



Nevada Medicaid Drug Use Review Board Meeting

APRIL 28, 2022



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

2022



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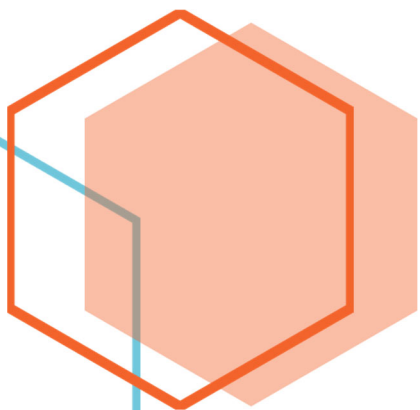
Clinical Presentation

Movement Disorder Agents

AUSTEDO (deutetrabenazine)

&

INGREZZA (valenazine)



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 28, 2022

Prior Authorization Criteria being reviewed: Movement Disorder Agents - AUSTEDO (deutetrabenazine) & INGREZZA (valenazine)

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 _____

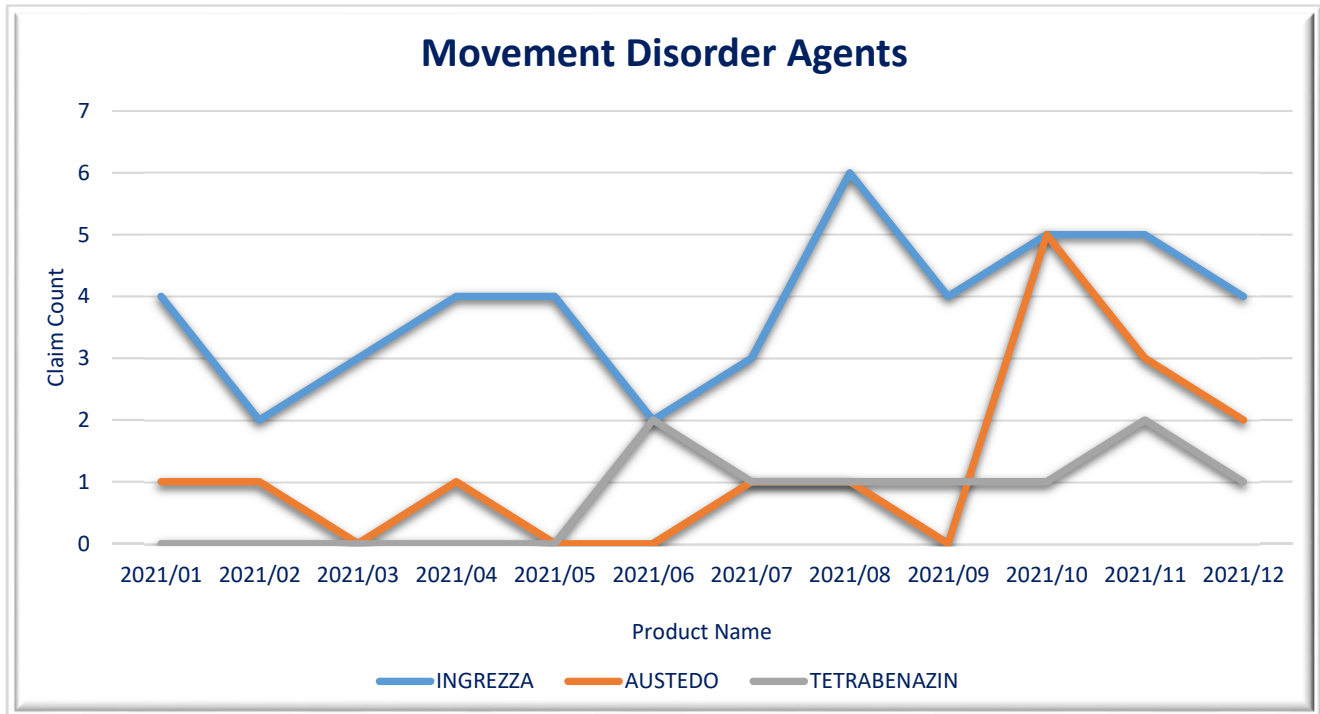
Signature of individual completing this form: _____  _____



Movement Disorder Agents - AUSTEDO (deutetrabenazine) & INGREZZA (valenzazine)

Summary of Utilization
Jan 1, 2021 - Dec 31, 2021
Health Plan of Nevada

Product Name	Members	Claims	Total Days Supply	Total Quantity	Sum of Amt Paid
INGREZZA	12	46	1,376	1,376	NA
AUSTEDO	4	15	450	900	NA
TETRABENAZIN	1	9	268	993	NA
Total	17	70	2,094	3,269	NA





Clinical Presentation

Sedative Hypnotics

HETLIOZ (tasimelteon)

DRUG USE REVIEW BOARD

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DUR Meeting Date: April 28, 2022

Prior Authorization Criteria being reviewed: Sedative Hypnotics - HETLIOZ (tasimelteon)

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

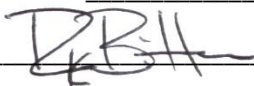
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HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Sedative Hypnotics - HETLIOZ (tasimelteon)

