



Nevada Medicaid Drug Use Review Board Meeting

APRIL 22, 2021



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

2021



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Clinical Presentation

Multiple Sclerosis Agents

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: KESIMPTA (ofatumumab)

Managed Care Organization name: Health Plan of Nevada

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx

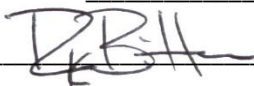
I disapprove of the criteria as presented by OptumRx

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: Ryan Bitton

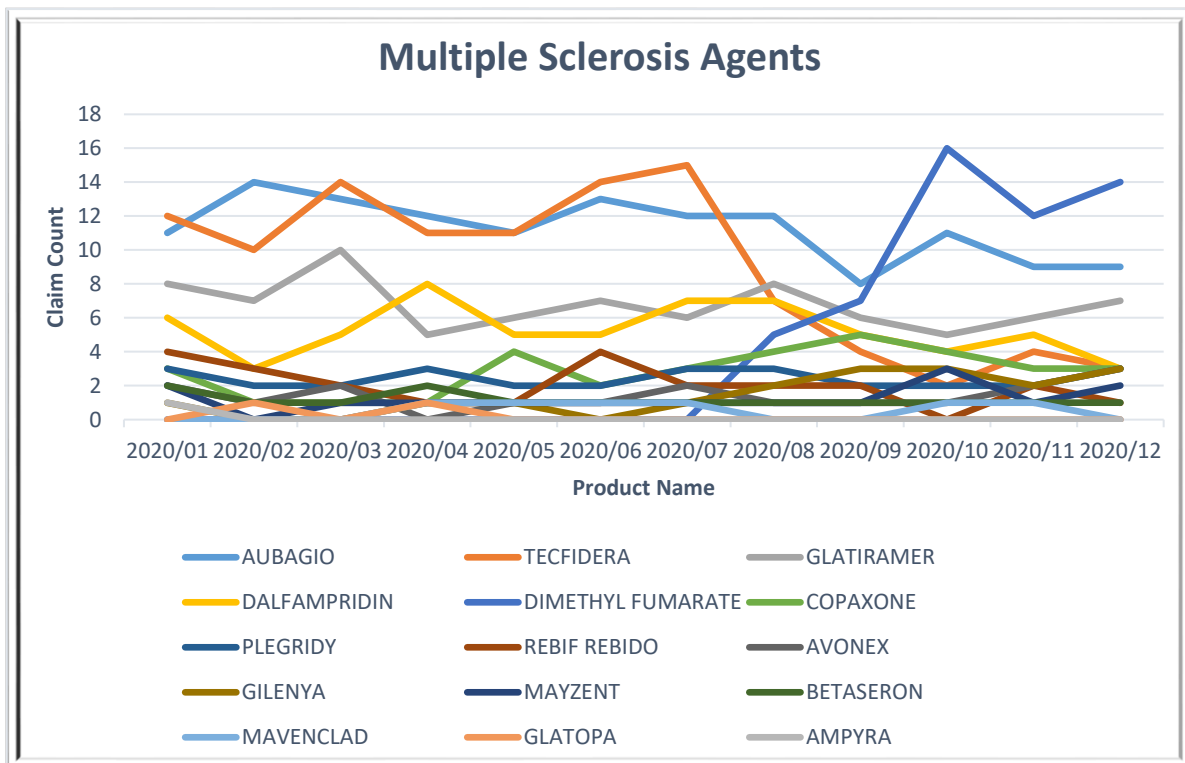
Signature of individual completing this form: 



Multiple Sclerosis Agents

Summary of Utilization
Jan 1, 2020 - Dec 31, 2020
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
AUBAGIO	22	135	4,058	4,058	NA
TECFIDERA	25	107	3,181	6,362	NA
GLATIRAMER	14	81	2,268	972	NA
DALFAMPRIDIN	9	63	1,950	3,900	NA
DIMETHYL FUMARATE	19	54	1,620	3,240	NA
COPAXONE	6	34	952	408	NA
PLEGRIDY	3	29	812	29	NA
REBIF REBIDO	4	24	672	144	NA
AVONEX	2	17	476	17	NA
GILENYA	3	17	510	420	NA
MAYZENT	2	15	450	450	NA
BETASERON	1	14	392	196	NA
MAVENCLAD	3	6	174	46	NA
GLATOPA	1	2	56	24	NA
AMPYRA	1	1	30	60	NA
Total	115	599	17,601	20,326	NA





Clinical Presentation

Hereditary Angioedema Agents

DRUG USE REVIEW BOARD

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DUR Meeting Date: April 22, 2021

Prior Authorization Criteria being reviewed: Hereditary Angioedema Agents

Managed Care Organization name: Health Plan of Nevada

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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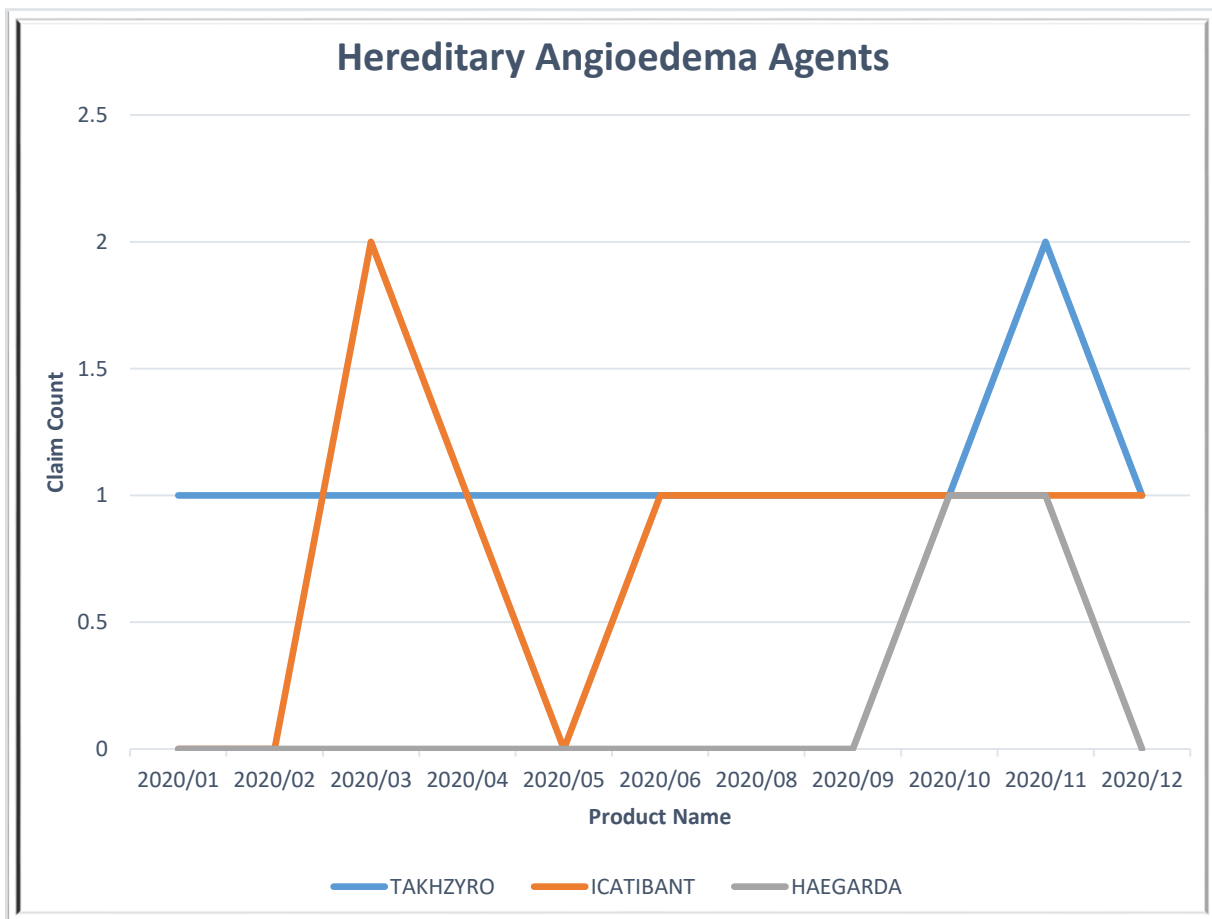
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Hereditary Angioedema Agents

Summary of Utilization
Jan 1, 2020 - Dec 31, 2020
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
TAKHZYRO	1	12	336	48	NA
ICATIBANT	2	9	22	75	NA
HAEGARDA	1	2	56	32	NA
Total	3	21	358	123	NA





