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PREFERRED DRUG LIST AND SUPPLEMENTAL REBATE PROGRAM ANNUAL PUBLIC REPORT

STATE OF NORTH CAROLINA

July 17, 2012

THIS REPORT WAS COMPLETED FOR THE STATE ON FEBRUARY 17, 2012

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1

Executive Summary

The State of North Carolina (State) engaged Mercer Government Human Services Consulting (Mercer) to provide an annual report, as prescribed by the State's Centers of Medicare and Medicaid Services (CMS) State Plan Amendment (SPA), that evaluates the overall impact of the State's Preferred Drug List (PDL) and supplemental rebate program, which is enforced by clinical prior authorization (PA). Mercer assessed the following in this report:

- Access to pharmaceutical care for State Medicaid recipients
- Whether changes in expenditures or utilization in medical services, such as hospitalizations or physician services, have increased or decreased as a result of the multi-state pooling agreement
- Aggregate cost savings associated with the PDL and the State's participation in the National Medicaid Pooling Initiative (NMPI) supplemental rebate program

Background

In March 2002, the State implemented a clinical PA review program as a method to encourage prescribers to prescribe and dispense the most clinically appropriate and cost-effective medications. A State panel of clinical and academic pharmacists and physicians selected the prescription drugs that required clinical PA review and developed the clinical criteria for the program.

In March 2010, the State joined the NMPI supplemental rebate purchasing pool. NMPI is a multi-state Medicaid pharmaceutical purchasing pool administered by Magellan Medicaid Administration, Inc./Provider Synergies.

State Medicaid programs join multi-state pooled purchasing programs to combine their purchasing power to influence drug manufacturers to provide greater supplemental rebates. Manufacturers pay supplemental rebates if a state implements a PDL that requires PA review of non-preferred medications, which provides the manufacturers with a competitive advantage if their products are deemed "preferred". The benefit of joining a multi-state arrangement is typically a significant increase in program savings that are attributed to:

- Additional support with implementing a PDL or expanding a state's PDL program in a short timeframe
- Market share shift in drug utilization to therapeutically equivalent and typically less costly preferred medications

- An increase in individual supplemental rebate collections due to purchasing power and contracts negotiated with pharmaceutical manufacturers

Initially, the State did not establish a PDL when it joined NMPI, but only collected pharmaceutical manufacturer supplemental rebates through its participation with the purchasing pool. On September 15, 2010, the State implemented its PDL, enforced through its PA program, in order to encourage appropriate prescription drug utilization. The State originally established 88 unique PDL therapeutic drug categories that include preferred and non-preferred medications. On March 7, 2011, the State implemented an additional 17 PDL therapeutic drug categories.

Summary of Results

Impact on Recipients' Access to PDL Program Medications

Mercer assessed recipients' access to PDL program medications in State Fiscal Year (SFY) 2011. Key findings for this part of the analysis included:

- **A small percentage of individuals reverted to non-preferred medications after the PDL program's implementation suggesting that Medicaid recipients who changed from a non-preferred medication to a preferred medication remained on the preferred medication regimen except for clinically necessary exceptions.**
  - There were 34 drug categories that had recipients who reverted to a non-preferred medication. Only 0.1% or 1,200 recipients out of a total of 800,000 continuously eligible Medicaid recipients for these 34 drug categories switched back to a non-preferred medication after having a paid claim for a preferred medication.

- **Relatively few Medicaid recipients did not obtain a drug following a denied claim payment for a non-preferred medication within the same therapeutic drug category.**
  - Only 3.2% (or 31,000) of continuously eligible Medicaid recipients in SFY 2011 had a denied claim payment for a non-preferred medication and did not receive a subsequent paid claim for another medication within the same PDL therapeutic drug category.

- **An increase in PDL compliance suggests the PDL program may have influenced prescribers to prescribe preferred medications more frequently than non-preferred medications over time.**
  - The overall PDL compliance rate (percentage of preferred prescriptions) increased 6.7 percentage points from 87.9% prior to the PDL implementation to 94.7% by the fourth quarter of SFY 2011.

- **The quarterly number of PDL PA call center requests significantly decreased in SFY 2011 and may indicate prescribers have become more familiar with the PDL program.**
  - The total number of PDL PA call center requests declined 25% (from 10,154 to 7,608) between third quarter (Q3) SFY 2011 and fourth quarter (Q4) SFY 2011 even though 17 PDL drug categories were added to the PDL program in March 2011.

Impact on Recipients' Medical Services Utilization and Expenditures

To monitor whether the implementation of the PDL program resulted in changes in recipients' use of medical services, Mercer performed a time series, comparative analysis of medical services utilization and expenditures for recipients "impacted" by the PDL program as compared to recipients "not impacted" by the PDL program for select PDL therapeutic drug categories.

- **In general, the utilization and paid amount per recipient were similar across time periods by population and medical services categories.**

Estimated Savings

Mercer estimates the total net savings for the Clinical PA, PDL and supplemental rebate programs was **$105.4 million** (State share of $37 million), which includes $94.5 million savings realized in SFY 2011 and an additional $10.9 million for supplemental rebates collected from the time the State joined NMPI (March 2010) through June 2010. Of the total savings, approximately **$29.1 million** (State share of approximately $10.2 million) can be attributed to the Clinical PA program and **$76.3 million** (State share of approximately $26.8 million) can be attributed to the State's PDL and supplemental rebate program. This equates to an overall Return on Investment (ROI) of **25:1** for the PDL and supplemental rebate program. The net PDL and supplemental rebate program savings was comprised of:

- $14.8 million attributed to the PDL program
- $10.0 million as a result of shifting medication utilization from non-preferred to preferred medications (i.e., Market Shift Savings)
- $54.6 million in supplemental rebate collections
- $3.1 million in administrative costs that slightly offset the gross savings

Since the PDL was implemented in September 2010 (late in first quarter of SFY 2011), the PDL program savings estimate ($14.8 million) does not reflect a complete 12 month implementation year.

2

Assessment of Recipients' Access to PDL Program Medications

To monitor the effect of the PDL program on recipients' access to medications, Mercer evaluated the following:

- Number of recipients who reverted to a non-preferred medication within the same therapeutic drug category after the PDL program's implementation
- Number of recipients who had a prescription claim payment denied that was subject to the PDL program with no subsequent paid claim within the same therapeutic drug category
- PDL compliance based on prescription utilization before and after the PDL program implementation
- Frequency of PDL PA call center requests for non-preferred medications and the percentage of approvals and denials

Recipients Reverting to Non-Preferred Medications

Mercer evaluated the number of Medicaid recipients who received a non-preferred medication prior to the PDL program's implementation, then received a preferred medication after the PDL program's implementation and finally reverted to a non-preferred medication all within the same therapeutic drug category. Exhibit 1 in Appendix A provides the results of this assessment for the top 10 therapeutic drug categories by recipient count that reverted to a non-preferred medication.

Observations

- During the study period, 34 therapeutic drug categories evaluated had recipients, with continuous Medicaid eligibility, who reverted to a non-preferred medication after the implementation of the PDL program.

- The overall percentage of recipients switching back to a non-preferred medication after having tried a preferred medication was very small.
  - For recipients continuously eligible for Medicaid, only 0.1% or 1,200 recipients out of a total of 800,000 recipients from these 34 therapeutic drug categories reverted to a non-preferred medication during the study period.

- The top five drug categories by recipient count that demonstrated potential recipient disruption were Minimally Sedating Antihistamines (seasonal allergies), Anticonvulsants (non-seizure related indications), Beta Agonist Bronchodilators (asthma or chronic obstructive pulmonary disease COPD), Bone Resorption Suppression and Related Agents (osteoporosis), and Bladder Relaxant Preparations (urinary incontinence) with 217, 144, 118, 87 and 84 unique recipients, respectively, who switched back to a non-preferred medication. These five drug categories accounted for over 50% of the total recipients that reverted to a non-preferred medication following the implementation of the PDL.

