



Nevada Medicaid Drug Use Review Board Meeting

JULY 22, 2021



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

2021



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Clinical Presentation

Antimigraine Medications – Miscellaneous

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: July 22, 2021

Prior Authorization Criteria being reviewed: Antimigraine Medications

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 _____

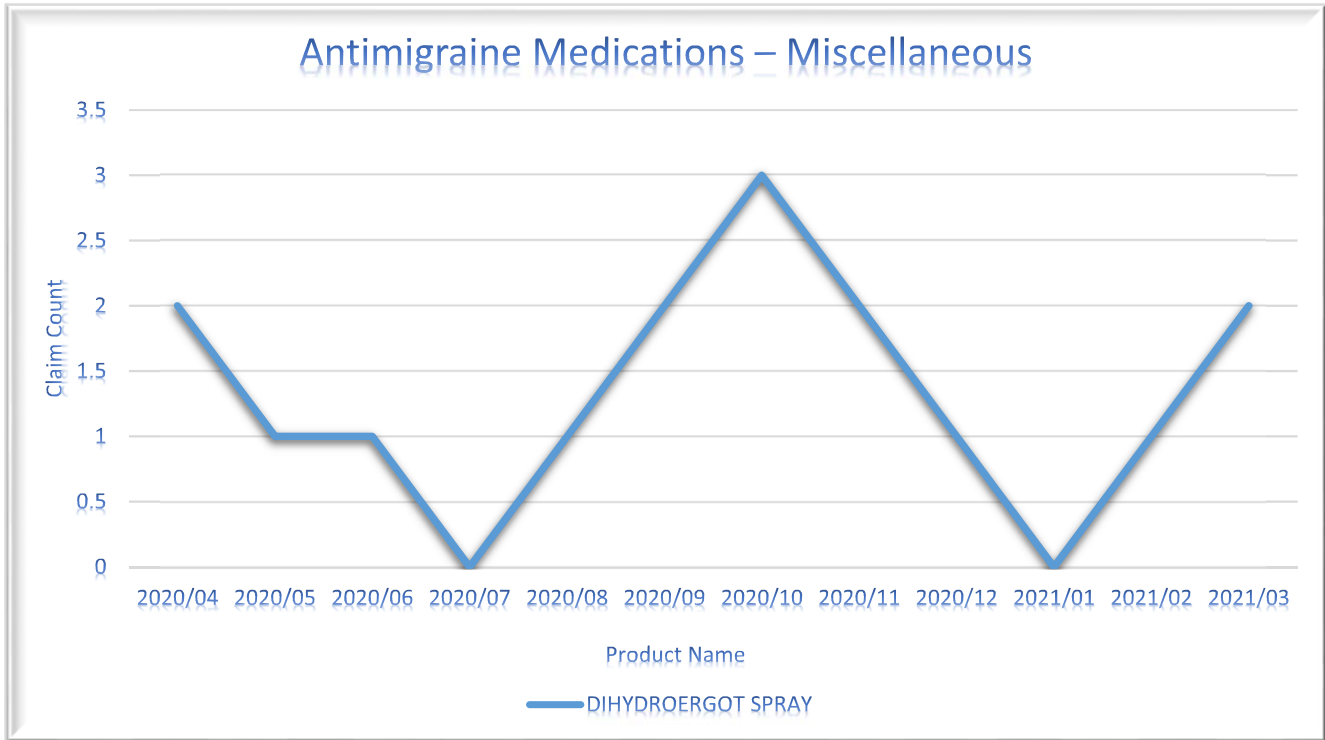
Signature of individual completing this form: _____  _____



Antimigraine Medications – Miscellaneous

Summary of Utilization
Apr 1, 2020 - Mar 31, 2021
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
DIHYDROERGOT SPRAY	12	16	396	114	NA
Total	12	16	396	114	NA





Clinical Presentation

**Duchene Muscular
Dystrophy Agents -
VILTEPSO (viltolarsen)**

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: July 22, 2021

Prior Authorization Criteria being reviewed: VILTEPSO (viltolarsen)

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


Recommend a prohibition for the product to be used in combination with other exon-skipping therapies used in DMD.

