



Anthem Nevada Medicaid

NV DUR Binder Presentation

Presented to NV DUR Board on January 28, 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: January 28, 2021

Prior Authorization Criteria being reviewed: Anticonvulsants

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.

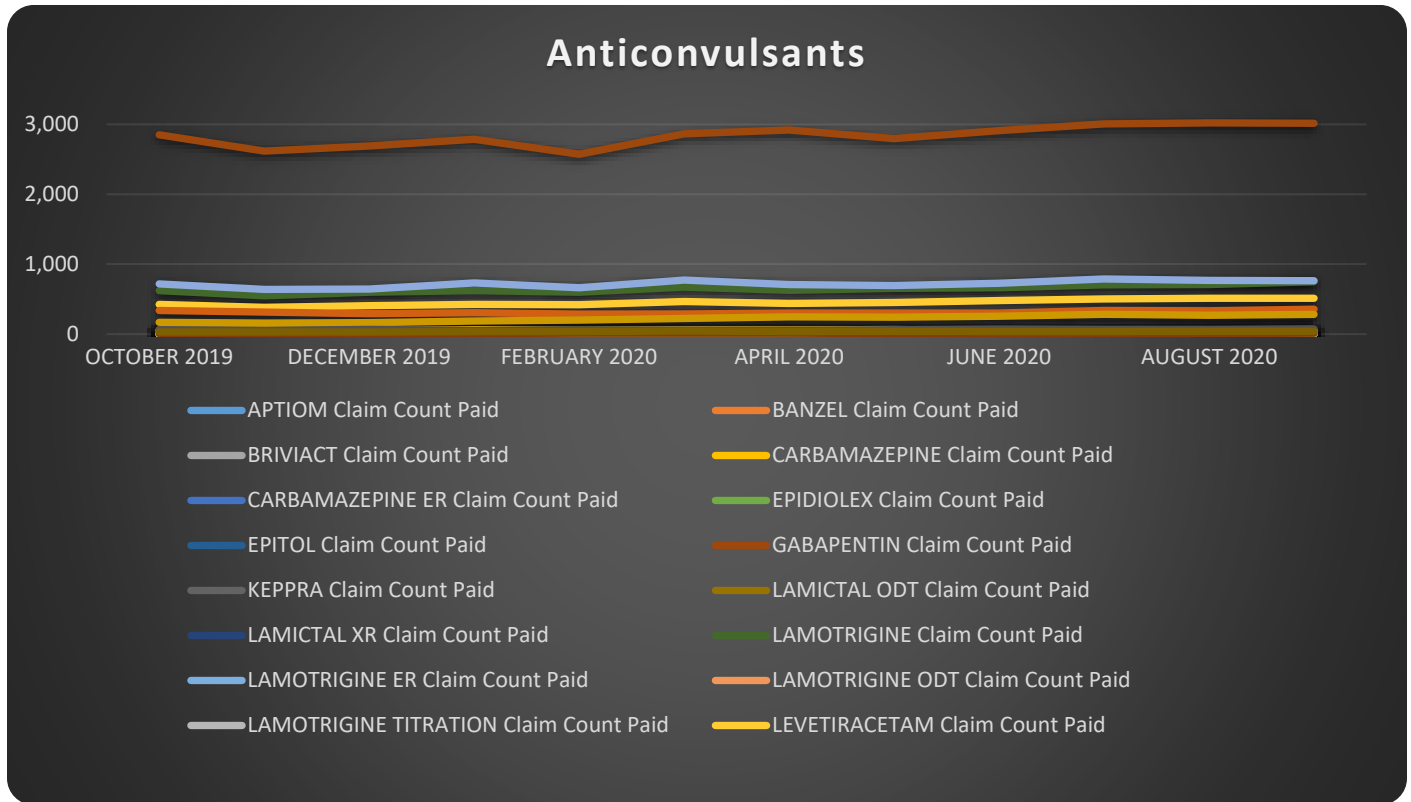
Please print the name of the individual completing this form:     Luke Lim    

Signature of individual completing this form:     Luke Lim

# Anticonvulsants

Summary of Utilization

10/1/2019-9/30/2020



Product/Drug Name	APTIOM	BANZEL	BRIVIACT	CARBAMAZEPINE	CARBAMAZEPINE ER	EPIDIOLEX
Month	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid
OCTOBER 2019	9		11	57	22	4
NOVEMBER 2019	7		6	57	25	3
DECEMBER 2019	9		13	54	23	3
JANUARY 2020	5		10	62	23	6
FEBRUARY 2020	5		9	53	27	4
MARCH 2020	7		10	63	26	5
APRIL 2020	9	1	14	57	26	4
MAY 2020	6	1	9	66	27	4
JUNE 2020	7	1	14	50	26	3
JULY 2020	9	2	16	56	30	4
AUGUST 2020	10		16	52	35	4
SEPTEMBER 2020	8	1	12	47	30	3



