



Anthem Nevada Medicaid

NV DUR Binder Presentation

Presented to NV DUR Board on April 30, 2020



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 30, 2020

Prior Authorization Criteria being reviewed: Ubrelvy

Managed Care Organization name: Anthem

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.

Additional criteria to consider:

Approved if met:

Individual has one of the following cardiovascular or non-coronary vascular contraindications to use of triptans: A. Ischemic coronary artery disease (CAD) including angina pectoris, history of myocardial infarction, documented silent ischemia, coronary artery vasospasm (including Prinzmetal’s angina); **OR**
B. History of stroke or transient ischemic attack (TIA); **OR**
C. Peripheral vascular disease; **OR**
D. Ischemic bowel disease; **OR**
E. Uncontrolled hypertension.

Disqualifying criteria:

Individual is currently using a strong CYP3A4 inhibitor (such as ketoconazole, itraconazole, clarithromycin).

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: Lisa Todd

Signature of individual completing this form: Lisa Todd

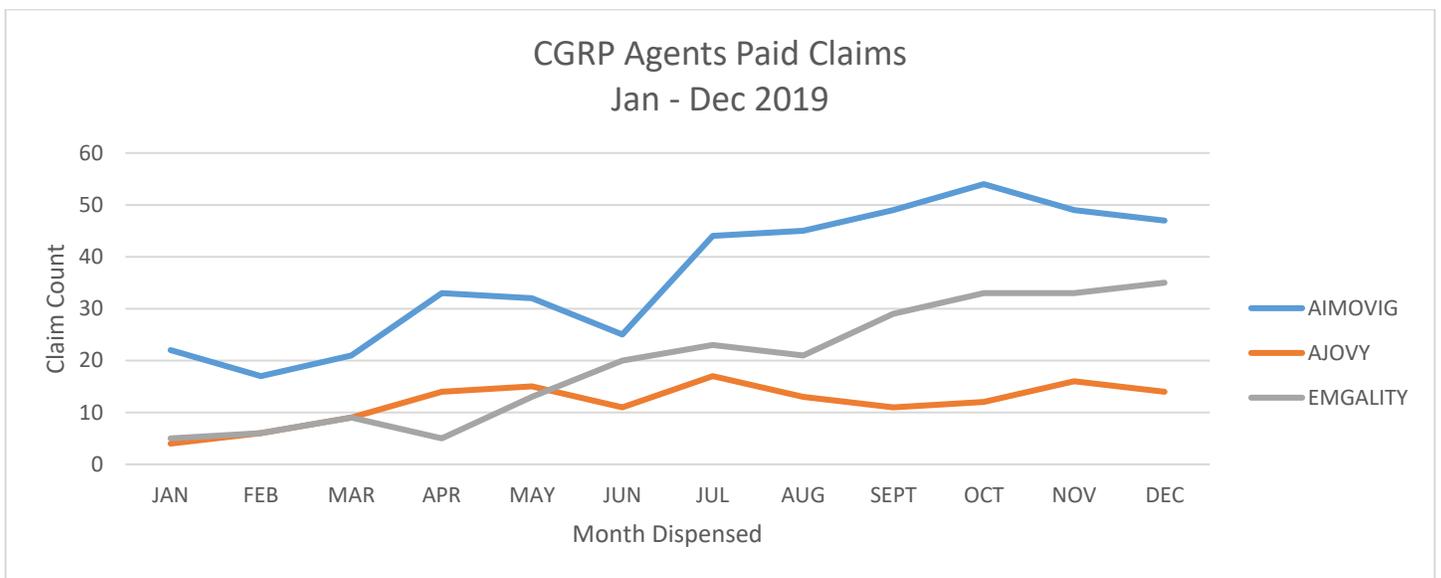
CGRP Agents

Summary of Utilization

January 1, 2019 – December 31, 2019

Drug	Member Count	Claim Count	Total Days Supply	Total Quantity
AIMOVIG	149	438	12,854	469
EMGALITY	73	232	6,769	240
AJOVY	49	142	4,296	216
Grand Total	260	812	23,919	925

Note: No claims for Ubrelyvy





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DUR Meeting Date: April 30, 2020

Prior Authorization Criteria being reviewed: Trikafta

Managed Care Organization name: Anthem

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.

<p>Additional criteria to consider:</p> <p>Approval criteria:</p> <ul style="list-style-type: none">• Mutation testing confirms the individual has two copies of the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene; <p>Disqualifying criteria:</p> <ul style="list-style-type: none">I. Concurrent use with Kalydeco (ivacaftor), Orkambi (ivacaftor/lumacaftor) or Symdeko (tezacaftor/ivacaftor); ORII. Individual with severe hepatic impairment (Child-Pugh Class C).

