



Anthem Nevada Medicaid

NV DUR Binder Presentation

Presented to NV DUR Board on January 27, 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: January 27, 2022

Prior Authorization Criteria being reviewed: CGRP Antagonists

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.

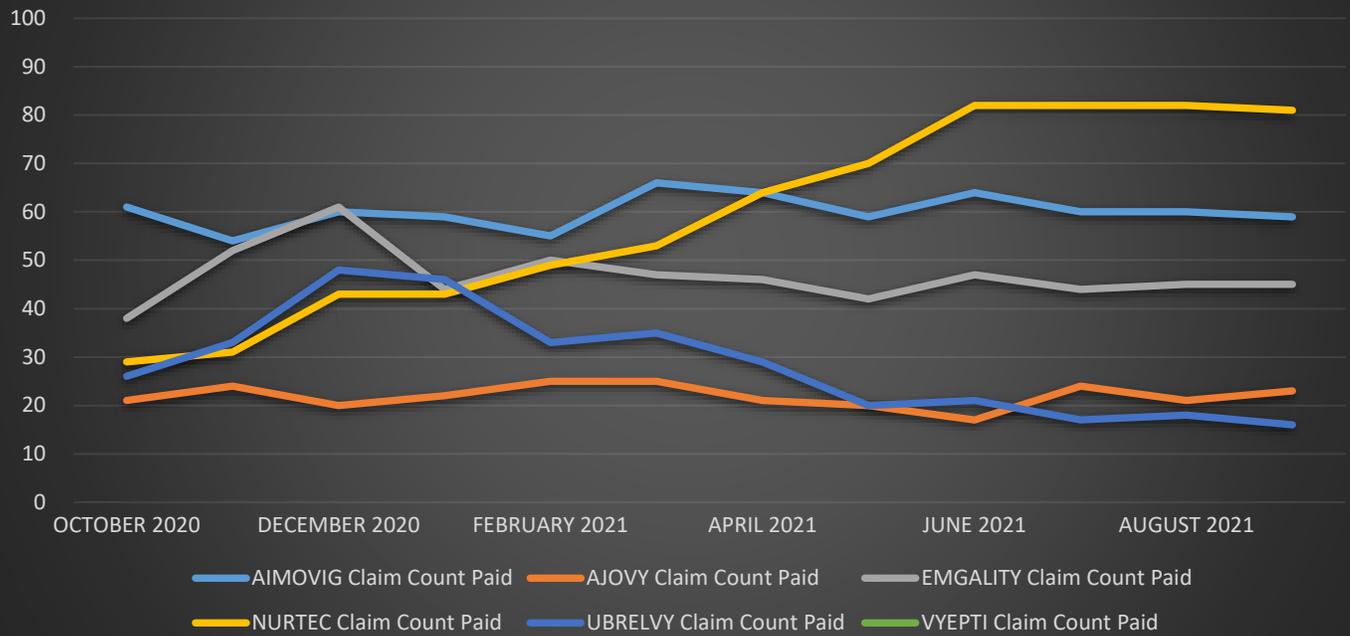
If this form is not completed and returned to the policy specialist with DHCFP by the designated deadline, the assumption will be made that you approve all prior authorization criteria as presented.

Please print the name of the individual completing this form:     Luke Lim    

Signature of individual completing this form:     Luke Lim



## CGRP Antagonists Anthem 10/1/2020-9/30/2021



Product/Drug Name	AIMOVIG	AJOVY	EMGALITY	NURTEC	UBRELVY	VYEPTI
Month	Claim Count Paid					
OCTOBER 2020	61	21	38	29	26	
NOVEMBER 2020	54	24	52	31	33	
DECEMBER 2020	60	20	61	43	48	
JANUARY 2021	59	22	44	43	46	
FEBRUARY 2021	55	25	50	49	33	
MARCH 2021	66	25	47	53	35	
APRIL 2021	64	21	46	64	29	
MAY 2021	59	20	42	70	20	
JUNE 2021	64	17	47	82	21	
JULY 2021	60	24	44	82	17	2
AUGUST 2021	60	21	45	82	18	
SEPTEMBER 2021	59	23	45	81	16	



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DUR Meeting Date: January 27, 2022

