NEVADA MEDICAID ANTIBIOTIC POLICY

FAQs

Question 1: Does the policy include all antibiotic classes?
Answer: *No, this policy is only requiring prior authorizations for 3rd generation cephalosporins, fluoroquinolones, and oxazolidinones dispensed in outpatient settings.*

Question 2: Is Nevada the first state to implement prior authorizations on antibiotics?
Answer: *No, there are several other states that have prior authorization in place on antibiotics. Some of these other states include; New York, Illinois, Massachusetts, Arkansas, Texas and Ohio.*

Question 3: How did you come to this decision?
Answer: *This decision was based on a recommendation from the Drug Utilization Review (DUR) board. The DUR Board members agreed that there is a genuine nationwide concern that we may lose the ability to use antibiotics when we truly need them. They reviewed 4-year trends of antibiotic utilization rates for Fee for Service (FFS) and each Medicaid contracted Managed Care Organization (MCO). This policy aligns with the efforts of CDC's Core Elements of Outpatient Antibiotic Stewardship (Action for Policy and Practice) and the US National Action Plan for Combating Antibiotic Resistant Bacteria's goal of reducing inappropriate antibiotic use in the outpatient setting by 50% in 2020. This policy also falls in line with state efforts to put into place effective antimicrobial stewardship programs in outpatient settings.*

Question 4: What is included in the exception criteria?
Answer: *The exception criteria includes: if prescribed by an infectious disease specialist or by an emergency department provider, if ceftriaxone is prescribed as a first line treatment for gonorrhea, pelvic inflammatory disease, epididymo-orchitis and as an alternative to benzylpenicillin to treat meningitis for those with severe penicillin allergy, if cefixime is prescribed for gonococcal infection where Ceftriaxone is unavailable, or if the recipient resides in acute care, long-term acute care (LTAC) or a skilled nursing facility (SNF).*

Question 5: What will be required for a provider?
Answer: *A provider may be required to complete a prior authorization form and fax it into the Call Center or to call into the Call Center with the necessary information. PA formss may be found at* ***https://www.medicaid.nv.gov/providers/rx/rxforms.aspx***

Question 6: How long does it take for a prior authorization to be approved once submitted?
Answer: *The prior authorization process for FFS, Anthem and Health Plan of Nevada recipients, on average is currently less than 4 hours.*

Question 7: What are the call center hours of operation?
Answer: *The FFS Call Center is open 24 hours a day, 7 days a week. Each MCO Call Center is open 24 hours a day, 7 days a week and/or has electronic prior authorization system capabilities.*

Question 8: What are the options to obtain a prior authorization?
Answer: *A provider may call or fax to submit a prior authorization. The FFS Call Center number is (855)455-3311 and the fax number is (855)455-3303.*