



Anthem Nevada Medicaid

NV DUR Binder Presentation

Presented to NV DUR Board on April 28, 2022



# DRUG USE REVIEW BOARD

## MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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

DUR Meeting Date: April 28, 2022

Prior Authorization Criteria being reviewed: Movement disorder agents

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.

Anthem suggests safety-related exclusionary criteria taken from FDA labeling:

Requests for Austedo (deutetrabenazine) may not be approved for individuals who meet the following criteria:

- I. Individual is suicidal or has untreated/inadequately treated depression; OR
- II. Individual has hepatic impairment; OR
- III. Individual is currently utilizing monoamine oxidase inhibitors (MAOIs), reserpine, tetrabenazine, or valbenazine; OR
- IV. Individual has congenital long QT syndrome or arrhythmia associated with a prolonged QT interval.

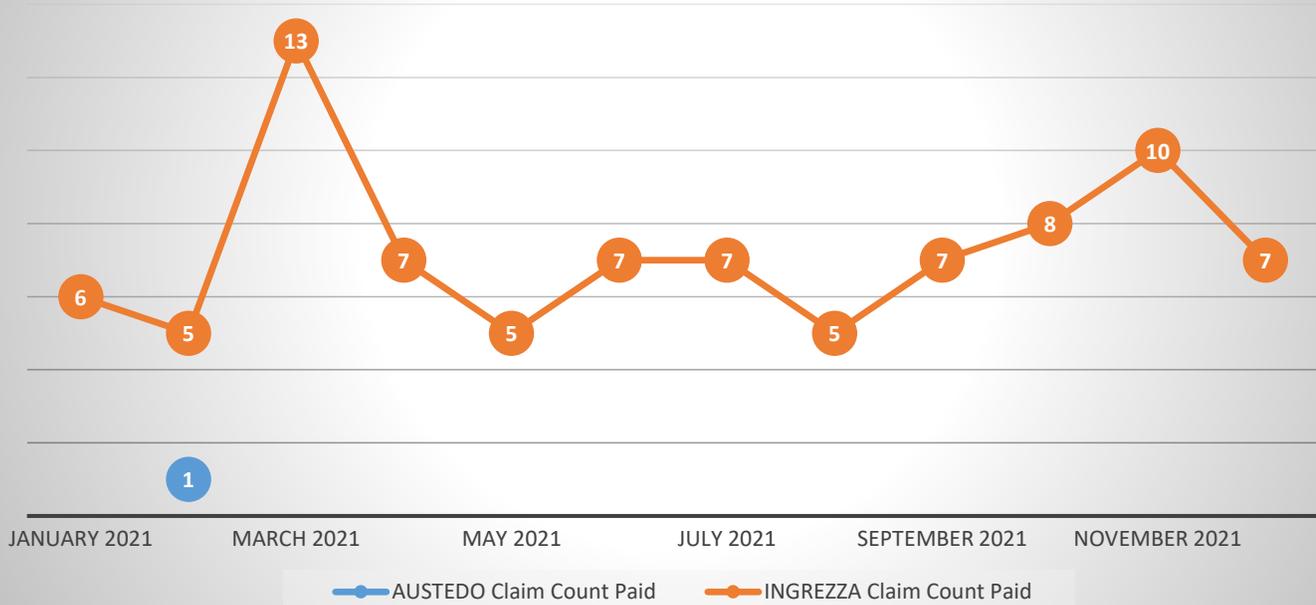
You will have an opportunity to support the recommended changes at the time of the Drug Use Review Board quarterly meeting.