Clinical Presentation

Platelet Inhibitors

DRUG USE REVIEW BOARD

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DUR Meeting Date: April 22, 2021

Prior Authorization Criteria being reviewed: Platelet Inhibitors

Managed Care Organization name: Health Plan of Nevada

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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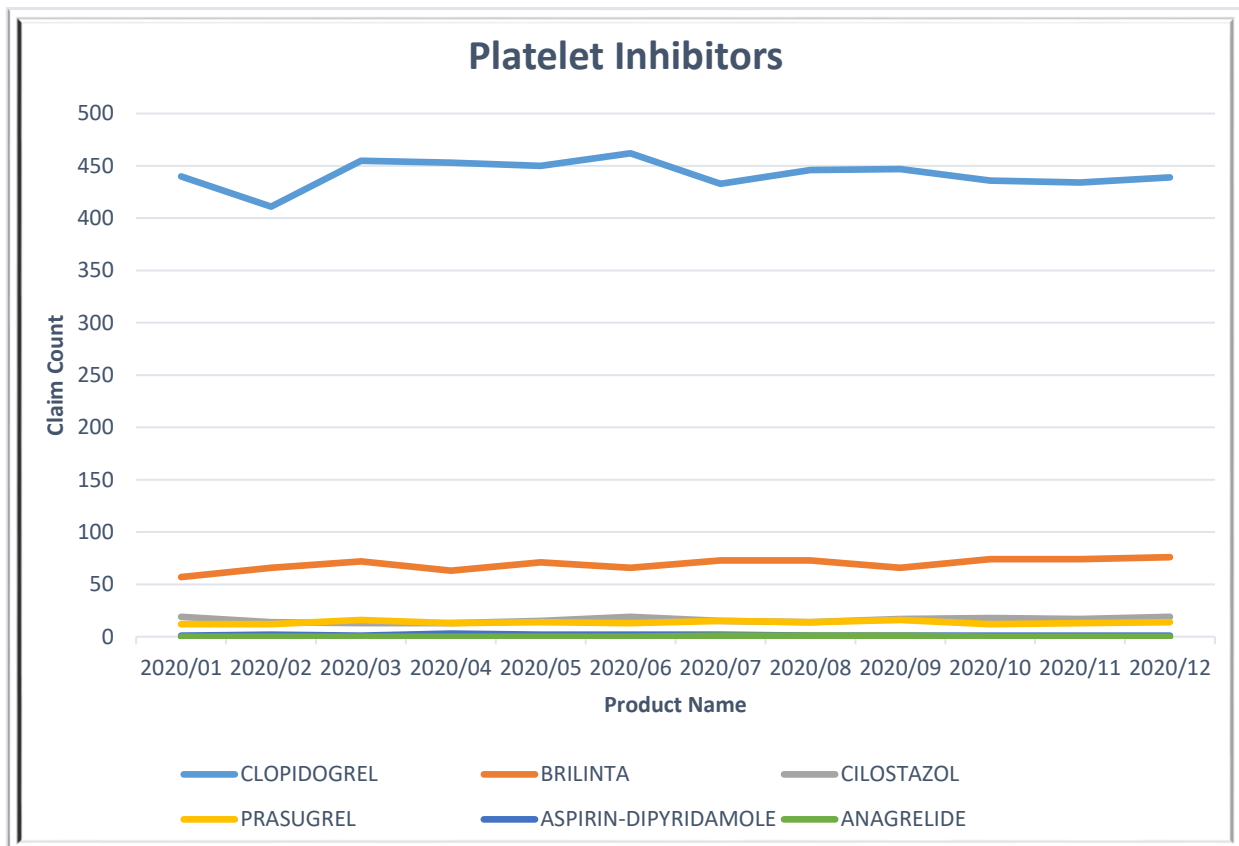
Signature of individual completing this form: 



Platelet Inhibitors

Summary of Utilization
Jan 1, 2020 - Dec 31, 2020
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
CLOPIDOGREL	921	5,306	173,422	173,383	NA
BRILINTA	151	831	26,971	53,912	NA
CILOSTAZOL	40	193	6,147	12,264	NA
PRASUGREL	28	164	5,098	5,368	NA
ASPIRIN-DIPYRIDAMOLE	2	18	540	1,080	NA
ANAGRELIDE	1	3	90	180	NA
Total	1,143	6,515	212,268	246,187	NA





Clinical Presentation

Narcolepsy Agents

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: XYWAV (calcium, magnesium, potassium & sodium oxybates)

Managed Care Organization name: Health Plan of Nevada

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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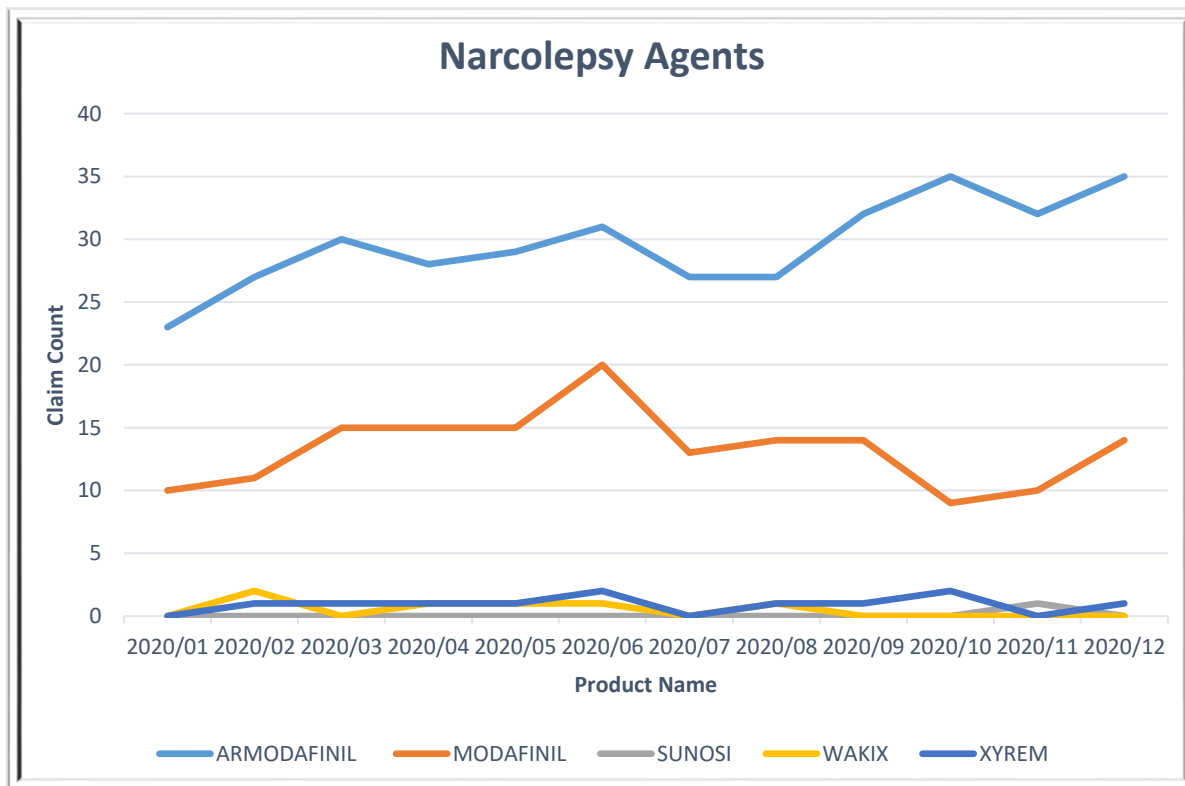
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Narcolepsy Agents

Summary of Utilization
Jan 1, 2020 - Dec 31, 2020
Health Plan of Nevada

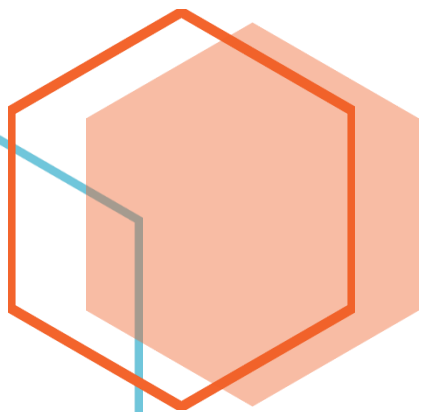
Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
ARMODAFINIL	68	356	10,611	10,611	NA
MODAFINIL	35	160	4,589	5,134	NA
XYREM	1	11	330	5,940	NA
WAKIX	1	6	150	157	NA
SUNOSI	1	1	30	30	NA
Total	106	534	15,710	21,872	NA





