

Nebraska Medicaid's Policy on Opioid Prescribing

July 2022

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Agenda

- Opioid Overdose Epidemic Overview
- Nebraska Medicaid's Policies on Opioid Prescribing
- Nebraska Prescription Drug Monitoring Program (PDMP)
- Resources for Providers
- Medication Assisted Treatment (MAT)

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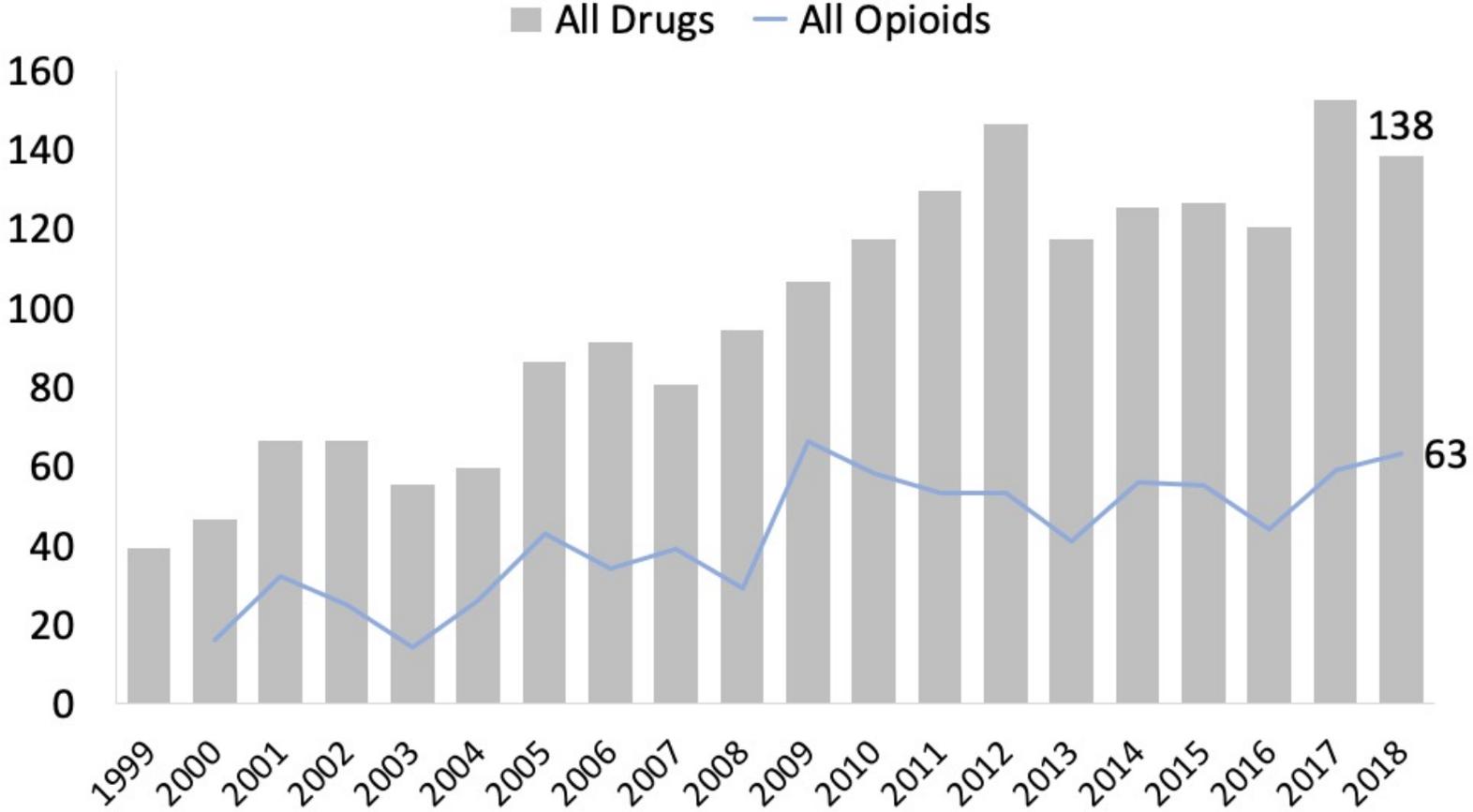
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A photograph of several white paper cutouts of human figures holding hands in a line, set against a green background. The figures are arranged in a row, with some in the foreground and others receding into the background. The central figure is the most prominent, and the text is overlaid on the middle of the group.

