560
201401	639	576	34,671	17,447
201402	649	589	34,349	16,976
201403	727	658	38,754	19,587
201404	768	692	39,625	19,640
201405	809	695	40,227	20,552
201406	720	652	38,164	19,653
CLONAZEPAM TAB 1MG	8,102	7,437	507,372	226,705
201307	597	547	37,962	16,950
201308	612	578	38,647	17,539
201309	580	546	36,500	16,251
201310	615	565	40,028	17,716
201311	574	539	36,843	16,303
201312	603	546	37,001	16,642
201401	742	662	46,934	20,851
201402	681	634	42,389	18,844
201403	756	692	46,207	20,892
201404	791	724	49,203	21,610
201405	780	706	47,920	21,609
201406	771	698	47,738	21,498

Product Name	Sum of Count of Claims	Sum of Count of Members	Sum of Qty Disp	Sum of Days Supply
CARISOPRODOL	11,426	10,503	900,429	319,471
CARISOPRODOL TAB 350MG	11,426	10,503	900,429	319,471
201307	1,063	973	85,550	30,556
201308	1,016	931	80,831	28,609
201309	943	888	75,041	26,659
201310	1,008	907	79,026	28,101
201311	894	839	69,376	24,540
201312	900	820	71,033	25,393
201401	988	896	77,601	27,703
201402	868	826	67,297	24,180
201403	939	877	73,632	26,321
201404	1,002	886	77,831	27,163
201405	924	835	73,335	25,492
201406	881	825	69,876	24,754
DIAZEPAM	9,150	8,510	504,977	231,788
DIAZEPAM TAB 10MG	6,939	6,544	414,259	188,931
201307	591	553	35,443	16,132
201308	584	549	34,337	15,779
201309	497	481	31,401	13,852
201310	563	519	34,863	15,568
201311	519	491	31,678	14,178
201312	543	507	32,167	14,794
201401	619	585	37,284	17,010
201402	555	541	33,276	15,370
201403	613	583	35,775	16,486
201404	621	575	36,120	16,387
201405	643	596	37,053	17,144
201406	591	564	34,862	16,231
DIAZEPAM TAB 5MG	2,211	1,966	90,718	42,857
201403	535	479	22,084	10,694
201404	554	504	23,288	10,999
201405	571	499	23,199	10,883
201406	551	484	22,147	10,281

Product Name	Sum of Count of Claims	Sum of Count of Members	Sum of Qty Disp	Sum of Days Supply
LORAZEPAM	8,513	6,792	314,362	140,340
LORAZEPAM TAB 1MG	8,513	6,792	314,362	140,340
201307	620	510	26,592	11,553
201308	598	497	25,044	11,159
201309	636	531	23,942	10,698
201310	594	493	23,906	10,722
201311	549	483	22,488	10,134
201312	552	470	22,365	10,142
201401	693	583	26,174	12,137
201402	698	553	25,341	11,096
201403	784	626	28,601	12,851
201404	919	703	30,621	13,337
201405	1,057	731	30,766	13,778
201406	813	612	28,522	12,733
PROMETHAZINE/CODEINE	4,507	4,114	999,691	51,331
PROMETH/COD SYP 6.25-10	4,507	4,114	999,691	51,331
201309	467	429	104,531	5,669
201310	534	470	125,649	6,547
201311	491	451	111,472	5,641
201312	611	555	135,690	6,760
201401	732	680	153,424	7,890
201402	579	538	126,358	6,453
201403	535	491	119,083	6,008
201404	558	500	123,484	6,363

Product Name	Sum of Count of Claims	Sum of Count of Members	Sum of Qty Disp	Sum of Days Supply
TEMAZEPAM	3,542	3,313	103,760	102,283
TEMAZEPAM CAP 30MG	3,542	3,313	103,760	102,283
201307	520	462	15,501	15,375
201308	475	451	14,195	13,835
201312	494	454	14,421	14,146
201401	527	499	15,499	15,281
201402	497	481	14,481	14,326
201403	522	488	15,091	14,931
201406	507	478	14,572	14,389
METHADONE HCL	3,226	2,823	451,711	83,930
METHADONE TAB 10MG	3,226	2,823	451,711	83,930
201401	532	465	77,043	14,171
201402	499	452	70,444	13,050
201403	539	482	74,873	14,314
201404	568	483	81,383	14,626
201405	566	484	76,682	14,376
201406	522	457	71,286	13,393
MORPHINE SULFATE ER	1,558	1,354	87,183	39,056
MORPHINE SUL TAB 15MG ER	1,072	912	57,701	25,991
201405	569	465	29,826	13,227
201406	503	447	27,875	12,764
MORPHINE SUL TAB 30MG ER	486	442	29,482	13,065
201402	486	442	29,482	13,065
MORPHINE SULFATE	1,185	906	2,135	1,258
MORPHINE SUL INJ 5MG/ML	1,185	906	2,135	1,258
201404	621	477	1,072	647
201405	564	429	1,064	611
Grand Total	**251,524**	**225,976**	**18,424,954**	**5,579,975**

Tab: Psych Meds

Psych Medication Diagnosis by Age
October 2013 - June 2014

Age	Diagnosis	Count of Claims
314.01	ATTN DEFICIT W HYPERACT	963
4		1
5		15
6		38
7		85
8		117
9		91
10		99
11		121
12		82
13		99
14		92
15		60
16		31
17		32
314.00	ATTN DEFIC NONHYPERACT	162
5		2
6		9
7		16
8		22
9		13
10		16
11		14
12		32
13		23
14		5
15		5
16		3
17		2
314.0	ATTENTION DEFICIT DIS	66
5		5
7		4
8		4
9		2
10		8
11		10
12		14
13		6
14		4
15		3
16		6

Age	Diagnosis	Count of Claims
312.9	CONDUCT DISTURBANCE NOS	46
2		4
4		5
8		4
9		18
10		1
12		1
13		8
14		2
17		3
314.1	HYPERKINET W DEVEL DELAY	33
5		1
6		2
8		3
9		13
10		1
11		3
12		5
13		3
14		1
15		1
313.81	OPPOSITION DEFIANT DISOR	21
7		7
8		1
9		1
10		2
11		5
12		2
13		3
784.0	HEADACHE	18
9		1
13		2
15		3
16		6
17		6
296.80	BIPOLAR DISORDER NOS	16
6		1
12		2
14		11
15		2
346.10	MGRN WO AURA WO NTRC MGR	13
5		1
9		1
16		4
17		7

Age	Diagnosis	Count of Claims
296.8	MANIC-DEPRESSIVE NEC/NOS	13
15		3
16		10
314.9	HYPERKINETIC SYND NOS	13
5		1
6		3
7		2
8		1
10		2
13		2
15		1
17		1

Count of Diagnosis by Specialty
Oct 2013 - June 2014

Specialty	Diagnosis Description	Count of Claims
PSYCHIATRY		405
0314.0	ATTENTION DEFICIT DIS	1
290.00	SENILE DEMENTIA UNCOMP	1
296.33	RECUR DEPR PSYCH-SEVERE	1
296.7	BIPOLOR I CURRENT NOS	1
296.82	ATYPICAL DEPRESSIVE DIS	1
296.89	BIPOLAR DISORDER NEC	2
296.90	EPISODIC MOOD DISORD NOS	2
300.00	ANXIETY STATE NOS	1
314.0	ATTENTION DEFICIT DIS	22
314.0 1	ATTN DEFICIT W HYPERACT	1
314.00	ATTN DEFIC NONHYPERACT	55
314.01	ATTN DEFICIT W HYPERACT	290
314.1	HYPERKINET W DEVEL DELAY	17
314.9	HYPERKINETIC SYND NOS	7
347.10	NARCLPSY W/O CAT OTH DIS	2
530.00	ESOPHAGITIS	1
FAMILY PRACTICE		115
250.0	DIABETES MELLITUS UNCOMP	1
250.00	DMII WO CMP NT ST UNCNTR	1
298.9	PSYCHOSIS NOS	2
301.83	BORDERLINE PERSONALITY	1
314.0	ATTENTION DEFICIT DIS	8
314.00	ATTN DEFIC NONHYPERACT	15
314.01	ATTN DEFICIT W HYPERACT	75
314.1	HYPERKINET W DEVEL DELAY	6
314.9	HYPERKINETIC SYND NOS	1
729.1	MYALGIA AND MYOSITIS NOS	1
780	GENERAL SYMPTOMS	1
784.0	HEADACHE	3
FAMILY NURSE PRACTITIONER		100
0314.01	ATTN DEFICIT W HYPERACT	2
296.62	BIPOL I CURRNT MIXED-MOD	4
296.80	BIPOLAR DISORDER NOS	2
307.7	ENCOPRESIS	1
313.81	OPPOSITION DEFIANT DISOR	2
314.0	ATTENTION DEFICIT DIS	3
314.00	ATTN DEFIC NONHYPERACT	4
314.01	ATTN DEFICIT W HYPERACT	59
314.04		1
347.10	NARCLPSY W/O CAT OTH DIS	2
7595	TUBEROUS SCLEROSIS	8
780.39	CONVULSIONS NEC	9
784.0	HEADACHE	3

Specialty	Diagnosis Description	Count of Claims
CARDIO-VASCULAR		93
312.34	INTERMITT EXPLOSIVE DIS	1
312.9	CONDUCT DISTURBANCE NOS	40
313.81	OPPOSITION DEFIANT DISOR	17
314.00	ATTN DEFIC NONHYPERACT	1
314.01	ATTN DEFICIT W HYPERACT	5
346.10	MGRN WO AURA WO NTRC MGR	10
350.1	TRIGEMINAL NEURALGIA	1
356.2	HERED SENSORY NEUROPATHY	3
780.39	CONVULSIONS NEC	15
PEDIATRICS-ONCOLOGY		92
0314.01	ATTN DEFICIT W HYPERACT	1
295.70	SCHIZOAFFECTIVE DIS NOS	4
314.0	ATTENTION DEFICIT DIS	2
314.00	ATTN DEFIC NONHYPERACT	3
314.01	ATTN DEFICIT W HYPERACT	82
GENERAL PRACTICE		91
311.07		1
313.81	OPPOSITION DEFIANT DISOR	2
314.00	ATTN DEFIC NONHYPERACT	2
314.01	ATTN DEFICIT W HYPERACT	8
314.9	HYPERKINETIC SYND NOS	1
318.1	SEV INTELLECT DISABILITY	2
319	INTELLECT DISABILITY NOS	8
342.10	SPSTC HMIPLGA UNSPF SIDE	3
343.8	CEREBRAL PALSY NEC	3
343.9	CEREBRAL PALSY NOS	6
780.39	CONVULSIONS NEC	44
784.0	HEADACHE	11
PEDIATRICS		79
170.7	MAL NEO LONG BONES LEG	1
314.0	ATTENTION DEFICIT DIS	1
314.00	ATTN DEFIC NONHYPERACT	21
314.01	ATTN DEFICIT W HYPERACT	54
493.82	COUGH VARIANT ASTHMA	2

Tab: Bupren/Nalox

Buprenorphine/Naloxone Utilization

Sum of Metric Decimal Qty		Drug Label Name								
Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
00000074342	**2013**	27							45		45
		29							35		35
		29							29		29
00001085303	**2014**	22							57		57
		30							60		60
00002167095	**2014**	7						21			21
		2						6			6
		14				14					14
		30				30					30
		30							30		30
00003023138	**2013**	13							27		27
00004065203	**2013**	30						30			30
		23						23			23
		30						30			30
		7						7			7
		7						7			7
		30						30			30
		30						30			30
		28						28			28
	2014	28						28			28
		15						15			15
		30						30			30
		30						30			30
		28						28			28
		28						28			28
		28						28			28
00004095778	**2014**	7							14		14
		5							10		10
00004129266	**2013**	14						14			14
00004154042	**2014**	7							21		21
00004169488	**2013**	20							40		40
00005041028	**2013**	30	30								30
		30	30								30
		30	30								30
	2014	30	30								30
		30	30								30
		30	30								30
		30	30								30
00005084481	**2014**	7							7		7
		15							15		15
		4							9		9
		7							14		14
		7							14		14
		7							14		14
		4							9		9
		4							9		9

Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
		7							14	14
		7							14	14
		5							10	10
		6							13	13
		4							9	9
		2							6	6
		7							14	14
		4							8	8
		4							8	8
		6							12	12
		6							12	12
		7							14	14
		7							14	14
		7							14	14
		7							14	14
		7							14	14
		7							14	14
		7							14	14
		7							14	14
00005174427	**2013**	30							30	30
		30							30	30
		30							30	30
		30							30	30
		30							30	30
		30							30	30
		30							30	30
	2014	30							30	30
		26							26	26
		30							30	30
		30							30	30
		30							30	30
		30							45	45
00006006071	**2014**	5							11	11
		24							30	30
00006076759	**2014**	30							30	30
00006186171	**2014**	14					28			28
		14		28						28
		14		14						14
		8			4					4
		8			4					4
		7					7			7
		7		7						7
00023533334	**2014**	30						30		30
06561900003	**2013**	30							30	30
		26							26	26
		30							30	30
		28							28	28
		28							28	28

Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
06561900003	**2013**	28							28	28
		28							28	28
	2014	28							28	28
		7							7	7
		14							14	14
		14							14	14
		14							14	14
		12							12	12
		14							14	14
		14							14	14
		14							14	14
		14							14	14
		14							14	14
		14							14	14
11111100123	**2013**	3							6	6
		30							45	45
	2014	4							11	11
		30							45	45
11112216935	**2013**	29							22	22
		29							22	22
11112256553	**2013**	30							30	30
		30							30	30
		29							29	29
		30							30	30
		30							30	30
		30					90			90
	2014	20					60			60
		10					30			30
		20					60			60
		10					30			30
		20					60			60
		10					30			30
		20					60			60
		7					21			21
		23					69			69
		28							22	22
11113190681	**2013**	30							60	60
11113200030	**2014**	7							14	14
11115252112	**2013**	8							16	16
		8							16	16
		7							28	28
		4							16	16
		4							16	16
		14							28	28
		8							16	16
		8							16	16
		30							44	44
		1							1	1

Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
	2013	30							45	45
		7							14	14
		18							36	36
	2014	12							24	24
		12							24	24
		6							12	12
		12							24	24
		4							8	8
		7							14	14
		9							38	38
		4							8	8
		8							14	14
		21							38	38
		18							52	52
		30							53	53
11116239459	**2013**	3			10					10
		18			54					54
		20			60					60
		20			60					60
		20			60					60
	2014	7							14	14
		7							14	14
11117287851	**2014**	6							12	12
		24							48	48
		23							46	46
		7							14	14
		16							32	32
		7							14	14
		5							14	14
		11							32	32
		30							60	60
		23							60	60
13405999990	**2014**	30							60	60
		30							60	60
		30							60	60
20396033433	**2013**	7							14	14
		30							45	45
		5							11	11
	2014	29							37	37
		5							23	23
		7							7	7
		30							30	30
		30							30	30
		28							28	28
		28							28	28
		28							28	28
21220044445	**2014**	7							14	14
		27							40	40

Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
21220044445	**2014**	30							38	38
		30							38	38
		22							22	22
		30							20	20
22222265579	**2014**	28							28	28
		7							7	7
		15	15							15
		15	15							15
22222383271	**2013**	30				60				60
		30				60				60
		30				60				60
		30				60				60
		30				60				60
		30				60				60
	2014	30				30				30
		15				30				30
		30				60				60
		30				60				60
		30				60				60
		30				60				60
		30				60				60
22224228406	**2013**	30							45	45
		30							30	30
		30							30	30
		25							25	25
		30						45		45
		30						45		45
	2014	30						30		30
		30						30		30
		15						15		15
		8						8		8
		23						23		23
		18						18		18
22224328883	**2014**	3							6	6
22226205012	**2014**	8					25			25
22226219233	**2014**	7						14		14
		14						14		14
22227206029	**2013**	30				60				60
		30	60							60
		30				60				60
		30				60				60
		28	56							56
		30				60				60
		30				60				60
	2014	30				60				60
		30				60				60
		30				60				60
		30				60				60

Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
22227206029	**2014**	30				60				60
		30				60				60
		30				60				60
22227306262	**2014**	20			40					40
		10			20					20
		20			40					40
		30			60					60
		30			60					60
22227391114	**2013**	30							60	60
		23							46	46
		30							60	60
	2014	30							60	60
		30							60	60
		30							60	60
		30							60	60
		30							60	60
		30							60	60
22228207658	**2014**	10							30	30
		10							21	21
22228223812	**2013**	30							30	30
		30							30	30
		30							23	23
		30						23		23
		30						23		23
		30						30		30
	2014	30							30	30
		30							45	45
		30							45	45
		30							45	45
		30							45	45
		30							45	45
22228333072	**2013**	14							42	42
		30				30				30
		30							60	60
		30							60	60
		17							51	51
	2014	25							50	50
		21							42	42
		6							12	12
		15							30	30
		15							30	30
32245855655	**2014**	7							7	7
33330433716	**2014**	15			60					60
		15			60					60
		7			30					30
33330453417	**2014**	30							60	60
		30							53	53
		30							53	53

Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
33330453697	**2014**	4							11	11
		8							11	11
		22							34	34
33333322842	**2013**	7							7	7
		7							7	7
		7							7	7
		7							7	7
		7							7	7
		7							7	7
		7							7	7
		7							7	7
		7							7	7
		7							7	7
		30							30	30
		30							30	30
		30							30	30
	2014	6							3	3
		30							30	30
		30							30	30
		30						60		60
		30						30		30
		30						30		30
33334309387	**2014**	7	11							11
33334364511	**2013**	7							21	21
		7							21	21
		6							18	18
		1							3	3
		7			21					21
		7							21	21
		7							21	21
		6							18	18
		7							21	21
	2014	30				60				60
		30				60				60
		30				60				60
		30				60				60
33334482105	**2013**	22							45	45
33335382268	**2013**	30							60	60
		30							60	60
		30							60	60
		30							60	60
		30							60	60
		30							60	60
	2014	30				30				30
		30				30				30
		30				30				30
		30				60				60
		30				60				60

Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
33335475760	**2013**	30					30			30
		30							30	30
		30							30	30
		30						30		30
	2014	30						30		30
		30						30		30
		30						30		30
		30						30		30
		30						30		30
		30						30		30
		30						30		30
33336303138	**2013**	30							60	60
		30							60	60
		30							60	60
		30							60	60
		30							60	60
		30							60	60
	2014	30							60	60
		30							60	60
		30							60	60
		30							60	60
		30							60	60
		30							60	60
33337407718	**2014**	15							45	45
		30							30	30
33339375154	**2014**	30							60	60
33339446678	**2014**	29							9	9
		12							6	6
		30							15	15
		24							12	12
33339468962	**2014**	8							16	16
		22							44	44
		8							16	16
		30							60	60
33339499968	**2014**	25			38					38
33359211113	**2014**	30				30				30
		10							20	20
		7							21	21
		13							39	39
		14							42	42
40497344544	**2014**	7					28			28
		7						14		14
		8					16		8	24
		7							14	14
		9							18	18
		7							14	14
		7							14	14
		7							14	14

Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
40497344544	**2014**	7							14	14
		9							18	18
		5							10	10
		9							18	18
		7							14	14
		7							14	14
44440580612	**2014**	30			60					60
		30			60					60
		20			40					40
		6			20					20
44441573871	**2014**	30			60					60
44444433783	**2013**	30							30	30
		30							30	30
	2014	30							30	30
44445476613	**2013**	30					30			30
44445585702	**2013**	29							29	29
		30							30	30
44446527606	**2013**	29							58	58
		30							60	60
		30							60	60
	2014	30							60	60
		30							60	60
		30							60	60
		30							60	60
44447483910	**2014**	7							7	7
		14							14	14
44448403269	**2013**	4							8	8
		9							18	18
		5							10	10
		9							18	18
		14							28	28
44449501070	**2013**	2							2	2
		5							5	5
		7							14	14
		14							28	28
		30							53	53
		30							45	45
		30							38	38
	2014	7							9	9
		7							7	7
		7					7			7
		7					7			7
		14					7			7
		14					14			14
		32					8			8
		16					8			8
44449550887	**2013**	30							60	60
		30							60	60

Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
44449550887	**2013**	30							60	60
		30							60	60
		30							60	60
		30							60	60
		30							60	60
44449552335	**2013**	27							60	60
44460322324	**2013**	7							14	14
		7							14	14
		7							14	14
		7							14	14
		7							14	14
		9							18	18
		7							14	14
		7							14	14
		5							10	10
48245311112	**2014**	3							6	6
		7							14	14
48707011211	**2013**	7			15					15
		7			15					15
		3			5					5
50843288981	**2014**	15							45	45
52794977879	**2013**	8							8	8
		7							14	14
	2014	8							4	4
		7							14	14
		7							14	14
		7							14	14
		7							14	14
		2							4	4
		7							14	14
		5							10	10
		7							14	14
		7							14	14
		7							14	14
		7							14	14
52825388988	**2014**	30							30	30
		30							30	30
		30							30	30
		15							30	30
55550620219	**2013**	14							21	21
		26							39	39
		4							6	6
		2							3	3
		10							21	21
		20							30	30
		9							14	14
		2							4	4
		4							8	8

Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
55550620219	**2013**	22							34	34
		7							11	11
		30							45	45
	2014	30							45	45
		4							8	8
		30							45	45
		30							45	45
		30							30	30
		14							28	28
		2							1	1
		14							14	14
55552649379	**2014**	27							60	60
		27							60	60
55552666901	**2014**	25	50							50
55552680473	**2014**	30							60	60
55556505545	**2013**	20							20	20
		30							30	30
		30							30	30
		30							30	30
	2014	30							30	30
55556573504	**2013**	4							9	9
		25							51	51
		4							9	9
		25							51	51
		4							9	9
		25							51	51
		4							9	9
		25							51	51
55556628116	**2014**	3							7	7
		8							16	16
55557646764	**2013**	20							60	60
		20							60	60
		20							60	60
		30							60	60
55558530275	**2013**	7							14	14
55558587949	**2013**	30					60			60
		30					60			60
		30					60			60
		30					60			60
	2014	30					60			60
		30					60			60
		30					60			60
55558594284	**2013**	30							38	38
	2014	26							26	26
55558660839	**2013**	28	28							28
		28	28							28
		28	28							28
		28	28							28

Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
55558660839	**2013**	14	28							28
		28	28							28
		28	28							28
	2014	28	28							28
55558673574	**2013**	28					14			14
		30					15			15
		30					15			15
55559504183	**2013**	5							11	11
		6							12	12
		6							12	12
		6							12	12
		6							13	13
		5							11	11
		6							12	12
		6							12	12
		5							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		12							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
	2014	6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12

Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
		6							12	12
55559510898	**2014**	26							26	26
		30							30	30
		10							15	15
		12							18	18
		28							42	42
		7							7	7
55559514326	**2013**	7							14	14
		7							14	14
		7							14	14
		9							18	18
	2014	5							10	10
		7							14	14
		9							18	18
		5							10	10
		4							8	8
		4							8	8
		4							8	8
		1							3	3
		11							23	23
		2							5	5
		6							12	12
		4							9	9
		3							7	7
		13							27	27
		8							17	17
		4							8	8
		15							30	30

Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
55559514326	**2014**	11							22	22
		3							6	6
		14							28	28
		13							26	26
		15							30	30
		15							30	30
55559534009	**2013**	30							45	45
		30							45	45
		30							45	45
		30							45	45
		30							45	45
	2014	30							45	45
		30							45	45
		30							45	45
		30							45	45
		30							45	45
55559542442	**2014**	28	28							28
		30	30							30
55559647211	**2013**	7							15	15
		7							14	14
		7							15	15
		7							15	15
		7							15	15
		7	15							15
		7							14	14
		7							14	14
		7							14	14
		7							14	14
		7							14	14
	2014	8							16	16
		7							14	14
		7	14							14
		7							14	14
		7							14	14
		7							14	14
		7							14	14
55559678460	**2014**	7							21	21
		5							10	10
58764033334	**2013**	30							60	60
60861933334	**2013**	7							7	7
		30							15	15
		7							7	7
		28							28	28
		28							28	28
		28							28	28
	2014	28							28	28
		30							30	30
		30							30	30

Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
60861933334	**2014**	27							27	27
		28							28	28
		28							28	28
63345488988	**2014**	30							60	60
63552355655	**2014**	3							6	6
66660763598	**2013**	27			60					60
66661645804	**2013**	30							60	60
		27							60	60
		30							60	60
		30							60	60
	2014	30							60	60
		29							43	43
		9							17	17
		2							4	4
		20							39	39
		8							17	17
		20							39	39
		28							58	58
66661732807	**2014**	7							14	14
		15							22	22
		16							24	24
		9							14	14
		5							7	7
		6							7	7
		25							31	31
		29							29	29
		28							28	28
		28							28	28
66662783684	**2014**	27							27	27
		30							30	30
		30							30	30
		30							30	30
		30							30	30
		30							30	30
66662788904	**2013**	30							30	30
		30							30	30
		30							60	60
66663711989	**2014**	20						20		20
66663726136	**2014**	30							45	45
		7							14	14
66663752010	**2014**	23	45							45
66666735674	**2013**	30							30	30
		30							60	60
		14				28				28
	2014	15				30				30
		30				60				60
		30				60				60
		30				60				60

Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
66666735674	**2014**	30				60					60
		30				60					60
		30				60					60
66667619997	**2014**	5								10	10
		7								21	21
		9								29	29
		30								60	60
66667741306	**2014**	7								21	21
		7								21	21
		5								15	15
		23								45	45
66668620066	**2014**	15								15	15
66668636960	**2014**	5								10	10
		15								30	30
		7								18	18
		7								21	21
		5								21	21
		9								18	18
		5								10	10
68325344544	**2013**	29								29	29
		30								30	30
71859877778	**2013**	15								30	30
	2014	5								10	10
71947788889	**2013**	27				54					54
		18				36					36
		27				54					54
		3				6					6
		30				60					60
		30				60					60
		30				60					60
	2014	30				60					60
		30				60					60
		30				60					60
		30				60					60
76084699991	**2013**	30								20	20
		30								22	22
		30								20	20
		30								22	22
		18								18	18
		7								7	7
	2014	30								30	30
		30								30	30
		30								30	30
		30								30	30
		30				30					30
		30				30					30
		30				30					30
77770738378	**2013**	30			60						60

Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
77770738378	**2013**	30			60					60
		7	14							14
		30			45					45
		30			60					60
	2014	30			30					30
77770777168	**2013**	7							14	14
		30				30				30
		25							38	38
		7							9	9
		30							30	30
		21							21	21
		30							30	30
	2014	30							30	30
77770842949	**2014**	7	14							14
77771731734	**2014**	30							23	23
		30							23	23
		30							38	38
		30							23	23
77772805894	**2014**	14							22	22
		25							38	38
		30							45	45
		30							45	45
77773752207	**2014**	5							16	16
		5				10				10
		6				12				12
		6				12				12
77773754151	**2014**	4							8	8
		7							14	14
		7							14	14
77773774140	**2013**	14			18					18
		7			7					7
77773832325	**2014**	30							60	60
		26							52	52
		4							8	8
		4							8	8
		26							52	52
77773838374	**2014**	24							58	58
		30							60	60
		30							60	60
		30							60	60
		30							60	60
77774831550	**2014**	3							8	8
		1							5	5
77774864770	**2014**	9							19	19
		7							14	14
		7							14	14
		6							13	13
		1							1	1

Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
77775897593	**2014**	9							15	15
		11							20	20
77777734401	**2014**	27		90						90
		27		90						90
		27		90						90
77778770581	**2013**	3							6	6
		8							6	6
		2							2	2
		8							4	4
		8							4	4
		8							4	4
		8							4	4
		8							4	4
		30					30			30
		30					30			30
77778857350	**2014**	30			60					60
		30			60					60
		30			60					60
		30			60					60
77779814158	**2013**	25	50							50
		30	60							60
		30	60							60
		30	60							60
		30	60							60
		30	60							60
		15	31							31
	2014	11	24							24
		18	36							36
		12	24							24
		18	36							36
		12	24							24
		18	36							36
		12	24							24
		18	36							36
		12	24							24
		18	36							36
		12	24							24
		18	36							36
		12	24							24
		18	36							36
		12	24							24
88567633433	**2013**	30							45	45
		28			28					28
	2014	30			30					30
		28			28					28
		7							11	11
		28							28	28
88880883221	**2013**	30							60	60
88881894101	**2014**	17							33	33
88883881761	**2013**	5	10							10

Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
88883881761	**2013**	5	10							10
		20	40							40
		5	10							10
		30	60							60
		30	60							60
	2014	30	60							60
		15	30							30
88883972779	**2013**	3			9					9
		4			12					12
		4			12					12
		6			18					18
		6			18					18
		8			24					24
		6			18					18
		10			30					30
		4			12					12
		6			18					18
		10			30					30
		4			12					12
		10			30					30
		10			30					30
		10			30					30
	2014	10			30					30
88884947820	**2014**	20							40	40
88888821438	**2014**	6							7	7
88889926350	**2013**	30							60	60
		30							60	60
		30							60	60
		30							60	60
		30							60	60
	2014	30							60	60
		30							60	60
		30							60	60
		30							60	60
		30							60	60
88889947708	**2014**	30							60	60
97298799990	**2013**	7							7	7
		30							30	30
		30							30	30
	2014	29			22					22
97858044544	**2014**	3							8	8
		1							5	5
98402311112	**2013**	30							37	37
99429733334	**2013**	10							20	20
		10	30							30
99990025168	**2014**	30			30					30
99990034384	**2013**	30							45	45

Member ID Encrypted	Year	Days Supply	BUPREN/NALOX SUB 8-2MG	BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	SUBOXONE MIS 12-3MG	SUBOXONE MIS 2-0.5MG	SUBOXONE MIS 4-1MG	SUBOXONE MIS 8-2MG	Grand Total
99990034384	**2013**	30							45	45
		30							45	45
99990081111	**2013**	9							9	9
		7							14	14
		26							46	46
		3							6	6
99991088348	**2013**	10			20					20
		20			40					40
		10			20					20
99991098617	**2014**	17							34	34
		7							14	14
		10							20	20
		10							20	20
		10							20	20
99992913737	**2014**	5							12	12
99993009299	**2014**	7							14	14
		15							30	30
		8							16	16
		7							14	14
		15							30	30
99993954335	**2014**	8							15	15
		7							14	14
99994037800	**2014**	30							30	30
99995060939	**2013**	28							28	28
	2014	15							15	15
		15							15	15
99995077472	**2014**	30							30	30
		30							30	30
99995921122	**2013**	30							60	60
99996054322	**2014**	15			60					60
		1			4					4
		1			4					4
		1			4					4
		12			48					48
		15			60					60
99999046878	**2013**	20					60			60
		6					20			20
		30					60			60
99999940424	**2013**	4							8	8
Grand Total			**1876**	**319**	**2267**	**3136**	**1389**	**1155**	**17697**	**27839**

Tab: Board Reports

Top 10 Drug Class by Claim Count

Q4 2013

Class	Drug Class Name	Count of Claims	Pharmacy Paid
65	ANALGESICS - OPIOID*	51,023	$ 1,931,039.12
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	32,936	$ 3,049,663.60
72	ANTICONVULSANTS*	31,379	$ 2,024,089.13
58	ANTIDEPRESSANTS*	27,699	$ 668,799.14
36	ANTIHYPERTENSIVES*	26,053	$ 306,481.62
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	23,797	$ 5,835,600.45
39	ANTIHYPERLIPIDEMICS*	20,464	$ 616,935.38
27	ANTIDIABETICS*	19,225	$ 1,975,813.68
57	ANTIANXIETY AGENTS*	18,952	$ 163,619.19
49	ULCER DRUGS*	17,997	$ 782,665.39

Q1 2014

Class	Drug Class Name	Count of Claims	Pharmacy Paid
65	ANALGESICS - OPIOID*	63,500	$ 2,262,005.78
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	40,020	$ 3,537,702.25
72	ANTICONVULSANTS*	36,853	$ 2,280,121.74
58	ANTIDEPRESSANTS*	33,899	$ 720,216.38
36	ANTIHYPERTENSIVES*	31,130	$ 346,891.77
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	27,630	$ 6,724,966.33
27	ANTIDIABETICS*	24,075	$ 2,447,879.33
39	ANTIHYPERLIPIDEMICS*	24,049	$ 693,290.65
57	ANTIANXIETY AGENTS*	22,743	$ 178,672.18
49	ULCER DRUGS*	21,647	$ 887,817.89

Q2 2014

Class	Drug Class Name	Count of Claims	Pharmacy Paid
65	ANALGESICS - OPIOID*	70,305	$ 2,510,212.56
72	ANTICONVULSANTS*	39,275	$ 2,420,985.24
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	38,939	$ 3,624,007.69
58	ANTIDEPRESSANTS*	37,310	$ 808,755.36
36	ANTIHYPERTENSIVES*	33,125	$ 378,903.86
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	28,921	$ 7,424,205.97
27	ANTIDIABETICS*	25,734	$ 2,743,765.19
39	ANTIHYPERLIPIDEMICS*	24,996	$ 730,054.94
57	ANTIANXIETY AGENTS*	24,966	$ 196,771.03
49	ULCER DRUGS*	22,559	$ 999,167.38

Top 10 Drug Class by Paid Amt

Q4 2013

Class	Drug Class Name	Count of Claims	Pharmacy Paid
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	23,797	$ 5,835,600.45
85	HEMATOLOGICAL AGENTS - MISC.*	3,253	$ 3,954,943.63
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	32,936	$ 3,049,663.60
21	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	3,200	$ 2,188,800.56
12	ANTIVIRALS*	3,323	$ 2,062,373.92
72	ANTICONVULSANTS*	31,379	$ 2,024,089.13
27	ANTIDIABETICS*	19,225	$ 1,975,813.68
65	ANALGESICS - OPIOID*	51,023	$ 1,931,039.12
61	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREX	9,842	$ 1,833,080.99
30	ENDOCRINE AND METABOLIC AGENTS - MISC.*	11,657	$ 1,682,950.53

Q1 2014

Class	Drug Class Name	Count of Claims	Pharmacy Paid
85	HEMATOLOGICAL AGENTS - MISC.*	3,643	$ 7,165,642.50
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	27,630	$ 6,724,966.33
12	ANTIVIRALS*	4,808	$ 3,930,747.83
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	40,020	$ 3,537,702.25
21	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	3,847	$ 2,917,813.26
27	ANTIDIABETICS*	24,075	$ 2,447,879.33
72	ANTICONVULSANTS*	36,853	$ 2,280,121.74
65	ANALGESICS - OPIOID*	63,500	$ 2,262,005.78
61	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREX	10,439	$ 1,979,726.29
30	ENDOCRINE AND METABOLIC AGENTS - MISC.*	12,703	$ 1,912,284.52

Q2 2014

Class	Drug Class Name	Count of Claims	Pharmacy Paid
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	28,921	$ 7,424,205.97
12	ANTIVIRALS*	4,342	$ 7,289,800.64
85	HEMATOLOGICAL AGENTS - MISC.*	3,882	$ 4,727,980.68
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	38,939	$ 3,624,007.69
21	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	3,464	$ 2,951,808.49
27	ANTIDIABETICS*	25,734	$ 2,743,765.19
65	ANALGESICS - OPIOID*	70,305	$ 2,510,212.56
72	ANTICONVULSANTS*	39,275	$ 2,420,985.24
61	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREX	10,673	$ 2,120,175.37
30	ENDOCRINE AND METABOLIC AGENTS - MISC.*	9,519	$ 2,098,378.82

Top 10 Drug Sub-Classes by Paid Amt

Q4 2013

Drug Class	Drug Class Name	Count of Claims		Pharmacy Paid Amt
8510	ANTIHEMOPHILIC PRODUCTS**	86	$	3,604,951.09
5925	QUINOLINONE DERIVATIVES**	3,518	$	2,605,658.41
1210	ANTIRETROVIRALS**	2,022	$	1,836,744.62
4420	SYMPATHOMIMETICS**	21,855	$	1,715,136.30
2710	INSULIN**	6,391	$	1,489,382.04
5907	BENZISOXAZOLES**	6,866	$	1,430,137.88
7260	ANTICONVULSANTS - MISC.**	21,377	$	1,295,779.03
6510	OPIOID AGONISTS**	20,068	$	1,223,170.83
5915	DIBENZAPINES**	8,433	$	1,030,822.79
1950	MONOCLONAL ANTIBODIES**	366	$	1,019,473.10

Q1 2014

Drug Class	Drug Class Name	Count of Claims		Pharmacy Paid Amt
8510	ANTIHEMOPHILIC PRODUCTS**	95	$	6,672,775.78
5925	QUINOLINONE DERIVATIVES**	4,059	$	3,169,554.09
1210	ANTIRETROVIRALS**	2,680	$	2,103,066.06
4420	SYMPATHOMIMETICS**	27,099	$	2,079,502.08
2710	INSULIN**	8,255	$	1,870,209.41
1235	HEPATITIS AGENTS**	170	$	1,641,209.19
7260	ANTICONVULSANTS - MISC.**	25,316	$	1,506,248.68
5907	BENZISOXAZOLES**	7,412	$	1,414,372.78
1950	MONOCLONAL ANTIBODIES**	495	$	1,407,669.81
8240	HEMATOPOIETIC GROWTH FACTOR	8,321	$	1,273,060.69

Q2 2014

Drug Class	Drug Class Name	Count of Claims		Pharmacy Paid Amt
1235	HEPATITIS AGENTS**	384	$	4,804,602.04
8510	ANTIHEMOPHILIC PRODUCTS**	113	$	4,214,917.26
5925	QUINOLINONE DERIVATIVES**	4,152	$	3,405,157.22
1210	ANTIRETROVIRALS**	2,376	$	2,332,663.50
2710	INSULIN**	8,782	$	2,104,928.74
4420	SYMPATHOMIMETICS**	25,601	$	2,095,249.19
5907	BENZISOXAZOLES**	7,574	$	1,610,765.98
7260	ANTICONVULSANTS - MISC.**	26,955	$	1,590,703.86
6510	OPIOID AGONISTS**	28,381	$	1,333,124.78
5915	DIBENZAPINES**	10,591	$	1,279,205.70

Top 10 Drug Sub-Classes by Claim Count

Q4 2013

Drug Class	Drug Class Name	Count of Claims	Pharmacy Paid Amt
6599	OPIOID COMBINATIONS**	30,603	$ 636,559.79
4420	SYMPATHOMIMETICS**	21,854	$ 1,715,082.58
7260	ANTICONVULSANTS - MISC.**	21,377	$ 1,295,779.03
6510	OPIOID AGONISTS**	20,068	$ 1,223,170.83
3940	HMG COA REDUCTASE INHIBITORS**	16,189	$ 280,488.32
5710	BENZODIAZEPINES**	15,523	$ 117,379.68
6610	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**	14,826	$ 285,333.07
5816	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**	14,308	$ 122,820.01
7510	CENTRAL MUSCLE RELAXANTS**	12,114	$ 202,965.89
3610	ACE INHIBITORS**	11,287	$ 60,778.70

Q1 2014

Drug Class	Drug Class Name	Count of Claims	Pharmacy Paid Amt
6599	OPIOID COMBINATIONS**	37,655	$ 960,711.42
4420	SYMPATHOMIMETICS**	27,099	$ 2,079,502.08
6510	OPIOID AGONISTS**	25,473	$ 1,229,678.05
7260	ANTICONVULSANTS - MISC.**	25,316	$ 1,506,248.68
6610	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**	19,088	$ 382,745.78
3940	HMG COA REDUCTASE INHIBITORS**	19,066	$ 319,496.65
5710	BENZODIAZEPINES**	18,347	$ 123,541.66
5816	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**	17,301	$ 142,706.97
7510	CENTRAL MUSCLE RELAXANTS**	14,308	$ 216,107.36
3610	ACE INHIBITORS**	13,958	$ 75,782.62

