



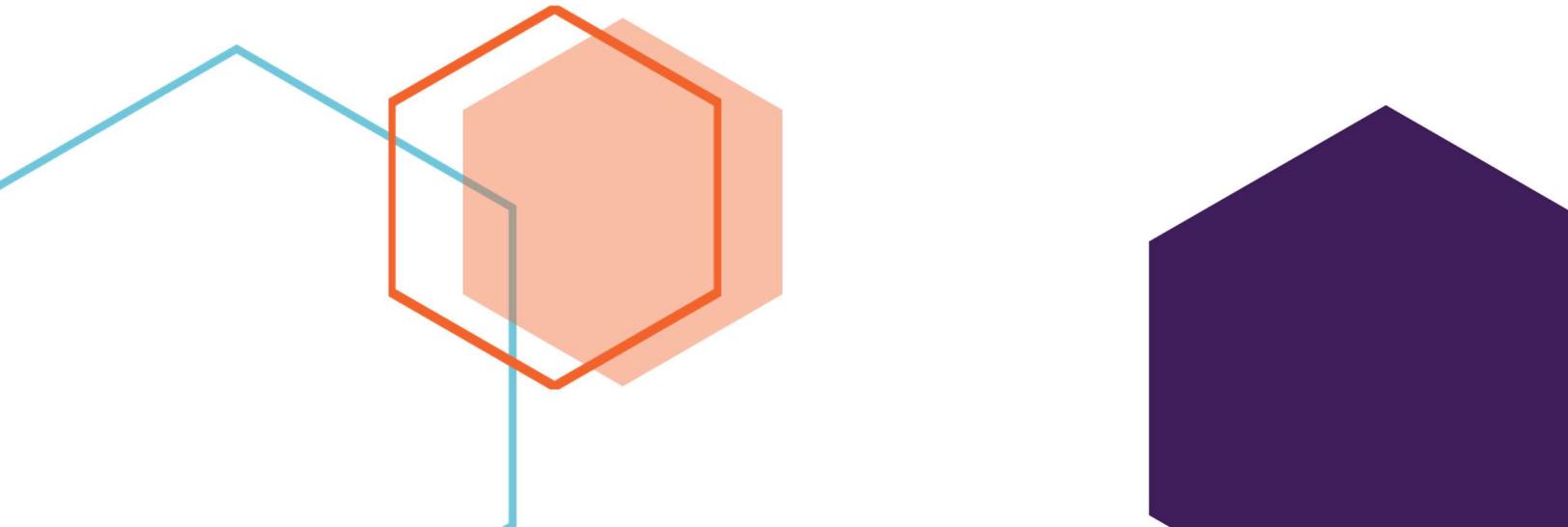
# Nevada Medicaid Drug Use Review Board Meeting

JANUARY 27, 2022



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

2022



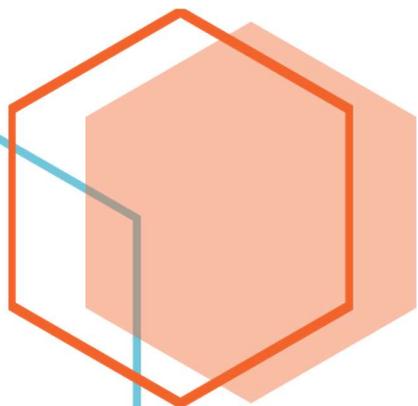
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# **Clinical Presentation**

## **CGRP Antagonists**



# 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: Jan 27, 2022

Prior Authorization Criteria being reviewed: CGRP Antagonists

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: Ryan Bitton

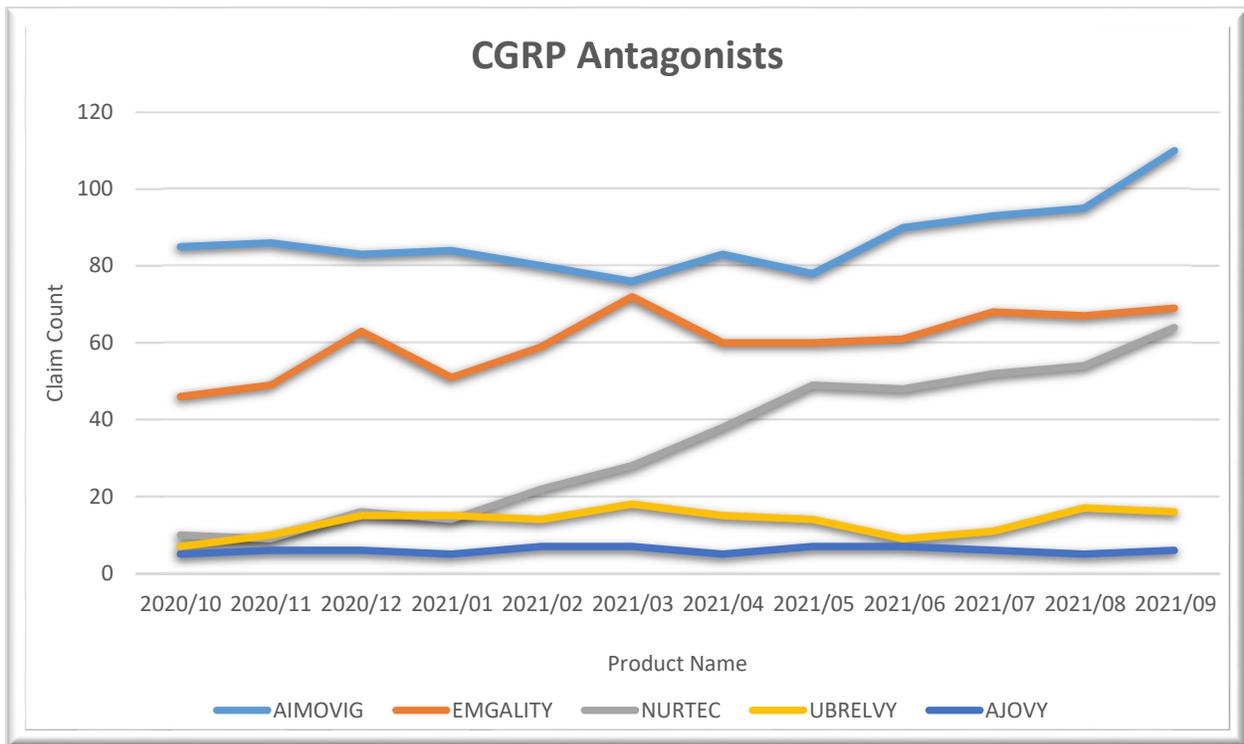
Signature of individual completing this form: 



## CGRP Antagonists

Summary of Utilization  
October 1, 2020 - September 30, 2021  
Health Plan of Nevada

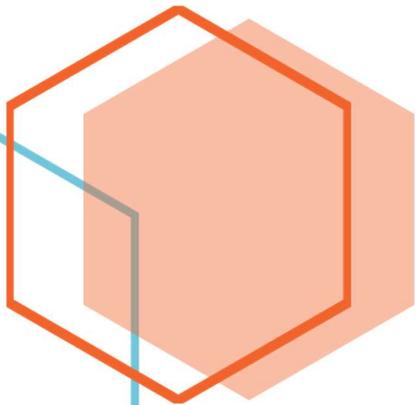
Product Name	Members	Claims	Total Days Supply	Total Quantity	Sum of Amt Paid
AIMOVIG	197	1,043	30,974	1,043	NA
EMGALITY	131	725	21,535	779	NA
NURTEC	120	404	9,907	3,224	NA
UBRELVY	51	161	3,701	1,603	NA
AJOVY	13	72	2,254	114	NA
<b>Total</b>	<b>512</b>	<b>2,405</b>	<b>68,371</b>	<b>6,763</b>	<b>NA</b>





# **Clinical Presentation**

## **Cystic Fibrosis**



# DRUG USE REVIEW BOARD

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DUR Meeting Date: Jan 27, 2022

Prior Authorization Criteria being reviewed: Cystic Fibrosis Agents – KALYDECO (ivacaftor)

