



Anthem Nevada Medicaid

NV DUR Binder Presentation

Presented to NV DUR Board on July 23, 2020

Psychotropic Agents



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: July 23, 2020

Prior Authorization Criteria being reviewed: Psychotropic 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.

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* _____



Anti-Anxiety Agents Summary of Utilization

April 1, 2019 – March 31, 2020

Age Range	Member Count	Claim Count	Total Days Supply	Total Quantity
0 to 5	317	485	12,758	30,434
ALPRAZOLAM	128	179	5,131	13,402
HYDROXYZ	99	150	3,483	8,810
BUSPIRONE	49	62	1,676	4,162
DIAZEPAM	47	65	1,696	2,747
LORAZEPAM	17	26	682	1,013
HYDROXYZINE	2	3	90	300
6 to 11	285	491	12,398	27,014
HYDROXYZ	106	186	4,270	9,995
ALPRAZOLAM	94	136	3,873	7,543
BUSPIRONE	60	98	2,546	5,715
DIAZEPAM	22	43	1,052	2,782
LORAZEPAM	17	27	653	959
CHLORDIAZEP	1	1	4	20
12 to 17	424	1039	28,075	66,559
ALPRAZOLAM	167	353	9,928	19,689
HYDROXYZ	150	374	9,494	27,186
BUSPIRONE	96	228	6,658	16,062
LORAZEPAM	31	60	1,442	2,498
DIAZEPAM	8	22	463	1,034
HYDROXYZINE	2	2	90	90
Grand Total	1026	2015	53,231	124,007



Anti-Depressant Agents

Summary of Utilization

April 1, 2019 – March 31, 2020

Age Range	Member Count	Claim Count	Total Days Supply	Total Quantity
0 to 5	n/a	n/a	n/a	n/a
6 to 11	143	566	16,740	16,948
SERTRALINE	76	272	7,946	7,519
TRAZODONE	18	98	2,940	3,090
FLUOXETINE	29	73	2,174	2,144
ESCITALOPRAM	14	47	1,410	1,380
MIRTAZAPINE	4	18	540	480
IMIPRAM	5	17	510	510
AMITRIPTYLIN	4	12	305	325
BUPROPION	3	11	330	390
NORTRIPTYLIN	3	6	240	780
DOXEPIN	1	5	150	150
CITALOPRAM	3	5	150	135
TRINTELLIX	1	2	45	45
12 to 17	899	4,361	127,551	142,546
SERTRALINE	398	1,470	43,179	44,789
FLUOXETINE	175	742	21,711	26,288
ESCITALOPRAM	175	691	19,964	21,971
TRAZODONE	149	537	15,761	17,719
BUPROPION	54	158	4,590	5,415
CITALOPRAM	37	143	4,242	4,522
AMITRIPTYLIN	41	132	3,917	5,990
BUPROPION	35	124	3,613	3,613
MIRTAZAPINE	33	112	3,259	3,154
PAROXETINE	13	54	1,561	1,561
NORTRIPTYLIN	13	48	1,427	1,877
AMITRIPTYLINE	15	38	1,140	1,620
VENLAFAXINE	16	34	986	1,016
FLUVOXAMINE	4	22	660	1,470
IMIPRAM	7	21	630	630
DULOXETINE	3	15	412	412
DESVENLAFAX	2	10	199	199
TRINTELLIX	1	6	180	180
DOXEPIN	1	4	120	120
Grand Total	1042	4,927	144,291	159,494



Antipsychotic Agents Summary of Utilization

April 1, 2019 – March 31, 2020

Age Range	Member Count	Claim Count	Total Days Supply	Total Quantity
0 to 5	5	17	287	372
RISPERIDONE	4	16	272	357
ARIPIPRAZOLE	1	1	15	15
6 to 11	185	1,057	29,663	41,963
RISPERIDONE	125	720	20,252	30,901
ARIPIPRAZOLE	62	230	6,389	7,048
QUETIAPINE	8	31	900	971
LITHIUM	4	21	630	1,200
OLANZAPINE	5	17	510	465
ZIPRASIDONE	3	14	390	510
SAPHRIS	2	10	285	510
PROCHLORPER	4	7	139	175
ABILIFY	1	4	78	93
LATUDA	1	3	90	90
12 to 17	335	1,629	44,218	54,410
ARIPIPRAZOLE	125	545	14,677	15,288
RISPERIDONE	104	484	13,362	19,614
QUETIAPINE	74	280	7,621	8,953
ZIPRASIDONE	14	103	2,864	3,704
OLANZAPINE	25	87	2,352	2,658
LATUDA	16	76	2,107	2,135
PROCHLORPER	17	18	161	375
SAPHRIS	1	11	330	660
FANAPT	1	8	240	480
LITHIUM	4	6	180	300
VRAYLAR	3	5	150	150
ABILIFY	1	3	84	3
REXULTI	1	3	90	90
Grand Total	525	2,703	74,168	96,745



