

2022

Nevada Medicaid Drug Use Review Board Meeting

January 2022



silversummit
healthplan

Table of Contents

Clinical Presentation – CGRP Antagonists – 3

Clinical Presentation – Cystic Fibrosis (CF) – 6

Clinical Presentation – Topical Immunomodulators – 10

Clinical Presentation – HIV Agents – 15

Clinical Presentation – Targeted Immunomodulators – 19

Clinical Presentation – Monoclonal Antibodies for the Treatment of Respiratory
Conditions – 26

Clinical Presentation – Neuropathic Pain/Fibromyalgia Agents – 30

Clinical Presentation – DMD Agents – 33

DUR Board Requested Reports – Opioid Trends – 36

Standard DUR Reports – 41

CGRP Antagonists

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 27, 2022

Prior Authorization Criteria being reviewed: CGRP

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.

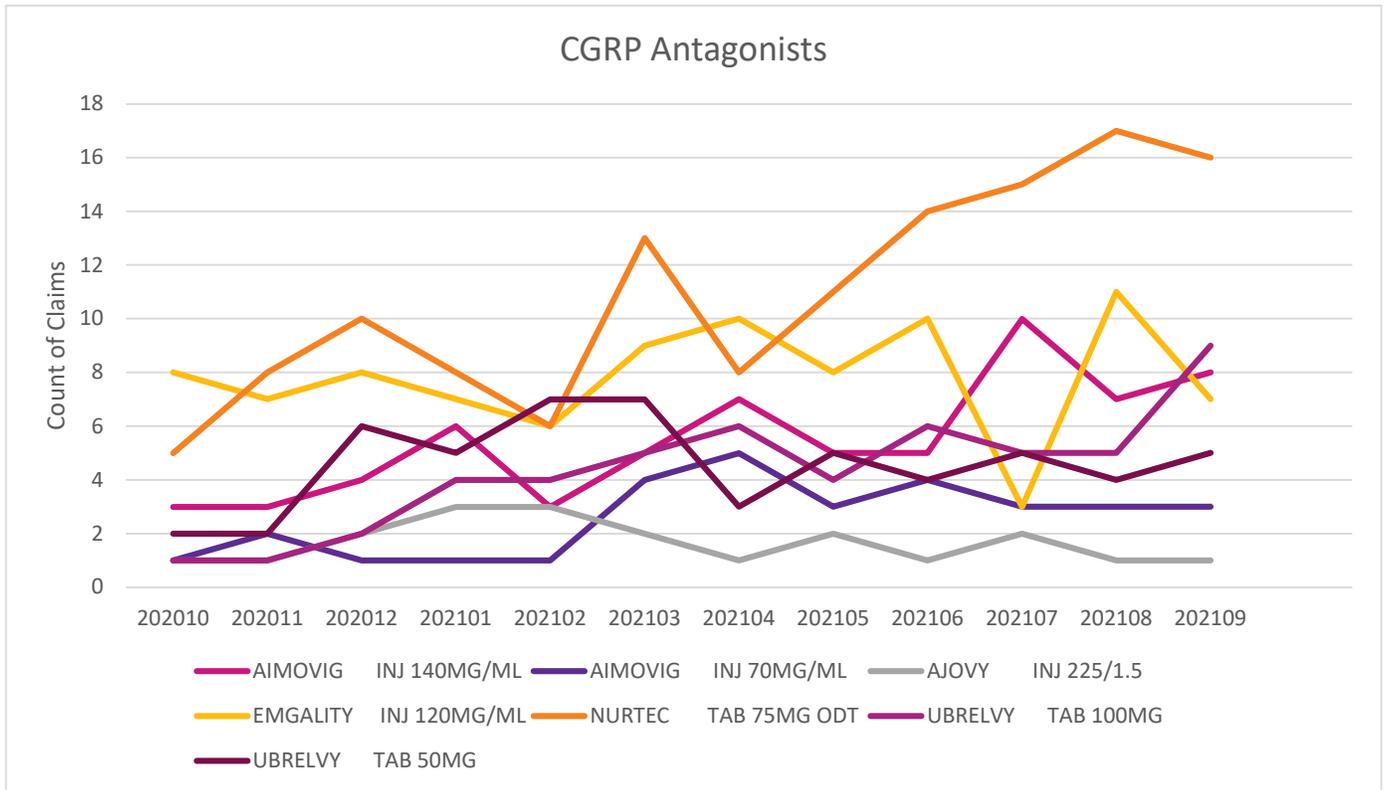
If this form is not completed and returned to the policy specialist with DHCFP by the designated deadline, the assumption will be made that you approve all prior authorization criteria as presented.

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

Signature of individual completing this form: Tom Beranek

CGRP Antagonists
Summary of Utilization
October 1, 2020 to September 30, 2021
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
AIMOVIG INJ 140MG/ML	60	66	66	1,928
AIMOVIG INJ 70MG/ML	30	31	31	888
AJOVY INJ 225/1.5	19	20	30	580
EMGALITY INJ 120MG/ML	87	94	95	2,762
NURTEC TAB 75MG ODT	123	131	1,048	3,105
UBRELVY TAB 100MG	49	52	506	1,409
UBRELVY TAB 50MG	49	55	626	1,159
Total	417	449	2,402	11,831



Cystic Fibrosis (CF)

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 27, 2022

Prior Authorization Criteria being reviewed: Cystic Fibrosis

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.

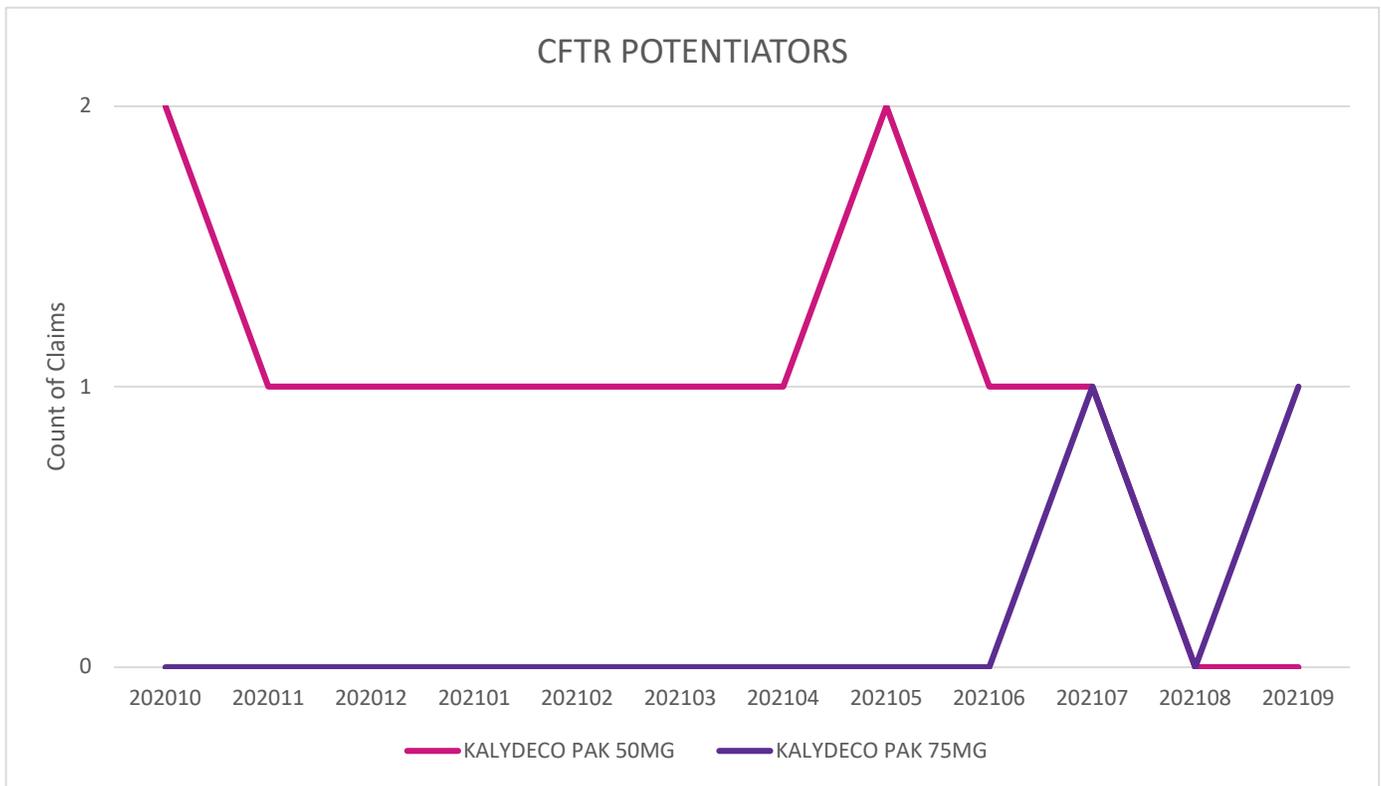
Please print the name of the individual completing this form: Tom Beranek

Signature of individual completing this form: Tom Beranek

CFTR POTENTIATORS

Summary of Utilization
 October 1, 2020 to September 30, 2021
 SilverSummit Healthplan

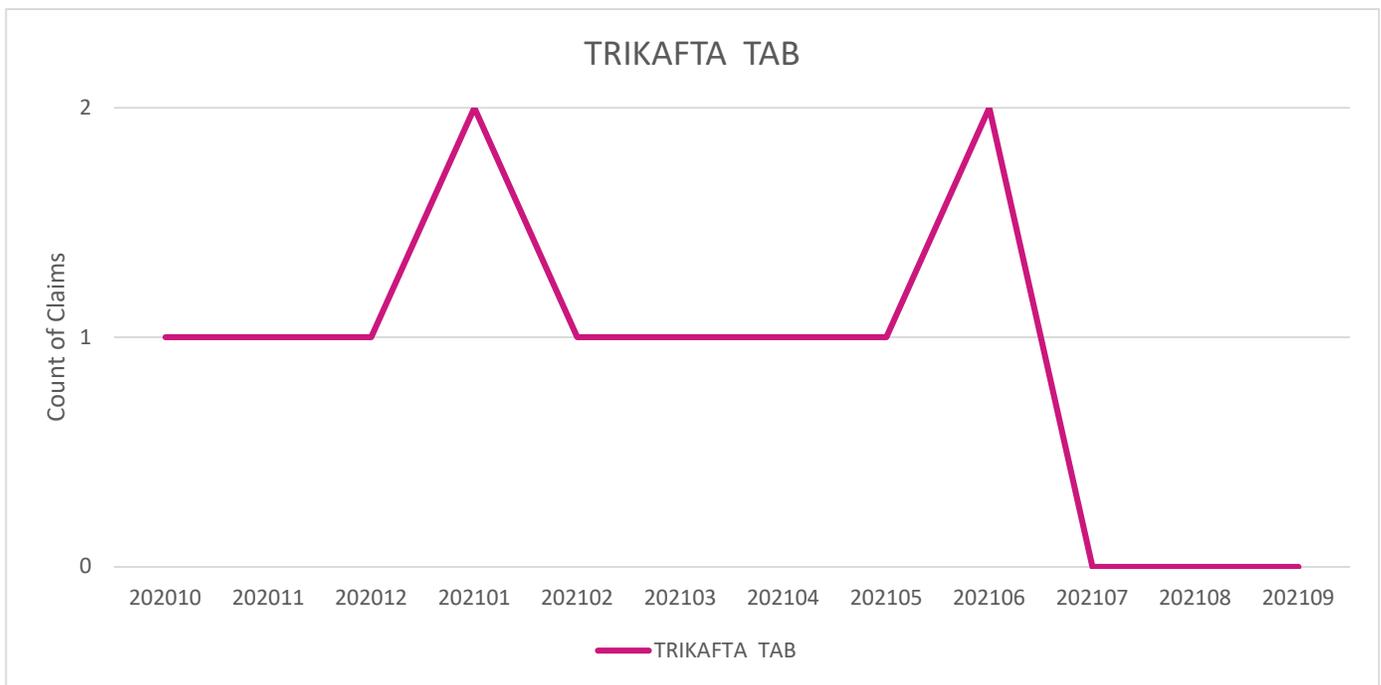
Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
KALYDECO PAK 50MG	10	12	672	336
KALYDECO PAK 75MG	2	2	112	56
Total	12	14	784	392



CYSTIC FIBROSIS AGENT - COMBINATIONS

Summary of Utilization
October 1, 2020 to September 30, 2021
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
TRIKAFTA TAB	9	11	924	308
Total	9	11	924	308



Topical
Immunomodulators

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 27, 2022

Prior Authorization Criteria being reviewed: Topical Immunomodulators

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.

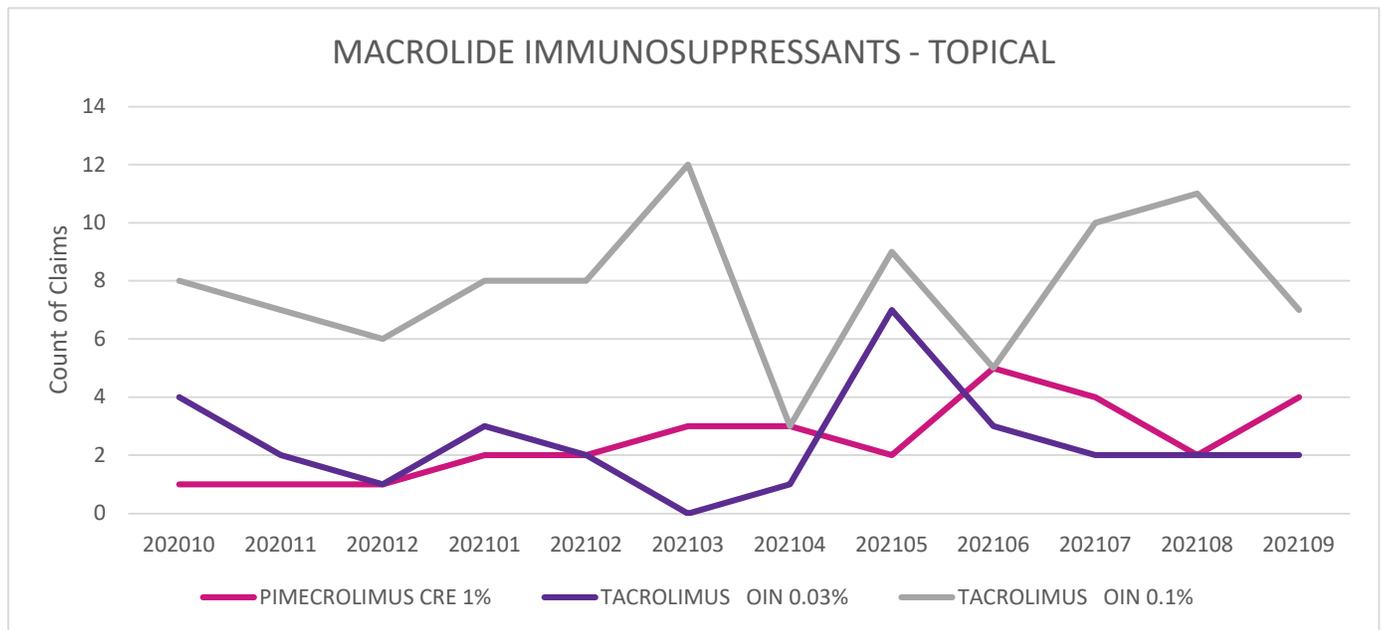
Please print the name of the individual completing this form: Tom Beranek

Signature of individual completing this form: Tom Beranek

MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL

Summary of Utilization
 October 1, 2020 to September 30, 2021
 SilverSummit Healthplan

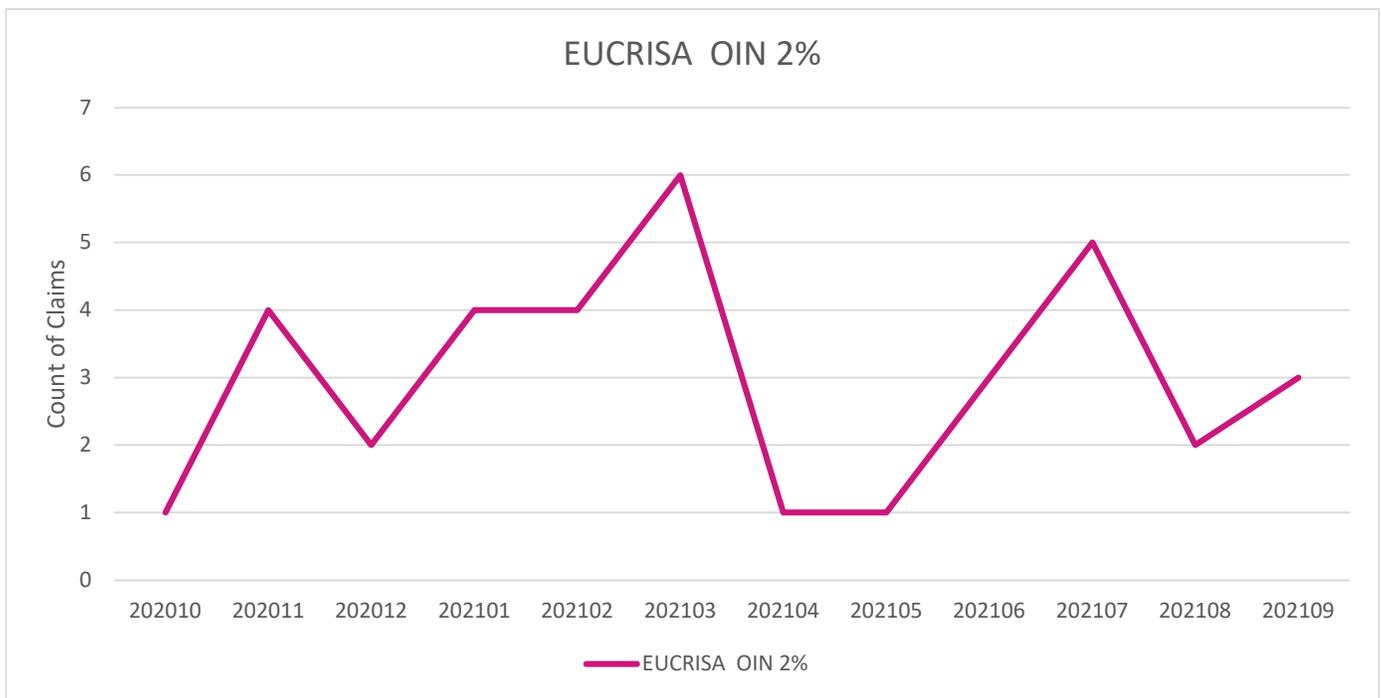
Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
PIMECROLIMUS CRE 1%	26	30	1090	859
TACROLIMUS OIN 0.03%	28	29	870	839
TACROLIMUS OIN 0.1%	92	94	3070	2805
Total	146	153	5030	4503



PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL

Summary of Utilization
 October 1, 2020 to September 30, 2021
 SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
EUCRISA OIN 2%	36	36	2200	1080
Total	36	36	2200	1080



ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS

Summary of Utilization

October 1, 2020 to September 30, 2021

SilverSummit Healthplan

No Utilization For This Time Period

HIV 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 27, 2022

Prior Authorization Criteria being reviewed: Cabenuva

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.

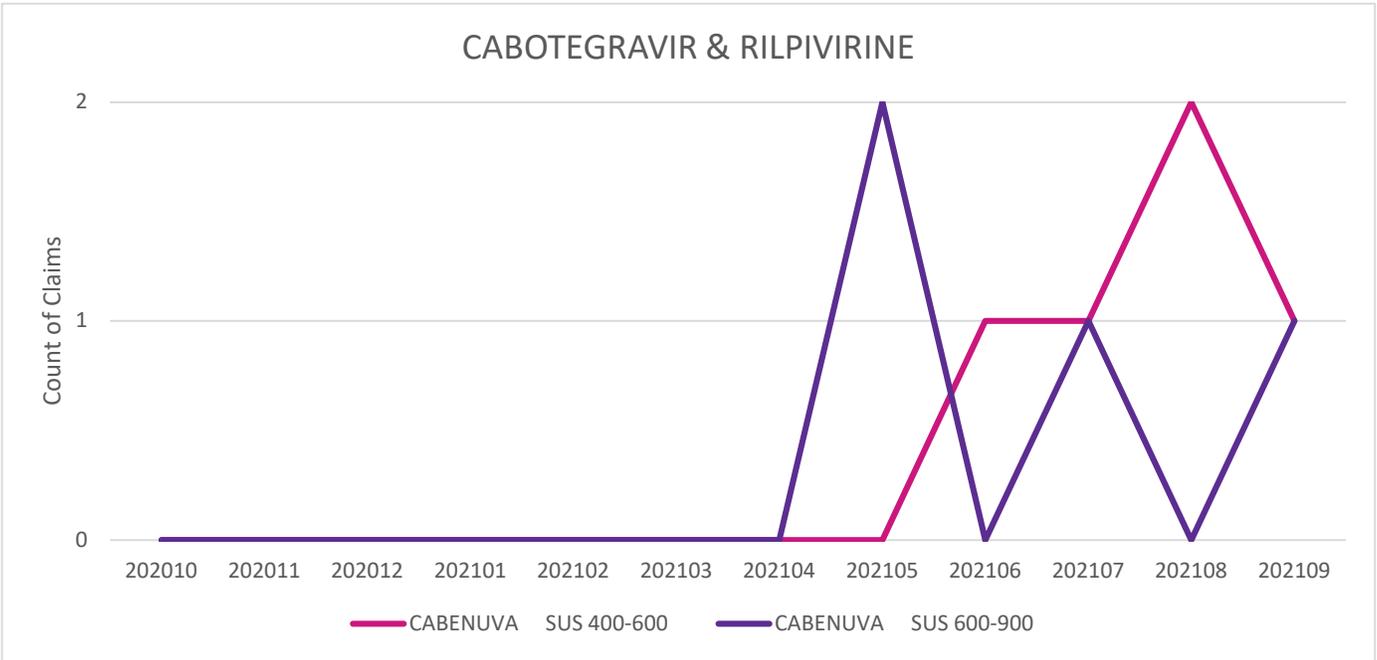
Please print the name of the individual completing this form: Tom Beranek

Signature of individual completing this form: Tom Beranek

CABOTEGRAVIR & RILPIVIRINE

Summary of Utilization
October 1, 2020 to September 30, 2021
SilverSummit Healthplan

Product Name		Count of Members	Count of Claims	Sum of Qty	Sum of Days
CABENUVA	SUS 400-600	4	5	20	150
CABENUVA	SUS 600-900	4	4	24	120
Total		8	9	44	270



CABOTEGRAVIR SODIUM

Summary of Utilization

October 1, 2020 to September 30, 2021

SilverSummit Healthplan

No Utilization For This Time Period

Targeted
Immunomodulators

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 27, 2022

Prior Authorization Criteria being reviewed: Zeposia

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:

- Documentation of a Mayo Score ≥ 6

Mayo Score: evaluates ulcerative colitis stage, based on four parameters: stool frequency, rectal bleeding, endoscopic evaluation and Physician's global assessment. Each parameter of the score ranges from zero (normal or inactive disease) to 12 (severe activity).

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

ZEPOSIA
Summary of Utilization
October 1, 2020 to September 30, 2021
SilverSummit Healthplan

No Utilization For This Time Period

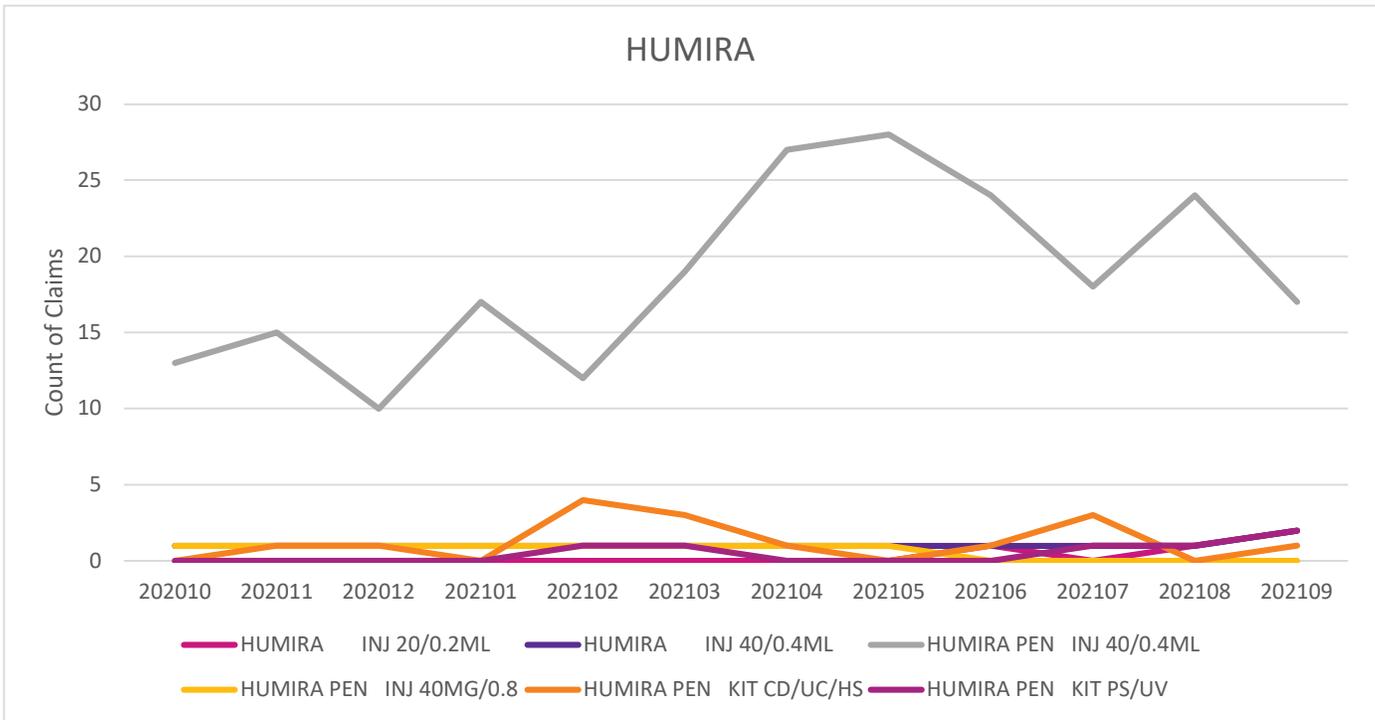
HUMIRA

Summary of Utilization

October 1, 2020 to September 30, 2021

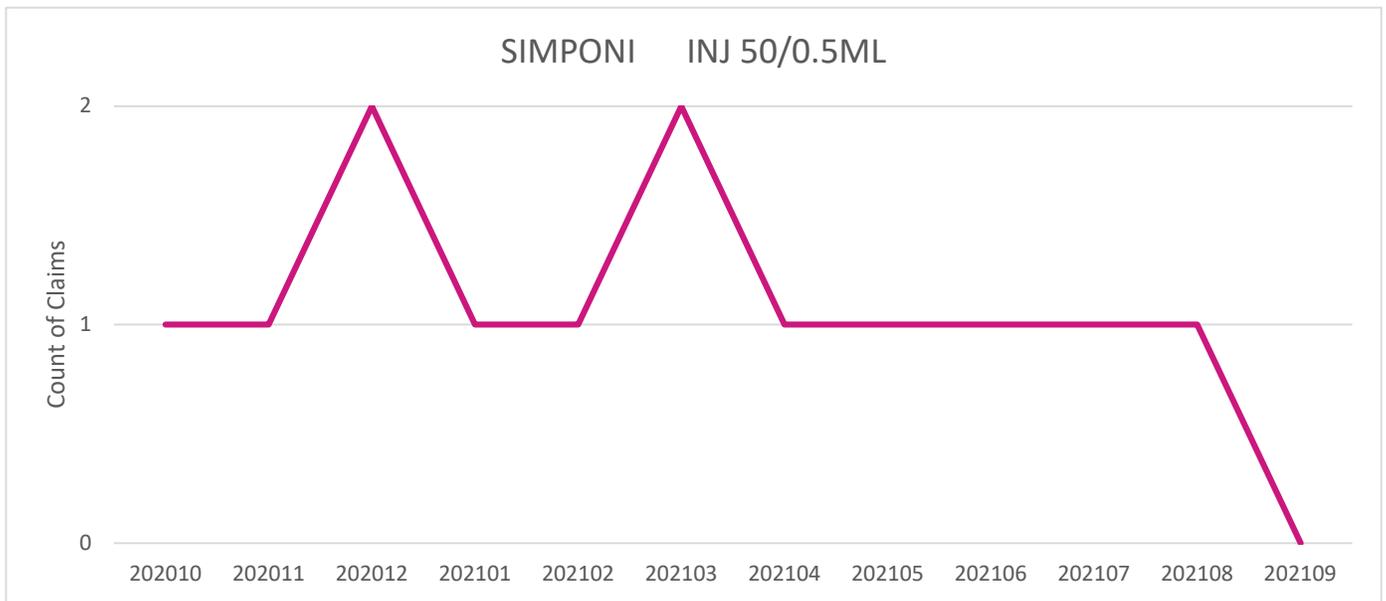
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
HUMIRA INJ 20/0.2ML	3	4	8	112
HUMIRA INJ 40/0.4ML	13	13	26	364
HUMIRA PEN INJ 40/0.4ML	199	224	572	6284
HUMIRA PEN INJ 40MG/0.8	8	8	16	224
HUMIRA PEN KIT CD/UC/HS	15	15	45	420
HUMIRA PEN KIT PS/UV	6	6	18	174
Total	244	270	685	7578



