

2019

Nevada Medicaid Drug Use Review Board Meeting

October 17, 2019



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

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Natroba & Lice Treatments

Clinical Presentation



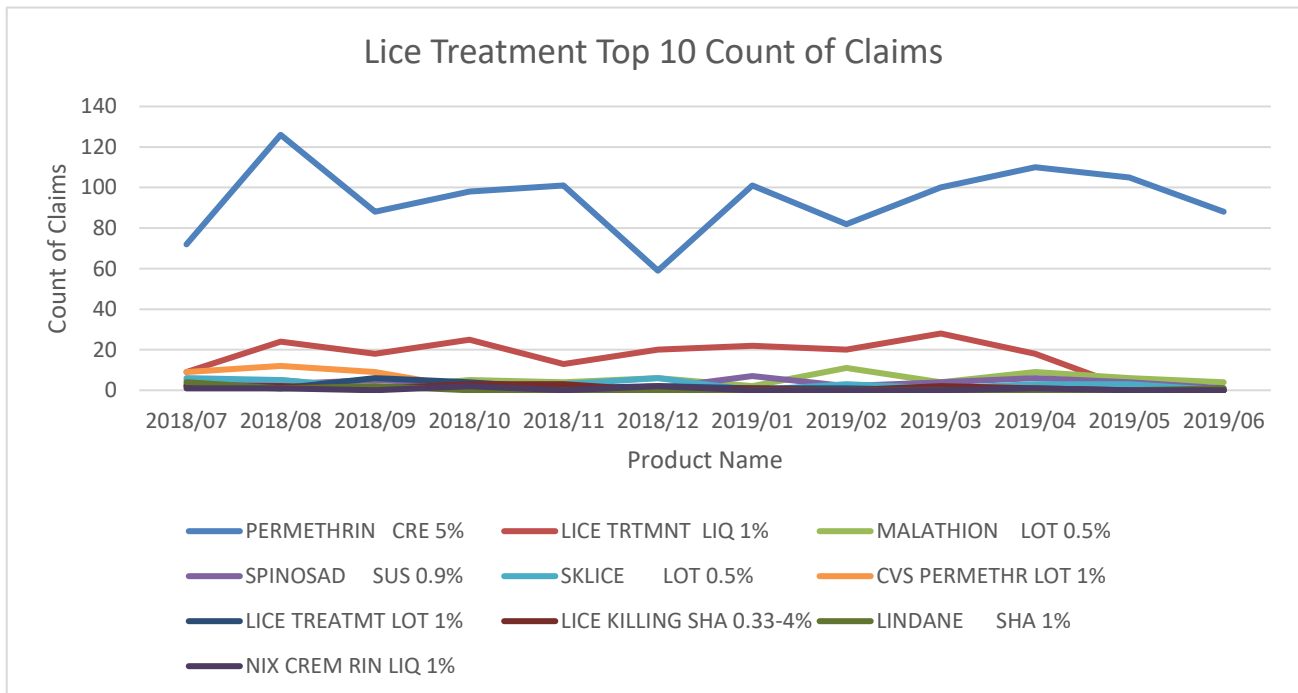
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Natroba & Lice Treatments

Summary of Utilization
July 1, 2018 - June 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
PERMETHRIN CRE 5%	909	1,130	11,058	76,442	NA
LICE TRTMNT LIQ 1%	185	198	1,955	20,137	NA
MALATHION LOT 0.5%	55	62	710	3,776	NA
SPINOSAD SUS 0.9%	35	40	515	4,920	NA
SKLICE LOT 0.5%	30	33	531	4,095	NA
CVS PERMETHR LOT 1%	25	31	219	3,112	NA
LICE TREATMT LOT 1%	16	18	78	1,418	NA
LICE KILLING SHA 0.33-4%	14	15	208	2,798	NA
LINDANE SHA 1%	6	8	48	480	NA
NIX CREM RIN LIQ 1%	7	7	101	708	NA
STOP LICE MS SHA 0.33-4%	6	6	75	1,534	NA
NIX COMPLETE KIT LICE 1%	4	4	50	1,299	NA
SM LICE SOLN KIT	1	1	10	1	NA
STOP LICE LIQ MAX ST	1	1	7	59	NA
LICE MD GEL	1	1	5	118	NA
STOP LICE KIT COMPLETE	1	1	1	1	NA
Grand Total	1,296	1,556	15,571	120,898	NA



Zolgensma

Clinical Presentation



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Zolgensma

Summary of Utilization
July 1, 2018 - June 30, 2019
Health Plan of Nevada

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No Utilization for this time period

Anti-Narcoleptic Agents & Sunosi (Solriamfetol)

Clinical Presentation



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Anti-Narcoleptic Agents & Sunosi (solriamfetol)

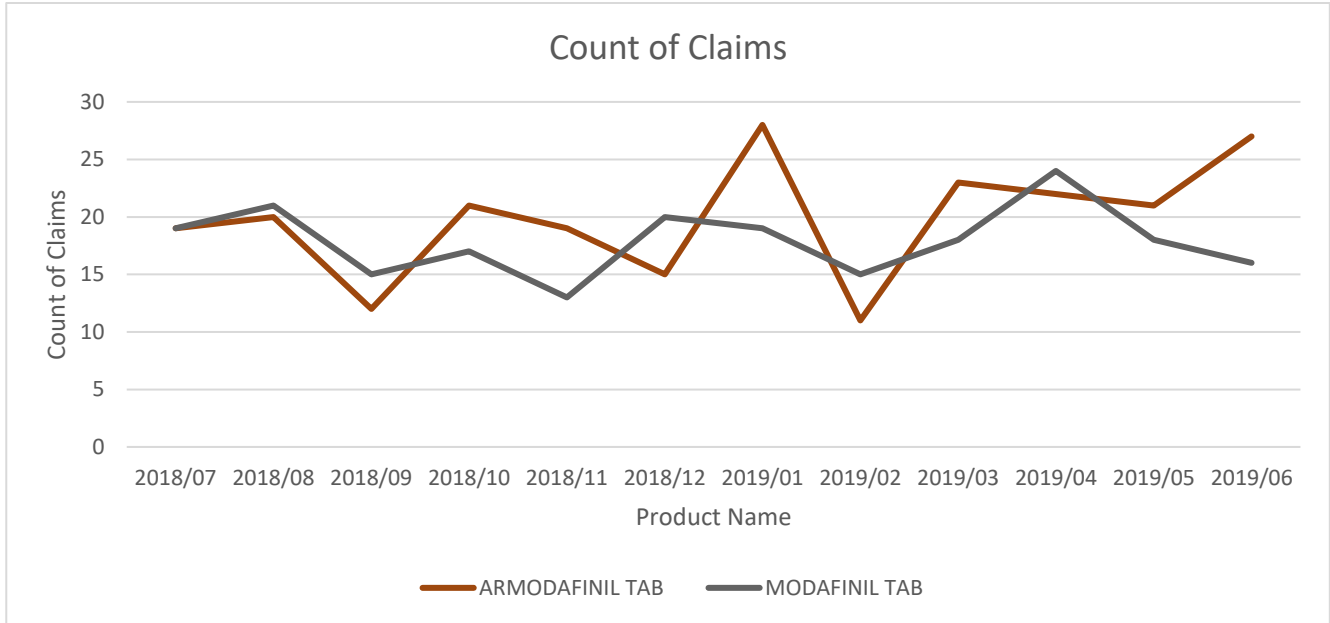
Summary of Utilization
July 1, 2018 - June 30, 2019
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
AMPHET/DEXTR TAB	4,672	9,729	289,330	541,728	NA
ADDERALL CAP	2,707	5,190	154,285	167,531	NA
VYVANSE CAP	2,704	4,968	147,972	147,951	NA
METHYLPHENID TAB	1,895	3,289	97,430	141,863	NA
GUANFACINE TAB	558	1,162	34,756	35,526	NA
ATOMOXETINE CAP	426	750	21,812	22,578	NA
METHYLPHENID CAP	227	388	11,505	11,885	NA
ARMODAFINIL TAB	136	238	6,991	6,991	NA
MODAFINIL TAB	117	215	6,117	6,862	NA
VYVANSE CHW	123	206	6,180	6,180	NA
GUANFACINE TAB	113	185	5,466	5,604	NA
AMPHET/DEXTR CAP	85	156	4,615	4,877	NA
DEXMETHYLPH CAP	52	102	3,060	3,060	NA
DEXTROAMPHET CAP	45	101	3,002	8,962	NA
DEXMETHYLPH TAB	46	87	2,610	3,285	NA
DEXMETHYLPH CAP	39	80	2,400	2,400	NA
CONCERTA TAB	31	51	1,530	1,590	NA
MYDAYIS CAP	27	45	1,327	1,327	NA
METHYLPHENID SOL	17	28	824	9,295	NA
CLONIDINE TAB	16	28	791	1,307	NA
DAYTRANA DIS	12	25	750	750	NA
STRATTERA CAP	11	23	681	681	NA
INTUNIV TAB	9	23	690	690	NA
METHYLPHENID CHW	14	22	637	1,050	NA
ADZENYS TAB	11	17	510	510	NA
QUILLIVANT SUS	8	17	480	2,880	NA
METHYPHENID CAP	12	17	510	510	NA
METHAMPHETAM TAB	5	13	390	1,950	NA
EVEKEO TAB	8	12	358	1,137	NA
DYANAVEL XR	5	10	300	1,500	NA
QUILLICHEW CHW	4	6	180	180	NA
RITALIN TAB	2	5	132	199	NA
FOCALIN XR CAP	1	2	60	60	NA
CAFFEINE TAB	1	1	28	30	NA
METHLPHENIDA CHW	1	1	30	60	NA
ADDERALL TAB	1	1	30	60	NA
CAFFEINE CIT SOL	1	1	30	30	NA
Grand Total	14,142	27,194	807,799	1,143,079	NA



Anti-Narcoleptic Agents & Sunosi (solriamfetol)

Summary of Utilization
July 1, 2018 - June 30, 2019
Health Plan of Nevada



Erythropoietin & Hematopoietic Growth Factors (EPO)

Clinical Presentation



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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: October 17, 2019

Prior Authorization Criteria being reviewed: ERYTHROPOIETIN AGENTS

Managed Care Organization name: Health Plan of Nevada

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.

