



# Nevada Medicaid Drug Use Review Board Meeting

JULY 23, 2020



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

2020



## Table of Content

Clinical Presentation - Psychotropics for Children	3
Clinical Presentation - SAVELLA (milnacipran)	11
Clinical Presentation - PROLIA (Denosumab) & FORTEO (Teriparatide)	14
Clinical Presentation - PCSK9 Inhibitors	17
Clinical Presentation - VALTOCO (diazepam intranasal)	20
Clinical Presentation - VIVITROL (naltrexone)	23
Clinical Presentation - SOMAVERT (pegvisomant)	26
DUR Board Requested Reports - Top Opioid Prescribers & Members	29
Standard DUR Report	37



# **Clinical Presentation**

## **Psychotropics for Children**

# 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: July 23, 2020

Prior Authorization Criteria being reviewed: Psychotropics for Children

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

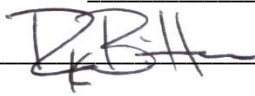
I disapprove of the criteria as presented by OptumRx

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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: 



## Psychotropics for Children

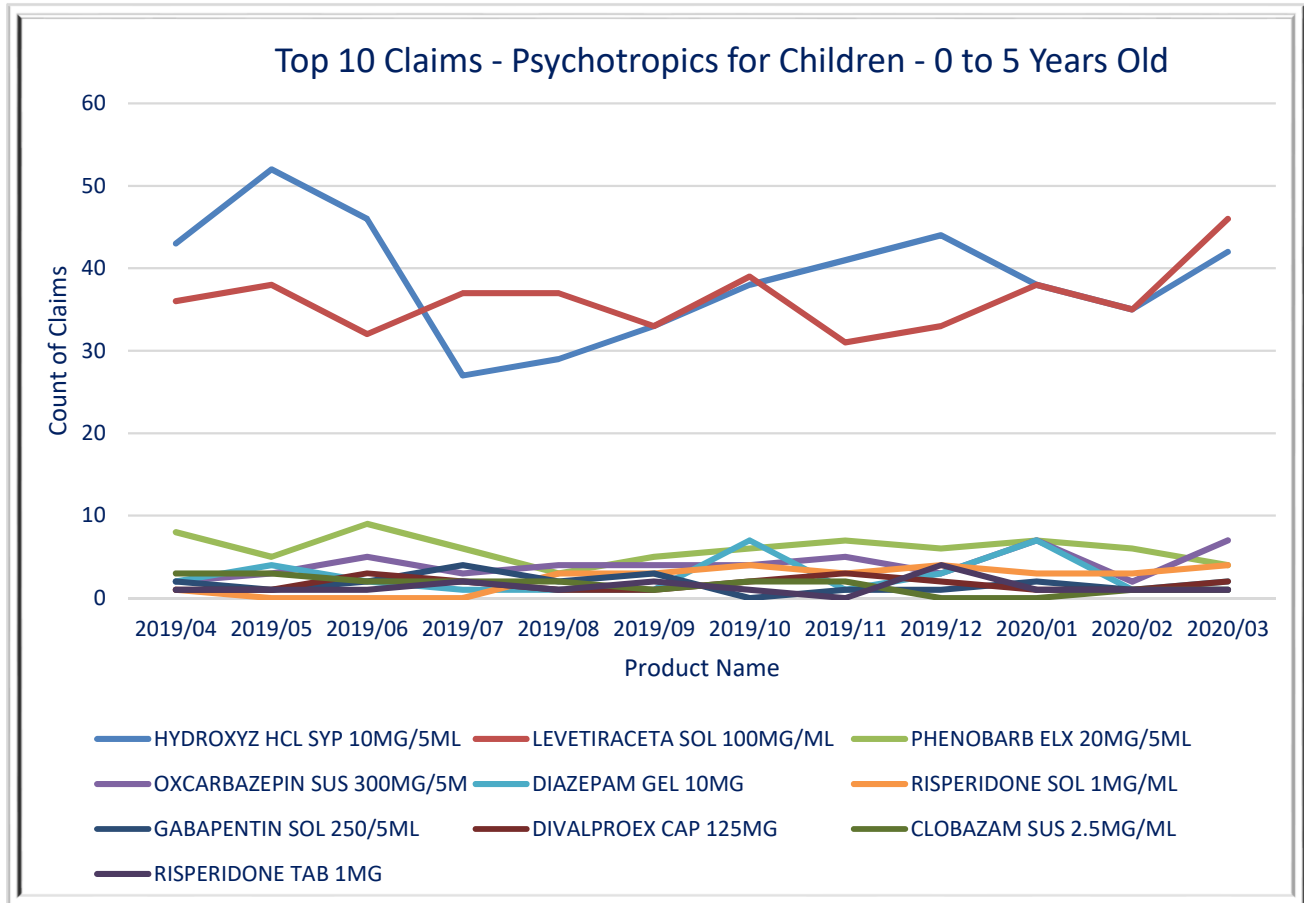
Summary of Utilization  
Apr 1, 2019 - Mar 31, 2020  
Health Plan of Nevada

Top 10 Medication					
Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
<b>0-5 Age Bracket - Top 30 Drugs</b>					
HYDROXYZ HCL SYP 10MG/5ML	388	468	7,592	71,287	NA
LEVETIRACETA SOL 100MG/ML	188	435	12,820	91,223	NA
PHENOBARB ELX 20MG/5ML	35	72	1,968	22,235	NA
OXCARBAZEPIN SUS 300MG/5M	24	49	1,458	11,372	NA
DIAZEPAM GEL 10MG	30	32	635	38	NA
RISPERIDONE SOL 1MG/ML	14	28	829	1,040	NA
GABAPENTIN SOL 250/5ML	9	20	567	2,993	NA
DIVALPROEX CAP 125MG	9	20	600	2,370	NA
CLOBAZAM SUS 2.5MG/ML	5	19	380	2,280	NA
RISPERIDONE TAB 1MG	6	16	453	697	NA
TOPIRAMATE CAP 25MG	5	13	390	1,440	NA
TOPIRAMATE TAB 25MG	7	13	390	1,020	NA
VALPROIC ACD SOL 250/5ML	5	13	392	2,790	NA
RISPERIDONE TAB 0.5MG	7	12	360	600	NA
DIAZEPAM GEL 2.5MG	10	11	216	11	NA
PHENOBARB TAB 32.4MG	6	10	300	630	NA
DIAZEPAM SOL 5MG/5ML	7	9	213	359	NA
VIGABATRIN PAK 500MG	3	8	240	480	NA
ETHOSUXIMIDE SOL 250/5ML	3	8	240	4,342	NA
RISPERIDONE TAB 0.25MG	3	8	240	330	NA
BUPROPION TAB 100MG SR	3	7	187	277	NA
PHENOBARB SOL 20MG/5ML	5	7	213	2,228	NA
HYDROXYZ HCL TAB 25MG	2	4	50	150	NA
LAMOTRIGINE CHW 25MG	2	4	120	660	NA
FLUOXETINE CAP 10MG	1	3	90	90	NA
RISPERIDONE TAB 2MG	1	3	90	90	NA
LORAZEPAM CON 2MG/ML	3	3	91	90	NA
TOPIRAMATE CAP 15MG	2	3	90	180	NA
ZONISAMIDE CAP 100MG	1	2	60	120	NA
DIAZEPAM TAB 2MG	2	2	12	15	NA
<b>Grand Total</b>	<b>786</b>	<b>1,302</b>	<b>31,286</b>	<b>221,438</b>	<b>NA</b>



