

**DRUG UTILIZATION REVIEW (DUR) ANNUAL REPORT  
FEDERAL FISCAL YEAR 1999**

**I. STATE CODE**

IN

**II. MEDICAID AGENCY STAFF PERSON RESPONSIBLE FOR DUR  
ANNUAL REPORT PREPARATION**

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**III. PROSPECTIVE DUR**

**1. During Federal Fiscal Year 1999 prospective DUR was conducted:  
(check those applicable)**

- a)  By individual pharmacies on-site.
- b)  On-line through approved electronic drug claims management system.
- c)  Combination of (a) and (b).

**2. (a) States conducting prospective DUR on-site have included as  
ATTACHMENT 1 (check one):**

Results of a random sample of pharmacies within the State pertaining to their compliance with OBRA 1990 prospective DUR requirements

Results of State Board of Pharmacy monitoring of pharmacy compliance with OBRA 1990 prospective DUR requirements.

Results of monitoring of prospective DUR conducted by State Medicaid agency or other entities.

**(b) States conducting prospective DUR on-line have included as  
ATTACHMENT 1 a report on State efforts to monitor  
pharmacy compliance with the oral requirements.**

Yes  No

3. States conducting prospective DUR on-site plans with regards to Establishment of an ECM system. State:

\_\_\_ Has no plans to implement an ECM system with prospective DUR capability.

\_\_\_ Plans to have an operational ECM system with prospective DUR in FFY 1999 or later.

**STATES PERFORMING PROSPECTIVE DUR ON-SITE SKIP QUESTIONS 4-8**

4. States conducting prospective DUR through an operational on-line POS system provide the following information:

- a) Operational date 9/95 (MM/YY) on which on-line POS system began accepting drug claims for adjudication from providers.
- b) Operational date 3/96 (MM/YY) on which on-line POS System began conducting prospective DUR screening.
- c) Percentage of Medicaid prescriptions processed by ECM System (where applicable) in FFY 1999. 70.9 %
- d) Identify ECM vendor.

EDS (Electronic Data Systems)

1) Was system developed in house? Yes X No \_\_\_

2) Is vendor Medicaid Fiscal agent? Yes X No \_\_\_

- e) Identify prospective DUR (source of criteria).

EDS (Electronic Data Systems) and First Data Bank

5. With regards to prospective DUR criteria from the vendor identified In 4 (d) above, the DUR Board: (Check one)

(a) \_\_\_ Approved in FFY 1999 all criteria submitted by the vendor.

(b) X Chose to approve selected criteria submitted by the vendor.

6. States checking 5 (b) have provided DUR criteria data requested on Enclosed Table 1. Yes X No \_\_\_

7. State prospective DUR screening includes screens run before Obtaining DUR Board approval of criteria. Yes X No \_\_\_
8. States conducting prospective DUR using an ECM system have Included ATTACHMENT 2. Yes X No \_\_\_

#### IV. RETROSPECTIVE DUR

1. Identify your retrospective DUR vendor during FFY 1999.

EDS (Electronic Data Systems) and Eagle Managed Care

- a) Is the retrospective DUR vendor also the Medicaid fiscal Agent? Yes X No \_\_\_
- b) Will your current retrospective DUR vendor contract subject To re-bid in FFY 1999? Yes \_\_\_ No X

If your vendor changed during FFY 1999, identify you new vendor.

EDS (Electronic Data Systems) and Eagle Managed Care

- c) Is the retrospective DUR vendor also the Medicaid fiscal Agent? Yes X No \_\_\_
- d) Is this retrospective DUR vendor also the developer/supplier of Your retrospective DUR criteria? Yes X No \_\_\_

2. If your answer to question 1(c) or 1(d) above is no, identify the Developer/supplier of your retrospective DUR criteria.

(2a) Not Applicable

(2b) Not Applicable

3. Did DUR Board approve all retrospective DUR criteria supplied by The criteria source identified in questions 1(c) and 2 above? Yes X No \_\_\_
4. States performing retrospective DUR have provided DUR Board Approved criteria data requested on enclosed hardcopy Table 2. Yes X No \_\_\_
5. States conducting retrospective DUR have include d ATTACHMENT 3. Yes X No \_\_\_

**V. DUR BOARD ACTIVITY**

1. States have included a brief description of DUR Board activities During FFY 1999 as ATTACHMENT 4. Yes X No \_\_\_
2. States have included a brief description of policies used to encourage The use of therapeutically equivalent generic drugs as ATTACHMENT 5. Yes X No \_\_\_

**VI. PROGRAM EVALUATION/COST SAVINGS**

1. Did your State conduct a DUR program evaluation/cost savings Estimate in FFY 1999? Yes X No \_\_\_
2. Did you use Guidelines for Estimating the Impact of Medicaid DUR As the basis for developing your program evaluation/cost savings estimate? Yes \_\_\_ No X
3. Who conducted your program evaluation/cost savings estimate?  
EDS (Electronic Data Systems) and Eagle Managed Care
4. States have provided as ATTACHMENT 6 the program evaluations/ Cost savings estimates. Yes X No \_\_\_

# ATTACHMENT 1

## REPORT ON MONITORING OF COMPLIANCE WITH OBRA '90 PROSPECTIVE DUR REQUIREMENTS

The Indiana Board of Pharmacy, in coordination with Indiana Medicaid, promulgated patient counseling regulations (copy attached) that became effective January 1, 1993. These regulations ensure that prospective drug utilization review activities are offered by pharmacists. Indiana Medicaid does not require the use of the fiscal contractor's electronic claims management POS/pro-DUR system by Indiana Medicaid pharmacy providers, but those that do opt to utilize the system have the benefit of pro-DUR information at the point-of sale.

Since the Indiana Board of Pharmacy is the controlling authority over the patient counseling regulations, they monitor for compliance with same. Each pharmacy is inspected by Board of Pharmacy inspectors on an annual basis, and conformance with patient counseling requirements by the pharmacy is one of twenty-four criteria assessed by the inspector (copy of inspection form attached; reference element number 23). In addition, the Indiana Board of Pharmacy has requested that the Consumer Protection Division of the Indiana Office of the Attorney General forward directly to the Board of Pharmacy any and all consumer complaints regarding patient counseling activities. According to administrative personnel of the Board, there was one case filed by the Attorney General's office and heard before the Indiana Board of Pharmacy concerning failure to counsel. Upon review of the evidence, the case was dismissed.



# INDIANA BOARD OF PHARMACY INSPECTION REPORT

State Form 35890 (R4 / 3-95)

Name of pharmacy
Address (number and street, city, state, ZIP code)

Today's date and time	County	Telephone number	DEA number			
CSR number	I.D. number	Type	Total weekly hours	Gen. appearance	Open for bus.	
<b>NAMES OF PHARMACISTS EMPLOYED</b>		<b>LICENSE NO.</b>	<b>PRESENT</b>	<b>ABSENT</b>	<b>WEEKLY HOURS</b>	<b>LICENSE CURRENT</b>
<b>MANAGER</b>						
<b>OTHERS</b>						

	YES	NO
1. Are all certificates properly displayed, current and correct?		
2. Is the pharmacy equipped as required by law?		
3. Are Rx files properly kept? Including name and address of patient filed numerically and chronologically? Retained over a period of 2 years? Indicate type of filing system used:		
4. Are refills of Rx properly recorded? Where?		
5. Are Rxs being refilled beyond date of validity?		
6. Are refills being properly documented?		
7. If Sch II Emer. Rxs filled, are proper records kept?		
8. How do you handle return medications?		
9. Is proper Rx format used (i.e. generic law)? Are generic substitutions properly documented?		
10. Date of last biennial inventory:		
11. Are federal DEA order forms properly kept?		
12. Pharmacy documents (orders, invoices, sales to doctors) reviewed? Any deficiencies found? If yes, what?		
13. Schedule V register kept? Entries for the last 3 months:		
14. Are Schedule V sales controlled by the pharmacist?		
15. Are current reference books and laws available?		
16. Are pharmacy technicians used? How many?: Are pharmacy technicians operating within the scope of the law / regulations? Records of technicians and training reviewed?		
17. Are all pharmaceuticals in date and stored as required?		
18. Previous violations been corrected since last inspection?		
19. Is computer in use? Type:		
20. Are computer records properly kept? Including on line retrieval of Rx status? Printout of Rx order and refill data for each day's dispensing?		
21. Are all Rxs verified by pharmacist?		
22. Are Rx transfers properly performed?		
23. OBRA compliance? Are patient profiles maintained? Patient counseling being offered?		
24. Is practice of site consistent with permit type?		
Note irregularities in number or type of Rxs on file and other comments:		

Signature of owner, pharmacist or employee	Signature of inspector
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**Table 1**

**Prospective DUR Criteria  
Approved by Indiana DUR Board**

**Drug Pregnancy**

Severity Level X  
Severity Level D  
Severity Level 1

**High Dose**

Calcium Channel Blockers  
Oral Hypoglycemics  
Anti-Ulcer Agents/H<sub>2</sub> Antagonists  
Anti-Anxiety Agents  
NSAIDs

**Drug-Age/Pediatric**

Severity Level 1

**Therapeutic Duplication**

NSAIDs  
Salicylates  
ACE-Inhibitors  
Calcium Channel Blockers  
H<sub>2</sub> Receptor Antagonists  
Narcotic Analgesics  
Phenothiazines  
Antidepressants

**Overutilization (Early Refill)**

Narcotic Analgesics  
Calcium Channel Blockers  
Anti-Convulsants  
Xanthines  
Oral Hypoglycemics

**Underutilization (Late Refill)**

Xanthines  
ACE-Inhibitors  
Oral Hypoglycemics  
Anti-Convulsants

**Drug/Drug Interactions**

Severity Level 1

\*Please see Table 1.1 for approved Drug/Disease criteria.

**Table 1.1**

The DUR board chose to go with NDCs that infer a disease instead of using medical claims and ICD-9 diagnosis codes. Below is the criterion that was approved.

Drug-Disease Criteria

<u>INFERRED DISEASE</u>	<u>INFERRING DRUG(S)</u>	<u>DISEASE DURATION</u>	<u>CONTRAIND DRUG(S)</u>
Epilepsy	Mephenytoin	Lifetime	Bupropion Doxapram Maprotiline Metoclopramide Piperazine
Alcoholism	Disulfiram	Lifetime	Benzamphetamine Diethylpropion Fenfluramine MAO-Is Mazindol Pargyline Phendimetrazine Phentermine Procarbazine
Alzheimer's	Tacrine	Lifetime	Aluminum
Arrhythmias	Procainamide	Lifetime	Cyclobenzaprine
Calcium Renal Calculi Prophylaxis	Cellulose sodium Phosphate	Lifetime	Calcium phosphate Calcium carbonate Probenecid
Chronic Angina Pectoris	Bepriidil	Lifetime	Sumitriptan Yohimibine
Congestive Heart Failure	Amrinone Milrinone	Lifetime	Cyclobenzaprine MAO-Is Pargyline Procarbazine Sodium phos laxatives
Constipation	Laxatives	Finite	Aluminum
Cushing's Syndrome	Trilostane	Lifetime	Corticotropin

Drug-Disease Criteria (continued)

<u>INFERRED DISEASE</u>	<u>INFERRING DRUG(S)</u>	<u>DISEASE DURATION</u>	<u>CONTRAIND DRUG(S)</u>
Diabetes Mellitus	Antidiabetic Drugs Acetohexamide Glipizide Glyburide Tolbutamide Tolazamide, etc. Insulin	Lifetime	Lactulose
Diarrhea	Attapulgate Diphenoxylate/Atropine Kaolin/Pectin/Belladonna/ Opium/Paregoric Loperamide	Finite	Aluminum Magnesium Magaldrate Poliovirus vaccine Typhoid vacc (live,oral)
Hyperkalemia	Sodium Polystyrene Sulfonate	Lifetime	Amiloride Potassium/Sodium citrate Spironolactone Tricitrates Triamterene
Hypertension	Alseroxylon Benazapril-Amlodipine B-Blockers Plus: Bendroflumethiazide Chlorthalidone HCTZ Losarten Moexipril	Lifetime	Benzamphetamine Diethylpropion Fenfluramine Mazindol Phendimetrazine Phentermine Sodium phos laxatives Yohimbine
Hyperthyroidism	Methimazole Propylthiouracil	Lifetime	Benzamphetamine Cyclobenzaprine Diethylpropion Phendimetrazine Phentermine Ritodrine
Mental Depression	Amoxapine Bupropion MAO-Is Nortriptyline Venlafaxine	Lifetime	Alpha methyl dopa Clomiphene Non-selective Beta-blockers
Myasthenia gravis	Ambenonium	Lifetime	Orphenadrine
Parkinsonism	Carbidopa/Levodopa Levodopa Pergolide Selegiline	Lifetime	Haloperidol

Drug-Disease Criteria (continued)

<b><u>INFERRED DISEASE</u></b>	<b><u>INFERRING DRUG(S)</u></b>	<b><u>DISEASE DURATION</u></b>	<b><u>CONTRAIND DRUG(S)</u></b>
Peripheral Vascular Disease	Pentoxiphylline	Lifetime	Methylergonovine
Pheochromocytoma	Metyrosine	Lifetime	MAO-Is Metoclopramide Pargyline Procarbazine
Prostatic Cancer	Buserelin Estramustine Flutamide	Lifetime	Fluoxymesterone Methyltestosterone Nandrolone Oxandrolone Oxymetholone Stanozolol Testosterone
Psychotic disorders	Acetophenazine Molindone Promazine Thiothixene Trifluoperazine	Lifetime	Mazindol
Tuberculosis	Capreomycin Pyrazinamide	Lifetime	Rifabutin
Urinary tract infection	Cinoxacin Methenamine Naladixic acid Nitrofurantoin	Finite	BCG live Potassium/Sodium citrate Tricitrates
Ventricular arrhythmias	Encainide Esmolol Flecainide Mexiletine Morizizine Sotalol Tocainide	Lifetime	Bepridil
Wilson's Disease	Trientine	Lifetime	Copper supplements

## ATTACHMENT 2

The attached reports are year-end reports for prospective DUR. Below is a brief narrative of each of the reports and the information they contain.

**Report DUR-0011-A-(High Level Summary by DUR Screen)** This report shows each of the pro-DUR screenings that are performed for Indiana Medicaid. It shows the number of alerts that were set for each screen, the number of claims that were overridden by the pharmacist, the number of claims that were canceled due to the pro-DUR alert and the number of non-responses. Please note that a pharmacist has three days to respond to a pro-DUR alert before the system will remove the claim. After the three days, the prescription would need to be resubmitted and the pro-DUR alert overridden if the pharmacist still wanted to dispense the medication.

**Report DUR-0012-A-(Summary Data by Drug Involved in DUR Screening)** This report can show up to the top twenty-five therapeutic categories and drugs that set for each particular alert. The Indiana DUR board did not approve twenty-five therapeutic categories for each alert, so those alerts that list less than twenty-five show all the therapeutic categories approved by the board. The column titled “# Claims Screened” is the total number of claims that came in through the POS system for that particular therapeutic category and drug, but not all of the m set pro-DUR alerts.

**Report DUR-0013-A-(Prospective DUR Intervention/Outcome Summary)** This report shows the percentage of pro-DUR alerts that were either overridden or canceled based on each of the valid intervention codes for Indiana Medicaid. The only valid intervention codes for Indiana Medicaid are M0 (Prescriber consulted), P0 (Recipient consulted) or R0 (other source consulted).

**Report DUR-0014-A-(Summary Report of Intervention and Outcome Overrides by DUR Screen)** This report shows how many of each of the valid outcome codes were used with specific pro-DUR alerts and valid intervention codes.

**Report DUR-0015-A-(Summary Data by Drug Combination Involved in DUR Screening)** This report shows the drug combinations involved in the pro-DUR screening. It is listed by each alert, showing the therapeutic category approved by the DUR board for each alert and the two drugs involved in actually causing the pro-DUR alert to set. It is then broken out to show how many alerts were generated and whether they were overridden by the pharmacist, canceled or not responded to. The “# Claims Screened” column is the total number of claims that came through the POS system for that therapeutic category and drug, but not all of them set pro-DUR alerts.