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: _____  _____

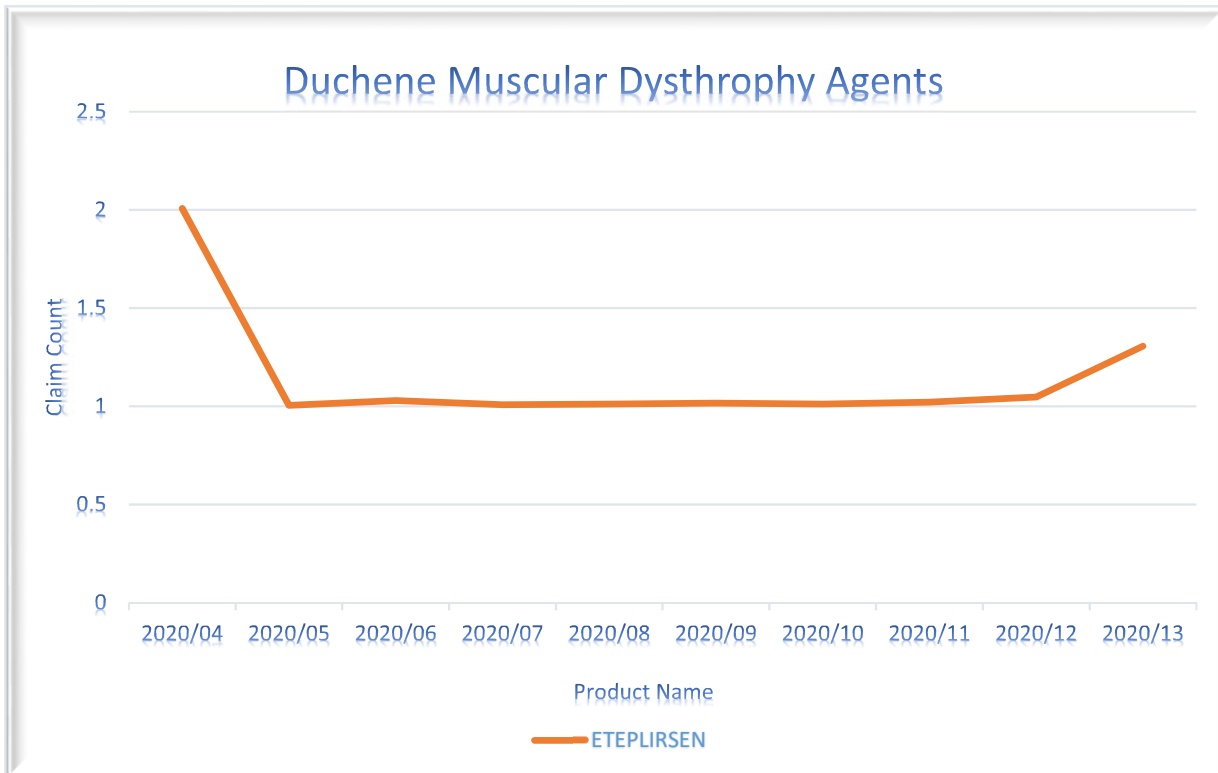


Duchene Muscular Dystrophy Agents - VILTEPSO (viltolarsen)

Summary of Utilization
Apr 1, 2020 - Mar 31, 2021
Health Plan of Nevada

Pharmacy	No Utilization	
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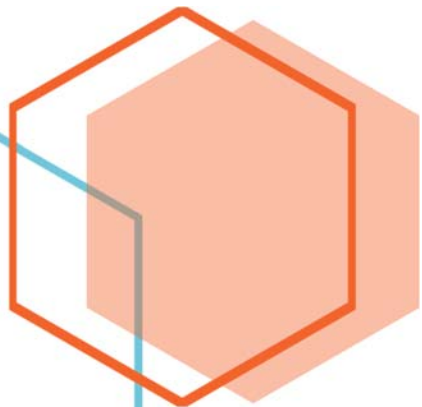
Medical		
Product Name		Total Paid
ETEPLIRSEN	11	NA
Total	11	NA