# Psychotropics for Children

Summary of Utilization  
Apr 1, 2019 - Mar 31, 2020  
Health Plan of Nevada





## Psychotropics for Children

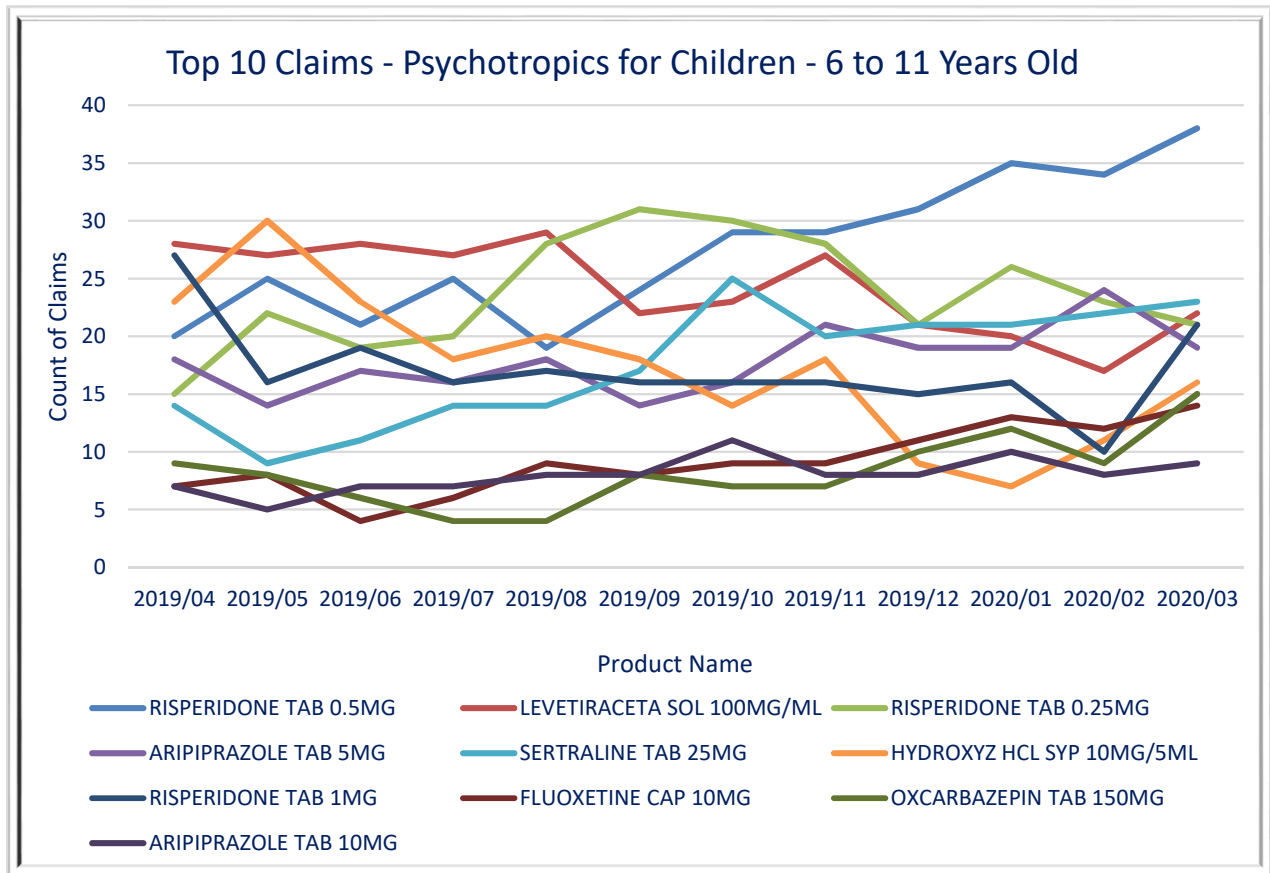
Summary of Utilization  
Apr 1, 2019 - Mar 31, 2020  
Health Plan of Nevada

Top 10 Medication					
Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
<b>6-11 Age Bracket - Top 30 Drugs</b>					
RISPERIDONE TAB 0.5MG	168	330	10,005	18,572	NA
LEVETIRACETA SOL 100MG/ML	131	291	8,666	98,492	NA
RISPERIDONE TAB 0.25MG	151	284	8,412	14,602	NA
ARIPIRAZOLE TAB 5MG	110	215	6,357	6,677	NA
SERTRALINE TAB 25MG	109	211	6,291	5,568	NA
HYDROXYZ HCL SYP 10MG/5ML	189	207	2,866	42,304	NA
RISPERIDONE TAB 1MG	90	205	6,232	8,988	NA
FLUOXETINE CAP 10MG	62	110	3,249	3,489	NA
OXCARBAZEPIN TAB 150MG	46	99	2,938	6,008	NA
ARIPIRAZOLE TAB 10MG	52	96	2,858	2,828	NA
HYDROXYZ HCL TAB 25MG	60	96	2,405	4,694	NA
OXCARBAZEPIN SUS 300MG/5M	36	93	2,413	33,530	NA
ARIPIRAZOLE TAB 2MG	51	93	2,723	3,457	NA
SERTRALINE TAB 50MG	41	88	2,640	2,876	NA
DIVALPROEX CAP 125MG	32	81	2,430	10,050	NA
TRAZODONE TAB 50MG	40	77	2,294	1,972	NA
HYDROXYZ HCL TAB 10MG	47	66	1,616	3,796	NA
LEVETIRACETA TAB 500MG	26	57	1,710	5,265	NA
ETHOSUXIMIDE SOL 250/5ML	25	54	1,611	18,961	NA
OXCARBAZEPIN TAB 300MG	28	54	1,620	3,786	NA
DIVALPROEX TAB 125MG DR	28	54	1,628	7,610	NA
FLUOXETINE CAP 20MG	25	48	1,440	1,440	NA
AMITRIPTYLIN TAB 10MG	28	45	1,325	2,290	NA
VALPROIC ACD SOL 250/5ML	22	44	1,288	15,822	NA
RISPERIDONE SOL 1MG/ML	20	41	1,230	1,800	NA
LEVETIRACETA TAB 250MG	19	36	1,080	2,480	NA
ESCITALOPRAM TAB 10MG	17	34	1,020	990	NA
ESCITALOPRAM TAB 5MG	17	32	923	1,000	NA
RISPERIDONE TAB 2MG	17	31	930	926	NA
TOPIRAMATE TAB 25MG	19	29	900	1,554	NA
<b>Grand Total</b>	<b>1,706</b>	<b>3,201</b>	<b>91,100</b>	<b>331,827</b>	<b>NA</b>



# Psychotropics for Children

Summary of Utilization  
Apr 1, 2019 - Mar 31, 2020  
Health Plan of Nevada







## Psychotropics for Children

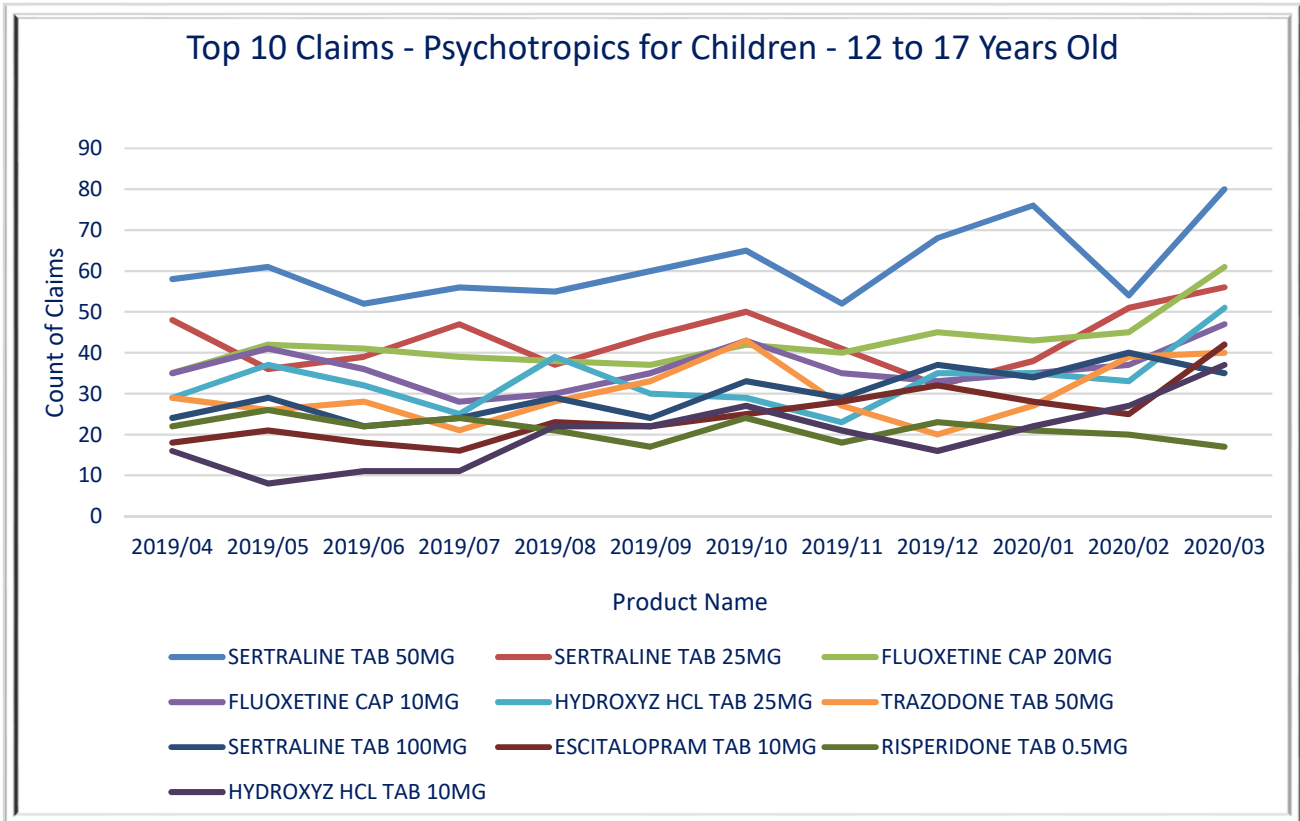
Summary of Utilization  
Apr 1, 2019 - Mar 31, 2020  
Health Plan of Nevada