If this form is not completed and returned to the policy specialist with DHC FP 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:     Luke Lim    

Signature of individual completing this form:     Luke Lim

## Movement disorder agents Anthem 1/1/2021-12/31/2021



Product/Drug Name	AUSTEDO	INGREZZA
Month	Claim Count Paid	Claim Count Paid
JANUARY 2021		6
FEBRUARY 2021	1	5
MARCH 2021		13
APRIL 2021		7
MAY 2021		5
JUNE 2021		7
JULY 2021		7
AUGUST 2021		5
SEPTEMBER 2021		7
OCTOBER 2021		8
NOVEMBER 2021		10
DECEMBER 2021		7



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DUR Meeting Date: April 28, 2022

Prior Authorization Criteria being reviewed: Sedative hypnotics (Hetlioz, tasimelteon)

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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**No Hetlioz (tasimelteon) utilization during 1/1/2021-12/31/2021**



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DUR Meeting Date: April 28, 2022

Prior Authorization Criteria being reviewed: Monoclonal antibodies for the treatment of respiratory conditions

Managed Care Organization name: Anthem

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx

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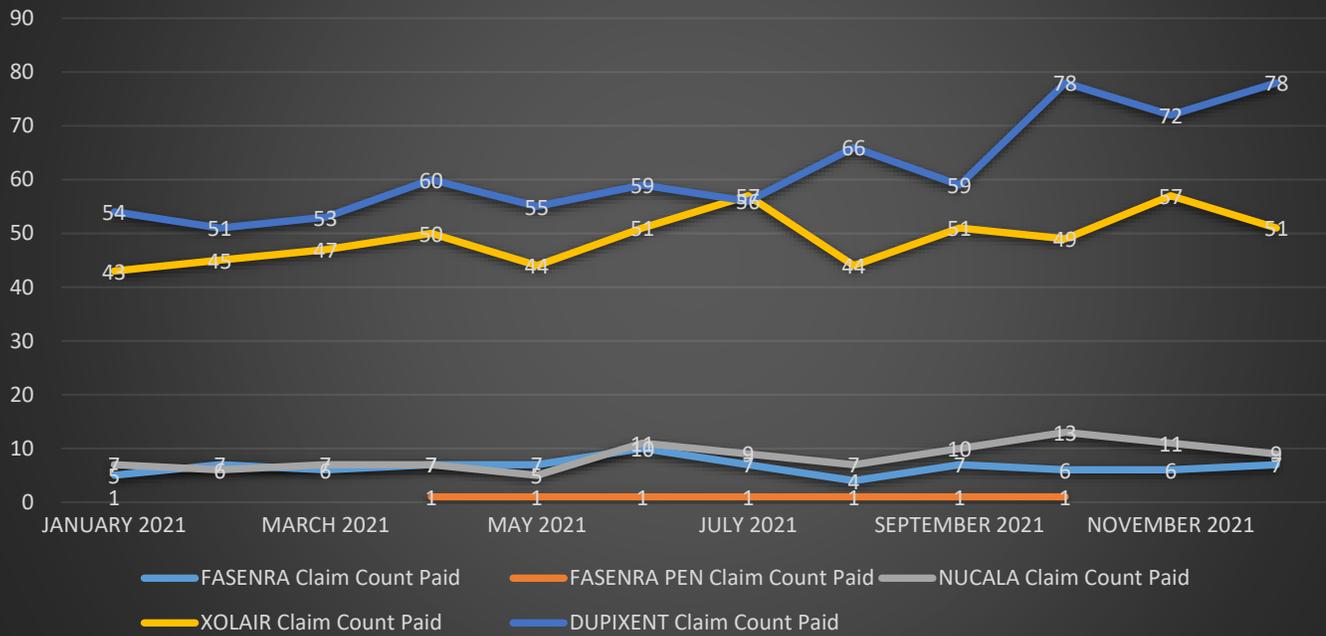
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## Monoclonals for Respiratory Conditions Anthem 1/1/2021-12/31/2021



Product/Drug Name	FASENRA	FASENRA PEN	NUCALA	XOLAIR	DUPIXENT
Month	Claim Count Paid				
JANUARY 2021	5	1	7	43	54
FEBRUARY 2021	7		6	45	51
MARCH 2021	6		7	47	53
APRIL 2021	7	1	7	50	60
MAY 2021	7	1	5	44	55
JUNE 2021	10	1	11	51	59
JULY 2021	7	1	9	57	56
AUGUST 2021	4	1	7	44	66
SEPTEMBER 2021	7	1	10	51	59
OCTOBER 2021	6	1	13	49	78
NOVEMBER 2021	6		11	57	72
DECEMBER 2021	7		9	51	78



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DUR Meeting Date: April 28, 2022

Prior Authorization Criteria being reviewed: Vuity (pilocarpine)

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.

