

2020

Nevada Medicaid Drug Use Review Board Meeting

October 22, 2020



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healthplan

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Topical Antipruritics

Clinical Presentation



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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 22, 2020

Prior Authorization Criteria being reviewed: Topical Antipruritics

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.

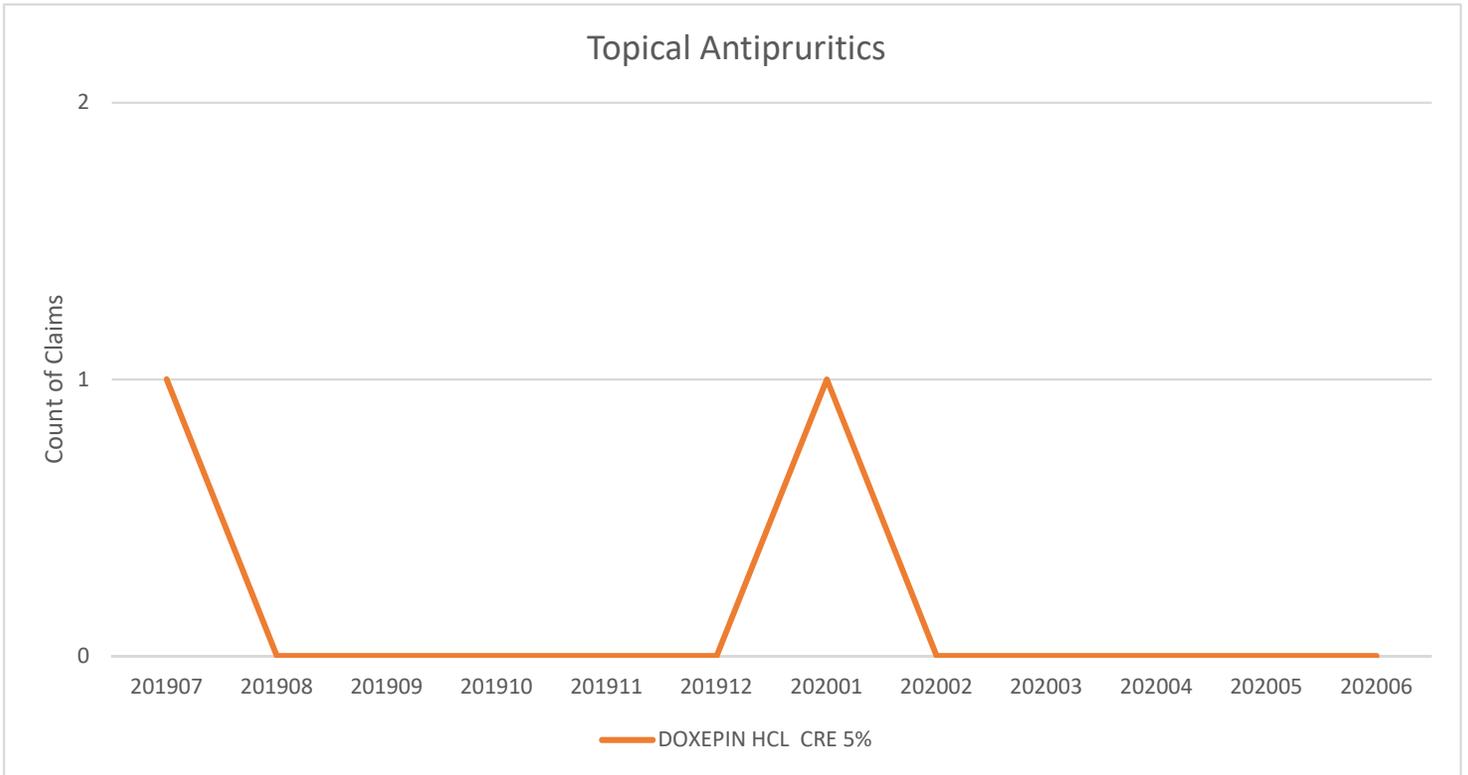
Please print the name of the individual completing this form: Tom Beranek

Signature of individual completing this form: *Tom Beranek*

Topical Antipruritics

Summary of Utilization
July 1, 2019 - June 30, 2020
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
DOXEPIN HCL CRE 5%	2	2	90	60
Total	2	2	90	60



MS Agents

Clinical Presentation



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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 22, 2020

Prior Authorization Criteria being reviewed: MS Agents

Managed Care Organization name: Silver Summit Health Plan

Please place a check mark in the appropriate box:

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

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

Recommend adding the following criteria to the policy:

- Age \geq 18 years;
- Zeposia is not prescribed concurrently with other disease modifying therapies for MS
- Documentation of baseline number of relapses per year and expanded disability status scale (EDSS) score;
- Dose does not exceed 0.92 mg (1 capsule) per day.

For continuation of therapy/reauthorization, recommend adding the following criteria to the policy:

- If member has received \geq 1 year of total treatment: Member meets one of the following:
 - Member has not had an increase in the number of relapses per year compared to baseline;
 - Member has not had \geq 2 new MRI-detected lesions;
 - Member has not had an increase in EDSS score from baseline;

