



Nevada Medicaid Drug Use Review Board Meeting

OCTOBER 22, 2020



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

2020

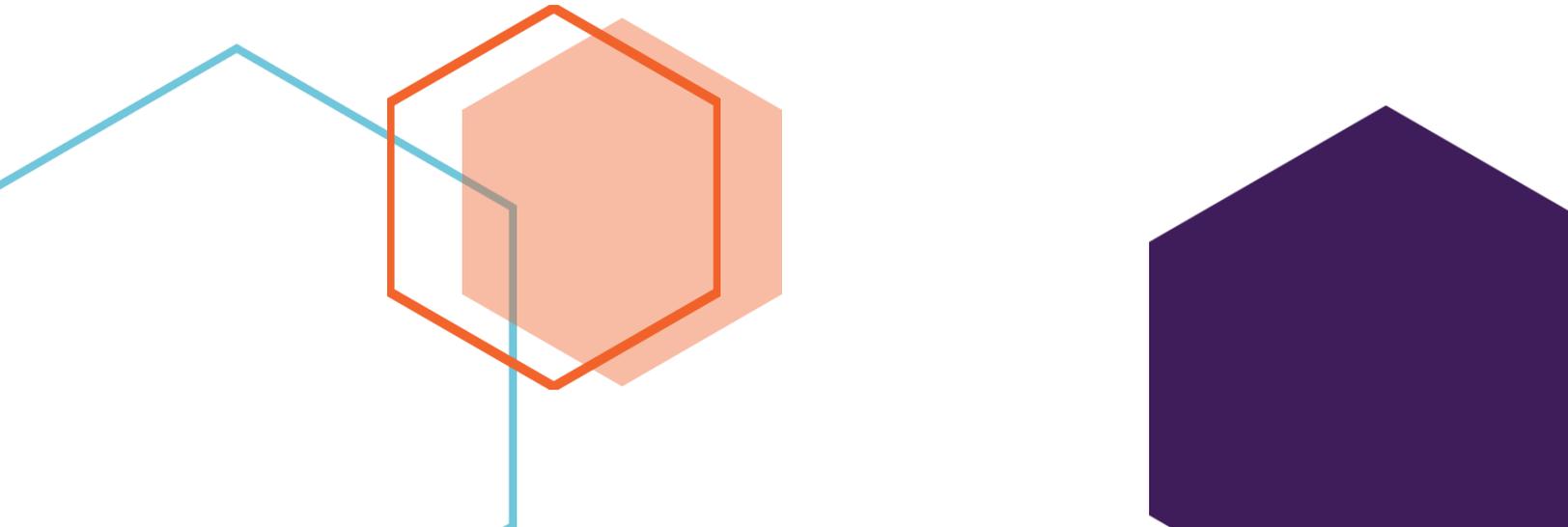


Table of Content

Clinical Presentation - Topical Antipruritic Agents	3
Clinical Presentation - Multiple Sclerosis Agents	6
Clinical Presentation - GNRH LHRH Antagonists and Combinations	9
Clinical Presentation - Bone Density Regulators	12
DUR Board Requested Reports – Top Opioid & Benzodiazepine Prescribers & Members	15
DUR Board Requested Reports – Gabapentin & Pregabalin	23
Standard DUR Report	25



Clinical Presentation

Topical Antipruritic Agents

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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

DUR Meeting Date: October 22, 2020

Prior Authorization Criteria being reviewed: Topical Antipruritic 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.

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

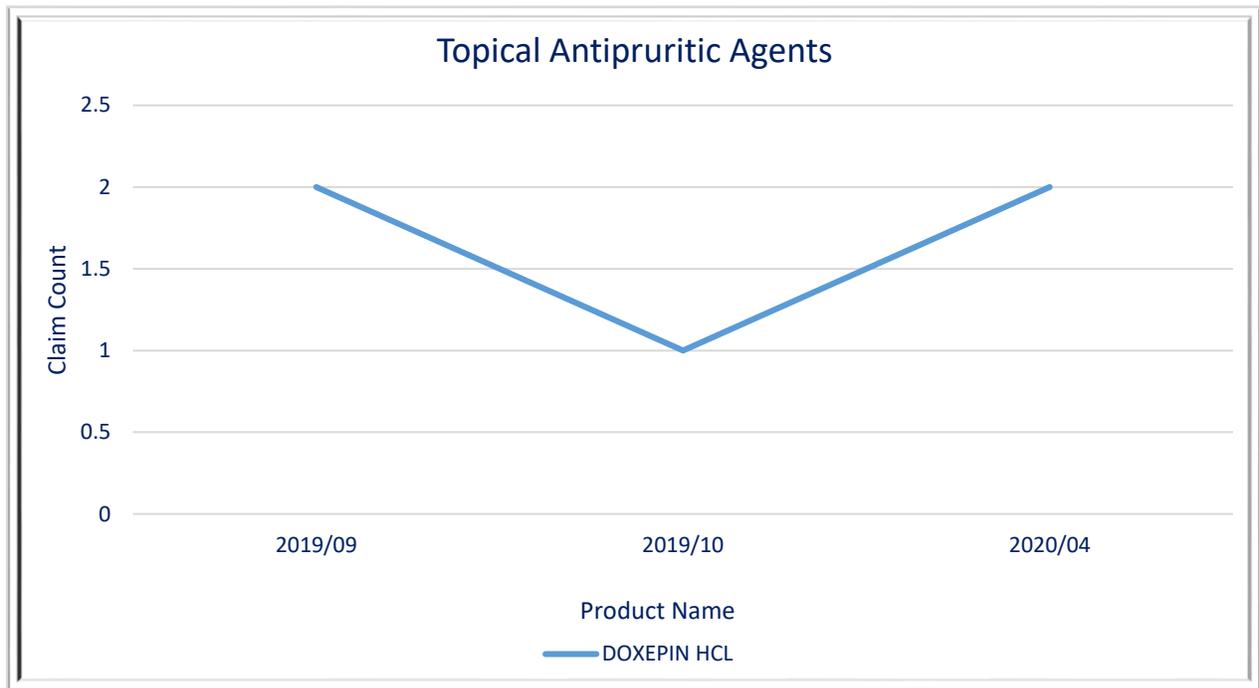
Signature of individual completing this form: 



Topical Antipruritic Agents

Summary of Utilization
Jul 1, 2019 - Jun 30, 2020
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
DOXEPIN HCL 5% CREAM	5	5	100	225	NA
Total	5	5	100	225	NA