Prior Authorization Criteria being reviewed: Cystic Fibrosis

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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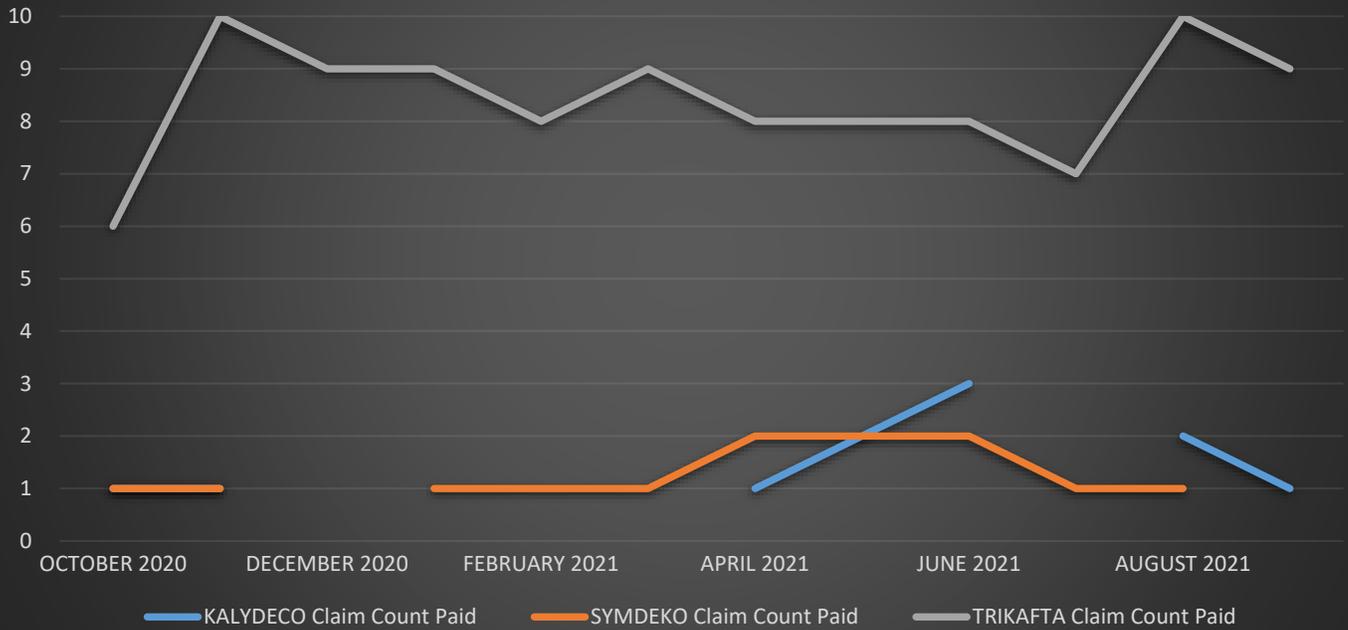
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## Cystic Fibrosis Anthem 10/1/2020-9/30/2021



Product/Drug Name	KALYDECO	SYMDEKO	TRIKAFTA
Month	Claim Count Paid	Claim Count Paid	Claim Count Paid
OCTOBER 2020	1	1	6
NOVEMBER 2020	1	1	10
DECEMBER 2020			9
JANUARY 2021	1	1	9
FEBRUARY 2021		1	8
MARCH 2021		1	9
APRIL 2021	1	2	8
MAY 2021	2	2	8
JUNE 2021	3	2	8
JULY 2021		1	7
AUGUST 2021	2	1	10
SEPTEMBER 2021	1		9



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DUR Meeting Date: January 27, 2022

Prior Authorization Criteria being reviewed: Topical Immunomodulators

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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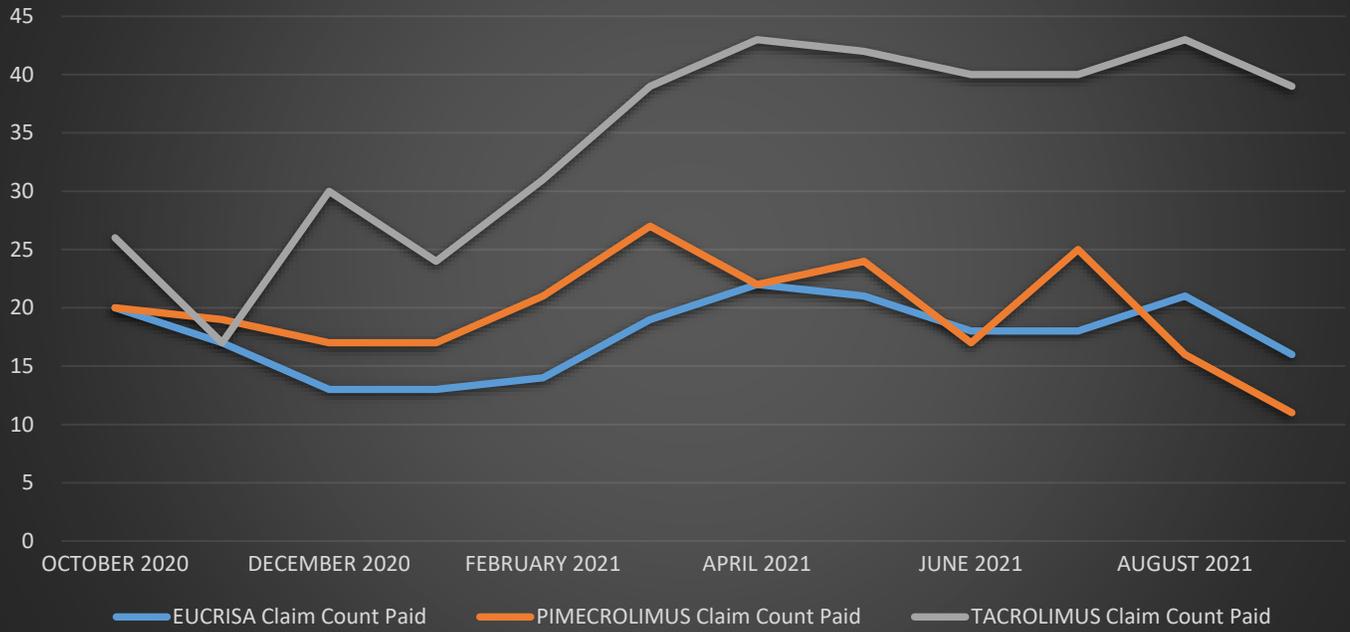
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## Topical Immunomodulators Anthem 10/1/2020-9/30/2021



