



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3676 • Fax (775) 687-3893

RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

NOTICE OF PUBLIC MEETING – DRUG USE REVIEW BOARD

AGENDA

Date of Posting: October 7, 2015

Date of Meeting: November 5, 2015 at 5:15 PM

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

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

Webinar Pre-Registration: ****Must Pre-Register****

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AGENDA

1. Call to Order and Roll Call

2. Public Comment on Any Matter on the Agenda

3. Administrative

- a. **For Possible Action:** Review and Approve Meeting Minutes from September 3, 2015.
- b. Status Update by DHCFP
 - i. Public Comment

4. Board Action

- a. **For Possible Action:** Discussion on Lock-in Program proposed changes to criteria
 - i. Public comment on the Lock-in Program criteria process and policy
 - ii. Discussion by the Board and review of utilization data, current policy and the Pharmacy Lock-In Referral to Therapy
 - iii. Possible adoption of updated Lock-in policy and criteria

5. Clinical Presentations

- a. **For Possible Action:** Discussion and possible adoption of updated prior authorization criteria for the addition of daclatasivir (Daklinza®) and ombitasvir/paritaprevir/ritonavir (Technivie®) to the current Hepatitis C criteria.
 - i. Public comment on adoption of policy.
 - ii. Presentation of utilization and clinical information.
 - iii. Discussion by the Board and review of utilization data.
 - iv. Possible adoption of prior authorization criteria/policy.
- b. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for paliperidone palmitate (Invega Trinza®).
 - i. Public comment on proposed clinical prior authorization criteria.
 - ii. Presentation of utilization and clinical information.
 - iii. Discussion by the Board and review of utilization data.
 - iv. Proposed adoption of updated prior authorization criteria.
- c. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for alirocumab (Praluent®).
 - i. Public Comment on proposed clinical prior authorization criteria.
 - ii. Presentation of utilization and clinical information.

- iii. Discussion by the Board and review of utilization data.
- iv. Proposed adoption of updated prior authorization criteria
- d. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for lumacaftor/ivacaftor (Orkambi®)
 - i. Public comment on proposed clinical prior authorization criteria.
 - ii. Presentation of utilization and clinical information.
 - iii. Discussion by Board and review of utilization data.
 - iv. Proposed adoption of updated prior authorization criteria.
- e. **For Possible Action:** Discussion and possible adoption of updated prior authorization criteria for the addition of rilonacept (Arcalyst®), secukinumab (Cosntyx®) and Canakinumab (Ilaris®) to the current immunomodulator criteria.
 - i. Public comment on proposed clinical prior authorization criteria.
 - ii. Presentation of utilization and clinical information.
 - iii. Discussion by Board and review of utilization data.
 - iv. Proposed adoption of updated prior authorization criteria.
- f. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for sacubitril/valsartan (Entresto®)
 - i. Public comment on proposed clinical prior authorization criteria.
 - ii. Presentation of utilization and clinical information.
 - iii. Discussion by Board and review of utilization data.
 - iv. Proposed adoption of updated prior authorization criteria.

6. Public Comment on any DUR Board Requested Report

7. DUR Board Requested Reports

- a. Report on diabetic patient compliance for blood glucose monitoring receiving insulin and possible hospitalizations due to lack of monitoring.
 - i. Discussion by the Board and review of utilization data.
- b. Brand products dispensed where a generic is available
 - i. Discussion by the Board and review of utilization data.
- c. Midazolam Syrup utilization
 - i. Discussion by the Board and review of utilization data.
- d. Hydrocodone Product utilization
 - i. Discussion by the Board and review of utilization data.

8. Public Comment on any Standard DUR Report

9. Standard DUR Reports

- a. Review of Prescribing/Program Trends.
 - i. Top 10 Therapeutic Classes for Q1 2015, Q2 2015 and Q3 2015 (by Payment and by Claims).
 - ii. Top 50 Drugs of Q1 2015, Q2 2015 and Q3 2015 (by Payment and by Claims).
- b. Concurrent Drug Utilization Review (ProDUR)
 - i. Review of Q1 2015, Q2 2015 and Q3 2015.
 - ii. Review of Top Encounters by Problem Type.
- c. Retrospective Drug Utilization Review (RetroDUR)
 - i. Status of previous quarter.
 - ii. Status of current quarter.
 - iii. Review and discussion of responses.

7. Closing Discussion

- a. Public comments on any subject.
- b. Date and location of the next meeting.
 - i. Discussion of the time of the next meeting.
- c. Adjournment.

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

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

Notice of this meeting will be available on or after the date of this notice at the DHCFP Web site www.dhcfp.nv.gov, Carson City Central office and Las Vegas DHCFP. The agenda posting of this meeting can be viewed at the following locations: Nevada State Library; Carson City Library; Churchill County Library; Las Vegas Library; Douglas

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County Library; Elko County Library; Lincoln County Library; Lyon County Library; Mineral County Library; Tonopah Public Library; Pershing County Library; Goldfield Public Library; Eureka Branch Library; Humboldt County Library; Lander County Library; Storey County Library; Washoe County Library; and White Pine County Library and may be reviewed during normal business hours.

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

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

Note: We are pleased to make accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements are necessary, notify the Division of Health Care Financing and Policy as soon as possible and at least ten days in advance of the meeting, by e-mail at robyn.heddy@dhefp.nv.gov in writing, at 1100 East William Street, Suite 101, Carson City, Nevada 89701 or call Robyn Heddy at (775) 684-3678.

Tab: Meeting Minutes



BRIAN SANDOVAL
Governor

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

Richard Whitley
Interim Director

LAURIE SQUARTSOFF
Administrator

DRUG USE REVIEW BOARD

Draft Meeting Minutes

Date of Meeting: Thursday, September 3, 2015 at 5:30 PM

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

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

Committee Members Present: James Marx, MD; Jeffrey Zollinger, DO; Michael Owens, MD; Paul Oesterman, Pharm.D.

Committee Members Absent: Chris Shea, Pharm.D.; David England, Pharm.D.

Others Present:

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

HPES: Beth Slamowitz, Pharm.D.

OptumRx: Carl Jeffery, Pharm.D.; Kevin Whittington, R.Ph.

Others: Krystal Joy, Otsuka; Jennifer McKay, MD; Jeanette K Belz, NPA; Lisa Allen, Vertex; Gregg R, Vertex; Lisa May, Renown; Gregg Gittus, Alkermes; Thomas McCrory, MD, HCGP; Daniel Fry, HPES; Joe Haas, Washoe County Juvenal Services; Denis Rikalo, Renown; Sergio Gonzalez, Takeda; Kerry Kostman Bonilla, AZ; Kim Coppom, AZ; Tom O'Connor, Novartis; Corinne Glock, Relypsa; Samantha Min, Otsuka; Melissa Walsh, Novartis; Ryan Ley, MD; Marta Jensen, DHCFP; Matthew P; Katherine Thomas, UNR; Norton Roitman, MD

1. Call to Order and Roll Call

Meeting called to order 5:31PM – no quorum, start in the interest of time, without any voting.

Roll Call:

Carl Jeffery, OptumRx

James Marx, Pain Physician, Las Vegas

Jeff Zollinger, Pain Physician, Reno

Paul Oesterman, Pharmacist, Chairman, Reno

Darrell Faircloth, Deputy Attorney General's office

Kevin Whittington, OptumRx

Beth Slamowitz, HP

Mary Griffith, DHCFP

Coleen Lawrence, DHCFP

2. Public Comment on Any Matter on the Agenda

No comment.

3. Administrative

Coleen Lawrence: DHCFP now has a new administrator, Marta Jensen.

ICD-10, this has been a long project for us. October 1, 2015 is the implementation date. It will affect prior authorizations that can be bypassed at the pharmacy counter if the correct diagnosis is on the prescription. We have been working with prescribers and pharmacies to assure utilization of ICD-10. This is date of service based and will be only running ICD-10, not both.

We have a new reimbursement methodology. We are working with the pharmacy association. The new NADAC pricing and the new dispensing fee has been approved by CMS and will be effective November 1, 2015.

Dr. Owen joins the meeting at 5:37 PM providing a quorum.

Paul Oesterman, Chairman: I need a motion and second for approval of meeting minutes.

James Marx: I move to adopt the minutes as submitted.

Jeffrey Zollinger: Second.

Vote: Ayes across the Board, motion carries.

- a. Review submitted Annual DUR Report submitted to CMS.

Carl Jeffery: There is the Annual DUR Board, submitted on June 30, 2015 in the binders. It reports standard information on the actions of the DUR Board. The questions in the report take into account the drug interactions, for example, the Pro-DUR edits. Toward the end of the

report there are on questions on initiatives taken by the Board. When it is available I will present the final report from CMS to the Board.

Paul Oesterman, Chairman: Are there any questions regarding the current report or next year's report.

Jeffrey Zollinger: How many other states actually require Board certification for pain management?

Carl Jeffery: It will be reported on the annual report next year when all the information from other states are rolled up, that information is not currently readily available.

James Marx: On question 80, paragraph C2, regarding checking prescriber DEA registrations prior to authorizing prescriptions. ..

Carl Jeffery: No, there are not any checks on DEA numbers in the system, the responsibility is up to the pharmacy, claims are processed with prescriber NPI.

2. Board Action

- a. **For Possible Action:** Discussion on Psychotropics for Children and Adolescents prior authorization criteria and prior authorization form

Norton Roitman, MD: Child psychiatrist. The literature requirement will not accomplish what the intent is, which is to make psychiatrists more aware of what they are doing and that it is scientifically authorized. This will result in a certain number of articles that are found and will routinely be attached to prior authorizations, adding to the barrier and it will be a further disincentive to see Medicaid clients. I recognize this is problem. I suggest a public education campaign. If public was more informed about appropriate use, then the concener would be armed and support the discussion they would have with the prescriber. Focusing on the provider won't affect the change.

Dr. Sorenson (via phone): I suggest a practice guidelines list. I have started one that is available if needed. There are no trials to support the use of these medications in children. The Board certified psychiatrists are aware of the dangers of the use of these medications. I believe in good intentions, but I want it to be instructive but not obstructive. I would rather spend time with the family rather than filling out a two page form. I have to spend time getting two extended release ADHD medications from the call center when the recipient has been stabilized for several years. I don't want to be pushed out of seeing children because of paperwork. I will put together a list of articles and practice parameters, but I don't want to spend 10 minutes filling out paperwork and on the phone with a pharmacist.

Jenny McKay: Child psychiatrist. FDA approval is supported by the manufacturer and there are not a lot of good randomized trials in children.

She read a consensus paper from Dr. Coffey from April 23, 2015.

Dr. Sorenson: There is peer-reviewed literature for just about everything that is commonly used in children, and that can be put together. But is this the same authorization required of nurse practitioners?

Paul Oesterman, Chairman: That question will be addressed shortly. One comment about cost containment, we are a drug use review Board, cost is not the primary focus.

Brian Ley: Child and adolescent psychiatrist. It is good to divide 0-5 and 6-18 and have approval for one medication is good. Literature errors and scandals about literature are becoming more common. The requirement to fail two medications independently, is difficult and not clinically good practice.

Coleen Lawrence: This policy began in 2009, it was modified in 2011, we've had active discussion in multiple meetings since then. After the April 23, 2015 DUR meeting, on May 1, 2015 we reverted back to the old form. On May 28, 2015 we held a workshop with practitioners and the industry. From that workshop, we drafted a new PA form and policy. Since then, we sent out two e-mail correspondences. The first on July 30, 2015 with draft policy and the PA form, the second August 25th with another version of policy with a few tweaks. The intent of the draft policy, is to modify classes to clarify classes, mood stabilizers, combine lithium preparations and anticonvulsants into one, not applying these for seizure disorders and also excluded ADD/ADHD drugs. Single therapy protocol was proposed, we removed PA criteria on single therapy for 6-18 year olds. We continue to PA 0-5 year olds with single therapy for psychotropic medications, that seemed to be the consensus. For the FDA indication and/or peer reviewed literature we will ask Dr. Sorenson to provide details, for an educational site on the web.

Dr. Sorenson: Who will decide what is relevant?

Coleen Lawrence: Dr. Nussbaum will help.

Dr Sorenson: Include me on future email communication.

Coleen Lawrence: We will go through an education route so everyone has the same information, and keep in mind it is only for 0-5 year olds. The second area was poly-pharmacy. The definition was discussed in detail and defined in the proposed policy as intra and inter-class poly-pharmacy. Intra-class is two or more drugs in the same therapeutic class, inter-class will be four or more in different classes. Allowing for cross-tapering, but we may need to work on some of the language. Continuity of care is a focus. We modified the language to make sure institutional and children already stabilized but new to FFS system do not have disruptions. We will continue the exceptions for anticonvulsants for seizure disorders and under the care of a neurologist and ADD/ADHD drugs are excluded at this time. Some states have separate forms for 0-5 and another for 6-18 and we also have one form for all children under 18, both draft forms were presented to the Board with the proposed policy.

Paul Oesterman, Chairman: Where does a five and a half year old fall?

Carl Jeffery: Should be less than six, they would be 0 – 5 year olds.

Paul Oesterman, Chairman: The Board has the proposed criteria. Do I have any comments from the Board.?

Jeffrey Zollinger: What about a limited supply while the recipient is going through the process?

Carl Jeffery: A 96 hour override is allowed to give time for the prescriber to get a PA submitted.

Coleen Lawrence: Recipients discharged from an institution will get a 6 month supply approval to give them time to follow up with a local provider.

Carl Jeffery: For the proposed criteria, the claims data from the last two months shows that 0-5 year olds will still always need PA, 97 recipients age 6 to 12 who have two or more agents in the same class. Recipients 13 to 18 years old, 225 recipients will require PA. From the provider standpoint, this is a win.

Paul Oesterman, Chairman: The comments from the forums has been incorporated into the policy. One of the concerns presented is the documentation of the studies. Can we work with the medical schools to provide this so providers don't have to supply it every time, and the call center could retrieve it?

Jeffrey Zollinger: "When possible be prescribed or in consultation with psychiatrist?..."

Carl Jeffery: That was included to cover our rural areas with limited access to psychiatric providers.

Coleen Lawrence: The policy was created to allow a comprehensive plan, not just the treatment with medications. The DUR Board stated "if possible" to have a psychiatrist, but did not want to mandate it. Like other criteria, we use the word, "Encourage".

Jeffrey Zollinger: If there are enough child psychiatrists in Reno and Las Vegas, so that doesn't just mean rural areas, that means here in Reno and Las Vegas too?

Coleen Lawrence: Psychiatry should not be required because of access issues for some recipients.

Beth Slamowitz: Most claims are by psychiatrists, but if it is limited, you may have an access to care issue.

Paul Oesterman, Chairman: I need a motion to approve the policy for 0-5 years old.

Jeffrey Zollinger: Motion.

James Marx: Second.

Vote: Ayes across the Board, the motion carries.

Paul Oesterman, Chairman: I need a motion to approve proposed criteria for ages 6-18. There appears to be a difference from what is in the policy, section D # 5 – the recipient must fail a trial of

each individual agent alone, the reasons for failure must be documented in the medical record. The prior authorization has different verbiage and it says, "Multiple agents within the same class (intra-class), the recipient must have a trial of each individual agent alone, the recipient has inadequate response to monotherapy." The verbiage in the policy is a little more restrictive and I think we want to provide the option for the treatment failure.

James Marx: Motion.

Michael Owens: Second.

Jeffrey Zollinger: Poly pharmacy under D, should the exception be if one medication is used as a sleep agent as was mentioned before if they are taking two or more of say an antidepressant when one is being used as a sleep agent?

Beth Slamowitz: The form gives room to justify the additional agents, if two agents in the same class and one is being used for sleep, there is room to justify.

Jeffrey Zollinger: Where does it say that?

Carl Jeffery: The PA form, the policy should be close to the PA form, under B where it states the medication is used to augment the effects of another psychotropic agent.

Beth Slamowitz: The criteria states it as well under poly-pharmacy number four, it does talk about augmentation.

Coleen Lawrence: It is allowed.

Jeffrey Zollinger: It's not so much augmenting it, but using it for a different indication.

Beth Slamowitz: That falls under where each medication has to treat a separate indication and diagnosis and that is under the coverage and criteria. Under poly pharmacy it states each medication prescribed must be independently treating a specific symptom or diagnosis. On each PA form, it provides space to indicate which drug is being used for each indication.

Jeffrey Zollinger: So as long as the medication treats something individual, it is not considered poly pharmacy?

Beth Slamowitz: Treating a separate indication is justified.

Coleen Lawrence: The language on the PA form works, but it is more liberal than what is in the policy, there should not be a disconnect once we leave the meeting, it should be consistent.

Vote: Ayes across the Board, the motion carries, forms have been approved.

Paul Oesterman, Chairman: There is also the revised policy with the changes to make it easier for the single agent. Where it says each individual must fail a trial of each individual agent alone, that

has been amended to match the language on the prior authorization form. We need a motion to approve the policy that goes along with the prior authorization forms as amended.

James Marx: So moved.

Jeffrey Zollinger: Second.

Vote: Ayes across the Board, the amended policy is approved.

Question from audience: When will this be in effect?

Coleen Lawrence: Chapter 1200 must be modified, so another hearing will be scheduled.

- b. **For Possible Action:** Discussion on Lock-in Program proposed changes to criteria

Item tabled due to time constraints.

3. Clinical Presentations

- a. **For Possible Action:** Discussion and possible adoption of updated prior authorization criteria for Ivacaftor (Kalydeco®)

Lisa Allen, Vertex Medical Affairs: Requested Kalydeco be approved down to age 2 years old.

Proposed changes discussed.

Carl Jeffery: The only change is the age from 6 years old to 2 years old because it is a new FDA approved indication. The quantity limits are also included, 56 tabs per 28 days or 56 packets for 28 days.

Lisa May, social worker at Renown: I supports the age change to 2 years old.

Coleen Lawrence: There is a letter included in meeting material.

Jeffrey Zollinger: Is there a reason not to lower the age?

Coleen Lawrence: It is FDA approved down to that age.

James Marx: I move to approve revised PA criteria.

Jeffrey Zollinger: Second.

Vote: Ayes across the Board, the proposed criteria passes.

- b. **For Possible Action:** Discussion and possible adoption of updated prior authorization criteria for medications for the treatment of onychomycosis.

Paul Oesterman, Chairman: Do we have public comment?

None.

Carl Jeffery: Pharmacy student Alex Zorn will present clinical information to the Board.

Alex Zorn: Provides background of onychomycosis and common treatment options.

Carl Jeffery: The criteria is being updated to include FDA approved indications. The requested length of therapy is appropriate. I added to itraconazole that they do not have heart disease, oral granules require clinical rationale vs. a solid tablet form, topical dosage forms require evidence of inadequate response or contraindication with ciclopirox solution and the oral route.

Paul Oesterman, Chairman: The benefits of terbinafine outweigh the benefits of the topical, to use step therapy.

Carl Jeffery: To get any form of topical, they need to fail an oral form.

Coleen Lawrence: The Board can use step therapy as long as it is based on clinical decision, not cost. The Board does have the ability to consider cost, but when doing step therapy, it must be based on clinical rationale.

Paul Oesterman, Chairman: I have concerns with lack of efficacy with the newer topical agents.

Coleen Lawrence: Any clinical rationale you may have.

Carl Jeffery: The cure rates are so much better with the oral agents.

James Marx: What about drug interactions, they are pretty fierce.

Carl Jeffery: They are, and that would fall to the contraindication. Also consider compliance with the topicals, typical recipient won't be able to apply on their own.

Michael Owens: Does it make a difference if the toe nail is just removed? Removing the bed and then beginning treatment?

Alex Zorn: In some case studies, most nails removed had return of fungus if not treated. The fungus will come back in 100% of the cases, removing does help with pain and appearance. Oral treatment at the same time does help.

Jeffrey Zollinger: Is a positive stain and culture and necessary?

Michael Owens: I don't use anything, no time or inclination, I choose Lamisil.

Paul Oesterman, Chairman: Should we eliminate B out of the criteria?

Michael Owens: Yes, I don't see a lot of mistreatment.

James Marx: I don't think it is necessary and it isn't a requirement.

Jeffrey Zollinger: I suggest removing that whole statement about the testing.

Paul Oesterman, Chairman: So revised criteria with the removal of 1. B., everything else is the same.

Michael Owens: Moved.

James Marx: Second.

Vote: Ayes across the Board, the criteria passes.

- c. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for sedative/hypnotic medications.

Paul Oesterman, Chairman: Any public comment?
None.

Carl Jeffery: A few new products on the market prompted the review. Utilization trends are presented in the binders, broken down by age. I suspect alprazolam and diazepam for seizure. Adults use more of the zolpidem and there are just a few claims for Belsomra. The criteria calls out Heltioz because of a different indication. Quantity limits are also present on the criteria.

Mary Griffith: Under 2B, the injection, would be a NVPAD drug only. Should we make that a PA?

Carl Jeffery: Would midazolam ever be dispensed by an outpatient pharmacy? Should this be restricted for all point of sale?

Paul Oesterman, Chairman: Yes, I think so.

James Marx: Branded alprazolam is costly.

Carl Jeffery: They got the ok to get the brand name, they tried two different generics.

Coleen Lawrence: We will have to put it on the policy that injection is not allowed.

Paul Oesterman, Chairman: Can we take a look at those brand name products to see if it is the same patient or different patients? We have proposed criteria with agents listed and quantity limitations, with the midazolam injection being non-fillable at the community pharmacy.

James Marx: Could we get a report on the midazolam syrup as well? I move to accept as proposed.

Jeffrey Zollinger: Second.

Vote: Ayes across the Board, motion carries.

- d. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for Ivabradine (Corlanor®)

Paul Oesterman, Chairman: Public comment?
None.

Carl Jeffery: We have a new agent for heart failure with very specific rules. First of a couple that are being introduced. It was fast track approved because of such a demand. The proposed criteria follows FDA criteria.

Paul Oesterman, Chairman: The therapeutic class lists the name of the product, if there are more products coming out, can we make it for the therapeutic class assuming the new products will have the FDA indications, HCN class (hyperpolarization-activated cyclic nucleotide-gated channel blockers). I need a motion to approve the proposed criteria for the HCN class?

James Marx: Moved.

Jeffrey Zollinger: Second.

Vote: Ayes across the Board, motion carries.

4. Public Comment on any DUR Board Requested Report

Paul Oesterman, Chairman: Any public comment?
None.

5. DUR Board Requested Reports

- a. Report on diabetic patient compliance for blood glucose monitoring receiving insulin.
 - i. Discussion by the Board and review of utilization data.

Carl Jeffery: This is the count of recipients on insulin without monitoring. I pulled out all the Medicare patients, and only included straight Fee for Service. 4500 patients are getting insulin without any test strip claims. The next section is the long-term care recipients. There is a good chance the facility is using their strips.

Paul Oesterman, Chairman: Is there a way to cross over the data to look at hospitalizations associated with hypo or hyper glycemc episodes? If that is the case, we have dropped the ball somewhere.

James Marx: One thing I have noticed is that patients are not aware that strips are a covered benefit, could there be better education?

Coleen Lawrence: We haven't done a campaign in a long time.

Kevin Whittington: We can work with the manufactures to get some education out.

Paul Oesterman, Chairman: I would also be interested in the U500 usage, that scares me in the outpatient setting

Carl Jeffery: A few new strengths are coming out, a new U200 and U300

Michael Owens: The price has gone up on the Lantus, so we are moving to Levemir, There is a price spike impact on the program as well.

Kevin Whittington: When the manufacturers move the price up that fast, they pay penalties and that works out well for the States. The vials net out to the State for very little money.

Coleen Lawrence: You can request information or reports between meetings.

8. Public Comment on any Standard DUR Report

6. Standard DUR Reports

Carl Jeffery: The usual reports, but high level, antivirals are holding the top spot, Hep C medications. There is a small drop in the second quarter, two more products on the market. Antipsychotics are always number two. Break down by drug cost, Abilify holds the top spot. By claim count, a lot for the opioids, anticonvulsants are up there, guess most are Neurontin.

Paul Oesterman, Chairman: Can we have a breakdown for the next meeting for the use of Neurontin vs. Lyrica to see how that is transitioning?

James Marx: There are also some new dosage forms.

Jeffrey Zollinger: Seems like opioid class is moving down, are the costs decreasing?

Carl Jeffery: They appear to be holding steady.

Paul Oesterman, Chairman: Can we have a breakdown of hydrocodone products?

Carl Jeffery: In the top 50 report, the fourth quarter 2014, 22,000 claims, almost 24 000 claims in Q1 2015. Gabapentin is number four.

Paul Oesterman, Chairman: Halfway down the report by cost is the blood glucose strips.

7. Closing Discussion

Paul Oesterman, Chairman: Can we start these meetings at 5:00 instead of 5:30.

Coleen Lawrence: October 22, 2015 is the Medicaid Conference. It conflicts with our next meeting. We will follow up with the Board members.

Jeffrey Zollinger: 5:15 may work better.

Meeting adjourned at 7:20 PM.

	MTL 26/15
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1203
MEDICAID SERVICES MANUAL	Subject: POLICY

b. Retro Drug Utilization Review (DUR)

Both recipient and provider profiles (i.e. claim payments) are reviewed to identify patterns of excess. Verification of receipt of services is ongoing on a sample basis. Providers may be audited on site.

c. Drug Utilization Review (DUR)

Nevada Medicaid policy and federal law allows the state appointed DUR Board to conduct review of the information compiled about individual clients and providers and allows the DUR Board to educate Medicaid providers about the changes in drug therapeutics. Educational programs may include information such as drug interactions between medications that physicians have prescribed for the clients and medications they are prescribing that are unnecessarily expensive. In this case, educational efforts will be directed to help providers improve their efficiency in the allocation of the finite resources available for Medicaid clients.

d. Eligibility

Please refer to MSM Chapter 100 for information on Medicaid eligibility, eligibility verification and the Eligibility Verification System (EVS).

e. Lock-in Program: When a recipient has shown patterns of abuse/misuse of Nevada Medicaid benefits, or the DHCFP has determined that the recipient requires close medical management, the recipient may be “locked-in” to a specific pharmacy and/or provider. This means that Medicaid will only pay for controlled substance prescriptions/medical services at a single pharmacy/provider.

1. Criteria that is evaluated by the DHCFP when determining if a recipient should be locked in to a specific pharmacy begins with the number of controlled substance prescriptions filled in 60 days.