SIMPONI
Summary of Utilization
October 1, 2020 to September 30, 2021
SilverSummit Healthplan

Product Name		Count of Members	Count of Claims	Sum of Qty	Sum of Days
SIMPONI	INJ 50/0.5ML	11	13	6.5	364
Total		11	13	6.5	364



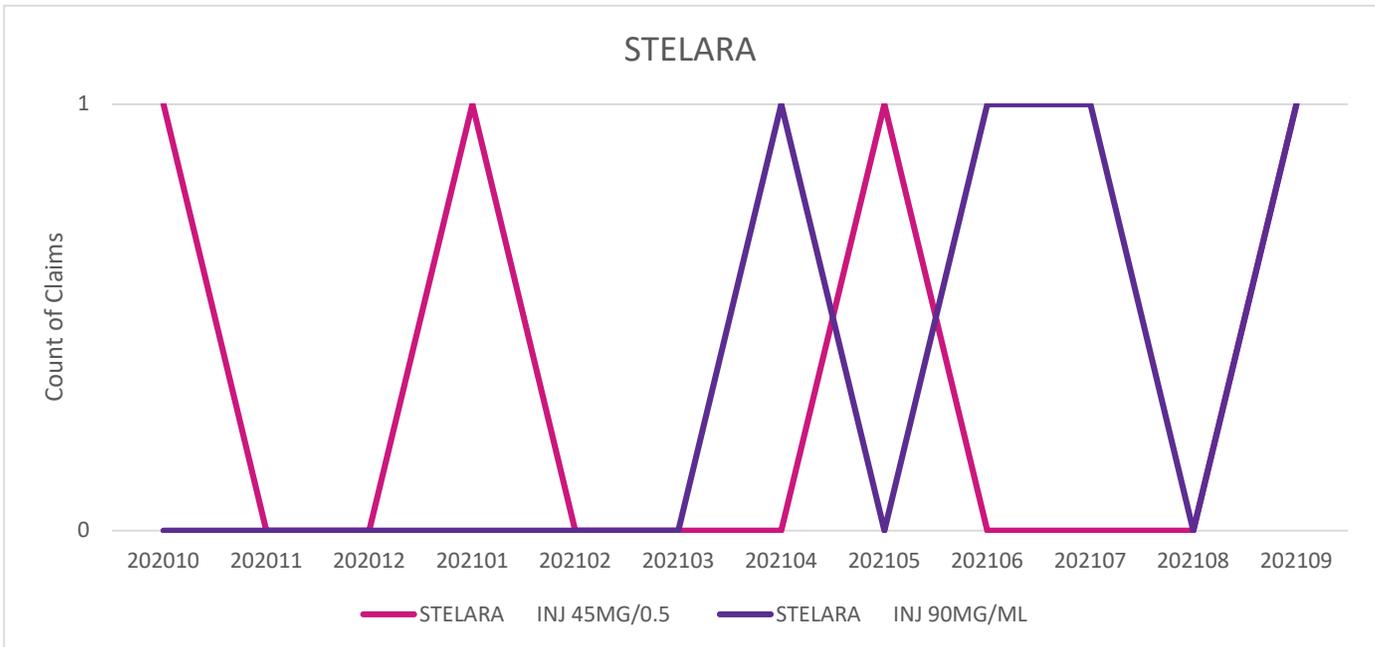
STELARA

Summary of Utilization

October 1, 2020 to September 30, 2021

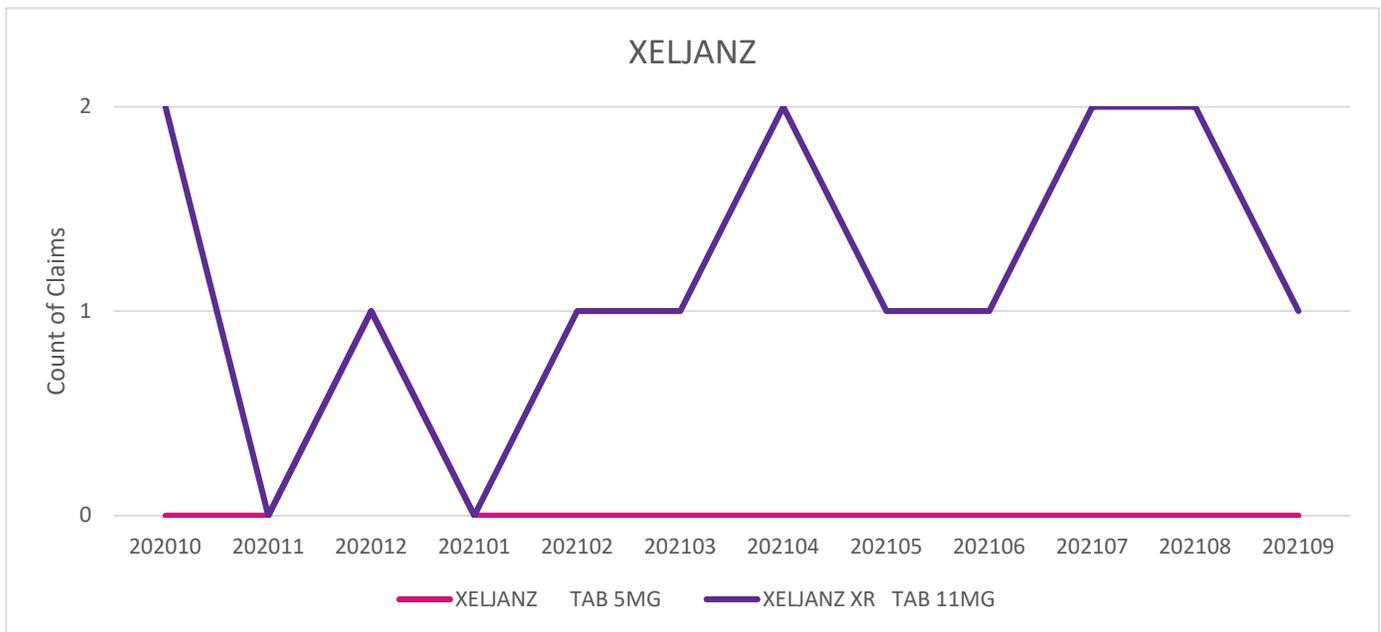
SilverSummit Healthplan

Product Name		Count of Members	Count of Claims	Sum of Qty	Sum of Days
STELARA	INJ 45MG/0.5	5	5	2.5	420
STELARA	INJ 90MG/ML	6	6	6	364
Total		11	11	8.5	784



XELJANZ
Summary of Utilization
October 1, 2020 to September 30, 2021
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
XELJANZ TAB 5MG	1	1	60	30
XELJANZ XR TAB 11MG	13	14	420	420
Total	14	15	480	450



Monoclonal Antibodies for the Treatment of Respiratory Conditions

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 27, 2022

Prior Authorization Criteria being reviewed: Monoclonal Antibodies

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.