Conclusion

A small percentage of individuals reverted to non-preferred medications following the PDL program's implementation suggesting that Medicaid recipients who changed from a non-preferred medication to a preferred medication remained on the preferred medication regimen except for clinically necessary exceptions.

Recipients with a Denied Non-Preferred Claim Payment and No Subsequent Paid Claim

In Exhibit 2 in Appendix A, Mercer summarized the top 10 drug categories with the greatest number of recipients who had a denied claim payment for a non-preferred prescription and did not receive a subsequent non-preferred or preferred paid claim within the same therapeutic drug category.

Observations

- Fifty seven of the therapeutic drug categories evaluated had recipients who had a denied claim payment for a non-preferred prescription and did not receive a subsequent paid claim for a non-preferred or preferred medication within the same therapeutic drug category during the study period.

- Overall, 3.2% (or 31,000) of continuously Medicaid eligible recipients had a denied claim payment and did not receive a subsequent paid claim within the drug category.

- The top 10 drug categories based on recipient counts and continuous Medicaid eligibility ranged from a low of 2.0% (Skeletal Muscle Relaxants (muscle relaxation)) to a high of 35.6% (Topical Antivirals (topical treatment of cold sores)) of recipients not receiving a subsequent claim within the drug category following a denied claim payment.

Conclusion

Relatively few Medicaid recipients did not obtain a drug following a denied claim payment for a non-preferred medication within the same therapeutic drug category.

PDL Compliance

As previously mentioned, a primary goal of the State's PDL program is to encourage prescribers to write prescriptions for preferred medications within designated therapeutic drug categories. Mercer compared the percentage of preferred prescriptions utilized (i.e., PDL compliance) prior to the PDL program's implementation in September 2010 to the compliance after implementation by PDL therapeutic drug category. Exhibit 3 in Appendix A represents the top 10 therapeutic drug categories that showed the greatest increase in PDL compliance in SFY 2011.

Observations

- The overall PDL compliance rate prior to the PDL program's implementation was approximately 87.9%. By Q4 SFY 2011, the overall PDL compliance rate increased to approximately 94.7%, a 6.7 percentage point increase.
  - On a quarterly basis, compliance rates increased 0.5 percentage points between the Q3 and Q4 SFY 2011 time periods from 94.2% to 94.7%.
  - From September 15, 2010, when the PDL was implemented, through Q4 SFY 2011, PDL compliance rates realized an overall increase of 1.2 percentage points from 93.5% to 94.7%.

- The drug classes with the greatest percentage change of preferred prescriptions utilized between the pre- and post-implementation PDL time periods include:
  - Topical Analgesics/Anesthetics (pain relief) and Anti-Inflammatories Ophthalmics (topical/ophthalmic treatment of pain/irritation) categories. Both categories experienced compliance increases of more than 50% between the pre-implementation period and Q4 SFY 2011.
  - Topical Acne Agents, Bladder Relaxant Preparations (urinary incontinence), Topical Antivirals (topical treatment of cold sores), and Benign Prostatic Hypertrophy (BPH) Treatments (urinary frequency/incontinence) all had compliance increases greater than 35% but less than 50%.

Conclusion

An increase in PDL compliance suggests the PDL program may have influenced prescribers to prescribe preferred medications more frequently than non-preferred medications over time.

PDL PA Call Center Requests for Non-Preferred Medications

Mercer summarized the number of PA requests for non-preferred medications during the study period that were processed by the PDL PA call center vendor and the associated approval and denial rates. The top 10 therapeutic drug categories by PDL call center volume are represented in Exhibit 4 in Appendix A.

Observations

- In SFY 2011, there were 38,000 PDL PA call center requests with an overall approval rate of 86.4% and an overall denial rate of 13.6%.

- Of the top 10 PDL therapeutic drug categories by the number of PDL PA requests, the PA approval rate ranged from a minimum of 72.2% for the Skeletal Muscle Relaxants (muscle relaxation) and a maximum 95.5% for Beta Agonist Bronchodilators (asthma/COPD).

- The total number of PDL PA call center requests declined 25% (from 10,154 to 7,608) between Q3 SFY 2011 and Q4 SFY 2011, even though 17 PDL drug categories were added to the PDL program in March 2011 (latter part of Q3 SFY 2011).

Conclusion

The quarterly number of PDL PA call center requests significantly decreased in SFY 2011 and may indicate prescribers have become more familiar with the PDL program.

3

Medical Services Utilization and Expenditures Analysis

To monitor whether the implementation of the PDL program resulted in changes in recipients' use and cost of medical services, Mercer evaluated medical services utilization and expenditures for recipients "impacted" by the PDL program as compared to recipients "not impacted" by the PDL program for select PDL therapeutic drug categories.

The medical services utilization and expenditures evaluated included:

- Inpatient hospital admissions
- Emergency room visits
- Outpatient hospital visits
- Physician office visits

Mercer considered recipients "not impacted" by the PDL program if they did not experience a change in drug therapy within a PDL therapeutic drug category. "Not impacted" recipients were taking preferred medications before and after the program's implementation within the same PDL therapeutic drug category. Mercer defined recipients as "impacted" by the PDL program if they changed drug therapies within a PDL therapeutic drug category. "Impacted" recipients were taking non-preferred medications before and preferred medications after the PDL program's implementation within the same PDL therapeutic drug category.

Mercer's criteria for selecting the PDL therapeutic drug categories included:

- PDL categories with a relatively large market shift from non-preferred medications before the PDL program's implementation to preferred medications after implementation
- PDL categories used as long-term maintenance therapies for chronic disease treatment
- PDL categories with a relatively large number of recipients considered to be in the "impacted" and "not impacted" population categories

Based on these criteria, Mercer selected the following PDL categories to evaluate:

- Lipotropics, Statins used to treat recipients with high cholesterol
- Inhaled Glucocorticoids, used to treat recipients with asthma
- Hypoglycemics, Insulins and Related Agents, used to treat recipients with Type 1 and Type 2 diabetes

Mercer has included the data and graphs referenced for this evaluation in the following appendices:

- Appendix B contains graphs of the selected PDL drug categories illustrating pre- and post- PDL program implementation **utilization per recipient** for the selected medical services categories
- Appendix C contains graphs of the selected PDL drug categories illustrating pre- and post- PDL program implementation **paid amount per recipient** for the selected medical services categories

Mercer performed a time series, comparative analysis of the three selected PDL therapeutic drug categories. The pre PDL implementation time period was March 15, 2010 through September 14, 2010. The post PDL implementation time period was September 15, 2010 through June 30, 2011. These time periods were aggregated and used as the data points on the graphs:

- Pre-implementation period:
  - 3/15/2010 to 6/14/2010
  - 6/15/2010 to 9/14/2010

- Post-implementation period:
  - 9/15/2010 to 12/31/2010
  - 1/1/2011 to 3/31/2011
  - 4/1/2011 to 6/30/2011

The vertical line on each graph indicates the date of the PDL program's implementation – September 15, 2010.

Observations

- As shown by the graphs in Appendix B, the overall utilization for medical services was relatively low for the selected PDL categories and for each population group
  - The utilization by population group followed similar experience patterns between the pre- and post- PDL program implementation time periods for the selected PDL categories that Mercer reviewed

- In Appendix C, the paid amount per recipient was also generally similar across time periods by population group and medical services category
  - For those few instances where the change over time had more noticeable differences, the paid amount per recipient for the “impacted” recipients was always less than the “not impacted” recipients

Conclusion

In general, the utilization and paid amount per recipient experience were similar across time periods by population group and medical services categories. However, since the analysis was not a controlled, randomized study no direct statistical correlation should be made between Medicaid recipients’ medical services utilization and expenditures and the impact of the PDL program’s implementation.