Summary of Utilization
Jan 1, 2021 - Dec 31, 2021
Health Plan of Nevada

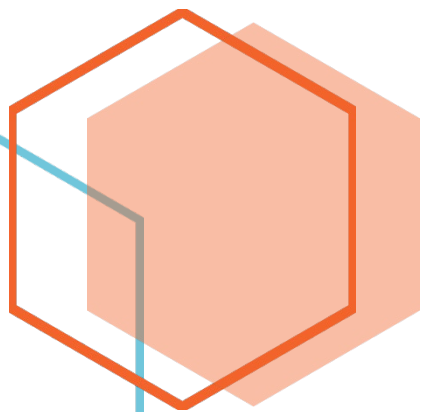
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No Utilization



Clinical Presentation

Monoclonal Antibodies for the Treatment of Respiratory Conditions



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 28, 2022

Prior Authorization Criteria being reviewed: Respiratory & Allergy Biologics – CINQAIR (reslizumab), DUPIXENT (dupilumab), FASENRA (benralizumab), NUCALA (mepolizumab), XOLAIR (omalizumab)

Managed Care Organization name: Health Plan of Nevada

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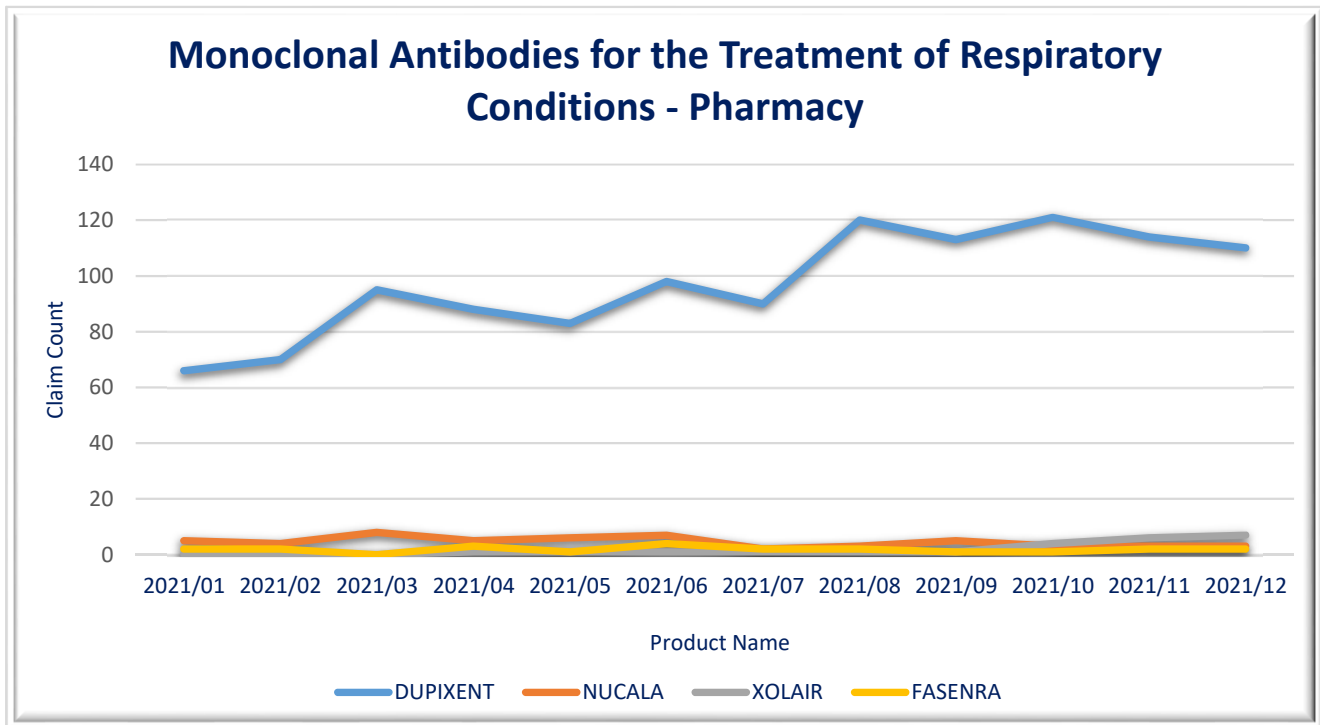
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Monoclonal Antibodies for the Treatment of Respiratory Conditions

Summary of Utilization
Jan 1, 2021 - Dec 31, 2021
Health Plan of Nevada

Pharmacy					
Product Name	Members	Claims	Total Days Supply	Total Quantity	Sum of Amt Paid
DUPIXENT	171	1,168	31,852	4,400	NA
NUCALA	12	54	1,512	54	NA
XOLAIR	6	23	644	64	NA
FASENRA	5	22	873	22	NA
Total	194	1,267	34,881	4,540	NA