Product/Drug Name	EUCRISA	PIMECROLIMUS	TACROLIMUS
Month	Claim Count Paid	Claim Count Paid	Claim Count Paid
OCTOBER 2020	20	20	26
NOVEMBER 2020	17	19	17
DECEMBER 2020	13	17	30
JANUARY 2021	13	17	24
FEBRUARY 2021	14	21	31
MARCH 2021	19	27	39
APRIL 2021	22	22	43
MAY 2021	21	24	42
JUNE 2021	18	17	40
JULY 2021	18	25	40
AUGUST 2021	21	16	43
SEPTEMBER 2021	16	11	39



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DUR Meeting Date: January 27, 2022

Prior Authorization Criteria being reviewed: Cabenuva

Managed Care Organization name: Anthem

Please place a check mark in the appropriate box:

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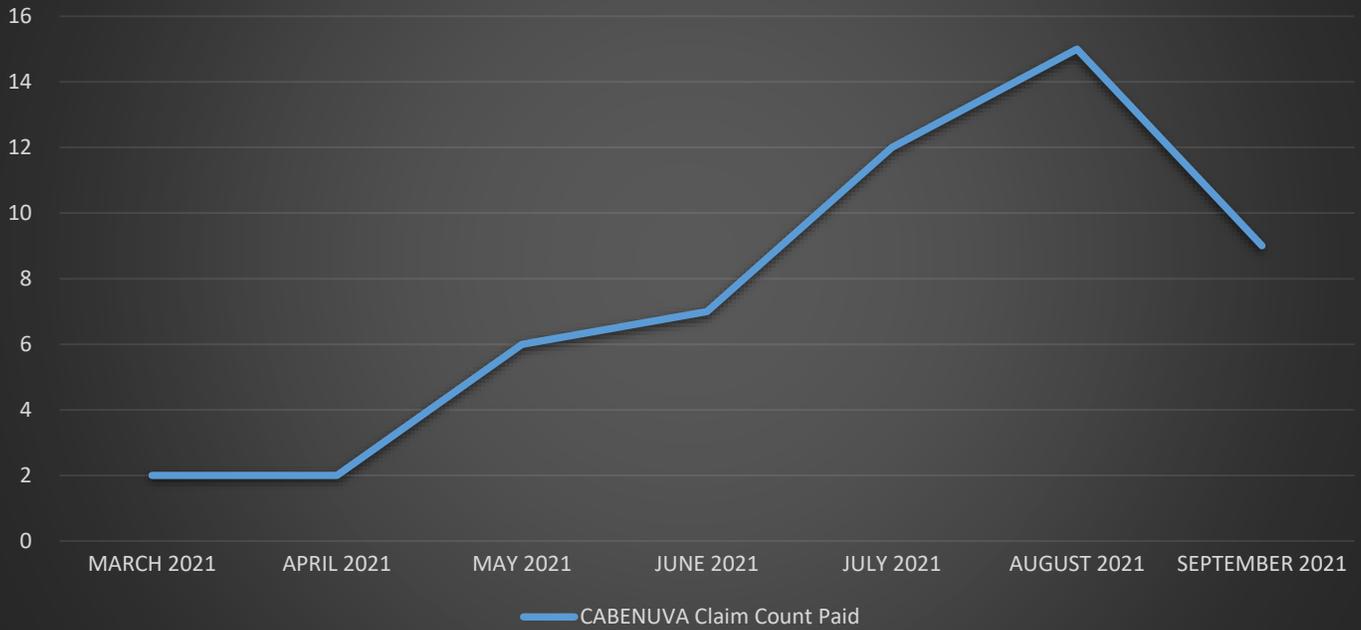
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### CABENUVA Claim Count Paid Anthem 10/1/2020-9/30/2021



Product/Drug Name	CABENUVA
Month	Claim Count Paid
MARCH 2021	2
APRIL 2021	2
MAY 2021	6
JUNE 2021	7
JULY 2021	12
AUGUST 2021	15
SEPTEMBER 2021	9



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DUR Meeting Date: January 27, 2022

Prior Authorization Criteria being reviewed: Targeted Immunomodulators

Managed Care Organization name: Anthem

Please place a check mark in the appropriate box:

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I disapprove of the criteria as presented by OptumRx

