

2021

Nevada Medicaid Drug Use Review Board Meeting

April 22, 2021



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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: April 22, 2021

Prior Authorization Criteria being reviewed: Multiple Sclerosis 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.

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

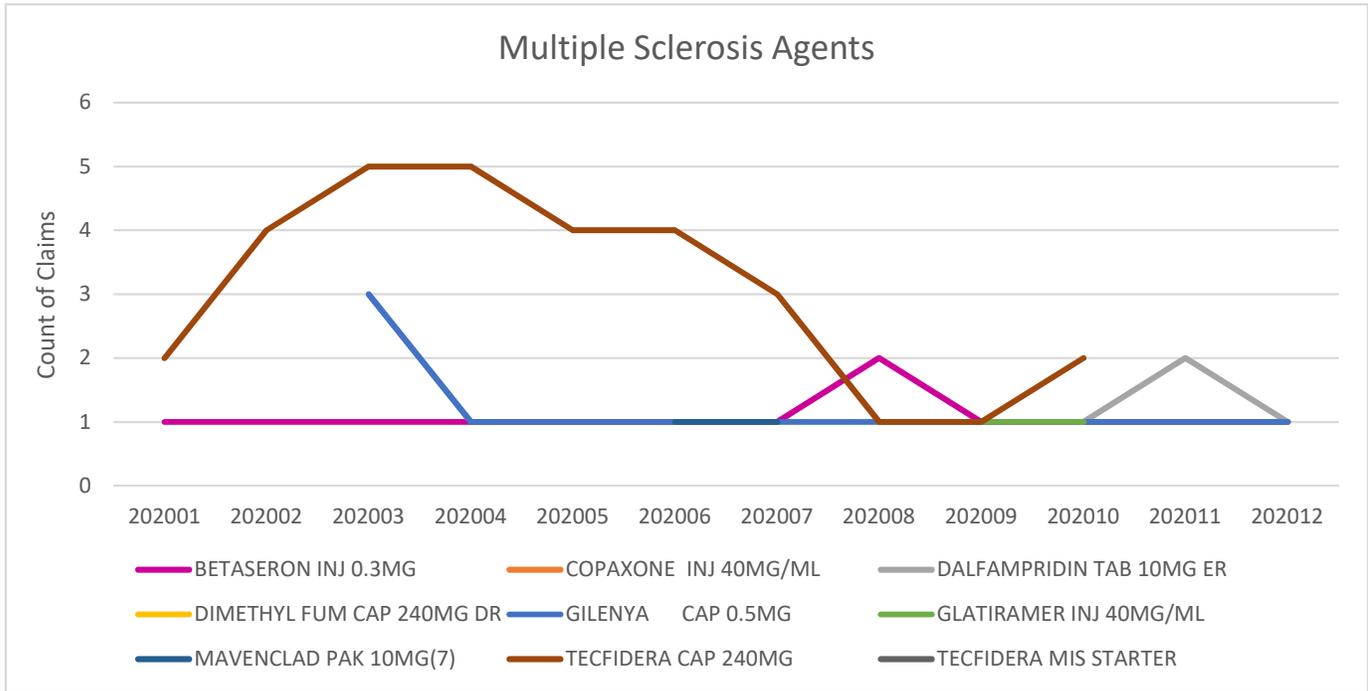
If this form is not completed and returned to the policy specialist with DHCFP by the designated deadline, the assumption will be made that you approve all prior authorization criteria as presented.

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

Signature of individual completing this form: Tom Beranek

Multiple Sclerosis Agents
Summary of Utilization
January 1, 2020 to December 31, 2020
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
BETASERON INJ 0.3MG	12	13	182	364
COPAXONE INJ 40MG/ML	2	2	24	56
DALFAMPRIDIN TAB 10MG ER	3	4	240	120
DIMETHYL FUM CAP 240MG DR	3	4	240	120
GILENYA CAP 0.5MG	13	14	420	420
GLATIRAMER INJ 40MG/ML	3	3	36	84
MAVENCLAD PAK 10MG(7)	2	2	14	329
TECFIDERA CAP 240MG	29	31	1,860	930
TECFIDERA MIS STARTER	2	2	120	60
Total	69	75	3,136	2,483



Hereditary Angioedema Agents

Clinical Presentations



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DRUG USE REVIEW BOARD

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DUR Meeting Date: April 22, 2021

Prior Authorization Criteria being reviewed: Hereditary Angioedema 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:

Member is not using the requested product in combination with another FDA-approved product for the same indication (e.g., using both Berinert and Firazyr[®] for acute HAE attacks or using a combination of Cinryze, Haegarda, Orladeyo[™], and/or Takhzyro[®] for long-term prophylaxis of HAE attacks);

