

2021

Nevada Medicaid Drug Use Review Board Meeting

October 14, 2021



silversummit
healthplan

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Entresto Products

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 14, 2021

Prior Authorization Criteria being reviewed: Entresto

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:

- Left ventricular ejection fraction (LVEF) is $\leq 40\%$;
- At the time of request, member has none of the following contraindications:
 - a. Concomitant use with ACE inhibitors;
 - b. If member has a diagnosis of diabetes, concomitant use with aliskiren;

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

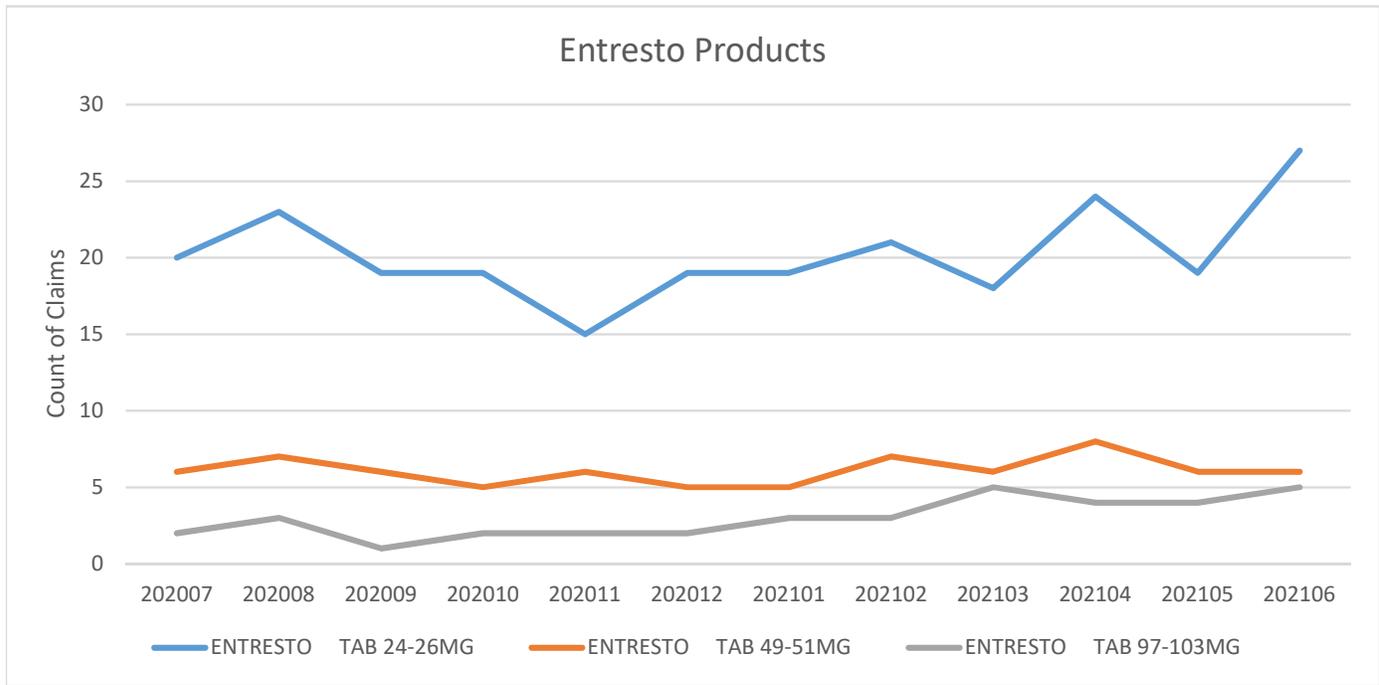
If this form is not completed and returned to the policy specialist with DHCFP by the designated deadline, the assumption will be made that you approve all prior authorization criteria as presented.