Sedative Hypnotic Agents

Summary of Utilization

April 1, 2019 – March 31, 2020

Age Range	Member Count	Claim Count	Total Days Supply	Total Quantity
0 to 5	26	92	2,606	23,846
PHENOBARB	24	77	2,190	20,480
PHENOBARBITAL	5	15	416	3,366
6 to 11	3	12	360	2,640
PHENOBARB	3	12	360	2,640
12 to 17	6	32	875	2,729
PHENOBARB	1	19	570	600
PHENOBARBITAL	1	3	76	1,900
TRIAZOLAM	1	1	1	1
ZOLPIDEM	3	9	228	228
Grand Total	35	136	3,841	29,215

Anticonvulsant Agents

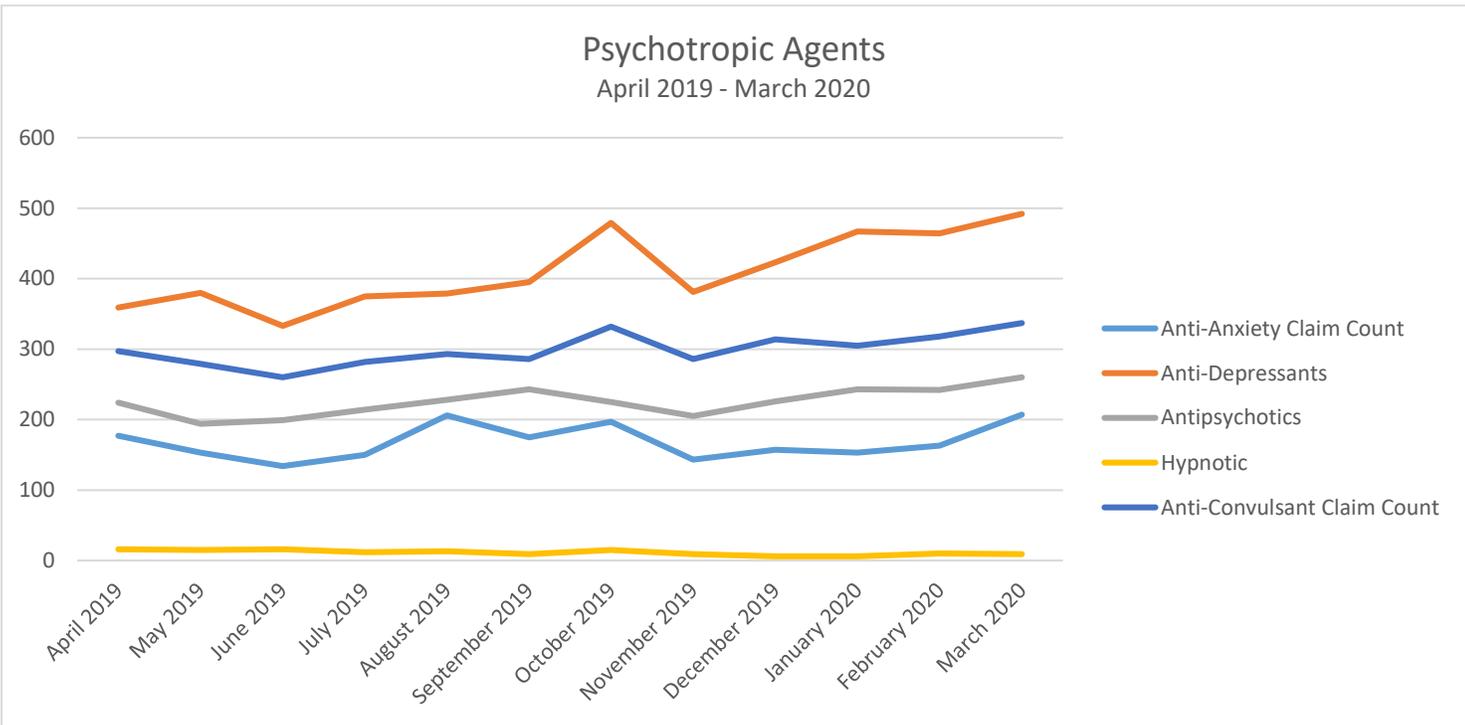
Summary of Utilization

April 1, 2019 – March 31, 2020

Age Range	Member Count	Claim Count	Total Days Supply	Total Quantity
0 to 5	560	560	15,851	87,942
LEVETIRACETA	323	323	9,508	61,204
TOPIRAMATE	49	49	1,470	4,200
OXCARBAZEPIN	32	32	946	7,591
DIAZEPAM	32	32	601	32
ZONISAMIDE	22	22	660	2,490
CLOBAZAM	18	18	534	3,720
DIVALPROEX	17	17	464	1,586
GABAPENTIN	17	17	238	1,497
VIGADRONE	15	15	435	1,620
VIGABATRIN	15	15	450	1,260
VALPROIC	5	5	150	1,360
EPIDIOLEX	5	5	150	292
CLONAZEPAM	3	3	90	90
LAMOTRIGINE	3	3	90	540
DIASTAT	2	2	32	2
ETHOSUXIMIDE	1	1	30	450
CLONAZEP	1	1	3	9
6 to 11	1095	1,095	31,794	224,733

