

2020

Nevada Medicaid Drug Use Review Board Meeting

January 23, 2020



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healthplan

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Multiple Sclerosis Agents

Clinical Presentations



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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: January 23, 2020

Prior Authorization Criteria being reviewed: Multiple Sclerosis (MS) Agents

Managed Care Organization name: Silver Summit Health Plan

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.

Recommend adding the following criteria for Mavenclad:

-Prescribed by or in consultation with a neurologist

-Age \geq 18 years

-Dose does not exceed any of the following: 2 tablets per day, 10 tablets per cycle, 2 cycles per course, 1 course per year

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: Tom Beranek

Signature of individual completing this form: 

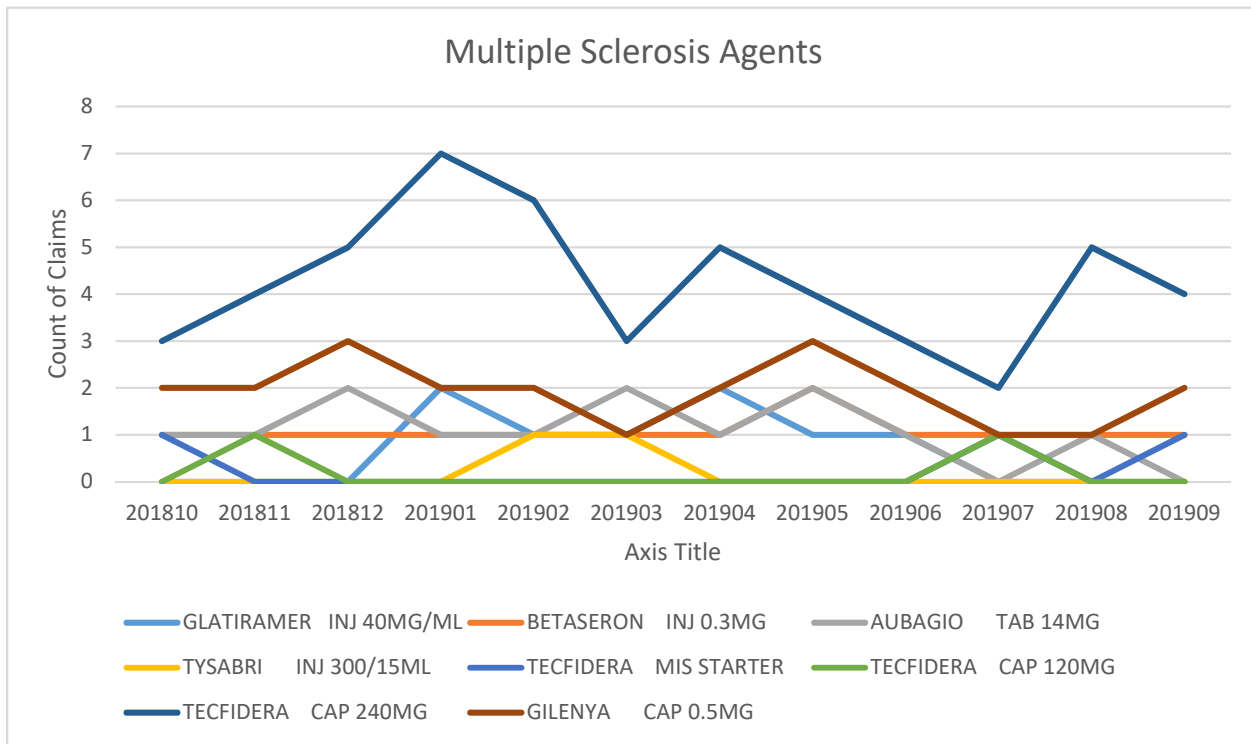
Multiple Sclerosis Agents - Mavenclad

Summary of Utilization

October 1, 2018 - September 30, 2019

SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
AUBAGIO TAB 14MG	4	13	366	366
BETASERON INJ 0.3MG	1	13	182	364
GILENYA CAP 0.5MG	5	23	690	690
GLATIRAMER INJ 40MG/ML	2	8	96	224
TECFIDERA CAP 120MG	2	2	140	42
TECFIDERA CAP 240MG	10	51	3,060	1,530
TECFIDERA MIS STARTER	3	3	180	90
TYSABRI INJ 300/15ML	1	2	5	28
Total	28	115	4,719	3,334



IBS – Zelnorm

Clinical Presentations



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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: January 23, 2020

Prior Authorization Criteria being reviewed: Zelnorm

Managed Care Organization name: Silver Summit Health Plan

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.

Recommend adding/modifying the following criteria:

- Age \geq 18 years (adult) and less than 65 years
- At the time of request, member does not have any of the following contraindications: a history of myocardial infarction, stroke, transient ischemic attack or angina
- Dose does not exceed 12mg (2 tablets) per day
- Approval length 12 months

You will have an opportunity to support the recommended changes at the time of the Drug Use Review Board quarterly meeting.

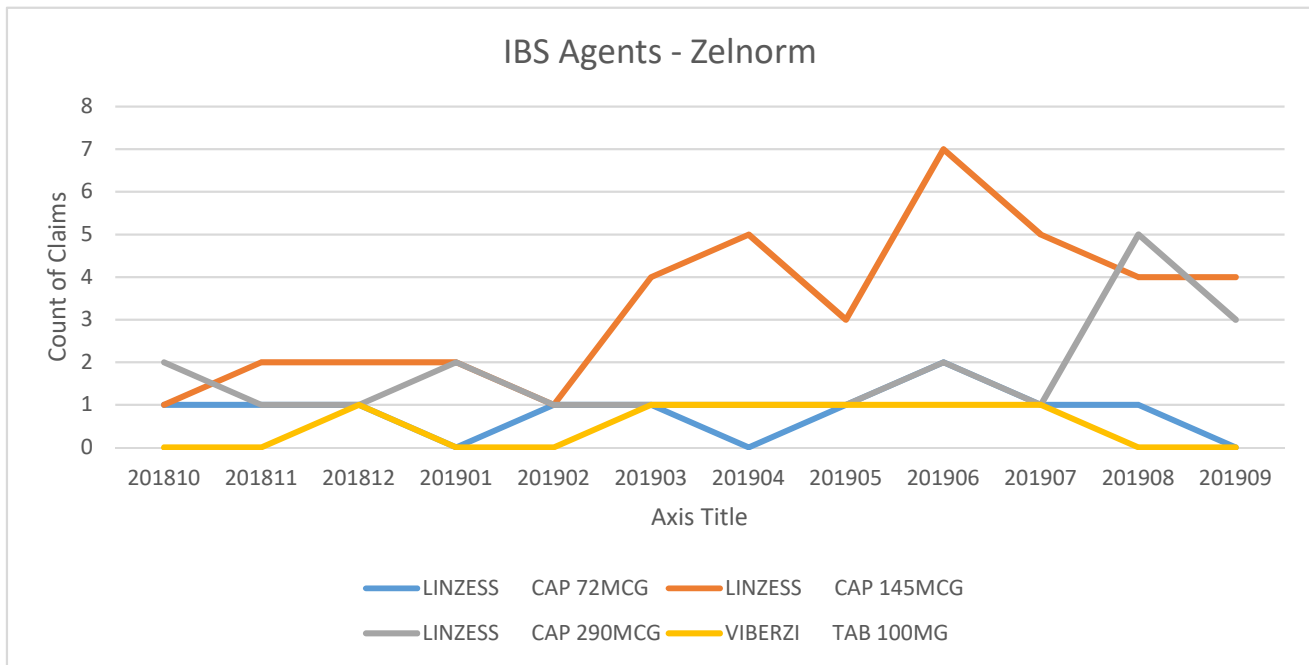
If this form is not completed and returned to the policy specialist with DHCFP by the designated deadline, the assumption will be made that you approve all prior authorization criteria as presented.

