



Anthem Nevada Medicaid

NV DUR Binder Presentation

Presented to NV DUR Board on October 14, 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: October 14, 2021

Prior Authorization Criteria being reviewed: Entresto

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.

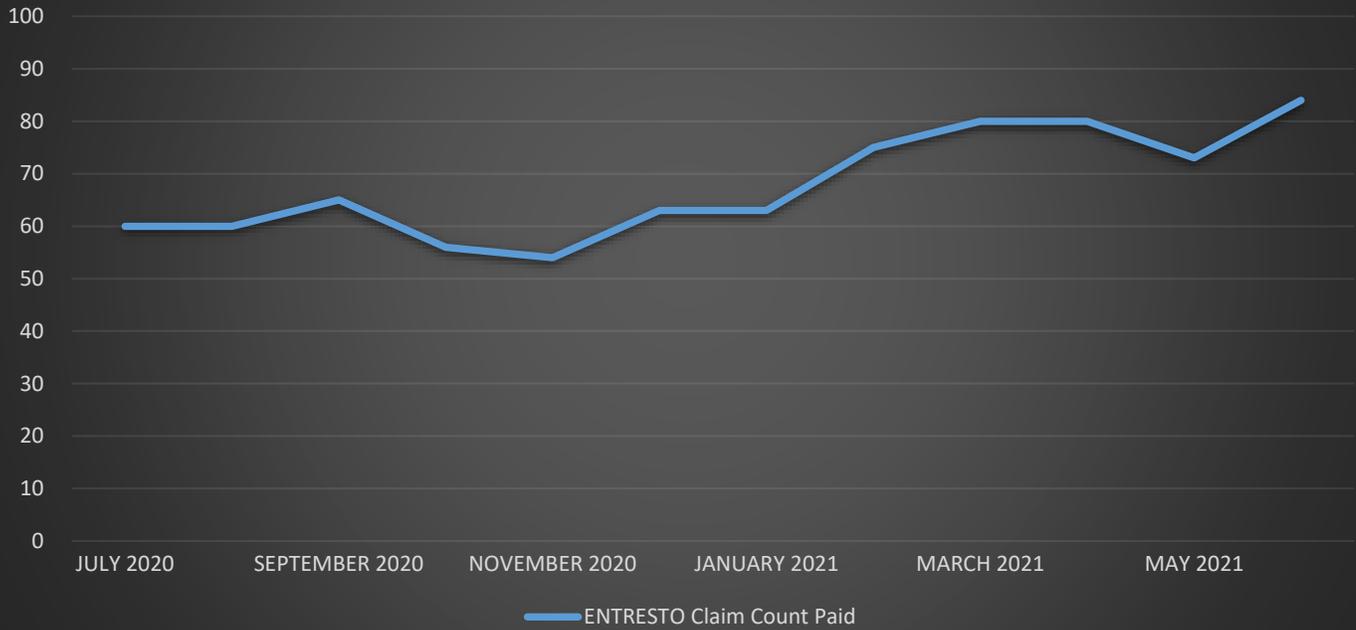
You will have an opportunity to support the recommended changes at the time of the Drug Use Review Board quarterly meeting.

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*_____

ENTRESTO Claim Count Paid Anthem 7/1/20-6/30/2021



Product/Drug Name	ENTRESTO
Month	Claim Count Paid
JULY 2020	60
AUGUST 2020	60
SEPTEMBER 2020	65
OCTOBER 2020	56
NOVEMBER 2020	54
DECEMBER 2020	63
JANUARY 2021	63
FEBRUARY 2021	75
MARCH 2021	80
APRIL 2021	80
MAY 2021	73
JUNE 2021	84



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DUR Meeting Date: October 14, 2021

