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

July 19, 2004

Dear Providers Participating in the Nevada Medicaid Program,

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

As indicated in the memorandum dated February 17, 2004, the Nevada Division of Health Care Financing and Policy, under the direction of the Department of Human Resources, will begin phasing in the implementation of a preferred drug list program for recipients of the Medicaid program who are not enrolled in managed care plans. The first phase of this program will take effect August 17, 2004.

The Pharmacy and Therapeutics committee has completed their review of the first set of drugs for the preferred drug list program. The first phase of the Nevada Preferred Drug List, i.e., the drugs in each class that have preferred status and do not require prior authorization, is attached. If the drug requires a PA due to clinical policies such as quantity limitations and medical necessity, these are indicated. It will also be available on the website at <http://nevada.fhsc.com>. It is the intention of the State that the Pharmacy and Therapeutics committee will continue to meet on a regular basis to complete their review of the remaining drug classes. After each meeting the division will phase the new drug classes into the prior authorization program and update the Nevada Preferred Drug List.

On August 17, 2004, the Preferred Drug List (PDL) program will become operational with informational messages ("soft edits") to the pharmacist. This will allow the pharmacist the opportunity to inform the recipient of the prior authorizations (PA) requirement on the next request. During the month of August, 2004, prescribers are encouraged to begin using the preferred drugs identified by the Pharmacy and Therapeutics committee, and to voluntarily begin utilizing the prior authorization program, if necessary.

The PDL program requires prescribers, or their designees, to obtain prior authorization for program coverage on pharmaceutical products not selected as a preferred product. Prescribers, or their designees, may call, fax, or write First Health Services Corporation (FHSC) clinical call center for prior authorization.

First Health Services Clinical Call Center: 1-800-505-9185
First Health Services Fax Number: 1-800-229-3928

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

The Clinical Call Center is available 24 hours per day, 7 days per week, and 365 days per year. The Clinical Call Center is staffed with pharmacy technicians and pharmacists, who will work with your office to assure that the Medicaid recipient receives their medications. If the Medicaid recipient is prescribed a preferred product, no prior authorization is necessary and First Health Services does not need to be contacted. There are provisions for a 72-hour emergency supply of necessary medications and an appeals process.

If prior authorization is being requested, the following information is needed when contacting First Health Services:

- Recipient name, date of birth and Medicaid identification number.
- Drug name, strength, and form.
- Recipient diagnosis and medical reason why a drug that does not require prior authorization cannot meet the recipient's clinical need.
- Other pharmaceutical products previously prescribed in the same drug class.

For non-preferred drugs, prior authorization will be considered when the medical necessity and the rationale supplied falls within program parameters and meets one of the following criteria:

- Allergy to all medications not requiring prior approval.
- Contraindication to drug-to-drug interaction with all medications not requiring prior approval.
- History of unacceptable/toxic side effects to all medications not requiring prior approval.
- Therapeutic failure of two medications within the same class not requiring prior approval.
- An indication which is unique to a non-preferred agent and is supported by peer-reviewed literature or an FDA-approved indication.

If you, the prescriber or your designee are unable to contact First Health Services after normal business hours, a 72-hour supply of the drug may be dispensed. The prescriber must call the Clinical Call Center to continue the recipient on the drug after the 72 hours. Pharmacists may call the First Health Services Clinical Call Center at 1-800-505-9185 for a 72-hour emergency override to the prior authorization requirement.

Again, if you have questions about the Nevada Medicaid Preferred Drug List, please call the First Health Services Clinical Call Center at 1-800-505-9185. Your cooperation and participation in the Nevada Medicaid Program are appreciated.

Sincerely,

Charles Duarte, Administrator

Attachments

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