



Anthem Nevada Medicaid

NV DUR Binder Presentation

Presented to NV DUR Board on January 23, 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: January 23, 2020

Prior Authorization Criteria being reviewed: Mavenclad

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.

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: _____ *L. Todd* _____



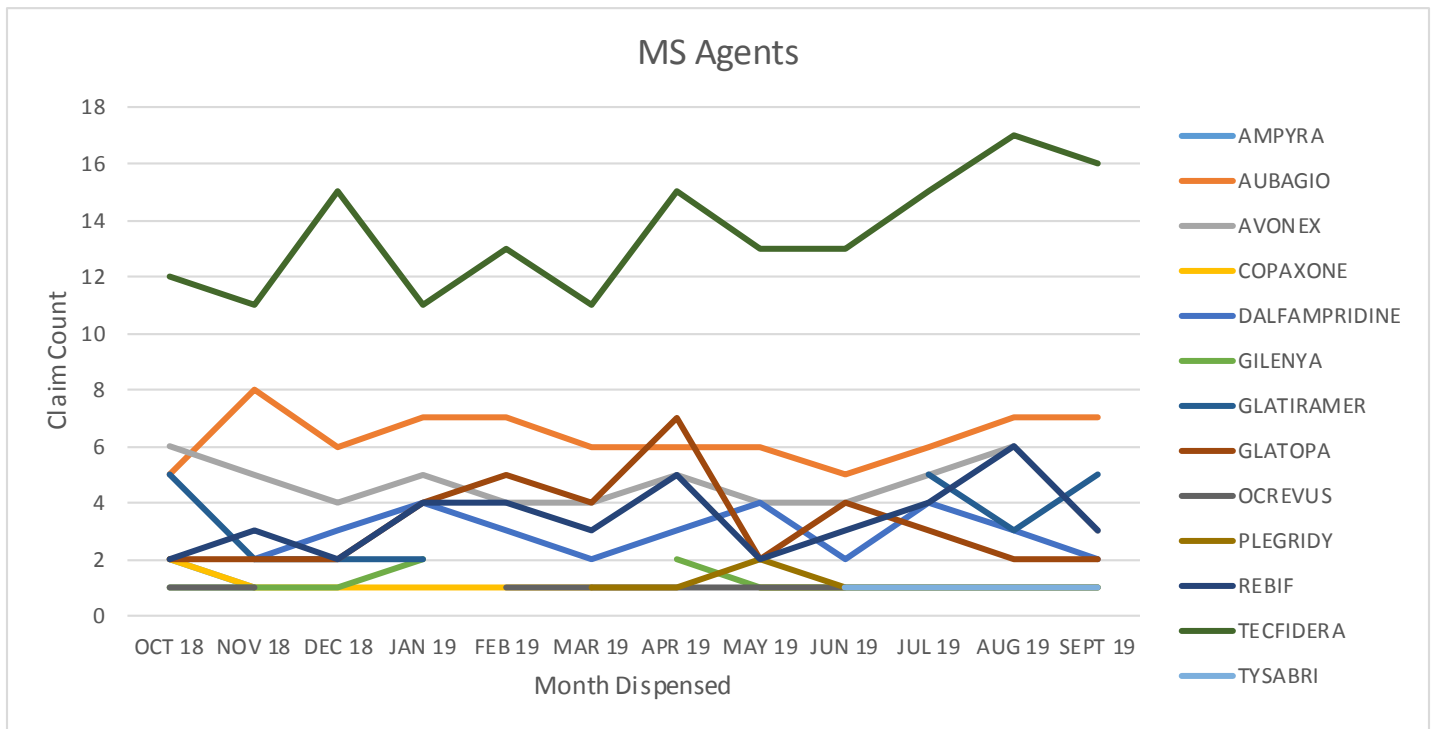
Multiple Sclerosis Agents

Summary of Utilization

October 1, 2018 – September 30, 2019

Drug	Member Count	Claim Count	Total Quantity	Total Days Supply
TECFIDERA	34	162	9,674	4,837
AUBAGIO	14	76	2,146	2,146
GLATIRAMER	10	29	420	820
REBIF	8	41	241	1,148
GLATOPA	8	39	990	1,150
AVONEX	7	55	55	1,534
OCREVUS	6	8	160	1,392
DALFAMPRIDINE	5	32	1,830	915
COPAXONE	3	10	264	296
TYSABRI	2	5	75	140
AMPYRA	2	8	480	240
GILENYA	2	12	360	360
PLEGRIDY	1	8	8	224
Grand Total	88	485	16,703	15,202

Note: There were no claims for Mavenclad®





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Prior Authorization Criteria being reviewed: Zelnorm

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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Signature of individual completing this form: _____ *L. Todd* _____