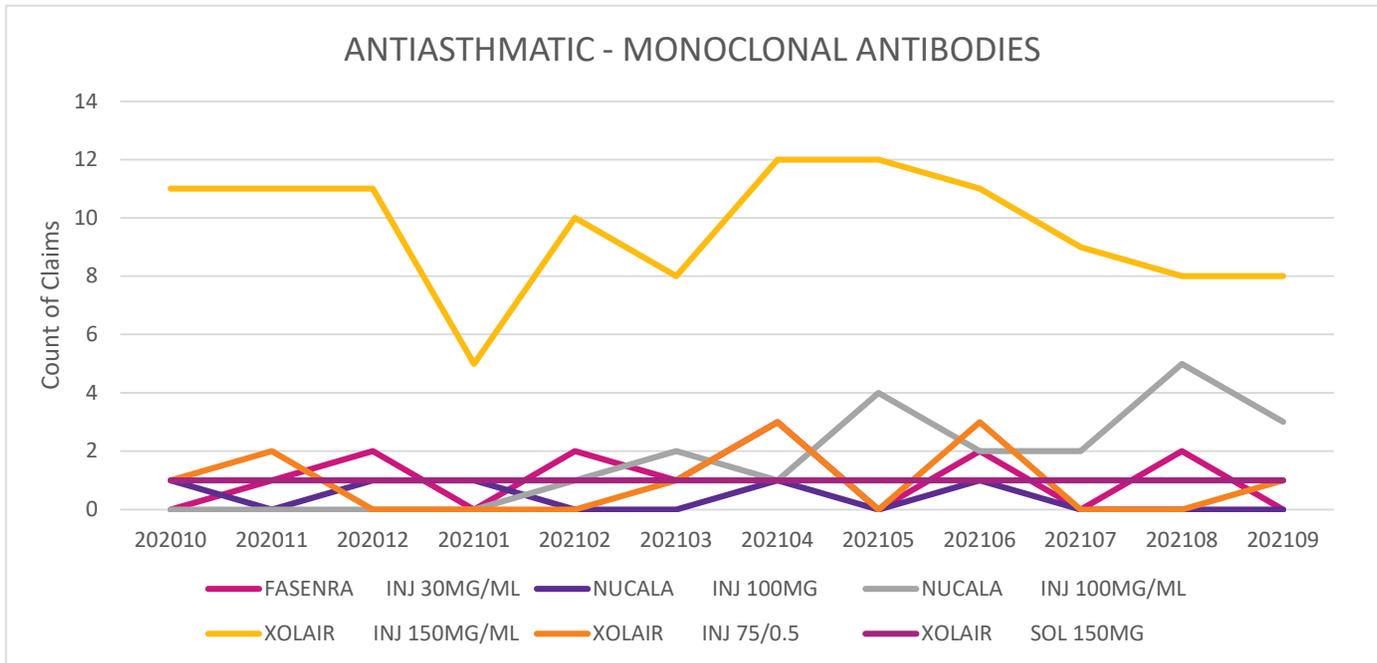
Please print the name of the individual completing this form: Tom Beranek

Signature of individual completing this form: Tom Beranek

ANTIASTHMATIC - MONOCLONAL ANTIBODIES

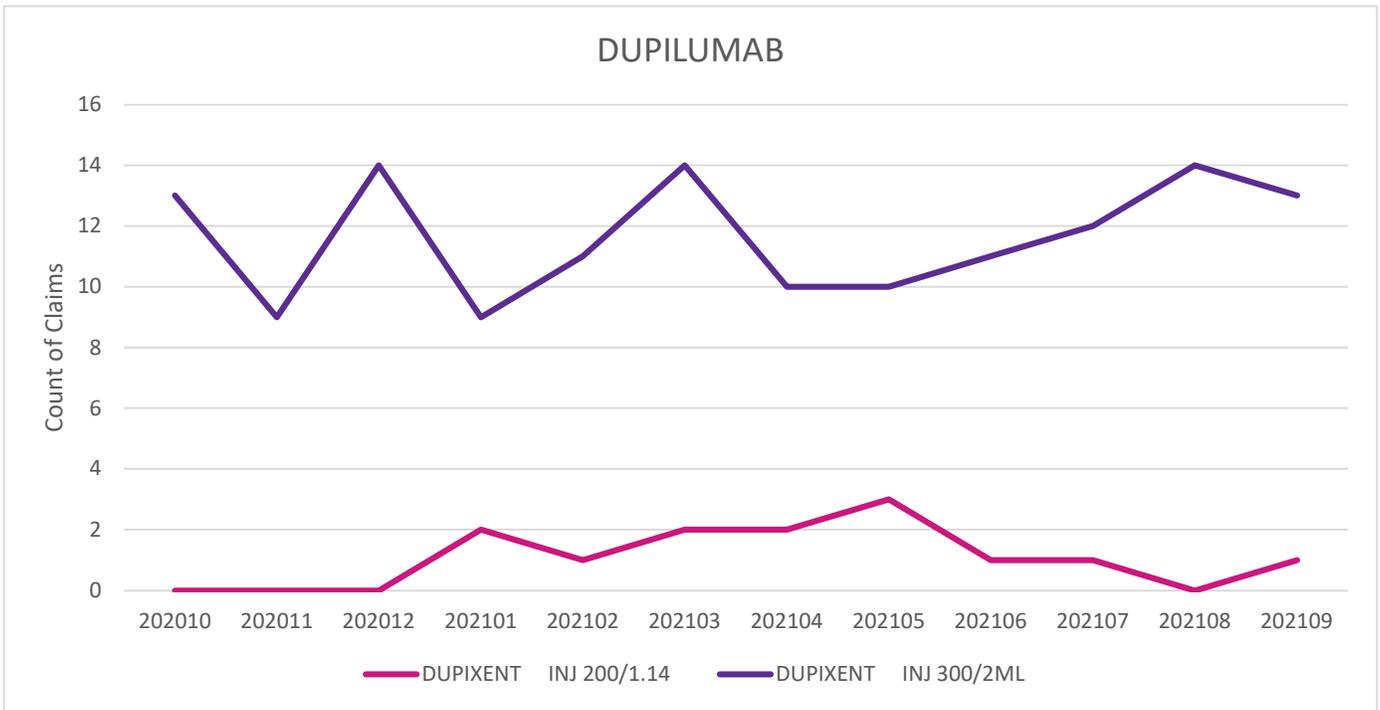
Summary of Utilization
 October 1, 2020 to September 30, 2021
 SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
FASENRA INJ 30MG/ML	13	13	13	644
NUCALA INJ 100MG	5	5	5	140
NUCALA INJ 100MG/ML	17	20	20	564
XOLAIR INJ 150MG/ML	111	116	247	2,148
XOLAIR INJ 75/0.5	9	11	11	308
XOLAIR SOL 150MG	12	12	72	336
Total	167	177	368	5,240



