Brian Sandoval
Governor

Marta Jensen
Acting Administrator
Division of Health Care Financing and Policy

Prescription Opioid Use

The Division of Health Care Financing and Policy (DHCFP)

Fee For Service (FFS)

Opioids

- According to the CDC, Nevada had 614 drug overdose deaths in 2013 and 545 overdose deaths in 2014.
- Hydrocodone/acetaminophen is the number one drug when ranked by paid claim count for FFS Nevada Medicaid.
- For August 2016, there were 7260 paid claims by Nevada Medicaid for hydrocodone/acetaminophen alone for a total payment of $137,936.90.
- 14% of all paid FFS drug claims, 51,941 total, were for hydrocodone/acetaminophen.

Current Prior Authorization Policy
Opioids, Controlled Substances, and Drugs for Addiction
Medicaid Services Manual (MSM) Chapter 1200, Prescribed Drugs

- **Agents Used for the Treatment of Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)** Appendix A.(C)
- **Buprenorphine (Subutex®)** Appendix A.(BB)
- **Buprenorphine/Naloxone (Suboxone®)** Appendix A.(BB)
- **Cesamet® (nabilone)** Appendix A.(QQ)
- **Immediate-Release Fentanyl Products** Appendix A.(G)
- **Long-Acting Narcotics** Appendix A.(Q)
- **Marinol® (dronabinol)** Appendix A.(QQ)
- **Transdermal Fentanyl** Appendix A.(F)
- **Vivitrol® (Naltrexone)** Appendix A.(ZZ)
- **Xartemis® XR (oxycodone and acetaminophen)** Appendix A.(XX)

Current Quantity Limits
Opioids, Controlled Substances, and Drugs for Addiction

ADD/ADHD Agents	
Adderall XR® (5mg, 10mg, 15mg, 20mg, 25mg, 30 mg)	30 capsules/30 days
Aptensio XR® (10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg)	30 capsules/30 days
Concerta® (18mg, 27mg, 36mg, 54mg)	30 tablets/30 days
Daytrana® (10mg, 15mg, 20mg, 30mg)	30 patches/30 days
Dexedrine Spansule® (5mg, 10mg, 15mg)	60 capsules/30 days
Dyanavel XR® (2.5mg/mL)	240 mLs/30 days
Focalin XR® (5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg)	30 capsules/30 days
Intuniv® (1mg, 2mg, 3mg, 4mg)	30 tablets/30 days
Kapvay® (0.1mg)	60 tablets/30 days
Metadate CD® (10mg, 20mg, 30mg, 40mg, 50mg, 60mg)	30 capsules/30 days
Metadate ER® (20mg)	60 tablets/30 days
Quillichew XR® (20mg, 30mg, 40mg)	30 tablets/30 days
Quillivant XR® (25mg)	360 mLs/30 days
Ritalin LA® (10mg, 20mg, 30mg, 40mg, 60mg)	30 capsules/30 days
Ritalin SR® (10mg, 20mg)	30 tablets/30 days
Strattera® (10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg)	60 capsules/30 days
Vyvanse® (10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg)	30 capsules/30 days
Opioids	
Actiq® (All strengths)	120 lozenges/rolling 30 days
Avinza® (All strengths)	1 capsule/day
Butrans® (All strengths)	4 patches/30 days
Demerol® (All strengths)	30 mLs/day
Duragesic® (All strengths)	1 patch every 3 days
Duragesic® (All strengths)	1 patch every 2 days if failure to achieve pain relief

Current Quantity Limits
Opioids, Controlled Substances, and Drugs for Addiction
(Continued from Previous Slide)

Opioids (continued)	
Exalgo® (All strengths)	1 tablet/day
Fentora® (All strengths)	120 tablets/rolling 30 days
Hysingla ER® (All strengths)	1 tablet/day
Kadian® (All strengths)	2 capsules/day
MS Contin® (All strengths)	3 tablets/day
Nucynta ER® (All strengths)	2 tablets/day
Opana ER® (All strengths)	2 tablets/day
OxyContin® (All strengths)	3 tablets/day
Stadol® (All strengths)	2/rolling 30 days
Xartemis XR® (All strengths)	4 tablets/day
Zohydro ER® (All strengths)	2 tablets/day
Buprenorphine/Naloxone	
Subutex® (2mg)	90 SL tablets/30 days
Subutex® (8mg)	60 SL tablets/30 days
Suboxone® (2mg/0.5mg)	90 SL tablets or film/30 days
Suboxone® (4mg/1mg)	30 SL tablets or film/30 days
Suboxone® (8mg/2mg)	60 SL tablets or film/30 days
Suboxone® (12mg/3mg)	30 SL tablets or film/30 days
Zubsolv® (1.4mg/0.36mg)	90 SL tablets/30 days
Zubsolv® (5.7mg/1.4mg)	60 SL tablets/30 days