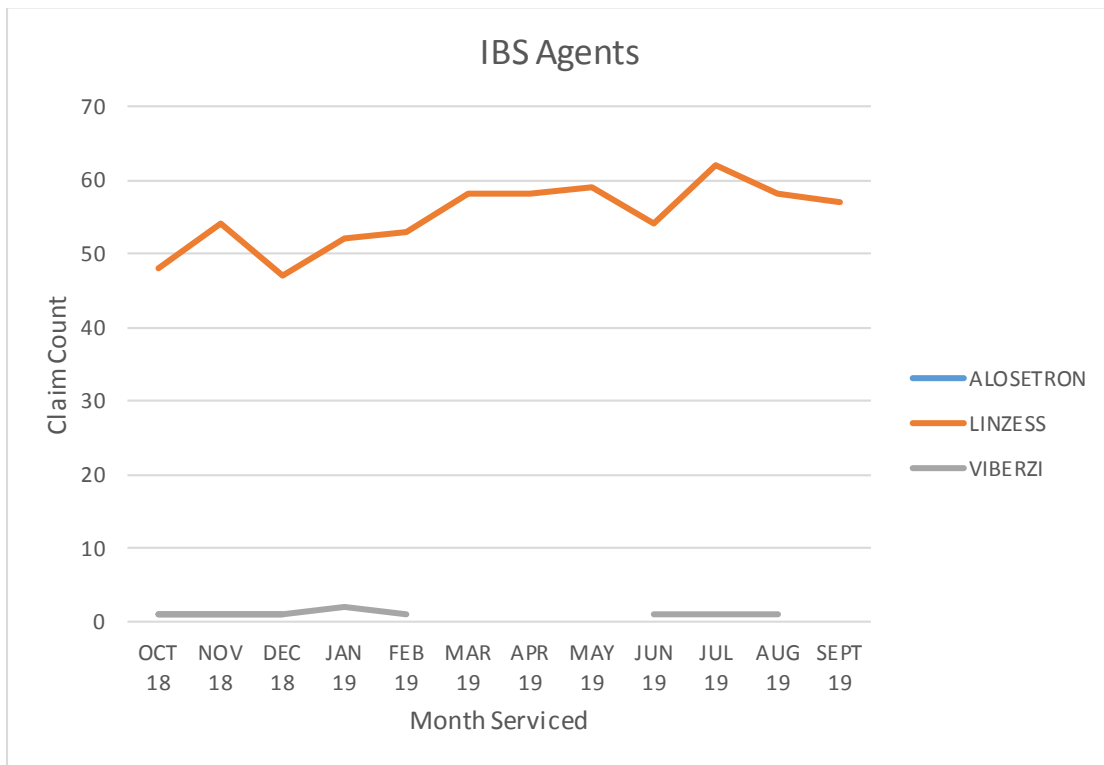


Irritable Bowel Syndrome Agents

Summary of Utilization

October 1, 2018 – September 30, 2019

Drug	Member Count	Claim Count	Total Quantity	Total Days Supply
LINZESS	158	660	19,860	19,860
VIBERZI	2	10	600	300
ALOSETRON	1	4	240	120
Grand Total	161	674	20,700	20,280





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DUR Meeting Date: January 23, 2020

Prior Authorization Criteria being reviewed: Nucala

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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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: _____ *L Todd* _____



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 23, 2020

Prior Authorization Criteria being reviewed: Dupixent

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.

Suggest additional treatment and failure language criteria for atopic dermatitis. Topical treatment is medically inadvisable as defined by treatments which have side effects or safety concerns which outweigh potential treatment benefits as evidenced by any of the following:

1. Intolerance to treatment
2. Hypersensitivity reactions
3. Significant skin atrophy
4. Systemic effects;

AND

IV. One of the following: A. Phototherapy (UVB or PUVA) has failed to achieve and maintain remission of low or mild disease activity state or is contraindicated;

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

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Signature of individual completing this form: _____ *L Todd* _____

