Nevada Medicaid Drug Use Review Board Meeting

April 28, 2022



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Movement Disorder Agents

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: April 28, 2022

Prior Authorization Criteria being reviewed: Austedo

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: <u>Tow Beranek</u>

DRUG USE REVIEW BOARD MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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DUR Meeting Date: April 28, 2022

Prior Authorization Criteria being reviewed: Ingrezza

Managed Care Organization name: SilverSummit HealthPlan

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx

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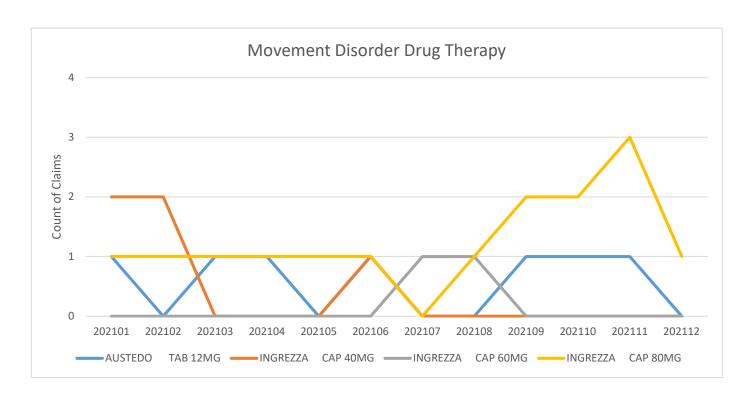
Please print the name of the individual completing this form: **Tom Beranek**

Signature of individual completing this form: <u>Tow Berawek</u>

Movement Disorder Drug Therapy

Summary of Utilization January 1, 2021 to December 31, 2021 SilverSummit Healthplan

| Product N | ame | Count of Members | Count of Claims | Sum of Qty | Sum of Days |
|-----------|----------|---------------------|-----------------|------------|-------------|
| AUSTEDO | TAB 12MG | 7 | 7 | 780 | 210 |
| INGREZZA | CAP 40MG | 5 | 5 | 150 | 150 |
| INGREZZA | CAP 60MG | 2 | 2 | 60 | 60 |
| INGREZZA | CAP 80MG | 14 | 15 | 450 | 450 |
| Total | | 28 | 29 | 1,440 | 870 |



Sedative Hypnotics

Clinical Presentations



DRUG USE REVIEW BOARD MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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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: April 28, 2022

Prior Authorization Criteria being reviewed: Hetlioz

Managed Care Organization name: SilverSummit HealthPlan

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx

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TESIMELTEON

Summary of Utilization
January 1, 2021 to December 31, 2021
SilverSummit Healthplan

No Utilization For This Time Period

Monoclonal
Antibodies for the
Treatment of
Respiratory
Conditions

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: April 28, 2022

Prior Authorization Criteria being reviewed: Monoclonal Antibodies

Managed Care Organization name: SilverSummit HealthPlan

Please place a check mark in the appropriate box:

I approve the criteria as presented by OptumRx

I disapprove of the criteria as presented by OptumRx

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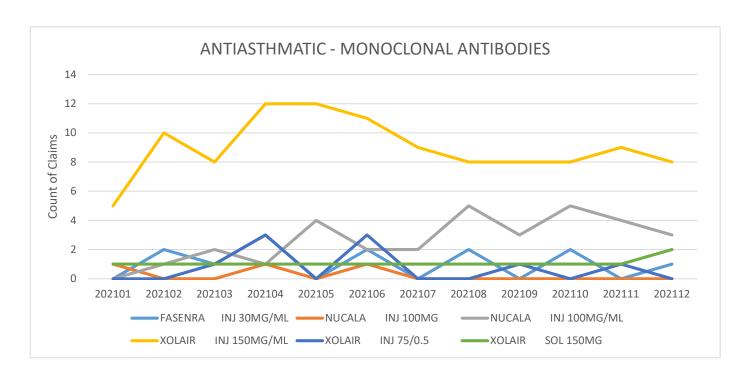
Please print the name of the individual completing this form: **Tom Beranek**

