



Anthem Nevada Medicaid

NV DUR Binder Presentation

Presented to NV DUR Board on July 22, 2021



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 22, 2021

Prior Authorization Criteria being reviewed: Antimigraine Medications – Miscellaneous

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.

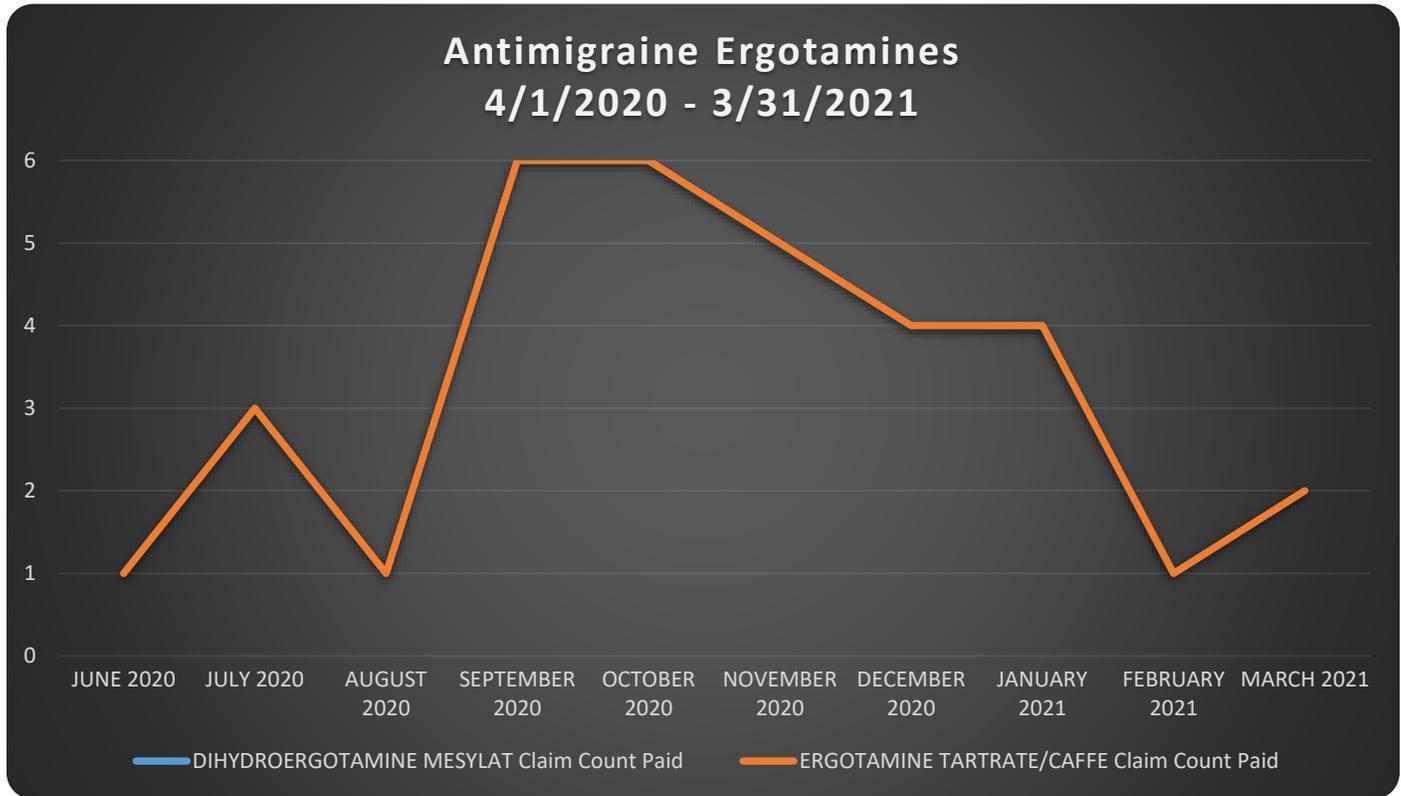
Please print the name of the individual completing this form: _____ Luke Lim _____

Signature of individual completing this form: _____ *Luke Lim* _____



Antimigraine Medications - Miscellaneous

Summary of Utilization 4/1/2020 – 3/31/2021



Product/Drug Name	DIHYDROERGOTAMINE MESYLAT	ERGOTAMINE TARTRATE/CAFFE
Month	Claim Count Paid	Claim Count Paid
JUNE 2020		1
JULY 2020		3
AUGUST 2020		1
SEPTEMBER 2020	1	6
OCTOBER 2020		6
NOVEMBER 2020		5
DECEMBER 2020		4
JANUARY 2021		4
FEBRUARY 2021		1
MARCH 2021		2



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DUR Meeting Date: July 22, 2021

Prior Authorization Criteria being reviewed: Duchenne Muscular Dystrophy 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 adding a requirement that member is using a corticosteroid.