1. Modify to utilize hematocrit at or below 30% for initiation (between 30% and 39% for Reduction of Allogeneic Blood Transfusions) and under 36% for reauthorization.
2. Allow use in the other additional indications:
 - a. Anemia in Patients with Hepatitis C with Ribavirin and Interferon Therapy
 - b. Anemia Associated with Myelodysplastic Disease
3. Allow for 12 month approvals instead of 6 months in all diagnoses except Preoperative Use for Reduction of Allogeneic Blood Transfusions in Surgery Patients
4. Chemotherapy – require chemo will continue for a minimum of two additional months
5. Zidovudine Anemia – require endogenous serum erythropoietin level \leq 500 mUnits/mL

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

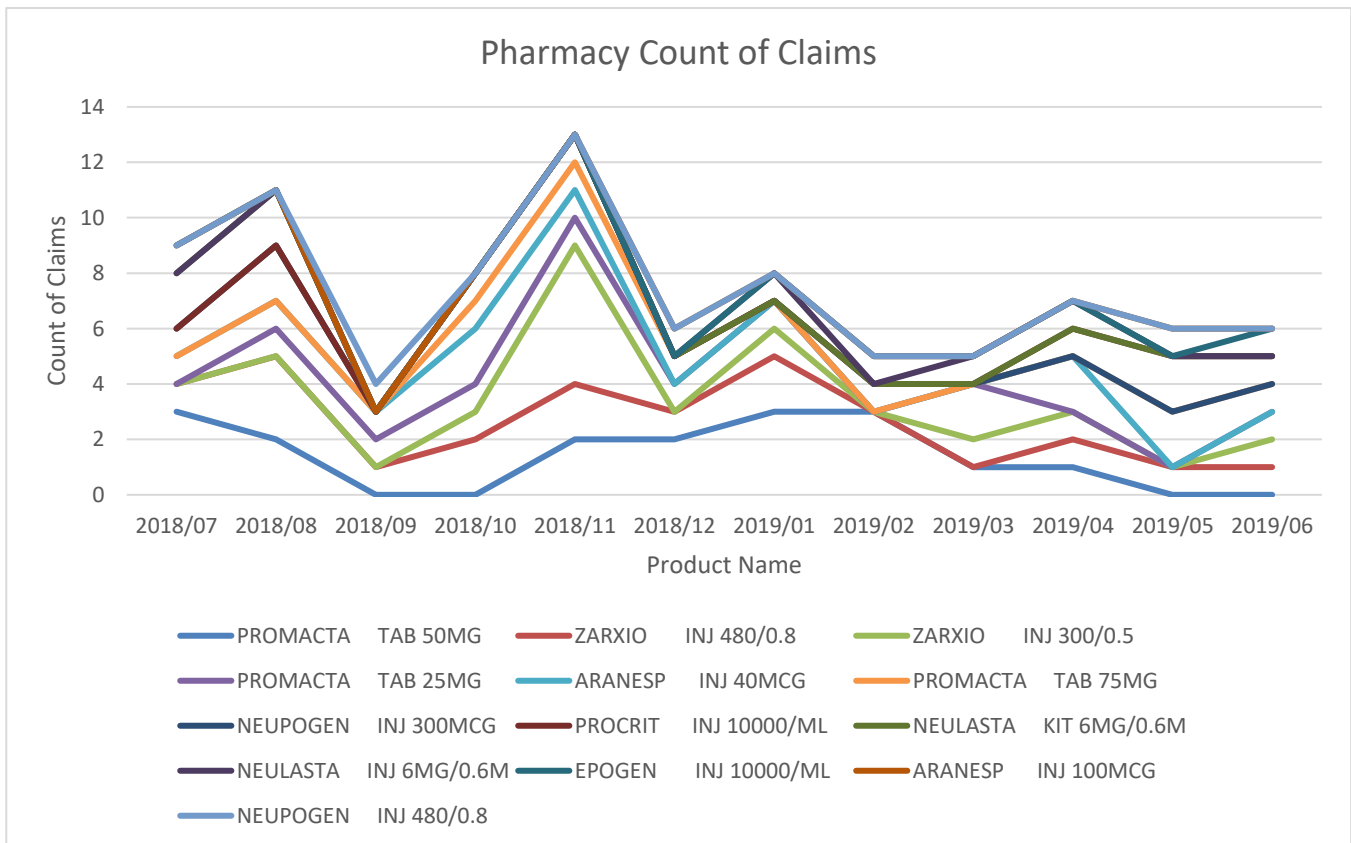
Signature of individual completing this form: 



Erythropoietin & Hematopoietic Growth Factors

Summary of Utilization
July 1, 2018 - June 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
PHARMACY					
PROMACTA TAB 50MG	10	17	510	750	NA
ZARXIO INJ 480/0.8	10	15	342	94	NA
ZARXIO INJ 300/0.5	8	10	219	92	NA
PROMACTA TAB 25MG	4	9	270	270	NA
ARANESP INJ 40MCG	4	8	224	13	NA
PROMACTA TAB 75MG	2	6	180	240	NA
NEUPOGEN INJ 300MCG	5	6	141	75	NA
PROCRIT INJ 10000/ML	2	4	98	10	NA
NEULASTA KIT 6MG/0.6M	2	4	98	4	NA
NEULASTA INJ 6MG/0.6M	3	3	65	2	NA
EPOGEN INJ 10000/ML	3	3	70	17	NA
ARANESP INJ 100MCG	2	2	56	1	NA
NEUPOGEN INJ 480/0.8	1	1	3	2	NA
Grand Total	56	88	2,276	1,570	NA

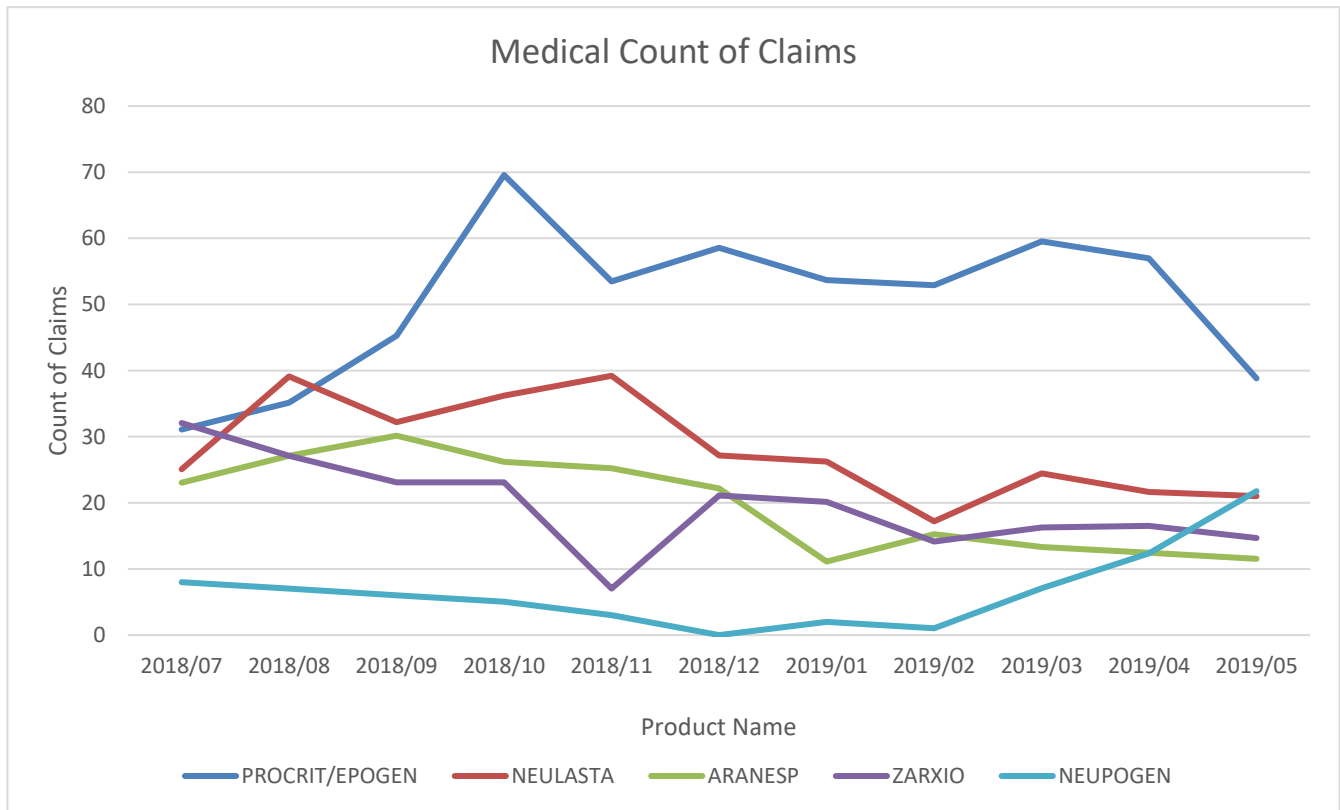




Erythropoietin & Hematopoietic Growth Factors

Summary of Utilization
July 1, 2018 - June 30, 2019
Health Plan of Nevada

Product Name	Count of Claims
MEDICAL	
PROCRIT/EPOGEN	555
NEULASTA	310
ARANESP	218
ZARXIO	215
NEUPOGEN	73
Grand Total	1,371



Regranex

Clinical Presentation



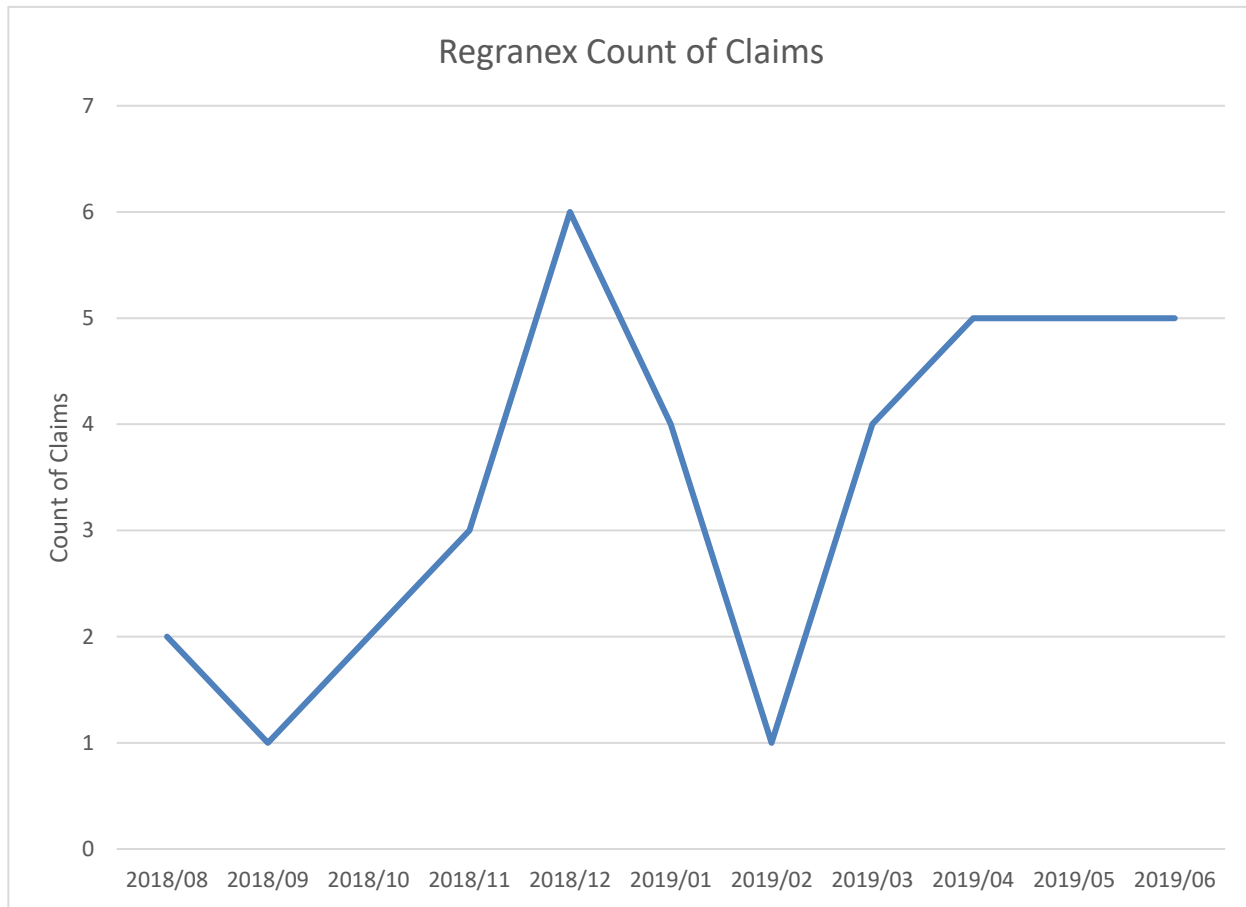
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Regranex