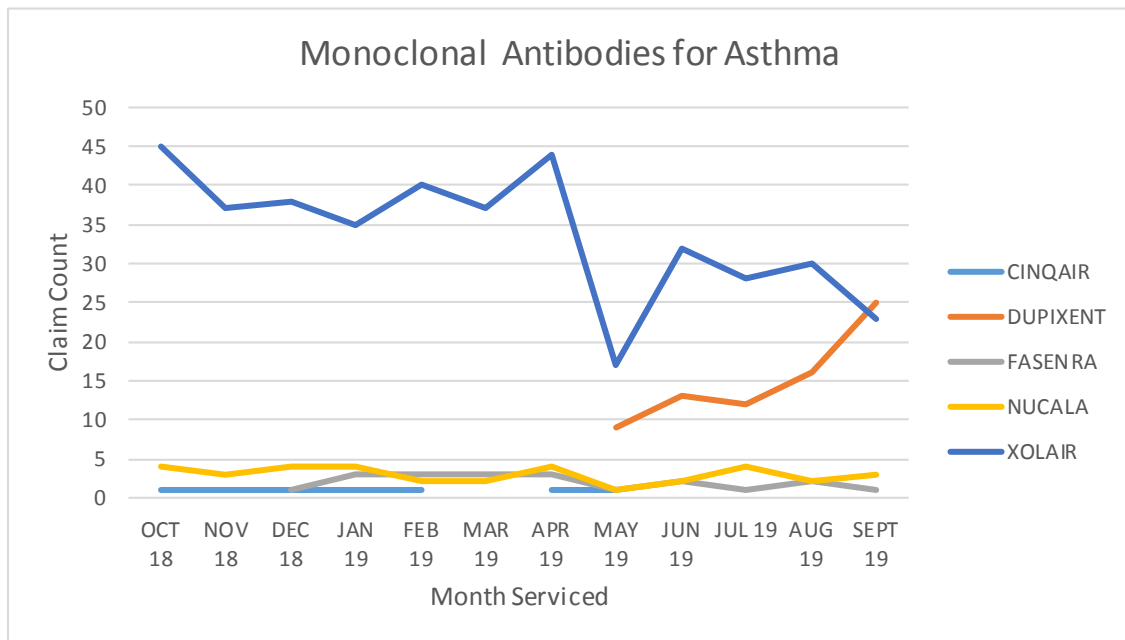


Monoclonal Antibodies for Asthma

Summary of Utilization

October 1, 2018 – September 30, 2019

Drug	Member Count	Claim Count	Total Quantity	Total Days Supply
XOLAIR	81	276	1,107	11,372
DUPIXENT	26	1	290	1,904
NUCALA	7	23	35	980
FASENRA	6	13	20	851
CINQAIR	1	6	280	142
Grand Total	121	319	1,732	15,249





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DUR Meeting Date: January 23, 2020

Prior Authorization Criteria being reviewed: Nayzilam

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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Please print the name of the individual completing this form: _____ Lisa Todd _____

Signature of individual completing this form: _____ *L. Todd* _____



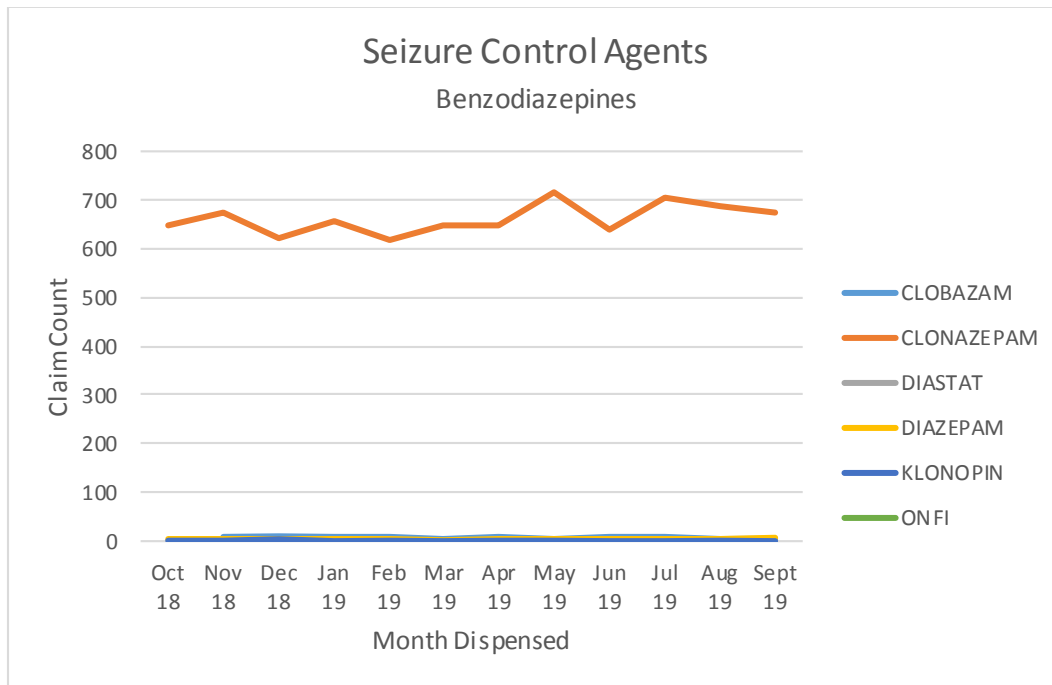
Nayzilam® (midazolam) Nasal Spray

Summary of Utilization

October 1, 2018 – September 30, 2019

Drug	Member Count	Claim Count	Total Quantity	Total Days Supply
CLONAZEPAM	1,819	7,940	416,832	218,371
DIAZEPAM	42	50	50	796
CLOBAZAM	12	79	10,275	2,359
ONFI	10	11	1,368	301
KLONOPIN	5	20	1,380	600
DIASTAT	1	2	2	32
Grand Total	1,870	8,102	429,907	222,459

Note: There were no claims for Nayzilam®





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DUR Meeting Date: January 23, 2020

Prior Authorization Criteria being reviewed: Sunosi

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.

Note: The proposed criteria for Sunosi was not available prior to 12/13/2019 for review.

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

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Please print the name of the individual completing this form: _____ Lisa Todd _____