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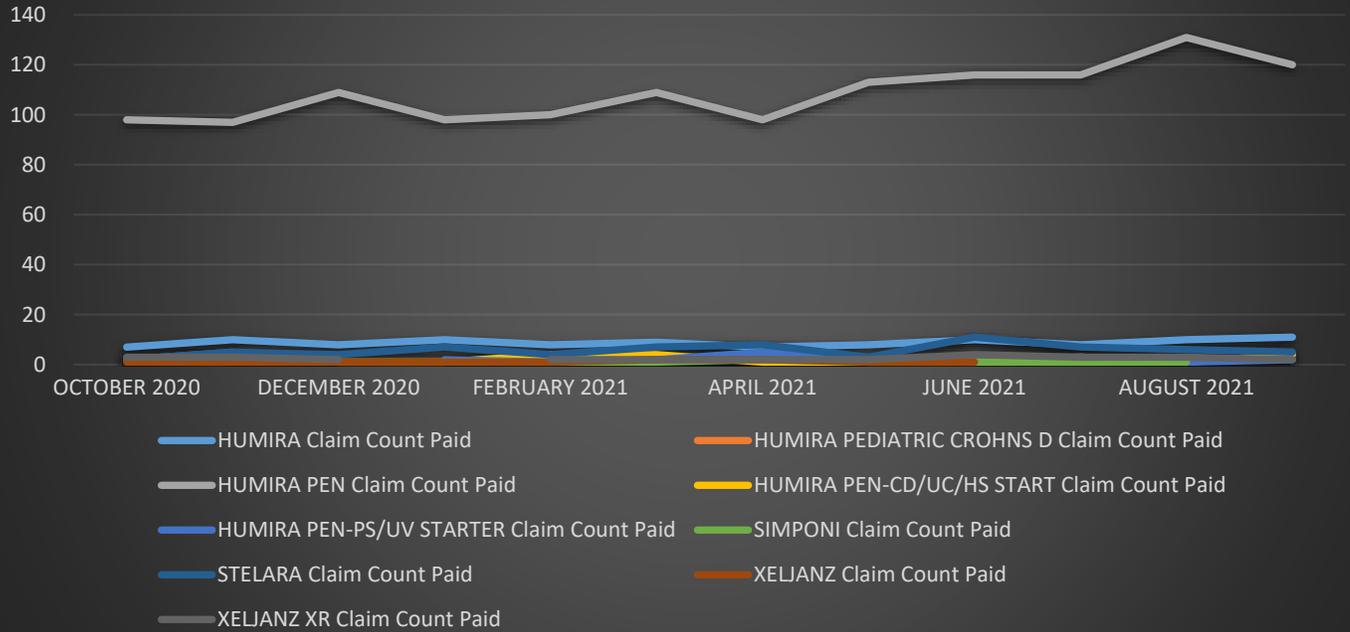
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## Targeted Immunomodulators Anthem 10/1/2020-9/30/2021



	HUMIRA	HUMIRA PEDIATRIC CROHNS D	HUMIRA PEN	HUMIRA PEN-CD/UC/HS START	HUMIRA PEN-PS/UV STARTER	SIMPONI	STELARA	XELJANZ	XELJANZ XR
Month	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid
OCTOBER 2020	7		98		2	1	2	1	3
NOVEMBER 2020	10		97	2	5		5	1	3
DECEMBER 2020	8		109	1		1	4	1	2
JANUARY 2021	10		98	1	2	1	7	1	
FEBRUARY 2021	8		100	4	1	1	4	1	2
MARCH 2021	9		109	4	2	1	7	2	2
APRIL 2021	7		98	1	5	2	8	2	2
MAY 2021	8		113	1	3	1	3	1	2
JUNE 2021	10		116	1	2	1	11	1	4
JULY 2021	8	1	116	3	3	1	7		3
AUGUST 2021	10		131	1	1	1	6		3
SEPTEMBER 2021	11		120	4	2		5		2



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DUR Meeting Date: January 27, 2022

Prior Authorization Criteria being reviewed: Antiasthmatic monoclonal antibodies & dupilumab

Managed Care Organization name: Anthem

Please place a check mark in the appropriate box:

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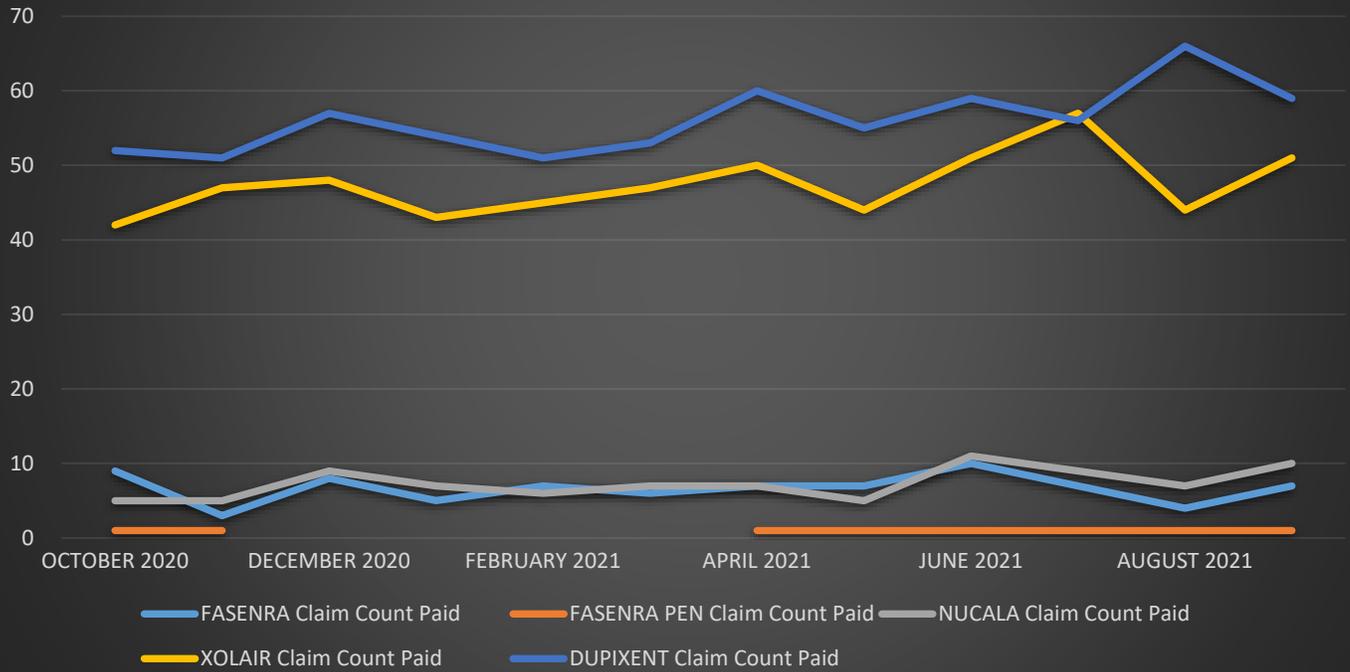
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## Antiasthmatic Mabs & Dupilumab Anthem 10/1/2020-9/30/2021



