

Kansas Medical Assistance Program: Program Assessment State Fiscal Year 2012

Prepared by Nicole Churchwell, PharmD
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Executive Summary

Introduction

This *Program Assessment* report prepared for the Kansas Medical Assistance Program (KMAP) provides an analysis of trends in drug utilization for KMAP in State Fiscal Year (SFY) 2012. Included in the analysis are the overall drug claims and expenditures as well as claims and expenditures broken down by therapeutic drug class, generic ingredient, and specific drug utilization.

This analysis identifies which drugs or therapeutic drug classes have high utilization and/or expenditures. This helps KMAP identify areas where management and/or interventions may be useful.

Overall Program Expenditures

The following list provides key facts regarding KMAP overall expenditures in SFY 2012.

- Claims cost in SFY 2012 was 2.5% higher than SFY 2011. The number of claims decreased by less than 1%. From SFY 2011 over SFY 2010 there was an increase of 6.4% in claims cost and 3.8% in claims.
- The increase in claims cost is due to ongoing increase in the use of branded products, especially for drug classes used to treat mental health conditions, which are exempt from management by a state statute.
- The increase in claims cost is offset somewhat due to the availability of generic products and continued management of State Maximum Allowable Cost (SMAC). In SFY 2012, nearly 40% of all claims were paid using SMAC pricing.

Drug Classification Reporting

The following list provides key facts revealed through drug classification reporting on KMAP claims data for SFY 2012.

- Expenditures for several drug classes increased from SFY 2011 to SFY 2012 due to the release of new products. Anticonvulsant Benzodiazepines saw an increase of 18% in claims cost from SFY 2011 to SFY 2012 due to the release of Onfi (clobazam) in early 2012. Central Alpha-Agonists claims cost has risen 59% from SFY 2011 due to the release of Kapvay (clonidine ER) in early 2011.
- Claims cost for the Hemophilic therapeutic class has fallen 35% from SFY 2011 while claims have only decreased by 4% due to the addition of SMAC pricing to many agents based on contract pricing.
- There were several generic product releases during SFY 2012. Typically, after the release of a generic product there is a substantial decrease in cost for that drug. The release of generic Concerta (methylphenidate ER tablets) did not have much impact on claims cost. The lack of cost savings for generic methylphenidate ER tablets was likely due to supply issues with several ADHD stimulant medications.

Yearly Totals

Table 1 contains a yearly program summary comparing the past three state fiscal years:

	SFY 2012	SFY 2011*	SFY 2010*
Period Covered	07/01/11-06/30/12	07/01/10-06/30/11	07/01/09-06/30/10
Total Expenditures	\$176,615,977	\$172,298,691	\$161,952,882
Total Claims	2,156,498	2,177,286	2,098,289
Total Members	245,544	297,796	292,541
Total Users	113,392	126,604	119,632
Cost Per Member	\$719	\$579	\$554
Cost Per User	\$1,558	\$1,361	\$1,354
Cost Per Claim	\$81.87	\$79.12	\$77.21

Table 1: Yearly Program Summary for SFY 2010 through SFY 2012

During State Fiscal Year (SFY) 2012 (dates of service: July 1, 2011 through June 30, 2012), KMAP paid over 2.1 million prescription claims for fee-for-service (FFS) members, which was nearly unchanged from SFY 2011 (<1%) and an increase of 3% from SFY 2010. While claims have increased by \approx 3% over the past three state fiscal years, the claims cost has increased by 9%. During SFY 2012, KMAP paid over \$176 million (rebates not included). This is an increase of over \$4 million from SFY 2011 and an increase of over \$14 million from SFY 2010.

The number of FFS members has decreased from 297,796 in SFY 2011 to 245,544 in SFY 2012, a decrease of over 52,000 members or 18%. Member eligibility types include not only Title 19 (TXIX), but also Medically Needy, MediKan, the AIDS Drug Assistance Program (ADAP), and Presumptive Eligibility. KMAP covers additional beneficiary lives through their Managed Care choices; however, prescription drug expenditures for members enrolled in the Managed Care plans are part of a capitated rate paid to the two Managed Care Organizations (UniCare Health Plan and Coventry Health Care of Kansas) and are not included in this report.

Members vs. Users

Member: a beneficiary eligible for services under the Kansas Medical Assistance Program, excluding Managed Care choices.

User: a member who received at least one prescription.

The number of users has also declined from SFY 2011 to SFY 2012. In SFY 2011 there were 126,604 users compared to 113,392 in SFY 2012, a decrease of 11%. While the number of members exceeded 245,000, the number of users was much lower—around 113,000 in SFY 2012. By distinguishing between members and users, we get a better picture of what KMAP pays per user for drug expenditures—a cost that is typically much higher than the per member cost.

Over the past three state fiscal years, the average cost per member has increased by 30%. This is due to a decrease in the number of members while expenditures continue to increase. In SFY 2010, KMAP paid an average of \$554 per member, compared to \$579 in SFY 2011 and \$719 in SFY 2012. The average cost per claim has also increased over the past several years. In SFY 2010 the average cost per claim was \$77, compared to \$79 in SFY 2011 and \$82 in SFY 2012.

* All data reported in this document is current as of August 2012. Past reports may have different values due to retro eligibility, reversed claims, etc.

Expenditures have continued to increase at a higher rate than the number of claims. This increase is likely due to the release and expanded utilization of several branded products, especially in therapeutic drug classes used to treat mental health conditions. Drugs used to treat mental health conditions are, by statute, exempt from management by KMAP.

Two examples of therapeutic drug classes that saw an increase in expenditures due to the utilization of new branded products were the Miscellaneous Central Nervous System (CNS) Agents and the Central Alpha-Agonists. Branded products used for the treatment of ADHD were released in both of these classes.

While there continued to be an increase in expenditures, this was offset somewhat due to the increased availability of several generic products and continued management of SMAC.

- SMAC is a limit on what KMAP will pay for a drug when there are multiple manufacturers available.
- During SFY 2012 there were SMAC price updates on over 2,200 NDCs and nearly 40% of claims were paid using SMAC pricing.

Eligibility Totals

Figure 1 is a graphical representation of the total number of beneficiaries eligible for services, including MCO eligibility and FFS members. This shows the overall trend for KMAP enrollment over the past three state fiscal years.

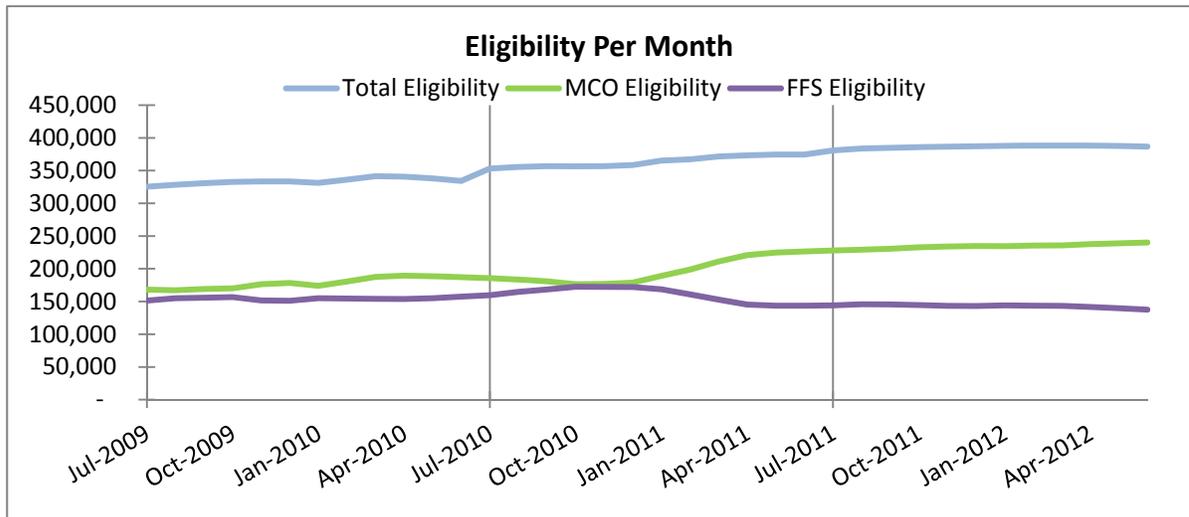


Figure 1: Eligibility per Month for SFY 2010 through SFY 2012

The total number of beneficiaries eligible for KMAP services (including the Managed Care Plans) has steadily increased over the past three state fiscal years. In July 2009 there were around 325,000 beneficiaries eligible for services, compared to nearly 387,000 beneficiaries eligible in June 2012, an increase of 19%.

The number of MCO eligible beneficiaries has increased over the past three years from around 168,000 in July 2009 to over 240,000 in June 2012, an increase of 43%. During this same time the number of FFS eligible beneficiaries has decreased from over 151,000 in July 2009 to less than 138,000 in June 2012, a decrease of 9%.

Monthly Totals

Figure 2 shows the monthly totals for users from SFY 2010 through SFY 2012.

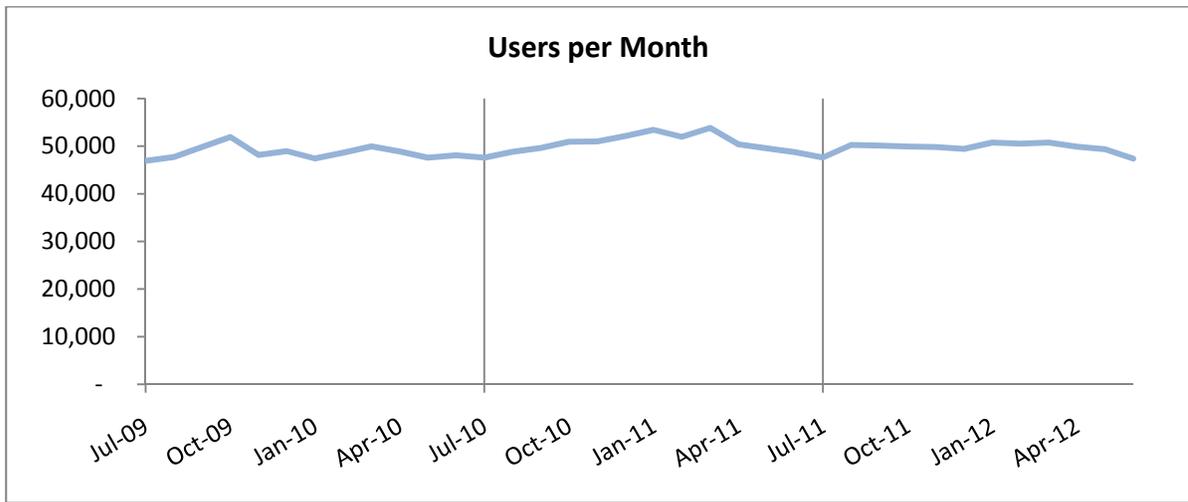


Figure 2: Users per Month for SFY 2010 through SFY 2012

Overall, the number of users per month has remained nearly unchanged over the past three state fiscal years. The highest number of users was seen in March 2011 at nearly 54,000.

Figure 3 shows the monthly totals of claims from SFY 2010 through SFY 2012.

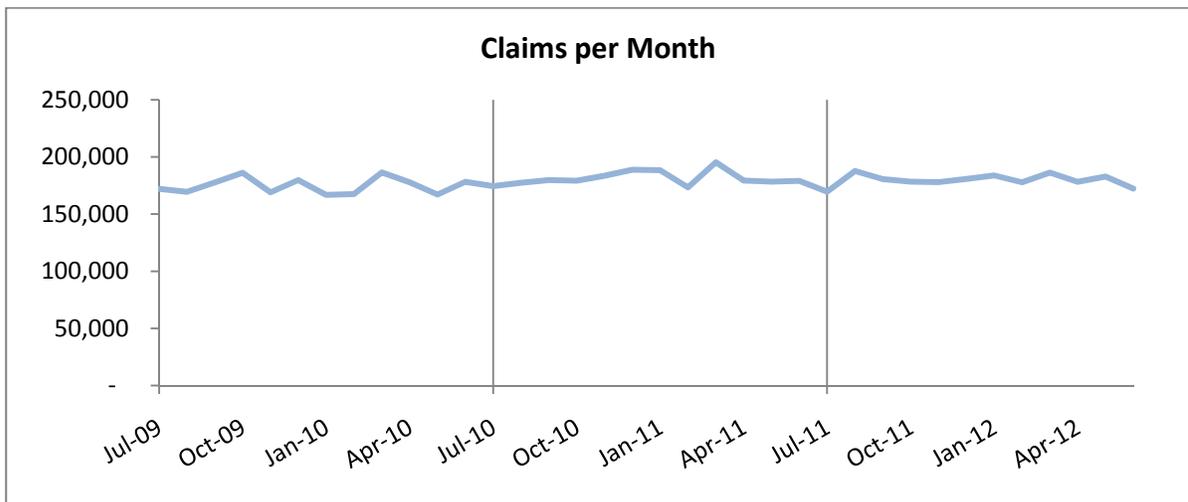


Figure 3: Total Claims per Month for SFY 2010 through SFY 2012

Like the number of users per month, the number of claims per month has also remained nearly unchanged over the past three state fiscal years. The highest number of claims per month was also seen in March 2011 at around 195,000.

Figure 4 shows the total monthly claims cost from SFY 2010 through SFY 2012.

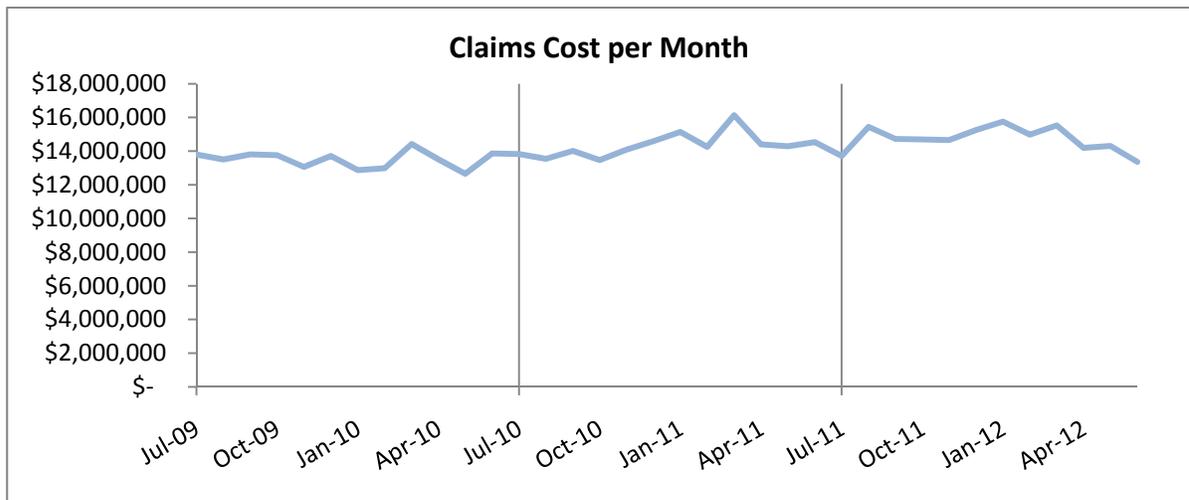


Figure 4: Total Claims Cost per Month for SFY 2010 through SFY 2012

The claims cost per month increased overall, from an average of \$13.5 million per month in SFY 2010 to an average of \$14.7 million per month in SFY 2012. Claims cost per month was at its highest in March 2011 at \$16.1 million.

