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Nevada Medicaid Antibiotic Policy Public Workshop

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Nevada Medicaid Antibiotic Policy

In 2019, Nevada Medicaid will require prior authorization for the following antibiotic classes dispensed in an outpatient setting:

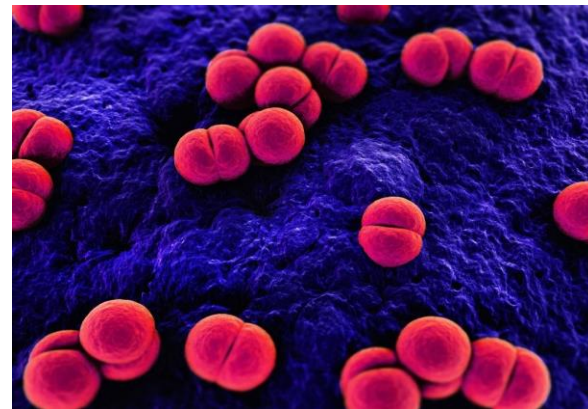
- 3rd generation cephalosporins – cefixime, cefdinir, cefpodoxime, ceftibuten and cefditoren
- Fluoroquinolones – ciprofloxacin, levofloxacin, delafloxacin, moxifloxacin, and ofloxacin
- Oxazolidinones – tedizolid and linezolid





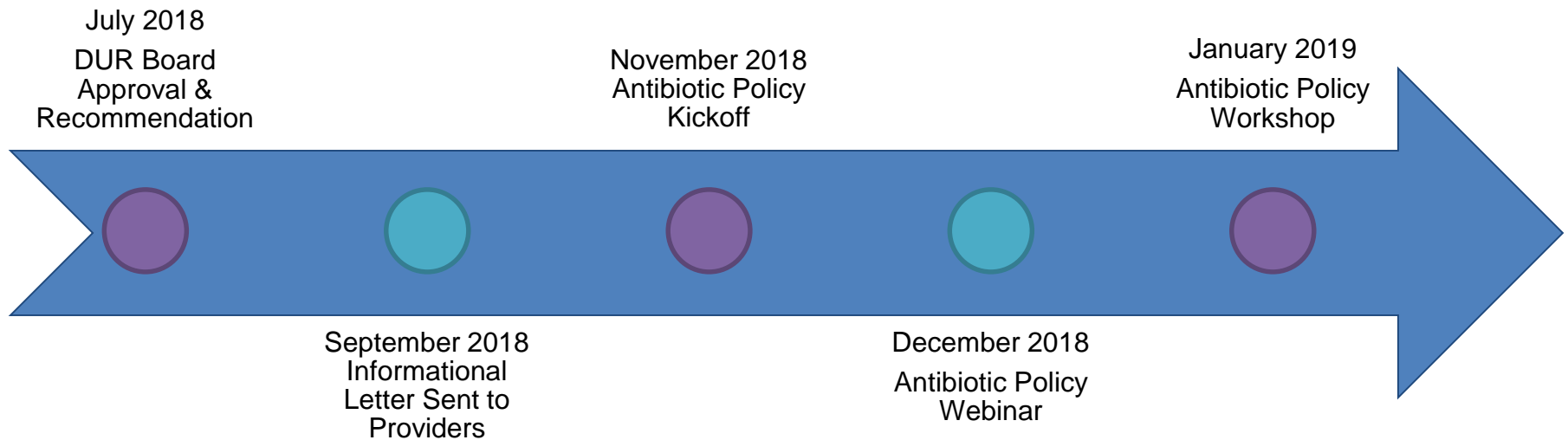
Exception Criteria

- If prescribed by an infectious disease specialist or by an emergency department provider
- Ceftriaxone prescribed as 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
- If the recipient resides in acute care, long-term acute care (LTAC), or a skilled nursing facility (SNF)





Policy Implementation Timeline





Why Antibiotic Policy for Outpatient Prescriptions?¹

- US National Action Plan for Combating Antibiotic Resistant Bacteria goal: reduce inappropriate antibiotic use in the outpatient setting by 50% by 2020.
- Estimates show 1 adverse drug event resulting in an emergency department visit occurs for every 1,000 outpatient antibiotic prescriptions.
- In 2015, 838 antibiotic prescriptions per 1,000 population were dispensed from US community pharmacies.
- CDC's Core Elements of Outpatient Antibiotic Stewardship include
 - Commitment, Action for Policy and Practice, Tracking and Reporting and Education.