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

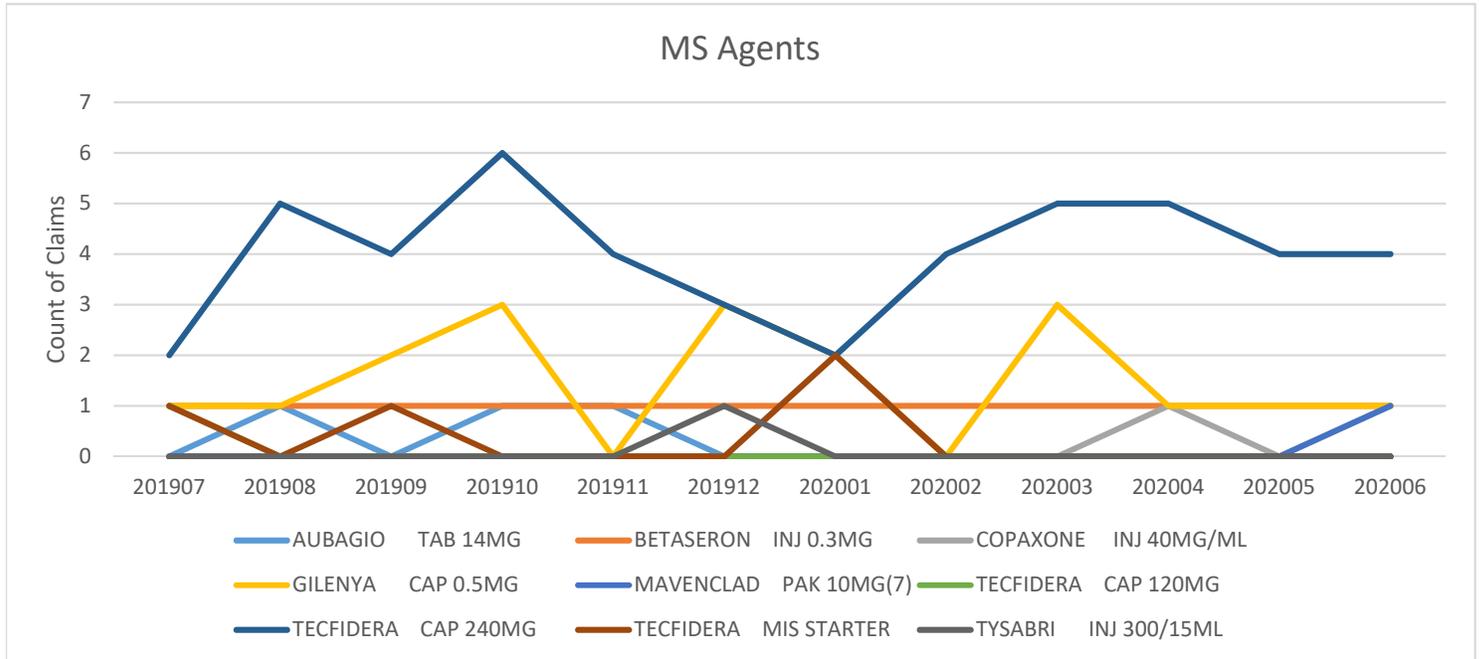
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Signature of individual completing this form: *Tom Beranek*

MS Agents
Summary of Utilization
July 1, 2019 - June 30, 2020
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
AUBAGIO TAB 14MG	3	3	90	90
BETASERON INJ 0.3MG	12	12	168	336
COPAXONE INJ 40MG/ML	2	2	24	56
GILENYA CAP 0.5MG	15	18	540	540
MAVENCLAD PAK 10MG	1	1	7	28
TECFIDERA CAP 120MG	1	1	28	14
TECFIDERA CAP 240MG	45	48	2880	1440
TECFIDERA MIS STARTER	4	4	240	120
TYSABRI INJ 300/15ML	1	1	15	28
Total	84	90	3,992	2,652



GNRH/LHRH
Antagonists
and
Combinations

Clinical Presentation



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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 22, 2020

Prior Authorization Criteria being reviewed: GNRH/LHRH Antagonists and Combinations

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:

- Prescribed by or in consultation with a gynecologist;
- Age \geq 18 years;
- Failure of the following, unless contraindicated or clinically significant adverse effects are experienced:
 - A non-steroidal anti-inflammatory drug
- Member does not have osteoporosis
- Dose does not exceed 400 mg 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.

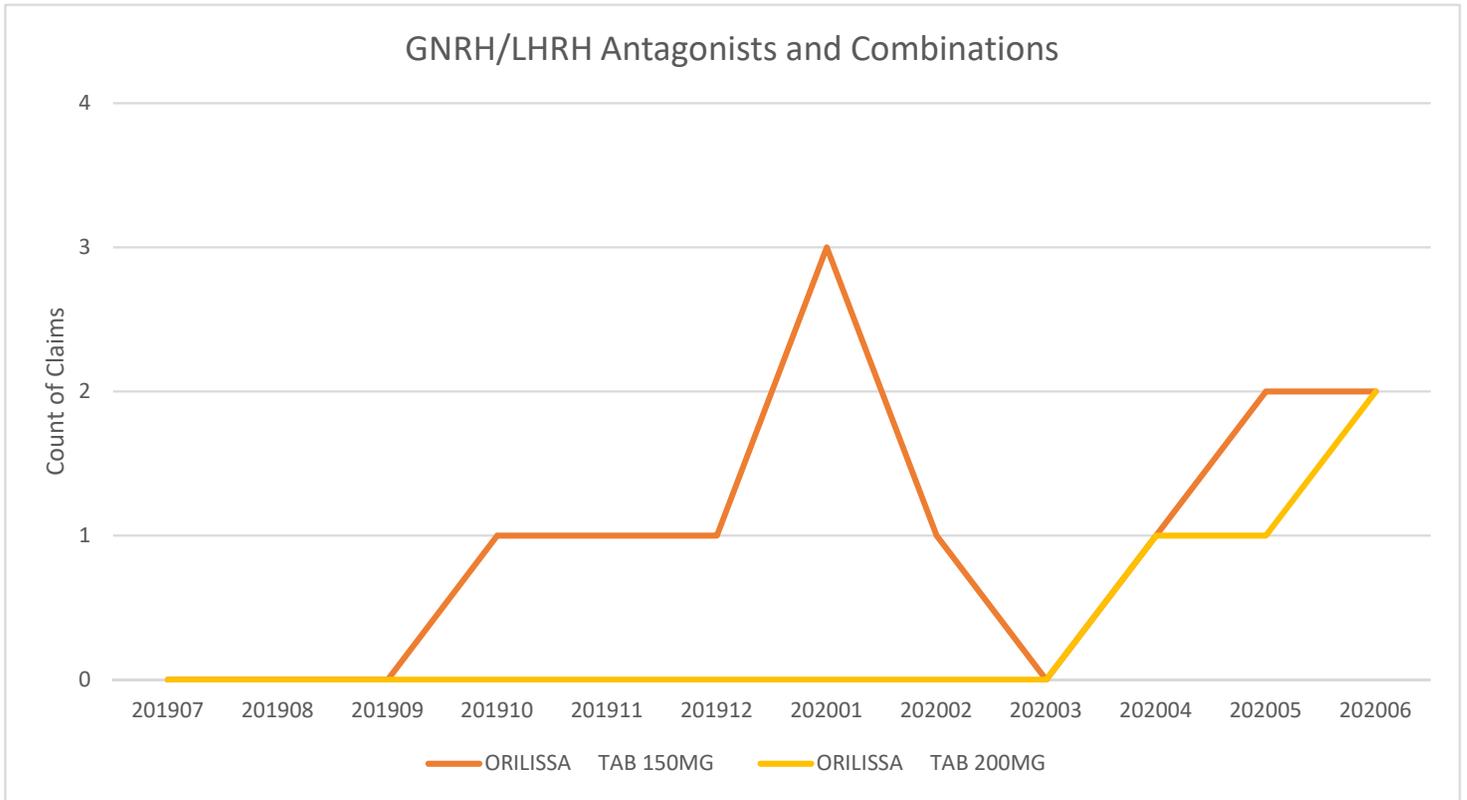
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GNRH/LHRH Antagonists and Combinations