Please print the name of the individual completing this form: Tom Beranek

Signature of individual completing this form: 

IBS Agents - Zelnorm
Summary of Utilization
October 1, 2018 - September 30, 2019
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
LINZESS CAP 72MCG	2	10	300	300
LINZESS CAP 145MCG	23	40	1,170	1,170
LINZESS CAP 290MCG	9	21	600	600
VIBERZI TAB 100MG	2	6	360	180
Total	36	77	2,430	2,250



Monoclonal
Antibodies for
Asthma

Clinical Presentations



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DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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DUR Meeting Date: January 23, 2020

Prior Authorization Criteria being reviewed: Dupixent

Managed Care Organization name: Silver Summit Health Plan

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.

Atopic Dermatitis:

-Add age \geq 12 years old to criteria

-Require failure of TWO formulary medium to very high potency topical corticosteroids, each used for \geq 2weeks

-Add Dose does not exceed the following(a or b)

A: Initial (one-time) dose: 600mg

B: Maintenance dose: 300mg every other week

-Approval length 6 months

Eosinophilic Asthma

-Add to criteria:

-Currently receiving maintenance treatment with systemic glucocorticoids and has received treatment for at least 4 weeks

-Member has experienced \geq TWO or exacerbations within the 12 months, requiring any of the following despite adherent use of controller therapy (ie. Moderate- to high- dose inhaled corticosteroid(ICS) plus either a long-acting beta2 agonist(LABA) or leukotriene modifier(LTRA) if LABA contraindication/intolerance

-Dose does not exceed the following (a or b) a. Initial (one-time) dose: 600mg b. Maintenance dose: 300mg every other week


Chronic Rhinosinusitis with nasal polyposis (CRSwNP):

- Age \geq 18 years
- Member has required the use of systemic corticosteroids for symptom control within the last 2 years, unless contraindicated or clinically significant adverse effects are experienced
- Member has failed maintenance therapy with at least **two** intranasal corticosteroids, each used for \geq 8 weeks, unless contraindicated or clinically significant adverse effects are experienced
- Dose does not exceed 300 mg every other week
- Approval duration: 6 months

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: Tom Beranek

Signature of individual completing this form: 

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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

DUR Meeting Date: January 23, 2020

Prior Authorization Criteria being reviewed: Nucala

Managed Care Organization name: Silver Summit Health Plan

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.

<p>Need to add the following criteria:</p> <p>Severe Asthma:</p> <ul style="list-style-type: none">-Member has experienced ≥ 2 exacerbations within the last 12 months-Dose does not exceed 100mg every 4 weeks <p>EGPA</p> <ul style="list-style-type: none">-Member has an absolute blood eosinophil count ≥ 150 cells/mcL within the last 3 months-Age ≥ 18 years-Failure of a 3-month trial of a glucocorticoid, unless contraindicated or clinically significant adverse events are experienced-Dose does not exceed 300mg every 4 weeks

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: _____ Tom Beranek _____

Signature of individual completing this form: Tom Beranek

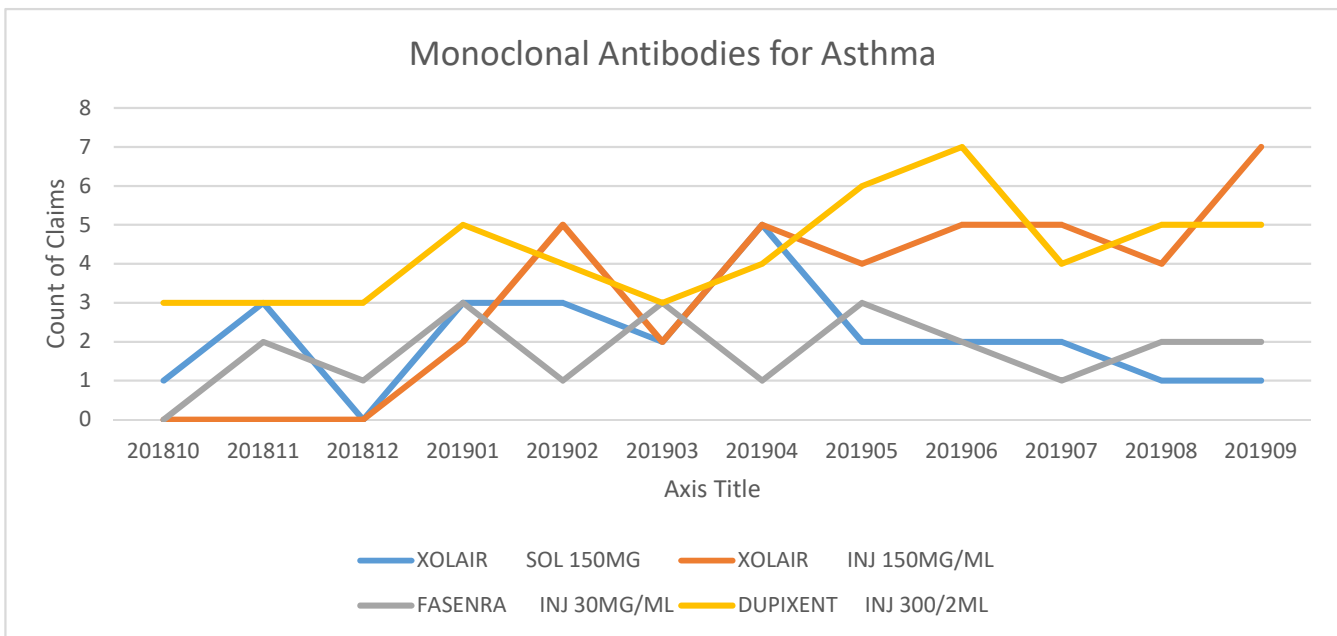
Monoclonal Antibodies for Asthma

Summary of Utilization

October 1, 2018 - September 30, 2019

SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
DUPIXENT INJ 300/2ML	10	52	208	1,330
FASENRA INJ 30MG/ML	5	21	21	670
XOLAIR INJ 150MG/ML	10	39	102	1,092
XOLAIR SOL 150MG	6	25	76	700
Total	31	137	407	3,792



Nayzilam
(medazolam) nasal
spray

Clinical Presentations



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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: January 23, 2020

Prior Authorization Criteria being reviewed: Nayzilam

Managed Care Organization name: Silver Summit Health Plan

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.