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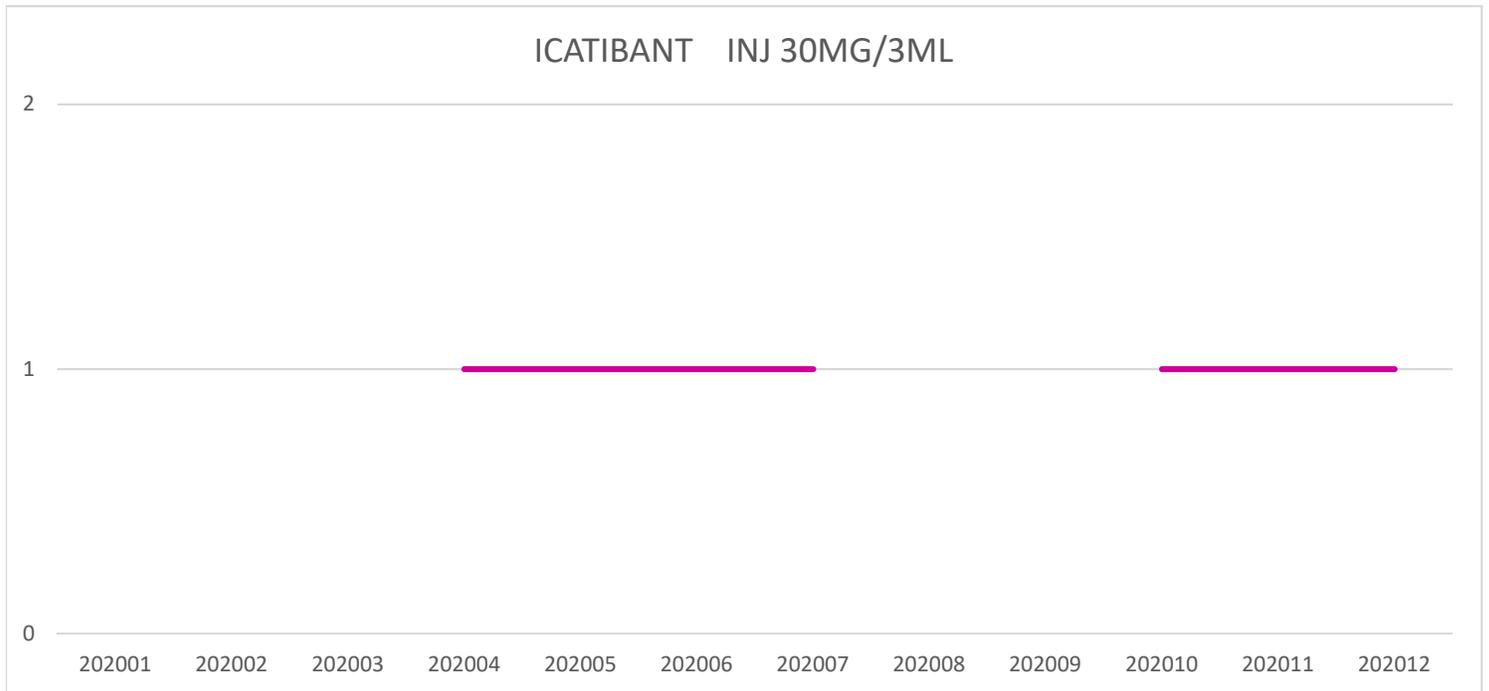
Hereditary Angioedema Agents

Summary of Utilization

January 1, 2020 to December 31, 2020

SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
ICATIBANT INJ 30MG/3ML	1	8	144	240
Total	1	8	144	240



Platelet Inhibitors

Clinical Presentations



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DUR Meeting Date: April 22, 2021

Prior Authorization Criteria being reviewed: Platelet Inhibitors

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.

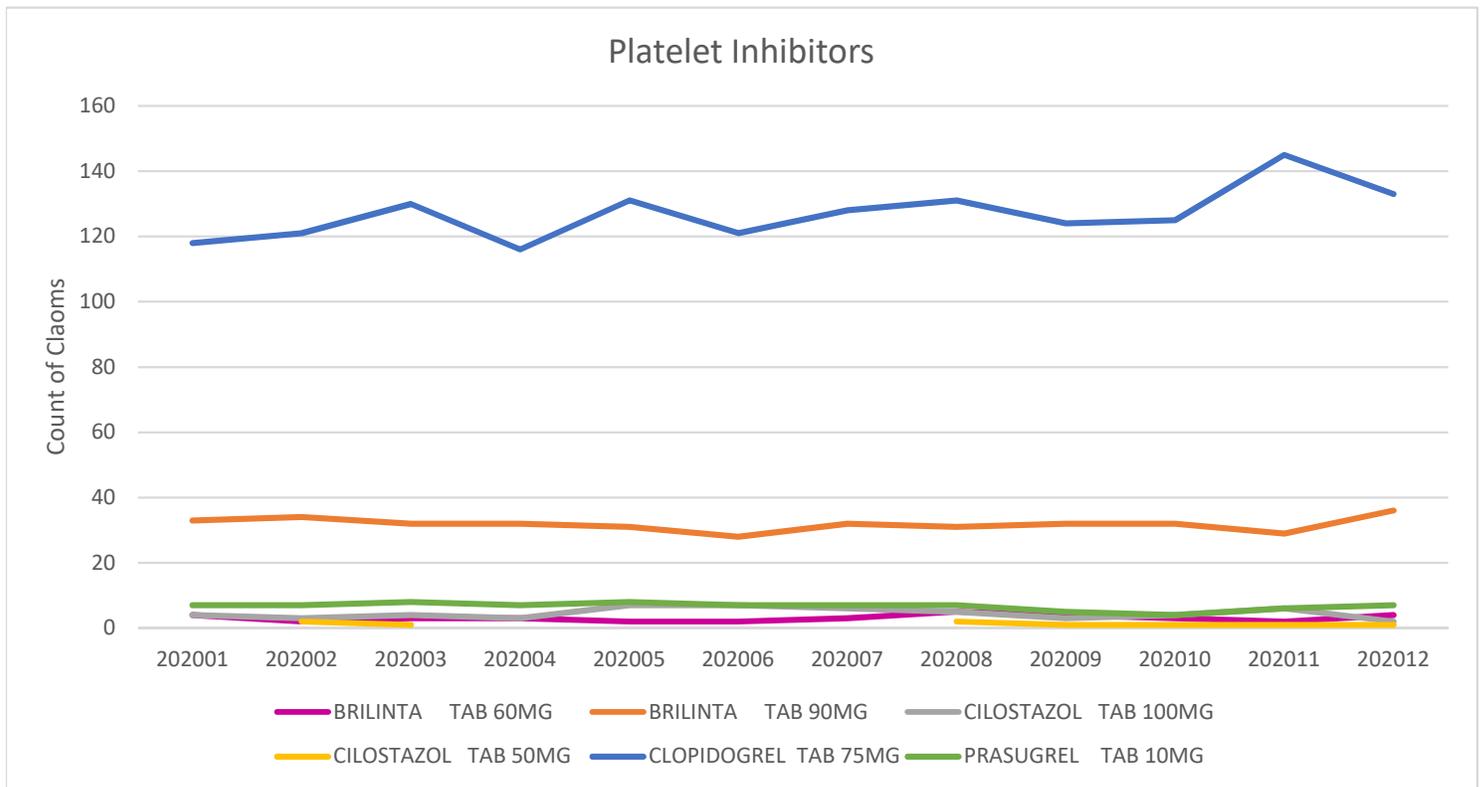
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Platelet Inhibitors
Summary of Utilization
January 1, 2020 to December 31, 2020
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
BRILINTA TAB 60MG	35	37	2,220	1,110
BRILINTA TAB 90MG	363	382	22,690	11,360
CILOSTAZOL TAB 100MG	51	54	3,142	1,571
CILOSTAZOL TAB 50MG	9	11	660	330
CLOPIDOGREL TAB 75MG	1,448	1,523	45,704	45,404
PRASUGREL TAB 10MG	78	80	2,400	2,400
Total	1,984	2,087	76,816	62,175