Clinical Presentation

Hepatitis C Agents



DRUG USE REVIEW BOARD

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DUR Meeting Date: April 22, 2021

Prior Authorization Criteria being reviewed: Hepatitis C Agents

Managed Care Organization name: Health Plan of Nevada

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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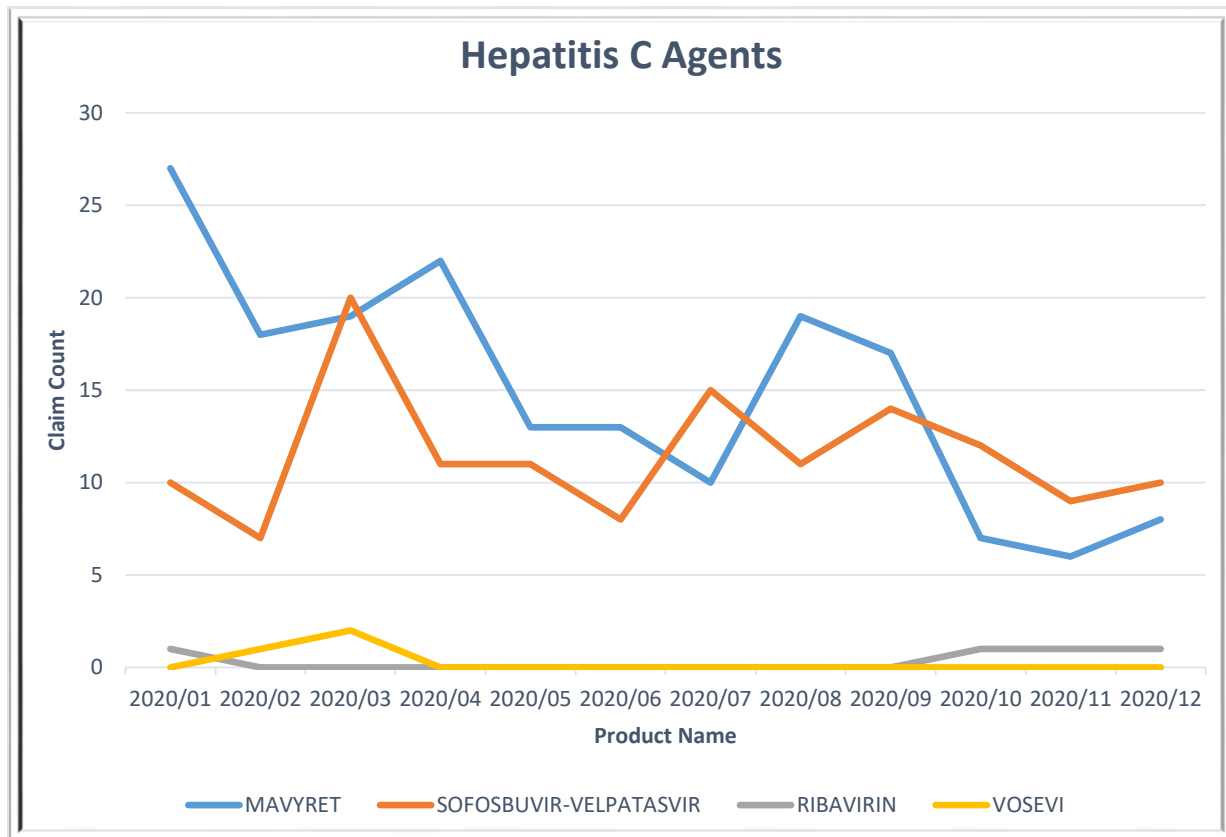
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Hepatitis C Agents

Summary of Utilization
Jan 1, 2020 - Dec 31, 2020
Health Plan of Nevada

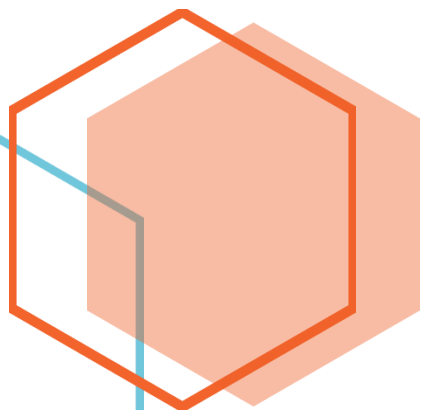
Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
MAVYRET	95	179	4,998	14,994	NA
SOFOSBUVIR-VELPATASVIR	52	138	3,864	3,864	NA
RIBAVIRIN	2	4	112	560	NA
VOSEVI	1	3	84	84	NA
Total	150	324	9,058	19,502	NA





Clinical Presentation

CGRP Antagonists



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DUR Meeting Date: April 22, 2021

Prior Authorization Criteria being reviewed: Nurtec ODT (rimegepant)

Managed Care Organization name: Health Plan of Nevada

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


- Documentation of a one month trial resulting in therapeutic failure, contraindication or intolerance to two of the following:
 - naratriptan (Amerge)
 - rizatriptan (Maxalt/Maxalt MLT)
 - sumatriptan (Imitrex)
- If patient has 4 to 14 migraine days per month and less than 15 headache days per month, patient must be currently treated with one of the following prophylactic therapies unless there is a contraindication or intolerance:
 - amitriptyline (Elavil)
 - a beta-blocker (i.e., atenolol, metoprolol, nadolol, propranolol, or timolol)
 - divalproex sodium (Depakote/Depakote ER)
 - topiramate (Topamax)
 - venlafaxine (Effexor/Effexor XR)
- For those experiencing greater migraine/headache amounts, Botox is an additional option

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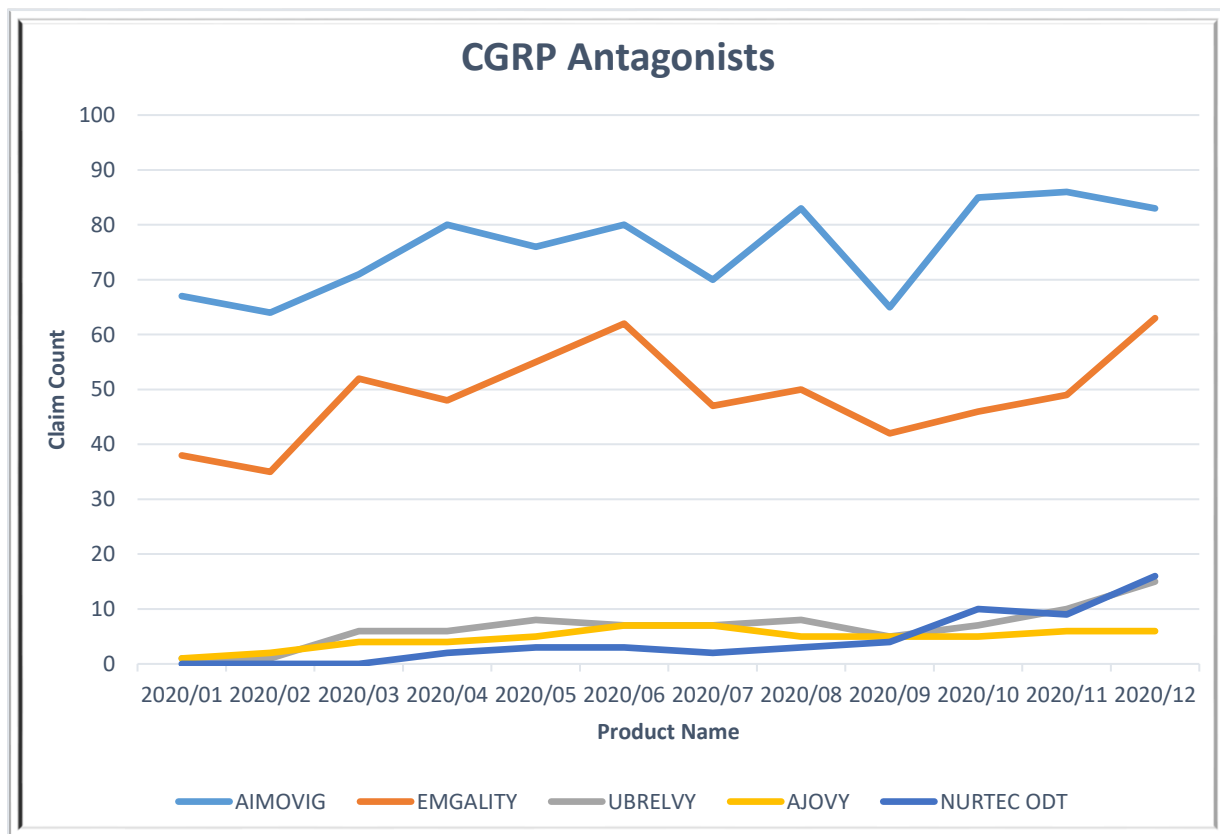
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CGRP Antagonists