Managed Care Organization name: Health Plan of Nevada

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx

I disapprove of the criteria as presented by OptumRx

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

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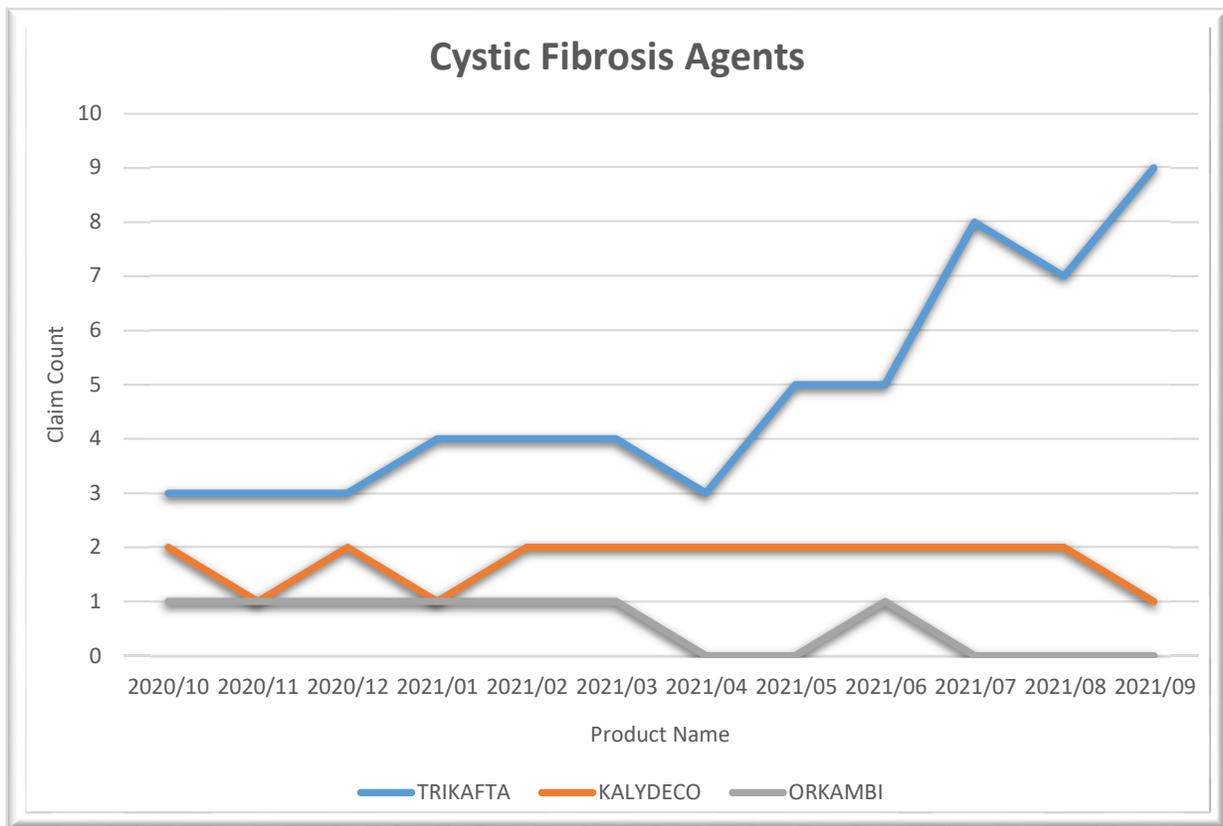
Signature of individual completing this form: 



## Cystic Fibrosis Agents

Summary of Utilization  
October 1, 2020 - September 30, 2021  
Health Plan of Nevada

Product Name	Members	Claims	Total Days Supply	Total Quantity	Sum of Amt Paid
TRIKAFTA	9	65	1,820	5,460	NA
KALYDECO	2	27	756	1,512	NA
ORKAMBI	2	11	308	616	NA
<b>Total</b>	<b>13</b>	<b>103</b>	<b>2,884</b>	<b>7,588</b>	<b>NA</b>





## **Clinical Presentation**

## **Topical Immunomodulators**

# 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: Jan 27, 2022

Prior Authorization Criteria being reviewed: Topical Immunomodulators

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

Approve criteria's intent, however, wording should be updated. Opzelura is a topical and the criteria says they must have one of the following:

- Disease is not adequately controlled with topical prescription therapies
- Topical prescription therapies are not advised for the patient

Recommend that "tacrolimus or pimecrolimus" that should replace the word's "topical prescription therapies" in the criteria.

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

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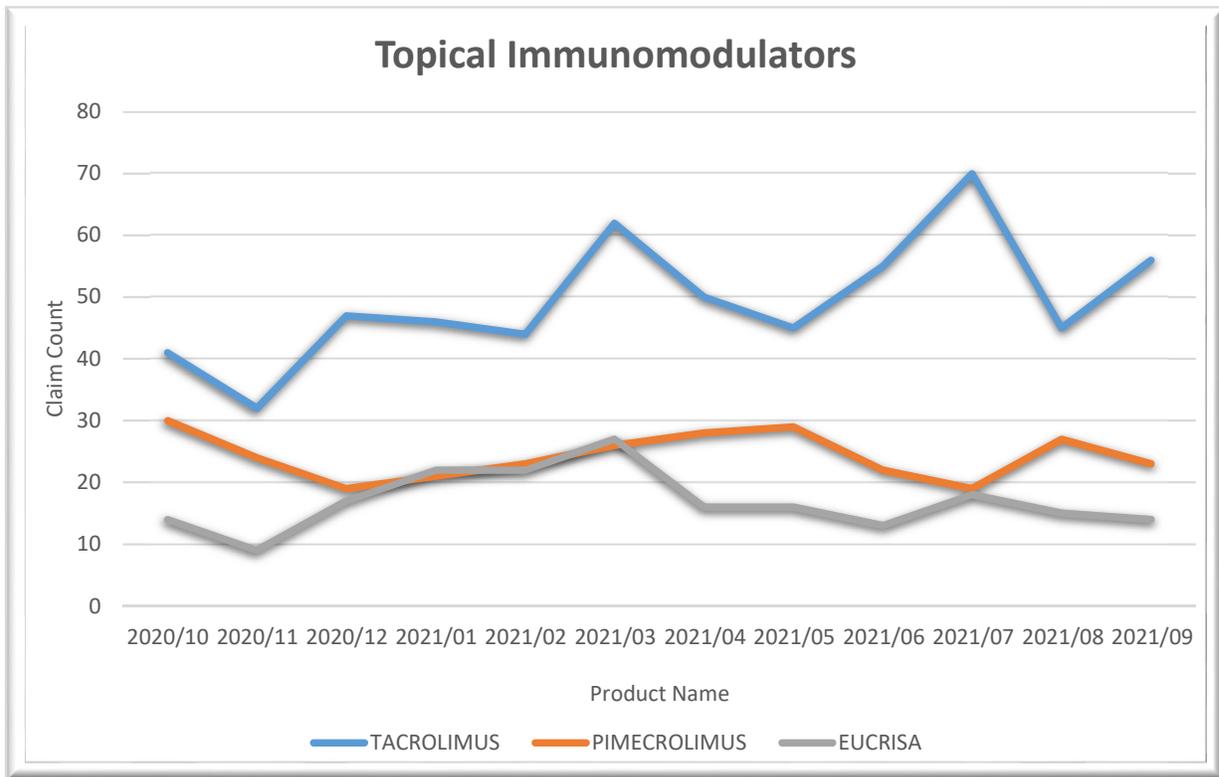
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## Topical Immunomodulators

Summary of Utilization  
October 1, 2020 - September 30, 2021  
Health Plan of Nevada

Product Name	Members	Claims	Total Days Supply	Total Quantity	Sum of Amt Paid
TACROLIMUS	323	593	14,292	18,460	NA
PIMECROLIMUS	141	291	6,723	9,230	NA
EUCRISA	108	203	5,772	12,340	NA
<b>Total</b>	<b>572</b>	<b>1,087</b>	<b>26,787</b>	<b>40,030</b>	<b>NA</b>





# **Clinical Presentation**

## **HIV Agents**

# DRUG USE REVIEW BOARD

## MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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DUR Meeting Date: Jan 27, 2022

Prior Authorization Criteria being reviewed: HIV Agents - CABENUVA (cabotegravir and rilpivirine) & VOCABRIA (cabotegravir)