DUR Board Requested Reports

**Top Opioid
Prescribers & Members**

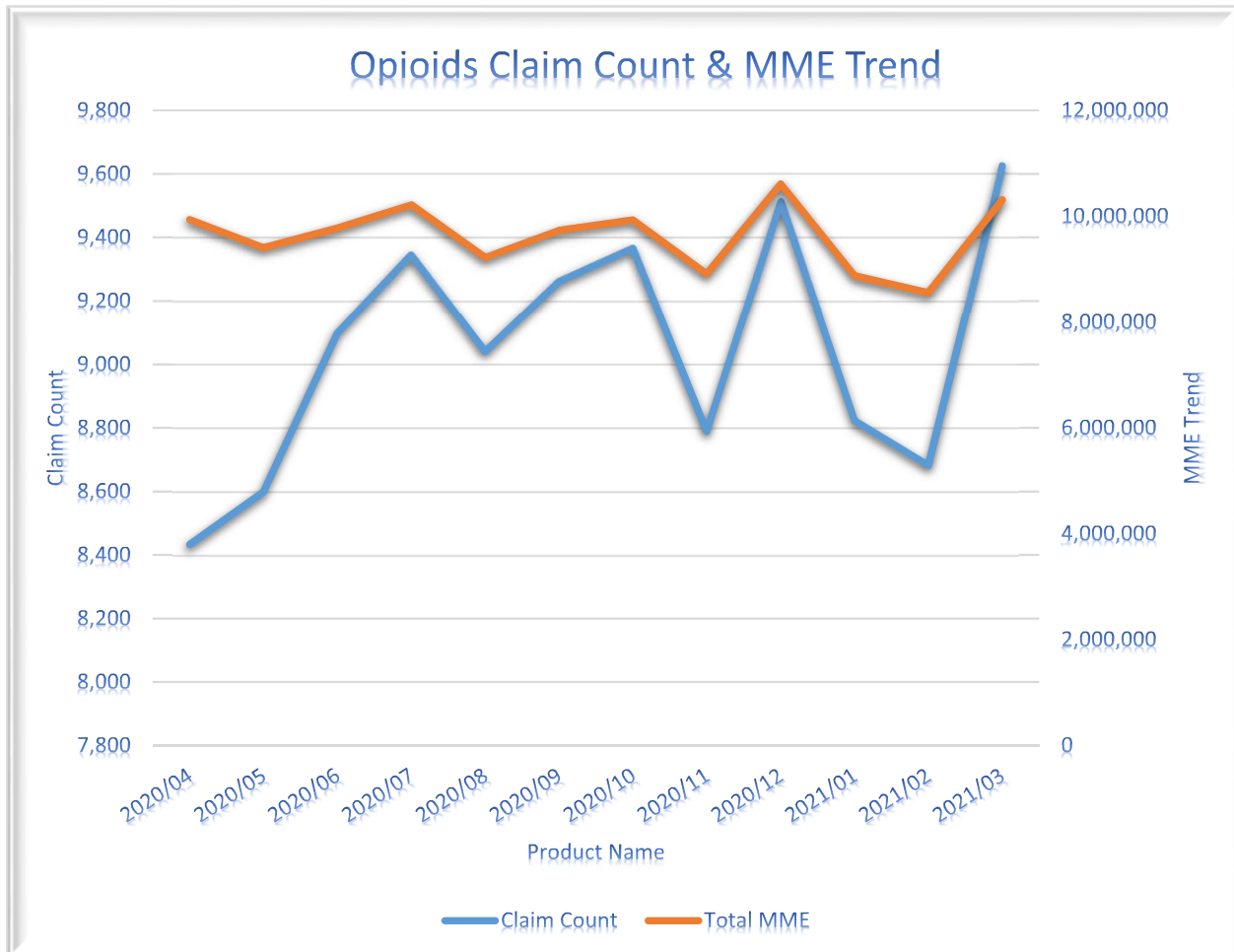




Opioid Utilization Overall Summary

Apr 1, 2020 - Mar 31, 2021
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
2020/04	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
2021/01	8,523	8,823	1.04	192,863	624,813	73.31	8,875,116
2021/02	8,427	8,682	1.03	186,828	606,801	72.01	8,553,157
2021/03	9,053	9,625	1.06	208,052	675,761	74.64	10,308,329





