BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
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RICHARD WHITLEY, MS
Director

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NOTICE OF PUBLIC MEETING – DRUG USE REVIEW BOARD

AGENDA

Date of Posting:	**December 18, 2015**
Date of Meeting:	**Thursday, January 28, 2016 at 5:15 PM**
Name of Organization:	**The State of Nevada, Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP), Drug Use Review Board (DUR)**
Place of Meeting:	**Best Western Plus Airport Plaza Hotel** **1981 Terminal Way** **Reno, NV 89502**
Webinar Pre-Registration	****Must Pre-Register**** **https://catamaranrx.webex.com/catamaranrx/onstage/g.php?MTID=efe12bc126e479bc3af7688a13d9d10d1** **Once you have registered for the meeting, you will receive an email message confirming your registration. This message will provide the information that you need to join the meeting.**
Event Number:	**744 153 821** **Click "Join Now"** **Follow the instructions that appear on your screen to join the audio portion of the meeting. Audio will be transmitted over the internet. No phone number is required.**

AGENDA

1. **Call to Order and Roll Call**

2. **Public Comment on Any Matter on the Agenda**

3. **Administrative**

   a. **For Possible Action:** Review and Approve Meeting Minutes from November 5, 2015.

   b. Status Update by DHCFP
   Federal Upper Limit (FUL) pricing.

4. **Board Action**

   a. **For Possible Action**: Discussion and proposed adoption of prior authorization criteria for all prescription drugs for Hospice Program recipients over the age of 20.

      i. Public comment on the Hospice Program Covered Drugs
      ii. Discussion by the Board and review of utilization data and current policy
      iii. Possible adoption of updated Hospice drug coverage policy and criteria

5. **Clinical Presentations**

   a. **For Possible Action:** Discussion and possible adoption of updated prior authorization criteria for medications used in the treatment of Hepatitis C.

      i. Public comment on adoption of policy.
      ii. Presentation of utilization and clinical information.
      iii. Discussion by the Board and review of utilization data.
      iv. Possible adoption of prior authorization criteria/policy.

   b. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for tasimelteon (Hetlioz®).

      i. Public comment on proposed clinical prior authorization criteria.
      ii. Presentation of utilization and clinical information.
      iii. Discussion by the Board and review of utilization data.
      iv. Proposed adoption of updated prior authorization criteria.

   c. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for proprotein convertase subtilisin kexin type 9 (PCSK9) inhibitors.

      i. Public Comment on proposed clinical prior authorization criteria.
      ii. Presentation of utilization and clinical information.
      iii. Discussion by the Board and review of utilization data.

iv. Proposed adoption of updated prior authorization criteria

d. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for colchicine (Colcrys®)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

e. **For Possible Action:** Discussion and possible adoption of updated prior authorization criteria for the for medications used for the treatment ADD/ADHD.

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

f. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for levalbuterol (Xopenex®)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

g. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for naltrexone (Vivitrol®)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

6. Public Comment on any DUR Board Requested Report

7. DUR Board Requested Reports

a. Cumulative acetaminophen report
i. Discussion by the Board and review of utilization data.

b. Anticonvulsant utilization trending report
i. Discussion by the Board and review of utilization data.

c. Naloxone utilization
i. Discussion by the Board and review of utilization data.

8. Public Comment on any Standard DUR Report

9. Standard DUR Reports

a. Review of Prescribing/Program Trends.

i. Top 10 Therapeutic Classes for Q2 2015, Q3 2015 and Q4 2015 (by Payment and by Claims).
ii. Top 50 Drugs of Q2 2015, Q3 2015 and Q4 2015 (by Payment and by Claims).

b. Concurrent Drug Utilization Review (ProDUR)

i. Review of Q2 2015, Q3 2015 and Q4 2015.
ii. Review of Top Encounters by Problem Type.

c. Retrospective Drug Utilization Review (RetroDUR)

i. Status of previous quarter.
ii. Status of current quarter.
iii. Review and discussion of responses.

7. Closing Discussion

a. Public comments on any subject.

b. Date and location of the next meeting.

i. Discussion of the time of the next meeting.

c. Adjournment.

PLEASE NOTE: **Items may be taken out of order at the discretion of the chairperson. Items may be combined for consideration by the public body. Items may be pulled or removed from the agenda at any time. If an action item is not completed within the time frame that has been allotted, that action item will be continued at a future time designated and announced at this meeting by the chairperson. All public comment may be limited to 5 minutes.**

This notice and agenda have been posted at http://dhcfp.nv.gov and http://notice.nv.gov

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All persons that have requested in writing to receive the Public Hearings agenda have been duly notified by mail or e-mail.

Note: We are pleased to make accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements are necessary, notify the Division of Health Care Financing and Policy as soon as possible and at least ten days in advance of the meeting, by e-mail at lezlie.mayville@dhcfp.nv.gov in writing, at 1100 East William Street, Suite 101, Carson City, Nevada 89701 or call Lezlie Mayville at (775) 684-3681.

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DRUG USE REVIEW BOARD

Draft Meeting Minutes

Date of Meeting: **Thursday, November 5, 2015 at 5:15 PM**

Name of Organization: **The State of Nevada, Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP), Drug Use Review Board (DUR).**

Place of Meeting: **Best Western Plus Airport Plaza Hotel**
1981 Terminal Way
Reno, NV 89502
Phone: (775) 348-6370

AGENDA

Committee Members Present: James Marx, MD; Jeffrey Zollinger, DO; Paul Oesterman, Pharm.D.; Chris Shea, Pharm.D.; David England, Pharm.D.

Committee Members Absent: Michael Owens, MD

Others Present:

DHCFP: Coleen Lawrence, Chief, Program Services; Mary Griffith, RN, Pharmacy Services Specialist; Darrell Faircloth, Deputy Attorney General

HPES: Beth Slamowitz, Pharm.D.

OptumRx: Carl Jeffery, Pharm.D.; Rob Earnest, Pharm.D., JD; Daniel Medina

Others: R. Karim, Abbvie; S. Johnson, Otsuka; C. Holtzer, Abbvie; L. Robinson, Abbvie; Jennifer Lauper, BMS; Sarah Swan, BMS; Charissa Anne, J&J; Marykay Queener, J&J; Bonnie Romero, Alkemes; Charles Krasner, Unsom; Sonia Buchecha, Renown; Sergio Gonzalez, Takeda; Tom O'Connor, Novartis; Melissa Walsh, Novartis; Ketul Patel, Vertex; Ann Nelson, Vertex; Daniel Fry, HPE; Joshua Livernois, NNHOPES; Abigail Polus, NNHOPES; Julia Efistoff, Consumer; Isabel Deane, HOPES, Mark C, HOPES; Kerry Kostman Bonilla, AZ; Andrea Schershel, BMS

Others via telephone/Web: Aimee Redhair, UCB; Brad Willie, Novartis; Becky Gonzales; Rob Bigha, Shire; Mark Schwartz, GSK; Lori Howarth, Bayer; CAF Fay; Christopher DiSimone, Aegerion; Kevin Whittington, Optum

1. Call to Order and Roll Call

Called to order 5:21PM

Roll Call:

Coleen Lawrence, Chief Program Services, DHCFP

Mary Griffith, RN, Pharmacy Services Specialist, DHCFP

Chris Shea, Pharm.D.

Jeffrey Zollinger, DO

David England, Pharm.D.

Paul Oesterman, Chairman, Pharm.D.

Darrell Faircloth, Senior Deputy Attorney General, DHCFP

James Marx, MD

Carl Jeffery, Pharm.D., Optum

Rob Earnest, Pharm.D., JD, Optum

2. Public Comment on Any Matter on the Agenda

Paul Oesterman, Chairman: Any public comment on any matter on the agenda? None

3. Administrative

a. **For Possible Action:** Review and Approve Meeting Minutes from September 3, 2015.

Review and approve the meeting minutes from the September 3, 2015 meeting. The Chair asked for a motion and a second to approve the minutes.

James Marx: I move to accept the minutes as submitted.

David England: Second.

Voting: Aye's across the Board

b. Status Update by DHCFP

Coleen Lawrence: November 1 we implemented the NADAC pricing. We have had some bumps with it, but if you hear anything, please direct them back to Optum or ourselves and we will work through them. This lead to a dispensing fee survey, it decreased our long term care dispensing fee because we went to one fee. Overall, this will benefit the pharmacies. The second thing is, we are working on a pharmacy tool kit in the office. For supplemental rebate or federal rebates, we want to put out a pharmacy tool kit for the stake holders, to have the tools to know how to work with us. We hope to have it out within the next few months after it goes through our internal review. If you have those popular questions that you would like to see in the tool kit, let us know and we will be sure to include it. It is for all programs and we want it to be educational.

4. Board Action

a. **For Possible Action**: Discussion on Lock-in Program proposed changes to criteria

Paul Oesterman, Chairman: Now we are going to move to the discussion of the lock-in program and some proposed criteria changes. Is there any public comment on the phone or in person? There doesn't appear to be any. What are the proposed changes?

Mary Griffith: I help with the lock-in program that's managed in the SURS department. We don't necessarily need any changes, but we want some clarification for certain situations. We have recipients that change pharmacies frequently and we don't have policy to limit this. The other issue is we don't have any way to get people off the program. We have criteria to run the report to put them on and we have been doing this since 2008 and we have about 800 people on the program now. We want to make sure we are doing what we should be doing. We have talked about the holy trinity, opioid, muscle relaxant and an antianxiety. There is talk about locking people in with these drugs only.

Coleen Lawrence: As a reminder, to get locked in as a best practice, we use the data in a responsible way. We work with the Board of Pharmacy and the claims history. We only look at controlled substances. So question one, should we stay with controlled substances? The next with the Governor's task force, are they receiving any follow up care, behavior health services? We looked at this, and there are several recipients in the lock in program that are getting behavior health treatment. We are also working with our behavior health program to work with messaging. The other issue Mary is looking at is changing pharmacy policy, and should we reevaluate after a year? Or should we have an evaluation from the prescriber?

Carl Jeffery: Some other challenges, should we lock in people with Medicare D? And another issue is people going into a long term care facility that are locked in to an outpatient pharmacy, making it difficult to get their medications filled.

Coleen Lawrence: Don't we exempt the dual eligible recipients?

Carl Jeffery: We have been, but they still show in the report.

Mary Griffith: We also have an issue with people moving from fee for service to the MCOs.

Coleen Lawrence: We are working with the MCOs to create their lock-in programs.

James Marx: I still have one patient that is lock in, and I can't figure out why. She does have multiple medical issues. The changing in pharmacies is being driven by the supply issue, we see recipients going to a pharmacy and not being able to get their medication filled and having to go to another pharmacy. We have patients on a long acting and an intermediate and they are not always in sync and then the pharmacy may impose some other restrictions.

Mary Griffith: There is an override so they can go to a non-participating pharmacy.

David England: We probably need some criteria for changing pharmacies, but it needs to be the same for the MCOs. Maybe every one or two years to reevaluate their lock-in. It seems the purpose is to change the drug use habits.

Coleen Lawrence: Asking the Board, what would be an appropriate time period?

Carl Jeffery: We run a report for a cost summary, it includes all drugs, not just controlled substances.

Coleen Lawrence: How would the Board like to update this? If we come back with some review criteria.

Paul Oesterman, Chairman: I would say a six month period would be enough to comply with lock in behavior. If they can demonstrate their compliance, then after six months unlock them and then review them again in six months.

James Marx: What is it we would be evaluating?

Paul Oesterman, Chairman: We would be looking for drug seeking behavior. Through PMP and emergency room data. Do you know if the number of emergency room visits has decreased?

Coleen Lawrence: I don't have that now.

David England: For the people who have come off the program, how are they doing?

Carl Jeffery: Those people on the report are no longer eligible for Medicaid, no one has been removed from Lock-in.

Paul Oesterman, Chairman: Going back with patient having to go to multiple pharmacies, I think the shortage issues seem to be resolving from what I hear.

James Marx: Not in Las Vegas, they are getting better. Some pharmacies won't order the medication.

Coleen Lawrence: The pharmacies are told before the recipient is locked in to their pharmacy.

Jeffrey Zollinger: The policy does have an exception if the pharmacy is out of stock. So there is an option of finding another pharmacy.

David England: In the event of that happening, it may take a few days to get a CII in. Could the pharmacy get the medication in in time if the patient is completely out? I'm curious about these shortages.

Chris Shea: If they are filling a 30 day supply, when can they come in for a refill?

Carl Jeffery: It is 90% use before they can get a refill.

James Marx: Some pharmacies impose their own, more strict days.

David England: If we have facilities or individuals imposing their own rules on the recipients, we need to have a discussion with the provider.

Coleen Lawrence: I did, I asked some large chain pharmacies, but did not get any information. If you find that, let me know because we need some examples.

James Marx: I can give you plenty of examples.

Coleen Lawrence: Then please pass those along so we can work with these corporations to make sure we are all in line

James Marx: We probably see it more on the commercial side.

David England: If they get an override, can they get the medication again?

Mary Griffith: No, it will hit a duplicate edit and it is a one-time override.

Paul Oesterman, Chairman: Going back, looking at the criteria, I can see a potential to alleviate some. The criteria for more than one pharmacy, if that is relaxed so they can go to a second pharmacy if necessary. I think making it so it is more than two pharmacies. For the ones locked in now, we have to find a way to get out. And looking at the number of controlled substances in 60 days, by the time you add a long and short-acting opioid and maybe something for adjunctive treatment, you're up to 6 controls in 60 days.

James Marx: If you add a benzo, and an anti-epileptic for seizure, then it can creep up there.

Paul Oesterman, Chairman: Any patient with more than 10 in a 60 day period, they are either very willing to work with the pharmacy or are exhibiting drug seeking behavior.

Coleen Lawrence: We have only had a few appeals, so the criteria is pretty solid. The criteria is working to target the appropriate population.

Chris Shea: So they are not asking to get out of the program?

Coleen Lawrence: No, we have been doing this since 2008, and only about 5 appeals. I think we want to know if people can get out of the program.

Carl Jeffery: We send the report to a nurse at the State, and she will pick out about 10 members from that report. She looks at the diagnosis and makes a clinical decision.

David England: So you want to know how long they should be locked in before they are reviewed? So if we increase the pharmacy to two, and then after 6 months, review the recipient, and then take them off lock in and follow up in 6 months again. Then they can be put back on the program again.

Jeffrey Zollinger: The physicians should be checking the PMP now with the law change. I think if we raise enough red flags with physicians and care takers for 6 months, all eyes on the patient, then they can be taken care of.

David England: And then if you go to a medication reconciliation, then you would be able to see trends of possible abuse.

Mary Griffith: We do send letters to their physicians.

James Marx: How often does that letter go out?

Mary Griffith: When they are locked in, it goes to the doctors in their profile.

James Marx: This one recipient I have, I haven't received a letter in five years.

David England: Should we review every six months and send a letter out when they are off and then if they go back on, they send out a status update.

James Marx: It would also give you an opportunity to review if they should be on lock in. There haven't' been any appeals, I would be shocked if there were a lot of appeals. Sending out a letter every six months and remove some of these recipients, then it would reduce the burden.

Coleen Lawrence: We are not looking to decrease the number of recipients, we are looking for the best care of the members. We want them to be compliant and healthy. We are looking to increase education for the providers and link it to the PMP.

James Marx: If you send letters out to prescribers and ask for their input to allow them to be removed, otherwise it will be a growing snowball.

David England: Do people have to move that much, is their housing that unstable?

Mary Griffith: I don't think that is the majority, there are some like that, but most requests are coming from people that want to keep changing for various reasons. Maybe a limit of three changes per year.

Paul Oesterman, Chairman: Maybe under bullet point 4 where pharmacies may call for an override, you have three criteria, maybe add another reason the member has had a permanent

change in address. I think we have had some good discussion, and we have some recommendations to change 1.A to utilizing more than two pharmacies in the past 60 day period, then six month follow-up and then assess to see if they should be removed, and then a six month follow-up after that. A follow-up letter to the physician to check their status and then the final change would be to add a permanent address change to the reason for change.

David England: Motion to accept as amended.

James Marx: Second.

Paul Oesterman, Chairman: My only point of clarification would be how that six month period is processed.

Mary Griffith: We will work that out.

Voting: Ayes across the Board, motion carries.

5. Clinical Presentations

a. For Possible Action: Discussion and possible adoption of updated prior authorization criteria for the addition of daclatasivir (Daklinza®) and ombitasvir/paritaprevir/ritonavir (Technivie®) to the current Hepatitis C criteria.

Paul Oesterman, Chairman: Discussion of Daklinza and Technivie prior authorization criteria adoption. Any public comments?

Andrea Schershel – MSL for BMS – speaking on daclatasivir. She gave overview of cure rates and duration of treatment according to the recommendations from AASLD.

David England: Do you have a copy of the criteria we are looking at?

Andrea Schershel: I have the information from the web.

Carl Jeffery: That doesn't sound like you are looking at the same page we are reviewing.

Jennifer Lauper: It is page 161 from the website. I can show you.

Paul Oesterman, Chairman: Ok, it is on the proposed criteria, not on the existing criteria.

David England: Are you making any changes to this page?

Andrea Schershel: I would propose that cirrhotic patients with F4 be treated with daclatasivir, plus sofosbuvir and ribavirin for 12 weeks, or 24 weeks with daclatasivir and sofosbuvir.

David England: Ok, that is 1F.

Andrea Schershel: Also, patients that are post-transplant be treated per the AASLD guidelines with daclatasivir and sofosbuvir for 12 weeks in the non-cirrhotic patient and 24 weeks in the cirrhotic patient.

David England: other than that, any other concerns on the proposed criteria?

Andrea Schershel: No, just that.

David England: Can we validate that?

Carl Jeffery: Sure, it will be part of our discussion.

Paul Oesterman, Chairman: Any other comments? None.

Carl Jeffery: As you just heard, there are two more products on the market now, they are expanding the indications to cover the other genotypes. The AASLD is the highly reputable society that creates these guidelines and updates the guidelines very frequently. But with our process, we can't keep up with them. If there is some way to write in that we follow the AASLD guidelines because they change so frequently. I don't know how the Board feels about adding language to the policy. There is also some new information from CMS that Rob was telling me about.

Rob Earnest: Yes, CMS released some information expressing some concern about what states are doing with Hep C with utilization management. The gist was to take it slow and be sure we are being appropriate. They called out some examples for states having abstinence from alcohol or drug use. They didn't come out specifically, as a heads-up that they are looking at the criteria. I can provide the release to the Board, it just came out today. They want the fee for service and the MCOs to follow the guidelines.

David England: I don't feel we need to be on the cutting edge, but we should be on the wave so we can be in compliance with the Medicaid rules. Can we put criteria that we would follow the association recommendations after 30 or 60 days after being published, that we would implement it into our prior authorization request information, but give it time to shake out?

Andrea Schershel: I understand your point. Right now, the guidelines have been out for 2 months. If the issue is the cost of the 24 weeks of the daclatasivir and you are waiting for the guidelines update that will probably happen in about a month at the next AASLD conference. You will pick that up when they discuss the ALLY 3 trial. This trial is daclatasivir, sofosbuvir plus ribavirin for 12 or 16 weeks of therapy. The results are not published yet, but if you add ribavirin to the therapy, you will a comparable SVR. So to be fair, if you wanted to wait for the new guidelines, they will reference this therapy for the cirrhotic patients.

Paul Oesterman, Chairman: We will have to wait until that data comes out.

Abigail Polus: My name is Abigail Polus and I am with Northern Nevada HOPES as a patient advocate. I have been speaking with Mary Griffith via email. We're having some issues with getting PAs through and not getting the ability to obtain treatment for hepatitis C.

Paul Oesterman, Chairman: Let's have this discussion and then we will call you forward. Carl, can you give your information?

Carl Jeffery: You have the proposed criteria that was put together with the guidelines that were available at the time. We can update for transplant and cirrhosis status. The clinical call center is good about approving if the request is medically accepted and included in the current guidelines.

David England: I don't see the thing about CMS guidelines about abusing drugs or alcohol.

Rob Earnest: Let me be clear, those were not CMS guidelines, they just use as example some more aggressive criteria.

Carl Jeffery: CMS did NOT want states to do this, they said the State may be putting themselves at risk. The criteria for the Technivie is also included.

David England: Does the AASLD have criteria for the other things as well?

Carl Jeffery: The guidelines are pretty extensive.

David England: Do we want to say we will accept guidelines from national groups after release so we don't have to update the criteria.

Carl Jeffery: I don't think we need to cut and paste the guidelines into chapter 1200, we would just have a statement that we would use the guidelines in the background for requests.

David England: These are changing so quickly. If these are the best practices, rather than rehash it, we may have to say specifically which groups we are accepting this data from. It would have to be from peer-reviewed professional journals.

Coleen Lawrence: Peer-reviewed is already built into the process. You have a combination of the guidelines here, as a Board, you may not always agree with the major association's guidelines.

David England: Would we want those criteria to be used until the Board reviews or after the Board reviews? If something new and great comes out, but it takes so long for us to approve the criteria, I would hate to not have that criteria available.

Coleen Lawrence: We can always use administrative approval if necessary for emergencies.

David England: That's why I think we could list specific organizations.

Coleen Lawrence: I think this would be an exception to our normal process.

Mary Griffith: For hearings, we need to have a specific reason for why it was rejected.

Coleen Lawrence: So we would need to go find the literature at that time the decision was made. The other thing we can do is meet sooner than later on this.

Darrell Faircloth: What the committee is doing is using your clinical knowledge to recommend policy to DHCFP. There is a timeline involved, but it isn't something you should do is advocate

policy from an external organization. They may have a different approach to what is clinically appropriate.

David England: We want to keep on top of new guidelines, but we don't need to go line-by-line.

Darrell Faircloth: And we don't have those criteria in place or in front of us.

Coleen Lawrence: If the guidelines will be posted in peer reviewed literature, Chapter 1200 already says the prior authorization is based on peer reviewed literature. It is on the behalf of the prescriber to state what peer-reviewed literature they are using. I think we should put the most current criteria in the chapter, and then we can use peer-reviewed literature when it is updated.

Paul Oesterman, Chairman: We have this class of drugs that will be coming back up due to the continuous changes to the guidelines. We have suggestions to adopt a blanket statement of approving the guidelines as they are published, or review and adopt the guidelines during our meeting. I'll ask the Board if we should relinquish control and use the guidelines or should we maintain control and review the criteria from the guidelines before being used for prior authorizations.

James Marx: I can't imagine a scenario where this Board will ever disagree with the guidelines. I think we should reserve the right to review the guidelines.

David England: I think it is a matter of timing, we should continue with the current process and review the guidelines as criteria as they are proposed to use from Optum. We have used guidelines like this in the past.

Paul Oesterman, Chairman: We do agree with the concept that Optum uses the guidelines to put together the proposed criteria and we often approve them. I don't think we want to tie ourselves to one organization, we should use a nationally recognized organization.

David England: I think we need to stick with peer-reviewed journals.

Paul Oesterman, Chairman: We have a couple things. One, we need to decide how to proceed with the established proposed criteria, if we want to accept what we get from the FDA or nationally recognized organizations and two, if we want to amend the proposed criteria based on what we have heard tonight.

Carl Jeffery: The only thing on the agenda tonight is the Daklinza and Technivie.

Chris Shea: Carl, do you know if the transplant data is in the guidelines and cirrhosis guidelines are listed?

Carl Jeffery: I think they have been updated, I'll pull them up and compare them.

David England: Do we need to amend the proposed criteria based on what we have heard from the speakers tonight?

Paul Oesterman, Chairman: To back step, we have two products where we have proposed criteria. The first one we have the possibility to amend it based on what we have heard. The second product we have the proposed criteria. Is there any more public comment?

Jeffrey Zollinger: Can we adopt the criteria now with an exception to account for the new clinical literature?

Coleen Lawrence: That is already in the Chapter, the new literature can be used to evaluate.

Paul Oesterman, Chairman: But if we can get the guidelines updated.

Carl Jeffery: I don't think I am comfortable updating the proposed criteria on the fly right now. There are several pages of guidelines.

Paul Oesterman, Chairman: We have the proposed criteria here. We can put in a provision to utilize updated literature as it becomes available.

David England: I will make a motion for that.

James Marx: Second

Paul Oesterman, Chairman: So we have a motion to approve the proposed criteria for the Daklinza as it has been presented with the inclusion of the use of current clinical peer-reviewed literature. Any further discussion. All those in favor?

Votes: Ayes across the Board.

Paul Oesterman, Chairman: The second in this class is for Technivie. Is there anybody in the audience or on the phone wish to give comment? We have someone here

Chris Holtzer: Chris Holtzer with Abbvie. I am here for questions about Technivie.

Paul Oesterman, Chairman: Have there been any changes in the criteria?

Chris Holtzer: The proposed criteria fit the drug label as well as the AASLD guidelines.

Paul Oesterman, Chairman: Great, thank you. We have the criteria in front of us.

Carl Jeffery: I don't have anything to add.

Paul Oesterman, Chairman: Any discussion? No discussion, can we get a motion to approve the criteria as proposed?

David England: Moved.

James Marx: Second.

Votes: Ayes across the Board – motion carries.

Paul Oesterman, Chairman: We have someone in the audience that wishes to address the Board, please come forward.

Abigail Polus: My name is Abigail Polus with Northern Nevada Hopes. I want to convey some concerns we are seeing with some of our patients. Reads letter outlining concerns with criteria. Concerned with stage of liver disease, difficulty getting paperwork and drug testing done timely, patients required to try some agents before others. She stated Medicaid is not in compliance with AASLD guidelines. Staff unable to treat Nevada Medicaid recipients to the best of their ability because of these rules.

Coleen Lawrence: Mary did talk to Ms. Polus. We have multiple plans within Medicaid, Fee for Service and Managed Care. Mary has been working with our two managed care plans to determine their coverage of hepatitis C policy. Our policy is here and does align with the national organizations and standard. We will continue to work with managed care. We can't discuss their coverage policy, but we are researching.

David England: As far as time-frames, what do you think it is appropriate for a time-period?

Abigail Polus: We have members from our staff that help with prior authorizations that may be able to help answer that question.

David England: Another thing you mention is Specialty Pharmacies, some manufacturers have to have specialty pharmacies, and that is usually out of our hands.

Mark – Pharmacy director from Northern Nevada Hopes – I have a follow up question regarding specialty pharmacies. Is Medicaid, do they have anything to do with pushing medications out to specialty pharmacies?

Coleen Lawrence: We are an open network, so any qualified provider on FFS is allowed to provide services. If the manufacturer only provides their drug to a certain pharmacy, we don't have control over that.

Mark: A lot of drugs we are talking about are widely available through our distributor, so I do believe it could be the MCO that is mandating this.

Coleen Lawrence: This Board is only responsible for FFS. The MCOs to have the ability to manage their pharmacy networks. We are researching this.

b. For Possible Action: Discussion and possible adoption of prior authorization criteria for paliperidone palmitate (Invega Trinza®).

Paul Oesterman, Chairman: The next agenda item is the Invega, or Paliperidone palmitate. Any public comment?

Marykay Queener: My name is Marykay Queener, I am a medical science liaison with Janssen Pharmaceutics. I don't have any comments with the proposed criteria, I would endorse their adoption, but I am here for any questions.

Carl Jeffery: Invega Trinza, the extended release form, given every three months. There are specific criteria for this, they need to be stabilized on the monthly form for four months. The proposed criteria is presented and follows the drug label for diagnosis and prior treatment requirements.

Paul Oesterman, Chairman: One question, it says the two most recent doses of the monthly injectable product were the same strength. Would the patient start on the corresponding dose or could it be changed?

Marykay Queener: The recommendation to have the last two doses the same is because of the long duration. It would not be recommended with the first Trinza dose, but could be done if there are adverse events or not having control. Going up, if there is a gap in therapy, you may need to have an immediate acting dose to get coverage. But normally, the dose should be stabilized on Sustenna before going to Trinza.

Paul Oesterman, Chairman: The proposed criteria are here. We need a motion to approve.

David England: Motion.

James Marx: Second.

Paul Oesterman, Chairman: We have a motion and second to approve the criteria as proposed

Voting: Ayes across the Board.

c. For Possible Action: Discussion and possible adoption of prior authorization criteria for alirocumab (Praluent®).

Paul Oesterman, Chairman: The next item on the agenda is for Praluent, is there any public comment? Seeing none.

Carl Jeffery: This is a new class of medications, the PCSK9's. It is a unique mechanism of action for high cholesterol. Covers mechanism of action in detail and clinical study results. There is another agent in the class that we will review next time, Repatha. I think it is worth adding some guidelines to make sure the utilization is appropriate. There isn't really any long-term morbidity and mortality studies.

Paul Oesterman, Chairman: Are you aware of any studies that looked at patients with rhabdomyolisis?

Carl Jeffery: Muscle pain and weakness is one of the side effects, and they are looking further into it, but I'm not aware if there is anything in the guidelines. I know we talked about setting this in the class as the PSCK9's.

David England: In 1B, where it is prescribed by a cardiologist or lipid specialist, could it be renewed by their primary care physician?

Carl Jeffery: Yes, I think it could be renewed after the initial evaluation.

James Marx: Is there any lab monitoring required?

Carl Jeffery: Not that I recall reading.

Paul Oesterman, Chairman: As much as we would like to make this a class authorization criteria, it is not on the agenda that way. For the next meeting, we can agendize this as the class and review the quantity limitations because they are dosed differently. We need a motion to approve the criteria as presented.

James Marx: Motion.

Jeffrey Zollinger: Second.

Voting: Ayes across the Board, the motion carries.

d. For Possible Action: Discussion and possible adoption of prior authorization criteria for lumacaftor/ivacaftor (Orkambi®)

Paul Oesterman, Chairman: Our next drug is a combination product, Orkambi, for cystic fibrosis. Is there any public comment?

Ketul Patell: I'm Ketul Patell, a medical science liaison with Vertex pharmaceuticals. I am here for questions you might have.

Sonia: I am the Medical Director of the local cystic fibrosis center in Northern Nevada and I'm here for questions if you have any.

Paul Oesterman, Chairman: We do have a letter from the Cystic Fibrosis Organization, the Board can review that.

Carl Jeffery: Orkambi is a combination product. Gave an overview of medication. The proposed criteria follows the FDA approved label.

Paul Oesterman, Chairman: Is there a duration, or is it for life.

Ketul Patell: It is a chronic medication.

Carl Jeffery: I think the only thing we talked about is if the dose needs to be reduced with severe hepatic impairment. It would be D, if you could amend for the appropriate dose.

Paul Oesterman, Chairman: I think we should add an "E" so they don't get sub-therapeutic dose, the dose is one tablet every 12 hours with severe hepatic impairment. The proposed criteria with the addition of "E" for "the requested dose is one tablet every 12 hour in the presence of severe hepatic impairment." "E" would be an "or".

James Marx: I move for approval as amended.

David England: Second.

Votes: Ayes across the Board.

e. For Possible Action: Discussion and possible adoption of updated prior authorization criteria for the addition of rilonacept (Arcalyst®), secukinumab (Cosntyx®) and Canakinumab (Ilaris®) to the current immunomodulator criteria.

Paul Oesterman, Chairman: Our next action is the possible adoption of criteria for Arcalyst, Cosntyx and Ilaris to the immunomodulator class.

Carl Jeffery: We have three new products on the market now that fall into this class. These have some unique indications compared to some of the others currently available. Discusses indications for each and how the products are used. The updated criteria, they have been updated to add the age of 18 because we also have the juvenile indications to include the indications for the kids. The last time we reviewed these, we pulled the drug names out of the criteria so we can include the indications as they come out.

Paul Oesterman, Chairman: Have we had any usage to date for these new products?

Carl Jeffery: You will see the usage in the front, there are a few claims.

Paul Oesterman, Chairman: We have the updated proposed criteria; we need a motion to approve as presented.

David England: Moved.

James Marx: Second.

Voting: Ayes across the Board, the motion carries.

f. For Possible Action: Discussion and possible adoption of prior authorization criteria for sacubitril/valsartan (Entresto®)

Paul Oesterman, Chairman: The next topic is the discussion and possible adoption of prior authorization criteria for Entresto, used for heart failure. Do we have any public comment?

Melissa Walsh: Melissa Walsh, Medical Science Liaison with Novartis. There are some requirements that do not align with the label. First, 1b, asking for a left ventricular ejection fraction of less than or equal to 35. The indication from the FDA states heart failure with reduced rejection fraction, there is not a specific EF listed. If you do look at the guidelines the 2013 American Cardiology Association guidelines, they consider heart failure to be ejection fraction of less than 40. The first change I would like to suggest is either get rid of the number or align with the indication. The next, 1d, the prescriber is the cardiologist. There is nothing in the label that suggests this. If you look at the trial, it was not required. My concern is that these patients in more rural areas may not be able to access a cardiologist. The next, 1e, patient has been stabilized on an ACE or ARB. There is nothing in the indication that requires this. The indication does state it is given with other agents. The last would be 1g, the maximally tolerated dose of a beta blocker. The indication does not state the patient needs to be on a beta blocker. The trial did state they needed to be on a beta blocker, it was an individually optimized dose.

Carl Jeffery: This is a new product on the market, I think we have two patients on it now. The criteria comes from the Paradigm study. The cardiologist comes from heart failure likely being diagnosed by a cardiologist.

David England: In the past, many of the medications are not first line, then we prefer to go through a specialist with at least a consult. In the rural areas, they can at least get a conference set up.

Carl Jeffery: The maximally tolerated beta blocker came from the guidelines for the treatment of heart failure.

Melissa Walsh: The beta blocker had no difference in the outcome.

David England: On section E, if this is a new class, where does this come in to play in the guidelines?

Melissa Walsh: You definitely don't want to use with and ACE. The paradigm study was head-to-head with another ACE. The guidelines are not done yet and this has not been incorporated.

Jeffrey Zollinger: Is there any morbidity and mortality data on this?

Carl Jeffery: Yes, there was a 20% reduction in the endpoint of hospitalization compared to enalapril.

Paul Oesterman, Chairman: In reference in 1b, there is no number for ejection fraction?

Melissa Walsh: There is no number in the indication. The Paradigm trial started with a 40% ejection fraction and then moved to a 35% to capture the sickest possible population. But the indication itself does not list a number. My concern was that this is confused with the product you reviewed last time that does list ejection fraction of 35 in the label.

James Marx: My biggest concern is, what is heart failure? Getting the proper diagnosis is important for this medication. Even in the rural areas, the ejection fraction can be done.

Jeffrey Zollinger: I think if a patient has an ejection fraction of 40, it may be best to let the cardiologist to decide if they want to use this drug.

James Marx: If we can remove the ejection fraction, but leave the cardiologist, and let them decide when to use this medication.

Paul Oesterman, Chairman: What do we want to do with the beta blocker? I was reading about post MI patients.

David England: That is where I'm a little confused about it too. We may need to change the verbiage around a little so it isn't, "maximally tolerated beta blocker." For the ACE, can we say a "trial of an ACE inhibitor?"

Chris Shea: This verbiage for not getting an ACE inhibitor is a safety thing, so they don't get both.

Carl Jeffery: Until we get some updated guidelines, we are not going to know for sure how these are placed.

Paul Oesterman, Chairman: To recap what we have so far, no change on A, for B we are saying "reduced left ventricular ejection fraction", with no number. C and D remain the same. E would read as, "Recipient has had a trial of an ACE or an ARB for at least 4 week prior to the initiation of therapy." F would remain the same. G says, "The recipient is on an individualized dose of a beta blocker, or the recipient has a contraindication to beta blocker use."

David England: I will move the amended criteria.

Jeffrey Zollinger: Second.

Voting: Ayes across the Board, the motion carries.

6. Public Comment on any DUR Board Requested Report

Paul Oesterman, Chairman: We now have any public comment on any of the drug use review Board requested reports. Hearing none, we will go through the reports.

7. DUR Board Requested Reports

a. Report on diabetic patient compliance for blood glucose monitoring receiving insulin and possible hospitalizations due to lack of monitoring.

Carl Jeffery: The first thing is the diabetic supply. We talked about the test strip use for recipients getting insulin. We have 1000 member with insulin and test strips and 1000 members with insulin without test strips and compared their emergency room visits. I don't think the numbers were significantly different. The report breaks it down by diagnosis, and then there is a summary of a diagnosis. The summary of this one shows that not getting test strips does not result in higher admissions.

Paul Oesterman, Chairman: It would be interesting to see if these members are getting test strips somewhere.

Mary Griffith: It was a pretty high number around 60% have received an A1c at least in the past year. But only about 6% are getting the diabetic teaching.

Coleen Lawrence: I think this may be because the way we reimburse. Everything is paid through the physician model. We are in the process of getting that updated and looking at that policy. The second thing we are looking at is test strips we pay for vs. managed care. We are looking at some possible alignment.

Carl Jeffery: As Coleen mentioned, the ICD-10 needs to be submitted by the pharmacy to get these to go through without a PA. Our concern is that we might have some members that get 400 test strips and then sell them at the flea market. Instead we can do a look back to see if they have an order for a drug that causes hypoglycemia.

Mary Griffith: We would still need to change the policy because it says ICD-10.

Paul Oesterman, Chairman: Maybe look at an A1c correlation to insulin dependent patients vs. oral hypoglycemic agents.

b. Brand products dispensed where a generic is available

Paul Oesterman, Chairman: Our next report is brand products where a generic is available.

Carl Jeffery: The report is listed by cost. The top drugs make sense since they are preferred. All the rest are the recipient states the generic doesn't work. The Xanax caught our eye last time. Some may be justified because of short supply of the generic or the generic was just released. It is broken out by point of sale claims and physician administered drug claims. Zometa and Lovenox are at the top. We are relying on the person in the office that gives the dose to give the NDC to the billing department and this doesn't always happen.

Paul Oesterman, Chairman: A lot of the office administered drugs, there have been shortages of the generics. Anybody on the Board want to see something to dig into? The inadvertent of information being entered, and I would guess a fair number of these is because of this.

Rob Earnest: Most of our disputes in the rebate program are related to physician office claims.

Chris Shea: I highly doubt it is intentional, but there is a lot of money being paid that could be reduced.

Carl Jeffery: One option is to start rejecting brand medications where there is a generic available.

Extended discussion on billing process for physician administered drug claims.

Paul Oesterman, Chairman: Great discussion. Maybe a future topic would be to tell us what else you have learned and what has been done.

c. Midazolam Syrup utilization

Paul Oesterman, Chairman: Next is Midazolam syrup. Utilization of one, I think this is a moot point.

James Marx: I think we were looking at the syrup for pediatric use.

d. Hydrocodone Product utilization

Paul Oesterman, Chairman: Hydrocodone products, we have the utilization now.

Carl Jeffery: I think as you would expect the popular combos are at the top.

Paul Oesterman, Chairman: Have we done any kind of study with acetaminophen cumulative dosing?

Carl Jeffery: We put the quantity limits in about two years ago.

Paul Oesterman, Chairman: What is interesting is the three top ones, the trends are consistent. At least they are not climbing. Has our membership increased?

Carl Jeffery: It has modestly over this period.

Paul Oesterman, Chairman: So given that and our numbers are steady, that is a good thing.

8. Public Comment on any Standard DUR Report

None

9. Standard DUR Reports

Paul Oesterman, Chairman: The next topic is the standard DUR reports. Carl do you want to run over the standard reports?

Carl Jeffery: You have the top 10 therapeutics classes by cost and claim count.

Discussion of anticonvulsant utilization trends.

Paul Oesterman, Chairman: The count of claims for the anticonvulsants is up, cost wise, has it changed over the years?

Carl Jeffery: We can look back over the years to see how it trends. The hepatitis C trends seem to be going down, which might be a good thing. The next report is the top 50 by quarter. The same story with hemophilia and Abilify.

Paul Oesterman, Chairman: When did aripiprazole go generic?

Carl Jeffery: In the summer time, but we still prefer the brand name over the generic.

Paul Oesterman, Chairman: For our reports, rebates are not reflected in what we see here.

Carl Jeffery: Right, with the proprietary nature of this.

Rob Earnest: We could report on a net basis

Carl Jeffery: What kind of information are you looking for? What are you going to do with this?

Paul Oesterman, Chairman: It goes with the brand vs. generic, and what costs more.

Carl Jeffery: The next is the pro-DUR report and it goes on for several pages.

Paul Oesterman, Chairman: End-stage renal drugs are not included in here.

Carl Jeffery: If they are being dispensed from an ESRD facility, then it is included in their per diem rate, but there are other drugs on the report that are used.

Paul Oesterman, Chairman: I see about 28% of the claims are rejected, is there a pattern to the rejection?

Carl Jeffery: You can see the types of rejection. Most are going to be ingredient duplication. These are edits that can be overridden at the pharmacy level if the pharmacist deems it is clinically ok.

David England: So there were several that were reversed.

Carl Jeffery: We can't tell why they were reversed, we don't know if the pharmacist reversed them because they were not clinically appropriate, or if the patient never picked them up.

Paul Oesterman, Chairman: The total plan paid, where does that number come from?