Clinical Presentation

Multiple Sclerosis Agents

DRUG USE REVIEW BOARD

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DUR Meeting Date: October 22, 2020

Prior Authorization Criteria being reviewed: Multiple Sclerosis Agents

Managed Care Organization name: Health Plan of Nevada

Please place a check mark in the appropriate box:

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HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Multiple Sclerosis Agents - Zeposia (ozanimod)

Summary of Utilization
Jul 1, 2019 - Jun 30, 2020
Health Plan of Nevada

Page 1 of 1

No Utilization



Clinical Presentation

**GNRH LHRH
Antagonists
&
Combinations**

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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DUR Meeting Date: October 22, 2020

Prior Authorization Criteria being reviewed: GNRH LHRH Antagonists and Combinations

Managed Care Organization name: Health Plan of Nevada

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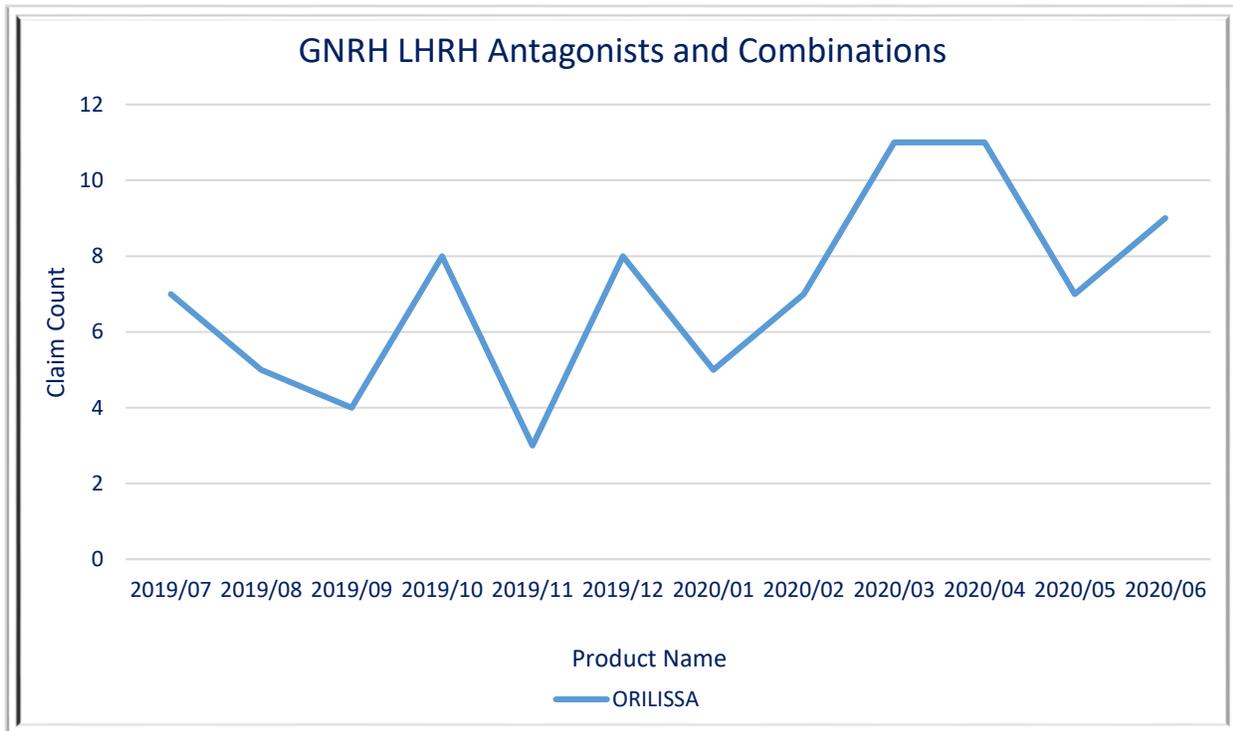
Signature of individual completing this form: 



GNRH LHRH Antagonists and Combinations

Summary of Utilization
Jul 1, 2019 - Jun 30, 2020
Health Plan of Nevada

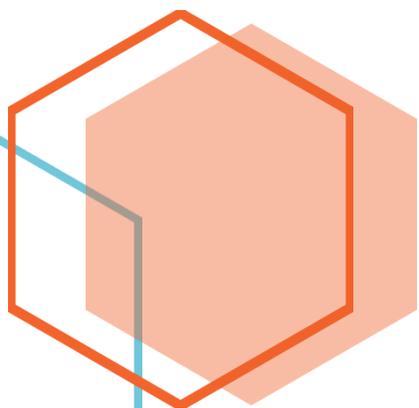
Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
ORLISSA	55	85	2,376	3,108	NA
Total	55	85	2,376	3,108	NA





Clinical Presentation

Bone Density Regulators



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 22, 2020

Prior Authorization Criteria being reviewed: Bone Density Regulators

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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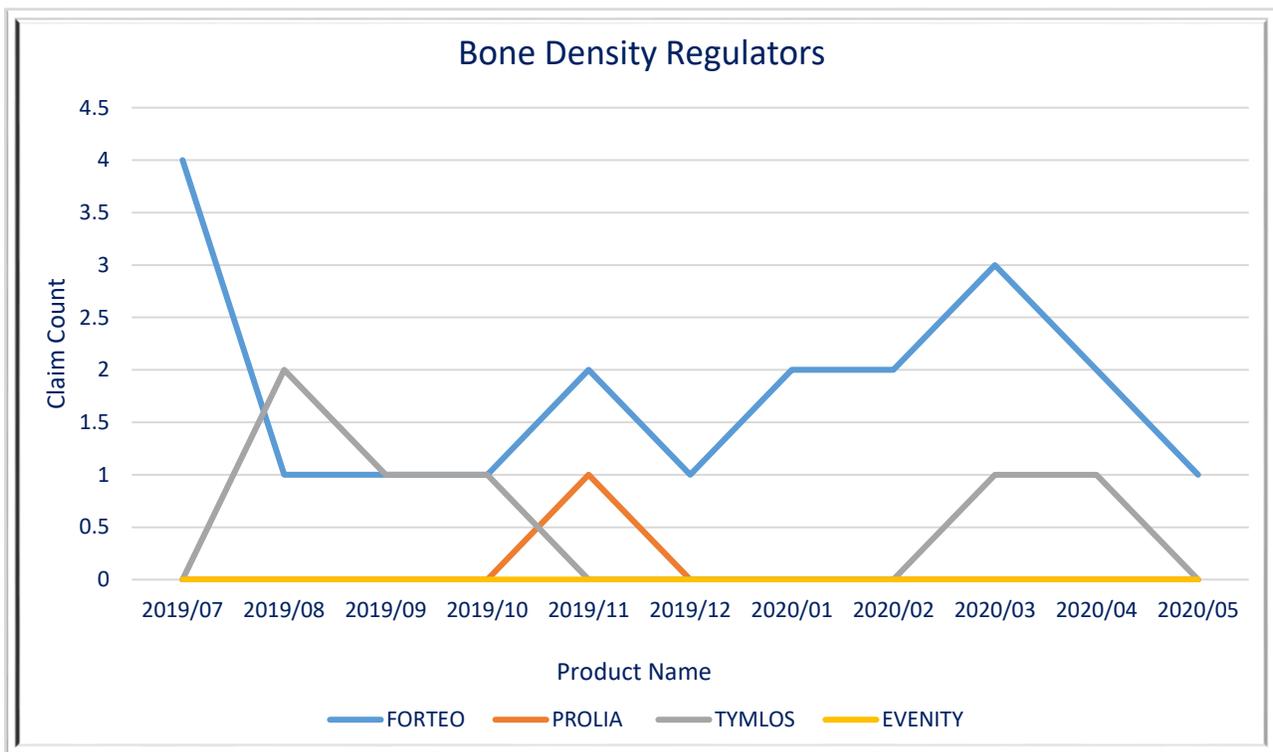
Signature of individual completing this form: 



