

eAppendix A. Part D Claims Rejections in the Nursing Home Setting, Reasons for Rejection (2006-2010)

	Number of Rejections	Percent of All Rejections	Percent of Rejections in Category
Administrative Rejections			
Non-Matched Pharmacy Number	438,533	13.6%	31.1%
M/I Dispense As Written (DAW)/Product Selection Code	112,135	3.5%	8.0%
Non-Matched Cardholder ID	102,656	3.2%	7.3%
M/I Date of Service	80,207	2.5%	5.7%
Claim Is Post-Dated	80,190	2.5%	5.7%
Filled After Coverage Terminated	68,072	2.1%	4.8%
M/I Professional Service Code	56,346	1.7%	4.0%
Patient Is Not Covered	49,036	1.5%	3.5%
M/I Birth Date	46,522	1.4%	3.3%
Duplicate Paid/Captured Claim	41,156	1.3%	2.9%
Claim Not Processed	34,256	1.1%	2.4%
M/I Quantity Dispensed	29,589	0.9%	2.1%
M/I Days Supply	28,045	0.9%	2.0%
M/I Cardholder ID Number	24,117	0.7%	1.7%
M/I Patient Relationship Code	23,958	0.7%	1.7%
Submit Bill To Other Processor Or Primary Payer	19,193	0.6%	1.4%
M/I Prescriber ID	14,262	0.4%	1.0%
Discontinued Product/Service ID Number	14,098	0.4%	1.0%
Reversal Not Processed	13,969	0.4%	1.0%
M/I Prescriber ID Qualifier	13,670	0.4%	1.0%
M/I Patient Gender Code	12,568	0.4%	0.9%
M/I Other Coverage Cod	9,728	0.3%	0.7%
Filled After Coverage Expired	8,239	0.3%	0.6%
M/I Result Of Service Code	6,786	0.2%	0.5%
Claim Too Old	5,518	0.2%	0.4%
M/I Group Number	5,466	0.2%	0.4%
M/I Date Prescription Written	5,428	0.2%	0.4%
M/I Processor Control Number	5,125	0.2%	0.4%
M/I Reason For Service Code	5,119	0.2%	0.4%
Non-Matched Product/Service ID Number	5,035	0.2%	0.4%

M/I COB/Other Payments Segment	4,926	0.2%	0.3%
Pharmacy Not Contracted With Plan On Date Of Service	4,836	0.2%	0.3%
M/I Prior Authorization Type Code	4,205	0.1%	0.3%
M/I Prior Authorization Number Submitted	3,574	0.1%	0.3%
Non-Matched Prescriber ID	2,760	0.1%	0.2%
Non-Matched Group ID	2,542	0.1%	0.2%
M/I Percentage Sales Tax Basis Submitted	1,876	0.1%	0.1%
Filled Before Coverage Effective	1,853	0.1%	0.1%
Prescriber Is Not Covered	1,805	0.1%	0.1%
M/I Bin	1,748	0.1%	0.1%
M/I Patient Zip/Postal Zone	1,491	0.0%	0.1%
M/I Product/Service ID	1,463	0.0%	0.1%
M/I Usual And Customary Charge	1,366	0.0%	0.1%
M/I Patient ID	1,297	0.0%	0.1%
Claim Has Not Been Paid/Captured	1,181	0.0%	0.1%
M/I Patient Location	1,145	0.0%	0.1%
M/I Person Code	1,145	0.0%	0.1%
M/I Coordination Of Benefits/Other Payments Count	668	0.0%	0.0%
M/I Prescription Origin Code	636	0.0%	0.0%
Date Written Is After Date Filled	600	0.0%	0.0%
M/I Pharmacy Number	535	0.0%	0.0%
M/I Other Payer Amount Paid Qualifier	498	0.0%	0.0%
M/I Patient Last Name	493	0.0%	0.0%
M/I Other Payer Reject Count	452	0.0%	0.0%
M/I Diagnosis Code Qualifier	411	0.0%	0.0%
M/I Compound Product ID	408	0.0%	0.0%
M/I Other Payer Date	399	0.0%	0.0%
M/I DUR/PPS Segment	377	0.0%	0.0%
M/I Software Vendor/Certification ID	369	0.0%	0.0%
M/I Ingredient Cost Submitted	327	0.0%	0.0%
M/I Other Payer Amount Paid	319	0.0%	0.0%
M/I Compound Segment	264	0.0%	0.0%
M/I Insurance Segment	247	0.0%	0.0%
M/I Percentage Sales Tax Amount Submitted	239	0.0%	0.0%
Non-Matched Product Package Size	234	0.0%	0.0%
Value In Gross Amount Due Does Not Follow Pricing Formulae	228	0.0%	0.0%