Summary of Utilization
July 1, 2018 - June 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
REGANEX GEL 0.01%	22	38	1,140	615	NA
Grand Total	22	38	1,140	615	NA



Lidoderm & Other Topical Anesthetics

Clinical Presentation



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Lidoderm & Other Topical Anesthetics

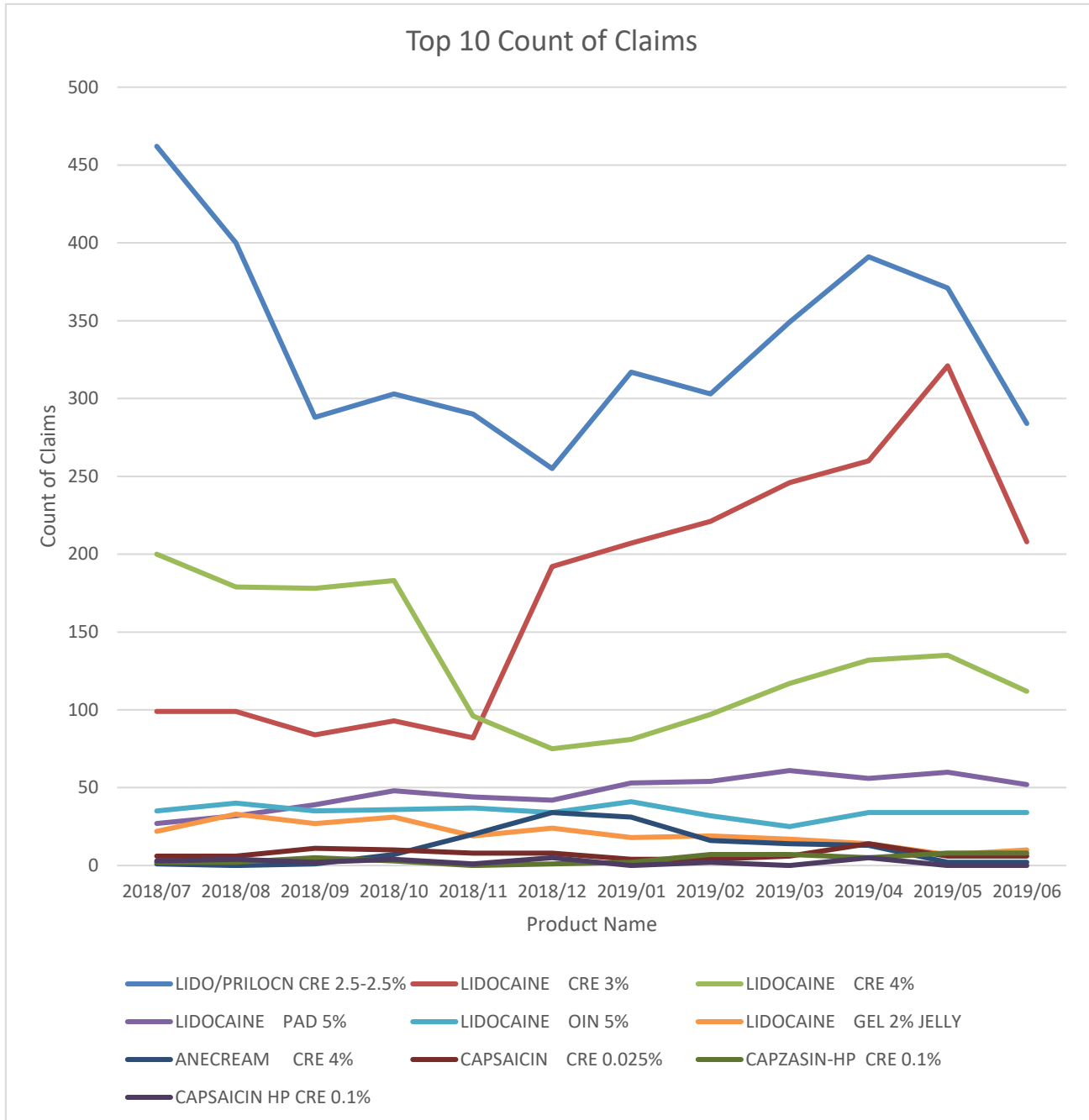
Summary of Utilization
July 1, 2018 - June 30, 2019
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
LIDO/PRILOCN CRE 2.5-2.5%	1,148	4,013	41,485	176,516	NA
LIDOCAINE CRE 3%	1,134	2,112	41,400	168,963	NA
LIDOCAINE CRE 4%	996	1,585	34,269	58,653	NA
LIDOCAINE PAD 5%	348	568	16,118	22,044	NA
LIDOCAINE OIN 5%	280	417	8,950	31,342	NA
LIDOCAINE GEL 2% JELLY	206	241	4,543	6,790	NA
ANECREAM CRE 4%	107	141	2,899	5,025	NA
CAPSAICIN CRE 0.025%	79	89	2,215	5,385	NA
CAPZASIN-HP CRE 0.1%	28	50	1,031	2,933	NA
CAPSAICIN HP CRE 0.1%	21	26	587	1,105	NA
CAPSAICIN CRE 0.1%	25	25	450	1,233	NA
ZTLIDO PAD 1.8%	16	22	660	900	NA
PAIN RELIEF CRE 4%	19	21	175	470	NA
ASPERCREME CRE LIDOCAIN	10	16	465	1,301	NA
LIDOCAINE GEL 2%	13	16	282	320	NA
ASPERCREME PAD LIDO 4%	10	11	193	300	NA
LIDOCAINE SOL 4%	4	6	110	300	NA
SARNA SENSIT LOT 1%	4	4	110	888	NA
CVS PAIN CRE 4%	3	3	40	306	NA
LIDOZION LOT 3%	2	3	90	1,062	NA
LIDOCAINE CRE 5%	2	3	60	90	NA
ASPERCREME CRE LIDOC 4%	3	3	57	253	NA
ARTH PAIN CRE 0.075%	3	3	35	142	NA
CVS CALAMINE LOT PLUS	2	2	40	354	NA
ZOSTRIX HP CRE 0.1%	1	2	60	226	NA
LIDOCREAM CRE 4%	1	2	60	60	NA
CALDYPHEN LOT 1-8%	1	1	30	177	NA
LIDO/PRILOCN KIT 2.5-2.5%	1	1	1	1	NA
ICY HOT PAD 4-1%	1	1	10	10	NA
ANECREAM KIT 4%	1	1	1	1	NA
CALAHIST LOT CLEAR	1	1	5	177	NA
DIBUCAINE OIN 1%	1	1	7	28	NA
NUPERCAINAL OIN 1%	1	1	28	57	NA
ITCH RELIEF LOT 1-0.1%	1	1	7	177	NA
Grand Total	4,473	9,392	156,473	487,588	NA



Lidoderm & Other Topical Anesthetics

Summary of Utilization
July 1, 2018 - June 30, 2019
Health Plan of Nevada



Inhaled Anticholinergics

Clinical Presentation



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Inhaled Anticholinergics

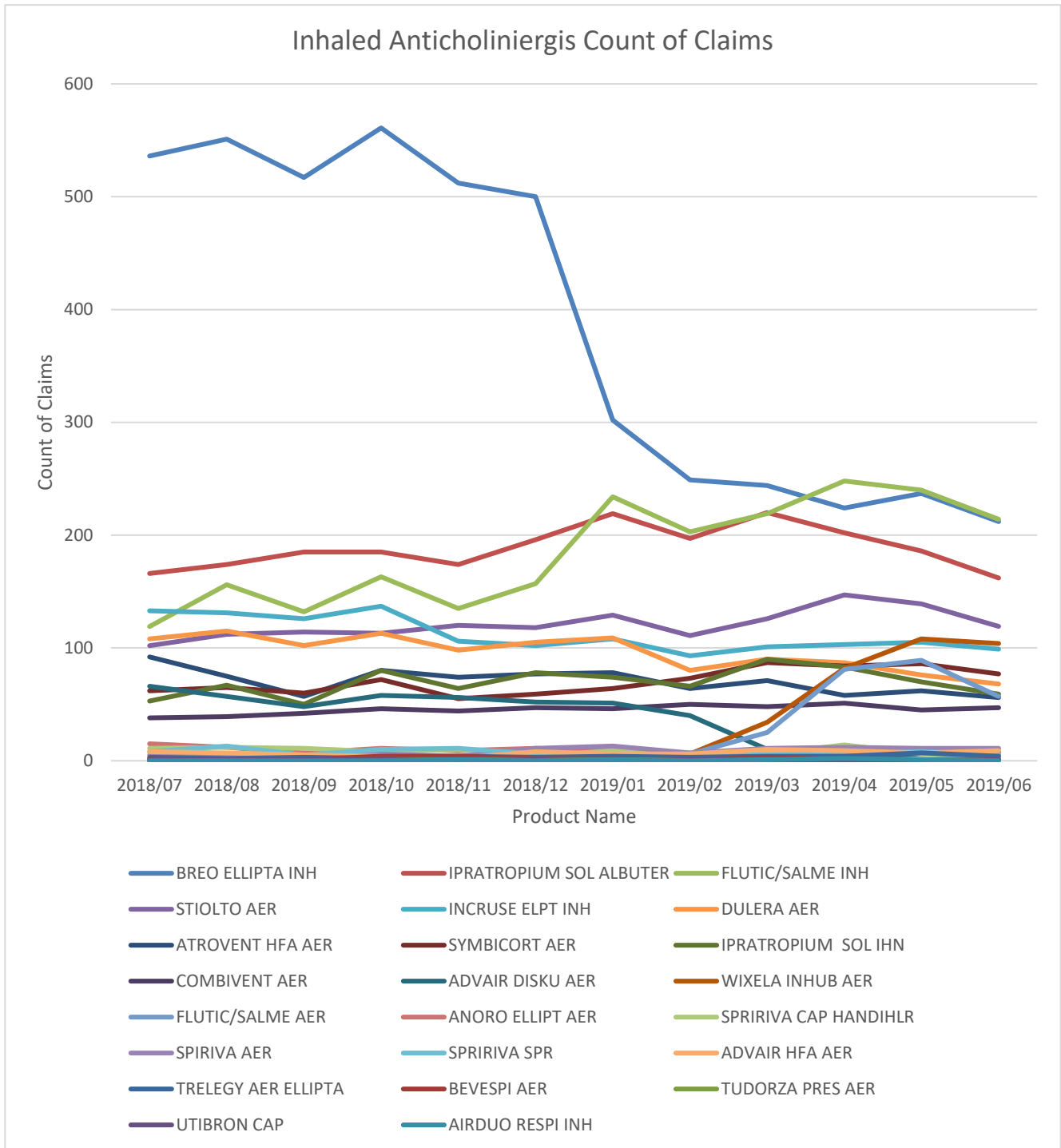
Summary of Utilization
July 1, 2018 - June 30, 2019
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
BREO ELLIPTA INH	2,220	4,645	139,132	278,686	NA
IPRATROPIUM SOL ALBUTER	1,373	2,266	51,673	510,060	NA
FLUTIC/SALME INH	1,560	2,220	66,542	2,220	NA
STIOLTO AER	718	1,450	43,517	5,800	NA
INCRUSE ELPT INH	624	1,344	40,304	40,101	NA
DULERA AER	596	1,151	34,501	14,921	NA
ATROVENT HFA AER	431	844	22,725	10,939	NA
SYMBICORT AER	492	844	24,916	8,549	NA
IPRATROPIUM SOL IHN	571	834	15,320	126,010	NA
COMBIVENT AER	304	543	16,280	2,172	NA
ADVAIR DISKU AER	284	455	13,765	27,780	NA
WIXELA INHUB AER	220	334	10,030	20,160	NA
FLUTIC/SALME AER	170	258	7,741	15,480	NA
ANORO ELLIPT AER	62	114	3,395	6,840	NA
SPRIRIVA CAP HANDIHLR	62	101	2,880	2,955	NA
SPIRIVA AER	48	96	2,823	384	NA
SPRIRIVA SPR	46	88	2,675	360	NA
ADVAIR HFA AER	51	81	2,406	972	NA
TRELEGY AER ELLIPTA	23	43	1,288	2,576	NA
BEVESPI AER	12	23	665	232	NA
TUDORZA PRES AER	4	11	315	11	NA
UTIBRON CAP	4	8	240	480	NA
AIRDUO RESPI INH	4	6	180	6	NA
Grand Total	9,879	17,759	503,313	1,077,694	NA