Bone Density Regulators

Summary of Utilization
Jul 1, 2019 - Jun 30, 2020
Health Plan of Nevada

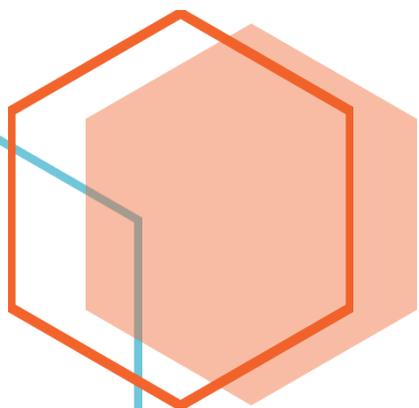
Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
FORTEO	10	20	588	50	NA
TYMLOS	5	6	180	9	NA
PROLIA	1	1	30	1	NA
EVENITY	0	0	0	0	NA
Total	15	26	768	60	NA





DUR Board Requested Reports

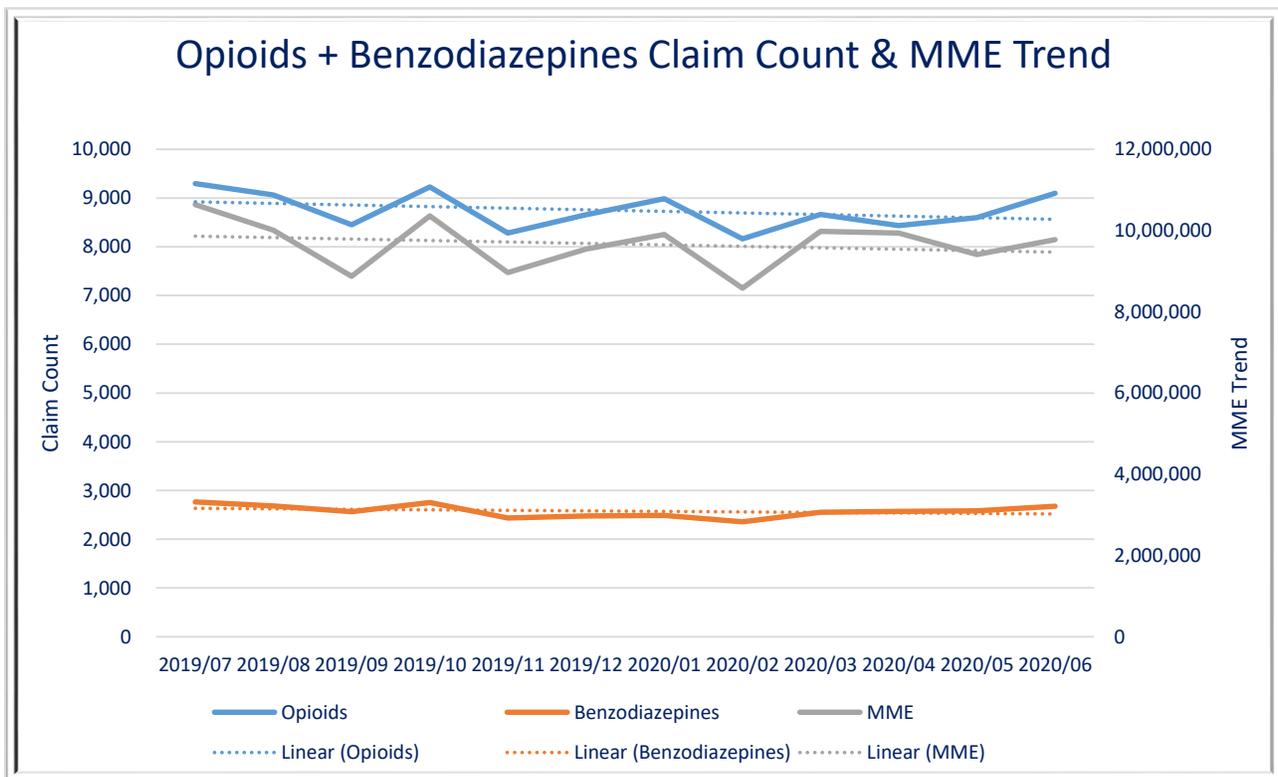
**Top Opioid & Benzodiazepine
Prescribers & Members**





Opioid Utilization Overall Summary Jul 1, 2019 - Jun 30, 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	Benzodiazepines Claim Count	Total MME
2019/07	8,812	9,296	1.05	203,889	664,443	75.40	2,766	10,638,578
2019/08	8,681	9,061	1.04	196,781	646,537	74.48	2,686	10,011,792
2019/09	8,226	8,453	1.03	184,869	602,408	73.23	2,565	8,875,941
2019/10	8,753	9,225	1.05	201,944	655,066	74.84	2,753	10,358,697
2019/11	8,044	8,283	1.03	184,331	600,376	74.64	2,434	8,964,554
2019/12	8,322	8,657	1.04	192,356	623,064	74.87	2,475	9,546,659
2020/01	8,452	8,989	1.06	197,000	634,688	75.09	2,491	9,904,789
2020/02	7,788	8,163	1.05	179,410	578,740	74.31	2,358	8,580,148
2020/03	8,012	8,663	1.08	193,383	619,703	77.35	2,556	9,981,110
2020/04	7,923	8,433	1.06	192,157	615,789	77.72	2,570	9,936,297
2020/05	8,183	8,599	1.05	190,247	614,039	75.04	2,585	9,407,029
2020/06	8,626	9,098	1.05	196,591	636,168	73.75	2,680	9,773,955



