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PREFERRED DRUG LIST AND SUPPLEMENTAL REBATE PROGRAM ANNUAL PUBLIC REPORT

STATE OF NORTH CAROLINA

JANUARY 31, 2013

MARSH & McLENNAN COMPANIES

CONTENTS

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 & Medicaid Services state plan amendment 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 beneficiaries.
- Whether changes in expenditures or utilization in medical services, such as hospitalizations or physician services, have increased or decreased as a result of the PDL and associated 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.

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 and maintaining 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. Since then, the State has reviewed and modified the PDL and at the end of the state fiscal year (SFY) 2012 (July 1, 2011 through June 30, 2012), there were 91 PDL therapeutic drug categories. During SFY 2012, PDL changes were implemented in November 2011 or May 2012.

Summary of Results

Impact on Beneficiaries' Access to the Preferred Drug List Program Medications

Mercer assessed beneficiaries' access to PDL program medications in SFY 2012. Key findings for this part of the analysis included:

- *Only a small percentage of individuals reverted to non-preferred medications during SFY 2012, suggesting that Medicaid beneficiaries who changed from a non-preferred medication to a preferred medication remained on the preferred medication regimen except for clinically necessary exceptions.*

  - Of the 91 PDL therapeutic drug categories, there were 52 categories that were implemented or had significant changes (i.e., drugs added to or removed from the PDL category and/or changes made to non-preferred or preferred drug status) during the study period. Of these 52 categories, there were 27 PDL categories that had beneficiaries who reverted to a non-preferred medication. Only 0.1% (or 1,600) beneficiaries out of a total of 1.9 million continuously eligible Medicaid beneficiaries for these 52 drug categories reviewed switched back to a non-preferred medication after having a paid claim for a preferred medication.

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

  - Only 2.6% (or 62,000) of continuously eligible Medicaid beneficiaries in SFY 2012 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 during the study period.

- *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 1.9 percentage points from 94.7% in fourth quarter SFY 2011 to 96.6% by the fourth quarter of SFY 2012.

- *The number of PDL PA call center requests significantly decrease the quarter after significant changes are made to the PDL and may indicate prescribers are familiar with the PDL program process and quickly adapt and adhere to the PDL changes.*

  - The total number of PDL PA call center requests declined 21% (from 20,227 to 16,075) between second quarter SFY 2012 and third quarter SFY 2012. The PDL experienced significant changes during November 2011; this reduction in PDL PA call center requests suggests the Medicaid community's willingness to comply with changes made to the PDL list.

Impact on Beneficiaries' Medical Services Utilization and Expenditures

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

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

Estimated Savings

Mercer estimates the total net savings realized for the clinical PA, PDL, and supplemental rebate program was *$103.1 million* (State share of $35.9 million) in SFY 2012. Of the total savings, approximately *$28.4 million* (State share of approximately $9.9 million) can be attributed to the clinical PA program and *$74.7 million* (State share of approximately $26 million) can be attributed to the State's PDL and supplemental rebate program. This equates to an overall

return on investment of *29:1* for the PDL and supplemental rebate program. The net PDL and supplemental rebate program savings was comprised of:

- $19.8 million attributed to the PDL program.
- $7.8 million as a result of shifting medication utilization from non-preferred to preferred medications without the presence of a rejected claim (i.e., market shift savings).
- $49.7 million in supplemental rebate collections.
- $2.6 million in administrative costs that slightly offset the gross savings.

2

Assessment of Beneficiaries' Access to the Preferred Drug List Program Medications

To monitor the effect of the preferred drug list (PDL) program on beneficiaries' access to medications, Mercer evaluated the following:

- Number of beneficiaries who reverted to a non-preferred medication within the same therapeutic drug category for drug categories that were new or had significant changes during the study period.
- Number of beneficiaries 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.
- Frequency of PDL prior authorization (PA) call center requests for non-preferred medications and the percentage of approvals and denials.

Beneficiaries Reverting to Non-Preferred Medications

Mercer evaluated the number of Medicaid beneficiaries who received a non-preferred medication prior to the PDL category changes (implemented either in November 2011 or May 2012), then received a preferred medication after the PDL program's changes, 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 beneficiary count that reverted to a non-preferred medication.

Observations

- During the study period, 27 out of 52 therapeutic drug categories evaluated had beneficiaries with continuous Medicaid eligibility who reverted to a non-preferred medication after the PDL program changes implemented in SFY 2012.

- The overall percentage of beneficiaries switching back to a non-preferred medication after having tried a preferred medication was very small.

  - For beneficiaries continuously eligible for Medicaid, only 0.1% (or 1,600) beneficiaries out of a total of 1.9 million beneficiaries from these 52 therapeutic drug categories reverted to a non-preferred medication during the study period.

- The top five drug categories by beneficiary count that demonstrated potential beneficiary disruption were beta agonist bronchodilators (asthma or chronic obstructive pulmonary disease [COPD]), intranasal rhinitis agents (seasonal allergies), minimally sedating

antihistamines (seasonal allergies), proton pump inhibitors (stomach ulcers, Gastro-esophageal Reflux Disease [GERD]), and Other lipotropics (cholesterol lowering agents) with 335, 270, 199, 188, and 124 unique beneficiaries, respectively, who switched back to a non-preferred medication. These five drug categories accounted for over 65% of the total beneficiaries that reverted to a non-preferred medication following the PDL category changes implemented in SFY 2012.

Conclusion

A small percentage of individuals reverted to non-preferred medications following changes made to the PDL program's drug categories in SFY 2012 suggesting that Medicaid beneficiaries who changed from a non-preferred medication to a preferred medication remained on the preferred medication regimen except for clinically necessary exceptions.

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

In Exhibit 2, Appendix A, Mercer summarized the top 10 drug categories with the greatest number of beneficiaries 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 in SFY 2012.

Observations

- Seventy of the therapeutic drug categories evaluated had beneficiaries 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, 2.6% (or 62,000) of continuously Medicaid eligible beneficiaries had a denied claim payment and did not receive a subsequent paid claim within the PDL drug category in state fiscal year (SFY) 2012. These results are similar to last year, when 3.2% of continuously Medicaid eligible beneficiaries had a denied claim payment and did not receive a subsequent paid claim within the PDL drug category.

- The top 10 drug categories based on beneficiary counts and continuous Medicaid eligibility ranged from a low of 2.7% (proton pump inhibitors (i.e., stomach ulcers, GERD) to a high of 12.7% (COPD agents [treatment of chronic obstructive pulmonary disease]) of beneficiaries not receiving a subsequent claim within the drug category following a denied claim payment.

Conclusion

Consistent with the previous year, relatively few Medicaid beneficiaries did not obtain a drug following a denied claim payment for a non-preferred medication within the same therapeutic drug category.

Preferred Drug List 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) before and at the end of SFY 2012 (i.e., fourth quarter [Q4] SFY 2011 versus Q4 SFY 2012) 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 2012.

Observations

- The overall PDL compliance rate in Q4 SFY 2011 was approximately 94.7%. By Q4 SFY 2012, the overall PDL compliance rate increased to approximately 96.6%, a 1.9 percentage point increase.

  - On average, the quarterly PDL compliance rate increased 0.5 percentage points each quarter.
    - The largest increase occurred between the first quarter (Q1) and second quarter (Q2) SFY 2012 (0.7 percentage points).
    - The smallest increase occurred between the third quarter (Q3) and Q4 SFY 2012 (0.1 percentage points).