Figure 5 shows the average cost per month per user, per member and per claim for SFY 2010 through SFY 2012.

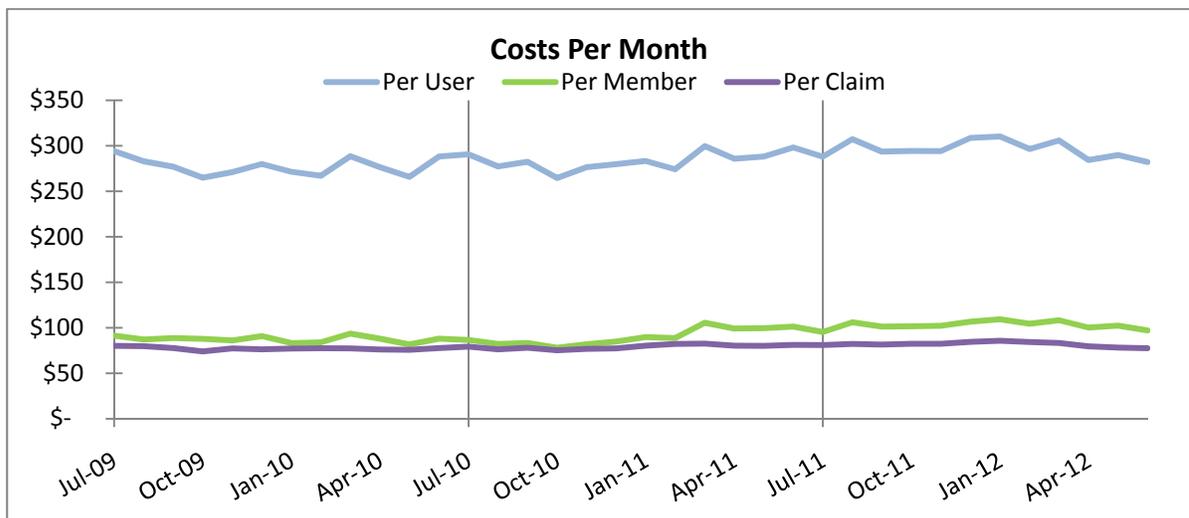


Figure 5: Costs per Month for SFY 2010 through SFY 2012

Overall, the costs per month have increased from SFY 2010 to SFY 2012. All average costs peaked in January 2012. In that month, the average cost per claim was \$86, the average cost per member was \$109, and the average cost per user was \$310.

Drug Classification Reporting

It is important not only to report the number of beneficiaries, number of claims, and claims cost by yearly and monthly totals, but also to look at trends by varying degrees of drug classifications. There are three levels of drug classifications that this section will focus on: therapeutic drug classes, generic ingredients, and specific drugs. The table below shows how a drug is reported within each level, using quetiapine as an example:

Reporting Level	Agents Reported (Example)
Therapeutic Class:	Antipsychotic Agents (all agents)
Generic Ingredient:	Quetiapine (includes all generic quetiapine and Seroquel branded products)
Specific Drug:	Quetiapine, Seroquel, and Seroquel XR agents are reported separately

Data is reported at each drug classification level in two ways to better show trends in drug utilization and expenditures:

- Claims: identifies the most commonly prescribed drugs or drug classes
- Claims Cost: identifies which drugs or drug classes constitute the largest expenditures

Top Therapeutic Drug Classes

Therapeutic drug classes are reported by the top 25 classes based on number of claims, and the top 25 classes based on claims cost. Therapeutic drug class reporting is based on the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification third hierarchy level. An example of the AHFS classification (for Central Nervous System Agents) is shown below. Reporting is done at the third hierarchy level (antipsychotics in the table below).

AHFS Pharmacologic-Therapeutic Classification Hierarchy Example
28:00 Central Nervous System Agents
28:16 Psychotherapeutic Agents
28:16.08 Antipsychotics*
28:16.08.04 Atypical Antipsychotics
28:16.08.08 Butyrophenones
28:16.08.24 Phenothiazines
28:16.08.32 Thioxanthenes
28:16.08.92 Antipsychotics, Miscellaneous

*Therapeutic classes are reported at this level.

Reporting the top therapeutic drug classes based on both number of claims and claims cost shows where classes overlap, and which classes would be lost if only one reporting method was used. Hepatitis C Virus Protease Inhibitors, Antiretrovirals, and Hemostatics are examples of classes that would potentially be lost if only reported by number of claims. All three classes represent a high expenditure for KMAP—together they account for nearly 12% of claims cost, though they represent less than one percent of claims. This is due to the high cost of these agents.

Likewise, several classes would be lost if the top classes were only reported by claims cost. Examples are Benzodiazepines and Second Generation Antihistamines; combined, these classes represent nearly 11% of all claims for SFY 2012 but less than one percent of claims cost.

Therapeutic Drug Classes by Number of Claims

Table 2 contains the top 25 therapeutic drug classes based on the number of claims for SFY 2012. See [Appendix A](#) for a list of drugs included in each class.

AHFS Therapeutic Class	Claims	Claims Cost	Users	Average Cost Per Claim	Claims % Change from SFY 2011
Antidepressants	165,013	\$ 6,761,550	22,767	\$ 40.98	1.37%
Opiate Agonists	150,740	\$ 6,980,586	26,104	\$ 46.31	-0.17%
Antipsychotic Agents	137,389	\$ 45,782,879	14,352	\$ 333.24	-1.06%
Anticonvulsants, Misc	113,893	\$ 6,046,647	12,692	\$ 53.09	0.64%
Benzodiazepines (Anxiolytic, Sedative Hypnotics)	108,678	\$ 936,848	18,190	\$ 8.62	2.28%
Second Generation Antihistamines	77,796	\$ 531,478	16,906	\$ 6.83	4.33%
Non-Steroidal Anti-Inflammatory Agents	67,537	\$ 1,205,589	18,234	\$ 17.85	-3.77%
Proton-Pump Inhibitors	56,729	\$ 3,164,891	10,803	\$ 55.79	4.28%
Beta-Adrenergic Agonists	54,056	\$ 2,942,162	16,798	\$ 54.43	-4.50%
Benzodiazepines (Anticonvulsants)	47,920	\$ 297,083	6,810	\$ 6.20	1.35%
Anorexigenic, Respiratory & Cerebral Stimulants, Misc	41,989	\$ 6,055,718	5,809	\$ 144.22	1.11%
Angiotensin-Converting Enzyme Inhibitors	41,578	\$ 148,226	6,967	\$ 3.57	3.03%
HMG-CoA Reductase Inhibitors	41,320	\$ 2,388,194	6,217	\$ 57.80	2.24%
Beta-Adrenergic Blocking Agents	40,368	\$ 481,563	6,719	\$ 11.93	-0.11%
Amphetamines	39,021	\$ 5,082,994	6,022	\$ 130.26	-0.27%
Central Nervous System Agents, Misc	35,778	\$ 5,969,900	4,987	\$ 166.86	15.42%
Anxiolytics, Sedatives & Hypnotics, Misc	34,337	\$ 965,797	7,351	\$ 28.13	5.25%
Penicillins	32,558	\$ 437,266	22,269	\$ 13.43	-14.65%
Thyroid Agents	32,034	\$ 173,480	4,212	\$ 5.42	4.08%
Central Alpha-Agonists	28,924	\$ 626,062	4,599	\$ 21.65	1.69%
Insulins	27,375	\$ 5,482,815	2,992	\$ 200.29	-1.29%
Leukotriene Modifiers	25,415	\$ 3,509,893	5,481	\$ 138.10	-2.61%
Corticosteroids (Respiratory Tract)	24,802	\$ 4,871,717	7,147	\$ 196.42	-1.89%
Centrally Acting Skeletal Muscle Relaxant	23,800	\$ 194,500	6,398	\$ 8.17	1.66%
Biguanides	23,425	\$ 117,059	3,997	\$ 5.00	2.95%

Table 2: Top Therapeutic Drug Classes by Number of Claims

The therapeutic drug classes included in the top 25 by claims remained nearly unchanged from SFY 2011. The only difference was the addition of Biguanides, which replaced Macrolides. The difference between the two drug classes was fewer than 50 claims.

Within the top 25 classes, Miscellaneous CNS Agents saw the biggest increase in claims from SFY 2011. This increase is due to the addition of new agents like Intuniv (guanfacine) ER tablets and Nuedexta (dextromethorphan/quinidine) capsules.

Therapeutic Drug Classes by Claims Cost

Table 3 reports the top 25 therapeutic drug classes based on claims cost for SFY 2012.

AHFS Therapeutic Class	Claims	Claims Cost	Users	Average Cost Per Claim	Claims Cost % Change from SFY 2011
Antipsychotic Agents	137,389	\$ 45,782,879	14,352	\$ 333.24	0.86%
Antiretrovirals	14,974	\$ 12,633,658	1,042	\$ 843.71	6.57%
Opiate Agonists	150,740	\$ 6,980,586	26,104	\$ 46.31	2.66%
Antidepressants	165,013	\$ 6,761,550	22,767	\$ 40.98	-4.06%
Anorexigenic, Respiratory & Cerebral Stimulants, Misc	41,989	\$ 6,055,718	5,809	\$ 144.22	1.67%
Anticonvulsants, Misc	113,893	\$ 6,046,647	12,692	\$ 53.09	-0.78%
Hemostatics	392	\$ 6,019,666	60	\$15,356.29	-35.12%
Central Nervous System Agents, Misc	35,778	\$ 5,969,900	4,987	\$ 166.86	28.36%
Insulins	27,375	\$ 5,482,815	2,992	\$ 200.29	12.37%
Amphetamines	39,021	\$ 5,082,994	6,022	\$ 130.26	9.29%
Corticosteroids (Respiratory Tract)	24,802	\$ 4,871,717	7,147	\$ 196.42	6.61%
Leukotriene Modifiers	25,415	\$ 3,509,893	5,481	\$ 138.10	13.13%
Proton-Pump Inhibitors	56,729	\$ 3,164,891	10,803	\$ 55.79	-13.02%
Beta-Adrenergic Agonists	54,056	\$ 2,942,162	16,798	\$ 54.43	-1.76%
Antineoplastic Agents	5,380	\$ 2,872,703	999	\$ 533.96	14.34%
HMG-CoA Reductase Inhibitors	41,320	\$ 2,388,194	6,217	\$ 57.80	0.99%
Pituitary	5,211	\$ 2,182,617	809	\$ 418.85	14.99%
Biologic Response Modifiers	478	\$ 1,558,664	66	\$ 3,260.80	4.42%
Antimuscarinics/Antispasmodics	11,143	\$ 1,486,469	2,617	\$ 133.40	25.08%
Hepatitis C Virus Protease Inhibitors	135	\$ 1,434,460	44	\$10,625.63	N/A
Platelet-Aggregation Inhibitors	7,833	\$ 1,283,142	1,216	\$ 163.81	-0.46%
Monoclonal Antibodies	624	\$ 1,255,610	153	\$ 2,012.20	5.21%
Non-Steroidal Anti-Inflammatory Agents	67,537	\$ 1,205,589	18,234	\$ 17.85	9.61%
Vasodilating Agents, Misc	809	\$ 1,194,021	121	\$ 1,475.92	1.51%
Anticoagulants	11,220	\$ 1,177,338	1,565	\$ 104.93	23.41%

Table 3: Top 25 Therapeutic Drug Classes by Claims Cost

The main difference from SFY 2011, in the classes included in the top 25 therapeutic drug classes by claims cost, was the addition of the Hepatitis C Virus Protease Inhibitors. This drug class currently includes only two agents, Incivek (telaprevir) and Victrelis (boceprevir). There is potential for growth within this drug class in the future as it is a new class with several additional agents in clinical trials.

Hemostatic agents saw the greatest change in claims cost from SFY 2011. Claims for SFY 2012 were 4% less than SFY 2011, while the claims cost for SFY 2012 was 35% less than SFY 2011. The decrease in claims cost was due, in part, to the decreased utilization of these agents, as well as the addition of SMAC pricing to many agents within this class in the fourth quarter of SFY 2011.

Figure 6 shows the top 10 therapeutic drug classes by number of claims for SFY 2012.

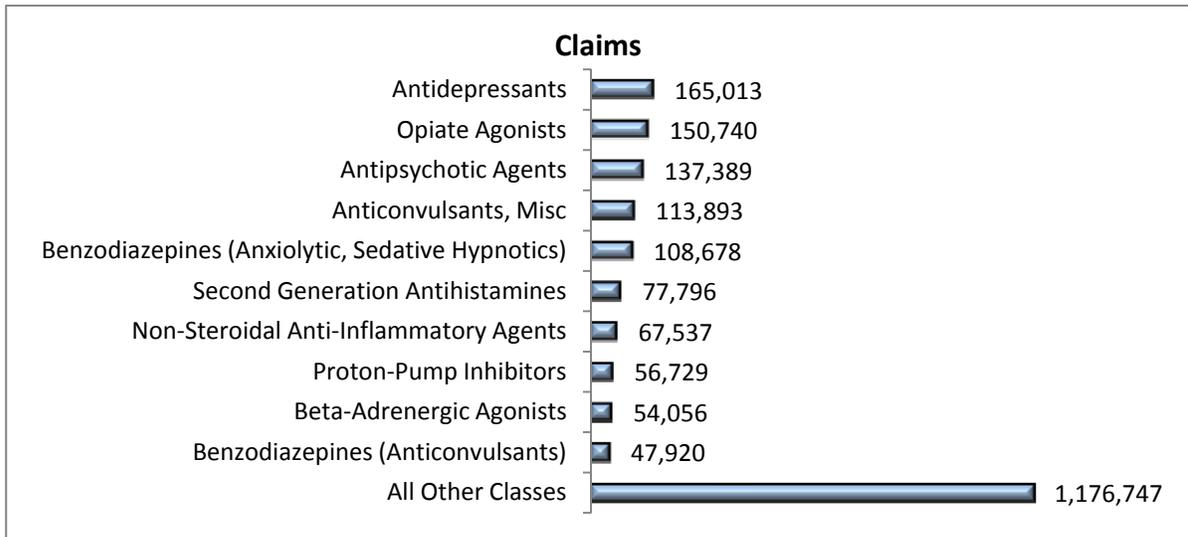


Figure 6: Top 10 Therapeutic Classes by Number of Claims

Many of the most commonly-prescribed drug classes are used to treat mental health conditions, which are exempt from management. This same trend is seen among the most costly classes.

Figure 7 shows the top 10 therapeutic drug classes by claims cost for SFY 2012.