Top 10 Opioid Prescribers by Count of Claims

Jan 1, 2020 - Jun 30, 2020
Health Plan of Nevada

Page 2 of 7

Top 10 Opioid Prescribers by Claim Count							Q2 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	Benzo Count of Claims	Benzo Member Count	Benzo + Opioid Member Count	Top Benzo Prescriber Indicator (Y/N)	Total MME per Script
OP1	PAIN MANAGEMEN	LAS VEGAS	NEVADA	605	1,098	32,470	100,593	NA	0	0	0	N	2,127
OP2	PAIN MANAGEMEN	LAS VEGAS	NEVADA	360	898	25,447	84,666	NA	0	0	0	N	4,056
OP3	ANESTHESIOLOGY	LAS VEGAS	NEVADA	289	536	14,217	45,410	NA	0	0	0	N	2,734
OP4	ANESTHESIOLOGY	LAS VEGAS	NEVADA	379	535	15,541	47,475	NA	3	1	1	N	1,814
OP5	PAIN MANAGEMEN	LAS VEGAS	NEVADA	241	438	11,045	34,864	NA	0	0	0	N	2,610
OP6	ANESTHESIOLOGY	RENO	NEVADA	128	318	9,431	35,246	NA	0	0	0	N	4,893
OP7	ANESTHESIOLOGY	LAS VEGAS	NEVADA	165	312	9,262	31,926	NA	0	0	0	N	3,645
OP8	ANESTHESIOLOGY	LAS VEGAS	NEVADA	143	312	8,970	29,753	NA	0	0	0	N	3,011
OP9	PAIN MANAGEMEN	LAS VEGAS	NEVADA	161	304	8,979	29,940	NA	0	0	0	N	2,798
OP10	ANESTHESIOLOGY	LAS VEGAS	NEVADA	159	304	8,573	22,098	NA	4	2	2	N	1,972

Top 10 Opioid Prescribers by Claim Count							Q1 2020 - 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
OP4	ANESTHESIOLOGY	LAS VEGAS	NEVADA	566	1,100	31,797	99,325	NA	2	2	1	N	2,366
OP2	PAIN MANAGEMEN	LAS VEGAS	NEVADA	411	1,066	30,096	99,216	NA	0	0	0	N	3,998
OP3	ANESTHESIOLOGY	LAS VEGAS	NEVADA	298	544	13,870	43,605	NA	0	0	0	N	2,386
OP11	ANESTHESIOLOGY	LAS VEGAS	NEVADA	334	499	14,301	47,119	NA	3	3	3	N	1,907
OP12	PHYSICAL MEDICINI	LAS VEGAS	NEVADA	181	345	9,839	30,375	NA	3	1	1	N	2,389
OP9	PAIN MANAGEMEN	LAS VEGAS	NEVADA	151	337	10,067	32,923	NA	0	0	0	N	3,067
OP7	ANESTHESIOLOGY	LAS VEGAS	NEVADA	163	330	9,608	32,263	NA	0	0	0	N	3,384
OP5	PAIN MANAGEMEN	LAS VEGAS	NEVADA	172	329	8,353	26,269	NA	0	0	0	N	2,963
OP6	ANESTHESIOLOGY	RENO	NEVADA	132	322	9,267	35,616	NA	2	2	2	N	4,819
OP8	ANESTHESIOLOGY	LAS VEGAS	NEVADA	126	320	9,437	31,954	NA	2	2	2	N	3,520



Top 25 Opioids Utilization By Member

Top 25 Members by Claim Count
Jan 1, 2020 - Jun 30, 2020
Health Plan of Nevada

Encrypted Member ID	Encrypted Prescriber ID	Opioid Claim Count	Days Supply	Sum of Quantity	Sum of Paid Amt	Benzo Prescriber ID	Benzo Type	Benzo Claim Count	Total MME Member per Script
OM1	NA	42	549	1,278	NA				
	NA	1	10	30	NA				
TOTAL		43	559	1,308	NA				1,495
OM2	NA	34	329	1,393	NA	NA	DIAZEPAM TAB	2	
	NA	6	120	370	NA		DIAZEPAM TAB	1	
	NA	1	7	28	NA		DIAZEPAM TAB	1	
	NA	1	14	168	NA				
TOTAL		42	470	1,959	NA			4	10,355
OM3	OP2	27	397	810	NA				
TOTAL		27	397	810	NA				4,983
OM4	NA	24	166	1,270	NA	NA	ALPRAZOLAM TA	3	
	NA	1	7	56	NA	NA	DIAZEPAM TAB	6	
	NA	1	6	56	NA				
TOTAL		26	179	1,382	NA			9	4,682
OM5	NA	25	175	1,400	NA				
TOTAL		25	175	1,400	NA				3,550
OM6	NA	24	168	504	NA				
TOTAL		24	168	504	NA				3,780
OM7	NA	21	630	3,360	NA	NA	ALPRAZOLAM TA	7	
TOTAL		21	630	3,360	NA			7	21,429
OM8	NA	21	147	441	NA				
TOTAL		21	147	441	NA				1,225
OM9	OP6	21	630	2,055	NA	NA	ALPRAZOLAM TA	6	
TOTAL		21	630	2,055	NA			6	4,546
OM10	OP6	20	600	610	NA	NA	LORAZEPAM TAE	5	
TOTAL		20	600	610	NA			5	5,930
OM11	NA	19	250	1,284	NA				
TOTAL		19	250	1,284	NA				8,198
OM12	NA	15	156	707	NA				
	NA	4	27	156	NA				
TOTAL		19	183	863	NA				2,420
OM13	NA	19	141	282	NA				
TOTAL		19	141	282	NA				0
OM14	NA	19	133	532	NA				
TOTAL		19	133	532	NA				3,021
OM15	NA	19	545	1,440	NA				
TOTAL		19	545	1,440	NA				2,567