M/I Diagnosis Code	219	0.0%	0.0%
Other Carrier Payment Meets Or Exceeds Payable	214	0.0%	0.0%
Syntax Error	203	0.0%	0.0%
M/I Professional Service Fee Submitted	200	0.0%	0.0%
M/I Patient ID Qualifier	194	0.0%	0.0%
M/I Compound Code	186	0.0%	0.0%
M/I Other Payer Amount Paid Count	185	0.0%	0.0%
Non-Matched Person Code	180	0.0%	0.0%
M/I Submission Clarification Code	164	0.0%	0.0%
M/I Prescription/Service Reference Number	134	0.0%	0.0%
M/I Product/Service ID Qualifier	127	0.0%	0.0%
M/I Patient Paid Amount Submitted	121	0.0%	0.0%
M/I Other Payer ID	111	0.0%	0.0%
M/I Other Payer ID Qualifier	109	0.0%	0.0%
M/I Fill Number	99	0.0%	0.0%
M/I Primary Care Provider ID	92	0.0%	0.0%
M/I Number Refills Authorized	69	0.0%	0.0%
M/I Patient Street Address	69	0.0%	0.0%
M/I Intermediary Authorization Type ID	64	0.0%	0.0%
M/I Cardholder Last Name	62	0.0%	0.0%
M/I Percentage Sales Tax Rate Submitted	61	0.0%	0.0%
M/I Other Amount Claimed Submitted Count	52	0.0%	0.0%
M/I Other Payer Reject Code	52	0.0%	0.0%
M/I Metric Quantity	51	0.0%	0.0%
M/I Other Payer Coverage Type	51	0.0%	0.0%
M/I Unit Of Measure	51	0.0%	0.0%
M/I Eligibility Clarification Code	36	0.0%	0.0%
Requires Manual Claim	29	0.0%	0.0%
M/I Compound Ingredient Basis Of Cost Determination	25	0.0%	0.0%
M/I Segment Identification	25	0.0%	0.0%
M/I Service Provider ID Qualifier	23	0.0%	0.0%
M/I Other Amount Claimed Submitted Qualifier	22	0.0%	0.0%
M/I Prescription/Service Reference Number Qualifier	21	0.0%	0.0%
M/I Patient First Name	19	0.0%	0.0%
M/I Patient City Address	17	0.0%	0.0%
Other Payer Reject Count Does Not Match Number Of Repetitions	16	0.0%	0.0%

Prescription/Service Reference Number/Time Limit Exceeded	16	0.0%	0.0%
Drug-Diagnosis Mismatch	14	0.0%	0.0%
M/I Gross Amount Due	14	0.0%	0.0%
M/I Plan ID	14	0.0%	0.0%
QMB (Qualified Medicare Beneficiary)-Bill Medicare	14	0.0%	0.0%
M/I Basis Of Cost	12	0.0%	0.0%
M/I Level Of Service	11	0.0%	0.0%
M/I Compound Ingredient Component Count	10	0.0%	0.0%
M/I DUR Co-Agent ID Qualifier	8	0.0%	0.0%
M/I Quantity Prescribed	8	0.0%	0.0%
M/I Compound Dispensing Unit Form Indicator	7	0.0%	0.0%
M/I Other Amount Claimed Submitted	7	0.0%	0.0%
M/I Unit Dose Indicator	7	0.0%	0.0%
Mandatory Data Elements Must Occur Before Optional Data Elements In A Segment	7	0.0%	0.0%
M/I DUR/PPS Level Of Effort	6	0.0%	0.0%
M/I Transaction Code	6	0.0%	0.0%
Patient Age Exceeds Maximum Age	6	0.0%	0.0%
Primary Prescriber Is Not Covered	6	0.0%	0.0%
M/I Patient State/Province Address	5	0.0%	0.0%
Billing Provider Not Eligible To Bill This Claim Type	4	0.0%	0.0%
Compound Ingredient Component Count Does Not Match Number Of Repetitions	4	0.0%	0.0%
M/I Basis Of Cost Determination	4	0.0%	0.0%
M/I DUR/PPS Code Counter	4	0.0%	0.0%
M/I Prescriber Last Name	4	0.0%	0.0%
M/I Intermediary Authorization ID	3	0.0%	0.0%
M/I Primary Care Provider ID Qualifier	3	0.0%	0.0%
Coordination Of Benefits/Other Payments Count Does Not Match Number Of Repetitions	2	0.0%	0.0%
M/I Compound Dosage Form Description Code	2	0.0%	0.0%
M/I DUR Co-Agent ID	2	0.0%	0.0%
M/I Patient Phone Number	2	0.0%	0.0%
M/I Quantity Intended To Be Dispensed	2	0.0%	0.0%
M/I Version Number	2	0.0%	0.0%
M/I Authorization Number	1	0.0%	0.0%
M/I Compound Ingredient Quantity	1	0.0%	0.0%
M/I Date Of Injury	1	0.0%	0.0%
M/I Dispensing Fee Submitted	1	0.0%	0.0%