- The drug classes with the greatest percentage change of preferred prescriptions utilized between Q4 SFY 2011 and Q4 SFY 2012 included:
  - Growth hormones (growth hormone deficiency) experienced a compliance increase of 32.4 percentage points in SFY 2012.
  - Anticonvulsants (seizure disorders) experienced a compliance increase of 14.4 percentage points in SFY 2012.
  - The remaining categories in the top 10 had compliance increases between 4 and 6 percentage points.

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.

Preferred Drug List Prior Authorization 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, Appendix A.

Observations

- In SFY 2012, there were 58,000 PDL PA call center requests with an overall approval rate of 84.7% and an overall denial rate of 15.3%.

- Of the top 10 PDL therapeutic drug categories by the number of PDL call center requests, the PA approval rate ranged from a minimum of 79.8% for the non-steroidal anti-inflammatory drugs (NSAIDs) and a maximum 98.9% for antipsychotics (schizophrenia/bipolar disorder).

- In November 2011 (middle of Q2 SFY 2012), there were a large number of changes made to the PDL drug categories, resulting in an increase of PDL call center requests between Q1 SFY 2012 and Q2 SFY 2012. In the following quarter (Q3 SFY 2012), the total number of PDL PA call center requests declined 21%, from 20,200 to 16,100. In May 2012 (middle of Q4 SFY 2012), the State made additional changes to the PDL and the total number of PDL PA call center requests increased 7%, from 16,100 to 17,200.

Conclusion

The decrease in PDL PA call center requests in the quarter following significant changes made to the PDL program may indicate prescribers have become more familiar with the PDL program and can quickly adapt and adhere to therapeutic drug category changes when implemented.

3

Medical Services Utilization and Expenditures Analysis

To monitor whether the PDL program resulted in changes in beneficiaries' use and cost of medical services, Mercer evaluated medical services utilization and expenditures for beneficiaries "impacted" by the PDL program as compared to beneficiaries "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 beneficiaries "not impacted" by the PDL program if they did not experience a change in drug therapy within a PDL therapeutic drug category. "Not impacted" beneficiaries were taking preferred medications within the same PDL therapeutic drug category. Mercer defined beneficiaries as "impacted" by the PDL program if they changed drug therapies within a PDL therapeutic drug category. "Impacted" beneficiaries were taking non-preferred medications then switched to preferred medications 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.

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

- Lipotropics and statins used to treat beneficiaries with high cholesterol.
- Inhaled glucocorticoids used to treat beneficiaries with asthma.
- Hypoglycemics, insulins, and related agents used to treat beneficiaries with 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 *utilization per beneficiary* for the selected medical services categories.

- Appendix C contains graphs of the selected PDL drug categories illustrating *paid amount per beneficiary* 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 study time period was SFY 2012 (July 1, 2011 through June 30, 2012). These time periods were aggregated and used as the data points on the graphs:

- Pre-implementation period:
  - March 15, 2010 to June 14, 2010
  - June 15, 2010 to September 14, 2010

- Study Period:
  - July 1, 2011 to September 30, 2011
  - October 1, 2011 to December 31, 2011
  - January 1, 2012 to March 31, 2012
  - April 1, 2012 to June 30, 2012

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-implementation period and study period for the selected PDL categories that Mercer reviewed.

- In Appendix C, the paid amount per beneficiary was also generally similar across time periods by population group and medical services category.

Conclusion

In general, the utilization and paid amount per beneficiary 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 beneficiaries' medical services utilization and expenditures and the impact of the PDL program's implementation.

4

Estimated Savings

Mercer calculated the estimated PDL program savings across all therapeutic drug categories effective during SFY 2012. 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 the Centers for Medicare & Medicaid Services 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 Xerox State Healthcare, LLC 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 beneficiaries 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.

In addition, Mercer estimated clinical PA savings realized during SFY 2012. The clinical PA program requires PA for certain drugs prescribed to Medicaid beneficiaries to ensure appropriate clinical criteria adherence, independent of the supplemental rebate program.

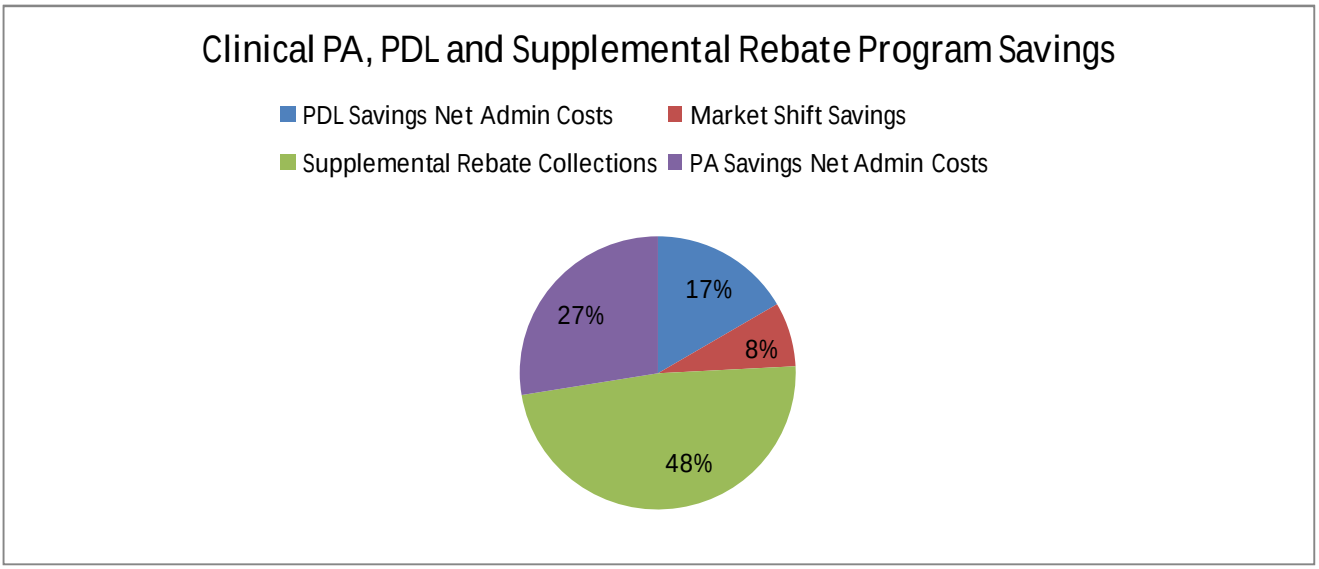
Estimated Total Net Savings

Mercer estimates the total net savings for the clinical PA, PDL, and supplemental rebate programs were *$103.1 million* (State share of $35.9 million). Of the total savings, approximately *$28.4 million* (State share of approximately $9.9 million) can be attributed to the clinical PA program and *$74.7 million* (State share of approximately $26 million) can be attributed to the State's PDL and supplemental rebate program. This equates to an overall return on investment of *29:1* 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	$19,800,000	n/a	$6,900,000	$12,900,000
Administrative costs	($2,600,000)	n/a	($900,000)	($1,700,000)
PDL savings net admin costs	**$17,200,000**	**17%**	**$6,000,000**	**$11,200,000**
Market shift savings	$7,800,000	8%	$2,700,000	$5,100,000
Supplemental rebate collections	$49,700,000	48%	$17,300,000	$32,400,000
Net PDL savings	**$74,700,000**	**n/a**	**$26,000,000**	**$48,700,000**
Net clinical PA savings	$28,400,000	27%	$9,900,000	$18,500,000
Total net PDL and clinical PA savings	**$103,100,000**	**100%**	**$35,900,000**	**$67,200,000**

Exhibit 1: Distribution by Savings Component



Preferred Drug List Savings and Market Shift Savings

For SFY 2012, Mercer estimated the total PDL savings (item 1 described above) to be $19.8 million and the market shift savings (item 2 described above) to be $7.8 million for a combined total of *$27.6 million* (State share of approximately $9.6 million), not including consideration for administrative costs.