Top 25 Opioids Utilization By Member

Top 25 Members by Claim Count
Jan 1, 2020 - Jun 30, 2020
Health Plan of Nevada

Encrypted Member ID	Encrypted Prescriber ID	Opioid Claim Count	Days Supply	Sum of Quantity	Sum of Paid Amt	Benzo Prescriber ID	Benzo Type	Benzo Claim Count	Total MME Member per Script
OM16	NA	12	232	868	NA				
	NA	5	74	370	NA				
	NA	2	30	150	NA				
	TOTAL	19	336	1,388	NA				955
OM17	NA	18	175	241	NA				
	TOTAL	18	175	241	NA				0
OM18	NA	17	214	1,112	NA				
	NA	1	7	15	NA				
	TOTAL	18	221	1,127	NA				1,153
OM19	NA	10	299	465	NA	NA	ALPRAZOLAM TA	6	
	NA	5	150	285	NA				
	TOTAL	3	90	150	NA			6	35,400
OM20	NA	13	100	55	NA				
	NA	2	12	8	NA				
	NA	1	7	4	NA				
	NA	1	7	5	NA				
	TOTAL	17	126	73	NA				52
OM21	NA	17	385	1,192	NA				
	TOTAL	17	385	1,192	NA				9,327
OM22	NA	9	247	751	NA				
	NA	8	218	978	NA				
	TOTAL	17	465	1,729	NA				6,742
OM23	NA	16	188	1,010	NA				
	NA	1	7	20	NA				
	TOTAL	17	195	1,030	NA				606
OM24	NA	17	510	1,710	NA				
	TOTAL	17	510	1,710	NA				8,021
OM25	NA	17	190	504	NA				
	TOTAL	17	190	504	NA				0

GRAND TOTAL	525	7,900	27,373	NA	NA	NA	37	140,436
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Top Opioid Member - Prescriber Correlation Summary	
Top Opioid Member by Claim Count	Top Opioid Prescriber
OM3	OP2
OM9	OP6
OM10	OP6



Top 25 Opioids Utilization By Member MME

Top 25 Members by Total MME
Jan 1, 2020 - Jun 30, 2020
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
MME1	OM7	NA	21	630	3,360	NA	
	TOTAL		21	630	3,360	NA	21,429
MME2	OM2	NA	34	329	1,393	NA	
		NA	6	120	370	NA	
		NA	1	7	28	NA	
		NA	1	14	168	NA	
	TOTAL		42	470	1,959	NA	10,355
MME3	NA	NA	14	216	1,602	NA	
		NA	1	15	120	NA	
	TOTAL		15	231	1,722	NA	23,564
MME4	NA	NA	13	390	645	NA	
	TOTAL		13	390	645	NA	23,573
MME5	NA	NA	13	390	1,870	NA	
	TOTAL		13	390	1,870	NA	19,869
MME6	NA	NA	12	360	1,800	NA	
	TOTAL		12	360	1,800	NA	19,350
MME7	NA	NA	13	385	1,880	NA	
	TOTAL		13	385	1,880	NA	17,308
MME8	NA	NA	14	420	1,470	NA	
	TOTAL		14	420	1,470	NA	16,071
MME9	NA	NA	14	420	1,440	NA	
	TOTAL		14	420	1,440	NA	15,686
MME10	NA	NA	10	300	1,800	NA	
		NA	2	60	360	NA	
	TOTAL		12	360	2,160	NA	107,100
MME11	NA	NA	13	390	1,980	NA	
	TOTAL		13	390	1,980	NA	16,338
MME12	NA	NA	15	285	1,500	NA	
		NA	1	5	20	NA	
	TOTAL		16	290	1,520	NA	13,050
MME13	NA	NA	14	420	1,110	NA	
	TOTAL		14	420	1,110	NA	14,239
MME14	NA	OP10	7	210	325	NA	
		NA	6	180	300	NA	
		NA	1	30	15	NA	
	TOTAL		14	420	640	NA	14,171
MME15	NA	NA	6	180	1,620	NA	
	TOTAL		6	180	1,620	NA	32,400



Top 25 Opioids Utilization By Member MME

Top 25 Members by Total MME
Jan 1, 2020 - Jun 30, 2020
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
MME16	NA	NA	12	360	1,440	NA	
	TOTAL		12	360	1,440	NA	16,200
MM17	NA	NA	7	210	1,204	NA	
	TOTAL		7	210	1,204	NA	27,611
MME18	NA	NA	10	300	1,180	NA	
	TOTAL		10	300	1,180	NA	18,990
MME19	NA	NA	14	392	1,176	NA	
	TOTAL		14	392	1,176	NA	13,500
MME20	NA	NA	8	240	960	NA	
	TOTAL		8	240	960	NA	22,950
MME21	NA	NA	9	270	1,560	NA	
		NA	4	120	540	NA	45,488
	TOTAL		13	390	2,100	NA	
MME22	NA	NA	13	346	1,005	NA	
	TOTAL		13	346	1,005	NA	13,927
MME23	NA	NA	4	120	1,800	NA	
	TOTAL		4	120	1,800	NA	45,000
MME24	NA	NA	7	210	1,260	NA	
	TOTAL		7	210	1,260	NA	25,714
MME25	NA	NA	7	210	1,260	NA	
	TOTAL		7	210	1,260	NA	25,714
GRAND TOTAL			327	8,534	38,561	NA	619,597

