

2019

Nevada Medicaid Drug Use Review Board Meeting

October 17, 2019



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Natroba & Lice Treatments

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: October 17, 2019

Prior Authorization Criteria being reviewed: Natroba

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 added:

1. At least 1 year old
2. Quantity limit of 120ml per retail fill

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.

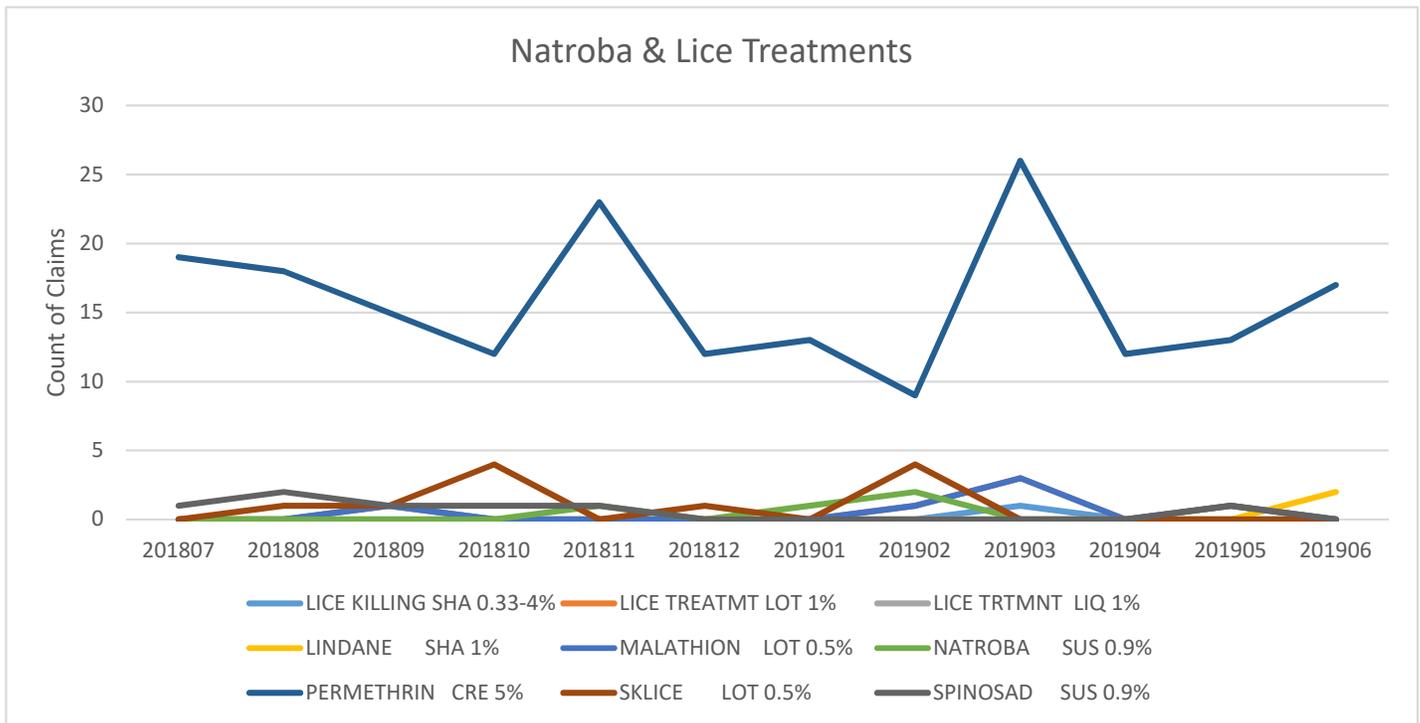
Please print the name of the individual completing this form: Tom Beranek

Signature of individual completing this form: Tom Beranek

Natroba & Lice Treatments

Summary of Utilization
 July 1, 2018 - June 30, 2019
 SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
LICE KILLING SHA 0.33-4%	1	1	236	1
LICE TREATMT LOT 1%	6	6	413	27
LICE TRTMNT LIQ 1%	1	1	118	14
LINDANE SHA 1%	2	2	120	44
MALATHION LOT 0.5%	17	33	1,947	332
NATROBA SUS 0.9%	3	4	480	74
PERMETHRIN CRE 5%	137	189	11,340	1,686
SKLICE LOT 0.5%	11	11	1,872	170
SPINOSAD SUS 0.9%	6	7	721	112
Total	184	254	17,247	2,460



Zolgensma

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: October 17, 2019

Prior Authorization Criteria being reviewed: Zolgensma

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 to criteria to policy:

1. Documentation of one of the following baseline scores (a or b)
 - a. Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorder (CHOP-INTEND) score;
 - b. Hammersmith Infant Neurological Examination (HINE) Section 2 motor milestone score;
2. Documentation of both of the following (a and b):
 - a. Baseline laboratory tests demonstrating Anti-AAV9 antibody titers $\leq 1:50$ as determined by ELISA binding immunoassay;
 - b. Baseline liver function test, platelet counts, and troponin-I;
3. Member does not have advanced SMA (e.g., complete paralysis of limbs, permanent ventilator dependence, tracheostomy, non-invasive ventilation beyond the use for sleep);
4. If the member is currently on Spinraza, must meet the following (a and b):
 - a. Provider must submit evidence of clinical deterioration (e.g., sustained decrease in CHOP-INTEND score over a period of 3 to 6 months);
 - b. Documentation of provider attestation of clinical deterioration and Spinraza discontinuation;
5. Member does not have an active viral infection (*see Appendix D*);
6. Total dose does not exceed 1.1×10^{14} vector genomes (vg) per kilogram (kg).

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*

Zolgensma Utilization

Summary of Utilization

July 1, 2018 - June 30, 2019

SilverSummit Healthplan

No Utilization For This Time Period

Anti-Narcoleptic
Agents & Sunosi
(Solriamfetol)

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: October 17, 2019

Prior Authorization Criteria being reviewed: Sunosi (Solriamfetol)

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 to the policy:

Diagnosis of **Narcolepsy**:

1. Age \geq 18 years;
2. Failure of a 1-month trial of one of the following central nervous system stimulants at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced: amphetamine immediate-release (IR), amphetamine, dextroamphetamine IR, dextroamphetamine, or methylphenidate IR;
3. Dose does not exceed 150 mg per day.

Diagnosis of **OSA**:

1. Age \geq 18 years;

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

Anti-Narcoleptic Agents & Sunosi (solriamfetol)

Summary of Utilization
July 1, 2018 - June 30, 2019
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
ADDERALL TAB 10MG	1	2	180	60
ADDERALL TAB 20MG	1	1	60	30
ADDERALL TAB 30MG	1	2	90	60
ADDERALL XR CAP 10MG	3	11	308	308
ADDERALL XR CAP 15MG	3	3	90	90
ADDERALL XR CAP 20MG	4	9	275	245
ADDERALL XR CAP 30MG	3	17	555	495
ADDERALL XR CAP 5MG	2	3	90	90
ADZENYS XR TAB 15.7 MG	1	1	30	30
ADZENYS XR TAB 9.4MG	1	1	30	30
AMPHET/DEXTR CAP 10MG ER	87	211	6,656	6,056
AMPHET/DEXTR CAP 15MG ER	66	220	6,771	6,501
AMPHET/DEXTR CAP 20MG ER	111	400	13,188	11,808
AMPHET/DEXTR CAP 25MG ER	19	63	1,890	1,890
AMPHET/DEXTR CAP 30MG ER	67	291	8,666	8,666
AMPHET/DEXTR CAP 5MG ER	33	62	1,801	1,801
AMPHET/DEXTR TAB 10MG	245	713	33,238	20,807
AMPHET/DEXTR TAB 12.5MG	1	1	30	30
AMPHET/DEXTR TAB 15MG	98	330	17,253	9,814
AMPHET/DEXTR TAB 20MG	219	845	46,056	25,151
AMPHET/DEXTR TAB 30MG	152	730	38,146	21,453
AMPHET/DEXTR TAB 5MG	110	222	8,679	5,953
AMPHET/DEXTR TAB 7.5MG	2	2	90	60
AMPHETAMINE TAB 10MG	1	1	60	30

Anti-Narcoleptic Agents & Sunosi (solriamfetol)

Summary of Utilization
July 1, 2018 - June 30, 2019
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
ARMODAFINIL TAB 150MG	8	27	795	795
ARMODAFINIL TAB 200MG	1	1	30	30
ARMODAFINIL TAB 250MG	5	14	420	420
ARMODAFINIL TAB 50MG	1	3	90	90
CONCERTA TAB 27MG	1	2	60	60
CONCERTA TAB 36MG	1	4	240	120
CONCERTA TAB 54MG	3	5	150	150
DAYTRANA DIS 10MG/9HR	3	6	180	180
DAYTRANA DIS 15MG/9HR	1	9	270	270
DEXTROAMPHET CAP 15MG ER	4	21	1,892	593
DEXTROAMPHET CAP 5MG ER	1	1	30	30
DEXTROAMPHET TAB 10MG	3	11	780	330
DEXTROAMPHET TAB 5MG	1	1	30	30
DYANAVEL XR SUS 2.5MG/ML	1	1	240	30
EVEKEO TAB 10MG	1	1	60	30
METHLPHENIDA CHW 2.5MG	1	3	90	90
METHYLPHENID CAP 10MG	4	6	180	180
METHYLPHENID CAP 20MG	8	23	690	690
METHYLPHENID CAP 20MG ER	2	3	90	90
METHYLPHENID CAP 30MG	12	52	1,533	1,533
METHYLPHENID CAP 30MG ER	5	8	240	240