Top 10 Medication					
Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
<b>12-17 Age Bracket - Top 30 Drugs</b>					
SERTRALINE TAB 50MG	392	737	21,896	23,120	NA
SERTRALINE TAB 25MG	331	519	15,273	15,096	NA
FLUOXETINE CAP 20MG	258	508	15,155	19,267	NA
FLUOXETINE CAP 10MG	258	435	12,669	13,498	NA
HYDROXYZ HCL TAB 25MG	296	398	9,131	20,294	NA
TRAZODONE TAB 50MG	215	361	10,489	12,283	NA
SERTRALINE TAB 100MG	161	360	10,608	13,221	NA
ESCITALOPRAM TAB 10MG	175	298	8,808	8,891	NA
RISPERIDONE TAB 0.5MG	143	255	7,559	11,456	NA
HYDROXYZ HCL TAB 10MG	186	240	5,981	13,786	NA
ARIPIRAZOLE TAB 5MG	144	239	7,088	7,286	NA
RISPERIDONE TAB 1MG	118	229	6,619	10,399	NA
LAMOTRIGINE TAB 25MG	109	211	6,148	12,747	NA
LAMOTRIGINE TAB 100MG	93	200	5,766	8,933	NA
ARIPIRAZOLE TAB 10MG	103	193	5,768	6,023	NA
TOPIRAMATE TAB 50MG	102	185	5,481	9,109	NA
HYDROXYZ PAM CAP 25MG	127	180	4,952	9,837	NA
LEVETIRACETA TAB 500MG	82	176	5,187	19,408	NA
AMITRIPTYLIN TAB 25MG	89	165	4,819	6,109	NA
OXCARBAZEPIN TAB 300MG	78	164	4,878	10,316	NA
BUSPIRONE TAB 10MG	83	148	4,329	9,587	NA
BUPROPION TAB 100MG SR	78	146	4,261	5,161	NA
ESCITALOPRAM TAB 5MG	84	129	3,698	3,721	NA
QUETIAPINE TAB 100MG	70	123	3,681	3,988	NA
TOPIRAMATE TAB 25MG	79	123	3,606	6,908	NA
BUPROPN HCL TAB 150MG XL	73	122	3,630	3,630	NA
QUETIAPINE TAB 25MG	63	121	3,615	4,529	NA
DIVALPROEX TAB 250MG DR	60	120	3,566	11,540	NA
LEVETIRACETA TAB 750MG	49	120	3,555	10,320	NA
OXCARBAZEPIN TAB 600MG	57	118	3,450	5,945	NA
<b>Grand Total</b>	<b>4,156</b>	<b>7,323</b>	<b>211,666</b>	<b>316,408</b>	<b>NA</b>



# Psychotropics for Children

Summary of Utilization  
Apr 1, 2019 - Mar 31, 2020  
Health Plan of Nevada





## **Clinical Presentation**

**SAVELLA (milnacipran)**

# 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: July 23, 2020

Prior Authorization Criteria being reviewed: SAVELLA (milnacipran)

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

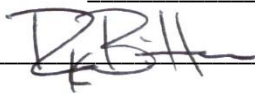
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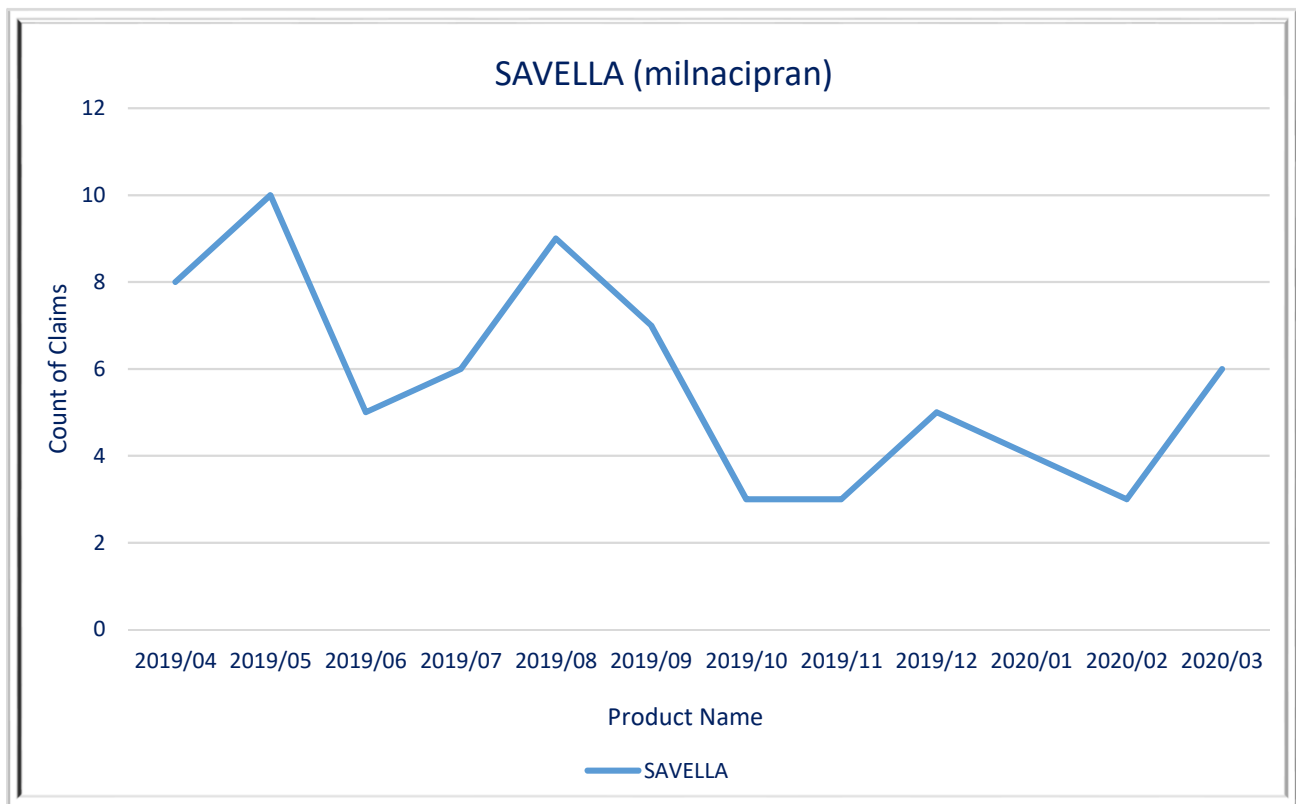
Signature of individual completing this form: 



## SAVELLA (milnacipran)

Summary of Utilization  
Apr 1, 2019 - Mar 31, 2020  
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
SAVELLA	36	69	2,103	4,070	NA
<b>Total</b>	<b>36</b>	<b>69</b>	<b>2,103</b>	<b>4,070</b>	<b>NA</b>





## **Clinical Presentation**

**PROLIA (Denosumab)  
&  
FORTEO (Teriparatide)**

# DRUG USE REVIEW BOARD

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DUR Meeting Date: July 23, 2020

Prior Authorization Criteria being reviewed: PROLIA (Denosumab) & FORTEO (Teriparatide)

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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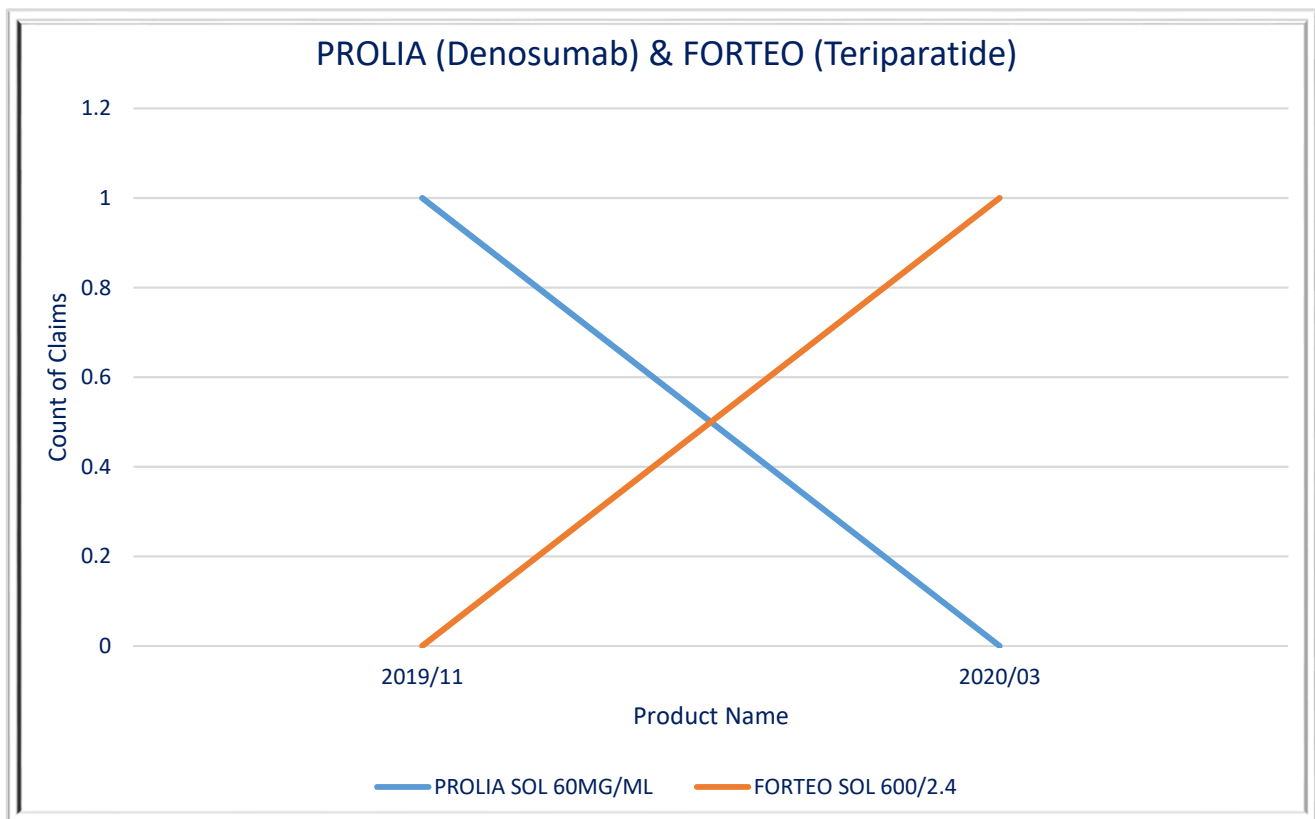
Signature of individual completing this form: 