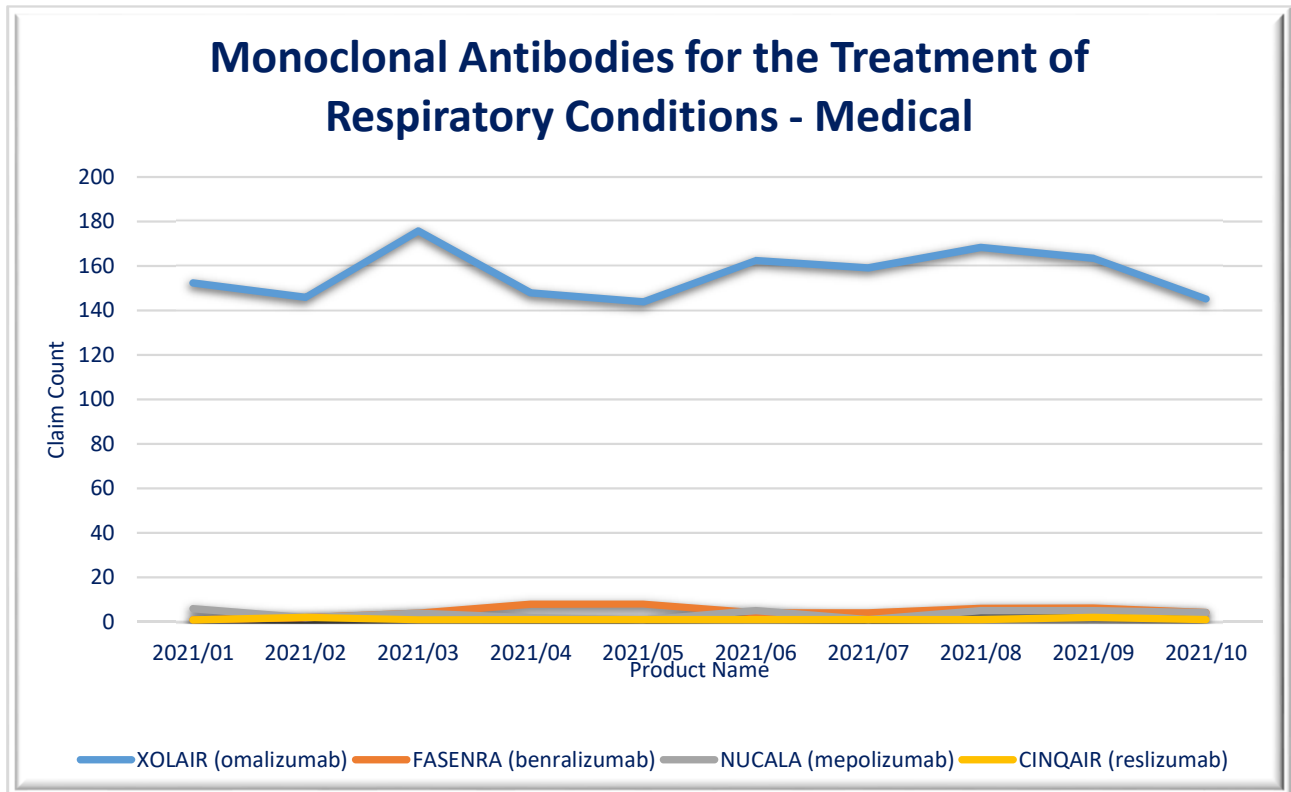




Monoclonal Antibodies for the Treatment of Respiratory Conditions

Summary of Utilization
Jan 1, 2021 - Dec 31, 2021
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Medical		
Product Name	Claims	Total Paid
XOLAIR (omalizumab)	1,564	NA
FASENRA (benralizumab)	48	NA
NUCALA (mepolizumab)	36	NA
CINQAIR (reslizumab)	12	NA
Grand Total	1,660	NA





Clinical Presentation

VUITY (pilocarpine)

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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DUR Meeting Date: April 28, 2022

Prior Authorization Criteria being reviewed: VUITY (pilocarpine)

Managed Care Organization name: Health Plan of Nevada

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VUITY (pilocarpine)

Summary of Utilization
Jan 1, 2021 - Dec 31, 2021
Health Plan of Nevada

Product Name	Members	Claims	Total Days Supply	Total Quantity	Sum of Amt Paid
VUITY	1	1	30	3	NA
Total	1	1	30	3	NA