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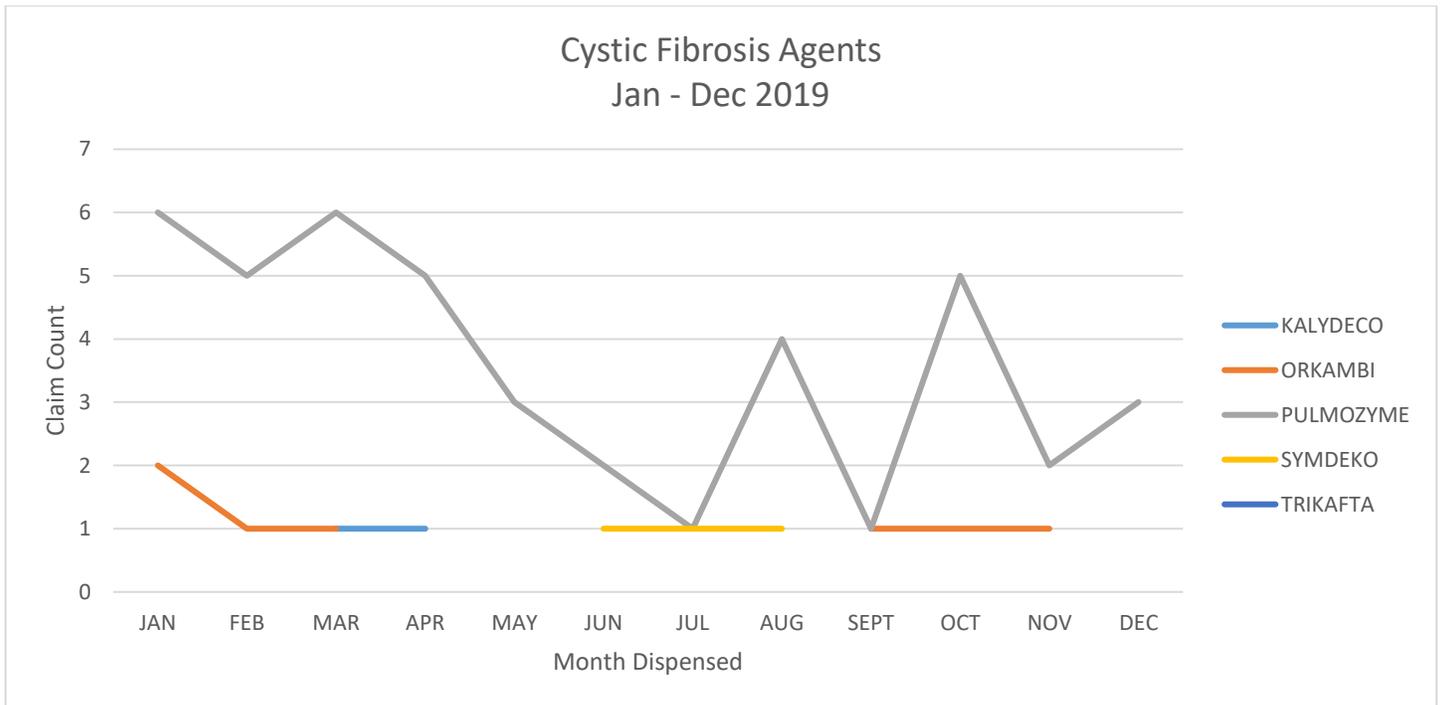
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Cystic Fibrosis Agents Summary of Utilization

January 1, 2019 – December 31, 2019

Drug	Member Count	Claim Count	Total Days Supply	Total Quantity
PULMOZYME	15	43	1290	3225
ORKAMBI	3	7	196	784
KALYDECO	2	4	98	196
SYMDEKO	1	3	84	168
TRIKAFTA	2	2	56	168
Grand Total	18	59	1724	4541





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DUR Meeting Date: April 30, 2020

Prior Authorization Criteria being reviewed: Wakix (pitolisant)

Managed Care Organization name: Anthem

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.

<p>Additional criteria to consider:</p> <ul style="list-style-type: none">• Cerebrospinal fluid hypocretin-1 deficiency (less than <100 pg/mL or less than one-third of the normative values with the same standardized assay); <p>Disqualifying criteria:</p> <p>Requests for Wakix (pitolisant) may not be approved if the following criteria are met:</p> <p>I. Individual has severe hepatic impairment; OR</p> <p>II. Individual has a risk factor for prolonged QT interval; OR</p> <p>III. Individual is using with another drug that increases the QT interval.</p>
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Please print the name of the individual completing this form: _____Lisa Todd_____

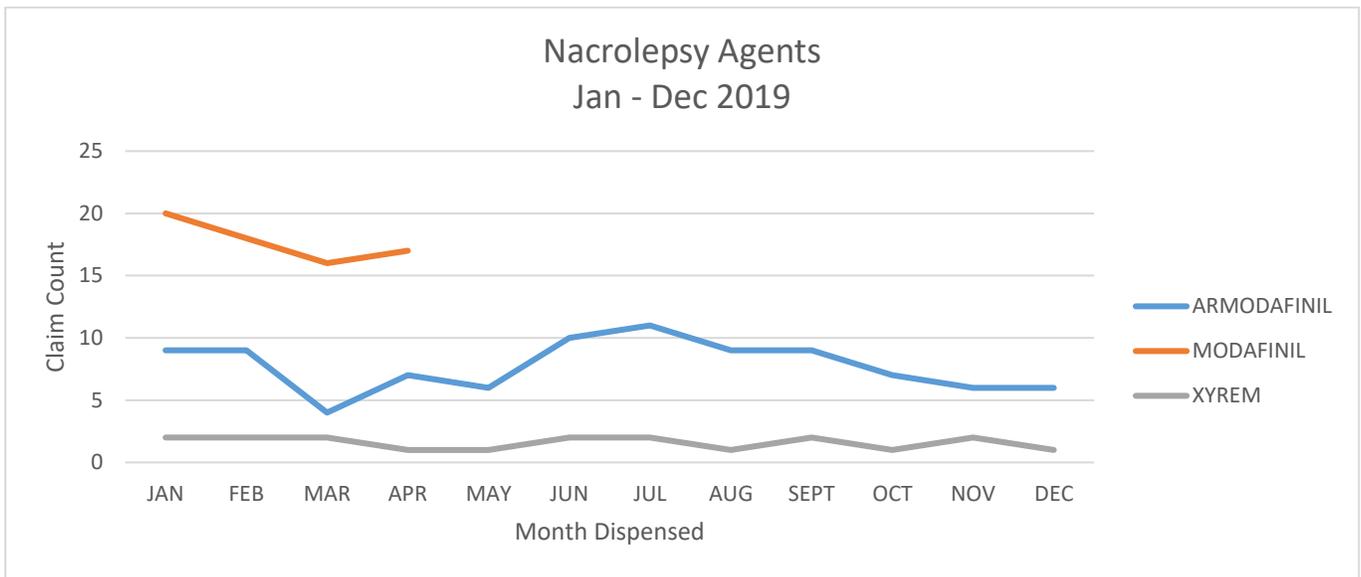
Signature of individual completing this form: _____Lisa Todd_____

Narcolepsy Agents Summary of Utilization

January 1, 2019 – December 31, 2019

Drug	Member Count	Claim Count	Total Days Supply	Total Quantity
ARMODAFINIL	32	93	2,721	2,751
MODAFINIL	31	71	2,070	2,310
XYREM	5	19	567	9,810
Grand Total	67	183	5,358	14,871

Note: No claims for Wakix





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DUR Meeting Date: April 30, 2020

Prior Authorization Criteria being reviewed: Adakveo

Managed Care Organization name: Anthem

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx

I disapprove of the criteria as presented by OptumRx

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DUR Meeting Date: April 30, 2020

Prior Authorization Criteria being reviewed: Oxybryta

Managed Care Organization name: Anthem

Please place a check mark in the appropriate box:

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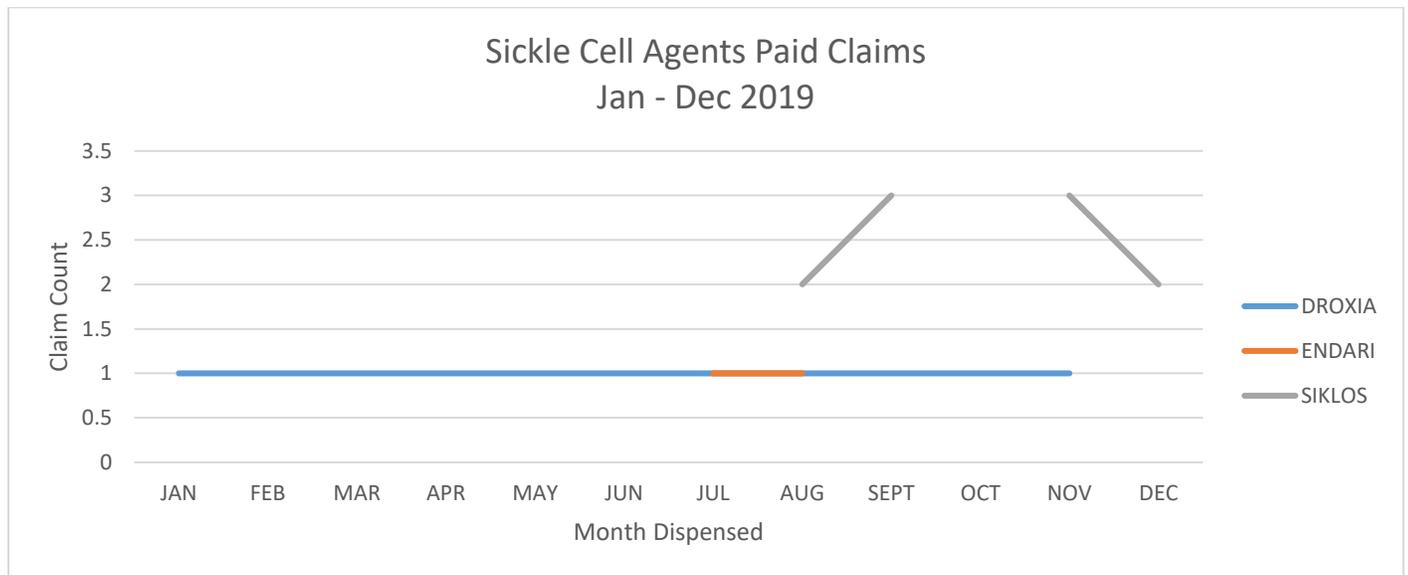
Sickle Cell Anemia Agents

Summary of Utilization

January 1, 2019 – December 31, 2019

Drug	Member Count	Claim Count	Total Days Supply	Total Quantity
DROXIA	2	11	294	364
SIKLOS	3	10	264	564
ENDARI	1	4	120	240
Grand Total	6	25	678	1,168

Note: No claims for Adakveo nor Oxbryta





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DUR Meeting Date: April 30, 2020

Prior Authorization Criteria being reviewed: Proton Pump Inhibitors (PPI)

Managed Care Organization name: Anthem

Please place a check mark in the appropriate box:

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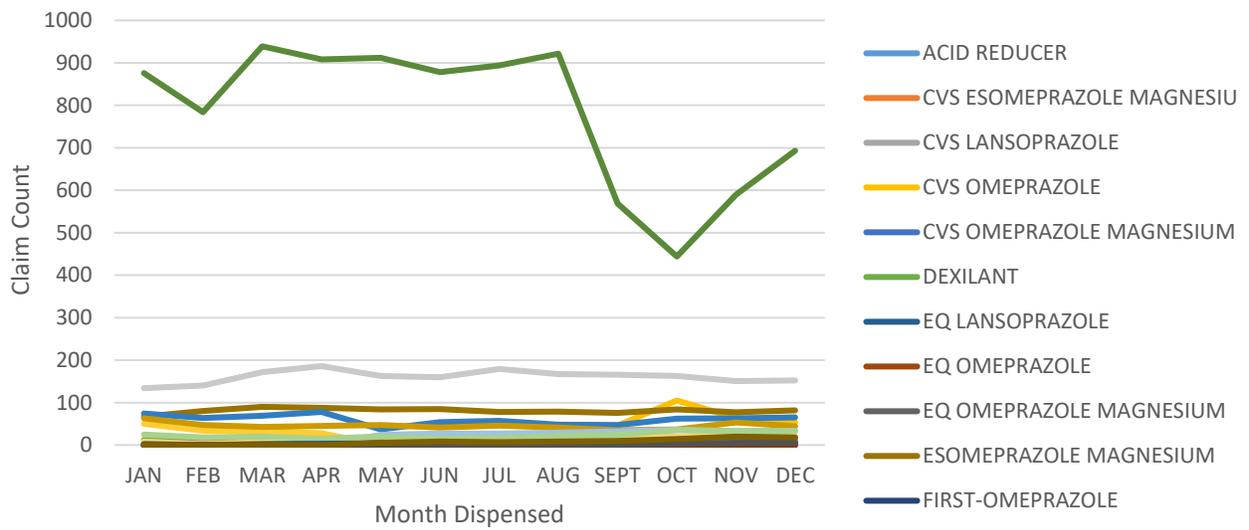
Proton Pump Inhibitors