Rethinking How Antibiotics Are Prescribed²

- Recognizes the importance of antibiotics as well as the significant harm associated with antibiotic resistance.
- Provides conceptual framework to assist clinicians with recognizing problems and guides them through a logical sequence of questions and potential solutions.
- Core feature provided by the Agency for Healthcare Research and Quality (AHRQ) Safety Program for Improving Antibiotic Use
 - Aligns with DHCFP Antibiotic Policy



4 Moments of Antibiotic Decision Making²

Table. Hypothetical Scenario Incorporating the 4 Moments of Antibiotic Decision Making Into Daily Practice

| Moment | Scenario | Patient and Symptom Description | Decision |
|--------|--|---|---|
| 1 | Does this patient have an infection that requires antibiotics? | Patient is a 34-year-old previously healthy woman with dysuria, fever, hypotension, and flank pain | Patient has signs and symptoms concerning for pyelonephritis |
| 2 | Have I ordered appropriate cultures before starting antibiotics? What empirical antibiotic therapy should I initiate? | Urine dipstick indicates pyuria and bacteriuria | <ul style="list-style-type: none"> • Urine and blood cultures are obtained prior to administering antibiotic therapy • Ceftriaxone is prescribed as empirical therapy for pyelonephritis • Broader therapy is not indicated because the patient has no risk factors for pseudomonal or antibiotic-resistant infection • Vancomycin is not administered because methicillin-resistant <i>Staphylococcus aureus</i> is not a common cause of pyelonephritis |
| 3 | A day or more has passed. Can I stop antibiotics? Can I narrow therapy? Can I change from intravenous to oral therapy? | <ul style="list-style-type: none"> • Patient has an appropriate response to therapy • Urine cultures grow <i>Escherichia coli</i> resistant to trimethoprim and sulfamethoxazole but susceptible to ciprofloxacin | <ul style="list-style-type: none"> • Because <i>E coli</i> recovered in the urine has oral treatment options available, ceftriaxone is stopped and ciprofloxacin is initiated • The patient is able to tolerate oral therapy and shows clinical improvement; thus, patient is switched from intravenous to oral therapy |
| 4 | What duration of antibiotic therapy is needed for this patient's diagnosis? | Patient is on day 3 of therapy and is ready to be discharged home | <ul style="list-style-type: none"> • Treatment with ciprofloxacin for 7 d has been shown to be effective for pyelonephritis • The patient is discharged home to complete additional 4 d of antibiotic therapy |



Antibiotic Policy in Other States

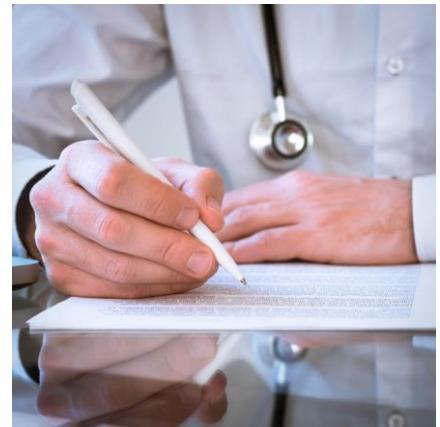
- Nevada is not the first State to implement prior authorization on antibiotics.
- Other States that have prior authorization on antibiotics include (but is not limited to):
 - New York, Illinois, Massachusetts, Arkansas, Texas and Ohio.





What Will be Required?

- A provider may be required to complete a prior authorization form and fax it to the Call Center or call into the Call Center with the necessary information.
- FFS PA forms:
<https://www.medicaid.nv.gov/providers/rx/rxforms.aspx>





Call Center Information

- Fee for Service: 24/7 support, phone (855-455-3311) or fax (855-455-3303) to submit a PA.
- Managed Care Organizations: each MCO has 24/7 support and/or electronic PA system capabilities.
- Current turnaround time for FFS, Anthem and Health Plan of Nevada prior authorization process is, on average, less than 4 hours.





Summary

- Overall, we are promoting for the advocacy and safety of Medicaid recipients.
- Helping to increase awareness and understand the impact of inappropriate use and antibiotic resistance.
- Optimize antibiotic prescribing to preserve antibiotics and treat infections effectively in outpatient settings.



Resources

- Division of Health Care Financing & Policy, Pharmacy Services: <http://dhcfp.nv.gov/Pgms/CPT/Pharmacy/>
- Nevada Medicaid: <http://www.Medicaid.nv.gov/providers/rx/rxinfo.aspx>
- Nevada Division of Public and Behavioral Health (DPBH) – Antibiotic/Antimicrobial Resistance: <http://dpbh.nv.gov/Programs/HAI/dta/AMR/>
- CDC Antibiotic Prescribing and Use in Doctor's Offices: <https://www.cdc.gov/antibiotic-use/community/for-hcp/outpatient-hcp/index.html>
- CDC Improving Prescribing: <https://www.cdc.gov/antibiotic-use/community/improving-prescribing/index.html>
- IDSA: <https://www.idsociety.org/practice-guidelines/#/score/DESC/0/+/>



References

1. King, Laura M., Fleming-Dutra, Katherine E., and Hick, Lauri A. (2018). Advances in optimizing the prescription of antibiotics in outpatient settings. *BMJ* 2018; 363-k3047 doi: 10.1136/bmj.k3047
2. Tamma, Pranita D., Miller, Melissa A., and Cosgrove, Sara E. (2018). Rethinking how antibiotics are prescribed: incorporating the 4 moments of antibiotic decision making into clinical practice. *Journal of the American Medical Association*; E1-E2.





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