M/I Pricing Segment	1	0.0%	0.0%
M/I Prior Authorization Segment	1	0.0%	0.0%
M/I Request Type	1	0.0%	0.0%
M/I Sales Tax	1	0.0%	0.0%
Total	1,409,516		

Utilization Management

Refill Too Soon	602,765	18.7%	43.4%
DUR Reject Error	420,940	13.1%	30.3%
Plan Limitations Exceeded	240,192	7.5%	17.3%
Prior Authorization Required	116,333	3.6%	8.4%
Days Supply Limitation For Product/Service	4,562	0.1%	0.3%
Cost Exceeds Maximum	2,189	0.1%	0.2%
Recipient Locked In	267	0.0%	0.0%
Prior Authorization Denied	266	0.0%	0.0%
Refills Are Not Covered	126	0.0%	0.0%
Claim Submitted Does Not Match Prior Authorization	62	0.0%	0.0%
Product/Service Not Appropriate For This Location	10	0.0%	0.0%
Generic Drug Required	5	0.0%	0.0%
Total	1,387,717		

Product Not Covered

Product/Service Not Covered	422,886	13.1%	99.6%
Product/Service Not Covered For Patient Age	1,452	0.0%	0.3%
Product/Service Not Covered For Patient Gender	320	0.0%	0.1%
Total	424,658		

[Missing rejection reason] 638 0.0%

COB indicates coordination of benefits; ID, identification; M/I, missing/invalid; PPS, prospective payment system; QMB, qualified Medicare beneficiary.

Source: Authors' analysis of data provided by Omnicare, Inc, the nation's largest long-term care pharmacy. Data include all paid and rejected Part D claims from the month of March in each study year.

eAppendix B. Part D Claims Rejections in the Nursing Home Setting, Drugs in 7 Classes of Interest (2006-2010)