Product/Drug Name	EPITOL	GABAPENTIN	KEPPRA	LAMICTAL ODT	LAMICTAL XR	LAMOTRIGINE	LAMOTRIGINE ER
Month	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid
OCTOBER 2019		2,853	1	1	1	620	55
NOVEMBER 2019		2,616	1	1	1	548	38
DECEMBER 2019		2,691	1	1	2	599	39
JANUARY 2020		2,789	1		1	623	46
FEBRUARY 2020		2,573	1		1	599	40
MARCH 2020	1	2,864	1		1	672	41
APRIL 2020	3	2,918	2		1	627	43
MAY 2020		2,796	1		1	655	40
JUNE 2020		2,911	1		1	663	47
JULY 2020		3,007	1		1	704	41
AUGUST 2020	1	3,021	1		1	710	45
SEPTEMBER 2020		3,016	1		1	749	49

Product/Drug Name	LAMOTRIGINE ODT	LAMOTRIGINE TITRATION	LEVETIRACETAM	LEVETIRACETAM ER	LYRICA	NEURONTIN
Month	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid
OCTOBER 2019	4		423	19	3	
NOVEMBER 2019	6		383	16	3	
DECEMBER 2019	6		409	16	3	
JANUARY 2020	5		427	14	3	
FEBRUARY 2020	3		419	14	3	
MARCH 2020	4		468	15	2	
APRIL 2020	5	1	437	19	2	
MAY 2020	2		453	22	3	
JUNE 2020	5		480	21	2	
JULY 2020	6		504	19	3	2
AUGUST 2020	7		513	21	4	1
SEPTEMBER 2020	5		513	22	1	



Product/Drug Name	OXCARBAZEPINE	OXTELLAR XR	PREGABALIN	PRIMIDONE	QUDEXY XR	SUBVENITE	SUBVENITE STARTER KIT/ORA
Month	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid
OCTOBER 2019	338	2	171	23	4		
NOVEMBER 2019	314	2	158	21	3	1	
DECEMBER 2019	293	1	162	19	2		
JANUARY 2020	304	2	189	22	4		
FEBRUARY 2020	286	2	200	10	5		
MARCH 2020	288		225	18	5		1
APRIL 2020	301		247	16	7		
MAY 2020	302		242	15	5		
JUNE 2020	302	2	255	22	6		
JULY 2020	336	3	281	17	4		
AUGUST 2020	335	2	268	20	4		
SEPTEMBER 2020	357	2	282	11	3		

Product/Drug Name	TEGRETOL-XR	TOPAMAX	TOPIRAMATE	TOPIRAMATE ER	TRILEPTAL	TROKENDI XR	VIMPAT
Month	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid
OCTOBER 2019	1	2	717	5		10	65
NOVEMBER 2019	1	2	640	4	1	7	52
DECEMBER 2019	1	1	647	1	1	6	69
JANUARY 2020		1	731	4		9	55
FEBRUARY 2020		1	665	3		12	57
MARCH 2020		1	775	4	1	12	60
APRIL 2020			707	5		11	56
MAY 2020			693	3		7	63
JUNE 2020			729	4		7	71
JULY 2020			789	4		9	66
AUGUST 2020			770	5		10	70
SEPTEMBER 2020			765	4		13	76

Product/Drug Name	ZONISAMIDE
Month	Claim Count Paid
OCTOBER 2019	31
NOVEMBER 2019	32
DECEMBER 2019	30
JANUARY 2020	38
FEBRUARY 2020	34
MARCH 2020	45
APRIL 2020	37
MAY 2020	42
JUNE 2020	35
JULY 2020	37
AUGUST 2020	39
SEPTEMBER 2020	40



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DUR Meeting Date: January 28, 2021

Prior Authorization Criteria being reviewed: SMA 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.

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Signature of individual completing this form:           Luke Lim



## SMA Agents

Summary of Utilization

10/1/2019-9/30/2020

There were no claims for these agents during the timeframe.



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DUR Meeting Date: January 28, 2021

Prior Authorization Criteria being reviewed: DMD 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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Signature of individual completing this form:           Luke Lim





## DMD Agents

Summary of Utilization

10/1/2019-9/30/2020

There were no claims for these agents during the timeframe.



# DRUG USE REVIEW BOARD MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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DUR Meeting Date: January 28, 2021