Clinical Presentation

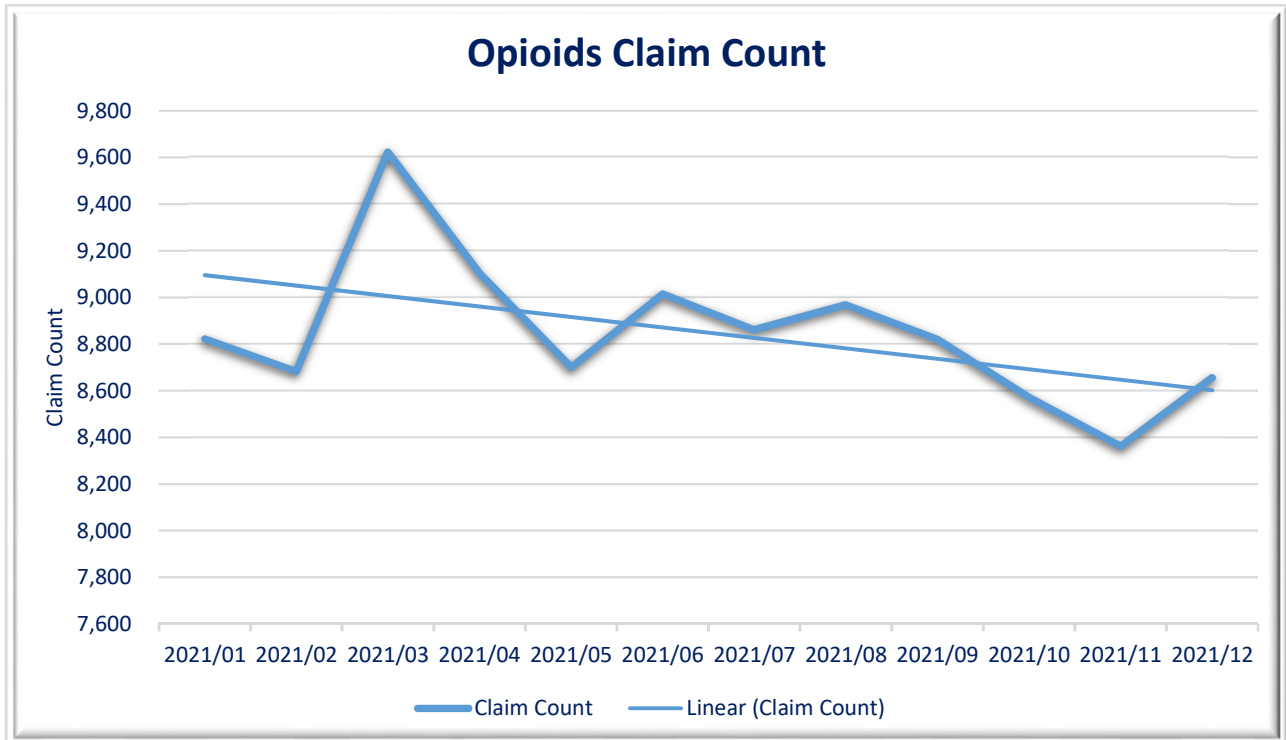
**Top Opioid
Prescribers & Members**



Opioid Utilization Overall Summary

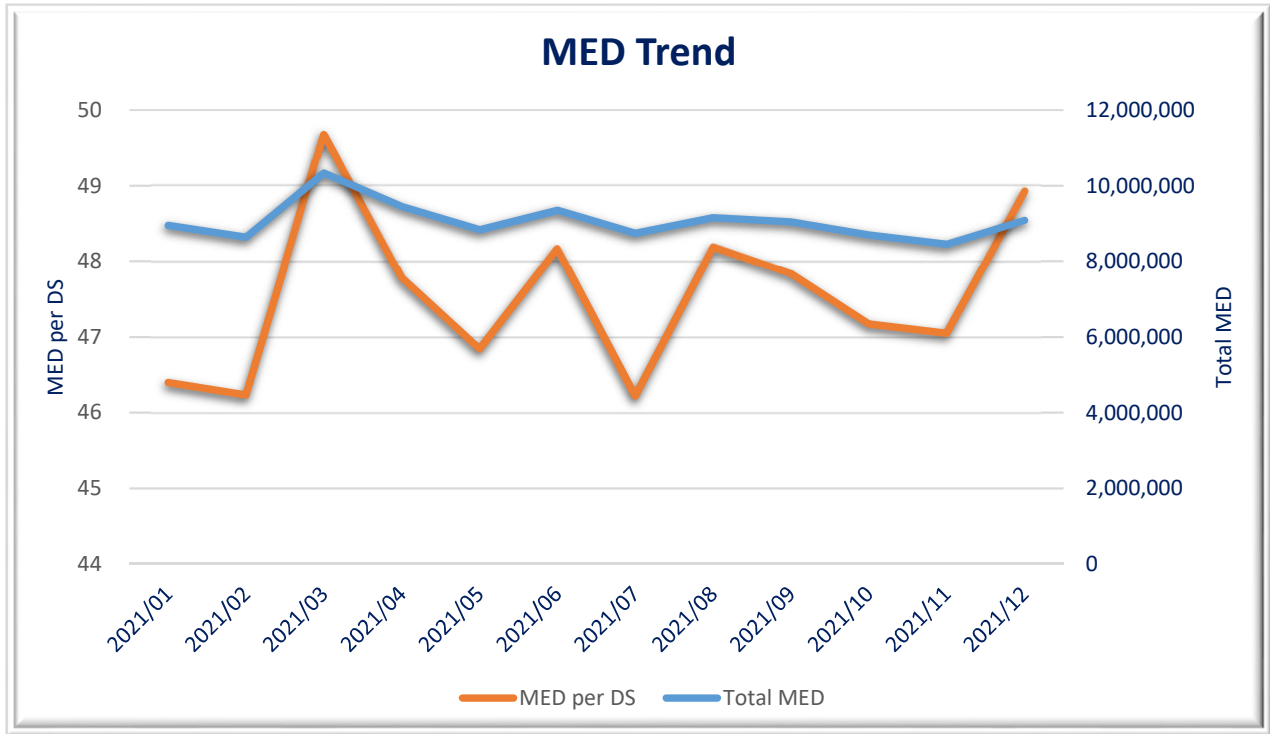
Jan 1, 2021 - Dec 31, 2021
Health Plan of Nevada