Signature of individual completing this form: <u>Tow Beranek</u>

ANTIASTHMATIC - MONOCLONAL ANTIBODIES

Summary of Utilization
January 1, 2021 to December 31, 2021
SilverSummit Healthplan

| Product | Name | Count of Members | Count of Claims | Sum of Qty | Sum of Days |
|---------|--------------|------------------|-----------------|------------|-------------|
| FASENRA | INJ 30MG/ML | 13 | 13 | 13 | 644 |
| NUCALA | INJ 100MG | 3 | 3 | 3 | 84 |
| NUCALA | INJ 100MG/ML | 28 | 32 | 32 | 904 |
| XOLAIR | INJ 150MG/ML | 104 | 108 | 227 | 3,024 |
| XOLAIR | INJ 75/0.5 | 7 | 9 | 9 | 252 |
| XOLAIR | SOL 150MG | 13 | 13 | 78 | 364 |
| Total | _ | 168 | 178 | 362 | 5,272 |

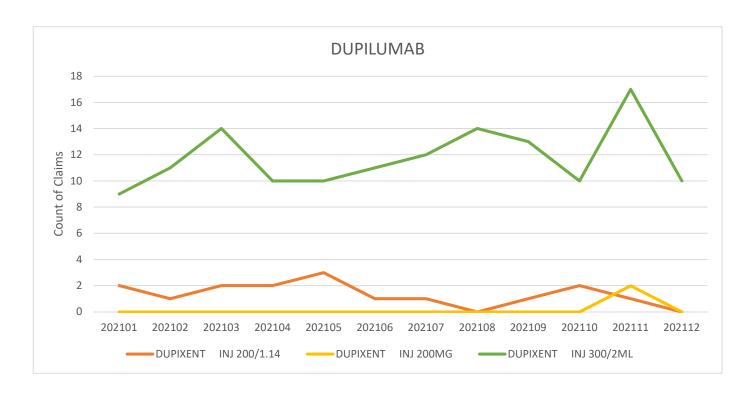


DUPILUMAB

Summary of Utilization January 1, 2021 to December 31, 2021

SilverSummit Healthplan

| Product Name | Count of Members | Count of Claims | Sum of Qty | Sum of Days |
|-----------------------|---------------------|-----------------|------------|-------------|
| DUPIXENT INJ 200/1.14 | 13 | 16 | 36.48 | 420 |
| DUPIXENT INJ 200MG | 1 | 2 | 9.12 | 56 |
| DUPIXENT INJ 300/2ML | 129 | 141 | 564 | 3,898 |
| Total | 143 | 159 | 609.60 | 4,374 |



Vuity (pilocarpine)

Clinical Presentations



DRUG USE REVIEW BOARD MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

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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: April 28, 2022 Prior Authorization Criteria being reviewed: Vuity 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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Signature of individual completing this form: <u>Tow Berawek</u>

VUITY

Summary of Utilization January 1, 2021 to December 31, 2021 SilverSummit Healthplan

No Utilization For This Time Period

Opioid Trend – Top Prescribers and Members

Board Requested Reports



Opioid Utilization

Overall Summary January 1, 2021 to December 31, 2021

SilverSummit Healthplan

| Year Month Filled | Member Count | Claim Count | Claims per Member | Sum of Days Supply | Sum of Qty | Qty per Member | MME/ DaySupply/ Member |
|-------------------------|-----------------|----------------|----------------------|-----------------------|------------|-------------------|------------------------------|
| 202101 | 1,245 | 1,395 | 1.12 | 28,858 | 93,340 | 74.97 | 40.5 |
| 202102 | 1,196 | 1,353 | 1.13 | 28,263 | 92,259 | 77.14 | 42.2 |
| 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 | 1,318 | 1,469 | 1.11 | 28,792 | 96,073 | 72.89 | 40.3 |
| 202106 | 1,326 | 1,496 | 1.13 | 30,333 | 99,662 | 75.16 | 40.5 |
| 202107 | 1,250 | 1,418 | 1.13 | 27,989 | 91,620 | 73.30 | 41.0 |
| 202108 | 1,288 | 1,461 | 1.13 | 29,363 | 96,289 | 74.76 | 40.5 |
| 202109 | 1,306 | 1,480 | 1.13 | 29,903 | 98,266 | 75.24 | 40.1 |
| 202110 | 1,288 | 1,456 | 1.13 | 28,553 | 93,281 | 72.42 | 38.5 |
| 202111 | 1,238 | 1,393 | 1.13 | 27,719 | 91,591 | 73.98 | 39.3 |
| 202112 | 1,250 | 1,406 | 1.12 | 28,243 | 90,504 | 72.40 | 39.3 |