## PROLIA (Denosumab) & FORTEO (Teriparatide)

Summary of Utilization  
Apr 1, 2019 - Mar 31, 2020  
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
PROLIA SOL 60MG/ML	1	1	30	1	NA
FORTEO SOL 600/2.4	1	1	28	2	NA
<b>Total</b>	<b>2</b>	<b>2</b>	<b>58</b>	<b>3</b>	<b>NA</b>







# **Clinical Presentation**

## **PCSK9 Inhibitors**

# DRUG USE REVIEW BOARD

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DUR Meeting Date: July 23, 2020

Prior Authorization Criteria being reviewed: PCSK9 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

For Repatha: Include a section for HoFH requiring the following:

(1) Diagnosis of homozygous familial hypercholesterolemia (HoFH) as confirmed by submission of medical records (e.g., chart notes, laboratory values) documenting **both** of the following: (a) **One** of the following: Pre-treatment LDL-C greater than 500 mg/dL OR Treated LDL-C greater than 300 mg/dL **-AND-** (b) **One** of the following: Xanthoma before 10 years of age OR Evidence of heterozygous familial hypercholesterolemia (HeFH) in both parents **-AND-** (2) Used as an adjunct to a low-fat diet and exercise **-AND-** (3) Patient is receiving other lipid-lowering therapy (e.g., statin, ezetimibe, LDL apheresis) **-AND-** (4) Prescribed by **one** of the following: (a) Cardiologist, (b) Endocrinologist, (c) Lipid specialist **-AND-** (5) Not used in combination with another proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitor (e.g., Praluent (alirocumab))

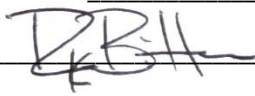
For both PCSK-9 products: validate pre-treatment LDL levels, specify family history OR risk factors

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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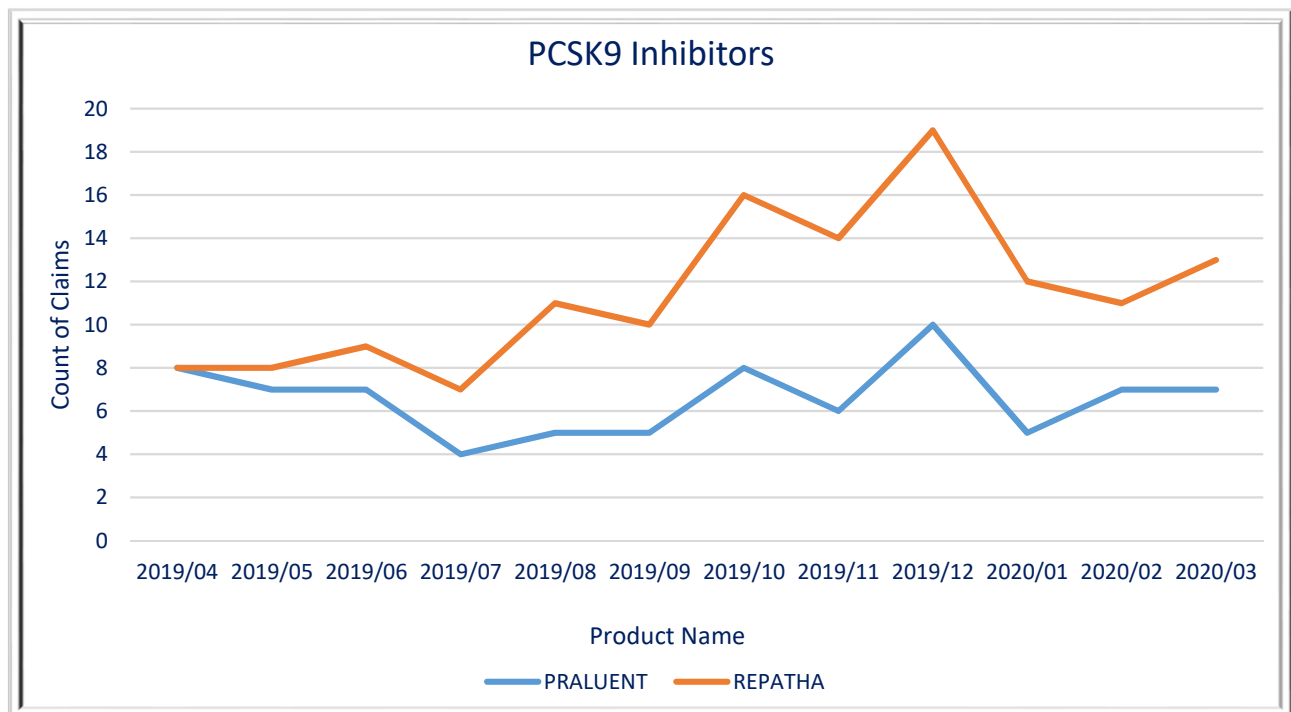
Signature of individual completing this form: 



## PCSK9 Inhibitors

Summary of Utilization  
Apr 1, 2019 - Mar 31, 2020  
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
PRALUENT	33	79	2,212	158	NA
REPATHA	29	59	1,658	123	NA
<b>Total</b>	<b>62</b>	<b>138</b>	<b>3,870</b>	<b>281</b>	<b>NA</b>





## **Clinical Presentation**

**VALTOCO (diazepam intranasal)**

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DUR Meeting Date: July 23, 2020

Prior Authorization Criteria being reviewed: VALTOCO (diazepam intranasal)

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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HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

# VALTOCO (diazepam intranasal)

Summary of Utilization  
Apr 1, 2019 - Mar 31, 2020  
Health Plan of Nevada

Page 1 of 1

**No Utilization**



## **Clinical Presentation**

**VIVITROL (naltrexone)**

# DRUG USE REVIEW BOARD

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DUR Meeting Date: July 23, 2020

Prior Authorization Criteria being reviewed: VIVITROL (naltrexone)

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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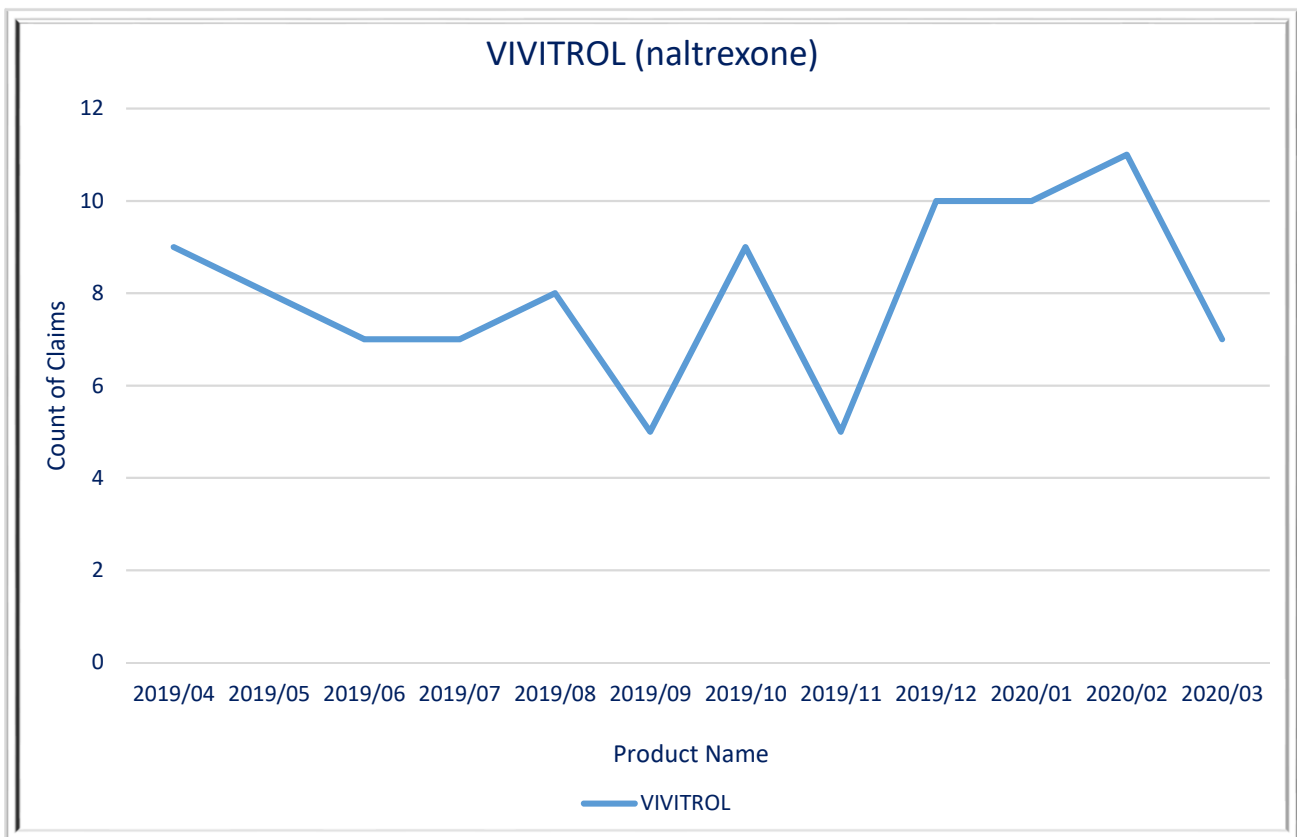