Report: DUR-0011-A  
Process: DURJA205  
Location: DUR0011A

IndianaATM  
High Level Summary by DUR Screen  
Period: 10/9/1998 - 10/11/1999

Run Date: 10/11/1999  
Run Time: 19:35:55  
Page: 1

DUR Screen	# Alerts	# Overrides	# Cancellations	# Non-Responses	% of All DUR Alerts
DD	134,388	112,506	16	21,866	18.2
ER	100,377	77,684	140	22,551	13.6
HD	59,680	50,194	7	9,477	8.1
LR	88,938	78,730	9	10,198	12.1
MC	17,571	13,587	2	3,982	2.4
PA	632	561	0	71	0.1
PG	607	573	0	34	0.1
TD	335,318	288,779	183	46,336	45.5

\* \* END OF REPORT \* \*

Report: DUR-0012-A  
 Process: DURJA235  
 Location: DUR0012A

IndianaAIM  
 Summary Data by Drug Involved in DUR Screening  
 Period: 10/9/1998 - 10/11/1999

Run Date: 10/11/1999  
 Run Time: 19:36:03  
 Page: 1

DUR Screen	Therapeutic Category/ Drug(s) (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-Responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
DD							
	ABSORBABLE SULFONAMIDES	2,278	1,856	422	49,255	4.6	0.9
	SULFAMETHOXAZOLE/TRIMETHOPRIM	2,262	1,841	421	46,657	4.8	0.9
	ALDOSTERONE ANTAGONISTS (OBSOLETE)	4,601	3,886	715	12,572	36.6	5.7
	SPIRONOLACTONE	4,092	3,452	640	10,591	38.6	6.0
	ANALGESICS,SALICYLATES	2,067	1,403	664	67,903	3.0	1.0
	ASPIRIN	1,716	1,116	600	55,405	3.1	1.1
	ANTI-NARCOLEPSY/ANTI-HYPERKINESIS AGENTS	2,589	2,392	197	41,320	6.3	0.5
	METHYLPHENIDATE HCL	2,589	2,392	197	41,320	6.3	0.5
	ANTIARRHYTHMICS	3,075	2,550	525	7,923	38.8	6.6
	AMIODARONE HCL	2,016	1,651	365	4,203	48.0	8.7
	ANTIDEPRESSANTS	10,359	9,543	816	332,644	3.1	0.2
	AMITRIPTYLINE HCL	4,415	4,097	318	40,116	11.0	0.8
	IMIPRAMINE HCL	3,004	2,779	225	11,506	26.1	2.0
	BETA-ADRENERGIC AGENTS	10,047	9,113	934	129,727	7.7	0.7
	ALBUTEROL	5,182	4,772	410	54,860	9.4	0.7
	ALBUTEROL SULFATE	3,451	3,027	424	61,980	5.6	0.7
	DECARBOXYLASE INHIBITORS	2,133	1,531	602	12,411	17.2	4.9
	CARBIDOPA/LEVODOPA	2,133	1,531	602	12,411	17.2	4.9
	DIGITALIS GLYCOSIDES	3,201	2,742	459	41,154	7.8	1.1
	DIGOXIN	3,201	2,742	459	41,154	7.8	1.1
	HYPOTENSIVES, SYMPATHOLYTIC	3,696	3,193	503	29,938	12.3	1.7
	CLONIDINE HCL	3,680	3,181	499	29,087	12.7	1.7
	IMMUNOSUPPRESSIVES	2,980	2,593	387	4,697	63.4	8.2
	CYCLOSPORINE MICROEMULSION	1,666	1,530	136	2,747	60.6	5.0
	ORAL ANTICOAGULANTS,COUMARIN TYPE	10,625	7,556	3,069	31,320	33.9	9.8
	WARFARIN SODIUM	10,591	7,523	3,068	31,292	33.8	9.8
	POTASSIUM REPLACEMENT	9,177	7,914	1,263	115,054	8.0	1.1
	POTASSIUM CHLORIDE	8,836	7,641	1,195	111,945	7.9	1.1
	QUINOLONES	7,741	5,764	1,977	29,211	26.5	6.8
	CIPROFLOXACIN HCL	6,716	4,938	1,778	25,005	26.9	7.1
	SKELETAL MUSCLE RELAXANTS	3,024	2,782	242	53,687	5.6	0.5
	CYCLOBENZAPRINE HCL	3,015	2,773	242	23,079	13.1	1.0
	TETRACYCLINES	3,346	2,682	664	18,462	18.1	3.6
	DOXYCYCLINE HYCLATE	1,911	1,572	339	10,220	18.7	3.3
	THIAZIDE AND RELATED DIURETICS	6,938	5,956	982	193,920	3.6	0.5
	HCTZ/TRIAMTERENE	5,205	4,493	712	18,159	28.7	3.9
	THYROID HORMONES	4,178	2,941	1,237	88,706	4.7	1.4
	LEVOTHYROXINE SODIUM	4,000	2,798	1,202	84,715	4.7	1.4
ER							
	ANALGESICS,NARCOTICS	38,001	29,551	8,448	438,981	8.7	1.9
	HYDROCODONE BITARTRATE/APAP	16,802	13,049	3,753	166,173	10.1	2.3
	PROPOXYPHENE NAPSYLATE/APAP	9,354	6,901	2,453	108,037	8.7	2.3

Report: DUR-0012-A  
 Process: DURJA235  
 Location: DUR0012A

IndianaAIM  
 Summary Data by Drug Involved in DUR Screening  
 Period: 10/9/1998 - 10/11/1999

Run Date: 10/11/1999  
 Run Time: 19:36:03  
 Page: 2

DUR Screen	Therapeutic Category/ Drug(s) (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-Responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
ER	ANALGESICS,NARCOTICS	38,001	29,551	8,448	438,981	8.7	1.9
	CODEINE PHOSPHATE/APAP	3,651	2,753	898	58,344	6.3	1.5
	OXYCODONE HCL	2,287	1,976	310	13,299	17.2	2.3
	FENTANYL	1,411	1,141	270	10,329	13.7	2.6
	OXYCODONE HCL/ACETAMINOPHEN	1,348	1,116	232	12,883	10.5	1.8
	ANTICONVULSANTS	34,575	26,445	8,130	189,643	18.2	4.3
	DIVALPROEX SODIUM	12,072	9,512	2,560	66,581	18.1	3.8
	PHENYTOIN SODIUM EXTENDED	6,742	5,037	1,705	37,880	17.8	4.5
	GABAPENTIN	5,698	4,535	1,163	32,901	17.3	3.5
	CARBAMAZEPINE	3,994	2,921	1,073	21,693	18.4	4.9
	PHENYTOIN	2,592	1,711	881	11,696	22.2	7.5
	VALPROATE SODIUM	1,359	1,057	302	5,762	23.6	5.2
	CALCIUM CHANNEL BLOCKING AGENTS	13,118	9,977	3,141	107,122	12.2	2.9
	DILTIAZEM HCL	4,606	3,551	1,055	39,066	11.8	2.7
	NIFEDIPINE	4,407	3,300	1,107	34,771	12.7	3.2
	VERAPAMIL HCL	1,755	1,360	395	13,963	12.6	2.8
	AMLODIPINE BESYLATE	1,239	937	302	11,168	11.1	2.7
	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	10,754	8,530	2,224	62,912	17.1	3.5
	GLIPIZIDE	5,712	4,513	1,199	33,818	16.9	3.5
	GLYBURIDE	3,513	2,814	699	19,851	17.7	3.5
	GLYBURIDE,MICRONIZED	1,265	989	276	7,551	16.8	3.7
	XANTHINES	3,884	3,144	740	28,390	13.7	2.6
	THEOPHYLLINE ANHYDROUS	3,848	3,113	735	28,059	13.7	2.6
HD	ANALGESICS,NARCOTICS	43,593	38,470	5,121	438,981	9.9	1.2
	HYDROCODONE BITARTRATE/APAP	37,002	32,702	4,298	166,173	22.3	2.6
	CODEINE PHOSPHATE/APAP	4,400	3,738	662	58,344	7.5	1.1
	OXYCODONE HCL/ACETAMINOPHEN	1,483	1,372	111	12,883	11.5	0.9
	CODEINE PHOS/ASA/CAFFEIN/BUTAL	538	501	37	2,193	24.5	1.7
	ANTI-ANXIETY DRUGS	1,563	1,332	231	229,172	0.7	0.1
	DIAZEPAM	1,204	1,043	161	37,258	3.2	0.4
	ANTI-ULCER PREPARATIONS	1,885	1,555	330	135,264	1.4	0.2
	SUCRALFATE	1,514	1,249	265	3,661	41.4	7.2
	OMEPRAZOLE	226	197	29	79,588	0.3	0.0
	CALCIUM CHANNEL BLOCKING AGENTS	2,824	1,403	1,421	107,122	2.6	1.3
	DILTIAZEM HCL	1,317	607	710	39,066	3.4	1.8
	NIFEDIPINE	802	472	330	34,771	2.3	0.9
	AMLODIPINE BESYLATE	462	179	283	11,168	4.1	2.5
	HISTAMINE H2 INHIBITORS	2,889	1,558	1,331	82,791	3.5	1.6
	NIZATIDINE	2,349	1,092	1,257	30,388	7.7	4.1
	FAMOTIDINE	289	237	52	28,877	1.0	0.2
	RANITIDINE HCL	222	204	18	13,762	1.6	0.1

Report: DUR-0012-A  
 Process: DURJA235  
 Location: DUR0012A

IndianaAIM  
 Summary Data by Drug Involved in DUR Screening  
 Period: 10/9/1998 - 10/11/1999

Run Date: 10/11/1999  
 Run Time: 19:36:03  
 Page: 3

DUR Screen	Therapeutic Category/ Drug(s) (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-Responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
HD							
	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	1,351	1,084	267	62,912	2.1	0.4
	GLYBURIDE	890	683	207	19,851	4.5	1.0
	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	5,513	4,758	755	135,206	4.1	0.6
	IBUPROFEN	2,462	2,149	313	47,349	5.2	0.7
	NAPROXEN SODIUM	1,123	1,015	108	9,891	11.4	1.1
	NAPROXEN	466	418	48	17,038	2.7	0.3
	KETOROLAC TROMETHAMINE	344	315	29	1,336	25.7	2.2
	KETOPROFEN	260	207	53	3,901	6.7	1.4
	DICLOFENAC SODIUM	235	159	76	4,855	4.8	1.6
LR							
	ANTICONVULSANTS	43,926	38,096	5,830	189,643	23.2	3.1
	DIVALPROEX SODIUM	15,062	13,506	1,556	66,581	22.6	2.3
	PHENYTOIN SODIUM EXTENDED	8,517	7,369	1,148	37,880	22.5	3.0
	GABAPENTIN	7,531	6,809	722	32,901	22.9	2.2
	CARBAMAZEPINE	4,678	4,012	666	21,693	21.6	3.1
	PHENYTOIN	3,328	2,295	1,033	11,696	28.5	8.8
	VALPROATE SODIUM	1,990	1,553	437	5,762	34.5	7.6
	PRIMIDONE	1,042	918	124	4,945	21.1	2.5
	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	12,118	10,987	1,131	62,912	19.3	1.8
	GLIPIZIDE	6,305	5,774	531	33,818	18.6	1.6
	GLYBURIDE	4,006	3,571	435	19,851	20.2	2.2
	GLYBURIDE, MICRONIZED	1,438	1,299	139	7,551	19.0	1.8
	HYPOTENSIVES, ACE BLOCKING TYPE	26,017	23,335	2,681	141,979	18.3	1.9
	LISINAPRIL	7,449	6,653	796	42,421	17.6	1.9
	ENALAPRIL MALEATE	6,123	5,498	625	31,682	19.3	2.0
	QUINAPRIL HCL/MAG CARB	2,866	2,513	352	17,245	16.6	2.0
	BENAZEPRIL HCL	1,954	1,786	168	11,058	17.7	1.5
	FOSINOPRIL SODIUM	1,412	1,242	170	8,048	17.5	2.1
	CAPTOPRIL	1,364	1,196	168	6,057	22.5	2.8
	LISINOPRIL/HYDROCHLOROTHIAZIDE	1,291	1,187	104	6,762	19.1	1.5
	RAMIPRIL	956	878	78	5,457	17.5	1.4
	BENAZEPRIL HCL/AMLOD BS	936	851	85	4,752	19.7	1.8
	XANTHINES	6,775	6,211	564	28,390	23.9	2.0
	THEOPHYLLINE ANHYDROUS	6,670	6,115	555	28,059	23.8	2.0
MC							
	AMMONIA INHIBITORS	1,902	1,295	607	13,446	14.1	4.5
	LACTULOSE	1,902	1,295	607	13,431	14.2	4.5
	ANALGESICS, SALICYLATES	325	203	122	67,903	0.5	0.2
	ASA/CALCIUM CARB/MAGNESIUM/ALH	263	199	64	1,013	26.0	6.3
	ANTACIDS	5,907	4,336	1,571	19,303	30.6	8.1
	MAG HYDROX/AL HYDROX/SIMETH	4,004	2,890	1,114	9,951	40.2	11.2

Report: DUR-0012-A  
 Process: DURJA235  
 Location: DUR0012A

IndianaAIM  
 Summary Data by Drug Involved in DUR Screening  
 Period: 10/9/1998 - 10/11/1999

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DUR Screen	Therapeutic Category/ Drug(s) (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-Responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
MC							
	ANTACIDS	5,907	4,336	1,571	19,303	30.6	8.1
	MAGNESIUM HYDROXIDE/AL HYDROX	1,029	724	305	3,024	34.0	10.1
	MAG CARB/AL HYDROX/ALGINIC AC	480	386	94	1,112	43.2	8.5
	ALUMINUM HYDROXIDE	167	153	14	815	20.5	1.7
	ANTI-NARCOLEPSY/ANTI-HYPERKINESIS AGENTS	1,188	1,025	163	41,320	2.9	0.4
	METHYLPHENIDATE HCL	1,188	1,025	163	41,320	2.9	0.4
	ANTI-PSYCHOTICS, NON-PHENOTHIAZINES	265	207	58	18,230	1.5	0.3
	HALOPERIDOL	164	126	38	15,372	1.1	0.2
	ANTIMIGRAINE PREPARATIONS	551	499	52	8,081	6.8	0.6
	SUMATRIPTAN SUCCINATE	432	391	41	5,955	7.3	0.7
	COUGH AND/OR COLD PREPARATIONS	228	195	33	106,696	0.2	0.0
	D-METHORPHAN HB/PPA HCL/BPM	161	143	18	15,541	1.0	0.1
	EXPECTORANTS	529	447	82	27,746	1.9	0.3
	GUAIFENESIN/PPA HCL	515	435	80	14,287	3.6	0.6
	HEMATINICS, OTHER	144	122	22	1,710	8.4	1.3
	EPOETIN ALFA	144	122	22	1,710	8.4	1.3
	HYPOTENSIVES, ACE BLOCKING TYPE	1,044	681	363	141,979	0.7	0.3
	QUINAPRIL HCL/MAG CARB	1,044	681	363	17,245	6.1	2.1
	INTESTINAL MOTILITY STIMULANTS	988	770	218	45,936	2.2	0.5
	METOCLOPRAMIDE HCL	725	560	165	11,000	6.6	1.5
	CISAPRIDE MONOHYDRATE	263	210	53	34,936	0.8	0.2
	LAXATIVES AND CATHARTICS	777	701	76	25,563	3.0	0.3
	LACTULOSE	763	693	70	5,871	13.0	1.2
	MAGNESIUM SALTS REPLACEMENT	398	303	95	3,445	11.6	2.8
	MAGNESIUM CHLORIDE	152	101	51	1,886	8.1	2.7
	ORAL ANTICOAGULANTS, COUMARIN TYPE	2,236	1,899	337	31,320	7.1	1.1
	WARFARIN SODIUM	2,236	1,899	337	31,292	7.1	1.1
	PLATELET AGGREGATION INHIBITORS	323	290	33	2,892	11.2	1.1
	CLOPIDOGREL BISULFATE	291	260	31	2,338	12.4	1.3
	SKELETAL MUSCLE RELAXANTS	190	153	37	53,687	0.4	0.1
	CYCLOBENZAPRINE HCL	190	153	37	23,079	0.8	0.2
PA							
	ACNE AGENTS, SYSTEMIC	125	110	15	467	26.8	3.2
	ISOTRETINOIN	125	110	15	467	26.8	3.2
	ANDROGENIC AGENTS	12	10	2	981	1.2	0.2
	TESTOSTERONE CYPIONATE	8	7	1	191	4.2	0.5
	OXANDROLONE	2	1	1	185	1.1	0.5
	TESTOSTERONE PROPIONATE	1	1	0	16	6.3	0.0
	ANTICONVULSANTS	254	235	19	189,643	0.1	0.0
	VALPROATE SODIUM	171	163	8	5,762	3.0	0.1
	DIVALPROEX SODIUM	55	47	8	66,581	0.1	0.0
	LAMOTRIGINE	28	25	3	320	8.8	0.9