Prior Authorization Criteria being reviewed: 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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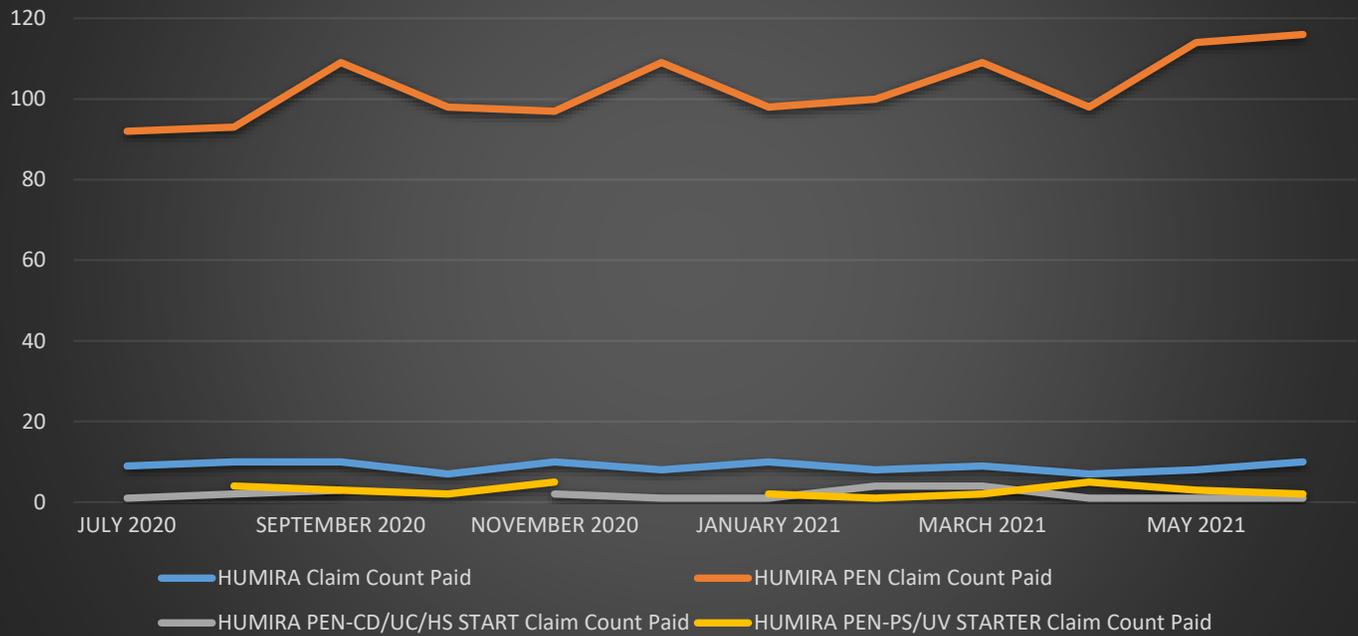
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Humira Immunomodulators Anthem 7/1/2020-6/30/2021



Product/Drug Name	HUMIRA	HUMIRA PEN	HUMIRA PEN-CD/UC/HS START	HUMIRA PEN-PS/UV STARTER
Month	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid
JULY 2020	9	92	1	
AUGUST 2020	10	93	2	4
SEPTEMBER 2020	10	109	3	3
OCTOBER 2020	7	98		2
NOVEMBER 2020	10	97	2	5
DECEMBER 2020	8	109	1	
JANUARY 2021	10	98	1	2
FEBRUARY 2021	8	100	4	1
MARCH 2021	9	109	4	2
APRIL 2021	7	98	1	5
MAY 2021	8	114	1	3
JUNE 2021	10	116	1	2



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DUR Meeting Date: October 14, 2021

Prior Authorization Criteria being reviewed: Growth Hormone

Managed Care Organization name: Anthem

Please place a check mark in the appropriate box:

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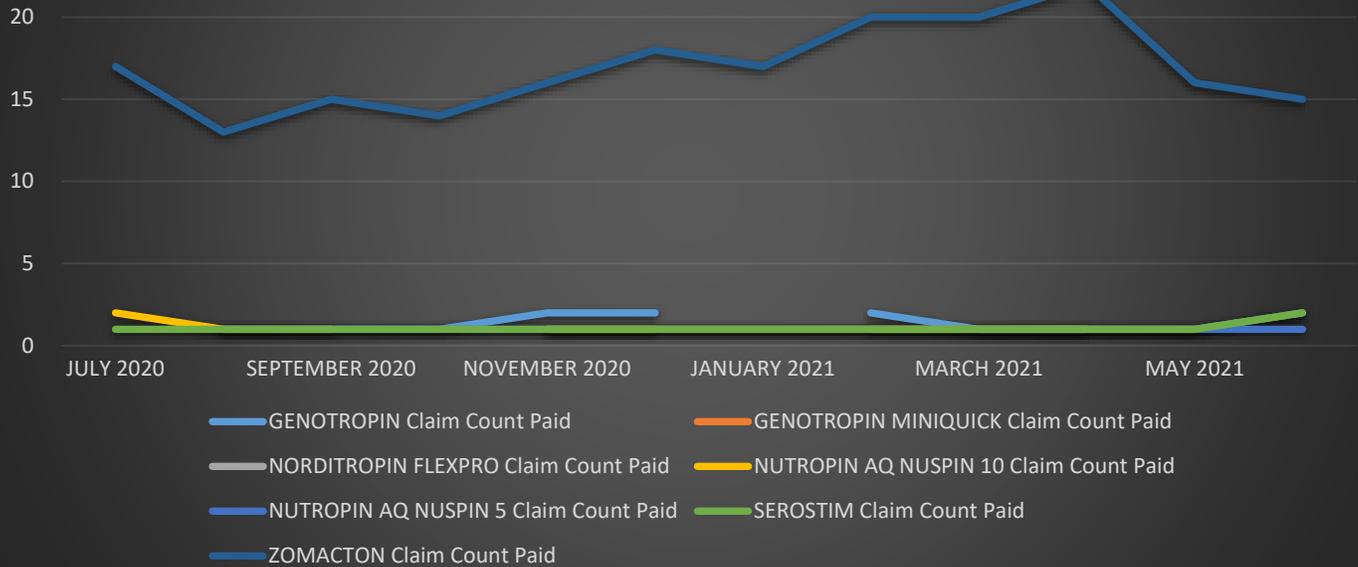
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Growth Hormone Anthem 7/1/2020-6/30/2021



