



Anthem Nevada Medicaid

NV DUR Binder Presentation

Presented to NV DUR Board on April 22, 2021



DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

Clinical criteria for drugs or drug classes listed on the appropriate agenda, will be presented at the quarterly Drug Use Review Board meetings. This form will allow Managed Care Organizations to approve or disapprove the proposed criteria and suggest changes to be supported at the quarterly meeting.

DUR Meeting Date: April 22, 2021

Prior Authorization Criteria being reviewed: Multiple Sclerosis Agents

Managed Care Organization name: Anthem

Please place a check mark in the appropriate box:

- I approve the criteria as presented by OptumRx
- I disapprove of the criteria as presented by OptumRx

I recommend the following changes to the criteria as presented. Please be brief and identify the section of the proposed criteria. If you feel you need more space for proposed changes, you may attach a word document, with only the suggested changes to criteria being presented.

You will have an opportunity to support the recommended changes at the time of the Drug Use Review Board quarterly meeting.

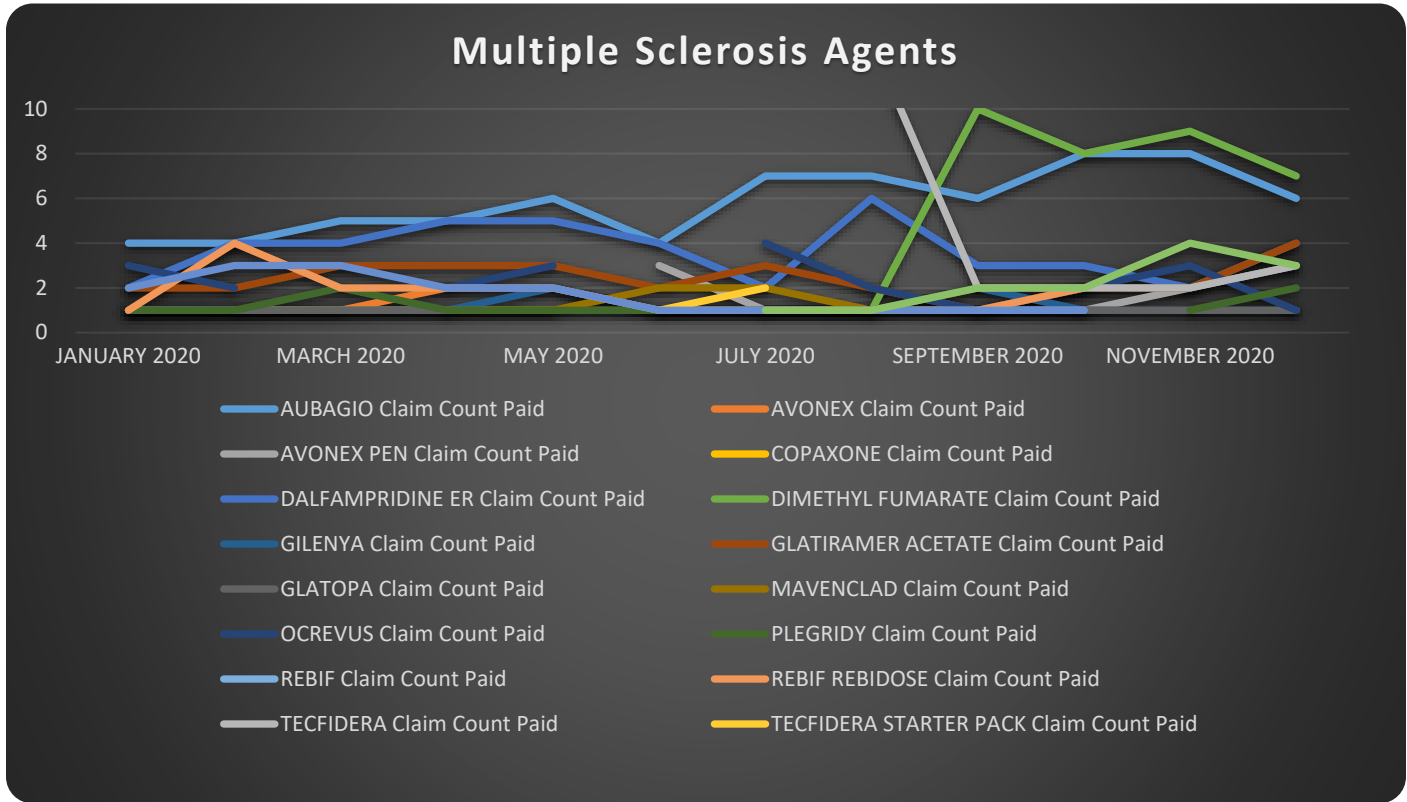
If this form is not completed and returned to the policy specialist with DHCFP by the designated deadline, the assumption will be made that you approve all prior authorization criteria as presented.

Please print the name of the individual completing this form: Luke Lim

Signature of individual completing this form: Luke Lim

Multiple Sclerosis Agents

Summary of Utilization 1/1/2020 – 12/31/2020



Product/Drug Name	AUBAGIO	AVONEX	AVONEX PEN	COPAXONE	DALFAMPRIDINE ER	DIMETHYL FUMARATE	GILENYA
Month	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid
JANUARY 2020	4	1	1		2		1
FEBRUARY 2020	4	1	1	1	4		1
MARCH 2020	5	1	1	1	4		1
APRIL 2020	5	2	1	1	5		1
MAY 2020	6			1	5		2
JUNE 2020	4		3		4		1
JULY 2020	7		1		2		1
AUGUST 2020	7		1		6	1	
SEPTEMBER 2020	6		1		3	10	2
OCTOBER 2020	8		1		3	8	1
NOVEMBER 2020	8		2		2	9	1
DECEMBER 2020	6		3		4	7	1

Product/Drug Name	GLATIRAMER ACETATE	GLATOPA	MAVENCLAD	OCREVUS	PLEGRIDY	REBIF	REBIF REBIDOSE
Month	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid
JANUARY 2020	2	1		3	1		1
FEBRUARY 2020	2	1	1	2	1	1	4
MARCH 2020	3	1			2		2
APRIL 2020	3	1	1	2	1		2
MAY 2020	3	1	1	3	1		2
JUNE 2020	2	1	2		1		1
JULY 2020	3	1	2	4	1		1
AUGUST 2020	2	1	1	2	1		1
SEPTEMBER 2020	1	1		1	2	1	1
OCTOBER 2020	2	1	1	2		1	2
NOVEMBER 2020	2	1		3	1		
DECEMBER 2020	4	1		1	2		2

Product/Drug Name	TECFIDERA	TECFIDERA STARTER PACK	TYSABRI	VUMERITY
Month	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid
JANUARY 2020	13		2	
FEBRUARY 2020	15		3	
MARCH 2020	16	1	3	
APRIL 2020	16		2	
MAY 2020	13		2	
JUNE 2020	16	1	1	
JULY 2020	13	2	1	1
AUGUST 2020	13		1	1
SEPTEMBER 2020	2		1	2
OCTOBER 2020	2		1	2
NOVEMBER 2020	2			4
DECEMBER 2020	3			3



DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

Clinical criteria for drugs or drug classes listed on the appropriate agenda, will be presented at the quarterly Drug Use Review Board meetings. This form will allow Managed Care Organizations to approve or disapprove the proposed criteria and suggest changes to be supported at the quarterly meeting.