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Estimated Savings

For this report, Mercer estimated Clinical PA, PDL and supplemental rebate savings as follows:

- Clinical PA program savings realized during SFY 2011
- PDL program savings realized from when the State implemented the PDL on September 15, 2010 through the end of SFY 2011 (June 30, 2011)
- Supplemental rebates collected from when the State joined NMPI in March 2010 through the end of SFY 2011 (June 30, 2011)

Mercer calculated the estimated PDL program savings across all therapeutic drug categories effective during the study period. The savings estimate calculation accounts for:

1. PDL savings, which are the cost benefit of denied point-of-sale outpatient pharmacy claims for non-preferred PDL medications, net of CMS rebates. The PDL savings also includes offsets in savings due to alternative (i.e., preferred) drug therapies dispensed and SmartPA© cost avoidance. SmartPA is administered by ACS Heritage, Inc. (ACS) and is a real-time PA platform that streamlines and alleviates prescriber claim responses as well as PA call center requests.

2. Market shift savings, which is the savings achieved from the sentinel effect of recipients switching from a non-preferred medication to a preferred medication without a denied payment claim at the pharmacy.

3. Supplemental rebates collected from manufacturers.

4. Administrative costs.

Estimated Total Net Savings

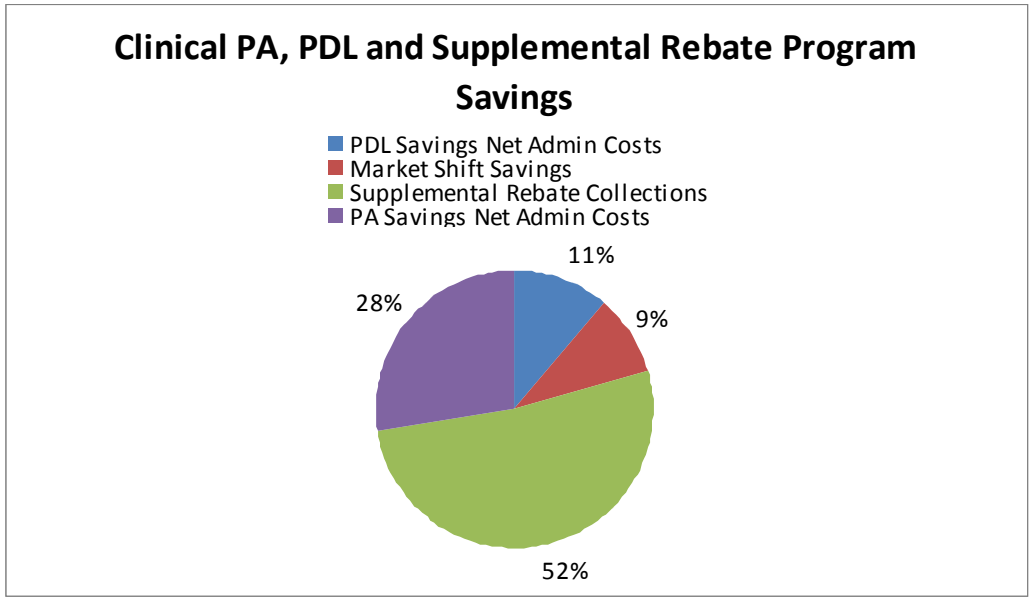
Mercer estimates the total net savings for the Clinical PA, PDL and supplemental rebate programs was **$105.4 million** (State share of $37 million), which includes $94.5 million savings realized in SFY 2011 and an additional $10.9 million for supplemental rebates collected from the time the State joined NMPI (March 2010) through June

2010. Of the total savings, approximately **$29.1 million** (State share of approximately $10.2 million) can be attributed to the Clinical PA program and **$76.3 million** (State share of approximately $26.8 million) can be attributed to the State's PDL and supplemental rebate program. This equates to an overall ROI **of 25:1** for the PDL and supplemental rebate program. A breakout of the savings components, including both State and Federal allocations, is represented in the table and exhibit below.

Table 1: Clinical PA , PDL and Supplemental Rebate Program Net Savings

	Total	% of Total	State Share	Federal Share
PDL Savings	$ 14,800,000	n/a	$ 5,200,000	$ 9,600,000
Administrative Costs	$ (3,100,000)	n/a	$ (1,100,000)	$ (2,000,000)
PDL Savings Net Admin Costs	$ 11,700,000	11%	$ 4,100,000	$ 7,600,000
Market Shift Savings	$ 10,000,000	9%	$ 3,500,000	$ 6,500,000
Supplemental Rebate Collections	$ 54,600,000	52%	$ 19,200,000	$ 35,400,000
Net PDL Savings	$ 76,300,000	n/a	$ 26,800,000	$ 49,500,000
Net Clinical PA Savings	$ 29,100,000	28%	$ 10,200,000	$ 18,900,000
Total Net PDL and Clinical PA Savings	**$ 105,400,000**	**100%**	**$ 37,000,000**	**$ 68,400,000**

Exhibit 1: Distribution by Savings Component



PDL Savings and Market Shift Savings

Between September 15, 2010 and June 30, 2011, Mercer estimated the total PDL Savings (item #1 described above) to be $14.8 million and the Market Shift Savings (item #2 described above) to be $10.0 million for a combined total of **$24.8 million** (State share of approximately $8.7 million).

The therapeutic drug categories with the largest combined PDL and Market Shift Savings during the study period included:

- Minimally Sedating Antihistamines (seasonal allergies)
- Proton Pump Inhibitors (ulcers)
- Anticonvulsants (non-seizure related indications)
- Skeletal Muscle Relaxants (muscle relaxation)

Administrative Costs

In order to effectively implement and administer the PDL program, the State incurs additional costs in the form of staff salaries and benefits, payments to contracted vendors as well as Medicaid recipient PA hearings and appeals costs associated with the PDL program. In SFY 2011, the State reimbursed their contracted vendors a total of approximately $2.75 million for processing claims and prior authorization reviews related to the PDL as well as negotiating, invoicing and collecting supplemental rebates from contracted pharmaceutical manufacturers. In addition, the State's staff salaries and benefits related to PDL program operations for the study period were approximately $300,000. Lastly, the State incurred costs of approximately $50,000 as a result of Medicaid recipient hearings and appeals for denied payment for non-preferred prescription claims related to the PDL. Total administrative costs associated with the PDL and supplemental rebate program for the study period were **$3.1 million** (State share of approximately $1.1 million).

Table 2: Total PDL and Supplemental Rebate Program Administrative Costs

	Total	State Share	Federal Share
Staff Salary and Benefits	$ (300,000)	$ (110,000)	$ (190,000)
Hearings and Appeals Costs	$ (50,000)	$ (20,000)	$ (30,000)
Contracted Vendor Costs	$ (2,750,000)	$ (970,000)	$ (1,780,000)
Total Administrative Costs	**$ (3,100,000)**	**$ (1,100,000)**	**$ (2,000,000)**

Supplemental Rebate Collections

The supplemental rebates for preferred medications collected from pharmaceutical manufacturers from March 2010 through June 2011, were approximately **$54.6 million** (State share of approximately $19.2 million). The supplemental rebates for preferred medications dispensed during the study period continue to be collected and, as such, the total amount of supplemental rebates will continue to increase as those collections continue.