Opioid Overdose Epidemic Overview

Nebraska Opioid Overdose Deaths 1999-2018



In Nebraska, nearly 35% of the 138 drug overdose deaths involved opioids in 2018—a rate of 3.3 deaths per 100,000.¹

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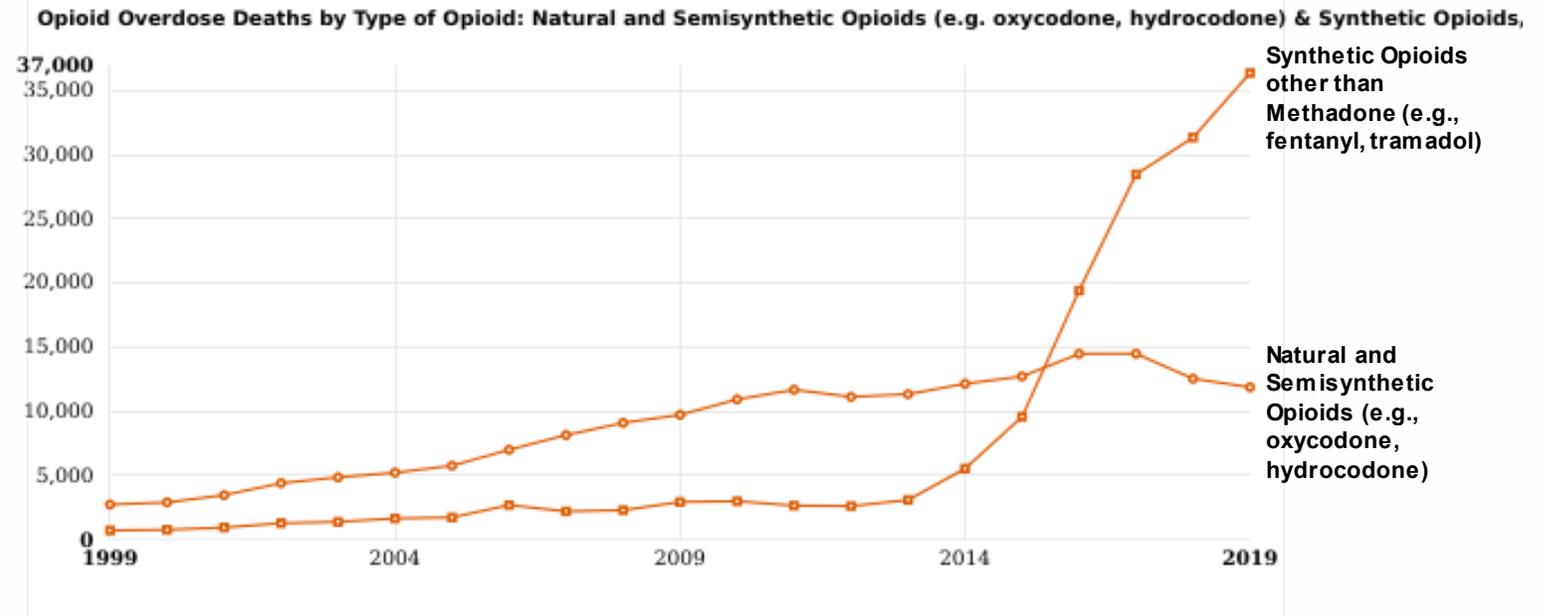
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¹ NIDA. 2020, April 3. Nebraska: Opioid-Involved Deaths and Related Harms. Retrieved from <https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/nebraska-opioid-involved-deaths-related-harms> on 2021, October 27