## VIVITROL (naltrexone)

Summary of Utilization  
Apr 1, 2019 - Mar 31, 2020  
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
VIVITROL	51	96	2,725	96	NA
<b>Total</b>	<b>51</b>	<b>96</b>	<b>2,725</b>	<b>96</b>	<b>NA</b>





## **Clinical Presentation**

**SOMAVERT (pegvisomant)**

# DRUG USE REVIEW BOARD

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DUR Meeting Date: July 23, 2020

Prior Authorization Criteria being reviewed: SOMAVERT (pegvisomant)

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

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Only slight modification would be to validate diagnosis with one the following:

(a) Serum GH level > 1 ng/mL after a 2 hour oral glucose tolerance test (OGTT) at time of diagnosis

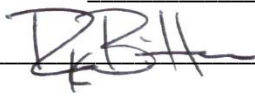
(b) Elevated serum IGF-1 levels (above the age and gender adjusted normal range as provided by the physician's lab) at time of diagnosis

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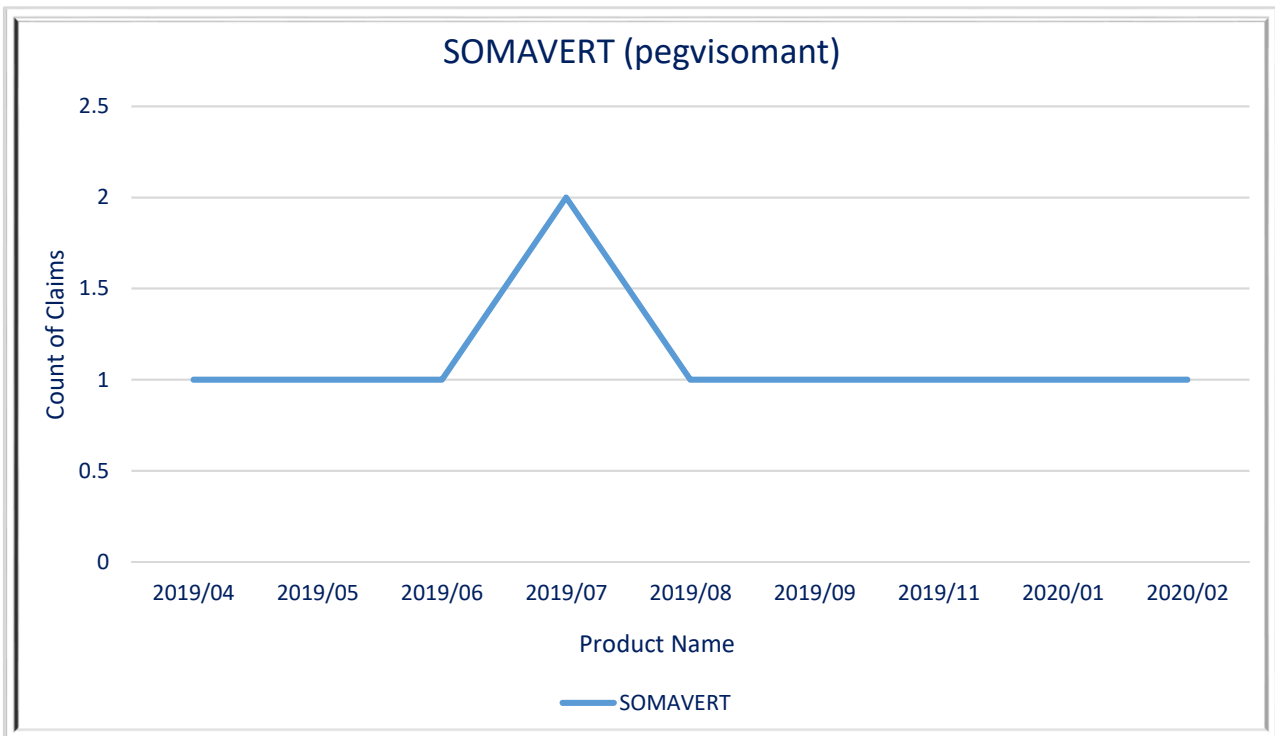
Signature of individual completing this form:  \_\_\_\_\_



# SOMAVERT (pegvisomant)

Summary of Utilization  
Apr 1, 2019 - Mar 31, 2020  
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
SOMAVERT	4	10	300	300	NA
<b>Total</b>	<b>4</b>	<b>10</b>	<b>300</b>	<b>300</b>	<b>NA</b>





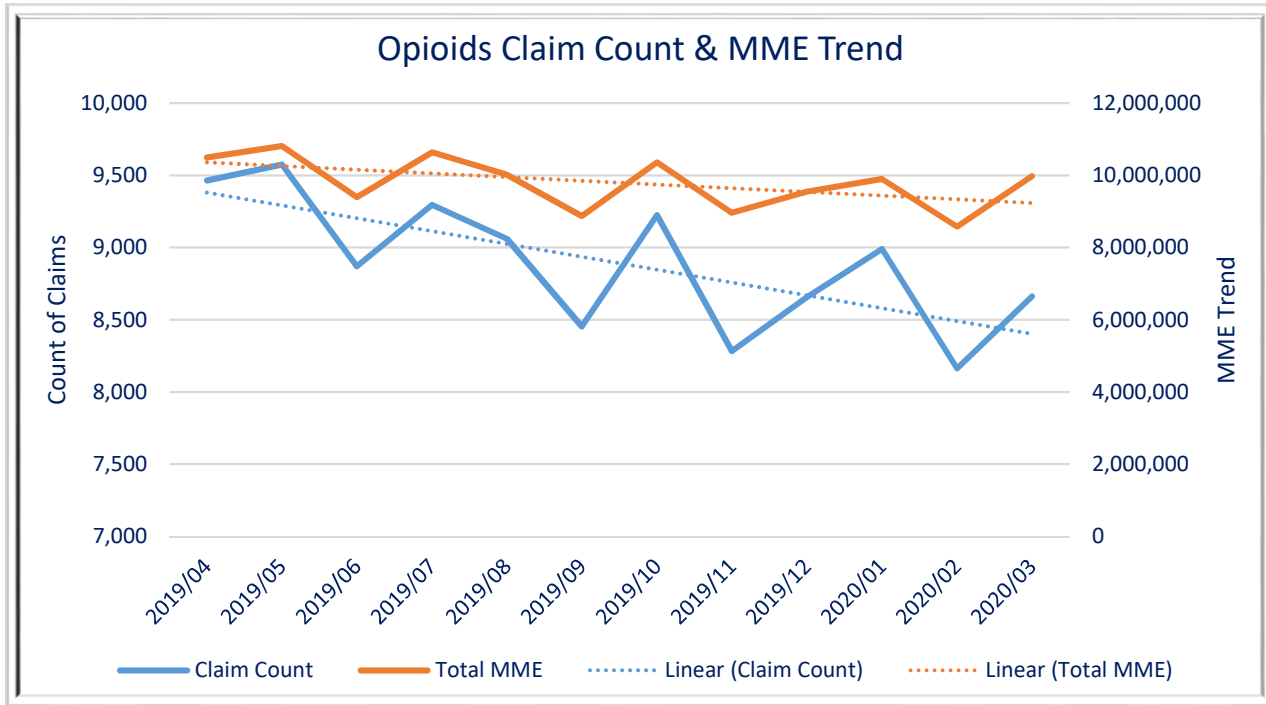
# **DUR Board Requested Reports**

**Top Opioid Prescribers & Members**



## Opioid Utilization Overall Summary Apr 1, 2019 - Mar 31, 2020 Health Plan of Nevada

Year/Month Filled	Member Count	Claim Count	Claims Per Member	Sum of Days Supply	Sum of Quantity	Qty Per Member	Total MME
2019/04	9,069	9,464	1.04	205,651	675,541	74.49	10,498,259
2019/05	9,111	9,575	1.05	208,088	678,174	74.43	10,811,413
2019/06	8,633	8,870	1.03	192,567	628,808	72.84	9,394,240
2019/07	8,812	9,296	1.05	203,889	664,443	75.40	10,638,578
2019/08	8,681	9,061	1.04	196,781	646,537	74.48	10,011,792
2019/09	8,226	8,453	1.03	184,869	602,408	73.23	8,875,941
2019/10	8,753	9,225	1.05	201,944	655,066	74.84	10,358,697
2019/11	8,044	8,283	1.03	184,331	600,376	74.64	8,964,554
2019/12	8,322	8,657	1.04	192,356	623,064	74.87	9,546,659
2020/01	8,452	8,989	1.06	197,000	634,688	75.09	9,904,789
2020/02	7,788	8,163	1.05	179,410	578,740	74.31	8,580,148
2020/03	8,012	8,663	1.08	193,383	619,703	77.35	9,981,110





