



Anthem Nevada Medicaid

NV DUR Binder Presentation

Presented to NV DUR Board on October 22, 2020



# 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: October 22, 2020

Prior Authorization Criteria being reviewed: Topical Antipruritics

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    

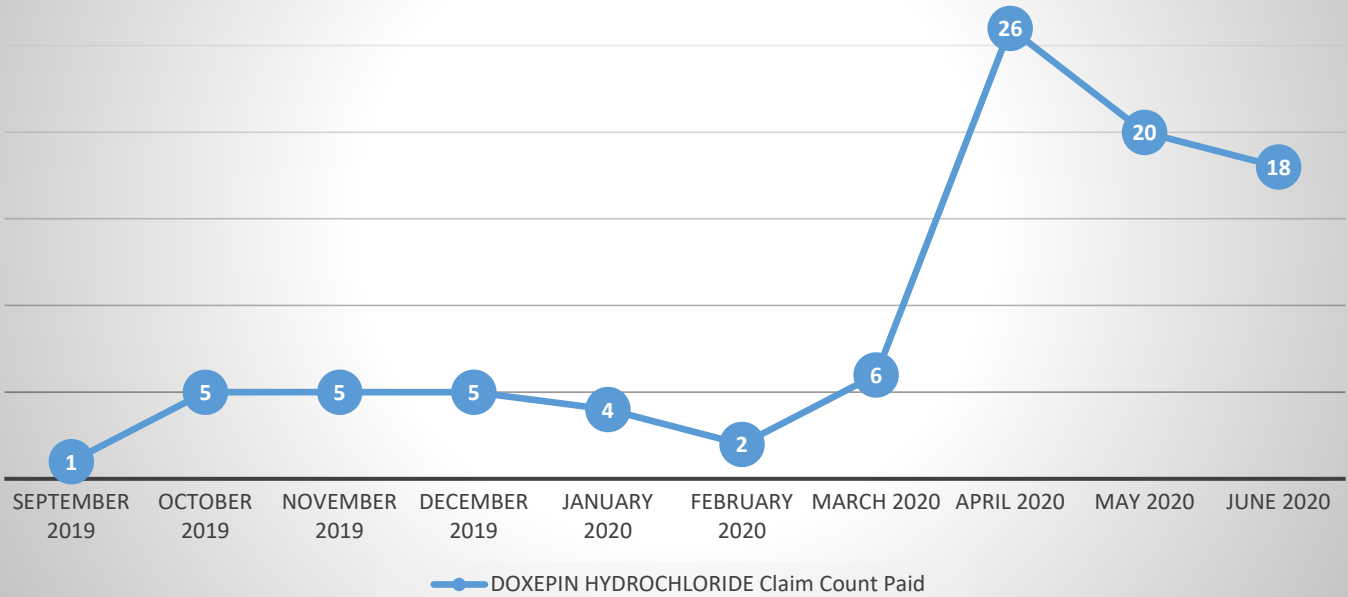
Signature of individual completing this form:     Luke Lim

## Topical Antipruritics

Summary of Utilization

September 1, 2019 – June 30, 2020

### DOXEPIN HYDROCHLORIDE Claim Count Paid, Anthem 9/2019-6/2020



| Product/Drug Name | DOXEPIN HYDROCHLORIDE |
|-------------------|-----------------------|
| Month             | Claim Count Paid      |
| SEPTEMBER 2019    | 1                     |
| OCTOBER 2019      | 5                     |
| NOVEMBER 2019     | 5                     |
| DECEMBER 2019     | 5                     |
| JANUARY 2020      | 4                     |
| FEBRUARY 2020     | 2                     |
| MARCH 2020        | 6                     |
| APRIL 2020        | 26                    |
| MAY 2020          | 20                    |
| JUNE 2020         | 18                    |



**Topical Antipruritics**  
**Summary of Utilization**  
**July 1, 2019 – June 30, 2020**

| <b>Product/Drug Name</b> | <b>Total Utilizers</b> | <b>Claim Count Paid</b> | <b>Total Days Supply</b> | <b>Total Dispensed Unit Quantity</b> |
|--------------------------|------------------------|-------------------------|--------------------------|--------------------------------------|
| CAPSAICIN                | 67                     | 102                     | 2,540                    | 6,720                                |
| DOXEPIN HYDROCHLORIDE    | 39                     | 92                      | 2,729                    | 10,710                               |
| LIDOCAINE                | 1,040                  | 2,204                   | 56,153                   | 145,836                              |
| LIDOCAINE HCL            | 3                      | 12                      | 87                       | 600                                  |
| LIDOCAINE HCL JELLY      | 54                     | 63                      | 1,165                    | 2,160                                |
| ZTLIDO                   | 229                    | 683                     | 20,165                   | 40,335                               |



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DUR Meeting Date: October 22, 2020

Prior Authorization Criteria being reviewed: MS Agents: Zeposia

Managed Care Organization name: Anthem

Please place a check mark in the appropriate box:

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Signature of individual completing this form:           Luke Lim