DUR Meeting Date: April 22, 2021

Prior Authorization Criteria being reviewed: Hereditary Angioedema Agents

Managed Care Organization name: Anthem

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx

I disapprove of the criteria as presented by OptumRx

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Hereditary Angioedema Agents

Summary of Utilization 1/1/2020 – 12/31/2020



Product/Drug Name	ICATIBANT ACETATE	TAKHZYRO
Month	Claim Count Paid	Claim Count Paid
JANUARY 2020	1	1
FEBRUARY 2020		
MARCH 2020	1	1
APRIL 2020		1
MAY 2020	1	1
JUNE 2020		1
JULY 2020		1
AUGUST 2020		
SEPTEMBER 2020		1
OCTOBER 2020		
NOVEMBER 2020		1
DECEMBER 2020		



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DUR Meeting Date: April 22, 2021

Prior Authorization Criteria being reviewed: Platelet Aggregation Inhibitors

Managed Care Organization name: Anthem

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx

I disapprove of the criteria as presented by OptumRx

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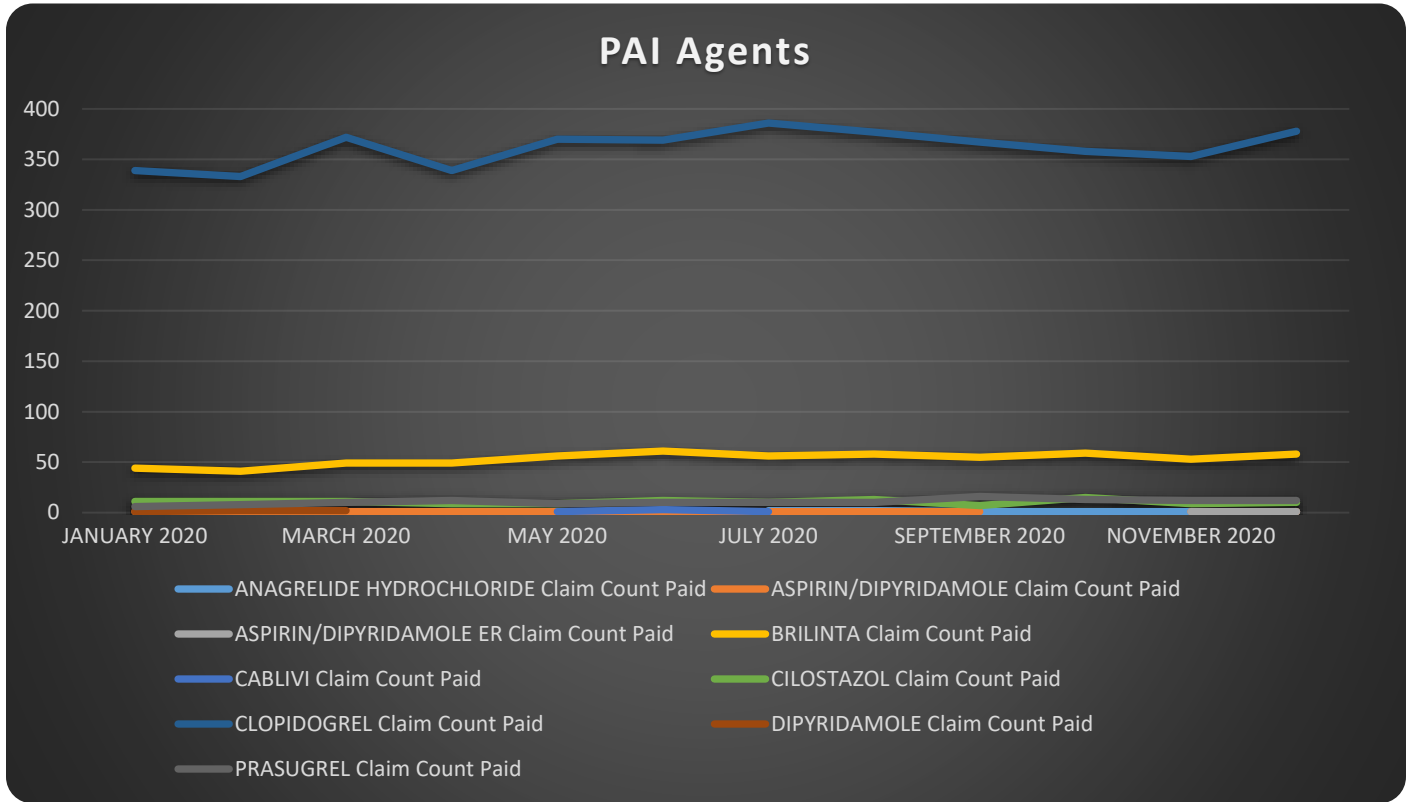
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Platelet Aggregation Inhibitors

Summary of Utilization 1/1/2020 – 12/31/2020



Product/Drug Name	ANAGRELIDE HYDROCHLORIDE	ASPIRIN/DIPYRIDAMOLE	ASPIRIN/DIPYRIDAMOLE ER	BRILINTA	CABLIVI	CILOSTAZOL	CLOPIDOGREL	DIPYRIDAMOLE	PRASUGREL
Month	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid
JANUARY 2020		1	1	44		11	339	1	6
FEBRUARY 2020		1		41		11	333	2	8
MARCH 2020	1	1		49		11	372	2	10
APRIL 2020		1		49		9	339		12
MAY 2020		1		56	1	9	370		9
JUNE 2020		1		61	3	12	369		10
JULY 2020	2	1	1	56	1	10	386	1	10
AUGUST 2020	2	1		58		13	377		10
SEPTEMBER 2020	1	1		55	1	7	367		16
OCTOBER 2020	1			59		15	358		13
NOVEMBER 2020	1	1	1	53		9	353		12
DECEMBER 2020	1	1	1	58		10	378		12



DRUG USE REVIEW BOARD MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

Clinical criteria for drugs or drug classes listed on the appropriate agenda, will be presented at the quarterly Drug Use Review Board meetings. This form will allow Managed Care Organizations to approve or disapprove the proposed criteria and suggest changes to be supported at the quarterly meeting.

