

2020

Nevada Medicaid Drug Use Review Board Meeting

July 23, 2020



silversummit
healthplan

Table of Contents

Clinical Presentation - Psychotropics for children	3
Clinical Presentation – Savella	13
Clinical Presentation - Prolia and Forteo	16
Clinical Presentation - PCSK9 Inhibitors	20
Clinical Presentation – Valtoco	23
Clinical Presentation – Vivitrol	26
Clinical Presentation – Somavert	29
DUR Board Requested Reports - Opioid Utilization – Top Prescribers and Members	32
Standard Reports	37

Psychotropics for Children

Clinical Presentation



silversummit
healthplan

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

Clinical criteria for drugs or drug classes listed on the appropriate agenda, will be presented at the quarterly Drug Use Review Board meetings. This form will allow Managed Care Organizations to approve or disapprove the proposed criteria and suggest changes to be supported at the quarterly meeting.

DUR Meeting Date: July 23, 2020

Prior Authorization Criteria being reviewed: Psychotropics for Children

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.

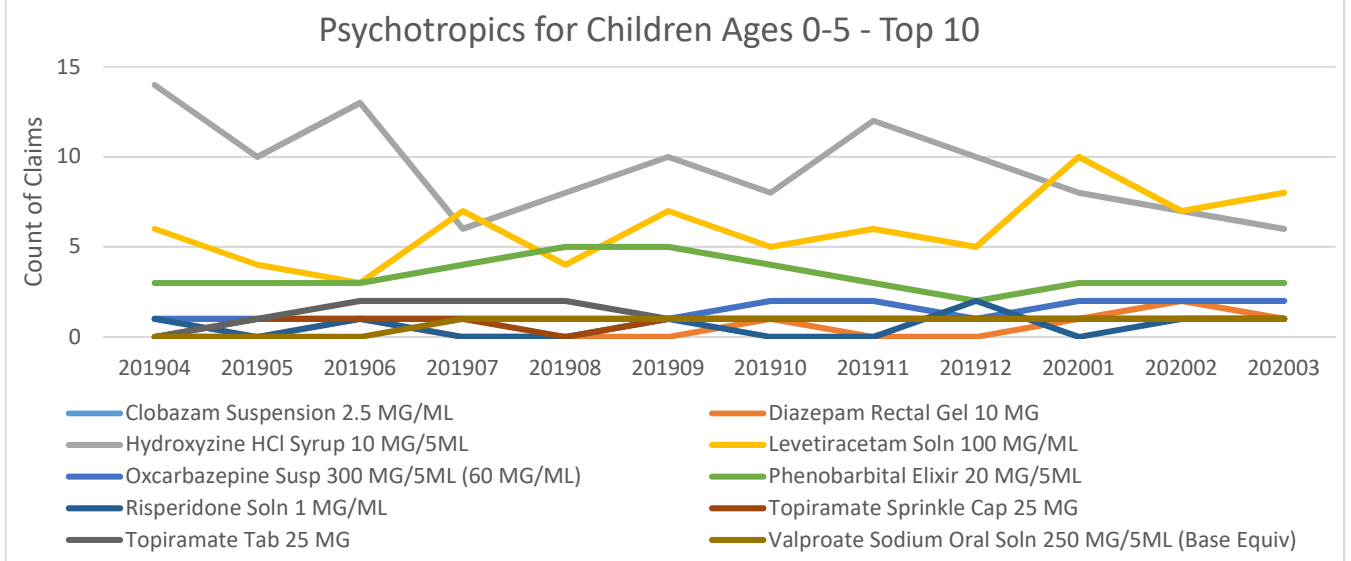
Please print the name of the individual completing this form: Tom Beranek

Signature of individual completing this form: *Tom Beranek*

Psychotropics for Children

Summary of Utilization
 April 1, 2019 - March 31, 2020
 SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
Age 0-5				
Clobazam Suspension 2.5 MG/ML	12	15	2640	360
Clobazam Tab 10 MG	3	3	135	90
Diazepam Oral Soln 1 MG/ML	4	4	476	64
Diazepam Rectal Gel 10 MG	7	8	8	46
Diazepam Rectal Gel 2.5 MG	6	6	6	36
Gabapentin Oral Soln 250 MG/5ML	1	1	54	30
Hydroxyzine HCl Syrup 10 MG/5ML	112	115	16362	1983
Levetiracetam Soln 100 MG/ML	72	78	14511	2323
Lorazepam Conc 2 MG/ML	1	1	10	15
Lorazepam Tab 0.5 MG	2	2	13	6
Oxcarbazepine Susp 300 MG/5ML	17	20	6920	602
Phenobarbital Elixir 20 MG/5ML	41	44	17855	1213
Phenobarbital Tab 60 MG	1	1	30	30
Risperidone Soln 1 MG/ML	7	14	270	270
Risperidone Tab 0.25 MG	3	3	104	67
Risperidone Tab 0.5 MG	3	3	180	90
Topiramate Sprinkle Cap 15 MG	1	1	240	30
Topiramate Sprinkle Cap 25 MG	10	11	2520	312
Topiramate Tab 25 MG	14	15	1620	450
Valproate Sodium Oral Soln 250 MG/5ML	9	9	2900	270
Total	326	354	66,854	8,287



Psychotropics for Children

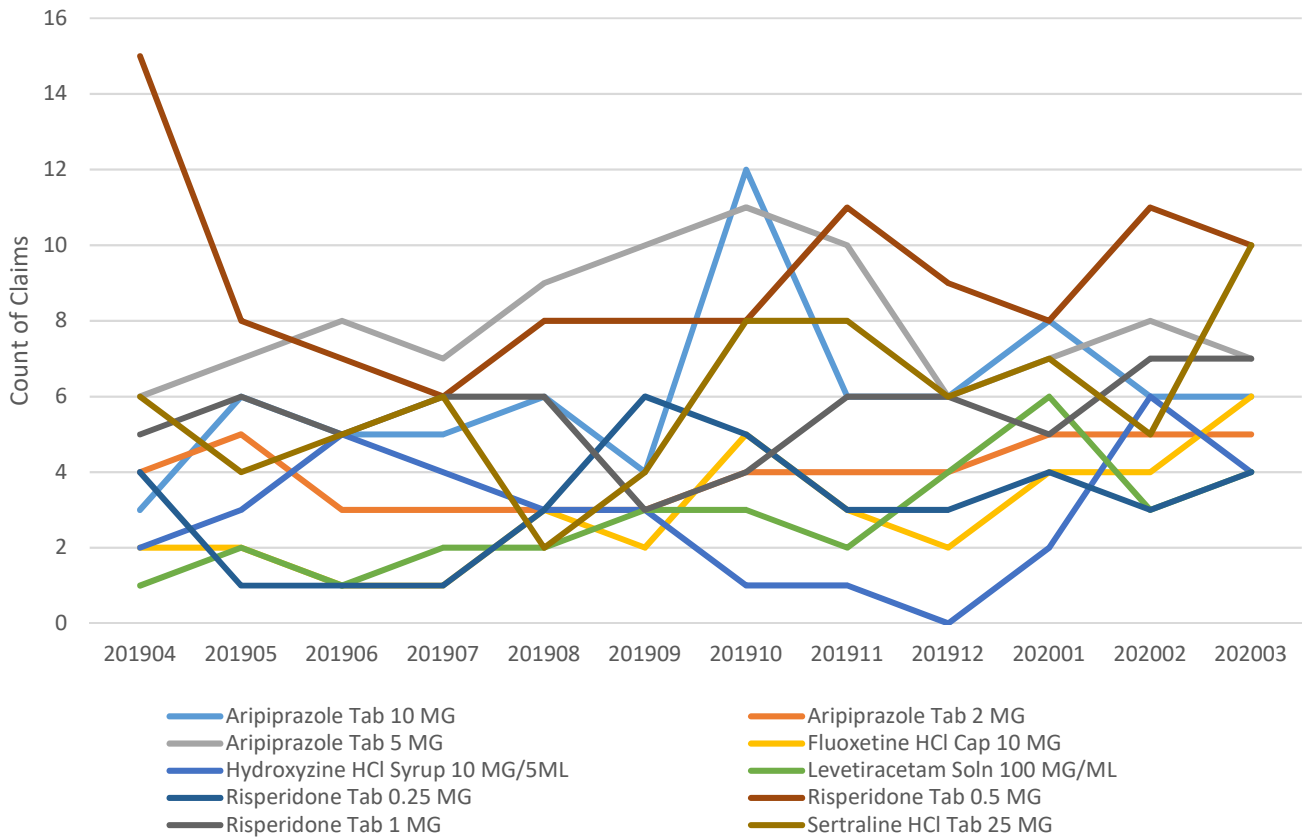
Summary of Utilization
April 1, 2019 - March 31, 2020

SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
Age 6-11				
Alprazolam Tab 0.25 MG	1	1	30	30
Amitriptyline HCl Tab 50 MG	8	8	240	240
Aripiprazole Tab 10 MG	64	73	1935	1920
Aripiprazole Tab 15 MG	4	4	118	118
Aripiprazole Tab 2 MG	46	48	1724	1424
Aripiprazole Tab 20 MG	10	12	360	360
Aripiprazole Tab 5 MG	91	96	2653	2683
Brexpiprazole Tab 1 MG	1	1	7	7
Brexpiprazole Tab 2 MG	1	1	14	14
Bupropion HCl Tab SR 12HR 100 MG	1	1	30	30
Clobazam Tab 10 MG	1	1	60	30
Clonazepam Tab 0.5 MG	4	4	100	120
Clonazepam Tab 1 MG	1	1	60	30
Diazepam Rectal Gel 2.5 MG	1	1	1	1
Diazepam Tab 5 MG	1	1	2	1
Divalproex Delay Release Cap 125 MG	12	12	1440	360
Divalproex Delay Release Tab 125 MG	1	1	120	30
Divalproex Delay Release Tab 250 MG	17	20	1470	575
Divalproex Sodium Tab SR 24 HR 250 MG	9	9	510	270
Divalproex Sodium Tab SR 24 HR 500 MG	8	8	240	240
Escitalopram Oxalate Tab 10 MG	12	12	345	360
Escitalopram Oxalate Tab 20 MG	3	3	90	90
Escitalopram Oxalate Tab 5 MG	8	8	240	240
Ethosuximide Cap 250 MG	4	4	360	120
Ethosuximide Soln 250 MG/5ML	5	5	1980	158
Fluoxetine HCl Cap 10 MG	33	35	1125	1050
Fluoxetine HCl Cap 20 MG	7	7	210	210
Fluoxetine HCl Cap 40 MG	2	2	60	60
Fluoxetine HCl Tab 20 MG	22	24	1050	720
Fluvoxamine Maleate Tab 25 MG	14	15	465	450
Fluvoxamine Maleate Tab 50 MG	3	3	90	90
Gabapentin Cap 100 MG	1	1	90	30
Haloperidol Lactate Oral Conc 2 MG/ML	1	1	15	30
Hydroxyzine HCl Syrup 10 MG/5ML	33	34	8370	425
Hydroxyzine HCl Tab 10 MG	10	12	390	320
Hydroxyzine HCl Tab 25 MG	19	19	730	490
Hydroxyzine HCl Tab 50 MG	3	3	90	90

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
Age 6-11				
Hydroxyzine Pamoate Cap 25 MG	12	12	404	337
Hydroxyzine Pamoate Cap 50 MG	9	9	543	270
Imipramine HCl Tab 25 MG	1	1	30	30
Lamotrigine Tab 25 MG	19	20	785	568
Levetiracetam Soln 100 MG/ML	30	33	9881	1028
Levetiracetam Tab 250 MG	2	2	120	60
Levetiracetam Tab 500 MG	6	6	360	180
Levetiracetam Tab SR 24HR 500 MG	4	4	240	120
Lurasidone HCl Tab 20 MG	2	2	67	37
Lurasidone HCl Tab 40 MG	3	3	90	90
Mirtazapine Tab 15 MG	1	1	15	30
Olanzapine Tab 2.5 MG	2	2	120	60
Oxcarbazepine Susp 300 MG/5ML	2	2	200	40
Oxcarbazepine Tab 150 MG	20	22	857	619
Oxcarbazepine Tab 300 MG	22	24	1530	720
Prochlorperazine Maleate Tab 5 MG	1	1	6	2
Quetiapine Fumarate Tab 100 MG	1	1	30	30
Quetiapine Fumarate Tab 200 MG	9	9	270	270
Quetiapine Fumarate Tab 25 MG	13	15	697	427
Quetiapine Fumarate Tab 50 MG	19	20	1200	600
Quetiapine Fumarate Tab SR 24HR 150 MG	2	2	60	60
Quetiapine Fumarate Tab SR 24HR 200 MG	10	10	300	300
Quetiapine Fumarate Tab SR 24HR 300 MG	3	3	90	90
Quetiapine Fumarate Tab SR 24HR 400 MG	2	2	60	60
Risperidone Soln 1 MG/ML	7	7	165	210
Risperidone Tab 0.25 MG	37	38	1874	1094
Risperidone Tab 0.5 MG	106	109	5686	3257
Risperidone Tab 1 MG	64	66	3432	1962
Risperidone Tab 2 MG	11	11	384	289
Sertraline HCl Tab 100 MG	9	9	375	270
Sertraline HCl Tab 25 MG	68	71	1955	2060
Sertraline HCl Tab 50 MG	27	27	810	810
Topiramate Sprinkle Cap 25 MG	1	1	60	30
Topiramate Tab 25 MG	12	12	760	360
Topiramate Tab 50 MG	9	9	450	270
Trazodone HCl Tab 50 MG	28	30	1260	930
Valproate Sodium Oral Soln 250 MG/5ML	12	13	2910	390
Zonisamide Cap 100 MG	3	4	337	93
Total	1,051	1,104	65,227	31,469

