

2021

Nevada Medicaid Drug Use Review Board Meeting

January 28, 2021



silversummit
healthplan

Table of Contents

Clinical Presentation – Anticonvulsants, Misc. – Fintepla - 3

Clinical Presentation – SMA Agents – Evrysdi - 8

Clinical Presentation – DMD Agents – Viltepso, Vyondys 53 - 11

Clinical Presentation – Topical Neuropathic Pain Agents - Qutenza - 15

DUR Board Requested Reports – Opioid Trend - 18

Standard DUR Reports - 23

Anticonvulsants,
Misc.

Clinical Presentations



silversummit
healthplan

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 28, 2021

Prior Authorization Criteria being reviewed: Fintepla

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:

- Will be used as adjunctive therapy with at least one other antiepileptic drug;

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

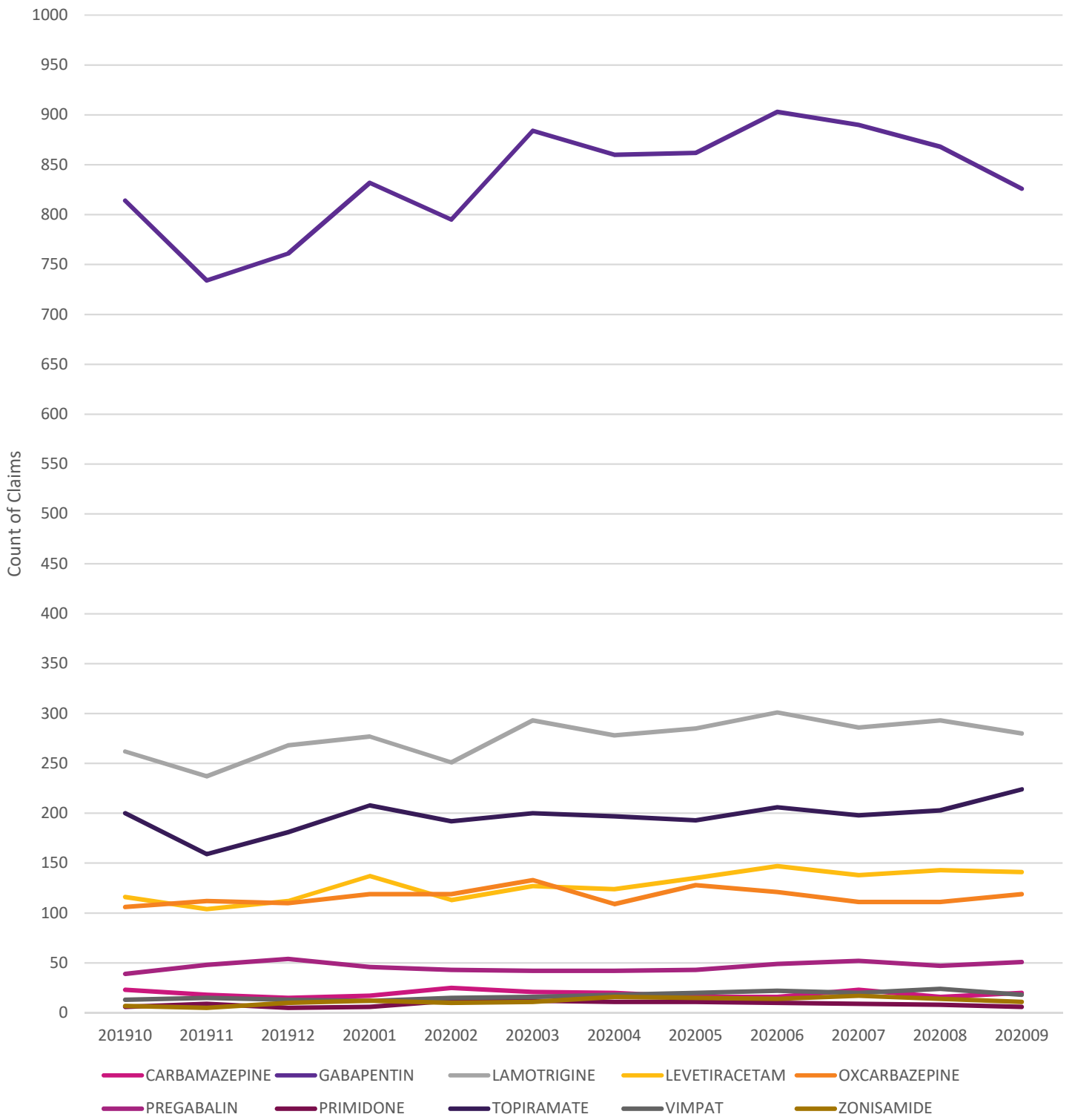
Signature of individual completing this form: Tom Beranek