DUR Meeting Date: April 22, 2021

Prior Authorization Criteria being reviewed: Narcolepsy Agents

Managed Care Organization name: Anthem

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx

I disapprove of the criteria as presented by OptumRx

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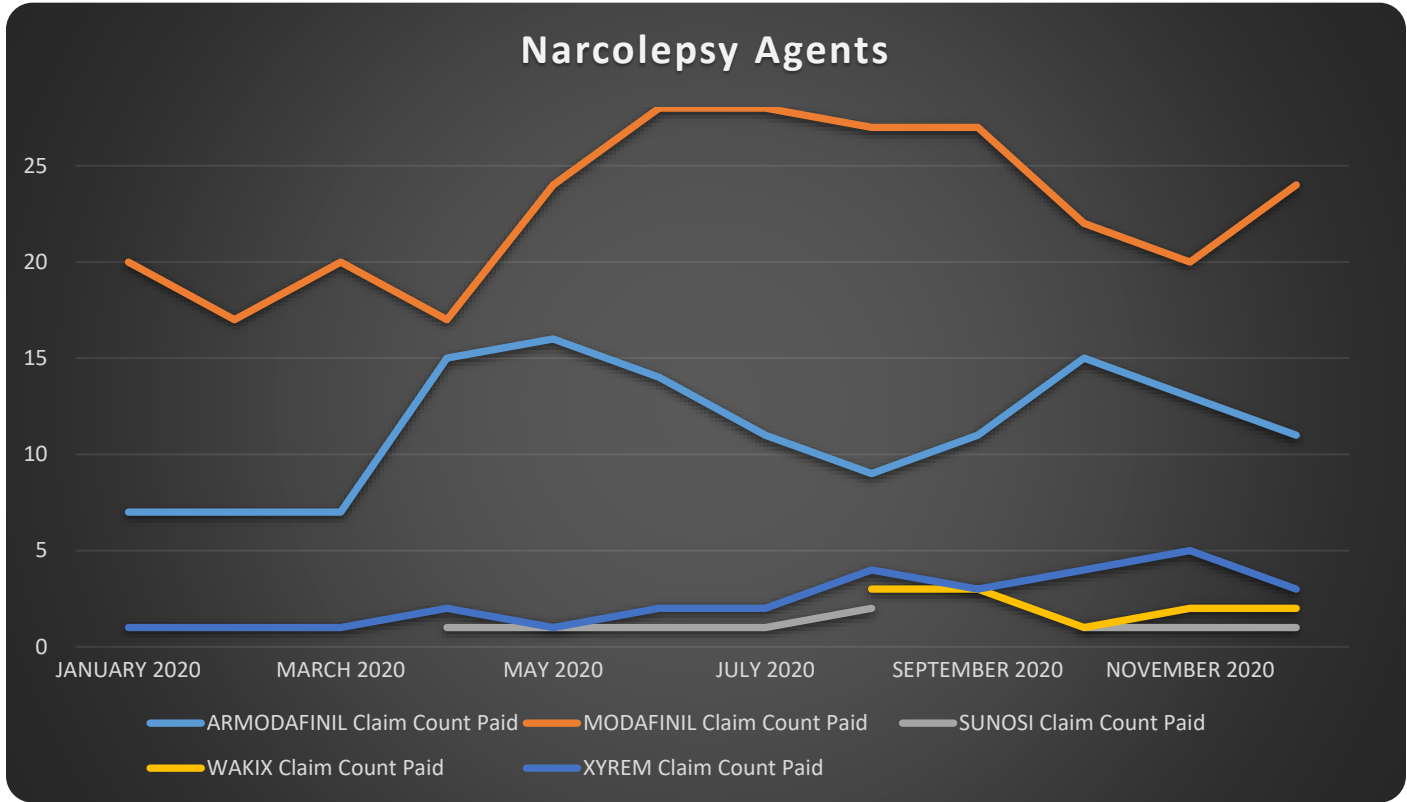
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Narcolepsy Agents

Summary of Utilization 1/1/2020 – 12/31/2020



Product/Drug Name	ARMODAFINIL	MODAFINIL	SUNOSI	WAKIX	XYREM
Month	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid
JANUARY 2020	7	20			1
FEBRUARY 2020	7	17			1
MARCH 2020	7	20			1
APRIL 2020	15	17	1		2
MAY 2020	16	24	1		1
JUNE 2020	14	28	1		2
JULY 2020	11	28	1		2
AUGUST 2020	9	27	2	3	4
SEPTEMBER 2020	11	27		3	3
OCTOBER 2020	15	22	1	1	4
NOVEMBER 2020	13	20	1	2	5
DECEMBER 2020	11	24	1	2	3



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DUR Meeting Date: April 22, 2021

Prior Authorization Criteria being reviewed: Hepatitis C Agents

Managed Care Organization name: Anthem

Please place a check mark in the appropriate box:

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I disapprove of the criteria as presented by OptumRx

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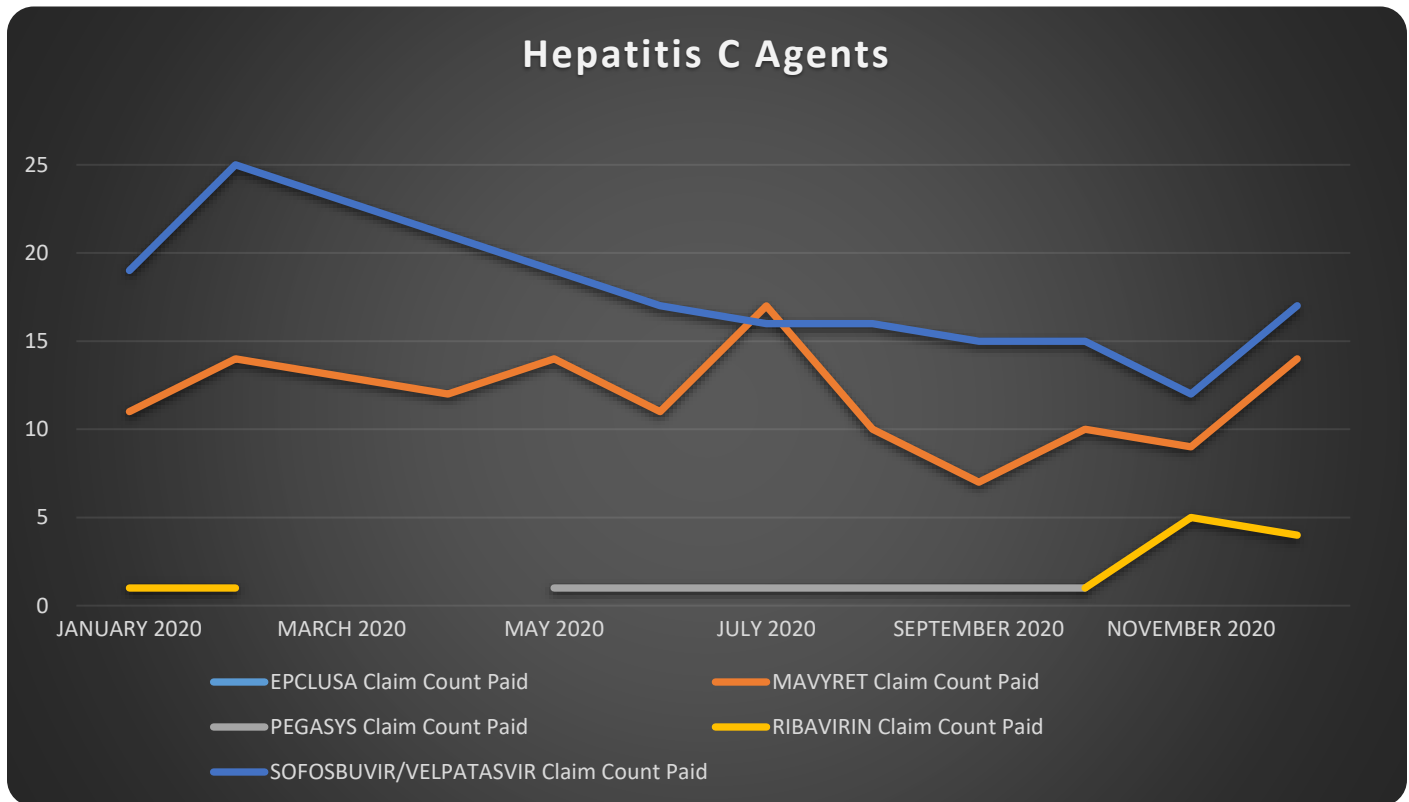
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Hepatitis C Agents

