



Nevada Medicaid Drug Use Review Board Meeting

JANUARY 28, 2021



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

2021



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Clinical Presentation

Anticonvulsants

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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

DUR Meeting Date: January 28, 2021

Prior Authorization Criteria being reviewed: Anticonvulsants - FINTEPLA (fenfluramine)

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: 



Anticonvulsants - FINTEPLA (fenfluramine)

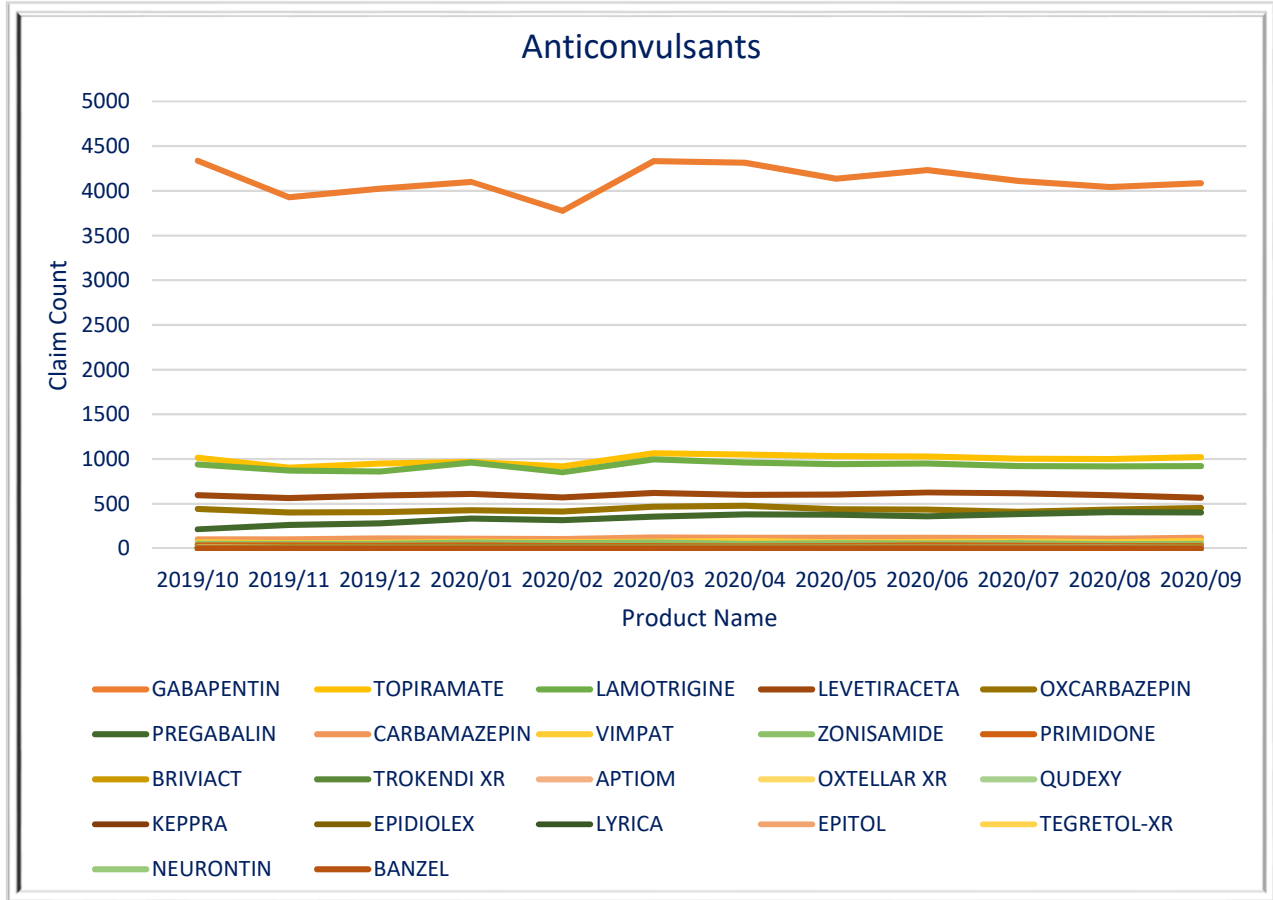
Summary of Utilization
Oct 1, 2019 - Sep 30, 2020
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
GABAPENTIN	9,565	49,430	1,474,293	4,377,008	NA
TOPIRAMATE	2,502	11,949	362,501	602,491	NA
LAMOTRIGINE	1,856	11,092	332,835	553,538	NA
LEVETIRACETA	1,303	7,158	216,116	743,510	NA
OXCARBAZEPIN	1,030	5,208	154,871	371,723	NA
PREGABALIN	959	4,070	121,306	277,233	NA
CARBAMAZEPIN	238	1,356	40,742	121,599	NA
VIMPAT	130	862	25,658	52,391	NA
ZONISAMIDE	153	671	20,669	56,822	NA
PRIMIDONE	73	346	10,379	22,562	NA
BRIVIACT	18	126	3,836	7,852	NA
TROKENDI XR	24	118	3,693	4,113	NA
APTIOM	16	80	2,384	2,759	NA
OXTELLAR XR	5	53	1,537	3,140	NA
QUDEXY	6	48	1,560	1,560	NA
KEPPRA	5	37	1,168	4,430	NA
EPIDIOLEX	6	34	1,020	7,322	NA
LYRICA	8	34	997	2,347	NA
EPITOL	5	12	359	930	NA
TEGRETOL-XR	1	4	140	460	NA
NEURONTIN	1	3	90	180	NA
BANZEL	1	2	60	300	NA
Total	17,905	92,693	2,776,214	7,214,270	NA