The therapeutic drug categories with the largest combined PDL and market shift savings during the study period included:

- Hypoglycemics and incretin mimetics/enhancers (diabetes).
- Minimally sedating antihistamines (seasonal allergies).
- Lipotropics and statins (cholesterol lowering agents).
- Skeletal muscle relaxants (muscle relaxation).

Administrative Costs

In order to effectively 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 beneficiary PA hearings and appeals costs associated with the PDL program. In SFY 2012, the State reimbursed their contracted vendors a total of approximately $2.26 million for processing claims and PA 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 $40,000 as a result of Medicaid beneficiary 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 *$2.6 million* (State share of approximately $0.9 million).

Table 2: Total PDL and Supplemental Rebate Program Administrative Costs

	Total	State Share	Federal Share
Staff salary and benefits	($300,000)	($100,000)	($200,000)
Hearings and appeals costs	($40,000)	($10,000)	($30,000)
Contracted vendor costs	($2,260,000)	($790,000)	($1,470,000)
Total administrative costs	**($2,600,000)**	**($900,000)**	**($1,700,000)**

Supplemental Rebate Collections

The supplemental rebates for preferred medications collected from pharmaceutical manufacturers in SFY 2012 were approximately *$49.7 million* (State share of approximately $17.3 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 Beneficiaries' Access to Preferred Drug List Program Medications

Exhibit 1 – Top 10 PDL Drug Categories by Count of Beneficiaries Who Reverted to Non Preferred Drug

PDL Therapeutic Drug Category	Count of Beneficiaries with Continuous Eligibility who Reverted to Non Preferred	Total Beneficiaries with Continuous Eligibility	% of Continuously Eligible Beneficiaries
Bronchodilators, beta agonist	335	161,434	0.2%
Intranasal rhinitis agents	270	89,936	0.3%
Antihistamines, minimally sedating	199	208,544	0.1%
Proton pump inhibitors	188	72,701	0.3%
Lipotropics, other	124	8,237	1.5%
COPD agents	100	12,620	0.8%
NSAIDS	80	106,834	0.1%
Skeletal muscle relaxants	52	56,465	0.1%
Angiotensin modulators	43	45,265	0.1%
Hepatitis C agents	38	358	10.6%
Total for Top 10 PDL Categories	**1,429**	**762,394**	**0.2%**
Total for All PDL Categories	**1,628**	**1,883,363**	**0.1%**

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

PDL Therapeutic Drug Category	Count of Continuously Eligible Beneficiaries with a Denied Claim Payment and No Subsequent Claims	Total Beneficiaries with Continuous Eligibility	% of Continuously Eligible Beneficiaries
Antihistamines, minimally sedating	15,620	204,372	7.6%
Bronchodilators, beta agonist	8,993	157,036	5.7%
Fluoroquinolones, oral	4,398	35,290	12.5%
NSAIDS	4,375	102,999	4.2%
Intranasal rhinitis agents	2,855	88,145	3.2%
Antibiotics, topical	2,807	42,134	6.7%
Proton pump inhibitors	1,907	71,095	2.7%
Antifungals, topical	1,762	50,824	3.5%
COPD agents	1,580	12,414	12.7%
Steroids, topical high	1,498	50,193	3.0%
Total for Top 10 PDL Categories	**45,795**	**814,502**	**5.6%**
Total for All PDL Categories	**62,337**	**2,355,654**	**2.6%**

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

PDL Therapeutic Drug Category	Preferred % Apr 1, 2011 to Jun 30, 2011	Preferred % Jul 1 ,2011 to Sep 30, 2011	Preferred % Oct 1, 2011 to Dec 31, 2011	Preferred % Jan 1, 2012 to Mar 31, 2012	Preferred % Apr 1, 2012 to Jun 30, 2012	% Change from Q4 SFY 2011 to Q4 SFY 2012
Growth hormone	61.2%	73.8%	83.4%	90.2%	93.6%	32.4%
Anticonvulsants	85.6%	100.0%	100.0%	100.0%	100.0%	14.4%
Proton pump inhibitors	83.5%	84.6%	86.8%	89.0%	89.3%	5.8%
Bone resorption suppression and related agents	81.7%	81.2%	84.3%	86.7%	87.5%	5.8%
Lipotropics, statins	83.6%	81.6%	84.3%	87.9%	88.8%	5.2%
Antipsoriatics, topical	75.6%	77.6%	81.0%	81.2%	80.6%	5.0%
Antiarrhythmics oral	85.9%	86.7%	87.9%	89.9%	90.7%	4.8%
Anticoagulants	92.1%	89.3%	95.7%	97.1%	96.3%	4.2%
Antihistamines, minimally sedating	92.7%	94.9%	96.1%	96.6%	96.8%	4.1%
Antivirals, topical	88.4%	87.8%	91.0%	90.9%	92.4%	4.0%
Total Compliance for All PDL Categories	**94.7%**	**95.3%**	**96.0%**	**96.5%**	**96.6%**	**1.9%**

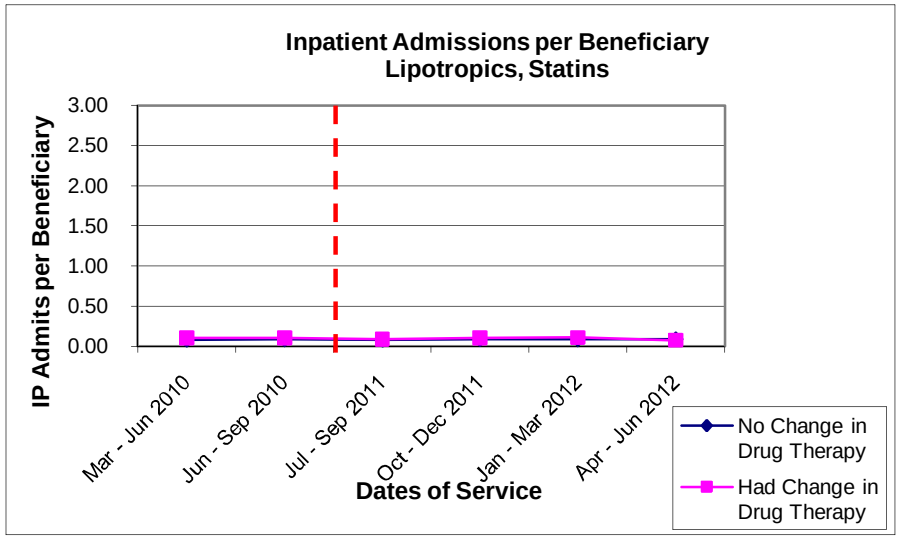
Exhibit 4 – Top 10 PDL Categories by PA Call Center Requests