Prior Authorization Criteria being reviewed: Topical Neuropathic Pain 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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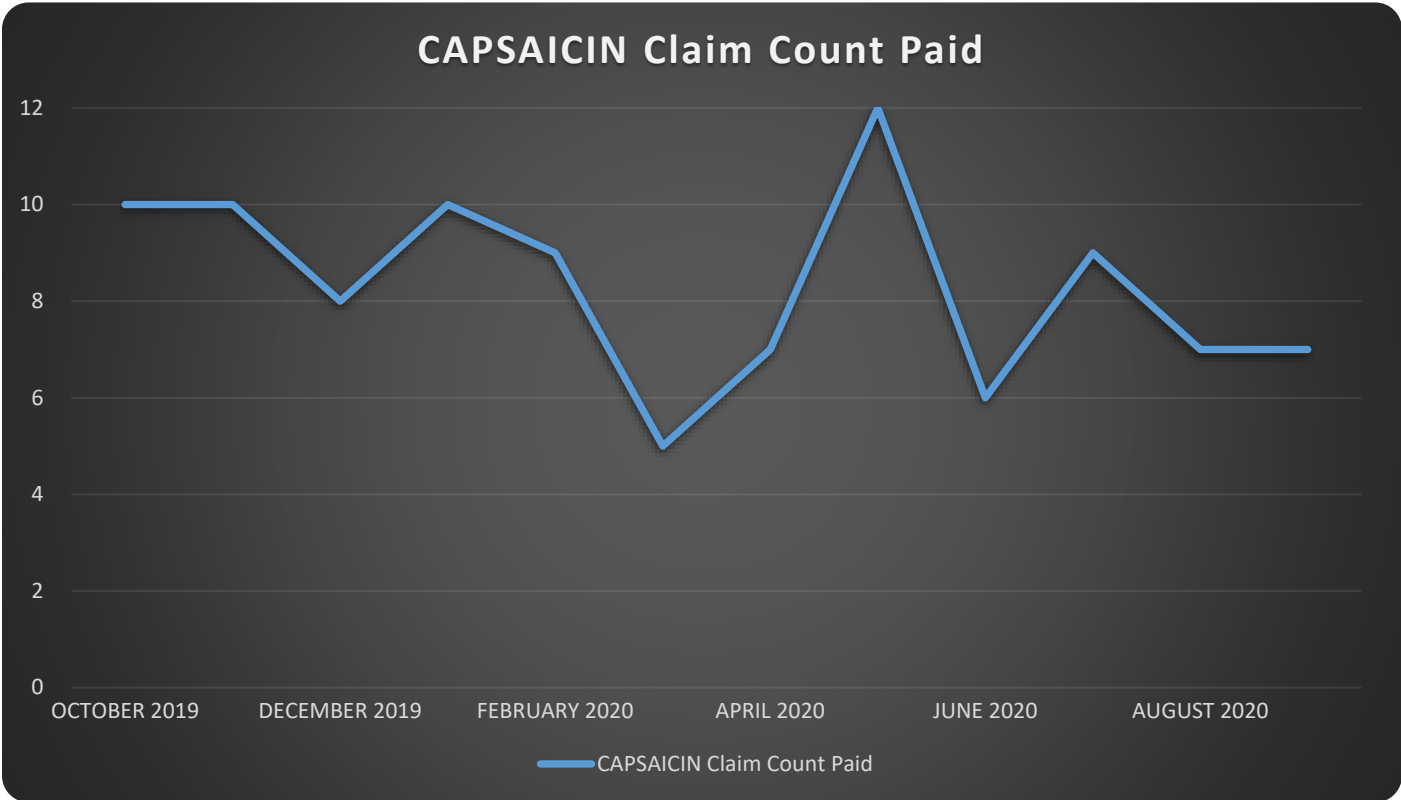
Please print the name of the individual completing this form:     Luke Lim    

Signature of individual completing this form:           *Luke Lim*

Topical Neuropathic Pain Agents

Summary of Utilization

10/1/2019-9/30/2020



Product/Drug Name	CAPSAICIN
Month	Claim Count Paid
OCTOBER 2019	10
NOVEMBER 2019	10
DECEMBER 2019	8
JANUARY 2020	10
FEBRUARY 2020	9
MARCH 2020	5
APRIL 2020	7
MAY 2020	12
JUNE 2020	6
JULY 2020	9
AUGUST 2020	7
SEPTEMBER 2020	7