Carl Jeffery: The $96 million, that total doesn't mean anything because it accounts for paid, revered and rejected claims. We're not going to know what was resubmitted and then paid. If

you look at the specifics on the ingredient duplication, the number one drug is hydrocodone/APA P combos hitting with other hydrocodone/APAP.

Paul Oesterman, Chairman: on the ingredient duplication, there were no paid claims for Proair, but 376 rejected claims, I guess I'm not following report.

Carl Jeffery: I see what you are saying on the Proair, that doesn't make sense to me either, I'll have to dig in to that one.

David England: On page 9, the drug-age precautions, why would we pay for these if there is a black-box warning?

Carl Jeffery: I think that is part of the DUR Board purview, if you want to set up a hard stop, you can get that going. We use Medispan's rules.

Coleen Lawrence: The DUR Board changed the severity level about 4 years to include only the most severe level would be a hard stop. The rest are allowed to be bypassed at the pharmacy level.

6. Closing Discussion

Chris Shea: I have a question, we get bethanechol rejected all the time when we ask for a PA, even if I ask to speak to a pharmacist. Can we ask that the P&T take a look at that drug? It falls in the wrong category because it is a cholinergic and it is with all the anticholinergics.

Carl Jeffery: Sure, it falls in the same category. We can bring it up with the P&T.

Paul Oesterman, Chairman: Any other comments on the reports or anything?

James Marx: Are you seeing any claims for naloxone for opioid overdose?

Carl Jeffery: We just looked at that, and there wasn't much utilization.

James Marx: There are some nasal drops that are not FDA approved. I think you are going to see it pick up. It isn't being actively promoted right now. It is something that can be very effective.

Coleen Lawrence: There is going to be a lot of training for the family members on how to handle this.

Paul Oesterman, Chairman: Date and location of the next meeting?

Carl Jeffery: January 28th, same time same place.

Paul Oesterman, Chairman: The meeting is adjourned.

Meeting adjourned at 8:48PM

Fee-for-Service Pharmacy Tool Kit

Nevada Medicaid and Nevada Check Up are separated into both Fee-for-Service (FFS) and Managed Care plans. The plans are determined based upon the eligibility category of the recipient and where the recipient lives in Nevada.

The following Managed Care Organizations http://dhcfp.nv.gov/Members/BLU/MCOMain/ serve TANF/CHAP and Medicaid Expansion recipients in Urban Washoe County and Urban Clark County:

- ✓ Amerigroup
- ✓ Health Plan of Nevada

Hewlett Packard Enterprise & Optum Rx serve FFS recipients statewide https://www.medicaid.nv.gov/

Drug Use Review (DUR) Board

The DUR Board is a federally mandated board in accordance with §1927 of Social Security Act. The Advisory Board is established to ensure that the pharmacy program effectively assures that covered outpatient prescriptions are appropriate, medically necessary, and not likely to produce adverse medical results.

It serves as a mechanism to educate providers to identify and reduce the frequency of patterns of fraud, abuse, gross overuse, conservation of funds, inappropriate or medically unnecessary care among *physicians, pharmacists, and patients, or associated with specific drugs or groups of drugs.*

Pharmacy & Therapeutic (P&T) Committee

A State regulated committee which identifies preferred prescriptions to be included or excluded from restrictions on the Nevada Medicaid Preferred Drug List in accordance with NRS 422.4025.

P&T Committee has final determination of inclusion and exclusionary criteria of the PDL.

P&T Committee determines whether a drug is included based upon clinical evidence and not based upon cost of the drug.

DUR Board Responsibilities

Pro-DUR Activities-prior and during the process of adjudicating the pharmacy claim, such as;

- ✓ Establishing and maintaining prior authorization criteria
- ✓ DUR Edits (refill,dose,duplication,drug-drug,age)
- ✓ Quantity edits

Retro-DUR- after claim has adjudicated

- ✓ Educating prescribers, recipients and community

Annual DUR Report

Statutory restriction- step therapy cannot be based upon cost

P&T Committee Responsibilities

Statutory requirements on Nevada Medicaid FFS PDL include;

- ✓ Establish & maintain PDL for Nevada Medicaid
- ✓ Anti-rejection, antihemophilic, immunodeficiency, protease inhibitors and antiretroviral medications may not be on PDL.
- ✓ Anti-convulsants & anti-diabetics with an indication prior to June 30, 2010 may not be on PDL
- ✓ PDL must be reviewed at least annually

P&T Committee and DUR Board Meetings

- ✓ DHCFP's goal is to post agendas 30 days prior to each meeting under the Public Notice Tab http://dhcfp.nv.gov/
- ✓ Each meeting is scheduled on a quarterly basis (alternating of each other).
- ✓ The DUR Board is held onsite in Reno, NV. The P&T is held onsite in Las Vegas, NV.
- ✓ A quorum of the total membership is required for the State to host the meeting.
- ✓ Public comment may be submitted in advance to DHCFP rxinfo@dhcfp.nv.gov Comments submitted in advance of the meeting must be received 3 business days prior to meeting.
- ✓ Presentation of written materials at the meeting are encouraged. Please bring enough copies for the Board/Committee members and at least 20 copies for the public.
- ✓ Draft minutes will be posted within 30 days of the meeting and posted on the DHCFP State website.
- ✓ Final minutes will be adopted at the next meeting with a quorum.

Navigating the Pharmacy System

P&T and DUR Board Ground Rules for a Successful Collaboration

- DHCFP's contracted vendors will have a transparent process for product review submission. There is a dedicated form and website on DHCFP's contracted website for the PDL. https://www.medicaid.nv.gov/
- DHCFP posts drug class reviews 45 days in advance of the P&T meeting to remain transparent
- Presentations are time limited. Time is always posted on the agenda. Please be aware & respectful of the time limitation.
- Only new information at each meeting is to be presented.
- Presentation on pharmaceuticals should focus on education, safety and efficacy of the product. The P&T Committee is *prohibited by Nevada state statute to review cost.*
- Board members are volunteering their time please be respectful do not detail them outside of the meetings.

How are new drugs covered?

- DHCFP uses Medi-Span drug dictionary. The point-of-sale is updated weekly. Once the drug file is updated from the manufacturer the drug will be updated the following week.
- If the drug is on the PDL, the drug will be non-covered until the P&T Committee reviews the class again.
- Drug classes are reviewed by the P&T Committee at any time due to:
  - Request by the Committee;
  - Request by the State;
  - Request by a Stakeholder (requests are to be submitted via the email contact);
  - Annual review.
- Drugs may be reviewed by the DUR Board for similar reasons to the P&T Committee.

Pharmacy Policy

Once DUR Board has approved changes in pharmacy policy, the policy is required to go to public hearing to change Chapter 1200 of the Medicaid Services Manual.

- Approximately 60 days for internal processing which includes the required 30 days public hearing notice

PDL Timeline

PDL typically posted the following month after the P&T Committee meeting.

Supplemental rebates begin collecting once the new PDL is posted to the website.

National Drug Code (NDC) Requirement

All outpatient claims are required to be billed with the appropriate NDC. https://www.medicaid.nv.gov/providers/ndc.aspx

Exclusions:

- Inpatient claims, Inclusive claims (i.e. encounters)

Pharmacy Administered Drugs

DHCFP reimburses pharmacists for all childhood and adult immunizations

340B Claims

In order to prohibit duplicative discounts as required by HRSA, DHCFP requires the following actions;

- Providers are excluded on the HRSA Medicaid 340B exclusionary file, and
- Providers must bill 340B drugs at the Actual Acquisition cost;
- Applies to both FFS and Managed Care drugs.

Pharmacy Contacts

State Policy & Coverage:	Mary Griffith, RN (775) 684-3751 mary.griffith@dhcfp.nv.gov
FFS Account Management:	Beth Slamowitz, PharmD (775) 335-8570 beth.slamowitz.hpe.com
Supplemental Rebate Bids	nevadamedicaidpdl@optum.com
FFS Rebate Operations:	Nevada.Rebates@optum.com
Clinical Call Center for Prior Auth:	(855) 455-3311, Fax: (855) 455-3303
Technical Call Center for Prior Auth:	(866) 244-8554

HH. Anti-Hepatitis Agents – Protease Inhibitor Agents

Therapeutic Class: Anti-Hepatitis Agents-Protease Inhibitors
Last Reviewed by the DUR Board: January 22, 2015

Victrelis® (boceprevir), Incivek® (telaprevir), and Olysio® (simeprevir) are subject to prior authorization and quantity limitations based on the Application of Standards in Section 1927 of the Social Security Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage and Limitations

Approval will be given if the following criteria are met and documented:

a. Victrelis® (boceprevir)

1. For treatment initiation (treatment weeks 5 through 28), the recipient must have all of the following:

a. The recipient has a diagnosis of chronic hepatitis C genotype 1 infection; and

b. The recipient will be treated with peginterferon alfa and ribavirin for four weeks prior to starting Victrelis® (boceprevir) and will continue peginterferon alfa and ribavirin for the entire duration of treatment with Victrelis® (boceprevir); and

c. The recipient has not received a previous course of therapy with Incivek® (telaprevir), Olysio® (simeprevir) or Victrelis® (boceprevir) unless the drug is being switched due to an adverse event with the alternative drug.

2. For treatment continuation for treatment weeks 28 through 36, the recipient must have one of the following:

a. The recipient is treatment-naïve and their HCV-RNA level was detectable at treatment week eight and undetectable at treatment week 24; or

b. The recipient is a previous partial responder or a relapser to peginterferon alfa and ribavirin and their HCV-RNA was undetectable at treatment week eight and treatment week 24.

3. For treatment continuation for treatment weeks 28 through 48, the recipient must have one of the following:

a. The recipient has a diagnosis of chronic hepatitis C genotype 1 with compensated cirrhosis and their HCV-RNA was detectable at treatment week 24; or

b. The recipient had a <2-$\log_{10}$ HCV-RNA drop by treatment week 12 on prior treatment with peginterferon alfa and ribavirin and HCV-RNA on triple therapy is undetectable at treatment week 24; or

c. The recipient is treatment-naïve and poorly interferon responsive based on <1-$\log_{10}$ decline in HCV-RNA at treatment week four following lead-in therapy with peginterferon alfa.

b. Incivek® (telaprevir)

1. For treatment initiation (weeks one through eight) the recipient must have all of the following:

a. The recipient has a diagnosis of chronic hepatitis C genotype 1 infection; and

b. The recipient will be treated with concomitant peginterferon alfa plus ribavirin; and

c. The recipient has not received a previous course of therapy with Incivek® (teaprevir), Olysio® (simeprevir) or Victrelis® (boceprevir) unless the drug is being switched due to an adverse event with the alternative drug.

2. For treatment continuation for treatment weeks nine through 12:

a. The recipient is treatment-naïve and their HCV-RNA level was <1000 IU/mL at treatment week four.

c. Olysio® (simeprevir)

1. For treatment initiation (treatment weeks one through eight), the recipient must meet all of the following:

a. The recipient has a diagnosis of chronic hepatitis C genotype 1 infection; and

b. The recipient will be treated with concomitant peginterferon alfa plus ribavirin; and

c. The recipient has not received a previous course of therapy with Incivek® (telaprevir), Olysio® (simeprevir), or Victrelis® (boceprevir) unless the drug is being switched due to an adverse event with the alternative drug; and

d. The recipient has been pre-screened and does not test positive for the 1A NS3 Q80K polymorphism.

2. For treatment continuation for treatment weeks nine through 12, the recipient must have one of the following:

a. The recipient is treatment-naïve, and their HCV-RNA level was <25 IU/mL at treatment week four; or

b. The recipient is a previous prior relapser and their HCV-RNA level was <25 IU/mL at treatment week four; or

c. The recipient is a partial or a null-responder to previous therapy of interferon and ribavirin alone (no other HCV protease inhibitors) and their HCV-RNA was <25 IU/mL at treatment week four.

3. The initial prescription for Olysio, with peginterferon alfa and ribavirin must be for a two week supply. Subsequent refills can be up to 34 days.

2. Prior Authorization Guidelines:

a. Victrelis® (boceprevir)

1. Initial prior authorization will be for 24 weeks (through treatment week 28).

2. For recipients meeting criteria for continuation treatment for treatment weeks 28 through 36, a prior authorization may be renewed once for an additional eight weeks.

3. For recipients meeting criteria for continuation treatment for treatment weeks 28 through 44, a prior authorization may be renewed once for an additional 24 weeks.

b. Incivek® (teleprevir) and Olysio® (simeprevir)

1. Initial prior authorization approval will be for eight weeks.

2. For recipients meeting criteria for continuation treatment for treatment weeks nine through 12, a prior authorization approval may be renewed once for an additional four weeks.

c. Prior Authorization forms are available at:
http://www.medicaid.nv.gov/providers/rx/rxforms.aspx

UU. Sovaldi® (sofosbuvir)

Therapeutic Class: Anti-Hepatitis Agents-Polymerase Inhibitor Agents
Last Review by the DUR Board: January 22, 2015

Sovaldi® (sofosbuvir) is subject to prior authorization and quantity limitations based on the Application of Standards in Section 1927 of the Social Security Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage and Limitations:

   Approval for Sovaldi® (sofosbuvir) for mono-infected or HCV/HIV-1 co-infected recipients will be given if the following criteria are met and documented:

   a. The recipient has a diagnosis of chronic hepatitis C Genotype 1 infection; and the recipient will be treated in combination with peginterferon alfa and ribavirin or, if the recipient is ineligible to receive peginterferon alfa, in combination with ribavirin; or

   b. The recipient has a diagnosis of Chronic Hepatitis C Genotype 2 or 3 Infection; and the recipient will be treated in combination with ribavirin; or

   c. The recipient has a diagnosis of Chronic Hepatitis C Genotype 4 Infection; and the recipient will be treated in combination with peginterferon alfa and ribavirin; or

   d. The recipient has a diagnosis of Chronic Hepatitis C Genotype 1, 2, 3, or 4 infection; and the recipient has a diagnosis of hepatocellular carcinoma and is awaiting a liver transplant; and the recipient will be treated in combination with ribavirin.

2. The initial prescription for Sovaldi must be for a two week supply. Subsequent refills can be up to 34 days.

3. Prior Authorization Guidelines

   a. Prior Authorization approval will be for 12 weeks for ALL of the following:

      1. Recipients with a diagnosis of Chronic Hepatitis C Genotype 1 infection and combination therapy with peginterferon alfa and ribavirin.

      2. Recipients with a diagnosis of Chronic Hepatitis C Genotype 2 infection and combination therapy with ribavirin.

   b. Prior Authorization approval will be for 24 weeks for all of the following:

1. Recipients with a diagnosis of Chronic Hepatitis C Genotype 1 infection and combination therapy with ribavirin.
2. Recipient with a diagnosis of Chronic Hepatitis C Genotype 3 infection and combination therapy with ribavirin.

c. Prior Authorization approval will be for up to 48 weeks or until liver transplantation for recipients with a diagnosis of hepatocellular carcinoma and is awaiting a liver transplant combination therapy with ribavirin.

d. Prior Authorizations will be renewed in 12 week intervals based on genotype.

e. Prior Authorization forms are available at: http://www.medicaid.nv.gov/providers/rx/rxforms.aspx

WW. Harvoni® (ledipasvir/sofosbuvir)

Therapeutic Class: Anti-Hepatitis Agents-Polymerase Inhibitor Agents
Last Reviewed by the DUR Board: January 22, 2015

Harvoni® (ledipasvir/sofosbuvir) is subject to prior authorization and quantity limitations based on the Application of Standards in Section 1927 of the Social Security Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage and Limitations

   Approval for Harvoni® (ledipasvir/sofosbuvir) will be given if the following criteria is met and documented:

   a. The recipient has a diagnosis of chronic hepatitis C genotype 1 infection; and

   b. The recipient is 18 years of age or older; and

   c. The requested dose is 90 mg/400 mg, once daily; and

2. The initial prescription for Harvoni® must be for a two week supply. Subsequent refills can be up to 34 days.

3. PA Guidelines

   a. PA approval will be given for eight weeks of therapy if the recipient is treatment-naïve, does not have cirrhosis and as a pretreatment (within the last 12 weeks) HCV RNA viral load less than 6 million IU/mL; or

   b. PA approval will be given for 12 weeks of therapy, if one of the following are met and documented:

      1. The recipient is treatment-naïve, does not have cirrhosis and has a pre-treatment (within the last 12 weeks) HCV RNA viral load greater than or equal to 6 million IU/mL; or

      2. The recipient is treatment-naïve and has cirrhosis; or

      3. The recipient is treatment-experienced (failed treatment with peginterferon alfa + ribavirin ± an HCV protease inhibitor) and does not have cirrhosis. (NOTE: recipients who have failed a previous course of therapy with Sovaldi® is also acceptable to meet this criterion); or

   c. Approval will be given for 24 weeks of therapy if the recipient is treatment-experienced (failed treatment with peginterferon alfa + ribavirin ± an HCV

protease inhibitor) and has cirrhosis. (NOTE: recipients who have failed a previous course of therapy with Sovaldi® is also acceptable to meet this criterion).

Prior Authorization forms are available at:
http://www.medicaid.nv.gov/providers/rx/rxforms.aspx

YY. Viekira Pak® (dasabuvir-ombitasvir-paritaprevir-ritonavir)

Therapeutic Class: Anti-Hepatitis Agents-Polymerase Inhibitor Agents
Last Reviewed by DUR Board: April 23, 2015

Viekira Pak® (dasabuvir-ombitasvir-paritaprevir-ritonavir) is subject to prior authorizations and quantity limitations based on the Application of Standards in Section 1927 of the Social Security Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage and Limitations

Approval will be given if the following criteria are met and documented:

a. The recipient has a diagnosis of hepatitis C virus (HCV) genotype 1; and

b. The recipient is 18 years of age or older; and

c. The recipient does not have severe hepatic impairment (Child-Pugh class C); and

d. The recipient has not failed previous therapy that included an HCV protease inhibitor (i.e. boceprevir (Victrelis®), simeprevir (Olysio®) teleprevir (Incivek®); and

e. The recipient has not failed previous therapy that included sofosbuvir (Sovaldi®); and

f. The requested dose is 25/150/100 mg of dasabuvir-paritaprevir-ritonavir (two tablets) once daily in combination with dasabuvir 250 mg (one tablet) twice daily; and

g. The recipient will be using combination therapy with ribavirin for any of the following:

1. genotype 1a infection (all);

2. genotype 1b infection (cirrhosis is present);

3. recipient has had a liver transplant; and

h. The requested duration of therapy is appropriate; and

i. If the recipient has had a liver transplant, they have no or mild hepatic fibrosis (Metavir fibrosis score 2 or less).

2. Prior Authorization Guidelines

a. Prior Authorization approvals will be given for a period of 12 weeks at a time.

b. Total length of therapy authorized will be based on the following:

1. Genotype 1a (no cirrhosis): 12 weeks

2. Genotype 1a (cirrhosis): 24 weeks

3. Genotype 1b: 12 weeks

4. Genotype 1a or 1b (recipient has had a liver transplant): 24 weeks

c. Prior Authorization forms are available at:
http://www.medicaid.nv.gov/providers/rx/rxforms.aspx

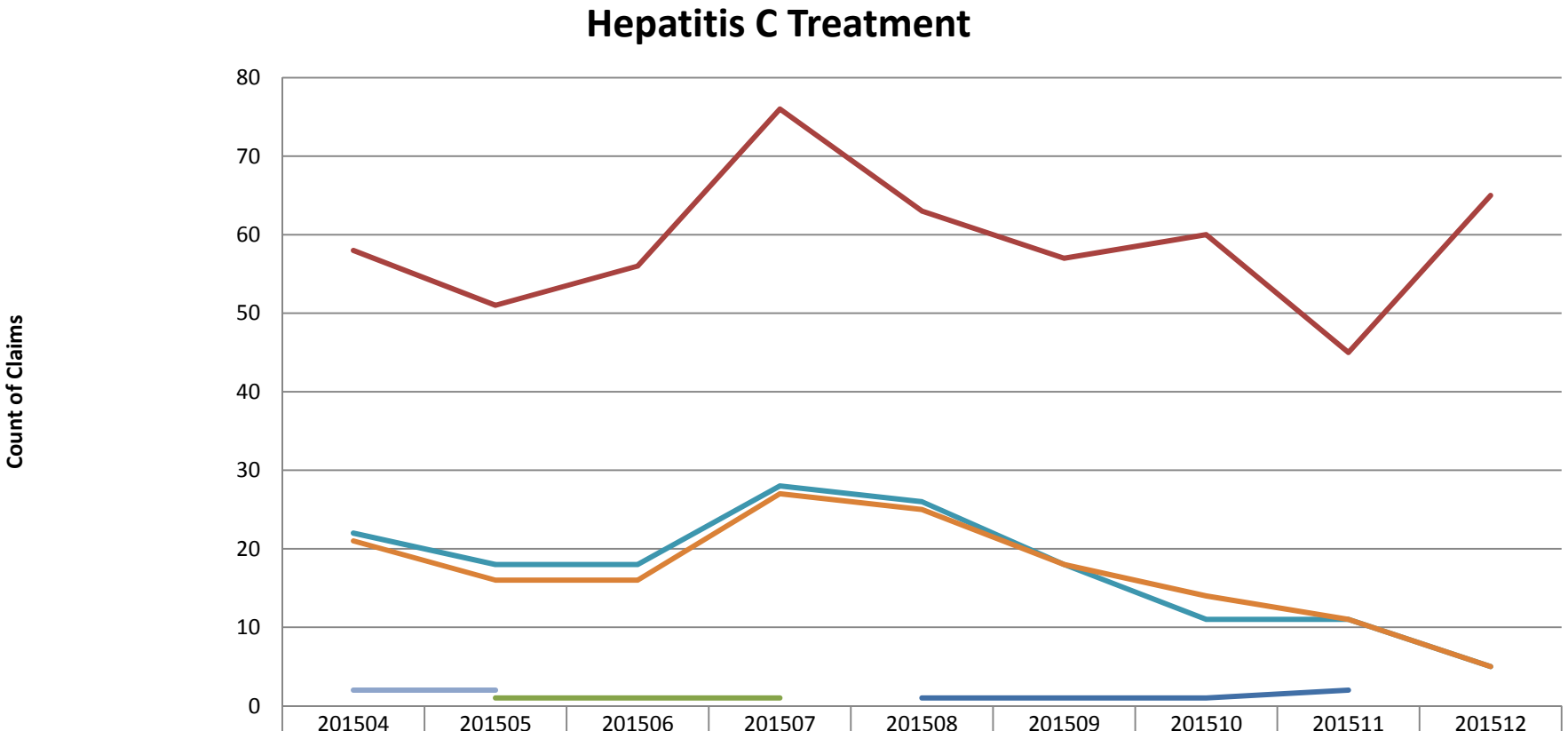
Hep-C

April 2015 - December 2015

Row Labels	Claim Count	Member Count	Pharmacy Paid
201504			
HARVONI	58	54	$ 1,671,023.80
RIBASPHERE RIBAPAK	1	1	$ 1,181.18
RIBAVIRIN	22	19	$ 5,526.06
SOVALDI	21	18	$ 599,859.96
VIEKIRA PAK	2	2	$ 56,666.44
201504 Total	**104**	**94**	**$ 2,334,257.44**
201505			
HARVONI	51	47	$ 1,446,085.80
OLYSIO	1	1	$ 22,567.16
RIBAVIRIN	18	16	$ 3,960.12
SOVALDI	16	14	$ 457,036.16
VIEKIRA PAK	2	2	$ 56,666.44
201505 Total	**88**	**80**	**$ 1,986,315.68**
201506			
HARVONI	56	47	$ 1,429,848.41
OLYSIO	1	1	$ 22,567.16
RIBAVIRIN	18	17	$ 4,123.45
SOVALDI	16	15	$ 399,915.00
201506 Total	**91**	**80**	**$ 1,856,454.02**
201507			
HARVONI	76	52	$ 1,542,397.21
OLYSIO	1	1	$ 22,567.16
RIBAVIRIN	28	23	$ 5,918.78
SOVALDI	27	21	$ 671,288.52
201507 Total	**132**	**97**	**$ 2,242,171.67**
201508			
DAKLINZA	1	1	$ 21,424.76
HARVONI	63	47	$ 1,269,426.64
RIBAVIRIN	26	22	$ 6,503.72
SOVALDI	25	22	$ 628,439.00
201508 Total	**115**	**92**	**$ 1,925,794.12**
201509			
DAKLINZA	1	1	$ 21,424.76
HARVONI	57	40	$ 1,124,817.84
RIBAVIRIN	18	16	$ 3,980.61
SOVALDI	18	15	$ 442,765.68
201509 Total	**94**	**72**	**$ 1,592,988.89**
201510			
DAKLINZA	1	1	$ 21,424.76
HARVONI	60	40	$ 1,140,895.96
RIBAVIRIN	11	11	$ 2,726.39
SOVALDI	14	11	$ 371,346.64
201510 Total	**86**	**63**	**$ 1,536,393.75**
201511			
DAKLINZA	2	2	$ 21,013.77
HARVONI	45	34	$ 737,051.82
RIBAVIRIN	11	9	$ 1,177.74
SOVALDI	11	10	$ 302,413.87
201511 Total	**69**	**55**	**$ 1,061,657.20**
201512			
HARVONI	65	38	$ 1,074,901.67
RIBAVIRIN	5	5	$ 478.12
SOVALDI	5	5	$ 137,460.85
201512 Total	**75**	**48**	**$ 1,212,840.64**
Grand Total	**854**	**681**	**$ 15,748,873.41**

Plan Code Final

Sum of Count of Claims



	201504	201505	201506	201507	201508	201509	201510	201511	201512
DAKLINZA					1	1	1	2	
HARVONI	58	51	56	76	63	57	60	45	65
OLYSIO		1	1	1					
RIBASPHERE RIBAPAK	1								
RIBAVIRIN	22	18	18	28	26	18	11	11	5
SOVALDI	21	16	16	27	25	18	14	11	5
VIEKIRA PAK	2	2							

YearMonth Filled

DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD
PROPOSED PRIOR AUTHORIZATION CRITERIA

Therapeutic Class: Hepatitis C direct-acting antivirals
Last Reviewed by the DUR Board:

1. **Coverage and limitations:**

A. All Requests must meet the following criteria:

1) Recipient has a diagnosis of chronic Hepatitis C Virus (HCV) infection

2) Recipient is 18 years of age or older

3) All of the following must be included with the PA request:
   a. Medical records and results of laboratory and diagnostic tests which support ALL of the following:
      1. HCV genotype (and subtype, if applicable)
      2. Baseline HCV RNA viral load and date drawn
      3. Hepatic fibrosis stage, including tests supporting liver disease staging (e.g. APRI, Fibroscan, Fibrosure, FIB-4)
         i Results of diagnostic tests or imaging studies that are inconclusive may require additional testing
   b. Complete treatment regimen
   c. Duration of treatment
   d. Previous treatment-experience and length of treatment, if any, including outcome (e.g. discontinued to side effects, relapsed, non-responder, null-responder)

4) Prescriber must certify that treatment will be discontinued if the viral load is detectable at week 4 of treatment and has increased by greater than 10-fold (>1 $\log_{10}$ IU/mL) on repeat testing at week 6 (or thereafter).

5) Requests for recipients with decompensated cirrhosis (Child Turcotte Pugh [CTP] class B or C) and requests for recipients who have chronic hepatitis C infection status-post liver transplant will be evaluated on a case-by-case basis.

B. Harvoni (initial requests)

1) Requested dose is one 90 mg/400 mg tablet once daily

2) Genotype 1

   a. Recipient is treatment-naïve and ONE of the following is met:
      1. No cirrhosis, pre-treatment HCV RNA < 6 million, and the requested duration is 8 weeks
      2. No cirrhosis, pre-treatment HCV RNA ≥ 6 million, and the requested duration is 12 weeks
      3. Compensated cirrhosis (CTP class A), requested duration is 12 weeks

   b. Recipient is treatment-experienced (failed peginterferon + ribavirin) and ONE of the following is met:
      1. No cirrhosis and the requested duration is 12 weeks
      2. Compensated cirrhosis (CTP class A), will be treated with ribavirin, and requested duration is 12 weeks

3. Compensated cirrhosis (CTP class A), documentation is provided that the recipient is unable to take ribavirin, and the requested duration is 24 weeks

c. Recipient is treatment-experienced (failed peginterferon + ribavirin + an NS3 protease inhibitor), has had no prior treatment with an NS5A polymerase inhibitor (e.g. daclatasvir, ledipasvir, ombitasvir), and ONE of the following is met:
   1. No cirrhosis and the requested duration is 12 weeks
   2. Compensated cirrhosis (CTP class A), will be treated with ribavirin, and requested duration is 12 weeks
   3. Compensated cirrhosis (CTP class A), documentation is provided that the recipient is unable to take ribavirin, and the requested duration is 24 weeks

d. Recipient is treatment-experienced (failed Olysio + Sovaldi), has had no prior treatment with an NS5A polymerase inhibitor (e.g. daclatasvir, ledipasvir, ombitasvir), and ONE of the following is met:
   1. No cirrhosis, will be treated with ribavirin, and the requested duration is 12 weeks
   2. Cirrhosis (CTP class A, B, or C), will be treated with ribavirin, and the requested duration is 24 weeks

e. Recipient is treatment-experienced (failed Sovaldi + ribavirin ± peginterferon) and ONE of the following is met:
   1. No cirrhosis, will be treated with ribavirin, and the requested duration is 12 weeks
   2. Cirrhosis (CTP class A, B, or C), will be treated with ribavirin, and the requested duration is 24 weeks

3) Genotype 4,5 and 6
   a. Recipient is treatment-naïve and the requested duration is 12 weeks
   b. Recipient is treatment-experienced (failed peginterferon + ribavirin ± an NS3 protease inhibitor) and the requested duration is 12 weeks

C. Viekira Pak (initial requests)

1) Requested dose is two ombitasvir/paritaprevir/ritonavir 12.5/75/50 mg tablets once daily (25/150/100 mg) and one dasabuvir 250 mg tablet twice daily

2) Genotype 1a

   a. Recipient is treatment-naïve and ONE of the following is met:
      1. No cirrhosis, will be treated with ribavirin, and the requested duration is 12 weeks
      2. Compensated cirrhosis (CTP class A), will be treated with ribavirin and the requested duration is 12 weeks

   b. Recipient is treatment experienced (failed peginterferon + ribavirin dual therapy)
      1. No cirrhosis, recipient will be treated with ribavirin, and the requested duration is 12 weeks
      2. Compensated cirrhosis (CTP class A), will be treated with ribavirin, the recipient was a partial responder to peginterferon and ribavirin dual therapy, and the requested duration is 12 weeks
      3. Compensated cirrhosis (CTP class A), will be treated with ribavirin, the recipient was a relapser after peginterferon and ribavirin dual therapy, and the requested duration is 24 weeks

3) Genotype 1b

   a. Recipient is treatment-naïve and ONE of the following is met:
      1. No cirrhosis and the requested duration is 12 weeks

2. Compensated cirrhosis (CTP class A) and the requested duration is 12 weeks

b. Recipient is treatment experienced (failed peginterferon + ribavirin dual therapy) and ONE of the following:
   1. No cirrhosis and the requested duration is 12 weeks
   2. Compensated cirrhosis (CTP class A) and the requested duration is 12 weeks

D. Technivie (initial requests)

1) Requested dose is two ombitasvir/paritaprevir/ritonavir 12.5/75/50 mg tablets once daily (25/150/100 mg)

2) The Recipient does not have cirrhosis

3) Genotype 4

   a. Recipient is treatment-naïve, will be treated with ribavirin, and the requested duration is 12 weeks

   b. Recipient is treatment-naïve, documentation is provided showing that the recipient is unable to take ribavirin, and the requested duration is 12 weeks

   c. Recipient is treatment-experienced (failed peginterferon and ribavirin dual therapy), will be treated with ribavirin, and the requested duration is 12 weeks

E. Daklinza (initial requests)

1) Requested dose is one of the following:
   a. 60 mg (one tablet) daily
   b. 30 mg (one tablet) and the recipient is receiving a strong CYP3A inhibitor
   c. 90 mg (one 30 mg tablet and on 60 mg tablet) daily and the recipient is receiving a concomitant moderate CYP3A inducer and clinical rational documenting medical necessity for continuing the moderate CYP3A inducer during Daklinza therapy

2) Genotype 1

   a. Recipient is treatment-naïve and ONE of the following is met:
      1. No cirrhosis, will be treated with Sovaldi and ribavirin and the requested duration is 12 weeks
      2. No cirrhosis, will be treated with Sovaldi, the requested duration is 12 weeks and documentation has been provided showing that the recipient is unable to take ribavirin
      3. Compensated cirrhosis (CTP class A), will be treated with Sovaldi ± ribavirin, and the requested duration is 12 weeks
      4. Compensated cirrhosis (CTP class A), will be treated with Sovaldi + ribavirin, and the requested duration is 24 weeks
      5. Compensated cirrhosis (CTP class A), will be treated with Sovaldi, requested duration is 24 weeks, and documentation has been provided showing that the recipient is unable to take ribavirin

   b. Recipient is treatment-experienced (failed peginterferon + ribavirin dual therapy) and ONE of the following:
      1. No cirrhosis, will be treated with Sovaldi and the requested duration is 12 weeks
      2. Compensated cirrhosis (CTP class A), will be treated with Sovaldi and ribavirin, and the requested duration is 24 weeks
      3. Compensated cirrhosis (CTP class A), will be treated with Sovaldi, requested duration is 24 weeks, and documentation is provided showing that the recipient is unable to take ribavirin.

c. Recipient is treatment-experienced (failed peginterferon + ribavirin + NS3 protease inhibitor), has had no prior treatment with an NS5A polymerase inhibitor (e.g. daclatasvir, ledipasvir, ombitasvir) and ONE of the following:
   1. No cirrhosis, will be treated with Sovaldi and the requested duration is 12 weeks
   2. Compensated cirrhosis (CTP class A), will be treated with Sovaldi and ribavirin, and the requested duration is 24 weeks
   3. Compensated cirrhosis (CTP class A), will be treated with Sovaldi, the requested duration is 24 weeks, and documentation is provided showing that the recipient is unable to take ribavirin

3) Genotype 2

a. Recipient is treatment-naïve, documentation is provided showing that the recipient is unable to take ribavirin, and ONE of the following is met:
   1. No cirrhosis, will be treated with Sovaldi, and the requested duration is 12 weeks
   2. Compensated cirrhosis (CTP class A), will be treated with Sovaldi, and the requested duration is 12 weeks
   3. Compensated cirrhosis (CTP class A), will be treated with Sovaldi, and the requested duration is 24 weeks

b. Recipient is treatment-experienced (failed Sovaldi + ribavirin dual therapy), documentation has been provided showing that the recipient is unable to receive peginterferon, and ONE of the following:
   1. No cirrhosis, will be treated with Sovaldi and ribavirin, and the requested duration is 24 weeks
   2. No cirrhosis, will be treated with Sovaldi, the requested duration is 24 weeks, and documentation has been provided showing that the recipient is unable to take ribavirin
   3. Compensated cirrhosis (CTP class A), will be treated with Sovaldi and ribavirin, and the requested duration is 24 weeks

4) Genotype 3

a. Recipient is treatment-naïve and ONE of the following is met:
   1. No cirrhosis, will be treated with Sovaldi and the requested duration is 12 weeks
   2. Compensated cirrhosis (CTP class A), will be treated with Sovaldi and ribavirin, the requested duration is 24 weeks, and documentation has been provided showing that the recipient is unable to receive peginterferon
   3. Compensated cirrhosis (CTP class A), will be treated with Sovaldi, the requested duration is 24 weeks, and documentation has been provided showing that the recipient is unable to take ribavirin and showing that the recipient is unable to receive peginterferon

b. Recipient is treatment-experienced (failed peginterferon + ribavirin dual therapy), documentation is provided showing that the recipient is unable to receive peginterferon, and ONE of the following:
   1. No cirrhosis, will be treated with Sovaldi and the requested duration is 12 weeks
   2. Compensated cirrhosis (CTP class A), will be treated with Sovaldi and ribavirin and the requested duration is 24 weeks
   3. Compensated cirrhosis (CTP class A), will be treated with Sovaldi, the requested duration is 24 weeks, and documentation has been provided showing that the recipient is unable to take ribavirin

c. Recipient is treatment-experienced (failed Sovaldi + ribavirin therapy dual therapy), documentation is provided that the recipient is unable to receive peginterferon, and ONE of the following:
   1. No cirrhosis, will be treated with Sovaldi and ribavirin and the requested duration is 24 weeks
   2. Compensated cirrhosis (CTP class A), will be treated with Sovaldi and ribavirin and the requested duration is 24 weeks

F. Olysio (initial requests)

1) Requested dose is 150 mg (one capsule) daily.