Managed Care Organization name: Health Plan of Nevada

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx

I disapprove of the criteria as presented by OptumRx

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

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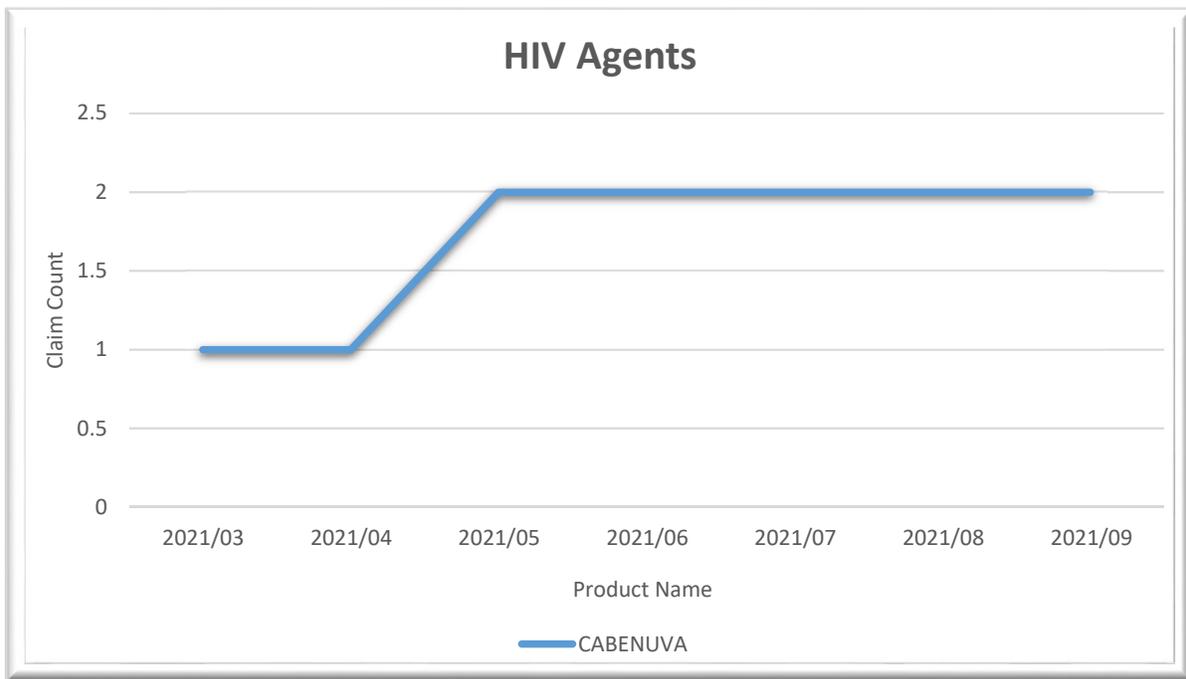
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## HIV Agents

Summary of Utilization  
October 1, 2020 - September 30, 2021  
Health Plan of Nevada

Pharmacy					
Product Name	Members	Claims	Total Days Supply	Total Quantity	Sum of Amt Paid
CABENUVA	2	12	360	52	NA
<b>Total</b>	<b>2</b>	<b>12</b>	<b>360</b>	<b>52</b>	<b>NA</b>



**Medical**

**No Utilization**



# **Clinical Presentation**

## **Targeted Immunomodulators**

# DRUG USE REVIEW BOARD

## MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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DUR Meeting Date: Jan 27, 2022

Prior Authorization Criteria being reviewed: Targeted Immunomodulators - ZEPOSIA (ozanimod)

Managed Care Organization name: Health Plan of Nevada

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx

I disapprove of the criteria as presented by OptumRx

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

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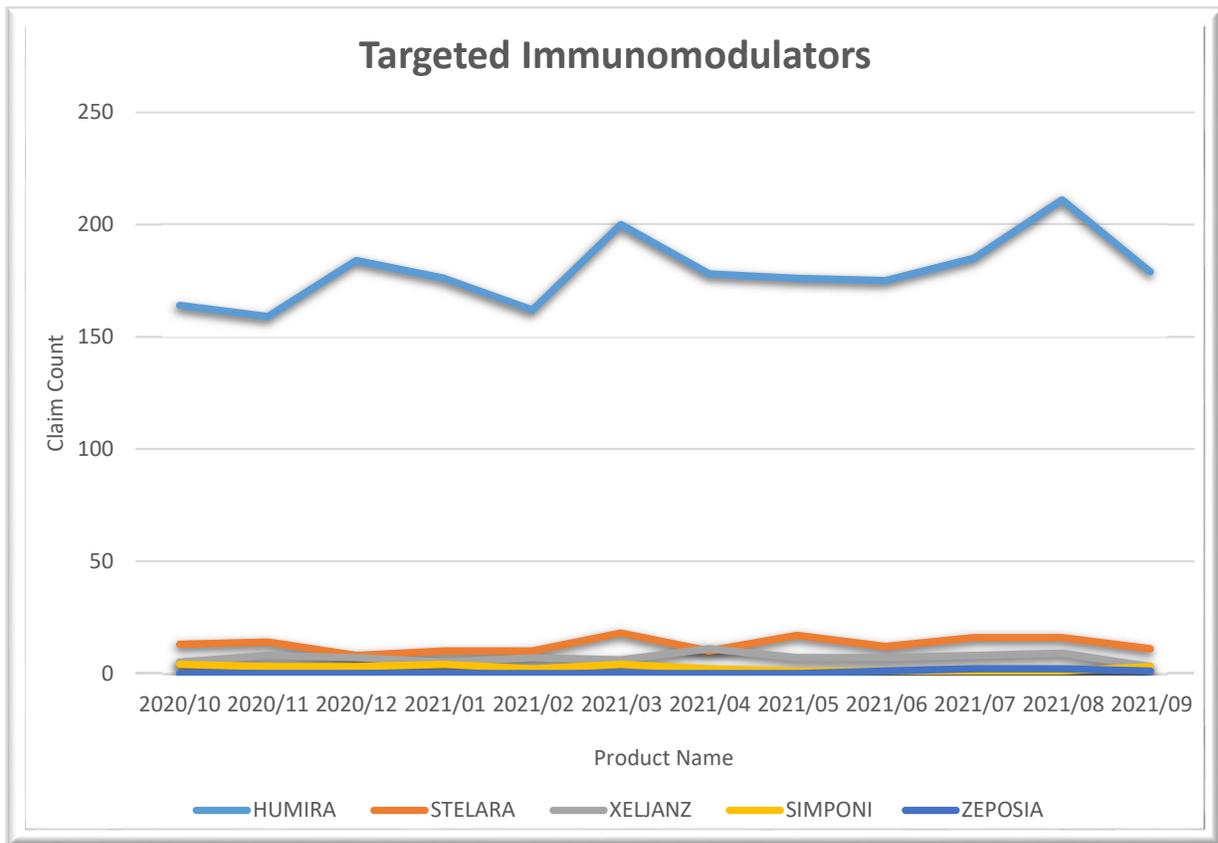
Signature of individual completing this form: 



## Targeted Immunomodulators

Summary of Utilization  
October 1, 2020 - September 30, 2021  
Health Plan of Nevada

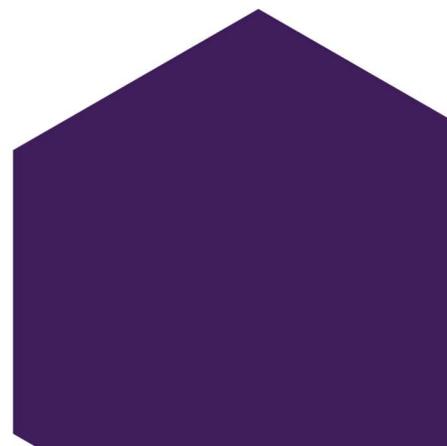
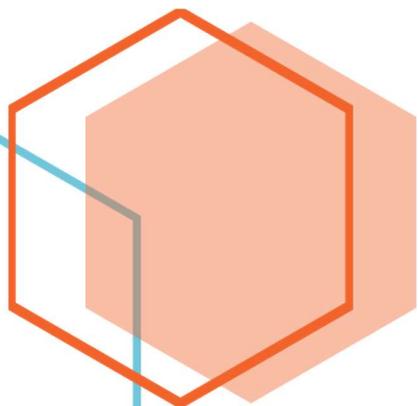
Product Name	Members	Claims	Total Days Supply	Total Quantity	Sum of Amt Paid
HUMIRA	311	2,149	60,205	4,959	NA
STELARA	37	155	8,638	138	NA
XELJANZ	15	83	2,550	3,180	NA
SIMPONI	6	29	850	17	NA
ZEPOSIA	2	6	180	194	NA
<b>Total</b>	<b>371</b>	<b>2,422</b>	<b>72,423</b>	<b>8,488</b>	<b>NA</b>





## **Clinical Presentation**

### **Respiratory Monoclonal Antibody Agents**



# DRUG USE REVIEW BOARD

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DUR Meeting Date: Jan 27, 2022

Prior Authorization Criteria being reviewed: Respiratory Monoclonal Antibody Agents

Managed Care Organization name: Health Plan of Nevada

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx

I disapprove of the criteria as presented by OptumRx

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.