Class	Drug Name
ANTIDEPRESSANTS	AMITRIPTYLINE HYDROCHLORIDE TABLETS
ANTIDEPRESSANTS	AMOXAPINE TABLETS
ANTIDEPRESSANTS	ANAFRANIL CAPSULES
ANTIDEPRESSANTS	APLENZIN TABLETS EXTENDED RELEASE
ANTIDEPRESSANTS	AVENTYL HYDROCHLORIDE ORAL SOLUTION
ANTIDEPRESSANTS	BUDEPRION TABLETS EXTENDED RELEASE
ANTIDEPRESSANTS	BUDEPRION TABLETS XL
ANTIDEPRESSANTS	BUDEPRION TABLETS XL EXTENDED RELEASE
ANTIDEPRESSANTS	BUPROBAN TABLETS EXTENDED RELEASE
ANTIDEPRESSANTS	BUPROPION HYDROCHLORIDE TABLETS
ANTIDEPRESSANTS	BUPROPION HYDROCHLORIDE TABLETS EXTENDED RELEASE
ANTIDEPRESSANTS	CELEXA ORAL SOLUTION
ANTIDEPRESSANTS	CELEXA TABLETS
ANTIDEPRESSANTS	CITALOPRAM HYDROBROMIDE ORAL SOLUTION
ANTIDEPRESSANTS	CITALOPRAM TABLETS
ANTIDEPRESSANTS	CLOMIPRAMINE HYDROCHLORIDE CAPSULES
ANTIDEPRESSANTS	CYMBALTA CAPSULES EXTENDED RELEASE
ANTIDEPRESSANTS	DESIPRAMINE HYDROCHLORIDE TABLETS
ANTIDEPRESSANTS	DESYREL TABLETS
ANTIDEPRESSANTS	EFFEXOR CAPSULES EXTENDED RELEASE
ANTIDEPRESSANTS	EFFEXOR TABLETS
ANTIDEPRESSANTS	ELAVIL TABLETS
ANTIDEPRESSANTS	EMSAM PATCH/DISC
ANTIDEPRESSANTS	EMSAM TRANSDERMAL SYSTEM PATCHES
ANTIDEPRESSANTS	FLUOXETINE CAPSULES
ANTIDEPRESSANTS	FLUOXETINE HYDROCHLORIDE TABLETS
ANTIDEPRESSANTS	FLUOXETINE ORAL SOLUTION
ANTIDEPRESSANTS	FLUVOXAMINE MALEATE TABLETS
ANTIDEPRESSANTS	GABITRIL TIAGABINE HYDROCHLORIDE TABLETS
ANTIDEPRESSANTS	IMIPRAMINE HYDROCHLORIDE TABLETS
ANTIDEPRESSANTS	IMIPRAMINE PAMOATE CAPSULES
ANTIDEPRESSANTS	LEXAPRO SOLUTION
ANTIDEPRESSANTS	LEXAPRO TABLETS

ANTIDEPRESSANTS	LUVOX CAPSULES EXTENDED RELEASE
ANTIDEPRESSANTS	LUVOX TABLETS
ANTIDEPRESSANTS	MAPROTILINE HYDROCHLORIDE TABLETS
ANTIDEPRESSANTS	MARPLAN TABLETS
ANTIDEPRESSANTS	MIRTAZAPINE DISSOLVABLE TABLETS
ANTIDEPRESSANTS	MIRTAZAPINE TABLETS
ANTIDEPRESSANTS	MIRTAZAPINE TABLETS ORALLY DISINTEGRATING
ANTIDEPRESSANTS	NARDIL TABLETS
ANTIDEPRESSANTS	NEFAZODONE HYDROCHLORIDE TABLETS
ANTIDEPRESSANTS	NORPRAMIN TABLETS
ANTIDEPRESSANTS	NORTRIPTYL HYDROCHLORIDE CAPSULES
ANTIDEPRESSANTS	NORTRIPTYLINE HYDROCHLORIDE CAPSULES
ANTIDEPRESSANTS	NORTRIPTYLINE HYDROCHLORIDE ORAL SOLUTION
ANTIDEPRESSANTS	PAMELOR
ANTIDEPRESSANTS	PAMELOR CAPSULES
ANTIDEPRESSANTS	PAMELOR ORAL SOLUTION
ANTIDEPRESSANTS	PARNATE TABLETS
ANTIDEPRESSANTS	PAROXETINE HYDROCHLORIDE
ANTIDEPRESSANTS	PAROXETINE HYDROCHLORIDE ORAL SOLUTION
ANTIDEPRESSANTS	PAROXETINE HYDROCHLORIDE TABLETS
ANTIDEPRESSANTS	PAROXETINE HYDROCHLORIDE TABLETS EXTENDED RELEASE
ANTIDEPRESSANTS	PAXIL ORAL SOLUTION
ANTIDEPRESSANTS	PAXIL TABLETS
ANTIDEPRESSANTS	PAXIL TABLETS EXTENDED RELEASE
ANTIDEPRESSANTS	PEXEVA TABLETS
ANTIDEPRESSANTS	PRISTIQ TABLETS EXTENDED RELEASE
ANTIDEPRESSANTS	PROTRIPTYLINE HYDROCHLORIDE TABLETS
ANTIDEPRESSANTS	PROZAC CAPSULES
ANTIDEPRESSANTS	PROZAC ORAL SOLUTION
ANTIDEPRESSANTS	PROZAC TABLETS
ANTIDEPRESSANTS	PROZAC WEEKLY CAPSULES
ANTIDEPRESSANTS	REMERON SOLTAB TABLETS ORALLY DISINTEGRATING
ANTIDEPRESSANTS	REMERON TABLETS
ANTIDEPRESSANTS	SARAFEM TABLETS
ANTIDEPRESSANTS	SAVELLA TABLETS
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SERTRALINE HYDROCHLORIDE ORAL CONCENTRATE
SERTRALINE HYDROCHLORIDE ORAL SOLUTION
SERTRALINE HYDROCHLORIDE TABLETS
SERZONE TABLETS
SURMONTIL CAPSULES
SYMBYAX CAPSULES
TOFRANIL PM CAPSULES
TOFRANIL TABLETS
TRANLYCYPROMINE SULFATE TABLETS
TRAZODONE HYDROCHLORIDE TABLETS
TRAZODONE TABLETS
TRIMIPRAMINE MALEATE CAPSULES
VANATRIP TABLETS
VENLAFAXINE HYDROCHLORIDE TABLETS
VENLAFAXINE HYDROCHLORIDE TABLETS EXTENDED RELEASE
VIVACTIL HYDROCHLORIDE TABLETS
VIVACTIL TABLETS
WELLBUTRIN TABLETS
WELLBUTRIN TABLETS EXTENDED RELEASE
WELLBUTRIN TABLETS XL EXTENDED RELEASE
XENAZINE TABLETS
ZOLOFT ORAL CONCENTRATE
ZOLOFT TABLETS
ATACAND TABLETS
AVAPRO TABLETS
BENICAR TABLETS
COZAAR TABLETS
DIOVAN CAPSULES
DIOVAN TABLETS
MICARDIS TABLETS
TEVETEN TABLETS
ABILIFY DISCMELT TABLETS ORALLY DISINTEGRATING
ABILIFY ORAL SOLUTION
ABILIFY SOLUTION INJECTION
ABILIFY TABLETS

