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

MISSISSIPPI DIVISION OF
MEDICAID

November 21, 2013 at 2:00pm

Woolfolk Building, Room 117

Jackson, MS

Prepared by:

The University of Mississippi School of Pharmacy

Evidence-Based DUR Initiative, MS-DUR

MS | DUR

Drug Utilization Review Board

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Term Expires: June 30, 2014

2014 DUR Board Meeting Dates

February 13, 2014
May 15, 2014
August 21, 2014
November 20, 2014

As with any analysis, great efforts are made to ensure that the information reported in this document is accurate. The most recent administrative claims data available are being used at the time the reports are generated, which includes the most recent adjudication history. As a result, values may vary between reporting periods and between DUR Board meetings, reflecting updated reversals and claims adjustments.

Only Mississippi Medicaid beneficiaries with fee-for-service claims are included in the analyses, including dual enrollees with Medicare Part D. MississippiCAN data is not being reported unless otherwise specified. Further, reported dollar figures represent reimbursement to providers and are not representative of overall Medicaid costs.

Please refer to the Mississippi Division of Medicaid website for the official PDL list.

MISSISSIPPI DIVISION OF MEDICAID

OFFICE OF THE GOVERNOR

DRUG UTILIZATION REVIEW BOARD

AGENDA

November 21, 2013

DUR Board Meeting Minutes

MISSISSIPPI DIVISION OF MEDICAID
DRUG UTILIZATION REVIEW (DUR) BOARD
MINUTES OF THE AUGUST 15, 2013 MEETING

DUR Board Members:	Present	Absent
Allison Bell, Pharm.D.	✓	
Beau Cox, Pharm.D. **(Co-Chair)**	✓	
Logan Davis, Pharm.D.	✓	
Lee Greer, M.D.		✓
Antoinette M. Hubble, M.D.	✓	
Sarah Ishee, Pharm.D.	✓	
Cherise McIntosh, Pharm.D.	✓	
Jason Parham, M.D.	✓	
Bobby Proctor, M.D.	✓	
Sue Simmons, M.D.	✓	
Dennis Smith, R.Ph. **(Chair)**	✓	
Cynthia Undesser, M.D.	✓	
Total	**11**	**1**

Also Present:

DOM Staff:
Judith Clark, R.Ph., DOM Pharmacy Bureau Director; Shannon Hardwick, R.Ph., DOM Clinical Pharmacist, DUR Coordinator; Terri Kirby, R.Ph., DOM Clinical Pharmacist

MS-DUR Staff:
Ben Banahan, Ph.D., Project Director

Xerox Staff:
Leslie Leon, Pharm.D.

Visitors:
John Kirby, Sanofi; John Bilger, Boehringer Ingelheim; Teri Breidenbach, Pfizer, Inc; Roger Brotzinger, Bristol-Myers Squibb

Call to Order: Mr. Dennis Smith, Chairman of the Board, called the meeting to order at 2:01 pm. Mr. Smith asked Ms. Clark for introductory remarks. Ms. Clark welcomed the new DUR Board members and noted that Dr. Null, Clinical Director of MS-DUR, would be absent from the meeting due to a death in the family and that Dr. Banahan and the Division of Medicaid staff would lead the meeting. Ms. Clark asked for introductions from each of the Board members and members of DOM and MS-DUR staff.

Mr. Smith asked for a motion to accept the minutes from the meeting of May 16, 2013. Dr. Hubble made a motion to accept the minutes with a second from Dr. Undesser. All voted in favor of the motion.

Ms. Hardwick asked for nominations for a co-chair. Dr. Undesser nominated Dr. Beau Cox as co-chair and he accepted. Vote was unanimous in approval of Dr. Cox for co-chair.

Resource Utilization Review:
Dr. Banahan reviewed the resource utilization report and familiarized the DUR Board with the structure of the report and the nature of conducting analysis on administrative claims data. Dr. Banahan noted that the drop in prescription claims in June 2013 was the result of a data transfer issue and not indicative of the actual prescription volume for that month.

At this point, the DUR Board meeting was interrupted for approximately 20 minutes for a fire drill.

Once the meeting resumed, Dr. Davis inquired about variance in the hemophilia prescription claims. Dr. Banahan noted that issue had been raised in a previous meeting and that Dr. Null would be able to provide insight into the variation at the next meeting.

Pharmacy Program Update:
Ms. Hardwick provided the program update for the Pharmacy Bureau, noting a change in the preferred status of doxycycline monohydrate products due to availability and access issues. Ms. Hardwick also alerted the DUR Board to a Medicaid Provider notice (August 2013; page 37) and the FDA Drug Safety Communication in the Appendix of the August 2013 DUR Board packet related to ketoconazole and fatal liver injury and risk of drug interactions. She reviewed the Summer 2013 Medicaid Pharmacy Program Newsletter and provided a copy to the DUR Board (available at www.msdur.org). Ms. Hardwick also discussed the inclusion of a new category on the preferred drug list for antineoplastics. She provided a brief update on prior authorization web portal improvements.

Ms. Clark discussed the potential for a “uniform” preferred drug list between fee-for-service Medicaid and Managed Medicaid (Mississippi CAN) programs. Some of the DUR Board members commented that should a uniform PDL be adopted, that it be modeled after the FFS Medicaid PDL and not modeled after the Managed Medicaid plans PDLs, with regard to formatting, detail, structure, etc.

Ms. Hardwick briefly reviewed the DUR Board responsibilities.

New Business:
Special Analysis Projects
Dr. Banahan provided a review of the types of special analysis projects that MS-DUR conducts for DOM, including a cursory introduction to quality indicator measurement.

Use of Antipsychotics in Children under Age 5
Dr. Banahan reviewed the new quality indicator that has recently been endorsed by the Pharmacy Quality Alliance (PQA) regarding the use of antipsychotic pharmacotherapies in children under the age of 5 years. Dr Banahan noted that the rate of foster children under the age of 5 receiving antipsychotics is much less than the rate of non-foster children. He also discussed an analysis conducted by MS-DUR using 2007 national Medicaid data and noted that Mississippi was near the national average and among the lowest of the southern contiguous states. Dr. Banahan concluded that based on the data presented and the edits currently in place, MS-DUR is not recommending any changes at this time.

Ms. Clark noted that the rate in 2007 had decreased due to age edits and other recommendations from the DUR Board around that time.

Adherence to Non-warfarin Oral Anticoagulants
Dr. Banahan reviewed the report on adherence to non-warfarin oral anticoagulants and noted that because the sample size is very low (n=10), that no action was being proposed at this time. The quality measure is being reviewed due to the recent approval of it by PQA.

Cumulative Quantity Edit Model of Controlled Substances
Dr. Banahan discussed previous analyses conducted on the use of controlled substances by beneficiaries receiving controlled substance prescriptions (e.g., opioids) from multiple prescribers and receiving fills at multiple pharmacies. Dr. Banahan also discussed previous analyses that assessed hypercompliance on controlled substances, including the current early refill edit set to require 85% of the days supply from the previous fill to pass before approving a new fill. Dr. Banahan noted a conversation that he had with other Medicaid programs and private payers during a conference call and they reported having cumulative edits to address early refills, particularly on controlled substances. Dr. Banahan reviewed the model developed by MS-DUR of implementing a cumulative quantity edit on controlled substances. Discussion among the DUR Board members and MS-DUR/DOM followed regarding the report.

Dr. Ishee made a motion to accept the recommendation made by MS-DUR to implement a new criterion for early refills of controlled substances, allowing for cumulative additional 8 days supply over a 100 day period. Dr. Undesser seconded the motion and it was unanimously approved.

Antineoplastics Utilization Review
Dr. Banahan introduced the antineoplastics utilization review and discussed the addition of this category to the preferred drug list, currently all as preferred agents. He also noted that the number of claims was relatively low for this category, but it represented the 11th largest therapeutic category in terms of reimbursement. He reminded the DUR Board that the majority of FFS Medicaid is pediatric. Dr. Banahan noted that a few injectable drugs were initially included on the list, but only the oral antineoplastics would be reviewed. Dr. Banahan noted that the DUR Board would review this category in greater depth at the November 2013 DUR Board meeting with regards to initial fill criteria to reduce potential waste and clinical criteria to promote appropriate use. Ms. Clark noted that these products were being added as preferred to the PDL and that fills would count towards the prescription fill limit, but not the two brand limit because they are preferred products.

Exceptions Monitoring Criteria Recommendations
Dr. Banahan reviewed the proposed exceptions monitoring criteria and gave an overview of how these criteria were developed, typically using FDA safety alerts and labeling changes. Exceptions monitoring recommendations were taken as a block vote. Dr. Davis motioned and Dr. Parham seconded the motion to approve the exceptions monitoring criteria, which were unanimously approved.

Next Meeting Information:
Mr. Smith announced next meeting date is November 21, 2013 at 2:00p.m. The meeting adjourned at 3:43p.m.

Submitted,
Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Review

TOP 10 DRUGS BY CHANGE IN DOLLARS PAID July, 2013 TO September, 2013

multum_drug_name	July, 2013 $ Paid	July, 2013 # Claims	July, 2013 # Benes	August, 2013 $ Paid	August, 2013 # Claims	August, 2013 # Benes	September, 2013 $ Paid	September, 2013 # Claims	September, 2013 # Benes	Incr. $ Paid
AZITHROMYCIN	$123,300	3,887	3,821	$230,920	7,334	7,206	$238,238	7,347	7,248	$114,939
LISDEXAMFETAMINE	$738,374	3,867	3,717	$919,798	4,773	4,574	$816,924	4,251	4,175	$78,550
ONDANSETRON	$113,727	1,274	1,244	$153,413	1,642	1,613	$180,162	1,678	1,654	$66,436
CEFDINIR	$148,060	1,824	1,803	$213,575	2,577	2,549	$210,992	2,603	2,572	$62,932
AMOXICILLIN-CLAVULANATE	$165,497	2,751	2,719	$222,565	3,695	3,662	$222,992	3,705	3,666	$57,495
ALBUTEROL	$310,380	6,329	5,516	$461,033	9,209	7,988	$358,934	7,591	6,814	$48,554
MOMETASONE NASAL	$380,960	2,690	2,662	$520,030	3,430	3,417	$426,686	2,787	2,783	$45,727
BUDESONIDE	$480,211	1,033	1,008	$562,392	1,267	1,241	$523,850	1,164	1,154	$43,639
COAGULATION FACTOR IX	$69,534	3	3	$67,978	3	3	$110,703	4	3	$41,169
PREDNISOLONE	$51,406	2,868	2,800	$80,174	4,344	4,247	$88,730	4,580	4,488	$37,324

