Alabama Medicaid Pharmacist

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A Service of Alabama Medicaid

PDL Update

Effective October 1, 2014, the Alabama Medicaid Agency will update the Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) Committee recommendations as well as quarterly updates. The updates are listed below:

PDL Additions	PDL Deletions*
Bethkis—Anti-infective Agents/ Aminoglycosides	Bleph-10—EENT Preparations/ Antibacterials
Cipro HC—EENT Preparations/Antibacterials	Ciprodex—EENT Preparations/ Antibacterials
Symbicort—Respiratory/Orally Inhaled Corticosteroids	Patanase—EENT Preparations/ Antiallergic Agents
	Vigamox—EENT Preparations/ Antibacterials

**Denotes that these brands will no longer be preferred but are still covered by Alabama Medicaid and will require prior authorization (PA) for payment. Available covered generic equivalents (unless otherwise specified) will remain preferred.*

The HID Help Desk is open Monday—Friday from 8am to 7pm and on Saturdays 10am to 2pm. If you need a form, wish to review criteria, or have other questions, please access our website at hidmedicaid.hidinc.com or the Agency website at medicaid.alabama.gov.

Please fax all prior authorization and override requests *directly* to Health Information Designs at 800-748-0116. If you have questions, please call 800-748-0130 to speak with a call center representative.

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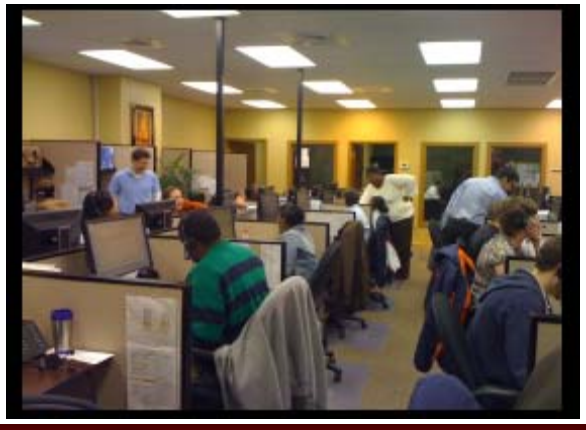
Health Information Designs (HID)
Medicaid Pharmacy Administrative Services
PO Box 3210
Auburn, AL 36832-3210
Fax 800-748-0116
Phone 800-748-0130



Rescheduling of Hydrocodone Combination Products

On August 22, 2014, the Drug Enforcement Administration (DEA) published the final rule to reschedule all hydrocodone combination products from Schedule III to Schedule II under the Controlled Substance Act. Prescriptions issued before October 6, 2014, which have authorized refills may be dispensed as long as such dispensing occurs before April 8, 2015. No prescription for hydrocodone-containing products issued on or after October 6, 2014, shall authorize any refills. On or after October 6, 2014, pharmacists may not create a new prescription based on the remaining refills as the new/created prescription would then be considered a CII. Medicaid's maximum units allowed for hydrocodone-containing products will remain 68 per month; overrides are available* to allow additional units per month. For more information, prescription requirements for each drug schedule can be found in the Code of Federal Regulations Title 21, Chapter 2, Part 1306 or at www.deadiversion.usdoj.gov/21cfr/cfr/2106cfrt.htm.

***Just a reminder:** Pharmacist may "split bill" (the act of billing two sources for one prescription, such as a third party and cash) prescriptions, including controlled substances, in accordance with federal and state law. For Medicaid claims to be "split billed" where a portion of the claim is paid by Medicaid and the other portion is paid cash by the recipient (such as in cases of controlled substances with monthly maximum unit limits), the prescriber or pharmacist must request an override for the entire prescribed quantity. If the override is denied, then the excess quantity above the maximum unit limit is a non-covered service, and the recipient can be notified and charged as a cash recipient for the amount in excess of the maximum unit limit. A prescriber should not write separate prescriptions, one to be paid by Medicaid and one to be paid as cash, to evade the override process. A provider's failure or unwillingness to go through the process of obtaining an override does not constitute a non-covered service.