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

Signature of individual completing this form: Tom Beranek

Entresto Products
Summary of Utilization
July 1, 2020 to June 30, 2021
SilverSummit Healthplan

Product Name		Count of Members	Count of Claims	Sum of Qty	Sum of Days
ENTRESTO	TAB 24-26MG	231	243	14,260	7,205
ENTRESTO	TAB 49-51MG	69	73	4620	2310
ENTRESTO	TAB 97-103MG	33	36	2114	1057
Total		333	352	20,994	10,572



Immunomodulators

Clinical Presentations



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DUR Meeting Date: October 14, 2021

Prior Authorization Criteria being reviewed: 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.

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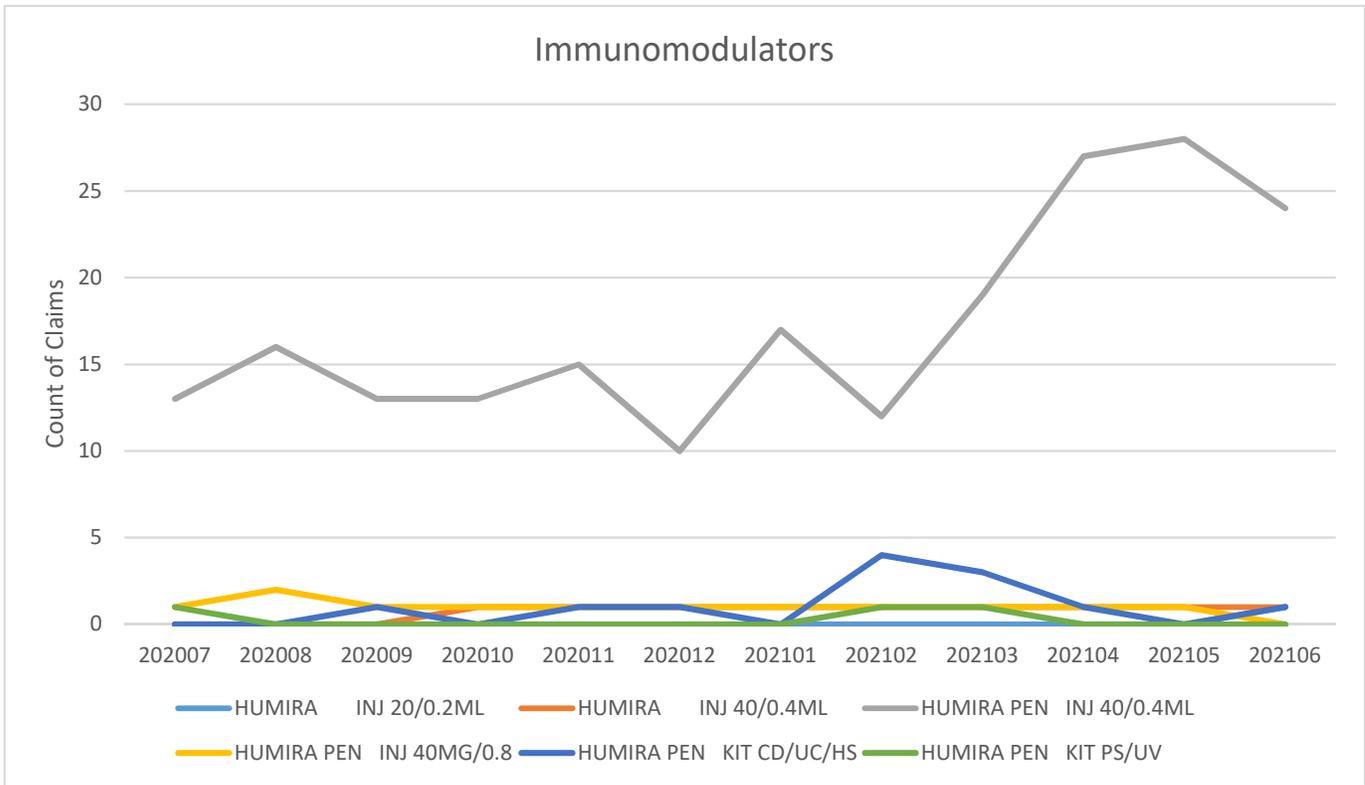
Immunomodulators

