

2020

Nevada Medicaid Drug Use Review Board Meeting

April 30, 2020



silversummit
healthplan

Table of Contents

Clinical Presentation – Anti-Migraine Medications - CGRP's	3
Clinical Presentation – Cystic Fibrosis Agents	6
Clinical Presentation – Narcolepsy Agents	10
Clinical Presentation – Sickle Cell Anemia Agents	13
Clinical Presentation – Proton Pump Inhibitors	18
Clinical Presentation – Smoking Cessation Agents	22
Clinical Presentation – Ketorolac Products	26
DUR Board Requested Reports – Opioid Utilization – Top Prescribers and Members	29
DUR Board Requested Reports – Methadone Utilization	34
DUR Board Requested Reports – Antibiotic Utilization	36
Standard Reports	41

Anti-Migraine
Medications
CGRP's

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: April 30, 2020

Prior Authorization Criteria being reviewed: Ubrevly

Managed Care Organization name: SilverSummit HealthPlan

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.

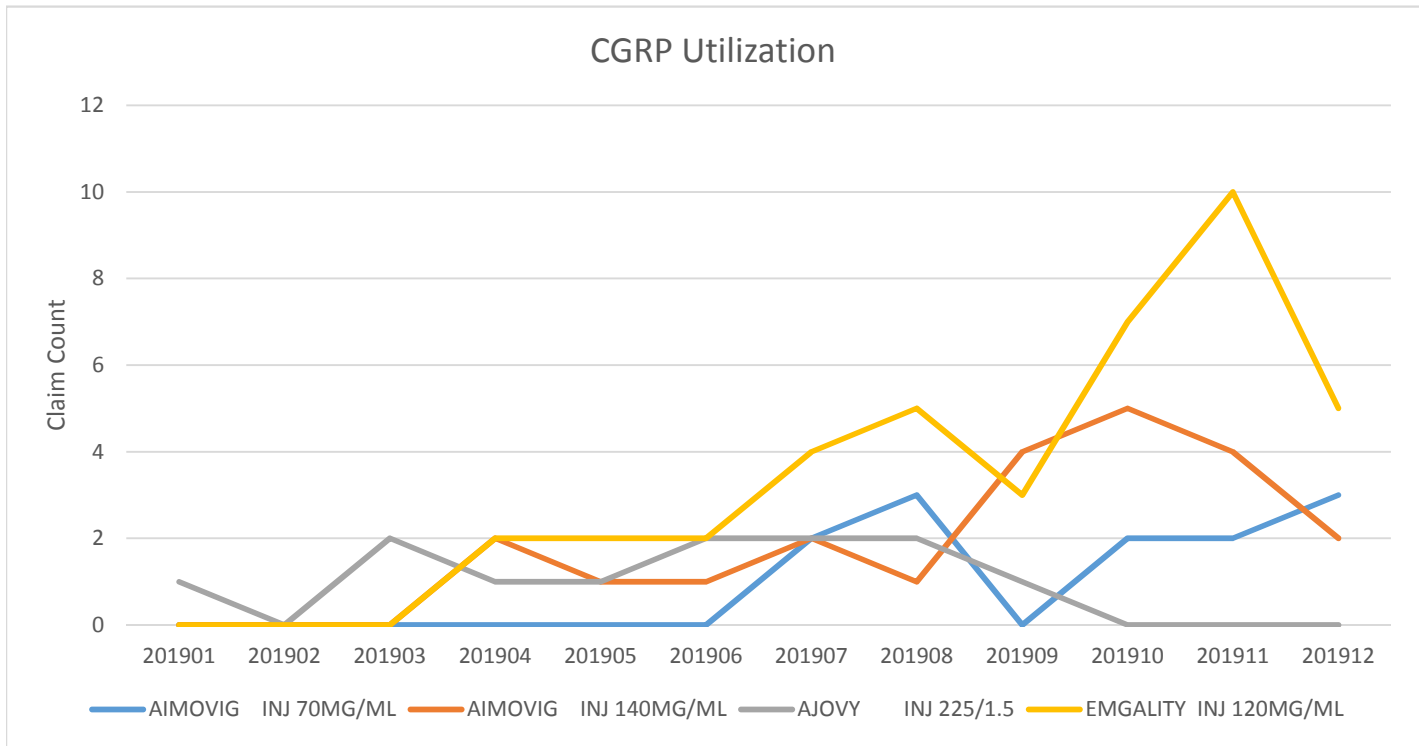
If this form is not completed and returned to the policy specialist with DHCFP by the designated deadline, the assumption will be made that you approve all prior authorization criteria as presented.

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

Signature of individual completing this form: *Tom Beranek*

CGRP Agents
Summary of Utilization
January 1, 2019 - December 31, 2019
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
AIMOVIG INJ 70MG/ML	10	12	12	338
AIMOVIG INJ 140MG/ML	20	22	24	642
AJOVY INJ 225/1.5	11	12	18	358
EMGALITY INJ 120MG/ML	39	40	44	1,080
Total	80	86	98	2,418



Cystic Fibrosis 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: April 30, 2020

Prior Authorization Criteria being reviewed: Trikafta – Cystic Fibrosis Agents

Managed Care Organization name: SilverSummit HealthPlan

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 the following criteria be included in the policy:

- Chart notes indicate that pulmonary function tests, performed within the last 90 days, show a percent predicted forced expiratory volume in 1 second (ppFEV1) that is between 40-90%
- In vitro testing demonstrates both of the following (a and b):
 - a. Baseline chloride transport that is < 10% of wild type CFTR
 - b. Lack of responsiveness to tezacaftor, ivacaftor, or tezacaftor/ivacaftor as evidenced by failure to increase chloride transport over baseline by > 10%
- Trikafta is not prescribed concurrently with other CFTR modulators (e.g., Orkambi®, Kalydeco®, Symdeko®)
- For members currently taking another CFTR modulator (e.g., Orkambi, Kalydeco, Symdeko) and switching to Trikafta, evidence of an increase in chloride transport of < 10% over baseline
- Dose does not exceed elexacaftor 200 mg/tezacaftor 100 mg/ivacaftor 300 mg (2 tablets elexacaftor 100 mg/tezacaftor 50 mg/ivacaftor 75 mg and 1 tablet ivacaftor 150 mg) per day
- Approval duration: 4 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: *Tom Beranek*