Top 10 Opioid Prescribers by Count of Claims

Oct 1, 2020 - Mar 31, 2021

Health Plan of Nevada

Top 10 Opioid Prescribers by Claim Count							Q1 2021 - 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	449	833	24,279	72,054	NA	1,895
OP2	PAIN MANAGEMEN	LAS VEGAS	NEVADA	352	788	22,471	73,765	NA	3,878
OP3	PAIN MANAGEMEN	LAS VEGAS	NEVADA	372	740	20,624	69,656	NA	3,054
OP4	ANESTHESIOLOGY	LAS VEGAS	NEVADA	423	712	20,291	60,128	NA	1,951
OP5	PAIN MANAGEMEN	LAS VEGAS	NEVADA	368	636	17,153	55,251	NA	2,557
OP6	ANESTHESIOLOGY	LAS VEGAS	NEVADA	217	409	11,068	28,814	NA	1,769
OP7	ANESTHESIOLOGY	LAS VEGAS	NEVADA	188	398	11,653	39,968	NA	3,014
OP8	PAIN MANAGEMEN	LAS VEGAS	NEVADA	182	323	9,616	33,562	NA	3,636
OP9	INTERNAL MED	LAS VEGAS	NEVADA	104	307	5,071	10,115	NA	238
OP10	ANESTHESIOLOGY	RENO	NEVADA	118	292	8,412	36,543	NA	4,930

Top 10 Opioid Prescribers by Claim Count							Q4 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
OP1	PAIN MANAGEMEN	LAS VEGAS	NEVADA	475	791	22,820	68,708	NA	1,783
OP3	PAIN MANAGEMEN	LAS VEGAS	NEVADA	438	716	19,467	64,885	NA	2,483
OP2	PAIN MANAGEMEN	LAS VEGAS	NEVADA	312	675	19,069	62,694	NA	3,948
OP5	PAIN MANAGEMEN	LAS VEGAS	NEVADA	398	617	16,777	54,305	NA	2,282
OP4	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
OP11	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
OP12	PAIN MANAGEMEN	LAS VEGAS	NEVADA	137	292	8,481	27,426	NA	3,631



Top 25 Opioids Utilization By Member

Top 25 Members by Claim Count

Oct 1, 2020 - Mar 31, 2021

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	2	20	60	NA	270
	NA	50	534	1,298	NA	1,909
Total		52	554	1,358	NA	1,846
OM2	NA	1	5	20	NA	600
	NA	2	11	58	NA	1,425
	NA	2	7	17	NA	420
	OP3	1	30	180	NA	8,100
	NA	22	660	2,400	NA	14,584
Total		28	713	2,675	NA	11,901
OM3	NA	27	189	1,134	NA	11,048
Total		27	189	1,134	NA	11,048
OM4	NA	26	182	1,456	NA	7,280
Total		26	182	1,456	NA	7,280
OM5	NA	2	30	90	NA	1,125
	OP3	4	65	152	NA	968
	OP2	20	300	900	NA	5,625
Total		26	395	1,142	NA	4,562
OM6	NA	24	168	504	NA	0
	NA	1	7	21	NA	0
Total		25	175	525	NA	0
OM7	NA	24	168	504	NA	3,780
Total		24	168	504	NA	3,780
OM8	NA	23	161	644	NA	2,185
	OP5	1	30	120	NA	1,200
Total		24	191	764	NA	2,144
OM9	NA	24	168	672	NA	2,613
Total		24	168	672	NA	2,613
OM10	NA	2	18	60	NA	920
	NA	5	86	436	NA	2,032
	NA	16	288	1,464	NA	5,580
Total		23	392	1,960	NA	4,403



Top 25 Opioids Utilization By Member

Top 25 Members by Claim Count
Oct 1, 2020 - Mar 31, 2021
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
OM11	NA	23	161	1,288	NA	3,372
Total		23	161	1,288	NA	3,372
OM12	NA	17	119	357	NA	0
	NA	6	49	147	NA	0
Total		23	168	504	NA	0
OM13	NA	20	141	416	NA	0
	NA	2	12	36	NA	0
Total		22	153	452	NA	0
OM14	NA	21	144	711	NA	1,257
Total		21	144	711	NA	1,257
OM15	NA	21	182	187	NA	590
Total		21	182	187	NA	590
OM16	NA	19	179	477	NA	0
	NA	1	7	21	NA	0
Total		20	186	498	NA	0
OM17	NA	15	128	295	NA	0
	NA	5	35	98	NA	0
Total		20	163	393	NA	0
OM18	OP12	9	270	540	NA	6,083
	OP8	6	180	360	NA	7,300
	NA	5	150	300	NA	7,950
Total		20	600	1,200	NA	6,915
OM19	NA	18	166	404	NA	0
	NA	1	7	14	NA	0
Total		19	173	418	NA	0
OM20	NA	10	73	376	NA	594
	NA	3	21	84	NA	233
	NA	2	37	134	NA	35
	NA	4	31	114	NA	353
Total		19	162	708	NA	427
OM21	NA	19	133	532	NA	1,334
Total		19	133	532	NA	1,334