Summary of Utilization

January 1, 2019 – December 31, 2019

Drug	Member Count	Claim Count	Total Days Supply	Total Quantity
OMEPRAZOLE	2,151	5,902	167,620	200,848
PANTOPRAZOLE SODIUM	376	1,301	38,907	41,135
ESOMEPRAZOLE MAGNESIUM	154	645	19,169	21,108
LANSOPRAZOLE	171	433	12,658	15,539
NEXIUM 24HR	160	344	9,601	12,023
CVS OMEPRAZOLE	180	330	8,959	10,885
OMEPRAZOLE DR	70	242	7,236	7,521
PRILOSEC OTC	104	200	5,393	6,654
DEXILANT	32	142	4,215	4,215
PREVACID 24HR	49	112	3,042	3,680
SM OMEPRAZOLE	41	90	2,542	2,812
HEARTBURN TREATMENT 24 HO	52	86	2,370	3,084
CVS LANSOPRAZOLE	32	74	2,074	2,580
CVS ESOMEPRAZOLE MAGNESIU	28	57	1,463	2,021
NEXIUM	21	54	1,576	1,576
EQ OMEPRAZOLE	28	42	1,196	1,398
CVS OMEPRAZOLE MAGNESIUM	21	36	1,000	1,154
ACID REDUCER	13	23	635	719
RABEPRAZOLE SODIUM	5	22	645	720
EQ OMEPRAZOLE MAGNESIUM	8	21	616	732
GNP OMEPRAZOLE	11	19	552	580
SM LANSOPRAZOLE	9	14	417	507
PRILOSEC	5	10	284	444
EQ LANSOPRAZOLE	9	10	276	406
HM OMEPRAZOLE	4	9	238	298
GNP LANSOPRAZOLE	1	8	240	480
LANSOPRAZOLE ODT	3	4	120	150
OMEPRAZOLE MAGNESIUM	1	2	60	60
NEXIUM 24HR CLEAR MINIS	1	1	30	60
HM ESOMEPRAZOLE MAGNESIUM	1	1	30	30
FIRST-OMEPRAZOLE	1	1	30	90
SM ESOMEPRAZOLE MAGNESIUM	1	1	14	28
Grand Total	3,366	10,236	293,208	343,537

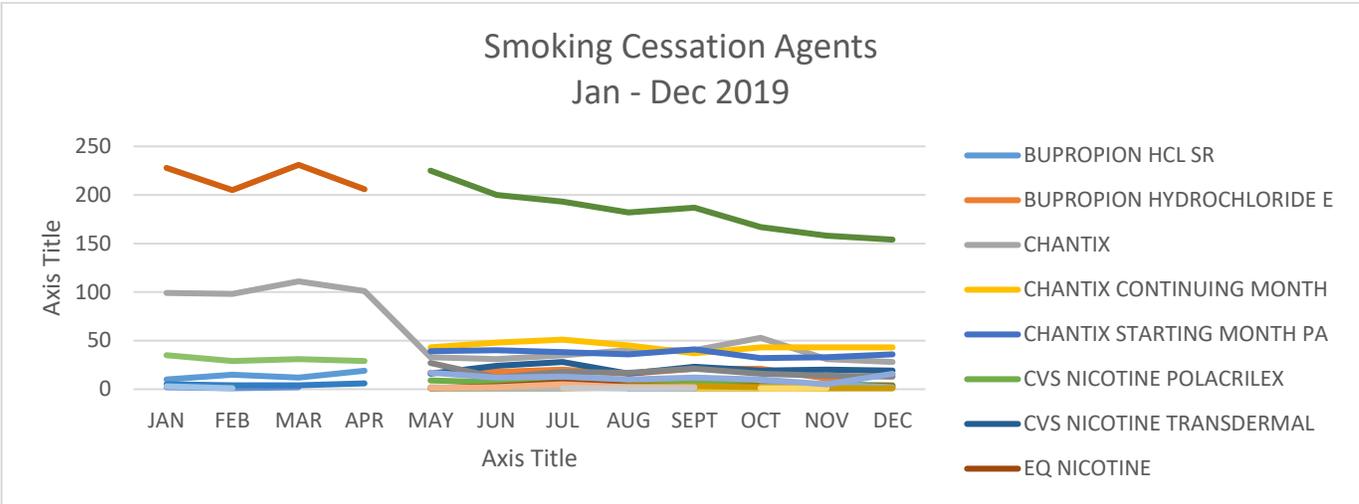
Proton Pump Inhibitor Paid Claims Jan - Dec 2019





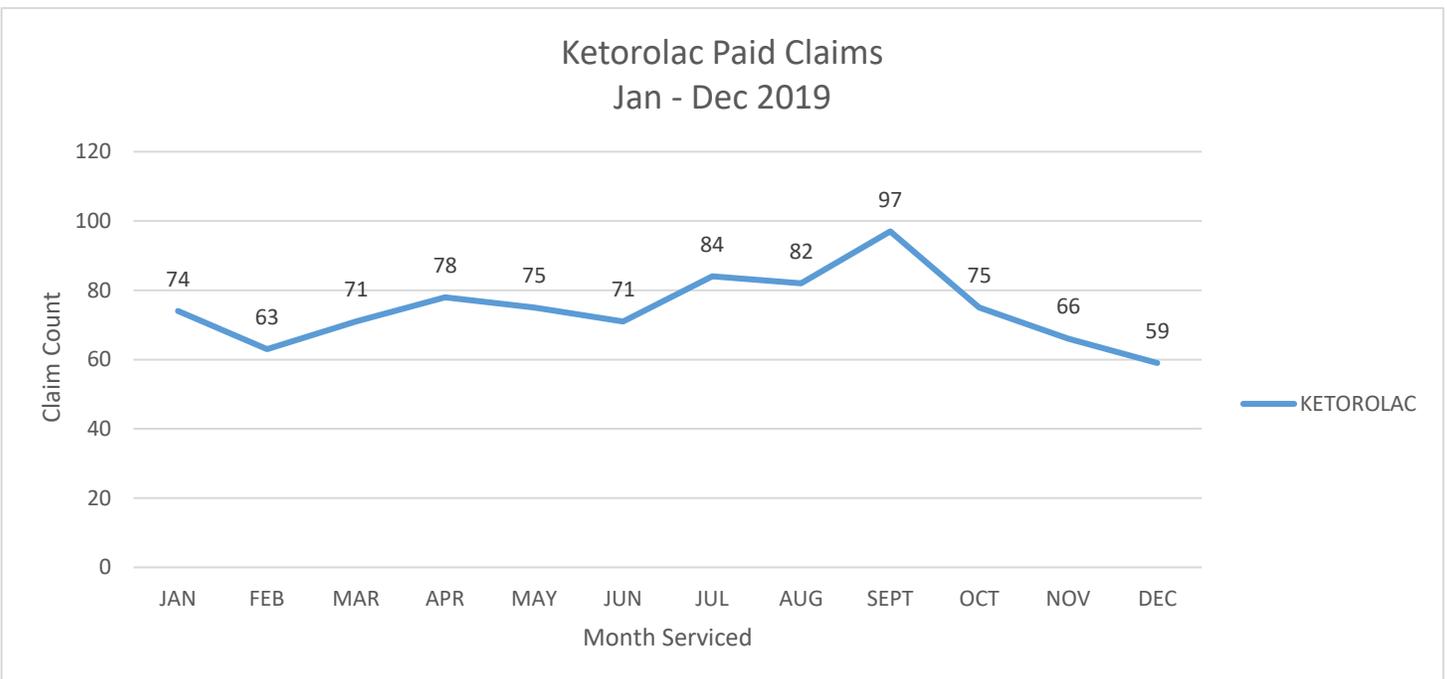
**Smoking Cessation Agents
Summary of Utilization
January 1, 2019 – December 31, 2019**

