

**Nevada Medicaid Fee for Service**  
**Newly Eligible Usage Top 25 Drugs by Payment Amount**  
 For Service Period 01-01-2014 Through 01-31-2014

Number of Newly Eligible: 47,272 \$ 261,852.73  
 Number of Newly Eligible w/Claim: 9,242

Drug Name	Recipient Count	Total Claim Count	Total Payment Amount	Avg Quantity Per Rx	Avg Days Supply Per Rx	Avg Payment Per Rx	% Total Payment	Accumulative Payment %
INSULIN GLARGINE *	106	116	\$ 37,504.56	19.00	39.09	\$ 323.32	14.32%	14.32%
ARIPIPRAZOLE *	31	37	\$ 31,900.51	29.78	29.38	\$ 862.18	12.18%	26.51%
INSULIN LISPRO (HUMAN) *	57	59	\$ 18,579.31	20.42	39.53	\$ 314.90	7.10%	33.60%
HYDROCODONE-ACETAMINOPHEN *	595	728	\$ 14,549.15	58.15	15.28	\$ 19.99	5.56%	39.16%
ALBUTEROL SULFATE *	276	320	\$ 14,121.75	38.83	20.50	\$ 44.13	5.39%	44.55%
CAPECITABINE *	2	3	\$ 13,831.87	124.67	24.00	\$ 4,610.62	5.28%	49.83%
SUNITINIB MALATE *	1	1	\$ 12,106.67	28.00	28.00	\$ 12,106.67	4.62%	54.46%
FLUTICASONE-SALMETEROL *	49	50	\$ 11,227.33	58.08	30.00	\$ 224.55	4.29%	58.74%
GLUCOSE BLOOD *	127	131	\$ 10,480.75	92.94	28.32	\$ 80.01	4.00%	62.75%
TIOTROPIUM BROMIDE MONOHYDRATE *	42	45	\$ 9,593.66	30.00	30.00	\$ 213.19	3.66%	66.41%
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE *	5	5	\$ 8,809.40	30.00	30.00	\$ 1,761.88	3.36%	69.77%
QUETIAPINE FUMARATE *	37	43	\$ 8,504.65	40.12	29.65	\$ 197.78	3.25%	73.02%
OXYCODONE W/ ACETAMINOPHEN *	171	199	\$ 7,689.18	63.77	15.86	\$ 38.64	2.94%	75.96%
RITUXIMAB *	1	1	\$ 7,002.88	100.00	28.00	\$ 7,002.88	2.67%	78.63%
PREGABALIN *	21	21	\$ 6,852.51	87.14	36.19	\$ 326.31	2.62%	81.25%
INSULIN ASPART *	17	19	\$ 6,333.58	19.74	36.26	\$ 333.35	2.42%	83.67%
INSULIN DETEMIR *	15	17	\$ 5,706.59	17.35	45.59	\$ 335.68	2.18%	85.85%
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE *	4	4	\$ 5,193.58	30.00	30.00	\$ 1,298.40	1.98%	87.83%
GABAPENTIN *	240	259	\$ 5,059.85	100.15	30.81	\$ 19.54	1.93%	89.76%
OXYCODONE HCL *	88	101	\$ 4,872.76	103.64	21.99	\$ 48.25	1.86%	91.62%
FINGOLIMOD HCL *	1	1	\$ 4,732.65	28.00	28.00	\$ 4,732.65	1.81%	93.43%
ESOMEPRAZOLE MAGNESIUM *	17	18	\$ 4,432.14	30.00	30.00	\$ 246.23	1.69%	95.12%
INSULIN ASPART PROTAMINE & ASPART (HUMAN) *	7	10	\$ 4,354.85	20.50	31.40	\$ 435.49	1.66%	96.79%
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR *	2	2	\$ 4,215.29	30.00	30.00	\$ 2,107.65	1.61%	98.40%
EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE *	2	2	\$ 4,197.26	30.00	30.00	\$ 2,098.63	1.60%	100.00%

Excludes NVMNOELIG,NVMNORX,MCO

Query Run 12/9/2014

**Nevada Medicaid Fee for Service**  
**Newly Eligible Usage Top 25 Drugs by Payment Amount**  
 For Service Period 02-01-2014 Through 02-28-2014