If the recipient has filled ten or more controlled substance prescriptions in the past 60 day period (includes controlled substance pharmaceuticals given in the emergency room) then the clinical review continues with the following criteria:

- a. The recipient has utilized more than one pharmacy in the past 60 day period;
- b. The recipient has utilized more than three physicians in the past 60 day period;

	MTL 26/15
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- c. The recipient has utilized the emergency room(s) for receiving controlled substances;
 - d. The recipient has been diagnosed with a drug dependency related condition;
 - e. The dispensed quantity per prescription of controlled substances appears excessive by the clinical review team; or
 - f. The recipient has other noted drug seeking behaviors(s).
2. The POS system will not allow another pharmacy to bill for controlled substance prescriptions, and a message will be given at the time of service to notify the pharmacy that the recipient is locked-in. Any non-controlled substance prescriptions can be filled at any pharmacy.
3. Recipients who are locked-in to one pharmacy can change their locked-in pharmacy at any time by contacting their Medicaid District Office.
4. Pharmacies may call the Technical Call Center for an override to the locked-in pharmacy if:
- a. The locked-in pharmacy is out of stock.
 - b. The locked-in pharmacy is closed.
 - c. The recipient is out of town and cannot access the locked-in pharmacy.
3. Generic Substitution
- Per NRS Chapter 639, if the practitioner has not indicated that generic substitution is prohibited, the pharmacy provider must dispense, in substitution, another drug which is available to him if the other drug:
- a. is less expensive than the drug prescribed by brand name;
 - b. is biologically equivalent to the drug prescribed by brand name;
 - c. has the same active ingredient or ingredient of the same strength, quantity and form of dosage as the drug prescribed by brand name; and

Tab: Lock-In

Lock-In Savings Report September 2015

Note	Summary					
Summary calculations do not take into account the claims and amounts for inactive members.	Active Recipients	Total Claims Month Before Lock-In	Total Amount Month Before Lock-In	Total Claims September 2015	Total Amount September 2015	Total Savings September 2015
	669	7,759	\$570,894.48	5,237	\$519,881.79	\$ 51,012.69

Number	Month Before Lock-In	Lock-In Date	Term Date	Status	Total Claims Month Before Lock-In	Total Amount Month Before Lock-In	Total Claims September 2015	Total Amount September 2015	Total Savings September 2015
1	11/1/2008	12/1/2008	12/31/2039	A	18	1524.88			1524.88
2	11/1/2008	12/1/2008	11/30/2009	I	2	9.59			
3	11/1/2008	12/1/2008	12/31/2039	A	5	86.8	7	683.35	-596.55
4	2/1/2009	3/1/2009	10/26/2009	I	9	184.93			
5	2/1/2009	3/1/2009	6/30/2015	I	0	0			
6	2/1/2009	3/1/2009	6/30/2010	I	26	731.87			
7	3/1/2009	4/1/2009	6/30/2015	I	23	349.2			
8	5/1/2009	6/1/2009	9/30/2009	I	10	1957.14			
9	5/1/2009	6/1/2009	7/31/2010	I	25	679.96			
10	5/1/2009	6/1/2009	9/30/2010	I	23	781.46			
11	6/1/2009	7/1/2009	7/31/2009	I	65	13169.84			
12	6/8/2009	7/8/2009	12/31/2039	A	9	706.37	12	1803.58	-1097.21
13	8/16/2009	9/16/2009	12/31/2039	A	1	11.3699			11.3699
14	8/25/2009	9/25/2009	12/31/2039	A	8	970.5	8	949.22	21.28
15	10/1/2009	11/1/2009	12/31/2039	A	4	9.3	5	8.4	0.9
16	12/1/2009	1/1/2010	12/31/2039	A	6	401.17	6	142.35	258.82
17	12/1/2009	1/1/2010	12/31/2039	A	0	0	5	106.72	-106.72
18	4/11/2010	5/11/2010	12/31/2039	A	9	453.07	17	280.3	172.77
19	8/1/2010	9/1/2010	9/16/2010	I	4	71.93			
20	8/1/2010	9/1/2010	12/31/2039	A	15	196.99	5	783	-586.01
21	8/1/2010	9/1/2010	5/31/2011	I	23	224.79			
22	8/20/2010	9/20/2010	12/31/2039	A	15	2669.44	12	1525.22	1144.22
23	10/1/2010	11/1/2010	12/31/2039	A	6	681.86			681.86
24	10/1/2010	11/1/2010	12/31/2039	A	15	2089.34	4	69.65	2019.69
25	1/1/2011	2/1/2011	9/25/2012	I	27	3042.05			

Tab: Hepatitis C

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MEDICAID SERVICES MANUAL

HH. Anti-Hepatitis Agents – Protease Inhibitor Agents

Therapeutic Class: Anti-Hepatitis Agents-Protease Inhibitors

Last Reviewed by the DUR Board: January 22, 2015

Victrelis® (boceprevir), Incivek® (telaprevir), and Olysio® (simeprevir) are subject to prior authorization and quantity limitations based on the Application of Standards in Section 1927 of the Social Security Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage and Limitations

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

a. Victrelis® (boceprevir)

1. For treatment initiation (treatment weeks 5 through 28), the recipient must have all of the following:
 - a. The recipient has a diagnosis of chronic hepatitis C genotype 1 infection; and
 - b. The recipient will be treated with peginterferon alfa and ribavirin for four weeks prior to starting Victrelis® (boceprevir) and will continue peginterferon alfa and ribavirin for the entire duration of treatment with Victrelis® (boceprevir); and
 - c. The recipient has not received a previous course of therapy with Incivek® (telaprevir), Olysio® (simeprevir) or Victrelis® (boceprevir) unless the drug is being switched due to an adverse event with the alternative drug.
2. For treatment continuation for treatment weeks 28 through 36, the recipient must have one of the following:
 - a. The recipient is treatment-naïve and their HCV-RNA level was detectable at treatment week eight and undetectable at treatment week 24; or
 - b. The recipient is a previous partial responder or a relapser to peginterferon alfa and ribavirin and their HCV-RNA was undetectable at treatment week eight and treatment week 24.
3. For treatment continuation for treatment weeks 28 through 48, the recipient must have one of the following:

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MEDICAID SERVICES MANUAL

- a. The recipient has a diagnosis of chronic hepatitis C genotype 1 with compensated cirrhosis and their HCV-RNA was detectable at treatment week 24; or
 - b. The recipient had a $<2\text{-log}_{10}$ HCV-RNA drop by treatment week 12 on prior treatment with peginterferon alfa and ribavirin and HCV-RNA on triple therapy is undetectable at treatment week 24; or
 - c. The recipient is treatment-naïve and poorly interferon responsive based on $<1\text{-log}_{10}$ decline in HCV-RNA at treatment week four following lead-in therapy with peginterferon alfa.
- b. Incivek® (telaprevir)
1. For treatment initiation (weeks one through eight) the recipient must have all of the following:
 - a. The recipient has a diagnosis of chronic hepatitis C genotype 1 infection; and
 - b. The recipient will be treated with concomitant peginterferon alfa plus ribavirin; and
 - c. The recipient has not received a previous course of therapy with Incivek® (teaprevir), Olysio® (simeprevir) or Victrelis® (boceprevir) unless the drug is being switched due to an adverse event with the alternative drug.
 2. For treatment continuation for treatment weeks nine through 12:
 - a. The recipient is treatment-naïve and their HCV-RNA level was <1000 IU/mL at treatment week four.
- c. Olysio® (simeprevir)
1. For treatment initiation (treatment weeks one through eight), the recipient must meet all of the following:
 - a. The recipient has a diagnosis of chronic hepatitis C genotype 1 infection; and
 - b. The recipient will be treated with concomitant peginterferon alfa plus ribavirin; and

DIVISION OF HEALTH CARE FINANCING AND POLICY

MEDICAID SERVICES MANUAL

VV. Sovaldi® (sofosbuvir)

Therapeutic Class: Anti-Hepatitis Agents-Polymerase Inhibitor Agents

Last Review by the DUR Board: January 22, 2015

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

1. Coverage and Limitations:

Approval for Sovaldi® (sofosbuvir) for mono-infected or HCV/HIV-1 co-infected recipients will be given if the following criteria are met and documented:

- a. The recipient has a diagnosis of chronic hepatitis C Genotype 1 infection; and the recipient will be treated in combination with peginterferon alfa and ribavirin or, if the recipient is ineligible to receive peginterferon alfa, in combination with ribavirin; or
- b. The recipient has a diagnosis of Chronic Hepatitis C Genotype 2 or 3 Infection; and the recipient will be treated in combination with ribavirin; or
- c. The recipient has a diagnosis of Chronic Hepatitis C Genotype 4 Infection; and the recipient will be treated in combination with peginterferon alfa and ribavirin; or
- d. The recipient has a diagnosis of Chronic Hepatitis C Genotype 1, 2, 3, or 4 infection; and the recipient has a diagnosis of hepatocellular carcinoma and is awaiting a liver transplant; and the recipient will be treated in combination with ribavirin.

2. The initial prescription for Sovaldi must be for a two week supply. Subsequent refills can be up to 34 days.

3. Prior Authorization Guidelines

- a. Prior Authorization approval will be for 12 weeks for ALL of the following:
 1. Recipients with a diagnosis of Chronic Hepatitis C Genotype 1 infection and combination therapy with peginterferon alfa and ribavirin.
 2. Recipients with a diagnosis of Chronic Hepatitis C Genotype 2 infection and combination therapy with ribavirin.
- b. Prior Authorization approval will be for 24 weeks for all of the following:

DIVISION OF HEALTH CARE FINANCING AND POLICY
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MEDICAID SERVICES MANUAL

1. Recipients with a diagnosis of Chronic Hepatitis C Genotype 1 infection and combination therapy with ribavirin.
 2. Recipient with a diagnosis of Chronic Hepatitis C Genotype 3 infection and combination therapy with ribavirin.
- c. Prior Authorization approval will be for up to 48 weeks or until liver transplantation for recipients with a diagnosis of hepatocellular carcinoma and is awaiting a liver transplant combination therapy with ribavirin.
- d. Prior Authorizations will be renewed in 12 week intervals based on genotype.
- e. Prior Authorization forms are available at:
<http://www.medicaid.nv.gov/providers/rx/rxforms.aspx>

DIVISION OF HEALTH CARE FINANCING AND POLICY

MEDICAID SERVICES MANUAL

XX. Harvoni® (ledipasvir/sofosbuvir)

Therapeutic Class: Anti-Hepatitis Agents-Polymerase Inhibitor Agents
 Last Reviewed by the DUR Board: January 22, 2015

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

1. Coverage and Limitations

Approval for Harvoni® (ledipasvir/sofosbuvir) will be given if the following criteria is met and documented:

- a. The recipient has a diagnosis of chronic hepatitis C genotype 1 infection; and
- b. The recipient is 18 years of age or older; and
- c. The requested dose is 90 mg/400 mg, once daily; and

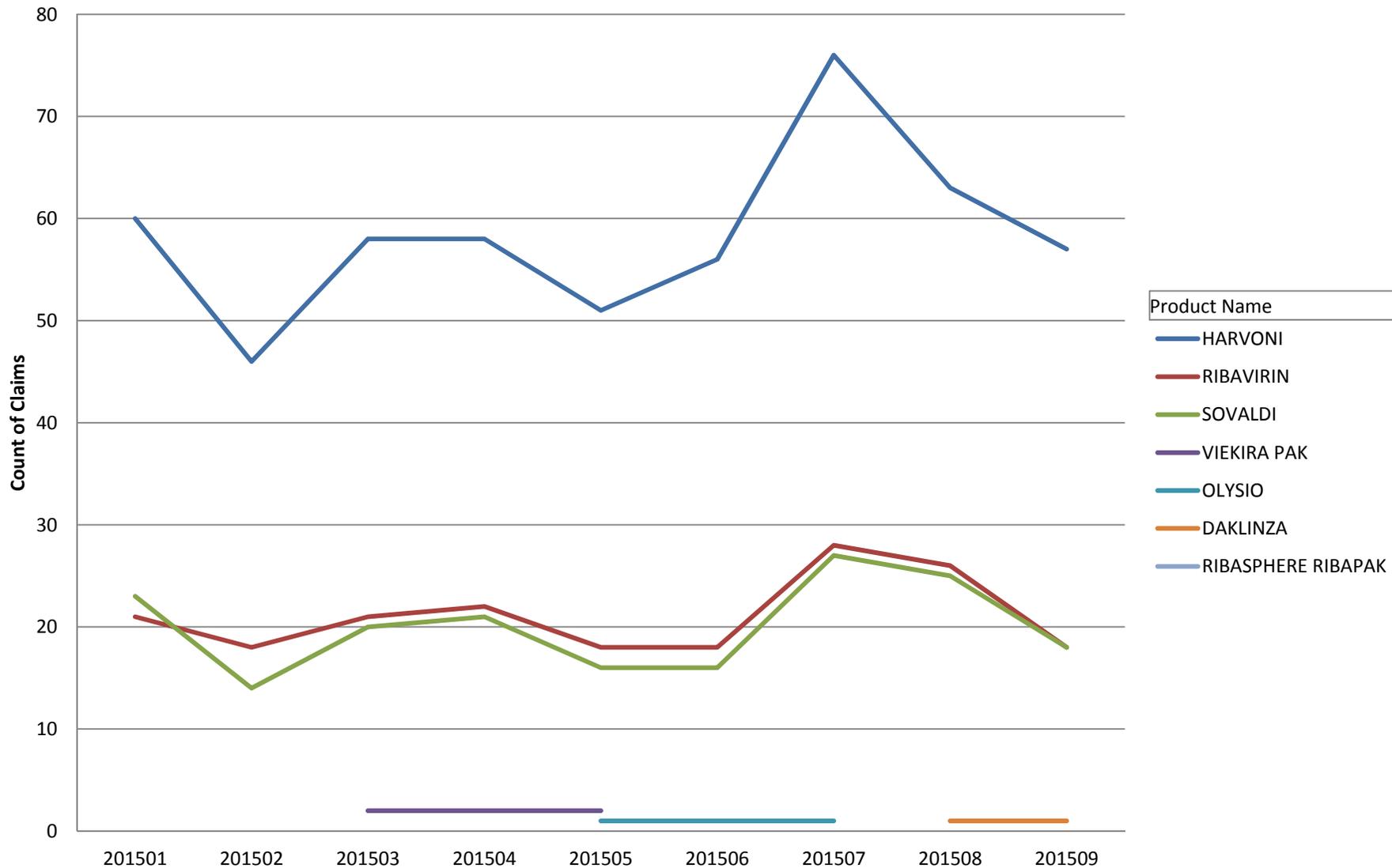
2. The initial prescription for Harvoni® must be for a two week supply. Subsequent refills can be up to 34 days.

3. PA Guidelines

- a. PA approval will be given for eight weeks of therapy if the recipient is treatment-naïve, does not have cirrhosis and as a pretreatment (within the last 12 weeks) HCV RNA viral load less than 6 million IU/mL; or
- b. PA approval will be given for 12 weeks of therapy, if one of the following are met and documented:
 1. The recipient is treatment-naïve, does not have cirrhosis and has a pre-treatment (within the last 12 weeks) HCV RNA viral load greater than or equal to 6 million IU/mL; or
 2. The recipient is treatment-naïve and has cirrhosis; or
 3. The recipient is treatment-experienced (failed treatment with peginterferon alfa + ribavirin ± an HCV protease inhibitor) and does not have cirrhosis. (NOTE: recipients who have failed a previous course of therapy with Sovaldi® is also acceptable to meet this criterion); or
- c. Approval will be given for 24 weeks of therapy if the recipient is treatment-experienced (failed treatment with peginterferon alfa + ribavirin ± an HCV

Sum of Count of Claims

Hepatitis C Treatment



YearMonth Filled

Hep-C

January 2015 - February 2015

Year/Month	Count of Claims	Count of Members	Pharmacy Paid Amt	Paid Per Claim
HARVONI	525	437	\$ 13,112,100.30	\$ 24,975.43
201501	60	52	\$ 1,639,928.32	\$ 27,332.14
201502	46	45	\$ 1,317,543.16	\$ 28,642.24
201503	58	53	\$ 1,671,029.12	\$ 28,810.85
201504	58	54	\$ 1,671,023.80	\$ 28,810.76
201505	51	47	\$ 1,446,085.80	\$ 28,354.62
201506	56	47	\$ 1,429,848.41	\$ 25,533.01
201507	76	52	\$ 1,542,397.21	\$ 20,294.70
201508	63	47	\$ 1,269,426.64	\$ 20,149.63
201509	57	40	\$ 1,124,817.84	\$ 19,733.65
RIBAVIRIN	190	172	\$ 45,042.46	\$ 237.07
201501	21	21	\$ 5,675.96	\$ 270.28
201502	18	18	\$ 4,523.53	\$ 251.31
201503	21	20	\$ 4,830.23	\$ 230.01
201504	22	19	\$ 5,526.06	\$ 251.18
201505	18	16	\$ 3,960.12	\$ 220.01
201506	18	17	\$ 4,123.45	\$ 229.08
201507	28	23	\$ 5,918.78	\$ 211.39
201508	26	22	\$ 6,503.72	\$ 250.14
201509	18	16	\$ 3,980.61	\$ 221.15
SOVALDI	180	161	\$ 4,770,373.32	\$ 26,502.07
201501	23	23	\$ 628,428.32	\$ 27,322.97
201502	14	14	\$ 399,906.64	\$ 28,564.76
201503	20	19	\$ 542,734.04	\$ 27,136.70
201504	21	18	\$ 599,859.96	\$ 28,564.76
201505	16	14	\$ 457,036.16	\$ 28,564.76
201506	16	15	\$ 399,915.00	\$ 24,994.69
201507	27	21	\$ 671,288.52	\$ 24,862.54
201508	25	22	\$ 628,439.00	\$ 25,137.56
201509	18	15	\$ 442,765.68	\$ 24,598.09
VIEKIRA PAK	6	6	\$ 148,752.97	\$ 24,792.16
201503	2	2	\$ 35,420.09	\$ 17,710.05
201504	2	2	\$ 56,666.44	\$ 28,333.22
201505	2	2	\$ 56,666.44	\$ 28,333.22
OLYSIO	4	4	\$ 90,268.64	\$ 22,567.16
201501	1	1	\$ 22,567.16	\$ 22,567.16
201505	1	1	\$ 22,567.16	\$ 22,567.16
201506	1	1	\$ 22,567.16	\$ 22,567.16
201507	1	1	\$ 22,567.16	\$ 22,567.16
DAKLINZA	2	2	\$ 42,849.52	\$ 21,424.76
201508	1	1	\$ 21,424.76	\$ 21,424.76
201509	1	1	\$ 21,424.76	\$ 21,424.76
RIBASPHERE F	2	2	\$ 1,184.78	\$ 592.39
201502	1	1	\$ 3.60	\$ 3.60
201504	1	1	\$ 1,181.18	\$ 1,181.18
Grand Total	909	784	\$ 18,210,571.99	\$ 20,033.63

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

Daklinza (daclatasvir) is subject to prior authorization.

1. Coverage and limitations:

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

- a. The recipient has a diagnosis of hepatitis C genotype 3

AND

- b. Recipient is \geq 18 years of age

AND

- c. The recipient has not had a liver transplant

AND

- d. The requested agent will be used in combination with Sovaldi

AND

- e. The recipient is not on a strong CYP3A inducer

AND

- f. The recipient does not have cirrhosis (Metavir score F4).

AND

- g. One of the following:

- i. The requested dose of Daklinza is 60 mg (one tablet) daily

OR

- ii. The requested dose of Daklinza is 30 mg (one tablet) daily and the recipient is receiving a concomitant strong CYP3A inhibitor

OR

- iii. The requested dose of Daklinza is 90 mg (one 30 mg tablet and one 60 mg tablet) daily and the recipient is receiving a concomitant moderate CYP3A inducer. Medical necessity of continued use of the moderate CYP3A inducer during Daklinza therapy must be provided.

AND

- h. The requested length of therapy is 12 weeks

2. Prior Authorization Guidelines:

- a. Prior Authorization approval length will be for 12 weeks

3. Quantity Limitations:

- a. 28 tablets/28 days

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

Olysio[®] (simeprevir) is a covered benefit of Nevada Medicaid for recipients who meet the criteria for coverage.

1. Coverage and Limitations:

Approval for Olysio[®] (simeprevir) will be given if the following criteria are met and documented:

- a. The recipient has a diagnosis of chronic hepatitis C genotype 1 infection;

AND

- b. The recipient has not received a previous course of therapy with Incivek[®] (telaprevir), Olysio[®] (simeprevir), or Victrelis[®] (boceprevir) unless the drug is being switched due to an adverse event with the alternative drug;

AND

- c. One of the following:

1. The recipient will be treated concomitantly with peginterferon alfa plus ribavirin and meets **one** of the following:

- a. For treatment initiation (treatment weeks one through eight), the recipient has been pre-screened and does not test positive for the 1A NS3 Q80K polymorphism.

- b. For treatment continuation (treatment weeks nine through 12), the recipient must have **one** of the following:

- i. The recipient is treatment-naïve, and their HCV-RNA level was <25 IU/mL at treatment week four; **or**

- ii. The recipient is a previous prior relapser and their HCV-RNA level was <25 IU/mL at treatment week four; **or**

- iii. The recipient is a partial or a null-responder to previous therapy of interferon and ribavirin alone (no other HCV protease inhibitors) and their HCV-RNA was <25 IU/mL at treatment week four.

OR

2. The recipient will be treated concomitantly with sofosbuvir

2. PA Guidelines:

- a. Prior Authorization approval will be for 12 weeks for recipients who will be treated concomitantly with sofosbuvir and who do not have cirrhosis.
- b. Prior Authorization approval will be for a total of 24 weeks for recipients who will be treated concomitantly with sofosbuvir and have cirrhosis.
- c. For recipient will be treated concomitantly with peginterferon alfa plus ribavirin:
 1. Initial authorization approval will be for eight weeks.
 2. For recipients meeting criteria for continuation treatment for treatment weeks nine through 12, a prior authorization approval may be renewed once for an additional four weeks.
- d. Prior Authorization forms are available at:
<http://www.medicaid.nv.gov/providers/rx/rxforms.aspx>

3. Quantity Limitations:

1 tablet/day

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

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

1. Coverage and Limitations:

Approval for Sovaldi® (sofosbuvir) for mono-infected or HCV/HIV-1 co-infected recipients will be given if **one** the following criteria are met and documented:

- a. The recipient has a diagnosis of hepatitis C genotype 1 and will be treated with peginterferon alfa and ribavirin and ribavirin or, if the recipient is ineligible to receive peginterferon alfa, in combination with ribavirin;

OR

- b. The recipient has a diagnosis of Chronic Hepatitis C Genotype 2 or 3 Infection; and the recipient will be treated in combination with ribavirin;

OR

- c. The recipient has a diagnosis of Chronic Hepatitis C Genotype 4 Infection; and the recipient will be treated in combination with peginterferon alfa and ribavirin;

OR

- d. The recipient has a diagnosis of Chronic Hepatitis C Genotype 1, 2, 3, or 4 infection; and the recipient has a diagnosis of hepatocellular carcinoma and is awaiting a liver transplant; and the recipient will be treated in combination with ribavirin;

OR

- e. The recipient has a diagnosis of chronic hepatitis C Genotype 1 infection and will be treated in combination with simeprevir.

OR

- f. The recipient has a diagnosis of chronic hepatitis C Genotype 3 infection and will be treated in combination with daclatasvir.

2. PA Guidelines:

- a. Prior Authorization approval will be for 12 weeks for ALL of the following:

1. Recipients with a diagnosis of Chronic Hepatitis C Genotype 1 infection and combination therapy with peginterferon alfa and ribavirin.

2. Recipients with a diagnosis of Chronic Hepatitis C Genotype 2 infection and combination therapy with ribavirin.
 3. Recipients with a diagnosis of Chronic Hepatitis C Genotype 4 infection and combination therapy with peginterferon and ribavirin.
 4. Recipients with a diagnosis of Chronic Hepatitis C Genotype 1 infection who do not have cirrhosis and combination therapy with simeprevir.
 5. Recipients with a diagnosis of Chronic Hepatitis C Genotype 3 infection who do not have cirrhosis.
- b. Prior Authorization approval will be for 24 weeks for all of the following:
1. Recipients with a diagnosis of Chronic Hepatitis C Genotype 1 infection and combination therapy with ribavirin.
 2. Recipient with a diagnosis of Chronic Hepatitis C Genotype 3 infection and combination therapy with ribavirin.
 3. Recipients with a diagnosis of Chronic Hepatitis C Genotype 1 infection who have cirrhosis and combination therapy with simeprevir.
- c. Prior Authorization approval will be for up to 48 weeks or until liver transplantation for recipients with a diagnosis of hepatocellular carcinoma and is awaiting a liver transplant combination therapy with ribavirin. **Requests will be approved in 24 week intervals**
- d. Prior Authorization forms are available at:
<http://www.medicaid.nv.gov/providers/rx/rxforms.aspx>

3. Quantity Limitations:
1 tablet/day

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

Technivie (ombitasvir/paritaprevir/ritonavir) is subject to prior authorization.

1. Coverage and limitations:

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

- a. Diagnosis of chronic hepatitis C genotype 4
AND
- b. Member is \geq 18 years of age
AND
- c. The recipient does not have cirrhosis (Metavir score F4)
AND
- d. The recipient does not have moderate or severe hepatic impairment (Child-Pugh grade B or C)
AND
- e. For treatment-naïve recipients:
 - i. Technivie will be used in combination with ribavirin
OR
 - ii. Technivie will be used without ribavirin and there is documentation that the recipient cannot take or cannot tolerate ribavirin**AND**
- f. For treatment-experienced recipients, Technivie will be used in combination with ribavirin
AND
- g. The requested dose is two Technivie tablets daily
AND
- h. Total duration of therapy does not exceed 12 weeks

2. Prior Authorization Guidelines:

- a. Prior Authorization approval length will be for 12 weeks

3. Quantity Limitations:

- a. 2 boxes (56 tablets)/28 days

Therapeutic Class Overview

Direct Acting Hepatitis C Antivirals and Combinations

Overview/Summary:

The direct acting hepatitis C antiviral and combination products are all Food and Drug Administration (FDA)-approved for the treatment of chronic hepatitis C virus (HCV) infection; although, differences in indications exist relating to use in specific genotypes, with certain combination therapies and other patient factors.¹⁻⁶ Daklinza[®] (daclatasvir) is a once-daily NS5A inhibitor indicated for use with an NS5B polymerase inhibitor Sovaldi[®] (sofosbuvir) for 12 weeks in the treatment of patients with chronic hepatitis C virus (HCV) genotype 3 infection. It is the first Food and Drug Administration (FDA)-approved all-oral regimen for the HCV genotype 3 infection that does not require co-administration of interferon or ribavirin.¹ Technivie[®] (ombitasvir/paritaprevir/ ritonavir) in combination with ribavirin is the first interferon-free Food and Drug Administration (FDA)-approved drug for the treatment of HCV genotype 4 infection.⁶

HCV is an enveloped ribonucleic acid virus that is transmitted through exposure with infected blood and is the most common bloodborne infection in the United States, with an estimated prevalence of 3.2 million people chronically infected. Chronic HCV develops in 70 to 85% of HCV-infected persons and is associated with significant morbidity (e.g., cirrhosis, hepatocellular carcinoma [HCC]) and is the leading cause of liver transplantation.^{8,9} The average annual incidence rate of HCC in the U.S. between 2001 and 2006 was 3.0 per 100,000 people, with 48% to cases attributed to HCV.¹⁰ These agents act via several different mechanisms of action to exert their therapeutic effect.¹⁻⁷ Daclatasvir (Daklinza) binds to the N-terminus of NS5A, a nonstructural protein encoded by HCV, and inhibits both viral ribonucleic acid (RNA) replication and virion assembly.¹ Simeprevir (Olysio[®]) works via inhibition of the HCV NS3/4A protease of HCV genotype 1a and 1b, thus preventing replication of HCV host cells.² Similarly, sofosbuvir (Sovaldi[®]) inhibits HCV NS5B polymerase which also prevents the replication of HCV host cells, however, it is active against multiple genotypes of HCV.³ The three combination products that include direct acting hepatitis C antivirals include ledipasvir/sofosbuvir (Harvoni[®]), ombitasvir/paritaprevir/ritonavir (Technivie[®]), and a 4-drug regimen of ombitasvir/paritaprevir/ritonavir/dasabuvir (Viekira Pak[®]). Paritaprevir and dasabuvir exert their mechanisms of action in the same way as other agents and inhibit NS3/4A protease and NS5B polymerase, respectively. Ledipasvir and Ombitasvir work along the same line as the other agents, but specifically inhibit HCV non-structural protein NS5A. Ritonavir, when used in Technivie[®] and Viekira Pak[®], is used as a boosting agent that increases the peak and trough plasma drug concentrations of paritaprevir along with overall drug exposure; it has no direct effect on the hepatitis C virus.⁴⁻⁶ Specific indications for each of the direct acting hepatitis C antiviral agents are listed in Table 1.

Efficacy of these agents have been established in multiple clinical trials with numerous clinical trials still underway.¹¹⁻³³ Newly published guidelines developed by the American Association for the Study of Liver Diseases, Infectious Diseases Society of America and International Antiviral Society-USA have included all current treatments in their recommendations.³³ Generally speaking, combination regimens that include newer direct hepatitis C antivirals are preferred over older pegylated interferon-based regimens (including those containing older protease inhibitors) due to a higher sustained virologic response (SVR) rate, improved side effects profile, and reduced pill burden. However, many different regimens with direct-acting agents or combinations, which may or may not also include ribavirin or pegylated interferon, are recommended based on HCV genotype, previous treatment experience and certain special populations.³³⁻³⁵ Currently, there are no generic direct-acting antivirals available.

Table 1. Current Medications Available in Therapeutic Class¹⁻⁷

Generic (Trade Name)	FDA Approved Indications	Dosage Form/Strength	Generic Availability
Single Entity Agents			
Daclatasvir (Daklinza [®])	Treatment of chronic HCV genotype 3 in combination with sofosbuvir	Tablet: 30 mg 60 mg	-
Simeprevir (Olysio [®])	Treatment of chronic HCV genotype 1 infection, including HCV/HIV-1 co-infection, in combination with peginterferon alfa and	Capsule: 150 mg	-

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

FDA=Food and drug administration, HCV=hepatitis C virus, HIV=human immunodeficiency virus

*Although simeprevir is FDA-approved for combination therapy with sofosbuvir, the indication is only included on the FDA-approved label of simeprevir and is not listed in sofosbuvir's label.

