



Nevada Medicaid Drug Use Review Board Meeting

APRIL 30, 2020



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

2020



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Clinical Presentation

CGRP Agents

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

Clinical criteria for drugs or drug classes listed on the appropriate agenda, will be presented at the quarterly Drug Use Review Board meetings. This form will allow Managed Care Organizations to approve or disapprove the proposed criteria and suggest changes to be supported at the quarterly meeting.

DUR Meeting Date: April 30, 2020

Prior Authorization Criteria being reviewed: UBRELVY (ubrogepant)

Managed Care Organization name: Health Plan of Nevada

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx

I disapprove of the criteria as presented by OptumRx

HPN recommends the additional requirements:

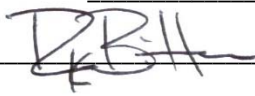
- ❖ Documentation of a one month trial resulting in therapeutic failure, contraindication or intolerance to all of the following: naratriptan, rizatriptan, and sumatriptan.
- ❖ If patient has four or more headache days per month, patient must meet one of the following:
 - Currently being treated with amitriptyline (Elavil) or venlafaxine (Effexor/Effexor XR) unless there is a contraindication or intolerance to these medications
 - Currently being treated with divalproex sodium (Depakote/Depakote ER) or topiramate (Topamax) unless there is a contraindication or intolerance to these medications
 - Currently being treated with a beta blocker (i.e., atenolol, propranolol, nadolol, timolol, or metoprolol) unless there is a contraindication or intolerance to these medications

I recommend the following changes to the criteria as presented. Please be brief and identify the section of the proposed criteria. If you feel you need more space for proposed changes, you may attach a word document, with only the suggested changes to criteria being presented

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

If this form is not completed and returned to the policy specialist with DHCFP by the designated deadline, the assumption will be made that you approve all prior authorization criteria as presented.

Please print the name of the individual completing this form: Ryan Bitton

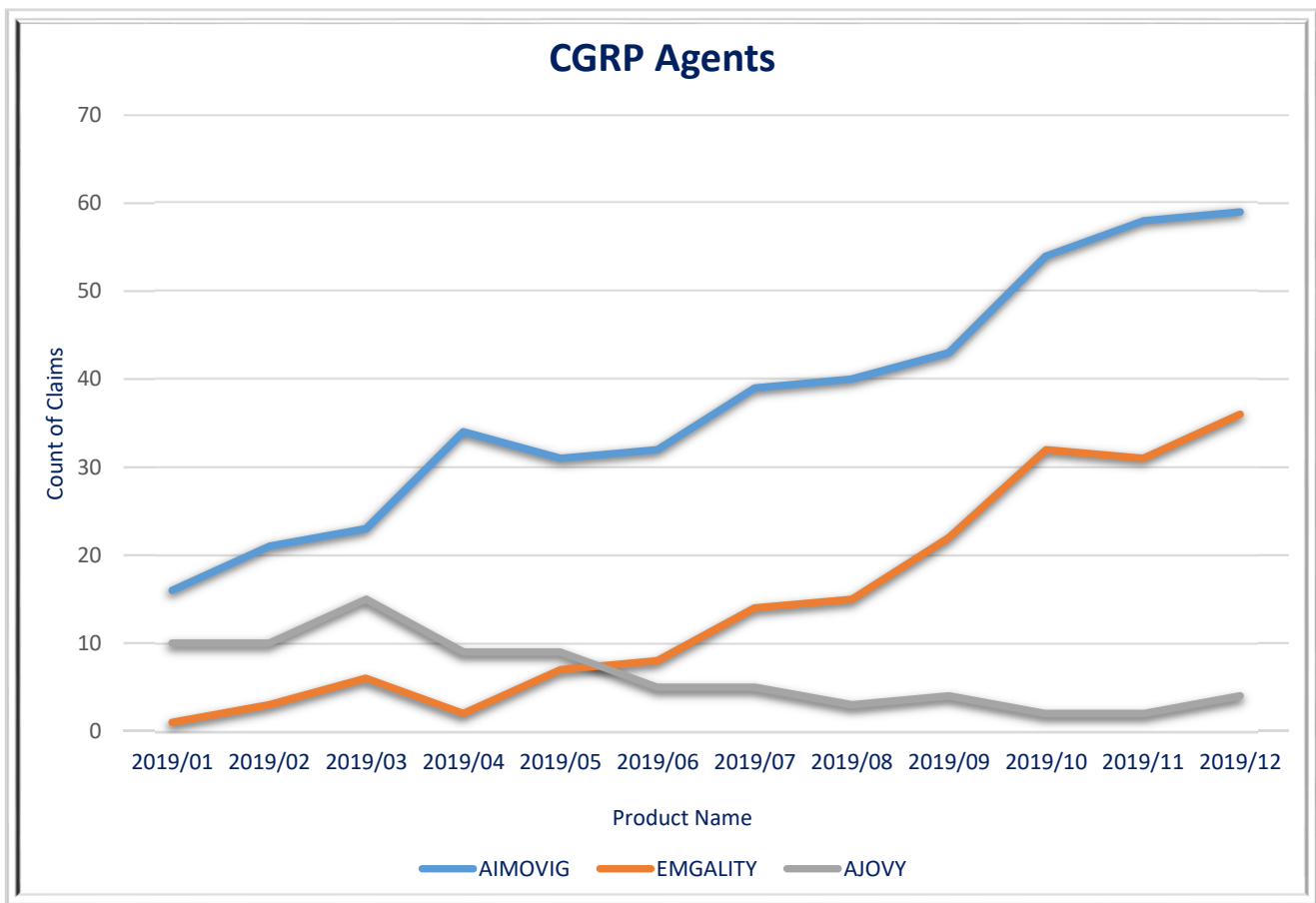
Signature of individual completing this form: 



CGRP Agents

Summary of Utilization
Jan 1, 2019 - Dec 31, 2019
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
AIMOVIG	256	450	13,153	511	NA
EMGALITY	101	177	5,246	196	NA
AJOVY	42	78	2,340	117	NA
Total	399	705	20,739	824	NA





Clinical Presentation

Cystic Fibrosis Agents

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

Clinical criteria for drugs or drug classes listed on the appropriate agenda, will be presented at the quarterly Drug Use Review Board meetings. This form will allow Managed Care Organizations to approve or disapprove the proposed criteria and suggest changes to be supported at the quarterly meeting.

DUR Meeting Date: April 30, 2020

Prior Authorization Criteria being reviewed: TRIKAFTA (elexacaftor, tezacaftor & ivacaftor)

Managed Care Organization name: Health Plan of Nevada

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx


I disapprove of the criteria as presented by OptumRx

I recommend the following changes to the criteria as presented. Please be brief and identify the section of the proposed criteria. If you feel you need more space for proposed changes, you may attach a word document, with only the suggested changes to criteria being presented

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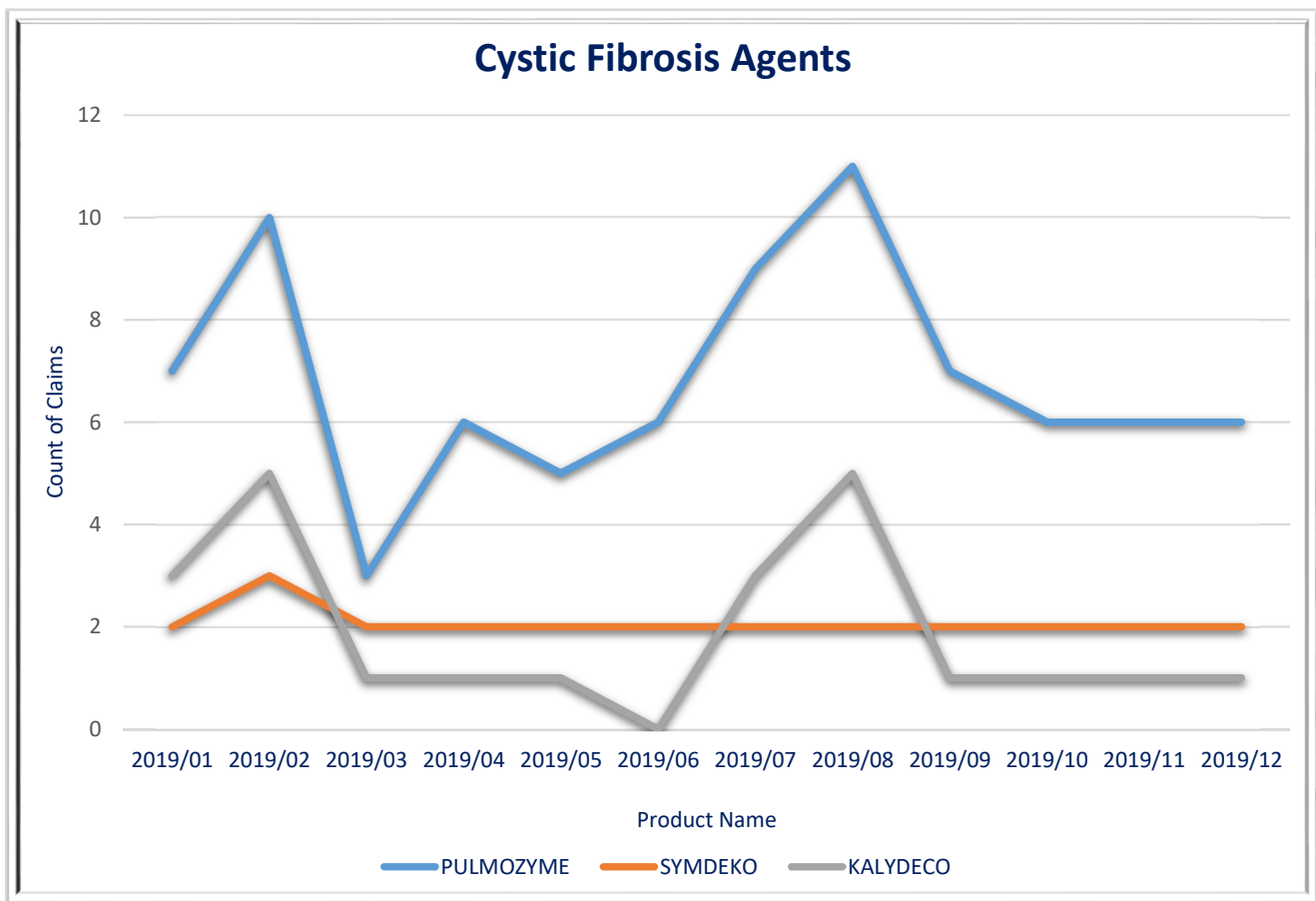
Signature of individual completing this form: 



Cystic Fibrosis Agents

Summary of Utilization
Jan 1, 2019 - Dec 31, 2019
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
PULMOZYME	30	82	2,460	7,125	NA
SYMDEKO	9	25	700	1,400	NA
KALYDECO	7	23	644	1,288	NA
Total	46	130	3,804	9,813	NA





Clinical Presentation

Narcolepsy Agents

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

Clinical criteria for drugs or drug classes listed on the appropriate agenda, will be presented at the quarterly Drug Use Review Board meetings. This form will allow Managed Care Organizations to approve or disapprove the proposed criteria and suggest changes to be supported at the quarterly meeting.