Number of Newly Eligible: 25,039 \$ 328,334.02

Number of Newly Eligible w/Claim: 4,320

Drug Name	Recipient Count	Total Claim Count	Total Payment Amount	Avg Quantity Per Rx	Avg Days Supply Per Rx	Avg Payment Per Rx	% Total Payment	Accumulative Payment %
INSULIN GLARGINE *	109	115	\$ 31,235.17	16.85	35.44	\$ 271.61	9.51%	9.51%
ARIPRAZOLE *	30	34	\$ 29,880.90	30.56	28.79	\$ 878.85	9.10%	18.61%
SOFOSBUVIR *	1	1	\$ 28,564.76	28.00	28.00	\$ 28,564.76	8.70%	27.31%
HYDROCODONE-ACETAMINOPHEN *	723	828	\$ 17,827.21	59.75	14.78	\$ 21.53	5.43%	32.74%
FLUTICASONE-SALMETEROL *	60	64	\$ 17,310.10	57.58	30.00	\$ 270.47	5.27%	38.02%
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE *	9	9	\$ 17,121.05	30.00	30.00	\$ 1,902.34	5.21%	43.23%
ALBUTEROL SULFATE *	292	346	\$ 16,790.44	38.10	21.58	\$ 48.53	5.11%	48.34%
INSULIN LISPRO (HUMAN) *	59	63	\$ 15,958.25	16.51	36.29	\$ 253.31	4.86%	53.20%
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE *	11	11	\$ 14,370.35	30.00	30.00	\$ 1,306.40	4.38%	57.58%
GLUCOSE BLOOD *	144	149	\$ 12,778.96	92.28	27.66	\$ 85.76	3.89%	61.47%
TIOTROPIUM BROMIDE MONOHYDRATE *	51	51	\$ 12,326.71	30.00	30.00	\$ 241.70	3.75%	65.23%
SUNITINIB MALATE *	1	1	\$ 12,106.67	28.00	28.00	\$ 12,106.67	3.69%	68.91%
QUETIAPINE FUMARATE *	49	57	\$ 11,394.00	42.11	29.19	\$ 199.89	3.47%	72.38%
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR *	5	5	\$ 10,940.68	30.00	30.00	\$ 2,188.14	3.33%	75.72%
ESOMEPRAZOLE MAGNESIUM *	38	38	\$ 9,598.41	31.58	30.00	\$ 252.59	2.92%	78.64%
LURASIDONE HCL *	10	11	\$ 8,903.41	35.45	30.00	\$ 809.40	2.71%	81.35%
ATAZANAVIR SULFATE *	7	7	\$ 8,442.02	38.57	30.00	\$ 1,206.00	2.57%	83.92%
IMATINIB MESYLATE *	1	1	\$ 7,818.74	30.00	30.00	\$ 7,818.74	2.38%	86.30%
OXYCODONE W/ ACETAMINOPHEN *	205	238	\$ 7,348.19	55.80	13.26	\$ 30.87	2.24%	88.54%
CAPECITABINE *	2	2	\$ 7,250.82	98.00	21.00	\$ 3,625.41	2.21%	90.75%
OXYCODONE HCL *	107	127	\$ 6,941.63	98.05	21.52	\$ 54.66	2.11%	92.87%
INSULIN ASPART *	16	17	\$ 6,021.13	18.82	36.47	\$ 354.18	1.83%	94.70%
DULOXETINE HCL *	24	32	\$ 5,983.57	29.81	26.06	\$ 186.99	1.82%	96.52%
PREGABALIN *	19	20	\$ 5,718.03	72.05	32.20	\$ 285.90	1.74%	98.26%
TEMOZOLOMIDE *	1	3	\$ 5,702.82	28.00	28.00	\$ 1,900.94	1.74%	100.00%

Excludes NVMNOELIG,NVMNORX,MCO

Query Run 12/9/2014

**Nevada Medicaid Fee for Service**  
**Newly Eligible Usage Top 25 Drugs by Payment Amount**  
 For Service Period 03-01-2014 Through 03-31-2014

Number of Newly Eligible: 28,612 \$ 488,871.12

Number of Newly Eligible w/Claim: 3,978

Drug Name	Recipient Count	Total Claim Count	Total Payment Amount	Avg Quantity Per Rx	Avg Days Supply Per Rx	Avg Payment Per Rx	% Total Payment	Accumulative Payment %
SOFOSBUVIR *	3	3	\$ 85,694.28	28.00	28.00	\$ 28,564.76	17.53%	17.53%
INSULIN GLARGINE *	131	140	\$ 38,096.46	17.01	36.39	\$ 272.12	7.79%	25.32%
ARIPIPIRAZOLE *	39	40	\$ 34,921.90	29.33	28.95	\$ 873.05	7.14%	32.47%
FLUTICASONE-SALMETEROL *	91	97	\$ 26,631.06	59.01	30.00	\$ 274.55	5.45%	37.91%
TREPROSTINIL *	1	2	\$ 26,566.24	81.20	28.00	\$ 13,283.12	5.43%	43.35%
HYDROCODONE-ACETAMINOPHEN *	968	1,173	\$ 24,472.26	58.36	14.63	\$ 20.86	5.01%	48.35%
ALBUTEROL SULFATE *	379	443	\$ 21,893.48	33.32	21.33	\$ 49.42	4.48%	52.83%
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE *	9	9	\$ 18,418.41	30.00	30.00	\$ 2,046.49	3.77%	56.60%
QUETIAPINE FUMARATE *	82	93	\$ 18,010.93	47.23	28.99	\$ 193.67	3.68%	60.28%
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE *	13	13	\$ 17,077.60	30.00	30.00	\$ 1,313.66	3.49%	63.78%
INSULIN LISPRO (HUMAN) *	71	74	\$ 16,659.13	16.93	32.66	\$ 225.12	3.41%	67.18%
GLUCOSE BLOOD *	182	185	\$ 15,824.53	88.38	27.69	\$ 85.54	3.24%	70.42%
TIOTROPIUM BROMIDE MONOHYDRATE *	60	62	\$ 14,472.34	30.00	30.00	\$ 233.42	2.96%	73.38%
ESOMEPRAZOLE MAGNESIUM *	56	60	\$ 14,234.08	31.00	30.00	\$ 237.23	2.91%	76.29%
RITUXIMAB *	1	2	\$ 14,005.76	100.00	28.00	\$ 7,002.88	2.86%	79.16%
OXYCODONE W/ ACETAMINOPHEN *	313	361	\$ 13,383.13	59.51	13.91	\$ 37.07	2.74%	81.90%
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR *	5	5	\$ 11,750.33	30.00	30.00	\$ 2,350.07	2.40%	84.30%
DULOXETINE HCL *	39	41	\$ 10,770.63	44.24	30.34	\$ 262.70	2.20%	86.50%
ENOXAPARIN SODIUM *	5	6	\$ 10,537.08	23.07	20.33	\$ 1,756.18	2.16%	88.66%
CAPECITABINE *	3	3	\$ 10,408.65	102.67	21.00	\$ 3,469.55	2.13%	90.79%
IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS *	1	2	\$ 10,161.37	400.00	1.00	\$ 5,080.69	2.08%	92.86%
LURASIDONE HCL *	14	17	\$ 10,000.30	25.94	26.41	\$ 588.25	2.05%	94.91%
OXYCODONE HCL *	132	149	\$ 9,082.13	106.99	22.84	\$ 60.95	1.86%	96.77%
ENZALUTAMIDE *	1	1	\$ 8,052.10	120.00	30.00	\$ 8,052.10	1.65%	98.42%
VARENICLINE TARTRATE *	33	37	\$ 7,746.94	53.57	27.97	\$ 209.38	1.58%	100.00%