Top 25 Opioids Utilization By Member

Top 25 Members by Claim Count
Oct 1, 2020 - Mar 31, 2021
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
OM22	NA	2	60	910	NA	1,575
	NA	10	228	2,916	NA	3,141
	NA	3	80	1,220	NA	2,100
	NA	3	74	1,266	NA	1,480
Total		18	442	6,312	NA	2,517
OM23	NA	18	540	1,800	NA	8,833
Total		18	540	1,800	NA	8,833
OM24	OP10	18	540	990	NA	8,600
Total		18	540	990	NA	8,600
OM25	OP12	5	130	285	NA	0
	NA	13	380	615	NA	0
Total		18	510	900	NA	0
GRAND TOTAL		578	7,384	29,083	NA	83,425

Top Opioid Member - Prescriber Correlation Summary	
Top Opioid Member by Claim Count	Top Opioid Prescriber
OM2	OP3
OM5	OP2, OP3
OM8	OP5
OM18	OP8, OP12
OM24	OP10
OM25	OP12



Top 25 Opioids Utilization By Member MME

Top 25 Members by Total MME
Oct 1, 2020 - Mar 31, 2021
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	OM2	NA	1	5	20	NA	600
		NA	2	11	58	NA	1,425
		NA	2	7	17	NA	420
		OP3	1	30	180	NA	8,100
		NA	22	660	2,400	NA	14,584
	Total		28	713	2,675	NA	11,901
MME3	NA	NA	18	540	2,880	NA	18,000
	Total		18	540	2,880	NA	18,000
MME4	OM3	NA	27	189	1,134	NA	11,048
	Total		27	189	1,134	NA	11,048
MME5	NA	NA	13	390	2,040	NA	22,223
	Total		13	390	2,040	NA	22,223
MME6	NA	NA	12	360	2,160	NA	22,950
	Total		12	360	2,160	NA	22,950
MME7	NA	NA	14	420	1,260	NA	18,482
	Total		14	420	1,260	NA	18,482
MME8	NA	NA	14	420	2,100	NA	16,741
	Total		14	420	2,100	NA	16,741
MME9	NA	NA	12	360	1,800	NA	19,350
	Total		12	360	1,800	NA	19,350
MME10	NA	NA	13	380	2,110	NA	17,400
	Total		13	380	2,110	NA	17,400
MME11	NA	NA	14	420	1,470	NA	16,071
	Total		14	420	1,470	NA	16,071
MME12	NA	NA	14	420	2,100	NA	15,300
	Total		14	420	2,100	NA	15,300
MME13	NA	NA	11	330	1,230	NA	18,736
	Total		11	330	1,230	NA	18,736
MME14	NA	NA	12	360	1,080	NA	17,100
	Total		12	360	1,080	NA	17,100
MME15	OM4	NA	26	182	1,456	NA	7,280
	Total		26	182	1,456	NA	7,280



Top 25 Opioids Utilization By Member MME

Top 25 Members by Total MME
Oct 1, 2020 - Mar 31, 2021
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
MME16	NA	NA	12	360	1,079	NA	15,500
	Total		12	360	1,079	NA	15,500
MME17	NA	NA	13	390	1,170	NA	14,123
	Total		13	390	1,170	NA	14,123
MME18	NA	NA	12	360	1,080	NA	15,000
	Total		12	360	1,080	NA	15,000
MME19	NA	NA	7	210	1,260	NA	25,714
	Total		7	210	1,260	NA	25,714
MME20	NA	NA	12	360	1,800	NA	14,850
	Total		12	360	1,800	NA	14,850
MME21	NA	NA	12	360	2,070	NA	13,956
	Total		12	360	2,070	NA	13,956
MME22	NA	NA	12	360	1,260	NA	13,770
	Total		12	360	1,260	NA	13,770
MME23	NA	NA	12	360	1,260	NA	13,500
	Total		12	360	1,260	NA	13,500
MME24	NA	NA	6	180	1,080	NA	27,000
	Total		6	180	1,080	NA	27,000
MME25	NA	NA	12	360	1,080	NA	13,500
	Total		12	360	1,080	NA	13,500
GRAND TOTAL			333	8,634	40,704	NA	448,783