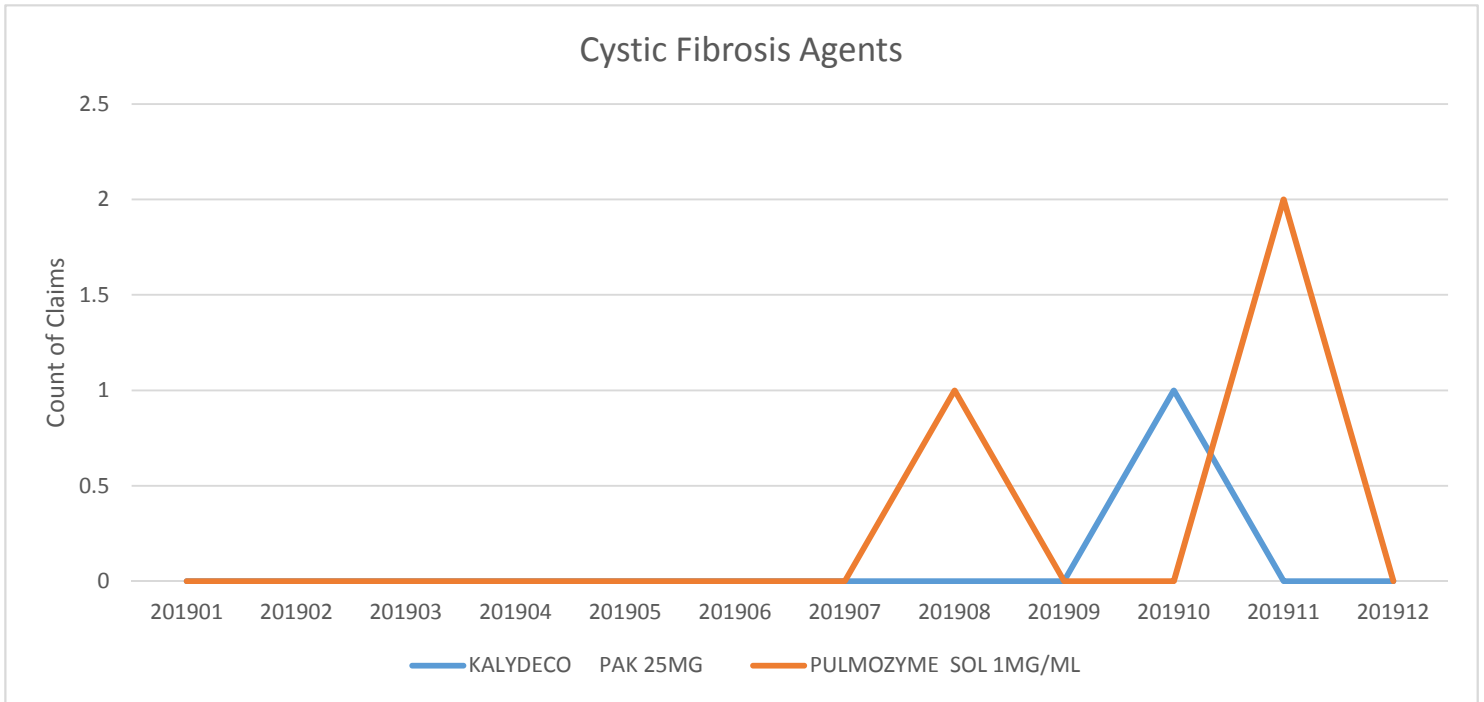
Cystic Fibrosis Agents

Summary of Utilization

January 1, 2019 - December 31, 2019

SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
KALYDECO PAK 25MG	1	1	56	28
PULMOZYME SOL 1MG/ML	3	3	225	90
Total	4	4	281	118



Narcolepsy 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: April 30, 2020

Prior Authorization Criteria being reviewed: Wakix – Narcolepsy Agents

Managed Care Organization name: SilverSummit HealthPlan

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:

- Prescribed by or in consultation with a neurologist
- Age \geq 18 years
- Failure of a 1-month trial of armodafinil (Nuvigil[®]) or modafinil (Provigil[®]) at up to maximally indicated doses, unless clinically significant side effects are experienced
- Dose does not exceed 35.6 mg (two 17.8 mg tablets) per day

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

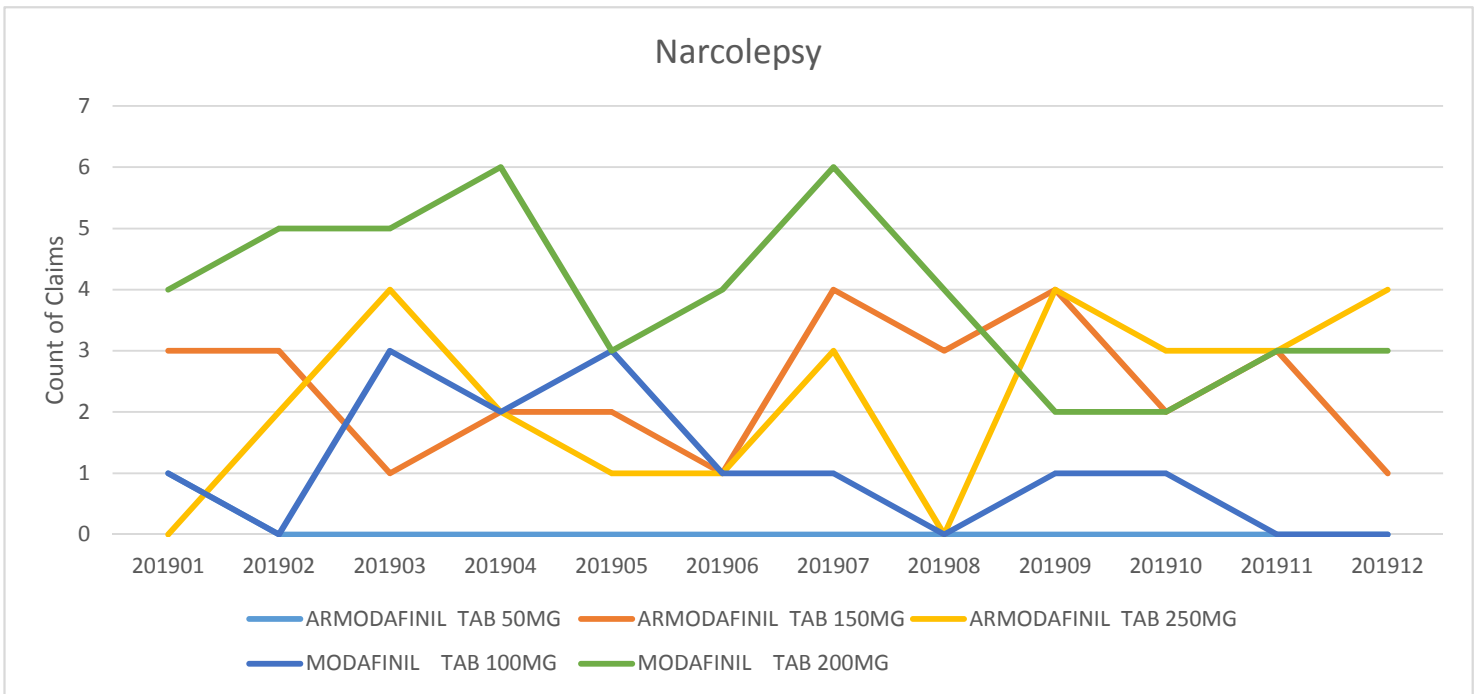
If this form is not completed and returned to the policy specialist with DHCFP by the designated deadline, the assumption will be made that you approve all prior authorization criteria as presented.

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

Signature of individual completing this form: *Tom Beranek*

Narcolepsy Agents
Summary of Utilization
January 1, 2019 - December 31, 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	29	29	855	855
ARMODAFINIL TAB 250MG	27	27	834	762
MODAFINIL TAB 100MG	13	13	358	358
MODAFINIL TAB 200MG	45	47	1,606	1,388
Total	115	117	3,683	3,393



Sickle Cell Anemia 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: April 30, 2019

Prior Authorization Criteria being reviewed: Adakveo – Sickle Cell Anemia

Managed Care Organization name: SilverSummit HealthPlan

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:

- Hb level \geq 4 g/dL
- Documentation of baseline incidence of VOC over the last twelve months
- Adakveo is prescribed concurrently with hydroxyurea, unless contraindicated or clinically significant adverse effects are experienced
- Adakveo is not prescribed concurrently with Oxbraya
- Dose does not exceed 5 mg/kg doses on Day 1 and Day 15, followed by 5 mg/kg 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*

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: April 30, 2019

Prior Authorization Criteria being reviewed: Oxbryta – Sickle Cell Anemia

Managed Care Organization name: SilverSummit HealthPlan

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:

- Hb level ≥ 5.5 and ≤ 10.5 g/dL;
- Oxbryta is prescribed concurrently with hydroxyurea, unless contraindicated or clinically significant adverse effects are experienced;
- Oxbryta is not prescribed concurrently with Adakveo[®];
- Dose does not exceed 1,500 mg (3 tablets) per day.

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

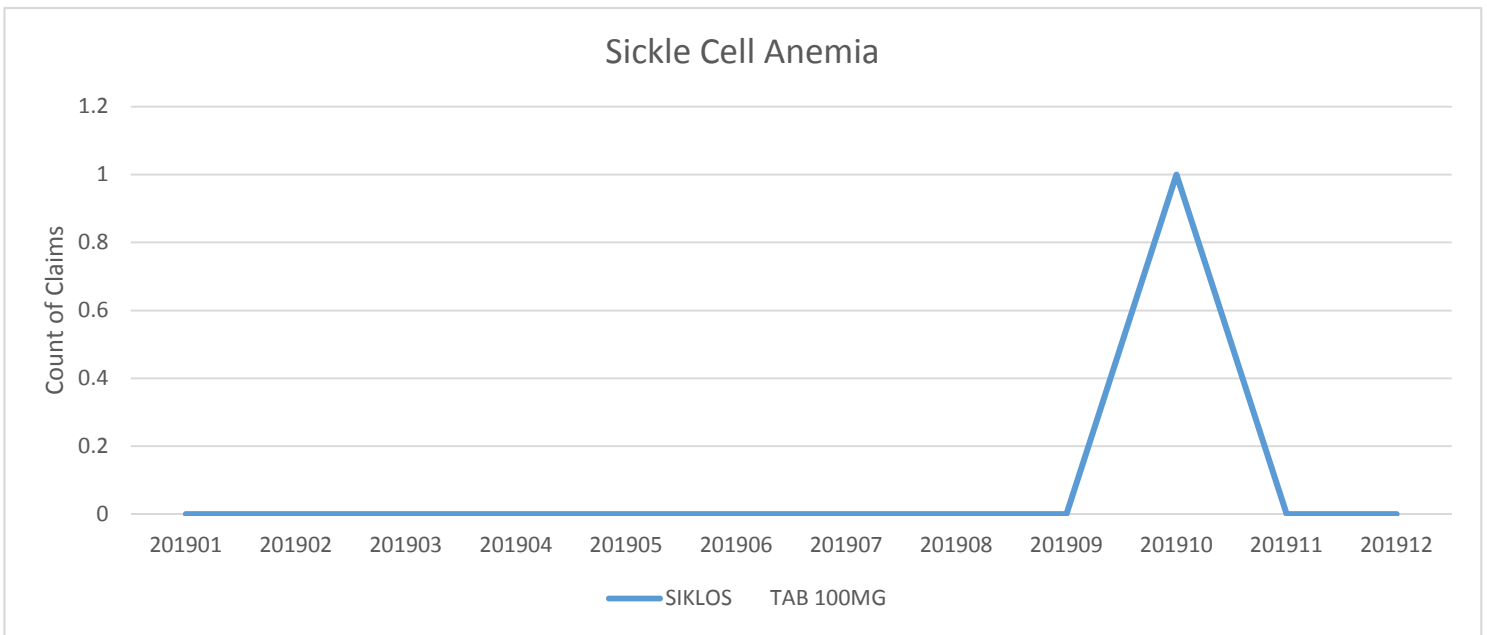
If this form is not completed and returned to the policy specialist with DHCFP by the designated deadline, the assumption will be made that you approve all prior authorization criteria as presented.

