Revision: HCFA-PM-93-3 (MB)
March 1993

State/Territory: NEVADA

Citation

1927(g) 4.26 Drug Utilization Review Program
42 CFR 456.700

A.1. The Medicaid agency meets the requirements of Section 1927(g) of the Act for a drug use review (DUR) program for outpatient drug claims and the provisions in Section 1004 of the Substance Use-Disorder Prevention that promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act):

1004(oo)

1927(g)(1)(A)

2. The DUR program assures that prescriptions for outpatient drugs are:

- Appropriate
- Medically necessary
- Are not likely to result in adverse medical results

1927(g)(1)(a)
42 CFR 456.705(b)
and 456.709(b)

B. 1. The DUR program is designed to educate physicians and pharmacists to identify and reduce the frequency of patterns of fraud, abuse, gross overuse, excessive utilization, or inappropriate or medically unnecessary care, or prescribing or billing practices that indicate abuse or excessive utilization among physicians, pharmacists, and patients or associated with specific drugs as well as:

1004(oo)

- Potential and actual adverse drug reactions
- Therapeutic appropriateness
- Overutilization and under utilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug disease contraindications
- Drug-drug interactions
- Incorrect drug dosage or duration of drug treatment
- Drug-allergy interactions
- Clinical abuse/misuse

2. The State meets Medicaid DUR provisions included in Section 1004 of the SUPPORT Act to address the opioid crisis by implementing the following policies and oversight for Medicaid recipients:

- Safety edits for subsequent fills for opioids and an automated claims review process that indicates when a Medicaid enrollee is prescribed a subsequent fill;

- Safety edits on the maximum daily morphine equivalent that can be prescribed to a Medicaid enrollee for treatment of chronic pain and an automated claims review process that indicates when an individual is prescribed in excess of that limitation;
- An automated claims review process that identifies when a Medicaid enrollee is concurrently prescribed opioids and benzodiazepines or antipsychotics;
- A program to monitor and manage the appropriate use of antipsychotic medications by Medicaid-enrolled children under age 18 and "children in foster care specifically";
- A process to identify potential fraud or abuse of controlled substances by Medicaid enrollees, health care providers prescribing drugs to Medicaid enrollees, and pharmacies dispensing drugs to Medicaid enrollees;
- DUR edits are not applicable to an individual receiving hospice or palliative care, treatment of cancer, or is a resident of a long-term care facility or another facility for which frequently abused drugs are dispensed for residents through a contract with a single pharmacy, or individuals for which the State elects to treat as exempted from such requirements.
- The State confirms that updates to contracts with each Managed Care Organization (MCO) have been made to comply with the requirements applicable to MCOs as added by Section 1004 of the SUPPORT Act.

Details of these implantations are included within this DUR Section:

1004(oo)(1)(C)

3. The Medicaid agency has a pharmacy Lock-In program that limits prescriptions/medical services to a single pharmacy/provider for recipients who have shown patterns of abuse/misuse of controlled substances.

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1927(g)(1)(B)
42 CFR 456.703
(d) and (f)

C. The DUR program shall assess data use against predetermined standards whose source materials for their development are consistent with peer-reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia:

- American Hospital Formulary Service Drug Information
- United States Pharmacopia-Drug Information
- American Medical Association Drug Evaluations

1927(g)(1)(D)
42 CFR 456.703(b)

1004(oo)(3)

D. DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 483.60. Additionally, DUR edits are not applicable to an individual receiving hospice or palliative care, treatment of cancer, or is a resident of a long-term care facility described in Section 1905(d), or of another facility for which frequently abused drugs are dispensed for residents through a contract with a single pharmacy, or individuals for which the State elects to treat as exempted from such requirements. The State has never-the-less chosen to include nursing home drugs in:

__ Prospective DUR
X Retrospective DUR

1927(g)(2)(A)
42 CFR 456.705(b)

E.1. The DUR program includes prospective review of drug therapy at the point of sale (POS) or point of distribution before each prescription is filled or delivered to the Medicaid recipient.