Drug Take Back Law

For the past four years, the Drug Enforcement Agency (DEA) has partnered up with law enforcement to hold the National Prescription Drug Take-Back Day. Americans can anonymously take their unwanted or expired prescription drugs to collection sites around the country to be disposed of properly. Since the first National Take Back Day in September 2010, more than 4.1 million pounds of prescription drugs have been collected. Unused medications create public health and safety concerns because they can be abused, stolen, or accidently ingested.

After the success of the first National Take Back Day, the Secure and Responsible Drug Disposal Act of 2010 was created. This Act allows the DEA to implement methods for the public and long-term care facilities to dispose of prescription medications, including controlled substances. While those regulations were being approved, the DEA hosted seven more National Prescription Drug Take Back Days.

The Act was published in the *Federal Register* on September 9th, 2014. The Final Rule authorizes certain DEA registrants, which includes: retail pharmacies, clinics, narcotic treatment programs, manufacturers, distributors, and hospitals, to become collectors. Authorized collectors may operate a receptacle at their location and participate in mail-back programs. The public may find authorized collectors by calling the DEA Office of Diversion Control's Registration Call Center at 1-800-885-9539. For more information, the *Federal Register* can be viewed at: http://www.deadiversion.usdoj.gov/fed_regs/rules/2014/2014-20926.pdf.

Medication Dosing Safety

Medication safety and dosing is important across all age groups, but it is most crucial in the pediatric population. According to a recent study published by the American Academy of Pediatrics, most parents do not know the difference between a teaspoon and a tablespoon. This study found that more than 10,000 calls to the poison center each year are due to liquid medication dosage errors. Children are smaller and weigh less than adults making them more susceptible to accidental overdose. Age is not always an accurate measure of how much medication to give a child. Checking all drug labels is imperative for accurate dosing. If parents do not understand the drug label, they should consult the pharmacist.

The main reason for these mishaps is the interchanging of measurement units, such as teaspoons, tablespoons, and milliliters. About 40% of parents in the study incorrectly measured the dose their doctor prescribed. Parents who used the teaspoon and tablespoon dosage were much more likely to use kitchen spoons to measure their child's medication. This results in 50% greater chance for medication dosing errors.

Using the measuring tool that comes with a child's medication is one way to cut down on these errors. A household spoon is not an accurate measuring device. If the product or medication does not come with a device, patients should ask their pharmacist for an appropriate medication dispenser. Dosage cups, cylindrical dosing spoons, and syringes are all safe and effective dosing devices.

Dosage cups	These are appropriate for children who can drink from a cup without spilling.	
Cylindrical dosing spoons	These are for children who can drink from a cup but are still prone to spill.	
Droppers	These are for children who cannot drink from a cup.	
Syringes	These are for children who cannot drink from a cup. A syringe also allows you to squirt the medication into a child's mouth easier than a dropper.	

Accumulation Edit

On July 1, 2013, an accumulation edit was implemented to limit dispensing of early refills to no more than seven extra days' worth of medication per 120 rolling days. Claims that exceed, or result in the accumulation of more than seven extra days' worth of medication in a 120 - day time period will deny.

Requests for overrides of the accumulation edit may be made verbally and, if appropriate, may be approved**.** In order for a request to be **approved** the recipient must meet one of the following scenarios:

- Recipient has received an early refill override in the last 120 days that would account for the accumulation of the medication being requested.
- Recipient has medical justification supporting the need for additional medication. Reasons related to dose changes should be considered as early refills and processed as an early refill request.

Instances in which an override would be **denied** would include:

- Patient has medication in reserve.
- Patient has used the medication in a manner other than how prescribed.
- Pharmacy has entered an incorrect days supply on the claim (pharmacist should be instructed to correct the history claim with an incorrect days supply).
- Any other circumstance in which the recipient/pharmacy cannot justify why the medication is being accumulated.

Patient 1st Referral Date Change

The Alabama Medicaid Agency made changes to the Patient 1st Referral process on June 1, 2014 that no longer allowed a specialist or Primary Medical Physician to bill/refer using a Group NPI number. The effective date of this change has been extended to allow more time to implement this change.
In the interim, the Group's NPI number on the referral /claim/prior authorization as the Referring Provider will be accepted. However, Medicaid requests that specialists and PMP's continue to write referrals and bill Medicaid utilizing the individual NPI number whenever possible.