Summary of Utilization 1/1/2020 – 12/31/2020



Product/Drug Name	EPCLUSA	MAVYRET	PEGASYS	RIBAVIRIN	SOFOSBUVIR/VELPATASVIR
Month	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid
JANUARY 2020		11		1	19
FEBRUARY 2020	1	14		1	25
MARCH 2020		13			23
APRIL 2020		12			21
MAY 2020		14	1	1	19
JUNE 2020		11	1		17
JULY 2020		17	1		16
AUGUST 2020		10	1		16
SEPTEMBER 2020		7	1		15
OCTOBER 2020		10	1	1	15
NOVEMBER 2020		9		5	12
DECEMBER 2020		14	1	4	17



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DUR Meeting Date: April 22, 2021

Prior Authorization Criteria being reviewed: CGRP Antagonists

Managed Care Organization name: Anthem

Please place a check mark in the appropriate box:

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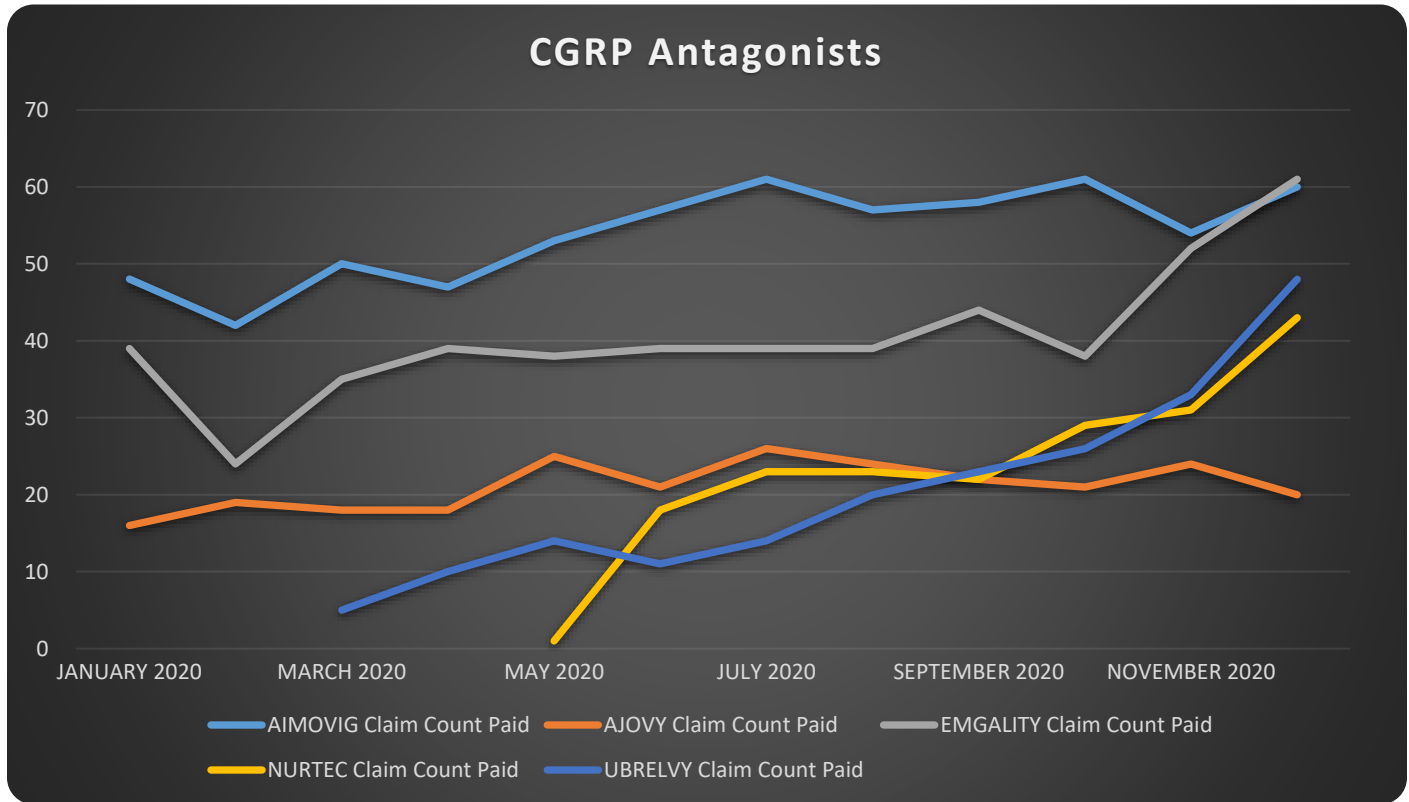
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CGRP Antagonists

Summary of Utilization 1/1/2020 – 12/31/2020



Product/Drug Name	AIMOVIG	AJOVY	EMGALITY	NURTEC	UBRELVY
Month	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid
JANUARY 2020	48	16	39		
FEBRUARY 2020	42	19	24		
MARCH 2020	50	18	35		5
APRIL 2020	47	18	39		10
MAY 2020	53	25	38	1	14
JUNE 2020	57	21	39	18	11
JULY 2020	61	26	39	23	14
AUGUST 2020	57	24	39	23	20
SEPTEMBER 2020	58	22	44	22	23
OCTOBER 2020	61	21	38	29	26
NOVEMBER 2020	54	24	52	31	33
DECEMBER 2020	60	20	61	43	48



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DUR Meeting Date: April 22, 2021