Summary of Utilization
Jan 1, 2020 - Dec 31, 2020
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
AIMOVIG	186	910	27,044	910	NA
EMGALITY	124	587	17,370	653	NA
UBRELVY	44	81	1,766	813	NA
AJOVY	15	57	1,685	86	NA
NURTEC ODT	26	52	1,242	414	NA
Total	395	1,687	49,107	2,876	NA





Clinical Presentation

Anticonvulsants

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DUR Meeting Date: April 22, 2021

Prior Authorization Criteria being reviewed: VALTOCO (diazepam)

Managed Care Organization name: Health Plan of Nevada

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Anticonvulsants

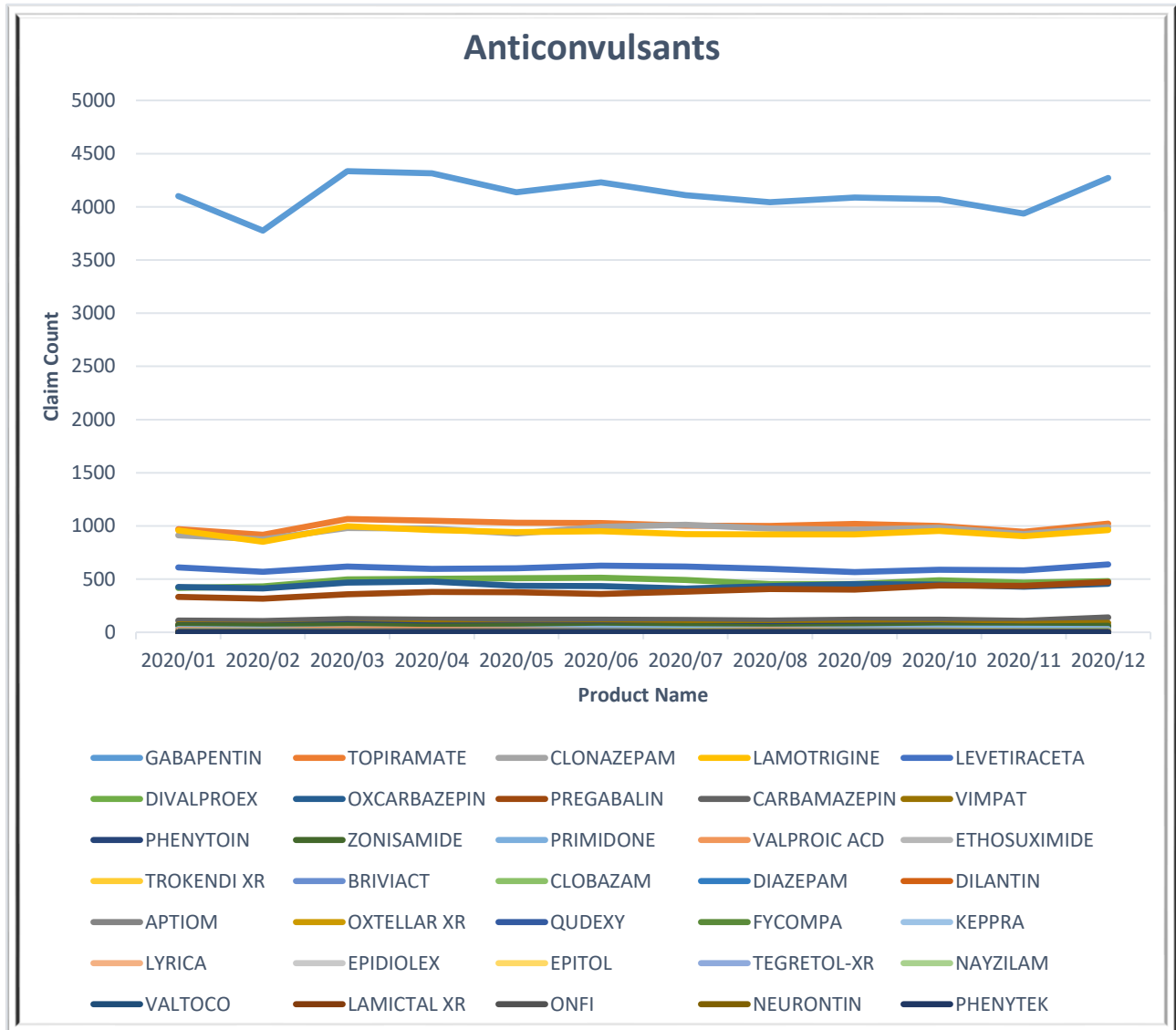
Summary of Utilization
Jan 1, 2020 - Dec 31, 2020
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
GABAPENTIN	9,569	49,414	1,487,460	4,395,671	NA
TOPIRAMATE	2,513	12,045	369,072	610,836	NA
CLONAZEPAM	2,256	11,508	329,411	605,625	NA
LAMOTRIGINE	1,861	11,240	340,892	561,172	NA
LEVETIRACETA	1,302	7,212	220,784	759,624	NA
DIVALPROEX	1,180	5,705	168,459	373,203	NA
OXCARBAZEPIN	1,028	5,288	158,026	379,311	NA
PREGABALIN	1,072	4,662	138,965	317,407	NA
CARBAMAZEPIN	239	1,406	42,739	127,928	NA
VIMPAT	129	916	27,501	56,091	NA
PHENYTOIN	131	741	22,564	77,147	NA
ZONISAMIDE	166	686	21,433	56,723	NA
PRIMIDONE	74	345	10,680	22,852	NA
VALPROIC ACID	58	225	6,784	66,196	NA
ETHOSUXIMIDE	27	140	4,373	39,857	NA
TROKENDI XR	23	131	4,083	4,563	NA
BRIVIACT	23	129	3,926	7,942	NA
CLOBAZAM	20	109	3,074	14,001	NA
DIAZEPAM	59	92	1,657	147	NA
DILANTIN	7	84	2,843	8,240	NA
APTiom	12	75	2,250	2,610	NA
OXTELLAR XR	3	49	1,440	2,880	NA
QUDEXY	7	43	1,530	1,560	NA
FYCOMPA	5	37	1,110	1,110	NA
KEPPRA	5	34	1,138	4,040	NA
LYRICA	7	30	877	2,047	NA
EPIDIOLEX	4	28	840	6,030	NA
EPITOL	6	15	449	1,185	NA
TEGRETOL-XR	1	7	230	820	NA
NAYZILAM	4	6	93	12	NA
VALTOCO	3	4	85	34	NA
ONFI	1	3	90	180	NA
LAMICTAL XR	1	3	90	270	NA
PHENYTEK	1	2	60	60	NA
NEURONTIN	1	2	60	120	NA
Total	21,798	112,416	3,375,068	8,507,494	NA



Anticonvulsants

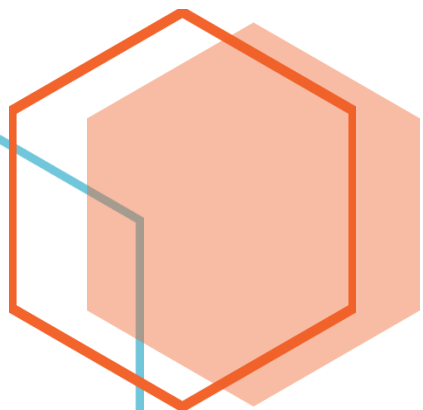
Summary of Utilization
Jan 1, 2020 - Dec 31, 2020
Health Plan of Nevada