Summary of Utilization
 July 1, 2019 - June 30, 2020
 SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
ORILISSA TAB 150MG	2	12	336	336
ORILISSA TAB 200MG	1	4	224	112
Total	3	16	560	448



Bone Density
Regulators

Clinical Presentation



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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 22, 2020

Prior Authorization Criteria being reviewed: Bone Density Regulators

Managed Care Organization name: Silver Summit Health Plan

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx

I disapprove of the criteria as presented by OptumRx

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

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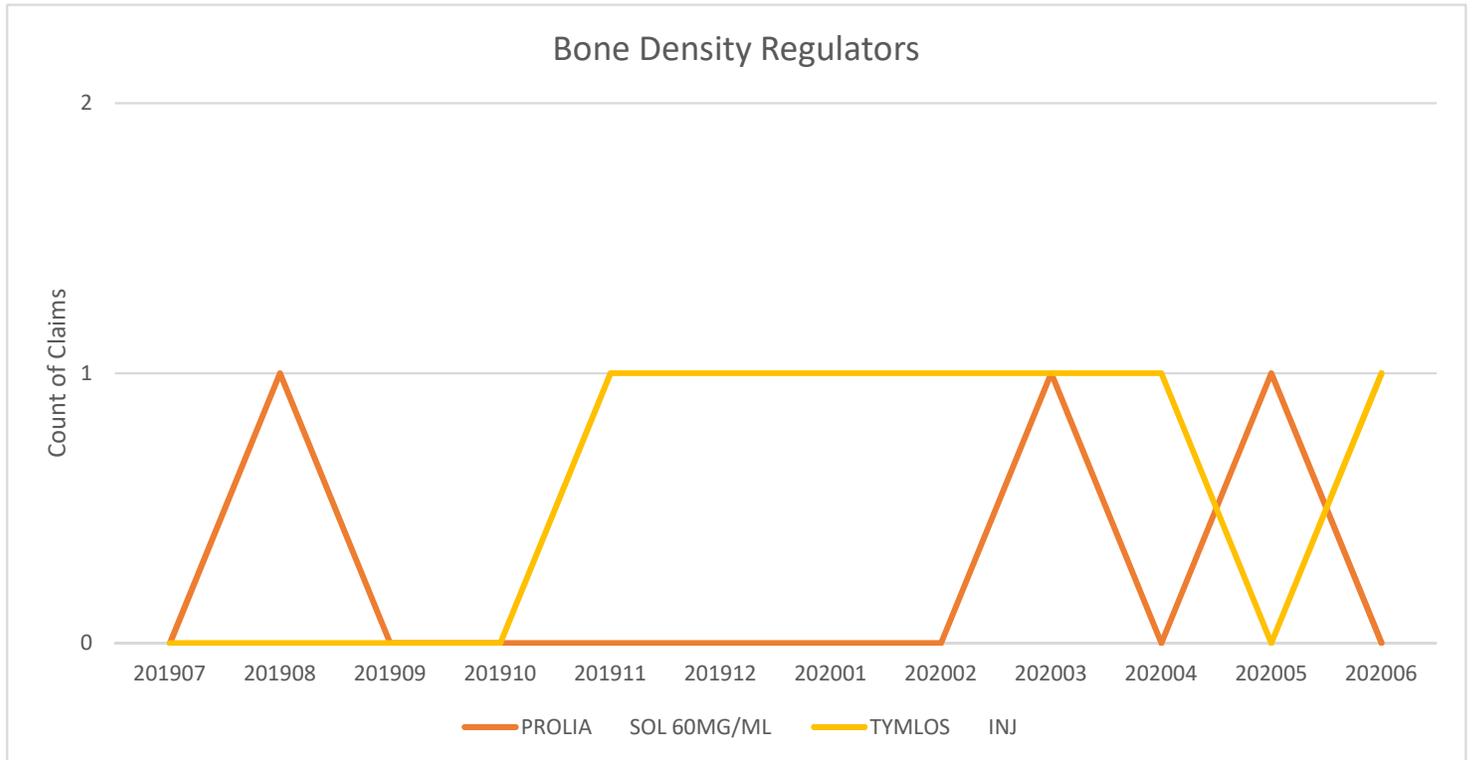
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Bone Density Regulators

Summary of Utilization
 July 1, 2019 - June 30, 2020
 SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
PROLIA SOL 60MG/ML	2	3	3	540
TYMLOS INJ	1	7	11	202
Total	3	10	14	742