Anticonvulsants, Misc
Summary of Utilization
October 1, 2019 - September 30, 2020
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
APTIOM TAB 400MG	2	8	240	240
APTIOM TAB 600MG	2	4	91	91
APTIOM TAB 800MG	4	32	1,200	1,025
BANZEL TAB 400MG	1	5	1,200	150
BRIVIACT TAB 100MG	2	13	780	390
BRIVIACT TAB 25MG	2	11	660	330
BRIVIACT TAB 50MG	3	25	1,740	750
BRIVIACT TAB 75MG	1	7	420	210
CARBAMAZEPIN CAP 100MG ER	1	3	180	90
CARBAMAZEPIN CAP 200MG ER	1	5	736	122
CARBAMAZEPIN CAP 300MG ER	2	11	1,620	450
CARBAMAZEPIN CHW 100MG	4	25	2,379	952
CARBAMAZEPIN TAB 100MGER	2	4	300	120
CARBAMAZEPIN TAB 200MG	18	147	12,377	4,591
CARBAMAZEPIN TAB 200MG ER	3	24	2,788	697
CARBAMAZEPIN TAB 400MG ER	2	11	464	231
CARBATROL CAP 200MG	1	7	2,160	270
EPIDIOLEX SOL 100MG/ML	1	3	265	90
EPITOL TAB 200MG	1	1	120	30
GABAPENTIN CAP 100MG	1,369	1,339	125,780	41,987
GABAPENTIN CAP 300MG	416	4,818	429,240	157,060
GABAPENTIN CAP 400MG	91	950	95,283	30,629
GABAPENTIN SOL 250/5ML	1	1	300	30
GABAPENTIN TAB 600MG	172	1,935	192,180	64,181
GABAPENTIN TAB 800MG	91	986	100,259	32,929
LAMOTRIGINE CHW 25MG	1	2	240	120
LAMOTRIGINE TAB 100MG	89	932	48,069	30,259
LAMOTRIGINE TAB 100MG ER	1	2	60	60
LAMOTRIGINE TAB 150MG	51	496	24,749	15,748
LAMOTRIGINE TAB 200MG	91	984	42,078	31,180
LAMOTRIGINE TAB 200MG ER	3	26	1,052	692
LAMOTRIGINE TAB 25MG	84	857	49,746	24,572
LAMOTRIGINE TAB 300MG ER	1	6	300	180
LAMOTRIGINE TAB 50MG ER	1	6	162	162
LEVETIRACETA SOL 100MG/ML	17	155	40,184	5,144
LEVETIRACETA TAB 1000MG	31	303	23,867	10,766
LEVETIRACETA TAB 250MG	9	59	4,594	1,862
LEVETIRACETA TAB 500MG	69	716	60,802	25,391