Product/Drug Name	GENOTROPIN	GENOTROPIN MINIQUICK	NORDITROPIN FLEXPRO	NUTROPIN AQ NUSPIN 10	NUTROPIN AQ NUSPIN 5	SEROSTIM	ZOMACTON
Month	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid	Claim Count Paid
JULY 2020				2		1	17
AUGUST 2020	1			1	1	1	13
SEPTEMBER 2020	1			1	1	1	15
OCTOBER 2020	1				1	1	14
NOVEMBER 2020	2	1		1	1	1	16
DECEMBER 2020	2	1		1	1	1	18
JANUARY 2021			1	1	1	1	17
FEBRUARY 2021	2	1		1	1	1	20
MARCH 2021	1	1	1	1	1	1	20
APRIL 2021	1	1	1	1	1	1	22
MAY 2021	1	1			1	1	16
JUNE 2021	2		1	1	1	2	15



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DUR Meeting Date: October 14, 2021

Prior Authorization Criteria being reviewed: Gastrointestinal Prokinetic Agents

Managed Care Organization name: Anthem

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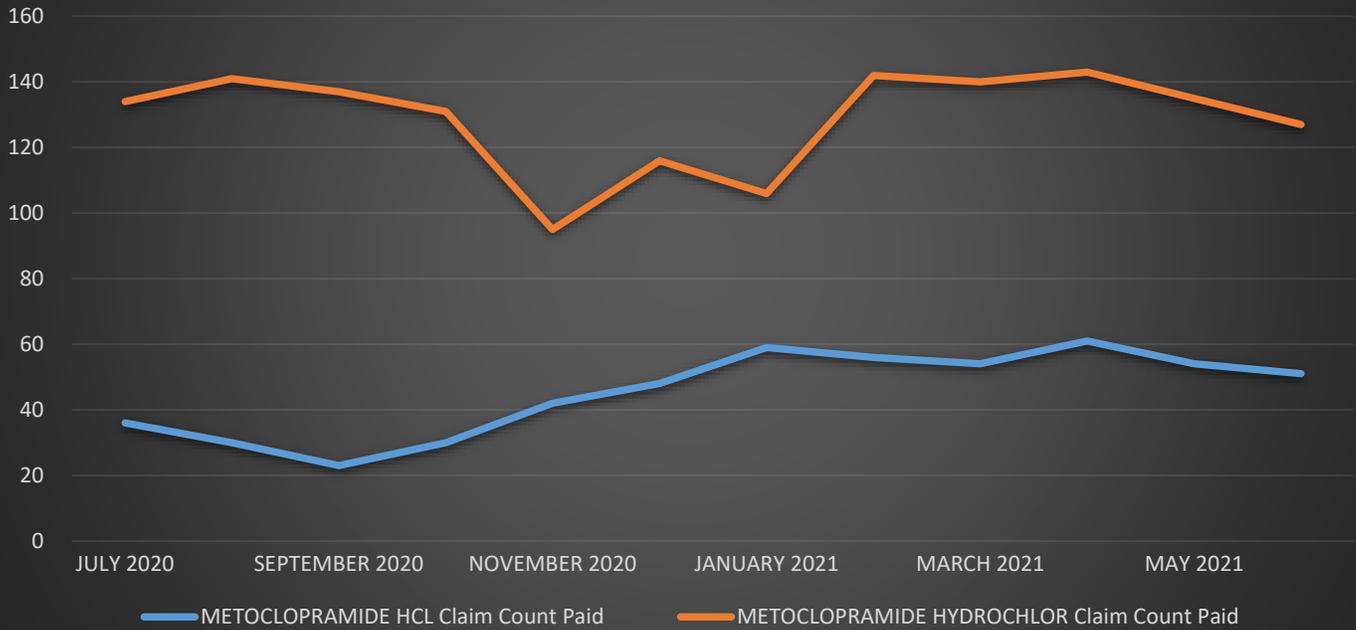
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Gastrointestinal Prokinetic Agents Anthem 7/1/2020-6/30/2021