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



No utilization of Duchenne Muscular Dystrophy treatments for 4Q2020 and 1Q2021

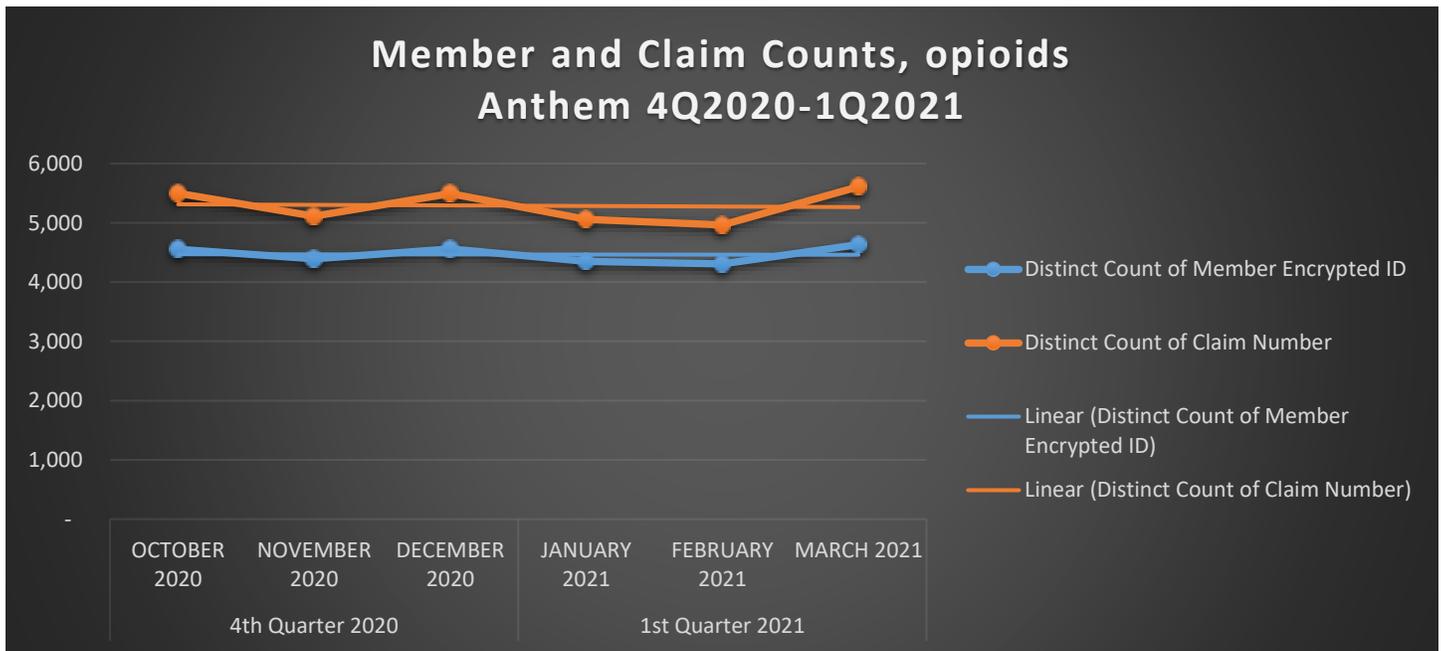


Board Requested Reports

Summary of Utilization 4Q2020 – 1Q2021

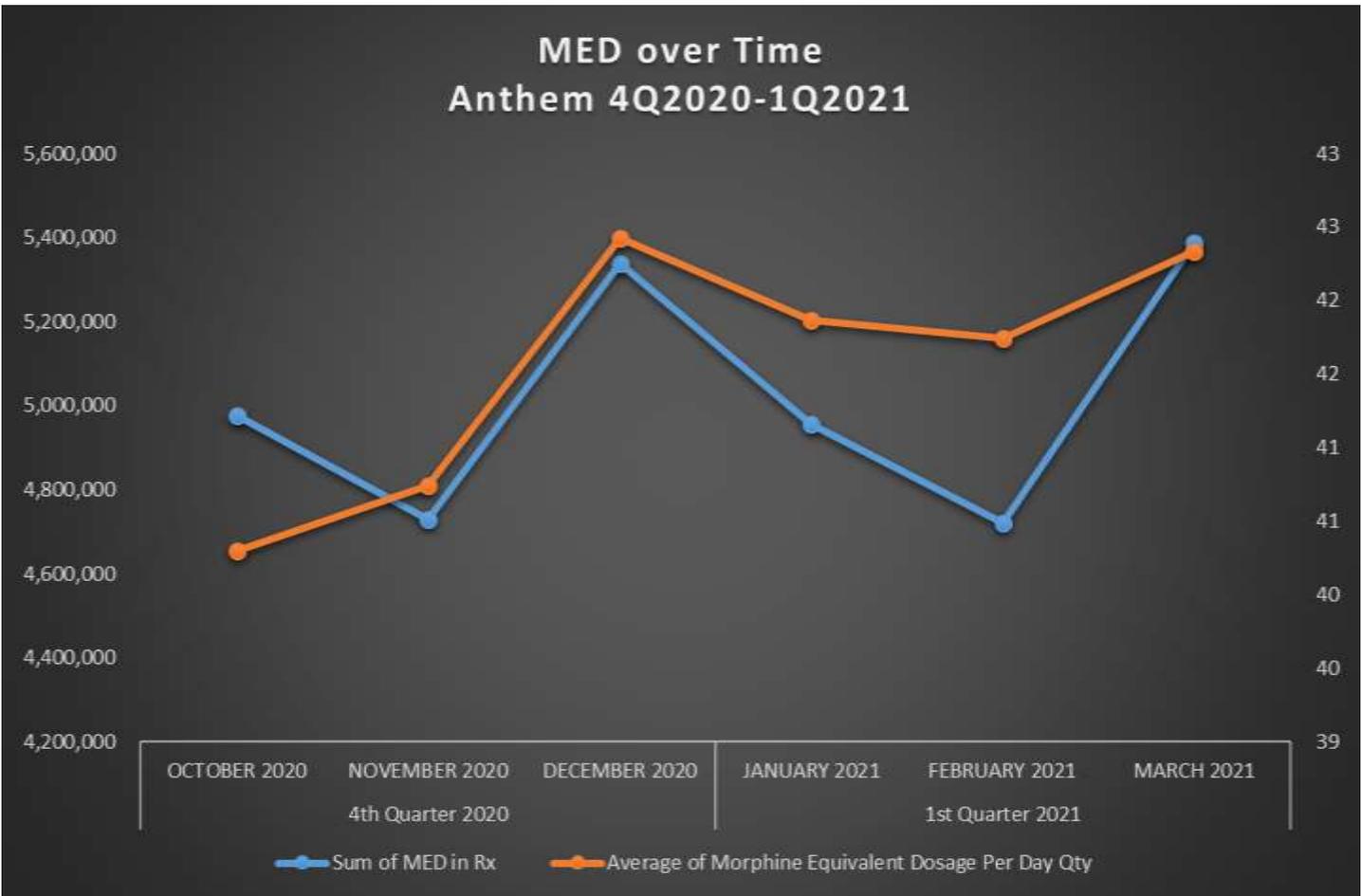
Opioid Utilization Trend with MME/MED (milligram morphine equivalents)

Date Filled	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 Dosage Per Day Qty
4th Quarter 2020	7,682	16,102	15,045,368	325,518	41
OCTOBER 2020	4,553	5,501	4,975,120	109,582	40
NOVEMBER 2020	4,390	5,110	4,730,420	103,571	41
DECEMBER 2020	4,560	5,491	5,339,829	112,365	42
1st Quarter 2021	7,525	15,630	15,065,245	321,546	42
JANUARY 2021	4,351	5,057	4,957,483	106,226	42
FEBRUARY 2021	4,307	4,964	4,719,768	101,027	42
MARCH 2021	4,633	5,609	5,387,993	114,293	42
Grand Total	11,527	31,732	30,110,613	647,064	42