DUR Meeting Date: April 30, 2020

Prior Authorization Criteria being reviewed: WAKIX (pitolisant)

Managed Care Organization name: Health Plan of Nevada

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx

I disapprove of the criteria as presented by OptumRx

HPN recommends the following additional enhancements to the Wakix criteria:

- ❖ Diagnosis of narcolepsy as confirmed by sleep study (unless the prescriber provides justification confirming that a sleep study would not be feasible)
- ❖ Symptoms of excessive daytime sleepiness (including but not limited to daily periods of irrepensible need to sleep or daytime lapses into sleep) are present.
- ❖ History of failure, contraindication, or intolerance to all of the following:
 - (a) an amphetamine-based stimulant (e.g., amphetamine, dextroamphetamine) OR a methylphenidate-based stimulant
 - (b) armodafinil (Nuvigil)
 - (c) Sunosi (solriamfetol)

OR

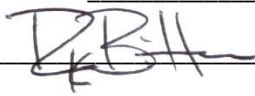
History of or potential for a substance abuse disorder

I recommend the following changes to the criteria as presented. Please be brief and identify the section of the proposed criteria. If you feel you need more space for proposed changes, you may attach a word document, with only the suggested changes to criteria being presented

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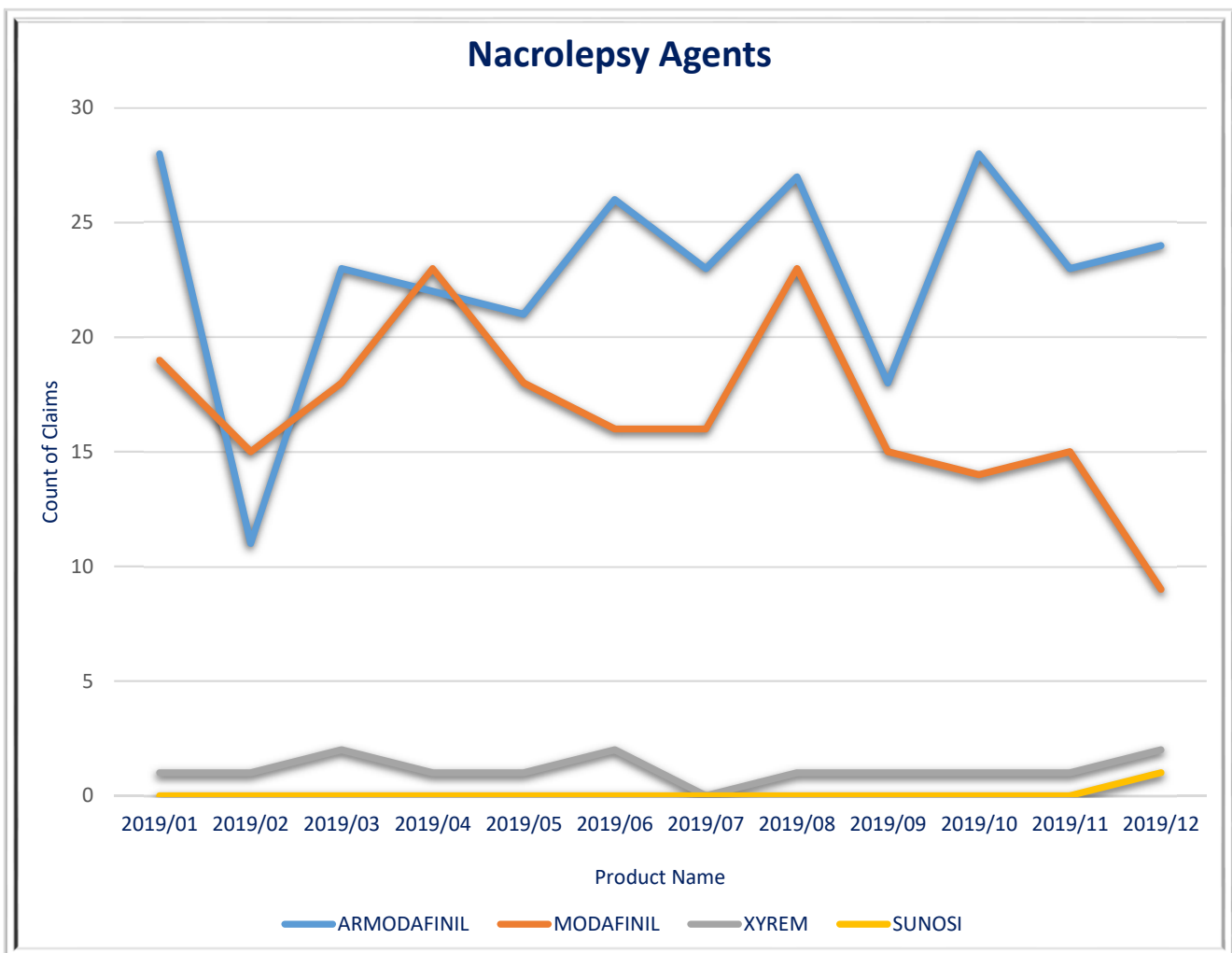
Signature of individual completing this form: 



Narcolepsy Agents

Summary of Utilization
Jan 1, 2019 - Dec 31, 2019
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
ARMODAFINIL	152	274	8,139	8,154	NA
MODAFINIL	111	201	5,844	6,389	NA
XYREM	6	14	411	7,200	NA
SUNOSI	1	1	30	30	NA
Total	270	490	14,424	21,773	NA





Clinical Presentation

Sickle Cell Anemia Agents

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

Clinical criteria for drugs or drug classes listed on the appropriate agenda, will be presented at the quarterly Drug Use Review Board meetings. This form will allow Managed Care Organizations to approve or disapprove the proposed criteria and suggest changes to be supported at the quarterly meeting.

DUR Meeting Date: April 30, 2020

Prior Authorization Criteria being reviewed: ADAKVEO (crizanlizumab) & OXBRYTA (voxelotor)

Managed Care Organization name: Health Plan of Nevada

Please place a check mark in the appropriate box:

- I approve the criteria as presented by OptumRx
- I disapprove of the criteria as presented by OptumRx

HPN recommends the following additional enhancements to the Oxbryta & Adakveo criteria:

OXBRYTA:

- ❖ Patient is not receiving concomitant chronic, prophylactic blood transfusion therapy
- ❖ Patient is not to receive Oxbryta in combination with Adakveo (crizanlizumab-tmca)

ADAKVEO:

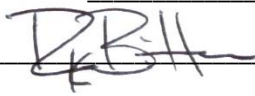
- ❖ Patient is not receiving concomitant chronic, prophylactic blood transfusion therapy
- ❖ Patient is not receiving concomitant Oxbryta (voxelotor) therapy
- ❖ Adakveo is prescribed by, or in consultation with, a hematologist, or other specialist with expertise in the diagnosis and management of sickle cell diseases

I recommend the following changes to the criteria as presented. Please be brief and identify the section of the proposed criteria. If you feel you need more space for proposed changes, you may attach a word document, with only the suggested changes to criteria being presented

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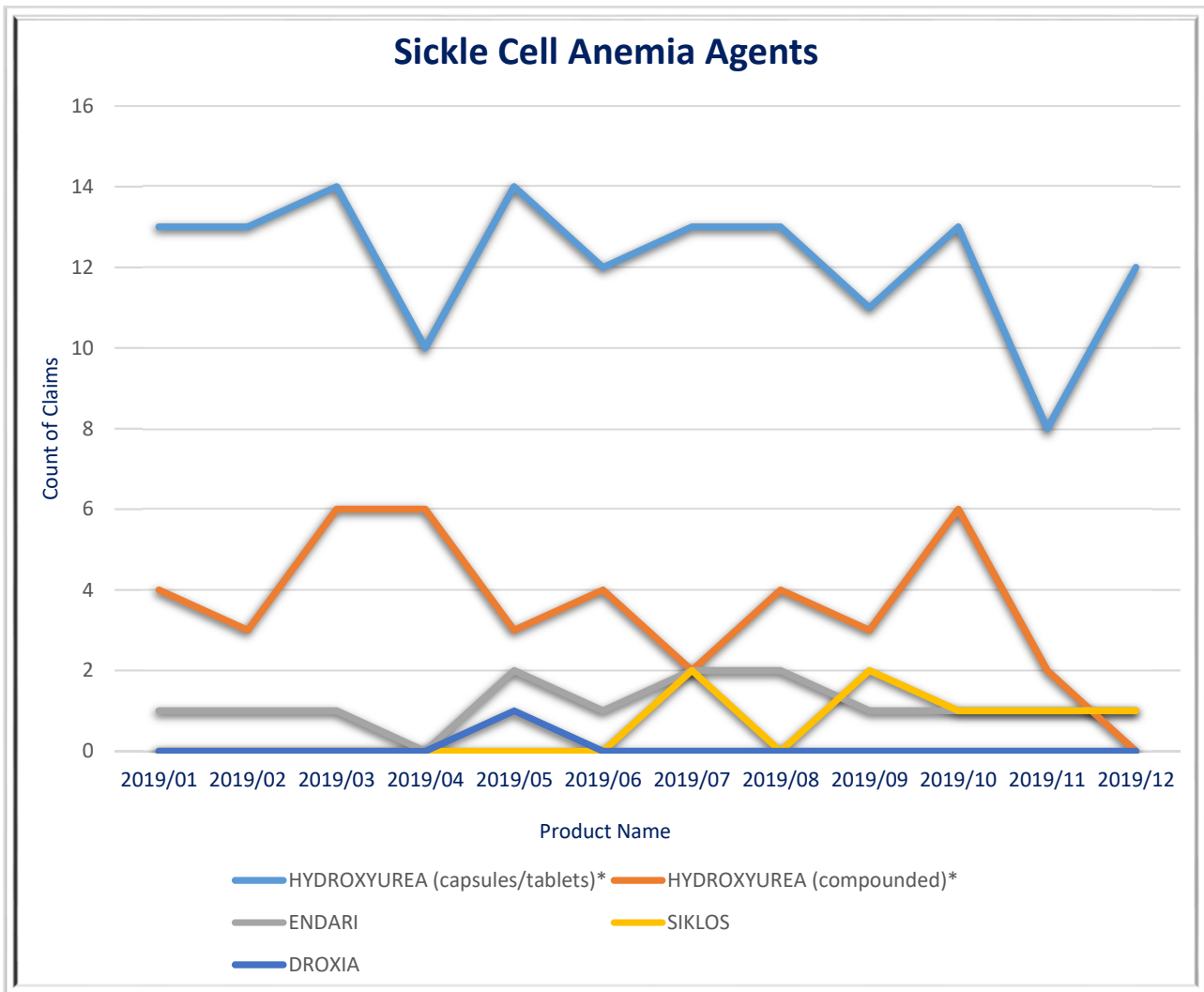
Please print the name of the individual completing this form: Ryan Bitton