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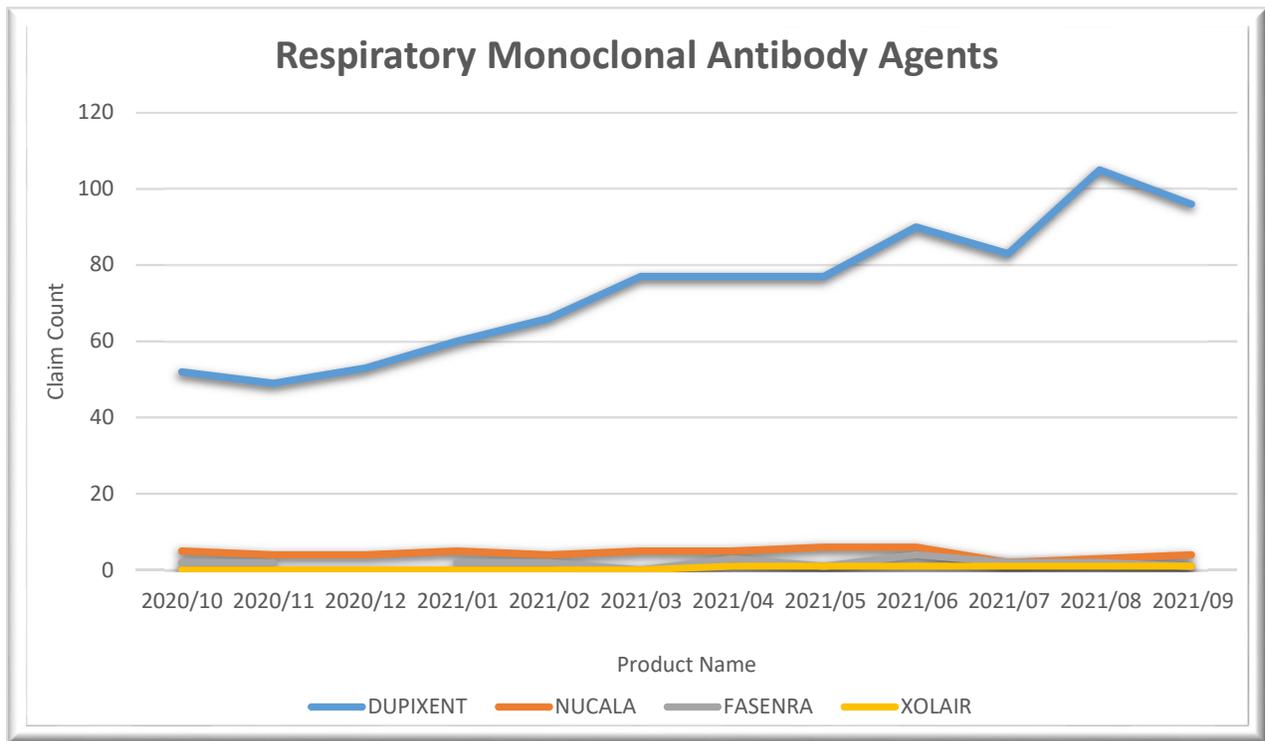
Signature of individual completing this form: 



## Respiratory Monoclonal Antibody Agents

Summary of Utilization  
October 1, 2020 - September 30, 2021  
Health Plan of Nevada

Pharmacy	Members	Claims	Total Days Supply	Total Quantity	Sum of Amt Paid
DUPIXENT	159	1,006	27,426	3,792	NA
NUCALA	11	60	1,680	60	NA
FASENRA	6	21	760	21	NA
XOLAIR	1	6	168	24	NA
<b>Total</b>	<b>177</b>	<b>1,093</b>	<b>30,034</b>	<b>3,897</b>	<b>NA</b>

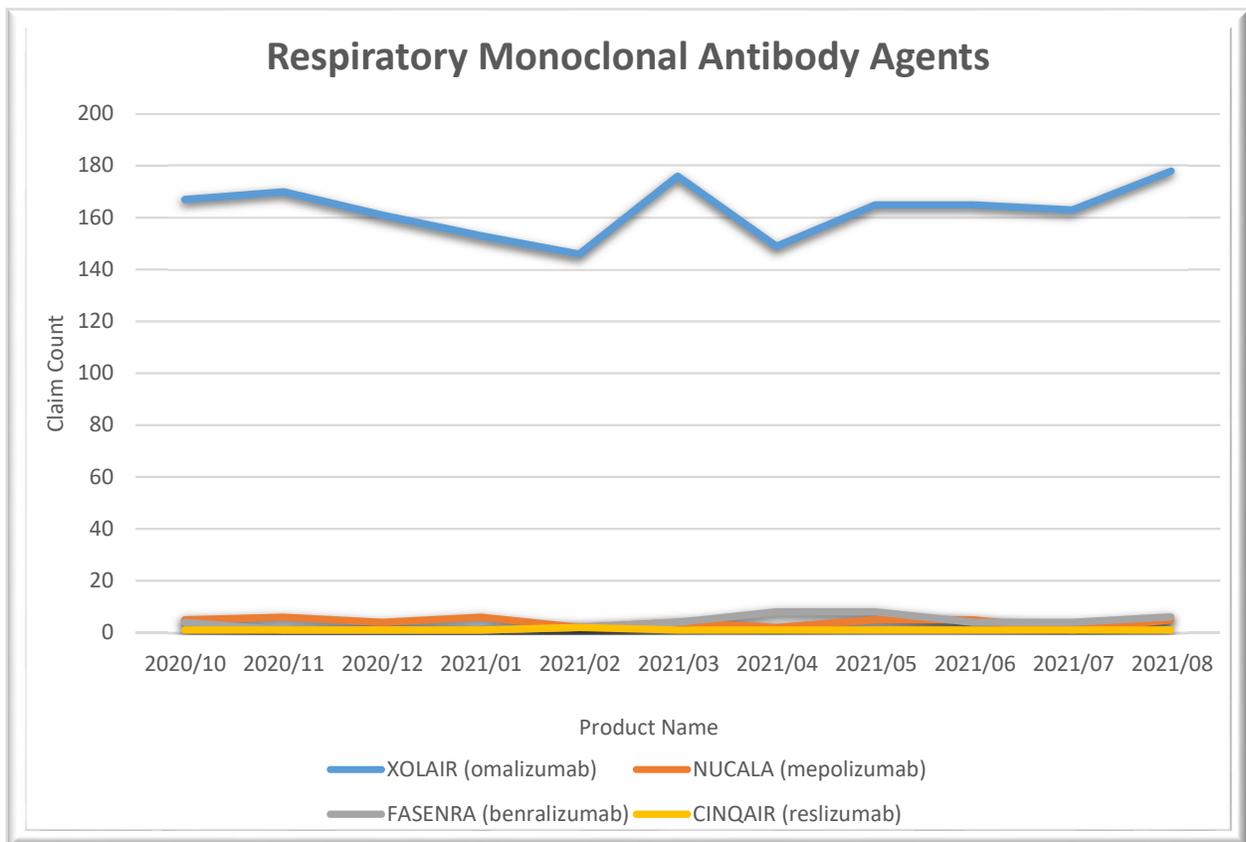




## Respiratory Monoclonal Antibody Agents

Summary of Utilization  
October 1, 2020 - September 30, 2021  
Health Plan of Nevada

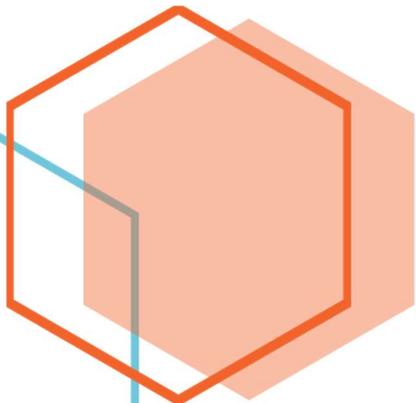
Medical	Claims	Total Paid
Product Name		
XOLAIR (omalizumab)	1,793	NA
NUCALA (mepolizumab)	45	NA
FASENRA (benralizumab)	43	NA
CINQAIR (reslizumab)	12	NA
<b>Grand Total</b>	<b>1,893</b>	<b>NA</b>





## **Clinical Presentation**

### **Neuropathic Pain - Fibromyalgia Agents**



# DRUG USE REVIEW BOARD

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DUR Meeting Date: Jan 27, 2022

Prior Authorization Criteria being reviewed: Neuropathic Pain Fibromyalgia Agents - QUTENZA (capsaicin)

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

Recommend the use of current prescription standard of care treatments for neuropathic pain prior to Qutenza. Current standard of care treatments could include duloxetine or venlafaxine, gabapentin, or tricyclic anti-depressants. Criteria only requires use of OTC capsaicin.

