From: Rupley, Cheryl A. (CMS/CMCHO) <Cheryl.Rupley@cms.hhs.gov>
Sent: Thursday, February 28, 2019 2:55 PM
To: Karen Barnes (LDH) <Karen.Barnes@LA.GOV>; Roberta Diaz <ROBERTA.DIAZ@LA.GOV>; Marjorie Jenkins <Marjorie.Jenkins@LA.GOV>; Rosalynn Jones <Rosalynn.Jones@LA.GOV>
Cc: Simananda, Terry B.(CMS/CMCS) <Terry.Simananda@cms.hhs.gov>
Subject: FW: LA - PDL verbiage

Please see additional information from the Pharmacy team.

Thanks,

Cheryl Rupley
LA State Rep
214-767-6278

From: Simananda, Terry B.(CMS/CMCS)
Sent: Thursday, February 28, 2019 2:47 PM
To: Rupley, Cheryl A. (CMS/CMCHO) <Cheryl.Rupley@cms.hhs.gov>
Cc: Shochet, Lisa (CMS/CMCS) <Lisa.Shochet@cms.hhs.gov>; Coster, John M. (CMS/CMCS) <John.Coster@cms.hhs.gov>; Tuttle, Wendy L. (CMS/CMCS) <Wendy.Tuttle@cms.hhs.gov>
Subject: FW: LA - PDL verbiage

Hi Cheryl,

As a follow up to our call with LA, your help with providing the state with the following sample language regarding a single PDL would be greatly appreciated:

> **Preferred Drug List**
> The preferred drug list will be used by all contracted Medicaid managed care organizations and the Medicaid fee-for-service program.

Additionally during the formal SPA review process, we may have additional questions/comments, including:

1. How will the State ensure that patients continue to have access to needed medications? All five MCOs will follow the FFS PDL and align prior authorization criteria. PA criteria will include certain therapeutic classes to continue current therapy if the recipient is established on the medication with positive clinical outcomes. Also, the MCOs have been directed to allow a drug to be dispensed throughout the life of the existing approved PA for certain therapeutic classes.
    a. How will the P&T determine which drugs will go on the PDL? What criteria will the P&T Committee use to make recommendations for the PDL? Louisiana's P&T recommendations are established through our supplemental rebate contractor (currently Magellan). P&T committee reviews and votes on those recommendations. Recommendations are based on clinical and financial data taking into account recipient access, MCO and pharmacy expenditures, and rebate potential for the state.
    b. How will the State ensure continuity of care for patients who are stabilized on previously prescribed medication(s) that may become non-preferred? Negative impact letters (preferred to non-preferred status) were sent to recipients and prescribers on March 1st in order to allow a 60 day notice prior to a proposed May 1st implementation of the Single PDL. PA criteria will include certain therapeutic classes to continue current therapy if the recipient is established on the

medication with positive clinical outcomes. Also, the MCOs have been directed to allow a drug to be dispensed throughout the life of the existing approved PA for certain therapeutic classes.

c. For patients that are established using a non-preferred drug, how often will the prescribing provider need to obtain authorization? Depending on the therapeutic class, would range from 4 months (opioids) to 12 months (maintenance drugs). MCOs will follow FFS duration criteria.

d. How will the State address the impact on beneficiaries of a sudden change in therapy as a result of implementing the single PDL? Members and prescribers will have prior notice. Negative impact letters (preferred to non-preferred status) were sent to recipients and prescribers on March 1st in order to allow a 60 day notice prior to a proposed May 1st implementation of the Single PDL.

2) Please confirm whether the same PDL will be applied for both FFS and managed care, and the same rules would apply to both. All five MCOs will follow the FFS PDL and align prior authorization criteria.

2. Has the state received comments from stakeholders regarding the proposed amendment? If so, how have the comments been addressed? LDH held numerous stakeholder meetings prior to the proposed amendment. All stakeholder questions were addressed at the meeting or through communication from the Department. Program updates from Louisiana Medicaid Pharmacy section are disseminated through a newsletter called "Pharmacy Facts".

3. Please indicate if (FFS and managed care) beneficiaries were notified of the state's intent to implement a single preferred drug list (PDL). Beneficiaries received direct negative impact letters and the "Pharmacy Facts" newsletter has been posted for notification. Prescribers and pharmacists' knowledge of the Single PDL will assist members through the transition.

CMS is currently working on issuing guidance for Implementation of Medicaid Drug Utilization Review (DUR) provisions included in Section 1004 of P.L. 115-271, *the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act,* the state may want to consider addressing this along with the PDL in the same SPA.

In SFY 2017/2018, Medicaid maintained on-going efforts to reduce and prevent opioid abuse. New prescriptions written for an opioid naïve patient are limited to 7 days of therapy. In addition, pharmacy claims history will be reviewed to search for different opioid prescriptions billed for the same member in the same time frame. The drugs will be compared to morphine equivalents and shall be limited based on the cumulative mg/day. In July 2017, MEDs were capped at 120mg/day and the maximum MED was reduced to 90mg/day in September 2017 as recommended by the Centers for Disease Control (CDC). LDH pharmacy staff worked closely with the MCO pharmacy staff to establish the same guidelines across the five managed care organizations (MCOs) and Fee for Service (FFS). Stakeholders and recipients were notified prior to implementation. The number of prescriptions and the units of opioids reimbursed by Medicaid decreased following implementation. Some diagnoses such as cancer and palliative care are exempt from the limits. In May 2018, FFS began reviewing pharmacy claims for concurrent use of opioids and benzodiazepines as the CDC warns against are often a sign of inappropriate prescription drug use and/or inappropriate prescribing practices.
The state is in the process of reviewing the Medicaid DUR requirements from the SUPPORT act and will look forward to receiving CMS guidance as well.

Thanks,
Terry

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