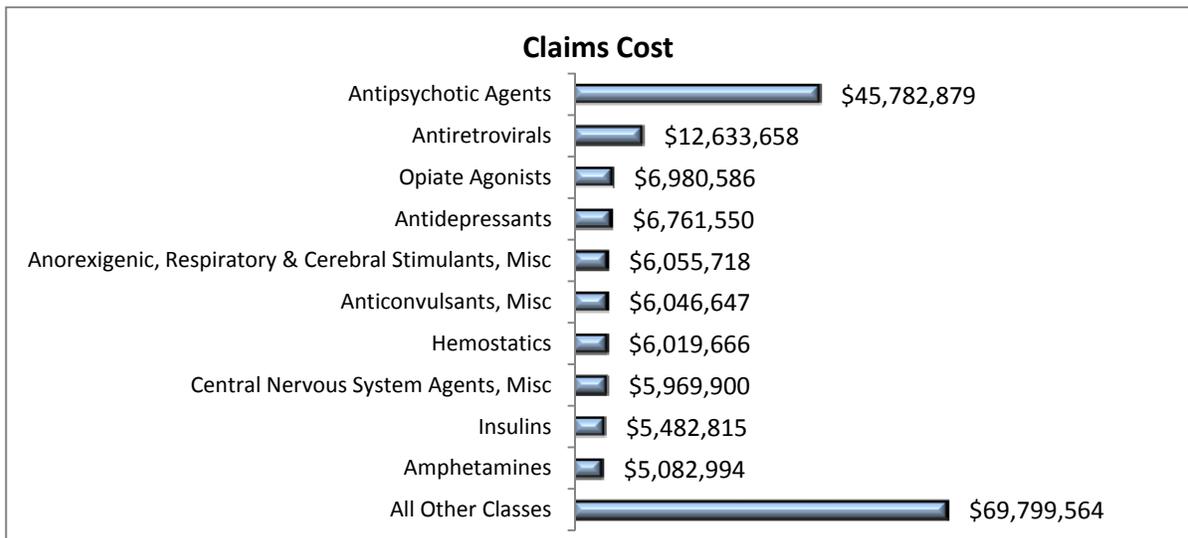


Figure 7: Top 10 Therapeutic Classes by Claims Cost

Antipsychotic Agents represent the most expensive therapeutic drug class, with 26% of the total claims cost for SFY 2012 and just over 6% of the total claims. The next therapeutic class by claims cost is the Antiretrovirals, which accounted for only 7% of the total claims cost in SFY 2012.

Therapeutic Drug Classes Trend Summary Analysis

Within the top 25 therapeutic drug classes by claims and cost there are several classes that are of interest due to dramatic changes from SFY 2010 to SFY 2012 in utilization, cost, or both.

Anticonvulsant Benzodiazepines Trend Summary

Table 4 shows the number of users, claims, claims cost, and average cost per claim for Anticonvulsant Benzodiazepines by quarter for SFY 2010 through SFY 2012.

	Users	Claims	Claims Cost	Average Cost/Claim
1st Quarter SFY 2010	9,909	11,476	\$ 60,564	\$ 5.28
2nd Quarter SFY 2010	10,064	11,691	\$ 62,112	\$ 5.31
3rd Quarter SFY 2010	9,903	11,354	\$ 59,567	\$ 5.25
4th Quarter SFY 2010	9,947	11,458	\$ 59,593	\$ 5.20
1st Quarter SFY 2011	10,134	11,689	\$ 60,981	\$ 5.22
2nd Quarter SFY 2011	10,197	11,768	\$ 61,459	\$ 5.22
3rd Quarter SFY 2011	10,243	11,732	\$ 63,106	\$ 5.38
4th Quarter SFY 2011	10,542	12,094	\$ 66,041	\$ 5.46
1st Quarter SFY 2012	10,532	12,127	\$ 65,618	\$ 5.41
2nd Quarter SFY 2012	10,442	11,977	\$ 62,345	\$ 5.21
3rd Quarter SFY 2012	10,436	11,949	\$ 74,670	\$ 6.25
4th Quarter SFY 2012	10,352	11,867	\$ 94,451	\$ 7.96

Table 4: Anticonvulsant Benzodiazepines Trend Summary

Figure 8 shows claims cost compared to the number of claims per quarter for Anticonvulsant Benzodiazepines.

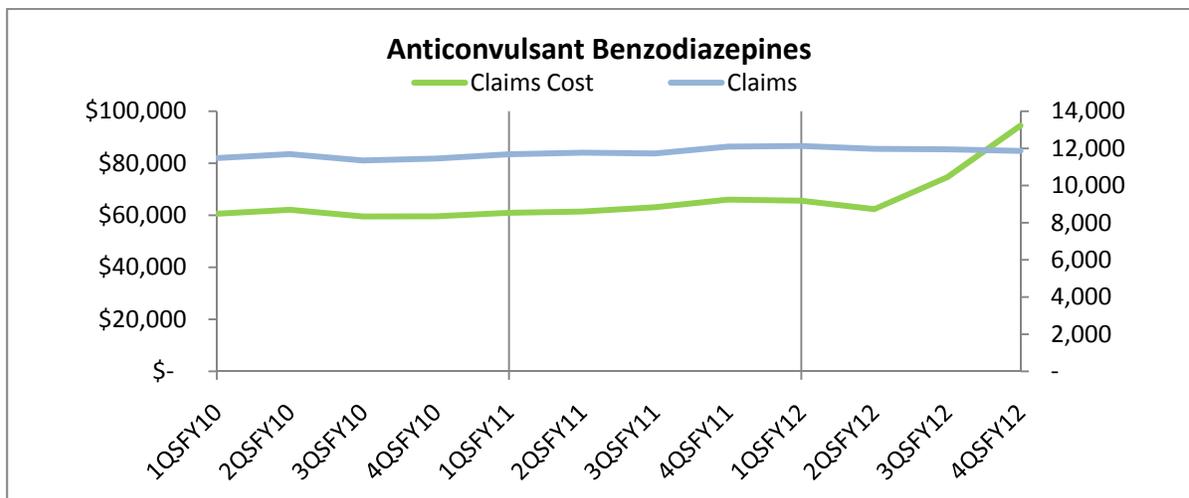


Figure 8: Anticonvulsant Benzodiazepines Claims Cost Compared to Claims

The Anticonvulsant Benzodiazepine class includes two agents: Klonopin® (clonazepam), which is available in generic formulations, and Onfi® (clobazam). Onfi was released in early 2012. This is

demonstrated by the increase in claims cost around the third quarter of SFY 2012. Onfi accounted for 8% of the claims cost for Anticonvulsant Benzodiazepines and only 0.3% of the claims.

Proton-Pump Inhibitors Trend Summary

Table 5 shows the number of users, claims, claims cost, and average cost per claim for Proton-Pump Inhibitors by quarter for SFY 2010 through SFY 2012.

	Users	Claims	Claims Cost	Average Cost/Claim
1st Quarter SFY 2010	12,499	13,304	\$ 1,777,089	\$ 133.58
2nd Quarter SFY 2010	12,586	13,400	\$ 1,491,714	\$ 111.32
3rd Quarter SFY 2010	12,712	13,370	\$ 960,684	\$ 71.85
4th Quarter SFY 2010	12,680	13,406	\$ 894,109	\$ 66.69
1st Quarter SFY 2011	12,663	13,464	\$ 928,247	\$ 68.94
2nd Quarter SFY 2011	12,864	13,675	\$ 930,024	\$ 68.01
3rd Quarter SFY 2011	12,840	13,565	\$ 904,461	\$ 66.68
4th Quarter SFY 2011	12,881	13,696	\$ 876,024	\$ 63.96
1st Quarter SFY 2012	13,078	13,964	\$ 865,955	\$ 62.01
2nd Quarter SFY 2012	13,268	14,126	\$ 861,280	\$ 60.97
3rd Quarter SFY 2012	13,608	14,394	\$ 733,224	\$ 50.94
4th Quarter SFY 2012	13,401	14,245	\$ 704,431	\$ 49.45

Table 5: Proton-Pump Inhibitors Trend Summary

Figure 9 shows claims cost compared to claims for Proton-Pump Inhibitors.

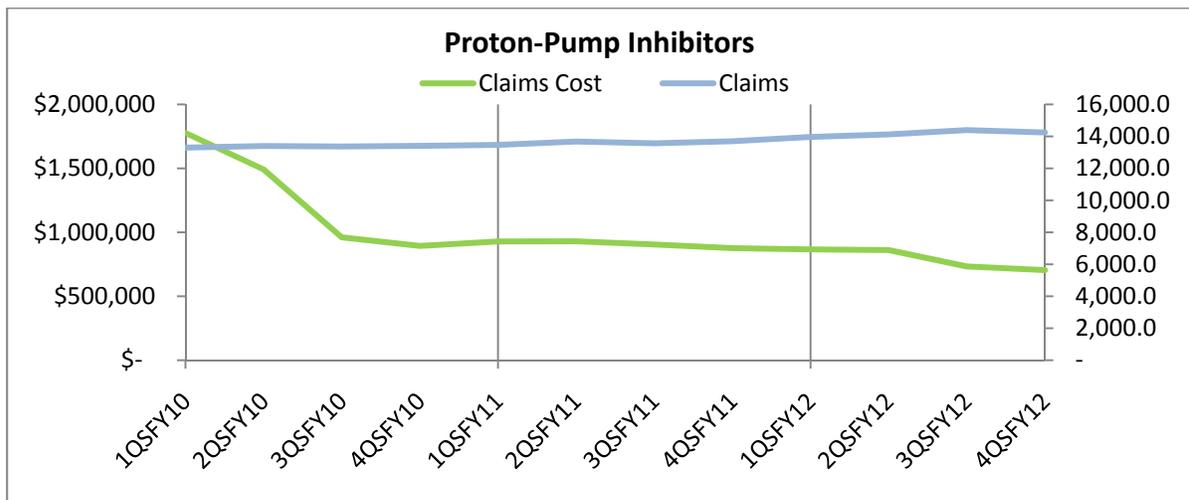


Figure 9: Proton-Pump Inhibitors Claims Cost Compared to Claims

From SFY 2010 to SFY 2012 claims for Proton-Pump Inhibitors increased while the claims cost decreased. The decrease in claims cost is likely due to the availability of generic agents in this class, including lansoprazole in the second quarter of SFY 2010. In SFY 2012 generic lansoprazole products accounted for 43% of the claims for this class, down from 55% in SFY 2011. During the same time period, generic omeprazole products increased from 21% of the total Proton-Pump Inhibitor claims to 37%.

Miscellaneous CNS Agents Trend Summary

Table 6 shows the number of users, claims, claims cost, and average cost per claim for Miscellaneous CNS Agents by quarter for SFY 2010 through SFY 2012.

	Users	Claims	Claims Cost	Average Cost/Claim
1st Quarter SFY 2010	2,862	3,274	\$ 510,540	\$ 155.94
2nd Quarter SFY 2010	3,147	3,686	\$ 554,773	\$ 150.51
3rd Quarter SFY 2010	4,232	5,005	\$ 727,386	\$ 145.33
4th Quarter SFY 2010	5,138	6,161	\$ 888,904	\$ 144.28
1st Quarter SFY 2011	5,922	7,093	\$ 1,001,134	\$ 141.14
2nd Quarter SFY 2011	6,479	7,686	\$ 1,127,533	\$ 146.70
3rd Quarter SFY 2011	6,771	7,954	\$ 1,196,346	\$ 150.41
4th Quarter SFY 2011	7,040	8,266	\$ 1,325,795	\$ 160.39
1st Quarter SFY 2012	7,135	8,394	\$ 1,358,112	\$ 161.80
2nd Quarter SFY 2012	7,548	8,913	\$ 1,439,996	\$ 161.56
3rd Quarter SFY 2012	7,920	9,339	\$ 1,598,649	\$ 171.18
4th Quarter SFY 2012	7,795	9,132	\$ 1,573,142	\$ 172.27

Table 6: Miscellaneous CNS Agents Trend Summary

Figure 10 shows claims cost compared to the number of claims per quarter for Miscellaneous CNS Agents.

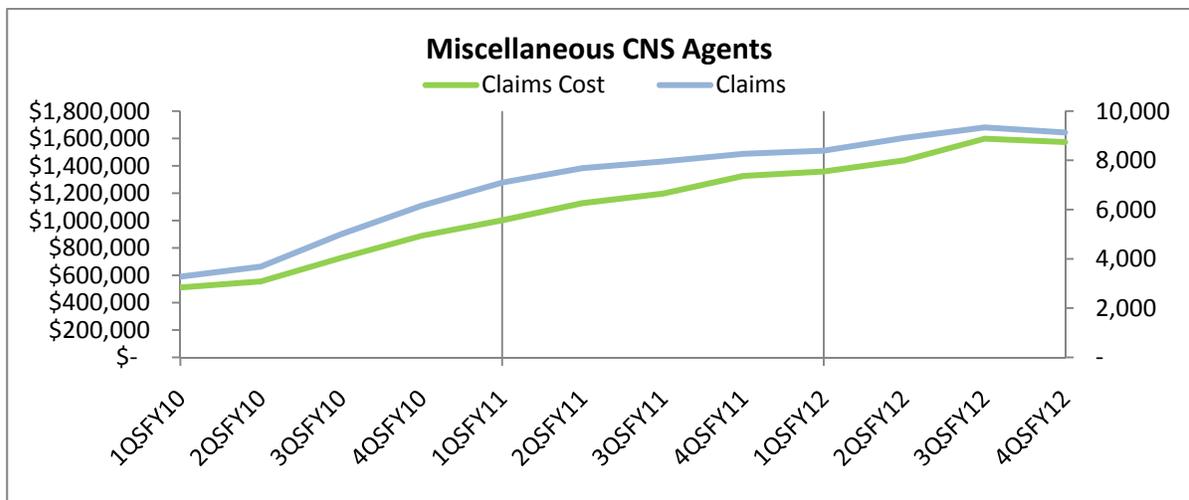


Figure 10: Miscellaneous CNS Agents Claims Cost Compared to Claims

Claims and claims cost for the Miscellaneous CNS Agents have significantly increased over the past three state fiscal years. The most utilized agent in this class is Intuniv (guanfacine) extended-release tablets, which was released in October 2009 and has seen a steady increase in claims since that time. Intuniv accounted for 66% of the claims and 63% of the cost for this therapeutic class in SFY 2012.

Central Alpha-Agonists Trend Summary

Table 7 shows the number of users, claims, total claims cost, and average cost per claim for Central Alpha-Agonists by quarter for SFY 2010 through SFY 2012.

	Users	Claims	Claims Cost	Average Cost/Claim
1st Quarter SFY 2010	6,964	7,832	\$ 105,213	\$ 13.43
2nd Quarter SFY 2010	7,140	7,996	\$ 100,953	\$ 12.63
3rd Quarter SFY 2010	6,723	7,458	\$ 96,856	\$ 12.99
4th Quarter SFY 2010	6,397	7,153	\$ 95,941	\$ 13.41
1st Quarter SFY 2011	6,326	7,017	\$ 92,439	\$ 13.17
2nd Quarter SFY 2011	6,426	7,111	\$ 93,715	\$ 13.18
3rd Quarter SFY 2011	6,468	7,222	\$ 96,371	\$ 13.34
4th Quarter SFY 2011	6,407	7,094	\$ 112,013	\$ 15.79
1st Quarter SFY 2012	6,467	7,187	\$ 123,023	\$ 17.12
2nd Quarter SFY 2012	6,383	7,082	\$ 128,637	\$ 18.16
3rd Quarter SFY 2012	6,581	7,322	\$ 154,618	\$ 21.12
4th Quarter SFY 2012	6,537	7,333	\$ 219,784	\$ 29.97

Table 7: Central Alpha-Agonists Trend Summary

Figure 11 shows claims cost compared to the number of claims per quarter for Central Alpha-Agonists.