Psychotropics for Children Ages 6-11 - Top 10



Psychotropics for Children

Summary of Utilization

April 1, 2019 - March 31, 2020

SilverSummit Healthplan

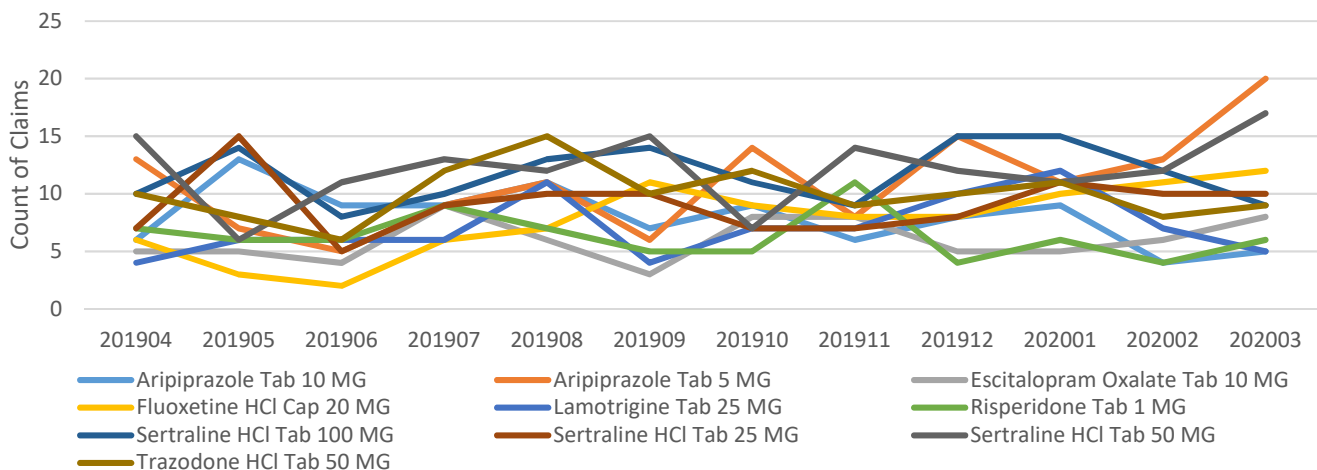
Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
Age 12-17				
Alprazolam Tab 0.5 MG	1	1	5	5
Alprazolam Tab 2 MG	13	13	375	375
Amitriptyline HCl Tab 10 MG	14	15	739	450
Amitriptyline HCl Tab 25 MG	13	13	540	390
Amitriptyline HCl Tab 50 MG	6	6	164	164
Aripiprazole Oral Solution 1 MG/ML	1	1	450	30
Aripiprazole Tab 10 MG	92	96	2676	2661
Aripiprazole Tab 15 MG	17	19	520	520
Aripiprazole Tab 2 MG	27	27	804	768
Aripiprazole Tab 20 MG	11	14	332	332
Aripiprazole Tab 5 MG	126	132	4020	3708
Asenapine Maleate SL Tab 10 MG	7	8	240	240
Asenapine Maleate SL Tab 2.5 MG	7	8	240	225
Brexipiprazole Tab 1 MG	1	1	30	30
Brexipiprazole Tab 2 MG	2	2	44	44
Bupropion HCl Tab 100 MG	1	1	30	30
Bupropion HCl Tab 75 MG	21	21	764	607
Bupropion HCl Tab SR 12HR 100 MG	38	40	1364	1109
Bupropion HCl Tab SR 12HR 150 MG	35	36	1500	1080
Bupropion HCl Tab SR 12HR 200 MG	6	7	210	210
Bupropion HCl Tab SR 24HR 150 MG	47	48	1523	1433
Bupropion HCl Tab SR 24HR 300 MG	12	13	390	390
Buspirone HCl Tab 10 MG	21	21	1140	615
Buspirone HCl Tab 15 MG	10	11	420	330
Buspirone HCl Tab 5 MG	9	9	564	272
Carbamazepine Chew Tab 100 MG	5	6	180	180
Citalopram Hydrobromide Tab 10 MG	40	42	1380	1260
Citalopram Hydrobromide Tab 20 MG	22	23	690	690
Citalopram Hydrobromide Tab 40 MG	6	7	210	210
Clomipramine HCl Cap 50 MG	4	4	210	120
Clonazepam Tab 0.5 MG	16	17	900	510
Clonazepam Tab 1 MG	15	15	640	440
Desvenlafaxine Succinate Tab SR 24HR 50 MG	5	5	150	150
Diazepam Rectal Gel 10 MG	1	1	1	1
Diazepam Rectal Gel 20 MG	3	3	3	3
Diazepam Tab 10 MG	2	2	2	2
Diazepam Tab 2 MG	2	2	12	6

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
Age 12-17				
Diazepam Tab 5 MG	1	1	4	7
Divalproex Delayed Release Cap 125 MG	8	9	1500	330
Divalproex Delayed Release Tab 125 MG	3	3	90	90
Divalproex Delayed Release Tab 250 MG	34	37	3690	1140
Divalproex Delayed Release Tab500 MG	21	21	2550	750
Divalproex Sodium Tab SR 24 HR 250 MG	18	18	810	540
Divalproex Sodium Tab SR 24 HR 500 MG	15	15	644	434
Doxepin HCl Conc 10 MG/ML	2	2	60	60
Duloxetine Enteric Coated Pellets Cap 20 MG	1	1	30	30
Duloxetine Enteric Coated Pellets Cap 30 MG	7	7	210	210
Duloxetine Enteric Coated Pellets Cap 60 MG	4	4	120	120
Escitalopram Oxalate Tab 10 MG	71	72	2112	2082
Escitalopram Oxalate Tab 20 MG	29	29	854	854
Escitalopram Oxalate Tab 5 MG	39	39	1170	1170
Ethosuximide Cap 250 MG	16	16	1290	480
Ethosuximide Soln 250 MG/5ML	3	4	2400	136
Fluoxetine HCl Cap 10 MG	69	69	2085	2023
Fluoxetine HCl Cap 20 MG	89	93	2984	2716
Fluoxetine HCl Cap 40 MG	30	30	891	891
Fluoxetine HCl Solution 20 MG/5ML	4	4	420	112
Fluoxetine HCl Tab 10 MG	7	7	300	195
Fluoxetine HCl Tab 20 MG	18	18	660	540
Fluoxetine HCl Tab 60 MG	11	11	330	330
Fluvoxamine Maleate Tab 25 MG	1	1	30	30
Gabapentin Cap 100 MG	3	3	240	90
Gabapentin Cap 300 MG	11	13	1200	450
Gabapentin Cap 400 MG	11	12	1380	360
Haloperidol Tab 5 MG	1	1	30	30
Hydroxyzine HCl Syrup 10 MG/5ML	4	5	1080	106
Hydroxyzine HCl Tab 10 MG	43	44	2050	1277
Hydroxyzine HCl Tab 25 MG	41	42	2040	1005
Hydroxyzine HCl Tab 50 MG	31	31	2270	910
Hydroxyzine Pamoate Cap 25 MG	28	28	1395	825
Hydroxyzine Pamoate Cap 50 MG	36	36	1863	1003
Imipramine HCl Tab 25 MG	5	5	240	150
Imipramine HCl Tab 50 MG	9	10	300	300
Lacosamide Tab 100 MG	6	6	360	180
Lacosamide Tab 150 MG	4	5	300	150
Lacosamide Tab 200 MG	12	12	720	360
Lamotrigine Tab 100 MG	40	42	1394	1154
Lamotrigine Tab 150 MG	29	32	1159	882
Lamotrigine Tab 200 MG	28	31	1132	922
Lamotrigine Tab 25 MG	81	85	4289	2317