Drug	Member Count	Claim Count	Total Days Supply	Total Quantity
NICOTINE TRANSDERMAL SYST	878	1,466	37,196	37,822
NICOTINE PATCH	574	870	22,118	22,143
CHANTIX	377	700	20,120	37,643
CHANTIX CONTINUING MONTH	163	353	9,964	19,765
CHANTIX STARTING MONTH PA	295	295	8,416	15,612
CVS NICOTINE TRANSDERMAL	111	165	4,298	4,296
BUPROPION HYDROCHLORIDE E	55	139	4,115	6,872
NICOTINE POLACRILEX	105	138	2,700	14,317
NICOTINE GUM	84	124	2,917	13,820
SM NICOTINE TRANSDERMAL S	73	95	2,398	2,398
BUPROPION HCL SR	34	56	1,649	2,661
CVS NICOTINE POLACRILEX	29	53	1,382	6,241
EQ NICOTINE	23	27	674	674
NICOTINE LOZENGE	13	19	404	1,821
GNP NICOTINE TRANSDERMAL	9	14	368	364
NICOTROL INHALER	6	12	326	2,352
NICOTINE POLACRILEX SM	1	11	86	754
HM NICOTINE TRANSDERMAL S	4	11	308	308
NICOTROL	4	6	157	1,008
NICORELIEF	1	6	90	300
NICORETTE	5	5	110	1,137
SM NICOTINE	2	4	100	440
SM NICOTINE POLACRILEX	3	4	70	350
EQ NICOTINE STEP 3	3	3	84	84
GNP NICOTINE POLACRILEX M	1	3	90	243
NICOTINE SUNMARK	3	3	86	84
EQ NICOTINE POLACRILEX	3	3	67	370
GNP NICOTINE POLACRILEX	2	2	28	100
HM NICOTINE TRANSDERMAL	2	2	60	60
Grand Total	2,431	4,589	120,381	194,039



Toradol (Ketorolac) Tablets Summary of Utilization January 1, 2019 – December 31, 2019

Drug	Member Count	Claim Count	Total Days Supply	Total Quantity
KETOROLAC	847	895	4,779	15,594
Grand Total	847	895	4,779	15,594



Board Requested Reports

Opioid Utilization Summary of Utilization January 1, 2019 – December 31, 2019

Month Dispensed	Member Count	Claim Count	Claims Per Member	Total Days Supply	Total Quantity	Quantity Per Member	Sum of MME per Day Quantity
Jan-2019	4,363	5,265	1.21	106,006	332,288	76	16,424
Feb-2019	4,116	4,832	1.17	97,738	307,125	75	14,934
Mar-2019	4,357	5,203	1.19	104,489	328,864	75	16,182
Apr-2019	4,412	5,282	1.20	105,288	333,771	76	16,743
May 2019	4,459	5,352	1.20	107,446	337,541	76	16,589
June 2019	4,330	5,070	1.17	102,306	319,664	74	15,865
July 2019	4,410	5,358	1.21	109,409	342,038	78	14,808
Aug 2019	4,404	5,328	1.21	108,019	335,825	76	15,014
Sept 2019	4,294	5,029	1.17	102,893	319,151	74	14,195
Oct 2019	4,515	5,454	1.2	112,654	350,336	78	15,685
Nov 2019	4,229	4,973	1.2	103,492	320,876	76	14,413
Dec 2019	4,291	5,095	1.2	107,138	333,241	78	15,195

Top 10 Opioid Providers by Claim Volume

3rd and 4th Quarter 2019

4th Quarter 2019

Prescriber	Prescriber Specialty	Location	Member Count	Claim Count	Total Days Supply	Total Quantity	Sum of MME per Day Quantity
1861	Unspecified Specialty	Las Vegas	229	383	11100	34127	12,843
1881	Unspecified Specialty	Las Vegas	98	284	8367	24548	14,795
1521	Physician Assistant	North Las Vegas	101	280	8191	27103	9,053
1191	Anesthesiology	Las Vegas	126	274	7887	21049	7,425
1851	Physician Assistant	Las Vegas	91	274	7896	19438	13,215
1471	Physician Assistant	Las Vegas	120	264	7492	23656	8,879
1731	Anesthesiology	Henderson	119	263	7201	22254	7,707
1401	Physician Assistant	Las Vegas	169	256	7417	24307	9,002
1391	Physical Medicine & Rehab	Las Vegas	134	236	6320	17806	6,197
1931	Family Practice	Las Vegas	72	222	4032	8275	150
Grand Total			1072	2736	75903	222563	89,266

Note: Providers highlighted in yellow are in 10 Top Providers in the 3rd and 4th quarter of 2019

3rd Quarter

Provider	Specialty	Location	Member Count	Claim Count	Total Quantity	Total Days Supply	Sum of MME per Day Quantity
1401	Physician Assistant	Las Vegas	263	526	49,323	15,298	54,206
1731	Anesthesiology	Henderson	121	293	25,645	8,321	26,000
1191	Anesthesiology	Las Vegas	141	289	23,278	8,241	22,151
1521	Physician Assistant	North Las Vegas	107	282	27,178	8,165	30,588
1471	Physician Assistant	Las Vegas	121	271	24,093	7,621	29,136
1391	Physical Medicine & Rehab	Las Vegas	147	271	21,181	7,258	21,094
1931	Family Practice	Las Vegas	71	243	8,243	3,867	432
1851	Physician Assistant	Las Vegas	112	236	21,967	6,787	29,089
1111	Physical Medicine & Rehab	Las Vegas	105	227	20,213	6,748	33,767
8511	Unspecified Specialty	Las Vegas	77	220	15,626	6,191	28,006

Note: Providers highlighted in yellow are in 10 Top Providers in the 3rd and 4th quarter of 2019

