



Nevada Medicaid Drug Use Review Board Meeting

OCTOBER 14, 2021



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

2021



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Clinical Presentation

**ENTRESTO
(sacubitiril/valsartan)**

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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

DUR Meeting Date: October 14, 2021

Prior Authorization Criteria being reviewed: ENTRESTO (sacubitril/valsartan)

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 adjusting to not require beta-blocker use in those with an ejection fraction of greater than 40% and structural heart disease. Proposed criteria below.

One of the following:

(a) **Both** of the following:

- i. Ejection fraction is less than or equal to 40 percent
- ii. **One** of the following:
 - (i) Patient is on a stabilized dose and receiving concomitant therapy with bisoprolol, carvedilol, or metoprolol
 - (ii) Patient has an intolerance or contraindication to beta-blockers

(b) **Both** of the following:

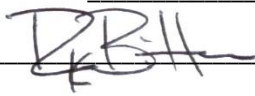
- i. Ejection fraction greater than 40 percent
- ii. Patient has structural heart disease (i.e. left atrial enlargement (LAE) or left ventricular hypertrophy (LVH))

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

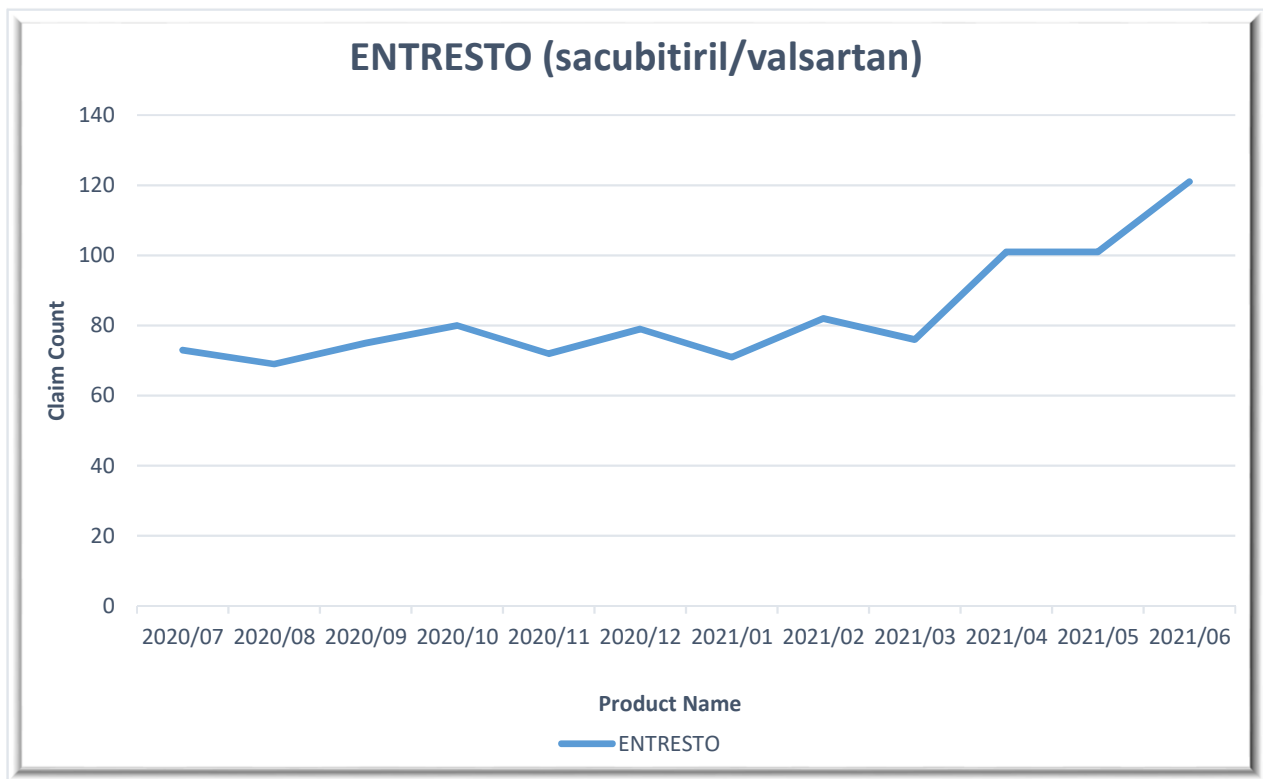
Signature of individual completing this form: 



ENTRESTO (sacubitiril/valsartan)

Summary of Utilization
July 1, 2020 - June 30, 2021
Health Plan of Nevada

| Product Name | Count of Members | Count of Claims | Sum of Days Supply | Sum of Qty | Sum of Amt Paid |
|--------------|------------------|-----------------|--------------------|---------------|-----------------|
| ENTRESTO | 194 | 1,000 | 32,702 | 64,924 | NA |
| Total | 194 | 1,000 | 32,702 | 64,924 | NA |





Clinical Presentation

Immunomodulators

DRUG USE REVIEW BOARD

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DUR Meeting Date: October 14, 2021