Prior Authorization Criteria being reviewed: Select Anticonvulsants

Managed Care Organization name: Anthem

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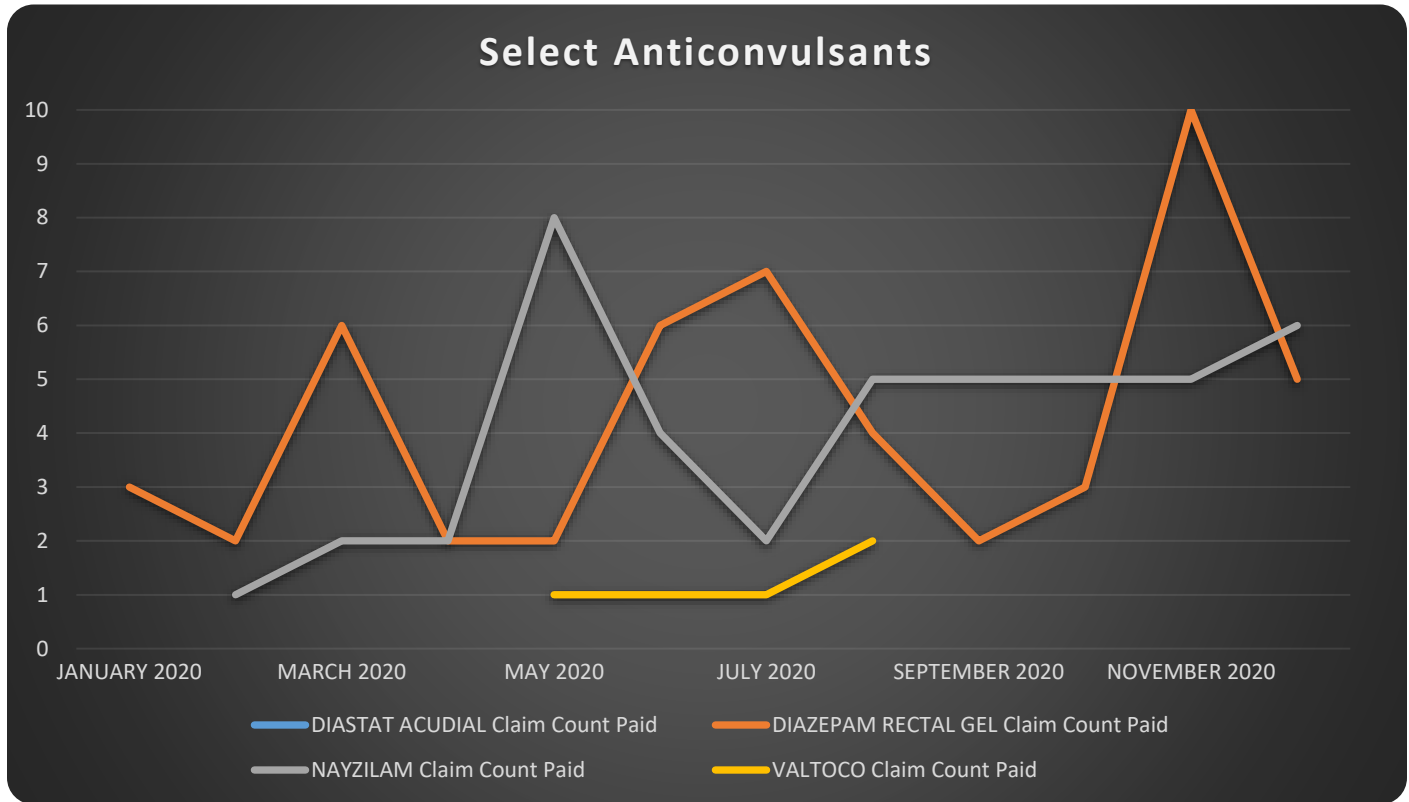
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Select Anticonvulsants

Summary of Utilization 1/1/2020 – 12/31/2020



Product/Drug Name	DIASTAT ACUDIAL	DIAZEPAM RECTAL GEL	NAYZILAM	VALTOCO
Month	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid
JANUARY 2020		3		
FEBRUARY 2020	1	2	1	
MARCH 2020		6	2	
APRIL 2020	1	2	2	
MAY 2020		2	8	1
JUNE 2020		6	4	1
JULY 2020		7	2	1
AUGUST 2020		4	5	2
SEPTEMBER 2020		2	5	
OCTOBER 2020		3	5	
NOVEMBER 2020	1	10	5	
DECEMBER 2020		5	6	2