## MS Agents

### Summary of Utilization

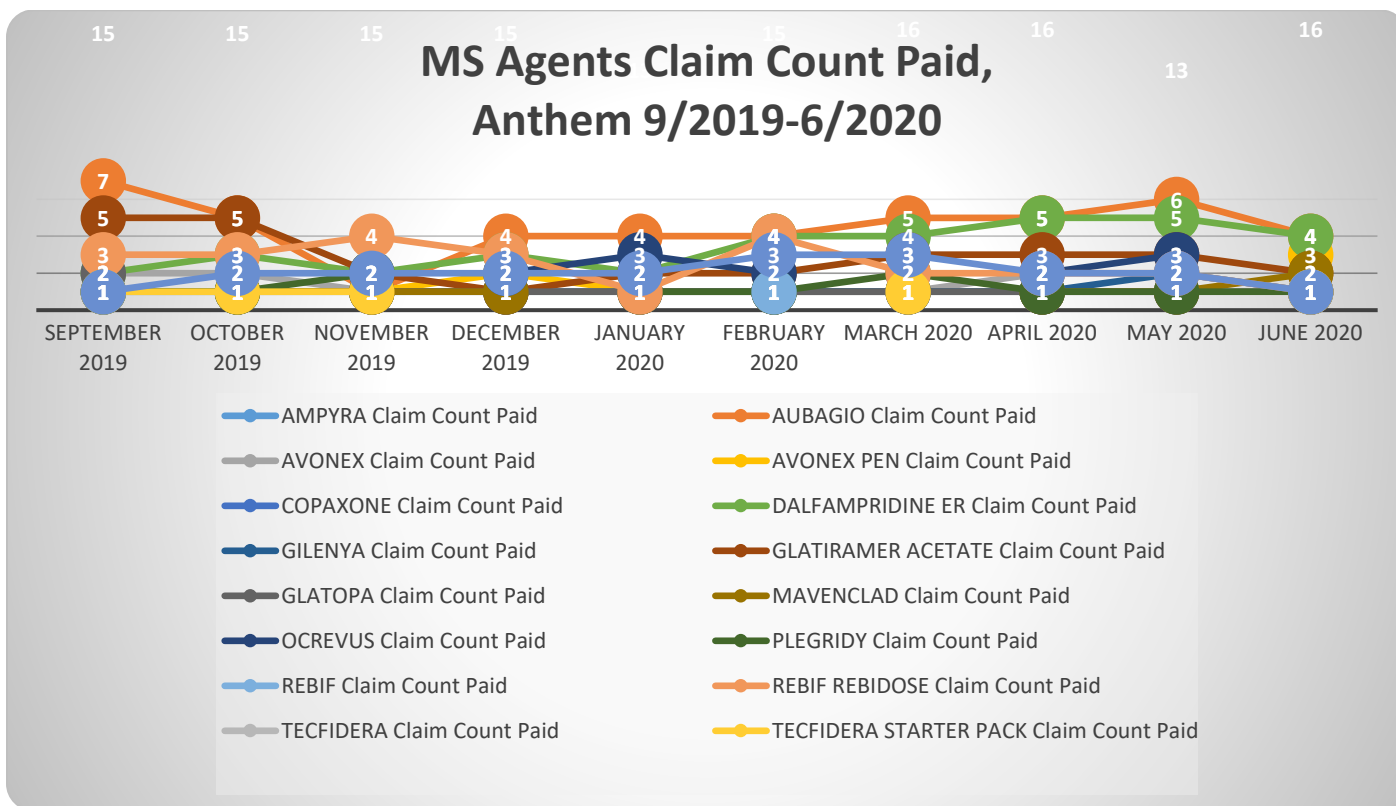
July 1, 2019 – June 30, 2020

| Product/Drug Name        | Total Utilizers | Claim Count Paid | Total Days Supply | Total Dispensed Unit Quantity |
|--------------------------|-----------------|------------------|-------------------|-------------------------------|
| AMPYRA                   | 1               | 2                | 60                | 120                           |
| AUBAGIO                  | 10              | 58               | 1,718             | 1,718                         |
| AVONEX                   | 2               | 14               | 386               | 14                            |
| AVONEX PEN               | 5               | 20               | 562               | 20                            |
| COPAXONE                 | 1               | 6                | 168               | 72                            |
| DALFAMPRIDINE ER         | 6               | 41               | 1,185             | 2,370                         |
| GILENYA                  | 1               | 13               | 390               | 390                           |
| GLATIRAMER ACETATE       | 9               | 36               | 1,026             | 594                           |
| GLATOPA                  | 3               | 15               | 450               | 450                           |
| MAVENCLAD                | 5               | 8                | 183               | 66                            |
| OCREVUS                  | 11              | 13               | 1,984             | 240                           |
| PLEGRIDY                 | 1               | 13               | 364               | 13                            |
| REBIF                    | 1               | 1                | 28                | 6                             |
| REBIF REBIDOSE           | 4               | 34               | 952               | 204                           |
| REBIF REBIDOSE TITRATION | 1               | 1                | 28                | 4                             |
| TECFIDERA                | 27              | 178              | 5,317             | 10,634                        |
| TECFIDERA STARTER PACK   | 8               | 8                | 240               | 480                           |
| TYSABRI                  | 3               | 22               | 616               | 330                           |

## MS Agents

### Summary of Utilization

Sept 1, 2019 – June 30, 2020



| Product/Drug Name | AMPYRA           | AUBAGIO          | AVONEX           | AVONEX PEN       | COPAXONE         | DALFAMPRIDINE ER | GILENYA          | GLATIRAMER ACETATE | GLATOPA          | MAVENC LAD       | OCREVUS          | PLEGRIDY         | REBIF            | REBIF REBIDO SE  | TECFIDERA        | TECFIDE RA STARTE R PACK | TYSABRI          |
|-------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------------------|------------------|
| 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 | Claim Count Paid | Claim Count Paid | Claim Count Paid | Claim Count Paid | Claim Count Paid | Claim Count Paid | Claim Count Paid         | Claim Count Paid |
| SEPTEMBER 2019    |                  | 7                | 2                | 1                | 1                | 2                | 1                | 5                  | 2                |                  |                  | 1                |                  | 3                | 15               | 1                        | 1                |
| OCTOBER 2019      | 1                | 5                | 2                | 1                |                  | 3                | 1                | 5                  |                  | 1                | 1                | 1                |                  | 3                | 15               | 1                        | 2                |
| NOVEMBER 2019     |                  | 1                | 1                | 1                | 1                | 2                | 1                | 2                  | 1                | 1                |                  | 2                |                  | 4                | 15               | 1                        | 2                |
| DECEMBER 2019     |                  | 4                | 1                | 2                |                  | 3                | 1                | 1                  | 1                | 1                | 2                |                  |                  | 3                | 15               |                          | 2                |
| JANUARY 2020      |                  | 4                | 1                | 1                |                  | 2                | 1                | 2                  | 1                |                  | 3                | 1                |                  | 1                | 13               |                          | 2                |
| FEBRUARY 2020     |                  | 4                | 1                | 1                | 1                | 4                | 1                | 2                  | 1                | 1                | 2                | 1                | 1                | 4                | 15               |                          | 3                |
| MARCH 2020        |                  | 5                | 1                | 1                | 1                | 4                | 1                | 3                  | 1                |                  |                  | 2                |                  | 2                | 16               | 1                        | 3                |
| APRIL 2020        |                  | 5                | 2                | 1                | 1                | 5                | 1                | 3                  | 1                | 1                | 2                | 1                |                  | 2                | 16               |                          | 2                |
| MAY 2020          |                  | 6                |                  |                  | 1                | 5                | 2                | 3                  | 1                | 1                | 3                | 1                |                  | 2                | 13               |                          | 2                |
| JUNE 2020         |                  | 4                |                  | 3                |                  | 4                | 1                | 2                  | 1                | 2                |                  | 1                |                  | 1                | 16               | 1                        | 1                |



# DRUG USE REVIEW BOARD

## MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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DUR Meeting Date: October 22, 2020

Prior Authorization Criteria being reviewed: GNRH/LHRH Antagonists and Combinations: Orilissa and Oriahnn