Date Filled	Sum of MED in Rx	Average of Morphine Equivalent Dosage Per Day Qty
4th Quarter 2020	15,045,368	41
OCTOBER 2020	4,975,120	40
NOVEMBER 2020	4,730,420	41
DECEMBER 2020	5,339,829	42
1st Quarter 2021	15,065,245	42
JANUARY 2021	4,957,483	42
FEBRUARY 2021	4,719,768	42
MARCH 2021	5,387,993	42
Grand Total	30,110,613	42





Top 10 Opioid Providers by Claim Volume

4Q2020 and 1Q2021

Date Filled	Prescriber NPI	Prescriber Primary Specialty Description	Prescriber City Name	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
4th Quarter 2020	*****93121	UNSPECIFIED SPECIALTY	LAS VEGAS	287	511	46,891	14,830	579,874
4th Quarter 2020	*****35237	UNSPECIFIED SPECIALTY	LAS VEGAS	99	278	24,441	8,158	473,394
4th Quarter 2020	*****18647	UNSPECIFIED SPECIALTY	NORTH LAS VEGAS	155	368	35,370	10,668	411,399
4th Quarter 2020	*****16525	NURSE PRACTITIONER, ADULT HEALTH	HENDERSON	47	335	12,739	4,835	352,450
4th Quarter 2020	*****59050	UNSPECIFIED SPECIALTY	LAS VEGAS	113	217	20,985	6,394	318,235
4th Quarter 2020	*****97952	UNSPECIFIED SPECIALTY	LAS VEGAS	109	250	23,559	7,415	315,450
4th Quarter 2020	*****25127	ANESTHESIOLOGY	LAS VEGAS	142	276	24,130	8,056	308,262
4th Quarter 2020	*****48101	UNSPECIFIED SPECIALTY	LAS VEGAS	52	161	14,757	4,263	305,936
4th Quarter 2020	*****49693	UNSPECIFIED SPECIALTY	HENDERSON	33	69	7,722	2,008	298,750
4th Quarter 2020	*****36755	UNSPECIFIED SPECIALTY	LAS VEGAS	40	144	12,388	3,693	276,001
1st Quarter 2021	*****48101	UNSPECIFIED SPECIALTY	LAS VEGAS	78	261	23,886	7,110	531,971
1st Quarter 2021	*****25127	ANESTHESIOLOGY	LAS VEGAS	172	427	37,034	12,554	470,103
1st Quarter 2021	*****18647	UNSPECIFIED SPECIALTY	NORTH LAS VEGAS	145	377	36,395	10,927	440,758
1st Quarter 2021	*****93121	UNSPECIFIED SPECIALTY	LAS VEGAS	207	397	35,815	11,400	435,832
1st Quarter 2021	*****16525	NURSE PRACTITIONER, ADULT HEALTH	HENDERSON	52	315	12,241	4,599	433,124
1st Quarter 2021	*****49693	UNSPECIFIED SPECIALTY	HENDERSON	45	91	10,120	2,718	383,724
1st Quarter 2021	*****35237	UNSPECIFIED SPECIALTY	LAS VEGAS	90	224	19,971	6,671	359,970
1st Quarter 2021	*****59050	UNSPECIFIED SPECIALTY	LAS VEGAS	110	218	21,122	6,370	349,219
1st Quarter 2021	*****91997	UNSPECIFIED SPECIALTY	LAS VEGAS	103	235	22,301	6,859	347,465
1st Quarter 2021	*****46045	FAMILY PRACTICE	HENDERSON	131	264	26,805	7,707	339,430