Signature of individual completing this form: 



Sickle Cell Anemia Agents
Summary of Utilization
Jan 1, 2019 - Dec 31, 2019
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
HYDROXYUREA (capsules/tablets)*	-	146	4,327	8,373	NA
HYDROXYUREA (compounded)*	-	43	1,107	4,840	NA
ENDARI	4	11	330	780	NA
SIKLOS	5	7	210	513	NA
DROXIA	2	4	120	240	NA
Total	11	211	6,094	14,746	NA



*these hydroxyurea claims are not in GPI 8280303000



Clinical Presentation

Proton Pump Inhibitors

DRUG USE REVIEW BOARD

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DUR Meeting Date: April 30, 2020

Prior Authorization Criteria being reviewed: PROTON PUMP INHIBITORS

Managed Care Organization name: Health Plan of Nevada

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx


I disapprove of the criteria as presented by OptumRx

I recommend the following changes to the criteria as presented. Please be brief and identify the section of the proposed criteria. If you feel you need more space for proposed changes, you may attach a word document, with only the suggested changes to criteria being presented

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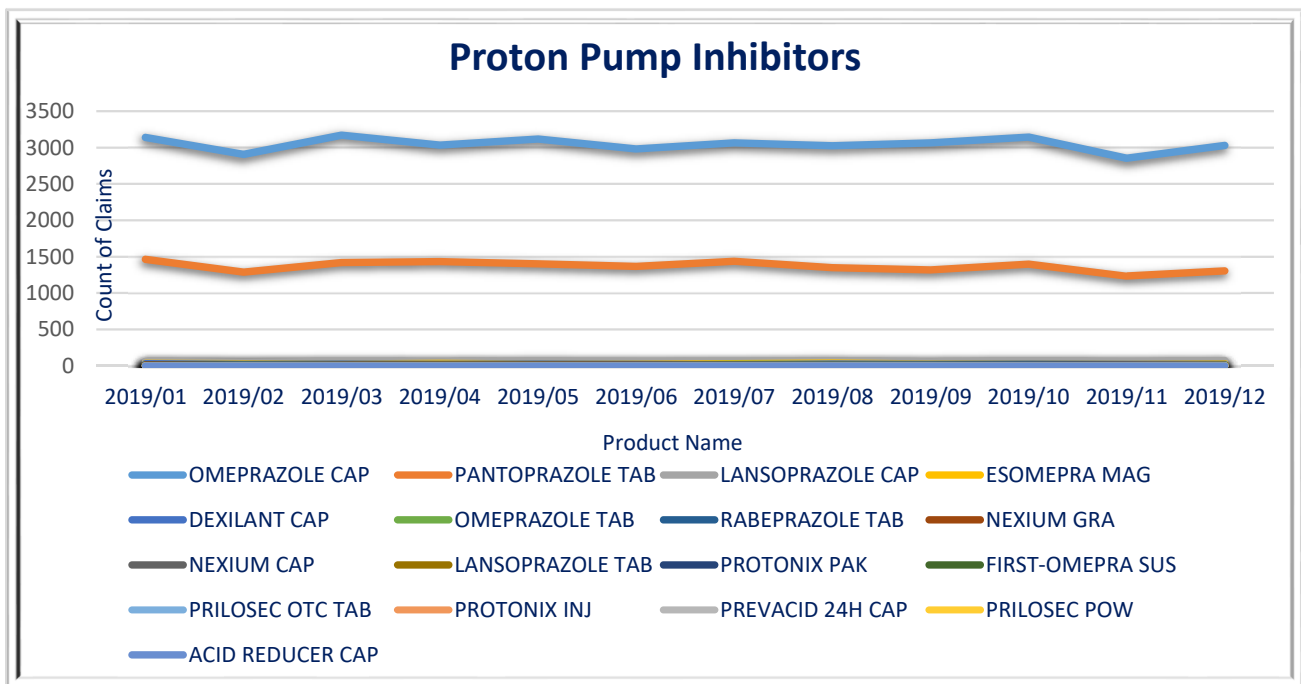
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Proton Pump Inhibitors

Summary of Utilization
Jan 1, 2019 - Dec 31, 2019
Health Plan of Nevada

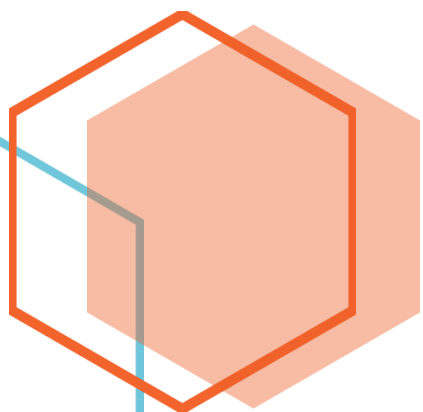
Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
OMEPRAZOLE CAP	18,987	36,527	1,078,893	1,183,284	NA
PANTOPRAZOLE TAB	8,350	16,416	485,223	542,192	NA
LANSOPRAZOLE CAP	422	725	21,218	23,709	NA
ESOMEPRA MAG	168	346	10,433	11,227	NA
DEXILANT CAP	117	277	8,249	8,570	NA
OMEPRAZOLE TAB	94	148	4,040	4,441	NA
RABEPRAZOLE TAB	46	113	3,330	4,440	NA
NEXIUM GRA	49	89	2,663	2,663	NA
NEXIUM CAP	5	14	395	392	NA
LANSOPRAZOLE TAB	7	12	360	315	NA
PROTONIX PAK	5	11	300	420	NA
FIRST-OMEPRA SUS	5	10	277	1,830	NA
PRILOSEC OTC TAB	4	8	205	268	NA
PROTONIX INJ	3	7	19	3,030	NA
PREVACID 24H CAP	1	2	56	56	NA
PRILOSEC POW	1	1	30	60	NA
ACID REDUCER CAP	1	1	30	30	NA
Grand Total	28,265	54,707	1,615,721	1,786,927	NA





Clinical Presentation

Smoking Cessation Agents



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DUR Meeting Date: April 30, 2020

Prior Authorization Criteria being reviewed: SMOKING CESSATION AGENTS

Managed Care Organization name: Health Plan of Nevada

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx


I disapprove of the criteria as presented by OptumRx

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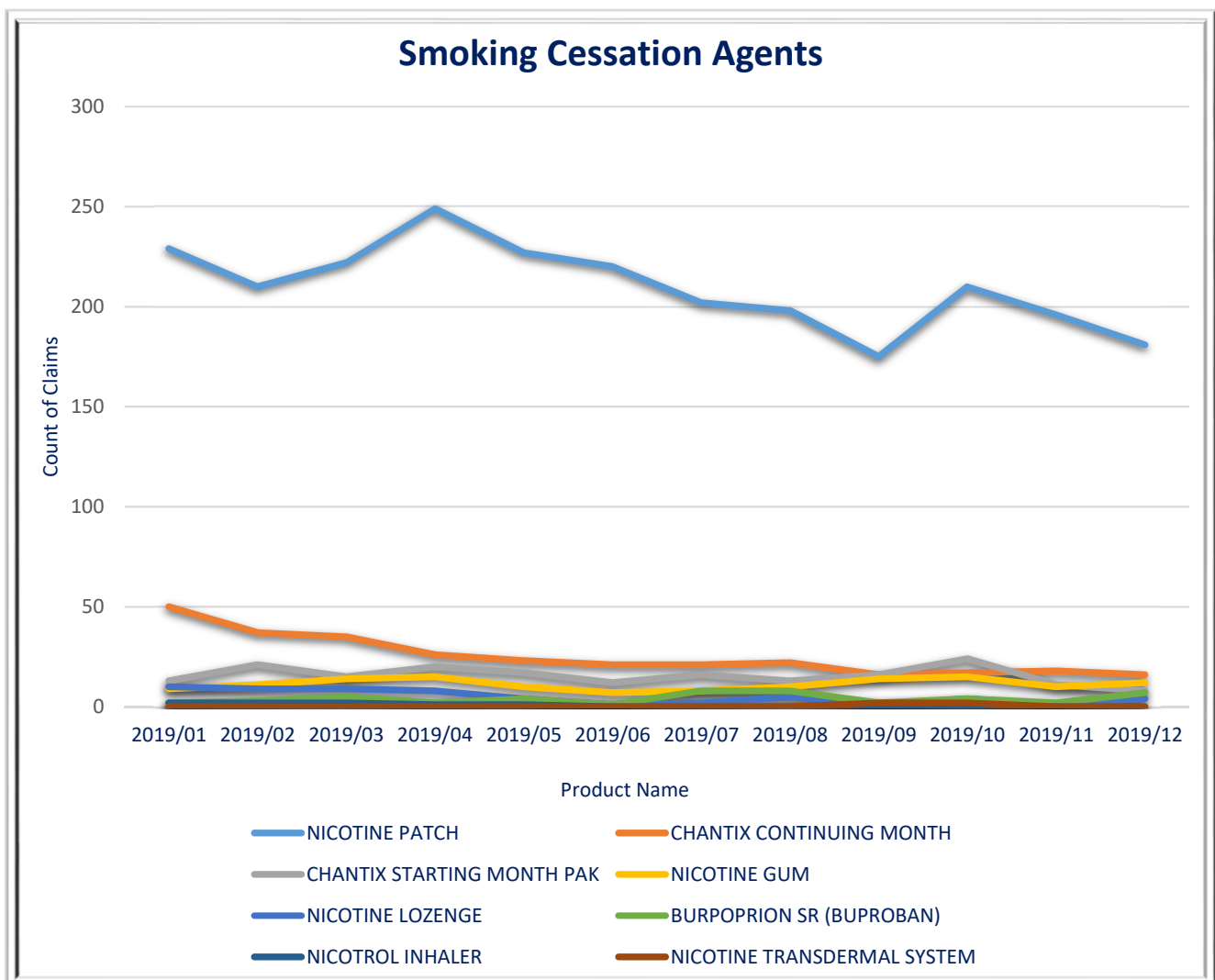
Signature of individual completing this form: 



