

2021

Nevada Medicaid Drug Use Review Board Meeting

July 22, 2021



silversummit
healthplan

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Antimigraine
Medications -
Miscellaneous

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: July 22, 2021

Prior Authorization Criteria being reviewed: DHE

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

Ergot Combinations Utilization

Summary of Utilization

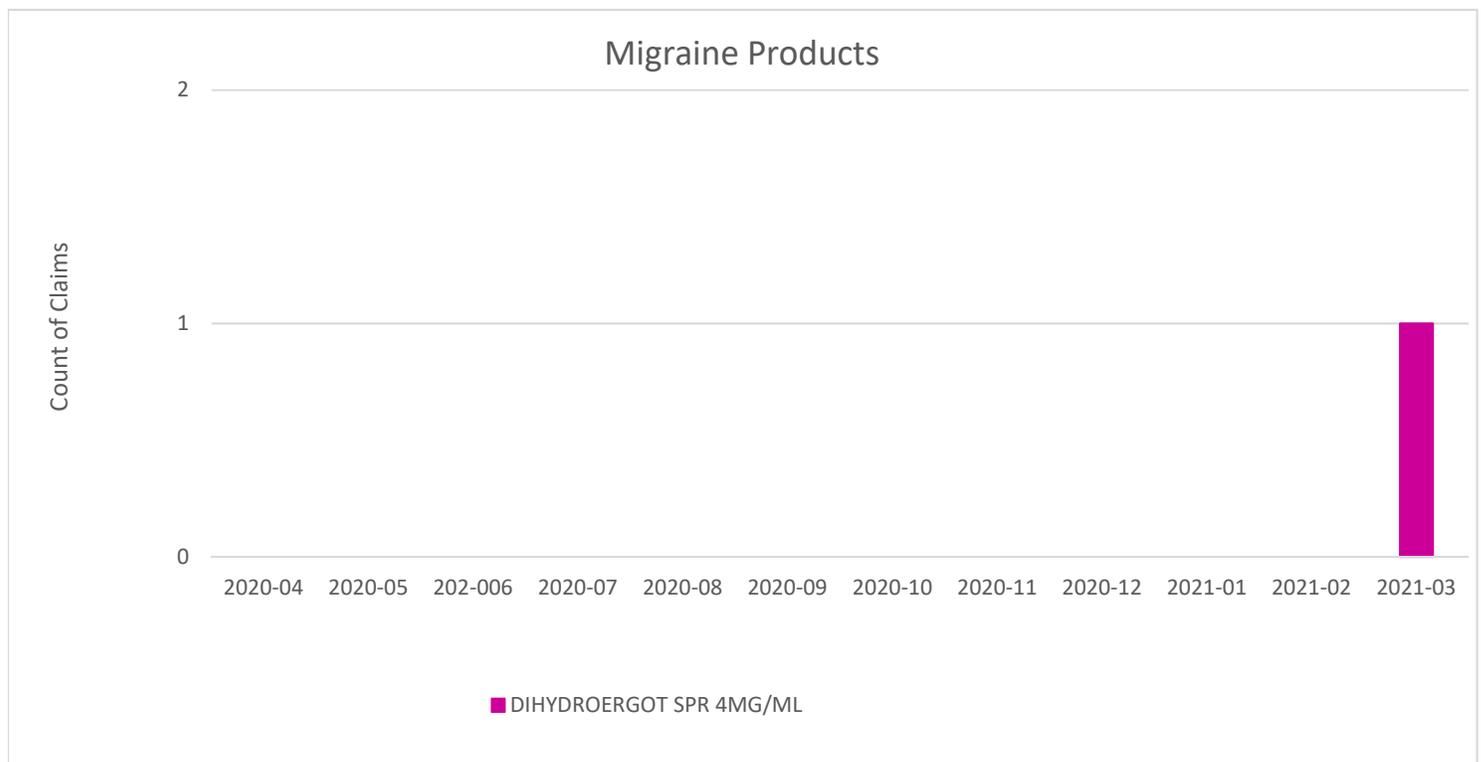
April 1, 2020 - March 31, 2021

SilverSummit Healthplan

No Utilization For This Time Period

Migraine Products
Summary of Utilization
April 1, 2020 to March 31, 2021
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
DIHYDROERGOT SPR 4MG/ML	1	1	8	30
Total	1	1	8	30



Duchene Muscular Dystrophy 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: July 22, 2021

Prior Authorization Criteria being reviewed: Viltepso

Managed Care Organization name: Silver Summit Health Plan

Please place a check mark in the appropriate box:

- I approve the criteria as presented by OptumRx
- I disapprove of the criteria as presented by OptumRx

I recommend the following changes to the criteria as presented. Please be brief and identify the section of the proposed criteria. If you feel you need more space for proposed changes, you may attach a word document, with only the suggested changes to criteria being presented.

Recommend adding the following criteria to policy:

- Inadequate response (as evidenced by a significant decline in 6MWT, TTSTAND, 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;
- Viltepso is prescribed concurrently with an oral corticosteroid, unless contraindicated or clinically significant adverse effects are experienced;

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

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

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

Signature of individual completing this form: Tom Beranek

Viltolarsen Utilization

Summary of Utilization
April 1, 2020 - March 31, 2021
SilverSummit Healthplan

No Utilization For This Time Period

Muscular Dystrophy Agents Utilization

Summary of Utilization
April 1, 2020 - March 31, 2021
SilverSummit Healthplan

No Utilization For This Time Period

Opioid Trend –
Top Prescribers
and Members

Board Requested
Reports



Opioid Utilization
Overall Summary
April 1, 2020 - March 31, 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
202004	1,226	1,442	1.18	31,480	100,159	81.70	44.5
202005	1,328	1,552	1.17	31,530	101,060	76.10	42.7
202006	1,374	1,591	1.16	32,333	102,002	74.24	43.1
202007	1,407	1,666	1.18	33,232	108,271	76.95	43.2
202008	1,324	1,539	1.16	30,415	100,883	76.20	42.8
202009	1,307	1,496	1.14	30,634	100,555	76.94	43.7
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

Top 10 Opioid Prescribers by Count of Claims

SilverSummit Healthplan

Q1 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	62	140	3,871	11,846	77.5
Z1	Pain Management	NP	Las Vegas	50	116	3,411	10,736	80.8
E	Pain Management	PA	Las Vegas	46	113	3,274	10,864	105.60
FFF	Pain Management	PA	Las Vegas	52	110	3,180	10,951	85.0
CC	Pain Management	MD	Las Vegas	65	94	2,642	7,714	54.9
M2	Pain Management	PA-C	Las Vegas	46	94	2,743	8,047	70.7
F	Pain Management	PA	Las Vegas	28	92	2,715	8,438	161.1
J	Pain Management	PA	Las Vegas	30	87	2,488	7,589	111.7
Y	Pain Management	MD	Las Vegas	29	72	2,127	6,011	78.4
H2	Pain Management	PA-C	Las Vegas	30	70	2,057	6,664	103.5

Q4 2020

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	129	3,645	11,900	78.3
CC	Pain Management	MD	Las Vegas	74	114	3,023	8,665	54.8
Z1	Pain Management	NP	Las Vegas	43	102	3,009	10,055	90.0
E	Pain Management	PA	Las Vegas	47	102	2,986	9,595	89.3
F	Pain Management	PA	Las Vegas	32	98	2,940	9,720	166.4
J	Pain Management	PA	Las Vegas	30	84	2,418	7,900	114.3
Y	Pain Management	MD	Las Vegas	28	75	2,056	5,906	90.7
M2	Pain Management	PA-C	Las Vegas	36	74	2,042	5,794	67.5
O2	Pain Management	APRN	Las Vegas	31	72	1,995	6,396	73.1

Opioid Utilization by Member

Top 10 Members by Claim Count

Current Quarter

SilverSummit Healthplan

Member	Enc ID	Enc NPI	Count of Claim	Sum of Qty	Sum of Days	MME/ DaySupply/ Member
1			11	308	77	90.00
		P2	11	308	77	90.00
2			9	300	135	164.00
		L2	9	300	135	164.00
3			8	457	191	208.00
		Q2	3	300	135	45.00
		R2	1	21	7	45.00
		S2	1	14	7	10.00
		T2	1	20	5	30.00
		U2	1	60	30	30.00
		V2	1	42	7	48.00
4			7	510	210	117.00
		M2	5	360	150	39.00
		Z1	1	60	30	30.00
		CC	1	90	30	48.00
5			7	726	196	45.00
		E	7	726	196	45.00
6			7	540	210	75.00
		W2	7	540	210	75.00
7			7	381	141	43.00
		X2	7	381	141	43.00
8			6	450	180	72.00
		Q1	4	300	120	72.00
		Z1	2	150	60	72.00
9			6	168	49	45.00
		P2	4	112	28	20.00
		A	1	42	14	15.00
		Y2	1	14	7	10.00
10			6	198	93	35.00
		Q1	6	198	93	35.00
Grand Total			74	4,038	1,482	894.00