Current Preferred/Non-Preferred Status
Opioids, Controlled Substances, and Drugs for Addiction

Preferred Products	Non-Preferred
Analgesics/Miscellaneous	
Tramadol	Conzipr®
Tramadol/APAP	Nucynta®
	Ryzolt®
	Rybox® ODT
	Tramadol ER
	Ultracet®
	Ultram®
	Ultram ER®
Opiate Agonists	
Morphine Sulfate SA Tabs (All generic extended release)	Avinza®
Fentanyl Patch	Butrans®
	Dolophine®
	Duragesic® Patches
	Exalgo®
	Kadian®
	Methadone
	Methadose®
	Nucynta ER®
	Opana ER®
	Oxycodone SR
	Oxymorphone SR
	Xartemis XR®
	Zohydro ER®
Opiate Agonists- Abuse Deterrent	
Embeda®	Hysingla ER®
	Oxycontin®

Status

Opioids, Controlled Substances,

Preferred Products	Non-Preferred
ADD/ADHD Agents	
Adderall XR®	Adderall®
Amphetamine Salt Combo IR	Amphetamine Salt Combo XR
Dexmethylphenidate	Concerta®
Dextroamphetamine SA Tab	Daytrana®
Dextroamphetamine Tab	Desoxyn®
Dextrostat®	Dexedrine®
Focalin XR®	Dextroamphetamine Solution
Intuniv®	Focalin®
Metadate CD®	Kapvay®
Methylin®	Metadate ER®
Methylin ER®	Ritalin
Methylphenidate	
Methylphenidate ER (All forms of generic extended release)	
Procentra®	
Quillivant XR® Suspension	
Ritalin LA®	
Strattera®	
Vyvanse®	
Methylphenidate SOL	
Opiate Antagonists	
Evzio®	
Naloxone	
Narcan® Nasal Spray	
Mixed Opiate Agonists/Antagonists	
Bunavail®	
	Buprenorphine/Naloxone
Suboxone®	
Zubsolv®	

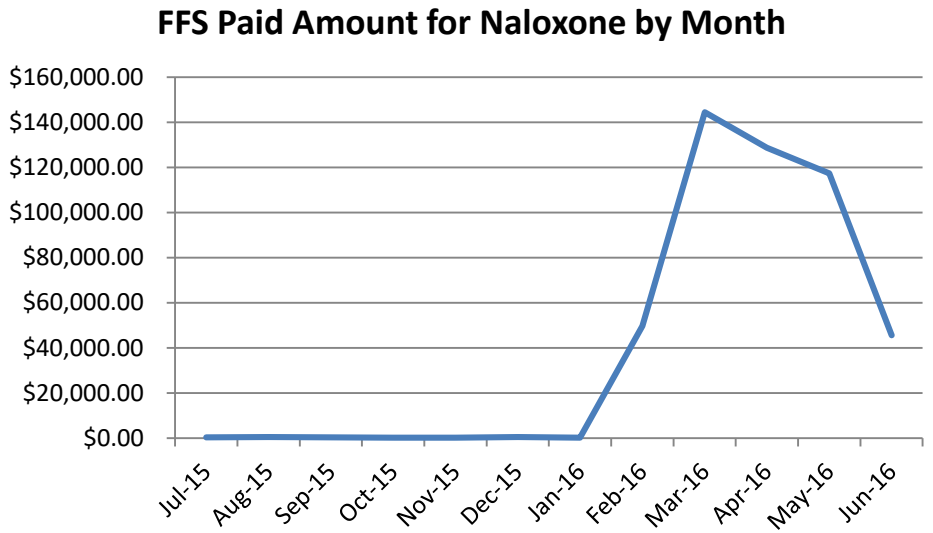
Lock-in Program *Established in 2008*

Current number of recipients in FFS Lock-In Program is 947.

- When a recipient has shown patterns of abuse, misuse of DHCFP pharmacy benefits, or the DHCFP has determined that the recipient requires close medical management, that recipient can be "locked-in" to a specific pharmacy.
- This means that the DHCFP will only pay for controlled substance prescriptions at a single designated pharmacy.
- Criteria for Lock-In:
  a. The recipient has utilized more than one pharmacy in the past 60 day period.
  b. The recipient has utilized more than three physicians in the past 60 day period.
  c. The recipient has utilized the emergency room for receiving controlled substances.
  d. The recipient has been diagnosed with a drug dependency related condition.
  e. The dispensed quantity per prescription of controlled substances appears excessive by the clinical review team, or
  f. The recipient has other noted drug seeking behaviors.
- The POS System will reject a claim from a different pharmacy that tries to bill for controlled substance prescriptions.
- Non-controlled prescriptions can be purchased at any pharmacy.

