The Division of Health Care Financing and Policy
Targeted Response to the Opioid Crisis
and Medication Assisted Treatment

Nevada Medicaid
• Nevada Medicaid is working to combat the nation’s opioid epidemic through:
  • Comprehensive policy changes
  • Drug utilization monitoring and reporting
  • Statewide partnerships

Drug Utilization and Review Board
• Nevada Medicaid has utilized its Drug Utilization Review (DUR) Board under the authority of the Social Security Act of 1927 to:
  Develop criteria for both opioids and medication assisted treatment
  Review prescribing practices of providers administering opioids
  Create policy for Medicaid recipients and providers

Drug Utilization and Review Board
• The criteria presented in this presentation reflects Fee For Service Medicaid only
• The Medicaid Managed Care Regulations effective July 1, 2017 called for each Managed Care Organization (MCO) to either join the state DUR Board or operate its own.
• Each MCO opted to join the states and the first combined DUR Board Meeting was held October 19, 2017.
• Criteria will be revisited at future DUR Board meetings.

Opioids
• The Opioid policy went into effect May 15, 2017
• Opioids are subject to prior authorization and quantity limitations
• Opioids will be covered without Prior Authorization (PA):
  1. For initial prescriptions of seven days or less; and
  2. For a total of 13 seven-day prescriptions in any rolling 12 month period; and
  3. For prescriptions of 60 mg morphine equivalents or less per day.

Opioids
• Recipients currently on chronic opioid medications will not be subject to the seven day requirement for an opioid(s) they have been receiving in the past 45 days.
• Prior Authorization Criteria: To exceed the number of seven-day prescriptions, or to exceed the seven day limit, or to exceed the 60 mg morphine equivalents or less per day:
  All of the following criteria must be met and documented:
  a. The recipient has chronic pain or requires an extended opioid therapy and is under the supervision of a licensed prescriber; and
  b. Pain cannot be controlled through the use of non-opioid therapy (acetaminophen, NSAIDs, antidepressants, anti-seizure medications, physical therapy, etc.); and
  c. The lowest effective dose is being requested; and
  d. A pain contract is on file.
Exceptions to this policy:
1. Recipients with cancer/malignancy related pain; or
2. Recipients who are post-surgery with an anticipated prolonged recovery (greater than three months); or
3. Recipients receiving palliative care; or
4. Recipients residing in a long-term care facility; or
5. Recipients receiving treatment for HIV/AIDS; or
6. Prescriptions written by or in consultation with a pain specialist.

Medication Assisted Treatment

Buprenorphine/Naloxone

Prior authorization approval is required to exceed the seven-day limit. Approval will be given if all of the following criteria are met and documented:

- The recipient is 16 years of age or older; and
- The recipient has a diagnosis of opioid dependence; and
- Requests for a diagnosis of chronic pain will not be approved; and
- There is documentation the recipient has honored all of their office visits; and
- The medication is being prescribed by a physician with a Drug Addiction Treatment Act (DATA) of 2000 waiver who has a unique “X” DEA number; and

Requests for buprenorphine will be approved if one of the following is met:

- The recipient is a pregnant female;
- There is documentation that the recipient is breastfeeding an infant who is dependent on methadone or morphine;
- The recipient has had an allergy to a buprenorphine/naloxone; or
- The recipient has moderate to severe hepatic impairment

Buprenorphine/Naloxone

To initiate therapy

- Covered without Prior Authorization (PA) approval for an initial prescription of seven days or less.
- An ICD diagnosis related to opioid dependence must be written on the prescription and transmitted on the claim.

To re-initiate therapy

- Buprenorphine/Naloxone will be covered without PA approval to re-initiate therapy for a prescription of seven days or less for recipients with a gap in treatment.
- An ICD diagnosis related to opioid dependence must be written on the prescription and transmitted on the claim.

Buprenorphine/Naloxone

- All of the following are met:
  1. The recipient will not utilize opioids, including tramadol, concurrently with the requested agent; and
  2. If the recipient is currently utilizing an opioid, medical documentation must be provided stating the recipient will discontinue the opioid prior to initiation of buprenorphine or buprenorphine/naloxone.

Requests for buprenorphine will be approved if one of the following is met:

- The recipient is a pregnant female;
- There is documentation that the recipient is breastfeeding an infant who is dependent on methadone or morphine;
- The recipient has had an allergy to a buprenorphine/naloxone; or
- The recipient has moderate to severe hepatic impairment
Buprenorpine/Naloxone

- Requests that exceed the quantity limit must meet all of the following:
  1. There is documentation in the recipient’s medical record that the requested dose is the lowest effective dose for the recipient; and
  2. The treatment plan has been provided.

Prior Authorization approval will be for one year.

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Buprenorphine/Naloxone – Managed Care

- Each MCO requires a prior authorization and has a quantity limit of 7 days there are different nuisances between each MCO.

- The Drug Utilization Review Board of Nevada will work to continually align criteria across FFS and all three MCO plans.

Youth Activities

- Codeine and Tramadol For Children
  - At the October 19, 2017 DUR Board Meeting
  - Codeine and Tramadol were restricted for children under 12 years old
  - Tramadol extended Release (ER) will not be approved for children under 18 years of age and will reject at point of sale.
  - Anticipated public hearing date for this policy is February 22, 2018

Opioid Statewide Targeted Response (STR)

- Developed as a formula grant for states to address opioid crisis
- Nevada award 5.6 Million, NOGA May 2017, IFC June 2017
- 2 year grant-20% prevention, 80% treatment
- Year 2 has been funded at the same amount
- Must go above and beyond to demonstrate effective use of the dollars

Opioid STR Grant
Purpose of Funding

Address the Opioid Crisis by
• Increase Access to Treatment
• Reduce Unmet Need
• Reduce Opioid Overdose Related Deaths:
  - Provision of Prevention
  - Treatment
  - Recovery Activities for OUD

Funding

• Creation of rural and urban Integrated Opioid Treatment and Recovery Centers
• Initial funding amount of $750,000 for 6 months
• Eligible applicants:
  – Certified Community Behavioral Health Centers
  – Certified Opioid Treatment Providers
  – Federally Qualified Health Centers
All are required to bill Medicaid to be awarded

Nevada Project Team

• Cross-Division Collaboration DHCFP, DPBH
• Project Management through CASAT/UNR
• Core Team of DHCFP and DPBH meets every two weeks
• DHCFP coordinates the sustainability workgroup

Key Strategies

• Leverage and coordinate existing resources, address unmet needs in OUD treatment and prevention, and to establish a sustainable infrastructure to address OUD in our state now and in the future.
• Cross-sector collaboration among Fee For Service and Managed Care
• Community Partnerships
• AG’s Office and the Substance Abuse Working Group

Ongoing roles of DHCFP

• Involvement in the development of the Hub and Spoke Model
• Engagement in workgroups and TA
• Data collection and reporting for needs assessment and grant oversight and monitoring of outcomes
• Review of existing policies and activities related to reducing risk of OUD’s and treatment, prevention of opioid overdose deaths
• Commitment to partnering to address epidemic

Questions?
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