Product/Drug Name	FASENRA	FASENRA PEN	NUCALA	XOLAIR	DUPIXENT
Month	Claim Count Paid				
OCTOBER 2020	9	1	5	42	52
NOVEMBER 2020	3	1	5	47	51
DECEMBER 2020	8	1	9	48	57
JANUARY 2021	5	1	7	43	54
FEBRUARY 2021	7	1	6	45	51
MARCH 2021	6	1	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



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DUR Meeting Date: January 27, 2022

Prior Authorization Criteria being reviewed: Capsaicin

Managed Care Organization name: Anthem

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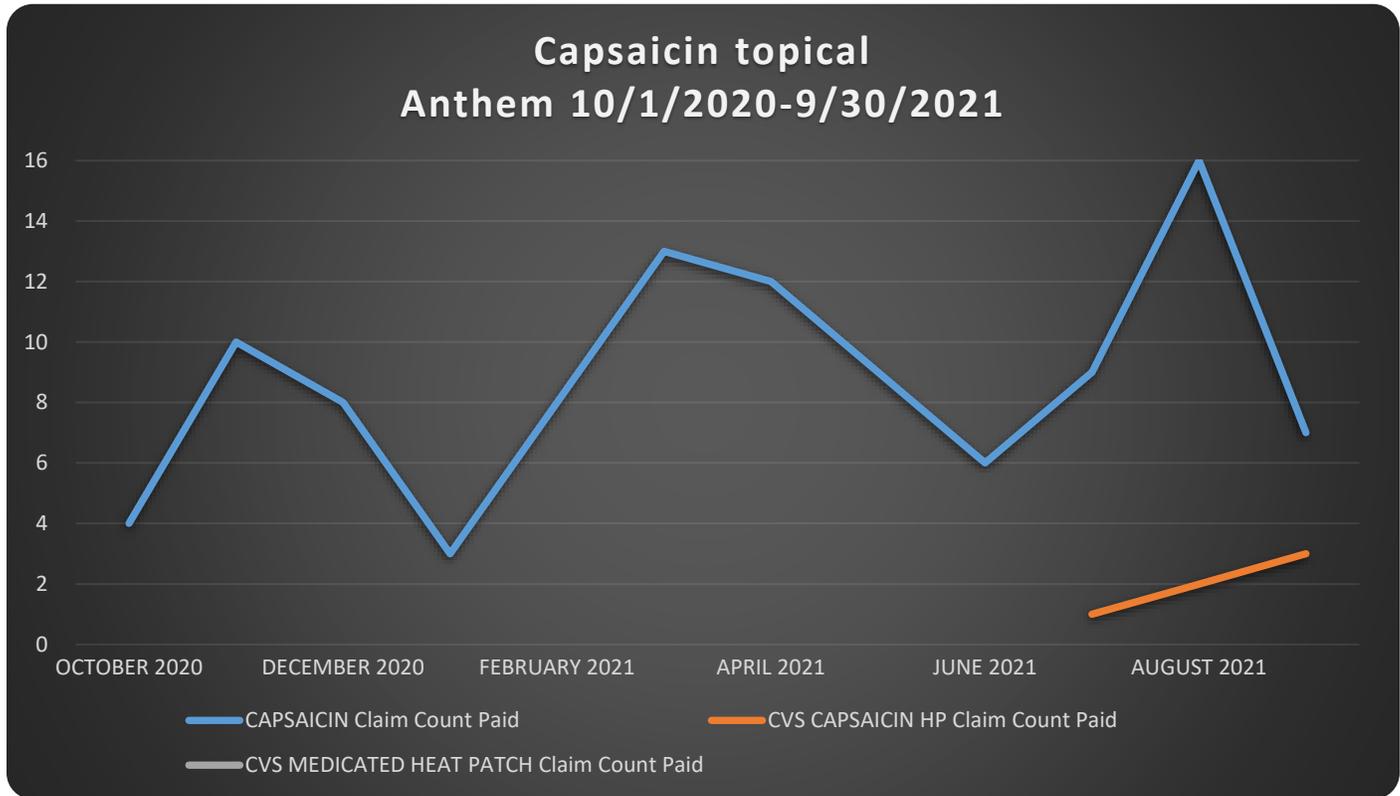
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No Anthem utilization under GPI 9085002530\*\*\*\*

Utilization found under GPI 9085002500\*\*\*\*



Product/Drug Name	CAPSAICIN	CVS CAPSAICIN HP	CVS MEDICATED HEAT PATCH
Month	Claim Count Paid	Claim Count Paid	Claim Count Paid
OCTOBER 2020	4		
NOVEMBER 2020	10		
DECEMBER 2020	8		
JANUARY 2021	3		
FEBRUARY 2021	8		
MARCH 2021	13		
APRIL 2021	12		
MAY 2021	9		
JUNE 2021	6		
JULY 2021	9	1	
AUGUST 2021	16	2	
SEPTEMBER 2021	7	3	1