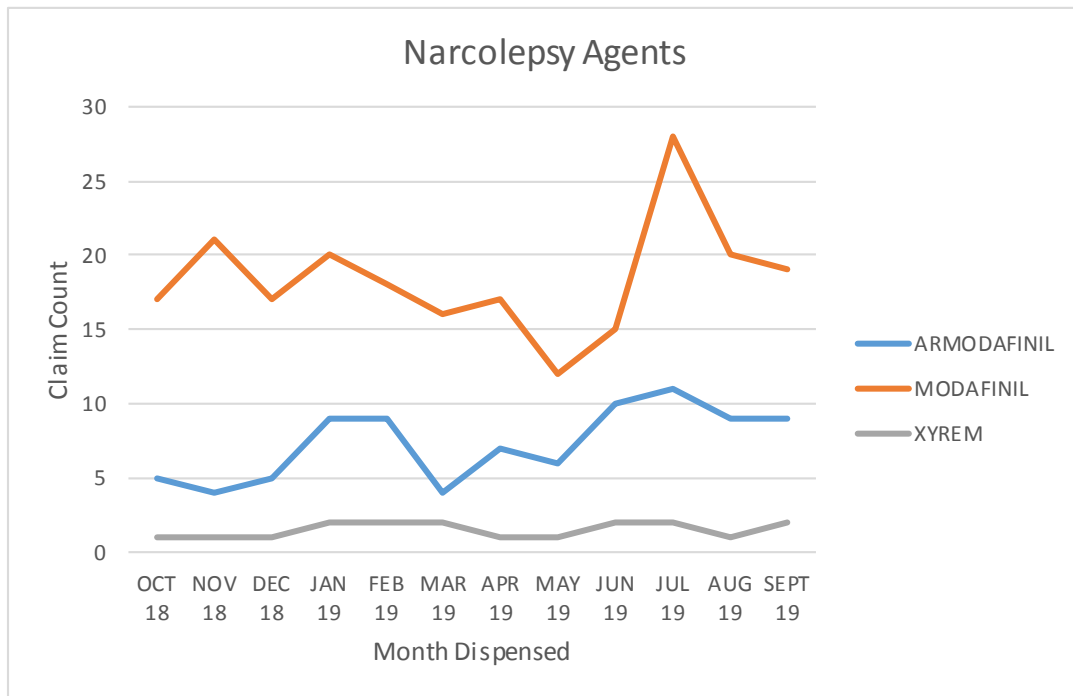
Signature of individual completing this form: _____ *L. Todd* _____

Narcolepsy Agents Summary of Utilization

October 1, 2018 – September 30, 2019

Drug	Member Count	Claim Count	Total Quantity	Total Days Supply
MODAFINIL	52	220	7,559	6,424
ARMODAFINIL	22	88	2,624	2,594
XYREM	3	18	9,450	540
Grand Total	76	326	19,633	9,558

Note: There were no claims for Sunosi®





Board Requested Reports

Opioid Utilization Summary of Utilization October 1, 2018 – September 30, 2019

Month Dispensed	Member Count	Claim Count	Claims Per Member	Total Days Supply	Total Quantity	Quantity Per Member	Total MME/Day	MME/Day Per Member
Oct-2018	4,581	5,562	1.21	110,458	349,265	76	17,538	3.83
Nov-2018	4,325	5,183	1.20	105,116	334,638	77	16,693	3.86
Dec-2018	4,196	4,973	1.19	101,032	319,682	76	15,713	3.74
Jan-2019	4,363	5,265	1.21	106,006	332,288	76	16,424	3.76
Feb-2019	4,116	4,832	1.17	97,738	307,125	75	14,934	3.63
Mar-2019	4,357	5,203	1.19	104,489	328,864	75	16,182	3.71
Apr-2019	4,412	5,282	1.20	105,288	333,771	76	16,743	3.79
May 2019	4,459	5,352	1.20	107,446	337,541	76	16,589	3.72
June 2019	4,330	5,070	1.17	102,306	319,664	74	15,865	3.66
July 2019	4,410	5,358	1.21	109,409	342,038	78	14,808	3.36
Aug 2019	4,404	5,328	1.21	108,019	335,825	76	15,014	3.41
Sept 2019	4,294	5,029	1.17	102,893	319,151	74	14,195	3.31

Top 10 Opioid Providers by Claim Volume – 3rd Quarter

Provider	Specialty	Location	Member Count	Claim Count	Total Quantity	Total Days Supply	Total MME per Day	Top Benzo Prescriber
140	Physician Assistant	Las Vegas	263	526	49,323	15,298	54,206	no
173	Anesthesiology	Henderson	121	293	25,645	8,321	26,000	no
119	Anesthesiology	Las Vegas	141	289	23,278	8,241	22,151	no
152	Physician Assistant	North Las Vegas	107	282	27,178	8,165	30,588	no
147	Physician Assistant	Las Vegas	121	271	24,093	7,621	29,136	no
139	Physical Medicine & Rehab	Las Vegas	147	271	21,181	7,258	21,094	no
193	Family Practice	Las Vegas	71	243	8,243	3,867	432	no
185	Physician Assistant	Las Vegas	112	236	21,967	6,787	29,089	no
111	Physical Medicine & Rehab	Las Vegas	105	227	20,213	6,748	33,767	no
851	Unspecified Specialty	Las Vegas	77	220	15,626	6,191	28,006	no



Top 10 Benzodiazepine Providers by Claim Volume

3rd Quarter 2019

Provider	Specialty	Location	Unique Members	Claim Count	Total Quantity	Total Days Supply	Top Opioid Prescriber
193	Family Practice	Las Vegas	95	235	16,347	6,674	no
152	Psychiatry	Las Vegas	34	82	6,252	2,454	no
138	Nurse Practitioner	Las Vegas	41	79	4,725	2,370	no
121	Physician Assistant	Las Vegas	36	73	2,098	2,016	no
163	Family Practice	Las Vegas	24	63	4,880	1,883	no
191	OBGYN	Las Vegas	30	59	1,755	1,765	no
121	Psychiatry	Las Vegas	25	58	4,020	1,740	no
144	Family Practice	Las Vegas	30	57	4,260	1,710	no
130	Family Practice	Las Vegas	24	53	3,015	1,560	no
141	Unspecified Specialty	Las Vegas	27	47	2,165	1,410	no