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
LEVETIRACETA TAB 500MG ER	3	19	1,770	1,110
LEVETIRACETA TAB 750MG	28	235	23,448	8,302
LEVETIRACETA TAB 750MG ER	7	50	3,810	1,500
LYRICA CAP 150MG	3	27	1,802	703
LYRICA CAP 200MG	1	2	150	60
LYRICA CAP 50MG	1	2	180	60
OXCARBAZEPIN SUS 300MG/5M	4	35	12,130	1,020
OXCARBAZEPIN TAB 150MG	27	282	17,453	8,712
OXCARBAZEPIN TAB 300MG	54	565	38,824	17,907
OXCARBAZEPIN TAB 600MG	49	516	33,038	15,562
OXTELLAR XR TAB 150MG	1	13	420	390
OXTELLAR XR TAB 300MG	2	11	510	315
OXTELLAR XR TAB 600MG	1	6	180	180
PREGABALIN CAP 100MG	10	76	5,364	2,136
PREGABALIN CAP 150MG	17	123	8,885	3,589
PREGABALIN CAP 200MG	7	58	4,320	1,740
PREGABALIN CAP 25MG	3	14	900	420
PREGABALIN CAP 300MG	4	47	2,820	1,410
PREGABALIN CAP 50MG	9	83	7,442	2,378
PREGABALIN CAP 75MG	15	154	10,041	4,435
PREGABALIN SOL 20MG/ML	1	1	350	8
PRIMIDONE TAB 250MG	2	14	870	600
PRIMIDONE TAB 50MG	11	91	4,365	3,219
QUDEXY XR CAP 50/24HR	1	1	30	30
TEGRETOL-XR TAB 200MG	1	12	1,440	360
TOPIRAMATE CAP 25MG	4	38	4,492	1,198
TOPIRAMATE CAP ER 50MG	1	1	30	30
TOPIRAMATE TAB 100MG	51	545	33,517	19,123
TOPIRAMATE TAB 200MG	18	180	10,342	5,857
TOPIRAMATE TAB 25MG	76	742	43,691	24,499
TOPIRAMATE TAB 50MG	80	855	48,264	28,592
TROKENDI XR CAP 100MG	2	20	1,113	591
TROKENDI XR CAP 200MG	1	3	88	88
TROKENDI XR CAP 25MG	1	2	60	60
TROKENDI XR CAP 50MG	1	6	192	171
VIMPAT SOL 10MG/ML	1	4	950	190
VIMPAT TAB 100MG	6	55	3,980	1,690
VIMPAT TAB 150MG	5	29	1,690	845
VIMPAT TAB 200MG	11	106	6,555	3,320
VIMPAT TAB 50MG	2	12	720	360
ZONISAMIDE CAP 100MG	17	141	14,276	5,275
ZONISAMIDE CAP 50MG	1	1	60	30
Total	3,181	20,096	1,619,227	651,846

Top 10 Anticonvulsants, Misc.



SMA Agents

Clinical Presentations



silversummit
healthplan

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 28, 2021

Prior Authorization Criteria being reviewed: Evrysdi

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.

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

SMA Agents
Summary of Utilization
October 1, 2019 - September 30 , 2020
SilverSummit Healthplan

No Utilization For This Time Period

DMD Agents

Clinical Presentations



silversummit
healthplan

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 28, 2021

Prior Authorization Criteria being reviewed: Viltepso

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.

In addition to ambulatory function, recommend adding the following criteria:

Also,

- Stable cardiac function with left ventricular ejection fraction (LVEF) \geq 40%;
- Stable pulmonary function with predicted forced vital capacity (FVC) \geq 50%;

- Inadequate response (as evidenced by a significant decline in 6MWT, LVEF, or FVC) despite adherent use of an oral corticosteroid (e.g., prednisone, Emflaza™) for \geq 6 months, unless contraindicated or clinically significant adverse effects are experienced;
- Viltepso is prescribed concurrently with an oral corticosteroid, unless contraindicated or clinically significant adverse effects are experienced;

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

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 28, 2021

Prior Authorization Criteria being reviewed: Vyondys 53

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:

- Member has all of the following assessed within the last 30 days (a, b, and c):
- Ambulatory function (e.g., ability to walk with or without assistive devices, not wheelchair dependent) with a 6-minute walk test (6MWT) distance ≥ 250 m;
 - Stable cardiac function with left ventricular ejection fraction (LVEF) $> 50\%$;
 - Stable pulmonary function with predicted forced vital capacity (FVC) $\geq 50\%$;

- Inadequate response (as evidenced by a significant decline in 6MWT, LVEF, or FVC) despite adherent use of an oral corticosteroid (e.g., prednisone, Emflaza™) for ≥ 6 months
- Vyondys 53 is prescribed concurrently with an oral corticosteroid, unless contraindicated or clinically significant adverse effects are experienced;

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

DMD Agents
Summary of Utilization
October 1, 2019 - September 30 , 2020
SilverSummit Healthplan

No Utilization For This Time Period

Topical Neuropathic Pain Agents

Clinical Presentations



silversummit
healthplan

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 28, 2021

Prior Authorization Criteria being reviewed: Qutenza

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.

