



# Nevada Medicaid Drug Use Review Board Meeting

JANUARY 23, 2020



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

2020





## Table of Content

Clinical Presentation - Multiple Sclerosis Agents & MAVENCLAD (cladribine)	3
Clinical Presentation - Irritable Bowel Syndrome Agents & ZELNORM (tegaserod)	8
Clinical Presentation - Monoclonal Antibodies for Asthma & NUCALA (mepolizumab)	11
Clinical Presentation - Anticonvulsant Agents & NAYZILAM (medazolam)	15
Clinical Presentation - Narcolepsy Agents & SUNOSI (solriamfetol)	18
DUR Board Requested Reports – Top Opioid & Benzodiazepine Prescribers & Members	25
Standard DUR Report	37





# **Clinical Presentation**

**Multiple Sclerosis Agents  
&  
MAVENCLAD (cladribine)**

# 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: January 23, 2020

Prior Authorization Criteria being reviewed: MAVENCLAD (cladribine)

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 including a prescriber restriction such as:


- Prescribed by or in consultation with a specialist in the treatment of MS (e.g., neurologist)

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: RK Bitton

Signature of individual completing this form: 



## Multiple Sclerosis Agents & MAVENCLAD (cladribine)

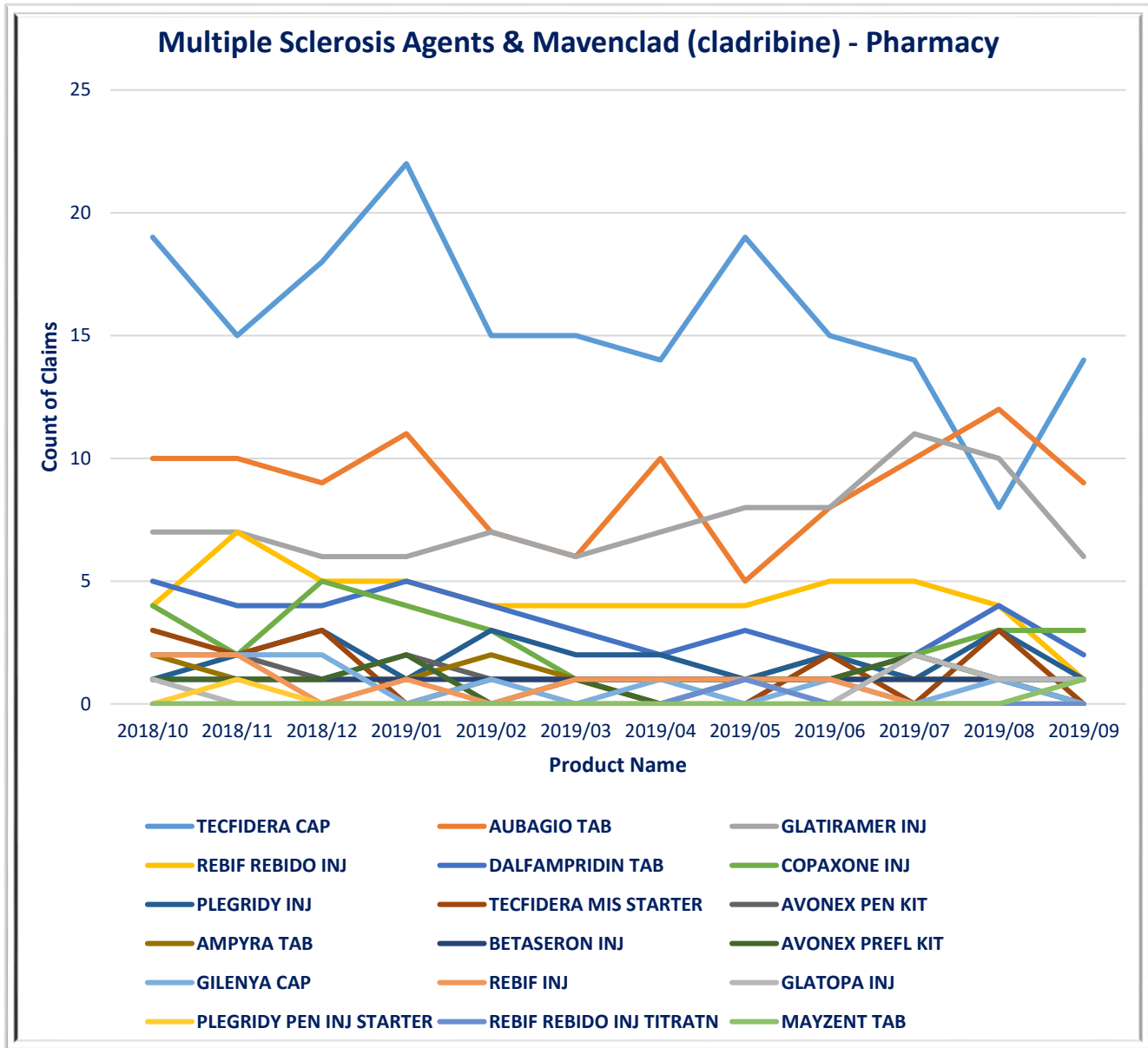
Summary of Utilization  
October 1, 2018 - September 30, 2019  
Health Plan of Nevada

PHARMACY BENEFIT					
Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
TECFIDERA CAP	87	188	5,638	11,276	NA
AUBAGIO TAB	48	107	3,044	3,044	NA
GLATIRAMER INJ	39	89	2,504	1,176	NA
REBIF REBIDOSE INJ	23	52	1,456	312	NA
DALFAMPRIDINE TAB	16	40	1,200	2,400	NA
COPAXONE INJ	14	31	882	462	NA
PLEGRIDY INJ	9	22	616	22	NA
TECFIDERA STARTER	15	15	450	900	NA
AVONEX PEN KIT	5	15	420	15	NA
AMPYRA TAB	5	13	390	780	NA
BETASERON INJ	4	12	336	168	NA
AVONEX PREFL KIT	4	11	308	11	NA
GILENYA CAP	6	10	300	300	NA
REBIF INJ	4	9	252	54	NA
GLATOPA INJ	3	6	168	72	NA
PLEGRIDY PEN INJ STARTER	1	1	28	1	NA
REBIF REBIDOSE INJ TITRATION	1	1	28	4	NA
MAYZENT TAB	1	1	30	30	NA
<b>TOTAL</b>	<b>285</b>	<b>623</b>	<b>18,050</b>	<b>21,027</b>	<b>NA</b>



# Multiple Sclerosis Agents & MAVENCLAD (cladribine)

Summary of Utilization  
October 1, 2018 - September 30, 2019  
Health Plan of Nevada

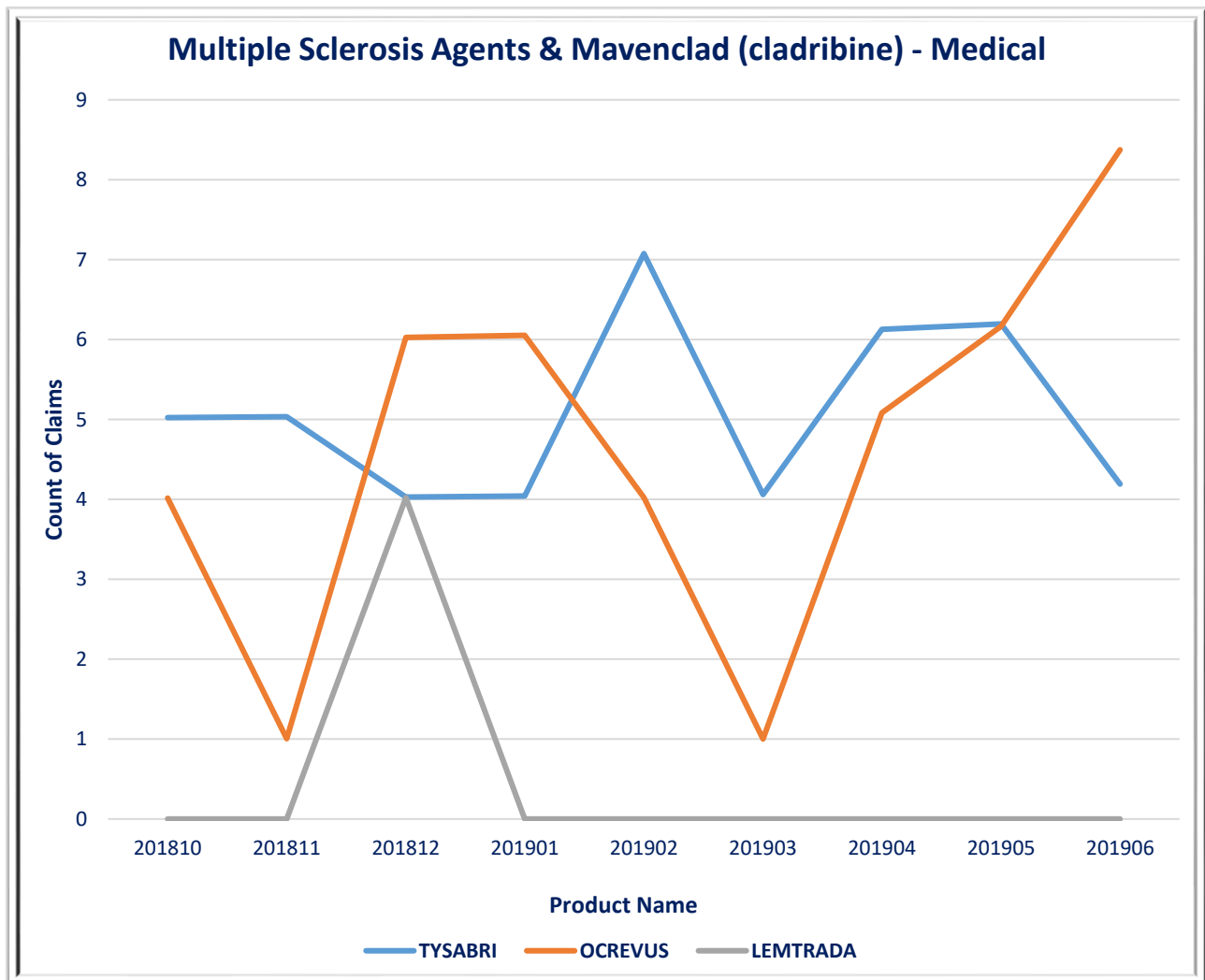




## Multiple Sclerosis Agents & MAVENCLAD (cladribine)

Summary of Utilization  
October 1, 2018 - September 30, 2019  
Health Plan of Nevada