## Top 10 Opioid Prescribers by Count of Claims

Oct 1, 2019 - Mar 31, 2020  
Health Plan of Nevada

Top 10 Opioid Prescribers by Claim Count							Q1 2020 - Current		
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amt	Total MME per Script
OP1	ANESTHESIOLOGY	LAS VEGAS	NEVADA	566	1,100	31,797	99,325	NA	2,366
OP2	PAIN MANAGEMEN	LAS VEGAS	NEVADA	411	1,066	30,096	99,216	NA	3,998
OP3	ANESTHESIOLOGY	LAS VEGAS	NEVADA	298	544	13,870	43,605	NA	2,386
OP4	ANESTHESIOLOGY	LAS VEGAS	NEVADA	334	499	14,301	47,119	NA	1,907
OP5	PHYSICAL MEDICINE	LAS VEGAS	NEVADA	181	345	9,839	30,375	NA	2,389
OP6	PAIN MANAGEMEN	LAS VEGAS	NEVADA	151	337	10,067	32,923	NA	3,067
OP7	ANESTHESIOLOGY	LAS VEGAS	NEVADA	163	330	9,608	32,263	NA	3,384
OP8	PAIN MANAGEMEN	LAS VEGAS	NEVADA	172	329	8,353	26,269	NA	2,963
OP9	ANESTHESIOLOGY	RENO	NEVADA	132	322	9,267	35,616	NA	4,819
OP10	ANESTHESIOLOGY	LAS VEGAS	NEVADA	126	320	9,437	31,954	NA	3,520

Top 10 Opioid Prescribers by Claim Count							Q4 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	Total MME per Script
OP4	ANESTHESIOLOGY	LAS VEGAS	NEVADA	564	979	27,770	90,838	NA	2,365
OP1	ANESTHESIOLOGY	LAS VEGAS	NEVADA	417	788	22,574	69,969	NA	2,376
OP2	PAIN MANAGEMEN	LAS VEGAS	NEVADA	365	732	20,673	67,174	NA	3,285
OP3	ANESTHESIOLOGY	LAS VEGAS	NEVADA	417	558	14,286	44,400	NA	1,869
OP11	PAIN MANAGEMEN	LAS VEGAS	NEVADA	272	429	11,730	39,152	NA	2,420
OP6	PAIN MANAGEMEN	LAS VEGAS	NEVADA	182	360	10,688	35,291	NA	2,819
OP9	ANESTHESIOLOGY	RENO	NEVADA	147	355	10,234	39,013	NA	5,176
OP12	PAIN MANAGEMEN	LAS VEGAS	NEVADA	170	313	9,261	29,963	NA	2,424
OP5	PHYSICAL MEDICINE	LAS VEGAS	NEVADA	148	303	8,795	26,063	NA	2,601
OP13	PAIN MANAGEMEN	LAS VEGAS	NEVADA	187	302	8,975	27,794	NA	1,914



## Top 25 Opioids Utilization By Member Claims

Top 25 Members by Claim Count

Oct 1, 2019 - Mar 31, 2019

Health Plan of Nevada

Encrypted Member ID	Encrypted Prescriber ID	Opioid Claim Count	Days Supply	Sum of Quantity	Sum of Paid Amt	Total MME Member per Script
OM1	NA	2	20	33	NA	155
	NA	36	565	1,208	NA	1,423
<b>Total</b>		<b>38</b>	<b>585</b>	<b>1,240</b>	<b>NA</b>	<b>1,356</b>
OM2	OP3	4	60	120	NA	1,575
	OP2	22	322	660	NA	4,653
<b>Total</b>		<b>26</b>	<b>382</b>	<b>780</b>	<b>NA</b>	<b>4,180</b>
OM3	NA	25	175	525	NA	3,944
<b>Total</b>		<b>25</b>	<b>175</b>	<b>525</b>	<b>NA</b>	<b>3,944</b>
OM4	NA	20	140	1,092	NA	6,752
	NA	1	7	56	NA	1,260
<b>Total</b>		<b>21</b>	<b>147</b>	<b>1,148</b>	<b>NA</b>	<b>6,490</b>
OM5	NA	1	7	21	NA	315
	NA	1	7	56	NA	280
	OP1	2	60	240	NA	3,600
	NA	16	112	672	NA	4,331
<b>Total</b>		<b>20</b>	<b>186</b>	<b>989</b>	<b>NA</b>	<b>3,855</b>
OM6	OP3	5	99	414	NA	3,456
	NA	2	60	90	NA	675
	NA	1	15	90	NA	1,350
	NA	2	6	12	NA	90
	OP2	10	210	840	NA	6,300
<b>Total</b>		<b>20</b>	<b>390</b>	<b>1,446</b>	<b>NA</b>	<b>4,158</b>
OM7	NA	1	7	42	NA	630
	NA	18	304	2,020	NA	22,870
	NA	1	15	120	NA	5,400
<b>Total</b>		<b>20</b>	<b>326</b>	<b>2,182</b>	<b>NA</b>	<b>20,885</b>
OM8	NA	3	21	174	NA	1,108
	NA	17	352	2,832	NA	9,687
<b>Total</b>		<b>20</b>	<b>373</b>	<b>3,006</b>	<b>NA</b>	<b>8,400</b>
OM9	NA	1	30	15	NA	5,400
	NA	5	150	285	NA	4,680
	NA	14	418	735	NA	8,614
<b>Total</b>		<b>20</b>	<b>598</b>	<b>1,035</b>	<b>NA</b>	<b>7,470</b>





## Top 25 Opioids Utilization By Member Claims

Top 25 Members by Claim Count  
Oct 1, 2019 - Mar 31, 2019  
Health Plan of Nevada

Encrypted Member ID	Encrypted Prescriber ID	Opioid Claim Count	Days Supply	Sum of Quantity	Sum of Paid Amt	Total MME Member per Script
OM10	NA	2	60	180	NA	1,350
	NA	3	85	225	NA	1,950
	NA	2	35	75	NA	563
	NA	8	80	240	NA	1,125
	NA	2	60	180	NA	1,350
	NA	1	30	90	NA	1,350
	NA	2	20	60	NA	450
<b>Total</b>		<b>20</b>	<b>370</b>	<b>1,050</b>	<b>NA</b>	<b>1,181</b>
OM11	NA	20	140	1,036	NA	3,122
<b>Total</b>		<b>20</b>	<b>140</b>	<b>1,036</b>	<b>NA</b>	<b>3,122</b>
OM12	NA	1	7	28	NA	224
	NA	6	120	370	NA	2,480
	NA	12	102	449	NA	7,720
<b>Total</b>		<b>19</b>	<b>229</b>	<b>847</b>	<b>NA</b>	<b>5,671</b>
OM13	NA	18	126	504	NA	1,929
	NA	1	7	30	NA	450
<b>Total</b>		<b>19</b>	<b>133</b>	<b>534</b>	<b>NA</b>	<b>1,851</b>
OM14	NA	19	155	310	NA	0
<b>Total</b>		<b>19</b>	<b>155</b>	<b>310</b>	<b>NA</b>	<b>0</b>
OM15	NA	19	545	1,470	NA	2,602
<b>Total</b>		<b>19</b>	<b>545</b>	<b>1,470</b>	<b>NA</b>	<b>2,602</b>
OM16	NA	18	276	945	NA	3,546
<b>Total</b>		<b>18</b>	<b>276</b>	<b>945</b>	<b>NA</b>	<b>3,546</b>
OM17	NA	18	438	1,312	NA	18,278
<b>Total</b>		<b>18</b>	<b>438</b>	<b>1,312</b>	<b>NA</b>	<b>18,278</b>
OM18	OP9	18	540	510	NA	6,030
<b>Total</b>		<b>18</b>	<b>540</b>	<b>510</b>	<b>NA</b>	<b>6,030</b>
OM19	NA	18	540	2,880	NA	18,000
<b>Total</b>		<b>18</b>	<b>540</b>	<b>2,880</b>	<b>NA</b>	<b>18,000</b>