Report: DUR-0012-A  
 Process: DURJA235  
 Location: DUR0012A

IndianaAIM  
 Summary Data by Drug Involved in DUR Screening  
 Period: 10/9/1998 - 10/11/1999

Run Date: 10/11/1999  
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DUR Screen	Therapeutic Category/ Drug(s) (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-Responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
PA	ANTIHIISTAMINES	56	52	4	65,166	0.1	0.0
	P-EPHED HCL/CARBINOX MAL	38	35	3	4,754	0.8	0.1
	DIPHENHYDRAMINE HCL	17	16	1	22,623	0.1	0.0
	PPA HCL/PYRIL MAL/P-TLOX/PNM	1	1	0	2,201	0.0	0.0
	ANTIMALARIAL DRUGS	6	4	2	35	17.1	5.7
	CHLOROQUINE PHOSPHATE	6	4	2	34	17.6	5.9
	ANTIVIRALS, HIV-SPECIFIC	10	9	1	2,027	0.5	0.0
	ZIDOVUDINE/LAMIVUDINE	10	9	1	1,444	0.7	0.1
	COUGH AND/OR COLD PREPARATIONS	15	15	0	106,696	0.0	0.0
	PHENYLEPH TAN/PYRIL TAN	10	10	0	14	71.4	0.0
	P-EPHED HCL/COD PHOS/TRIPROL	5	5	0	125	4.0	0.0
	FOLLICLE STIM./LUTEINIZING HORMONES	8	8	0	8	100.0	0.0
	GONADOTROPIN, CHORIONIC, HUMAN	8	8	0	8	100.0	0.0
	QUINOLONES	146	118	28	29,211	0.5	0.1
	OFLOXACIN	137	111	26	2,622	5.2	1.0
	NORFLOXACIN	5	3	2	827	0.6	0.2
	CIPROFLOXACIN LACTATE/D5W	2	2	0	14	14.3	0.0
	CIPROFLOXACIN LACTATE	1	1	0	5	20.0	0.0
	NALIDIXIC ACID	1	1	0	12	8.3	0.0
PG	ABSORBABLE SULFONAMIDES	37	36	1	49,255	0.1	0.0
	SULFAMETHOXAZOLE/TRIMETHOPRIM	37	36	1	46,657	0.1	0.0
	ANTI-ANXIETY DRUGS	107	104	3	229,172	0.0	0.0
	ALPRAZOLAM	72	69	3	67,656	0.1	0.0
	DIAZEPAM	26	26	0	37,258	0.1	0.0
	MEPROBAMATE	9	9	0	1,655	0.5	0.0
	ANTICONVULSANTS	86	82	4	189,643	0.0	0.0
	DIVALPROEX SODIUM	37	36	1	66,581	0.1	0.0
	PHENYTOIN SODIUM EXTENDED	21	21	0	37,880	0.1	0.0
	CARBAMAZEPINE	20	18	2	21,693	0.1	0.0
	PHENYTOIN	6	6	0	11,696	0.1	0.0
	ANTIPLATULENTS	9	9	0	1,773	0.5	0.0
	SIMETHICONE	9	9	0	1,773	0.5	0.0
	BARBITURATES	22	22	0	21,652	0.1	0.0
	PHENOBARBITAL	15	15	0	21,348	0.1	0.0
	CONTRACEPTIVES, INJECTABLE	20	19	1	3,550	0.6	0.0
	MEDROXYPROGESTERONE ACET	20	19	1	3,550	0.6	0.0
	CONTRACEPTIVES, ORAL	20	18	2	36,511	0.1	0.0
	LEVONORGESTREL-ETH ESTRA	20	18	2	7,610	0.3	0.0
	ESTROGENIC AGENTS	27	27	0	61,721	0.0	0.0
	ESTROGENS, CONJUGATED	20	20	0	49,599	0.0	0.0
	HYPOTENSIVES, ACE BLOCKING TYPE	60	57	3	141,979	0.0	0.0
	LISINAPRIL	30	27	3	42,421	0.1	0.0

Report: DUR-0012-A  
 Process: DURJA235  
 Location: DUR0012A

IndianaAIM  
 Summary Data by Drug Involved in DUR Screening  
 Period: 10/9/1998 - 10/11/1999

Run Date: 10/11/1999  
 Run Time: 19:36:03  
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DUR Screen	Therapeutic Category/ Drug(s) (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-Responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
PG	HYPOTENSIVES, ACE BLOCKING TYPE	60	57	3	141,979	0.0	0.0
	ENALAPRIL MALEATE	13	13	0	31,682	0.0	0.0
	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	6	6	0	135,206	0.0	0.0
	DICLOFENAC SODIUM/MISOPROSTOL	6	6	0	11,429	0.1	0.0
	PROGESTATIONAL AGENTS	13	12	1	8,858	0.1	0.0
	MEDROXYPROGESTERONE ACET	13	12	1	8,858	0.1	0.0
	SEDATIVE-HYPNOTICS, NON-BARBITURATE	16	16	0	23,632	0.1	0.0
	TEMAZEPAM	16	16	0	18,190	0.1	0.0
	SKELETAL MUSCLE RELAXANTS	16	14	2	53,687	0.0	0.0
	CARISOPRODOL	16	14	2	27,005	0.1	0.0
	TRICHOMONACIDES	135	122	13	11,373	1.2	0.1
	METRONIDAZOLE	135	122	13	11,358	1.2	0.1
TD	ANALGESICS, NARCOTICS	127,627	111,745	15,868	438,981	29.1	3.6
	HYDROCODONE BITARTRATE/APAP	46,305	39,573	6,726	166,173	27.9	4.0
	PROPOXYPHENE NAPSYLATE/APAP	16,549	14,439	2,109	108,037	15.3	2.0
	TRAMADOL HCL	12,427	11,141	1,286	44,806	27.7	2.9
	OXYCODONE HCL	11,272	10,522	749	13,299	84.8	5.6
	CODEINE PHOSPHATE/APAP	9,318	7,777	1,537	58,344	16.0	2.6
	MORPHINE SULFATE	9,145	8,145	1,000	9,070	100.8	11.0
	FENTANYL	8,339	7,262	1,077	10,329	80.7	10.4
	OXYCODONE HCL/ACETAMINOPHEN	6,399	5,762	637	12,883	49.7	4.9
	ANTI-ANXIETY DRUGS	42,416	34,757	7,659	229,172	18.5	3.3
	ALPRAZOLAM	10,556	8,511	2,045	67,656	15.6	3.0
	LORAZEPAM	10,077	7,793	2,284	56,789	17.7	4.0
	DIAZEPAM	6,393	5,349	1,044	37,258	17.2	2.8
	HYDROXYZINE HCL	4,895	4,232	663	21,102	23.2	3.1
	ANTI-PSYCHOTICS, PHENOTHIAZINES	13,873	11,072	2,801	44,237	31.4	6.3
	THIORIDAZINE HCL	7,094	5,781	1,313	19,613	36.2	6.7
	ANTIDEPRESSANTS	120,871	106,480	14,391	332,644	36.3	4.3
	TRAZODONE HCL	23,619	20,747	2,872	39,518	59.8	7.3
	FLUOXETINE HCL	20,305	18,051	2,254	67,111	30.3	3.4
	AMITRIPTYLINE HCL	16,826	15,042	1,784	40,116	41.9	4.4
	SERTRALINE HCL	14,903	12,787	2,116	59,462	25.1	3.6
	VENLAFAXINE HCL	10,512	9,238	1,274	21,157	49.7	6.0
	PAROXETINE HCL	8,225	7,273	952	36,468	22.6	2.6
	DOXEPIN HCL	5,764	5,158	606	12,771	45.1	4.7

\* \* END OF REPORT \* \*

Report: DUR-0013-A  
Process: DURJA210  
Location: DUR0013A

IndianaAIM  
Prospective DUR Intervention/Outcome Summary  
Period: 10/9/1998 - 10/11/1999

Run Date: 10/11/1999  
Run Time: 19:35:58  
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DUR Screen	Prescriber Consulted (M0)		Patient Consulted (P0)		Other Source Consulted (R0)	
	% Overrides	% Cancellations	% Overrides	% Cancellations	% Overrides	% Cancellations
DD	38.7	0.0	6.3	0.0	38.7	0.0
ER	33.6	0.0	7.0	0.1	36.7	0.0
HD	35.1	0.0	6.4	0.0	42.6	0.0
LR	34.7	0.0	10.9	0.0	42.9	0.0
MC	36.1	0.0	4.6	0.0	36.7	0.0
PA	41.6	0.0	6.0	0.0	41.1	0.0
PG	34.1	0.0	7.4	0.0	52.9	0.0
TD	39.1	0.0	6.4	0.0	40.6	0.0

\* \* END OF REPORT \* \*

Report: DUR-0014-A  
 Process: DURJA215  
 Location: DUR0014A

IndianaAIM  
 Summary Report of Intervention and Outcome Overrides by DUR Screen  
 Period: 10/9/1998 - 10/11/1999

Run Date: 10/11/1999  
 Run Time: 19:36:00  
 Page: 1

DUR Screen	1A False Positive	1B Filled As Is	1C Diff Dose	1D Diff Direct	1E Diff Drug	1F Diff Qty	1G Prescriber Approval
DD	6,056	84,519	52	225	88	26	21,540
Prescriber							
Consulted	2,288	31,063	10	163	46	19	18,423
Patient							
Consulted	618	7,283	2	18	2	0	588
Other Source							
Consulted	3,150	46,173	40	44	40	7	2,529
ER	3,442	59,019	145	1,776	77	23	13,202
Prescriber							
Consulted	1,015	19,756	81	1,682	9	19	11,165
Patient							
Consulted	714	5,969	5	24	0	0	364
Other Source							
Consulted	1,713	33,294	59	70	68	4	1,673
HD	2,012	38,213	52	524	50	11	9,332
Prescriber							
Consulted	657	12,231	15	465	24	5	7,565
Patient							
Consulted	271	3,140	4	10	3	0	403
Other Source							
Consulted	1,084	22,842	33	49	23	6	1,364
LR	2,994	61,859	36	989	83	18	12,751
Prescriber							
Consulted	801	18,664	13	922	10	12	10,410
Patient							
Consulted	684	8,522	4	38	0	0	459
Other Source							
Consulted	1,509	34,673	19	29	73	6	1,882
MC	800	9,833	9	514	10	4	2,417
Prescriber							
Consulted	184	3,487	0	508	8	3	2,150
Patient							
Consulted	92	645	1	1	0	0	65
Other Source							
Consulted	524	5,701	8	5	2	1	202

Report: DUR-0014-A  
 Process: DURJA215  
 Location: DUR0014A

IndianaAIM  
 Summary Report of Intervention and Outcome Overrides by DUR Screen  
 Period: 10/9/1998 - 10/11/1999

Run Date: 10/11/1999  
 Run Time: 19:36:00  
 Page: 2

DUR Screen	1A False Positive	1B Filled As Is	1C Diff Dose	1D Diff Direct	1E Diff Drug	1F Diff Qty	1G Prescriber Approval
PA	18	442	1	0	1	0	99
Prescriber							
Consulted	12	174	1	0	1	0	75
Patient							
Consulted	1	37	0	0	0	0	0
Other Source							
Consulted	5	231	0	0	0	0	24
PG	27	467	0	0	1	0	78
Prescriber							
Consulted	6	149	0	0	1	0	51
Patient							
Consulted	1	31	0	0	0	0	13
Other Source							
Consulted	20	287	0	0	0	0	14
TD	12,678	218,013	469	3,696	645	48	53,230
Prescriber							
Consulted	4,392	77,302	277	3,608	351	34	45,149
Patient							
Consulted	1,821	18,008	51	24	46	1	1,654
Other Source							
Consulted	6,465	122,703	141	64	248	13	6,427

\* \* END OF REPORT \* \*

Report: DUR-0015-A  
 Process: DURJA240  
 Location: DUR0015A

IndianaAIM  
 Summary Data by Drug Combination Involved in DUR Screening  
 Period: 10/9/1998 - 10/11/1999

Run Date: 10/11/1999  
 Run Time: 19:36:09  
 Page: 1

DUR Screen	Therapeutic Category/ Drug Combo (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
DD							
	ABSORBABLE SULFONAMIDES	2,278	1,856	422	49,255	4.6	0.9
	SULFAMETHOXAZOLE/TRIMETHOPRIM	2,262	1,841	421	46,657	4.8	0.9
	WARFARIN SODIUM	887	587	300		1.9	0.6
	CYCLOSPORINE MICROEMULSION	863	802	61		1.8	0.1
	CYCLOSPORINE	512	452	60		1.1	0.1
	ALDOSTERONE ANTAGONISTS (OBSOLETE)	4,601	3,886	715	12,572	36.6	5.7
	SPIRONOLACTONE	4,092	3,452	640	10,591	38.6	6.0
	POTASSIUM CHLORIDE	3,908	3,282	626		36.9	5.9
	POTASSIUM BICARBONATE/CIT AC	116	109	7		1.1	0.1
	POT CHLORIDE/POT BICARB/CIT AC	29	27	2		0.3	0.0
	POT BICARB/POTASSIUM CIT/CA	25	22	3		0.2	0.0
	POTASSIUM GLUCONATE	10	8	2		0.1	0.0
	CITRIC ACID/POTASSIUM CITRATE	4	4	0		0.0	0.0
	ANALGESICS,SALICYLATES	2,067	1,403	664	67,903	3.0	1.0
	ASPIRIN	1,716	1,116	600	55,405	3.1	1.1
	WARFARIN SODIUM	1,406	888	518		2.5	0.9
	METHOTREXATE SODIUM	181	144	37		0.3	0.1
	ENOXAPARIN SODIUM	65	46	19		0.1	0.0
	HEPARIN SODIUM,PORCINE	58	32	26		0.1	0.0
	HEP NA,PORCINE/NA CHLOR 0.9%	3	3	0		0.0	0.0
	HEPARIN SODIUM,BEEF	3	3	0		0.0	0.0
	ANTI-NARCOLEPSY/ANTI-HYPERKINESIS AGENTS	2,589	2,392	197	41,320	6.3	0.5
	METHYLPHENIDATE HCL	2,589	2,392	197	41,320	6.3	0.5
	IMIPRAMINE HCL	1,712	1,588	124		4.1	0.3
	AMITRIPTYLINE HCL	360	328	32		0.9	0.1
	NORTRIPTYLINE HCL	239	221	18		0.6	0.0
	DOXEPIN HCL	108	103	5		0.3	0.0
	AMITRIPTYLINE HCL/PERPHENAZINE	34	33	1		0.1	0.0
	DESIPRAMINE HCL	34	29	5		0.1	0.0
	CYCLOBENZAPRINE HCL	30	29	1		0.1	0.0
	IMIPRAMINE PAMOATE	23	20	3		0.1	0.0
	AMOXAPINE	22	17	5		0.1	0.0
	CLOMIPRAMINE HCL	19	16	3		0.0	0.0
	PHENELZINE SULFATE	4	4	0		0.0	0.0
	SELEGILINE HCL	3	3	0		0.0	0.0
	AMITRIP HCL/CHLORDIAZEPOXIDE	1	1	0		0.0	0.0
	ANTIARRHYTHMICS	3,075	2,550	525	7,923	38.8	6.6
	AMIODARONE HCL	2,016	1,651	365	4,203	48.0	8.7
	DIGOXIN	1,135	977	158		27.0	3.8
	WARFARIN SODIUM	881	674	207		21.0	4.9
	ANTIDEPRESSANTS	10,359	9,543	816	332,644	3.1	0.2
	AMITRIPTYLINE HCL	4,415	4,097	318	40,116	11.0	0.8
	ALBUTEROL	1,054	991	63		2.6	0.2
	ALBUTEROL SULFATE	822	727	95		2.0	0.2