APPENDIX A

Exhibits for Assessment of Recipients' Access to PDL Program Medications

Exhibit 1 - Top 10 PDL Drug Categories by Count of Recipients Who Reverted to Non Preferred Drug

PDL Therapeutic Drug Category	Count of Recipients with Continuous Eligibility who Reverted to Non Preferred	Total Recipients with Continuous Eligibility	% of Continuously Eligible Recipients
ANTIHISTAMINES, MINIMALLY SEDATING	217	105,597	0.2%
ANTICONVULSANTS	144	51,523	0.3%
BRONCHODILATORS, BETA AGONIST	118	93,798	0.1%
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	87	2,739	3.2%
BLADDER RELAXANT PREPARATIONS	84	6,065	1.4%
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	75	16,204	0.5%
ANALGESICS/ANESTHETICS, TOPICAL	60	8,389	0.7%
FLUOROQUINOLONES, ORAL	59	31,864	0.2%
ACNE AGENTS, TOPICAL	53	10,390	0.5%
BETA-BLOCKERS	48	28,002	0.2%
Total for Top 10 PDL Categories	945	354,571	0.3%
Total for All PDL Categories	1,181	798,825	0.1%

Exhibit 2 - Top 10 PDL Drug Categories by Total Recipient Count Who Had Prescription Claim Payment Denied and No Subsequent Paid Claims

PDL Therapeutic Drug Category	Count of Continuously Eligible Recipients with a Denied Claim Payment and No Subsequent Claims	Total Recipients with Continuous Eligibility	% of Continuously Eligible Recipients
ANTIHISTAMINES, MINIMALLY SEDATING	8,666	105,597	8.2%
FLUOROQUINOLONES, ORAL	2,602	31,864	8.2%
PROTON PUMP INHIBITORS	2,479	53,769	4.6%
BRONCHODILATORS, BETA AGONIST	2,478	93,798	2.6%
INTRANASAL RHINITIS AGENTS	2,313	57,094	4.1%
COPD AGENTS	1,399	11,781	11.9%
SKELETAL MUSCLE RELAXANTS	835	42,507	2.0%
ACNE AGENTS, TOPICAL	830	10,390	8.0%
ANTIVIRALS, TOPICAL	740	2,079	35.6%
LIPOTROPICS, OTHER	685	8,725	7.9%
Total for Top 10 PDL Categories	23,027	417,604	5.5%
Total for All PDL Categories	31,126	970,624	3.2%

Exhibit 3 – Top 10 PDL Drug Categories by % Change in Compliance

PDL Therapeutic Drug Category	Preferred % Pre PDL Implementation	Preferred % 9/15/2010-12/31/2010	Preferred % 1/1/2011-3/31/2011	Preferred % 4/1/2011-6/30/2011	% Change from Pre PDL Implementation to 4/1/2011-6/30/2011
OPHTHALMICS, ANTI-INFLAMMATORIES	39.7%	91.2%	88.4%	94.0%	54.3%
ANALGESICS/ANESTHETICS, TOPICAL	27.4%	73.5%	74.4%	78.6%	51.2%
BLADDER RELAXANT PREPARATIONS	40.6%	82.9%	82.6%	83.1%	42.5%
ACNE AGENTS, TOPICAL	55.0%	91.1%	92.7%	94.2%	39.2%
BPH TREATMENTS	61.6%	99.8%	99.7%	99.6%	38.0%
ANTIVIRALS, TOPICAL	51.2%	87.6%	88.7%	88.4%	37.2%
ANTIMIGRAINE AGENTS	51.8%	84.8%	86.4%	86.8%	35.0%
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	49.0%	82.8%	81.1%	81.7%	32.8%
LIPOTROPICS, STATINS	52.4%	62.8%	70.5%	83.6%	31.3%
ANTIPSORIATICS, TOPICAL	47.5%	52.0%	55.2%	75.6%	28.1%
Total Compliance for All PDL Categories	**87.9%**	**93.5%**	**94.2%**	**94.7%**	**6.7%**

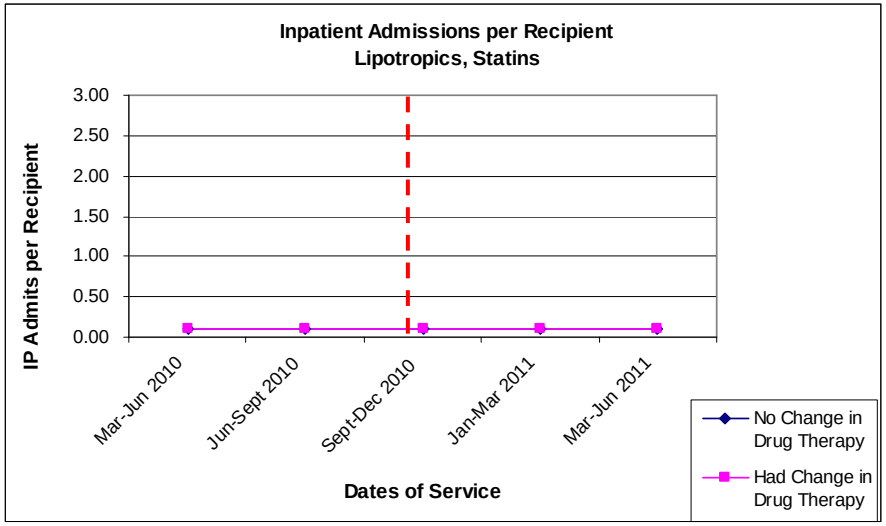
Exhibit 4 - Top 10 PDL Categories by PA Call Center Requests

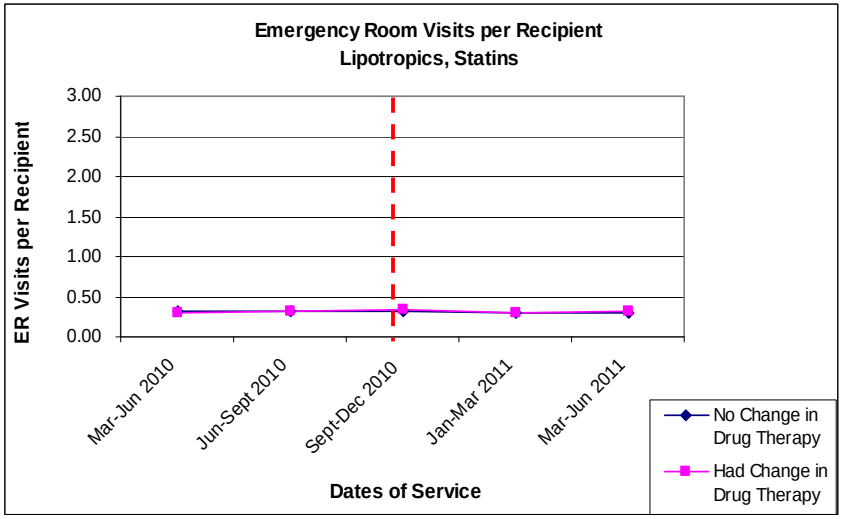
PDL Therapeutic Drug Category	PDL PA Call Center Requests	Approved	Denied	Approval %	Denial %
BRONCHODILATORS, BETA AGONIST	6,196	5,915	281	95.5%	4.5%
PROTON PUMP INHIBITORS	4,575	3,624	951	79.2%	20.8%
INTRANASAL RHINITIS AGENTS	4,221	3,840	381	91.0%	9.0%
ANTIHISTAMINES, MINIMALLY SEDATING	4,049	3,701	348	91.4%	8.6%
ACNE AGENTS, TOPICAL	1,703	1,553	150	91.2%	8.8%
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS	1,567	1,419	148	90.6%	9.4%
BLADDER RELAXANT PREPARATIONS	1,529	1,262	267	82.5%	17.5%
FLUOROQUINOLONES, ORAL	1,413	1,190	223	84.2%	15.8%
SKELETAL MUSCLE RELAXANTS	1,400	1,011	389	72.2%	27.8%
ANTICONVULSANTS	1,128	1,058	70	93.8%	6.2%
Total for Top 10 PDL Categories	27,781	24,573	3,208	88.5%	11.5%
Total for All PDL Categories	38,352	33,146	5,206	86.4%	13.6%