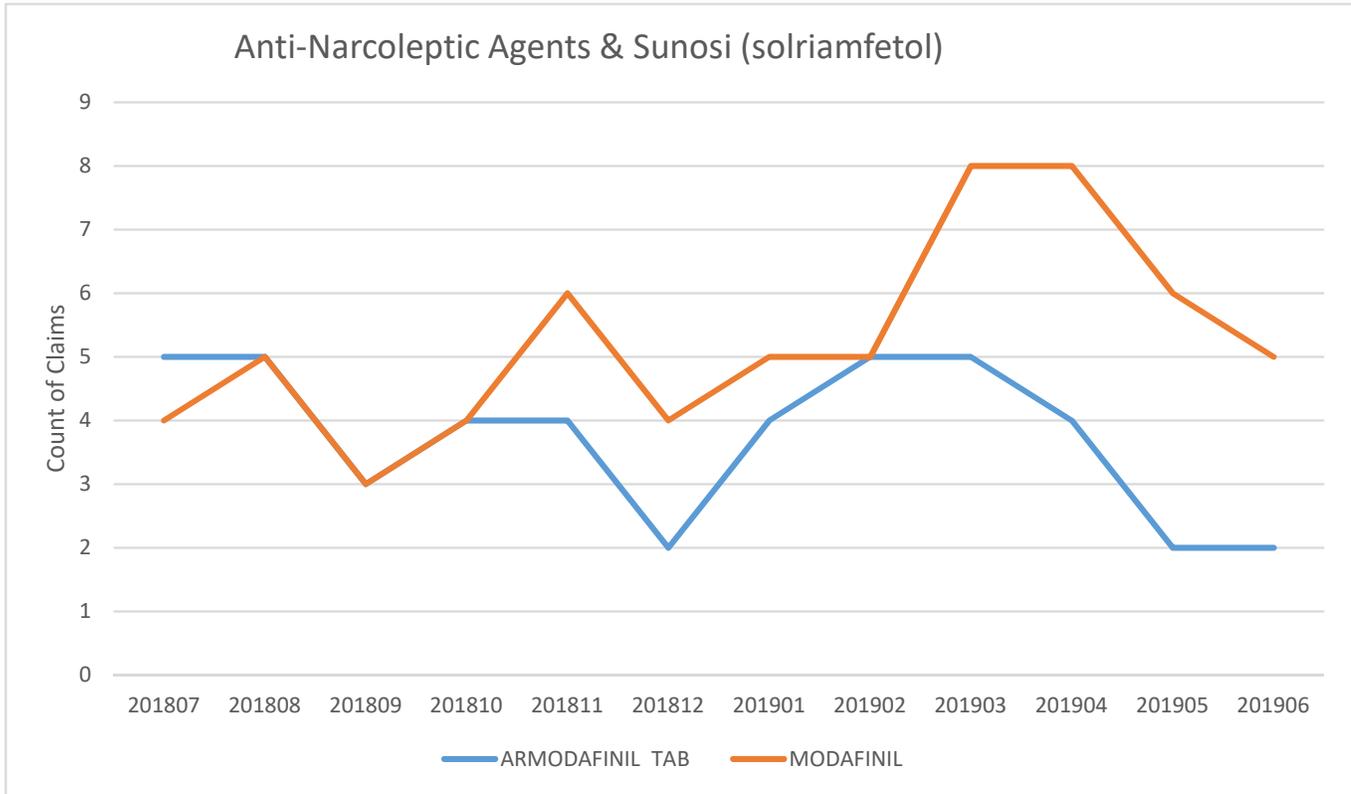
Anti-Narcoleptic Agents & Sunosi (solriamfetol)

Summary of Utilization
July 1, 2018 - June 30, 2019
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
METHYLPHENID CAP 40MG	4	5	150	150
METHYLPHENID CAP 40MG ER	2	8	240	240
METHYLPHENID CAP 50MG	1	7	210	210
METHYLPHENID CAP 60MG	1	1	30	30
METHYLPHENID CHW 10MG	2	2	60	60
METHYLPHENID CHW 5MG	2	6	240	180
METHYLPHENID SOL 10MG/5ML	1	1	150	30
METHYLPHENID TAB 10MG	72	181	9,552	5,309
METHYLPHENID TAB 10MG ER	5	18	540	540
METHYLPHENID TAB 18MG ER	48	100	2,854	2,869
METHYLPHENID TAB 20MG	37	128	7,652	3,769
METHYLPHENID TAB 20MG ER	7	24	720	720
METHYLPHENID TAB 27MG ER	40	102	2,964	2,964
METHYLPHENID TAB 36MG ER	62	218	7,711	6,486
METHYLPHENID TAB 54MG	31	104	3,079	3,079
METHYLPHENID TAB 5MG	47	160	10,058	4,774
METHYPHENID CAP 10MG	1	1	30	30
MODAFINIL TAB 100MG	9	17	494	494
MODAFINIL TAB 200MG	15	46	1,598	1,358
MYDAYIS CAP 12.5MG	2	4	120	120
MYDAYIS CAP 25MG	3	3	120	90
MYDAYIS CAP 37.5MG	2	4	120	120
MYDAYIS CAP 50MG	4	17	510	510
QUILLIVANT SUS 25MG/5ML	2	2	330	60
RITALIN LA CAP 20MG	1	7	210	210
Totals	1,699	5,509	242,064	161,841

Anti-Narcoleptic Agents & Sunosi (solriamfetol)

Summary of Utilization
July 1, 2018 - June 30, 2019
SilverSummit Healthplan



Erythropoietin &
Hematopoietic
Growth Factors
(EPO)

Clinical Presentations



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: October 17, 2019

Prior Authorization Criteria being reviewed: EPO

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 to Aranesp, Epogen, Procrit and Retacrit:

1. Age \geq 18 years;
2. Adequate iron stores as indicated by current (within the last 3 months) serum ferritin level \geq 100 mcg/L or serum transferrin saturation \geq 20%;
3. Pretreatment hemoglobin level $<$ 10 g/dL.

Mircera -add above criteria and additionally include:

1. Diagnosis of anemia of CKD and member meets one of the following (a or b):
 - a. Age \geq 18 years (dialysis status is irrelevant);
 - b. Age \geq 5 years, on hemodialysis, and will be converting from another ESA agent (e.g., epoetin alfa, darbepoetin alfa)
5. Dosing interval does not exceed one of the following (a or b):
 - a. Adults: SC or IV once every two weeks;
 - b. Pediatrics: IV once every four weeks.

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

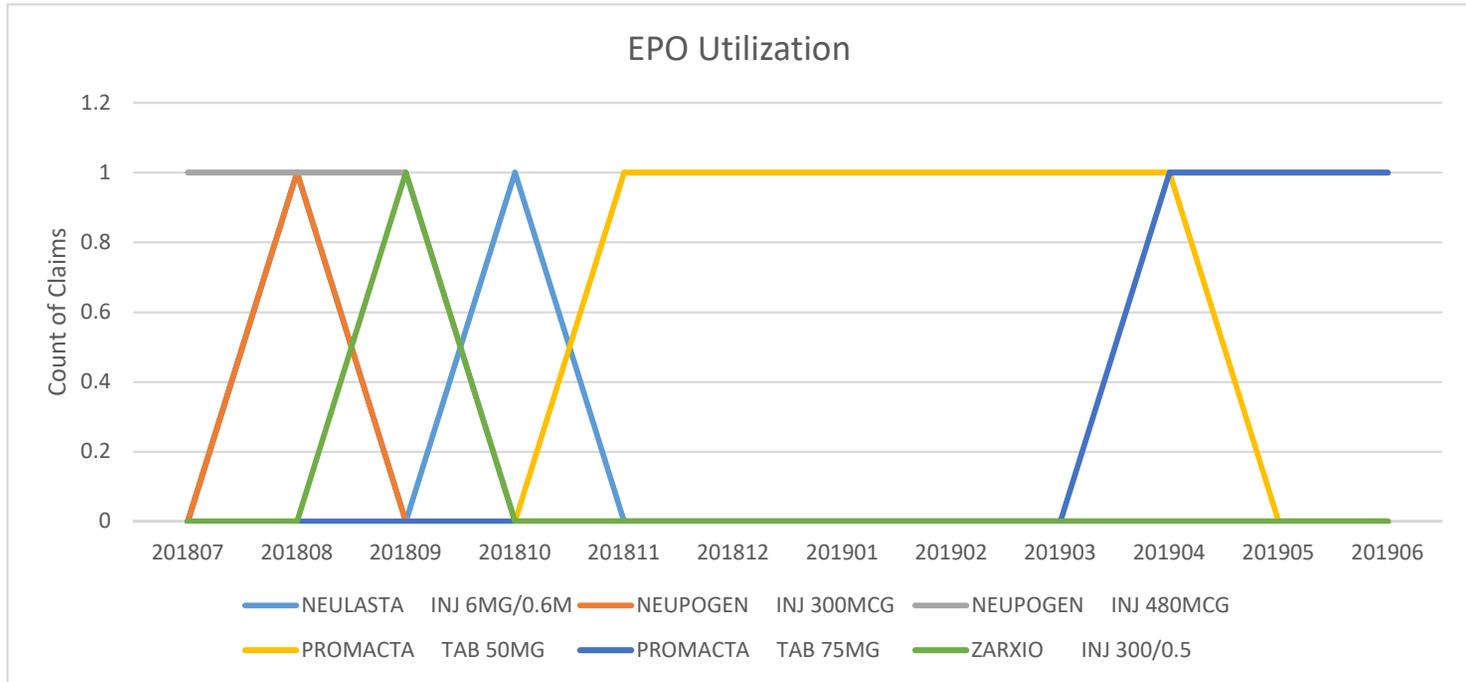
If this form is not completed and returned to the policy specialist with DHCFP by the designated deadline, the assumption will be made that you approve all prior authorization criteria as presented.