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DUR Meeting Date: January 27, 2022

Prior Authorization Criteria being reviewed: Muscular dystrophy agents

Managed Care Organization name: Anthem

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No utilization for GPI 7460\*\*\*\*\* Muscular Dystrophy Agents

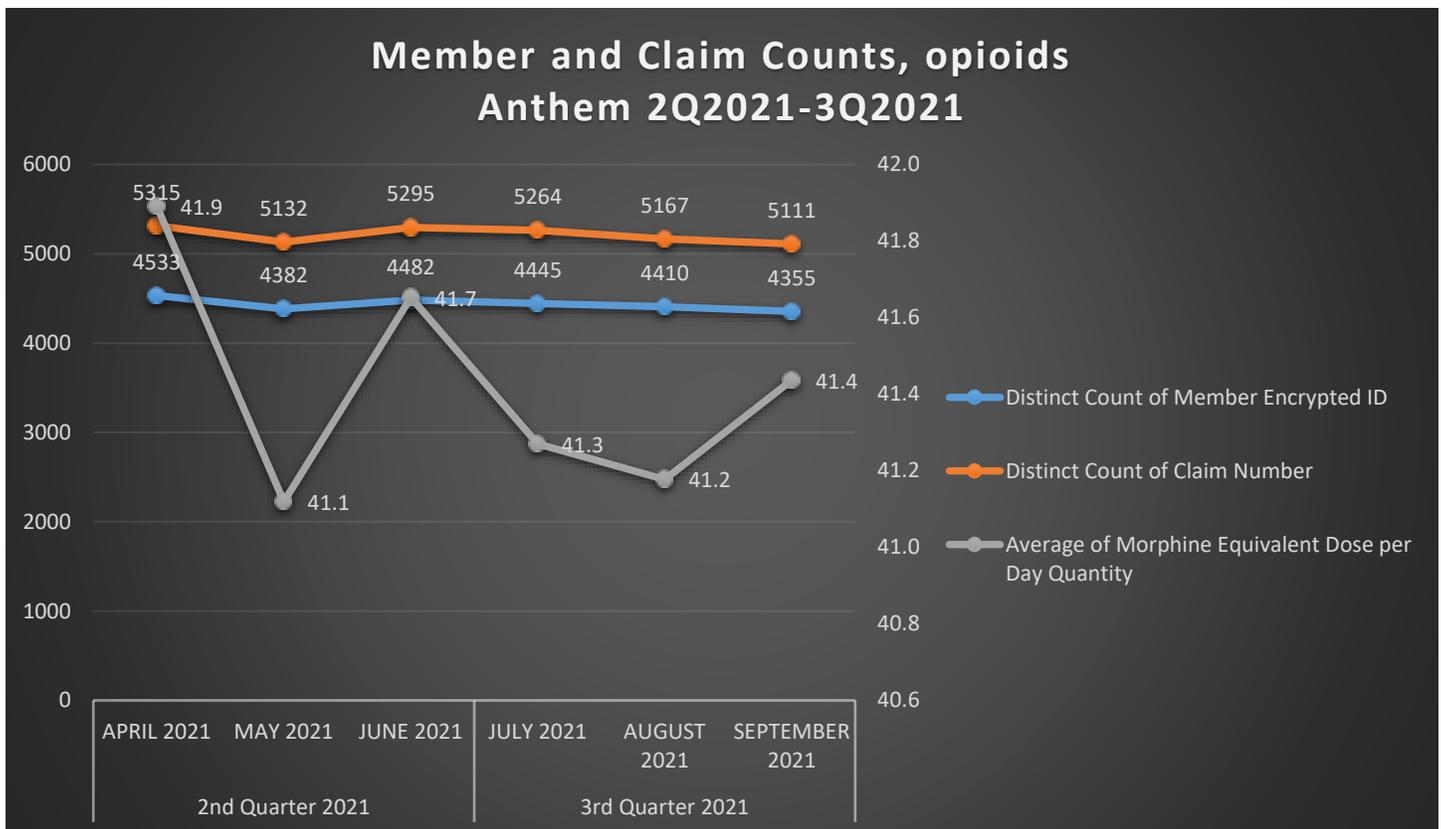


## Board Requested Reports

Summary of Utilization 2Q2021-3Q2021

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
<b>2nd Quarter 2021</b>	<b>7696</b>	<b>15742</b>	<b>14,399,775</b>	<b>317,486</b>	<b>41.6</b>
APRIL 2021	4533	5315	4,899,218	107,491	41.9
MAY 2021	4382	5132	4,635,066	103,196	41.1
JUNE 2021	4482	5295	4,865,492	106,799	41.7
<b>3rd Quarter 2021</b>	<b>7579</b>	<b>15542</b>	<b>14,229,441</b>	<b>313,297</b>	<b>41.3</b>
JULY 2021	4445	5264	4,818,239	105,388	41.3
AUGUST 2021	4410	5167	4,681,061	103,765	41.2
SEPTEMBER 2021	4355	5111	4,730,140	104,144	41.4