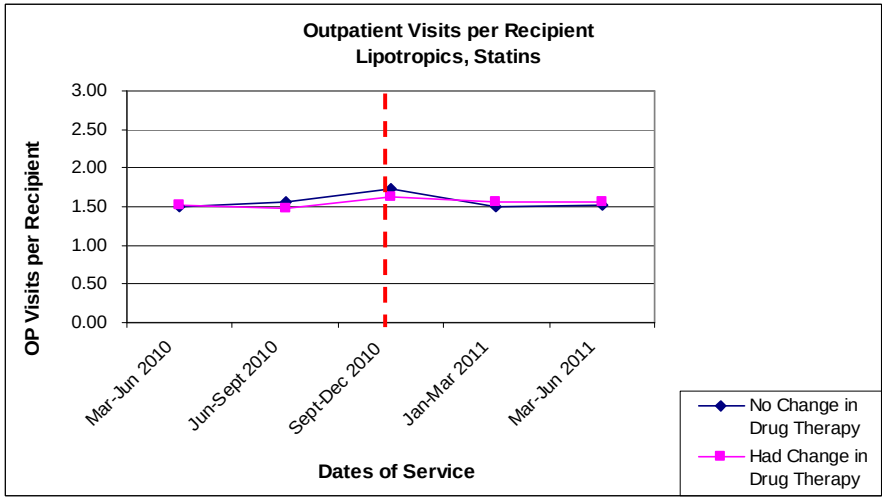
APPENDIX B

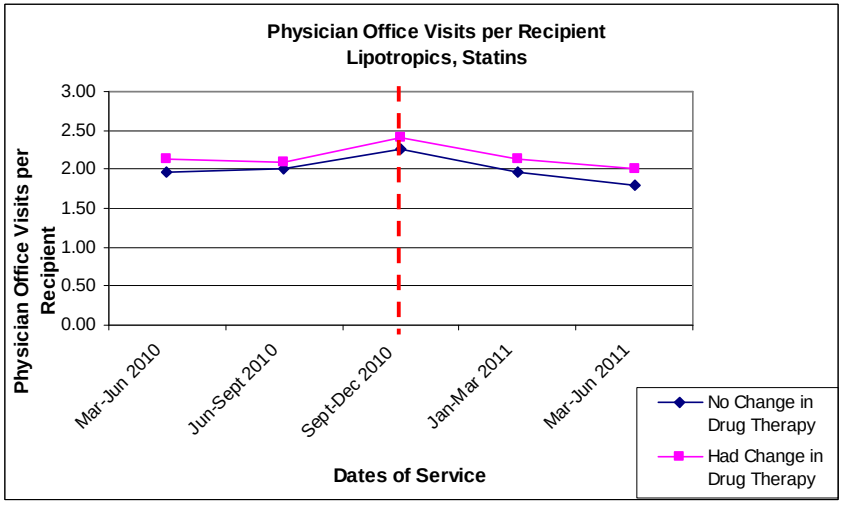
Graphs of Medical Services Utilization

Lipotropics, Statins

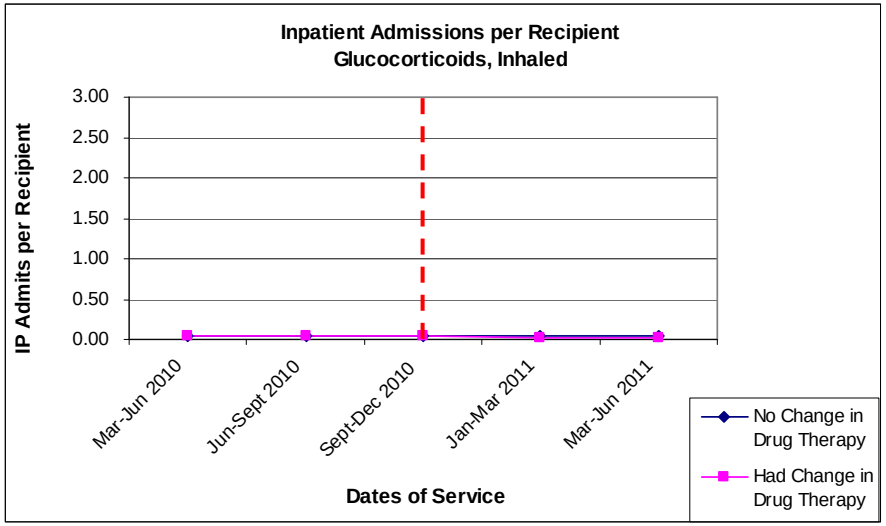


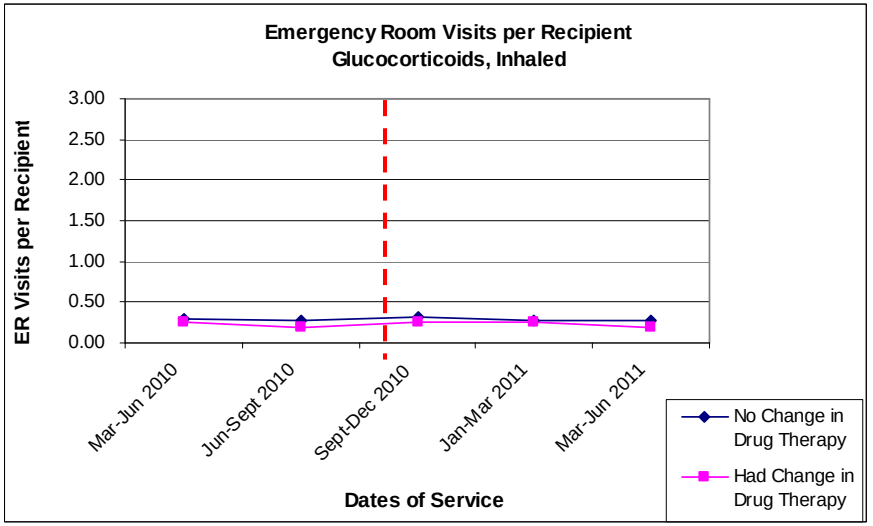


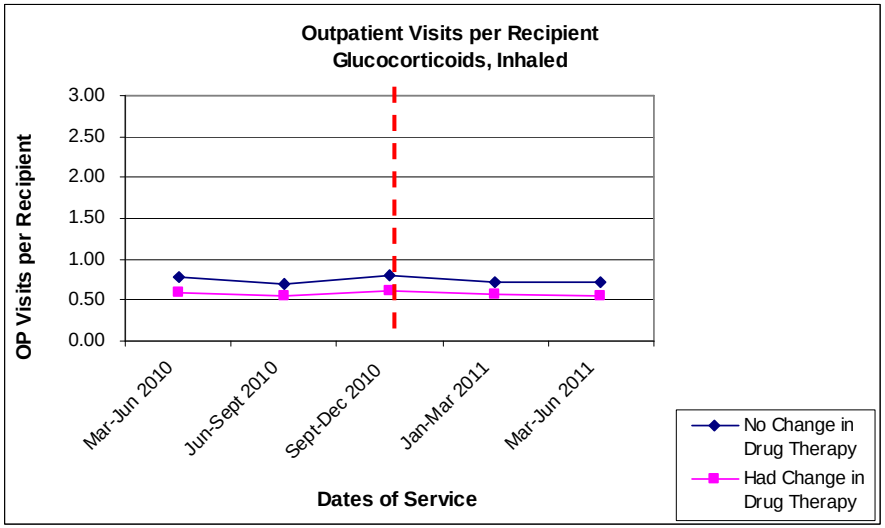


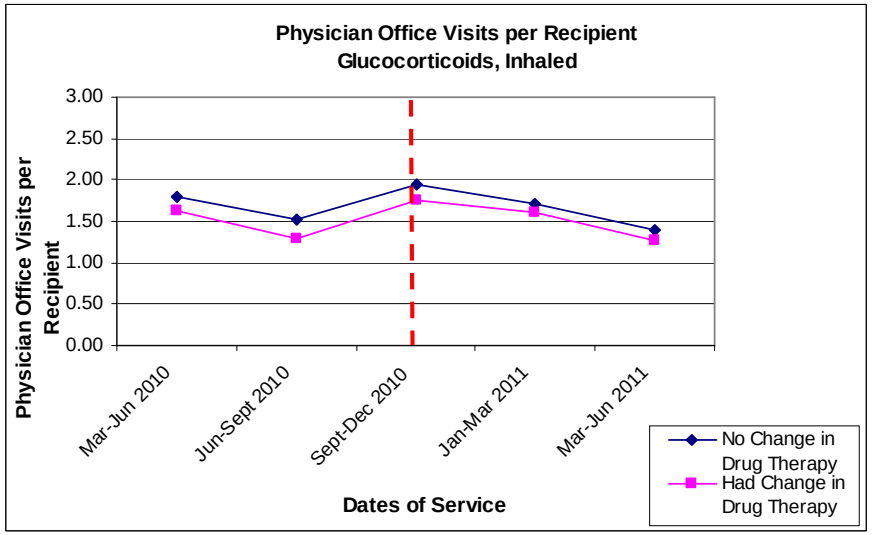