Top 25 Opioid Utilizers

3rd Quarter 2019

Member/Provider/Drug	Claim Count	Total Quantity	Total Days Supply	MME/member
727	16	351	99	479
117	2	51	6	0
OXYCODONE ER TAB 20MG	1	6	3	0
OXYCODONE TAB 5MG	1	45	3	0
126	3	13	6	0
OXYCODONE TAB 10MG	1	7	3	0
OXYCONTIN ER TAB 20MG	2	6	3	0
168	4	114	33	0
OXYCODONE TAB 10MG	3	84	18	0
OXYCONTIN ER TAB 20MG	1	30	15	0
173	1	12	3	240
OXYCOD/APAP TAB 10-325MG	1	12	3	240
175	2	42	12	0
OXYCODONE TAB 15MG	1	30	6	0
OXYCONTIN ER TAB 20MG	1	12	6	0
176	1	21	7	135
OXYCODONE TAB 10MG	1	21	7	135
181	1	12	3	120
OXYCODONE TAB 5MG	1	12	3	120
198	2	86	29	0
OXYCODONE TAB 5MG	1	56	14	0

OXYCONTIN ER TAB 20MG	1	30	15	0
722	15	223	117	0
118	11	155	82	0
BUPRENO/NALO FLM SL 8-2MG	1	16	8	0
BUPRENO/NALO SUB 8-2MG	10	139	74	0
165	2	54	27	0
BUPREN/NALOX FLM SL 8-2MG	1	47	24	0
BUPRENO/NALO FLM SL 8-2MG	1	7	3	0
172	2	14	8	0
BUPRENO/NALO SUB 8-2MG	2	14	8	0
726	12	252	84	0
186	12	252	84	0
BUPRENO/NALO FLM SL 8-2MG	12	252	84	0
726	11	527	273	2,179
1265	6	332	178	1,342
FENTANYL DIS 100MCG/H	2	20	60	160
FENTANYL DIS 50MCG/HR	2	20	60	80
HYDROMORPHON TAB 4MG	2	292	58	0
137	5	195	95	841
FENTANYL DIS 100MCG/H	1	10	30	80
FENTANYL DIS 50MCG/HR	1	10	30	40
HYDROC/APAP TAB 10-325MG	1	25	5	250
HYDROMORPHON TAB 4MG	2	150	30	0
722	11	553	229	865
115	4	223	79	546
MORPHINE ER TAB 15MG/12	1	30	30	15
OXYCODONE TAB 10MG	3	193	49	702
194	7	330	150	363
MORPHINE ER TAB 15MG/12	3	90	90	45
OXYCODONE TAB 10MG	4	240	60	480
715	11	321	103	678
142	5	150	25	1,125
HYDROC/APAP TAB 5-325MG	1	30	5	180
OXYCOD/APAP TAB 5-325MG	3	90	15	810
TRAMADO/APAP TAB 37.5-325	1	30	5	135
159	4	84	49	51
HYDROC/APAP TAB 5-325MG	3	70	35	60
TRAMADOL HCL TAB 50MG	1	14	14	0
164	1	42	14	0
BUPRENORPHIN SUB 2MG	1	42	14	0
173	1	45	15	0
TRAMADOL HCL TAB 50MG	1	45	15	0
724	10	654	208	1,462
106	2	96	32	270
MORPHINE ER TAB 15MG/12	1	48	16	135
OXYCOD/APAP TAB 10-325MG	1	48	16	135
118	8	558	176	1,189
MORPHINE ER TAB 15MG/12	4	264	88	540
OXYCOD/APAP TAB 10-325MG	4	294	88	651
718	10	532	199	930
115	2	162	51	286

MORPHINE ER TAB 15MG/12	1	42	21	60
MORPHINE SUL TAB 15MG	1	120	30	240
185	8	370	148	645
HYDROMORPHON TAB 4MG	1	45	15	144
MORPHINE ER TAB 15MG/12	4	148	74	240
MORPHINE SUL TAB 15MG	2	132	44	270
MORPHINE SUL TAB 30MG	1	45	15	0
721	10	106	68	0
158	10	106	68	0
BUPRENORPHIN SUB 8MG	10	106	68	0
714	10	624	208	1,035
185	10	624	208	1,035
METHADONE TAB 10MG	5	312	104	360
MORPHINE SUL TAB 15MG	5	312	104	675
727	9	163	80	0
182	9	163	80	0
BUPRENO/NALO FLM SL 8-2MG	9	163	80	0
724	9	189	66	675
111	1	21	7	90
HYDROCO/APAP TAB 10-325MG	1	21	7	90
118	6	126	42	495
HYDROC/APAP TAB 5-325MG	1	21	7	45
HYDROCO/APAP TAB 10-325MG	5	105	35	450
150	1	12	3	120
OXYCODONE TAB 5MG	1	12	3	120
198	1	30	14	23
HYDROC/APAP TAB 5-325MG	1	30	14	23
721	9	500	57	1,671
102	4	390	32	520
HYDROC/APAP TAB 7.5-325	1	30	8	105
HYDROCO/APAP SOL 7.5-325	3	360	24	219
127	1	30	8	105
HYDROC/APAP TAB 7.5-325	1	30	8	105
144	1	15	3	125
HYDROC/APAP TAB 5-325MG	1	15	3	125
161	1	20	4	188
OXYCODONE TAB 5MG	1	20	4	188
166	1	30	7	138
HYDROC/APAP TAB 7.5-325	1	30	7	138
199	1	15	3	125
HYDROC/APAP TAB 5-325MG	1	15	3	125
724	9	786	258	2,467
108	9	786	258	2,467
FENTANYL DIS 25MCG/HR	3	30	90	60
MORPHINE ER TAB 30MG/12	3	252	84	810
OXYCODONE TAB 10MG	1	168	28	540
OXYCODONE TAB 15MG	2	336	56	1,620
721	9	360	270	960
170	9	360	270	960
OXYCODONE TAB 10MG	3	180	90	180
OXYCONTIN ER TAB 60MG	3	90	90	270