Smoking Cessation Agents

Summary of Utilization
Jan 1, 2019 - Dec 31, 2019
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
NICOTINE PATCH	1,946	2,519	61,912	61,765	NA
CHANTIX CONTINUING MONTH	208	302	8,481	16,560	NA
CHANTIX STARTING MONTH PAK	182	186	5,205	9,858	NA
NICOTINE GUM	111	135	2,804	20,702	NA
NICOTINE LOZENGE	39	58	1,085	6,729	NA
BURPOPRION SR (BUPROBAN)	38	48	1,293	2,342	NA
NICOTROL INHALER	5	8	220	1,344	NA
NICOTINE TRANSDERMAL SYSTEM	4	4	118	224	NA
Grand Total	2,533	3,260	81,118	119,524	NA





Clinical Presentation

Ketorolac

DRUG USE REVIEW BOARD

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DUR Meeting Date: April 30, 2020

Prior Authorization Criteria being reviewed: TORADOL (ketorolac tromethamine)

Managed Care Organization name: Health Plan of Nevada

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx


I disapprove of the criteria as presented by OptumRx

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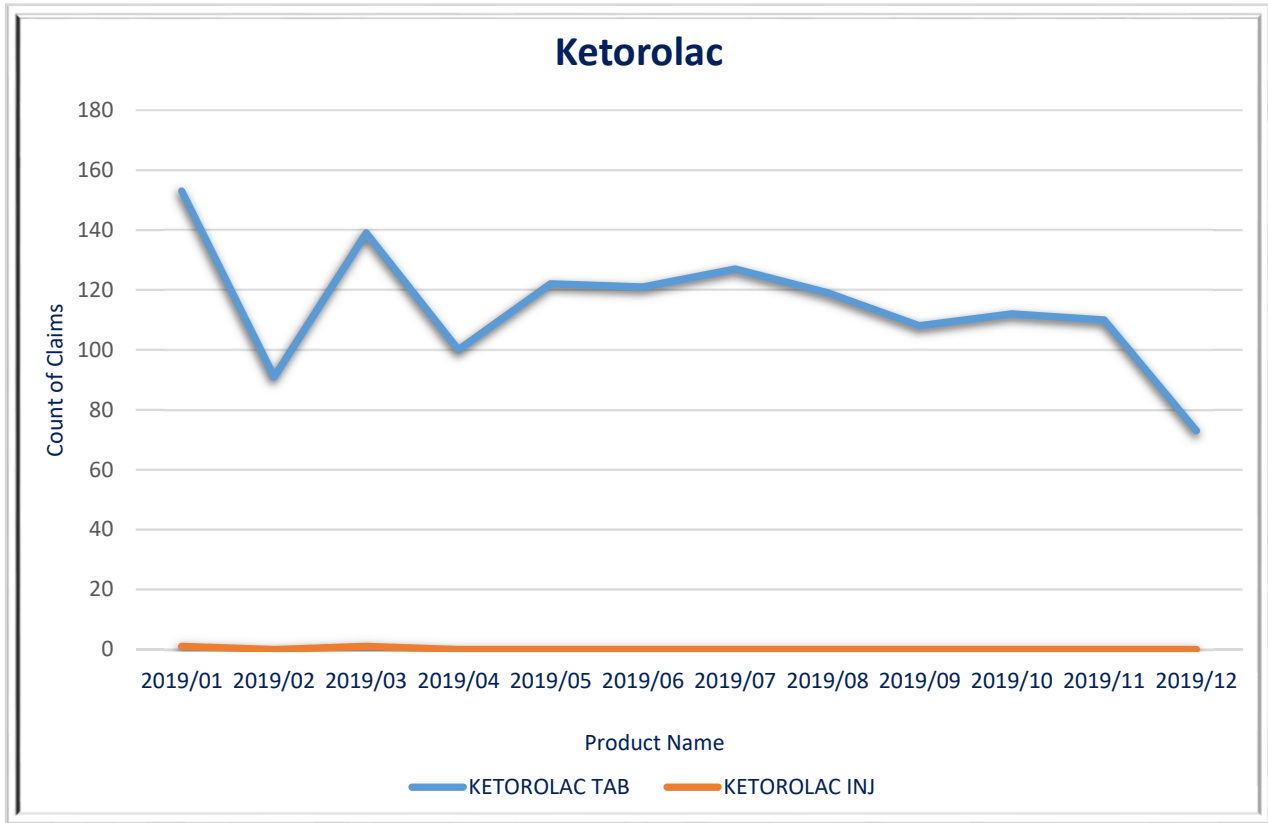
Signature of individual completing this form: 



Ketorolac

Summary of Utilization
Jan 1, 2019 - Dec 31, 2019
Health Plan of Nevada

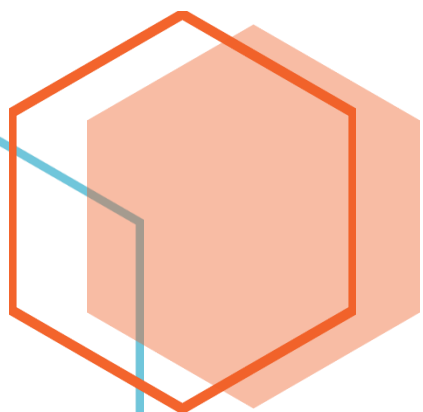
Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
KETOROLAC TAB	1,303	1,375	8,332	23,594	NA
KETOROLAC INJ	1	2	37	16	NA
Total	1,304	1,377	8,369	23,610	NA





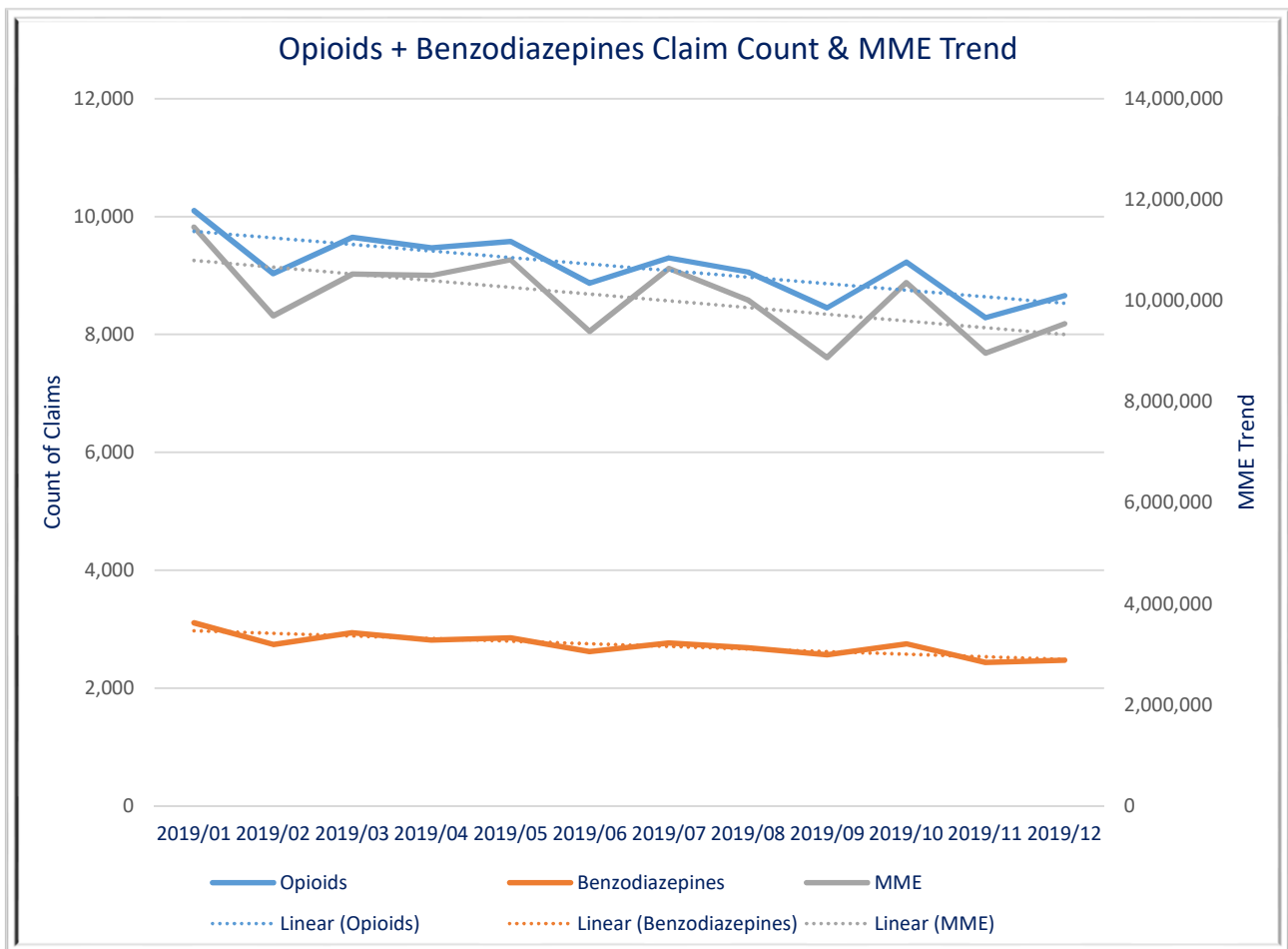
DUR Board Requested Reports

**Top Opioid & Benzodiazepine
Prescribers & Members**



Opioid Utilization Overall Summary Jan 1, 2019 - Dec 31, 2019 Health Plan of Nevada