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*

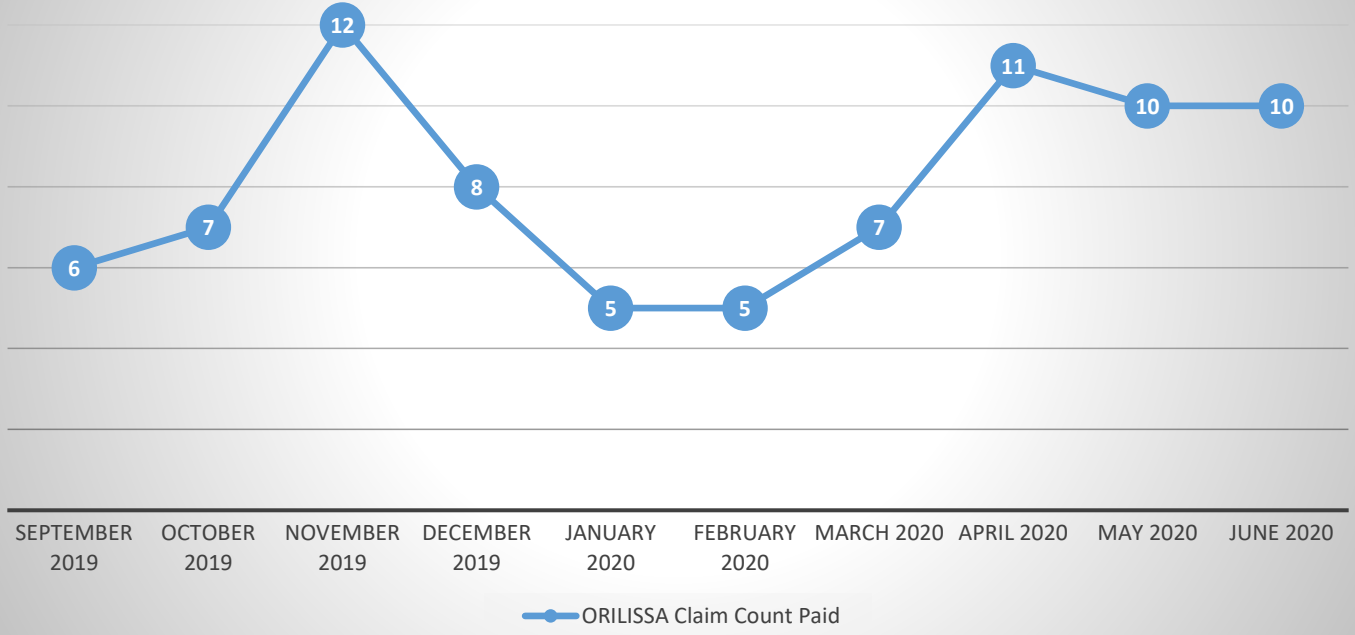


GnRH Antagonists

Summary of Utilization

Sept 1, 2019 – June 30, 2020

**ORLISSA Claim Count Paid,  
Anthem 9/2019-6/2020**



| Product/Drug Name | ORILISSA         |
|-------------------|------------------|
| Month             | Claim Count Paid |
| SEPTEMBER 2019    | 6                |
| OCTOBER 2019      | 7                |
| NOVEMBER 2019     | 12               |
| DECEMBER 2019     | 8                |
| JANUARY 2020      | 5                |
| FEBRUARY 2020     | 5                |
| MARCH 2020        | 7                |
| APRIL 2020        | 11               |
| MAY 2020          | 10               |
| JUNE 2020         | 10               |

| Product/Drug Name | Total Utilizers | Claim Count Paid | Total Days Supply | Total Dispensed Unit Quantity |
|-------------------|-----------------|------------------|-------------------|-------------------------------|
| ORILISSA          | 41              | 92               | 2,568             | 3,562                         |



# DRUG USE REVIEW BOARD

## MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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DUR Meeting Date: October 22, 2020

Prior Authorization Criteria being reviewed: Bone Density Regulators

Managed Care Organization name: Anthem

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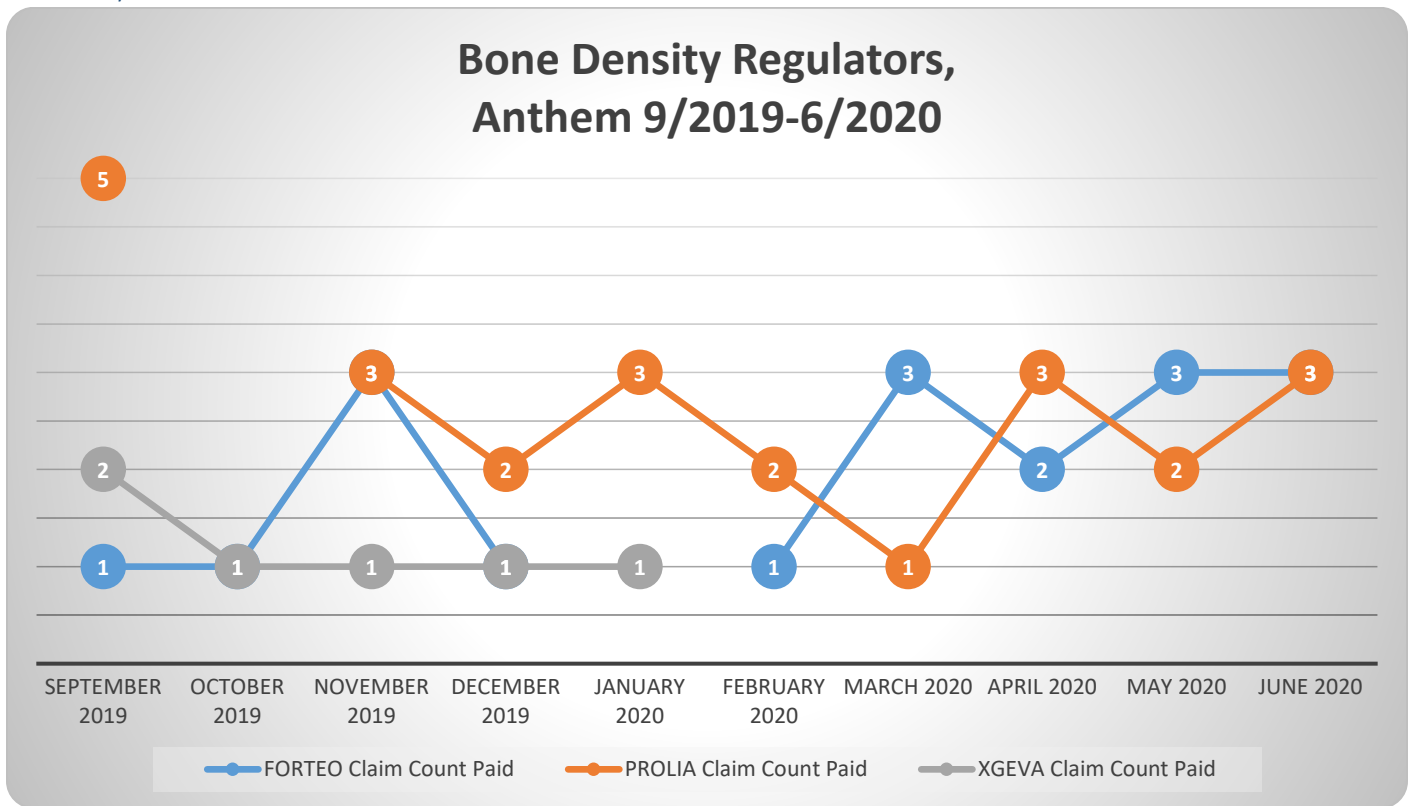
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Signature of individual completing this form:           Luke Lim

# Bone Density Regulators

## Summary of Utilization



| Product/Drug Name | FORTEO           | PROLIA           | XGEVA            |
|-------------------|------------------|------------------|------------------|
| Month             | Claim Count Paid | Claim Count Paid | Claim Count Paid |
| SEPTEMBER 2019    | 1                | 5                | 2                |
| OCTOBER 2019      | 1                | 1                | 1                |
| NOVEMBER 2019     | 3                | 3                | 1                |
| DECEMBER 2019     | 1                | 2                | 1                |
| JANUARY 2020      |                  | 3                | 1                |
| FEBRUARY 2020     | 1                | 2                |                  |
| MARCH 2020        | 3                | 1                |                  |
| APRIL 2020        | 2                | 3                |                  |
| MAY 2020          | 3                | 2                |                  |
| JUNE 2020         | 3                | 3                |                  |

| Product/Drug Name | Total Utilizers | Claim Count Paid | Total Days Supply | Total Dispensed Unit Quantity |
|-------------------|-----------------|------------------|-------------------|-------------------------------|
| FORTEO            | 4               | 19               | 532               | 46                            |
| PROLIA            | 20              | 29               | 5,070             | 29                            |
| XGEVA             | 2               | 7                | 196               | 12                            |