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DUR Screen	Therapeutic Category/ Drug Combo (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
DD	ANTI-DEPRESSANTS	10,359	9,543	816	332,644	3.1	0.2
	AMITRIPTYLINE HCL	4,415	4,097	318	40,116	11.0	0.8
	GUAIFENESIN/PPA HCL	388	361	27		1.0	0.1
	SALMETEROL XINAFOATE	364	345	19		0.9	0.0
	METHYLPHENIDATE HCL	350	333	17		0.9	0.0
	P-EPHED SUL/LORATADINE	341	324	17		0.9	0.0
	GUAIFENESIN/P-EPHED HCL	233	219	14		0.6	0.0
	AMPHET ASP/AMPHET/D-AMPHET	195	189	6		0.5	0.0
	PSEUDOEPHEDRINE HCL/CHLOR-MAL	97	96	1		0.2	0.0
	PHENYLEPH TAN/PYRIL TAN/CP	75	70	5		0.2	0.0
	PSEUDOEPHEDRINE SULFATE/AZATA	58	53	5		0.1	0.0
	PPA HCL/CHLOR-MAL	48	46	2		0.1	0.0
	PHENYLEPH HCL/CHLOR-MAL/SCOP	46	32	14		0.1	0.0
	P-EPHED HCL/BR-PHENIR MAL	37	37	0		0.1	0.0
	TERBUTALINE SULFATE	30	25	5		0.1	0.0
	D-METHORPHAN HB/PPA HCL/BPM	26	23	3		0.1	0.0
	PSEUDOEPHEDRINE HCL	26	19	7		0.1	0.0
	D-METHORPHAN HB/P-EPD HC/BPM	20	20	0		0.0	0.0
	PHENYLEPHRINE HCL/COD/PROMETH	20	20	0		0.0	0.0
	PPA HCL/CHLOR-MAL/SCOPOLAMINE	17	17	0		0.0	0.0
	IMIPRAMINE HCL	3,004	2,779	225	11,506	26.1	2.0
	METHYLPHENIDATE HCL	1,637	1,512	125		14.2	1.1
	AMPHET ASP/AMPHET/D-AMPHET	748	702	46		6.5	0.4
	ALBUTEROL	199	190	9		1.7	0.1
	ALBUTEROL SULFATE	91	80	11		0.8	0.1
	GUAIFENESIN/PPA HCL	64	61	3		0.6	0.0
	PHENYLEPH TAN/PYRIL TAN/CP	56	43	13		0.5	0.1
	SALMETEROL XINAFOATE	40	34	6		0.3	0.1
	P-EPHED SUL/LORATADINE	37	35	2		0.3	0.0
	GUAIFENESIN/P-EPHED HCL	30	29	1		0.3	0.0
	PHENYLEPH HCL/CHLOR-MAL/SCOP	14	14	0		0.1	0.0
	D-METHORPHAN HB/PPA HCL/BPM	13	13	0		0.1	0.0
	GUAIFEN/D-METHORPHAN HB/PPA	10	10	0		0.1	0.0
	P-EPHED HCL/BR-PHENIR MAL	10	10	0		0.1	0.0
	PPA HCL/CHLOR-MAL	9	6	3		0.1	0.0
	PSEUDOEPHEDRINE HCL	7	6	1		0.1	0.0
	DM HB/P-EPHED HCL/CARBINOX	5	4	1		0.0	0.0
	METHAMPHETAMINE HCL	5	5	0		0.0	0.0
	PHENYLEPH HCL/HYDROCOD BIT/CP	5	3	2		0.0	0.0
	PHENYLEPHRINE HCL/COD/PROMETH	3	3	0		0.0	0.0
	PHENYLEPHRINE HCL/COD/PYRIL	3	3	0		0.0	0.0
	BETA-ADRENERGIC AGENTS	10,047	9,113	934	129,727	7.7	0.7
	ALBUTEROL	5,182	4,772	410	54,860	9.4	0.7
	AMITRIPTYLINE HCL	2,244	2,085	159		4.1	0.3

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DUR Screen	Therapeutic Category/ Drug Combo (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
DD	BETA-ADRENERGIC AGENTS	10,047	9,113	934	129,727	7.7	0.7
	ALBUTEROL	5,182	4,772	410	54,860	9.4	0.7
	CYCLOBENZAPRINE HCL	1,066	969	97		1.9	0.2
	DOXEPIN HCL	656	596	60		1.2	0.1
	NORTRIPTYLINE HCL	365	332	33		0.7	0.1
	AMITRIPTYLINE HCL/PERPHENAZINE	358	332	26		0.7	0.0
	IMIPRAMINE HCL	297	281	16		0.5	0.0
	DESIPRAMINE HCL	60	43	17		0.1	0.0
	AMITRIP HCL/CHLORDIAZEPOXIDE	44	43	1		0.1	0.0
	AMOXAPINE	43	42	1		0.1	0.0
	CLOMIPRAMINE HCL	24	24	0		0.0	0.0
	IMIPRAMINE PAMOATE	14	14	0		0.0	0.0
	PROTRIPTYLINE HCL	10	10	0		0.0	0.0
	TRIMIPRAMINE MALEATE	1	1	0		0.0	0.0
	ALBUTEROL SULFATE	3,451	3,027	424	61,980	5.6	0.7
	AMITRIPTYLINE HCL	1,564	1,416	148		2.5	0.2
	CYCLOBENZAPRINE HCL	691	623	68		1.1	0.1
	DOXEPIN HCL	415	343	72		0.7	0.1
	NORTRIPTYLINE HCL	291	255	36		0.5	0.1
	IMIPRAMINE HCL	246	208	38		0.4	0.1
	AMITRIPTYLINE HCL/PERPHENAZINE	161	105	56		0.3	0.1
	DESIPRAMINE HCL	41	36	5		0.1	0.0
	AMITRIP HCL/CHLORDIAZEPOXIDE	16	16	0		0.0	0.0
	CLOMIPRAMINE HCL	9	9	0		0.0	0.0
	TRIMIPRAMINE MALEATE	8	8	0		0.0	0.0
	AMOXAPINE	4	4	0		0.0	0.0
	IMIPRAMINE PAMOATE	3	2	1		0.0	0.0
	PROTRIPTYLINE HCL	2	2	0		0.0	0.0
	DECARBOXYLASE INHIBITORS	2,133	1,531	602	12,411	17.2	4.9
	CARBIDOPA/LEVODOPA	2,133	1,531	602	12,411	17.2	4.9
	FERROUS SULFATE	440	293	147		3.5	1.2
	MULTIVITS W-IRON,HEMATINIC	389	352	37		3.1	0.3
	MULTIVITAMINS W-IRON	261	85	176		2.1	1.4
	MULTIVITS W-FE,OTHER MIN	248	168	80		2.0	0.6
	MULTIVITS, THERAP W-FE, HEMATIN	142	112	30		1.1	0.2
	MULTIVITS, TH W-FE, OTHER MIN	115	88	27		0.9	0.2
	FE P-SAC CMLX/VIT B12/FA	102	88	14		0.8	0.1
	MULTIVITS, TH W-CA, FE, OTH MIN	95	85	10		0.8	0.1
	FE FUMARATE/DOSS/FA/BCOMP&C	52	40	12		0.4	0.1
	FE FUMARATE/VIT C/B12-IF/FA	52	33	19		0.4	0.2
	IRON POLYSACCHARIDES COMPLEX	49	46	3		0.4	0.0
	FERROUS SULFATE/FA/VIT BCOMP&C	38	26	12		0.3	0.1
	PRENATAL VIT/FE FUMARATE/FA	29	21	8		0.2	0.1
	IRON/MULTIVITS, STRESS FORMULA	21	15	6		0.2	0.0

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DUR Screen	Therapeutic Category/ Drug Combo (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
DD	DECARBOXYLASE INHIBITORS	2,133	1,531	602	12,411	17.2	4.9
	CARBIDOPA/LEVODOPA	2,133	1,531	602	12,411	17.2	4.9
	SELEGILINE HCL	21	20	1		0.2	0.0
	FE FUMARATE/FA/VIT BCMP&C	20	18	2		0.2	0.0
	FE FUMARATE/C/B12/STOMACH CONC	18	11	7		0.1	0.1
	PRENATAL VITS W-CA,FE,FA(1MG)	10	10	0		0.1	0.0
	FERROUS SULFATE/VIT BCMP&C	7	0	7		0.1	0.1
	FERROUS GLUCONATE	6	3	3		0.0	0.0
	DIGITALIS GLYCOSIDES	3,201	2,742	459	41,154	7.8	1.1
	DIGOXIN	3,201	2,742	459	41,154	7.8	1.1
	VERAPAMIL HCL	1,217	1,000	217		3.0	0.5
	AMIODARONE HCL	945	846	99		2.3	0.2
	PROPAFENONE HCL	497	429	68		1.2	0.2
	QUINIDINE GLUCONATE	222	172	50		0.5	0.1
	QUINIDINE SULFATE	123	116	7		0.3	0.0
	FLECAINIDE ACETATE	92	76	16		0.2	0.0
	CYCLOSPORINE	60	59	1		0.1	0.0
	CYCLOSPORINE MICROEMULSION	40	40	0		0.1	0.0
	QUINIDINE POLYGALACTURONATE	5	4	1		0.0	0.0
	HYPOTENSIVES, SYMPATHOLYTIC	3,696	3,193	503	29,938	12.3	1.7
	CLONIDINE HCL	3,680	3,181	499	29,087	12.7	1.7
	ATENOLOL	1,133	977	156		3.9	0.5
	METOPROLOL TARTRATE	929	792	137		3.2	0.5
	METOPROLOL SUCCINATE	527	509	18		1.8	0.1
	PROPRANOLOL HCL	362	310	52		1.2	0.2
	HCTZ/BISOPROLOL FUMARATE	211	169	42		0.7	0.1
	LABETALOL HCL	115	84	31		0.4	0.1
	BETAXOLOL HCL	56	43	13		0.2	0.0
	ACEBUTOLOL HCL	53	43	10		0.2	0.0
	TIMOLOL MALEATE	53	37	16		0.2	0.1
	CHLORTHALIDONE/ATENOLOL	45	42	3		0.2	0.0
	NADOLOL	42	40	2		0.1	0.0
	LEVOBUNOLOL HCL	39	34	5		0.1	0.0
	PINDOLOL	32	19	13		0.1	0.0
	SOTALOL HCL	25	25	0		0.1	0.0
	BISOPROLOL FUMARATE	19	19	0		0.1	0.0
	DORZOLAMIDE HCL/TIMOLOL	18	17	1		0.1	0.0
	HCTZ/METOPROLOL TARTRATE	14	14	0		0.0	0.0
	TIMOLOL	3	3	0		0.0	0.0
	HCTZ/PROPRANOLOL HCL	2	2	0		0.0	0.0
	METIPRANOLOL	2	2	0		0.0	0.0
	IMMUNOSUPPRESSIVES	2,980	2,593	387	4,697	63.4	8.2
	CYCLOSPORINE MICROEMULSION	1,666	1,530	136	2,747	60.6	5.0
	SULFAMETHOXAZOLE/TRIMETHOPRIM	1,023	964	59		37.2	2.1

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DUR Screen	Therapeutic Category/ Drug Combo (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
DD	IMMUNOSUPPRESSIVES	2,980	2,593	387	4,697	63.4	8.2
	CYCLOSPORINE MICROEMULSION	1,666	1,530	136	2,747	60.6	5.0
	PRAVASTATIN SODIUM	324	266	58		11.8	2.1
	SIMVASTATIN	176	171	5		6.4	0.2
	FLUVASTATIN SODIUM	58	46	12		2.1	0.4
	DIGOXIN	56	55	1		2.0	0.0
	LOVASTATIN	19	18	1		0.7	0.0
	CLARITHROMYCIN	9	9	0		0.3	0.0
	ERY E-SUCC/SULFISOXAZOLE	1	1	0		0.0	0.0
	ORAL ANTICOAGULANTS, COUMARIN TYPE	10,625	7,556	3,069	31,320	33.9	9.8
	WARFARIN SODIUM	10,591	7,523	3,068	31,292	33.8	9.8
	LEVOTHYROXINE SODIUM	5,001	3,499	1,502		16.0	4.8
	ASPIRIN	1,850	1,259	591		5.9	1.9
	AMIODARONE HCL	1,029	753	276		3.3	0.9
	VITAMIN E	507	297	210		1.6	0.7
	SULFAMETHOXAZOLE/TRIMETHOPRIM	449	344	105		1.4	0.3
	PHENOBARBITAL	385	281	104		1.2	0.3
	CIMETIDINE	297	236	61		0.9	0.2
	THYROID	184	162	22		0.6	0.1
	PRIMIDONE	135	116	19		0.4	0.1
	ACETAMINOPHEN/CAFFEINE/BUTALB	101	87	14		0.3	0.0
	CLARITHROMYCIN	100	88	12		0.3	0.0
	VIT E ACETATE/VIT BCOMP&C/ZINC	98	39	59		0.3	0.2
	BETA-CAROTENE (A) W-C AND E/MIN	62	52	10		0.2	0.0
	METRONIDAZOLE	62	46	16		0.2	0.1
	ASA/CALCIUM CARB/MAGNESIUM/ALH	46	45	1		0.1	0.0
	ACETAMINOPHEN/BUTALBITAL	34	34	0		0.1	0.0
	ME-TESTOSTERONE/ESTROGEN, ESTER	33	31	2		0.1	0.0
	LIOTRIX	27	27	0		0.1	0.0
	ASPIRIN/CALCIUM CARB/MAGNESIUM	22	7	15		0.1	0.0
	SULFASALAZINE	20	17	3		0.1	0.0
	POTASSIUM REPLACEMENT	9,177	7,914	1,263	115,054	8.0	1.1
	POTASSIUM CHLORIDE	8,836	7,641	1,195	111,945	7.9	1.1
	HCTZ/TRIAMTERENE	3,899	3,339	560		3.5	0.5
	SPIRONOLACTONE	3,663	3,143	520		3.3	0.5
	HCTZ/SPIRONOLACTONE	459	410	49		0.4	0.0
	TRIAMTERENE	365	337	28		0.3	0.0
	HYDROCHLOROTHIAZIDE/AMILOR HCL	330	304	26		0.3	0.0
	AMILORIDE HCL	120	108	12		0.1	0.0
	QUINOLONES	7,741	5,764	1,977	29,211	26.5	6.8
	CIPROFLOXACIN HCL	6,716	4,938	1,778	25,005	26.9	7.1
	CALCIUM CARBONATE/VITAMIN D	1,260	707	553		5.0	2.2
	FERROUS SULFATE	735	596	139		2.9	0.6
	MULTIVITS W-IRON, HEMATINIC	532	469	63		2.1	0.3