Anticonvulsants - FINTEPLA (fenfluramine)

Summary of Utilization
Oct 1, 2019 - Sep 30, 2020
Health Plan of Nevada





Clinical Presentation

Spinal Muscular Atrophy 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: January 28, 2021

Prior Authorization Criteria being reviewed: Spinal Muscular Atrophy Agents – EVRYSDI (risdiplam)

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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Signature of individual completing this form: 

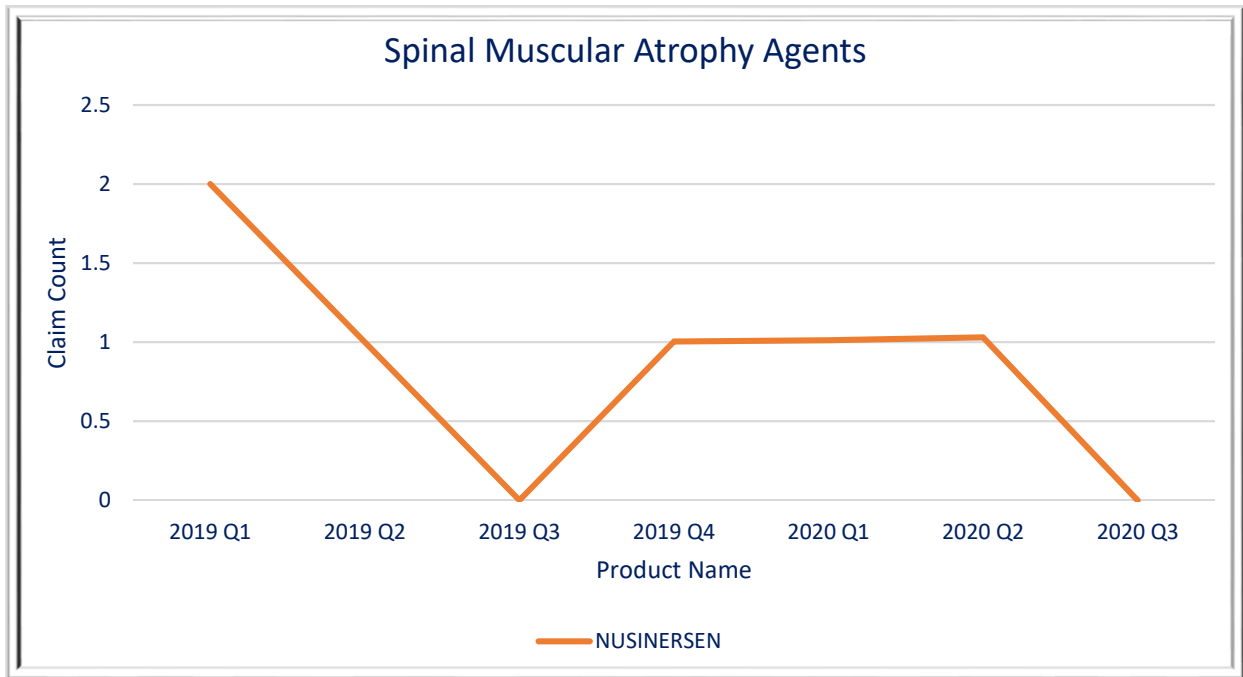


Spinal Muscular Atrophy Agents - EVRYSDI (risdiplam)

Summary of Utilization
Oct 1, 2019 - Sep 30, 2020
Health Plan of Nevada

Pharmacy	No Utilization
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Medical		
Product Name	Count of Claims	Total Paid
NUSINERSEN	6	NA
Total	6	NA





Clinical Presentation

Muscular Dystrophy 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: January 28, 2021

Prior Authorization Criteria being reviewed: Muscular Dystrophy Agents – VILTEPSO (viltolarsen) & VYONDYS 53 (golodirsen)