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
Age 12-17				
Levetiracetam Soln 100 MG/ML	2	2	600	54
Levetiracetam Tab 1000 MG	2	3	180	90
Levetiracetam Tab 250 MG	7	7	420	210
Levetiracetam Tab 500 MG	28	28	1851	835
Levetiracetam Tab 750 MG	7	7	660	210
Levetiracetam Tab SR 24HR 500 MG	6	6	840	420
Lithium Carbonate Cap 150 MG	2	2	180	60
Lithium Carbonate Cap 300 MG	22	25	1170	750
Lithium Carbonate Tab CR 300 MG	7	7	420	210
Lithium Carbonate Tab CR 450 MG	2	2	120	60
Lorazepam Tab 1 MG	2	2	45	22
Lurasidone HCl Tab 120 MG	1	1	14	14
Lurasidone HCl Tab 20 MG	10	10	239	239
Lurasidone HCl Tab 40 MG	15	15	531	411
Lurasidone HCl Tab 60 MG	18	23	751	631
Lurasidone HCl Tab 80 MG	1	1	30	30
Mirtazapine Tab 15 MG	10	10	300	300
Mirtazapine Tab 7.5 MG	5	5	150	150
Nortriptyline HCl Cap 10 MG	15	15	540	450
Nortriptyline HCl Cap 25 MG	3	3	90	90
Olanzapine Orally Disintegrating Tab 10 MG	1	1	30	30
Olanzapine Orally Disintegrating Tab 5 MG	1	1	30	30
Olanzapine Tab 10 MG	33	33	1020	1020
Olanzapine Tab 15 MG	5	5	150	150
Olanzapine Tab 2.5 MG	12	12	360	360
Olanzapine Tab 5 MG	26	27	900	810
Olanzapine Tab 7.5 MG	1	1	30	30
Oxcarbazepine Tab 150 MG	31	33	1910	985
Oxcarbazepine Tab 300 MG	54	58	3238	1724
Oxcarbazepine Tab 600 MG	28	31	3390	990
Paliperidone Tab SR 24HR 3 MG	2	3	90	90
Paliperidone Tab SR 24HR 6 MG	7	9	270	270
Paliperidone Tab SR 24HR 9 MG	1	1	30	30
Paroxetine HCl Tab 10 MG	13	13	404	367
Paroxetine HCl Tab 20 MG	8	8	240	240
Prochlorperazine Maleate Tab 10 MG	4	4	47	14
Prochlorperazine Maleate Tab 5 MG	1	1	60	30
Quetiapine Fumarate Tab 100 MG	22	22	854	705
Quetiapine Fumarate Tab 200 MG	18	18	540	540
Quetiapine Fumarate Tab 25 MG	42	43	1650	1290
Quetiapine Fumarate Tab 300 MG	3	3	90	90
Quetiapine Fumarate Tab 50 MG	39	41	1423	1198
Quetiapine Fumarate Tab SR 24HR 200 MG	8	8	308	218

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
Age 12-17				
Quetiapine Fumarate Tab SR 24HR 50 MG	6	6	174	174
Risperidone ODT 0.25 MG	1	1	14	14
Risperidone Soln 1 MG/ML	3	3	180	90
Risperidone Tab 0.25 MG	26	26	1800	780
Risperidone Tab 0.5 MG	59	59	2501	1753
Risperidone Tab 1 MG	73	76	3520	2235
Risperidone Tab 2 MG	29	31	1212	891
Risperidone Tab 3 MG	6	6	224	157
Risperidone Tab 4 MG	2	2	60	60
Sertraline HCl Tab 100 MG	132	140	4951	4150
Sertraline HCl Tab 25 MG	105	109	3111	3036
Sertraline HCl Tab 50 MG	141	145	4200	4185
Topiramate Tab 100 MG	22	23	870	810
Topiramate Tab 25 MG	26	26	2340	840
Topiramate Tab 50 MG	14	14	1020	426
Trazodone HCl Tab 100 MG	63	68	2964	1950
Trazodone HCl Tab 150 MG	7	7	210	210
Trazodone HCl Tab 300 MG	1	1	28	28
Trazodone HCl Tab 50 MG	117	120	3619	3484
Triazolam Tab 0.25 MG	1	1	1	1
Venlafaxine HCl Cap SR 24HR 37.5 MG	2	2	60	60
Venlafaxine HCl Cap SR 24HR 75 MG	3	3	90	90
Ziprasidone HCl Cap 20 MG	9	10	458	274
Ziprasidone HCl Cap 40 MG	11	11	628	328
Ziprasidone HCl Cap 60 MG	6	6	360	180
Zolpidem Tartrate Tab 5 MG	1	1	30	15
Zonisamide Cap 100 MG	20	21	2100	630
Total	2,994	3,112	135,058	90,629

Psychotropics for Children Ages 12-17 - Top 10



Savella

Clinical Presentation



silversummit
healthplan

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

Clinical criteria for drugs or drug classes listed on the appropriate agenda, will be presented at the quarterly Drug Use Review Board meetings. This form will allow Managed Care Organizations to approve or disapprove the proposed criteria and suggest changes to be supported at the quarterly meeting.

DUR Meeting Date: July 23, 2020

Prior Authorization Criteria being reviewed: Savella

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:

- Age ≥ 18 years;
- Member meets one of the following (a or b):
 - a. Failure of a 30-day trial of duloxetine at up to maximally indicated doses in the last 180 days, unless contraindicated or clinically significant adverse effects are experienced;
 - b. If contraindication or intolerance to duloxetine, failure of a 30-day trial of any TCA or cyclobenzaprine at up to maximally indicated doses in the last 180 days, unless clinically significant adverse effects are experienced, member's age is ≥ 65 years, or all agents are contraindicated;
- Dose does not exceed 200mg (2 tablets) 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