Opioid Utilization –
Top Prescribers
and Members

Board Requested
Reports



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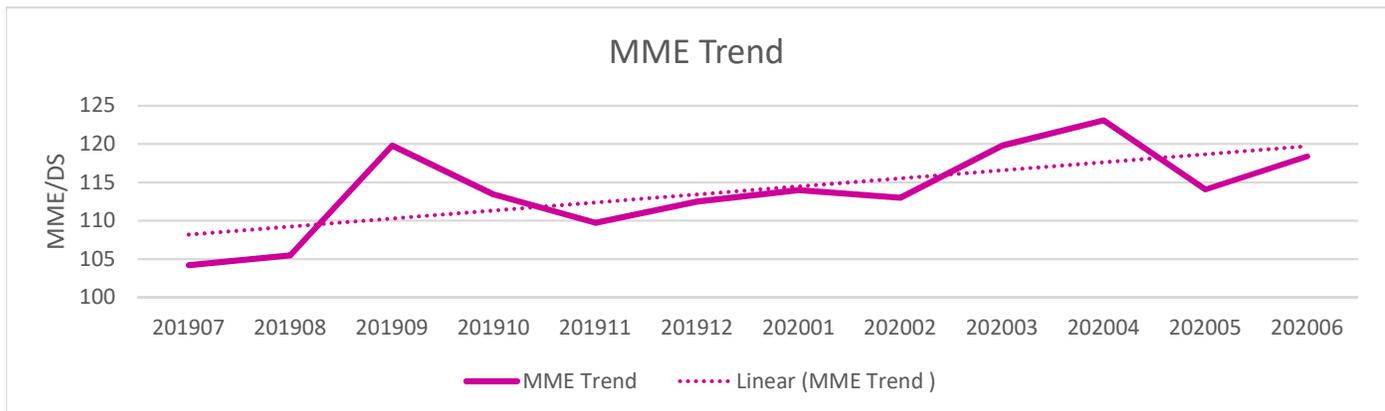
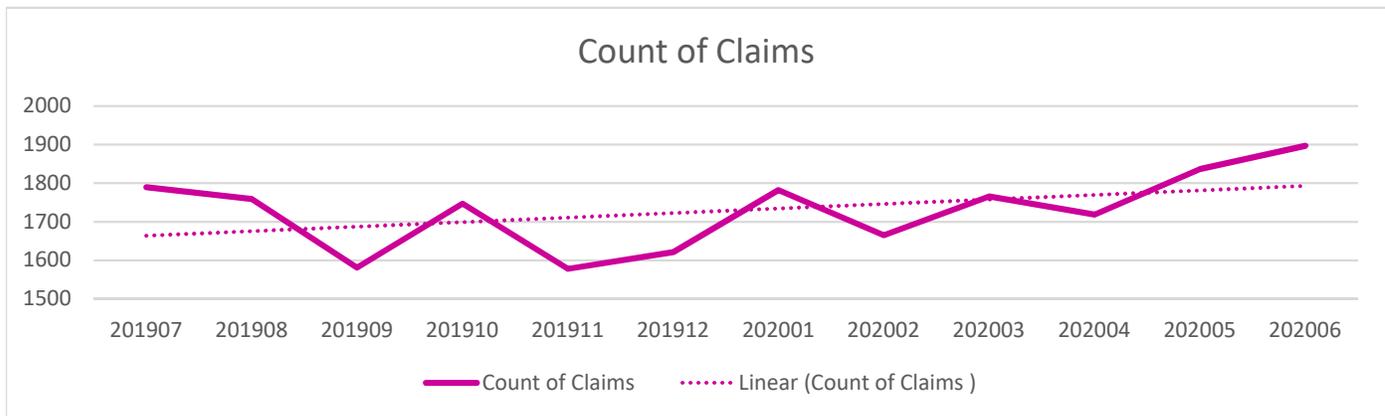
Opioid Utilization

Overall Summary

July 1, 2019 - June 30, 2020

SilverSummit Healthplan

Year Month Filled	Member Count	Claim Count	Claims per Member	Sum of Days Supply	Sum of Qty	Qty per Member	MME/DaySupply/Member
201907	1,467	1,790	1.22	38,213	116,351	79.31	104.2
201908	1,463	1,759	1.20	35,902	109,362	74.75	105.5
201909	1,329	1,581	1.19	32,332	99,318	74.73	119.8
201910	1,442	1,747	1.21	36,376	111,389	77.25	113.4
201911	1,352	1,578	1.17	33,386	100,601	74.41	109.7
201912	1,363	1,621	1.19	34,105	103,747	76.12	112.5
202001	1,480	1,782	1.20	37,559	113,179	76.47	114.0
202002	1,445	1,665	1.15	35,292	106,817	73.92	113.0
202003	1,460	1,766	1.21	37,369	112,893	77.32	119.8
202004	1,420	1,719	1.21	37,341	110,840	78.06	123.1
202005	1,525	1,837	1.20	37,345	111,613	73.19	114.1
202006	1,589	1,897	1.19	38,753	113,766	71.60	118.4



Top 10 Opioid Prescribers by Count of Claims

SilverSummit Healthplan

Current Quarter

Encrypted ID	Specialty	Degree	City	Member Count	Claim Count	Sum of Day Supply	Sum of Qty	MME/ Day Supply / Member
Q1	Pain Management	MD	Las Vegas	98	157	4,345	13,121	53.3
FFF	Pain Management	MD	Las Vegas	76	133	3,843	12,139	68.3
NN	Pain Management	PA	Henderson	72	133	3,829	12,387	75.0
V	Anesthesiology	PA	Las Vegas	50	128	3,395	7,315	1,479.6
J	Pain Management	PA	Las Vegas	38	121	3,540	11,392	277.4
C1	Psych/Mental Health	MD	Las Vegas	22	112	1,707	3,209	2,279.0
P1	Anesthesiology	PA	Las Vegas	41	104	2,748	7,964	92.3
F	Pain Management	NP	Las Vegas	28	98	2,849	9,042	210.6
CC	Pain Management	PA	Las Vegas	57	91	2,481	6,586	97.9
E	Pain Management	PA	Las Vegas	33	87	2,451	7,832	100.1