MME Correlation Summary		
Top Opioid Member by Total MME	Top Opioid Member by Claim Count	Top Opioid Prescriber
MME2	OM2	OP3
MME4	OM3	NA
MME15	OM4	NA



Standard DUR Report



Top 10 Therapeutic Classes by Paid Amount & Claim Count

Summary of Utilization
Oct 1, 2020 - Mar 31, 2021
Health Plan of Nevada

Top 10 Drug Classes by Paid Amount - Q1 2021 - Current Quarter				
Q1 Rank	Q4 Rank	Product Name	Claim Count	Paid
1	1	ANTIRETROVIRALS	2,662	NA
2	2	ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	548	NA
3	3	INSULIN	8,561	NA
4	4	INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	2,926	NA
5	5	ANTINEOPLASTIC ENZYME INHIBITORS	181	NA
6	6	ANTIPSORIATICS	251	NA
7	7	SYMPATHOMIMETICS	24,296	NA
8	8	ANTIPSYCHOTICS - MISC.	1,434	NA
9	10	DIRECT FACTOR XA INHIBITORS	1,994	NA
10	9	MULTIPLE SCLEROSIS AGENTS	154	NA
Total			43,007	NA

Top 10 Drug Classes by Paid Amount - Q4 2020 - Previous Quarter				
Q1 Rank	Q4 Rank	Product Name	Claim Count	Paid
1	1	ANTIRETROVIRALS	2,580	NA
2	2	ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	517	NA
3	3	INSULIN	8,294	NA
4	4	INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	2,699	NA
5	5	ANTINEOPLASTIC ENZYME INHIBITORS	168	NA
6	6	ANTIPSORIATICS	247	NA
7	7	SYMPATHOMIMETICS	24,296	NA
8	8	ANTIPSYCHOTICS - MISC.	1,366	NA
10	9	MULTIPLE SCLEROSIS AGENTS	155	NA
9	10	DIRECT FACTOR XA INHIBITORS	1,915	NA
Total			42,237	NA



Top 10 Therapeutic Classes by Paid Amount & Claim Count

Summary of Utilization
Oct 1, 2020 - Mar 31, 2021
Health Plan of Nevada

Top 10 Drug Classes by Claim Count - Q1 2021 - Current Quarter				
Q1 Rank	Q4 Rank	Product Name	Claim Count	Paid
1	1	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	30,358	NA
2	3	ANTICONVULSANTS - MISC.	24,362	NA
3	2	SYMPATHOMIMETICS	24,296	NA
4	4	HMG COA REDUCTASE INHIBITORS	23,920	NA
5	5	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	20,422	NA
6	6	OPIOID COMBINATIONS	17,029	NA
7	7	PROTON PUMP INHIBITORS	15,797	NA
8	8	CENTRAL MUSCLE RELAXANTS	15,661	NA
9	9	ACE INHIBITORS	13,941	NA
10	10	BIGUANIDES	13,927	NA
Total			199,713	NA

Top 10 Drug Classes by Claim Count - Q4 2020 - Previous Quarter				
Q1 Rank	Q4 Rank	Product Name	Claim Count	Paid
1	1	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	30,052	NA
3	2	SYMPATHOMIMETICS	24,296	NA
2	3	ANTICONVULSANTS - MISC.	23,569	NA
4	4	HMG COA REDUCTASE INHIBITORS	23,343	NA
5	5	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	19,454	NA
6	6	OPIOID COMBINATIONS	17,229	NA
7	7	PROTON PUMP INHIBITORS	15,459	NA
8	8	CENTRAL MUSCLE RELAXANTS	15,342	NA
9	9	ACE INHIBITORS	13,910	NA
10	10	BIGUANIDES	13,665	NA
Total			196,319	NA



Prospective DUR

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

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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)	17,230	N/A	N/A	N/A	N/A	17,230	1
Therapeutic duplication (TD)	60,044	45,377	1	14,667	0	N/A	N/A
Ingredient duplication (ID)	61,832	34	0	44	0	61,754	1
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)	128,253	75,393	1	27,543	0	25,317	0
Drug-Disease (MC)	229,221	191,701	1	37,520	0	N/A	N/A
Drug-Allergy (DA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug-Age (PA)	24,504	17,857	1	6,647	0	N/A	N/A
Therapeutic Dose Limits Screening	8,185	563	0	455	0	7,167	1
Dose Duration	20,904	13,066	1	7,838	0	N/A	N/A