LEVETIRACETA	370	370	10,907	116,208
OXCARBAZEPIN	271	271	7,694	46,999
DIVALPROEX	143	143	4,288	16,574
LAMOTRIGINE	97	97	2,910	8,160
TOPIRAMATE	65	65	1,950	3,370
ETHOSUXIMIDE	33	33	978	12,338
VIMPAT	31	31	915	6,210
VALPROIC	28	28	838	10,215
DIAZEPAM	18	18	217	18
EPIDIOLEX	12	12	360	1,673
OXTELLAR	6	6	180	180
CLOBAZAM	6	6	174	1,720
GABAPENTIN	4	4	120	510
ZONISAMIDE	4	4	120	390
CARBAMAZEPIN	2	2	60	120
CLONAZEP	2	2	33	19
CLONAZEPAM	2	2	20	28
DIASTAT	1	1	30	1
12 to 17	1934	1,934	56,332	207,536
LAMOTRIGINE	402	402	11,914	19,947
LEVETIRACETA	392	392	11,467	70,869
DIVALPROEX	259	259	7,766	18,335
OXCARBAZEPIN	240	240	7,049	16,300
TOPIRAMATE	207	207	6,089	14,198
GABAPENTIN	77	77	2,051	9,401
ETHOSUXIMIDE	69	69	1,950	19,560
CARBAMAZEPIN	53	53	1,529	3,941
ZONISAMIDE	49	49	1,450	3,630
CLONAZEPAM	36	36	841	1,345
VALPROIC	35	35	1,021	18,451
EPIDIOLEX	25	25	750	4,988
VIMPAT	23	23	690	1,440
CLOBAZAM	23	23	687	1,551
CLONAZEP	21	21	539	1,475
DIAZEPAM	7	7	60	7
OXTELLAR	4	4	120	360
APTiom	3	3	90	210
PREGABALIN	2	2	60	180
TROKENDI	2	2	60	60
KEPPRA	2	2	60	1,080
QUDEXY	1	1	30	30
BRIVIACT	1	1	30	60
PHENYTOIN	1	1	29	118
Grand Total	3589	3,589	103,977	520,211

Psychotropic Agents April 2019 - March 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: July 23, 2020

Prior Authorization Criteria being reviewed: Savella

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

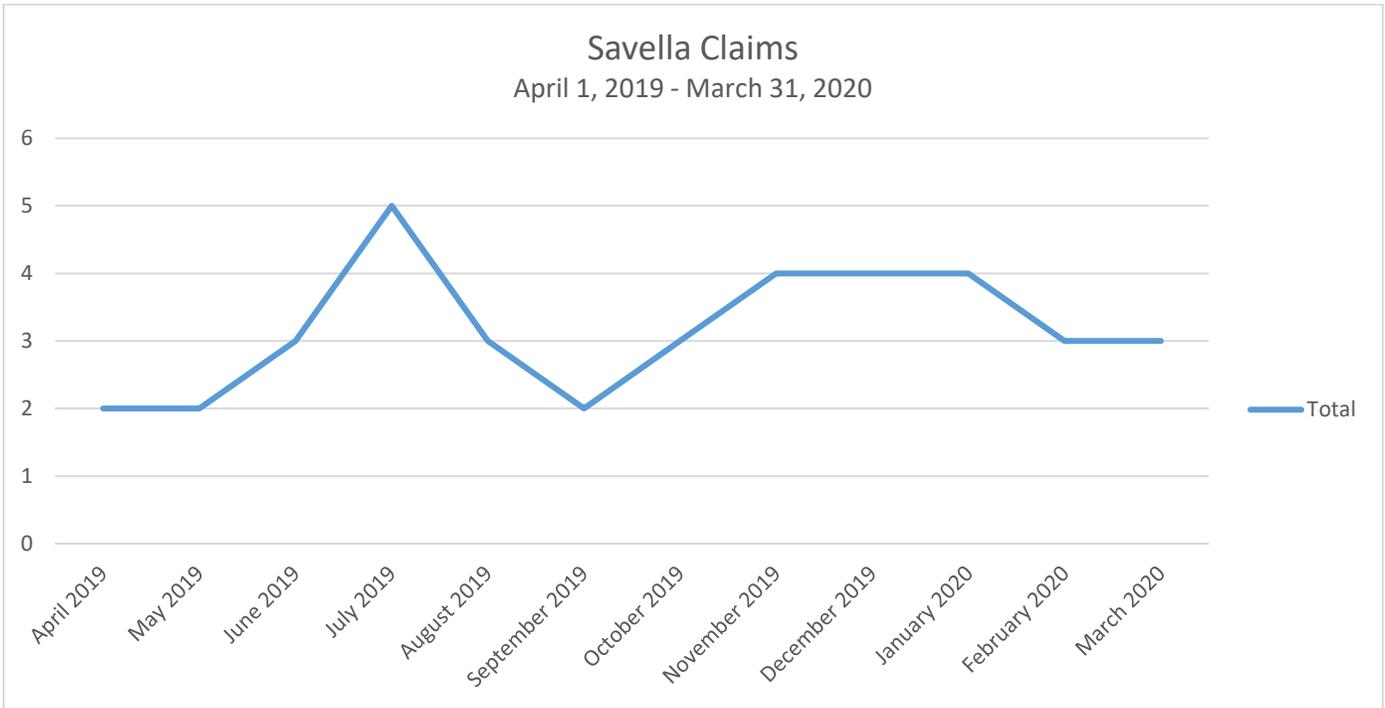
Signature of individual completing this form: Lisa Todd

