

Brian Sandoval
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Policy

Assembly Bill 474 Impact Nevada Medicaid Pharmacy

Holly M. Long, SSPS – Pharmacy, DHCFP
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AB 474 Impact

- Fee For Service (FFS)
 - Holly M. Long, SSPS – Pharmacy, DHCFP
- Health Plan of Nevada (HPN)
 - Ryan Bitton, Director Pharmacy Services
- Anthem
 - Jeannine Murray, Pharmacy Account Director
- Silver Summit Health Plan
 - Thomas Beranek, Pharmacy Director



AB 474 Overview – Pharmacy Basics

- Initial prescription must be ≤ 14 day supply if treating acute pain.
- Must not be for > 90 MME daily for an opiate naïve patient.



FFS Guidance

- CDC
 - Injury Prevention & Control; Opioid Overdose, Promising Strategies
 - Review prior authorization, overutilization data, and access to Medication-Assisted Treatment (MAT) for opioid addiction.
 - Monitor prescribers and provider communication.
- CMS – Best Practices for Addressing Prescription Opioid Overdoses, Misuse and Addiction



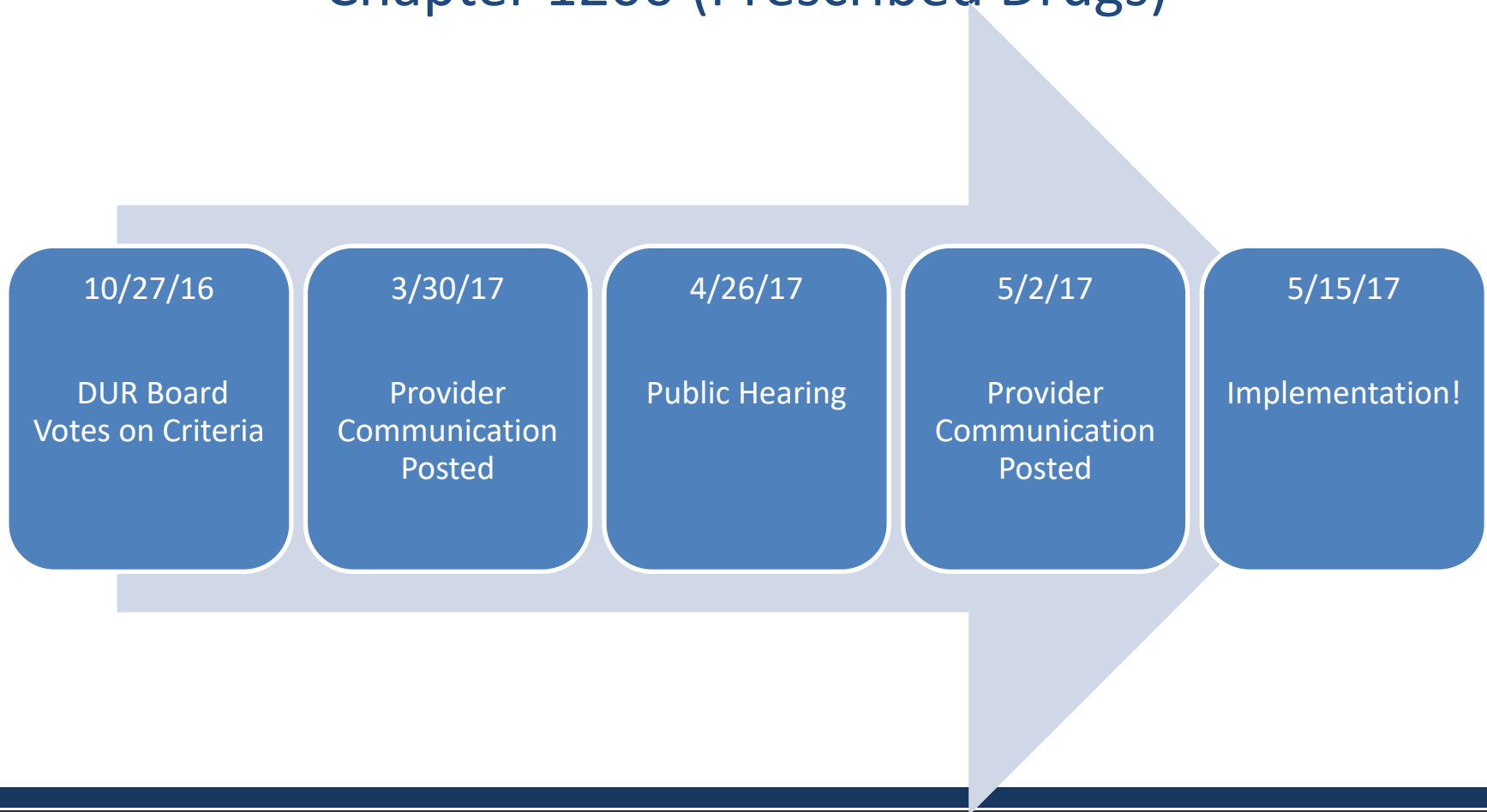
CDC → DHCFP

CDC	DHCFP
Selection of non-pharmacologic therapy, non-opioid pharmacologic therapy, opioid therapy	The DHCFP reimburses for medically necessary physical therapy, occupational therapy, and cognitive behavior therapy.
Selection of immediate-release or extended-release and long-acting opioids.	The DHCFP requires prior authorization approval for long-acting narcotics.
Selection of immediate-release or extended-release and long-acting opioids; Dosage considerations; Duration of treatment;	The DHCFP uses prior authorization criteria; quantity limits; step therapy; and prospective and retrospective drug utilization reports to address and monitor utilization and prescribing of opioids.
Use of urine drug testing.	The DHCFP reimburses for drug screenings in the laboratory, physician or clinic setting.