Top 10 Opioid Utilizers 4th Quarter 2019

Member and Drugs	Prescriber Count	Claim Count	Total Days Supply	Total Quantity	Sum of MME per Dispensing Unit Quantity
3091	7	15	91	265	n/a
OXYCODONE HCL ER	1	1	15	30	n/a
OXYCODONE HYDROCHLORIDE	6	8	36	156	n/a
OXYCONTIN	6	6	40	79	n/a
1751	1	13	91	139	n/a
BUPRENORPHINE HCL	1	13	91	139	n/a
6551	2	13	105	159	n/a
BUPRENORPHINE HYDROCHLORI	2	13	105	159	n/a
8751	2	12	84	252	n/a
BUPRENORPHINE HYDROCHLORI	2	12	84	252	n/a
2301	1	12	344	1048	930
FENTANYL	1	4	120	40	720
MORPHINE SULFATE ER	1	4	112	336	120
OXYCODONE HYDROCHLORIDE	1	4	112	672	90
7811	3	11	152	372	3632
FENTANYL	3	7	96	32	3600
HYDROMORPHONE HCL	3	4	56	340	32
4951	1	10	300	1170	259.5
BUTALBITAL/ACETAMINOPHEN/	1	3	90	270	4.5



MORPHINE SULFATE ER	1	4	120	360	120
OXYCODONE HYDROCHLORIDE	1	3	90	540	135
4051	3	10	300	840	175
HYDROCODONE/ACETA MINOPHEN	3	4	120	480	40
MORPHINE SULFATE ER	3	6	180	360	135
1951	1	10	70	210	n/a
BUPRENORPHINE HYDROCHLORI	1	10	70	210	n/a
5131	2	10	300	1080	199
HYDROMORPHONE HCL	2	4	120	720	64
MORPHINE SULFATE ER	2	6	180	360	135
Grand Total	21	116	1837	5535	5195.5

Methadone
Summary of Utilization
January 1, 2019 – December 31, 2019

Retail Claims:

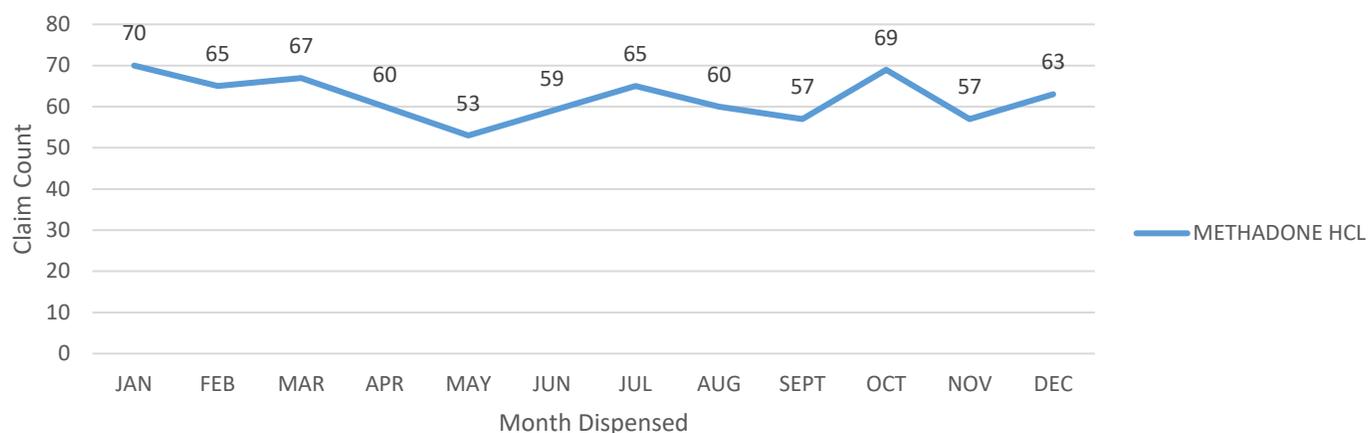
Drug	Member Count	Claim Count	Total Days Supply	Total Quantity
METHADONE HCL	175	745	21,342	61,853
Grand Total	175	745	21,342	61,853

Pharmacy Type	Member Count	Claim Count	Total Days Supply	Total Quantity
Community/Retail Pharmacy	171	736	21,095	61,063
Long Term Care Pharmacy	4	6	157	520
Clinic Pharmacy	1	3	90	270
Grand Total	175	745	21,342	61,853

Medical Claims:

Place of Service	Description	Claim Count	Unique Members	Units
11	Office	954	160	26,552
19	Unassigned	1	1	15