Only includes drugs with ≥ $500 paid in last month

TOP 10 DRUGS BY CHANGE IN NUMBER OF CLAIMS July, 2013 TO September, 2013

multum_drug_name	July, 2013 $ Paid	July, 2013 # Claims	July, 2013 # Benes	August, 2013 $ Paid	August, 2013 # Claims	August, 2013 # Benes	September, 2013 $ Paid	September, 2013 # Claims	September, 2013 # Benes	Incr. # Claims
BROMPHENIRAMINE/DEXTROMETHORPH/PHENYLEPHRINE	$21,971	2,409	2,372	$50,589	5,521	5,438	$55,475	6,076	5,991	3667
AZITHROMYCIN	$123,300	3,887	3,821	$230,920	7,334	7,206	$238,238	7,347	7,248	3460
AMOXICILLIN	$65,825	6,353	6,235	$98,238	9,107	8,977	$96,305	8,860	8,744	2507
PREDNISOLONE	$51,406	2,868	2,800	$80,174	4,344	4,247	$88,730	4,580	4,488	1712
ALBUTEROL	$310,380	6,329	5,516	$461,033	9,209	7,988	$358,934	7,591	6,814	1262
AMOXICILLIN-CLAVULANATE	$165,497	2,751	2,719	$222,565	3,695	3,662	$222,992	3,705	3,666	954
BROMPHENIRAMINE-PHENYLEPHRINE	$6,229	722	713	$12,909	1,518	1,507	$13,307	1,584	1,569	862
IBUPROFEN	$30,493	3,247	3,191	$39,528	4,203	4,123	$39,971	4,045	4,001	798
CETIRIZINE	$213,075	10,392	10,161	$264,258	12,942	12,721	$236,025	11,185	11,101	793
CEFDINIR	$148,060	1,824	1,803	$213,575	2,577	2,549	$210,992	2,603	2,572	779

Only includes drugs with ⊳ $500 paid in last month

Special Analysis Projects

UTILIZATION OF ELIDEL AND PROTOPIC

BACKGROUND

Instances of potential stockpiling resulting from early refills of Elidel (pimecrolimus) and Protopic (tacrolimus) have led to establishment of the requirement of prior authorization or quantity limits in many state Medicaid and private programs. Quantity limits range from 0.5gm/day for Elidel (pimecrolimus) and 1 gm/day for Protopic (tacrolimus) by North Dakota Medicaid, 1gm/day for both drugs by Magnolia Health Plan, 2gm/day for both drugs by United Healthcare, to up to 3gm/day for both drugs by the Oklahoma Health Care Authority. The purpose of this analysis was:

- To assess the impact of quantity limits on curbing potentially inappropriate use.
- To study the effect of these limits on the costs to MS Medicaid.

METHODS

A retrospective analysis was conducted using Mississippi Medicaid prescription claims data from 2008 to 2013. Prescription claims for Elidel (pimecrolimus) and Protopic (tacrolimus) were identified using NDCs associated with appropriate Multum drug IDs. For the purpose of evaluating actual daily use of both medicines, only beneficiaries with two or more fills of one of these drugs were considered for analysis. Daily use of the two drugs was calculated using two methods:

- Using the 'DAYS_SUPPLY' variable – A ratio of QUANTITY_SUBMITTED / DAYS_SUPPLY was used to obtain an estimate of daily use based on days' supply (in gm/day).
- Using days between fills – A ratio of QUANTITY_SUBMITTED / (No. of days from the current fill date to the next fill date for the same product) was used to obtain an estimate of daily use (in gm/day).

The ratios obtained were categorized based on their frequency distributions. Further, a 2gm/day quantity limit was studied to assess the impact of such limits on potentially inappropriate use, and the resultant costs incurred.

RESULTS

Table 1: Daily Use Based on Days' Supply vs. Actual Daily Use

		Actual Daily Use							
		<=1	**1.5 to 2**	**2.5 to 3**	**3.5 to 6**	**6.5 to 10**	**10.5 to 60**	**>60**	**Total**
Daily Use Based on Days' Supply	**<=1**	783	50	2	1	0	11	0	847
	1.5 to 2	3,141	792	175	34	12	76	0	4,230
	2.5 to 3	1,510	290	91	48	7	37	0	1,983
	3.5 to 6	4,853	1,840	1,171	916	69	86	58	8,993
	6.5 to 10	1,385	620	392	434	111	35	40	3,017
	10.5 to 60	203	76	54	52	23	17	7	432
	>60	3	3	1	1	0	0	0	8
Total		11,878	3,671	1,886	1,486	222	262	105	19,510

Table I presents a cross-tabulation of the two methodologies used to calculate daily use. The vertical blue line demarcates the 2gm/day limit using the 'actual daily use' measure. The horizontal blue line represents the limit using the measure of daily use based on days' supply. Green cells represent appropriate use, the amber cell represents borderline (i.e. arguably appropriate) use, and red cells represent potentially

inappropriate use. All cells below the horizontal blue line represent potential administrative and/or data entry errors.

Table 2: Summary of Results

Assuming a quantity limit of 2gm/day		
	N	**%**
Appropriate Use	4,716	24.2 %
Borderline Use	50	0.3 %
Potentially Inappropriate Use	311	1.6 %
Potential Admin. Issues	14,433	74 %
No. of beneficiaries with potentially inappropriate use	243	
Reimbursement due to potentially inappropriate use	$ 51,549.26	

As can be seen in Table II, adding quantity limits to Elidel (pimecrolimus) and Protopic (tacrolimus) may curb their potential inappropriate use. A quantity limit of 2gm/day was seen to curb potentially inappropriate use. With this limit, 311 claims (associated with 243 beneficiaries) were classified as being potentially inappropriate. These potentially inappropriate claims resulted in a spending of $51,549.26. It is important to note that these dollar amounts are based on the current scenario, i.e. without any quantity limits in place. Much of the effect of a quantity limit, if implemented, would likely result in a change in pharmacist behavior in submitting days supply rather than actual dollar savings. Thus, the likely monetary savings of such a quantity limit would be notably less than what is reported Table 2. These results also indicate the existence of a large amount of potential administrative and/or data entry errors. It is likely that many of the prescriptions for the products are submitted by pharmacies with a days supply that is inferred from the prescription, which is difficult to arrive at an estimate that reflects actual utilization by the beneficiary based simply on common prescription directions (e.g., “Apply to affected areas twice daily as directed”).

RECOMMENDATIONS

Assignment of quantity limits on Elidel (pimecrolimus) and Protopic (tacrolimus) prescriptions is practiced in many programs across the country. The results displayed here demonstrate the need for their implementation in Mississippi Medicaid. These limits can lead to decreased inappropriate use among numerous beneficiaries. Another pertinent result showed that there were a vast number of potential administrative and/or data entry errors.

ANALYSIS OF DIABETIC SUPPLY DME CLAIMS AMONG MISSISSIPPI MEDICAID BENEFICIARIES USING INSULIN

BACKGROUND

Currently the Division of Medicaid (DOM) reimbursement policies restricts billing for diabetic supplies such as test strips, lancets, insulin pump supplies, needles, and syringes to durable medical equipment (DME) claims. Although virtually all community pharmacies sell insulin and diabetic supplies, most pharmacies are only equipped to bill DOM through the pharmacy point-of-sale (POS) system and do not have the ability to bill through the medical claims system. Thus, access to diabetic supplies is limited to a much smaller number of pharmacies.

A large percentage of Medicaid patients have diabetes and the consequences of uncontrolled diabetes are a major cost area for DOM. Some concerns have been expressed about whether the current reimbursement policy that prevents a pharmacy from billing for diabetic supplies through the POS system may have the undesired effect of reducing monitoring and appropriate use of insulin among Medicaid beneficiaries. Inadequate monitoring or failing to have supplies for injection can result in poorer control of the disease. Studies have shown that failure to control blood glucose levels can result in a greater number of emergency department visits and hospital admissions, as well as more rapid progression of the disease, and complications related to the disease.

The purpose of this analysis was to examine DOM medical billings for diabetic supplies for beneficiaries purchasing insulin through the POS system. Since there is not a direct one-to-one relationship between an insulin prescription being filled and testing supplies being purchased, this analysis cannot definitely determine whether the current billing policy is limiting appropriate testing by beneficiaries. However, several ways of examining the relationship between insulin purchases and diabetic supply purchases have been used to determine if a situation currently exists that may be resulting in worse health care being delivered and greater costs being incurred by DOM than would result from allowing diabetic supplies to be billed through POS.

METHODS

A retrospective analysis was conducted using Mississippi Medicaid FFS pharmacy claims, medical claims and beneficiary eligibility data.

Diabetes epidemiology: Basic epidemiology about diabetes in the FFS program was developed by identifying all beneficiaries with diabetes. Criteria for including beneficiaries in this analysis were:

- Enrolled in FFS for 3 or more months in 2012.
- Not dual-eligible, in long-term care facilities, or enrolled in MSCAN during 2012.

Beneficiaries enrolled in 2012 were classified as having diabetes if any of the following criteria were met:

- Medical claims were paid in 2011 or 2012 with an ICD-9 diagnostic code of 250.xx or 648.xx.
- A prescription claim was paid in 2012 for insulin and any other antidiabetic medication.

Beneficiaries with diabetes were classified as Type 1, Type 2 or type unknown. The following criteria were used to determine type of diabetes:

- Type 1 = ICD-9 code on medical claim for 250.x1 or 250.x3 (where x is any number)
- Type 2 = ICD-9 code on medical claim for 250.x0 or 250.x2 OR a prescription claim for antidiabetic agent other than insulin without claims for insulin.
- Unknown = no evidence to support Type 1 or Type 2.
- If evidence supported Type 1 and Type 2, beneficiary was coded as Type 1.

Diabetic supply analysis for insulin users:

All beneficiaries meeting the inclusion criteria for the epidemiology analysis and having one or more POS prescription claims for insulin during 2012 were included in the diabetic supply analysis. DME claims for diabetic testing and injection supplies filed on behalf of the beneficiaries during the year were pulled from the DOM medical claims. DME claims were classified as:

- Testing supplies (lancets and strips) = procedure codes A4258, A4259, A4250, A4252, A4253.
- Injection supplies (syringes, needles, and external insulin pump supplies) = A4206, A4208, A4209, A4215, A4221, A4222, A4230, A4231, A4232.

In addition to analyzing FFS claims in 2012, MS-DUR also analyzed POS claims in the MSCAN program between December 2012 and August 2013. This analysis was conducted to examine the number of pharmacies participating in Medicaid-MSCAN and the percentage filing claims for diabetic supplies.

RESULTS

Prevalence of Diabetes:

Table 1 shows the prevalence of diabetes in the DOM FFS program. Of the 442,529 beneficiaries meeting the inclusion criteria for this analysis, 19,751 (4.5%) were identified as having diabetes. Some differences in the prevalence of diabetes were seen by gender, race and age. As would be expected, the prevalence of diabetes went up significantly with age.

The prevalence of diabetes was highest among white beneficiaries (5.1%) and female beneficiaries (7.1%).

TABLE 1: 2012 Beneficiary Characteristics and Prevalence of Diabetes

Benficiary Characteristics		Number of Beneficairies	Diabetic *(% for row)*
TOTAL ENROLLED		442,529	19,751 (4.5%)
GENDER	Female	247,805	17,443 (7.1%)
	Male	192,990	2,308 (1.2%)
	Unknown	146	0 (0.0%)
RACE	White	151,279	7,654 (5.1%)
	African American	263,728	11,098 (4.2%)
	Hispanic	14,514	241 (1.7%)
	Other	13,008	758 (5.8%)
AGE	0 - 5	137,707	234 (0.2%)
	6 - 11	118,887	481 (0.4%)
	12 - 17	92,002	1,776 (1.9%)
	18 - 34	70,774	12,236 (17.3%)
	35 - 54	15,137	2,750 (18.2%)
	55 +	8,022	2,274 (28.4%)

Table 2 shows a breakdown of the classification of diabetic patients. 19,219 (97%) beneficiaries with diabetes had one or more medical claims paid with ICD-9 codes for diabetes. However, most beneficiaries with diabetes (61%) could not be classified by type due to a lack of detail on the coding.