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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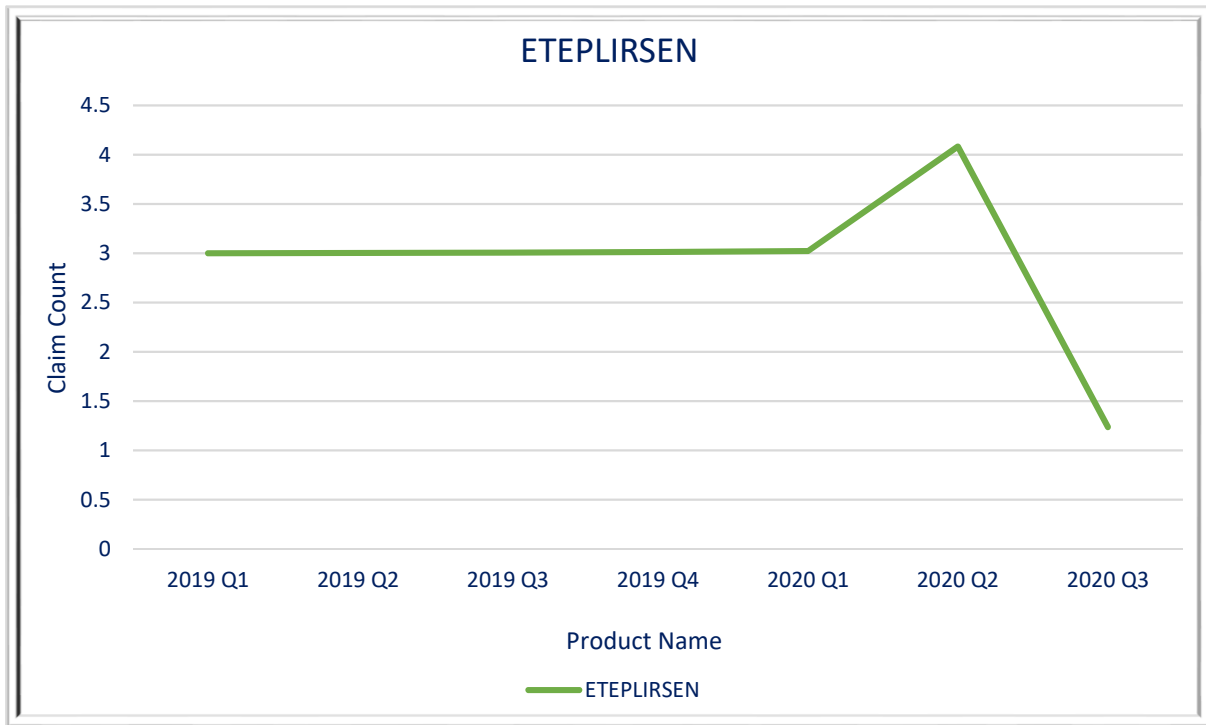


Muscular Dystrophy Agents - VILTEPSO (viltolarsen) & VYONDYS 53 (golodirsen)

Summary of Utilization
Oct 1, 2019 - Sep 30, 2020
Health Plan of Nevada

Pharmacy
No Utilization

Medical		
Product Name	Count of Claims	Total Paid
ETEPLIRSEN	20	NA
Total	20	NA





Clinical Presentation

Topical Neuropathic Pain 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: January 28, 2021

Prior Authorization Criteria being reviewed: Topical Neuropathic Pain Agents – QUTENZA (capsaicin)