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

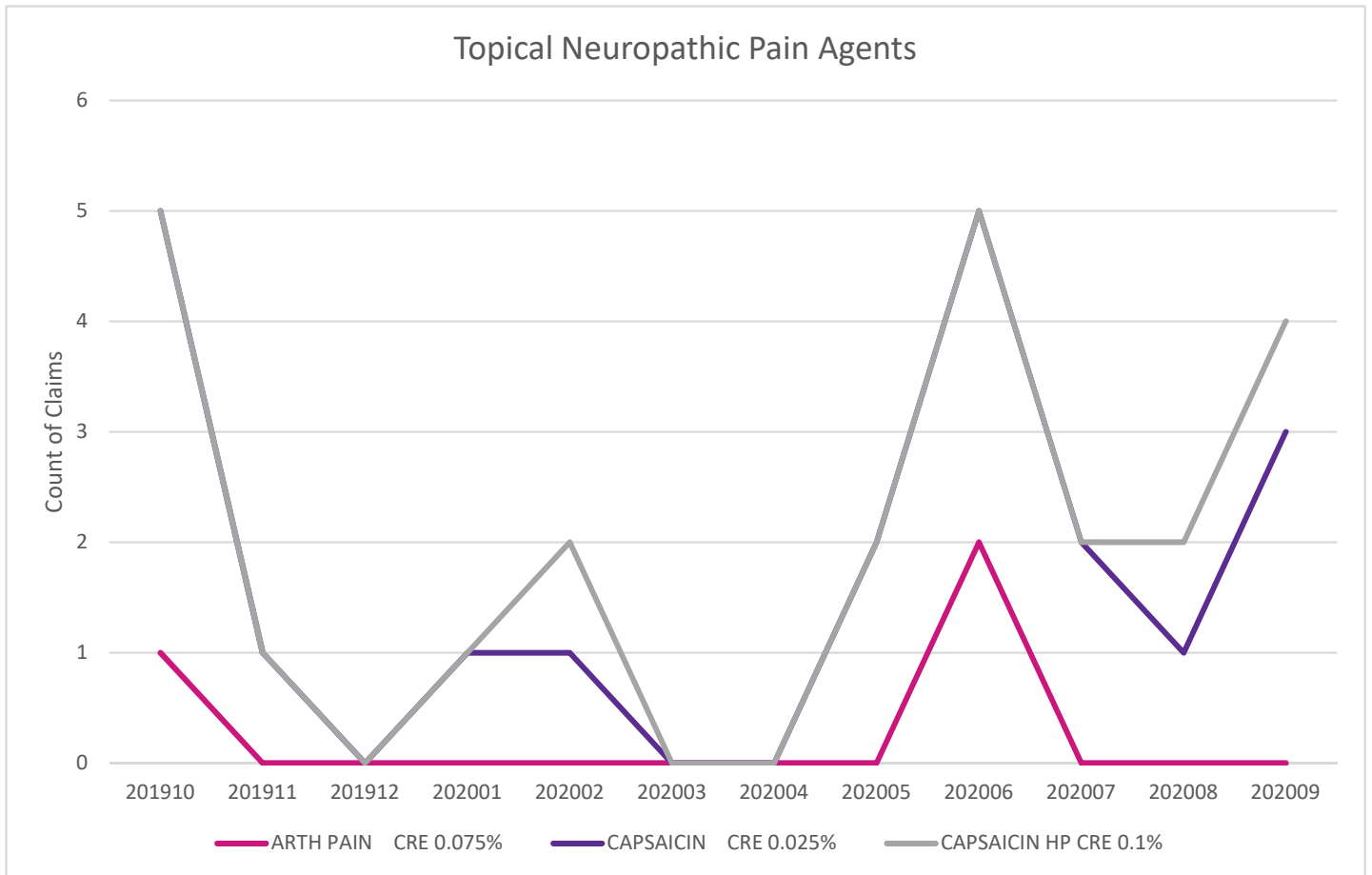
Topical Neuropathic Pain Agents

Summary of Utilization

October 1, 2019 - September 30, 2020

SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
ARTH PAIN CRE 0.075%	3	3	171.0	31
CAPSAICIN CRE 0.025%	18	18	1,380.0	474
CAPSAICIN HP CRE 0.1%	3	3	127.5	90
Total	24	24	1,678.5	595



Opioid Trend –
Top Prescribers
and Members

Board Requested
Reports



Opioid Utilization
Overall Summary
October 1, 2020 - September 30, 2020
SilverSummit Healthplan

Year Month Filled	Member Count	Claim Count	Claims per Member	Sum of Days Supply	Sum of Qty	Qty per Member	MME/DaySupply/Member
201910	1,442	1,747	1.21	36,376	111,389	77.25	113.4
201911	1,352	1,578	1.17	33,386	100,601	74.41	109.7
201912	1,363	1,621	1.19	34,105	103,747	76.12	112.5
202001	1,480	1,782	1.20	37,559	113,179	76.47	114.0
202002	1,445	1,665	1.15	35,292	106,817	73.92	113.0
202003	1,460	1,766	1.21	37,369	112,893	77.32	119.8
202004	1,420	1,719	1.21	37,341	110,840	78.06	123.1
202005	1,525	1,837	1.20	37,345	111,613	73.19	114.1
202006	1,589	1,897	1.19	38,753	113,766	71.60	118.4
202007	1,632	1,972	1.21	39,965	120,775	74.00	117.2
202008	1,546	1,838	1.19	36,768	112,790	72.96	120.9
202009	1,530	1,799	1.18	37,192	113,052	73.89	126.1