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

Signature of individual completing this form: Tom Beranek

EPO Utilization
Summary of Utilization
July 1, 2018 - June 30, 2019
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
NEULASTA INJ 6MG/0.6M	1	2	1	56
NEUPOGEN INJ 300MCG	1	1	14	30
NEUPOGEN INJ 480MCG	1	3	24	63
PROMACTA TAB 50MG	1	6	540	180
PROMACTA TAB 75MG	1	3	90	90
ZARXIO INJ 300/0.5	1	1	5	28
Total	6	16	674	447



Regranex

Clinical Presentations



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DRUG USE REVIEW BOARD

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DUR Meeting Date: October 17, 2019

Prior Authorization Criteria being reviewed: Regranex

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 be added to the policy criteria:

1. Request does not exceed 1 tube.

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

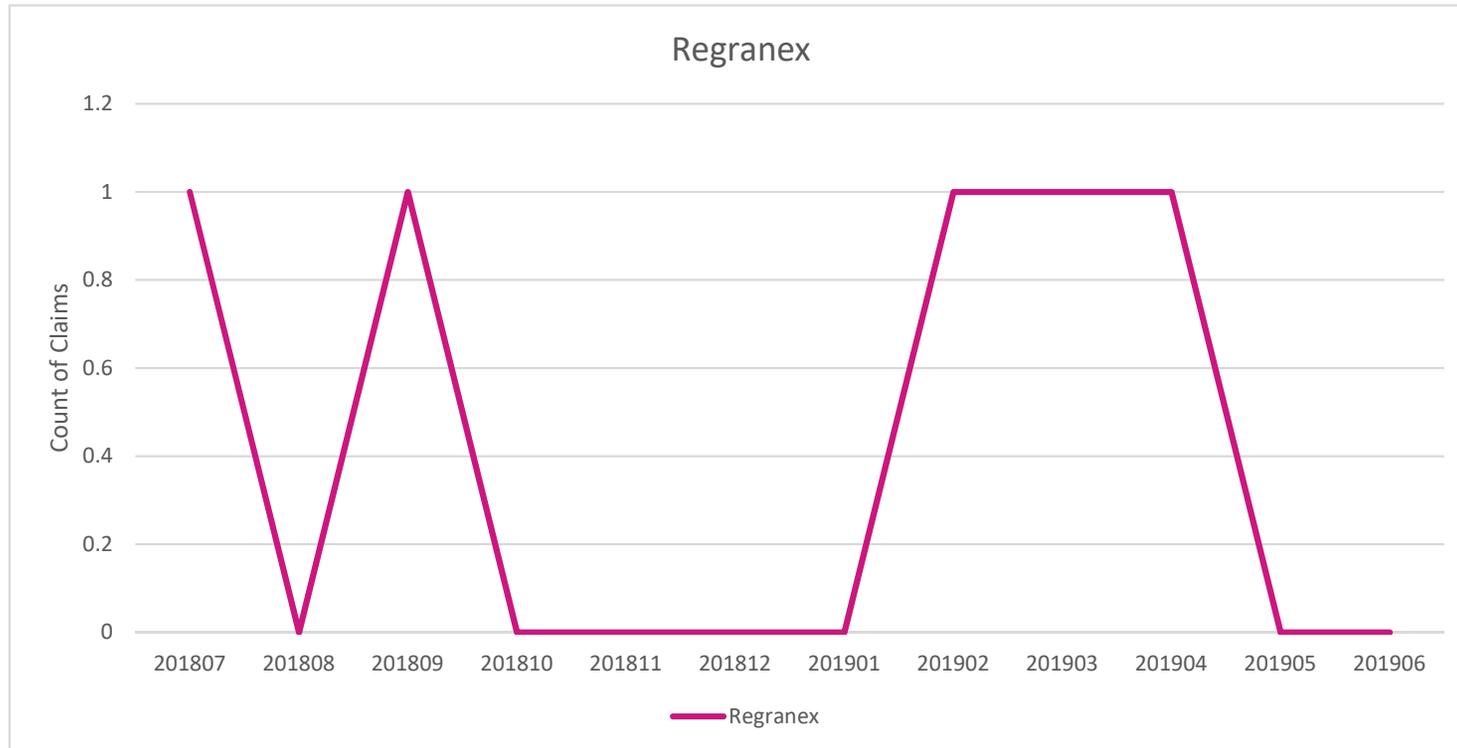
If this form is not completed and returned to the policy specialist with DHCFP by the designated deadline, the assumption will be made that you approve all prior authorization criteria as presented.

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

Signature of individual completing this form: Tom Beranek

Regranex Utilization
Summary of Utilization
July 1, 2018 - June 30, 2019
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
REGRANEX GEL 0.01%	3	5	90	150
Total	3	5	90	150



Lidoderm &
Other Topical
Anesthetics

Clinical Presentations



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DRUG USE REVIEW BOARD

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DUR Meeting Date: October 17, 2019

Prior Authorization Criteria being reviewed: Lidoderm

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:

1. Diagnosis of post-herpetic neuralgia secondary to herpes zoster;
2. Age \geq 18 years;
3. Failure of a \geq 30 day trial of gabapentin at doses \geq 1,800 mg/day, unless contraindicated or clinically significant adverse effects are experienced;
4. If member is \leq 64 years of age: Failure of a \geq 30 day trial of one tricyclic antidepressant (TCA) (e.g., amitriptyline, nortriptyline, desipramine), unless contraindicated or clinically significant adverse effects are experienced;
5. Documentation supports inability to use generic lidocaine transdermal patch (e.g., contraindications to the excipients in the generic product);
6. Request does not exceed 3 patches 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.

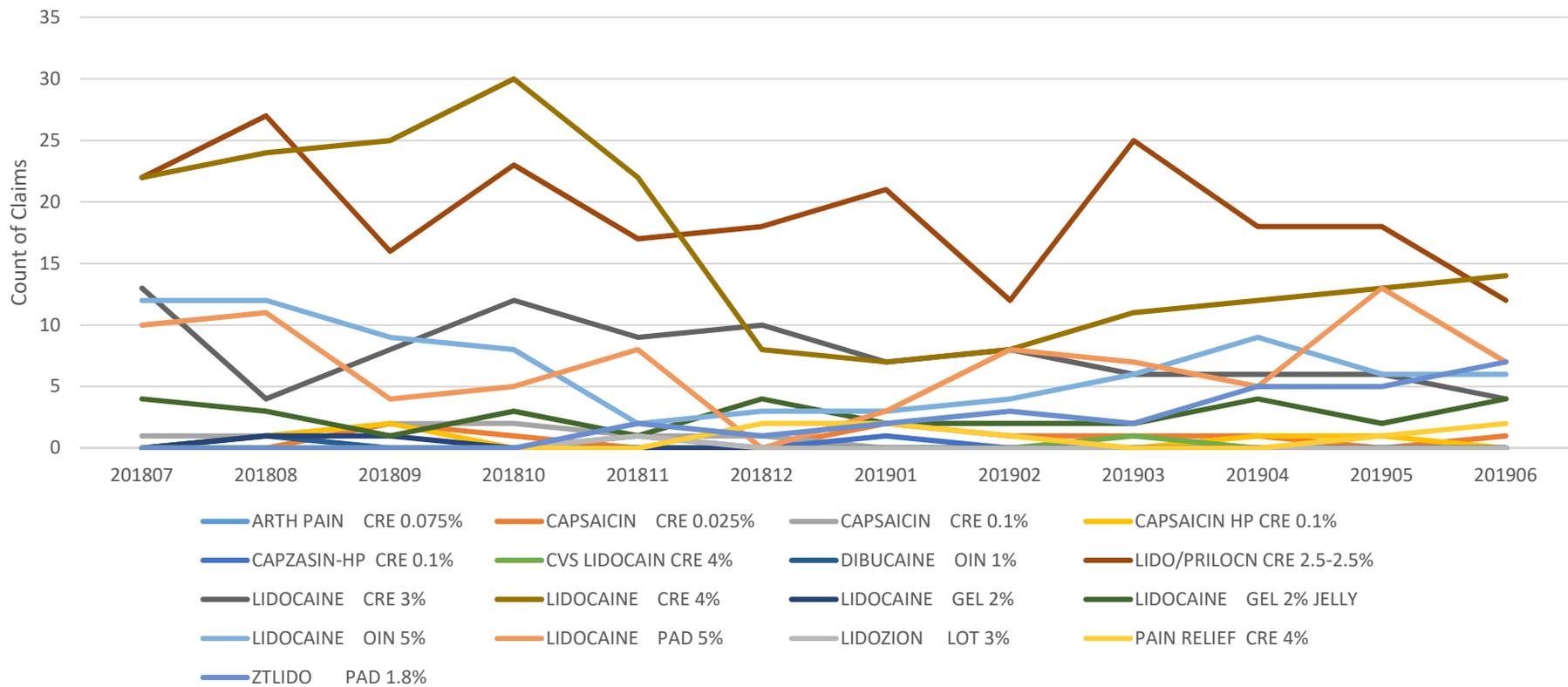
Please print the name of the individual completing this form: Tom Beranek

