DUR Board Meeting
December 7, 2009

Pioneer Room
State Capitol

1pm

north dakota
department of
human services

North Dakota Medicaid
DUR Board Meeting
Agenda
Pioneer Room
State Capitol
December 7, 2009
1pm

1. Administrative items
    - Travel vouchers
    - Board members sign in

2. Old business

• Review and approval of minutes of 09/14/09 meeting	Chairman
• Budget update	Brendan
• Second review of Hemophilia	HID
• Second review of Sancuso	HID
• Second review of Relistor	HID
• Second review of Nuvigil	HID
• Second review of Nucynta	HID
• Yearly PA review	HID
o Solodyn	
o Oracea	
o Oxycontin	
o Short-acting beta-agonists	
o Vusion	

3. New business

• Review of Top Drugs and Drug Classes	HID
• Review of Stimulant Utilization in children ≤ 5 years of age	HID
• Criteria recommendations	Brendan
• Upcoming meeting date/agenda	Chairman

4. Adjourn — Chairman

Please remember to turn all cellular phones and pagers to silent mode during the meeting.

Drug Utilization Review (DUR) Meeting Minutes
September 14, 2009

Members Present: Patricia Churchill, Norman Byers, Carrie Sorenson, Greg Pfister, Kim Krohn, Jeffrey Hostetter, John Savageau, Carlotta McCleary, David Clinkenbeard, Steve Irsfeld, Russ Sobotta, James Carlson, Todd Twogood
Members Absent: Cheryl Huber, Leann Ness
Medicaid Pharmacy Department: Brendan Joyce, Gary Betting
HID Staff Present: Candace Rieth

Chair, J. Hostetter called the meeting to order at 1:00 pm. Chair, J. Hostetter asked for a motion to approve the minutes from the June meeting. P. Churchill moved that the minutes be approved and T. Twogood seconded the motion. Chair, J. Hostetter called for a voice vote to approve the minutes. The motion passed with no audible dissent.

New Members
Russell Sobotta, representing PhRMA; James Carlson, representing GPhA; and David Clinkenbeard, representing the ND Medical Association, are the new members that have been appointed to the Board. Chair, J. Hostetter asked that all DUR Board members introduce themselves to the new members.

Budget Update
B. Joyce had no new information to present regarding the budget.

Hemophilia Review
The Board reviewed utilization of factors in the Medicaid population. Specialists in the field, pharmacist Mark Plencner and physician Nathan Kobrinsky, participated in the discussion via teleconference. There was no public comment. T. Twogood made a motion that a prior authorization is placed on factors with criteria that includes:

1. Proof of an accredited specialist involved in therapy
2. Date of last appointment with specialist
3. Specialist's contact information

G. Pfister seconded the motion. A prior authorization form and criteria will be presented at the December meeting.

Uloric Second Review
At the June meeting a motion was made to prior authorize Uloric. This is the second review. G. Pfister made a motion to include the dose of allopurinol (greater than or equal to 300mg) that should be tried before requesting a prior authorization for Uloric. C. Sorenson seconded the motion. There was no public comment. Chair, J. Hostetter called for a voice vote on the amendment. Motion passed with no audible dissent. Chair, J. Hostetter called for a voice vote on the original motion. Motion passed with no audible dissent.

Moxatag Second Review
At the June meeting a motion was made to place Moxatag on prior authorization. This is the second review. There was no public comment. Chair, J. Hostetter called for a voice vote on the original motion. Motion passed with no audible dissent.

Targeted Immune Modulators Second Review
At the June meeting a motion was made to place targeted immune modulators on prior authorization. This is the second review. There was no public comment. Chair, J. Hostetter called for a voice vote on the original motion. Motion passed with no audible dissent.

Yearly PA Review
The Board reviews products annually that have previously been placed on prior authorization. This allows the Board a chance to update the prior authorization forms and criteria. Dispense as Written (DAW), Amrix, Xenical, Zanaflex capsules, and Ketek forms and criteria were reviewed. S. Irsfeld made a motion to include an informational bullet on the DAW form that states "not allowed for drugs with authorized generics." N. Byers seconded the motion. Chair, J. Hostetter called for a voice vote on the motion. Motion passed with no audible dissent.

Sancuso Review
C. Rieth reviewed Sancuso with Board members. There was no public comment. N. Byers made a motion to place Sancuso on prior authorization. P. Churchill seconded the motion. This topic will be brought up again at the next Board meeting for finalization.

Relistor Review
C. Rieth reviewed Relistor with Board members. There was no public comment. J. Hostetter made a motion to place Relistor on prior authorization with the following criteria:

1. Unable to tolerate oral medications *or*
2. Failed two oral medications

N. Byers seconded the motion. This topic will be brought up again at the next Board meeting for finalization.

Nuvigil Review
B. Joyce reviewed Nuvigil with Board members. There was no public comment. P. Churchill made a motion to place Nuvigil on prior authorization. G. Pfister seconded the motion. This topic will be brought up again at the next Board meeting for finalization.

Nucynta Review
C. Rieth reviewed Nucynta with the Board members. There was no public comment. N. Byers made a motion to place Nucynta on prior authorization. G. Pfister seconded the motion. This topic will be brought up again at the next Board meeting for finalization.

Criteria Recommendations
The recommended RDUR criteria enclosed in the packet were developed from product information provided by the manufacturers and usually are consistent with new indications, new drugs added, new warnings, etc. These proposed criteria will be added to the current set of criteria, and will be used in future DUR cycles. J. Savageau moved to approve the new criteria and N. Byers seconded the motion. Chair, J. Hostetter called for a voice vote. The motion passed with no audible dissent.

The next DUR board meeting will be held December 7, 2009. N. Byers made a motion to adjourn the meeting. T. Twogood seconded. The motion passed with no audible dissent. Chair J. Hostetter adjourned the meeting at 2:45 pm.

BLOOD FACTOR PRODUCTS PA FORM

Prior Authorization Vendor for ND Medicaid

Fax Completed Form to:
866-254-0761
For questions regarding this Prior authorization, call
866-773-0695

ND Medicaid requires that patients receiving a new prescription for blood factor products must provide the following information:

- Proof of an accredited Hemophilia Treatment Center involved in therapy
- Date of last appointment with treatment center
- Contact information for treatment center

Part I: TO BE COMPLETED BY PRESCRIBER

Recipient Name	Recipient Date of Birth	Recipient Medicaid ID Number	
Physician Name			
Physician Medicaid Provider Number	Telephone Number	Fax Number	
Address	City	State	Zip Code
REQUESTED DRUG :	**DOSAGE:**		
Qualifications for coverage:			
TREATMENT CENTER CONTACT INFORMATION:	DATE OF LAST APPOINTMENT WITH TREATMENT CENTER: _____		
Prescriber Signature:		Date:	

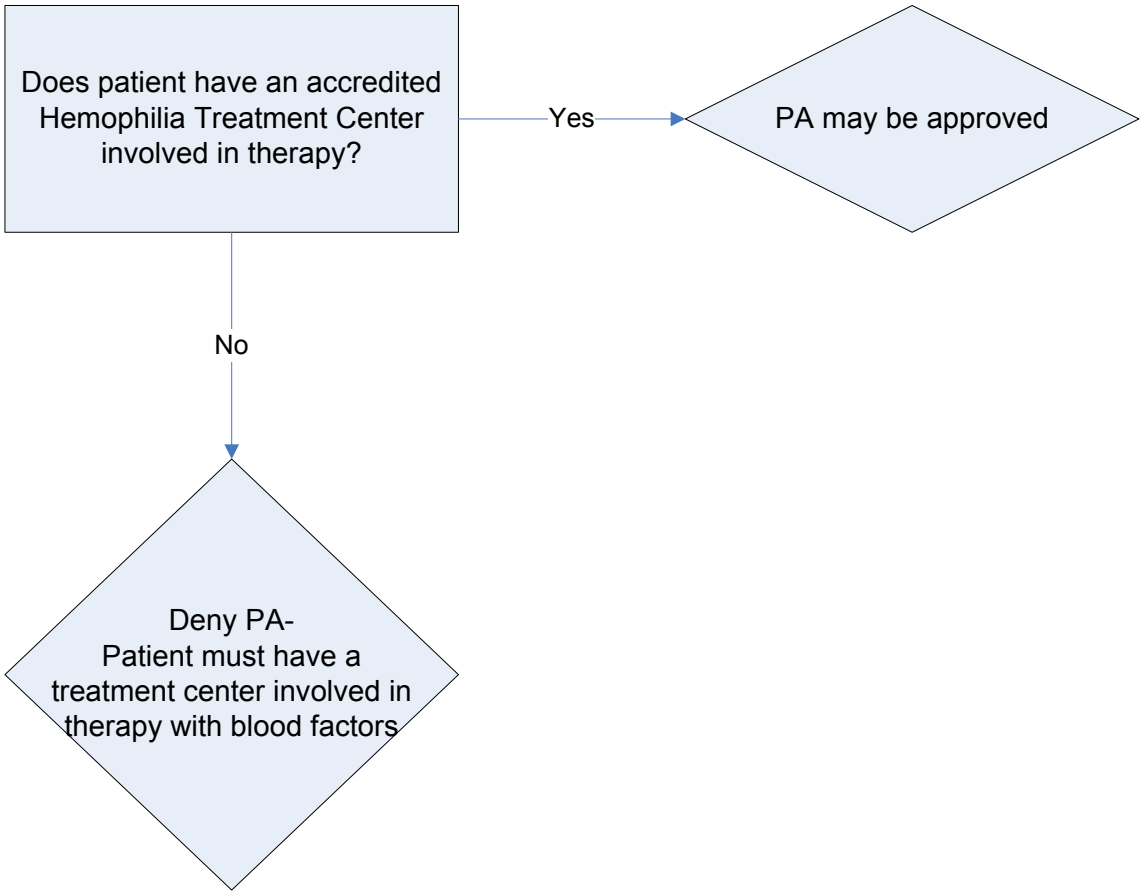
Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME			ND MEDICAID PROVIDER NUMBER
TELEPHONE NUMBER	FAX NUMBER	DRUG	NDC #

Part III: FOR OFFICIAL USE ONLY

Date Received	Initials:
Approved - Effective dates of PA: From: / / To: / /	Approved by:
Denied: (Reasons)	

North Dakota Department of Human Services
Blood Factor Products Authorization Algorithm



HEALTH INFORMATION DESIGNS

Sancuso Prior Authorization

Fax Completed Form to:
866-254-0761
For questions regarding this Prior authorization, call
866-773-0695

Prior Authorization Vendor for ND Medicaid

ND Medicaid requires that patients receiving a new prescription for Sancuso must be unable to take oral medications.

Note:

- ***Dolasetron, oral granisetron, and ondansetron do not require PA.***
- ***Patients must be unable to take oral medications or***
- ***Patients must fail therapy on ondansetron or oral granisetron before a PA may be granted.***

Part I: TO BE COMPLETED BY PRESCRIBER

Recipient Name	Recipient Date of Birth	Recipient Medicaid ID Number	
Prescriber Name			
Prescriber Medicaid Provider Number	Telephone Number	Fax Number	
Address	City	State	Zip Code
Requested Drug and Dosage: □ **Sancuso**	**Diagnosis for this request:**		
Qualifications for coverage:			
□ FAILED MEDICATION	START DATE: END DATE:	DOSE: FREQUENCY:	
□ PATIENT UNABLE TO TAKE ORAL MEDICATIONS			
Prescriber Signature		Date	

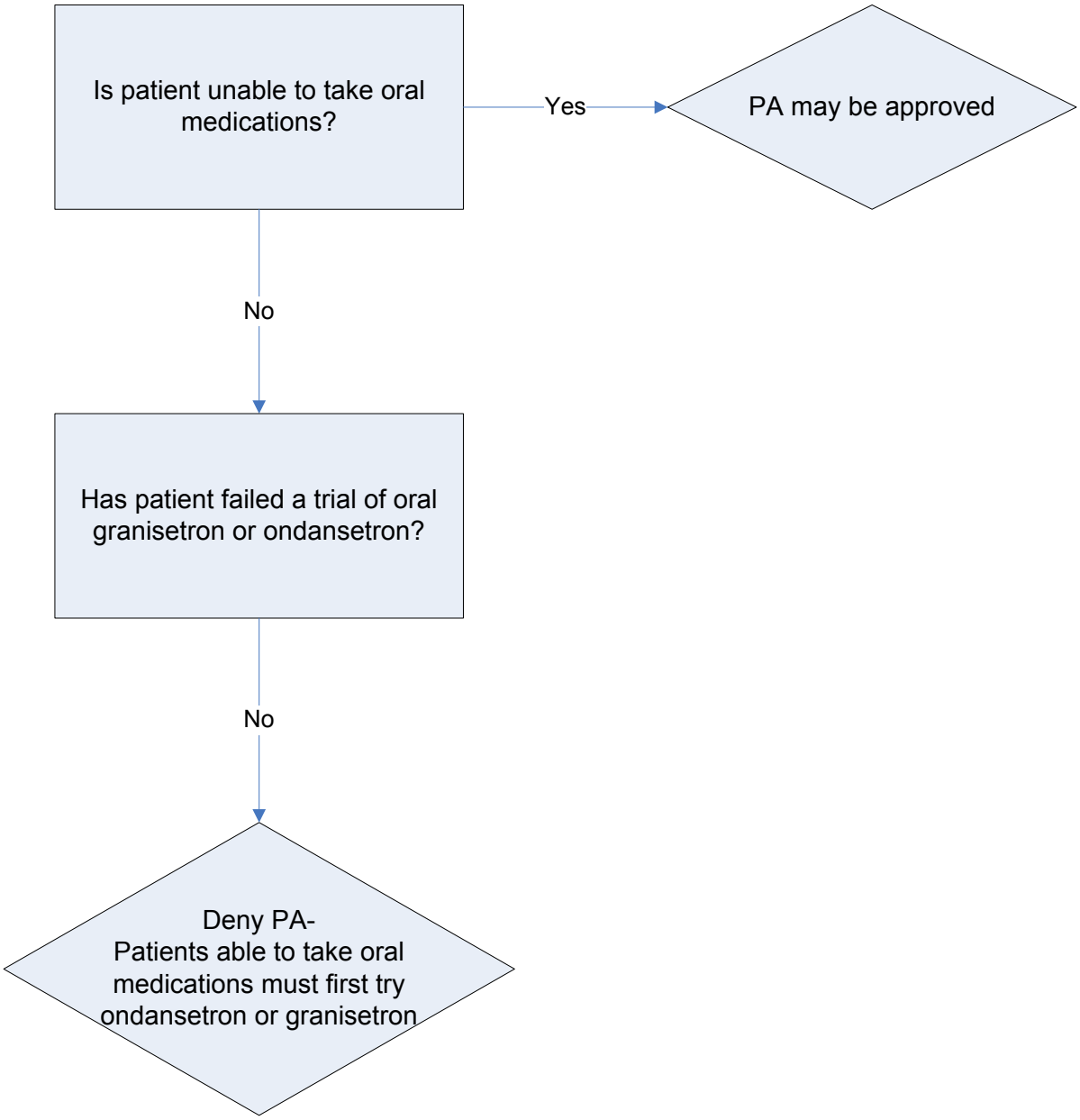
Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:			ND MEDICAID PROVIDER NUMBER:
PHONE NUMBER	FAX NUMBER	DRUG	NDC #

Part III: FOR OFFICIAL USE ONLY

Date Received	Initials:
Approved - Effective dates of PA: From: / / To: / /	Approved by:
Denied: (Reasons)	

North Dakota Department of Human Services
Sancuso Authorization Algorithm



HEALTH INFORMATION DESIGNS

Relistor Prior Authorization

Fax Completed Form to:
866-254-0761
For questions regarding this Prior authorization, call
866-773-0695

Prior Authorization Vendor for ND Medicaid

ND Medicaid requires that patients receiving a new prescription for Relistor must meet the following guidelines:

- Diagnosis of opioid-induced constipation
- Inability to tolerate oral medications *or*
- Failed two oral medications