Recommend adding the following to the approval criteria:

- Member is experiencing stereotypic episodes of frequent seizure activity (i.e., seizure clusters, acute repetitive seizures)
- Currently on a stable of regimen of antiepileptic drugs (AEDs) (e.g., lamotrigine, gabapentin, topiramate, oxcarbazepine)
- Prescribed by or in consultation with a neurologist

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: 

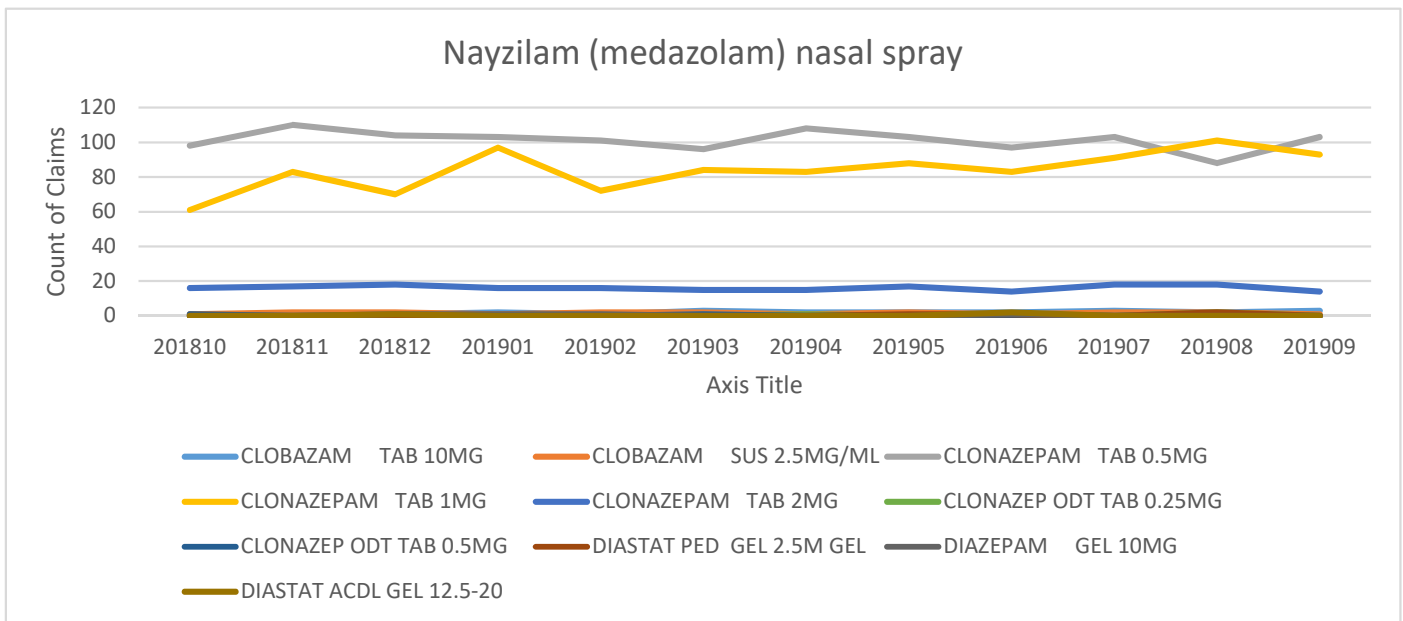
Nayzilam (medazolam) nasal spray

Summary of Utilization

October 1, 2018 - September 30, 2019

SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
CLOBAZAM TAB 10MG	3	23	1,296	648
CLOBAZAM SUS 2.5MG/ML	2	19	2,400	398
CLONAZEPAM TAB 0.5MG	372	1,214	56,510	33,575
CLONAZEPAM TAB 1MG	253	1,006	57,323	28,687
CLONAZEPAM TAB 2MG	42	194	11,788	5,603
CLONAZEP ODT TAB 0.25MG	3	4	110	97
CLONAZEP ODT TAB 0.5MG	2	2	75	60
DIASTAT PED GEL 2.5M GEL	3	4	4	5
DIAZEPAM GEL 10MG	3	4	4	92
DIASTAT ACDL GEL 12.5-20	3	3	3	7
Total	686	2,473	129,513	69,172



Narcolepsy Agents

Clinical Presentations



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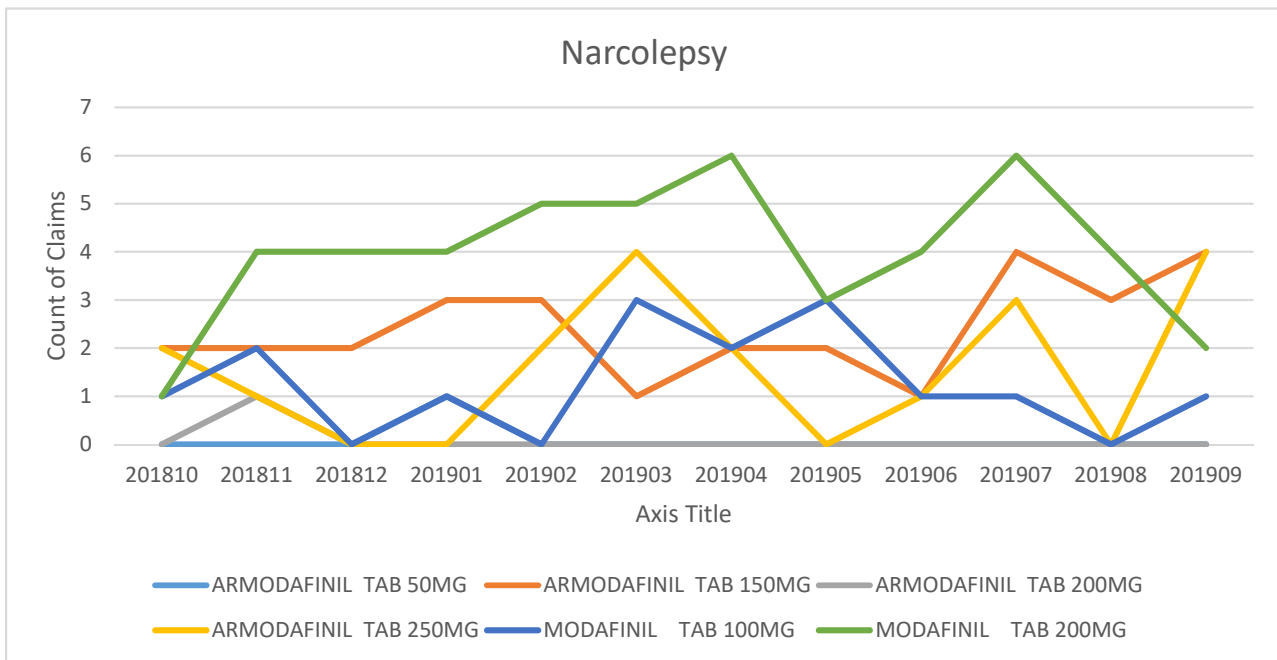
Narcolepsy

