

Administrator



CHARLES DUARTE STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH CARE FINANCING AND POLICY

NEVADA MEDICAID

February 17, 2004

All Providers Participating in the Nevada Medicaid Programs

RE: Introduction of Nevada Medicaid Preferred Drug List (PDL) Program for Pharmacy Services

To Whom It May Concern:

The purpose of this memorandum is to introduce providers to Nevada Medicaid's Preferred Drug List (PDL), which will be implemented beginning April 2004. Assembly Bill 384, passed in the 2003 session of the Nevada Legislature, requires the Department of Human Resources to develop a list of preferred prescription drugs for Medicaid recipients. The bill creates a Pharmacy and Therapeutics Committee to accomplish this task. This Committee, appointed by the Governor, is comprised of respected, nominated physicians and pharmacists representing the State of Nevada. First Health Services, our fiscal agent, has been chosen to assist the Department and the Committee in the development and im plementation of the PDL. The Division of Health Care Financing & Policy (DHCFP) is implementing this program to provide clinically effective and safe drugs to its recipients at the best available price. Your assistance with this program is appreciated and will be critical to its success.

The PDL provides a selection of therapeutically effective preferred drugs by therapeutic class. Specific drug products within these classes will be designated by the Pharmacy and Therapeutics (P&T) Committee as "preferred". Generally, these drugs will not require prior authorization (PA) unless there are other PA requirements such as step therapy and quantity limitations. In the designated classes , drug products that do not appear on the PDL will be available, however prio r authorization (PA) will be required. The PDL will not apply to Medicaid recipients who are enrolled in Medicaid managed care plans.

The P&T Committee meetings will be open to the public and comments may be received from patients. providers, manufacturer s, and constituency groups. The Committee will be selecting the therapeutic classes to be reviewed. The first phase of the PDL will be implemented in April of 2004. Additional drug classes will be reviewed and phased into the PDL program each month until a ll drugs classes selected have been reviewed.

Certain categories of drug products as stated in AB 384 are not affected by the PDL. These categories include.

- Atypical and typical antipsychotics medications •
- Anticonvulsant medications •
- Antirejection medications for organ transplants •
- Antidiabetic medications •
- Antihemophilic medications •
- Human immunodeficiency virus & acquired immunodeficiency medications •

A complete list of drugs included on the PDL as well as drug categories to be reviewed, and the P&T process is posted at https://medicaid.nv.gov.

The proposed therapeutic classes to be reviewed at the initial P&T meeting during late February are:

- Proton Pump Inhibitors (PPIs)
- H2 Antagonists
- Bisphosphonates
- Angiotensin Converting Enzyme Inhibitors (ACE Inhibitors) and Combinations
- Angiotensin II Receptor Blocking Agents (ARBs) and Combinations

Prior Authorization Process

The targeted implementation date for the PDL is early April 2004, beginning with informational messa ges ("soft edits") to the pharmacists. This will allow pharmacists the opportunity to inform the recipient and/or the prescriber of the prior authorization (PA) requirement on the next request. Full prior authorization requirements ("hard edits") will be i mplemented for the first set of drug classes beginning May 1, 2004.

A message regarding PA will be returned to the pharmacist when a non -preferred drug is entered. PA requests by fax or mail will be responded to within 24 hours of receipt. There are prov isions for a 72-hour emergency supply of necessary medications and an appeals process.

PDL/PRIOR AUTHORIZATION HELPLINE

For questions regarding the PDL, please call the First Health Clinical Call Center at Requests for Prior Authorization can be initiated by letter, by faxing the PA form to 800-229-3928, or by contacting the First Health Services' Clinical Call Center at mailed to: 800-505-9185. PA requests also can be

First Health Services Corporation 4300 Cox Road Glen Allen, VA 23060 ATTN: MAP Department

Training

First Health Services will be providing training through professional organizations and groups beginning in early February. Also, information will be posted to two web sites:

http://dhcfp.state.nv.us/Pharmacy.html for Medicaid reg ulations, and public notices, and https://medicaid.nv.gov for billing information, details on the PA P&T process. The First Health Clinical Call Center is available to answer questions and to process prospective prior authorization requests. Attached is a list of frequently asked questions for your review.

DHCFP sincerely thanks you in advance for your continual cooperation in managing the pharmacy program.

Sincerely,

Charles Duarte, Administrator

Attachments

cc: Mary E. Wherry, Deputy Administrato r Coleen Lawrence, Chief Program Services, DHCFP