Narcolepsy Agents

Clinical Presentations



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DRUG USE REVIEW BOARD

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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 22, 2021

Prior Authorization Criteria being reviewed: Xywav

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.

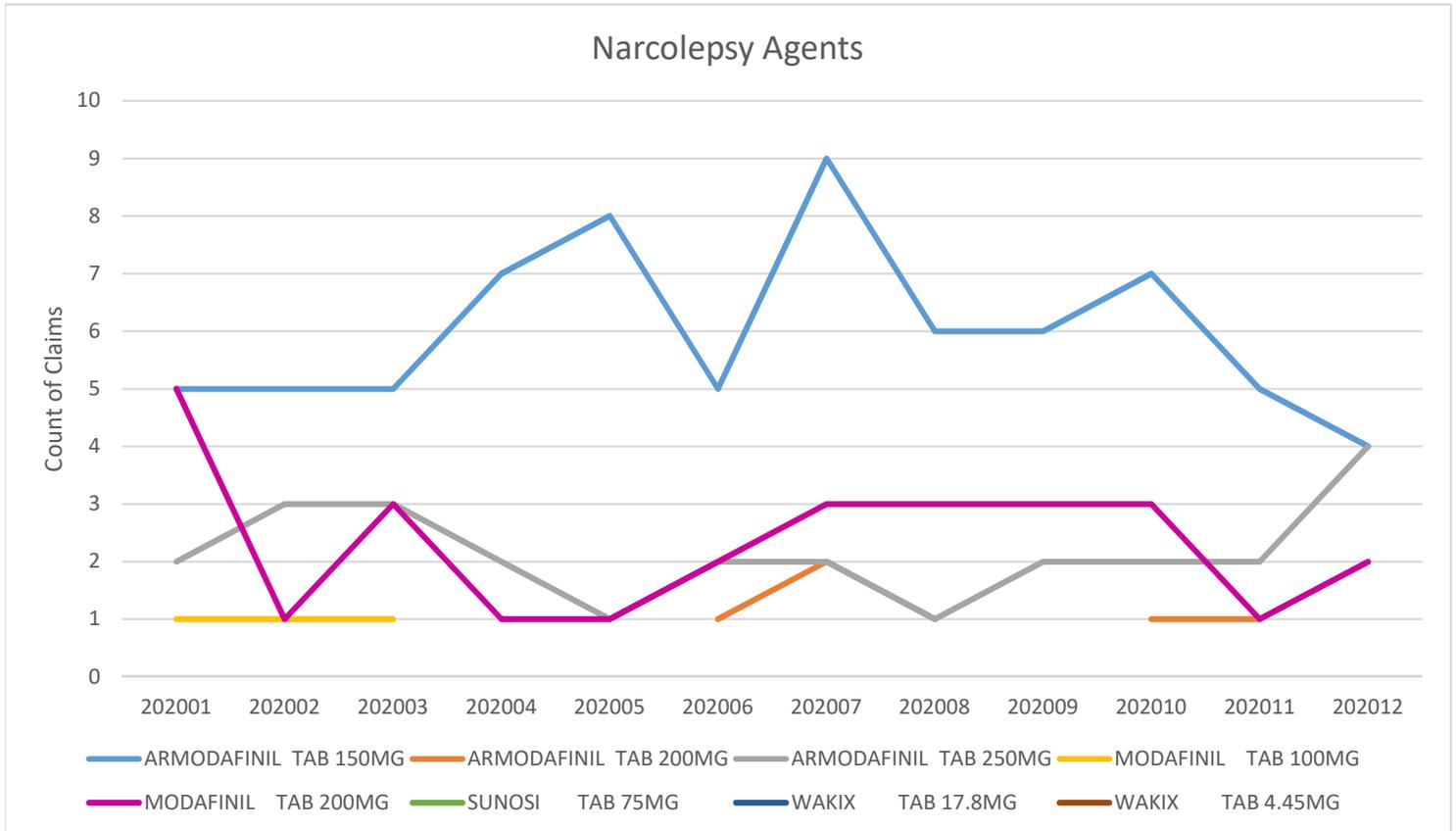
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Signature of individual completing this form: Tom Beranek

Narcolepsy Agents
Summary of Utilization
January 1, 2020 to December 31, 2020
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
ARMODAFINIL TAB 150MG	70	72	2,065	2,065
ARMODAFINIL TAB 200MG	6	7	210	210
ARMODAFINIL TAB 250MG	26	26	780	780
MODAFINIL TAB 100MG	6	6	270	180
MODAFINIL TAB 200MG	27	28	1,050	840
SUNOSI TAB 75MG	1	1	30	30
WAKIX TAB 17.8MG	1	1	23	23
WAKIX TAB 4.45MG	1	1	14	7
Total	138	142	4,442	4,135



Hepatitis C Agents

Clinical Presentations



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DUR Meeting Date: April 22, 2021

Prior Authorization Criteria being reviewed: Viekira

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.