OXYCONTIN ER TAB 80MG	3	90	90	360
723	9	149	99	0
118	8	139	92	0
BUPRENO/NALO FLM SL 8-2MG	8	139	92	0
172	1	10	7	0
BUPRENO/NALO FLM SL 8-2MG	1	10	7	0
722	9	450	220	552
111	6	270	130	426
BUPRENO/NALO FLM SL 2-0.5	1	30	10	0
BUPRENO/NALO FLM SL 8-2MG	1	30	30	0
NUCYNTA ER TAB 100MG	1	60	30	160
NUCYNTA TAB 75MG	1	90	30	270
TRAMADOL (U) TAB 200MG ER	1	15	15	20
TRAMADOL HCL TAB 50MG	1	45	15	45
185	3	180	90	130
HYSINGLA ER TAB 20 MG	1	60	30	80
TRAMADOL (U) TAB 100MG ER	1	30	30	10
TRAMADOL HCL TAB 50MG	1	90	30	45
719	9	672	252	2,800
108	9	672	252	2,800
OXYCODONE TAB 30MG	4	448	112	2,880
OXYCONTIN ER TAB 20MG	2	56	56	60
OXYCONTIN ER TAB 30MG	3	168	84	540
718	9	140	70	0
108	3	56	28	0
BUPRENO/NALO FLM SL 8-2MG	3	56	28	0
123	2	28	14	0
BUPRENO/NALO FLM SL 8-2MG	2	28	14	0
178	4	56	28	0
BUPRENO/NALO FLM SL 8-2MG	4	56	28	0
714	9	644	210	1,104
108	7	476	154	835
HYDROC/APAP TAB 10-325MG	2	280	56	500
METHADONE TAB 10MG	2	56	56	80
OXYCOD/APAP TAB 10-325MG	1	112	28	240
OXYCODONE TAB 5MG	2	28	14	60
165	2	168	56	270
HYDROC/APAP TAB 10-325MG	1	140	28	250
METHADONE TAB 10MG	1	28	28	40
718	9	900	270	1,860
140	3	300	90	620
HYDROMORPHON TAB 4MG	1	180	30	576
MORPHINE ER TAB 15MG/12	1	60	30	60
MORPHINE ER TAB 30MG/12	1	60	30	120
158	6	600	180	1,240
HYDROMORPHON TAB 4MG	2	360	60	1,152
MORPHINE ER TAB 15MG/12	2	120	60	120
MORPHINE ER TAB 30MG/12	2	120	60	240
721	8	224	56	640
120	8	224	56	640
TRAMADOL HCL TAB 50MG	8	224	56	640

724	8	456	228	480
111	2	96	48	120
OXYMORPHONE TAB 10MG ER	1	60	30	120
OXYMORPHONE TAB HCL 5MG	1	36	18	0
179	2	120	60	120
OXYMORPHONE TAB 10MG ER	1	60	30	120
OXYMORPHONE TAB HCL 5MG	1	60	30	0
185	4	240	120	240
OXYMORPHONE TAB 10MG ER	2	120	60	240
OXYMORPHONE TAB HCL 5MG	2	120	60	0
724	8	648	216	840
119	4	360	120	420
HYDROC/APAP TAB 10-325MG	2	240	60	320
OXYCONTIN ER TAB 10MG	2	120	60	120
140	2	108	36	210
HYDROC/APAP TAB 10-325MG	1	72	18	160
OXYCONTIN ER TAB 10MG	1	36	18	60
186	2	180	60	210
HYDROC/APAP TAB 10-325MG	1	120	30	160
OXYCONTIN ER TAB 10MG	1	60	30	60
723	8	188	94	0
182	7	160	80	0
BUPRENO/NALO FLM SL 8-2MG	4	76	38	0
SUBOXONE FLM SL 8-2MG	3	84	42	0
182	1	28	14	0
SUBOXONE FLM SL 8-2MG	1	28	14	0

Note: None of the providers are on the Top 10 Benzodiazepine Provider list.