Q2 2014

Class	Drug Class Name	Count of Claims	Pharmacy Paid
6599	OPIOID COMBINATIONS**	41,456	$ 1,086,238.29
6510	OPIOID AGONISTS**	28,381	$ 1,333,124.78
7260	ANTICONVULSANTS - MISC.**	26,955	$ 1,590,703.86
4420	SYMPATHOMIMETICS**	25,601	$ 2,095,249.19
6610	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**	20,480	$ 405,189.09
3940	HMG COA REDUCTASE INHIBITORS**	20,126	$ 341,789.19
5710	BENZODIAZEPINES**	20,057	$ 131,945.68
5816	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**	18,980	$ 153,220.53
7510	CENTRAL MUSCLE RELAXANTS**	15,230	$ 228,810.08
3610	ACE INHIBITORS**	15,078	$ 85,099.26

Top 50 Drugs by Amount - Q4 2013

Drug Code	Drug Name	Claim Count		Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
5925001500	ARIPIPRAZOLE	3,518.00	$	2,605,658.41	22	20
8510001025	ANTIHEMOPHILIC FACTOR RAHF-PFM	26.00	$	1,498,362.78	18,735	9
1950206000	PALIVIZUMAB	366.00	$	1,019,473.10	1	17
4420990270	FLUTICASONE-SALMETEROL	3,303.00	$	726,813.12	44	23
8510002620	COAGULATION FACTOR VIIA (RECOMBINANT)	1.00	$	704,110.76	78,000	6
5907005010	PALIPERIDONE PALMITATE	461.00	$	657,459.22	1	23
5915307010	QUETIAPINE FUMARATE	5,278.00	$	617,751.34	30	20
2710400300	INSULIN GLARGINE	2,502.00	$	603,462.10	13	24
4420101010	ALBUTEROL SULFATE	15,262.00	$	577,722.67	47	15
4927002510	ESOMEPRAZOLE MAGNESIUM	2,895.00	$	576,618.22	25	23
9410003000	GLUCOSE BLOOD	4,458.00	$	538,292.87	72	21
6510007510	OXYCODONE HCL	6,417.00	$	508,365.97	76	18
8510001510	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACT(	30.00	$	500,642.52	6,756	9
5940002310	LURASIDONE HCL	692.00	$	479,505.91	18	15
6110990210	AMPHETAMINE-DEXTROAMPHETAMINE	2,774.00	$	446,919.27	29	20
0700007000	TOBRAMYCIN	75.00	$	418,421.97	146	15
4410008010	TIOTROPIUM BROMIDE MONOHYDRATE	1,940.00	$	414,755.23	25	25
8240157000	PEGFILGRASTIM	92.00	$	403,587.72	1	3
1210990230	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARAT	345.00	$	390,127.04	22	22
6135303010	GUANFACINE HCL (ADHD)	1,479.00	$	374,198.04	23	20
3030001000	CORTICOTROPIN	7.00	$	365,776.76	4	6
6599170210	HYDROCODONE-ACETAMINOPHEN	21,252.00	$	360,986.39	63	15
8510001000	ANTIHEMOPHILIC FACTOR (HUMAN)	2.00	$	356,450.56	128,475	15
5907005000	PALIPERIDONE	420.00	$	343,579.10	22	18
5818002510	DULOXETINE HCL	1,599.00	$	340,849.05	25	20
7250001010	DIVALPROEX SODIUM	3,804.00	$	327,971.67	56	19
3090685000	IDURSULFASE	18.00	$	318,529.68	19	10
6240306045	INTERFERON BETA-1A	66.00	$	311,432.72	2	18
3010002000	SOMATROPIN	126.00	$	311,038.52	3	14
8240102000	EPOETIN ALFA	7,335.00	$	309,096.33	0	1
6140002010	METHYLPHENIDATE HCL	2,269.00	$	292,186.05	28	18
7260005700	PREGABALIN	1,404.00	$	272,284.09	49	20
6510005510	MORPHINE SULFATE	4,860.00	$	269,264.14	35	14
8310102010	ENOXAPARIN SODIUM	730.00	$	266,338.38	2	3
6627001500	ADALIMUMAB	103.00	$	258,869.31	1	12
2710400200	INSULIN ASPART	1,133.00	$	254,062.80	11	18
6110002510	LISDEXAMFETAMINE DIMESYLATE	1,355.00	$	249,251.33	24	23
6599000220	OXYCODONE W/ ACETAMINOPHEN	7,594.00	$	243,217.23	56	13
4530402000	DORNASE ALFA	98.00	$	242,199.38	35	12
2710400500	INSULIN LISPRO (HUMAN)	858.00	$	242,166.65	11	20
8510001020	ANTIHEMOPHILIC FACTOR (RECOMBINANT)	12.00	$	240,735.30	7,023	8
1910002010	IMMUNE GLOBULIN (HUMAN) IV	99.00	$	236,283.12	5,137	2
4440001500	BUDESONIDE (INHALATION)	722.00	$	233,560.30	52	17
1210990330	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXI	128.00	$	231,451.18	26	26
2135307000	TRASTUZUMAB	78.00	$	229,949.28	1	4
7260003600	LACOSAMIDE	551.00	$	214,966.73	58	15
8580005000	ECULIZUMAB	14.00	$	214,224.48	77	1
4420990241	BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE	1,303.00	$	210,570.89	8	24
5940008510	ZIPRASIDONE HCL	1,491.00	$	209,038.70	36	21
2133502000	BEVACIZUMAB	188.00	$	207,064.28	7	1

Top 50 Drugs by Amount - Q1 2014

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
5925001500	ARIPIPRAZOLE	4059	$ 3,169,554.09	23	20
8510001025	ANTIHEMOPHILIC FACTOR RAHF-PFM	25	$ 2,723,914.91	33,443	10
1235308000	SOFOSBUVIR	59	$ 1,513,953.88	13	13
8510002620	COAGULATION FACTOR VIIA (RECOMBINANT)	3	$ 1,480,442.28	164,000	13
1950206000	PALIVIZUMAB	495	$ 1,407,669.81	1	16
8510001000	ANTIHEMOPHILIC FACTOR (HUMAN)	6	$ 1,103,995.17	51,392	9
4420990270	FLUTICASONE-SALMETEROL	3687	$ 858,888.59	44	23
2710400300	INSULIN GLARGINE	3322	$ 780,359.10	13	26
5915307010	QUETIAPINE FUMARATE	6308	$ 779,057.11	28	19
4420101010	ALBUTEROL SULFATE	19111	$ 738,937.67	44	15
4927002510	ESOMEPRAZOLE MAGNESIUM	3343	$ 654,339.26	25	23
5940002310	LURASIDONE HCL	961	$ 638,622.62	18	15
5907005010	PALIPERIDONE PALMITATE	496	$ 631,558.74	1	22
9410003000	GLUCOSE BLOOD	5349	$ 625,232.57	69	20
8240157000	PEGFILGRASTIM	145	$ 609,504.60	1	1
6510007510	OXYCODONE HCL	7733	$ 548,348.07	73	17
6599170210	HYDROCODONE-ACETAMINOPHEN	26389	$ 536,585.90	60	14
3030001000	CORTICOTROPIN	9	$ 534,759.48	6	10
8510001020	ANTIHEMOPHILIC FACTOR (RECOMBINANT)	16	$ 512,703.24	7,479	9
8510001510	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACT(	30	$ 505,583.79	6,606	8
4410008010	TIOTROPIUM BROMIDE MONOHYDRATE	2572	$ 467,845.83	25	25
6110990210	AMPHETAMINE-DEXTROAMPHETAMINE	2940	$ 455,306.68	28	19
1210990230	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARAT	457	$ 438,245.28	21	21
6135303010	GUANFACINE HCL (ADHD)	1587	$ 414,411.50	22	20
0700007000	TOBRAMYCIN	77	$ 401,031.78	159	17
6599000220	OXYCODONE W/ ACETAMINOPHEN	9249	$ 385,333.29	49	11
5907005000	PALIPERIDONE	496	$ 384,368.05	22	18
7250001010	DIVALPROEX SODIUM	4341	$ 377,692.84	57	20
7260005700	PREGABALIN	1840	$ 357,136.02	51	22
8240102000	EPOETIN ALFA	7909	$ 349,286.87	1	1
3090685000	IDURSULFASE	19	$ 346,967.28	17	9
8580005000	ECULIZUMAB	17	$ 341,321.88	538	1
5818002510	DULOXETINE HCL	2055	$ 333,289.99	22	17
3010002000	SOMATROPIN	121	$ 328,952.71	3	14
2710400500	INSULIN LISPRO (HUMAN)	1199	$ 318,811.83	11	22
2710400200	INSULIN ASPART	1426	$ 316,434.01	12	20
6140002010	METHYLPHENIDATE HCL	2308	$ 304,961.08	31	17
6240306045	INTERFERON BETA-1A	70	$ 301,006.45	2	19
6110002510	LISDEXAMFETAMINE DIMESYLATE	1524	$ 300,526.00	23	22
1210990330	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXI	204	$ 294,726.70	19	19
2135307000	TRASTUZUMAB	103	$ 282,925.76	1	2
1910002010	IMMUNE GLOBULIN (HUMAN) IV	84	$ 273,857.97	321	3
4420990241	BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE	1799	$ 272,503.29	8	23
6240552500	DIMETHYL FUMARATE	54	$ 271,254.72	17	9
7260003600	LACOSAMIDE	658	$ 259,479.15	56	15
6510005510	MORPHINE SULFATE	6258	$ 253,933.89	30	12
4530402000	DORNASE ALFA	98	$ 247,311.67	35	13
6629003000	ETANERCEPT	107	$ 246,032.63	2	11
6627001500	ADALIMUMAB	107	$ 237,327.49	1	12
4440001500	BUDESONIDE (INHALATION)	749	$ 228,488.04	54	18

Top 50 Drugs by Amount - Q2 2014

Drug Code	Drug Name	Claim Count		Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
1235308000	SOFOSBUVIR	158	$	4,264,001.84	15	15
5925001500	ARIPIPRAZOLE	4,152	$	3,405,157.22	22	19
8510001025	ANTIHEMOPHILIC FACTOR RAHF-PFM	16	$	1,186,422.55	21,038	7
8510001000	ANTIHEMOPHILIC FACTOR (HUMAN)	5	$	1,035,035.76	173,456	30
2710400300	INSULIN GLARGINE	3,496	$	881,286.25	13	26
4420990270	FLUTICASONE-SALMETEROL	3,451	$	858,339.07	45	23
5915307010	QUETIAPINE FUMARATE	6,843	$	853,215.37	30	19
5940002310	LURASIDONE HCL	1,158	$	821,967.63	17	15
5907005010	PALIPERIDONE PALMITATE	570	$	761,417.77	1	23
3030001000	CORTICOTROPIN	9	$	741,988.80	8	14
4927002510	ESOMEPRAZOLE MAGNESIUM	3,711	$	741,589.46	24	22
9410003000	GLUCOSE BLOOD	6,066	$	724,839.05	71	21
4420101010	ALBUTEROL SULFATE	17,693	$	710,463.43	42	16
6510007510	OXYCODONE HCL	8,573	$	617,902.86	73	17
6599170210	HYDROCODONE-ACETAMINOPHEN	29,505	$	611,924.00	61	14
8510001020	ANTIHEMOPHILIC FACTOR (RECOMBINANT)	20	$	589,055.45	6,653	7
8510002620	COAGULATION FACTOR VIIA (RECOMBINANT)	1	$	541,624.76	300,000	30
8510001510	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FAC	37	$	501,147.54	5,232	9
4410008010	TIOTROPIUM BROMIDE MONOHYDRATE	2,576	$	493,582.07	26	25
6135303010	GUANFACINE HCL (ADHD)	1,716	$	493,077.05	22	19
6110990210	AMPHETAMINE-DEXTROAMPHETAMINE	2,973	$	464,896.72	30	20
1210990230	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARA	408	$	463,105.48	22	22
6599000220	OXYCODONE W/ ACETAMINOPHEN	9,926	$	429,118.34	52	12
5907005000	PALIPERIDONE	478	$	424,671.90	21	16
7260005700	PREGABALIN	2,014	$	412,050.16	49	21
8580005000	ECULIZUMAB	18	$	403,523.28	6,069	1
7250001010	DIVALPROEX SODIUM	4,547	$	395,479.50	54	19
8240157000	PEGFILGRASTIM	94	$	395,218.42	1	1
6240552500	DIMETHYL FUMARATE	79	$	393,620.72	20	10
5818002510	DULOXETINE HCL	2,157	$	369,159.29	24	18
3010002000	SOMATROPIN	131	$	368,985.38	3	14
2710400500	INSULIN LISPRO (HUMAN)	1,344	$	358,868.24	11	22
2710400200	INSULIN ASPART	1,484	$	351,024.95	12	20
1235307710	SIMEPREVIR SODIUM	16	$	338,511.00	15	15
1210990330	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPRO	179	$	328,816.87	21	21
6110002510	LISDEXAMFETAMINE DIMESYLATE	1,631	$	321,958.08	23	23
4420990241	BUDESONIDE-FORMOTEROL FUMARATE DIHYDRA	2,090	$	316,964.26	8	24
1910002010	IMMUNE GLOBULIN (HUMAN) IV	88	$	316,704.80	428	4
6629003000	ETANERCEPT	115	$	306,906.90	2	12
6140002010	METHYLPHENIDATE HCL	2,250	$	306,523.11	33	18
6240306045	INTERFERON BETA-1A	65	$	302,474.60	2	18
8310102010	ENOXAPARIN SODIUM	948	$	302,261.77	2	2
700007000	TOBRAMYCIN	59	$	292,750.78	180	19
6627001500	ADALIMUMAB	108	$	291,787.11	1	12
1210990430	ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENO	131	$	284,807.61	22	22
6510005510	MORPHINE SULFATE	7,021	$	281,962.93	27	11
2153253000	EVEROLIMUS	24	$	265,721.51	13	11
4530402000	DORNASE ALFA	100	$	248,066.64	41	14
7260003600	LACOSAMIDE	617	$	246,878.18	58	16
3090685000	IDURSULFASE	14	$	238,894.88	18	9