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	MME/ Day Supply / Member
V	Anesthesiology	MD	Las Vegas	55	162	4,129	9,554	1,567.4
Q1	Pain Management	FNP-C	Las Vegas	62	149	4,272	12,988	87.4
FFF	Pain Management	PA	Las Vegas	67	135	3,942	12,573	76.9
E	Pain Management	PA	Las Vegas	55	129	3,715	11,623	87.5
F	Pain Management	PA	Las Vegas	35	128	3,742	11,961	247.6
J	Pain Management	PA	Las Vegas	41	128	3,670	11,626	317.1
C1	Psych/Mental Health	NP	Las Vegas	24	106	1,620	3,000	1,931.0
CC	Pain Management	MD	Las Vegas	69	97	2,779	8,358	83.4
Z1	Pain Management	NP	Las Vegas	40	92	2,729	8,416	81.6
R1	Pain Management	NP	Henderson	16	83	1,258	3,213	987.2

Previous Quarter

Encrypted ID	Specialty	Degree	City	Member Count	Claim Count	Sum of Day Supply	Sum of Qty	MME/ Day Supply / Member
Q1	Pain Management	FNP-C	Las Vegas	98	157	4,345	13,121	53.3
FFF	Pain Management	MD	Las Vegas	76	133	3,843	12,139	68.3
NN	Pain Management	PA	Henderson	72	133	3,829	12,387	75.0
V	Anesthesiology	MD	Las Vegas	50	128	3,395	7,315	1,479.6
J	Pain Management	PA	Las Vegas	38	121	3,540	11,392	277.4
C1	Psych/Mental Health	NP	Las Vegas	22	112	1,707	3,209	2,279.0
P1	Anesthesiology	PA	Las Vegas	41	104	2,748	7,964	92.3
F	Pain Management	NP	Las Vegas	28	98	2,849	9,042	210.6
CC	Pain Management	PA	Las Vegas	57	91	2,481	6,586	97.9
E	Pain Management	PA	Las Vegas	33	87	2,451	7,832	100.1