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DUR Screen	Therapeutic Category/ Drug Combo (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
DD	QUINOLONES	7,741	5,764	1,977	29,211	26.5	6.8
	CIPROFLOXACIN HCL	6,716	4,938	1,778	25,005	26.9	7.1
	MAGNESIUM HYDROXIDE	500	324	176		2.0	0.7
	CALCIUM CARBONATE	489	429	60		2.0	0.2
	MULTIVITS W-FE,OTHER MIN	430	240	190		1.7	0.8
	FE P-SAC CMLX/VIT B12/FA	284	211	73		1.1	0.3
	MULTIVITS,THERAP W-FE,HEMATIN	232	213	19		0.9	0.1
	MULTIVITAMINS W-IRON	222	130	92		0.9	0.4
	MAG HYDROX/AL HYDROX/SIMETH	212	147	65		0.8	0.3
	MULTIVITS,TH W-FE,OTHER MIN	212	184	28		0.8	0.1
	CALCIUM CARBONATE	202	152	50		0.8	0.2
	PRENATAL VIT/FE FUMARATE/FA	198	179	19		0.8	0.1
	MAGNESIUM CHLORIDE	148	100	48		0.6	0.2
	FE FUMARATE/VIT C/B12-IF/FA	109	80	29		0.4	0.1
	IRON POLYSACCHARIDES COMPLEX	109	95	14		0.4	0.1
	FE FUMARATE/C/B12/STOMACH CONC	75	68	7		0.3	0.0
	MAGNESIUM HYDROXIDE/AL HYDROX	65	48	17		0.3	0.1
	MULTIVITS,TH W-CA,FE,OTH MIN	63	56	7		0.3	0.0
	ASPIRIN/CALCIUM CARB/MAGNESIUM	62	39	23		0.2	0.1
	SKELETAL MUSCLE RELAXANTS	3,024	2,782	242	53,687	5.6	0.5
	CYCLOBENZAPRINE HCL	3,015	2,773	242	23,079	13.1	1.0
	ALBUTEROL	932	857	75		4.0	0.3
	ALBUTEROL SULFATE	570	526	44		2.5	0.2
	P-EPHED SUL/LORATADINE	264	247	17		1.1	0.1
	GUAIFENESIN/PPA HCL	256	236	20		1.1	0.1
	SALMETEROL XINAFOATE	218	197	21		0.9	0.1
	GUAIFENESIN/P-EPHED HCL	128	115	13		0.6	0.1
	PHENYLEPH TAN/PYRIL TAN/CP	99	98	1		0.4	0.0
	METHYLPHENIDATE HCL	62	50	12		0.3	0.1
	PSEUDOEPHEDRINE HCL/CHLOR-MAL	59	58	1		0.3	0.0
	AMPHET ASP/AMPHET/D-AMPHET	40	31	9		0.2	0.0
	PHENYLEPH HCL/CHLOR-MAL/SCOP	38	32	6		0.2	0.0
	TERBUTALINE SULFATE	38	36	2		0.2	0.0
	DM HB/P-EPHED HCL/CARBINOX	37	32	5		0.2	0.0
	PHENYLEPH HCL/HYDROCOD BIT/CP	26	25	1		0.1	0.0
	P-EPHED HCL/BR-PHENIR MAL	21	21	0		0.1	0.0
	PSEUDOEPHEDRINE HCL	19	16	3		0.1	0.0
	PPA HCL/CHLOR-MAL	17	17	0		0.1	0.0
	CAR-B-PEN TA/PHENYLEPH TAN/CP	15	14	1		0.1	0.0
	PHENYLEPHRINE HCL/COD/PROMETH	15	13	2		0.1	0.0
	PSEUDOEPHEDRINE SULFATE/AZATA	15	15	0		0.1	0.0
	TETRACYCLINES	3,346	2,682	664	18,462	18.1	3.6
	DOXYCYCLINE HYCLATE	1,911	1,572	339	10,220	18.7	3.3
	CALCIUM CARBONATE/VITAMIN D	270	186	84		2.6	0.8

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DUR Screen	Therapeutic Category/ Drug Combo (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
DD	TETRACYCLINES	3,346	2,682	664	18,462	18.1	3.6
	DOXYCYCLINE HYCLATE	1,911	1,572	339	10,220	18.7	3.3
	MULTIVITS W-IRON,HEMATINIC	205	184	21		2.0	0.2
	FERROUS SULFATE	204	186	18		2.0	0.2
	QUINAPRIL HCL/MAG CARB	163	128	35		1.6	0.3
	CALCIUM CARBONATE	116	109	7		1.1	0.1
	PRENATAL VIT/FE FUMARATE/FA	97	87	10		0.9	0.1
	MAGNESIUM HYDROXIDE	81	54	27		0.8	0.3
	MULTIVITS,TH W-FE,OTHER MIN	74	63	11		0.7	0.1
	MULTIVITS W-FE,OTHER MIN	68	62	6		0.7	0.1
	MULTIVITS,THERAP W-FE,HEMATIN	53	51	2		0.5	0.0
	FE P-SAC CMPLX/VIT B12/FA	43	34	9		0.4	0.1
	CALCIUM POLYCARBOPHIL	38	23	15		0.4	0.1
	CALCIUM ACETATE	36	25	11		0.4	0.1
	CALCIUM CARBONATE	31	28	3		0.3	0.0
	IRON POLYSACCHARIDES COMPLEX	28	28	0		0.3	0.0
	MAG HYDROX/AL HYDROX/SIMETH	27	19	8		0.3	0.1
	MULTIVITS,TH W-CA,FE,OTH MIN	27	21	6		0.3	0.1
	SUCRALFATE	25	17	8		0.2	0.1
	ZINC SULFATE	23	10	13		0.2	0.1
	MAGNESIUM CHLORIDE	21	19	2		0.2	0.0
	THIAZIDE AND RELATED DIURETICS	6,938	5,956	982	193,920	3.6	0.5
	HCTZ/TRIAMTERENE	5,205	4,493	712	18,159	28.7	3.9
	POTASSIUM CHLORIDE	3,564	3,042	522		19.6	2.9
	IBUPROFEN	712	630	82		3.9	0.5
	DICLOFENAC SODIUM/MISOPROSTOL	480	419	61		2.6	0.3
	LITHIUM CARBONATE	159	134	25		0.9	0.1
	DICLOFENAC SODIUM	146	139	7		0.8	0.0
	INDOMETHACIN	66	63	3		0.4	0.0
	POTASSIUM BICARBONATE/CIT AC	33	25	8		0.2	0.0
	FLURBIPROFEN	22	21	1		0.1	0.0
	POT CHLORIDE/POT BICARB/CIT AC	7	5	2		0.0	0.0
	DICLOFENAC POTASSIUM	6	6	0		0.0	0.0
	POTASSIUM CITRATE	5	5	0		0.0	0.0
	LITHIUM CITRATE	3	2	1		0.0	0.0
	POT BICARB/POTASSIUM CIT/CA	2	2	0		0.0	0.0
	THYROID HORMONES	4,178	2,941	1,237	88,706	4.7	1.4
	LEVOHYDROXINE SODIUM	4,000	2,798	1,202	84,715	4.7	1.4
	WARFARIN SODIUM	3,970	2,773	1,197		4.7	1.4
	DICUMAROL	30	25	5		0.0	0.0
TD	ANALGESICS,NARCOTICS	127,627	111,745	15,868	438,981	29.1	3.6

Report: DUR-0015-A  
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DUR Screen	Therapeutic Category/ Drug Combo (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
ID	ANALGESICS, NARCOTICS	127,627	111,745	15,868	438,981	29.1	3.6
	HYDROCODONE BITARTRATE/APAP	46,305	39,573	6,726	166,173	27.9	4.0
	HYDROCODONE BITARTRATE/APAP	11,886	9,615	2,270		7.2	1.4
	PROPOXYPHENE NAPSYLATE/APAP	9,355	8,232	1,121		5.6	0.7
	TRAMADOL HCL	7,745	6,680	1,063		4.7	0.6
	OXYCODONE HCL	4,356	3,898	458		2.6	0.3
	FENTANYL	3,810	3,138	672		2.3	0.4
	CODEINE PHOSPHATE/APAP	3,181	2,723	458		1.9	0.3
	OXYCODONE HCL/ACETAMINOPHEN	2,002	1,736	266		1.2	0.2
	MORPHINE SULFATE	1,604	1,437	167		1.0	0.1
	METHADONE HCL	493	431	62		0.3	0.0
	MEPERIDINE HCL	416	367	49		0.3	0.0
	CODEINE PHOS/ASA/CAFFEIN/BUTAL	298	259	39		0.2	0.0
	PROPOXYPHENE HCL	224	209	15		0.1	0.0
	OXYCODONE/ASPIRIN	189	174	14		0.1	0.0
	HYDROMORPHONE HCL	181	164	17		0.1	0.0
	PROPOXYPHENE HCL/ASA/CAFFEINE	91	87	4		0.1	0.0
	PROPOXYPHENE NAPSYLATE	85	74	11		0.1	0.0
	NALBUPHINE HCL	77	75	2		0.0	0.0
	PROPOXYPHENE HCL/ACETAMINOPHEN	72	67	5		0.0	0.0
	CODEINE PHOS/CARISOPRODOL/ASA	41	37	4		0.0	0.0
	CODEINE PHOS/APAP/CAFF/BUTALB	40	35	5		0.0	0.0
	PROPOXYPHENE NAPSYLATE/APAP	16,549	14,439	2,109	108,037	15.3	2.0
	HYDROCODONE BITARTRATE/APAP	6,461	5,637	824		6.0	0.8
	TRAMADOL HCL	4,400	3,887	512		4.1	0.5
	CODEINE PHOSPHATE/APAP	1,492	1,298	194		1.4	0.2
	FENTANYL	1,272	1,033	239		1.2	0.2
	OXYCODONE HCL	891	809	82		0.8	0.1
	OXYCODONE HCL/ACETAMINOPHEN	831	728	103		0.8	0.1
	MORPHINE SULFATE	348	308	40		0.3	0.0
	CODEINE PHOS/ASA/CAFFEIN/BUTAL	141	128	13		0.1	0.0
	PROPOXYPHENE HCL	101	88	13		0.1	0.0
	HYDROMORPHONE HCL	99	95	4		0.1	0.0
	MEPERIDINE HCL	84	75	9		0.1	0.0
	METHADONE HCL	72	61	11		0.1	0.0
	PROPOXYPHENE NAPSYLATE	72	56	16		0.1	0.0
	PROPOXYPHENE NAPSYLATE/APAP	69	46	23		0.1	0.0
	OXYCODONE/ASPIRIN	54	46	8		0.0	0.0
	CODEINE PHOS/APAP/CAFF/BUTALB	34	34	0		0.0	0.0
	NALBUPHINE HCL	31	27	4		0.0	0.0
	PROPOXYPHENE HCL/ASA/CAFFEINE	26	22	4		0.0	0.0
	PROPOXYPHENE HCL/ACETAMINOPHEN	22	20	2		0.0	0.0
	DIHYDROCODEINE/ASPIRIN/CAFFEIN	17	15	2		0.0	0.0
	TRAMADOL HCL	12,427	11,141	1,286	44,806	27.7	2.9
	HYDROCODONE BITARTRATE/APAP	5,360	4,804	556		12.0	1.2

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DUR Screen	Therapeutic Category/ Drug Combo (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
ID	ANALGESICS,NARCOTICS	127,627	111,745	15,868	438,981	29.1	3.6
	TRAMADOL HCL	12,427	11,141	1,286	44,806	27.7	2.9
	PROPOXYPHENE NAPSYLATE/APAP	3,426	3,061	365		7.6	0.8
	CODEINE PHOSPHATE/APAP	1,182	1,070	112		2.6	0.2
	FENTANYL	717	602	115		1.6	0.3
	OXYCODONE HCL	590	546	44		1.3	0.1
	MORPHINE SULFATE	274	254	20		0.6	0.0
	OXYCODONE HCL/ACETAMINOPHEN	251	229	22		0.6	0.0
	PROPOXYPHENE HCL	203	176	27		0.5	0.1
	CODEINE PHOS/ASA/CAFFEIN/BUTAL	94	92	2		0.2	0.0
	METHADONE HCL	71	66	5		0.2	0.0
	MEPERIDINE HCL	50	48	2		0.1	0.0
	HYDROMORPHONE HCL	43	38	5		0.1	0.0
	PROPOXYPHENE HCL/ACETAMINOPHEN	43	42	1		0.1	0.0
	CODEINE PHOSPHATE/ASPIRIN	34	31	3		0.1	0.0
	PROPOXYPHENE NAPSYLATE	29	27	2		0.1	0.0
	PROPOXYPHENE HCL/ASA/CAFFEINE	19	18	1		0.0	0.0
	BUPRENORPHINE HCL	13	9	4		0.0	0.0
	NALBUPHINE HCL	8	8	0		0.0	0.0
	OXYCODONE/ASPIRIN	8	8	0		0.0	0.0
	CODEINE SULFATE	4	4	0		0.0	0.0
	OXYCODONE HCL	11,272	10,522	749	13,299	84.8	5.6
	OXYCODONE HCL	5,131	4,815	316		38.6	2.4
	HYDROCODONE BITARTRATE/APAP	2,625	2,432	192		19.7	1.4
	OXYCODONE HCL/ACETAMINOPHEN	705	645	60		5.3	0.5
	FENTANYL	663	606	57		5.0	0.4
	PROPOXYPHENE NAPSYLATE/APAP	585	542	43		4.4	0.3
	TRAMADOL HCL	501	474	27		3.8	0.2
	CODEINE PHOSPHATE/APAP	281	264	17		2.1	0.1
	MORPHINE SULFATE	270	258	12		2.0	0.1
	METHADONE HCL	180	177	3		1.4	0.0
	HYDROMORPHONE HCL	76	72	4		0.6	0.0
	MEPERIDINE HCL	72	66	6		0.5	0.0
	PROPOXYPHENE HCL	40	38	2		0.3	0.0
	CODEINE PHOSPHATE/ASPIRIN	29	27	2		0.2	0.0
	OXYCODONE/ASPIRIN	27	26	1		0.2	0.0
	CODEINE PHOS/ASA/CAFFEIN/BUTAL	23	19	4		0.2	0.0
	LEVORPHANOL TARTRATE	15	15	0		0.1	0.0
	PROPOXYPHENE NAPSYLATE	12	10	2		0.1	0.0
	OPIUM/BELLADONNA ALKALOIDS	10	10	0		0.1	0.0
	OPIUM	6	6	0		0.0	0.0
	CODEINE PHOS/APAP/CAFF/BUTALB	5	5	0		0.0	0.0
	CODEINE PHOSPHATE/APAP	9,318	7,777	1,537	58,344	16.0	2.6
	HYDROCODONE BITARTRATE/APAP	2,501	2,109	388		4.3	0.7