Year/Month Filled	Member Count	Claim Count	Claims Per Member	Sum of Days Supply	Sum of Quantity	Qty Per Member	Benzodiazepines Claim Count	Total MME
2019/01	9,697	10,100	1.04	220,629	728,149	75.09	3,108	11,456,612
2019/02	8,828	9,032	1.02	197,880	650,047	73.63	2,740	9,699,689
2019/03	9,322	9,644	1.03	211,257	691,937	74.23	2,942	10,526,081
2019/04	9,069	9,464	1.04	205,651	675,541	74.49	2,814	10,498,259
2019/05	9,111	9,575	1.05	208,088	678,174	74.43	2,854	10,811,413
2019/06	8,633	8,870	1.03	192,567	628,808	72.84	2,619	9,394,240
2019/07	8,812	9,296	1.05	203,889	664,443	75.40	2,766	10,638,578
2019/08	8,681	9,061	1.04	196,781	646,537	74.48	2,686	10,011,792
2019/09	8,226	8,453	1.03	184,869	602,408	73.23	2,565	8,875,941
2019/10	8,753	9,225	1.05	201,944	655,066	74.84	2,753	10,358,697
2019/11	8,044	8,283	1.03	184,331	600,376	74.64	2,434	8,964,554
2019/12	8,322	8,657	1.04	192,356	623,064	74.87	2,475	9,546,659



Top 10 Opioid Prescribers by Count of Claims

July 1, 2019 - Dec 31, 2019
Health Plan of Nevada

Top 10 Opioid Prescribers by Claim Count							Q4 2019 - Current						
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amt	Benzo Count of Claims	Benzo Member Count	Benzo + Opioid Member Count	Top Benzo Prescriber Indicator (Y/N)	Total MME per Script
OP1	ANESTHESIOLOGY	LAS VEGAS	NEVADA	564	979	27,770	90,838	NA	5	5	5	N	2,365
OP2	ANESTHESIOLOGY	LAS VEGAS	NEVADA	417	788	22,574	69,969	NA	8	5	5	N	2,376
OP3	PAIN MANAGEMEN	LAS VEGAS	NEVADA	365	732	20,673	67,174	NA	0	0	0	N	3,285
OP4	ANESTHESIOLOGY	LAS VEGAS	NEVADA	417	558	14,286	44,400	NA	0	0	0	N	1,869
OP5	PAIN MANAGEMEN	LAS VEGAS	NEVADA	272	429	11,730	39,152	NA	0	0	0	N	2,420
OP6	PAIN MANAGEMEN	LAS VEGAS	NEVADA	182	360	10,688	35,291	NA	0	0	0	N	2,819
OP7	ANESTHESIOLOGY	RENO	NEVADA	147	355	10,234	39,013	NA	8	3	3	N	5,176
OP8	PAIN MANAGEMEN	LAS VEGAS	NEVADA	170	313	9,261	29,963	NA	0	0	0	N	2,424
OP9	PHYSICAL MEDICINI	LAS VEGAS	NEVADA	148	303	8,795	26,063	NA	9	4	4	N	2,601
OP10	PAIN MANAGEMEN	LAS VEGAS	NEVADA	187	302	8,975	27,794	NA	0	0	0	N	1,914

Top 10 Opioid Prescribers by Claim Count							Q3 2019 - Previous						
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amt	Benzo Count of Claims	Benzo Member Count	Benzo + Opioid Member Count	Top Benzo Prescriber Indicator (Y/N)	Total MME per Script
OP2	ANESTHESIOLOGY	LAS VEGAS	NEVADA	443	807	23,110	71,631	NA	10	6	6	N	2,532
OP3	PAIN MANAGEMEN	LAS VEGAS	NEVADA	370	734	20,758	66,437	NA	0	0	0	N	3,653
OP1	ANESTHESIOLOGY	LAS VEGAS	NEVADA	419	616	17,587	56,126	NA	8	7	4	N	2,014
OP11	ANESTHESIOLOGY	LAS VEGAS	NEVADA	296	545	16,051	52,425	NA	1	1	0	N	2,497
OP5	PAIN MANAGEMEN	LAS VEGAS	NEVADA	319	527	13,640	43,866	NA	0	0	0	N	2,395
OP4	ANESTHESIOLOGY	LAS VEGAS	NEVADA	374	477	11,401	35,690	NA	0	0	0	N	1,424
OP6	PAIN MANAGEMEN	LAS VEGAS	NEVADA	196	392	11,575	38,428	NA	0	0	0	N	2,758
OP7	ANESTHESIOLOGY	RENO	NEVADA	180	387	11,020	41,651	NA	4	2	2	N	4,853
OP10	PAIN MANAGEMEN	LAS VEGAS	NEVADA	218	344	10,210	31,920	NA	0	0	0	N	1,825
OP12	PAIN MANAGEMEN	HENDERSON	NEVADA	167	334	9,756	29,973	NA	1	1	0	N	2,540

Top 25 Opioids Utilization By Member

Top 25 Members by Claim Count

Jan 1, 2019 - Dec 31, 2019

Health Plan of Nevada

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Encrypted Member ID	Encrypted Prescriber ID	Opioid Claim Count	Days Supply	Sum of Quantity	Sum of Paid Amt	Benzo Prescriber ID	Benzo Type	Benzo Claim Count	Total MME Member per Script
OM1	NA	62	1,108	2,005	NA				
	NA	1	10	3	NA				
TOTAL		63	1,118	2,008	NA			0	1,226
OM2	OP5	30	391	782	NA				
	OP3	10	180	420	NA				
	OP4	8	180	390	NA				
TOTAL		48	751	1,592	NA			0	2,432
OM3	OP5	20	298	968	NA				
	OP4	16	284	949	NA				
	OP3	8	120	390	NA				
TOTAL		44	702	2,307	NA			0	912
OM4	NA	36	650	6,252	NA				
	NA	3	72	516	NA				
	NA	3	21	174	NA				
TOTAL		42	743	6,942	NA			0	8,962
OM5	NA	30	617	3,966	NA	NA	ALPRAZOLAM TAB 0.5MG	1	
	NA	6	180	630	NA	NA	DIAZEPAM TAB 5MG	3	
	NA	2	60	150	NA				
	NA	1	7	42	NA				
	NA	1	30	90	NA				
TOTAL		40	894	4,878	NA			4	14,660
OM6	NA	21	618	1,050	NA	NA	ALPRAZOLAM TAB 2MG	11	
	NA	7	209	315	NA				
	NA	6	180	300	NA				
	NA	5	150	285	NA				
TOTAL		39	1,157	1,950	NA			11	5,298
OM7	OP4	19	338	976	NA				
	OP5	10	250	740	NA				
	OP3	4	120	360	NA				
	NA	3	17	69	NA				
	NA	2	60	180	NA				
TOTAL		38	785	2,325	NA			0	1,969
OM8	OP7	37	1,110	3,990	NA	NA	ALPRAZOLAM TAB 1MG	13	
TOTAL		37	1,110	3,990	NA			13	4,112
OM9	NA	36	1,080	6,150	NA	NA	ALPRAZOLAM TAB 1MG	12	
TOTAL		36	1,080	6,150	NA			12	19,300
OM10	NA	36	1,080	4,260	NA	NA	ALPRAZOLAM TAB 2MG	12	
TOTAL		36	1,080	4,260	NA			12	13,450
OM11	NA	36	1,080	2,880	NA				
TOTAL		36	1,080	2,880	NA			0	2,730
OM12	NA	29	203	609	NA	NA	ALPRAZOLAM TAB 0.5MG	1	
	NA	5	35	105	NA				
	NA	1	7	21	NA				
TOTAL		35	245	735	NA			1	
OM13	OP3	14	325	900	NA				
	OP4	13	355	870	NA				
	NA	4	120	240	NA				
	NA	4	120	240	NA				
TOTAL		35	920	2,250	NA			0	1,830