Top 50 Drugs by Claim Count - Q4 2013

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
6599170210	HYDROCODONE-ACETAMINOPHEN	21252	$ 360,986.39	63	15
4420101010	ALBUTEROL SULFATE	15262	$ 577,722.67	47	15
3610003000	LISINOPRIL	9990	$ 52,160.35	31	28
5710001000	ALPRAZOLAM	9044	$ 78,412.24	51	22
7260003000	GABAPENTIN	8024	$ 143,656.58	69	22
6599000220	OXYCODONE W/ ACETAMINOPHEN	7594	$ 243,217.23	56	13
3400000310	AMLODIPINE BESYLATE	7484	$ 34,765.09	28	27
8240102000	EPOETIN ALFA	7335	$ 309,096.33	0	1
2810001010	LEVOTHYROXINE SODIUM	7294	$ 64,642.14	29	28
3090504000	DOXERCALCIFEROL	7238	$ 95,036.82	2	1
3940007500	SIMVASTATIN	7185	$ 39,691.27	27	27
6610002000	IBUPROFEN	6755	$ 40,841.39	46	13
2725005000	METFORMIN HCL	6671	$ 52,648.72	55	26
6510007510	OXYCODONE HCL	6417	$ 508,365.97	76	18
0120001010	AMOXICILLIN	6291	$ 52,812.33	64	6
5907007000	RISPERIDONE	5572	$ 138,272.16	35	21
0340001000	AZITHROMYCIN	5470	$ 82,251.85	8	4
5915307010	QUETIAPINE FUMARATE	5278	$ 617,751.34	30	20
4450505010	MONTELUKAST SODIUM	5130	$ 123,539.46	21	21
6020408010	ZOLPIDEM TARTRATE	4981	$ 40,283.06	23	23
6510005510	MORPHINE SULFATE	4860	$ 269,264.14	35	14
4920002010	RANITIDINE HCL	4677	$ 42,828.92	47	22
5812008010	TRAZODONE HCL	4612	$ 34,902.19	32	24
3320003010	METOPROLOL TARTRATE	4567	$ 21,041.55	41	22
9410003000	GLUCOSE BLOOD	4458	$ 538,292.87	72	21
5816007010	SERTRALINE HCL	4405	$ 34,064.72	28	22
6410001000	ASPIRIN	4336	$ 15,871.56	22	21
3720003000	FUROSEMIDE	4323	$ 19,194.88	31	24
5025006505	ONDANSETRON HCL	4239	$ 30,753.64	5	2
3620101010	CLONIDINE HCL	4207	$ 53,295.18	39	22
6510009510	TRAMADOL HCL	4059	$ 34,375.37	66	17
3940001010	ATORVASTATIN CALCIUM	3956	$ 41,836.11	24	24
7210001000	CLONAZEPAM	3908	$ 24,846.83	49	23
5816002010	CITALOPRAM HYDROBROMIDE	3861	$ 22,326.70	24	22
7250001010	DIVALPROEX SODIUM	3804	$ 327,971.67	56	19
7510005010	CYCLOBENZAPRINE HCL	3796	$ 28,060.82	43	19
4220003230	FLUTICASONE PROPIONATE (NASAL)	3650	$ 79,046.80	12	23
4155003000	LORATADINE	3577	$ 24,034.47	33	23
4927006000	OMEPRAZOLE	3521	$ 13,864.19	29	25
5925001500	ARIPIPRAZOLE	3518	$ 2,605,658.41	22	20
5816004000	FLUOXETINE HCL	3424	$ 32,271.59	30	23
3760004000	HYDROCHLOROTHIAZIDE	3357	$ 15,237.62	25	25
4420990270	FLUTICASONE-SALMETEROL	3303	$ 726,813.12	44	23
2210004500	PREDNISONE	3239	$ 16,164.42	20	10
5710006000	LORAZEPAM	3217	$ 21,024.57	30	14
5710004000	DIAZEPAM	3124	$ 16,821.56	46	20
4920003000	FAMOTIDINE	3087	$ 25,142.72	32	20
4927002510	ESOMEPRAZOLE MAGNESIUM	2895	$ 576,618.22	25	23
3330000700	CARVEDILOL	2832	$ 17,722.40	48	24
7260004300	LEVETIRACETAM	2820	$ 159,093.89	124	20

Top 50 Drugs by Claim Count - Q1 2014

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
6599170210	HYDROCODONE-ACETAMINOPHEN	26389	$ 536,585.90	60	14
4420101010	ALBUTEROL SULFATE	19111	$ 738,937.67	44	15
3610003000	LISINOPRIL	12400	$ 64,134.65	31	28
5710001000	ALPRAZOLAM	10423	$ 82,672.90	52	22
7260003000	GABAPENTIN	9908	$ 167,168.65	72	23
6599000220	OXYCODONE W/ ACETAMINOPHEN	9249	$ 385,333.29	49	11
3400000310	AMLODIPINE BESYLATE	8930	$ 41,098.12	28	27
6610002000	IBUPROFEN	8867	$ 53,207.83	45	13
2810001010	LEVOTHYROXINE SODIUM	8711	$ 78,367.86	29	28
2725005000	METFORMIN HCL	8391	$ 56,852.73	55	26
3090504000	DOXERCALCIFEROL	8320	$ 89,996.80	2	1
3940007500	SIMVASTATIN	7948	$ 42,511.83	28	28
8240102000	EPOETIN ALFA	7909	$ 349,286.87	1	1
0120001010	AMOXICILLIN	7866	$ 66,264.99	66	7
6510007510	OXYCODONE HCL	7733	$ 548,348.07	73	17
0340001000	AZITHROMYCIN	6983	$ 99,722.50	8	4
5025006505	ONDANSETRON HCL	6426	$ 34,073.19	4	2
5915307010	QUETIAPINE FUMARATE	6308	$ 779,057.11	28	19
6510005510	MORPHINE SULFATE	6258	$ 253,933.89	30	12
5907007000	RISPERIDONE	5968	$ 135,382.37	36	21
6020408010	ZOLPIDEM TARTRATE	5847	$ 41,277.29	23	23
5812008010	TRAZODONE HCL	5816	$ 41,266.05	32	23
4450505010	MONTELUKAST SODIUM	5752	$ 135,633.21	22	22
3320003010	METOPROLOL TARTRATE	5484	$ 24,412.75	38	21
6510009510	TRAMADOL HCL	5426	$ 45,026.57	65	17
5816007010	SERTRALINE HCL	5351	$ 40,244.88	28	22
9410003000	GLUCOSE BLOOD	5349	$ 625,232.57	69	20
4920002010	RANITIDINE HCL	5254	$ 47,260.29	47	22
3940001010	ATORVASTATIN CALCIUM	5239	$ 55,322.91	26	26
3720003000	FUROSEMIDE	5190	$ 20,343.04	31	24
4220003230	FLUTICASONE PROPIONATE (NASAL)	5122	$ 107,469.54	13	23
6410001000	ASPIRIN	4956	$ 17,160.38	20	19
7210001000	CLONAZEPAM	4765	$ 28,959.11	48	23
7510005010	CYCLOBENZAPRINE HCL	4685	$ 33,513.81	41	19
3620101010	CLONIDINE HCL	4660	$ 55,192.52	39	21
5816002010	CITALOPRAM HYDROBROMIDE	4613	$ 25,833.96	24	22
2210004500	PREDNISONE	4603	$ 21,658.54	19	9
7250001010	DIVALPROEX SODIUM	4341	$ 377,692.84	57	20
5816004000	FLUOXETINE HCL	4212	$ 38,202.31	30	23
5710006000	LORAZEPAM	4101	$ 21,730.46	24	11
4927006000	OMEPRAZOLE	4091	$ 14,749.74	31	27
3760004000	HYDROCHLOROTHIAZIDE	4088	$ 19,082.77	27	27
5925001500	ARIPIPRAZOLE	4059	$ 3,169,554.09	23	20
4155003000	LORATADINE	4034	$ 27,414.00	31	20
4920003000	FAMOTIDINE	3887	$ 29,574.67	31	19
4420990270	FLUTICASONE-SALMETEROL	3687	$ 858,888.59	44	23
3330000700	CARVEDILOL	3657	$ 21,966.64	48	24
5710004000	DIAZEPAM	3623	$ 17,756.32	43	19
0199000220	AMOXICILLIN & POT CLAVULANATE	3456	$ 101,811.01	42	7
4927002510	ESOMEPRAZOLE MAGNESIUM	3343	$ 654,339.26	25	23

Top 50 Drugs by Claim Count - Q2 2014

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
6599170210	HYDROCODONE-ACETAMINOPHEN	29505	$ 611,924.00	61	14
4420101010	ALBUTEROL SULFATE	17693	$ 710,463.43	42	16
3610003000	LISINOPRIL	13406	$ 70,242.02	30	27
5710001000	ALPRAZOLAM	11223	$ 88,503.87	51	21
7260003000	GABAPENTIN	10724	$ 183,761.71	72	23
6599000220	OXYCODONE W/ ACETAMINOPHEN	9926	$ 429,118.34	52	12
6610002000	IBUPROFEN	9549	$ 58,142.48	46	13
2810001010	LEVOTHYROXINE SODIUM	9500	$ 90,464.81	29	29
3400000310	AMLODIPINE BESYLATE	9436	$ 43,955.75	28	27
2725005000	METFORMIN HCL	9081	$ 62,368.98	48	24
6510007510	OXYCODONE HCL	8573	$ 617,902.86	73	17
3940007500	SIMVASTATIN	8011	$ 43,763.15	28	28
120001010	AMOXICILLIN	7300	$ 58,338.76	57	7
6510005510	MORPHINE SULFATE	7021	$ 281,962.93	27	11
5915307010	QUETIAPINE FUMARATE	6843	$ 853,215.37	30	19
6510009510	TRAMADOL HCL	6656	$ 54,984.63	63	16
5025006505	ONDANSETRON HCL	6516	$ 39,280.78	5	2
5812008010	TRAZODONE HCL	6507	$ 45,652.30	32	24
4450505010	MONTELUKAST SODIUM	6434	$ 153,673.03	22	22
5907007000	RISPERIDONE	6083	$ 143,339.99	35	20
9410003000	GLUCOSE BLOOD	6066	$ 724,839.05	71	21
3940001010	ATORVASTATIN CALCIUM	6061	$ 67,012.53	25	25
3320003010	METOPROLOL TARTRATE	5959	$ 26,736.88	40	22
6020408010	ZOLPIDEM TARTRATE	5925	$ 44,382.36	24	24
5816007010	SERTRALINE HCL	5662	$ 43,449.21	29	23
3720003000	FUROSEMIDE	5513	$ 21,316.18	30	24
4220003230	FLUTICASONE PROPIONATE (NASAL)	5447	$ 117,799.91	13	24
6410001000	ASPIRIN	5402	$ 18,693.90	20	19
4920002010	RANITIDINE HCL	5401	$ 49,877.48	47	23
7210001000	CLONAZEPAM	5288	$ 30,216.02	47	22
5816002010	CITALOPRAM HYDROBROMIDE	5210	$ 29,540.78	23	21
7510005010	CYCLOBENZAPRINE HCL	5207	$ 37,754.29	42	19
3090504000	DOXERCALCIFEROL	5137	$ 59,096.98	2	1
8240102000	EPOETIN ALFA	5132	$ 202,664.79	0	1
340001000	AZITHROMYCIN	4941	$ 70,636.15	8	4
5816004000	FLUOXETINE HCL	4767	$ 40,810.15	31	23
4155003000	LORATADINE	4758	$ 32,061.73	33	22
3620101010	CLONIDINE HCL	4750	$ 64,497.27	36	20
5710006000	LORAZEPAM	4740	$ 22,132.69	23	10
7250001010	DIVALPROEX SODIUM	4547	$ 395,479.50	54	19
2210004500	PREDNISONE	4518	$ 21,701.23	19	10
5925001500	ARIPIPRAZOLE	4152	$ 3,405,157.22	22	19
4927006000	OMEPRAZOLE	4147	$ 15,933.75	32	27
3760004000	HYDROCHLOROTHIAZIDE	4133	$ 19,162.82	28	27
5710004000	DIAZEPAM	3855	$ 19,643.93	43	19
3330000700	CARVEDILOL	3851	$ 24,015.93	47	23
4920003000	FAMOTIDINE	3761	$ 31,068.60	31	20
4927002510	ESOMEPRAZOLE MAGNESIUM	3711	$ 741,589.46	24	22
3615004020	LOSARTAN POTASSIUM	3571	$ 21,525.41	32	30
2710400300	INSULIN GLARGINE	3496	$ 881,286.25	13	26