Excludes NVMNOELIG,NVMNORX,MCO

Query Run 12/9/2014

**Nevada Medicaid Fee for Service**  
**Newly Eligible Usage Top 25 Drugs by Payment Amount**  
 For Service Period 04-01-2014 Through 04-30-2014

Number of Newly Eligible: 17,781 \$ 743,605.93  
 Number of Newly Eligible w/Claim: 2,133

Drug Name	Recipient Count	Total Claim Count	Total Payment Amount	Avg Quantity Per Rx	Avg Days Supply Per Rx	Avg Payment Per Rx	% Total Payment	Accumulative Payment %
SOFOSBUVIR *	7	8	\$ 228,518.08	28.00	28.00	\$ 28,564.76	30.73%	30.73%
ARIPRAZOLE *	60	66	\$ 60,507.72	30.21	29.29	\$ 916.78	8.14%	38.87%
INSULIN GLARGINE *	141	151	\$ 41,646.98	17.51	37.18	\$ 275.81	5.60%	44.47%
HYDROCODONE-ACETAMINOPHEN *	1,171	1,444	\$ 29,198.82	56.48	13.94	\$ 20.22	3.93%	48.40%
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE *	22	22	\$ 25,173.70	29.68	29.68	\$ 1,144.26	3.39%	51.78%
QUETIAPINE FUMARATE *	118	140	\$ 24,876.41	42.21	28.88	\$ 177.69	3.35%	55.13%
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR *	11	11	\$ 24,400.88	30.00	30.00	\$ 2,218.26	3.28%	58.41%
FLUTICASONE-SALMETEROL *	93	96	\$ 24,305.51	57.50	29.79	\$ 253.18	3.27%	61.68%
ALBUTEROL SULFATE *	438	523	\$ 24,011.08	37.19	21.25	\$ 45.91	3.23%	64.91%
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE *	12	12	\$ 21,969.92	30.00	30.00	\$ 1,830.83	2.95%	67.86%
INSULIN LISPRO (HUMAN) *	77	80	\$ 21,648.65	18.63	36.50	\$ 270.61	2.91%	70.77%
DIMETHYL FUMARATE *	3	4	\$ 20,125.28	60.00	30.00	\$ 5,031.32	2.71%	73.48%
GLUCOSE BLOOD *	213	221	\$ 19,700.41	89.37	27.93	\$ 89.14	2.65%	76.13%
ESOMEPRAZOLE MAGNESIUM *	80	82	\$ 19,311.86	31.46	30.00	\$ 235.51	2.60%	78.72%
PALIPERIDONE *	12	13	\$ 18,598.37	55.38	30.00	\$ 1,430.64	2.50%	81.22%
LURASIDONE HCL *	23	24	\$ 17,517.60	30.21	28.96	\$ 729.90	2.36%	83.58%
OXYCODONE W/ ACETAMINOPHEN *	374	440	\$ 17,035.18	59.43	14.14	\$ 38.72	2.29%	85.87%
LENALIDOMIDE *	2	2	\$ 15,801.25	17.50	24.50	\$ 7,900.63	2.12%	88.00%
REGORAFENIB *	1	1	\$ 14,024.16	112.00	28.00	\$ 14,024.16	1.89%	89.88%
TIOTROPIUM BROMIDE MONOHYDRATE *	63	64	\$ 13,445.02	30.00	30.00	\$ 210.08	1.81%	91.69%
CAPECITABINE *	3	4	\$ 13,425.78	105.00	21.00	\$ 3,356.45	1.81%	93.50%
DULOXETINE HCL *	50	55	\$ 12,966.66	40.20	29.44	\$ 235.76	1.74%	95.24%
PEGINTERFERON ALFA-2A *	4	4	\$ 12,606.16	2.00	28.00	\$ 3,151.54	1.70%	96.94%
DARUNAVIR ETHANOLATE *	10	11	\$ 11,578.74	30.00	30.00	\$ 1,052.61	1.56%	98.49%
PREGABALIN *	41	44	\$ 11,211.71	66.77	32.93	\$ 254.81	1.51%	100.00%

Excludes NVMNOELIG,NVMNORX,MCO

Query Run 12/9/2014

**Nevada Medicaid Fee for Service**  
**Newly Eligible Usage Top 25 Drugs by Payment Amount**  
 For Service Period 05-01-2014 Through 05-31-2014