Methadone Paid Retail Claims Jan - Dec 2019

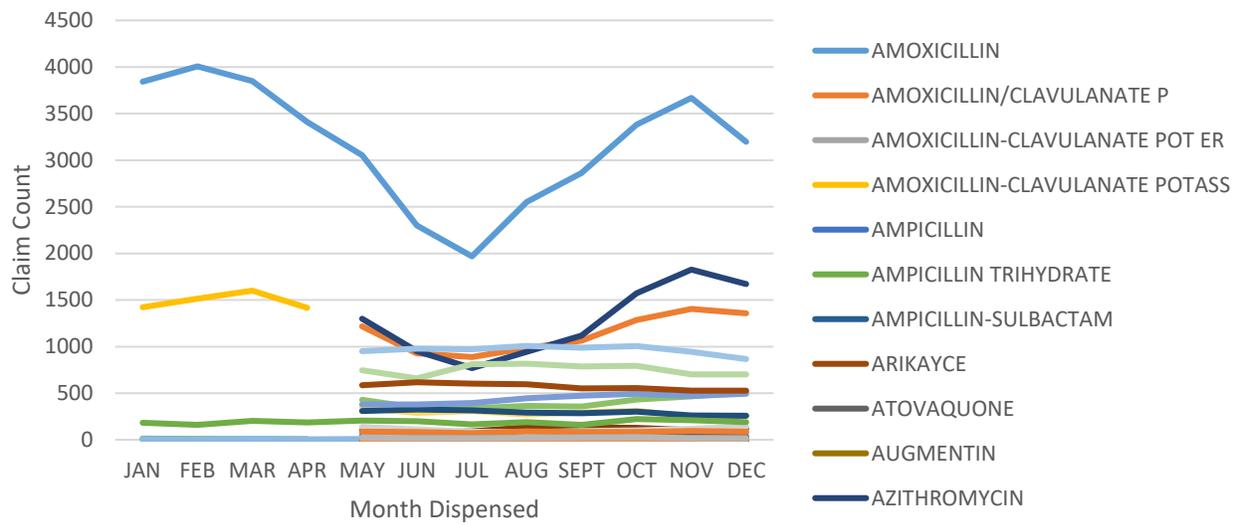


Antibiotics Summary of Utilization January 1, 2019 – December 31, 2019

Drug	Member Count	Claim Count	Total Days Supply	Total Quantity
AMOXICILLIN	38,093	38,093	353,096	3,863,009
AZITHROMYCIN	10,148	10,148	45,763	90,993
AMOXICILLIN/CLAVULANATE P	9,127	9,127	86,342	510,714
CEPHALEXIN	7,709	7,709	66,515	509,709
METRONIDAZOLE	6,014	6,014	42,941	99,531
AMOXICILLIN-CLAVULANATE POTASS	5,952	5,952	57,372	397,997
SULFAMETHOXAZOLE/TRIMETHO	4,557	4,557	49,495	157,161
DOXYCYCLINE MONOHYDRATE	3,523	3,523	67,668	117,062
CEFDINIR	3,239	3,239	31,124	181,359
CLINDAMYCIN HCL	2,345	2,345	20,636	70,052
CIPROFLOXACIN HYDROCHLORI	2,316	2,316	16,914	33,748
PENICILLIN V POTASSIUM	2,273	2,273	22,551	147,295
CLINDAMYCIN HYDROCHLORIDE	888	888	7,152	35,456
LEVOFLOXACIN	872	872	6,937	7,239
MINOCYCLINE HYDROCHLORIDE	680	680	19,168	30,807
CLARITHROMYCIN	525	525	7,273	18,982
CLINDAMYCIN PALMITATE HCL	298	298	2,779	78,900
CEFUROXIME AXETIL	212	212	1,735	3,617
MINOCYCLINE HCL	183	183	5,013	9,010
XIFAXAN	171	171	3,333	7,432
TETRACYCLINE HYDROCHLORID	110	110	1,889	4,750
DICLOXACILLIN SODIUM	77	77	728	2,863
DOXYCYCLINE HYCLATE	72	72	1,522	2,919
AMPICILLIN	69	69	520	1,772
TINIDAZOLE	63	63	239	597
CEFPODOXIME PROXETIL	55	55	446	1,092

LINEZOLID	44	44	490	1,228
NEOMYCIN SULFATE	37	37	165	418
ERYTHROMYCIN BASE	35	35	500	1,656
AMPICILLIN TRIHYDRATE	33	33	254	876
DAPSONE	29	29	849	785
TRIMETHOPRIM	27	27	712	960
CIPROFLOXACIN HCL	26	26	240	468
CEFTRIAZONE SODIUM	26	26	90	32
CEFIXIME	24	24	76	296
VANCOMYCIN HYDROCHLORIDE	24	24	269	1,222
ERYTHROMYCIN ETHYLSUCCINA	24	24	395	2,930
CEFPROZIL	17	17	173	1,056
SULFATRIM PEDIATRIC	15	15	341	2,014
BICILLIN L-A	14	14	211	94
CAYSTON	13	13	392	1,092
MOXIFLOXACIN HYDROCHLORID	12	12	80	80
BAXDELA	10	10	147	294
AMOXICILLIN-CLAVULANATE POT ER	8	8	71	204
TOBRAMYCIN	8	8	420	2,240
CEFADROXIL	8	8	63	131
ATOVAQUONE	8	8	231	2,610
ERYTHROCIN STEARATE	6	6	82	321
FIRVANQ	6	6	67	1,500
ERYTHROMYCIN	5	5	56	219
CEFAZOLIN SODIUM	4	4	15	96
ORBACTIV	4	4	10	12
CLARITHROMYCIN ER	3	3	47	64
DOXYCYCLINE	3	3	52	960
ERYTHROMYCIN DR	3	3	50	139
CEFACTOR	3	3	24	55
CUBICIN RF	3	3	21	18
DIFICID	3	3	21	42
CEFEPIME	2	2	14	28
ARIKAYCE	1	1	28	235
AMPICILLIN-SULBACTAM	1	1	2	14
CIPRO	1	1	7	100
ERTAPENEM	1	1	3	3
SIVEXTRO	1	1	6	6
MEROPENEM	1	1	1	1
AUGMENTIN	1	1	10	200
ERY-TAB	1	1	10	40
GENTAMICIN SULFATE	1	1	3	6
ZYVOX	1	1	3	6
DALVANCE	1	1	1	3
Grand Total	100,069	100,069	925,853	6,408,820

Antibiotic Paid Claims Jan - Dec 2019



Standard Reports

Nevada Medicaid Quarterly DUR Report

Health Plan Name:	Anthem
Health Plan Contact:	Lisa Todd, RPh, BBA
Contact Email:	Lisa.todd@amerigroup.com
Report Quarter (Calendar Year):	4Q2019
Report Period Start Date:	10/1/2019
Report Period End Date:	12/31/2019
Submission Date of Report:	04/03/2020

Top 10 Drug Classes By Paid Amount 3rd and 4th Quarters 2019

3rd Quarter		
Drug Class	Claim Count	Paid Amount
Antiretroviral	2,032	proprietary
Anti-TNF-alpha - Monoclonal Antibodies	267	proprietary
Insulin	5,008	proprietary
Sympathomimetic	15,507	proprietary
Hepatitis Agents	159	proprietary
Antipsychotics - Misc.	1,200	proprietary
Antineoplastic Enzyme Inhibitor	87	proprietary
Quinolone Derivatives	2,202	proprietary
Multiple Sclerosis Agents	136	proprietary
Anticonvulsants - Misc.	15,400	proprietary

4 th Quarter		
Drug Class	Claims	PAID
Antiretroviral	621	proprietary
Anti-TNF-alpha - Monoclonal Antibodies	84	proprietary
Insulin	1,482	proprietary
Sympathomimetic	5,418	proprietary
Hepatitis Agents	54	proprietary
Multiple Sclerosis Agents	40	proprietary
Antineoplastic Enzyme Inhibitor	28	proprietary
Antipsychotics - Misc.	367	proprietary
Quinolone Derivatives	662	proprietary
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	311	proprietary