Product/Drug Name	METOCLOPRAMIDE HCL	METOCLOPRAMIDE HYDROCHLOR
Month	Claim Count Paid	Claim Count Paid
JULY 2020	36	134
AUGUST 2020	30	141
SEPTEMBER 2020	23	137
OCTOBER 2020	30	131
NOVEMBER 2020	42	95
DECEMBER 2020	48	116
JANUARY 2021	59	106
FEBRUARY 2021	56	142
MARCH 2021	54	140
APRIL 2021	61	143
MAY 2021	54	135
JUNE 2021	51	127



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DUR Meeting Date: October 14, 2021

Prior Authorization Criteria being reviewed: Aduhelm

Managed Care Organization name: Anthem

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No Aduhelm utilization



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DUR Meeting Date: October 14, 2021

Prior Authorization Criteria being reviewed: CGRP Antagonists

Managed Care Organization name: Anthem

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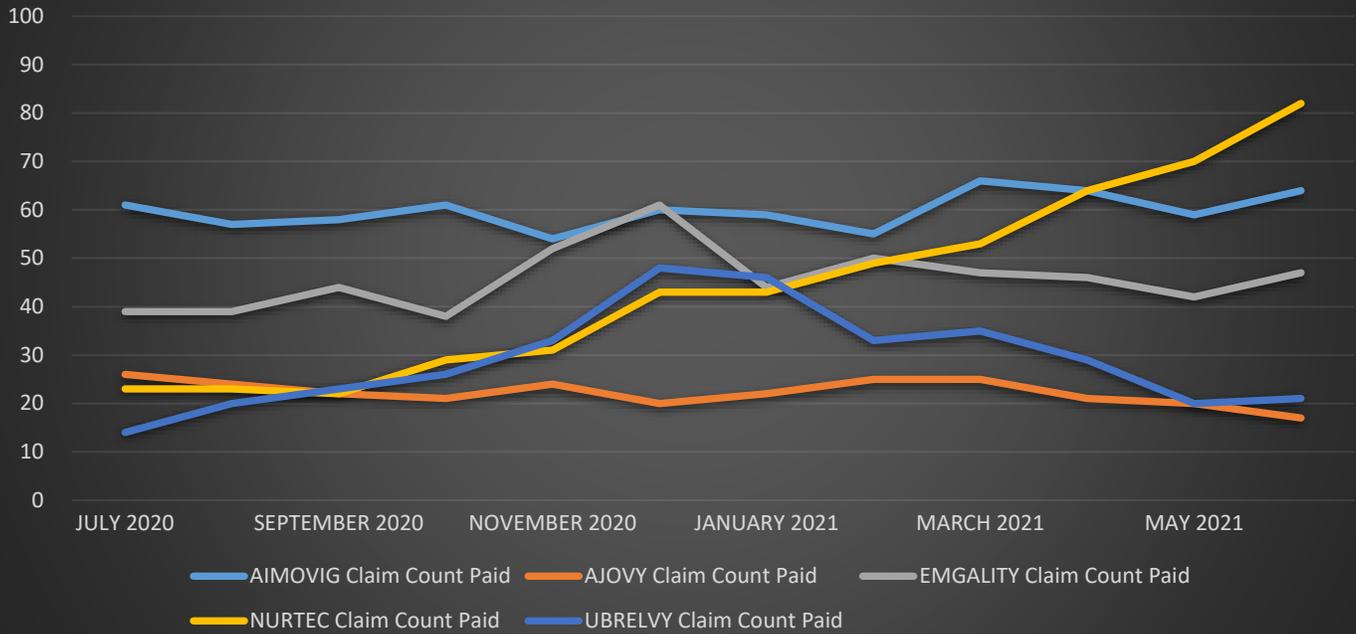
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CGRP Antagonists Anthem 7/1/2020-6/30/2021



Product/Drug Name	AIMOVIG	AJOVY	EMGALITY	NURTEC	UBRELVY
Month	Claim Count Paid				
JULY 2020	61	26	39	23	14
AUGUST 2020	57	24	39	23	20
SEPTEMBER 2020	58	22	44	22	23
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