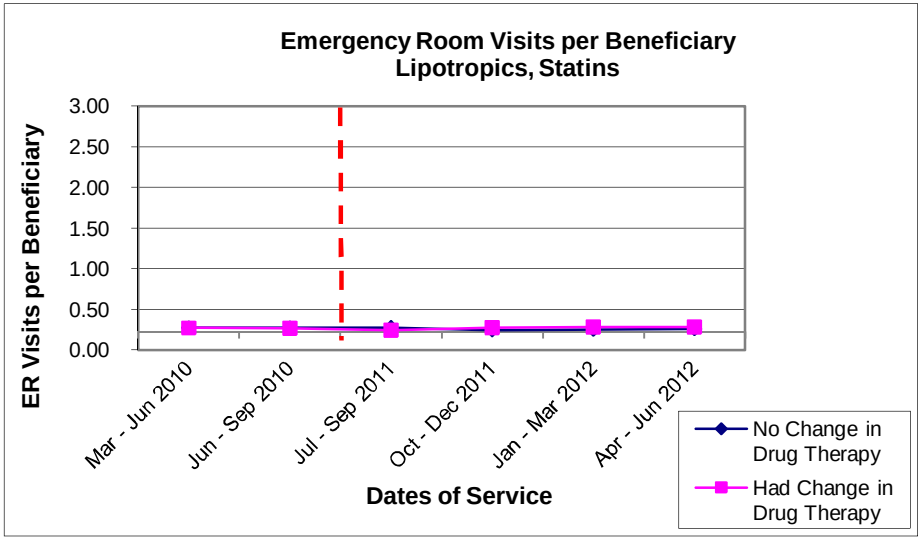
PDL Therapeutic Drug Category	PDL PA Call Center Requests	Approved	Denied	Approval %	Denial %
Antihistamines, minimally sedating	7,409	6,926	483	93.5%	6.5%
Proton pump inhibitors	5,992	4,916	1,076	82.0%	18.0%
Antipsychotics	4,873	4,817	56	98.9%	1.1%
NSAIDS	4,608	3,675	933	79.8%	20.2%
Angiotensin modulators	3,854	3,333	521	86.5%	13.5%
Intranasal rhinitis agents	2,766	2,328	438	84.2%	15.8%
Bronchodilators, beta agonist	2,716	2,448	268	90.1%	9.9%
Hypoglycemics, incretin mimetics/enhancers	2,490	2,287	203	91.8%	8.2%
Fluoroquinolones, oral	1,564	1,297	267	82.9%	17.1%
Neuropathic pain	1,431	1,353	78	94.5%	5.5%
Total for Top 10 PDL Categories	**37,703**	**33,380**	**4,323**	**88.5%**	**11.5%**
Total for All PDL Categories	**57,564**	**48,780**	**8,784**	**84.7%**	**15.3%**