Prior Authorization Criteria being reviewed: Immunomodulators

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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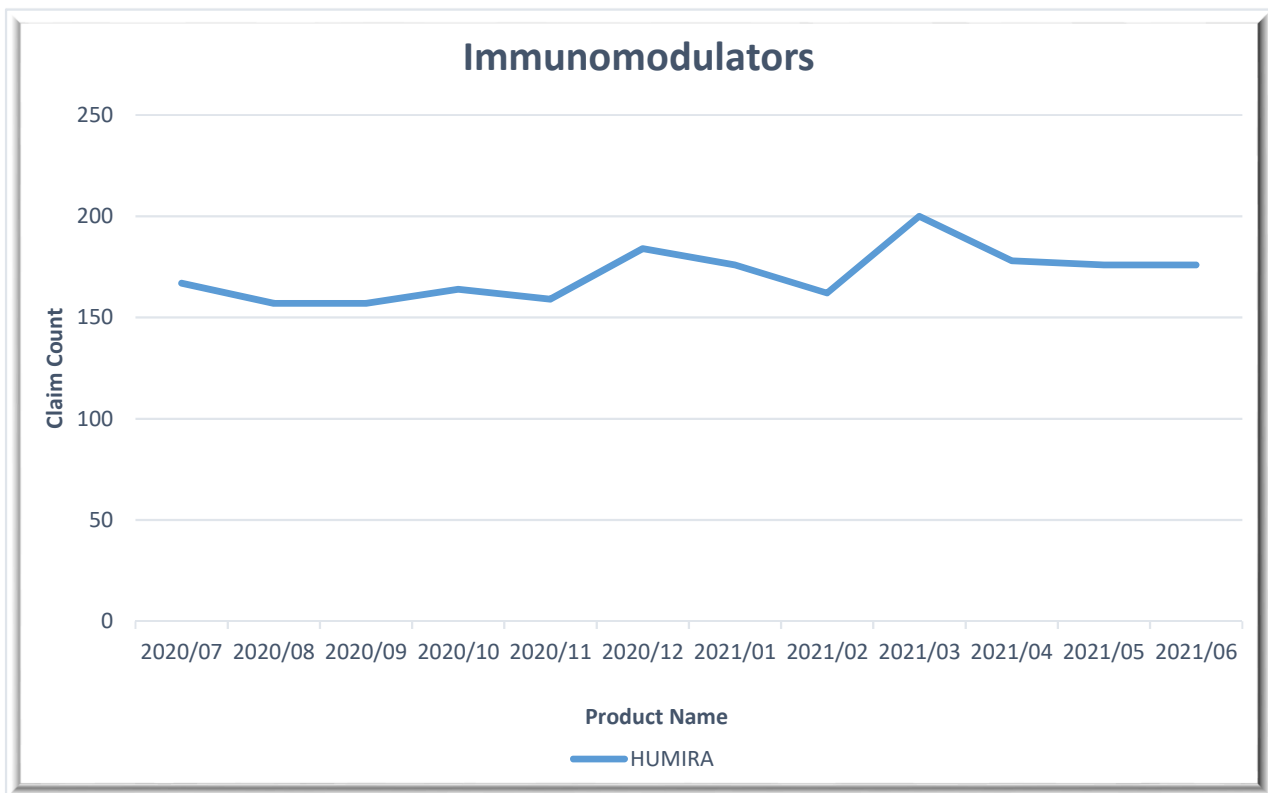
Signature of individual completing this form: 



Immunomodulators

Summary of Utilization
July 1, 2020 - June 30, 2021
Health Plan of Nevada

| Product Name | Count of Members | Count of Claims | Sum of Days Supply | Sum of Qty | Sum of Amt Paid |
|--------------|------------------|-----------------|--------------------|--------------|-----------------|
| HUMIRA | 299 | 2,056 | 57,562 | 4,687 | NA |
| Total | 299 | 2,056 | 57,562 | 4,687 | NA |





Clinical Presentation

Growth Hormones

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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DUR Meeting Date: October 14, 2021

Prior Authorization Criteria being reviewed: Growth Hormones

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

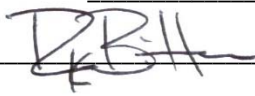
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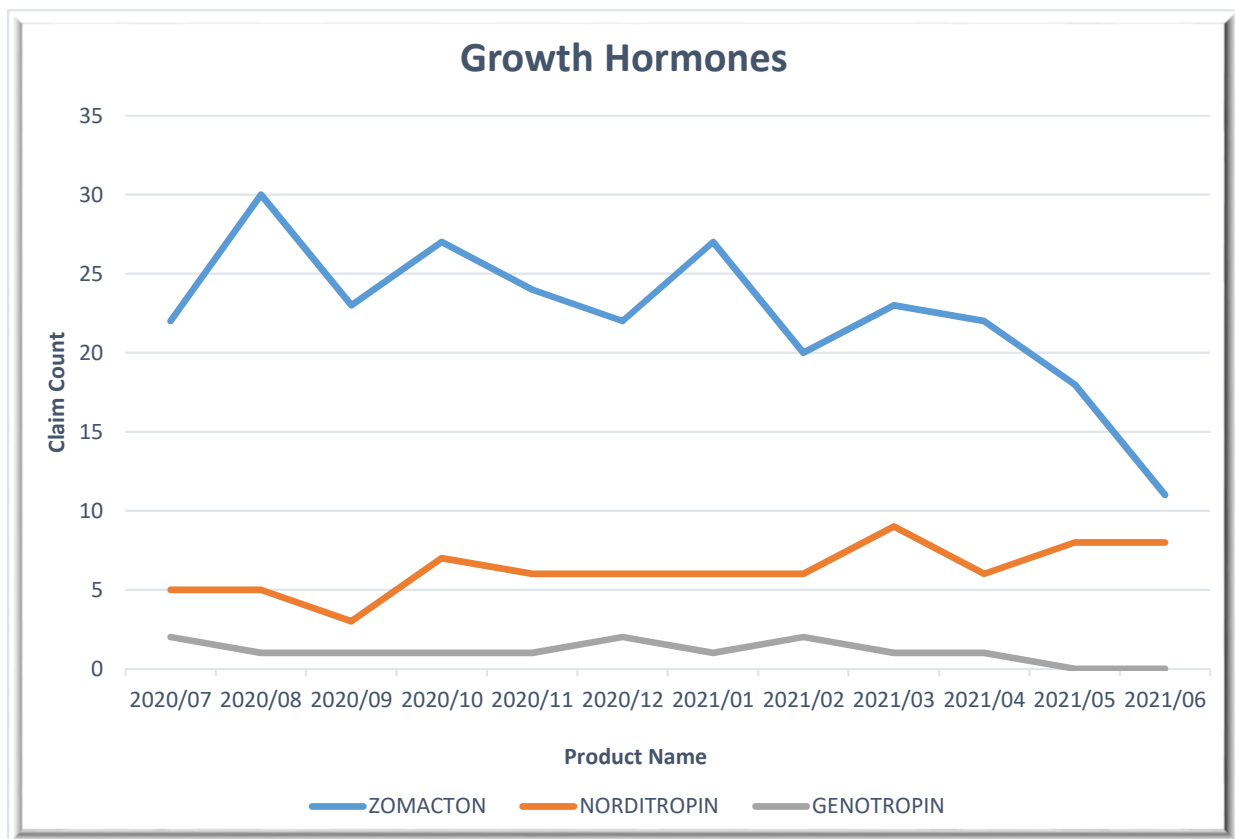
Signature of individual completing this form: 