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

Signature of individual completing this form: Tom Beranek

Sickle Cell Anemia Agents
Summary of Utilization
January 1, 2019 - December 31, 2019
SilverSummit Healthplan

Product Name		Count of Members	Count of Claims	Sum of Qty	Sum of Days
SIKLOS	TAB 100MG	1	1	120	30
Total		1	1	120	30



Proton Pump Inhibitors

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: April 30, 2020

Prior Authorization Criteria being reviewed: Proton Pump Inhibitors (PPI)

Managed Care Organization name: SilverSummit HealthPlan

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*

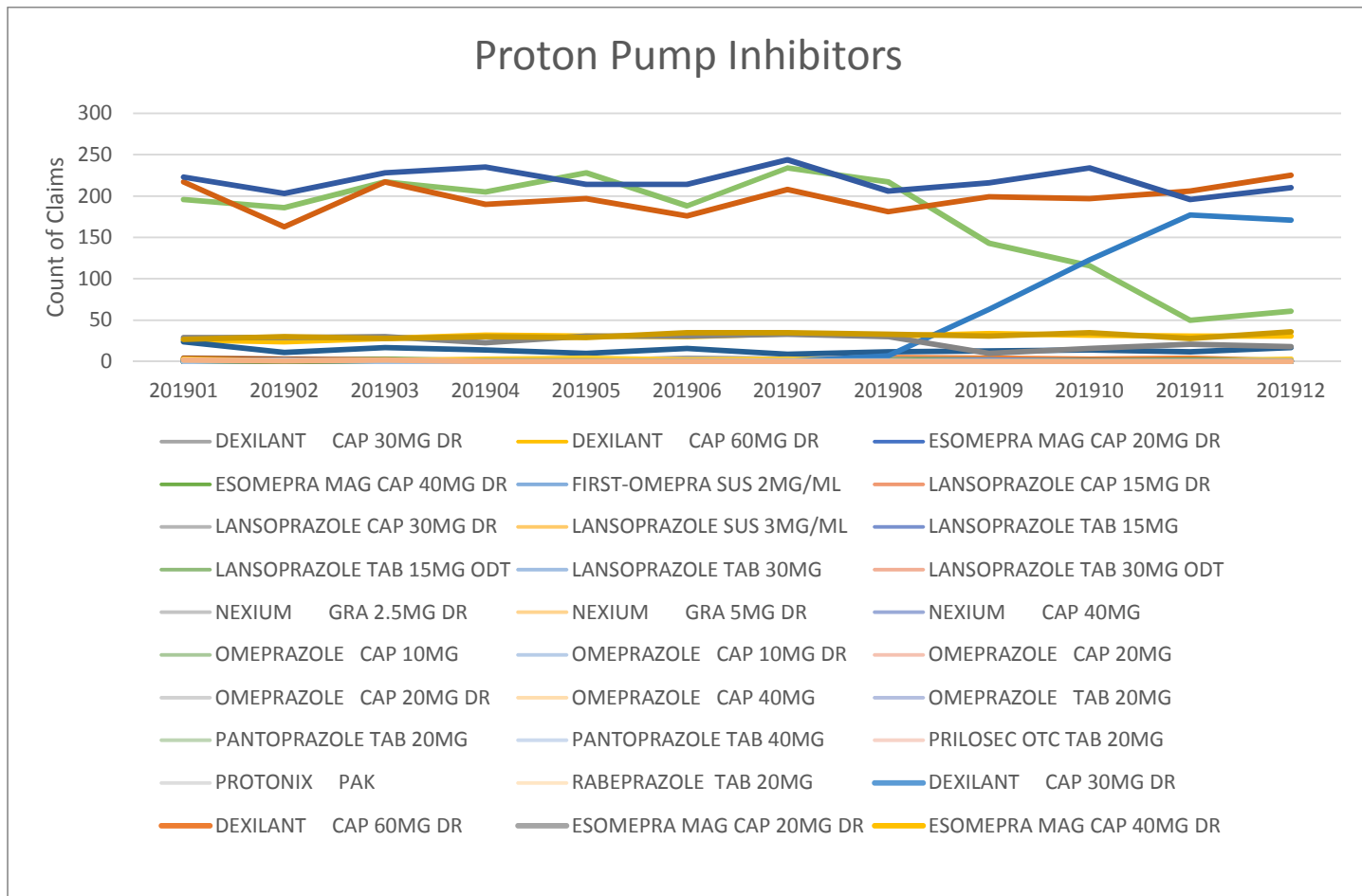
Proton Pump Inhibitors
Summary of Utilization
January 1, 2019 - December 31, 2019
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
DEXILANT CAP 30MG DR	4	4	120	120
DEXILANT CAP 60MG DR	28	30	856	856
ESOMEPRA MAG CAP 20MG DR	20	21	668	608
ESOMEPRA MAG CAP 40MG DR	347	364	11,235	10,844
FIRST-OMEPRA SUS 2MG/ML	3	3	360	90
LANSOPRAZOLE CAP 15MG DR	22	22	660	660
LANSOPRAZOLE CAP 30MG DR	164	169	5,819	4,753
LANSOPRAZOLE SUS 3MG/ML	14	14	2,400	438
LANSOPRAZOLE TAB 15MG	9	9	375	270
LANSOPRAZOLE TAB 15MG ODT	2	2	90	60
LANSOPRAZOLE TAB 30MG	7	7	208	194
LANSOPRAZOLE TAB 30MG ODT	2	2	58	44
NEXIUM GRA 2.5MG DR	3	3	120	90
NEXIUM GRA 5MG DR	1	2	60	60
NEXIUM CAP 40MG	2	2	60	60
OMEPRAZOLE CAP 10MG	21	21	720	615
OMEPRAZOLE CAP 10MG DR	4	5	143	143
OMEPRAZOLE CAP 20MG	1,962	2,041	69,149	59,301
OMEPRAZOLE CAP 20MG DR	526	541	17,737	15,593
OMEPRAZOLE CAP 40MG	2,271	2,376	72,891	70,198
OMEPRAZOLE TAB 20MG	292	301	8,714	8,426
PANTOPRAZOLE TAB 20MG	360	377	11,298	11,042
PANTOPRAZOLE TAB 40MG	2,516	2,623	83,342	77,295
PRILOSEC OTC TAB 20MG	4	4	112	112
PROTONIX PAK	3	4	81	81
RABEPRAZOLE TAB 20MG	5	5	180	150
Total	8592	8952	287,456	262,103

Proton Pump Inhibitors

Summary of Utilization

January 1, 2019 - December 31, 2019
SilverSummit Healthplan



Smoking Cessation 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: April 30, 2020

Prior Authorization Criteria being reviewed: Smoking Cessation

Managed Care Organization name: SilverSummit HealthPlan

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.

Will provided suggestions for edits during live meeting if we have any after review by committee.