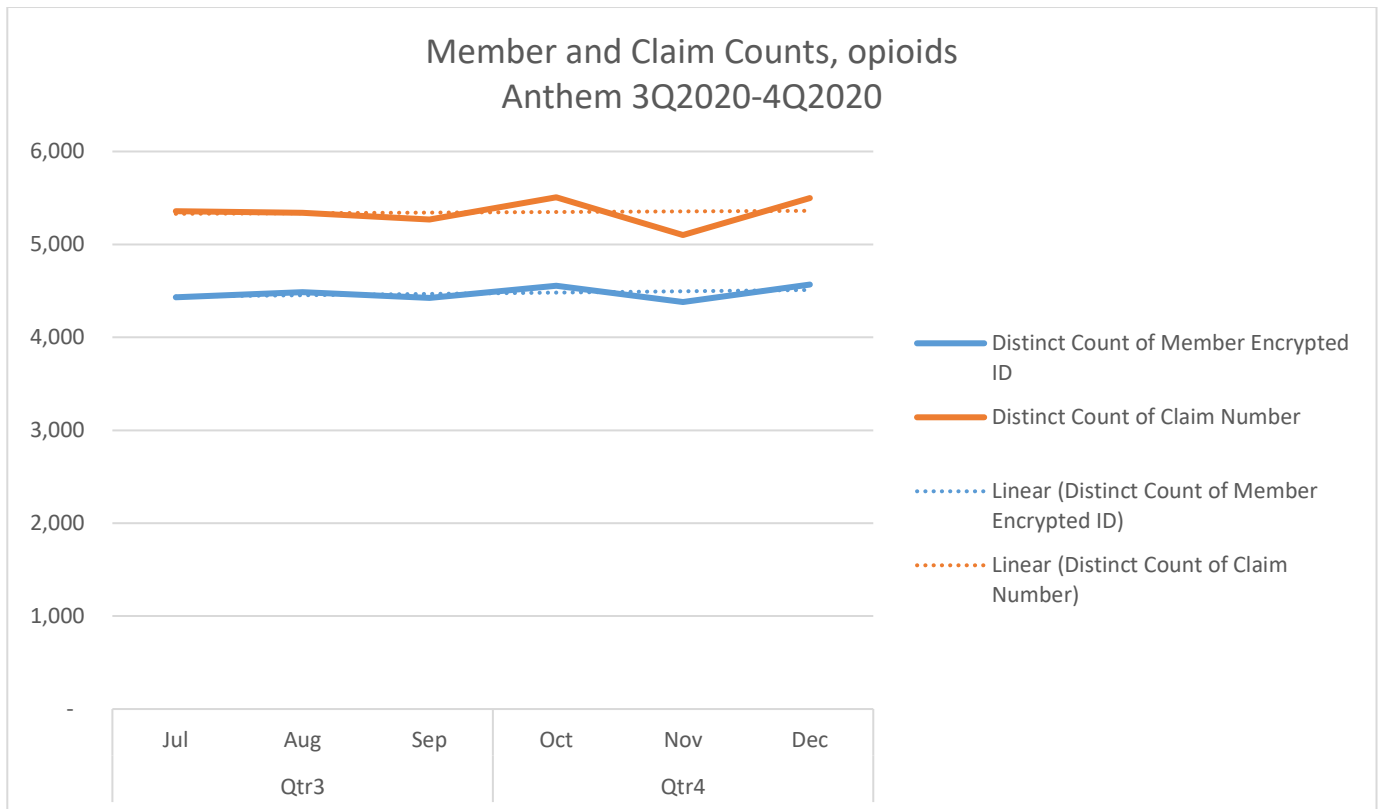


Board Requested Reports

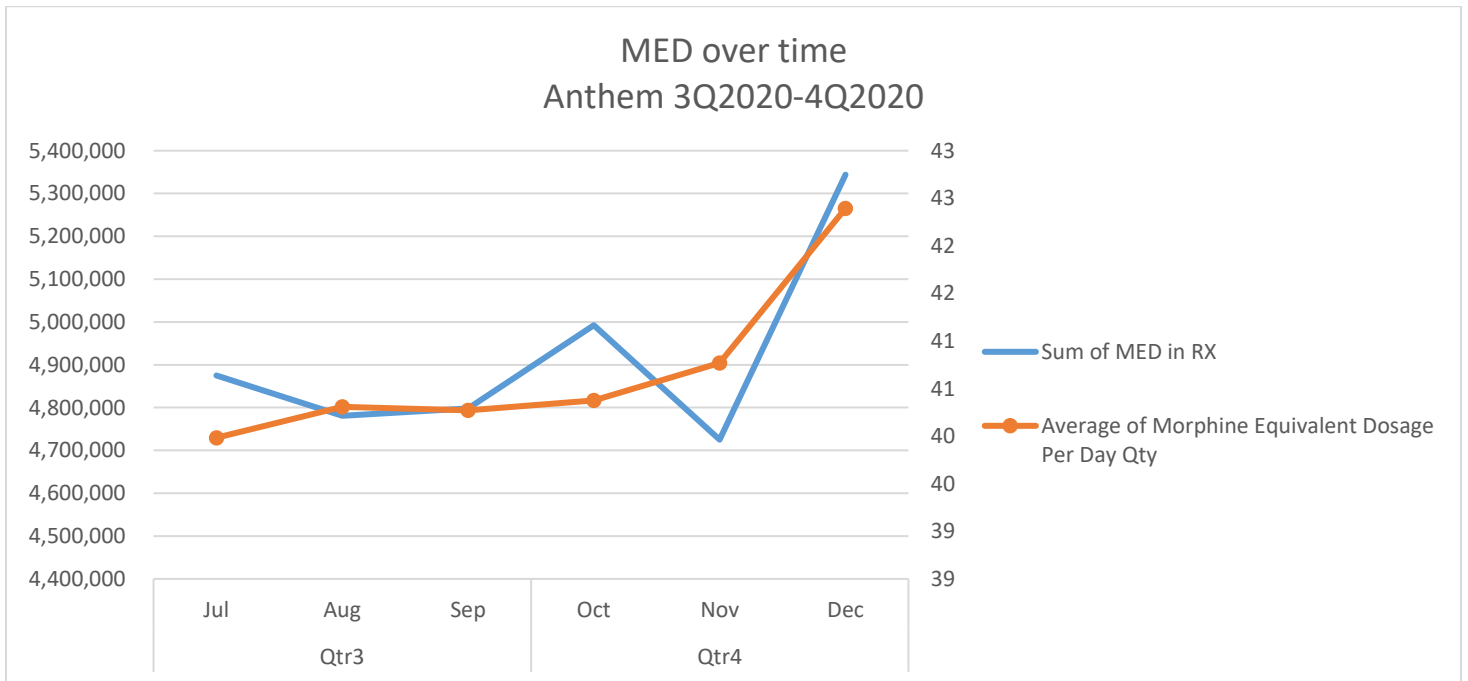
Summary of Utilization 3Q/2020 – 4Q/2020

Opioid Utilization Trend with MME/MED (milligram morphine equivalents)

Date Filled	Distinct Count of Member Encrypted ID	Distinct Count of Claim Number	Sum of MED in RX	Sum of Days Supply Quantity	Average of Morphine Equivalent Dosage Per Day Qty
[-] Qtr3	7,683	15,966	14,454,098	317,456	40
[+] Jul	4,431	5,359	4,875,270	107,200	40
[+] Aug	4,487	5,340	4,780,794	104,505	40
[+] Sep	4,426	5,267	4,798,034	105,751	40
[-] Qtr4	7,682	16,108	15,061,727	325,641	41
[+] Oct	4,555	5,507	4,992,580	109,732	40
[+] Nov	4,380	5,101	4,725,178	103,351	41
[+] Dec	4,568	5,500	5,343,968	112,558	42
Grand Total	11,766	32,074	29,515,825	643,097	41



Date Filled	Sum of MED in RX	Average of Morphine Equivalent Dosage Per Day Qty
Qtr3	14,454,098	40
Jul	4,875,270	40
Aug	4,780,794	40
Sep	4,798,034	40
Qtr4	15,061,727	41
Oct	4,992,580	40
Nov	4,725,178	41
Dec	5,343,968	42
Grand Total	29,515,825	41





Top 10 Opioid Providers by Claim Volume

3Q2020 and 4Q2020

Date Filled	Prescriber NPI	Prescriber Primary Specialty Description	Prescriber City Name	Member Count	Claim Count	Units	Days Supply	MME	MME/DS	(MME/DS)/ MBR
Qtr3	93121	UNSPECIFIED SPECIALTY	LAS VEGAS	268	494	45471	14100	521000	36.95	0.14
Qtr3	35237	UNSPECIFIED SPECIALTY	LAS VEGAS	95	292	25083	8632	472934	54.79	0.58
Qtr3	18647	UNSPECIFIED SPECIALTY	NORTH LAS VEGAS	126	334	33078	9850	383724	38.96	0.31
Qtr3	49693	UNSPECIFIED SPECIALTY	LAS VEGAS	47	84	9358	2450	353920	144.46	3.07
Qtr3	25127	ANESTHESIOLOGY	LAS VEGAS	145	307	26023	8889	332866	37.45	0.26
Qtr3	16525	NURSE PRACTITIONER, ADULT	HENDERSON	54	359	13810	5324	321004	60.29	1.12
Qtr3	31305	UNSPECIFIED SPECIALTY	LAS VEGAS	91	183	18082	5437	299310	55.05	0.60
Qtr3	65738	FAMILY PRACTICE	LAS VEGAS	107	239	24023	6991	289523	41.41	0.39
Qtr3	91997	UNSPECIFIED SPECIALTY	LAS VEGAS	104	200	19483	5862	286776	48.92	0.47
Qtr3	02948	UNSPECIFIED SPECIALTY	LAS VEGAS	25	76	7305	2265	279765	123.52	4.94
Qtr4	93121	UNSPECIFIED SPECIALTY	LAS VEGAS	287	510	46801	14800	578974	39.12	0.14
Qtr4	35237	UNSPECIFIED SPECIALTY	LAS VEGAS	99	278	24441	8158	473394	58.03	0.59
Qtr4	18647	UNSPECIFIED SPECIALTY	NORTH LAS VEGAS	155	369	35490	10698	416799	38.96	0.25
Qtr4	16525	NURSE PRACTITIONER, ADULT	HENDERSON	47	335	12739	4835	352450	72.90	1.55
Qtr4	59050	UNSPECIFIED SPECIALTY	LAS VEGAS	113	217	20985	6394	318235	49.77	0.44
Qtr4	97952	UNSPECIFIED SPECIALTY	LAS VEGAS	109	250	23559	7415	315450	42.54	0.39
Qtr4	25127	ANESTHESIOLOGY	LAS VEGAS	142	276	24130	8056	308262	38.26	0.27
Qtr4	48101	UNSPECIFIED SPECIALTY	LAS VEGAS	52	162	14869	4291	307056	71.56	1.38
Qtr4	49693	UNSPECIFIED SPECIALTY	LAS VEGAS	33	69	7722	2008	298750	148.78	4.51
Qtr4	36755	UNSPECIFIED SPECIALTY	LAS VEGAS	40	144	12388	3693	276001	74.74	1.87