Inhaled Anticholinergics

Summary of Utilization
July 1, 2018 - June 30, 2019
Health Plan of Nevada



Daliresp

Clinical Presentation



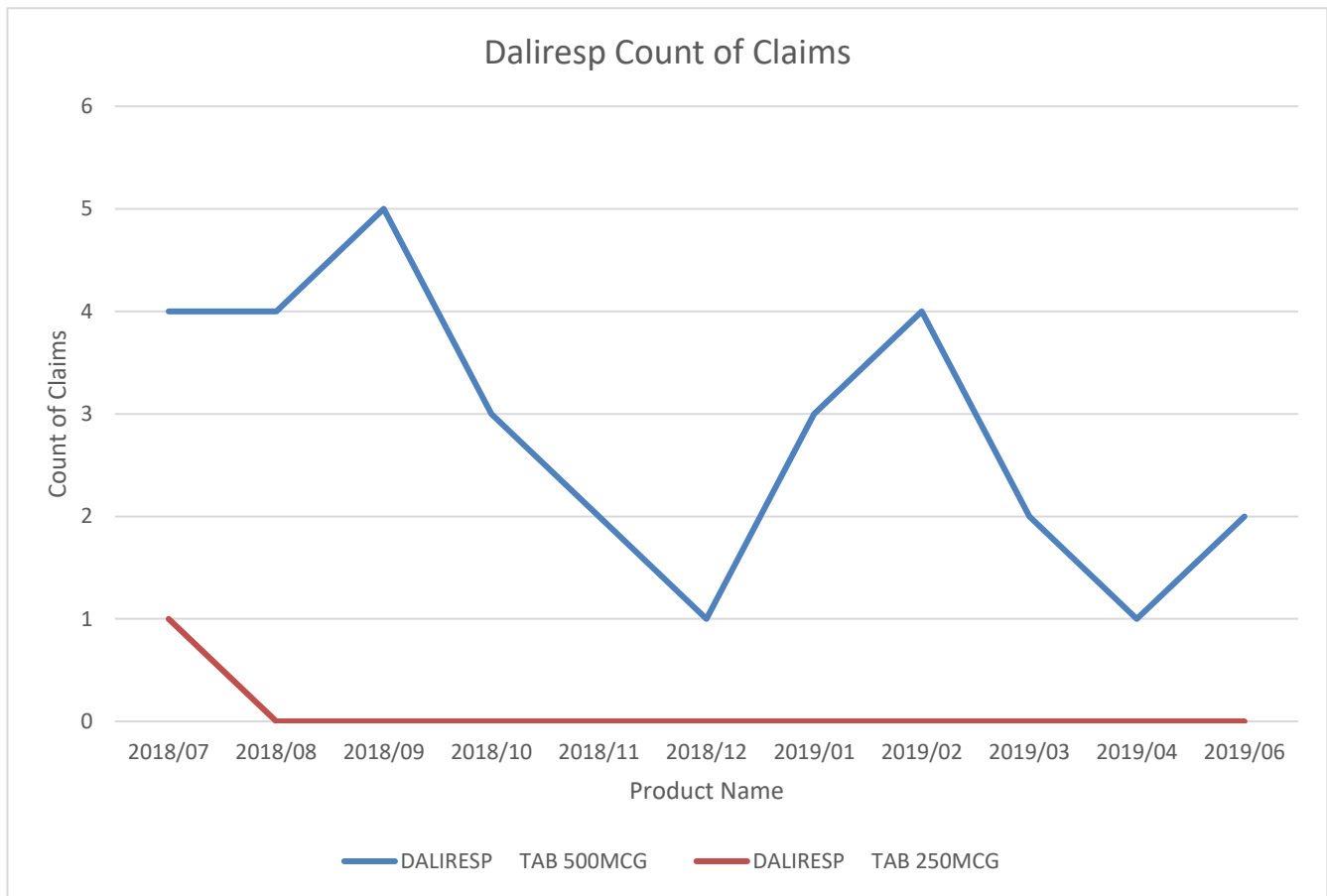
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Daliresp

Summary of Utilization
July 1, 2018 - June 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
DALIRESP TAB 500MCG	14	31	789	789	NA
DALIRESP TAB 250MCG	1	1	28	28	NA
Grand Total	15	32	817	817	NA



Topical Immunomodulators

Clinical Presentation



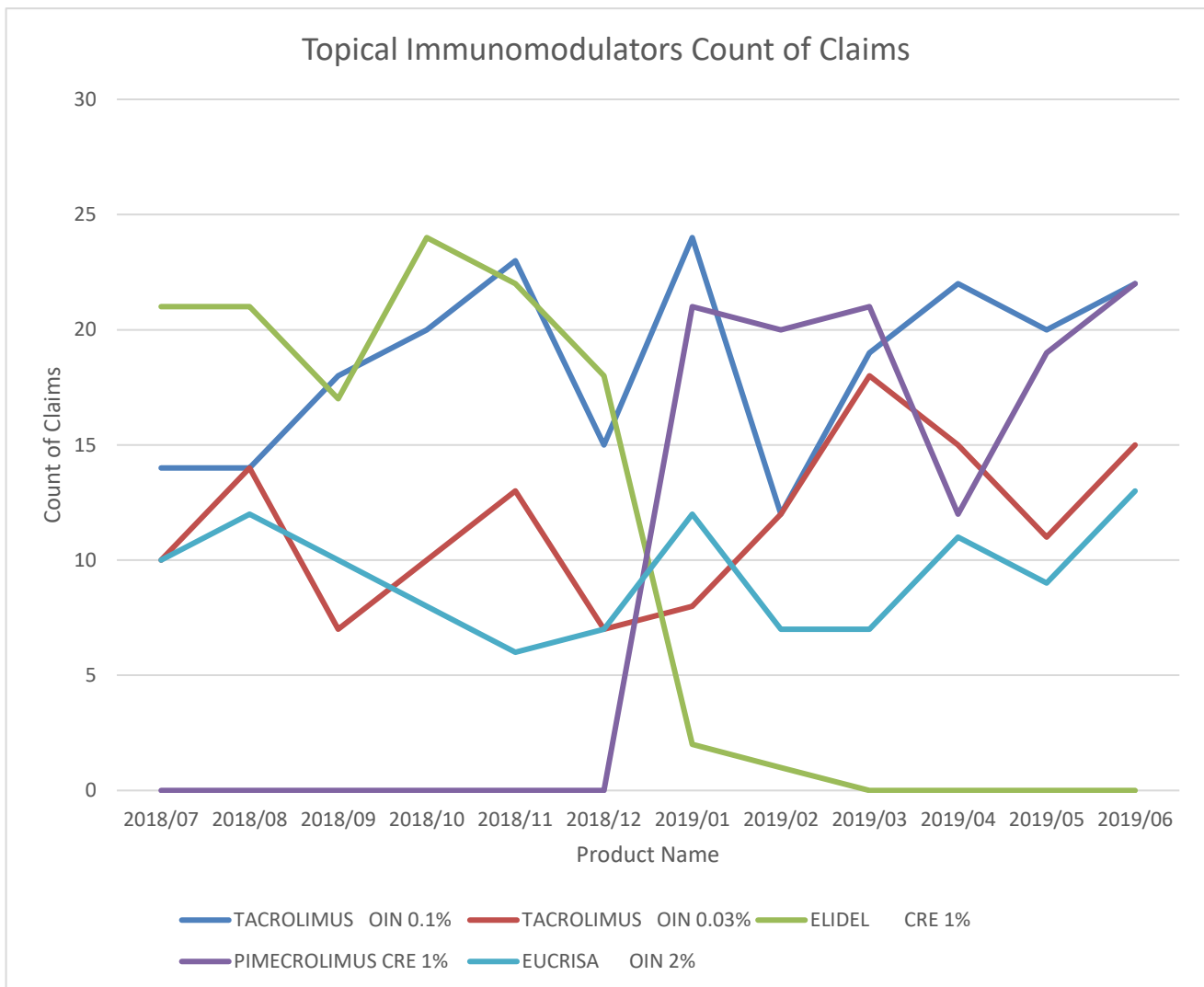
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Topical Immunomodulators

Summary of Utilization
July 1, 2018 - June 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
TACROLIMUS OIN 0.1%	168	223	4,581	7,420	NA
TACROLIMUS OIN 0.03%	117	140	3,039	4,970	NA
ELIDEL CRE 1%	93	126	2,883	4,560	NA
PIMECROLIMUS CRE 1%	89	115	2,325	3,690	NA
EUCRISA OIN 2%	90	112	3,136	6,720	NA
Grand Total	557	716	15,964	27,360	NA