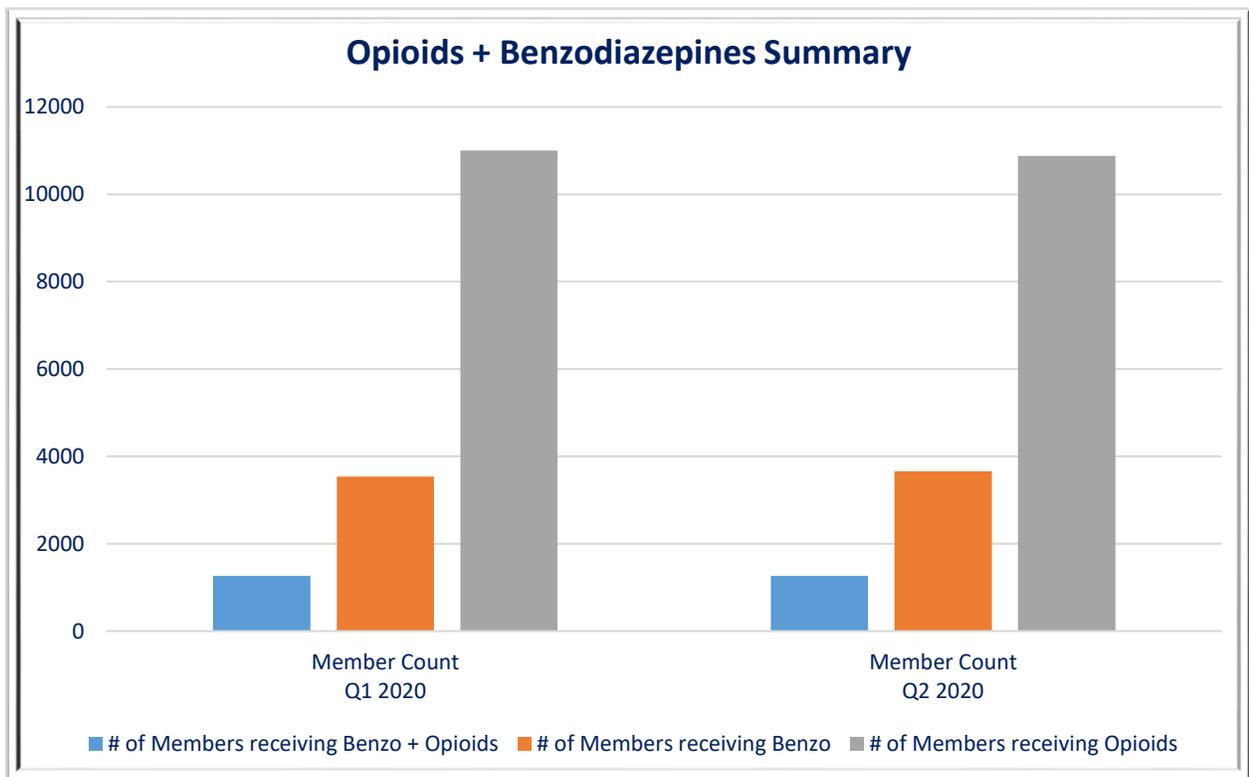
MME Correlation Summary		
Top Opioid Member by Total MME	Top Opioid Member by Claim Count	Top Opioid Prescriber
MME1	OM7	NA
MME2	OM2	NA
MME14	NA	OP10



Opioids + Benzodiazepines Summary

Summary of Utilization
Jan 1, 2020 - Jun 30, 2020
Health Plan of Nevada

Product Name	Member Count Q1 2020	Member Count Q2 2020	Total Members
# of Members receiving Benzo + Opioids	1,261	1,265	2,526
# of Members receiving Benzo	3,537	3,657	7,194
# of Members receiving Opioids	11,001	10,879	21,880





**DUR Board Requested
Reports**

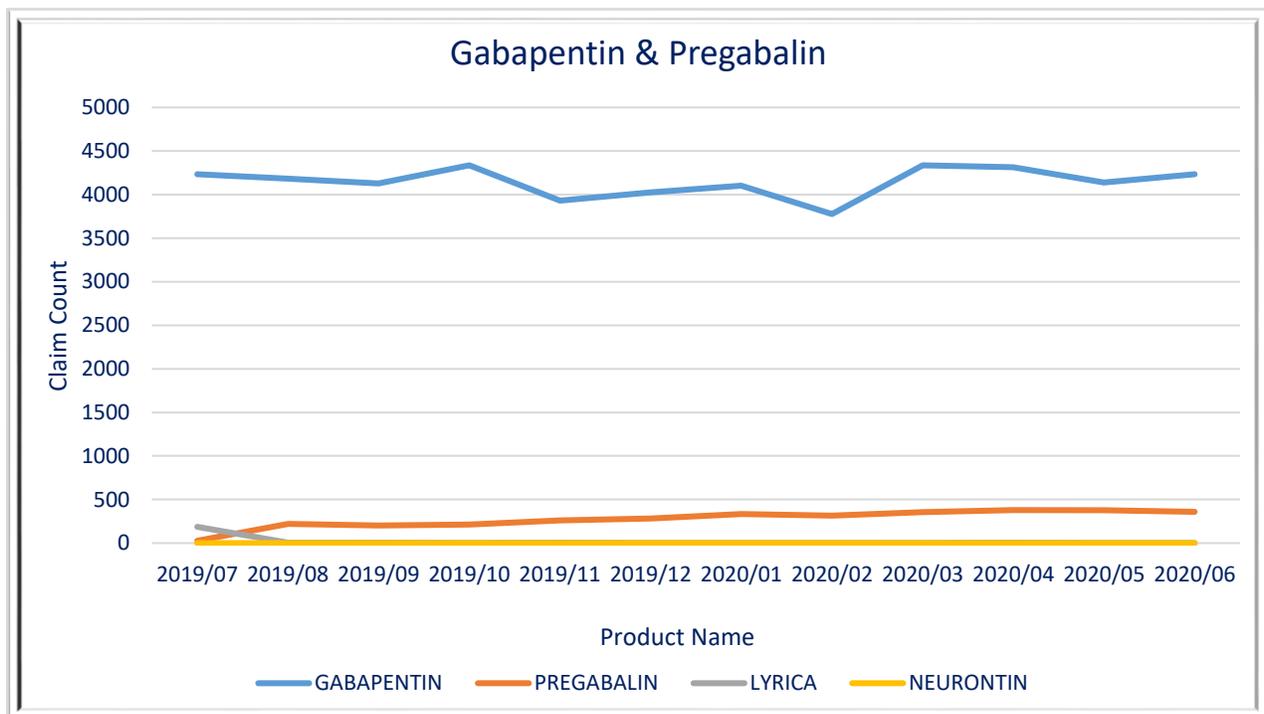
**Gabapentin
&
Pregabalin**



Gabapentin & Pregabalin

Summary of Utilization
Jul 1, 2019 - Jun 30, 2020
Health Plan of Nevada

Product Name	Count of Members	Count of Claims	Sum of Days Supply	Sum of Qty	Sum of Amt Paid
GABAPENTIN	23,658	49,736	1,473,506	4,385,022	NA
PREGABALIN	1,882	3,331	99,219	228,344	NA
LYRICA	199	224	6,583	15,515	NA
NEURONTIN	2	3	90	180	NA
Total	25,540	53,067	1,572,725	4,613,366	NA





Standard DUR Report

Nevada Medicaid

Quarterly DUR Report

Health Plan Name:	Health Plan of Nevada
Health Plan Contact:	Ryan Bitton, PharmD, MBA
Contact Email:	ryan.bitton@uhc.com
Report Quarter (Calendar Year):	Q2 2020
Report Period Start Date:	4/1/2020
Report Period End Date:	6/30/2020
Submission Date of Report:	10/22/2020