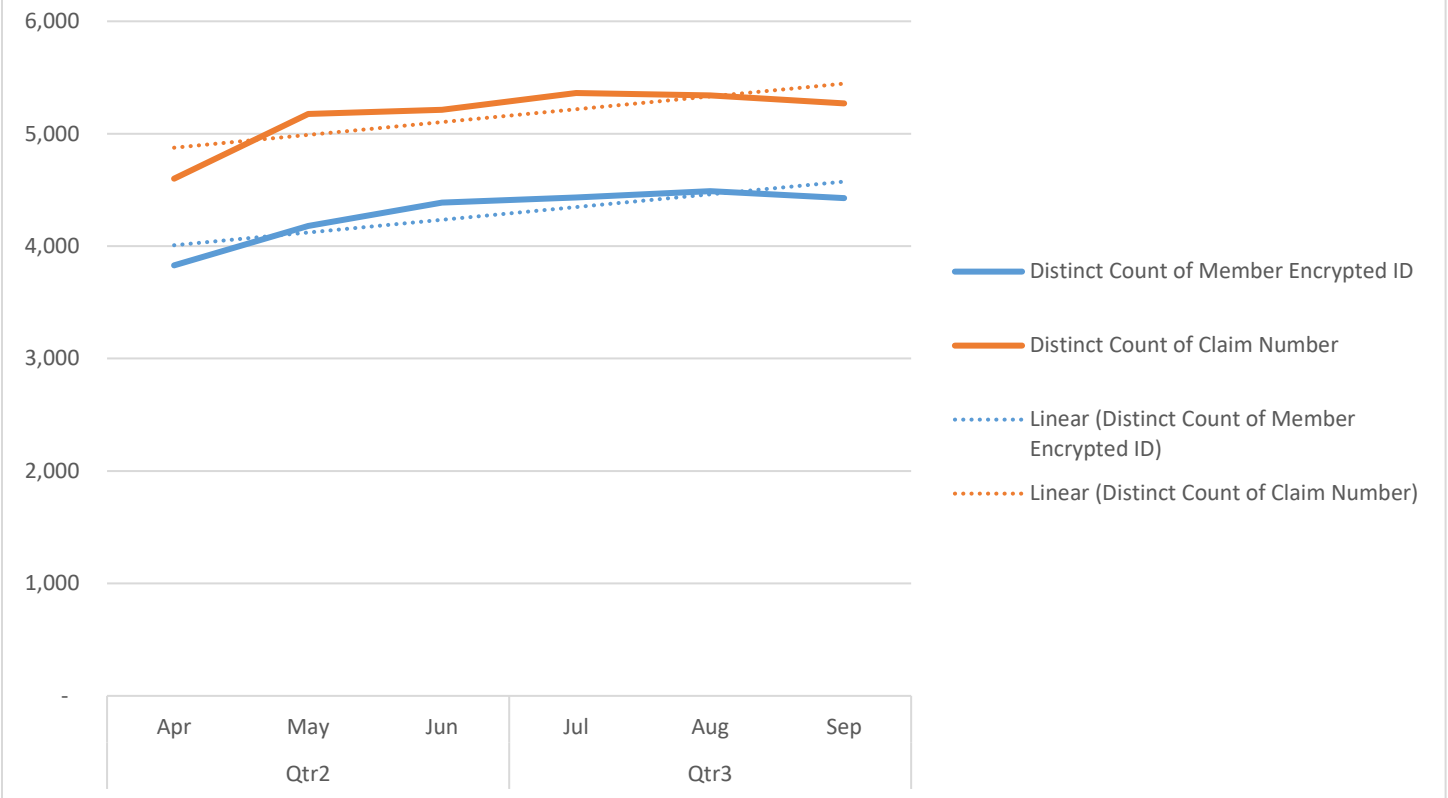
Board Requested Reports

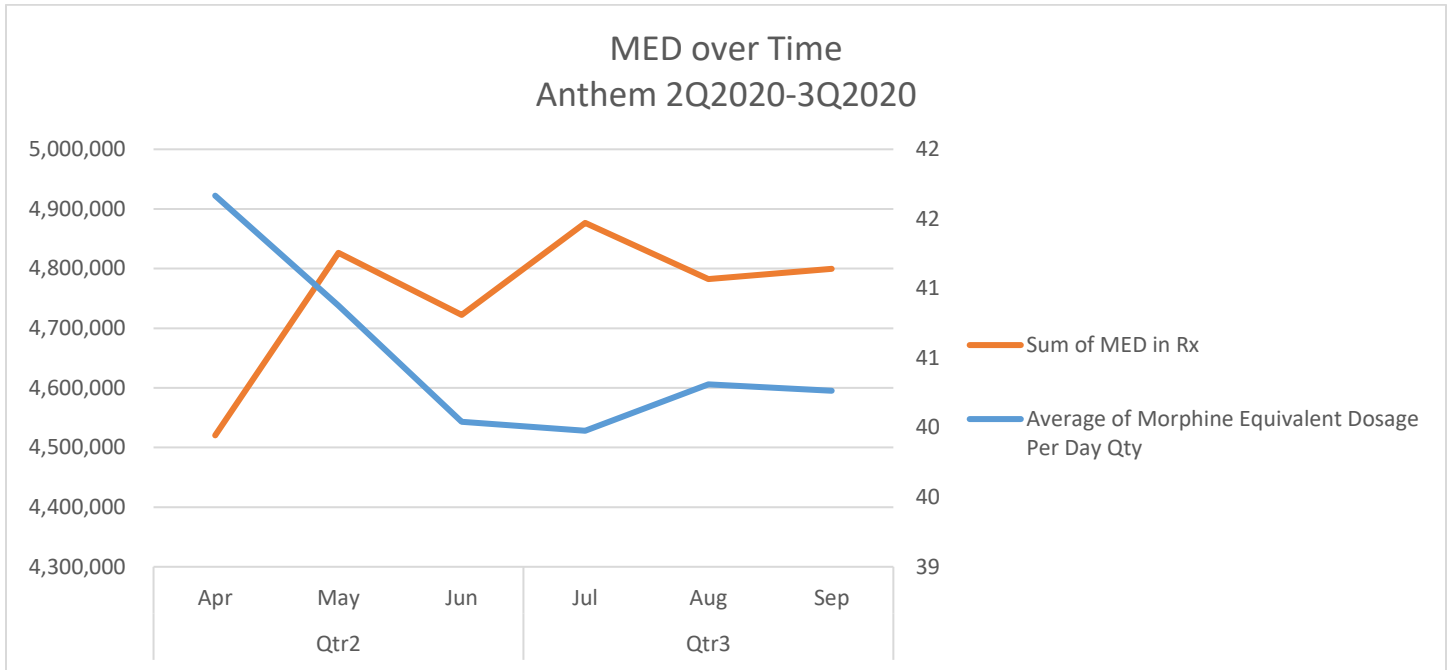
Opioid Utilization

### Summary of Utilization 2Q2020-3Q2020

Fill Date	Distinct Count of Member Encrypted ID	Distinct Count of Claim Number	Sum of MED	Sum of Days Supply	Average of Morphine Equivalent Dosage Per Day Qty
[-] Qtr2	7,009	14,990	14,069,269	305,056	41
[+] Apr	3,829	4,600	4,520,371	97,527	42
[+] May	4,181	5,176	4,826,567	104,497	41
[+] Jun	4,386	5,214	4,722,331	103,032	40
[-] Qtr3	7,686	15,973	14,458,303	317,586	40
[+] Jul	4,434	5,362	4,876,613	107,236	40
[+] Aug	4,489	5,342	4,782,156	104,539	40
[+] Sep	4,427	5,269	4,799,534	105,811	40
<b>Grand Total</b>	<b>11,215</b>	<b>30,963</b>	<b>28,527,572</b>	<b>622,642</b>	<b>40</b>

### Member and Claim counts, opioids Anthem 2Q2020-3Q2020





Fill Date	Average of Morphine Equivalent Dosage Per Day Qty	Sum of MED in Rx
<b>Qtr2</b>	<b>41</b>	<b>14,069,269</b>
+ Apr	42	4,520,371
+ May	41	4,826,567
+ Jun	40	4,722,331
<b>Qtr3</b>	<b>40</b>	<b>14,458,303</b>
+ Jul	40	4,876,613
+ Aug	40	4,782,156
+ Sep	40	4,799,534
<b>Grand Total</b>	<b>40</b>	<b>28,527,572</b>



## Top 10 Opioid Providers by Claim Volume

### 2Q2020 and 3Q2020

Fill Date	Prescriber NPI	Prescriber Primary Specialty Description	Prescriber City Name	Member Count	Claim Count	Quantity	Days Supply	MED	MED/DS	MED/MB R/DS
Qtr2	93121	UNSPECIFIED	LAS VEGAS	228	457	42204	13,138	479,298	36.48182	0.16
Qtr2	25127	ANESTHESIO	LAS VEGAS	166	437	36181	12,826	460,518	35.90503	0.22
Qtr2	35237	UNSPECIFIED	LAS VEGAS	98	267	23720	7,953	445,243	55.98428	0.57
Qtr2	78848	ANESTHESIO	LAS VEGAS	132	278	25454	8,120	353,007	43.47373	0.33
Qtr2	69986	CARDIOLOGY	LAS VEGAS	38	80	8495	2,203	343,182	155.7793	4.10
Qtr2	18647	UNSPECIFIED	NORTH LAS V	108	298	28908	8,660	334,666	38.64499	0.36
Qtr2	16525	NURSE PRAC	HENDERSON	58	314	12967	4,936	322,140	65.26339	1.13
Qtr2	49693	UNSPECIFIED	LAS VEGAS	30	63	6873	1,811	287,982	159.0185	5.30
Qtr2	91997	UNSPECIFIED	LAS VEGAS	109	203	19563	5,925	285,637	48.20875	0.44
Qtr2	59177	UNSPECIFIED	HENDERSON	55	165	13542	4,160	280,155	67.34505	1.22
Qtr3	93121	UNSPECIFIED	LAS VEGAS	268	494	45471	14,100	521,000	36.95035	0.14
Qtr3	35237	UNSPECIFIED	LAS VEGAS	95	292	25083	8,632	472,934	54.78842	0.58
Qtr3	18647	UNSPECIFIED	NORTH LAS V	126	334	33078	9,850	383,724	38.95675	0.31
Qtr3	49693	UNSPECIFIED	LAS VEGAS	47	84	9358	2,450	353,920	144.457	3.07
Qtr3	25127	ANESTHESIO	LAS VEGAS	145	307	26023	8,889	332,866	37.44699	0.26
Qtr3	16525	NURSE PRAC	HENDERSON	54	359	13810	5,324	321,004	60.29374	1.12
Qtr3	31305	UNSPECIFIED	LAS VEGAS	91	183	18082	5,437	299,310	55.05066	0.60
Qtr3	65738	FAMILY PRAC	LAS VEGAS	107	239	24023	6,991	289,523	41.41363	0.39
Qtr3	91997	UNSPECIFIED	LAS VEGAS	104	201	19543	5,892	287,076	48.72295	0.47
Qtr3	02948	UNSPECIFIED	LAS VEGAS	25	76	7305	2,265	279,765	123.5166	4.94