Previous Quarter

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	107	192	5,354	16,251	71.5
V	Anesthesiology	MD	Las Vegas	53	161	3,862	8,559	1,732.2
NN	Pain Management	PA	Henderson	75	151	4,424	13,831	78.4
J	Pain Management	PA	Las Vegas	44	134	3,973	12,794	228.0
FFF	Pain Management	PA	Las Vegas	67	130	3,780	12,040	80.8
P1	Anesthesiology Pain M	MD	Las Vegas	57	128	3,230	9,341	81.8
E	Pain Management	PA	Las Vegas	48	117	3,412	10,522	100.5
C1	Psych/Mental Health	NP	Las Vegas	20	105	1,540	2,862	2,265.1
F	Pain Management	PA	Las Vegas	31	98	2,937	9,260	190.3
D1	Pain Management	PA	Las Vegas	24	72	2,019	6,710	149.7

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			13	42	77	130.99
		QQ	9	32	62	80.00
		SS	4	10	15	50.99
2			12	516	172	225.00
		R1	8	732	166	135.00
		S1	2	342	114	45.00
		T1	2	84	28	45.00
3			12	516	172	135.00
		T1	10	432	144	90.00
		S1	2	84	28	45.00
4			11	474	158	105.00
		S1	4	168	56	45.00
		R1	4	174	58	45.00
		T1	3	132	44	15.00
5			9	165	84	471.43
		U1	9	165	84	471.43
6			9	270	90	720.00
		V	9	270	90	720.00
7			9	186	93	120.00
		QQ	7	98	49	60.00
		V1	1	60	30	30.00
		SS	1	28	14	30.00
8			8	660	240	180.00
		F	8	660	240	180.00
9			8	510	240	83.33
		P1	6	390	180	60.00
		H1	2	120	60	23.33
10			8	306	102	81.67
		W1	6	216	72	59.17
		X1	2	90	30	22.50
Grand Total			99	3,645	1,428	2,252.42

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	13	42	77
BUPREN/NALOX MIS 8-2MG	13	42	77
2	12	516	172
MORPHINE SUL TAB 60MG ER	6	258	86
OXYCOD/APAP TAB 10-325MG	6	258	86
3	12	516	172
METHADONE TAB 10MG	6	258	86
OXYCOD/APAP TAB 10-325MG	6	258	86
4	11	474	158
METHADONE TAB 10MG	6	258	86
TRAMADOL HCL TAB 50MG	5	216	72
5	9	165	84
BUPREN/NALOX MIS 8-2MG	9	165	84
6	9	270	90
BUPRENORPHIN SUB 8MG	9	270	90
7	9	186	93
BUPREN/NALOX SUB 2-0.5MG	8	126	63
BUPRENORPHIN SUB 2MG	1	60	30
8	8	660	240
MORPHABOND TAB 30MG ER	2	120	60
MORPHINE SUL TAB 30MG ER	2	120	60
OXYCOD/APAP TAB 10-325MG	1	60	30
OXYCOD/APAP TAB 5-325MG	3	360	90
9	8	510	240
HYDROCO/APAP TAB 10-	4	270	120
MORPHINE SUL TAB 30MG ER	4	240	120
10	8	306	102
HYDROCO/APAP TAB 5-325MG	6	216	72
HYDROCO/APAP TAB 7.5-325	2	90	30
Grand Total	99	3,645	1,428

Opioid
and
Benzodiazepine
Combinations

Board Requested
Reports



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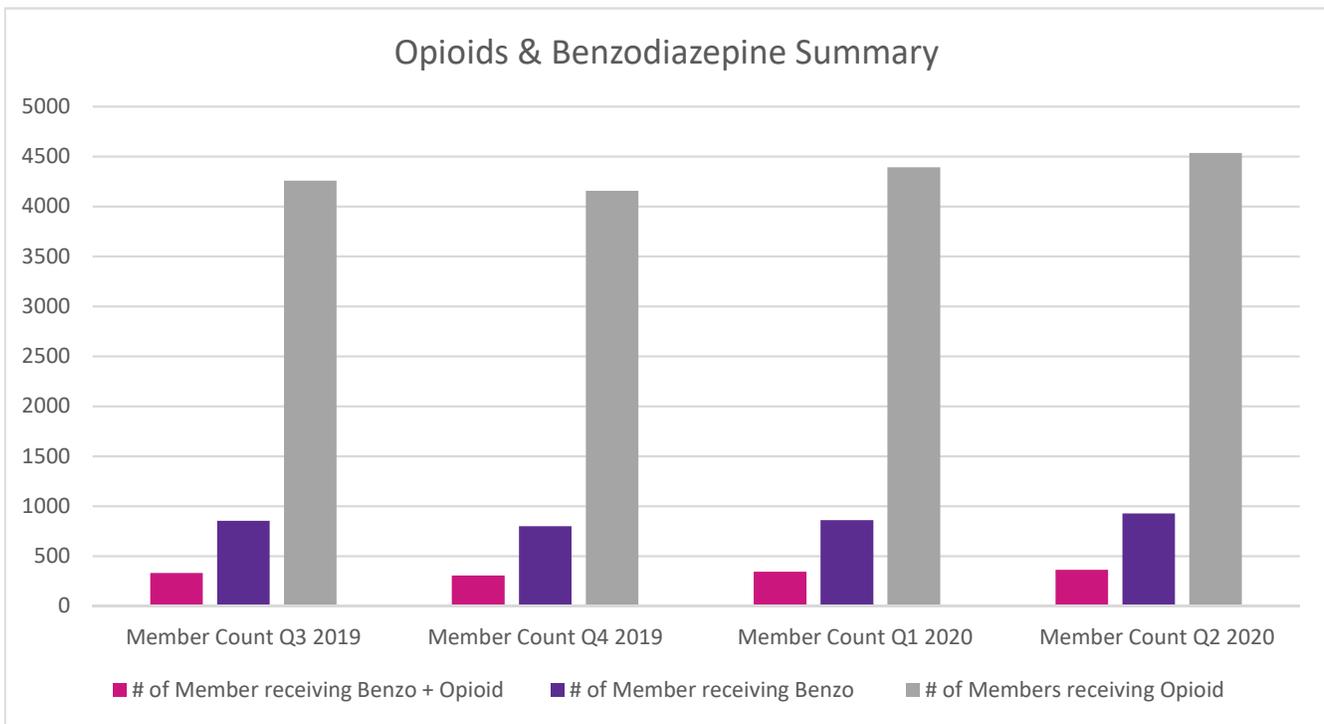
Opioids & Benzodiazepine Summary