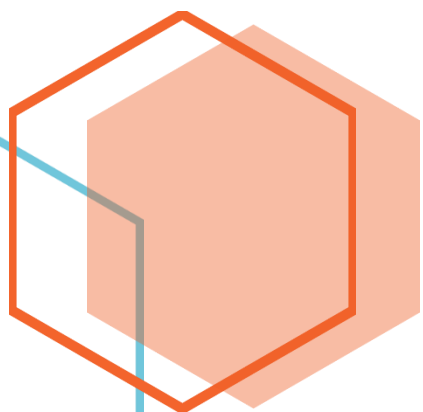
MEDICAL BENEFIT			
Product Name	J Code	Count of Claims	Sum of Amt Paid
TYSABRI	J2323	46	NA
OCREVUS	J2350	42	NA
LEMTRADA	J0202	4	NA
<b>Total</b>		<b>92</b>	<b>NA</b>





# **Clinical Presentation**

**Irritable Bowel Syndrome Agents  
&  
ZELNORM (tegaserod)**





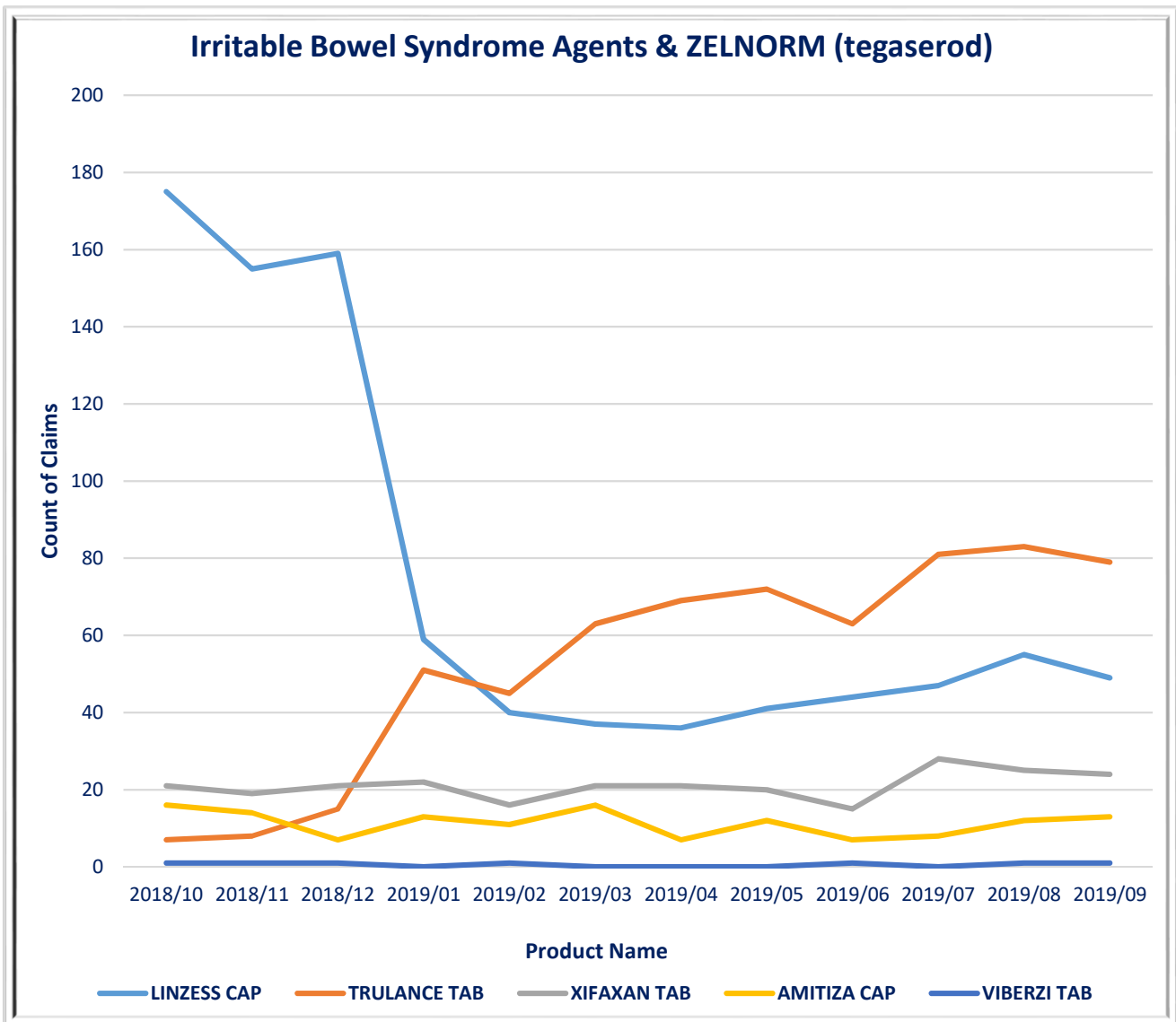




## Irritable Bowel Syndrome Agents & ZELNORM (tegaserod)

Summary of Utilization  
October 1, 2018 - September 30, 2019  
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
LINZESS CAP	460	897	26,970	27,000	NA
TRULANCE TAB	372	636	23,460	23,475	NA
XIFAXAN TAB	144	253	6,845	14,292	NA
AMITIZA CAP	76	136	3,965	7,025	NA
VIBERZI TAB	5	7	195	390	NA
<b>Total</b>	<b>1,057</b>	<b>1,929</b>	<b>61,435</b>	<b>72,182</b>	<b>NA</b>





# **Clinical Presentation**

**Monoclonal Antibodies for Asthma  
&  
NUCALA (mepolizumab)**

# 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: January 23, 2020

Prior Authorization Criteria being reviewed: NUCALA (mepolizumab)

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 enhancements to the PA criteria:

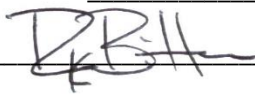
- EGPA
  - Allow Rheumatologists to prescribe Nucala for this diagnosis
  - Require the following in addition:
    - Past medical history or presence of asthma
    - Presence of at least two of the following characteristics typical of EGPA:
      - Histopathological evidence of:
      - Eosinophilic vasculitis
      - Perivascular eosinophilic infiltration
      - Eosinophil-rich granulomatous inflammation
      - Neuropathy, mono or poly (motor deficit or nerve conduction abnormality)
      - Pulmonary infiltrates, non-fixed
      - Sino-nasal abnormality
      - Cardiomyopathy (established by echocardiography or MRI)
      - Glomerulonephritis (hematuria, red cell casts, proteinuria)
      - Alveolar hemorrhage (by bronchoalveolar lavage)
      - Palpable purpura
      - Anti-neutrophil cytoplasmic antibody (ANCA) positive

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: RK Bitton

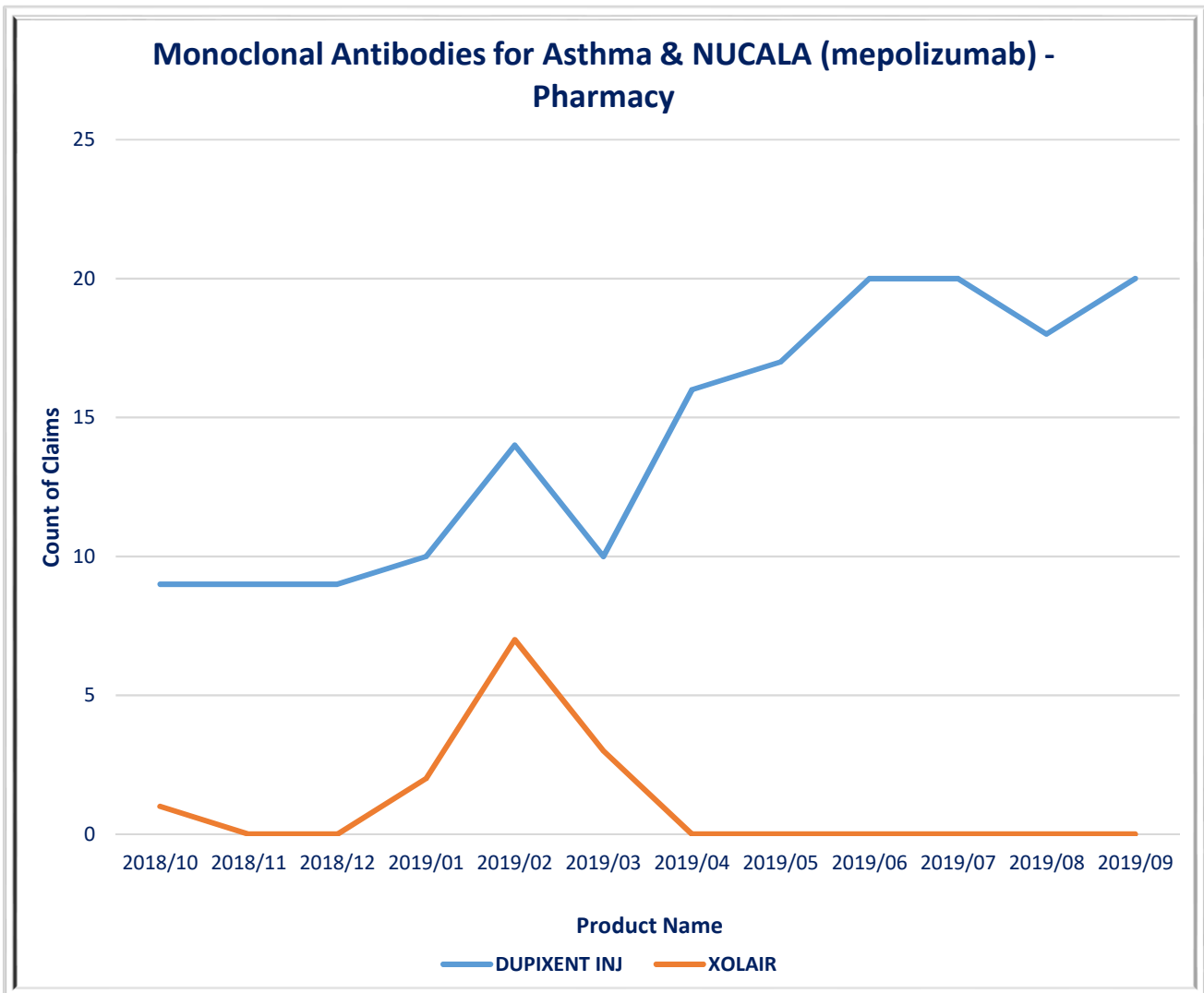
Signature of individual completing this form: 