Number of Newly Eligible: 13,587 \$ 729,987.30

Number of Newly Eligible w/Claim: 1,537

Drug Name	Recipient Count	Total Claim Count	Total Payment Amount	Avg Quantity Per Rx	Avg Days Supply Per Rx	Avg Payment Per Rx	% Total Payment	Accumulative Payment %
SOFOSBUVIR *	8	9	\$ 257,082.84	28.00	28.00	\$ 28,564.76	35.22%	35.22%
ARIPRAZOLE *	47	50	\$ 44,725.77	30.48	29.18	\$ 894.52	6.13%	41.34%
INSULIN GLARGINE *	118	127	\$ 31,858.20	16.31	35.70	\$ 250.85	4.36%	45.71%
HYDROCODONE-ACETAMINOPHEN *	1,064	1,339	\$ 29,646.73	58.70	14.11	\$ 22.14	4.06%	49.77%
ESOMEPRAZOLE MAGNESIUM *	96	101	\$ 25,016.24	32.48	29.80	\$ 247.69	3.43%	53.20%
LOMITAPIDE MESYLATE *	1	1	\$ 24,357.26	28.00	28.00	\$ 24,357.26	3.34%	56.53%
SUNITINIB MALATE *	2	2	\$ 24,213.34	28.00	28.00	\$ 12,106.67	3.32%	59.85%
QUETIAPINE FUMARATE *	105	132	\$ 23,154.73	42.64	28.87	\$ 175.41	3.17%	63.02%
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR *	9	10	\$ 22,717.57	30.00	30.00	\$ 2,271.76	3.11%	66.13%
ALBUTEROL SULFATE *	377	440	\$ 22,618.35	34.08	22.13	\$ 51.41	3.10%	69.23%
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE *	16	16	\$ 21,018.88	30.00	30.00	\$ 1,313.68	2.88%	72.11%
LURASIDONE HCL *	26	30	\$ 20,367.32	27.57	26.57	\$ 678.91	2.79%	74.90%
GLUCOSE BLOOD *	200	212	\$ 20,033.54	83.02	27.52	\$ 94.50	2.74%	77.65%
FLUTICASONE-SALMETEROL *	65	67	\$ 17,264.07	57.37	29.42	\$ 257.67	2.36%	80.01%
TIOTROPIUM BROMIDE MONOHYDRATE *	62	64	\$ 17,213.27	30.47	30.00	\$ 268.96	2.36%	82.37%
DULOXETINE HCL *	56	65	\$ 15,109.73	40.02	30.08	\$ 232.46	2.07%	84.44%
OXYCODONE W/ ACETAMINOPHEN *	321	377	\$ 14,986.40	57.43	13.99	\$ 39.75	2.05%	86.49%
INSULIN LISPRO (HUMAN) *	52	54	\$ 14,233.29	16.83	34.39	\$ 263.58	1.95%	88.44%
TREPROSTINIL *	1	1	\$ 13,283.12	81.20	28.00	\$ 13,283.12	1.82%	90.26%
LENALIDOMIDE *	1	2	\$ 12,642.90	14.00	21.00	\$ 6,321.45	1.73%	91.99%
PEGINTERFERON ALFA-2A *	4	4	\$ 12,606.16	2.00	28.00	\$ 3,151.54	1.73%	93.72%
PREGABALIN *	41	42	\$ 12,321.14	77.86	32.50	\$ 293.36	1.69%	95.41%
BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE *	48	49	\$ 11,303.89	10.20	29.69	\$ 230.69	1.55%	96.96%
CAPECITABINE *	3	4	\$ 11,226.96	105.00	21.00	\$ 2,806.74	1.54%	98.50%
OXYCODONE HCL *	155	190	\$ 10,985.60	94.06	20.82	\$ 57.82	1.50%	100.00%

Excludes NVMNOELIG,NVMNORX,MCO

Query Run 12/9/2014

**Nevada Medicaid Fee for Service**  
**Newly Eligible Usage Top 25 Drugs by Payment Amount**  
 For Service Period 06-01-2014 Through 06-30-2014

Number of Newly Eligible: 12,619 \$ 757,415.89  
 Number of Newly Eligible w/Claim: 706

Drug Name	Recipient Count	Total Claim Count	Total Payment Amount	Avg Quantity Per Rx	Avg Days Supply Per Rx	Avg Payment Per Rx	% Total Payment	Accumulative Payment %
SOFOSBUVIR *	7	8	\$ 228,518.08	28.00	28.00	\$ 28,564.76	30.17%	30.17%
ARIPRAZOLE *	54	56	\$ 48,605.35	30.80	29.68	\$ 867.95	6.42%	36.59%
INSULIN GLARGINE *	132	142	\$ 41,440.01	15.87	35.24	\$ 291.83	5.47%	42.06%
HYDROCODONE-ACETAMINOPHEN *	1,198	1,474	\$ 31,115.01	55.81	13.32	\$ 21.11	4.11%	46.17%
ESOMEPRAZOLE MAGNESIUM *	116	120	\$ 29,438.42	32.75	30.00	\$ 245.32	3.89%	50.05%
QUETIAPINE FUMARATE *	113	149	\$ 27,562.51	42.19	27.67	\$ 184.98	3.64%	53.69%
ADALIMUMAB *	5	7	\$ 25,602.19	3.14	28.00	\$ 3,657.46	3.38%	57.07%
GLUCOSE BLOOD *	215	227	\$ 23,623.36	85.13	27.68	\$ 104.07	3.12%	60.19%
ALBUTEROL SULFATE *	410	463	\$ 23,459.58	28.01	21.40	\$ 50.67	3.10%	63.29%
CAPECITABINE *	5	7	\$ 20,497.51	101.43	22.00	\$ 2,928.22	2.71%	66.00%
ELVITEGRAVIR-COBIKISTAT-EMTRICITABINE-TENOFOVIR *	9	9	\$ 20,154.67	30.00	30.00	\$ 2,239.41	2.66%	68.66%
DIMETHYL FUMARATE *	3	4	\$ 20,125.28	60.00	30.00	\$ 5,031.32	2.66%	71.31%
FLUTICASONE-SALMETEROL *	71	73	\$ 20,085.22	58.68	29.79	\$ 275.14	2.65%	73.97%
LURASIDONE HCL *	23	27	\$ 19,234.95	28.63	24.70	\$ 712.41	2.54%	76.51%
TIOTROPIUM BROMIDE MONOHYDRATE *	64	68	\$ 19,106.93	30.00	30.00	\$ 280.98	2.52%	79.03%
EVEROLIMUS *	2	2	\$ 18,655.90	28.00	28.00	\$ 9,327.95	2.46%	81.49%
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE *	9	9	\$ 18,623.65	30.00	30.00	\$ 2,069.29	2.46%	83.95%
DULOXETINE HCL *	58	65	\$ 17,043.95	40.85	29.77	\$ 262.21	2.25%	86.20%
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE *	11	13	\$ 16,423.38	28.85	30.00	\$ 1,263.34	2.17%	88.37%
OXYCODONE W/ ACETAMINOPHEN *	339	398	\$ 16,342.49	60.99	14.08	\$ 41.06	2.16%	90.53%
OXYCODONE HCL *	193	225	\$ 15,297.28	97.08	22.33	\$ 67.99	2.02%	92.55%
INSULIN LISPRO (HUMAN) *	60	65	\$ 15,142.77	15.17	31.42	\$ 232.97	2.00%	94.54%
SODIUM OXYBATE *	2	2	\$ 14,701.19	450.00	30.00	\$ 7,350.60	1.94%	96.49%
MULTI-INGREDIENT COMPOUND	19	82	\$ 13,333.09	337.46	5.76	\$ 162.60	1.76%	98.25%
TREPROSTINIL *	1	1	\$ 13,283.12	81.20	28.00	\$ 13,283.12	1.75%	100.00%