Top 25 Opioids Utilization By Member

Top 25 Members by Claim Count

Jan 1, 2019 - Dec 31, 2019

Health Plan of Nevada

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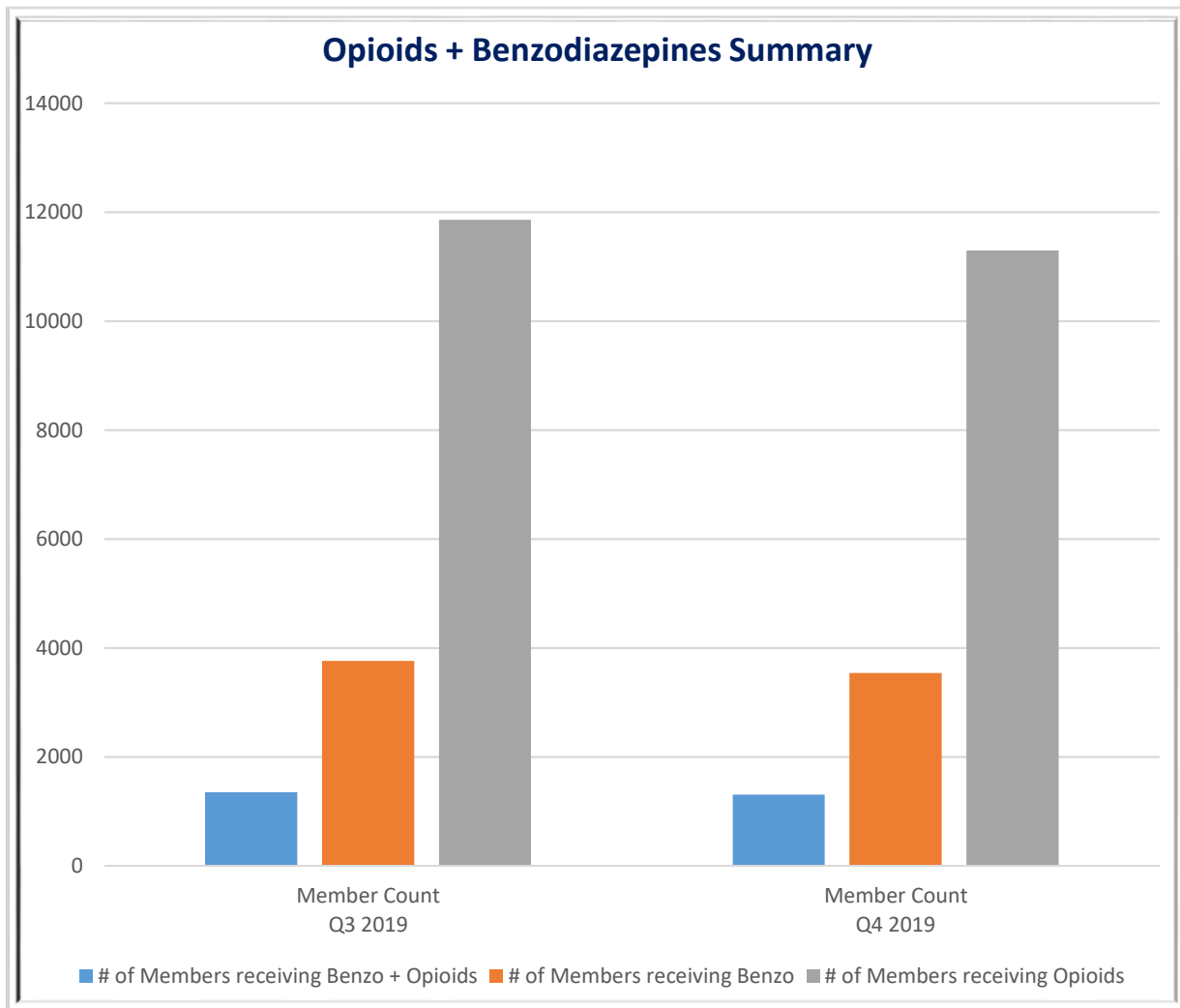
Encrypted Member ID	Encrypted Prescriber ID	Opioid Claim Count	Days Supply	Sum of Quantity	Sum of Paid Amt	Benzo Prescriber ID	Benzo Type	Benzo Claim Count	Total MME Member per Script
OM14	NA	21	591	929	NA	BP10	ALPRAZOLAM TAB 1MG	10	
	NA	6	176	228	NA	NA	ALPRAZOLAM TAB 1MG	1	
	NA	3	88	114	NA	NA	ALPRAZOLAM TAB 1MG	1	
	NA	2	58	99	NA				
	NA	1	30	90	NA				
	NA	1	30	90	NA				
	NA	1	30	15	NA				
TOTAL		35	1,003	1,565	NA			12	10,935
OM15	OP7	35	1,010	2,010	NA				
TOTAL		35	1,010	2,010	NA			0	1,810
OM16	OP7	34	990	980	NA	NA	LORAZEPAM TAB 1MG	8	
						OP7	ALPRAZOLAM TAB 0.5MG	1	
TOTAL		34	990	980	NA			9	6,388
OM17	OP7	34	970	2,314	NA				
TOTAL		34	970	2,314	NA			0	12,286
OM18	NA	33	231	693	NA				
TOTAL		33	231	693	NA			0	3,694
OM19	NA	29	870	2,910	NA	NA	ALPRAZOLAM TAB 1MG	1	
	NA	3	90	300	NA				
TOTAL		32	960	3,210	NA			1	6,202
OM20	OP3	14	118	236	NA				
	OP4	11	93	186	NA				
	NA	5	79	158	NA				
	NA	2	45	85	NA				
TOTAL		32	335	665	NA			0	0
OM21	OP7	32	932	2,567	NA				
TOTAL		32	932	2,567	NA			0	5,627
OM22	NA	30	348	705	NA				
TOTAL		30	348	705	NA			0	0
OM23	NA	20	487	2,613	NA	NA	LORAZEPAM TAB 0.5MG	8	
	NA	4	120	180	NA				
	NA	3	90	170	NA				
	NA	2	60	100	NA				
	NA	1	10	60	NA				
TOTAL		30	767	3,123	NA			8	11,296
OM24	NA	24	660	2,280	NA	NA	ALPRAZOLAM TAB 0.25MG	6	
	NA	3	90	360	NA	NA	LORAZEPAM TAB 1MG	3	
	NA	3	10	60	NA	NA	ALPRAZOLAM TAB 0.5MG	2	
TOTAL		30	760	2,700	NA			11	1,163
OM25	NA	29	870	3,560	NA	NA	ALPRAZOLAM TAB 2MG	12	
	NA	1	7	30	NA	NA	ALPRAZOLAM TAB 2MG	1	
TOTAL		30	877	3,590	NA			13	4,405
GRAND TOTAL		881	19,838	64,378	NA			107	5,671



Opioids + Benzodiazepines Summary

Summary of Utilization
Jan 1, 2019 - Dec 31, 2019
Health Plan of Nevada

Product Name	Member Count Q3 2019	Member Count Q4 2019	Total Members
# of Members receiving Benzo + Opioids	1,357	1,307	2,664
# of Members receiving Benzo	3,766	3,544	7,310
# of Members receiving Opioids	11,859	11,299	23,158





**DUR Board Requested
Reports**

Methadone



Methadone

Summary of Place of Service

Jan 1, 2019 - Dec 31, 2019

Health Plan of Nevada

Page 1 of 1

Place of Service - Medical	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty
NA	NA	NA	NA	NA
HPN Medicaid is contracted with multiple Methadone clinics. We do not get claim level detail to review for these providers.				

Place of Service - Pharmacy	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty
RETAIL - CHAIN	924	960	27,892	90,773
METHADONE TAB 10MG	826	858	24,994	83,818
METHADONE TAB 5MG	95	99	2,856	6,933
METHADONE SOL 5MG/5ML	3	3	42	22
RETAIL - INDEPENDENT	138	147	4,090	16,149
METHADONE TAB 10MG	129	136	3,939	15,660
METHADONE SOL 5MG/5ML	6	7	51	249
METHADONE TAB 5MG	3	4	100	240
Grand Total	1,062	1,107	31,982	106,922

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty
METHADONE TAB 10MG	955	994	28,933	99,478
METHADONE TAB 5MG	98	103	2,956	7,173
METHADONE SOL 5MG/5ML	9	10	93	271
Grand Total	1,062	1,107	31,982	106,922



**DUR Board Requested
Reports**

Antibiotic Agents



Antibiotic Agents

Summary of Utilization
Jan 1, 2019 - Dec 31, 2019
Health Plan of Nevada

Page 1 of 3

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
AMOXICILLIN	49,254	51,361	6,132	4,981,121	NA
AZITHROMYCIN	24,398	25,792	2,184	253,349	NA
AMOX/K CLAV	19,095	19,610	3,833	1,069,186	NA
CEPHALEXIN	14,354	14,815	2,791	946,128	NA
METRONIDAZOL	11,637	12,475	1,175	204,154	NA
CEFDINIR	9,189	9,468	2,560	544,639	NA
SMZ/TMP	8,149	8,700	2,155	225,435	NA
DOXYCYC	7,018	8,238	3,227	257,290	NA
CLINDAMYCIN	7,168	7,475	2,120	415,176	NA
CIPROFLOXACN	5,169	5,357	1,643	81,884	NA
PENICILLN	3,004	3,275	1,738	217,131	NA
LEVOFLOXACIN	1,957	2,027	1,244	16,657	NA
MINOCYCLINE	1,259	1,874	1,563	84,373	NA
CLARITHROMYC	1,080	1,111	1,124	35,564	NA
SULFATRIM	528	591	562	84,108	NA
CEFUROXIME	438	457	647	8,024	NA
XIFAXAN	156	271	344	15,444	NA
AMPICILLIN	151	158	275	4,368	NA
ERYTHROMYCIN	129	154	748	6,182	NA
LINEZOLID	128	133	449	5,663	NA
ERYTHROM	50	119	297	15,690	NA
DICLOXACILL	113	116	319	4,210	NA
DAPSONE	48	105	322	3,178	NA
CEFPROZIL	71	74	175	6,525	NA
NEOMYCIN	49	52	104	554	NA
TETRACYCLINE	44	51	381	2,001	NA
TINIDAZOLE	48	50	117	557	NA
TRIMETHOPRIM	31	49	162	1,330	NA
VANCOMYCIN	46	48	306	4,677	NA
FIRVANQ	42	48	251	11,550	NA
CEFIXIME	43	43	114	536	NA
CEFADROXIL	42	43	157	674	NA
CEFPODOXIME	38	38	139	533	NA
MOXIFLOXACIN	27	27	112	197	NA
SUPRAX	23	23	66	108	NA
ERYTHROCIN	13	16	163	729	NA
BAXDELA	14	15	139	432	NA
CIPRO	14	14	107	1,800	NA