## Monoclonal Antibodies for Asthma & NUCALA (mepolizumab)

Summary of Utilization  
October 1, 2018 - September 30, 2019  
Health Plan of Nevada

PHARMACY BENEFIT					
Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
DUPIXENT	76	172	4,523	677	NA
XOLAIR	11	13	364	28	NA
<b>Total</b>	<b>87</b>	<b>185</b>	<b>4,887</b>	<b>705</b>	<b>NA</b>

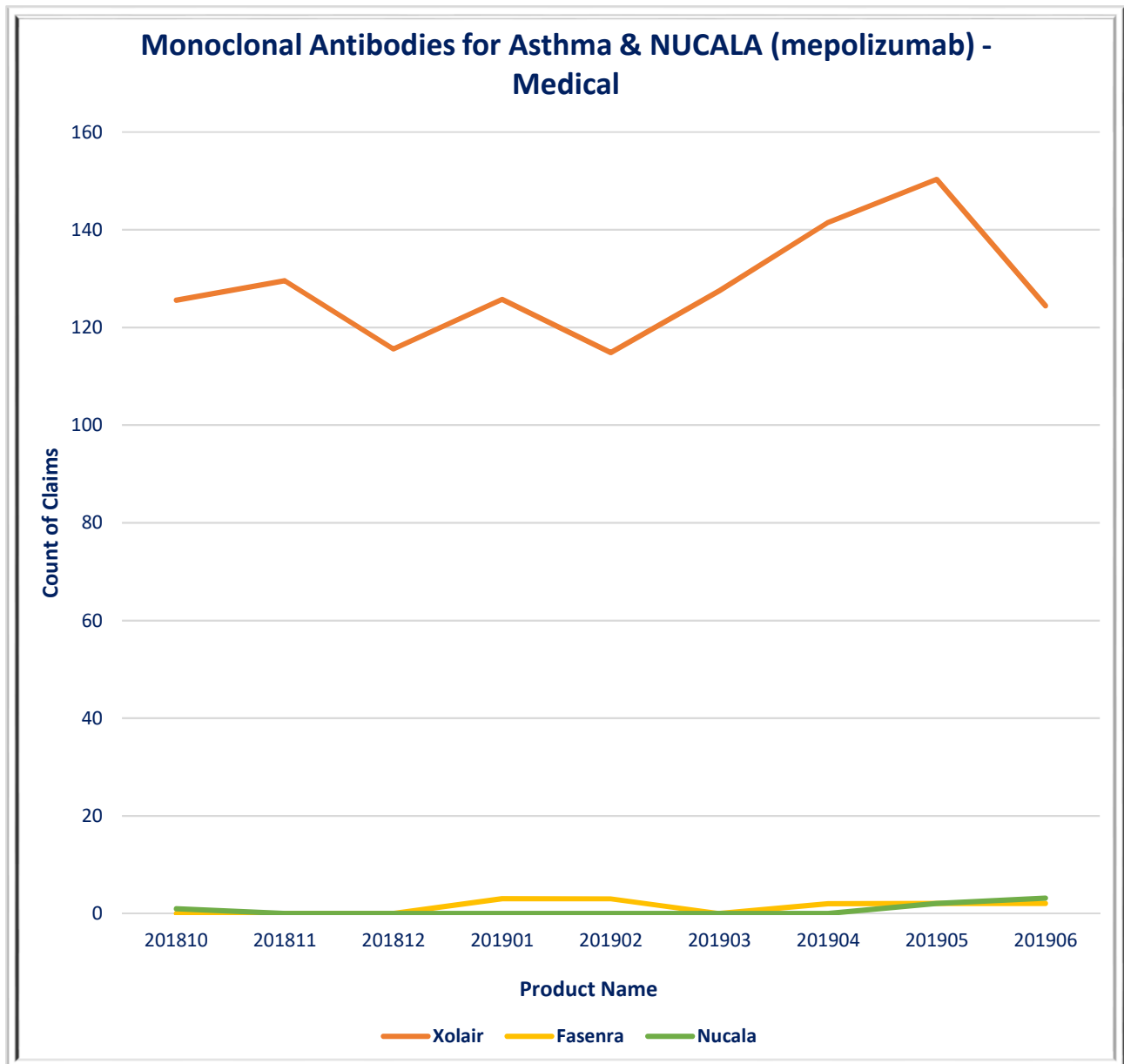




## Monoclonal Antibodies for Asthma & NUCALA (mepolizumab)

Summary of Utilization  
October 1, 2018 - September 30, 2019  
Health Plan of Nevada

MEDICAL BENEFIT			
Product Name	J Code	Count of	Sum of Amt Paid
Xolair	J2357	1,155	NA
Fasenra	J0517	12	NA
Nucala	J2182	6	NA
<b>Total</b>		<b>1,173</b>	<b>NA</b>





# **Clinical Presentation**

**Anticonvulsant Agents  
&  
NAYZILAM (medazolam)**

**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: January 23, 2020

Prior Authorization Criteria being reviewed: NAYZILAM (medazolam)

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

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: RK Bitton

Signature of individual completing this form: 

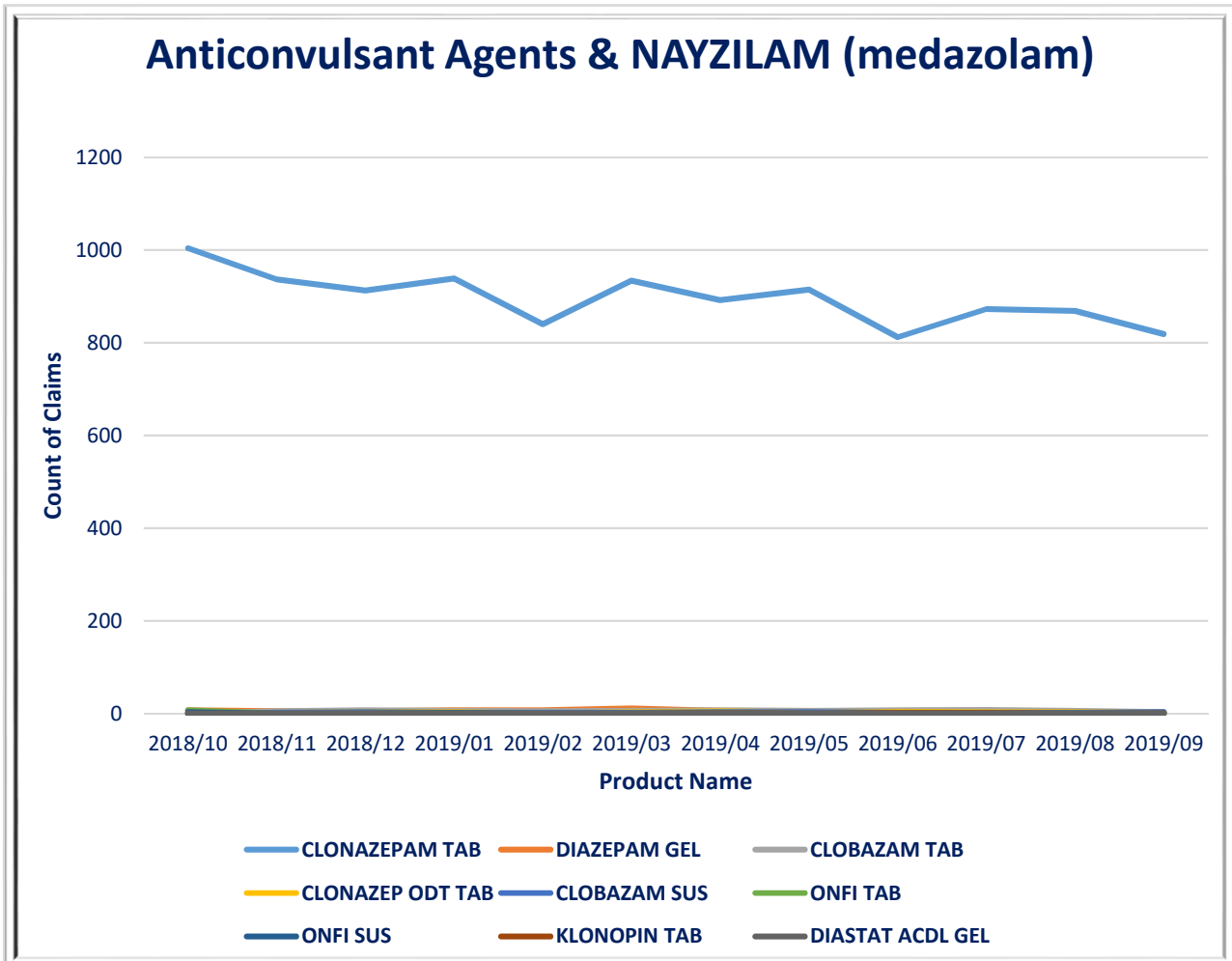




## Anticonvulsant Agents & NAYZILAM (medazolam)

Summary of Utilization  
October 1, 2018 - September 30, 2019  
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
CLONAZEPAM TAB	5,288	10,747	306,801	566,835	NA
DIAZEPAM GEL	65	72	1,288	77	NA
CLOBAZAM TAB	29	66	1,963	5,261	NA
CLONAZEP ODT TAB	25	31	701	1,424	NA
CLOBAZAM SUS	9	26	555	3,540	NA
ONFI TAB	9	9	270	642	NA
ONFI SUS	4	4	110	720	NA
KLONOPIN TAB	3	3	90	120	NA
DIASTAT PED GEL	1	1	1	1	NA
DIASTAT ACDL GEL	1	1	30	3	NA
<b>Grand Total</b>	<b>5,434</b>	<b>10,960</b>	<b>311,809</b>	<b>578,623</b>	<b>NA</b>





# **Clinical Presentation**

**Nacrolepsy Agents  
&  
SUNOSI (solriamfetol)**

# 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: January 23, 2020

Prior Authorization Criteria being reviewed: SUNOSI (solriamfetol)

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


Please see the attached HPN policy for recommendations

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: RK Bitton

Signature of individual completing this form: \_\_\_\_\_

### Clinical Pharmacy Program Guidelines for Sunosi

Program	Prior Authorization
Medication	Sunosi (solriamfetol)
Markets in Scope	Arizona, Hawaii, Nevada, Florida-CHIP, New Jersey, New York, New York EPP, Ohio, Rhode Island, Pennsylvania-CHIP, California
Issue Date	7/2019
Pharmacy and Therapeutics Approval Date	8/2019
Effective Date	10/2019

**1. Background:**

Sunosi is a dopamine and norepinephrine reuptake inhibitor (DNRI) indicated to improve wakefulness in adult patients with excessive daytime sleepiness associated with narcolepsy or obstructive sleep apnea (OSA).<sup>1</sup>

Limitations of Use: Sunosi is not indicated to treat the underlying airway obstruction in OSA. Ensure that the underlying airway obstruction is treated (e.g., with continuous positive airway pressure (CPAP)) for at least one month prior to initiating Sunosi for excessive daytime sleepiness. Modalities to treat the underlying airway obstruction should be continued during treatment with Sunosi. Sunosi is not a substitute for these modalities.