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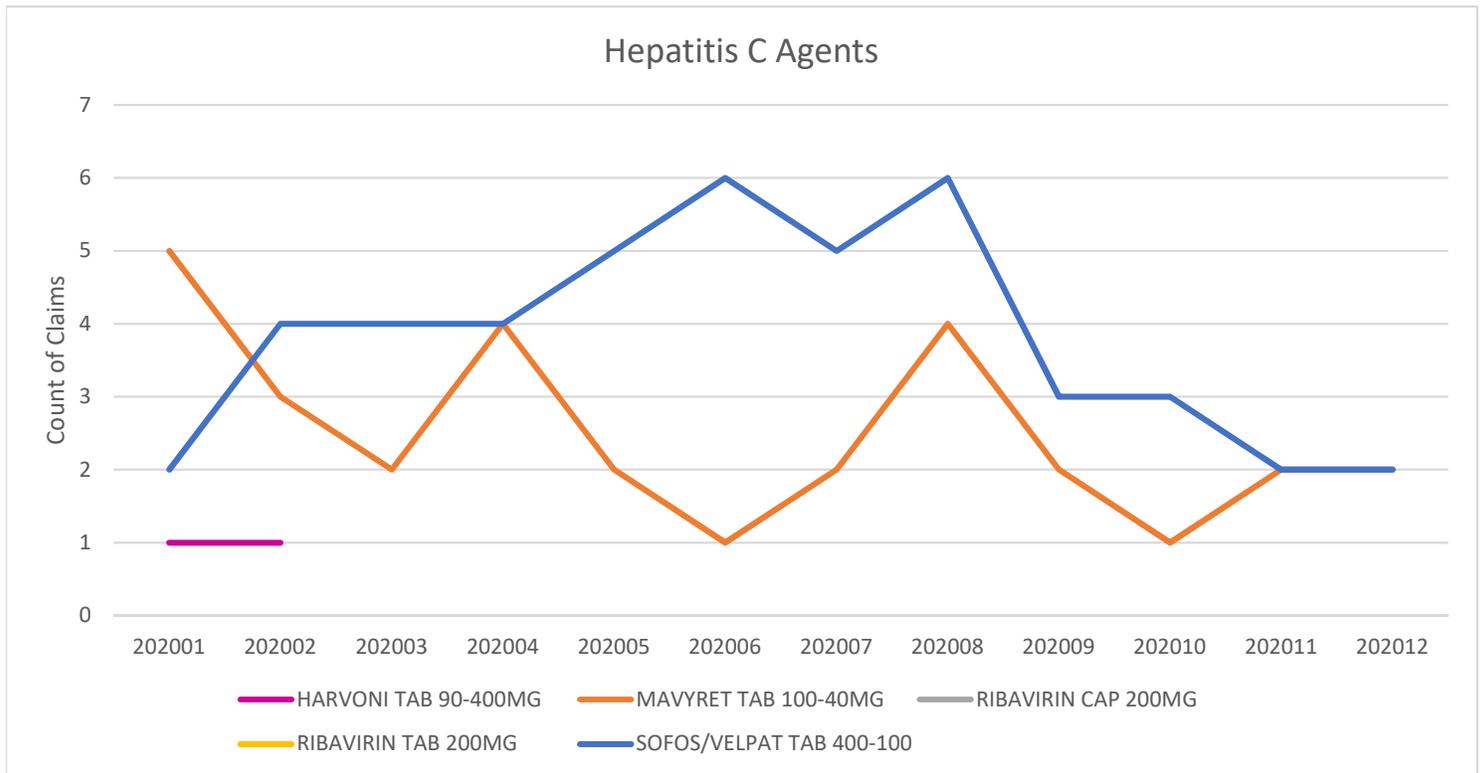
Hepatitis C Agents

Summary of Utilization

January 1, 2020 to December 31, 2020

SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
HARVONI TAB 90-400MG	2	2	56	56
MAVYRET TAB 100-40MG	29	30	2520	8410
RIBAVIRIN CAP 200MG	1	1	140	28
RIBAVIRIN TAB 200MG	1	1	84	28
SOFOS/VELPAT TAB 400-100	41	46	1288	1288
Total	74	80	4,088	9,810



CGRP Antagonists

Clinical Presentations



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DRUG USE REVIEW BOARD

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DUR Meeting Date: April 22, 2021

Prior Authorization Criteria being reviewed: CGRP Antagonists

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: Med is not prescribed concurrently with Botox[®] or other injectable CGRP inhibitors.

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

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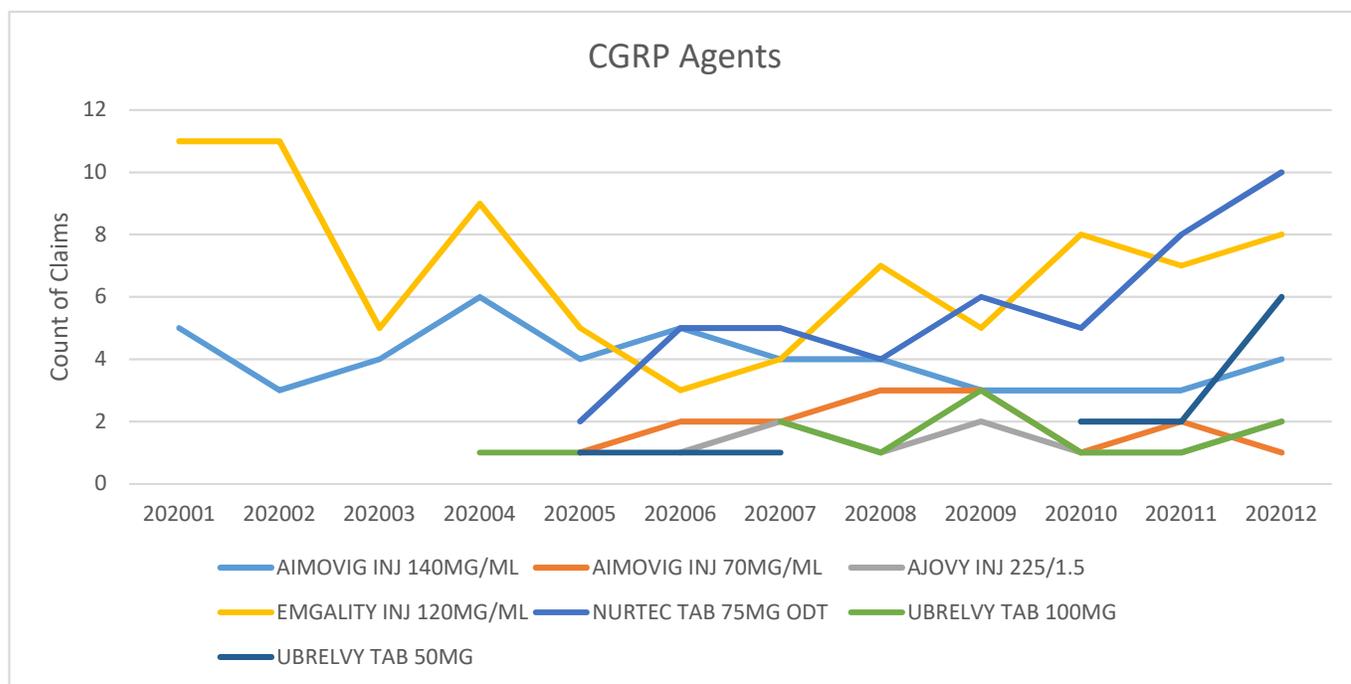
CGRP Antagonists