Opioid Utilization – Top Prescribers and Members

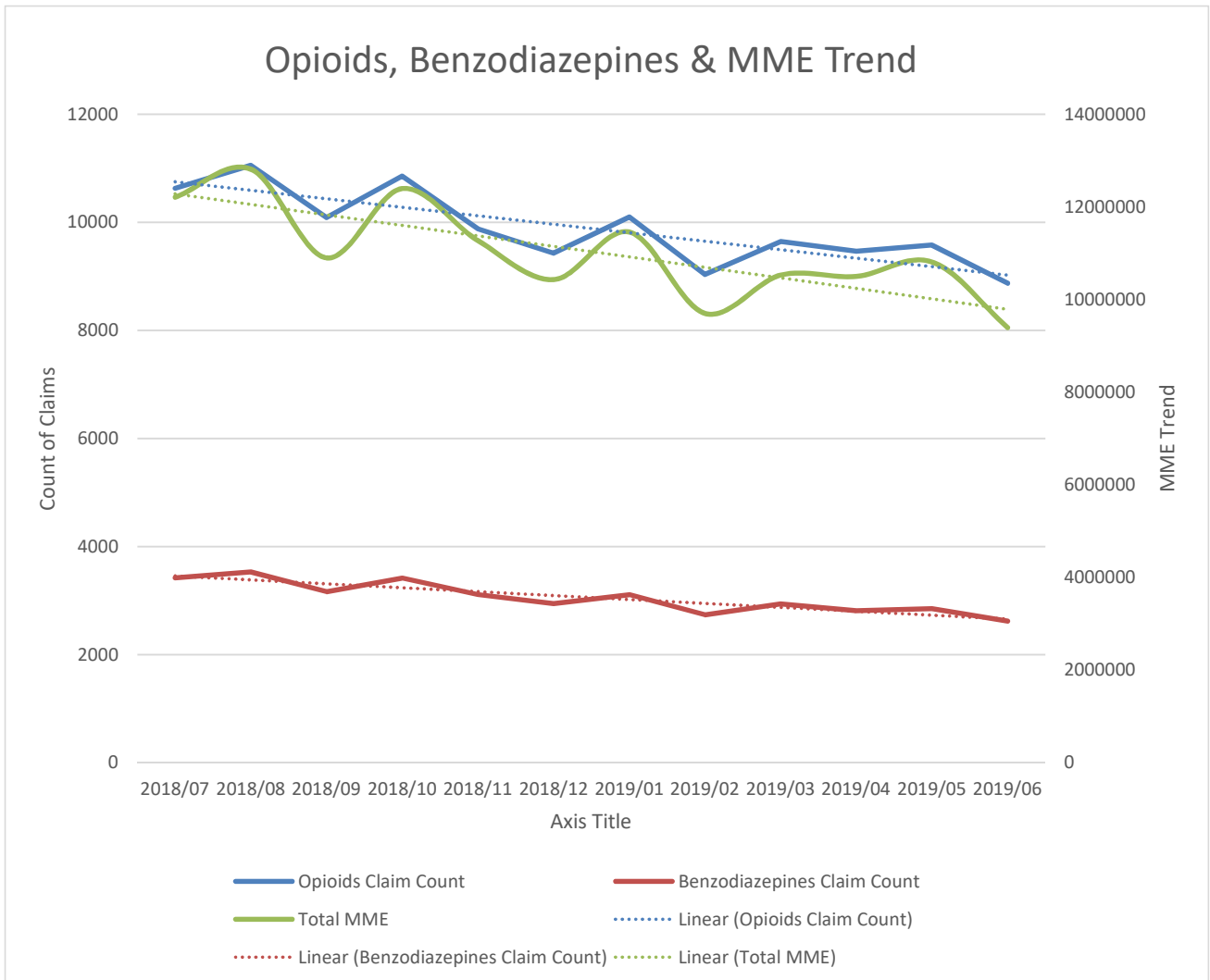
Board Requested Reports



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Opioid Utilization Overall Summary July 1, 2018 - June 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
2018/07	10,252	10,627	1.04	233,676	783,145	76.39	3,424	12,207,482
2018/08	10,535	11,054	1.05	239,958	800,098	75.95	3,531	12,814,147
2018/09	9,846	10,086	1.02	218,157	724,588	73.59	3,167	10,898,323
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



Top 10 Opioid Prescribers by Count of Claims

July 1, 2018 - June 30, 2019

Health Plan of Nevada

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Top 10 Opioid Prescribers by Claim Count							Q2 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
A	ANESTHESIOLOGY	LAS VEGAS	NEVADA	594	1,208	34,477	107,594	NA	13	8	8	N	1,141
B	ANESTHESIOLOGY	LAS VEGAS	NEVADA	377	816	24,060	77,015	NA	0	0	0	N	1,139
C	PAIN MANAGEMEN	LAS VEGAS	NEVADA	360	722	20,879	66,585	NA	0	0	0	N	1,561
D	PAIN MANAGEMEN	LAS VEGAS	NEVADA	299	544	14,171	46,013	NA	0	0	0	N	1,320
E	PAIN MANAGEMEN	HENDERSON	NEVADA	221	495	14,436	45,065	NA	1	1	1	N	1,058
F	ANESTHESIOLOGY	RENO	NEVADA	214	468	13,224	48,304	NA	11	5	4	N	1,876
G	PAIN MANAGEMEN	LAS VEGAS	NEVADA	260	421	12,568	39,633	NA	0	0	0	N	1,070
H	PHYSICAL MEDICIN	LAS VEGAS	NEVADA	192	399	11,650	34,225	NA	11	5	5	N	1,080
I	PAIN MANAGEMEN	LAS VEGAS	NEVADA	202	398	11,772	37,830	NA	1	1	1	N	1,151
J	ANESTHESIOLOGY	LAS VEGAS	NEVADA	296	388	9,109	27,074	NA	0	0	0	N	952

Top 10 Opioid Prescribers by Claim Count							Q1 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
A	ANESTHESIOLOGY	LAS VEGAS	NEVADA	480	1,190	99	107,956	NA	13	5	5	N	1,124
C	PAIN MANAGEMEN	LAS VEGAS	NEVADA	384	909	162	85,729	NA	0	0	0	N	1,685
B	ANESTHESIOLOGY	LAS VEGAS	NEVADA	338	868	73	81,223	NA	1	1	1	N	1,108
F	ANESTHESIOLOGY	RENO	NEVADA	166	542	231	58,600	NA	15	8	7	N	1,867
J	ANESTHESIOLOGY	LAS VEGAS	NEVADA	345	522	212	39,334	NA	0	0	0	N	1,145
H	PHYSICAL MEDICIN	LAS VEGAS	NEVADA	186	432	136	36,646	NA	14	10	8	N	1,065
I	PAIN MANAGEMEN	LAS VEGAS	NEVADA	181	422	105	40,423	NA	0	0	0	N	1,113
K	PAIN MANAGEMEN	LAS VEGAS	NEVADA	175	398	91	38,437	NA	0	0	0	N	1,118
G	PAIN MANAGEMEN	LAS VEGAS	NEVADA	257	396	106	37,192	NA	0	0	0	N	1,039
E	PAIN MANAGEMEN	HENDERSON	NEVADA	174	375	153	34,412	NA	0	0	0	N	1,025



Top 10 Benzodiazepines Prescribers by Count of Claims

July 1, 2018 - June 30, 2019
Health Plan of Nevada

Top 10 Benzodiazepines Prescribers by Claim Count					Q2 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)
AA	PSYCHIATRIST	LAS VEGAS	NV	200	507	15,179	26,968	NA	N
AB	PSYCHIATRIST	LAS VEGAS	NV	68	158	4,709	10,720	NA	N
AC	PSYCHIATRIST	LAS VEGAS	NV	73	152	4,535	9,050	NA	N
AD	PSYCHIATRIST	LAS VEGAS	NV	48	123	3,588	8,475	NA	N
AE	ADULT MEDICINE	LAS VEGAS	NV	49	107	3,159	9,153	NA	N
AF	FAMILY MEDICINE	BOULDER CI	NV	47	105	3,085	8,085	NA	N
AG	PSYCHIATRIST	LAS VEGAS	NV	50	102	3,037	5,404	NA	N
AH	PSYCHIATRIST	LAS VEGAS	NV	46	94	2,804	5,284	NA	N
AI	FAMILY PHYSICIAN	LAS VEGAS	NV	51	94	2,573	4,047	NA	N
AJ	INTERNAL MEDICINE	LAS VEGAS	NV	38	92	2,736	6,740	NA	N

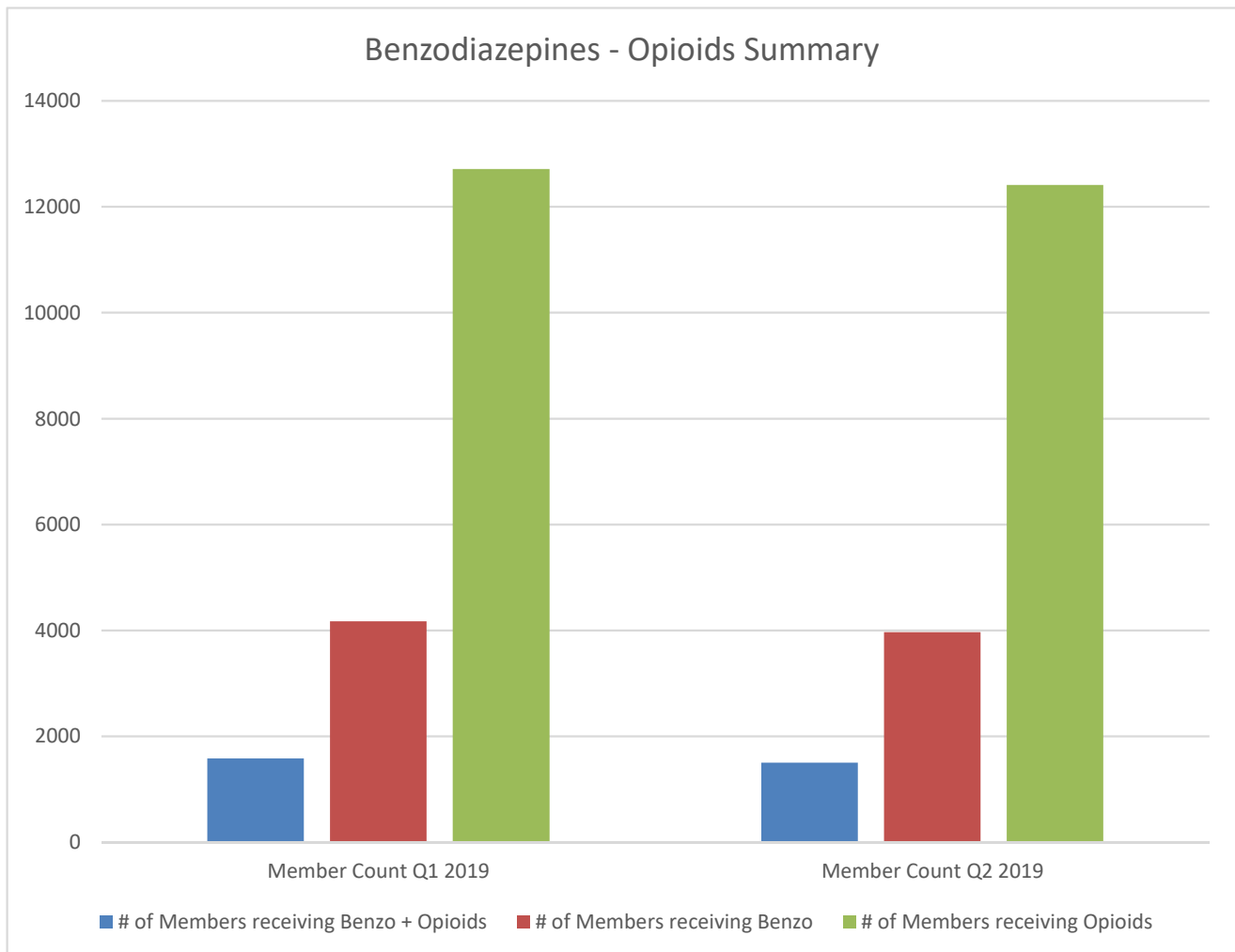
Top 10 Benzodiazepines Prescribers by Claim Count					Q1 2019 - Previous				
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amt	Top Opioid Prescriber Indicator (Y/N)
AA	PSYCHIATRIST	LAS VEGAS	NV	219	560	16,770	32,280	NA	N
AC	PSYCHIATRIST	LAS VEGAS	NV	67	148	4,387	8,977	NA	N
AK	PSYCHIATRIST	LAS VEGAS	NV	78	136	3,845	5,787	NA	N
AB	PSYCHIATRIST	LAS VEGAS	NV	63	131	3,871	8,975	NA	N
AF	FAMILY MEDICINE	BOULDER CI	NV	60	130	3,685	9,295	NA	N
AE	ADULT MEDICINE	LAS VEGAS	NV	51	112	3,351	9,510	NA	N
AD	PSYCHIATRIST	LAS VEGAS	NV	45	103	3,090	7,365	NA	N
AG	PSYCHIATRIST	LAS VEGAS	NV	49	102	3,060	5,193	NA	N
AL	INTERNAL MEDICINE	LAS VEGAS	NV	43	102	3,005	6,114	NA	N
AJ	INTERNAL MEDICINE	LAS VEGAS	NV	43	101	3,020	7,590	NA	N