Increasing Number of US Opioid Deaths in 2019

In the United States, deaths involving opioids rose in 2019, likely due to illicitly manufactured fentanyl.²



² Opioid Overdose Deaths by Type of Opioid. (2019.) Kaiser Family Foundation State Health Facts. Retrieved from <https://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-type-of-opioid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> on September 10, 2021

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Nebraska Fatal Overdoses in 2019

- ▶ In 2019, among all substances, opioids were involved in the largest number of overdoses (68).
- ▶ Individuals ages 45-54 had the largest number of overdoses (43).
- ▶ Males had more overdoses than females (90).
- ▶ Most fatal overdoses (122) were categorized as unintentional.³

Table 4. Fatal overdoses in Nebraska by substance, age, sex, and intention, CDC Wonder: Multiple Cause of Death, 2019

Nebraska	
Substance (ICD-10 Codes)	
All opioids (T40.0-T40.4, T40.6)	68
Synthetic opioids other than methadone (T40.4)	27
Heroin (T40.1)	15
Benzodiazepines (T42.4)	34
Psychostimulants with abuse potential (T43.6)	51
Age (years)	
1-14	--
15-24	15
25-34	28
35-44	33
45-54	43
55-64	29
65-74	11
75-84	--
85+	--
Sex	
Male	90
Female	71
Intention	
Unintentional	122
Intentional	31
Undetermined	8

Source: National Center for Health Statistics, 2019

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³ Dawson, S. & Hanlon, L. (2021). 2020 Nebraska State Epidemiological Profile, 81.

Nebraska Opioid Dispensing Rates

In 2019, the opioid dispensing rate in Nebraska was 50.3 opioid prescriptions for every 100 persons compared to the average U.S. rate of 46.7 opioid prescriptions for every 100 persons.⁴



⁴ Centers for Disease Control and Prevention. (2019, October 3). *U.S. Opioid Prescribing Rate Maps*. Retrieved from <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>

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Nebraska Medicaid's Opioid Management

- ▶ The aim is to⁵:
 - Decrease the rate of opioid overdose deaths
 - Decrease emergency department visits for opioid use disorder
 - Decrease the rates of hospital utilization for opioid use disorders
 - Decrease the overall incidence of opioid use disorders
 - Advance treatment for opioid use disorders

⁵ Nebraska Drug Overdose Prevention Program Logic Model.

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Nebraska Medicaid's Policies on Opioid Prescribing

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Maximum Daily Dosage for Opioids

- In July of 2018, Nebraska Medicaid's Drug Utilization Review Board (DUR) has recommended limits for initial opioid prescriptions and total daily doses.⁶
- Nebraska Medicaid informs prescribers of their patients who are receiving dosages exceeding the limit of 90 Morphine Milligram Equivalents (MME) per day.
- MME limits may be exceeded based on patient specific medical documentation that establishes medical necessity, such as, for patients with cancer, at the end of life, or under palliative care.

⁶ Opioid Limits Recommended by DUR Board. (2018). *Quarterly Newsletter of the Nebraska Drug Utilization Review (DUR) Program, Vol13(Issue 3)*, Pages 1-2. Retrieved September 15, 2021 from <https://dhhs.ne.gov/Documents/DUR%20Newsletter%20July%202018.pdf>.

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Maximum Daily Dosage for Opioids

For Nebraska Medicaid's Preferred Drug List Opioid agents:^{7,8}

- The maximum opioid dose covered is 90 MME per day beginning December 1, 2020.
- Patients who have not received an opioid in the last 90 days are limited to a 7-day supply and no more than 50 MME per day beginning October 11, 2018.
- Short-acting Analgesic Opioids: The entire class is limited to a maximum of 150 tablets or capsules per rolling 30 days.

⁷ Nebraska Department of Health and Human Services. (2021, September 2). *Nebraska Medicaid Preferred Drug List with Prior Authorization Criteria*. Retrieved September 16, 2021 from https://nebraska.fnsc.com/downloads/PDL/NE_PDL-20210902.pdf.