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No Vuity (pilocarpine) utilization during the period 1/1/2021-12/31/2021

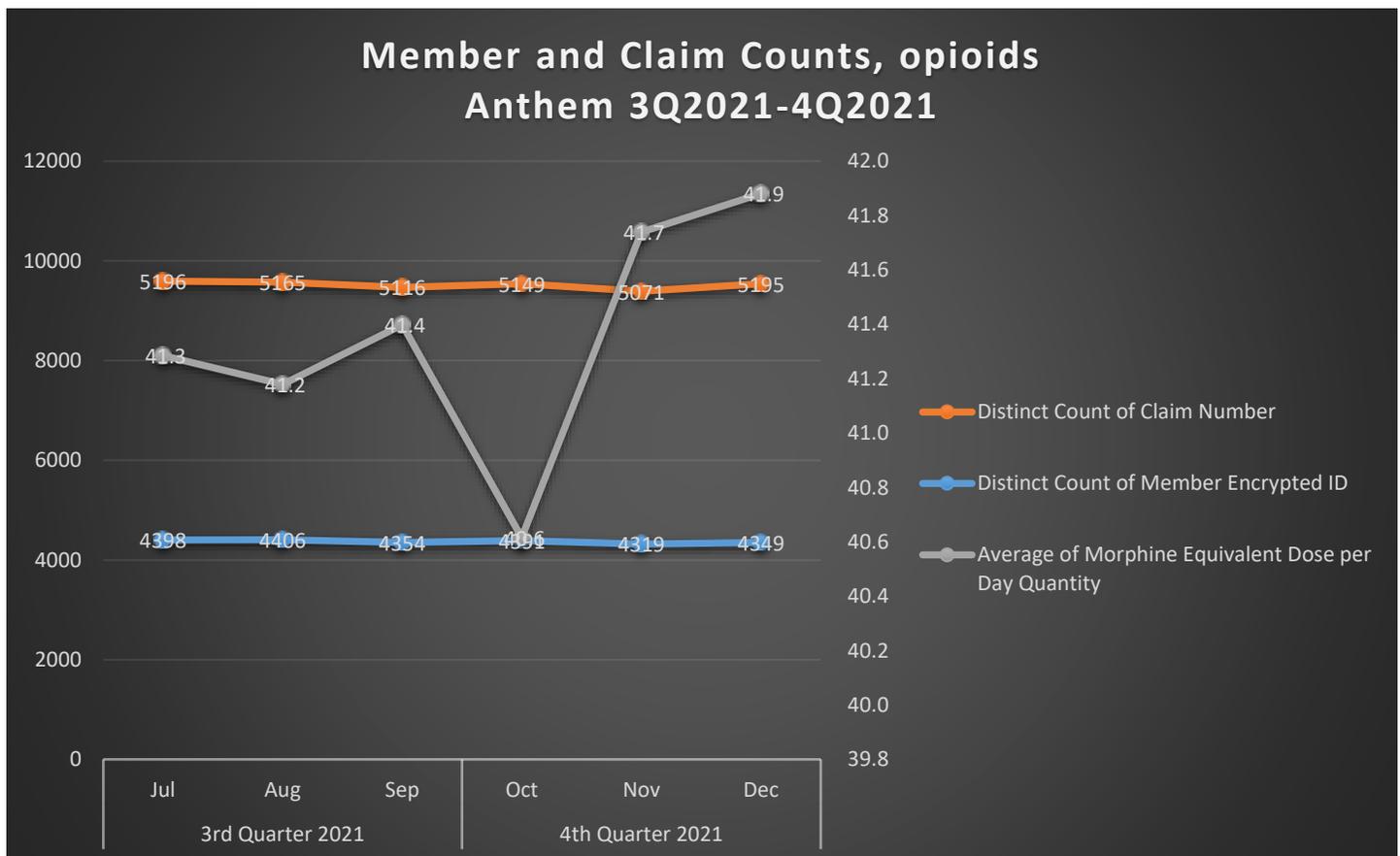


## Board Requested Reports

Summary of Utilization 3Q2021-4Q2021

Opioid Utilization Trend with MME/MED (milligram morphine equivalents)

