



Anthem Nevada Medicaid

NV DUR Binder Presentation

Presented to NV DUR Board on October 17, 2019



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: October 17, 2019

Prior Authorization Criteria being reviewed: Zolgensma

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* _____



Zolgensma

Summary of Utilization

July 1, 2018 – June 30, 2019

No Utilization for Zolgensma



DRUG USE REVIEW BOARD MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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Prior Authorization Criteria being reviewed: Sunosi

Managed Care Organization name: Anthem

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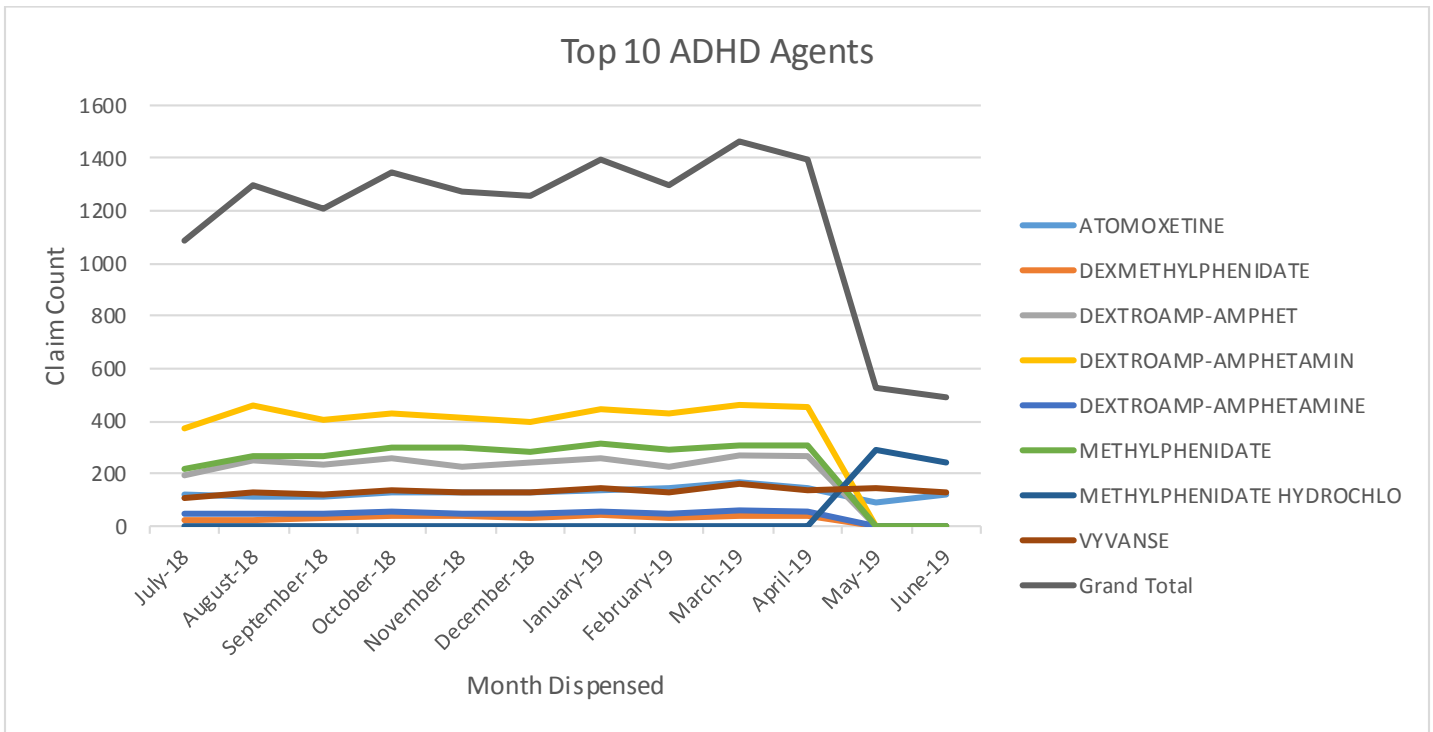
Please print the name of the individual completing this form: _____ Lisa Todd _____

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

Narcolepsy Agents Summary of Utilization

July 1, 2018 – June 30, 2019

Drug	Member Count	Claim Count	Total Days Supply	Total Quantity
DEXTROAMP-AMPHETAMIN	954	4,245	124,744	227,669
METHYLPHENIDATE	681	2,859	84,303	116,433
DEXTROAMP-AMPHET	648	2,422	71,652	74,150
VYVANSE	376	1,602	47,495	47,819
ATOMOXETINE	430	1,532	43,424	47,784
METHYLPHENIDATE HYDROCHLO	339	528	15,558	20,935
DEXTROAMP-AMPHETAMINE	188	496	14,415	21,533
DEXMETHYLPHENIDATE	64	337	9,794	12,434
Grand Total	2,829	14,021	411,385	568,757





DRUG USE REVIEW BOARD MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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DUR Meeting Date: October 17, 2019

Prior Authorization Criteria being reviewed: Aranesp

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

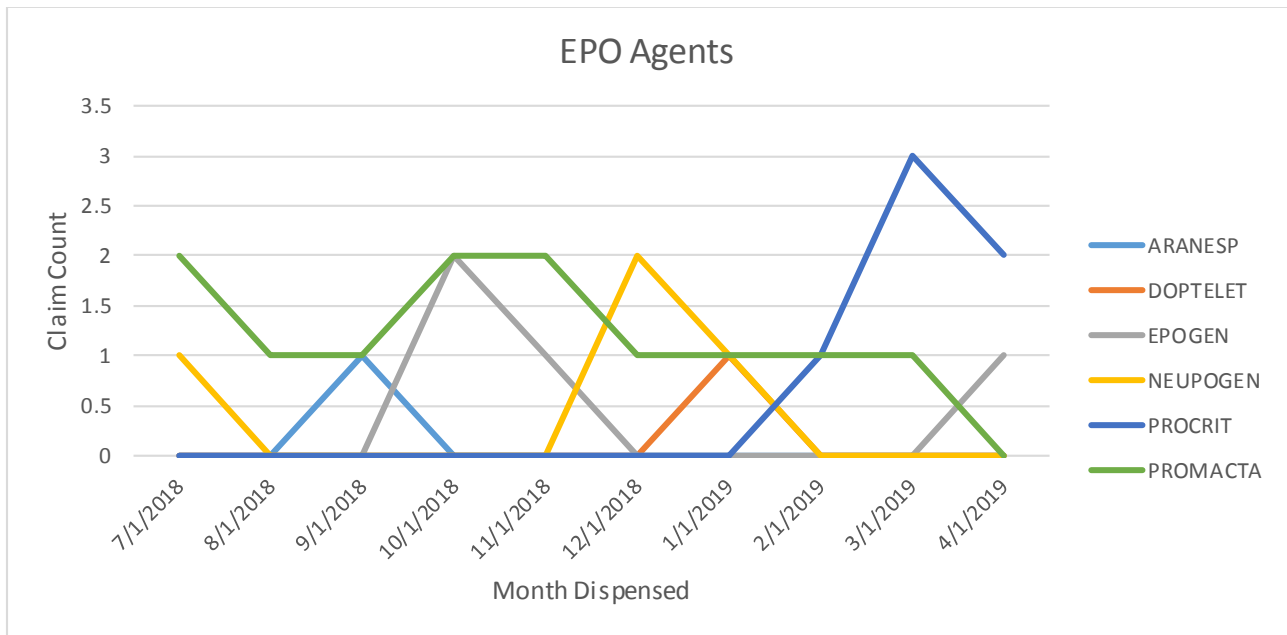
Signature of individual completing this form: _____ *L Todd* _____

EPO Agents

Summary of Utilization

July 1, 2018 – June 30, 2019

Drug	Member Count	Claim Count	Days Supply	Total Quantity
ARANESP		1	1	28
DOPTELET		1	1	5
EPOGEN		2	4	112
NEUPOGEN		3	4	125
PROCRIT		2	6	224
PROMACTA		4	12	390
Grand Total		13	28	884





DRUG USE REVIEW BOARD

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DUR Meeting Date: October 17, 2019

Prior Authorization Criteria being reviewed: Regranex

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.

Additional language:

Requests for Regranex (becaplermin) may be approved if the following criteria are met:

- I. Individual has a diagnosis of diabetic neuropathic ulcer of the lower extremities, including legs, ankles, and feet, that is stage 3 or 4 of the International Association for Enterostomal Therapy (IAET) guide to chronic wound staging; **AND**
- II. Individual is using as adjunctive therapy with good ulcer care practices including, but not limited to sharp debridement of the ulcer.

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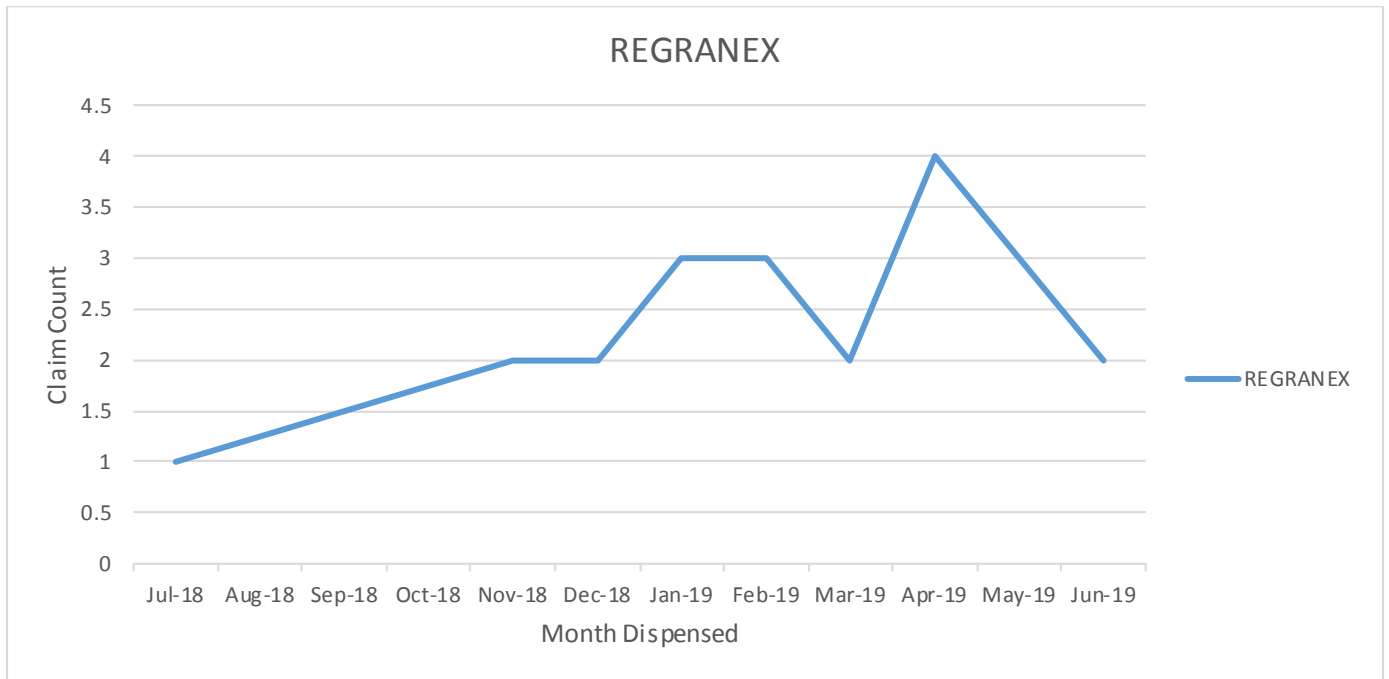
Signature of individual completing this form: _____ *L. Todd* _____

Regranex

Summary of Utilization

July 1, 2018 – June 30, 2019

Drug	Member Count	Claim Count	Days Supply	Total Quantity
REGRANEX		10	19	543
Grand Total		10	19	543





DRUG USE REVIEW BOARD

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DUR Meeting Date: October 17, 2019

Prior Authorization Criteria being reviewed: Lidoderm

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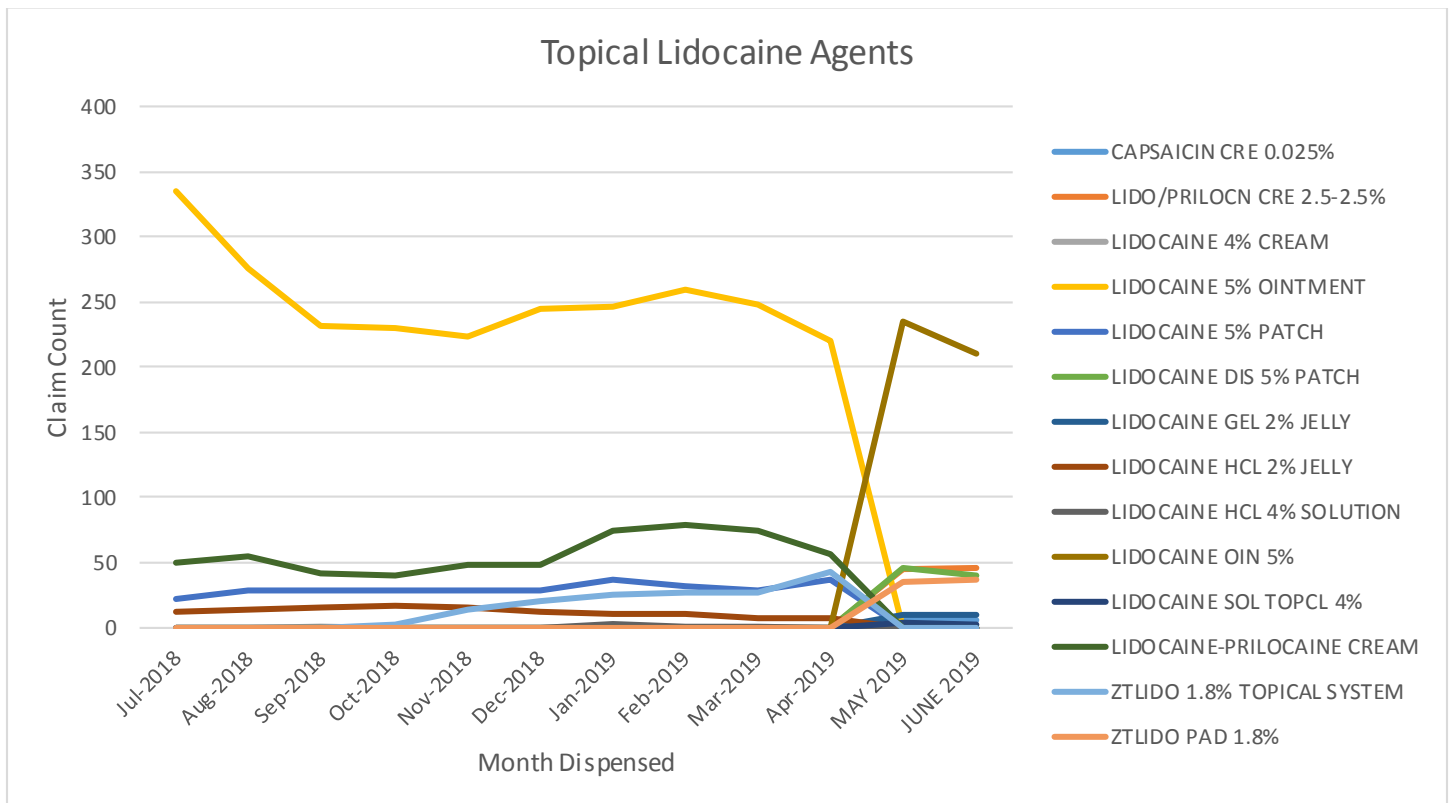
Signature of individual completing this form: _____ *L. Todd* _____

Lidocaine Agents

Summary of Utilization

July 1, 2018 – June 30, 2019

Drug	Member Count	Claim Count	Total Quantity	Total Days Supply
LIDOCAINE 5% OINTMENT	913	2,517	190,338	66,924
LIDOCAINE-PRILOCAINE CREAM	382	570	17,025	17,035
LIDOCAINE OIN 5%	300	445	32,567	11,791
LIDOCAINE 5% PATCH	170	301	10,649	7,225
ZTLIDO 1.8% TOPICAL SYSTEM	95	159	9,120	4,500
LIDOCAINE HCL 2% JELLY	78	123	5,330	2,173
LIDO/PRILOCN CRE 2.5-2.5%	79	91	2,705	2,705
LIDOCAINE DIS 5% PATCH	73	87	3,219	2,164
ZTLIDO PAD 1.8%	53	73	4,200	2,135
LIDOCAINE GEL 2% JELLY	18	20	665	407
CAPSAICIN CRE 0.025%	11	12	810	290
LIDOCAINE SOL TOPCL 4%	1	6	300	20
LIDOCAINE HCL 4% SOLUTION	4	5	300	45
LIDOCAINE 4% CREAM	1	1	90	22
Grand Total	1793	4,410	277,318	117,436





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DUR Meeting Date: October 17, 2019

Prior Authorization Criteria being reviewed: Inhaled Anticholinergic Agents

Managed Care Organization name: Anthem

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- I disapprove of the criteria as presented by OptumRx

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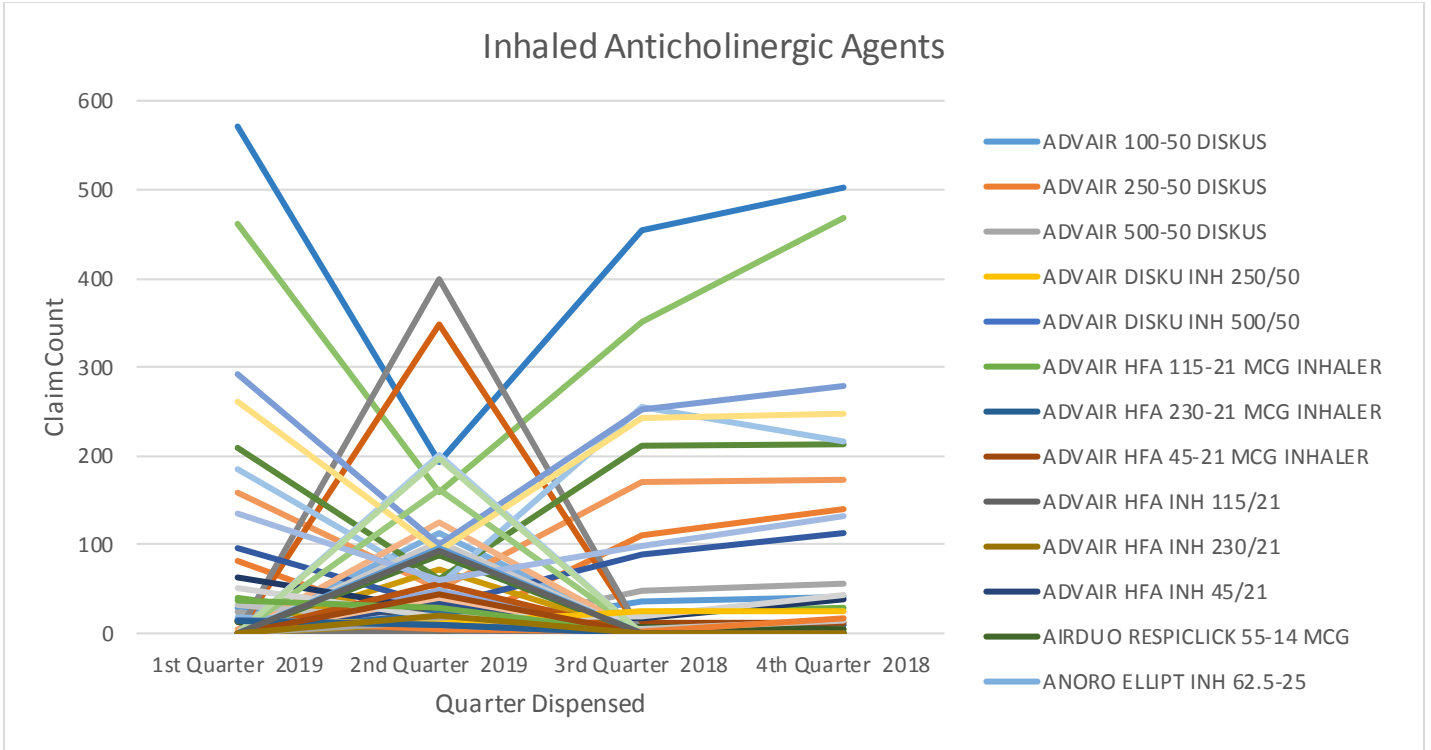
Inhaled Anticholinergics

Summary of Utilization

July 1, 2018 – June 30, 2019

Drug	Member Count	Claim Count	Total Days Supply	Total Quantity
BREO ELLIPTA 200-25 MCG INH	470	1,720	51,558	103,111
BREO ELLIPTA 100-25 MCG INH	442	1,439	43,290	86,250
IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	390	922	19,948	211,695
SYMBICORT 160-4.5 MCG INHALER	241	844	25,439	8,639
DULERA 200 MCG/5 MCG INHALER	159	710	21,300	9,230
DULERA 100 MCG/5 MCG INHALER	144	694	20,820	9,022
ANORO ELLIPTA 62.5-25 MCG INH	156	553	16,590	33,060
SYMBICORT 80-4.5 MCG INHALER	158	427	12,810	4,355
BREO ELLIPTA INH 200-25	250	399	11,940	23,822
BREO ELLIPTA INH 100-25	221	348	10,419	20,850
ADVAIR 250-50 DISKUS	112	332	10,050	20,100
COMBIVENT RESPIMAT 20-100 MCG	87	328	9,696	1,312
SPIRIVA RESP INH 2.5ACT	128	201	6,058	808
SYMBICORT INH 160-4.5	136	197	5,897	2,009
IPRATR/ALBUT SOL INH 30'S	115	162	3,586	37,920
FLUTICASONE-SALMETEROL 113-14	75	144	4,321	145
ADVAIR 500-50 DISKUS	40	131	4,020	8,040
STIOLTO RESPIMAT INHAL SPRAY	48	131	3,920	524
DULERA INH 100-5MCG	79	125	3,750	1,625
ANORO ELLIPT INH 62.5-25	75	113	3,390	6,780
ADVAIR 100-50 DISKUS	50	106	3,180	6,360
DULERA INH 200-5MCG	69	103	3,066	1,339
ADVAIR HFA 115-21 MCG INHALER	39	102	3,060	1,224
SYMBICORT INH 80-4.5	72	96	2,876	979
WIXELA INHUB INH 250/50	62	93	2,790	5,580
SPIRIVA RESP INH 1.25ACT	60	88	2,610	352
TRIAMCINOLONE 0.1% PASTE	64	75	1,051	545
COMBIVENT INH RESPIMAT	47	72	2,135	288
WIXELA 250-50 INHUB	41	65	1,950	3,900
FLUTICASONE-SALMETEROL 55-14	35	64	1,920	64
IPRATROP.02% SOL INH 25'S	41	56	1,236	8,700
ATROVENT INH HFA 200	36	48	1,375	619
FLUTIC/SALME INH 250/50	36	48	1,410	2,880
ADVAIR HFA 45-21 MCG INHALER	20	45	1,350	540
WIXELA INHUB INH 100/50	31	44	1,315	2,581
STIOLTO RESP INH 2.5-2.5	28	40	1,197	160

FLUTICASONE INH SA113/14	32	39	1,139	39
TRELEGY ELLIPTA 100-62.5-25	14	38	1,140	2,280
ADVAIR HFA 230-21 MCG INHALER	13	38	1,126	456
SPIRIVA HHLR CAP 18MCG	24	34	1,020	1,020
FLUTICASONE-SALMETEROL 250-50	20	29	870	1,740
FLUTICASONE-SALMETEROL 232-14	18	28	835	28
FLUTICASONE INH SAL55/14	21	27	810	27
WIXELA 100-50 INHUB	17	24	720	1,440
WIXELA 500-50 INHUB	17	23	690	1,380
IPRATR/ALBUT SOL INH 60'S	18	23	575	6,300
FLUTIC/SALME INH 100/50	18	22	660	1,320
ADVAIR HFA INH 115/21	17	22	654	264
WIXELA INHUB INH 500/50	13	20	630	1,260
ADVAIR HFA INH 230/21	12	16	480	192
INCRUSE ELPT INH 62.5MCG	10	16	480	480
ADVAIR HFA INH 45/21	10	15	450	180
FLUTICASONE-SALMETEROL 100-50	12	15	450	900
BEVESPI AEROSPHERE INHALER	5	14	419	150
TRELEGY INH ELLIPTA	9	14	420	840
FLUTIC/SALME INH 500/50	9	14	420	840
FLUTICASONE INH SA232/14	10	14	420	14
IPRATROP.02% SOL INH 60'S	9	12	220	1,950
FLUTICASONE-SALMETEROL 500-50	7	11	330	660
IPRATROP.02% SOL INH 30'S	3	3	90	645
BEVESPI INH 9-4.8MCG	2	3	90	32
ADVAIR DISKU INH 250/50	2	3	90	180
AIRDUO RESPICLICK 55-14 MCG	2	2	60	2
ADVAIR DISKU INH 500/50	1	1	30	60
Grand Total	2,772	11,585	336,641	650,088



DRUG USE REVIEW BOARD MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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DUR Meeting Date: October 17, 2019

Prior Authorization Criteria being reviewed: Daliresp

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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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.

Additional language:

Daliresp (roflumilast) may not be approved for the following:

- I. Individual has a diagnosis of moderate (Child-Pugh B) or severe (Child-Pugh C) hepatic impairment; **OR**
- II. Individual will be concomitantly using with a strong cytochrome P450 enzyme inducer (such as but not limited to phenobarbital, carbamazepine, phenytoin); **OR**
- III. Individual is requesting to treat acute bronchospasm.

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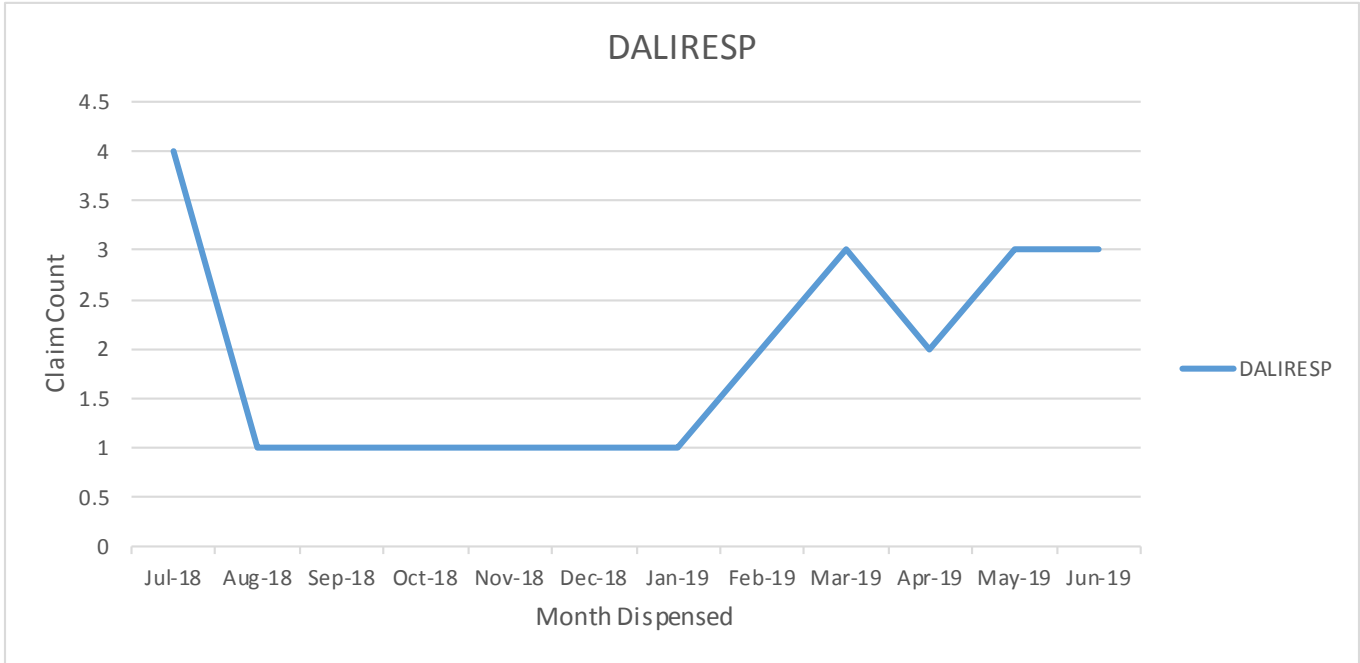
Signature of individual completing this form: _____ *L Todd* _____

Daliresp

Summary of Utilization

July 1, 2018 – June 30, 2019

Drug	Member Count	Claim Count	Days Supply	Total Quantity
DALIRESP	5	21	630	630



DRUG USE REVIEW BOARD MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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DUR Meeting Date: October 17, 2019

Prior Authorization Criteria being reviewed: Natroba

Managed Care Organization name: Anthem

Please place a check mark in the appropriate box:

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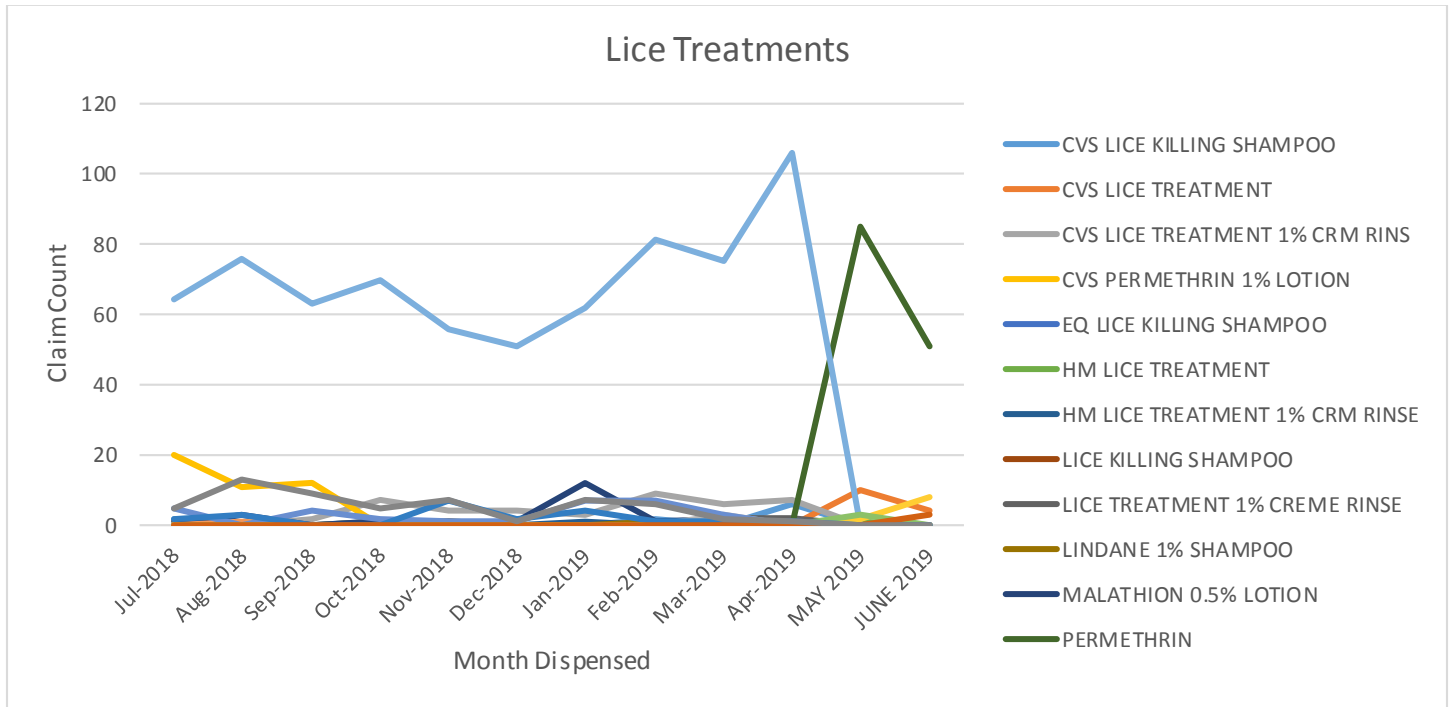
Signature of individual completing this form: _____ *L. Todd* _____

Lice Treatments

Summary of Utilization

July 1, 2018 – June 30, 2019

Drug	Member Count	Claim Count	Total Quantity	Total Days Supply
PERMETHRIN 5% CREAM	536	704	47880	7781
PERMETHRIN	116	136	8490	1219
SPINOSAD 0.9% TOPICAL SUSP	40	56	8160	666
CVS PERMETHRIN 1% LOTION	37	44	2619	547
CVS LICE TREATMENT 1% CRM RINS	40	42	2427	323
SKLICE 0.5% LOTION	30	30	3510	420
SM LICE TREATMENT 1% CRM RINSE	14	21	1240	90
MALATHION 0.5% LOTION	13	20	1180	170
CVS LICE TREATMENT	14	14	829	126
CVS LICE KILLING SHAMPOO	11	11	1416	241
SKLICE	10	10	1170	130
LICE TREATMENT 1% CREME RINSE	6	6	354	62
SM LICE TREATMENT	3	3	177	21
SPINOSAD	2	3	720	38
SB LICE KILLING SHAMPOO	3	3	354	6
HM LICE TREATMENT 1% CRM RINSE	2	2	118	45
LINDANE 1% SHAMPOO	2	2	120	60
LICE KILLING SHAMPOO	1	1	236	1
HM LICE TREATMENT	1	1	59	30
EQ LICE KILLING SHAMPOO	1	1	354	2
RID COMPLETE 1-2-3 LICE KIT	1	1	1	1
Grand Total	834	1111	81414	11979





DRUG USE REVIEW BOARD

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DUR Meeting Date: October 17, 2019

Prior Authorization Criteria being reviewed: Topical 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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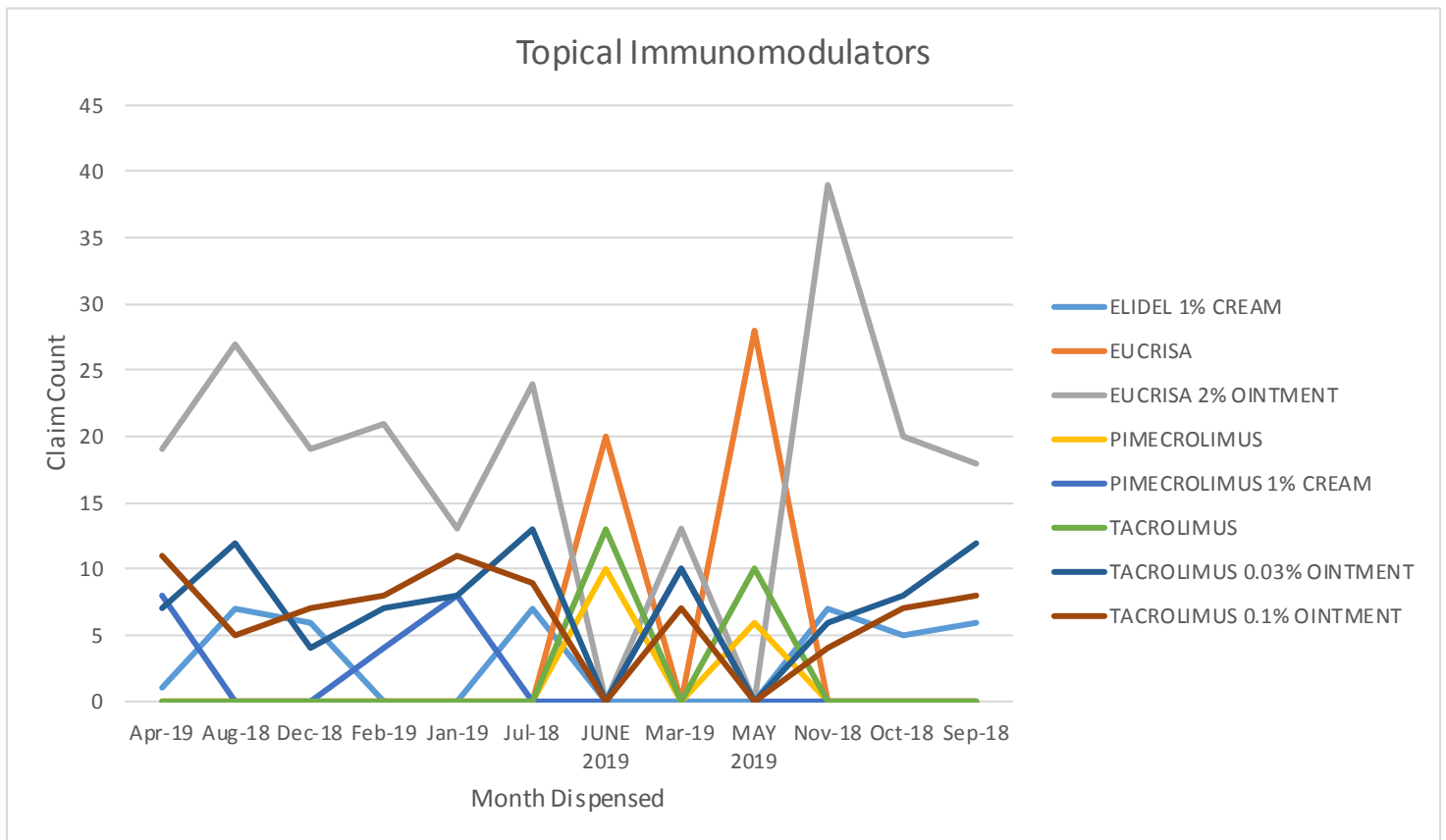
Signature of individual completing this form: _____ *L. Todd* _____

Topical Immunomodulators

Summary of Utilization

July 1, 2018 – June 30, 2019

Drug	Member Count	Claim Count	Total Days Supply	Total Quantity
EUCRISA 2% OINTMENT	124	213	6,068	12,900
TACROLIMUS 0.03% OINTMENT	69	87	2,018	4,310
TACROLIMUS 0.1% OINTMENT	57	77	2,002	4,040
EUCRISA	41	48	1,388	3,060
ELIDEL 1% CREAM	31	39	909	2,110
PIMECROLIMUS 1% CREAM	28	30	782	1,510
TACROLIMUS	23	23	573	1,140
PIMECROLIMUS	16	16	432	795
Grand Total	337	533	14,172	29,865





DUR Board Requested 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): 2Q2019
 Report Period Start Date: 4/1/2019
 Report Period End Date: 6/30/2019
 Submission Date of Report: 09/17/2019

Prospective DUR							
What percentage of claims denied at Point of Sale for the following DUR edits? (# denials for each edit/total # of denials)	Total Alerts	Total Alert Overrides	% Alert Overrides	Total Alert Cancellations	% Alert Cancels	Total Alerts not adjudicated	% Alerts not adjudicated
Early Refill (ER)	15445	102	0.66%	15343	99.34%	n/a	n/a
Therapeutic duplication (TD)	24655	11535	46.79%	13120	53.21%	n/a	n/a
Ingredient duplication (ID)	4537	3947	87.00%	590	13.00%	n/a	n/a
Late Refill (LR)	7272	5998	82.48%	1274	17.52%	n/a	n/a
Total High Dose (HD)	9683	5239	54.11%	4444	45.89%	n/a	n/a
Drug-Pregnancy (PG)	188	134	71.28%	54	28.72%	n/a	n/a
Total Low Dose (LD)	2426	1840	75.85%	586	24.15%	n/a	n/a
Drug-Drug (DD)	1	1	100.00%	0	0.00%	n/a	n/a
Drug-Disease (MC)	6060	34	0.56%	6026	99.44%	n/a	n/a
Drug-Allergy (DA)	30	21	70.00%	9	30.00%	n/a	n/a
Drug-Age (PA)	3823	2882	75.39%	941	24.61%	n/a	n/a

Top 10 Drugs by Therapeutic Problem Type - Overutilization

ER	TD	ID	LR	HD	PG	LD	DD	MC	DA	PA
GABAPENTIN	ALBUTEROL SULFATE	GABAPENTIN	JANUVIA	VENTOLIN HFA	PRENATAL VITAMINS	JANUVIA	HYDROCODONE-ACETAMINOPHEN	PREMARIN	AZELASTINE HCL	TRIAMCINOLONE ACETONIDE
LISINAPRIL	QUETIAPINE FUMARATE	HYDROCODONE-ACETAMINOPHEN	BUPROPION HCL	ALBUTEROL SULFATE	CLASSIC PRENATAL	BUPROPION HCL	IBU	n/a	BASAGLAR KWIKPEN U-100	ONDANSETRON ODT
ATORVASTATIN CALCIUM	VENTOLIN HFA	ESCITALOPRAM OXALATE	MONTelukast Sodium	AMOXICILLIN	ASPIRIN EC	MONTelukast Sodium	OXYCODONE-ACETAMINOPHEN	n/a	TRAMADOL HCL	CHILDREN'S LORATADINE
AMLODIPINE BESYLATE	GABAPENTIN	OXYCODONE-ACETAMINOPHEN	IPRATROPIUM BROMIDE	ONDANSETRON ODT	PRENATAL VITAMIN	IPRATROPIUM BROMIDE	IBUPROFEN	n/a	IBU	ALBUTEROL SULFATE
METFORMIN HCL	FLUOXETINE HCL	HYDROXYZINE HCL	HYDROXYZINE HCL	PREDNISOLONE	ALPRAZOLAM	HYDROXYZINE HCL	DULOXETINE HCL	n/a	CEPHALEXIN	HYDROXYZINE HCL
LEVOTHYROXINE SODIUM	LEVOTHYROXINE SODIUM	HYDROXYZINE PAMOATE	PROPRANOLOL HCL	POLYMYXIN B SULTRIMETHOPRIM	PRENATAL FORMULA	PROPRANOLOL HCL	NAPROXEN	n/a	MORPHINE SULFATE ER	PROMETHAZINE-DM
MONTELUKAST SODIUM	SERTRALINE HCL	ALPRAZOLAM	DULOXETINE HCL	IBUPROFEN	ATORVASTATIN CALCIUM	DULOXETINE HCL	MELOXICAM	n/a	CAYSTON	MOMETASONE FUROATE
TRAZODONE HCL	HYDROXYZINE HCL	FLUCONAZOLE	ACYCLOVIR	PREDNISOLONE SODIUM PHOSPHATE	MEGESTROL ACETATE	ACYCLOVIR	OXYCODONE HCL	n/a	STELARA	BUDESONIDE
SERTRALINE HCL	ARIPIPRAZOLE	OXYCODONE HCL	DICLOFENAC SODIUM	ALBUTEROL SULFATE HFA	MISOPROSTOL	DICLOFENAC SODIUM	BUPROPION HCL SR	n/a	TRAZODONE HCL	MONTELUKAST SODIUM
VENTOLIN HFA	TRAZODONE HCL	AZITHROMYCIN	DICYCLOMINE HCL	AMOXICILLIN-CLAVULAN	CLONAZEPAM	DICYCLOMINE HCL	GABAPENTIN	n/a	MELOXICAM	VENTOLIN HFA

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Retro-DUR
Year End 2018

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.)
Medication Adherence	Identify members that are non-adherent to medications. Includes diabetes, HTN, cholesterol, and sickle cell	Mail/Fax	8034 (total member and provider)	N/A <i>Update Positive Outcome: 922 out of 2673 members= 34%</i>	N/A-	Member and Provider	Internal
Care Gaps	<i>Educate and correct clinical gaps in care including Adherence, Asthma guidelines, Cardiovascular, Drug Drug Interactions, Post-MI no Statin, and High Risk Medications, adherence.</i>	Faxes sent on a weekly and monthly basis	113 members identified	Positive Outcome: 15 out of 98 members= 15%	N/A	Member and Provider	Internal

Behavior Health	BH Polypharmacy		299 members identified	Positive Outcome: 227 out of 299 members = 75.9%	N/A	Member and Provider	Internal
	Age Appropriateness		31 Members identified	21 out of 31 members = 67.7%			

Top 10 Drug Classes By Paid Amount 1st and 2nd Quarters 2019

Top 10 Drug Classes by Paid Amount - Previous Quarter (Jan – Mar 2019)		
Drug Class Name	Count of Claims	Pharmacy Paid
Antiretrovirals	1,765	proprietary
Insulin	4,757	proprietary
Sympathomimetics	20,424	proprietary
Antineoplastic Enzyme Inhibitors	80	proprietary
Anti-TNF-alpha - Monoclonal Antibodies	142	proprietary
Anticonvulsants - Misc.	14,660	proprietary
Multiple Sclerosis Agents	113	proprietary
Hepatitis Agents	114	proprietary
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	921	proprietary
Quinolinone Derivatives	2,010	proprietary

Top 10 Drug Classes by Paid Amount - Current Quarter (April – June 2019)		
Drug Class Name	Count of Claims	Pharmacy Paid
Antiretrovirals	1,954	proprietary
Insulin	4,997	proprietary
Sympathomimetics	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
Quinolinone Derivatives	2,058	proprietary



Top 10 Drug Classes By Claim Count 1st and 2nd Quarters 2019

Top 10 Drug Classes by Claim Count - Previous Quarter (Jan – Mar 2019)		
Drug Class Name	Count of Claims	Pharmacy Paid
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	23,494	proprietary
Sympathomimetics	20,424	proprietary
Anticonvulsants - Misc.	14,660	proprietary
HMG CoA Reductase Inhibitors	12,666	proprietary
Selective Serotonin Reuptake Inhibitors (SSRIs)	12,245	proprietary
Aminopenicillins	11,766	proprietary
Antihistamines - Non-Sedating	9,972	proprietary
Central Muscle Relaxants	9,781	proprietary
Opioid Combinations	9,506	proprietary
Glucocorticosteroids	9,356	proprietary

Top 10 Drug Classes by Claim Count - Current Quarter (April- June 2019)		
Drug Class Name	Count of Claims	Pharmacy Paid
Nonsteroidal Anti-inflammatory	21,932	proprietary
Sympathomimetics	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

Opioid Utilization
Summary of Utilization
July 1, 2018 – June 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
Jul-2018	4,405	5,296	1.20	108,677	348,903	79	17,774	4.03
Aug-2018	4,521	5,544	1.23	112,592	359,252	79	18,580	4.11
Sep-2018	4,324	5,101	1.18	101,990	322,361	75	16,204	3.75
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

Top Opioid Prescribers
Jan 1, 2018 – June 30, 2019

1st Quarter 2019

Prescriber	Prescriber Type	Prescriber City	Prescriber State	Member Count	Claim Count	Total Quantity	Total Days Supply	Total MME/Day	Top Benzodiazepine Prescriber
115	PA, unspecified	Las Vegas	NV	294	1299	118789	36972	1299	no
140	PA, unspecified	Las Vegas	NV	399	1227	111779	35018	1227	no
185	MD, unspecified	Henderson	NV	129	1196	93963	34400	1196	no
851	PA, unspecified	Las Vegas	NV	223	1180	108446	33249	1180	no
173	MD, Anesthesiology	Henderson	NV	211	1086	91409	28850	1086	no
186	PA, unspecified	Las Vegas	NV	332	1018	90488	28923	1018	no
119	MD, Anesthesiology	Las Vegas	NV	203	971	83498	27892	971	no
152	PA, unspecified	North Las Vegas	NV	139	965	87780	27204	965	no
192	PA, unspecified	Las Vegas	NV	273	901	80716	25073	901	no

139	MD, Physical Medicine & Rehab	Las Vegas	NV	222	861	71117	23698	861	no
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2nd Quarter 2019

Prescriber	Prescriber Type	Prescriber City	Prescriber State	Member Count	Claim Count	Days Supply	Total Quantity	MME/Day	Top Benzodiazepine Prescriber
140	PA, unspecified	Las Vegas	NV	213	419	419	419	1886	no
173	MD, Anesthesiology	Henderson	NV	138	323	323	323	1454	no
186	PA, unspecified	Las Vegas	NV	160	311	311	311	1400	no
152	PA, unspecified	North Las Vegas	NV	101	279	279	279	1256	no
139	MD, Physical Medicine & Rehab	Las Vegas	NV	142	269	269	269	1211	no
185	PA, unspecified	Las Vegas	NV	119	252	252	252	1134	no
119	MD, Anesthesiology	Las Vegas	NV	117	240	240	240	1080	no
193	NP, Family Practice	Las Vegas	NV	78	221	221	221	995	no
851	MD, unspecified	Henderson	NV	73	219	219	219	986	no
192	PA, unspecified	Las Vegas	NV	104	192	192	192	864	no

Top Opioid Utilizers with Prescriber Breakdown July 1, 2018- June 30, 2019

Member	Prescriber	Claim Count	Total Quantity	Total Days Supply	Monthly Total MME/Day
674		46	2041	387	10
	124	1	28	7	
	158	1	25	5	
405	170	44	1988	375	
	140	3	240	90	
	158	36	2880	1070	
123	158	39	3900	1170	28
	140	9	900	270	
	148	6	600	180	
628	158	24	2400	720	
		37	2108	682	9
	115	3	144	58	
	121	2	180	60	
	145	20	900	300	

	147	2	148	44	
	148	2	180	60	
	173	1	120	30	
	185	2	84	28	
	192	3	204	58	
	193	2	148	44	
677		36	1440	1080	6
	170	36	1440	1080	
424		35	1637	600	8
	549	25	1162	405	
	553	3	175	75	
	196	2	75	30	
	475	5	225	90	
297		35	490	345	0
	12	1	30	20	
	214	18	249	185	
	790	2	22	14	
	641	14	189	126	
392		32	2537	834	15
	780	1	56	14	
	623	2	98	28	
	573	1	42	7	
	569	18	1261	485	
	647	8	880	240	
	677	2	200	60	
325		32	2359	720	14.3
	928	4	293	90	
	352	13	1141	345	
	467	6	294	90	
	203	5	241	75	
	177	4	390	120	
175		31	342	226	0
	143	31	342	226	
Grand Total	Grand Total	362	19974	7204	

**Top Opioid Utilizers with Opioid Breakdown
July 1, 2018- June 30, 2019**

Member/ Opioid or Substance Abuse Agent	Claim Count	Total Quantity	Total Days Supply	Monthly Total MME/Day
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	674	46	2041	387	10
HYDROCODONE/ACETAMINOPHEN		3	361	63	
HYDROCODONE-ACETAMIN 7.5-325		43	1680	324	
	405	39	3120	1160	8
HYDROCODONE/ACETAMINOPHEN		2	240	60	
HYDROCODONE-ACETAMIN 10-325 MG		11	1320	320	
MORPHINE SULF ER 15 MG TABLET		11	660	330	
MORPHINE SULF ER 30 MG TABLET		11	660	330	
MORPHINE SULFATE ER		4	240	120	
	513	39	3900	1170	28
HYDROMORPHONE 4 MG TABLET		11	1980	330	
HYDROMORPHONE HCL		2	360	60	
MORPHINE SULF ER 15 MG TABLET		11	660	330	
MORPHINE SULF ER 30 MG TABLET		11	660	330	
MORPHINE SULFATE ER		4	240	120	
	628	37	2108	682	9
OXYCODONE-ACETAMINOPHEN 10-325		7	528	132	
OXYCONTIN		3	90	45	
OXYCONTIN ER 10 MG TABLET		15	530	265	
PRIMLEV		3	240	60	
PRIMLEV 10-300 MG TABLET		9	720	180	
	677	36	1440	1080	6
OXYCODONE HCL		1	60	30	
OXYCODONE HCL 10 MG TABLET		11	660	330	
OXYCONTIN		4	120	120	
OXYCONTIN ER 60 MG TABLET		10	300	300	
OXYCONTIN ER 80 MG TABLET		10	300	300	
	424	35	1637	600	8
FENTANYL 12 MCG/HR PATCH		3	25	75	
MORPHINE SULF ER 15 MG TABLET		6	90	90	
MORPHINE SULFATE ER		3	60	60	
MORPHINE SULFATE IR 15 MG TAB		1	60	15	
OXYCODONE HCL		4	240	60	
OXYCODONE HCL 10 MG TABLET		15	900	225	
OXYCODONE HCL 5 MG TABLET		3	262	75	
	297	35	490	345	0
BUPRENORPHINE HYDROCHLORI		4	82	57	
BUPRENORP-NALOX 8-2 MG SL FILM		5	88	59	
SUBOXONE 8 MG-2 MG SL FILM		26	320	229	
	392	32	2537	834	15
HYDROCODONE-ACETAMIN 10-325 MG		1	56	14	
METHADONE HCL 10 MG TABLET		3	360	90	

METHADONE HCL 5 MG TABLET	1	21	7	
OXYCODONE HCL	1	42	7	
OXYCODONE HCL 15 MG TABLET	12	1122	328	
OXYCODONE HCL ER 40 MG TABLET	4	208	104	
OXYCODONE HYDROCHLORIDE	2	280	60	
OXYCONTIN ER 30 MG TABLET	8	448	224	
325	32	2359	720	14.3
METHADONE HCL	3	270	90	
METHADONE HCL 10 MG TABLET	12	720	240	
OXYCODONE HCL	3	315	90	
OXYCODONE HCL 30 MG TABLET	14	1054	300	
175	31	342	226	0
BUPRENORPHINE 8 MG TABLET SL	24	269	179	
BUPRENORPHINE HCL	6	62	40	
BUPRENORPHIN-NALOXON 8-2 MG SL	1	11	7	
Grand Total	362	19974	7204	



Top Benzodiazepine Prescribers 1st Quarter 2019

Prescriber	Prescriber Type	Prescriber City	Prescriber State	Member Count	Claim Count	Total Days Supply	Total Quantity	Top Opioid Prescriber
1932241007	NP	Las Vegas	NV	96	216	6,297	14,799	no
1528169448	MD	Las Vegas	NV	38	86	2,536	6,428	no
1386731651	NP	Las Vegas	NV	42	85	2,527	4,889	no
1447463500	MD	Las Vegas	NV	31	63	1,890	4,680	no
1427096569	MD	Las Vegas	NV	29	59	1,648	3,489	no
1477005783	NP	Las Vegas	NV	26	59	1,710	3,520	no
1881780724	NP	Las Vegas	NV	25	56	1,680	3,660	no
1306881446	MD	Las Vegas	NV	25	54	1,543	3,315	no
1639258833	MD	Las Vegas	NV	21	53	1,590	4,230	no
1891870614	ARNP	Reno	NV	22	53	1,415	2,643	no

2nd Quarter 2019

Prescriber	Prescriber Type	Prescriber City	Prescriber State	Member Count	Claim Count	Total Days Supply	Total Quantity	Top Opioid Prescriber
1932241007	NP	Las Vegas	NV	104	239	6,643	15,730	no
1386731651	NP	Las Vegas	NV	50	114	3,420	6,795	no
1528169448	MD	Las Vegas	NV	37	92	2,760	6,915	no
1215471859	PA	Las Vegas	NV	32	60	1,641	2,033	no
1124095195	DO	Las Vegas	NV	29	59	1,435	2,248	no
1447463500	MD	Las Vegas	NV	27	59	1,770	4,590	no
1639258833	MD	Las Vegas	NV	23	55	1,650	4,260	no
1255368486	MD	Henderson	NV	23	54	1,605	3,900	no
1891870614	ARNP	Reno	NV	25	53	1,375	2,235	no
1912047176	MD	Las Vegas	NV	23	52	1,555	1,535	no

Concurrent Use of Benzodiazepines and Opioids

1st and 2nd Quarter 2019

Drugs	1st Quarter	2nd Quarter
	Member Count	
Benzodiazepines + Opioids	877	850
Benzodiazepines	2565	2503
Opioids	7137	7532

Lock-In Summary

	Master List	Initial Reviews	New Lock
Jan-19	373	n/a	n/a
Feb-19	n/a	34	20
Mar-19	363	27	pending
Apr-19	267	21	pending
May-19	254	30	pending
Jun-19	226	pending	pending

Naloxone Utilizers with an Opioid Claim Jan 1, 2019 – June 30, 2019

Drug	Member Count	Claim Count
NALOXONE	12	14
NALTREXONE	101	127
NARCAN	666	752
VIVITROL	24	31
Grand Total	794	924

NOTE: 539 members received naloxone and an opioid between January through June 2019



Aranesp Medical Claim Utilization
July 1, 2018- June 30, 2019

HCPCS/Drug/Place of Service	Member Count	Claim Count
J0881	28	172
ARANESP (ALBUMIN FREE)	28	172
10001 S Eastern Ave Ste 108, Henderson, NV, CLARK, 890523908	4	7
1505 Wigwam Pkwy Ste 130, Henderson, NV, CLARK, 890748195	1	2
1800 W Charleston Blvd Ste 508, Las Vegas, NV, Clark, 891022329	2	4
1800 W Charleston Blvd, Las Vegas, NV, CLARK, 891022329	2	4
2200 S Rancho Dr 150B, Las Vegas, NV, CLARK, 891024410	2	4
2250 E Flamingo Rd, Las Vegas, NV, Clark, 891195170	1	7
2460 W Horizon Ridge Pkwy, Henderson, NV, Clark, 890522648	6	10
3730 S Eastern Ave, Las Vegas, NV, Clark, 891693321	13	30
3920 S Eastern Ave Ste 202, Las Vegas, NV, Clark, 891195171	1	1
400 N Stephanie St Ste 300, Henderson, NV, CLARK, 890146692	2	4
500 S Rancho Dr Ste 12, Las Vegas, NV, Clark, 891064852	4	20
500 S Rancho Rd Ste 12, Las Vegas, NV, Clark, 891064852	1	2
58 N Pecos Rd, Henderson, NV, Clark, 890747319	4	5
6000 N Durango Dr, Las Vegas, NV, Clark, 891493909	1	6
620 Shadow Ln, Las Vegas, NV, Clark, 891064119	1	4
653 N Town Center Dr Ste 402, Las Vegas, NV, Clark, 891440518	2	3
655 Town Center Dr, Las Vegas, NV, Clark, 891446367	1	1
7445 Peak Dr, Las Vegas, NV, Clark, 891289011	8	16
7445 Peak Drive, Las Vegas, NV, Clark, 891289011	3	6
9280 W Sunset Rd Ste 100, Las Vegas, NV, CLARK, 891484861	2	4
9280 W Sunset Rd Ste 300, Las Vegas, NV, Clark, 89148	1	1
Dept 880169 PO Box 29650, Phoenix, AZ, MARICOPA, 850389650	1	3
PO Box 911265, Dallas, TX, DALLAS, 753911265	3	6
PO Box 98813, Las Vegas, NV, Clark, 891938813	5	22
J0882	1	12
ARANESP (ALBUMIN FREE)	1	12
1800 W Charleston Blvd Ste 508, Las Vegas, NV, Clark, 891022329	1	4
1800 W Charleston Blvd, Las Vegas, NV, CLARK, 891022329	1	4
2200 S Rancho Dr 150B, Las Vegas, NV, CLARK, 891024410	1	4
Grand Total	28	184

Antibiotic Utilization

July 1, 2018- June 30, 2019

Drug	Member Count	Claim Count	Total Days Supply	Total Quantity
CIPROFLOXACIN HCL 500 MG TAB	2,667	2,974	22,511	44,377
CEFDINIR 250 MG/5 ML SUSP	2,586	2,885	29,848	218,180
CEFDINIR 300 MG CAPSULE	1,408	1,491	13,175	26,169
CEFDINIR 125 MG/5 ML SUSP	956	1,043	10,271	90,580
CEFDINIR	763	767	7,429	43,874
LEVOFLOXACIN 500 MG TABLET	684	745	6,348	6,350
LEVOFLOXACIN 750 MG TABLET	603	647	4,729	4,724
CIPROFLOXACIN HYDROCHLORI	619	626	4,478	8,969
CIPROFLOXACIN HCL 250 MG TAB	285	305	1,693	3,319
LEVOFLOXACIN	231	243	1,877	1,883
CEFPODOXIME 200 MG TABLET	37	42	282	584
CIPROFLOXACIN HCL 750 MG TAB	33	36	408	800
LEVOFLOXACIN 250 MG TABLET	26	26	157	161
CEFTRIAZONE 250 MG VIAL	24	25	112	25
CEFPODOXIME 100 MG TABLET	15	22	304	622
CEFPODOXIME PROXETIL	13	14	99	198
MOXIFLOXACIN HCL 400 MG TABLET	9	13	67	67
LINEZOLID	12	12	162	572
BAXDELA 450 MG TABLET	7	11	167	324
CEFTRIAZONE 2 GM VIAL	3	8	71	59
CEFIXIME	7	7	18	65
CEFTRIAZONE SODIUM	7	7	42	13
SUPRAX 400 MG CAPSULE	6	6	18	18
LEVOFLOXACIN 25 MG/ML SOLUTION	5	5	67	989
CIPROFLOXACIN HCL	4	4	28	56
CEFPODOXIME 100 MG/5 ML SUSP	3	3	30	300
MOXIFLOXACIN HYDROCHLORID	3	3	20	20
OFLOXACIN 300 MG TABLET	2	2	17	34
BAXDELA	2	2	24	48
CIPRO 10% SUSPENSION	2	2	28	300
CEFIXIME 200 MG/5 ML SUSP	2	2	6	100
CEFTRIAZONE 1 GM VIAL	2	2	2	2
CEFTRIAZONE 500 MG VIAL	1	1	1	1
SIVEXTRO	1	1	6	6
Grand Total	10,150	11,982	104,495	453,789

