



Looking Back at 2017 and Ahead to 2018

Looking Back At 2017

Looking back, 2017 was an important time of transition for the Nebraska Medicaid Pharmacy Program. For the DUR Program, it was business as usual with many issues discussed and challenges while incorporating the Heritage Health managed care plans into the process, the Prescription Drug Monitoring Program (PDMP), intervention letters, and access to Medication Assisted Treatment.

Heritage Health Managed Care Plans In 2017, most Nebraska Medicaid patients were enrolled in a new health care delivery system that combined Nebraska's physical health, behavioral health, and pharmacy programs into a single comprehensive and coordinated system called Heritage Health. Nebraska Medicaid contracted with three health plans: Nebraska Total Care (Centene), UnitedHealthcare Community Plan of Nebraska, and WellCare of Nebraska for the Heritage Health program. The DUR Board worked in partnership with Nebraska Medicaid and the managed care plans continuing to improve the quality of pharmacy services and ensure rational, cost-effective medication therapy for Nebraska Medicaid recipients.

Prescription Drug Monitoring Program (PDMP) On January 1, 2017, dispensers were required to submit information about dispensed controlled substance prescriptions to the Nebraska PDMP on a daily basis. While not part of the Medicaid Program, Nebraska's PDMP can be a useful clinical tool for prescribers and dispensers to monitor patient's drug utilization. Accessing the patient's record on the PDMP can prevent the prescriber or dispenser from providing a patient with a medication which the patient may already have received from another prescriber or dispenser. This is especially important for controlled substances of which the prescriber or dispenser is not aware. According to the Centers for Disease Control and Prevention: "Prescription drug monitoring programs continue to be among the most promising state level interventions to improve painkiller prescribing, inform clinical practice, and protect patients at risk. Although findings are mixed, evaluations of PDMPs have illustrated changes in prescribing behaviors, use of multiple providers by patients, and decreased substance abuse treatment admissions..."

Contact Kevin or Amy for help with the PDMP:

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Intervention Letters One aspect of the DUR Program that remained constant was the monthly review of patients utilizing multiple prescribers and multiple pharmacies. Each health plan monitors patients to prevent utilization of multiple providers to obtain duplicative medications such as opioids. Patients can be enrolled into Restricted Services (or Lock In) which requires them to receive care from specific providers including a single prescriber or a single pharmacy.

As healthcare becomes driven by quality and outcomes, the DUR Board considers the Healthcare Effectiveness Data and Information Set (HEDIS) performance measures for retrospective drug utilization reviews. One of the 2017 HEDIS measures is to ensure that diabetics between 40 and 75 years old are taking a statin medication to prevent cardiovascular complications. Each health plan identified diabetic patients between 40 and 75 years old who were not currently receiving statin therapy. A letter was sent to prescribers of these patients asking them to consider statin therapy, as well as lifestyle changes, if appropriate.

The DUR Board recognizes the importance of ensuring that Nebraska Medicaid patients are receiving care according to accepted guidelines or recognized standards of care. According to the National Asthma Education and Prevention Program, through the National Institute of Health, patients exhibiting mild, persistent asthma should be treated with low-dose inhaled corticosteroids. Prescribers were sent a letter if their patient had a diagnosis of asthma and were taking two or more short-acting beta agonist inhalers per month with no inhaled corticosteroid on file. Prescribers were reminded that high doses of short-acting inhalers can cause hypertension, angina, vertigo,

tachycardia, and sleeplessness as well as other side effects which are typical of excessive beta-adrenergic stimulation. The letter asked prescribers to evaluate the current regimen and consider additional treatment.

On April 20, 2017, the Food and Drug Administration issued a Drug Safety Communication against the use of prescription codeine pain and cough medicines in children and the use of tramadol-containing medicines for children and breastfeeding mothers. The DUR Board recommended that Nebraska Medicaid deny claims for tramadol or codeine in patients 11 years and less, that tramadol should not be used in children younger than 18 years to treat pain after surgery to remove tonsils or adenoids, and that codeine should not be used in adolescents between 12 and 18 years who are obese, or have conditions such as sleep apnea or severe lung disease. The DUR Board also recommended that codeine and tramadol should not be used in breastfeeding mothers.

Review of Prior Authorization Criteria The DUR Board reviewed the Prior Authorization criteria for the buprenorphine products for the treatment of Opioid Use Disorder. The DUR Board made a recommendation to remove Prior Authorization from all products to open access to these treatments in response to the increase in opioid overdoses and deaths in Nebraska. In November, Nebraska Medicaid removed the Prior Authorization on the preferred product in the class allowing access to Suboxone film without Prior Authorization. This action will prevent delays in therapy for patients seeking treatment. The removal of the Prior Authorization criteria from the preferred agent has no bearing on prescriber eligibility for buprenorphine-containing medications for the treatment of Opioid Use Disorder. The Drug Addiction Treatment Act and the Comprehensive Addiction and Recovery Act outline the requirements for eligible prescribers of FDA-approved controlled substances in Schedules III, IV, and V to narcotic dependent patients.

Looking Ahead to 2018

Projects for 2018 will include monitoring the use of psychotropics in children, implementing limits on MME and greater access to prescription profiles through the PDMP.

Monitoring Psychotropics in Children The DUR Board, with the approval of a committee of Nebraska Child and Adolescent Psychiatry Practitioners, adopted the Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care, developed by the Texas Department of Family and Protective Services and the University of Texas at Austin College of Pharmacy as the standard of practice for treatment of Nebraska Medicaid patients. These parameters include specific limits that when exceeded require further clinical review. The limits include identifying the following in patients 18 years of age and younger: receiving four or more psychotropic drugs;

concomitant use of more than one antipsychotic; concomitant use of more than one antidepressant; concomitant use of more than one mood stabilizer; or concomitant use of more than one stimulant. These patterns of medication use do not necessarily indicate that the treatment is inappropriate, but does indicate a need for further review to assure patient safety. In some cases, the medications may be from multiple prescribers, of which all the prescribers may not be aware. Prescribers are identified by the National Provider Identifier which does not indicate whether the medications were ordered from a single office location. Once identified, prescribers will be sent a letter informing them of the patient's drug use. A Prior Authorization form will be provided with the letter. For the patient to remain on the regimen, the form must be completed and submitted to be reviewed by a Nebraska licensed, board certified child and adolescent psychiatrist.

Implementing MME Limits Nebraska Medicaid will address the safety issues presented by overuse of opioids. Recognizing that the opioid dose is a risk factor in adverse reactions and overdose, a limit will be placed on the amount of opioids that a Nebraska Medicaid patient can obtain. The health plans will utilize the measure of Morphine Milligram Equivalent (MME) to calculate the patient's total daily dose of opioids, combining all long-acting and all short-acting medications into a single measure, as compared to morphine. Letters will be sent to prescribers of patients exceeding the limits in advance of implementation of the limits.

Greater Access to Prescription Information Changes in the PDMP will make it easier for prescribers and dispensers to monitor a patient's drug therapy. Beginning January 1, 2018, dispensers are required to submit information on all dispensed prescription drugs including controlled and non-controlled substances daily. This will allow users of the PDMP to access a more complete patient drug history.

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