July 1, 2019 - June 30, 2020

SilverSummit Healthplan

Member Utilization

Product Name	Q3 2019	Q4 2020	Q1 2020	Q2 2020	Total Members
# of Member receiving Benzo + Opioid	330	305	345	363	1,343
# of Member receiving Benzo	855	800	2,404	2,681	6,740
# of Members receiving Opioid	4,259	4,157	4,391	4,534	17,341



Opioids & Benzodiazepine Summary

July 1, 2019 - June 30, 2020

SilverSummit Healthplan

Top 10 Products Used by Quarter

Q3 2019

Product Name	Count of Claims	Product Name	Count of Claims
Opioids		Benzodiazepines	
BUPREN/NALOX MIS 8-2MG	264	ALPRAZOLAM TAB 0.5MG	256
HYDROCO/APAP TAB 10-325MG	223	ALPRAZOLAM TAB 1MG	255
OXYCOD/APAP TAB 10-325MG	200	CLONAZEPAM TAB 0.5MG	163
SUBOXONE MIS 8-2MG	99	ALPRAZOLAM TAB 2MG	159
HYDROCO/APAP TAB 5-325MG	86	CLONAZEPAM TAB 1MG	139
MORPHINE SUL TAB 15MG ER	74	DIAZEPAM TAB 5MG	131
OXYCODONE TAB 15MG	70	DIAZEPAM TAB 10MG	83
HYDROCO/APAP TAB 7.5-325	68	ALPRAZOLAM TAB 0.25MG	53
OXYCODONE TAB 10MG	66	CLONAZEPAM TAB 2MG	43
OXYCOD/APAP TAB 7.5-325	60	TEMAZEPAM CAP 30MG	34

Q4 2019

Product Name	Count of Claims	Product Name	Count of Claims
Opioids		Benzodiazepines	
BUPREN/NALOX MIS 8-2MG	279	ALPRAZOLAM TAB 1MG	291
HYDROCO/APAP TAB 10-325MG	186	ALPRAZOLAM TAB 0.5MG	204
OXYCOD/APAP TAB 10-325MG	182	CLONAZEPAM TAB 0.5MG	160
HYDROCO/APAP TAB 5-325MG	80	CLONAZEPAM TAB 1MG	141
HYDROCO/APAP TAB 7.5-325	72	ALPRAZOLAM TAB 2MG	109
OXYCOD/APAP TAB 7.5-325	70	DIAZEPAM TAB 10MG	96
BUPRENORPHIN SUB 8MG	64	DIAZEPAM TAB 5MG	96
MORPHINE SUL TAB 15MG ER	62	ALPRAZOLAM TAB 0.25MG	52
TRAMADOL HCL TAB 50MG	54	CLONAZEPAM TAB 2MG	26
OXYCODONE TAB 10MG	53	TEMAZEPAM CAP 30MG	23

Opioids & Benzodiazepine Summary

July 1, 2019 - June 30, 2020

SilverSummit Healthplan

Top 10 Products Used by Quarter

Q1 2020

Product Name	Count of Claims	Product Name	Count of Claims
Opioids		Benzodiazepines	
BUPREN/NALOX MIS 8-2MG	410	ALPRAZOLAM TAB 1MG	349
OXYCOD/APAP TAB 10-325MG	222	ALPRAZOLAM TAB 0.5MG	298
HYDROCO/APAP TAB 10-325MG	187	CLONAZEPAM TAB 1MG	191
HYDROCO/APAP TAB 5-325MG	140	CLONAZEPAM TAB 0.5MG	169
HYDROCO/APAP TAB 7.5-325	122	ALPRAZOLAM TAB 2MG	150
TRAMADOL HCL TAB 50MG	93	DIAZEPAM TAB 5MG	106
OXYCODONE TAB 15MG	89	DIAZEPAM TAB 10MG	89
BUPRENORPHIN SUB 8MG	68	LORAZEPAM TAB 1MG	63
MORPHINE SUL TAB 15MG ER	64	ALPRAZOLAM TAB 0.25MG	53
BUPREN/NALOX MIS 12-3MG	58	LORAZEPAM TAB 0.5MG	44

Q2 2020

Product Name	Count of Claims	Product Name	Count of Claims
Opioids		Benzodiazepines	
BUPREN/NALOX MIS 8-2MG	411	ALPRAZOLAM TAB 1MG	322
OXYCOD/APAP TAB 10-325MG	247	ALPRAZOLAM TAB 0.5MG	302
HYDROCO/APAP TAB 10-325MG	218	CLONAZEPAM TAB 0.5MG	204
HYDROCO/APAP TAB 7.5-325	117	ALPRAZOLAM TAB 2MG	197
HYDROCO/APAP TAB 5-325MG	112	CLONAZEPAM TAB 1MG	192
BUPRENORPHIN SUB 8MG	90	DIAZEPAM TAB 5MG	157
OXYCOD/APAP TAB 7.5-325	90	DIAZEPAM TAB 10MG	97
OXYCODONE TAB 15MG	89	LORAZEPAM TAB 0.5MG	56
TRAMADOL HCL TAB 50MG	86	ALPRAZOLAM TAB 0.25MG	55
OXYCODONE TAB 10MG	55	CLONAZEPAM TAB 2MG	48