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DUR Screen	Therapeutic Category/ Drug Combo (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
TD	ANALGESICS,NARCOTICS	127,627	111,745	15,868	438,981	29.1	3.6
	CODEINE PHOSPHATE/APAP	9,318	7,777	1,537	58,344	16.0	2.6
	TRAMADOL HCL	2,033	1,749	284		3.5	0.5
	PROPOXYPHENE NAPSYLATE/APAP	1,678	1,497	181		2.9	0.3
	CODEINE PHOSPHATE/APAP	792	593	199		1.4	0.3
	FENTANYL	573	350	223		1.0	0.4
	OXYCODONE HCL	517	425	92		0.9	0.2
	MORPHINE SULFATE	423	379	44		0.7	0.1
	OXYCODONE HCL/ACETAMINOPHEN	391	306	85		0.7	0.1
	METHADONE HCL	61	54	7		0.1	0.0
	CODEINE PHOS/ASA/CAFFEIN/BUTAL	59	55	4		0.1	0.0
	PROPOXYPHENE HCL	56	51	5		0.1	0.0
	MEPERIDINE HCL	54	44	10		0.1	0.0
	PROPOXYPHENE HCL/ACETAMINOPHEN	26	24	2		0.0	0.0
	CODEINE PHOSPHATE/ASPIRIN	25	20	5		0.0	0.0
	OXYCODONE/ASPIRIN	23	21	2		0.0	0.0
	HYDROMORPHONE HCL	20	19	1		0.0	0.0
	DIHY-COD TT/APAP/CAFFEINE	17	17	0		0.0	0.0
	PROPOXYPHENE NAPSYLATE	17	17	0		0.0	0.0
	CODEINE SULFATE	12	11	1		0.0	0.0
	PROPOXYPHENE HCL/ASA/CAFFEINE	11	10	1		0.0	0.0
	MORPHINE SULFATE	9,145	8,145	1,000	9,070	100.8	11.0
	MORPHINE SULFATE	4,065	3,626	439		44.8	4.8
	FENTANYL	1,419	1,237	182		15.6	2.0
	HYDROCODONE BITARTRATE/APAP	1,242	1,130	112		13.7	1.2
	OXYCODONE HCL	556	514	42		6.1	0.5
	OXYCODONE HCL/ACETAMINOPHEN	387	347	40		4.3	0.4
	PROPOXYPHENE NAPSYLATE/APAP	315	264	51		3.5	0.6
	CODEINE PHOSPHATE/APAP	273	240	33		3.0	0.4
	METHADONE HCL	268	243	25		3.0	0.3
	TRAMADOL HCL	247	220	27		2.7	0.3
	HYDROMORPHONE HCL	147	123	24		1.6	0.3
	MEPERIDINE HCL	113	104	9		1.2	0.1
	OXYCODONE/ASPIRIN	40	35	5		0.4	0.1
	LEVORPHANOL TARTRATE	30	20	10		0.3	0.1
	OPIUM/BELLADONNA ALKALOIDS	12	12	0		0.1	0.0
	PROPOXYPHENE HCL	8	8	0		0.1	0.0
	CODEINE PHOS/ASA/CAFFEIN/BUTAL	6	6	0		0.1	0.0
	CODEINE PHOS/APAP/CAFF/BUTALB	4	4	0		0.0	0.0
	CODEINE SULFATE	4	4	0		0.0	0.0
	OXYMORPHONE HCL	2	2	0		0.0	0.0
	PROPOXYPHENE HCL/ASA/CAFFEINE	2	1	1		0.0	0.0
	FENTANYL	8,339	7,262	1,077	10,329	80.7	10.4
	HYDROCODONE BITARTRATE/APAP	2,282	2,027	255		22.1	2.5

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DUR Screen	Therapeutic Category/ Drug Combo (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
ID	ANALGESICS,NARCOTICS	127,627	111,745	15,868	438,981	29.1	3.6
	FENTANYL	8,339	7,262	1,077	10,329	80.7	10.4
	FENTANYL	1,953	1,707	246		18.9	2.4
	PROPOXYPHENE NAPSYLATE/APAP	833	727	106		8.1	1.0
	MORPHINE SULFATE	811	730	81		7.9	0.8
	TRAMADOL HCL	640	515	125		6.2	1.2
	OXYCODONE HCL	629	567	62		6.1	0.6
	OXYCODONE HCL/ACETAMINOPHEN	468	385	83		4.5	0.8
	CODEINE PHOSPHATE/APAP	233	176	57		2.3	0.6
	HYDROMORPHONE HCL	181	171	10		1.8	0.1
	METHADONE HCL	87	83	4		0.8	0.0
	MEPERIDINE HCL	74	68	6		0.7	0.1
	OXYCODONE/ASPIRIN	46	35	11		0.4	0.1
	LEVORPHANOL TARTRATE	27	10	17		0.3	0.2
	PROPOXYPHENE HCL	27	23	4		0.3	0.0
	PROPOXYPHENE HCL/ASA/CAFFEINE	8	8	0		0.1	0.0
	PROPOXYPHENE HCL/ACETAMINOPHEN	6	5	1		0.1	0.0
	PROPOXYPHENE NAPSYLATE	6	6	0		0.1	0.0
	HYDROCODONE BITARTRATE/ASPIRIN	5	4	1		0.0	0.0
	NALBUPHINE HCL	5	3	2		0.0	0.0
	MEPERIDINE HCL/PROMETH HCL	4	2	2		0.0	0.0
	OXYCODONE HCL/ACETAMINOPHEN	6,399	5,762	637	12,883	49.7	4.9
	HYDROCODONE BITARTRATE/APAP	2,111	1,924	187		16.4	1.5
	OXYCODONE HCL	1,022	909	113		7.9	0.9
	PROPOXYPHENE NAPSYLATE/APAP	894	816	78		6.9	0.6
	FENTANYL	708	620	88		5.5	0.7
	MORPHINE SULFATE	422	399	23		3.3	0.2
	TRAMADOL HCL	393	359	34		3.1	0.3
	CODEINE PHOSPHATE/APAP	350	312	38		2.7	0.3
	MEPERIDINE HCL	128	115	13		1.0	0.1
	OXYCODONE HCL/ACETAMINOPHEN	94	70	24		0.7	0.2
	METHADONE HCL	44	38	6		0.3	0.0
	HYDROMORPHONE HCL	43	37	6		0.3	0.0
	CODEINE PHOS/ASA/CAFFEIN/BUTAL	36	35	1		0.3	0.0
	OXYCODONE/ASPIRIN	33	32	1		0.3	0.0
	PROPOXYPHENE HCL	28	23	5		0.2	0.0
	OPIUM	23	9	14		0.2	0.1
	LEVORPHANOL TARTRATE	22	21	1		0.2	0.0
	CODEINE SULFATE	11	10	1		0.1	0.0
	OPIUM/BELLADONNA ALKALOIDS	9	8	1		0.1	0.0
	PROPOXYPHENE NAPSYLATE	9	9	0		0.1	0.0
	PROPOXYPHENE HCL/ASA/CAFFEINE	7	6	1		0.1	0.0
	ANTI-ANXIETY DRUGS	42,416	34,757	7,659	229,172	18.5	3.3
	ALPRAZOLAM	10,556	8,511	2,045	67,656	15.6	3.0
	ALPRAZOLAM	4,540	3,353	1,187		6.7	1.8

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DUR Screen	Therapeutic Category/ Drug Combo (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
ID							
	ANTI-ANXIETY DRUGS	42,416	34,757	7,659	229,172	18.5	3.3
	ALPRAZOLAM	10,556	8,511	2,045	67,656	15.6	3.0
	DIAZEPAM	1,644	1,383	261		2.4	0.4
	LORAZEPAM	1,206	1,015	191		1.8	0.3
	BUSPIRONE HCL	1,070	898	172		1.6	0.3
	HYDROXYZINE HCL	861	775	86		1.3	0.1
	HYDROXYZINE PAMOATE	685	616	69		1.0	0.1
	CLORAZEPATE DIPOTASSIUM	207	180	27		0.3	0.0
	CHLORDIAZEPOXIDE HCL	140	115	25		0.2	0.0
	MEPROBAMATE	103	87	16		0.2	0.0
	OXAZEPAM	98	87	11		0.1	0.0
	HALAZEPAM	2	2	0		0.0	0.0
	LORAZEPAM	10,077	7,793	2,284	56,789	17.7	4.0
	LORAZEPAM	3,965	2,712	1,253		7.0	2.2
	BUSPIRONE HCL	1,912	1,470	442		3.4	0.8
	ALPRAZOLAM	1,247	1,064	183		2.2	0.3
	HYDROXYZINE HCL	917	814	103		1.6	0.2
	DIAZEPAM	684	582	102		1.2	0.2
	HYDROXYZINE PAMOATE	617	527	90		1.1	0.2
	CHLORDIAZEPOXIDE HCL	240	218	22		0.4	0.0
	OXAZEPAM	177	151	26		0.3	0.0
	CLORAZEPATE DIPOTASSIUM	172	143	29		0.3	0.1
	MEPROBAMATE	143	109	34		0.3	0.1
	HALAZEPAM	3	3	0		0.0	0.0
	DIAZEPAM	6,393	5,349	1,044	37,258	17.2	2.8
	DIAZEPAM	2,175	1,710	465		5.8	1.2
	ALPRAZOLAM	1,735	1,488	247		4.7	0.7
	LORAZEPAM	814	711	103		2.2	0.3
	HYDROXYZINE HCL	521	471	50		1.4	0.1
	BUSPIRONE HCL	432	387	45		1.2	0.1
	HYDROXYZINE PAMOATE	411	305	106		1.1	0.3
	CLORAZEPATE DIPOTASSIUM	157	147	10		0.4	0.0
	CHLORDIAZEPOXIDE HCL	68	60	8		0.2	0.0
	MEPROBAMATE	44	38	6		0.1	0.0
	OXAZEPAM	34	30	4		0.1	0.0
	HALAZEPAM	2	2	0		0.0	0.0
	HYDROXYZINE HCL	4,895	4,232	663	21,102	23.2	3.1
	ALPRAZOLAM	1,263	1,114	149		6.0	0.7
	LORAZEPAM	1,204	1,066	138		5.7	0.7
	DIAZEPAM	685	595	90		3.2	0.4
	BUSPIRONE HCL	569	482	87		2.7	0.4
	HYDROXYZINE HCL	467	356	111		2.2	0.5
	HYDROXYZINE PAMOATE	217	185	32		1.0	0.2
	CLORAZEPATE DIPOTASSIUM	190	171	19		0.9	0.1

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DUR Screen	Therapeutic Category/ Drug Combo (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
ID							
	ANTI-ANXIETY DRUGS	42,416	34,757	7,659	229,172	18.5	3.3
	HYDROXYZINE HCL	4,895	4,232	663	21,102	23.2	3.1
	CHLORDIAZEPOXIDE HCL	155	137	18		0.7	0.1
	OXAZEPAM	129	110	19		0.6	0.1
	MEPROBAMATE	15	15	0		0.1	0.0
	HALAZEPAM	1	1	0		0.0	0.0
	ANTI-PSYCHOTICS, PHENOTHIAZINES	13,873	11,072	2,801	44,237	31.4	6.3
	THIORIDAZINE HCL	7,094	5,781	1,313	19,613	36.2	6.7
	THIORIDAZINE HCL	6,475	5,216	1,259		33.0	6.4
	TRIFLUOPERAZINE HCL	191	161	30		1.0	0.2
	FLUPHENAZINE HCL	155	145	10		0.8	0.1
	CHLORPROMAZINE HCL	139	132	7		0.7	0.0
	PERPHENAZINE	68	64	4		0.3	0.0
	FLUPHENAZINE DECANOATE	29	29	0		0.1	0.0
	MESORIDAZINE BESYLATE	23	22	1		0.1	0.0
	PROCHLORPERAZINE MALEATE	13	12	1		0.1	0.0
	PROCHLORPERAZINE EDISYLATE	1	0	1		0.0	0.0
	ANTIDEPRESSANTS	120,871	106,480	14,391	332,644	36.3	4.3
	TRAZODONE HCL	23,619	20,747	2,872	39,518	59.8	7.3
	FLUOXETINE HCL	6,066	5,489	577		15.3	1.5
	SERTRALINE HCL	5,317	4,671	646		13.5	1.6
	PAROXETINE HCL	2,791	2,448	343		7.1	0.9
	TRAZODONE HCL	2,658	2,001	657		6.7	1.7
	VENLAFAXINE HCL	2,121	1,916	205		5.4	0.5
	AMITRIPTYLINE HCL	1,183	1,080	103		3.0	0.3
	CITALOPRAM HYDROBROMIDE	1,000	902	98		2.5	0.2
	NEFAZODONE HCL	683	619	64		1.7	0.2
	FLUVOXAMINE MALEATE	462	422	40		1.2	0.1
	NORTRIPTYLINE HCL	426	395	31		1.1	0.1
	DOXEPIN HCL	393	335	58		1.0	0.1
	IMIPRAMINE HCL	272	246	26		0.7	0.1
	DESIPRAMINE HCL	75	64	11		0.2	0.0
	CLOMIPRAMINE HCL	48	46	2		0.1	0.0
	AMOXAPINE	34	29	5		0.1	0.0
	MIRTAZAPINE	32	30	2		0.1	0.0
	IMIPRAMINE PAMOATE	22	20	2		0.1	0.0
	TRIMIPRAMINE MALEATE	16	16	0		0.0	0.0
	PROTRIPTYLINE HCL	12	11	1		0.0	0.0
	BUPROPION HCL	6	6	0		0.0	0.0
	FLUOXETINE HCL	20,305	18,051	2,254	67,111	30.3	3.4
	FLUOXETINE HCL	6,812	5,906	906		10.2	1.4
	TRAZODONE HCL	5,619	5,139	480		8.4	0.7
	AMITRIPTYLINE HCL	3,263	2,998	265		4.9	0.4
	DOXEPIN HCL	955	850	105		1.4	0.2

Report: DUR-0015-A  
 Process: DURJA240  
 Location: DUR0015A

IndianaAIM  
 Summary Data by Drug Combination Involved in DUR Screening  
 Period: 10/9/1998 - 10/11/1999

Run Date: 10/11/1999  
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DUR Screen	Therapeutic Category/ Drug Combo (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
ID							
	ANTIDEPRESSANTS	120,871	106,480	14,391	332,644	36.3	4.3
	FLUOXETINE HCL	20,305	18,051	2,254	67,111	30.3	3.4
	NORTRIPTYLINE HCL	783	705	78		1.2	0.1
	SERTRALINE HCL	551	440	111		0.8	0.2
	IMIPRAMINE HCL	445	416	29		0.7	0.0
	PAROXETINE HCL	399	330	69		0.6	0.1
	VENLAFAXINE HCL	368	344	24		0.5	0.0
	NEFAZODONE HCL	329	289	40		0.5	0.1
	CITALOPRAM HYDROBROMIDE	230	197	33		0.3	0.0
	FLUVOXAMINE MALEATE	226	168	58		0.3	0.1
	DESIPRAMINE HCL	193	169	24		0.3	0.0
	AMOXAPINE	40	25	15		0.1	0.0
	TRIMIPRAMINE MALEATE	26	25	1		0.0	0.0
	CLOMIPRAMINE HCL	20	18	2		0.0	0.0
	MIRTAZAPINE	12	12	0		0.0	0.0
	IMIPRAMINE PAMOATE	11	4	7		0.0	0.0
	BUPROPION HCL	9	3	6		0.0	0.0
	PROTRIPTYLINE HCL	7	6	1		0.0	0.0
	AMITRIPTYLINE HCL	16,826	15,042	1,784	40,116	41.9	4.4
	AMITRIPTYLINE HCL	4,683	4,082	601		11.7	1.5
	FLUOXETINE HCL	3,503	3,128	375		8.7	0.9
	SERTRALINE HCL	3,042	2,738	304		7.6	0.8
	PAROXETINE HCL	1,742	1,581	161		4.3	0.4
	TRAZODONE HCL	1,109	1,012	97		2.8	0.2
	VENLAFAXINE HCL	920	847	73		2.3	0.2
	NEFAZODONE HCL	464	417	47		1.2	0.1
	CITALOPRAM HYDROBROMIDE	456	427	29		1.1	0.1
	DOXEPIN HCL	278	255	23		0.7	0.1
	FLUVOXAMINE MALEATE	269	224	45		0.7	0.1
	NORTRIPTYLINE HCL	182	168	14		0.5	0.0
	IMIPRAMINE HCL	112	106	6		0.3	0.0
	AMOXAPINE	27	22	5		0.1	0.0
	DESIPRAMINE HCL	11	9	2		0.0	0.0
	IMIPRAMINE PAMOATE	10	10	0		0.0	0.0
	CLOMIPRAMINE HCL	9	9	0		0.0	0.0
	MIRTAZAPINE	7	5	2		0.0	0.0
	MAPROTILINE HCL	1	1	0		0.0	0.0
	PROTRIPTYLINE HCL	1	1	0		0.0	0.0
	SERTRALINE HCL	14,903	12,787	2,116	59,462	25.1	3.6
	TRAZODONE HCL	4,899	4,252	647		8.2	1.1
	SERTRALINE HCL	3,396	2,739	657		5.7	1.1
	AMITRIPTYLINE HCL	2,887	2,622	265		4.9	0.4
	DOXEPIN HCL	756	683	73		1.3	0.1
	NORTRIPTYLINE HCL	614	500	114		1.0	0.2

Report: DUR-0015-A  
 Process: DURJA240  
 Location: DUR0015A

IndianaAIM  
 Summary Data by Drug Combination Involved in DUR Screening  
 Period: 10/9/1998 - 10/11/1999