The reasons Medicaid is requesting providers continue to bill/refer utilizing the individual NPI include:

- Reinforce Medical Home Concept
- Ensure referrals are managed by the PMP
- Ensure PMP is responsible for recipient's total care
- Properly track caseload assignment for PMP's
- Obtain accurate profiler reports for case management

Medicaid will notify providers through an ALERT, prior to implementing a new effective date, when the change will resume. Please contact Latonda Cunningham, Associate Director of the Patient 1st Program via email at Latonda.cunningham@medicaid.alabama.gov or via phone at (334) 353-4122 for any questions.

Vaccine Administration Information

Alabama Medicaid reimburses Medicaid-enrolled pharmacy providers for the administration, to eligible recipients age 19 and older, of influenza, pneumococcal and Tdap vaccine. Alabama Medicaid will also continue to, in addition to the administration reimbursement, reimburse pharmacies for the influenza, pneumococcal and Tdap vaccines (i.e. ingredient).

- Pharmacy providers may bill the following NDC numbers on a pharmacy claim forreimbursement of vaccine administration:
    - NDC 99999-9999-10 for influenza vaccine administration
    - NDC 99999-9992-11 for pneumococcal vaccine administration
    - NDC 99999-9993-11 for Tdap vaccine administration

- Reimbursement will be $5 per administration with no dispensing fee or co-pay applied. Claims for vaccine administration will not count towards the prescription limit.

- Claims should be submitted with a dispense quantity of 1 for vaccine administration. There is a maximum quantity for each administration of 1 injection per recipient within a timeframe in accordance with the CDC dosing regimen.

- A prescription from a recipient's Primary Medical Provider (PMP) is required for each Tdap and pneumococcal vaccine administration.

- To facilitate coordination of care, Pharmacy providers are required to inform (via phone, fax, e-mail, mail) each recipient's Primary Medical Provider (PMP) upon administration of the vaccine(s) for which an administration claim is submitted. Documentation must be kept on file at the pharmacy of the notification to the PMP. If the PMP is unknown, the pharmacy may call the Alabama Medicaid Automated Voice Response System (AVRS) system at 1-800-727-7848 to obtain the PMP information. A suggested Immunization Provider Notification Letter, which can be used to notify the PMP, can be found on the Agency website at http://medicaid.alabama.gov documents/5.0_Resources/5.4_Forms_Library/5.4.5_Pharmacy_Services/5.4.5_Immunization_Provider_Notification_Letter_12-1-10.pdf.

- Alabama State Board of Pharmacy law and regulation should be followed regarding dispensing and administration of legend drugs/vaccines.

- A separate claim for the vaccine (i.e. ingredient) should be submitted with the appropriate NDC of the vaccine (i.e. ingredient) and will be reimbursed according to the current drug/pharmacy reimbursement policy.

October 1st Pharmacy Changes

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PDL Additions	
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Cipro HC	EENT Preparations/Antibacterials
Symbicort	Respiratory/Orally Inhaled Corticosteroids
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Ciprodex	EENT Preparations/Antibacterials
Patanase	EENT Preparations/Antiallergic Agents
Vigamox	EENT Preparations/Antibacterials

For additional PDL and coverage information, visit our drug look-up site at https://www.medicaid.alabamaservices.org/ALPortal/NDC%20Look%20Up/tabId/39/Default.aspx.

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The PA request form and criteria booklet, as well as a link for a PA request form that can be completed and submitted electronically online, can be found on the Agency's website at www.medicaid.alabama.gov and should be utilized by the prescribing physician or the dispensing pharmacy when requesting a PA. Providers requesting PAs by mail or fax should send requests to:

Health Information Designs (HID)
Medicaid Pharmacy Administrative Services
P. O. Box 3210 Auburn, AL 36832-3210
Fax: 1-800-748-0116
Phone: 1-800-748-0130

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescribing physician believes medical justification should be considered, the physician must document this on the form or submit a written letter of medical justification along with the prior authorization form to HID. Additional information may be requested. Staff physicians will review this information.

Policy questions concerning this provider notice should be directed to the Pharmacy Program at (334) 242-5050. Questions regarding prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.