Benzodiazepines - Opioids Summary

Summary of Utilization
July 1, 2018 - June 30, 2019
Health Plan of Nevada

Product Name	Member Count Q1 2019	Member Count Q2 2019	Total Members
# of Members receiving Benzo + Opioids	1,582	1,498	3,080
# of Members receiving Benzo	4,170	3,962	8,132
# of Members receiving Opioids	12,709	12,408	25,117





Opioid Utilization By Member

Top 25 Members by Claim Count

July 1, 2018 - June 30, 2019

Health Plan of Nevada

Encrypted Member ID	Encrypted Prescriber ID	Claim Count	Days Supply	Sum of Quantity	Sum of Paid Amt	Benzo Prescriber ID	Benzo Claim Count	Total MME Member per Script
M1	NA	1	30	30	NA			
	NA	3	21	142	NA			
	NA	53	1,063	1,785	NA			
	NA	3	18	122	NA			
TOTAL		60	1,132	2,079	NA		0	440
M2	NA	7	49	147	NA			
	NA	43	301	917	NA			
	NA	1	7	21	NA			
TOTAL		51	357	1,085	NA		0	551
M3	NA	46	265	1,001	NA			
	NA	2	6	20	NA			
	A	2	60	180	NA			
TOTAL		50	331	1,201	NA		0	866
M4	NA	4	80	581	NA			
	NA	39	767	6,623	NA			
TOTAL		43	847	7,204	NA		0	3665
M5	F	42	1,210	4,720	NA	F	12	
					NA	NA	1	
TOTAL		42	1,210	4,720	NA		13	1856
M6	F	33	990	2,280	NA			
	NA	6	180	360	NA			
TOTAL		39	1,170	2,640	NA		0	1265
M7	NA	39	1,170	3,600	NA	NA	1	
TOTAL		39	1,170	3,600	NA		1	1455
M8	NA	2	10	50	NA			
	J	22	416	1,192	NA			
	C	10	300	900	NA			
	D	4	120	360	NA			
TOTAL		38	846	2,502	NA		0	1465
M9	NA	2	60	270	NA	NA	13	
	NA	36	1,080	4,590	NA			
TOTAL		38	1,140	4,860	NA		13	4796
M10	NA	2	14	168	NA	NA	1	
	NA	32	224	1,792	NA	NA	5	
	NA	3	28	192	NA			
TOTAL		37	266	2,152	NA		6	1736



Opioid Utilization By Member

Top 25 Members by Claim Count

July 1, 2018 - June 30, 2019

Health Plan of Nevada

Encrypted Member ID	Encrypted Prescriber ID	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amt	Benzo Prescriber ID	Benzo Claim Count	Total MME Member per Script
M11	NA	36	1,080	6,450	NA	NA	12	
TOTAL		36	1,080	6,450	NA		12	6767
M12	NA	32	231	1,386	NA	NA	1	
	NA	4	26	152	NA			
TOTAL		36	257	1,538	NA		1	680
M13	F	35	1,050	4,930	NA	F	10	
						NA	1	
TOTAL		35	1,050	4,930	NA		11	6017
M14	J	16	435	1,230	NA			
	C	19	565	1,680	NA			
TOTAL		35	1,000	2,910	NA		0	1619
M15	NA	11	322	497	NA	AD	4	
	NA	6	176	228	NA	NA	8	
	AI	1	30	15	NA	NA	1	
	NA	17	496	951	NA			
TOTAL		35	1,024	1,691	NA		13	8651
M16	F	30	900	3,810	NA	NA	12	
	NA	3	90	390	NA			
	NA	1	30	120	NA			
TOTAL		34	1,020	4,320	NA		12	2239
M17	NA	2	53	206	NA	NA	2	
	NA	7	196	560	NA	NA	1	
	NA	24	480	2,880	NA	NA	1	
						NA	10	
TOTAL		33	729	3,646	NA		14	4651
M18	NA	2	14	56	NA			
	NA	1	7	21	NA			
	K	1	30	90	NA			
	NA	25	171	970	NA			
	NA	1	30	90	NA			
	I	1	30	90	NA			
	E	2	60	180	NA			
TOTAL		33	342	1,497	NA		0	1735
M19	NA	6	180	405	NA	NA	11	
	NA	3	90	150	NA			
	NA	23	680	1,290	NA			
TOTAL		32	950	1,845	NA		11	2912



Opioid Utilization By Member

Top 25 Members by Claim Count

July 1, 2018 - June 30, 2019

Health Plan of Nevada

Encrypted Member ID	Encrypted Prescriber ID	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amt	Benzo Prescriber ID	Benzo Claim Count	Total MME Member per Script
M20	F	27	783	2,143	NA			
	NA	5	150	420	NA			
TOTAL		32	933	2,563	NA		0	5090
M21	J	13	240	735	NA			
	C	8	180	540	NA			
	D	10	150	450	NA			
TOTAL		31	570	1,725	NA		0	639
M22	F	19	413	1,670	NA	NA	1	
	NA	2	10	55	NA	NA	12	
	NA	1	4	16	NA			
	NA	8	182	366	NA			
TOTAL		30	609	2,107	NA		13	1973
M23	F	28	840	1,935	NA			
	NA	2	60	150	NA			
TOTAL		30	900	2,085	NA		0	2505
M24	NA	19	131	534	NA			
	AI	5	61	136	NA			
	NA	3	15	48	NA			
	NA	2	10	20	NA			
TOTAL		29	217	738	NA		0	529
M25	NA	29	387	774	NA			
TOTAL		29	387	774	NA		0	0

OPIOID CORRELATION SUMMARY

MEMBER M3 - TOP OPIOID A	MEMBER M5 - TOP OPIOID F & F (BENZO)	MEMBER M6 - TOP OPIOID F
MEMBER M8 - TOP OPIOID D, J & C	MEMBER M13 - TOP OPIOID F & F (BENZO)	MEMBER M14 - TOP OPIOID J & C
MEMBER M15 - TOP BENZO AI & AD	MEMBER M16 - TOP OPIOID F	MEMBER M18 - TOP OPIOID K, I & E
MEMBER M20 - TOP OPIOID F	MEMBER M21 - TOP OPIOID J, C & D	MEMBER M 22 - TOP OPIOID F
MEMBER M23 - TOP OPIOID F	MEMBER M24 - TOP BENZO AI	

LOCK IN SUMMARY

Total active member Lock In #444 (1st qtr added 64 & 2nd qtr added 24)

Naloxone

Board Requested Reports



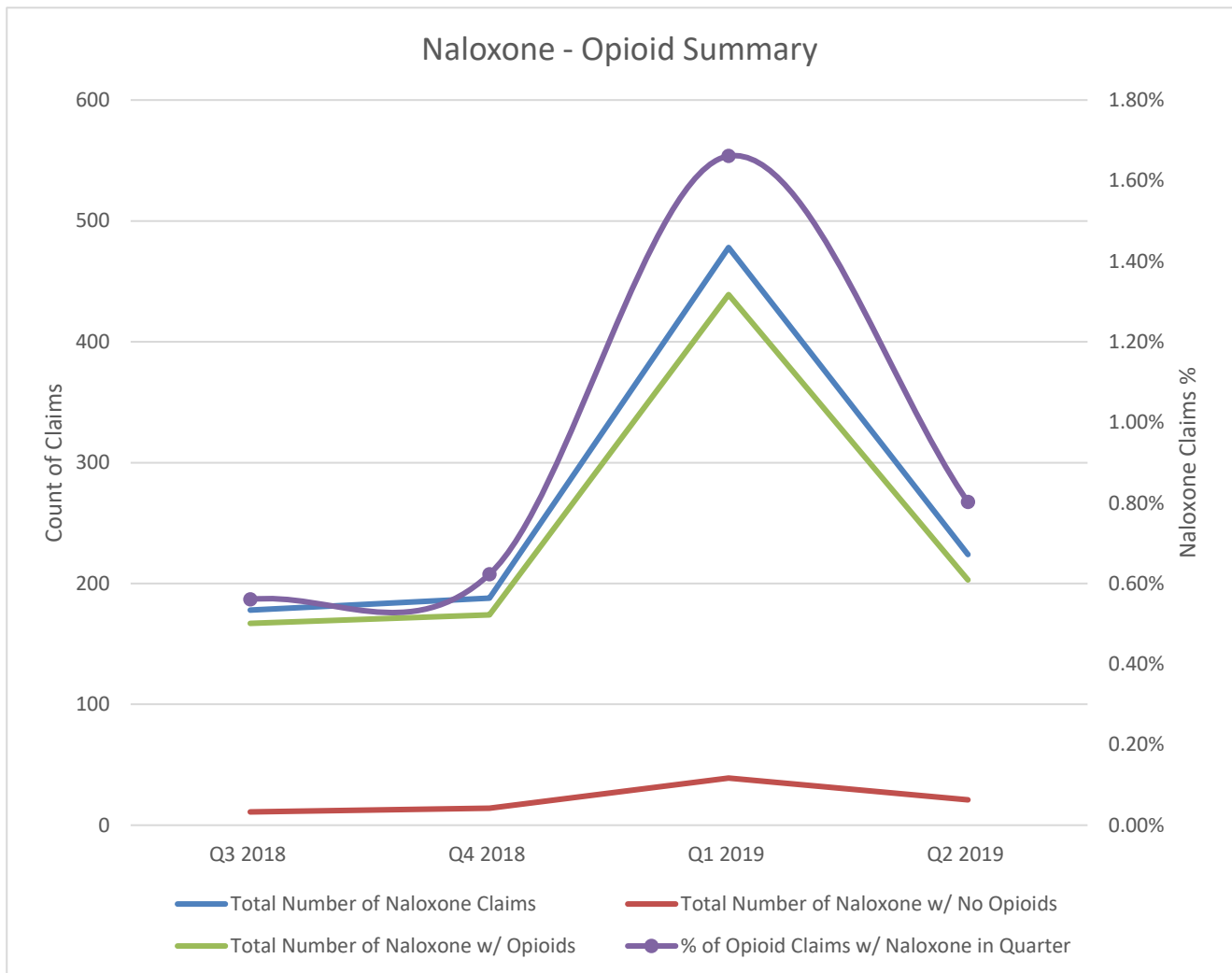
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Naloxone Summary Report

Summary of Utilization
July 1, 2018 - June 30, 2019
Health Plan of Nevada

Product Name	Q3 2018 Count of Claims	Q4 2018 Count of Claims	Q1 2019 Count of Claims	Q2 2019 Count of Claims	Total
Total Number of Opioid Claims	31,767	30,169	28,777	27,911	118,624
Total Number of Naloxone Claims	178	188	478	224	1,068
Total Number of Naloxone w/ No Opioids	11	14	39	21	85
Total Number of Naloxone w/ Opioids	167	174	439	203	983
% of Opioid Claims w/ Naloxone in Quarter	0.56%	0.62%	1.66%	0.80%	0.90%