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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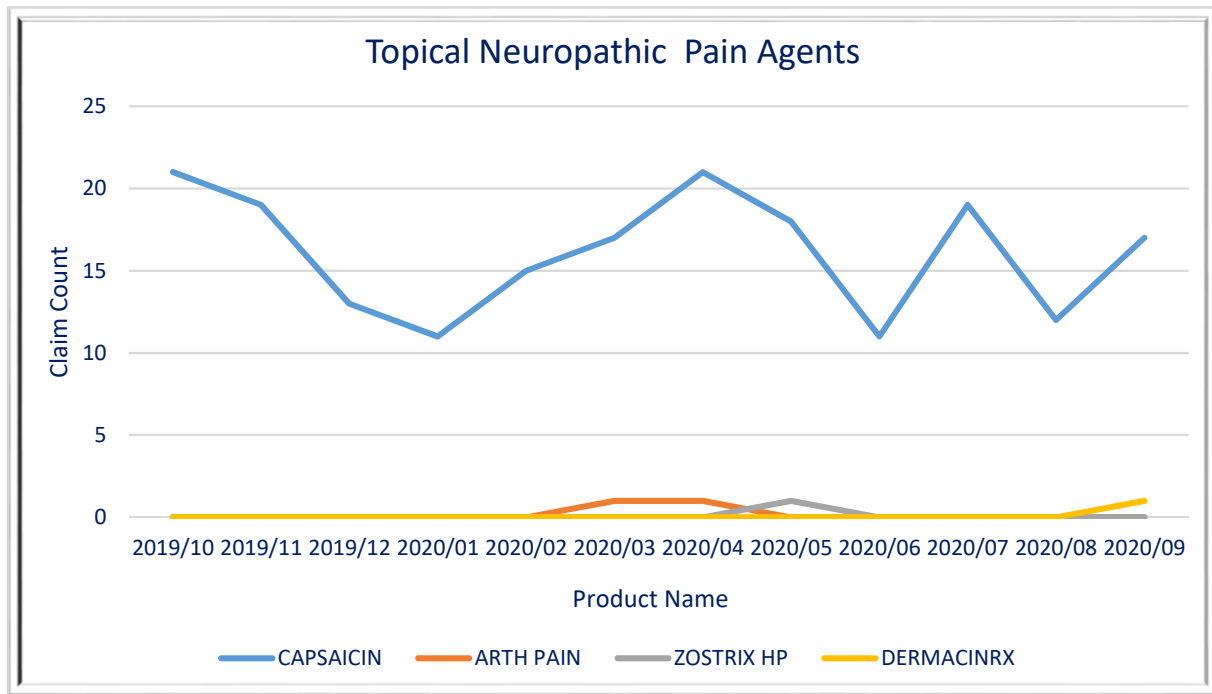
Signature of individual completing this form: 



Topical Neuropathic Pain Agents - QUTENZA (capsaicin)

Summary of Utilization
Oct 1, 2019 - Sep 30, 2020
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
CAPSAICIN	103	194	4,807	12,623	NA
ARTH PAIN	2	2	30	114	NA
ZOSTRIX HP	1	1	10	57	NA
DERMACINRX	1	1	30	237	NA
Total	105	196	4,837	12,737	NA





DUR Board Requested Reports

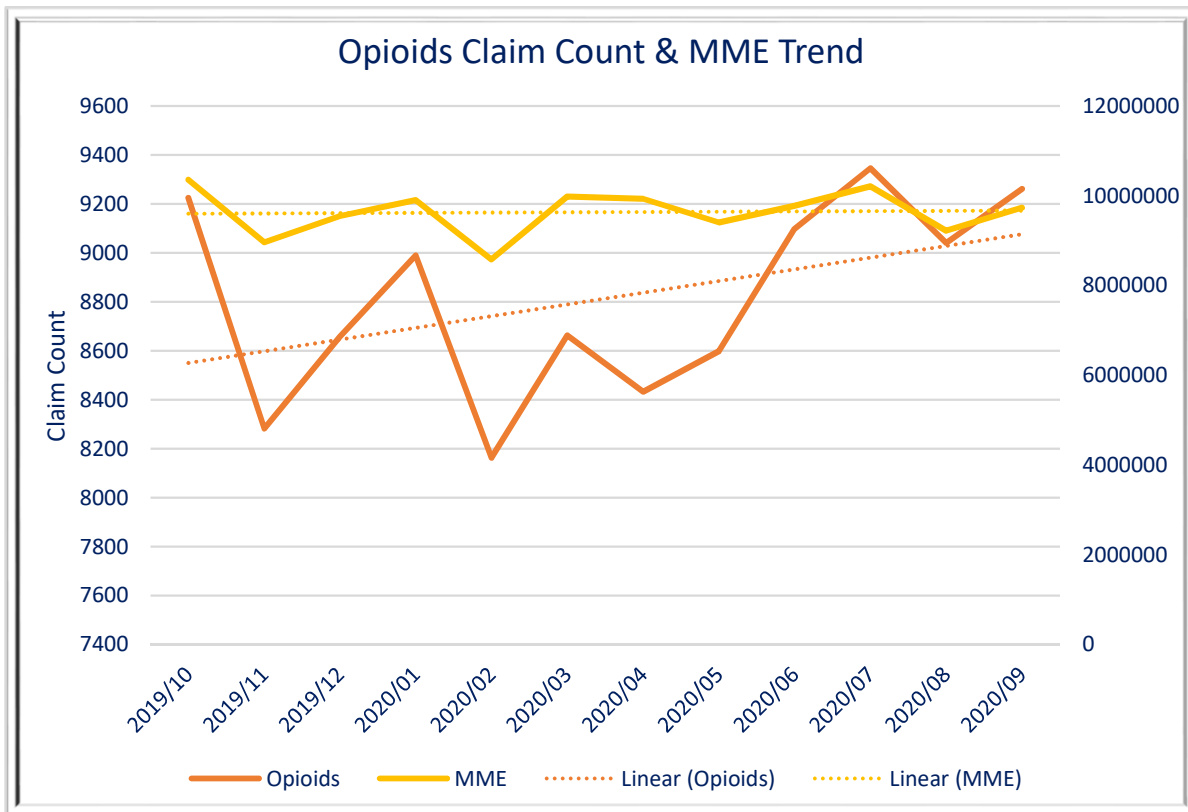
**Top Opioid
Prescribers & Members**



Opioid Utilization Overall Summary

Oct 1, 2019 - Sep 30, 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
2019/10	8,753	9,225	1.05	201,944	655,066	74.84	10,358,697
2019/11	8,044	8,283	1.03	184,331	600,376	74.64	8,964,554
2019/12	8,322	8,657	1.04	192,356	623,064	74.87	9,546,659
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