Summary of Utilization

October 1, 2018 - September 30, 2019

SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
ARMODAFINIL TAB 50MG	1	1	30	30
ARMODAFINIL TAB 150MG	9	29	825	825
ARMODAFINIL TAB 200MG	1	1	30	30
ARMODAFINIL TAB 250MG	8	19	600	570
MODAFINIL TAB 100MG	9	15	418	418
MODAFINIL TAB 200MG	14	48	1,674	1,396
Total	42	113	3,577	3,269



Opioid Utilization –
Top Prescribers
and Members

Board Requested
Reports



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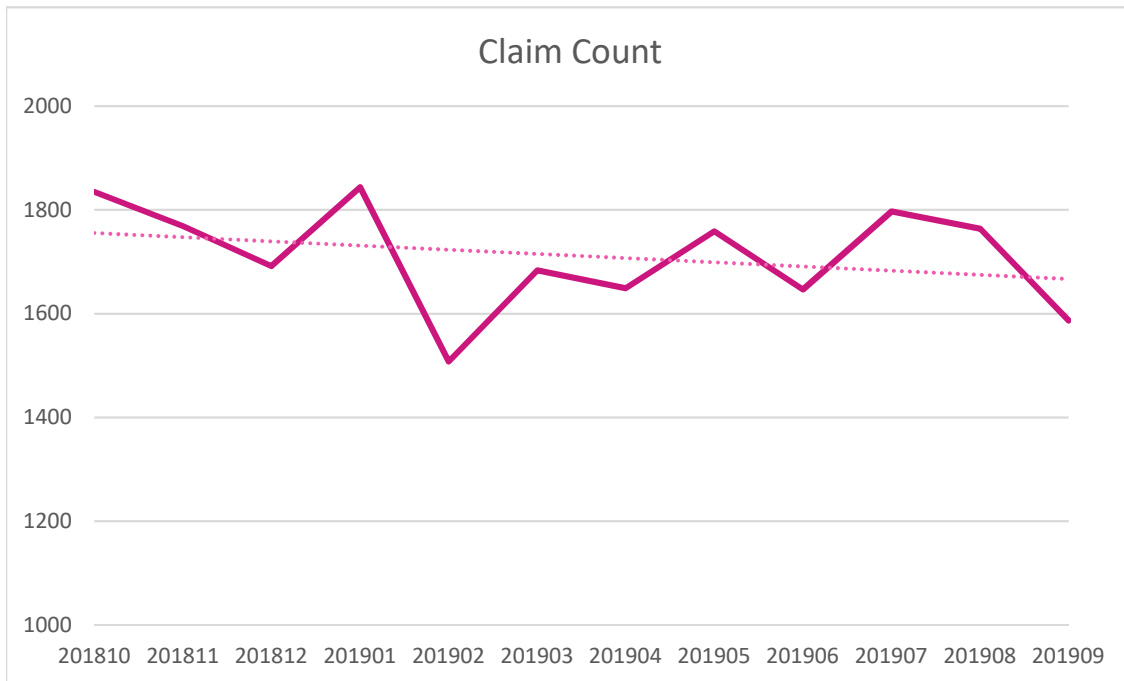
Opioid Utilization

Overall Summary

October 1, 2018 - September 30, 2019

SilverSummit Healthplan

Year Month Filled	Member Count	Claim Count	Claims per Member	Sum of Days Supply	Sum of Qty	Qty per Member
201810	1,518	1,835	1.21	38,751	120,083	79.11
201811	1,471	1,769	1.20	37,692	116,976	79.40
201812	1,434	1,692	1.18	35,660	110,156	76.82
201901	1,520	1,844	1.21	38,304	116,357	76.55
201902	1,302	1,508	1.16	31,882	98,022	75.26
201903	1,417	1,684	1.19	35,713	109,507	77.28
201904	1,385	1,649	1.19	35,211	107,816	77.85
201905	1,442	1,759	1.21	37,613	112,605	78.01
201906	1,415	1,647	1.16	35,305	107,609	76.05
201907	1,473	1,797	1.22	38,366	116,383	79.01
201908	1,467	1,764	1.20	36,034	109,375	74.56
201909	1,333	1,587	1.19	32,489	99,319	74.51



Top 10 Opioid Prescribers by Count of Claims

SilverSummit Healthplan

Current Quarter

Encrypted ID	Specialty	Degree	City	Member Count	Claim Count	Sum of Day Supply	Sum of Qty	Avg MME Per Claim
FFF	Pain Management	PA	Las Vegas	96	193	5,472	17,819	1,164
V	Anesthesiology	MD	Las Vegas	55	162	3,704	7,964	1,513
J	Pain Management	PA	Las Vegas	51	151	4,318	14,103	2,878
NN	Pain Management	PA	Henderson	79	150	4,423	13,568	1,255
CC	Pain Management	MD	Las Vegas	92	130	3,420	10,190	1,185
F	Pain Management	PA	Las Vegas	41	128	3,751	11,878	2,289
CCC	Pain Management	PA	Las Vegas	68	120	3,422	10,421	1,107
HHH	Pain Management	DNP	Las Vegas	58	81	2,150	6,875	1,115
Y	Pain Management	MD	Las Vegas	31	80	2,371	6,593	2,077
P	Pain Management	PA	Las Vegas	50	79	2,244	7,006	1,168

Previous Quarter

Encrypted ID	Specialty	Degree	City	Member Count	Claim Count	Sum of Day Supply	Sum of Qty	Avg MME Per Claim
FFF	Pain Management	PA	Las Vegas	89	186	5,515	17,638	1,233
NN	Pain Management	PA	Las Vegas	85	180	5,253	16,406	1,176
J	Pain Management	PA	Las Vegas	58	171	4,939	16,771	2,751
CCC	Pain Management	PA	Las Vegas	78	163	4,605	13,422	1,146
V	Anesthesiology	MD	Las Vegas	53	156	3,547	7,276	1,373
F	Pain Management	PA	Las Vegas	34	113	3,332	10,425	1,890
CC	Pain Management	MD	Las Vegas	74	103	2,756	8,224	1,173
HHH	Pain Management	DNP	Las Vegas	52	95	2,715	8,465	990
P	Pain Management	PA	Las Vegas	59	92	2,653	8,453	1,134
GGG	Anesthesiology	MD	Henderson	44	88	2,548	7,898	882