⁸ Office of the Inspector General. (2019). *FACTSHEET: Nebraska's Oversight of Opioid Prescribing and Monitoring of Opioid Use*. Retrieved from https://oig.hhs.gov/oas/reports/region7/71806080_Factsheet.pdf on September 20, 2021.

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Prior Authorization

- Nebraska Medicaid requires prior authorization for non-preferred opioid agents.
- Some preferred and non-preferred agents have drug-specific coverage criteria.

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Nebraska Statutes related to Opioid Prescribing

Nebraska Revised Statute (NRS) 28-473 outlines information that prescribers must discuss with patients before prescribing Schedule II controlled substances and any opiate medication.

Nebraska Revised Statute (NRS) 28-474 outlines the appropriate days' supply of opiate medications for children i.e., a prescriber may not prescribe more than a 7-day supply, and other requirements for prescribers.

Nebraska Revised Statute (NRS) 28-475 discusses appropriate forms of identification required for individuals to be dispensed opiate medications.

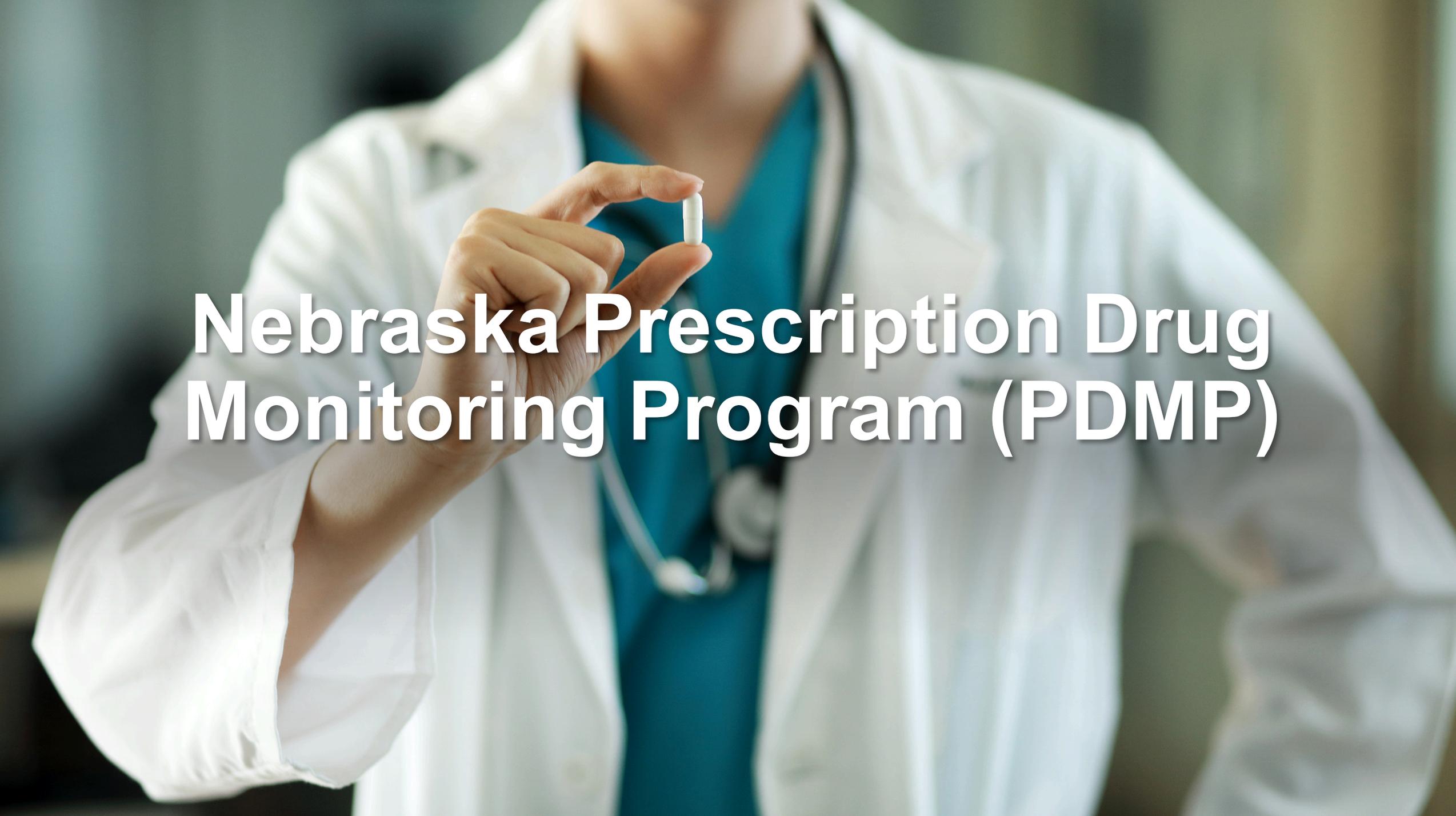
Nebraska Revised Statute (NRS) 38-145 requires prescribers to receive continuing education related to opioid prescribing as a condition for licensure.⁸