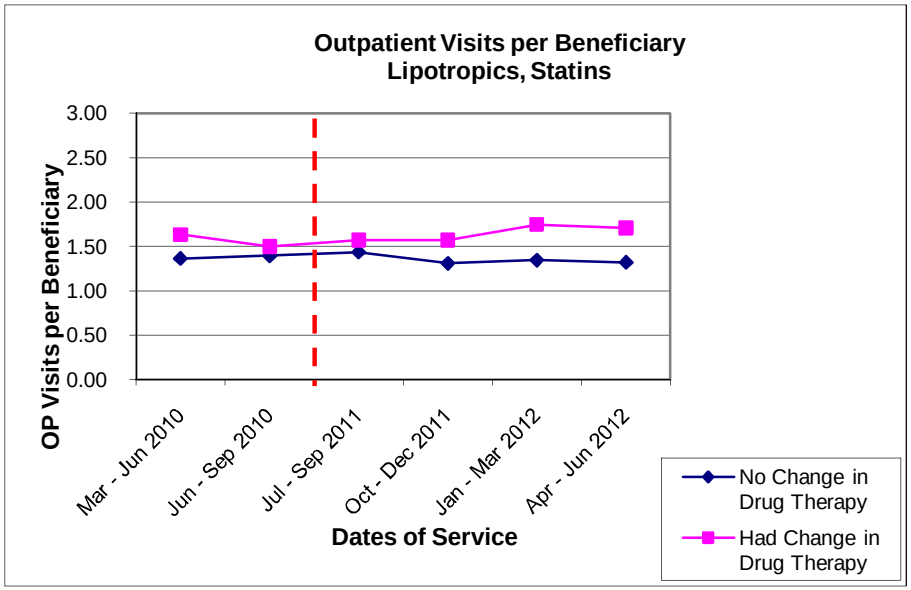
APPENDIX B

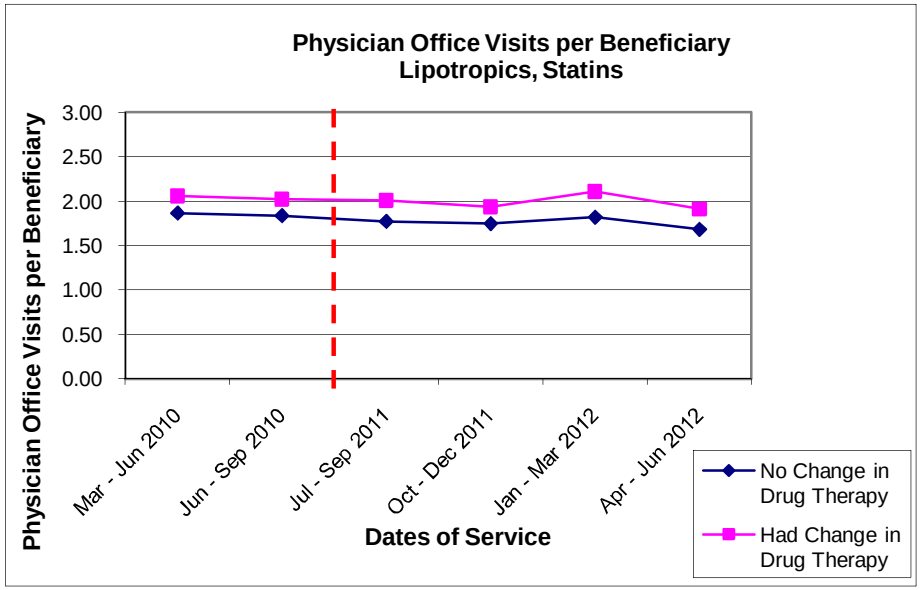
Graphs of Medical Services Utilization

Lipotropics, Statins

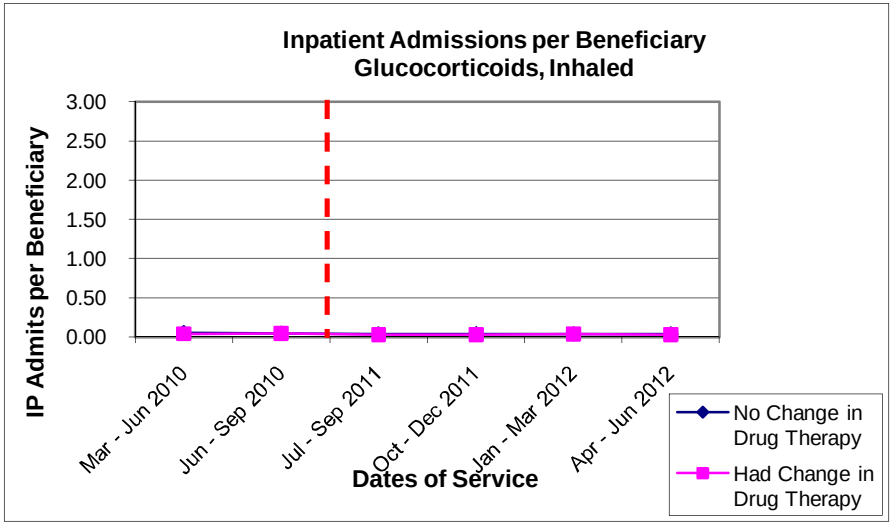


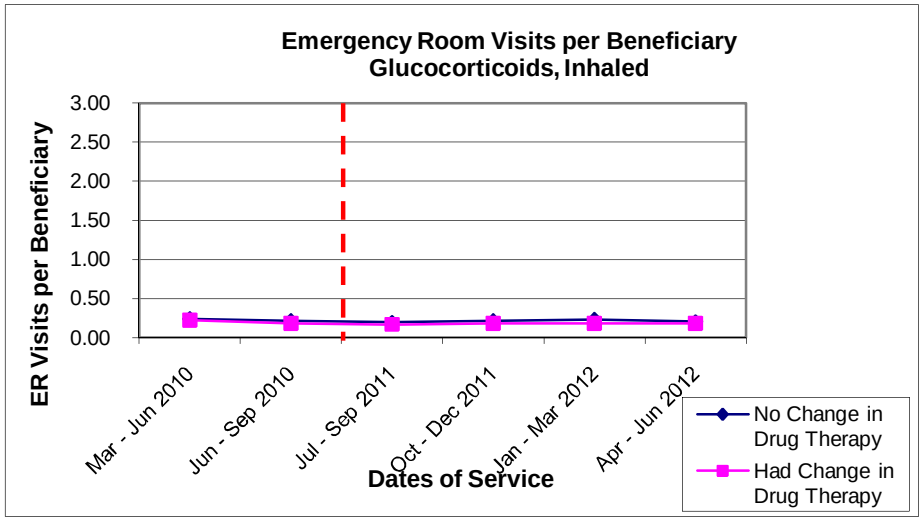


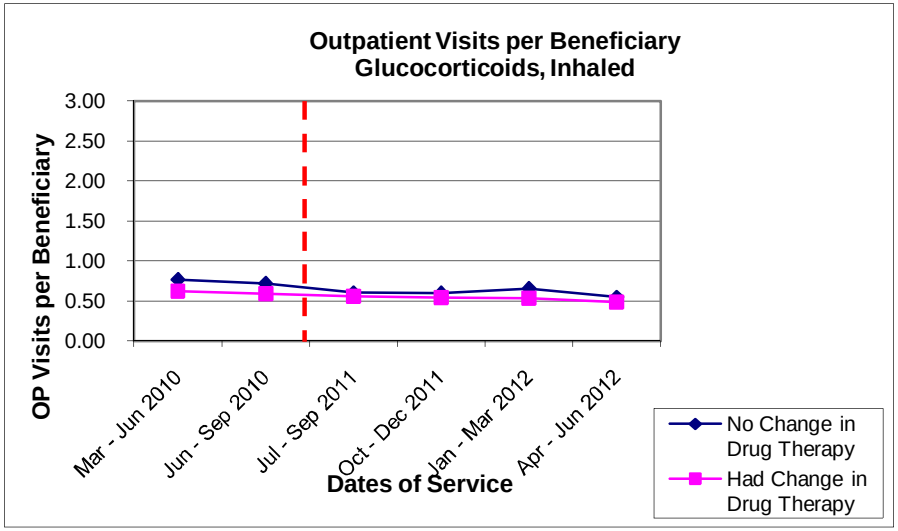


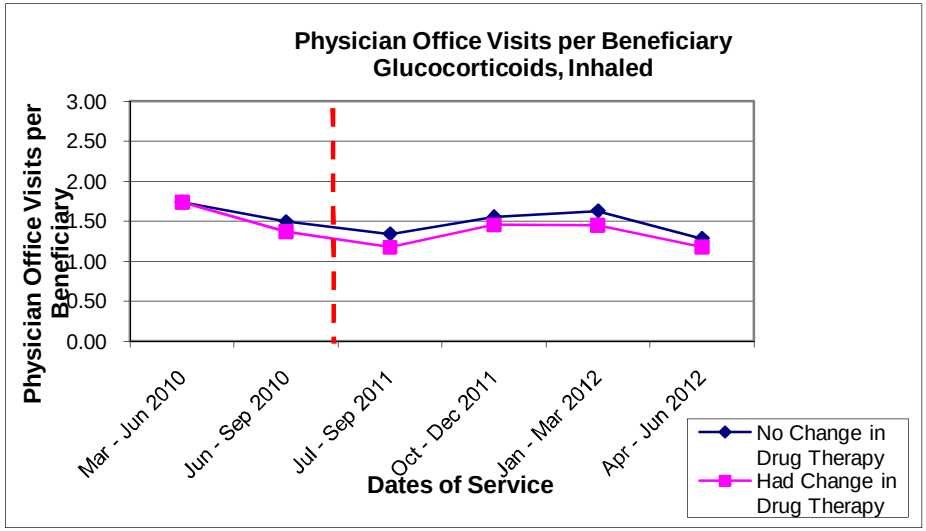