Note:
***Polyethylene glycol powder is covered without a prior authorization.**

Part I: TO BE COMPLETED BY PRESCRIBER

Recipient Name	Recipient Date of Birth	Recipient Medicaid ID Number	
Prescriber Name			
Prescriber Medicaid Provider Number	Telephone Number	Fax Number	
Address	City	State	Zip Code
Requested Drug and Dosage: □ **Relistor**	**Diagnosis for this request:**		
Qualifications for coverage:			
FIRST FAILED MEDICATION	START DATE:	END DATE:	
SECOND FAILED MEDICATION	START DATE:	END DATE:	
□ INABILITY TO TOLERATE ORAL MEDICATIONS			
Prescriber Signature		Date	

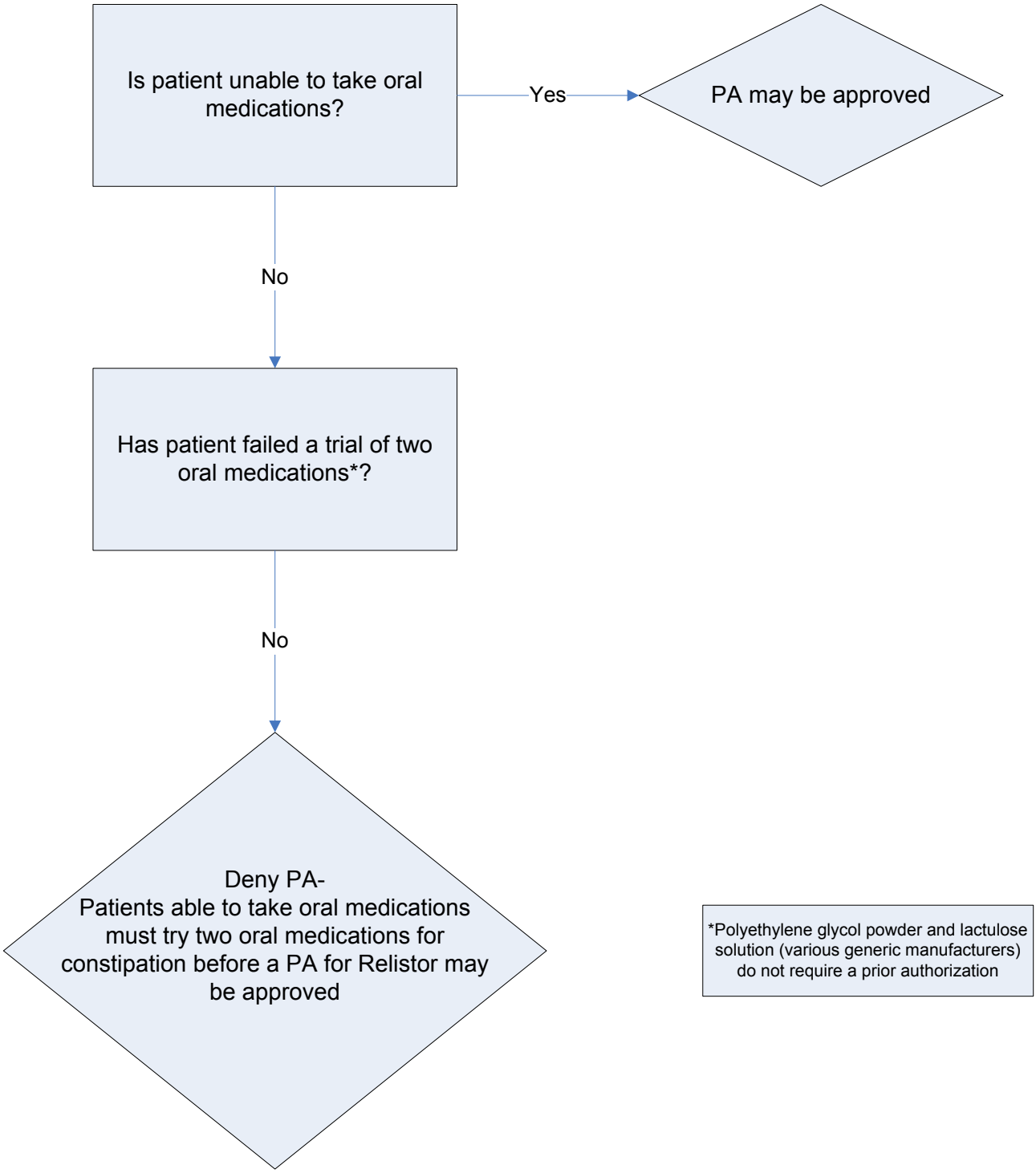
Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:			ND MEDICAID PROVIDER NUMBER:
PHONE NUMBER	FAX NUMBER	DRUG	NDC #

Part III: FOR OFFICIAL USE ONLY

Date Received	Initials:
Approved - Effective dates of PA: From: / / To: / /	Approved by:
Denied: (Reasons)	

North Dakota Department of Human Services
Relistor Authorization Algorithm



HEALTH INFORMATION DESIGNS

Prior Authorization Vendor for ND Medicaid

Nuvigil Prior Authorization

Fax Completed Form to:
866-254-0761
For questions regarding this Prior authorization, call
866-773-0695

ND Medicaid requires that patients receiving a new prescription for Nuvigil must suffer from excessive sleepiness associated with obstructive sleep apnea/hypopnea syndrome, narcolepsy, or shift work disorder.

- **Provigil is covered without a prior authorization.**

Part I: TO BE COMPLETED BY PRESCRIBER

Recipient Name	Recipient Date of Birth	Recipient Medicaid ID Number	
Prescriber Name			
Prescriber Medicaid Provider Number	Telephone Number	Fax Number	
Address	City	State	Zip Code
Requested Drug and Dosage: □ **Nuvigil**	**Diagnosis for this request:**		
Qualifications for coverage:			
□ FAILED MEDICATION	START DATE: END DATE:	DOSE: FREQUENCY:	
□ EXCESSIVE SLEEPINESS ASSOCIATED WITH OBSTRUCTIVE SLEEP APNEA/HYPOPNEA SYNDROME □ NARCOLEPSY □ SHIFT WORK SLEEP DISORDER			
Prescriber Signature		Date	

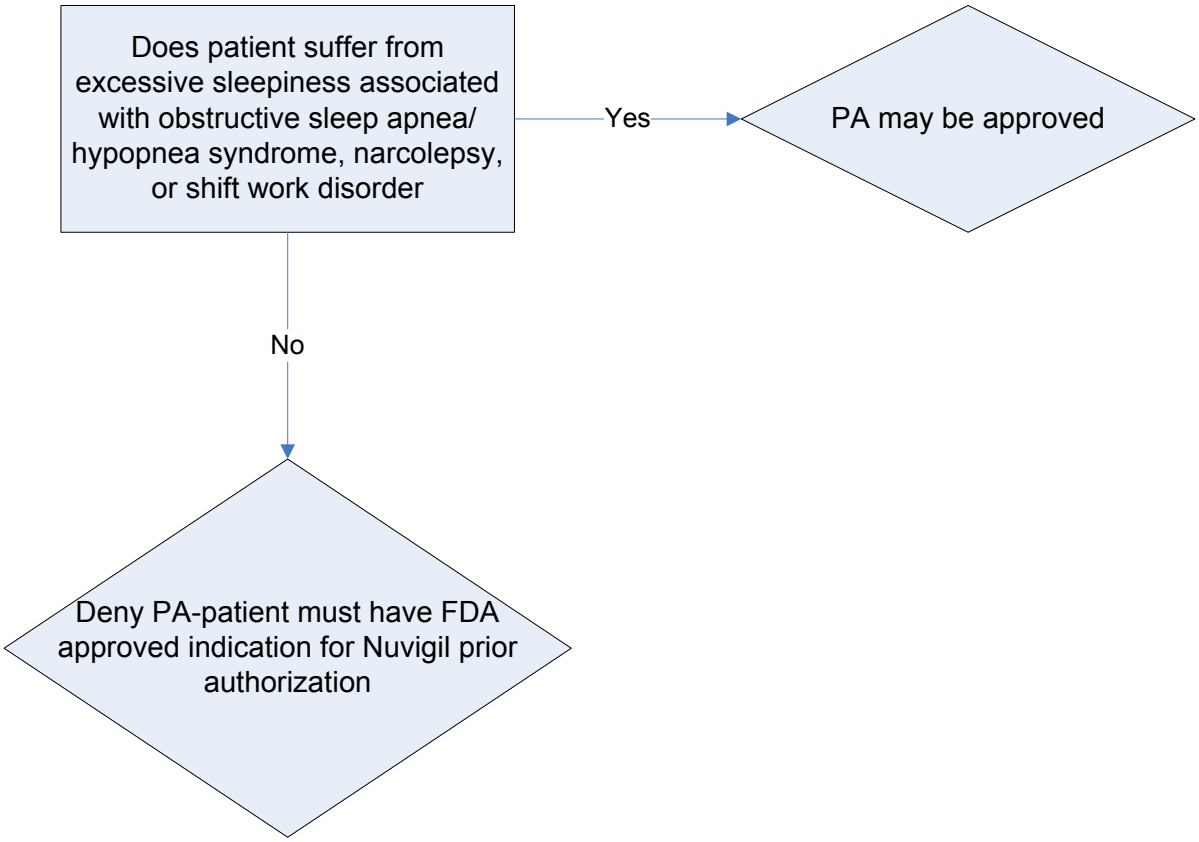
Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:			ND MEDICAID PROVIDER NUMBER:
PHONE NUMBER	FAX NUMBER	DRUG	NDC #

Part III: FOR OFFICIAL USE ONLY

Date Received	Initials:
Approved - Effective dates of PA: From: / / To: / /	Approved by:
Denied: (Reasons)	

North Dakota Department of Human Services
Nuvigil Authorization Algorithm



Nucynta Prior Authorization

Prior Authorization Vendor for ND Medicaid

Fax Completed Form to:
866-254-0761
For questions regarding this Prior authorization, call
866-773-0695

ND Medicaid requires that patients receiving a new prescription for Nucynta must be unable to tolerate other opioids due to gastrointestinal side effects.

- **Oxycodone IR is covered without a prior authorization.**

Part I: TO BE COMPLETED BY PRESCRIBER

Recipient Name	Recipient Date of Birth	Recipient Medicaid ID Number	
Prescriber Name			
Prescriber Medicaid Provider Number	Telephone Number	Fax Number	
Address	City	State	Zip Code
Requested Drug and Dosage: □ **Nucynta**	**Diagnosis for this request:**		
Qualifications for coverage:			
□ FAILED MEDICATION	START DATE: END DATE:	DOSE: FREQUENCY:	
□ UNABLE TO TOLERATE OTHER OPIOIDS DUE TO GASTROINTESTINAL SIDE EFFECTS			
Prescriber Signature		Date	

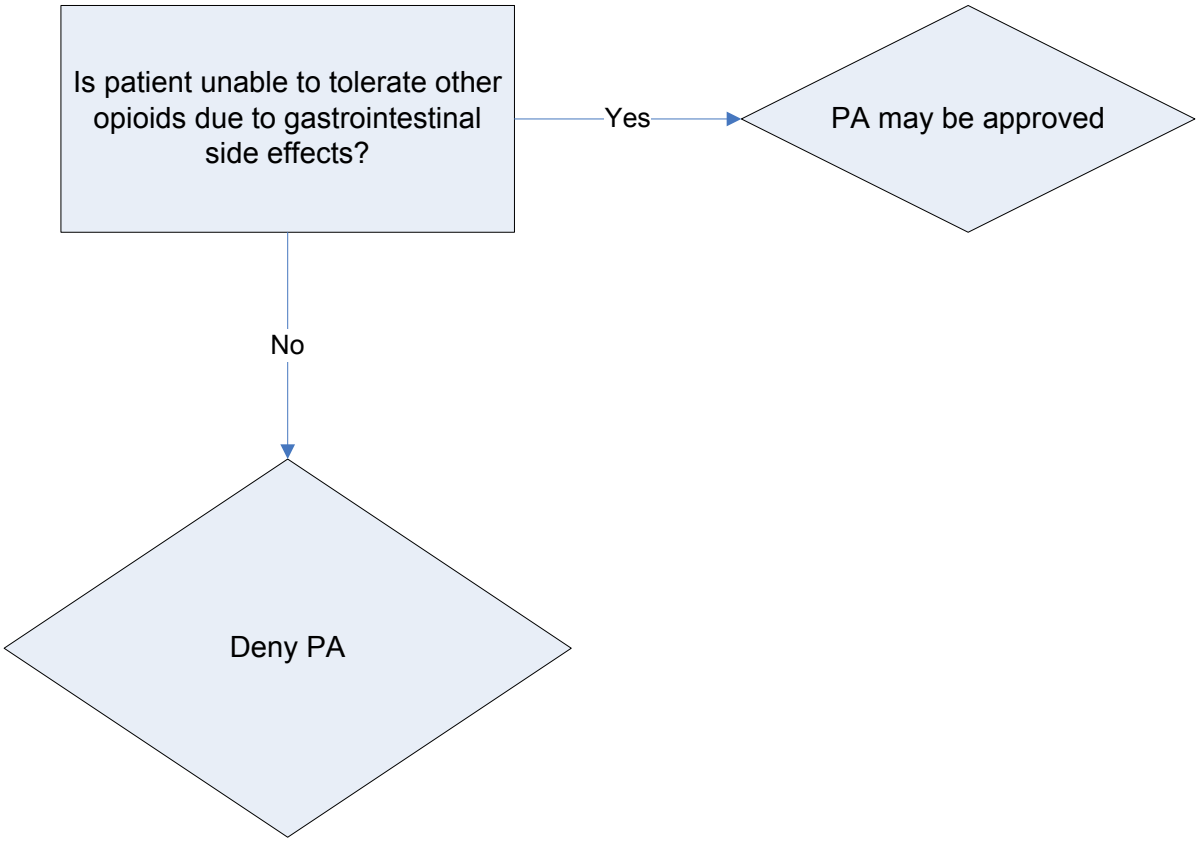
Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:			ND MEDICAID PROVIDER NUMBER:
PHONE NUMBER	FAX NUMBER	DRUG	NDC #

Part III: FOR OFFICIAL USE ONLY

Date Received	Initials:
Approved - Effective dates of PA: From: / / To: / /	Approved by:
Denied: (Reasons)	

North Dakota Department of Human Services
Nucynta Authorization Algorithm



SOLODYN PA FORM

Fax Completed Form to:
866-254-0761
For questions regarding this Prior authorization, call
866-773-0695

Prior Authorization Vendor for ND Medicaid

Note: ND Medicaid will not pay for Solodyn without documented failure of a first line tetracycline agent.

- First line agents include: doxycycline, minocycline, and tetracycline.