Glucocorticoids, Inhaled

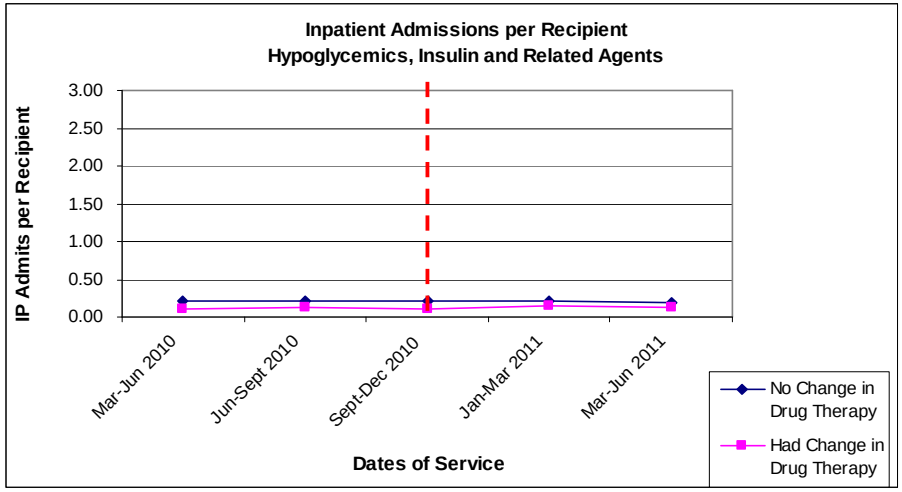


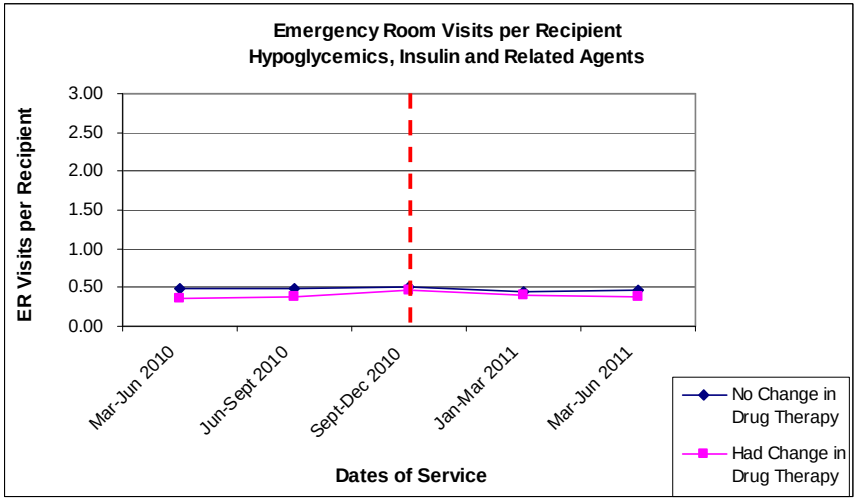


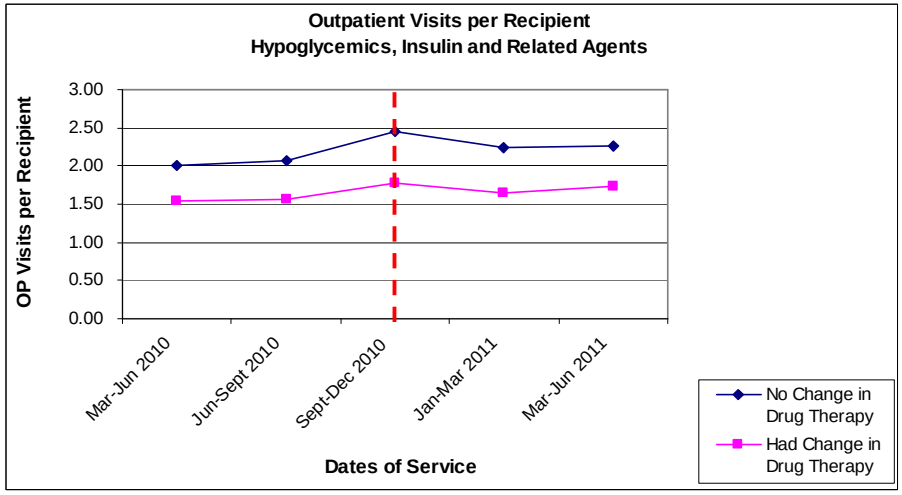


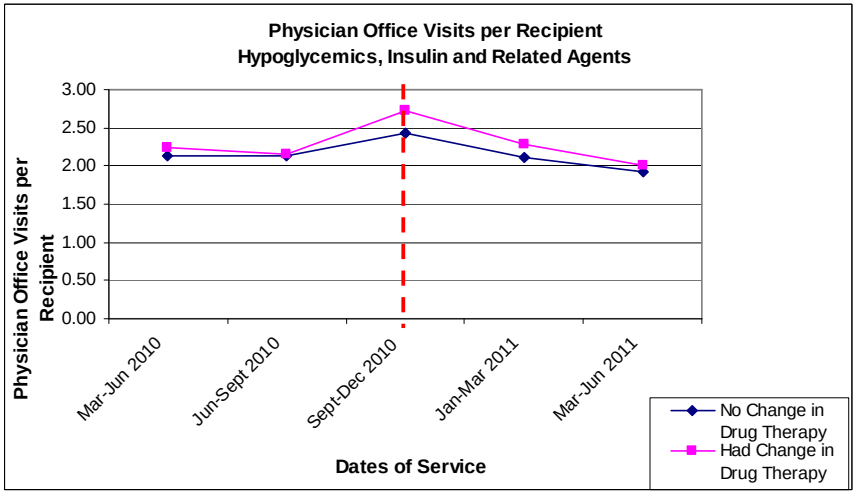


Hypoglycemics, Insulins and Related Agents





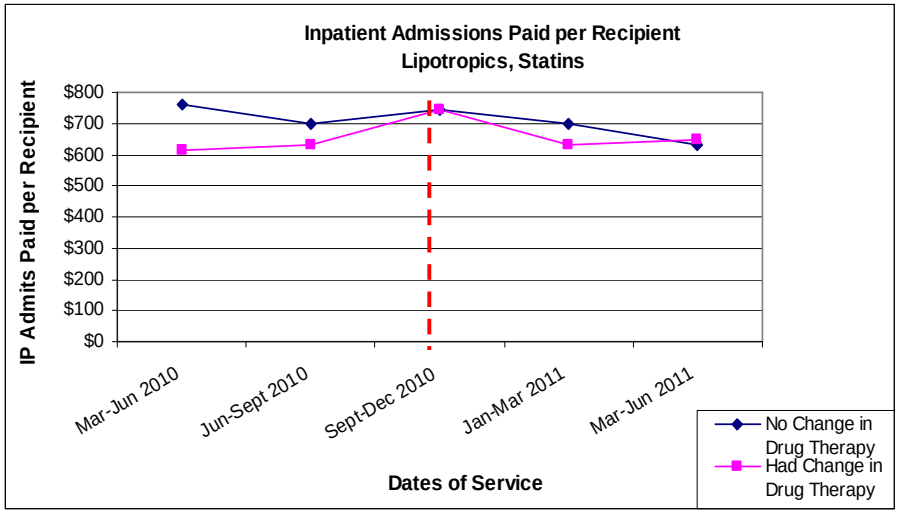


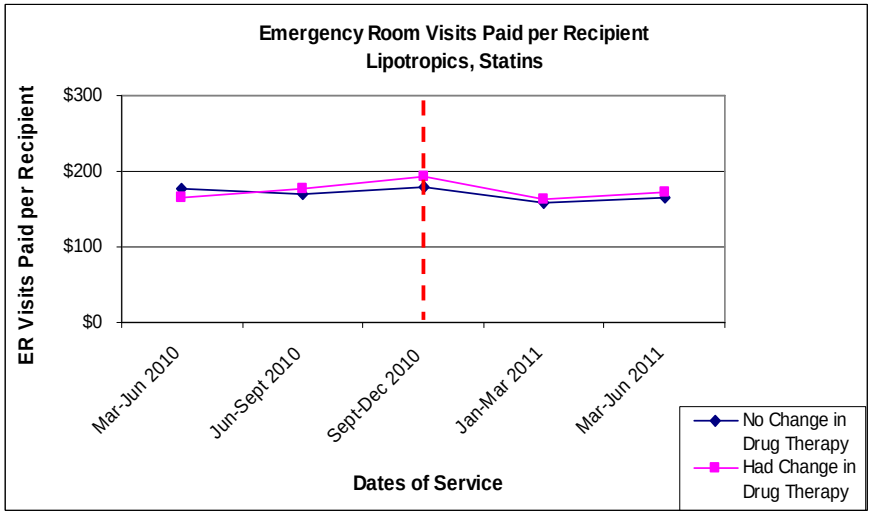