Glucocorticoids, Inhaled

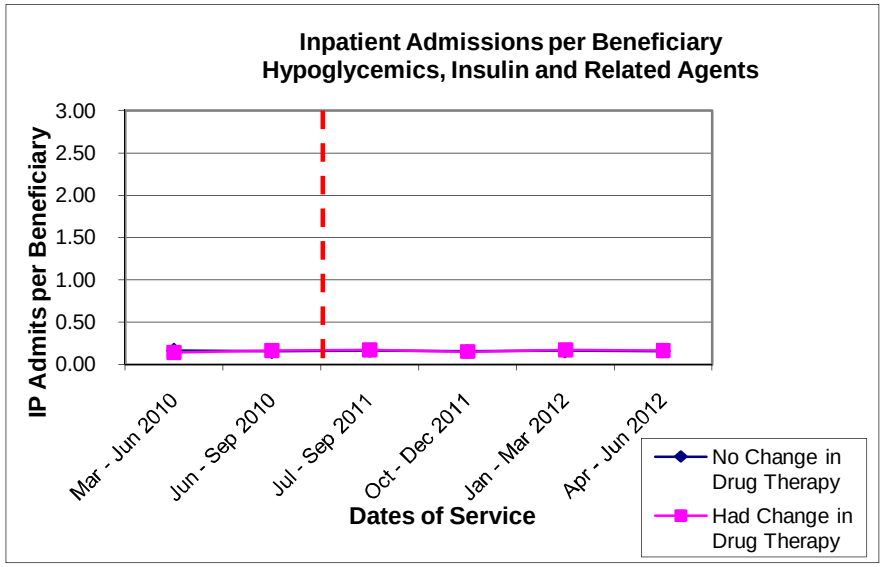


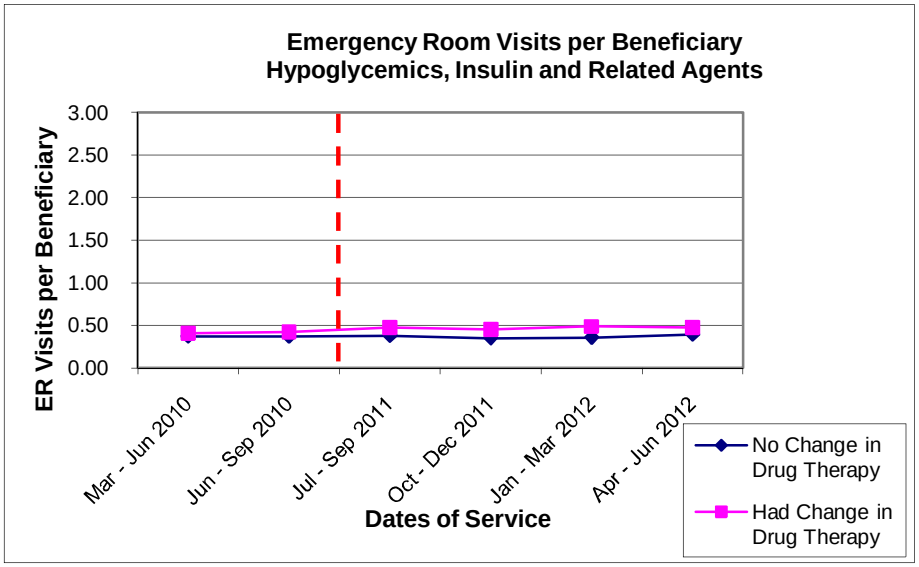


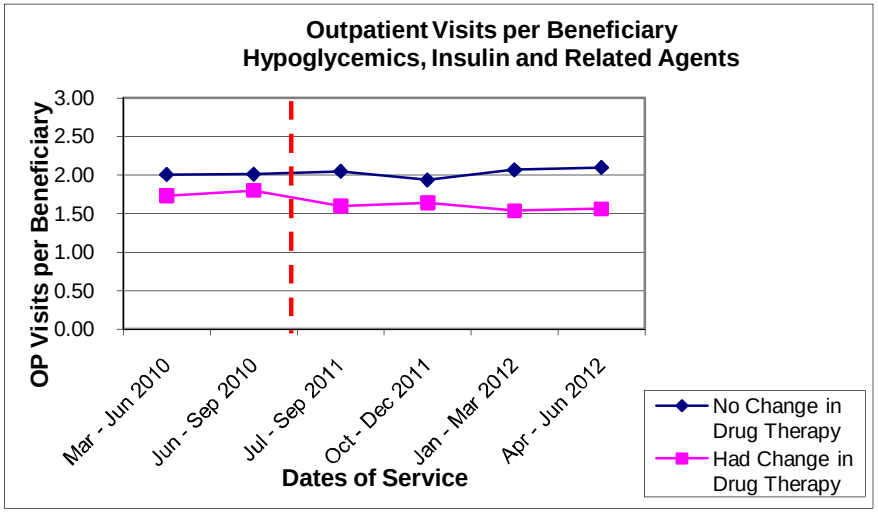


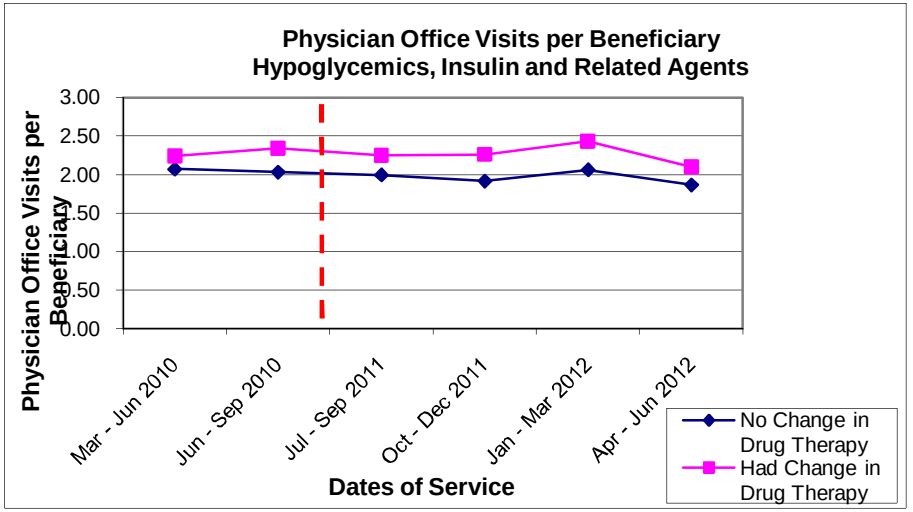


Hypoglycemics, Insulins and Related Agents





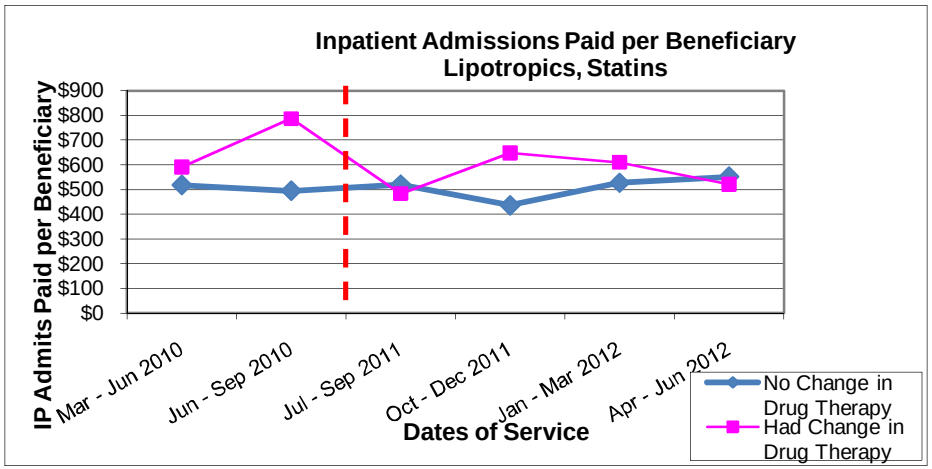


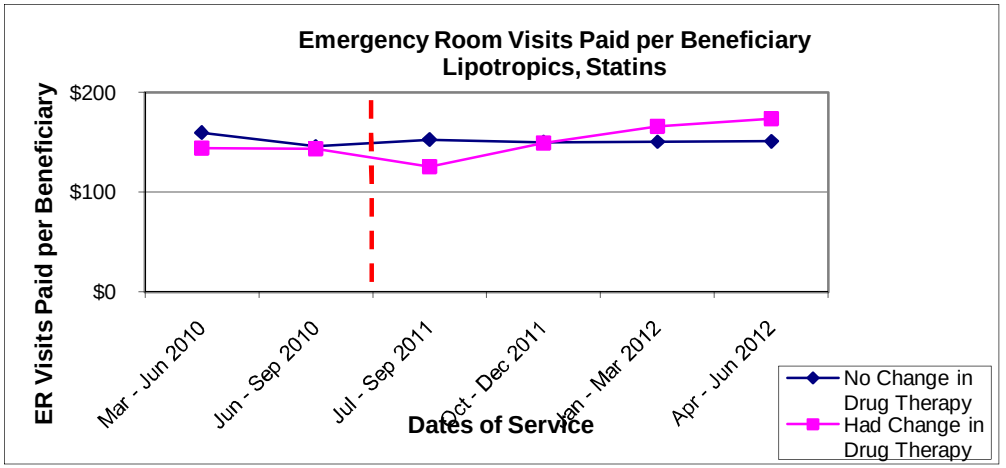