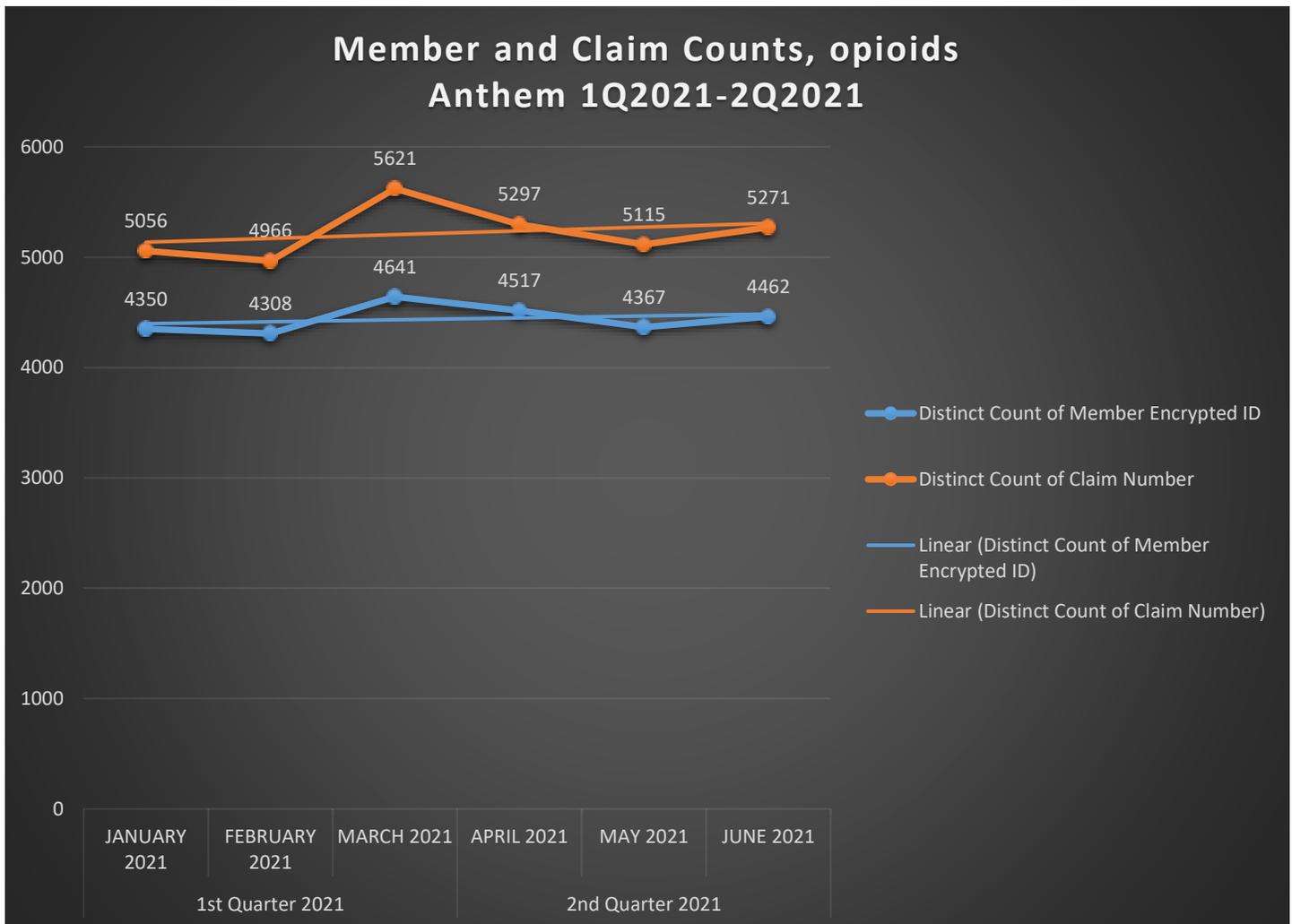


Board Requested Reports

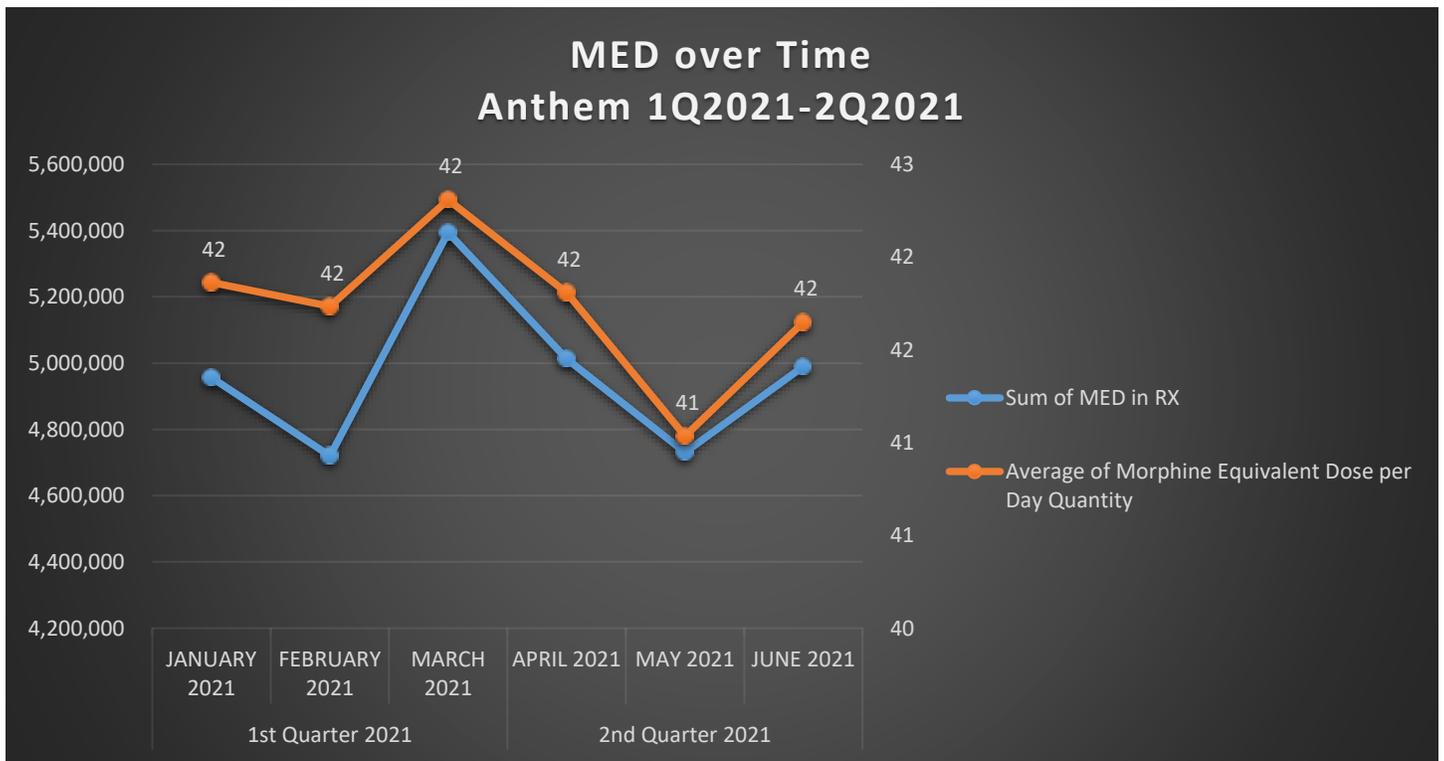
Summary of Utilization 1Q2021-2Q2021

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 Dosage Per Day Qty
1st Quarter 2021	7530	15643	15,070,255	321,717	42
JANUARY 2021	4350	5056	4,956,043	106,196	42
FEBRUARY 2021	4308	4966	4,719,926	101,034	42
MARCH 2021	4641	5621	5,394,286	114,487	42
2nd Quarter 2021	7669	15683	14,733,389	316,107	42
APRIL 2021	4517	5297	5,012,962	107,039	42
MAY 2021	4367	5115	4,730,220	102,774	41
JUNE 2021	4462	5271	4,990,206	106,294	42



	Sum of MED in RX	Average of Morphine Equivalent Dose per Day Quantity
1st Quarter 2021	15,070,255	42
JANUARY 2021	4,956,043	42
FEBRUARY 2021	4,719,926	42
MARCH 2021	5,394,286	42
2nd Quarter 2021	14,733,389	42
APRIL 2021	5,012,962	42
MAY 2021	4,730,220	41
JUNE 2021	4,990,206	42