Summary of Utilization

January 1, 2020 to December 31, 2020

SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
AIMOVIG INJ 140MG/ML	45	48	48	1,362
AIMOVIG INJ 70MG/ML	16	16	16	448
AJOVY INJ 225/1.5	10	10	15	288
EMGALITY INJ 120MG/ML	78	83	88	2,344
NURTEC TAB 75MG ODT	43	45	360	1,214
UBRELVY TAB 100MG	12	12	116	352
UBRELVY TAB 50MG	11	13	148	255
Total	215	227	791	6,263



Anticonvulsants

Clinical Presentations



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DUR Meeting Date: April 22, 2021

Prior Authorization Criteria being reviewed: Valtoco

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
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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:

Currently on a stable regimen of antiepileptic drugs (AEDs) (e.g., lamotrigine, gabapentin, topiramate, oxcarbazepine);

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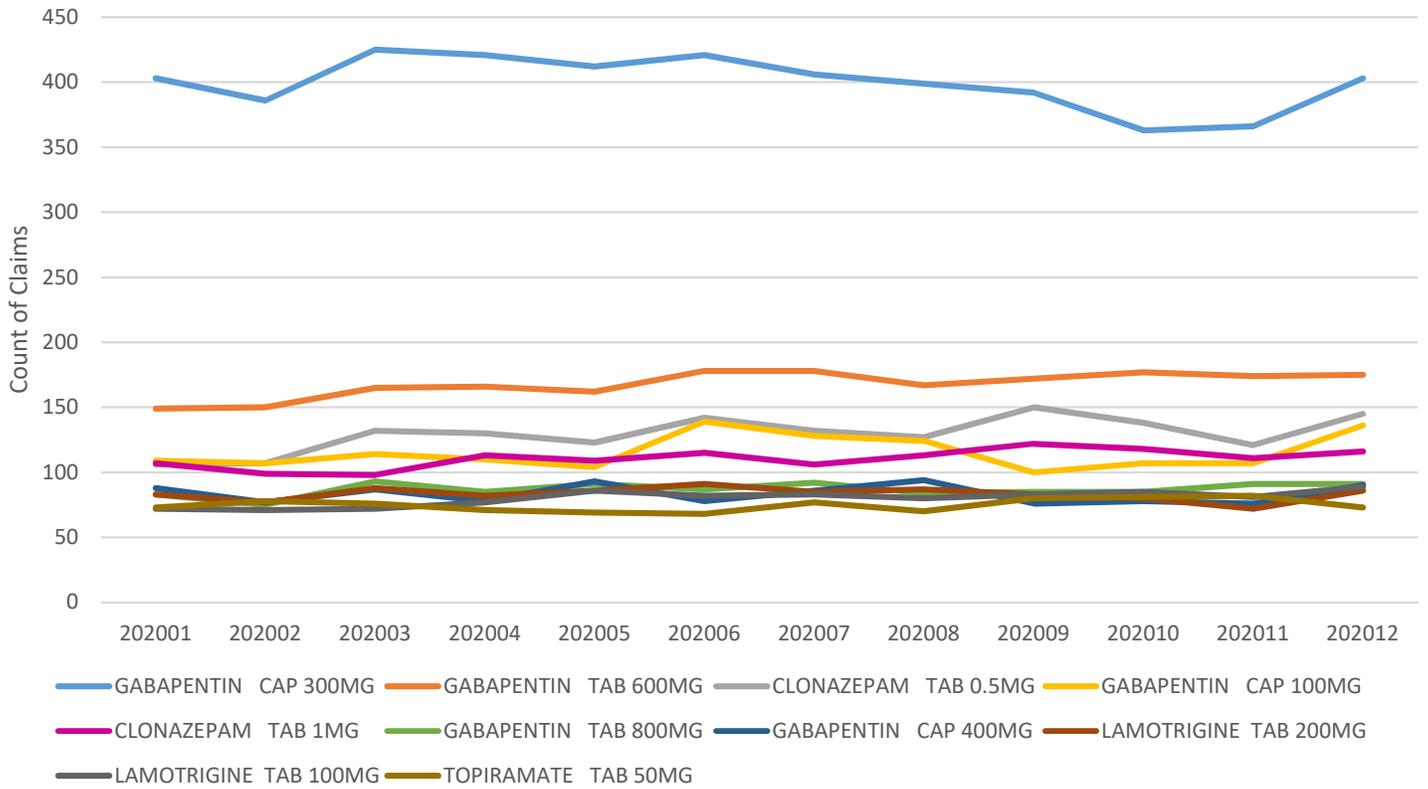
Anticonvulsants
Summary of Utilization
January 1, 2020 to December 31, 2020
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
APTIOM TAB 400MG	6	6	180	180
APTIOM TAB 600MG	3	4	91	91
APTIOM TAB 800MG	32	35	1,290	1,040
BANZEL TAB 400MG	1	2	480	60
BRIVIACT TAB 100MG	17	17	1,006	503
BRIVIACT TAB 25MG	11	11	660	330
BRIVIACT TAB 50MG	24	24	1,740	720
BRIVIACT TAB 75MG	5	5	300	150
CARBAMAZEPIN CAP 100MG ER	5	6	390	180
CARBAMAZEPIN CAP 200MG ER	5	5	736	122
CARBAMAZEPIN CAP 300MG ER	10	11	1,710	450
CARBAMAZEPIN CHW 100MG	15	16	1,840	720
CARBAMAZEPIN TAB 100MGER	6	6	360	180
CARBAMAZEPIN TAB 200MG	128	139	12,531	4,570
CARBAMAZEPIN TAB 200MG ER	19	21	2,248	607
CARBAMAZEPIN TAB 400MG ER	12	16	764	381
CARBATROL CAP 200MG	9	9	2,640	330
CLOBAZAM SUS 2.5MG/ML	15	15	3,160	450
CLOBAZAM TAB 10MG	21	21	1,245	630
CLONAZEP ODT TAB 0.25MG	4	4	300	120
CLONAZEP ODT TAB 0.5MG	1	1	10	30
CLONAZEP ODT TAB 1MG	2	2	240	51
CLONAZEPAM TAB 0.5MG	1,467	1,553	73,122	42,436
CLONAZEPAM TAB 1MG	1,249	1,327	73,472	37,858
CLONAZEPAM TAB 2MG	214	223	12,999	6,521
DEPAKOTE TAB 250MG DR	8	9	2,430	270
DIASSTAT ACDL GEL 12.5-20	2	2	2	2
DIASSTAT ACDL GEL 5-10MG	5	6	6	6
DIAZEPAM GEL 10MG	10	11	11	116
DIAZEPAM GEL 2.5MG	1	1	1	1
DIAZEPAM GEL 20MG	2	2	2	16
DILANTIN CAP 100MG	4	5	680	126
DILANTIN CAP 30MG	2	2	160	40
DIVALPROEX CAP 125MG	27	27	4226	796
DIVALPROEX TAB 125MG DR	40	45	2,458	1,319
DIVALPROEX TAB 250MG DR	225	242	18,842	7,369
DIVALPROEX TAB 250MG ER	119	126	7,413	4,164