**2. Coverage Criteria:**

**A. Narcolepsy**

**1. Initial Authorization**

**a. Sunosi** will be approved based on **all** of the following criteria:

- (1) Diagnosis of narcolepsy as confirmed by sleep study (unless the prescriber provides justification confirming that a sleep study would not be feasible)

–AND–

- (2) Symptoms of excessive daytime sleepiness (including but not limited to daily periods of irrepressible need to sleep or daytime lapses into sleep) are present

–AND–

- (3) History of failure, contraindication, or intolerance to **both** of the following:

i. **One** of the following:

1. Amphetamine based stimulant (e.g., amphetamine, dextroamphetamine)
2. Methylphenidate based stimulant

–AND–

ii. armodafinil

**Authorization will be issued for 6 months.**

**2. Reauthorization**

**a. Sunosi** will be approved for continuation of therapy based on the following criterion:

- (1) Reduction in symptoms of excessive daytime sleepiness associated with Sunosi therapy

**Authorization will be issued for 12 months.**

**B. Obstructive Sleep Apnea**

**1. Initial Authorization**

**a. Sunosi** will be approved based on **all** of the following criteria:

(1) Diagnosis of obstructive sleep apnea defined by **one** of the following:

(a) Fifteen or more obstructive respiratory events per hour of sleep confirmed by a sleep study (unless the prescriber provides justification confirming that a sleep study would not be feasible)

**–OR–**

(b) **Both** of the following:

1. Five or more obstructive respiratory events per hour of sleep confirmed by a sleep study (unless the prescriber provides justification confirming that a sleep study would not be feasible)

**–AND–**

2. One or more of the following sign/symptoms are present:

- (a) Daytime sleepiness
- (b) Nonrestorative sleep
- (c) Fatigue
- (d) Insomnia
- (e) Waking up with breath holding, gasping, or choking
- (f) Habitual snoring noted by bed partner or other observer
- (g) Observed apnea

**–AND–**

(2) **Both** of the following:

(a) Standard treatments for the underlying airway obstruction (e.g., continuous positive airway pressure [CPAP], bi-level positive airway pressure [BiPAP]) have been used for one month or longer

**–AND–**

(b) Patient is fully compliant with ongoing treatment(s) for the underlying airway obstruction

**–AND–**

(3) History of failure, contraindication, or intolerance to armodafinil

**Authorization will be issued for 6 months.**

**2. Reauthorization**

**a. Sunosi** will be approved for continuation of therapy based on **both** the following criteria:

(1) Reduction in symptoms of excessive daytime sleepiness associated with Sunosi therapy

**–AND–**

(2) Patient continues to be fully compliant with ongoing treatment(s) for the underlying airway obstruction (e.g. CPAP, BiPAP)

**Authorization will be issued for 12 months.**

**3. References:**

1. Sunosi [prescribing information]. Jazz Pharmaceuticals, Inc. Palo Alto, CA. March 2019.
2. American Academy of Sleep Medicine. International Classification of Sleep Disorders: Diagnostic and Coding Manual. 3<sup>rd</sup> ed. Darien, IL: American Academy of Sleep Medicine; 2014.

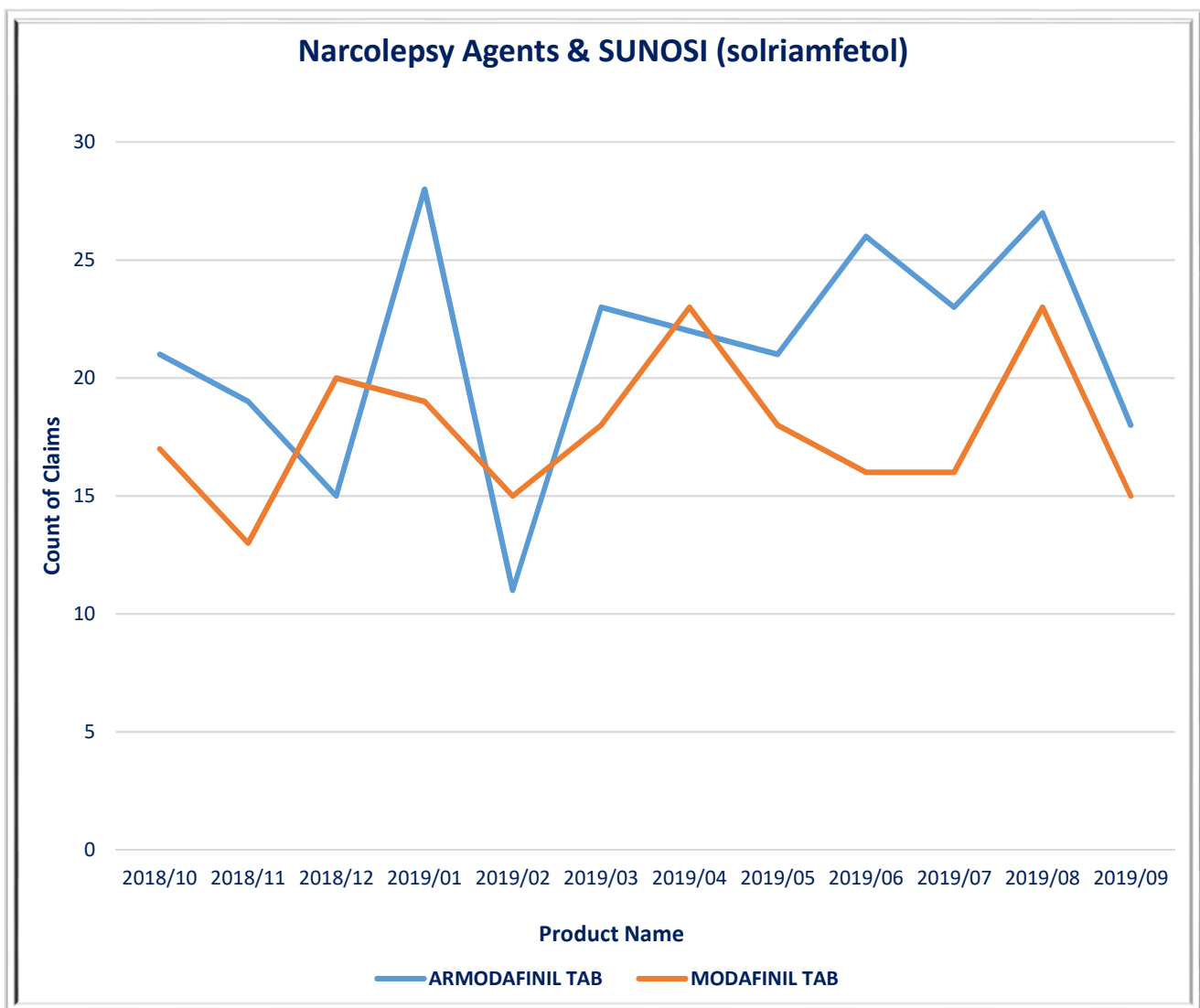
Program	Prior Authorization
<b>Change Control</b>	
Date	Change
7/2019	New program
8/2019	Added step through amphetamine or methylphenidate-based stimulant to match Xyrem program.



## Narcolepsy Agents & SUNOSI (solriamfetol)

Summary of Utilization  
October 1, 2018 - September 30, 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 TAB	147	254	7,471	7,471	NA
MODAFINIL TAB	116	213	6,199	6,804	NA
XYREM SOL	7	14	411	7,200	NA
<b>Grand Total</b>	<b>270</b>	<b>481</b>	<b>14,081</b>	<b>21,475</b>	<b>NA</b>

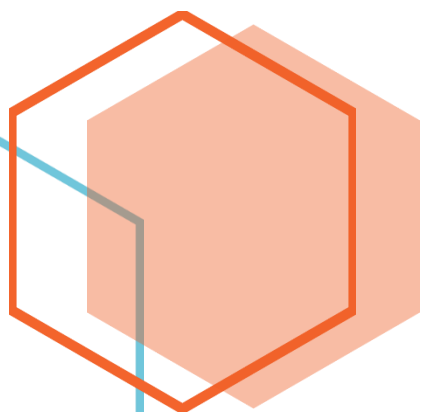






# **DUR Board Requested Reports**

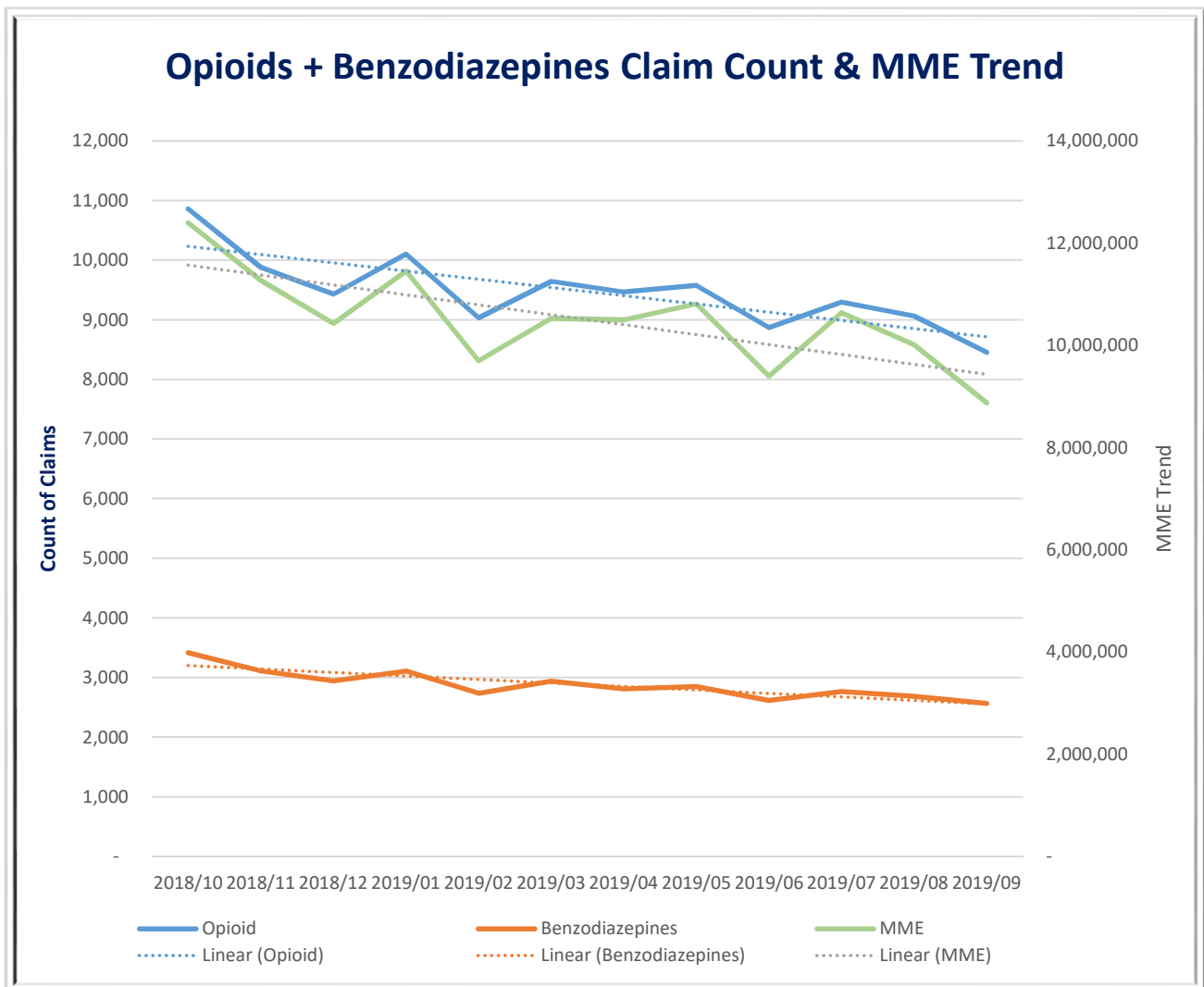
**Top Opioid & Benzodiazepine  
Prescribers & Members**