Top 10 Opioid Prescribers by Count of Claims

SilverSummit Healthplan

Q4 2021

| Encrypted ID | Specialty | Degree | City | Member Count | Claim Count | Sum of Day Supply | Sum of Qty | MME/ Day Supply / Member |
|-----------------|-----------------|--------|-------------|-----------------|----------------|-------------------------|---------------|--------------------------------|
| Z1 | Pain Management | NP | Las Vegas | 49 | 145 | 4,181 | 12,965 | 104.9 |
| FFF | Pain Management | PA | Las Vegas | 52 | 135 | 3,958 | 12,596 | 96.3 |
| Q1 | Pain Management | FNP-C | Las Vegas | 56 | 132 | 3,765 | 11,989 | 80.40 |
| CC | Pain Management | MD | Las Vegas | 70 | 99 | 2,759 | 8,912 | 54.5 |
| M2 | Pain Management | PA-C | Las Vegas | 35 | 78 | 2,250 | 6,689 | 81.6 |
| G | Anesthesiology | MD | Las Vegas | 33 | 74 | 2,022 | 6,255 | 89.8 |
| Υ | Pain Management | MD | Las Vegas | 32 | 74 | 2,149 | 6,052 | 73.5 |
| 13 | Pain Management | PA | N Las Vegas | 32 | 70 | 2,068 | 6,864 | 82.4 |
| AA | Pain Management | MD | Las Vegas | 42 | 58 | 1,709 | 5,228 | 61.8 |
| E | Pain Management | PA | Las Vegas | 24 | 48 | 1,440 | 5,070 | 122.1 |

Q3 2021

| Encrypted ID | Specialty | Degree | City | Member Count | Claim Count | Sum of Day Supply | Sum of Qty | MME/ Day Supply / Member |
|-----------------|-----------------|--------|-----------|-----------------|----------------|-------------------------|---------------|--------------------------------|
| Z1 | Pain Management | NP | Las Vegas | 57 | 143 | 4,227 | 13,136 | 88.6 |
| Q1 | Pain Management | FNP-C | Las Vegas | 58 | 141 | 4,037 | 13,027 | 82.6 |
| FFF | Pain Management | PA | Las Vegas | 46 | 136 | 3,963 | 12,687 | 111.20 |
| F | Pain Management | PA | Las Vegas | 32 | 102 | 2,915 | 9,226 | 166.8 |
| E | Pain Management | PA | Las Vegas | 43 | 91 | 2,547 | 8,976 | 102.5 |
| J | Pain Management | PA | Las Vegas | 29 | 88 | 2,514 | 8,076 | 120.8 |
| CC | Pain Management | MD | Las Vegas | 61 | 88 | 2,513 | 7,719 | 56.0 |
| G | Anesthesiology | MD | Las Vegas | 28 | 66 | 1,881 | 5,509 | 90.9 |
| M2 | Pain Management | PA-C | Las Vegas | 33 | 61 | 1,789 | 5,440 | 70.1 |
| Υ | Pain Management | MD | Las Vegas | 24 | 60 | 1,754 | 5,172 | 82.8 |

Opioid Utilization by Member Top 10 Members by Claim Count

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 | | 7 | 512 | 173 | 150.00 |
| | G | 11 | 512 | 173 | 150.00 |
| 2 | | 7 | 660 | 210 | 121.00 |
| | C3 | 6 | 540 | 180 | 121.00 |
| | B4 | 1 | 120 | 30 | 40.00 |
| 3 | | 7 | 660 | 210 | 90.00 |
| | C4 | 3 | 300 | 90 | 90.00 |
| | D | 2 | 180 | 60 | 90.00 |
| | H2 | 2 | 180 | 60 | 90.00 |
| 4 | | 7 | 402 | 201 | 45.00 |
| | Z1 | 7 | 402 | 201 | 45.00 |
| 5 | | 7 | 450 | 210 | 60.00 |
| | FFF | 5 | 330 | 150 | 60.00 |
| | CC | 2 | 120 | 60 | 60.00 |
| 6 | | 7 | 750 | 210 | 195.00 |
| | Z3 | 7 | 750 | 210 | 195.00 |
| 7 | | 7 | 510 | 210 | 260.00 |
| | Y3 | 7 | 510 | 210 | 260.00 |
| 8 | | 7 | 282 | 67 | 31.50 |
| | A4 | 7 | 282 | 67 | 31.50 |
| 9 | | 7 | 540 | 210 | 90.00 |
| | М | 5 | 390 | 150 | 90.00 |
| | W3 | 2 | 150 | 60 | 90.00 |
| 10 | | 7 | 660 | 210 | 120.00 |
| | Х3 | 7 | 660 | 210 | 120.00 |
| Grand Total | | 70 | 5,426 | 1,911 | 1,162.50 |