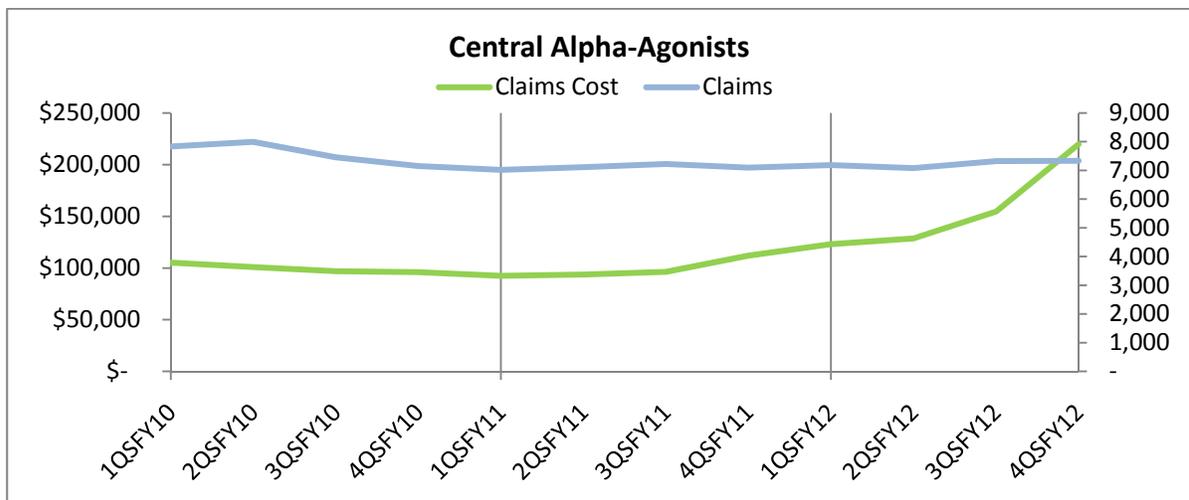


Figure 11: Central Alpha-Agonists Total Claims Cost Compared to Total Claims

Claims cost began to increase around the third quarter of SFY 2011. This is due to the release of a new branded product, Kapvay (clonidine) extended-release tablets in February 2011. Kapvay accounted for 51% of the claims cost and 8% of the claims for Central Alpha-Agonists in SFY 2012.

Top Generic Ingredients

The generic ingredients are reported by the top 25 ingredients based on total number of claims, along with the top 25 ingredients based on claims cost.

Generic ingredients include all claims classified under a generic name. For example, risperidone includes all manufacturers and all strengths of brand and generic Risperdal®, Risperdal Consta®, and risperidone.

Generic Ingredients by Number of Claims

Table 8 contains the top 25 generic ingredients by the number of claims. See [Appendix B](#) for a list of drugs included under each ingredient.

Generic Ingredient	Claims	Claims Cost	Users	Cost Per Claim	Claims % Change from SFY 2011
Hydrocodone/Acetaminophen	70,224	\$ 747,644	17,272	\$ 10.65	-0.02%
Clonazepam	47,758	\$ 248,414	6,779	\$ 5.20	1.00%
Alprazolam	46,789	\$ 212,073	7,570	\$ 4.53	2.16%
Loratadine	45,502	\$ 220,542	9,516	\$ 4.85	0.41%
Albuterol	44,340	\$ 1,503,294	15,569	\$ 33.90	-1.82%
Lorazepam	36,398	\$ 192,999	7,424	\$ 5.30	3.00%
Risperidone	34,246	\$ 2,352,060	4,529	\$ 68.68	0.25%
Quetiapine	31,568	\$ 10,641,676	4,130	\$ 337.10	-3.54%
Levothyroxine	31,426	\$ 165,440	4,141	\$ 5.26	3.79%
Methylphenidate	30,549	\$ 3,804,082	4,481	\$ 124.52	1.15%
Cetirizine	30,264	\$ 228,945	7,802	\$ 7.56	19.98%
Guanfacine	29,292	\$ 3,801,124	4,213	\$ 129.77	18.50%
Lisinopril	28,688	\$ 92,446	5,038	\$ 3.22	5.76%
Lansoprazole	26,123	\$ 1,737,096	3,945	\$ 66.50	-17.44%
Aripiprazole	25,829	\$ 15,193,872	4,171	\$ 588.25	-4.39%
Aspirin	25,501	\$ 88,657	3,594	\$ 3.48	-9.64%
Montelukast	25,181	\$ 3,483,702	5,454	\$ 138.35	-2.57%
Sertraline	24,907	\$ 162,555	4,519	\$ 6.53	3.04%
Trazodone	24,885	\$ 143,854	5,107	\$ 5.78	2.57%
Divalproex	24,784	\$ 786,657	3,052	\$ 31.74	-4.06%
Metformin	23,425	\$ 117,059	3,997	\$ 5.00	2.95%
Clonidine	23,089	\$ 573,438	3,700	\$ 24.84	4.16%
Amoxicillin	22,999	\$ 138,114	17,163	\$ 6.01	-14.89%
Simvastatin	21,787	\$ 76,093	3,629	\$ 3.49	-3.27%
Lisdexamfetamine	21,762	\$ 3,018,802	3,582	\$ 138.72	5.91%

Table 8: Top 25 Generic Ingredients by Number of Claims

Cetirizine had the largest increase in the number of claims from SFY 2011. Cetirizine products are preferred on the Preferred Drug List (PDL), which accounts for the utilization of these products.

Generic Ingredients by Claims Cost

Table 9 contains the top 25 generic ingredients by claims cost.

Generic Ingredient	Claims	Claims Cost	Users	Cost Per Claim	Claims Cost % Change from SFY 2011
Aripiprazole	25,829	\$ 15,193,872	4,171	\$ 588.25	3.82%
Quetiapine	31,568	\$ 10,641,676	4,130	\$ 337.10	-5.09%
Paliperidone	7,805	\$ 5,966,968	1,034	\$ 764.51	25.83%
Olanzapine	9,643	\$ 5,072,032	1,452	\$ 525.98	-15.82%
Ziprasidone	11,652	\$ 4,077,573	1,506	\$ 349.95	-11.90%
Efavirenz/Emtricitabine/Tenofovir	2,770	\$ 4,015,841	377	\$ 1,449.76	4.31%
Methylphenidate	30,549	\$ 3,804,082	4,481	\$ 124.52	-4.01%
Guanfacine	29,292	\$ 3,801,124	4,213	\$ 129.77	41.76%
Oxycodone	17,091	\$ 3,646,811	2,652	\$ 213.38	6.11%
Antihemophilic Factor/VWF	178	\$ 3,567,881	15	\$ 20,044.27	-31.69%
Montelukast	25,181	\$ 3,483,702	5,454	\$ 138.35	13.23%
Lisdexamfetamine	21,762	\$ 3,018,802	3,582	\$ 138.72	11.64%
Duloxetine	12,471	\$ 2,610,774	2,072	\$ 209.35	23.33%
Emtricitabine/Tenofovir	2,585	\$ 2,493,256	377	\$ 964.51	5.82%
Fluticasone/Salmeterol	10,891	\$ 2,486,948	2,695	\$ 228.35	0.51%
Risperidone	34,246	\$ 2,352,060	4,529	\$ 68.68	-14.08%
Insulin Glargine	11,286	\$ 2,141,276	2,011	\$ 189.73	11.81%
Escitalopram	18,117	\$ 2,006,440	3,224	\$ 110.75	-1.48%
Atomoxetine	10,766	\$ 1,934,602	1,643	\$ 179.70	8.50%
Amphetamine Salts	15,591	\$ 1,904,626	2,687	\$ 122.16	6.02%
Lansoprazole	26,123	\$ 1,737,096	3,945	\$ 66.50	-27.32%
Somatropin	911	\$ 1,721,297	129	\$ 1,889.46	18.91%
Atorvastatin	14,064	\$ 1,620,840	2,079	\$ 115.25	-4.97%
Dexmethylphenidate	10,432	\$ 1,583,481	1,436	\$ 151.79	15.49%
Albuterol	44,340	\$ 1,503,294	15,569	\$ 33.90	1.20%

Table 9: Top 25 Generic Ingredients by Claims Cost

The most significant change in claims cost from SFY 2012 was guanfacine, which increased by 42%. This is due to the release of Intuniv, a branded, extended-release product. Intuniv, on average, was \$159 per claim in SFY 2012 and accounted for 99% of the claims cost for guanfacine products and 80% of the claims.

Figure 12 shows the top 10 generic ingredients by number of claims for SFY 2012.

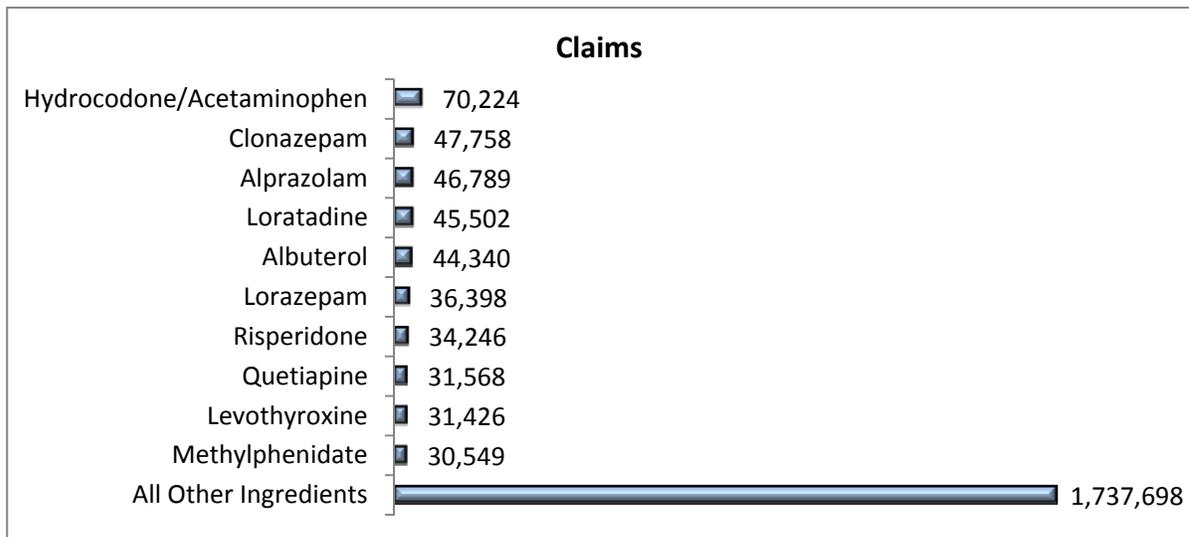


Figure 12: Top 10 Generic Ingredients by Number of Claims

Hydrocodone/acetaminophen has been the most commonly prescribed generic ingredient for the past several years; this trend continued for SFY 2012. While hydrocodone/acetaminophen only accounted for 3% of the total claims in SFY 2012, there were 47% more claims for hydrocodone/acetaminophen than the next most commonly-prescribed generic ingredient, clonazepam.

Figure 13 shows the top 10 generic ingredients by claims cost for SFY 2012.

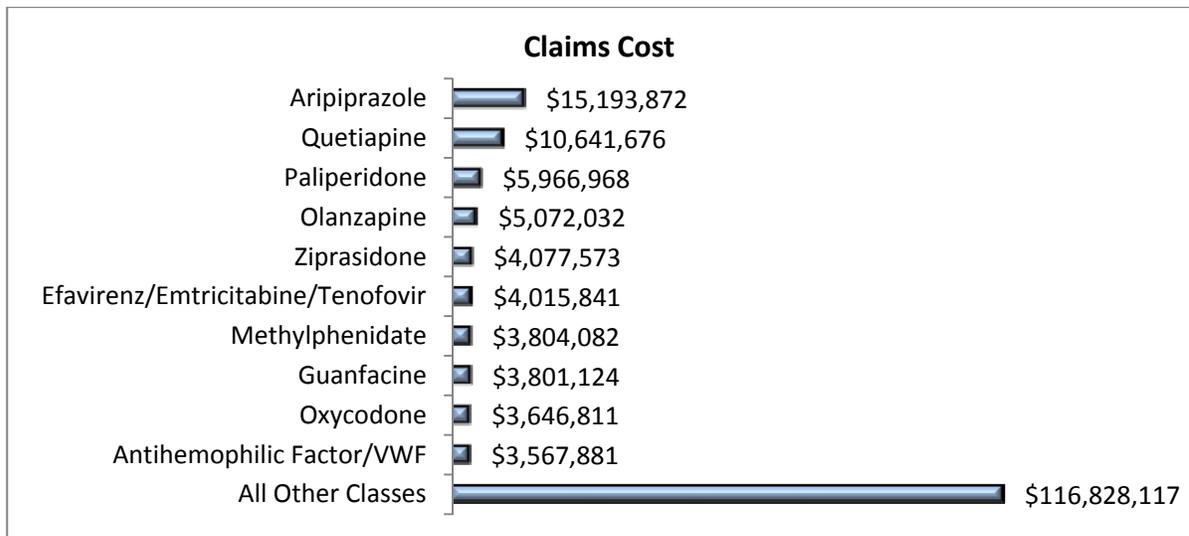


Figure 13: Top 10 Generic Ingredients by Claims Cost

The top 5 generic ingredients by claims cost all are antipsychotic agents. In the future it is expected that the claims cost for some of these agents will decrease due to generic availability. During SFY 2012, both quetiapine and olanzapine had generic products released.

Generic Ingredient Trend Summary Analysis

Within the top 25 generic ingredients by claims and claims cost, there are several ingredients that are of interest due to the dramatic changes from SFY 2010 to SFY 2012 in utilization, cost, or both. These ingredients include antihemophilic/VWF, paliperidone, atorvastatin, and clonidine.

Generic Ingredient – Antihemophilic/VWF Trend Summary

Table 10 shows the quarterly percent change by number of users, number of prescriptions, claims cost, and average cost per claim for antihemophilic/VWF.

	Users	Claims	Claims Cost	Average Cost/Claim
1st Quarter SFY 2010	19	44	\$ 1,392,735	\$ 31,653.06
2nd Quarter SFY 2010	21	44	\$ 1,467,223	\$ 33,345.98
3rd Quarter SFY 2010	20	46	\$ 1,578,904	\$ 34,324.00
4th Quarter SFY 2010	18	39	\$ 1,298,987	\$ 33,307.36
1st Quarter SFY 2011	21	47	\$ 1,631,161	\$ 34,705.56
2nd Quarter SFY 2011	21	35	\$ 1,193,708	\$ 34,105.93
3rd Quarter SFY 2011	24	44	\$ 1,195,553	\$ 27,171.66
4th Quarter SFY 2011	25	60	\$ 1,202,409	\$ 20,040.15
1st Quarter SFY 2012	23	43	\$ 866,886	\$ 20,160.15
2nd Quarter SFY 2012	27	46	\$ 1,056,464	\$ 22,966.62
3rd Quarter SFY 2012	28	51	\$ 982,857	\$ 19,271.71
4th Quarter SFY 2012	24	38	\$ 661,673	\$ 17,412.44

Table 10: Antihemophilic/VWF Trend Summary

Figure 14 show claims cost compared to the number of claims per quarter for antihemophilic/VWF.