Top 10 Opioid Providers by Claim Volume

1Q2021 and 2Q2021

	Prescriber NPI	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
1st Quarter 2021	*****25127	LAS VEGAS	172	428	37,094	12,584	470,583
1st Quarter 2021	*****93121	LAS VEGAS	207	397	35,815	11,400	435,832
1st Quarter 2021	*****69319	HENDERSON	167	383	29,949	10,648	283,897
1st Quarter 2021	*****18647	NORTH LAS VEGAS	145	377	36,395	10,927	440,758
1st Quarter 2021	*****16525	HENDERSON	52	315	12,241	4,599	433,124
1st Quarter 2021	*****08677	LAS VEGAS	128	271	24,249	7,552	246,543
1st Quarter 2021	*****46045	HENDERSON	131	264	26,805	7,707	339,430
1st Quarter 2021	*****48101	LAS VEGAS	78	261	23,886	7,110	531,971
1st Quarter 2021	*****91997	LAS VEGAS	103	235	22,301	6,859	347,465
1st Quarter 2021	*****97952	LAS VEGAS	104	233	22,053	6,834	288,350
2nd Quarter 2021	*****93121	LAS VEGAS	234	448	40,473	12,805	502,237
2nd Quarter 2021	*****25127	LAS VEGAS	173	435	36,922	12,580	468,817
2nd Quarter 2021	*****69319	HENDERSON	169	383	29,868	10,502	273,990
2nd Quarter 2021	*****18647	NORTH LAS VEGAS	148	378	35,997	10,882	433,405
2nd Quarter 2021	*****15229	LAS VEGAS	108	304	26,659	9,036	521,954
2nd Quarter 2021	*****16525	HENDERSON	48	288	11,379	4,204	418,078
2nd Quarter 2021	*****48101	LAS VEGAS	85	279	24,868	7,588	554,686
2nd Quarter 2021	*****08677	LAS VEGAS	129	249	22,852	7,004	238,003
2nd Quarter 2021	*****59050	LAS VEGAS	116	237	23,415	6,940	343,448
2nd Quarter 2021	*****91997	LAS VEGAS	104	214	20,505	6,154	352,171

Top 10 Opioid Utilizers
1Q2021

Member Encrypted ID	Claim Count	MME Sum	Days Supply	Average MME/DS
2223092244	3	97200	90	1080
METHADONE TAB 10MG	3	97200	90	1080
1970405186	1	15000	30	500
METHADONE TAB 10MG	1	15000	30	500
1970352031	3	32400	90	360
OXYCODONE TAB 30MG	3	32400	90	360
1970400331	6	61800	180	343
METHADONE TAB 10MG	3	45600	90	507
OXYCODONE TAB 15MG	3	16200	90	180
1970382182	2	19200	60	320
METHADONE TAB 10MG	2	19200	60	320
1970378390	4	32700	120	273
METHADONE TAB 10MG	2	30000	60	500
OXYCODONE TAB 15MG	2	2700	60	45
2272008319	2	16200	60	270
OXYCODONE TAB 30MG	2	16200	60	270
2055553919	1	8100	30	270
OXYCODONE TAB 30MG	1	8100	30	270
1970306887	3	7520	31	249
METHADONE TAB 10MG	3	7520	31	249
1970322817	3	10080	42	240
METHADONE TAB 10MG	3	10080	42	240

**Top 10 Opioid Utilizers
2Q2021**

Member Encrypted ID	Claim Count	MME Sum	Days Supply	Average MME/DS
<input type="checkbox"/> 2223092244	3	97200	90	1080
METHADONE TAB 10MG	3	97200	90	1080
<input type="checkbox"/> 1970400331	5	58800	150	392
METHADONE TAB 10MG	3	48000	90	533
OXYCODONE TAB 15MG	2	10800	60	180
<input type="checkbox"/> 1970352031	2	21600	60	360
OXYCODONE TAB 30MG	2	21600	60	360
<input type="checkbox"/> 1970378390	8	65400	240	273
METHADONE TAB 10MG	4	60000	120	500
OXYCODONE TAB 15MG	4	5400	120	45
<input type="checkbox"/> 2055553919	2	16200	60	270
OXYCODONE TAB 30MG	2	16200	60	270
<input type="checkbox"/> 1970325151	1	8100	30	270
FENTANYL DIS 75MCG/HR	1	8100	30	270
<input type="checkbox"/> 2160770098	3	17730	74	245
OXYCODONE TAB 30MG	3	17730	74	245
<input type="checkbox"/> 1970306887	1	3360	14	240
METHADONE TAB 10MG	1	3360	14	240
<input type="checkbox"/> 1970327752	3	21600	90	240
METHADONE TAB 10MG	3	21600	90	240
<input type="checkbox"/> 1970322817	3	10080	42	240
METHADONE TAB 10MG	3	10080	42	240



Standard Reports: Nevada Medicaid

Quarterly DUR Report

Health Plan Name:

Anthem

Health Plan Contact:

Luke Lim, RPh

Contact Email:

luke.lim@anthem.com

Top 10 Drug Classes By Paid Amount 1Q2021 and 2Q2021

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

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



Top 10 Drug Classes By Claim Count 1Q2021 and 2Q2021

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
ANTIANSXIETY AGENTS - MISC.	10,538
BIGUANIDES	10,362
CALCIUM CHANNEL BLOCKERS	9,866