2) Genotype 1a

   a. Recipient is treatment-naïve and ONE of the following is met:
      1. No cirrhosis, will be treated with Sovaldi and ribavirin, and the requested duration is 12 weeks
      2. No cirrhosis, will be treated with Sovaldi, the requested duration is 12 weeks, and documentation has been provided showing that the recipient is unable to take ribavirin
      3. Compensated cirrhosis (CTP class A), will be treated with Sovaldi and ribavirin, the requested duration is 24 weeks, and the recipient is negative for the Q80K polymorphism
      4. Compensated cirrhosis (CTP class A), will be treated with Sovaldi, the requested duration is 24 weeks, the recipient is negative for the Q80K polymorphism, and documentation has been provided showing that the recipient is unable to take ribavirin

   b. Recipient is treatment-experienced (failed peginterferon + ribavirin dual therapy) and ONE of the following:
      1. No cirrhosis, will be treated with Sovaldi and the requested duration is 12 weeks
      2. Compensated cirrhosis (CTP class A), will be treated with Sovaldi and ribavirin, the requested duration is 24 weeks, and the recipient is negative for the Q80K polymorphism
      3. Compensated cirrhosis (CTP class A), will be treated with Sovaldi, the requested duration is 24 weeks, the recipient is negative for the Q80K polymorphism, and documentation has been provided showing that the recipient is unable to take ribavirin

3) Genotype 1b

   a. Recipient is treatment-naïve and ONE of the following is met:
      1. No cirrhosis, will be treated with Sovaldi, and the requested duration is 12 weeks
      2. Compensated cirrhosis (CTP class A), will be treated with Sovaldi and ribavirin, and the requested duration is 24 weeks
      3. Compensated cirrhosis (CTP class A), will be treated with Sovaldi, the requested duration is 24 weeks, and documentation has been provided showing that the recipient is unable to take ribavirin

   b. Recipient is treatment-experienced (failed peginterferon + ribavirin dual therapy) and ONE of the following:
      1. No cirrhosis, will be treated with Sovaldi and the requested duration is 12 weeks
      2. Compensated cirrhosis (CTP class A), will be treated with Sovaldi and ribavirin, the requested duration is 24 weeks
      3. Compensated cirrhosis (CTP class A), will be treated with Sovaldi, the requested duration is 24 weeks, and documentation has been provided showing that the recipient is unable to take ribavirin

G. Sovaldi (initial requests)

1) Requested dose is 400 mg daily

2) Genotype 1

   a. Recipient is treatment-naïve and ONE of the following is met:
      1. No cirrhosis, will be treated with Daklinza and ribavirin and the requested duration is 12 weeks

2. No cirrhosis, will be treated with Daklinza, the requested duration is 12 weeks and documentation has been provided showing the that the recipient is unable to take ribavirin
3. No cirrhosis, genotype 1a, will be treated with Olysio and ribavirin, and the requested duration is 12 weeks
4. No cirrhosis, genotype 1a, will be treated with Olysio, the requested duration is 12 weeks, and documentation has been provided showing that the recipient is unable to take ribavirin
5. No cirrhosis, genotype 1b, will be treated with Olysio, and the requested duration is 12 weeks
6. Compensated cirrhosis (CTP class A), will be treated with Daklinza ± ribavirin, and the requested duration is 12 weeks
7. Compensated cirrhosis (CTP class A), will be treated with Daklinza + ribavirin, and the requested duration is 24 weeks
8. Compensated cirrhosis (CTP class A), will be treated with Daklinza, requested duration is 24 weeks, and documentation has been provided showing that the recipient is unable to take ribavirin
9. Compensated cirrhosis (CTP class A), genotype 1a, will be treated with Olysio and ribavirin, the requested duration is 24 weeks, and the recipient is negative for the Q80K polymorphism
10. Compensated cirrhosis (CTP class A), genotype 1a, will be treated with Olysio, the requested duration is 24 weeks, the recipient is negative for the Q80K polymorphism, and documentation has been provided showing that the recipient is unable to take ribavirin
11. Compensated cirrhosis (CTP class A), genotype 1b, will be treated with Olysio and ribavirin, and the requested duration is 24 weeks
12. Compensated cirrhosis (CTP class A), genotype 1b, will be treated with Olysio, the requested duration is 24 weeks, and documentation has been provided that the recipient is unable to take ribavirin

b. Recipient is treatment-experienced (failed peginterferon + ribavirin dual therapy) and ONE of the following:
   1. No cirrhosis, will be treated with Daklinza and the requested duration is 12 weeks
   2. No cirrhosis, will be treated with Olysio and the requested duration is 12 weeks
   3. Compensated cirrhosis (CTP class A), will be treated with Daklinza and ribavirin, and the requested duration is 24 weeks
   4. Compensated cirrhosis (CTP class A), will be treated with Daklinza, requested duration is 24 weeks, and documentation is provided showing that the recipient is unable to take ribavirin.
   5. Compensated cirrhosis (CTP class A), genotype 1a, will be treated with Olysio and ribavirin, the requested duration is 24 weeks, and the recipient is negative for the Q80K polymorphism
   6. Compensated cirrhosis (CTP class A), genotype 1a, will be treated with Olysio, the requested duration is 24 weeks, the recipient is negative for the Q80K polymorphism, and documentation has been provided showing that the recipient is unable to take ribavirin
   7. Compensated cirrhosis (CTP class A), genotype 1b, will be treated with Olysio and ribavirin, the requested duration is 24 weeks
   8. Compensated cirrhosis (CTP class A), genotype 1b, will be treated with Olysio, the requested duration is 24 weeks, and documentation has been provided showing that the recipient is unable to take ribavirin

c. Recipient is treatment-experienced (failed peginterferon + ribavirin + NS3 protease inhibitor), has had no prior treatment with an NS5A polymerase inhibitor (e.g. daclatasvir, ledipasvir, ombitasvir) and ONE of the following:
   1. No cirrhosis, will be treated with Daklinza and the requested duration is 12 weeks
   2. Compensated cirrhosis (CTP class A), will be treated with Daklinza and ribavirin, and the requested duration is 24 weeks
   3. Compensated cirrhosis (CTP class A), will be treated with Daklinza, the requested duration is 24 weeks, and documentation is provided showing that the recipient is unable to take ribavirin

3) Genotype 2

a. Recipient is treatment-naïve and ONE of the following is met:
    1. No cirrhosis, will be treated with ribavirin, and the requested duration is 12 weeks
    2. No cirrhosis, will be treated with Daklinza, the requested duration is 12 weeks, and documentation is provided showing that the recipient is unable to take ribavirin
    3. Compensated cirrhosis (CTP class A), will be treated with ribavirin, and the requested duration is 16 weeks
    4. Compensated cirrhosis (CTP class A), will be treated with Daklinza, the requested duration is 12 weeks, and documentation is provided showing that the recipient is unable to take ribavirin
    5. Compensated cirrhosis (CTP class A), will be treated with Daklinza, the requested duration is 24 weeks, and documentation is provided showing that the recipient is unable to take ribavirin

b. Recipient is treatment-experienced (failed peginterferon + ribavirin dual therapy), and ONE of the following:
    1. No cirrhosis, will be treated with ribavirin, and the requested duration is 16 weeks
    2. No cirrhosis, will be treated with ribavirin and peginterferon and the requested duration is 12 weeks
    3. Compensated cirrhosis (CTP class A), will be treated with ribavirin, the requested duration is 16 weeks
    4. Compensated cirrhosis (CTP class A), will be treated with ribavirin, the requested duration is 24 weeks
    5. Compensated cirrhosis (CTP class A), will be treated with ribavirin and peginterferon, and the requested duration is 12 weeks

c. Recipient is treatment-experienced (failed Sovaldi + ribavirin dual therapy) and ONE of the following:
    1. No cirrhosis, will be treated with Daklinza and ribavirin, the requested duration is 24 weeks, and documentation has been provided showing that the recipient is unable to receive peginterferon
    2. No cirrhosis, will be treated with Daklinza, the requested duration is 24 weeks, and documentation has been provided showing that the recipient is unable to take ribavirin and showing that the recipient is unable to receive peginterferon
    3. No cirrhosis, will be treated with ribavirin and peginterferon, and the requested duration is 12 weeks
    4. Compensated cirrhosis (CTP class A), will be treated with Daklinza and ribavirin, the requested duration is 24 weeks, and documentation has been provided showing that the recipient is unable to receive peginterferon
    5. Compensated cirrhosis (CTP class A), will be treated with ribavirin and peginterferon, and the requested duration is 12 weeks

4) Genotype 3

a. Recipient is treatment-naïve and ONE of the following is met:
    1. No cirrhosis, will be treated with ribavirin and peginterferon, and the requested duration is 12 weeks
    2. No cirrhosis, will be treated with ribavirin, the requested duration is 24 weeks, and documentation has been provided showing that the recipient is unable to receive peginterferon
    3. No cirrhosis, recipient will be treated with Daklinza and the requested duration is 12 weeks
    4. Compensated cirrhosis (CTP class A), will be treated with ribavirin and peginterferon, and the requested duration is 12 weeks
    5. Compensated cirrhosis (CTP class A), will be treated with ribavirin, the requested duration is 24 weeks, and documentation has been provided that the recipient is unable to receive peginterferon

6. Compensated cirrhosis (CTP class A), will be treated with Daklinza and ribavirin, the requested duration is 24 weeks, and documentation has been provided showing that the recipient is unable to receive peginterferon
7. Compensated cirrhosis (CTP class A), will be treated with Daklinza, the requested duration is 24 weeks, and documentation has been provided showing that the recipient is unable to take ribavirin and showing that the recipient is unable to receive peginterferon

b. Recipient is treatment-experienced (failed peginterferon + ribavirin dual therapy) and ONE of the following:
   1. No cirrhosis, will be treated with peginterferon and ribavirin, and the requested duration is 12 weeks
   2. No cirrhosis, will be treated with Daklinza, and the requested duration is 12 weeks
   3. Compensated cirrhosis (CTP class A), will be treated with peginterferon and ribavirin, and the requested duration is 12 weeks
   4. Compensated cirrhosis (CTP class A), will be treated with Daklinza and ribavirin and the requested duration is 24 weeks
   5. Compensated cirrhosis (CTP class A), will be treated with Daklinza, the requested duration is 24 weeks, and documentation has been provided showing that the recipient is unable to take ribavirin

c. Recipient is treatment-experienced (failed Sovaldi + ribavirin therapy dual therapy) and ONE of the following:
   1. No cirrhosis, will be treated with peginterferon and ribavirin, and the requested duration is 12 weeks
   2. No cirrhosis, recipient will be treated with Daklinza and ribavirin and the requested duration is 24 weeks
   3. Compensated cirrhosis (CTP class A), will be treated with peginterferon and ribavirin, and the requested duration is 12 weeks
   4. Compensated cirrhosis (CTP class A), will be treated with Daklinza and ribavirin and the requested duration is 24 weeks

5) Genotype 4

a. Recipient is treatment-naïve and ONE of the following is met:
   1. No cirrhosis, will be treated with ribavirin and peginterferon, and the requested duration is 12 weeks
   2. No cirrhosis, will be treated with ribavirin and the requested duration is 24 weeks
   3. Cirrhosis, will be treated with ribavirin and peginterferon, and the requested duration is 12 weeks
   4. Cirrhosis, will be treated with ribavirin and the requested duration is 24 weeks

b. Recipient is treatment-experienced (failed peginterferon alfa + ribavirin dual therapy) and ONE of the following:
   1. No cirrhosis, will be treated with ribavirin and peginterferon, and the requested duration is 12 weeks
   2. No cirrhosis, will be treated with ribavirin, and the requested duration is 24 weeks
   3. Cirrhosis, will be treated with ribavirin and peginterferon, and the requested duration is 12 weeks
   4. Cirrhosis, will be treated with ribavirin, and the requested duration is 24 weeks

6) Genotype 5 and 6

a. Recipient is treatment-naïve and ONE of the following is met:
   1. No cirrhosis, will be treated with ribavirin and peginterferon, and the requested duration is 12 weeks

2. Cirrhosis, will be treated with ribavirin and peginterferon, and requested duration is 12 weeks

b. Recipient is treatment-experienced and ONE of the following:
   1. No cirrhosis, will be treated with ribavirin and peginterferon, and the requested duration is 12 weeks
   2. Cirrhosis, will be treated with ribavirin and peginterferon, and the requested duration is 12 weeks

H. Recipients who have received previous therapy with an NS5A inhibitor (e.g. daclatasvir, ledipasvir, ombitasvir)

1) Genotype 1
   a. One of the following:
      1. Recipient has cirrhosis
      2. Documentation which includes clinical rational for urgent retreatment have been provided

   b. Testing for resistance–associated variants (RAVs) have been done and results have been provided

   c. No NS5A RAVs detected: Harvoni + ribavirin ± peginterferon x24 weeks

   d. NS5A RAVs detected, no NS3 RAVs detected: Olysio + Sovaldi + ribavirin ± peginterferon x24 weeks

I. Requests for recertification (for treatment beyond 12 weeks) must meet ALL of the following:

1) Laboratory results for HCV RNA viral load at week 4 and week 6 (if applicable) have been submitted with the PA request

2) HCV Viral load must meet ONE of the following:
   a. Undetectable HCV RNA viral load at week 4
   b. Detectable HCV RNA viral load at treatment week 4 and HCV RNA increased by ≤10-fold (≤1 $\log_{10}$ IU/mL) on repeat testing at treatment week 6 (or thereafter)

3) Recipient is compliant on all drugs in the treatment regimen

2. **Prior Authorization Guidelines:**

A. Prior authorization approval will be granted for a maximum of 12 weeks (unless the requested regimen is less than 12 weeks long or the remaining duration of therapy is less than 12 weeks)
B. The initial prescription will be limited to a 14-day supply; subsequent refills can be up to 34 days.

3. **Quantity Limitations**:
A. Harvoni (ledipasvir/sofosbuvir): 1 tablet/day
B. Viekira Pak (ombitasvir/paritaprevir/ritonavir/dasabuvir): 1 pack/28 days
C. Technivie (ombitasvir/paritaprevir/ritonavir): 1 tablet/day
D. Daklinza (daclatasvir): 1 tablet/day
E. Olysio (simeprevir): 1 capsule/day
F. Sovaldi (sofosbuvir): 1 tablet/day

Therapeutic Class Overview
Direct Acting Hepatitis C Antivirals and Combinations

Overview/Summary:
The direct acting hepatitis C antiviral and combination products are all Food and Drug Administration (FDA)-approved for the treatment of chronic hepatitis C virus (HCV) infection; although, differences in indications exist relating to use in specific genotypes, with certain combination therapies and other patient factors.[1-6] Daklinza® (daclatasvir) is a once-daily NS5A inhibitor indicated for use with an NS5B polymerase inhibitor Sovaldi® (sofosbuvir) for 12 weeks in the treatment of patients with chronic hepatitis C virus (HCV) genotype 3 infection. It is the first Food and Drug Administration (FDA)-approved all-oral regimen for the HCV genotype 3 infection that does not require co-administration of interferon or ribavirin.[1] Technivie® (ombitasvir/paritaprevir/ ritonavir) in combination with ribavirin is the first interferon-free Food and Drug Administration (FDA)-approved drug for the treatment of HCV genotype 4 infection.[6]

HCV is an enveloped ribonucleic acid virus that is transmitted through exposure with infected blood and is the most common bloodborne infection in the United States, with an estimated prevalence of 3.2 million people chronically infected. Chronic HCV develops in 70 to 85% of HCV-infected persons and is associated with significant morbidity (e.g., cirrhosis, hepatocellular carcinoma [HCC]) and is the leading cause of liver transplantation.[8,9] The average annual incidence rate of HCC in the U.S. between 2001 and 2006 was 3.0 per 100,000 people, with 48% to cases attributed to HCV.[10] These agents act via several different mechanisms of action to exert their therapeutic effect.[1-7] Daclatasvir (Daklinza) binds to the N-terminus of NS5A, a nonstructural protein encoded by HCV, and inhibits both viral ribonucleic acid (RNA) replication and virion assembly.[1] Simeprevir (Olysio®) works via inhibition of the HCV NS3/4A protease of HCV genotype 1a and 1b, thus preventing replication of HCV host cells.[2] Similarly, sofosbuvir (Sovaldi®) inhibits HCV NS5B polymerase which also prevents the replication of HCV host cells, however, it is active against multiple genotypes of HCV.[3] The three combination products that include direct acting hepatitis C antivirals include ledipasvir/sofosbuvir (Harvoni®), ombitasvir/paritaprevir/ritonavir (Technivie®), and a 4-drug regimen of ombitasvir/paritaprevir/ritonavir/dasabuvir (Viekira Pak®). Paritaprevir and dasabuvir exert their mechanisms of action in the same was as other agents and inhibit NS3/4A protease and NS5B polymerase, respectively. Ledipasvir and Ombitasvir work along the same line as the other agents, but specifically inhibit HCV non-structural protein NS5A. Ritonavir, when used in Technivie® and Viekira Pak®, is used as a boosting agent that increases the peak and trough plasma drug concentrations of paritaprevir along with overall drug exposure; it has no direct effect on the hepatitis C virus.[4-6] Specific indications for each of the direct acting hepatitis C antiviral agents are listed in Table 1.

Efficacy of these agents have been established in multiple clinical trials with numerous clinical trials still underway.[11-33] Newly published guidelines developed by the American Association for the Study of Liver Diseases, Infectious Diseases Society of America and International Antiviral Society-USA have included all current treatments in their recommendations.[33] Generally speaking, combination regimens that include newer direct hepatis C antivirals are preferred over older pegylated interferon-based regimens (including those containing older protease inhibitors) due to a higher sustained virologic response (SVR) rate, improved side effects profile, and reduced pill burden. However, many different regimens with direct-acting agents or combinations, which may or may not also include ribavirin or pegylated interferon, are recommended based on HCV genotype, previous treatment experience and certain special populations.[33-35] Currently, there are no generic direct-acting antivirals available.

Table 1. Current Medications Available in Therapeutic Class[1-7]

Generic (Trade Name)	FDA Approved Indications	Dosage Form/Strength	Generic Availability
Single Entity Agents			
Daclatasvir (Daklinza®)	Treatment of chronic HCV genotype 3 infection in adults as part of a combination antiviral regimen	Tablet: 30 mg 60 mg	-
Simeprevir (Olysio®)	Treatment of chronic HCV genotype 1,4 infection in adults as part of a combination	Capsule: 150 mg	-

Generic (Trade Name)	FDA Approved Indications	Dosage Form/Strength	Generic Availability
	antiviral regimen		
Sofosbuvir (Sovaldi®)	Treatment of chronic HCV genotype 1, 2, 3, and 4 infection in adults as part of a combination antiviral regimen	Tablet: 400 mg	-
Combination Products			
Ledipasvir/sofosbuvir (Harvoni®)	Treatment of chronic HCV genotype 1, 4, 5, and 6 infection in adults as part of a combination antiviral regimen	Tablet: 90/400 mg	-
Ombitasvir/paritaprevir/ritonavir/dasabuvir (Viekira Pak®)	Treatment of chronic HCV genotype 1 infection in adults as part of a combination antiviral regimen	Tablet (dasabuvir): 250 mg Tablet (ombitasvir/ paritaprevir/ ritonavir): 12.5/75/50 mg	-
Ombitasvir/paritaprevir/ ritonavir (Technivie®)	Treatment of chronic HCV genotype 4 infection in adults as part of a combination antiviral regimen	Tablet: 12.5/75/50 mg	-

FDA=Food and drug administration, HCV=hepatitis C virus

Evidence-based Medicine

- The efficacy of simeprevir (Olysio®) in patients with HCV genotype 1 infection was evaluated in several unpublished studies, including two phase III trials in treatment-naïve patients (QUEST 1 and QUEST 2), one phase III trial in patients who relapsed after prior interferon-based therapy (PROMISE).[2]
  - In the pooled analysis of QUEST 1 and QUEST 2, a greater proportion of patients in the simeprevir group achieved SVR at 12 weeks (SVR12) compared to control group (80 vs 50%; P value not reported).[2]
- The safety and efficacy of simeprevir in combination with sofosbuvir with or without ribavirin for the treatment of hepatitis C genotype 1 was evaluated in the COSMOS trial. Cohort 1 included prior null responders with METAVIR scores F0 to F2 and Cohort 2 included prior null responders and treatment-naïve patients with METAVIR scores F3 to F4.[2,18]
  - SVR at 12 weeks post therapy (SVR12) was achieved in 92% of the patients in the the intention to treat (ITT) population. SSVR12 for Cohort 1 and Cohort 2 were 90% (95% CI, 81 to 96) and 94% (95% CI, 87 to 98), respectively. The results were not significantly altered by use of ribavirin, duration of treatment, or treatment history (no P values reported).[20]
- The FDA approval of sofosbuvir was based on the results of five phase III trials (N=1,724) in HCV mono-infected patients (genotypes 1 to 6) and one unpublished phase III trial (N=223) in HCV/HIV-1 co-infected patients (HCV genotype 1, 2 or 3).[3,11,22,23]
  - All trials utilized SVR12 as the primary endpoint and overall, these studies showed that sofosbuvir provided a significant improvement in SVR12 compared with control in both treatment-naïve and treatment-experienced patients.[11,22,23]
  - Sofosbuvir was not specifically studied in treatment-experienced patients with HCV genotype 1 infection. According to the prescribing information, the estimated response rate in patient who previously failed treatment with peginterferon alfa and ribavirin is 71%. This is based on the observed response rate in patients from the NEUTRINO study.[3,10]
- The FDA approval of combination ledipasvir/sofosbuvir was based on the results of three phase III trials (N=1,518) in HCV mono-infected subjects with genotype 1 infection who had compensated liver disease. Treatment duration was fixed in each trial and was not guided by subjects' HCV RNA levels.[4,12,13,17]

- ION-1 evaluated treatment-naïve patients include patients with cirrhosis; ION-2 evaluated patients with or without cirrhosis who failed previous therapy with an interferon-based regimen including those containing an HCV protease inhibitor; ION-3 evaluated non-cirrhotic, treatment-naïve patients.[12,13,17]
- All studies showed that ledipasvir/sofosbuvir significantly improved SVR12 rate compared to control.[12,13,17]

· The FDA approval of ombitasvir/paritaprevir/ritonavir and dasabuvir (Viekira Pak®) was based on the results of six randomized, multicenter, clinical trials (N=2,308) in HCV patients with genotype 1, including one trial exclusively in patients with cirrhosis and mild hepatic impairment (Child-Pugh A). All studies included at least one treatment arm with ribavirin, while several studies included treatment arms without ribavirin.[5,14-16,19,20]
  - Study populations for each of the studies include treatment-naïve, non-cirrhotic adults with HCV genotype 1 infection (SAPPHIRE-I), treatment-naïve, non-cirrhotic adults with HCV genotype 1b and HCV genotype 1a infections (PEARL-III and PEARL-IV, respectively), treatment-naïve or previously treated with peginterferon alfa and ribavirin cirrhotic adults with HCV genotype 1 infection (TURQUOISE-II), noncirrhotic adults with HCV genotype 1 infection who either relapsed or were nonresponders to prior peginterferon alfa and ribavirin therapy (SAPPHIRE-II) and finally, non-cirrhotic adults with HCV genotype 1b infection who either relapsed or were nonresponders to prior peginterferon alfa and ribavirin therapy (PEARL-II).[14-16,19,20]
  - Overall, SVR12 rates were high and significantly improved compared with control after 12 weeks of thearpy.[14-16,19,20] Only TURQUOISE-II evaluated patients beyond 12 weeks of therapy and found there was no difference between 12 weeks of therapy compared with 24 weeks of therapy (P=0.09).[16]

Key Points within the Medication Class

· American Association for the Study of Liver Diseases, Infectious Diseases Society of America and International Antiviral Society-USA have included all current treatments in their guideline.[33]

· Old standards of therapy, including pegylated interferon alfa and ribavirin dual therapy and pegylated interferon alfa, ribavirin along with a protease inhibitor triple therapy are no longer recommended.

· Current, first-line therapies recommended in the new guidelines include all-oral combination therapies, each of which generally has at least one polymerase inhibitor and one other direct-acting agent that acts via a different mechanism of action.

· Each of the new HCV direct acting antivirals are recommended as part of a first-line regimen for at least one genotype and/or patient population.[33]

· Depending on genotype, previous treatment-experience and special populations, the recommended regimens and durations of treatment vary due to differences in efficacy provided by clinical trials.
  - For genotype 1, four regimens with similar efficacy are recommended. Duration and addition of ribavirin depend on cirrhosis status and/or previous treatment failures.
    - Daclatasvir 60 mg daily (QD) + sofosbuvir 400 mg QD ± ribavirin for 12 to 24 weeks
    - Ledipasvir/sofosbuvir 90/400 mg QD ± ribavirin for 12 to 24 weeks
    - Paritaprevir/ritonavir/ombitasvir 150/100/25 mg QD + dasabuvir 250 mg twice-daily (BID) ± ribavirin for 12 to 24 weeks
    - Sofosbuvir 400 mg QD + simeprevir 150 mg QD ± ribavirin for 12 to 24 weeks
  - For genotype 2, sofosbuvir 400 mg QD + ribavirin for 12 weeks (16 weeks with cirrhosis), regardless of previous treatment experience is recommended as first-line
    - Daclatasvir 60 mg QD + sofosbuvir (4000 mg) for 12 weeks is recommended for genotype 2 patients who cannot tolerate ribavirin.
  - For genotype 3, first-line regimens recommended include:
    - Daclatasvir (60 mg) and sofosbuvir (400 mg) ± ribavirin for 12 to 24 weeks
    - sofosbuvir 400 mg QD + ribavirin + weekly peginterferon for 12 weeks
  - For Genotype 4, three regimens are recommended, two of which are recommended independent of cirrhosis status and treatment experience and one of which is based on previous treatment failure.
    - Ledipasvir/sofosbuvir 90/400 mg QD for 12 weeks
    - Paritaprevir/ritonavir/ombitasvir 150/100/25 QD + ribavirin for 12 weeks

        - Sofosbuvir 400 mg QD + ribavirin for 24 weeks (treatment-naïve) or sofosbuvir 400 mg QD + weight-based ribavirin for 24 weeks (previous treatment failure; may use for 12 weeks if pegylated interferon alfa added).
    - In patients that fail a sofosbuvir, daclatasvir, ledipasvir/sofosbuvir, or paritaprevir/ritonavir/ombitasvir plus dasabuvir, it is recommended to defer therapy if they have minimal liver disease; guidelines do not offer a specific regimen for recipients with extensive liver disease, but recommend resistance-testing. They recommend treatment for at least 24 weeks use of ribavirin if not contraindicated.

- Other Key Facts:
    - There are also disparities between the FDA-approved indications and first-line recommendations according to the AASLD-IDSA guidelines.[1-7,33]
    - Prior to initiating therapy with simeprevir in combination with peginterferon and ribavirin, patients with HCV genotype 1a should be screened for the presence of NS3 Q80K polymorphism.[2]
        - Screening for NS3 Q80K polymorphism is not necessary when used in combination with sofosbuvir that is associated with substantially reduced drug efficacy; alternative therapy should be considered if this polymorphism is present.[2]
    - When prescribing ombitasvir/paritaprevir/ritonavir (Technivie®) or ombitasvir/paritaprevir/ritonavir/dasabuvir (Viekira Pak®), screening for drugs that should not be coadministered is recommended due to many, often severe, drug interactions.[5]
    - Lack of data on the use of Technivie® or Viekira Pak® with or without ribavirin in cirrhotic patients with HCV genotype 4 infection.[5,6]
        - Technivie® is contraindicated in moderate or severe hepatic impairment (Child-Pugh class B or C).[6]
    - Dose of daclatasvir must be adjusted when given with strong CYP3A inhibitors (30 mg QD) and moderate CYP3A inducers (90 mg QD).[1]
        - Two 30 mg tablets or one 30 mg and one 60 mg tablet must be used to make a 90 mg dose.

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Hetlioz (Tasimelteon) Utilization 4/1/15-12/31/15

Row Labels	Claim Count	Member Count	Pharmacy Paid
201505	1	1	$ 8,274.07
Grand Total	**1**	**1**	**$ 8,274.07**

DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD
PROPOSED PRIOR AUTHORIZATION CRITERIA

Hetlioz
Therapeutic Class: Psychotropics (sedative hypnotics)
Last Reviewed by the DUR Board:

1. Criteria:
    a. Diagnosis of non-24-hour sleep-wake disorder
    b. Recipient is totally blind
    c. Prescribed by or in consultation with a sleep specialist
    d. Inadequate response (defined aby at least 4 weeks of therapy), adverse reaction or contraindication to melatonin

2. Quantity Limitations:
    a. 30 capsules/30 days

New Drug Overview
Tasimelteon (Hetlioz)

- **Overview/Summary:** Non-24 hour sleep-wake disorder (i.e., non-24), also known as free-running disorder, is a neurological sleep disorder that is characterized by the extension of the natural sleep-wake cycle beyond 24 hours. As a result, the affected individual is unable to synchronize their sleep-wake cycle to the length of the day and sleep onset shifts around the clock.[1] Non-24 may occur in sighted or blind individuals; although, it is much more common in blind individuals. There are several possible mechanisms by which non-24 may occur in sighted individuals, including a deficiency in the intrinsically photosensitive retinal ganglion cells (ipRGC) of the retina, under- or oversensitivity to light, differences in the circadian feedback loop and abnormalities in melatonin production and/or secretion. Conversely, non-24 in blind patients is due to the inability of the circadian pacemaker to synchronize to the 24 hour cycle by light given the lack of a functioning retina-retinohypothalamic tract-suprachiasmatic nuclei pathway.[2]

  There are very limited treatment options for blind patients with non-24 who fail to achieve entrainment of their circadian rhythm. Despite the use of strict 24-hour sleep-wake schedules based on melatonin onset determinations, many blind patients still fail to entrain. Hetlioz® (tasimelteon) is the first agent to receive Food and Drug Administration (FDA)-approval for the treatment of non-24 in blind patients.[3] The mechanism of action of Hetlioz® (tasimelteon) is unknown; however, it is an agonist at the melatonin MT_1 and MT_2 receptors, which are thought to be involved in the control of circadian rhythms. In clinical trials, treatment with Hetlioz® (tasimelteon) resulted in an increase in nighttime sleep time and a decrease in daytime nap duration.[4]

Table 1. Dosing and Administration[4]

Generic (Trade Name)	Food and Drug Administration-Approved Indications	Dosage Form/Strength	Generic Availability
Tasimelteon	Non-24 hour sleep-wake disorder	Capsule: 20 mg	-

FDA=Food and Drug Administration

Evidence-based Medicine

- The FDA-approval of Hetlioz® (tasimelteon) was based on two double-blind, multi-center, randomized controlled trials, SET and RESET which included totally blind patients with non-24 hour sleep-wake disorder.[6]
- In SET, Patients treated with tasimelteon increased nighttime total sleep time by 50 minutes and decreased daytime sleep by 49 minutes, while patients in the placebo group experienced an increase in nighttime sleep of 22 minutes and a decrease in daytime sleep of 22 minutes. A responder analysis was conducted to determine the proportion of patients who achieved a ≥45-minute increase in nighttime total sleep time and a ≥45-minute decrease in daytime nap time. Of patients treated with tasimelteon, 29% (N=12) met the responder criteria compared to 12% (N=5) in the placebo group.[4,6]
- RESET, a withdrawal trial, patients treated with tasimelteon experienced a decrease in nighttime total sleep of seven minutes and an additional decrease in daytime nap time of nine minutes, compared to a decrease of 74 minutes and an increase of 50 minutes, respectively, for patients who received placebo.[4,6]

Key Points within the Medication Class

- According to Current Clinical Guidelines:
  - The American Academy of Sleep identify appropriately-timed melatonin as a treatment option to help blind patients achieve entrainment. Guidelines also note that there is no data to support the use of hypnotic or stimulant medications in these patients.[5]

- Other Key Facts:
  - The maximum concentration of Hetlioz® (tasimelteon) is approximately 44% lower when administered with a high-fat meal compared to a fasted state. As such, Hetlioz® (tasimelteon) should be taken without food.[4]
  - Hetlioz® (tasimelteon) is currently being evaluated for the treatment of major depressive disorder.[7]

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DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD
PROPOSED PRIOR AUTHORIZATION CRITERIA

PCSK9 Inhibitor PA Criteria

Therapeutic Class: PCSK9 inhibitors
Last Reviewed by the DUR Board:

1. **Coverage and limitations:**

Initial requests for medications will be given if the following criteria are met:

A. Recipient has an FDA-approved diagnosis

B. The requested medication was prescribed by or in consultation with a cardiologist or lipid specialist

C. The requested medication will be used as an adjunct to a low-fat diet and exercise

D. Recipient is ≥18 years of age or ≥13 years of age (evolocumab for the treatment of homozygous familial hypercholesterolemia

E. One of the following:

1) The recipient has had an inadequate response to high intensity statin therapy defined as ALL of the following:
   a. Has received therapy with atorvastatin ≥40 mg or rosuvastatin ≥20 mg for at least the past three months
   b. Has received add-on therapy with ezetimibe to the maximum tolerable dose of statin for at least the past three months or the recipient has a contraindication to ezetimibe therapy.
   c. LDL-C after therapy for at least the past three months was ≥100 mg/dL (HeFH) or ≥70 mg/dL (clinical atherosclerotic cardiovascular disease)
   d. Statin therapy will be continued with PCSK9 therapy

2) The recipient has had an inadequate response to moderate intensity statin therapy defined as all of the following:
   a. Has an intolerance or contraindication to high-intensity statin therapy
   b. Has received therapy with atorvastatin 10 to 20 mg, rosuvastatin 5 to 10 mg, simvastatin >20 mg, pravastatin >40 mg, lovastatin 40 mg, fluvastatin XL 80 mg, fluvastatin 40 mg twice daily, or pitavastatin >2 mg for at least the past three months
   c. Has received add-on therapy with ezetimibe to the maximum tolerable dose of statin for at least the past three months or the recipient has a contraindication to ezetimibe therapy
   d. LDL-C after therapy for at least the past three months was ≥100 mg/dL (HeFH) or ≥70 mg/dL (clinical atherosclerotic cardiovascular disease)
   e. Statin therapy will be continued with PCSK9 therapy

3) The recipient experienced an adverse reaction to at least two statins; the statins and adverse reactions must be documented in the recipient's medical record

4) The recipient has a labeled contraindication to all statins; the contraindication as documented in the recipient's medical record

Recertification requests will be given if the following criteria are met:

A. The recipient has been adherent with PCSK-9 inhibitor therapy

B. The recipient has been adherent with statin therapy OR the recipient has a labeled contraindication to statin therapy

C. The recipient is continuing a low-fat diet and exercise regimen

D. The recipient has achieved a reduction in LDL-C level

1. <u>Prior Authorization Guidelines</u>:

A. Prior Authorization approval length will:

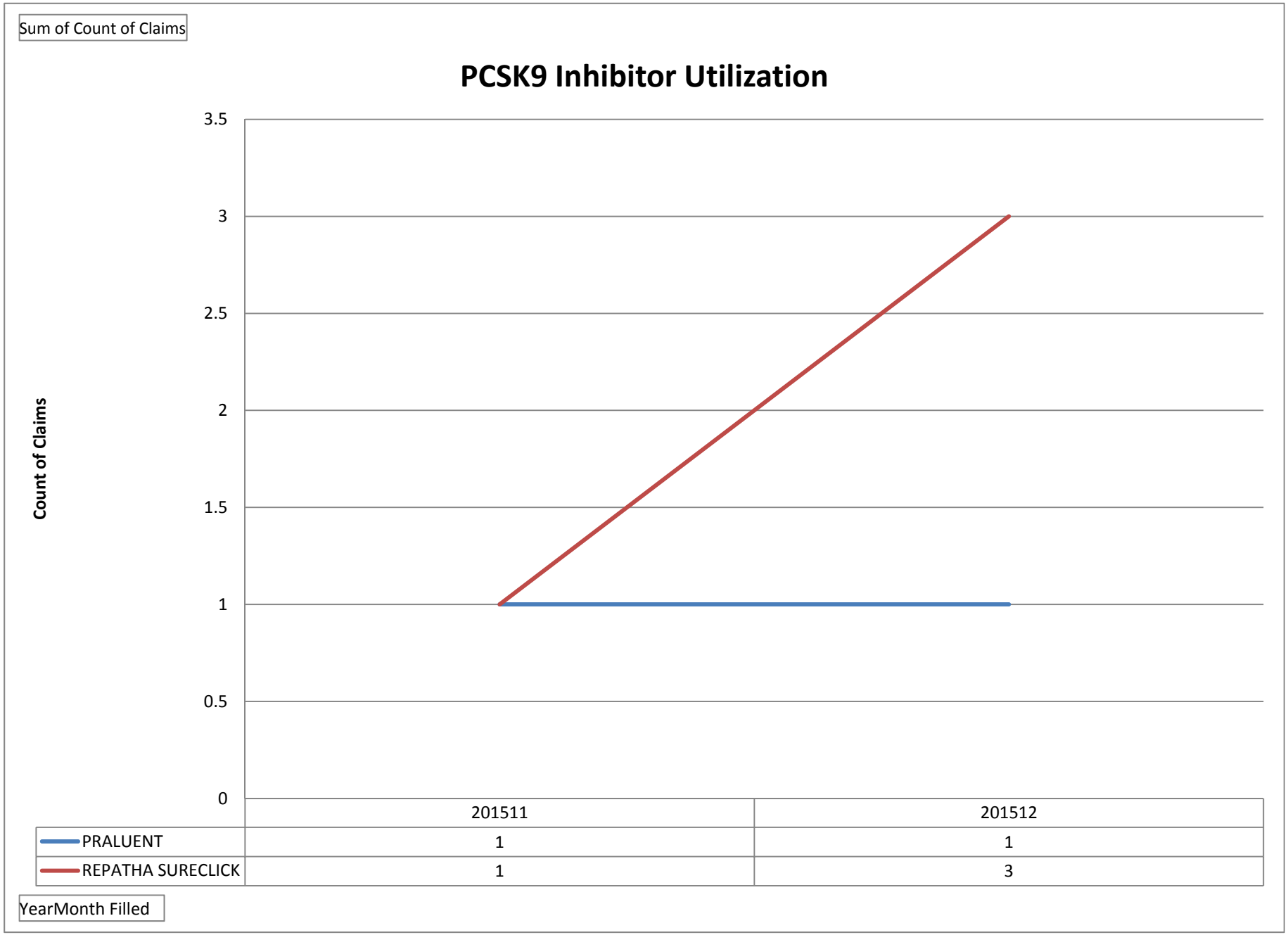
i. Initial request: 6 months

ii. Recertification requests: 1 year

2. <u>Quantity Limitations</u>:

A. Praluent (alirocumab): 2 pens or syringes/28 days

B. Repatha (evolocumab): 3 pens or syringes/28 days


Sum of Count of Claims
PCSK9 Inhibitor Utilization
Count of Claims
3.5
3
2.5
2
1.5
1
0.5
0
201511
201512
PRALUENT
1
1
REPATHA SURECLICK
1
3
YearMonth Filled

PCSK9 Inhibitors

April 2015 - December 2015

Row Labels	Claim Count	Member Count	Pharmacy Paid
201511	**2**	**2**	**$ 2,224.96**
PRALUENT	1	1	$ 1,130.17
REPATHA SURECLICK	1	1	$ 1,094.79
201512	**4**	**4**	**$ 4,414.54**
PRALUENT	1	1	$ 1,130.17
REPATHA SURECLICK	3	3	$ 3,284.37
Grand Total	**6**	**6**	**$ 6,639.50**

Therapeutic Class Overview
Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors

Therapeutic Class Overview/Summary:
Praluent® (alirocumab) and Repatha® (evolocumab) are Food and Drug Administration (FDA)-approved as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease (ASCVD), who require additional lowering of low density lipoprotein cholesterol (LDL-C).[1,2] Evolocumab is also indicated as an adjunct to diet and other lipid lowering therapies (statins, ezetimibe, LDL-C apheresis) in patients with homozygous familial hypercholesterolemia (HoFH).[2] Proprotein convertase subtilisin kexin 9 (PCSK9) is a serine protease produced predominantly in the liver that leads to the degradation of hepatocyte LDL receptors and increased LDL-C levels. These agents work by inhibiting the action of this enzyme leading to a decrease in LDL-C levels.[1,2]

Although both agents have demonstrated a benefit in reducing various measures of cholesterol, the extent of benefit on cardiovascular morbidity and mortality has not been determined. In addition, both were only approved as adjunctive therapy to maximally-dosed statin therapy, not in statin intolerant patients.[1,2] Currently available consensus treatment guidelines do not address the place in therapy of PCSK9 inhibitors. The 2013 consensus guidelines from the American Heart Association (AHA)/American College of Cardiology (ACC) emphasize the use of statin therapy with intensity stratified by risk level.[3] This differed significantly from the previous gold standard guidelines from the 2004 National Cholesterol Education Program that emphasized the use LDL-C to monitor response to therapy.[4] Significant discussion exists in the provider community over the best approach to treatment.

Recently in November 2014, results of the IMPROVE-IT trial supported the use of LDL-C target goals. In this trial, patients who had been hospitalized for an acute coronary syndrome within the preceding ten days were randomized to simvastatin alone or in combination with ezetimibe (N=18,144). The combination treatment group achieved an average lower LDL-C (53.7 mg/dL vs 69.5 mg/dL; P<0.001) and had a significantly lower event rate at seven years (32.7% vs 34.7%; P=0.016). The investigators concluded that “lowering LDL-C to levels below previous targets provided additional benefit” reemphasizing the use of LDL-C target goals as a marker of cholesterol response.[5]

Table 1. Current Medications Available in the Therapeutic Class[1-2]

Generic (Trade Name)	Food and Drug Administration-Approved Indications	Dosage Form/Strength	Generic Availability
Alirocumab (Praluent®)	Clinical atherosclerotic cardiovascular disease, HeFH, or Primary Hyperlipidemia	Prefilled Pen: 75 mg 150 mg Prefilled Syringe: 75 mg 150 mg	-
Evolocumab (Repatha®)	Clinical atherosclerotic cardiovascular disease, HeFH, or Primary Hyperlipidemia (adults only) HoFH (13 years of age or older)	Prefilled Pen: 140 mg/mL Prefilled Syringe: 140 mg/mL	-

HeFH=heterozygous familial hypercholesterolemia, HoFH=homozygous familial hyperlipidemia

Evidence-based Medicine

- The FDA-approval of the PCSK9 inhibitors is based on the results of many clinical trials, some of which are not currently published or available to the public.[1,2,7-25]
- FDA-approval of alirocumab is based on data from twelve phase III ODYSSEY trials (>5,000 patients). These trials include patients with HeFH, those with coronary heart disease (CHD) and those at risk for cardiovascular events (CVE). Across the clinical trial program, the agent was associated with an approximate 40% to 60% decrease in LDL-C from baseline. In addition, other lipid measures generally decreased at higher levels than with placebo. Most studies evaluated a protocol in which patients started at 75 mg every two weeks and were increased to 150 mg if LDL was above 70 mg/dL at week 12. In several studies, the majority of patients were able to reach goal LDL-C levels by week 12 without requiring dose titration. For example, in ODYSSEY COMBO I, 83.2% of evaluable alirocumab-treated patients remained on the 75 mg dose throughout the study. ODYSSEY CHOICE I also evaluated alirocumab at a dose of 300 mg every four weeks and found a significant decrease in LDL-C compared to placebo (placebo-corrected decrease= 58.7%); however, the agent did not receive approval for use at this dose.[1,7-18]
- The FDA-approval of evolocumab is based on data from ten phase III PROFICO trials (approximately 6,800 patients). These trials include patients with elevated cholesterol on statins with or without other lipid-lowering therapies, patients who cannot tolerate statins, patients with HeFH and patients with HoFH. Across these clinical trials, evolocumab was evaluated at two dosing schedules, 120 mg every two weeks and 420 mg monthly. The agent was generally associated with a 40 to 60% reduction in LDL-C from baseline. There was also a significant decrease in other lipid parameters compared to placebo.[2,19-25]

Key Points within the Medication Class

- According to Current Clinical Guidelines:
  - The use of PCSK9 inhibitors are not addressed.
  - AHA/ACC guidelines emphasize the use of statin therapy with intensity stratified by risk level.[2]
  - This differed significantly from the previous gold standard guidelines from the 2004 National Cholesterol Education Program that emphasized the use LDL-C to monitor response to therapy.[3]
- As noted above, the ACC/AHA guidelines do not address the place in therapy of the PCSK9 inhibitors. However, the ACC president addressed the issue in a press release upon the approval of Praluent® (alirocumab):
  - "The ACC eagerly awaits the results of the clinical trials that are in progress. In the meantime, we continue to recommend physicians limit prescribing to the very high risk, hard-to-treat groups approved by the FDA and otherwise follow the current guidelines, which recommend lifestyle change and, if needed, statins for most patients with or at risk of heart disease. Improving diet and optimizing exercise are the cornerstones of heart disease management and prevention. Statins are available as low-cost generics, are well tolerated in most patients, and their effectiveness is supported by strong evidence."[6]

- Other Key Facts:
  - These agents are generally well tolerated, with few clinically significant adverse drug reactions.
  - Alirocumab has been studied in a wide population including patients with HeFH, in combination with a statin, in statin intolerant patients and in patients with a high risk of cardiovascular events or prior history of these events.[1,6-17]
  - Both agents are continuing to be evaluated in other populations.