Savella®

Summary of Utilization

April 1, 2019 – March 31, 2020

Drug	Member Count	Claim Count	Total Days Supply	Total Quantity
SAVELLA	9	38	1,134	2,293
Grand Total	9	38	1,134	2,293





DRUG USE REVIEW BOARD

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DUR Meeting Date: July 23, 2020

Prior Authorization Criteria being reviewed: Prolia and Forteo

Managed Care Organization name: Anthem

Please place a check mark in the appropriate box:

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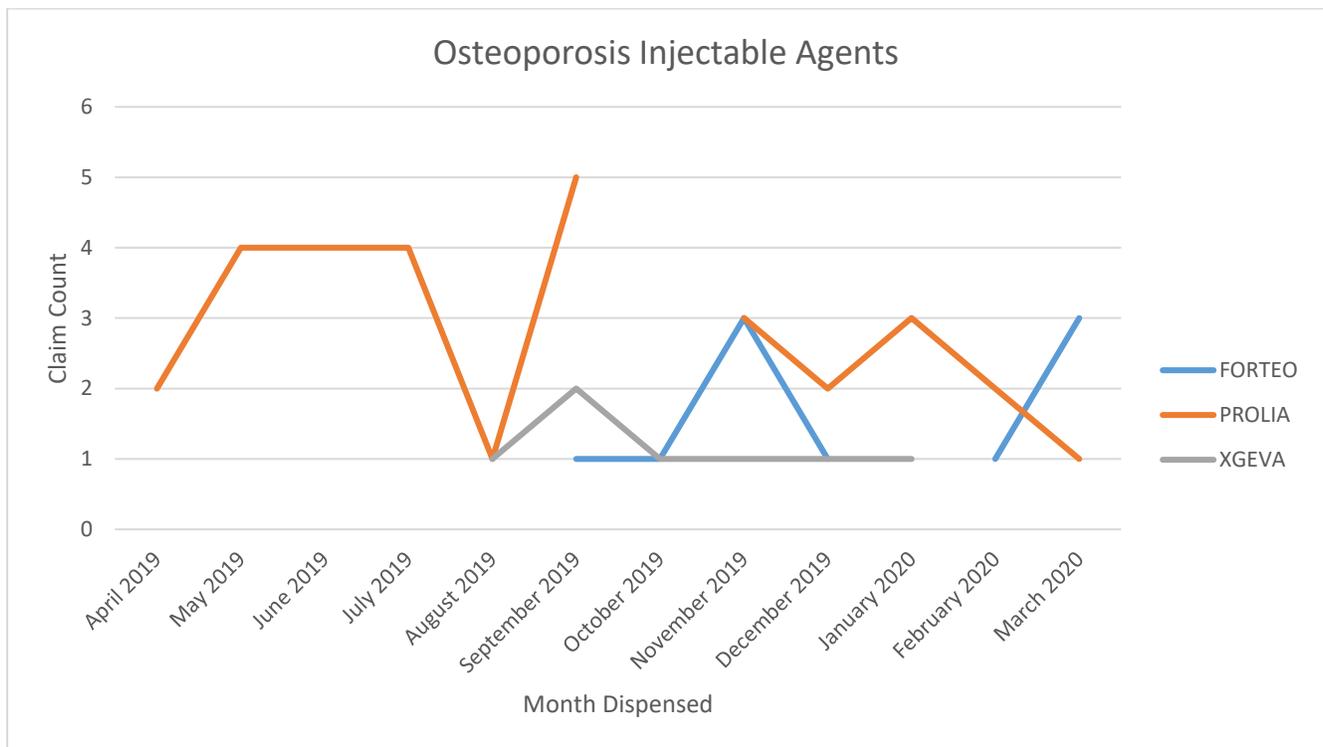
Signature of individual completing this form: Lisa Todd

Osteoporosis Injectable Agents

Summary of Utilization

April 1, 2019 – March 31, 2020

Drug	Member Count	Claim Count	Total Days Supply	Total Quantity
PROLIA	22	31	5,268	31
FORTEO	3	12	336	29
XGEVA	2	8	224	14
Grand Total	26	51	5,828	73





DRUG USE REVIEW BOARD

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DUR Meeting Date: July 23, 2020