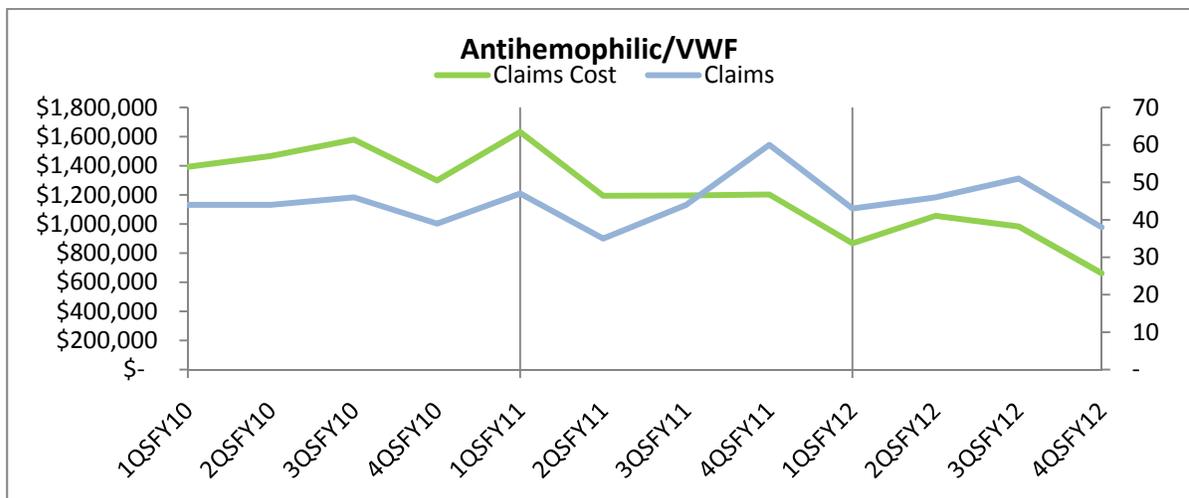


Figure 14: Antihemophilic/VWF Claims Cost Compared to Claims

Claims for Antihemophilic/VWF remained steady from SFY 2010 to SFY 2012 while claims cost decreased. This is most likely due to the addition of SMAC pricing to these agents in April 2011 (fourth quarter of SFY 2011).

Generic Ingredient – Paliperidone Trend Summary

Table 11 shows the quarterly percent change by number of users, number of prescriptions, claims cost, and average cost per claim for paliperidone.

	Users	Claims	Claims Cost	Average Cost/Claim
1st Quarter SFY 2010	1,608	1,646	\$ 670,089	\$ 407.10
2nd Quarter SFY 2010	1,685	1,723	\$ 771,537	\$ 447.79
3rd Quarter SFY 2010	1,751	1,800	\$ 858,530	\$ 476.96
4th Quarter SFY 2010	1,817	1,875	\$ 991,966	\$ 529.05
1st Quarter SFY 2011	1,777	1,825	\$ 1,029,816	\$ 564.28
2nd Quarter SFY 2011	1,808	1,854	\$ 1,125,844	\$ 607.25
3rd Quarter SFY 2011	1,899	1,955	\$ 1,218,460	\$ 623.25
4th Quarter SFY 2011	1,937	2,002	\$ 1,367,950	\$ 683.29
1st Quarter SFY 2012	1,928	1,986	\$ 1,433,650	\$ 721.88
2nd Quarter SFY 2012	1,856	1,910	\$ 1,413,417	\$ 740.01
3rd Quarter SFY 2012	1,926	1,982	\$ 1,517,103	\$ 765.44
4th Quarter SFY 2012	1,881	1,927	\$ 1,602,799	\$ 831.76

Table 11: Paliperidone Trend Summary

Figure 15 show claims cost compared to the number of claims per quarter for paliperidone.

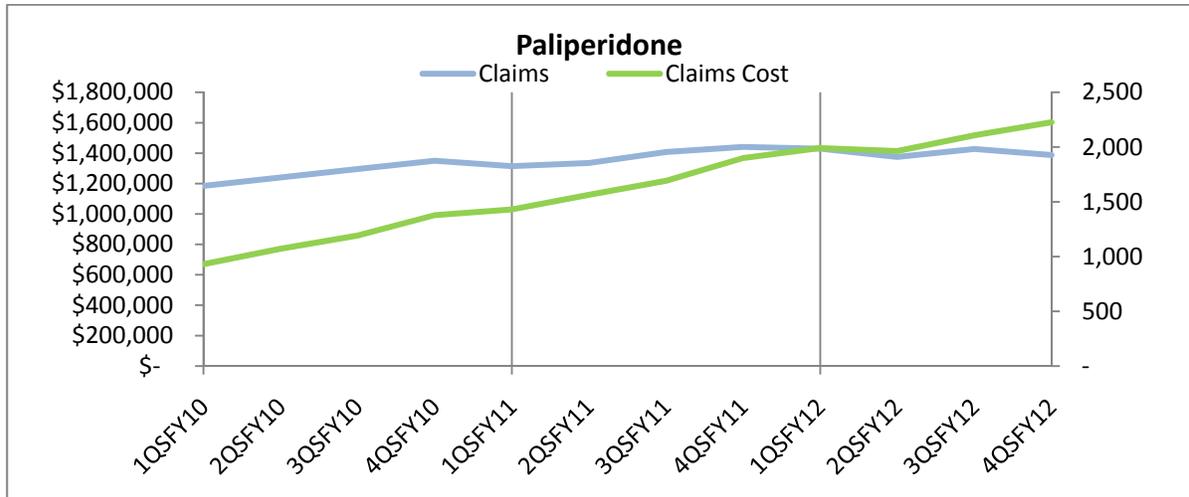


Figure 15: Paliperidone Claims Cost Compared to Claims

Claims for paliperidone increased slightly from SFY 2010 to SFY 2012 while claims cost increased significantly. The increase in claims cost is likely due to the increase in use of Invega Sustenna, an extended-release injection, which is \$1,213 per claim compared to Invega ER tablets, which cost approximately \$550 per claim. In SFY 2010 there were just over 700 claims for Invega Sustenna, which grew to over 2,500 claims in SFY 2012.

Generic Ingredient – Atorvastatin Trend Summary

Table 12 shows the quarterly percent change by number of users, number of prescriptions, claims cost, and average cost per claim for atorvastatin.

	Users	Claims	Claims Cost	Average Cost/Claim
1st Quarter SFY 2010	3,516	3,698	\$ 417,118	\$ 112.80
2nd Quarter SFY 2010	3,422	3,617	\$ 393,083	\$ 108.68
3rd Quarter SFY 2010	3,369	3,493	\$ 403,458	\$ 115.50
4th Quarter SFY 2010	3,257	3,435	\$ 398,420	\$ 115.99
1st Quarter SFY 2011	3,200	3,367	\$ 413,707	\$ 122.87
2nd Quarter SFY 2011	3,194	3,356	\$ 414,019	\$ 123.37
3rd Quarter SFY 2011	3,083	3,222	\$ 440,643	\$ 136.76
4th Quarter SFY 2011	3,005	3,190	\$ 437,171	\$ 137.04
1st Quarter SFY 2012	3,096	3,283	\$ 472,757	\$ 144.00
2nd Quarter SFY 2012	3,244	3,419	\$ 456,574	\$ 133.54
3rd Quarter SFY 2012	3,481	3,677	\$ 398,931	\$ 108.49
4th Quarter SFY 2012	3,510	3,685	\$ 292,578	\$ 79.40

Table 12: Atorvastatin Trend Summary

Figure 16 show claims cost compared to the number of claims per quarter for atorvastatin.

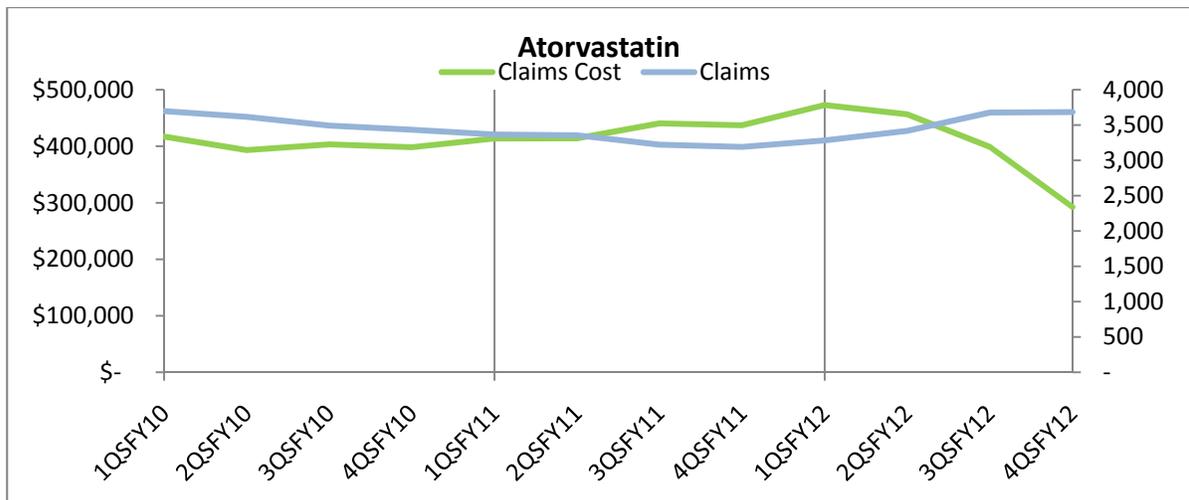


Figure 16: Atorvastatin Claims Cost Compared to Claims

Claims cost for atorvastatin began to decrease in the third quarter of SFY 2012, which coincides with the release of generic products in December 2011. The average cost per claim peaked at \$144 per claim in the first quarter of SFY 2012 before dropping to \$79 per claim in the fourth quarter of SFY 2012.

Generic Ingredient – Clonidine Trend Summary

Table 13 shows the quarterly percent change by number of users, number of prescriptions, claims cost, and average cost per claim for clonidine.

	Users	Claims	Claims Cost	Average Cost/Claim
1st Quarter SFY 2010	5,725	5,775	\$ 86,496	\$ 14.98
2nd Quarter SFY 2010	5,803	5,863	\$ 81,990	\$ 13.98
3rd Quarter SFY 2010	5,557	5,611	\$ 80,251	\$ 14.30
4th Quarter SFY 2010	5,398	5,460	\$ 80,494	\$ 14.74
1st Quarter SFY 2011	5,397	5,445	\$ 78,016	\$ 14.33
2nd Quarter SFY 2011	5,485	5,522	\$ 79,318	\$ 14.36
3rd Quarter SFY 2011	5,589	5,638	\$ 82,241	\$ 14.59
4th Quarter SFY 2011	5,520	5,562	\$ 98,481	\$ 17.71
1st Quarter SFY 2012	5,610	5,657	\$ 109,093	\$ 19.28
2nd Quarter SFY 2012	5,579	5,636	\$ 115,431	\$ 20.48
3rd Quarter SFY 2012	5,775	5,839	\$ 141,505	\$ 24.23
4th Quarter SFY 2012	5,874	5,957	\$ 207,409	\$ 34.82

Table 13: Clonidine Trend Summary

Figure 17 shows claims cost compared to the number of claims per quarter for clonidine.

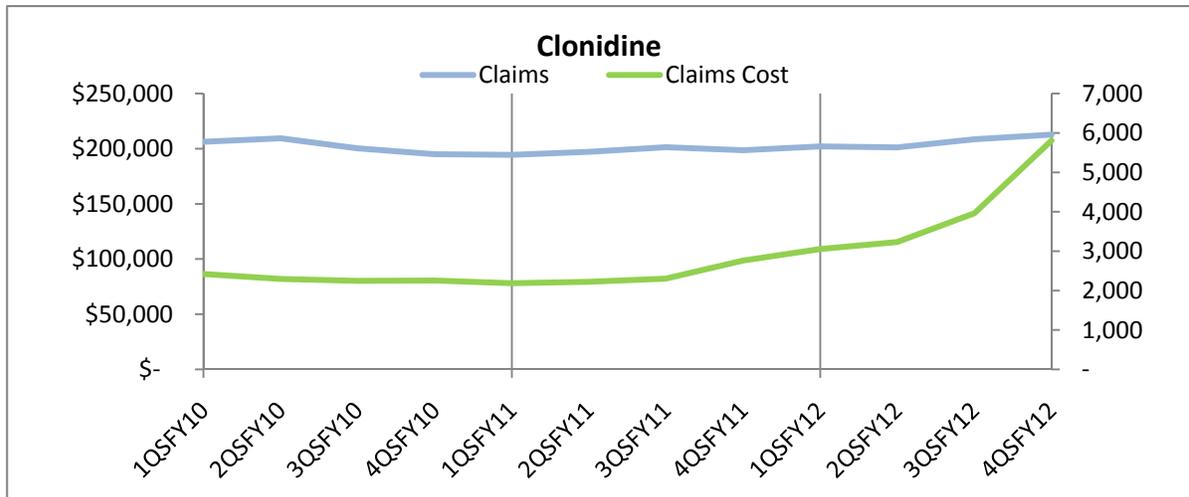


Figure 17: Clonidine Claims Cost Compared to Claims

The claims for clonidine remained steady from SFY 2010 through SFY 2012. During the same time, claims cost increased by more than double. The increase in claims cost is likely due to the release of Kapvay, an extended-release clonidine formulation. Kapvay was released in February 2011 and utilization has steadily increased since that time.

Top Specific Drugs

Specific drugs are reported using the top 25 drugs based on claims and the top 25 drugs based on claims cost. This level is more specific than the generic ingredient level since it reports on only one agent, rather than all agents under an ingredient. For example, Risperdal, Risperdal Consta, and risperidone are reported as risperidone at the generic ingredient level, whereas here they are reported separately.

Drugs by Number of Claims

Table 14 contains the top 25 drugs based on number of claims.

Drug Name	Claims	Claims Cost	Users	Cost Per Claim	Claims % Change from SFY 2011
Hydrocodone/Acetaminophen Tablet	68,713	\$ 719,078	16,381	\$ 10.46	0.14%
Clonazepam Tablet	46,896	\$ 204,318	6,683	\$ 4.36	-0.63%
Alprazolam Tablet	46,784	\$ 212,050	7,569	\$ 4.53	2.17%
Loratadine Tablet	40,170	\$ 165,901	7,603	\$ 4.13	0.27%
Lorazepam Tablet	35,311	\$ 172,404	7,090	\$ 4.88	0.99%
Risperidone Tablet	29,211	\$ 434,190	4,111	\$ 14.86	2.42%
Levothyroxine Tablet	28,754	\$ 145,833	3,873	\$ 5.07	5.57%
Lisinopril Tablet	28,688	\$ 92,446	5,038	\$ 3.22	5.76%
Abilify Tablet	25,313	\$ 14,913,634	4,113	\$ 589.17	-4.41%
Trazodone Tablet	24,787	\$ 131,854	5,094	\$ 5.32	2.37%
Sertraline Tablet	24,707	\$ 157,099	4,485	\$ 6.36	3.22%
Intuniv ER Tablet	23,574	\$ 3,749,602	3,437	\$ 159.06	26.97%
Lansoprazole Capsule	23,302	\$ 1,369,020	3,445	\$ 58.75	-16.29%
Cetirizine Tablet	22,017	\$ 124,972	4,812	\$ 5.68	22.60%
Simvastatin Tablet	21,786	\$ 76,091	3,629	\$ 3.49	-3.27%
Vyvanse Capsule	21,762	\$ 3,018,802	3,582	\$ 138.72	5.91%
Omeprazole Capsule	21,201	\$ 226,626	5,930	\$ 10.69	86.46%
Metformin Tablet	20,997	\$ 89,387	3,619	\$ 4.26	2.04%
ProAir HFA Inhaler	20,657	\$ 881,933	8,095	\$ 42.69	0.05%
Clonidine Tablet	20,108	\$ 114,058	3,300	\$ 5.67	-3.90%
Citalopram Tablet	19,652	\$ 72,090	4,229	\$ 3.67	7.26%
Furosemide Tablet	18,378	\$ 57,872	3,315	\$ 3.15	-1.91%
Methylphenidate ER Tablet	18,167	\$ 2,620,377	3,011	\$ 144.24	842.76%
Tramadol Tablet	17,293	\$ 67,683	4,988	\$ 3.91	5.69%
Cyclobenzaprine Tablet	16,632	\$ 75,212	5,169	\$ 4.52	1.66%

Table 14: Top 25 Drugs by Number of Claims

Methylphenidate ER tablets had the largest increase in claims from SFY 2011. This increase in claims was due to the release of generic Concerta in the fourth quarter of SFY 2011.