LONG-ACTING OPIOIDS	MORPHINE SULFATE INJECTION
LONG-ACTING OPIOIDS	MORPHINE SULFATE INJECTION PRESERVATIVE FREE
LONG-ACTING OPIOIDS	MORPHINE SULFATE IR ORAL SOLUTION
LONG-ACTING OPIOIDS	MORPHINE SULFATE ORAL SOLUTION
LONG-ACTING OPIOIDS	MORPHINE SULFATE RECTAL SUPPOSITORY
LONG-ACTING OPIOIDS	MORPHINE SULFATE SOLUTION
LONG-ACTING OPIOIDS	MORPHINE SULFATE SUPPOSITORIES
LONG-ACTING OPIOIDS	MORPHINE SULFATE SYRINGES DISPOSABLE
LONG-ACTING OPIOIDS	MORPHINE SULFATE TABLETS
LONG-ACTING OPIOIDS	MORPHINE SULFATE TABLETS EXTENDED RELEASE
LONG-ACTING OPIOIDS	MORPHINE SULFATE TABLETS SOLUBLE
LONG-ACTING OPIOIDS	MORPHINE SULFATE VIALS INJECTABLE
LONG-ACTING OPIOIDS	MS CONTIN TABLETS
LONG-ACTING OPIOIDS	MS CONTIN TABLETS EXTENDED RELEASE
LONG-ACTING OPIOIDS	MSIR CAPSULES IMMEDIATE RELEASE
LONG-ACTING OPIOIDS	MSIR IMMEDIATE RELEASE ORAL TABLETS
LONG-ACTING OPIOIDS	MSIR LIQUID
LONG-ACTING OPIOIDS	OPANA TABLETS
LONG-ACTING OPIOIDS	OPANA TABLETS EXTENDED RELEASE
LONG-ACTING OPIOIDS	OPIUM TINCTURE DEODORIZED
LONG-ACTING OPIOIDS	ORAL TRANSMUCOSAL FENTANYL CITRATE LOZENGES
LONG-ACTING OPIOIDS	ORAMORPH EXTENDED RELEASE TABLETS SUSTAINED RELEASE
LONG-ACTING OPIOIDS	ORAMORPH TABLETS EXTENDED RELEASE
LONG-ACTING OPIOIDS	OXYCONTIN EXTENDED RELEASED TABLETS CONTROLLED RELEASE
LONG-ACTING OPIOIDS	OXYCONTIN TABLETS EXTENDED RELEASE
LONG-ACTING OPIOIDS	RMS SUPPOSITORIES
LONG-ACTING OPIOIDS	ROXANOL ORAL SOLUTION
LONG-ACTING OPIOIDS	ROXANOL-T ORAL SOLUTION
LONG-ACTING OPIOIDS	RYZOLT TABLETS EXTENDED RELEASE
LONG-ACTING OPIOIDS	TRAMADOL HYDROCHLORIDE TABLETS
LONG-ACTING OPIOIDS	TRAMADOL HYDROCHLORIDE TABLETS EXTENDED RELEASE
LONG-ACTING OPIOIDS	ULTRAM TABLETS
LONG-ACTING OPIOIDS	ULTRAM TABLETS EXTENDED RELEASE
NEBULIZED INHALANTS	ACCUNEB INHALATION SOLUTION
NEBULIZED INHALANTS	ACETYLCYSTEINE INHALATION SOLUTION
NEBULIZED INHALANTS	ACETYLCYSTEINE SOLUTION