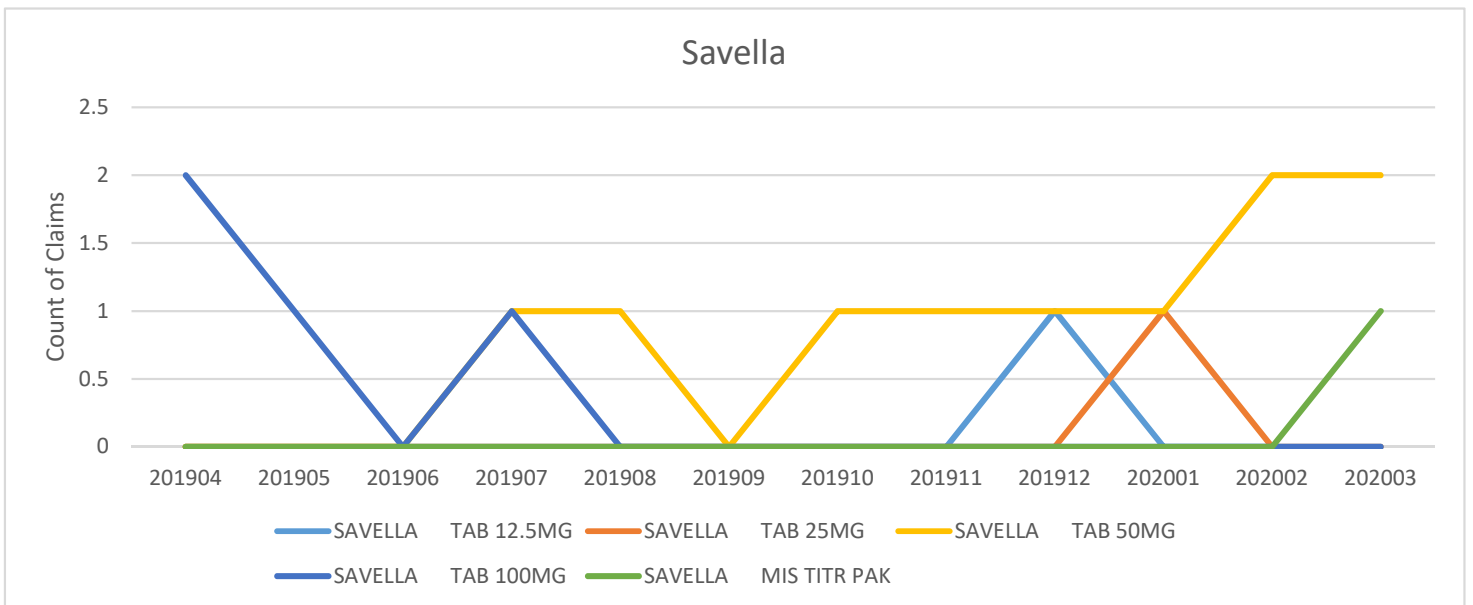
Savella

Summary of Utilization

April 1, 2019 - March 31, 2020

SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
SAVELLA TAB 12.5MG	1	1	60	30
SAVELLA TAB 25MG	1	1	60	30
SAVELLA TAB 50MG	10	10	600	300
SAVELLA TAB 100MG	3	4	240	120
SAVELLA MIS TITR PAK	1	1	55	30
Total	16	17	1,015	510



Prolia and Forteo

Clinical Presentation



silversummit
healthplan

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

Clinical criteria for drugs or drug classes listed on the appropriate agenda, will be presented at the quarterly Drug Use Review Board meetings. This form will allow Managed Care Organizations to approve or disapprove the proposed criteria and suggest changes to be supported at the quarterly meeting.

DUR Meeting Date: July 23, 2020

Prior Authorization Criteria being reviewed: Prolia

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.

Osteoporosis – Prostate/Breast Cancer

- Age \geq 18 years or documentation of closed epiphyses on x-ray
- Dose does not exceed 60mg every 6 months

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*

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

Clinical criteria for drugs or drug classes listed on the appropriate agenda, will be presented at the quarterly Drug Use Review Board meetings. This form will allow Managed Care Organizations to approve or disapprove the proposed criteria and suggest changes to be supported at the quarterly meeting.

DUR Meeting Date: July 23, 2020

Prior Authorization Criteria being reviewed: Forteo

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:

- Age \geq 18 years or documentation of closed epiphyses on x-ray;
- For PMO, failure of Tymlos[®] at up to maximally indicated doses unless contraindicated or clinically significant adverse effects are experienced;
**Prior authorization may be required for Tymlos*
- Dose does not exceed 20 mcg per day (1 pen every 28 days).

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.

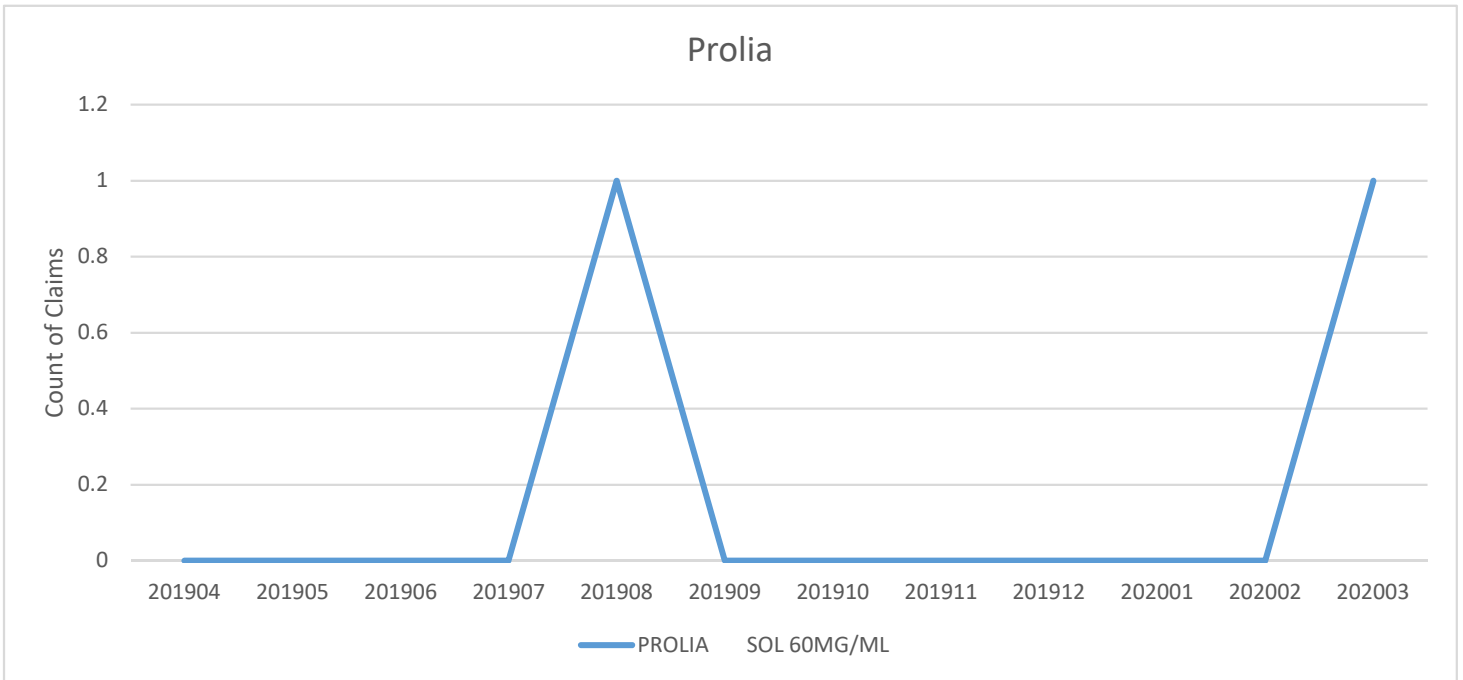
Please print the name of the individual completing this form: Tom Beranek

Signature of individual completing this form: *Tom Beranek*

Prolia and Forteo
Summary of Utilization
April 1, 2019 - March 31, 2020
SilverSummit Healthplan

Product Name		Count of Members	Count of Claims	Sum of Qty	Sum of Days
PROLIA	SOL 60MG/ML	1	2	2	360
Total		1	2	2	360

No Forteo Utilization For This Time Period



PCSK9 Inhibitors

Clinical Presentation



**silversummit
healthplan**

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

Clinical criteria for drugs or drug classes listed on the appropriate agenda, will be presented at the quarterly Drug Use Review Board meetings. This form will allow Managed Care Organizations to approve or disapprove the proposed criteria and suggest changes to be supported at the quarterly meeting.

DUR Meeting Date: July 23, 2020

Prior Authorization Criteria being reviewed: PCSK9 Inhibitors

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.