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	MME/ DaySupply/ Member
1		14	588	196	225.00
	R1	10	420	140	225.00
	T1	4	168	56	225.00
2		13	44	80	132.00
	QQ	8	30	56	128.57
	SS	4	11	19	138.95
	TT	1	3	5	144.00
3		12	504	168	135.00
	R1	10	420	140	135.00
	T1	2	84	28	135.00
4		11	558	186	105.00
	R1	11	558	186	105.00
5		10	516	172	105.00
	R1	10	516	172	105.00
6		9	810	250	183.00
	F	9	810	250	183.00
7		9	640	158	298.78
	M1	9	640	158	298.78
8		9	174	87	480.00
	A2	9	174	87	480.00
9		8	640	240	100.00
	B2	8	640	240	100.00
10		8	540	240	115.00
	C2	6	420	180	125.00
	D2	2	120	60	105.00
Grand Total		103	5,014	1,777	1,878.78

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	14	588	196
MORPHINE SUL TAB 60MG ER	7	294	98
OXYCOD/APAP TAB 10-325MG	7	294	98
2	13	44	80
BUPREN/NALOX MIS 8-2MG	13	44	80
3	12	504	168
METHADONE TAB 10MG	6	252	84
OXYCOD/APAP TAB 10-325MG	6	252	84
4	11	558	186
METHADONE TAB 10MG	6	300	100
TRAMADOL HCL TAB 50MG	5	258	86
5	10	516	172
METHADONE TAB 10MG	5	258	86
TRAMADOL HCL TAB 50MG	5	258	86
6	9	810	250
BELBUCA MIS 300MCG	1	60	30
MORPHINE SUL TAB 15MG ER	3	210	70
MORPHINE SUL TAB 30MG ER	1	60	30
OXYCOD/APAP TAB 10-325MG	4	480	120
7	9	640	158
MORPHINE SUL TAB 30MG ER	2	120	60
OXYCODONE TAB 30MG	7	520	98
8	9	174	87
BUPREN/NALOX MIS 8-2MG	9	174	87
9	8	640	240
METHADONE TAB 10MG	4	160	120
OXYCODONE TAB 10MG	4	480	120
10	8	540	240
MORPHINE SUL TAB 15MG ER	4	120	120
OXYCODONE TAB 20MG	4	420	120
Grand Total	103	5,014	1,777

Standard DUR
Reports



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 2020
 Report Period Start Date: 7/1/2020
 Report Period End Date: 9/30/2020
 Submission Date of Report: 12/28/2020

Opioid Utilization					
Year/Month Filled	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amount
October 2019	1,442	1,747	36,376	111,389	SSHP Confidential
November 2019	1,352	1,578	33,386	100,601	SSHP Confidential
December 2019	1,363	1,621	34,105	103,747	SSHP Confidential
January 2020	1,480	1,782	37,559	113,179	SSHP Confidential
February 2020	1,445	1,665	35,292	106,817	SSHP Confidential
March 2020	1,460	1,766	37,369	112,893	SSHP Confidential
April 2020	1,420	1,719	37,341	110,840	SSHP Confidential
May 2020	1,525	1,837	37,345	111,613	SSHP Confidential
June 2020	1,589	1,897	38,753	113,766	SSHP Confidential
July 2020	1,632	1,972	39,965	120,775	SSHP Confidential
August 2020	1,546	1,838	36,768	112,790	SSHP Confidential
September 2020	1,530	1,799	37,192	113,052	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	MME/ Day Supply / Member
						Supply	Sum of Quantity		
V	MD - Anesthesiology	Las Vegas	NV	55	162	4,129	9,554	SSHP Confidential	1567.4
Q1	FNP-C - Pain Management	Las Vegas	NV	62	149	4,272	12,988	SSHP Confidential	87.4
FFF	PA - Pain Management	Las Vegas	NV	67	135	3,942	12,573	SSHP Confidential	76.9
E	PA - Pain Management	Las Vegas	NV	55	129	3,715	11,623	SSHP Confidential	87.5
F	PA - Pain Management	Las Vegas	NV	35	128	3,742	11,961	SSHP Confidential	247.6
J	PA - Pain Management	Las Vegas	NV	41	128	3,670	11,626	SSHP Confidential	317.1
C1	NP - Psych/Mental Health	Las Vegas	NV	24	106	1,620	3,000	SSHP Confidential	1931.0
CC	MD - Pain Management	Las Vegas	NV	69	97	2,779	8,358	SSHP Confidential	83.4
Z1	NP - Nurse Practitioner Family	Las Vegas	NV	40	92	2,729	8,416	SSHP Confidential	81.6
R1	NP- Adult Health	Henderson	NV	16	83	1,258	3,213	SSHP Confidential	987.2