Top 10 Drugs by Therapeutic Problem Type

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

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Early Refill (ER)	Therapeutic duplication (TD)	Ingredient duplication (ID)	Late Refill (LR)
BUPREN/NALOX MIS 8-2MG	AMLODIPINE BESYLATE	BUPREN/NALOX MIS 8-2MG	ATORVASTATIN CALCIUM
OXYCODONE TAB 30MG	LOSARTAN POTASSIUM	OXYCODONE TAB 30MG	OMEPRAZOLE
DEXCOM G6 MIS SENSOR	HYDROCHLOROTHIAZIDE	DEXCOM G6 MIS SENSOR	LISINAPRIL
ONETOUCH TES ULTRA	ALBUTEROL SULFATE	ONETOUCH TES ULTRA	LEVOTHYROXINE SODIUM
GABAPENTIN CAP 300MG	LISINAPRIL	GABAPENTIN CAP 300MG	MONTELUKAST SODIUM
ELIQUIS TAB 5MG	CARVEDILOL	ELIQUIS TAB 5MG	AMLODIPINE BESYLATE
GLIPIZIDE TAB 10MG	METOPROLOL TARTRATE	GLIPIZIDE TAB 10MG	PANTOPRAZOLE SODIUM
ARIPIPRAZOLE TAB 10MG	BASAGLAR KWIKPEN	ARIPIPRAZOLE TAB 10MG	METFORMIN HYDROCHLORIDE
OXYCODONE TAB 15MG	METOPROLOL SUCCINATE ER	OXYCODONE TAB 15MG	GABAPENTIN
OLANZAPINE TAB 10MG	FUROSEMIDE	OLANZAPINE TAB 10MG	LOSARTAN POTASSIUM

Total High Dose (HD)	Drug-Pregnancy (PG)	Total Low Dose (LD)	Drug-Drug (DD)
VITAMIN D	IBUPROFEN	XULANE	LISINAPRIL
ALBUTEROL SULFATE	DOK	MEDROXYPROGESTERONE ACETATE	ATORVASTATIN CALCIUM
MONTELUKAST SODIUM	ONDANSETRON ODT	PHENAZOPYRIDINE HYDROCHLORIDE	METFORMIN HYDROCHLORIDE
FAMOTIDINE	ALBUTEROL SULFATE HFA	FLUCONAZOLE	HYDROCHLOROTHIAZIDE
ONDANSETRON ODT	FLUTICASON PROPIONATE	NYSTATIN	TRAZODONE HYDROCHLORIDE
SODIUM FLUORIDE	SERTRALINE HCL	PROPRANOLOL HYDROCHLORIDE	FOLIC ACID
CEFDINIR	METRONIDAZOLE	MONTELUKAST SODIUM	FENOFIBRATE
AMOXICILLIN	FLUCONAZOLE	ONDANSETRON ODT	IBUPROFEN
PROMETHAZINE/DEXTROMETHORPHAN	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ACYCLOVIR	AMLODIPINE BESYLATE
DEPO-ESTRADIOL	NORETHINDRONE	ANASTROZOLE	ALPRAZOLAM

Drug-Disease (MC)	Drug-Allergy (DA)	Drug-Age (PA)
ATORVASTATIN CALCIUM	N/A	MONTELUKAST SODIUM
GABAPENTIN	N/A	IBUPROFEN
ALPRAZOLAM	N/A	TRIAMCINOLONE ACETONIDE
ALBUTEROL SULFATE HFA	N/A	CETIRIZINE HYDROCHLORIDE
HYDROCODONE/ACETAMINOPHEN	N/A	ONDANSETRON ODT
LEVOTHYROXINE SODIUM	N/A	KETOCONAZOLE
LOSARTAN POTASSIUM	N/A	SERTRALINE HCL
IBUPROFEN	N/A	LORATADINE CHILDRENS
ZOLPIDEM TARTRATE	N/A	CEPHALEXIN
MONTELUKAST SODIUM	N/A	FAMOTIDINE