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
DIVALPROEX TAB 500MG DR	704	771	48,061	22,583
DIVALPROEX TAB 500MG ER	344	361	23,354	12,366
EPIDIOLEX SOL 100MG/ML	6	6	601	186
EPITOL TAB 200MG	1	1	120	30
ETHOSUXIMIDE CAP 250MG	23	24	2,550	720
ETHOSUXIMIDE SOL 250/5ML	4	4	2,100	124
FYCOMPA TAB 2MG	2	2	60	60
FYCOMPA TAB 8MG	1	1	30	30
GABAPENTIN CAP 100MG	1331	1385	129,231	43,525
GABAPENTIN CAP 300MG	4543	4797	424,794	156,221
GABAPENTIN CAP 400MG	959	1001	98,598	31,820
GABAPENTIN SOL 250/5ML	4	5	1,500	150
GABAPENTIN TAB 600MG	1908	2013	202,398	67,341
GABAPENTIN TAB 800MG	966	1042	105,958	34,859
LAMOTRIGINE CHW 25MG	1	1	60	30
LAMOTRIGINE TAB 100MG	917	961	49,737	31,619
LAMOTRIGINE TAB 100MG ER	6	7	210	210
LAMOTRIGINE TAB 150MG	488	513	25,871	16,603
LAMOTRIGINE TAB 200MG	934	1000	44,430	32,397
LAMOTRIGINE TAB 200MG ER	28	28	1,170	810
LAMOTRIGINE TAB 25MG	774	828	49,616	24,434
LAMOTRIGINE TAB 25MG ER	1	1	30	30
LAMOTRIGINE TAB 300MG ER	7	7	300	210
LAMOTRIGINE TAB 50MG ER	12	12	372	342
LEVETIRACETA SOL 100MG/ML	170	181	49,537	6,174
LEVETIRACETA TAB 1000MG	302	325	24,151	11,075
LEVETIRACETA TAB 250MG	63	64	5,884	2,402
LEVETIRACETA TAB 500MG	690	727	61,839	26,094
LEVETIRACETA TAB 500MG ER	19	20	1,740	1,140
LEVETIRACETA TAB 750MG	256	266	26,593	9,336
LEVETIRACETA TAB 750MG ER	56	60	4,920	1,920
LYRICA CAP 150MG	23	26	1,698	696
NAYZILAM SPR 5MG	6	6	20	152
OXCARBAZEPIN SUS 300MG/5M	37	41	17,120	1,200
OXCARBAZEPIN TAB 150MG	254	271	16,504	8,425
OXCARBAZEPIN TAB 300MG	545	583	40,706	18,420
OXCARBAZEPIN TAB 600MG	506	543	34,531	16,237
OXTELLAR XR TAB 150MG	10	11	360	330
OXTELLAR XR TAB 300MG	10	12	570	345
OXTELLAR XR TAB 600MG	3	3	90	90
PHENYTOIN CHW 50MG	17	19	2,328	462
PHENYTOIN EX CAP 100MG	129	138	20,190	5,345
PHENYTOIN EX CAP 200MG	10	10	900	300
PREGABALIN CAP 100MG	79	85	5,827	2,343