Prior Authorization Criteria being reviewed: PCSK9 Inhibitors

Managed Care Organization name: Anthem

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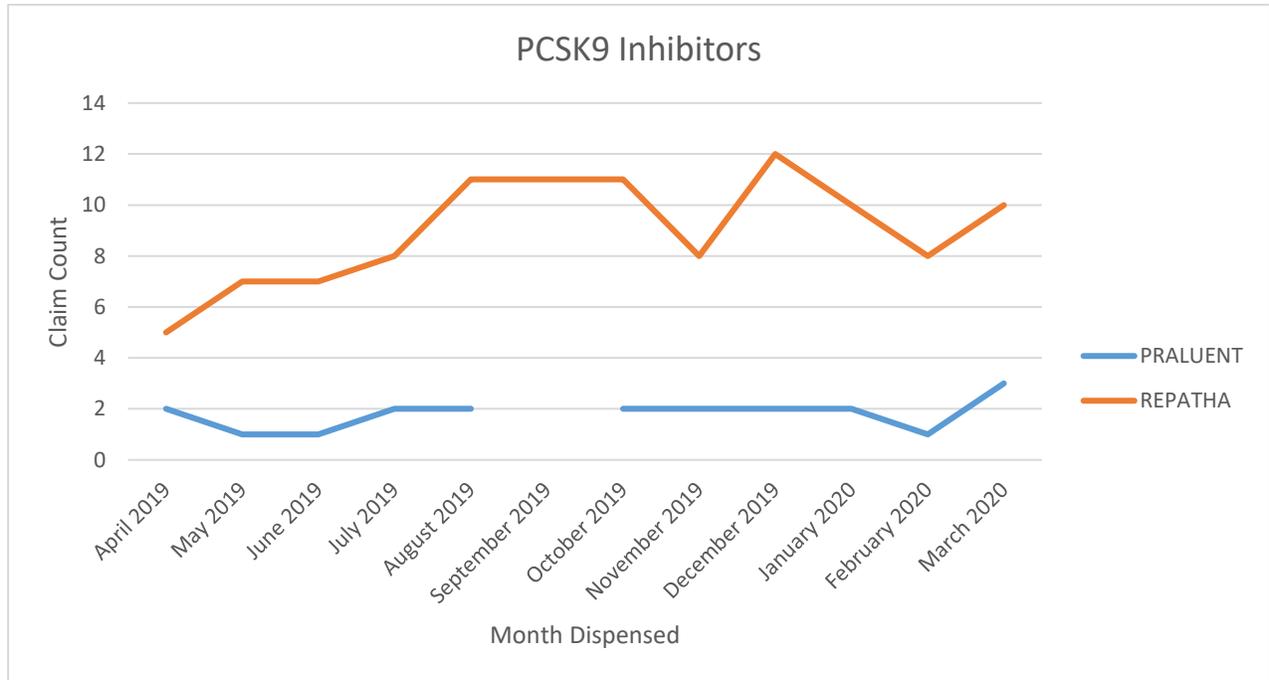
Signature of individual completing this form: Lisa Todd

PCSK9 Inhibitors

Summary of Utilization

April 1, 2019 – March 31, 2020

Drug	Member Count	Claim Count	Total Days Supply	Total Quantity
REPATHA	15	108	2,976	210
PRALUENT	2	20	560	40
Grand Total	17	128	3,536	250





DRUG USE REVIEW BOARD

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DUR Meeting Date: July 23, 2020

Prior Authorization Criteria being reviewed: Valtoco

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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Signature of individual completing this form: Lisa Todd



Valtoco[®]

Summary of Utilization

April 1, 2019 – March 31, 2020

Note: No paid claims for Valtoco



DRUG USE REVIEW BOARD

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DUR Meeting Date: July 23, 2020

Prior Authorization Criteria being reviewed: Vivitrol

Managed Care Organization name: Anthem

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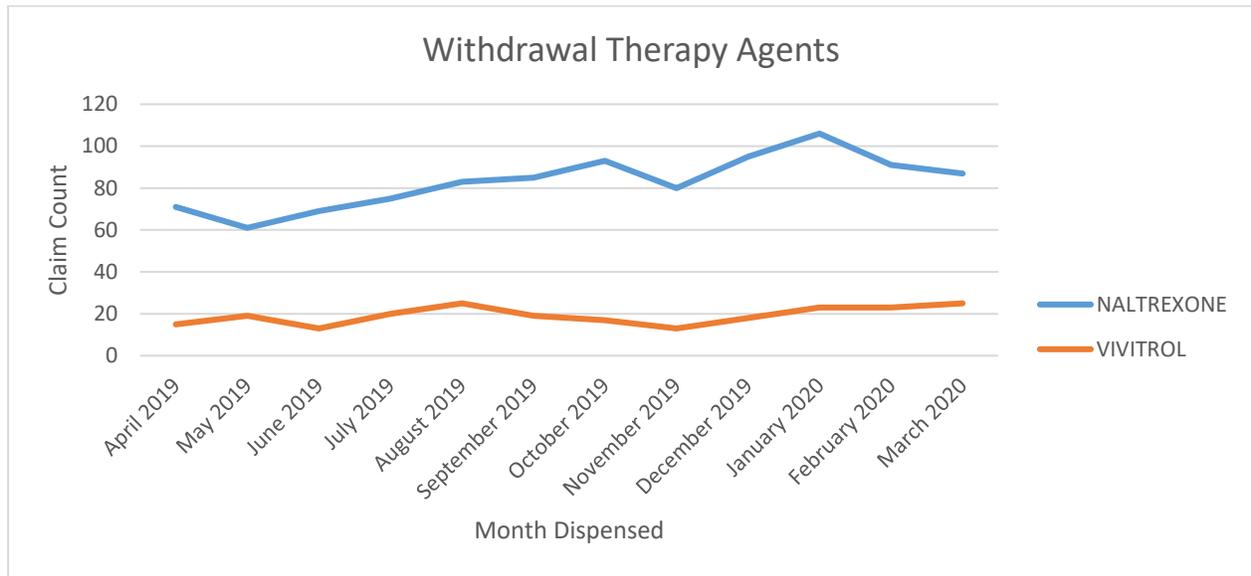
Signature of individual completing this form: Lisa Todd