Top 10 Opioid Utilizers 4Q2020

Member Encrypted ID	Claim Count	MME Sum	Days Supply	Average MME/DS
				
<input type="checkbox"/> 2223092244	3	54,000	90	600
METHADONE HCL	3	54,000	90	600
<input type="checkbox"/> 1970352031	3	32,400	90	360
OXYCODONE HYDROCHLORIDE	3	32,400	90	360
<input type="checkbox"/> 1970400331	5	52,200	150	348
METHADONE HCL	2	36,000	60	600
OXYCODONE HYDROCHLORIDE	3	16,200	90	180
<input type="checkbox"/> 2272008319	1	8,100	30	270
OXYCODONE HYDROCHLORIDE	1	8,100	30	270
<input type="checkbox"/> 1970377108	4	32,400	120	270
OXYCODONE HYDROCHLORIDE	4	32,400	120	270
<input type="checkbox"/> 1970382361	1	8,100	30	270
OXYCODONE HYDROCHLORIDE	1	8,100	30	270
<input type="checkbox"/> 1970307683	2	14,850	60	248
OXYCODONE HYDROCHLORIDE	2	14,850	60	248
<input type="checkbox"/> 2035101958	2	6,720	28	240
METHADONE HCL	2	6,720	28	240
<input type="checkbox"/> 1970314501	3	16,875	74	230
OXYCODONE HYDROCHLORIDE	3	16,875	74	230
<input type="checkbox"/> 2055553873	5	34,200	150	228
MORPHINE SULFATE ER	1	1,800	30	60
OXYCODONE HYDROCHLORIDE	4	32,400	120	270

**Top 10 Opioid Utilizers
1Q2021**

Member Encrypted ID	Claim Count	MME Sum	Days Supply	Average MME/DS
2223092244	3	97,200	90	1,080
METHADONE HCL	3	97,200	90	1,080
1970405186	1	15,000	30	500
METHADONE HCL	1	15,000	30	500
1970352031	3	32,400	90	360
OXYCODONE HYDROCHLORIDE	3	32,400	90	360
1970400331	6	61,800	180	343
METHADONE HCL	3	45,600	90	507
OXYCODONE HYDROCHLORIDE	3	16,200	90	180
1970382182	2	19,200	60	320
METHADONE HCL	2	19,200	60	320
1970378390	4	32,700	120	273
METHADONE HCL	2	30,000	60	500
OXYCODONE HYDROCHLORIDE	2	2,700	60	45
2272008319	2	16,200	60	270
OXYCODONE HYDROCHLORIDE	2	16,200	60	270
2055553919	1	8,100	30	270
OXYCODONE HYDROCHLORIDE	1	8,100	30	270
1970306887	3	7,520	31	249
METHADONE HCL	3	7,520	31	249
1970322817	3	10,080	42	240
METHADONE HCL	1	3,360	14	240
METHADONE HYDROCHLORIDE	2	6,720	28	240



Standard Reports: Nevada Medicaid

Quarterly DUR Report

Health Plan Name:

Health Plan Contact:

Contact Email:

Anthem

Luke Lim, RPh

luke.lim@anthem.com

Top 10 Drug Classes By Paid Amount 4Q2020 and 1Q2021

Drug Class	Claim Count
ANTIRETROVIRAL COMBINATIONS	2,505
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	342
HUMAN INSULIN	5,631
ANTIPSYCHOTICS - MISC.	1,633
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	1,769
ADRENERGIC COMBINATIONS	4,066
ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS	76
QUINOLINONE DERIVATIVES	3,137
ANTICONVULSANTS - MISC.	18,735
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	1,680

Drug Class	Claim Count
ANTIRETROVIRAL COMBINATIONS	2,572
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	351
HUMAN INSULIN	5,761
ANTIPSYCHOTICS - MISC.	1,663
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	1,928
ADRENERGIC COMBINATIONS	4,269
QUINOLINONE DERIVATIVES	3,191
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	1,893
HEPATITIS C AGENT - COMBINATIONS	87
ANTICONVULSANTS - MISC.	19,076



Top 10 Drug Classes By Claim Count 4Q2020 and 1Q2021

Drug Class	Claim Count
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	21,025
ANTICONVULSANTS - MISC.	18,735
HMG COA REDUCTASE INHIBITORS	16,326
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	16,210
BETA ADRENERGICS	13,828
CENTRAL MUSCLE RELAXANTS	11,157
ACE INHIBITORS	10,682
BIGUANIDES	10,019
ANTIANKXIETY AGENTS - MISC.	9,900
CALCIUM CHANNEL BLOCKERS	9,387

Drug Class	Claim Count
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	21,505
ANTICONVULSANTS - MISC.	19,076
HMG COA REDUCTASE INHIBITORS	17,285
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	16,934
BETA ADRENERGICS	13,948
CENTRAL MUSCLE RELAXANTS	11,458
ACE INHIBITORS	10,960
ANTIANKXIETY AGENTS - MISC.	10,538
BIGUANIDES	10,362
CALCIUM CHANNEL BLOCKERS	9,866