Drugs by Claims Cost

Table 15 contains the top 25 drugs based on claims cost.

Drug Name	Claims	Claims Cost	Users	Cost Per Claim	Claims Cost % Change from SFY 2011
Abilify Tablet	25,313	\$ 14,913,634	4,113	\$ 589.17	3.97%
Seroquel Tablet	16,465	\$ 6,408,247	2,743	\$ 389.20	-18.78%
Seroquel XR Tablet	10,478	\$ 4,097,670	1,690	\$ 391.07	23.34%
Atripia Tablet	2,770	\$ 4,015,841	377	\$ 1,449.76	4.31%
Intuniv ER Tablet	23,574	\$ 3,749,602	3,437	\$ 159.06	42.79%
Geodon Capsule	8,792	\$ 3,522,450	1,358	\$ 400.64	-23.84%
Alphanate Vial	170	\$ 3,489,547	11	\$ 20,526.75	-33.13%
OxyContin Tablet	7,807	\$ 3,350,365	1,105	\$ 429.15	12.65%
Invega Sustenna Syringe	2,526	\$ 3,065,074	349	\$ 1,213.41	58.78%
Vyvanse Capsule	21,762	\$ 3,018,802	3,582	\$ 138.72	11.64%
Invega ER Tablet	5,279	\$ 2,901,894	761	\$ 549.71	3.21%
Methylphenidate ER Tablet	18,167	\$ 2,620,377	3,011	\$ 144.24	954.45%
Cymbalta Capsule	12,471	\$ 2,610,774	2,072	\$ 209.35	23.33%
Truvada Tablet	2,585	\$ 2,493,256	377	\$ 964.51	5.82%
Olanzapine Tablet	4,837	\$ 2,261,746	922	\$ 467.59	N/A
Advair Diskus	9,667	\$ 2,226,311	2,386	\$ 230.30	-0.91%
Zyprexa Tablet	2,693	\$ 1,984,802	767	\$ 737.02	-59.34%
Strattera Capsule	10,766	\$ 1,934,602	1,643	\$ 179.70	8.50%
Singulair Tablet	13,260	\$ 1,875,970	2,401	\$ 141.48	16.55%
Risperdal Consta Syringe	2,424	\$ 1,677,137	229	\$ 691.89	-10.24%
Singulair Chewable Tablet	11,190	\$ 1,509,855	2,928	\$ 134.93	9.47%
Focalin XR Capsule	8,478	\$ 1,504,522	1,293	\$ 177.46	14.79%
Lexapro Tablet	12,899	\$ 1,496,034	2,781	\$ 115.98	-25.96%
Lansoprazole Capsule	23,302	\$ 1,369,020	3,445	\$ 58.75	-29.35%
Lantus Vial	7,817	\$ 1,358,951	1,376	\$ 173.85	-0.61%

Table 15: Top 25 Drugs by Claims Cost

The main difference in the drugs included in the top 25 by claims cost was the addition of olanzapine. This was due to its release in the second quarter of SFY 2012. The release of olanzapine tablets caused the decrease in claims cost for Zyprexa tablets, as the majority of utilization shifted from the branded product to the newly available generic.

Figure 18 shows the top 10 drugs by number of claims for SFY 2012.

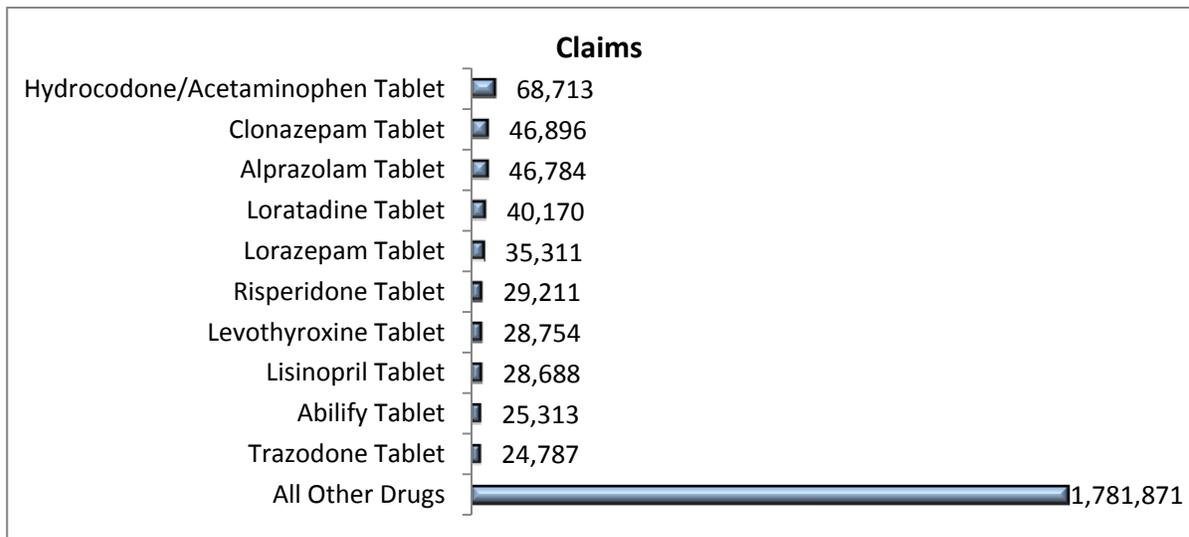


Figure 18: Top 10 Drugs by Number of Claims

Hydrocodone/acetaminophen tablets have been, and continue to be, the most commonly prescribed drug. Currently, there are limits on hydrocodone/acetaminophen tablets based on the recommended maximum daily dose of acetaminophen for a patient. The Drug Utilization Review (DUR) Board has approved stricter limitations for this drug, along with other opioids, but is awaiting implementation.

Figure 19 shows the top 10 drugs by claims cost for SFY 2012.

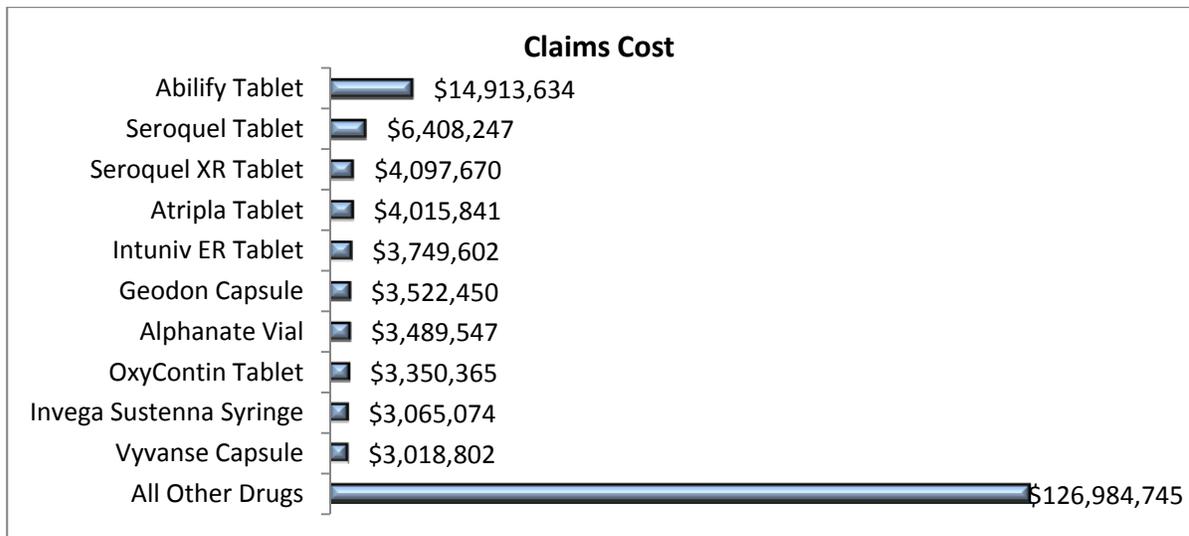


Figure 19: Top 10 Drugs by Claims Cost

Out of the top 10 drugs by claims cost, 7 of them are used to treat mental health conditions. These drugs are all excluded from management due to a state statute. Abilify tablets have been the most costly drug for the past several state fiscal years. In SFY 2012, the claims cost for Abilify tablets was more than twice the cost of the next most expensive drug, Seroquel tablets.

Drug Trend Summary Analysis

Within the top 25 drugs by claims and claims cost there are several drugs of interest, especially when compared to similar agents.

Kapvay (clonidine) ER Tablets vs. Clonidine Tablets Trend Summary

Figure 20 shows the claims per quarter of Kapvay extended-release tablets compared to clonidine tablets.

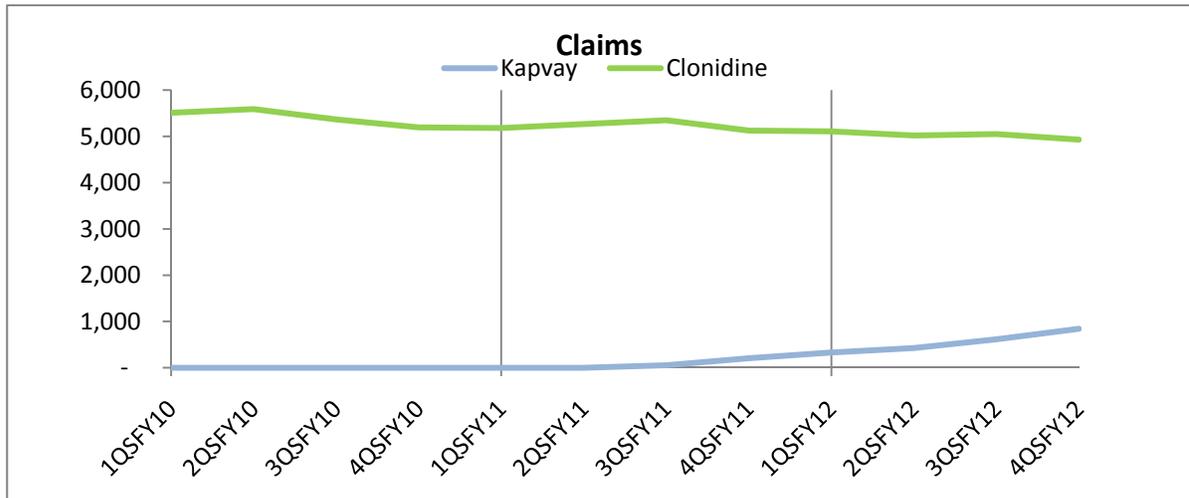


Figure 20: Claims for Kapvay ER Tablets Compared to Clonidine Tablets

Figure 21 shows the claims cost per quarter of Kapvay extended-release tablets compared to clonidine tablets.

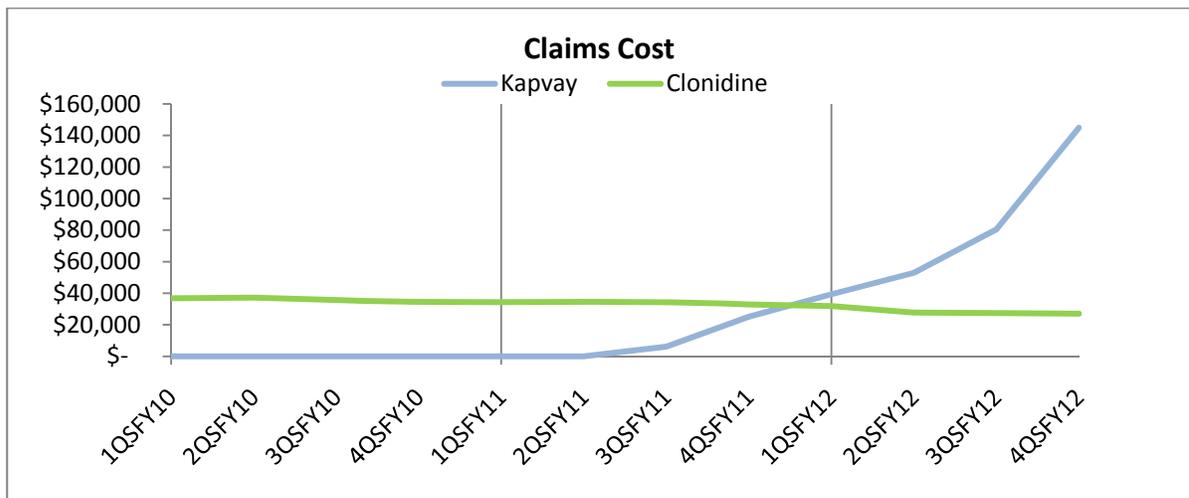


Figure 21: Claims Cost for Kapvay ER Tablets Compared to Clonidine Tablets

Since the release of Kapvay ER tablets in the third quarter of SFY 2011, utilization and costs have steadily increased for this product. Kapvay ER tablets are an extended-release version of clonidine tablets. The average cost per claim for Kapvay ER tablets is \$141 compared to \$6 for clonidine tablets.

Intuniv (guanfacine) Extended-Release Tablets vs. Guanfacine Tablets Trend Summary

Figure 22 shows the claims per quarter of Intuniv extended-release tablets compared to guanfacine tablets.