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	MME/ Day Supply / Member
						Supply	Sum of Quantity		
Q1	FNP-C - Pain Management	Las Vegas	NV	98	157	4,345	13,121	SSHP Confidential	53.3
FFF	PA - Pain Management	Las Vegas	NV	76	133	3,843	12,139	SSHP Confidential	68.3
NN	PA - Pain Management	Las Vegas	NV	72	133	3,829	12,387	SSHP Confidential	75.0
V	MD - Anesthesiology	Las Vegas	NV	50	128	3,395	7,315	SSHP Confidential	1479.6
J	PA - Pain Management	Las Vegas	NV	38	121	3,540	11,392	SSHP Confidential	277.4
C1	NP - Psych/Mental Health	Las Vegas	NV	22	112	1,707	3,209	SSHP Confidential	2279.2
P1	MD - Anesthesiology	Las Vegas	NV	41	104	2,748	7,964	SSHP Confidential	92.3
F	PA - Pain Management	Las Vegas	NV	28	98	2,849	9,042	SSHP Confidential	210.6
CC	MD - Pain Management	Las Vegas	NV	57	91	2,481	6,586	SSHP Confidential	97.9
E	PA - Pain Management	Las Vegas	NV	33	87	2,451	7,832	SSHP Confidential	100.1

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 2020

Report Period Start Date: 7/1/2020

Report Period End Date: 9/30/2020

Submission Date of Report: 12/28/2020

Top 10 Drug Classes by Paid Amount - Current Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Antiretrovirals	742	SSHP Confidential
Insulin	1559	SSHP Confidential
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	605	SSHP Confidential
Antipsychotics - Misc.	471	SSHP Confidential
Sympathomimetics	4443	SSHP Confidential
Anti-TNF-alpha - Monoclonal Antibodies	50	SSHP Confidential
Metabolic Modifiers	70	SSHP Confidential
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	476	SSHP Confidential
Direct Factor Xa Inhibitors	634	SSHP Confidential
Antineoplastic Enzyme Inhibitors	21	SSHP Confidential

Top 10 Drug Classes by Paid Amount - Previous Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Antiretrovirals	715	SSHP Confidential
Insulin	1610	SSHP Confidential
Anti-TNF-alpha - Monoclonal Antibodies	65	SSHP Confidential
Antineoplastic Enzyme Inhibitors	34	SSHP Confidential
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	524	SSHP Confidential
Antipsychotics - Misc.	470	SSHP Confidential
Sympathomimetics	4490	SSHP Confidential
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	461	SSHP Confidential
Direct Factor Xa Inhibitors	541	SSHP Confidential
Hepatitis Agents	42	SSHP Confidential

Top 10 Drug Classes by Claim Count - Current Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	6298	SSHP Confidential
HMG CoA Reductase Inhibitors	5467	SSHP Confidential
Anticonvulsants - Misc.	5261	SSHP Confidential
Selective Serotonin Reuptake Inhibitors (SSRIs)	5175	SSHP Confidential
Sympathomimetics	4443	SSHP Confidential
Opioid Combinations	3330	SSHP Confidential
Central Muscle Relaxants	3250	SSHP Confidential
Proton Pump Inhibitors	3203	SSHP Confidential
Antianxiety Agents - Misc.	2840	SSHP Confidential
ACE Inhibitors	2376	SSHP Confidential