Arrangement of treatment for opioid use disorder.	The DHCFP reimburses for Medication Assisted Therapy (MAT).



FFS Timeline

For Addition of Opioid Therapeutic Class to MSM Chapter 1200 (Prescribed Drugs)





FFS Quantity Limits

Opioids, Controlled Substances, and Drugs for Addiction

Opioid Quantity Limits

- No prior authorization is required if all the following are met:
 - Prescription is for 7 days or less
 - Less than or equal to 60 mg morphine equivalents per day
 - Fewer than thirteen, seven-day prescriptions in any rolling 12 month period
- To exceed the 7-day limit, 60 mg morphine equivalents per day, or number of prescriptions per year, must meet all of the following:
 - Chronic pain or requires an extended opioid therapy and is under the care of a licensed prescriber
 - Pain cannot be controlled through the use of non-opioid therapy
 - The lowest effective dose is being requested
 - A pain contract is on file



FFS Exceptions To The Policy

- Exceptions to the policy (one of the following):
 - Recipients with cancer/malignancy related pain
 - Recipients who are post-surgery with an anticipated prolonged recovery (greater than three months)
 - Recipients receiving palliative care
 - Recipients residing in long-term care facility
 - Recipients receiving treatment of HIV/AIDS
 - Prescriptions written by or in consultation with a pain specialist
- Grandfathering for those with a prescription exceeding the quantity limit within the last 45 days.



How did FFS get to this quantity?

- Governor Sandoval's Summit on Prescription Drug Abuse
- CDC Injury Prevention and Control: Opioid Overdose
 - Guideline for Prescribing Opioids for Chronic Pain
- DUR Board Discussion on October 27, 2016
 - The Board was in favor of aggressive first dose limits of 60 mg morphine equivalents per day