Year/Month Filled	Claim Count	Sum of Days Supply	Member Count	Sum of Quantity	Total MED	MED per DS
2021/01	8,822	192,858	8,431	624,808	8,948,272	46.4
2021/02	8,682	186,828	8,313	606,801	8,637,675	46.2
2021/03	9,623	208,039	8,922	675,762	10,334,438	49.7
2021/04	9,103	197,749	8,610	641,985	9,449,593	47.8
2021/05	8,701	188,607	8,230	614,153	8,835,241	46.8
2021/06	9,014	194,043	8,449	630,120	9,347,452	48.2
2021/07	8,861	189,066	8,380	610,257	8,738,977	46.2
2021/08	8,968	189,931	8,385	612,180	9,152,823	48.2
2021/09	8,820	189,104	8,279	611,615	9,046,481	47.8
2021/10	8,571	184,357	8,120	592,916	8,696,637	47.2
2021/11	8,362	179,595	7,876	576,472	8,449,778	47.0
2021/12	8,657	185,733	8,060	596,496	9,086,780	48.9





Opioid Utilization Overall Summary Jan 1, 2021 - Dec 31, 2021 Health Plan of Nevada





Top 10 Opioid Prescribers by Total MED

Jul 1, 2021 - Dec 31, 2021

Health Plan of Nevada

Top 10 Opioid Prescribers by Total MED							Q4 2021 - Current			
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Total MED	MED/DS	MED/DS/Member
1MED	PAIN MANAGEMENT	LAS VEGAS	NEVADA	176	349	10,297	36,370	3,275,730	318	1.8
2MED	PAIN MANAGEMENT	LAS VEGAS	NEVADA	348	774	22,300	75,221	3,065,039	137	0.4
3MED	PAIN MANAGEMENT	LAS VEGAS	NEVADA	408	887	25,265	86,104	2,965,812	117	0.3
4MED	FAMILY	LAS VEGAS	NEVADA	186	389	11,188	32,268	2,896,985	259	1.4
5MED	GENERAL PRACTICE	LAS VEGAS	NEVADA	85	216	6,448	21,132	2,166,735	336	4.0
6MED	ANESTHESIOLOGY	RENO	NEVADA	44	109	3,216	13,270	1,637,850	509	11.6
7MED	ANESTHESIOLOGY	LAS VEGAS	NEVADA	177	376	11,092	39,230	1,183,111	107	0.6
8MED	PAIN MANAGEMENT	LAS VEGAS	NEVADA	186	335	9,540	31,989	1,157,092	121	0.7
9MED	PAIN MANAGEMENT	LAS VEGAS	NEVADA	333	585	16,747	49,102	1,009,638	60	0.2
10MED	PAIN MANAGEMENT	LAS VEGAS	NEVADA	201	321	9,390	33,088	982,160	105	0.5

Top 10 Opioid Prescribers by Total MED							Q3 2021 - Previous			
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Total MED	MED/DS	MED/DS/Member
2MED	PAIN MANAGEMENT	LAS VEGAS	NEVADA	359	826	23,385	79,030	3,336,831	143	0.40
3MED	PAIN MANAGEMENT	LAS VEGAS	NEVADA	374	784	22,039	74,970	2,486,980	113	0.30
4MED	FAMILY	LAS VEGAS	NEVADA	167	335	9,820	28,651	2,462,543	251	1.50
1MED	PAIN MANAGEMENT	LAS VEGAS	NEVADA	176	302	8,893	30,901	2,339,595	263	1.49
5MED	GENERAL PRACTICE	LAS VEGAS	NEVADA	94	211	6,326	20,214	1,851,060	293	3.11
8MED	PAIN MANAGEMENT	LAS VEGAS	NEVADA	171	309	8,834	29,400	1,152,976	131	0.76
9MED	PAIN MANAGEMENT	LAS VEGAS	NEVADA	357	641	18,595	53,730	1,151,843	62	0.17
6MED	ANESTHESIOLOGY	RENO	NEVADA	50	96	2,860	11,640	1,137,000	398	7.95
11MED	ANESTHESIOLOGY	RENO	NEVADA	145	280	7,877	36,110	1,090,362	138	0.95
7MED	ANESTHESIOLOGY	LAS VEGAS	NEVADA	183	363	10,505	37,551	1,033,410	98	0.54



Top 10 Opioid Prescribers by MED per Days Supply per Member

Jul 1, 2021 - Dec 31, 2021

Health Plan of Nevada

Top 10 Opioid Prescribers by MED per Days Supply per Member							Q4 2021 - Current			
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Total MED	MED/DS	MED/DS/Member
1DSMBR	INTERNAL MEDICINE	LAS VEGAS	NEVADA	1	3	90	360	48,600	540	540
2DSMBR	HEMATOLOGY	LAS VEGAS	NEVADA	2	3	90	1,050	73,125	813	406
3DSMBR	FAMILY PRACTICE	LAS VEGAS	NEVADA	1	3	90	270	32,400	360	360
4DSMBR	INTERNAL MEDICINE	LAS VEGAS	NEVADA	1	3	90	540	24,300	270	270
5DSMBR	NEUROLOGICAL	LAS VEGAS	NEVADA	3	9	270	1,020	172,800	640	213
6DSMBR	INTERNAL MEDICINE	LAS VEGAS	NEVADA	1	5	42	224	8,400	200	200
7DSMBR	PODIATRY	LAS VEGAS	NEVADA	1	5	25	100	5,000	200	200
8DSMBR	GENERAL PRACTICE	LAS VEGAS	NEVADA	1	3	90	360	16,200	180	180
9DSMBR	FAMILY PRACTICE	PHARUMP	NEVADA	1	3	90	360	16,200	180	180
10DSMBR	INTERNAL MEDICINE	LAS VEGAS	NEVADA	1	3	90	360	16,200	180	180