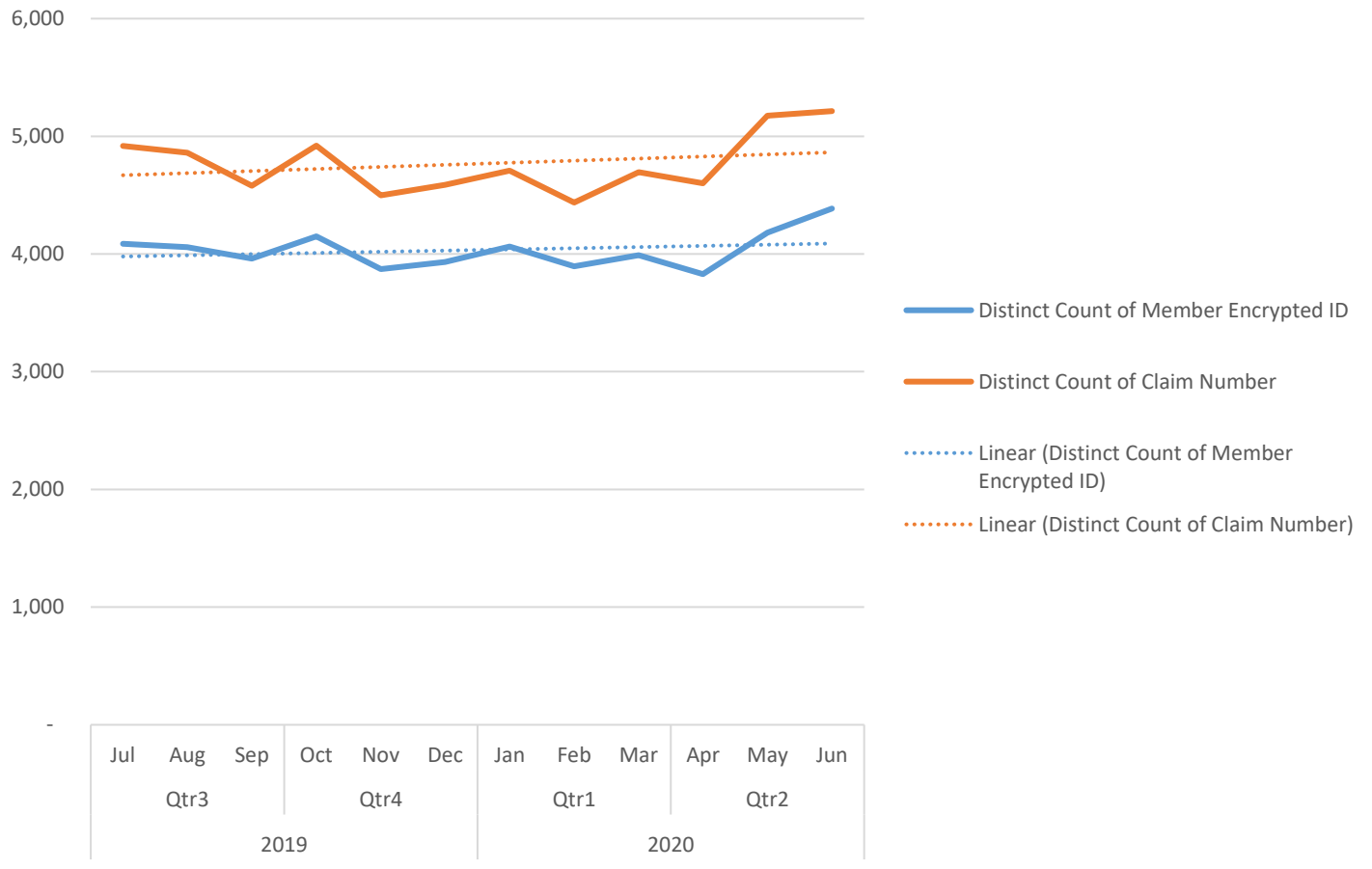
## Board Requested Reports

### Opioid Utilization

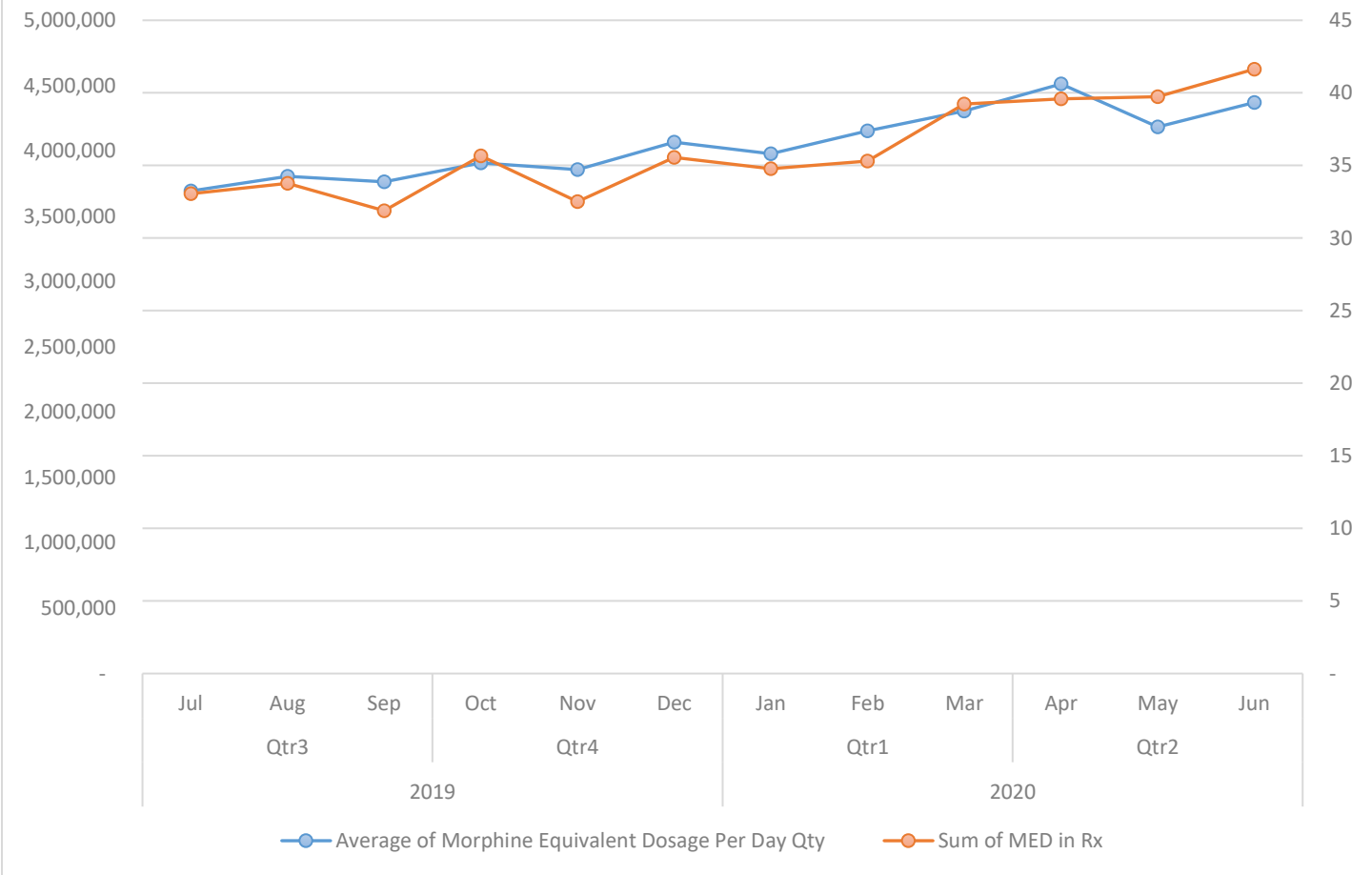
#### Summary of Utilization 3Q2019-2Q2020