Vivitrol®

Summary of Utilization

April 1, 2019 – March 31, 2020

Drug	Member Count	Claim Count	Total Days Supply	Total Quantity
NALTREXONE	467	998	26,925	26,977
VIVITROL	88	230	6,511	230
Grand Total	507	1,228	33,436	27,207





DRUG USE REVIEW BOARD

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Prior Authorization Criteria being reviewed: Somavert

Managed Care Organization name: Anthem

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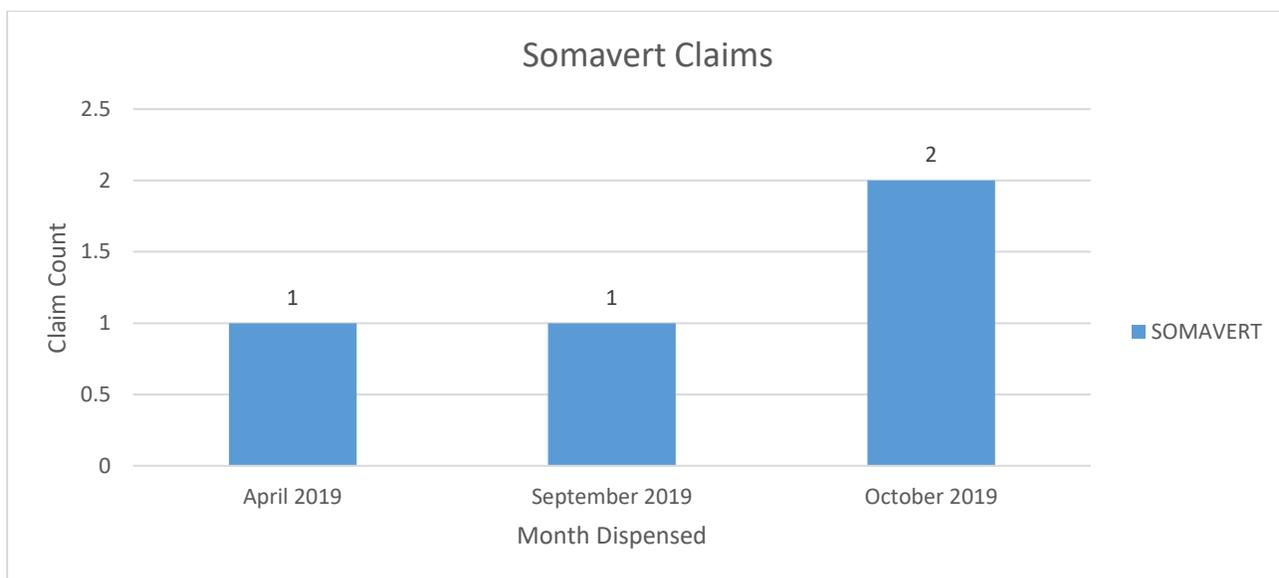
Signature of individual completing this form: Lisa Todd

Somavert®

Summary of Utilization

April 1, 2019 – March 31, 2020

Drug	Member Count	Claim Count	Total Days Supply	Total Quantity
SOMAVERT	2	4	91	92
Grand Total	2	4	91	92



Board Requested Reports

Opioid Utilization Summary of Utilization April 1, 2019 – March 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
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
Jan 2020	4,483	5,271	1.2	108,378	331,463	74	15,043
Feb 2020	4,313	5,003	1.2	103,862	319,332	74	14,645
Mar 2020	4,415	5,290	1.2	111,953	341,919	77	15,583



Top 10 Opioid Providers by Claim Volume

4th Quarter 2019 and 1st Quarter 2020

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 4th quarter of 2019 and the 1st quarter of 2020

1st Quarter 2020

Provider	Provider Specialty	Location	Member Count	Claim Count	Total Days Supply	Total Quantity	Sum of MME per Day Quantity
1401	Physician Assistant	Las Vegas	260	521	14,994	46,959	18,453
1191	Anesthesiology	Las Vegas	150	362	10,511	28,090	10,917
1881	Unspecified Specialty	Las Vegas	97	293	8,692	25,473	14,919
1521	Physician Assistant	North Las Vegas	111	278	8,140	27,158	10,476
1731	Anesthesiology	Henderson	112	276	7,782	23,974	8,365
1851	Physician Assistant	Las Vegas	92	276	7,587	18,520	12,642
1931	Family Practice	Las Vegas	86	256	4,778	9,995	606
1391	Physical Medicine & Rehab	Las Vegas	140	243	6,699	19,257	7,367
1471	Physician Assistant	Las Vegas	112	243	7,270	22,653	9,830
1941	Family Practice	Henderson	102	229	6,582	22,058	8,512
Grand Total			1163	2977	83,035	244,137	102,087