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COMPLIAN	ALBUTEROL SULFATE		20,374	4,671	22.93%	3980	3696	0	284	691	330	340	21	4026	305	340	29	0	0
COMPLIAN	LISINOPRIL		15,698	2,336	14.88%	2062	1938	1	123	274	138	121	15	2076	138	122	0	0	0
COMPLIAN	DOXERCALCIFEROL		15,378	4	0.03%	4	4	0	0	0	0	0	0	4	0	0	0	0	0
COMPLIAN	AMLODIPINE BESYLATE		12,213	1,883	15.42%	1683	1579	0	104	200	109	83	8	1688	112	83	0	0	0
COMPLIAN	GABAPENTIN		11,648	1,499	12.87%	1402	1291	0	111	97	48	41	8	1339	119	41	11	0	0
COMPLIAN	SIMVASTATIN		11,550	1,847	15.99%	1627	1559	0	68	220	121	85	14	1680	82	85	0	0	0
COMPLIAN	LEVOTHYROXINE SODIUM		11,545	1,670	14.47%	1498	1414	0	84	172	72	84	16	1486	100	84	20	0	0
COMPLIAN	IBUPROFEN		10,823	1,113	10.28%	1042	970	0	72	71	40	25	6	1010	78	25	0	0	0
COMPLIAN	METFORMIN HCL		10,583	1,690	15.97%	1590	1481	1	108	100	47	45	8	1528	116	46	0	0	0
COMPLIAN	OMEPRAZOLE		10,386	1,308	12.59%	1136	1076	0	60	172	71	97	4	1147	64	97	60	0	0
DDI-DTMS	HYDROCODONE-ACETAMI	BUPRENORPHINE	31,512	60	0.19%	15	13	0	2	45	35	10	0	48	2	10	0	0	1
DDI-DTMS	HYDROCODONE-ACETAMI	ISONIAZID	31,469	17	0.05%	1	1	0	0	16	9	7	0	10	0	7	0	0	1
DDI-DTMS	HYDROCODONE-ACETAMI	BUPRENORPHINE HCL-NALOX	31,468	16	0.05%	2	2	0	0	14	11	2	1	13	1	2	4	0	1
DDI-DTMS	HYDROCODONE-ACETAMI	BUPRENORPHINE HCL	31,455	3	0.01%	1	1	0	0	2	2	0	0	3	0	0	0	0	1
DDI-DTMS	ALBUTEROL SULFATE	PROPRANOLOL HCL	15,945	242	1.52%	56	53	0	3	186	127	52	7	180	10	52	0	0	1
DDI-DTMS	ALBUTEROL SULFATE	DORZOLAMIDE HCL-TIMOLOL	15,766	63	0.40%	35	34	0	1	28	22	6	0	56	1	6	0	0	1
DDI-DTMS	ALBUTEROL SULFATE	TIMOLOL MALEATE (OPHTH)	15,739	36	0.23%	2	2	0	0	34	21	9	4	23	4	9	0	0	1
DDI-DTMS	ALBUTEROL SULFATE	BRIMONIDINE TARTRATE-TIM	15,734	31	0.20%	2	2	0	0	29	11	18	0	13	0	18	1	0	1
DDI-DTMS	ALBUTEROL SULFATE	NADOLOL	15,716	13	0.08%	7	7	0	0	6	4	2	0	11	0	2	0	0	1
DDI-DTMS	ALBUTEROL SULFATE	SOTALOL HCL	15,716	13	0.08%	1	1	0	0	12	7	3	2	8	2	3	0	0	1
DOSECHEK	EPOETIN ALFA		58,411	10,510	17.99%	9841	9771	0	70	669	0	669	0	9771	70	669	29	0	0
DOSECHEK	DOXERCALCIFEROL		53,948	38,574	71.50%	38467	38348	0	119	107	3	102	2	38351	121	102	0	0	0
DOSECHEK	HYDROCODONE-ACETAMI		32,820	1,368	4.17%	1042	1015	0	27	326	98	223	5	1113	32	223	38	0	0
DOSECHEK	ALBUTEROL SULFATE		16,849	1,146	6.80%	854	733	2	119	292	164	105	23	897	142	107	0	0	0
DOSECHEK	LISINOPRIL		14,231	869	6.11%	840	523	0	317	29	11	18	0	534	317	18	0	0	0
DOSECHEK	IRON SUCROSE		14,226	1,857	13.05%	1799	1772	0	27	58	2	54	2	1774	29	54	0	0	0
DOSECHEK	ALPRAZOLAM		11,595	41	0.35%	33	31	0	2	8	6	2	0	37	2	2	6	0	0
DOSECHEK	GABAPENTIN		11,203	1,054	9.41%	889	791	1	97	165	59	100	6	850	103	101	13	0	0
DOSECHEK	OXYCODONE W/ ACETAMI		11,053	179	1.62%	72	68	0	4	107	42	61	4	110	8	61	6	0	0
DOSECHEK	AMLODIPINE BESYLATE		10,926	596	5.45%	520	351	0	169	76	21	54	1	372	170	54	0	0	0
DRUG_AGE	PROMETHAZINE HCL		2,864	13	0.45%	13	11	0	2	0	0	0	0	11	2	0	0	0	1
DRUG_AGE	PROMETHAZINE W/CODEI		1,120	5	0.45%	4	4	0	0	1	1	0	0	5	0	0	0	0	1
DRUG_AGE	PROMETHAZINE-DM		897	27	3.01%	25	24	0	1	2	1	0	1	25	2	0	0	0	1
DRUG_AGE	DIPH-TETANUS TOX-ACELL		140	1	0.71%	1	1	0	0	0	0	0	0	1	0	0	0	0	1
DRUG_AGE	DIPHTHERIA, ACELLULAR P		130	1	0.77%	1	1	0	0	0	0	0	0	1	0	0	0	0	1
DRUG_SEX	BICALUTAMIDE		68	3	4.41%	2	2	0	0	1	1	0	0	3	0	0	0	0	1
DUPRX	EPOETIN ALFA		69,870	21,969	31.44%	3	3	0	0	21966	1	21965	0	4	0	21965	0	0	2
DUPRX	HYDROCODONE-ACETAMI		33,430	1,978	5.92%	1	1	0	0	1977	43	1933	1	44	1	1933	8	0	2
DUPRX	ALBUTEROL SULFATE		16,794	1,091	6.50%	96	82	0	14	995	289	642	64	371	78	642	4	0	2
DUPRX	DOXERCALCIFEROL		15,448	74	0.48%	0	0	0	0	74	1	73	0	1	0	73	0	0	2
DUPRX	LISINOPRIL		14,447	1,085	7.51%	114	91	0	23	971	331	568	72	422	95	568	0	0	2
DUPRX	ALPRAZOLAM		12,735	1,181	9.27%	2	2	0	0	1179	25	1153	1	27	1	1153	10	0	2
DUPRX	IRON SUCROSE		12,433	64	0.51%	0	0	0	0	64	0	64	0	0	0	64	0	0	2
DUPRX	OXYCODONE W/ ACETAMI		11,700	826	7.06%	0	0	0	0	826	21	805	0	21	0	805	2	0	2
DUPRX	GABAPENTIN		11,102	953	8.58%	104	77	1	26	849	260	522	67	337	93	523	3	0	2
DUPRX	AMLODIPINE BESYLATE		10,988	658	5.99%	69	58	0	11	589	186	361	42	244	53	361	0	0	2
DUPTHER	EPOETIN ALFA		69,875	21,974	31.45%	9	7	0	2	21965	4	21961	0	11	2	21961	0	0	0

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DUPTHER	HYDROCODONE-ACETAMI		39,592	8,140	20.56%	1932	1643	2	287	6208	2913	3140	155	4556	442	3142	259	0	0
DUPTHER	ALBUTEROL SULFATE		22,424	6,721	29.97%	901	717	0	184	5820	3286	2178	356	4003	540	2178	50	0	0
DUPTHER	DOXERCALCIFEROL		17,539	2,165	12.34%	2086	2077	0	9	79	3	74	2	2080	11	74	0	0	0
DUPTHER	LISINOPRIL		15,930	2,568	16.12%	666	490	0	176	1902	950	818	134	1440	310	818	0	0	0
DUPTHER	OXYCODONE W/ ACETAMI		15,591	4,717	30.25%	1610	1294	0	316	3107	1716	1307	84	3010	400	1307	134	0	0
DUPTHER	ALPRAZOLAM		13,703	2,149	15.68%	448	347	0	101	1701	804	857	40	1151	141	857	68	0	0
DUPTHER	IRON SUCROSE		12,485	116	0.93%	52	51	0	1	64	0	64	0	51	1	64	0	0	0
DUPTHER	GABAPENTIN		12,395	2,246	18.12%	506	392	1	113	1740	816	779	145	1208	258	780	22	0	0
DUPTHER	MORPHINE SULFATE		12,316	3,456	28.06%	1914	1266	0	648	1542	953	533	56	2219	704	533	99	0	0
TOO SOON	EPOETIN ALFA		47,903	2	0.00%	0	0	0	0	2	0	2	0	0	0	2	0	0	0
TOO SOON	EPOETIN ALFA		47,902	1	0.00%	0	0	0	0	1	0	1	0	0	0	1	0	0	1
TOO SOON	HYDROCODONE-ACETAMI		31,823	371	1.17%	0	0	0	0	371	8	362	1	8	1	362	0	0	0
TOO SOON	HYDROCODONE-ACETAMI		31,540	88	0.28%	0	0	0	0	88	0	88	0	0	0	88	0	0	2
TOO SOON	HYDROCODONE-ACETAMI		31,531	79	0.25%	0	0	0	0	79	4	75	0	4	0	75	0	0	1
TOO SOON	ALBUTEROL SULFATE		15,967	264	1.65%	0	0	0	0	264	3	260	1	3	1	260	0	0	0
TOO SOON	ALBUTEROL SULFATE		15,778	75	0.48%	0	0	0	0	75	1	73	1	1	1	73	0	0	2
TOO SOON	ALBUTEROL SULFATE		15,755	52	0.33%	0	0	0	0	52	3	49	0	3	0	49	0	0	1
TOO SOON	LISINOPRIL		13,569	207	1.53%	0	0	0	0	207	3	204	0	3	0	204	0	0	0
TOO SOON	LISINOPRIL		13,431	69	0.51%	0	0	0	0	69	3	66	0	3	0	66	0	0	2