Signature of individual completing this form: Tom Beranek

Lidoderm Utilization
Summary of Utilization
July 1, 2018 - June 30, 2019
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
ARTH PAIN CRE 0.075%	1	1	57	10
CAPSAICIN CRE 0.025%	8	9	540	255
CAPSAICIN CRE 0.1%	5	8	340	169
CAPSAICIN HP CRE 0.1%	5	5	213	76
CAPZASIN-HP CRE 0.1%	1	1	43	10
CVS LIDOCAIN CRE 4%	1	1	49	30
DIBUCAINE OIN 1%	1	1	28	30
LIDO/PRILOCN CRE 2.5-2.5%	109	229	6,870	3,667
LIDOCAINE CRE 3%	31	93	2,634	1,451
LIDOCAINE CRE 4%	93	196	5,655	3,184
LIDOCAINE GEL 2%	2	2	40	17
LIDOCAINE GEL 2% JELLY	24	32	960	578
LIDOCAINE OIN 5%	56	80	6,013	1,967
LIDOCAINE PAD 5%	62	81	1,778	1,695
LIDOZION LOT 3%	1	1	177	23
PAIN RELIEF CRE 4%	8	8	240	138
ZTLIDO PAD 1.8%	17	27	1,560	805
Total	425	775	27,196	14,105

Lidoderm



Inhaled
Anticholinergics

Clinical Presentations



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DRUG USE REVIEW BOARD

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DUR Meeting Date: October 17, 2019

Prior Authorization Criteria being reviewed: Inhaled Anticholinergics

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*

Inhaled Anticholinergics Utilization

**Summary of Utilization
July 1, 2018 - June 30, 2019
SilverSummit Healthplan**

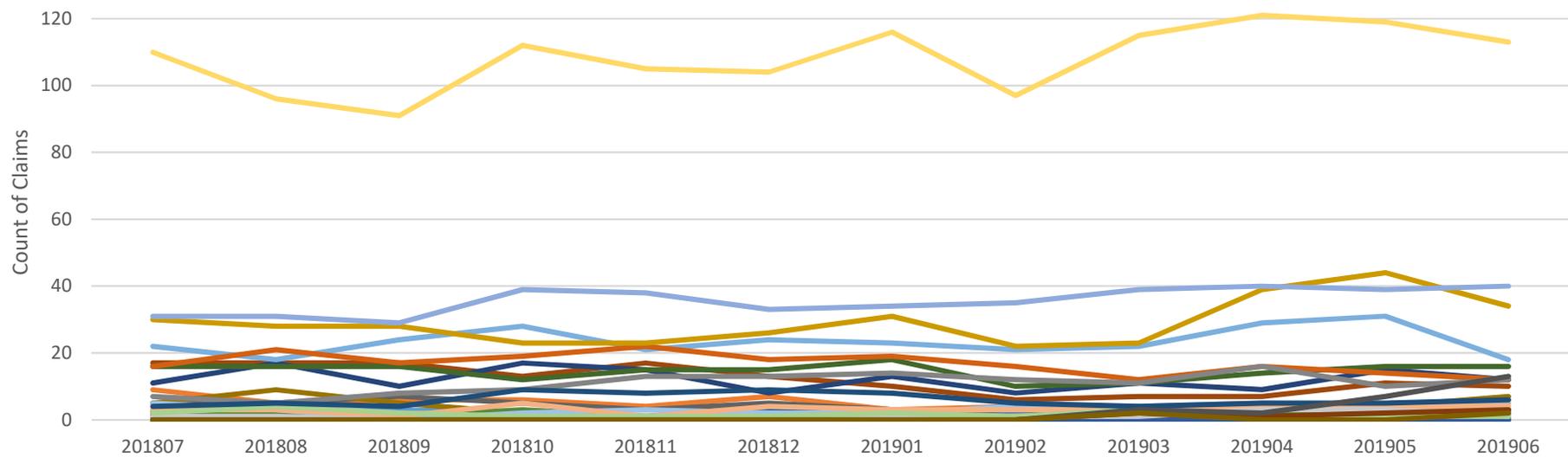
Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
ADVAIR DISKU AER 100/50	10	15	900	428
ADVAIR DISKU AER 250/50	26	44	2,640	1,276
ADVAIR DISKU AER 500/50	7	12	720	360
ADVAIR HFA AER 115/21	4	5	60	150
ADVAIR HFA AER 230/21	5	9	108	274
ADVAIR HFA AER 45/21	3	3	36	94
ANORO ELLIPT AER 62.5-25	6	22	1,320	660
ATROVENT HFA AER 17MCG	47	145	1,871	4,183
BREO ELLIPTA INH 100-25	19	46	2,728	1,334
BREO ELLIPTA INH 200-25	18	41	2,428	1,214
COMBIVENT AER 20-100	45	146	584	4,378
DULERA AER 100-5MCG	58	175	2,258	5,245
DULERA AER 200-5MCG	76	281	3,645	8,454
FLUTIC/SALME AER 100/50	2	3	180	90
FLUTIC/SALME AER 250/50	9	11	660	330
FLUTIC/SALME AER 500/50	2	8	480	240
FLUTIC/SALME INH 113/14	1	1	1	30
FLUTIC/SALME INH 232/14	2	7	7	210
FLUTIC/SALME INH 55/14	4	4	4	120
INCRUSE ELPT INH 62.5MCG	57	202	5,950	6,060
IPRATROPIUM SOL	61	130	22,113	2,718
IPRATROPIUM/ SOL ALBUTER	161	351	79,290	7,937
LONHALA MAGN SOL	1	1	60	30
SPIRIVA AER 1.25MCG	7	21	84	630

Inhaled Anticholinergics Utilization

Summary of Utilization
July 1, 2018 - June 30, 2019
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
SPIRIVA CAP HANDIHLR	16	38	1,140	1,140
SPIRIVA SPR 2.5MCG	10	38	152	1,118
STIOLTO AER 2.5-2.5	3	14	56	390
SYMBICORT AER 160-4.5	361	1,299	13,146	38,996
SYMBICORT AER 80-4.5	142	428	4,340	12,852
TRELEGY AER ELLIPTA	7	19	1,012	515
TUDORZA PRES AER 400/ACT	17	72	72	2,160
WIXELA INHUB AER 100/50	5	8	480	240
WIXELA INHUB AER 250/50	16	25	1,500	750
WIXELA INHUB AER 500/50	3	4	240	120
Total	1,211	3,628	150,263	104,726

Inhaled Anticholinergics



- ADVAIR DISKU AER 100/50 ADVAIR DISKU AER 250/50 ADVAIR DISKU AER 500/50 ADVAIR HFA AER 115/21 ADVAIR HFA AER 230/21
- ADVAIR HFA AER 45/21 ANORO ELLIPTA AER 62.5-25 ATROVENT HFA AER 17MCG BREO ELLIPTA INH 100-25 BREO ELLIPTA INH 200-25
- COMBIVENT AER 20-100 DULERA AER 100-5MCG DULERA AER 200-5MCG FLUTIC/SALME AER 100/50 FLUTIC/SALME AER 250/50
- FLUTIC/SALME AER 500/50 FLUTIC/SALME INH 113/14 FLUTIC/SALME INH 232/14 FLUTIC/SALME INH 55/14 INCRUSE ELPT INH 62.5MCG
- IPRATROPIUM SOL 0.02%INH IPRATROPIUM/ SOL ALBUTER LONHALA MAGN SOL 25MCG SPIRIVA AER 1.25MCG SPIRIVA CAP HANDIHLR
- SPIRIVA SPR 2.5MCG STIOLTO AER 2.5-2.5 SYMBICORT AER 160-4.5 SYMBICORT AER 80-4.5 TRELEGY AER ELLIPTA
- TUDORZA PRES AER 400/ACT WIXELA INHUB AER 100/50 WIXELA INHUB AER 250/50 WIXELA INHUB AER 500/50

Daliresp

Clinical Presentations



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DRUG USE REVIEW BOARD

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DUR Meeting Date: October 17, 2019

Prior Authorization Criteria being reviewed: Daliresp

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:

1. Age \geq 18 years;
2. Current (within the past 30 days) forced expiratory volume in one second (FEV₁) < 50% predicted;
3. Member meets one of the following (a or b):
 - a. Failure of triple inhaled therapy consisting of a combination of a long-acting beta₂-agonist (LABA), long-acting antimuscarinic antagonist (LAMA), and inhaled corticosteroid (ICS) at up to maximally indicated doses;
 - b. Both i and ii: i. Failure of dual inhaled therapy consisting of a combination of a LABA and LAMA at up to maximally indicated doses;
ii. Current (within the past 30 days) blood eosinophil count < 100 cells/uL;
4. Daliresp is prescribed concurrently with a long-acting bronchodilator (i.e., LABA or LAMA);
5. Dose does not exceed 500 mcg per day (1 tablet 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.

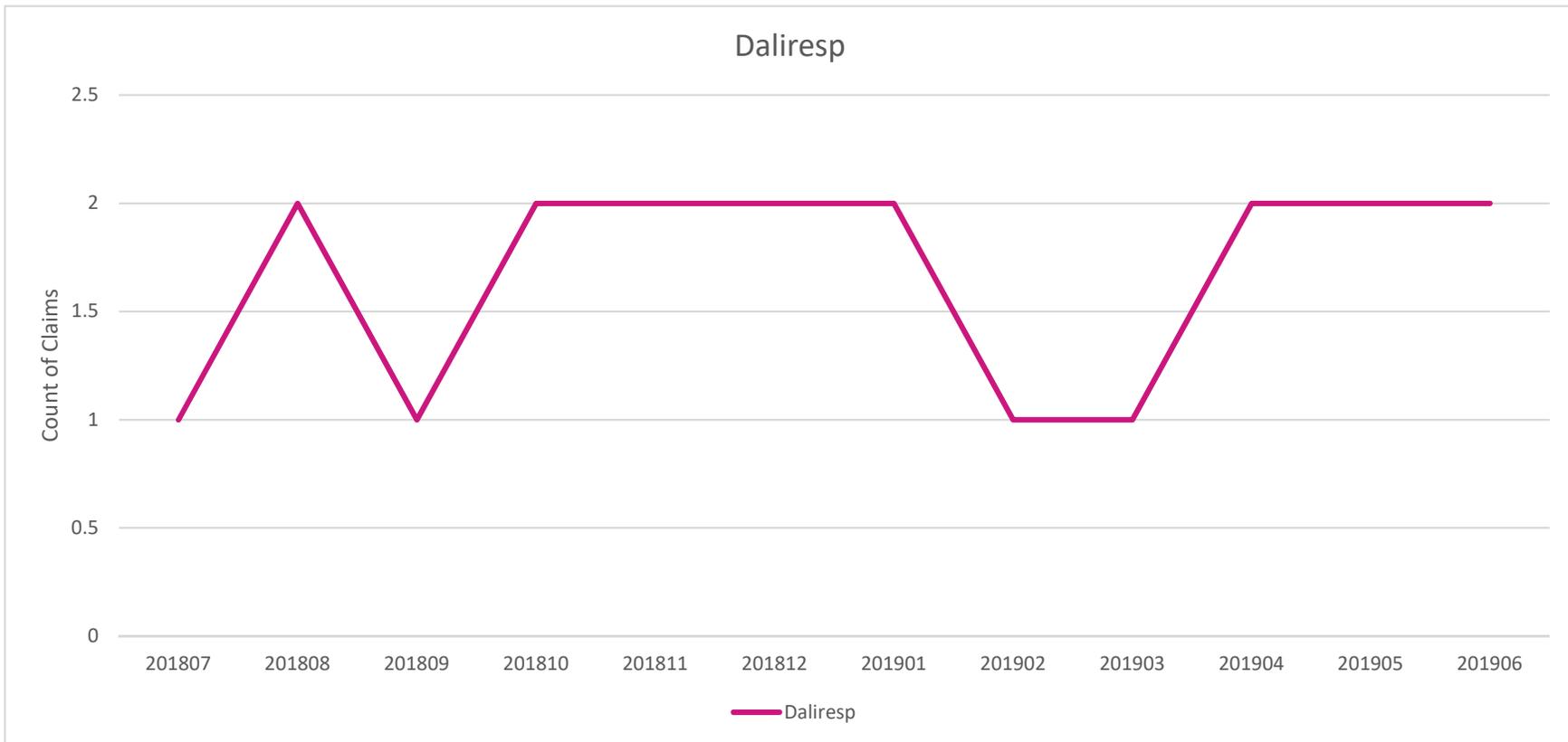
Please print the name of the individual completing this form: Tom Beranek

Signature of individual completing this form: Tom Beranek

Daliresp Utilization

Summary of Utilization
July 1, 2018 - June 30, 2019
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
DALIRESP TAB 500MCG	3	20	600	600
Total	3	20	600	600



Topical
Immunomodulators

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: October 17, 2019

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.

Recommend adding the following criteria:

1. If request is for tacrolimus 0.03% ointment or pimecrolimus, member is ≥ 2 years of age;
2. If request is for tacrolimus 0.1% ointment, member is ≥ 16 years of age;
3. Member meets one of the following (a, b, or c):
 - a. Children and adolescents: Failure of 2 medium potency corticosteroids in the previous 6 months, unless contraindicated or clinically significant adverse effects are experienced;
 - b. Adults: Failure of 2 high or very high potency corticosteroids in the previous 6 months, unless contraindicated or clinically significant adverse effects are experienced;
 - c. Use on the face or skinfolds;
5. Request does not exceed a 30 gm tube per month.

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

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

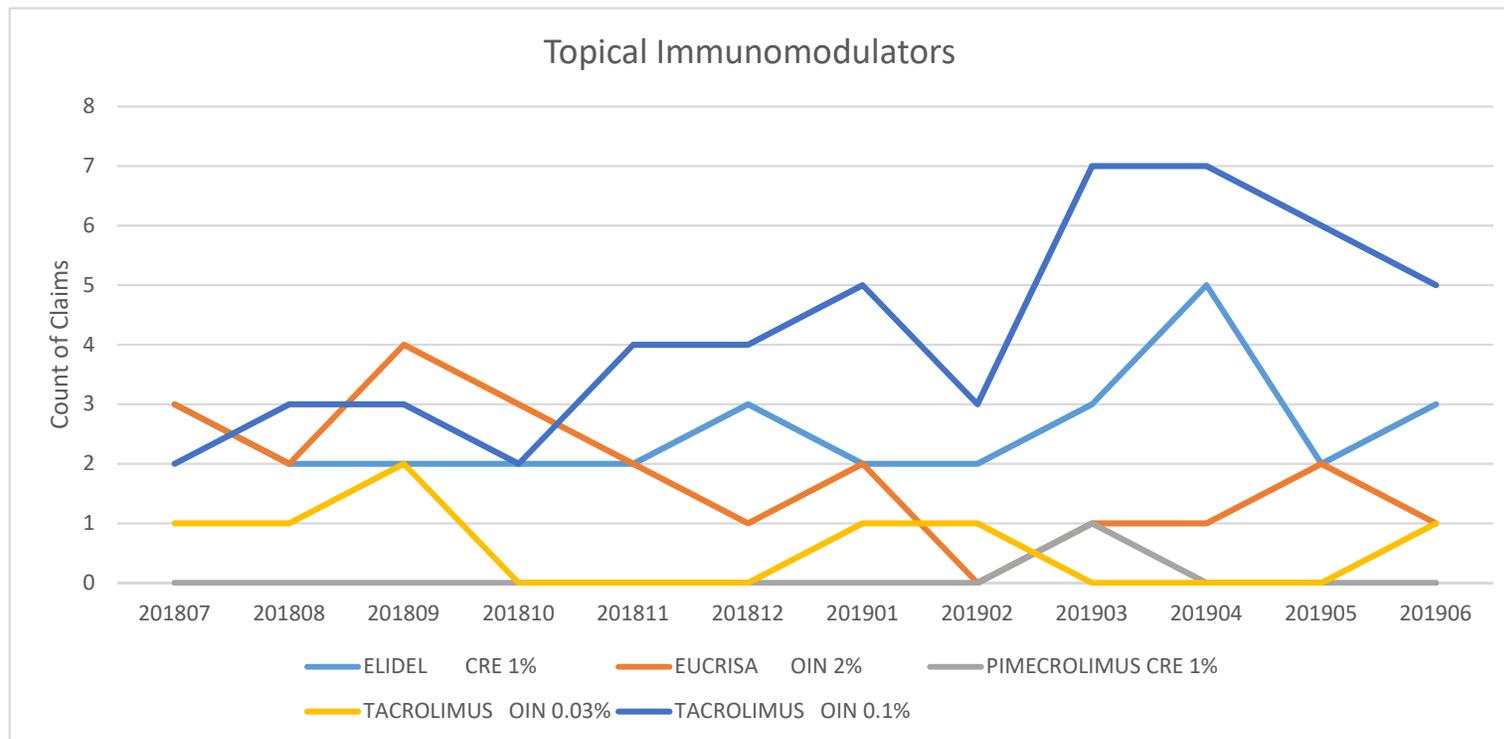
Please print the name of the individual completing this form: Tom Beranek

Signature of individual completing this form: Tom Beranek

Topical Immunomodulators

Summary of Utilization
 July 1, 2018 - June 30, 2019
 SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
ELIDEL CRE 1%	16	23	790	649
EUCRISA OIN 2%	21	35	2,100	1,019
PIMECROLIMUS CRE 1%	1	1	30	30
TACROLIMUS OIN 0.03%	6	7	270	195
TACROLIMUS OIN 0.1%	24	51	1,710	1,505
Total	68	117	4,900	3,398



Opioid Utilization –
Top Prescribers
and Members

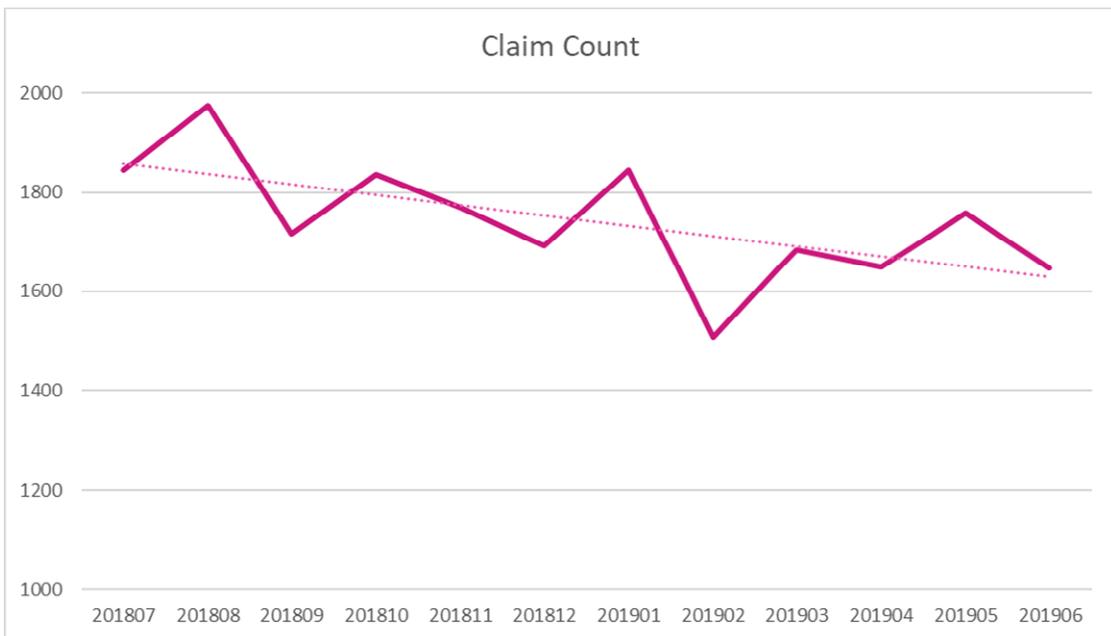
Board Requested
Reports



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Opioid Utilization
Overall Summary
July 1, 2018 - June 30, 2019
SilverSummit Healthplan