Top 10 Opioid Prescribers by MED per Days Supply per Member							Q3 2021 - Previous			
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Total MED	MED/DS	MED/DS/Member
2DSMBR	HEMATOLOGY	LAS VEGAS	NEVADA	2	6	151	1,710	170,100	1,126	563
1DSMBR	INTERNAL MEDICINE	LAS VEGAS	NEVADA	1	3	90	360	48,600	540	540
11DSMBR	INTERNAL MEDICINE	LAS VEGAS	NEVADA	2	5	127	621	108,210	852	426
12DSMBR	INTERNAL MEDICINE	LAS VEGAS	NEVADA	1	4	120	480	43,200	360	360
13DSMBR	FAMILY PRACTICE	LAS VEGAS	NEVADA	1	4	120	480	28,800	240	240
8DSMBR	GENERAL PRACTICE	LAS VEGAS	NEVADA	1	4	120	480	28,800	240	240
10DSMBR	INTERNAL MEDICINE	LAS VEGAS	NEVADA	1	4	120	480	28,800	240	240
9DSMBR	FAMILY PRACTICE	PHARUMP	NEVADA	1	4	120	480	28,800	240	240
14DSMBR	FAMILY PRACTICE	LAS VEGAS	NEVADA	1	2	60	180	14,400	240	240
15DSMBR	ORTHOAEDIC	LAS VEGAS	NEVADA	1	3	90	540	16,200	180	180



Top 10 Opioids Utilization By Member

Top 10 Members by Total MED

Jul 1, 2021 - Dec 31, 2021

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Encrypted Member ID	Opioid Claim Count	Days Supply	Sum of Quantity	MED Per DS	Total MED
M1	20	600	3,240	666	399,600
M2	19	547	2,180	593	324,160
M3	12	360	2,160	850	306,000
M4	13	390	880	765	298,350
M5	6	180	2,700	1400	252,000
M6	12	360	1,860	693	249,300
M7	14	420	1,260	536	225,000
M8	16	372	1,830	593	220,650
M9	13	390	1,710	547	213,300
M10	14	420	2,415	507	213,113

Encrypted Member ID	Drug Label Name	Claim Count	Days Supply	Sum of Quantity
M1	HYDROCO/APAP TAB 10-325MG	7	210	840
	METHADONE TAB 10MG	7	210	1,680
	MORPHINE SUL TAB 60MG ER	6	180	720
Total		20	600	3,240
M2	HYDROMORPHON TAB 2MG	1	7	20
	MORPHINE SUL TAB 100MG ER	6	180	540
	MORPHINE SUL TAB 30MG	6	180	540
	OXYCODONE TAB 30MG	6	180	1,080
Total		19	547	2,180
M3	METHADONE TAB 10MG	6	180	1,080
	OXYCODONE TAB 30MG	6	180	1,080
		12	360	2,160
M4	FENTANYL DIS 100MCG/H	3	90	45
	FENTANYL DIS 75MCG/HR	3	90	45
	OXYCODONE TAB 30MG	7	210	790
Total		13	390	880
M5	METHADONE TAB 10MG	6	180	2,700
Total		6	180	2,700
M6	MORPHINE SUL TAB 30MG	5	150	600
	OXYCODONE TAB 30MG	7	210	1,260
Total		12	360	1,860



Top 10 Opioids Utilization By Member

Top 10 Members by Total MED

Jul 1, 2021 - Dec 31, 2021

Health Plan of Nevada

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Encrypted Member ID	Drug Label Name	Claim Count	Days Supply	Sum of Quantity
M7	OXYMORPHONE TAB 30MG ER	7	210	420
	OXYMORPHONE TAB HCL 10MG	7	210	840
Total		14	420	1,260
M8	MORPHINE SUL TAB 15MG	9	162	720
	OXYCODONE TAB 30MG	7	210	1,110
Total		16	372	1,830
M9	MORPHINE SUL TAB 30MG ER	7	210	630
	OXYCODONE TAB 30MG	6	180	1,080
Total		13	390	1,710
M10	METHADONE TAB 10MG	7	210	1,680
	OXYCODONE TAB 15MG	7	210	735
Total		14	420	2,415



Standard DUR Report



Top 10 Therapeutic Classes by Paid Amount & Claim Count

Summary of Utilization
Jul 1, 2021 - Dec 31, 2021
Health Plan of Nevada

Top 10 Drug Classes by Paid Amount - Q4 2021 - Current Quarter				
Q4 Rank	Q3 Rank	Product Name	Claim Count	Paid
1	1	ANTIRETROVIRALS	2,748	NA
2	2	ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	604	NA
3	4	INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	3,574	NA
4	3	INSULIN	8,209	NA
5	5	ANTINEOPLASTIC ENZYME INHIBITORS	169	NA
6	6	ANTIPSORIATICS	245	NA
7	8	SYMPATHOMIMETICS	28,174	NA
8	10	METABOLIC MODIFIERS	303	NA
9	7	VIRAL VACCINES	34,112	NA
10	9	ANTIPSYCHOTICS - MISC.	1,370	NA
Total			79,508	NA

Top 10 Drug Classes by Paid Amount - Q3 2021 - Current Quarter				
Q4 Rank	Q3 Rank	Product Name	Claim Count	Paid
1	1	ANTIRETROVIRALS	2,855	NA
2	2	ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	580	NA
4	3	INSULIN	8,495	NA
3	4	INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	3,452	NA
5	5	ANTINEOPLASTIC ENZYME INHIBITORS	183	NA
6	6	ANTIPSORIATICS	222	NA
9	7	VIRAL VACCINES	37,595	NA
7	8	SYMPATHOMIMETICS	26,649	NA
10	9	ANTIPSYCHOTICS - MISC.	1,436	NA
8	10	METABOLIC MODIFIERS	300	NA
Total			81,767	NA



Top 10 Therapeutic Classes by Paid Amount & Claim Count

Summary of Utilization
Jul 1, 2021 - Dec 31, 2021
Health Plan of Nevada

Top 10 Drug Classes by Claim Count - Q4 2021 - Current Quarter				
Q4 Rank	Q3 Rank	Product Name	Claim Count	Paid
1	1	VIRAL VACCINES	34,112	NA
2	2	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	31,452	NA
3	3	SYMPATHOMIMETICS	28,174	NA
4	4	ANTICONVULSANTS - MISC.	23,049	NA
5	5	HMG COA REDUCTASE INHIBITORS	22,471	NA
6	6	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	19,975	NA
7	7	OPIOID COMBINATIONS	15,839	NA
8	8	CENTRAL MUSCLE RELAXANTS	15,216	NA
9	9	PROTON PUMP INHIBITORS	14,619	NA
10	10	ANTIHISTAMINES - NON-SEDATING	14,114	NA
Total			219,021	NA

Top 10 Drug Classes by Claim Count - Q3 2021 - Current Quarter				
Q4 Rank	Q3 Rank	Product Name	Claim Count	Paid
1	1	VIRAL VACCINES	37,595	NA
2	2	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	31,888	NA
3	3	SYMPATHOMIMETICS	26,649	NA
4	4	ANTICONVULSANTS - MISC.	23,540	NA
5	5	HMG COA REDUCTASE INHIBITORS	23,097	NA
6	6	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	20,469	NA
7	7	OPIOID COMBINATIONS	16,696	NA
8	8	CENTRAL MUSCLE RELAXANTS	15,486	NA
9	9	PROTON PUMP INHIBITORS	15,035	NA
10	10	ANTIHISTAMINES - NON-SEDATING	13,598	NA
Total			224,053	NA



Prospective DUR

Summary of Utilization
Oct 1, 2021 - Dec 31, 2021
Health Plan of Nevada

What percentage of claims denied at Point of Sale for the following DUR edits? (# denials for each edit/total # of denials)	Total Alerts	Total Alert Overrides	% Alert Overrides	Total Alert Cancels	% Alert Cancels	Total Alerts not adjudicated	% Alerts not adjudicated
Early Refill (ER)	16,022	N/A	N/A	N/A	N/A	16,022	100.00%
Therapeutic duplication (TD)	78,817	47,958	60.85%	17,456	22.15%	13,403	17.01%
Ingredient duplication (ID)	64,841	119	0.18%	74	0.11%	64,648	99.70%
Late Refill (LR)	Covered by DoseDuration 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 DoseDuration services below.						
Drug-Drug (DD)	170,253	113,560	66.70%	29,578	17.37%	27,115	15.93%
Drug-Disease (MC)	189,429	146,876	77.54%	42,553	22.46%	N/A	N/A
Drug-Allergy (DA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug-Age (PA)	32,169	22,696	70.55%	9,473	29.45%	N/A	N/A
Therapeutic Dose Limits Screening	10,489	1,574	15.01%	529	5.04%	8,386	79.95%
Dose Duration	31,656	21,780	68.80%	9,876	31.20%	N/A	N/A

Top 10 Drugs by Therapeutic Problem Type

Summary of Utilization
Oct 1, 2021 - Dec 31, 2021
Health Plan of Nevada

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Early Refill (ER)	Therapeutic duplication (TD)	Ingredient duplication (ID)	Late Refill (LR)
DEXCOM G6 MISSENSOR	AMLODIPINE BESYLATE	DEXCOM G6 MISSENSOR	ATORVASTATIN CALCIUM
INVEGA SUST INJ156MG/ML	LISINAPRIL	INVEGA SUST INJ156MG/ML	LISINAPRIL
LATUDA TAB40MG	LOSARTAN POTASSIUM	LATUDA TAB40MG	METFORMIN HYDROCHLORIDE
VENLAFAXINE TAB225MG ER	HYDROCHLOROTHIAZIDE	VENLAFAXINE TAB225MG ER	MONTELUKAST SODIUM
AMPHET/DEXTRTAB 30MG	ALBUTEROL SULFATE HFA	AMPHET/DEXTRTAB 30MG	AMLODIPINE BESYLATE
FREESTY LIBR KIT2 SENSOR	TRAZODONE HYDROCHLORIDE	FREESTY LIBR KIT2 SENSOR	OMEPRAZOLE
ESCITALOPRAMTAB 20MG	ALBUTEROL SULFATE	ESCITALOPRAMTAB 20MG	GABAPENTIN
NORDITROPIN INJ5/1.5ML	CARVEDILOL	NORDITROPIN INJ5/1.5ML	LOSARTAN POTASSIUM
ARIPIRAZOLE TAB5MG	METOPROLOL TARTRATE	ARIPIRAZOLE TAB5MG	LEVOTHYROXINESODIUM
COSENTYX PEN INJ300DOSE	FUROSEMIDE	COSENTYX PEN INJ300DOSE	IBUPROFEN