DUR Board Requested Reports

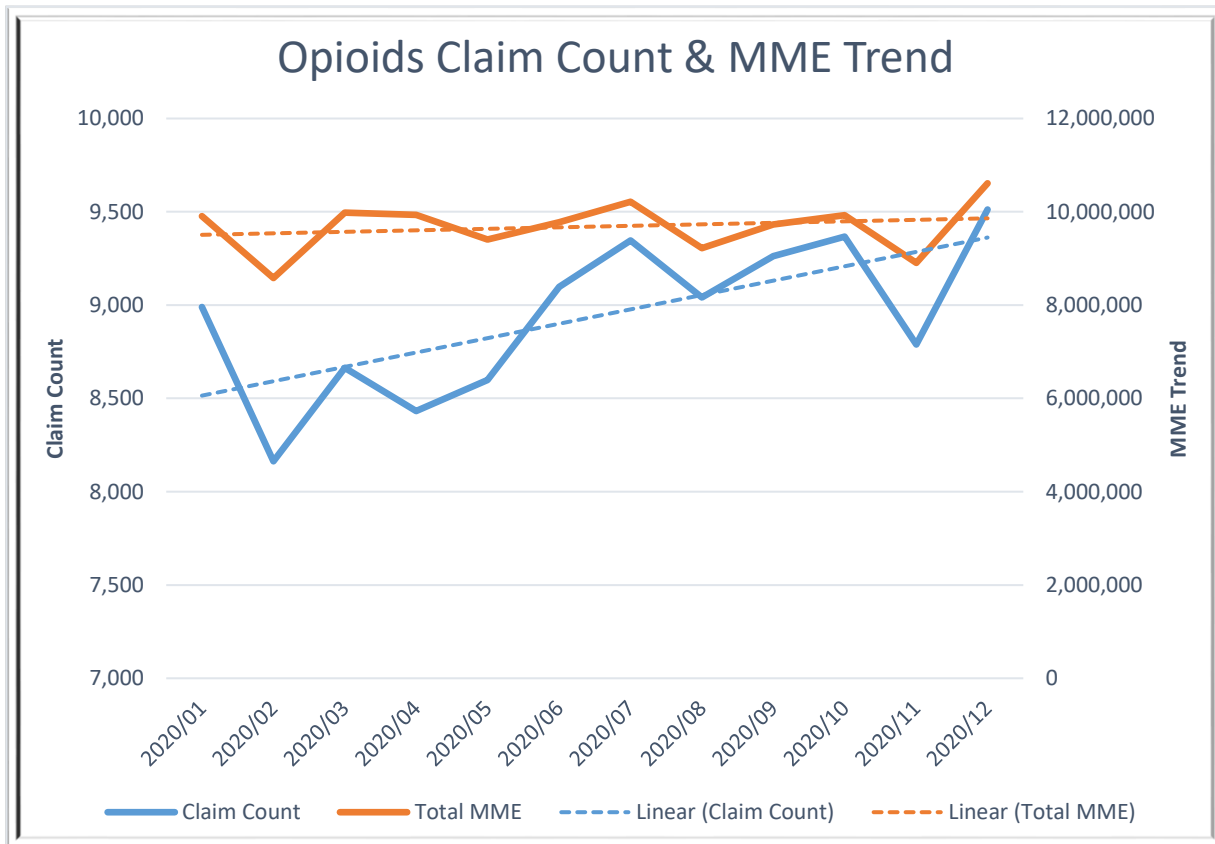
**Top Opioid
Prescribers & Members**





Opioid Utilization Overall Summary Jan 1, 2020 - Dec 31, 2020 Health Plan of Nevada

Year/Month Filled	Member Count	Claim Count	Claims Per Member	Sum of Days Supply	Sum of Quantity	Qty Per Member	Total MME
2020/01	8,452	8,989	1.06	197,000	634,688	75.09	9,904,789
2020/02	7,788	8,163	1.05	179,410	578,740	74.31	8,580,148
2020/03	8,012	8,663	1.08	193,383	619,703	77.35	9,981,110
2020/04	7,923	8,433	1.06	192,157	615,789	77.72	9,936,297
2020/05	8,183	8,599	1.05	190,247	614,039	75.04	9,407,029
2020/06	8,626	9,098	1.05	196,591	636,168	73.75	9,773,955
2020/07	8,827	9,346	1.06	201,700	649,781	73.61	10,213,236
2020/08	8,660	9,041	1.04	193,337	622,898	71.93	9,219,672
2020/09	8,801	9,262	1.05	198,923	642,530	73.01	9,730,216
2020/10	8,845	9,366	1.06	202,265	651,387	73.64	9,928,209
2020/11	8,448	8,789	1.04	189,801	612,359	72.49	8,907,062
2020/12	8,941	9,512	1.06	208,009	674,644	75.46	10,610,540





Top 10 Opioid Prescribers by Count of Claims

Jul 1, 2020 - Dec 31, 2020
Health Plan of Nevada

Top 10 Opioid Prescribers by Claim Count							Q4 2020 - Current		
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amt	Total MME per Script
OP1	PAIN MANAGEMEN	LAS VEGAS	NEVADA	475	791	22,820	68,708	NA	1,783
OP2	PAIN MANAGEMEN	LAS VEGAS	NEVADA	438	716	19,467	64,885	NA	2,483
OP3	PAIN MANAGEMEN	LAS VEGAS	NEVADA	312	675	19,069	62,694	NA	3,948
OP4	PAIN MANAGEMEN	LAS VEGAS	NEVADA	398	617	16,777	54,305	NA	2,282
OP5	ANESTHESIOLOGY	LAS VEGAS	NEVADA	331	490	14,061	42,118	NA	2,141
OP6	ANESTHESIOLOGY	LAS VEGAS	NEVADA	211	385	10,627	29,470	NA	1,845
OP7	ANESTHESIOLOGY	LAS VEGAS	NEVADA	172	357	10,456	36,007	NA	3,100
OP8	PAIN MANAGEMEN	LAS VEGAS	NEVADA	171	337	9,891	31,449	NA	2,624
OP9	INTERNAL MED	LAS VEGAS	NEVADA	84	307	5,002	10,195	NA	239
OP10	PAIN MANAGEMEN	LAS VEGAS	NEVADA	137	292	8,481	27,426	NA	3,631

Top 10 Opioid Prescribers by Claim Count							Q3 2020 - Previous		
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amt	Total MME per Script
OP3	PAIN MANAGEMEN	LAS VEGAS	NEVADA	333	811	22,885	75,743	NA	4,164
OP1	PAIN MANAGEMEN	LAS VEGAS	NEVADA	476	785	22,537	68,680	NA	1,771
OP2	PAIN MANAGEMEN	LAS VEGAS	NEVADA	378	718	19,053	64,649	NA	2,967
OP5	ANESTHESIOLOGY	LAS VEGAS	NEVADA	331	485	13,703	41,025	NA	1,867
OP4	PAIN MANAGEMEN	LAS VEGAS	NEVADA	245	416	10,596	32,263	NA	2,393
OP7	ANESTHESIOLOGY	LAS VEGAS	NEVADA	157	380	11,045	37,180	NA	3,475
OP11	PAIN MANAGEMEN	LAS VEGAS	NEVADA	291	378	10,720	31,883	NA	1,451
OP6	ANESTHESIOLOGY	LAS VEGAS	NEVADA	198	339	9,444	24,769	NA	1,596
OP12	ANESTHESIOLOGY	RENO	NEVADA	115	296	8,745	31,982	NA	5,049
OP9	INTERNAL MED	LAS VEGAS	NEVADA	87	290	4,596	9,525	NA	240



Top 25 Opioids Utilization By Member

Top 25 Members by Claim Count

Jul 1, 2020 - Dec 31, 2020

Health Plan of Nevada

Encrypted Member ID	Encrypted Prescriber ID	Opioid Claim Count	Days Supply	Sum of Quantity	Sum of Paid Amt	Total MME Member per Script
OM1	NA	51	552	1,355	NA	1,963
Total		51	552	1,355	NA	1,963
OM2	NA	28	196	1,568	NA	3,920
Total		28	196	1,568	NA	3,920
OM3	NA	2	30	90	NA	1,125
	OP2	2	30	62	NA	810
	OP3	23	345	840	NA	5,420
Total		27	405	992	NA	4,760
OM4	NA	1	7	56	NA	1,260
	NA	26	182	1,141	NA	10,157
Total		27	189	1,197	NA	9,827
OM5	NA	26	182	546	NA	4,119
Total		26	182	546	NA	4,119
OM6	NA	1	30	60	NA	1,800
	NA	24	618	3,280	NA	10,443
Total		25	648	3,340	NA	10,097
OM7	NA	18	130	348	NA	0
	NA	1	5	10	NA	50
	NA	4	28	84	NA	0
	NA	2	22	80	NA	190
Total		25	185	522	NA	17
OM8	NA	1	5	20	NA	600
	NA	2	11	58	NA	1,425
	NA	1	7	42	NA	1,890
	NA	2	7	17	NA	420
	NA	1	4	12	NA	180
	OP2	5	120	608	NA	8,064
	NA	1	3	18	NA	810
	NA	11	330	1,080	NA	11,495
Total		24	487	1,855	NA	7,248
OM9	NA	19	134	380	NA	0
	NA	5	42	126	NA	0
Total		24	176	506	NA	0