1/1/2019 - 3/31/2019

Encrypted ID	Specialty	Degree	City	Member Count	Claim Count	Sum of Day Supply	Sum of Qty	Avg MME Per Claim
PP	Pain Management	PA	Las Vegas	106	230	6,767	21,831	1,320
NN	Pain Management	PA	Las Vegas	121	212	6,321	18,947	1,146
J	Pain Management	PA	Las Vegas	58	190	5,506	18,122	2,028
V	Anesthesiology	MD	Las Vegas	56	162	3,639	7,787	1,396
CC	Pain Management	MD	Las Vegas	110	160	4,476	13,783	1,296
P	Pain Management	PA	Las Vegas	111	145	4,238	13,130	1,170
EE	Psychiatry/Neurology	MD	Las Vegas	33	139	2,269	4,162	1,083
F	Pain Management	PA	Las Vegas	34	110	3,210	9,904	2,199
QQ	Anesthesiology	MD	Henderson	45	98	2,817	8,975	861
RR	Anesthesiology	MD	Las Vegas	44	93	2,185	6,450	4,497

Opioid Utilization by Member
Top 10 Members by Claim Count
Current Quarter
SilverSummit Healthplan

Member Enc ID	Enc NPI	Count of Claim	Sum of Qty	Sum of Days	Total MME per Member
1		15	531	168	994.94
	D1	4	165	46	300.96
	BBB	4	89	28	182.06
	E1	2	52	37	90.96
	F1	5	225	57	420.96
2		10	51	34	4500.00
	G1	10	51	34	4500.00
3		10	270	87	18840.00
	V	10	270	87	18840.00
4		9	530	206	408.75
	J	7	178	460	315.00
	GG	2	28	70	93.75
5		9	640	214	420.00
	F1	2	180	60	90.00
	AA	6	446	147	270.00
	GG	1	14	7	60.00
6		9	206	103	10800.00
	QQ	3	48	24	3600.00
	H1	3	120	60	3600.00
	TT	1	8	4	1200.00
	UU	1	16	8	1200.00
	PP	1	14	7	1200.00
7		8	600	240	308.00
	FFF	6	450	180	231.00
	NN	2	150	60	77.00
8		8	690	240	216.00
	G	8	690	240	216.00
9		8	445	103	3840.00
	I1	3	103	29	2450.00
	J1	2	89	22	1250.00
	K1	3	253	52	140.00
10		8	113	95	2550.00
	L1	2	42	28	600.00
	M1	6	71	67	1950.00
Grand Total		94	4,076	1,490	42,877.69

Opioid Utilization by Member
Top 10 Members by Claim Count
Current Quarter
SilverSummit Healthplan

Member Enc ID	Count of Claim	Sum of Qty	Sum of Days
1	15	531	168
OXYMORPHONE TAB HCL	8	440	71
FENTANYL DIS 50MCG/HR	4	18	53
MORPHINE SUL TAB 60MG ER	3	73	44
2	10	51	34
BUPRENORPHIN SUB 8MG	5	17	17
BUPRENORPHIN SUB 2MG	5	34	17
3	10	270	87
BUPRENORPHIN SUB 8MG	10	270	87
4	9	530	206
OXYCOD/APAP TAB 7.5-325	5	354	118
METHADONE TAB 10MG	4	176	88
5	9	640	214
MORPHINE SUL TAB 30MG ER	5	216	108
OXYCODONE TAB 5MG	4	424	106
6	9	103	45
BUPRENORPHIN SUB 8MG	9	103	45
7	8	600	240
HYDROMORPHON TAB 4MG	4	240	120
MORPHINE SUL TAB 15MG ER	4	360	120
8	8	690	240
HYDROCO/APAP TAB 10-	3	270	90
MORPHINE SUL TAB 30MG ER	3	180	90
MORPHINE SUL TAB 15MG ER	2	240	60
9	8	445	103
HYDROCO/APAP TAB 10-	5	403	82
BUT/APAP/CAF CAP CODEINE	3	42	21
10	8	113	95
HYDROCO/APAP TAB 10-	6	78	74
BUPREN/NALOX MIS 8-2MG	2	35	21
Grand Total	94	3,973	1,432

Benzodiazepine
Utilization –
Top Prescribers
and Correlation

Board Requested
Reports



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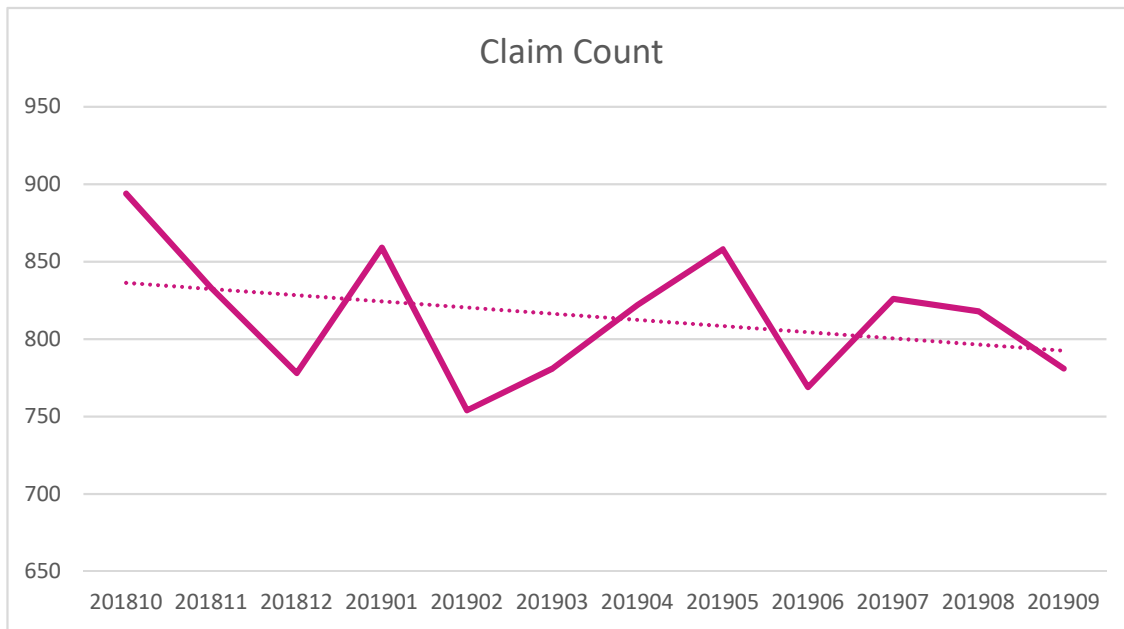
Benzodiazepine Utilization