Opioid Utilization by Member Top 10 Members by Claim Count

Top 10 Members by Claim Count Current Quarter SilverSummit Healthplan

| Member Enc ID | Count of Claim | Sum of Qty | Sum of Days |
|---------------------------------|----------------|-------------------|------------------|
| 1 | 7 | 512 | 173 |
| MORPHINE SUL TAB 30MG ER | 4 | 180 | 90 |
| OXYCODONE TAB 15MG | 3 | 332 | 83 |
| 2 | 7 | 660 | 210 |
| XTAMPZA ER CAP 27MG | 3 | 180 | 90 |
| HYDROCO/APAP 10-325MG | 4 | 480 | 120 |
| 3 | 7 | 660 | 210 |
| MORPHINE SUL TAB 15MG ER | 3 | 180 | 90 |
| OXYCOD/APAP 10-325MG | 4 | 480 | 120 |
| 4 | 7 | 402 | 201 |
| MORPHINE SUL TAB 15MG ER | 4 | 222 | 111 |
| OXYCOD/APAP 5-325MG | 3 | 180 | 90 |
| 5 | 7 | 450 | 210 |
| MORPHINE SUL TAB 15MG ER | 3 | 90 | 90 |
| OXYCOD/APAP 10-325MG | 4 | 360 | 120 |
| 6 | 7 | 750 | 210 |
| OXYCODONE TAB 15MG | 4 | 720 | 120 |
| FENTANYL DIS 25MCG/HR | 3 | 30 | 90 |
| 7 | 7 | 510 | 210 |
| HYDROCO/APAP 10-325MG | 4 | 240 | 120 |
| METHADONE TAB 10MG | 3 7 | 270 | 90 |
| 8 LIVDDOCO (ADAD TAD 7.5.335 | 7 | 282 | 67 |
| HYDROCO/APAP TAB 7.5-325 | 7 | 282 | 67 |
| 9 | | 540 | 210 |
| HYDROCO/APAP 10-325MG | 4 | 360 | 120 |
| MORPHINE SUL TAB 30MG ER 10 | 3 7 | 180 660 | 90 210 |
| | - | | |
| OXYCODONE TAB 10MG | 4 | 480 | 120 |
| MORPHINE SUL TAB 30MG ER | 3 | 180 | 90 |
| Grand Total | 70 | 5,426 | 1,911 |

Standard DUR Reports



Top 10 Therapeutic Classes

SilverSummit Healthplan
October 1, 2021 to December 31, 2021

Top 10 Drug Classes by Paid Amount

| Drug Class Name | Count of Claims | Pharmacy Paid |
|--|-----------------|-------------------|
| Antiretrovirals | 1148 | SSHP Confidential |
| Insulin | 1907 | SSHP Confidential |
| Incretin Mimetic Agents (GLP-1 Receptor Agonists) | 986 | SSHP Confidential |
| Antipsychotics - Misc. Anti-TNF-alpha - Monoclonal | 613 | SSHP Confidential |
| Antibodies Sodium-Glucose Co-Transporter 2 | 75 | SSHP Confidential |
| (SGLT2) Inhibitors | 738 | SSHP Confidential |
| Sympathomimetics | 6239 | SSHP Confidentia |
| Antineoplastic Enzyme Inhibitors | 28 | SSHP Confidential |
| Viral Vaccine | 8036 | SSHP Confidentia |
| Direct Factor Xa Inhibitors | 729 | SSHP Confidential |

Top 10 Drug Classes by Claim Count

| | Drug Class Name | Count of Claims | Pharmacy Paid |
|------|--|-----------------|-------------------|
| | Viral Vaccines | 8036 | SSHP Confidential |
| | Nonsteroidal Anti-inflammatory | | |
| | Agents (NSAIDs) | 7050 | SSHP Confidential |
| | HMG CoA Reductase Inhibitors | 6817 | SSHP Confidential |
| | Sympathomimetics | 6239 | SSHP Confidential |
| 1 Q4 | Selective Serotonin Reuptake Inhibitors (SSRIs) | 6014 | SSHP Confidential |
| 2021 | Anticonvulsants - Misc. | 5672 | SSHP Confidential |
| | Proton Pump Inhibitors | 3729 | SSHP Confidential |
| | Antianxiety Agents - Misc. | 3368 | SSHP Confidential |
| | Central Muscle Relaxants | 3339 | SSHP Confidential |
| | Antihistamines - Non-Sedating | 3167 | SSHP Confidential |