Summary of Utilization

July 1, 2020 to June 30, 2021

SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
HUMIRA INJ 20/0.2ML	1	1	2	28
HUMIRA INJ 40/0.4ML	9	9	18	252
HUMIRA PEN INJ 40/0.4ML	186	207	502	5,808
HUMIRA PEN INJ 40MG/0.8	12	12	24	336
HUMIRA PEN KIT CD/UC/HS	12	12	36	336
HUMIRA PEN KIT PS/UV	3	3	9	84
Total	223	244	591	6,844



Growth Hormone Products

Clinical Presentations



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DUR Meeting Date: October 14, 2021

Prior Authorization Criteria being reviewed: Growth Hormones

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.

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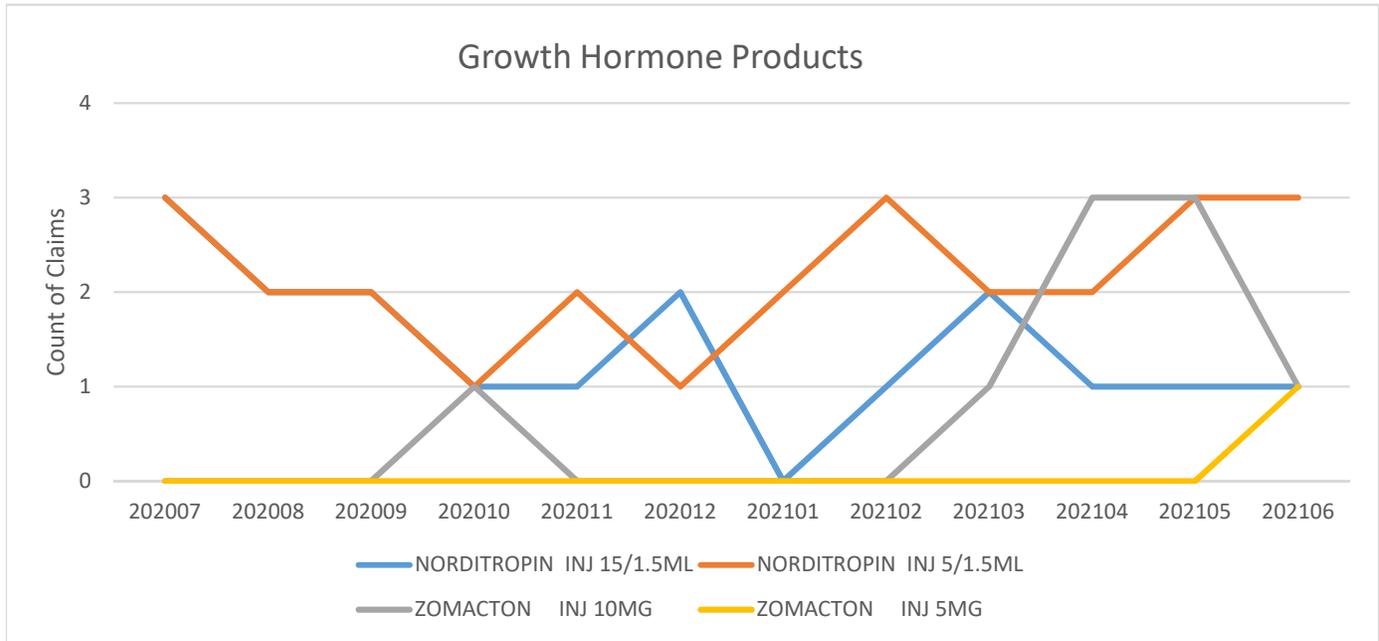
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Growth Hormone Products

Summary of Utilization
 July 1, 2020 to June 30, 2021
 SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
NORDITROPIN INJ 15/1.5ML	14	17	106.5	458
NORDITROPIN INJ 5/1.5ML	24	26	151.5	730
ZOMACTON INJ 10MG	9	9	54	260
ZOMACTON INJ 5MG	1	1	15	30
Total	48	53	327	1,478