## Top 25 Opioids Utilization By Member Claims

Top 25 Members by Claim Count  
Oct 1, 2019 - Mar 31, 2019  
Health Plan of Nevada

Encrypted Member ID	Encrypted Prescriber ID	Opioid Claim Count	Days Supply	Sum of Quantity	Sum of Paid Amt	Total MME Member per Script
OM20	OP9	18	540	1,200	NA	10,325
Total		18	540	1,200	NA	10,325
OM21	NA	9	67	35	NA	0
	NA	9	97	52	NA	0
Total		18	164	87	NA	0
OM22	OP9	18	540	1,785	NA	3,864
Total		18	540	1,785	NA	3,864
OM23	NA	1	13	76	NA	3,420
	NA	16	386	1,201	NA	2,671
Total		17	399	1,277	NA	2,715
OM24	NA	17	510	1,710	NA	8,021
Total		17	510	1,710	NA	8,021
OM25	OP3	4	52	104	NA	0
	OP2	13	139	278	NA	0
Total		17	191	382	NA	0
<b>GRAND TOTAL</b>		<b>503</b>	<b>8,872</b>	<b>29,686</b>	<b>NA</b>	<b>145,944</b>

Correlation Summary	
Top Members by Claim Count	Top Prescribers
OM2	OP2, OP3
OM5	OP1
OM6	OP2, OP3
OM18	OP9
OM20	OP9
OM22	OP9
OM25	OP3



## Top 25 Opioids Utilization By Member MME

Top 25 Members by Total MME  
Oct 1, 2019 - Mar 31, 2019  
Health Plan of Nevada

Encrypted Member ID	Top Member by Claims	Encrypted Prescriber ID	Opioid Claim Count	Days Supply	Sum of Quantity	Sum of Paid Amt	Total MME Member per Script	Total MME
MME1	OM7	NA	1	7	42	NA	630	630
		NA	18	304	2,020	NA	22,870	411,660
		NA	1	15	120	NA	5,400	5,400
Total			20	326	2,182	NA	20,885	417,690
MME2	NA	NA	16	274	1,427	NA	21,131	338,100
Total			16	274	1,427	NA	21,131	338,100
MME3	OM17	NA	18	438	1,312	NA	18,278	329,000
Total			18	438	1,312	NA	18,278	329,000
MME4	OM19	NA	18	540	2,880	NA	18,000	324,000
Total			18	540	2,880	NA	18,000	324,000
MME5	NA	NA	14	420	1,960	NA	20,379	285,300
		NA	1	5	20	NA	150	150
Total			15	425	1,980	NA	19,030	285,450
MME6	NA	NA	13	390	1,910	NA	20,285	263,700
Total			13	390	1,910	NA	20,285	263,700
MME7	NA	NA	14	376	1,125	NA	18,204	254,850
Total			14	376	1,125	NA	18,204	254,850
MME8	NA	NA	15	450	1,740	NA	15,648	234,720
Total			15	450	1,740	NA	15,648	234,720
MME9	NA	NA	12	360	1,800	NA	19,350	232,200
Total			12	360	1,800	NA	19,350	232,200
MME10	NA	NA	12	360	630	NA	19,238	230,850
Total			12	360	630	NA	19,238	230,850
MME11	NA	NA	14	420	2,100	NA	16,071	225,000
Total			14	420	2,100	NA	16,071	225,000
MME12	NA	NA	14	420	1,440	NA	15,686	219,600
Total			14	420	1,440	NA	15,686	219,600
MME13	NA	NA	11	325	1,800	NA	19,555	215,100
Total			11	325	1,800	NA	19,555	215,100
MME14	NA	NA	10	300	1,800	NA	19,890	198,900
		NA	2	60	360	NA	7,650	15,300
Total			12	360	2,160	NA	17,850	214,200
MME15	NA	NA	13	390	1,230	NA	16,062	208,800
Total			13	390	1,230	NA	16,062	208,800
MME16	NA	NA	12	360	1,620	NA	17,325	207,900
Total			12	360	1,620	NA	17,325	207,900
MME17	NA	NA	14	420	1,890	NA	14,464	202,500
Total			14	420	1,890	NA	14,464	202,500



## Top 25 Opioids Utilization By Member MME

Top 25 Members by Total MME  
Oct 1, 2019 - Mar 31, 2019  
Health Plan of Nevada

Encrypted Member ID	Top Member by Claims	Encrypted Prescriber ID	Opioid Claim Count	Days Supply	Sum of Quantity	Sum of Paid Amt	Total MME Member per Script	Total MME
MME18	NA	NA	6	180	1,620	NA	32,400	194,400
Total			6	180	1,620	NA	32,400	194,400
MME19	NA	NA	6	160	1,440	NA	32,400	194,400
Total			6	160	1,440	NA	32,400	194,400
MME20	NA	NA	7	210	1,200	NA	27,771	194,400
Total			7	210	1,200	NA	27,771	194,400
MME21	NA	NA	2	60	180	NA	4,500	9,000
		NA	12	360	1,080	NA	15,000	180,000
Total			14	420	1,260	NA	13,500	189,000
MME22	NA	NA	11	330	2,070	NA	17,182	189,000
Total			11	330	2,070	NA	17,182	189,000
MME23	NA	NA	12	360	1,110	NA	15,638	187,650
Total			12	360	1,110	NA	15,638	187,650
MME24	OM20	OP9	18	540	1,200	NA	10,325	185,850
Total			18	540	1,200	NA	10,325	185,850
MME25	NA	NA	8	214	1,275	NA	22,528	180,225
Total			8	214	1,275	NA	22,528	180,225
<b>GRAND TOTAL</b>			<b>307</b>	<b>8,508</b>	<b>39,201</b>	<b>NA</b>	<b>468,479</b>	<b>5,732,735</b>

Correlation Summary		
Top Members by Total MME	Top Members by Claim Count	Top Prescribers
MME1	OM7	NA
MME3	OM17	NA
MME4	OM19	NA
MME24	OM20	OP9



## Standard DUR Report



# Nevada Medicaid

## Quarterly DUR Report

Health Plan Name:	Health Plan of Nevada
Health Plan Contact:	Ryan Bitton, PharmD, MBA
Contact Email:	<a href="mailto:ryan.bitton@uhc.com">ryan.bitton@uhc.com</a>
Report Quarter (Calendar Year):	Q1 2020
Report Period Start Date:	1/1/2020
Report Period End Date:	3/31/2020
Submission Date of Report:	7/23/2020

### Opioid Utilization

Year/Month Filled	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amount	Total MME
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
2020/01	8,452	8,989	197,000	634,688	NA	9,904,789
2020/02	7,788	8,163	179,410	578,740	NA	8,580,148
2020/03	8,012	8,663	193,383	619,703	NA	9,981,110

### Top 10 Opioid Prescribers - Q1 2020 - 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	566	1,100	31,797	99,325	NA	2,366
OP2	PAIN MANAGEMENT	LAS VEGAS	NEVADA	411	1,066	30,096	99,216	NA	3,998
OP3	ANESTHESIOLOGY	LAS VEGAS	NEVADA	298	544	13,870	43,605	NA	2,386
OP4	ANESTHESIOLOGY	LAS VEGAS	NEVADA	334	499	14,301	47,119	NA	1,907
OP5	PHYSICAL MEDICINE REHAB	LAS VEGAS	NEVADA	181	345	9,839	30,375	NA	2,389
OP6	PAIN MANAGEMENT	LAS VEGAS	NEVADA	151	337	10,067	32,923	NA	3,067
OP7	ANESTHESIOLOGY	LAS VEGAS	NEVADA	163	330	9,608	32,263	NA	3,384
OP8	PAIN MANAGEMENT	LAS VEGAS	NEVADA	172	329	8,353	26,269	NA	2,963
OP9	ANESTHESIOLOGY	RENO	NEVADA	132	322	9,267	35,616	NA	4,819
OP10	ANESTHESIOLOGY	LAS VEGAS	NEVADA	126	320	9,437	31,954	NA	3,520

### Top 10 Opioid Prescribers - Q4 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
OP4	ANESTHESIOLOGY	LAS VEGAS	NEVADA	564	979	27,770	90,838	NA	2,365
OP1	ANESTHESIOLOGY	LAS VEGAS	NEVADA	417	788	22,574	69,969	NA	2,376
OP2	PAIN MANAGEMENT	LAS VEGAS	NEVADA	365	732	20,673	67,174	NA	3,285
OP3	ANESTHESIOLOGY	LAS VEGAS	NEVADA	417	558	14,286	44,400	NA	1,869
OP11	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
OP9	ANESTHESIOLOGY	RENO	NEVADA	147	355	10,234	39,013	NA	5,176
OP12	PAIN MANAGEMENT	LAS VEGAS	NEVADA	170	313	9,261	29,963	NA	2,424
OP5	PHYSICAL MEDICINE REHAB	LAS VEGAS	NEVADA	148	303	8,795	26,063	NA	2,601
OP13	PAIN MANAGEMENT	LAS VEGAS	NEVADA	187	302	8,975	27,794	NA	1,914