Antibiotics

Board Requested Reports



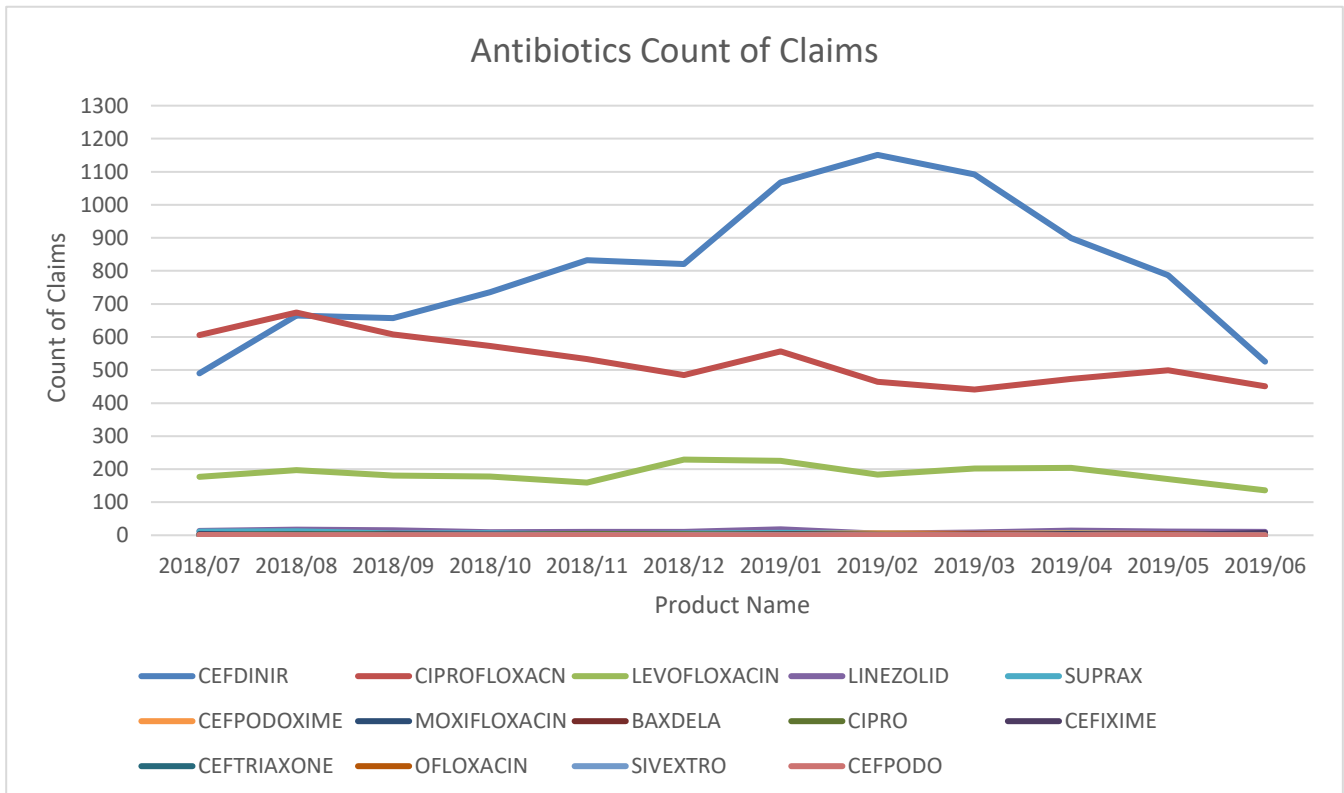
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A UnitedHealthcare Company



Antibiotic Agents

Summary of Utilization
July 1, 2018 - June 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
CEFDINIR	9,352	9,723	94,423	574,993	NA
CIPROFLOXACN	5,989	6,363	49,046	96,483	NA
LEVOFLOXACIN	2,122	2,242	18,779	18,863	NA
LINEZOLID	130	140	1,448	5,608	NA
SUPRAX	62	63	333	312	NA
CEFPODOXIME	31	31	204	438	NA
MOXIFLOXACIN	24	24	154	160	NA
BAXDELA	20	21	293	572	NA
CIPRO	21	21	179	2,400	NA
CEFIXIME	15	15	105	807	NA
CEFTRIAXONE	11	11	42	13	NA
OFLOXACIN	3	4	41	81	NA
SIVEXTRO	3	3	18	18	NA
CEFPODO	1	1	10	200	NA
Grand Total	17,784	18,662	165,075	700,948	NA



Aranesp

Board Requested Reports



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company



Aranesp
Summary of Place of Service
July 1, 2018 - June 30, 2019
Health Plan of Nevada

Place of Service - Summary	Q3 2018	Q4 2018	Q1 2019	Q2 2018	Total
RENAL/KIDNEY/DIALYSIS FACILITIES & OFFICES	47	52	30	25	154
ONCOLOGY FACILITIES & OFFICES	33	22	10	14	79
OUTPATIENT FACILITIES	0	0	1	0	1
PHARMACY	1	3	0	2	6
TOTAL	81	77	41	41	240

Place of Service - Medical	Q3 2018	Q4 2018	Q1 2019	Q2 2018	Total
RENAL CARE GROUP FIRE MESA	31	45	28	24	128
COMPREHENSIVE CANCER CENTERS OF NEVADA	18	17	10	7	52
OPTUMCARE CANCER CARE	15	5	0	7	27
KIDNEY SPECIALISTS OF SOUTHERN NEVADA	3	4	1	0	8
SIERRA NEVADA NEPHROLOGY CONSULTANTS	2	3	1	0	6
LIBERTY DIALYSIS - LAS VEGAS	6	0	0	0	6
FRESENIUS MEDICAL CARE (FMC)	5	0	0	0	5
UNIVERSITY MEDICAL CENTER SO NV	0	0	1	0	1
FRESENIUS MEDICAL CARE NKDHC LLC	0	0	0	1	1
TOTAL	80	74	41	39	234

Place of Service - Pharmacy	Q3 2018	Q4 2018	Q1 2019	Q2 2018	Total
BRIOVARX	1	3	0	2	6
TOTAL	1	3	0	2	6



Aranesp
Summary of Place of Service
July 1, 2018 - June 30, 2019
Health Plan of Nevada

Place of Service - Medical - Q3 2018	Aranesp Strength	Count of Claims	Sum of Units	Sum of mcg of Aranesp	Paid Amount
RENAL CARE GROUP FIRE MESA	25 mcg	2	2	50	NA
	40 mcg	3	3	120	NA
	60 mcg	7	7	420	NA
	100 mcg	4	4	400	NA
	60 mcg	4	1	240	NA
	200 mcg	5	3	1,000	NA
	200 mcg	6	2	1,200	NA
TOTAL		31	22	3,430	NA
COMPREHENSIVE CANCER CENTERS OF NEVADA	200 mcg	4	2	800	NA
	500 mcg	9	9	4,500	NA
	300 mcg	5	3	1,500	NA
TOTAL		18	14	6,800	NA
OPTUMCARE CANCER CARE	200 mcg	5	2	1,000	NA
	500 mcg	4	4	2,000	NA
	300 mcg	6	4	1,800	NA
TOTAL		15	10	4,800	NA
LIBERTY DIALYSIS - LAS VEGAS	25 mcg	5	5	125	NA
	40 mcg	1	1	40	NA
TOTAL		6	6	165	NA
FRESENIUS MEDICAL CARE (FMC)	100 mcg	5	5	500	NA
TOTAL		5	5	500	NA
KIDNEY SPECIALISTS OF SOUTHERN NEVADA	25 mcg	3	3	75	NA
TOTAL		3	3	75	NA
SIERRA NEVADA NEPHROLOGY CONSULTANTS	60 mcg	1	1	60	NA
	60 mcg	1	1	60	NA
TOTAL		2	2	120	NA
GRAND TOTAL		80	61	15,890	NA



Aranesp
Summary of Place of Service
July 1, 2018 - June 30, 2019
Health Plan of Nevada

Place of Service - Medical - Q4 2018	Aranesp Strength	Count of Claims	Sum of Units	Sum of mcg of Aranesp	Paid Amount
RENAL CARE GROUP FIRE MESA	25 mcg	4	4	100	NA
	40 mcg	8	8	320	NA
	60 mcg	4	4	240	NA
	100 mcg	28	28	2,800	NA
	200 mcg	1	1	200	NA
TOTAL		45	45	3,660	NA
COMPREHENSIVE CANCER CENTERS OF NEVADA	200 mcg	3	1	600	NA
	500 mcg	6	6	3,000	NA
	300 mcg	8	5	2,400	NA
TOTAL		17	12	6,000	NA
OPTUMCARE CANCER CARE	200 mcg	3	1	600	NA
	500 mcg	1	1	500	NA
	300 mcg	1	1	300	NA
TOTAL		5	3	1,400	NA
KIDNEY SPECIALISTS OF SOUTHERN NEVADA	25 mcg	3	3	75	NA
	40 mcg	1	1	40	NA
TOTAL		4	4	115	NA
SIERRA NEVADA NEPHROLOGY CONSULTANTS	60 mcg	3	3	180	NA
TOTAL		3	3	180	NA
GRAND TOTAL		74	66	11,355	NA



Aranesp
Summary of Place of Service
July 1, 2018 - June 30, 2019
Health Plan of Nevada

Place of Service - Medical - Q1 2019	Aranesp Strength	Count of Claims	Sum of Units	Sum of mcg of Aranesp	Paid Amount
RENAL CARE GROUP FIRE MESA	40 mcg	5	5	200	NA
	60 mcg	3	3	180	NA
	100 mcg	20	20	2,000	NA
TOTAL		28	28	2,380	NA
COMPREHENSIVE CANCER CENTERS OF NEVADA	200 mcg	1	0	200	NA
	500 mcg	1	1	500	NA
	300 mcg	8	5	2,400	NA
TOTAL		10	6	3,100	NA
KIDNEY SPECIALISTS OF SOUTHERN NEVADA	25 mcg	1	1	25	NA
TOTAL		1	1	25	NA
UNIVERSITY MEDICAL CENTER SO NV	60 mcg	1	1	60	NA
TOTAL		1	1	60	NA
SIERRA NEVADA NEPHROLOGY CONSULTANTS	60 mcg	1	1	60	NA
TOTAL		1	1	60	NA
GRAND TOTAL		41	37	5,625	NA

Place of Service - Medical - Q2 2019	Aranesp Strength	Count of Claims	Sum of Units	Sum of mcg of Aranesp	Paid Amount
RENAL CARE GROUP FIRE MESA	60 mcg	1	1	60	NA
	100 mcg	23	23	2,300	NA
TOTAL		24	24	2,360	NA
OPTUMCARE CANCER CARE	200 mcg	5	2	1,000	NA
	500 mcg	2	2	1,000	NA
TOTAL		7	4	2,000	NA
COMPREHENSIVE CANCER CENTERS OF NEVADA	300 mcg	7	4	2,100	NA
TOTAL		7	4	2,100	NA
FRESENIUS MEDICAL CARE NKDHC LLC	40 mcg	1	1	40	NA
TOTAL		1	1	40	NA
GRAND TOTAL		39	33	6,500	NA

Standard DUR Reports



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Nevada Medicaid

Quarterly DUR Report

Health Plan Name:	Health Plan of Nevada
Health Plan Contact:	RK Bitton, PharmD, MBA
Contact Email:	ryan.bitton@uhc.com
Report Quarter (Calendar Year):	Q2 2019
Report Period Start Date:	7/1/2018
Report Period End Date:	6/30/2019
Submission Date of Report:	9/17/2019