| | Drug Class Name | Count of Claims | Pharmacy Paid |
|---------|--|-----------------|-------------------|
| | Antiretrovirals | 1058 | SSHP Confidential |
| | Insulin | 1816 | SSHP Confidential |
| | Incretin Mimetic Agents (GLP-1 Receptor Agonists) | 893 | SSHP Confidential |
| | Anti-TNF-alpha - Monoclonal Antibodies | 86 | SSHP Confidential |
| 2021 Q3 | Antipsychotics - Misc. | 592 | SSHP Confidential |
| 202 | Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors | 682 | SSHP Confidential |
| | Sympathomimetics | 5682 | SSHP Confidential |
| | Antipsoriatics | 46 | SSHP Confidential |
| | Direct Factor Xa Inhibitors | 689 | SSHP Confidential |
| | Antineoplastic Enzyme Inhibitors | 30 | SSHP Confidential |

| | Drug Class Name | Count of Claims | Pharmacy Paid |
|------|--|-----------------|-------------------|
| | Viral Vaccines Nonsteroidal Anti-inflammatory | 8087 | SSHP Confidential |
| | Agents (NSAIDs) | 6987 | SSHP Confidential |
| | HMG CoA Reductase Inhibitors | 6577 | SSHP Confidential |
| | Sympathomimetics Selective Serotonin Reuptake | 5682 | SSHP Confidential |
| 1 03 | Inhibitors (SSRIs) | 5655 | SSHP Confidential |
| 2021 | Anticonvulsants - Misc. | 5514 | SSHP Confidential |
| | Proton Pump Inhibitors | 3587 | SSHP Confidential |
| | Central Muscle Relaxants | 3335 | SSHP Confidential |
| | Opioid Combinations | 3179 | SSHP Confidential |
| | Antianxiety Agents - Misc. | 3170 | SSHP Confidential |

Prospective DUR

SilverSummit Healthplan October 1, 2021 to December 31, 2021

| Prospective DUR | | | | | | | |
|------------------------------------|--------------|-------------|-------------------|----------------------------|-----------------|------------------|--------------|
| What percentage of claims denied | Total Alerts | Total Alert | % Alert Overrides | Total Alert Cancels | % Alert Cancels | Total Alerts not | % Alerts not |
| at Point of Sale for the following | | Overrides | | | | adjudicated | adjudicated |
| DUR edits? | | | | | | | |
| Early Refill (ER) | 20,180 | 0 | 0% | 0 | 0% | 20,180 | 100% |
| Therapeutic Duplication (TD) | 26,089 | 7,032 | 27% | 2,498 | 10% | 16,559 | 63% |
| Ingredient Duplication (ID) | 15,749 | 0 | 0% | 0 | 0% | 15,749 | 100% |
| Late Refill (LR) | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Total High Dose (HD) | 2,358 | 1,417 | 60% | 578 | 25% | 363 | 15% |
| Drug-Pregnancy (PG) | 47 | 28 | 60% | 17 | 36% | 2 | 4% |
| Total Low Dose (LD) | 4,461 | 2,936 | 66% | 842 | 19% | 683 | 15% |
| Drug-Drug (DD) | 12,952 | 9,130 | 70% | 1,449 | 11% | 2,373 | 18% |
| Drug-Disease (MC) | 2,174 | 1,502 | 69% | 305 | 14% | 367 | 17% |
| Drug-Allergy (DA) | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Drug-Age (PA) | 28 | 20 | 71% | 4 | 14% | 4 | 14% |