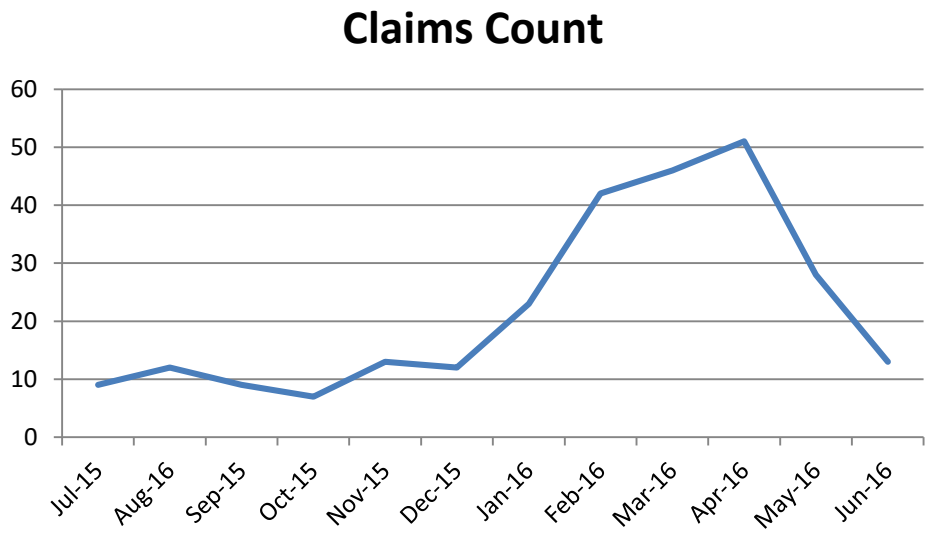
Naloxone by Paid Amount

Month	Paid Amount
Jul-15	$322.29
Aug-15	$429.78
Sep-15	$420.44
Oct-15	$237.95
Nov-15	$168.62
Dec-15	$425.36
Jan-16	$254.91
Feb-16	$49,716.92
Mar-16	$144,500.96
Apr-16	$128,684.53
May-16	$117,407.65
Total	$488,150.86



Naloxone by Paid Claims

Month	Claims
Jul-15	9
Aug-15	13
Sep-15	12
Oct-15	9
Nov-15	7
Dec-15	13
Jan-16	12
Feb-16	23
Mar-16	42
Apr-16	46
May-16	51
Jun-16	28
Total	**265**



CDC Injury Prevention & Control: Opioid Overdose

Promising Strategies

To help prevent prescription drug overdose, states can advance the following promising strategies to ensure the health and wellbeing of their residents.

1. Consider ways to increase use of prescription drug monitoring programs, which are state-run databases that track prescriptions for controlled substances and can help improve opioid pain reliever prescribing, inform clinical practice, and protect patients at risk.

- Consider policy options relating to pain clinics to reduce prescribing practices that are risky to patients.
- Evaluate state data and programs and consider ways to assess Medicaid, workers' compensation programs, and state-run health plans to detect and address inappropriate prescribing of opioid pain relievers, such as through use of prior authorization, drug utilization review, and patient review and restriction programs.
- Increase access to substance abuse treatment services, including Medication-Assisted Treatment (MAT), for opioid addiction.
- Identify opportunities to expand first responder access to naloxone, a drug used to reverse overdose.
- Promote and support the use of the CDC Guideline for Prescribing Opioids for Chronic Pain.
- Help local jurisdictions to put these effective practices to work in communities where drug addiction is common.

CDC Injury Prevention & Control: Opioid Overdose
Guideline for Prescribing Opioids for Chronic Pain

The guideline addresses patient-centered clinical practices including conducting thorough assessments, considering all possible treatments, closely monitoring risks, and safely discontinuing opioids. The three main focus areas in the guideline include:

- **Determining when to initiate or continue opioids for chronic pain**
  - Selection of non-pharmacologic therapy, non-opioid pharmacologic therapy, opioid therapy
  - Establishment of treatment goals
  - Discussion of risks and benefits of therapy with patients
- **Opioid selection, dosage, duration, follow-up and discontinuation**
  - Selection of immediate-release or extended-release and long-acting opioids
  - Dosage considerations
  - Duration of treatment
  - Considerations for follow-up and discontinuation of opioid therapy
- **Assessing risk and addressing harms of opioid use**
  - Evaluation of risk factors for opioid-related harms and ways to mitigate/reduce patient risk
  - Review of prescription drug monitoring program (PDMP) data
  - Use of urine drug testing
  - Considerations for co-prescribing benzodiazepines
  - Arrangement of treatment for opioid use disorder

CDC Injury Prevention & Control: Opioid Overdose
Guideline for Prescribing Opioids for Chronic Pain

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).

Discussion

- Limiting opioid prescriptions to a specific number per year.
- Prevention of practices that lead to addiction.
- Treatment of recipients currently on chronic opioid treatment.
- Limiting prescriptions for benzodiazepines prescribed along with opioids.
- Ensuring accurate evidence-based diagnoses of conditions requiring pain medications.
- Ensuring access to behavioral therapy.