## Opioid Utilization Overall Summary

October 1, 2018 - September 30, 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
2018/10	10,363	10,857	1.05	236,217	780,822	75.35	3,418	12,395,257
2018/11	9,537	9,880	1.04	219,782	728,027	76.34	3,111	11,271,463
2018/12	9,157	9,432	1.03	208,540	690,257	75.38	2,947	10,429,184
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	9,323	9,645	1.03	211,271	691,951	74.22	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	9,112	9,576	1.05	208,118	678,234	74.43	2,854	10,811,413
2019/06	8,634	8,871	1.03	192,597	628,868	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	184,842	602,336	73.22	2,565	8,875,941



## Top 10 Opioid Prescribers by Count of Claims

October 1, 2018 - September 30, 2019

Health Plan of Nevada

Page 2 of 11

Top 10 Opioid Prescribers by Claim Count							Q3 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	443	807	23,110	71,631	NA	10	6	6	N	2,532
OP2	PAIN MANAGEMENT	LAS VEGAS	NEVADA	370	734	20,758	66,437	NA	0	0	0	N	3,653
OP3	ANESTHESIOLOGY	LAS VEGAS	NEVADA	419	616	17,587	56,126	NA	8	7	4	N	2,014
OP4	ANESTHESIOLOGY	LAS VEGAS	NEVADA	296	545	16,051	52,425	NA	1	1	0	N	2,497
OP5	PAIN MANAGEMENT	LAS VEGAS	NEVADA	319	527	13,640	43,866	NA	0	0	0	N	2,395
OP6	ANESTHESIOLOGY	LAS VEGAS	NEVADA	374	477	11,401	35,690	NA	0	0	0	N	1,424
OP7	PAIN MANAGEMENT	LAS VEGAS	NEVADA	196	392	11,575	38,428	NA	0	0	0	N	2,758
OP8	ANESTHESIOLOGY	RENO	NEVADA	180	387	11,020	41,651	NA	4	2	2	N	4,853
OP9	PAIN MANAGEMENT	LAS VEGAS	NEVADA	218	344	10,210	31,920	NA	0	0	0	N	1,825
OP10	PAIN MANAGEMENT	HENDERSON	NEVADA	167	334	9,756	29,973	NA	1	1	0	N	2,540

Top 10 Opioid Prescribers by Claim Count							Q2 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
OP1	ANESTHESIOLOGY	LAS VEGAS	NEVADA	594	1,208	34,477	107,594	NA	13	8	8	N	2,692
OP4	ANESTHESIOLOGY	LAS VEGAS	NEVADA	377	816	24,060	77,015	NA	0	0	0	N	2,807
OP2	PAIN MANAGEMENT	LAS VEGAS	NEVADA	360	722	20,879	66,585	NA	0	0	0	N	3,571
OP5	PAIN MANAGEMENT	LAS VEGAS	NEVADA	299	544	14,171	46,013	NA	0	0	0	N	2,743
OP10	PAIN MANAGEMENT	HENDERSON	NEVADA	221	495	14,436	45,065	NA	1	1	1	N	2,767
OP8	ANESTHESIOLOGY	RENO	NEVADA	214	468	13,224	48,304	NA	11	5	4	N	4,862
OP9	PAIN MANAGEMENT	LAS VEGAS	NEVADA	260	421	12,568	39,633	NA	0	0	0	N	2,076
OP11	PHYSICAL MEDICINE	LAS VEGAS	NEVADA	192	399	11,650	34,225	NA	11	5	5	N	2,683
OP12	PAIN MANAGEMENT	LAS VEGAS	NEVADA	202	398	11,772	37,830	NA	1	1	1	N	2,598
OP6	ANESTHESIOLOGY	LAS VEGAS	NEVADA	296	388	9,109	27,074	NA	0	0	0	N	1,431



## Top 10 Benzodiazepine Prescribers by Count of Claims

October 01, 2018 - September 30, 2019

Health Plan of Nevada

Top 10 Benzodiazepines Prescribers by Claim Count					Q3 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	Top Opioid Prescriber Indicator (Y/N)
BP1	PSYCHIATRIST	LAS VEGAS	NEVADA	190	481	14,215	23,180	NA	N
BP2	PSYCHIATRIST	LAS VEGAS	NEVADA	66	153	4,565	9,990	NA	N
BP3	PSYCHIATRIST	LAS VEGAS	NEVADA	64	142	4,212	8,479	NA	N
BP4	PSYCHIATRIST	LAS VEGAS	NEVADA	53	116	3,438	8,089	NA	N
BP5	ADULT MEDICINE	LAS VEGAS	NEVADA	44	108	3,185	8,975	NA	N
BP6	FAMILY MEDICINE	BOULDER CITY	NEVADA	46	101	2,975	7,610	NA	N
BP7	FAMILY PHYSICIAN	LAS VEGAS	NEVADA	48	98	2,629	4,018	NA	N
BP8	INTERNAL MEDICINE	LAS VEGAS	NEVADA	40	91	2,705	6,987	NA	N
BP9	PSYCHIATRIST	LAS VEGAS	NEVADA	39	89	2,640	4,254	NA	N
BP10	PSYCHIATRIST	LAS VEGAS	NEVADA	45	87	2,576	5,353	NA	N

Top 10 Benzodiazepines Prescribers by Claim Count					Q2 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	Top Opioid Prescriber Indicator (Y/N)
BP1	PSYCHIATRIST	LAS VEGAS	NEVADA	200	507	15,179	26,968	NA	N
BP2	PSYCHIATRIST	LAS VEGAS	NEVADA	68	158	4,709	10,720	NA	N
BP3	PSYCHIATRIST	LAS VEGAS	NEVADA	73	152	4,535	9,050	NA	N
BP4	PSYCHIATRIST	LAS VEGAS	NEVADA	48	123	3,588	8,475	NA	N
BP5	ADULT MEDICINE	LAS VEGAS	NEVADA	49	107	3,159	9,153	NA	N
BP6	FAMILY MEDICINE	BOULDER CITY	NEVADA	47	105	3,085	8,085	NA	N
BP9	PSYCHIATRIST	LAS VEGAS	NEVADA	50	102	3,037	5,404	NA	N
BP10	PSYCHIATRIST	LAS VEGAS	NEVADA	46	94	2,804	5,284	NA	N
BP7	FAMILY PHYSICIAN	LAS VEGAS	NEVADA	51	94	2,573	4,047	NA	N
BP8	INTERNAL MEDICINE	LAS VEGAS	NEVADA	38	92	2,736	6,740	NA	N



## Top 25 Opioids Utilization By Member

Top 25 Members by Claim Count  
October 1, 2018 - September 30, 2019  
Health Plan of Nevada

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
M1	NA	1	30	30	NA				
	NA	3	21	142	NA				
	NA	55	1,032	1,763	NA				
	NA	2	14	98	NA				
<b>TOTAL</b>		<b>61</b>	<b>1,097</b>	<b>2,033</b>	<b>NA</b>			<b>0</b>	<b>1,094</b>
M2	NA	6	42	126	NA	NA	ALPRAZOLAM TAB	1	
	NA	41	287	861	NA				
	NA	1	7	21	NA				
<b>TOTAL</b>		<b>48</b>	<b>336</b>	<b>1,008</b>	<b>NA</b>			<b>1</b>	<b>1,509</b>
M3	<b>OP6</b>	9	270	780	NA				
	<b>OP2</b>	2	60	180	NA				
	<b>OP5</b>	30	391	782	NA				
<b>TOTAL</b>		<b>41</b>	<b>721</b>	<b>1,742</b>	<b>NA</b>			<b>0</b>	<b>3,824</b>
M4	<b>OP6</b>	19	525	1,410	NA				
	NA	2	60	120	NA				
	<b>OP2</b>	19	475	1,320	NA				
<b>TOTAL</b>		<b>40</b>	<b>1,060</b>	<b>2,850</b>	<b>NA</b>			<b>0</b>	<b>2,175</b>
M5	<b>OP8</b>	40	1,150	4,300	NA	NA	ALPRAZOLAM TAB	13	
<b>TOTAL</b>		<b>40</b>	<b>1,150</b>	<b>4,300</b>	<b>NA</b>			<b>13</b>	<b>4,356</b>
M6	<b>OP6</b>	23	414	1,188	NA				
	<b>OP2</b>	6	180	540	NA				
	<b>OP5</b>	10	250	740	NA				
<b>TOTAL</b>		<b>39</b>	<b>844</b>	<b>2,468</b>	<b>NA</b>			<b>0</b>	<b>2,384</b>
M7	NA	34	184	681	NA				
	<b>OP1</b>	5	150	450	NA				
<b>TOTAL</b>		<b>39</b>	<b>334</b>	<b>1,131</b>	<b>NA</b>			<b>0</b>	<b>2,549</b>
M8	NA	4	80	581	NA				
	NA	35	647	6,263	NA				
<b>TOTAL</b>		<b>39</b>	<b>727</b>	<b>6,844</b>	<b>NA</b>			<b>0</b>	<b>9,595</b>
M9	<b>OP6</b>	17	284	889	NA				
	<b>OP2</b>	8	120	390	NA				
	<b>OP5</b>	14	194	604	NA				
<b>TOTAL</b>		<b>39</b>	<b>598</b>	<b>1,883</b>	<b>NA</b>			<b>0</b>	<b>835</b>
M10	NA	39	1,170	3,270	NA				
<b>TOTAL</b>		<b>39</b>	<b>1,170</b>	<b>3,270</b>	<b>NA</b>			<b>0</b>	<b>3,218</b>