Excludes NVMNOELIG,NVMNORX,MCO

Query Run 12/9/2014

**Nevada Medicaid Fee for Service**  
**Newly Eligible Usage Top 25 Drugs by Claim Count**  
 For Service Period 01-01-2014 Through 01-31-2014

Number of Newly Eligible: 47,272 \$ 116,934.88  
 Number of Newly Eligible w/Claim: 9,242

Drug Name	Recipient Count	Total Claim Count	Total Payment Amount	Avg Quantity Per Rx	Avg Days Supply Per Rx	Avg Payment Per Rx	% Total Payment	Accumulative Payment %
HYDROCODONE-ACETAMINOPHEN *	595	728	\$ 14,549.15	58.15	15.28	\$ 19.99	12.44%	12.44%
LISINAPRIL *	397	416	\$ 2,663.87	38.76	35.57	\$ 6.40	2.28%	14.72%
ALBUTEROL SULFATE *	276	320	\$ 14,121.75	38.83	20.50	\$ 44.13	12.08%	26.80%
METFORMIN HCL *	252	269	\$ 2,039.73	80.69	35.25	\$ 7.58	1.74%	28.54%
GABAPENTIN *	240	259	\$ 5,059.85	100.15	30.81	\$ 19.54	4.33%	32.87%
IBUPROFEN *	229	237	\$ 1,630.59	49.94	17.13	\$ 6.88	1.39%	34.26%
AMLODIPINE BESYLATE *	189	197	\$ 1,240.82	30.74	29.82	\$ 6.30	1.06%	35.32%
TRAMADOL HCL *	186	199	\$ 1,803.74	80.55	19.91	\$ 9.06	1.54%	36.87%
CYCLOBENZAPRINE HCL *	179	187	\$ 1,309.35	50.28	23.95	\$ 7.00	1.12%	37.99%
SIMVASTATIN *	175	182	\$ 1,411.65	30.35	30.35	\$ 7.76	1.21%	39.19%
OXYCODONE W/ ACETAMINOPHEN *	171	199	\$ 7,689.18	63.77	15.86	\$ 38.64	6.58%	45.77%
LEVOTHYROXINE SODIUM *	167	179	\$ 2,185.94	40.58	40.49	\$ 12.21	1.87%	47.64%
ATORVASTATIN CALCIUM *	163	169	\$ 2,293.49	29.91	30.00	\$ 13.57	1.96%	49.60%
ALPRAZOLAM *	157	167	\$ 1,299.33	58.68	25.66	\$ 7.78	1.11%	50.71%
HYDROCHLOROTHIAZIDE *	155	161	\$ 877.82	36.69	36.60	\$ 5.45	0.75%	51.46%
AZITHROMYCIN *	148	154	\$ 1,582.06	5.84	5.12	\$ 10.27	1.35%	52.81%
AMOXICILLIN *	144	159	\$ 1,043.86	30.60	8.75	\$ 6.57	0.89%	53.71%
GLUCOSE BLOOD *	127	131	\$ 10,480.75	92.94	28.32	\$ 80.01	8.96%	62.67%
FLUTICASON PROPRIONATE (NASAL) *	115	118	\$ 2,773.02	16.14	29.19	\$ 23.50	2.37%	65.04%
INSULIN GLARGINE *	106	116	\$ 37,504.56	19.00	39.09	\$ 323.32	32.07%	97.11%
METOPROLOL TARTRATE *	101	112	\$ 609.44	55.22	29.24	\$ 5.44	0.52%	97.64%
ZOLPIDEM TARTRATE *	101	109	\$ 719.13	27.79	27.51	\$ 6.60	0.61%	98.25%
LANCETS *	96	101	\$ 803.80	101.09	28.56	\$ 7.96	0.69%	98.94%
NAPROXEN *	94	98	\$ 596.62	49.48	24.74	\$ 6.09	0.51%	99.45%
PREDNISONE *	93	98	\$ 645.38	25.88	13.51	\$ 6.59	0.55%	100.00%

Excludes NVMNOELIG,NVMNORX,MCO

Query Run 12/9/2014

**Nevada Medicaid Fee for Service**  
**Newly Eligible Usage Top 25 Drugs by Claim Count**  
 For Service Period 02-01-2014 Through 02-28-2014

Number of Newly Eligible: 25,039 \$ 128,349.65  
 Number of Newly Eligible w/Claim: 4,320