Top 10 Opioid Utilizers 3Q2020

Member Encrypted ID	Claim Count	MME Sum	Days Supply	Average MME/DS
2223092244	2	21600	60	360
METHADONE TAB 10MG	2	21600	60	360
1970352031	3	32400	90	360
OXYCODONE TAB 30MG	3	32400	90	360
2189749932	5	52650	150	351
FENTANYL DIS 75MCG/HR	3	48600	90	540
OXYCODONE TAB 15MG	2	4050	60	68
1970393100	3	24300	90	270
OXYCODONE TAB 30MG	3	24300	90	270
1970377108	3	24300	90	270
OXYCODONE TAB 30MG	3	24300	90	270
1970322275	3	24300	90	270
OXYCODONE TAB 30MG	3	24300	90	270
1970365336	7	25830	112	240
OXYCODONE TAB 30MG	6	24570	91	270
OXYCONTIN ER TAB 30MG	1	1260	21	60
2221542023	3	20250	90	225
OXYCODONE TAB 30MG	3	20250	90	225
2160770142	1	6750	30	225
OXYCODONE TAB 30MG	1	6750	30	225
2160770614	3	20250	90	225
OXYCODONE TAB 30MG	3	20250	90	225

Top 10 Opioid Utilizers 4Q2020

Member Encrypted ID	Claim Count	MME Sum	Days Supply	Average MME/DS
2223092244	3	54000	90	600
METHADONE TAB 10MG	3	54000	90	600
1970352031	3	32400	90	360
OXYCODONE TAB 30MG	3	32400	90	360
1970400331	5	52200	150	348
METHADONE TAB 10MG	2	36000	60	600
OXYCODONE TAB 15MG	3	16200	90	180
2272008319	1	8100	30	270
OXYCODONE TAB 30MG	1	8100	30	270
1970377108	4	32400	120	270
OXYCODONE TAB 30MG	4	32400	120	270
1970382361	1	8100	30	270
OXYCODONE TAB 30MG	1	8100	30	270
1970307683	2	14850	60	248
OXYCODONE TAB 30MG	2	14850	60	248
2035101958	2	6720	28	240
METHADONE TAB 10MG	2	6720	28	240
1970314501	3	16875	74	230
OXYCODONE TAB 30MG	3	16875	74	230
2055553873	5	34200	150	228
MORPHINE ER TAB 30MG/12	1	1800	30	60
OXYCODONE TAB 30MG	4	32400	120	270



Standard Reports: Nevada Medicaid

Quarterly DUR Report

Health Plan Name:
Health Plan Contact:
Contact Email:

Anthem
Luke Lim, RPh
luke.lim@anthem.com

Top 10 Drug Classes By Paid Amount 3Q2020 and 4Q2020

Drug Class	Claim Count
ANTIRETROVIRAL COMBINATIONS	2,357
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	337
HUMAN INSULIN	5,724
ANTIPSYCHOTICS - MISC.	1,602
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	1,582
ADRENERGIC COMBINATIONS	3,974
QUINOLINONE DERIVATIVES	2,856
HEPATITIS C AGENT - COMBINATIONS	81
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	1,493
ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS	65

Drug Class	Claim Count
ANTIRETROVIRAL COMBINATIONS	2,505
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	342
HUMAN INSULIN	5,631
ANTIPSYCHOTICS - MISC.	1,633
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	1,769
ADRENERGIC COMBINATIONS	4,066
ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS	76
QUINOLINONE DERIVATIVES	3,137
ANTICONVULSANTS - MISC.	18,735
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	1,680



Top 10 Drug Classes By Claim Count 3Q2020 and 4Q2020

Drug Class	Claim Count
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	20,634
ANTICONVULSANTS - MISC.	17,926
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	15,839
HMG COA REDUCTASE INHIBITORS	15,735
BETA ADRENERGICS	12,424
CENTRAL MUSCLE RELAXANTS	10,908
ACE INHIBITORS	10,342
ANTIANSXIETY AGENTS - MISC.	9,656
BIGUANIDES	9,611
CALCIUM CHANNEL BLOCKERS	9,073

Drug Class	Claim Count
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	21,025
ANTICONVULSANTS - MISC.	18,735
HMG COA REDUCTASE INHIBITORS	16,326
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	16,210
BETA ADRENERGICS	13,828
CENTRAL MUSCLE RELAXANTS	11,157
ACE INHIBITORS	10,682
BIGUANIDES	10,019
ANTIANSXIETY AGENTS - MISC.	9,900
CALCIUM CHANNEL BLOCKERS	9,387

ProDUR Top 10 Drugs by Therapeutic Problem Type

Therapeutic Duplication	Drug-Drug interaction	High Cumulative Dose (new standard for cumulative morphine equivalent edits)	Ingredient duplication	Underuse
QUETIAPINE FUMARATE	ALPRAZOLAM	OXYCODONE HYDROCHLORIDE	INJECTAFER	ARNUITY ELLIPTA
ALPRAZOLAM	TRAZODONE HYDROCHLORIDE	METHADONE HCL	QUETIAPINE FUMARATE	SERTRALINE HCL
BUPROPION HYDROCHLORIDE E	HYDROCODONE/ACETAMINOPHEN	MORPHINE SULFATE ER	ARIPIRAZOLE	OZEMPIC
ARIPIRAZOLE	OXYCODONE/ACE TAMINOPHEN	OXYCODONE/ACE TAMINOPHEN	OLANZAPINE	FLUOXETINE HYDROCHLORIDE
TRAZODONE HYDROCHLORIDE	QUETIAPINE FUMARATE	MORPHINE SULFATE	LATUDA	ZIPRASIDONE HCL
OXYCODONE/ACE TAMINOPHEN	BUPROPION HYDROCHLORIDE E	HYDROMORPHON E HCL	RISPERIDONE	SPIRONOLACTONE
OLANZAPINE	DIAZEPAM	HYDROCODONE/A CETAMINOPHEN	XIIDRA	QUETIAPINE FUMARATE
HYDROCODONE/A CETAMINOPHEN	CLONAZEPAM	OXYCONTIN	MORPHINE SULFATE ER	VRAYLAR
BUPRENORPHINE HYDROCHLORI	RISPERIDONE	TRAMADOL HCL	OXYCODONE/AC ETAMINOPHEN	DULOXETINE HYDROCHLORIDE
GABAPENTIN	LISINOPRIL	XTAMPZA ER	BUPRENORPHIN E HYDROCHLORI	ATENOLOL/CHL ORTHALIDONE