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
PREGABALIN CAP 150MG	131	134	9,791	3,934
PREGABALIN CAP 200MG	49	49	3,720	1,470
PREGABALIN CAP 25MG	14	14	870	420
PREGABALIN CAP 300MG	48	48	2,880	1,440
PREGABALIN CAP 50MG	81	82	7,267	2,383
PREGABALIN CAP 75MG	132	136	8,761	3,936
PREGABALIN SOL 20MG/ML	4	9	5,080	105
PRIMIDONE TAB 250MG	13	15	900	630
PRIMIDONE TAB 50MG	92	94	4,575	3,380
QUDEXY XR CAP 200/24HR	1	1	30	30
QUDEXY XR CAP 50/24HR	1	1	30	30
TEGRETOL-XR TAB 200MG	8	11	1,320	330
TOPIRAMATE CAP 25MG	38	39	4,072	1,288
TOPIRAMATE TAB 100MG	552	580	34,958	20,255
TOPIRAMATE TAB 200MG	162	172	9,069	5,388
TOPIRAMATE TAB 25MG	746	782	46,275	25,905
TOPIRAMATE TAB 50MG	855	898	50,491	29,937
TROKENDI XR CAP 100MG	19	19	870	570
TROKENDI XR CAP 200MG	4	4	96	96
TROKENDI XR CAP 25MG	2	2	60	60
TROKENDI XR CAP 50MG	4	5	150	150
VALPROIC ACD CAP 250MG	22	22	2,310	720
VALPROIC ACD SOL 250/5ML	36	39	14,391	1,164
VALTOCO LIQ 15MG	1	1	2	5
VALTOCO SPR 10MG	1	1	10	25
VIMPAT SOL 10MG/ML	4	4	950	190
VIMPAT TAB 100MG	51	52	3,794	1,597
VIMPAT TAB 150MG	36	36	2,064	1,032
VIMPAT TAB 200MG	124	126	8,159	4,077
VIMPAT TAB 50MG	19	19	1,094	547
ZONISAMIDE CAP 100MG	153	159	15,739	6,097
ZONISAMIDE CAP 25MG	1	1	60	30
ZONISAMIDE CAP 50MG	5	5	900	210
Total	24,284	25,679	1,997,141.75	819,552

Top 10 Anticonvulsants



Opioid Trend –
Top Prescribers
and Members

Board Requested
Reports



Opioid Utilization
Overall Summary
January 1, 2020 - December 31, 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
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
202010	1,547	1,835	1.19	37,422	37,422	24.19	125.8
202011	1,445	1,650	1.14	33,837	33,837	23.42	123.7
202012	1,530	1,848	1.21	38,137	38,137	24.93	127.8

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
Q1	Pain Management	FNP-C	Las Vegas	70	150	4,128	12,758	76.0
FFF	Pain Management	PA	Las Vegas	61	132	3,733	12,024	78.6
V	Anesthesiology	MD	Las Vegas	47	129	3,404	7,754	1,640.0
CC	Pain Management	MD	Las Vegas	78	121	3,210	9,069	87.3
F	Pain Management	PA	Las Vegas	35	116	3,361	10,604	244.0
E	Pain Management	PA	Las Vegas	47	105	3,076	9,775	91.2
Z1	Pain Management	NP	Las Vegas	43	102	3,009	10,055	90.0
C1	Psych/Mental Health	NP	Las Vegas	23	95	1,581	2,972	1,710.2
J	Pain Management	PA	Las Vegas	33	91	2,628	8,290	187.5
Y	Pain Management	MD	Las Vegas	31	80	2,160	6,024	136.1

Previous 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

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			12	227	79	240.00
		E2	11	212	74	240.00
		J2	1	15	5	240.00
2			11	565	165	168.00
		L2	6	540	90	168.00
3			8	332	160	160.50
		C	4	192	104	58.50
		M2	2	84	28	45.00
		Q1	2	56	28	57.00
4			8	186	93	240.00
		I2	8	186	93	240.00
5			8	198	96	220.00
		K2	3	90	45	240.00
		V	5	108	51	200.00
6			8	564	208	185.00
		R1	4	264	88	225.00
		G2	2	150	60	120.00
		N2	2	150	60	210.00
7			8	33	64	123.75
		QQ	8	33	64	123.75
8			7	562	178	165.00
		G	5	352	118	150.00
		F	2	210	60	180.00
9			7	600	210	70.00
		MM	4	360	120	90.00
		H2	2	180	60	90.00
		D	1	60	30	30.00
10			7	165	108	240.00
		A2	6	138	90	240.00
		QQ	1	27	18	240.00
Grand Total			84	3,432	1,361	1,812.25

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	12	227	79
BUPREN/NALOX MIS 8-2MG	12	227	79
2	11	565	165
HYDROMORPHON TAB 8MG	6	540	90
FENTANYL DIS 100MCG/H	5	25	75
3	8	332	160
XTAMPZA ER CAP 9MG	3	88	74
OXYCOD/APAP TAB 10-325MG	5	244	86
4	8	186	93
BUPREN/NALOX MIS 8-2MG	8	186	93
5	8	198	96
BUPREN/NALOX MIS 8-2MG	3	90	45
BUPREN/NALOX MIS 12-3MG	3	90	45
BUPRENORPHIN SUB 8MG	2	18	6
6	8	564	208
MORPHINE SUL TAB 30MG ER	1	90	30
MORPHINE SUL TAB 60MG ER	3	222	74
OXYCOD/APAP TAB 10-325MG	4	252	104
7	8	33	64
BUPREN/NALOX MIS 8-2MG	8	33	64
8	7	562	178
OXYCODONE TAB 15MG	4	352	88
MORPHINE SUL TAB 30MG ER	3	210	90
9	7	600	210
OXYCOD/APAP TAB 10-325MG	3	360	90
MORPHINE SUL TAB 15MG ER	4	240	120
10	7	165	108
BUPREN/NALOX SUB 8-2MG	1	23	15
BUPRENORPHIN SUB 8MG	6	142	93
Grand Total	84	3,432	1,361

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): Q4 2020
 Report Period Start Date: 10/1/2020
 Report Period End Date: 12/31/2020
 Submission Date of Report: 3/31/2021