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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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.

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Signature of individual completing this form: 



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

# Neuropathic Pain - Fibromyalgia Agents

Summary of Utilization  
October 1, 2020 - September 31, 2021  
Health Plan of Nevada

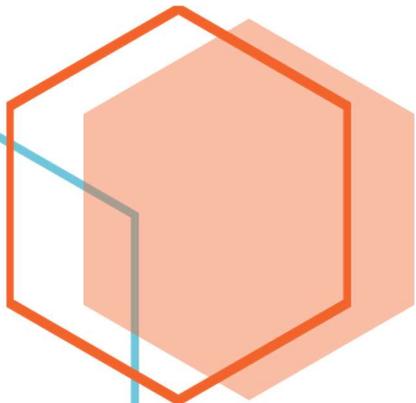
Page 1 of 1

**No Utilization**



## **Clinical Presentation**

### **Duchenne Muscular Dystrophy Agents**



# DRUG USE REVIEW BOARD

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DUR Meeting Date: Jan 27, 2022

Prior Authorization Criteria being reviewed: Duchenne Muscular Dystrophy Agents - AMONDYS 45 (casimersen) - VILTEPSO (viltolarsen)

Managed Care Organization name: Health Plan of Nevada

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx

I disapprove of the criteria as presented by OptumRx

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

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

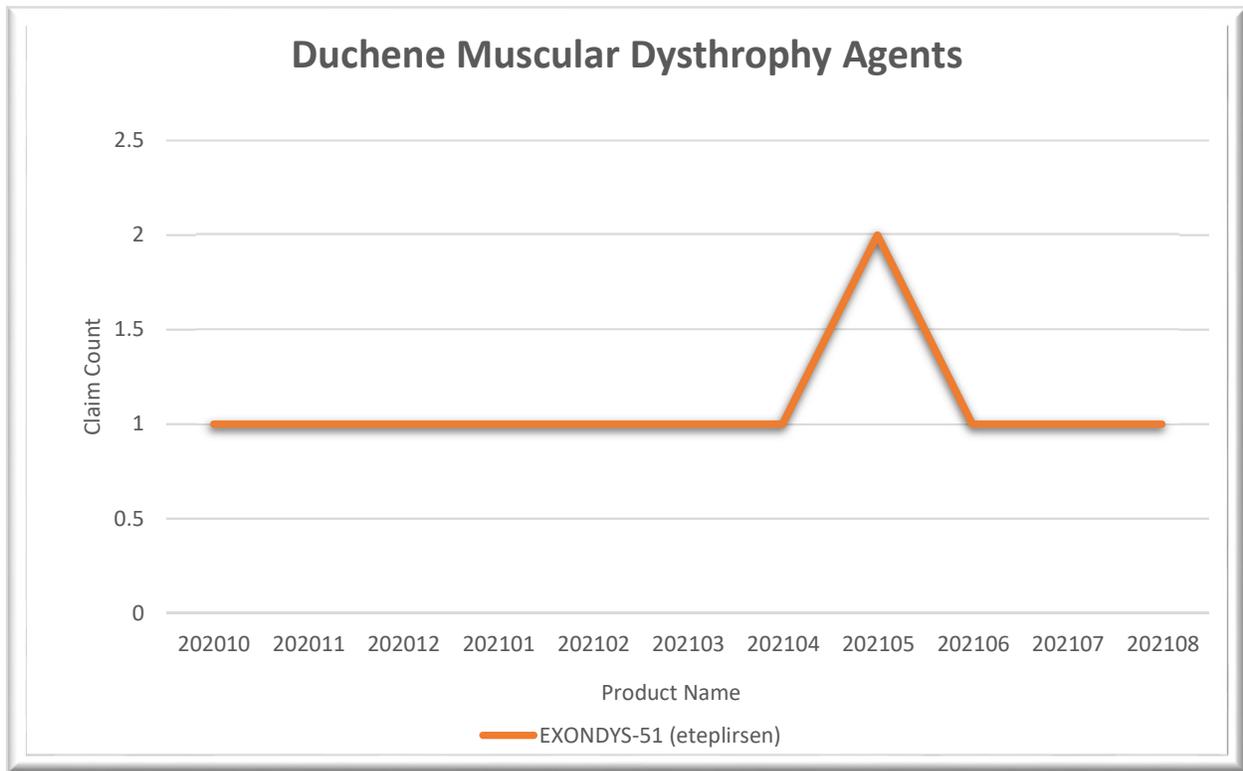


**Duchene Muscular Dystrophy Agents - AMONDYS 45 (casimersen) - VILTEPSO (viltolarsen)**

Summary of Utilization  
October 1, 2020 - September 30, 2021  
Health Plan of Nevada

Pharmacy
No Utilization

Medical		
Product Name	Claims	Total Paid
EXONDYS-51 (eteplirsen)	12	NA
<b>Total</b>	<b>12</b>	<b>NA</b>





## **Clinical Presentation**

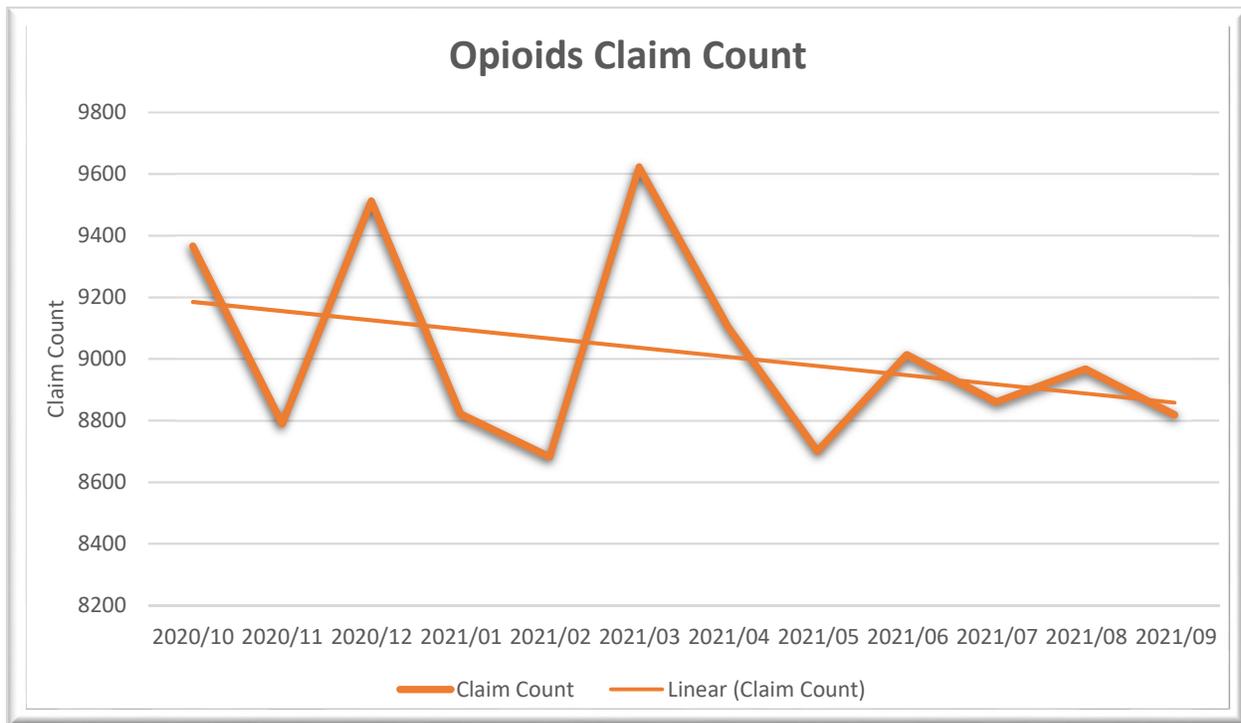
### **Top Opioid Prescribers & Members**