Gabapentin
Utilization

Board Requested
Reports



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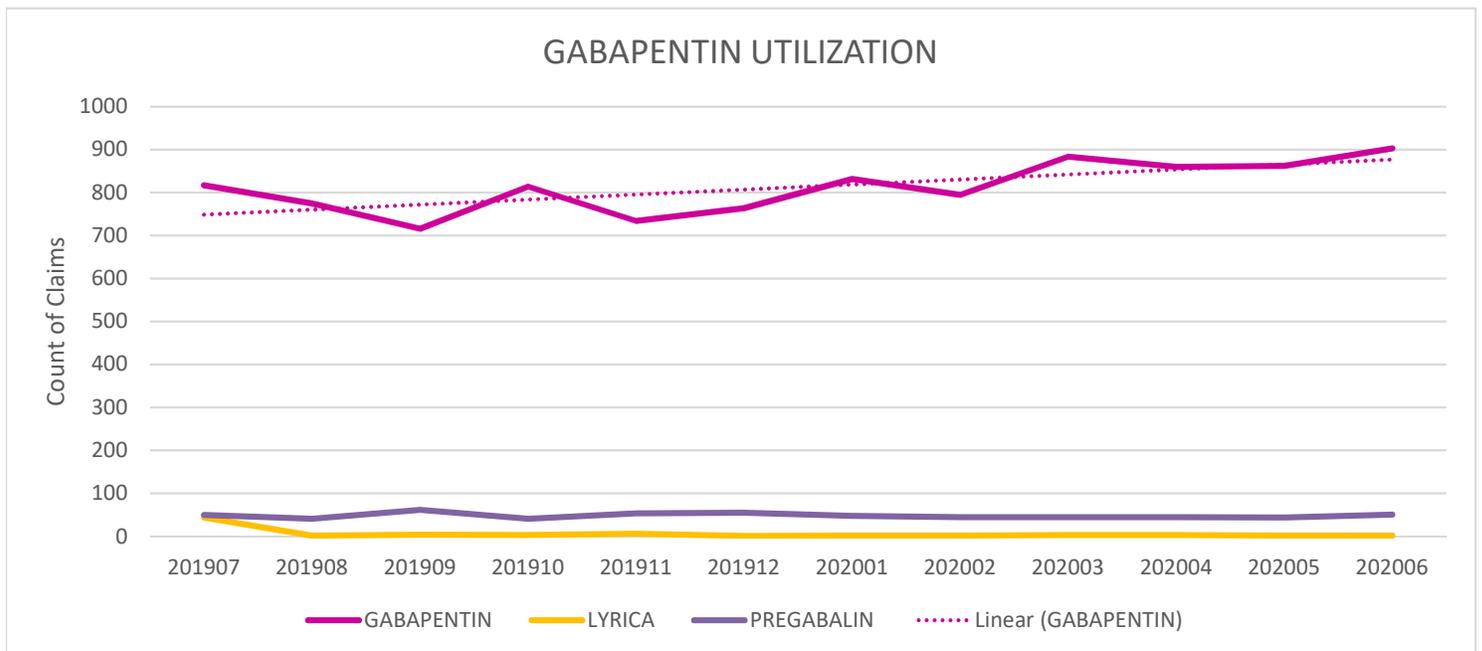
Gabapentin

Summary of Utilization

July 1, 2019 - June 30, 2020

SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
GABAPENTIN 100MG	568	1,301	120,768	40,764
GABAPENTIN 300MG	1,576	4,704	352,765	128,942
GABAPENTIN 400MG	261	889	76,124	24,354
GABAPENTIN 600MG	508	1,904	185,470	62,172
GABAPENTIN 800MG	209	958	81,589	26,844
LYRICA 25MG	2	2	210	60
LYRICA 50MG	7	11	863	307
LYRICA 75MG	9	10	714	272
LYRICA 100MG	8	8	570	330
LYRICA 150MG	14	35	2,267	936
LYRICA 200MG	5	6	450	180
LYRICA 300MG	2	2	90	60
PREGABALIN 25MG	8	11	900	330
PREGABALIN 50MG	33	86	7,754	2,452
PREGABALIN 75MG	47	162	11,293	4,733
PREGABALIN 100MG	22	75	5,697	2,167
PREGABALIN 150MG	32	143	9,821	4,048
PREGABALIN 200MG	12	58	4,198	1,724
PREGABALIN 300MG	8	46	2,700	1,380
Total	568	10,337	859,079	299,910



Standard DUR
Reports



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Nevada Medicaid

Quarterly DUR Report

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

Contact Email: Thomas.L.Beranek@SilverSummitHelathPlan.com
Report Quarter (Calendar Year): Q2 2020
Report Period Start Date: 4/1/2020
Report Period End Date: 6/30/2020
Submission Date of Report: 9/23/2020

Opioid Utilization					
Year/Month Filled	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amount
July 2019	1,473	1,797	38,366	116,383	SSHP Confidential
August 2019	1,467	1,764	36,034	109,375	SSHP Confidential
September 2019	1,332	1,587	32,504	99,339	SSHP Confidential
October 2019	1,446	1,756	36,632	111,422	SSHP Confidential
November 2019	1,356	1,586	33,606	100,627	SSHP Confidential
December 2019	1,367	1,627	34,279	103,784	SSHP Confidential
January 2020	1,482	1,784	37,619	113,200	SSHP Confidential
February 2020	1,449	1,669	35,386	106,852	SSHP Confidential
March 2020	1,460	1,766	37,367	112,879	SSHP Confidential
April 2020	1,420	1,719	37,341	110,840	SSHP Confidential
May 2020	1,525	1,837	37,345	111,613	SSHP Confidential
June 2020	1,589	1,897	38,753	113,766	SSHP Confidential

Top 10 Opioid Prescribers - Current Quarter

Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days		Sum of Paid Amount	MME/ Day Supply / Member
						Supply	Sum of Quantity		
Q1	FNPC - Pain Management	Las Vegas	NV	98	157	4,345	13,121	SSHP Confidential	53.3
FFF	PA - Pain Management	Las Vegas	NV	76	133	3,843	12,139	SSHP Confidential	69.7
NN	PA - Pain Management	Las Vegas	NV	72	133	3,829	12,387	SSHP Confidential	75.0
V	MD - Anesthesiology	Las Vegas	NV	50	128	3,395	7,315	SSHP Confidential	3688.2
J	PA - Pain Management	Las Vegas	NV	38	121	3,540	11,392	SSHP Confidential	521.2
C1	NP - Psych/Mental Health	Las Vegas	NV	22	112	1,707	3,209	SSHP Confidential	5643.0
P1	MD - Anesthesiology	Las Vegas	NV	41	104	2,748	7,964	SSHP Confidential	92.3
F	PA - Pain Management	Las Vegas	NV	28	98	2,849	9,042	SSHP Confidential	242.1
CC	MD - Pain Management	Las Vegas	NV	57	91	2,481	6,586	SSHP Confidential	169.2
E	PA - Pain Management	Las Vegas	NV	33	87	2,451	7,832	SSHP Confidential	98.3