Apparent drug misuse	High dose	Low dose	Drug disease (inferred)	Suboptimal compliance
ALPRAZOLAM	INJECTAFER	PROPRANOLOL HYDROCHLORIDE	BUPROPION HYDROCHLORIDE E	VENLAFAXINE HCL ER
HYDROCODONE/ACE TAMINOPHEN	HYDROMORPHONE HCL	BUDESONIDE	ALPRAZOLAM	MOTEGRITY
OXYCODONE HYDROCHLORIDE	YUVAFEM	LEVOTHYROXINE SODIUM	AMPHETAMINE/DEX TROAMPHETA	LIDOCAINE
CLONAZEPAM	ALPRAZOLAM	DIVALPROEX SODIUM DR	PROPRANOLOL HYDROCHLORIDE	ARIPIRAZOLE
BUPRENORPHINE HYDROCHLORI	OXYCODONE HYDROCHLORIDE	MEDROXYPROGESTERONE ACETA	MESALAMINE	PROLATE
OXYCODONE/ACETA MINOPHEN	LEVORPHANOL TARTRATE	CVS CHEWABLE CHILDRENS VI	WARFARIN SODIUM	DICLOFENAC SODIUM
AMPHETAMINE/DEX TROAMPHETA	HORIZANT	PAROXETINE HYDROCHLORIDE	BELBUCA	ANDRODERM
BUTALBITAL/ASPIRIN /CAFFEI	OXYMORPHONE HYDROCHLORIDE	MINOXIDIL	LAMOTRIGINE	HYSINGLAE
METHADONE HCL	OXYCODONE/ACETA MINOPHEN	TACROLIMUS		
HYDROCODONE BITARTRATE/AC	DOXEPIN HYDROCHLORIDE			



Retro-DUR

4Q2020 NV results

Description of Intervention	Type of Contact (Media)	Number of Contacts	Provider Targeted (e.g., Physician, Pharmacist)	Performed by (e.g., Subcontractor, etc.)
Asthma New Start Education	Mail	249	Member	Internal
Asthma Pediatric No Spacer	Fax	43	Provider	Internal
Opioid Med Mgmt & Outlier Prescriber Program	Telephone	145	Provider	Internal
Behavioral Health Polypharmacy Program	Fax/Phone	447	Provider	Internal
Behavioral Health Child Age Appropriate	Fax/Phone	15	Provider	Internal
Antibiotic Overuse Fax	Mail/Fax	95	Provider	Internal

CPCC – Asthma Adherence: MMA Data Jan 2020 thru December 2020

Market	Reached/Not Reached	PDC < 50	PDC > 50	Adherent 50 ratio	PDC < 75	PDC > 75	Adherent 75 ratio	Total Members
NV	Reached	2	2	50%	3	1	25%	4
NV	Not Reached	41	70	63%	62	49	44%	111

CPCC- Asthma Adherence: AMR Data Jan 2020-Jun 2020

Market	Reached/Not reached	AMR RATIO < 50	AMR ratio > 50	total members	Conversion Percent
NV	Reached	1	2	3	67%
NV	Not Reached	16	29	45	64%



Retrospective Drug Utilization Review (RDUR)
 MMA – Pharmacy Care Note (PCN) (Asthma) West
 January through December 2020

Program	Nevada		
	# of Unique Members	# of Messages Sent to Member	# of Messages Sent to Provider
Adding Therapy - Asthma Management (Medicaid)	18	0	19
Adherence - Asthma Controller Adherence 75% MPR	1197	915	1201
Asthma Controller Proportion	815	663	852
Asthma Excessive Albuterol - Excessive Albuterol Use	58	56	20
Adult Excess Albuterol Use	56	56	18
Pediatric Excessive Albuterol Use	2	0	2
Asthma Needs Follow-Up	1924	1785	981
Asthma_followup	536	458	540
Asthma_No ED visit f/u	620	583	149
Asthma_No Hosp visit f/u	229	214	69
Peds_Asthma_followup	539	530	223
Asthma Needs Test	3842	3508	1234
Asthma_initial spirometry	1213	1192	409
Asthma_periodic spirometry	2629	2316	825
Inappropriate Meds for Diagnosis - Asthma Beta Blocker	38	0	64
Informational Asthma Peak Flow Meter	4586	4586	0
Recent Discontinuation - Asthma	65	64	33
Asthma Rx_Recent dc	23	23	12
Peds_Asthma Rx_Recent dc	42	41	21
Grand Total	12543	11577	4404



Retrospective Drug Utilization Review (RDUR) MMA- Asthma Outcomes

Adding Therapy - Asthma Management			
Members Eligible at end of			
Outcomes		Number of Positive Conversion	
State	Period	Outcomes	Rate
NV	61	2	3.3%

Adherence - Asthma Controller Adherence 75% MPR			
Members Eligible at end of			
Outcomes		Number of Positive Conversion	
State	Period	Outcomes	Rate
NV	955	405	42.4%

Asthma Controller Proportion			
Members Eligible at end of			
Outcomes		Number of Positive Conversion	
State	Period	Outcomes	Rate
NV	617	248	40.2%

Recent Discontinuation - Asthma			
Members Eligible at end of			
Outcomes		Number of Positive Conversion	
State	Period	Outcomes	Rate
NV	69	43	62.3%

Inappropriate Meds for Diagnosis - Asthma Beta Blocker			
State	Members Eligible at end of Outcomes Period	Number of Positive Outcomes	Conversion Rate
NV	30	8	26.7%

Behavioral Health
Antidepressants

STATE	17372: Antidepressant New Start_Mail	18977: drug age > 65 Tricyclic antidepressant_PQA	18531: Antidepressant late refill	25187: Depression Rx_Noncompliance 6 mos	MultiRx Before Single Agent_Antidepressant
NV	6795	0	1929	526	559

Behavioral Health
Antipsychotics

State	Antipsychotic Adherence	32997: Antipsychotics_Age < 18	29458: Low Dose Antipsychotics	28363: Antipsychotics_No Metabolic Monitoring <18_APM	29504: Antipsychotics_No Psychosocial Care	25185: Adjustment Disorder w/ BH Meds	29513: Dementia Inappropriate Rx	26027: Diabetes Screening w/ SSD Rx
NV	6,914	509	234	360	83	16	48	883

CPC Diabetes Polypharmacy: Comply

State	Reach			Outcomes		
	Successful_Engagement	Unsuccessful_Engagement	Reach Rate	Successful_Engagement	Unsuccessful_Engagement	% Successful
NV	5	49	9%	1	6	20%



CPC Diabetes Polypharmacy: DM No Statin

	Reach			Added Statin		
State	Successful_Engagement	Unsuccessful_Engagement	Reach rate	Successful_Engagement	Unsuccessful_Engagement	% Successful
NV	88	447	16%	28	153	32%