Top 10 Opioid Prescribers by Count of Claims

Apr 1, 2020 - Sep 30, 2020

Health Plan of Nevada

Top 10 Opioid Prescribers by Claim Count							Q3 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	333	811	22,885	75,743	NA	4,164
OP2	PAIN MANAGEMEN	LAS VEGAS	NEVADA	476	785	22,537	68,680	NA	1,771
OP3	PAIN MANAGEMEN	LAS VEGAS	NEVADA	378	718	19,053	64,649	NA	2,967
OP4	ANESTHESIOLOGY	LAS VEGAS	NEVADA	331	485	13,703	41,025	NA	1,867
OP5	PAIN MANAGEMEN	LAS VEGAS	NEVADA	245	416	10,596	32,263	NA	2,393
OP6	ANESTHESIOLOGY	LAS VEGAS	NEVADA	157	380	11,045	37,180	NA	3,475
OP7	PAIN MANAGEMEN	LAS VEGAS	NEVADA	291	378	10,720	31,883	NA	1,451
OP8	ANESTHESIOLOGY	LAS VEGAS	NEVADA	198	339	9,444	24,769	NA	1,596
OP9	ANESTHESIOLOGY	RENO	NEVADA	115	296	8,745	31,982	NA	5,049
OP10	INTERNAL MED	LAS VEGAS	NEVADA	87	290	4,596	9,525	NA	240

Top 10 Opioid Prescribers by Claim Count							Q2 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
OP2	PAIN MANAGEMEN	LAS VEGAS	NEVADA	605	1,098	32,470	100,593	NA	2,127
OP1	PAIN MANAGEMEN	LAS VEGAS	NEVADA	360	898	25,447	84,666	NA	4,056
OP11	ANESTHESIOLOGY	LAS VEGAS	NEVADA	289	536	14,217	45,410	NA	2,734
OP4	ANESTHESIOLOGY	LAS VEGAS	NEVADA	379	535	15,541	47,475	NA	1,814
OP5	PAIN MANAGEMEN	LAS VEGAS	NEVADA	241	438	11,045	34,864	NA	2,610
OP9	ANESTHESIOLOGY	RENO	NEVADA	128	318	9,431	35,246	NA	4,893
OP12	ANESTHESIOLOGY	LAS VEGAS	NEVADA	165	312	9,262	31,926	NA	3,645
OP6	ANESTHESIOLOGY	LAS VEGAS	NEVADA	143	312	8,970	29,753	NA	3,011
OP13	PAIN MANAGEMEN	LAS VEGAS	NEVADA	161	304	8,979	29,940	NA	2,798
OP8	ANESTHESIOLOGY	LAS VEGAS	NEVADA	159	304	8,573	22,098	NA	1,972



Top 25 Opioids Utilization By Member

Top 25 Members by Claim Count
Apr 1, 2020 - Sep 30, 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	49	538	1,350		
TOTAL		49	538	1,350	NA	1,858
OM2	NA	28	304	1,246		
	NA	1	14	168		
TOTAL		29	318	1,414	NA	14,326
OM3	NA	13	89	682		
	NA	13	90	609		
	NA	1	7	56		
TOTAL		27	186	1,347	NA	199
OM4	NA	26	182	546		
TOTAL		26	182	546	NA	4,119
OM5	OP1	26	390	780		
TOTAL		26	390	780	NA	5,149
OM6	NA	26	182	546		
TOTAL		26	182	546	NA	1,373
OM7	NA	25	175	1,400		
TOTAL		25	175	1,400	NA	3,550
OM8	NA	23	344	344		
TOTAL		23	344	344	NA	0
OM9	NA	16	133	404		
	NA	4	27	156		
	NA	1	7	60		
	NA	1	5	20		
TOTAL		22	172	640	NA	1,530
OM10	NA	14	284	1,360		
	NA	6	84	350		
	NA	2	30	150		
TOTAL		22	398	1,860	NA	1,199
OM11	NA	21	630	3,360		
TOTAL		21	630	3,360	NA	21,429
OM12	NA	14	229	573		
	NA	7	98	252		
TOTAL		21	327	825	NA	1,610
OM13	OP9	21	630	1,980		
TOTAL		21	630	1,980	NA	4,425