Antibiotic Agents

Summary of Utilization
Jan 1, 2019 - Dec 31, 2019
Health Plan of Nevada

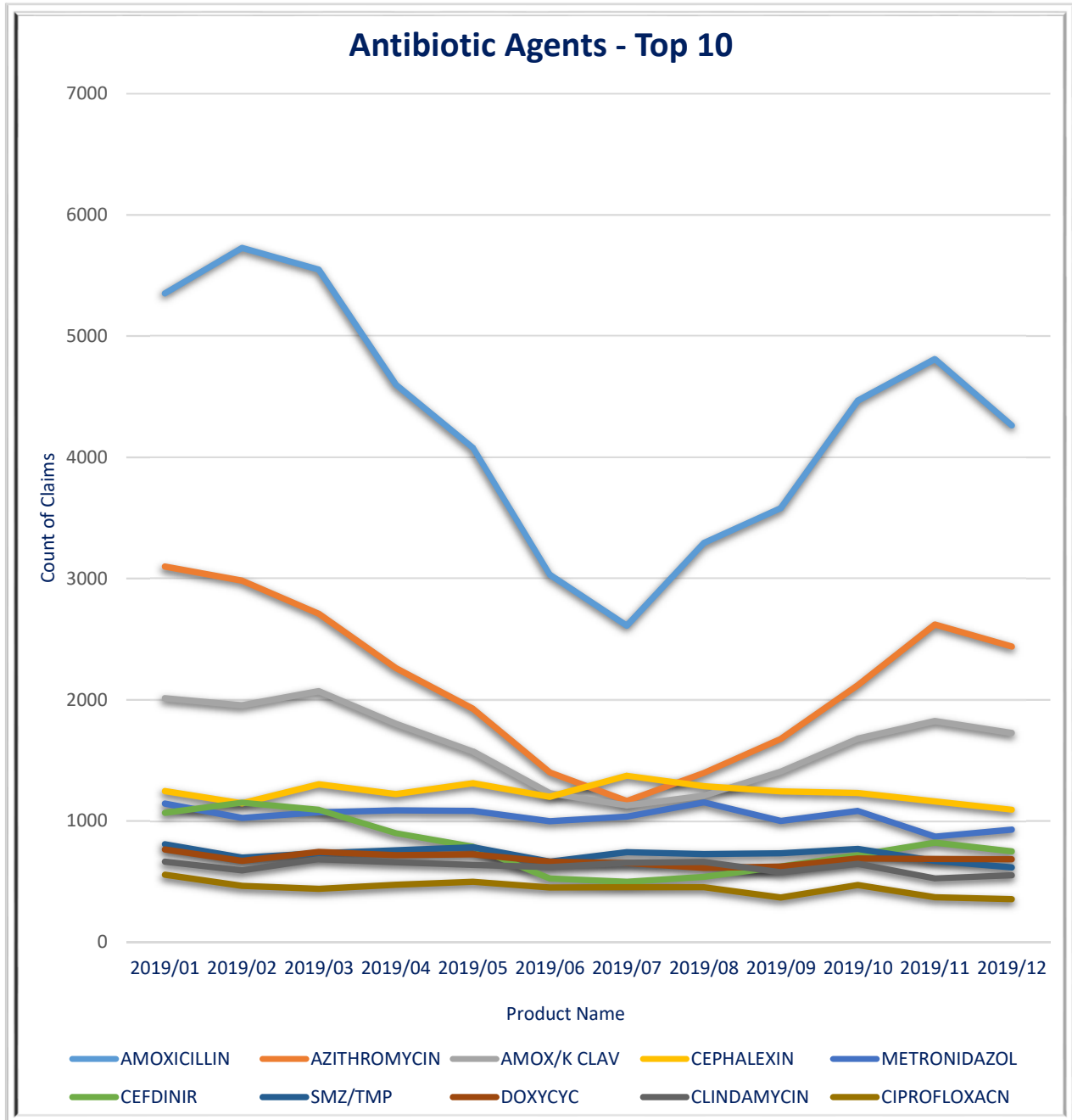
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Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
MEROPENEM	4	14	11	4,344	NA
CEFTRIAXONE	13	13	39	13	NA
AMOX-POT	11	11	53	278	NA
CAYSTON	10	11	112	924	NA
ATOVAQUONE	6	10	125	2,000	NA
DIFICID	7	9	35	170	NA
BETHKIS	7	9	151	2,016	NA
COLISTIMETH	7	8	144	456	NA
ERY-TAB	7	8	101	496	NA
ALINIA	4	6	47	782	NA
CEFACLOR	4	4	32	91	NA
ERYPED	4	4	59	700	NA
TOBRAMYCIN	4	4	29	703	NA
CEFEPIME	4	4	9	1,101	NA
AUGMENTIN	4	4	41	350	NA
PAROMOMYCIN	3	4	51	257	NA
GENTAMICIN	4	4	34	4,040	NA
BICILLIN L-A	3	3	30	20	NA
OFLOXACIN	3	3	23	45	NA
AMIKACIN	1	2	1	617	NA
ARIKAYCE	2	2	56	470	NA
DEMECLOCYCL	2	2	30	150	NA
E.E.S.	1	1	10	30	NA
ZOSYN	1	1	1	100	NA
XIMINO	1	1	5	5	NA
AZACTAM	1	1	4	600	NA
CLEOCIN	1	1	5	20	NA
SIVEXTRO	1	1	6	6	NA
Grand Total	165,137	174,418	41,189	9,531,941	NA



Antibiotic Agents

Summary of Utilization
Jan 1, 2019 - Dec 31, 2019
Health Plan of Nevada





Standard DUR Report

Nevada Medicaid

Quarterly DUR Report

Health Plan Name:	Health Plan of Nevada
Health Plan Contact:	Ryan Bitton, PharmD, MBA
Contact Email:	ryan.bitton@uhc.com
Report Quarter (Calendar Year):	Q4 2019
Report Period Start Date:	10/1/2019
Report Period End Date:	12/31/2019
Submission Date of Report:	4/30/2020

Opioid Utilization						
Year/Month Filled	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amount	Total MME
2019/01	9,697	10,100	220,629	728,149	NA	11,456,612
2019/02	8,828	9,032	197,880	650,047	NA	9,699,689
2019/03	9,323	9,645	211,271	691,951	NA	10,526,081
2019/04	9,069	9,464	205,651	675,541	NA	10,498,259
2019/05	9,112	9,576	208,118	678,234	NA	10,811,413
2019/06	8,634	8,871	192,597	628,868	NA	9,394,240
2019/07	8,812	9,296	203,889	664,443	NA	10,638,578
2019/08	8,681	9,061	196,781	646,537	NA	10,011,792
2019/09	8,226	8,453	184,842	602,336	NA	8,875,941
2019/10	8,753	9,225	201,944	655,066	NA	10,358,697
2019/11	8,044	8,283	184,331	600,376	NA	8,964,554
2019/12	8,322	8,657	192,356	623,064	NA	9,546,659

Top 10 Opioid Prescribers - Q4 2019 - Current Quarter									
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amount	Total MME per Script
OP1	ANESTHESIOLOGY	LAS VEGAS	NEVADA	564	979	27,770	90,838	NA	2,365
OP2	ANESTHESIOLOGY	LAS VEGAS	NEVADA	417	788	22,574	69,969	NA	2,376
OP3	PAIN MANAGEMENT	LAS VEGAS	NEVADA	365	732	20,673	67,174	NA	3,285
OP4	ANESTHESIOLOGY	LAS VEGAS	NEVADA	417	558	14,286	44,400	NA	1,869
OP5	PAIN MANAGEMENT	LAS VEGAS	NEVADA	272	429	11,730	39,152	NA	2,420
OP6	PAIN MANAGEMENT	LAS VEGAS	NEVADA	182	360	10,688	35,291	NA	2,819
OP7	ANESTHESIOLOGY	RENO	NEVADA	147	355	10,234	39,013	NA	5,176
OP8	PAIN MANAGEMENT	LAS VEGAS	NEVADA	170	313	9,261	29,963	NA	2,424
OP9	PHYSICAL MEDICINE REHAB	LAS VEGAS	NEVADA	148	303	8,795	26,063	NA	2,601
OP10	PAIN MANAGEMENT	LAS VEGAS	NEVADA	187	302	8,975	27,794	NA	1,914

Top 10 Opioid Prescribers - Q3 2019 - Previous Quarter									
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amount	Total MME per Script
OP2	ANESTHESIOLOGY	LAS VEGAS	NEVADA	443	807	23,110	71,631	NA	2,532
OP3	PAIN MANAGEMENT	LAS VEGAS	NEVADA	370	734	20,758	66,437	NA	3,653
OP1	ANESTHESIOLOGY	LAS VEGAS	NEVADA	419	616	17,587	56,126	NA	2,014
OP11	ANESTHESIOLOGY	LAS VEGAS	NEVADA	296	545	16,051	52,425	NA	2,497
OP5	PAIN MANAGEMENT	LAS VEGAS	NEVADA	319	527	13,640	43,866	NA	2,395
OP4	ANESTHESIOLOGY	LAS VEGAS	NEVADA	374	477	11,401	35,690	NA	1,424
OP6	PAIN MANAGEMENT	LAS VEGAS	NEVADA	196	392	11,575	38,428	NA	2,758
OP7	ANESTHESIOLOGY	RENO	NEVADA	180	387	11,020	41,651	NA	4,853
OP10	PAIN MANAGEMENT	LAS VEGAS	NEVADA	218	344	10,210	31,920	NA	1,825
OP12	PAIN MANAGEMENT	HENDERSON	NEVADA	167	334	9,756	29,973	NA	2,540

Nevada Medicaid

Quarterly DUR Report

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Report Quarter (Calendar Year):	Q4 2019
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Top 10 Drug Classes by Paid Amount - Q4 2019 - Current Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
ANTIRETROVIRALS	2,359	NA
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	465	NA
INSULIN	8,239	NA
SYMPATHOMIMETICS	26,384	NA
ANTINEOPLASTIC ENZYME INHIBITORS	120	NA
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	1,882	NA
ANTIPSYCHOTICS - MISC.	1,301	NA
HEPATITIS AGENTS	119	NA
ANTIPSORIATICS	185	NA
MULTIPLE SCLEROSIS AGENTS	146	NA

Top 10 Drug Classes by Paid Amount - Q3 2019 - Previous Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
ANTIRETROVIRALS	2,305	NA
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	482	NA
INSULIN	8,472	NA
ANTINEOPLASTIC ENZYME INHIBITORS	131	NA
SYMPATHOMIMETICS	22,110	NA
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	1,867	NA
HEPATITIS AGENTS	127	NA
ANTIPSYCHOTICS - MISC.	1,235	NA
ANTICONVULSANTS - MISC.	22,852	NA
ANTIPSORIATICS	162	NA

Top 10 Drug Classes by Claim Count - Q4 2019 - Current Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	33,641	NA
SYMPATHOMIMETICS	26,384	NA
ANTICONVULSANTS - MISC.	22,494	NA
HMG COA REDUCTASE INHIBITORS	20,832	NA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	17,783	NA
OPIOID COMBINATIONS	16,494	NA
CENTRAL MUSCLE RELAXANTS	14,288	NA
ACE INHIBITORS	13,964	NA
ANTIHISTAMINES - NON-SEDATING	13,894	NA
GLUCOCORTICOSTEROIDS	13,682	NA

Top 10 Drug Classes by Claim Count - Q3 2019 - Previous Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	31,660	NA
ANTICONVULSANTS - MISC.	22,852	NA
SYMPATHOMIMETICS	22,110	NA
HMG COA REDUCTASE INHIBITORS	20,995	NA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	18,204	NA
OPIOID COMBINATIONS	17,152	NA
CENTRAL MUSCLE RELAXANTS	14,664	NA
ACE INHIBITORS	14,047	NA
PROTON PUMP INHIBITORS	13,709	NA
ANTIHISTAMINES - NON-SEDATING	13,125	NA