Drug Name	Recipient Count	Total Claim Count	Total Payment Amount	Avg Quantity Per Rx	Avg Days Supply Per Rx	Avg Payment Per Rx	% Total Payment	Accumulative Payment %
HYDROCODONE-ACETAMINOPHEN *	723	828	\$ 17,827.21	59.75	14.78	\$ 21.53	13.89%	13.89%
LISINAPRIL *	456	472	\$ 3,094.65	40.19	37.11	\$ 6.56	2.41%	16.30%
ALBUTEROL SULFATE *	292	346	\$ 16,790.44	38.10	21.58	\$ 48.53	13.08%	29.38%
METFORMIN HCL *	281	294	\$ 2,265.63	83.06	37.56	\$ 7.71	1.77%	31.15%
GABAPENTIN *	266	285	\$ 5,134.89	100.85	31.16	\$ 18.02	4.00%	35.15%
IBUPROFEN *	266	277	\$ 1,921.14	52.43	18.07	\$ 6.94	1.50%	36.65%
TRAMADOL HCL *	218	237	\$ 2,143.94	78.00	20.17	\$ 9.05	1.67%	38.32%
AMLODIPINE BESYLATE *	213	224	\$ 1,457.68	31.14	30.14	\$ 6.51	1.14%	39.45%
OXYCODONE W/ ACETAMINOPHEN *	205	238	\$ 7,348.19	55.80	13.26	\$ 30.87	5.73%	45.18%
SIMVASTATIN *	201	207	\$ 1,610.27	30.17	29.95	\$ 7.78	1.25%	46.43%
CYCLOBENZAPRINE HCL *	197	206	\$ 1,437.24	49.90	23.48	\$ 6.98	1.12%	47.55%
ALPRAZOLAM *	184	189	\$ 1,564.32	59.50	26.65	\$ 8.28	1.22%	48.77%
AMOXICILLIN *	174	184	\$ 1,276.75	26.87	8.29	\$ 6.94	0.99%	49.76%
ATORVASTATIN CALCIUM *	167	173	\$ 2,395.31	30.35	30.35	\$ 13.85	1.87%	51.63%
LEVOTHYROXINE SODIUM *	166	178	\$ 2,170.96	43.50	42.94	\$ 12.20	1.69%	53.32%
HYDROCHLOROTHIAZIDE *	145	153	\$ 909.74	37.85	39.22	\$ 5.95	0.71%	54.03%
GLUCOSE BLOOD *	144	149	\$ 12,778.96	92.28	27.66	\$ 85.76	9.96%	63.99%
METOPROLOL TARTRATE *	138	148	\$ 828.69	55.17	29.16	\$ 5.60	0.65%	64.63%
FLUTICASON PROPRIONATE (NASAL) *	128	130	\$ 3,188.88	16.00	29.71	\$ 24.53	2.48%	67.12%
TRAZODONE HCL *	126	131	\$ 975.58	40.85	28.98	\$ 7.45	0.76%	67.88%
AZITHROMYCIN *	109	112	\$ 1,238.53	6.08	5.71	\$ 11.06	0.96%	68.84%
INSULIN GLARGINE *	109	115	\$ 31,235.17	16.85	35.44	\$ 271.61	24.34%	93.18%
OXYCODONE HCL *	107	127	\$ 6,941.63	98.05	21.52	\$ 54.66	5.41%	98.59%
ZOLPIDEM TARTRATE *	107	113	\$ 636.46	30.64	28.49	\$ 5.63	0.50%	99.08%
FLUOXETINE HCL *	106	111	\$ 1,177.39	39.25	29.66	\$ 10.61	0.92%	100.00%

Excludes NVMNOELIG,NVMNORX,MCO

Query Run 12/9/2014



**Nevada Medicaid Fee for Service**  
**Newly Eligible Usage Top 25 Drugs by Claim Count**  
 For Service Period 03-01-2014 Through 03-31-2014

Number of Newly Eligible: 28,612 \$ 122,766.34  
 Number of Newly Eligible w/Claim: 3,978

Drug Name	Recipient Count	Total Claim Count	Total Payment Amount	Avg Quantity Per Rx	Avg Days Supply Per Rx	Avg Payment Per Rx	% Total Payment	Accumulative Payment %
HYDROCODONE-ACETAMINOPHEN *	968	1,173	\$ 24,472.26	58.36	14.63	\$ 20.86	19.93%	19.93%
LISINAPRIL *	542	578	\$ 3,716.10	38.98	35.66	\$ 6.43	3.03%	22.96%
ALBUTEROL SULFATE *	379	443	\$ 21,893.48	33.32	21.33	\$ 49.42	17.83%	40.79%
IBUPROFEN *	374	388	\$ 2,717.99	51.60	17.89	\$ 7.01	2.21%	43.01%
METFORMIN HCL *	355	374	\$ 2,952.51	85.33	37.71	\$ 7.89	2.40%	45.41%
GABAPENTIN *	326	352	\$ 6,702.02	98.75	30.18	\$ 19.04	5.46%	50.87%
OXYCODONE W/ ACETAMINOPHEN *	313	361	\$ 13,383.13	59.51	13.91	\$ 37.07	10.90%	61.77%
TRAMADOL HCL *	310	348	\$ 3,163.36	78.13	19.46	\$ 9.09	2.58%	64.35%
AMLODIPINE BESYLATE *	272	283	\$ 1,808.61	30.33	29.57	\$ 6.39	1.47%	65.82%
ALPRAZOLAM *	258	272	\$ 2,206.69	57.85	25.71	\$ 8.11	1.80%	67.62%
CYCLOBENZAPRINE HCL *	240	259	\$ 1,825.27	48.02	22.41	\$ 7.05	1.49%	69.11%
AMOXICILLIN *	234	247	\$ 1,710.88	26.49	8.24	\$ 6.93	1.39%	70.50%
SIMVASTATIN *	218	230	\$ 1,758.97	29.99	29.80	\$ 7.65	1.43%	71.93%
LEVOTHYROXINE SODIUM *	213	228	\$ 2,481.33	39.75	39.39	\$ 10.88	2.02%	73.96%
ATORVASTATIN CALCIUM *	206	215	\$ 2,952.08	29.91	29.49	\$ 13.73	2.40%	76.36%
METOPROLOL TARTRATE *	183	190	\$ 1,055.75	54.95	29.52	\$ 5.56	0.86%	77.22%
GLUCOSE BLOOD *	182	185	\$ 15,824.53	88.38	27.69	\$ 85.54	12.89%	90.11%
HYDROCHLOROTHIAZIDE *	181	190	\$ 1,022.10	39.68	38.11	\$ 5.38	0.83%	90.94%
TRAZODONE HCL *	169	182	\$ 1,409.86	42.08	28.90	\$ 7.75	1.15%	92.09%
AZITHROMYCIN *	164	173	\$ 2,012.73	6.00	5.06	\$ 11.63	1.64%	93.73%
ZOLPIDEM TARTRATE *	160	167	\$ 1,077.74	28.65	28.04	\$ 6.45	0.88%	94.61%
FLUTICASON PROPIONATE (NASAL) *	154	158	\$ 3,781.44	16.00	29.18	\$ 23.93	3.08%	97.69%
CLONAZEPAM *	150	159	\$ 999.57	55.92	29.22	\$ 6.29	0.81%	98.50%
PREDNISONE *	145	155	\$ 942.55	22.91	11.63	\$ 6.08	0.77%	99.27%
CITALOPRAM HYDROBROMIDE *	141	153	\$ 895.39	32.69	29.19	\$ 5.85	0.73%	100.00%