1927(g)(2)(A)(i)
42 CFR 456.705(b),
(1)-(7))

2. Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to:

- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interactions
- Drug-interactions with non-prescription or over-the-counter drugs

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- Incorrect drug dosage or duration of drug treatment
- Drug allergy interactions
- Clinical abuse/misuse

1927(g)(2)(A)(ii)
42 CFR 456.705(c) and (d)

3. Prospective DUR includes counseling for Medicaid recipients based on standards established by state law and maintenance of patient profiles~~.~~

1004(oo)(1)(A)(i)

4. Prospective DUR includes automated POS claims review process that triggers alerts and reject claims based on standards established by the State to identify:

- Duplicate fills
- Subsequent fills
- Concurrent fills of opioids
- Early fills
- Excess of drug quantity limitations including maximum daily morphine milligram (MME) equivalents
- Concurrent prescribed opioids and benzodiazepines or opioid and antipsychotropics

1004(oo)(1)(B)

5. The Medicaid agency has an established prior authorization process that manages and ensures the appropriate use of antipsychotic medications for recipients under 18 years of age.

1927 (g)(2)(B)
42 CFR 456.709(a)

1004(oo)(1)(C)

F.1. The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes ongoing periodic examination of claims data and other records to identify:

- Patterns of fraud and abuse
- Gross overuse
- Early refills
- Excess of drug quantity limitation including maximum daily morphine milligram (MME) equivalents

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- Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients or associated with specific drugs or groups of drugs.
- Concurrent prescribed opioids and benzodiazepines or opioid and antipsychotics

1927 (g)(2)(C)
42 CFR 456.709(b)

F.2. The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for:

1004(oo)(1)(C)

- Therapeutic appropriateness
- Overutilization and underutilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interactions
- Incorrect drug dosage/duration of drug treatment
- Clinical abuse/misuse

1927 (g)(2)(D)
42 CFR 456.711

3. The DUR program through its State DUR Board, using data provided by the Board, provides for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.

1927 (g)(3)(A)
42 CFR 456.716(a)

G.1. The DUR program has established a State DUR Board either:

X Directly, or
___ Under contract with a private organization

1927(g)(3)(B)
42 CFR 456.716
(A) and (B)

2. The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacists and one-third but no more than 51% licensed and actively practicing physicians) with knowledge and experience in one or more of the following:

- Clinically appropriate prescribing of covered outpatient drugs
- Clinically appropriate dispensing and monitoring of covered outpatient drugs.
- Drug use review, evaluation and intervention
- Medical quality assurance

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1927(g)(3)(C)
42 CFR 456.716(d)

3. The activities of the DUR Board include:

- Retrospective DUR
- Application of Standards as defined in Section 1927(g)(2)(C), and
- Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the source of retrospective DUR

1927(g)(3)(C)
42 CFR 456.711
(a)-(d)

G.4. The interventions include in appropriate instances:

- Information dissemination
- Written, oral, and electronic reminders
- Face-to-face discussions
- Intensified monitoring/review of prescribers/dispensers

1927(g) (D)
42 CFR 456.712
(A) and (B)

1004(oo)1(D)

H. The state assures that it will prepare and submit an annual report to the secretary, which incorporates a report from the State DUR Board and that the State will adhere to the plans, steps, procedures as described in the report.

1927(h) (1)
42 CFR 456.722

I.1. The State establishes, as its principal means of processing claims for covered outpatient drugs under this title, a point-of-sale electronic claims management system to perform on-line:

- Real time eligibility verification
- Claims data capture
- Adjudication of claims
- Assistance to pharmacists, etc., applying for and receiving payment

1927(g)(2)(A)(i)
42 CFR 456.705(b)

2. Prospective DUR is performed using an electronic ~~point of sale~~ POS drug claims processing system.

1927(j)(2)
42 CFR 456.703(c)

J. Hospitals which dispense covered outpatient drugs are exempted from the drug utilization review requirements of this section when facilities use drug formulary systems and bill the Medicaid program

no more than the hospital's purchasing cost for such covered outpatient drugs. The hospitals will provide documentation to the State to allow the State to make such exemptions.

1004(oo)(1)(A)(ii) K. The State confirms that updates to contracts with each MCO have been made to comply with the requirements applicable to MCOs as added by Section 1004 of the SUPPORT Act.