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EE. Colchicine (Colcrys®)

Therapeutic Class: Antigout Agents
Last Reviewed by the DUR Board: October 28, 2010.
Colchicine (Colcrys®) is subject to prior authorization and quantity limitations based on the Application of Standards in Section 1927 of the Social Security Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage and Limitations

   a. Recipient has a diagnosis of Familial Mediterranean Fever (FMF); or

   b. Recipient has a diagnosis of acute gout and recipient has failed therapy with NSAIDs (indomethacin, naproxen, ibuprofen, sulindac or ketoprofen) or corticosteroids (oral or intra-articular) in the last 90 days; or

   c. Recipient has a diagnosis of chronic gout requiring prophylaxis and recipient has failed therapy with both xanthine oxidase inhibitors within the last 180 days or recipient has a contraindication to two xanthine oxidase inhibitors.

2. Prior Authorization Guidelines:

   a. A prior authorization for additional medication beyond this limit will be approved for recipients with:

      1. FMF.

      2. Chronic gout requiring prophylaxis and recipient has failed therapy with two xanthine oxidase inhibitors or has a contraindication to both xanthine oxidase inhibitors. The quantity limit for prophylaxis of chronic gout is 60 tablets/30 days.

3. Length of Approval (up to): one year

DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD
PROPOSED PRIOR AUTHORIZATION CRITERIA

Colchicine PA Criteria

Therapeutic Class: Antigout Agents
Last Reviewed by the DUR Board: October 28, 2010

1. Coverage and limitations:

Approval for colchicine will be given if the following criteria are met:

A. Colchicine Tablets:

a. Recipient has a diagnosis of acute gout (does not require prophylaxis):
   i. Recipient is 16 yeast of age or older; **and**
   ii. Recipient has had an inadequate response, adverse reaction or contraindication to an NSAID (indomethacin, naproxen, ibuprofen, sulindac or ketoprofen); **and**
   iii. Recipient has had an inadequate response, adverse reaction or contraindication to corticosteroid (oral or intra-articular)

b. Prophylaxis of chronic gout:
   i. Recipient is 16 years of age or older
   ii. One of the following:
      (i) Documentation that the recipient will be treated with colchicine in combination with allopurinol, Uloric (febuxostat), or probenecid; **or**
      (ii) Documentation that the recipient will be treated with colchicine monotherapy, and all of the following:
         1. Recipient has had an inadequate response to allopurinol at a dose of 600 mg/day for at least two weeks OR had an adverse reaction or contraindication to allopurinol; **and**
         2. Recipient has had an inadequate response to Uloric (febuxostat) at a dose of 80 mg/day for at least two weeks OR had an adverse reaction or contraindication Uloric (febuxostat)

c. Familial Mediterranean Fever (FMF):
   i. recipient is 4 years of age or older

d. Requests exceeding the quantity limit may be approved for colchicine tablets if the following all of the following are met:
   i. Recipient is older than 12 years
   ii. Recipient has a diagnosis of FMF
   iii. Requested dose is ≤ 2.4 mg daily (120 tablets/30 days)
   iv. Medical necessity must be provided and documented in the recipient's medical record that the recipient had an inadequate response to 1.8 mg daily (90 tablets/30 days)

B. Colchicine Capsules:
    a. Prophylaxis of chronic gout:
        i. Recipient is 18 years of age or older
        ii. One of the following:
            (i) Documentation that the recipient will be treated with colchicine in combination with allopurinol, Uloric (febuxostat), or probenecid; **or**
            (ii) Documentation that the recipient will be treated with colchicine monotherapy, and all of the following:
                1. Recipient has had an inadequate response to allopurinol at a dose of 600 mg/day for at least two weeks OR had an adverse reaction or contraindication to allopurinol; **and**
                2. Recipient has had an inadequate response to Uloric (febuxostat) at a dose of 80 mg/day for at least two weeks OR had an adverse reaction or contraindication Uloric (febuxostat)

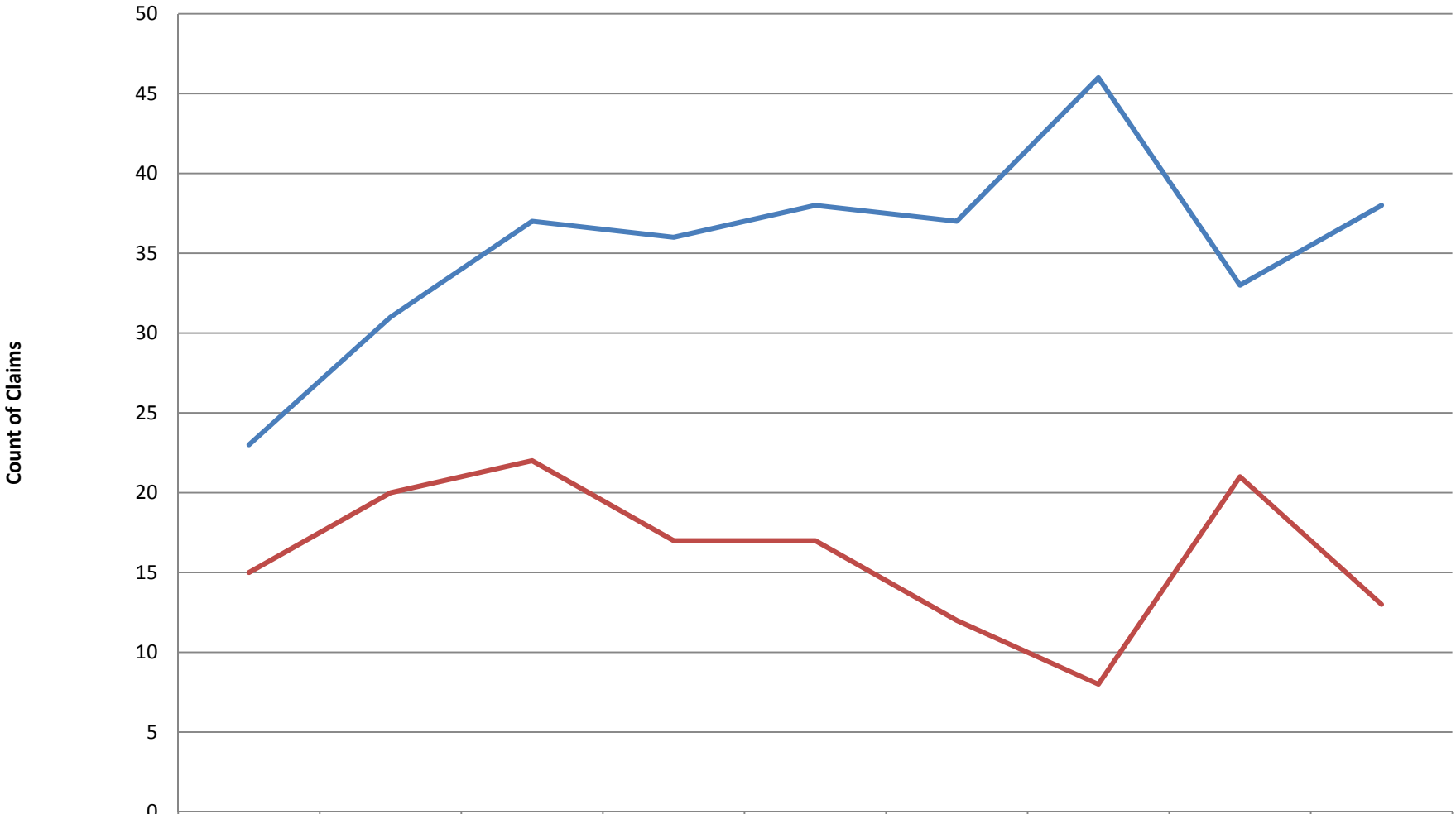
2. Prior Authorization Guidelines:

A. Prior authorization length will be given based on diagnosis
    1) FMF, Chronic Gout: 1 year
    2) Acute Gout: 2 months

3. Quantity Limitations:
A. Colcrys (colchicine) tablets
    1) Acute and chronic gout: 60 tablets/30 days
    2) FMF: 90 tablets/30 days
B. Mitigare (colchicine) capsules: 60/30 days

Sum of Count of Claims

Colchicine Utilization



	201504	201505	201506	201507	201508	201509	201510	201511	201512
COLCHICINE	23	31	37	36	38	37	46	33	38
COLCRYS	15	20	22	17	17	12	8	21	13

YearMonth Filled

Colchicine

April 2015 - December 2015

YearMonth Filled	Product Name	Claim Count	Member Count	Pharmacy Paid
201504		**38**	**34**	**$ 1,556.85**
	COLCHICINE	23	19	$ 563.74
	COLCRYS	15	15	$ 993.11
201505		**51**	**45**	**$ 2,549.66**
	COLCHICINE	31	25	$ 1,477.58
	COLCRYS	20	20	$ 1,072.08
201506		**59**	**47**	**$ 2,620.18**
	COLCHICINE	37	28	$ 1,058.50
	COLCRYS	22	19	$ 1,561.68
201507		**53**	**47**	**$ 3,392.74**
	COLCHICINE	36	31	$ 2,335.12
	COLCRYS	17	16	$ 1,057.62
201508		**55**	**43**	**$ 2,407.51**
	COLCHICINE	38	32	$ 1,685.49
	COLCRYS	17	11	$ 722.02
201509		**49**	**41**	**$ 3,240.80**
	COLCHICINE	37	30	$ 2,345.01
	COLCRYS	12	11	$ 895.79
201510		**54**	**44**	**$ 2,732.46**
	COLCHICINE	46	36	$ 2,650.89
	COLCRYS	8	8	$ 81.57
201511		**54**	**44**	**$ 1,850.41**
	COLCHICINE	33	27	$ 1,458.44
	COLCRYS	21	17	$ 391.97
201512		**51**	**45**	**$ 2,563.63**
	COLCHICINE	38	32	$ 2,365.10
	COLCRYS	13	13	$ 198.53
Grand Total		**464**	**390**	**$ 22,914.24**

Therapeutic Class Overview
Colchicine

Therapeutic Class Overview/Summary:
This review will focus on the agent colchicine (Colcrys®, Mitigare®), which is used in the management of gout.[1,2] Gout is a complex inflammatory disease that occurs in response to the presence of monosodium urate monohydrate crystals in the joints, bones and soft tissues.[3,4] The disease consists of four clinical phases.[5] The first phase is asymptomatic hyperuricemia. Although hyperuricemia is a necessary predisposing factor, the presence of high serum urate levels alone does not automatically lead to gout.[3,5] One study reported that 78% of the men in the trial with serum urate levels greater than 9 mg/dL did not develop gout over a five year period.[6] Hyperuricemia can be caused by impaired renal excretion or overproduction of serum urate and/or overconsumption of purine-rich foods that are metabolized to urate.[3] Humans, lack the enzyme uricase and therefore cannot convert urate to the soluble allantoin as the end product of purine metabolism.[4] The deposition of monosodium urate monohydrate crystals into the joints and other areas of the body begin when serum urate levels are greater than 6.8 mg/dL. This concentration is the saturation point of urate in biological fluids and it is at this concentration where monosodium urate monohydrate crystals begin to precipitate. As mentioned previously the presence of hyperuricemia does not automatically lead to gout. Other factors, when combined with hyperuricemia that contribute to monosodium urate monohydrate deposition and the development of gout include trauma or irritation of joins, lower temperatures which favor crystal deposition and previously diseased joints.[6]

The second phase is characterized by intermittent acute gout attacks.[5] These attacks are due to the abrupt release of monosodium urate monohydrate crystals into the joint space where they initiate an acute inflammatory reaction characterized by painful inflammatory arthritis.[6] These attacks typically resolve spontaneously over a period of seven to 10 days.[4] The time interval separating these acute attacks is the third phase of the disease and is known as the intercritical gout period.[7] The time period separating acute gout attacks during this period vary widely between a few days to several years. Overtime, if the disease is left untreated it evolves into chronic tophaceous gout. This phase of the disease is characterized by the deposition of solid monosodium urate monohydrate crystal aggregates known as tophi in a variety of locations including joints, bursae and tendons.[7] In addition deposits of monosodium urate monohydrate crystals in the renal tubules can also lead to renal calculi and nephropathy.[5]

Treatment of gout consists of rapid relief of pain and disability caused by acute gout attacks and the reduction of serum urate levels. This reduction prevents further acute attacks and the progression of the disease to tophaceous gout.[4] Although acute attacks can be treated with anti-inflammatory medications, the underlying cause of the disease can only be treated by lowering serum urate levels.[6]

Colchicine is believed to exert a positive effect in gout by preventing the activation, degranulation and migration of neutrophils, implicated in the pathogenesis of gout symptoms. The mechanism by which colchicine acts in patients with Familial Mediterranean Fever has not been fully established; however, there is evidence suggesting that colchicine interferes with the assembly of the inflammasome complex found in neutrophils and monocytes that medicate the activation of interleukin-1β.[1,2] Colcrys® is the branded version of colchicine. In 2006, the Food and Drug Administration (FDA) launched the Unapproved Drugs Initiative. This initiative targeted drugs that had never formally received FDA-approval.[8] The initiative required manufacturers of the non-approved versions of colchicine to either apply for approval through the current FDA approval methods or cease manufacturing the agent. On September 30, 2010, the FDA informed manufacturers of these non-approved products that they were expected to stop manufacturing single-ingredient oral colchicine by October 14, 2010 and must stop shipping the product by December 30, 2010. Colchicine (Colcrys®), was approved by the FDA on July 30, 2009 and is the only currently approved and remaining colchicine product.[9] More recently, a new capsule formulation and generic version has been approved by the FDA.[2]

Table 1. Current Medications Available in the Therapeutic Class[1-2]

Generic (Trade Name)	Food and Drug Administration-Approved Indications	Dosage Form/Strength	Generic Availability
Colchicine (Colcrys®*, Mitigare®*)	Familial Mediterranean Fever†, Prophylaxis of gout glares, Treatment of gout flares†	Capsule: 0.6 mg Tablet: 0.6 mg	a

*Generic available in at least one dosage form or strength.
†Colcrys®

Evidence-based Medicine

- Clinical trials demonstrate the safety and efficacy of the colchicine for treatment of acute gout or for gout prophylaxis.[15-19]
- FDA-approval of brand colchicine for Familial Mediterranean Fever treatment was not based on new clinical studies but rather on previously published literature. This published literature consists of three double-blind, placebo-controlled, cross-over studies published in 1974 that evaluated a total of 48 adult patients with Familial Mediterranean Fever. These studies as well as others confirmed that the agent is efficacious in both reducing the number of attacks and in aborting acute attacks.[1,15,16]
- One study that evaluated brand colchicine for this indication was the AGREE trial which was the basis for FDA-approval. This study evaluated two different dosing regimens of colchicine; high dose (1.2 mg followed by 0.6 mg every hour for six hours), low dose (colchicine 1.2 mg followed by 0.6 mg in one hour followed by placebo doses every hour for five hours) and placebo in the treatment of acute gout attacks. The study demonstrated that the older traditional dosing regimen had the same efficacy as the new FDA-approved low dose regimen; however there were significantly more adverse drug events with the high dose.[18]

Key Points within the Medication Class

- According to Current Clinical Guidelines:
  - The ACR, British Society of Rheumatology, and European League Against Rheumatism (EULAR) treatment guidelines all recommend a nonsteroidal anti-inflammatory drug (NSAID), colchicine, or a corticosteroid for the treatment of an acute gout attack.[10-13]
  - According to the more recent ACR guidelines for the management of gout, initiation of urate lowering therapy is recommended in patients with an established diagnosis of gout and tophus or tophi, frequent attacks of acute gouty arthritis (≥2 attacks/year), chronic kidney disease stage 2 or worse, and past urolithiasis.[16]
  - Goal is to achieve serum urate levels <300 mmol/L to ≤360 mmol/L.[10,12,13]
  - Of note, the ACR notes that serum urate lowering below 5 mg/dL may be needed to improve gout signs and symptoms.[10]
  - Agents used to lower serum urate levels include allopurinol, probenecid, and febuxostat. The main difference between these agents is that allopurinol and febuxostat inhibit urate production and probenecid promotes urate excretion.[10-14]
  - The 2012 ACR guideline, which was published after FDA approval of febuxostat, recommends either allopurinol or febuxostat as the first-line urate lowering therapy approach for the management of gout, with no preference stated between the two.[10]
  - During initiation of urate lowering therapy the guidelines recommend concurrent prophylaxis with either colchicine or an NSAID, although generally colchicine is the preferred, to prevent acute attacks while starting therapy.[11-13]
  - Concomitant therapy is generally recommended for up to six months at which point only the urate lowering agent is continued. Treatment with the urate lowering agent has the potential to be lifelong.[11,12]

- Other Key Facts:
  - Colchicine tablets and colchicine capsules have different FDA-approved indications and ages approved.[1,2]
  - Colchicine tablets are approved for use in children ≥4 years of age for the treatment of Familial Mediterranean Fever (tablets)[1]

References

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C. Agents used for the treatment of Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)

Therapeutic Class: ADHD/ADD Agents
Last Reviewed by the DUR Board: January 24, 2008

Agents, both stimulants and non-stimulants used for the treatment of ADD/ADHD are subject to prior authorization for pediatric, adolescent, and adult clients that meet the criteria for coverage.

1. Coverage and Limitations

Approval for medications will be given at the therapeutics class level if the following criteria is met and documented:

a. General Criteria (Children and Adults)

1. Only one long-acting agent at a time may be used for the treatment of ADD/ADHD (applies to the entire ADD/ADHD/Stimulant Class); a 30-day transitional overlap in therapy will be allowed.

2. The following two criteria's must be met and documented in the recipient's medical record for adult and pediatric recipients.

a. The decision to medicate for ADD or ADHD must be based on problems that are persistent and sufficiently severe to cause functional impairment in one or more of the following social environments: school, home, work or with peers; and

b. Before treatment with pharmacological methods is instituted, other treatable causes have been ruled out.

b. Children (up to age 18 years)

In addition to the general criteria above, the following conditions apply and must be documented in the recipient's medical record.

1. Prescriptions for ADD/ADHD medications do not require prior authorizations for children five years of age, up to eighteen years of age, if the following conditions apply:

a. The medication is prescribed by a psychiatrist; and

b. An ICD code for Attention Deficit Disorder with or without Hyperactivity is documented on the prescription.

2. In all other cases, prior authorization is required. The following is required for prior authorization.

a. An initial evaluation or examination has been done within the past 12 months by the treating physician, pediatrician, psychiatrist or neurologist documenting the developmental history, physical evaluation, medical history or a primary neurological diagnosis and all of the following:

1. School information, Standardized Teachers Rating Scales testing reports such as Test of Variables of Attention (TOVA), achievement test, neuropsychological testing if indicated, Conner's scale, speech and language evaluation;

2. Diagnosis and symptoms of ADD or ADHD, presence or absence-child behavior checklist, development and context of symptoms and resulting impairment, including school, family and peers, diagnostic symptoms of possible alternate or comorbid psychiatric diagnosis, history of psychiatric, psychological pediatric or neurological treatment for ADD or ADHD; and

3. Family history including diagnosis of ADD and ADHD, tic disorder, substance abuse disorder, conduct disorder, personality disorder and other anxiety disorders, past or present family stressors, crises, any abuse or neglect, interview with parent(s) or guardian(s).

c. Adults (18 years and above) In addition to the general criteria above, the following must be present and documented in the recipient's medical record:

1. An initial evaluation-complete psychiatric assessment, present and past, diagnostic symptoms of ADD or ADHD, history of development and context of symptoms and resulting past and present impairment, including academic achievement, learning disorder evaluation, and

2. One of the following:

a. Medical history, medical or primary neurological diagnosis, identify medication(s) that could be causing symptoms (e.g. Phenobarbital, steroids), or;

b. History of other psychiatric disorder(s) and treatment, or;

c. Diagnostic symptoms of ADD and ADHD presence or absence, possible alternate comorbid psychiatric diagnosis (especially:

personality disorder, mood disorder, depression or mania, anxiety disorder, dissociative disorder, tic disorder including Tourette's disorder and substance abuse disorder); or

d. Family history including diagnosis of ADD or ADHD, tic disorder, substance abuse disorder, conduct disorder, personality disorder, mood disorder and anxiety disorder, possible family stressors, any history of abuse or neglect.

3. Prior Authorization will be given for a one year time period.

Prior Authorization forms are available at:
http://www.medicaid.nv.gov/providers/rx/rxforms.aspx

Combination Long-Acting ADHD Products
January 1, 2015 - December 31, 2015

Count of Da	Column Labels																				
Row Labels	ADDERALL XR	AMPHETAMINE/DEXTROAMPHETA	CLONIDINE HCL ER	CONCERTA	DAYTRANA	DEXMETHYLPHENIDATE HCL ER	DEXTROAMPHETAMINE SULFATE	FOCALIN XR	GUANFACINE ER	INTUNIV	KAPVAY	METADATE CD	METADATE ER	METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL ER	QUILLIVANT XR	RITALIN LA	STRATTERA	VYVANSE	(blank)	Grand Total
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Row Labels	ADDERALL XR	AMPHETAMINE/DEXTROAMPHETA	CLONIDINE HCL ER	CONCERTA	DAYTRANA	DEXMETHYLPHENIDATE HCL ER	DEXTROAMPHETAMINE SULFATE	FOCALIN XR	GUANFACINE ER	INTUNIV	KAPVAY	METADATE CD	METADATE ER	METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL ER	QUILLIVANT XR	RITALIN LA	STRATTERA	VYVANSE	(blank)	Grand Total
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Row Labels	ADDERALL XR	AMPHETAMINE/DEXTROAMPHETA	CLONIDINE HCL ER	CONCERTA	DAYTRANA	DEXMETHYLPHENIDATE HCL ER	DEXTROAMPHETAMINE SULFATE	FOCALIN XR	GUANFACINE ER	INTUNIV	KAPVAY	METADATE CD	METADATE ER	METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL ER	QUILLIVANT XR	RITALIN LA	STRATTERA	VYVANSE	(blank)	Grand Total
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296		1								1						1					3
298		1																1			2

Row Labels	ADDERALL XR	AMPHETAMINE/DEXTROAMPHETA	CLONIDINE HCL ER	CONCERTA	DAYTRANA	DEXMETHYLPHENIDATE HCL ER	DEXTROAMPHETAMINE SULFATE	FOCALIN XR	GUANFACINE ER	INTUNIV	KAPVAY	METADATE CD	METADATE ER	METHYLPHENIDATE HCL	METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL ER	QUILLIVANT XR	RITALIN LA	STRATTERA	VYVANSE	(blank)	Grand Total
299									1									1				2
301									1									1				2
303															1				1			2
304								1							1							2
307		1																	1			2
309														2					1			3
310										1				1								2
312										1							1					2
313										1				1								2
314								1											1			2
317										1				1								2
318		1								1												2
319										1								1				2
320		1																	1			2
323			1															1				2
324														1					1			2
328										1									1			2
329										1				1								2
330														1					1			2
331										1				1					1			3
332										1								1				2
333										1									1			2
335										1									1			2
337										1									1			2
338													1	1								2
340		1							1													2
343										1									1			2
345																		1	1			2
346								1							1							2
347										1									1			2
349	1									1												2
350										1									1			2
351				1						1												2
352			1																1			2
353										1									1			2
355			1			1																2
357									1					1								2
358						1				1												2
359							1												1			2
360							1												1			2
361										1							1					2
362										1				2								3
364		1																	1			2
365										1									1			2
366			1																1			2
368										1									1			2
369														2								2
370									1										1			2
371		1								1									1			3
373									1										1			2
374									1										1			2

Row Labels	ADDERALL XR	AMPHETAMINE/DEXTROAMPHETA	CLONIDINE HCL ER	CONCERTA	DAYTRANA	DEXMETHYLPHENIDATE HCL ER	DEXTROAMPHETAMINE SULFATE	FOCALIN XR	GUANFACINE ER	INTUNIV	KAPVAY	METADATE CD	METADATE ER	METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL ER	QUILLIVANT XR	RITALIN LA	STRATTERA	VYVANSE	(blank)	Grand Total
375						1											1				2
377				1						1											2
378										1							1				2
379		1						1		1											3
380								1		1					1		1				5
383								1		1											2
384									1						2						3
385			1															1			2
386		1							1												2
387										1							1				2
388		1															1	1			3
389		1								1											2
390		1								1											2
391										1								1			2
396										1								1			2
398			1			1															2
400										1								1			2
401										1								1			2
403		1						1													2
404														1	1						2
405					1													1			2
407		1								1											2
408								1							1						2
410		1								1											2
412								1									1				2
414										1					1						2
415							1									1					2
416															1		1				2
417								1							1						2
418										1					1						2
419										1							1				2
420															2						2
421									1									1			2
422															1		1				2
423										1								1			2
425				1							1										2
426		1								1											2
427										1								1			2
429										1							1				2
430															1						2
431								1		1											2
432																1	1				2
433										1								1			2
434		1																1			2
435										1								1			2
437										1								1			2
438		1																1			2
439															1			1			2
440								1		1											2
441																	1	1			2
443																	1	1			2

Row Labels	ADDERALL XR	AMPHETAMINE/DEXTROAMPHETA	CLONIDINE HCL ER	CONCERTA	DAYTRANA	DEXMETHYLPHENIDATE HCL ER	DEXTROAMPHETAMINE SULFATE	FOCALIN XR	GUANFACINE ER	INTUNIV	KAPVAY	METADATE CD	METADATE ER	METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL ER	QUILLIVANT XR	RITALIN LA	STRATTERA	VYVANSE	(blank)	Grand Total
446		1								1											2
447										1									1		2
448								1											1		2
449										1					1				1		3
450										1					1						2
451		1																1			2
452								1		1											2
453		1																1			2
454								1		1											2
455	1			1																	2
456		1	1																		2
458										1									1		2
460				1											1						2
461										1									1		2
462										1					1						2
463										1								1	1		3
465																		1	1		2
467							1											1			2
468																		1	1		2
471		1																1			2
472				1				1													2
473										1									1		2
474		1								1											2
475										1								1	1		3
476		1							1										1		3
477										1					2						3
478										1									1		2
479									1						1						2
480								1		1											2
481										1								1			2
482								1											1		2
484							1			1											2
485										1					1						2
487										1						1					2
488		1																	1		2
494										1								1	1		3
495		1						1													2
496			1							1					1						3
497															1				1		2
500		1						1											1		3
501		1								1											2
502										1					1						2
503										1									1		2
504								1		1											2
506										1									1		2
507										1					1						2
508										1						1			1		3
509				1						1											2
511										1						1			1		3
513										1									1		2
515															2						2

Row Labels	ADDERALL XR	AMPHETAMINE/DEXTROAMPHETA	CLONIDINE HCL ER	CONCERTA	DAYTRANA	DEXMETHYLPHENIDATE HCL ER	DEXTROAMPHETAMINE SULFATE	FOCALIN XR	GUANFACINE ER	INTUNIV	KAPVAY	METADATE CD	METADATE ER	METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL ER	QUILLIVANT XR	RITALIN LA	STRATTERA	VYVANSE	(blank)	Grand Total
517		1								1											2
520																1	1				2
521									1					1					1		3
522										1								1			2
523		1													1						2
524										1									1		2
527										1				1							2
528		1								1											2
529			1							1					1						3
530										1					1						2
532															2			1			3
534							1												1		2
535					1														1		2
536									1						1			1			3
540										1									1		2
541															2				1		3
543		1								1											2
544		1								1											2
547		1								1											2
548								1							2						3
549			1												1						2
550			1												1						2
552										1					1						2
554		1																	1		2
556															1			1			2
560										1					2						3
562															1				1		2
563		1						1													2
564										1					1						2
566										1					1						2
568		1						1											1		3
574									1										1		2
575									1										1		2
578										1									1		2
580									1						1						2
582										1									1		2
583										1									1		2
584		1								1											2
585	1																	1			2
586										1					1						2
588										1					1						2
590										1									1		2
591		1																1			2
596										1									1		2
597										1									1		2
598			1																1		2
600															1			1			2
601		1					1														2
602										1					1				1		3
603										1									1		2
606			1																1		2

Row Labels	ADDERALL XR	AMPHETAMINE/DEXTROAMPHETA	CLONIDINE HCL ER	CONCERTA	DAYTRANA	DEXMETHYLPHENIDATE HCL ER	DEXTROAMPHETAMINE SULFATE	FOCALIN XR	GUANFACINE ER	INTUNIV	KAPVAY	METADATE CD	METADATE ER	METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL ER	QUILLIVANT XR	RITALIN LA	STRATTERA	VYVANSE	(blank)	Grand Total
607		1				1			1						1			1			4
608		1							1					1							3
610					1			1													2
611									1									1			2
612							1		1									1			3
613						1												1			2
614									1									1			2
615		1							1					1							3
616		1							1									1			3
617									1									1			2
618							1		1												2
620									1					1							2
621						1			1												2
622		1																1			2
625		1						1													2
626							1		1												2
627				1					1												2
628			1											1							2
629		1														1					2
630									1								1				2
631									1									1			2
634							1		1								1	1			4
635									1									1			2
636									1									1			2
637							1		1				1	1							4
641		1												1							2
642			1					1										1			3
643									1					1							2
644		1												1							2
645														2							2
646									1					2							3
647									1					2							3
648					1				1												2
649							1		1												2
651		1															1				2
652		1					1														2
653									1									1			2
654									1					1							2
656											1			1							2
657													1	1							2
658													1	1							2
659								1						1			1	1			4
660				1					1					1							3
661									1									1			2
662									1									1			2
663		1	1						1												3
665									1									1			2
668								1	1									1			3
669		1							1												2
670									1					1							2
671														1				1			2

Row Labels	ADDERALL XR	AMPHETAMINE/DEXTROAMPHETA	CLONIDINE HCL ER	CONCERTA	DAYTRANA	DEXMETHYLPHENIDATE HCL ER	DEXTROAMPHETAMINE SULFATE	FOCALIN XR	GUANFACINE ER	INTUNIV	KAPVAY	METADATE CD	METADATE ER	METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL ER	QUILLIVANT XR	RITALIN LA	STRATTERA	VYVANSE	(blank)	Grand Total
672									1						1				1		3
677		1								1					1						3
678										1									1		2
679								1		1											2
680										1					1						2
681		1																	1		2
682								1										1			2
684		1																1			2
685										1									1		2
688		1														1					2
689		1								1											2
691										1								1			2
692															1				1		2
694															1				1		2
696		1								1											2
697															1			1			2
698		1								1											2
700															1				1		2
701					1			1													2
702		1								1									1		3
703										1									1		2
704										1								1	1		3
705		1								1											2
706		1								1											2
707			1																1		2
708										1									1		2
709										1					1						2
710										1								1			2
711		1							1										1		3
712										1					1						2
713										1					1						2
714		1													1						2
715										1					2						3
716		1													1						2
717		1								1											2
718								1		1											2
719										1									1		2
720														1	1				1		3
721															1				1		2
722																		1	1		2
723															2			1			3
724																1		1			2
725															1				1		2
726							1			1											2
727			1												1						2
728										1									1		2
731				1															1		2
735														1					1		2
736		1												1							2
737			1					1													2
738			1					1													2

Row Labels	ADDERALL XR	AMPHETAMINE/DEXTROAMPHETA	CLONIDINE HCL ER	CONCERTA	DAYTRANA	DEXMETHYLPHENIDATE HCL ER	DEXTROAMPHETAMINE SULFATE	FOCALIN XR	GUANFACINE ER	INTUNIV	KAPVAY	METADATE CD	METADATE ER	METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL ER	QUILLIVANT XR	RITALIN LA	STRATTERA	VYVANSE	(blank)	Grand Total
739		1								1					1						2
740										1									1		2
742		1													1						2
743		1															1				2
744										1					1						2
745															2		1				3
746										1					1						2
747			1														1				2
748										1								1			2
749		1															1				2
750										1							1				2
751		1																1			2
755										1							1				2
756		1													1		1				3
761		1								1											2
764													1					1			2
765										1								1			2
766															1			1			2
768			1	1													1				3
770	1		1																		2
774										1					1						2
775										1								1			2
776				1						1											2
777										1					2						3
778										1					2						3
779					1											1					2
780										1						1		1			3
781		1								1											2
783															1	1					2
784							1			1											2
785		1																1			2
786										1								1			2
787		1								1							1				3
789										1						1	1				3
790								1		1											2
792								1		1											2
793									1						2						3
794		1													1						2
795										1					1						2
796										1								1			2
797										1								1			2
798															1			1			2
800										1								1			2
801										1							1				2
804										1					1						2
805										1					1						2
807																	1	1			2
809																	1	1			2
812			1						1									1			3
814										1							1				2
815										1								1			2

Row Labels	ADDERALL XR	AMPHETAMINE/DEXTROAMPHETA	CLONIDINE HCL ER	CONCERTA	DAYTRANA	DEXMETHYLPHENIDATE HCL ER	DEXTROAMPHETAMINE SULFATE	FOCALIN XR	GUANFACINE ER	INTUNIV	KAPVAY	METADATE CD	METADATE ER	METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL ER	QUILLIVANT XR	RITALIN LA	STRATTERA	VYVANSE	(blank)	Grand Total
816			1														1				2
817																1		1			2
818		1															1				2
820		1						1										1			3
822														2							2
823															1			1			2
825																	1	1			2
826		1								1											2
827										1								1			2
829			1															1			2
832										1							1				2
833		1											1	2							4
834										1							1				2
835										1								1			2
836			1										1	1							3
837														1			1				2
839														1			1				2
840								1		1											2
841								1		1											2
842								1		1				1							3
843										1				2							3
844		1								1											2
849							1			1											2
850			1											1							2
854										1				1							2
856														1				1			2
857		1								1											2
858										1				1							2
860			1					1													2
861										1								1			2
863					1				1												2
865										1			1								2
866		1															1				2
867														1	1						2
868										1								1			2
871										1				1							2
872										1				1							2
873										1								1			2
874										1				1	1						3
875										1				1							2
876										1				1							2
877										1							1				2
878								1		1											2
879										1							1				2
880				1						1											2
881										1				1							2
882										1							1				2
883			1						1									1			3
884										1								1			2
885								1		1				1			1				4
886										1			1								2

Row Labels	ADDERALL XR	AMPHETAMINE/DEXTROAMPHETA	CLONIDINE HCL ER	CONCERTA	DAYTRANA	DEXMETHYLPHENIDATE HCL ER	DEXTROAMPHETAMINE SULFATE	FOCALIN XR	GUANFACINE ER	INTUNIV	KAPVAY	METADATE CD	METADATE ER	METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL ER	QUILLIVANT XR	RITALIN LA	STRATTERA	VYVANSE	(blank)	Grand Total
887		1						1		1											3
888										1								1			2
889										1								1			2
890										1							1	1			3
893		1								1											2
894										1							1				2
895			1												1						2
896									1								1	1			3
897										1						1					2
898				1													1				2
900										1				1	1						3
902								1		1											2
906										1								1			2
907									1						2						3
908										1					1						2
909			1				1														2
910										1								1			2
911															2						2
912								1										1			2
913										1								1			2
914		1						1		1											3
915										1							1	1			3
916									1						2						3
917										1							1				2
919										1								1			2
924		1								1											2
925									1						2						3
926										1					1						2
927				1						1					1						3
928		1													1						2
932								1		1											2
933																	1	1			2
935										1					1						2
937						1											1				2
938		1	1																		2
940										1								1			2
941										1								1			2
942	1								1												2
943										1		1						1			3
944		1								1											2
946																	1	1			2
947																	1	1			2
948																	1	1			2
949		1								1											2
954										1								1			2
955		1													1						2
958										1						1					2
960							1		1												2
961		1	1																		2
962		1													1						2
963		1													1						2

Row Labels	ADDERALL XR	AMPHETAMINE/DEXTROAMPHETA	CLONIDINE HCL ER	CONCERTA	DAYTRANA	DEXMETHYLPHENIDATE HCL ER	DEXTROAMPHETAMINE SULFATE	FOCALIN XR	GUANFACINE ER	INTUNIV	KAPVAY	METADATE CD	METADATE ER	METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL ER	QUILLIVANT XR	RITALIN LA	STRATTERA	VYVANSE	(blank)	Grand Total
964				1											1						2
965	1														1				1		3
966										1			1		1						3
968																	1	1			2
969										1								1			2
970		1													1						2
971										1								1			2
972										1								1			2
973										1								1			2
974										1							1				2
975																	1	1			2
976										1							1	1			3
977										1					1						2
980		1																1			2
984										1								1			2
985								1										1			2
986		1														1		1			3
987		1														1		1			3
988		1								1											2
989			1														1				2
990										1					1						2
991										1								1			2
993		1																1			2
994															1			1			2
995		1																1			2
997		1	1																		2
998		1															1				2
1001										1								1			2
1002									1				1								2
1005		1								1					1						3
1006								1										1			2
1007		1																1			2
1008		1																1			2
1009		1								1					1			1			4
1011		1													1						2
1014										1							1				2
1015										1							1				2
1016										1					1		1				3
1018										1							1				2
1019										1							1				2
1020										1								1			2
1021								1		1											2
1023						1			1												2
1024										1					1						2
1025										1								1			2
1026																	1	1			2
1027										1					1						2
1028		1																1			2
1036										1								1			2
1037													1		2						3
1038									1				1				1	1			4

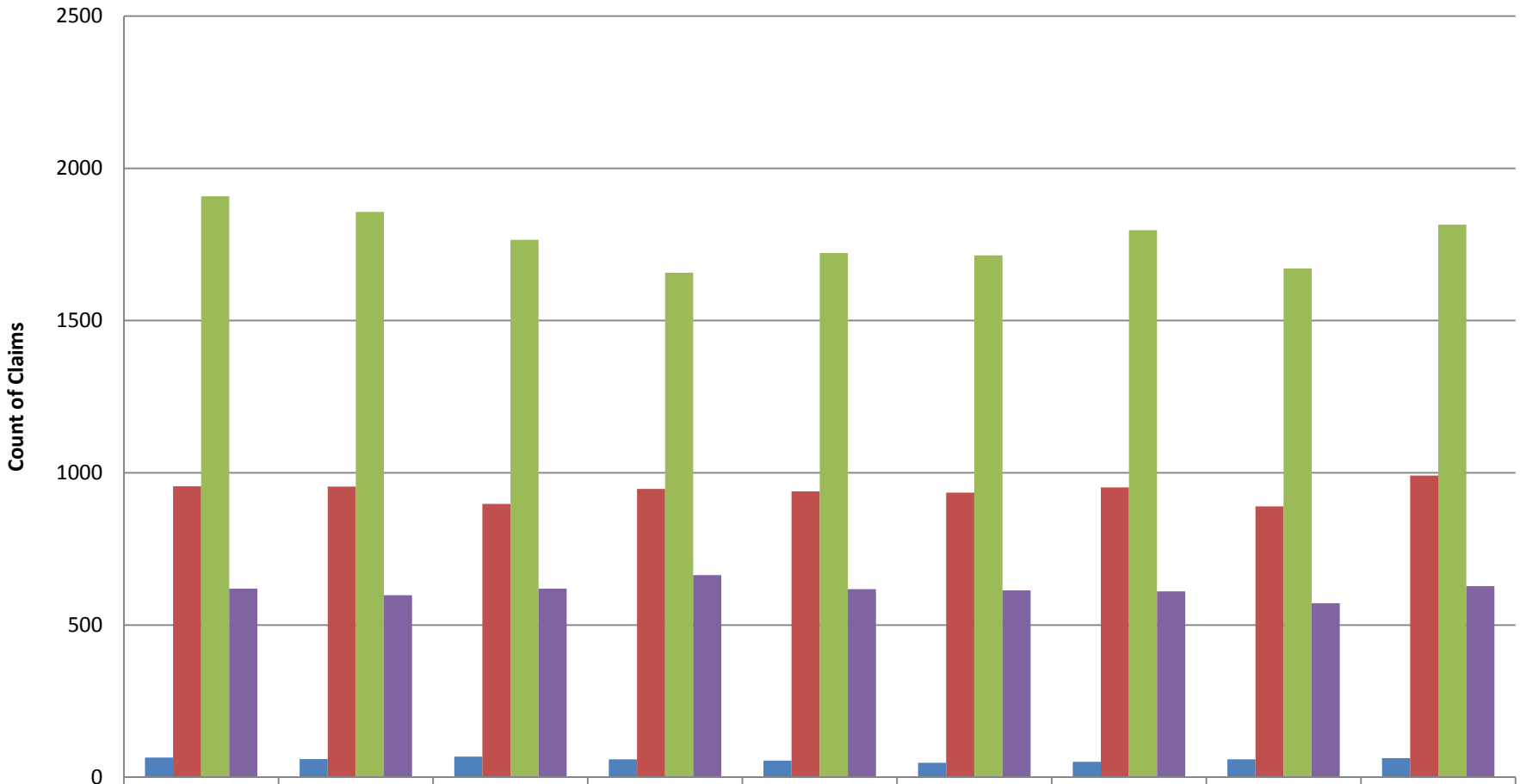
Row Labels	ADDERALL XR	AMPHETAMINE/DEXTROAMPHETA	CLONIDINE HCL ER	CONCERTA	DAYTRANA	DEXMETHYLPHENIDATE HCL ER	DEXTROAMPHETAMINE SULFATE	FOCALIN XR	GUANFACINE ER	INTUNIV	KAPVAY	METADATE CD	METADATE ER	METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL ER	QUILLIVANT XR	RITALIN LA	STRATTERA	VYVANSE	(blank)	Grand Total
1040		1																1			2
1041															2						2
1042										1					2						3
1043							1			1									1		3
1045															1				1		2
1048		1													1						2
1049		1						1											1		3
1054										1									1		2
1055																		1	1		2
1056								1		1					1						3
1057		1																1			2
1058		1																1			2
1059			1															1			2
1064									1										1		2
1066										1									1		2
1067										1									1		2
1068										1									1		2
1069										1					1						2
1070		1																	1		2
1071								1											1		2
1073															1	1					2
1074		1																	1		2
1075		1																1			2
1076										1					1						2
1077										1					1						2
1078								1							1						2
1079										1					1						2
1080									1										1		2
1086															1				1		2
1088										1					1						2
1089										1					2						3
1092								1							1						2
1093		1																	1		2
1094		1						1													2
1095										1									1		2
1096																1			1		2
1098															1				1		2
1100															1				1		2
1101															2						2
1102		1													1						2
1103										1						1					2
1106																		1	1		2
1107								1		1											2
1108		1																	1		2
1109										1									1		2
1110		1																	1		2
1113										1					1						2
1114		1								1											2
1115		1								1											2
1116										1									1		2
1117										1					1						2