Nevada Medicaid

Quarterly DUR Report

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Retrospective DUR

Topic	Description of Intervention	Type of Contact (Media)	Number of Contacts	Number of Responses	Response Rate	Provider Targeted (e.g., Physician, Pharmacist)	Performed by (e.g., Subcontractor, etc.)
Concurrent Therapy	This is a provider-targeted program designed to minimize the occurrence of clinically significant concurrent use of medications within targeted therapeutic classes including anticholinergics and Central Nervous System (CNS) active medications.	Fax/Mail	1 (0)	0	0.00%	Prescriber	OptumRx
Dose Per Day	This is a provider-targeted program designed to enhance provider awareness of appropriate medication dose and duration use based on approved prescribing information.	Fax/Mail	50 (7)	5	71.43%	Prescriber	OptumRx
Drug-Age Interaction	This is a provider-targeted program designed to minimize the occurrence of potentially inappropriate medications (PIMs) in the geriatric (65 years and older) and pediatric (less than 18 years) population.	Fax/Mail	529 (49)	22	44.90%	Prescriber	OptumRx
Drug-Disease Interaction	This is a provider-targeted program designed to minimize the occurrence of clinically significant, patient-specific drug-disease interactions.	Fax/Mail	901 (489)	86	17.59%	Prescriber	OptumRx
Drug-Drug Interaction	This is a provider-targeted program designed to minimize the occurrence of clinically significant, patient-specific drug-drug interactions.	Fax/Mail	4645 (2731)	933	34.16%	Prescriber	OptumRx
Duplicate Therapy	This is a provider-targeted program designed to promote awareness of Therapeutic duplication concerns.	Fax/Mail	3354 (1735)	204	11.76%	Prescriber	OptumRx
Overutilization_Days Supply	This is a provider-targeted program designed to enhance provider awareness of appropriate medication dose and duration use based on approved prescribing information.	Fax/Mail	1611 (915)	100	10.93%	Prescriber	OptumRx
Gaps in Care Asthma	To optimize the use of long-term controller medications (LTCMs) as recommended by current guidelines, promote the appropriate use of short-acting beta-agonists (SABAs), and provide asthma management education to members and their providers.	Fax/Mail	7240 (4639)	404	0.087087734	Prescriber	OptumRx

Nevada Medicaid

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Retrospective DUR

Topic	Description of Intervention	Type of Contact (Media)	Number of Contacts	Number of Responses	Response Rate	Provider Targeted (e.g, Physician, Pharmacist)	Performed by (e.g, Subcontractor, etc.)
Gaps in Care Cardiovascular	Cardiovascular Program (Atrial fibrillation): To optimize the management of atrial fibrillation (Afib) by identifying and closing the gap in medication therapy for members with Afib not on an anti-thrombin agent.						
	Cardiovascular Program (CHD_IVD No Statin): To optimize the management of Coronary Heart Disease (CHD) and Ischemic Vascular Disease (IVD) by identifying and closing the gap in medication therapy for patients not on a statin.						
	Cardiovascular Program (CHD_IVD Inappropriate Statin Dose): To optimize the management of Coronary Heart Disease (CHD) and Ischemic Vascular Disease (IVD) by identifying and closing the gap in medication therapy for patients not on an appropriate dose of statin.	Fax/Mail	732 (571)	76	13.31%	Prescriber	OptumRx
	Cardiovascular Program (CHF)_Beta Blocker: To optimize the management of Congestive Heart Failure (CHF) by identifying and closing the gap in medication therapy for members with CHF not on a beta blocker or appropriate beta blocker.						
	Cardiovascular Program (CHF)_RAAS Inhibitor: To optimize the management of Congestive Heart Failure (CHF) by identifying and closing the gap in medication therapy for members with CHF and not on an angiotensin-						

Nevada Medicaid

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Retrospective DUR

Topic	Description of Intervention	Type of Contact (Media)	Number of Contacts	Number of Responses	Response Rate	Provider Targeted (e.g. Physician, Pharmacist)	Performed by (e.g., Subcontractor, etc.)
Gaps in Care COPD	To optimize the use of long-term controller medications (LTCMs) as recommended, promote the appropriate use of short-acting beta-agonists (SABAs) in Chronic Obstructive Pulmonary Disease (COPD)	Fax/Mail	178 (80)	9	11.3%	Prescriber	OptumRx
Gaps in Care Diabetes	Diabetes not on a Statin Program: To optimize the management of diabetes by identifying and closing the gap for members with diabetes not on a statin. Diabetes and Hypertension Program: To optimize the management of diabetes by identifying and closing the gap for members with diabetes and hypertension not on certain anti-hypertensive agent.	Fax/Mail	6990 (5419)	660	12.2%	Prescriber	OptumRx
Gaps in Care HIV	To optimize the management of by identifying and closing the gap in medication therapy for members with HIV receiving protease inhibitor but not on ritonavir.	Fax/Mail	7 (6)	1	16.7%	Prescriber	OptumRx
Narcotic Drug Utilization Program	This is a provider-targeted program designed to minimize the occurrence of drug abuse, diversion, and inappropriate use in members utilizing high-risk medications.	Fax/Mail	31774 (4071)	1008	24.76%	Prescriber	OptumRx

Nevada Medicaid

Quarterly DUR Report

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Prospective DUR

What percentage of claims denied at Point of Sale for the following DUR	Total Alerts	Total Alert Overrides	% Alert Overrides	Total Alert Cancels	% Alert Cancels	Total Alerts not adjudicated	% Alerts not adjudicated
Early Refill (ER)	31,090	N/A	N/A	N/A	N/A	31,090	100.00%
Therapeutic duplication (TD)	143,102	93,401	65.27%	28,719	20.07%	20,982	14.66%
Ingredient duplication (ID)	87,551	66	0.08%	76	0.09%	87,409	99.84%
Late Refill (LR)	Covered by Dose Duration services below.						
Total High Dose (HD)	Covered by Therapeutic Dose services below.						
Drug-Pregnancy (PG)	Covered by Drug-Disease Services below.						
Total Low Dose (LD)	Covered by Dose Duration services below.						
Drug-Drug (DD)	199,210	138,075	69.31%	46,177	23.18%	14,958	7.51%
Drug-Disease (MC)	369,562	309,974	83.88%	59,588	16.12%	N/A	N/A
Drug-Allergy (DA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug-Age (PA)	34,901	25,489	73.03%	9,412	26.97%	N/A	N/A
Therapeutic Dose Limits Screening	10465	1220	12%	750	7.17%	8495	81.18%
Dose Duration	45,003	29,157	64.79%	15,846	35.21%	N/A	N/A

Top 10 Drugs by Therapeutic Problem Type - Overutilization

ER	TD	ID	LR	HD	PG	LD	DD	MC	DA	PA
DEXCOM G6 SENSOR	AMLODIPINE BESYLATE	DEXCOM G6 SENSOR	ATORVASTATIN CALCIUM	OSELTAMIVIR PHOSPHATE	IBUPROFEN	XULANE	LISINOPRIL	GABAPENTIN	N/A	MONTELUKAST SODIUM
DEXTROAMPHETAMINE SULFATE	LOSARTAN POTASSIUM	DEXTROAMPHETAMINE SULFATE	OMEPRAZOLE	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	HYDROCORTISONE	NYSTATIN	ATORVASTATIN CALCIUM	IBUPROFEN	N/A	OSELTAMIVIR PHOSPHATE
METFORMIN HYDROCHLORIDE	ALBUTEROL SULFATE	METFORMIN HYDROCHLORIDE	MONTELUKAST SODIUM	VITAMIN D	DICYCLOMINE HYDROCHLORIDE	ALBUTEROL SULFATE	METFORMIN HYDROCHLORIDE	HYDROCODONE/ACETAMINOPHEN	N/A	IBUPROFEN
GABAPENTIN	ALBUTEROL SULFATE HFA	GABAPENTIN	LISINOPRIL	MONTELUKAST SODIUM	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	VITAMIN D3	HYDROCHLOROTHIAZIDE	PREDNISONE	N/A	CETIRIZINE HYDROCHLORIDE
SUBOXONE	LISINOPRIL	SUBOXONE	LEVOTHYROXINE SODIUM	PROMETHAZINE/DEXTROMETHORPHAN	HYDROCODONE/ACETAMINOPHEN	PHENAZOPYRIDINE HYDROCHLORIDE	TRAZODONE HYDROCHLORIDE	ATORVASTATIN CALCIUM	N/A	ONDANSETRON ODT
HYDROMORPHONE HCL	HYDROCHLOROTHIAZIDE	HYDROMORPHONE HCL	AMLODIPINE BESYLATE	ONDANSETRON ODT	ZIPRASIDONE HCL	ONDANSETRON ODT	FOLIC ACID	FLUTICASONE PROPIONATE	N/A	TRIAMCINOLONE ACETONIDE
HYDROCODONE/ACETAMINOPHEN	TRAZODONE HYDROCHLORIDE	HYDROCODONE/ACETAMINOPHEN	METFORMIN HYDROCHLORIDE	CEFDINIR	CEPHALEXIN	FLUCONAZOLE	FENOFIBRATE	ALPRAZOLAM	N/A	AZITHROMYCIN
OXYCODONE/ACETAMINOPHEN	GABAPENTIN	OXYCODONE/ACETAMINOPHEN	GABAPENTIN	AMOXICILLIN	ATORVASTATIN CALCIUM	BUSPIRONE HYDROCHLORIDE	AMLODIPINE BESYLATE	ZOLPIDEM TARTRATE	N/A	LORATADINE CHILDRENS
LISINOPRIL	BASAGLAR KWIKPEN	LISINOPRIL	PANTOPRAZOLE SODIUM	AMOXICILLIN/CLAVULANATE POTASSIUM	BUSPIRONE HCL	ONDANSETRON HYDROCHLORIDE	GABAPENTIN	ALBUTEROL SULFATE HFA	N/A	PROMETHAZINE/DEXTROMETHORPHAN
METHOCARBAMOL	CARVEDILOL	METHOCARBAMOL	IBUPROFEN	FAMOTIDINE	BANOPHEN	MEDROXYPROGESTERONE ACETATE	IBUPROFEN	MONTELUKAST SODIUM	N/A	BUDESONIDE