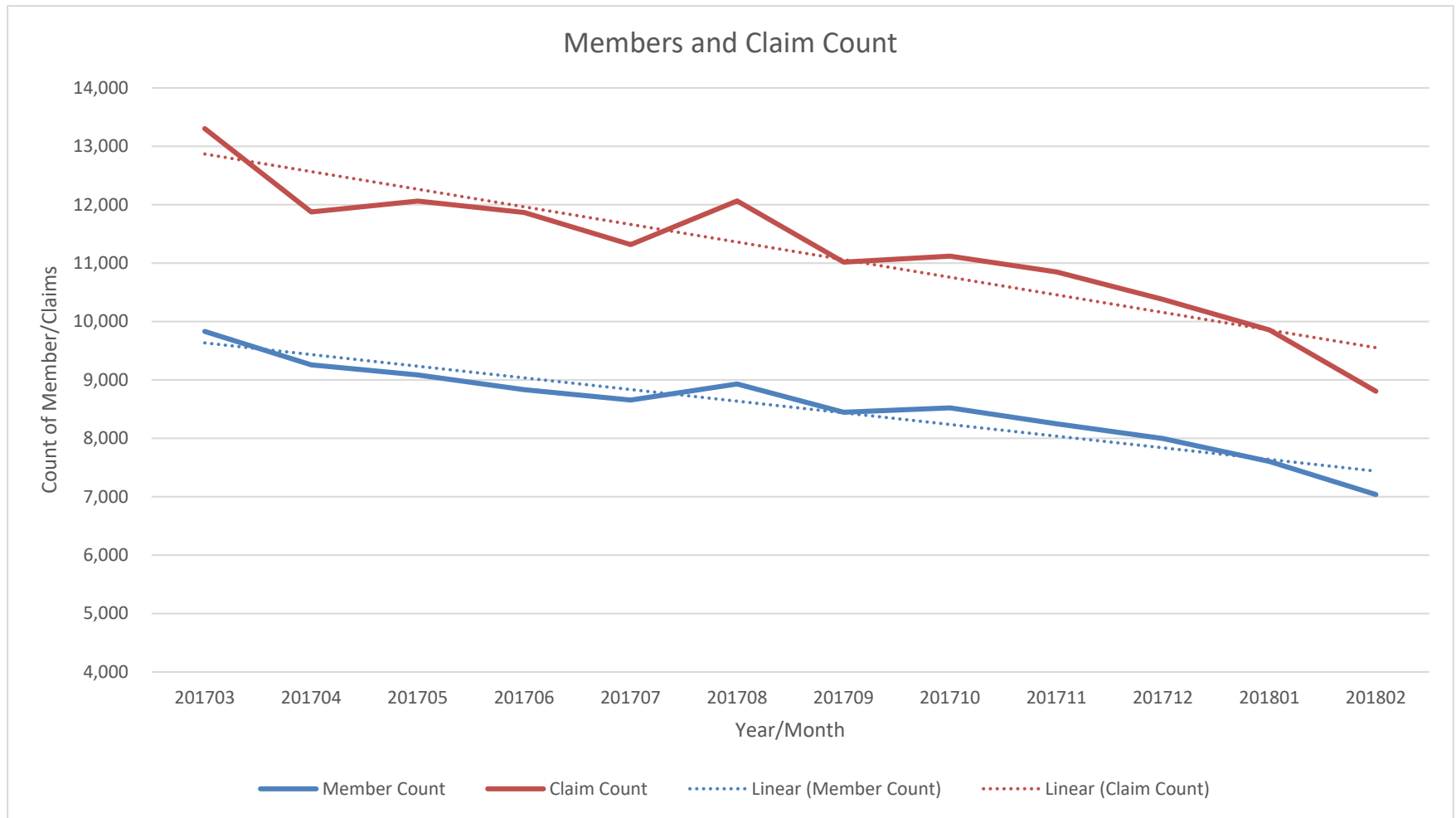


FFS Communication to the Community

- Web Announcements posted
 - March 30, 2017
 - May 2, 2017
- Web Seminars
 - April 24, 2017
- Board of Pharmacy Blast Fax to Providers
 - April 26, 2017
- Retail Association communication
 - April 4, 2017



Results: FFS Members and Claim Count





Future Steps/Goals

- DUR Board is reviewing policy quarterly.
 - Watching for trends and making changes as necessary.
- Evaluation of policy for alternatives to pain management treatment.
 - Chiropractic treatment coverage.
- Ongoing monitoring of prescribing practices.



Questions