Row Labels	ADDERALL XR	AMPHETAMINE/DEXTROAMPHETA	CLONIDINE HCL ER	CONCERTA	DAYTRANA	DEXMETHYLPHENIDATE HCL ER	DEXTROAMPHETAMINE SULFATE	FOCALIN XR	GUANFACINE ER	INTUNIV	KAPVAY	METADATE CD	METADATE ER	METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL ER	QUILLIVANT XR	RITALIN LA	STRATTERA	VYVANSE	(blank)	Grand Total
1119										1								1			2
1121								1							1						2
1123									1						2						3
1126										1							1				2
1127										1							1				2
1128		1															1				2
1129									1									1			2
1130		1															1	1			3
1131																1		1			2
1133								1		1											2
1134										1							1				2
1135																	1	1			2
1136										1								1			2
1137										1								1			2
1139										1								1			2
1140										1					1						2
1144		1																1			2
1145															1			1			2
1149		1															1				2
1150										1								1			2
1154															1			1			2
1155										1								1			2
1156										1							1				2
1159			1															1			2
1160										1					1						2
1161								1										1			2
1162								1		1											2
1163		1								1							1				3
1164		1															1				2
1166		1																1			2
1167										1							1				2
1171					1					1						1					3
1174															1		1				2
1181										1								1			2
1182															1		1				2
1183		1											1								2
1184			1															1			2
1187		1																1			2
1188		1								1											2
1190		1													1						2
1191		1															1				2
1194																	1	1			2
1195		1															1				2
1196		1																1			2
1199										1							1				2
1200	1									1											2
1202												1			1						2
1203										1					1						2
1204										1					1						2
1205				1					1												2
1206				1												1					2

Row Labels	ADDERALL XR	AMPHETAMINE/DEXTROAMPHETA	CLONIDINE HCL ER	CONCERTA	DAYTRANA	DEXMETHYLPHENIDATE HCL ER	DEXTROAMPHETAMINE SULFATE	FOCALIN XR	GUANFACINE ER	INTUNIV	KAPVAY	METADATE CD	METADATE ER	METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL ER	QUILLIVANT XR	RITALIN LA	STRATTERA	VYVANSE	(blank)	Grand Total
1207										1								1			2
1208																	1	1			2
1209									1						1						2
1210										1								1			2
1211					1					1							1				3
1214										1								1			2
1220						1				1											2
1221										1					2						3
1222															2						2
1223										1						1					2
1225					1					1								1			3
1226				1					1												2
1228		1								1											2
1231				1						1											2
1233		1								1											2
1234																	1	1			2
1237		1								1											2
1238															2						2
1242																	1	1			2
1246																	1	1			2
1248															1			1			2
1249		1								1											2
1253			1															1			2
1255								1		1								1			3
1256										1								1			2
1257								1		1											2
1259		1															1				2
1262	1							1													2
1265				1													1				2
Grand Tota	**14**	**193**	**55**	**28**	**15**	**9**	**22**	**87**	**56**	**453**	**1**	**4**		**25**	**301**	**31**	**14**	**172**	**362**		**###**

Sum of Count of Claims

ADD/ADHD Claims



	201504	201505	201506	201507	201508	201509	201510	201511	201512
0-5	65	60	68	59	55	48	51	59	63
13-18	956	955	898	947	939	935	952	890	991
6-12	1908	1857	1765	1657	1722	1714	1797	1671	1815
19 and >	620	598	620	664	618	614	611	572	628

YearMonth Filled

ADHD Utilization - Age Band

April 2015 - December 2015

Row Labels	Claim Count	Member Count	Pharmacy Paid
201504	**3549**	**3432**	**$ 728,808.13**
0-5	65	64	$ 11,513.03
13-18	956	925	$ 203,180.48
6-12	1908	1849	$ 394,412.86
19 and >	620	594	$ 119,701.76
201505	**3470**	**3353**	**$ 717,153.74**
0-5	60	57	$ 11,605.55
13-18	955	926	$ 202,443.30
6-12	1857	1800	$ 390,439.26
19 and >	598	570	$ 112,665.63
201506	**3351**	**3205**	**$ 696,863.55**
0-5	68	68	$ 13,958.54
13-18	898	856	$ 193,236.25
6-12	1765	1693	$ 374,342.29
19 and >	620	588	$ 115,326.47
201507	**3327**	**3182**	**$ 696,210.27**
0-5	59	56	$ 10,890.69
13-18	947	907	$ 206,465.78
6-12	1657	1609	$ 353,261.75
19 and >	664	610	$ 125,592.05
201508	**3334**	**3237**	**$ 704,277.21**
0-5	55	54	$ 10,420.72
13-18	939	914	$ 208,089.32
6-12	1722	1680	$ 364,976.30
19 and >	618	589	$ 120,790.87
201509	**3311**	**3199**	**$ 698,339.80**
0-5	48	46	$ 10,733.39
13-18	935	904	$ 207,959.59
6-12	1714	1666	$ 358,662.58
19 and >	614	583	$ 120,984.24
201510	**3411**	**3293**	**$ 706,675.95**
0-5	51	50	$ 10,625.83
13-18	952	929	$ 204,100.97
6-12	1797	1733	$ 375,891.48
19 and >	611	581	$ 116,057.67
201511	**3192**	**3116**	**$ 563,792.06**
0-5	59	56	$ 11,243.10
13-18	890	870	$ 165,737.27
6-12	1671	1640	$ 304,545.79
19 and >	572	550	$ 82,265.90
201512	**3497**	**3345**	**$ 678,818.86**
0-5	63	63	$ 13,167.14
13-18	991	951	$ 203,772.61
6-12	1815	1740	$ 365,229.14
19 and >	628	591	$ 96,649.97
Grand Total	**30442**	**29362**	**$ 6,190,939.57**

ADHD Utilization - Age Band

April 2015 - December 2015

Row Labels	Claim Count	Member Count	Pharmacy Paid
0-5	**505**	**491**	**$ 103,463.08**
AMPHETAMINE/DEXTROAMPHETA	117	115	$ 11,445.43
CAFFEINE CITRATE	2	2	$ 245.63
CONCERTA	6	6	$ 1,601.16
DAYTRANA	1	1	$ 280.53
DEXMETHYLPHENIDATE HCL	1	1	$ 19.18
DEXTROAMPHETAMINE SULFATE	10	9	$ 1,009.74
FOCALIN XR	11	11	$ 2,446.30
INTUNIV	138	135	$ 44,975.99
METHYLPHENIDATE HCL	54	53	$ 1,911.02
METHYLPHENIDATE HCL CD	5	5	$ 659.63
METHYLPHENIDATE HCL ER	42	41	$ 8,001.39
METHYLPHENIDATE HYDROCHLO	1	1	$ 115.65
QUILLIVANT XR	22	22	$ 5,171.91
STRATTERA	44	41	$ 13,452.53
VYVANSE	51	48	$ 12,126.99
6-12	**14,589**	**14,127**	**$ 3,182,761.61**
ADDERALL XR	26	26	$ 5,144.91
AMPHETAMINE/DEXTROAMPHETA	2,891	2,829	$ 336,459.52
CLONIDINE HCL ER	247	226	$ 64,107.06
CONCERTA	79	76	$ 25,168.48
DAYTRANA	26	26	$ 7,077.79
DEXMETHYLPHENIDATE HCL	218	213	$ 11,142.64
DEXTROAMPHETAMINE SULFATE	227	221	$ 29,619.13
EVEKEO	1	1	$ 156.54
FOCALIN	8	8	$ 966.88
FOCALIN XR	670	659	$ 190,876.06
GUANFACINE ER	14	11	$ 1,174.22
INTUNIV	3,079	2,941	$ 1,038,786.61
KAPVAY	1	1	$ 326.04
METADATE CD	3	3	$ 542.89
METADATE ER	3	3	$ 184.39
METHYLPHENIDATE HCL	1,034	1,008	$ 22,220.16
METHYLPHENIDATE HCL CD	113	111	$ 12,700.03
METHYLPHENIDATE HCL ER	2,084	2,034	$ 404,041.79
METHYLPHENIDATE HCL SR	4	4	$ 202.66
METHYLPHENIDATE HYDROCHLO	26	26	$ 7,545.72
NUVIGIL	7	7	$ 3,981.74
QUILLIVANT XR	313	300	$ 102,415.82
RITALIN LA	86	85	$ 20,686.99
STRATTERA	809	760	$ 293,595.81
VYVANSE	2,620	2,548	$ 603,637.73
13-18	**7,511**	**7,263**	**$ 1,723,233.22**
ADDERALL XR	52	52	$ 11,493.83
AMPHETAMINE/DEXTROAMPHETA	1,834	1,792	$ 226,436.96
CLONIDINE HCL ER	62	55	$ 12,990.21
CONCERTA	54	52	$ 19,533.02
DAYTRANA	54	53	$ 15,026.99
DEXMETHYLPHENIDATE HCL	70	69	$ 4,216.70
DEXTROAMPHETAMINE SULFATE	69	69	$ 9,920.27
FOCALIN XR	288	276	$ 91,121.97

GUANFACINE ER	1	1	$	261.59
INTUNIV	1,183	1,125	$	398,386.09
METADATE CD	2	2	$	430.90
METHYLPHENIDATE HCL	305	297	$	6,562.18
METHYLPHENIDATE HCL CD	65	64	$	9,103.92
METHYLPHENIDATE HCL ER	1,065	1,038	$	228,885.37
METHYLPHENIDATE HYDROCHLO	8	7	$	3,814.07
MODAFINIL	13	13	$	6,448.51
NUVIGIL	8	8	$	4,476.40
QUILLIVANT XR	104	102	$	42,548.38
RITALIN LA	37	34	$	9,500.88
STRATTERA	694	647	$	252,607.20
VYVANSE	1,543	1,507	$	369,467.78
19 and >	**4,509**	**4,268**	**$**	**947,219.93**
ADDERALL	12	12	$	4,017.68
ADDERALL XR	13	13	$	2,918.57
AMPHETAMINE/DEXTROAMPHETA	2,217	2,119	$	232,598.80
CAFFEINE/SODIUM BENZOATE	1	1	$	17.85
CONCERTA	4	4	$	1,195.76
DAYTRANA	10	10	$	2,784.61
DEXTROAMPHETAMINE SULFATE	76	73	$	14,453.89
FOCALIN	1	1	$	84.15
FOCALIN XR	47	44	$	12,687.39
INTUNIV	149	144	$	49,928.99
METADATE CD	1	1	$	293.77
METHAMPHETAMINE HCL	3	3	$	1,696.98
METHYLPHENIDATE HCL	305	293	$	8,519.62
METHYLPHENIDATE HCL CD	21	21	$	3,094.56
METHYLPHENIDATE HCL ER	293	280	$	65,446.18
MODAFINIL	296	258	$	151,207.26
NUVIGIL	60	60	$	43,611.22
PROVIGIL	26	25	$	26,945.48
QUILLIVANT XR	22	22	$	7,471.62
RITALIN	4	4	$	925.56
RITALIN LA	46	45	$	13,599.59
STRATTERA	566	536	$	230,613.35
VYVANSE	334	297	$	72,448.39
ZENZEDI	2	2	$	658.66
Grand Total	**27,114**	**26,149**	**$**	**5,956,677.84**

DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD
PROPOSED PRIOR AUTHORIZATION CRITERIA

Therapeutic Class: ADHD/ADD Agents
Last Reviewed by the DUR Board: January 24, 2008

1. **Coverage and limitations:**

Approval for medications will be given if the following criteria are met.

A. General Criteria (children and adults)

1) Only one long-acting stimulant (amphetamine and methylphenidate products) may be used at a time; a 30- day transitional overlap in therapy will be allowed.

2) Diagnosis of ADD/ADHD or other FDA-approved diagnosis

B. ADD/ADHD Criteria (all requests for a diagnosis of ADD/ADHD)

1) The following criteria's must be met and documented in the recipient's medical record prior to treatment with ADD/ADHD agents:

a. The decision to medicate for ADD or ADHD must be based on problems that are persistent and sufficiently severe to cause functional impairment in one or more of the following social environments: school, home, work or with peers

b. Other treatable causes of ADD/ADHD have been ruled out

C. ADD/ADHD criteria (children less than 18 years old)

1) Recipient is at least 3 years of age (short acting stimulants) or at least 6 years of age (long-acting stimulants, long-acting alpha agonists, atomoxetine)

2) An initial evaluation or regular examination has been done within the past 12 months with the treating prescriber and medical notes documenting all of the following:

a. Physical evaluation

b. Developmental history

c. Medical and/or psychological history, and history of the primary neurological diagnosis including a history of past psychiatric, psychologic or neurological treatment for ADD/ADHD

d. Family history including: psychiatric diagnoses of ADD/ADHD, tic disorder, substance abuse disorder, conduct disorder, personality disorder, anxiety, etc., past or present family stressors, crises, abuse and/or neglect, and an interview with the parent(s) or guardian(s)

e. Review of diagnostic symptoms of ADD/ADHD, presence or absence-child behavior checklist, development and context of symptoms and resulting impairment (school, family, peers), possible alternate or comorbid psychiatric diagnosis

f. School information, which should include: standardized teacher rating scales, achievement tests, neuropsychological testing (if indicated), and speech and language evaluations

D. Adults (18 years and above)

1) An initial evaluation is documented in the recipient's medical record and must include: complete psychiatric assessment (present and past), diagnostic symptoms of ADD or ADHD, history of development and context of symptoms and resulting impairment (academic achievement, learning disorder evaluation)

2) The following must be present and documented in the recipient's medical record:

a. Medical history, including: medical and primary neurological diagnoses, history of other psychiatric disorder(s) and current treatment regimen

b. Medication review to rule out other possible causes of symptoms (e.g. Phenobarbital, steroids)

c. Diagnostic symptoms of ADD/ADHD

d. Assessment for possible alternate comorbid psychiatric diagnosis (especially: personality disorder, mood disorder, depression or mania, anxiety disorder, dissociative disorder, tic disorder including Tourette's disorder and substance abuse disorder)

e. Family history including diagnosis of ADD or ADHD, tic disorder, substance abuse disorder, conduct disorder, personality disorder, mood disorder and anxiety disorder, possible family stressors, any history of abuse or neglect.

2. **Prior Authorization Guidelines:**

A. Prior authorization will be given for one year

3. **Quantity Limitations**:

A. amphetamine ER suspension (Dyanavel XR): 240 mL/30 days
B. amphetamine/dextroamphetamine mixed salts ER capsule (Adderall XR): 30 caps/30 days
C. atomoxetine (Strattera): 60 caps/30 days
D. clonidine ER tablets (Kapvay): 60 tabs/30 days
E. dexmethylphenidate ER capsules (Focalin XR): 30 caps/30 days
F. dextroamphetamine ER capsule (Dexedrine Spansule): 60 caps/30 days
G. guanfacine ER tablets (Intuniv): 30 tabs/30 days
H. lisdexamfetamine capsules (Vyvanse): 30 caps/30 days
I. methylphenidate ER capsules (Aptensio XR, Metadate CD, Ritalin LA): 30 caps/30 days
J. methylphenidate ER chewable tablets (QuilliChew ER): 30 chew tabs/30 days
K. methylphenidate ER powder for suspension (Quillivant XR): 360 mL/30 days
L. methylphenidate ER tablets (Concerta, Ritalin SR): 30 tabs/30 days
M. methylphenidate ER tablets (Metadate ER): 60 tabs/30 days
N. methylphenidate patch (Daytrana): 30 patches/30 days

BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
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(775) 684-3676 · Fax (775) 687-3893

RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

NOTICE OF PUBLIC MEETING – DRUG USE REVIEW BOARD

AGENDA

Date of Posting:	**xxxxx**
Date of Meeting:	**Thursday, January 28, 2016 at 5:15 PM**
Name of Organization:	**The State of Nevada, Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP), Drug Use Review Board (DUR).**
Place of Meeting:	**Best Western Plus Airport Plaza Hotel** **1981 Terminal Way** **Reno, NV 89502**
Webinar Pre-Registration	****Must Pre-Register**** **https://catamaranrx.webex.com/catamaranrx/onstage/g.php?MTID=efe12bc126e479bc3af7688a13d9d10d1** **Once you have registered for the meeting, you will receive an email message confirming your registration. This message will provide the information that you need to join the meeting.**
Event Number:	**744 153 821** **Click "Join Now"** **Follow the instructions that appear on your screen to join the audio portion of the meeting. Audio will be transmitted over the internet. No phone number is required.**

AGENDA

1. **Call to Order and Roll Call**

2. **Public Comment on Any Matter on the Agenda**

3. **Administrative**

   a. **For Possible Action:** Review and Approve Meeting Minutes from November 5, 2015.

   b. Status Update by DHCFP
   Federal Upper Limit (FUL) pricing.

4. **Board Action**

   a. **For Possible Action**: Discussion and proposed adoption of prior authorization criteria for all prescription drugs for Hospice Program recipients over the age of 20.

      i. Public comment on the Hospice Program Covered Drugs
      ii. Discussion by the Board and review of utilization data and current policy
      iii. Possible adoption of updated Hospice drug coverage policy and criteria

5. **Clinical Presentations**

   a. **For Possible Action:** Discussion and possible adoption of updated prior authorization criteria for medications used in the treatment of Hepatitis C.

      i. Public comment on adoption of policy.
      ii. Presentation of utilization and clinical information.
      iii. Discussion by the Board and review of utilization data.
      iv. Possible adoption of prior authorization criteria/policy.

   b. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for tasimelteon (Hetlioz®).

      i. Public comment on proposed clinical prior authorization criteria.
      ii. Presentation of utilization and clinical information.
      iii. Discussion by the Board and review of utilization data.
      iv. Proposed adoption of updated prior authorization criteria.

   c. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for proprotein convertase subtilisin kexin type 9 (PCSK9) inhibitors.

      i. Public Comment on proposed clinical prior authorization criteria.
      ii. Presentation of utilization and clinical information.
      iii. Discussion by the Board and review of utilization data.

iv. Proposed adoption of updated prior authorization criteria

d. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for colchicine (Colcrys®)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

e. **For Possible Action:** Discussion and possible adoption of updated prior authorization criteria for the for medications used for the treatment ADD/ADHD.

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

f. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for levalbuterol (Xopenex®)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

g. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for naltrexone (Vivitrol®)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

6. Public Comment on any DUR Board Requested Report

7. DUR Board Requested Reports

a. Cumulative acetaminophen report
i. Discussion by the Board and review of utilization data.

b. Anticonvulsant utilization trending report
i. Discussion by the Board and review of utilization data.

c. Naloxone utilization

i. Discussion by the Board and review of utilization data.

8. Public Comment on any Standard DUR Report

9. Standard DUR Reports

a. Review of Prescribing/Program Trends.

i. Top 10 Therapeutic Classes for Q2 2015, Q3 2015 and Q4 2015 (by Payment and by Claims).
ii. Top 50 Drugs of Q2 2015, Q3 2015 and Q4 2015 (by Payment and by Claims).

b. Concurrent Drug Utilization Review (ProDUR)

i. Review of Q2 2015, Q3 2015 and Q4 2015.
ii. Review of Top Encounters by Problem Type.

c. Retrospective Drug Utilization Review (RetroDUR)

i. Status of previous quarter.
ii. Status of current quarter.
iii. Review and discussion of responses.

7. Closing Discussion

a. Public comments on any subject.

b. Date and location of the next meeting.

i. Discussion of the time of the next meeting.

c. Adjournment.

PLEASE NOTE: Items may be taken out of order at the discretion of the chairperson. Items may be combined for consideration by the public body. Items may be pulled or removed from the agenda at any time. If an action item is not completed within the time frame that has been allotted, that action item will be continued at a future time designated and announced at this meeting by the chairperson. All public comment may be limited to 5 minutes.

This notice and agenda have been posted at http://dhcfp.nv.gov and http://notice.nv.gov Notice of this meeting will be available on or after the date of this notice at the DHCFP Web site www.dhcfp.nv.gov, Carson City Central office and Las Vegas DHCFP. The agenda posting of this meeting can be viewed at the following locations: Nevada State Library; Carson City Library; Churchill County Library; Las Vegas Library; Douglas County Library; Elko

County Library; Lincoln County Library; Lyon County Library; Mineral County Library; Tonopah Public Library; Pershing County Library; Goldfield Public Library; Eureka Branch Library; Humboldt County Library; Lander County Library; Storey County Library; Washoe County Library; and White Pine County Library and may be reviewed during normal business hours.

If requested in writing, a copy of the meeting materials will be mailed to you. Requests and/or written comments may be sent to Robyn Heddy at the Division of Health Care Financing and Policy, 1100 E. William Street, Suite 101, Carson City, NV 89701, at least 3 days before the public hearing.

All persons that have requested in writing to receive the Public Hearings agenda have been duly notified by mail or e-mail.

Note: We are pleased to make accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements are necessary, notify the Division of Health Care Financing and Policy as soon as possible and at least ten days in advance of the meeting, by e-mail at robyn.heddy@dhcfp.nv.gov in writing, at 1100 East William Street, Suite 101, Carson City, Nevada 89701 or call Robyn Heddy at (775) 684-3678.

U. Xopenex® (Levalbuterol)

Therapeutic Class: Beta Adrenergic Agents
Last Reviewed by the DUR Board: July 26, 2012

Xopenex® is subject to prior authorization and quantity limitations based on the Application of Standards in Section 1927 of the Social Security Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

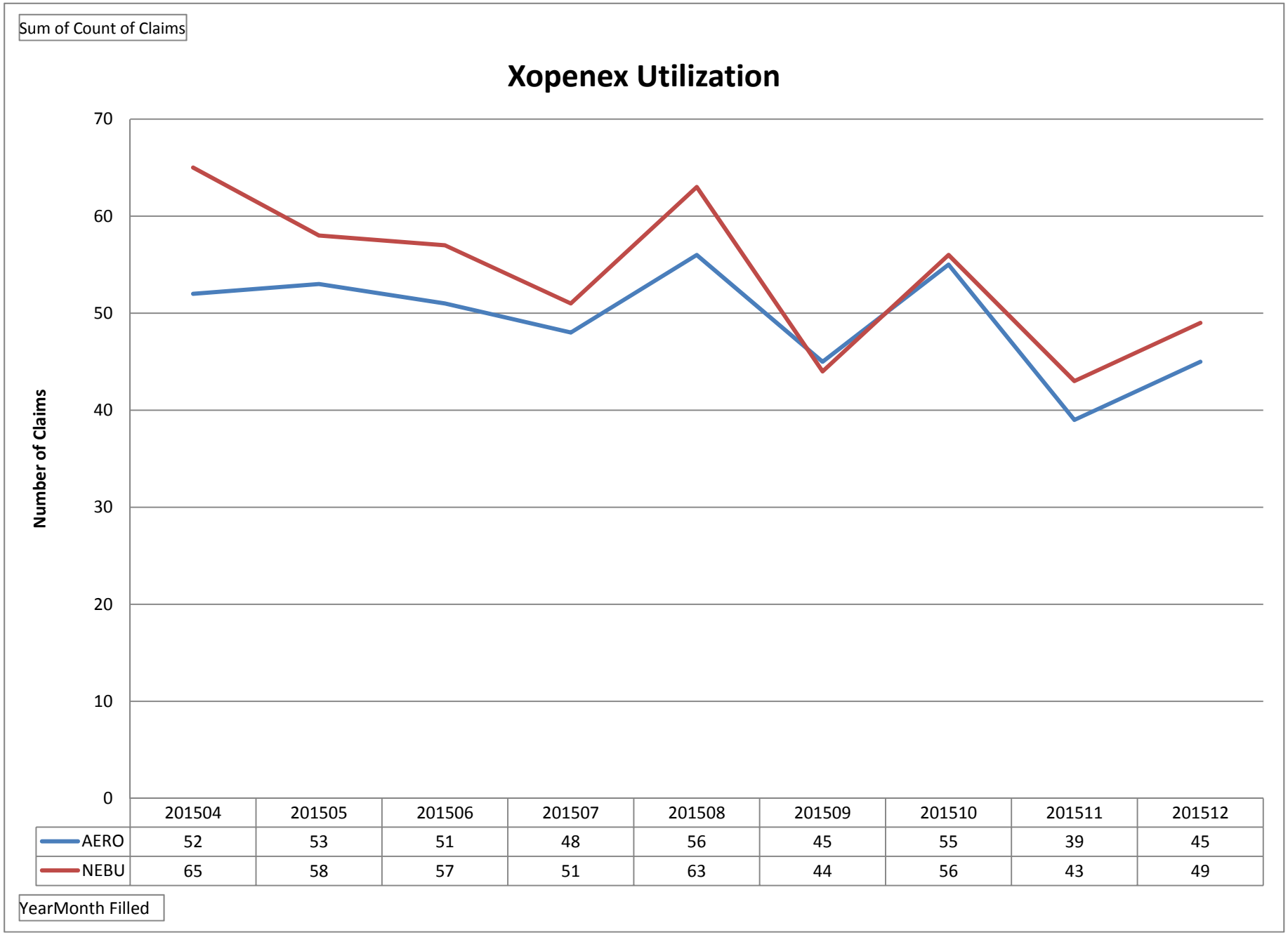
1. Coverage and Limitations

   a. Authorization only for recipients experiencing side effects on one other beta-adrenergic agent of any formulation.

   b. Authorization for patients whose cardiovascular status is considered to be in severe deteriorating condition.

2. Prior Authorization Guidelines

   Prior Authorization forms are available at:
   http://www.medicaid.nv.gov/providers/rx/rxforms.aspx


Sum of Count of Claims
Xopenex Utilization
Number of Claims
70
60
50
40
30
20
10
0
201504 201505 201506 201507 201508 201509 201510 201511 201512
AERO 52 53 51 48 56 45 55 39 45
NEBU 65 58 57 51 63 44 56 43 49
YearMonth Filled

Levalbuterol

April 2015 - December 2015

Row Labels	Claim Count	Member Count	Pharmacy Paid
LEVALBUTEROL	**7**	**7**	**$ 360.69**
201504	1	1	$ 1.00
201508	2	2	$ 338.22
201509	2	2	$ 10.94
201510	1	1	$ 5.47
201512	1	1	$ 5.06
LEVALBUTEROL HCL	**277**	**217**	**$ 26,368.69**
201504	38	34	$ 4,506.94
201505	34	28	$ 4,026.25
201506	34	27	$ 4,204.94
201507	33	22	$ 2,829.13
201508	31	21	$ 2,325.84
201509	23	18	$ 1,822.77
201510	30	25	$ 3,560.30
201511	26	19	$ 1,565.57
201512	28	23	$ 1,526.95
XOPENEX	**194**	**172**	**$ 98,043.42**
201504	23	21	$ 12,170.93
201505	23	20	$ 12,171.95
201506	21	15	$ 10,259.99
201507	18	17	$ 11,799.11
201508	30	26	$ 15,701.45
201509	18	15	$ 11,373.92
201510	25	24	$ 14,044.54
201511	16	16	$ 2,244.56
201512	20	18	$ 8,276.97
XOPENEX CONCENTRATE	**8**	**7**	**$ 1,415.61**
201504	3	2	$ 15.83
201505	1	1	$ 50.67
201506	2	2	$ 31.67
201509	1	1	$ 3.17
201511	1	1	$ 1,314.27
XOPENEX HFA	**444**	**403**	**$ 27,962.22**
201504	52	49	$ 2,684.43
201505	53	47	$ 2,766.24
201506	51	45	$ 2,667.62
201507	48	41	$ 2,657.03
201508	56	51	$ 3,723.31
201509	45	41	$ 3,119.52
201510	55	51	$ 3,862.00
201511	39	37	$ 3,102.11
201512	45	41	$ 3,379.96
Grand Total	**930**	**806**	**$ 154,150.63**

Therapeutic Class Overview
Short-acting β_2-Agonists

Therapeutic Class

- **Overview/Summary:** Respiratory short acting β_2-agonists (SABAs) are Food and Drug Administration (FDA)-approved indications include asthma, chronic obstructive pulmonary disease, exercise-induced bronchospasm (EIB), and/or and reversible bronchospasm. Respiratory β_2-agonists act preferentially on the β_2-adrenergic receptors. Activation of these receptors on airway smooth muscle leads to the activation of adenylyl cyclase and an increase in intracellular cyclic-3',5'-adenosine monophosphate (cyclic AMP). The increase in cyclic AMP leads to activation of protein kinase A and the inhibition of myosin phosphorylation resulting in lower intracellular ionic calcium and smooth muscle relaxation. Increased cyclic AMP levels also inhibit the release of mediators from mast cells in the airways.[1-15] The β_2-agonists can be divided into two categories: short-acting and long-acting. The short-acting respiratory β_2-agonists consist of albuterol (ProAir HFA®, ProAir Respiclick®, Proventil HFA®, Proventil HFA®, Ventolin HFA®), levalbuterol (Xopenex®, Xopenex HFA®), metaproterenol and terbutaline. Respiratory β_2-agonists elicit a similar biologic response in patients suffering from reversible airway disease, but differ in their dosing requirements, pharmacokinetic parameters and potential adverse events.[1-15] As a result of the Clean Air Act and the Montreal Protocol on Substances that Deplete the Ozone Layer, the FDA made the decision to end production, marketing and sale of all albuterol metered dose inhalers (MDIs) containing chlorofluorocarbons (CFCs) as their propellant by December 31, 2008. These inhalers were replaced by MDIs which use hydrofluoroalkanes (HFAs). There is no difference in the safety or efficacy of the HFA inhalers compared to the CFC inhalers; however, there may small differences in taste and/or feel with the HFA inhalers. The deadline for removal of the pirbuterol (Maxair®) CFC inhaler is December 31, 2013.[16]

Table 1. Current Medications Available in the Therapeutic Class[1-15]

Generic (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
Short-Acting β_2-agonists			
Albuterol (AccuNeb®*, ProAir HFA®, ProAir Respiclick®, Proventil HFA®, Ventolin HFA®, VoSpire ER®*)	Relief of bronchospasm in patients with asthma†,‖, treatment or prevention of bronchospasm in patients with reversible obstructive airway disease†‡§, prevention of exercise-induced bronchospasm†‡	Dry Powder Inhaler: 90 µg Meter dose aerosol inhaler (HFA): 120 µg albuterol sulfate# Solution for nebulization: 0.63 mg 1.25 mg 2.5 mg 0.5% concentrated solution (3 mL unit dose vials) Sustained-release tablet: 4 mg 8 mg Syrup:	a

Generic (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
		2 mg/5 mL Tablet: 2 mg 4 mg	
Levalbuterol (Xopenex®*, Xopenex HFA®)	Treatment or prevention of bronchospasm in patients with reversible obstructive airway disease†	Meter dose aerosol inhaler (HFA): 59 µg¶ Solution for nebulization: 0.31 mg 0.63 mg 1.25 mg (3 mL vials)	a
Metaproterenol*	Prevention and treatment of asthma and reversible bronchospasm, which may occur in association with bronchitis and emphysema	Syrup: 10 mg/5 mL Tablet: 10 mg 20 mg	a
Terbutaline*	Prevention and treatment of asthma and reversible bronchospasm, which may occur in association with bronchitis and emphysema	Injection: 1 mg/mL (2 mL vial) Tablet: 2.5 mg 5 mg	a

*Generic available in at least one dosage form or strength.
†Inhalation solution.
‡Metered-dose inhaler.
§Dry powder inhaler.
‖Oral formulations.
¶Delivering 45 µg levalbuterol base.
#Delivering 108 µg of albuterol (90 µg albuterol base).

Evidence-based Medicine

- Clinical trials have demonstrated the efficacy SABAs in providing relief from reversible bronchospasms and EIA.[21-41]
- Safety and efficacy of albuterol dry powder inhaler (ProAir Respiclick®) was evaluated in two 12-week randomized, double-blind, placebo-controlled studies. Forced expiratory volume in one second (FEV_1) was significantly improved with albuterol dry powder inhaler compared with placebo (no P value reported).[7]
- In clinical trials that comparing albuterol to levalbuterol, inconsistent results have been reported and have not consistently demonstrated improved outcomes with levalbuterol compared to albuterol. Moreover, studies have shown no significant differences between the two agents in the peak change in FEV_1 or the number and incidence of adverse events.[21-31]

Key Points within the Medication Class

- According to Current Clinical Guidelines:
  - Short-acting β_2-agonists are recommended for patients in all stages of asthma, for symptomatic relief of reversible airway disease and for exercise-induced bronchospasm.[17-20]
  - Short-acting β_2-agonists should be used on an as-needed or "rescue" basis.[17-20]

- Anticholinergics may also be used for the treatment of acute exacerbations but are considered less effective than SABAs.[17-20]
- The addition of a systemic corticosteroid may be required if patients do not respond immediately to treatment with a SABA or if the exacerbation is severe.[17-20]
- The use of LABAs to treat acute symptoms or exacerbations of asthma is not recommended.[17]

· Other Key Facts:
- Studies have failed to consistently demonstrate significant differences between products.
- Albuterol oral solution, oral tablets, and solution for nebulization, levalbuterol solution for nebulization, metaproterenol oral solution and oral tablets, and terbutaline oral tablets and solution for injection are available generically.
- There are currently branded albuterol hydrofluoroalkanes (HFA) inhalers and one dry-powder inhaler; however, no generic equivalents are available.

References

1. Albuterol tablet [package insert]. Morgantown (WV): Mylan Pharmaceuticals Inc.; 2006 Mar.
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3. Albuterol sulfate syrup [package insert]. Sellersville (PA): Teva Pharmaceuticals USA; 2011 Apr.
4. ProAir HFA® [package insert]. Horsham (PA): Teva Specialty Pharmaceuticals LLC.; 2012 May.
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9. Xopenex® [package insert]. Marlborough (MA): Sunovion Pharmaceuticals Inc.; 2015 Feb.
10. Xopenex concentrate® [package insert]. Marlborough (MA): Sunovion Pharmaceuticals Inc.; 2014 Aug.gggg
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12. Metaproterenol tablets [package insert]. Spring Valley (NY): Par Pharmaceutical Companies Inc.; 2010 Jul.
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14. Terbutaline injection [package insert]. Bedford (OH): Bedford Laboratories; 2004 Mar.
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20. National Institute for Health and Clinical Excellence. Management of chronic obstructive pulmonary disease in adults in primary and secondary care (partial update). [guideline on the internet]. 2010 [cited 2014 Jan 25]. Available from: www.nice.org.uk/guidance/CG101.
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ZZ. Vivitrol® (naltrexone)

Therapeutic Class: Opioid Dependence Agents
Last Reviewed by DUR Board: April 23, 2015

Vivitrol® (naltrexone®) is subject to prior authorizations based on the Application of Standards in Section 1927 of the Social Security Act and/or approved by the DUR Board.

1. Coverage and Limitations

   Approval will be given if the following criteria are met and documented:

   a. The drug is being used for an FDA approved indication; and

   b. Recipients must be given the Naloxone Challenge Test prior to administration to assure recipient is opiate free before initiation of therapy; and

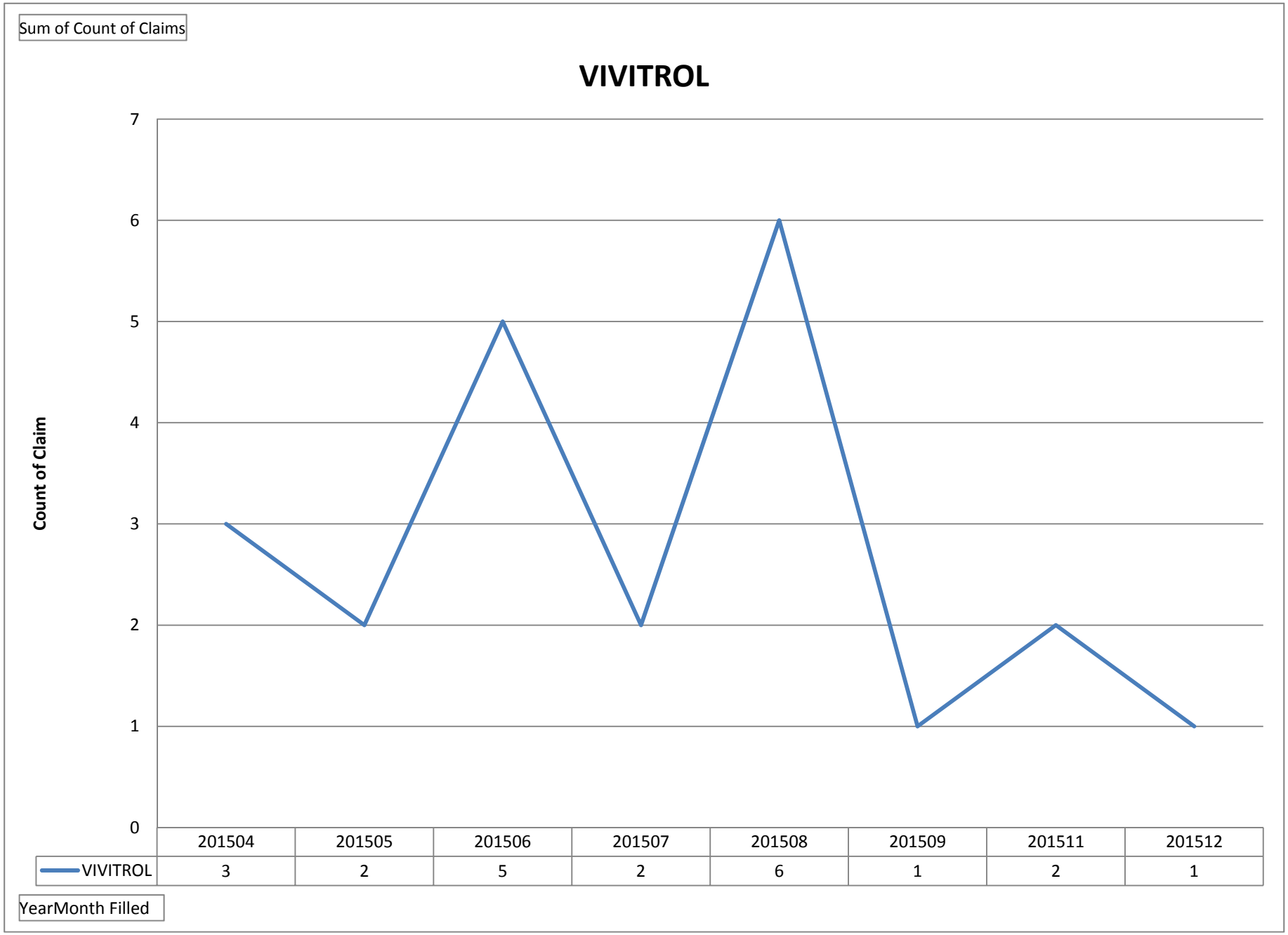
   c. The drug must be delivered directly to the prescriber's office; and

   d. The drug is only to be administered once per month.