Overall Summary

October 1, 2018 - September 30, 2019

SilverSummit Healthplan

Year Month Filled	Member Count	Claim Count	Claims per Member	Sum of Days Supply	Sum of Qty	Qty per Member
201810	811	894	1.10	24,217	46,922	57.86
201811	777	833	1.07	22,160	42,896	55.21
201812	718	778	1.08	21,247	41,737	58.13
201901	784	859	1.10	22,944	44,345	56.56
201902	716	754	1.05	20,135	39,042	54.53
201903	737	781	1.06	20,866	40,787	55.34
201904	757	822	1.09	21,780	43,690	57.71
201905	786	858	1.09	22,747	44,619	56.77
201906	726	769	1.06	20,871	40,526	55.82
201907	764	826	1.08	22,288	43,871	57.42
201908	761	818	1.07	22,473	43,883	57.66
201910	744	781	1.05	21,086	42,028	56.49



Top 10 Benzodiazepine Prescribers by Count of Claims
SilverSummit Healthplan

Current Quarter

Encrypted ID	Specialty	Degree	City	Member Count	Claim Count	Sum of Day Supply	Sum of Qty	Top Opioid Prescriber
C1	Psych/Mental Health	NP	Las Vegas	38	88	2,243	5,070	
EE	Psychiatry & Neurology	MD	Las Vegas	45	83	2,445	5,100	Y
TTT	Psychiatry & Neurology	MD	Las Vegas	29	65	1,760	4,213	
JJJ	Psych/Mental Health	NP	Las Vegas	36	61	1,689	3,234	
UUU	Psych/Mental Health	NP	Las Vegas	26	57	1,680	4,170	
VVV	Psychiatry & Neurology	MD	Las Vegas	25	55	1,590	2,035	
YYY	Psychiatry & Neurology	MD	Las Vegas	14	39	978	2,150	
WWW	Psych/Mental Health	NP	Las Vegas	19	38	1,097	2,296	
XXX	Family Medicine	DO	Las Vegas	14	34	1,020	3,090	
V	Anesthesiology	MD	Las Vegas	13	33	841	1,626	Y

Previous Quarter

Encrypted ID	Specialty	Degree	City	Member Count	Claim Count	Sum of Day Supply	Sum of Qty	Top Opioid Prescriber
TTT	Psychiatry & Neurology	MD	Las Vegas	33	84	2,278	4,915	
EE	Psychiatry & Neurology	MD	Las Vegas	40	81	2,145	4,315	Y
C1	Psych/Mental Health	NP	Las Vegas	25	50	1,376	2,934	
UUU	Psych/Mental Health	NP	Las Vegas	24	48	1,320	3,150	
VVV	Psychiatry & Neurology	MD	Las Vegas	18	47	1,370	2,015	
WWW	Psych/Mental Health	NP	Las Vegas	24	43	1,234	2,402	
JJJ	Psych/Mental Health	NP	Las Vegas	30	43	1,221	2,297	
XXX	Family Medicine	DO	Las Vegas	15	34	1,000	3,010	
YYY	Psychiatry & Neurology	MD	Las Vegas	12	33	812	1,538	
B1	Primary Care	NP	Alberville	10	31	564	1,173	

1/1/2019 - 3/31/2019

Encrypted ID	Specialty	Degree	City	Member Count	Claim Count	Sum of Day Supply	Sum of Qty	Top Opioid Prescriber
EE	Psychiatry/Neurology Ps	MD	Las Vegas	90	400	10,310	19,917	
TTT	Psychiatry/Neurology Ps	MD	Las Vegas	47	254	6,880	14,559	Y
UUU	Psych/Mental Health	NP	Las Vegas	47	1960	4,683	10,389	
VVV	Psychiatry/Neurology Ps	MD	Las Vegas	31	136	4,065	7,515	
WWW	Psych/Mental Health	NP	Las Vegas	33	129	3,791	8,275	
A1	Psych/Mental Health	APRN	Las Vegas	19	95	2,850	5,175	
NN	Pain Management	PA	Henderson	27	85	2,514	3,274	
ZZZ	Psychiatry/Neurology Ps	MD	Las Vegas	13	77	2,287	5,751	
VVV	Psychiatry/Neurology Ps	MD	Las Vegas	11	75	2,139	4,163	
XXX	Family Medicine	DO	Las Vegas	17	72	2,134	5,776	

Top 10 Prescribers

Opioid vs Benzodiazepine Correlation Report

October 1, 2018 - September 30, 2019
SilverSummit Healthplan

10/01/2018 - 09/30/2019

Encrypted ID	Specialty	Degree	City
EE	Psychiatry/Neurology Psychiatry	MD	Las Vegas
NN	Psychiatry/Neurology Psychiatry	MD	Las Vegas
V	Anesthesiology	MD	Las Vegas

Current Quarter

Encrypted ID Benzo	Encrypted ID Opioid
C1	FFF
EE	V
TTT	J
JJJ	NN
UUU	CC
VVV	F
YYY	CCC
WWW	HHH
XXX	Y
V	P

Previous Quarter

Encrypted ID Benzo	Encrypted ID Opioid
EE	FFF
TTT	NN
UUU	J
VVV	CCC
WWW	V
NN	F
XXX	CC
YYY	HHH
ZZZ	P
V	GGG

01/01/2019 - 03/31/2019

Encrypted ID Benzo	Encrypted ID Opioid
EE	PP
TTT	NN
UUU	J
VVV	V
WWW	CC
A1	P
NN	EE
ZZZ	F
VVV	QQ
XXX	RR

10/1/2018 - 12/31/2018

Encrypted ID Benzo	Encrypted ID Opioid
EE	P
TTT	NN
UUU	J
WWW	PP
VVV	EE
A1	CC
YYY	V
NN	F
OO	Y
BBB	QQ

Top 10 Benzo and Opioid Utilizers

Top 10 Members by Claim Count

Current Quarter

SilverSummit Healthplan

Member Enc ID	Count of Claims	Sum of Qty	Sum of Days	Top Opioid Utilizer	Top Benzo Utilizer
1				N	Y
ALPRAZOLAM 1MG TABLET	6	249	85		
ALPRAZOLAM 2MG TABLET	1	15	14		
BUPRENORPHINE-NALOXONE 8MG-2MG FILM	7	210	105		
2				N	N
ALPRAZOLAM 0.5MG TABLET	4	270	120		
HYDROMORPHONE HCL 4MG TABLET	4	240	120		
MORPHINE SULFATE ER 15MG TABLET ER	4	360	120		
3				N	Y
ALPRAZOLAM 1MG TABLET	5	210	105		
BUPRENORPHINE-NALOXONE 8MG-2MG FILM	6	180	90		
4				N	Y
ALPRAZOLAM 1MG TABLET	5	315	105		
BUPRENORPHINE-NALOXONE 8MG-2MG FILM	5	198	99		
5				Y	N
ALPRAZOLAM 0.5MG TABLET	2	150	60		
METHADONE HCL 10MG TABLET	4	176	88		
OXYCODONE-ACETAMINOPHEN 7.5-325MG TABLET	5	354	118		
6				Y	N
BUPRENORPHINE HCL 8MG TAB SUBL	10	270	87		
CLONAZEPAM 2MG TABLET	3	90	90		
7				N	N
BUPRENORPHINE-NALOXONE 8MG-2MG FILM	6	180	90		
CLONAZEPAM 1MG TABLET	4	240	120		
8					
DIAZEPAM 5MG TABLET	3	90	90	N	N
MORPHINE SULFATE ER 15MG TABLET ER	3	180	90		
OXYCODONE HCL 10MG TABLET	4	360	120		
9				N	N
CLONAZEPAM 1MG TABLET	3	148	74		
METHADONE HCL 10MG TABLET	3	360	90		
OXYCODONE HCL 30MG TABLET	3	360	90		
10				N	N
BUPRENORPHINE HCL 8MG TAB SUBL	7	240	105		
CLONAZEPAM 1MG TABLET	3	180	90		