Three providers are on the Top 10 Opioid Provider list (highlighted in red)

Top 25 Utilizers of Benzodiazepines

3rd Quarter 2019

Member/Provider/Drug	Claim Count	Total Quantity	Total Days Supply
723	6	118	76
112	6	118	76
ALPRAZOLAM TAB 1MG	5	96	61
ALPRAZOLAM TAB 2MG	1	22	15
724	6	240	140
129	5	180	110
ALPRAZOLAM TAB 0.5MG	3	140	80
ALPRAZOLAM TAB 1MG	2	40	30
176	1	60	30
ALPRAZOLAM TAB 1MG	1	60	30
725	6	328	134
140	3	210	90
ALPRAZOLAM TAB 0.5MG	2	180	60

ALPRAZOLM ER TAB 1MG	1	30	30
170	3	118	44
ALPRAZOLAM TAB 0.5MG	2	111	37
ALPRAZOLM ER TAB 1MG	1	7	7
717	6	164	82
111	1	14	7
DIAZEPAM TAB 5MG	1	14	7
193	5	150	75
ALPRAZOLAM TAB 2MG	5	150	75
718	6	354	177
153	6	354	177
CHLORDIAZEP CAP 10MG	3	174	87
DIAZEPAM TAB 2MG	3	180	90
727	5	450	150
197	5	450	150
ALPRAZOLAM TAB 1MG	2	180	60
DIAZEPAM TAB 2MG	3	270	90
727	5	360	135
109	1	30	15
ALPRAZOLAM TAB 0.5MG	1	30	15
133	4	330	120
ALPRAZOLAM TAB 0.5MG	4	330	120
726	5	150	150
184	5	150	150
ALPRAZOLAM TAB 0.25MG	2	60	60
ALPRAZOLAM TAB 0.5MG	3	90	90
723	5	200	100
141	1	10	5
ALPRAZOLAM TAB 0.25MG	1	10	5
147	1	10	5
ALPRAZOLAM TAB 0.25MG	1	10	5
161	1	60	30
ALPRAZOLAM TAB 0.25MG	1	60	30
171	2	120	60
ALPRAZOLAM TAB 0.25MG	2	120	60
720	5	210	150
148	5	210	150
ALPRAZOLAM TAB 0.5MG	2	120	60
ALPRAZOLAM TAB 2MG	3	90	90
719	5	180	89
130	1	30	15
ALPRAZOLAM TAB 1MG	1	30	15
152	2	120	60
ALPRAZOLAM TAB 1MG	2	120	60
198	2	30	14
DIAZEPAM TAB 2MG	2	30	14
719	5	181	72
124	2	111	37
LORAZEPAM TAB 2MG	2	111	37
145	3	70	35
DIAZEPAM TAB 5MG	3	70	35

719	5	278	125
108	5	278	125
ALPRAZOLAM TAB 0.5MG	1	90	30
ALPRAZOLAM TAB 1MG	3	128	65
DIAZEPAM TAB 5MG	1	60	30
714	5	68	101
112	5	68	101
ALPRAZOLAM TAB 0.25MG	1	14	7
ALPRAZOLAM TAB 0.5MG	1	14	14
ALPRAZOLAM TAB 1MG	3	40	80
713	5	180	150
129	5	180	150
ALPRAZOLAM TAB 0.5MG	2	60	60
ALPRAZOLAM TAB 1MG	3	120	90
717	5	180	150
108	5	180	150
ALPRAZOLAM TAB 2MG	2	60	60
ALPRAZOLM ER TAB 2MG	3	120	90
725	4	135	120
138	3	90	90
ALPRAZOLAM TAB 1MG	1	30	30
ALPRAZOLAM TAB 2MG	2	60	60
155	1	45	30
ALPRAZOLAM TAB 0.5MG	1	45	30
727	4	120	120
184	4	120	120
ALPRAZOLAM TAB 2MG	4	120	120
727	4	92	56
103	1	12	4
DIAZEPAM TAB 2MG	1	12	4
115	1	30	15
DIAZEPAM TAB 2MG	1	30	15
155	1	30	30
DIAZEPAM TAB 2MG	1	30	30
175	1	20	7
DIAZEPAM TAB 2MG	1	20	7
725	4	210	72
130	1	90	30
ALPRAZOLAM TAB 0.25MG	1	90	30
151	3	120	42
ALPRAZOLAM TAB 0.25MG	3	120	42
727	4	270	120
197	4	270	120
ALPRAZOLAM TAB 0.25MG	1	90	30
DIAZEPAM TAB 5MG	3	180	90
725	4	360	120
170	4	360	120
ALPRAZOLAM TAB 0.25MG	4	360	120
725	4	240	120
167	4	240	120
ALPRAZOLAM TAB 1MG	4	240	120



726	4	221	120
154	4	221	120
ALPRAZOLAM TAB 1MG	4	221	120
727	4	162	81
106	1	30	15
DIAZEPAM TAB 10MG	1	30	15
187	3	132	66
DIAZEPAM TAB 10MG	2	72	36
DIAZEPAM TAB 5MG	1	60	30

Note: None of these providers are on the Top 10 Opioid Prescriber list

Benzodiazepines and Opioid Comparison

Drugs	2nd Quarter 2019	3rd Quarter 2019
	Member Count	
Benzodiazepines + Opioids	850	811
Benzodiazepines	2503	2435
Opioids	7532	7371

Note: Comparison of members on the Top 25 Benzodiazepine Utilizer list and the Top 25 Opioid Utilizers resulted in no overlap.