Top 25 Opioids Utilization By Member

Top 25 Members by Claim Count
Apr 1, 2020 - Sep 30, 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
OM14	NA	19	133	307		
	NA	1	7	14		
TOTAL		20	140	321	NA	0
OM15	NA	11	72	228		
	NA	8	59	294		
TOTAL		19	131	522	NA	818
OM16	NA	19	257	1,148		
TOTAL		19	257	1,148	NA	1,030
OM17	NA	18	540	1,320		
	NA	1	4	16		
TOTAL		19	544	1,336	NA	2,451
OM18	NA	19	133	532		
TOTAL		19	133	532	NA	3,021
OM19	NA	18	540	1,800		
TOTAL		18	540	1,800	NA	7,950
OM20	NA	10	154	308		
	NA	4	120	230		
	NA	2	60	120		
	NA	2	28	56		
TOTAL		18	362	714	NA	1,155
OM21	NA	18	485	2,280		
TOTAL		18	485	2,280	NA	10,858
OM22	NA	10	300	465		
	NA	5	150	285		
	OP12	3	90	150		
TOTAL		18	540	900	NA	7,100
OM23	NA	17	193	287		
TOTAL		17	193	287	NA	0
OM24	NA	16	112	364		
	NA	1	7	28		
TOTAL		17	119	392	NA	2,510
OM25	NA	17	336	600		
TOTAL		17	336	600	NA	1,376
GRAND TOTAL		557	8,252	27,224	NA	99,034



Top 25 Opioids Utilization By Member

Top 25 Members by Claim Count

Apr 1, 2020 - Sep 30, 2020

Health Plan of Nevada

Top Opioid Member - Prescriber Correlation Summary	
Top Opioid Member by Claim Count	Top Opioid Prescriber
OM5	OP1
OM13	OP9
OM22	OP12



Top 25 Opioids Utilization By Member MME

Top 25 Members by Total MME
Apr 1, 2020 - Sep 30, 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	OM11	NA	21	630	3,360	NA	
TOTAL			21	630	3,360	NA	21,429
MME2	OM2	NA	28	304	1,246		
		NA	1	14	168		
TOTAL			29	318	1,414	NA	14,511
MME3	NA	NA	6	180	2,700		
TOTAL			6	180	2,700	NA	54,000
MME4	NA	NA	13	390	645		
TOTAL			13	390	645	NA	23,573
MME5	NA	NA	13	176	1,637		
TOTAL			13	176	1,637	NA	22,233
MME6	NA	NA	13	385	1,940		
TOTAL			13	385	1,940	NA	19,523
MME7	NA	NA	12	360	1,800		
TOTAL			12	360	1,800	NA	19,350
MME8	NA	NA	12	360	1,260		
TOTAL			12	360	1,260	NA	
MME9	NA	NA	14	420	1,470		
TOTAL			14	420	1,470	NA	16,071
MME10	NA	NA	13	390	1,770		
TOTAL			13	390	1,770	NA	16,546
MME11	NA	NA	10	300	1,800		
		NA	2	60	360		
TOTAL			12	360	2,160	NA	17,850
MME12	NA	NA	13	390	1,410		
TOTAL			13	390	1,410	NA	16,345
MME13	NA	NA	12	352	1,140		
TOTAL			12	352	1,140	NA	17,625
MME14	NA	NA	12	360	1,080		
TOTAL			12	360	1,080	NA	17,100
MME15	NA	NA	12	360	1,260		
TOTAL			12	360	1,260	NA	17,100
MME16	NA	NA	7	210	1,260		
TOTAL			7	210	1,260	NA	28,929
MME17	NA	NA	7	210	1,260		
TOTAL			7	210	1,260	NA	28,929
MME18	OM21	NA	18	485	2,280		
TOTAL			18	485	2,280	NA	10,858



Top 25 Opioids Utilization By Member MME

Top 25 Members by Total MME
Apr 1, 2020 - Sep 30, 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
MME19	OM3	NA	13	89	682		
		NA	13	90	609		
		NA	1	7	56		
TOTAL			27	186	1,347	NA	7,188
MME20	NA	NA	7	210	1,181		
TOTAL			7	210	1,181	NA	27,167
MME21	NA	NA	13	390	1,350		
TOTAL			13	390	1,350	NA	14,538
MME22	NA	NA	13	367	1,140		
TOTAL			13	367	1,140	NA	14,469
MME23	NA	NA	13	390	1,200		
TOTAL			13	390	1,200	NA	14,400
MME24	NA	NA	12	232	1,934		
		NA	1	15	240		
TOTAL			13	247	2,174	NA	14,208
MME25	NA	NA	7	210	1,260		
TOTAL			7	210	1,260	NA	25,714