⁸ Office of the Inspector General. (2019). *FACTSHEET: Nebraska's Oversight of Opioid Prescribing and Monitoring of Opioid Use*. Retrieved from https://oig.hhs.gov/oas/reports/region7/71806080_Factsheet.pdf on September 20, 2021

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A close-up photograph of a person in a white lab coat, likely a doctor or pharmacist, holding a small white pill between their fingers. The person is wearing teal scrubs underneath. The background is blurred, suggesting a clinical setting. The text "Nebraska Prescription Drug Monitoring Program (PDMP)" is overlaid in the center of the image in a bold, white, sans-serif font.

Nebraska Prescription Drug Monitoring Program (PDMP)

SUPPORT Act

The SUPPORT Act stands for Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act. This Act, established by the Federal government in 2018, sets requirements for all Medicaid States including the tracking of opioid prescriptions.

The purpose of the Act is aimed at preventing opioid addiction and was written in response to the opioid epidemic in the United States.

⁹ Text - H.R.6 - 115th Congress (2017-2018): SUPPORT for Patients and Communities Act. (2018, October 24).

<https://www.congress.gov/bill/115th-congress/house-bill/6/text>

¹⁰ 471 NAC 18

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PDMP Requirements in Nebraska

Per Nebraska Medicaid regulations, and in accordance with the SUPPORT Act, all providers who prescribe C-II controlled substances to Medicaid patients must review the prescription drug history for that patient in the Nebraska PDMP within seven (7) days prior to the prescribing of the C-II medication.

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PDMP Requirements in Nebraska

Excluded from the requirement is a beneficiary who:

- Is receiving hospice or palliative care; or
- Is being treated for cancer; or
- Is a resident of a long-term care facility or other facility where C-II medications are dispensed through a single pharmacy.

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PDMP Requirements in Nebraska

In the situation where a prescriber is not able to check the PDMP, despite a good faith effort, the prescriber must:

- Specify and document such good faith effort in the medical record.
- Include the reason(s) why the prescriber was not able to check the PDMP.
- The provider must maintain this documentation to provide to the Nebraska DHHS upon request.

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PDMP Requirements in Nebraska

A prescriber may delegate a credentialed staff member in their practice to review the PDMP on their behalf. This staff member must be licensed under the Uniform Credentialing Act. This would be anyone who has a license to practice, i.e., nurse, pharmacist, etc.

Refer to the Uniform Credentialing Act 38-121 link below for specific examples.

<https://dhhs.ne.gov/licensure/Documents/UniformCredentialingAct.pdf>

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PDMP Requirements in Nebraska

This delegated credentialed staff member must then report the finding(s) of their review of the PDMP to the prescriber before the C-II prescription is issued.¹²

The same requirement that the patient's prescription drug history in the PDMP must be reviewed within seven (7) days prior to prescribing the C-II medication, applies when a delegated staff member is used.