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COMPLIAN	ALBUTEROL SULFATE		19,159	4,188	21.86%	3554	3219	6	329	634	386	209	39	3605	368	215	35	0	0
COMPLIAN	DOXERCALCIFEROL		13,317	5	0.04%	2	2	0	0	3	0	3	0	2	0	3	0	0	0
COMPLIAN	LISINOPRIL		11,166	1,726	15.46%	1515	1382	1	132	211	106	83	22	1488	154	84	0	0	0
COMPLIAN	IBUPROFEN		9,082	897	9.88%	802	746	0	56	95	54	34	7	800	63	34	0	0	0
COMPLIAN	GABAPENTIN		8,568	1,139	13.29%	1019	922	1	96	120	62	52	6	984	102	53	13	0	0
COMPLIAN	LEVOTHYROXINE SODIUM		8,173	1,172	14.34%	1028	941	1	86	144	87	45	12	1028	98	46	22	0	0
COMPLIAN	AMLODIPINE BESYLATE		8,150	1,297	15.91%	1109	1007	1	101	188	88	92	8	1095	109	93	0	0	0
COMPLIAN	SIMVASTATIN		7,435	1,298	17.46%	1083	1001	1	81	215	123	76	16	1124	97	77	0	0	0
COMPLIAN	METFORMIN HCL		7,074	1,214	17.16%	1097	977	3	117	117	48	60	9	1025	126	63	1	0	0
COMPLIAN	OMEPRAZOLE		6,407	695	10.85%	554	502	0	52	141	58	79	4	560	56	79	73	0	0
DDI-DTMS	HYDROCODONE-ACETAM	BUPRENORPHINE	24,144	48	0.20%	8	5	0	3	40	28	11	1	33	4	11	0	0	1
DDI-DTMS	HYDROCODONE-ACETAM	BUPRENORPHINE HCL-NALOXC	24,117	21	0.09%	7	4	0	3	14	8	6	0	12	3	6	0	0	1
DDI-DTMS	HYDROCODONE-ACETAM	ISONIAZID	24,115	19	0.08%	5	5	0	0	14	14	0	0	19	0	0	0	0	1
DDI-DTMS	HYDROCODONE-ACETAM	BUPRENORPHINE HCL	24,099	3	0.01%	0	0	0	0	3	2	1	0	2	0	1	0	0	1
DDI-DTMS	ALBUTEROL SULFATE	PROPRANOLOL HCL	15,191	220	1.45%	46	30	2	14	174	131	32	11	161	25	34	0	0	1
DDI-DTMS	ALBUTEROL SULFATE	DORZOLAMIDE HCL-TIMOLOL I	15,008	37	0.25%	2	2	0	0	35	24	9	2	26	2	9	0	0	1
DDI-DTMS	ALBUTEROL SULFATE	TIMOLOL MALEATE (OPHTH)	15,001	30	0.20%	4	4	0	0	26	20	4	2	24	2	4	0	0	1
DDI-DTMS	ALBUTEROL SULFATE	BRIMONIDINE TARTRATE-TIMC	14,986	15	0.10%	0	0	0	0	15	13	2	0	13	0	2	0	0	1
DDI-DTMS	ALBUTEROL SULFATE	NADOLOL	14,984	13	0.09%	4	4	0	0	9	5	4	0	9	0	4	0	0	1
DDI-DTMS	ALBUTEROL SULFATE	SOTALOL HCL	14,976	5	0.03%	0	0	0	0	5	4	0	1	4	1	0	0	0	1
DOSECHEK	DOXERCALCIFEROL		48,425	35,113	72.51%	34949	34825	0	124	164	2	162	0	34827	124	162	0	0	0
DOSECHEK	EPOETIN ALFA		35,165	6,599	18.77%	5834	5792	0	42	765	1	764	0	5793	42	764	3	0	0
DOSECHEK	HYDROCODONE-ACETAM		24,973	877	3.51%	576	546	2	28	301	91	198	12	637	40	200	32	0	0
DOSECHEK	ALBUTEROL SULFATE		16,391	1,420	8.66%	1063	927	0	136	357	191	141	25	1118	161	141	0	0	0
DOSECHEK	IRON SUCROSE		14,189	1,863	13.13%	1836	1790	0	46	27	0	27	0	1790	46	27	0	0	0
DOSECHEK	ONDANSETRON HCL		11,688	3,399	29.08%	3112	2021	1	1090	287	27	256	4	2048	1094	257	7	0	0
DOSECHEK	LISINOPRIL		10,537	1,097	10.41%	871	514	0	357	226	8	217	1	522	358	217	0	0	0
DOSECHEK	AMOXICILLIN		9,753	669	6.86%	586	520	1	65	83	31	38	14	551	79	39	0	0	0
DOSECHEK	ALPRAZOLAM		9,094	30	0.33%	18	13	0	5	12	4	8	0	17	5	8	3	0	0
DOSECHEK	MORPHINE SULFATE		8,854	583	6.58%	424	313	0	111	159	57	99	3	370	114	99	11	0	0
DRUG_AGE	PROMETHAZINE HCL		2,603	12	0.46%	12	12	0	0	0	0	0	0	12	0	0	0	0	1
DRUG_AGE	PROMETHAZINE-DM		1,618	64	3.96%	58	57	0	1	6	5	1	0	62	1	1	0	0	1
DRUG_AGE	PROMETHAZINE W/CODE		1,586	7	0.44%	6	2	0	4	1	1	0	0	3	4	0	0	0	1
DRUG_AGE	MULTIPLE VITAMIN		1,085	2	0.18%	1	1	0	0	1	0	1	0	1	0	1	0	0	1
DRUG_AGE	PHENYLEPH-PROMETHAZ		133	2	1.50%	2	2	0	0	0	0	0	0	2	0	0	0	0	1
DRUG_AGE	DIPHTHERIA, ACELLULAR		79	1	1.27%	1	0	0	1	0	0	0	0	0	1	0	0	0	1
DRUG_SEX	BICALUTAMIDE		47	2	4.26%	1	1	0	0	1	1	0	0	2	0	0	0	0	1
DUPRX	EPOETIN ALFA		44,451	15,885	35.74%	1	1	0	0	15884	2	15882	0	3	0	15882	0	0	2
DUPRX	HYDROCODONE-ACETAM		26,054	1,958	7.52%	174	139	0	35	1784	46	1736	2	185	37	1736	2	0	2
DUPRX	ALBUTEROL SULFATE		16,158	1,187	7.35%	106	75	0	31	1081	345	638	98	420	129	638	12	0	2
DUPRX	DOXERCALCIFEROL		13,415	103	0.77%	1	1	0	0	102	1	101	0	2	0	101	0	0	2
DUPRX	IRON SUCROSE		12,368	42	0.34%	0	0	0	0	42	0	42	0	0	0	42	0	0	2
DUPRX	LISINOPRIL		10,772	1,332	12.37%	137	69	1	67	1195	334	803	58	403	125	804	0	0	2
DUPRX	ALPRAZOLAM		10,305	1,241	12.04%	33	20	0	13	1208	21	1185	2	41	15	1185	4	0	2
DUPRX	AMOXICILLIN		9,296	212	2.28%	39	32	0	7	173	59	84	30	91	37	84	0	0	2
DUPRX	OXYCODONE W/ ACETAM		9,079	932	10.27%	181	128	0	53	751	12	739	0	140	53	739	2	0	2
DUPRX	MORPHINE SULFATE		8,879	608	6.85%	16	9	0	7	592	5	587	0	14	7	587	2	0	2

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DUPTHER	EPOETIN ALFA		44,373	15,807	35.62%	2	1	0	1	15805	1	15804	0	2	1	15804	0	0	0
DUPTHER	HYDROCODONE-ACETAM		31,062	6,966	22.43%	1165	824	0	341	5801	2949	2679	173	3773	514	2679	245	0	0
DUPTHER	ALBUTEROL SULFATE		20,093	5,122	25.49%	648	460	0	188	4474	2530	1528	416	2990	604	1528	40	0	0
DUPTHER	DOXERCALCIFEROL		15,516	2,204	14.20%	2151	2151	0	0	53	3	49	1	2154	1	49	0	0	0
DUPTHER	IRON SUCROSE		12,492	166	1.33%	135	129	0	6	31	0	31	0	129	6	31	0	0	0
DUPTHER	OXYCODONE W/ ACETAM		11,992	3,845	32.06%	1078	757	0	321	2767	1631	1042	94	2388	415	1042	119	0	0
DUPTHER	LISINOPRIL		11,678	2,238	19.16%	414	231	0	183	1824	883	837	104	1114	287	837	0	0	0
DUPTHER	MORPHINE SULFATE		11,267	2,996	26.59%	1577	924	0	653	1419	889	495	35	1813	688	495	133	0	0
DUPTHER	ALPRAZOLAM		10,858	1,794	16.52%	176	120	1	55	1618	723	867	28	843	83	868	57	0	0
DUPTHER	GABAPENTIN		9,454	2,025	21.42%	290	180	0	110	1735	869	774	92	1049	202	774	12	0	0
TOO SOON	EPOETIN ALFA		28,575	9	0.03%	0	0	0	0	9	1	8	0	1	0	8	0	0	0
TOO SOON	EPOETIN ALFA		28,568	2	0.01%	0	0	0	0	2	0	2	0	0	0	2	0	0	2
TOO SOON	HYDROCODONE-ACETAM		24,473	377	1.54%	0	0	0	0	377	8	369	0	8	0	369	1	0	0
TOO SOON	HYDROCODONE-ACETAM		24,172	76	0.31%	0	0	0	0	76	1	75	0	1	0	75	0	0	2
TOO SOON	HYDROCODONE-ACETAM		24,160	64	0.26%	0	0	0	0	64	2	62	0	2	0	62	0	0	1
TOO SOON	ALBUTEROL SULFATE		15,236	265	1.74%	0	0	0	0	265	5	260	0	5	0	260	0	0	0
TOO SOON	ALBUTEROL SULFATE		15,045	74	0.49%	0	0	0	0	74	1	73	0	1	0	73	0	0	2
TOO SOON	ALBUTEROL SULFATE		15,034	63	0.42%	0	0	0	0	63	1	62	0	1	0	62	0	0	1
TOO SOON	DOXERCALCIFEROL		13,313	1	0.01%	0	0	0	0	1	0	1	0	0	0	1	0	0	1
TOO SOON	LISINOPRIL		9,687	247	2.55%	0	0	0	0	247	2	245	0	2	0	245	0	0	0

DUR Conflict Code	Submitted Generic Name-10	History Generic Name-10	Total Claim Count	Total Alert Count	Alert Percentage	Original Paid Claim Count	Original Paid To Paid Claim Count	Original Paid To Rejected Claim Count	Original Paid to Reversed Claim Count	Original Rejected Claim Count	Original Rejected to Paid Claim Count	Original Rejected to Rejected Claim Count	Original Rejected to Reversed Claim Count	Final Paid Count	Final Reversed Count	Final Rejected Count	Prior Authorization Count	Professional Service Code Override	Severity Level
COMPLIAN	ALBUTEROL SULFATE		25,554	4,494	17.59%	4132	3803	2	327	362	106	243	13	3909	340	245	35	0	0
COMPLIAN	LISINOPRIL		14,090	1,936	13.74%	1672	1551	0	121	264	135	120	9	1686	130	120	0	0	0
COMPLIAN	AMLODIPINE BESYLATE		9,925	1,480	14.91%	1289	1213	1	75	191	88	92	11	1301	86	93	0	0	0
COMPLIAN	LEVOTHYROXINE SODIUM		9,742	1,382	14.19%	1198	1118	1	79	184	102	72	10	1220	89	73	35	0	0
COMPLIAN	SIMVASTATIN		8,420	1,316	15.63%	1101	1036	2	63	215	123	88	4	1159	67	90	0	0	0
COMPLIAN	METFORMIN HCL		9,141	1,315	14.39%	1189	1049	1	139	126	67	51	8	1116	147	52	2	0	0
COMPLIAN	MONTELUKAST SODIUM		6,831	1,285	18.81%	1220	1045	0	175	65	15	44	6	1060	181	44	0	0	0
COMPLIAN	GABAPENTIN		10,702	1,226	11.46%	1082	1006	1	75	144	70	62	12	1076	87	63	8	0	0
COMPLIAN	METOPROLOL TARTRATE		6,093	939	15.41%	816	752	1	63	123	58	58	7	810	70	59	3	0	0
COMPLIAN	RANITIDINE HCL		6,147	932	15.16%	879	805	0	74	53	16	32	5	821	79	32	6	0	0
DDI-DTMS	CARISOPRODOL	ALPRAZOLAM	5,330	2,257	42.35%	153	131	0	22	2104	965	1103	36	1096	58	1103	265	0	1
DDI-DTMS	CARISOPRODOL	OXYCODONE HCL	5,053	1,980	39.18%	160	133	4	23	1820	832	965	23	965	46	969	254	0	1
DDI-DTMS	ALPRAZOLAM	CARISOPRODOL	12,388	1,416	11.43%	133	103	0	30	1283	945	314	24	1048	54	314	120	0	1
DDI-DTMS	OXYCODONE HCL	CARISOPRODOL	9,107	1,404	15.42%	117	103	0	14	1287	948	305	34	1051	48	305	203	0	1
DDI-DTMS	QUETIAPINE FUMARATE	TRAZODONE HCL	5,195	1,155	22.23%	319	242	0	77	836	649	139	48	891	125	139	97	0	1
DDI-DTMS	CARISOPRODOL	OXYCODONE W/ ACE	4,214	1,141	27.08%	80	65	0	15	1061	500	547	14	565	29	547	126	0	1
DDI-DTMS	TRAZODONE HCL	QUETIAPINE FUMARA	5,537	1,114	20.12%	237	187	0	50	877	684	154	39	871	89	154	88	0	1
DDI-DTMS	OXYCODONE W/ ACETAMINOPHEN	CARISOPRODOL	11,764	1,039	8.83%	229	192	2	35	810	588	187	35	780	70	189	32	0	1
DDI-DTMS	QUETIAPINE FUMARATE	CITALOPRAM HYDRO	4,964	924	18.61%	121	90	1	30	803	622	132	49	712	79	133	71	0	1
DDI-DTMS	SPIRONOLACTONE	LISINOPRIL	1,742	892	51.21%	167	137	0	30	725	537	145	43	674	73	145	0	0	1
DOSECHEK	DOXERCALCIFEROL		18,542	18,197	98.14%	18075	17785	0	290	122	1	121	0	17786	290	121	0	0	0
DOSECHEK	POLYETHYLENE GLYCOL 3350		4,903	4,432	90.39%	3578	3304	3	271	854	419	382	53	3723	324	385	0	0	0
DOSECHEK	EPOETIN ALFA		12,558	3,329	26.51%	3002	2963	0	39	327	0	327	0	2963	39	327	0	0	0
DOSECHEK	IPRATROPIUM-ALBUTEROL		4,117	2,587	62.84%	2161	1627	0	534	426	147	262	17	1774	551	262	0	0	0
DOSECHEK	ONDANSETRON HCL		12,681	2,384	18.80%	2194	1482	1	711	190	55	134	1	1537	712	135	2	0	0
DOSECHEK	ONDANSETRON		5,031	2,037	40.49%	1952	1579	1	372	85	37	47	1	1616	373	48	0	0	0
DOSECHEK	ALBUTEROL SULFATE		22,888	1,828	7.99%	1593	1375	1	217	235	77	145	13	1452	230	146	0	0	0
DOSECHEK	LEVETIRACETAM		3,746	1,468	39.19%	1162	990	1	171	306	143	145	18	1133	189	146	105	0	0
DOSECHEK	CITALOPRAM HYDROBROMIDE		3,879	1,377	35.50%	829	691	0	138	548	339	176	33	1030	171	176	75	0	0
DOSECHEK	METFORMIN HCL		9,142	1,316	14.40%	1075	890	0	185	241	62	171	8	952	193	171	0	0	0
DRUG_AGE	PROMETHAZINE-DM		2,210	74	3.35%	70	67	0	3	4	3	1	0	70	3	1	0	0	1
DRUG_AGE	PROMETHAZINE HCL		2,989	13	0.43%	12	12	0	0	1	0	0	1	12	1	0	0	0	1
DRUG_AGE	PROMETHAZINE W/CODEINE		2,021	10	0.49%	10	10	0	0	0	0	0	0	10	0	0	0	0	1
DRUG_AGE	MULTIPLE VITAMIN		1,220	8	0.66%	7	7	0	0	1	0	1	0	7	0	1	0	0	1
DRUG_AGE	PROMETHAZINE & PHENYLEPHRINE		84	2	2.38%	2	2	0	0	0	0	0	0	2	0	0	0	0	1
DRUG_AGE	PHENYLEPH-PROMETHAZINE W/ COD		180	1	0.56%	0	0	0	0	1	1	0	0	1	0	0	0	0	1
DRUG_AGE	HYDROCODONE POLISTIREX-CHLORPH		299	1	0.33%	1	1	0	0	0	0	0	0	1	0	0	0	0	1
DRUG_AGE	DIPHTHERIA, ACELLULAR PERTUSSIS &		87	1	1.15%	1	1	0	0	0	0	0	0	1	0	0	0	0	1
DUPRX	EPOETIN ALFA		17,201	7,972	46.35%	2	2	0	0	7970	3	7967	0	5	0	7967	0	0	2
DUPRX	HYDROCODONE-ACETAMINOPHEN		33,257	2,375	7.14%	259	210	0	49	2116	43	2073	0	253	49	2073	2	0	2
DUPRX	ALBUTEROL SULFATE		22,579	1,519	6.73%	137	108	0	29	1382	394	890	98	502	127	890	12	0	2
DUPRX	LISINOPRIL		13,460	1,306	9.70%	140	92	1	47	1166	348	767	51	440	98	768	0	0	2
DUPRX	ALPRAZOLAM		12,240	1,268	10.36%	8	5	0	3	1260	16	1243	1	21	4	1243	7	0	2
DUPRX	GABAPENTIN		10,567	1,091	10.32%	85	53	0	32	1006	301	652	53	354	85	652	2	0	2
DUPRX	OXYCODONE W/ ACETAMINOPHEN		11,815	1,090	9.23%	294	224	0	70	796	13	781	2	237	72	781	9	0	2
DUPRX	OXYCODONE HCL		8,554	851	9.95%	1	1	0	0	850	15	835	0	16	0	835	3	0	2
DUPRX	SODIUM CHLORIDE		9,485	799	8.42%	13	9	0	4	786	4	782	0	13	4	782	0	0	2
DUPRX	METFORMIN HCL		8,599	773	8.99%	55	41	0	14	718	213	463	42	254	56	463	0	0	2
DUPTHER	HYDROCODONE-ACETAMINOPHEN		39,549	8,667	21.91%	1856	1380	2	474	6811	3356	3195	260	4736	734	3197	214	0	0
DUPTHER	EPOETIN ALFA		17,139	7,910	46.15%	9	5	0	4	7901	7	7894	0	12	4	7894	0	0	0
DUPTHER	QUETIAPINE FUMARATE		9,270	5,230	56.42%	886	731	0	155	4344	3004	1092	248	3735	403	1092	488	0	0
DUPTHER	OXYCODONE W/ ACETAMINOPHEN		15,554	4,829	31.05%	1847	1381	3	463	2982	1853	1021	108	3234	571	1024	140	0	0
DUPTHER	RISPERIDONE		8,549	3,821	44.70%	651	542	6	103	3170	2089	884	197	2631	300	890	510	0	0
DUPTHER	MORPHINE SULFATE		12,615	3,699	29.32%	2138	1381	0	757	1561	992	517	52	2373	809	517	134	0	0
DUPTHER	HYDROMORPHONE HCL		7,411	3,078	41.53%	2431	1611	0	820	647	357	270	20	1968	840	270	41	0	0