Note: Providers highlighted in yellow are in 10 Top Providers in the 4th quarter of 2019 and the 1st quarter of 2020



Top 10 Opioid Utilizers 1st Quarter 2020

Member/ Drug/ Provider	Claim Count	Total Days Supply	Total Quantity	Sum of MME per Day Quantity
7211	13	91	143	0
BUPRENORPHINE HCL	13	91	143	0
1581	13	91	143	0
7181	12	84	336	240
HYDROCODONE-ACETAMINOPHEN	12	84	336	240
1271	8	56	224	160
1631	4	28	112	80
7241	11	257	844	1,080
FENTANYL	3	75	25	180
1081	3	75	25	180
MORPHINE SULFATE	4	91	273	360
1081	4	91	273	360
OXYCODONE HCL	4	91	546	540
1081	4	91	546	540
7271	11	77	231	0
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE	11	77	231	0
1621	1	7	21	0
1801	10	70	210	0
7191	11	90	180	0
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE	11	90	180	0
1111	3	18	36	0
1241	7	57	114	0
1621	1	15	30	0
7261	10	83	127	0
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE	10	83	127	0
1181	8	67	102	0
1721	2	16	25	0
7131	10	32	66	0
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE	10	32	66	0
1141	6	19	40	0
1511	3	7	14	0
1521	1	6	12	0
7211	10	150	450	0
BUPRENORPHINE HCL	6	60	180	0
1301	6	60	180	0
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE	4	90	270	0
1301	4	90	270	0
7191	10	180	450	0
MORPHINE SULFATE	5	90	180	0
1861	5	90	180	0
OXYCODONE HCL	5	90	270	0
1861	5	90	270	0
7132	9	270	720	390



HYDROCODONE-ACETAMINOPHEN	3	90	360	120
1581	3	90	360	120
MORPHINE SULFATE	6	180	360	270
1581	6	180	360	270
Grand Total	107	1314	3547	1,710

Note: Providers highlighted in yellow are in 10 Top Providers in the 4th quarter of 2019 and the 1st quarter of 2020

Standard Reports: Nevada Medicaid

Quarterly DUR Report

Health Plan Name:	Anthem
Health Plan Contact:	Lisa Todd, RPh, BS, BBA, BA
Contact Email:	Lisa.todd@amerigroup.com
Report Quarter (Calendar Year):	1Q2020
Report Period Start Date:	01/01/2020
Report Period End Date:	03/31/2020
Submission Date of Report:	06/15/2020

Top 10 Drug Classes By Paid Amount 4th Quarter 2019 and 1st Quarter 2020

4 th Quarter 2019		
Drug Class	Claims	PAID
Antiretroviral	2,122	proprietary
Anti-TNF-alpha - Monoclonal Antibodies	273	proprietary
Insulin	5,120	proprietary
Sympathomimetic	19,393	proprietary
Hepatitis Agents	181	proprietary
Antipsychotics - Misc.	1,315	proprietary
Antineoplastic Enzyme Inhibitor	100	proprietary
Multiple Sclerosis Agents	113	proprietary
Quinolone Derivatives	2,109	proprietary
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	1,109	proprietary

1 st Quarter 2020		
Drug Class	Claim Count	Paid Amount
Antiretrovirals	2,223	proprietary
Anti-TNF-alpha - Monoclonal Antibodies	287	proprietary
Insulin	5,353	proprietary
Sympathomimetics	22,572	proprietary
Antipsychotics - Misc.	1,417	proprietary
Antineoplastic Enzyme Inhibitor	103	proprietary
Hepatitis Agents	177	proprietary
Multiple Sclerosis Agents	115	proprietary
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	1,201	proprietary
Quinolinone Derivatives	2,396	proprietary



Top 10 Drug Classes By Claim Count

4 th Quarter 2019		
Drug Class	Claim Count	Paid Amount
Nonsteroidal Anti-inflammatory	23,806	proprietary
Sympathomimetic	19,393	proprietary
Anticonvulsants - Misc.	15,472	proprietary
HMG CoA Reductase Inhibitors	12,873	proprietary
Selective Serotonin Reuptake I	12,834	proprietary
Aminopenicillins	10,267	proprietary
Antihistamines - Non-Sedating	10,142	proprietary
Opioid Combinations	9,456	proprietary
Central Muscle Relaxants	9,336	proprietary
ACE Inhibitors	9,179	proprietary