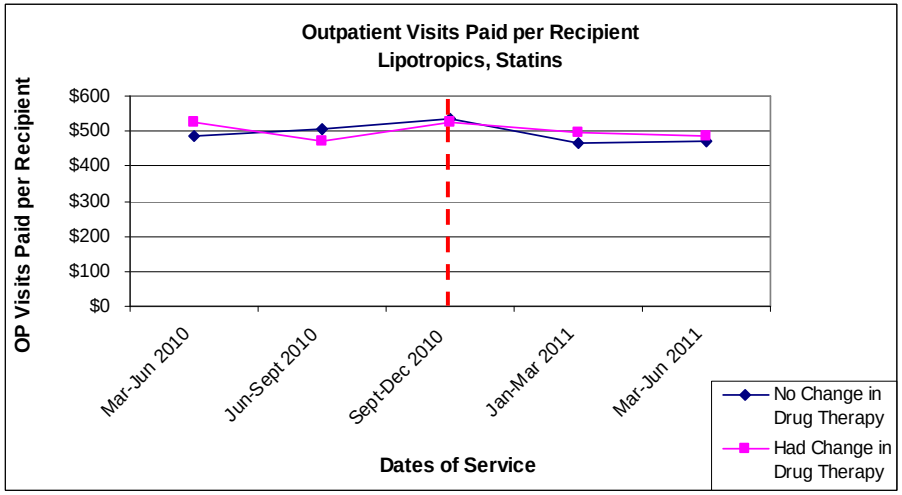
APPENDIX C

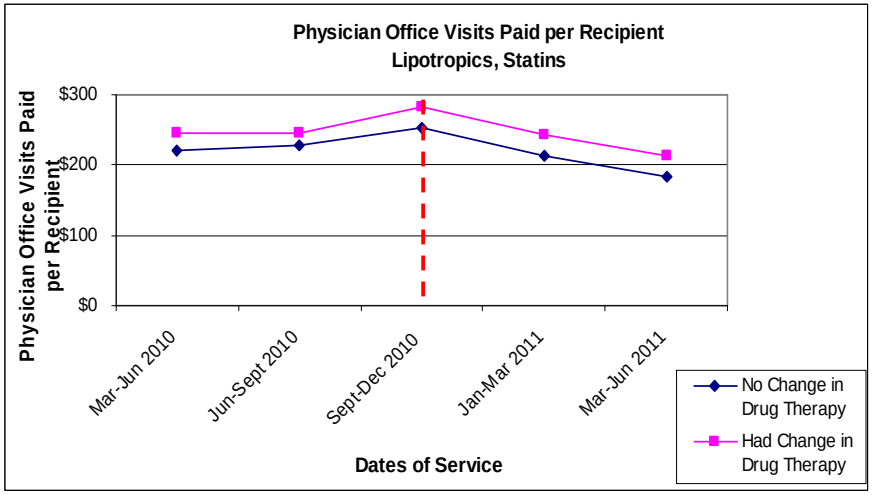
Graphs of Medical Services Expenditures

Lipotropics, Statins

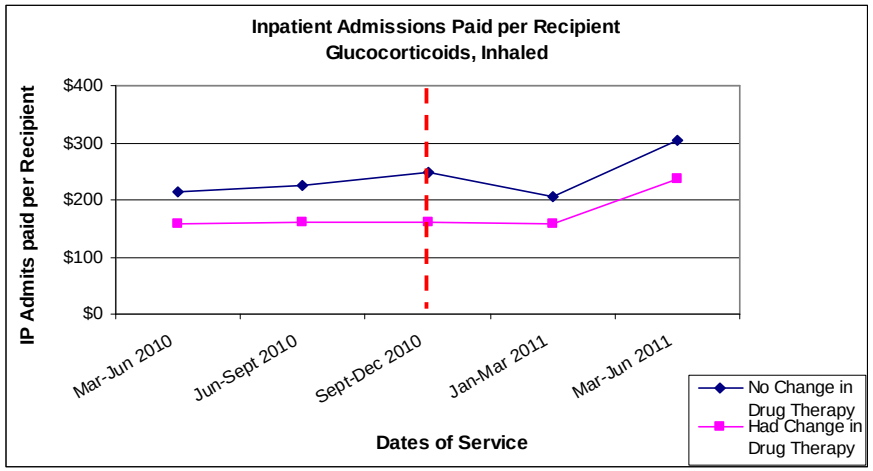


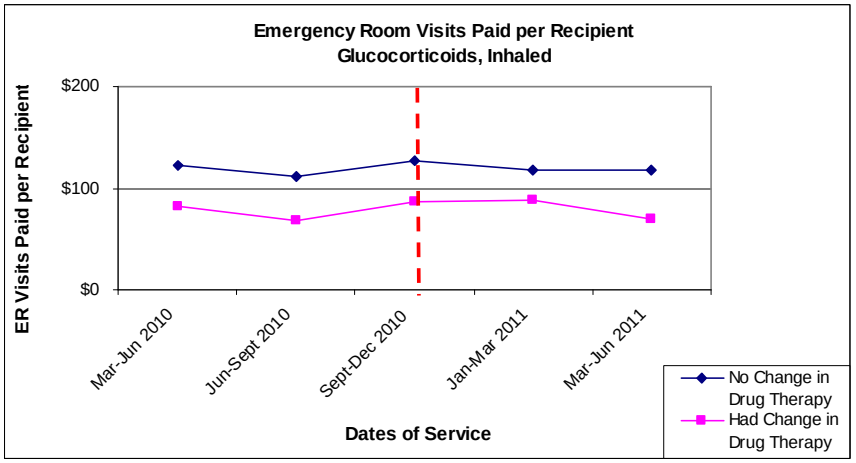


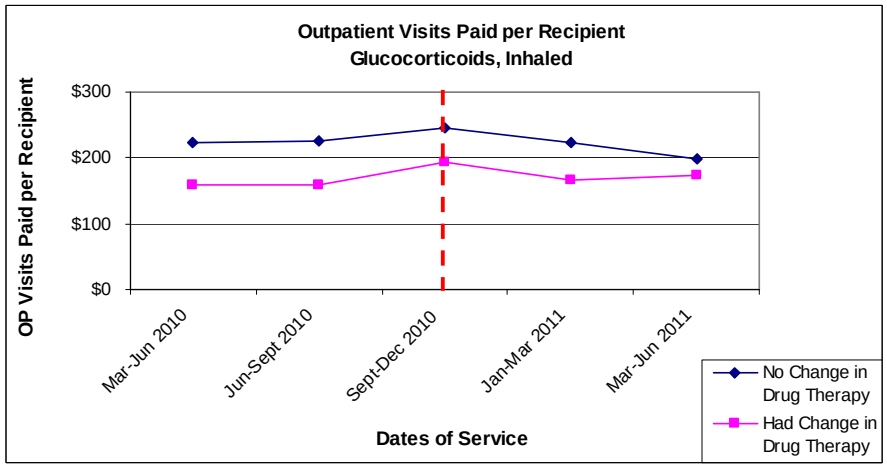


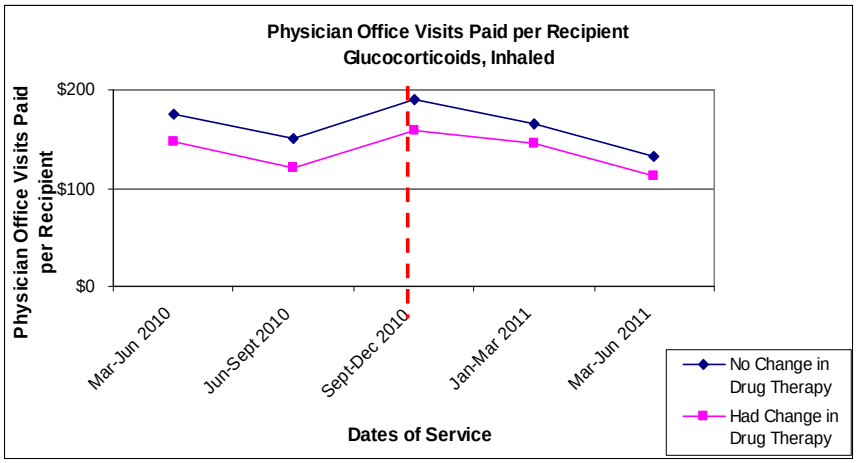