GRAND TOTAL			332	8,336	39,498	NA	472,469
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MME Correlation Summary		
Top Opioid Member by Total MME	Top Opioid Member by Claim Count	Top Opioid Prescriber
MME1	OM11	NA
MME2	OM2	NA
MME18	OM21	NA
MME19	OM3	NA



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

Opioid Utilization						
Year/Month Filled	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amount	Total MME
2019/10	8,753	9,225	201,944	655,066	NA	10,358,697
2019/11	8,044	8,283	184,331	600,376	NA	8,964,554
2019/12	8,322	8,657	192,356	623,064	NA	9,546,659
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

Top 10 Opioid Prescribers - Q3 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	333	811	22,885	75,743	NA	4,164
OP2	PAIN MANAGEMENT	LAS VEGAS	NEVADA	476	785	22,537	68,680	NA	1,771
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OP5	PAIN MANAGEMENT	LAS VEGAS	NEVADA	245	416	10,596	32,263	NA	2,393
OP6	ANESTHESIOLOGY	LAS VEGAS	NEVADA	157	380	11,045	37,180	NA	3,475
OP7	PAIN MANAGEMENT	LAS VEGAS	NEVADA	291	378	10,720	31,883	NA	1,451
OP8	ANESTHESIOLOGY	LAS VEGAS	NEVADA	198	339	9,444	24,769	NA	1,596
OP9	ANESTHESIOLOGY	RENO	NEVADA	115	296	8,745	31,982	NA	5,049
OP10	INTERNAL MED	LAS VEGAS	NEVADA	87	290	4,596	9,525	NA	240

Top 10 Opioid Prescribers - Q2 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
OP2	PAIN MANAGEMENT	LAS VEGAS	NEVADA	605	1,098	32,470	100,593	NA	2,127
OP1	PAIN MANAGEMENT	LAS VEGAS	NEVADA	360	898	25,447	84,666	NA	4,056
OP11	ANESTHESIOLOGY	LAS VEGAS	NEVADA	289	536	14,217	45,410	NA	2,734
OP4	ANESTHESIOLOGY	LAS VEGAS	NEVADA	379	535	15,541	47,475	NA	1,814
OP5	PAIN MANAGEMENT	LAS VEGAS	NEVADA	241	438	11,045	34,864	NA	2,610
OP9	ANESTHESIOLOGY	RENO	NEVADA	128	318	9,431	35,246	NA	4,893
OP12	ANESTHESIOLOGY	LAS VEGAS	NEVADA	165	312	9,262	31,926	NA	3,645
OP6	ANESTHESIOLOGY	LAS VEGAS	NEVADA	143	312	8,970	29,753	NA	3,011
OP13	PAIN MANAGEMENT	LAS VEGAS	NEVADA	161	304	8,979	29,940	NA	2,798
OP8	ANESTHESIOLOGY	LAS VEGAS	NEVADA	159	304	8,573	22,098	NA	1,972

Nevada Medicaid

Quarterly DUR Report

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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

Top 10 Drug Classes by Paid Amount - Q3 2020 - Current 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 Paid Amount - Q2 2020 - Previous Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
ANTIRETROVIRALS	2,762	NA
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	469	NA
INSULIN	8,767	NA
ANTINEOPLASTIC ENZYME INHIBITORS	152	NA
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	2,355	NA
SYMPATHOMIMETICS	22,811	NA
ANTIPSYCHOTICS - MISC.	1,515	NA
ANTIPSORIATICS	199	NA
MULTIPLE SCLEROSIS AGENTS	143	NA
METABOLIC MODIFIERS	298	NA

Top 10 Drug Classes by Claim Count - Q3 2020 - Current 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

Top 10 Drug Classes by Claim Count - Q2 2020 - Previous Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	26,526	NA
ANTICONVULSANTS - MISC.	23,902	NA
SYMPATHOMIMETICS	22,811	NA
HMG COA REDUCTASE INHIBITORS	21,968	NA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	19,004	NA
OPIOID COMBINATIONS	16,254	NA
CENTRAL MUSCLE RELAXANTS	14,446	NA
PROTON PUMP INHIBITORS	14,337	NA
ANTIHISTAMINES - NON-SEDATING	14,237	NA
ACE INHIBITORS	13,905	NA

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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	619 (439)	14	3.19%	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	131 (73)	23	31.51%	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	960 (530)	101	19.06%	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	1186 (641)	82	12.79%	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	3603 (1910)	553	28.95%	Prescriber	OptumRx
Duplicate Therapy	This is a provider-targeted program designed to promote awareness of Therapeutic duplication concerns.	Fax/Mail	3547 (2059)	219	10.64%	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	1239 (538)	31	5.76%	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	5461 (2665)	264	9.9%	Prescriber	OptumRx

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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	451 (271)	50	18.45%	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).						

