

# FACTSHEET: Nebraska's Oversight of Opioid Prescribing and Monitoring of Opioid Use

## POLICIES AND PROCEDURES

*State laws, regulations, guidance, and policies related to oversight of opioid prescribing and monitoring of opioid use (e.g., policies for prescribing opioids).*

### State-wide Laws, Regulations, and Guidance Related to Opioids

- Nebraska Revised Statute (NRS) 28-472 addresses conditions for exception from criminal liability for drug overdoses.
- NRS 28-473 outlines information that prescribers must discuss with patients before prescribing Schedule II controlled substances (and any opiate medication).
- NRS 28-474 outlines appropriate days' supply of opiate medications for children (i.e., a prescriber may not prescribe more than a 7-day supply) as well as other factors and requirements for prescribers.
- NRS 28-475 discusses appropriate forms of identification for individuals receiving dispensed opiate medications.
- NRS 38-145 requires prescribers to receive continuing education related to opioid prescribing as a condition for relicensing.
- NRS 71-2454 revised the State's Prescription Drug Monitoring Program (PDMP) and:
  - established a system of prescription drug monitoring for the purposes of:
    - preventing the misuse of controlled substances that are prescribed,
    - allowing prescribers and dispensers to monitor the care and treatment of patients for whom such a prescription drug is prescribed,
    - ensuring that such prescription drugs are used for medically appropriate purposes,
    - ensuring that Nebraska remains on the cutting edge of medical information technology; and
  - mandated that all dispensed prescriptions of controlled substances be reported in the PDMP system beginning on January 1, 2017; and

This factsheet shows Nebraska's responses to our questionnaire covering five categories related to opioids:

- Policies and Procedures
- Data Analytics
- Outreach
- Programs
- Other

This information is current as of November 2018. See page 8 for a list of State entities involved with oversight of opioid prescribing and monitoring of opioid use. See page 10 for a glossary of terms used in this factsheet.



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- mandated that all prescription information be reported in the PDMP system beginning on January 1, 2018.
- NRS 71-2454 also includes provisions that:
  - prohibit any patient from opting out of the PDMP;
  - require pharmacies or other dispensers to enter all dispensed prescriptions into the system each day, even if the patient pays cash or otherwise does not rely on a third-party payor;
  - allow all prescribers and dispensers or their designees to access the system;
  - ensure that the system contains information relating to all payors; and
  - make detailed prescription information, including patient name, prescriber, dispenser, date, and the name, strength, and quantity of the drug dispensed, available for access by prescribers, dispensers, and other participants of the State-wide health information exchange (subject to privacy protections).
- NRS 71-2455 addresses the powers of the Nebraska Department of Health and Human Services (DHHS) to enhance or establish technology for prescription drug monitoring to carry out the purposes of NRS 71-2454.

## Medicaid Policies Related to Opioids

- DHHS partnered with the Nebraska Medical Association and practicing clinicians to document policies and procedures related to opioid prescribing. DHHS, the Nebraska Medical Association, practicing clinicians, medical directors, psychiatrists, emergency department providers, pain medicine specialists, anesthesiologists, and others combined to create a "Pain Management Task Force." The Task Force's focus was primarily the development of the *Nebraska Pain Management Guidance Document*, which aligned with the Centers for Disease Control and Prevention (CDC) *Guidelines for Chronic Pain*, issued in March 2016.
  - 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 *Nebraska Pain Management Guidance Document* contains flowcharts, questionnaires, surveys, and blank patient agreements to assist in identifying whether patients should be prescribed opioids and if so, how much, and how to identify and treat opioid abuse.
- DHHS, Division of Medicaid and Long-Term Care (Nebraska Medicaid), currently limits the quantity of short-acting opioids to 150 tablets/capsules per rolling 30 days.



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## Laws, Regulations, and Guidance on Naloxone

NRS 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.

## DATA ANALYTICS

*Data analysis that the State performs related to opioid prescribing and monitoring of opioid use (e.g., analyzing data to determine the number of opioid prescriptions written by providers to detect high-prescribing providers).*

- DHHS's Medicaid Data and Analytics team uses an operational dashboard, which contains aggregate prescription data, to identify opportunities to drive policy changes and recommendations. The State of Nebraska, Office of the Governor, also requests various reports based on DHHS's Medicaid data analysis.
- Approximately 98 percent of Nebraska's Medicaid beneficiaries are covered under a Managed Care Organization (MCO) plan. All three of the MCOs that cover the State's Medicaid beneficiaries perform data analytics to monitor opioid prescribing. The State requires MCOs to do the following:
  - Follow the State's Preferred Drug List (PDL), which includes taking appropriate actions in response to a drug's preferred or nonpreferred status as well as any edits, limits, or policies regarding short-acting and long-acting opioids. Nebraska's PDL is available online.
  - Participate in the State's Drug Utilization Review (DUR) program. DHHS and the MCOs coordinate on a number of opioid DUR projects designed to identify and eliminate over-utilization of opioids. As a result, the MCOs produce the following reports:
    - Preferred Drug List Compliance Report: Nebraska has a single PDL, and each MCO plan must use it. The PDL compliance report, which differentiates long-acting opioids from short-acting opioids, includes the total number of claims paid in a therapeutic class, the number of prescriptions for preferred products, the number of prior authorization requests, and their approval or denial ratio. The MCOs must support utilization of preferred products and enforce the State-defined prior authorization criteria.
    - Restricted Services Report: Overutilization of services by a patient may lead DHHS to place that individual in a "restricted services" program. Patients placed in this program are required to receive their medications from a single pharmacy and/or prescriber of their choosing going



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forward. This report includes a list of patients in restricted services and the level of restriction (such as pharmacy only). Also included in the report is the number of times the plan in general has to override prescription fills submitted by a pharmacy or prescriber.

- Pharmacy Claims Report: This conveys the total number of paid pharmacy claims.
  - Pharmacy Prior Authorization Report: This includes the number of prior authorizations, approval or denial status, time required for prior authorization, and peer-to peer consultations.
  - Pharmacy Prospective DUR Report: This provides information on the number of denied or rejected DUR edits at the point of sale.
  - Pharmacy Retrospective DUR Report: This provides details of the ongoing and periodic examination of historical opioid utilization.
- Nebraska Medicaid has implemented a strategy to help patients who had previously been stabilized on high dosages of opioids (that is, dosages higher than the 120 morphine milligram equivalent (MME) limit recommended by the Nebraska DUR Board). The State notifies prescribers of patients who have exceeded the limit in advance of the need to taper down their dosages, and has edits in the claims system to limit the total daily dosage of the prescribed opioid to 300 MME per day. Each patient in question will have his or her maximum daily dosage gradually decreased by 50 MME every 6 months, until the CDC-recommended maximum daily dosage of 90 MME is achieved.
- Nebraska uses a post-mortem toxicology program, which was initiated in July 2017, to increase the quality of death certificate data. In Nebraska and some other States, a significant number of death certificates with “unspecified drug” involved in the death have been noted. In 2015 and 2016, 36 percent and 38 percent of Nebraska drug overdose deaths, respectively, had only “unspecified drug” listed as contributing to the death. The lack of specific information as to the drug involved in these deaths created the possibility that opioid, meth, or other drugs contributed to the deaths but were not accounted for. This can make it difficult to appropriately allocate prevention activities and treatment resources.
    - The number of death certificates with “unspecified drug” listed can be the result of a lack of resources and funding at the county level, which in turn makes it difficult to perform, on a consistent basis, toxicology testing on suspected drug-involved deaths. To address this challenge, DHHS, Division of Public Health, uses grant funds to cover the costs of post-mortem toxicology testing and the training and education of coroners to increase the number of toxicology tests being performed.



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- DHHS is in the initial phases of the project, with 13 of 93 counties participating in the program (4 of the top 5 high-burden drug overdose regions in Nebraska are represented). Anecdotal comments from the counties have noted that the toxicology testing has provided valuable insight into the death-and-investigation process and better details as to the cause or contributing factors of the drug overdose deaths.

## OUTREACH

*Outreach that the State provides related to preventing potential opioid abuse and misuse (e.g., opioid-related training for providers).*

### Outreach to Providers

- DHHS has several direct and widespread outreach programs, including mass email notifications to providers, training opportunities for providers, a State-wide radio awareness campaign for naloxone, and community meetings for both providers and members. DHHS also offers Medicaid provider training opportunities including PDMP, pain guidance, naloxone, and the medication-assisted treatment (MAT) summit.
- DHHS communicates directly with providers regarding patients at risk of opioid addiction:
  - MME alerts go from the PDMP system to providers to raise awareness regarding treatment plans with additional information on resources.
  - When the DUR program has an opioid initiative, claims are analyzed and letters are sent to prescribers who have patients with dosages above the established limits. The prescribers then have the option of either submitting documentation of medical necessity or else changing therapy, developing a tapering plan, or decreasing the dosage.

### Outreach to Patients

- DHHS has created a website designed in part to educate providers and beneficiaries on opioid abuse prevention.



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## PROGRAMS

*State programs related to opioids (e.g., opioid-use-disorder treatment programs).*

### Prevention Programs

- Nebraska's Medication Education for Disposal Strategies (MEDS) coalition is made up of State and community partners to support prescription drug education and facilitate the disposal of unused or leftover medications. The website has a number of videos related to the risks of prescription drug abuse and overdose. There are several hundred dropoff locations throughout the State, which are listed on the website.
- Nebraska Medicaid implemented a claims system edit to identify opioid naïve patients. The edit looks back 90 days in a patient's claims history for evidence of prior opioid use. If none, the patient will be limited to a 7-day supply and a maximum dosage of 50 MME per day for opioids.
- The Medicaid MCOs will be placing all of the long-acting opioids on a prior-authorization basis in the near future. DHHS and the MCOs are working jointly to develop clinical exception criteria and a timeline for implementation.

### Detection Programs

- Nebraska uses Medicaid claims information to identify opioid recipients at risk of addiction as well as doctors who are overprescribing opioid medications.
  - DHHS flags patients with prescriptions from six or more providers or three or more pharmacies per month and places them in the "restricted services" program. Patients placed in this program are required to receive their medications from a single pharmacy of their choosing going forward. The restricted services program applies to all prescription drugs, not only to opioid medications.
  - MCOs also have the ability to place Medicaid beneficiaries into the restricted services program. They communicate information on these beneficiaries to DHHS.
- Nebraska does not share its PDMP data with other States, but it does share its PDMP data with law enforcement (with a warrant only; there is no direct feed of these data to law enforcement agencies).



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## Opioid-Use-Disorder Treatment Programs

- Nebraska has three treatment centers, which use their own processes for enrolling, treating, discharging, and following up with beneficiaries. In certain situations, the State provides direct referrals to the clinics, but it generally does not do so. Currently administered by the DHHS, Division of Behavioral Health, State Targeted Response (STR) funding can be provided for buprenorphine treatment to those who are underinsured or uninsured. The three treatment centers are in Lincoln (Lincoln Treatment Center) and Omaha (BAART (a division of Bay Mark Health Services) and Omaha Treatment Center).
- Naloxone products have been added to the State's Medicaid PDL to improve access to naloxone and improve efforts to reverse opioid overdose.
- Nebraska made abuse-deterrent and buprenorphine-containing substance abuse products available on the State's Medicaid PDL as prescription drugs that do not require prior authorization.
- In accordance with Centers for Medicare & Medicaid Services recommendations, Nebraska removed methadone treatment for pain from preferred status on the PDL.

## OTHER

*Other State activities related to opioids that are not covered by the other categories in this factsheet.*

- DHHS has established the Addiction Fellowships in coordination with the University of Nebraska Medical Center (UNMC). These fellowships are multi-specialty training programs that focus on the provision of care for persons with unhealthy substance use, substance use disorders, and other addictive disorders. Addiction medicine physicians will work in diverse settings, including clinical medicine, public health, education, and research. The fellowships will provide ongoing training and technical assistance to a diverse audience of professionals State-wide to ensure the use of the best practices for treating addictions to enhance outcomes for patients. Professionals selected for these fellowships will, for the providers with whom they engage, expand access to clinically appropriate evidence-based practices for opioid use disorder treatment.



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## NEBRASKA ENTITIES

**Addiction Fellowship:** The Addiction Fellowships, coordinated by UNMC and DHHS, are multi-specialty training programs that focus on the provision of care for persons with unhealthy substance use, substance use disorders, and other addictive disorders.

**Department of Health and Human Services:** DHHS is Nebraska's largest State agency. It is comprised of five divisions providing important, often life-sustaining, services to Nebraskans in need. DHHS's mission is helping people live better lives, where the focus is educating and protecting people through public health efforts; assisting the elderly, the poor, and those with disabilities; providing safety to abused and neglected children; and serving those in need.