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*

Smoking Cessation Agents

Summary of Utilization

January 1, 2019 - December 31, 2019

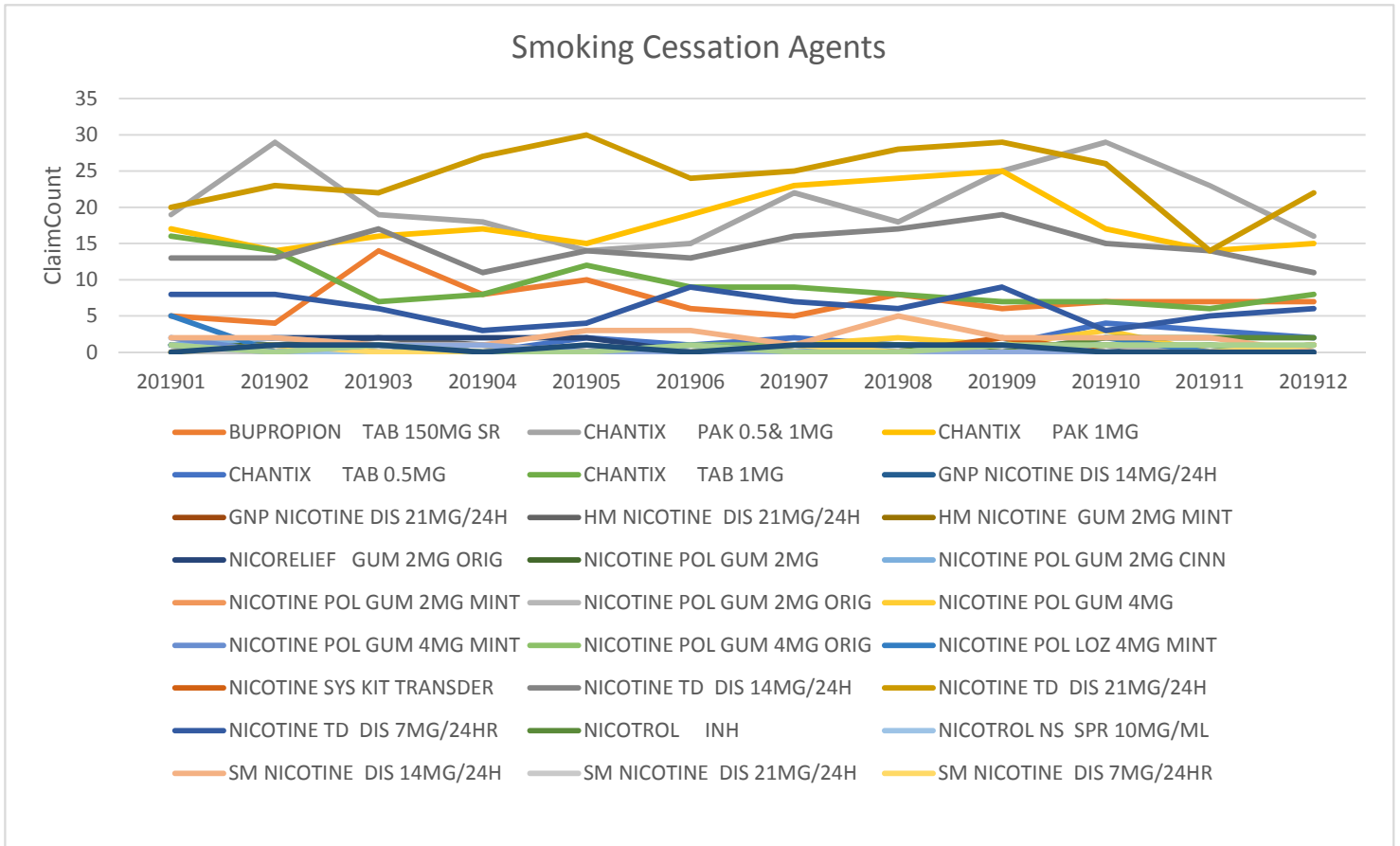
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
BUPROPION TAB 150MG	87	83	3,682	2,587
CHANTIX PAK 0.5& 1MG	247	246	13,091	7,055
CHANTIX PAK 1MG	216	206	12,070	6,062
CHANTIX TAB 0.5MG	19	19	1,043	498
CHANTIX TAB 1MG	111	108	5,996	3,217
GNP NICOTINE DIS	2	2	42	42
GNP NICOTINE DIS	1	1	14	14
HM NICOTINE DIS	4	3	56	56
HM NICOTINE GUM 2MG	1	1	40	3
NICORELIEF GUM 2MG	9	5	990	72
NICOTINE POL GUM 2MG	7	7	738	105
NICOTINE POL GUM 2MG	7	7	1,340	143
NICOTINE POL GUM 2MG	1	1	100	8
NICOTINE POL GUM 4MG	3	3	190	65
NICOTINE POL GUM 4MG	9	8	1,010	243
NICOTINE POL GUM 4MG	3	2	340	90
NICOTINE POL LOZ 4MG	5	5	820	136
NICOTINE SYS KIT	9	8	1,116	193
NICOTINE TD DIS	2	2	112	60
NICOTINE TD DIS	173	169	4,133	4,149
NICOTINE TD DIS	290	279	7,377	7,406
NICOTROL INH	74	74	1,694	1,696
NICOTROL NS SPR	8	8	1,344	236
SM NICOTINE DIS	1	1	40	30
SM NICOTINE DIS	24	24	630	630
SM NICOTINE DIS	4	4	100	100
SM NICOTINE GUM 2MG	3	3	84	84
SM NICOTINE GUM 2MG	7	7	2,310	210
SM NICOTINE GUM 4MG	6	6	300	153
Total	1,333	1,292	60,802	35,343

Smoking Cessation Agents

Summary of Utilization

January 1, 2019 - December 31, 2019
SilverSummit Healthplan



Ketorolac Products

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: April 30, 2020

Prior Authorization Criteria being reviewed: Toradol

Managed Care Organization name: SilverSummit HealthPlan

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.

Will provide suggestions for edits during live meeting if we have any after review by committee.

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

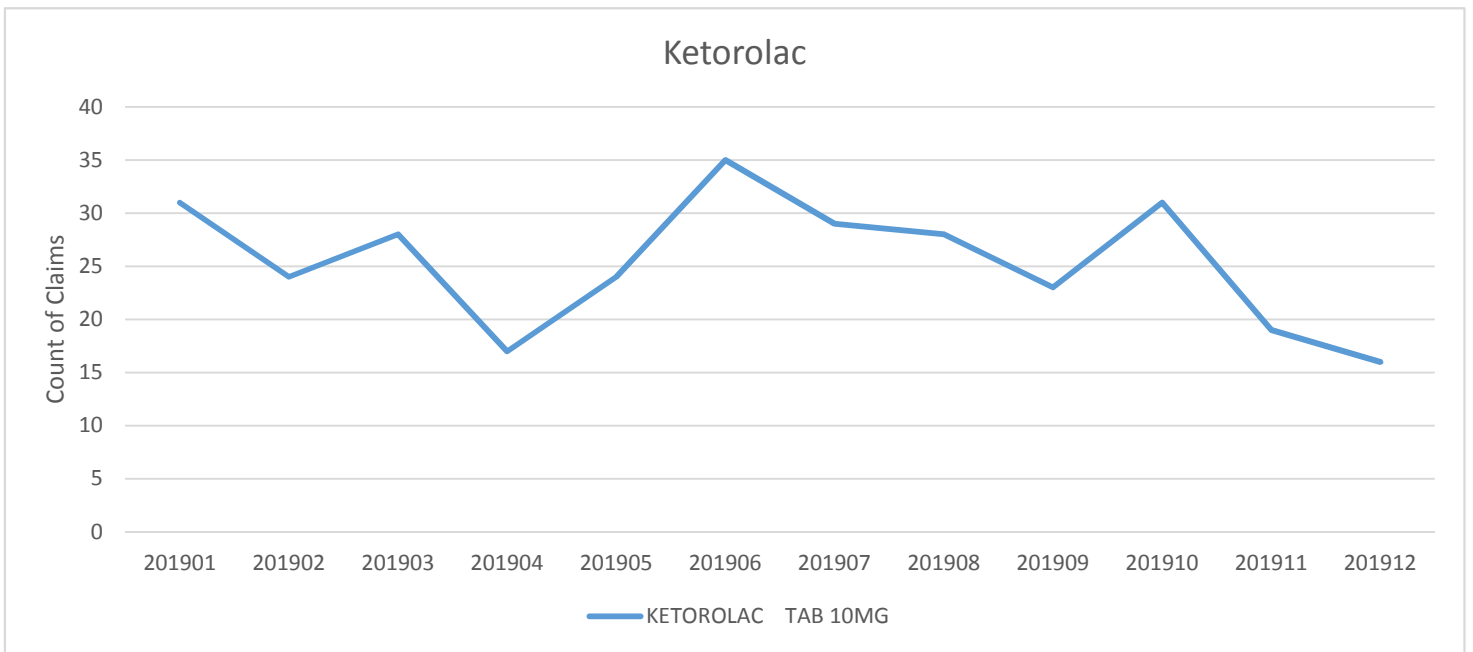
If this form is not completed and returned to the policy specialist with DHCFP by the designated deadline, the assumption will be made that you approve all prior authorization criteria as presented.