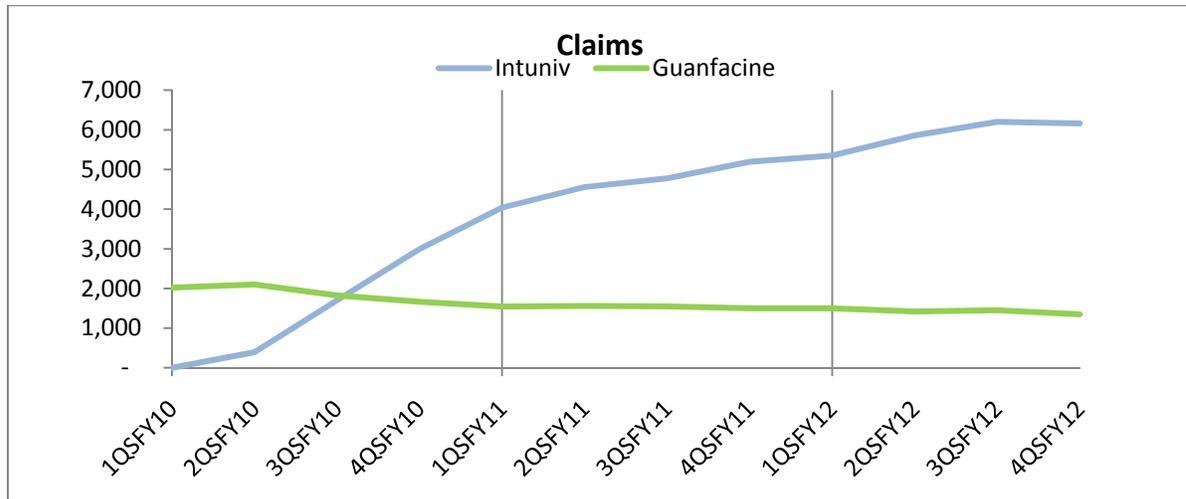


Figure 22: Claims for Intuniv ER Tablets Compared to Guanfacine Tablets

Figure 23 shows the claims cost per quarter of Intuniv extended-release tablets compared to guanfacine tablets.

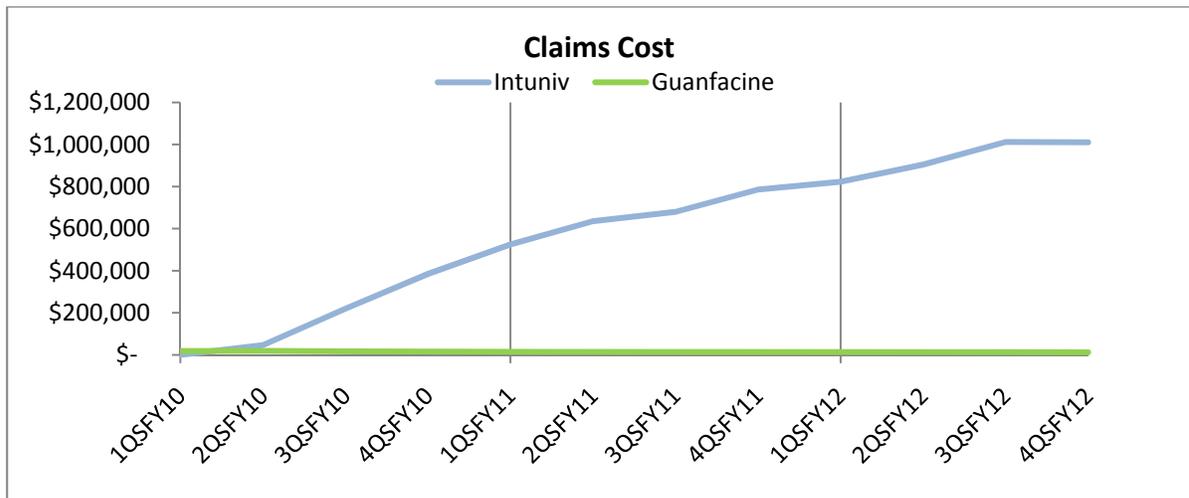


Figure 23: Claims Cost for Intuniv ER Tablets Compared to Guanfacine Tablets

Intuniv ER tablets were released in the second quarter of SFY 2010 (October 2009). Since that time there has been a steady increase in the utilization and cost of this agent. During the same time utilization for guanfacine tablets showed a decline.

The average cost per claim of Intuniv ER tablets was \$149 per claim compared to guanfacine tablets, which averaged \$9 per claim.

Zyprexa (olanzapine) Tablets vs. Olanzapine Tablets Trend Summary

Figure 24 shows the claims per quarter of Zyprexa tablets compared to olanzapine tablets.

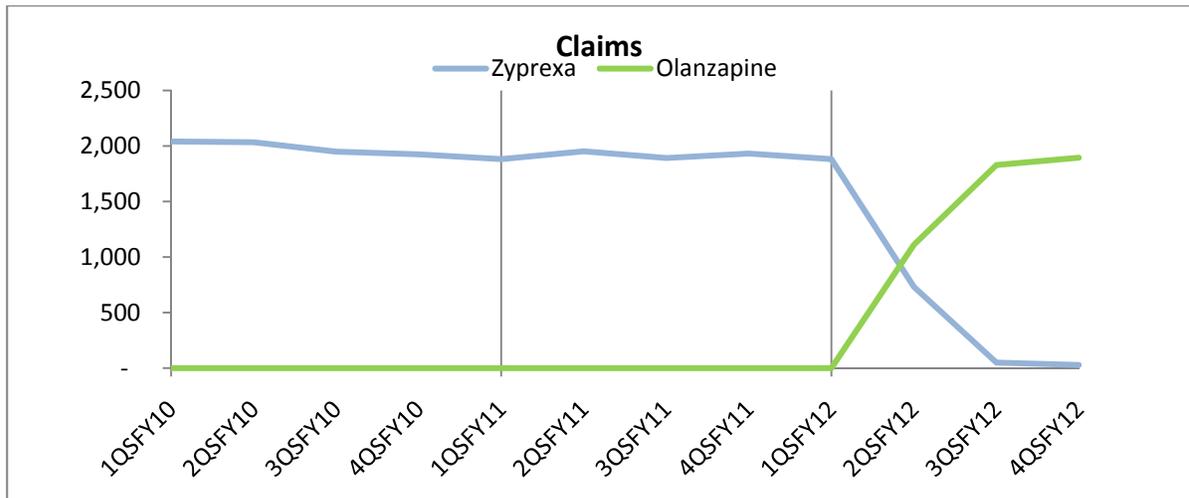


Figure 24: Claims for Zyprexa Tablets Compared to Olanzapine Tablets

Figure 25 shows the claims cost per quarter of Zyprexa tablets compared to olanzapine tablets.

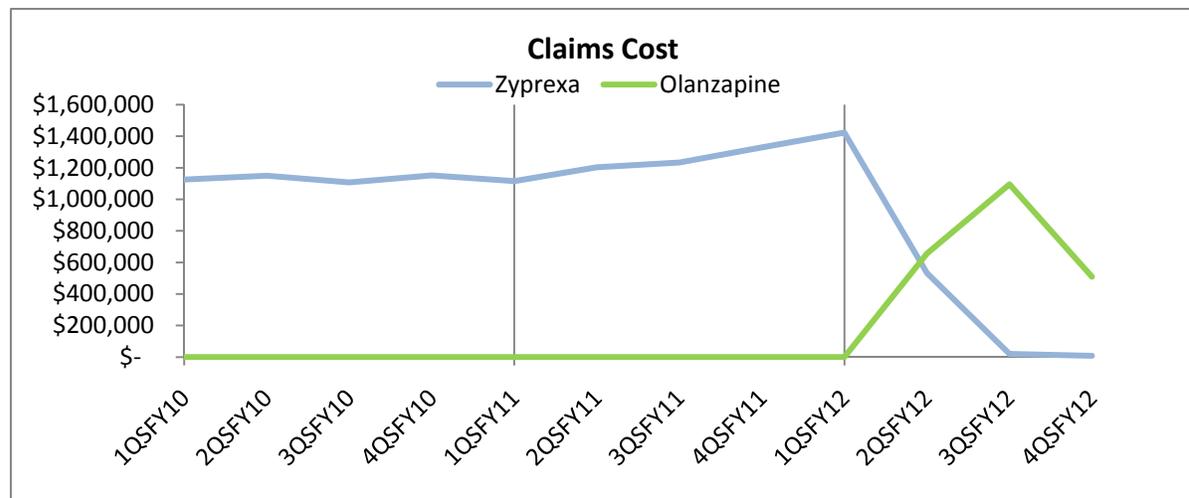


Figure 25: Claims for Zyprexa Tablets Compared to Olanzapine Tablets

The generic availability of products in the antipsychotic agents’ therapeutic class helped to steady expenditures in this class, which increased by less than 1% from SFY 2011 to SFY 2012.

Zyprexa is one example of generic availability in the antipsychotics class. Olanzapine became available in the second quarter of SFY 2012. The release of generic olanzapine tablets helped drop the average cost per claim from its peak in the first quarter of SFY 2012 of \$756 per claim of Zyprexa to an average of \$269 per claim of olanzapine and Zyprexa combined in the fourth quarter of SFY 2012.

Concerta (methylphenidate) ER Tablets vs. Methylphenidate ER Tablets Trend Summary

Figure 26 shows the claims per quarter of Concerta extended-release tablets compared to methylphenidate extended-release tablets.

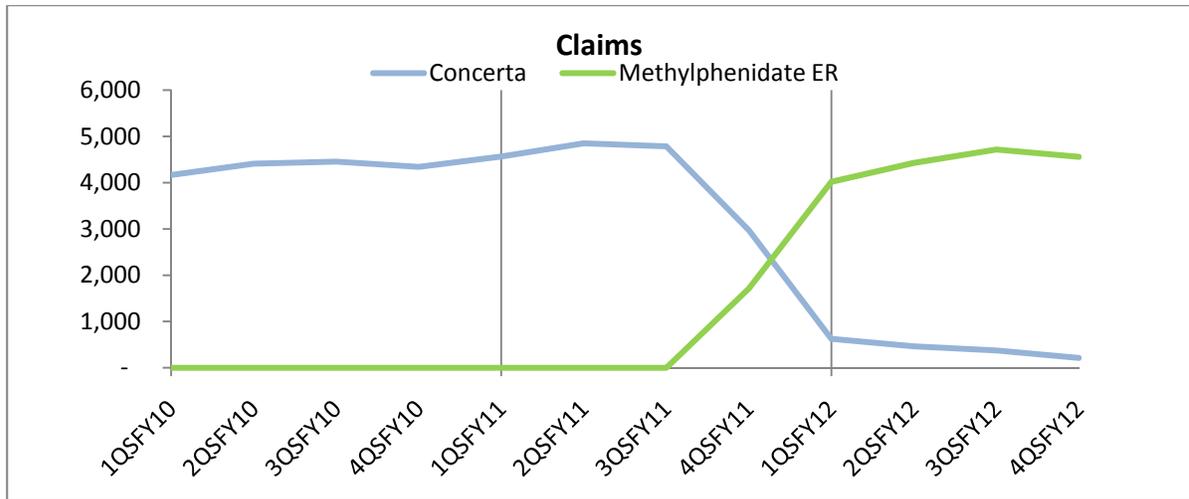


Figure 26: Claims for Concerta ER Tablets Compared to Methylphenidate ER Tablets

Figure 27 shows the claims cost per quarter of Concerta extended-release tablets compared to methylphenidate extended-release tablets.

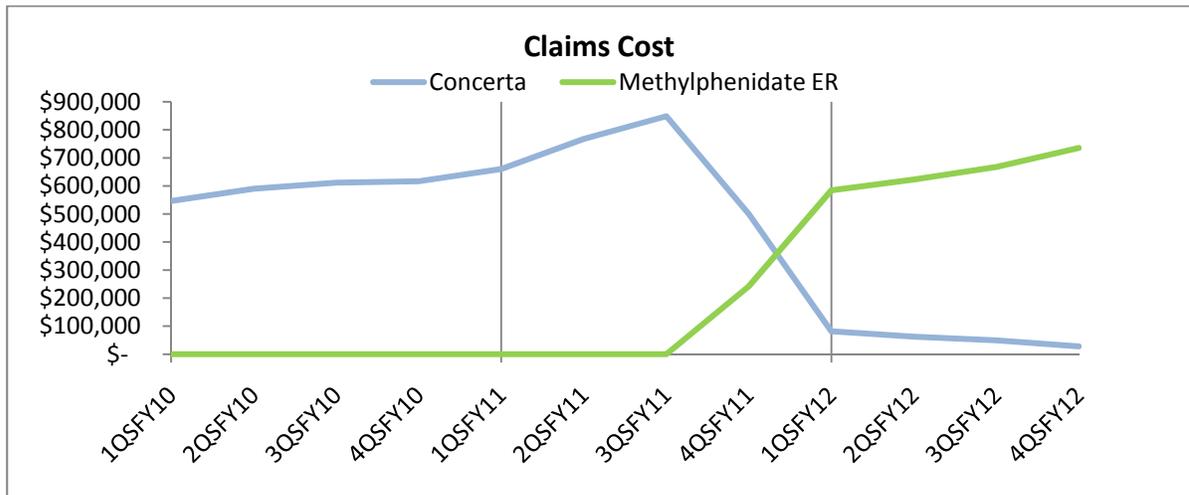


Figure 27: Claims Cost for Concerta ER Tablets Compared to Methylphenidate ER Tablets

The release of generic methylphenidate ER tablets has not shown a dramatic cost savings compared to Concerta ER tablets. The average cost per claim peaked in the third quarter of SFY 2011, just before the release of generic methylphenidate ER tablets, at \$177 per claim. After the release of generic methylphenidate ER tablets, the average cost per claim was reduced to \$147 per claim.

The lack of cost savings with the release of generic methylphenidate ER tablets may be due to a supply issue with methylphenidate. The Drug Enforcement Agency (DEA) regulates how much of each scheduled drug can be manufactured. If the demand for a drug is underestimated, supply can run out. This is what happened in late 2011 (second quarter of SFY 2012) to several ADHD stimulant medications, including methylphenidate.

Conclusion

SFY 2012 was the first year in recent history that there was a decrease in the number of claims and members covered by KMAP. Even though the number of claims decreased slightly from SFY 2011 to SFY 2012, the claims cost continued to increase.

The increase in claims cost was somewhat offset by the increased availability of generic products. Proton-Pump Inhibitors are an example of a drug class that has seen a significant decrease in claims cost due to generic availability. In November 2009, lansoprazole generic products became available and since that time the overall claims cost for Proton-Pump Inhibitors has decreased by over 60% while the number of claims has grown by 7%.

While the availability of generic products in many drug classes has helped slow the growth in drug expenditures, the release of new branded products—especially in drug classes used to treat mental health conditions—has contributed to the increase in claims cost. KMAP is not able to directly manage therapeutic drug classes used to treat mental health conditions due to Kansas law (Kansas Statute 39-7, 121b).

Table 16 shows the claims cost, number of claims, and average members per month for the past five years.

Period Covered	Claims Cost	Claims	Average Members Per Month
SFY 2012	\$176,615,977	2,156,498	143,042
SFY 2011*	\$172,298,691	2,177,286	160,403
SFY 2010*	\$161,952,882	2,098,289	154,293
SFY 2009*	\$175,149,636	2,040,759	142,882
SFY 2008*	\$159,998,333	1,946,283	138,632

Table 16: Past Years' Totals

* All data reported in this document is current as of August 2012. Past reports may have different values due to retro eligibility, reversed claims, etc.