	Distinct Count of Member Encrypted ID	Distinct Count of Claim Number	Sum of MED in RX	Sum of Days Supply Quantity	Average of Morphine Equivalent Dose per Day Quantity
3rd Quarter 2021	7565	15477	14,185,162	311,976	41.3
Jul	4398	5196	4,761,558	103,938	41.3
Aug	4406	5165	4,687,118	103,796	41.2
Sep	4354	5116	4,736,486	104,242	41.4
4th Quarter 2021	7410	15415	14,498,730	316,733	41.4
Oct	4391	5149	4,700,566	104,519	40.6
Nov	4319	5071	4,801,812	104,079	41.7
Dec	4349	5195	4,996,351	108,135	41.9





## Top 10 Opioid Providers by Claim Volume

3Q2021 and 4Q2021

	Prescriber City Name	Distinct Count of Member Encrypted ID	Sum of Submitted Unit Quantity	Sum of Days Supply Quantity	Sum of MED in RX	Average of MED per DAY
<b>3rd Quarter 2021</b>						
☒ *****48101	LAS VEGAS	99	27,992	8,546	588,517	67.8
☒ *****93121	LAS VEGAS	287	48,241	15,209	584,486	38.1
☒ *****18647	NORTH LAS VEGAS	157	36,294	11,317	434,025	37.8
☒ *****91235	LAS VEGAS	52	11,308	3,338	427,890	128.3
☒ *****23096	LAS VEGAS	44	12,702	4,379	381,398	82.3
☒ *****91997	LAS VEGAS	114	22,601	6,765	349,115	52.4
☒ *****76837	LAS VEGAS	81	16,564	5,557	316,840	56.8
☒ *****37235	LAS VEGAS	132	24,395	7,121	305,114	41.4
☒ *****15229	LAS VEGAS	70	14,199	4,735	304,000	64.1
☒ *****97952	LAS VEGAS	102	22,968	7,154	295,283	41.7
<b>4th Quarter 2021</b>						
☒ *****91235	LAS VEGAS	53	13,485	4,179	512,513	122.7
☒ *****48101	LAS VEGAS	99	25,262	7,694	508,425	64.9
☒ *****93121	LAS VEGAS	234	37,375	11,797	470,612	40.1
☒ *****23096	LAS VEGAS	49	16,024	5,810	470,227	77.4
☒ *****18647	NORTH LAS VEGAS	146	33,865	10,541	414,859	38.5
☒ *****91997	LAS VEGAS	116	24,770	7,371	398,770	59.2
☒ *****37235	LAS VEGAS	147	30,982	9,025	394,305	42.6
☒ *****81249	HENDERSON	127	27,327	7,619	381,608	50.9
☒ *****15229	LAS VEGAS	82	17,040	5,624	324,868	57.8
☒ *****84117	LAS VEGAS	167	23,811	7,809	286,378	36.8



## Top 10 Opioid Utilizers 3Q2021 & 4Q2021

	Member Encrypted ID	Product/Drug Label Name	Count of Claim Number	Sum of MED in RX	Sum of Days Supply Quantity	Average of Morphine Equivalent Dose per Day Quantity
3rd Quarter 2021	2223092244	METHADONE TAB 10MG	3	32,400	90	1080
3rd Quarter 2021	1970400331	METHADONE TAB 10MG	4	24,000	120	500
3rd Quarter 2021		OXYCODONE TAB 15MG	4	21,600	120	180
3rd Quarter 2021	2370824452	METHADONE TAB 10MG	1	2,400	15	320
3rd Quarter 2021	2046166636	FENTANYL DIS 100MCG/H	3	14,400	30	480
3rd Quarter 2021		HYDROMORPHON TAB 2MG	2	912	37	34
3rd Quarter 2021	1970378390	METHADONE TAB 10MG	1	6,000	30	500
3rd Quarter 2021		OXYCODONE TAB 15MG	1	1,350	30	45
3rd Quarter 2021	1970387695	OXYCODONE TAB 30MG	3	24,300	90	270
3rd Quarter 2021	1970376783	METHADONE TAB 10MG	3	10,800	90	240
3rd Quarter 2021	1970322817	METHADONE TAB 10MG	3	6,960	58	240
3rd Quarter 2021	1970334683	METHADONE TAB 10MG	4	6,720	56	240
3rd Quarter 2021	1970349734	METHADONE TAB 10MG	5	9,480	79	240
4th Quarter 2021	2223092244	METHADONE TAB 10MG	3	32,400	90	1080
4th Quarter 2021	2169808474	METHADONE TAB 10MG	3	36,000	110	1000
4th Quarter 2021		OXYCODONE TAB 30MG	4	32,400	120	270
4th Quarter 2021	1970400331	METHADONE TAB 10MG	3	18,000	90	500
4th Quarter 2021		OXYCODONE TAB 15MG	2	10,800	60	180
4th Quarter 2021	1970378390	METHADONE TAB 10MG	4	24,000	120	500
4th Quarter 2021		OXYCODONE TAB 15MG	4	5,400	120	45
4th Quarter 2021	1970387695	OXYCODONE TAB 30MG	3	24,300	90	270
4th Quarter 2021	2374149764	METHADONE TAB 10MG	1	3,800	30	253
4th Quarter 2021	2370824452	METHADONE TAB 10MG	3	14,400	90	320
4th Quarter 2021		OXYCODONE TAB 30MG	3	16,200	90	180
4th Quarter 2021	1970396908	METHADONE TAB 10MG	5	12,640	105	241
4th Quarter 2021	1970349734	METHADONE TAB 10MG	6	7,920	66	240
4th Quarter 2021	1970322817	METHADONE TAB 10MG	3	10,800	90	240



# Standard Reports: Nevada Medicaid

## Quarterly DUR Report

Health Plan Name:

Anthem

Health Plan Contact:

Luke Lim, RPh

Contact Email:

[luke.lim@anthem.com](mailto:luke.lim@anthem.com)

### Top 10 Drug Classes By Paid Amount 3Q2021 and 4Q2021

Drug Class	Claim Count
ANTIRETROVIRAL COMBINATIONS	3,479
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	412
HUMAN INSULIN	6,046
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	2,282
ANTIPSYCHOTICS - MISC.	1,707
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	2,231
VIRAL VACCINES	25,599
ANTIPSORIATICS - SYSTEMIC	83
ADRENERGIC COMBINATIONS	4,294
QUINOLINONE DERIVATIVES	3,526

Drug Class	Claim Count
ANTIRETROVIRAL COMBINATIONS	3,412
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	373
HUMAN INSULIN	6,017
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	2,459
ANTIPSYCHOTICS - MISC.	1,745
ANTIPSORIATICS - SYSTEMIC	100
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	2,258
VIRAL VACCINES	23,107
QUINOLINONE DERIVATIVES	3,598
ADRENERGIC COMBINATIONS	4,475



### Top 10 Drug Classes By Claim Count 3Q2021 and 4Q2021

Drug Class	Claim Count
VIRAL VACCINES	25,599
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	23,163
SYMPATHOMIMETICS	20,641
ANTICONVULSANTS - MISC.	19,152
HMG COA REDUCTASE INHIBITORS	18,370
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	17,603
CENTRAL MUSCLE RELAXANTS	11,242
ACE INHIBITORS	11,216
ANTIANSXIETY AGENTS - MISC.	10,988
BIGUANIDES	10,877

Drug Class	Claim Count
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	23,127
VIRAL VACCINES	23,107
SYMPATHOMIMETICS	22,462
ANTICONVULSANTS - MISC.	19,203
HMG COA REDUCTASE INHIBITORS	18,391
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	18,013
CENTRAL MUSCLE RELAXANTS	11,438
ACE INHIBITORS	11,147
BIGUANIDES	11,029
ANTIANSXIETY AGENTS - MISC.	10,976