Opioid Utilization					
Year/Month Filled	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amount
July 2018	10,252	10,627	233,676	783,145	NA
August 2018	10,535	11,054	239,958	800,098	NA
September 2018	9,846	10,086	218,157	724,588	NA
October 2018	10,363	10,857	236,217	780,822	NA
November 2018	9,537	9,880	219,782	728,027	NA
December 2018	9,157	9,432	208,540	690,257	NA
January 2019	9,697	10,100	220,629	728,149	NA
February 2019	8,828	9,032	197,880	650,047	NA
March 2019	9,323	9,645	211,271	691,951	NA
April 2019	9,069	9,464	205,651	675,541	NA
May 2019	9,112	9,576	208,118	678,234	NA
June 2019	8,634	8,871	192,597	628,868	NA

Top 10 Opioid Prescribers - Q2 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
A	ANESTHESIOLOGY & PAIN MGT	LAS VEGAS	NEVADA	594	1,208	34,477	107,594	NA
B	ANESTHESIOLOGY & PAIN MGT	LAS VEGAS	NEVADA	377	816	24,060	77,015	NA
C	PAIN MANAGEMENT	LAS VEGAS	NEVADA	360	722	20,879	66,585	NA
D	PAIN MANAGEMENT	LAS VEGAS	NEVADA	299	544	14,171	46,013	NA
E	PAIN MANAGEMENT	HENDERSON	NEVADA	221	495	14,436	45,065	NA
F	ANESTHESIOLOGY & PAIN MGT	RENO	NEVADA	214	468	13,224	48,304	NA
G	PAIN MANAGEMENT	LAS VEGAS	NEVADA	260	421	12,568	39,633	NA
H	PHYSICAL MEDICINE REHAB	LAS VEGAS	NEVADA	192	399	11,650	34,225	NA
I	PAIN MANAGEMENT	LAS VEGAS	NEVADA	202	398	11,772	37,830	NA
J	ANESTHESIOLOGY & PAIN MGT	LAS VEGAS	NEVADA	296	388	9,109	27,074	NA

Top 10 Opioid Prescribers - Q1 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
A	ANESTHESIOLOGY & PAIN MGT	LAS VEGAS	NEVADA	480	1,190	99	107,956	NA
C	PAIN MANAGEMENT	LAS VEGAS	NEVADA	384	909	162	85,729	NA
B	ANESTHESIOLOGY & PAIN MGT	LAS VEGAS	NEVADA	338	868	73	81,223	NA
F	ANESTHESIOLOGY & PAIN MGT	RENO	NEVADA	166	542	231	58,600	NA
J	ANESTHESIOLOGY & PAIN MGT	LAS VEGAS	NEVADA	345	522	212	39,334	NA
H	PHYSICAL MEDICINE REHAB	LAS VEGAS	NEVADA	186	432	136	36,646	NA
I	PAIN MANAGEMENT	LAS VEGAS	NEVADA	181	422	105	40,423	NA
K	PAIN MANAGEMENT	LAS VEGAS	NEVADA	175	398	91	38,437	NA
G	PAIN MANAGEMENT	LAS VEGAS	NEVADA	257	396	106	37,192	NA
E	PAIN MANAGEMENT	HENDERSON	NEVADA	174	375	153	34,412	NA

Nevada Medicaid

Quarterly DUR Report

Health Plan Name:	Health Plan of Nevada
Health Plan Contact:	RK Bitton, PharmD, MBA
Contact Email:	ryan.bitton@uhc.com
Report Quarter (Calendar Year):	Q2 2019
Report Period Start Date:	7/1/2018
Report Period End Date:	6/30/2019
Submission Date of Report:	9/17/2019

Top 10 Drug Classes by Paid Amount - Q2 2019 - Current 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
ANTICONVULSANTS - MISC.	23,078	NA
ANTIPSYCHOTICS - MISC.	1,155	NA
ANTIPSORIATICS	171	NA

Top 10 Drug Classes by Paid Amount - Q1 2019 - Previous Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
ANTIRETROVIRALS	2,429	NA
INSULIN	8,255	NA
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	443	NA
SYMPATHOMIMETICS	29,432	NA
HEPATITIS AGENTS	149	NA
ANTINEOPLASTIC ENZYME INHIBITORS	137	NA
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	1,638	NA
ANTICONVULSANTS - MISC.	22,900	NA
MULTIPLE SCLEROSIS AGENTS	153	NA
DIAGNOSTIC TESTS	8,918	NA

Top 10 Drug Classes by Claim Count - Q2 2019 - Current Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	32,472	NA
SYMPATHOMIMETICS	24,201	NA
ANTICONVULSANTS - 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

Top 10 Drug Classes by Claim Count - Q1 2019 - Previous Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	35,992	NA
SYMPATHOMIMETICS	29,432	NA
ANTICONVULSANTS - MISC.	22,900	NA
HMG COA REDUCTASE INHIBITORS	20,831	NA
OPIOID COMBINATIONS	18,377	NA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	18,352	NA
AMINOPENICILLINS	16,664	NA
ANTIHISTAMINES - NON-SEDATING	15,544	NA
CENTRAL MUSCLE RELAXANTS	14,956	NA
GLUCOCORTICOSTEROIDS	14,861	NA

Nevada Medicaid

Quarterly DUR Report

Health Plan Name:	Health Plan of Nevada
Health Plan Contact:	RK Bitton, PharmD, MBA
Contact Email:	ryan.bitton@uhc.com
Report Quarter (Calendar Year):	Q2 2019
Report Period Start Date:	7/1/2018
Report Period End Date:	6/30/2019
Submission Date of Report:	9/17/2019

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	14 (12)	8	66.67%	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	7 (3)	2	66.67%	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	130 (86)	25	29.07%	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	42 (15)	7	46.67%	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	1222 (1007)	141	14.00%	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	384 (128)	20	15.63%	Prescriber	OptumRx

Nevada Medicaid

Quarterly DUR Report

Health Plan Name:	Health Plan of Nevada
Health Plan Contact:	RK Bitton, PharmD, MBA
Contact Email:	ryan.bitton@uhc.com
Report Quarter (Calendar Year):	Q2 2019
Report Period Start Date:	7/1/2018
Report Period End Date:	6/30/2019
Submission Date of Report:	9/17/2019

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.)
Drug-Drug Interaction	This is a provider-targeted program designed to minimize the occurrence of clinically significant, patient-specific drug-drug interactions.	Fax/Mail	8127 (6791)	1820	26.80%	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	2381 (888)	288	32.43%	Prescriber	OptumRx
Duplicate Therapy	This is a provider-targeted program designed to promote awareness of Therapeutic duplication concerns.	Fax/Mail	5169 (4130)	631	15.28%	Prescriber	OptumRx
Duplicate Therapy	This is a provider-targeted program designed to promote awareness of Therapeutic duplication concerns.	Fax/Mail	1559 (511)	53	10.37%	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	2911 (2454)	196	7.99%	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	928 (351)	26	7.41%	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	8695 (6761)	596	8.82%	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	3973 (1686)	126	7.47%	Prescriber	OptumRx

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Retrospective DUR							
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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.	Fax/Mail	469 (379)	34	8.97%	Prescriber	OptumRx
	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.						
	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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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	90 (0)	0	0.0%	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	4266 (3495)	316	9.0%	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 (4)	0	0.0%	Prescriber	OptumRx

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Retrospective DUR							
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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 (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	9296 (7602)	1495	19.67%	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	12498 (382)	217	56.81%	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)	115,533	N/A	N/A	N/A	N/A	115,533	100.00%
Therapeutic duplication (TD)	136,384	90,959	66.69%	27,953	20.50%	17,472	12.81%
Ingredient duplication (ID)	1,655	129	7.79%	85	5.14%	1,441	87.07%
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)	193,938	135,519	69.88%	42,151	21.73%	16,268	8.39%
Drug-Disease (MC)	358,120	303,563	84.77%	54,557	15.23%	N/A	N/A
Drug-Allergy (DA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug-Age (PA)	32,615	24,184	74.15%	8,431	25.85%	8431	25.85%
Therapeutic Dose Limits Screening	9110	965	11%	640	7.03%	640	7.03%
Dose Duration	43,304	28,282	65.31%	15,022	34.69%	15022	34.69%

Top 10 Drugs by Therapeutic Problem Type - Overutilization										
ER	TD	ID	LR	HD	PG	LD	DD	MC	DA	PA
BASAGLAR KWIKPEN	AMLODIPINE BESYLATE	BASAGLAR KWIKPEN	ATORVASTATIN CALCIUM	CYCLOBENZAPRINE HYDROCHLORIDE	IBUPROFEN	LISINOPRIL	LISINOPRIL	GABAPENTIN	N/A	MONTELUKAST SODIUM
SUBOXONE	LOSARTAN POTASSIUM	SUBOXONE	LEVOTHYROXINE SODIUM	MONTELUKAST SODIUM	ONDANSETRON ODT	ALBUTEROL SULFATE	METFORMIN HYDROCHLORIDE	ATORVASTATIN CALCIUM	N/A	CETIRIZINE HYDROCHLORIDE
OXYCODONE/ACETAMINOPHEN	ALBUTEROL SULFATE	OXYCODONE/ACETAMINOPHEN	OMEPRAZOLE	VITAMIN D	METRONIDAZOLE	HYDROXYZINE HCL	ATORVASTATIN CALCIUM	FLUTICASON PROPRIONATE	N/A	CLINDAMYCIN PHOSPHATE
OXYCODONE HYDROCHLORIDE	LISINOPRIL	OXYCODONE HYDROCHLORIDE	AMLODIPINE BESYLATE	POLYETHYLENE GLYCOL 3350	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	HYDROCHLOROTHIAZIDE	HYDROCODONE/ACETAMINOPHEN	N/A	IBUPROFEN
ATORVASTATIN CALCIUM	ALBUTEROL SULFATE HFA	ATORVASTATIN CALCIUM	MONTELUKAST SODIUM	PHENAZOPYRIDINE HCL	ONDANSETRON HYDROCHLORIDE	VITAMIN D3	FOLIC ACID	ALPRAZOLAM	N/A	ONDANSETRON ODT
GABAPENTIN	HYDROCHLOROTHIAZIDE	GABAPENTIN	METFORMIN HYDROCHLORIDE	CEFDINIR	FLUCONAZOLE	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	TRAZODONE HYDROCHLORIDE	PREDNISONE	N/A	LORATADINE CHILDRENS
LOSARTAN POTASSIUM	BASAGLAR KWIKPEN	LOSARTAN POTASSIUM	LISINOPRIL	ONDANSETRON ODT	PROGESTERONE	NYSTATIN	QUETIAPINE FUMARATE	ZOLPIDEM TARTRATE	N/A	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE
TIZANIDINE HYDROCHLORIDE	GABAPENTIN	TIZANIDINE HYDROCHLORIDE	GABAPENTIN	OSELTAMIVIR PHOSPHATE	FLUTICASON PROPRIONATE	CETIRIZINE HYDROCHLORIDE	FENOFIBRATE	IBUPROFEN	N/A	RANITIDINE HCL
FAMOTIDINE	CARVEDILOL	FAMOTIDINE	PANTOPRAZOLE SODIUM	ACETAMINOPHEN EXTRA STRENGTH	ALBUTEROL SULFATE HFA	XULANE	AMLODIPINE BESYLATE	ALBUTEROL SULFATE HFA	N/A	AZITHROMYCIN
FENTANYL	METOPROLOL TARTRATE	FENTANYL	LOSARTAN POTASSIUM	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	CYANOCOBALAMIN	PHENAZOPYRIDINE HYDROCHLORIDE	GABAPENTIN	MONTELUKAST SODIUM	N/A	BUDESONIDE