| 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 |
|--------------------|---------------------------------------|--------------------------------|-------------------|--------------------|---|
| ▼                  |                                       |                                |                   |                    |   |
| [-] 2019           | <b>10,664</b>                         | <b>28,365</b>                  | <b>22,490,689</b> | <b>582,376</b>     | <b>35</b>                                     |
| [-] Qtr3           | <b>7,047</b>                          | <b>14,360</b>                  | <b>10,966,716</b> | <b>291,072</b>     | <b>34</b>                                     |
| [-] Jul            | 4,086                                 | 4,919                          | 3,671,674         | 99,413             | 33  |
| [-] Aug            | 4,059                                 | 4,861                          | 3,752,511         | 98,078             | 34  |
| [-] Sep            | 3,962                                 | 4,580                          | 3,542,532         | 93,581             | 34  |
| [-] Qtr4           | <b>6,869</b>                          | <b>14,005</b>                  | <b>11,523,973</b> | <b>291,304</b>     | <b>35</b>                                     |
| [-] Oct            | 4,150                                 | 4,920                          | 3,963,026         | 101,487            | 35  |
| [-] Nov            | 3,872                                 | 4,498                          | 3,611,300         | 93,310             | 35  |
| [-] Dec            | 3,933                                 | 4,587                          | 3,949,646         | 96,507             | 37  |
| [-] 2020           | <b>10,506</b>                         | <b>28,831</b>                  | <b>25,583,639</b> | <b>592,931</b>     | <b>38</b>                                     |
| [-] Qtr1           | <b>6,841</b>                          | <b>13,840</b>                  | <b>12,144,543</b> | <b>287,868</b>     | <b>37</b>                                     |
| [-] Jan            | 4,064                                 | 4,707                          | 3,862,938         | 96,320             | 36  |
| [-] Feb            | 3,896                                 | 4,437                          | 3,922,356         | 92,433             | 37  |
| [-] Mar            | 3,989                                 | 4,696                          | 4,359,249         | 99,115             | 39  |
| [-] Qtr2           | <b>7,009</b>                          | <b>14,991</b>                  | <b>13,439,096</b> | <b>305,063</b>     | <b>39</b>                                     |
| [-] Apr            | 3,829                                 | 4,601                          | 4,398,018         | 97,534             | 41  |
| [-] May            | 4,181                                 | 5,176                          | 4,415,084         | 104,497            | 38  |
| [-] Jun            | 4,386                                 | 5,214                          | 4,625,993         | 103,032            | 39  |
| <b>Grand Total</b> | <b>17,319</b>                         | <b>57,196</b>                  | <b>48,074,328</b> | <b>1,175,307</b>   | <b>36</b>                                     |

### Member and Claim counts, opioids Anthem 3Q2019-2Q2020



MED over Time,  
Anthem 3Q2019-2Q2020



| Row Labels         | Average of Morphine Equivalent Dosage Per Day | Sum of MED in Rx  |
|--------------------|---|-------------------|
| <b>2019</b>        | <b>35</b>                                     | <b>22,490,689</b> |
| <b>Qtr3</b>        | <b>34</b>                                     | <b>10,966,716</b> |
| Jul                | 33  | 3,671,674         |
| Aug                | 34  | 3,752,511         |
| Sep                | 34  | 3,542,532         |
| <b>Qtr4</b>        | <b>35</b>                                     | <b>11,523,973</b> |
| Oct                | 35  | 3,963,026         |
| Nov                | 35  | 3,611,300         |
| Dec                | 37  | 3,949,646         |
| <b>2020</b>        | <b>38</b>                                     | <b>25,583,639</b> |
| <b>Qtr1</b>        | <b>37</b>                                     | <b>12,144,543</b> |
| Jan                | 36  | 3,862,938         |
| Feb                | 37  | 3,922,356         |
| Mar                | 39  | 4,359,249         |
| <b>Qtr2</b>        | <b>39</b>                                     | <b>13,439,096</b> |
| Apr                | 41  | 4,398,018         |
| May                | 38  | 4,415,084         |
| Jun                | 39  | 4,625,993         |
| <b>Grand Total</b> | <b>36</b>                                     | <b>48,074,328</b> |