Growth Hormones

Summary of Utilization
July 1, 2020 - June 30, 2021
Health Plan of Nevada

| Product Name | Count of Members | Count of Claims | Sum of Days Supply | Sum of Qty | Sum of Amt Paid |
|--------------|------------------|-----------------|--------------------|--------------|-----------------|
| ZOMACTON | 36 | 269 | 6,802 | 1,008 | NA |
| NORDITROPIN | 11 | 75 | 1,994 | 458 | NA |
| GENOTROPIN | 2 | 13 | 368 | 318 | NA |
| Total | 49 | 357 | 9,164 | 1,784 | NA |





Clinical Presentation

**GIMOTI
(metoclopramide)
nasal spray**

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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

DUR Meeting Date: October 14, 2021

Prior Authorization Criteria being reviewed: GIMOTI (metoclopramide) nasal spray

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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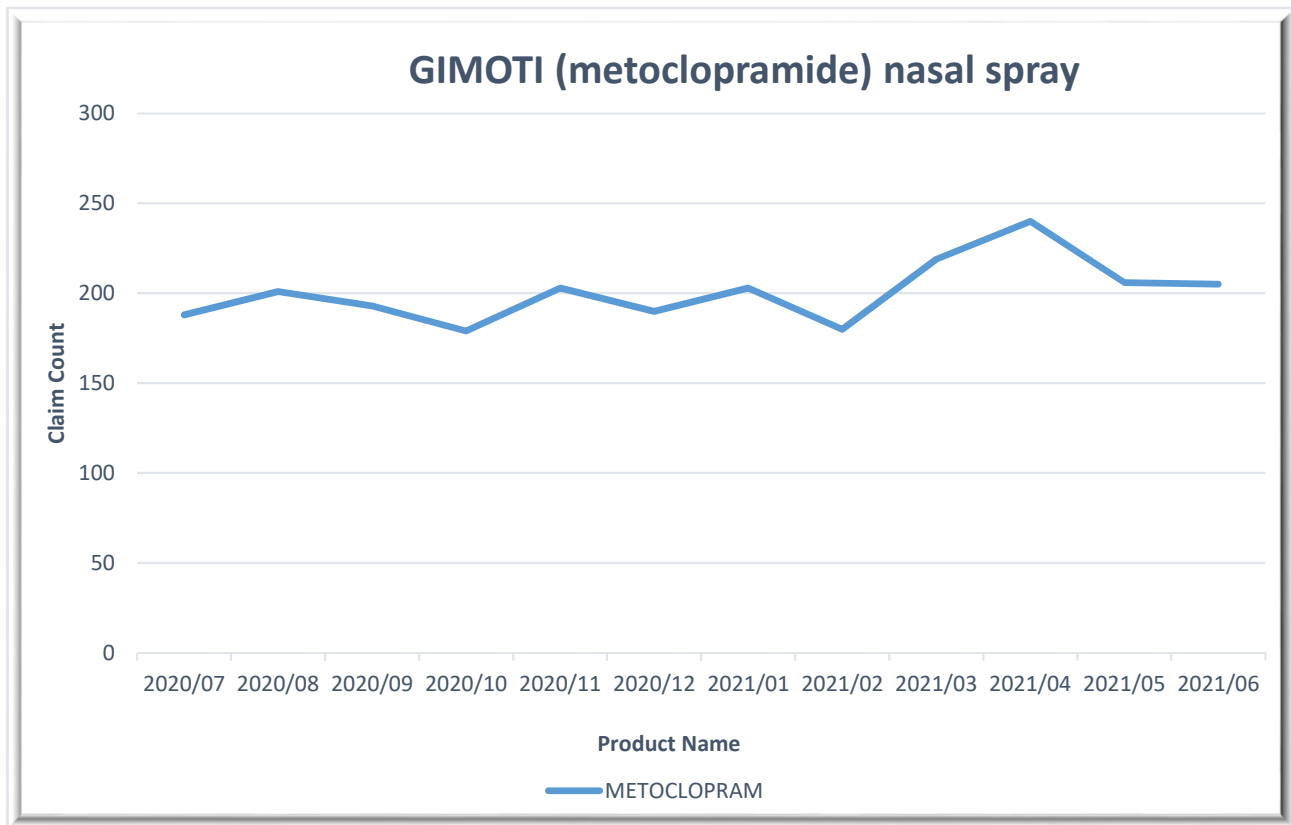
Signature of individual completing this form: 



GIMOTI (metoclopramide) nasal spray

Summary of Utilization
July 1, 2020 - June 30, 2021
Health Plan of Nevada

| Product Name | Count of Members | Count of Claims | Sum of Days Supply | Sum of Qty | Sum of Amt Paid |
|--------------|------------------|-----------------|--------------------|----------------|-----------------|
| METOCLOPRAM | 1,544 | 2,407 | 39,274 | 126,686 | NA |
| Total | 1,544 | 2,407 | 39,274 | 126,686 | NA |





Clinical Presentation

ADUHELM
(aducanumab-avwa)

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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DUR Meeting Date: October 14, 2021

Prior Authorization Criteria being reviewed: ADUHELM (aducanumab-avwa)

Managed Care Organization name: Health Plan of Nevada

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Signature of individual completing this form: 



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

ADUHELM (aducanumab-avwa)

Summary of Utilization
July 1, 2020 - June 31, 2021
Health Plan of Nevada

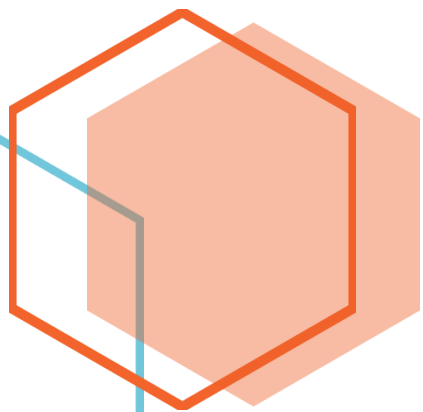
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No Utilization



Clinical Presentation

CGRP Antagonists



DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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DUR Meeting Date: October 14, 2021