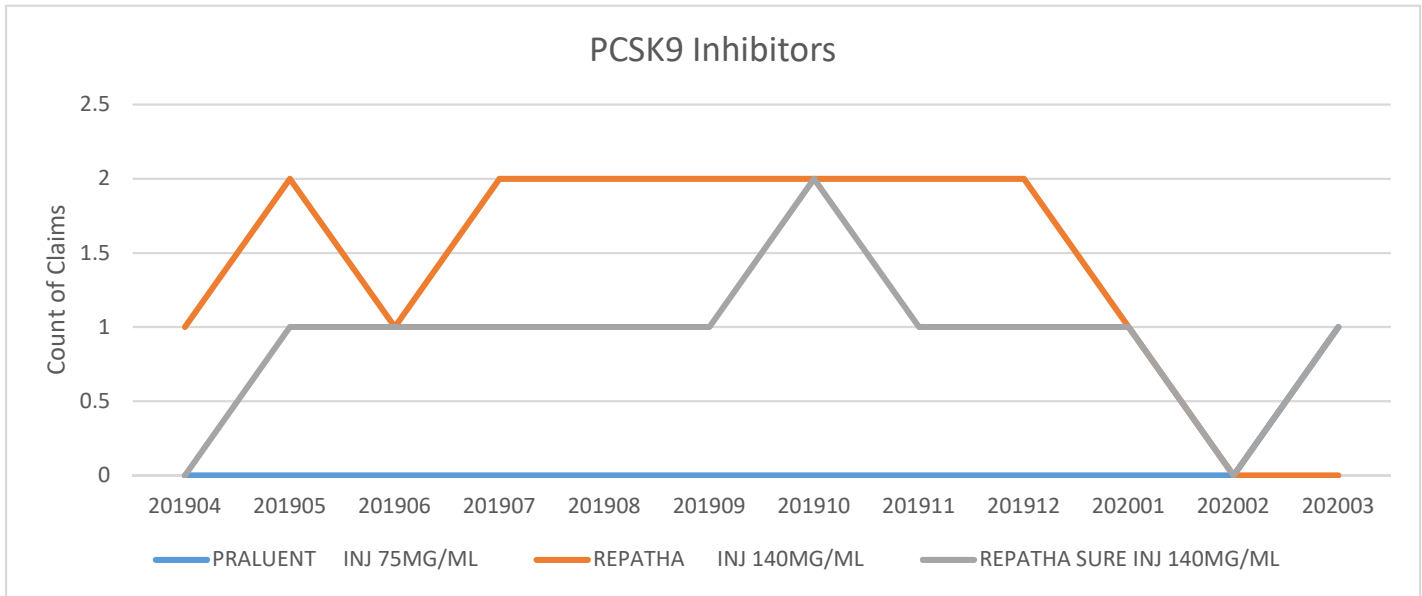
If this form is not completed and returned to the policy specialist with DHCFP by the designated deadline, the assumption will be made that you approve all prior authorization criteria as presented.

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

Signature of individual completing this form: *Tom Beranek*

PCSK9 Inhibitors
Summary of Utilization
April 1, 2019 - March 31, 2020
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
PRALUENT INJ 75MG/ML	1	1	2	30
REPATHA INJ 140MG/ML	17	17	34	476
REPATHA SURE 140MG/ML	10	11	22	308
Total	28	29	58	814



Valtoco

Clinical Presentation



silversummit
healthplan

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

Clinical criteria for drugs or drug classes listed on the appropriate agenda, will be presented at the quarterly Drug Use Review Board meetings. This form will allow Managed Care Organizations to approve or disapprove the proposed criteria and suggest changes to be supported at the quarterly meeting.

DUR Meeting Date: July 23, 2020

Prior Authorization Criteria being reviewed: Valtoco

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:

- Age \geq 6 years
- Currently on a stable regimen of antiepileptic drugs(AEDs)(e.g., lamotrigine, gabapentin, topiramate, oxcarbazepine)
- Dose does not exceed 2 doses per single episode(not to exceed 1 episode every 5 days or 5 episodes 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*

Valtoco Utilization
Summary of Utilization
April 1, 2019 - March 31 , 2020
SilverSummit Healthplan

No Utilization For This Time Period

Vivitrol

Clinical Presentation



silversummit
healthplan

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

Clinical criteria for drugs or drug classes listed on the appropriate agenda, will be presented at the quarterly Drug Use Review Board meetings. This form will allow Managed Care Organizations to approve or disapprove the proposed criteria and suggest changes to be supported at the quarterly meeting.

DUR Meeting Date: July 23, 2020

Prior Authorization Criteria being reviewed: Vivitrol

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:

- If diagnosis is alcohol dependence, recent alcohol screening test(within past 7 days) confirms that member has been alcohol-free
- Recent naloxone challenge test or urine drug screen(within past 7 days) confirms that member is opioid free
- Dose does not exceed 380mg every 4 weeks or once a month

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

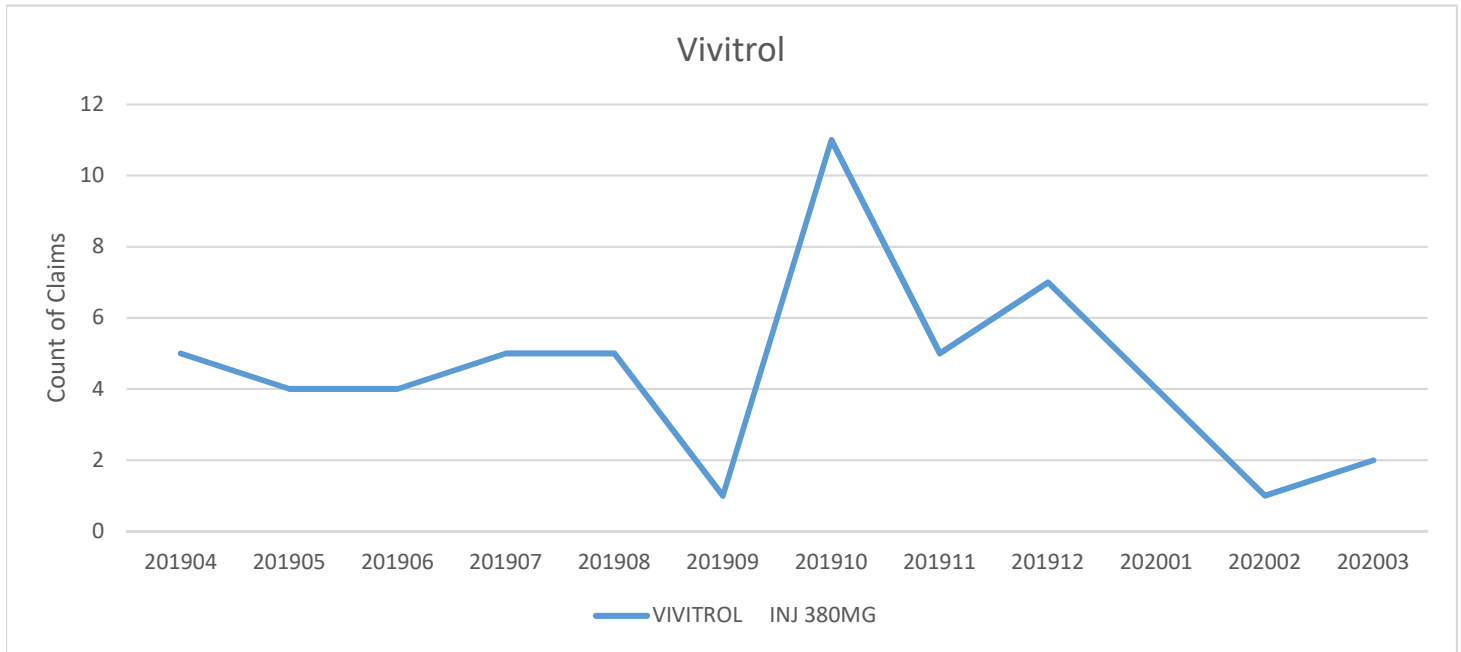
If this form is not completed and returned to the policy specialist with DHCFP by the designated deadline, the assumption will be made that you approve all prior authorization criteria as presented.

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

Signature of individual completing this form: *Tom Beranek*

Vivitrol
Summary of Utilization
April 1, 2019 - March 31, 2020
SilverSummit Healthplan

Product Name	Count of Members	Count of Claims	Sum of Qty	Sum of Days
VIVITROL INJ 380MG	48	54	54	1,520
Total	48	54	54	1,520



Somavert

Clinical Presentation



silversummit
healthplan

DRUG USE REVIEW BOARD

MCO PRIOR AUTHORIZATION CRITERIA REVIEW FORM

Clinical criteria for drugs or drug classes listed on the appropriate agenda, will be presented at the quarterly Drug Use Review Board meetings. This form will allow Managed Care Organizations to approve or disapprove the proposed criteria and suggest changes to be supported at the quarterly meeting.

DUR Meeting Date: July 23, 2020

Prior Authorization Criteria being reviewed: Somavert

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:

- Age \geq 18 years
- Dose does not exceed:
 - Loading dose: 40mg once
 - Maintenance dose: 30mg 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

Somavert Utilization
Summary of Utilization
April 1, 2019 - March 31 , 2020
SilverSummit Healthplan

No Utilization For This Time Period

Opioid Utilization –
Top Prescribers
and Members

Board Requested
Reports



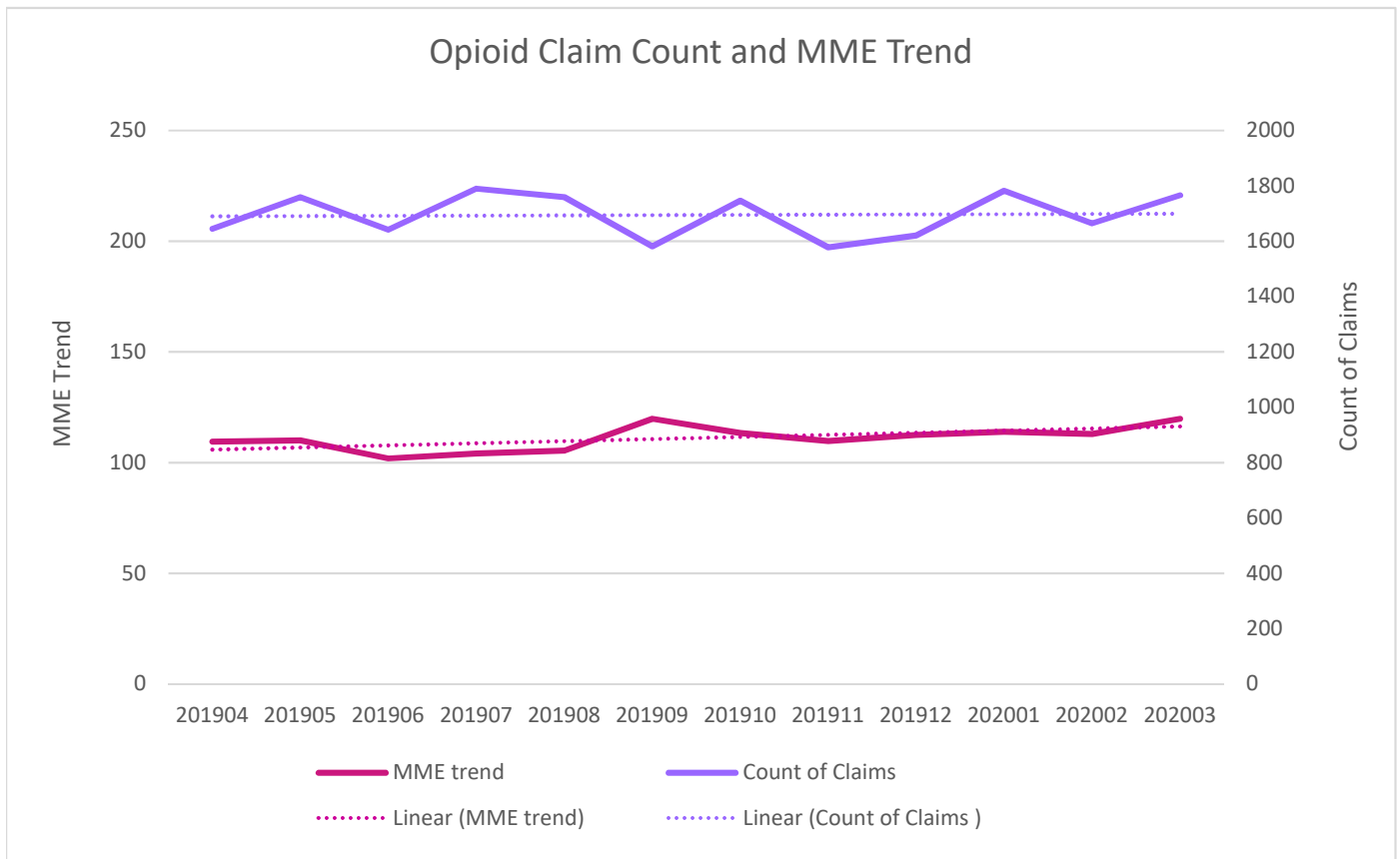
silversummit
healthplan

Opioid Utilization

Overall Summary

April 1, 2019 - March 31, 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
201904	1,382	1,645	1.19	35,093	107,788	77.99	109.5
201905	1,442	1,759	1.22	37,145	112,633	78.11	110.0
201906	1,413	1,642	1.16	35,161	107,594	76.15	101.9
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



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
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	MMD	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

Previous Quarter

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

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			10	270	90	716.00
	V		10	270	90	716.00
2			9	732	166	27.00
	G		9	732	166	27.00
3			9	126	63	480.00
	Q1		9	126	63	480.00
4			9	165	84	465.73
	R1		9	165	84	465.73
5			8	520	201	270.00
	V		8	520	201	270.00
6			8	88	56	377.14
	S1		8	88	56	377.14
7			8	600	240	72.19
	T1		8	600	240	72.19
8			7	196	98	480.00
	C1		7	196	98	480.00
9			7	531	164	885.00
	U1		3	7	7	45.00
	AA		3	270	90	600.00
	GG		1	254	67	240.00
10			7	162	81	720.00
	V		7	162	81	720.00
Grand Total			82	3,390	1,243	4,493.06

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	270	90
BUPRENORPHIN SUB 8MG	10	270	90
2	9	732	166
HYDROCO/APAP TAB 10-	3	270	90
BUT/APAP/CAF CAP CODEINE	3	282	67
MORPHINE SUL TAB 15MG ER	3	180	90
3	9	126	63
BUPREN/NALOX MIS 8-2MG	9	126	63
4	9	165	84
BUPREN/NALOX MIS 8-2MG	9	165	84
5	8	520	201
BUPRENORPHIN SUB 2MG	4	416	104
BUPRENORPHIN SUB 8MG	4	104	97
6	8	88	56
BUPREN/NALOX MIS 8-2MG	8	88	56
7	8	600	240
FENTANYL DIS 25MCG/HR	3	30	90
MORPHINE SUL TAB 30MG ER	1	30	30
OXYCODONE TAB 10MG	1	150	30
OXYCODONE TAB 15MG	3	390	90
8	7	196	98
BUPREN/NALOX MIS 8-2MG	7	196	98
9	7	531	164
BUPREN/NALOX MIS 8-2MG	2	21	14
OXYCOD/APAP TAB 10-325MG	2	240	60
TRAMADOL HCL TAB 50MG	3	270	90
10	7	162	81
BUPREN/NALOX MIS 12-3MG	7	162	81
Grand Total	82	3,390	1,243

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): Q1 2020
 Report Period Start Date: 1/1/2020
 Report Period End Date: 3/31/2020
 Submission Date of Report: 6/15/2020

Opioid Utilization					
Year/Month Filled	Member Count	Claim Count	Sum of Days Supply	Sum of Quantity	Sum of Paid Amount
April 2019	1,385	1,649	35,211	107,816	SSHP Confidential
May 2019	1,443	1,760	37,173	112,635	SSHP Confidential
June 2019	1,415	1,647	35,305	107,609	SSHP Confidential
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

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

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
FFF	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): Q1 2020
 Report Period Start Date: 1/1/2020
 Report Period End Date: 3/31/2020
 Submission Date of Report: 6/15/2020

Top 10 Drug Classes by Paid Amount - Current Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Antiretrovirals	649	SSHP Confidential
Insulin	1,475	SSHP Confidential
Sympathomimetics	5,703	SSHP Confidential
Antineoplastic Enzyme Inhibitors	30	SSHP Confidential
Antipsychotics - Misc.	431	SSHP Confidential
Anti-TNF-alpha - Monoclonal Antibodies	51	SSHP Confidential
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	417	SSHP Confidential
Hepatitis Agents	37	SSHP Confidential
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	410	SSHP Confidential
Direct Factor Xa Inhibitors	498	SSHP Confidential

Top 10 Drug Classes by Paid Amount - Previous Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Antiretrovirals	669	SSHP Confidential
Insulin	1,304	SSHP Confidential
Antineoplastic Enzyme Inhibitors	34	SSHP Confidential
Sympathomimetics	4,829	SSHP Confidential
Hepatitis Agents	38	SSHP Confidential
Anti-TNF-alpha - Monoclonal Antibodies	56	SSHP Confidential
Antipsychotics - Misc.	401	SSHP Confidential
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	378	SSHP Confidential
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	411	SSHP Confidential
Quinolone Derivatives	701	SSHP Confidential

Top 10 Drug Classes by Claim Count - Current 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

Top 10 Drug Classes by Claim Count - Previous Quarter		
Drug Class Name	Count of Claims	Pharmacy Paid
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	6,283	SSHP Confidential
Sympathomimetics	4,829	SSHP Confidential
Anticonvulsants - Misc.	4,608	SSHP Confidential
Selective Serotonin Reuptake Inhibitors (SSRIs)	4,192	SSHP Confidential
HMG CoA Reductase Inhibitors	4,148	SSHP Confidential
Opioid Combinations	2,927	SSHP Confidential
Central Muscle Relaxants	2,789	SSHP Confidential
Amniopenicillins	2,392	SSHP Confidential
Glucocorticosteroids	2,315	SSHP Confidential
Proton Pump Inhibitors	2,287	SSHP Confidential

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): Q1 2020
 Report Period Start Date: 1/1/2020
 Report Period End Date: 3/31/2020
 Submission Date of Report: 6/15/2020

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)	13,923	0	0%	0	0%	13,923	100%
Therapeutic Duplication (TD)	18,881	6,029	32%	1,735	9%	11,117	59%
Ingredient Duplication (ID)	10,511	35	0%	12	0%	10,464	100%
Late Refill (LR)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total High Dose (HD)	2,335	1,582	68%	389	17%	364	16%
Drug-Pregnancy (PG)	141	102	72%	34	24%	5	4%
Total Low Dose (LD)	3,923	2,772	71%	652	17%	499	13%
Drug-Drug (DD)	9,920	7,389	74%	1,021	10%	1,510	15%
Drug-Disease (MC)	3,285	2,504	76%	323	10%	458	14%
Drug-Allergy (DA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug-Age (PA)	14	11	50%	3	50%	0	0%

Top 10 Drugs by Therapeutic Problem Type										
ER	TD	ID	LR	HD	PG	LD	DD	MC	DA	PA
Albuterol Sulfate	Albuterol Sulfate	Albuterol Sulfate	N/A	Amoxicillin/Potassium Clav	Etonogestrel-Ethinyl Estradiol	Cholecaliferol	Alprazolam	Alprazolam	N/A	Promethazine Hcl
Atorvastatin	Atorvastatin	Atorvastatin	N/A	Cefdinir	Methylegonovine Maleate	Oseltamivir Phosphate	Buprenorphine HCL - Naloxone HCL	Amphetamine-Dextroamphetamine	N/A	Promethazine-DM
Gabapentin	Gabapentin	Gabapentin	N/A	Ergocalciferol	Misoprostol	Ondansetron Hcl	Buspirone	Bupropion	N/A	Promethazine & Phenylephrine
Lisinopril	Ibuprofen	Lisinopril	N/A	Famotidine	Norethindrone (Contraceptive)	Oxcarbazapine	Ibuprofen	Clonazepam	N/A	N/A
Metformin	Levothyroxine	Metformin	N/A	Ibuprofen	Norgestimate-Ethinyl Estradiol	Potassium Chloride Microencapsulated Crystals ER	Sertraline	Gabapentin	N/A	N/A
N/A	Lisinopril	N/A	N/A	Meloxicam	Prenatal Vit W/Ferrous Fumarate- Folic Acid	Propranolol HCL	Trazodone	Lamotrigine	N/A	N/A
N/A	Quetiapine Fumarate	N/A	N/A	Oseltamivir Phosphate	Progesterone Micronized	N/A	N/A	Warfarin	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

Health Plan Name: SilverSummit Healthplan
 Health Plan Contact: Tom Beranek, RPh
 Contact Email: Thomas.L.Beranek@SilverSummitHelathPlan.com
 Report Quarter (Calendar Year) Q1 2020
 Report Period Start Date: 1/1/2020
 Report Period End Date: 3/31/2020
 Submission Date of Report: 6/15/2020

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.)
Jan - 2020, Anti-Hypertension Non-Adherence	Outreach to members who are non-adherent on their maintenance medications.	Mail	306	147	48%	Member	SSHP
Feb - 2020, Anti-Hypertension Non-Adherence	Outreach to members who are non-adherent on their maintenance medications.	Mail	306	147	48%	Member	SSHP
Mar - 2019, Anti-Hypertension Non-Adherence	Outreach to members who are non-adherent on their maintenance medications.	Mail	306	162	53%	Member	SSHP