## Top 10 Opioid Utilizers 2Q2020

Member Encrypted ID	Claim Count	MED Sum	Avg MED/Day	Days Supply
<b>2189749932</b>	<b>6</b>	<b>54,675</b>	<b>304</b>	<b>180</b>
FENTANYL DIS 75MCG/HR	3	48,600	540	90
OXYCODONE TAB 15MG	3	6,075	68	90
<b>1970273309</b>	<b>8</b>	<b>46,771</b>	<b>195</b>	<b>240</b>
FENTANYL DIS 100MCG/H	4	28,771	240	120
OXYCODONE TAB 20MG	4	18,000	150	120
<b>1970341774</b>	<b>6</b>	<b>40,500</b>	<b>225</b>	<b>180</b>
OXYCODONE TAB 30MG	3	16,200	180	90
OXYCONTIN ER TAB 60MG	3	24,300	270	90
<b>2168342304</b>	<b>7</b>	<b>38,700</b>	<b>184</b>	<b>210</b>
MORPHINE SUL TAB 60MG ER	4	14,400	120	120
OXYCODONE TAB 30MG	3	24,300	270	90
<b>1970388034</b>	<b>8</b>	<b>36,000</b>	<b>161</b>	<b>230</b>
METHADONE TAB 10MG	4	14,400	120	120
OXYCODONE TAB 30MG	4	21,600	203	110
<b>1970400331</b>	<b>5</b>	<b>32,400</b>	<b>216</b>	<b>150</b>
METHADONE TAB 10MG	3	21,600	240	90
OXYCODONE TAB 15MG	1	5,400	180	30
OXYCODONE TAB 30MG	1	5,400	180	30
<b>1970399984</b>	<b>6</b>	<b>32,400</b>	<b>180</b>	<b>180</b>
MORPHINE ER TAB 60MG/12	3	16,200	180	90
OXYCODONE TAB 30MG	3	16,200	180	90
<b>1970352031</b>	<b>3</b>	<b>29,700</b>	<b>330</b>	<b>90</b>
OXYCODONE TAB 30MG	3	29,700	330	90
<b>1970262298</b>	<b>9</b>	<b>28,800</b>	<b>107</b>	<b>270</b>
HYDROMORPHON TAB 2MG	3	2,160	24	90
HYDROMORPHON TAB 8MG	3	8,640	96	90
MORPHINE SUL TAB 100MG ER	3	18,000	200	90
<b>1970323771</b>	<b>7</b>	<b>27,450</b>	<b>131</b>	<b>210</b>
MORPHINE ER TAB 30MG/12	4	7,200	60	120
OXYCODONE TAB 30MG	3	20,250	225	90





## Top 10 Opioid Utilizers 3Q2020

Member Encrypted ID	Claim Count	MED Sum	Avg MED/Day	Days Supply
<b>2189749932</b>	<b>5</b>	<b>52,650</b>	<b>351</b>	<b>150</b>
FENTANYL DIS 75MCG/HR	3	48,600	540	90
OXYCODONE TAB 15MG	2	4,050	68	60
<b>1970341774</b>	<b>6</b>	<b>37,800</b>	<b>210</b>	<b>180</b>
OXYCODONE TAB 30MG	3	16,200	180	90
OXYCONTIN ER TAB 60MG	3	21,600	240	90
<b>1970273309</b>	<b>6</b>	<b>35,078</b>	<b>195</b>	<b>180</b>
FENTANYL DIS 100MCG/H	3	21,578	240	90
OXYCODONE TAB 20MG	3	13,500	150	90
<b>2168342304</b>	<b>6</b>	<b>33,300</b>	<b>195</b>	<b>165</b>
MORPHINE SUL TAB 60MG ER	3	9,000	120	75
OXYCODONE TAB 30MG	3	24,300	270	90
<b>1970399984</b>	<b>6</b>	<b>32,400</b>	<b>180</b>	<b>180</b>
MORPHINE ER TAB 60MG/12	4	21,600	180	120
OXYCODONE TAB 30MG	2	10,800	180	60
<b>1970352031</b>	<b>3</b>	<b>32,400</b>	<b>360</b>	<b>90</b>
OXYCODONE TAB 30MG	3	32,400	360	90
<b>2227003997</b>	<b>16</b>	<b>30,340</b>	<b>162</b>	<b>188</b>
METHADONE TAB 10MG	8	15,040	160	94
OXYCODONE TAB 30MG	8	15,300	163	94
<b>2135586176</b>	<b>5</b>	<b>29,999</b>	<b>200</b>	<b>150</b>
MORPHINE ER TAB 30MG/12	1	1,800	60	30
OXYCODONE TAB 20MG	2	11,999	200	60
OXYCODONE TAB 30MG	2	16,200	270	60
<b>2055553873</b>	<b>6</b>	<b>29,700</b>	<b>165</b>	<b>180</b>
MORPHINE ER TAB 30MG/12	3	5,400	60	90
OXYCODONE TAB 30MG	3	24,300	270	90
<b>1970363818</b>	<b>7</b>	<b>29,700</b>	<b>141</b>	<b>210</b>
MORPHINE ER TAB 15MG/12	3	2,700	30	90
OXYCODONE TAB 30MG	4	27,000	225	120