Run Date: 10/11/1999  
 Run Time: 19:36:09  
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DUR Screen	Therapeutic Category/ Drug Combo (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
ID							
	ANTIDEPRESSANTS	120,871	106,480	14,391	332,644	36.3	4.3
	SERTRALINE HCL	14,903	12,787	2,116	59,462	25.1	3.6
	FLUOXETINE HCL	528	423	105		0.9	0.2
	IMIPRAMINE HCL	452	422	30		0.8	0.1
	VENLAFAXINE HCL	359	321	38		0.6	0.1
	PAROXETINE HCL	266	208	58		0.4	0.1
	NEFAZODONE HCL	202	155	47		0.3	0.1
	CITALOPRAM HYDROBROMIDE	163	129	34		0.3	0.1
	FLUVOXAMINE MALEATE	139	129	10		0.2	0.0
	DESIPRAMINE HCL	85	54	31		0.1	0.1
	AMOXAPINE	46	45	1		0.1	0.0
	IMIPRAMINE PAMOATE	40	37	3		0.1	0.0
	TRIMIPRAMINE MALEATE	24	24	0		0.0	0.0
	MAPROTILINE HCL	19	19	0		0.0	0.0
	MIRTAZAPINE	12	12	0		0.0	0.0
	CLOMIPRAMINE HCL	9	8	1		0.0	0.0
	PROTRIPTYLINE HCL	4	4	0		0.0	0.0
	VENLAFAXINE HCL	10,512	9,238	1,274	21,157	49.7	6.0
	VENLAFAXINE HCL	4,667	3,939	728		22.1	3.4
	TRAZODONE HCL	2,160	1,949	211		10.2	1.0
	AMITRIPTYLINE HCL	976	901	75		4.6	0.4
	SERTRALINE HCL	556	485	71		2.6	0.3
	FLUOXETINE HCL	500	463	37		2.4	0.2
	PAROXETINE HCL	324	278	46		1.5	0.2
	DOXEPIN HCL	296	278	18		1.4	0.1
	CITALOPRAM HYDROBROMIDE	233	214	19		1.1	0.1
	IMIPRAMINE HCL	209	194	15		1.0	0.1
	NEFAZODONE HCL	200	179	21		0.9	0.1
	NORTRIPTYLINE HCL	200	183	17		0.9	0.1
	FLUVOXAMINE MALEATE	126	112	14		0.6	0.1
	DESIPRAMINE HCL	34	33	1		0.2	0.0
	IMIPRAMINE PAMOATE	11	11	0		0.1	0.0
	AMOXAPINE	7	7	0		0.0	0.0
	CLOMIPRAMINE HCL	6	6	0		0.0	0.0
	PROTRIPTYLINE HCL	3	2	1		0.0	0.0
	BUPROPION HCL	2	2	0		0.0	0.0
	MAPROTILINE HCL	2	2	0		0.0	0.0
	PAROXETINE HCL	8,225	7,273	952	36,468	22.6	2.6
	TRAZODONE HCL	2,583	2,305	278		7.1	0.8
	AMITRIPTYLINE HCL	1,783	1,636	147		4.9	0.4
	PAROXETINE HCL	1,354	1,138	216		3.7	0.6
	DOXEPIN HCL	591	543	48		1.6	0.1
	FLUOXETINE HCL	366	319	47		1.0	0.1
	NORTRIPTYLINE HCL	348	311	37		1.0	0.1

Report: DUR-0015-A  
 Process: DURJA240  
 Location: DUR0015A

IndianaAIM  
 Summary Data by Drug Combination Involved in DUR Screening  
 Period: 10/9/1998 - 10/11/1999

Run Date: 10/11/1999  
 Run Time: 19:36:10  
 Page: 16

DUR Screen	Therapeutic Category/ Drug Combo (Hierarchical Ingredient)	# Alerts	# Overrides	# Cancellations & Non-responses	# Claims Screened	% Alerts /Total Rx	% Cancels /Total Rx
ID	ANTIDEPRESSANTS	120,871	106,480	14,391	332,644	36.3	4.3
	PAROXETINE HCL	8,225	7,273	952	36,468	22.6	2.6
	SERTRALINE HCL	276	239	37		0.8	0.1
	IMIPRAMINE HCL	224	193	31		0.6	0.1
	VENLAFAXINE HCL	190	163	27		0.5	0.1
	FLUVOXAMINE MALEATE	126	117	9		0.3	0.0
	CITALOPRAM HYDROBROMIDE	112	92	20		0.3	0.1
	NEFAZODONE HCL	98	86	12		0.3	0.0
	DESIPRAMINE HCL	79	44	35		0.2	0.1
	CLOMIPRAMINE HCL	37	34	3		0.1	0.0
	PROTRIPTYLINE HCL	24	23	1		0.1	0.0
	AMOXAPINE	15	13	2		0.0	0.0
	IMIPRAMINE PAMOATE	5	4	1		0.0	0.0
	MAPROTILINE HCL	5	5	0		0.0	0.0
	TRIMIPRAMINE MALEATE	4	4	0		0.0	0.0
	BUPROPION HCL	3	2	1		0.0	0.0
	DOXEPIH HCL	5,764	5,158	606	12,771	45.1	4.7
	DOXEPIH HCL	1,659	1,461	198		13.0	1.6
	FLUOXETINE HCL	1,056	932	124		8.3	1.0
	SERTRALINE HCL	770	701	69		6.0	0.5
	PAROXETINE HCL	633	598	35		5.0	0.3
	TRAZODONE HCL	412	356	56		3.2	0.4
	AMITRIPTYLINE HCL	311	276	35		2.4	0.3
	VENLAFAXINE HCL	299	275	24		2.3	0.2
	CITALOPRAM HYDROBROMIDE	196	171	25		1.5	0.2
	NEFAZODONE HCL	149	134	15		1.2	0.1
	FLUVOXAMINE MALEATE	97	92	5		0.8	0.0
	NORTRIPTYLINE HCL	67	63	4		0.5	0.0
	IMIPRAMINE HCL	49	48	1		0.4	0.0
	DESIPRAMINE HCL	20	10	10		0.2	0.1
	IMIPRAMINE PAMOATE	16	16	0		0.1	0.0
	PROTRIPTYLINE HCL	13	9	4		0.1	0.0
	MAPROTILINE HCL	8	7	1		0.1	0.0
	AMOXAPINE	3	3	0		0.0	0.0
	BUPROPION HCL	3	3	0		0.0	0.0
	MIRTAZAPINE	3	3	0		0.0	0.0

\* \* END OF REPORT \* \*

## **ATTACHMENT 3**

In January 1999, EDS ended its retro-DUR contract with Merck-Medco and began new retro-DUR processes using an EDS pharmacist to develop and coordinate the retro-DUR activities that are directed by the Indiana Medicaid DUR Board. EDS contracted Eagle Managed Care to assist the EDS pharmacist in analyzing claims, producing intervention packets, and conducting retro-DUR program activities and assessments for the Indiana Medicaid Program. The following information is the year-end analysis for FFY1999 of retro-DUR activities and outcomes that were approved by the DUR Board and performed by the EDS pharmacist. Because of the transition to a new retro-DUR provider, the DUR Board decided not to proceed with interventions from analysis of first quarter FFY 1999 claims and instead conducted retro-DUR analysis of claims received during the second, third, and fourth quarters of FFY 1999.

### **First Quarter FFY 1999 Retro-DUR Intervention**

The Board performed no intervention.

### **Second Quarter FFY 1999 Retro-DUR Intervention**

Using second quarter data, the Board had identified 841 patients that were receiving more than one serotonergic agent, these patients accounted for 896 different interventions. Several of these patients were receiving their medications from more than one physician. Of the 841 patients, 183 patients were receiving duplicate therapy with SSRI antidepressants, and several of these patients were receiving additional serotonergic agents. 130 of these patients were receiving SSRI antidepressants above the maximum recommended dose along with other serotonergic medications.

570 physicians received letters for this intervention.

The total number of responses to date is 470 responses from 317 physicians.

- 94 responses: Physicians agreed with the recommendation and would change, or would try to change therapy. Several stated that one of the serotonergic agents had been discontinued.
- 189 responses: Physicians had chosen to continue therapy for a number of reasons.
  - Most of the responses state that the patient was doing well on the combination of medications.
  - They would continue therapy because the patient was not experiencing any adverse effects.
  - A psychiatrist had initiated medications.
- 94 responses: Physicians were not currently treating these patients.
- 16 responses: Physicians were treating these patients, but a psychiatrist prescribed the psychotropic drugs.
- 51 responses: These recipients were not their patients.
- 40 responses: Physicians were unaware of the patients receiving 2 serotonergic drugs, or they reported that the patients were receiving only one serotonergic drug.

### **Third Quarter FFY 1999 Retro-DUR Intervention**

Using third quarter data, the Board identified 472 patient profiles that had evidence of cisapride therapy as empiric use in the treatment of GERD. Letters were sent to 391 physicians.

Patient profiles were reviewed to identify patients who are 12 years and older and had received a prescription for cisapride for empiric treatment of GERD. Profiles were eliminated if patients had received prescriptions for H<sub>2</sub>-Antagonists or Proton-pump Inhibitors within the previous 60 days from the initiation of the cisapride therapy. Additionally, patient profiles that showed treatment of diabetes were excluded.

The cover letter included information encouraging the initiation of lifestyle modification, antacids, and/or the utilization of Histamine 2 receptor blockers or Proton pump inhibitors as first-line therapy in the treatment of gastroesophageal reflux disease.

Because of the risk of serious and sometimes fatal ventricular arrhythmias, the use of cisapride should be employed only in patients who did not respond adequately to lifestyle modifications, antacids and gastric acid reducing agents.

A newsletter was also enclosed in the intervention packet that addressed the safety issues associated with the use of cisapride, including the risk of serious ventricular arrhythmias. The document reviewed the approved and off label uses of cisapride, contraindications, drug interactions, and recommendations for alternative therapy.

Two hundred and four physicians responded concerning 243 patients.

- 52 physicians agreed with the recommendation and would change to an alternative therapy.
- 15 physicians were treating patients for diabetic stasis.
- 89 patients had an inadequate response from antisecretory agents such as proton pump inhibitors or histamine H<sub>2</sub> antagonists.
- 45 physicians would continue the current therapy for various reasons:
  - ⇒ Patients are responding well to cisapride.
  - ⇒ Gastroparesis of unknown etiology, also chemo-induced gastroparesis.
  - ⇒ Metoclopramide is contraindicated, or not tolerated due to CNS side effects or other factors.
  - ⇒ Treatments for nausea and vomiting have failed, refractory vomiting.
  - ⇒ Chronic constipation.
  - ⇒ Gastric retention, dysphagia, functional & mechanical gastric obstruction with recurrent abdominal pain.
  - ⇒ Weight loss and nausea
  - ⇒ Severe cerebral palsy with mental retardation
  - ⇒ Failed therapy with 1st and 2nd line medications
  - ⇒ Assist in intestinal motility

- 28 physicians were not currently treating these patients.
- 15 physicians stated these 17 patients were not their patients
- 12 physicians reported that cisapride had already been discontinued or that the patients were not receiving cisapride.

#### **Fourth Quarter FFY 1999 Retro-DUR Intervention**

Using fourthquarter data, the Board identified 250 physicians who were prescribing a large number of oral second and third generation cephalosporins, fluoroquinolones, or macrolide agents as first-line antimicrobial therapy. These physicians accounted for 1,891 prescriptions during a one-month period. In many instances there were alternative antimicrobial agents that were both highly effective in the treatment of a given infection and a more cost-effective choice as well.

The Board's cover letter proposed that second-line antibiotics be reserved for patients who failed to respond to first-line agents, those who experienced recurrent infections, or those who were immunocompromised

Three newsletters were enclosed in the intervention packet that addressed the use of antibiotic classes in the treatment of community-acquired infections and a chart was also included which listed the cost per day for specific regimens.

Eighty-one physicians (32%) responded. However, this intervention was intended as an educational intervention and specific patients were not listed. A large response would not be expected for this type of general educational intervention.

33 physicians (231 patients) agreed with the recommendation and would consider 1<sup>st</sup> line therapy for common bacterial infections.

41 physicians (287 patients) agreed with recommendation and would use first-line whenever possible. However, they would continue to use 2<sup>nd</sup> and 3<sup>rd</sup> line agents when necessary:

- Failure of 1<sup>st</sup> line agents
- Multiple or severe infections
- Recurrent infections
- Intolerance
- Allergic reactions
- Resistance
- Immunocompromised
- Compliance

7 physicians (35 patients) did not agree and indicated that they would continue therapy with 2<sup>nd</sup> and 3<sup>rd</sup> line antibiotics

- Specialist, only sees complicated cases
- Compliance issues

- 2<sup>nd</sup> line antibiotics are more effective

## ATTACHMENT 4

Four Indiana DUR Board meetings were conducted during FFY 1999. The Board had decided to continue quarterly meetings after having completed criteria for retrospective and prospective drug utilization and review in FFY 1996.

The Board received the resignations of two pharmacists from its membership this year. Two pharmacists were appointed to fill the vacant positions. In addition, two new positions were legislated onto the Board; one position requiring an individual who is employed by a health maintenance organization that has a pharmacy benefit, and has expertise in formulary development and pharmacy benefit administration, and the other position requiring an individual that is a health economist. An individual from a health maintenance organization was appointed to fill one of the new vacancies. In order to qualify for the appointment, the individual appointed could not be employed by a health maintenance organization that is under contract or subcontract with the state to provide services to Medicaid recipients. Efforts were underway to identify a physician candidate and a health economist to fill an open physician position and the newly created health economist seat<sup>1</sup>. The Board elected a new chairperson and re-elected the vice-chairperson to serve in their capacities for the year.

Educational efforts continued throughout the year with the publication of three newsletters. The topics of articles in the newsletters include the following:

- An article outlining CDC recommendations to increase the dose of amoxicillin from the traditional 40mg/kg/day to higher doses of 60-90mg/kg/day for the treatment of otitis media in children.
- An article alerting practitioners of the possible drug-food interactions that may occur when medications are taken with grapefruit juice.
- An article summarizing a study that identified lower treatment cost in patients who use breath-actuated, metered-dose inhalers over the traditional manual actuated inhalers. The article reported that such devices could reduce costs approximately 16%.
- An article alerting prescribers and pharmacists of the increased incidence of serotonin syndrome. The article reported the syndrome's causes, symptoms, treatment and prevention. The article presented information that was used to support the retro-DUR analysis of therapeutic duplicative serotonergic drug therapies.
- An article reporting treatment guidelines for gastric esophageal reflux disease (GERD), established by the Practice Committee of the American College of Gastroenterology. The article presented information that was used to support the retro-DUR analysis of profiles to identify which ones demonstrated the utilization of cisapride as a first-line agent in the treatment of GERD.
- An article reporting the trends in pro-DUR alerts that were generated from POS claims submitted by pharmacy providers in June 1999. The article presented the number of drug/drug interaction alerts that occurred with prescriptions for specific fluoroquinolone antimicrobial agents, and the numbers of therapeutic duplication

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<sup>1</sup> A physician was subsequently appointed to fill the open physician seat in FFY 2000.

alerts that occurred with prescriptions for benzodiazepines, SSRIs, and H2-Antagonists. The article also listed the number of overrides for each type of alert that totals the occurrences where pharmacists had overridden the pro-DUR alerts and dispensed the medications.

- Listings of top 25 drugs paid per quarter by Indiana Medicaid.

Educational inserts were also included in the retro-DUR intervention packets that were approved and mailed by the DUR Board. The educational inserts contained information relevant to the purpose of the intervention letter and included subject matter involving Serotonin Syndrome, first-line agents in the treatment of GERD, and first-line agents in the treatment of common bacterial infections. Positive comments were communicated from prescribers receiving the intervention packets which pertained to the educational approach presented in the letters.