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

Signature of individual completing this form: *Tom Beranek*

Ketorolac Products
Summary of Utilization
January 1, 2019 - December 31, 2019
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
KETOROLAC TAB 10MG	303	305	5,446	1,674
Total	303	305	5,446	1,674



Opioid Utilization –
Top Prescribers
and Members

Board Requested
Reports



silversummit
healthplan

Opioid Utilization

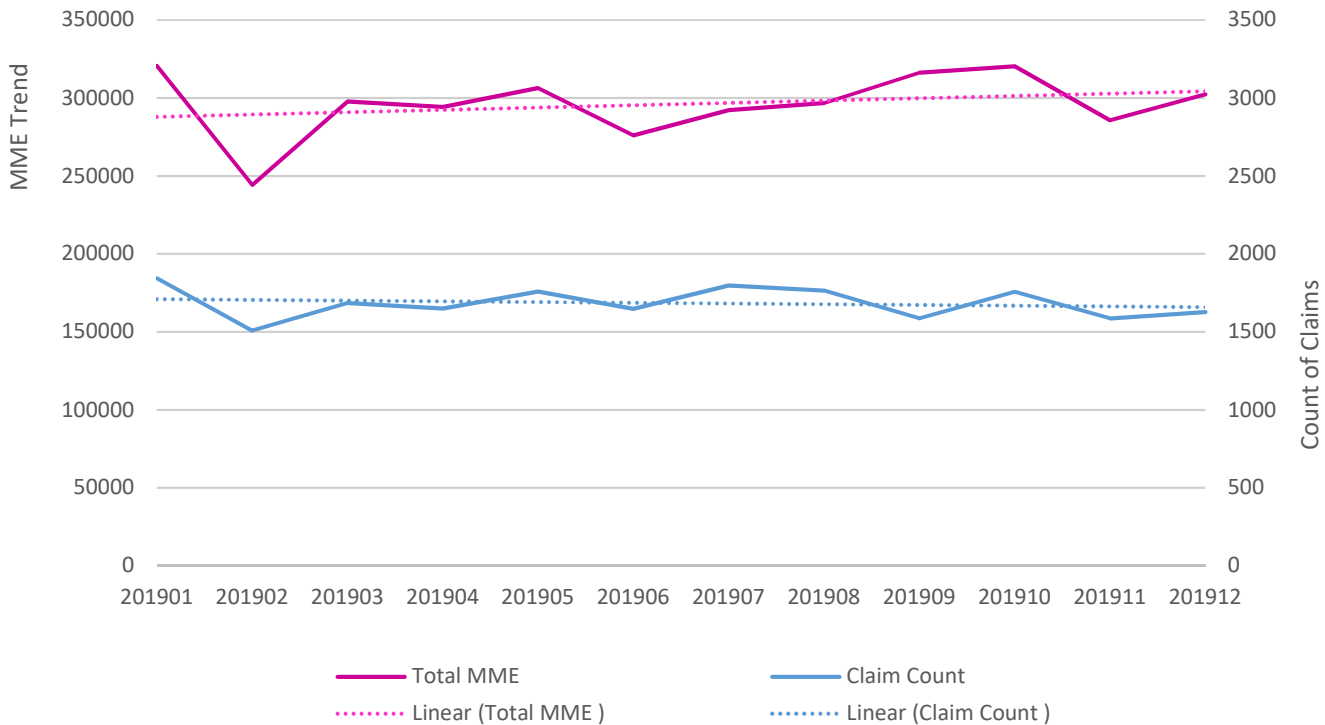
Overall Summary

January 1, 2019 - December 31, 2019

SilverSummit Healthplan

Year Month Filled	Member Count	Claim Count	Claims per Member	Sum of Days Supply	Sum of Qty	Qty per Member	Total MME
201901	1,520	1,844	1.21	38,304	116,357	76.55	320678.1
201902	1,302	1,508	1.16	31,882	98,022	75.26	244209.3
201903	1,417	1,684	1.19	35,713	109,507	77.28	279952.5
201904	1,385	1,649	1.19	35,211	107,816	77.85	294236.3
201905	1,442	1,759	1.21	37,613	112,605	78.01	306385.1
201906	1,415	1,647	1.16	35,305	107,609	76.05	275949.3
201907	1,473	1,797	1.22	38,366	116,383	79.01	292253.2
201908	1,467	1,764	1.20	36,034	109,375	74.56	296699.6
201909	1,333	1,587	1.19	32,489	99,319	74.51	316110.6
201910	1,446	1,756	1.21	36,632	111,422	77.06	320364.6
201911	1,356	1,586	1.17	33,606	100,627	74.21	285634.8
201912	1,367	1,627	1.19	34,279	103,784	75.92	302300.0

Opioid Claim Count and MME Trend



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
NN	Pain Management	PA	Henderson	100	180	5,319	17,222	95.7
V	Anesthesiology	MD	Las Vegas	59	166	3,870	8,365	50.4
CC	Pain Management	MD	Las Vegas	96	161	4,339	13,511	83.9
J	Pain Management	PA	Las Vegas	44	125	3,588	11,406	91.2
F	Pain Management	PA	Las Vegas	31	103	3,011	9,134	88.7
Y	Pain Management	MD	Las Vegas	41	89	2,628	7,156	80.4
FFF	Pain Management	PA	Las Vegas	60	86	2,479	7,413	86.2
CCC	Pain Management	PA	Las Vegas	63	83	2,412	7,448	89.7
C1	Psych/Mental Health	NP	Las Vegas	24	82	1,357	2,296	28.0
D1	Hormone Replacemen	PA	Las Vegas	31	70	1,944	6,409	100.0

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	96	193	5,472	17,819	92.3
V	Anesthesiology	MD	Las Vegas	55	162	3,704	7,964	49.2
J	Pain Management	PA	Las Vegas	51	151	4,318	14,103	93.4
NN	Pain Management	PA	Henderson	79	150	4,423	13,568	90.5
CC	Pain Management	MD	Las Vegas	92	130	3,420	10,190	78.4
F	Pain Management	PA	Las Vegas	41	128	3,751	11,878	92.8
CCC	Pain Management	PA	Las Vegas	68	120	3,422	10,421	86.8
HHH	Pain Management	DNP	Las Vegas	58	81	2,150	6,875	84.9
Y	Pain Management	MD	Las Vegas	31	80	2,371	6,593	82.4
P	Pain Management	PA	Las Vegas	50	79	2,244	7,006	88.7

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	Sum of MME
1		10	530	169	3510.00
	J	4	390	120	270.00
	O	1	14	7	1200.00
	E1	5	126	42	2040.00
2		10	300	100	6000.00
	V	10	300	100	6000.00
3		9	810	270	234.00
	G	9	810	270	234.00
4		9	810	195	930.00
	F1	2	120	30	210.00
	G1	6	510	135	630.00
	BBB	1	180	30	90.00
5		8	380	106	420.00
	H1	7	359	99	4985.45
	D1	1	21	7	1800.00
6		8	266	84	300.00
	I1	4	98	35	135.00
	J1	1	28	14	30.00
	K1	1	56	14	45.00
	L1	2	84	21	90.00
7		8	178	89	9600.00
	VV	8	178	89	9600.00
8		7	285	195	330.00
	D1	7	285	195	330.00
9		7	210	105	8400.00
	C1	6	180	90	7200.00
	JJJ	1	30	15	1200.00
10		7	470	162	979.29
	M1	6	400	148	754.29
	N1	1	70	14	225.00
Grand Total		83	4,239	1,475	30,703.29