Prior Authorization Criteria being reviewed: CGRP Antagonists

Managed Care Organization name: Health Plan of Nevada

Please place a check mark in the appropriate box:

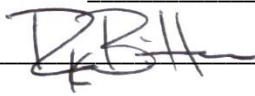
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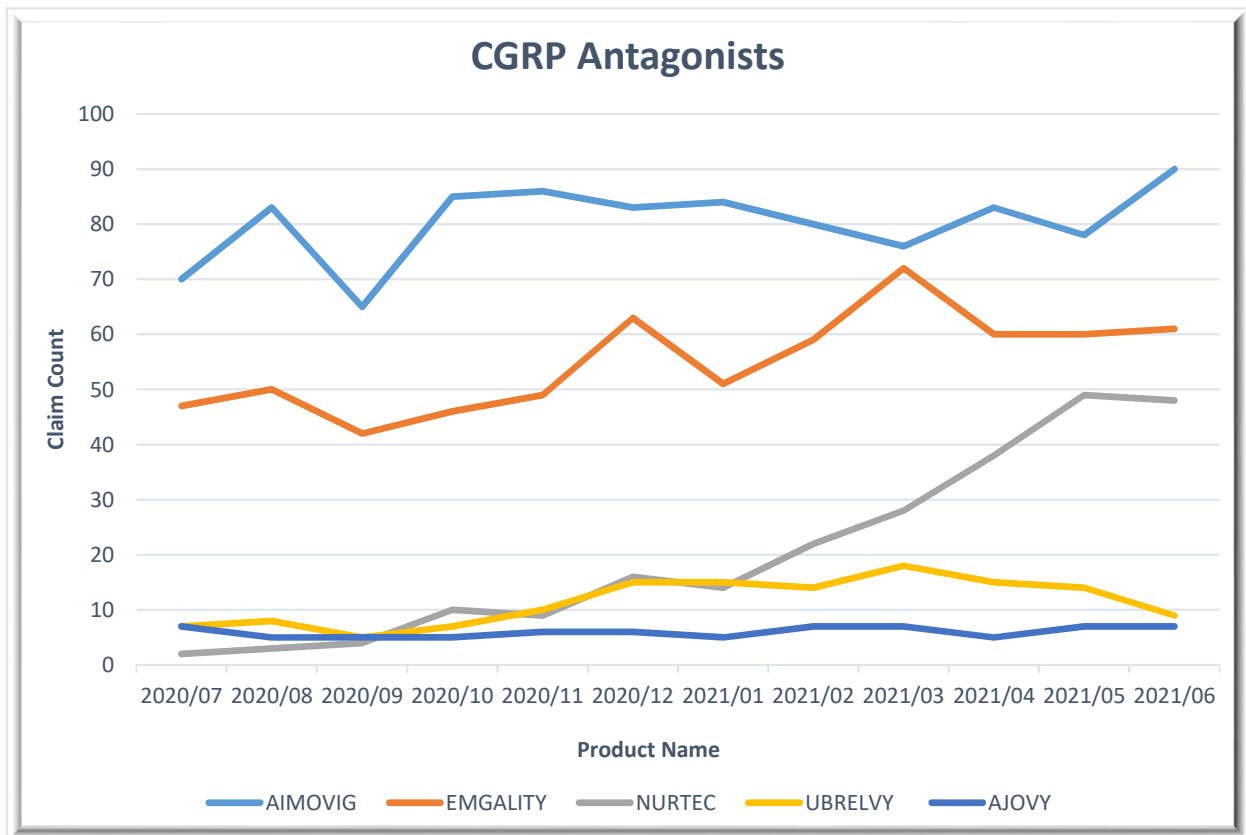
Signature of individual completing this form:  _____



CGRP Antagonists

Summary of Utilization
July 1, 2020 - June 30, 2021
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 | 963 | 28,606 | 963 | NA |
| EMGALITY | 130 | 660 | 19,603 | 719 | NA |
| NURTEC | 89 | 243 | 6,033 | 1,938 | NA |
| UBRELVY | 50 | 137 | 3,250 | 1,422 | NA |
| AJOVY | 14 | 72 | 2,255 | 114 | NA |
| Total | 469 | 2,075 | 59,747 | 5,156 | NA |