# Nevada Medicaid

## Quarterly DUR Report

Health Plan Name:	Health Plan of Nevada
Health Plan Contact:	Ryan Bitton, PharmD, MBA
Contact Email:	<a href="mailto:ryan.bitton@uhc.com">ryan.bitton@uhc.com</a>
Report Quarter (Calendar Year):	Q1 2020
Report Period Start Date:	1/1/2020
Report Period End Date:	3/31/2020
Submission Date of Report:	7/23/2020

**Top 10 Drug Classes by Paid Amount - Q1 2020 - Current Quarter**

Drug Class Name	Count of Claims	Pharmacy Paid
ANTIRETROVIRALS	2,438	NA
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	454	NA
INSULIN	8,532	NA
ANTINEOPLASTIC ENZYME INHIBITORS	135	NA
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	2,085	NA
SYMPATHOMIMETICS	30,309	NA
ANTIPSYCHOTICS - MISC.	1,396	NA
HEPATITIS AGENTS	138	NA
ANTIPSORIATICS	203	NA
METABOLIC MODIFIERS	282	NA

**Top 10 Drug Classes by Paid Amount - Q4 2019 - Previous 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 Claim Count - Q1 2020 - Current Quarter**

Drug Class Name	Count of Claims	Pharmacy Paid
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	32,668	NA
SYMPATHOMIMETICS	30,309	NA
ANTICONVULSANTS - MISC.	23,051	NA
HMG COA REDUCTASE INHIBITORS	21,267	NA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	18,172	NA
ANTIHISTAMINES - NON-SEDATING	16,376	NA
OPIOID COMBINATIONS	16,123	NA
GLUCOCORTICOSTEROIDS	14,458	NA
CENTRAL MUSCLE RELAXANTS	14,403	NA
AMINOPENICILLINS	14,394	NA

**Top 10 Drug Classes by Claim Count - Q4 2019 - Previous 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

# Nevada Medicaid

## Quarterly DUR Report

Health Plan Name:	Health Plan of Nevada
Health Plan Contact:	Ryan Bitton, PharmD, MBA
Contact Email:	<a href="mailto:ryan.bitton@uhc.com">ryan.bitton@uhc.com</a>
Report Quarter (Calendar Year):	Q1 2020
Report Period Start Date:	1/1/2020
Report Period End Date:	3/31/2020
Submission Date of Report:	7/23/2020

### 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
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	0 (TBD)	TBD	TBD	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 (33)	10	30.30%	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	61 (TBD)	TBD	TBD	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 (407)	95	23.34%	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	447 (TBD)	TBD	TBD	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 (818)	129	15.77%	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	461 (TBD)	TBD	TBD	Prescriber	OptumRx



# Nevada Medicaid

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Health Plan Contact:	Ryan Bitton, PharmD, MBA
Contact Email:	<a href="mailto:ryan.bitton@uhc.com">ryan.bitton@uhc.com</a>
Report Quarter (Calendar Year):	Q1 2020
Report Period Start Date:	1/1/2020
Report Period End Date:	3/31/2020
Submission Date of Report:	7/23/2020

### 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.)
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 (4124)	1426	34.58%	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	963 (TBD)	TBD	TBD	Prescriber	OptumRx
Duplicate Therapy	This is a provider-targeted program designed to promote awareness of Therapeutic duplication concerns.	Fax/Mail	3354 (2731)	287	10.51%	Prescriber	OptumRx
Duplicate Therapy	This is a provider-targeted program designed to promote awareness of Therapeutic duplication concerns.	Fax/Mail	1457 (TBD)	TBD	TBD	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 (1143)	134	11.72%	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	521 (TBD)	TBD	TBD	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 (6132)	506	8.25%	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	1715 (TBD)	TBD	TBD	Prescriber	OptumRx

# Nevada Medicaid

## Quarterly DUR Report

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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.						
	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.	Fax/Mail	732 (722)	103	0.14265928	Prescriber	OptumRx
	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).						
	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.						

# Nevada Medicaid

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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.						
	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.	Fax/Mail	175 (TBD)	TBD	TBD	Prescriber	OptumRx
	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).						
	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.						

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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 (125)	16	0.128	Prescriber	OptumRx
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	72 (TBD)	TBD	TBD	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 (6991)	938	0.134172508	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	2085 (TBD)	TBD	TBD	Prescriber	OptumRx

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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	0.166666667	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	1 (TBD)	TBD	TBD	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 (8042)	1429	0.177692116	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	14525 (TBD)	TBD	TBD	Prescriber	OptumRx

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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)	13,023	N/A	N/A	N/A	N/A	13,023	100.00%
Therapeutic duplication (TD)	86,222	60,302	69.94%	15,048	17.45%	10,872	12.61%
Ingredient duplication (ID)	46,324	2,862	6.18%	4,112	8.88%	39,350	84.95%
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)	110,485	79,965	72.38%	23,010	20.83%	7,510	6.80%
Drug-Disease (MC)	211,408	179,240	84.78%	32,168	15.22%	N/A	N/A
Drug-Allergy (DA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug-Age (PA)	33,986	25,477	74.96%	8,509	25.04%	N/A	N/A
Therapeutic Dose Limits Screening	6,307	816	12.94%	583	9.24%	4,908	77.82%
Dose Duration	29,196	18,993	65.05%	10,203	34.95%	N/A	N/A

### Top 10 Drugs by Therapeutic Problem Type - Overutilization

ER	TD	ID	LR	HD	PG	LD	DD	MC	DA	PA
ALBUTEROL SULFATE HFA	AMLODIPINE BESYLATE	ALBUTEROL SULFATE HFA	ATORVASTATIN CALCIUM	OSELTAMIVIR PHOSPHATE	IBUPROFEN	XULANE	LISINAPRIL	GABAPENTIN	N/A	MONTELUKAST SODIUM
GABAPENTIN	LOSARTAN POTASSIUM	GABAPENTIN	OMEPRAZOLE	MONTELUKAST SODIUM	ONDANSETRON ODT	MEDROXYPROGEST ERONE ACETATE	ATORVASTATIN CALCIUM	IBUPROFEN	N/A	CETIRIZINE HYDROCHLORIDE
FLUTICASONE PROPIONATE	ALBUTEROL SULFATE HFA	FLUTICASONE PROPIONATE	LEVOTHYROXINE SODIUM	CEFDINIR	METRONIDAZOLE	NYSTATIN	METFORMIN HYDROCHLORIDE	FLUTICASONE PROPIONATE	N/A	IBUPROFEN
METFORMIN HYDROCHLORIDE	HYDROCHLOROTHIAZIDE	METFORMIN HYDROCHLORIDE	MONTELUKAST SODIUM	VITAMIN D	FLUCONAZOLE	ONDANSETRON ODT	HYDROCHLOROTHIAZIDE	PREDNISONE	N/A	OSELTAMIVIR PHOSPHATE
AMLODIPINE BESYLATE	LISINAPRIL	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	VITAMIN D3	TRAZODONE HYDROCHLORIDE	ATORVASTATIN CALCIUM	N/A	TRIAMCINOLONE ACETONIDE
IBUPROFEN	BASAGLAR KWIKPEN	IBUPROFEN	METFORMIN HYDROCHLORIDE	PROMETHAZINE/DEXTROMETHORPHAN	ALBUTEROL SULFATE HFA	PHENAZOPYRIDINE HYDROCHLORIDE	FOLIC ACID	HYDROCODONE/ACETAMINOPHEN	N/A	LORATADINE CHILDRENS
MONTELUKAST SODIUM	CARVEDILOL	MONTELUKAST SODIUM	LISINAPRIL	AMOXICILLIN	DOK	MONTELUKAST SODIUM	FENOFIBRATE	ALPRAZOLAM	N/A	ONDANSETRON ODT
ATORVASTATIN CALCIUM	METOPROLOL TARTRATE	ATORVASTATIN CALCIUM	GABAPENTIN	ONDANSETRON ODT	TERCONAZOLE	BUSPIRONE HYDROCHLORIDE	AMLODIPINE BESYLATE	ALBUTEROL SULFATE HFA	N/A	AZITHROMYCIN
SERTRALINE HYDROCHLORIDE	GABAPENTIN	SERTRALINE HYDROCHLORIDE	PANTOPRAZOLE SODIUM	AMOXICILLIN/CLAVULANATE POTASSIUM	DOCUSATE SODIUM	FLUCONAZOLE	GABAPENTIN	ZOLPIDEM TARTRATE	N/A	BUDESONIDE
BASAGLAR KWIKPEN	FUROSEMIDE	BASAGLAR KWIKPEN	LOSARTAN POTASSIUM	FAMOTIDINE	STOOL SOFTENER	PROPRANOLOL HYDROCHLORIDE	IBUPROFEN	MONTELUKAST SODIUM	N/A	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE