

# Summary of Nebraska's Approach to Addressing the Opioid Crisis

## POLICIES AND PROCEDURES

- Nebraska Revised Statute (NRS) 28-473 outlines information that prescribers must discuss with patients before prescribing opiate medications.
- NRS 28-474 outlines appropriate days' supply of opiate medications depending on the patient's age and other factors.
- NRS 71-2454 established the Prescription Drug Monitoring Program (PDMP), with the purpose of preventing the misuse of controlled substances and allowing prescribers and dispensers to monitor the care and treatment of patients.

## DATA ANALYTICS

- 98 percent of Nebraska's Medicaid beneficiaries are covered under a Managed Care Organization (MCO) plan. All three of Nebraska's MCOs monitor opioid prescribing, including following the State's Preferred Drug List and participating in the State's Drug Utilization Review program.
- The MCOs will be placing all of the long-acting opioids on a prior-authorization basis in the near future.

## OUTREACH

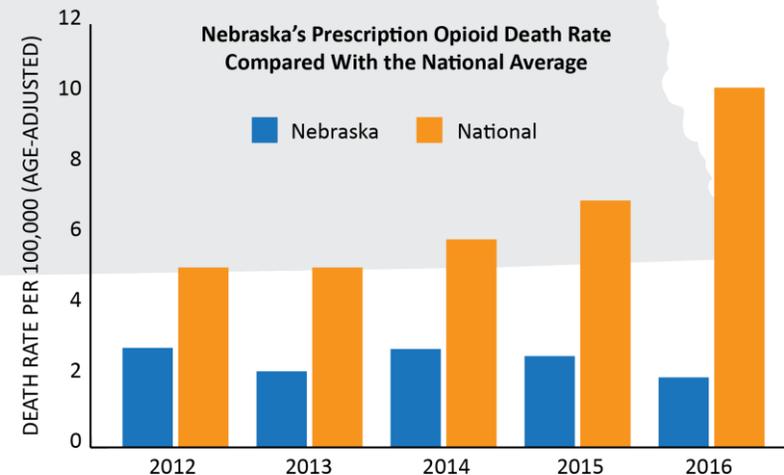
- The Nebraska Department of Health and Human Services (DHHS) has several outreach programs, including mass email notifications to providers, training opportunities for providers, a State-wide radio awareness campaign for naloxone, and community meetings.
- DHHS offers provider training opportunities including PDMP, pain guidance, naloxone, and the medication-assisted treatment summit.
- DHHS sends morphine milligram equivalent (MME) alerts from the PDMP system to providers regarding patients with dosages above established limits.

## PROGRAMS

- Nebraska implemented a revised PDMP on January 1, 2017.
- Nebraska has three treatment centers (Lincoln (1), Omaha (2)).
- Through Nebraska's Medication Education for Disposal Strategies coalition, State and community partners support prescription drug education and facilitate disposal of unused or leftover medications.
- 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.

## OTHER

- DHHS has established Addiction Fellowships: multi-specialty training programs that focus on the provision of care for persons with unhealthy substance use disorders and other addictive disorders.



Source: CDC WONDER online database. Accessed at <https://wonder.cdc.gov/mcd-icd10.html> on December 22, 2017.

Note: Because deaths from illegally made fentanyl cannot be distinguished from deaths from pharmaceutical fentanyl in the data source, these data include both.