Top 10 Drug Classes By Claim Count 3rd and 4th Quarters 2019

3rd Quarter		
Drug Class	Claim Count	Paid Amount
Nonsteroidal Anti-inflammatory	21,932	proprietary
Sympathomimetic	15,507	proprietary
Anticonvulsants - Misc.	15,400	proprietary
Selective Serotonin Reuptake I	13,163	proprietary
HMG CoA Reductase Inhibitors	13,106	proprietary
Opioid Combinations	9,812	proprietary
Central Muscle Relaxants	9,688	proprietary
ACE Inhibitors	9,428	proprietary
Antihistamines - Non-Sedating	9,082	proprietary
Calcium Channel Blockers	7,736	proprietary

4 th Quarter		
Drug Class	Claim Count	Paid
Nonsteroidal Anti-inflammatory	21,453	proprietary
Sympathomimetic	17,841	proprietary
Anticonvulsants - Misc.	14,401	proprietary
HMG CoA Reductase Inhibitors	12,536	proprietary
Selective Serotonin Reuptake I	12,161	proprietary
Opioid Combinations	9,948	proprietary
Central Muscle Relaxants	9,563	proprietary
Aminopenicillins	9,394	proprietary
Antihistamines - Non-Sedating	9,361	proprietary
ACE Inhibitors	8,942	proprietary

Prospective Drug Utilization Review (ProDUR)

ProDUR (4Q19)							
What percentage of claims denied at Point of Sale for the following DUR edits?	Total Alerts	Total Alert Overrides	% Alert Overrides	Total Alert Cancels	% Alert Cancels	Total Alerts not adjudicated	% Alerts not adjudicated
(# denials for each edit/total # of denials)							
Early Refill (ER)	9	7	77.78%	2	22.22%	n/a	n/a
Therapeutic duplication (TD)	5199	3179	61.15%	2020	38.85%	n/a	n/a
Ingredient duplication (ID)	634	235	37.07%	399	62.93%	n/a	n/a
Late Refill (LR)	71	57	80.28%	14	19.72%	n/a	n/a
Total High Dose (HD)	195	119	61.03%	76	38.97%	n/a	n/a
Drug-Pregnancy (PG)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total Low Dose (LD)	34	31	91.18%	3	8.82%	n/a	n/a
Drug-Drug (DD)	3511	2094	59.64%	1417	40.36%	n/a	n/a
Drug-Disease (MC)	16	13	81.25%	3	18.75%	n/a	n/a
Drug-Allergy (DA)	7	6	85.71%	1	14.29%	n/a	n/a
Drug-Age (PA)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Unknown	41696	23976	57.50%	17720	42.50%	n/a	n/a

ProDUR Top 10 Drugs by Therapeutic Problem Type

Early Refill (ER)	Therapeutic duplication (TD)	Ingredient duplication (ID)	Late Refill (LR)	Total High Dose (HD)
HYDROCODONE/AC ETAMINOPHEN	ALPRAZOLAM	QUETIAPINE FUMARATE	ARIPIPRAZOLE	MORPHINE SULFATE ER
N/A	HYDROCODONE/AC ETAMINOPHEN	ARIPIPRAZOLE	ATORVASTATIN CALCIUM	OXYCODONE HYDROCHLORIDE
N/A	QUETIAPINE FUMARATE	OXYCODONE HYDROCHLORIDE	LISINOPRIL	QUETIAPINE FUMARATE
N/A	OXYCODONE/ACET AMINOPHEN	RISPERIDONE	AMOS LEVOTHYROXINE SODIUM	OXYCONTIN
N/A	TRAMADOL HCL	HYDROCODONE/AC ETAMINOPHEN	QUETIAPINE FUMARATE	OXYCODONE/ACET AMINOPHEN
N/A	BELBUCA	LISINOPRIL	SERTRALINE HYDROCHLORIDE	DIAZEPAM
N/A	CLONAZEPAM	ADMELOG SOLOSTAR	FLUOXETINE HCL	HYDROCODONE/AC ETAMINOPHEN
N/A	REXULTI	OLANZAPINE	N/A	CITALOPRAM HYDROBROMIDE
N/A	BUPRENORPHINE HYDROCHLORI	LITHIUM CARBONATE ER	N/A	ALPRAZOLAM
N/A	OXYCODONE HYDROCHLORIDE	CVS ASPIRIN LOW STRENGTH	N/A	N/A

Total Low Dose (LD)	Drug-Drug (DD)	Drug-Disease (MC)	Drug-Allergy (DA)	Unknown	
DEXAMETHASONE	ALPRAZOLAM	TRAMADOL HCL	QUETIAPINE FUMARATE	ALPRAZOLAM	
ATORVASTATIN CALCIUM	HYDROCODONE/ACETAMINOPHEN	HYDROCODONE/ACETAMINOPHEN	N/A	HYDROCODONE/ACETAMINOPHEN	
BUPRENORPHINE HYDROCHLORIDE	OXYCODONE/ACETAMINOPHEN	N/A	N/A	QUETIAPINE FUMARATE	
N/A	CLONAZEPAM	N/A	N/A	OXYCODONE/ACETAMINOPHEN	
N/A	OXYCODONE HYDROCHLORIDE	N/A	N/A	OXYCODONE HYDROCHLORIDE	
N/A	QUETIAPINE FUMARATE	N/A	N/A	CLONAZEPAM	
N/A	TRAMADOL HCL	N/A	N/A	BUPRENORPHINE HYDROCHLORIDE	
N/A	ACETAMINOPHEN/CODEINE	N/A	N/A	TRAMADOL HCL	
N/A	XTAMPZA ER	N/A	N/A	ARIPIPRAZOLE	
N/A	DIAZEPAM	N/A	N/A	DIAZEPAM	

Retro-DUR

January – December 2019 Results

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.)
Care Gaps	Educate and correct clinical gaps in care including Adherence, Asthma guidelines, Cardiovascular, Drug Drug Interactions, Post-MI no Statin, and High Risk Medications, adherence.	Telephonic	14,869	N/A	28% Positive outcome	Provider and member	Internal
	For those identified diagnosed with Diabetes, to	Mail/Fax	1,841	17%	28% Positive Outcome	Provider and member	Internal

	increase diabetic medication adherence rates and to address safety and care gaps in diabetic patients taking more than 10 medications. Non Compliance						
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