Opioid Utilization						
Year/Month Filled	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amount	Total MME
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
2020/04	7,923	8,433	192,157	615,789	NA	9,936,297
2020/05	8,183	8,599	190,247	614,039	NA	9,407,029
2020/06	8,626	9,098	196,591	636,168	NA	9,773,955

Top 10 Opioid Prescribers - Q2 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	PAIN MANAGEMENT	LAS VEGAS	NEVADA	605	1,098	32,470	100,593	NA	2,127	
OP2	PAIN MANAGEMENT	LAS VEGAS	NEVADA	360	898	25,447	84,666	NA	4,056	
OP3	ANESTHESIOLOGY	LAS VEGAS	NEVADA	289	536	14,217	45,410	NA	2,734	
OP4	ANESTHESIOLOGY	LAS VEGAS	NEVADA	379	535	15,541	47,475	NA	1,814	
OP5	PAIN MANAGEMENT	LAS VEGAS	NEVADA	241	438	11,045	34,864	NA	2,610	
OP6	ANESTHESIOLOGY	RENO	NEVADA	128	318	9,431	35,246	NA	4,893	
OP7	ANESTHESIOLOGY	LAS VEGAS	NEVADA	165	312	9,262	31,926	NA	3,645	
OP8	ANESTHESIOLOGY	LAS VEGAS	NEVADA	143	312	8,970	29,753	NA	3,011	
OP9	PAIN MANAGEMENT	LAS VEGAS	NEVADA	161	304	8,979	29,940	NA	2,798	
OP10	ANESTHESIOLOGY	LAS VEGAS	NEVADA	159	304	8,573	22,098	NA	1,972	

Top 10 Opioid Prescribers - Q1 2020 - 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	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	
OP11	ANESTHESIOLOGY	LAS VEGAS	NEVADA	334	499	14,301	47,119	NA	1,907	
OP12	PHYSICAL MEDICINE REHAB	LAS VEGAS	NEVADA	181	345	9,839	30,375	NA	2,389	
OP9	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	
OP5	PAIN MANAGEMENT	LAS VEGAS	NEVADA	172	329	8,353	26,269	NA	2,963	
OP6	ANESTHESIOLOGY	RENO	NEVADA	132	322	9,267	35,616	NA	4,819	
OP8	ANESTHESIOLOGY	LAS VEGAS	NEVADA	126	320	9,437	31,954	NA	3,520	

Nevada Medicaid

Quarterly DUR Report

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Report Quarter (Calendar Year):	Q2 2020
Report Period Start Date:	4/1/2020
Report Period End Date:	6/30/2020
Submission Date of Report:	10/22/2020

Top 10 Drug Classes by Paid Amount - Q2 2020 - Current Quarter

Drug Class Name	Count of Claims	Pharmacy Paid
ANTIRETROVIRALS	2,762	NA
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	469	NA
INSULIN	8,767	NA
ANTINEOPLASTIC ENZYME INHIBITORS	152	NA
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	2,355	NA
SYMPATHOMIMETICS	22,811	NA
ANTIPSYCHOTICS - MISC.	1,515	NA
ANTIPSORIATICS	199	NA
MULTIPLE SCLEROSIS AGENTS	143	NA
METABOLIC MODIFIERS	298	NA

Top 10 Drug Classes by Paid Amount - Q1 2020 - Previous 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 Claim Count - Q2 2020 - Current Quarter

Drug Class Name	Count of Claims	Pharmacy Paid
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	26,526	NA
ANTICONVULSANTS - MISC.	23,902	NA
SYMPATHOMIMETICS	22,811	NA
HMG COA REDUCTASE INHIBITORS	21,968	NA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	19,004	NA
OPIOID COMBINATIONS	16,254	NA
CENTRAL MUSCLE RELAXANTS	14,446	NA
PROTON PUMP INHIBITORS	14,337	NA
ANTIHISTAMINES - NON-SEDATING	14,237	NA
ACE INHIBITORS	13,905	NA

Top 10 Drug Classes by Claim Count - Q1 2020 - Previous 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

Nevada Medicaid

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Retrospective DUR

Topic	Description of Intervention	Type of Contact (Media)	Number of Contacts	Number of Responses	Response Rate	Provider Targeted (e.g, Physician, Pharmacist)	Performed by (e.g., Subcontractor, etc.)
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	484 (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 (43)	11	25.58%	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	84 (49)	12	24.49%	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 (421)	100	23.75%	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	649 (324)	58	17.90%	Prescriber	OptumRx
Drug-Disease Interaction	This is a provider-targeted program designed to minimize the occurrence of clinically significant, patient-specific drug-disease interactions.	Fax/Mail	901 (836)	134	16.03%	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	779 (349)	37	10.6%	Prescriber	OptumRx

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Retrospective DUR

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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 (4222)	1458	34.53%	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	2345 (676)	237	35.06%	Prescriber	OptumRx
Duplicate Therapy	This is a provider-targeted program designed to promote awareness of Therapeutic duplication concerns.	Fax/Mail	3354 (2792)	293	10.49%	Prescriber	OptumRx
Duplicate Therapy	This is a provider-targeted program designed to promote awareness of Therapeutic duplication concerns.	Fax/Mail	2632 (1078)	132	12.24%	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 (1357)	134	9.87%	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	784 (149)	12	8.05%	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 (6383)	548	8.59%	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	3935 (572)	38	6.64%	Prescriber	OptumRx

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Topic	Description of Intervention	Type of Contact (Media)	Number of Contacts	Number of Responses	Response Rate	Provider Targeted (e.g., Physician, Pharmacist)	Performed by (e.g., Subcontractor, etc.)
Gaps in Care Cardiovascular	<p>Cardiovascular Program (Atrial fibrillation): To optimize the management of atrial fibrillation (Afib) by identifying and closing the gap in medication therapy for members with Afib not on an anti-thrombin agent.</p> <p>Cardiovascular Program (CHD_IVD No Statin): To optimize the management of Coronary Heart Disease (CHD) and Ischemic Vascular Disease (IVD) by identifying and closing the gap in medication therapy for patients not on a statin.</p> <p>Cardiovascular Program (CHD_IVD Inappropriate Statin Dose): To optimize the management of Coronary Heart Disease (CHD) and Ischemic Vascular Disease (IVD) by identifying and closing the gap in medication therapy for patients not on an appropriate dose of statin.</p> <p>Cardiovascular Program (CHF)_Beta Blocker: To optimize the management of Congestive Heart Failure (CHF) by identifying and closing the gap in medication therapy for members with CHF not on a beta blocker or appropriate beta blocker.</p> <p>Cardiovascular Program (CHF)_RAAS Inhibitor: To optimize the management of Congestive Heart Failure (CHF) by identifying and closing the gap in medication therapy for members with CHF and not on an angiotensin-converting enzyme inhibitor (ACEI) or angiotensin II receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI).</p> <p>Cardiovascular Program (MI): To optimize the management of myocardial infarction (MI) by identifying and closing the gap in medication therapy for patients with MI but not on a beta blocker.</p>	Fax/Mail	732 (738)	106	0.1436	Prescriber	OptumRx