## Opioid Utilization Overall Summary

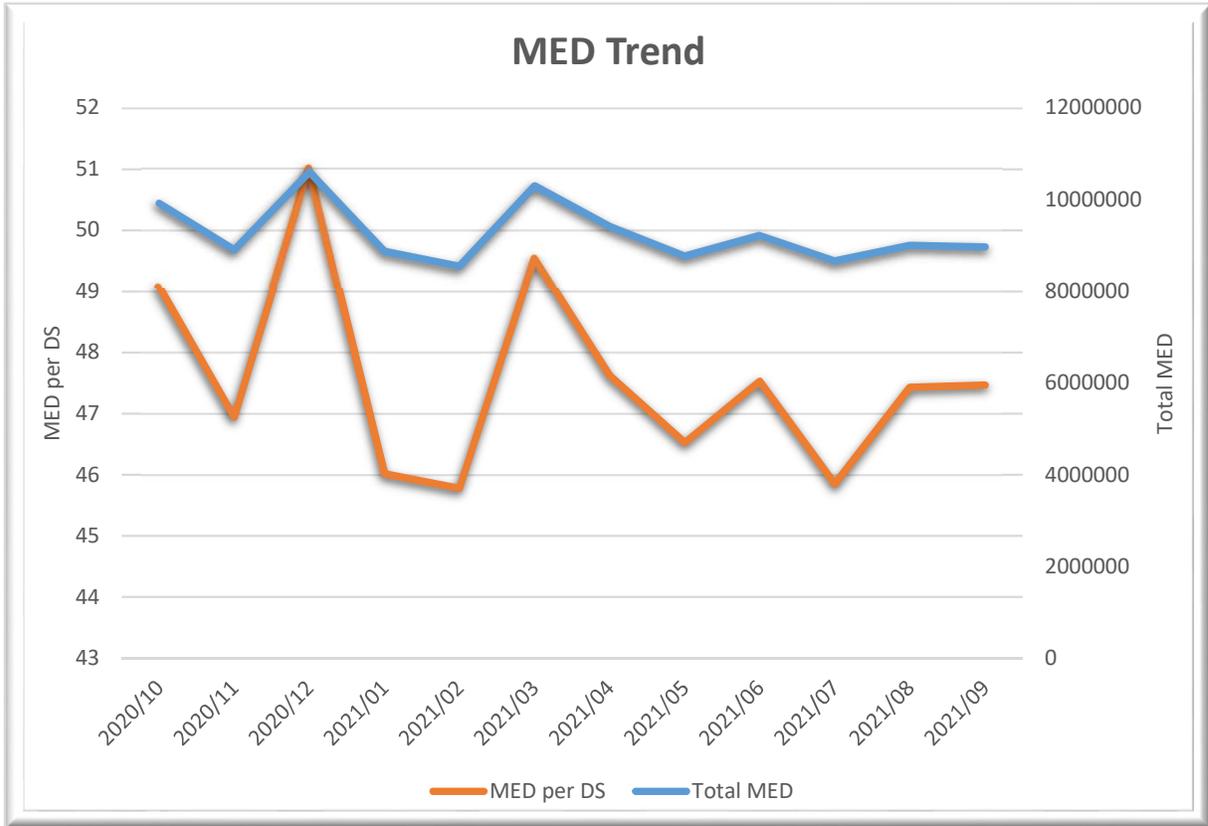
October 1, 2020 - September 30, 2021  
Health Plan of Nevada

Year/Month Filled	Claim Count	Sum of Days Supply	Member Count	Sum of Quantity	Total MED	MED per DS
2020/10	9,366	202,265	8,845	651,387	9,928,209	49.1
2020/11	8,790	189,831	8,449	612,509	8,911,862	46.9
2020/12	9,512	208,009	8,941	674,644	10,610,540	51.0
2021/01	8,822	192,858	8,522	624,808	8,875,093	46.0
2021/02	8,682	186,828	8,427	606,801	8,553,157	45.8
2021/03	9,623	208,039	9,051	675,762	10,308,834	49.6
2021/04	9,103	197,749	8,712	641,985	9,418,080	47.6
2021/05	8,701	188,607	8,341	614,153	8,775,172	46.5
2021/06	9,014	194,043	8,581	630,120	9,223,896	47.5
2021/07	8,860	189,036	8,495	610,167	8,666,980	45.8
2021/08	8,967	189,901	8,530	612,090	9,007,686	47.4
2021/09	8,819	189,074	8,412	611,525	8,975,800	47.5





# Opioid Utilization Overall Summary October 1, 2020 - September 30, 2021 Health Plan of Nevada





## Top 10 Opioid Prescribers by Total MED

April 1, 2021 - September 30 2021

Health Plan of Nevada

Top 10 Opioid Prescribers by Total MED							Q3 2021 - Current			
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Total MED	MED/DS	MED/DS/Member
1MED	PAIN MANAGEMEN	LAS VEGAS	NEVADA	352	826	23,385	79,030	3,382,686	145	0.4
2MED	FAMILY	LAS VEGAS	NEVADA	161	335	9,820	28,651	2,574,855	262	1.6
3MED	PAIN MANAGEMEN	LAS VEGAS	NEVADA	384	784	22,039	74,970	2,453,177	111	0.3
4MED	PAIN MANAGEMEN	LAS VEGAS	NEVADA	175	302	8,893	30,901	2,340,075	263	1.5
5MED	GENERAL PRACTICE	LAS VEGAS	NEVADA	82	211	6,326	20,214	2,007,600	317	3.9
6MED	ANESTHESIOLOGY	RENO	NEVADA	36	96	2,860	11,640	1,429,200	500	13.9
7MED	PAIN MANAGEMEN	LAS VEGAS	NEVADA	174	309	8,834	29,400	1,158,551	131	0.8
8MED	PAIN MANAGEMEN	LAS VEGAS	NEVADA	361	641	18,595	53,730	1,154,526	62	0.2
9MED	ANESTHESIOLOGY	RENO	NEVADA	144	280	7,877	36,110	1,100,890	140	1.0
10MED	ANESTHESIOLOGY	LAS VEGAS	NEVADA	171	363	10,505	37,551	1,079,350	103	0.6

Top 10 Opioid Prescribers by Total MED							Q2 2021 - Previous			
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Total MED	MED/DS	MED/DS/Member
11MED	FAMILY	LAS VEGAS	NEVADA	201	360	10,684	38,215	3,003,668	281	1.40
1MED	PAIN MANAGEMEN	LAS VEGAS	NEVADA	326	728	21,043	70,309	2,859,690	136	0.42
5MED	GENERAL PRACTICE	LAS VEGAS	NEVADA	93	255	7,635	24,780	2,607,630	342	3.67
3MED	PAIN MANAGEMEN	LAS VEGAS	NEVADA	399	819	22,684	77,224	2,569,241	113	0.28
2MED	FAMILY	LAS VEGAS	NEVADA	130	294	8,721	25,607	2,327,355	267	2.05
6MED	ANESTHESIOLOGY	RENO	NEVADA	44	116	3,378	13,560	1,685,850	499	11.34
9MED	ANESTHESIOLOGY	RENO	NEVADA	110	270	7,878	35,653	1,354,576	172	1.56
12MED	PAIN MANAGEMEN	LAS VEGAS	NEVADA	354	566	15,131	47,707	1,247,416	82	0.23
13MED	PAIN MANAGEMEN	LAS VEGAS	NEVADA	162	294	8,659	30,449	1,126,064	130	0.80
10MED	ANESTHESIOLOGY	LAS VEGAS	NEVADA	184	375	11,001	38,563	1,114,203	101	0.55