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): 3Q2019
Report Period Start Date: 7/1/2019
Report Period End Date: 9/30/2019
Submission Date of Report: 12/13/2019

Top 10 Drug Classes By Paid Amount 2nd and 3rd Quarters 2019

2 nd Quarter		
Drug Class	Claim Count	Paid Amount
Antiretroviral	1,954	proprietary
Insulin	4,997	proprietary
Sympathomimetic	16,591	proprietary
Anti-TNF-alpha - Monoclonal Antibodies	196	proprietary
Antineoplastic Enzyme Inhibitors	79	proprietary
Multiple Sclerosis Agents Anticonvulsants - Misc.	126	proprietary
Anticonvulsants - Misc.	15,027	proprietary
Antipsychotics-Misc	1,035	proprietary
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	1,038	proprietary
Quinolone Derivatives	2,058	proprietary

3 rd 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



Top 10 Drug Classes By Claim Count 2nd and 3rd Quarters 2019

2 nd Quarter		
Drug Class	Claim Count	Paid Amount
Nonsteroidal Anti-inflammatory	21,932	proprietary
Sympathomimetic	16,591	proprietary
Anticonvulsants - Misc.	15,027	proprietary
HMG CoA Reductase Inhibitors	12,936	proprietary
Selective Serotonin Reuptake I	12,654	proprietary
Antihistamines - Non-Sedating	11,140	proprietary
Opioid Combinations	10,005	proprietary
Central Muscle Relaxants	9,544	proprietary
ACE Inhibitors	9,324	proprietary
Aminopenicillins	8,787	proprietary

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



Prospective Drug Utilization Review (ProDUR)

ProDUR (3Q19)							
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)	21	7	33.33%	14	66.67%	n/a	n/a
Therapeutic duplication (TD)	430	247	57.44%	183	42.56%	n/a	n/a
Ingredient duplication (ID)	634	235	37.07%	399	62.93%	n/a	n/a
Late Refill (LR)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total High Dose (HD)	60	29	48.33%	31	51.67%	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)	2426	1840	75.85%	586	24.15%	n/a	n/a
Drug-Drug (DD)	574	306	53.31%	268	46.69%	n/a	n/a
Drug-Disease (MC)	164	93	56.71%	71	43.29%	n/a	n/a
Drug-Allergy (DA)	10	6	60.00%	4	40.00%	n/a	n/a
Drug-Age (PA)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Unknown	4391	2427	55.27%	1964	44.73%	n/a	n/a

Note: ProDUR soft block edits were relaxed in 3Q19 for transition to new PBM.

ProDUR Top 10 Drugs by Therapeutic Problem Type

ER	TD	ID	LR	HD	PG
HYDROCODONE/ACETAMINOPHEN	HYDROCODONE/ACETAMINOPHEN	QUETIA PINE FUMARATE	n/a	OXYCODONE HCL	n/a
n/a	QUETIA PINE FUMARATE	ARIPIPRAZOLE	n/a	METHADONE HCL	n/a
n/a	OXYCODONE/ACETAMINOPHEN	RISPERIDONE	n/a	ALPRAZOLAM	n/a
n/a	RISPERIDONE	OLANZAPINE	n/a	MORPHINE SULFATE ER	n/a
n/a	ALPRAZOLAM	VERAPAMIL HCL SR	n/a	n/a	n/a
n/a	OLANZAPINE	BUPROPION HYDROCHLORIDE	n/a	n/a	n/a
n/a	LORAZEPAM	ASPIRIN	n/a	n/a	n/a
n/a	DIVALPROEX SODIUM DR	PALIPERIDONE ER	n/a	n/a	n/a
n/a	OXYMORPHONE HYDROCHLORIDE	SPIRONOLACTONE	n/a	n/a	n/a
n/a	SPIRONOLACTONE	RISPERDAL CONSTA	n/a	n/a	n/a

LD	DD	MC	DA	PA	Unknown
n/a	HYDROCODON E/ACETA MINOPH EN	BUPRENORPHI NE HYDROCHLORI	n/a	n/a	QUETIA PINE FUMARATE
n/a	ALPRAZOLAM	HYDROCODON E/ACETA MINOPH EN	n/a	n/a	HYDROCODON E/ACETA MINOPH EN
n/a	OXYCODONE HCL	OXYCODONE/A CETAMINOPHEN	n/a	n/a	ALPRAZOLAM
n/a	OXYCODONE/A CETAMINOPHEN	ALPRAZOLAM	n/a	n/a	ARIPIPRAZOLE
n/a	CLONAZEPAM	OXYCODONE HCL	n/a	n/a	OXYCODONE/A CETAMINOPHEN
n/a	DIAZEPAM	BELBUCA	n/a	n/a	OLANZAPINE
n/a	QUETIA PINE FUMARATE	n/a	n/a	n/a	RISPERIDONE
n/a	METFORMIN HYDROCHLORIDE	n/a	n/a	n/a	BUPRENORPHI NE HYDROCHLORI
n/a	CHLORTHALID ONE	n/a	n/a	n/a	OXYCODONE HCL
n/a	LISINOPRIL	n/a	n/a	n/a	CLONAZEPAM

Retro-DUR

January – November 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.)
Diabetes Polypharmacy	For those identified as being diagnosed with Diabetes, to increase diabetic medication adherence rates and to address safety and care gaps in diabetic patients taking more than 10 medications.	Telephonic	1841	17% reached	29% Positive outcome	Provider and member	Internal
Detailed Breakdown:							
	CMR		1313	260			
	Diabetes No Statin		232	26			
	Non Compliance		296	23			