Total High Dose (HD)	Drug-Pregnancy (PG)	Total Low Dose (LD)	Drug-Drug (DD)
ALBUTEROL SULFATE	IBUPROFEN	PROPRANOLOL HYDROCHLORIDE	LISINAPRIL
CEFDINIR	ONDANSETRON ODT	POTASSIUM CHLORIDE ER	IBUPROFEN
IBUPROFEN	METRONIDAZOLE	ONDANSETRON ODT	METFORMIN HYDROCHLORIDE
FAMOTIDINE	DOCUSATE SODIUM	MEDROXYPROGESTERONE ACETATE	TRAZODONE HYDROCHLORIDE
AMOXICILLIN/CLAVULANATE POTASS	HYDROCODONE BITARTRATE/ACETAMI	XULANE	ESCITALOPRAM OXALATE
EPINEPHRINE	ALBUTEROL SULFATE HFA	VITAMIN D	HYDROCODONE BITARTRATE/ACETAMI
ONDANSETRON ODT	FLUTICASONE PROPIONATE	MONTELUKAST SODIUM	HYDROCHLOROTHIAZIDE
VITAMIN D	SERTRALINE HCL	FLUCONAZOLE	OXYCODONE/ACETAMINOPHEN
BROMPHEN/PSEUDOEPHEDRINE HCL/D	ONDANSETRON HYDROCHLORIDE	ONDANSETRON HYDROCHLORIDE	MELOXICAM
MONTELUKAST SODIUM	FLUCONAZOLE	NYSTATIN	ATORVASTATIN CALCIUM

Drug-Disease (MC)	Drug-Allergy (DA)	Drug-Age (PA)
ATORVASTATIN CALCIUM	N/A	PFIZER-BIONTECH COVID-19 VACCI
HYDROCODONE BITARTRATE/ACETAMI	N/A	IBUPROFEN
ALBUTEROL SULFATE HFA	N/A	PFIZER-BIONTECH COVID-19 VACCI
PREDNISONE	N/A	TRIAMCINOLONE ACETONIDE
FLUTICASONE PROPIONATE	N/A	CETIRIZINE HYDROCHLORIDE
AMOXICILLIN	N/A	HYDROCORTISONE
LISINAPRIL	N/A	SERTRALINE HCL
OXYCODONE/ACETAMINOPHEN	N/A	EPINEPHRINE
TRIAMCINOLONE ACETONIDE	N/A	KETOCONAZOLE
IBUPROFEN	N/A	MONTELUKAST SODIUM



Retrospective DUR

Summary of Utilization
Jan 1, 2021 - Dec 31, 2021
Health Plan of Nevada

Period	Topic	Media	# of Contact	# of Responses	Response Rate	PROVIDER TARGETED (e.g. PHYSICIAN, PHARMACIST)	PERFORMED BY (e.g. SUBCONTRACTOR NAME)
01/01/2021-12/31/2021	Concurrent Therapy	FAX/MAIL	1188 (967)	33	3.41%	Prescriber	OptumRx
01/01/2021-12/31/2021	Dose Per Day	FAX/MAIL	302 (190)	34	17.89%	Prescriber	OptumRx
01/01/2021-12/31/2021	Drug-AgeInteraction	FAX/MAIL	1327 (804)	131	16.29%	Prescriber	OptumRx
01/01/2021-12/31/2021	Drug-DiseaseInteraction	FAX/MAIL	2951 (1888)	461	24.42%	Prescriber	OptumRx
01/01/2021-12/31/2021	Drug-DrugInteraction	FAX/MAIL	5113 (3043)	760	24.98%	Prescriber	OptumRx
01/01/2021-12/31/2021	Duplicate Therapy	FAX/MAIL	3897 (2366)	288	12.17%	Prescriber	OptumRx
01/01/2021-12/31/2021	Overutilization_DaysSupply	FAX/MAIL	1782 (849)	73	8.60%	Prescriber	OptumRx
01/01/2021-12/31/2021	Gaps in CareAsthma	FAX/MAIL	7894 (4503)	202	4.49%	Prescriber	OptumRx
01/01/2021-12/31/2021	Gaps in CareCardiovascular	FAX/MAIL	615 (396)	60	15.15%	Prescriber	OptumRx
01/01/2021-12/31/2021	Gaps in Care COPD	FAX/MAIL	502 (191)	4	2.09%	Prescriber	OptumRx
01/01/2021-12/31/2021	Gaps in CareDiabetes	FAX/MAIL	6349 (4273)	503	11.77%	Prescriber	OptumRx
01/01/2021-12/31/2021	Gaps in Care HIV	FAX/MAIL	1 (0)	0	0.00%	Prescriber	OptumRx
01/01/2021-12/31/2021	Gaps in Care SickleCell Disease	FAX/MAIL	1 (0)	0	0.00%	Prescriber	OptumRx
01/01/2021-12/31/2021	Narcotic DrugUtilization Program	FAX/MAIL	34068 (23315)	1,360	5.83%	Prescriber	OptumRx