NEBULIZED INHALANTS	ALBUTEROL SULFATE INHALATION SOLUTION
NEBULIZED INHALANTS	ALUPENT INHALATION SOLUTION
NEBULIZED INHALANTS	ATROVENT INHALATION SOLUTION
NEBULIZED INHALANTS	BROVANA INHALATION SOLUTION
NEBULIZED INHALANTS	BUDESONIDE INHALATION SUSPENSION
NEBULIZED INHALANTS	CROMOLYN SODIUM INHALATION SOLUTION
NEBULIZED INHALANTS	DUONEB INHALATION SOLUTION
NEBULIZED INHALANTS	HYPER-SAL INHALATION SOLUTION
NEBULIZED INHALANTS	INTAL INHALATION SOLUTION
NEBULIZED INHALANTS	INTAL NEBULIZER INHALATION SOLUTION
NEBULIZED INHALANTS	IPRATROPIUM BROMIDE ALBUTEROL SULFATE INHALATION SOLUTION
NEBULIZED INHALANTS	IPRATROPIUM BROMIDE INHALATION SOLUTION
NEBULIZED INHALANTS	LEVALBUTEROL INHALANT SOLUTION
NEBULIZED INHALANTS	METAPROTERENOL SULFATE
NEBULIZED INHALANTS	METAPROTERENOL SULFATE INHALATION SOLUTION
NEBULIZED INHALANTS	METAPROTERENOL SULFATE SOLUTION
NEBULIZED INHALANTS	MUCOMYST INHALATION SOLUTION
NEBULIZED INHALANTS	MUCOMYST-10 INHALATION SOLUTION
NEBULIZED INHALANTS	PERFORMIST INHALATION SOLUTION
NEBULIZED INHALANTS	PROVENTIL ORAL INHALATION SOLUTION
NEBULIZED INHALANTS	PULMICORT INHALATION SOLUTION
NEBULIZED INHALANTS	PULMICORT RESPULES INHALATION SUSPENSION
NEBULIZED INHALANTS	PULMOZYME RECOMBINANT INHALATION SOLUTION
NEBULIZED INHALANTS	S-2 INHALATION SOLUTION
NEBULIZED INHALANTS	SODIUM CHLORIDE INHALATION SOLUTION
NEBULIZED INHALANTS	TOBI INHALATION SOLUTION
NEBULIZED INHALANTS	TOBI TOBRAMYCIN INHALATION SOLUTION
NEBULIZED INHALANTS	VENTOLIN INHALATION SOLUTION
NEBULIZED INHALANTS	XOPENEX INHALATION SOLUTION
NEBULIZED INHALANTS	XOPENEX INHALATION SOLUTION CONCENTRATE
NEBULIZED INHALANTS	XOPENEX SOLUTION
OSTEOPOROSIS MEDICATIONS	ACTONEL TABLETS
OSTEOPOROSIS MEDICATIONS	ACTONEL WITH CALCIUM TABLETS
OSTEOPOROSIS MEDICATIONS	ACTONEL WITH CALCIUM TABLETS KIT
OSTEOPOROSIS MEDICATIONS	ALENDRONATE SODIUM TABLETS
OSTEOPOROSIS MEDICATIONS	ARELIA INJECTION