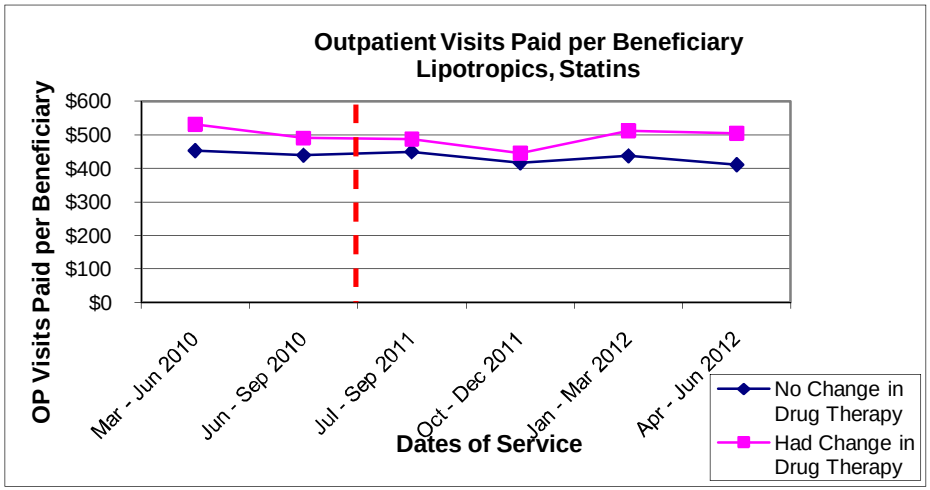
APPENDIX C

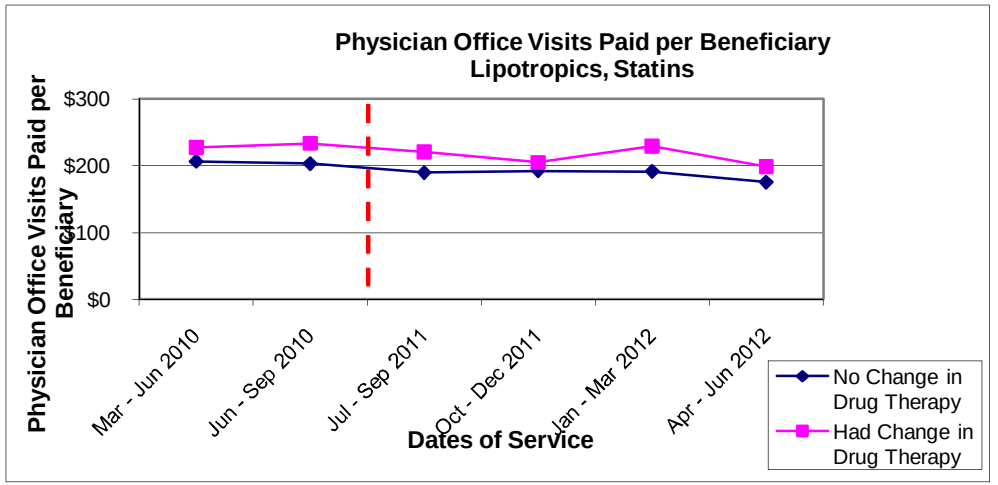
Graphs of Medical Services Expenditures

Lipotropics, Statins

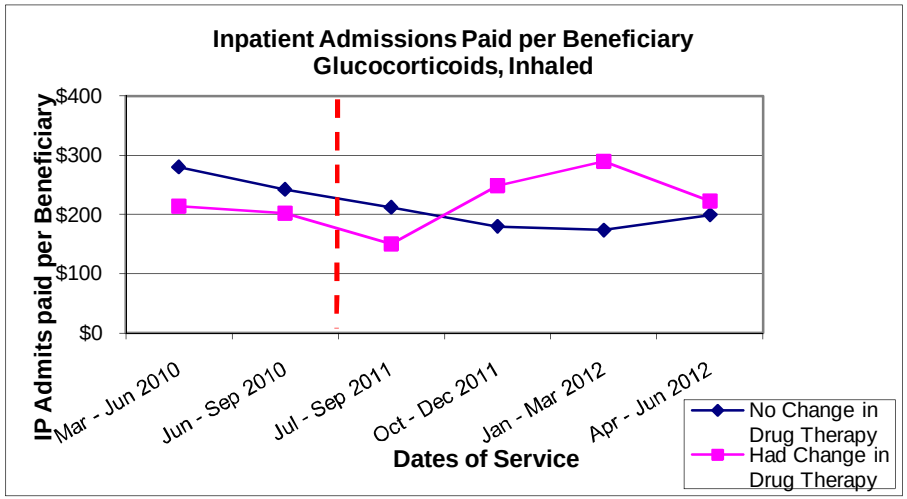


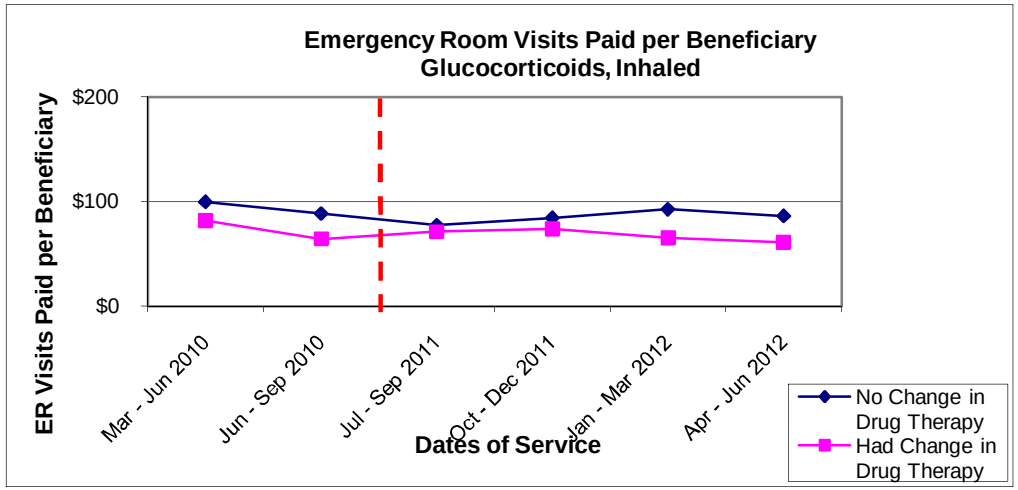


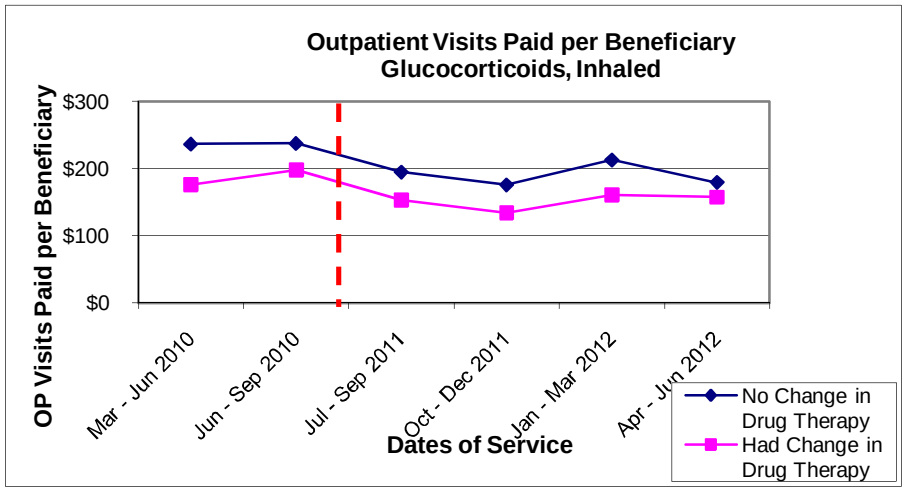


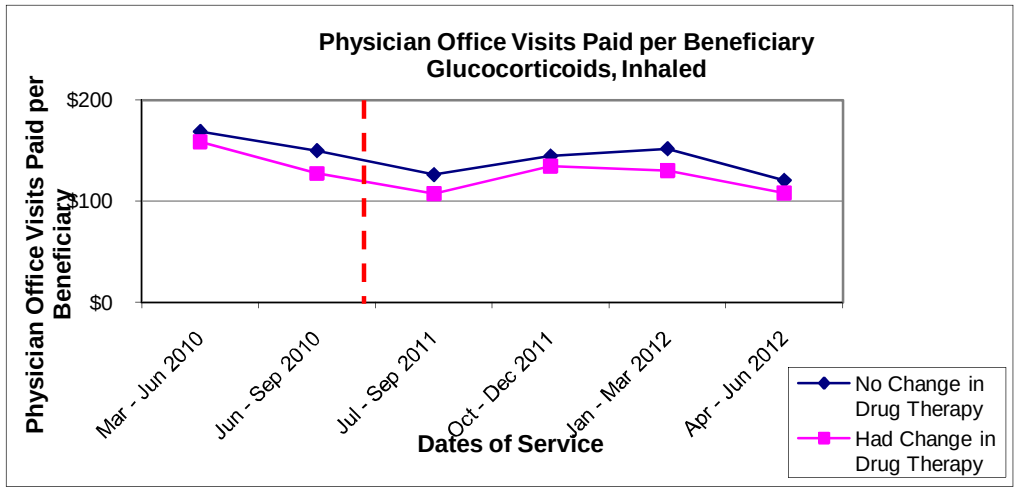