Top 25 Opioids Utilization By Member

Top 25 Members by Claim Count

Jul 1, 2020 - Dec 31, 2020

Health Plan of Nevada

Encrypted Member ID	Encrypted Prescriber ID	Opioid Claim Count	Days Supply	Sum of Quantity	Sum of Paid Amt	Total MME Member per Script
OM10	NA	21	193	586	NA	2,548
	NA	1	7	28	NA	315
Total		22	200	614	NA	2,446
OM11	NA	21	630	2,100	NA	9,464
Total		21	630	2,100	NA	9,464
OM12	NA	1	30	90	NA	900
	NA	20	140	560	NA	2,044
Total		21	170	650	NA	1,990
OM13	NA	20	175	415	NA	0
	NA	1	10	30	NA	0
Total		21	185	445	NA	0
OM14	NA	1	30	90	NA	4,050
	NA	16	465	551	NA	7,022
	OP6	3	90	110	NA	2,838
Total		20	585	751	NA	6,245
OM15	NA	1	5	20	NA	150
	NA	1	7	60	NA	300
	NA	18	168	210	NA	484
Total		20	180	290	NA	458
OM16	NA	20	140	420	NA	1,092
Total		20	140	420	NA	1,092
OM17	NA	19	285	330	NA	0
Total		19	285	330	NA	0
OM18	NA	4	120	360	NA	1,500
	NA	15	270	952	NA	861
Total		19	390	1,312	NA	996
OM19	NA	1	3	18	NA	135
	NA	1	3	18	NA	270
	NA	1	4	48	NA	360
	NA	5	65	242	NA	506
	NA	4	84	282	NA	1,103
	NA	5	81	307	NA	1,052
	NA	2	24	62	NA	311
Total		19	264	977	NA	715



Top 25 Opioids Utilization By Member

Top 25 Members by Claim Count

Jul 1, 2020 - Dec 31, 2020

Health Plan of Nevada

Encrypted Member ID	Encrypted Prescriber ID	Opioid Claim Count	Days Supply	Sum of Quantity	Sum of Paid Amt	Total MME Member per Script
OM20	NA	2	28	70	NA	630
	NA	2	28	70	NA	630
	NA	15	306	758	NA	2,132
Total		19	362	898	NA	1,816
OM21	NA	1	4	16	NA	120
	NA	18	540	1,350	NA	2,618
Total		19	544	1,366	NA	2,486
OM22	NA	1	14	28	NA	1,680
	NA	17	334	1,652	NA	5,642
Total		18	348	1,680	NA	5,422
OM23	OP10	3	80	150	NA	3,300
	NA	15	440	750	NA	8,340
Total		18	520	900	NA	7,500
OM24	NA	18	540	2,880	NA	18,000
Total		18	540	2,880	NA	18,000
OM25	NA	18	126	504	NA	1,260
Total		18	126	504	NA	1,260
GRAND TOTAL		569	8,489	27,998	NA	101,842

Top Opioid Member - Prescriber Correlation Summary

Top Opioid Member by Claim Count	Top Opioid Prescriber
OM3	OP2, OP3
OM8	OP2
OM14	OP6
OM23	OP10



Top 25 Opioids Utilization By Member MME

Top 25 Members by Total MME

Jul 1, 2020 - Dec 31, 2020

Health Plan of Nevada

Encrypted Member ID	Top Member by Claims	Encrypted Prescriber ID	Opioid Claim Count	Days Supply	Sum of Quantity	Sum of Paid Amt	Total MME Member per Script
MME1	NA	NA	7	210	3,150	NA	64,286
Total			7	210	3,150	NA	64,286
MME2	OM24	NA	18	540	2,880	NA	18,000
Total			18	540	2,880	NA	18,000
MME3	NA	NA	14	420	2,070	NA	21,407
Total			14	420	2,070	NA	21,407
MME4	NA	NA	12	360	2,160	NA	22,950
Total			12	360	2,160	NA	22,950
MME5	OM4	NA	1	7	56	NA	1,260
		NA	26	182	1,141	NA	10,157
Total			27	189	1,197	NA	9,827
MME6	OM6	NA	1	30	60	NA	1,800
		NA	24	618	3,280	NA	10,443
Total			25	648	3,340	NA	10,097
MME7	NA	NA	1	30	90	NA	3,600
		NA	12	342	2,250	NA	19,650
Total			13	372	2,340	NA	18,415
MME8	NA	NA	14	420	2,070	NA	16,596
Total			14	420	2,070	NA	16,596
MME9	NA	NA	12	360	1,800	NA	19,350
Total			12	360	1,800	NA	19,350
MME10	NA	NA	12	360	1,260	NA	18,900
Total			12	360	1,260	NA	18,900
MME11	NA	NA	14	420	1,260	NA	16,071
Total			14	420	1,260	NA	16,071
MME12	NA	NA	13	390	1,410	NA	16,345
Total			13	390	1,410	NA	16,345
MME13	NA	NA	12	360	1,080	NA	17,100
Total			12	360	1,080	NA	17,100
MME14	NA	NA	11	330	1,080	NA	18,082
Total			11	330	1,080	NA	18,082
MME15	OM11	NA	21	630	2,100	NA	9,464
Total			21	630	2,100	NA	9,464
MME16	NA	NA	13	390	1,170	NA	15,058
Total			13	390	1,170	NA	15,058



Top 25 Opioids Utilization By Member MME

Top 25 Members by Total MME

Jul 1, 2020 - Dec 31, 2020

Health Plan of Nevada

Encrypted Member ID	Top Member by Claims	Encrypted Prescriber ID	Opioid Claim Count	Days Supply	Sum of Quantity	Sum of Paid Amt	Total MME Member per Script
MME17	NA	NA	13	390	1,170	NA	15,058
Total			13	390	1,170	NA	15,058
MME18	NA	NA	13	375	1,350	NA	14,954
Total			13	375	1,350	NA	14,954
MME19	NA	OP12	16	480	1,050	NA	11,503
Total			16	480	1,050	NA	11,503
MME20	NA	NA	14	420	1,260	NA	12,729
Total			14	420	1,260	NA	12,729
MME21	NA	NA	12	360	1,800	NA	14,850
Total			12	360	1,800	NA	14,850
MME22	NA	NA	13	370	1,350	NA	13,431
Total			13	370	1,350	NA	13,431
MME23	OM8	NA	1	5	20	NA	600
		NA	2	11	58	NA	1,425
		NA	1	7	42	NA	1,890
		NA	2	7	17	NA	420
		NA	1	4	12	NA	180
		OP2	5	120	608	NA	8,064
		NA	1	3	18	NA	810
		NA	11	330	1,080	NA	11,495
Total			24	487	1,855	NA	7,248
MME24	NA	OP11	3	90	90	NA	11,250
		OP5	8	240	300	NA	17,381
Total			11	330	390	NA	15,709
MME25	NA	OP11	3	90	90	NA	11,250
		OP5	8	240	300	NA	17,381
Total			11	330	390	NA	15,709
GRAND TOTAL			365	9,941	40,982	NA	433,139



Top 25 Opioids Utilization By Member MME

Top 25 Members by Total MME

Jul 1, 2020 - Dec 31, 2020

Health Plan of Nevada

MME Correlation Summary		
Top Opioid Member by Total MME	Top Opioid Member by Claim Count	Top Opioid Prescriber
MME2	OM24	NA
MME5	OM4	NA
MME6	OM6	NA
MME15	OM11	NA
MME19	NA	OP12
MME23	OM8	OP2
MME24	NA	OP5, OP11
MME25	NA	OP5, OP11



Standard DUR Report



Nevada Medicaid

Quarterly DUR Report

Health Plan Name:	Health Plan of Nevada
Health Plan Contact:	Ryan Bitton, PharmD, MBA
Contact Email:	ryan.bitton@uhc.com
Report Quarter (Calendar Year):	Q4 2020
Report Period Start Date:	10/1/2020
Report Period End Date:	12/31/2020
Submission Date of Report:	4/22/2021