Opioid Utilization					
Year/Month Filled	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amount
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
October 2020	1,547	1,835	37,422	112,055	SSHP Confidential
November 2020	1,445	1,650	33,837	102,776	SSHP Confidential
December 2020	1,530	1,848	38,137	116,093	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			
Q1	FNP-C - Pain Management	Las Vegas	NV	70	150	4,128	12,758	SSHP Confidential	76.0	
FFF	PA - Pain Management	Las Vegas	NV	61	132	3,733	12,024	SSHP Confidential	78.6	
V	MD - Anesthesiology	Las Vegas	NV	47	129	3,404	7,754	SSHP Confidential	1640.1	
CC	MD - Pain Management	Las Vegas	NV	78	121	3,210	9,069	SSHP Confidential	87.3	
F	PA - Pain Management	Las Vegas	NV	35	116	3,361	10,604	SSHP Confidential	244.0	
E	PA - Pain Management	Las Vegas	NV	47	105	3,076	9,775	SSHP Confidential	91.2	
Z1	NP - Nurse Practitioner Family	Las Vegas	NV	43	102	3,009	10,055	SSHP Confidential	90.0	
C1	NP - Psych/Mental Health	Las Vegas	NV	23	95	1,581	2,972	SSHP Confidential	1710.2	
J	PA - Pain Management	Las Vegas	NV	33	91	2,628	8,290	SSHP Confidential	187.5	
Y	MD - Pain Management	Las Vegas	NV	31	80	2,160	6,024	SSHP Confidential	136.1	

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			
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	

Nevada Medicaid

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Top 10 Drug Classes by Paid Amount - Current Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Antiretrovirals	746	SSHP Confidential
Insulin	1697	SSHP Confidential
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	622	SSHP Confidential
Antipsychotics - Misc.	475	SSHP Confidential
Sympathomimetics	4777	SSHP Confidential
Anti-TNF-alpha - Monoclonal Antibodies	52	SSHP Confidential
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	511	SSHP Confidential
Antineoplastic Enzyme Inhibitors	26	SSHP Confidential
Direct Factor Xa Inhibitors	611	SSHP Confidential
Metabolic Modifiers	62	SSHP Confidential

Top 10 Drug Classes by Paid Amount - Previous 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 Claim Count - Current Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	6389	SSHP Confidential
HMG CoA Reductase Inhibitors	5657	SSHP Confidential
Selective Serotonin Reuptake Inhibitors (SSRIs)	5369	SSHP Confidential
Anticonvulsants - Misc.	5215	SSHP Confidential
Sympathomimetics	4777	SSHP Confidential
Proton Pump Inhibitors	3309	SSHP Confidential
Central Muscle Relaxants	3221	SSHP Confidential
Opioid Combinations	3134	SSHP Confidential
Antianxiety Agents - Misc.	2802	SSHP Confidential
ACE Inhibitors	2506	SSHP Confidential

Top 10 Drug Classes by Claim Count - Previous 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

Nevada Medicaid

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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)	20,596	0	0%	0	0%	20,596	100%
Therapeutic Duplication (TD)	24,468	6,326	26%	1,975	8%	16,167	66%
Ingredient Duplication (ID)	15,507	2	0%	0	0%	15,505	100%
Late Refill (LR)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total High Dose (HD)	1,856	1,139	61%	452	24%	265	14%
Drug-Pregnancy (PG)	179	105	59%	57	32%	17	9%
Total Low Dose (LD)	3,765	2,463	65%	673	18%	626	17%
Drug-Drug (DD)	13,084	8,989	69%	1,489	11%	2,606	20%
Drug-Disease (MC)	3,815	2,659	70%	464	12%	692	18%
Drug-Allergy (DA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug-Age (PA)	5	1	20%	2	40%	2	40%

Top 10 Drugs by Therapeutic Problem Type										
ER	TD	ID	LR	HD	PG	LD	DD	MC	DA	PA
Albuterol Sulfate	Atorvastatin	Albuterol Sulfate	N/A	Cefdinir	Adapaline-Benzoyl Peroxide	Cholecaliferol	Buspiron	Alprazolam	N/A	Nitrofurantoin
Atorvastatin	Gabapentin	Atorvastatin	N/A	Dupilumab	Atorvastatin	Norelgestromin-Ethinyl Estradiol	Escitalopram	Amphetamine-Dextroamphetamine	N/A	Promethazine - DM
Gabapentin	Lisinopril	Gabapentin	N/A	Ergocalciferol	Medroxyprogesterone Acetate (Contraceptive)	Ondansetron Hcl	Fluoxetine	Bupropion	N/A	N/A
Lisinopril	Metformin	Lisinopril	N/A	Famotidine	Norethin Acet & Estrad-Fe	Potassium Chloride Microencapsulated Crystals ER	Sertraline	Clonazepam	N/A	N/A
Metformin	Sertraline	Metformin	N/A	Ibuprofen	Norethindrone (Contraceptive)	Propranolol HCL	Trazodone	Gabapentin	N/A	N/A
Sertraline	N/A	Sertraline	N/A	Meloxicam	Norgestrel & Ethinyl Estradiol	N/A	N/A	Lamotrigine	N/A	N/A
N/A	N/A	N/A	N/A	N/A	Prenatal Vit W/Ferrous Fumarate-Folic Acid	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	Prenatal w/oVit A W/Fe Carbonyl-Fe Asp Glyc-Methfol-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

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Retrospective DUR							
Topic	Description of Intervention	Type of Contact (Media)	Number of Contacts	Number of Responses	Response Rate	Provider Targeted (e.g, Physician, Pharmacist)	Performed by (e.g., Subcontractor, etc.)
October - 2020, Trifecta/Multiple Opioid Prescribers	Outreach to providers for members who are obtaining opioid, benzo andmusclerelaxer combination	Mail	141	20	14%	Provider	SSHP
November - 2020, MME Benchmark	Outreach to providers who have prescribed more than 120 MME for each month of the quarter.	Mail	72	14	19%	Provider	SSHP
December - 2020, Antiretroviral Non-Adherence	Outreach to members who are non-adherent on their maintenance medications.	Mail	79	31	39%	Member	SSHP