Part I: TO BE COMPLETED BY PRESCRIBER

RECIPIENT NAME:	RECIPIENT MEDICAID ID NUMBER:
Recipient Date of birth: / /	
PRESCRIBER NAME:	PRESCRIBER MEDICAID ID NUMBER:
Address:	Phone: ( )
City:	FAX: ( )
State: Zip:	

REQUESTED DRUG: □ **SOLODYN**	**Requested Dosage:** (must be completed)

Qualifications for coverage:

□ Patient has failed a 90 day trial of which first line agent _____

□ *I confirm that I have considered a generic or other alternative and that the requested drug is expected to result in the successful medical management of the recipient.*

Prescriber Signature: Date:

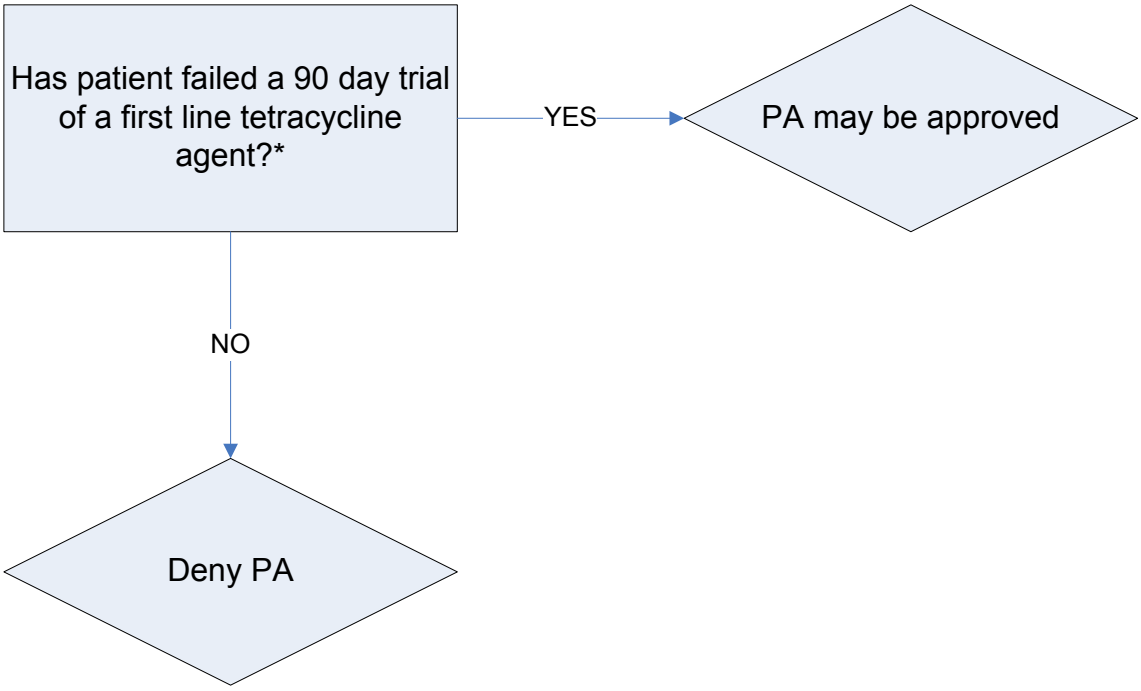
Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:	ND MEDICAID PROVIDER NUMBER:
Phone:	FAX:
Drug:	NDC#:

Part III: FOR OFFICIAL USE ONLY

Date: / /	Initials: _____
Approved - Effective dates of PA: From: / /	To: / /
Denied: (Reasons)	

North Dakota Department of Human Service
Solodyn Authorization Algorithm



*First line agents include: doxycycline, minocycline, and tetracycline.

ORACEA PA FORM

Fax Completed Form to:
866-254-0761
For questions regarding this Prior authorization, call
866-773-0695

Prior Authorization Vendor for ND Medicaid

Note: ND Medicaid will not pay for Oracea without documented failure of a first line tetracycline agent.

- First line agents include: doxycycline, minocycline, and tetracycline.

Part I: TO BE COMPLETED BY PRESCRIBER

RECIPIENT NAME:	RECIPIENT MEDICAID ID NUMBER:
Recipient Date of birth: / /	
PRESCRIBER NAME:	PRESCRIBER MEDICAID ID NUMBER:
Address:	Phone: ( )
City:	FAX: ( )
State: Zip:	

REQUESTED DRUG: □ **ORACEA**	**Requested Dosage:** (must be completed)

Qualifications for coverage:

□ Patient has failed a 90 day trial of which first line agent _____

□ *I confirm that I have considered a generic or other alternative and that the requested drug is expected to result in the successful medical management of the recipient.*

Prescriber Signature: Date:

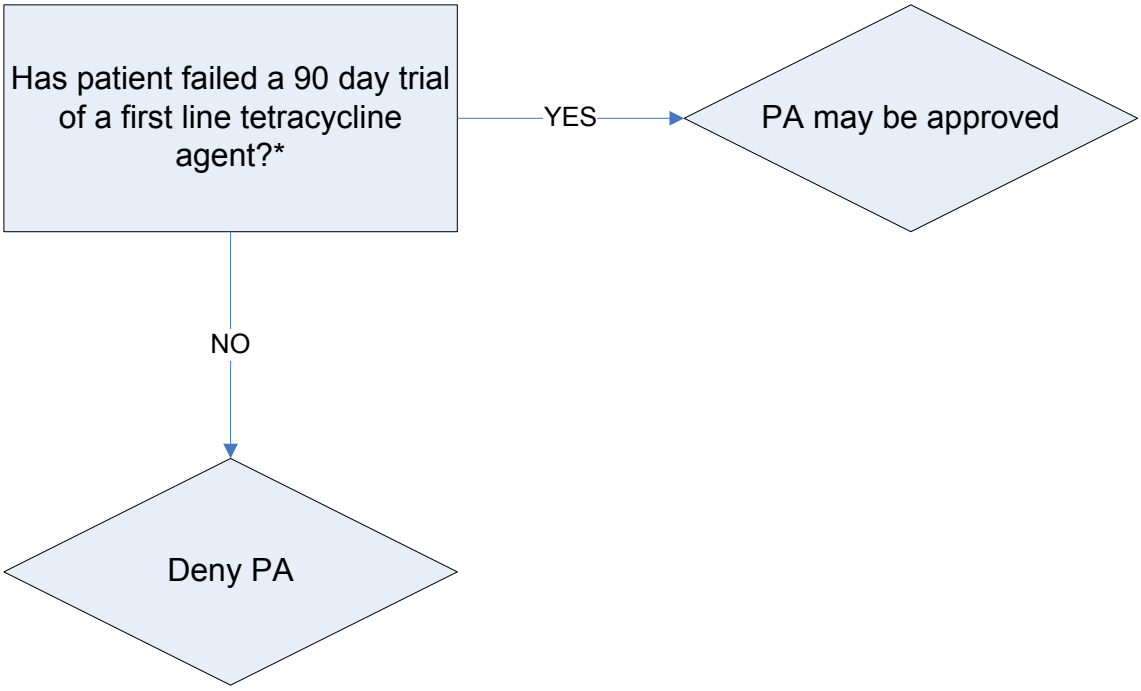
Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:	ND MEDICAID PROVIDER NUMBER:
Phone:	FAX:
Drug:	NDC#:

Part III: FOR OFFICIAL USE ONLY

Date: / /	Initials: _____
Approved - Effective dates of PA: From: / /	To: / /
Denied: (Reasons)	

North Dakota Department of Human Service
Oracea Authorization Algorithm



*First line agents include: doxycycline, minocycline, and tetracycline.

HEALTH INFORMATION DESIGNS

Prior Authorization Vendor for ND Medicaid

OXYCODONE CR
PA FORM

Fax Completed Form to:
866-254-0761
For questions regarding this Prior authorization, call
866-773-0695

***Note: The PA may be approved if all of the following criteria are met.**

- **Patient has a chronic pain indication (includes cancer).**
- **Patient has taken an immediate release narcotic for the past 90 days or is switching from another sustained release opioid analgesic.**

Part I: TO BE COMPLETED BY PRESCRIBER

Recipient Name		Recipient Date of Birth	Recipient Medicaid ID Number	
Prescriber Name				
Prescriber Medicaid Provider Number		Telephone Number	Fax Number	
Address		City	State	Zip Code
Requested Drug: □ OXYCODONE CR	**DOSAGE:**	**Diagnosis for this request:**		
QUALIFICATIONS FOR COVERAGE: □ CHRONIC MALIGNANT PAIN INDICATION □ CHRONIC NON-MALIGNANT PAIN INDICATION		**LIST IMMEDIATE RELEASE MEDICATION TAKEN:**		
LIST OTHER SUSTAINED RELEASE OPIOID ANALGESIC PATIENT IS SWITCHING FROM:				
□ *I confirm that I have considered a generic or other alternative and that the requested drug is expected to result in the successful medical management of the recipient.*				
Prescriber Signature			Date	

Part II: TO BE COMPLETED BY PHARMACY

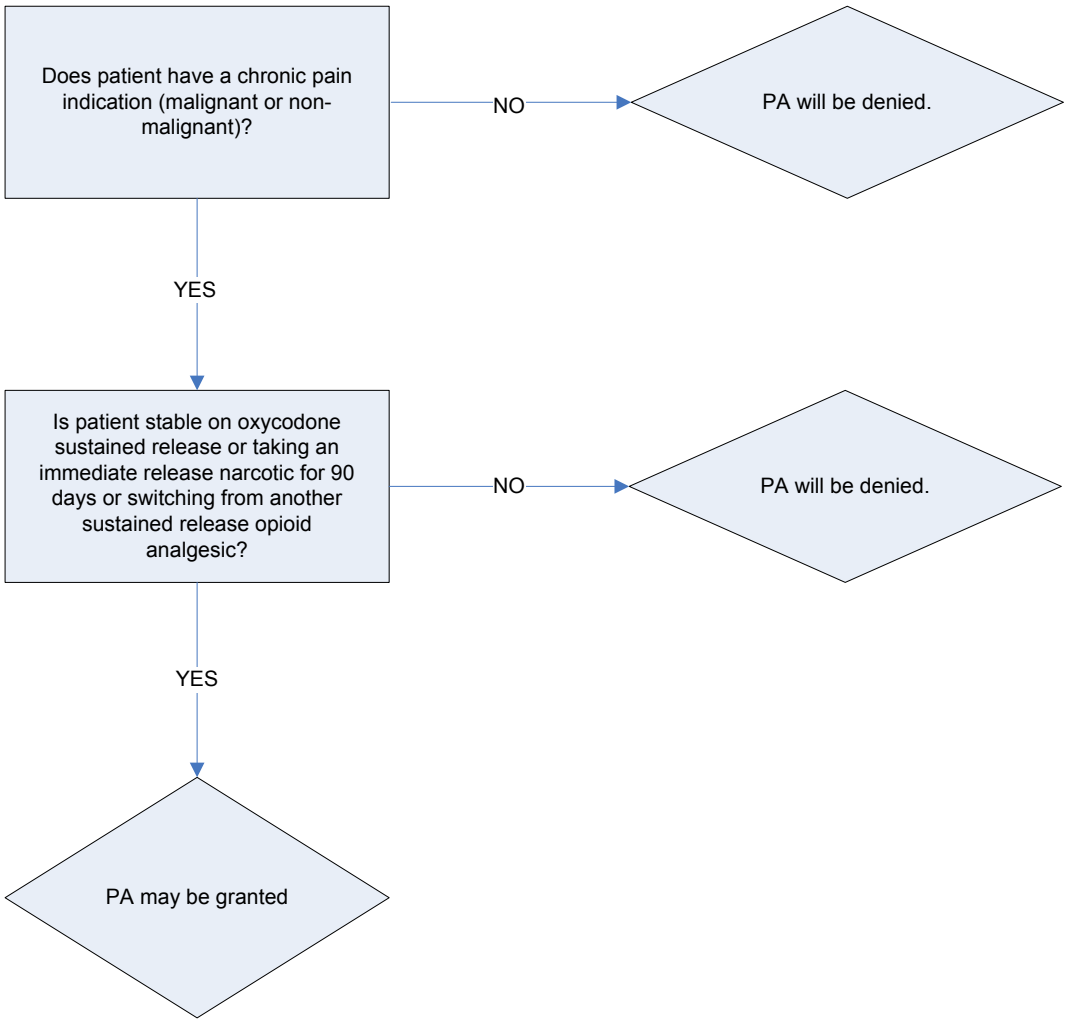
PHARMACY NAME:			ND MEDICAID PROVIDER NUMBER:
TELEPHONE NUMBER	FAX NUMBER	DRUG	NDC #

Part III: FOR OFFICIAL USE ONLY

Date Received	Initials:
Approved - Effective dates of PA: From: / / To: / /	Approved by:
Denied: (Reasons)	

North Dakota Department of Human Services

Oxycodone CR Prior Authorization Criteria Algorithm



Short-Acting HFA Beta$_2$ Agonist PA FORM

Prior Authorization Vendor for ND Medicaid

Fax Completed Form to:
866-254-0761
For questions regarding this Prior authorization, call
866-773-0695

ND Medicaid requires that patients receiving a new prescription for ProAir HFA, Ventolin HFA, or Xopenex HFA must use Proventil HFA as first line therapy.

***Note: Proventil HFA does not require a prior authorization.**

Part I: TO BE COMPLETED BY PRESCRIBER

Recipient Name	Recipient Date of Birth	Recipient Medicaid ID Number	
Prescriber Name			
Prescriber Medicaid Provider Number	Telephone Number	Fax Number	
Address	City	State	Zip Code
Requested Drug and Dosage: □ XOPENEX HFA □ VENTOLIN HFA □ PROAIR HFA	**Diagnosis for this request:**		

Qualifications for coverage:				
□ Failed Proventil HFA therapy	Start Date	End Date	Dose	Frequency
□ *I confirm that I have considered a generic or other alternative and that the requested drug is expected to result in the successful medical management of the recipient.*				
Prescriber Signature			Date	

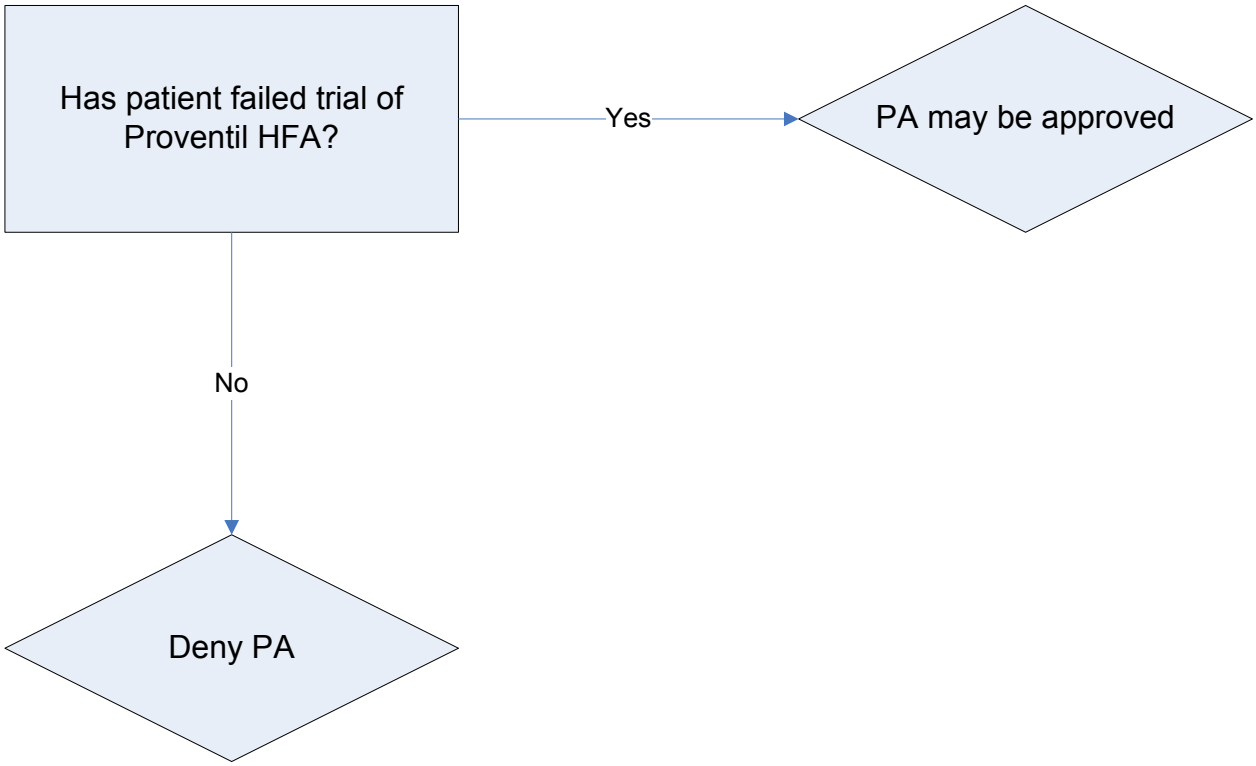
Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:			ND MEDICAID PROVIDER NUMBER:
TELEPHONE NUMBER	FAX NUMBER	DRUG	NDC #

Part III: FOR OFFICIAL USE ONLY

Date Received	Initials:
Approved - Effective dates of PA: From: / / To: / /	Approved by:
Denied: (Reasons)	

North Dakota Department of Human Services Short-Acting Beta$_2$ Agonist Authorization Algorithm



NORTH DAKOTA MEDICAID
Percentage Market Share Within Sub-Classes
Short-Acting Beta-2 HFA Agonists

	FEB 04	SEP 07	JUN 09
All Short-Acting Beta-2 HFA Agonists(No Subclass)			
PROAIR HFA	0.00	4.63	0.15
PROVENTIL HFA	87.50	86.57	97.70
VENTOLIN HFA	12.50	0.00	0.15
XOPENEX HFA	0.00	8.80	1.99

Vusion PA FORM

Prior Authorization Vendor for ND Medicaid

Fax Completed Form to:
866-254-0761
For questions regarding this Prior authorization, call
866-773-0695

ND Medicaid requires that patients receiving a new prescription for Vusion must try other topical antifungal products as first line therapy.