Opioid Utilization						
Year/Month Filled	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amount	Total MME
2020/01	8,452	8,989	197,000	634,688	NA	9,904,789
2020/02	7,788	8,163	179,410	578,740	NA	8,580,148
2020/03	8,012	8,663	193,383	619,703	NA	9,981,110
2020/04	7,923	8,433	192,157	615,789	NA	9,936,297
2020/05	8,183	8,599	190,247	614,039	NA	9,407,029
2020/06	8,626	9,098	196,591	636,168	NA	9,773,955
2020/07	8,827	9,346	201,700	649,781	NA	10,213,236
2020/08	8,660	9,041	193,337	622,898	NA	9,219,672
2020/09	8,801	9,262	198,923	642,530	NA	9,730,216
2020/10	8,845	9,366	202,265	651,387	NA	9,928,209
2020/11	8,448	8,789	189,801	612,359	NA	8,907,062
2020/12	8,941	9,512	208,009	674,644	NA	10,610,540

Top 10 Opioid Prescribers - Q4 2020 - Current Quarter										
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amount	Total MME per Script	
OP1	PAIN MANAGEMENT	LAS VEGAS	NEVADA	475	791	22,820	68,708	NA	1,783	
OP2	PAIN MANAGEMENT	LAS VEGAS	NEVADA	438	716	19,467	64,885	NA	2,483	
OP3	PAIN MANAGEMENT	LAS VEGAS	NEVADA	312	675	19,069	62,694	NA	3,948	
OP4	PAIN MANAGEMENT	LAS VEGAS	NEVADA	398	617	16,777	54,305	NA	2,282	
OP5	ANESTHESIOLOGY	LAS VEGAS	NEVADA	331	490	14,061	42,118	NA	2,141	
OP6	ANESTHESIOLOGY	LAS VEGAS	NEVADA	211	385	10,627	29,470	NA	1,845	
OP7	ANESTHESIOLOGY	LAS VEGAS	NEVADA	172	357	10,456	36,007	NA	3,100	
OP8	PAIN MANAGEMENT	LAS VEGAS	NEVADA	171	337	9,891	31,449	NA	2,624	
OP9	INTERNAL MED	LAS VEGAS	NEVADA	84	307	5,002	10,195	NA	239	
OP10	PAIN MANAGEMENT	LAS VEGAS	NEVADA	137	292	8,481	27,426	NA	3,631	

Top 10 Opioid Prescribers - Q3 2020 - Previous Quarter										
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amount	Total MME per Script	
OP3	PAIN MANAGEMENT	LAS VEGAS	NEVADA	333	811	22,885	75,743	NA	4,164	
OP1	PAIN MANAGEMENT	LAS VEGAS	NEVADA	476	785	22,537	68,680	NA	1,771	
OP2	PAIN MANAGEMENT	LAS VEGAS	NEVADA	378	718	19,053	64,649	NA	2,967	
OP5	ANESTHESIOLOGY	LAS VEGAS	NEVADA	331	485	13,703	41,025	NA	1,867	
OP4	PAIN MANAGEMENT	LAS VEGAS	NEVADA	245	416	10,596	32,263	NA	2,393	
OP7	ANESTHESIOLOGY	LAS VEGAS	NEVADA	157	380	11,045	37,180	NA	3,475	
OP11	PAIN MANAGEMENT	LAS VEGAS	NEVADA	291	378	10,720	31,883	NA	1,451	
OP6	ANESTHESIOLOGY	LAS VEGAS	NEVADA	198	339	9,444	24,769	NA	1,596	
OP12	ANESTHESIOLOGY	RENO	NEVADA	115	296	8,745	31,982	NA	5,049	
OP9	INTERNAL MED	LAS VEGAS	NEVADA	87	290	4,596	9,525	NA	240	

Nevada Medicaid

Quarterly DUR Report

Health Plan Name:	Health Plan of Nevada
Health Plan Contact:	Ryan Bitton, PharmD, MBA
Contact Email:	ryan.bitton@uhc.com
Report Quarter (Calendar Year):	Q4 2020
Report Period Start Date:	10/1/2020
Report Period End Date:	12/31/2020
Submission Date of Report:	4/22/2021

Top 10 Drug Classes by Paid Amount - Q4 2020 - Current Quarter

Drug Class Name	Count of Claims	Pharmacy Paid
ANTIRETROVIRALS	2,580	NA
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	517	NA
INSULIN	8,294	NA
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	2,699	NA
ANTINEOPLASTIC ENZYME INHIBITORS	168	NA
ANTIPSORIATICS	247	NA
SYMPATHOMIMETICS	24,296	NA
ANTIPSYCHOTICS - MISC.	1,366	NA
MULTIPLE SCLEROSIS AGENTS	155	NA
DIRECT FACTOR XA INHIBITORS	1,915	NA

Top 10 Drug Classes by Paid Amount - Q3 2020 - Previous Quarter

Drug Class Name	Count of Claims	Pharmacy Paid
ANTIRETROVIRALS	2,578	NA
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	489	NA
INSULIN	8,528	NA
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	2,594	NA
ANTINEOPLASTIC ENZYME INHIBITORS	161	NA
ANTIPSORIATICS	204	NA
SYMPATHOMIMETICS	22,062	NA
ANTIPSYCHOTICS - MISC.	1,361	NA
HEPATITIS AGENTS	117	NA
MULTIPLE SCLEROSIS AGENTS	152	NA

Top 10 Drug Classes by Claim Count - Q4 2020 - Current Quarter

Drug Class Name	Count of Claims	Pharmacy Paid
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	30,052	NA
SYMPATHOMIMETICS	24,296	NA
ANTICONVULSANTS - MISC.	23,569	NA
HMG COA REDUCTASE INHIBITORS	23,343	NA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	19,454	NA
OPIOID COMBINATIONS	17,229	NA
PROTON PUMP INHIBITORS	15,459	NA
CENTRAL MUSCLE RELAXANTS	15,342	NA
ACE INHIBITORS	13,910	NA
BIGUANIDES	13,665	NA

Top 10 Drug Classes by Claim Count - Q3 2020 - Previous Quarter

Drug Class Name	Count of Claims	Pharmacy Paid
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	29,353	NA
ANTICONVULSANTS - MISC.	23,246	NA
HMG COA REDUCTASE INHIBITORS	22,256	NA
SYMPATHOMIMETICS	22,062	NA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	18,698	NA
OPIOID COMBINATIONS	17,190	NA
PROTON PUMP INHIBITORS	15,321	NA
CENTRAL MUSCLE RELAXANTS	15,015	NA
ACE INHIBITORS	13,878	NA
BIGUANIDES	13,428	NA

Nevada Medicaid

Quarterly DUR Report

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Contact Email:	ryan.bitton@uhc.com
Report Quarter (Calendar Year):	Q4 2020
Report Period Start Date:	10/1/2020
Report Period End Date:	12/31/2020
Submission Date of Report:	4/22/2021

Retrospective DUR

Topic	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.)
Concurrent Therapy	This is a provider-targeted program designed to minimize the occurrence of clinically significant concurrent use of medications within targeted therapeutic classes including anticholinergics and Central Nervous System (CNS) active medications.	Fax/Mail	1004 (577)	22	3.81%	Prescriber	OptumRx
Dose Per Day	This is a provider-targeted program designed to enhance provider awareness of appropriate medication dose and duration use based on approved prescribing information.	Fax/Mail	477 (112)	33	29.46%	Prescriber	OptumRx
Drug-Age Interaction	This is a provider-targeted program designed to minimize the occurrence of potentially inappropriate medications (PIMs) in the geriatric (65 years and older) and pediatric (less than 18 years) population.	Fax/Mail	1258 (749)	144	19.22%	Prescriber	OptumRx
Drug-Disease Interaction	This is a provider-targeted program designed to minimize the occurrence of clinically significant, patient-specific drug-disease interactions.	Fax/Mail	1483 (950)	126	13.26%	Prescriber	OptumRx
Drug-Drug Interaction	This is a provider-targeted program designed to minimize the occurrence of clinically significant, patient-specific drug-drug interactions.	Fax/Mail	5097 (2980)	860	28.86%	Prescriber	OptumRx
Duplicate Therapy	This is a provider-targeted program designed to promote awareness of Therapeutic duplication concerns.	Fax/Mail	4400 (2758)	295	10.69%	Prescriber	OptumRx
Overutilization_Days Supply	This is a provider-targeted program designed to enhance provider awareness of appropriate medication dose and duration use based on approved prescribing information.	Fax/Mail	1535 (793)	51	6.43%	Prescriber	OptumRx
Gaps in Care Asthma	To optimize the use of long-term controller medications (LTCMs) as recommended by current guidelines, promote the appropriate use of short-acting beta-agonists (SABAs), and provide asthma management education to members and their providers.	Fax/Mail	7150 (3991)	410	10.3%	Prescriber	OptumRx