Excludes NVMNOELIG,NVMNORX,MCO

Query Run 12/9/2014

**Nevada Medicaid Fee for Service**  
**Newly Eligible Usage Top 25 Drugs by Claim Count**  
 For Service Period 04-01-2014 Through 04-30-2014

Number of Newly Eligible: 17,781 \$ 145,152.74  
 Number of Newly Eligible w/Claim: 2,133

Drug Name	Recipient Count	Total Claim Count	Total Payment Amount	Avg Quantity Per Rx	Avg Days Supply Per Rx	Avg Payment Per Rx	% Total Payment	Accumulative Payment %
HYDROCODONE-ACETAMINOPHEN *	1171	1,444	\$ 29,198.82	56.48	13.94	\$ 20.22	20.12%	20.12%
LISINAPRIL *	639	681	\$ 4,427.16	41.43	37.91	\$ 6.50	3.05%	23.17%
ALBUTEROL SULFATE *	438	523	\$ 24,011.08	37.19	21.25	\$ 45.91	16.54%	39.71%
IBUPROFEN *	438	459	\$ 3,119.19	50.14	16.65	\$ 6.80	2.15%	41.86%
METFORMIN HCL *	414	438	\$ 3,183.85	76.76	35.98	\$ 7.27	2.19%	44.05%
OXYCODONE W/ ACETAMINOPHEN *	374	440	\$ 17,035.18	59.43	14.14	\$ 38.72	11.74%	55.79%
GABAPENTIN *	364	394	\$ 6,703.82	90.41	29.81	\$ 17.01	4.62%	60.40%
TRAMADOL HCL *	344	380	\$ 3,240.44	73.38	17.87	\$ 8.53	2.23%	62.64%
ALPRAZOLAM *	318	337	\$ 2,854.97	60.59	26.14	\$ 8.47	1.97%	64.60%
AMLODIPINE BESYLATE *	294	318	\$ 2,066.03	30.99	29.47	\$ 6.50	1.42%	66.03%
AMOXICILLIN *	289	313	\$ 2,152.44	26.97	8.26	\$ 6.88	1.48%	67.51%
CYCLOBENZAPRINE HCL *	276	290	\$ 2,679.65	48.43	22.70	\$ 9.24	1.85%	69.36%
LEVOTHYROXINE SODIUM *	260	290	\$ 3,082.73	39.14	39.00	\$ 10.63	2.12%	71.48%
METOPROLOL TARTRATE *	236	253	\$ 1,364.31	55.13	29.55	\$ 5.39	0.94%	72.42%
ATORVASTATIN CALCIUM *	233	247	\$ 3,334.01	29.80	29.19	\$ 13.50	2.30%	74.72%
TRAZODONE HCL *	232	252	\$ 1,689.84	41.65	29.09	\$ 6.71	1.16%	75.88%
SIMVASTATIN *	226	232	\$ 1,707.47	30.47	30.21	\$ 7.36	1.18%	77.06%
ZOLPIDEM TARTRATE *	219	227	\$ 1,525.03	28.08	27.50	\$ 6.72	1.05%	78.11%
GLUCOSE BLOOD *	213	221	\$ 19,700.41	89.37	27.93	\$ 89.14	13.57%	91.68%
FLUTICASON PROPRIONATE (NASAL) *	203	210	\$ 5,069.82	16.00	29.42	\$ 24.14	3.49%	95.17%
HYDROCHLOROTHIAZIDE *	201	207	\$ 1,156.84	38.69	38.61	\$ 5.59	0.80%	95.97%
CLONAZEPAM *	198	214	\$ 1,313.83	55.96	28.23	\$ 6.14	0.91%	96.88%
FLUOXETINE HCL *	191	210	\$ 1,634.19	38.58	29.28	\$ 7.78	1.13%	98.00%
SERTRALINE HCL *	189	206	\$ 1,801.18	36.44	29.18	\$ 8.74	1.24%	99.24%
CITALOPRAM HYDROBROMIDE *	181	191	\$ 1,100.45	31.76	29.43	\$ 5.76	0.76%	100.00%

Excludes NVMNOELIG,NVMNORX,MCO

Query Run 12/9/2014

**Nevada Medicaid Fee for Service**  
**Newly Eligible Usage Top 25 Drugs by Claim Count**  
 For Service Period 05-01-2014 Through 05-31-2014