2. Prior Authorization Guidelines

   a. Prior Authorization approvals will be for six months.

   b. Prior Authorization forms are available at: http://www.medicaid.nv.gov/providers/rx/rxforms.aspx


Sum of Count of Claims
VIVITROL
Count of Claim
7
6
5
4
3
2
1
0
201504
201505
201506
201507
201508
201509
201511
201512
VIVITROL
3
2
5
2
6
1
2
1
YearMonth Filled

Naltrexone

April 2015 - December 2015

Row Labels	Claim Count	Member Count	Pharmacy Paid
201504	**3**	**2**	**$ 3,903.54**
VIVITROL	3	2	$ 3,903.54
201505	**2**	**2**	**$ 2,602.36**
VIVITROL	2	2	$ 2,602.36
201506	**5**	**5**	**$ 6,505.90**
VIVITROL	5	5	$ 6,505.90
201507	**2**	**2**	**$ 2,602.36**
VIVITROL	2	2	$ 2,602.36
201508	**6**	**5**	**$ 7,807.08**
VIVITROL	6	5	$ 7,807.08
201509	**1**	**1**	**$ 1,301.18**
VIVITROL	1	1	$ 1,301.18
201511	**2**	**1**	**$ 2,491.16**
VIVITROL	2	1	$ 2,491.16
201512	**1**	**1**	**$ 1,245.58**
VIVITROL	1	1	$ 1,245.58
Grand Total	**22**	**19**	**$ 28,459.16**

Therapeutic Class Overview
Opioid Dependence Agents

Overview/Summary:
Partial opioid agonists and opioid antagonists are used alone or in combination in the treatment of opioid use disorder.[1-7] Buprenorphine (Subutex®) buprenorphine/naloxone (Bunavail®, Suboxone®, Zubsolv®) and naltrexone (ReVia®, Vivitrol®) are Food and Drug Administration (FDA)-approved for the treatment of opioid dependence.[1-7] Naltrexone is also FDA-approved for use in alcohol dependence.[2,3] Buprenorphine is available as a sublingual tablet, buprenorphine/naloxone is available as sublingual tablet sublingual film and buccal film, and naltrexone is available as a tablet and extended-release suspension for injection.[1-7] Products which contain buprenorphine are classified as Schedule III controlled substances. The transdermal and injectable formulations of buprenorphine, Butrans® and Buprenex®, respectively, are FDA-approved for use in the management of pain and will not be discussed within this review.[8,9] Buprenorphine and buprenorphine/naloxone sublingual tablets and naltrexone tablets are currently available generically.

Buprenorphine is a partial opioid agonist at the μ-opioid receptor (associated with analgesia and dependence) and an antagonist at the κ-opioid receptor (related to dysphoria). Partial opioid agonists reach a ceiling effect at higher doses and will displace full opioid agonists from the μ-opioid receptor. Buprenorphine is associated with a lower abuse potential, a lower level of physical dependence and is safer in overdose when compared to full opioid agonists [1,4-7] Naloxone and naltrexone are antagonists at the μ-opioid receptor.[2-7] Naloxone has measurable blood levels following sublingual buprenorphine/naloxone administration. However, due to naloxone's low oral bioavailability, there are no significant physiological or subjective differences when compared to the administration of buprenorphine alone. Following intramuscular or intravenous administration, buprenorphine/naloxone is associated with symptoms of opioid withdrawal and dysphoria which is caused by a stronger affinity of naloxone for the opioid receptor compared to buprenorphine.[4-7] Therefore, the addition of naloxone to buprenorphine results in a decreased risk of diversion compared to buprenorphine monotherapy.[10]

The United States Substance Abuse and Mental Service Clinical Guideline for the Use of Buprenorphine in the Treatment of Opioid Addiction recommends the use of buprenorphine/naloxone for the induction, stabilization and maintenance phases of opioid addiction treatment for most patients. This guideline also notes that buprenorphine alone should be used for pregnant patients and for the induction therapy of patients who are transitioning from methadone treatment.[11]

Table 1. Current Medications Available in Therapeutic Class[1-7]

Generic Name (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
Single Entity Agents			
Buprenorphine	Opioid dependence, treatment induction*,†; opioid dependence, treatment maintenance*,†	Sublingual tablet: 2 mg 8 mg	a
Naltrexone (ReVia®, Vivitrol®)	Alcohol dependence; opioid dependence‡ (ReVia®); opioid dependence, prevention of relapse following opioid detoxification (Vivitrol®)	Suspension for injection, extended-release (Vivitrol®): 380 mg Tablet (ReVia®): 50 mg	-
Combination Product			
Buprenorphine/naloxone	Opioid dependence, treatment induction† (Suboxone®); opioid	Buccal film (Bunavail®): 2.1/0.3 mg 4.2/0.7 mg	-

Generic Name (Trade Name)	Food and Drug Administration Approved Indications	Dosage Form/Strength	Generic Availability
	dependence, treatment maintenance†	6.3/1 mg Sublingual film (Suboxone®): 2/0.5 mg 4/1 mg 8/2 mg 12/3 mg Sublingual tablet: 2/0.5 mg 8/2 mg Sublingual tablet (Zubsolv®): 1.4/0.36 mg 5.7/1.4 mg	

* According to the manufacturer, buprenorphine sublingual tablets are preferred for use only during induction of treatment for opioid dependance, but can be used for maintenance treatment in patients who cannot tolerate the presence of naloxone.
† As part of a complete treatment plan to include counseling and psychosocial support.
‡As part of a comprehensive plan of management that includes some measure to ensure the patient takes the medication.

Evidence-based Medicine

- Buprenorphine and buprenorphine/naloxone significantly improve many different outcomes for patients with opioid dependence compared to placebo and no treatment, but are generally found to not be significantly different from one another.[16-26, 37-44]
- FDA-approval of buprenorphine buccal film (Bunavail®) and buprenorphine/naloxone tablet (Zubsolv®) was via the 505(b)(2) pathway. Clinical and safety data for these medications is based on previously approved buprenorphine or buprenorphine/naloxone formulations.[5,7]
- Buprenorphine has been compared to methadone in several clinical studies and reviewed in multiple meta-analyses. Overall, studies have demonstrated that buprenorphine-based therapy was as effective as methadone in the management of opioid dependence.[18, 27-34]
- A meta-analysis of 1,158 participants in 13 randomized trials compared oral naltrexone maintenance treatment to either placebo or non-medication. No difference was seen between the active and control groups in sustained abstinence or most other primary outcomes.
    - Considering only studies in which patient's adherence were strictly enforced, there was a statistically significant difference in retention and abstinence with naltrexone over non therapy (relative risk [RR], 2.93; 95% CI, 1.66 to 5.18).[54]
- The efficacy and safety of Vivitrol® (naltrexone extended-release) for opioid dependence was evaluated in a 24-week, placebo-controlled randomized control trial. The percentage of subjects achieving each observed percentage of opioid-free weeks was greater in the naltrexone extended release group compared to the placebo group. Complete abstinence (opioid-free at all weekly visits) was sustained by 23% of subjects in the placebo group compared with 36% of subjects in the naltrexone extended release group from Week 5 to Week 24.[55]

Key Points within the Medication Class

- According to Current Clinical Guidelines:
    - The United States Substance Abuse and Mental Service Clinical Guideline for the Use of Buprenorphine in the Treatment of Opioid Addiction recommends the use of buprenorphine/naloxone for the induction, stabilization and maintenance phases of opioid addiction treatment for most patients.[11]
    - This guideline also notes that buprenorphine alone should be used for pregnant patients and for the induction therapy of patients who are transitioning from methadone treatment.[11]
    - Naltrexone is generally reserved as an alternative regimen after buprenorphine-containing products and methadone.[13]

- Other Key Facts:
  - According to the Drug Addiction Treatment Act of 2000, the ability to prescribe buprenorphine or buprenorphine/naloxone for the maintenance or detoxification of opioid dependence is limited to physicians who have obtained a waiver and a unique Drug Enforcement Agency number beginning with an X.[14]
  - Naltrexone extended-release suspension for injection is injected intramuscularly in the gluteal muscle every 4 weeks by a healthcare provider.[3]

References

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Encrypted ID	Sum of Total APAP	Sum Days Supply	Sum of Daily APAP
16251	30,000	6	5,000
7449	9,750	2	4,875
876	4,800	1	4,800
16370	9,000	2	4,500
6586	9,000	2	4,500
8847	48,750	12	4,063
11418	12,000	3	4,000
16706	234,000	60	3,900
17348	19,500	5	3,900
16983	7,800	2	3,900
15894	19,500	5	3,900
17448	19,500	5	3,900
16440	19,500	5	3,900
16582	39,000	10	3,900
14135	19,500	5	3,900
15240	3,900	1	3,900
13087	3,900	1	3,900
9442	39,000	10	3,900
7067	19,500	5	3,900
6897	19,500	5	3,900
6258	58,500	15	3,900
6058	39,000	10	3,900
4464	78,000	20	3,900
4844	19,500	5	3,900
5319	19,500	5	3,900
2740	78,000	20	3,900
3758	19,500	5	3,900
3520	19,500	5	3,900
1431	19,500	5	3,900
4358	30,000	8	3,750
793	30,000	8	3,750
974	60,000	16	3,750
16018	208,000	56	3,714
12126	29,250	8	3,656
6876	29,250	8	3,656
3622	29,250	8	3,656
1947	54,000	15	3,600
1010	18,000	5	3,600
6489	301,000	85	3,541
4986	41,600	12	3,467
1382	10,400	3	3,467
2851	234,000	70	3,343
17174	9,750	3	3,250
16722	22,750	7	3,250
15749	9,750	3	3,250
16497	13,000	4	3,250
15944	13,000	4	3,250
13981	9,750	3	3,250
14973	6,500	2	3,250
15221	9,750	3	3,250
12820	13,000	4	3,250
12012	13,000	4	3,250

Encrypted ID	Sum of Total APAP	Sum Days Supply	Sum of Daily APAP
10298	13,000	4	3,250
7896	3,250	1	3,250
6709	9,750	3	3,250
8077	39,000	12	3,250
7903	9,750	3	3,250
7032	6,500	2	3,250
8241	6,500	2	3,250
6101	9,750	3	3,250
6195	292,500	90	3,250
5531	13,000	4	3,250
3835	9,750	3	3,250
3477	6,500	2	3,250
1556	13,000	4	3,250
380	3,250	1	3,250
5467	57,250	18	3,181
8228	50,000	16	3,125
7824	75,000	24	3,125
11548	55,250	18	3,069
17094	9,000	3	3,000
16876	3,000	1	3,000
16527	9,000	3	3,000
16333	270,000	90	3,000
16996	6,000	2	3,000
15781	9,000	3	3,000
17153	9,000	3	3,000
16158	60,000	20	3,000
16330	6,000	2	3,000
17568	12,000	4	3,000
16862	9,000	3	3,000
13708	30,000	10	3,000
14732	9,000	3	3,000
13212	90,000	30	3,000
14286	15,000	5	3,000
14938	6,000	2	3,000
15207	3,000	1	3,000
14992	30,000	10	3,000
13343	90,000	30	3,000
14698	15,000	5	3,000
15258	9,000	3	3,000
15373	6,000	2	3,000
14533	15,000	5	3,000
15328	6,000	2	3,000
12199	6,000	2	3,000
11198	60,000	20	3,000
12600	6,000	2	3,000
11227	6,000	2	3,000
12090	6,000	2	3,000
11003	3,000	1	3,000
12429	6,000	2	3,000
11439	15,000	5	3,000
12856	12,000	4	3,000
12933	12,000	4	3,000
13089	9,000	3	3,000
12046	9,000	3	3,000

Encrypted ID	Sum of Total APAP	Sum Days Supply	Sum of Daily APAP
11015	12,000	4	3,000
9286	30,000	10	3,000
10645	6,000	2	3,000
8904	60,000	20	3,000
9405	30,000	10	3,000
7166	6,000	2	3,000
6852	9,000	3	3,000
8006	6,000	2	3,000
7509	120,000	40	3,000
6601	9,000	3	3,000
7828	45,000	15	3,000
8399	3,000	1	3,000
7474	18,000	6	3,000
7670	9,000	3	3,000
4548	135,000	45	3,000
4806	63,000	21	3,000
4502	9,000	3	3,000
4891	36,000	12	3,000
5631	3,000	1	3,000
6298	27,000	9	3,000
6016	6,000	2	3,000
4733	15,000	5	3,000
5602	6,000	2	3,000
3858	9,000	3	3,000
2463	9,000	3	3,000
3572	9,000	3	3,000
4148	9,000	3	3,000
3570	6,000	2	3,000
361	6,000	2	3,000
1153	6,000	2	3,000
1959	15,000	5	3,000
195	30,000	10	3,000
1371	90,000	30	3,000
240	18,000	6	3,000
750	9,000	3	3,000
1865	180,000	60	3,000
490	9,000	3	3,000
64	3,000	1	3,000
14575	50,000	17	2,941
10788	50,000	17	2,941
3988	61,750	21	2,940
16490	5,850	2	2,925
17506	29,250	10	2,925
17138	87,750	30	2,925
15825	87,750	30	2,925
17553	351,000	120	2,925
17199	234,000	80	2,925
15598	263,250	90	2,925
16368	58,500	20	2,925
13289	2,925	1	2,925
13647	175,500	60	2,925
14172	117,000	40	2,925
15233	58,500	20	2,925
15381	58,500	20	2,925

Anticonvulsants

April 2015 - December 2015

Top 10 Products by Claim Count

Row Labels	Claim Count	Member Count	Pharmacy Paid
GABAPENTIN	**36,828**	**33,638**	**$ 607,903.81**
201504	4,233	3,846	$ 70,738.28
201505	4,093	3,777	$ 68,632.64
201506	4,074	3,701	$ 68,412.60
201507	4,273	3,837	$ 73,157.42
201508	4,013	3,674	$ 70,494.15
201509	4,156	3,801	$ 68,760.93
201510	4,038	3,712	$ 67,393.50
201511	3,914	3,628	$ 59,427.10
201512	4,034	3,662	$ 60,887.19
CLONAZEPAM	**15,666**	**14,409**	**$ 95,669.63**
201504	1,784	1,644	$ 8,933.20
201505	1,727	1,607	$ 8,659.85
201506	1,738	1,620	$ 8,905.93
201507	1,730	1,582	$ 8,857.31
201508	1,730	1,601	$ 8,872.27
201509	1,814	1,639	$ 9,285.19
201510	1,746	1,607	$ 9,056.19
201511	1,624	1,505	$ 15,553.96
201512	1,773	1,604	$ 17,545.73
LAMOTRIGINE	**10,525**	**9,716**	**$ 147,271.01**
201504	1,153	1,054	$ 15,844.55
201505	1,132	1,047	$ 16,435.37
201506	1,156	1,069	$ 16,136.62
201507	1,241	1,131	$ 17,497.51
201508	1,180	1,091	$ 16,842.93
201509	1,171	1,087	$ 16,733.45
201510	1,181	1,086	$ 16,891.03
201511	1,115	1,050	$ 14,981.37
201512	1,196	1,101	$ 15,908.18
LEVETIRACETAM	**10,479**	**9,061**	**$ 294,219.41**
201504	1,144	1,009	$ 33,383.53
201505	1,152	1,004	$ 34,661.08
201506	1,109	974	$ 34,271.17
201507	1,177	1,035	$ 34,415.77
201508	1,168	1,012	$ 35,130.74
201509	1,206	1,024	$ 35,741.42
201510	1,181	1,001	$ 35,510.60
201511	1,134	966	$ 23,924.08
201512	1,208	1,036	$ 27,181.02
TOPIRAMATE	**9,038**	**8,268**	**$ 123,571.04**
201504	1,001	917	$ 12,888.16
201505	984	904	$ 13,380.92
201506	984	898	$ 13,696.67
201507	1,025	929	$ 14,054.47
201508	1,023	930	$ 14,553.26
201509	1,006	926	$ 13,260.72
201510	1,003	923	$ 13,919.82
201511	977	902	$ 13,546.18

Row Labels	Claim Count	Member Count	Pharmacy Paid
201512	1,035	939	$ 14,270.84
LYRICA	**7,036**	**6,544**	**$ 1,944,490.53**
201504	750	696	$ 188,191.96
201505	768	720	$ 186,266.71
201506	792	743	$ 216,828.18
201507	846	772	$ 230,329.01
201508	788	736	$ 219,532.97
201509	778	717	$ 218,356.03
201510	784	737	$ 237,719.52
201511	740	696	$ 215,268.75
201512	790	727	$ 231,997.40
DIVALPROEX SODIUM ER	**6,936**	**6,393**	**$ 622,407.65**
201504	822	752	$ 91,527.35
201505	810	744	$ 80,659.65
201506	746	689	$ 73,633.90
201507	798	743	$ 70,876.82
201508	772	707	$ 65,092.06
201509	750	701	$ 63,589.25
201510	770	711	$ 65,086.02
201511	730	677	$ 55,556.68
201512	738	669	$ 56,385.92
OXCARBAZEPINE	**6,113**	**5,561**	**$ 324,134.70**
201504	708	634	$ 37,971.34
201505	644	601	$ 34,353.66
201506	666	596	$ 38,693.96
201507	698	630	$ 38,875.55
201508	683	623	$ 37,126.13
201509	705	646	$ 39,688.65
201510	715	647	$ 43,750.90
201511	640	592	$ 25,673.67
201512	654	592	$ 28,000.84
DIVALPROEX SODIUM DR	**5,104**	**4,390**	**$ 93,444.69**
201504	587	483	$ 9,961.19
201505	561	486	$ 10,061.47
201506	574	484	$ 10,984.40
201507	584	507	$ 10,672.15
201508	548	488	$ 10,305.23
201509	568	487	$ 10,884.02
201510	550	479	$ 9,960.54
201511	569	491	$ 10,474.41
201512	563	485	$ 10,141.28
PHENYTOIN SODIUM EXTENDED	**2,835**	**2,592**	**$ 70,864.77**
201504	314	282	$ 7,173.73
201505	319	296	$ 7,821.76
201506	340	304	$ 7,796.53
201507	332	302	$ 7,648.34
201508	329	301	$ 7,650.33
201509	316	285	$ 7,687.84
201510	297	279	$ 7,658.53
201511	283	264	$ 7,886.18
201512	305	279	$ 9,541.53
Grand Total	**110,560**	**100,572**	**$ 4,323,977.24**

Opioid Antagonists

April 1, 2015 - December 31, 2015

Route of Administration	Product Name	Plan Code Final	Claim Count	Qty Dispensed	Day Supply	Pharmacy Paid
IJ	NALOXONE HCL	NVMNVPAD	78	141	78	$ 2,453.34
	NALOXONE HCL Total		**78**	**141**	**78**	**$ 2,453.34**
IJ Total			**78**	**141**	**78**	**$ 2,453.34**
IM	VIVITROL	NVMBASCH	1	1	30	$ 1,301.18
		NVMBASIC	21	21	474	$ 27,157.98
	VIVITROL Total		**22**	**22**	**504**	**$ 28,459.16**
IM Total			**22**	**22**	**504**	**$ 28,459.16**
OR	NALTREXONE HCL	NVMB340B	3	90	90	$ 58.73
		NVMBASIC	162	6,062	4,722	$ 13,548.50
		NVMBASICCU	1	15	30	$ 22.94
		NVMLTC	4	63	63	$ 169.62
	NALTREXONE HCL Total		**170**	**6,230**	**4,905**	**$ 13,799.79**
OR Total			**170**	**6,230**	**4,905**	**$ 13,799.79**
Grand Total			**270**	**6,393**	**5,487**	**$ 44,712.29**

Top 10 Drug Group by Paid Amt

Q2 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
12	ANTIVIRALS*	4,622	$ 9,293,084.82
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	28,777	$ 8,506,258.10
85	HEMATOLOGICAL AGENTS - MISC.*	3,703	$ 6,030,795.54
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	41,442	$ 4,226,996.10
27	ANTIDIABETICS*	26,923	$ 3,802,100.22
21	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	3,926	$ 3,439,852.03
72	ANTICONVULSANTS*	42,089	$ 3,099,553.62
65	ANALGESICS - OPIOID*	64,452	$ 2,393,837.03
61	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREX	10,648	$ 2,198,471.14
30	ENDOCRINE AND METABOLIC AGENTS - MISC.*	3,967	$ 2,097,093.92

Q3 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	28,794	$ 8,900,088.03
12	ANTIVIRALS*	4,346	$ 8,800,947.60
85	HEMATOLOGICAL AGENTS - MISC.*	3,811	$ 8,734,947.65
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	39,174	$ 4,231,370.00
27	ANTIDIABETICS*	26,457	$ 4,207,586.02
21	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	4,172	$ 3,568,985.51
72	ANTICONVULSANTS*	42,714	$ 3,190,456.14
65	ANALGESICS - OPIOID*	65,403	$ 2,388,152.92
61	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREX	10,196	$ 2,140,008.90
30	ENDOCRINE AND METABOLIC AGENTS - MISC.*	3,858	$ 2,101,489.47

Q4 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	28,529	$ 8,459,355.17
12	ANTIVIRALS*	4,350	$ 6,786,933.47
85	HEMATOLOGICAL AGENTS - MISC.*	3,468	$ 6,040,891.59
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	41,016	$ 4,252,191.38
27	ANTIDIABETICS*	25,693	$ 4,119,924.90
21	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	3,839	$ 3,318,535.62
72	ANTICONVULSANTS*	42,061	$ 3,032,148.17
30	ENDOCRINE AND METABOLIC AGENTS - MISC.*	6,736	$ 2,312,280.28
65	ANALGESICS - OPIOID*	61,918	$ 2,264,637.31
61	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREX	10,364	$ 1,992,241.63

Top 10 Drug Group by Claim Count

Q2 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
65	ANALGESICS - OPIOID*	64,452	$ 2,393,837.03
72	ANTICONVULSANTS*	42,089	$ 3,099,553.62
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	41,442	$ 4,226,996.10
58	ANTIDEPRESSANTS*	41,422	$ 970,548.06
36	ANTIHYPERTENSIVES*	34,499	$ 321,361.53
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	28,777	$ 8,506,258.10
27	ANTIDIABETICS*	26,923	$ 3,802,100.22
39	ANTIHYPERLIPIDEMICS*	26,790	$ 914,895.63
57	ANTIANXIETY AGENTS*	25,477	$ 208,833.54
66	ANALGESICS - ANTI-INFLAMMATORY*	23,452	$ 1,351,389.52

Q3 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
65	ANALGESICS - OPIOID*	65,403	$ 2,388,152.92
72	ANTICONVULSANTS*	42,714	$ 3,190,456.14
58	ANTIDEPRESSANTS*	41,759	$ 1,028,142.69
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	39,174	$ 4,231,370.00
36	ANTIHYPERTENSIVES*	34,263	$ 318,860.71
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	28,794	$ 8,900,088.03
39	ANTIHYPERLIPIDEMICS*	26,636	$ 901,812.28
27	ANTIDIABETICS*	26,457	$ 4,207,586.02
57	ANTIANXIETY AGENTS*	26,200	$ 222,066.95
49	ULCER DRUGS*	24,029	$ 1,195,780.57

Q4 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
65	ANALGESICS - OPIOID*	61,918	$ 2,264,637.31
72	ANTICONVULSANTS*	42,061	$ 3,032,148.17
58	ANTIDEPRESSANTS*	41,113	$ 1,028,273.96
44	ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	41,016	$ 4,252,191.38
36	ANTIHYPERTENSIVES*	33,205	$ 346,303.03
59	ANTIPSYCHOTICS/ANTIMANIC AGENTS*	28,529	$ 8,459,355.17
39	ANTIHYPERLIPIDEMICS*	26,047	$ 893,740.49
27	ANTIDIABETICS*	25,693	$ 4,119,924.90
57	ANTIANXIETY AGENTS*	24,862	$ 256,278.70
66	ANALGESICS - ANTI-INFLAMMATORY*	23,819	$ 1,343,991.15

Top 10 Drug Classes by Paid Amt

Q2 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
1235	HEPATITIS AGENTS**	307	$ 6,218,357.25
8510	ANTIHEMOPHILIC PRODUCTS**	129	$ 5,618,885.27
5925	QUINOLINONE DERIVATIVES**	4,245	$ 3,996,152.12
1210	ANTIRETROVIRALS**	2,659	$ 2,922,026.33
2710	INSULIN**	8,574	$ 2,752,879.41
4420	SYMPATHOMIMETICS**	27,686	$ 2,479,147.45
7260	ANTICONVULSANTS - MISC.**	29,948	$ 2,097,077.40
5907	BENZISOXAZOLES**	7,009	$ 1,760,173.64
5915	DIBENZAPINES**	11,008	$ 1,424,875.18
6240	MULTIPLE SCLEROSIS AGENTS**	275	$ 1,356,105.36

Q3 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
8510	ANTIHEMOPHILIC PRODUCTS**	241	$ 8,176,528.61
1235	HEPATITIS AGENTS**	363	$ 5,772,116.21
5925	QUINOLINONE DERIVATIVES**	4,095	$ 4,080,033.37
2710	INSULIN**	8,330	$ 3,000,957.37
1210	ANTIRETROVIRALS**	2,421	$ 2,878,970.22
4420	SYMPATHOMIMETICS**	25,861	$ 2,482,488.96
7260	ANTICONVULSANTS - MISC.**	30,575	$ 2,160,742.77
5907	BENZISOXAZOLES**	6,897	$ 1,957,819.19
6240	MULTIPLE SCLEROSIS AGENTS**	302	$ 1,440,349.10
5915	DIBENZAPINES**	11,012	$ 1,370,413.51

Q4 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
8510	ANTIHEMOPHILIC PRODUCTS**	97	$ 5,443,221.59
5925	QUINOLINONE DERIVATIVES**	4,102	$ 3,932,817.79
1235	HEPATITIS AGENTS**	253	$ 3,826,362.18
2710	INSULIN**	7,946	$ 2,896,856.96
1210	ANTIRETROVIRALS**	2,445	$ 2,810,481.30
4420	SYMPATHOMIMETICS**	27,801	$ 2,544,387.58
7260	ANTICONVULSANTS - MISC.**	30,082	$ 2,010,100.97
5907	BENZISOXAZOLES**	6,776	$ 1,780,266.62
5940	ANTIPSYCHOTICS - MISC.**	2,988	$ 1,348,488.13
6240	MULTIPLE SCLEROSIS AGENTS**	280	$ 1,314,127.63

Top 10 Drug Classes by Claim Count

Q2 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
6599	OPIOID COMBINATIONS**	37,803	$ 1,061,157.18
7260	ANTICONVULSANTS - MISC.**	29,948	$ 2,097,077.40
4420	SYMPATHOMIMETICS**	27,686	$ 2,479,147.45
6510	OPIOID AGONISTS**	26,006	$ 1,207,181.46
6610	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*	23,057	$ 343,929.54
3940	HMG COA REDUCTASE INHIBITORS**	21,444	$ 402,612.98
5816	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**	21,105	$ 192,784.39
5710	BENZODIAZEPINES**	19,763	$ 136,699.52
7510	CENTRAL MUSCLE RELAXANTS**	15,622	$ 247,718.77
3610	ACE INHIBITORS**	15,598	$ 102,809.91

Q3 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
6599	OPIOID COMBINATIONS**	38,271	$ 1,074,337.49
7260	ANTICONVULSANTS - MISC.**	30,575	$ 2,160,742.77
6510	OPIOID AGONISTS**	26,472	$ 1,179,522.93
4420	SYMPATHOMIMETICS**	25,861	$ 2,482,488.96
6610	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*	23,528	$ 337,356.44
3940	HMG COA REDUCTASE INHIBITORS**	21,366	$ 419,089.76
5816	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**	21,066	$ 196,304.03
5710	BENZODIAZEPINES**	20,315	$ 145,641.08
7510	CENTRAL MUSCLE RELAXANTS**	15,829	$ 254,793.68
3610	ACE INHIBITORS**	15,359	$ 104,651.21

Q4 2015

Class	Drug Class Name	Count of Claims	Pharmacy Paid
6599	OPIOID COMBINATIONS**	35,803	$ 996,454.99
7260	ANTICONVULSANTS - MISC.**	30,082	$ 2,010,100.97
4420	SYMPATHOMIMETICS**	27,801	$ 2,544,387.58
6510	OPIOID AGONISTS**	25,457	$ 1,131,255.26
6610	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*	23,390	$ 298,980.25
3940	HMG COA REDUCTASE INHIBITORS**	21,017	$ 421,916.07
5816	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**	20,779	$ 222,712.81
5710	BENZODIAZEPINES**	18,941	$ 174,588.21
7510	CENTRAL MUSCLE RELAXANTS**	15,606	$ 268,767.99
3610	ACE INHIBITORS**	14,965	$ 121,863.94

Top 50 Drugs by Amount - Q2 2015

Drug Code	Drug Name	Claim Count		Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
1235990240	LEDIPASVIR-SOFOSBUVIR	166.00	$	4,579,092.77	14	14
5925001500	ARIPIPRAZOLE	4,245.00	$	3,996,152.12	16	14
8510001025	ANTIHEMOPHILIC FACTOR RAHF-PFM	21.00	$	2,961,926.91	52,962	12
1235308000	SOFOSBUVIR	53.00	$	1,456,811.12	11	11
2710400300	INSULIN GLARGINE	3,545.00	$	1,130,416.75	12	26
5940002310	LURASIDONE HCL	1,355.00	$	1,049,023.38	16	15
5915307010	QUETIAPINE FUMARATE	7,217.00	$	969,519.88	30	20
8510001000	ANTIHEMOPHILIC FACTOR (HUMAN)	6.00	$	937,026.57	124,475	25
5907005010	PALIPERIDONE PALMITATE	655.00	$	932,526.98	1	23
4420990270	FLUTICASONE-SALMETEROL	3,319.00	$	899,385.51	43	23
4927002510	ESOMEPRAZOLE MAGNESIUM	4,181.00	$	888,266.05	21	21
4420101010	ALBUTEROL SULFATE	19,078.00	$	829,951.53	40	16
9410003000	GLUCOSE BLOOD	6,421.00	$	804,795.06	72	22
8510001020	ANTIHEMOPHILIC FACTOR (RECOMBINANT)	10.00	$	605,431.66	14,979	11
7260005700	PREGABALIN	2,287.00	$	589,071.16	52	22
1210990230	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	457.00	$	581,649.44	23	23
4410008010	TIOTROPIUM BROMIDE MONOHYDRATE	2,598.00	$	581,441.47	25	25
3030001000	CORTICOTROPIN	14.00	$	568,502.44	3	3
6135303010	GUANFACINE HCL (ADHD)	1,802.00	$	568,020.97	19	17
6510007510	OXYCODONE HCL	8,262.00	$	541,829.26	74	18
8510001510	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	52.00	$	523,873.08	5,644	8
2710400500	INSULIN LISPRO (HUMAN)	1,323.00	$	510,875.85	11	22
6599000220	OXYCODONE W/ ACETAMINOPHEN	11,179.00	$	509,169.70	55	14
6599170210	HYDROCODONE-ACETAMINOPHEN	24,198.00	$	499,069.26	61	15
3010002000	SOMATROPIN	154.00	$	476,573.09	2	10
6240552500	DIMETHYL FUMARATE	87.00	$	473,786.60	21	10
4420990241	BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE	2,529.00	$	466,089.66	8	25
6629003000	ETANERCEPT	151.00	$	451,225.70	2	15
2710400200	INSULIN ASPART	1,325.00	$	420,334.15	11	21
5907005000	PALIPERIDONE	395.00	$	410,798.52	23	18
1210990430	ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR	173.00	$	403,181.31	20	20
8240157000	PEGFILGRASTIM	85.00	$	388,411.32	1	2
9085006000	LIDOCAINE	983.00	$	388,356.64	54	16
2153253000	EVEROLIMUS	33.00	$	386,232.32	19	16
6110002510	LISDEXAMFETAMINE DIMESYLATE	1,775.00	$	378,542.92	23	22
5818002510	DULOXETINE HCL	2,024.00	$	377,279.16	22	17
1210990330	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	185.00	$	375,439.13	20	20
6627001500	ADALIMUMAB	110.00	$	374,869.62	1	12
6140002010	METHYLPHENIDATE HCL	2,299.00	$	356,765.71	33	18
700007000	TOBRAMYCIN	73.00	$	345,648.54	125	13
7250001010	DIVALPROEX SODIUM	4,565.00	$	341,684.49	56	19
6110990210	AMPHETAMINE-DEXTROAMPHETAMINE	2,885.00	$	334,130.37	28	20
7260003600	LACOSAMIDE	653.00	$	330,027.36	56	16
2710400600	INSULIN DETEMIR	1,014.00	$	327,051.03	11	21
1910002010	IMMUNE GLOBULIN (HUMAN) IV	113.00	$	323,519.39	354	3
4530402000	DORNASE ALFA	106.00	$	302,773.80	48	17
9310002500	DEFERASIROX	50.00	$	296,073.94	31	12
8580005000	ECULIZUMAB	15.00	$	292,961.34	94	1
6135401510	ATOMOXETINE HCL	839.00	$	279,292.47	19	17
4460306000	OMALIZUMAB	97.00	$	275,234.06	2	16

Top 50 Drugs by Amount - Q3 2015

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
8510001025	ANTIHEMOPHILIC FACTOR RAHF-PFM	32	$ 4,500,766.56	66,275	17
5925001500	ARIPIPRAZOLE	4074	$ 4,065,162.21	14	13
1235990240	LEDIPASVIR-SOFOSBUVIR	196	$ 3,936,641.69	11	11
1235308000	SOFOSBUVIR	70	$ 1,742,493.20	8	8
5940002310	LURASIDONE HCL	1349	$ 1,208,712.58	17	15
2710400300	INSULIN GLARGINE	3301	$ 1,155,788.60	12	26
5907005010	PALIPERIDONE PALMITATE	622	$ 1,093,000.55	1	22
8510001510	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	132	$ 1,073,565.87	5,447	4
8510001000	ANTIHEMOPHILIC FACTOR (HUMAN)	11	$ 961,138.69	69,641	15
5915307010	QUETIAPINE FUMARATE	7244	$ 956,134.02	30	20
4927002510	ESOMEPRAZOLE MAGNESIUM	4118	$ 931,952.33	21	21
4420990270	FLUTICASONE-SALMETEROL	3187	$ 888,690.90	43	23
8510001020	ANTIHEMOPHILIC FACTOR (RECOMBINANT)	10	$ 835,530.66	47,400	25
9410003000	GLUCOSE BLOOD	6640	$ 831,699.34	70	21
4420101010	ALBUTEROL SULFATE	17402	$ 806,465.31	36	16
7260005700	PREGABALIN	2383	$ 667,108.86	50	21
4410008010	TIOTROPIUM BROMIDE MONOHYDRATE	2492	$ 598,453.14	24	25
1210990230	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	453	$ 583,864.89	22	22
2710400500	INSULIN LISPRO (HUMAN)	1335	$ 557,961.92	12	21
6510007510	OXYCODONE HCL	8539	$ 548,453.85	74	18
6135303010	GUANFACINE HCL (ADHD)	1780	$ 545,099.62	19	16
8240157000	PEGFILGRASTIM	103	$ 521,955.09	1	2
6599000220	OXYCODONE W/ ACETAMINOPHEN	11472	$ 520,781.87	51	13
6599170210	HYDROCODONE-ACETAMINOPHEN	24407	$ 504,974.20	57	14
2710400200	INSULIN ASPART	1349	$ 493,954.22	11	21
6629003000	ETANERCEPT	150	$ 484,731.75	2	14
6240552500	DIMETHYL FUMARATE	84	$ 479,587.68	17	8
3030001000	CORTICOTROPIN	12	$ 451,347.96	2	3
4420990241	BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE	2329	$ 449,335.24	8	24
3010002000	SOMATROPIN	150	$ 439,778.40	2	11
5907005000	PALIPERIDONE	405	$ 438,354.02	23	18
4530402000	DORNASE ALFA	137	$ 415,805.84	43	14
6627001500	ADALIMUMAB	112	$ 410,830.25	1	13
5818002510	DULOXETINE HCL	1956	$ 401,291.32	22	17
2710400600	INSULIN DETEMIR	1111	$ 392,413.51	11	23
1210990430	ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR	165	$ 384,281.83	18	18
1210990330	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	171	$ 371,435.56	19	19
6140002010	METHYLPHENIDATE HCL	2317	$ 370,282.24	34	18
6110002510	LISDEXAMFETAMINE DIMESYLATE	1645	$ 367,350.00	23	22
8510002000	ANTIINHIBITOR COAGULANT COMPLEX	35	$ 367,011.12	4,849	1
9085006000	LIDOCAINE	962	$ 352,706.16	42	14
0700007000	TOBRAMYCIN	75	$ 350,522.69	107	11
2153253000	EVEROLIMUS	28	$ 331,733.45	13	12
7260003600	LACOSAMIDE	662	$ 325,786.89	58	15
8580005000	ECULIZUMAB	16	$ 317,894.22	77	1
7210000700	CLOBAZAM	286	$ 312,987.89	54	13
6110990210	AMPHETAMINE-DEXTROAMPHETAMINE	2686	$ 310,550.77	29	20
2135307000	TRASTUZUMAB	82	$ 297,743.77	1	1
7250001010	DIVALPROEX SODIUM	4481	$ 290,610.50	55	19
4460306000	OMALIZUMAB	98	$ 290,493.07	2	15

Top 50 Drugs by Amount - Q4 2015

Drug Code	Drug Name	Claim Count		Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
5925001500	ARIPIPRAZOLE	4,022	$	3,867,527.48	14	13
8510001025	ANTIHEMOPHILIC FACTOR RAHF-PFM	27	$	3,398,650.44	56,363	12
1235990240	LEDIPASVIR-SOFOSBUVIR	170	$	2,952,849.45	8	8
5940002310	LURASIDONE HCL	1,370	$	1,251,574.38	17	15
1950206000	PALIVIZUMAB	480	$	1,243,714.46	1	25
2710400300	INSULIN GLARGINE	3,195	$	1,157,470.04	12	25
8510001020	ANTIHEMOPHILIC FACTOR (RECOMBINANT)	12	$	1,132,174.00	42,544	16
5907005010	PALIPERIDONE PALMITATE	552	$	1,012,117.39	1	22
4420101010	ALBUTEROL SULFATE	19,448	$	896,498.42	40	16
5915307010	QUETIAPINE FUMARATE	7,342	$	865,615.27	30	20
4927002510	ESOMEPRAZOLE MAGNESIUM	3,903	$	865,012.65	19	19
4420990270	FLUTICASONE-SALMETEROL	3,042	$	863,832.87	42	22
1235308000	SOFOSBUVIR	30	$	811,221.36	12	12
9410003000	GLUCOSE BLOOD	6,179	$	782,286.76	71	22
7260005700	PREGABALIN	2,314	$	685,093.63	47	20
4410008010	TIOTROPIUM BROMIDE MONOHYDRATE	2,426	$	598,153.16	24	25
1210990230	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	466	$	569,117.35	22	22
2710400500	INSULIN LISPRO (HUMAN)	1,240	$	514,339.23	11	20
2710400200	INSULIN ASPART	1,327	$	503,976.23	12	21
6510007510	OXYCODONE HCL	8,415	$	493,152.03	71	17
6240552500	DIMETHYL FUMARATE	83	$	484,779.31	17	9
3010002000	SOMATROPIN	168	$	482,754.90	2	11
6135303010	GUANFACINE HCL (ADHD)	1,705	$	481,811.95	18	16
6627001500	ADALIMUMAB	131	$	471,183.52	1	12
6599000220	OXYCODONE W/ ACETAMINOPHEN	10,776	$	470,103.55	55	14
6599170210	HYDROCODONE-ACETAMINOPHEN	22,773	$	468,091.98	58	14
8580005000	ECULIZUMAB	24	$	467,735.94	95	1
4420990241	BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE	2,275	$	452,802.94	8	24
6629003000	ETANERCEPT	133	$	447,680.16	2	12
8510001510	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	33	$	421,684.03	6,202	10
8240157000	PEGFILGRASTIM	94	$	420,198.04	1	1
4530402000	DORNASE ALFA	142	$	413,540.34	46	16
5907005000	PALIPERIDONE	397	$	394,100.26	17	13
3030001000	CORTICOTROPIN	10	$	378,532.73	1	2
6110002510	LISDEXAMFETAMINE DIMESYLATE	1,709	$	377,956.58	24	23
6140002010	METHYLPHENIDATE HCL	2,434	$	370,507.54	33	18
2710400600	INSULIN DETEMIR	1,072	$	369,006.07	11	22
1210990430	ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR	161	$	364,726.02	19	19
3090685000	IDURSULFASE	18	$	364,409.39	20	10
7210000700	CLOBAZAM	311	$	352,816.68	61	14
5818002510	DULOXETINE HCL	1,812	$	348,531.54	22	17
7260003600	LACOSAMIDE	718	$	337,059.03	52	13
9085006000	LIDOCAINE	1,050	$	336,191.53	40	13
8510002840	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	11	$	333,021.10	6,091	11
0700007000	TOBRAMYCIN	78	$	323,496.07	99	10
1210990330	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	141	$	299,813.71	19	19
2153253000	EVEROLIMUS	24	$	296,646.43	15	13
1910002010	IMMUNE GLOBULIN (HUMAN) IV	107	$	288,994.97	270	2
2135307000	TRASTUZUMAB	93	$	287,888.47	1	2
4530990230	LUMACAFTOR-IVACAFTOR	16	$	286,041.81	31	8