Year Month Filled	Member Count	Claim Count	Claims per Member	Sum of Days Supply	Sum of Qty	Qty per Member
201807	1,548	1,845	1.19	38,089	118,962	76.85
201808	1,646	1,975	1.20	39,781	127,144	77.24
201809	1,462	1,717	1.17	35,441	110,726	75.36
201810	1,518	1,835	1.21	38,751	120,083	79.11
201811	1,471	1,769	1.20	37,692	116,976	79.40
201812	1,434	1,692	1.18	35,660	110,156	76.82
201901	1,520	1,844	1.21	38,304	116,357	76.55
201902	1,302	1,508	1.16	31,882	98,022	75.26
201903	1,417	1,684	1.19	35,713	109,507	77.28
201904	1,385	1,649	1.19	35,211	107,816	77.85
201905	1,442	1,759	1.21	37,613	112,605	78.01
201906	1,415	1,647	1.16	35,305	107,609	76.05



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
FFF	Pain Management	PA	Las Vegas	89	186	5,515	17,638	1,233
NN	Pain Management	PA	Las Vegas	85	180	5,253	16,406	1,176
J	Pain Management	PA	Las Vegas	58	171	4,939	16,771	2,751
CCC	Pain Management	PA	Las Vegas	78	163	4,605	13,422	1,146
V	Anesthesiology	MD	Las Vegas	53	156	3,547	7,276	1,373
F	Pain Management	PA	Las Vegas	34	113	3,332	10,425	1,890
CC	Pain Management	MD	Las Vegas	74	103	2,756	8,224	1,173
HHH	Pain Management	DNP	Las Vegas	52	95	2,715	8,465	990
P	Pain Management	PA	Las Vegas	59	92	2,653	8,453	1,134
GGG	Anesthesiology	MD	Henderson	44	88	2,548	7,898	882

Previous Quarter

Encrypted ID	Specialty	Degree	City	Member Count	Claim Count	Sum of Day Supply	Sum of Qty	Avg MME Per Claim
PP	Pain Management	PA	Las Vegas	106	230	6,767	21,831	1,320.0
NN	Pain Management	PA	Las Vegas	121	212	6,321	18,947	1,146.0
J	Pain Management	PA	Las Vegas	58	190	5,506	18,122	2,028.0
V	Anesthesiology	MD	Las Vegas	56	162	3,639	7,787	1,395.6
CC	Pain Management	MD	Las Vegas	110	160	4,476	13,783	1,296.0
P	Pain Management	PA	Las Vegas	111	145	4,238	13,130	1,170.0
EE	Psychiatry/Neurology	MD	Las Vegas	33	139	2,269	4,162	1,083.1
F	Pain Management	PA	Las Vegas	34	110	3,210	9,904	2,199.0
QQ	Anesthesiology	MD	Henderson	45	98	2,817	8,975	861.0
RR	Anesthesiology	MD	Las Vegas	44	93	2,185	6,450	4,497.0

10/1/2018 - 12/31/2018

Encrypted ID	Specialty	Degree	City	Member Count	Claim Count	Sum of Day Supply	Sum of Qty
P	Pain Management	PA	Las Vegas	128	249	7,390	22,852
NN	Pain Management	PA	Las Vegas	116	246	7,344	22,386
J	Pain Management	PA	Las Vegas	68	188	5,422	17,877
PP	Pain Management	PA	Las Vegas	94	183	5,400	17,855
EE	Psychiatry/Neurology	MD	Las Vegas	38	168	2,549	4,408
CC	Pain Management	MD	Las Vegas	103	155	4,425	12,949
V	Anesthesiology	MD	Las Vegas	52	150	3,613	7,823
F	Pain Management	PA	Las Vegas	31	109	3,202	9,887
Y	Pain Management	MD	Las Vegas	43	109	3,254	9,478
QQ	Anesthesiology	MD	Henderson	41	100	2,957	9,643

7/1/2018 - 9/30/2018

Encrypted ID	Specialty	Degree	City	Member Count	Claim Count	Sum of Day Supply	Sum of Qty
C	Pain Management	PA	Henderson	138	384	11,474	35,451
D	Pain Management	PA	Las Vegas	101	236	6,947	21,931
B	Anesthesiology	MD	Las Vegas	54	235	5,553	12,136
I	Pain Management	MD	Las Vegas	136	234	6,853	18,913
A	Pain Management	PA	Las Vegas	112	227	6,632	21,133
H	Pain Management	PA	Las Vegas	52	174	5,053	16,578
E	Psychiatry & Neurolog	MD	Las Vegas	33	155	2,416	4,525
M	Pain Management	MD	Las Vegas	50	139	4,170	13,140
X	Pain Management	MD	Las Vegas	37	139	3,707	11,543
J	Pain Management	PA	Las Vegas	28	136	3,974	12,747

Opioid Utilization by Member

Top 10 Members by Claim Count

July 1, 2018 - June 30, 2019

Silversummit Healthplan

Member Enc ID	Enc NPI	Count of Claim	Sum of Qty	Sum of Days	MME
1		36	762	381	43,200.0
	III	1	30	15	1200.0
	EE	34	702	351	40800.0
	JJJ	1	30	15	1200.0
2		31	356	174	26,433.8
	KKK	20	173	99	21400.0
	VV	11	183	75	5033.8
3		30	2,416	768	2,914.0
	WW	7	750	210	780.0
	LLL	5	420	150	605.0
	XX	1	10	5	120.0
	YY	1	4	2	120.0
	FFF	6	555	180	327.5
	CC	4	360	120	220.0
	MMM	5	310	98	724.4
	ZZ	1	7	3	17.5
4		29	911	605	20,519.0
	X	29	911	605	20519.0
5		29	12,357	577	21,420.0
	NNN	1	45	15	1800.0
	Y	2	150	60	60.0
	EE	15	322	172	17400.0
	JJJ	1	90	30	1800.0
	NN	10	750	300	360.0
6		29	1,757	666	1,185.0
	OOO	11	686	268	427.5
	A	11	802	298	405.0
	PPP	4	218	88	127.5
	QQQ	2	45	10	135.0
	RRR	1	6	2	90.0
7		29	238	180	23,257.1
	W	29	238	180	23257.1

Opioid Utilization by Member
Top 10 Members by Claim Count
July 1, 2018 - June 30, 2019
Silversummit Healthplan

8		28	1,976	763	1169.9
	E	6	490	170	265.5
	G	1	120	30	60.0
	M	6	420	150	300.0
	Y	4	196	83	162.7
	CC	2	90	60	51.7
	SSS	8	600	240	300.0
	NN	1	60	30	30.0
9		27	778	404	31800.0
	III	1	30	15	1200.0
	NNN	4	120	60	4800.0
	EE	20	568	299	23400.0
	JJJ	2	60	30	2400.0
10		26	2,670	780	1911.0
	J	26	2,670	780	1911.0
Grand Total		294	24,221	5,298	173,809.8

Opioid Utilization by Member
Top 10 Members by Claim Count
July 1, 2018 - June 30, 2019
Silversummit Healthplan

Member Enc ID	Count of Claim	Sum of Qty	Sum of Days
1	36	762	381
SUBOXONE MIS 8-2MG	32	642	381
BUPREN/NALOX MIS 8-2MG	4	120	60
2	31	356	174
SUBOXONE MIS 8-2MG	20	173	99
BUPREN/NALOX MIS 2-0.5MG	10	167	67
BUPREN/NALOX MIS 8-2MG	1	16	8
3	30	2,026	765
MORPHINE SUL TAB 60MG ER	8	524	187
MORPHINE SUL TAB 15MG	6	90	30
OXYMORPHONE TAB 10MG ER	5	300	150
HYDROCO/APAP TAB 10-325MG	3	360	90
OXYCOD/APAP TAB 10-325MG	2	255	60
MORPHINE SUL TAB 100MG ER	1	60	30
OXYCODONE TAB 10MG	1	300	150
HYDROMORPHON TAB 2MG	1	30	5
OXYCOD/APAP TAB 5-325MG	1	7	3
FENTANYL DIS 75MCG/HR	1	10	30
MORPHINE SUL TAB 15MG ER	1	90	30
4	29	872	579
SUBOXONE MIS 8-2MG	14	230	135
BUPRENORPHIN SUB 8MG	7	210	210
BUPRENORPHIN SUB 2MG	7	390	195
BUPREN/NALOX MIS 8-2MG	1	42	29
5	29	1,357	577
SUBOXONE MIS 8-2MG	12	217	112
MORPHINE SUL TAB 15MG ER	6	360	180
BUPREN/NALOX MIS 8-2MG	5	240	105
OXYCOD/APAP TAB 10-325MG	4	360	120
HYDROCO/APAP TAB 10-325MG	2	180	60
6	29	1,757	666
OXYCOD/APAP TAB 7.5-325	11	868	307
MORPHINE SUL TAB 15MG ER	9	554	254
MORPHINE SUL TAB 30MG ER	4	95	44
OXYCODONE TAB 10MG	3	154	42
OXYCOD/APAP TAB 5-325MG	1	30	5
HYDROCO/APAP TAB 7.5-325	1	56	14