## Top 10 Opioid Providers by Claim Volume

### 2Q2021 and 3Q2021

	Masked Prescriber NPI Name	Prescriber City	Distinct Count of Member Encrypted ID	Distinct Count of Claim Number	Sum of Submitted Unit Quantity	Sum of Days Supply Quantity	Sum of MED in RX	Average of MED per DAY
2nd Quarter 2021	*****15229	LAS VEGAS	108	304	26,659	9,036	521,970	57.5
2nd Quarter 2021	*****18176	LAS VEGAS	64	136	13,706	3,969	505,548	126.7
2nd Quarter 2021	*****18647	NORTH LAS VEGAS	149	380	36,177	10,942	436,111	39.5
2nd Quarter 2021	*****23096	LAS VEGAS	42	127	11,283	3,679	377,139	100.0
2nd Quarter 2021	*****25127	LAS VEGAS	173	435	36,922	12,580	468,818	37.0
2nd Quarter 2021	*****31305	LAS VEGAS	86	180	18,320	5,355	283,563	52.8
2nd Quarter 2021	*****48101	LAS VEGAS	86	282	25,204	7,672	559,727	71.8
2nd Quarter 2021	*****59050	LAS VEGAS	117	239	23,595	7,000	339,551	48.8
2nd Quarter 2021	*****91997	LAS VEGAS	104	214	20,505	6,154	314,374	50.6
2nd Quarter 2021	*****93121	LAS VEGAS	234	449	40,653	12,835	492,342	38.0
3rd Quarter 2021	*****15229	LAS VEGAS	70	159	14,199	4,735	303,415	64.1
3rd Quarter 2021	*****18647	NORTH LAS VEGAS	158	397	36,654	11,407	437,625	37.8
3rd Quarter 2021	*****23096	LAS VEGAS	44	157	12,702	4,379	379,262	82.3
3rd Quarter 2021	*****37235	LAS VEGAS	132	261	24,395	7,121	304,844	41.4
3rd Quarter 2021	*****48101	LAS VEGAS	100	333	28,328	8,665	589,651	67.1
3rd Quarter 2021	*****76837	LAS VEGAS	81	189	16,804	5,617	319,150	56.7
3rd Quarter 2021	*****91235	LAS VEGAS	52	113	11,308	3,338	427,350	128.3
3rd Quarter 2021	*****91997	LAS VEGAS	114	234	22,781	6,825	350,015	50.5
3rd Quarter 2021	*****93121	LAS VEGAS	287	543	48,751	15,359	590,876	38.2
3rd Quarter 2021	*****97952	LAS VEGAS	102	242	23,088	7,184	296,948	41.8

## Top 10 Opioid Utilizers 2Q2021

	Product/Drug Label Name	Count of Claim Number	Sum of MED in RX	Sum of Days Supply Quantity	Average of MED per DAY
	<b>1970352031</b> OXYCODONE TAB 30MG	2	21600	60	360
	<b>2223092244</b> METHADONE TAB 10MG	3	32400	90	360
	<b>2055553919</b> OXYCODONE TAB 30MG	2	16200	60	270
	<b>1970325151</b> FENTANYL DIS 75MCG/HR	1	8100	30	270
	<b>2160770098</b> OXYCODONE TAB 30MG	3	17730	74	245
	<b>1970318291</b> OXYCODONE TAB 30MG	3	20250	90	225
	<b>1970314501</b> OXYCODONE TAB 30MG	3	20250	90	225
	<b>1970341774</b> OXYCODONE TAB 30MG	3	16200	90	180
	OXYCONTIN ER TAB 60MG	3	24300	90	270
	<b>1970307683</b> OXYCODONE TAB 30MG	2	13500	60	225
	<b>1970336835</b> OXYCODONE TAB 30MG	3	18900	84	225

## Top 10 Opioid Utilizers 3Q2021

	Product/Drug Label Name	Count of Claim Number	Sum of MED in RX	Sum of Days Supply Quantity	Average of MED per DAY
	<b>2223092244</b> METHADONE TAB 10MG	3	32400	90	360
	<b>2046166636</b> FENTANYL DIS 100MCG/H	3	14400	30	480
	HYDROMORPHON TAB 2MG	2	912	37	34
	<b>1970387695</b> OXYCODONE TAB 30MG	3	24300	90	270
	<b>1970314501</b> OXYCODONE TAB 30MG	3	20250	90	225
	<b>2055553919</b> OXYCODONE TAB 30MG	3	20250	90	225
	<b>1970318291</b> OXYCODONE TAB 30MG	3	20250	90	225
	<b>2159667242</b> OXYCODONE TAB 30MG	3	20250	90	225
	<b>1970336835</b> OXYCODONE TAB 30MG	4	20475	91	225
	<b>1970307683</b> OXYCODONE TAB 30MG	4	27000	120	225
	<b>1970341774</b> OXYCODONE TAB 30MG	3	16200	90	180
	OXYCONTIN ER TAB 60MG	3	24300	90	270



# Standard Reports: Nevada Medicaid

## Quarterly DUR Report

Health Plan Name:

Health Plan Contact:

Contact Email:

Anthem

Luke Lim, RPh

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

### Top 10 Drug Classes By Paid Amount 2Q2021 and 3Q2021

Drug Class	Claim Count
ANTIRETROVIRAL COMBINATIONS	2,756
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	370
HUMAN INSULIN	5,810
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	2,131
ANTIPSYCHOTICS - MISC.	1,649
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	1,997
ADRENERGIC COMBINATIONS	4,246
QUINOLINONE DERIVATIVES	3,351
ANTIPSORIATICS – SYSTEMIC	74
VIRAL VACCINES	24,333