Number of Newly Eligible: 13,587 \$ 146,040.71

Number of Newly Eligible w/Claim: 1,537

Drug Name	Recipient Count	Total Claim Count	Total Payment Amount	Avg Quantity Per Rx	Avg Days Supply Per Rx	Avg Payment Per Rx	% Total Payment	Accumulative Payment %
HYDROCODONE-ACETAMINOPHEN *	1064	1,339	\$ 29,646.73	58.70	14.11	\$ 22.14	20.30%	20.30%
LISINAPRIL *	565	599	\$ 3,898.87	43.98	38.83	\$ 6.51	2.67%	22.97%
METFORMIN HCL *	383	401	\$ 3,016.42	79.40	38.05	\$ 7.52	2.07%	25.04%
ALBUTEROL SULFATE *	377	440	\$ 22,618.35	34.08	22.13	\$ 51.41	15.49%	40.52%
IBUPROFEN *	370	400	\$ 2,655.47	48.57	16.55	\$ 6.64	1.82%	42.34%
TRAMADOL HCL *	341	383	\$ 3,341.01	72.58	17.27	\$ 8.72	2.29%	44.63%
GABAPENTIN *	324	351	\$ 8,298.01	103.78	30.64	\$ 23.64	5.68%	50.31%
OXYCODONE W/ ACETAMINOPHEN *	321	377	\$ 14,986.40	57.43	13.99	\$ 39.75	10.26%	60.57%
ALPRAZOLAM *	302	332	\$ 2,617.05	57.75	25.43	\$ 7.88	1.79%	62.37%
CYCLOBENZAPRINE HCL *	264	285	\$ 1,976.45	49.65	22.33	\$ 6.93	1.35%	63.72%
LEVOTHYROXINE SODIUM *	261	287	\$ 3,171.93	41.61	41.17	\$ 11.05	2.17%	65.89%
AMLODIPINE BESYLATE *	249	260	\$ 1,716.69	30.35	29.83	\$ 6.60	1.18%	67.07%
AMOXICILLIN *	248	261	\$ 1,734.02	26.21	8.36	\$ 6.64	1.19%	68.25%
METOPROLOL TARTRATE *	225	236	\$ 1,233.44	56.07	29.81	\$ 5.23	0.84%	69.10%
SIMVASTATIN *	211	219	\$ 1,695.44	30.26	30.26	\$ 7.74	1.16%	70.26%
TRAZODONE HCL *	203	221	\$ 1,504.09	41.71	29.09	\$ 6.81	1.03%	71.29%
ATORVASTATIN CALCIUM *	200	205	\$ 3,157.65	30.64	29.99	\$ 15.40	2.16%	73.45%
GLUCOSE BLOOD *	200	212	\$ 20,033.54	83.02	27.52	\$ 94.50	13.72%	87.17%
CLONAZEPAM *	179	193	\$ 1,251.74	56.31	28.92	\$ 6.49	0.86%	88.03%
CITALOPRAM HYDROBROMIDE *	177	182	\$ 1,021.64	31.97	29.79	\$ 5.61	0.70%	88.73%
FLUOXETINE HCL *	176	196	\$ 1,685.67	40.97	29.84	\$ 8.60	1.15%	89.88%
SERTRALINE HCL *	167	185	\$ 1,627.10	37.55	29.82	\$ 8.80	1.11%	90.99%
ZOLPIDEM TARTRATE *	165	174	\$ 1,130.36	27.71	27.66	\$ 6.50	0.77%	91.77%
PREDNISONE *	156	169	\$ 1,037.04	25.80	12.09	\$ 6.14	0.71%	92.48%
OXYCODONE HCL *	155	190	\$ 10,985.60	94.06	20.82	\$ 57.82	7.52%	100.00%

Excludes NVMNOELIG,NVMNORX,MCO

Query Run 12/9/2014

**Nevada Medicaid Fee for Service**  
**Newly Eligible Usage Top 25 Drugs by Claim Count**  
 For Service Period 06-01-2014 Through 06-30-2014

Number of Newly Eligible: 12,619 \$ 162,559.01  
 Number of Newly Eligible w/Claim: 706

Drug Name	Recipient Count	Total Claim Count	Total Payment Amount	Avg Quantity Per Rx	Avg Days Supply Per Rx	Avg Payment Per Rx	% Total Payment	Accumulative Payment %
HYDROCODONE-ACETAMINOPHEN *	1198	1,474	\$ 31,115.01	55.81	13.32	\$ 21.11	19.14%	19.14%
LISINAPRIL *	625	656	\$ 4,345.40	43.08	38.24	\$ 6.62	2.67%	21.81%
ALBUTEROL SULFATE *	410	463	\$ 23,459.58	28.01	21.40	\$ 50.67	14.43%	36.25%
METFORMIN HCL *	408	421	\$ 3,099.10	76.68	37.19	\$ 7.36	1.91%	38.15%
IBUPROFEN *	402	426	\$ 2,916.95	51.39	17.29	\$ 6.85	1.79%	39.95%
GABAPENTIN *	364	400	\$ 8,852.08	102.15	30.69	\$ 22.13	5.45%	45.39%
ALPRAZOLAM *	360	385	\$ 3,225.53	61.66	26.00	\$ 8.38	1.98%	47.38%
OXYCODONE W/ ACETAMINOPHEN *	339	398	\$ 16,342.49	60.99	14.08	\$ 41.06	10.05%	57.43%
TRAMADOL HCL *	337	384	\$ 3,527.07	74.17	17.85	\$ 9.19	2.17%	59.60%
LEVOTHYROXINE SODIUM *	303	324	\$ 3,781.31	40.15	39.54	\$ 11.67	2.33%	61.92%
CYCLOBENZAPRINE HCL *	283	304	\$ 2,092.66	48.76	23.21	\$ 6.88	1.29%	63.21%
AMLODIPINE BESYLATE *	272	296	\$ 1,963.50	30.44	29.70	\$ 6.63	1.21%	64.42%
METOPROLOL TARTRATE *	270	286	\$ 1,515.41	55.75	29.71	\$ 5.30	0.93%	65.35%
AMOXICILLIN *	248	259	\$ 1,687.18	26.12	8.26	\$ 6.51	1.04%	66.39%
TRAZODONE HCL *	236	258	\$ 1,866.30	42.05	29.43	\$ 7.23	1.15%	67.54%
SIMVASTATIN *	223	239	\$ 1,828.92	30.53	30.34	\$ 7.65	1.13%	68.66%
ATORVASTATIN CALCIUM *	216	224	\$ 3,344.74	30.52	30.05	\$ 14.93	2.06%	70.72%
GLUCOSE BLOOD *	215	227	\$ 23,623.36	85.13	27.68	\$ 104.07	14.53%	85.25%
CITALOPRAM HYDROBROMIDE *	205	218	\$ 1,251.31	31.59	29.53	\$ 5.74	0.77%	86.02%
SERTRALINE HCL *	194	216	\$ 1,946.16	38.21	29.46	\$ 9.01	1.20%	87.22%
OXYCODONE HCL *	193	225	\$ 15,297.28	97.08	22.33	\$ 67.99	9.41%	96.63%
ZOLPIDEM TARTRATE *	193	199	\$ 1,413.66	27.94	27.91	\$ 7.10	0.87%	97.50%
FLUOXETINE HCL *	187	209	\$ 1,798.53	38.14	29.97	\$ 8.61	1.11%	98.61%
CLONAZEPAM *	180	197	\$ 1,205.69	53.84	27.82	\$ 6.12	0.74%	99.35%
HYDROCHLOROTHIAZIDE *	173	181	\$ 1,059.79	40.21	38.34	\$ 5.86	0.65%	100.00%

Excludes NVMNOELIG,NVMNORX,MCO

Query Run 12/9/2014