TABLE 2: 2012 Types or Diabetes Detected		
		Number and Percent of Beneficairies
TOTAL DIABETICS		19,751
TYPE	Unknown	11,996 (60.7%)
	Type 1	2,290 (11.6%)
	Type 2	5,465 (27.7%)

Table 3 shows the treatment status of beneficiaries with diabetes broken down by gender, race and age. 15,118 (76.5%) did not have any claims for insulin or other antidiabetic medications. Overall, 2,245 (11.4%) beneficiaries were identified as being treated with insulin. These 2,245 beneficiaries are the sample for the rest of the analysis examining diabetic supplies.

TABLE 3: 2012 Beneficiary Characteristics and Treatment of Diabetes					
		Pharmacologic Treatment			
Benficiary Characteristics		None	Insulin Only	Other only	Insulin + Other
TOTAL ENROLLED		15,118 (76.5%)	1,444 (7.3%)	2,338 (12.1%)	801 (4.1%)
GENDER	Female	14,148 (81.1%)	981 (5.6%)	1,715 (9.8%)	599 (3.4%)
	Male	970 (42.0%)	463 (20.1%)	673 (29.2%)	202 (8.8%)
RACE	White	5,979 (78.1%)	580 (7.6%)	862 (11.3%)	233 (3.0%)
	African American	8,414 (75.8%)	769 (6.9%)	1,396 (12.6%)	519 (4.7%)
	Hispanic	186 (77.2%)	10 (4.2%)	24 (10.0%)	10 (4.2%)
	Other	539 (71.1%)	39 (5.2%)	106 (14.0%)	39 (5.2%)
AGE	0 - 5	211 (90.2%)	20 (8.6%)	3 (1.3%)	0 (0.0%)
	6 - 11	202 (42.0%)	163 (33.9%)	104 (21.6%)	12 (2.5%)
	12 - 17	951 (53.6%)	306 (17.2%)	429 (24.2%)	90 (5.1%)
	18 - 34	11,366 (92.9%)	340 (2.8%)	385 (3.2%)	145 (1.2%)
	35 - 54	1,528 (55.6%)	308 (11.2%)	656 (23.9%)	258 (9.4%)
	55 +	860 (37.8%)	307 (13.5%)	811 (35.7%)	296 (13.0%)

Claims for Diabetic Supplies:

Since the number of days covered by an insulin prescription can vary depending on the needed dosing and the number of days covered by testing supplies purchased is almost impossible to determine due to the needed frequency of testing and the number of items provided in the actual supply dispensed to the patient, a one-to-one relationship does not exist between insulin prescriptions and testing supply claims. Several approaches were used to estimate the percentage of beneficiaries taking insulin who might not be testing or injecting their insulin frequently enough.

Table 4 shows the distribution of beneficiaries broken down by the number of insulin claims filed during the year and the number of claims for testing supplies. Although the appropriate number of claims for testing supplies for a given number of insulin claims cannot be determined, it should be safe to assume that not having any claims for testing supplies when taking insulin is probably not adequate. Overall, 36% of the

beneficiaries meeting the inclusion criteria and taking insulin did not have any paid claims for testing supplies. Considering the cost of these supplies, it is doubtful that these patients were purchasing the supplies using cash.

TABLE 4: 2012 FFS Insulin Claims by Claims for Testing Supplies

Number of Insulin claims	Number of Claims for Testing Supplies* (Row percentages are reported)					TOTAL
	0	1 -2	3 - 5	6 - 10	11 +	
1 - 2	352 (60.9%)	59 (10.2%)	66 (11.4%)	53 (9.2%)	48 (8.3%)	578
3 - 5	215 (39.6%)	56 (10.3%)	85 (15.7%)	96 (17.7%)	91 (16.8%)	543
6 - 10	177 (29.8%)	33 (5.6%)	72 (12.1%)	138 (23.2%)	175 (29.4%)	595
11 or more	64 (12.1%)	18 (3.4%)	32 (6.1%)	92 (17.4%)	323 (61.1%)	529
TOTAL	808 (36.0%)	166 (7.4%)	255 (11.4%)	379 (16.9%)	637 (28.4%)	2,245

NOTE: Only includes beneficiaries with 3+ months enrollment.
**Procedure codes included:*
Test strips A4250, A4252, A4253, A4255
Lancets A4258, A4259

Table 5 provides a breakdown of the prevalence of diabetes and claims for testing diabetic supplies through FFS and MSCAN. Local accessibility for diabetic supplies may be a significant problem in many counties for the FFS program and may contribute to the percentage of insulin users not purchasing testing supplies. In the FFS program, almost all (90%) of pharmacies participating filed claims for insulin products. However, 17 of the 82 counties did not have any local pharmacies that had billed the DOM for DME products of any type. An additional 26 counties had at least 1, but less than 25% of the participating pharmacies providing DME services. This is not surprising since pharmacies not selling DME products are unlikely to purchase software needed to bill for diabetic supplies through medical claims.

In MSCAN, 98% of participating pharmacies billed through POS for insulin products. MSCAN allows pharmacies to bill for diabetic supplies through POS and 98% of participating pharmacies billed this way. Only 8 counties had fewer than 100% of participating pharmacies bill for diabetic supplies through POS. In only 1 county did fewer than 90% of participating pharmacies bill for diabetic supplies through POS.

TABLE 5: Prevalence of Diabetes, Supply Claims and DME Pharmacies by County													
	FFS Jan - Dec 2012								MSCAN Dec 2012 - Aug 2013				
	Beneficiaries Enrolled in FFS 3+ Months			Pharmacies Participaiting In FFS					Pharmacies Participaiting In MSCAN				
		Diabetics			With Insulin Claims		With ANY DME Claims			With Insulin Claims		MSCAN POS Claims For Supplies	
County	Total	#	%	Total	#	%	#	%	Total	#	%	#	%
TOTAL	435,069	19,629	5%	794	714	90%	194	24%	755	739	98%	748	99%
Adams	5,146	179	3%	10	10	100%	1	10%	10	10	100%	10	100%
Alcorn	5,044	297	6%	11	11	100%	5	45%	11	11	100%	11	100%
Amite	1,980	105	5%	3	3	100%	1	33%	3	3	100%	3	100%
Attala	3,319	151	5%	6	6	100%	1	17%	6	6	100%	6	100%
Benton	1,499	64	4%	2	2	100%	2	100%	2	2	100%	2	100%
Bolivar	7,457	332	4%	11	10	91%	1	9%	11	11	100%	11	100%
Calhoun	2,307	77	3%	7	7	100%	3	43%	6	6	100%	6	100%
Carroll	1,217	75	6%	1	1	100%	0	0%	1	1	100%	1	100%
Chickasaw	3,013	116	4%	6	6	100%	3	50%	6	6	100%	6	100%
Choctaw	1,296	54	4%	2	2	100%	0	0%	2	2	100%	2	100%
Claiborne	2,191	84	4%	2	2	100%	0	0%	2	2	100%	2	100%
Clarke	2,391	123	5%	4	4	100%	0	0%	3	3	100%	3	100%
Clay	3,718	147	4%	4	4	100%	0	0%	4	4	100%	4	100%
Coahoma	7,203	327	5%	11	9	82%	2	18%	10	10	100%	10	100%
Copiah	5,251	274	5%	7	6	86%	3	43%	6	6	100%	6	100%
Covington	3,228	141	4%	5	5	100%	1	20%	5	5	100%	5	100%
DeSoto	13,555	512	4%	41	36	88%	9	22%	42	41	98%	41	98%
Forrest	11,944	541	5%	22	21	95%	3	14%	20	20	100%	20	100%
Franklin	1,210	58	5%	3	3	100%	1	33%	3	3	100%	3	100%
George	3,199	161	5%	5	5	100%	2	40%	5	5	100%	5	100%
Greene	1,700	98	6%	3	3	100%	0	0%	3	3	100%	3	100%
Grenada	3,736	161	4%	7	6	86%	2	29%	6	6	100%	6	100%
Hancock	5,099	230	5%	8	8	100%	1	13%	8	8	100%	8	100%
Harrison	24,428	902	4%	44	38	86%	12	27%	42	39	93%	41	98%
Hinds	36,385	1,854	5%	55	45	82%	9	16%	50	50	100%	49	98%
Holmes	5,308	267	5%	6	6	100%	3	50%	6	6	100%	6	100%
Humphreys	2,668	113	4%	2	2	100%	1	50%	2	2	100%	2	100%
Issaquena	246	12	5%	0	0	0%	0	0%	0	0	0%	0	0%

TABLE 5: Prevalence of Diabetes, Supply Claims and DME Pharmacies by County (CONTINUED)													
	FFS Jan - Dec 2012								MSCAN Dec 2012 - Aug 2013				
	Beneficiaries Enrolled in FFS 3+ Months			Pharmacies Participaiting In FFS					Pharmacies Participaiting In MSCAN				
		Diabetics			With Insulin Claims		With ANY DME Claims			With Insulin Claims		MSCAN POS Claims For Supplies	
County	Total	#	%	Total	#	%	#	%	Total	#	%	#	%
Itawamba	2,536	95	4%	5	5	100%	1	20%	5	5	100%	5	100%
Jackson	15,910	540	3%	27	24	89%	3	11%	26	26	100%	26	100%
Jasper	3,023	179	6%	4	3	75%	1	25%	3	3	100%	3	100%
Jefferson	1,730	50	3%	1	1	100%	0	0%	1	1	100%	1	100%
Jefferson Davis	2,479	113	5%	4	4	100%	1	25%	4	4	100%	4	100%
Jones	11,030	645	6%	18	16	89%	3	17%	15	14	93%	15	100%
Kemper	1,585	81	5%	1	1	100%	0	0%	1	1	100%	1	100%
Lafayette	3,905	160	4%	12	10	83%	2	17%	11	11	100%	10	91%
Lamar	5,489	230	4%	16	14	88%	4	25%	14	12	86%	13	93%
Lauderdale	11,543	457	4%	27	22	81%	4	15%	25	24	96%	25	100%
Lawrence	2,023	119	6%	2	2	100%	2	100%	2	2	100%	2	100%
Leake	3,861	181	5%	6	6	100%	2	33%	6	6	100%	6	100%
Lee	11,584	435	4%	24	20	83%	3	13%	21	18	86%	21	100%
Leflore	7,656	445	6%	8	8	100%	1	13%	10	7	70%	7	70%
Lincoln	5,151	311	6%	8	8	100%	3	38%	8	8	100%	8	100%
Lowndes	8,229	338	4%	23	19	83%	5	22%	21	21	100%	21	100%
Madison	9,047	453	5%	29	23	79%	9	31%	27	27	100%	27	100%
Marion	4,909	289	6%	10	10	100%	0	0%	10	10	100%	10	100%
Marshall	6,050	227	4%	6	6	100%	2	33%	6	6	100%	6	100%
Monroe	5,156	207	4%	11	11	100%	4	36%	11	11	100%	11	100%
Montgomery	1,916	109	6%	6	6	100%	3	50%	6	6	100%	6	100%
Neshoba	5,751	299	5%	6	5	83%	1	17%	6	6	100%	6	100%
Newton	3,348	162	5%	6	6	100%	0	0%	6	6	100%	6	100%
Noxubee	2,576	77	3%	3	3	100%	1	33%	3	3	100%	3	100%
Oktibbeha	5,036	201	4%	10	9	90%	3	30%	10	10	100%	10	100%
Panola	7,038	301	4%	11	11	100%	0	0%	11	11	100%	11	100%
Pearl	8,198	408	5%	15	14	93%	5	33%	15	14	93%	15	100%
Perry	1,962	117	6%	3	3	100%	0	0%	3	3	100%	3	100%
Pike	7,909	291	4%	13	11	85%	5	38%	13	13	100%	12	92%

TABLE 5: Prevalence of Diabetes, Supply Claims and DME Pharmacies by County (CONTINUED)													
	FFS Jan - Dec 2012								MSCAN Dec 2012 - Aug 2013				
	Beneficiaries Enrolled in FFS 3+ Months			Pharmacies Participaiting In FFS					Pharmacies Participaiting In MSCAN				
		Diabetics			With Insulin Claims		With ANY DME Claims			With Insulin Claims		MSCAN POS Claims For Supplies	
County	Total	#	%	Total	#	%	#	%	Total	#	%	#	%
Pontotoc	3,933	136	3%	5	4	80%	3	60%	5	5	100%	5	100%
Prentiss	3,609	182	5%	10	9	90%	3	30%	10	10	100%	10	100%
Quitman	2,008	118	6%	2	2	100%	1	50%	2	2	100%	2	100%
Rankin	12,669	643	5%	42	35	83%	10	24%	37	35	95%	37	100%
Scott	5,410	239	4%	8	8	100%	3	38%	8	8	100%	8	100%
Sharkey	1,335	65	5%	2	1	50%	0	0%	2	2	100%	2	100%
Simpson	4,294	181	4%	10	10	100%	5	50%	10	9	90%	10	100%
Smith	2,186	118	5%	2	2	100%	1	50%	2	2	100%	2	100%
Stone	2,088	104	5%	5	5	100%	2	40%	5	5	100%	5	100%
Sunflower	5,980	234	4%	6	6	100%	3	50%	6	6	100%	6	100%
Tallahatchie	2,652	122	5%	4	4	100%	1	25%	4	4	100%	4	100%
Tate	3,963	181	5%	7	7	100%	3	43%	7	7	100%	7	100%
Tippah	3,298	157	5%	6	6	100%	4	67%	6	6	100%	6	100%
Tishomingo	2,279	112	5%	8	6	75%	4	50%	8	8	100%	8	100%
Tunica	2,703	116	4%	2	2	100%	0	0%	2	2	100%	2	100%
Union	3,709	165	4%	8	7	88%	4	50%	8	8	100%	8	100%
Walthall	2,685	124	5%	3	3	100%	0	0%	3	3	100%	3	100%
Warren	7,873	269	3%	16	14	88%	2	13%	15	15	100%	15	100%
Washington	12,202	511	4%	19	16	84%	4	21%	18	17	94%	17	94%
Wayne	3,493	247	7%	5	4	80%	1	20%	5	5	100%	5	100%
Webster	1,358	62	5%	2	2	100%	1	50%	2	2	100%	2	100%
Wilkinson	1,689	58	3%	4	4	100%	1	25%	4	4	100%	4	100%
Winston	3,370	119	4%	7	6	86%	1	14%	5	5	100%	5	100%
Yalobusha	2,133	93	4%	3	3	100%	0	0%	3	3	100%	3	100%
Yazoo	5,782	298	5%	6	6	100%	3	50%	6	6	100%	6	100%

CONCLUSIONS

The current DOM policy of only paying for diabetic supplies through medical as DME claims appears to reduce access to testing supplies for beneficiaries in the FFS program who are taking insulin. The current policy severely restricts the percentage of pharmacies able to provide supplies to beneficiaries with diabetes at the same time and place that insulin is dispensed. Analysis of MSCAN claims illustrates how access to diabetic supplies is significantly increased when pharmacies can bill through POS. Since a fairly significant percentage of insulin users in the FFS program have no claims for diabetic testing supplies, it can be concluded that the limited access is resulting in some beneficiaries not performing adequate testing and monitoring.

Many other state Medicaid programs pay for testing and injection supplies through pharmacy POS. Not only does this make supplies more accessible to beneficiaries, but it also allows states to manage these products as part of the preferred drug list (PDL). Since these products are not covered by the Federal rebate program mandates, some states have actually used their PDL to restrict coverage to only a limited number of manufacturers' products, thus enabling them to save even more money by negotiating higher rebates.

***MS-DUR Recommendation*:** DOM should change the current reimbursement policy to allow pharmacies to bill for diabetic supplies through the POS system. DOM should also consider adding diabetic supplies to the PDL and negotiating rebates from manufacturers for these products.

ADHERENCE TO DIABETES MEDICATIONS

PART 1 – MISSISSIPPI MEDICAID ANALYSIS

BACKGROUND

The National Quality Forum (NQF) endorses a measure concerning medication adherence in patients with diabetes. This measure assesses adherence to diabetes medications such as sulfonylureas, thiazolidinediones, and metformin in beneficiaries with diabetes. The denominator of this measure is patients aged 18 or more who were dispensed at least two prescriptions for these medications on two unique dates of service during the measurement year. The numerator of this measure is the number of patients who met the proportion of days covered (PDC) threshold of 80% during the measurement year for each drug class separately.

METHODS

Administrative claims for calendar years 2008 to 2012 were used to assess the measure in the Mississippi Medicaid population. Diabetes beneficiaries were identified using drug ID codes for anti-diabetic medications. Beneficiaries were included only if they were at least 18 years of age, received at least two prescriptions in a specific therapeutic category and who did not have any claims for insulin in the measurement period. The patient´s measurement period, defined as the index prescription date to the end of the calendar year, disenrollment, or death. Adherence was defined as the number of covered days divided by total number of days in the measurement period. Adherence for the year 2013 was predicted based on the previous year's data and predicted enrollment of patients to MS CAN.

RESULTS

Table 1 provides the percentage of beneficiaries adherent to anti-diabetic medications by year. Figure 1 shows the trend in adherence among beneficiaries over the period of four years. Percentage of beneficiaries adherent is decreasing from 2008 to 2013 with the highest percentage of in 2008. The 95% confidence interval bars for each year have also been displayed. The confidence interval for the year 2013 is wider due to a decreased predicted sample size as more and more beneficiaries move away from the fee-for-service benefit into the managed care program.

TABLE 1: Percentage of beneficiaries adherent in each year from 2008 to 2013

DRUG/YEAR	2008		2009		2010		2011		2012		2013*	
	% ADH	N	% ADH	N	% ADH	N	% ADH	N	% ADH	N	% ADH	N
Sulfonyl Ureas	38.68	3503	35.87	3365	30.36	2894	32.05	1744	26.23	1712	28.54	480
TZD	41.34	1744	41.61	1550	37.68	1234	36.7	466	36	250	33.33	57
Metformin	34.94	5052	33.42	5165	28.88	4987	28.32	3143	26.18	3220	29.92	839

*- 2013 projected figured based on numbers from 2012 and predicted MS CAN enrollment

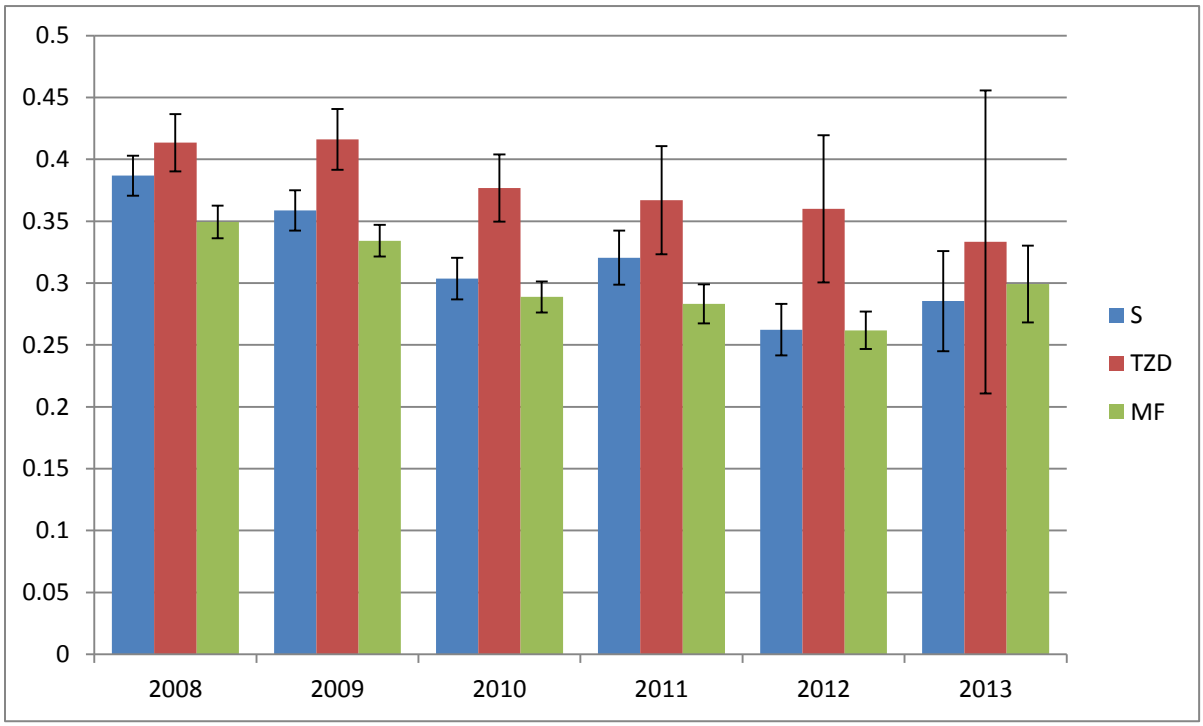

Figure 1: Adherence to each class of drugs in 5 years

Table 2 provides the demographics of the populations which was eligible for the study in each year. Table 3 provides the distribution of Plan ID among these beneficiaries. Most beneficiaries are over 55 years of age and have the 100 Plan ID, which indicates they are regular adults.

Table 2. Demographics of diabetes beneficiaries by year

	2008 N = 4380		2009 N = 4007		2010 N = 3224		2011 N = 1210		2012 N = 622	
AGE GROUPS	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
18 to 24	49	1.12	45	1.12	21	0.65	0	0	0	0
25 to 34	182	4.16	180	4.49	125	3.88	51	4.21	30	4.82
35 to 44	755	17.24	652	16.27	493	15.29	198	16.36	129	20.74
45 to 54	1356	30.96	1193	29.77	997	30.92	314	25.95	210	33.76
55 and above	2038	46.53	1937	48.34	1588	49.26	647	53.47	253	40.68
GENDER										
Female	3327	75.96	3016	75.27	2423	75.16	893	73.8	424	68.17
Male	1053	24.04	991	24.73	801	24.84	317	26.2	198	31.83
RACE										
Caucasian	1176	26.85	925	23.08	759	23.54	369	30.5	184	29.58
African-American	2779	63.45	2631	65.66	2064	64.02	677	55.95	352	56.59
Hispanic	22	0.5	33	0.82	27	0.84	12	0.99	6	0.96
Other	398	9.08	418	10.43	374	11.60	152	12.56	80	12.86

Table 3. Frequency of plan IDs among the diabetes population

	2008		2009		2010		2011		2012	
PLAN ID	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
100	4325	98.29	3916	97.73	3161	98.05	1148	94.88	598	96.14
200	64	1.46	91	2.27	60	0.86	62	5.12	24	3.86
400	11	0.25	0	0	3	0.09	0	0	0	0

PART 2 – NATIONAL MEDICAID DATA

METHODS

A retrospective analysis was conducted using Medicaid pharmacy and medical claims data and beneficiary eligibility data for the year 2008. Across state comparisons were conducted. Beneficiaries on sulfonylureas, thiazolidinediones, and metformin were identified using national drug codes. The PDC values were calculated based on prescription fill date and days of supply for the prescriptions. The eligibility information was obtained from the personal summary file.

RESULTS

Figure 1, 2, and 3 provide graphical representation of the percentage of patients on sulfonylureas, thiazolidinediones, and metformin, 18 years and older, who met the PDC threshold of 80% during 2008 in the national Medicaid data. Mississippi (35.4% for sulfonylureas, 38.96% for thiazolidinediones, and 31.57% for metformin) ranked the lowest nationally. Oregon had the highest percentage of patients on sulfonylureas, thiazolidinediones, and metformin meeting the PDC threshold of 80% (72.94% for sulfonylureas, 74.3% for thiazolidinediones, and 71.32% for metformin).

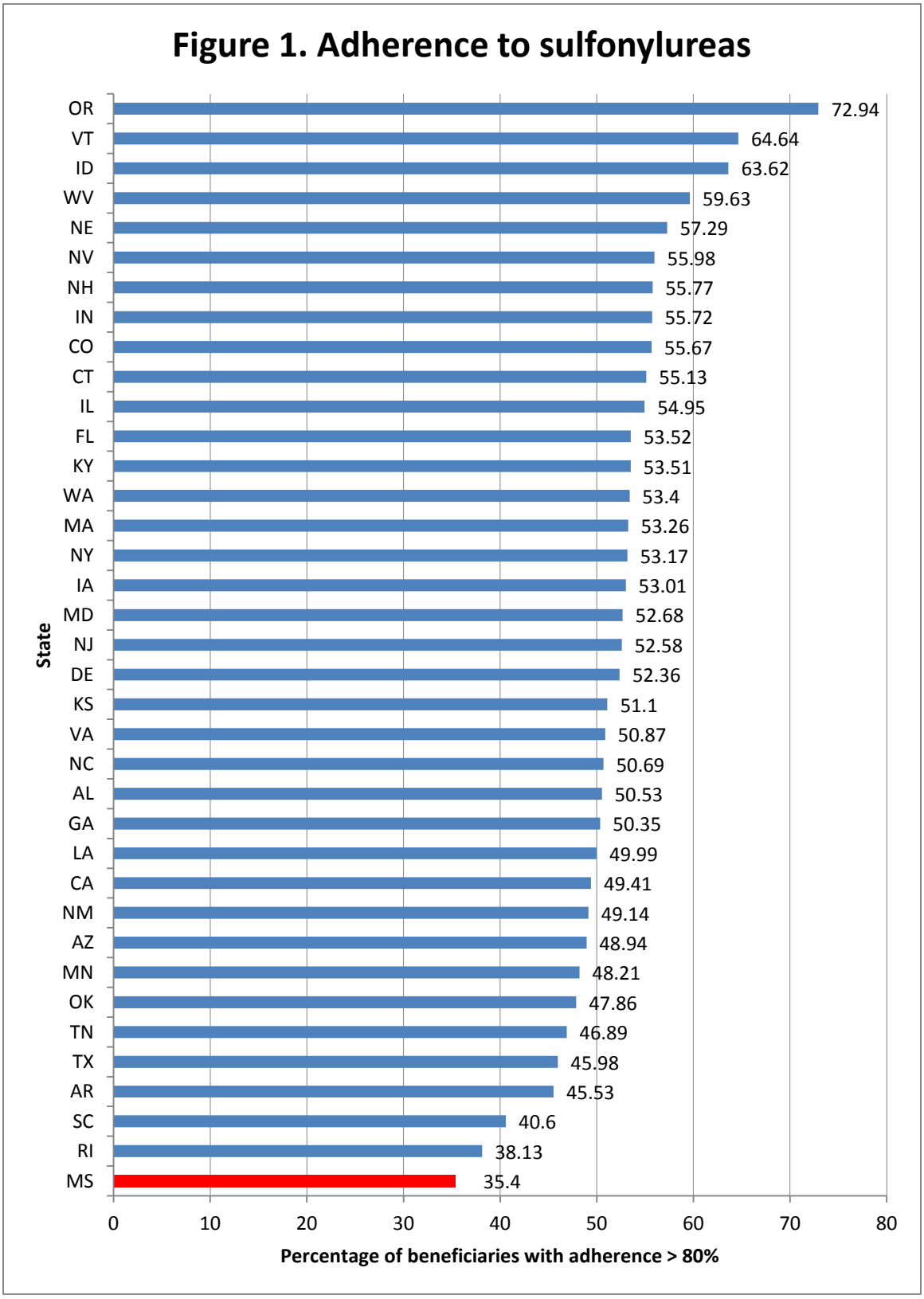
Figure 1. Adherence to sulfonylureas
State
OR 72.94
VT 64.64
ID 63.62
WV 59.63
NE 57.29
NV 55.98
NH 55.77
IN 55.72
CO 55.67
CT 55.13
IL 54.95
FL 53.52
KY 53.51
WA 53.4
MA 53.26
NY 53.17
IA 53.01
MD 52.68
NJ 52.58
DE 52.36
KS 51.1
VA 50.87
NC 50.69
AL 50.53
GA 50.35
LA 49.99
CA 49.41
NM 49.14
AZ 48.94
MN 48.21
OK 47.86
TN 46.89
TX 45.98
AR 45.53
SC 40.6
RI 38.13
MS 35.4
0 10 20 30 40 50 60 70 80
Percentage of beneficiaries with adherence > 80%

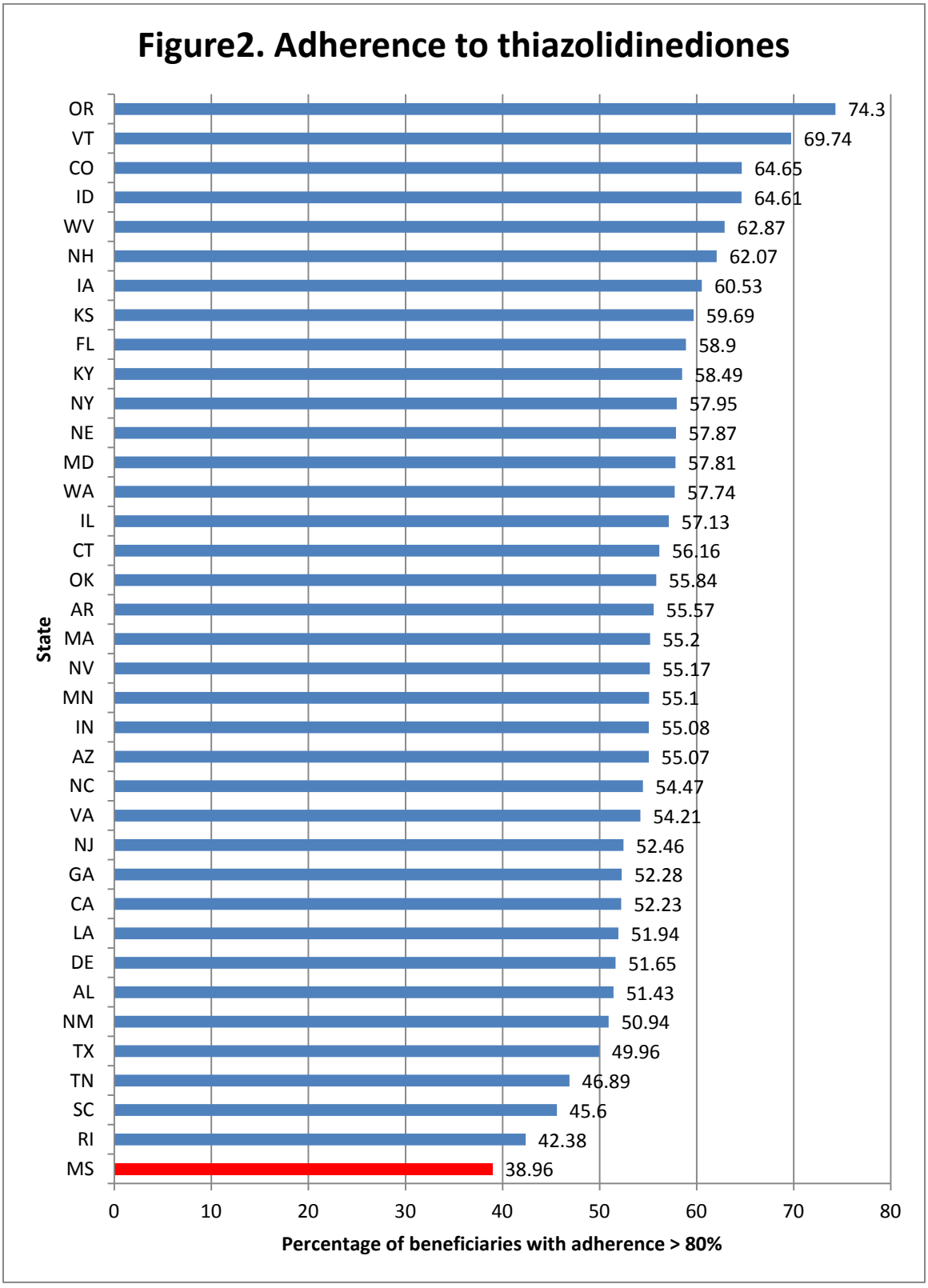
Figure2. Adherence to thiazolidinediones
State
OR 74.3
VT 69.74
CO 64.65
ID 64.61
WV 62.87
NH 62.07
IA 60.53
KS 59.69
FL 58.9
KY 58.49
NY 57.95
NE 57.87
MD 57.81
WA 57.74
IL 57.13
CT 56.16
OK 55.84
AR 55.57
MA 55.2
NV 55.17
MN 55.1
IN 55.08
AZ 55.07
NC 54.47
VA 54.21
NJ 52.46
GA 52.28
CA 52.23
LA 51.94
DE 51.65
AL 51.43
NM 50.94
TX 49.96
TN 46.89
SC 45.6
RI 42.38
MS 38.96
0 10 20 30 40 50 60 70 80
Percentage of beneficiaries with adherence > 80%

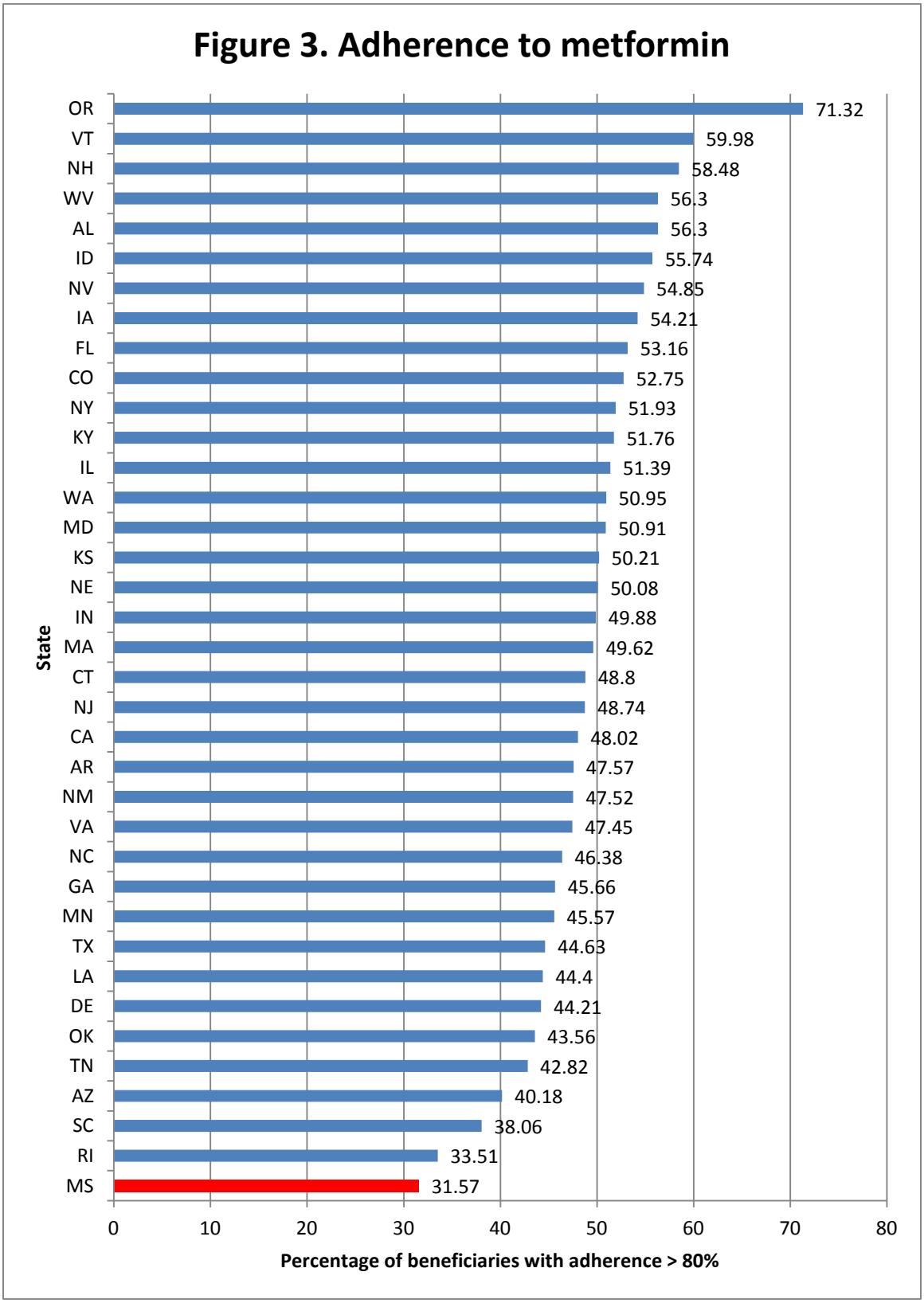
Figure 3. Adherence to metformin
State
OR 71.32
VT 59.98
NH 58.48
WV 56.3
AL 56.3
ID 55.74
NV 54.85
IA 54.21
FL 53.16
CO 52.75
NY 51.93
KY 51.76
IL 51.39
WA 50.95
MD 50.91
KS 50.21
NE 50.08
IN 49.88
MA 49.62
CT 48.8
NJ 48.74
CA 48.02
AR 47.57
NM 47.52
VA 47.45
NC 46.38
GA 45.66
MN 45.57
TX 44.63
LA 44.4
DE 44.21
OK 43.56
TN 42.82
AZ 40.18
SC 38.06
RI 33.51
MS 31.57
0 10 20 30 40 50 60 70 80
Percentage of beneficiaries with adherence > 80%

RECOMMENDATION

The analysis of Medicaid Analytic Extract files for the year 2008 showed that Mississippi ranks lowest of all the states in terms of adherence of patients to diabetes medications. It is recommended that MS-DUR routinely monitor these measures and plan educational interventions aimed at increasing the adherence rates. An important first step could be targeting physicians who see substantial number of patients not meeting the PDC threshold for these medications with educational letters.

Exceptions Monitoring Criteria Recommendations

MISSISSIPPI MEDICAID
RETROSPECTIVE DRUG UTILIZATION REVIEW
EXCEPTIONS MONITORING CRITERIA RECOMMENDATIONS

Criteria Recommendations

1. Co-administration of Nizoral with dofetilide, quinidine, pimozide, and cisapride

Message: From July 2013 to September 2013, the FDA updated the labeling of Nizoral tablets. Prescribing dofetilide, quinidine, pimozide, and cisapride in a patient who is on Nizoral can cause elevated plasma concentrations of these drugs and may prolong QT intervals, sometimes resulting in life-threatening ventricular dysrhythmias such as torsades de pointes.

Exception Type: DDI - Drug-drug interaction

Field 1	Field 2
Nizoral	dofetilide
	quinidine
	pimozide
	cisapride

References:
FDA Drug Safety Labeling Changes. July 2013. Available at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm364157.htm

2. Sarafem (fluoxetine hydrochloride) Tablets

Message: From July 2013 to September 2013, the FDA updated the labeling of Sarafem (fluoxetine hydrochloride) tablets to include a contraindication that Monoamine Oxidase Inhibitors (MAOIs) intended to treat psychiatric disorders should not be prescribed with Sarafem or within 5 weeks of stopping treatment with Sarafem due to the risk of serotonin syndrome. The use of Sarafem within 14 days of stopping an MAOI intended to treat psychiatric disorders is also contraindicated.

Exception Type: DDI - Drug-drug interaction

Field 1	Field 2
Sarafem (fluoxetine)	MAOIs

References:
FDA Drug Safety Labeling Changes. July 2013. Available at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm363978.htm

3. Premature discontinuation of Xarelto (Rivaroxaban) Tablets

Message: In August 2013, the FDA updated the labeling of Xarelto (rivaroxaban) tablets to include a boxed warning that premature discontinuation of Xarelto increases the risk of thrombotic events and spinal/epidural hematoma.

Exception Type: APU - Gaps in therapy

Field 1
Xarelto (rivaroxaban)

References:
FDA Drug Safety Labeling Changes. August 2013. Available at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm367392.htm

4. Letairis (ambrisentan) Tablets in pregnant women

Message: In August 2013, the FDA updated the labeling of Letairis (ambrisentan) tablets to include a warning that it is contraindicated among pregnant women due to its ability to cause fetal harm.

Exception Type: DDC - Drug-disease contraindication

Field 1	Field 2
Letairis (ambrisentan)	Pregnancy

References:
FDA Drug Safety Labeling Changes. August 2013. Available at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/Safety-RelatedDrugLabelingChanges/ucm113761.htm

5. Arzerra (ofatumumab) and Rituxan (rituximab) in patients with hepatitis B virus (HBV) infection

Drug safety communication: In September 2013, FDA approved changes to the prescribing information of Arzerra (ofatumumab) and Rituxan (rituximab) to add new Boxed Warning information about the risk of reactivation of hepatitis B virus (HBV) infection in patients with a previous hepatitis B virus (HBV) infection.

Exception Type: DDC - Drug-disease contraindication

Field 1	Field 2
Arzerra (ofatumumab) Rituxan (rituximab)	Hepatitis B virus (HBV) infection

References:
FDA Drug Safety Communications. September 2013. Available at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm369846.htm

6. Accupril/Accuretic (quinapril hydrochloride) and Altace (ramipril) Tablets

Message: In September 2013, the FDA updated the labeling of Accupril/Accuretic tablets to include a contraindication that they should not be co-administered with aliskiren in patients with diabetes or in patients with renal impairment.

Exception Type: DDI - Drug-drug interaction

Field 1	Field 2	Field 3
Accupril/Accuretic (quinapril hydrochloride) Altace (ramipril)	aliskiren	diabetes

References:

FDA Drug Safety Communications. September 2013. Available at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm279812.htm
http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm279817.htm
http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm233254.htm

Appendix

Detail Resource Utilization Report - Top 25 Drugs by Dollars Paid Last Month

Generic Molecule	July, 2013 $ Paid	July, 2013 # Claims	July, 2013 # Benes	August, 2013 $ Paid	August, 2013 # Claims
Montelukast	$1152423	6,552	6,407	$1331170	7,568
-------Singulair	$1150142	6,533	6,389	$1328958	7,551
-------Montelukast Sodium	$2,280	19	18	$2,212	17
Lisdexamfetamine	$738,374	3,867	3,717	$919,798	4,773
-------Vyvanse	$738,374	3,867	3,717	$919,798	4,773
Methylphenidate	$593,427	3,373	3,099	$721,691	4,280
-------Methylphenidate Hydrochloride Er	$480,555	2,575	2,451	$573,592	3,178
-------Metadate Cd	$44,247	203	192	$53,835	241
-------Daytrana	$37,982	175	169	$52,244	240
-------Quillivant Xr	$10,794	43	42	$18,818	96
-------Concerta	$4,681	18	18	$4,488	18
-------Methylphenidate Hydrochloride	$6,302	318	301	$8,099	456
-------Methylin	$5,927	19	19	$5,971	17
-------Methylphenidate Hydrochloride Cd	$2,003	11	11	$3,333	19
Aripiprazole	$656,615	1,064	941	$655,192	1,087
-------Abilify	$655,770	1,063	940	$654,403	1,086
-------Abilify Discmelt	$845	1	1	$789	1
Budesonide	$480,211	1,033	1,008	$562,392	1,267
-------Pulmicort Respules	$463,078	962	940	$541,693	1,182
-------Budesonide	$8,092	14	13	$9,260	13
-------Pulmicort Flexhaler	$9,041	57	57	$11,440	72
Amphetamine-Dextroamphetamine	$482,970	3,174	2,689	$547,680	3,599
-------Adderall Xr	$344,547	1,421	1,331	$409,629	1,713
-------Amphetamine-Dextroamphetamine	$80,483	1,353	1,239	$89,559	1,549
-------Amphetamine-Dextroamphetamine Er	$57,522	398	378	$48,071	334

Only includes drugs with ≥ $500 paid in last month

Detail Resource Utilization Report - Top 25 Drugs by Dollars Paid Last Month

August, 2013 # Benes	September, 2013 $ Paid	September, 2013 # Claims	September, 2013 # Benes
7,436	$1110286	6,289	6,260
7,420	$1108407	6,274	6,246
16	$1,879	15	15
4,574	$816,924	4,251	4,175
4,574	$816,924	4,251	4,175
3,915	$620,574	3,611	3,366
3,018	$468,503	2,600	2,509
227	$49,929	228	215
234	$44,714	207	201
92	$33,161	149	147
16	$7,983	31	31
426	$7,932	356	342
17	$6,117	18	18
18	$1,317	7	6
983	$540,433	907	852
982	$539,163	905	850
1	$1,270	2	2
1,241	$523,850	1,164	1,154
1,161	$508,370	1,103	1,094
13	$7,880	11	11
71	$7,600	50	50
3,074	$461,917	2,956	2,592
1,602	$380,789	1,614	1,555
1,444	$75,982	1,308	1,230
323	$5,005	33	32

Only includes drugs with ≥ $500 paid in last month

Detail Resource Utilization Report - Top 25 Drugs by Dollars Paid Last Month

Generic Molecule	July, 2013 $ Paid	July, 2013 # Claims	July, 2013 # Benes	August, 2013 $ Paid
Mometasone Nasal	$380,960	2,690	2,662	$520,030
-------Nasonex	$380,960	2,690	2,662	$520,030
Antihemophilic Factor	$479,710	27	18	$1004089
-------Advate Rahf-Pfm	$254,738	12	9	$693,979
-------Recombinate	$175,963	12	6	$229,011
-------Xyntha	$0	0	0	$33,661
-------Kogenate Fs With Bioset	$22,443	1	1	$32,308
-------Helixate Fs	$10,437	1	1	$0
Esomeprazole	$427,089	1,831	1,726	$461,460
-------Nexium	$427,089	1,831	1,726	$461,460
Albuterol	$310,380	6,329	5,516	$461,033
-------Proventil Hfa	$201,967	3,162	3,082	$308,936
-------Albuterol Sulfate	$86,857	2,732	2,643	$117,542
-------Ventolin Hfa	$16,352	324	317	$25,404
-------Proair Hfa	$5,032	92	89	$8,858
Guanfacine	$411,795	2,750	2,584	$445,610
-------Intuniv	$396,657	1,737	1,647	$429,790
-------Guanfacine Hydrochloride	$15,138	1,013	952	$15,821
Dexmethylphenidate	$338,066	1,889	1,549	$416,681
-------Focalin Xr	$322,327	1,505	1,405	$398,960
-------Dexmethylphenidate Hydrochloride	$14,440	361	338	$16,667
-------Focalin	$1,298	23	21	$1,054
Quetiapine	$377,831	819	660	$394,957
-------Seroquel	$302,171	677	548	$309,255
-------Seroquel Xr	$71,778	134	115	$81,138

Only includes drugs with $500 paid in last month

Detail Resource Utilization Report - Top 25 Drugs by Dollars Paid Last Month

August, 2013 # Claims	August, 2013 # Benes	September, 2013 $ Paid	September, 2013 # Claims	September, 2013 # Benes
3,430	3,417	$426,686	2,787	2,783
3,430	3,417	$426,686	2,787	2,783
44	22	$415,160	19	12
20	13	$286,682	11	7
19	6	$56,444	3	2
1	1	$48,727	1	1
2	1	$14,797	1	1
0	0	$8,510	3	1
1,931	1,868	$365,500	1,526	1,489
1,931	1,868	$365,500	1,526	1,489
9,209	7,988	$358,934	7,591	6,814
4,723	4,633	$212,110	3,274	3,244
3,804	3,696	$121,718	3,812	3,744
505	488	$17,727	359	357
160	158	$7,107	132	130
2,954	2,785	$354,795	2,409	2,349
1,861	1,758	$341,298	1,480	1,450
1,093	1,041	$13,496	929	909
2,285	1,901	$345,470	1,899	1,630
1,837	1,719	$331,262	1,537	1,475
432	413	$13,521	349	340
16	16	$687	13	13
822	671	$309,811	678	572
677	548	$250,020	552	465
136	120	$55,451	111	96

Only includes drugs with $500 paid in last month

Detail Resource Utilization Report - Top 25 Drugs by Dollars Paid Last Month

Generic Molecule	July, 2013 $ Paid	July, 2013 # Claims	July, 2013 # Benes	August, 2013 $ Paid	August, 2013 # Claims	August, 2013 # Benes
-------Quetiapine Fumarate	$3,883	8	8	$4,564	9	8
Somatropin	$384,338	106	97	$334,196	96	90
-------Nutropin Aq Nuspin 20	$112,267	21	21	$100,182	20	18
-------Nutropin Aq Nuspin 10	$79,705	29	27	$54,649	21	21
-------Genotropin	$76,640	17	16	$71,324	17	16
-------Norditropin Flexpro Pen	$35,547	13	12	$38,595	16	14
-------Genotropin Miniquick	$38,007	11	8	$36,249	9	9
-------Saizen	$18,955	2	2	$10,046	1	1
-------Nutropin Aq Pen 20 Cartridge	$5,182	1	1	$5,517	2	2
-------Omnitrope Pen 10 Cartridge	$4,888	3	3	$5,041	4	4
-------Nutropin Aq Nuspin 5	$6,912	2	2	$6,912	2	2
-------Nutropin Aq Pen 10 Cartridge	$5,193	4	2	$5,186	2	1
-------Tev-Tropin	$545	1	1	$0	0	0
Azithromycin	$123,300	3,887	3,821	$230,920	7,334	7,206
-------Azithromycin	$105,878	3,119	3,067	$189,594	5,569	5,481
-------Azithromycin 5 Day Dose Pack	$16,155	710	703	$39,126	1,679	1,656
-------Azithromycin 3 Day Dose Pack	$1,266	58	57	$2,200	86	84
Cetirizine	$213,075	10,392	10,161	$264,258	12,942	12,721
-------Cetirizine Hydrochloride	$211,789	10,223	9,997	$262,470	12,703	12,487
-------All Day Allergy	$988	146	142	$1,351	202	197
Amoxicillin-Clavulanate	$165,497	2,751	2,719	$222,565	3,695	3,662
-------Amoxicillin-Clavulanate	$164,602	2,743	2,711	$221,012	3,685	3,652
-------Augmentin	$762	7	7	$961	8	8
Cefdinir	$148,060	1,824	1,803	$213,575	2,577	2,549
-------Cefdinir	$148,060	1,824	1,803	$213,575	2,577	2,549

Only includes drugs with $500 paid in last month

Detail Resource Utilization Report - Top 25 Drugs by Dollars Paid Last Month

September, 2013 $ Paid	September, 2013 # Claims	September, 2013 # Benes
$4,340	15	14
$284,843	78	77
$88,085	16	16
$59,688	20	20
$51,119	14	13
$34,647	13	13
$27,052	7	7
$10,046	1	1
$5,182	1	1
$4,819	2	2
$2,593	1	1
$867	1	1
$545	1	1
$238,238	7,347	7,248
$205,510	5,922	5,842
$31,131	1,355	1,348
$1,537	69	69
$236,025	11,185	11,101
$234,675	11,005	10,924
$961	149	148
$222,992	3,705	3,666
$221,777	3,694	3,655
$1,119	10	10
$210,992	2,603	2,572
$210,992	2,603	2,572

Only includes drugs with ≥ $500 paid in last month

Detail Resource Utilization Report - Top 25 Drugs by Dollars Paid Last Month

Generic Molecule	July, 2013 $ Paid	July, 2013 # Claims	July, 2013 # Benes	August, 2013 $ Paid	August, 2013 # Claims	August, 2013 # Benes
Fluticasone-Salmeterol	$230,332	856	829	$237,312	879	863
-------Advair Diskus	$198,055	744	722	$204,408	767	753
-------Advair Hfa	$32,277	112	109	$32,904	112	111
Ondansetron	$113,727	1,274	1,244	$153,413	1,642	1,613
-------Ondansetron Hydrochloride	$113,727	1,274	1,244	$153,413	1,642	1,613
Risperidone	$232,833	2,423	2,087	$227,883	2,434	2,128
-------Risperidone	$225,784	2,414	2,080	$220,624	2,424	2,119
-------Risperdal Consta	$6,545	7	5	$6,566	7	6
Olanzapine	$182,035	338	251	$193,044	353	252
-------Olanzapine	$132,075	246	195	$134,791	243	193
-------Zyprexa	$46,942	74	55	$55,601	93	60
-------Zyprexa Zydis	$3,019	18	11	$2,652	17	12
Mupirocin Topical	$162,218	3,846	3,773	$165,178	3,813	3,746
-------Mupirocin	$146,791	3,702	3,633	$142,452	3,604	3,543
-------Bactroban	$15,427	144	143	$22,726	209	209
Insulin Aspart	$144,508	483	447	$149,553	473	448
-------Novolog	$101,540	355	332	$108,368	363	343
-------Novolog Flexpen	$40,977	122	114	$39,364	105	102
-------Novolog Penfill	$1,991	6	6	$1,820	5	5
Atomoxetine	$120,363	534	502	$144,112	641	598
-------Strattera	$120,363	534	502	$144,112	641	598

Only includes drugs with $500 paid in last month

Detail Resource Utilization Report - Top 25 Drugs by Dollars Paid Last Month

September, 2013 $ Paid	September, 2013 # Claims	September, 2013 # Benes
$188,244	701	693
$157,745	595	590
$30,499	106	105
$180,162	1,678	1,654
$180,162	1,678	1,654
$179,611	1,931	1,736
$173,578	1,925	1,730
$5,624	5	5
$145,994	258	208
$106,905	189	163
$38,452	67	46
$637	2	2
$129,964	3,003	2,957
$112,212	2,844	2,802
$17,752	159	156
$120,020	374	365
$85,897	280	275
$32,302	88	88
$1,821	6	6
$119,592	539	524
$119,592	539	524

Only includes drugs with $500 paid in last month

Detail Resource Utilization Report - Top 25 Drugs by Number of Claims Last Month

Generic Molecule	July, 2013 $ Paid	July, 2013 # Claims	July, 2013 # Benes	August, 2013 $ Paid	August, 2013 # Claims
Cetirizine	$213,075	10,392	10,161	$264,258	12,942
-------Cetirizine Hydrochloride	$211,789	10,223	9,997	$262,470	12,703
-------All Day Allergy	$988	146	142	$1,351	202
Amoxicillin	$65,825	6,353	6,235	$98,238	9,107
-------Amoxicillin	$65,825	6,353	6,235	$98,238	9,107
Albuterol	$310,380	6,329	5,516	$461,033	9,209
-------Albuterol Sulfate	$86,857	2,732	2,643	$117,542	3,804
-------Proventil Hfa	$201,967	3,162	3,082	$308,936	4,723
-------Ventolin Hfa	$16,352	324	317	$25,404	505
-------Proair Hfa	$5,032	92	89	$8,858	160
Azithromycin	$123,300	3,887	3,821	$230,920	7,334
-------Azithromycin	$105,878	3,119	3,067	$189,594	5,569
-------Azithromycin 5 Day Dose Pack	$16,155	710	703	$39,126	1,679
-------Azithromycin 3 Day Dose Pack	$1,266	58	57	$2,200	86
Montelukast	$1152423	6,552	6,407	$1331170	7,568
-------Singulair	$1150142	6,533	6,389	$1328958	7,551
-------Montelukast Sodium	$2,280	19	18	$2,212	17
Brompheniramine/Dextromethorph/Phenylephrine	$21,971	2,409	2,372	$50,589	5,521
-------Rynex Dm	$20,437	2,225	2,191	$46,067	4,982
-------Endacof-Dm	$1,138	127	125	$3,292	363
-------Dimaphen Dm	$195	31	31	$678	108
Prednisolone	$51,406	2,868	2,800	$80,174	4,344
-------Prednisolone Sodium Phosphate	$18,982	1,166	1,150	$29,744	1,859
-------Prednisolone	$10,194	1,176	1,160	$14,678	1,686
-------Veripred 20	$17,556	474	470	$28,062	718

Only includes drugs with ≥ $500 paid in last month

Detail Resource Utilization Report - Top 25 Drugs by Number of Claims Last Month

August, 2013 # Benes	September, 2013 $ Paid	September, 2013 # Claims	September, 2013 # Benes
12,721	$236,025	11,185	11,101
12,487	$234,675	11,005	10,924
197	$961	149	148
8,977	$96,305	8,860	8,744
8,977	$96,305	8,860	8,744
7,988	$358,934	7,591	6,814
3,696	$121,718	3,812	3,744
4,633	$212,110	3,274	3,244
488	$17,727	359	357
158	$7,107	132	130
7,206	$238,238	7,347	7,248
5,481	$205,510	5,922	5,842
1,656	$31,131	1,355	1,348
84	$1,537	69	69
7,436	$1110286	6,289	6,260
7,420	$1108407	6,274	6,246
16	$1,879	15	15
5,438	$55,475	6,076	5,991
4,913	$50,053	5,411	5,345
361	$3,897	443	433
106	$962	150	148
4,247	$88,730	4,580	4,488
1,827	$28,935	1,874	1,851
1,670	$25,618	1,858	1,833
708	$27,795	784	777

Only includes drugs with 45 $500 paid in last month

Detail Resource Utilization Report - Top 25 Drugs by Number of Claims Last Month

Generic Molecule	July, 2013 $ Paid	July, 2013 # Claims	July, 2013 # Benes	August, 2013 $ Paid	August, 2013 # Claims
-------Orapred Odt	$4,386	50	49	$6,888	76
Acetaminophen-Hydrocodone	$85,645	5,411	4,832	$85,725	5,377
-------Acetaminophen-Hydrocodone Bitartrate	$85,645	5,411	4,832	$85,725	5,377
Lisdexamfetamine	$738,374	3,867	3,717	$919,798	4,773
-------Vyvanse	$738,374	3,867	3,717	$919,798	4,773
Ibuprofen	$30,493	3,247	3,191	$39,528	4,203
-------Ibuprofen	$27,503	2,763	2,720	$36,147	3,686
-------Ibu	$2,490	430	422	$2,372	403
-------Ibuprofen Children's	$345	37	37	$783	88
Amoxicillin-Clavulanate	$165,497	2,751	2,719	$222,565	3,695
-------Amoxicillin-Clavulanate	$164,602	2,743	2,711	$221,012	3,685
-------Augmentin	$762	7	7	$961	8
Sulfamethoxazole-Trimethoprim	$62,323	4,331	4,263	$63,430	4,503
-------Sulfamethoxazole-Trimethoprim	$49,068	2,932	2,887	$48,278	2,910
-------Sulfamethoxazole-Trimethoprim Ds	$13,108	1,379	1,363	$15,015	1,578
Methylphenidate	$593,427	3,373	3,099	$721,691	4,280
-------Methylphenidate Hydrochloride Er	$480,555	2,575	2,451	$573,592	3,178
-------Methylphenidate Hydrochloride	$6,302	318	301	$8,099	456
-------Metadate Cd	$44,247	203	192	$53,835	241
-------Daytrana	$37,982	175	169	$52,244	240
-------Quillivant Xr	$10,794	43	42	$18,818	96
-------Concerta	$4,681	18	18	$4,488	18
-------Methylin	$5,927	19	19	$5,971	17
-------Methylphenidate Hydrochloride Cd	$2,003	11	11	$3,333	19
Mupirocin Topical	$162,218	3,846	3,773	$165,178	3,813

Only includes drugs with $500 paid in last month

Detail Resource Utilization Report - Top 25 Drugs by Number of Claims Last Month

August, 2013 # Benes	September, 2013 $ Paid	September, 2013 # Claims	September, 2013 # Benes
74	$5,817	60	60
4,875	$65,210	4,368	3,977
4,875	$65,200	4,366	3,975
4,574	$816,924	4,251	4,175
4,574	$816,924	4,251	4,175
4,123	$39,971	4,045	4,001
3,623	$36,869	3,579	3,543
395	$1,911	339	332
88	$918	95	95
3,662	$222,992	3,705	3,666
3,652	$221,777	3,694	3,655
8	$1,119	10	10
4,433	$50,820	3,639	3,595
2,871	$37,961	2,286	2,267
1,551	$12,765	1,339	1,318
3,915	$620,574	3,611	3,366
3,018	$468,503	2,600	2,509
426	$7,932	356	342
227	$49,929	228	215
234	$44,714	207	201
92	$33,161	149	147
16	$7,983	31	31
17	$6,117	18	18
18	$1,317	7	6
3,746	$129,964	3,003	2,957

Only includes drugs with $500 paid in last month

Detail Resource Utilization Report - Top 25 Drugs by Number of Claims Last Month

Generic Molecule	July, 2013 $ Paid	July, 2013 # Claims	July, 2013 # Benes	August, 2013 $ Paid	August, 2013 # Claims
-------Mupirocin	$146,791	3,702	3,633	$142,452	3,604
-------Bactroban	$15,427	144	143	$22,726	209
Amphetamine-Dextroamphetamine	$482,970	3,174	2,689	$547,680	3,599
-------Adderall Xr	$344,547	1,421	1,331	$409,629	1,713
-------Amphetamine-Dextroamphetamine	$80,483	1,353	1,239	$89,559	1,549
-------Amphetamine-Dextroamphetamine Er	$57,522	398	378	$48,071	334
Mometasone Nasal	$380,960	2,690	2,662	$520,030	3,430
-------Nasonex	$380,960	2,690	2,662	$520,030	3,430
Cefdinir	$148,060	1,824	1,803	$213,575	2,577
-------Cefdinir	$148,060	1,824	1,803	$213,575	2,577
Guanfacine	$411,795	2,750	2,584	$445,610	2,954
-------Intuniv	$396,657	1,737	1,647	$429,790	1,861
-------Guanfacine Hydrochloride	$15,138	1,013	952	$15,821	1,093
Clonidine	$149,298	2,677	2,482	$149,210	2,819
-------Clonidine Hydrochloride	$19,953	2,247	2,100	$21,612	2,361
-------Kapvay	$119,002	398	379	$119,629	430
-------Kapvay Dose Pack	$2,939	9	9	$2,939	9
-------Catapres-Tts-2	$2,056	7	6	$1,764	6
-------Catapres-Tts-1	$880	5	5	$1,233	7
-------Catapres-Tts-3	$4,469	11	11	$2,033	6
Ethinyl Estradiol-Norgestimate	$103,871	2,806	2,596	$98,579	2,677
-------Ortho Tri-Cyclen Lo	$49,190	605	574	$46,426	583
-------Trinessa	$15,714	495	458	$15,035	474
-------Tri-Sprintec	$7,955	471	431	$6,903	425
-------Sprintec	$5,329	301	279	$5,381	296

Only includes drugs with $500 paid in last month

Detail Resource Utilization Report - Top 25 Drugs by Number of Claims Last Month

August, 2013 # Benes	September, 2013 $ Paid	September, 2013 # Claims	September, 2013 # Benes
3,543	$112,212	2,844	2,802
209	$17,752	159	156
3,074	$461,917	2,956	2,592
1,602	$380,789	1,614	1,555
1,444	$75,982	1,308	1,230
323	$5,005	33	32
3,417	$426,686	2,787	2,783
3,417	$426,686	2,787	2,783
2,549	$210,992	2,603	2,572
2,549	$210,992	2,603	2,572
2,785	$354,795	2,409	2,349
1,758	$341,298	1,480	1,450
1,041	$13,496	929	909
2,633	$111,016	2,178	2,125
2,228	$17,148	1,847	1,812
402	$87,862	311	307
9	$2,612	8	8
6	$1,470	5	5
6	$706	4	4
6	$1,218	3	3
2,552	$78,602	2,173	2,151
568	$34,727	431	428
445	$11,992	378	374
401	$5,225	327	323
282	$4,658	268	264

Only includes drugs with $500 paid in last month

Detail Resource Utilization Report - Top 25 Drugs by Number of Claims Last Month

Generic Molecule	July, 2013 $ Paid	July, 2013 # Claims	July, 2013 # Benes	August, 2013 $ Paid	August, 2013 # Claims
-------Mononessa	$7,391	255	234	$7,820	270
-------Tri-Previfem	$4,693	135	124	$4,534	138
-------Tri-Linyah	$4,748	139	121	$4,627	136
-------Ortho Tri-Cyclen	$3,515	180	176	$2,716	139
-------Ethinyl Estradiol-Norgestimate	$1,825	79	69	$1,484	66
-------Ortho-Cyclen	$1,093	64	64	$1,105	62
-------Mono-Linyah	$1,498	51	47	$1,569	55
-------Previfem	$920	31	26	$978	33
Triamcinolone Topical	$31,511	2,573	2,516	$32,024	2,506
-------Triamcinolone Acetonide Topical	$30,794	2,569	2,512	$31,707	2,504
Risperidone	$232,833	2,423	2,087	$227,883	2,434
-------Risperidone	$225,784	2,414	2,080	$220,624	2,424
-------Risperdal Consta	$6,545	7	5	$6,566	7
Dexmethylphenidate	$338,066	1,889	1,549	$416,681	2,285
-------Focalin Xr	$322,327	1,505	1,405	$398,960	1,837
-------Dexmethylphenidate Hydrochloride	$14,440	361	338	$16,667	432
-------Focalin	$1,298	23	21	$1,054	16
Cephalexin	$35,100	1,909	1,881	$39,876	2,206
-------Cephalexin Monohydrate	$35,100	1,909	1,881	$39,822	2,205
Ondansetron	$113,727	1,274	1,244	$153,413	1,642
-------Ondansetron Hydrochloride	$113,727	1,274	1,244	$153,413	1,642

Only includes drugs with $500 paid in last month

Detail Resource Utilization Report - Top 25 Drugs by Number of Claims Last Month

August, 2013 # Benes	September, 2013 $ Paid	September, 2013 # Claims	September, 2013 # Benes
259	$7,272	237	236
131	$4,306	128	127
127	$3,757	112	110
139	$2,325	112	112
64	$1,309	58	58
62	$886	48	48
52	$1,269	45	44
31	$875	29	29
2,450	$24,454	1,993	1,961
2,448	$24,226	1,992	1,960
2,128	$179,611	1,931	1,736
2,119	$173,578	1,925	1,730
6	$5,624	5	5
1,901	$345,470	1,899	1,630
1,719	$331,262	1,537	1,475
413	$13,521	349	340
16	$687	13	13
2,183	$33,257	1,798	1,779
2,182	$33,257	1,798	1,779
1,613	$180,162	1,678	1,654
1,613	$180,162	1,678	1,654

Only includes drugs with ≥ $500 paid in last month