Clinical Presentation

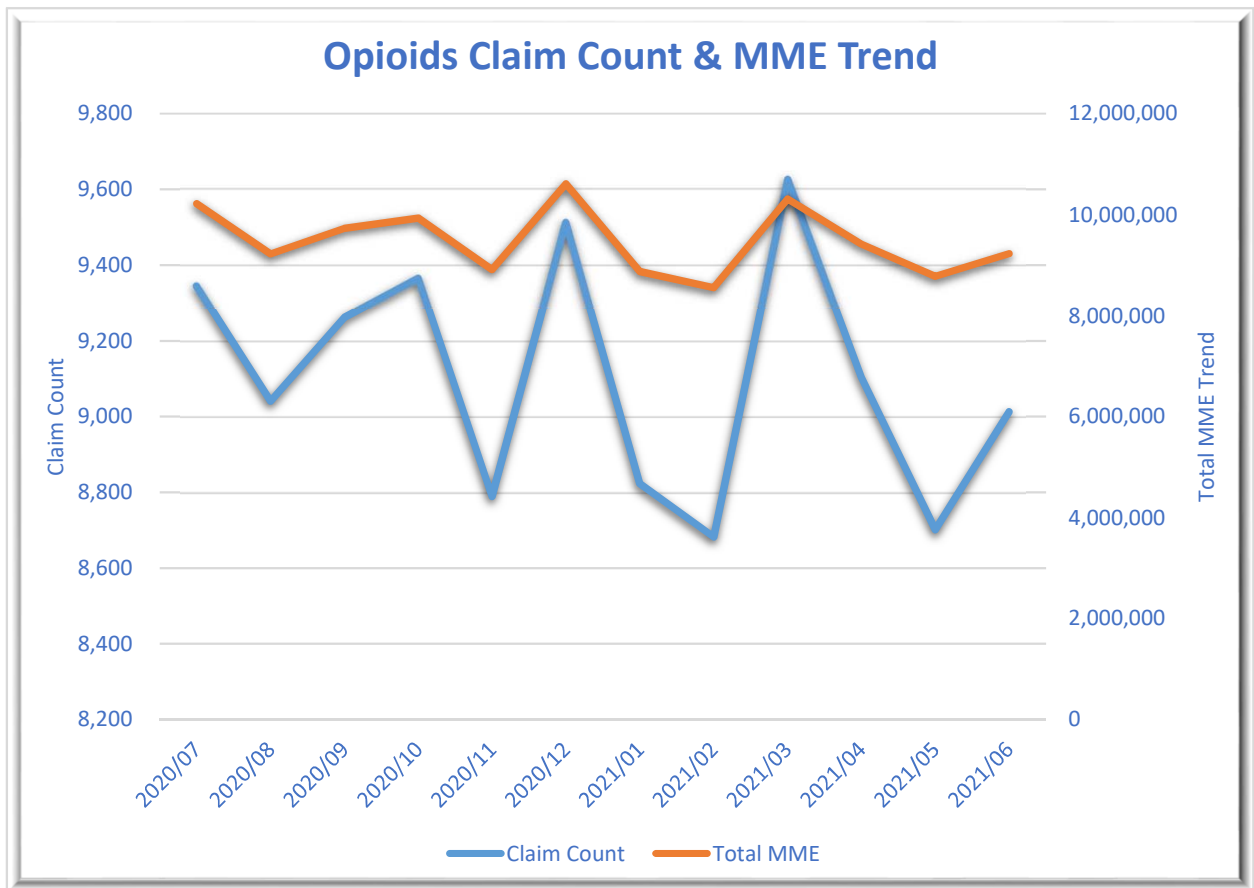
Top Opioid Prescribers & Members



Opioid Utilization Overall Summary

July 1, 2020 - June 30, 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 |
|-------------------|--------------|-------------|-------------------|--------------------|-----------------|----------------|------------|
| 2020/07 | 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 |
| 2021/04 | 8,712 | 9,103 | 1.04 | 197,749 | 641,985 | 73.69 | 9,418,080 |
| 2021/05 | 8,341 | 8,701 | 1.04 | 188,607 | 614,153 | 73.63 | 8,775,172 |
| 2021/06 | 8,580 | 9,013 | 1.05 | 194,036 | 630,106 | 73.44 | 9,223,896 |





Top 10 Opioid Prescribers by Count of Claims

January 1, 2021 - June 30 2021

Health Plan of Nevada

| Top 10 Opioid Prescribers by Claim Count | | | | | | | Q2 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 | 399 | 819 | 22,684 | 77,224 | NA | 3,137 |
| OP2 | PAIN MANAGEMEN | LAS VEGAS | NEVADA | 326 | 728 | 21,043 | 70,309 | NA | 3,928 |
| OP3 | PAIN MANAGEMEN | LAS VEGAS | NEVADA | 390 | 646 | 18,772 | 54,566 | NA | 1,722 |
| OP4 | ANESTHESIOLOGY | LAS VEGAS | NEVADA | 407 | 577 | 16,041 | 48,213 | NA | 1,570 |
| OP5 | PAIN MANAGEMEN | LAS VEGAS | NEVADA | 354 | 566 | 15,131 | 47,707 | NA | 2,204 |
| OP6 | ANESTHESIOLOGY | LAS VEGAS | NEVADA | 184 | 375 | 11,001 | 38,563 | NA | 2,971 |
| OP7 | FAMILY | LAS VEGAS | NEVADA | 201 | 360 | 10,684 | 38,215 | NA | 8,344 |
| OP8 | ANESTHESIOLOGY | LAS VEGAS | NEVADA | 203 | 356 | 9,668 | 25,188 | NA | 1,699 |
| OP9 | FAMILY | LAS VEGAS | NEVADA | 241 | 347 | 10,202 | 29,861 | NA | 1,438 |
| OP10 | INTERNAL MED | LAS VEGAS | NEVADA | 109 | 321 | 5,208 | 10,352 | NA | 217 |

| Top 10 Opioid Prescribers by Claim Count | | | | | | | Q1 2021 - 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 | 449 | 833 | 24,279 | 72,054 | NA | 1,895 |
| OP2 | PAIN MANAGEMEN | LAS VEGAS | NEVADA | 352 | 788 | 22,471 | 73,765 | NA | 3,878 |
| OP1 | 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 |
| OP8 | ANESTHESIOLOGY | LAS VEGAS | NEVADA | 217 | 409 | 11,068 | 28,814 | NA | 1,769 |
| OP6 | ANESTHESIOLOGY | LAS VEGAS | NEVADA | 188 | 398 | 11,653 | 39,968 | NA | 3,014 |
| OP11 | PAIN MANAGEMEN | LAS VEGAS | NEVADA | 182 | 323 | 9,616 | 33,562 | NA | 3,636 |
| OP10 | INTERNAL MED | LAS VEGAS | NEVADA | 104 | 307 | 5,071 | 10,115 | NA | 238 |
| OP12 | ANESTHESIOLOGY | RENO | NEVADA | 118 | 292 | 8,412 | 36,543 | NA | 4,930 |



Top 10 Opioids Utilization By Member

Top 10 Members by Claim Count
January 1, 2021 - June 30 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 | 1 | 3 | 12 | NA | 60 |
| | NA | 2 | 20 | 60 | NA | 270 |
| | NA | 49 | 527 | 1,295 | NA | 12,245 |
| TOTAL | | 52 | 550 | 1,367 | NA | 12,575 |
| OM2 | NA | 26 | 182 | 1,456 | NA | 14,560 |
| TOTAL | | 26 | 182 | 1,456 | NA | 14,560 |
| OM3 | OP1 | 8 | 119 | 336 | NA | 8,460 |
| | OP2 | 18 | 246 | 810 | NA | 20,250 |
| TOTAL | | 26 | 365 | 1,146 | NA | 28,710 |
| OM4 | NA | 26 | 189 | 365 | NA | 4,810 |
| TOTAL | | 26 | 189 | 365 | NA | 4,810 |
| OM5 | NA | 1 | 28 | 336 | NA | 2,520 |
| | NA | 25 | 175 | 1,050 | NA | 23,625 |
| TOTAL | | 26 | 203 | 1,386 | NA | 26,145 |
| OM6 | NA | 25 | 175 | 525 | NA | 7,875 |
| TOTAL | | 25 | 175 | 525 | NA | 7,875 |
| OM7 | NA | 25 | 750 | 3,110 | NA | 160,380 |
| TOTAL | | 25 | 750 | 3,110 | NA | 160,380 |
| OM8 | NA | 23 | 174 | 403 | NA | 0 |
| | NA | 1 | 7 | 14 | NA | 0 |
| TOTAL | | 24 | 181 | 417 | NA | 0 |
| OM9 | NA | 18 | 182 | 585 | NA | 12,210 |
| | NA | 4 | 28 | 112 | NA | 1,470 |
| | NA | 2 | 14 | 56 | NA | 700 |
| TOTAL | | 24 | 224 | 753 | NA | 14,380 |
| OM10 | NA | 23 | 161 | 637 | NA | 4,778 |
| TOTAL | | 23 | 161 | 637 | NA | 4,778 |
| GRAND TOTAL | | 277 | 2,980 | 11,162 | NA | 274,213 |