1 st Quarter 2020		
Drug Class	Claim Count	Paid Amount
Nonsteroidal Anti-inflammatory	23,366	proprietary
Sympathomimetics	22,572	proprietary
Anticonvulsants - Misc.	15,943	proprietary
Selective Serotonin Reuptake I	13,389	proprietary
HMG CoA Reductase Inhibitors	13,144	proprietary
Antihistamines - Non-Sedating	11,470	proprietary
Aminopenicillins	11,149	proprietary
Glucocorticosteroids	9,825	proprietary
Opioid Combinations	9,632	proprietary
Central Muscle Relaxants	9,476	proprietary

Prospective Drug Utilization Review (ProDUR)

ProDUR (1Q20)							
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)	14	12	85.71%	2	14.29%	n/a	n/a
Therapeutic duplication (TD)	87509	65531	74.88%	21978	25.12%	n/a	n/a
Ingredient duplication (ID)	39898	36990	92.71%	2908	7.29%	n/a	n/a
Late Refill (LR)	7119	6910	97.06%	209	2.94%	n/a	n/a
Total High Dose (HD)	1340	1202	89.70%	138	10.30%	n/a	n/a
Drug-Pregnancy (PG)	747	406	54.35%	341	45.65%	n/a	n/a
Total Low Dose (LD)	2986	2758	92.36%	228	7.64%	n/a	n/a
Drug-Drug (DD)	63110	32939	52.19%	30171	47.81%	n/a	n/a
Drug-Disease (MC)	2347	2176	92.71%	171	7.29%	n/a	n/a
Drug-Allergy (DA)	6	6	100.00%	0	0.00%	n/a	n/a
Drug-Age (PA)	7	6	85.71%	1	14.29%	n/a	n/a
Unknown	247448	215972	87.28%	31476	12.72%	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)
RISPERIDONE	GABAPENTIN	GABAPENTIN	LEVOTHYROXINE SODIUM	PSEUDOEPHED-BROMPHEN-DM
SERTRALINE HCL	TRAZODONE HCL	ALBUTEROL SULFATE	ALBUTEROL SULFATE	FAMOTIDINE
METOPROLOL SUCCINATE	ALBUTEROL SULFATE	ATORVASTATIN CALCIUM	LISINOPRIL	MONTELUKAST SODIUM
METHADONE HCL	LISINOPRIL	LISINOPRIL	METFORMIN HCL	ERGOCALCIFEROL
LAMOTRIGINE	BUPROPION HCL	METFORMIN HCL	GABAPENTIN	IBUPROFEN
GABAPENTIN	SERTRALINE HCL	AMLODIPINE BESYLATE	ATORVASTATIN CALCIUM	CETIRIZINE HCL
OXYCODONE W/ ACETAMINOPHEN	LEVOTHYROXINE SODIUM	TRAZODONE HCL	LOSARTAN POTASSIUM	CEFdinIR
LANCETS	ATORVASTATIN CALCIUM	LEVOTHYROXINE SODIUM	MONTELUKAST SODIUM	METHOTREXATE SODIUM
BUPRENORPHINE HCL	METFORMIN HCL	SERTRALINE HCL	AMLODIPINE BESYLATE	ESTRADIOL CYPIONATE
LOSARTAN POTASSIUM	IBUPROFEN	IBUPROFEN	SERTRALINE HCL	AMOXCILLIN & POT CLAVULANATE

Total Low Dose (LD)	Drug-Drug (DD)	Drug-Disease (MC)	Drug-Allergy (DA)	Unknown
CHOLECALCIFEROL	LISINOPRIL	AMPHETAMINE- DEXTROAMPHETAMINE	HYOSCYAMINE SULFATE	FLUTICASONE PROPIONATE (NASAL)
PROPRANOLOL HCL	SERTRALINE HCL	METOPROLOL TARTRATE	METHYLPREDNISOLONE SOD SUCC	ALBUTEROL SULFATE
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE)	TRAZODONE HCL	SIMVASTATIN	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE	IBUPROFEN
POTASSIUM CHLORIDE	FLUOXETINE HCL	HYDRALAZINE HCL	CYCLOBENZAPRINE HCL	OMEPRAZOLE
OXCARBAZEPINE	METFORMIN HCL	PROPRANOLOL HCL	BUPROPION HCL	GABAPENTIN
DIVALPROEX SODIUM	IBUPROFEN	LOVASTATIN	FLUOXETINE HCL	ATORVASTATIN CALCIUM
BUSPIRONE HCL	BUPROPION HCL	METHYLPHENIDATE HCL	N/A	LISINOPRIL
PROGESTERONE MICRONIZED	DULOXETINE HCL	WARFARIN SODIUM	N/A	PSEUDOEPHED- BROMPHEN-DM
DULOXETINE HCL	ESCITALOPRAM OXALATE	CYCLOBENZAPRINE HCL	N/A	QUETIAPINE FUMARATE
BUDESONIDE (INHALATION)	LEVOTHYROXINE SODIUM	DIVALPROEX SODIUM	N/A	METFORMIN HCL

Retro-DUR

January – December 2019 Results

Retrospective DUR						
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.)
Educate and correct clinical gaps in care including Adherence, Asthma guidelines, Cardiovascular, Drug -Drug Interactions, Post-MI no Statin, and High Risk Medications, adherence.	Mail/Fax	8621	N/A	27% Positive outcome	Provider and member	Internal