## Top 25 Opioids Utilization By Member

Top 25 Members by Claim Count  
October 1, 2018 - September 30, 2019  
Health Plan of Nevada

Encrypted Member ID	Encrypted Prescriber ID	Opioid Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amt	Benzo Prescriber ID	Benzo Type	Benzo Claim Count	Total MME Member per Script
M11	NA	38	1,140	4,680	NA	NA	ALPRAZOLAM TAB	13	
<b>TOTAL</b>		<b>38</b>	<b>1,140</b>	<b>4,680</b>	<b>NA</b>			<b>13</b>	<b>13,582</b>
M12	NA	19	533	830	NA	<b>BP4</b>	ALPRAZOLAM TAB	7	
	NA	6	176	228	NA	NA		5	
	<b>BP7</b>	1	30	15	NA	NA		1	
	NA	11	322	525	NA				
<b>TOTAL</b>		<b>37</b>	<b>1,061</b>	<b>1,598</b>	<b>NA</b>			<b>13</b>	<b>1,094</b>
M13	<b>OP8</b>	36	1,080	4,980	NA	<b>OP8</b>	DIAZEPAM TAB	9	
					NA	NA		1	
					NA	NA		1	
<b>TOTAL</b>		<b>36</b>	<b>1,080</b>	<b>4,980</b>	<b>NA</b>			<b>11</b>	<b>17,208</b>
M14	NA	36	1,080	6,330	NA	NA	ALPRAZOLAM TAB	12	
<b>TOTAL</b>		<b>36</b>	<b>1,080</b>	<b>6,330</b>	<b>NA</b>			<b>12</b>	<b>19,900</b>
M15	NA	6	179	300	NA	NA	ALPRAZOLAM TAB	11	
	NA	3	90	150	NA				
	NA	6	180	300	NA				
	NA	21	619	1,050	NA				
<b>TOTAL</b>		<b>36</b>	<b>1,068</b>	<b>1,800</b>	<b>NA</b>			<b>11</b>	<b>5,437</b>
M16	<b>OP8</b>	33	975	2,400	NA				
	NA	2	60	90	NA				
<b>TOTAL</b>		<b>35</b>	<b>1,035</b>	<b>2,490</b>	<b>NA</b>			<b>0</b>	<b>3,433</b>
M17	NA	1	3	20	NA			0	
	NA	13	182	672	NA				
	NA	1	15	60	NA				
	NA	1	6	42	NA				
	NA	2	29	86	NA				
	<b>OP4</b>	2	60	180	NA				
	NA	1	14	56	NA				
	NA	3	18	60	NA				
	NA	9	66	396	NA				
<b>TOTAL</b>		<b>33</b>	<b>393</b>	<b>1,572</b>	<b>NA</b>			<b>0</b>	<b>980</b>
M18	NA	2	14	56	NA				
	NA	1	7	21	NA				
	<b>OP7</b>	1	30	90	NA				
	NA	25	171	970	NA				
	NA	4	120	360	NA				
<b>TOTAL</b>		<b>33</b>	<b>342</b>	<b>1,497</b>	<b>NA</b>			<b>0</b>	<b>3,337</b>



## Top 25 Opioids Utilization By Member

Top 25 Members by Claim Count  
October 1, 2018 - September 30, 2019  
Health Plan of Nevada

Encrypted Member ID	Encrypted Prescriber ID	Opioid Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amt	Benzo Prescriber ID	Benzo Type	Benzo Claim Count	Total MME Member per Script
M19	OP6	10	180	540	NA	NA	ALPRAZOLAM TAB	2	
	OP2	14	390	1,230	NA	NA		10	
	OP5	8	104	312	NA				
<b>TOTAL</b>		<b>32</b>	<b>674</b>	<b>2,082</b>	<b>NA</b>			<b>12</b>	<b>2,614</b>
M20	OP8	29	840	850	NA	NA	LORAZEPAM TAB	8	
	NA	2	60	70	NA				
<b>TOTAL</b>		<b>31</b>	<b>900</b>	<b>920</b>	<b>NA</b>			<b>8</b>	<b>5,875</b>
M21	OP6	13	285	1,140	NA				
	OP2	18	480	1,920	NA				
<b>TOTAL</b>		<b>31</b>	<b>765</b>	<b>3,060</b>	<b>NA</b>			<b>0</b>	<b>4,442</b>
M22	NA	6	180	630	NA	NA	ALPRAZOLAM TAB (1)	4	
	NA	1	30	90	NA		DIAZEPAM TAB (3)		
	NA	3	90	330	NA				
	NA	19	432	2,786	NA				
	NA	2	60	150	NA				
<b>TOTAL</b>		<b>31</b>	<b>792</b>	<b>3,986</b>	<b>NA</b>			<b>4</b>	<b>12,473</b>
M23	NA	19	131	534	NA	BP7	DIAZEPAM TAB	1	
	BP7	6	76	226	NA	NA	ALPRAZOLAM TAB	1	
	NA	3	15	48	NA				
	NA	2	10	20	NA				
<b>TOTAL</b>		<b>30</b>	<b>232</b>	<b>828</b>	<b>NA</b>			<b>2</b>	<b>805</b>
M24	NA	13	375	1,935	NA	NA	LORAZEPAM TAB	6	
	NA	1	10	60	NA				
	NA	3	21	84	NA				
	NA	5	135	185	NA				
	NA	1	7	28	NA				
	NA	2	60	100	NA				
	NA	3	90	170	NA				
	NA	1	5	20	NA				
	NA	1	5	30	NA				
<b>TOTAL</b>		<b>30</b>	<b>708</b>	<b>2,612</b>	<b>NA</b>			<b>6</b>	<b>9,309</b>
M25	OP8	30	784	2,893	NA	NA	DIAZEPAM TAB	1	
<b>TOTAL</b>		<b>30</b>	<b>784</b>	<b>2,893</b>	<b>NA</b>			<b>1</b>	<b>5,577</b>
					NA				
<b>GRAND TOTAL</b>		<b>924</b>	<b>20,091</b>	<b>68,857</b>	<b>NA</b>			<b>107</b>	<b>5,801</b>



## Top 25 Benzodiazepines Utilization By Member

Top 25 Members by Claim Count  
October 1, 2018 - September 30, 2019  
Health Plan of Nevada

Encrypted Member ID	Encrypted Prescriber ID	Benzo Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amt	Opioid Prescriber ID	Opioid Claim Count	Total MME Member per Script
BM1	NA	52	364	1,396	NA	NA	26	
TOTAL		52	364	1,396	NA		26	NA
BM2	NA	24	339	720	NA	NA	1	
					NA	OP1	15	
					NA	OP4	4	
TOTAL		24	339	720	NA		20	5,985
BM3	NA	24	336	672	NA	NA	24	
TOTAL		24	336	672	NA		24	1,278
BM4	BP2	21	630	1,590	NA			
TOTAL		21	630	1,590	NA		0	
BM5	NA	20	600	900	NA	NA	11	
TOTAL		20	600	900	NA		11	11,414
BM6	NA	1	2	5	NA			
	NA	4	120	120	NA			
	NA	1	3	10	NA			
	NA	14	413	795	NA			
TOTAL		20	538	930	NA		0	
BM7	NA	19	570	540	NA			
TOTAL		19	570	540	NA		0	
BM8	NA	19	570	1,110	NA			
TOTAL		19	570	1,110	NA		0	
BM9	BP4	19	570	780	NA			
TOTAL		19	570	780	NA		0	
BM10	NA	1	3	5	NA	NA	1	
	NA	1	3	9	NA	NA	2	
	NA	1	1	2	NA	NA	1	
	NA	1	14	30	NA	NA	3	
	NA	12	337	981	NA	NA	1	
	NA	1	6	12	NA	NA	1	
	NA	1	3	12	NA	NA	3	
					NA	NA	1	
					NA	NA	1	
TOTAL		18	367	1,051	NA		14	522
BM11	NA	18	108	216	NA			
TOTAL		18	108	216	NA		0	





## Top 25 Benzodiazepines Utilization By Member

Top 25 Members by Claim Count  
October 1, 2018 - September 30, 2019  
Health Plan of Nevada

Encrypted Member ID	Encrypted Prescriber ID	Benzo Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amt	Opioid Prescriber ID	Opioid Claim Count	Total MME Member per Script
BM12	NA	18	540	870	NA	OP3	2	
					NA	OP1	6	
					NA	OP4	4	
<b>TOTAL</b>		<b>18</b>	<b>540</b>	<b>870</b>	<b>NA</b>		<b>12</b>	<b>1,800</b>
BM13	NA	4	120	360	NA	BP7	12	
		12	360	660	NA			
<b>TOTAL</b>		<b>16</b>	<b>480</b>	<b>1,020</b>	<b>NA</b>		<b>12</b>	<b>2,700</b>
BM14	NA	16	480	1,085	NA	NA	1	
					NA	NA	11	
<b>TOTAL</b>		<b>16</b>	<b>480</b>	<b>1,085</b>	<b>NA</b>		<b>12</b>	<b>8,156</b>
BM15	BP4	1	30	90	NA	OP3	1	
	NA	1	9	27	NA	OP1	12	
	NA	8	179	510	NA			
	BP9	6	180	540	NA			
<b>TOTAL</b>		<b>16</b>	<b>398</b>	<b>1,167</b>	<b>NA</b>		<b>12</b>	<b>3,700</b>
BM16	NA	15	419	713	NA			
	NA	1	30	90	NA			
<b>TOTAL</b>		<b>16</b>	<b>449</b>	<b>803</b>	<b>NA</b>		<b>0</b>	
BM17	NA	10	300	765	NA	OP8	23	
	NA	1	30	90	NA			
	NA	5	124	222	NA			
<b>TOTAL</b>		<b>16</b>	<b>454</b>	<b>1,077</b>	<b>NA</b>		<b>23</b>	<b>6,354</b>
BM18	BP1	16	435	825	NA			
<b>TOTAL</b>		<b>16</b>	<b>435</b>	<b>825</b>	<b>NA</b>		<b>0</b>	
BM19	NA	15	330	780	NA			
<b>TOTAL</b>		<b>15</b>	<b>330</b>	<b>780</b>	<b>NA</b>		<b>0</b>	
BM20	NA	6	180	360	NA	NA	2	
	NA	1	28	56	NA	NA	13	
	NA	1	28	56	NA	NA	15	
	NA	7	210	390	NA			
<b>TOTAL</b>		<b>15</b>	<b>446</b>	<b>862</b>	<b>NA</b>		<b>30</b>	<b>10,278</b>
BM21	NA	12	360	720	NA		0	
	NA	2	60	120	NA			
	NA	1	5	10	NA			
<b>TOTAL</b>		<b>15</b>	<b>425</b>	<b>850</b>	<b>NA</b>		<b>0</b>	