Top 50 Drugs by Claim Count - Q2 2015

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
6599170210	HYDROCODONE-ACETAMINOPHEN	24198	$ 499,069.26	61	15
4420101010	ALBUTEROL SULFATE	19078	$ 829,951.53	40	16
3610003000	LISINOPRIL	13847	$ 72,995.08	32	29
7260003000	GABAPENTIN	12260	$ 218,820.40	71	23
6599000220	OXYCODONE W/ ACETAMINOPHEN	11179	$ 509,169.70	55	14
5710001000	ALPRAZOLAM	11003	$ 85,929.11	53	22
6610002000	IBUPROFEN	10947	$ 67,420.24	40	12
3400000310	AMLODIPINE BESYLATE	10123	$ 48,303.28	29	27
2810001010	LEVOTHYROXINE SODIUM	9879	$ 109,218.99	29	29
2725005000	METFORMIN HCL	9863	$ 83,869.73	53	26
3940001010	ATORVASTATIN CALCIUM	8307	$ 95,577.92	23	23
6510007510	OXYCODONE HCL	8262	$ 541,829.26	74	18
5812008010	TRAZODONE HCL	7357	$ 47,819.54	32	24
120001010	AMOXICILLIN	7259	$ 59,230.54	58	7
5915307010	QUETIAPINE FUMARATE	7217	$ 969,519.88	30	20
4220003230	FLUTICASONE PROPIONATE (NASAL)	7119	$ 155,805.88	12	22
3940007500	SIMVASTATIN	7114	$ 40,275.27	29	29
5025006505	ONDANSETRON HCL	6781	$ 37,636.99	5	2
4450505010	MONTELUKAST SODIUM	6652	$ 160,671.20	23	22
5816007010	SERTRALINE HCL	6523	$ 51,280.34	28	23
9410003000	GLUCOSE BLOOD	6421	$ 804,795.06	72	22
3320003010	METOPROLOL TARTRATE	6350	$ 30,138.99	41	22
6510009510	TRAMADOL HCL	6101	$ 47,351.90	58	15
6510005510	MORPHINE SULFATE	6041	$ 244,359.31	33	14
6020408010	ZOLPIDEM TARTRATE	5605	$ 40,756.71	25	25
5907007000	RISPERIDONE	5580	$ 127,881.12	36	21
7510005010	CYCLOBENZAPRINE HCL	5520	$ 45,364.75	46	20
3720003000	FUROSEMIDE	5490	$ 23,116.92	31	24
4155003000	LORATADINE	5423	$ 37,904.24	37	22
6410001000	ASPIRIN	5343	$ 19,933.83	23	23
7210001000	CLONAZEPAM	5265	$ 31,058.54	47	23
4920002010	RANITIDINE HCL	5261	$ 48,319.67	46	23
340001000	AZITHROMYCIN	5203	$ 69,128.29	8	4
5816002010	CITALOPRAM HYDROBROMIDE	5201	$ 29,247.05	26	24
5816004000	FLUOXETINE HCL	5009	$ 60,950.56	30	23
2210004500	PREDNISONE	4904	$ 23,964.20	17	9
3620101010	CLONIDINE HCL	4593	$ 56,004.12	36	21
7250001010	DIVALPROEX SODIUM	4565	$ 341,684.49	56	19
5710006000	LORAZEPAM	4520	$ 28,757.49	24	11
7720203200	CHOLECALCIFEROL	4265	$ 22,433.46	25	21
3615004020	LOSARTAN POTASSIUM	4256	$ 27,805.14	28	26
5925001500	ARIPIPRAZOLE	4245	$ 3,996,152.12	16	14
4927002510	ESOMEPRAZOLE MAGNESIUM	4181	$ 888,266.05	21	21
3330000700	CARVEDILOL	4097	$ 23,972.38	51	25
5710004000	DIAZEPAM	4009	$ 20,245.80	41	18
3760004000	HYDROCHLOROTHIAZIDE	4004	$ 19,579.19	28	27
5025006500	ONDANSETRON	4000	$ 61,678.41	10	4
4927007010	PANTOPRAZOLE SODIUM	3984	$ 34,255.73	18	17
4155002010	CETIRIZINE HCL	3875	$ 28,774.98	37	19
7260004000	LAMOTRIGINE	3828	$ 254,136.81	44	21

Top 50 Drugs by Claim Count - Q3 2015

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
6599170210	HYDROCODONE-ACETAMINOPHEN	24407	$ 504,974.20	57	14
4420101010	ALBUTEROL SULFATE	17402	$ 806,465.31	36	16
3610003000	LISINOPRIL	13658	$ 73,351.61	31	28
7260003000	GABAPENTIN	12325	$ 219,171.55	71	23
6599000220	OXYCODONE W/ ACETAMINOPHEN	11472	$ 520,781.87	51	13
5710001000	ALPRAZOLAM	11071	$ 87,470.16	51	22
6610002000	IBUPROFEN	10943	$ 68,029.36	40	12
3400000310	AMLODIPINE BESYLATE	10183	$ 49,696.19	27	26
2810001010	LEVOTHYROXINE SODIUM	9771	$ 110,870.89	28	28
2725005000	METFORMIN HCL	9722	$ 157,385.21	54	26
3940001010	ATORVASTATIN CALCIUM	8690	$ 103,172.35	24	24
6510007510	OXYCODONE HCL	8539	$ 548,453.85	74	18
5812008010	TRAZODONE HCL	7390	$ 45,624.74	31	23
5915307010	QUETIAPINE FUMARATE	7244	$ 956,134.02	30	20
5025006505	ONDANSETRON HCL	7191	$ 33,279.76	4	2
3940007500	SIMVASTATIN	6848	$ 39,267.70	28	28
9410003000	GLUCOSE BLOOD	6640	$ 831,699.34	70	21
5816007010	SERTRALINE HCL	6559	$ 51,748.86	27	22
3320003010	METOPROLOL TARTRATE	6549	$ 30,835.18	40	22
4450505010	MONTELUKAST SODIUM	6464	$ 153,161.25	22	22
6510005510	MORPHINE SULFATE	6312	$ 245,976.84	31	13
6510009510	TRAMADOL HCL	6072	$ 48,400.27	57	15
4220003230	FLUTICASONE PROPIONATE (NASAL)	5974	$ 131,889.35	11	20
0120001010	AMOXICILLIN	5925	$ 45,972.55	51	6
6410001000	ASPIRIN	5732	$ 20,202.55	22	21
7510005010	CYCLOBENZAPRINE HCL	5672	$ 44,242.59	44	19
6020408010	ZOLPIDEM TARTRATE	5543	$ 42,220.55	24	24
5907007000	RISPERIDONE	5512	$ 120,081.90	34	20
3720003000	FUROSEMIDE	5436	$ 23,242.10	30	24
4920002010	RANITIDINE HCL	5430	$ 49,969.23	43	21
7210001000	CLONAZEPAM	5299	$ 31,747.74	37	18
5816002010	CITALOPRAM HYDROBROMIDE	5113	$ 28,716.65	24	23
5816004000	FLUOXETINE HCL	4958	$ 63,540.45	30	23
5710006000	LORAZEPAM	4819	$ 33,966.27	23	10
4927007010	PANTOPRAZOLE SODIUM	4770	$ 39,688.79	16	16
4155003000	LORATADINE	4717	$ 31,508.82	32	22
3620101010	CLONIDINE HCL	4662	$ 61,815.00	36	21
2210004500	PREDNISONE	4582	$ 22,966.24	19	9
7720203200	CHOLECALCIFEROL	4530	$ 23,419.09	22	19
7250001010	DIVALPROEX SODIUM	4481	$ 290,610.50	55	19
3615004020	LOSARTAN POTASSIUM	4349	$ 28,963.40	28	27
3330000700	CARVEDILOL	4152	$ 25,354.27	41	21
5710004000	DIAZEPAM	4148	$ 21,883.57	38	17
4927002510	ESOMEPRAZOLE MAGNESIUM	4118	$ 931,952.33	21	21
5925001500	ARIPIPRAZOLE	4074	$ 4,065,162.21	14	13
3760004000	HYDROCHLOROTHIAZIDE	4024	$ 20,046.95	28	27
7260004000	LAMOTRIGINE	3965	$ 258,804.27	43	20
5025006500	ONDANSETRON	3960	$ 58,701.38	10	4
0340001000	AZITHROMYCIN	3779	$ 47,402.03	7	4
7975001000	SODIUM CHLORIDE	3778	$ 10,636.17	418	1

Top 50 Drugs by Claim Count - Q4 2015

Drug Code	Drug Name	Claim Count	Pharmacy Paid	Avg Qty/Rx	Avg Day Supply
6599170210	HYDROCODONE-ACETAMINOPHEN	22773	$ 468,091.98	58	14
4420101010	ALBUTEROL SULFATE	19448	$ 896,498.42	40	16
3610003000	LISINOPRIL	13319	$ 93,292.79	32	29
7260003000	GABAPENTIN	12018	$ 195,863.75	72	23
6610002000	IBUPROFEN	11057	$ 90,551.47	46	13
6599000220	OXYCODONE W/ ACETAMINOPHEN	10776	$ 470,103.55	55	14
5710001000	ALPRAZOLAM	10521	$ 102,635.29	52	22
3400000310	AMLODIPINE BESYLATE	10058	$ 69,524.96	26	25
2810001010	LEVOTHYROXINE SODIUM	9641	$ 121,900.62	29	29
2725005000	METFORMIN HCL	9599	$ 139,225.65	53	26
3940001010	ATORVASTATIN CALCIUM	9015	$ 100,346.33	25	25
6510007510	OXYCODONE HCL	8415	$ 493,152.03	71	17
5915307010	QUETIAPINE FUMARATE	7342	$ 865,615.27	30	20
0120001010	AMOXICILLIN	7309	$ 68,780.45	57	6
5812008010	TRAZODONE HCL	7209	$ 62,342.84	31	23
5025006505	ONDANSETRON HCL	6603	$ 42,017.41	5	2
4220003230	FLUTICASONE PROPIONATE (NASAL)	6453	$ 103,616.79	11	21
3940007500	SIMVASTATIN	6440	$ 47,333.64	28	28
6510005510	MORPHINE SULFATE	6415	$ 234,561.32	29	12
5816007010	SERTRALINE HCL	6376	$ 64,709.69	29	23
3320003010	METOPROLOL TARTRATE	6349	$ 41,652.63	42	22
4450505010	MONTELUKAST SODIUM	6251	$ 128,184.02	23	23
9410003000	GLUCOSE BLOOD	6179	$ 782,286.76	71	22
0340001000	AZITHROMYCIN	6117	$ 81,739.97	7	4
6410001000	ASPIRIN	5695	$ 27,959.95	23	23
6510009510	TRAMADOL HCL	5618	$ 50,575.58	55	15
5907007000	RISPERIDONE	5511	$ 99,224.11	32	19
7510005010	CYCLOBENZAPRINE HCL	5474	$ 53,332.81	46	20
6020408010	ZOLPIDEM TARTRATE	5346	$ 49,820.40	23	23
4920002010	RANITIDINE HCL	5303	$ 62,856.06	45	22
7210001000	CLONAZEPAM	5230	$ 47,241.72	45	21
4927007010	PANTOPRAZOLE SODIUM	5038	$ 45,366.61	16	16
5816002010	CITALOPRAM HYDROBROMIDE	5034	$ 37,404.44	26	24
3720003000	FUROSEMIDE	4999	$ 30,518.29	32	25
2210004500	PREDNISONE	4982	$ 35,598.29	18	9
7720203200	CHOLECALCIFEROL	4868	$ 31,401.40	24	21
4155003000	LORATADINE	4843	$ 44,127.56	35	22
5816004000	FLUOXETINE HCL	4798	$ 66,528.05	30	23
7250001010	DIVALPROEX SODIUM	4470	$ 263,462.19	58	20
3620101010	CLONIDINE HCL	4434	$ 58,687.86	38	21
3615004020	LOSARTAN POTASSIUM	4299	$ 34,370.74	30	28
5710006000	LORAZEPAM	4228	$ 38,781.91	25	11
3330000700	CARVEDILOL	4078	$ 30,256.13	42	21
5925001500	ARIPIPRAZOLE	4022	$ 3,867,527.48	14	13
5710004000	DIAZEPAM	3930	$ 30,108.20	40	18
4927002510	ESOMEPRAZOLE MAGNESIUM	3903	$ 865,012.65	19	19
3760004000	HYDROCHLOROTHIAZIDE	3876	$ 24,077.70	28	27
7260004000	LAMOTRIGINE	3866	$ 192,209.00	43	21
5025006500	ONDANSETRON	3841	$ 53,257.13	10	4
6610005200	MELOXICAM	3783	$ 26,708.85	26	23

CONFIDENTIAL

RXT6050D - Summarized DUR Activity Report

Between Apr 1, 2015 and Jun 30, 2015

Aug 18, 2015
1:08:46 PM

Claims Summary:

RxCLAIM Status	Total Rxs	% of Total Rxs	Total Plan Paid	Total Member Paid
Paid	738,432	63.6%	$67,986,735.51	$0.00
Rejected	328,339	28.3%	$44,735,237.29	$0.00
Reversed	94,965	8.2%	-$16,387,670.36	$0.00
Totals	1,161,736	100%	$96,334,302.44	$0.00

DUR Information Summary:

		Total DURs		DURs on Paid Rxs		DURs on Rejected Rxs		DURs on Reversed Rxs	
DUR Type	Clinical Level	Count	% of All DURs	Count	% of DUR Type	Count	% of DUR Type	Count	% of DUR Type
LR - Underuse Precaution	0 - NS	61,751	22.8%	55,515	89.9%	0	0.0%	6,236	10.1%
TD - Therapeutic Duplication	0 - NS	61,737	22.8%	45,484	73.7%	7,631	12.4%	8,622	14.0%
ID - Ingredient Duplication	2 - Mod	47,458	17.5%	12,390	26.1%	31,613	66.6%	3,455	7.3%
DD - Drug-Drug Interaction	1 - Maj	37,972	14.0%	31,018	81.7%	3,531	9.3%	3,423	9.0%
LD - Low Dose Alert	0 - NS	27,238	10.1%	22,450	82.4%	0	0.0%	4,788	17.6%
HD - High Dose Alert	0 - NS	18,847	7.0%	16,652	88.4%	151	0.8%	2,044	10.8%
MN - Insufficnt Duration Alert	0 - NS	10,076	3.7%	7,025	69.7%	0	0.0%	3,051	30.3%
MX - Excessive Duration Alert	0 - NS	5,326	2.0%	4,917	92.3%	0	0.0%	409	7.7%
PA - Drug-Age Precaution	1 - Maj	34	0.0%	33	97.1%	0	0.0%	1	2.9%
Total All DURs		270,439	100.0%	195,484	72.3%	42,926	15.9%	32,029	11.8%

* DUR Information Summary results are sorted by Total DUR count in descending order
* Some Rx claims could have multiple DUR messages. And there could be multiple instances of the same DUR message on a Rx claim
* The Count and % of DUR Type for Paid, Rejected and Reversed Rxs are based on DUR Type totals for each row

DD - Drug-Drug Interaction

Rank	Top Drug Drug Interaction	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	CARISOPRODOL - ALPRAZOLAM	Message Only	717	$5,192.88	$7.24	$0.00	28.9	77.4	110	25	$115.37
2	SIMVASTATIN - FENOFIBRATE	Message Only	440	$10,447.94	$23.75	$0.00	33.5	34.2	58	27	$973.98
3	TRAZODONE HCL - QUETIAPINE	Message Only	430	$2,628.28	$6.11	$0.00	27.4	38.4	49	24	$199.31
4	TRAZODONE HCL - CITALOPRAM	Message Only	374	$2,618.44	$7.00	$0.00	30.4	39.3	52	26	$139.18
5	TRAZODONE - QUETIAPINE FUMARATE	Message Only	356	$7,610.08	$21.38	$0.00	28.2	45.0	35	20	$321.34
6	TRAZODONE - CITALOPRAM HYDROBROMIDE	Message Only	344	$1,846.09	$5.37	$0.00	30.4	32.1	35	25	$151.67
7	METHADONE - ALPRAZOLAM	Message Only	330	$2,810.30	$8.52	$0.00	26.2	71.2	30	9	$70.25
7	SPIRONOLACT - LISINOPRIL	Message Only	315	$1,704.69	$5.41	$0.00	37.6	43.6	33	21	$78.81
9	SPIRONOLACTONE - LISINOPRIL	Message Only	277	$2,834.01	$10.23	$0.00	37.1	40.5	29	18	$78.77
10	SIMVASTATIN - AMLODIPINE BESYLATE	Message Only	263	$1,089.18	$4.14	$0.00	35.4	36.7	35	14	$56.23
All Others			27,172	$2,893,990.62	$106.51	$0.00	25.4	51.0	3,065	3,214	$795,511.45
DD - Drug-Drug Interaction			31,018	$2,932,772.51	$94.55	$0.00	26.1	50.7	3,531	3,423	$797,696.36

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

HD - High Dose Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ ACETAMINOPHEN	ADULT MAX DLY = 6.00 UN	Message Only	631	$22,026.96	$34.91	$0.00	16.6	131.5	0	27	$993.17
2	KETOROLAC TROMETHAMINE	GERIATRIC MAX DLY = 2.00UN	Message Only	609	$4,573.39	$7.51	$0.00	1.0	4.2	0	34	$266.73
3	ZOLPIDEM TARTRATE	GERIATRIC MAX DLY = .50UN	Message Only	377	$1,130.06	$3.00	$0.00	30.2	30.2	0	16	$27.19
4	GRANISETRON HCL	GERIATRIC MAX DLY = .85UN	Message Only	246	$5,937.14	$24.13	$0.00	1.0	1.1	0	5	$57.63
5	IBUPROFEN	ADULT MAX DLY = 4.00 UN	Message Only	205	$1,215.61	$5.93	$0.00	6.6	31.8	0	8	$47.67
6	MIDAZOLAM HCL	GERIATRIC MAX DLY = 3.50UN	Message Only	159	$344.81	$2.17	$0.00	1.0	5.3	0	36	$97.24
7	INVEGA SUSTENNA	ADULT MAX DLY = .05 UN	Message Only	182	$319,615.39	$1,756.13	$0.00	26.1	1.5	0	9	$16,533.94
8	KENALOG-40	GERIATRIC MAX DLY = 2.00UN	Message Only	182	$5,574.08	$30.63	$0.00	1.0	6.1	0	1	$26.44
9	CELESTONE-SOLUSPAN	GERIATRIC MAX DLY = 1.50UN	Message Only	168	$3,813.51	$22.70	$0.00	1.0	3.9	0	10	$360.10
10	CEFTRIAXONE SODIUM	GERIATRIC MAX DLY = 4.00UN	Message Only	145	$16,763.99	$115.61	$0.00	1.0	182.8	0	31	$1,398.33
All Others				13,748	$3,646,978.17	$265.27	$0.00	14.5	188.1	151	1,867	$822,539.12
HD - High Dose Alert				16,652	$4,027,973.11	$241.89	$0.00	13.8	163.3	151	2,044	$842,347.56

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

ID - Ingredient Duplication

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ ACETAMINOPHEN	HYDROCO/APAP TAB 10-325MG	Hard Reject	2	$74.59	$37.30	$0.00	30.0	105.0	901	0	$0.00
2	SODIUM CHLORIDE	SOD CHLORIDE INJ 0.9%	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	677	0	$0.00
3	OXYCODONE/ ACETAMINOPHEN	OXYCOD/APAP TAB 10-325MG	Hard Reject	4	$271.11	$67.78	$0.00	19.5	78.0	473	0	$0.00
4	ZOLPIDEM TARTRATE	ZOLPIDEM TAB 10MG	Hard Reject	1	$5.78	$5.78	$0.00	30.0	30.0	459	0	$0.00
5	ALPRAZOLAM	ALPRAZOLAM TAB 1MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	406	0	$0.00
6	TRAMADOL HCL	TRAMADOL HCL TAB 50MG	Hard Reject	1	$6.17	$6.17	$0.00	15.0	30.0	356	0	$0.00
7	GABAPENTIN	GABAPENTIN CAP 300MG	Soft Reject	1	$7.03	$7.03	$0.00	30.0	30.0	350	0	$0.00
8	PROAIR HFA	PROAIR HFA AER	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	345	0	$0.00
9	ALPRAZOLAM	ALPRAZOLAM TAB 2MG	Hard Reject	2	$23.44	$11.72	$0.00	18.5	59.5	328	1	$8.39
10	GABAPENTIN	GABAPENTIN CAP 300MG	Message Only	228	$2,480.27	$10.88	$0.00	31.2	97.3	0	54	$563.42
All Others				12,151	$1,810,595.99	$149.01	$0.00	26.8	97.9	27,318	3,400	$529,811.08
ID - Ingredient Duplication				12,390	$1,813,464.38	$146.37	$0.00	26.9	97.9	31,613	3,455	$530,382.89

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

LD - Low Dose Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	ONDANSETRON HCL	GERIATRIC MIN DLY = 2.00UN	Message Only	1,272	$526.49	$0.41	$0.00	1.4	1.4	0	882	$263.39
2	ONDANSETRON ODT	GERIATRIC MIN DLY = 2.00UN	Message Only	608	$482.08	$0.79	$0.00	1.2	1.1	0	188	$139.18
3	IPRATROPIUM BROMIDE/ALBUT	GERIATRIC MIN DLY = 12.00UN	Message Only	472	$831.83	$1.76	$0.00	2.4	12.6	0	230	$291.48
4	ZOFRAN ODT	GERIATRIC MIN DLY = 2.00UN	Message Only	449	$9,481.94	$21.12	$0.00	1.0	1.0	0	186	$3,948.66
5	METFORMIN HCL	ADULT MIN DLY = 1.70 UN	Message Only	489	$2,539.80	$5.19	$0.00	33.4	33.2	0	46	$243.96
6	VITAMIN D	ADULT MIN DLY = .14 UN	Message Only	447	$2,721.30	$6.09	$0.00	31.3	3.1	0	27	$155.15
7	CITALOPRAM HYDROBROMIDE	ADULT MIN DLY = 2.00 UN	Message Only	359	$2,076.40	$5.78	$0.00	29.1	29.1	0	40	$232.62
8	GABAPENTIN	ADULT MIN DLY = 3.00 UN	Message Only	357	$2,546.17	$7.13	$0.00	32.2	53.3	0	37	$273.91
9	ALBUTEROL SULFATE	GERIATRIC MIN DLY = 9.00UN	Message Only	321	$167.62	$0.52	$0.00	2.5	11.3	0	59	$52.62
10	ONDANSETRON HCL	ADULT MIN DLY = 2.00 UN	Message Only	263	$1,993.29	$7.58	$0.00	18.2	12.0	0	30	$227.07
All Others				17,413	$1,281,587.82	$73.60	$0.00	24.0	54.2	0	3,063	$293,696.97
LD - Low Dose Alert				22,450	$1,304,954.74	$58.13	$0.00	21.3	44.9	0	4,788	$299,525.01

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

LR - Underuse Precaution

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	LISINOPRIL	7 DAYS LATE REFILLING	Message Only	90	$467.66	$5.20	$0.00	29.5	33.2	0	5	$19.21
2	LEVOTHYROXINE SODIUM	7 DAYS LATE REFILLING	Message Only	73	$555.37	$7.61	$0.00	29.6	29.2	0	4	$33.42
3	AMLODIPINE BESYLATE	7 DAYS LATE REFILLING	Message Only	66	$332.87	$5.04	$0.00	29.4	31.2	0	4	$19.50
4	LISINOPRIL	8 DAYS LATE REFILLING	Message Only	57	$312.25	$5.48	$0.00	29.7	32.4	0	4	$12.14
5	PROAIR HFA	6 DAYS LATE REFILLING	Message Only	54	$2,255.82	$41.77	$0.00	22.1	8.5	0	5	$226.72
5	LEVOTHYROXINE SODIUM	8 DAYS LATE REFILLING	Message Only	53	$478.97	$9.04	$0.00	29.6	30.2	0	6	$77.02
7	SIMVASTATIN	7 DAYS LATE REFILLING	Message Only	51	$303.73	$5.96	$0.00	29.0	29.0	0	5	$27.76
7	AMLODIPINE BESYLATE	8 DAYS LATE REFILLING	Message Only	54	$274.48	$5.08	$0.00	30.7	31.2	0	2	$7.30
9	LISINOPRIL	11 DAYS LATE REFILLING	Message Only	54	$290.01	$5.37	$0.00	29.7	31.1	0	1	$1.20
10	LISINOPRIL	9 DAYS LATE REFILLING	Message Only	46	$220.05	$4.78	$0.00	30.0	31.3	0	8	$41.26
All Others				54,917	$4,723,055.66	$86.00	$0.00	28.7	49.8	0	6,192	$781,011.77
LR - Underuse Precaution				55,515	$4,728,546.87	$85.18	$0.00	28.7	49.5	0	6,236	$781,477.30

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

MN - Insufficnt Duration Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	LISINOPRIL	MIN. DAYS THERAPY = 7	Message Only	324	$92.39	$0.29	$0.00	1.1	1.5	0	232	$32.03
2	IPRATROPIUM BROMIDE/ALBUT	MIN. DAYS THERAPY = 30	Message Only	400	$11,056.92	$27.64	$0.00	9.5	144.3	0	56	$1,001.19
3	METOPROLOL TARTRATE	MIN. DAYS THERAPY = 7	Message Only	248	$61.91	$0.25	$0.00	1.1	1.8	0	153	$6.78
4	CLONIDINE HCL	MIN. DAYS THERAPY = 7	Message Only	218	$196.36	$0.90	$0.00	1.5	4.5	0	111	$21.80
5	LEVETIRACETAM	MIN. DAYS THERAPY = 14	Message Only	223	$2,211.59	$9.92	$0.00	6.2	28.8	0	40	$366.89
6	ATORVASTATIN CALCIUM	MIN. DAYS THERAPY = 7	Message Only	148	$102.93	$0.70	$0.00	1.2	1.3	0	98	$43.76
7	INVANZ	MIN. DAYS THERAPY = 3	Message Only	156	$11,568.99	$74.16	$0.00	1.0	1.0	0	84	$6,605.47
8	SULFAMETHOXAZOLE/ TRIMETHO	MIN. DAYS THERAPY = 5	Message Only	184	$491.22	$2.67	$0.00	1.9	6.3	0	38	$39.02
9	FERROUS SULFATE	MIN. DAYS THERAPY = 30	Message Only	165	$766.02	$4.64	$0.00	14.3	26.1	0	56	$23.56
10		ING01 MIN DAYS THERAPY = 5	Message Only	184	$13,723.09	$74.58	$0.00	1.4	146.9	0	36	$1,694.85
All Others				4,775	$268,318.94	$56.19	$0.00	2.6	15.0	0	2,147	$56,919.31
MN - Insufficnt Duration Alert				7,025	$308,590.36	$43.93	$0.00	3.1	24.3	0	3,051	$66,754.66

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

MX - Excessive Duration Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	CYCLOBENZAPRINE HCL	MAX DAYS THERAPY = 21	Message Only	2,595	$19,814.18	$7.64	$0.00	30.1	64.6	0	139	$998.27
2	AZITHROMYCIN	MAX DAYS THERAPY = 5	Message Only	227	$4,854.12	$21.38	$0.00	11.8	18.6	0	11	$1,168.49
3	FLUCONAZOLE	MAX DAYS THERAPY = 1	Message Only	201	$2,551.76	$12.70	$0.00	3.4	3.4	0	9	$159.34
4	EPIPEN 2-PAK	MAX DAYS THERAPY = 1	Message Only	161	$72,379.11	$449.56	$0.00	2.2	2.2	0	22	$10,940.93
5	DIPHENOXYLATE/ ATROPINE	MAX DAYS THERAPY = 14	Message Only	138	$3,008.26	$21.80	$0.00	25.9	111.2	0	11	$209.88
6	MAPAP	MAX DAYS THERAPY = 10	Message Only	125	$691.28	$5.53	$0.00	26.0	95.8	0	11	$62.90
7	TRAMADOL HYDROCHLORIDE/AC	MAX DAYS THERAPY = 5	Message Only	103	$1,748.82	$16.98	$0.00	18.0	77.8	0	11	$137.11
8	POLYETHYLENE GLYCOL 3350	MAX DAYS THERAPY = 14	Message Only	94	$2,670.47	$28.41	$0.00	28.8	28.8	0	14	$297.26
9	DOCUSATE SODIUM & SENNA S	MAX DAYS THERAPY = 14	Message Only	85	$450.59	$5.30	$0.00	29.9	54.6	0	7	$41.31
10	SENEXON-S	MAX DAYS THERAPY = 14	Message Only	82	$488.55	$5.96	$0.00	31.2	62.7	0	7	$50.48
All Others				1,106	$230,016.43	$207.97	$0.00	25.1	69.3	0	167	$51,552.93
MX - Excessive Duration Alert				4,917	$338,673.57	$68.88	$0.00	25.6	60.5	0	409	$65,618.90

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

PA - Drug-Age Precaution

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	PROMETHAZINE-DM	AGE LESS THAN 4	Message Only	13	$89.30	$6.87	$0.00	13.2	118.1	0	0	$0.00
2	PROMETHAZINE/ DEXTROMETHOR	AGE LESS THAN 4	Message Only	9	$52.34	$5.82	$0.00	8.9	68.3	0	0	$0.00
3	PROMETHAZINE HCL	AGE LESS THAN 4	Message Only	6	$42.72	$7.12	$0.00	10.2	99.2	0	0	$0.00
4	PROMETHAZINE HCL PLAIN	AGE LESS THAN 4	Message Only	4	$29.48	$7.37	$0.00	7.8	125.0	0	1	$4.00
5	PROMETHAZINE/CODEINE	AGE LESS THAN 4	Message Only	1	$7.00	$7.00	$0.00	16.0	120.0	0	0	$0.00
PA - Drug-Age Precaution				33	$220.84	$6.69	$0.00	10.9	102.0	0	1	$4.00

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

TD - Therapeutic Duplication

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ ACETAMINOPHEN	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,624	$29,589.23	$18.22	$0.00	16.8	67.2	0	189	$1,382.44
2	OXYCODONE/ ACETAMINOPHEN	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,235	$44,752.68	$36.24	$0.00	13.6	55.1	0	215	$2,008.84
3	HYDROMORPHONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	908	$5,249.10	$5.78	$0.00	4.9	17.3	0	519	$1,815.38
4	QUETIAPINE FUMARATE	ORAL ANTIPSYCHOTICS	Message Only	1,115	$23,303.14	$20.90	$0.00	26.9	41.3	0	81	$1,208.72
5	MORPHINE SULFATE	SHORT ACTING NARCOTIC ANALGESI	Message Only	736	$3,758.34	$5.11	$0.00	5.2	17.9	0	425	$1,163.43
6	OXYCODONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	995	$42,443.69	$42.66	$0.00	22.8	104.1	0	95	$2,305.96
7	RISPERIDONE	ORAL ANTIPSYCHOTICS	Message Only	855	$12,532.23	$14.66	$0.00	26.8	44.1	0	57	$718.92
8	TRAMADOL HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	824	$6,695.58	$8.13	$0.00	20.7	87.3	0	73	$270.47
9	LORAZEPAM	BENZODIAZEPINES	Message Only	597	$1,937.29	$3.25	$0.00	10.6	23.7	0	235	$224.02
10	ALPRAZOLAM	BENZODIAZEPINES	Message Only	749	$5,385.56	$7.19	$0.00	25.5	61.4	0	65	$254.62
All Others				35,846	$4,277,334.69	$119.33	$0.00	24.9	59.2	7,631	6,668	$717,800.94
TD - Therapeutic Duplication				45,484	$4,452,981.53	$97.90	$0.00	23.4	58.2	7,631	8,622	$729,153.74

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

Selected Filters

Client(s): Nevada Medicaid - HPES

Carrier(s): NVM-NEVADA MEDICAID

Account(s): ALL

Group(s): ALL

Date Type:	Date Filled Submitted
Primary Start Date:	Apr 1, 2015
Primary End Date:	Jun 30, 2015
Relative Date Description:	N/A
Select Report Group By:	Product
Top Values Displayed:	10
Display Report Description:	Yes

Report Description

Report overview:

This report will be used to track concurrent DURs. The subsequent information will also be used to assist clients in managing Hard Rejects, Soft Rejects as well as Message Only edits. Reversals are also included in the report.

Detail Line Description:

Column Name	Description
Summary Page:	
Claims Summary:	
RxCLAIM Status	The claims status associated with the RxCLAIM transaction. For this reoprt, a claim Status can be any one of the following values: P = Paid Status, X = Reversal Status, R = Rejected Status.
Total Rxs	The total number of Rxs.
% of Total Rxs	The percentage of the total number of Rxs.

Total Plan Paid	The Client Total Amount Due.
Total Member Paid	The Client Total Patient Pay Amount. The patient pay would include copays and all other charges paid by the member.

DUR Information Summary:

DUR Type	DUR Reason for Service Code and Description
Clinical Level	DUR (Drug Utilization Review). Indicates how significant the first conflict is. This field reflects the significance that the originating database assigned to it. 0 = Not specified, 1 = Major, 2 = Moderate, 3 = Minor
Total DURs	
Count	Total count of DUR edits. An Rx claim may have more than 1 DUR edit.
% of All DURs	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types.
DURs on Paid Rxs	
Count	Total count of DUR edits on paid Rx claims. A paid Rx claim may have more than 1 DUR edit.
% of DUR Type	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Paid Rx claims.
DURs on Rejected Rxs	
Count	Total count of DUR edits on rejected Rx claims. A rejected Rx claim may have more than 1 DUR edit.
% of DUR Type	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Rejected Rx claims.
DURs on Reversed Rxs	
Count	Total count of DUR edits on reversed Rx claims. A reversed Rx claim may have more than 1 DUR edit.
% of DUR Type	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Reversed Rx claims.

DUR Tabs:

Rank	Ranking is based on total number of Rxs (Paid + Rjected + Reversal) in descending order. A gap in sequence may occur if two or more rows tie (known as Olympic ranking).
Top Drug-Drug Interaction (DD Only)	Drug combination with a DD DUR code
Top Drug	Product Name
Therapy / Reason	DUR Free Text Message
DUR Response	DUR Responses are categorized as: H = Hard Reject, S = Soft Reject, any other code = Message Only
Total Paid Rxs	The total number of paid Rxs.
Total Plan Paid	The Client total amount due.
Avg Plan Paid / Rx	The average plan cost per Rx.

Avg Member Paid / Rx	The average member cost per Rx.
Avg Days Supply / Rx	The average days supply per Rx.
Avg Quantity / Rx	The average quantity per Rx.
Total Rejected Rxs	The total number of rejected Rxs.
Total Reversed Rxs	The total number of reversed Rxs.
Total Reversed Amount	The total amount of reversed Rxs.

CONFIDENTIAL

RXT6050D - Summarized DUR Activity Report

Between Jul 1, 2015 and Sep 30, 2015

Oct 23, 2015
3:43:57 PM

Claims Summary:

RxCLAIM Status	Total Rxs	% of Total Rxs	Total Plan Paid	Total Member Paid
Paid	727,205	63.1%	$70,879,055.57	$0.00
Rejected	331,724	28.8%	$40,942,608.77	$0.00
Reversed	93,547	8.1%	-$16,760,019.66	$0.00
Totals	1,152,476	100%	$95,061,644.68	$0.00

DUR Information Summary:

		Total DURs		DURs on Paid Rxs		DURs on Rejected Rxs		DURs on Reversed Rxs	
DUR Type	Clinical Level	Count	% of All DURs	Count	% of DUR Type	Count	% of DUR Type	Count	% of DUR Type
LR - Underuse Precaution	0 - NS	61,152	22.9%	54,801	89.6%	0	0.0%	6,351	10.4%
TD - Therapeutic Duplication	0 - NS	60,035	22.5%	44,149	73.5%	7,569	12.6%	8,317	13.9%
ID - Ingredient Duplication	2 - Mod	47,936	17.9%	12,288	25.6%	32,234	67.2%	3,414	7.1%
DD - Drug-Drug Interaction	1 - Maj	37,233	13.9%	30,328	81.5%	3,436	9.2%	3,469	9.3%
LD - Low Dose Alert	0 - NS	26,238	9.8%	21,753	82.9%	0	0.0%	4,485	17.1%
HD - High Dose Alert	0 - NS	18,613	7.0%	16,415	88.2%	162	0.9%	2,036	10.9%
MN - Insufficnt Duration Alert	0 - NS	10,659	4.0%	7,556	70.9%	0	0.0%	3,103	29.1%
MX - Excessive Duration Alert	0 - NS	5,462	2.0%	4,969	91.0%	0	0.0%	493	9.0%
PA - Drug-Age Precaution	1 - Maj	25	0.0%	24	96.0%	0	0.0%	1	4.0%
Total All DURs		267,353	100.0%	192,283	71.9%	43,401	16.2%	31,669	11.8%

* DUR Information Summary results are sorted by Total DUR count in descending order
* Some Rx claims could have multiple DUR messages. And there could be multiple instances of the same DUR message on a Rx claim
* The Count and % of DUR Type for Paid, Rejected and Reversed Rxs are based on DUR Type totals for each row

DD - Drug-Drug Interaction

Rank	Top Drug Drug Interaction	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	CARISOPRODOL - ALPRAZOLAM	Message Only	818	$6,386.56	$7.81	$0.00	28.2	75.8	86	29	$352.28
2	TRAZODONE HCL - QUETIAPINE	Message Only	411	$2,498.55	$6.08	$0.00	27.2	39.6	45	37	$630.44
3	SIMVASTATIN - FENOFIBRATE	Message Only	419	$8,441.05	$20.15	$0.00	33.5	34.2	52	16	$594.42
4	TRAZODONE HCL - CITALOPRAM	Message Only	371	$2,227.27	$6.00	$0.00	30.1	39.5	44	19	$237.98
5	TRAZODONE - QUETIAPINE FUMARATE	Message Only	355	$7,528.09	$21.21	$0.00	27.6	44.3	27	23	$373.97
6	TRAZODONE - CITALOPRAM HYDROBROMIDE	Message Only	325	$1,854.92	$5.71	$0.00	30.0	33.7	34	22	$142.52
7	SPIRONOLACT - LISINOPRIL	Message Only	314	$1,754.68	$5.59	$0.00	36.1	42.6	38	21	$88.29
8	SERTRALINE - CYCLOBENZAPRINE HCL	Message Only	306	$2,300.86	$7.52	$0.00	24.6	57.1	35	15	$114.26
9	SPIRONOLACTONE - LISINOPRIL	Message Only	291	$3,020.70	$10.38	$0.00	36.6	42.1	34	21	$172.52
10	METHADONE - ALPRAZOLAM	Message Only	272	$2,384.06	$8.76	$0.00	26.1	71.8	34	13	$115.80
All Others			26,446	$3,089,799.30	$116.83	$0.00	25.3	47.1	3,007	3,253	$712,514.97
DD - Drug-Drug Interaction			30,328	$3,128,196.04	$103.15	$0.00	25.8	47.5	3,436	3,469	$715,337.45

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

HD - High Dose Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ ACETAMINOPHEN	ADULT MAX DLY = 6.00 UN	Message Only	564	$20,143.16	$35.71	$0.00	16.4	130.4	0	32	$1,274.90
2	KETOROLAC TROMETHAMINE	GERIATRIC MAX DLY = 2.00UN	Message Only	530	$4,266.30	$8.05	$0.00	1.0	4.6	0	14	$110.98
3	PREVNAR 13	GERIATRIC MAX DLY = .50UN	Message Only	439	$12,524.67	$28.53	$0.00	1.0	10.3	0	1	$0.00
4	ZOLPIDEM TARTRATE	GERIATRIC MAX DLY = .50UN	Message Only	361	$1,286.90	$3.56	$0.00	30.1	30.1	0	15	$49.38
5	MIDAZOLAM HCL	GERIATRIC MAX DLY = 3.50UN	Message Only	188	$450.54	$2.40	$0.00	1.0	5.6	0	73	$203.14
6	GRANISETRON HCL	GERIATRIC MAX DLY = .85UN	Message Only	241	$6,426.24	$26.66	$0.00	1.0	1.1	0	2	$20.40
7	IBUPROFEN	ADULT MAX DLY = 4.00 UN	Message Only	228	$1,386.57	$6.08	$0.00	7.2	33.7	0	7	$38.03
8	ADACEL	GERIATRIC MAX DLY = .50UN	Message Only	216	$16,231.66	$75.15	$0.00	1.0	1.0	0	15	$1,296.88
9	KENALOG-40	GERIATRIC MAX DLY = 2.00UN	Message Only	198	$6,131.59	$30.97	$0.00	1.0	5.7	0	0	$0.00
10	INVEGA SUSTENNA	ADULT MAX DLY = .05 UN	Message Only	174	$340,432.89	$1,956.51	$0.00	25.3	1.5	0	10	$19,861.49
All Others				13,276	$3,505,279.50	$264.03	$0.00	14.5	139.9	162	1,867	$713,019.56
HD - High Dose Alert				16,415	$3,914,560.02	$238.47	$0.00	13.4	119.4	162	2,036	$735,874.76