- **Division of Medicaid and Long-Term Care:** This division encompasses the Medicaid Program, Home and Community Services for Aging and Persons with Disabilities, and the State Unit on Aging. Nebraska Medicaid provides health care services to eligible elderly and disabled individuals and eligible low-income pregnant women, children, and parents. Nebraska Medicaid provides health care for more than 1 in every 10 Nebraskans.
- **Division of Public Health:** This is the division within DHHS that is responsible for preventive and community health programs and services. It is also responsible for the regulation and licensure of health-related professions and occupations as well as the regulation and licensure of health care facilities and services.
- **Division of Behavioral Health:** The Division of Behavioral Health is the behavioral health authority for the State and directs the administration and coordination of the public behavioral health system to address prevention and treatment of mental health and substance use disorders. The Division's mission is to provide leadership and resources for systems of care that promote and facilitate resilience and recovery for Nebraskans.

**Medication Education for Disposal Strategies (MEDS) Coalition:** MEDS is comprised of State and community partners to support prescription drug education and facilitate the disposal of unused or leftover medications.

**Nebraska Medical Association:** The mission of the Nebraska Medical Association is to serve physician members by advocating for the medical profession, for patients, and for the health of all Nebraskans. It was founded in 1868 and represents nearly 3,000 active and retired physicians, residents, and medical students from across the State of Nebraska.

**Office of the Governor:** The mission of the Office of the Governor is to create opportunity through more effective, more efficient, and customer-focused State government.



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**Pain Management Task Force:** DHHS, the Nebraska Medical Association, practicing clinicians, medical directors, psychiatrists, emergency department providers, pain medicine specialists, anesthesiologists, and others combined to create a "Pain Management Task Force," whose focus was primarily the drafting of the *Nebraska Pain Management Guidance Document*.



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## GLOSSARY OF TERMS

**Drug Utilization Review program:** The Medicaid DUR Program promotes patient safety through State-administered utilization management tools and systems that interface with DHHS's Medicaid Management Information System.

**Medicaid managed care organization:** Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between State Medicaid agencies and MCOs that accept a set per-member-per-month (capitation) payment for these services.

**medication-assisted treatment:** Treatment for opioid use disorder combining the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

**morphine milligram equivalents:** The amount of milligrams of morphine an opioid dosage is equal to when prescribed.

**naloxone:** A prescription drug that can reverse the effects of an opioid overdose and can be life-saving if administered in time. The drug is sold under the brand names Narcan and Evzio.

**opioids:** Natural or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin; synthetic opioids, such as fentanyl; and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, and morphine. Opioid pain medications are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused.

**opioid use disorder:** A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria, such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria.



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**Preferred Drug List:** The Medicaid Prescription Drug Act of 2008 requires Nebraska Medicaid to establish and maintain a PDL for the Nebraska Medicaid program with the aid of the Pharmaceutical and Therapeutics Committee. Individual drugs will be designated as Preferred or Non-Preferred within therapeutic classes of prescribed drugs reviewed by this Committee. Drugs designated as Preferred Drugs may be prescribed for Medicaid beneficiaries without prior authorization from DHHS; however, some Preferred Drugs may have clinical claim limits to ensure appropriate use.

**Prescription Drug Monitoring Program:** A State-run electronic database that tracks controlled substance prescriptions. A PDMP helps providers identify patients at risk of opioid misuse, abuse, or overdose due to overlapping prescriptions, high dosages, or co-prescribing of opioids with benzodiazepines.

**restricted services program:** Overutilization of services by a patient may lead Nebraska Medicaid to place that individual in a "restricted services" program. Patients placed in this program are required to receive their medications from a single pharmacy and/or prescriber of their choosing going forward.

**Schedule II controlled substance:** According to the Drug Enforcement Agency's drug schedules, Schedule II drugs are drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous.

**State Targeted Response funding:** Nebraska's STR to the Opioid Crisis Grant program aims to substantially reduce the incidences of abuse of prescription and illicit opioid drugs. Nebraska intends to increase the number of clients served by the DHHS, Division of Behavioral Health, in the opioid replacement therapy serviced by 5 percent each year. The State will provide funding for buprenorphine treatment and supply naloxone kits to high-risk clients, which will result in 2,000 Nebraskans having access to this life-saving drug.