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DUPTHER	LISINOPRIL		14,658	2,504	17.08%	519	321	1	197	1985	968	911	106	1289	303	912	0	0	0
DUPTHER	CLONAZEPAM		6,448	2,461	38.17%	336	232	1	103	2125	920	1157	48	1152	151	1158	98	0	0
DUPTHER	OXYCODONE HCL		10,097	2,394	23.71%	250	174	0	76	2144	1427	659	58	1601	134	659	223	0	0
TOO SOON	HYDROCODONE-ACETAMINOPHEN		31,241	359	1.15%	0	0	0	0	359	5	354	0	5	0	354	0	0	0
TOO SOON	ALBUTEROL SULFATE		21,334	274	1.28%	0	0	0	0	274	4	270	0	4	0	270	0	0	0
TOO SOON	ALPRAZOLAM		11,218	246	2.19%	0	0	0	0	246	2	244	0	2	0	244	1	0	0
TOO SOON	LISINOPRIL		12,362	208	1.68%	0	0	0	0	208	4	204	0	4	0	204	0	0	0
TOO SOON	ZOLPIDEM TARTRATE		6,526	172	2.64%	0	0	0	0	172	2	170	0	2	0	170	0	0	0
TOO SOON	QUETIAPINE FUMARATE		4,202	162	3.86%	0	0	0	0	162	5	157	0	5	0	157	0	0	0
TOO SOON	LEVOTHYROXINE SODIUM		8,521	161	1.89%	0	0	0	0	161	5	156	0	5	0	156	1	0	0
TOO SOON	GABAPENTIN		9,619	143	1.49%	0	0	0	0	143	2	141	0	2	0	141	0	0	0
TOO SOON	CLONAZEPAM		4,117	130	3.16%	0	0	0	0	130	1	129	0	1	0	129	0	0	0
TOO SOON	AMLODIPINE BESYLATE		8,571	126	1.47%	0	0	0	0	126	2	124	0	2	0	124	0	0	0

State of Nevada
Department of Health and Human Services
Division of Health Care Financing and Policy
Drug Use Review (DUR) Board

Medical Condition	Atypical Antipsychotics in Pediatric Patients
Rationale	• Over the past 20 years, antipsychotic use in children and adolescents has grown. In the United States, the frequency of prescribing an antipsychotic agent increased from 8.6 per 1,000 children in 1996 to 39.4 per 1,000 children in 2002. • According to a survey of national trends in the outpatient use of antipsychotics in children and adolescents, only 14.2% of antipsychotic prescriptions in children were for patients diagnosed with psychotic disorders.[1] • Indications commonly associated with atypical antipsychotic prescribing in pediatric patients include psychosis, schizophrenia, bipolar disorder, aggressive and disruptive behavior, and tic disorders. • Off-label indications with limited available evidence for the use of atypical antipsychotics in children and adolescents include autistic spectrum disorders, major depressive disorder, anxiety disorders, and eating disorders. • At this time, risperidone and aripiprazole are Food and Drug Administration (FDA)-approved for the management of children and adolescents with autism (aged 5 to 16 and 6 to 17 years, respectively).[2,12] • Moreover, the following agents are indicated for the treatment of schizophrenia in adolescents: aripiprazole, olanzapine, paliperidone, quetiapine, and risperidone. • Aripiprazole, olanzapine, quetiapine and risperidone are also FDA-approved for the treatment of manic or mixed bipolar I disorder in children and adolescents. None of the other available atypical antipsychotic agents are currently indicated for use in pediatric patients.[2-14]
DUR Intervention	• Pediatric recipients <18 years of age with ≥2 pharmacy claims for atypical antipsychotics outside their FDA-approved ages from March 1, 2014 to May 31, 2014.
Objective	• To assess the utilization of atypical antipsychotics outside their FDA-approved ages and to evaluate the impact of a retrospective drug utilization review (RDUR) initiative on atypical antipsychotics prescribing in accordance of their FDA-approved ages.
Inclusion Criteria	• Pediatric recipients < 18 years of age with ≥2 pharmacy claims for atypical antipsychotics outside their FDA-approved ages from March 1, 2014 to May 31, 2014 (GPIs and ages described below).
Exclusion Criteria	• Recipients > 18 years of age. • Recipients with a primary payer other than Nevada Medicaid. • Recipients without continuous plan eligibility in the last 120 days.
Intervention	• Each unique prescriber of recipients meeting the above criteria will be notified through formal recipient-specific letters sent via regular mail. All letters will include a brief introduction to the RDUR initiative, a summary of the FDA-approved ages for the medication as well as a summary of the recipient's recent atypical antipsychotic fill history, including prescriber information. Feedback forms will be included with the letter inquiring about the following: • Confirmation that the recipient is currently under the care of the prescriber, and if not, does the prescriber have a record of the current primary care physician (PCP). • Confirmation that the recipient is currently or was previously taking antipsychotic outside FDA-approved age.

Medical Condition	Atypical Antipsychotics in Pediatric Patients

	• Confirmation that prescriber is aware of the FDA-approved age of the antipsychotic.
	• Reason for atypical antipsychotic outside FDA-approved age.
	  o Recipient is prescribed the atypical antipsychotic by or in consultation with a psychiatrist or neurologist.
	  o Recipient has been stabilized on the current dose atypical antipsychotic.
	• This recipient or caregiver has been counseled regarding the use of atypical antipsychotics outside the FDA-approved ages.
	• Future plan, if any, to reduce the use of the atypical antipsychotic.
	• Usefulness of RDUR information on a scale of 1 to 10.

Outcome Measure	**Possible outcome measures may include:** • Percentage of pediatric recipients < 18 years of age on atypical antipsychotics outside their FDA-approved ages ≥2 of three months at baseline and ≥2 of three months after intervention. • Percentage change in pediatric recipients < 18 years of age on atypical antipsychotics outside their FDA-approved ages for ≥2 of three months at baseline and ≥2 of three months following intervention. • Number of pediatric recipients < 18 years of age who switched from an atypical antipsychotic to the FDA-approved agents for their age. • Percentage of prescribers who were unaware of the FDA-approved ages for atypical antipsychotics. • Percentage of prescribers who plan on re-evaluating the recipient's therapeutic regimen. • Prescriber rated usefulness of RDUR information on a scale of 1 to 10.
References	1. Olfson M, Blanco C, Liu L, Moreno C, Laje G. National trends in the outpatient treatment of children and adolescents with antipsychotic drugs. Arch Gen Psychiatry. 2006 Jun;63(6):679-85. 2. Abilify® [package insert]. Princeton (NJ): Bristol-Myers Squibb Company; 2013 Apr. 3. Saphris® [package insert]. Kenilworth (NJ): Schering-Plough Corp.; 2013 Mar. 4. Clozaril® [package insert]. East Hanover (NJ): Novartis Pharmaceuticals Corporation; 2013 Mar. 5. Fazaclo® [package insert]. New York (NY): Azur Pharma International III Limited; 2012 Jan. 6. Fanapt® [package insert]. Rockville (MD): Vanda Pharmaceuticals, Inc; 2011 Jan. 7. Latuda® [package insert]. Marlborough (MA): Sunovion Pharmaceuticals, Inc.; 2013 Jul. 8. Zyprexa® [package insert]. Indianapolis (IN): Eli Lilly and Company; 2012 Dec. 9. Zyprexa Relprevv® [package insert]. Indianapolis (IN): Eli Lilly and Company; 2012 Dec. 10. Seroquel® [package insert]. Wilmington (DE): AstraZeneca Pharmaceuticals LP; 2013 Jul. 11. Seroquel XR® [package insert]. Wilmington (DE): AstraZeneca Pharmaceuticals LP; 2013 Apr. 12. Risperdal® [package insert]. Titusville (NJ): Janssen, LP; 2012 Aug. 13. Risperdal® Consta® [package insert]. Titusville (NJ): Janssen, LP; 2012 Jun. 14. Invega® [package insert]. Titusville (NJ): Janssen, L.P.; 2011 Jun.

Appendix

Antipsychotics		
Drug	**GPI**	**Pediatric FDA-approved age**
Aripiprazole (Abilify®, Abilify Discmelt®)	592500150072** 592500150003** 592500150020**	Not approved <6 years of age
Aripiprazole (Abilify Maintena®)	592500150019**	Not approved < 18 years of age
Asenapine (Saphris®)	591550151007**	Not approved < 18 years of age
Clozapine (Fazaclo ODT®, Clozaril®)	5915202000****	Not approved < 18 years of age
Iloperidone (Fanapt®)	590700350003**	Not approved < 18 years of age
Lurasidone (Latuda®)	594000231003**	Not approved < 18 years of age
Olanzapine (Zyprexa IM®, Zyprexa Relprevv®)	5915706010**** 591570600021**	Not approved < 18 years of age
Olanzapine (Zyprexa®, Zyprexa Zydis®)	591570600003** 591570600072**	Not approved <13 years of age
Paliperidone (Invega Sustenna®)	5907005010****	Not approved < 18 years of age
Paliperidone (Invega®)	590700500075**	Not approved <13 years of age
Quetiapine (Seroquel®, Seroquel XR®)	5915307010****	Not approved <10 years of age
Risperidone (Risperdal®, Risperdal M-Tab®)	590700700020** 590700700072** 590700700003**	Not approved <5 years of age
Risperidone (Risperdal Consta®)	5907007010****	Not approved < 18 years of age
Ziprasidone (Geodon®)	5940008510****	Not approved < 18 years of age