Nevada Medicaid

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Retrospective DUR

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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	148 (66)	9	0.1364	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	4891 (2927)	506	0.1729	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	0.5	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	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	46644 (6755)	895	0.1325	Prescriber	OptumRx

Nevada Medicaid

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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)	13,552	N/A	N/A	N/A	N/A	13,552	100.00%
Therapeutic duplication (TD)	61,115	46,940	76.81%	14,175	23.19%	N/A	N/A
Ingredient duplication (ID)	53,660	984	1.83%	2,263	4.22%	50,413	93.95%
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)	120,520	75,769	62.87%	26,318	21.84%	18,433	15.29%
Drug-Disease (MC)	194,183	162,540	83.70%	31,643	16.30%	N/A	N/A
Drug-Allergy (DA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug-Age (PA)	21,047	15,197	72.21%	5,850	27.79%	N/A	N/A
Therapeutic Dose Limits Screening	7,630	717	9.40%	457	5.99%	6,456	84.61%
Dose Duration	19,997	12,489	62.45%	7,508	37.55%	N/A	N/A

Top 10 Drugs by Therapeutic Problem Type - Overutilization

ER	TD	ID	LR	HD	PG	LD	DD	MC	DA	PA
ALBUTEROL SULFATE HFA	AMLODIPINE BESYLATE	ALBUTEROL SULFATE HFA	ATORVASTATIN CALCIUM	VITAMIN D	BUSPIRONE HYDROCHLORIDE	XULANE	LISINAPRIL	PREDNISONE	N/A	MONTELUKAST SODIUM
IBUPROFEN	LOSARTAN POTASSIUM	IBUPROFEN	OMEPRAZOLE	MONTELUKAST SODIUM	FLUCONAZOLE	NYSTATIN	METFORMIN HYDROCHLORIDE	AMOXICILLIN/CLAVULANATE POTASSIUM	N/A	TRIAMCINOLONE ACETONIDE
GABAPENTIN	HYDROCHLOROTHIAZIDE	GABAPENTIN	MONTELUKAST SODIUM	ALBUTEROL SULFATE	IBUPROFEN	MEDROXYPROGESTERONE ACETATE	ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM	N/A	IBUPROFEN
FLUTICASONE PROPIONATE	ALBUTEROL SULFATE	FLUTICASONE PROPIONATE	LISINAPRIL	ONDANSETRON ODT	QUETIAPINE FUMARATE	PHENAZOPYRIDINE HYDROCHLORIDE	HYDROCHLOROTHIAZIDE	IBUPROFEN	N/A	CETIRIZINE HYDROCHLORIDE
ATORVASTATIN CALCIUM	LISINAPRIL	ATORVASTATIN CALCIUM	LOSARTAN POTASSIUM	SODIUM FLUORIDE	NORETHINDRONE	FLUCONAZOLE	TRAZODONE HYDROCHLORIDE	HYDROCODONE/ACETAMINOPHEN	N/A	KETOCONAZOLE
METFORMIN HYDROCHLORIDE	METOPROLOL TARTRATE	METFORMIN HYDROCHLORIDE	METFORMIN HYDROCHLORIDE	FAMOTIDINE	METHIMAZOLE	ONDANSETRON ODT	FOLIC ACID	KEVZARA	N/A	CEPHALEXIN
MONTELUKAST SODIUM	BASAGLAR KWIKPEN	MONTELUKAST SODIUM	LEVOTHYROXINE SODIUM	CEFDINIR	ONDANSETRON HYDROCHLORIDE	MONTELUKAST SODIUM	FENOFIBRATE	BUPROPION HYDROCHLORIDE ER (SR)	N/A	LORATADINE CHILDRENS
TRAZODONE HYDROCHLORIDE	CARVEDILOL	TRAZODONE HYDROCHLORIDE	AMLODIPINE BESYLATE	IPRATROPIUM BROMIDE	OXYCODONE HYDROCHLORIDE	PROPRANOLOL HYDROCHLORIDE	IBUPROFEN	LORATADINE	N/A	SERTRALINE HCL
AMLODIPINE BESYLATE	METOPROLOL SUCCINATE ER	AMLODIPINE BESYLATE	GABAPENTIN	IBUPROFEN	HYDROXYZINE HYDROCHLORIDE	ACYCLOVIR	AMLODIPINE BESYLATE	LATANOPROST	N/A	AMPHETAMINE/DEXTROAMPHETAMINE
SERTRALINE HYDROCHLORIDE	GABAPENTIN	SERTRALINE HYDROCHLORIDE	PANTOPRAZOLE SODIUM	DEPO-ESTRADIOL	LATUDA	CLINDAMYCIN HYDROCHLORIDE	GABAPENTIN	ROPINIROLE HYDROCHLORIDE	N/A	BUDESONIDE