## Top 25 Benzodiazepines Utilization By Member

Top 25 Members by Claim Count  
October 1, 2018 - September 30, 2019  
Health Plan of Nevada

Encrypted Member ID	Encrypted Prescriber ID	Benzo Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amt	Opioid Prescriber ID	Opioid Claim Count	Total MME Member per Script
BM22	NA	11	330	600	NA			
	NA	2	60	120	NA			
	BP7	2	60	60	NA			
<b>TOTAL</b>		<b>15</b>	<b>450</b>	<b>780</b>	<b>NA</b>		<b>0</b>	
BM23	NA	1	30	90	NA			
	NA	5	150	180	NA			
	BP9	9	247	247	NA			
<b>TOTAL</b>		<b>15</b>	<b>427</b>	<b>517</b>	<b>NA</b>		<b>0</b>	
BM24	NA	3	33	112	NA	NA	2	
	NA	1	14	56	NA	NA	1	
	BP5	11	330	1,320	NA	BP5	11	
<b>TOTAL</b>		<b>15</b>	<b>377</b>	<b>1,488</b>	<b>NA</b>		<b>14</b>	<b>3,124</b>
BM25	NA	3	90	225	NA	NA	20	
	NA	7	210	810	NA	BP7	1	
	BP7	5	110	225	NA			
<b>TOTAL</b>		<b>15</b>	<b>410</b>	<b>1,260</b>	<b>NA</b>		<b>21</b>	<b>0</b>
<b>GRAND TOTAL</b>		<b>457</b>	<b>10,658</b>	<b>22,464</b>	<b>NA</b>		<b>231</b>	<b>4,233</b>



## Top 25 Opioids + Benzodiazepines Correlation Summary

Top 25 Members by Claim Count  
October 1, 2018 - September 30, 2019  
Health Plan of Nevada

TOP 25 OPIOID MEMBERS	OPIOID PRESCRIBERS	BENZODIAZEPINE PRESCRIBERS
M3	OP2, OP5, OP6	NO CLAIMS
M4	OP2, OP6	NO CLAIMS
M5	OP8	NA
M6	OP2, OP5, OP6	NO CLAIMS
M7	OP1	NO CLAIMS
M9	OP2, OP5, OP6	NO CLAIMS
M12	BP7	BP4
M13	OP8	OP8
M16	OP8	NO CLAIMS
M17	OP4	NO CLAIMS
M18	OP7	NO CLAIMS
M19	OP2, OP5, OP6	NO CLAIMS
M20	OP8	NA
M21	OP2, OP6	NO CLAIMS
M23	BP7	BP7
M25	OP8	NA

TOP 25 BENZO MEMBERS	BENZODIAZEPINE PRESCRIBERS	OPIOID PRESCRIBERS
BM2	NA	OP1, OP4
BM4	BP2	NO CLAIMS
BM9	BP4	NO CLAIMS
BM12	NA	OP1, OP3, OP4
BM13	NA	BP7
<b>BM15</b>	<b>BP4, BP9</b>	<b>OP1, OP3</b>
BM17	NA	OP8
BM18	BP1	NO CLAIMS
BM22	BP7	NO CLAIMS
BM23	BP9	NO CLAIMS
BM24	BP5	BP5
BM25	BP7	BP7

† None of the top 25 opioid members matched the top 25 benzodiazepine members and vice versa.

‡ Only BM15 received opioids from a Top Opioid Prescriber and received benzodiazepines from a Top Benzodiazepine Prescriber.

OP = Top Opioid Prescriber

BP = Top Benzodiazepine Prescriber

No Claims = No Opioid or Benzodiazepine Claims

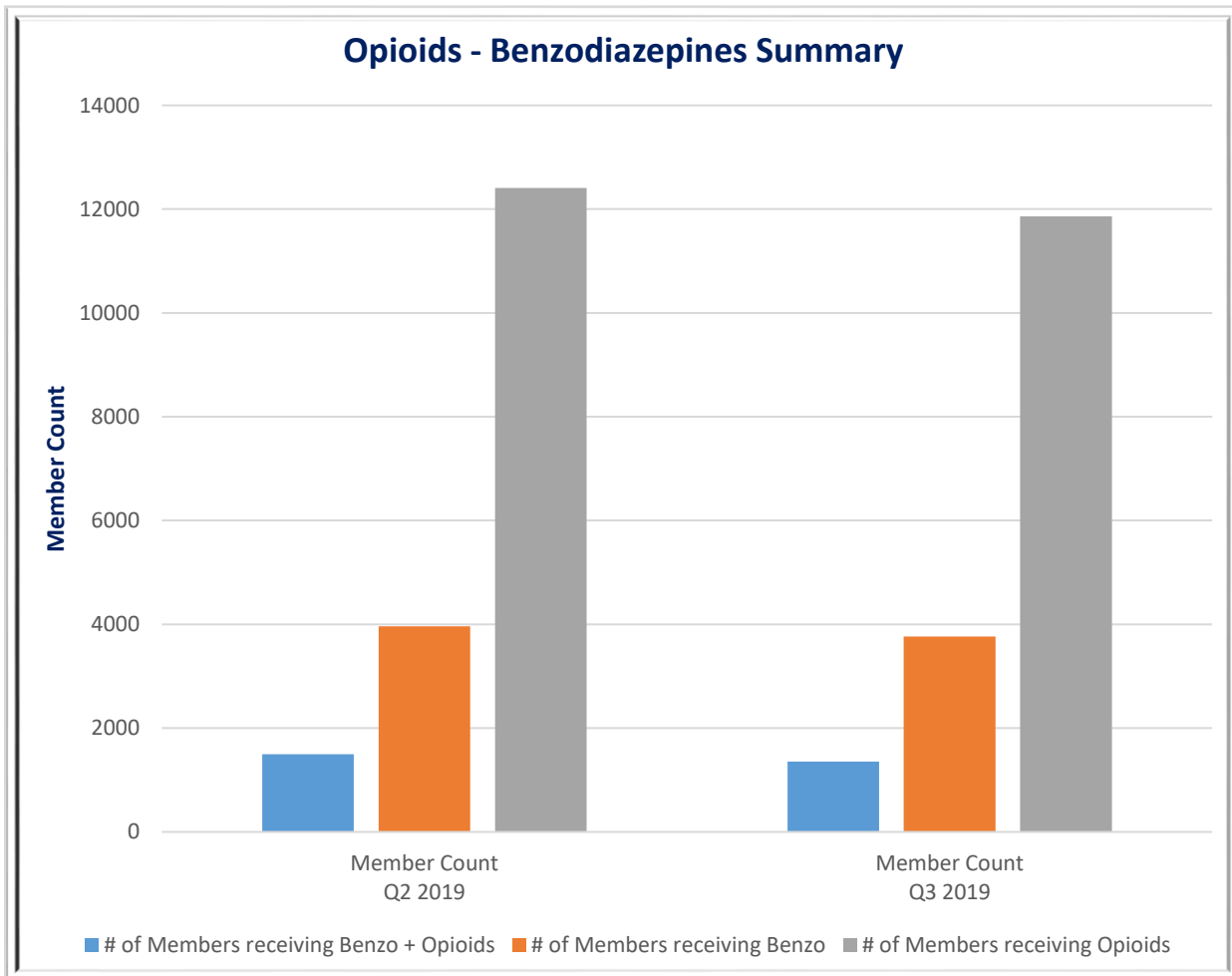
NA = Not a Top Prescriber of Opioids or Benzodiazepines



## Opioids + Benzodiazepines Summary

Summary of Utilization  
October 1, 2018 - September 30, 2019  
Health Plan of Nevada

Product Name	Member Count Q2 2019	Member Count Q3 2019	Total Members
# of Members receiving Benzo + Opioids	1,498	1,357	2,855
# of Members receiving Benzo	3,962	3,766	7,728
# of Members receiving Opioids	12,408	11,859	24,267





## Standard DUR Report



# Nevada Medicaid

## Quarterly DUR Report

Health Plan Name:	Health Plan of Nevada
Health Plan Contact:	RK Bitton, PharmD, MBA
Contact Email:	<a href="mailto:ryan.bitton@uhc.com">ryan.bitton@uhc.com</a>
Report Quarter (Calendar Year):	Q3 2019
Report Period Start Date:	7/1/2019
Report Period End Date:	9/30/2019
Submission Date of Report:	12/13/2019

Opioid Utilization						
Year/Month Filled	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amount	Total MME
2018/10	10,363	10,857	236,217	780,822	NA	12,395,257
2018/11	9,537	9,880	219,782	728,027	NA	11,271,463
2018/12	9,157	9,432	208,540	690,257	NA	10,429,184
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

Top 10 Opioid Prescribers - Q3 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	443	807	23,110	71,631	NA	2,532
OP2	PAIN MANAGEMENT	LAS VEGAS	NEVADA	370	734	20,758	66,437	NA	3,653
OP3	ANESTHESIOLOGY	LAS VEGAS	NEVADA	419	616	17,587	56,126	NA	2,014
OP4	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
OP6	ANESTHESIOLOGY	LAS VEGAS	NEVADA	374	477	11,401	35,690	NA	1,424
OP7	PAIN MANAGEMENT	LAS VEGAS	NEVADA	196	392	11,575	38,428	NA	2,758
OP8	ANESTHESIOLOGY	RENO	NEVADA	180	387	11,020	41,651	NA	4,853
OP9	PAIN MANAGEMENT	LAS VEGAS	NEVADA	218	344	10,210	31,920	NA	1,825
OP10	PAIN MANAGEMENT	HENDERSON	NEVADA	167	334	9,756	29,973	NA	2,540