Top 10 Opioid Prescribers - Previous Quarter

Prescriber ID	Prescriber Type	Physician City	Physician State	Member Count	Claim Count	Sum of Days		Sum of Paid Amount	MME/ Day Supply / Member
						Supply	Sum of Quantity		
FFF	PA - Pain Management	Las Vegas	NV	96	193	5,472	17,819	SSHP Confidential	76.5
V	MD - Anesthesiology	Las Vegas	NV	55	162	3,704	7,964	SSHP Confidential	1,615.6
J	PA - Pain Management	Las Vegas	NV	51	151	4,318	14,103	SSHP Confidential	64.6
NN	PA - Pain Management	Las Vegas	NV	79	150	4,423	13,568	SSHP Confidential	187.6
CC	MD - Pain Management	Las Vegas	NV	92	130	3,420	10,190	SSHP Confidential	114.5
F	PA - Pain Management	Las Vegas	NV	41	128	3,751	11,878	SSHP Confidential	112.8
CCC	PA - Pain Management	Las Vegas	NV	68	120	3,422	10,421	SSHP Confidential	52.3
HHH	DNP - Pain Management	Las Vegas	NV	58	81	2,150	6,875	SSHP Confidential	47.4
Y	MD - Pain Management	Las Vegas	NV	31	80	2,371	6,593	SSHP Confidential	1,385.0
P	PA - Pain Management	Las Vegas	NV	50	79	2,244	7,006	SSHP Confidential	156.7

Nevada Medicaid

Quarterly DUR Report

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

Contact Email: Thomas.L.Beranek@SilverSummitHealthPlan.com
 Report Quarter (Calendar Year): Q2 2020
 Report Period Start Date: 4/1/2020
 Report Period End Date: 6/30/2020
 Submission Date of Report: 9/23/2020

Top 10 Drug Classes by Paid Amount - Current Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Antiretrovirals	715	SSHP Confidential
Insulin	1610	SSHP Confidential
Anti-TNF-alpha - Monoclonal Antibodies	65	SSHP Confidential
Antineoplastic Enzyme Inhibitors	34	SSHP Confidential
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	524	SSHP Confidential
Antipsychotics - Misc.	470	SSHP Confidential
Sympathomimetics	4490	SSHP Confidential
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	461	SSHP Confidential
Direct Factor Xa Inhibitors	541	SSHP Confidential
Hepatitis Agents	42	SSHP Confidential

Top 10 Drug Classes by Paid Amount - Previous Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Antiretrovirals	635	SSHP Confidential
Insulin	1440	SSHP Confidential
Sympathomimetics	5582	SSHP Confidential
Antineoplastic Enzyme Inhibitors	30	SSHP Confidential
Antipsychotics - Misc.	422	SSHP Confidential
Anti-TNF-alpha - Monoclonal Antibodies	49	SSHP Confidential
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	411	SSHP Confidential
Hepatitis Agents	37	SSHP Confidential
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	399	SSHP Confidential
Direct Factor Xa Inhibitors	492	SSHP Confidential

Top 10 Drug Classes by Claim Count - Current Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	5646	SSHP Confidential
Anticonvulsants - Misc.	5280	SSHP Confidential
HMG CoA Reductase Inhibitors	4962	SSHP Confidential
Selective Serotonin Reuptake Inhibitors (SSRIs)	4900	SSHP Confidential
Sympathomimetics	4490	SSHP Confidential
Opioid Combinations	3158	SSHP Confidential
Central Muscle Relaxants	2983	SSHP Confidential
Proton Pump Inhibitors	2883	SSHP Confidential
Antianxiety Agents - Misc.	2688	SSHP Confidential
Antihistamines - Non-Sedating	2659	SSHP Confidential

Top 10 Drug Classes by Claim Count - Previous Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	6,354	SSHP Confidential
Sympathomimetics	5,703	SSHP Confidential
Anticonvulsants - Misc.	5,076	SSHP Confidential
Selective Serotonin Reuptake Inhibitors (SSRIs)	4,644	SSHP Confidential
HMG CoA Reductase Inhibitors	4,555	SSHP Confidential
Opioid Combinations	3,077	SSHP Confidential
Central Muscle Relaxants	2,906	SSHP Confidential
Antihistamines - Non-Sedating	2,644	SSHP Confidential
Glucocorticosteroids	2,616	SSHP Confidential
Aminopenicillins	2,575	SSHP Confidential

Nevada Medicaid

Quarterly DUR Report

Health Plan Name: SilverSummit Healthplan
 Health Plan Contact: Tom Beranek, RPh
 Contact Email: Thomas.L.Beranek@SilverSummitHelathPlan.com
 Report Quarter (Calendar Year) Q2 2020
 Report Period Start Date: 4/1/2020
 Report Period End Date: 6/30/2020
 Submission Date of Report: 9/23/2020

Retrospective DUR							
Topic	Description of Intervention	Type of Contact (Media)	Number of Contacts	Number of Responses	Response Rate	Provider Targeted (e.g, Physician, Pharmacist)	Performed by (e.g., Subcontractor, etc.)
April - 2020, Anti-Diabetic Non-Adherence	Outreach to members who are non-adherent on their maintenance medications.	Mail	163	59	35%	Member	SSHP
May - 2020, Diabetic Underuse	Outreach to providers for members who may benefit from having an ACE or ARB added to medication therapy.	Mail	60	3	5%	Provider	SSHP
June - 2020, MME Benchmark	Outreach to providers who have prescribed more than 120 MME for each month of the quarter.	Mail	88	11	12%	Provider	SSHP