During the retro-DUR analysis involving therapeutic duplicate SSRI claims, the Board identified certain profiles of patients who were residents of nursing facilities. A total of eighteen profiles were attributed to patients in nursing facilities and the Board directed intervention and education material to be sent to the consulting pharmacies. A response to nine of the profiles (50%) was received from the consultant pharmacists indicating their awareness of the duplications and their involvement in monitoring the patient or having the drug therapy adjusted.

In August 1999, the DUR Board website was established as an addition to the existing Indiana Medicaid site. Providers who access the DUR Board website are able to retrieve copies of DUR Board Newsletters, meeting minutes, meeting agendas, duties of the Board, the Board's charter, and a calendar and location listing of future DUR Board meetings. The website also allows providers to contact the Board through an e-mail link, enabling them to submit inquiries or request Board consideration for adding products to the Indiana Medicaid OTC Drug Formulary, which is an advisory function of the Board.

The Board continued the retrospective DUR function by producing profiles for three of the four quarters this year. The criteria for review included the following:

- Quarter 1: The Board performed no review.
- Quarter 2: Profile reviews for patients receiving therapeutic duplication of Serotonergic agents.
- Quarter 3: Profile reviews for patients receiving cisapride as a first-line agent in the treatment of GERD.
- Quarter 4: Profile reviews for patients receiving a second or third generation cephalosporin, a fluoroquinolone, or a newer macrolide antimicrobial product as a first-line agent in the treatment of common bacterial infections.

The Board has experienced an overall response rate of greater than 54% from those profile reviews that requested physician responses. The retro-DUR analysis for quarter 4 included the prescribers who were involved in overseeing the drug therapy of those patient profiles that were identified, and educational materials pertaining to first-line agents in the treatment of common bacterial infections were mail to them without patient profiles. The intent of the intervention was to inform or remind prescribers of the

recommended drug product selection criteria supported in the literature. While responses were not expected from quarter four's analysis, 32% of the physicians receiving the educational intervention packet did respond.

In regards to prospective DUR, the Board continued monitoring monthly summary reports and approving pro-DUR criteria updates based on previous criteria standards established. The greatest impact for FFY 1999 relating to pro-DUR is in the amount of pro-DUR alerts that were set that did not receive responses from the originating pharmacies. A claim that sets a pro-DUR alert requires a response from the pharmacy in order to allow the claim to be paid. Whenever an alert does not receive a response, the claim is not payable and it can be assumed that the prescription was not dispensed. In FFY 1998, there were 135,481 pro-DUR alerts that were set that did not receive responses. Results from pro-DUR activity in FFY 1999 reveal that 114,515 pro-DUR alerts did not receive responses; a 15.5% decrease from the previous year. The total number of pro-DUR alerts that were set in the two years reveals a 1.6% increase in alerts (725,716 for FFY1998; 737,511 for FFY1999) and a 5.6% increase in overrides (589,688 for FFY1998; 622,614 for FFY1999).

The Board spent considerable time reviewing the formularies for the risk-based managed care (RBMC) organizations that provide health care coverage for a portion of the Medicaid recipient population. Because of the provisions of HEA 2035, established by the Indiana State legislature, the Board was given the charge to review and approve the formularies of managed care organizations contracted to Indiana Medicaid. The new law also expanded the number of members serving on the Board and their responsibilities. The Board reviewed the Medicaid formularies of CIMCO and MIM before approving them.

## ATTACHMENT 5

Indiana Medicaid policy mandates substitution of a generically equivalent drug for a prescribed brand name drug, unless the prescribing practitioner properly indicates “brand medically necessary”. The following statutory information is provided to further clarify Indiana’s generic substitution policy.

### **Generic Substitution Law**

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**Indiana Code 16-42-22 Drugs: Generic Drugs** is presented in its entirety for your reference:

#### **16-42-22-1 "Brand name" defined**

Sec. 1. As used in this chapter, "brand name" means the proprietary or trade name selected by the drug manufacturer and placed upon a drug or the drug's container, label, or wrappings at the time of packaging. *As added by P.L.2-1993, SEC.25.*

#### **16-42-22-3 "Customer" defined**

Sec. 3. As used in this chapter, "customer" means the individual for whom a prescription is written or the individual's representative. *As added by P.L.2-1993, SEC.25.*

#### **16-42-22-4 "Generically equivalent drug product" defined**

Sec. 4. (a) As used in this chapter, "generically equivalent drug product" means a drug product:

- that contains an identical quantity of active ingredients in the identical dosage forms (but not necessarily containing the same inactive ingredients) that meet the identical physical and chemical standards in The United States Pharmacopoeia (USP) described in IC 16-42-19-2, or its supplements, as the prescribed brand name drug; and
- if applicable, for which the manufacturer or distributor holds either an approved new drug application or an approved abbreviated new drug application unless other approval by law or of the federal Food and Drug Administration is required.
  - A drug does not constitute a generically equivalent drug product if it is listed by the federal Food and Drug Administration on July 1, 1987, as having actual or potential bioequivalence problems.

*As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, SEC.4.*

#### **16-42-22-4.5 "Practitioner" defined**

Sec. 4.5. As used in this chapter, "practitioner" means any of the following:

- A licensed physician.

- A dentist licensed to practice dentistry in Indiana.
- A podiatrist licensed to practice podiatric medicine in Indiana.
- An optometrist who is:
  - licensed to practice optometry in Indiana; and
- An advanced practice nurse licensed and granted the authority to prescribe legend drugs under IC 25-33.

*As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, SEC.5.*

#### **16-42-22-5 "Substitute" defined**

Sec. 5. As used in this chapter, "substitute" means to dispense a generically equivalent drug product in place of the brand name drug product prescribed by the practitioner. *As added by P.L.2-1993, SEC.25.*

#### **16-42-22-5.5 Authorization to substitute only generically equivalent drug products**

Sec. 5.5. Nothing in this chapter authorizes any substitution other than substitution of a generically equivalent drug product. *As added by P.L.239-1999, SEC.6.*

#### **16-42-22-6 Prescription forms**

Sec. 6. Each written prescription issued by a practitioner must have two (2) signature lines printed at the bottom of the prescription form, one (1) of which must be signed by the practitioner for the prescription to be valid. Under the blank line on the left side of the form must be printed the words "Dispense as written". Under the blank line on the right side of the form must be printed the words "May substitute". *As added by P.L.2-1993, SEC.25.*

#### **16-42-22-8 Substitution of generically equivalent drug product in non-Medicaid or Medicare prescriptions**

Sec. 8. For substitution to occur for a prescription other than a prescription filled under the traditional Medicaid program (42 U.S.C. 1396 et seq.) or the Medicare program (42 U.S.C. 1395 et seq.), the practitioner must sign on the line under which the words "May substitute" appear; and the pharmacist must inform the customer of substitution. This section does not authorize any substitution other than substitution of a generically equivalent drug product. *As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, SEC.7.*

#### **16-42-22-9 Transcription of practitioner's oral instructions to pharmacist**

Sec. 9. If the practitioner communicates instructions to the pharmacist orally, the pharmacist shall indicate the instructions in the pharmacist's own handwriting on the written copy of the prescription order. *As added by P.L.2-1993, SEC.25.*

#### **16-42-22-10 "Brand Medically Necessary" Traditional Medicaid or Medicare prescriptions**

Sec. 10. (a) If a prescription is filled under the traditional Medicaid program (42 U.S.C. 1396 et seq.) or the Medicare program (42 U.S.C. 1395 et seq.), the pharmacist shall substitute a generically equivalent drug product and inform the customer of the substitution if the substitution would result in a lower price unless:

- the words "Brand Medically Necessary" are written in the practitioner's own writing on the form; or
- the practitioner has indicated that the pharmacist may not substitute a generically equivalent drug product by orally stating that a substitution is not permitted.
  - If a practitioner orally states that a generically equivalent drug product may not be substituted, the practitioner must subsequently forward to the pharmacist a written prescription with the "Brand Medically Necessary" instruction appropriately indicated in the physician's own handwriting.
  - This section does not authorize any substitution other than substitution of a generically equivalent drug product

*As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, SEC.8.*

#### **16-42-22-11 Substitution of generic drugs; identification of brand name drug**

Sec. 11. If under this section a pharmacist substitutes a generically equivalent drug product for a brand name drug product prescribed by a practitioner, the prescription container label must identify the brand name drug for which the substitution is made and the generic drug. The identification required under this subsection must take the form of the following statement on the drug container label, with the generic name and the brand name inserted on the blank lines: "                     Generic for                     ". *As added by P.L.2-1993, SEC.25. Amended by P.L.186-1993, SEC.1.*

#### **16-42-22-12 Identification of manufacturer or distributor of dispensed drug product on prescription**

Sec. 12. The pharmacist shall record on the prescription the name of the manufacturer or distributor, or both, of the actual drug product dispensed under this chapter. *As added by P.L.2-1993, SEC.25.*

## ATTACHMENT 6

The projected pro-DUR savings calculation reflects only those claims that were submitted electronically. If an alert is triggered upon submission of a claim, the pharmacist must respond to the alert in order to receive payment for the claim. The response is captured electronically. By responding to the alert, the claim may be adjudicated, and the pharmacist would thereby dispense the medication.

The responses captured on the pro-DUR report 0014A summarize the actions taken by pharmacists when presented with pro-DUR alerts in the course of dispensing prescriptions to Indiana Medicaid recipients. The codes 1A, 1B and 1G are override codes and would not produce any program savings since no changes in the dispensed prescription took place. A pharmacist who overrides an alert with a code 1A, 1B, or 1G, after having been presented the alert, determines to his best professional judgement, with or without the communicated judgement of the prescriber, that the benefits of dispensing the medication outweigh the potential risks associated with the alert. However, alerts 1C, 1D, 1E and 1F are adjustments made to the prescription in response by the pharmacist to the pro-DUR alert. The response could produce program savings if the action taken by the pharmacist prevented an adverse drug-related event or enhanced the effectiveness of the patient's drug therapy. Still, a change documented by these codes could also reflect an increase in program costs if the result was the utilization of a more costly drug therapy even though the potential for an adverse drug-related event was minimal. The savings or added expense may be marginal, but the potential of this cost savings/expense should be acknowledged. Therefore, calculating this amount with the data available would be difficult at best.

Reviewing the DUR-0011 report provides a more solid foundation for calculating savings to the program attributed to the POS/pro-DUR functionality.

A "cancellation" response to a pro-DUR alert indicates that the pharmacist cancelled the claim and did not dispense the medication. The total number of cancellations for FFY 1999 was 357.

A "non-response" to an alert indicates that the pharmacist did not respond to the alert. If a pharmacist does not respond to a pro-DUR alert within three days, the claim is denied, and no program funds are expended. However, the claim may have been resubmitted after this three-day period and no alert triggered (i.e. early refill alert may not be triggered and the medication was dispensed). Conversely, another alert may have been triggered and the pharmacist properly responded and dispensed the medication. Thus, it is a logical assumption that a percentage of the non-responses were not dispensed and savings to the State Medicaid program were incurred. The total number of non-responses to pro-DUR alerts for FFY 1999 was 114,515.

If one assumes that fifty percent of the non-responses were not subsequently dispensed, the POS/pro-DUR system would have resulted in 57,258 prescriptions not being dispensed.

The latest data available that reflects both drug program expenses and the number of prescriptions dispensed is FFY 1999 claim data. From this data, \$376,785,602 was paid for pharmacy services to Indiana Medicaid recipients for 10,185,937 prescriptions. An average price per prescription of \$36.99 includes both legend and OTC formulary drug products.

\$36.99 - Average prescription drug price  
357 - Number of POS/pro-DUR cancellations  
57,258 – Non-responses to pro-DUR alerts

Estimated program savings attributable to POS/pro-DUR = \$ 2.1 million

If an estimated 30% of non-responses are calculated as non-dispensed prescriptions, the program still has an estimated saving of \$1.3 million.

The estimated retro-DUR savings reflect interventions that occurred six to nine months earlier. Therefore, Board activity from FFY 1998 would be reflected in the FFY 1999 report as well as Board actions taken in FFY 1999. Additionally, not all FFY 1999 Board activity will be reflected in the current annual report. As retro-DUR processes continue, the savings will accrue from therapy changes effected in multiple prior quarters, thus resulting in a compounding of savings.

It is the responsibility of the pharmacist at EDS to interface with the OMPP, the Indiana Medicaid DUR Board, and Eagle Managed Care in coordinating the DUR activities of Indiana Medicaid. The retro-DUR savings reflected in this report are estimated savings. On occasion, there may have been some retro-DUR interventions where the therapy changes instituted after receipt of the intervention letter lead to increased program expenditures (i.e. a more expensive medication utilized to replace the therapy that was discontinued). When changes in therapy occurred, as reported from returned intervention response forms, the profiles were not monitored in further monthly analyses to assure that the changes were permanent. The savings or expenses attributed to the prescribers' responses are calculated from the quarter in which the drug therapy changes occurred.

Review of the retro-DUR activities performed for FFY 1999 revealed that 1211 intervention letters were sent to physicians. The responses received from physicians that were mailed intervention letters requesting feedback were more than 54%. Almost 31% of responding physicians agreed to the recommendations communicated in the intervention letters. The total estimated program savings for the retro-DUR program for FFY 1999 was \$855,372, and included retro-DUR analysis of three out of four quarters for FFY 1999. The estimated average amount of cost savings per intervention agreement is likely to be at \$833. This figure is calculated using the estimated cost savings involving retro-DUR activities for FFY 1999 and dividing that into an extrapolation of

the agreement percentage from the prescriber responses to the total number of interventions performed.

Neither the pro-DUR nor the retro-DUR savings reflect any potential program savings from hospitalizations and emergency room visits or primary care giver visits that may have been avoided. The cost savings are an estimate of the drug expenditures that the Indiana Medicaid program did not incur. Realistically, the savings to the program would far exceed the drug savings indicated. Additionally, the cost savings estimate does not include any recognition of the pain and suffering or any increased care giver expenses that the recipient has avoided by having the physician and pharmacist actively intervene in their drug therapy.

## RETRO-DUR SUMMARY REPORT

Cost Savings Summary of Retro-DUR Activity From January 1999-September 1999

Interventions	Physician Letters	Number of Physicians responding	Number of Interventions	Potential cost savings per month	Number of Responses	Response Rate	% agreeing to change	Predicted cost savings per month	Predicted cost savings per year
Serotonergic Agents	570	317 (56%)	896	\$145,080	469	52 %	20 %	\$29,016	\$348,192
Cisapride	391	204 (52%)	472	\$ 41,418	243	51 %	26 %	\$10,769	\$129,228
1 <sup>st</sup> line antibiotics	250	81 (32%)	1726	\$ 75,400	553	32 %	42 %	\$31,496	\$377,952

### Methodology for Potential Cost Savings:

- **For Serotonergic Interventions:**

\$290,160 per month was the cost associated with all interventions involving serotonergic agents. We estimated that approximately 50% of the interventions could have medical justification for the therapeutic duplication and the remaining 50%, or \$145,080, would be a better representation of the potential cost savings per month.

- **For Cisapride Interventions:**

The total cost savings was broken down by the cumulative cost of the cisapride prescriptions identified from the interventions. Although other drug therapy was likely utilized for first-line treatment of GERD, the cost of those alternatives was not considered, nor were the potential indirect costs associated with adverse reactions with cisapride therapy considered in the cost savings model.

472 cisapride interventions:

PROPULSID 10MG (AVG 94 X \$.81) = \$76.14

PROPULSID 20MG (AVG 73 X \$1.57) = \$114.61

**PROPULSID 10MG/ML (AVG 655ML X .13) = \$85.15**

279 Rxs @ \$ 76.14 = \$21,243

127 Rxs @ \$114.60 = \$14,555

66 Rxs @ \$ 85.15 = \$ 5,620

**\$41,418**

- **For First-Line Antibiotics:**

\$75,400 per month was the cost difference between the utilization of the more expensive second and third-line agents, versus the cost of cheaper first-line alternatives.

### Outcomes Measures:

Using October 1999 claims data, of the 472 patients that had been receiving **Propulsid** prescriptions in June, only 207 remained on the drug. Therefore, the **actual decrease was 56% or \$23,194 per month savings.**