Top 10 Opioid Prescribers - Q2 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
OP1	ANESTHESIOLOGY	LAS VEGAS	NEVADA	594	1,208	34,477	107,594	NA	2,692
OP4	ANESTHESIOLOGY	LAS VEGAS	NEVADA	377	816	24,060	77,015	NA	2,807
OP2	PAIN MANAGEMENT	LAS VEGAS	NEVADA	360	722	20,879	66,585	NA	3,571
OP5	PAIN MANAGEMENT	LAS VEGAS	NEVADA	299	544	14,171	46,013	NA	2,743
OP10	PAIN MANAGEMENT	HENDERSON	NEVADA	221	495	14,436	45,065	NA	2,767
OP8	ANESTHESIOLOGY	RENO	NEVADA	214	468	13,224	48,304	NA	4,862
OP9	PAIN MANAGEMENT	LAS VEGAS	NEVADA	260	421	12,568	39,633	NA	2,076
OP11	PHYSICAL MEDICINE REHAB	LAS VEGAS	NEVADA	192	399	11,650	34,225	NA	2,683
OP12	PAIN MANAGEMENT	LAS VEGAS	NEVADA	202	398	11,772	37,830	NA	2,598
OP6	ANESTHESIOLOGY	LAS VEGAS	NEVADA	296	388	9,109	27,074	NA	1,431

# Nevada Medicaid

## Quarterly DUR Report

Health Plan Name:	Health Plan of Nevada
Health Plan Contact:	RK Bitton, PharmD, MBA
Contact Email:	<a href="mailto:ryan.bitton@uhc.com">ryan.bitton@uhc.com</a>
Report Quarter (Calendar Year):	Q3 2019
Report Period Start Date:	7/1/2019
Report Period End Date:	9/30/2019
Submission Date of Report:	12/13/2019

Top 10 Drug Classes by Paid Amount - Q3 2019 - Current 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
ANTICONSULSANTS - MISC.	22,852	NA
ANTIPSORIATICS	162	NA

Top 10 Drug Classes by Paid Amount - Q2 2019 - Previous Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
ANTIRETROVIRALS	2,365	NA
INSULIN	8,483	NA
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	479	NA
SYMPATHOMIMETICS	24,201	NA
HEPATITIS AGENTS	147	NA
ANTINEOPLASTIC ENZYME INHIBITORS	142	NA
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	1,736	NA
ANTICONSULSANTS - MISC.	23,078	NA
ANTIPSYCHOTICS - MISC.	1,155	NA
ANTIPSORIATICS	171	NA

Top 10 Drug Classes by Claim Count - Q3 2019 - Current Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	31,660	NA
ANTICONSULSANTS - 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

Top 10 Drug Classes by Claim Count - Q2 2019 - Previous Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	32,472	NA
SYMPATHOMIMETICS	24,201	NA
ANTICONSULSANTS - MISC.	23,078	NA
HMG COA REDUCTASE INHIBITORS	20,918	NA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	18,194	NA
OPIOID COMBINATIONS	17,834	NA
ANTIHISTAMINES - NON-SEDATING	16,589	NA
CENTRAL MUSCLE RELAXANTS	14,902	NA
ACE INHIBITORS	14,199	NA
PROTON PUMP INHIBITORS	13,773	NA

# Nevada Medicaid

## Quarterly DUR Report

Health Plan Name:	Health Plan of Nevada
Health Plan Contact:	RK Bitton, PharmD, MBA
Contact Email:	<a href="mailto:ryan.bitton@uhc.com">ryan.bitton@uhc.com</a>
Report Quarter (Calendar Year):	Q3 2019
Report Period Start Date:	7/1/2019
Report Period End Date:	9/30/2019
Submission Date of Report:	12/13/2019

### 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.)
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	11 (4)	3	75.00%	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	68 (30)	16	53.33%	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	666 (321)	63	19.63%	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	3517 (1825)	618	33.86%	Prescriber	OptumRx
Duplicate Therapy	This is a provider-targeted program designed to promote awareness of Therapeutic duplication concerns.	Fax/Mail	2485 (1124)	128	11.39%	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	983 (755)	71	9.40%	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	5795 (3446)	307	8.91%	Prescriber	OptumRx



# Nevada Medicaid

## Quarterly DUR Report

Health Plan Name:	Health Plan of Nevada
Health Plan Contact:	RK Bitton, PharmD, MBA
Contact Email:	<a href="mailto:ryan.bitton@uhc.com">ryan.bitton@uhc.com</a>
Report Quarter (Calendar Year):	Q3 2019
Report Period Start Date:	7/1/2019
Report Period End Date:	9/30/2019
Submission Date of Report:	12/13/2019

### 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	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 converting enzyme inhibitor (ACEI) or angiotensin II receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI).</p> <p>Cardiovascular Program (MI): To optimize the management of myocardial infarction (MI) by identifying and closing the gap in medication therapy for patients with MI but not on a beta blocker.</p>	Fax/Mail	609 (455)	55	12.09%	Prescriber	OptumRx

# Nevada Medicaid

## Quarterly DUR Report

Health Plan Name:	Health Plan of Nevada
Health Plan Contact:	RK Bitton, PharmD, MBA
Contact Email:	<a href="mailto:ryan.bitton@uhc.com">ryan.bitton@uhc.com</a>
Report Quarter (Calendar Year):	Q3 2019
Report Period Start Date:	7/1/2019
Report Period End Date:	9/30/2019
Submission Date of Report:	12/13/2019

### 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	130 (45)	7	15.6%	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	5885 (4052)	447	11.0%	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
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	Prescriber	OptumRx

# Nevada Medicaid

## Quarterly DUR Report

Health Plan Name:	Health Plan of Nevada
Health Plan Contact:	RK Bitton, PharmD, MBA
Contact Email:	<a href="mailto:ryan.bitton@uhc.com">ryan.bitton@uhc.com</a>
Report Quarter (Calendar Year):	Q3 2019
Report Period Start Date:	7/1/2019
Report Period End Date:	9/30/2019
Submission Date of Report:	12/13/2019

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.)
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	17834 (5911)	1242	21.01%	Prescriber	OptumRx

# Nevada Medicaid

## Quarterly DUR Report

Health Plan Name:	Health Plan of Nevada
Health Plan Contact:	RK Bitton, PharmD, MBA
Contact Email:	<a href="mailto:ryan.bitton@uhc.com">ryan.bitton@uhc.com</a>
Report Quarter (Calendar Year):	Q3 2019
Report Period Start Date:	7/1/2019
Report Period End Date:	9/30/2019
Submission Date of Report:	12/13/2019

Page 7 of 7

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)	40,465	N/A	N/A	N/A	N/A	40,465	100.00%
Therapeutic duplication (TD)	135,471	89,470	66.04%	26,460	19.53%	19,541	14.42%
Ingredient duplication (ID)	71,693	70	0.10%	79	0.11%	71,544	99.79%
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)	186,305	130,618	70.11%	40,868	21.94%	14,819	7.95%
Drug-Disease (MC)	346,337	293,522	84.75%	52,815	15.25%	N/A	N/A
Drug-Allergy (DA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug-Age (PA)	28,472	20,927	73.50%	7,545	26.50%	N/A	N/A
Therapeutic Dose Limits Screening	9268	1087	12%	556	6.00%	7625	82.27%
Dose Duration	38,939	25,319	65.02%	13,620	34.98%	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	CYCLOBENZAPRINE HYDROCHLORIDE	IBUPROFEN	ALBUTEROL SULFATE	LISINOPRIL	GABAPENTIN	N/A	MONTELUKAST SODIUM
VITAMIN D	LOSARTAN POTASSIUM	VITAMIN D	OMEPRAZOLE	PHENAZOPYRIDINE HCL	ONDANSETRON ODT	NYSTATIN	ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM	N/A	IBUPROFEN
PULMOZYME	ALBUTEROL SULFATE HFA	PULMOZYME	LEVOTHYROXINE SODIUM	MONTELUKAST SODIUM	METRONIDAZOLE	XULANE	METFORMIN HYDROCHLORIDE	HYDROCODONE/AC ETAMINOPHEN	N/A	CETIRIZINE HYDROCHLORIDE
LEVETIRACETAM	LISINOPRIL	LEVETIRACETAM	PANTOPRAZOLE SODIUM	VITAMIN D	NITROFURANTOIN MONOHYDRATE/M ACROCRYSTALS	VITAMIN D3	HYDROCHLOROTHIAZIDE	ALPRAZOLAM	N/A	ONDANSETRON ODT
GABAPENTIN	ALBUTEROL SULFATE	GABAPENTIN	LISINOPRIL	ONDANSETRON ODT	ONDANSETRON HYDROCHLORIDE	PHENAZOPYRIDINE HYDROCHLORIDE	FOLIC ACID	ZOLPIDEM TARTRATE	N/A	CLINDAMYCIN PHOSPHATE
PANTOPRAZOLE SODIUM	HYDROCHLOROTHIAZIDE	PANTOPRAZOLE SODIUM	MONTELUKAST SODIUM	CEFDINIR	TERCONAZOLE	ONDANSETRON ODT	TRAZODONE HYDROCHLORIDE	IBUPROFEN	N/A	RANITIDINE HCL
KALYDECO	METOPROLOL TARTRATE	KALYDECO	METFORMIN HYDROCHLORIDE	ACETAMINOPHEN EXTRA STRENGTH	FLUCONAZOLE	FLUCONAZOLE	FENOFIBRATE	FLUTICASONE PROPIONATE	N/A	LORATADINE CHILDRENS
ADVAIR DISKUS	BASAGLAR KWIKPEN	ADVAIR DISKUS	GABAPENTIN	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	GABAPENTIN	BUSPIRONE HYDROCHLORIDE	AMLODIPINE BESYLATE	ALBUTEROL SULFATE HFA	N/A	KETOCONAZOLE
LOSARTAN POTASSIUM	TRAZODONE HYDROCHLORIDE	LOSARTAN POTASSIUM	AMLODIPINE BESYLATE	SODIUM FLUORIDE	ALBUTEROL SULFATE HFA	MONTELUKAST SODIUM	GABAPENTIN	PREDNISONE	N/A	AZITHROMYCIN
BASAGLAR KWIKPEN	GABAPENTIN	BASAGLAR KWIKPEN	OMEPRAZOLE	PROMETHAZINE/DEXTROMETHORPHAN	FLUTICASONE PROPIONATE	ACYCLOVIR	IBUPROFEN	MONTELUKAST SODIUM	N/A	BUDESONIDE