Opioid Utilization by Member
Top 10 Members by Claim Count
July 1, 2018 - June 30, 2019
Silversummit Healthplan

7	29	238	180
BUPRENORPHIN SUB 8MG	29	238	180
8	28	2,018	784
MORPHINE SUL TAB 15MG	12	1200	360
MORPHINE SUL TAB 15MG ER	9	510	270
XTAMPZA ER CAP 13.5MG	3	128	64
MORPHABOND TAB 30MG ER	1	40	20
NUCYNTA TAB 50MG	1	60	30
MORPHINE SUL TAB 30MG ER	1	20	10
NUCYNTA ER TAB 50MG	1	60	30
9	27	778	404
SUBOXONE MIS 8-2MG	25	718	374
BUPREN/NALOX MIS 8-2MG	2	60	30
10	26	2,334	722
METHADONE TAB 10MG	14	1,316	381
OXYCOD/APAP TAB 7.5-325	12	1,018	341
Grand Total	294	12,498	5,232

Benzodiazepine vs.
Opioid
Top Prescribers
Correlation

Board Requested
Reports



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Top 10 Benzodiazepine 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	Top Opioid Prescriber Indicator
EE	Psychiatry/Neurology	MD	Las Vegas	95	481	12,455	24,232	Y
TTT	Psychiatry/Neurology	MD	Las Vegas	52	338	9,158	19,474	N
UUU	Psych/Mental Health	NP	Las Vegas	55	209	6,033	13,629	N
VVV	Psychiatry/Neurology	MD	Las Vegas	33	183	5,435	9,530	N
WWW	Psych/Mental Health	NP	Las Vegas	40	172	5,025	10,677	N
NN	Pain Management	PA	Henderson	34	109	3,234	4,084	Y
XXX	Family Medicine	DO	Las Vegas	22	106	3,134	8,786	N
YYY	Psychiatry/Neurology	MD	Las Vegas	19	104	2,689	5,439	N
ZZZ	Psychiatry/Neurology	MD	Las Vegas	13	100	2,977	7,596	N
V	Anesthesiology	MD	Las Vegas	11	97	2,814	5,521	N

Previous Quarter

Encrypted ID	Specialty	Degree	City	Member Count	Claim Count	Sum of Day Supply	Sum of Qty	Top Opioid Prescriber Indicator
EE	Psychiatry/Neurology	MD	Las Vegas	90	400	10,310	19,917	Y
TTT	Psychiatry/Neurology	MD	Las Vegas	47	254	6,880	14,559	N
UUU	Psych/Mental Health	NP	Las Vegas	47	1960	4,683	10,389	N
VVV	Psychiatry/Neurology	MD	Las Vegas	31	136	4,065	7,515	N
WWW	Psych/Mental Health	NP	Las Vegas	33	129	3,791	8,275	N
A1	Psych/Mental Health	APRN	Las Vegas	19	95	2,850	5,175	N
NN	Pain Management	PA	Henderson	27	85	2,514	3,274	Y
ZZZ	Psychiatry/Neurology	MD	Las Vegas	13	77	2,287	5,751	N
VVV	Psychiatry/Neurology	MD	Las Vegas	11	75	2,139	4,163	N
XXX	Family Medicine	DO	Las Vegas	17	72	2,134	5,776	N

Top 10 Benzodiazepine Prescribers by Count of Claims

SilverSummit Healthplan

10/1/2018 - 12/31/2018

Encrypted ID	Specialty	Degree	City	Member Count	Claim Count	Sum of Day Supply	Sum of Qty	Top Opioid Prescriber Indicator
EE	Psychiatry/Neurology	MD	Las Vegas	51	130	3,240	6,195	Y
TTT	Psychiatry/Neurology	MD	Las Vegas	33	90	2,396	5,191	N
UUU	Psych/Mental Health	NP	Las Vegas	27	56	1,618	3,548	N
WWW	Psych/Mental Health	NP	Las Vegas	24	54	1,582	3,276	N
VVV	Psychiatry/Neurology	MD	Las Vegas	17	43	1,290	2,460	N
A1	Psych/Mental Health	APRN	Las Vegas	16	39	1,170	2,220	N
YYY	Psychiatry/Neurology	MD	Las Vegas	13	32	835	1,687	N
NN	Pain Management	PA	Henderson	19	31	914	1,258	Y
OO	Family Medicine	NP	Las Vegas	21	29	855	1,575	N
BBB	Psychiatry/Neurology	MD	Las Vegas	11	27	396	947	N

7/1/2018 - 9/30/2018

Encrypted ID	Specialty	Degree	City	Member Count	Claim Count	Sum of Day Supply	Sum of Qty	Top Opioid Prescriber Indicator
EE	Psychiatry/Neurology	MD	Las Vegas	53	133	3,384	6,825	Y
TTT	Psychiatry/Neurology	MD	Las Vegas	33	78	2,181	4,773	N
UUU	Psych/Mental Health	NP	Las Vegas	26	49	1,430	3,181	N
A1	Psych/Mental Health	APRN	Las Vegas	17	41	1,230	2,115	N
WWW	Psych/Mental Health	NP	Las Vegas	16	40	1,200	3,000	N
VVV	Psychiatry/Neurology	MD	Las Vegas	19	40	1,200	2,490	N
V	Anesthesiology	MD	Las Vegas	11	30	816	1,439	N
ZZZ	Psychiatry/Neurology	MD	Las Vegas	11	29	870	2,145	N
B1	Family Medicine	NP	Las Vegas	16	29	845	1,645	N
NN	Pain Management	PA	Henderson	15	26	764	914	Y

Lock-in Summary

Board Requested
Reports



Lock-In Summary
Summary of Utilization
July 1, 2018 - June 30, 2019
SilverSummit Healthplan

Date	Active Lock-In Members	New Lock-Ins	Total Members	Percentage of Members Locked-In
June 2019	58	2	49,266	0.12%
May 2019	61	3	49,067	0.12%
April 2019	61	5	49,013	0.12%
March 2019	58	3	49,325	0.12%
February 2019	60	1	20,521	0.29%
January 2019	65	6	49,236	0.13%
December 2018	66	3	49,912	0.13%
November 2018	63	3	50,682	0.12%
October 2018	63	3	51,730	0.12%
September 2018	62	0	52,592	0.12%
August 2018	60	6	52,167	0.12%
July 2018	62	2	52,165	0.12%

Naloxone

Board Requested
Reports



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Naloxone Utilization

Summary of Utilization

July 1, 2018 - June 30, 2019

SilverSummit Healthplan

Reporting Period	Total Opioid Prescriptions	Total Naloxone Prescriptions	Naloxone Scripts With No Opioid	Naloxone Scripts With An Opioid
04/01/2019 - 06/01/2019	5,102	579	521	58
01/01/2019 - 03/31/2019	5,110	586	496	90
10/01/2018 - 12/31/2018	5,325	588	548	40
07/01/2018 - 10/31/2018	5,577	564	508	56
Totals	21,114	2,317	2,073	244

Aranesp

Board Requested
Reports



Aranesp Utilization
Summary of Utilization
July 1, 2018 - June 30, 2019
SilverSummit Healthplan

Place of Service	Aranesp Strength	Count of Claims	Sum of Units	Sum of mcg of Aranesp
NEPHROLOGY & ENDOCRINE ASSOCIATES	25 mcg	2	2	50
TOTAL		2	2	50
UNIVERSITY OF UTAH HOSPITAL	200mcg	1	1	200
UNIVERSITY OF UTAH HOSPITAL	300 mcg	4	4	1,200
TOTAL		5	5	1,400
COMPREHENSIVE CANCER CEN	300 mcg	7	7	2,100
COMPREHENSIVE CANCER CEN	500 mcg	1	1	500
TOTAL		8	8	2,600
Grand Total		15	15	4,050

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): Q2 2019
 Report Period Start Date: 4/1/2019
 Report Period End Date: 6/30/2019
 Submission Date of Report: 9/17/2019

Opioid Utilization					
Year/Month Filled	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amount
July 2018	1,563	2,412	50,010	156,047	SSHP Confidential
August 2018	1,665	2,569	51,919	166,011	SSHP Confidential
September 2018	1,492	2,218	45,809	142,654	SSHP Confidential
October 2018	1,532	2,291	48,327	150,087	SSHP Confidential
November 2018	1,495	2,191	46,967	144,211	SSHP Confidential
December 2018	1,446	2,087	43,576	134,276	SSHP Confidential
January 2019	1,520	1,844	38,304	116,357	SSHP Confidential
February 2019	1,302	1,507	31,852	97,902	SSHP Confidential
March 2019	1,416	1,683	35,710	109,497	SSHP Confidential
April 2019	1,385	1,649	35,211	107,816	SSHP Confidential
May 2019	1,442	1,759	37,163	112,605	SSHP Confidential
June 2019	1,415	1,647	35,305	107,609	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 Quantity	Sum of Paid	Average MME Per Claim
						Supply		Amount	
FFF	PA - Pain Management	Las Vegas	NV	89	186	5,515	17,638	SSHHP Confidential	41.1
NN	PA - Pain Management	Las Vegas	NV	85	180	5,253	16,406	SSHHP Confidential	39.2
J	PA - Pain Management	Las Vegas	NV	58	171	4,939	16,771	SSHHP Confidential	91.7
CCC	PA - Pain Management	Las Vegas	NV	78	163	4,605	13,422	SSHHP Confidential	38.2
V	MD - Anesthesiology	Las Vegas	NV	53	156	3,547	7,276	SSHHP Confidential	1,372.9
F	PA - Pain Management	Las Vegas	NV	34	113	3,332	10,425	SSHHP Confidential	63.0
CC	MD - Pain Management	Las Vegas	NV	74	103	2,756	8,224	SSHHP Confidential	39.1
HHH	DNP - Pain Management	Las Vegas	NV	52	95	2,715	8,465	SSHHP Confidential	33.0
P	PA - Pain Management	Las Vegas	NV	59	92	2,653	8,453	SSHHP Confidential	37.8
GGG	MD - Anesthesiology	Henderson	NV	44	88	2,548	7,898	SSHHP Confidential	29.4