Standard DUR
Reports



Nevada Medicaid

Quarterly DUR Report

Health Plan Name: SilverSummit Healthplan
 Health Plan Contact: Tom Beranek, RPh

Contact Email: Thomas.L.Beranek@SilverSummitHealthPlan.com
 Report Quarter (Calendar Year): Q3 2019
 Report Period Start Date: 7/1/2019
 Report Period End Date: 9/30/2019
 Submission Date of Report: 12/13/2019

Opioid Utilization					
Year/Month Filled	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amount
October 2018	1,532	2,291	48,327	150,087	SSHP Confidential
November 2018	1,495	2,191	46,967	144,211	SSHP Confidential
December 2018	1,446	2,087	43,576	134,276	SSHP Confidential
January 2019	1,520	1,844	38,304	116,357	SSHP Confidential
February 2019	1,302	1,507	31,852	97,902	SSHP Confidential
March 2019	1,416	1,683	35,710	109,497	SSHP Confidential
April 2019	1,385	1,649	35,211	107,816	SSHP Confidential
May 2019	1,442	1,759	37,163	112,605	SSHP Confidential
June 2019	1,415	1,647	35,305	107,609	SSHP Confidential
July 2019	1,473	1,797	38,366	116,383	SSHP Confidential
August 2019	1,467	1,764	36,034	109,375	SSHP Confidential
September 2019	1,333	1,587	32,489	99,319	SSHP Confidential

Top 10 Opioid Prescribers - Current Quarter									
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days		Sum of Paid Amount	Average MME Per Claim
						Supply	Sum of Quantity		
FFF	PA - Pain Management	Las Vegas	NV	96	193	5,472	17,819	SSHHP Confidential	92.3
V	MD - Anesthesiology	Las Vegas	NV	55	162	3,704	7,964	SSHHP Confidential	49.2
J	PA - Pain Management	Las Vegas	NV	51	151	4,318	14,103	SSHHP Confidential	93.4
NN	PA - Pain Management	Las Vegas	NV	79	150	4,423	13,568	SSHHP Confidential	90.5
CC	MD - Pain Management	Las Vegas	NV	92	130	3,420	10,190	SSHHP Confidential	78.4
FFF	PA - Pain Management	Las Vegas	NV	41	128	3,751	11,878	SSHHP Confidential	92.8
CCC	PA - Pain Management	Las Vegas	NV	68	120	3,422	10,421	SSHHP Confidential	86.8
HHH	DNP - Pain Management	Las Vegas	NV	58	81	2,150	6,875	SSHHP Confidential	84.9
Y	MD - Pain Management	Las Vegas	NV	31	80	2,371	6,593	SSHHP Confidential	82.4
P	PA - Pain Management	Las Vegas	NV	50	79	2,244	7,006	SSHHP Confidential	88.7

Top 10 Opioid Prescribers - Previous Quarter									
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days		Sum of Paid Amount	Average MME per claim
						Supply	Sum of Quantity		
FFF	PA - Pain Management	Las Vegas	NV	89	186	5,515	17,638	SSHHP Confidential	41.1
NN	PA - Pain Management	Las Vegas	NV	85	180	5,253	16,406	SSHHP Confidential	39.2
J	PA - Pain Management	Las Vegas	NV	58	171	4,939	16,771	SSHHP Confidential	91.7
CCC	PA - Pain Management	Las Vegas	NV	78	163	4,605	13,422	SSHHP Confidential	38.2
V	MD - Anesthesiology	Las Vegas	NV	53	156	3,547	7,276	SSHHP Confidential	1,372.9
F	PA - Pain Management	Las Vegas	NV	34	113	3,332	10,425	SSHHP Confidential	63.0
CC	MD - Pain Management	Las Vegas	NV	74	103	2,756	8,224	SSHHP Confidential	39.1
HHH	DNP - Pain Management	Las Vegas	NV	52	95	2,715	8,465	SSHHP Confidential	33.0
P	PA - Pain Management	Las Vegas	NV	59	92	2,653	8,453	SSHHP Confidential	37.8
GGG	MD - Anesthesiology	Henderson	NV	44	88	2,548	7,898	SSHHP Confidential	29.4

Nevada Medicaid

Quarterly DUR Report

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 Health Plan Contact: Tom Beranek, RPh

Contact Email: Thomas.L.Beranek@SilverSummitHealthPlan.com

Report Quarter (Calendar Year): Q3 2019
 Report Period Start Date: 7/1/2019
 Report Period End Date: 9/30/2019
 Submission Date of Report: 12/13/2019

Top 10 Drug Classes by Paid Amount - Current Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Antiretrovirals	711	SSHP Confidential
Insulin	1,428	SSHP Confidential
Antineoplastic Enzyme Inhibitors	32	SSHP Confidential
Sympathomimetics	3,926	SSHP Confidential
Anti-TNF-alpha - Monoclonal Antibodies	54	SSHP Confidential
Antipsychotics - Misc.	443	SSHP Confidential
Hepatitis Agents	32	SSHP Confidential
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	334	SSHP Confidential
Quinolinone Derivatives	674	SSHP Confidential
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	344	SSHP Confidential

Top 10 Drug Classes by Paid Amount - Previous Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Sympathomimetics	3,995	SSHP Confidential
Insulin	1,461	SSHP Confidential
Antiretrovirals	713	SSHP Confidential
Quinolinone Derivatives	690	SSHP Confidential
Antipsychotics - Misc.	326	SSHP Confidential
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	313	SSHP Confidential
Anti-TNF-alpha - Monoclonal Antibodies	54	SSHP Confidential
Hepatitis Agents	46	SSHP Confidential
Multiple Sclerosis Agents	31	SSHP Confidential
Antineoplastic Enzyme Inhibitors	17	SSHP Confidential

Top 10 Drug Classes by Claim Count - Current Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	5,796	SSHP Confidential
Anticonvulsants - Misc.	4,670	SSHP Confidential
Selective Serotonin Reuptake Inhibitors (SSRIs)	4,252	SSHP Confidential
HMG CoA Reductase Inhibitors	4,095	SSHP Confidential
Sympathomimetics	3,926	SSHP Confidential
Opioid Combinations	3,126	SSHP Confidential
Central Muscle Relaxants	2,845	SSHP Confidential
Proton Pump Inhibitors	2,266	SSHP Confidential
ACE Inhibitors	2,146	SSHP Confidential
Antihistamines - Non-Sedating	1,991	SSHP Confidential