Functional
Gastrointestinal
Disorder Agents

Clinical Presentations



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DUR Meeting Date: October 14, 2021

Prior Authorization Criteria being reviewed: Gimoti

Managed Care Organization name: SilverSummit HealthPlan

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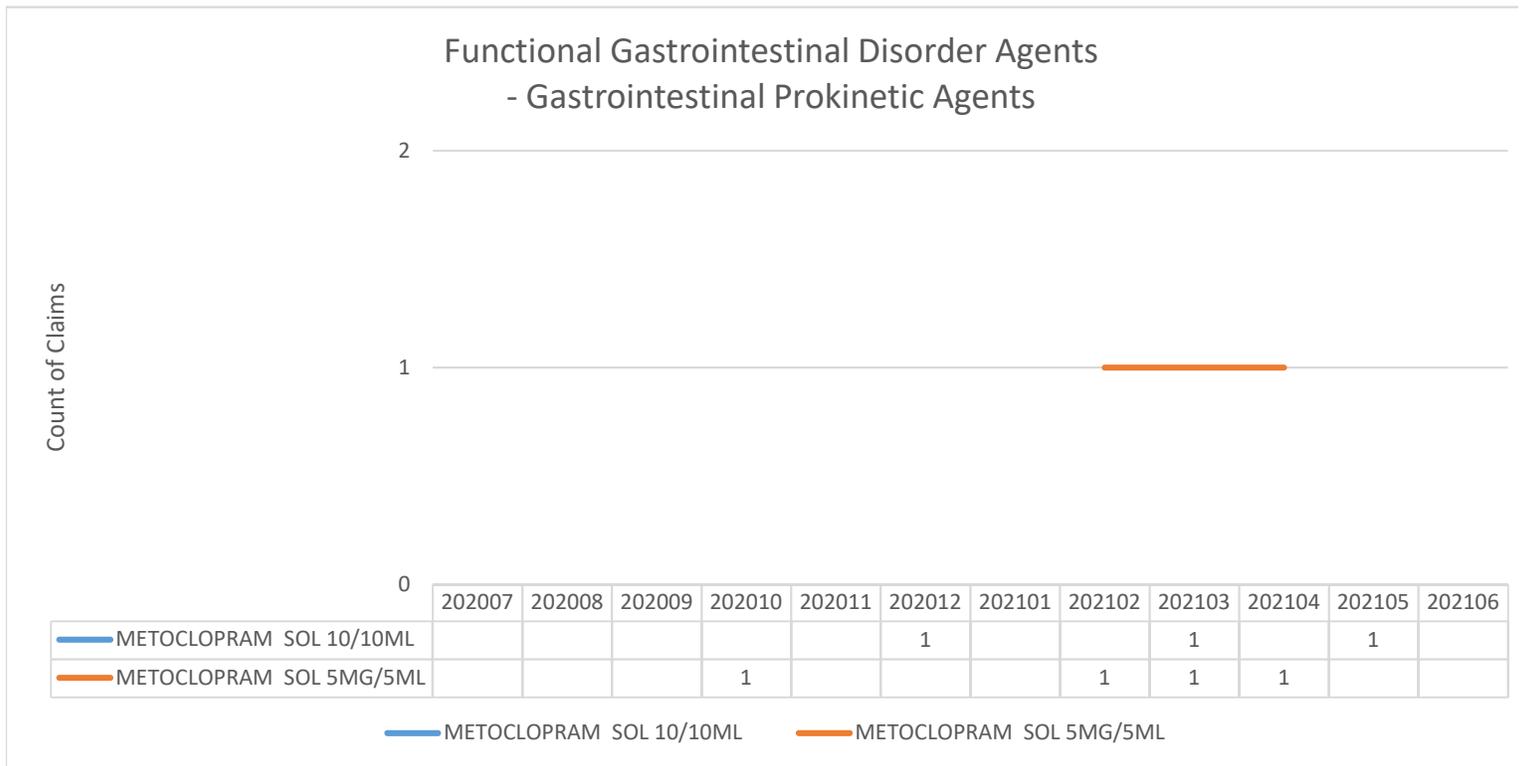
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Functional Gastrointestinal Disorder Agents - Gastrointestinal Prokinetic Agents