## Top 10 Opioids and Benzo products used by Quarter

Date Filled	Product/Drug Label Name	Member Count	Product/Drug Label Name	Member Count
2020-Q3	HYDROC/APAP TAB 5-325MG	1958	ALPRAZOLAM TAB 1MG	727
2020-Q3	HYDROC/APAP TAB 10-325MG	1277	ALPRAZOLAM TAB 0.5MG	701
2020-Q3	TRAMADOL HCL TAB 50MG	957	ALPRAZOLAM TAB 2MG	306
2020-Q3	OXYCOD/APAP TAB 10-325MG	756	DIAZEPAM TAB 5MG	290
2020-Q3	OXYCOD/APAP TAB 5-325MG	754	ALPRAZOLAM TAB 0.25MG	278
2020-Q3	HYDROC/APAP TAB 7.5-325	401	LORAZEPAM TAB 1MG	266
2020-Q3	HYDROC/APAP TAB 7.5-325M	387	LORAZEPAM TAB 0.5MG	216
2020-Q3	OXYCODONE TAB 5MG	375	DIAZEPAM TAB 10MG	158
2020-Q3	APAP/CODEINE TAB #3	365	DIAZEPAM TAB 2MG	75
2020-Q3	OXYCODONE TAB 10MG	256	CHLORDIAZEP CAP 25MG	46
2020-Q2	HYDROC/APAP TAB 5-325MG	1626	ALPRAZOLAM TAB 1MG	672
2020-Q2	HYDROC/APAP TAB 10-325MG	1260	ALPRAZOLAM TAB 0.5MG	641
2020-Q2	TRAMADOL HCL TAB 50MG	876	ALPRAZOLAM TAB 2MG	284
2020-Q2	OXYCOD/APAP TAB 10-325MG	700	LORAZEPAM TAB 1MG	252
2020-Q2	OXYCOD/APAP TAB 5-325MG	633	DIAZEPAM TAB 5MG	249
2020-Q2	HYDROC/APAP TAB 7.5-325	485	ALPRAZOLAM TAB 0.25MG	240
2020-Q2	APAP/CODEINE TAB #3	368	LORAZEPAM TAB 0.5MG	222
2020-Q2	OXYCODONE TAB 5MG	277	DIAZEPAM TAB 10MG	126
2020-Q2	HYDROC/APAP TAB 7.5-325M	254	DIAZEPAM TAB 2MG	57
2020-Q2	OXYCODONE TAB 30MG	214	LORAZEPAM TAB 2MG	32
2020-Q1	HYDROC/APAP TAB 5-325MG	1549	ALPRAZOLAM TAB 1MG	601
2020-Q1	HYDROC/APAP TAB 10-325MG	1274	ALPRAZOLAM TAB 0.5MG	568
2020-Q1	TRAMADOL HCL TAB 50MG	921	ALPRAZOLAM TAB 2MG	266
2020-Q1	OXYCOD/APAP TAB 10-325MG	703	DIAZEPAM TAB 5MG	246
2020-Q1	OXYCOD/APAP TAB 5-325MG	686	LORAZEPAM TAB 1MG	218
2020-Q1	HYDROC/APAP TAB 7.5-325	368	ALPRAZOLAM TAB 0.25MG	209
2020-Q1	APAP/CODEINE TAB #3	345	LORAZEPAM TAB 0.5MG	194
2020-Q1	HYDROC/APAP TAB 7.5-325M	306	DIAZEPAM TAB 10MG	121
2020-Q1	OXYCODONE TAB 5MG	266	DIAZEPAM TAB 2MG	45
2020-Q1	OXYCODONE TAB 10MG	192	LORAZEPAM TAB 2MG	44
2019-Q4	HYDROC/APAP TAB 5-325MG	1582	ALPRAZOLAM TAB 1MG	618
2019-Q4	HYDROC/APAP TAB 10-325MG	1267	ALPRAZOLAM TAB 0.5MG	553
2019-Q4	TRAMADOL HCL TAB 50MG	877	ALPRAZOLAM TAB 2MG	289
2019-Q4	OXYCOD/APAP TAB 5-325MG	718	DIAZEPAM TAB 5MG	238
2019-Q4	OXYCOD/APAP TAB 10-325MG	686	LORAZEPAM TAB 1MG	204
2019-Q4	HYDROC/APAP TAB 7.5-325M	327	ALPRAZOLAM TAB 0.25MG	204
2019-Q4	APAP/CODEINE TAB #3	299	LORAZEPAM TAB 0.5MG	156
2019-Q4	HYDROC/APAP TAB 7.5-325	288	DIAZEPAM TAB 10MG	109
2019-Q4	OXYCODONE TAB 5MG	274	DIAZEPAM TAB 2MG	44
2019-Q4	OXYCODONE TAB 10MG	206	LORAZEPAM TAB 2MG	35



*Unique members taking opioids by QTR*

<b>Date Filled</b>	<b>Member Count</b>
2019-Q4	6867
2020-Q1	6886
2020-Q2	6929
2020-Q3	7686

*Unique members taking benzos by QTR*

<b>Date Filled</b>	<b>Member Count</b>
2019-Q4	2374
2020-Q1	2427
2020-Q2	2660
2020-Q3	2963

*Unique members taking both opioids and benzos by QTR*

<b>Date Filled</b>	<b>Member Count</b>
2019-Q4	1050
2020-Q1	1035
2020-Q2	990
2020-Q3	850



# Standard Reports: Nevada Medicaid

## Quarterly DUR Report

Health Plan Name:

Anthem

Health Plan Contact:

Luke Lim, RPh

Contact Email:

[luke.lim@anthem.com](mailto:luke.lim@anthem.com)

### Top 10 Drug Classes By Paid Amount 2Q2020 and 3Q2020

2Q2020		
Drug Class	Claim Count	Paid Amount
ANTIRETROVIRAL COMBINATIONS	2,114	proprietary
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	330	proprietary
HUMAN INSULIN	5,715	proprietary
ANTIPSYCHOTICS - MISC.	1,442	proprietary
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	1,405	proprietary
HEPATITIS C AGENT - COMBINATIONS	94	proprietary
QUINOLINONE DERIVATIVES	2,567	proprietary
ADRENERGIC COMBINATIONS	3,930	proprietary
ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS	64	proprietary
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	1,350	proprietary