Top 10 Drug Classes by Claim Count - Previous Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	5,711	SSHP Confidential
Anticonvulsants - Misc.	4,610	SSHP Confidential
Selective Serotonin Reuptake Inhibitors (SSRIs)	4,171	SSHP Confidential
HMG CoA Reductase Inhibitors	4,023	SSHP Confidential
Sympathomimetics	3,995	SSHP Confidential
Opioid Combinations	3,128	SSHP Confidential
Central Muscle Relaxants	2,730	SSHP Confidential
Antihistamines - Non-Sedating	2,381	SSHP Confidential
Proton Pump Inhibitors	2,198	SSHP Confidential
ACE Inhibitors	2,148	SSHP Confidential

Nevada Medicaid

Quarterly DUR Report

Health Plan Name: SilverSummit Healthplan
 Health Plan Contact: Tom Beranek, RPh
 Contact Email: Thomas.L.Beranek@SilverSummitHealthPlan.com
 Report Quarter (Calendar Year): Q3 2019
 Report Period Start Date: 7/1/2019
 Report Period End Date: 9/30/2019
 Submission Date of Report: 12/13/2019

Prospective DUR	What percentage of claims denied at Point of Sale for the following DUR edits?	Total Alerts	Total Alert Overrides	% Alert Overrides	Total Alert Cancels	% Alert Cancels	Total Alerts not adjudicated	% Alerts not adjudicated
Early Refill (ER)		11,118	0	0%	0	0%	11,118	100%
Therapeutic duplication (TD)		15,728	5,452	35%	1,583	10%	8,693	55%
Ingredient duplication (ID)		8,038	2	0%	0	0%	8,036	100%
Late Refill (LR)		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total High Dose (HD)		1,458	910	62%	333	23%	215	15%
Drug-Pregnancy (PG)		159	977	614%	211	133%	125	79%
Total Low Dose (LD)		4,141	2,950	71%	712	17%	479	12%
Drug-Drug (DD)		7,651	5,620	73%	911	12%	1,122	15%
Drug-Disease (MC)		2,763	2,109	76%	339	12%	315	11%
Drug-Allergy (DA)		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug-Age (PA)		6	3	50%	3	50%	0	0%

Top 10 Drugs by Therapeutic Problem Type - Overutilization										
ER	TD	ID	LR	HD	PG	LD	DD	MC	DA	PA
Albuterol Sulfate	Amlodipine	Albuterol Sulfate	N/A	Amoxicillin/Potassium Clav	Lisinopril	Albuterol Sulfate	Alprazolam	Alprazolam	N/A	Nitrofurantoin
Amlodipine	Atorvastatin	Amlodipine	N/A	Cefdinir	Norethindrone Acet & Eth Estra	Cholecalciferol	Buprenorphine HCL - Naloxone HCL	Amphetamine-Dextroamphetamine	N/A	Promethazine-DM
Atorvastatin	Gabapentin	Atorvastatin	N/A	Epinephrine (Anaphylaxis)	Norethindrone (Contraceptive)	Ondansetron Hcl	Cyclobenzaprine	Bupropion	N/A	N/A
Gabapentin	Levothyroxine	Gabapentin	N/A	Ergocalciferol	Norgestimate-Ethinyl Estradiol	Potassium Chloride Microencapsulated Crystals ER	Ibuprofen	Gabapentin	N/A	N/A
Lisinopril	Lisinopril	Lisinopril	N/A	Famotidine	Prenatal Vit W/Ferrous Fumarate- Folic Acid	Propranolol HCL	Sertraline	Lamotrigine	N/A	N/A
Metformin	Metformin	Metformin	N/A	Ibuprofen	Progesterone Micronized	Ranitidine HCL	Trazodone	Warfarin Sodium	N/A	N/A
N/A	Quetiapine Fumarate	N/A	N/A	Meloxicam	Prenatal w/o Vit A w/Fe Carbonyl Fe Gluconate-DSS-FA-DHA	N/A	N/A	N/A	N/A	N/A
N/A	Ibuprofen	N/A	N/A	Montelukast	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Nevada Medicaid

Quarterly DUR Report

Health Plan Name: SilverSummit Healthplan
 Health Plan Contact: Tom Beranek, RPh
 Contact Email: Thomas.L.Beranek@SilverSummitHelathPlan.com
 Report Quarter (Calendar Year): Q3 2019
 Report Period Start Date: 7/1/2019
 Report Period End Date: 9/30/2019
 Submission Date of Report: 12/13/2019

Retrospective DUR							
Topic	Description of Intervention	Type of Contact (Media)	Number of Contacts	Number of Responses	Response Rate	Provider Targeted (e.g, Physician, Pharmacist)	Performed by (e.g., Subcontractor, etc.)
Sept - 2019, Drug Disease Conflict	Provider outreach for members with dementia, who are using an antipsychotic medication (black box warning).	Mail	11	2	18%	Physician	SSHP
Aug - 2019, Respiratory Adherence	Outreach to members who are non-adherent on filling respiratory medications.	Mail	78	12	15%	Member	SSHP

Jul - 2019, Hyperlipidemia Adherence	Outreach to members who are non-adherent on filling hyperlipidemia medications.	Mail	136	85	62%	Member	SSHP
Jun - 2019, Diabetes Underuse	Outreach to providers of member with diabetic nephropathy, not being prescribed an ACE or ARB	Mail	71	7	10%	Physician	SSHP
May - 2019, MME Benchmark	Outreach to providers who are prescribing more than 90 MME per day	Mail	45	6	13%	Physician	SSHP
Apr - 2019, Antidiabetic Adherence	Outreach to members who are non-adherent on filling diabetic medications.	Mail	131	63	48%	Member	SSHP
Mar - 2019, Hypertension	Outreach to members who are non-adherent on filling hypertension medications.	Mail	31	28	89%	Member	SSHP

Feb - 2019, Hypertension	Outreach to members who are non-adherent on filling hypertension medications.	Mail	12	11	90%	Member	SSHP
Jan - 2019, Hypertension	Outreach to members who are non-adherent on filling hypertension medications.	Mail	64	56	88%	Member	SSHP
Dec - 2018, Trifecta/Multiple Opioid Prescribers	Provider outreach for members who are obtaining an opioid, benzo and muscle relaxer combination	Mail	51	0	0%	Physician	SSHP
Nov - 2018, Trifecta/Multiple Opioid Prescribers	Provider outreach for members who are obtaining an opioid, benzo and muscle relaxer combination	Mail	51	4	8%	Physician	SSHP
Oct - 2018, Trifecta/Multiple Opioid Prescribers	Provider outreach for members who are obtaining an opioid, benzo and muscle relaxer combination	Mail	51	6	12%	Physician	SSHP