| Top 10 Drugs b | y Therapeutic Prol | blem Type | | | | | | | | |
|-------------------|--------------------|---------------------|-----|----------------|------------------------|--------------------|---------------------|-------------------------|-----|-------------------|
| ER | TD | ID | LR | HD | PG | LD | DD | MC | DA | PA |
| | | | | | | | Buprenorphine Hcl - | | | |
| | AII | AU . 16.16. | | 0.611.1 | | CL I III I | Naloxone Hcl | l., . | | |
| Albuterol Sulfate | Albuterol Sulfate | Albuterol Sulfate | N/A | Cefdinir | Atorvastatin | Cholecaliferol | Dihydrate | Alprazolam | N/A | Diphenhydramine |
| | | | | | Conjugated Estrogens - | COVID-19 (SARS- | | | | |
| | | | | | | COV-2) MRNA Virus | | Amphetamine- | | |
| Amlodipine | Amlodipine | Amlodipine Besylate | N/A | Ergocalciferol | Acetate | Vaccine | Buspirone | Dextroamphetamine | N/A | Nitrofurantoin |
| | | | | | | | | | | |
| | | | | | Levonorgestrel | | | | | |
| Atorvastatin | Atorvastatin | Atorvastatin | N/A | Famotidine | (Emergency OC) | Ergocalciferol | Escitalopram | Bupropion | N/A | Promethazine - DM |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | Medroxyprogesterone | Norelgestromin- | | | | |
| Gabapentin | Bupropion Hcl | Gabapentin | N/A | Ibuprofen | Acetate | Ethinyl Estradiol | Fluoxetine | Gabapentin | N/A | Promethazine HCL |
| | | | | | Norethindrone | | | | | |
| Lisinopril | Gabapentin | Metformin | N/A | Meloxicam | (Contraceptive) | Ondansetron Hcl | Ibuprofen | Glipizide | N/A | N/A |
| | | | | | | Potassium Chloride | | | | |
| | | | | | Prenatal Vit W/Ferrous | | | | | |
| Metformin | Levothyroxine | Sertraline | N/A | N/A | Fumarate- Folic Acid | Crystals ER | Sertraline | Insulin Glargine | N/A | N/A |
| | | | | | | | | Norethin Acet & Estrad- | | |
| Sertraline | Metformin | Trazodone | N/A | N/A | N/A | Propranolol HCL | Trazodone | Fe | N/A | N/A |
| | | | | | | | | Norelgestromate- | | |
| | | | | | | | | Ethinyl Estradiol | | |
| N/A | Sertraline | N/A | N/A | N/A | N/A | N/A | N/A | (Triphasic) | N/A | N/A |

Retrospective DUR

SilverSummit Healthplan October 1, 2021 to December 31, 2021

| Retrospective DUR | | | | | | | |
|-------------------------------|---|-------------------------------|-----|------------------------|------------------|---|--|
| Торіс | Description of Intervention | Type of Contact (Media) | | Number of Responses | Response Rate | Provider Targeted (e.g, Physician, Pharmacist) | Performed by (e.g., Subcontracto r, etc.) |
| Drug Age Contraindication | Outreach to prescribers for member's identified with a claim for a medication on the Beers Criteria Medication List. | Mail | 9 | 0 | 0% | Physician | SSHP |
| Drug Disease Contraindication | Outreach to prescribers for member's identified with claims for both antidimentia and antipsychotic medications. | Mail | 4 | 1 | | 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 | 54 | 9 | | Physician | SSHP |
| | Provider targeted outreach for members with diabetes and hypertension, who are not optimizing therapy with an ACEI or ARB for | | | | | · | |
| Diabetes Underuse | prevention of nephropathy. Outreach to members who are non-adherent on their Antiepileptic | Mail | 151 | 7 | | Physician | SSHP |
| Antiepileptic Adherence | Medications. | Phone/Mail | 247 | 42 | 17% | Member | SSHP |

Retrospective DUR

SilverSummit Healthplan January 1, 2021 to December 31, 2021

| Problem, Goal and Intervention Outcomes | | | | | | | |
|---|--------------------------------|----------|--------------|-----------------------|--|--|--|
| Description | Goal Description | Achieved | Not Achieved | No Longer Relevant | | | |
| Opioid Overuse | Improve Regimen | 8 | 2 | 1 | | | |
| Dangerous 3 Drug Combination | Discountinue Drug | 9 | 9 | 1 | | | |
| Dangerous 2 Drug Combination | Discountinue Drug | 113 | 147 | 8 | | | |
| Benzodiazepine Overuse | Discountinue Drug | 130 | 442 | 46 | | | |
| Proton Pump Inhibitor Overuse | Discountinue Drug | 237 | 534 | 58 | | | |
| Antibiotic Overuse | Discountinue Drug | 48 | 24 | 1 | | | |
| Non-benzopdiapepine Hypnotic Overuse | Discountinue Drug | 58 | 113 | 11 | | | |
| Asthmatics without a controller | Add controller Agent in Asthma | 40 | 190 | 22 | | | |
| Diabetes without ACE/ARB | Add ACE/ARB in Diabetes | 43 | 132 | 31 | | | |
| Diabetes without a statin | Add Statin in Diabetes | 124 | 265 | 61 | | | |
| All Therapeutic Duplication | Remove Duplicated Drug | 362 | 113 | 27 | | | |