Nevada Medicaid

Quarterly DUR Report

Health Plan Name:	Health Plan of Nevada
Health Plan Contact:	Ryan Bitton, PharmD, MBA
Contact Email:	ryan.bitton@uhc.com
Report Quarter (Calendar Year):	Q3 2020
Report Period Start Date:	7/1/2020
Report Period End Date:	9/30/2020
Submission Date of Report:	1/28/2021

Retrospective DUR

Topic	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.)
Gaps in Care Cardiovascular	Cardiovascular Program (Atrial fibrillation): To optimize the management of atrial fibrillation (Afib) by identifying and closing the gap in medication therapy for members with Afib not on an anti-thrombin agent.						
	Cardiovascular Program (CHD_IVD No Statin): To optimize the management of Coronary Heart Disease (CHD) and Ischemic Vascular Disease (IVD) by identifying and closing the gap in medication therapy for patients not on a statin.						
	Cardiovascular Program (CHD_IVD Inappropriate Statin Dose): To optimize the management of Coronary Heart Disease (CHD) and Ischemic Vascular Disease (IVD) by identifying and closing the gap in medication therapy for patients not on an appropriate dose of statin.	Fax/Mail	579 (400)	81	20.25%	Prescriber	OptumRx
	Cardiovascular Program (CHF)_Beta Blocker: To optimize the management of Congestive Heart Failure (CHF) by identifying and closing the gap in medication therapy for members with CHF not on a beta blocker or appropriate beta blocker.						
	Cardiovascular Program (CHF)_RAAS Inhibitor: To optimize the management of Congestive Heart Failure (CHF) by identifying and closing the gap in medication therapy for members with CHF and not on an angiotensin-converting enzyme inhibitor (ACEI) or angiotensin II receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI).						
	Cardiovascular Program (MI): To optimize the						

Nevada Medicaid

Quarterly DUR Report

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Report Quarter (Calendar Year):	Q3 2020
Report Period Start Date:	7/1/2020
Report Period End Date:	9/30/2020
Submission Date of Report:	1/28/2021

Retrospective DUR

Topic	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.)
Gaps in Care COPD	To optimize the use of long-term controller medications (LTCMs) as recommended, promote the appropriate use of short- acting beta-agonists (SABAs) in Chronic Obstructive Pulmonary Disease (COPD)	Fax/Mail	184 (94)	14	14.89%	Prescriber	OptumRx
Gaps in Care Diabetes	Diabetes not on a Statin Program: To optimize the management of diabetes by identifying and closing the gap for members with diabetes not on a statin. Diabetes and Hypertension Program: To optimize the management of diabetes by identifying and closing the gap for members with diabetes and hypertension not on certain anti-hypertensive agent.	Fax/Mail	6114 (4439)	778	17.53%	Prescriber	OptumRx
Gaps in Care HIV	To optimize the management of by identifying and closing the gap in medication therapy for members with HIV receiving protease inhibitor but not on ritonavir.	Fax/Mail	2 (2)	1	50.00%	Prescriber	OptumRx
Gaps in Care Sickle Cell Disease	To optimize the management of Sickle Cell Disease (SCD) by identifying and closing the gap in medication therapy for patients with SCD not on hydroxyurea	Fax/Mail	0 (0)	0	0.00%	Prescriber	OptumRx
Narcotic Drug Utilization Program	This is a provider-targeted program designed to minimize the occurrence of drug abuse, diversion, and inappropriate use in members utilizing high-risk medications.	Fax/Mail	61457 (10748)	1466	13.6%	Prescriber	OptumRx

Nevada Medicaid

Quarterly DUR Report

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Submission Date of Report:	4/22/2021

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Prospective DUR							
What percentage of claims denied at Point of Sale for the following DUR	Total Alerts	Total Alert Overrides	% Alert Overrides	Total Alert Cancels	% Alert Cancels	Total Alerts not adjudicated	% Alerts not adjudicated
Early Refill (ER)	17,263	N/A	N/A	N/A	N/A	17,263	100.00%
Therapeutic duplication (TD)	67,604	52,905	78.26%	14,699	21.74%	N/A	N/A
Ingredient duplication (ID)	58,090	56	0.10%	62	0.11%	57,972	99.80%
Late Refill (LR)	Covered by Dose Duration services below.						
Total High Dose (HD)	Covered by Therapeutic Dose services below.						
Drug-Pregnancy (PG)	Covered by Drug-Disease Services below.						
Total Low Dose (LD)	Covered by Dose Duration services below.						
Drug-Drug (DD)	142,025	90,079	63.42%	27,390	19.29%	24,556	17.29%
Drug-Disease (MC)	225,544	189,056	83.82%	36,488	16.18%	N/A	N/A
Drug-Allergy (DA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug-Age (PA)	24,017	17,671	73.58%	6,346	26.42%	N/A	N/A
Therapeutic Dose Limits Screening	8,095	732	9.04%	504	6.23%	6,859	84.73%
Dose Duration	21,889	14,295	65.31%	7,594	34.69%	N/A	N/A

Top 10 Drugs by Therapeutic Problem Type - Overutilization										
ER	TD	ID	LR	HD	PG	LD	DD	MC	DA	PA
DEXCOM G6 SENSOR	AMLODIPINE BESYLATE	DEXCOM G6 SENSOR	ATORVASTATIN CALCIUM	VITAMIN D	METFORMIN HYDROCHLORIDE	XULANE	LISINAPRIL	ATORVASTATIN CALCIUM	N/A	MONTELUKAST SODIUM
ONETOUCH VERIO TEST STRIPS	LOSARTAN POTASSIUM	ONETOUCH VERIO TEST STRIPS	OMEPRAZOLE	ALBUTEROL SULFATE	METHIMAZOLE	MEDROXYPROGESTERONE ACETATE	ATORVASTATIN CALCIUM	GABAPENTIN	N/A	IBUPROFEN
GUANFACINE ER	HYDROCHLOROTHIAZIDE	GUANFACINE ER	MONTELUKAST SODIUM	MONTELUKAST SODIUM	ONDANSETRON ODT	PHENAZOPYRIDINE HYDROCHLORIDE	METFORMIN HYDROCHLORIDE	ALPRAZOLAM	N/A	CETIRIZINE HYDROCHLORIDE
ARIPIRAZOLE	ALBUTEROL SULFATE	ARIPIRAZOLE	LISINAPRIL	ONDANSETRON ODT	DOXYCYCLINE MONOHYDRATE	NYSTATIN	HYDROCHLOROTHIAZIDE	ALBUTEROL SULFATE HFA	N/A	TRIAMCINOLONE ACETONIDE
BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	LISINAPRIL	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PANTOPRAZOLE SODIUM	FAMOTIDINE	IBUPROFEN	FLUCONAZOLE	TRAZODONE HYDROCHLORIDE	HYDROCODONE/ACETAMINOPHEN	N/A	KETOCONAZOLE
ONETOUCH ULTRA	METOPROLOL TARTRATE	ONETOUCH ULTRA	AMLODIPINE BESYLATE	PROMETHAZINE/DEXTROMETHORPHAN	LATUDA	ONDANSETRON ODT	FOLIC ACID	ZOLPIDEM TARTRATE	N/A	LORATADINE CHILDRENS
OXYCODONE HYDROCHLORIDE	CARVEDILOL	OXYCODONE HYDROCHLORIDE	METFORMIN HYDROCHLORIDE	SODIUM FLUORIDE	QUETIAPINE FUMARATE	MONTELUKAST SODIUM	IBUPROFEN	IBUPROFEN	N/A	SERTRALINE HCL
COSENTYX SENSOREADY PEN	BASAGLAR KWIKPEN	COSENTYX SENSOREADY PEN	IBUPROFEN	CEFDIRINIR	TRIAMCINOLONE ACETONIDE	PROPRANOLOL HYDROCHLORIDE	AMLODIPINE BESYLATE	LEVOTHYROXINE SODIUM	N/A	CEPHALEXIN
ALBUTEROL SULFATE HFA	METOPROLOL SUCCINATE ER	ALBUTEROL SULFATE HFA	LEVOTHYROXINE SODIUM	DEPO-ESTRADIOL	HYDROXYZINE HYDROCHLORIDE	ACYCLOVIR	GABAPENTIN	LOSARTAN POTASSIUM	N/A	ONDANSETRON ODT
BASAGLAR KWIKPEN	FUROSEMIDE	BASAGLAR KWIKPEN	GABAPENTIN	VITAMIN C	NORETHINDRONE	ANASTROZOLE	ALPRAZOLAM	MONTELUKAST SODIUM	N/A	AMPHETAMINE/DEXTROAMPHETAMINE