Evidence-based Medicine

- The efficacy of simeprevir (Olysio®) in patients with HCV genotype 1 infection was evaluated in several unpublished studies, including two phase III trials in treatment-naïve patients (QUEST 1 and QUEST 2), one phase III trial in patients who relapsed after prior interferon-based therapy (PROMISE).²
 - In the pooled analysis of QUEST 1 and QUEST 2, a greater proportion of patients in the simeprevir group achieved SVR at 12 weeks (SVR12) compared to control group (80 vs 50%; P value not reported).²
- The safety and efficacy of simeprevir in combination with sofosbuvir with or without ribavirin for the treatment of hepatitis C genotype 1 was evaluated in the COSMOS trial. Cohort 1 included prior null responders with METAVIR scores F0 to F2 and Cohort 2 included prior null responders and treatment-naïve patients with METAVIR scores F3 to F4.^{2,18}
 - SVR at 12 weeks post therapy (SVR12) was achieved in 92% of the patients in the the intention to treat (ITT) population. SSVR12 for Cohort 1 and Cohort 2 were 90% (95% CI, 81 to 96) and 94% (95% CI, 87 to 98), respectively. The results were not significantly altered by use of ribavirin, duration of treatment, or treatment history (no P values reported).²⁰
- The FDA approval of sofosbuvir was based on the results of five phase III trials (N=1,724) in HCV mono-infected patients (genotypes 1 to 6) and one unpublished phase III trial (N=223) in HCV/HIV-1 co-infected patients (HCV genotype 1, 2 or 3).^{3,11,22,23}

- All trials utilized SVR12 as the primary endpoint and overall, these studies showed that sofosbuvir provided a significant improvement in SVR12 compared with control in both treatment-naïve and treatment-experienced patients.^{11,22,23}
- Sofosbuvir was not specifically studied in treatment-experienced patients with HCV genotype 1 infection. According to the prescribing information, the estimated response rate in patient who previously failed treatment with peginterferon alfa and ribavirin is 71%. This is based on the observed response rate in patients from the NEUTRINO study.^{3,10}
- The FDA approval of combination ledipasvir/sofosbuvir was based on the results of three phase III trials (N=1,518) in HCV mono-infected subjects with genotype 1 infection who had compensated liver disease. Treatment duration was fixed in each trial and was not guided by subjects' HCV RNA levels.^{4,12,13,17}
 - ION-1 evaluated treatment-naïve patients include patients with cirrhosis; ION-2 evaluated patients with or without cirrhosis who failed previous therapy with an interferon-based regimen including those containing an HCV protease inhibitor; ION-3 evaluated non-cirrhotic, treatment-naïve patients.^{12,13,17}
 - All studies showed that ledipasvir/sofosbuvir significantly improved SVR12 rate compared to control.^{12,13,17}
- The FDA approval of ombitasvir/paritaprevir/ritonavir and dasabuvir (Viekira Pak[®]) was based on the results of six randomized, multicenter, clinical trials (N=2,308) in HCV patients with genotype 1, including one trial exclusively in patients with cirrhosis and mild hepatic impairment (Child-Pugh A). All studies included at least one treatment arm with ribavirin, while several studies included treatment arms without ribavirin.^{5,14-16,19,20}
 - Study populations for each of the studies include treatment-naïve, non-cirrhotic adults with HCV genotype 1 infection (SAPPHIRE-I), treatment-naïve, non-cirrhotic adults with HCV genotype 1b and HCV genotype 1a infections (PEARL-III and PEARL-IV, respectively), treatment-naïve or previously treated with peginterferon alfa and ribavirin cirrhotic adults with HCV genotype 1 infection (TURQUOISE-II), noncirrhotic adults with HCV genotype 1 infection who either relapsed or were nonresponders to prior peginterferon alfa and ribavirin therapy (SAPPHIRE-II) and finally, non-cirrhotic adults with HCV genotype 1b infection who either relapsed or were nonresponders to prior peginterferon alfa and ribavirin therapy (PEARL-II).^{14-16,19,20}
 - Overall, SVR12 rates were high and significantly improved compared with control after 12 weeks of therapy.^{14-16,19,20} Only TURQUOISE-II evaluated patients beyond 12 weeks of therapy and found there was no difference between 12 weeks of therapy compared with 24 weeks of therapy (P=0.09).¹⁶

Key Points within the Medication Class

- American Association for the Study of Liver Diseases, Infectious Diseases Society of America and International Antiviral Society-USA have included all current treatments in their guideline.³³
- Old standards of therapy, including pegylated interferon alfa and ribavirin dual therapy and pegylated interferon alfa, ribavirin along with a protease inhibitor triple therapy are no longer recommended.
- Current, first-line therapies recommended in the new guidelines include all-oral combination therapies, each of which generally has at least one polymerase inhibitor and one other direct-acting agent that acts via a different mechanism of action.
- Depending on genotype, previous treatment-experience and special populations, the recommended regimens and durations of treatment vary due to differences in efficacy provided by clinical trials.
 - For genotype 1, four regimens with similar efficacy are recommended. Duration and addition of ribavirin depend on cirrhosis status and/or previous treatment failures.
 - § Daclatasvir 60 mg daily (QD) + sofosbuvir 400 mg QD ± ribavirin for 12 to 24 weeks
 - § Ledipasvir/sofosbuvir 90/400 mg QD ± ribavirin for 12 to 24 weeks
 - § Paritaprevir/ritonavir/ombitasvir 150/100/25 mg QD + dasabuvir 250 mg twice-daily (BID) ± ribavirin for 12 to 24 weeks
 - § Sofosbuvir 400 mg QD + simeprevir 150 mg QD ± ribavirin for 12 to 24 weeks
 - For genotype 2, sofosbuvir 400 mg QD + ribavirin for 12 weeks (16 weeks with cirrhosis), regardless of previous treatment experience is recommended as first-line

- § Daclatasvir 60 mg QD + sofosbuvir (4000 mg) for 12 weeks is recommended for genotype 2 patients who cannot tolerate ribavirin.
 - For genotype 3, first-line regimens recommended include:
 - § Daclatasvir (60 mg) and sofosbuvir (400 mg) ± ribavirin for 12 to 24 weeks
 - § sofosbuvir 400 mg QD + ribavirin + weekly peginterferon for 12 weeks
 - For Genotype 4, three regimens are recommended, two of which are recommended independent of cirrhosis status and treatment experience and one of which is based on previous treatment failure.
 - § Ledipasvir/sofosbuvir 90/400 mg QD for 12 weeks
 - § Paritaprevir/ritonavir/ombitasvir 150/100/25 QD + ribavirin for 12 weeks
 - § Sofosbuvir 400 mg QD + ribavirin for 24 weeks (treatment-naïve) or sofosbuvir 400 mg QD + weight-based ribavirin for 24 weeks (previous treatment failure; may use for 12 weeks if pegylated interferon alfa added).
 - In patients that fail a sofosbuvir, daclatasvir, ledipasvir/sofosbuvir, or paritaprevir/ritonavir/ombitasvir plus dasabuvir, it is recommended to defer therapy if they have minimal liver disease; guidelines do not offer a specific regimen for recipients with extensive liver disease, but recommend resistance-testing. They recommend treatment for at least 24 weeks use of ribavirin if not contraindicated.
- Other Key Facts:
- Prior to initiating therapy with simeprevir in combination with peginterferon and ribavirin, patients with HCV genotype 1a should be screened for the presence of NS3 Q80K polymorphism.²
 - § Screening for NS3 Q80K polymorphism is not necessary when used in combination with sofosbuvir that is associated with substantially reduced drug efficacy; alternative therapy should be considered if this polymorphism is present.²
 - When prescribing ombitasvir/paritaprevir/ritonavir (Technivie[®]) or ombitasvir/paritaprevir/ritonavir/dasabuvir (Viekira Pak[®]), screening for drugs that should not be coadministered is recommended due to many, often severe, drug interactions.⁵
 - Lack of data on the use of Technivie[®] or Viekira Pak[®] with or without ribavirin in cirrhotic patients with HCV genotype 4 infection (guidelines recommend 24-week treatment).^{5,6}
 - Dose of daclatasvir must be adjusted when given with strong CYP3A inhibitors (30 mg QD) and moderate CYP3A inducers (90 mg QD).¹
 - § Two 30 mg tablets or one 30 mg and one 60 mg tablet must be used to make a 90 mg dose.

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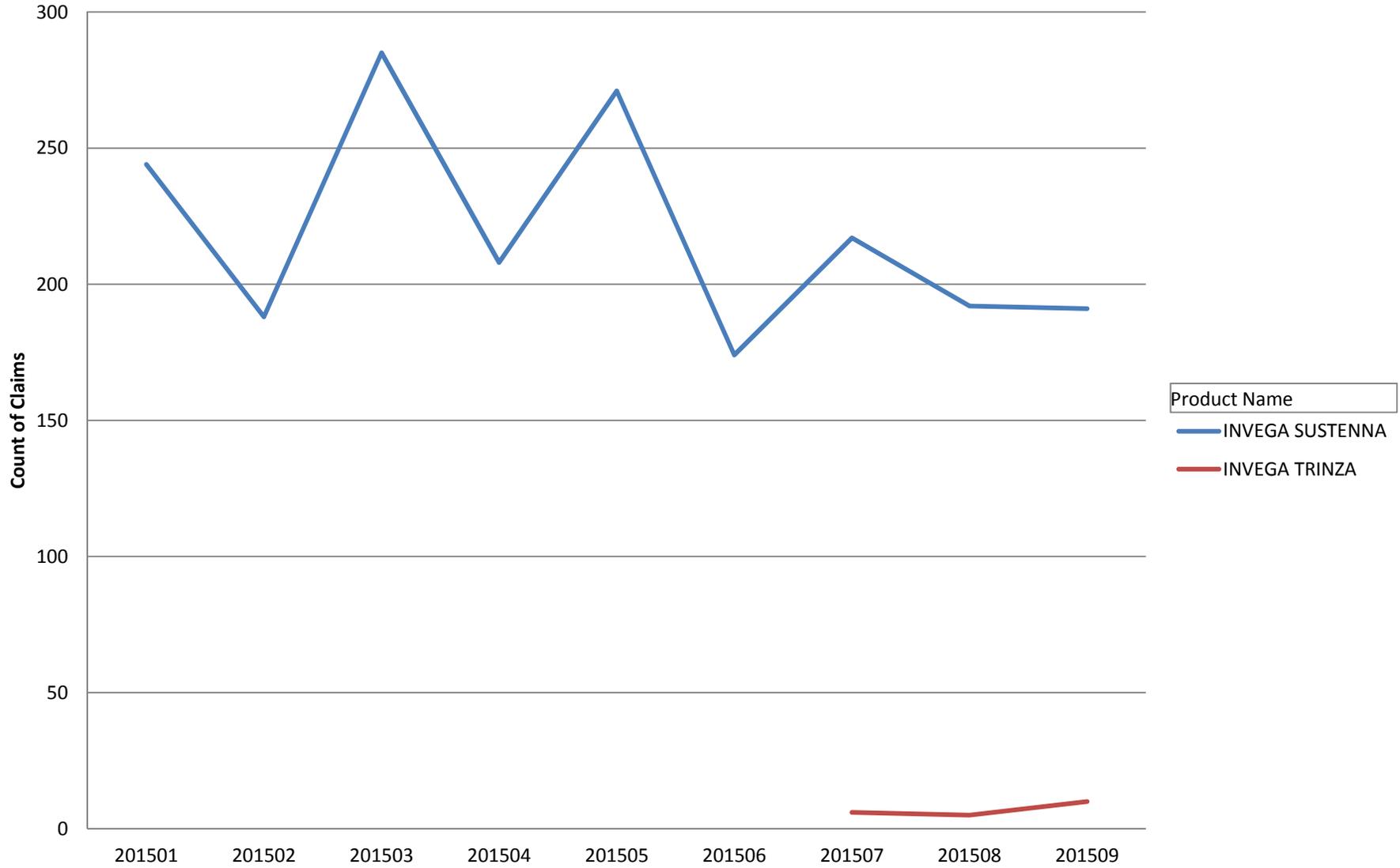
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Tab: Invega

Sum of Count of Claims

Invega



YearMonth Filled

Invega Trinza

January 2015 - September 2015

	Number of Claims	Number of Members	Pharmacy Paid
INVEGA SUST INJ 117/0.75	214	196	\$ 180,098.93
201501	21	21	\$ 17,736.22
201502	22	20	\$ 19,829.80
201503	27	22	\$ 20,835.33
201504	25	24	\$ 22,803.19
201505	35	30	\$ 23,826.72
201506	25	23	\$ 22,507.94
201507	23	21	\$ 19,576.61
201508	21	20	\$ 19,569.41
201509	15	15	\$ 13,413.71
INVEGA SUST INJ 156MG/ML	608	555	\$ 664,764.43
201501	84	78	\$ 82,968.88
201502	52	52	\$ 50,290.12
201503	92	77	\$ 95,187.10
201504	68	65	\$ 66,140.56
201505	79	68	\$ 80,656.63
201506	49	47	\$ 58,859.08
201507	65	58	\$ 82,290.00
201508	60	58	\$ 72,784.04
201509	59	52	\$ 75,588.02
INVEGA SUST INJ 234/1.5	1110	990	\$ 1,988,087.03
201501	134	128	\$ 208,684.88
201502	109	102	\$ 180,016.43
201503	162	133	\$ 257,194.10
201504	112	108	\$ 185,952.62
201505	150	121	\$ 273,035.06
201506	96	93	\$ 186,667.01
201507	124	107	\$ 246,550.80
201508	109	98	\$ 219,835.49
201509	114	100	\$ 230,150.64
INVEGA SUST INJ 39/0.25	8	8	\$ 2,681.06
201501	3	3	\$ 1,000.59
201502	2	2	\$ 667.06
201503	1	1	\$ 333.53
201505	1	1	\$ 333.53
201506	1	1	\$ 346.35
INVEGA SUST INJ 78/0.5ML	30	28	\$ 18,172.80
201501	2	2	\$ 1,305.53
201502	3	3	\$ 1,987.02
201503	3	3	\$ 1,987.02
201504	3	3	\$ 1,987.02
201505	6	5	\$ 3,315.30
201506	3	3	\$ 2,063.97
201507	5	4	\$ 2,755.56

	Number of Claims	Number of Members	Pharmacy Paid
201508	2	2	\$ 707.41
201509	3	3	\$ 2,063.97
INVEGA TRINZ INJ 410MG	3	3	\$ 9,237.81
201509	3	3	\$ 9,237.81
INVEGA TRINZ INJ 546MG	7	7	\$ 28,729.82
201508	2	2	\$ 8,208.52
201509	5	5	\$ 20,521.30
INVEGA TRINZ INJ 819MG	11	11	\$ 67,692.79
201507	6	6	\$ 36,923.34
201508	3	3	\$ 18,461.67
201509	2	2	\$ 12,307.78
Grand Total	1991	1798	\$ 2,959,464.67

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

Invega Trinza (paliperidone palmitate) is subject to prior authorization.

1. Coverage and limitations:

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

- a. Diagnosis of schizophrenia
AND
- b. The recipient has been stabilized on once-monthly paliperidone palmitate injection (Invega Sustenna) for at least four months with the two most recent doses of the once-monthly injection being the same strength.
AND
- c. Member is \geq 18 years of age
AND
- d. The requested dose is one injection every three months.

2. Prior Authorization Guidelines:

- a. Prior Authorization approval length will for one year

New Drug Overview

Invega Trinza® (paliperidone palmitate)

Overview/Summary: Invega Trinza® (paliperidone palmitate) is an atypical antipsychotic intramuscular injection given every three months which is indicated for the treatment of schizophrenia in adult patients after they have been adequately treated with Invega Sustenna® (paliperidone palmitate) monthly injection for at least four months.¹ Paliperidone is an active metabolite of risperidone.¹⁻³ It is hypothesized that its therapeutic activity in schizophrenia is mediated by the antagonism of the central dopamine Type 2 (D₂) and serotonin Type 2 (5HT_{2A}) receptor sites. Paliperidone has 5HT_{2A} activity and is also an antagonist of the adrenergic (α₁ and α₂) and histamine (H₁) receptors.¹⁻³

Prior to the availability of Invega Trinza® (paliperidone palmitate), paliperidone was only available in an oral formulation as Invega® (paliperidone) extended-release tablet and a monthly intramuscular injection as Invega Sustenna® (paliperidone palmitate). The extended-release tablets and monthly intramuscular injection are indicated for schizophrenia and schizoaffective disorder as monotherapy and an adjunct to mood stabilizers and/or antidepressant therapy.^{2,3} Of note, Invega® (paliperidone) extended-release tablets have been studied and FDA-approved for the treatment of schizophrenia in adolescents (12 to 17 years of age).² The safety and efficacy of Invega Sustenna® (paliperidone palmitate) and Invega Trinza® (paliperidone palmitate) in pediatrics has not been established.^{1,3}

Invega Trinza® (paliperidone palmitate) is a novel formulation allowing for medication administration to occur four times a year, which is the longest atypical antipsychotic dosing interval currently available for the treatment of schizophrenia.

The National Institute for Health and Clinical Excellence 2014 practice guideline for psychosis and schizophrenia in adults identifies candidates for injectable antipsychotic formulations as patients who prefer an injectable formulation after an acute episode or if the clinical treatment priority is to avoid non-adherence.⁴ Similarly, the American Psychiatry Association 2004 practice guidelines for schizophrenia state candidates for long-acting injectable antipsychotics may include patients that may need options to improve treatment adherence.⁵ Clinical guidelines do not note a preference among the antipsychotic agents available as long-acting injectables.

Table 1. Dosing and Administration¹

Generic Name	Adult Dose	Pediatric Dose	Availability										
Paliperidone palmitate	Schizophrenia: ER injection: initial, inject 273 to 819 mg IM (deltoid or gluteal muscle) every three months based on the dose of once-monthly paliperidone palmitate in which the patient was stabilized.	Safety and efficacy in children have not been established.	ER injection: 273 mg 410 mg 546 mg 819 mg This agent must be administered by a health-care professional.										
	<table border="1"> <thead> <tr> <th>Invega Sustenna® Stabilized Dose</th> <th>Invega Trinza® Starting Dose</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">78 mg</td> <td style="text-align: center;">273 mg</td> </tr> <tr> <td style="text-align: center;">117 mg</td> <td style="text-align: center;">410 mg</td> </tr> <tr> <td style="text-align: center;">156 mg</td> <td style="text-align: center;">546 mg</td> </tr> <tr> <td style="text-align: center;">234 mg</td> <td style="text-align: center;">819 mg</td> </tr> </tbody> </table>			Invega Sustenna® Stabilized Dose	Invega Trinza® Starting Dose	78 mg	273 mg	117 mg	410 mg	156 mg	546 mg	234 mg	819 mg
	Invega Sustenna® Stabilized Dose			Invega Trinza® Starting Dose									
	78 mg			273 mg									
	117 mg			410 mg									
156 mg	546 mg												
234 mg	819 mg												

Evidence-based Medicine

- The efficacy of Invega Trinza® (paliperidone palmitate) was evaluated in a double-blind, placebo-controlled, randomized-withdrawal trial designed to evaluate time to relapse involving adult subjects with schizophrenia.⁶
 - The study included four phases: screening and oral tolerability testing phase, open-label transition phase, open-label maintenance phase, and a double-blind phase. Patients stable on other long-acting injectable antipsychotics were eligible.
 - After randomization, a pre-planned interim analysis showed a statistically significantly longer time to first relapse with Invega Trinza® (paliperidone palmitate) compared to placebo (hazard ratio [HR], 3.45; 95% confidence interval [CI], 1.73 to 6.88; P<0.001).
 - Twenty-three percent of patients in the placebo group and 7.4% of patients in the Invega Trinza® (paliperidone palmitate) group experienced a relapse event.

Key Points within the Medication Class

- According to Current Clinical Guidelines:
 - The National Institute for Health and Clinical Excellence 2014 practice guideline for psychosis and schizophrenia in adults identifies candidates for injectable antipsychotic formulations as patients who prefer an injectable formulation after an acute episode or if the clinical treatment priority is to avoid non-adherence.⁴
 - the American Psychiatry Association 2004 practice guidelines for schizophrenia state candidates for long-acting injectable antipsychotics may include patients that may need options to improve treatment adherence.⁵
 - Clinical guidelines do not note a preference among the antipsychotic agents available as long-acting injectables.^{4,5}
- Other Key Facts:
 - Invega Trinza® (paliperidone palmitate) is the first antipsychotic that offers an extended duration of action, requiring injection only every three months.
 - Injectable antipsychotics are a treatment option for patients with non-adherence concerns.
 - Administration by a health care professional may help ensure adherence to the antipsychotic regimen. Administration every three months may also be advantageous for those patients who have limited access to medical care and/or transportation.

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Tab: Praluent

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

Praluent (alirocumab) is subject to prior authorization.

1. Coverage and limitations:

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

Initial Requests

- A. One of the following:
 - i. Recipient has a diagnosis of heterozygous familial hypercholesterolemia (HeFH)
OR
 - ii. Patient has clinical atherosclerotic cardiovascular disease and requires additional lowering of LDL-C (defined as acute coronary syndromes, history of myocardial infarction, stable or unstable angina, coronary or other arterial revascularization, stroke, transient ischemic attack, or peripheral arterial disease presumed to be of atherosclerotic origin).
- AND**
- B. Prescribed by or in consultation with a cardiologist or lipid specialist
AND
 - C. Will be used as an adjunct to a low-fat diet and exercise
AND
 - D. One of the following:
 - i. The recipient has had an inadequate response to high intensity statin therapy defined as ALL of the following:
 - a. Has received therapy with atorvastatin ≥ 40 mg or rosuvastatin ≥ 20 mg for at least the past three months
 - b. Has received add-on therapy with ezetimibe to the maximum tolerable dose of statin for at least the past three months or the recipient has a contraindication to ezetimibe therapy.
 - c. LDL-C after therapy for at least the past three months was ≥ 100 mg/dL (HeFH) or ≥ 70 mg/dL (clinical atherosclerotic cardiovascular disease)
 - d. Statin therapy will be continued with PCSK9 therapy
- OR**
- ii. The recipient has had an inadequate response to moderate intensity statin therapy defined as all of the following:
 - a. Has an intolerance or contraindication to high-intensity statin therapy
 - b. Has received therapy with atorvastatin 10 to 20 mg, rosuvastatin 5 to 10 mg, simvastatin >20 mg, pravastatin >40 mg, lovastatin 40 mg, fluvastatin XL 80 mg, fluvastatin 40 mg twice daily, or pitavastatin >2 mg for at least the past three months
 - c. Has received add-on therapy with ezetimibe to the maximum tolerable dose of statin for at least the past three months or the recipient has a contraindication to ezetimibe therapy
 - d. LDL-C after therapy for at least the past three months was ≥ 100 mg/dL (HeFH) or ≥ 70 mg/dL (clinical atherosclerotic cardiovascular disease)
 - e. Statin therapy will be continued with PCSK9 therapy

OR

- iii. The recipient experienced an adverse reaction to at least two statins; the statins and adverse reactions must be documented in the recipient's medical record

OR

- iv. The recipient has a labeled contraindication to all statins; the contraindication as documented in the recipient's medical record

Recertification Requests

- A. The recipient has been adherent with PCSK-9 inhibitor therapy
AND
- B. The recipient has been adherent with statin therapy OR the recipient has a labeled contraindication to statin therapy
AND
- C. The recipient is continuing a low-fat diet and exercise regimen
AND
- D. The recipient has achieved a reduction in LDL-C level.

2. Prior Authorization Guidelines:

- A. Prior Authorization approval length will:
 - i. Initial request: 6 months
 - ii. Recertification requests: 1 year

3. Quantity Limitations:

- A. 2 pens or syringes/28 days

New Drug Overview Praluent® (alirocumab)

Overview/Summary: Praluent® (alirocumab) is Food and Drug Administration (FDA)-approved as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease (ASCVD), who require additional lowering of low density lipoprotein cholesterol (LDL-C). Proprotein convertase subtilisin kexin 9 (PCSK9) is a serine protease produced predominantly in the liver that leads to the degradation of hepatocyte LDL receptors and increased LDL-C levels. Alirocumab works to inhibit the action of this enzyme leading to a decrease in LDL-C levels. 1

Although the agent has demonstrated a benefit in reducing various measures of cholesterol, the extent of benefit on cardiovascular morbidity and mortality has not been determined. In addition, the agent was only approved as adjunctive therapy to maximally-dosed statin therapy, not in statin intolerant patients.¹

Currently available consensus treatment guidelines do not address the place in therapy of PCSK9 inhibitors. The 2013 consensus guidelines from the American Heart Association (AHA)/American College of Cardiology (ACC) emphasize the use of statin therapy with intensity stratified by risk level.² This differed significantly from the previous gold standard guidelines from the 2004 National Cholesterol Education Program that emphasized the use LDL-C to monitor response to therapy.³ Significant discussion exists in the provider community over the best approach to treatment.

Recently in November 2014, results of the IMPROVE-IT trial supported the use of LDL-C target goals. In this trial, patients who had been hospitalized for an acute coronary syndrome within the preceding ten days were randomized to simvastatin alone or in combination with ezetimibe (N=18,144). The combination treatment group achieved an average lower LDL-C (53.7 mg/dL vs 69.5 mg/dL; P<0.001) and had a significantly lower event rate at seven years (32.7% vs 34.7%; P=0.016). The investigators concluded that "lowering LDL-C to levels below previous targets provided additional benefit" reemphasizing the use of LDL-C target goals as a marker of cholesterol response.⁴

As noted above, the ACC/AHA guidelines do not address the place in therapy of the PCSK9 inhibitors. However, the ACC president addressed the issue in a press release upon the approval of Praluent® (alirocumab):

"The ACC eagerly awaits the results of the clinical trials that are in progress. In the meantime, we continue to recommend physicians limit prescribing to the very high risk, hard-to-treat groups approved by the FDA and otherwise follow the current guidelines, which recommend lifestyle change and, if needed, statins for most patients with or at risk of heart disease. Improving diet and optimizing exercise are the cornerstones of heart disease management and prevention. Statins are available as low-cost generics, are well tolerated in most patients, and their effectiveness is supported by strong evidence."⁵

Table 1. Dosing and Administration¹

Generic Name	Adult Dose	Pediatric Dose	Availability
Alirocumab	HeFH or clinical atherosclerotic cardiovascular disease: Injection: initial, 75 mg SQ every two weeks; maintenance and maximum, 150 mg SQ every two weeks	Safety and efficacy in children have not been established.	Prefilled Pen: 75 mg 150 mg Prefilled Syringe: 75 mg 150 mg

Evidence-based Medicine

- The FDA-approval of alirocumab is based on data from twelve phase III ODYSSEY trials (>5,000 patients). These trials include patients with HeFH, those with coronary heart disease (CHD) and those at risk for cardiovascular events (CVE).^{1, 6-17}
- Across the clinical trial program, the agent was associated with an approximate 40% to 60% decrease in LDL-C from baseline.
 - In addition, other lipid measures generally decreased at higher levels than with placebo.
 - In several studies, the majority of patients were able to reach goal LDL-C levels by week 12 without requiring dose titration. For example, in ODYSSEY COMBO I, 83.2% of evaluable alirocumab-treated patients remained on the 75 mg dose throughout the study.^{1,6-17}
- In a post-hoc analysis of one key study, ODYSSEY LONG-TERM, investigators observed a decreased risk of cardiovascular events compared to placebo (1.7% vs 3.3%; hazard ratio [HR], 0.52; 95% confidence interval [CI], 0.31 to 0.90; P=0.02).¹⁴

Key Points within the Medication Class

- According to Current Clinical Guidelines:
 - The use of PCSK9 inhibitors are not addressed.
 - AHA/ACC guidelines emphasize the use of statin therapy with intensity stratified by risk level.²
 - This differed significantly from the previous gold standard guidelines from the 2004 National Cholesterol Education Program that emphasized the use LDL-C to monitor response to therapy.³
- Other Key Facts:
 - This agent has been studied in a wide population including patients with HeFH, in combination with a statin, in statin intolerant patients and in patients with a high risk of cardiovascular events or prior history of these events.^{1,6-17}
 - This agent is generally well tolerated, with few clinically significant adverse drug reaction.