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	10	531	168
BUPRENORPHIN SUB 8MG	2	56	21
MORPHABOND TAB 30MG ER	4	178	74
PRIMLEV TAB 10-300MG	4	296	74
2	10	300	100
BUPRENORPHIN SUB 8MG	10	30	100
3	9	810	270
BUT/APAP/CAF CAP CODEINE	3	360	90
HYDROCO/APAP TAB 10-	3	270	90
MORPHINE SUL TAB 15MG ER	3	180	90
4	9	810	195
MORPHINE SUL TAB 60MG ER	4	180	90
OXYMORPHONE TAB HCL	5	630	105
5	8	380	106
BUPREN/NALOX MIS 8-2MG	4	84	32
OXYCOD/APAP TAB 10-325MG	4	296	74
6	8	266	84
MORPHINE SUL TAB 15MG ER	4	70	35
OXYCOD/APAP TAB 7.5-325	4	196	49
7	8	178	89
BUPRENORPHIN SUB 8MG	6	150	75
BUPREN/NALOX MIS 8-2MG	2	28	14
8	7	285	195
MORPHINE SUL TAB 60MG ER	4	105	105
OXYCOD/APAP TAB 10-325MG	3	180	90
9	7	210	105
BUPREN/NALOX MIS 8-2MG	7	210	105
10	7	470	162
MORPHINE SUL TAB 30MG ER	4	240	120
OXYCODONE TAB 30MG	3	230	42
Grand Total	83	4,240	1,474

Methadone Utilization

Board Requested
Reports

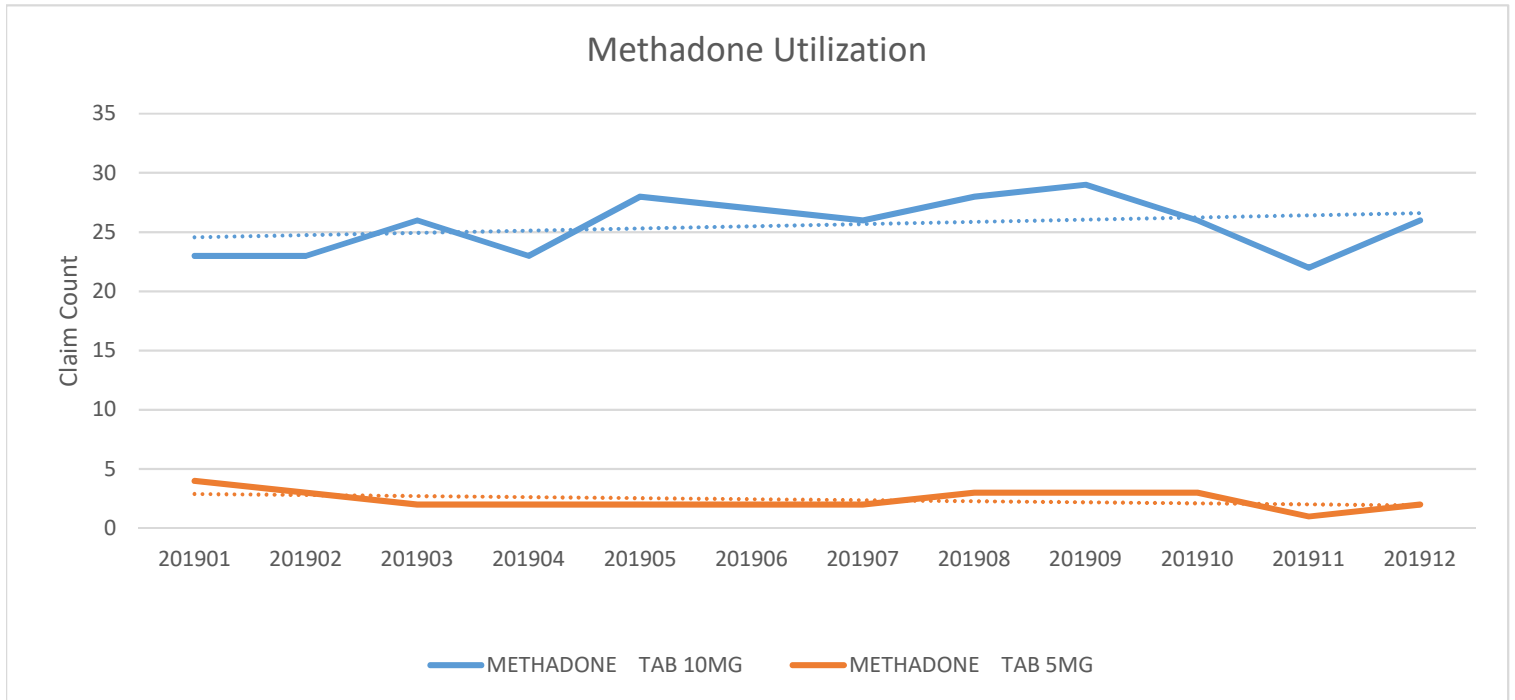


Methadone Utilization

January 1, 2019 - December 31, 2019
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
METHADONE TAB 5 MG	6	307	26,888	8,658
METHADONE TAB 10 MG	43	29	2,686	806
Total	49	336	29,574	9,464

Place of Service	Count of Members	Count of Claims	Sum of Qty	Sum of Days
CHAIN RETAIL	42	290	25,839	8,099
INDEPENDENT RETAIL	6	46	3,735	1,365
Total	48	336	29,574	9,464



Antibiotic
Utilization

Board Requested
Reports



Antibiotics
Summary of Utilization
January 1, 2019 - December 31, 2019
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
ALINIA SUS 100/5ML	3	3	180	21
AMOX/K CLAV CHW 400MG	1	1	20	10
AMOX/K CLAV SUS 200/5ML	23	24	2,225	199
AMOX/K CLAV SUS 250/5ML	109	115	13,550	993
AMOX/K CLAV SUS 400/5ML	372	377	46,200	3,734
AMOX/K CLAV SUS 600/5ML	441	446	59,170	4,615
AMOX/K CLAV TAB 250-125	8	10	196	61
AMOX/K CLAV TAB 500-125	333	351	6,167	2,719
AMOX/K CLAV TAB 875-125	2,264	2,329	41,255	20,625
AMOXICILLIN CAP 250MG	37	37	951	295
AMOXICILLIN CAP 500MG	3,785	3,923	98,695	32,415
AMOXICILLIN CHW 250MG	35	35	1,492	413
AMOXICILLIN SUS 125/5ML	162	162	24,115	1,524
AMOXICILLIN SUS 200/5ML	100	100	13,560	932
AMOXICILLIN SUS 250/5ML	868	880	155,800	8,574
AMOXICILLIN SUS 250MG/5M	29	29	5,160	283
AMOXICILLIN SUS 400/5ML	2,936	2,955	439,615	29,253
AMOXICILLIN TAB 500MG	27	27	675	233
AMOXICILLIN TAB 875MG	480	486	8,866	4,421
AMOX-POT CLA TAB ER	6	6	137	105
AMPICILLIN CAP 500MG	40	40	1,114	292
ATOVAQUONE SUS 750/5ML	1	1	180	18
AUGMENTIN SUS 125/5ML	6	6	725	80
AZITHROMYCIN POW 1GM PAK	20	21	22	21
AZITHROMYCIN SUS 100/5ML	181	193	3,087	854
AZITHROMYCIN SUS 200/5ML	641	655	14,245	3,271
AZITHROMYCIN TAB 250MG	2,828	2,881	17,010	14,081
AZITHROMYCIN TAB 500MG	756	793	2,634	2,151
AZITHROMYCIN TAB 600MG	41	44	367	1,233
BAXDELA TAB 450MG	1	1	10	5
BICILLIN L-A INJ 2400000	4	4	44	77
CEFAFLOR CAP 500MG	1	1	21	7
CEFADROXIL CAP 500MG	4	4	74	27
CEFADROXIL TAB 1GM	1	1	14	7
CEFAZOLIN INJ 10GM	2	5	15	28
CEFAZOLIN INJ 1GM	2	3	12	19
CEFAZOLIN SOL	1	1	300	1
CEFDINIR CAP 300MG	518	529	8,765	4,430