Retrospective DUR

Summary of Utilization
Jan 1, 2020 - Mar 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)
1/1/2020 to 12/31/2020	Concurrent Therapy	Fax/Mail	1004 (943)	31	0	Prescriber	OptumRx
1/1/2021 to 3/31/2021	Concurrent Therapy	Fax/Mail	604 (TBD)	TBD	TBD	Prescriber	OptumRx
1/1/2020 to 12/31/2020	Dose Per Day	Fax/Mail	477 (425)	250	1	Prescriber	OptumRx
1/1/2021 to 3/31/2021	Dose Per Day	Fax/Mail	126 (TBD)	TBD	TBD	Prescriber	OptumRx
1/1/2020 to 12/31/2020	Drug-Age Interaction	Fax/Mail	1258 (1001)	193	0	Prescriber	OptumRx
1/1/2021 to 3/31/2021	Drug-Age Interaction	Fax/Mail	569 (TBD)	TBD	TBD	Prescriber	OptumRx
1/1/2020 to 12/31/2020	Drug-Disease Interaction	Fax/Mail	1483 (1227)	177	0	Prescriber	OptumRx
1/1/2021 to 3/31/2021	Drug-Disease Interaction	Fax/Mail	1090 (TBD)	TBD	TBD	Prescriber	OptumRx
1/1/2020 to 12/31/2020	Drug-Drug Interaction	Fax/Mail	5097 (4400)	1,248	0	Prescriber	OptumRx
1/1/2021 to 3/31/2021	Drug-Drug Interaction	Fax/Mail	1352 (TBD)	TBD	TBD	Prescriber	OptumRx
1/1/2020 to 12/31/2020	Duplicate Therapy	Fax/Mail	4400 (3453)	356	0	Prescriber	OptumRx
1/1/2021 to 3/31/2021	Duplicate Therapy	Fax/Mail	1542 (TBD)	TBD	TBD	Prescriber	OptumRx
1/1/2020 to 12/31/2020	Overutilization_Days Supply	Fax/Mail	1535 (1166)	73	0	Prescriber	OptumRx
1/1/2021 to 3/31/2021	Overutilization_Days Supply	Fax/Mail	619 (TBD)	TBD	TBD	Prescriber	OptumRx
1/1/2020 to 12/31/2020	Gaps in Care Asthma	Fax/Mail	7150 (5633)	529	0	Prescriber	OptumRx
1/1/2021 to 3/31/2021	Gaps in Care Asthma	Fax/Mail	3022 (TBD)	TBD	TBD	Prescriber	OptumRx
1/1/2020 to 12/31/2020	Gaps in Care Cardiovascular	Fax/Mail	579 (546)	116	0	Prescriber	OptumRx
1/1/2021 to 3/31/2021	Gaps in Care Cardiovascular	Fax/Mail	190 (TBD)	TBD	TBD	Prescriber	OptumRx
1/1/2020 to 12/31/2020	Gaps in Care COPD	Fax/Mail	184 (125)	24	0	Prescriber	OptumRx
1/1/2021 to 3/31/2021	Gaps in Care COPD	Fax/Mail	64 (TBD)	TBD	TBD	Prescriber	OptumRx
1/1/2020 to 12/31/2020	Gaps in Care Diabetes	Fax/Mail	6114 (5890)	1,078	0	Prescriber	OptumRx
1/1/2021 to 3/31/2021	Gaps in Care Diabetes	Fax/Mail	2339 (TBD)	TBD	TBD	Prescriber	OptumRx
1/1/2020 to 12/31/2020	Gaps in Care HIV	Fax/Mail	2 (2)	1	1	Prescriber	OptumRx
1/1/2021 to 3/31/2021	Gaps in Care HIV	Fax/Mail	0 (TBD)	TBD	TBD	Prescriber	OptumRx
1/1/2020 to 12/31/2020	Gaps in Care Sickle Cell Disease	Fax/Mail	0 (0)	0	0	Prescriber	OptumRx
1/1/2021 to 3/31/2021	Gaps in Care Sickle Cell Disease	Fax/Mail	0 (TBD)	TBD	TBD	Prescriber	OptumRx
1/1/2020 to 12/31/2020	Narcotic Drug Utilization Program	Fax/Mail	61457 (14380)	1,912	0	Prescriber	OptumRx
1/1/2021 to 3/31/2021	Narcotic Drug Utilization Program	Fax/Mail	35322 (TBD)	TBD	TBD	Prescriber	OptumRx