DUPILUMAB
Summary of Utilization
October 1, 2020 to September 30, 2021
SilverSummit Healthplan

Product Name		Count of Members	Count of Claims	Sum of Qty	Sum of Days
DUPIXENT	INJ 200/1.14	11	13	29.64	336
DUPIXENT	INJ 300/2ML	130	140	560	3,844
Total		141	153	589.64	4,180



Neuropathic
Pain/Fibromyalgia
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 27, 2022

Prior Authorization Criteria being reviewed: Quetenza

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

CAPSAICIN & CLEANSING GEL

Summary of Utilization

October 1, 2020 to September 30, 2021

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 27, 2022

Prior Authorization Criteria being reviewed: Amondys 45

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 including the following criteria:

- 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, unless contraindicated or clinically significant adverse effects are experienced
- Member has all of the following assessed within the last 30 days (a, b, and c):
 - a. Ambulatory function (e.g., ability to walk with or without assistive devices, not wheelchair dependent) with a 6-minute walk test (6MWT) distance ≥ 300 m;
 - b. Stable cardiac function with left ventricular ejection fraction (LVEF) $\geq 40\%$;
 - c. Stable pulmonary function with predicted forced vital capacity (FVC) $\geq 50\%$;

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

MUSCULAR DYSTROPHY AGENTS

Summary of Utilization

October 1, 2020 to September 30, 2021

SilverSummit Healthplan

No Utilization For This Time Period

Opioid Trend –
Top Prescribers
and Members

Board Requested
Reports



Opioid Utilization
Overall Summary
October 1, 2020 - September 30, 2021
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
202010	1,317	1,526	1.16	30,810	99,554	75.59	43.0
202011	1,221	1,360	1.11	27,488	90,614	74.21	40.9
202012	1,308	1,540	1.18	31,537	103,436	79.08	43.8
202101	1,244	1,394	1.12	28,828	93,220	74.94	40.5
202102	1,196	1,353	1.13	28,240	92,163	77.06	42.3
202103	1,346	1,576	1.17	31,951	102,292	76.00	42.3
202104	1,327	1,526	1.15	30,848	101,794	76.71	42.5
202105	1,315	1,466	1.11	28,702	95,743	72.81	40.3
202106	1,333	1,505	1.13	30,427	99,871	74.92	40.4
202107	1,251	1,419	1.13	27,992	91,638	73.25	41.0
202108	1,288	1,461	1.13	29,363	96,289	74.76	40.5
202109	1,319	1,496	1.13	30,012	98,523	74.70	39.9

Top 10 Opioid Prescribers by Count of Claims

SilverSummit Healthplan

Q3 2021

Encrypted ID	Specialty	Degree	City	Member Count	Claim Count	Sum of Day Supply	Sum of Qty	MME/ Day Supply / Member
CC	Pain Management	MD	Las Vegas	61	88	2,513	7,719	56.0
Q1	Pain Management	FNP-C	Las Vegas	58	141	4,037	13,027	82.6
Z1	Pain Management	NP	Las Vegas	57	143	4,227	13,136	88.60
FFF	Pain Management	PA	Las Vegas	46	136	3,963	12,687	111.2
E	Pain Management	PA	Las Vegas	43	91	2,547	8,976	102.5
M2	Pain Management	PA-C	Las Vegas	33	61	1,789	5,440	70.1
F	Pain Management	PA	Las Vegas	32	102	2,915	9,226	166.8
J	Pain Management	PA	Las Vegas	29	89	2,542	8,132	121.1
G	Pain Management	MD	Las Vegas	28	66	1,881	5,509	90.9
Y	Pain Management	MD	Las Vegas	24	60	1,754	5,172	82.8

Q2 2021

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	60	141	4,028	12,429	79.8
Z1	Pain Management	NP	Las Vegas	53	136	3,963	12,527	91.6
FFF	Pain Management	PA	Las Vegas	54	119	3,531	12,077	91.70
E	Pain Management	PA	Las Vegas	47	115	3,245	11,002	108.2
J	Pain Management	PA	Las Vegas	37	101	2,871	9,909	124.2
M2	Pain Management	PA-C	Las Vegas	45	93	2,666	8,254	75.9
F	Pain Management	PA	Las Vegas	32	88	2,552	8,257	149.4
O2	Pain Management	APRN	Las Vegas	31	83	2,426	7,684	84.9
CC	Pain Management	MD	Las Vegas	46	70	1,943	5,787	58.3
G	Pain Management	MD	Las Vegas	31	66	1,821	5,315	81.7

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	MME/ DaySupply/ Member
1		8	684	228	180.00
	K3	8	684	228	180.00
2		8	256	79	225.00
	L3	7	196	49	420.00
	M3	1	60	30	30.00
3		8	600	240	82.50
	N3	6	450	180	123.75
	O3	2	150	60	41.25
4		8	810	240	108.33
	E		810	240	108.33
5		7	411	205	61.74
	P3	4	231	115	83.10
	Q3	1	60	30	60.00
	R3	2	120	60	41.25
6		7	510	210	127.50
	Y	7	510	210	127.50
7		7	520	210	85.00
	B2	5	360	150	120.00
	S3	2	160	60	50.00
8		6	540	180	90.00
	J	6	540	180	90.00
9		6	434	93	80.86
	T3	3	210	35	120.00
	U3	2	140	44	37.14
	V3	1	84	14	90.00
10		6	390	180	97.50
	Z1	6	390	180	97.50
Grand Total		71	5,155	1,865	1,138.43

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	8	684	228
MORPHINE SUL 15MG ER	4	228	114
OXYCOD/APAP 10-325MG	4	456	114
2	8	256	79
OXYCOD/APAP 10-325MG	8	256	79
3	8	600	240
MORPHINE SUL 30MG ER	4	240	120
OXYCODONE TAB 5MG	4	360	120
4	8	810	240
HYDROCO/APAP 10-325MG	4	480	120
MORPHINE SUL 15MG ER	3	270	90
METHADONE TAB 5MG	1	60	30
5	7	411	205
MORPHINE SUL 30MG ER	4	231	115
OXYCOD/APAP TAB 7.5-325	3	180	90
6	7	510	210
MORPHINE SUL 15MG ER	4	240	120
OXYCOD/APAP 10-325MG	3	270	90
7	7	520	210
METHADONE TAB 10MG	4	160	120
OXYCODONE TAB 10MG	3	360	90
8	6	540	180
TRAMADOL HCL 100MG ER	3	180	90
HYDROCO/APAP 10-325MG	3	360	90
9	6	434	93
OXYCOD/APAP 10-325MG	4	372	72
HYDROCO/APAP 10-325MG	2	62	21
10	6	390	180
MORPHINE SUL 15MG ER	3	90	90
OXYCOD/APAP 10-325MG	3	300	90
Grand Total	71	5,155	1,865

Standard DUR
Reports



Top 10 Therapeutic Classes

SilverSummit Healthplan
July 1, 2021 to September 30, 2021

Top 10 Drug Classes by Paid Amount

Drug Class Name	Count of Claims	Pharmacy Paid
Antiretrovirals	1064	SSHP Confidential
Insulin	1851	SSHP Confidential
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	989	SSHP Confidential
Anti-TNF-alpha - Monoclonal Antibodies	76	SSHP Confidential
Antipsychotics - Misc.	601	SSHP Confidential
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	689	SSHP Confidential
Sympathomimetics	5795	SSHP Confidential
Antipsoriatics	46	SSHP Confidential
Direct Factor Xa Inhibitors	698	SSHP Confidential
Antineoplastic Enzyme Inhibitors	30	SSHP Confidential

2021 Q3

Drug Class Name	Count of Claims	Pharmacy Paid
Antiretrovirals	958	SSHP Confidential
Insulin	1758	SSHP Confidential
Anti-TNF-alpha - Monoclonal Antibodies	90	SSHP Confidential
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	773	SSHP Confidential
Antipsychotics - Misc.	530	SSHP Confidential
Sympathomimetics	5442	SSHP Confidential
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	612	SSHP Confidential
Antipsoriatics	49	SSHP Confidential
Antineoplastic Enzyme Inhibitors	33	SSHP Confidential
Direct Factor Xa Inhibitors	666	SSHP Confidential

2021 Q2

Top 10 Drug Classes by Claim Count

Drug Class Name	Count of Claims	Pharmacy Paid
Viral Vaccines	7846	SSHP Confidential
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	7084	SSHP Confidential
HMG CoA Reductase Inhibitors	6647	SSHP Confidential
Sympathomimetics	5795	SSHP Confidential
Selective Serotonin Reuptake Inhibitors (SSRIs)	5753	SSHP Confidential
Anticonvulsants - Misc.	5593	SSHP Confidential
Proton Pump Inhibitors	3642	SSHP Confidential
Central Muscle Relaxants	3373	SSHP Confidential
Antianxiety Agents - Misc.	3230	SSHP Confidential
Opioid Combinations	3189	SSHP Confidential

2021 Q3

Drug Class Name	Count of Claims	Pharmacy Paid
Viral Vaccines	6519	SSHP Confidential
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	5968	SSHP Confidential
HMG CoA Reductase Inhibitors	5587	SSHP Confidential
Selective Serotonin Reuptake Inhibitors (SSRIs)	5490	SSHP Confidential
Anticonvulsants - Misc.	5194	SSHP Confidential
Sympathomimetics	3462	SSHP Confidential
Proton Pump Inhibitors	3344	SSHP Confidential
Central Muscle Relaxants	3070	SSHP Confidential
Opioid Combinations	3000	SSHP Confidential
Antianxiety Agents - Misc.	2569	SSHP Confidential

2021 Q2

Prospective DUR

SilverSummit Healthplan
July 1, 2021 to September 30, 2021

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)	19,720	0	0%	0	0%	19,720	100%
Therapeutic Duplication (TD)	24,707	6,833	28%	2,147	9%	15,727	64%
Ingredient Duplication (ID)	14,936	0	0%	0	0%	14,936	100%
Late Refill (LR)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total High Dose (HD)	2,203	1,296	59%	578	26%	239	11%
Drug-Pregnancy (PG)	133	95	71%	35	26%	3	2%
Total Low Dose (LD)	3,873	2,500	65%	743	19%	630	16%
Drug-Drug (DD)	12,699	8,904	70%	1,439	11%	2,356	19%
Drug-Disease (MC)	4,460	3,119	70%	577	13%	764	17%
Drug-Allergy (DA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug-Age (PA)	11	10	91%	1	9%	0	0%

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	Atorvastatin	Cholecaliferol	Alprazolam	Alprazolam	N/A	Promethazine - DM
Amlodipine Besylate	Bupropion	Amlodipine Besylate	N/A	Dupilumab	Desogestrel-Ethinyl Estradiol (Biphasic)	Norelgestromin-Ethinyl Estradiol	Bupropion	Amphetamine-Dextroamphetamine	N/A	Promethazine HCL
Atorvastatin	Gabapentin	Atorvastatin	N/A	Ergocalciferol	Norethindrone (Contraceptive)	Ondansetron Hcl	Escitalopram	Bupropion	N/A	
Gabapentin	Levothyroxine	Gabapentin	N/A	Famotidine	Norgestrel & Ethinyl Estradiol	Potassium Chloride Microencapsulated Crystals ER	Fluoxetine	Clonazepam	N/A	N/A
Lisinopril	Lisinopril	Lisinopril	N/A	Ibuprofen	Norgestimate Ethinyl Estradiol (triphasic)	Progesterone Micronized	Ibuprofen	Gabapentin	N/A	N/A
Metformin	Metformin	Metformin	N/A	Ixekizumab	Norelgestromin Ethinyl Estradiol	Propranolol HCL	Sertraline	Lamotrigine	N/A	N/A
Sertraline	Sertraline	Sertraline	N/A	Meloxicam	Prenatal Vit W/Ferrous Fumarate- Folic Acid	N/A	Trazodone	Spirolactone	N/A	N/A

Retrospective DUR

SilverSummit Healthplan

July 1, 2021 to September 30, 2021

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.)
Dangerous 3 Drug Combination (Trifecta)	Provider outreach for members who are filling a combination of opioids, benzodiazepines and muscle relaxers.	Mail	326	53	16%	Physician	SSHP
Respiratory Overuse	Provider outreach for members with a respiratory condition, who are over-utilizing their short acting beta agonist (rescue medications).	Mail	26	0	0%	Physician	SSHP
MME Benchmark	Provider outreach for members who are using opioids at doses greater than or equal to 120mg of morphine per day (cancer and sickle cell patients are excluded).	Mail	13	2	15%	Physician	SSHP
Diabetes Underuse	Provider targeted outreach for members with diabetes and hypertension, who are not optimizing therapy with an ACEI or ARB for prevention of nephropathy.	Mail	114	4	4%	Physician	SSHP
Antiepileptic Adherence	Outreach to members who are non-adherent on their Antiepileptic Medications.	Phone/Mail	133	25	19%	Member	SSHP

Retrospective DUR

SilverSummit Healthplan

July 1, 2021 to September 30, 2021

Problem, Goal and Intervention Outcomes				
Description	Goal Description	Achieved	Not Achieved	No Longer Relevant
Opioid Overuse	Improve Regimen	6	1	1
Dangerous 3 Drug Combination	Discountinue Drug	6	6	0
Dangerous 2 Drug Combination	Discountinue Drug	76	97	0
Benzodiazepine Overuse	Discountinue Drug	89	321	30
Proton Pump Inhibitor Overuse	Discountinue Drug	151	326	40
Antibiotic Overuse	Discountinue Drug	27	95	8
Non-benzopdiapepine Hypnotic Overuse	Discountinue Drug	43	95	8
Asthmatics without a controller	Add controller Agent in Asthma	27	123	16
Diabetes without ACE/ARB	Add ACE/ARB in Diabetes	26	27	20
Diabetes without a statin	Add Statin in Diabetes	85	183	45
All Therapeutic Duplication	Remove Duplicated Drug	235	77	14