Glucocorticoids, Inhaled

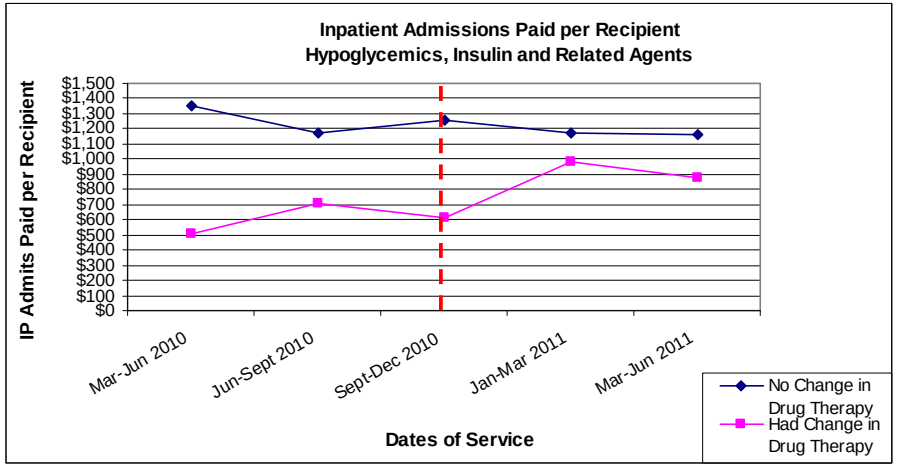


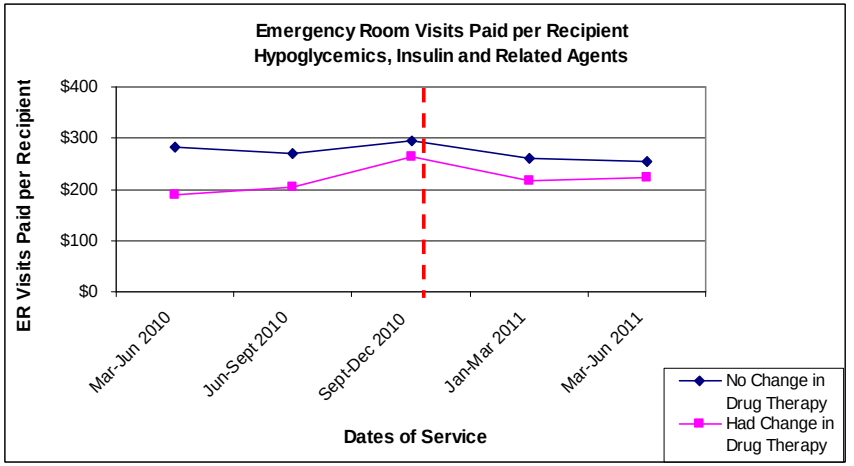


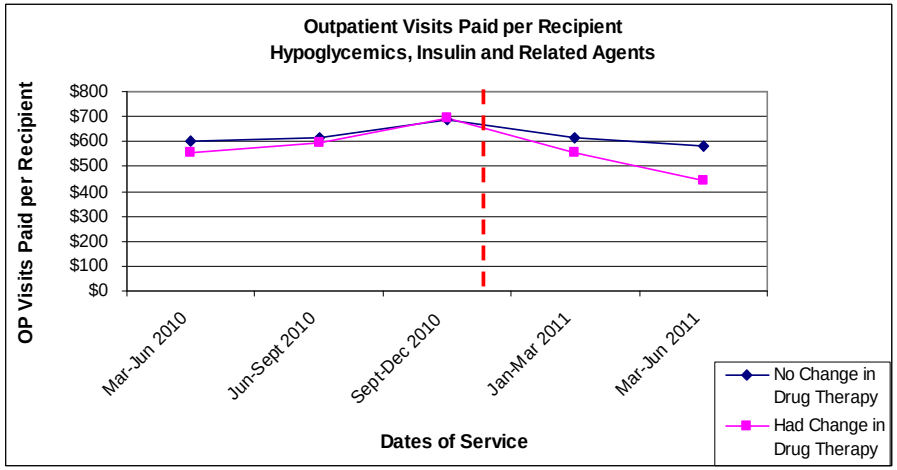


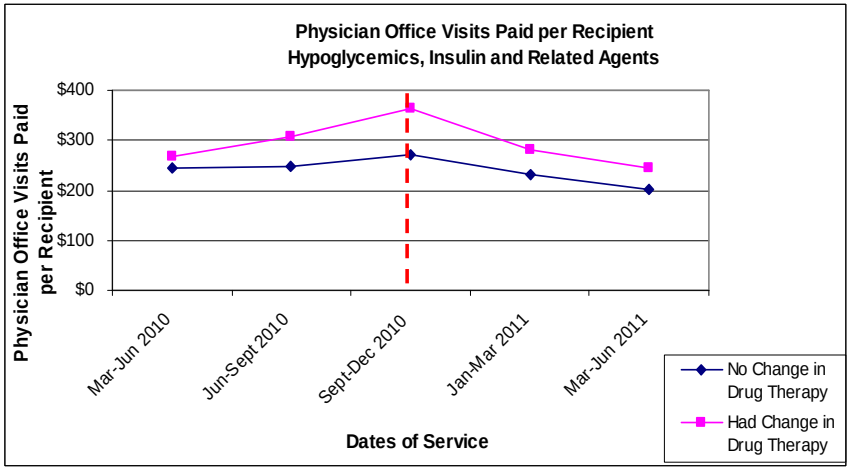


Hypoglycemics, Insulins and Related Agents









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