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	11	308	77
MORPHINE SUL TAB 30MG	8	224	56
MORPHINE SUL TAB 15MG	3	84	21
2	9	300	135
FENTANYL DIS 100MCG/HR	3	15	45
FENTANYL DIS 25MCG/HR	3	15	45
HYDROMORPHON TAB 8MG	3	270	45
3	8	457	146
HYDROMORPHON TAB 2MG	1	42	7
MORPHINE SUL TAB 15MG ER	3	141	67
OXYCOD/APAP 5-325MG	1	20	5
OXYCOD/APAP 10-325MG	2	240	60
TRAMADOL HCL TAB 50MG	1	14	7
4	7	510	210
OXYCONTIN TAB 10MG CR	3	270	90
HYDROMORPHON TAB 4MG	4	240	120
5	7	726	196
TRAMADOL HCL TAB 50MG	4	636	106
MORPHINE SUL TAB 15MG ER	3	90	90
6	7	540	210
OXYCOD/APAP 10-325MG	4	360	120
MORPHINE SUL TAB 15MG ER	3	180	90
7	7	381	141
HYDROCO/APAP 5-325MG	4	270	74
MORPHINE SUL TAB 15MG ER	3	111	67
8	6	438	180
OXYCOD/APAP 10-325MG	3	270	90
XTAMPZA ER CAP 9MG	3	168	90
9	6	49	49
HYDROCO/APAP 5-325MG	1	14	7
TRAMADOL HCL TAB 50MG	5	154	42
10	6	198	93
MORPHINE SUL 15MG ER	4	58	58
TRAMADOL HCL TAB 50MG	2	140	35
Grand Total	74	3,858	1,437

Standard DUR
Reports



Top 10 Therapeutic Classes

SilverSummit Healthplan
October 1, 2020 to March 31, 2021

Top 10 Drug Classes by Paid Amount

2021 Q1	Drug Class Name	Count of Claims	Pharmacy Paid
	Antiretrovirals	863	SSHP Confidential
	Insulin	1673	SSHP Confidential
	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	703	SSHP Confidential
	Anti-TNF-alpha - Monoclonal Antibodies	67	SSHP Confidential
	Antipsychotics - Misc.	476	SSHP Confidential
	Sympathomimetics	5194	SSHP Confidential
	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	550	SSHP Confidential
	Antineoplastic Enzyme Inhibitors	31	SSHP Confidential
	Direct Factor Xa Inhibitors	598	SSHP Confidential
	Hepatitis Agents	55	SSHP Confidential

2020 Q4	Drug Class Name	Count of Claims	Pharmacy Paid
	Antiretrovirals	737	SSHP Confidential
	Insulin	1678	SSHP Confidential
	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	618	SSHP Confidential
	Antipsychotics - Misc.	472	SSHP Confidential
	Sympathomimetics	4715	SSHP Confidential
	Anti-TNF-alpha - Monoclonal Antibodies	50	SSHP Confidential
	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	509	SSHP Confidential
	Direct Factor Xa Inhibitors	609	SSHP Confidential
	Antineoplastic Enzyme Inhibitors	24	SSHP Confidential
	Metabolic Modifiers	62	SSHP Confidential

Top 10 Drug Classes by Claim Count

2021 Q1	Drug Class Name	Count of Claims	Pharmacy Paid
	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	6519	SSHP Confidential
	HMG CoA Reductase Inhibitors	5968	SSHP Confidential
	Selective Serotonin Reuptake Inhibitors (SSRIs)	5587	SSHP Confidential
	Anticonvulsants - Misc.	5490	SSHP Confidential
	Sympathomimetics	5194	SSHP Confidential
	Proton Pump Inhibitors	3462	SSHP Confidential
	Central Muscle Relaxants	3344	SSHP Confidential
	Opioid Combinations	3070	SSHP Confidential
	Antianxiety Agents - Misc.	3000	SSHP Confidential
	ACE Inhibitors	2569	SSHP Confidential

2020 Q4	Drug Class Name	Count of Claims	Pharmacy Paid
	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	6325	SSHP Confidential
	HMG CoA Reductase Inhibitors	5607	SSHP Confidential
	Selective Serotonin Reuptake Inhibitors (SSRIs)	5295	SSHP Confidential
	Anticonvulsants - Misc.	5169	SSHP Confidential
	Sympathomimetics	4715	SSHP Confidential
	Proton Pump Inhibitors	3269	SSHP Confidential
	Central Muscle Relaxants	3191	SSHP Confidential
	Opioid Combinations	3133	SSHP Confidential
	Antianxiety Agents - Misc.	2763	SSHP Confidential
	ACE Inhibitors	2475	SSHP Confidential