Summary of Utilization
July 1, 2020 to June 30, 2021
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
METOCLOPRAM SOL 10/10ML	3	3	126	90
METOCLOPRAM SOL 5MG/5ML	4	4	1205	80
Total	7	7	1,331	170



Aduhelm
(aducanumab-
avwa)

Clinical Presentations



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DUR Meeting Date: October 14, 2021

Prior Authorization Criteria being reviewed: Aduhelm

Managed Care Organization name: SilverSummit HealthPlan

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Aduhelm (aducanumab-avwa) Utilization

Summary of Utilization
July 1, 2020 to June 30, 2021
SilverSummit Healthplan

No Utilization For This Time Period

CGRP Antagonists

Clinical Presentations



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DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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DUR Meeting Date: October 14, 2021

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.

Recommend adding the following criteria:

CGRP is not prescribed concurrently with Botox® or other injectable and oral CGRP inhibitors (e.g., Aimovig®, Ajoovy®, Vyepti™, Nurtec®, Ubrelvy™);

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

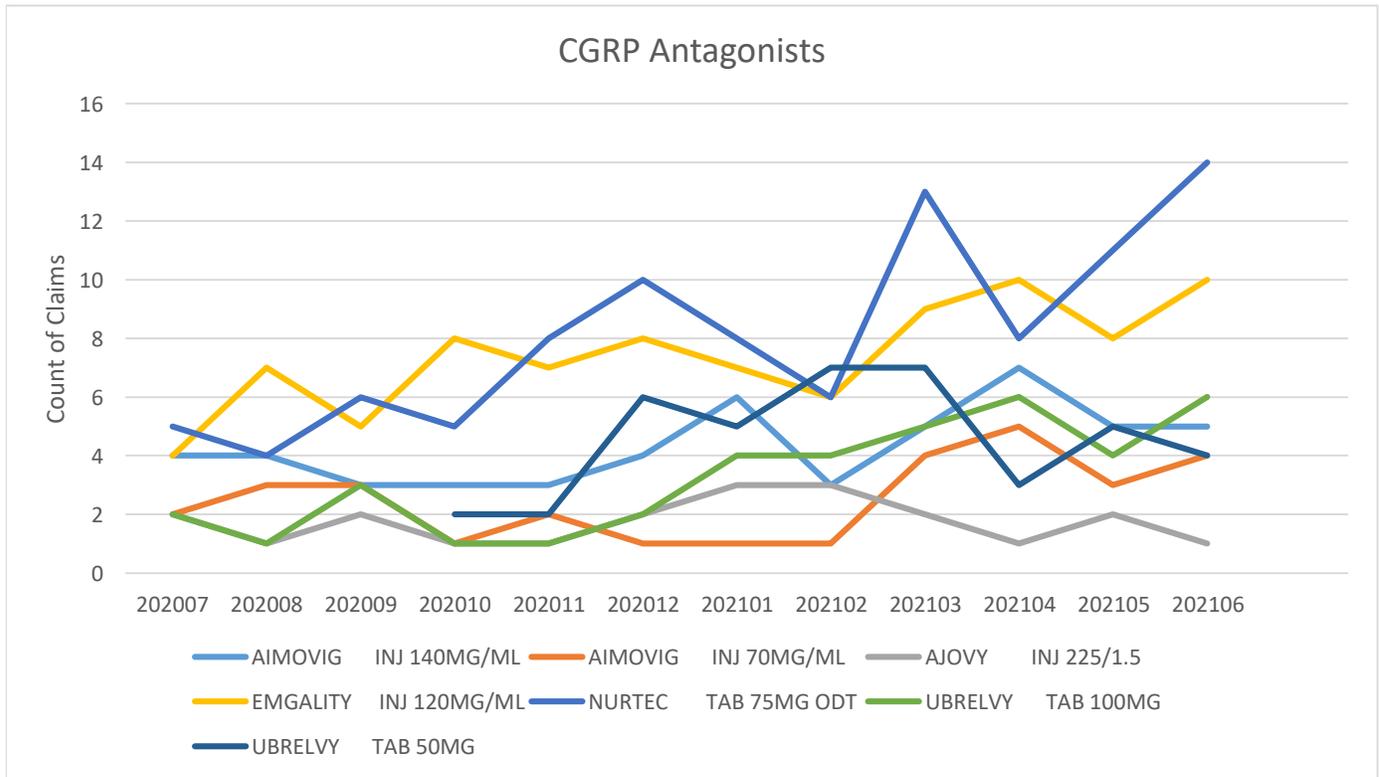
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CGRP Antagonists
Summary of Utilization
July 1, 2020 to June 30, 2021
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
AIMOVIG INJ 140MG/ML	46	52	52	1,500
AIMOVIG INJ 70MG/ML	29	30	30	848
AJOVY INJ 225/1.5	21	21	31.5	608
EMGALITY INJ 120MG/ML	84	89	94	2,614
NURTEC TAB 75MG ODT	94	98	785	2,505
UBRELVY TAB 100MG	38	39	380	1123
UBRELVY TAB 50MG	36	42	496	889
Total	348	371	1,868.50	10,087



Opioid Trend –
Top Prescribers
and Members

Board Requested
Reports



Opioid Utilization
Overall Summary
July 1, 2020 - June 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
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
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

Top 10 Opioid Prescribers by Count of Claims

SilverSummit Healthplan

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

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

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		10	339	78	53.60
	Z2	6	168	42	18.00
	A3	4	171	36	35.60
2		8	840	240	150.00
	J	8	840	240	150.00
3		8	600	240	72.00
	Z1	8	600	240	72.00
4		8	792	224	105.00
	F	7	672	194	105.00
	J	1	120	30	60.00
5		7	840	196	90.00
	J	7	840	196	90.00
6		7	600	210	121.00
	B3	4	360	120	121.00
	C3	2	180	60	121.00
	D3	1	60	30	81.00
7		7	450	210	45.00
	FFF	7	450	210	45.00
8		7	540	210	75.00
	E3	7	540	210	75.00
9		7	172	42	74.00
	F3	1	8	2	30.00
	G3	1	24	5	24.00
	H3	5	140	35	20.00
10		7	352	88	70.00
	X2	4	176	44	50.00
	I3	2	148	37	50.00
	J3	1	28	7	20.00
Grand Total		76	5,525	1,738	855.60

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	10	339	78
BUT/APAP/CAF CAP CODEINE	6	168	42
OXYCOD/APAP 5-325MG	4	171	36
2	8	840	240
MORPHINE SUL 30MG ER	4	360	120
OXYCOD/APAP 10-325MG	4	480	120
3	8	600	240
OXYCOD/APAP 10-325MG	4	360	120
XTAMPZA ER CAP 9MG	4	240	120
4	8	792	224
MORPHINE SUL 15MG ER	4	312	104
OXYCOD/APAP 10-325MG	4	480	120
5	7	840	196
HYDROCO/APAP 10-325MG	4	672	112
MORPHINE SUL 15MG ER	3	168	84
6	7	600	210
HYDROCO/APAP 10-325MG	3	360	90
XTAMPZA ER CAP 27MG	4	240	120
7	7	450	210
HYDROCO/APAP 10-325MG	4	360	120
MORPHINE SUL 15MG ER	3	90	90
8	7	540	210
MORPHINE SUL 15MG ER	3	180	90
OXYCODONE TAB 10MG	4	360	120
9	7	172	42
HYDROCO/APAP 5-325MG	1	24	5
HYDROCO/APAP 7.5-325	1	8	2
TRAMADOL HCL TAB 50MG	5	140	35
10	7	352	88
HYDROCO/APAP 5-325MG	3	84	21
HYDROCO/APAP 7.5-325	3	240	60
TRAMADOL HCL TAB 50MG	1	28	7
Grand Total	76	5,525	1,738