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Resources for Providers

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Resources For Providers

NE DHHS has partnered with the Nebraska Medical Association (NMA) to inform clinicians about its policies and procedures related to opioid prescribing. The Pain Management Task Force was created in 2017 and includes members from NE DHHS, NMA, practicing clinicians, medical directors, psychiatrists, emergency department physicians, pain medicine specialists, and anesthesiologists. The Task Force has developed the [Nebraska Pain Management Guidance Document](#).¹¹

¹¹ Nebraska Department of Health and Human Services. (2017). *Nebraska Pain Management Guidance Document: A Provider and Community Resource*. 1st Edition.

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Resources For Providers

The [Nebraska Pain Management Guidance Document](#) addresses real-world situations that practitioners face in daily patient care and is divided into sections that practitioners can use as a reference.

The NMA has an agreement with NE DHHS to educate prescribers on Medication Assisted Treatment (MAT) and to work with hospitals on reducing barriers to the implementation of MAT.

¹¹ Nebraska Department of Health and Human Services. (2017). *Nebraska Pain Management Guidance Document: A Provider and Community Resource. 1st Edition.*

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Medication Assisted Treatment (MAT)

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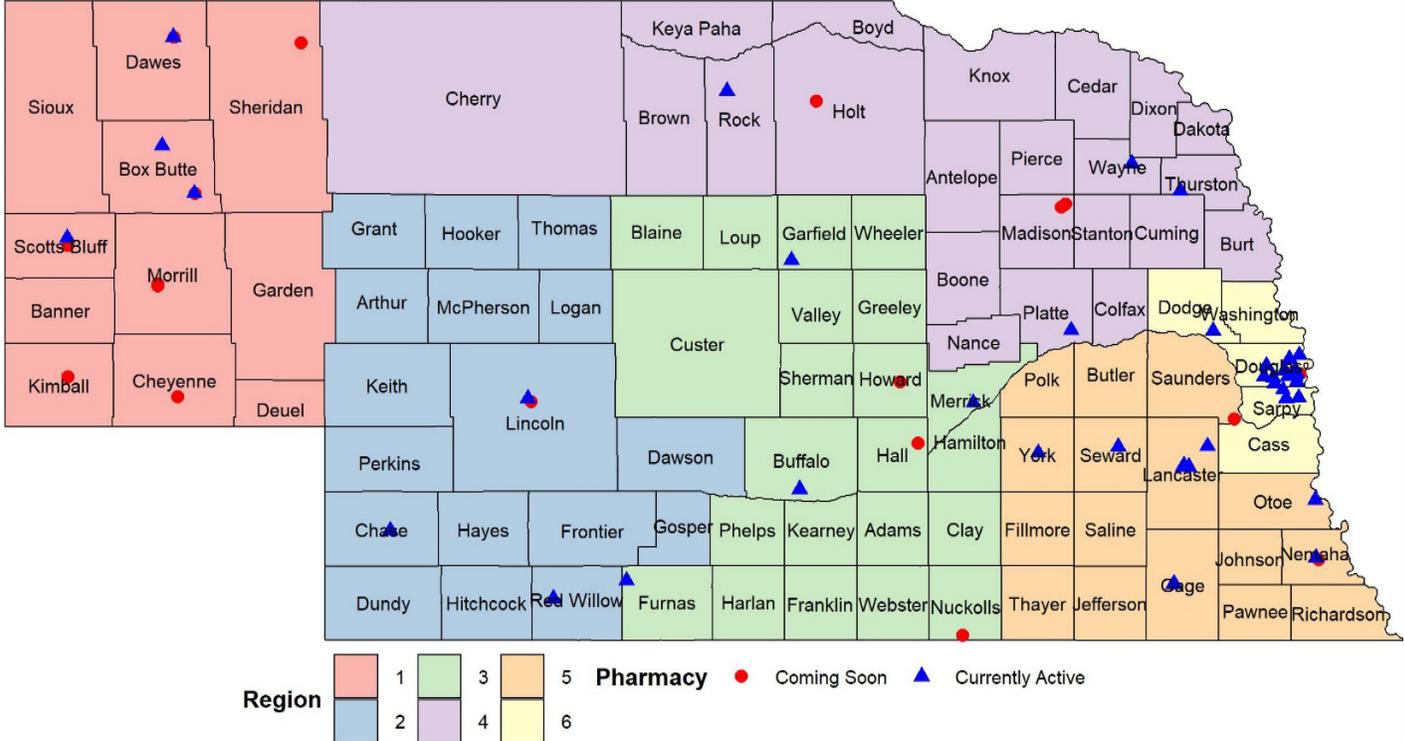
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Naloxone: Pharmacy Distribution