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BONIVA TABLETS
CALCITONIN SALMON NASAL SPRAY SOLUTION
CALCITONIN SALMON VIALS INJECTABLE
DIDRONEL TABLETS
ETIDRONATE DISODIUM TABLETS
EVISTA TABLETS
FORTEO INJECTION
FORTEO PEN INJECTOR
FORTICAL NASAL SPRAY
FOSAMAX ONCE WEEKLY ORAL SOLUTION
FOSAMAX PLUS D TABLETS
FOSAMAX TABLETS
MIACALCIN INJECTION
MIACALCIN NASAL SPRAY
PAMIDRONATE DISODIUM INJECTION
RECLAST INJECTION
ZOMETA INJECTION

eAppendix C. Part D Claims Rejections in the Nursing Home Setting, 7 Classes of Interest (2006-2010)

Year	class	Total Claims	Reject Rate	Product Not Covered	Utilization Management	Administrative Rejections
2006	ANTIDEPRESSANTS	309255	14%	11%	30%	59%
2007	ANTIDEPRESSANTS	326377	11%	8%	44%	48%
2008	ANTIDEPRESSANTS	304774	12%	4%	49%	47%
2009	ANTIDEPRESSANTS	311495	15%	4%	51%	45%
2010	ANTIDEPRESSANTS	314047	15%	2%	50%	47%
2006	ARBS	30183	16%	17%	26%	57%
2007	ARBS	33620	13%	9%	44%	47%
2008	ARBS	33616	17%	11%	49%	40%
2009	ARBS	33925	19%	23%	39%	38%
2010	ARBS	33383	21%	19%	35%	46%
2006	ATYPICAL ANTIPSYCHOTICS	203064	15%	9%	42%	48%
2007	ATYPICAL ANTIPSYCHOTICS	211270	13%	1%	56%	43%
2008	ATYPICAL ANTIPSYCHOTICS	195708	15%	1%	56%	42%
2009	ATYPICAL ANTIPSYCHOTICS	202059	20%	1%	55%	44%
2010	ATYPICAL ANTIPSYCHOTICS	198972	20%	1%	57%	43%
2006	CHOLINESTERASE INHIBITORS	134131	15%	6%	37%	56%
2007	CHOLINESTERASE INHIBITORS	155271	10%	1%	43%	56%
2008	CHOLINESTERASE INHIBITORS	159076	12%	1%	45%	54%
2009	CHOLINESTERASE INHIBITORS	167800	13%	1%	47%	52%
2010	CHOLINESTERASE INHIBITORS	172429	14%	1%	45%	54%
2006	LONG-ACTING OPIOIDS	68937	19%	12%	47%	42%
2007	LONG-ACTING OPIOIDS	70066	16%	14%	53%	32%
2008	LONG-ACTING OPIOIDS	70368	18%	6%	68%	26%
2009	LONG-ACTING OPIOIDS	80363	25%	18%	46%	36%
2010	LONG-ACTING OPIOIDS	68821	28%	15%	41%	44%
2006	NEBULIZED INHALANTS	69590	37%	49%	29%	22%
2007	NEBULIZED INHALANTS	72819	32%	58%	22%	20%
2008	NEBULIZED INHALANTS	73650	38%	49%	32%	19%
2009	NEBULIZED INHALANTS	69441	24%	23%	50%	27%
2010	NEBULIZED INHALANTS	69571	26%	20%	52%	27%
2006	OSTEOPOROSIS MEDICATIONS	64204	18%	8%	39%	53%

2007	OSTEOPOROSIS MEDICATIONS	64753	13%	9%	49%	42%
2008	OSTEOPOROSIS MEDICATIONS	57715	21%	4%	38%	58%
2009	OSTEOPOROSIS MEDICATIONS	55236	21%	15%	43%	43%
2010	OSTEOPOROSIS MEDICATIONS	50296	20%	9%	33%	59%

ARBS indicates angiotensin receptor blockers.

Source: Authors' analysis of data provided by Omnicare, Inc, the nation's largest long-term care pharmacy. Data include all paid and rejected Part D claims from the month of March in each study year.