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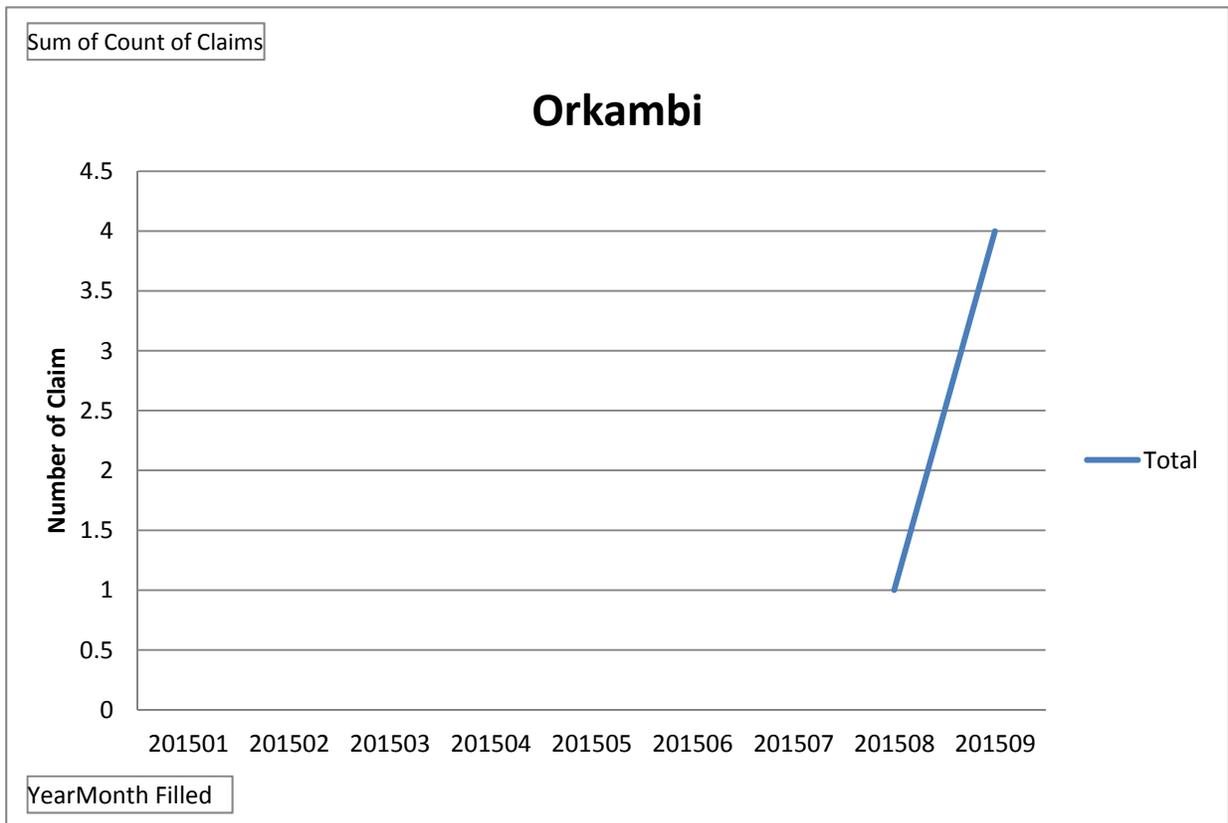
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Tab: Orkambi

Orkambi

January 2015 - September 2015

Year/Month	Count of Claims	Count of Members	Pharmacy Paid Amt	Paid Per Claim
201501	0	0	\$ -	\$ -
201502	0	0	\$ -	\$ -
201503	0	0	\$ -	\$ -
201504	0	0	\$ -	\$ -
201505	0	0	\$ -	\$ -
201506	0	0	\$ -	\$ -
201507	0	0	\$ -	\$ -
201508	1	1	\$ 20,326.30	\$ 20,326.30
201509	4	3	\$ 81,305.20	\$ 20,326.30
Grand Total	5	4	\$ 101,631.50	\$ 20,326.30



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

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

1. Coverage and Limitations:

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

Requests for Orkambi® (lumacaftor/ivacaftor)

- a. The recipient has a diagnosis of cystic fibrosis;
AND
- b. The recipient is 12 years of age or older;
AND
- c. The recipient is homozygous for the F508del mutation in the CFTR gene;
AND
- d. The requested dose is two tablets every 12 hours.

2. PA Guidelines:

Prior Authorization approvals will be given for a period of 1 year.

3. Quantity Limitations:

1 box/28 days (112 tablets/28 days)

New Drug Overview Orkambi® (lumacaftor/ivacaftor)

Overview/Summary: Cystic fibrosis (CF) is a rare, life-threatening autosomal recessive disease. The frequency is approximately 1:2,000 to 3,000 live births. CF is caused by mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) gene which codes for the CFTR protein.¹ The CFTR protein functions as a channel across the membrane of cells that produce mucus, sweat, saliva, tears and digestive enzymes. The channel transports chloride ions into and out of cells. This transport helps control the movement of water in tissues, necessary for the production of thin, freely flowing mucus which provides a protective coating in the airways, digestive system, reproductive system and other organs and tissues. In addition to chloride, the CFTR gene also transports sodium ions across cell membranes for lung and pancreatic function.²

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

Orkambi® (lumacaftor/ivacaftor) is a combination product that contains ivacaftor, a potentiator of the CFTR protein as well as lumacaftor, a CFTR corrector. This co-formulated product is the first medication that has been Food and Drug Administration (FDA)-approved to target the underlying cause of CF in patients that are homozygous for the F508del mutation, which is the most prevalent mutation among patients in the United States.³ It is estimated that of the 30,000 individuals in the United States that have CF, approximately 8,500 have two copies of the F508del mutation.⁴

The Cystic Fibrosis Foundation (CFF) currently has numerous guidelines available to help with the diagnosis and management of the various complications associated with CF. The most recent guidelines from 2013 that address chronic medications for the maintenance of lung health include dornase alfa, inhaled hypertonic saline, antibiotics such as inhaled tobramycin, inhaled aztreonam or oral azithromycin if *Pseudomonas aeruginosa* is persistently present, and Kalydeco® (ivacaftor).⁵ These guidelines have not yet been updated to include this newest agent, Orkambi® (lumacaftor/ivacaftor).

Table 1. Dosing and Administration¹

Generic Name	Adult Dose	Pediatric Dose	Availability
lumacaftor/ ivacaftor	<p><u>Cystic Fibrosis (homozygous for F508del):</u> Tablet: initial; maintenance; maximum: Two tablets every 12 hours with fat-containing foods</p> <p><u>Dosage Adjustment for Patients with Moderate Hepatic Impairment (Child-Pugh Class B):</u> Two tablets QAM and one tablet QPM with fat-containing foods</p> <p><u>Dosage Adjustment for Patients with Severe Hepatic Impairment (Child-Pugh Class C):</u></p>	<p>See adult dose.</p> <p>Safety and efficacy in children less than 12 years of age have not been established.</p>	<p>Tablet: 200 mg/125 mg</p>

Generic Name	Adult Dose	Pediatric Dose	Availability
	<p>Use with caution: maximum dose of: One tablet every 12 hours with fat-containing foods</p> <p><u>Dosage Adjustment for Patients Taking CYP3A Inhibitors:</u> No dosage adjustment required when CYP3A inhibitors are initiated in patients already taking lumacaftor/ivacaftor. However, when initiating lumacaftor/ivacaftor in patients currently taking strong CYP3A inhibitors, reduce dose: One tablet QD for one week then increase to the recommended daily dose of two tablets every 12 hours.</p>		

Evidence-based Medicine

- Several phase II studies were performed with the investigational agent, lumacaftor, both alone and in combination with ivacaftor to evaluate the safety and tolerability of these products in CF individuals over the age of 18 years with the F508del-CFTR mutation.
 - Four doses of lumacaftor were found to have a similar adverse event profile to placebo during a 28 day trial. In addition, this agent was found to reduce sweat chloride values in a dose-dependent manner with only the 100 mg and 200 mg groups achieving statistical significance (P<0.05 and P<0.01, respectively). There were no significant changes in lung function in any of the dose groups.⁶
 - The second phase II trial, was also a randomized, double-blind, placebo-controlled trial that examined three successive cohorts. The results from each cohort were used to assist with the appropriate dose selection for the subsequent cohort.⁷
 - § Cohort 1 (homozygous for the F508del mutation) was randomized to either placebo for 21 days or lumacaftor 200 mg once daily for 14 days followed by the addition of either ivacaftor 150 mg or 250 mg every 12 hours for seven days. For the combination period, mean sweat chloride fell significantly only for those individuals assigned to the lumacaftor 200 mg plus ivacaftor 250 mg group compared with placebo (P<0.001). In addition, the change in sweat chloride concentration over the 21-day study period for patients given lumacaftor 200 mg plus ivacaftor 250 mg was -12.6 mmol/L (P<0.001) compared to day one and -10.9 mmol/L (P=0.002) compared with placebo.
 - § Cohorts 2 and 3 (F508del CFTR homozygous and heterozygous individuals) were randomly assigned to either 56 days of placebo or lumacaftor with ivacaftor 250 mg every 12 hours added after 28 days. Results from Cohort 2 and 3 showed that there was no significant decrease in mean sweat chloride concentration during the combination treatment in any treatment group. In Cohort 2, the lumacaftor 600 mg combination group significantly improved FEV1 by 5.6 percentage points (P=0.013) compared to placebo from day 1 to 56. In Cohort 3, FEV1 improvement of 7.7 percentage points (P=0.003) was observed during the combination treatment period.
 - Phase III studies (TRAFFIC and TRANSPORT) showed that a statistically significant mean absolute improvements in FEV₁ compared to placebo, with a range of 2.6 to 4.0 percentage points (P≤0.0004) and a mean relative improvement of 4.3 to 6.7% (P≤0.0007). In addition, the pooled analysis from these phase III trials showed statistically significant reductions of 30 to 39% in the rate of pulmonary exacerbations for those who received the combination regimens compared to those who received placebo (P≤0.0014) as well as statistically significant improvement in the body mass index (P<0.0001).^{8,9}

Key Points within the Medication Class

- According to Current Clinical Guidelines:
 - The most recent guidelines from 2013 that address chronic medications for the maintenance of lung health include dornase alfa, inhaled hypertonic saline, antibiotics such as inhaled tobramycin, inhaled aztreonam or oral azithromycin if *Pseudomonas aeruginosa* is persistently present, and Kalydeco® (ivacaftor).⁵ These guidelines have not yet been updated to include this newest agent, Orkambi® (lumacaftor/ivacaftor).

- Other Key Facts:
 - This is the first medication that specifically targets CF individuals with two copies of the F508del mutation.
 - Safety and effectiveness of this agent in individuals < 12 years of age is unknown at this time.
 - Long term efficacy data is unavailable at this time.

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Tab: Immunomodulator

DIVISION OF HEALTH CARE FINANCING AND POLICY

MEDICAID SERVICES MANUAL

L. Immunomodulator Drugs

Therapeutic Class: Immunomodulators

Last Reviewed by the DUR Board: January 22, 2015

Actemra® (tocilizumab)	Orencia® (abatacept)
Amevive® (alefacept)	Remicade® (infliximab)
Cimzia® (certolizumab pegol)	Simponi® (golimumab)
Enbrel® (etanercept)	Simponi® ARIA™ (golimumab)
Entyvio® (vedolizumab)	Stelara® (ustekinumab)
Humira® (adalimumab)	Xeljanz® (tofacitinib)
Kineret® (ankinra)	

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

1. Coverage and Limitations

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

a. Rheumatoid Arthritis (RA):

1. The recipient has a diagnosis of moderately to severely active RA; and
2. The recipient has had a rheumatology consultation, including the date of the visit; and
3. The recipient has had a negative tuberculin test; and
4. The recipient does not have an active infection or a history of recurring infections; and
5. The recipient has had RA for six months (early RA) and has high disease activity; and an inadequate or adverse reaction of a disease modifying antirheumatic drug (DMARD) (methotrexate, hydroxychloroquine, leflunomide, minocycline and sulfasalazine); or
6. The recipient has had RA for six months (intermediate or long-term disease duration) and has moderate disease activity and has an inadequate response to a DMARD (methotrexate, hydroxychloroquine, leflunomide, minocycline or sulfasalazine); or
7. The recipient has had RA for six months (intermediate or long-term disease duration) and has high disease activity.

DIVISION OF HEALTH CARE FINANCING AND POLICY

MEDICAID SERVICES MANUAL

b. Psoriatic Arthritis:

1. The recipient has a diagnosis of moderate or severe psoriatic arthritis; and
2. The recipient has had a rheumatology consultation including the date of the visit or a dermatology consultation including the date of the visit; and
3. The recipient had an inadequate response to any one nonsteroidal anti-inflammatory drug (NSAID) or a contraindication to treatment with an NSAID or to any one of the following DMARDs (methotrexate, leflunomide, cyclosporine or sulfasalazine); and
4. The recipient has had a negative tuberculin test; and
5. The recipient does not have active infection or a history of recurring infections.

c. Ankylosing Spondylitis:

1. The recipient has a diagnosis of ankylosing spondylitis; and
2. The recipient has had an inadequate response to NSAIDs; and
3. The recipient has had an inadequate response to any one of the DMARDs (methotrexate, hydroxychloroquine, sulfasalazine, leflunomide, minocycline); and
4. The recipient has had a negative tuberculin test; and
5. The recipient does not have an active infection or a history of recurring infections.

d. Juvenile Rheumatoid Arthritis/Juvenile Idiopathic Arthritis:

1. The recipient has a diagnosis of moderately or severely active juvenile RA; and
2. The recipient is at least two years of age; and
3. The recipient has at least five swollen joints; and
4. The recipient has three or more joints with limitation of motion and pain, tenderness or both; and
5. The recipient has had an inadequate response to one DMARD; and
6. The recipient has had a negative tuberculin test; and

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MEDICAID SERVICES MANUAL

7. The recipient does not have an active infection or a history of recurring infections.
- e. Plaque Psoriasis:
1. The recipient has a diagnosis of chronic, moderate to severe plaque psoriasis; and
 2. The agent is prescribed by a dermatologist; and
 3. The recipient has failed to adequately respond to a topical agent; and
 4. The recipient has failed to adequately respond to at least one oral treatment; and
 5. The recipient has had a negative tuberculin test; and
 6. The recipient does not have an active infection or a history of recurring infections.
- f. Crohn's Disease:
1. The recipient has a diagnosis of moderate to severe Crohn's Disease; and
 2. The recipient has failed to adequately respond to conventional therapy (e.g. sulfasalazine, mesalamine, antibiotics, corticosteroids, azathioprine, 6-mercaptopurine, leflunomide); or
 3. The recipient has fistulizing Crohn's disease, and;
 4. The recipient has a negative tuberculin test; and
 5. The recipient does not have an active infection or a history of recurring infections.
- g. Ulcerative Colitis:
1. The recipient has a diagnosis of moderate to severe ulcerative colitis; and
 2. The recipient has failed to adequately respond to one or more of the following standard therapies:
 - a. Corticosteroids;
 - b. 5-aminosalicylic acid agents;

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- c. Immunosuppressants; and/or
 - d. Thiopurines; and
 - 3. The recipient has a negative tuberculin test; and
 - 4. The recipient does not have an active infection or history of recurring infections.
- 2. Approval will not be given for the use of more than one biologic at a time (combination therapy).
 - 3. Prior Authorization Guidelines

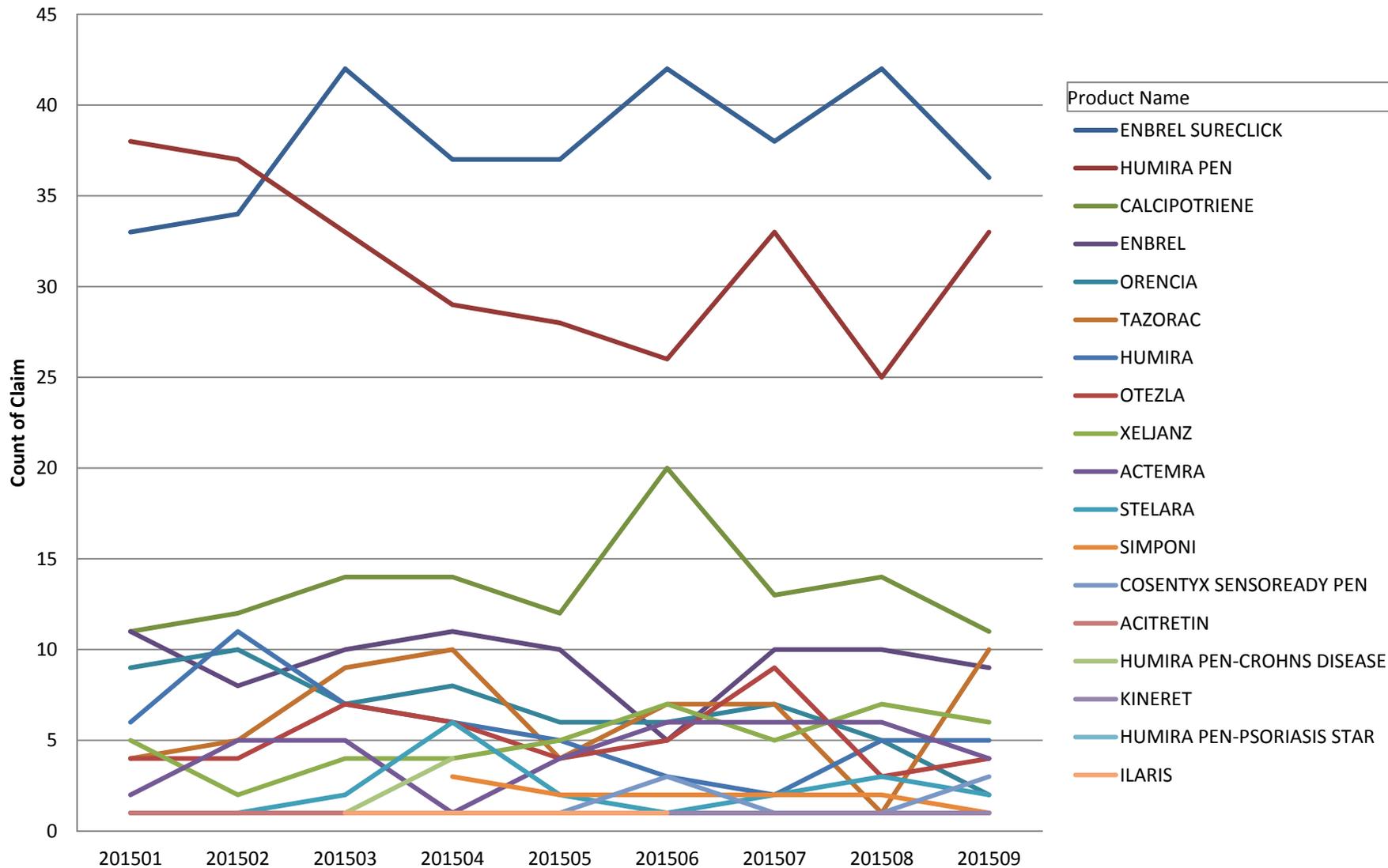
Prior Authorization forms are available at:

<http://www.medicaid.nv.gov/providers/rx/rxforms.aspx>

Prior authorization approval will be for one year.

Sum of Count of Claims

Immunomodulators



YearMonth Filled

Immunomodulator

January 2015 - September 2015

Row Labels	Sum of Count of Claims	Sum of Count of Members	Sum of Sum Paid	Sum Pharmacy Paid
ACITRETIN	9	9	\$	9,485.11
201501	1	1	\$	1.20
201502	1	1	\$	1,887.72
201503	1	1	\$	1.20
201504	1	1	\$	1,887.72
201505	1	1	\$	1,887.72
201506	1	1	\$	1.20
201507	1	1	\$	946.24
201508	1	1	\$	984.39
201509	1	1	\$	1,887.72
ACTEMRA	39	39	\$	55,303.15
201501	2	2	\$	4,471.18
201502	5	5	\$	6,268.17
201503	5	5	\$	6,268.17
201504	1	1	\$	2,871.25
201505	4	4	\$	4,668.25
201506	6	6	\$	9,139.42
201507	6	6	\$	6,575.89
201508	6	6	\$	7,998.16
201509	4	4	\$	7,042.66
CALCIPOTRIENE	121	115	\$	40,504.30
201501	11	11	\$	2,458.21
201502	12	12	\$	2,247.77
201503	14	14	\$	4,535.21
201504	14	13	\$	3,907.05
201505	12	11	\$	3,535.31
201506	20	17	\$	6,786.32
201507	13	13	\$	7,090.53
201508	14	14	\$	5,237.28
201509	11	10	\$	4,706.62
COSENTYX SENSOREADY PEN	9	8	\$	54,294.44
201505	1	1	\$	3,493.16
201506	3	2	\$	20,944.68
201507	1	1	\$	3,733.86
201508	1	1	\$	3,733.86
201509	3	3	\$	22,388.88
ENBREL	84	82	\$	178,903.07
201501	11	11	\$	20,857.12
201502	8	8	\$	11,924.36
201503	10	10	\$	19,366.14
201504	11	11	\$	25,316.94

201505	10	10	\$	21,131.65
201506	5	5	\$	9,822.72
201507	10	8	\$	24,954.96
201508	10	10	\$	24,596.84
201509	9	9	\$	20,932.34
ENBREL SURECLICK	341	319	\$	1,081,432.35
201501	33	29	\$	95,272.85
201502	34	32	\$	98,250.05
201503	42	37	\$	119,094.05
201504	37	36	\$	110,156.40
201505	37	36	\$	122,250.60
201506	42	41	\$	137,400.90
201507	38	35	\$	127,581.80
201508	42	38	\$	143,934.30
201509	36	35	\$	127,491.40
HUMIRA	50	49	\$	112,813.63
201501	6	6	\$	6,073.37
201502	11	11	\$	21,520.56
201503	7	7	\$	12,023.11
201504	6	6	\$	16,356.89
201505	5	5	\$	13,200.16
201506	3	3	\$	9,924.51
201507	2	2	\$	6,541.78
201508	5	4	\$	13,312.00
201509	5	5	\$	13,861.25
HUMIRA PEN	282	262	\$	856,271.53
201501	38	36	\$	83,503.75
201502	37	33	\$	83,497.85
201503	33	33	\$	92,402.66
201504	29	27	\$	90,703.54
201505	28	27	\$	91,581.44
201506	26	24	\$	91,574.24
201507	33	29	\$	114,470.47
201508	25	23	\$	85,553.28
201509	33	30	\$	122,984.30
HUMIRA PEN-CROHNS DISEASE	8	8	\$	68,517.25
201503	1	1	\$	8,920.51
201504	4	4	\$	29,413.14
201507	2	2	\$	19,606.36
201509	1	1	\$	10,577.24
HUMIRA PEN-PSORIASIS STAR	4	4	\$	24,898.80
201501	1	1	\$	5,948.58
201503	1	1	\$	5,948.58
201504	1	1	\$	5,948.58
201509	1	1	\$	7,053.06
ILARIS	4	4	\$	65,504.44

201503	1	1	\$	16,376.11
201504	1	1	\$	16,376.11
201505	1	1	\$	16,376.11
201506	1	1	\$	16,376.11
KINERET	5	5	\$	3,917.71
201501	1	1	\$	3,131.14
201506	1	1	\$	191.14
201507	1	1	\$	194.45
201508	1	1	\$	194.45
201509	1	1	\$	206.53
ORENCIA	60	56	\$	97,736.47
201501	9	9	\$	15,268.33
201502	10	8	\$	16,076.43
201503	7	7	\$	11,217.72
201504	8	7	\$	13,092.02
201505	6	6	\$	9,361.26
201506	6	6	\$	9,655.60
201507	7	6	\$	11,156.85
201508	5	5	\$	8,632.56
201509	2	2	\$	3,275.70
OTEZLA	46	46	\$	76,105.52
201501	4	4	\$	7,669.04
201502	4	4	\$	7,669.04
201503	7	7	\$	8,280.36
201504	6	6	\$	8,276.76
201505	4	4	\$	6,205.77
201506	5	5	\$	8,476.34
201507	9	9	\$	18,168.16
201508	3	3	\$	4,544.74
201509	4	4	\$	6,815.31
SIMPONI	12	11	\$	40,359.12
201504	3	2	\$	10,032.18
201505	2	2	\$	6,688.12
201506	2	2	\$	6,688.12
201507	2	2	\$	6,688.12
201508	2	2	\$	6,688.12
201509	1	1	\$	3,574.46
STELARA	20	19	\$	330,728.81
201501	1	1	\$	15,633.49
201502	1	1	\$	15,633.49
201503	2	2	\$	23,452.63
201504	6	5	\$	117,244.03
201505	2	2	\$	33,423.74
201506	1	1	\$	16,711.87
201507	2	2	\$	33,423.74
201508	3	3	\$	41,782.08

201509	2	2	\$	33,423.74
TAZORAC	57	55	\$	24,735.82
201501	4	4	\$	2,582.12
201502	5	5	\$	2,035.35
201503	9	9	\$	3,217.69
201504	10	10	\$	3,255.73
201505	4	3	\$	1,332.35
201506	7	7	\$	2,186.13
201507	7	7	\$	4,182.96
201508	1	1	\$	581.26
201509	10	9	\$	5,362.23
XELJANZ	45	42	\$	119,348.11
201501	5	4	\$	12,662.41
201502	2	2	\$	5,131.08
201503	4	4	\$	10,262.16
201504	4	4	\$	10,262.16
201505	5	5	\$	12,827.70
201506	7	6	\$	18,842.28
201507	5	5	\$	13,711.20
201508	7	6	\$	19,195.68
201509	6	6	\$	16,453.44
Grand Total	1196	1133	\$	3,240,859.63

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

L. Immunomodulator Drugs

Therapeutic Class: Immunomodulators

Last Reviewed by the DUR Board: January 22, 2015

Actemra® (tocilizumab)

Amevive® (alefacept)

Arcalyst® (rilonacept)

Cimzia® (certolizumab pegol)

Cosentyx® (secukinumab)

Enbrel® (etanercept)

Entyvio® (vedolizumab)

Humira® (adalimumab)

Ilaris® (Canakinumab)

Kineret® (ankinra)

Orencia® (abatacept)

Remicade® (infliximab)

Simponi® (golimumab)

Simponi® ARIA™ (golimumab)

Stelara® (ustekinumab)

Xeljanz® (tofacitinib)

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

1. Coverage and limitations:

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

a. For all requests:

1. The recipient has had a negative tuberculin test

AND

2. The recipient does not have an active infection or a history of recurring infections

AND

3. Approval will not be given for the use of more than one biologic at a time (combination therapy).

AND

4. Each request meets appropriate diagnosis-specific criteria

b. Rheumatoid Arthritis (RA):

1. The recipient has a diagnosis of moderately to severely active RA; and

2. The recipient is 18 years of age or older

3. The recipient has had a rheumatology consultation, including the date of the visit; and

4. One of the following:

i. The recipient has had RA for \leq six months (early RA) and has high disease activity; and an inadequate or adverse reaction of a disease modifying antirheumatic drug (DMARD) (methotrexate, hydroxychloroquine, leflunomide, minocycline and sulfasalazine); or

ii. The recipient has had RA for \geq six months (intermediate or long-term disease duration) and has moderate disease activity and has an inadequate response to a DMARD (methotrexate, hydroxychloroquine, leflunomide, minocycline or sulfasalazine); or

iii. The recipient has had RA for \geq six months (intermediate or long-term disease duration) and has high disease activity.

c. Psoriatic Arthritis

1. The recipient has a diagnosis of moderate or severe psoriatic arthritis; and

2. The recipient is 18 years of age or older

3. The recipient has had a rheumatology consultation including the date of the visit or a dermatology consultation including the date of the visit; and
 4. The recipient had an inadequate response to any one nonsteroidal antiinflammatory drug (NSAID) or a contraindication to treatment with an NSAID or to any one of the following DMARDs (methotrexate, leflunomide, cyclosporine or sulfasalazine); and.
- d. Ankylosing Spondylitis
1. The recipient has a diagnosis of ankylosing spondylitis; and
 2. The recipient is 18 years of age or older
 3. The recipient has had an inadequate response to NSAIDs; and
 4. The recipient has had an inadequate response to any one of the DMARDs (methotrexate, hydroxychloroquine, sulfasalazine, leflunomide, minocycline); and
- e. Juvenile Rheumatoid Arthritis/Juvenile Idiopathic Arthritis
1. The recipient has a diagnosis of moderately or severely active juvenile RA; and
 2. The recipient is an appropriate age, based on the requested agent:
 - i. Abatacept: 6 years of age or older
 - ii. Adalimumab, canakinumab, etanercept, tocilizumab: 2 years of age or older
 3. The recipient has at least five swollen joints; and
 4. The recipient has three or more joints with limitation of motion and pain, tenderness or both; and
 5. The recipient has had an inadequate response to one DMARD; and
- f. Plaque Psoriasis
1. The recipient has a diagnosis of chronic, moderate to severe plaque psoriasis; and
 2. The recipient is 18 years of age or older
 3. The agent is prescribed by a dermatologist; and
 4. The recipient has failed to adequately respond to a topical agent; and
 5. The recipient has failed to adequately respond to at least one oral treatment; and
- g. Crohn's Disease
1. The recipient has a diagnosis of moderate to severe Crohn's Disease; and
 2. The recipient is an appropriate age, based on the requested agent:
 - i. adalimumab, infliximab: 6 years of age or older
 - ii. All others: 18 years of age or older
 3. The recipient has failed to adequately respond to conventional therapy (e.g. sulfasalazine, mesalamine, antibiotics, corticosteroids, azathioprine, 6-mercaptopurine, leflunomide); or
 4. The recipient has fistulizing Crohn's disease, and;
- h. Ulcerative Colitis
1. The recipient has a diagnosis of moderate to severe ulcerative colitis; and
 2. The recipient is an appropriate age, based on the requested agent:
 - i. Infliximab: six years of age or older
 - ii. All others: 18 years of age or older
 3. The recipient has failed to adequately respond to one or more of the following standard therapies:
 - i. Corticosteroids;
 - ii. 5-aminosalicylic acid agents
 - iii. Immunosuppressants; and/or
 - iv. Thiopurines; and
- i. Cryopyrin-Associated Periodic Syndromes (CAPS): Familial Cold Autoinflammatory Syndrome (FCAS) or Muckle-Wells Syndrome (MWS)
1. The recipient has a diagnosis of FCAS or MWS; and
 2. The recipient is an appropriate age, based on the requested agent:
 - i. Canakinumab: four years of age or older
 - ii. Rilonacept: 12 years of age or older

j. Cryopyrin-Associated Periodic Syndromes (CAPS): Neonatal-Onset Multisystem Inflammatory Disease (NOMID)