Top 10 Opioid Prescribers - Previous Quarter									
Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days	Sum of Quantity	Sum of Paid	Average MME per claim
						Supply		Amount	
PP	PA - Pain Management	LAS VEGAS	NV	106	230	6,767	21,831	SSHHP Confidential	44.0
NN	PA - Pain Management	LAS VEGAS	NV	121	212	6,321	18,947	SSHHP Confidential	38.2
J	PA - Pain Management	LAS VEGAS	NV	58	190	5,506	18,122	SSHHP Confidential	67.6
V	MD - Anesthesiology	LAS VEGAS	NV	56	162	3,639	7,787	SSHHP Confidential	1,395.6
CC	MD - Pain Management	LAS VEGAS	NV	110	160	4,476	13,783	SSHHP Confidential	43.2
P	PA - Pain Management	LAS VEGAS	NV	111	145	4,238	13,130	SSHHP Confidential	39.0
EE	MD - Psychiatry & Neurology	LAS VEGAS	NV	33	139	2,269	4,162	SSHHP Confidential	1,083.1
F	PA - Pain Management	LAS VEGAS	NV	34	110	3,210	9,904	SSHHP Confidential	73.3
QQ	MD - Anesthesiology	HENDERSON	NV	45	98	2,817	8,975	SSHHP Confidential	28.7
RR	MD - Anesthesiology	LAS VEGAS	NV	44	93	2,185	6,450	SSHHP Confidential	149.9

Nevada Medicaid

Quarterly DUR Report

Health Plan Name: SilverSummit Healthplan
 Health Plan Contact: Tom Beranek, RPh

Thomas.L.Beranek@SilverSummitHelathPlan.com

Contact Email:
 Report Quarter (Calendar Year): Q2 2019
 Report Period Start Date: 4/1/2019
 Report Period End Date: 6/30/2019
 Submission Date of Report: 9/17/2019

Top 10 Drug Classes by Paid Amount - Current Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Sympathomimetics	3,995	SSHP Confidential
Insulin	1,461	SSHP Confidential
Antiretrovirals	713	SSHP Confidential
Quinolinone Derivatives	690	SSHP Confidential
Antipsychotics - Misc.	326	SSHP Confidential
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	313	SSHP Confidential
Anti-TNF-alpha - Monoclonal Antibodies	54	SSHP Confidential
Hepatitis Agents	46	SSHP Confidential
Multiple Sclerosis Agents	31	SSHP Confidential
Antineoplastic Enzyme Inhibitors	17	SSHP Confidential

Top 10 Drug Classes by Paid Amount - Previous Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Anticonvulsants - Misc.	4,514	SSHP Confidential
Sympathomimetics	4,469	SSHP Confidential
Insulin	1,344	SSHP Confidential
Antiretrovirals	689	SSHP Confidential
Quinolinone Derivatives	556	SSHP Confidential
Antipsychotics - Misc.	295	SSHP Confidential
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	237	SSHP Confidential
Hepatitis Agents	43	SSHP Confidential
Anti-TNF-alpha - Monoclonal Antibodies	35	SSHP Confidential
Multiple Sclerosis Agents	34	SSHP Confidential

Top 10 Drug Classes by Claim Count - Current Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	5,711	SSHP Confidential
Anticonvulsants - Misc.	4,610	SSHP Confidential
Selective Serotonin Reuptake Inhibitors (SSRIs)	4,171	SSHP Confidential
HMG CoA Reductase Inhibitors	4,023	SSHP Confidential
Sympathomimetics	3,995	SSHP Confidential
Opioid Combinations	3,128	SSHP Confidential
Central Muscle Relaxants	2,730	SSHP Confidential
Antihistamines - Non-Sedating	2,381	SSHP Confidential
Proton Pump Inhibitors	2,198	SSHP Confidential
ACE Inhibitors	2,148	SSHP Confidential

Top 10 Drug Classes by Claim Count - Previous Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	5,912	SSHP Confidential
Anticonvulsants - Misc.	4,514	SSHP Confidential
Sympathomimetics	4,469	SSHP Confidential
Selective Serotonin Reuptake Inhibitors (SSRIs)	4,081	SSHP Confidential
HMG CoA Reductase Inhibitors	3,762	SSHP Confidential
Opioid Combinations	3,156	SSHP Confidential
Central Muscle Relaxants	2,612	SSHP Confidential
Aminopenicillins	2,567	SSHP Confidential
Glucocorticosteroids	2,320	SSHP Confidential
Proton Pump Inhibitors	2,203	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)	11,452	0	0%	0	0%	11,452	100%
Therapeutic duplication (TD)	14,841	4,834	33%	1,440	10%	8,567	58%
Ingredient duplication (ID)	8,169	7	0%	0	0%	8,162	100%
Late Refill (LR)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total High Dose (HD)	1,702	1,027	60%	176	10%	126	7%
Drug-Pregnancy (PG)	146	105	72%	30	21%	11	8%
Total Low Dose (LD)	4,141	2,950	71%	712	17%	479	12%
Drug-Drug (DD)	6,000	4,387	73%	72	1%	894	15%
Drug-Disease (MC)	2,569	1,911	74%	312	12%	346	13%
Drug-Allergy (DA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug-Age (PA)	8	4	50%	4	50%	0	0%

Top 10 Drugs by Therapeutic Problem Type - Overutilization										
ER	TD	ID	LR	HD	PG	LD	DD	MC	DA	PA
Albuterol Sulfate	Amlodipine	Albuterol Sulfate	N/A	Amoxicillin/Potassium Clav	Lisinopril	Albuterol Sulfate	Alprazolam	Alprazolam	N/A	Nitrofurantoin
Amlodipine	Atorvastatin	Amlodipine	N/A	Cefdinir	Misoprostol	Cholecalciferol	Citalopram Hydrobromide	Amphetamine-Dextroamphetamine	N/A	Promethazine-DM
Atorvastatin	Gabapentin	Atorvastatin	N/A	Ergocalciferol	Norethindrone (Contraceptive)	Ondansetron Hcl	Cyclobenzaprine	Bupropion	N/A	N/A
Gabapentin	Levothyroxine	Gabapentin	N/A	Ibuprofen	Norgestimate-Ethinyl Estradiol	Potassium Chloride Microencapsulated Crystals ER	Quetiapine Fumarate	Gabapentin	N/A	N/A
Lisinopril	Lisinopril	Lisinopril	N/A	Meloxicam	Prenatal Vit W/Ferrous Fumarate- Folic Acid	Propranolol HCL	Sertraline	Lamotrigine	N/A	N/A
Metformin	Metformin	Metformin	N/A	Montelukast	Progesterone Micronized	Sumatriptan Succinate	Spirolactone	Warfarin Sodium	N/A	N/A
N/A	Quetiapine Fumarate	Trazadone	N/A	N/A	N/A	N/A	Trazodone	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Nevada Medicaid

Quarterly DUR Report

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 Health Plan Contact: Tom Beranek, RPh
Thomas.L.Beranek@SilverSummitHealthPlan.com
 Contact Email: [thPlan.com](mailto:Thomas.L.Beranek@SilverSummitHealthPlan.com)
 Report Quarter (Calendar Year): Q2 2019
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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.)
Jun - 2019, Diabetes Underuse	Outreach to providers of member with diabetic nephropathy, not being prescribed an ACE or ARB	Mail	71	7	10%	Physician	SSHP
May - 2019, MME Benchmark	Outreach to providers who are prescribing more than 90 MME per day	Mail	45	6	13%	Physician	SSHP

Apr - 2019, Antidiabetic Adherence	Outreach to members who are non-adherent on filling diabetic medications.	Mail	131	63	48%	Member	SSHP
Mar - 2019, Hypertension	Outreach to members who are non-adherent on filling hypertension medications.	Mail	31	28	89%	Member	SSHP
Feb - 2019, Hypertension	Outreach to members who are non-adherent on filling hypertension medications.	Mail	12	11	90%	Member	SSHP
Jan - 2019, Hypertension	Outreach to members who are non-adherent on filling hypertension medications.	Mail	64	56	88%	Member	SSHP
Dec - 2018, Trifecta/Multiple Opioid Prescribers	Provider outreach for members who are obtaining an opioid, benzo and muscle relaxer combination	Mail	51	0	0%	Physician	SSHP

Nov - 2019, Trifecta/Multiple Opioid Prescribers	Provider outreach for members who are obtaining an opioid, benzo and muscle relaxer combination	Mail	51	4	8%	Physician	SSHP
Oct - 2018, Trifecta/Multiple Opioid Prescribers	Provider outreach for members who are obtaining an opioid, benzo and muscle relaxer combination	Mail	51	6	12%	Physician	SSHP