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Topic	Description of Intervention	Type of Contact (Media)	Number of Contacts	Number of Responses	Response Rate	Provider Targeted (e.g., Physician, Pharmacist)	Performed by (e.g., Subcontractor, etc.)
Gaps in Care Cardiovascular	Cardiovascular Program (Atrial fibrillation): To optimize the management of atrial fibrillation (Afib) by identifying and closing the gap in medication therapy for members with Afib not on an anti-thrombin agent.	Fax/Mail	293 (136)	25	18%	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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Topic	Description of Intervention	Type of Contact (Media)	Number of Contacts	Number of Responses	Response Rate	Provider Targeted (e.g, Physician, Pharmacist)	Performed by (e.g., Subcontractor, etc.)
Gaps in Care COPD	To optimize the use of long-term controller medications (LTCMs) as recommended, promote the appropriate use of short- acting beta-agonists (SABAs) in Chronic Obstructive Pulmonary Disease (COPD)	Fax/Mail	178 (133)	17	0.1278	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	113 (11)	1	9.1%	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 (7079)	957	13.5%	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	3101 (1755)	255	14.5%	Prescriber	OptumRx

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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 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	2 (1)	0	0%	Prescriber	OptumRx
Gaps in Care Sickle Cell Disease	To optimize the management of Sickle Cell Disease (SCD) by identifying and closing the gap in medication therapy for patients with SCD not on hydroxyurea	Fax/Mail	N/A - implemented 4/1/2020	N/A - implemented 4/1/2020	N/A - implemented 4/1/2020	Prescriber	OptumRx
Gaps in Care Sickle Cell Disease	To optimize the management of Sickle Cell Disease (SCD) by identifying and closing the gap in medication therapy for patients with SCD not on hydroxyurea	Fax/Mail	0 (0)	0	0%	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	17.8%	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	31526 (3062)	352	11.5%	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)	4,959	N/A	N/A	N/A	N/A	4,959	100.00%
Therapeutic duplication (TD)	186,021	149,251	80.23%	30,629	16.47%	6,141	3.30%
Ingredient duplication (ID)	82,244	30,900	37.57%	38,533	46.85%	12,811	15.58%
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)	250,647	180,832	72.15%	54,757	21.85%	15,058	6.01%
Drug-Disease (MC)	418,874	350,665	83.72%	68,209	16.28%	N/A	N/A
Drug-Allergy (DA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug-Age (PA)	25,702	18,995	73.90%	6,707	26.10%	N/A	N/A
Therapeutic Dose Limits Screening	13,507	2,295	16.99%	1,469	10.88%	9,743	72.13%
Dose Duration	40,651	26,160	64.35%	14,491	35.65%	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	VITAMIN D	IBUPROFEN	XULANE	LISINOPRIL	TRIAMCINOLONE ACETONIDE	N/A	MONTELUKAST SODIUM
GABAPENTIN	LOSARTAN POTASSIUM	GABAPENTIN	OMEPRAZOLE	MONTELUKAST SODIUM	DOK	MEDROXYPROGEST ERONE ACETATE	ATORVASTATIN CALCIUM	TRI-SPRINTEC	N/A	TRIAMCINOLONE ACETONIDE
IBUPROFEN	HYDROCHLOROTHIAZIDE	IBUPROFEN	MONTELUKAST SODIUM	ALBUTEROL SULFATE	ONDANSETRON ODT	NYSTATIN	METFORMIN HYDROCHLORIDE	BACLOFEN	N/A	CETIRIZINE HYDROCHLORIDE
MONTELUKAST SODIUM	ALBUTEROL SULFATE	MONTELUKAST SODIUM	LISINOPRIL	FAMOTIDINE	METRONIDAZOLE	PHENAZOPYRIDINE HYDROCHLORIDE	HYDROCHLOROTHIAZIDE	BUSPIRONE HYDROCHLORIDE	N/A	IBUPROFEN
AMLODIPINE BESYLATE	LISINOPRIL	AMLODIPINE BESYLATE	METFORMIN HYDROCHLORIDE	ONDANSETRON ODT	ALBUTEROL SULFATE HFA	FLUCONAZOLE	TRAZODONE HYDROCHLORIDE	ROPINIROLE HYDROCHLORIDE	N/A	LORATADINE CHILDRENS
FLUTICASON PROPIONATE	BASAGLAR KWIKPEN	FLUTICASON PROPIONATE	AMLODIPINE BESYLATE	POLY-VI-SOL/IRON	TERCONAZOLE	MONTELUKAST SODIUM	FOLIC ACID	TESTOSTERONE CYPIONATE	N/A	BUDESONIDE
METFORMIN HYDROCHLORIDE	CARVEDILOL	METFORMIN HYDROCHLORIDE	LOSARTAN POTASSIUM	CEFDINIR	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	PROPRANOLOL HYDROCHLORIDE	FENOFIBRATE	PREDNISONE	N/A	KETOCONAZOLE
SERTRALINE HYDROCHLORIDE	METOPROLOL TARTRATE	SERTRALINE HYDROCHLORIDE	GABAPENTIN	SODIUM FLUORIDE	FLUTICASON PROPIONATE	ONDANSETRON ODT	AMLODIPINE BESYLATE	HYDROCODONE/ACETAMINOPHEN	N/A	SERTRALINE HCL
ATORVASTATIN CALCIUM	GABAPENTIN	ATORVASTATIN CALCIUM	LEVOTHYROXINE SODIUM	DEPO-ESTRADIOL	FLUCONAZOLE	ACYCLOVIR	IBUPROFEN	LATANOPROST	N/A	FLUTICASON PROPIONATE POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE
BASAGLAR KWIKPEN	FUROSEMIDE	BASAGLAR KWIKPEN	QVAR REDIHALER	IPRATROPIUM BROMIDE	CYANOCOBALAMIN	BUSPIRONE HYDROCHLORIDE	GABAPENTIN	KEVZARA	N/A	