***Note: Nystatin and clotrimazole do not require a prior authorization.**

Part I: TO BE COMPLETED BY PRESCRIBER

Recipient Name	Recipient Date of Birth	Recipient Medicaid ID Number	
Physician Name			
Physician Medicaid Provider Number	Telephone Number	Fax Number	
Address	City	State	Zip Code
Requested Drug and Dosage: □ VUSION	**Diagnosis for this request:**		

Qualifications for coverage:

□ Failed antifungal therapy Name of medication failed: _____	Start Date	End Date	Dose	Frequency

□ *I confirm that I have considered a generic or other alternative and that the requested drug is expected to result in the successful medical management of the recipient.*

Prescriber Signature	Date

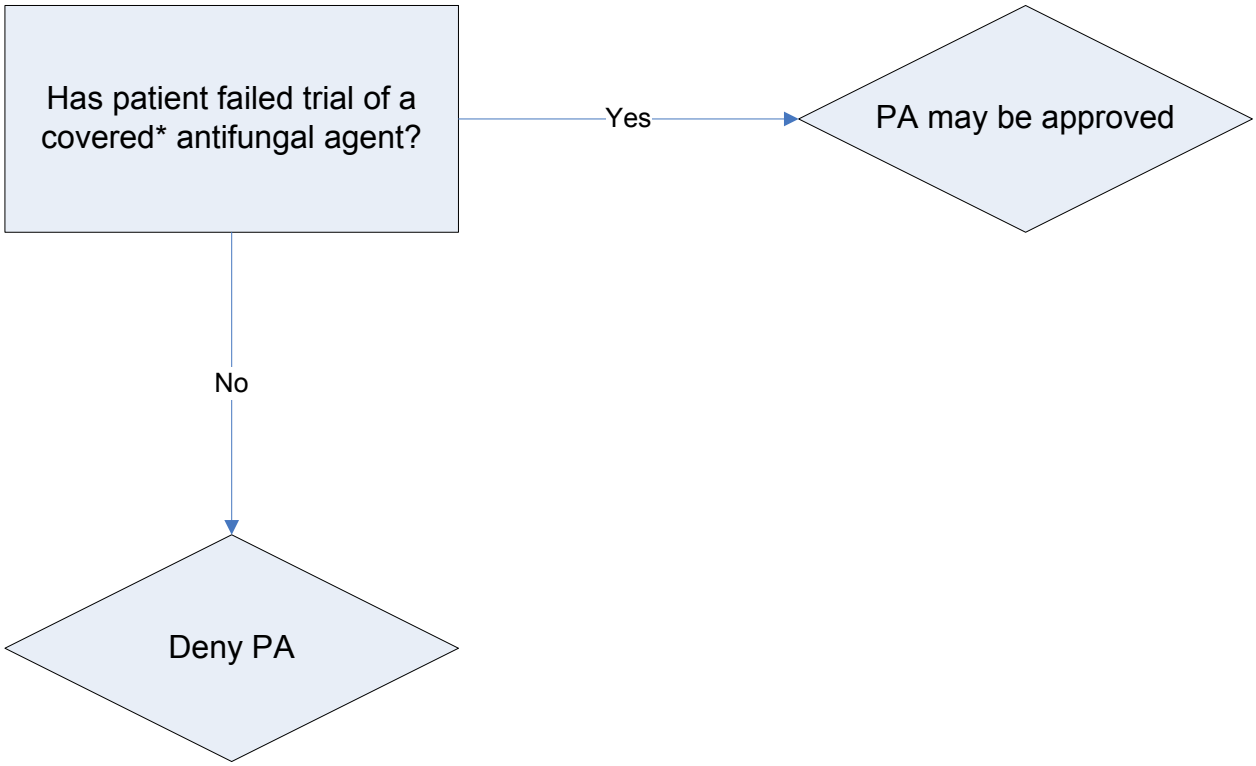
Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:			ND MEDICAID PROVIDER NUMBER:
TELEPHONE NUMBER	FAX NUMBER	DRUG	NDC #

Part III: FOR OFFICIAL USE ONLY

Date Received	Initials:
Approved - Effective dates of PA: From: / / To: / /	Approved by:
Denied: (Reasons)	

North Dakota Department of Human Services
Vusion Authorization Algorithm



*Nystatin and clotrimazole do not require a PA

Top 250 Drugs by Total Claims				
10/06/08-10/05/09				
Drug Name	Total Claims	Total Claims Cost	Total Patients	Cost Per Claim
HYDROCODONE-ACETAMINOPHEN	14,285	163,712.00	4,733	11.46
AMOXICILLIN	12,190	131,314.23	9,071	10.77
AZITHROMYCIN	11,980	243,220.14	8,705	20.3
LORAZEPAM	11,451	94,557.93	2,414	8.26
CLONAZEPAM	7,927	66,625.05	1,246	8.4
OMEPRAZOLE	7,248	158,942.02	1,992	21.93
PROVENTIL HFA	7,237	324,162.53	3,135	44.79
CONCERTA	6,646	813,951.77	1,114	122.47
SINGULAIR	6,098	629,737.21	1,538	103.27
FLUOXETINE HCL	5,872	65,359.16	1,319	11.13
LEVOTHYROXINE SODIUM	5,740	64,698.18	868	11.27
SERTRALINE HCL	5,550	53,217.97	1,299	9.59
TRAMADOL HCL	5,305	50,927.80	1,845	9.6
IBUPROFEN	5,264	38,837.98	3,244	7.38
ALPRAZOLAM	5,154	41,837.87	1,045	8.12
LISINOPRIL	4,973	45,543.80	883	9.16
TRAZODONE HCL	4,775	37,400.99	1,178	7.83
SEROQUEL	4,709	1,143,239.72	707	242.78
AMOX TR-POTASSIUM CLAVULANATE	4,628	141,521.13	3,673	30.58
CLONIDINE HCL	4,470	41,252.48	767	9.23
ZOLPIDEM TARTRATE	4,443	36,596.41	1,079	8.24
RISPERIDONE	4,296	319,361.35	579	74.34
ALBUTEROL SULFATE	4,139	76,423.76	2,330	18.46
CEPHALEXIN	4,046	58,969.89	3,375	14.57
ACETAMINOPHEN-CODEINE	4,018	34,638.27	2,863	8.62
CYCLOBENZAPRINE HCL	3,979	33,491.51	1,880	8.42
METFORMIN HCL	3,908	43,741.22	771	11.19
SULFAMETHOXAZOLE-TRIMETHOPRIM	3,834	43,920.10	2,800	11.46
ADDERALL XR	3,698	618,163.73	751	167.16
LEXAPRO	3,652	320,227.47	872	87.69
OXYCODONE-ACETAMINOPHEN	3,492	33,926.86	1,791	9.72
ASPIRIN EC	3,158	7,536.10	581	2.39
PREDNISONE	2,963	22,324.45	1,676	7.53
FUROSEMIDE	2,949	20,702.31	586	7.02
LAMOTRIGINE	2,933	307,510.89	459	104.85
CYMBALTA	2,912	386,785.53	531	132.82
CEFDINIR	2,779	113,094.89	2,068	40.7
EFFEXOR XR	2,778	347,967.99	465	125.26
ABILIFY	2,770	1,031,667.82	515	372.44
HYDROCHLOROTHIAZIDE	2,736	18,065.62	513	6.6
METHYLIN	2,728	67,215.66	669	24.64
PROMETHAZINE-CODEINE	2,698	26,945.37	1,942	9.99
VYVANSE	2,663	271,385.29	494	101.91

Top 250 Drugs by Total Claims				
10/06/08-10/05/09				
Drug Name	Total Claims	Total Claims Cost	Total Patients	Cost Per Claim
CITALOPRAM HBR	2,631	29,970.01	666	11.39
FOLIC ACID	2,590	16,202.46	439	6.26
GABAPENTIN	2,562	62,202.04	562	24.28
ADVAIR DISKUS	2,559	509,336.76	748	199.04
LIPITOR	2,512	249,006.64	377	99.13
LORATADINE	2,509	19,585.64	914	7.81
LYRICA	2,422	323,926.12	487	133.74
SIMVASTATIN	2,418	26,964.46	470	11.15
PROPOXYPHENE NAPSYLATE-APAP	2,392	25,372.05	1,112	10.61
STRATTERA	2,271	305,970.55	432	134.73
DIAZEPAM	2,230	16,787.98	677	7.53
PROMETHAZINE HCL	2,215	29,556.44	1,356	13.34
BUPROPION XL	2,149	116,282.48	504	54.11
TRIAMCINOLONE ACETONIDE	2,107	20,358.52	1,433	9.66
FLUCONAZOLE	2,094	18,751.31	1,357	8.95
FREESTYLE LITE STRIPS	2,066	224,531.19	629	108.68
PRENATAL PLUS	2,052	17,571.06	893	8.56
AMITRIPTYLINE HCL	2,032	14,304.70	498	7.04
CYANOCOBALAMIN	2,021	11,392.95	327	5.64
METADATE CD	2,019	235,742.53	347	116.76
PAROXETINE HCL	1,954	54,689.88	415	27.99
AMPHETAMINE SALT COMBO	1,890	42,884.69	413	22.69
CIPROFLOXACIN HCL	1,862	18,120.78	1,497	9.73
DIVALPROEX SODIUM	1,831	55,483.98	266	30.3
ATENOLOL	1,819	12,498.07	294	6.87
PROPRANOLOL HCL	1,802	33,708.98	404	18.71
NAPROXEN	1,771	16,487.71	1,118	9.31
MIRTAZAPINE	1,769	25,114.00	427	14.2
PHENOBARBITAL	1,737	12,664.19	203	7.29
YAZ	1,704	98,629.27	412	57.88
METOPROLOL TARTRATE	1,683	12,729.98	342	7.56
CETIRIZINE HCL	1,625	20,079.86	634	12.36
OXCARBAZEPINE	1,586	82,449.07	230	51.99
ZYPREXA	1,582	813,463.60	204	514.2
AMLODIPINE BESYLATE	1,580	15,125.23	301	9.57
OXYCODONE HCL	1,579	97,319.94	433	61.63
POLYETHYLENE GLYCOL	1,572	35,760.07	610	22.75
FOCALIN XR	1,548	172,139.36	284	111.2
RANITIDINE HCL	1,546	25,269.11	586	16.34
NYSTATIN	1,544	19,849.63	1,144	12.86
FLUTICASONE PROPIONATE	1,494	31,174.88	792	20.87
PENICILLIN V POTASSIUM	1,488	16,775.61	1,206	11.27
PULMICORT	1,486	341,912.43	644	230.09

Top 250 Drugs by Total Claims				
10/06/08-10/05/09				
Drug Name	Total Claims	Total Claims Cost	Total Patients	Cost Per Claim
ACETAMINOPHEN	1,471	6,591.46	717	4.48
DOXYCYCLINE HYCLATE	1,447	10,890.84	986	7.53
AMOXIL	1,441	12,247.91	1,231	8.5
BUDEPRION XL	1,428	105,908.56	389	74.17
PREVACID	1,419	211,148.65	352	148.8
METRONIDAZOLE	1,386	19,543.34	1,120	14.1
LANTUS	1,369	198,509.10	266	145
TOPAMAX	1,361	360,942.59	306	265.2
CEFPROZIL	1,335	45,162.70	1,080	33.83
METOCLOPRAMIDE HCL	1,328	10,745.19	672	8.09
GEODON	1,313	405,326.05	156	308.7
POTASSIUM CHLORIDE	1,306	23,332.79	313	17.87
MUPIROCIN	1,277	21,613.03	1,070	16.92
TRI-SPRINTEC	1,233	32,428.31	311	26.3
WARFARIN SODIUM	1,231	14,068.48	201	11.43
BACLOFEN	1,210	15,709.01	210	12.98
NOVOLOG	1,204	211,007.57	294	175.26
DEXTROAMPHETAMINE-AMPHETAMINE	1,194	189,347.62	476	158.58
MAPAP	1,185	3,677.35	780	3.1
PREDNISOLONE SODIUM PHOSPHATE	1,179	14,440.18	930	12.25
CLOZAPINE	1,155	101,262.11	66	87.67
CLINDAMYCIN HCL	1,145	21,132.38	913	18.46
METOPROLOL SUCCINATE	1,135	33,455.20	238	29.48
FERROUS SULFATE	1,109	3,935.08	506	3.55
BENZTROPINE MESYLATE	1,100	10,900.55	158	9.91
HYDROXYZINE HCL	1,064	24,750.47	501	23.26
CHERATUSSIN AC	1,060	7,631.57	860	7.2
FREESTYLE LANCETS	1,052	13,284.35	500	12.63
PREDNISOLONE	1,049	8,550.75	860	8.15
LEVAQUIN	1,029	119,976.66	772	116.6
XOPENEX	1,015	128,481.04	499	126.58
GENTAMICIN SULFATE	1,004	7,882.03	923	7.85
FREESTYLE TEST STRIPS	995	105,016.58	288	105.54
DEXTROAMPHETAMINE SULFATE	986	71,149.87	186	72.16
LEVETIRACETAM	961	90,019.24	187	93.67
GUANFACINE HCL	955	12,869.81	184	13.48
PLAVIX	953	138,165.85	154	144.98
CARBAMAZEPINE	941	19,223.50	129	20.43
NITROFURANTOIN MONO-MACRO	933	15,441.50	722	16.55
MORPHINE SULFATE	925	27,550.14	185	29.78
FENTANYL	918	136,972.22	156	149.21
RITALIN LA	910	89,969.38	174	98.87
TOPIRAMATE	907	31,672.03	280	34.92

Top 250 Drugs by Total Claims				
10/06/08-10/05/09				
Drug Name	Total Claims	Total Claims Cost	Total Patients	Cost Per Claim
HUMALOG	899	169,456.41	182	188.49
LITHIUM CARBONATE	895	20,803.90	144	23.24
CIPRODEX	874	82,419.21	724	94.3
PRILOSEC OTC	870	18,769.14	229	21.57
ACTOS	864	162,332.12	153	187.88
BENZONATATE	863	12,953.23	598	15.01
HYDROCORTISONE	853	11,904.98	579	13.96
MINOCYCLINE HCL	844	24,415.54	244	28.93
TRICOR	833	80,353.64	130	96.46
HYDROMORPHONE HCL	827	8,994.37	254	10.88
BUPROPION HCL SR	814	39,848.31	250	48.95
METHYLPHENIDATE HCL	809	13,853.72	320	17.12
ONDANSETRON HCL	793	19,789.66	401	24.96
SPIRONOLACTONE	791	16,515.68	180	20.88
OXYCONTIN	782	222,595.96	137	284.65
NUVARING	773	45,848.77	223	59.31
ORTHO TRI-CYCLEN LO	769	40,308.04	198	52.42
KEPPRA	766	190,427.27	185	248.6
DEPAKOTE ER	764	125,653.12	154	164.47
VITAMIN D	755	7,957.78	183	10.54
CRESTOR	751	76,080.43	107	101.31
MEDROXYPROGESTERONE ACETATE	750	28,043.14	408	37.39
TEMAZEPAM	747	6,135.78	152	8.21
AVIANE	736	18,251.85	192	24.8
ENALAPRIL MALEATE	732	5,500.62	129	7.51
FAMOTIDINE	720	7,011.31	214	9.74
VALTREX	710	107,945.45	299	152.04
LISINOPRIL-HCTZ	705	8,081.59	147	11.46
LANTUS SOLOSTAR	701	125,038.99	150	178.37
MELOXICAM	696	7,036.87	289	10.11
CARISOPRODOL	688	8,616.23	187	12.52
PANTOPRAZOLE SODIUM	683	77,476.14	161	113.44
FLOVENT HFA	679	77,482.24	312	114.11
BUSPIRONE HCL	677	12,246.29	189	18.09
METHADONE HCL	677	12,159.95	93	17.96
TRIAMTERENE-HCTZ	674	6,614.14	123	9.81
VALPROIC ACID	657	15,910.07	79	24.22
TIZANIDINE HCL	657	13,418.51	176	20.42
SPIRIVA	654	103,814.43	136	158.74
METHYLPREDNISOLONE	645	6,383.67	562	9.9
GLYBURIDE	640	9,844.58	120	15.38
PHENYTOIN SODIUM EXTENDED	638	19,102.31	107	29.94
CLINDAMYCIN PHOSPHATE	619	14,021.72	347	22.65

Top 250 Drugs by Total Claims				
10/06/08-10/05/09				
Drug Name	Total Claims	Total Claims Cost	Total Patients	Cost Per Claim
APRI	613	12,979.52	167	21.17
GEMFIBROZIL	613	12,383.49	105	20.2
LEVEMIR	601	129,984.10	152	216.28
DIVALPROEX SODIUM ER	601	80,876.26	156	134.57
TEGRETOL XR	590	46,681.71	65	79.12
PREMARIN	587	32,107.16	160	54.7
SUMATRIPTAN SUCCINATE	586	111,678.63	289	190.58
DETROL LA	586	68,583.77	117	117.04
NEOMYCIN-POLYMYXIN-HC	580	11,725.95	509	20.22
BENZACLIN	575	61,036.53	250	106.15
DESMOPRESSIN ACETATE	572	51,345.59	126	89.77
CLOTRIMAZOLE-BETAMETHASONE	562	14,386.27	414	25.6
ALBUTEROL	547	10,850.50	427	19.84
ORTHO EVRA	546	30,868.90	157	56.54
NASONEX	541	41,912.52	270	77.47
PERMETHRIN	533	10,971.45	447	20.58
VIGAMOX	531	31,883.91	488	60.05
ASPIR-LOW	528	998.12	96	1.89
OCELLA	525	25,249.16	141	48.09
NORTREL	525	12,430.90	132	23.68
HYDROCODONE BIT-IBUPROFEN	524	13,663.36	306	26.08
KETOROLAC TROMETHAMINE	524	5,017.50	375	9.58
LACTULOSE	515	9,781.98	161	18.99
ERYTHROMYCIN	515	4,628.24	407	8.99
COMBIVENT	507	56,509.43	139	111.46
ALENDRONATE SODIUM	507	8,060.27	84	15.9
IMIPRAMINE HCL	503	9,937.27	109	19.76
CARVEDILOL	496	5,497.21	85	11.08
INVEGA	487	209,413.18	82	430.01
CRYSELLE	487	11,813.51	142	24.26
HYDROXYZINE PAMOATE	487	5,090.55	239	10.45
INSULIN SYRINGE ULTRA-FINE II	485	12,580.78	131	25.94
DIGOXIN	479	5,603.03	72	11.7
IPRATROPIUM-ALBUTEROL	473	22,143.10	189	46.81
POLYMYXIN B SUL-TRIMETHOPRIM	469	5,474.50	452	11.67
TRILEPTAL	467	77,820.90	69	166.64
PHENAZOPYRIDINE HCL	466	2,909.29	401	6.24
NYSTATIN-TRIAMCINOLONE	463	3,508.07	379	7.58
DAYTRANA	459	59,118.31	110	128.8
METFORMIN HCL ER	456	5,760.46	87	12.63
ISOSORBIDE MONONITRATE	446	6,237.87	78	13.99
OXYBUTYNIN CHLORIDE	446	5,934.23	95	13.31
AMOCLAN	445	9,212.27	360	20.7

Top 250 Drugs by Total Claims				
10/06/08-10/05/09				
Drug Name	Total Claims	Total Claims Cost	Total Patients	Cost Per Claim
DIFFERIN	440	61,005.47	225	138.65
ACYCLOVIR	439	5,843.63	253	13.31
TETRACYCLINE HCL	439	3,834.16	151	8.73
SODIUM CHLORIDE	438	6,698.51	237	15.29
ZETIA	437	44,862.46	59	102.66
SEROQUEL XR	435	124,985.49	119	287.32
CELEBREX	435	52,715.16	136	121.18
FOCALIN	433	27,254.72	111	62.94
ULTRA-FINE SHORT PEN NEEDLE	433	14,709.20	151	33.97
METHOTREXATE	427	8,659.70	96	20.28
AMBIEN CR	423	60,169.09	84	142.24
DILANTIN	423	12,536.68	61	29.64
BUDESONIDE	422	85,824.33	263	203.38
DICLOFENAC POTASSIUM	417	9,718.41	321	23.31
ONDANSETRON ODT	415	7,267.36	280	17.51
LEVOCARNITINE	414	25,311.05	59	61.14
DEPAKOTE SPRINKLE	412	61,378.27	79	148.98
ROPINIROLE HCL	412	9,969.66	67	24.2
IPRATROPIUM BROMIDE	408	7,269.87	123	17.82
KETOCONAZOLE	407	9,762.92	251	23.99
NASACORT AQ	406	35,727.33	180	88
ALLOPURINOL	404	3,290.82	67	8.15
BACTROBAN	403	23,820.08	329	59.11
VERAPAMIL HCL	403	7,405.62	109	18.38
METHYLIN ER	397	10,609.39	105	26.72
DICLOFENAC SODIUM	397	9,167.72	233	23.09
SKELAXIN	395	67,962.58	181	172.06
AURODEX EAR DROPS	383	2,527.04	354	6.6
OXYBUTYNIN CHLORIDE ER	380	34,028.51	65	89.55
QUINAPRIL HCL	379	4,345.63	62	11.47
SULFATRIM	373	5,292.62	313	14.19
FEXOFENADINE HCL	371	15,175.79	84	40.91
LAMICTAL	366	108,350.92	73	296.04
TRAMADOL HCL-ACETAMINOPHEN	366	12,453.49	195	34.03
SUBOXONE	363	99,186.75	59	273.24

Top 250 Drugs by Total Claims Cost				
10/06/08-10/05/09				
Drug Name	Total Claims	Total Claims Cost	Total Patients	Cost Per Patient
SEROQUEL	4,709	1,143,239.72	707	1,617.03
ABILIFY	2,770	1,031,667.82	515	2,003.24
CONCERTA	6,646	813,951.77	1,114	730.66
ZYPREXA	1,582	813,463.60	204	3,987.57
SINGULAIR	6,098	629,737.21	1,538	409.45
ADDERALL XR	3,698	618,163.73	751	823.12
ADVAIR DISKUS	2,559	509,336.76	748	680.93
SYNAGIS	337	473,893.61	72	6,581.86
GEODON	1,313	405,326.05	156	2,598.24
CYMBALTA	2,912	386,785.53	531	728.41
TOPAMAX	1,361	360,942.59	306	1,179.55
EFFEXOR XR	2,778	347,967.99	465	748.32
PULMICORT	1,486	341,912.43	644	530.92
HELIXATE FS	38	335,870.46	2	167,935.23
PROVENTIL HFA	7,237	324,162.53	3,135	103.4
LYRICA	2,422	323,926.12	487	665.15
LEXAPRO	3,652	320,227.47	872	367.23
RISPERIDONE	4,296	319,361.35	579	551.57
LAMOTRIGINE	2,933	307,510.89	459	669.96
STRATTERA	2,271	305,970.55	432	708.27
VYVANSE	2,663	271,385.29	494	549.36
ADVATE UH	22	267,391.75	1	267,391.75
LIPITOR	2,512	249,006.64	377	660.5
AZITHROMYCIN	11,980	243,220.14	8,705	27.94
METADATE CD	2,019	235,742.53	347	679.37
FREESTYLE LITE STRIPS	2,066	224,531.19	629	356.97
COPAXONE	96	223,373.13	15	14,891.54
OXYCONTIN	782	222,595.96	137	1,624.79
PREVACID	1,419	211,148.65	352	599.85
NOVOLOG	1,204	211,007.57	294	717.71
INVEGA	487	209,413.18	82	2,553.82
LANTUS	1,369	198,509.10	266	746.27
ENBREL	138	198,286.48	29	6,837.46
KEPPRA	766	190,427.27	185	1,029.34
DEXTROAMPHETAMINE-AMPHETAMINE	1,194	189,347.62	476	397.79
LOVENOX	230	182,807.73	91	2,008.88
HUMIRA	96	175,249.84	19	9,223.68
FOCALIN XR	1,548	172,139.36	284	606.12
HUMALOG	899	169,456.41	182	931.08
RISPERDAL CONSTA	309	168,945.80	29	5,825.72
HYDROCODONE-ACETAMINOPHEN	14,285	163,712.00	4,733	34.59
ACTOS	864	162,332.12	153	1,060.99
OMEPRAZOLE	7,248	158,942.02	1,992	79.79

Top 250 Drugs by Total Claims Cost				
10/06/08-10/05/09				
Drug Name	Total Claims	Total Claims Cost	Total Patients	Cost Per Patient
AMOX TR-POTASSIUM CLAVULANATE	4,628	141,521.13	3,673	38.53
PLAVIX	953	138,165.85	154	897.18
FENTANYL	918	136,972.22	156	878.03
AMOXICILLIN	12,190	131,314.23	9,071	14.48
LEVEMIR	601	129,984.10	152	855.16
XOPENEX	1,015	128,481.04	499	257.48
DEPAKOTE ER	764	125,653.12	154	815.93
LANTUS SOLOSTAR	701	125,038.99	150	833.59
SEROQUEL XR	435	124,985.49	119	1,050.30
PULMOZYME	79	119,989.55	16	7,499.35
LEVAQUIN	1,029	119,976.66	772	155.41
BUPROPION XL	2,149	116,282.48	504	230.72
ZYPREXA ZYDIS	210	115,992.25	33	3,514.92
CEFDINIR	2,779	113,094.89	2,068	54.69
SUMATRIPTAN SUCCINATE	586	111,678.63	289	386.43
PROVIGIL	359	110,007.71	70	1,571.54
XELODA	66	108,535.99	14	7,752.57
LAMICTAL	366	108,350.92	73	1,484.26
VALTREX	710	107,945.45	299	361.02
BUDEPRION XL	1,428	105,908.56	389	272.26
FREESTYLE TEST STRIPS	995	105,016.58	288	364.64
SPIRIVA	654	103,814.43	136	763.34
CLOZAPINE	1,155	101,262.11	66	1,534.27
SUBOXONE	363	99,186.75	59	1,681.13
YAZ	1,704	98,629.27	412	239.39
OXYCODONE HCL	1,579	97,319.94	433	224.76
LORAZEPAM	11,451	94,557.93	2,414	39.17
LEVETIRACETAM	961	90,019.24	187	481.39
RITALIN LA	910	89,969.38	174	517.07
PEGASYS	42	88,049.47	12	7,337.46
BUDESONIDE	422	85,824.33	263	326.33
PRIVIGEN	12	83,042.67	1	83,042.67
OXCARBAZEPINE	1,586	82,449.07	230	358.47
CIPRODEX	874	82,419.21	724	113.84
AVONEX	33	81,980.55	7	11,711.51
DIVALPROEX SODIUM ER	601	80,876.26	156	518.44
TRICOR	833	80,353.64	130	618.1
TOBI	40	80,295.76	19	4,226.09
PROGRAF	170	80,000.97	20	4,000.05
TRILEPTAL	467	77,820.90	69	1,127.84
FLOVENT HFA	679	77,482.24	312	248.34
PANTOPRAZOLE SODIUM	683	77,476.14	161	481.22
ALBUTEROL SULFATE	4,139	76,423.76	2,330	32.8

Top 250 Drugs by Total Claims Cost				
10/06/08-10/05/09				
Drug Name	Total Claims	Total Claims Cost	Total Patients	Cost Per Patient
CRESTOR	751	76,080.43	107	711.03
TRACLEER	16	74,656.07	4	18,664.02
DEXTROAMPHETAMINE SULFATE	986	71,149.87	186	382.53
IMITREX	302	70,908.72	176	402.89
DETROL LA	586	68,583.77	117	586.19
SKELAXIN	395	67,962.58	181	375.48
GLEEVEC	12	67,609.60	4	16,902.40
ZYVOX	54	67,304.92	33	2,039.54
METHYLIN	2,728	67,215.66	669	100.47
CLONAZEPAM	7,927	66,625.05	1,246	53.47
FLUOXETINE HCL	5,872	65,359.16	1,319	49.55
LEVOTHYROXINE SODIUM	5,740	64,698.18	868	74.54
PEGINTRON REDIPEN	30	63,287.96	8	7,911.00
GABAPENTIN	2,562	62,202.04	562	110.68
DEPAKOTE SPRINKLE	412	61,378.27	79	776.94
BENZACLIN	575	61,036.53	250	244.15
DIFFERIN	440	61,005.47	225	271.14
AMBIEN CR	423	60,169.09	84	716.3
DAYTRANA	459	59,118.31	110	537.44
CEPHALEXIN	4,046	58,969.89	3,375	17.47
NOVOLOG MIX 70-30	262	56,867.06	48	1,184.73
COMBIVENT	507	56,509.43	139	406.54
DIVALPROEX SODIUM	1,831	55,483.98	266	208.59
LIDODERM	259	55,393.39	113	490.21
ARIMIDEX	166	55,268.75	22	2,512.22
PAROXETINE HCL	1,954	54,689.88	415	131.78
SUTENT	7	54,042.87	1	54,042.87
SERTRALINE HCL	5,550	53,217.97	1,299	40.97
CELEBREX	435	52,715.16	136	387.61
DESMOPRESSIN ACETATE	572	51,345.59	126	407.5
TRAMADOL HCL	5,305	50,927.80	1,845	27.6
TEGRETOL XR	590	46,681.71	65	718.18
NEXIUM	285	46,491.14	59	787.99
NUVARING	773	45,848.77	223	205.6
DIASTAT ACUDIAL	174	45,678.16	72	634.42
SYMBICORT	249	45,566.26	93	489.96
LISINOPRIL	4,973	45,543.80	883	51.58
CEFPROZIL	1,335	45,162.70	1,080	41.82
REBIF	18	44,979.68	3	14,993.23
ZETIA	437	44,862.46	59	760.38
LUNESTA	323	44,818.52	68	659.1
SULFAMETHOXAZOLE-TRIMETHOPRIM	3,834	43,920.10	2,800	15.69
METFORMIN HCL	3,908	43,741.22	771	56.73

Top 250 Drugs by Total Claims Cost				
10/06/08-10/05/09				
Drug Name	Total Claims	Total Claims Cost	Total Patients	Cost Per Patient
AMPHETAMINE SALT COMBO	1,890	42,884.69	413	103.84
NASONEX	541	41,912.52	270	155.23
ALPRAZOLAM	5,154	41,837.87	1,045	40.04
KADIAN	160	41,357.95	17	2,432.82
CLONIDINE HCL	4,470	41,252.48	767	53.78
ORTHO TRI-CYCLEN LO	769	40,308.04	198	203.58
CELLCEPT	73	39,978.92	16	2,498.68
BUPROPION HCL SR	814	39,848.31	250	159.39
MAXALT	174	39,255.89	69	568.93
IBUPROFEN	5,264	38,837.98	3,244	11.97
FELBATOL	129	38,216.79	16	2,388.55
TRAZODONE HCL	4,775	37,400.99	1,178	31.75
CARBATROL	331	36,810.52	35	1,051.73
ZOLPIDEM TARTRATE	4,443	36,596.41	1,079	33.92
BYETTA	152	36,044.46	34	1,060.13
POLYETHYLENE GLYCOL	1,572	35,760.07	610	58.62
NASACORT AQ	406	35,727.33	180	198.49
ACETAMINOPHEN-CODEINE	4,018	34,638.27	2,863	12.1
AVONEX ADMINISTRATION PACK	14	34,541.90	2	17,270.95
OXYBUTYNIN CHLORIDE ER	380	34,028.51	65	523.52
OXYCODONE-ACETAMINOPHEN	3,492	33,926.86	1,791	18.94
PROPRANOLOL HCL	1,802	33,708.98	404	83.44
CYCLOBENZAPRINE HCL	3,979	33,491.51	1,880	17.81
METOPROLOL SUCCINATE	1,135	33,455.20	238	140.57
TRI-SPRINTEC	1,233	32,428.31	311	104.27
PREMARIN	587	32,107.16	160	200.67
VIGAMOX	531	31,883.91	488	65.34
TOPIRAMATE	907	31,672.03	280	113.11
FLOMAX	261	31,190.39	57	547.2
FLUTICASONE PROPIONATE	1,494	31,174.88	792	39.36
ORTHO EVRA	546	30,868.90	157	196.62
MIRENA	59	30,306.78	59	513.67
ZOFRAN	13	30,018.49	5	6,003.70
CITALOPRAM HBR	2,631	29,970.01	666	45
JANUVIA	175	29,769.79	36	826.94
RISPERDAL M-TAB	187	29,663.97	30	988.8
PROMETHAZINE HCL	2,215	29,556.44	1,356	21.8
ELIDEL	272	29,243.76	172	170.02
VYTORIN	295	29,158.14	45	647.96
PRISTIQ	250	28,393.18	90	315.48
MEDROXYPROGESTERONE ACETATE	750	28,043.14	408	68.73
HUMULIN 70-30	234	27,723.21	32	866.35
MORPHINE SULFATE	925	27,550.14	185	148.92

Top 250 Drugs by Total Claims Cost				
10/06/08-10/05/09				
Drug Name	Total Claims	Total Claims Cost	Total Patients	Cost Per Patient
ALDARA	111	27,527.74	84	327.71
PATANOL	343	27,457.87	215	127.71
FOCALIN	433	27,254.72	111	245.54
SIMVASTATIN	2,418	26,964.46	470	57.37
PROMETHAZINE-CODEINE	2,698	26,945.37	1,942	13.88
NORDITROPIN NORDIFLEX	20	26,904.08	3	8,968.03
RELPAX	158	26,877.70	51	527.01
HUMALOG MIX 75-25	100	26,160.91	16	1,635.06
PROPOXYPHENE NAPSYLATE-APAP	2,392	25,372.05	1,112	22.82
LEVOCARNITINE	414	25,311.05	59	429
FURADANTIN	85	25,279.82	45	561.77
RANITIDINE HCL	1,546	25,269.11	586	43.12
OCELLA	525	25,249.16	141	179.07
MIRTAZAPINE	1,769	25,114.00	427	58.81
HYDROXYZINE HCL	1,064	24,750.47	501	49.4
ULTRAM ER	141	24,747.34	37	668.85
MINOCYCLINE HCL	844	24,415.54	244	100.06
HUMULIN N	251	24,129.92	70	344.71
AVANDIA	131	24,070.04	18	1,337.22
BACTROBAN	403	23,820.08	329	72.4
POTASSIUM CHLORIDE	1,306	23,332.79	313	74.55
VENLAFAXINE HCL ER	240	23,156.58	63	367.56
ASACOL	85	22,473.09	16	1,404.57
GABITRIL	66	22,357.13	11	2,032.47
CUBICIN	15	22,337.54	3	7,445.85
PREDNISONE	2,963	22,324.45	1,676	13.32
AUGMENTIN	195	22,165.93	177	125.23
IPRATROPIUM-ALBUTEROL	473	22,143.10	189	117.16
KEPPRA XR	82	22,007.31	15	1,467.15
ARICEPT	130	21,871.25	20	1,093.56
MAXALT MLT	137	21,725.19	60	362.09
MUPIROCIN	1,277	21,613.03	1,070	20.2
CLINDAMYCIN HCL	1,145	21,132.38	913	23.15
LITHIUM CARBONATE	895	20,803.90	144	144.47
FUROSEMIDE	2,949	20,702.31	586	35.33
ACIPHEX	117	20,361.95	20	1,018.10
TRIAMCINOLONE ACETONIDE	2,107	20,358.52	1,433	14.21
SPRYCEL	3	20,330.22	1	20,330.22
ENTOCORT EC	39	20,176.45	7	2,882.35
CETIRIZINE HCL	1,625	20,079.86	634	31.67
CLEOCIN PALMITATE	141	19,901.65	112	177.69
JOLESSA	176	19,853.23	107	185.54
NYSTATIN	1,544	19,849.63	1,144	17.35

Top 250 Drugs by Total Claims Cost				
10/06/08-10/05/09				
Drug Name	Total Claims	Total Claims Cost	Total Patients	Cost Per Patient
ONDANSETRON HCL	793	19,789.66	401	49.35
FORTEO	25	19,785.11	4	4,946.28
VERAMYST	239	19,671.70	130	151.32
LORATADINE	2,509	19,585.64	914	21.43
METRONIDAZOLE	1,386	19,543.34	1,120	17.45
CARBAMAZEPINE	941	19,223.50	129	149.02
PHENYTOIN SODIUM EXTENDED	638	19,102.31	107	178.53
MIRAPEX	188	18,851.89	43	438.42
PRILOSEC OTC	870	18,769.14	229	81.96
FLUCONAZOLE	2,094	18,751.31	1,357	13.82
BONIVA	183	18,689.48	28	667.48
DEPAKOTE	168	18,456.00	41	450.15
AVINZA	86	18,428.45	11	1,675.31
FUZEON	7	18,371.04	1	18,371.04
PULMICORT FLEXHALER	163	18,273.87	76	240.45
AVIANE	736	18,251.85	192	95.06
DIOVAN	252	18,188.26	34	534.95
VESICARE	139	18,161.77	22	825.54
CIPROFLOXACIN HCL	1,862	18,120.78	1,497	12.1
RIBAVIRIN	62	18,068.09	19	950.95
HYDROCHLOROTHIAZIDE	2,736	18,065.62	513	35.22
PRENATAL PLUS	2,052	17,571.06	893	19.68
SEASONIQUE	102	17,418.07	58	300.31
PRECISION XTRA	168	17,154.23	47	364.98
COZAAR	322	17,090.31	49	348.78
RHINOCORT AQUA	183	16,856.15	77	218.91
DIAZEPAM	2,230	16,787.98	677	24.8
PENICILLIN V POTASSIUM	1,488	16,775.61	1,206	13.91
FEMARA	46	16,755.07	9	1,861.67
SPIRONOLACTONE	791	16,515.68	180	91.75
NAPROXEN	1,771	16,487.71	1,118	14.75
EPIPEN	202	16,307.69	167	97.65
RESTASIS	102	16,254.52	34	478.07
FOLIC ACID	2,590	16,202.46	439	36.91
LEXIVA	11	16,166.30	1	16,166.30

Top 50 AHFS Therapeutic Classes by Total Claims				
10/06/08-10/05/09				
Therapeutic Class Description	**Total Claims**	**Total Claims Cost**	**Total Patients**	**Cost Per Claim**
ANTIDEPRESSANTS	41,366	1,768,107.22	6,628	42.74
OPIATE AGONISTS	37,908	988,654.69	9,579	26.08
ANTICONVULSANTS, MISCELLANEOUS	21,505	2,226,264.12	2,690	103.52
BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP)	20,714	228,857.85	4,125	11.05
PENICILLINS	20,628	357,631.32	13,492	17.34
ANTIPSYCHOTIC AGENTS	18,569	4,527,523.57	2,075	243.82
BETA-ADRENERGIC AGONISTS	17,028	1,188,317.01	5,879	69.79
ANOREX.,RESPIR.,CEREBRAL STIMULANTS,MISC	16,618	1,610,556.84	2,393	96.92
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	15,746	187,058.76	6,546	11.88
MACROLIDES	12,762	266,489.06	9,146	20.88
CONTRACEPTIVES	11,445	469,634.41	2,852	41.03
PROTON-PUMP INHIBITORS	10,833	558,121.15	2,631	51.52
AMPHETAMINES	10,468	1,196,832.66	1,601	114.33
ADRENALS	9,754	669,908.03	4,592	68.68
CEPHALOSPORINS	9,053	254,807.73	6,531	28.15
BENZODIAZEPINES (ANTICONVULSANTS)	7,975	73,740.22	1,251	9.25
BETA-ADRENERGIC BLOCKING AGENTS	7,827	124,817.70	1,426	15.95
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	7,680	78,851.56	1,320	10.27
ANXIOLYTICS, SEDATIVES & HYPNOTICS,MISC.	7,595	195,379.79	1,942	25.72
THYROID AGENTS	6,558	76,031.97	954	11.59
HMG-COA REDUCTASE INHIBITORS	6,173	372,238.79	977	60.3
LEUKOTRIENE MODIFIERS	6,126	634,970.96	1,543	103.65
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT	6,057	126,885.65	2,318	20.95
INSULINS	6,006	997,704.92	709	166.12
ANTIBACTERIALS (EENT)	5,778	201,303.68	4,485	34.84
CENTRAL ALPHA-AGONISTS	5,616	65,226.61	975	11.61
ANTITUSSIVES	5,555	68,520.46	3,775	12.33
SECOND GENERATION ANTIHISTAMINES	5,311	67,220.63	1,886	12.66
ANTI-INFLAMMATORY AGENTS (SKIN & MUCOUS)	4,799	94,251.40	2,842	19.64
ANALGESICS AND ANTIPYRETICS, MISC.	4,756	24,021.94	2,368	5.05
VITAMIN B COMPLEX	4,635	28,985.07	741	6.25
BIGUANIDES	4,365	49,511.02	839	11.34
DEVICES	4,354	103,135.54	1,285	23.69
SULFONAMIDES (SYSTEMIC)	4,302	51,144.22	3,088	11.89
ANTIBACTERIALS (SKIN & MUCOUS MEMBRANE)	3,801	164,310.94	2,540	43.23
DIABETES MELLITUS	3,326	355,930.73	904	107.01
CORTICOSTEROIDS (EENT)	3,090	156,594.02	1,530	50.68
ANTIFUNGALS (SKIN & MUCOUS MEMBRANE)	3,078	59,872.07	2,126	19.45
LOOP DIURETICS	3,046	22,433.69	601	7.36
MULTIVITAMIN PREPARATIONS	2,930	34,679.62	1,243	11.84
THIAZIDE DIURETICS	2,790	18,684.36	527	6.7
TETRACYCLINES	2,737	41,591.05	1,355	15.2
QUINOLONES	2,731	148,334.60	1,931	54.32

Top 50 AHFS Therapeutic Classes by Total Claims				
10/06/08-10/05/09				
REPLACEMENT PREPARATIONS	2,491	40,036.97	679	16.07
HISTAMINE H2-ANTAGONISTS	2,467	39,977.16	859	16.2
PHENOTHIAZINE DERIVATIVES	2,449	31,996.31	1,526	13.07
CENTRAL NERVOUS SYSTEM AGENTS, MISC.	2,410	324,654.28	458	134.71
AZOLES	2,154	29,353.31	1,386	13.63
IRON PREPARATIONS	2,119	16,827.87	980	7.94
DIHYDROPYRIDINES	2,059	39,217.62	437	19.05

Top 50 AHFS Therapeutic Classes by Total Claims Cost				
10/06/08-10/05/09				
Therapeutic Class Description	**Total Claims**	**Total Claims Cost**	**Total Patients**	**Cost Per Patient**
ANTIPSYCHOTIC AGENTS	18,569	4,527,523.57	2,075	2,181.94
ANTICONVULSANTS, MISCELLANEOUS	21,505	2,226,264.12	2,690	827.61
ANTIDEPRESSANTS	41,366	1,768,107.22	6,628	266.76
ANOREX.,RESPIR.,CEREBRAL STIMULANTS,MISC	16,618	1,610,556.84	2,393	673.03
AMPHETAMINES	10,468	1,196,832.66	1,601	747.55
BETA-ADRENERGIC AGONISTS	17,028	1,188,317.01	5,879	202.13
INSULINS	6,006	997,704.92	709	1,407.20
OPIATE AGONISTS	37,908	988,654.69	9,579	103.21
ADRENALS	9,754	669,908.03	4,592	145.89
LEUKOTRIENE MODIFIERS	6,126	634,970.96	1,543	411.52
HEMOSTATICS	69	605,262.87	9	67,251.43
PROTON-PUMP INHIBITORS	10,833	558,121.15	2,631	212.13
MONOCLONAL ANTIBODIES	337	473,893.61	72	6,581.86
CONTRACEPTIVES	11,445	469,634.41	2,852	164.67
BIOLOGIC RESPONSE MODIFIERS	170	391,219.43	30	13,040.65
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	248	373,946.57	50	7,478.93
ANTINEOPLASTIC AGENTS	1,043	373,643.64	193	1,935.98
HMG-COA REDUCTASE INHIBITORS	6,173	372,238.79	977	381
PENICILLINS	20,628	357,631.32	13,492	26.51
DIABETES MELLITUS	3,326	355,930.73	904	393.73
CENTRAL NERVOUS SYSTEM AGENTS, MISC.	2,410	324,654.28	458	708.85
SELECTIVE SEROTONIN AGONISTS	1,584	306,624.97	591	518.82
MACROLIDES	12,762	266,489.06	9,146	29.14
CEPHALOSPORINS	9,053	254,807.73	6,531	39.02
BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP)	20,714	228,857.85	4,125	55.48
ANTICOAGULANTS	1,756	214,035.86	289	740.61
ANTIBACTERIALS (EENT)	5,778	201,303.68	4,485	44.88
THIAZOLIDINEDIONES	1,059	197,361.22	179	1,102.58
ANXIOLYTICS, SEDATIVES & HYPNOTICS,MISC.	7,595	195,379.79	1,942	100.61
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	15,746	187,058.76	6,546	28.58
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.	1,224	179,010.54	656	272.88
ANTIBACTERIALS (SKIN & MUCOUS MEMBRANE)	3,801	164,310.94	2,540	64.69
NUCLEOSIDES AND NUCLEOTIDES	1,295	159,190.33	577	275.89
ANTIBACTERIALS, MISCELLANEOUS	1,481	157,491.76	1,086	145.02
CORTICOSTEROIDS (EENT)	3,090	156,594.02	1,530	102.35
INTERFERONS	73	155,085.82	20	7,754.29
QUINOLONES	2,731	148,334.60	1,931	76.82
IMMUNOSUPPRESSIVE AGENTS	507	146,949.37	58	2,533.61
ANTIRETROVIRALS	190	140,167.32	18	7,787.07
GENITOURINARY SMOOTH MUSCLE RELAXANTS	1,676	139,589.55	305	457.67
PLATELET-AGGREGATION INHIBITORS	977	138,634.29	157	883.02
ANTIMUSCARINICS/ANTISPASMODICS	1,673	134,199.02	488	275
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT	6,057	126,885.65	2,318	54.74

Top 50 AHFS Therapeutic Classes by Total Claims Cost				
10/06/08-10/05/09				
BETA-ADRENERGIC BLOCKING AGENTS	7,827	124,817.70	1,426	87.53
ENZYMES	80	120,014.55	17	7,059.68
DEVICES	4,354	103,135.54	1,285	80.26
OPIATE PARTIAL AGONISTS	429	102,632.04	102	1,006.20
PITUITARY	631	98,384.25	138	712.93
FIBRIC ACID DERIVATIVES	1,520	97,734.72	248	394.09
ANTI-INFLAMMATORY AGENTS (SKIN & MUCOUS)	4,799	94,251.40	2,842	33.16

ADHD Utilization 08/26/08 - 08/25/09

Label Name	Rx Num	Qty Dispensed	Total Reimb Amt
ADDERALL 20 MG TABLET	4	148	$71.98
ADDERALL XR 10 MG CAPSULE	608	17498	$89,724.29
ADDERALL XR 15 MG CAPSULE	546	16189	$83,648.82
ADDERALL XR 20 MG CAPSULE	1147	45403	$213,149.57
ADDERALL XR 25 MG CAPSULE	477	15304	$74,306.95
ADDERALL XR 30 MG CAPSULE	1226	40721	$201,210.55
ADDERALL XR 5 MG CAPSULE	277	7768	$37,559.06
AMPHETAMINE SALTS 10 MG TAB	776	41693	$17,811.57
AMPHETAMINE SALTS 12.5 MG TB	3	165	$195.39
AMPHETAMINE SALTS 15 MG TAB	60	2640	$2,108.67
AMPHETAMINE SALTS 20 MG TAB	541	29829	$12,115.18
AMPHETAMINE SALTS 30 MG TAB	240	12421	$5,648.66
AMPHETAMINE SALTS 5 MG TAB	449	20144	$9,012.45
AMPHETAMINE SALTS 7.5 MG TAB	12	660	$403.49
CONCERTA 18 MG TABLET SA	458	13034	$46,415.97
CONCERTA 27 MG TABLET SA	411	12129	$42,973.95
CONCERTA 36 MG TABLET SA	1170	42900	$154,697.40
CONCERTA 54 MG TABLET SA	1122	33232	$128,477.80
D-AMPHETAMINE 10 MG CAP SA	12	1440	$1,338.72
D-AMPHETAMINE 15 MG CAP SA	1	60	$73.35
D-AMPHETAMINE 5 MG CAP SA	4	307	$240.01
D-AMPHETAMINE ER 10 MG CAPSULE	242	12908	$18,008.52
D-AMPHETAMINE ER 15 MG CAPSULE	366	22073	$44,949.50
D-AMPHETAMINE ER 5 MG CAPSULE	47	3799	$4,692.22
DAYTRANA 10 MG/9 HR PATCH	129	3827	$17,284.27
DAYTRANA 15 MG/9 HR PATCH	79	2360	$10,466.25
DAYTRANA 20 MG/9 HOUR PATCH	110	3300	$14,505.03
DAYTRANA 30 MG/9 HOUR PATCH	214	6490	$25,988.96
DEXEDRINE SPANSULE 10 MG	2	60	$111.28
DEXEDRINE SPANSULE 15 MG	2	120	$249.92
DEXEDRINE SPANSULE 5 MG	1	60	$90.40
DEXMETHYLPHENIDATE 10 MG TAB	72	3325	$3,752.84
DEXMETHYLPHENIDATE 2.5 MG TAB	38	1950	$1,027.79
DEXMETHYLPHENIDATE 5 MG TAB	77	3072	$2,583.26
DEXTROAMPHETAMINE 10 MG TAB	225	22749	$5,750.76
DEXTROAMPHETAMINE 5 MG TAB	214	18456	$4,609.06
DEXTROSTAT 10 MG TABLET	1	60	$19.60
FOCALIN 10 MG TABLET	204	11599	$15,525.16
FOCALIN 2.5 MG TABLET	9	365	$301.21
FOCALIN 5 MG TABLET	251	12339	$13,051.78
FOCALIN XR 10 MG CAPSULE	476	13655	$51,068.69
FOCALIN XR 15 MG CAPSULE	329	10548	$37,337.37
FOCALIN XR 20 MG CAPSULE	757	24326	$87,591.35
FOCALIN XR 5 MG CAPSULE	184	5193	$17,695.93
METADATE CD 10 MG CAPSULE	355	10502	$33,514.39

ADHD Utilization 08/26/08 - 08/25/09

Label Name	Rx Num	Qty Dispensed	Total Reimb Amt
METADATE CD 20 MG CAPSULE	743	25150	$87,615.15
METADATE CD 30 MG CAPSULE	613	18304	$62,530.44
METADATE CD 40 MG CAPSULE	353	10343	$45,624.51
METADATE CD 50 MG CAPSULE	107	3121	$17,041.09
METADATE CD 60 MG CAPSULE	101	3040	$17,785.55
METADATE ER 10 MG TABLET SA	2	60	$75.44
METHYLIN 10 MG CHEWABLE TABLET	26	1431	$3,781.76
METHYLIN 10 MG TABLET	1312	74614	$22,675.78
METHYLIN 10 MG/5 ML SOLUTION	26	13140	$7,573.05
METHYLIN 2.5 MG CHEWABLE TAB	2	180	$240.28
METHYLIN 20 MG TABLET	948	69087	$26,332.09
METHYLIN 5 MG CHEWABLE TABLET	8	589	$767.55
METHYLIN 5 MG TABLET	726	39791	$10,674.26
METHYLIN 5 MG/5 ML SOLUTION	24	8305	$2,660.35
METHYLIN ER 10 MG TABLET	144	4851	$3,207.89
METHYLIN ER 20 MG TABLET	302	12710	$8,773.71
METHYLPHENIDATE 10 MG TABLET	418	24763	$7,185.28
METHYLPHENIDATE 20 MG TABLET	101	6080	$1,886.89
METHYLPHENIDATE 5 MG TABLET	45	2289	$435.56
METHYLPHENIDATE ER 20 MG TAB	17	660	$373.50
METHYLPHENIDATE SR 20 MG TAB	123	5536	$2,064.12
PROVIGIL 100 MG TABLET	48	1500	$11,503.17
PROVIGIL 200 MG TABLET	360	10483	$112,342.75
RITALIN 10 MG TABLET	2	120	$132.05
RITALIN 20 MG TABLET	4	270	$34.70
RITALIN LA 10 MG CAPSULE	150	4564	$15,226.96
RITALIN LA 20 MG CAPSULE	330	10105	$32,807.21
RITALIN LA 30 MG CAPSULE	202	7043	$19,166.67
RITALIN LA 40 MG CAPSULE	341	10550	$33,623.28
STRATTERA 10 MG CAPSULE	209	7052	$26,774.53
STRATTERA 100 MG CAPSULE	86	2557	$12,678.99
STRATTERA 18 MG CAPSULE	233	8135	$31,792.37
STRATTERA 25 MG CAPSULE	544	17240	$72,242.63
STRATTERA 40 MG CAPSULE	804	25719	$109,129.08
STRATTERA 60 MG CAPSULE	464	13904	$58,628.04
STRATTERA 80 MG CAPSULE	232	6893	$33,705.40
VYVANSE 30 MG CAPSULE	687	17923	$69,004.86
VYVANSE 50 MG CAPSULE	829	21926	$81,991.65
VYVANSE 70 MG CAPSULE	616	17356	$64,869.81
Totals	**26210**	**1054205**	**$2,646,317.77**

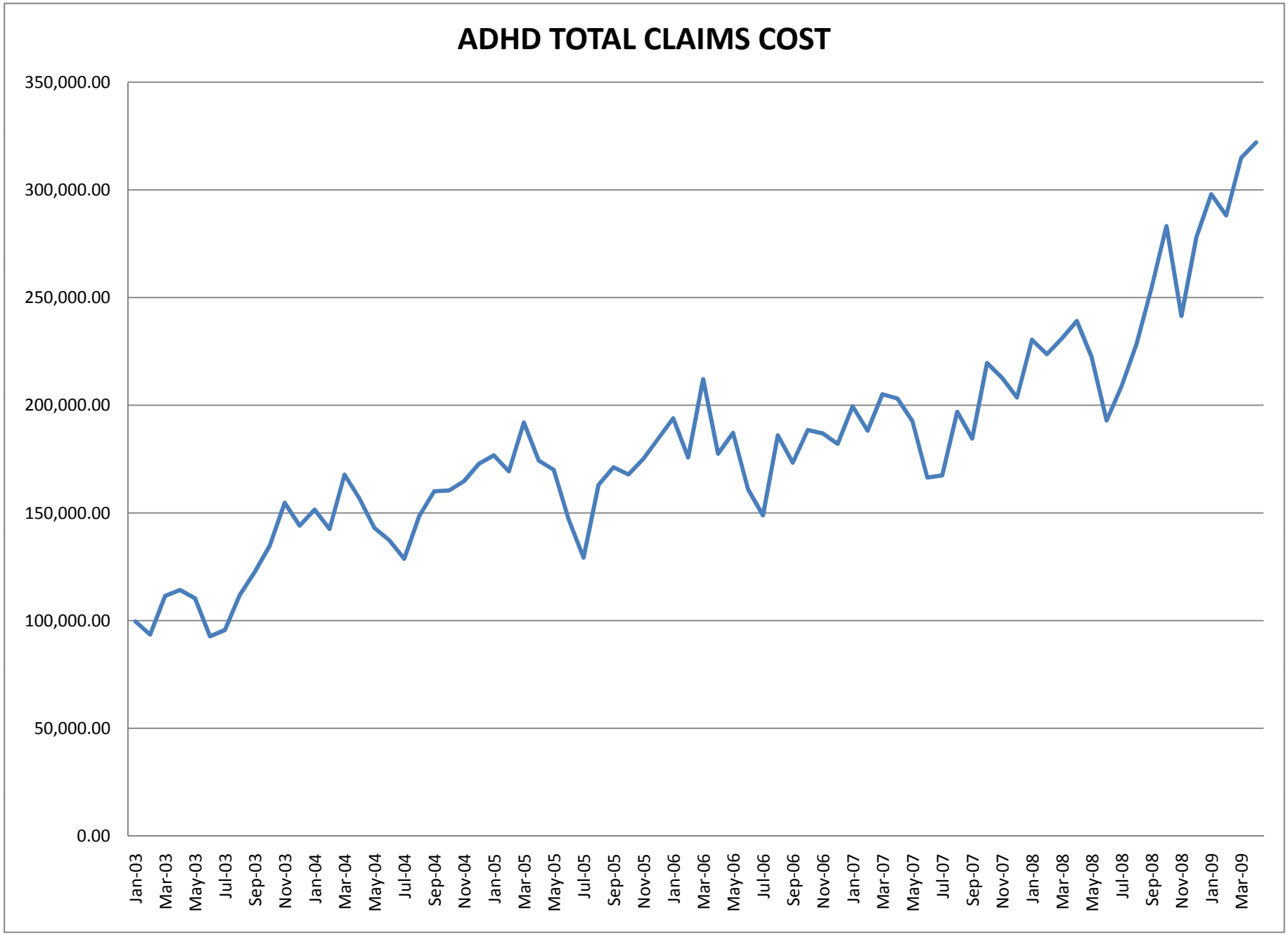
ADHD Utilization patients < 6 08/26/08 - 08/25/09

Label Name	Rx Num	Qty Dispensed	Total Reimb Amt
ADDERALL XR 10 MG CAPSULE	38	1049	$6,357.38
ADDERALL XR 15 MG CAPSULE	22	604	$3,610.77
ADDERALL XR 20 MG CAPSULE	3	90	$565.62
ADDERALL XR 5 MG CAPSULE	37	1017	$5,618.34
AMPHETAMINE SALTS 10 MG TAB	23	806	$420.57
AMPHETAMINE SALTS 5 MG TAB	33	874	$498.71
CONCERTA 18 MG TABLET SA	10	285	$1,161.44
CONCERTA 27 MG TABLET SA	6	180	$669.16
CONCERTA 36 MG TABLET SA	2	60	$168.08
D-AMPHETAMINE ER 10 MG CAPSULE	6	180	$323.04
D-AMPHETAMINE ER 5 MG CAPSULE	6	180	$250.43
DAYTRANA 10 MG/9 HR PATCH	22	660	$3,156.43
DAYTRANA 15 MG/9 HR PATCH	1	30	$81.13
DAYTRANA 20 MG/9 HOUR PATCH	1	30	$77.81
DEXMETHYLPHENIDATE 2.5 MG TAB	3	90	$61.53
DEXMETHYLPHENIDATE 5 MG TAB	1	30	$7.00
DEXTROAMPHETAMINE 10 MG TAB	4	105	$49.49
DEXTROAMPHETAMINE 5 MG TAB	12	735	$192.06
FOCALIN 10 MG TABLET	7	1359	$551.59
FOCALIN 5 MG TABLET	13	600	$660.62
FOCALIN XR 10 MG CAPSULE	14	382	$1,567.63
FOCALIN XR 15 MG CAPSULE	3	90	$406.47
FOCALIN XR 5 MG CAPSULE	16	460	$1,720.51
METADATE CD 10 MG CAPSULE	33	919	$3,100.22
METADATE CD 20 MG CAPSULE	22	615	$2,171.24
METADATE CD 30 MG CAPSULE	8	240	$882.40
METADATE CD 40 MG CAPSULE	5	150	$780.80
METHYLIN 10 MG CHEWABLE TABLET	6	291	$816.40
METHYLIN 10 MG TABLET	23	1345	$420.84
METHYLIN 10 MG/5 ML SOLUTION	2	340	$204.85
METHYLIN 2.5 MG CHEWABLE TAB	2	180	$240.28
METHYLIN 5 MG CHEWABLE TABLET	1	30	$63.74
METHYLIN 5 MG TABLET	70	3635	$986.51
METHYLIN 5 MG/5 ML SOLUTION	8	3450	$1,480.09
METHYLIN ER 10 MG TABLET	1	30	$28.17
METHYLPHENIDATE 10 MG TABLET	24	1605	$409.58
METHYLPHENIDATE 5 MG TABLET	4	270	$61.75
RITALIN LA 10 MG CAPSULE	7	224	$829.05
RITALIN LA 20 MG CAPSULE	9	241	$860.74
STRATTERA 10 MG CAPSULE	30	856	$3,593.15
STRATTERA 18 MG CAPSULE	15	427	$1,849.32
STRATTERA 25 MG CAPSULE	7	164	$841.13
VYVANSE 30 MG CAPSULE	11	292	$1,325.79
VYVANSE 50 MG CAPSULE	6	180	$819.00
Totals	**577**	**25380**	**$49,940.86**

Summary by Age
All Patients Receiving ADHD medications
08/26/08 - 08/25/09

Age	Recip Count	Rx Count
0	3	6
1	2	3
3	5	9
4	34	134
5	66	434
6	129	860
7	210	1412
8	262	1882
9	261	2141
10	281	2108
11	296	2250
12	277	2036
13	239	1706
14	227	1697
15	195	1355
16	191	1427
17	179	1357
18	132	981
19	91	522
20	46	266
21	38	292
22	33	217
23	24	154
24	36	184
25	20	128
26	16	75
27	21	119
28	24	194
29	27	184
30	16	126
31	21	125
32	21	93
33	12	56

Age	Recip Count	Rx Count
34	22	123
35	19	115
36	17	144
37	14	111
38	20	153
39	12	71
40	15	95
41	11	54
42	15	104
43	14	97
44	8	67
45	9	59
46	6	62
47	4	33
48	7	41
49	10	47
50	5	41
51	4	27
52	5	37
53	3	18
54	7	44
55	5	33
56	2	6
57	2	18
58	2	7
59	1	20
60	1	3
61	3	19
62	3	18
63	1	12
64	1	2
65	1	5


ADHD TOTAL CLAIMS COST
350,000.00
300,000.00
250,000.00
200,000.00
150,000.00
100,000.00
50,000.00
0.00
Jan-03
Mar-03
May-03
Jul-03
Sep-03
Nov-03
Jan-04
Mar-04
May-04
Jul-04
Sep-04
Nov-04
Jan-05
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Nov-06
Jan-07
Mar-07
May-07
Jul-07
Sep-07
Nov-07
Jan-08
Mar-08
May-08
Jul-08
Sep-08
Nov-08
Jan-09
Mar-09

Annual Count of Patients < 6 receiving ADHD medications

2003	0
2004	0
2005	3
2006	7
2007	20
2008	85
first half 2009	85

Annual Count of All Patients receiving ADHD medications

2003	3194
2004	3554
2005	3603
2006	3417
2007	3405
2008	3348
first half 2009	2892

NORTH DAKOTA MEDICAID
RETROSPECTIVE DRUG UTILIZATION REVIEW
CRITERIA RECOMMENDATIONS
4TH QUARTER 2009

Criteria Recommendations ***Approved*** ***Rejected***

1. Tramadol Extended Release / High Dose _____ _____

Alert Message: Ryzolt (tramadol extended-release) may be overutilized. The manufacturer's recommended maximum daily dose is 300 mg. Clinical studies of extended-release tramadol products have not demonstrated a clinical benefit at doses exceeding 300 mg per day.

Conflict Code: ER - Overuse

Util A	Util B	Util C
Ryzolt		

Max Dose: 300 mg/day

References:
Ryzolt Prescribing Information, Dec. 2008, Purdue Pharma L.P.
Facts & Comparisons, 2009 Updates.

2. Tramadol / Therapeutic Duplication _____ _____

Alert Message: Therapeutic duplication of tramadol-containing products may be occurring. The concurrent use of different tramadol-containing products is not recommended. Patients may be receiving excessive amounts of tramadol which can lead to serious adverse effects (e.g., respiratory depression, seizures and death).

Conflict Code: TD – Therapeutic Duplication

Util A	Util B	Util C
Tramadol IR & ER		

References:
Ryzolt Prescribing Information, Dec. 2008, Purdue Pharma L.P.
Facts & Comparisons, 2009 Updates.

3. Tramadol ER / Suicidality and Addiction _____ _____

Alert Message: Extended-release tramadol products (Ultram ER and Ryzolt) should not be prescribed in patients who are suicidal or addiction-prone. Many of the tramadol related deaths have occurred in patients with previous histories of misuse of tranquilizers, alcohol and other CNS-active drugs. If appropriate, consideration should be given to the use of non-narcotic analgesics in these patients.

Conflict Code: MC – Drug (Actual) Disease Warning/Precaution

Util A	Util B	Util C
Tramadol ER	Attempted Suicide	
	Suicidality	
	Drug Abuse/Dependence	

References:
Ryzolt Prescribing Information, Dec. 2008, Purdue Pharma L.P.
Ultram ER Prescribing information, Dec. 2007. Ortho-McNeil Pharmaceuticals, Inc.

4. Tapentadol / Overutilization _____ _____

Alert Message: Nucynta (tapentadol) may be over-utilized. The maximum recommended daily dose (after the first day) of tapentadol is 600 mg. Daily doses greater than 700 mg on the first day of therapy and 600mg on subsequent days have not been studied and are not recommended.

Conflict Code: ER - Overutilization

Util A	Util B	Util C
Tapentadol		

Max Dose: 600 mg/day

References:
Nucynta Prescribing Information, March 2009, Ortho-McNeil-Janssen Pharmaceuticals, Inc.
Facts & Comparisons, 2009 Updates.

5. Tapentadol / Impaired Pulmonary Function _____ _____

Alert Message: Nucynta (tapentadol) is contraindicated in patients with impaired pulmonary function (e.g. significant respiratory depression, acute or severe bronchial asthma or hypercapnia in unmonitored settings).

Conflict Code: MC – Drug (Actual) Disease Precaution

Util A	Util B	Util C
Tapentadol	Impaired Respiratory Function	
	Asthma	
	COPD	
	Emphysema	

References:
Nucynta Prescribing Information, March 2009, Ortho-McNeil-Janssen Pharmaceuticals, Inc.
Facts & Comparisons, 2009 Updates.

6. Tapentadol / Paralytic Ileus _____ _____

Alert Message: Nucynta (tapentadol) is contraindicated in patients who have paralytic ileus or are suspected of having paralytic ileus. Tapentadol is a mu-opioid agonist and these agents can cause or exacerbate this condition.

Conflict Code: MC – Drug (Actual) Disease Precaution

Util A	Util B	Util C
Tapentadol	Paralytic Ileus	

References:
Nucynta Prescribing Information, March 2009, Ortho-McNeil-Janssen Pharmaceuticals, Inc.
Facts & Comparisons, 2009 Updates.

7. Tapentadol / MAO Inhibitors _____ _____

Alert Message: Nucynta (tapentadol) is contraindicated in patients who are receiving a monoamine oxidase inhibitor (MAOI) or who have taken a MAOI within the last 14 days due to the potential for elevated norepinephrine (NE) levels which may result in adverse cardiovascular effects. Tapentadol is a mu-opioid agonist as well as a NE reuptake inhibitor.

Conflict Code: DD – Drug/Drug Interaction (Contraindication)

Util A	Util B	Util C
Tapentadol	Isocarboxazid	
	Tranylcypromine	
	Phenelzine	
	Selegiline	

References:
Nucynta Prescribing Information, March 2009, Ortho-McNeil-Janssen Pharmaceuticals, Inc.
Facts & Comparisons, 2009 Updates.

8. Tapentadol / Seizures _____ _____

Alert Message: Nucynta (tapentadol) should be prescribed with caution in patients with a history of seizure disorder or any condition that would put the patient at risk of seizures.

Conflict Code: DB – Drug/Disease and/or (Drug Inferred Disease) Precaution

Util A	Util B			Util C
Tapentadol	Epilepsy	Lacosamide	Tiagabine	
	Seizures	Rufinamide	Valproic	
	Convulsions	Oxcarbazepine	Zonisamide	
	Carbamazepine	Methsuximide	Ethosuximide	
	Phenytoin	Felbamate	Primidone	
	Lamotrigine	Gabapentin		
	Topiramate	Levetiracetam		

References:
Nucynta Prescribing Information, March 2009, Ortho-McNeil-Janssen Pharmaceuticals, Inc.
Facts & Comparisons, 2009 Updates.

9. Tapentadol / CNS Depressants & Alcohol Dependence/Abuse _____ _____

Alert Message: Nucynta (tapentadol) should be prescribed with caution in patients receiving other CNS depressants (e.g. opioid analgesics, phenothiazines, and sedatives) including alcohol. The concurrent use of tapentadol with any of these agents may result in respiratory depression, hypotension, profound sedation, coma or death. If combination therapy is necessary, a dose reduction of one or both agents should be considered.

Conflict Code: DB - Drug/Disease and/or (Drug Inferred Disease) Precaution

Util A	Util B	Util C
Tapentadol	Opioid Analgesics	
	Phenothiazines	
	Sedative/Hypnotics	
	Anxiolytics	
	Anticonvulsants	
	Antipsychotics	
	Sedating Antihistamines	
	Muscle Relaxants	
	Alcohol Dependence	

References:
Nucynta Prescribing Information, March 2009, Ortho-McNeil-Janssen Pharmaceuticals, Inc.
Facts & Comparisons, 2009 Updates.

10. Tapentadol / Serotonergic Drugs _____ _____

Alert Message: Nucynta (tapentadol) should be prescribed with caution in patients taking serotonergic drugs (e.g. SSRIs, SNRI, triptans and MAOIs) due to the risk of developing potentially life-threatening serotonin syndrome.

Conflict Code: DD – Drug/Drug Interaction

Util A	Util B			Util C
Tapentadol	Triptans	TCAs	Lithium	
	Tramadol	Mirtazapine	Fentanyl	
	SSRIs	Bupropion	Zyvox	
	SNRIs	Trazodone	Nefazodone	
	MAOIs	Meperidine		

References:
Nucynta Prescribing Information, March 2009, Ortho-McNeil-Janssen Pharmaceuticals, Inc.
Facts & Comparisons, 2009 Updates.

11. Tapentadol / Severe Renal Impairment _____ _____

Alert Message: The safety and effectiveness of Nucynta (tapentadol) have not been established in patients with severe renal impairment and its use is not recommended in this population.

Conflict Code: DB - Drug/Disease and/or (Drug Inferred Disease) Precaution

Util A	Util B	Util C
Tapentadol	Stage IV Kidney Disease	
	Stage V Kidney Disease	
	ESRD	
	PhosLo	
	Renagel	
	Zemplar	
	Hectorol	
	Fosrenol	

References:
Nucynta Prescribing Information, March 2009, Ortho-McNeil-Janssen Pharmaceuticals, Inc.
Facts & Comparisons, 2009 Updates.

12. Tapentadol / Hepatic Impairment _____ _____

Alert Message: Nucynta (tapentadol) should be used with caution in patients with moderate hepatic impairment due to the potential for higher serum levels and risk for adverse effects. Treatment should be initiated at 50 mg with the interval between doses no less than every 8 hours (max 3 doses in 24 hrs). Tapentadol has not been studied in patients with severe hepatic impairment and its use is not recommended in this population.

Conflict Code: MC – Drug (Actual) Disease Warning/Precaution

Util A	Util B	Util C
Tapentadol	Hepatic Impairment	

References:
Nucynta Prescribing Information, March 2009, Ortho-McNeil-Janssen Pharmaceuticals, Inc.
Facts & Comparisons, 2009 Updates.

13. Tapentadol / Pancreatic & Biliary Tract Disease _____ _____

Alert Message: Nucynta (tapentadol) should be used with caution in patients with biliary tract disease, including acute pancreatitis. Tapentadol is a mu-opioid receptor (MOR) agonist and may cause spasms of the Sphincter of Oddi.

Conflict Code: MC – Drug (Actual) Disease Precaution
Drug/Disease:

Util A	Util B	Util C
Tapentadol	Acute Pancreatitis	
	Choledocholithiasis	
	Obstruction of Bile Duct	
	Spasm of Sphincter of Oddi	

References:
Nucynta Prescribing Information, March 2009, Ortho-McNeil-Janssen Pharmaceuticals, Inc.
Facts & Comparisons. 2009 Updates.

14. Lacosamide / Overutilization _____ _____

Alert Message: Vimpat (lacosamide) may be over-utilized. The recommended maintenance dosage range is 200 to 400 mg/day. In clinical trials, the 600 mg daily dose was not more effective than the 400 mg daily dose and was associated with a substantially higher rate of adverse reactions.

Conflict Code: ER - Overutilization

Util A	Util B	Util C
Lacosamide		

Max Dose: 400 mg/day

References:
Vimpat Prescribing Information, Jan. 2009, Schwarz Biosciences.

15. Lacosamide / PR Prolongation Drugs _____ _____

Alert Message: Vimpat (lacosamide) should be used with caution in patients receiving other drugs that prolong the PR interval (e.g. beta blockers, calcium channel blockers, digoxin and 1A & 1C antiarrhythmics) due to risk of additive effect on the PR interval. Lacosamide can cause a small dose-dependent increase in the mean PR interval (4.2-4.6 ms).

Conflict Code: DD – Drug/Drug Interaction

Util A	Util B		Util C
Lacosamide	Beta Blockers	Quinidine	
	Digoxin	Procainamide	
	Atazanavir	Disopyramide	
	Ritonavir	Flecainide	
	CCBs	Propafenone	
	Amiodarone		

References:
Vimpat Prescribing Information, Jan. 2009, Schwarz Biosciences.
Facts & Comparisons, 2009 Updates.

16. Lacosamide / Cardiac Conduction Problems _____ _____

Alert Message: Vimpat (lacosamide) should be used with caution in patients with known cardiac conduction problems (e.g., marked 1st degree AV block, 2nd degree or higher AV block, sick sinus syndrome without pacemaker) or with severe cardiac disease (myocardial ischemia and heart failure). Lacosamide can cause a small dose-dependent increase in the mean PR interval (4.2-4.6 ms) potentially exacerbating existing conditions.

Conflict Code: MC – Drug (Actual) Disease Warning/Precaution

Util A	Util B	Util C
Lacosamide	1st Degree AV Block	
	2nd Degree AV Block	
	Myocardial Ischemia	
	Heart Failure	

References:
Vimpat Prescribing Information, Jan. 2009, Schwarz Biosciences.
Facts & Comparisons, 2009 Updates.

17. Lacosamide / Renal Impairment _____ _____

Alert Message: A maximum dose of 300 mg per day of Vimpat (lacosamide) is recommended for patients with severe renal impairment (CrCl ≤ 30mL/min) and end stage renal disease. In clinical trials the AUC of lacosamide was increased 60% in patients with severe renal impairment.

Conflict Code: ER – Overutilization

Util A	Util B	Util C (Required)
Lacosamide		Severe Renal Impairment
		End Stage Renal Disease

Maximum Dose: 300 mg/day

References:
Vimpat Prescribing Information, Jan. 2009, Schwarz Biosciences.
Facts & Comparisons, 2009 Updates.

18. Lacosamide / Hepatic Impairment _____ _____

Alert Message: A maximum dose of 300 mg per day of Vimpat (lacosamide) is recommended for patients with mild to moderate hepatic impairment. In clinical trials, the AUC of lacosamide was increased 50 - 60% in patients with mild to moderate hepatic impairment. Lacosamide use has not been evaluated in patients with severe hepatic impairment and is therefore not recommended.

Conflict Code: ER – Overutilization

Util A	Util B	Util C (Required)
Lacosamide		Hepatic Impairment

Max Dose: 300 mg/day

References:
Vimpat Prescribing Information, Jan. 2009, Schwarz Biosciences.
Facts & Comparisons, 2009 Updates.

19. Propoxyphene / Black Box Warning _____ _____

Alert Message: Propoxyphene-containing products should not be prescribed to patients who are suicidal or addiction prone. Many propoxyphene-related deaths have occurred in patients with histories of emotional disturbances, suicidal ideation or attempts, or misuse of tranquilizers, alcohol, and other CNS-active drugs.

Conflict Code: MC – Drug (Actual) Disease Warning/Precaution **(Black Box Warning)**

Util A	Util B	Util C
Propoxyphene	Suicidality	
	Addiction	

References:
FDA News & Events, FDA Takes Action on Darvon, other Pain Medications Containing Propoxyphene. July 7, 2009.
Available at: www.fda.gov/NewsEvent/Newsroom/PressAnnoucements/ucm170769.htm
Facts & Comparisons, 2009 Updates.

20. Propoxyphene / Black Box Warning _____ _____

Alert Message: The maximum recommended dose of propoxyphene napsylate is 600 mg per day and 390 mg per day for propoxyphene hydrochloride. Exceeding the maximum dose of propoxyphene may result in accumulation of the parent compound and the active metabolite causing an increased risk of adverse reactions and sometimes fatal overdose. Fatalities within the first hour of overdosage are not uncommon.

Conflict Code: ER – Overutilization **(Black Box Warning)**

Util A	Util B	Util C
Propoxyphene		

Max Dose: 600mg/day napsylate and 390mg/day hydrochloride

References:

FDA News & Events, FDA Takes Action on Darvon, other Pain Medications Containing Propoxyphene. July 7, 2009. Available at: www.fda.gov/NewsEvent/Newsroom/PressAnnoucements/ucm170769.htm
Facts & Comparisons, 2009 Updates.

21. Atomoxetine / Liver Injury _____ _____

Alert Message: Postmarketing reports indicate that Strattera (atomoxetine) can cause severe liver injury. Atomoxetine should be discontinued in patients with jaundice or laboratory evidence of liver injury, and should not be restarted. Liver enzyme levels should be obtained at the first sign or symptom of liver dysfunction.

Conflict Code: TA – Therapeutic Appropriateness
Drug/Disease:

Util A	Util B	Util C
Atomoxetine		

References:

Strattera Prescribing Information, June 2009, Eli Lilly and Company.
Facts & Comparisons, 2009 Updates.
Clinical Pharmacology, Gold Standard 2009.
FDA Drug Safety Newsletter Postmarket Reviews – Volume 2, Number 1, 2009. Atomoxetine (Marketed as Strattera): Serious Lever Injury
Available at: http://www.fda.gov/downloads/Drugs/DrugSafety/DrugSafetyNewsletter/ucm107318.pdf