Glucocorticoids, Inhaled

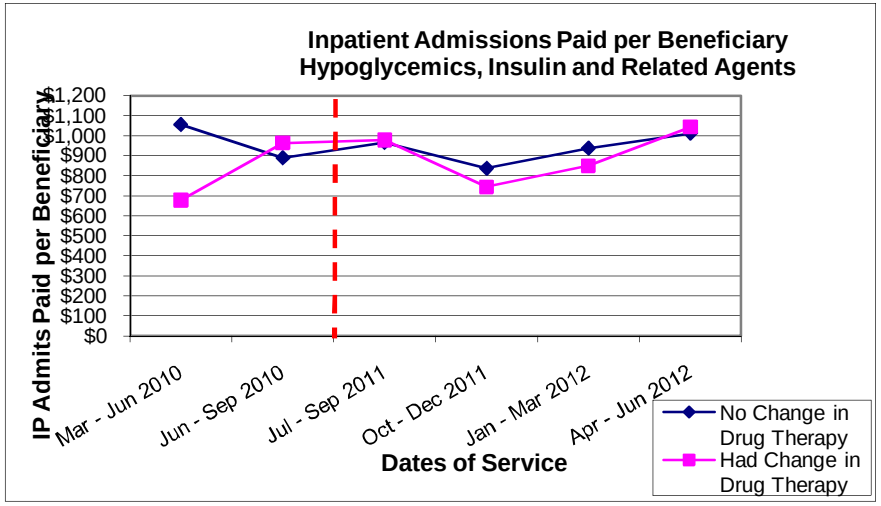


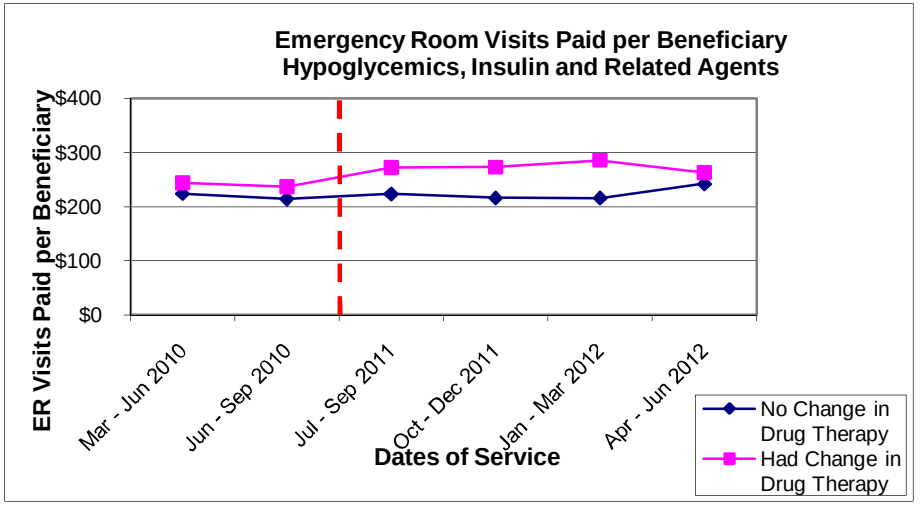


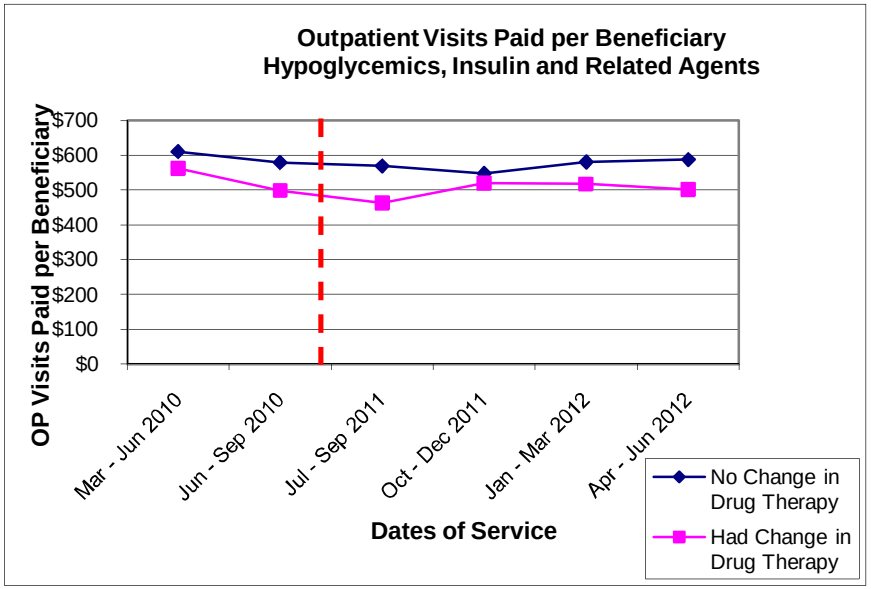


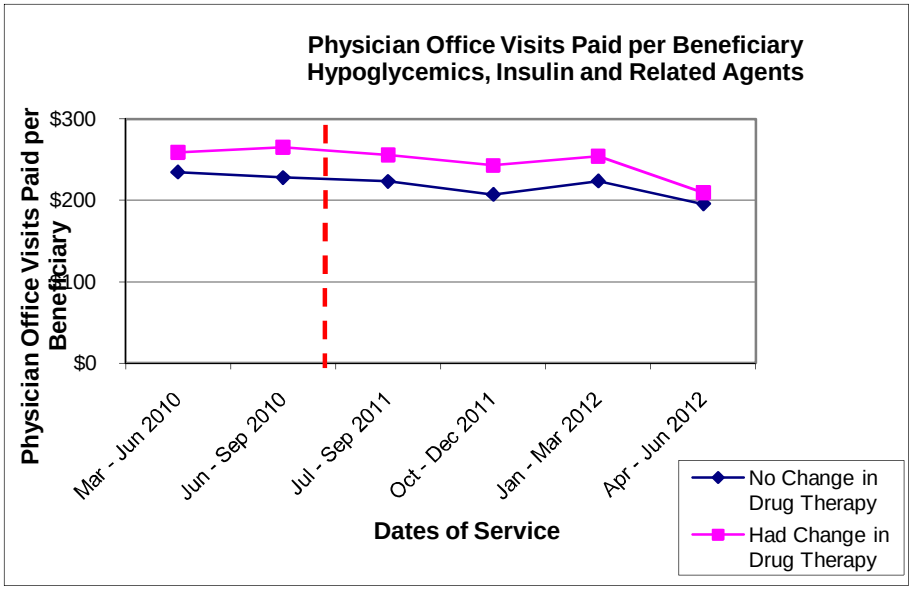


Hypoglycemics, Insulins and Related Agents









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