| Top Opioid Member - Prescriber Correlation Summary | |
|--|-----------------------|
| Top Opioid Member by Claim Count | Top Opioid Prescriber |
| OM3 | OP1, OP2 |



Top 10 Opioids Utilization By Member MME

Top 10 Members by Total MME

January 1, 2021 - June 30, 2021

Health Plan of Nevada

Page 4 of 4

| 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 | Total MME |
|---------------------|----------------------|-------------------------|--------------------|--------------|-----------------|-----------------|-----------------------------|------------------|
| MME1 | OM7 | NA | 25 | 750 | 3,110 | NA | 160,380 | 478,980 |
| | TOTAL | | 25 | 750 | 3,110 | NA | 160,380 | 478,980 |
| MME2 | NA | NA | 6 | 180 | 2,700 | NA | 108,000 | 324,000 |
| | TOTAL | | 6 | 180 | 2,700 | NA | 108,000 | 324,000 |
| MME3 | NA | NA | 18 | 540 | 2,880 | NA | 108,000 | 324,000 |
| | TOTAL | | 18 | 540 | 2,880 | NA | 108,000 | 324,000 |
| MME4 | OM5 | NA | 1 | 28 | 336 | NA | 2,520 | 2,520 |
| | | NA | 25 | 175 | 1,050 | NA | 23,625 | 295,785 |
| | TOTAL | | 26 | 203 | 1,386 | NA | 26,145 | 298,305 |
| MME5 | NA | NA | 12 | 360 | 2,160 | NA | 91,800 | 275,400 |
| | TOTAL | | 12 | 360 | 2,160 | NA | 91,800 | 275,400 |
| MME6 | NA | NA | 13 | 390 | 1,170 | NA | 71,100 | 249,300 |
| | TOTAL | | 13 | 390 | 1,170 | NA | 71,100 | 249,300 |
| MME7 | NA | NA | 13 | 390 | 1,200 | NA | 73,800 | 243,000 |
| | TOTAL | | 13 | 390 | 1,200 | NA | 73,800 | 243,000 |
| MME8 | NA | NA | 13 | 390 | 1,910 | NA | 76,500 | 240,300 |
| | TOTAL | | 13 | 390 | 1,910 | NA | 76,500 | 240,300 |
| MME9 | NA | NA | 14 | 410 | 2,100 | NA | 69,300 | 236,700 |
| | TOTAL | | 14 | 410 | 2,100 | NA | 69,300 | 236,700 |
| MME10 | NA | NA | 12 | 360 | 1,770 | NA | 76,050 | 228,150 |
| | TOTAL | | 12 | 360 | 1,770 | NA | 76,050 | 228,150 |
| GRAND TOTAL | | | 152 | 3,973 | 20,386 | NA | 861,075 | 2,898,135 |

| MME Correlation Summary | | |
|--------------------------------|----------------------------------|-----------------------|
| Top Opioid Member by Total MME | Top Opioid Member by Claim Count | Top Opioid Prescriber |
| MME1 | OM7 | NA |
| MME4 | OM5 | NA |



Standard DUR Report



Top 10 Therapeutic Classes by Paid Amount & Claim Count

Summary of Utilization
January 1, 2021 - June 30, 2021
Health Plan of Nevada

| Top 10 Drug Classes by Paid Amount - Q2 2021 - Current Quarter | | | | |
|--|---------|---|---------------|-----------|
| Q2 Rank | Q1 Rank | Product Name | Claim Count | Paid |
| 1 | 1 | ANTIRETROVIRALS | 2,769 | NA |
| 2 | 2 | ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES | 534 | NA |
| 3 | 3 | INSULIN | 8,553 | NA |
| 4 | 4 | INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | 3,298 | NA |
| 5 | 5 | ANTINEOPLASTIC ENZYME INHIBITORS | 168 | NA |
| 6 | 6 | ANTIPSORIATICS | 241 | NA |
| 7 | 7 | SYMPATHOMIMETICS | 23,842 | NA |
| 8 | 8 | ANTIPSYCHOTICS - MISC. | 1,393 | NA |
| 9 | NA | VIRAL VACCINES | 34,654 | NA |
| 10 | NA | METABOLIC MODIFIERS | 313 | NA |
| Total | | | 75,765 | NA |

| Top 10 Drug Classes by Paid Amount - Q1 2021 - Previous Quarter | | | | |
|---|---------|---|---------------|-----------|
| Q2 Rank | Q1 Rank | Product Name | Claim Count | Paid |
| 1 | 1 | ANTIRETROVIRALS | 2,662 | NA |
| 3 | 2 | ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES | 548 | NA |
| 5 | 3 | INSULIN | 8,561 | NA |
| 7 | 4 | INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | 2,926 | NA |
| 9 | 5 | ANTINEOPLASTIC ENZYME INHIBITORS | 181 | NA |
| 6 | 6 | ANTIPSORIATICS | 251 | NA |
| 7 | 7 | SYMPATHOMIMETICS | 24,296 | NA |
| 8 | 8 | ANTIPSYCHOTICS - MISC. | 1,434 | NA |
| NA | 9 | DIRECT FACTOR XA INHIBITORS | 1,994 | NA |
| NA | 10 | MULTIPLE SCLEROSIS AGENTS | 154 | NA |
| Total | | | 43,007 | NA |