Standard DUR
Reports



Top 10 Therapeutic Classes

SilverSummit Healthplan
April 1, 2021 to June 30, 2021

Top 10 Drug Classes by Paid Amount

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
Antpsoriatics	49	SSHP Confidential
Antineoplastic Enzyme Inhibitors	33	SSHP Confidential
Direct Factor Xa Inhibitors	666	SSHP Confidential

2021 Q2

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

2021 Q1

Top 10 Drug Classes by Claim Count

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

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

2021 Q1

Prospective DUR

SilverSummit Healthplan
April 1, 2021 to June 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)	20,945	0	0%	0	0%	20,945	100%
Therapeutic Duplication (TD)	25,722	6,862	27%	2,269	9%	16,591	65%
Ingredient Duplication (ID)	15,795	0	0%	0	0%	15,795	100%
Late Refill (LR)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total High Dose (HD)	2,028	1,170	58%	503	25%	355	18%
Drug-Pregnancy (PG)	160	99	62%	43	27%	18	11%
Total Low Dose (LD)	4,066	2,569	63%	812	20%	685	17%
Drug-Drug (DD)	13,176	9,206	70%	1,508	11%	2,462	19%
Drug-Disease (MC)	4,437	3,094	70%	576	13%	767	17%
Drug-Allergy (DA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug-Age (PA)	3	3	100%	-	0%	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	Cholecalciferol	Alprazolam	Alprazolam	N/A	Promethazine - DM
Amlodipine Besylate	Bupropion	Amlodipine Besylate	N/A	Epinephrine (Anaphylaxis)	Divalproex Sodium	Norelgestromin-Ethinyl Estradiol	Buspirone	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	Meloxicam	Norelgestromin Ethinyl Estradiol	Propranolol HCL	Sertraline	Lamotrigine	N/A	N/A
Sertraline	Sertraline	Sertraline	N/A	Omalizumab	Prenatal Vit W/Ferrous Fumarate- Folic Acid	N/A	Trazodone	Spirolactone	N/A	N/A

Retrospective DUR

SilverSummit Healthplan
April 1, 2021 to June 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.)
Respiratory Overuse	Provider outreach for members with a respiratory condition, who are over-utilizing their short acting beta agonist (rescue medications).	Mail	51	2	4%	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	70	10	14%	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	3	3%	Physician	SSHP
Antiepileptic Adherence	Outreach to members who are non-adherent on their Antiepileptic Medications.	Phone/Mail	210	77	37%	Member	SSHP

Retrospective DUR

SilverSummit Healthplan
April 1, 2021 to June 30, 2021

Problem, Goal and Intervention Outcomes				
Description	Goal Description	Achieved	Not Achieved	No Longer Relevant
Opioid Overuse	Improve Regimen	3	0	1
Dangerous 3 Drug Combination	Discountinue Drug	7	3	1
Dangerous 2 Drug Combination	Discountinue Drug	66	64	2
Benzodiazepine Overuse	Discountinue Drug	70	240	15
Proton Pump Inhibitor Overuse	Discountinue Drug	81	288	14
Antibiotic Overuse	Discountinue Drug	13	8	0
Non-benzopdiapepine Hypnotic Overuse	Discountinue Drug	16	82	4
Asthmatics without a controller	Add controller Agent in Asthma	24	81	3
Diabetes without ACE/ARB	Add ACE/ARB in Diabetes	19	105	9
Diabetes without a statin	Add Statin in Diabetes	19	105	9
All Drug-Drug Interaction	Change Drug Regimen	59	2	0
All Drug Age Interaction	Change Drug Regimen	3	1	0
All Therapeutic Duplication	Remove Duplicated Drug	142	53	13