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



## Top 10 Drug Classes By Claim Count 2Q2021 and 3Q2021

Drug Class	Claim Count
VIRAL VACCINES	24,333
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	22,016
ANTICONVULSANTS - MISC.	19,028
HMG COA REDUCTASE INHIBITORS	17,861
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	17,250
BETA ADRENERGICS	13,661
CENTRAL MUSCLE RELAXANTS	11,605
ACE INHIBITORS	11,159
BIGUANIDES	10,697
ANTIANSXIETY AGENTS - MISC.	10,674

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

## ProDUR Top 10 Drugs by Therapeutic Problem Type

High Cumulative Dose (new standard for cumulative morphine equivalent edits)				
Therapeutic Duplication	Drug-Drug interaction	High Cumulative Dose (new standard for cumulative morphine equivalent edits)	Apparent drug misuse	Ingredient duplication
<b>QUETIAPINE FUMARATE</b>	ALPRAZOLAM	OXYCODONE HYDROCHLORIDE	OXYCODONE/ACET AMINOPHEN	QUETIAPINE FUMARATE
<b>ALPRAZOLAM</b>	HYDROCODONE BITARTRATE/AC	METHADONE HCL	BUPRENORPHINE HYDROCHLORIDE	ARIPIIPRAZOLE
<b>BUPROPION HYDROCHLORIDE ER</b>	QUETIAPINE FUMARATE	MORPHINE SULFATE ER	OXYCODONE HYDROCHLORIDE	LANSOPRAZOLE
<b>LATUDA</b>	OXYCODONE HYDROCHLORIDE	OXYCODONE/ACET AMINOPHEN	ALPRAZOLAM	OLANZAPINE
<b>ARIPIIPRAZOLE</b>	TRAZODONE HYDROCHLORIDE	OXYMORPHONE HYDROCHLORIDE	HYDROCODONE BITARTRATE/AC	HYDROCODONE BITARTRATE/AC
<b>OXYCODONE/ACET AMINOPHEN</b>	BUPROPION HYDROCHLORIDE ER	MORPHINE SULFATE	TRAMADOL HCL	BUPRENORPHINE HYDROCHLORIDE
<b>HYDROCODONE BITARTRATE/AC</b>	IBUPROFEN	XTAMPZA ER	BUPRENORPHINE HCL	AIMOVIG
<b>CLONAZEPAM</b>	OXYCODONE/ACET AMINOPHEN	HYDROMORPHONE HCL	LORAZEPAM	ALPRAZOLAM
<b>IBUPROFEN</b>	ARIPIIPRAZOLE	HYDROCODONE BITARTRATE/AC	CLONAZEPAM	ATORVASTATIN CALCIUM
<b>TRAZODONE HYDROCHLORIDE</b>	DULOXETINE HYDROCHLORIDE	OXYCONTIN	MORPHINE SULFATE ER	BASAGLAR KWIKPEN

Underuse	Drug disease (inferred)	High dose	Drug allergy	Overuse
<b>PREGABALIN</b>	BUPROPION HYDROCHLORIDE E E	GOCOVRI	GOCOVRI	SYNTHROID
<b>LAMOTRIGINE</b>	ALPRAZOLAM	HYDROCODONE BITARTRATE/AC	IBUPROFEN	LAMOTRIGINE
<b>QUETIAPINE FUMARATE</b>	WARFARIN SODIUM	OXYCONTIN	ATORVASTATIN CALCIUM	MORPHINE SULFATE ER
<b>LIOTHYRONE SODIUM</b>	BUPROPION HCL	CALCIUM ACETATE	DICLOFENAC SODIUM	OXYCODONE HYDROCHLORIDE
<b>BIKTARVY</b>	GABAPENTIN	HYDROMORPHONE HCL	ALPRAZOLAM	POTASSIUM CHLORIDE ER
<b>LATUDA</b>	BUPRENORPHINE HYDROCHLORIDE	CEFDINIR	AMPHETAMINE/DEXTROAMPHETA	VENLAFAXINE HYDROCHLORIDE
<b>LEVEMIR FLEXTOUCH</b>	SULFASALAZINE	CALCITRIOL		RISPERIDONE
<b>BUPROPION HYDROCHLORIDE E</b>	IPRATROPIUM BROMIDE/ALBUTEROL	GUANFACINE HCL		DORZOLAMIDE HCL/TIMOLOLM
<b>ADMELOG SOLOSTAR</b>	OMEPRazole	ACETAZOLAMIDE ER		
<b>ARFORMOTEROL TARTRATE</b>	<b>Drug disease (inferred)</b>	ESTRADIOL VALERATE		



## Retro-DUR

### Retrospective Drug Utilization Review (RDUR)

Behavioral Health Antidepressant (AMM) High Touch (Promote medication adherence by addressing barriers)  
January 2021 – September 2021

	AMM Acute Phase	AMM Continuation Phase
NV	19 members	746 members

Behavioral Health Outlier Prescriber Program (Providers mailed peer opioid prescribing comparison)  
January 2021 – June 2021

	Providers Mailed
NV	41

Behavioral Health Polypharmacy Program (Members d/c multiple psychotropic medications)  
January 2021 – September 2021

	Unique Members	Positive Change	No Change	% Positive Change
NV	745	591	154	79%

### 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%