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

ID - Ingredient Duplication

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ ACETAMINOPHEN	HYDROCO/APAP TAB 10-325MG	Hard Reject	2	$80.79	$40.40	$0.00	21.5	115.0	849	0	$0.00
2	SODIUM CHLORIDE	SOD CHLORIDE INJ 0.9%	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	579	0	$0.00
3	OXYCODONE/ ACETAMINOPHEN	OXYCOD/APAP TAB 10-325MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	449	0	$0.00
4	ALPRAZOLAM	ALPRAZOLAM TAB 1MG	Hard Reject	2	$14.03	$7.02	$0.00	11.5	45.0	393	0	$0.00
5	ZOLPIDEM TARTRATE	ZOLPIDEM TAB 10MG	Hard Reject	2	$11.56	$5.78	$0.00	30.0	30.0	363	0	$0.00
6	ALPRAZOLAM	ALPRAZOLAM TAB 2MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	363	0	$0.00
7	GABAPENTIN	GABAPENTIN CAP 300MG	Soft Reject	1	$11.57	$11.57	$0.00	30.0	90.0	351	0	$0.00
8	PROAIR HFA	PROAIR HFA AER	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	339	0	$0.00
9	TRAMADOL HCL	TRAMADOL HCL TAB 50MG	Hard Reject	1	$10.10	$10.10	$0.00	30.0	90.0	323	0	$0.00
10	ALPRAZOLAM	ALPRAZOLAM TAB 0.5MG	Hard Reject	3	$17.04	$5.68	$0.00	5.3	25.3	245	1	$5.85
All Others				12,277	$3,346,036.26	$272.55	$0.00	26.9	186.2	27,980	3,413	$554,400.14
ID - Ingredient Duplication				12,288	$3,346,181.35	$272.31	$0.00	26.9	186.1	32,234	3,414	$554,405.99

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

LD - Low Dose Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	ONDANSETRON HCL	GERIATRIC MIN DLY = 2.00UN	Message Only	1,236	$525.43	$0.43	$0.00	1.4	1.3	0	819	$229.17
2	ONDANSETRON ODT	GERIATRIC MIN DLY = 2.00UN	Message Only	621	$476.66	$0.77	$0.00	1.3	1.3	0	187	$140.93
3	IPRATROPIUM BROMIDE/ALBUT	GERIATRIC MIN DLY = 12.00UN	Message Only	384	$911.47	$2.37	$0.00	2.7	16.0	0	197	$225.35
4	ZOFRAN ODT	GERIATRIC MIN DLY = 2.00UN	Message Only	402	$8,510.37	$21.17	$0.00	1.0	1.0	0	141	$3,000.96
5	METFORMIN HCL	ADULT MIN DLY = 1.70 UN	Message Only	508	$2,734.75	$5.38	$0.00	35.0	34.7	0	33	$186.47
6	VITAMIN D	ADULT MIN DLY = .14 UN	Message Only	474	$2,847.62	$6.01	$0.00	30.1	2.9	0	27	$151.67
7	GABAPENTIN	ADULT MIN DLY = 3.00 UN	Message Only	375	$2,642.55	$7.05	$0.00	31.9	53.3	0	30	$200.25
8	CITALOPRAM HYDROBROMIDE	ADULT MIN DLY = 2.00 UN	Message Only	347	$2,059.44	$5.93	$0.00	29.4	29.3	0	34	$215.19
9	ONDANSETRON HCL	ADULT MIN DLY = 2.00 UN	Message Only	292	$2,212.31	$7.58	$0.00	19.7	11.7	0	26	$201.03
10	OMEGA-3-ACID ETHYL ESTERS	ADULT MIN DLY = 4.00 UN	Message Only	287	$23,196.02	$80.82	$0.00	28.2	53.9	0	15	$1,428.25
All Others				16,827	$1,325,300.14	$78.76	$0.00	24.2	50.7	0	2,976	$319,037.38
LD - Low Dose Alert				21,753	$1,371,416.76	$63.04	$0.00	22.1	42.7	0	4,485	$325,016.65

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

LR - Underuse Precaution

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	LISINOPRIL	7 DAYS LATE REFILLING	Message Only	88	$450.42	$5.12	$0.00	29.5	32.4	0	5	$25.63
2	LEVOTHYROXINE SODIUM	7 DAYS LATE REFILLING	Message Only	76	$760.72	$10.01	$0.00	30.0	29.8	0	5	$32.55
3	ATORVASTATIN CALCIUM	7 DAYS LATE REFILLING	Message Only	70	$986.69	$14.10	$0.00	29.4	29.4	0	3	$17.46
4	AMLODIPINE BESYLATE	8 DAYS LATE REFILLING	Message Only	65	$322.89	$4.97	$0.00	29.1	29.5	0	1	$6.10
4	LISINOPRIL	8 DAYS LATE REFILLING	Message Only	59	$322.14	$5.46	$0.00	30.0	34.6	0	7	$34.71
6	PROAIR HFA	7 DAYS LATE REFILLING	Message Only	61	$2,620.81	$42.96	$0.00	23.3	8.9	0	2	$59.38
7	AMLODIPINE BESYLATE	7 DAYS LATE REFILLING	Message Only	53	$262.57	$4.95	$0.00	29.6	30.1	0	8	$44.06
8	GABAPENTIN	8 DAYS LATE REFILLING	Message Only	51	$867.13	$17.00	$0.00	29.1	94.8	0	5	$52.60
9	METOPROLOL TARTRATE	7 DAYS LATE REFILLING	Message Only	52	$258.29	$4.97	$0.00	29.7	57.1	0	2	$10.78
10	LISINOPRIL	10 DAYS LATE REFILLING	Message Only	51	$266.63	$5.23	$0.00	30.0	34.7	0	2	$7.89
All Others				54,175	$5,197,828.24	$95.95	$0.00	28.7	49.1	0	6,311	$909,375.07
LR - Underuse Precaution				54,801	$5,204,946.53	$94.98	$0.00	28.7	49.0	0	6,351	$909,666.23

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

MN - Insufficnt Duration Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	LISINOPRIL	MIN. DAYS THERAPY = 7	Message Only	317	$56.85	$0.18	$0.00	1.1	1.7	0	219	$27.11
2	IPRATROPIUM BROMIDE/ALBUT	MIN. DAYS THERAPY = 30	Message Only	431	$12,556.50	$29.13	$0.00	9.2	140.5	0	51	$701.57
3	PANTOPRAZOLE SODIUM	MIN. DAYS THERAPY = 7	Message Only	263	$66.55	$0.25	$0.00	1.1	1.1	0	157	$38.56
4	METOPROLOL TARTRATE	MIN. DAYS THERAPY = 7	Message Only	256	$45.30	$0.18	$0.00	1.2	1.6	0	157	$7.65
5	CLONIDINE HCL	MIN. DAYS THERAPY = 7	Message Only	257	$282.29	$1.10	$0.00	1.5	4.2	0	96	$29.25
6		ING01 MIN DAYS THERAPY = 5	Message Only	268	$45,016.44	$167.97	$0.00	1.7	105.9	0	27	$3,086.42
7	LEVETIRACETAM	MIN. DAYS THERAPY = 14	Message Only	255	$2,421.09	$9.49	$0.00	6.4	33.4	0	35	$655.28
8	ATORVASTATIN CALCIUM	MIN. DAYS THERAPY = 7	Message Only	180	$113.92	$0.63	$0.00	1.2	1.3	0	100	$35.64
9	SULFAMETHOXAZOLE/ TRIMETHO	MIN. DAYS THERAPY = 5	Message Only	200	$555.31	$2.78	$0.00	1.9	6.2	0	39	$106.34
10	LIPITOR	MIN. DAYS THERAPY = 7	Message Only	138	$1,970.51	$14.28	$0.00	1.0	1.5	0	89	$1,119.16
All Others				4,991	$419,902.96	$84.13	$0.00	3.0	14.4	0	2,133	$79,865.09
MN - Insufficnt Duration Alert				7,556	$482,987.72	$63.92	$0.00	3.0	22.9	0	3,103	$85,672.07

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

MX - Excessive Duration Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	CYCLOBENZAPRINE HCL	MAX DAYS THERAPY = 21	Message Only	2,563	$19,685.75	$7.68	$0.00	30.1	65.2	0	170	$1,264.07
2	EPIPEN 2-PAK	MAX DAYS THERAPY = 1	Message Only	204	$99,401.93	$487.26	$0.00	2.2	2.2	0	36	$17,566.02
3	FLUCONAZOLE	MAX DAYS THERAPY = 1	Message Only	215	$2,317.80	$10.78	$0.00	3.0	3.0	0	13	$106.00
4	AZITHROMYCIN	MAX DAYS THERAPY = 5	Message Only	175	$4,091.23	$23.38	$0.00	12.6	19.4	0	16	$602.67
5	MAPAP	MAX DAYS THERAPY = 10	Message Only	131	$721.62	$5.51	$0.00	26.2	106.0	0	9	$45.27
5	DIPHENOXYLATE/ ATROPINE	MAX DAYS THERAPY = 14	Message Only	128	$2,757.64	$21.54	$0.00	26.3	111.3	0	12	$373.21
7	POLYETHYLENE GLYCOL 3350	MAX DAYS THERAPY = 14	Message Only	90	$2,981.75	$33.13	$0.00	29.4	29.4	0	21	$712.05
8	EPIPEN-JR 2-PAK	MAX DAYS THERAPY = 1	Message Only	86	$45,029.08	$523.59	$0.00	2.4	2.4	0	19	$11,375.72
9	TRAMADOL HYDROCHLORIDE/AC	MAX DAYS THERAPY = 5	Message Only	93	$1,663.02	$17.88	$0.00	18.8	72.3	0	10	$228.62
10	SENEXON-S	MAX DAYS THERAPY = 14	Message Only	96	$559.47	$5.83	$0.00	29.6	54.8	0	4	$22.84
All Others				1,188	$177,081.41	$149.06	$0.00	26.8	73.8	0	183	$62,345.25
MX - Excessive Duration Alert				4,969	$356,290.70	$71.70	$0.00	25.5	60.8	0	493	$94,641.72

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

PA - Drug-Age Precaution

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	PROMETHAZINE-DM	AGE LESS THAN 4	Message Only	9	$61.59	$6.84	$0.00	10.7	88.8	0	0	$0.00
2	PROMETHAZINE/ DEXTROMETHOR	AGE LESS THAN 4	Message Only	8	$44.44	$5.56	$0.00	8.6	65.0	0	0	$0.00
3	PROMETHAZINE HCL	AGE LESS THAN 4	Message Only	4	$30.03	$7.51	$0.00	18.2	115.0	0	1	$8.35
4	PROMETHEGAN	AGE LESS THAN 4	Message Only	2	$31.87	$15.94	$0.00	3.5	11.0	0	0	$0.00
5	INFANRIX	AGE GREATER THAN 64	Message Only	1	$43.74	$43.74	$0.00	1.0	1.0	0	0	$0.00
PA - Drug-Age Precaution				24	$211.67	$8.82	$0.00	10.2	75.1	0	1	$8.35

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

TD - Therapeutic Duplication

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ ACETAMINOPHEN	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,476	$26,086.94	$17.67	$0.00	16.1	65.1	0	200	$1,754.15
2	HYDROMORPHONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	960	$5,272.34	$5.49	$0.00	4.2	15.4	0	525	$1,382.77
3	OXYCODONE/ ACETAMINOPHEN	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,143	$42,344.98	$37.05	$0.00	14.1	58.0	0	223	$3,291.97
4	QUETIAPINE FUMARATE	ORAL ANTIPSYCHOTICS	Message Only	1,117	$23,303.67	$20.86	$0.00	27.8	41.5	0	104	$2,043.15
5	MORPHINE SULFATE	SHORT ACTING NARCOTIC ANALGESI	Message Only	732	$3,593.67	$4.91	$0.00	5.5	19.0	0	414	$1,059.45
6	OXYCODONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	990	$40,234.09	$40.64	$0.00	22.3	101.9	0	122	$2,386.97
7	RISPERIDONE	ORAL ANTIPSYCHOTICS	Message Only	826	$12,465.63	$15.09	$0.00	26.8	45.4	0	70	$887.06
8	LORAZEPAM	BENZODIAZEPINES	Message Only	627	$1,785.37	$2.85	$0.00	9.0	20.2	0	225	$213.50
9	TRAMADOL HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	792	$6,556.46	$8.28	$0.00	20.7	84.7	0	56	$368.12
10	ALPRAZOLAM	BENZODIAZEPINES	Message Only	697	$5,152.62	$7.39	$0.00	24.8	61.2	0	69	$255.51
All Others				34,789	$5,019,442.55	$144.28	$0.00	24.6	79.4	7,569	6,309	$769,477.45
TD - Therapeutic Duplication				44,149	$5,186,238.32	$117.47	$0.00	23.1	73.9	7,569	8,317	$783,120.10

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

Selected Filters

Client(s): Nevada Medicaid - HPES

Carrier(s): NVM-NEVADA MEDICAID

Account(s): ALL

Group(s): ALL

Date Type:	Date Filled Submitted
Primary Start Date:	Jul 1, 2015
Primary End Date:	Sep 30, 2015
Relative Date Description:	N/A
Select Report Group By:	Product
Top Values Displayed:	10
Display Report Description:	Yes

Report Description

Report overview:

This report will be used to track concurrent DURs. The subsequent information will also be used to assist clients in managing Hard Rejects, Soft Rejects as well as Message Only edits. Reversals are also included in the report.

Detail Line Description:

Column Name	Description
Summary Page:	
Claims Summary:	
RxCLAIM Status	The claims status associated with the RxCLAIM transaction. For this reoprt, a claim Status can be any one of the following values: P = Paid Status, X = Reversal Status, R = Rejected Status.
Total Rxs	The total number of Rxs.
% of Total Rxs	The percentage of the total number of Rxs.

Total Plan Paid	The Client Total Amount Due.
Total Member Paid	The Client Total Patient Pay Amount. The patient pay would include copays and all other charges paid by the member.

DUR Information Summary:

DUR Type	DUR Reason for Service Code and Description
Clinical Level	DUR (Drug Utilization Review). Indicates how significant the first conflict is. This field reflects the significance that the originating database assigned to it. 0 = Not specified, 1 = Major, 2 = Moderate, 3 = Minor
Total DURs	
Count	Total count of DUR edits. An Rx claim may have more than 1 DUR edit.
% of All DURs	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types.
DURs on Paid Rxs	
Count	Total count of DUR edits on paid Rx claims. A paid Rx claim may have more than 1 DUR edit.
% of DUR Type	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Paid Rx claims.
DURs on Rejected Rxs	
Count	Total count of DUR edits on rejected Rx claims. A rejected Rx claim may have more than 1 DUR edit.
% of DUR Type	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Rejected Rx claims.
DURs on Reversed Rxs	
Count	Total count of DUR edits on reversed Rx claims. A reversed Rx claim may have more than 1 DUR edit.
% of DUR Type	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Reversed Rx claims.

DUR Tabs:

Rank	Ranking is based on total number of Rxs (Paid + Rjected + Reversal) in descending order. A gap in sequence may occur if two or more rows tie (known as Olympic ranking).
Top Drug-Drug Interaction (DD Only)	Drug combination with a DD DUR code
Top Drug	Product Name
Therapy / Reason	DUR Free Text Message
DUR Response	DUR Responses are categorized as: H = Hard Reject, S = Soft Reject, any other code = Message Only
Total Paid Rxs	The total number of paid Rxs.
Total Plan Paid	The Client total amount due.
Avg Plan Paid / Rx	The average plan cost per Rx.

Avg Member Paid / Rx	The average member cost per Rx.
Avg Days Supply / Rx	The average days supply per Rx.
Avg Quantity / Rx	The average quantity per Rx.
Total Rejected Rxs	The total number of rejected Rxs.
Total Reversed Rxs	The total number of reversed Rxs.
Total Reversed Amount	The total amount of reversed Rxs.

CONFIDENTIAL

RXT6050D - Summarized DUR Activity Report

Between Oct 1, 2015 and Dec 31, 2015

Jan 14, 2016
3:23:18 PM

Claims Summary:

RxCLAIM Status	Total Rxs	% of Total Rxs	Total Plan Paid	Total Member Paid
Paid	728,709	62.5%	$68,309,265.55	$0.00
Rejected	348,704	29.9%	$46,365,673.67	$0.00
Reversed	88,886	7.6%	-$17,169,152.91	$0.00
Totals	1,166,299	100%	$97,505,786.31	$0.00

DUR Information Summary:

		Total DURs		DURs on Paid Rxs		DURs on Rejected Rxs		DURs on Reversed Rxs	
DUR Type	Clinical Level	Count	% of All DURs	Count	% of DUR Type	Count	% of DUR Type	Count	% of DUR Type
LR - Underuse Precaution	0 - NS	61,890	23.1%	55,662	89.9%	0	0.0%	6,228	10.1%
TD - Therapeutic Duplication	0 - NS	54,957	20.5%	40,307	73.3%	7,027	12.8%	7,623	13.9%
ID - Ingredient Duplication	2 - Mod	50,935	19.0%	12,178	23.9%	35,353	69.4%	3,404	6.7%
DD - Drug-Drug Interaction	1 - Maj	36,668	13.7%	30,102	82.1%	3,203	8.7%	3,363	9.2%
LD - Low Dose Alert	0 - NS	26,988	10.1%	22,878	84.8%	0	0.0%	4,110	15.2%
HD - High Dose Alert	0 - NS	20,687	7.7%	18,648	90.1%	165	0.8%	1,874	9.1%
MN - Insufficnt Duration Alert	0 - NS	10,859	4.0%	8,302	76.5%	0	0.0%	2,557	23.5%
MX - Excessive Duration Alert	0 - NS	5,353	2.0%	4,934	92.2%	0	0.0%	419	7.8%
PA - Drug-Age Precaution	1 - Maj	45	0.0%	42	93.3%	0	0.0%	3	6.7%
Total All DURs		268,382	100.0%	193,053	71.9%	45,748	17.0%	29,581	11.0%

* DUR Information Summary results are sorted by Total DUR count in descending order
* Some Rx claims could have multiple DUR messages. And there could be multiple instances of the same DUR message on a Rx claim
* The Count and % of DUR Type for Paid, Rejected and Reversed Rxs are based on DUR Type totals for each row

DD - Drug-Drug Interaction

Rank	Top Drug Drug Interaction	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	CARISOPRODOL - ALPRAZOLAM	Message Only	611	$5,957.90	$9.75	$0.00	29.1	80.4	71	23	$190.17
2	TRAZODONE HCL - QUETIAPINE	Message Only	430	$3,870.03	$9.00	$0.00	27.1	39.5	35	29	$653.83
3	SIMVASTATIN - FENOFIBRATE	Message Only	390	$7,260.74	$18.62	$0.00	31.8	32.3	46	18	$302.62
4	SPIRONOLACT - LISINOPRIL	Message Only	355	$2,626.36	$7.40	$0.00	34.1	40.0	44	23	$90.80
5	TRAZODONE - QUETIAPINE FUMARATE	Message Only	370	$6,407.66	$17.32	$0.00	27.2	44.4	18	20	$290.62
6	TRAZODONE HCL - CITALOPRAM	Message Only	332	$2,686.88	$8.09	$0.00	30.2	39.3	34	19	$175.68
7	SPIRONOLACTONE - LISINOPRIL	Message Only	309	$3,120.78	$10.10	$0.00	36.8	41.6	31	18	$196.36
8	DIVALPROEX - CLONAZEPAM	Message Only	304	$2,625.84	$8.64	$0.00	26.9	57.9	27	22	$147.52
9	TRAZODONE - CITALOPRAM HYDROBROMIDE	Message Only	281	$1,980.52	$7.05	$0.00	31.3	34.6	23	18	$142.53
10	SERTRALINE - CYCLOBENZAPRINE HCL	Message Only	284	$2,538.12	$8.94	$0.00	25.3	58.1	28	6	$45.27
All Others			26,436	$2,775,417.80	$104.99	$0.00	24.9	46.1	2,846	3,167	$535,835.27
DD - Drug-Drug Interaction			30,102	$2,814,492.63	$93.50	$0.00	25.5	46.4	3,203	3,363	$538,070.67

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

HD - High Dose Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HECTOROL	GERIATRIC MAX DLY = 1.28UN	Message Only	1,088	$15,034.94	$13.82	$0.00	1.0	2.2	0	0	$0.00
2	HYDROCODONE/ ACETAMINOPHEN	ADULT MAX DLY = 6.00 UN	Message Only	544	$17,927.72	$32.96	$0.00	16.2	127.2	0	22	$912.69
3	KETOROLAC TROMETHAMINE	GERIATRIC MAX DLY = 2.00UN	Message Only	458	$2,951.51	$6.44	$0.00	1.0	4.3	0	36	$220.31
4	FLUZONE QUADRIVALENT 2015	GERIATRIC MAX DLY = .50UN	Message Only	396	$8,966.75	$22.64	$0.00	1.0	16.3	0	3	$108.54
5	ZOLPIDEM TARTRATE	GERIATRIC MAX DLY = .50UN	Message Only	352	$1,798.05	$5.11	$0.00	29.6	29.6	0	11	$56.10
6	PREVNAR 13	GERIATRIC MAX DLY = .50UN	Message Only	300	$19,836.73	$66.12	$0.00	1.0	9.4	0	1	$0.00
7	FLUVIRIN 2015-2016	GERIATRIC MAX DLY = .50UN	Message Only	293	$6,567.49	$22.41	$0.00	1.0	2.9	0	1	$28.58
8	DEXAMETHASONE SODIUM PHOS	GERIATRIC MAX DLY = 2.60UN	Message Only	207	$3,418.57	$16.51	$0.00	1.0	12.0	0	5	$35.39
9	ADACEL	GERIATRIC MAX DLY = .50UN	Message Only	193	$14,049.24	$72.79	$0.00	1.0	1.2	0	13	$1,223.26
10	KENALOG-40	GERIATRIC MAX DLY = 2.00UN	Message Only	200	$6,575.67	$32.88	$0.00	1.0	6.1	0	2	$65.78
All Others				14,617	$3,707,540.99	$253.65	$0.00	13.9	106.2	165	1,780	$737,405.69
HD - High Dose Alert				18,648	$3,804,667.66	$204.03	$0.00	12.1	88.5	165	1,874	$740,056.34

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

ID - Ingredient Duplication

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	EPOGEN	EPOGEN INJ 10000/ML	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	2,864	0	$0.00
2	HYDROCODONE/ ACETAMINOPHEN	HYDROCO/APAP TAB 10-325MG	Hard Reject	5	$81.41	$16.28	$0.00	8.4	36.0	947	0	$0.00
3	SODIUM CHLORIDE	SOD CHLORIDE INJ 0.9%	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	593	0	$0.00
4	OXYCODONE/ ACETAMINOPHEN	OXYCOD/APAP TAB 10-325MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	514	0	$0.00
5	ALPRAZOLAM	ALPRAZOLAM TAB 1MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	402	0	$0.00
6	PROAIR HFA	PROAIR HFA AER	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	393	0	$0.00
7	ZOLPIDEM TARTRATE	ZOLPIDEM TAB 10MG	Hard Reject	2	$11.56	$5.78	$0.00	30.0	30.0	362	0	$0.00
8	GABAPENTIN	GABAPENTIN CAP 300MG	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	348	0	$0.00
9	HECTOROL	HECTOROL INJ 4MCG/2ML	Soft Reject	0	$0.00	$0.00	$0.00	0.00	0.00	330	0	$0.00
10	TRAMADOL HCL	TRAMADOL HCL TAB 50MG	Hard Reject	0	$0.00	$0.00	$0.00	0.00	0.00	327	0	$0.00
All Others				12,171	$1,723,968.11	$141.65	$0.00	27.0	95.4	28,273	3,404	$889,757.44
ID - Ingredient Duplication				12,178	$1,724,061.08	$141.57	$0.00	27.0	95.4	35,353	3,404	$889,757.44

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

LD - Low Dose Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	ONDANSETRON HCL	GERIATRIC MIN DLY = 2.00UN	Message Only	957	$532.32	$0.56	$0.00	1.4	1.4	0	584	$179.80
2	ONDANSETRON ODT	GERIATRIC MIN DLY = 2.00UN	Message Only	575	$351.70	$0.61	$0.00	1.5	1.5	0	187	$103.04
3	IPRATROPIUM BROMIDE/ALBUT	GERIATRIC MIN DLY = 12.00UN	Message Only	439	$1,019.90	$2.32	$0.00	3.0	19.7	0	147	$132.98
4	METFORMIN HCL	ADULT MIN DLY = 1.70 UN	Message Only	541	$3,835.50	$7.09	$0.00	34.2	34.0	0	39	$277.67
5	ZOFRAN ODT	GERIATRIC MIN DLY = 2.00UN	Message Only	356	$7,433.56	$20.88	$0.00	1.0	1.0	0	164	$3,437.42
6	VITAMIN D	ADULT MIN DLY = .14 UN	Message Only	481	$3,960.70	$8.23	$0.00	30.8	3.1	0	33	$244.55
7	HECTOROL	GERIATRIC MIN DLY = .85UN	Message Only	501	$1,568.13	$3.13	$0.00	1.0	0.5	0	0	$0.00
8	GABAPENTIN	ADULT MIN DLY = 3.00 UN	Message Only	380	$3,702.75	$9.74	$0.00	31.6	52.4	0	19	$199.73
9	CITALOPRAM HYDROBROMIDE	ADULT MIN DLY = 2.00 UN	Message Only	343	$3,003.11	$8.76	$0.00	30.3	30.1	0	36	$266.15
10	ALBUTEROL SULFATE	GERIATRIC MIN DLY = 9.00UN	Message Only	306	$255.13	$0.83	$0.00	2.7	13.6	0	72	$24.27
All Others				17,999	$1,951,701.08	$108.43	$0.00	24.4	56.4	0	2,829	$371,599.63
LD - Low Dose Alert				22,878	$1,977,363.88	$86.43	$0.00	21.9	47.2	0	4,110	$376,465.24

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

LR - Underuse Precaution

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	LISINOPRIL	7 DAYS LATE REFILLING	Message Only	88	$599.49	$6.81	$0.00	30.0	32.0	0	5	$35.18
2	LEVOTHYROXINE SODIUM	7 DAYS LATE REFILLING	Message Only	87	$775.85	$8.92	$0.00	30.5	30.1	0	4	$52.38
3	AMLODIPINE BESYLATE	7 DAYS LATE REFILLING	Message Only	69	$490.63	$7.11	$0.00	30.0	30.0	0	10	$71.05
4	AMLODIPINE BESYLATE	8 DAYS LATE REFILLING	Message Only	71	$525.81	$7.41	$0.00	30.9	31.3	0	2	$19.57
5	PROAIR HFA	11 DAYS LATE REFILLING	Message Only	68	$3,792.56	$55.77	$0.00	20.2	9.1	0	3	$166.18
6	LISINOPRIL	9 DAYS LATE REFILLING	Message Only	61	$461.31	$7.56	$0.00	29.6	32.6	0	3	$16.05
7	LEVOTHYROXINE SODIUM	8 DAYS LATE REFILLING	Message Only	58	$520.28	$8.97	$0.00	29.3	29.8	0	4	$22.09
8	LISINOPRIL	8 DAYS LATE REFILLING	Message Only	57	$381.66	$6.70	$0.00	29.6	33.8	0	3	$20.43
9	PROAIR HFA	10 DAYS LATE REFILLING	Message Only	54	$3,039.14	$56.28	$0.00	21.7	9.3	0	2	$114.36
9	MONTELUKAST SODIUM	7 DAYS LATE REFILLING	Message Only	51	$902.74	$17.70	$0.00	30.0	30.0	0	5	$328.83
All Others				54,998	$5,192,140.81	$94.41	$0.00	28.5	48.9	0	6,187	$911,162.82
LR - Underuse Precaution				55,662	$5,203,630.28	$93.49	$0.00	28.5	48.6	0	6,228	$912,008.94

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

MN - Insufficnt Duration Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	CALCITRIOL	MIN. DAYS THERAPY = 7	Message Only	662	$721.51	$1.09	$0.00	1.0	1.9	0	5	$2.81
2	HECTOROL	MIN. DAYS THERAPY = 7	Message Only	618	$3,863.15	$6.25	$0.00	1.0	1.0	0	0	$0.00
3	PANTOPRAZOLE SODIUM	MIN. DAYS THERAPY = 7	Message Only	317	$92.68	$0.29	$0.00	1.1	1.2	0	223	$40.04
4	IPRATROPIUM BROMIDE/ALBUT	MIN. DAYS THERAPY = 30	Message Only	396	$8,421.26	$21.27	$0.00	9.1	143.7	0	61	$937.35
5	LISINOPRIL	MIN. DAYS THERAPY = 7	Message Only	231	$44.59	$0.19	$0.00	1.1	1.7	0	140	$28.57
6	LEVETIRACETAM	MIN. DAYS THERAPY = 14	Message Only	330	$3,334.00	$10.10	$0.00	6.0	40.6	0	37	$103.29
7	CLONIDINE HCL	MIN. DAYS THERAPY = 7	Message Only	240	$401.73	$1.67	$0.00	1.7	5.3	0	79	$33.66
8	METOPROLOL TARTRATE	MIN. DAYS THERAPY = 7	Message Only	187	$138.84	$0.74	$0.00	1.4	2.0	0	89	$13.61
9	SULFAMETHOXAZOLE/ TRIMETHO	MIN. DAYS THERAPY = 5	Message Only	179	$1,073.99	$6.00	$0.00	1.9	8.0	0	36	$38.41
9	ATORVASTATIN CALCIUM	MIN. DAYS THERAPY = 7	Message Only	146	$292.65	$2.00	$0.00	1.8	1.9	0	69	$55.71
All Others				4,996	$310,869.56	$62.22	$0.00	3.1	17.3	0	1,818	$55,880.23
MN - Insufficnt Duration Alert				8,302	$329,253.96	$39.66	$0.00	2.9	19.6	0	2,557	$57,133.68

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

MX - Excessive Duration Alert

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	CYCLOBENZAPRINE HCL	MAX DAYS THERAPY = 21	Message Only	2,490	$22,568.56	$9.06	$0.00	30.1	65.4	0	119	$1,047.72
2	AZITHROMYCIN	MAX DAYS THERAPY = 5	Message Only	268	$5,753.48	$21.47	$0.00	10.3	19.7	0	13	$290.83
3	FLUCONAZOLE	MAX DAYS THERAPY = 1	Message Only	200	$2,441.57	$12.21	$0.00	3.0	3.0	0	21	$415.66
4	MAPAP	MAX DAYS THERAPY = 10	Message Only	149	$1,215.70	$8.16	$0.00	26.9	102.8	0	9	$74.59
5	EPIPEN 2-PAK	MAX DAYS THERAPY = 1	Message Only	125	$62,735.41	$501.88	$0.00	2.3	2.3	0	17	$10,074.96
6	POLYETHYLENE GLYCOL 3350	MAX DAYS THERAPY = 14	Message Only	110	$4,112.50	$37.39	$0.00	30.4	30.4	0	28	$1,134.66
7	DIPHENOXYLATE/ ATROPINE	MAX DAYS THERAPY = 14	Message Only	126	$3,206.03	$25.44	$0.00	26.5	112.1	0	4	$55.82
8	SENEXON-S	MAX DAYS THERAPY = 14	Message Only	91	$777.81	$8.55	$0.00	27.9	52.9	0	6	$45.78
9	CEFDINIR	MAX DAYS THERAPY = 10	Message Only	82	$3,721.76	$45.39	$0.00	15.8	72.8	0	6	$221.39
10	TRAMADOL HYDROCHLORIDE/AC	MAX DAYS THERAPY = 5	Message Only	78	$1,321.37	$16.94	$0.00	19.5	72.7	0	9	$169.01
All Others				1,215	$197,431.97	$162.50	$0.00	26.8	74.5	0	187	$67,995.15
MX - Excessive Duration Alert				4,934	$305,286.16	$61.87	$0.00	25.8	62.6	0	419	$81,525.57

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

PA - Drug-Age Precaution

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	PROMETHAZINE/ DEXTROMETHOR	AGE LESS THAN 4	Message Only	17	$126.43	$7.44	$0.00	11.8	89.7	0	2	$11.38
2	PROMETHAZINE-DM	AGE LESS THAN 4	Message Only	15	$109.20	$7.28	$0.00	12.8	93.6	0	0	$0.00
3	PROMETHAZINE HCL PLAIN	AGE LESS THAN 4	Message Only	4	$20.89	$5.22	$0.00	9.5	105.0	0	0	$0.00
4	PROMETHAZINE HCL	AGE LESS THAN 4	Message Only	2	$26.60	$13.30	$0.00	7.5	122.0	0	1	$8.35
5	PROMETHAZINE/CODEINE	AGE LESS THAN 4	Message Only	2	$13.39	$6.70	$0.00	5.5	40.0	0	0	$0.00
6	PROMETHAZINE VC/CODEINE	AGE LESS THAN 4	Message Only	1	$18.33	$18.33	$0.00	7.0	30.0	0	0	$0.00
6	PROMETHEGAN	AGE LESS THAN 4	Message Only	1	$13.05	$13.05	$0.00	3.0	3.0	0	0	$0.00
PA - Drug-Age Precaution				42	$327.89	$7.81	$0.00	11.1	88.2	0	3	$19.73

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

TD - Therapeutic Duplication

Rank	Top Drug	Therapy / Reason	DUR Response	Total Paid Rxs	Total Plan Paid	Plan Paid Per Rx	Member Paid Per Rx	Days Supply Per Rx	Quantity Per Rx	Total Rejected Rxs	Total Reversed Rxs	Total Reversed Amount
1	HYDROCODONE/ ACETAMINOPHEN	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,327	$22,866.41	$17.23	$0.00	16.7	65.3	0	186	$1,372.06
2	HYDROMORPHONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	900	$4,869.55	$5.41	$0.00	4.6	16.3	0	484	$1,280.02
3	MORPHINE SULFATE	SHORT ACTING NARCOTIC ANALGESI	Message Only	827	$4,341.73	$5.25	$0.00	4.7	15.3	0	491	$1,293.25
4	OXYCODONE/ ACETAMINOPHEN	SHORT ACTING NARCOTIC ANALGESI	Message Only	1,073	$37,847.53	$35.27	$0.00	14.4	58.6	0	193	$1,898.24
5	QUETIAPINE FUMARATE	ORAL ANTIPSYCHOTICS	Message Only	1,142	$20,315.44	$17.79	$0.00	27.4	40.1	0	103	$1,196.85
6	OXYCODONE HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	952	$32,655.02	$34.30	$0.00	22.6	102.2	0	93	$1,754.34
7	RISPERIDONE	ORAL ANTIPSYCHOTICS	Message Only	842	$11,120.73	$13.21	$0.00	27.6	45.8	0	75	$915.38
8	TRAMADOL HCL	SHORT ACTING NARCOTIC ANALGESI	Message Only	715	$6,751.12	$9.44	$0.00	21.6	88.8	0	70	$427.63
9	ALPRAZOLAM	BENZODIAZEPINES	Message Only	666	$5,958.00	$8.95	$0.00	25.3	62.4	0	88	$375.53
10	LISINOPRIL	ANGIOTENSIN BLOCKERS	Message Only	540	$3,248.41	$6.02	$0.00	34.8	39.1	0	123	$418.81
All Others				31,323	$4,229,601.89	$135.03	$0.00	24.1	54.9	7,027	5,717	$765,683.36
TD - Therapeutic Duplication				40,307	$4,379,575.83	$108.66	$0.00	23.0	54.7	7,027	7,623	$776,615.47

* Rankings are based on the following order: Total Rxs (Paid + Rejected + Reversed) descending, total Rejected Rxs descending and Top Drug/Client Rider ascending.

Selected Filters

Client(s): Nevada Medicaid - HPES

Carrier(s): NVM-NEVADA MEDICAID

Account(s): ALL

Group(s): ALL

Date Type:	Date Filled Submitted
Primary Start Date:	Oct 1, 2015
Primary End Date:	Dec 31, 2015
Relative Date Description:	N/A
Select Report Group By:	Product
Top Values Displayed:	10
Display Report Description:	Yes

Report Description

Report overview:

This report will be used to track concurrent DURs. The subsequent information will also be used to assist clients in managing Hard Rejects, Soft Rejects as well as Message Only edits. Reversals are also included in the report.

Detail Line Description:

Column Name	Description
Summary Page:	
Claims Summary:	
RxCLAIM Status	The claims status associated with the RxCLAIM transaction. For this reoprt, a claim Status can be any one of the following values: P = Paid Status, X = Reversal Status, R = Rejected Status.
Total Rxs	The total number of Rxs.
% of Total Rxs	The percentage of the total number of Rxs.

Total Plan Paid	The Client Total Amount Due.
Total Member Paid	The Client Total Patient Pay Amount. The patient pay would include copays and all other charges paid by the member.

DUR Information Summary:

DUR Type	DUR Reason for Service Code and Description
Clinical Level	DUR (Drug Utilization Review). Indicates how significant the first conflict is. This field reflects the significance that the originating database assigned to it. 0 = Not specified, 1 = Major, 2 = Moderate, 3 = Minor
Total DURs	
Count	Total count of DUR edits. An Rx claim may have more than 1 DUR edit.
% of All DURs	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types.
DURs on Paid Rxs	
Count	Total count of DUR edits on paid Rx claims. A paid Rx claim may have more than 1 DUR edit.
% of DUR Type	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Paid Rx claims.
DURs on Rejected Rxs	
Count	Total count of DUR edits on rejected Rx claims. A rejected Rx claim may have more than 1 DUR edit.
% of DUR Type	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Rejected Rx claims.
DURs on Reversed Rxs	
Count	Total count of DUR edits on reversed Rx claims. A reversed Rx claim may have more than 1 DUR edit.
% of DUR Type	The percentage is based on the total number of each unique DUR Type divided by the total number of all DUR Types on Reversed Rx claims.

DUR Tabs:

Rank	Ranking is based on total number of Rxs (Paid + Rjected + Reversal) in descending order. A gap in sequence may occur if two or more rows tie (known as Olympic ranking).
Top Drug-Drug Interaction (DD Only)	Drug combination with a DD DUR code
Top Drug	Product Name
Therapy / Reason	DUR Free Text Message
DUR Response	DUR Responses are categorized as: H = Hard Reject, S = Soft Reject, any other code = Message Only
Total Paid Rxs	The total number of paid Rxs.
Total Plan Paid	The Client total amount due.
Avg Plan Paid / Rx	The average plan cost per Rx.

Avg Member Paid / Rx	The average member cost per Rx.
Avg Days Supply / Rx	The average days supply per Rx.
Avg Quantity / Rx	The average quantity per Rx.
Total Rejected Rxs	The total number of rejected Rxs.
Total Reversed Rxs	The total number of reversed Rxs.
Total Reversed Amount	The total amount of reversed Rxs.

State of Nevada
Department of Health and Human Services
Division of Health Care Financing and Policy
Drug Use Review (DUR) Board

Date: [month] [day], 2015

Dr. < PHY First Name><PHY Last Name>
<PHY Address Line 1> <PHY Address Line 2>
<PHY City>, <PHY State> <PHY Zip Code>

Dear Dr. <PHY Last Name>:

The Drug Use Review (DUR) Board of Nevada Medicaid is a committee composed of pharmacists, physicians, and other healthcare professionals whose goal is to optimize the medical and pharmaceutical care of its plan members. The Board routinely reviews therapy by examining patterns in prescribing, dispensing, and consumption of medications to ensure appropriate medication utilization.

Recently, the Clinical Pharmacy Services Call Center for Nevada Medicaid evaluated the chronic use of opioids in combination with benzodiazepines. As you may know, drug overdose is currently the leading cause of death from injury in the United States. The Centers for Disease Control and Prevention (CDC) reported that the combination of benzodiazepines and opioid painkillers was discovered in the toxicology reports of a substantial number of these prescription drug overdose deaths. When used alone, opioids can cause an alteration in respiratory frequency, as well as fatal and non-fatal opioid overdoses. However, when opioids and benzodiazepines are taken together, there is an increased rate of potentially fatal respiratory depression due to the synergistic effects on lowering respiratory drive and enhancing sedation. No current clinical guidelines recommend the concurrent use of benzodiazepines and opioids for any diagnosis. A CDC report revealed that inappropriate prescribing practices, including the coprescribing of benzodiazepines and opioids, and subsequent inappropriate patient use are considerably higher in the Medicaid population compared to privately insured patients.

A recent retrospective analysis of Nevada Medicaid pharmacy claims has identified patients who have at least two concurrent clopidogrel and two morphine pharmacy claims.

Enclosed, please find information related to Nevada Medicaid members who appear to be under your clinical care and have been identified by the aforementioned analysis. According to Nevada Medicaid records, these members have at least two pharmacy claims for clopidogrel and morphine concurrently from January 1, 2015 to July 31, 2015.

Nevada Medicaid values your expertise in this area of practice and asks that you please take a moment to complete the enclosed **Provider Response Form**. Your responses assist the DUR board in future policy decisions and help continue to ensure appropriate care for Nevada Medicaid members. **After reviewing this information, please fill out the enclosed response form and fax to the Clinical Pharmacy Services Call Center for Nevada Medicaid at 855-455-3303 by */**/2015. Please be assured that all information will be treated as confidential.**

Thank you in advance for your cooperation. We look forward to your response.
Sincerely,

Prior Authorization Department
OptumRx, on behalf of Nevada Medicaid

Enclosure

For more information on coverage status, please refer to the Nevada Medicaid Preferred Drug List.