Since 2017, Nebraska has engaged in a coordinated effort related to Naloxone training and distribution. As a result, over 2700 individuals have been trained and nearly 11,000 kits have been distributed.

The map displays the pharmacies in Nebraska that currently distribute naloxone in the six behavioral health regions.¹²



¹²The Nebraska Policy Public Policy Center prepared for Nebraska Department of Health and Human Services—Division of Behavioral Health (2021) *Nebraska State Opioid Response Grant Needs Assessment*, 17-18.

Naloxone: Pharmacy Distribution Program

The Divisions of Behavioral Health and Public Health execute the Pharmacy Distribution Program.

The purpose of this program is to:

1. Expand access to naloxone by working with local pharmacies to ensure individuals, either who are at risk themselves or who know someone at risk for an opioid overdose, have the opportunity to obtain a free naloxone kit.
2. Secure State Opioid Response (SOR) grant dollars to help pay for pharmacist education on opioid overdose that is coordinated by the Nebraska Pharmacists Association (NPA).

[StopOverdoseNebraska \(stopodne.com\)](http://stopodne.com)

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Nebraska Statute on Naloxone

In an effort to increase access to naloxone, Nebraska's Legislature has written the following statute:

Nebraska Revised Statute 28-470 authorizes prescribers and dispensers to provide naloxone to family members, friends, or other persons in a position to assist someone likely to experience an opioid-related overdose. This law also provides for administrative, civil, and criminal immunity for individuals administering naloxone in good faith.

Standing Order for Naloxone in Nebraska:

Nebraska DHHS Executive Medical Officer has issued a standing order to ensure the availability of Naloxone. Although the statute noted above allows for Naloxone to be dispensed without a prescription, if a prescription is requested, the standing order can be used, pursuant to Neb. Rev. Stat. 38-2840. This standing order will expire August 10, 2022.¹³

¹³ Nebraska Department of Health and Human Services. (2021, August 10). *Nebraska Naloxone Standing Order Information*. Retrieved from <https://dhhs.ne.gov/DOP%20document%20library/Naloxone%20standing%20order.pdf> on September 20, 2021.

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Resources

State Resources

[Nebraska Pain Management Guidance Document](#)

[State Opioid Response Overview](#)

[Drug Overdose Prevention Program Webpage](#)

[PDMP Training Videos](#)

[Clinician Continuing Education on Opioid Related Topics](#)

[Project ECHO](#)

[StopOverdoseNebraska \(stopodne.com\)](#)

National Resources

[CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016](#)

[New Recommendations for Naloxone | FDA](#)

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2. *Opioid Overdose Deaths by Type of Opioid*. (2019.) Kaiser Family Foundation State Health Facts. Retrieved from <https://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-type-of-opioid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> on September 10, 2021
3. Dawson, S. & Hanlon, L.(2021). *2020 Nebraska State Epidemiological Profile*, 81.
4. Centers for Disease Control and Prevention. (2019, October 3). *U.S. Opioid Prescribing Rate Maps*. Retrieved from <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>
5. Nebraska Drug Overdose Prevention Program Logic Model.
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8. Office of the Inspector General. (2019). *FACTSHEET: Nebraska's Oversight of Opioid Prescribing and Monitoring of Opioid Use*. Retrieved from https://oig.hhs.gov/oas/reports/region7/71806080_Factsheet.pdf on September 20, 2021.
9. Text - H.R.6 - 115th Congress (2017-2018): SUPPORT for Patients and Communities Act. (2018, October 24). <https://www.congress.gov/bill/115th-congress/house-bill/6/text>
10. 471 NAC 18
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