Appendix A – Drugs by Class

Amphetamines

Amphetamine Salts
Dextroamphetamine
Lisdexamfetamine
Methamphetamine

Angiotensin-Converting Enzyme Inhibitors

Benazepril
Benazepril/Hydrochlorothiazide
Captopril
Captopril/Hydrochlorothiazide
Enalapril
Enalapril/Hydrochlorothiazide
Fosinopril
Fosinopril/Hydrochlorothiazide
Lisinopril
Lisinopril/Hydrochlorothiazide
Quinapril
Quinapril/Hydrochlorothiazide
Ramipril
Trandolapril
Trandolapril/Verapamil

Anorexigenic, Respiratory and Cerebral Stimulants, Misc

Armodafinil
Caffeine
Dexmethylphenidate
Methylphenidate
Modafinil
Phentermine

Anticoagulants

Dabigatran
Dalteparin
Enoxaparin
Fondaparinux
Heparin
Rivaroxaban
Warfarin

Anticonvulsants, Misc

Carbamazepine
Divalproex
Ezogabine
Felbamate
Gabapentin
Lacosamide
Lamotrigine
Levetiracetam

Magnesium Sulfate
Oxcarbazepine
Pregabalin
Rufinamide
Tiagabine
Topiramate
Valproate
Valproic Acid
Vigabatrin
Zonisamide

Antidepressants

Amitriptyline
Amitriptyline/Chlordiazepoxide
Amitriptyline/Perphenazine
Amoxapine
Bupropion
Citalopram
Clompiramine
Desipramine
Desvenlafaxine
Doxepin
Duloxetine
Escitalopram
Fluoxetine
Fluoxetine/Olanzapine
Fluvoxamine
Imipramine
Maprotiline
Mirtazapine
Nefazodone
Nortriptyline
Paroxetine
Protriptyline
Sertraline
Tranlycypromine
Trazodone
Venlafaxine
Vilazodone

Antimuscarinics/

Antispasmodics

Dicyclomine
Glycopyrrolate
Hyoscyamine
Ipratropium
Methscopolamine
Propantheline
Tiotropium

Antineoplastic Agents

Abiraterone
Anastrozole
Bicalutamide
Capecitabine
Cyclophosphamide
Cytarabine
Dasatinib
Erlotinib
Etoposide
Everolimus
Exemestane
Fluorouracil
Hydroxyurea
Imatinib
Lapatinib
Lenalidomide
Letrozole
Leuprolide
Megestrol
Mercaptopurine
Methotrexate
Nilotinib
Procabazine
Ruxolitinib
Sorafenib
Sunitinib
Tamoxifen
Temozolomide
Thioguanine
Topotecan
Tretinoin
Vemurafenib
Vincristine
Vorinostat

Antipsychotic Agents

Aripiprazole
Asenapine
Chlorpromazine
Clozapine
Fluphenazine
Haloperidol
Iloperidone
Loxapine
Lurasidone
Olanzapine
Paliperidone
Perphenazine
Pimozide

Quetiapine
Risperidone
Thioridazine
Thiothixene
Trifluoperazine
Ziprasidone

Antiretrovirals

Abacavir
Abacavir/Lamivudine
Abacavir/Lamivudine/Zidovudine
Atazanavir
Darunavir
Delavirdine
Didanosine
Efavirenz
Efavirenz/Tenofovir/Emtricitabine
Emtricitabine
Emtricitabine/Tenofovir
Emtricitabine/Tenofovir/
Rilpivirine
Etravirine
Fosamprenavir
Indinavir
Lamivudine
Lamivudine/Zidovudine
Lopinavir/Ritonavir
Maraviroc
Nelfinavir
Nevirapine
Raltegravir
Rilpivirine
Ritonavir
Saquinavir
Stavudine
Tenofovir
Tipranavir
Zidovudine

Anxiolytics, Sedative & Hypnotics, Misc

Buspirone
Chloral Hydrate
Eszopiclone
Hydroxyzine
Meprobamate
Ramelteon
Zaleplon
Zolpidem

Benzodiazepines (Anticonvulsants)

Clobazam
Clonazepam

Benzodiazepines (Anxiolytic, Sedatives & Hypnotics)

Alprazolam
Clorazepate
Diazepam
Lorazepam
Midazolam
Temazepam

Beta-Adrenergic Agonists

Albuterol
Albuterol/Ipratropium
Arformoterol
Formoterol
Levalbuterol
Metaproterenol
Pirbuterol
Salmeterol
Terbutaline

Beta-Adrenergic Blocking Agents

Acebutolol
Atenolol
Atenolol/Chlorthalidone
Betaxolol
Bisoprolol
Bisoprolol/Hydrochlorothiazide
Carvedilol
Labetalol
Metoprolol
Metoprolol/Hydrochlorothiazide
Nadolol
Nebivolol
Pindolol
Propranolol
Propranolol/Hydrochlorothiazide
Sotalol

Biguanides

Metformin

Biologic Response Modifiers

Fingolimod
Glatiramer
Interferon Beta-1A
Interferon Beta-1B
Natalizumab
Thalidomide

Central Alpha Agonists

Clonidine
Clonidine/Chlorthalidone
Guanfacine (Tenex)
Methylidopa

Central Nervous System Agents, Misc

Acamprosate
Atomoxetine
Carbidopa
Dextromethorphan/Quinidine
Guanfacine (Intuniv)
Memantine
Riluzole
Sodium Oxybate

Centrally Acting Skeletal Muscle Relaxants

Carisoprodol
Chlorzoxazone
Cyclobenzaprine
Metaxalone
Methocarbamol
Tizanidine

Corticosteroids (Respiratory Tract)

Beclomethasone
Budesonide
Budesonide/Formoterol
Ciclesonide
Fluticasone
Fluticasone/Salmeterol
Mometasone
Mometasone/Formoterol

Hepatitis C Virus Protease Inhibitors

Boceprevir
Telaprevir

Hemostatics

AHF
AHF/vWF
Aminocaproic Acid
Anti-Inhibitor Coagulant Complex
Coagulation Factor IX
Tranexamic Acid

HMG-CoA Reductase Inhibitors

Atorvastatin
Atorvastatin/Amlodipine
Fluvastatin

Lovastatin
 Lovastatin/Niacin
 Pitavastatin
 Pravastatin
 Rosuvastatin
 Simvastatin
 Simvastatin/Niacin

Insulins

Human Insulin, Regular
 Insulin Aspart
 Insulin Aspart Protamine/
 Insulin Aspart
 Insulin Detemir
 Insulin Glargine
 Insulin Glulisine
 Insulin Isophane
 Insulin Isophane/
 Human Insulin, Regular
 Insulin Lispro

Leukotriene Modifiers

Montelukast
 Zafirlukast
 Zileuton

Loop Diuretics

Bumetanide
 Ethacrynic Acid
 Furosemide
 Torsemide

Macrolides

Azithromycin
 Clarithromycin
 Erythromycin
 Fidaxomicin

Monoclonal Antibodies

Palivizumab

Non-Steroidal Anti-Inflammatory Agents

Aspirin
 Aspirin/Acetaminophen/
 Caffeine
 Aspirin/Butalbital/Caffeine
 Aspirin/Calcium Carbonate/
 Magnesium
 Aspirin/Calcium Carbonate/
 Magnesium/Aluminum Hydroxide
 Celecoxib

Diclofenac
 Diclofenac/Misoprostol
 Diflunisal
 Etodolac
 Flurbiprofen
 Ibuprofen
 Ibuprofen/Diphenhydramine
 Ibuprofen/Famotidine
 Indomethacin
 Ketoprofen
 Ketorolac
 Meclofenamate
 Mefenamic Acid
 Meloxicam
 Nabumetone
 Naproxen
 Naproxen/Esomeprazole
 Oxaprozin
 Piroxicam
 Salsalate
 Sulindac
 Tolmetin

Opiate Agonists

Codeine
 Codeine/Acetaminophen
 Codeine/Butalbital/Caffeine/
 Acetaminophen
 Codeine/Butalbital/Caffeine/
 Aspirin
 Dihydrocodeine/Acetaminophen/
 Caffeine
 Fentanyl
 Hydrocodone/Acetaminophen
 Hydrocodone/Ibuprofen
 Hydromorphone
 Meperidine
 Methadone
 Morphine
 Opium/Belladonna
 Oxycodone
 Oxycodone/Acetaminophen
 Oxycodone/Aspirin
 Oxycodone/Ibuprofen
 Oxymorphone
 Tapentadol
 Tramadol
 Tramadol/Acetaminophen

Penicillins

Amoxicillin
 Amoxicillin/Clavulanate
 Ampicillin
 Ampicillin/Sulbactam
 Dicloxacillin
 Nafcillin
 Penicillin
 Piperacillin/Tazobactam

Pituitary

Desmopressin
 Somatropin

Platelet-Aggregation Inhibitors

Cilostazol
 Clopidogrel
 Prasugrel
 Ticagrelor
 Ticlopidine

Proton-Pump Inhibitors

Dexlansoprazole
 Esomeprazole
 Lansoprazole
 Lansoprazole/Amoxicillin/
 Clarithromycin
 Omeprazole
 Omeprazole/Sodium Bicarbonate
 Pantoprazole
 Rabeprazole

Thyroid Agents

Levothyroxine
 Liothyronine
 Thyroid, Pork

Vasodilating Agents, Misc

Ambrisentan
 Aspirin/Dipyridamole
 Bosentan
 Dipyridamole
 Epoprostenol
 Treprostinil

2nd Generation Antihistamines

Acrivastine/Pseudoephedrine
 Cetirizine
 Desloratadine
 Fexofenadine
 Fexofenadine/Pseudoephedrine
 Levocetirizine
 Loratadine

Appendix B – Drugs by Ingredient

Albuterol

Albuterol ER Tablet
Albuterol Inhalation Solution
Albuterol Syrup
Albuterol Tablet
ProAir HFA Inhaler
Proventil HFA Inhaler
Relion Ventolin HFA Inhaler
Ventolin HFA Inhaler

Alprazolam

Alprazolam Tablet
Xanax Tablet

Amoxicillin

Amoxicillin Capsule
Amoxicillin Chewable Tablet
Amoxicillin Suspension
Amoxicillin Tablet
Moxatag ER Tablet

Amphetamine Salts

Adderall Tablet
Adderall XR Tablet
Amphetamine Salts ER Capsule
Amphetamine Salts Tablet

Antihemophilic Factor/VWF

Alphanate Vial
Humate-P Kit

Aripiprazole

Abilify Discmelt Tablet
Abilify Solution
Abilify Tablet

Aspirin

Aspirin Chewable Tablet
Aspirin EC Tablet
Aspirin Tablet
Aspri-Low EC Tablet
Ecotrin EC Tablet
Miniprin EC Tablet

Atomoxetine

Strattera Capsule

Atorvastatin

Atorvastatin Tablet
Lipitor Tablet

Cetirizine

All Day Allergy Chewable Tablet
All Day Allergy Syrup
All Day Allergy Tablet
Cetirizine Chewable Tablet
Cetirizine Solution
Cetirizine Syrup
Cetirizine Tablet
Child Allergy Complete Solution

Clonazepam

Clonazepam ODT
Clonazepam Tablet
Klonopin Tablet

Clonidine

Catapres-TTS Patch
Clonidine Patch
Clonidine Tablet
Kapvay ER Tablet

Dexmethylphenidate

Dexmethylphenidate Tablet
Focalin Tablet
Focalin XR Capsule

Divalproex

Depakote DR Tablet
Depakote ER Tablet
Depakote Sprinkle Capsule
Divalproex Capsule
Divalproex Dr Tablet
Divalproex ER Tablet

Duloxetine

Cymbalta Capsule

Efavirenz/Emtricitabine/

Tenofovir

Atripla Tablet

Emtricitabine/Tenofovir

Truvada Tablet

Escitalopram

Escitalopram Solution
Escitalopram Tablet
Lexapro Solution
Lexapro Tablet

Fluticasone/Salmeterol

Advair Diskus
Advair HFA Inhaler

Guanfacine

Guanfacine Tablet
Intuniv ER Tablet

Hydrocodone/ Acetaminophen

Hydrocodone/
Acetaminophen Solution
Hydrocodone/
Acetaminophen Tablet
Lortab Tablet
Norco Tablet
Zamiset Solution

Insulin Glargine

Lantus Solostar
Lantus Vial

Lansoprazole

Lansoprazole Capsule
Lansoprazole ODT Tablet
Prevacid Capsule
Prevacid Solutab

Levothyroxine

Levothroid Tablet
Levothyroxine Tablet
Levothyroxine Vial
Levoxyl Tablet
Synthroid Tablet
Tirosint Capsule

Lisdexamfetamine

Vyvanse Capsule

Lisinopril

Lisinopril Tablet

Loratadine

Alavert ODT
Allergy Relief ODT
Allergy Relief Solution
Allergy Relief Syrup
Allergy Relief Tablet
Allergy Tablet
Child's Claritin Chewable Tablet
Claritin RediTabs
Claritin Syrup

Claritin Tablet
 Clear-Atadine Tablet
 Loratadine Allergy Solution
 Loratadine ODT
 Loratadine Solution
 Loratadine Syrup
 Loratadine Tablet
 Non-Drowsy Allergy Tablet

Lorazepam

Ativan Tablet
 Lorazepam Carpuject
 Lorazepam Intensol
 Lorazepam Oral Concentrate
 Lorazepam Syringe
 Lorazepam Tablet
 Lorazepam Vial

Metformin

Glucophage Tablet
 Glumetza ER Tablet
 Metformin ER Tablet
 Metformin Tablet
 Riomet Solution

Methylphenidate

Concerta ER Tablet
 Daytrana Patch
 Metadate CD Capsule
 Metadate ER Tablet
 Methylin Chewable Tablet
 Methylin ER Tablet
 Methylin Solution
 Methylin Tablet
 Methylphenidate ER Capsule
 Methylphenidate ER Tablet
 Methylphenidate Solution
 Methylphenidate SR Tablet
 Methylphenidate Tablet

Ritalin LA Capsule
 Ritalin Tablet

Montelukast

Singulair Chewable Tablet
 Singulair Granules
 Singulair Tablet

Olanzapine

Olanzapine ODT Tablet
 Olanzapine Tablet
 Olanzapine Vial
 Zyprexa Tablet
 Zyprexa Vial
 Zyprexa Zydis

Oxycodone

Oxycodone Capsule
 Oxycodone Concentrate Solution
 Oxycodone CR Tablet
 Oxycodone ER Tablet
 Oxycodone Solution
 Oxycodone Tablet
 OxyContin Tablet
 Roxicodone Tablet

Paliperidone

Invega ER Tablet
 Invega Sustenna Prefilled
 Syringe

Quetiapine

Quetiapine Tablet
 Seroquel Tablet
 Seroquel XR Tablet

Risperidone

Risperdal Consta Syringe
 Risperdal M-Tab ODT
 Risperdal Solution

Risperdal Tablet
 Risperidone M-Tab ODT
 Risperidone ODT
 Risperidone Solution
 Risperidone Tablet

Sertraline

Sertraline Oral Concentrate
 Sertraline Tablet
 Zoloft Tablet

Simvastatin

Simvastatin Tablet
 Zocor Tablet

Somatropin

Genotropin Cartridge
 Genotropin MiniQuick
 Humatrope Cartridge
 Norditropin Flexpro
 Nutropin Vial
 Nutropin AQ Cartridge
 Omnitrope Cartridge
 Omnitrope Vial
 Saizen Vial
 Saizen Cartridge
 Tev-Tropin Vial

Trazodone

Oleptro ER Tablet
 Trazodone Tablet

Ziprasidone

Geodon Capsule
 Geodon Vial
 Ziprasidone Capsule