## Top 10 Opioid Prescribers by MED per Days Supply per Member

April 1, 2021 - September 30 2021

Health Plan of Nevada

Top 10 Opioid Prescribers by MED per Days Supply per Member							Q3 2021 - Current			
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Total MED	MED/DS	MED/DS/Member
1DSMBR	INTERNAL MEDICINE	LAS VEGAS	NEVADA	1	3	90	360	48,600	540	540
2DSMBR	INTERNAL MEDICINE	LAS VEGAS	NEVADA	2	5	127	621	108,210	852	426
3DSMBR	INTERNAL MEDICINE	LAS VEGAS	NEVADA	1	4	120	480	43,200	360	360
4DSMBR	FAMILY PRACTICE	SPARKS	NEVADA	1	4	120	600	36,000	300	300
5DSMBR	HEMATOLOGY	LAS VEGAS	NEVADA	4	6	151	1,710	164,700	1,091	273
6DSMBR	FAMILY PRACTICE	PHARUMP	NEVADA	1	4	120	480	28,800	240	240
7DSMBR	INTERNAL MEDICINE	LAS VEGAS	NEVADA	1	4	120	480	28,800	240	240
8DSMBR	FAMILY PRACTICE	LAS VEGAS	NEVADA	1	4	120	480	28,800	240	240
9DSMBR	GENERAL PRACTICE	LAS VEGAS	NEVADA	1	4	120	480	28,800	240	240
10DSMBR	FAMILY PRACTICE	RENO	NEVADA	1	2	60	180	14,400	240	240

Top 10 Opioid Prescribers by MED per Days Supply per Member							Q2 2021 - Previous			
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Total MED	MED/DS	MED/DS/Member
11DSMBR	GENERAL PRACTICE	LAS VEGAS	NEVADA	1	4	120	480	86,400	720	720
1DSMBR	INTERNAL MEDICINE	LAS VEGAS	NEVADA	1	3	90	360	48,600	540	540
5DSMBR	HEMATOLOGY	LAS VEGAS	NEVADA	2	6	180	1,800	172,125	956	478
10DSMBR	FAMILY PRACTICE	LAS VEGAS	NEVADA	1	3	90	270	32,400	360	360
3DSMBR	INTERNAL MEDICINE	LAS VEGAS	NEVADA	1	3	90	360	24,300	270	270
12DSMBR	INTERNAL MEDICINE	LAS VEGAS	NEVADA	1	3	90	540	24,300	270	270
13DSMBR	HOSPITALIST	LAS VEGAS	NEVADA	1	2	60	180	16,200	270	270
14DSMBR	RHEUMATOLOGY	LAS VEGAS	NEVADA	2	6	180	1,800	94,500	525	263
15DSMBR	FAMILY PRACTICE	HENDERSON	NEVADA	1	3	90	405	18,225	203	203
16DSMBR	FAMILY PRACTICE	LAS VEGAS	NEVADA	1	3	90	360	16,200	180	180



## Top 10 Opioids Utilization By Member

Top 10 Members by Claim Count

April 1, 2021 - September 30 2021

Health Plan of Nevada

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Encrypted Member ID	Opioid Claim Count	Days Supply	Sum of Quantity	MED Per DS	Total MED
M1	23	667	2,890	701	467,440
M2	20	600	3,240	666	399,600
M3	14	420	2,520	911	382,500
M4	6	180	2,700	1800	324,000
M5	13	390	1,460	826	322,200
M6	13	390	1,200	623	243,000
M7	14	410	2,100	577	236,700
M8	15	422	1,272	533	225,060
M9	13	390	1,790	575	224,100
M10	12	355	615	627	222,413

Encrypted Member ID	Drug Label Name	Claim Count	Days Supply	Sum of Quantity
M1	FENTANYL DIS 75MCG/HR	2	60	20
	HYDROMORPHON TAB 2MG	1	7	20
	HYDROMORPHON TAB 4MG	1	30	180
	MORPHINE SUL TAB 100MG ER	6	180	540
	MORPHINE SUL TAB 30MG	6	180	870
	OXYCODONE TAB 30MG	7	210	1,260
TOTAL		23	667	2,890
M2	HYDROCO/APAP TAB 10-325MG	7	210	840
	METHADONE TAB 10MG	7	210	1,680
	MORPHINE SUL TAB 60MG ER	6	180	720
TOTAL		20	600	3,240
M3	METHADONE TAB 10MG	7	210	1,260
	OXYCODONE TAB 30MG	7	210	1,260
TOTAL		14	420	2,520
M4	METHADONE TAB 10MG	6	180	2,700
TOTAL		6	180	2,700
M5	FENTANYL DIS 75MCG/HR	6	180	60
	OXYCODONE TAB 30MG	7	210	1,400
TOTAL		13	390	1,460
M6	MORPHINE SUL TAB 100MG ER	6	180	360
	OXYCODONE TAB 30MG	7	210	840
TOTAL		13	390	1,200



## Top 10 Opioids Utilization By Member

Top 10 Members by Claim Count

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Encrypted Member ID	Drug Label Name	Claim Count	Days Supply	Sum of Quantity
M7	OXYCOD/APAP TAB 10-325MG	7	200	840
	OXYCODONE TAB 30MG	7	210	1,260
TOTAL		14	410	2,100
M8	HYDROCO/APAP TAB 5-325MG	1	2	12
	OXYMORPHONE TAB 30MG ER	7	210	420
	OXYMORPHONE TAB HCL 10MG	7	210	840
TOTAL		15	422	1,272
M9	MORPHINE SUL TAB 30MG ER	7	210	630
	OXYCODONE TAB 30MG	6	180	1,160
TOTAL		13	390	1,790
M10	FENTANYL DIS 100MCG/H	6	180	90
	OXYCODONE TAB 15MG	6	175	525
TOTAL		12	355	615



**Standard DUR Report**



## Top 10 Therapeutic Classes by Paid Amount & Claim Count

Summary of Utilization  
April 1, 2021 - September 30, 2021  
Health Plan of Nevada

Top 10 Drug Classes by Paid Amount - Q3 2021 - Current Quarter				
Q3 Rank	Q2 Rank	Product Name	Claim Count	Paid
1	1	ANTIRETROVIRALS	2,855	NA
2	2	ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	580	NA
3	3	INSULIN	8,495	NA
4	4	INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	3,452	NA
5	5	ANTINEOPLASTIC ENZYME INHIBITORS	183	NA
6	6	ANTIPSORIATICS	222	NA
7	9	VIRAL VACCINES	37,595	NA
8	7	SYMPATHOMIMETICS	26,649	NA
9	8	ANTIPSYCHOTICS - MISC.	1,436	NA
10	10	METABOLIC MODIFIERS	300	NA
<b>Total</b>			<b>81,767</b>	<b>NA</b>

Top 10 Drug Classes by Paid Amount - Q2 2021 - Previous Quarter				
Q3 Rank	Q2 Rank	Product Name	Claim Count	Paid
1	1	ANTIRETROVIRALS	2,769	NA
2	2	ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	534	NA
3	3	INSULIN	8,553	NA
4	4	INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	3,298	NA
5	5	ANTINEOPLASTIC ENZYME INHIBITORS	168	NA
6	6	ANTIPSORIATICS	241	NA
8	7	SYMPATHOMIMETICS	23,842	NA
9	8	ANTIPSYCHOTICS - MISC.	1,393	NA
7	9	VIRAL VACCINES	34,654	NA
10	10	METABOLIC MODIFIERS	313	NA
<b>Total</b>			<b>75,765</b>	<b>NA</b>



## Top 10 Therapeutic Classes by Paid Amount & Claim Count

Summary of Utilization  
April 1, 2021 - September 30, 2021  
Health Plan of Nevada

Top 10 Drug Classes by Claim Count - Q3 2021 - Current Quarter				
Q3 Rank	Q2 Rank	Product Name	Claim Count	Paid
1	1	VIRAL VACCINES	37,595	NA
2	2	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	31,888	NA
3	3	SYMPATHOMIMETICS	26,649	NA
4	4	ANTICONVULSANTS - MISC.	23,540	NA
5	5	HMG COA REDUCTASE INHIBITORS	23,097	NA
6	6	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	20,469	NA
7	7	OPIOID COMBINATIONS	16,696	NA
8	9	CENTRAL MUSCLE RELAXANTS	15,486	NA
9	8	PROTON PUMP INHIBITORS	15,035	NA
10	10	ANTIHISTAMINES - NON-SEDATING	13,598	NA
<b>Total</b>			<b>224,053</b>	<b>NA</b>