1. The recipient has a diagnosis of NOMID

2. Prior Authorization Guidelines:

a. Prior authorization approval will be for one year

Therapeutic Class Overview Immunomodulators

Therapeutic Class

- Overview/Summary:** This review will focus on oral and injectable immunomodulators. These agents are used for a variety of inflammatory and immunologic conditions which include: rheumatoid arthritis, psoriatic arthritis, plaque psoriasis, juvenile/systemic idiopathic arthritis, ankylosing spondylitis, Crohn's disease, ulcerative colitis and several cryopyrin-associated periodic syndromes. Specific Food and Drug Administration (FDA)-approved indications for each agent are summarized in Table 1. These agents achieve their therapeutic effect via several different mechanisms of action. The majority of oral and injectable immunomodulators inhibit the effect of proinflammatory cytokines, specifically interleukins or tumor necrosis factor (TNF)- α . Interleukin (IL) inhibitors include anakinra (Kineret[®]), canakinumab (Ilaris[®]), rilonacept (Arcalyst[®]), secukinumab (Cosentyx[®]), tocilizumab (Actemra[®]), and ustekinumab (Stelara[®]) while the TNF- α inhibitors are adalimumab (Humira[®]), certolizumab pegol (Cimzia[®]), etanercept (Enbrel[®]), golimumab (Simponi[®], Simponi ARIA[®]), and infliximab (Remicade[®]). Abatacept (Orencia[®]) is a T-cell activation inhibitor, tofacitinib (Xeljanz[®]) is a Janus kinase inhibitor, and vedolizumab (Entyvio[®]) is an α 4- β 7 integrin receptor antagonist.¹⁻¹⁷

Generally, current consensus guidelines support the use of the TNF-blockers with respect to their FDA-approved indications and no one agent is preferred over another.¹⁸⁻³⁵ As more recent guidelines are published, the recommendations for use TNF-blockers earlier in therapy is becoming a more common occurrence.^{26,27,30} Given the paucity of clinical experience and long-term safety data, the 2013 European League against Rheumatism guidelines recommend that tofacitinib should primarily be used when biological treatment has failed.¹⁸ Because the immunomodulators are biologic agents made from living organisms and are extremely difficult to duplicate, congress has struggled to create regulations to approve generic versions of these agents. Currently, none of the agents in this class are available generically; however, the recently upheld Patient Protection and Affordable Care provides a legal framework for regulatory approval of biosimilar drugs.³⁶

Table 1. Current Medications Available in the Therapeutic Class¹⁻¹⁷

Generic (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
Abatacept (Orencia [®])	Rheumatoid arthritis (adults only); polyarticular juvenile idiopathic arthritis (age \geq six years)	Prefilled syringe: 125 mg/mL Single use vial: 250 mg	-
Adalimumab (Humira [®])	Rheumatoid arthritis (adults only); polyarticular juvenile idiopathic arthritis (age \geq four years); psoriatic arthritis (adults only); ankylosing spondylitis (adults only); Crohn's disease (adults only); ulcerative colitis (adults only); plaque psoriasis (adults only)	Prefilled pen: 40 mg/0.8 mL Prefilled syringe: 20 mg/0.4 mL 40 mg/0.8 mL Single use vial: 40 mg/0.8 mL	-
Anakinra (Kineret [®])	rheumatoid arthritis (adults); cryopyrin-associated periodic syndromes – neonatal-onset multisystem inflammatory disease (no age restriction)	Prefilled syringe: 100 mg/0.67 mL	-
Canakinumab (Ilaris [®])	Cryopyrin-associated periodic syndromes – familial cold autoinflammatory syndrome or Muckle-Wells	Vial: 180 mg (150	-

Generic (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
	syndrome; juvenile idiopathic arthritis	mg/mL)	
Certolizumab (Cimzia [®])	Crohn's disease (adults only); rheumatoid arthritis (adults only); psoriatic arthritis (adults only); ankylosing spondylitis (adults only)	Prefilled syringe: 200 mg/mL Vial (powder for injection): 200 mg	-
Etanercept (Enbrel [®])	rheumatoid arthritis (adults only); polyarticular juvenile idiopathic arthritis (age ≥2 years); psoriatic arthritis (adults only); ankylosing spondylitis (adults only); severe plaque psoriasis (adults only)	Prefilled "SureClick" autoinjector: 50 mg/mL Prefilled syringes: 25 mg/0.5 mL 50 mg/mL Vial (powder for injection): 25 mg	-
Golimumab (Simponi [®] , Simponi Aria [®])	rheumatoid arthritis (Simponi [®] and Simponi Aria [®] [adults only]); psoriatic arthritis (Simponi [®] [adults only]); ankylosing spondylitis (Simponi [®] [adults only]); ulcerative colitis (Simponi [®] [adults only])	Prefilled "SmartJect" autoinjector: 50 mg/0.5 mL, 100 mg/mL Prefilled syringe: 50 mg/0.5 mL 100 mg/mL Single use vial*: 50 mg/4 mL	-
Infliximab (Remicade [®])	Crohn's disease (age ≥6 years); ulcerative colitis (age ≥6 years); rheumatoid arthritis (adults only); ankylosing spondylitis (adults only); psoriatic arthritis (adults only), plaque psoriasis (adults only)	Single use vial: 100 mg	-
Rilonacept (Arcalyst [®])	Cryopyrin-associated periodic syndromes – familial cold autoinflammatory syndrome or Muckle-Wells syndrome (age ≥12 years); juvenile idiopathic arthritis (age ≥12 years)	Vial: 220 mg (80 mg/mL)	-
Secukinumab (Cosentyx [®])	Plaque Psoriasis (adults only)	Prefilled pen, syringe: 150 mg/mL Vial: 150 mg/mL	-
Tocilizumab (Actemra [®])	Polyarticular juvenile idiopathic arthritis (age ≥ 2 years) ; systemic juvenile idiopathic arthritis (age ≥ 2 years); rheumatoid arthritis (adults only);	Prefilled syringe : 162 mg/0.9 mL	-

Generic (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
		Single use vial: 80 mg/4 mL 200 mg/10 mL 400 mg/20 mL	
Tofacitinib (Xeljanz [®])	Rheumatoid arthritis (adults only)	Tablet: 5 mg	-
Ustekinumab (Stelara [®])	Plaque psoriasis (adults only); psoriatic arthritis (adults only)	Prefilled syringe: 45 mg/0.5 mL 90 mg/mL Single use vial: 45 mg/0.5 mL 90 mg/mL	-
Vedolizumab (Entyvio [®])	Crohn's disease (adults only); ulcerative colitis (adults only)	Single use vial: 300 mg/20 mL	-

*Only indicated for use in patients with rheumatoid arthritis.

Evidence-based Medicine

- The immunomodulators have been shown to be effective for their respective Food and Drug Administration (FDA)-approved indications, particularly in conditions where patients were unresponsive or refractory to traditional disease modifying antirheumatic drugs (DMARDs). Most research with these agents and FDA-approved indications (with the exception of ustekinumab) are for rheumatoid arthritis. In these trials, the immunomodulator were compared directly to placebo or traditional DMARD medications, either as monotherapy or in combination with a traditional DMARD. Consistently, immunomodulators have shown greater improvement in symptoms over the comparator.⁴¹⁻¹³⁷
- The safety and efficacy of canakinumab in the treatment of systemic juvenile idiopathic arthritis was confirmed in two parallel clinical trials. At day 15 of the first trial, a total of 36 patients in the canakinumab group (84%), as compared with four in the placebo group (10%), had an adapted ACR30 response, which was sustained at day 29 (P<0.001). The second study concluded that There was a 64% relative reduction in the risk of flare for patients in the canakinumab group as compared to those in the placebo group (hazard ratio of 0.36; 95% CI: 0.17 to 0.75).⁶⁹
- The safety and efficacy of secukinumab was evaluated in four multicenter, randomized, double-blind, placebo-controlled trials. The proportion of patients who achieved PASI 75 was statistically significantly greater in the secukinumab 300 mg group (81.6%, 77.1%, 75.9% and 86.7%) and secukinumab 150 mg group (71.6%, 67.0%, 69.5%, and 71.7%) compared with placebo (4.5%, 4.9%, 0%, 3.3%; P<0.001 for all secukinumab comparisons compared to placebo). In one of the trials, secukinumab 300 mg and 150 mg groups were compared to etanercept. Both secukinumab groups (77.1% and 67.0%) had a higher proportion of patients that achieved PASI 75 compared with etanercept (44%; P<0.001 for both secukinumab comparisons). Results were similar when IGA mod 2011 scores were compared.^{5,76-78}
- To date, the majority of trials conducted have been placebo-controlled, with very few trials directly comparing two immunomodulators head-to-head for any of the FDA-approved indications. Those that have been conducted, most have shown comparable results. In one trial in rheumatoid arthritis patients who were either intolerant or were not candidates for methotrexate treatment, significantly greater improvements were observed in patients treated with tocilizumab compared to adalimumab.¹¹⁸ In another trial in rheumatoid arthritis patients with inadequate response to methotrexate, similar responses were observed in patients treated with abatacept and adalimumab.^{119,120} The inclusion of adalimumab arm in one phase 3 trial of tofacitinib allowed establishing relative safety and efficacy of tofacitinib; however, formal noninferiority comparison was not performed.¹²¹ The few direct head-to-head trials available prevent clearly determining superiority of one agent over another.

- Recently anakinra was FDA-approved for neonatal-onset multisystem inflammatory disease, the only agent FDA-approved for this indication. The approval was based on the results of a single trial demonstrating sustained improvements in affected patients over 60 months.¹³⁵

Key Points within the Medication Class

- According to Current Clinical Guidelines:¹⁸⁻³⁵
 - Support the use of the immunomodulators with respect to their Food and Drug Administration (FDA)-approved indications.
 - As more recent guidelines are published, the recommendations for use tumor necrosis factor-blockers earlier in therapy is becoming a more common occurrence.^{26,27,30} The adverse event profiles are similar across the class; however, routes of administration and dosing frequency may vary. In general, no one agent is preferred over another; however, given the paucity of clinical experience and long-term safety data, the use of tofacitinib for rheumatoid arthritis is recommended primarily after biological treatment has failed.¹⁸
- Other Key Facts:
 - None of the immunomodulators included in this review are available generically.
 - Dosing frequency and route of administration vary between products.
 - § Tofacitinib is formulated as an oral tablet dosed twice daily.
 - § Abatacept, golimumab (Simponi ARIA®), infliximab, tocilizumab (vial), and vedolizumab
 - Each is infused over 30 minutes, with the exception of infliximab which is infused over two hours.
 - § Anakinra is administered subcutaneously, but requires more frequent (daily) administration.
 - Intravenous formulation of golimumab and subcutaneous formulation of tocilizumab are only indicated in the treatment of rheumatoid arthritis.
 - Anakinra is the only FDA-approved agent for neonatal-onset multisystem inflammatory disease. Canakinumab and rilonacept are the only FDA-approved agents for the treatment of familial cold autoinflammatory syndrome and Muckle-Wells syndrome.

References

- Kineret® [package insert]. Stockholm (Sweden): Swedish Orphan Biovitrum AB; 2013 Nov.
- Ilaris® [package insert]. East Hanover (NJ): Novartis Pharmaceuticals Corp.; 2014 Oct.
- Arcalyst® [package insert]. Tarrytown (NY): Regeneron Pharmaceuticals, Inc.; 2014 Sep.
- Actemra® [package insert]. South San Francisco (CA): Genetech, Inc.; 2013 Oct.
- Cosentyx® [package insert]. East Hanover (NJ): Novartis Pharmaceuticals Corp.; 2015 Jan.
- Stelara® [package insert]. Horsham (PA): Janssen Biotech, Inc.; 2014 March.
- Humira® [package insert]. North Chicago (IL): Abbvie Inc; 2014 May.
- Simponi® [package insert]. Horsham (PA): Janssen Biotech, Inc.; 2013 Nov.
- Simponi Aria® [package insert]. Horsham (PA): Janssen Biotech, Inc.; 2014 Feb.
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Tab: Entresto

Entresto

January 2015 - September 2015

Year/Month	Count of Claims	Count of Members	Pharmacy Paid Amt	Paid Per Claim
201501	0	0	\$ -	\$ -
201502	0	0	\$ -	\$ -
201503	0	0	\$ -	\$ -
201504	0	0	\$ -	\$ -
201505	0	0	\$ -	\$ -
201506	0	0	\$ -	\$ -
201507	0	0	\$ -	\$ -
201508	0	0	\$ -	\$ -
201509	2	2	\$ 583.27	\$ 291.64
Grand Total	2	2	\$ 583.27	\$ 291.64



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

Therapeutic Class: Entresto (sacubitril/valsartan)

Last Reviewed by the DUR Board:

Entresto (sacubitril/valsartan) is subject to prior authorization.

1. Coverage and limitations:

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

- a. Diagnosis of chronic heart failure NYHA class II to IV
AND
- b. Left ventricular ejection fraction (LVEF) \leq 35%
AND
- c. Member is \geq 18 years of age
AND
- d. Prescriber is a cardiologist or there is documentation in the recipient's medical record that a cardiologist has been consulted
AND
- e. The recipient has been stabilized on angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) for at least four weeks prior to initiation of therapy
AND
- f. The recipient will not concurrently receive an ACE inhibitor
AND
- g. The recipient is on a maximally tolerated dose of a beta-blocker or the recipient has a contraindication to beta-blocker use
AND
- h. Entresto will be given twice daily with a maximum dose of 97/103 mg twice daily.

2. Prior Authorization Guidelines:

- a. Prior Authorization approval length will be one year.

3. Quantity Limitations:

- a. Entresto (sacubitril/valsartan): 60 tablets/30 days

New Drug Overview Entresto® (sacubitril/valsartan)

Overview/Summary: Entresto® (sacubitril/valsartan) is a novel combination therapy containing sacubitril, a neprilysin inhibitor, and valsartan, an angiotensin II receptor blocker (ARB). This agent is indicated to reduce the risk of cardiovascular death and hospitalization for heart failure (HF) in patients with chronic heart failure (New York Heart Association [NYHA] Class II to IV) and reduced ejection fraction (EF). This medication provides complementary cardiovascular benefits as well as renal effects through two distinct mechanisms. First, sacubitril inhibits neprilysin via LBQ657, the active metabolite of the prodrug sacubitril. This neprilysin inhibition reduces the degradation of natriuretic peptides which are important for promoting vasodilation, natriuresis, diuresis, inhibition of renin and aldosterone release as well as anti-hypertrophic and anti-fibrotic effects. The second mechanism of action of this agent includes preventing the effects of angiotensin II by selectively blocking the AT₁ receptor with valsartan.^{1,2}

Sacubitril/valsartan was reviewed under the FDA's priority review program, which provides for expedited review of drugs that are intended to treat a serious disease or condition and may provide a significant improvement over available therapy. It was also granted fast track designation, which supports the FDA's efforts to facilitate the development and expedite the review of drugs to treat serious or life-threatening conditions and fill an unmet medical need.³

Table 1. Dosing and Administration¹

Generic Name	Adult Dose	Pediatric Dose	Availability
Sacubitril/valsartan	<p><u>Patients with chronic heart failure (NYHA Class II to IV) and reduced ejection fraction:</u> Tablet: initial, 49/51 mg BID; maintenance and maximum, 97/103 mg BID</p> <p><u>Dosage for patients NOT previously taking an ACEI or ARB or previously taking low doses of these agents:</u> Tablet: initial, 24/26 mg BID; maintenance and maximum, 97/103 mg BID</p>	Safety and efficacy in children have not been established.	Tablet: 24/26 mg 49/51 mg 97/103 mg

Evidence-based Medicine

- The safety and efficacy of Entresto® (sacubitril/valsartan) was established in a randomized, double-blind trial in patients with chronic heart failure (NYHA class II to IV) and left ventricular EF ≤ 40%, which was later changed to ≤ 35%) stabilized on an ACEI or ARB for at least four weeks and on maximally tolerated doses of β-blockers (N=8,442).⁵
 - Sacubitril/valsartan was associated with a greater risk reduction for the composite of death from cardiovascular causes or hospitalization for heart failure compared to enalapril (21.8% compared with 26.5%; hazard ratio [HR], 0.80; 95% confidence interval [CI], 0.73 to 0.87; P<0.0001).
 - The treatment effect reflected a reduction in cardiovascular death (13.3% in the sacubitril/valsartan group and 16.5% in the enalapril group) and HF hospitalization (12.8% of patients in the sacubitril/valsartan group and 15.6% of patients in the enalapril group).
 - Sacubitril/valsartan was associated with a reduction in all-cause mortality compared to enalapril (711 [17.0%] vs 835 [19.8%]; HR, 0.84; 95% CI, 0.76 to 0.93; P<0.0001).

Key Points within the Medication Class

- According to Current Clinical Guidelines:
 - The 2013 guidelines from the American College of Cardiology Foundation/American Heart Association continue to recommend that all individuals with hypertension and lipid disorders should be controlled according to contemporary guidelines to lower the risk of HF.⁴
 - § Specifically in Stage B-D HF with reduced ejection fraction, individuals should be given an angiotensin converting enzyme inhibitor (ACEI) to prevent symptomatic HF and reduce mortality. An ARB is recommended if the patient cannot tolerate an ACEI.
 - § In patients with a recent or remote history of myocardial infarction (MI) or acute coronary syndrome (ACS) and reduced EF, a β -blocker such as bisoprolol, carvedilol or sustained-release metoprolol succinate, is recommended for all patients.
 - § In the case of volume overload, in NYHA class II to IV patients, it is recommended to add a diuretic, unless contraindicated, to improve symptoms. The loop diuretics are currently the preferred diuretics.
 - § Aldosterone receptor antagonists are also recommended to reduce morbidity and mortality following an acute MI in patients with a left ventricular ejection fraction (LVEF) \leq 40% who develop symptoms of HF or who have a history of diabetes mellitus, unless contraindicated.
 - Consensus guidelines in the U.S. have not been updated to address this medication's place in therapy.
- Other Key Facts:
 - This agent is associated with a significant toxicity profile including: angioedema, hypotension, hyperkalemia and a risk of teratogenicity.¹
 - The effect of this agent in individuals with heart failure with preserved ejection fraction (HFpEF) is currently unknown.

References

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Tab: Board Requested Reports

Multi Source Code = O

January 2015 - September 2015

Row Labels	Claims	Members	Pharmacy Paid
NVMBASIC	25704	24363	\$ 12,109,268.19
ABILIFY	4982	4684	\$ 5,370,516.20
NEXIUM	7545	7196	\$ 1,967,146.42
INTUNIV	4382	4176	\$ 1,510,371.40
CYMBALTA	3371	3218	\$ 977,203.14
FOCALIN XR	664	650	\$ 194,529.97
KEPPRA	178	164	\$ 163,332.50
FELBATOL	66	61	\$ 145,096.15
LAMICTAL	108	100	\$ 106,500.80
XOPENEX	174	159	\$ 103,019.33
COPAXONE	14	12	\$ 87,324.58
LAMICTAL ODT	95	86	\$ 75,533.21
CLOZARIL	69	53	\$ 75,184.32
TRILEPTAL	99	86	\$ 70,495.76
BENZACLIN WITH PUMP	138	137	\$ 62,254.05
BENZACLIN	142	139	\$ 60,522.57
ZYPREXA	64	60	\$ 55,068.55
TOPAMAX	52	46	\$ 50,272.88
RITALIN LA	147	145	\$ 37,465.06
MYSOLINE	10	9	\$ 36,353.77
LAMICTAL CHEWABLE DISPERS	9	7	\$ 34,211.28
DURAGESIC	37	36	\$ 32,514.28
PROVIGIL	22	22	\$ 31,214.92
PERCOCET	15	15	\$ 30,453.68
NEURONTIN	44	41	\$ 28,390.06
RISPERDAL	36	34	\$ 26,276.40
DEPAKOTE	42	39	\$ 24,999.87
LAMICTAL XR	28	28	\$ 24,979.95
GEODON	30	30	\$ 24,558.78
WELLBUTRIN XL	26	23	\$ 24,315.62
PROGRAF	53	49	\$ 23,951.67
ASTEPRO	146	139	\$ 22,583.88
DEPAKOTE SPRINKLES	53	51	\$ 21,578.47
ZONEGRAN	16	15	\$ 20,651.43
DEPAKOTE ER	68	61	\$ 20,070.95
SYNTHROID	514	486	\$ 19,858.43
DEPAKENE	41	37	\$ 19,773.13
ADDERALL XR	79	79	\$ 19,527.46
PROZAC	19	18	\$ 19,138.03
ATIVAN	8	8	\$ 17,885.06
SEROQUEL	46	45	\$ 17,373.39
PATANASE	65	60	\$ 16,937.70
TOPAMAX SPRINKLE	19	18	\$ 15,715.06

Row Labels	Claims	Members	Pharmacy Paid
TEGRETOL	72	64	\$ 15,481.38
KEPPRA XR	21	19	\$ 15,317.67
MESTINON	9	9	\$ 14,959.85
ACULAR	63	55	\$ 14,815.12
COUMADIN	193	184	\$ 14,520.51
DILANTIN	163	149	\$ 14,517.25
CARBATROL	58	56	\$ 14,207.99
ARIXTRA	24	10	\$ 13,728.48
NIASPAN	66	63	\$ 13,543.39
CELLCEPT	13	12	\$ 13,236.32
RETIN-A MICRO	20	20	\$ 13,146.32
ROXICODONE	7	7	\$ 12,899.97
TEGRETOL-XR	72	68	\$ 12,077.17
AVELOX	35	34	\$ 10,644.94
XANAX	25	25	\$ 10,225.77
SOMA	10	10	\$ 9,814.07
EFFEXOR XR	25	21	\$ 9,761.16
RETIN-A MICRO PUMP	11	11	\$ 8,855.42
FORTAMET	7	7	\$ 8,442.95
CATAPRES-TTS-2	6	6	\$ 8,165.94
REVATIO	3	3	\$ 8,140.48
LEXAPRO	42	41	\$ 7,761.52
VALCYTE	4	4	\$ 7,421.54
ZYVOX	2	2	\$ 7,097.19
ACULAR LS	32	30	\$ 6,835.20
AMBIEN	17	14	\$ 6,628.98
LOTREL	21	21	\$ 5,892.51
RAPAMUNE	9	9	\$ 5,604.19
VIRAMUNE XR	8	8	\$ 5,469.44
MYFORTIC	10	9	\$ 5,419.30
DETROL LA	19	19	\$ 5,261.73
ARMOUR THYROID	189	181	\$ 5,172.73
MIACALCIN	19	18	\$ 5,171.99
PROTONIX	43	19	\$ 4,877.20
KLONOPIN	12	11	\$ 4,612.01
PROTOPIC	19	19	\$ 4,577.10
MESTINON TIMESPAN	3	3	\$ 4,236.27
NORCO	10	10	\$ 4,159.04
ADDERALL	11	11	\$ 3,954.42
PLAVIX	17	14	\$ 3,433.56
LUNESTA	9	9	\$ 3,414.03
CIPRO	20	19	\$ 3,278.82
LIPITOR	10	9	\$ 2,492.42
PRANDIN	3	3	\$ 2,438.41
ZOLOFT	9	9	\$ 2,437.85

Row Labels	Claims	Members	Pharmacy Paid
ACTIGALL	5	5	\$ 2,191.01
LITHIUM CARBONATE	152	142	\$ 2,187.16
EXALGO	3	3	\$ 2,143.91
EXTINA	3	3	\$ 2,021.31
SONATA	9	9	\$ 1,853.12
FAMVIR	3	3	\$ 1,726.98
DIOVAN HCT	7	6	\$ 1,581.62
RITALIN	7	7	\$ 1,565.04
PAXIL	9	9	\$ 1,537.77
MEPRON	2	2	\$ 1,374.64
LIDODERM	2	2	\$ 1,335.57
PULMICORT	1	1	\$ 1,260.34
EPIVIR	4	4	\$ 1,260.10
DIOVAN	40	37	\$ 1,239.03
NEORAL	2	2	\$ 1,203.09
DILANTIN INFATABS	23	20	\$ 1,189.70
ZOVIRAX	1	1	\$ 1,189.67
METADATE CD	6	6	\$ 1,080.46
XANAX XR	2	2	\$ 1,037.32
GLUCOPHAGE	11	11	\$ 1,031.78
FOCALIN	9	9	\$ 1,023.00
AVAPRO	2	2	\$ 1,000.33
CLIMARA	9	8	\$ 996.93
XALATAN	7	7	\$ 949.18
CELEBREX	4	3	\$ 938.84
CLARITIN-D 24 HOUR	41	39	\$ 931.53
SALAGEN	8	8	\$ 860.64
EVISTA	4	4	\$ 826.88
ZANTAC	3	3	\$ 817.29
ZADITOR	53	52	\$ 766.97
SPS	4	2	\$ 731.71
ULTRAM	3	3	\$ 693.27
DDAVP	1	1	\$ 686.90
EXFORGE HCT	3	3	\$ 636.18
VIVELLE-DOT	6	6	\$ 629.94
EXFORGE	1	1	\$ 594.24
PHENYTEK	8	7	\$ 590.87
SINGULAIR	3	3	\$ 585.39
LOSEASONIQUE	2	2	\$ 574.46
VENLAFAXINE HCL ER	8	8	\$ 564.70
CYTOMEL	9	9	\$ 495.95
KENALOG	1	1	\$ 467.94
FLUNISOLIDE	10	8	\$ 434.44
ZYPREXA ZYDIS	1	1	\$ 409.29
CLARITIN-D 12 HOUR	11	11	\$ 372.27

Row Labels	Claims	Members	Pharmacy Paid
YASMIN 28	4	4	\$ 364.68
DELESTROGEN	1	1	\$ 321.28
AVELOX ABC PACK	1	1	\$ 315.59
CARNITOR SF	2	2	\$ 215.60
CELEXA	1	1	\$ 189.57
CARNITOR	1	1	\$ 157.78
CORTEF	2	2	\$ 125.72
ZITHROMAX Z-PAK	2	2	\$ 119.05
ORTHO-CYCLEN	2	2	\$ 84.16
TOPROL XL	2	2	\$ 82.70
ZANAFLEX	1	1	\$ 77.26
D-VI-SOL	5	5	\$ 60.15
GLUCOPHAGE XR	3	3	\$ 53.49
SOLU-MEDROL	5	1	\$ 41.10
THICK-IT ORIGINAL	2	2	\$ 38.30
MEDROL DOSEPAK	2	2	\$ 27.60
MUCINEX	2	2	\$ 22.65
K-PHOS NEUTRAL	1	1	\$ 22.22
LASIX	1	1	\$ 21.35
FLEET ENEMA	1	1	\$ 14.25
METHADONE HCL	1	1	\$ 13.48
XELODA	1	1	\$ 6.48
MUCINEX DM	1	1	\$ 5.21
NVMNVPAD	17255	14112	\$ 410,340.49
LOVENOX	1442	836	\$ 61,040.99
ZOMETA	47	44	\$ 40,048.72
ZOFRAN ODT	1663	1565	\$ 37,027.85
DACOGEN	20	4	\$ 34,904.40
DOXIL	11	9	\$ 19,790.30
GEMZAR	36	33	\$ 17,732.53
MERREM	40	20	\$ 17,599.90
CELESTONE-SOLUSPAN	871	795	\$ 14,694.19
ELOXATIN	4	4	\$ 12,925.42
NAVELBINE	74	30	\$ 11,031.30
PROTONIX	1691	1341	\$ 10,321.43
SOLU-MEDROL	1248	1063	\$ 9,153.81
DEPO-MEDROL	941	914	\$ 8,078.06
LIPITOR	615	352	\$ 8,073.55
DEPO-PROVERA CONTRACEPTIV	267	267	\$ 6,993.23
DIPRIVAN	1029	1012	\$ 6,606.44
CLEOCIN IN D5W	103	96	\$ 5,845.05
RECLAST	5	5	\$ 5,198.54
ZYPREXA	123	105	\$ 4,869.77
ZOSYN	78	57	\$ 3,650.60
QUELICIN	246	245	\$ 3,434.80

Row Labels	Claims	Members	Pharmacy Paid
ANGIOMAX	3	3	\$ 3,165.06
NEOSPORIN GU IRRIGANT	56	56	\$ 2,880.24
PERCOCET	201	152	\$ 2,661.12
SEROQUEL	193	100	\$ 2,527.51
CLEOCIN PHOSPHATE	105	99	\$ 2,482.72
TAXOTERE	2	2	\$ 2,239.65
ABILIFY	54	31	\$ 2,135.89
LAMICTAL	181	80	\$ 1,983.06
VIDAZA	2	2	\$ 1,969.92
DEPAKOTE ER	190	83	\$ 1,910.20
XYLOCAINE	599	594	\$ 1,875.98
XYLOCAINE-MPF	468	467	\$ 1,863.45
KEPPRA	106	65	\$ 1,690.89
SULFAMYLON	7	4	\$ 1,629.46
IMITREX	20	20	\$ 1,494.95
PLAVIX	69	55	\$ 1,422.07
DESFERAL	8	2	\$ 1,388.87
MAXIPIME	26	21	\$ 1,371.00
DEPO-TESTOSTERONE	75	61	\$ 1,294.01
NAROPIN	53	52	\$ 1,211.13
GEODON	67	35	\$ 1,132.49
CEREBYX	9	9	\$ 1,102.11
LEVAQUIN	45	38	\$ 1,094.21
CAMPTOSAR	9	5	\$ 1,023.00
FERRLECIT	16	15	\$ 940.63
PRIMAXIN IV	6	2	\$ 921.60
BACTROBAN	18	18	\$ 913.11
HEPARIN SODIUM/SODIUM CHL	122	120	\$ 912.53
SILVADENE	97	47	\$ 895.91
ZEMURON	34	34	\$ 825.12
ALCAINE	19	19	\$ 814.17
ELLENC	4	3	\$ 735.71
ZYVOX	8	5	\$ 714.21
ROBAXIN	10	8	\$ 674.00
DEMEROL	180	118	\$ 657.67
MARCAINE	541	527	\$ 644.33
DELESTROGEN	11	11	\$ 627.70
ZITHROMAX	124	118	\$ 604.00
ALPHAGAN P	7	7	\$ 581.70
ROCEPHIN	18	14	\$ 545.52
AVELOX	17	17	\$ 536.80
XYLOCAINE/EPINEPHRINE	124	124	\$ 500.66
ZINECARD	2	1	\$ 479.16
NEXIUM I.V.	12	11	\$ 447.03
PLAN B ONE-STEP	32	30	\$ 431.77

Row Labels	Claims	Members	Pharmacy Paid
ZOLOFT	56	29	\$ 416.06
RISPERDAL	46	27	\$ 399.55
NORVASC	90	60	\$ 397.44
LEXAPRO	48	27	\$ 379.85
PULMICORT	32	25	\$ 367.38
MARCAINE/EPINEPHRINE	59	59	\$ 331.39
ZOFRAN	70	68	\$ 313.43
REVATIO	5	3	\$ 291.18
NITROGLYCERIN IN DEXTROSE	40	40	\$ 287.45
TOBRADEX	3	2	\$ 284.40
DURAGESIC	4	4	\$ 276.52
RISPERDAL M-TAB	10	9	\$ 271.89
COUMADIN	169	126	\$ 267.15
ZANTAC	86	62	\$ 260.66
BACITRACIN	7	7	\$ 255.86
ISOPTO ATROPINE	7	7	\$ 251.31
POTASSIUM CHLORIDE	58	55	\$ 246.05
COPAXONE	2	1	\$ 238.00
XALATAN	12	12	\$ 204.96
OXYCODONE HCL	60	60	\$ 204.71
ZEMPLAR	14	10	\$ 185.78
CYMBALTA	22	14	\$ 182.33
GONAK	19	18	\$ 173.47
MORPHINE SULFATE	65	54	\$ 171.86
NAMENDA	28	5	\$ 171.73
DILAUDID	83	67	\$ 169.38
METHADOSE	35	12	\$ 161.59
CATAPRES-TTS-3	4	4	\$ 156.69
CATAPRES-TTS-1	5	5	\$ 153.31
LORAZEPAM INTENSOL	4	3	\$ 152.00
PRECEDEX	1	1	\$ 147.80
BSS PLUS	2	2	\$ 143.09
LIDODERM	15	12	\$ 142.28
IOPIDINE	1	1	\$ 139.13
DDAVP	1	1	\$ 134.75
VALCYTE	2	2	\$ 131.38
UNASYN	9	9	\$ 129.45
MOBIC	19	3	\$ 122.74
CATAPRES-TTS-2	3	3	\$ 122.70
PYRIDIUM	23	23	\$ 122.13
XOPENEX CONCENTRATE	10	9	\$ 117.17
INVEGA	2	1	\$ 115.58
SPS	11	11	\$ 107.44
ADENOCARD	2	2	\$ 106.46
GOLYTELY	8	8	\$ 105.60

Row Labels	Claims	Members	Pharmacy Paid
CLOZARIL	2	1	\$ 102.08
KCL 0.15%/D5W/NACL 0.9%	9	6	\$ 100.23
XYLOCAINE-MPF/EPINEPHRINE	9	9	\$ 99.04
SYNTHROID	220	125	\$ 97.78
XOPENEX	11	10	\$ 97.19
LEVOPHED	4	4	\$ 92.60
CELEXA	14	10	\$ 91.12
FLONASE	4	4	\$ 90.60
ORTHO-CYCLEN	25	25	\$ 89.14
CYCLOGYL	2	2	\$ 85.22
METHADONE HCL	23	13	\$ 85.03
ELIPHOS	41	19	\$ 81.25
MIACALCIN	1	1	\$ 80.70
OCUFLOX	5	5	\$ 80.38
TRUSOPT	1	1	\$ 78.23
COSOPT	2	2	\$ 76.00
ATACAND	23	16	\$ 75.67
S2	68	67	\$ 74.67
DIAMOX	8	3	\$ 72.00
PITOCIN	8	8	\$ 68.96
CORVERT	1	1	\$ 68.00
PFIZERPEN-G	5	5	\$ 67.99
NULYTELY/FLAVOR PACKS	3	3	\$ 67.20
POTASSIUM CHLORIDE 0.15%/	16	15	\$ 66.77
EFFEXOR XR	20	12	\$ 66.48
DILANTIN	30	25	\$ 65.67
COZAAR	8	6	\$ 63.54
NEURONTIN	94	44	\$ 62.29
SPORANOX	1	1	\$ 62.11
IMITREX STATDOSE SYSTEM	1	1	\$ 61.91
CLAFORAN	31	28	\$ 59.02
LTA 360 KIT	9	9	\$ 55.20
ANECTINE	44	44	\$ 51.33
ORTHO TRI-CYCLEN	15	15	\$ 49.52
CATAPRES	14	8	\$ 44.52
NEXIUM	5	5	\$ 40.25
ISOPTO HOMATROPINE	1	1	\$ 39.17
POTASSIUM CHLORIDE 0.15%	8	5	\$ 38.26
HECTOROL	2	2	\$ 38.19
ROCALTROL	5	2	\$ 36.50
PHENERGAN	13	12	\$ 36.32
COREG	108	52	\$ 35.50
CELEBREX	7	5	\$ 35.10
LANOXIN	11	9	\$ 32.80
MARINOL	8	3	\$ 32.72

Row Labels	Claims	Members	Pharmacy Paid
NIMBEX	2	2	\$ 31.98
TOPROL XL	15	11	\$ 30.07
PRAVACHOL	12	10	\$ 29.73
AZACTAM	1	1	\$ 29.58
TRILEPTAL	3	1	\$ 29.29
AMBIEN	2	2	\$ 26.92
NEO-SYNEPHRINE	9	9	\$ 26.48
HEPARIN SODIUM/D5W	3	3	\$ 26.10
ZITHROMAX Z-PAK	19	19	\$ 26.01
DIFLUCAN	22	18	\$ 25.28
DUONEB	5	3	\$ 25.17
YASMIN 28	11	10	\$ 24.50
MESTINON TIMESPAN	1	1	\$ 23.46
ORTHO MICRONOR	10	10	\$ 22.75
FURADANTIN	1	1	\$ 21.27
WELLBUTRIN SR	30	17	\$ 21.20
ACCUNEB	7	4	\$ 19.25
RESTORIL	3	2	\$ 18.51
UROCIT-K 10	1	1	\$ 17.45
VALTREX	8	5	\$ 16.32
HALDOL	1	1	\$ 15.00
PRILOSEC	2	2	\$ 14.88
INSPRA	3	2	\$ 14.69
DEPAKOTE	4	4	\$ 13.07
CARNITOR	5	2	\$ 12.75
FLEET PEDIATRIC	9	9	\$ 12.45
VIVELLE-DOT	1	1	\$ 12.33
ORAPRED	14	14	\$ 12.05
MEDROL	1	1	\$ 11.92
MESTINON	12	3	\$ 11.02
AROMASIN	1	1	\$ 10.07
K-TAB	3	3	\$ 9.40
DELSYM	2	2	\$ 8.71
ZAROXOLYN	8	2	\$ 8.56
DIOVAN	3	1	\$ 8.55
LOMOTIL	26	23	\$ 8.31
PROSTIN VR PEDIATRIC	1	1	\$ 8.00
NAPHCN-A	1	1	\$ 7.67
PROGRAF	2	1	\$ 6.81
SINGULAIR	2	2	\$ 6.72
PHOSLO	2	1	\$ 6.32
XANAX	1	1	\$ 5.52
MUCINEX DM	9	7	\$ 5.52
NOR-QD	6	6	\$ 5.34
TAPAZOLE	14	7	\$ 5.15

Row Labels	Claims	Members	Pharmacy Paid
FLOMAX	10	9	\$ 4.95
CLEOCIN	9	9	\$ 4.90
ASTELIN	1	1	\$ 4.59
DITROPAN XL	2	2	\$ 4.53
FAMVIR	2	2	\$ 4.42
ACULAR LS	1	1	\$ 4.36
ZONEGRAN	9	6	\$ 4.32
CELLCEPT	6	3	\$ 4.22
KEPPRA XR	4	3	\$ 4.00
TEGRETOL	1	1	\$ 4.00
DILANTIN-125	2	2	\$ 3.82
TEGRETOL-XR	1	1	\$ 3.76
TIAZAC	1	1	\$ 3.73
ATIVAN	2	2	\$ 3.52
FLEET OIL	2	2	\$ 3.45
NEORAL	2	1	\$ 3.32
ZANAFLEX	10	8	\$ 3.31
K-PHOS NEUTRAL	3	3	\$ 3.28
DEMADEX	8	6	\$ 3.17
DEPAKOTE SPRINKLES	2	2	\$ 3.17
REQUIP	15	11	\$ 3.13
FLEET ENEMA	8	8	\$ 2.92
NITRO-DUR	4	3	\$ 2.68
ARMOUR THYROID	3	2	\$ 2.58
LITHIUM CARBONATE	11	8	\$ 2.50
VISTARIL	1	1	\$ 2.33
MUCINEX	5	3	\$ 2.28
PERSANTINE	1	1	\$ 2.24
KAYEXALATE	2	2	\$ 2.18
INFANTS ADVIL	5	5	\$ 2.05
LOESTRIN 1/20-21	2	2	\$ 2.04
TESSALON PERLES	10	10	\$ 1.96
DOLOPHINE	13	3	\$ 1.95
DRISDOL	3	3	\$ 1.95
SUPRAX	2	2	\$ 1.89
CALAN	11	6	\$ 1.41
CYTOTEC	2	2	\$ 1.24
MEVACOR	2	2	\$ 1.22
TRICOR	1	1	\$ 1.17
ROBINUL	2	1	\$ 1.12
HYDREA	2	1	\$ 1.02
MS CONTIN	1	1	\$ 0.89
MIRAPEX	8	4	\$ 0.80
CEPACOL SORE THROAT	4	4	\$ 0.79
ZEBETA	1	1	\$ 0.73

Row Labels	Claims	Members	Pharmacy Paid
GAS-X	24	16	\$ 0.66
GLUCOPHAGE XR	5	3	\$ 0.65
PROZAC	16	6	\$ 0.64
ARIMIDEX	2	1	\$ 0.60
PREVACID 24HR	1	1	\$ 0.58
ALTACE	1	1	\$ 0.45
CODEINE SULFATE	1	1	\$ 0.41
PROSCAR	1	1	\$ 0.34
ZANTAC 150 MAXIMUM STRENG	1	1	\$ 0.29
CASODEX	1	1	\$ 0.27
FLAGYL	3	3	\$ 0.24
EXCEDRIN EXTRA STRENGTH	1	1	\$ 0.22
ZOVIRAX	1	1	\$ 0.15
PEDIA-LAX	1	1	\$ 0.10
AMARYL	1	1	\$ 0.09
ARICEPT	1	1	\$ 0.09
CARDIZEM	1	1	\$ 0.08
PEPTO-BISMOL	1	1	\$ 0.06
LASIX	1	1	\$ 0.02
Grand Total	42959	38475	\$ 12,519,608.68



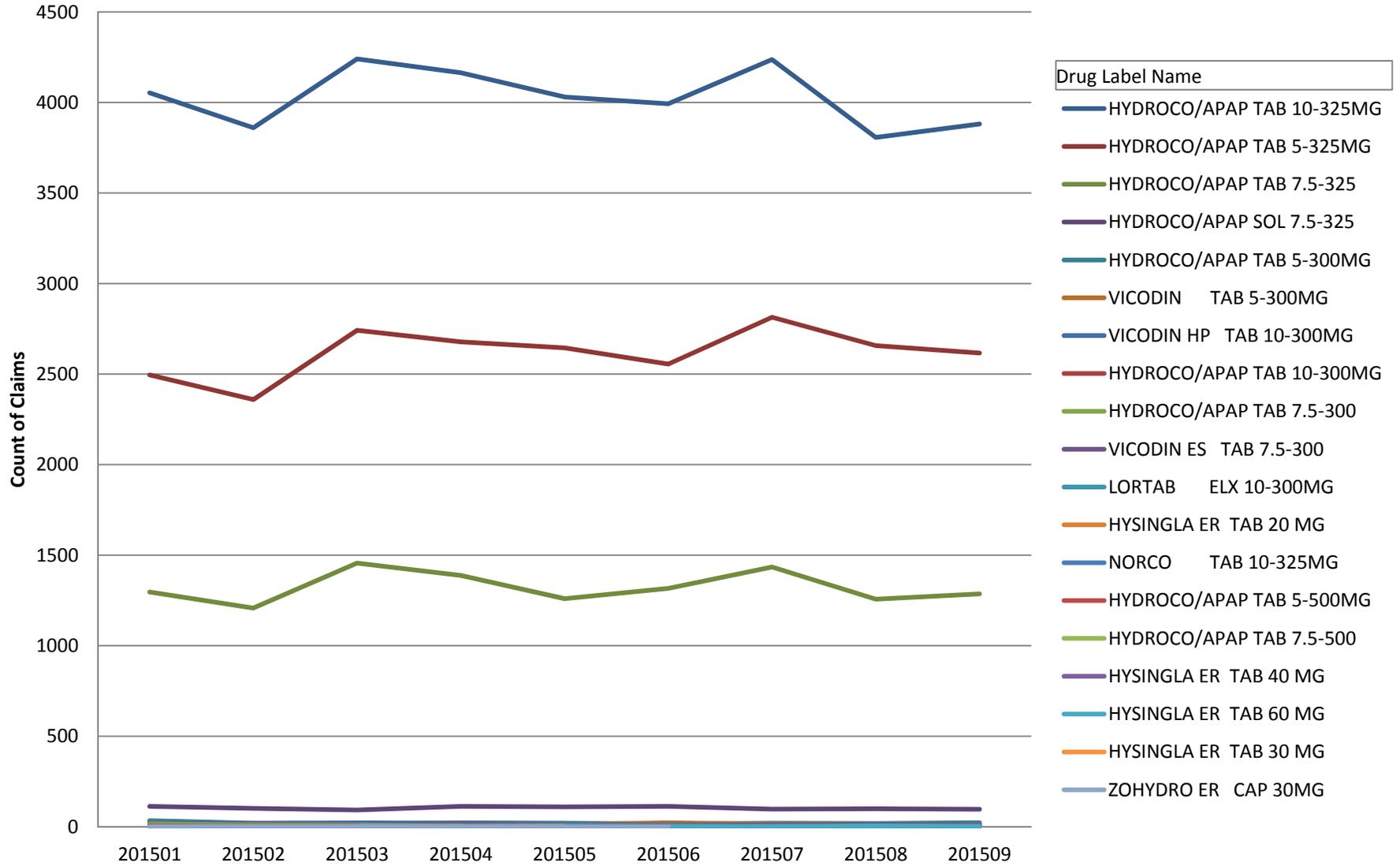
Miadazolam Syrup

January 2015 - September 2015

Month/Year	Count of Claims	Count of Members	Pharmacy Paid Amt	Paid Per Claim
201501	0	0	\$ -	\$ -
201502	0	0	\$ -	\$ -
201503	0	0	\$ -	\$ -
201504	0	0	\$ -	\$ -
201505	0	0	\$ -	\$ -
201506	0	0	\$ -	\$ -
201507	0	0	\$ -	\$ -
201508	1	1	\$ 38.06	\$ 38.06
201509	0	0	\$ -	\$ -
Grand Total	1	1	\$ 38.06	\$ 38.06

Sum of Count of Claims

Hydrocodone Products



YearMonth Filled

Hydrocodone Products

January 2015 - September 2015

Row Labels	Claims	Members	Pharmacy Paid
HYDROCO/APAP TAB 10-325MG	36,265	33,751	\$ 979,013.67
201501	4,053	3,791	\$ 108,294.52
201502	3,860	3,683	\$ 103,128.02
201503	4,240	3,923	\$ 112,959.47
201504	4,164	3,820	\$ 111,581.39
201505	4,030	3,776	\$ 106,889.42
201506	3,993	3,706	\$ 106,951.25
201507	4,237	3,880	\$ 116,466.44
201508	3,807	3,574	\$ 106,127.33
201509	3,881	3,598	\$ 106,615.83
HYDROCO/APAP TAB 5-325MG	23,561	21,622	\$ 258,099.57
201501	2,495	2,283	\$ 28,168.34
201502	2,359	2,168	\$ 26,092.20
201503	2,742	2,532	\$ 29,888.26
201504	2,678	2,465	\$ 28,991.68
201505	2,645	2,423	\$ 28,501.25
201506	2,555	2,349	\$ 27,668.09
201507	2,814	2,559	\$ 30,816.73
201508	2,657	2,455	\$ 29,931.01
201509	2,616	2,388	\$ 28,042.01
HYDROCO/APAP TAB 7.5-325	11,904	11,112	\$ 158,765.34
201501	1,297	1,210	\$ 17,366.81
201502	1,208	1,152	\$ 16,175.12
201503	1,456	1,359	\$ 19,049.29
201504	1,388	1,294	\$ 17,869.83
201505	1,260	1,187	\$ 16,764.84
201506	1,317	1,212	\$ 17,528.64
201507	1,435	1,333	\$ 18,926.22
201508	1,257	1,175	\$ 17,199.17
201509	1,286	1,190	\$ 17,885.42
HYDROCO/APAP SOL 7.5-325	939	848	\$ 44,072.48
201501	113	101	\$ 5,999.23
201502	102	90	\$ 4,151.22
201503	93	83	\$ 3,783.66
201504	113	101	\$ 5,663.50
201505	110	100	\$ 4,694.70
201506	113	104	\$ 5,468.04
201507	98	90	\$ 4,534.54
201508	100	91	\$ 5,006.80
201509	97	88	\$ 4,770.79
HYDROCO/APAP TAB 5-300MG	191	186	\$ 7,226.36
201501	34	30	\$ 887.08
201502	20	19	\$ 502.96

Row Labels	Claims	Members	Pharmacy Paid
201503	16	16	\$ 566.35
201504	22	22	\$ 898.30
201505	20	20	\$ 876.21
201506	17	17	\$ 879.31
201507	20	20	\$ 872.20
201508	19	19	\$ 738.18
201509	23	23	\$ 1,005.77
VICODIN TAB 5-300MG	146	140	\$ 7,296.08
201501	21	21	\$ 1,104.85
201502	13	12	\$ 667.93
201503	18	17	\$ 794.58
201504	12	11	\$ 553.25
201505	14	14	\$ 642.28
201506	22	22	\$ 1,032.06
201507	15	15	\$ 963.58
201508	17	17	\$ 854.37
201509	14	11	\$ 683.18
VICODIN HP TAB 10-300MG	144	123	\$ 22,833.09
201501	19	16	\$ 3,070.86
201502	19	16	\$ 2,525.92
201503	21	18	\$ 3,360.61
201504	20	16	\$ 2,942.45
201505	17	14	\$ 2,923.50
201506	11	10	\$ 1,743.93
201507	10	9	\$ 1,453.09
201508	15	13	\$ 2,537.29
201509	12	11	\$ 2,275.44
HYDROCO/APAP TAB 10-300MG	79	74	\$ 12,099.61
201501	14	14	\$ 1,907.16
201502	15	15	\$ 2,598.86
201503	8	8	\$ 1,189.69
201504	13	12	\$ 2,036.59
201505	9	6	\$ 866.26
201506	5	5	\$ 925.79
201507	4	4	\$ 723.45
201508	8	7	\$ 1,365.04
201509	3	3	\$ 486.77
HYDROCO/APAP TAB 7.5-300	70	67	\$ 3,316.98
201501	15	15	\$ 916.80
201502	11	11	\$ 566.92
201503	10	9	\$ 427.85
201504	5	5	\$ 245.80
201505	9	8	\$ 300.79
201506	6	6	\$ 251.93
201507	4	4	\$ 110.71

Row Labels	Claims	Members	Pharmacy Paid
201508	8	7	\$ 393.44
201509	2	2	\$ 102.74
VICODIN ES TAB 7.5-300	52	50	\$ 5,518.21
201501	4	4	\$ 351.25
201502	5	5	\$ 758.15
201503	3	3	\$ 524.82
201504	6	6	\$ 832.84
201505	7	7	\$ 641.07
201506	5	5	\$ 472.59
201507	9	8	\$ 735.98
201508	9	8	\$ 802.24
201509	4	4	\$ 399.27
LORTAB ELX 10-300MG	42	41	\$ 3,000.42
201501	6	5	\$ 272.44
201502	6	6	\$ 477.50
201503	6	6	\$ 458.68
201504	7	7	\$ 503.21
201505	6	6	\$ 395.36
201506	2	2	\$ 118.49
201507	2	2	\$ 152.17
201508	6	6	\$ 570.26
201509	1	1	\$ 52.31
HYSINGLA ER TAB 20 MG	19	18	\$ 4,633.95
201502	1	1	\$ 205.80
201503	5	5	\$ 1,029.00
201504	1	1	\$ 205.80
201506	3	3	\$ 818.44
201507	2	2	\$ 411.60
201508	4	3	\$ 943.83
201509	3	3	\$ 1,019.48
NORCO TAB 10-325MG	17	17	\$ 4,178.71
201501	3	3	\$ 467.29
201502	2	2	\$ 463.69
201503	2	2	\$ 463.69
201504	2	2	\$ 463.69
201505	2	2	\$ 463.69
201506	2	2	\$ 372.62
201507	2	2	\$ 427.26
201508	1	1	\$ 528.39
201509	1	1	\$ 528.39
HYDROCO/APAP TAB 5-500MG	13	13	\$ 37.48
201501	5	5	\$ 9.16
201502	2	2	\$ 7.81
201503	6	6	\$ 20.51
HYDROCO/APAP TAB 7.5-500	9	5	\$ 58.51

Row Labels	Claims	Members	Pharmacy Paid
201501	1	1	\$ 0.09
201502	2	1	\$ 17.47
201503	3	2	\$ 18.54
201504	3	1	\$ 22.41
HYSINGLA ER TAB 40 MG	8	8	\$ 4,781.12
201502	1	1	\$ 400.11
201503	1	1	\$ 795.46
201504	1	1	\$ 795.46
201505	1	1	\$ 795.46
201506	1	1	\$ 795.46
201507	1	1	\$ 795.46
201509	2	2	\$ 403.71
HYSINGLA ER TAB 60 MG	8	6	\$ 3,320.34
201504	1	1	\$ 552.19
201506	1	1	\$ 552.19
201507	1	1	\$ 552.19
201508	4	2	\$ 1,111.58
201509	1	1	\$ 552.19
HYSINGLA ER TAB 30 MG	6	6	\$ 1,200.04
201502	1	1	\$ 298.21
201504	1	1	\$ 3.60
201505	3	3	\$ 600.02
201509	1	1	\$ 298.21
ZOHYDRO ER CAP 30MG	6	6	\$ 21.60
201501	1	1	\$ 3.60
201502	1	1	\$ 3.60
201503	1	1	\$ 3.60
201504	1	1	\$ 3.60
201505	1	1	\$ 3.60
201506	1	1	\$ 3.60
HYDROCO/APAP TAB 2.5-325	2	2	\$ 17.81
201507	2	2	\$ 17.81
ZOHYDRO ER CAP 15MG	1	1	\$ 3.60
201501	1	1	\$ 3.60
ZOHYDRO ER CAP 10MG	1	1	\$ 380.68
201509	1	1	\$ 380.68
HYDROCO/APAP SOL 7.5-500	1	1	\$ 0.34
201503	1	1	\$ 0.34
ZOHYDRO ER CAP 20MG	1	1	\$ 419.08
201509	1	1	\$ 419.08
HYDROCO/APAP SOL 5-217/10	1	1	\$ 3.90
201502	1	1	\$ 3.90
NORCO TAB 5-325MG	1	1	\$ 9.13
201508	1	1	\$ 9.13
Grand Total	73,487	68,101	\$ 1,520,308.10

Tab: Standard Board Reports

Top 10 Drug Group by Paid Amt

Q1 2015

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

Q2 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
12	ANTIVIRALS*	4,622	\$ 9,293,084.82
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	28,777	\$ 8,506,258.10
85	HEMATOLOGICAL AGENTS - MISC.*	3,703	\$ 6,030,795.54
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	41,442	\$ 4,226,996.10
27	ANTIDIABETICS*	26,923	\$ 3,802,100.22
21	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	3,926	\$ 3,439,852.03
72	ANTICONVULSANTS*	42,089	\$ 3,099,553.62
65	ANALGESICS - OPIOID*	64,452	\$ 2,393,837.03
61	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREX	10,648	\$ 2,198,471.14
30	ENDOCRINE AND METABOLIC AGENTS - MISC.*	3,967	\$ 2,097,093.92

Q3 2015

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

Top 10 Drug Group by Claim Count

Q1 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
65	ANALGESICS - OPIOID*	64,322	\$ 2,402,423.76
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	45,060	\$ 4,232,146.44
72	ANTICONVULSANTS*	41,585	\$ 2,921,342.97
58	ANTIDEPRESSANTS*	40,769	\$ 891,896.61
36	ANTIHYPERTENSIVES*	34,257	\$ 328,370.97
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	29,118	\$ 8,469,326.81
27	ANTIDIABETICS*	26,958	\$ 3,630,467.57
39	ANTIHYPERLIPIDEMICS*	26,492	\$ 872,061.42
57	ANTIAXIETY AGENTS*	25,408	\$ 212,408.32
49	ULCER DRUGS*	23,697	\$ 1,121,417.92

Q2 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
65	ANALGESICS - OPIOID*	64,452	\$ 2,393,837.03
72	ANTICONVULSANTS*	42,089	\$ 3,099,553.62
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	41,442	\$ 4,226,996.10
58	ANTIDEPRESSANTS*	41,422	\$ 970,548.06
36	ANTIHYPERTENSIVES*	34,499	\$ 321,361.53
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	28,777	\$ 8,506,258.10
27	ANTIDIABETICS*	26,923	\$ 3,802,100.22
39	ANTIHYPERLIPIDEMICS*	26,790	\$ 914,895.63
57	ANTIAXIETY AGENTS*	25,477	\$ 208,833.54
66	ANALGESICS - ANTI-INFLAMMATORY*	23,452	\$ 1,351,389.52

Q3 2015

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

Top 10 Drug Classes by Paid Amt

Q1 2015

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

Q2 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
1235	HEPATITIS AGENTS**	307	\$ 6,218,357.25
8510	ANTIHEMOPHILIC PRODUCTS**	129	\$ 5,618,885.27
5925	QUINOLINONE DERIVATIVES**	4,245	\$ 3,996,152.12
1210	ANTIRETROVIRALS**	2,659	\$ 2,922,026.33
2710	INSULIN**	8,574	\$ 2,752,879.41
4420	SYMPATHOMIMETICS**	27,686	\$ 2,479,147.45
7260	ANTICONVULSANTS - MISC.**	29,948	\$ 2,097,077.40
5907	BENZISOXAZOLES**	7,009	\$ 1,760,173.64
5915	DIBENZAPINES**	11,008	\$ 1,424,875.18
6240	MULTIPLE SCLEROSIS AGENTS**	275	\$ 1,356,105.36

Q3 2015

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

Top 10 Drug Classes by Claim Count

Q1 2015

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

Q2 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
6599	OPIOID COMBINATIONS**	37,803	\$ 1,061,157.18
7260	ANTICONVULSANTS - MISC.**	29,948	\$ 2,097,077.40
4420	SYMPATHOMIMETICS**	27,686	\$ 2,479,147.45
6510	OPIOID AGONISTS**	26,006	\$ 1,207,181.46
6610	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*	23,057	\$ 343,929.54
3940	HMG COA REDUCTASE INHIBITORS**	21,444	\$ 402,612.98
5816	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**	21,105	\$ 192,784.39
5710	BENZODIAZEPINES**	19,763	\$ 136,699.52
7510	CENTRAL MUSCLE RELAXANTS**	15,622	\$ 247,718.77
3610	ACE INHIBITORS**	15,598	\$ 102,809.91

Q3 2015

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

Top 50 Drugs by Amount - Q1 2015

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
8510001025	ANTIHEMOPHILIC FACTOR RAHF-PFM	35	\$ 5,070,707.93	49,113	12
1235990240	LEDIPASVIR-SOFOSBUVIR	164	\$ 4,628,500.60	17	17
5925001500	ARIPIPRAZOLE	4,504	\$ 4,068,454.43	21	18
1235308000	SOFOSBUVIR	57	\$ 1,571,069.00	14	14
1950206000	PALIVIZUMAB	499	\$ 1,228,964.43	1	21
2710400300	INSULIN GLARGINE	3,611	\$ 1,131,548.33	13	27
8510001000	ANTIHEMOPHILIC FACTOR (HUMAN)	6	\$ 1,066,124.91	141,625	30
5907005010	PALIPERIDONE PALMITATE	703	\$ 946,879.96	1	23
5940002310	LURASIDONE HCL	1,289	\$ 945,176.26	18	16
5915307010	QUETIAPINE FUMARATE	7,106	\$ 934,912.48	30	20
4420990270	FLUTICASONE-SALMETEROL	3,461	\$ 907,251.13	44	23
4420101010	ALBUTEROL SULFATE	21,840	\$ 897,575.07	43	15
4927002510	ESOMEPRAZOLE MAGNESIUM	4,254	\$ 878,644.88	21	20
9410003000	GLUCOSE BLOOD	6,073	\$ 753,955.47	70	21
6510007510	OXYCODONE HCL	8,330	\$ 580,171.58	74	18
6135303010	GUANFACINE HCL (ADHD)	1,734	\$ 552,627.44	18	16
1210990230	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	506	\$ 535,677.10	21	21
7260005700	PREGABALIN	2,244	\$ 533,299.56	51	22
4410008010	TIOTROPIUM BROMIDE MONOHYDRATE	2,592	\$ 524,100.25	25	25
6599000220	OXYCODONE W/ ACETAMINOPHEN	11,010	\$ 509,284.25	51	12
6599170210	HYDROCODONE-ACETAMINOPHEN	23,867	\$ 499,286.73	60	15
2710400500	INSULIN LISPRO (HUMAN)	1,364	\$ 496,350.07	12	23
3030001000	CORTICOTROPIN	11	\$ 493,630.36	4	5
8240157000	PEGFILGRASTIM	104	\$ 492,118.64	1	2
8510001510	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	66	\$ 475,994.83	3,476	6
3010002000	SOMATROPIN	152	\$ 431,678.45	2	12
4420990241	BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE	2,504	\$ 423,583.58	8	25
5907005000	PALIPERIDONE	450	\$ 423,006.22	21	17
6240552500	DIMETHYL FUMARATE	80	\$ 411,171.52	20	10
2710400200	INSULIN ASPART	1,472	\$ 405,772.90	12	22
7250001010	DIVALPROEX SODIUM	4,610	\$ 379,850.90	55	19
1210990430	ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR	194	\$ 379,486.99	19	19
6110002510	LISDEXAMFETAMINE DIMESYLATE	1,761	\$ 370,631.07	22	22
6629003000	ETANERCEPT	139	\$ 367,741.77	2	15
1210990330	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	220	\$ 364,062.21	21	21
6110990210	AMPHETAMINE-DEXTROAMPHETAMINE	3,017	\$ 352,212.72	25	18
700007000	TOBRAMYCIN	68	\$ 348,498.68	164	17
5818002510	DULOXETINE HCL	2,056	\$ 336,790.63	24	18
6627001500	ADALIMUMAB	140	\$ 334,722.32	1	14
6140002010	METHYLPHENIDATE HCL	2,263	\$ 327,243.31	32	17
2710400600	INSULIN DETEMIR	1,068	\$ 326,388.92	11	21
1910002010	IMMUNE GLOBULIN (HUMAN) IV	134	\$ 325,021.07	275	3
9085006000	LIDOCAINE	983	\$ 319,433.38	50	15
7260003600	LACOSAMIDE	656	\$ 307,897.17	50	16
2153253000	EVEROLIMUS	25	\$ 299,755.22	10	9
4440001500	BUDESONIDE (INHALATION)	942	\$ 297,759.39	50	17
2135307000	TRASTUZUMAB	66	\$ 290,096.83	1	2
4530402000	DORNASE ALFA	100	\$ 282,768.18	42	15
6135401510	ATOMOXETINE HCL	890	\$ 278,500.98	18	16
8580005000	ECULIZUMAB	14	\$ 271,238.40	94	1

Top 50 Drugs by Amount - Q2 2015

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
1235990240	LEDIPASVIR-SOFOSBUVIR	166.00	\$ 4,579,092.77	14	14
5925001500	ARIPIPRAZOLE	4,245.00	\$ 3,996,152.12	16	14
8510001025	ANTIHEMOPHILIC FACTOR RAHF-PFM	21.00	\$ 2,961,926.91	52,962	12
1235308000	SOFOSBUVIR	53.00	\$ 1,456,811.12	11	11
2710400300	INSULIN GLARGINE	3,545.00	\$ 1,130,416.75	12	26
5940002310	LURASIDONE HCL	1,355.00	\$ 1,049,023.38	16	15
5915307010	QUETIAPINE FUMARATE	7,217.00	\$ 969,519.88	30	20
8510001000	ANTIHEMOPHILIC FACTOR (HUMAN)	6.00	\$ 937,026.57	124,475	25
5907005010	PALIPERIDONE PALMITATE	655.00	\$ 932,526.98	1	23
4420990270	FLUTICASONE-SALMETEROL	3,319.00	\$ 899,385.51	43	23
4927002510	ESOMEPRAZOLE MAGNESIUM	4,181.00	\$ 888,266.05	21	21
4420101010	ALBUTEROL SULFATE	19,078.00	\$ 829,951.53	40	16
9410003000	GLUCOSE BLOOD	6,421.00	\$ 804,795.06	72	22
8510001020	ANTIHEMOPHILIC FACTOR (RECOMBINANT)	10.00	\$ 605,431.66	14,979	11
7260005700	PREGABALIN	2,287.00	\$ 589,071.16	52	22
1210990230	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	457.00	\$ 581,649.44	23	23
4410008010	TIOTROPIUM BROMIDE MONOHYDRATE	2,598.00	\$ 581,441.47	25	25
3030001000	CORTICOTROPIN	14.00	\$ 568,502.44	3	3
6135303010	GUANFACINE HCL (ADHD)	1,802.00	\$ 568,020.97	19	17
6510007510	OXYCODONE HCL	8,262.00	\$ 541,829.26	74	18
8510001510	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	52.00	\$ 523,873.08	5,644	8
2710400500	INSULIN LISPRO (HUMAN)	1,323.00	\$ 510,875.85	11	22
6599000220	OXYCODONE W/ ACETAMINOPHEN	11,179.00	\$ 509,169.70	55	14
6599170210	HYDROCODONE-ACETAMINOPHEN	24,198.00	\$ 499,069.26	61	15
3010002000	SOMATROPIN	154.00	\$ 476,573.09	2	10
6240552500	DIMETHYL FUMARATE	87.00	\$ 473,786.60	21	10
4420990241	BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE	2,529.00	\$ 466,089.66	8	25
6629003000	ETANERCEPT	151.00	\$ 451,225.70	2	15
2710400200	INSULIN ASPART	1,325.00	\$ 420,334.15	11	21
5907005000	PALIPERIDONE	395.00	\$ 410,798.52	23	18
1210990430	ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR	173.00	\$ 403,181.31	20	20
8240157000	PEGFILGRASTIM	85.00	\$ 388,411.32	1	2
9085006000	LIDOCAINE	983.00	\$ 388,356.64	54	16
2153253000	EVEROLIMUS	33.00	\$ 386,232.32	19	16
6110002510	LISDEXAMFETAMINE DIMESYLATE	1,775.00	\$ 378,542.92	23	22
5818002510	DULOXETINE HCL	2,024.00	\$ 377,279.16	22	17
1210990330	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	185.00	\$ 375,439.13	20	20
6627001500	ADALIMUMAB	110.00	\$ 374,869.62	1	12
6140002010	METHYLPHENIDATE HCL	2,299.00	\$ 356,765.71	33	18
700007000	TOBRAMYCIN	73.00	\$ 345,648.54	125	13
7250001010	DIVALPROEX SODIUM	4,565.00	\$ 341,684.49	56	19
6110990210	AMPHETAMINE-DEXTOAMPHETAMINE	2,885.00	\$ 334,130.37	28	20
7260003600	LACOSAMIDE	653.00	\$ 330,027.36	56	16
2710400600	INSULIN DETEMIR	1,014.00	\$ 327,051.03	11	21
1910002010	IMMUNE GLOBULIN (HUMAN) IV	113.00	\$ 323,519.39	354	3
4530402000	DORNASE ALFA	106.00	\$ 302,773.80	48	17
9310002500	DEFERASIROX	50.00	\$ 296,073.94	31	12
8580005000	ECULIZUMAB	15.00	\$ 292,961.34	94	1
6135401510	ATOMOXETINE HCL	839.00	\$ 279,292.47	19	17
4460306000	OMALIZUMAB	97.00	\$ 275,234.06	2	16

Top 50 Drugs by Amount - Q3 2015

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

Top 50 Drugs by Claim Count - Q1 2015

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
6599170210	HYDROCODONE-ACETAMINOPHEN	23867	\$ 499,286.73	60	15
4420101010	ALBUTEROL SULFATE	21840	\$ 897,575.07	43	15
3610003000	LISINAPRIL	13663	\$ 71,880.44	32	29
7260003000	GABAPENTIN	11955	\$ 214,697.54	71	22
6610002000	IBUPROFEN	11351	\$ 69,969.31	46	12
5710001000	ALPRAZOLAM	11162	\$ 89,248.90	52	22
6599000220	OXYCODONE W/ ACETAMINOPHEN	11010	\$ 509,284.25	51	12
3400000310	AMLODIPINE BESYLATE	9962	\$ 47,406.56	29	28
2810001010	LEVOTHYROXINE SODIUM	9699	\$ 105,128.36	29	29
2725005000	METFORMIN HCL	9639	\$ 73,305.31	56	27
120001010	AMOXICILLIN	8976	\$ 77,080.15	65	7
6510007510	OXYCODONE HCL	8330	\$ 580,171.58	74	18
3940001010	ATORVASTATIN CALCIUM	7713	\$ 87,896.77	26	26
340001000	AZITHROMYCIN	7619	\$ 102,920.68	8	4
3940007500	SIMVASTATIN	7278	\$ 41,525.67	29	29
5812008010	TRAZODONE HCL	7174	\$ 49,983.28	32	24
5915307010	QUETIAPINE FUMARATE	7106	\$ 934,912.48	30	20
5025006505	ONDANSETRON HCL	7090	\$ 41,581.42	5	2
4220003230	FLUTICASON PROPIONATE (NASAL)	7060	\$ 155,020.86	13	24
4450505010	MONTELUKAST SODIUM	6607	\$ 155,814.61	23	23
3320003010	METOPROLOL TARTRATE	6296	\$ 29,547.13	40	22
5816007010	SERTRALINE HCL	6296	\$ 49,933.02	29	23
6510009510	TRAMADOL HCL	6099	\$ 49,760.28	61	16
9410003000	GLUCOSE BLOOD	6073	\$ 753,955.47	70	21
6510005510	MORPHINE SULFATE	6058	\$ 248,977.76	32	13
6020408010	ZOLPIDEM TARTRATE	5925	\$ 41,199.05	23	23
5907007000	RISPERIDONE	5640	\$ 134,473.45	36	21
2210004500	PREDNISONE	5624	\$ 27,020.44	16	9
4920002010	RANITIDINE HCL	5545	\$ 51,493.10	46	23
7510005010	CYCLOBENZAPRINE HCL	5422	\$ 44,266.66	47	21
7210001000	CLONAZEPAM	5358	\$ 31,127.25	46	22
3720003000	FUROSEMIDE	5354	\$ 22,112.76	31	24
6410001000	ASPIRIN	5336	\$ 19,574.06	22	21
5816002010	CITALOPRAM HYDROBROMIDE	5228	\$ 29,302.33	26	25
4155003000	LORATADINE	5066	\$ 35,543.82	37	22
5816004000	FLUOXETINE HCL	4945	\$ 53,976.65	29	23
3620101010	CLONIDINE HCL	4781	\$ 61,969.18	37	21
7250001010	DIVALPROEX SODIUM	4610	\$ 379,850.90	55	19
5710006000	LORAZEPAM	4520	\$ 32,768.58	25	11
5925001500	ARIPIPRAZOLE	4504	\$ 4,068,454.43	21	18
199000220	AMOXICILLIN & POT CLAVULANATE	4269	\$ 119,878.38	39	7
4927002510	ESOMEPRAZOLE MAGNESIUM	4254	\$ 878,644.88	21	20
3615004020	LOSARTAN POTASSIUM	4162	\$ 26,492.14	27	25
5025006500	ONDANSETRON	4098	\$ 64,312.42	9	3
3330000700	CARVEDILOL	4081	\$ 24,533.54	49	24
5710004000	DIAZEPAM	4081	\$ 20,328.21	43	19
3760004000	HYDROCHLOROTHIAZIDE	4073	\$ 19,547.77	27	27
4927007010	PANTOPRAZOLE SODIUM	3918	\$ 31,584.80	18	17
7720203200	CHOLECALCIFEROL	3797	\$ 20,273.84	27	22
4927006000	OMEPRAZOLE	3690	\$ 11,146.10	34	30

Top 50 Drugs by Claim Count - Q2 2015

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
6599170210	HYDROCODONE-ACETAMINOPHEN	24198	\$ 499,069.26	61	15
4420101010	ALBUTEROL SULFATE	19078	\$ 829,951.53	40	16
3610003000	LISINAPRIL	13847	\$ 72,995.08	32	29
7260003000	GABAPENTIN	12260	\$ 218,820.40	71	23
6599000220	OXYCODONE W/ ACETAMINOPHEN	11179	\$ 509,169.70	55	14
5710001000	ALPRAZOLAM	11003	\$ 85,929.11	53	22
6610002000	IBUPROFEN	10947	\$ 67,420.24	40	12
3400000310	AMLODIPINE BESYLATE	10123	\$ 48,303.28	29	27
2810001010	LEVOTHYROXINE SODIUM	9879	\$ 109,218.99	29	29
2725005000	METFORMIN HCL	9863	\$ 83,869.73	53	26
3940001010	ATORVASTATIN CALCIUM	8307	\$ 95,577.92	23	23
6510007510	OXYCODONE HCL	8262	\$ 541,829.26	74	18
5812008010	TRAZODONE HCL	7357	\$ 47,819.54	32	24
120001010	AMOXICILLIN	7259	\$ 59,230.54	58	7
5915307010	QUETIAPINE FUMARATE	7217	\$ 969,519.88	30	20
4220003230	FLUTICASON PROPRIONATE (NASAL)	7119	\$ 155,805.88	12	22
3940007500	SIMVASTATIN	7114	\$ 40,275.27	29	29
5025006505	ONDANSETRON HCL	6781	\$ 37,636.99	5	2
4450505010	MONTELUKAST SODIUM	6652	\$ 160,671.20	23	22
5816007010	SERTRALINE HCL	6523	\$ 51,280.34	28	23
9410003000	GLUCOSE BLOOD	6421	\$ 804,795.06	72	22
3320003010	METOPROLOL TARTRATE	6350	\$ 30,138.99	41	22
6510009510	TRAMADOL HCL	6101	\$ 47,351.90	58	15
6510005510	MORPHINE SULFATE	6041	\$ 244,359.31	33	14
6020408010	ZOLPIDEM TARTRATE	5605	\$ 40,756.71	25	25
5907007000	RISPERIDONE	5580	\$ 127,881.12	36	21
7510005010	CYCLOBENZAPRINE HCL	5520	\$ 45,364.75	46	20
3720003000	FUROSEMIDE	5490	\$ 23,116.92	31	24
4155003000	LORATADINE	5423	\$ 37,904.24	37	22
6410001000	ASPIRIN	5343	\$ 19,933.83	23	23
7210001000	CLONAZEPAM	5265	\$ 31,058.54	47	23
4920002010	RANITIDINE HCL	5261	\$ 48,319.67	46	23
340001000	AZITHROMYCIN	5203	\$ 69,128.29	8	4
5816002010	CITALOPRAM HYDROBROMIDE	5201	\$ 29,247.05	26	24
5816004000	FLUOXETINE HCL	5009	\$ 60,950.56	30	23
2210004500	PREDNISONE	4904	\$ 23,964.20	17	9
3620101010	CLONIDINE HCL	4593	\$ 56,004.12	36	21
7250001010	DIVALPROEX SODIUM	4565	\$ 341,684.49	56	19
5710006000	LORAZEPAM	4520	\$ 28,757.49	24	11
7720203200	CHOLECALCIFEROL	4265	\$ 22,433.46	25	21
3615004020	LOSARTAN POTASSIUM	4256	\$ 27,805.14	28	26
5925001500	ARIPIPRAZOLE	4245	\$ 3,996,152.12	16	14
4927002510	ESOMEPRAZOLE MAGNESIUM	4181	\$ 888,266.05	21	21
3330000700	CARVEDILOL	4097	\$ 23,972.38	51	25
5710004000	DIAZEPAM	4009	\$ 20,245.80	41	18
3760004000	HYDROCHLOROTHIAZIDE	4004	\$ 19,579.19	28	27
5025006500	ONDANSETRON	4000	\$ 61,678.41	10	4
4927007010	PANTOPRAZOLE SODIUM	3984	\$ 34,255.73	18	17
4155002010	CETIRIZINE HCL	3875	\$ 28,774.98	37	19
7260004000	LAMOTRIGINE	3828	\$ 254,136.81	44	21

Top 50 Drugs by Claim Count - Q3 2015

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



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 Between Jan 1, 2015 and Mar 31, 2015

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Claims Summary:

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

DUR Information Summary:

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

* DUR Information Summary results are sorted by Total DUR count in descending order

* Some Rx claims could have multiple DUR messages. And there could be multiple instances of the same DUR message on a Rx claim

* The Count and % of DUR Type for Paid, Rejected and Reversed Rxs are based on DUR Type totals for each row

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DD - Drug-Drug Interaction

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

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



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HD - High Dose Alert

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

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



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ID - Ingredient Duplication

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

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LD - Low Dose Alert

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

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



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LR - Underuse Precaution

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

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



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MN - Insufficnt Duration Alert

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

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



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MX - Excessive Duration Alert

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

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



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PA - Drug-Age Precaution

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

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



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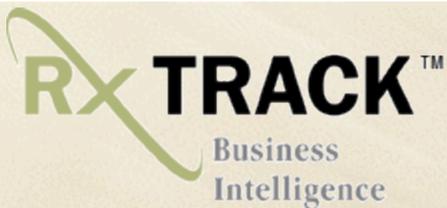
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TD - Therapeutic Duplication

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

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



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Selected Filters

Client(s): Nevada Medicaid - HPES
Carrier(s): NVM-NEVADA MEDICAID
Account(s): ALL
Group(s): ALL

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

Report Description

Report overview:

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

Detail Line Description:

Column Name

Description

Summary Page:

Claims Summary:

RxCLAIM Status

The claims status associated with the RxCLAIM transaction. For this report, a claim Status can be any one of the following values: P = Paid Status, X = Reversal Status, R = Rejected Status.

Total Rxs

The total number of Rxs.

% of Total Rxs

The percentage of the total number of Rxs.

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Total Plan Paid

The Client Total Amount Due.

Total Member Paid

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

DUR Information Summary:

DUR Type

DUR Reason for Service Code and Description

Clinical Level

DUR (Drug Utilization Review). Indicates how significant the first conflict is. This field reflects the significance that the originating database assigned to it. 0 = Not specified, 1 = Major, 2 = Moderate, 3 = Minor

Total DURs

Total count of DUR edits. An Rx claim may have more than 1 DUR edit.

Count

% of All DURs

The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types.

DURs on Paid Rxs

Count

Total count of DUR edits on paid Rx claims. A paid Rx claim may have more than 1 DUR edit.

% of DUR Type

The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Paid Rx claims.

DURs on Rejected Rxs

Count

Total count of DUR edits on rejected Rx claims. A rejected Rx claim may have more than 1 DUR edit.

% of DUR Type

The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Rejected Rx claims.

DURs on Reversed Rxs

Count

Total count of DUR edits on reversed Rx claims. A reversed Rx claim may have more than 1 DUR edit.

% of DUR Type

The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Reversed Rx claims.

DUR Tabs:

Rank

Ranking is based on total number of Rxs (Paid + Rjected + Reversal) in descending order. A gap in sequence may occur if two or more rows tie (known as Olympic ranking).

Top Drug-Drug Interaction (DD Only)

Drug combination with a DD DUR code

Top Drug

Product Name

Therapy / Reason

DUR Free Text Message

DUR Response

DUR Responses are categorized as: H = Hard Reject, S = Soft Reject, any other code = Message Only

Total Paid Rxs

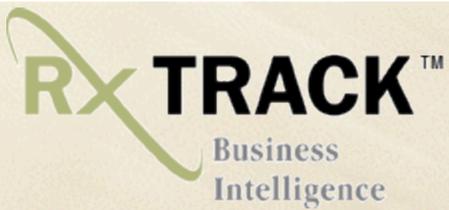
The total number of paid Rxs.

Total Plan Paid

The Client total amount due.

Avg Plan Paid / Rx

The average plan cost per Rx.



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Avg Member Paid / Rx

Avg Days Supply / Rx

Avg Quantity / Rx

Total Rejected Rxs

Total Reversed Rxs

Total Reversed Amount

The average member cost per Rx.

The average days supply per Rx.

The average quantity per Rx.

The total number of rejected Rxs.

The total number of reversed Rxs.

The total amount of reversed Rxs.



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Claims Summary:

RxCLAIM Status	Total Rxs	% of Total Rxs	Total Plan Paid	Total Member Paid
Paid	738,432	63.6%	\$67,986,735.51	\$0.00
Rejected	328,339	28.3%	\$44,735,237.29	\$0.00
Reversed	94,965	8.2%	-\$16,387,670.36	\$0.00
Totals	1,161,736	100%	\$96,334,302.44	\$0.00

DUR Information Summary:

DUR Type	Clinical Level	Total DURs		DURs on Paid Rxs		DURs on Rejected Rxs		DURs on Reversed Rxs	
		Count	% of All DURs	Count	% of DUR Type	Count	% of DUR Type	Count	% of DUR Type
LR - Underuse Precaution	0 - NS	61,751	22.8%	55,515	89.9%	0	0.0%	6,236	10.1%
TD - Therapeutic Duplication	0 - NS	61,737	22.8%	45,484	73.7%	7,631	12.4%	8,622	14.0%
ID - Ingredient Duplication	2 - Mod	47,458	17.5%	12,390	26.1%	31,613	66.6%	3,455	7.3%
DD - Drug-Drug Interaction	1 - Maj	37,972	14.0%	31,018	81.7%	3,531	9.3%	3,423	9.0%
LD - Low Dose Alert	0 - NS	27,238	10.1%	22,450	82.4%	0	0.0%	4,788	17.6%
HD - High Dose Alert	0 - NS	18,847	7.0%	16,652	88.4%	151	0.8%	2,044	10.8%
MN - Insufficnt Duration Alert	0 - NS	10,076	3.7%	7,025	69.7%	0	0.0%	3,051	30.3%
MX - Excessive Duration Alert	0 - NS	5,326	2.0%	4,917	92.3%	0	0.0%	409	7.7%
PA - Drug-Age Precaution	1 - Maj	34	0.0%	33	97.1%	0	0.0%	1	2.9%
Total All DURs		270,439	100.0%	195,484	72.3%	42,926	15.9%	32,029	11.8%

* DUR Information Summary results are sorted by Total DUR count in descending order

* Some Rx claims could have multiple DUR messages. And there could be multiple instances of the same DUR message on a Rx claim

* The Count and % of DUR Type for Paid, Rejected and Reversed Rxs are based on DUR Type totals for each row



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DD - Drug-Drug Interaction

Rank	Top Drug Drug Interaction	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	CARISOPRODOL - ALPRAZOLAM	Message Only	717	\$5,192.88	\$7.24	\$0.00	28.9	77.4	110	25	\$115.37
2	SIMVASTATIN - FENOFIBRATE	Message Only	440	\$10,447.94	\$23.75	\$0.00	33.5	34.2	58	27	\$973.98
3	TRAZODONE HCL - QUETIAPINE	Message Only	430	\$2,628.28	\$6.11	\$0.00	27.4	38.4	49	24	\$199.31
4	TRAZODONE HCL - CITALOPRAM	Message Only	374	\$2,618.44	\$7.00	\$0.00	30.4	39.3	52	26	\$139.18
5	TRAZODONE - QUETIAPINE FUMARATE	Message Only	356	\$7,610.08	\$21.38	\$0.00	28.2	45.0	35	20	\$321.34
6	TRAZODONE - CITALOPRAM HYDROBROMIDE	Message Only	344	\$1,846.09	\$5.37	\$0.00	30.4	32.1	35	25	\$151.67
7	METHADONE - ALPRAZOLAM	Message Only	330	\$2,810.30	\$8.52	\$0.00	26.2	71.2	30	9	\$70.25
7	SPIRONOLACT - LISINOPRIL	Message Only	315	\$1,704.69	\$5.41	\$0.00	37.6	43.6	33	21	\$78.81
9	SPIRONOLACTONE - LISINOPRIL	Message Only	277	\$2,834.01	\$10.23	\$0.00	37.1	40.5	29	18	\$78.77
10	SIMVASTATIN - AMLODIPINE BESYLATE	Message Only	263	\$1,089.18	\$4.14	\$0.00	35.4	36.7	35	14	\$56.23
All Others			27,172	\$2,893,990.62	\$106.51	\$0.00	25.4	51.0	3,065	3,214	\$795,511.45
DD - Drug-Drug Interaction			31,018	\$2,932,772.51	\$94.55	\$0.00	26.1	50.7	3,531	3,423	\$797,696.36

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



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HD - High Dose Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ACETAMINOPHEN	ADULT MAX DLY = 6.00 UN	Message Only	631	\$22,026.96	\$34.91	\$0.00	16.6	131.5	0	27	\$993.17
2	KETOROLAC TROMETHAMINE	GERIATRIC MAX DLY = 2.00UN	Message Only	609	\$4,573.39	\$7.51	\$0.00	1.0	4.2	0	34	\$266.73
3	ZOLPIDEM TARTRATE	GERIATRIC MAX DLY = .50UN	Message Only	377	\$1,130.06	\$3.00	\$0.00	30.2	30.2	0	16	\$27.19
4	GRANISETRON HCL	GERIATRIC MAX DLY = .85UN	Message Only	246	\$5,937.14	\$24.13	\$0.00	1.0	1.1	0	5	\$57.63
5	IBUPROFEN	ADULT MAX DLY = 4.00 UN	Message Only	205	\$1,215.61	\$5.93	\$0.00	6.6	31.8	0	8	\$47.67
6	MIDAZOLAM HCL	GERIATRIC MAX DLY = 3.50UN	Message Only	159	\$344.81	\$2.17	\$0.00	1.0	5.3	0	36	\$97.24
7	INVEGA SUSTENNA	ADULT MAX DLY = .05 UN	Message Only	182	\$319,615.39	\$1,756.13	\$0.00	26.1	1.5	0	9	\$16,533.94
8	KENALOG-40	GERIATRIC MAX DLY = 2.00UN	Message Only	182	\$5,574.08	\$30.63	\$0.00	1.0	6.1	0	1	\$26.44
9	CELESTONE-SOLUSPAN	GERIATRIC MAX DLY = 1.50UN	Message Only	168	\$3,813.51	\$22.70	\$0.00	1.0	3.9	0	10	\$360.10
10	CEFTRIAXONE SODIUM	GERIATRIC MAX DLY = 4.00UN	Message Only	145	\$16,763.99	\$115.61	\$0.00	1.0	182.8	0	31	\$1,398.33
All Others				13,748	\$3,646,978.17	\$265.27	\$0.00	14.5	188.1	151	1,867	\$822,539.12
HD - High Dose Alert				16,652	\$4,027,973.11	\$241.89	\$0.00	13.8	163.3	151	2,044	\$842,347.56

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



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ID - Ingredient Duplication

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ACETAMINOPHEN	HYDROCO/APAP TAB 10-325MG	Hard Reject	2	\$74.59	\$37.30	\$0.00	30.0	105.0	901	0	\$0.00
2	SODIUM CHLORIDE	SOD CHLORIDE INJ 0.9%	Soft Reject	0	\$0.00	\$0.00	\$0.00	0.00	0.00	677	0	\$0.00
3	OXYCODONE/ACETAMINOPHEN	OXYCOD/APAP TAB 10-325MG	Hard Reject	4	\$271.11	\$67.78	\$0.00	19.5	78.0	473	0	\$0.00
4	ZOLPIDEM TARTRATE	ZOLPIDEM TAB 10MG	Hard Reject	1	\$5.78	\$5.78	\$0.00	30.0	30.0	459	0	\$0.00
5	ALPRAZOLAM	ALPRAZOLAM TAB 1MG	Hard Reject	0	\$0.00	\$0.00	\$0.00	0.00	0.00	406	0	\$0.00
6	TRAMADOL HCL	TRAMADOL HCL TAB 50MG	Hard Reject	1	\$6.17	\$6.17	\$0.00	15.0	30.0	356	0	\$0.00
7	GABAPENTIN	GABAPENTIN CAP 300MG	Soft Reject	1	\$7.03	\$7.03	\$0.00	30.0	30.0	350	0	\$0.00
8	PROAIR HFA	PROAIR HFA AER	Soft Reject	0	\$0.00	\$0.00	\$0.00	0.00	0.00	345	0	\$0.00
9	ALPRAZOLAM	ALPRAZOLAM TAB 2MG	Hard Reject	2	\$23.44	\$11.72	\$0.00	18.5	59.5	328	1	\$8.39
10	GABAPENTIN	GABAPENTIN CAP 300MG	Message Only	228	\$2,480.27	\$10.88	\$0.00	31.2	97.3	0	54	\$563.42
All Others				12,151	\$1,810,595.99	\$149.01	\$0.00	26.8	97.9	27,318	3,400	\$529,811.08
ID - Ingredient Duplication				12,390	\$1,813,464.38	\$146.37	\$0.00	26.9	97.9	31,613	3,455	\$530,382.89

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



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LD - Low Dose Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	ONDANSETRON HCL	GERIATRIC MIN DLY = 2.00UN	Message Only	1,272	\$526.49	\$0.41	\$0.00	1.4	1.4	0	882	\$263.39
2	ONDANSETRON ODT	GERIATRIC MIN DLY = 2.00UN	Message Only	608	\$482.08	\$0.79	\$0.00	1.2	1.1	0	188	\$139.18
3	IPRATROPIUM BROMIDE/ALBUT	GERIATRIC MIN DLY = 12.00UN	Message Only	472	\$831.83	\$1.76	\$0.00	2.4	12.6	0	230	\$291.48
4	ZOFRAN ODT	GERIATRIC MIN DLY = 2.00UN	Message Only	449	\$9,481.94	\$21.12	\$0.00	1.0	1.0	0	186	\$3,948.66
5	METFORMIN HCL	ADULT MIN DLY = 1.70 UN	Message Only	489	\$2,539.80	\$5.19	\$0.00	33.4	33.2	0	46	\$243.96
6	VITAMIN D	ADULT MIN DLY = .14 UN	Message Only	447	\$2,721.30	\$6.09	\$0.00	31.3	3.1	0	27	\$155.15
7	CITALOPRAM HYDROBROMIDE	ADULT MIN DLY = 2.00 UN	Message Only	359	\$2,076.40	\$5.78	\$0.00	29.1	29.1	0	40	\$232.62
8	GABAPENTIN	ADULT MIN DLY = 3.00 UN	Message Only	357	\$2,546.17	\$7.13	\$0.00	32.2	53.3	0	37	\$273.91
9	ALBUTEROL SULFATE	GERIATRIC MIN DLY = 9.00UN	Message Only	321	\$167.62	\$0.52	\$0.00	2.5	11.3	0	59	\$52.62
10	ONDANSETRON HCL	ADULT MIN DLY = 2.00 UN	Message Only	263	\$1,993.29	\$7.58	\$0.00	18.2	12.0	0	30	\$227.07
All Others				17,413	\$1,281,587.82	\$73.60	\$0.00	24.0	54.2	0	3,063	\$293,696.97
LD - Low Dose Alert				22,450	\$1,304,954.74	\$58.13	\$0.00	21.3	44.9	0	4,788	\$299,525.01

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



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LR - Underuse Precaution

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	LISINOPRIL	7 DAYS LATE REFILLING	Message Only	90	\$467.66	\$5.20	\$0.00	29.5	33.2	0	5	\$19.21
2	LEVOTHYROXINE SODIUM	7 DAYS LATE REFILLING	Message Only	73	\$555.37	\$7.61	\$0.00	29.6	29.2	0	4	\$33.42
3	AMLODIPINE BESYLATE	7 DAYS LATE REFILLING	Message Only	66	\$332.87	\$5.04	\$0.00	29.4	31.2	0	4	\$19.50
4	LISINOPRIL	8 DAYS LATE REFILLING	Message Only	57	\$312.25	\$5.48	\$0.00	29.7	32.4	0	4	\$12.14
5	PROAIR HFA	6 DAYS LATE REFILLING	Message Only	54	\$2,255.82	\$41.77	\$0.00	22.1	8.5	0	5	\$226.72
5	LEVOTHYROXINE SODIUM	8 DAYS LATE REFILLING	Message Only	53	\$478.97	\$9.04	\$0.00	29.6	30.2	0	6	\$77.02
7	SIMVASTATIN	7 DAYS LATE REFILLING	Message Only	51	\$303.73	\$5.96	\$0.00	29.0	29.0	0	5	\$27.76
7	AMLODIPINE BESYLATE	8 DAYS LATE REFILLING	Message Only	54	\$274.48	\$5.08	\$0.00	30.7	31.2	0	2	\$7.30
9	LISINOPRIL	11 DAYS LATE REFILLING	Message Only	54	\$290.01	\$5.37	\$0.00	29.7	31.1	0	1	\$1.20
10	LISINOPRIL	9 DAYS LATE REFILLING	Message Only	46	\$220.05	\$4.78	\$0.00	30.0	31.3	0	8	\$41.26
All Others				54,917	\$4,723,055.66	\$86.00	\$0.00	28.7	49.8	0	6,192	\$781,011.77
LR - Underuse Precaution				55,515	\$4,728,546.87	\$85.18	\$0.00	28.7	49.5	0	6,236	\$781,477.30

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



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MN - Insufficnt Duration Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	LISINOPRIL	MIN. DAYS THERAPY = 7	Message Only	324	\$92.39	\$0.29	\$0.00	1.1	1.5	0	232	\$32.03
2	IPRATROPIUM BROMIDE/ALBUT	MIN. DAYS THERAPY = 30	Message Only	400	\$11,056.92	\$27.64	\$0.00	9.5	144.3	0	56	\$1,001.19
3	METOPROLOL TARTRATE	MIN. DAYS THERAPY = 7	Message Only	248	\$61.91	\$0.25	\$0.00	1.1	1.8	0	153	\$6.78
4	CLONIDINE HCL	MIN. DAYS THERAPY = 7	Message Only	218	\$196.36	\$0.90	\$0.00	1.5	4.5	0	111	\$21.80
5	LEVETIRACETAM	MIN. DAYS THERAPY = 14	Message Only	223	\$2,211.59	\$9.92	\$0.00	6.2	28.8	0	40	\$366.89
6	ATORVASTATIN CALCIUM	MIN. DAYS THERAPY = 7	Message Only	148	\$102.93	\$0.70	\$0.00	1.2	1.3	0	98	\$43.76
7	INVANZ	MIN. DAYS THERAPY = 3	Message Only	156	\$11,568.99	\$74.16	\$0.00	1.0	1.0	0	84	\$6,605.47
8	SULFAMETHOXAZOLE/TRIMETHO	MIN. DAYS THERAPY = 5	Message Only	184	\$491.22	\$2.67	\$0.00	1.9	6.3	0	38	\$39.02
9	FERROUS SULFATE	MIN. DAYS THERAPY = 30	Message Only	165	\$766.02	\$4.64	\$0.00	14.3	26.1	0	56	\$23.56
10		ING01 MIN DAYS THERAPY = 5	Message Only	184	\$13,723.09	\$74.58	\$0.00	1.4	146.9	0	36	\$1,694.85
All Others				4,775	\$268,318.94	\$56.19	\$0.00	2.6	15.0	0	2,147	\$56,919.31
MN - Insufficnt Duration Alert				7,025	\$308,590.36	\$43.93	\$0.00	3.1	24.3	0	3,051	\$66,754.66

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



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MX - Excessive Duration Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	CYCLOBENZAPRINE HCL	MAX DAYS THERAPY = 21	Message Only	2,595	\$19,814.18	\$7.64	\$0.00	30.1	64.6	0	139	\$998.27
2	AZITHROMYCIN	MAX DAYS THERAPY = 5	Message Only	227	\$4,854.12	\$21.38	\$0.00	11.8	18.6	0	11	\$1,168.49
3	FLUCONAZOLE	MAX DAYS THERAPY = 1	Message Only	201	\$2,551.76	\$12.70	\$0.00	3.4	3.4	0	9	\$159.34
4	EPIPEN 2-PAK	MAX DAYS THERAPY = 1	Message Only	161	\$72,379.11	\$449.56	\$0.00	2.2	2.2	0	22	\$10,940.93
5	DIPHENOXYLATE/ ATROPINE	MAX DAYS THERAPY = 14	Message Only	138	\$3,008.26	\$21.80	\$0.00	25.9	111.2	0	11	\$209.88
6	MAPAP	MAX DAYS THERAPY = 10	Message Only	125	\$691.28	\$5.53	\$0.00	26.0	95.8	0	11	\$62.90
7	TRAMADOL HYDROCHLORIDE/AC	MAX DAYS THERAPY = 5	Message Only	103	\$1,748.82	\$16.98	\$0.00	18.0	77.8	0	11	\$137.11
8	POLYETHYLENE GLYCOL 3350	MAX DAYS THERAPY = 14	Message Only	94	\$2,670.47	\$28.41	\$0.00	28.8	28.8	0	14	\$297.26
9	DOCUSATE SODIUM & SENNA S	MAX DAYS THERAPY = 14	Message Only	85	\$450.59	\$5.30	\$0.00	29.9	54.6	0	7	\$41.31
10	SENEXON-S	MAX DAYS THERAPY = 14	Message Only	82	\$488.55	\$5.96	\$0.00	31.2	62.7	0	7	\$50.48
All Others				1,106	\$230,016.43	\$207.97	\$0.00	25.1	69.3	0	167	\$51,552.93
MX - Excessive Duration Alert				4,917	\$338,673.57	\$68.88	\$0.00	25.6	60.5	0	409	\$65,618.90

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



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PA - Drug-Age Precaution

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	PROMETHAZINE-DM	AGE LESS THAN 4	Message Only	13	\$89.30	\$6.87	\$0.00	13.2	118.1	0	0	\$0.00
2	PROMETHAZINE/ DEXTROMETHOR	AGE LESS THAN 4	Message Only	9	\$52.34	\$5.82	\$0.00	8.9	68.3	0	0	\$0.00
3	PROMETHAZINE HCL	AGE LESS THAN 4	Message Only	6	\$42.72	\$7.12	\$0.00	10.2	99.2	0	0	\$0.00
4	PROMETHAZINE HCL PLAIN	AGE LESS THAN 4	Message Only	4	\$29.48	\$7.37	\$0.00	7.8	125.0	0	1	\$4.00
5	PROMETHAZINE/CODEINE	AGE LESS THAN 4	Message Only	1	\$7.00	\$7.00	\$0.00	16.0	120.0	0	0	\$0.00
PA - Drug-Age Precaution				33	\$220.84	\$6.69	\$0.00	10.9	102.0	0	1	\$4.00

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



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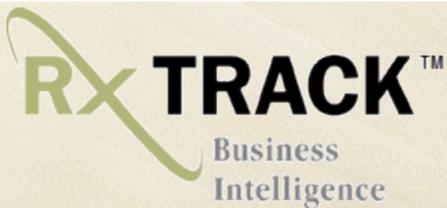
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TD - Therapeutic Duplication

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ACETAMINOPHEN	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,624	\$29,589.23	\$18.22	\$0.00	16.8	67.2	0	189	\$1,382.44
2	OXYCODONE/ACETAMINOPHEN	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,235	\$44,752.68	\$36.24	\$0.00	13.6	55.1	0	215	\$2,008.84
3	HYDROMORPHONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	908	\$5,249.10	\$5.78	\$0.00	4.9	17.3	0	519	\$1,815.38
4	QUETIAPINE FUMARATE	ORAL ANTIPSYCHOTICS	Message Only	1,115	\$23,303.14	\$20.90	\$0.00	26.9	41.3	0	81	\$1,208.72
5	MORPHINE SULFATE	SHORT ACTING NARCOTIC ANALGESI	Message Only	736	\$3,758.34	\$5.11	\$0.00	5.2	17.9	0	425	\$1,163.43
6	OXYCODONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	995	\$42,443.69	\$42.66	\$0.00	22.8	104.1	0	95	\$2,305.96
7	RISPERIDONE	ORAL ANTIPSYCHOTICS	Message Only	855	\$12,532.23	\$14.66	\$0.00	26.8	44.1	0	57	\$718.92
8	TRAMADOL HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	824	\$6,695.58	\$8.13	\$0.00	20.7	87.3	0	73	\$270.47
9	LORAZEPAM	BENZODIAZEPINES	Message Only	597	\$1,937.29	\$3.25	\$0.00	10.6	23.7	0	235	\$224.02
10	ALPRAZOLAM	BENZODIAZEPINES	Message Only	749	\$5,385.56	\$7.19	\$0.00	25.5	61.4	0	65	\$254.62
All Others				35,846	\$4,277,334.69	\$119.33	\$0.00	24.9	59.2	7,631	6,668	\$717,800.94
TD - Therapeutic Duplication				45,484	\$4,452,981.53	\$97.90	\$0.00	23.4	58.2	7,631	8,622	\$729,153.74

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



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CONFIDENTIAL RXT6050D - Summarized DUR Activity Report Between Apr 1, 2015 and Jun 30, 2015

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Selected Filters

Client(s): Nevada Medicaid - HPES
Carrier(s): NVM-NEVADA MEDICAID
Account(s): ALL
Group(s): ALL

Date Type: Date Filled Submitted
Primary Start Date: Apr 1, 2015
Primary End Date: Jun 30, 2015
Relative Date Description: N/A
Select Report Group By: Product
Top Values Displayed: 10
Display Report Description: Yes

Report Description

Report overview:

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

Detail Line Description:

Column Name

Description

Summary Page:

Claims Summary:

RxCLAIM Status

The claims status associated with the RxCLAIM transaction. For this report, a claim Status can be any one of the following values: P = Paid Status, X = Reversal Status, R = Rejected Status.

Total Rxs

The total number of Rxs.

% of Total Rxs

The percentage of the total number of Rxs.

Total Plan Paid

The Client Total Amount Due.

Total Member Paid

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

DUR Information Summary:

DUR Type

DUR Reason for Service Code and Description

Clinical Level

DUR (Drug Utilization Review). Indicates how significant the first conflict is. This field reflects the significance that the originating database assigned to it. 0 = Not specified, 1 = Major, 2 = Moderate, 3 = Minor

Total DURs

Total count of DUR edits. An Rx claim may have more than 1 DUR edit.

Count

% of All DURs

The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types.

DURs on Paid Rxs

Count

Total count of DUR edits on paid Rx claims. A paid Rx claim may have more than 1 DUR edit.

% of DUR Type

The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Paid Rx claims.

DURs on Rejected Rxs

Count

Total count of DUR edits on rejected Rx claims. A rejected Rx claim may have more than 1 DUR edit.

% of DUR Type

The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Rejected Rx claims.

DURs on Reversed Rxs

Count

Total count of DUR edits on reversed Rx claims. A reversed Rx claim may have more than 1 DUR edit.

% of DUR Type

The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Reversed Rx claims.

DUR Tabs:

Rank

Ranking is based on total number of Rxs (Paid + Rjected + Reversal) in descending order. A gap in sequence may occur if two or more rows tie (known as Olympic ranking).

Top Drug-Drug Interaction (DD Only)

Drug combination with a DD DUR code

Top Drug

Product Name

Therapy / Reason

DUR Free Text Message

DUR Response

DUR Responses are categorized as: H = Hard Reject, S = Soft Reject, any other code = Message Only

Total Paid Rxs

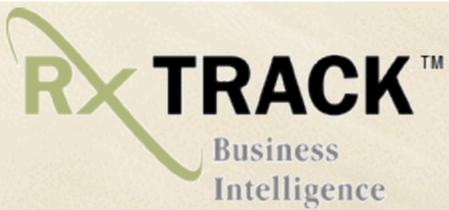
The total number of paid Rxs.

Total Plan Paid

The Client total amount due.

Avg Plan Paid / Rx

The average plan cost per Rx.



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Avg Member Paid / Rx

Avg Days Supply / Rx

Avg Quantity / Rx

Total Rejected Rxs

Total Reversed Rxs

Total Reversed Amount

The average member cost per Rx.

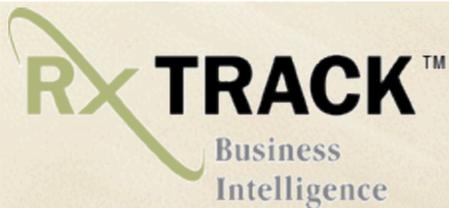
The average days supply per Rx.

The average quantity per Rx.

The total number of rejected Rxs.

The total number of reversed Rxs.

The total amount of reversed Rxs.



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Claims Summary:

RxCLAIM Status	Total Rxs	% of Total Rxs	Total Plan Paid	Total Member Paid
Paid	727,205	63.1%	\$70,879,055.57	\$0.00
Rejected	331,724	28.8%	\$40,942,608.77	\$0.00
Reversed	93,547	8.1%	-\$16,760,019.66	\$0.00
Totals	1,152,476	100%	\$95,061,644.68	\$0.00

DUR Information Summary:

DUR Type	Clinical Level	Total DURs		DURs on Paid Rxs		DURs on Rejected Rxs		DURs on Reversed Rxs	
		Count	% of All DURs	Count	% of DUR Type	Count	% of DUR Type	Count	% of DUR Type
LR - Underuse Precaution	0 - NS	61,152	22.9%	54,801	89.6%	0	0.0%	6,351	10.4%
TD - Therapeutic Duplication	0 - NS	60,035	22.5%	44,149	73.5%	7,569	12.6%	8,317	13.9%
ID - Ingredient Duplication	2 - Mod	47,936	17.9%	12,288	25.6%	32,234	67.2%	3,414	7.1%
DD - Drug-Drug Interaction	1 - Maj	37,233	13.9%	30,328	81.5%	3,436	9.2%	3,469	9.3%
LD - Low Dose Alert	0 - NS	26,238	9.8%	21,753	82.9%	0	0.0%	4,485	17.1%
HD - High Dose Alert	0 - NS	18,613	7.0%	16,415	88.2%	162	0.9%	2,036	10.9%
MN - Insufficnt Duration Alert	0 - NS	10,659	4.0%	7,556	70.9%	0	0.0%	3,103	29.1%
MX - Excessive Duration Alert	0 - NS	5,462	2.0%	4,969	91.0%	0	0.0%	493	9.0%
PA - Drug-Age Precaution	1 - Maj	25	0.0%	24	96.0%	0	0.0%	1	4.0%
Total All DURs		267,353	100.0%	192,283	71.9%	43,401	16.2%	31,669	11.8%

* DUR Information Summary results are sorted by Total DUR count in descending order

* Some Rx claims could have multiple DUR messages. And there could be multiple instances of the same DUR message on a Rx claim

* The Count and % of DUR Type for Paid, Rejected and Reversed Rxs are based on DUR Type totals for each row



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DD - Drug-Drug Interaction

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

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



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HD - High Dose Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ACETAMINOPHEN	ADULT MAX DLY = 6.00 UN	Message Only	564	\$20,143.16	\$35.71	\$0.00	16.4	130.4	0	32	\$1,274.90
2	KETOROLAC TROMETHAMINE	GERIATRIC MAX DLY = 2.00UN	Message Only	530	\$4,266.30	\$8.05	\$0.00	1.0	4.6	0	14	\$110.98
3	PREVNAR 13	GERIATRIC MAX DLY = .50UN	Message Only	439	\$12,524.67	\$28.53	\$0.00	1.0	10.3	0	1	\$0.00
4	ZOLPIDEM TARTRATE	GERIATRIC MAX DLY = .50UN	Message Only	361	\$1,286.90	\$3.56	\$0.00	30.1	30.1	0	15	\$49.38
5	MIDAZOLAM HCL	GERIATRIC MAX DLY = 3.50UN	Message Only	188	\$450.54	\$2.40	\$0.00	1.0	5.6	0	73	\$203.14
6	GRANISETRON HCL	GERIATRIC MAX DLY = .85UN	Message Only	241	\$6,426.24	\$26.66	\$0.00	1.0	1.1	0	2	\$20.40
7	IBUPROFEN	ADULT MAX DLY = 4.00 UN	Message Only	228	\$1,386.57	\$6.08	\$0.00	7.2	33.7	0	7	\$38.03
8	ADACEL	GERIATRIC MAX DLY = .50UN	Message Only	216	\$16,231.66	\$75.15	\$0.00	1.0	1.0	0	15	\$1,296.88
9	KENALOG-40	GERIATRIC MAX DLY = 2.00UN	Message Only	198	\$6,131.59	\$30.97	\$0.00	1.0	5.7	0	0	\$0.00
10	INVEGA SUSTENNA	ADULT MAX DLY = .05 UN	Message Only	174	\$340,432.89	\$1,956.51	\$0.00	25.3	1.5	0	10	\$19,861.49
All Others				13,276	\$3,505,279.50	\$264.03	\$0.00	14.5	139.9	162	1,867	\$713,019.56
HD - High Dose Alert				16,415	\$3,914,560.02	\$238.47	\$0.00	13.4	119.4	162	2,036	\$735,874.76

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



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ID - Ingredient Duplication

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

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



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LD - Low Dose Alert

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

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



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LR - Underuse Precaution

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

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



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MN - Insufficnt Duration Alert

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

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



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MX - Excessive Duration Alert

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

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



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PA - Drug-Age Precaution

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	PROMETHAZINE-DM	AGE LESS THAN 4	Message Only	9	\$61.59	\$6.84	\$0.00	10.7	88.8	0	0	\$0.00
2	PROMETHAZINE/ DEXTROMETHOR	AGE LESS THAN 4	Message Only	8	\$44.44	\$5.56	\$0.00	8.6	65.0	0	0	\$0.00
3	PROMETHAZINE HCL	AGE LESS THAN 4	Message Only	4	\$30.03	\$7.51	\$0.00	18.2	115.0	0	1	\$8.35
4	PROMETHEGAN	AGE LESS THAN 4	Message Only	2	\$31.87	\$15.94	\$0.00	3.5	11.0	0	0	\$0.00
5	INFANRIX	AGE GREATER THAN 64	Message Only	1	\$43.74	\$43.74	\$0.00	1.0	1.0	0	0	\$0.00
PA - Drug-Age Precaution				24	\$211.67	\$8.82	\$0.00	10.2	75.1	0	1	\$8.35

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



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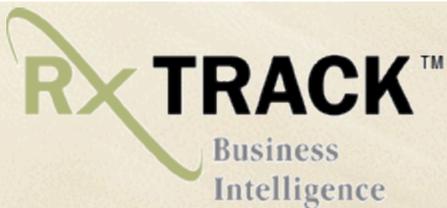
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TD - Therapeutic Duplication

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

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



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Selected Filters

Client(s): Nevada Medicaid - HPES
Carrier(s): NVM-NEVADA MEDICAID
Account(s): ALL
Group(s): ALL

Date Type: Date Filled Submitted
Primary Start Date: Jul 1, 2015
Primary End Date: Sep 30, 2015
Relative Date Description: N/A
Select Report Group By: Product
Top Values Displayed: 10
Display Report Description: Yes

Report Description

Report overview:

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

Detail Line Description:

Column Name

Description

Summary Page:

Claims Summary:

RxCLAIM Status

The claims status associated with the RxCLAIM transaction. For this report, a claim Status can be any one of the following values: P = Paid Status, X = Reversal Status, R = Rejected Status.

Total Rxs

The total number of Rxs.

% of Total Rxs

The percentage of the total number of Rxs.

Total Plan Paid

The Client Total Amount Due.

Total Member Paid

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

DUR Information Summary:

DUR Type

DUR Reason for Service Code and Description

Clinical Level

DUR (Drug Utilization Review). Indicates how significant the first conflict is. This field reflects the significance that the originating database assigned to it. 0 = Not specified, 1 = Major, 2 = Moderate, 3 = Minor

Total DURs

Total count of DUR edits. An Rx claim may have more than 1 DUR edit.

Count

% of All DURs

The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types.

DURs on Paid Rxs

Count

Total count of DUR edits on paid Rx claims. A paid Rx claim may have more than 1 DUR edit.

% of DUR Type

The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Paid Rx claims.

DURs on Rejected Rxs

Count

Total count of DUR edits on rejected Rx claims. A rejected Rx claim may have more than 1 DUR edit.

% of DUR Type

The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Rejected Rx claims.

DURs on Reversed Rxs

Count

Total count of DUR edits on reversed Rx claims. A reversed Rx claim may have more than 1 DUR edit.

% of DUR Type

The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Reversed Rx claims.

DUR Tabs:

Rank

Ranking is based on total number of Rxs (Paid + Rjected + Reversal) in descending order. A gap in sequence may occur if two or more rows tie (known as Olympic ranking).

Top Drug-Drug Interaction (DD Only)

Drug combination with a DD DUR code

Top Drug

Product Name

Therapy / Reason

DUR Free Text Message

DUR Response

DUR Responses are categorized as: H = Hard Reject, S = Soft Reject, any other code = Message Only

Total Paid Rxs

The total number of paid Rxs.

Total Plan Paid

The Client total amount due.

Avg Plan Paid / Rx

The average plan cost per Rx.



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Avg Member Paid / Rx

Avg Days Supply / Rx

Avg Quantity / Rx

Total Rejected Rxs

Total Reversed Rxs

Total Reversed Amount

The average member cost per Rx.

The average days supply per Rx.

The average quantity per Rx.

The total number of rejected Rxs.

The total number of reversed Rxs.

The total amount of reversed Rxs.