Top 10 Therapeutic Classes by Paid Amount & Claim Count

Summary of Utilization
January 1, 2021 - June 30, 2021
Health Plan of Nevada

| Top 10 Drug Classes by Claim Count - Q2 2021 - Current Quarter | | | | |
|--|---------|---|----------------|-----------|
| Q2 Rank | Q1 Rank | Product Name | Claim Count | Paid |
| 1 | NA | VIRAL VACCINES | 34,654 | NA |
| 2 | 1 | NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | 30,643 | NA |
| 3 | 3 | SYMPATHOMIMETICS | 23,842 | NA |
| 4 | 2 | ANTICONSULSANTS - MISC. | 23,751 | NA |
| 5 | 4 | HMG COA REDUCTASE INHIBITORS | 23,357 | NA |
| 6 | 5 | SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | 20,336 | NA |
| 7 | 6 | OPIOID COMBINATIONS | 16,797 | NA |
| 8 | 7 | PROTON PUMP INHIBITORS | 15,213 | NA |
| 9 | 8 | CENTRAL MUSCLE RELAXANTS | 15,173 | NA |
| 10 | NA | ANTIHIAMINES - NON-SEDATING | 13,978 | NA |
| Total | | | 217,744 | NA |

| Top 10 Drug Classes by Claim Count - Q1 2021 - Previous Quarter | | | | |
|---|---------|---|----------------|-----------|
| Q2 Rank | Q1 Rank | Product Name | Claim Count | Paid |
| 2 | 1 | NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | 30,358 | NA |
| 4 | 2 | ANTICONSULSANTS - MISC. | 24,362 | NA |
| 3 | 3 | SYMPATHOMIMETICS | 24,296 | NA |
| 5 | 4 | HMG COA REDUCTASE INHIBITORS | 23,920 | NA |
| 6 | 5 | SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | 20,422 | NA |
| 7 | 6 | OPIOID COMBINATIONS | 17,029 | NA |
| 8 | 7 | PROTON PUMP INHIBITORS | 15,797 | NA |
| 9 | 8 | CENTRAL MUSCLE RELAXANTS | 15,661 | NA |
| NA | 9 | ACE INHIBITORS | 13,941 | NA |
| NA | 10 | BIGUANIDES | 13,927 | NA |
| Total | | | 199,713 | NA |



Prospective DUR

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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) | 17,175 | N/A | N/A | N/A | N/A | 17,175 | 100.00% |
| Therapeutic duplication (TD) | 76,533 | 47,904 | 62.59% | 17,073 | 22.31% | 11,556 | 15.10% |
| Ingredient duplication (ID) | 64,526 | 40 | 0.06% | 51 | 0.08% | 64,435 | 99.86% |
| 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) | 133,231 | 77,580 | 58.23% | 30,089 | 22.58% | 25,562 | 19.19% |
| Drug-Disease (MC) | 228,901 | 189,039 | 82.59% | 39,862 | 17.41% | N/A | N/A |
| Drug-Allergy (DA) | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Drug-Age (PA) | 35,189 | 26,627 | 75.67% | 8,562 | 24.33% | N/A | N/A |
| Therapeutic Dose Limits Screening | 8,269 | 466 | 5.64% | 525 | 6.35% | 7,278 | 88.02% |
| Dose Duration | 21,520 | 12,715 | 59.08% | 8,805 | 40.92% | N/A | N/A |

Top 10 Drugs by Therapeutic Problem Type

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| Early Refill (ER) | Therapeutic duplication (TD) | Ingredient duplication (ID) | Late Refill (LR) |
|-------------------------|------------------------------|-----------------------------|-------------------------|
| DEXCOM G6 SENSOR | AMLODIPINE BESYLATE | AMLODIPINE BESYLATE | OMEPRAZOLE |
| TRAMADOL HYDROCHLORIDE | LOSARTAN POTASSIUM | LOSARTAN POTASSIUM | ATORVASTATIN CALCIUM |
| AMLODIPINE BESYLATE | HYDROCHLOROTHIAZIDE | HYDROCHLOROTHIAZIDE | MONTELUKAST SODIUM |
| ATORVASTATIN CALCIUM | ALBUTEROL SULFATE | ALBUTEROL SULFATE | AMLODIPINE BESYLATE |
| LOSARTAN POTASSIUM | LISINAPRIL | LISINAPRIL | LEVOTHYROXINE SODIUM |
| HYDROCHLOROTHIAZIDE | CARVEDILOL | CARVEDILOL | LISINAPRIL |
| VITAMIN D | BASAGLAR KWIKPEN | BASAGLAR KWIKPEN | METFORMIN HYDROCHLORIDE |
| LEVOTHYROXINE SODIUM | METOPROLOL TARTRATE | METOPROLOL TARTRATE | LOSARTAN POTASSIUM |
| OXYCODONE HYDROCHLORIDE | METOPROLOL SUCCINATE ER | METOPROLOL SUCCINATE ER | PANTOPRAZOLE SODIUM |
| INVEGA SUSTENNA | FUROSEMIDE | FUROSEMIDE | GABAPENTIN |

| Total High Dose (HD) | Drug-Pregnancy (PG) | Total Low Dose (LD) | Drug-Drug (DD) |
|--------------------------|--|-------------------------------|-------------------------|
| ALBUTEROL SULFATE | IBUPROFEN | XULANE | LISINAPRIL |
| VITAMIN D | ONDANSETRON ODT | MEDROXYPROGESTERONE ACETATE | ATORVASTATIN CALCIUM |
| MONTELUKAST SODIUM | FLUTICASONE PROPIONATE | PHENAZOPYRIDINE HYDROCHLORIDE | METFORMIN HYDROCHLORIDE |
| FAMOTIDINE | ALBUTEROL SULFATE HFA | ONDANSETRON ODT | HYDROCHLOROTHIAZIDE |
| ONDANSETRON ODT | ONDANSETRON HYDROCHLORIDE | NYSTATIN | TRAZODONE HYDROCHLORIDE |
| CEFDINIR | FLUCONAZOLE | FLUCONAZOLE | FOLIC ACID |
| SODIUM FLUORIDE | PFIZER-BIONTECH COVID-19 VACCINE | ONDANSETRON HYDROCHLORIDE | AMLODIPINE BESYLATE |
| EPINEPHRINE | METRONIDAZOLE | PROPRANOLOL HYDROCHLORIDE | IBUPROFEN |
| AMOXICILLIN | LORATADINE | ANASTROZOLE | FENOFIBRATE |
| CETIRIZINE HYDROCHLORIDE | NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS | MONTELUKAST SODIUM | METHOTREXATE |