Antibiotics
Summary of Utilization
January 1, 2019 - December 31, 2019
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
CEFDINIR SUS 125/5ML	255	260	19,186	2,477
CEFDINIR SUS 250/5ML	570	582	40,590	5,820
CEFEPIME INJ 2GM	6	16	179	105
CEFIXIME CAP 400MG	4	4	10	10
CEFIXIME SUS 100/5ML	2	2	150	37
CEFPODOXIME TAB 100MG	2	2	24	12
CEFPODOXIME TAB 200MG	1	1	20	20
CEFPROZIL SUS 250/5ML	2	3	300	17
CEFPROZIL TAB 500MG	2	2	34	17
CEFTRIAZONE INJ 1GM	2	2	3	4
CEFTRIAZONE INJ 250MG	9	9	9	36
CEFTRIAZONE/ INJ DEX 2GM	6	17	2,852	58
CEFUROXIME TAB 250MG	25	25	422	208
CEFUROXIME TAB 500MG	59	62	997	502
CEPHALEXIN CAP 250MG	100	101	3,218	978
CEPHALEXIN CAP 500MG	2,278	2,327	62,768	19,553
CEPHALEXIN SUS 125/5ML	70	72	12,300	680
CEPHALEXIN SUS 250/5ML	386	389	76,005	3,712
CEPHALEXIN TAB 250MG	1	1	28	7
CEPHALEXIN TAB 500MG	1	1	20	10
CIPROFLOXACN TAB 250MG	97	99	1,352	690
CIPROFLOXACN TAB 500MG	966	985	15,173	7,669
CIPROFLOXACN TAB 750MG	10	10	262	131
CLARITHROMYC SUS 250/5ML	9	9	1,100	89
CLARITHROMYC TAB 250MG	4	4	88	39
CLARITHROMYC TAB 500MG	181	185	4,682	2,321
CLINDAMYCIN CAP 150MG	400	408	18,174	3,467
CLINDAMYCIN CAP 300MG	1,016	1,040	30,627	9,202
CLINDAMYCIN SOL 75MG/5ML	115	160	16,700	763
DAPSONE TAB 100MG	24	26	735	775
DAPSONE TAB 25MG	1	1	56	28
DAPTOMYCIN INJ 500MG	8	23	167	129
DICLOXACILL CAP 250MG	3	3	112	25
DICLOXACILL CAP 500MG	11	11	344	93
DOXYCYC MONO CAP 100MG	753	771	26,491	15,578
DOXYCYC MONO CAP 50MG	25	25	797	663
DOXYCYC MONO TAB 100MG	156	161	4,861	3,126
DOXYCYC MONO TAB 150MG	1	1	14	14
DOXYCYC MONO TAB 50MG	7	7	322	171

Antibiotics
Summary of Utilization
January 1, 2019 - December 31, 2019
SilverSummit Healthplan

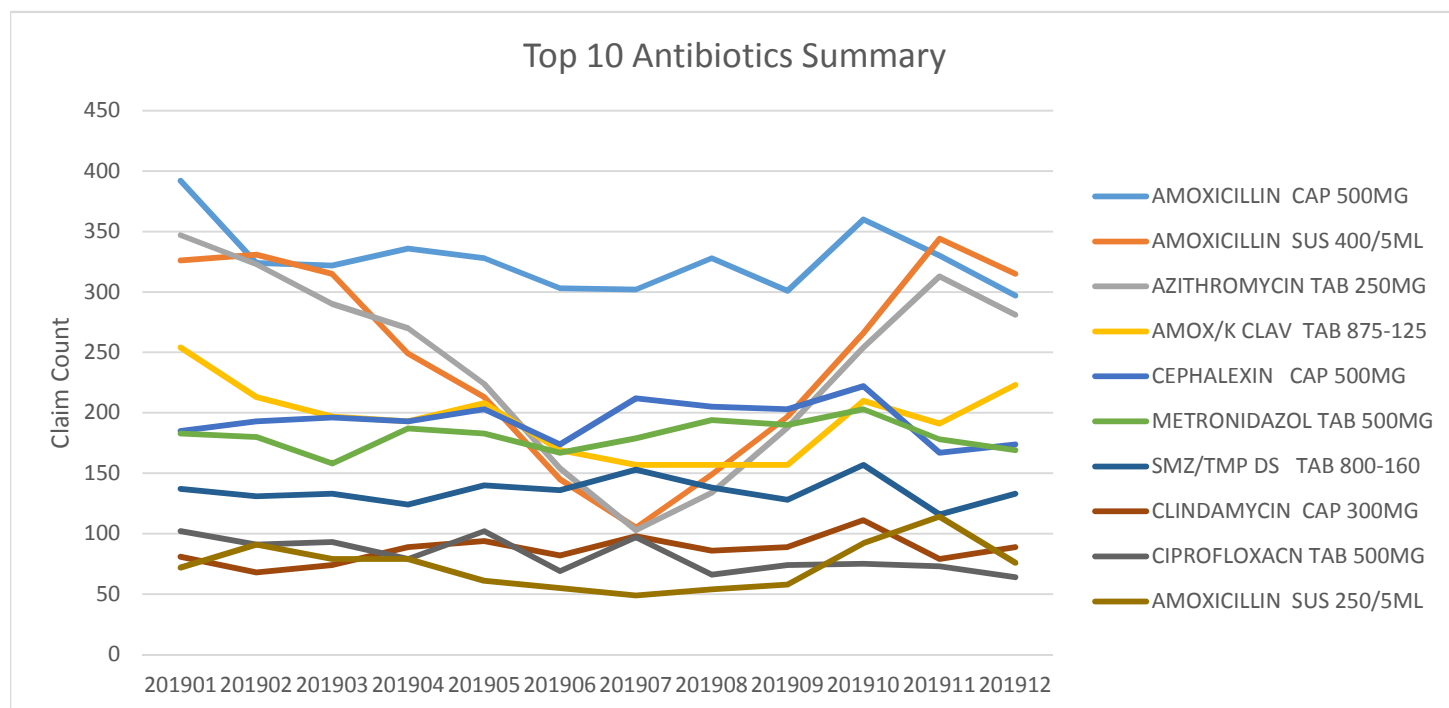
Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
DOXYCYCL HYC CAP 100MG	524	540	16,287	8,923
DOXYCYCL HYC CAP 50MG	28	28	1,198	824
DOXYCYCL HYC TAB 100MG	272	278	7,379	4,206
DOXYCYCL HYC TAB 100MG DR	1	1	30	30
DOXYCYCLINE TAB 150MG	4	4	120	120
DOXYCYCLINE TAB 20MG	2	2	120	60
DOXYCYCLINE TAB 50MG	2	2	116	44
E.E.S. 400 TAB 400MG	1	1	60	30
ERTAPENEM INJ 1GM	2	6	42	42
ERYTHROM ETH SUS 200/5ML	18	29	3,600	388
ERYTHROM ETH TAB 400MG	1	1	60	30
ERYTHROMYCIN CAP 250MG EC	2	2	110	20
ERYTHROMYCIN TAB 250MG BS	8	8	234	72
ERYTHROMYCIN TAB 500MG BS	12	12	238	81
FIRVANQ SOL 50MG/ML	3	3	750	29
LEVOFLOXACIN TAB 250MG	8	8	82	82
LEVOFLOXACIN TAB 500MG	254	273	2,327	2,331
LEVOFLOXACIN TAB 750MG	209	224	1,774	1,775
LINEZOLID INJ 2MG/ML	1	1	600	1
LINEZOLID SUS 100/5ML	1	1	300	14
LINEZOLID TAB 600MG	16	17	296	153
MEROPENEM INJ 1GM	2	8	108	36
METRONIDAZOL CAP 375MG	1	1	14	7
METRONIDAZOL TAB 250MG	122	125	2,948	1,003
METRONIDAZOL TAB 500MG	2,113	2,171	35,745	15,587
MINOCYCLINE CAP 100MG	179	185	8,278	4,949
MINOCYCLINE CAP 50MG	54	55	2,721	1,598
MINOCYCLINE TAB 100MG	11	11	334	287
MINOCYCLINE TAB 50MG	3	3	150	75
MOXIFLOXACIN TAB 400MG	3	3	19	19
NEOMYCIN TAB 500MG	25	25	689	182
PEN GK/DEXTR INJ 60000/ML	1	2	4,400	11
PENICILLN VK SOL 125/5ML	11	13	3,600	242
PENICILLN VK SOL 250/5ML	76	85	14,500	1,003
PENICILLN VK TAB 250MG	15	15	491	170
PENICILLN VK TAB 500MG	471	482	14,449	4,189
PIPER/TAZOBA INJ 3-0.375G	1	2	52	14
SIVEXTRO TAB 200MG	2	2	12	12
SMZ/TMP DS TAB 800-160	1,573	1,626	29,684	16,702

Antibiotics

Summary of Utilization

January 1, 2019 - December 31, 2019
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
SMZ-TMP SUS 200-40/5	157	162	20,388	2,307
SMZ-TMP TAB 400-80MG	89	99	2,351	1,902
SMZ-TMP DS TAB 800-160	44	45	827	482
SULFADIAZINE TAB 500MG	1	1	180	30
SULFATRIM PD SUS 200-40/5	10	11	1,495	165
SUPRAX CAP 400MG	1	1	10	10
TETRACYCLINE CAP 500MG	7	7	484	151
TINIDAZOLE TAB 500MG	13	14	107	44
TOBRAMYCIN INJ 40MG/ML	1	1	30	4
TRIMETHOPRIM TAB 100MG	1	3	18	9
VANCOMYC/D5W INJ 750MG	2	7	1,650	22
VANCOMYCIN CAP 125MG	11	12	418	105
VANCOMYCIN CAP 250MG	2	2	176	44
VANCOMYCIN INJ 1 GM	7	16	98	71
VANCOMYCIN INJ 500MG	1	1	10	3
VANCOMYCIN INJ 5GM	3	7	16	39
XIFAXAN TAB 200MG	2	2	36	32
XIFAXAN TAB 550MG	35	36	1,882	893
ZOSYN SOL 3-0.375G	1	3	1,650	11
Total	31,055	31,971	1,493,583	288,928