## Top 10 Opioid Providers by Claim Volume

### 1Q2020 and 2Q2020

| Date             | Prescriber NPI | Prescriber Primary Specialty Description | Prescriber City Name | Member Count | Claim Count | Quantity | Days Supply | MED    | MED/DS | MED/Member/DS |
|------------------|----------------|--|----------------------|--------------|-------------|----------|-------------|--------|--------|---------------|
| 1st Quarter 2020 | 93121          | UNSPECIFIED SPECIALTY                    | LAS VEGAS            | 266          | 508         | 46609    | 14610       | 513101 | 35     | 0.13          |
| 1st Quarter 2020 | 35237          | UNSPECIFIED SPECIALTY                    | LAS VEGAS            | 100          | 303         | 26408    | 8988        | 444227 | 49     | 0.49          |
| 1st Quarter 2020 | 16525          | NURSE PRACTITIONER, ADULT HI             | HENDERSON            | 55           | 199         | 14831    | 5541        | 347696 | 63     | 1.14          |
| 1st Quarter 2020 | 25127          | ANESTHESIOLOGY                           | LAS VEGAS            | 147          | 361         | 28532    | 10458       | 318070 | 30     | 0.21          |
| 1st Quarter 2020 | 18647          | UNSPECIFIED SPECIALTY                    | NORTH LAS VEGAS      | 112          | 283         | 27698    | 8290        | 307779 | 37     | 0.33          |
| 1st Quarter 2020 | 36755          | UNSPECIFIED SPECIALTY                    | LAS VEGAS            | 46           | 157         | 13515    | 3950        | 304654 | 77     | 1.68          |
| 1st Quarter 2020 | 41504          | UNSPECIFIED SPECIALTY                    | LAS VEGAS            | 119          | 248         | 23103    | 7420        | 294910 | 40     | 0.33          |
| 1st Quarter 2020 | 65738          | FAMILY PRACTICE                          | LAS VEGAS            | 103          | 231         | 22208    | 6642        | 249203 | 38     | 0.36          |
| 1st Quarter 2020 | 31305          | UNSPECIFIED SPECIALTY                    | LAS VEGAS            | 86           | 185         | 17686    | 5490        | 248199 | 45     | 0.53          |
| 1st Quarter 2020 | 69319          | ANESTHESIOLOGY                           | HENDERSON            | 113          | 277         | 24064    | 7812        | 239450 | 31     | 0.27          |
| 2nd Quarter 2020 | 93121          | UNSPECIFIED SPECIALTY                    | LAS VEGAS            | 225          | 451         | 41694    | 12958       | 460713 | 36     | 0.16          |
| 2nd Quarter 2020 | 25127          | ANESTHESIOLOGY                           | LAS VEGAS            | 163          | 424         | 34854    | 12459       | 436813 | 35     | 0.22          |
| 2nd Quarter 2020 | 35237          | UNSPECIFIED SPECIALTY                    | LAS VEGAS            | 95           | 257         | 22785    | 7657        | 426343 | 56     | 0.59          |
| 2nd Quarter 2020 | 78848          | ANESTHESIOLOGY                           | LAS VEGAS            | 132          | 276         | 25274    | 8060        | 349587 | 43     | 0.33          |
| 2nd Quarter 2020 | 18647          | UNSPECIFIED SPECIALTY                    | NORTH LAS VEGAS      | 107          | 293         | 28368    | 8510        | 327091 | 38     | 0.36          |
| 2nd Quarter 2020 | 69986          | CARDIOLOGY                               | LAS VEGAS            | 38           | 78          | 8255     | 2143        | 315282 | 147    | 3.87          |
| 2nd Quarter 2020 | 16525          | NURSE PRACTITIONER, ADULT HI             | HENDERSON            | 58           | 309         | 12652    | 4816        | 312360 | 65     | 1.12          |
| 2nd Quarter 2020 | 49693          | UNSPECIFIED SPECIALTY                    | HENDERSON            | 30           | 63          | 6873     | 1811        | 287982 | 159    | 5.30          |
| 2nd Quarter 2020 | 59177          | UNSPECIFIED SPECIALTY                    | HUNTINGTON           | 55           | 165         | 13542    | 4160        | 275205 | 66     | 1.20          |
| 2nd Quarter 2020 | 48101          | UNSPECIFIED SPECIALTY                    | LAS VEGAS            | 50           | 146         | 14207    | 4032        | 274654 | 68     | 1.36          |





### Top 10 Opioid Utilizers 2Q2020

| Member Encrypted ID      | Claim Count | MED Sum       | Mean 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>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>2167276802</b>        | <b>6</b>    | <b>26,550</b> | <b>148</b>   | <b>180</b>  |
| METHADONE TAB 10MG       | 3           | 14,400        | 160          | 90          |
| OXYCODONE TAB 30MG       | 3           | 12,150        | 135          | 90          |
| <b>2055553873</b>        | <b>4</b>    | <b>26,100</b> | <b>218</b>   | <b>120</b>  |
| MORPHINE ER TAB 30MG/12  | 1           | 1,800         | 60           | 30          |
| OXYCODONE TAB 30MG       | 3           | 24,300        | 270          | 90          |
| <b>1970276770</b>        | <b>6</b>    | <b>24,975</b> | <b>139</b>   | <b>180</b>  |
| METHADONE TAB 10MG       | 3           | 10,800        | 120          | 90          |
| OXYCODONE TAB 30MG       | 3           | 14,175        | 158          | 90          |



## Top 10 Opioids and Benzo products used by Quarter

| Date Filled | Product/Drug Label Name  | Member Count | Product/Drug Label Name | Member Count |
|-------------|--------------------------|--------------|-------------------------|--------------|
| 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           |
| 2019-Q3     | HYDROC/APAP TAB 5-325MG  | 1688         | ALPRAZOLAM TAB 1MG      | 663          |
| 2019-Q3     | HYDROC/APAP TAB 10-325MG | 1352         | ALPRAZOLAM TAB 0.5MG    | 562          |
| 2019-Q3     | TRAMADOL HCL TAB 50MG    | 939          | ALPRAZOLAM TAB 2MG      | 301          |
| 2019-Q3     | OXYCOD/APAP TAB 5-325MG  | 707          | DIAZEPAM TAB 5MG        | 257          |
| 2019-Q3     | OXYCOD/APAP TAB 10-325MG | 703          | ALPRAZOLAM TAB 0.25MG   | 228          |
| 2019-Q3     | HYDROC/APAP TAB 7.5-325M | 365          | LORAZEPAM TAB 1MG       | 192          |
| 2019-Q3     | APAP/CODEINE TAB #3      | 337          | LORAZEPAM TAB 0.5MG     | 163          |
| 2019-Q3     | HYDROC/APAP TAB 7.5-325  | 302          | DIAZEPAM TAB 10MG       | 127          |
| 2019-Q3     | OXYCODONE TAB 5MG        | 221          | DIAZEPAM TAB 2MG        | 42           |
| 2019-Q3     | OXYCODONE TAB 10MG       | 202          | LORAZEPAM TAB 2MG       | 39           |



*Unique members taking opioids by QTR*

| <b>Date Filled</b> | <b>Member Count</b> |
|--------------------|---------------------|
| 2019-Q3            | 7028                |
| 2019-Q4            | 6867                |
| 2020-Q1            | 6886                |
| 2020-Q2            | 6929                |