## ProDUR Top 10 Drugs by Therapeutic Problem Type

	Count of DUR REJ
	<b>88</b>
<b>Therapeutic Duplication</b>	<b>1081</b>
ALPRAZOLAM	162
BUPROPION HYDROCHLORIDE E	255
HYDROCODONE BITARTRATE/AC	215
OXYCODONE/ACETAMINOPHEN	186
QUETIAPINE FUMARATE	263
<b>High Cumulative Dose (new standard for cumulative morphine equivalent edits)</b>	<b>553</b>
METHADONE HCL	114
MORPHINE SULFATE ER	103
OXYCODONE HYDROCHLORIDE	234
OXYCODONE/ACETAMINOPHEN	63
XTAMPZA ER	39
<b>Drug-Drug interaction</b>	<b>516</b>
ALPRAZOLAM	152
HYDROCODONE BITARTRATE/AC	129
OXYCODONE/ACETAMINOPHEN	71
QUETIAPINE FUMARATE	99
TRAZODONE HYDROCHLORIDE	65
<b>Ingredient duplication</b>	<b>117</b>
ANASTROZOLE	12
ARIPIPRAZOLE	48
LATUDA	12
QUETIAPINE FUMARATE	30
RISPERIDONE	15
<b>Apparent drug misuse</b>	<b>95</b>
ALPRAZOLAM	23
BUPRENORPHINE HYDROCHLORI	15
CLONAZEPAM	12
HYDROCODONE BITARTRATE/AC	18
OXYCODONE/ACETAMINOPHEN	27
<b>Underuse</b>	<b>42</b>
BUPROPION HYDROCHLORIDE E	6
DESVENLAFAXINE ER	6
DULOXETINE HYDROCHLORIDE	6
OZEMPIC	15
TIROSINT	9
<b>Overuse</b>	<b>34</b>
AMLODIPINE BESYLATE	3
ARIPIPRAZOLE	2
OXYCODONE HYDROCHLORIDE	9
SYNTHROID	11
TACROLIMUS	9
<b>High dose</b>	<b>30</b>
AMLODIPINE BESYLATE	3
AMOXICILLIN/CLAVULANATE P	3
CEFDINIR	6
MORPHINE SULFATE ER	12
OXYCODONE HYDROCHLORIDE	6

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**Drug disease (inferred)** **24**

ALPRAZOLAM	6
ALPRAZOLAM XR	3
BUDESONIDE/FORMOTEROL FUM	6
BUPROPION HYDROCHLORIDE E	6
CLONAZEPAM	3

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**Low dose** **15**

BUDESONIDE	3
DICLOFENAC EPOLAMINE	3
MYCOPHENOLIC ACID DR	3
POTASSIUM CHLORIDE ER	3
PROGESTERONE	3



## Retro-DUR

### Retrospective Drug Utilization Review (RDUR)

Asthma New Start Education Mailing (Promote medication adherence by addressing barriers)

January 2021 – December 2021

	AMR Child	AMR Adult
NV	154	181

Asthma Medication Ratio Fax: Provider fax to inform when members fill rescue medications more often than control medications

January 2021 – December 2021

	AMR Provider Fax
NV	955

Asthma Pediatric No Spacer

January 2021 – December 2021

	Providers Faxed
NV	33

Antidepressant High Touch: live pharmacist/technician outreach to encourage member adherence

January 2021 – December 2021

	AMM Acute	AMM Continuation
NV	32	1005

Opioid Med Management Program: monthly provider fax identifying their high risk opioid-utilizing patients

January 2021 – December 2021

	Provider Faxes Sent
NV	32



Behavioral Health Polypharmacy Program: decrease number of members with multiple psychotropics

January 2021 – December 2021

	Members Identified
NV	3240

Behavioral Health Child Age Appropriate Program: reduce inappropriate use of psychotropics in children

January 2021 – December 2021

	Members Identified
NV	16

Pillboxes Sent

January 2021 – December 2021

	Members Identified
NV	81

CVS HealthTags

	Total Sent	Tags Delivered	Message Rate
1Q2021 Medication Adherence	21696	12528	58%
2Q2021 Asthma Gap Guidelines	6539	2545	39%
3Q2021 Diabetic Monitoring	2695	1947	72%
4Q2021 Flu Vaccination	28523	16198	57%