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): Q4 2019
 Report Period Start Date: 10/1/2019
 Report Period End Date: 12/31/2019
 Submission Date of Report: 4/3/2020

Opioid Utilization					
Year/Month Filled	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amount
January 2019	1,520	1,844	38,304	116,357	SSHP Confidential
February 2019	1,302	1,508	31,882	98,022	SSHP Confidential
March 2019	1,417	1,684	35,713	109,507	SSHP Confidential
April 2019	1,385	1,649	35,211	107,816	SSHP Confidential
May 2019	1,443	1,760	37,173	112,635	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	1,332	1,587	32,504	99,339	SSHP Confidential
October 2019	1,446	1,756	36,632	111,422	SSHP Confidential
November 2019	1,356	1,586	33,606	100,627	SSHP Confidential
December 2019	1,367	1,627	34,279	103,784	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			
NN	PA - Pain Management	Las Vegas	NV	100	180	5,319	17,222	SSHP Confidential	95.7	
V	MD - Anesthesiology	Las Vegas	NV	59	166	3,870	8,365	SSHP Confidential	50.4	
CC	MD - Pain Management	Las Vegas	NV	96	161	4,339	13,511	SSHP Confidential	83.9	
J	PA - Pain Management	Las Vegas	NV	44	125	3,588	11,406	SSHP Confidential	91.2	
FFF	PA - Pain Management	Las Vegas	NV	31	103	3,077	9,134	SSHP Confidential	88.7	
Y	MD - Pain Management	Las Vegas	NV	41	89	2,628	7,156	SSHP Confidential	80.4	
FFF	PA - Pain Management	Las Vegas	NV	60	86	2,479	7,413	SSHP Confidential	86.2	
CCC	PA - Pain Management	Las Vegas	NV	63	83	2,412	7,448	SSHP Confidential	89.7	
C1	NP - Psych/Mental Health	Las Vegas	NV	24	82	1,357	2,296	SSHP Confidential	28.0	
D1	PA - Hormone Replacement	Las Vegas	NV	31	70	1,944	6,409	SSHP Confidential	91.6	

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	96	193	5,472	17,819	SSHP Confidential	92.3	
V	MD - Anesthesiology	Las Vegas	NV	55	162	3,704	7,964	SSHP Confidential	49.2	
J	PA - Pain Management	Las Vegas	NV	51	151	4,318	14,103	SSHP Confidential	93.4	
NN	PA - Pain Management	Las Vegas	NV	79	150	4,423	13,568	SSHP Confidential	90.5	
CC	MD - Pain Management	Las Vegas	NV	92	130	3,420	10,190	SSHP Confidential	78.4	
FFF	PA - Pain Management	Las Vegas	NV	41	128	3,751	11,878	SSHP Confidential	92.8	
CCC	PA - Pain Management	Las Vegas	NV	68	120	3,422	10,421	SSHP Confidential	86.8	
HHH	DNP - Pain Management	Las Vegas	NV	58	81	2,150	6,875	SSHP Confidential	84.9	
Y	MD - Pain Management	Las Vegas	NV	31	80	2,371	6,593	SSHP Confidential	82.4	
P	PA - Pain Management	Las Vegas	NV	50	79	2,244	7,006	SSHP Confidential	88.7	

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): Q4 2019
 Report Period Start Date: 10/1/2019
 Report Period End Date: 12/31/2019
 Submission Date of Report: 4/3/2020

Top 10 Drug Classes by Paid Amount - Current Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Antiretrovirals	669	SSHP Confidential
Insulin	1,304	SSHP Confidential
Antineoplastic Enzyme Inhibitors	34	SSHP Confidential
Sympathomimetics	4,829	SSHP Confidential
Hepatitis Agents	38	SSHP Confidential
Anti-TNF-alpha - Monoclonal Antibodies	56	SSHP Confidential
Antipsychotics - Misc.	401	SSHP Confidential
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	378	SSHP Confidential
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	411	SSHP Confidential
Quinolinone Derivatives	701	SSHP Confidential

Top 10 Drug Classes by Paid Amount - Previous 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 Claim Count - Current Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	6,283	SSHP Confidential
Sympathomimetics	4,829	SSHP Confidential
Anticonvulsants - Misc.	4,608	SSHP Confidential
Selective Serotonin Reuptake Inhibitors (SSRIs)	4,192	SSHP Confidential
HMG CoA Reductase Inhibitors	4,148	SSHP Confidential
Opioid Combinations	2,927	SSHP Confidential
Central Muscle Relaxants	2,789	SSHP Confidential
Amniopenicillins	2,392	SSHP Confidential
Glucocorticosteroids	2,315	SSHP Confidential
Proton Pump Inhibitors	2,287	SSHP Confidential

Top 10 Drug Classes by Claim Count - Previous Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	5,796	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

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): Q4 2019
 Report Period Start Date: 10/1/2019
 Report Period End Date: 12/31/2019
 Submission Date of Report: 4/3/2020

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)	12,250	0	0%	0	0%	12,250	100%
Therapeutic Duplication (TD)	16,997	5,544	33%	1,711	10%	9,742	57%
Ingredient Duplication (ID)	9,113	0	0%	0	0%	9,113	100%
Late Refill (LR)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total High Dose (HD)	2,264	1,608	71%	444	20%	212	9%
Drug-Pregnancy (PG)	141	93	66%	34	24%	15	11%
Total Low Dose (LD)	3,854	2,695	70%	721	19%	447	12%
Drug-Drug (DD)	8,132	5,917	73%	960	12%	1,255	15%
Drug-Disease (MC)	3,193	2,385	75%	388	12%	420	13%
Drug-Allergy (DA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug-Age (PA)	21	14	50%	7	50%	2	0%

Top 10 Drugs by Therapeutic Problem Type - Overutilization										
ER	TD	ID	LR	HD	PG	LD	DD	MC	DA	PA
Albuterol Sulfate	Albuterol Sulfate	Albuterol Sulfate	N/A	Amoxicillin/Potassium Clav	Medroxyprogesterone Acetate	Albuterol Sulfate	Alprazolam	Alprazolam	N/A	Acetaminophen w/codeine
Atorvastatin	Atorvastatin	Atorvastatin	N/A	Cefdinir	Misoprostol	Cholecaliferol	Buprenorphine HCL - Naloxone HCL	Amphetamine-Dextroamphetamine	N/A	Promethazine Hcl
Gabapentin	Gabapentin	Gabapentin	N/A	Ergocalciferol	Norethindrone Acet & Eth Estra	Oseltamivir Phosphate	Cyclobenzaprine	Bupropion	N/A	Promethazine-DM
Lisinopril	Levothyroxine	Lisinopril	N/A	Famotidine	Norethindrone (Contraceptive)	Ondansetron Hcl	Ibuprofen	Clonazepam	N/A	N/A
Metformin	Lisinopril	Metformin	N/A	Ibuprofen	Norgestimate-Ethinyl Estradiol	Oxcarbazapine	Sertraline	Gabapentin	N/A	N/A
N/A	Metformin	Sertraline Hcl	N/A	Oseltamivir Phosphate	Prenatal Vit W/Ferrous Fumarate- Folic Acid	Potassium Chloride Microencapsulated Crystals ER	Quetiapine Fumarate	Lamotrigine	N/A	N/A
N/A	Quetiapine Fumarate		N/A	Promethazine-DM	Progesterone Micronized	Propranolol HCL	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	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	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) Q4 2019
 Report Period Start Date: 10/1/2019
 Report Period End Date: 12/31/2019
 Submission Date of Report: 4/3/2020

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.)
Dec - 2019, Trifecta/Multiple Opioid Prescribers	Provider outreach for members who are obtaining an opioid, benzo and muscle relaxer combination	Mail	110	13	12%	Physician	SSHP
Nov - 2019, Trifecta/Multiple Opioid Prescribers	Provider outreach for members who are obtaining an opioid, benzo and muscle relaxer combination	Mail	110	11	10%	Physician	SSHP
Oct - 2019, Trifecta/Multiple Opioid Prescribers	Provider outreach for members who are obtaining an opioid, benzo and muscle relaxer combination	Mail	110	0	0%	Physician	SSHP