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)	Ingredient duplication	Apparent drug misuse
QUETIAPINE FUMARATE	ALPRAZOLAM	OXYCODONE HYDROCHLORIDE	QUETIAPINE FUMARATE	BUPRENORPHINE HYDROCHLORIDE
ALPRAZOLAM	HYDROCODONE/ACETAMINOPHEN	METHADONE HCL	RISPERIDONE	ALPRAZOLAM
OXYCODONE/ACETAMINOPHEN	QUETIAPINE FUMARATE	MORPHINE SULFATE ER	OLANZAPINE	CLONAZEPAM
ARIPIPIRAZOLE	TRAZODONE HYDROCHLORIDE	OXYCODONE/ACETAMINOPHEN	INJECTAFER	OXYCODONE/ACETAMINOPHEN
BUPROPION HYDROCHLORIDE ER	OXYCODONE/ACETAMINOPHEN	MORPHINE SULFATE	ARIPIPIRAZOLE	HYDROCODONE/ACETAMINOPHEN
HYDROCODONE/ACETAMINOPHEN	LISINAPRIL	HYDROCODONE/ACETAMINOPHEN	OXYCODONE HYDROCHLORIDE	OXYCODONE HYDROCHLORIDE
TRAZODONE HYDROCHLORIDE	HYDROCODONE BITARTRATE/AC	OXYCONTIN	LATUDA	MORPHINE SULFATE ER
OLANZAPINE	DIAZEPAM	HYDROMORPHONE HCL	DIAZEPAM	LORAZEPAM
DICLOFENAC SODIUM	BUPROPION HYDROCHLORIDE ER	XTAMPZA ER	ABILIFY MAINTENA	BRIVIACT
GABAPENTIN	DULOXETINE HYDROCHLORIDE	PROLATE	ALPRAZOLAM	BELBUCA

Drug disease (inferred)				
Underuse	High dose	Low dose	Drug disease (inferred)	Excessive duration
ZIPRASIDONE HCL	OXYCODONE HYDROCHLORIDE	MEDROXYPROGESTERONE ACETATE	BUPROPION HYDROCHLORIDE ER	OXYCODONE/ACETAMINOPHEN
FAMOTIDINE	METHADONE HCL	ZONISAMIDE	ALPRAZOLAM	CYCLOBENZAPRINE HYDROCHLORIDE
SERTRALINE HCL	INJECTAFER	LEVOTHYROXINE SODIUM	INJECTAFER	INJECTAFER
LIOTHYRONINE SODIUM	MORPHINE SULFATE ER	BUDESONIDE	LAMOTRIGINE	Excessive duration
METFORMIN HYDROCHLORIDE	HYDROXYZINE HCL	ATENOLOL	PREGABALIN	OXYCODONE/ACETAMINOPHEN
PAROXETINE HCL	AMOXICILLIN	DIVALPROEX SODIUM DR	PREMARIN	CYCLOBENZAPRINE HYDROCHLORIDE
GABAPENTIN	MIRTAZAPINE	CEFDINIR	BUPRENORPHINE HYDROCHLORIDE	INJECTAFER
IBUPROFEN	PAIN RELIEF EXTRA STRENGTH	INJECTAFER	BENZTROPINE MESYLATE	Excessive duration
CARBAMAZEPINE ER	ALPRAZOLAM ER	ESTRADIOL	DIAZEPAM	OXYCODONE/ACETAMINOPHEN
LEVOTHYROXINE SODIUM	BUPRENORPHINE HYDROCHLORIDE	CLONAZEPAM	CLONAZEPAM	CYCLOBENZAPRINE HYDROCHLORIDE



Retro-DUR

1Q2021 NV results

Asthma Adherence/New Start Call Campaign

	NV
Trigger Closure Reason	
Addressed with member - Seasonal Asthma/Allergy	1
Addressed with Member/Provider	14
Grand Total	15

Asthma Adherence AMR Trigger

Members reached vs not reached (AMR above 0.5)

	Status	AMR ratio > 0.5	Total Members	Conversion %
NV	Reached	13	15	86.7%
NV	Not Reached	107	166	64.5%



Asthma Adherence

MMA – Pharmacy Care Note (PCN)

Nevada			
Program	# of Unique Members	# of Messages Sent to Member	# of Messages Sent to Provider
Adding Therapy - Asthma Management (Medicaid)	3	0	3
Adherence - Asthma Controller Adherence 75% MPR	114	85	114
Asthma Controller Proportion	72	55	73
Asthma Excessive Albuterol - Excessive Albuterol Use	28	27	6
Adult Excess Albuterol Use	27	26	6
Pediatric Excessive Albuterol Use	1	1	0
Asthma Needs Follow-Up	586	542	281
Asthma_followup	166	129	166
Asthma_No ED visit f/u	182	179	33
Asthma_No Hosp visit f/u	96	94	19
Peds_Asthma_followup	142	140	63
Asthma Needs Test	1712	1641	426
Asthma_initial spirometry	520	517	121
Asthma_periodic spirometry	1192	1124	305
Inappropriate Meds for Diagnosis - Asthma Beta Blocker	16	0	35
Informational Asthma Peak Flow Meter	1845	1845	0
Recent Discontinuation - Asthma	19	19	10
Asthma Rx_Recent dc	8	8	4
Peds_Asthma Rx_Recent dc	11	11	6
Grand Total	4395	4214	948

Pillboxes

Members Sent a Pillbox
5



BH Antidepressant Programs

Program (Ad Hoc)	NV		
	Sum of # of Unique Members	Sum of # of Messages Sent to Members	Sum of # of Messages Sent to Providers
WPS_Antidepressant late refill	464	0	464
WPS_Antidepressant Late Refill Peds			
WPS_Antidepressant New Start_Mail	2648	2648	0
WPS_Antidepressants_Suicide Risk			
WPS_Depression Rx_Noncompliance 6 mos	0	0	0
WPS_drug age > 65 Tricyclic antidepressant_PQA			
Grand Total	3112	2648	464

BH Antipsychotic Programs

Program	NV		
	Sum of # of Unique Members	Sum of # of Messages Sent to Members	Sum of # of Messages Sent to Providers
WPS_Antipsychotic Rx No Dx Indication			
WPS_Antipsychotics_Age < 18	132	0	139
WPS_Antipsychotics_No BG/Lipid Test	1	0	1
WPS_Antipsychotics_No Metabolic Monitoring <18_APM	122	0	141
WPS_Antipsychotics_No Psychosocial Care	24	0	24
WPS_Atypical Antipsychotic No Dx Indication	1	0	1
WPS_drug age > 65 antipsychotic_PQA			
WPS_Low Dose Antipsychotics	69	0	69
Grand Total	349	0	375



Controlled Substance Utilization Management

Program	NV		
	Sum of # of Unique Members	Sum of # of Messages Sent to Members	Sum of # of Messages Sent to Providers
WLP_CSUM_ER	29	0	29
WLP_CSUM_MED >120	25	0	28
WPS_CSUM_Amphetamine Concurrent Benzo	12	0	12
WPS_CSUM_MED >120_Mbr	0	0	0
WPS_CSUM_MME > 90_No Naloxone	17	0	21
WPS_CSUM_MME 90-120	6	0	7
WPS_CSUM_Opioid Concurrent Amphetamine	27	0	41
WPS_CSUM_Opioid Concurrent BZD	144	0	219
WPS_CSUM_Opioid Concurrent BZD_No Naloxone	33	0	55
WPS_CSUM_Opioid Concurrent CNS Depressant	732	0	1042
WPS_CSUM_Sedative Hypnotics	88	0	105
WPS_Buprenorphine MAT with Subsequent Opioids	5	0	5
WPS_Chronic Opioid_No Urine Drug Test	82	0	83
WPS_Methadone Treatment_Opioid	7	0	7
WPS_Multiple Opioid Rx 3 x 3 x 3	4	0	8
WPS_Multiple Opioid Rx and Pharmacies	6	0	8
WPS_Triple Threat Overuse	5	0	6
WPS_Benzodiazepine_LongTerm	352	0	405
WPS_Opioid Use Disorder on MAT Rx Noncomp	19	0	19
WPS_Opioid_>90 MED_Multi Prov	208	0	308
WPS_CSUM_Sedative Hypnotics	88	0	105