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

NEVADA MEDICAID

Questions and Answers for Providers about the Nevada Medicaid Preferred Drug List (PDL) Helpline 1-800-505-9185

What is a Preferred Drug List (PDL)?

Similar to the commercial market, a PDL is a list of preferred drugs by therapeutic class. *In the designated classes*, drugs that do not appear on the PDL will be subject to prior authorization.

How are the products chosen for the program?

Based on Assembly Bill 384, passed in the 2003 session of the legislature, a Pharmacy and Therapeutics (P&T) Committee was appointed by the Governor to review and select preferred drug products for the PDL. All classes that are to be reviewed will be posted at <u>https://medicaid.nv.gov</u> 45 days prior to the P&T committee meeting.

Certain drug classes are exempt from PDL inclusion based on AB384. In addition, the P&T Committee may choose to exempt any drug class they feel is not appropriate for PDL inclusion.

Who is on the P&T Committee?

The P&T Committee consists of at least nine (9) and not more than eleven (11) Nevada physicians and pharmacists, all of whom were appointed based upon their expressed interest and/or recommendations from their Nevada peer organizations. AB 384 requires that at least one member be a psychiatrist.

What about classes that are not on the list?

For classes that do not appear on the list, nothing has changed. Prescribers can prescribe drugs in these classes as in the past, but may need prior authorization based on existing policy. Once approved the PDL will be sent to all Nevada Medicaid Providers. There will be a complete list of the pharmaceutical products included on the Nevada Preferred Drug List (PDL) at https://medicaid.nv.gov. The PDL will be updated as P&T actions are taken.

When does the PA program start?

Assuming the P&T Committee takes action in Februa ry, the PDL program will begin during April 2004 with informational messages ("soft edits") to the pharmacists. This will allow pharmacists the opportunity to inform the recipient of the prior authorization (PA) requirement prior to the next refill. Full p rior authorization requirements ("hard edits") will be implemented for the first set of drug classes during May 2004. The PDL list will be generated over time based on a roll-out schedule approved by the P&T Committee.

If, after considering the products on the Preferred Drug List, I still feel my patient needs a drug requiring prior authorization, what do I do?

You may call, mail, or fax First Health Services and request a prior authorization. Requests for prior authorization may be faxed to (800) 229 -3928 or phoned in to (800) 505 -9185. A fax form for your use is included in this packet of information. A copy of the PA form and the criteria are

available at <u>https://medicaid.nv.gov</u>. It provides the outline for the inf ormation needed to expedite the PA process. The same information will be required for phone - in requests. You may also mail requests to:

First Health Services Corporation 4300 Cox Rd. Glen Allen, VA 23060 Attn: MAP Department Fax #: 1-800-229-3928

Who will take my call at First Health Services?

A certified pharmacy technician will answer your call. Clinical pharmacists are available if the technician needs to refer the call for additional review. If you call, the First Health Services' associate answering your call will ask you for the following basic information:

- Enrollee name
- Enrollee Medicaid ID number
- Date of Birth
- Prescriber name
- Drug name, strength, and form
- Recipient diagnosis
- Medical reasons why another covered drug cannot be used
- Other products previously tried

Other clinical information may be requested, depending on the therapeutic class to which the drug belongs. It is recommended that you have the patient's chart readily available. If all medical information is provided, a decision will be made during the call. If the request was mailed or faxed to First Health Services, a response will be generated within 24 hours from receipt of request

What happens if First Health Services cannot approve a request for prior authorization?

There are provis ions for a 72 -hour emergency supply of necessary medications if the provider cannot be contacted. If all levels within First Health Services do not approve the PA request, a notice of denial is issued to the patient and the prescriber. The patient or the p rescriber has the right to request an appeal through the DHCFP appeals process.

Do I have to wait to transition patients or obtain a prior authorization?

A copy of the Preferred Drug List (PDL) will be sent out once the first set of drugs is approved by the P&T Committee. This information will also be available on the Internet at <u>https://medicaid.nv.gov</u>. You can begin to transition patients to preferred drugs immediately. If you can identify those patients who ne ed to continue with non-preferred drugs and who will need PAs at start-up, you should submit requests for prior authorization (PA) in advance. If approved, the PA can be in place to be effective when the program begins. Prior authorizations may be given fo r six months or a year, depending on the prescription and the medical needs of the recipient. **Can I send a list with all my patients for whom I want a PA and the medications they need?** No, First Health Services will need to consider the medical informat ion for each patient and make an individual determination of each request. Therefore, you must provide a separate request (by fax, phone, or mail) for each patient.

Will patients currently taking drugs contained in reviewed categories but not on the Preferred Drug List be required to have prior authorization, or will they be "grandfathered"?

The P&T Committee will make this determination based upon their clinical expertise.

If a recipient has a PA in place for a drug within a reviewed PDL category, but the drug is not included on the PDL, is a new PA required to continue the patient on the non-PDL drug, e.g., PPI's ?

It is hoped that the patient will be converted to the preferred drug. If not, a new PA is required, even if there was time remaining on the original PA.

What if I want to offer comment on the drugs that are included on the Preferred Drug List or may be considered later?

Please send any comments, along with any supporting clinical information, to:

Nevada Pharmacy and Therapeutics Committee c/o First Health Services PO Box 30042 Reno, Nevada 89520-3042

Or send comments electronically to: Jeff Monaghan, Pharm.D. Account/Clinical Manager First Health Services monaghje@fhsc.com