Prospective DUR

SilverSummit Healthplan

January 1, 2021 to March 31, 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)	20,240	0	0%	0	0%	20,240	100%
Therapeutic Duplication (TD)	25,319	6,779	27%	2,366	9%	16,173	64%
Ingredient Duplication (ID)	15,279	0	0%	0	0%	15,279	100%
Late Refill (LR)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total High Dose (HD)	1,908	1,124	59%	443	23%	341	18%
Drug-Pregnancy (PG)	173	119	69%	36	21%	18	10%
Total Low Dose (LD)	3,972	2,622	66%	734	18%	616	16%
Drug-Drug (DD)	12,264	8,464	69%	1,462	12%	2,338	19%
Drug-Disease (MC)	4,131	2,813	68%	513	12%	767	19%
Drug-Allergy (DA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug-Age (PA)	6	3	50%	3	50%	0	0%

Top 10 Drugs by Therapeutic Problem Type										
ER	TD	ID	LR	HD	PG	LD	DD	MC	DA	PA
Albuterol Sulfate	Amlodipine Besylate	Albuterol Sulfate	N/A	Cefdinir	Atorvastatin	Cholecaliferol	Alprazolam	Alprazolam	N/A	Nitrofurantoin
Amlodipine Besylate	Atorvastatin	Amlodipine Besylate	N/A	Ergocalciferol	Medroxyprogesterone Acetate (Contraceptive)	Norelgestromin-Ethinyl Estradiol	Buprenorphine HCL-Naloxone HCL	Amphetamine-Dextroamphetamine	N/A	Promethazine - DM
Atorvastatin	Gabapentin	Atorvastatin	N/A	Famotidine	Norethindrone (Contraceptive)	Ondansetron Hcl	Buspirone	Bupropion	N/A	Promethazine HCL
Gabapentin	Levothyroxine	Gabapentin	N/A	Ibuprofen	Norgestrel & Ethinyl Estradiol	Potassium Chloride Microencapsulated Crystals ER	Escitalopram	Gabapentin	N/A	N/A
Lisinopril	Lisinopril	Lisinopril	N/A	Meloxicam	Prenatal Vit W/Ferrous Fumarate- Folic Acid	Progesterone Micronized	Ibuprofen	Lamotrigine	N/A	N/A
Metformin	Metformin	Metformin	N/A	Omalizumab	Progesterone Micronized	Propranolol HCL	Sertraline	N/A	N/A	N/A
N/A	Sertraline	Sertraline	N/A	N/A	N/A	N/A	Trazodone	N/A	N/A	N/A

Retrospective DUR

SilverSummit Healthplan

January 1, 2021 to March 31, 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.)
Hypertension Adherence	Outreach to members who are non-adherent to their Hypertension medications.	Phone/Mail	1153	428	37%	Member	SSHP
Statin Adherence	Outreach to members who are non-adherent to their Statin medications.	Phone/Mail	863	306	35%	Member	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	158	17	11%	Prescriber	SSHP
Asthma Albuterol Overuse	Provider targeted outreach for members with a respiratory condition, who are over-utilizing their short acting beta agonist (rescue medications).	Mail	41	2	5%	Prescriber	SSHP
Diabetes Adherence	Outreach to members who are non-adherent to their Diabetic medications.	Phone/Mail	536	168	31%	Member	SSHP

Retrospective DUR

SilverSummit Healthplan

January 1, 2021 to March 31, 2021

Problem, Goal and Intervention Outcomes					
Description	Goal Description	Achieved	Not Achieved	No Longer Relevant	Pending
Opioid Overuse	Improve Regimen	1	1	0	2
Dangerous 3 Drug Combination	Discontinue Drug	3	1	1	6
Dangerous 2 Drug Combination	Discontinue Drug	25	24	2	81
Benzodiazepine Overuse	Discontinue Drug	20	78	9	218
Proton Pump Inhibitor Overuse	Discontinue Drug	17	89	7	270
Antibiotic Overuse	Discontinue Drug	3	3	0	15
Non-benzopdiapepine Hypnotic Overuse	Discontinue Drug	7	27	2	66
Asthmatics without a controller	Add controller Agent in Asthma	7	30	0	71
Diabetes without ACE/ARB	Add ACE/ARB in Diabetes	4	40	1	88
Diabetes without a statin	Add Statin in Diabetes	17	40	8	162
All Drug-Drug Interaction	Change Drug Regimen	59	2	0	25
All Drug Age Interaction	Change Drug Regimen	3	1	0	0
All Therapeutic Duplication	Remove Duplicated Drug	55	16	5	132