| Drug-Disease (MC) | Drug-Allergy (DA) | Drug-Age (PA) |
|------------------------|-------------------|----------------------------------|
| ATORVASTATIN CALCIUM | N/A | PFIZER-BIONTECH COVID-19 VACCINE |
| GABAPENTIN | N/A | MONTELUKAST SODIUM |
| ALPRAZOLAM | N/A | CETIRIZINE HYDROCHLORIDE |
| ALBUTEROL SULFATE HFA | N/A | IBUPROFEN |
| LEVOTHYROXINE SODIUM | N/A | TRIAMCINOLONE ACETONIDE |
| LOSARTAN POTASSIUM | N/A | ONDANSETRON ODT |
| IBUPROFEN | N/A | HYDROCORTISONE |
| MONTELUKAST SODIUM | N/A | LORATADINE CHILDRENS |
| FLUTICASONE PROPIONATE | N/A | KETOCONAZOLE |
| ZOLPIDEM TARTRATE | N/A | SERTRALINE HCL |



Retrospective DUR

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| 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 (986) | 31 | 3.14% | Prescriber | OptumRx |
| 1/1/2021 to 6/30/2021 | Concurrent Therapy | Fax/Mail | 752 (575) | 20 | 3.48% | Prescriber | OptumRx |
| 1/1/2020 to 12/31/2020 | Dose Per Day | Fax/Mail | 477 (307) | 128 | 41.69% | Prescriber | OptumRx |
| 1/1/2021 to 6/30/2021 | Dose Per Day | Fax/Mail | 159 (107) | 18 | 16.82% | Prescriber | OptumRx |
| 1/1/2020 to 12/31/2020 | Drug-Age Interaction | Fax/Mail | 1258 (1043) | 202 | 19.37% | Prescriber | OptumRx |
| 1/1/2021 to 6/30/2021 | Drug-Age Interaction | Fax/Mail | 812 (449) | 82 | 18.26% | Prescriber | OptumRx |
| 1/1/2020 to 12/31/2020 | Drug-Disease Interaction | Fax/Mail | 1483 (1265) | 186 | 14.70% | Prescriber | OptumRx |
| 1/1/2021 to 6/30/2021 | Drug-Disease Interaction | Fax/Mail | 1634 (928) | 210 | 22.63% | Prescriber | OptumRx |
| 1/1/2020 to 12/31/2020 | Drug-Drug Interaction | Fax/Mail | 5097 (4564) | 1,289 | 28.24% | Prescriber | OptumRx |
| 1/1/2021 to 6/30/2021 | Drug-Drug Interaction | Fax/Mail | 2801 (1053) | 279 | 26.50% | Prescriber | OptumRx |
| 1/1/2020 to 12/31/2020 | Duplicate Therapy | Fax/Mail | 4400 (3548) | 366 | 10.32% | Prescriber | OptumRx |
| 1/1/2021 to 6/30/2021 | Duplicate Therapy | Fax/Mail | 2269 (1215) | 156 | 12.84% | Prescriber | OptumRx |
| 1/1/2020 to 12/31/2020 | Overutilization_Days Supply | Fax/Mail | 1535 (1325) | 74 | 5.58% | Prescriber | OptumRx |
| 1/1/2021 to 6/30/2021 | Overutilization_Days Supply | Fax/Mail | 908 (195) | 30 | 15.38% | Prescriber | OptumRx |
| 1/1/2020 to 12/31/2020 | Gaps in Care Asthma | Fax/Mail | 7150 (6297) | 598 | 9.50% | Prescriber | OptumRx |
| 1/1/2021 to 6/30/2021 | Gaps in Care Asthma | Fax/Mail | 4376 (1654) | 91 | 5.50% | Prescriber | OptumRx |
| 1/1/2020 to 12/31/2020 | Gaps in Care Cardiovascular | Fax/Mail | 579 (558) | 118 | 21.15% | Prescriber | OptumRx |
| 1/1/2021 to 6/30/2021 | Gaps in Care Cardiovascular | Fax/Mail | 329 (156) | 29 | 18.59% | Prescriber | OptumRx |
| 1/1/2020 to 12/31/2020 | Gaps in Care COPD | Fax/Mail | 184 (150) | 32 | 21.33% | | |
| 1/1/2021 to 6/30/2021 | Gaps in Care COPD | Fax/Mail | 187 (15) | 0 | 0.00% | Prescriber | OptumRx |
| 1/1/2020 to 12/31/2020 | Gaps in Care Diabetes | Fax/Mail | 6114 (5993) | 1,097 | 18.30% | Prescriber | OptumRx |
| 1/1/2021 to 6/30/2021 | Gaps in Care Diabetes | Fax/Mail | 3316 (2027) | 307 | 15.15% | Prescriber | OptumRx |
| 1/1/2020 to 12/31/2020 | Gaps in Care HIV | Fax/Mail | 2 (2) | 1 | 50.00% | Prescriber | OptumRx |
| 1/1/2021 to 6/30/2021 | Gaps in Care HIV | Fax/Mail | 0 (0) | 0 | 0.00% | Prescriber | OptumRx |
| 1/1/2020 to 12/31/2020 | Gaps in Care Sickle Cell Disease | Fax/Mail | 0 (0) | 0 | 0.00% | Prescriber | OptumRx |
| 1/1/2021 to 6/30/2021 | Gaps in Care Sickle Cell Disease | Fax/Mail | 0 (0) | 0 | 0.00% | Prescriber | OptumRx |
| 1/1/2020 to 12/31/2020 | Narcotic Drug Utilization Program | Fax/Mail | 61457 (22426) | 2,312 | 10.31% | Prescriber | OptumRx |
| 1/1/2021 to 6/30/2021 | Narcotic Drug Utilization Program | Fax/Mail | 75627 (11969) | 663 | 5.54% | Prescriber | OptumRx |