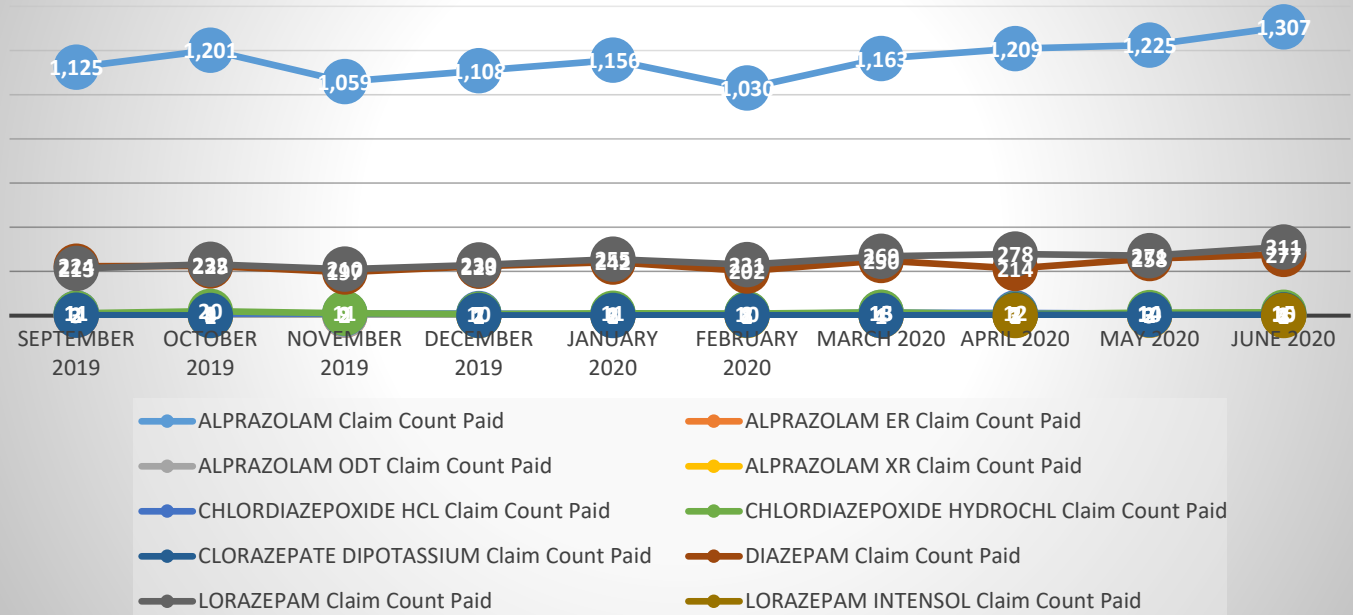
*Unique members taking benzos by QTR*

| <b>Date Filled</b> | <b>Member Count</b> |
|--------------------|---------------------|
| 2019-Q3            | 2489                |
| 2019-Q4            | 2374                |
| 2020-Q1            | 2427                |
| 2020-Q2            | 2660                |

*Unique members taking both opioids and benzos by QTR*

| <b>Date Filled</b> | <b>Member Count</b> |
|--------------------|---------------------|
| 2019-Q3            | 1007                |
| 2019-Q4            | 1050                |
| 2020-Q1            | 1035                |
| 2020-Q2            | 990                 |

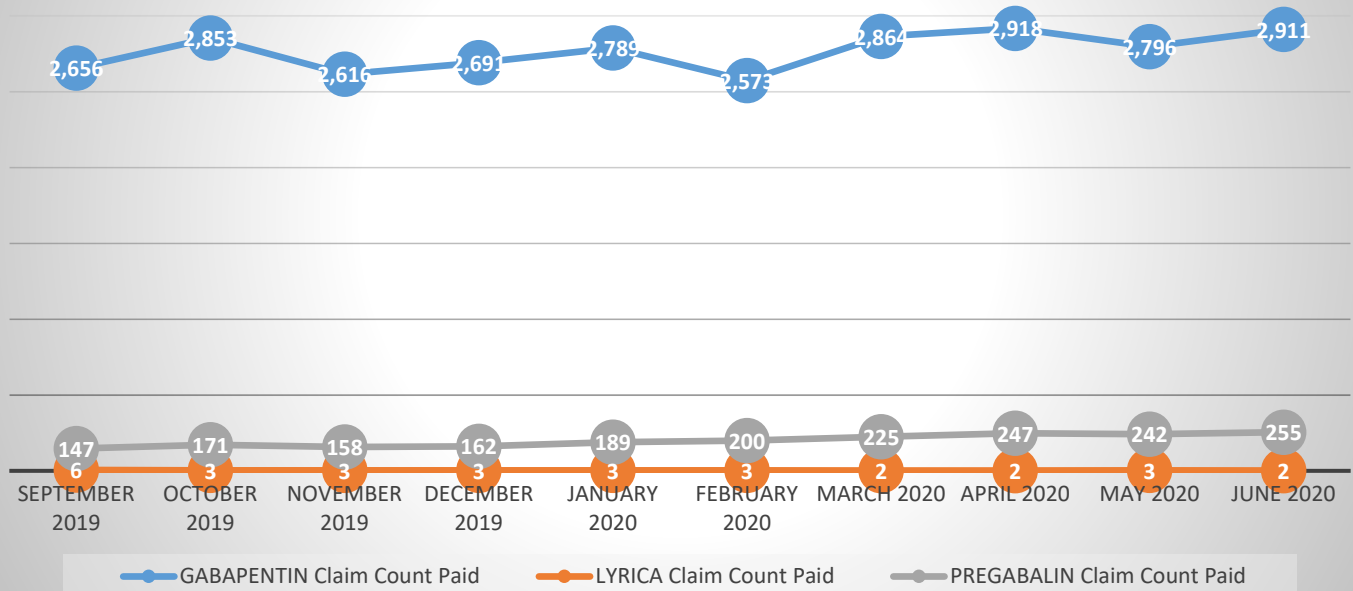
## Benzo utilization Anthem 9/2019-6/2020



| Product/Drug Name | ALPRAZOLAM       | ALPRAZOLAM ER    | ALPRAZOLAM ODT   | ALPRAZOLAM XR    | CHLORDIAZEPOXIDE HCL | CHLORDIAZEPOXIDE HYDROCHL | CLORAZEPATE DIPOTASSIUM | DIAZEPAM         | LORAZEPAM        | LORAZEPAM INTENSOL |
|-------------------|------------------|------------------|------------------|------------------|----------------------|---------------------------|-------------------------|------------------|------------------|--------------------|
| 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 | Claim Count Paid   |
| SEPTEMBER 2019    | 1,125            | 2                | 3                |                  | 11                   | 11                        | 2                       | 224              | 213              |                    |
| OCTOBER 2019      | 1,201            | 3                | 4                | 1                | 9                    | 20                        | 1                       | 225              | 232              |                    |
| NOVEMBER 2019     | 1,059            | 2                | 2                |                  | 9                    | 11                        |                         | 197              | 210              |                    |
| DECEMBER 2019     | 1,108            | 2                | 2                | 1                | 10                   | 7                         | 1                       | 223              | 230              |                    |
| JANUARY 2020      | 1,156            | 2                | 2                | 2                | 6                    | 11                        | 1                       | 242              | 255              |                    |
| FEBRUARY 2020     | 1,030            | 2                | 3                | 1                | 8                    | 10                        | 2                       | 202              | 231              |                    |
| MARCH 2020        | 1,163            | 1                | 4                | 1                | 13                   | 15                        | 1                       | 250              | 269              |                    |
| APRIL 2020        | 1,209            | 2                | 2                | 2                | 12                   | 7                         | 3                       | 214              | 278              | 1                  |
| MAY 2020          | 1,225            | 2                | 3                | 2                | 10                   | 14                        | 3                       | 258              | 271              |                    |
| JUNE 2020         | 1,307            | 3                | 2                |                  | 10                   | 15                        | 4                       | 277              | 311              | 1                  |

## Gabapentin and Pregabalin

### Gabapentin, pregabalin Anthem 9/2019-6/2020



| Product/Drug Name | GABAPENTIN       | LYRICA           | PREGABALIN       |
|-------------------|------------------|------------------|------------------|
| Month             | Claim Count Paid | Claim Count Paid | Claim Count Paid |
| SEPTEMBER 2019    | 2,656            | 6                | 147              |
| OCTOBER 2019      | 2,853            | 3                | 171              |
| NOVEMBER 2019     | 2,616            | 3                | 158              |
| DECEMBER 2019     | 2,691            | 3                | 162              |
| JANUARY 2020      | 2,789            | 3                | 189              |
| FEBRUARY 2020     | 2,573            | 3                | 200              |
| MARCH 2020        | 2,864            | 2                | 225              |
| APRIL 2020        | 2,918            | 2                | 247              |
| MAY 2020          | 2,796            | 3                | 242              |
| JUNE 2020         | 2,911            | 2                | 255              |



# Standard Reports: Nevada Medicaid

## Quarterly DUR Report

Health Plan Name:

Anthem

Health Plan Contact:

Luke Lim, RPh

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### Top 10 Drug Classes By Paid Amount 1Q2020 and 2Q2020

| 1Q2020  |             |             |
|---|-------------|-------------|
| Drug Class  | Claim Count | Paid Amount |
| Antiretrovirals                                   | 2,223       | proprietary |
| Anti-TNF-alpha - Monoclonal Antibodies            | 287         | proprietary |
| Insulin   | 5,353       | proprietary |
| Sympathomimetics                                  | 22,572      | proprietary |
| Antipsychotics - Misc.                            | 1,417       | proprietary |
| Antineoplastic Enzyme Inhibitor                   | 103         | proprietary |
| Hepatitis Agents                                  | 177         | proprietary |
| Multiple Sclerosis Agents                         | 115         | proprietary |
| Incretin Mimetic Agents (GLP-1 Receptor Agonists) | 1,201       | proprietary |
| Quinolinone Derivatives                           | 2,396       | proprietary |

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



### Top 10 Drug Classes By Claim Count 1Q2020 and 2Q2020

| 1Q2020                         |             |             |
|--------------------------------|-------------|-------------|
| Drug Class                     | Claim Count | Paid Amount |
| Nonsteroidal Anti-inflammatory | 23,366      | proprietary |
| Sympathomimetics               | 22,572      | proprietary |
| Anticonvulsants - Misc.        | 15,943      | proprietary |
| Selective Serotonin Reuptake I | 13,389      | proprietary |
| HMG CoA Reductase Inhibitors   | 13,144      | proprietary |
| Antihistamines - Non-Sedating  | 11,470      | proprietary |
| Aminopenicillins               | 11,149      | proprietary |
| Glucocorticosteroids           | 9,825       | proprietary |
| Opioid Combinations            | 9,632       | proprietary |
| Central Muscle Relaxants       | 9,476       | proprietary |

| 2Q2020  |             |             |
|---|-------------|-------------|
| Drug Class                                      | Claim Count | Paid Amount |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)  | 18,779      | proprietary |
| ANTICONVULSANTS - MISC.                         | 16,679      | proprietary |
| HMG COA REDUCTASE INHIBITORS                    | 14,399      | proprietary |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | 14,264      | proprietary |
| BETA ADRENERGICS                                | 12,633      | proprietary |
| ANTIHIISTAMINES - NON-SEDATING                  | 10,568      | proprietary |
| ACE INHIBITORS                                  | 9,824       | proprietary |
| CENTRAL MUSCLE RELAXANTS                        | 9,817       | proprietary |
| ANTIAXIETY AGENTS - MISC.                       | 8,968       | proprietary |
| BIGUANIDES                                      | 8,716       | proprietary |

## 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        |
|---------------------------|---------------------------|--|---------------------------|-----------------------------|
| QUETIAPINE FUMARATE       | ALPRAZOLAM                | OXYCODONE HYDROCHLORIDE  | QUETIAPINE FUMARATE       | ALPRAZOLAM                  |
| HYDROCODONE/ACETAMINOPHEN | HYDROCODONE/ACETAMINOPHEN | METHADONE HCL  | RISPERIDONE               | HYDROCODONE/ACETAMINOPHEN   |
| ALPRAZOLAM                | ESCITALOPRAM OXALATE      | MORPHINE SULFATE ER  | ARIPIPRAZOLE              | BUPRENORPHINE HYDROCHLORIDE |
| OLANZAPINE                | OXYCODONE/ACETAMINOPHEN   | OXYCODONE/ACETAMINOPHEN  | OLANZAPINE                | CLONAZEPAM                  |
| TRAZODONE HYDROCHLORIDE   | TRAZODONE HYDROCHLORIDE   | HYDROCODONE/ACETAMINOPHEN  | LISINOPRIL                | OXYCODONE/ACETAMINOPHEN     |
| OXYCODONE/ACETAMINOPHEN   | CLONAZEPAM                | MORPHINE SULFATE   | METFORMIN HYDROCHLORIDE   | LORAZEPAM                   |
| BUPROPION HYDROCHLORIDE E | QUETIAPINE FUMARATE       | HYDROMORPHONE HCL  | OXYCODONE/ACETAMINOPHEN   | OXYCODONE HYDROCHLORIDE     |
| GABAPENTIN                | LISINOPRIL                | OXYCONTIN  | MIRTAZAPINE               | BUPRENORPHINE HCL           |
| MIRTAZAPINE               | BIKTARVY                  | PROLATE  | DIVALPROEX SODIUM ER      | PREGABALIN                  |
| IBUPROFEN                 | SERTRALINE HYDROCHLORIDE  | XTAMPZA ER   | HYDROCODONE/ACETAMINOPHEN | CHLORDIAZEPOXIDE HYDROCHL   |

| Underuse                    | Suboptimal compliance | Drug disease (inferred)     | High dose                     | Low dose                    |
|-----------------------------|-----------------------|-----------------------------|-------------------------------|-----------------------------|
| LOSARTAN POTASSIUM          | PROLATE               | GABAPENTIN                  | OXYCODONE HYDROCHLORIDE       | DOXYCYCLINE MONOHYDRATE     |
| QUETIAPINE FUMARATE         | ALPRAZOLAM            | ALPRAZOLAM                  | OXYCODONE/ACETAMINOPHEN       | BUSPIRONE HYDROCHLORIDE     |
| NIFEDIPINE ER               | MORPHABOND ER         | MELATONIN                   | METHOTREXATE SODIUM           | DIVALPROEX SODIUM ER        |
| EUTHYROX                    | MORPHINE SULFATE ER   | WARFARIN SODIUM             | CREON                         | MINOXIDIL                   |
| LANTUS SOLOSTAR             | MORPHINE SULFATE      | TOPIRAMATE                  | MORPHINE SULFATE ER           | ONDANSETRON ODT             |
| LEVOthyroxine Sodium        | XTAMPZA ER            | BUPROPION HYDROCHLORIDE E E | CHENODAL                      | POTASSIUM CHLORIDE ER       |
| RISPERIDONE                 | REXULTI               | CLONAZEPAM                  | SPRINTEC 28                   | VERAPAMIL HCL               |
| PRAMIPEXOLE DIHYDROCHLORIDE | IBUPROFEN             |                             | CYCLOBENZAPRINE HYDROCHLORIDE | JANUVIA                     |
| OLANZAPINE                  | ZTLIDO                |                             | BUPRENORPHINE HYDROCHLORIDE   | MEDROXYPROGESTERONE ACETATE |
| FLUOXETINE HYDROCHLORIDE    | DOXEPIN HYDROCHLORIDE |                             | FAMOTIDINE                    |                             |



## Retro-DUR

January – December 2019 Results

| <b>Retrospective DUR</b>            |                         |                    |                     |               |   |  |
|-------------------------------------|-------------------------|--------------------|---------------------|---------------|---|--|
| Description of Intervention         | Type of Contact (Media) | Number of Contacts | Number of Responses | Response Rate | Provider Targeted (e.g., Physician, Pharmacist) | Performed by (e.g., Subcontractor, etc.) |
| <b>Asthma Controller Proportion</b> | Mail/Fax                | 2231               | N/A                 | 26%           | Provider and member                             | Internal                                 |