3Q2020		
Drug Class	Claim Count	Paid Amount
ANTIRETROVIRAL COMBINATIONS	2,357	proprietary
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	337	proprietary
HUMAN INSULIN	5,726	proprietary
ANTIPSYCHOTICS - MISC.	1,602	proprietary
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	1,582	proprietary
ADRENERGIC COMBINATIONS	3,976	proprietary
QUINOLINONE DERIVATIVES	2,856	proprietary
HEPATITIS C AGENT - COMBINATIONS	81	proprietary
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	1,493	proprietary
ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS	65	proprietary

### Top 10 Drug Classes By Claim Count 2Q2020 and 3Q2020

Drug Class	Claim Count
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	18,779
ANTICONVULSANTS - MISC.	16,679
HMG COA REDUCTASE INHIBITORS	14,399
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	14,264
BETA ADRENERGICS	12,633
ANTIHISTAMINES - NON-SEDATING	10,568
ACE INHIBITORS	9,824
CENTRAL MUSCLE RELAXANTS	9,817
ANTIANSXIETY AGENTS - MISC.	8,968
BIGUANIDES	8,716

Drug Class	Claim Count
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	20,635
ANTICONVULSANTS - MISC.	17,927
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	15,839
HMG COA REDUCTASE INHIBITORS	15,735
BETA ADRENERGICS	12,425
CENTRAL MUSCLE RELAXANTS	10,908
ACE INHIBITORS	10,342
ANTIANSXIETY AGENTS - MISC.	9,656
BIGUANIDES	9,613
CALCIUM CHANNEL BLOCKERS	9,073

## 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	Apparent drug misuse
<b>QUETIAPINE FUMARATE</b>	ALPRAZOLAM	OXYCODONE HYDROCHLORIDE	OLANZAPINE	BUPRENORPHINE HYDROCHLORI
<b>ALPRAZOLAM</b>	HYDROCODONE/ACETAMINOPHEN	METHADONE HCL	ARIPIRAZOLE	ALPRAZOLAM
<b>ESCITALOPRAM OXALATE</b>	TRAZODONE HYDROCHLORIDE	MORPHINE SULFATE ER	QUETIAPINE FUMARATE	HYDROCODONE/ACETAMINOPHEN
<b>HYDROCODONE/ACETAMINOPHEN</b>	OXYCODONE/ACETAMINOPHEN	OXYCODONE/ACETAMINOPHEN	RISPERIDONE	OXYCODONE/ACETAMINOPHEN
<b>BUPRENORPHINE HYDROCHLORI</b>	IBUPROFEN	MORPHINE SULFATE	ALBUTEROL SULFATE HFA	CLONAZEPAM
<b>BUPROPION HYDROCHLORIDE</b>	BUPROPION HYDROCHLORIDE	HYDROCODONE/ACETAMINOPHEN	OXYCODONE/ACETAMINOPHEN	TRAMADOL HCL
<b>ARIPIRAZOLE</b>	LISINOPRIL	OXYCONTIN	RISPERDAL CONSTA	VIMPAT
<b>OXYCODONE/ACETAMINOPHEN</b>	CLONAZEPAM	HYDROMORPHONE HCL	GABAPENTIN	DIAZEPAM
<b>TRAZODONE HYDROCHLORIDE</b>	QUETIAPINE FUMARATE	FENTANYL	BUPRENORPHINE HYDROCHLORI	MORPHINE SULFATE ER
<b>IBUPROFEN</b>	TRAMADOL HCL	OXYMORPHONE HYDROCHLORIDE	INJECTAFER	LORAZEPAM

Underuse	Suboptimal compliance	Drug disease (inferred)	High dose	Low dose
<b>SERTRALINE HYDROCHLORIDE</b>	MORPHINE SULFATE ER	BUPROPION HYDROCHLORIDE	OXYCODONE HYDROCHLORIDE	LIOTHYRONINE SODIUM
<b>DULOXETINE HYDROCHLORIDE</b>	HYSINGLA ER	DIAZEPAM	HYDROCODONE/ACETAMINOPHEN	ZIPRASIDONE HCL
<b>ARIPIRAZOLE</b>	OXYCODONE HYDROCHLORIDE	ALPRAZOLAM	MONTELUKAST SODIUM	PROPRANOLOL HYDROCHLORIDE
<b>EUTHYROX</b>	XTAMPZA ER	TOPIRAMATE	TORSEMIDE	PHENYTOIN
<b>BUPROPION HYDROCHLORIDE E</b>	LINZESS	PROCHLORPERAZINE MALEATE	ACETAMINOPHEN	DIVALPROEX SODIUM ER
<b>IBUPROFEN</b>	PROLATE	MELATONIN	ATOMOXETINE	DIVALPROEX SODIUM DR
<b>REXULTI METFORMIN HYDROCHLORIDE</b>	PENNSAID	CLONAZEPAM	LEVORPHANOL TARTRATE	HEPARIN SODIUM
<b>SPIRIVA RESPIMAT</b>	ESTRADIOL PROPRANOLOL HYDROCHLORIDE	SPIRIVA RESPIMAT	DIAZEPAM	MINOXIDIL
		WARFARIN SODIUM	METHOTREXATE SODIUM	NIFEDIPINE ER

<b>FLUOXETINE HYDROCHLORIDE</b>	DOXEPIN HYDROCHLORID E		FAMOTIDINE	
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