Top 10 Drug Classes by Claim Count - Q2 2021 - Previous Quarter				
Q3 Rank	Q2 Rank	Product Name	Claim Count	Paid
1	1	VIRAL VACCINES	34,654	NA
2	2	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	30,643	NA
3	3	SYMPATHOMIMETICS	23,842	NA
4	4	ANTICONVULSANTS - MISC.	23,751	NA
5	5	HMG COA REDUCTASE INHIBITORS	23,357	NA
6	6	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	20,336	NA
7	7	OPIOID COMBINATIONS	16,797	NA
9	8	PROTON PUMP INHIBITORS	15,213	NA
8	9	CENTRAL MUSCLE RELAXANTS	15,173	NA
10	10	ANTIHISTAMINES - NON-SEDATING	13,978	NA
<b>Total</b>			<b>217,744</b>	<b>NA</b>



**Prospective DUR**  
Summary of Utilization  
July 1, 2021 - September 30, 2021  
Health Plan of Nevada

What percentage of claims denied at Point of Sale for the following DUR edits? (# denials for each edit/total # of denials)	Total Alerts	Total Alert Overrides	% Alert Overrides	Total Alert Cancels	% Alert Cancels	Total Alerts not adjudicated	% Alerts not adjudicated
Early Refill (ER)	15,502	N/A	N/A	N/A	N/A	15,502	100.00%
Therapeutic duplication (TD)	78,322	48,440	61.85%	16,604	21.20%	13,278	16.95%
Ingredient duplication (ID)	63,791	54	0.08%	71	0.11%	63,666	99.80%
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)	134,107	77,001	57.42%	29,951	22.33%	27,155	20.25%
Drug-Disease (MC)	232,450	191,603	82.43%	40,847	17.57%	N/A	N/A
Drug-Allergy (DA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug-Age (PA)	39,533	31,096	78.66%	8,437	21.34%	N/A	N/A
Therapeutic Dose Limits Screening	8,887	581	6.54%	508	5.72%	7,798	87.75%
Dose Duration	24,118	14,575	60.43%	9,543	39.57%	N/A	N/A



## Top 10 Drugs by Therapeutic Problem Type

Summary of Utilization  
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Early Refill (ER)	Therapeutic duplication (TD)	Ingredient duplication (ID)	Late Refill (LR)
DEXCOM G6 SENSOR	AMLODIPINE BESYLATE	DEXCOM G6 SENSOR	OMEPRAZOLE
METFORMIN HYDROCHLORIDE	LOSARTAN POTASSIUM	METFORMIN HYDROCHLORIDE	ATORVASTATIN CALCIUM
GABAPENTIN	ALBUTEROL SULFATE	GABAPENTIN	MONTELUKAST SODIUM
ADMELOG	ALBUTEROL SULFATE HFA	ADMELOG	LEVOTHYROXINE SODIUM
ARIPIPIRAZOLE	HYDROCHLOROTHIAZIDE	ARIPIPIRAZOLE	AMLODIPINE BESYLATE
LOSARTAN POTASSIUM	LISINAPRIL	LOSARTAN POTASSIUM	LISINAPRIL
ELIQUIS	CARVEDILOL	ELIQUIS	PANTOPRAZOLE SODIUM
CITALOPRAM HYDROBROMIDE	BASAGLAR KWIKPEN	CITALOPRAM HYDROBROMIDE	GABAPENTIN
OLANZAPINE	METOPROLOL SUCCINATE ER	OLANZAPINE	LOSARTAN POTASSIUM
MORPHINE SULFATE ER	METOPROLOL TARTRATE	MORPHINE SULFATE ER	TRAZODONE HYDROCHLORIDE

Total High Dose (HD)	Drug-Pregnancy (PG)	Total Low Dose (LD)	Drug-Drug (DD)
ALBUTEROL SULFATE	IBUPROFEN	XULANE	LISINAPRIL
VITAMIN D	ONDANSETRON ODT	PHENAZOPYRIDINE HYDROCHLORIDE	ATORVASTATIN CALCIUM
FAMOTIDINE	DOCUSATE SODIUM	MEDROXYPROGESTERONE ACETATE	METFORMIN HYDROCHLORIDE
MONTELUKAST SODIUM	ALBUTEROL SULFATE HFA	ONDANSETRON ODT	HYDROCHLOROTHIAZIDE
ONDANSETRON ODT	PFIZER-BIONTECH COVID-19 VACCINE	NYSTATIN	TRAZODONE HYDROCHLORIDE
PHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHA	FAMOTIDINE	FLUCONAZOLE	FOLIC ACID
CEFDINIR	ONDANSETRON HYDROCHLORIDE	MONTELUKAST SODIUM	IBUPROFEN
AMOXICILLIN	METRONIDAZOLE	ZAFEMY	FENOFIBRATE
EPINEPHRINE	LORATADINE	ONDANSETRON HYDROCHLORIDE	METHOTREXATE
PROMETHAZINE/DEXTROMETHORPHAN	FLUTICASON PROPIONATE	PROPRANOLOL HYDROCHLORIDE	ALPRAZOLAM

Drug-Disease (MC)	Drug-Allergy (DA)	Drug-Age (PA)
ATORVASTATIN CALCIUM	N/A	PFIZER-BIONTECH COVID-19 VACCINE
GABAPENTIN	N/A	IBUPROFEN
ALPRAZOLAM	N/A	CETIRIZINE HYDROCHLORIDE
ALBUTEROL SULFATE HFA	N/A	TRIAMCINOLONE ACETONIDE
LEVOTHYROXINE SODIUM	N/A	HYDROCORTISONE
LOSARTAN POTASSIUM	N/A	MONTELUKAST SODIUM
FLUTICASON PROPIONATE	N/A	KETOCONAZOLE
ZOLPIDEM TARTRATE	N/A	LORATADINE CHILDRENS
MONTELUKAST SODIUM	N/A	SERTRALINE HCL
PREDNISONE	N/A	ONDANSETRON ODT



**Retrospective DUR**  
Summary of Utilization  
January 1, 2021 - September 30, 2021  
Health Plan of Nevada

Period	Topic	Media	# of Contact	# of Responses	Response Rate	PROVIDER TARGETED (e.g. PHYSICIAN, PHARMACIST)	PERFORMED BY (e.g. SUBCONTRACTOR NAME)
1/1/2021 to 9/30/2021	Concurrent Therapy	Fax/Mail	1072 (696)	31	4.45%	Prescriber	OptumRx
1/1/2021 to 9/30/2021	Dose Per Day	Fax/Mail	265 (131)	28	21.37%	Prescriber	OptumRx
1/1/2021 to 9/30/2021	Drug-Age Interaction	Fax/Mail	1099 (612)	123	20.10%	Prescriber	OptumRx
1/1/2021 to 9/30/2021	Drug-Disease Interaction	Fax/Mail	2390 (1349)	373	27.65%	Prescriber	OptumRx
1/1/2021 to 9/30/2021	Drug-Drug Interaction	Fax/Mail	4052 (2132)	575	26.97%	Prescriber	OptumRx
1/1/2021 to 9/30/2021	Duplicate Therapy	Fax/Mail	3191 (1692)	210	12.41%	Prescriber	OptumRx
1/1/2021 to 9/30/2021	Overutilization_Days Supply	Fax/Mail	1429 (607)	47	7.74%	Prescriber	OptumRx
1/1/2021 to 9/30/2021	Gaps in Care Asthma	Fax/Mail	6242 (3251)	228	7.01%	Prescriber	OptumRx
1/1/2021 to 9/30/2021	Gaps in Care Cardiovascular	Fax/Mail	485 (287)	58	20.21%	Prescriber	OptumRx
1/1/2021 to 9/30/2021	Gaps in Care COPD	Fax/Mail	378 (56)	4	7.14%	Prescriber	OptumRx
1/1/2021 to 9/30/2021	Gaps in Care Diabetes	Fax/Mail	5122 (3018)	497	16.47%	Prescriber	OptumRx
1/1/2021 to 9/30/2021	Gaps in Care HIV	Fax/Mail	0 (0)	0	0.00%	Prescriber	OptumRx
1/1/2021 to 9/30/2021	Gaps in Care Sickle Cell Disease	Fax/Mail	0 (0)	0	0.00%	Prescriber	OptumRx
1/1/2021 to 9/30/2021	Narcotic Drug Utilization Program	Fax/Mail	99291 (15833)	969	6.12%	Prescriber	OptumRx