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

ProDUR Top 10 Drugs by Therapeutic Problem Type

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	ARIPIPRAZOLE	ALPRAZOLAM
ALPRAZOLAM	HYDROCODONE BITARTRATE/AC	MORPHINE SULFATE ER	QUETIAPINE FUMARATE	BUPRENORPHINE HYDROCHLORI
BUPROPION HYDROCHLORIDE E	TRAZODONE HYDROCHLORIDE	METHADONE HCL	RISPERIDONE	OXYCODONE HYDROCHLORIDE
TRAZODONE HYDROCHLORIDE	BUPROPION HYDROCHLORIDE E	OXYCODONE/AC ETAMINOPHEN	ANASTROZOLE	OXYCODONE/ACET AMINOPHEN
OXYCODONE/ACE TAMINOPHEN	QUETIAPINE FUMARATE	MORPHINE SULFATE	ZIPRASIDONE HCL	HYDROCODONE BITARTRATE/AC
ARIPIPRAZOLE	OXYCODONE/AC ETAMINOPHEN	HYDROCODONE BITARTRATE/AC	OLANZAPINE	CLONAZEPAM
HYDROCODONE BITARTRATE/AC	LISINOPRIL	HYDROMORPHONE HCL	OXYCODONE/AC ETAMINOPHEN	MORPHINE SULFATE ER
OLANZAPINE	TRAMADOL HCL	XTAMPZA ER	TACROLIMUS	PREGABALIN
BUPRENORPHINE HYDROCHLORI	CLONAZEPAM	OXYMORPHONE HYDROCHLORIDE	LATUDA	LORAZEPAM
CLONAZEPAM	OXYCODONE HYDROCHLORIDE	BELBUCA	AMLODIPINE BESYLATE	HYDROCODONE/A CETAMINOPHEN

Underuse	Drug disease (inferred)	Low dose	High dose	Overuse
LATUDA	BUPROPION HYDROCHLORIDE E	OMEGA-3-ACID ETHYL ESTERS	HYDROMORPHONE HCL	SERTRALINE HYDROCHLORIDE
AMLODIPINE BESYLATE	ALPRAZOLAM	ONDANSETRON ODT	MORPHINE SULFATE ER	VENLAFAXINE HYDROCHLORIDE
LIOTHYRONINE SODIUM	SULFASALAZINE	CILOSTAZOL	LATANOPROST	LAMOTRIGINE
LEVETIRACETAM	WARFARIN SODIUM	DICLOFENAC EPOLAMINE	CEFDINIR	OXYCODONE HYDROCHLORIDE
TRAZODONE HYDROCHLORIDE	HYDROCODONE BITARTRATE/AC	BUDESONIDE	HYDROCODONE BITARTRATE/AC	BACLOFEN
TOPIRAMATE	HYDRALAZINE HYDROCHLORIDE	AMOXICILLIN/CLAVULANATE P	HYDROXYZINE HCL	RISPERIDONE
BIKTARVY	CHLORDIAZEPOXIDE HCL	OXCARBAZEPINE	AMOXICILLIN/CLAVULANATE P	BUSPIRONE HYDROCHLORIDE
VENLAFAXINE HCL ER	BUPROPION HCL	PALIPERIDONE ER	CETIRIZINE HYDROCHLORIDE	OMEPRAZOLE
PREGABALIN	GABAPENTIN	CEFDINIR	ALFUZOSIN HCL ER	ALPRAZOLAM
QUETIAPINE FUMARATE	DICYCLOMINE HYDROCHLORIDE	ATOMOXETINE HYDROCHLORIDE	FLUOXETINE HYDROCHLORIDE	MORPHINE SULFATE ER



Retro-DUR

2Q2021 NV results

Retrospective Drug Utilization Review (RDUR)
MMA – Pharmacy Care Note (PCN) (*Asthma*) West
April through June 2021

Program	Nevada		
	# of Unique Members	# of Messages Sent to Member	# of Messages Sent to Provider
Adding Therapy - Asthma Management (Medicaid)	1	0	1
Adherence - Asthma Controller Adherence 75% MPR	183	147	184
Asthma Controller Proportion	162	142	167
Asthma Excessive Albuterol - Excessive Albuterol Use	14	13	8
Adult Excess Albuterol Use	14	13	8
Pediatric Excessive Albuterol Use	0	0	0
Asthma Needs Follow-Up	370	271	293
Asthma_followup	176	125	178
Asthma_No ED visit f/u	58	45	26
Asthma_No Hosp visit f/u	41	29	20
Peds_Asthma_followup	95	72	69
Asthma Needs Test	803	588	456
Asthma_initial spirometry	240	217	129
Asthma_periodic spirometry	563	371	327
Inappropriate Meds for Diagnosis - Asthma Beta Blocker	7	0	15
Informational Asthma Peak Flow Meter	759	759	0
Recent Discontinuation - Asthma	16	16	16
Asthma Rx_Recent dc	7	7	7
Peds_Asthma Rx_Recent dc	9	9	9
Grand Total	2315	1936	1140