Top 10 Drug Classes by Claim Count - Previous Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	5646	SSHP Confidential
Anticonvulsants - Misc.	5280	SSHP Confidential
HMG CoA Reductase Inhibitors	4962	SSHP Confidential
Selective Serotonin Reuptake Inhibitors (SSRIs)	4900	SSHP Confidential
Sympathomimetics	4490	SSHP Confidential
Opioid Combinations	3158	SSHP Confidential
Central Muscle Relaxants	2983	SSHP Confidential
Proton Pump Inhibitors	2883	SSHP Confidential
Antianxiety Agents - Misc.	2688	SSHP Confidential
Antihistamines - Non-Sedating	2659	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 2020
 Report Period Start Date: 7/1/2020
 Report Period End Date: 9/30/2020
 Submission Date of Report: 12/28/2020

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)	17,139	0	0%	0	0%	17,139	100%
Therapeutic Duplication (TD)	22,007	6,310	29%	1,923	9%	13,774	63%
Ingredient Duplication (ID)	13,156	1	0%	0	0%	13,155	100%
Late Refill (LR)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total High Dose (HD)	1,714	992	58%	431	25%	291	17%
Drug-Pregnancy (PG)	193	119	62%	53	27%	21	11%
Total Low Dose (LD)	3,556	2,437	69%	616	17%	503	14%
Drug-Drug (DD)	13,120	9,367	71%	1,460	11%	2,293	17%
Drug-Disease (MC)	3,919	2,831	72%	505	13%	581	15%
Drug-Allergy (DA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug-Age (PA)	1	-	0%	1	100%	0	0%

Top 10 Drugs by Therapeutic Problem Type										
ER	TD	ID	LR	HD	PG	LD	DD	MC	DA	PA
Albuterol Sulfate	Atorvastatin	Atorvastatin	N/A	Cefdinir	Atorvastatin	Cholecalciferol	Alprazolam	Alprazolam	N/A	Nitrofurantoin
Atorvastatin	Bupropion	Bupropion	N/A	Dupilumab	Medroxyprogesterone Acetate (Contraceptive)	Norelgestromin-Ethinyl Estradiol	Buspirone	Amphetamine-Dextroamphetamine	N/A	N/A
Gabapentin	Gabapentin	Gabapentin	N/A	Ergocalciferol	Misoprostol	Ondansetron Hcl	Escitalopram	Bupropion	N/A	N/A
Lisinopril	Lisinopril	Lisinopril	N/A	Famotidine	Norethindrone (Contraceptive)	Microencapsulated Crystals ER	Fluoxetine	Gabapentin	N/A	N/A
Metformin	Metformin	Metformin	N/A	Ibuprofen	Norgestrel & Ethinyl Est	Propranolol HCL	Sertraline	Lamotrigine	N/A	N/A
Sertraline	Sertraline	Sertraline	N/A	Meloxicam	Prenatal Vit W/Ferrous Fumarate- Folic Acid	N/A	Trazodone	Spironolactone	N/A	N/A
N/A	N/A	N/A	N/A	Montelukast	Progesterone Micronized	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	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 2020
 Report Period Start Date: 7/1/2020
 Report Period End Date: 9/30/2020
 Submission Date of Report: 12/28/2020

Retrospective DUR							
Topic	Description of Intervention	Type of Contact (Media)	Number of Contacts	Number of Responses	Response Rate	Provider Targeted (e.g, Physician, Pharmacist)	Performed by (e.g., Subcontractor, etc.)
July - 2020, Hypertension Non-Adherence	Outreach to members who are non-adherent on their maintenance medications.	Mail	401	161	40%	Member	SSHP
August - 2020, Respiratory Non-Adherence	Outreach to members who are non-adherent on their maintenance medications.	Mail	314	101	32%	Member	SSHP
September - 2020, Statin Non-Adherence	Outreach to members who are non-adherent on their maintenance medications.	Mail	197	56	28%	Member	SSHP