Alabama Medicaid Pharmacist

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A Service of Alabama Medicaid

What's New?

* The quarterly update of the Preferred Drug List (PDL), which normally would have taken place January 1, 2006, was delayed until February 1, 2006, due to Medicare Part D implementation.
* February brought some exciting changes! Three new classes, EENT-antiallergic agents, EENT-vasoconstrictors, and macrolide antibiotics were added to the PDL. The chart below indicates the PDL changes effective February 1, 2006. This information can be found on the Alabama Medicaid website.

February 1, 2006 PDL Additions		February 1, 2006 PDL Deletions
Concerta®	Optivar®	Nardil®
Diastat®	Patanol®	Norpramin®
E.E.S.®	PCE®	Pamelor®
Elestat®	Sular® (January 1, 2006 addition)	Parnate®
Eryc®	Tyzine®	Vivactil®
Eryped®	Zaditor®	
Livostin®	Zithromax®	
Lunesta®	Zmax®	

* Of note, Concerta®, Diastat®, and Lunesta® have been added to the PDL and no longer require a prior authorization.
* Also effective February 1, 2006, a PA will be required for payment of generic omeprazole. Prilosec OTC and other preferred proton pump inhibitors will continue to be available without a prior authorization.
* For more information, please visit the Alabama Medicaid Agency website at www.medicaid.state.al.us, or the HID website at www.hidmedicaid.com.

Inside this Issue

*Summary of changes – for all changes, please refer to alerts posted on the Alabama Medicaid website – www.medicaid.state.al.us.

Effective April 3, 2006, the Alabama Medicaid Agency will update our Preferred Drug List (PDL) to reflect recent Pharmacy and Therapeutics (P&T) recommendations as well as quarterly updates:

April 3, 2006 PDL Additions	April 3, 2006 PDL Deletions
Advicor	Altoprev
alprazolam (generic formulations only)	Dispermox
Ambien CR	Mexitil
Cedax	Omnicef
Niacor	Peg-Intron
Niaspan	Principen
Pegasys	Pronestyl
Xopenex HFA	Proventil
	Quinidex
	Rocephin

In addition to drug changes, the Agency will be updating its criteria for the following classes: Antidepressants, Alzheimer's Agents, Antihyperlipidemics, Cerebral Stimulants/ADD/ADHD Agents, Anxiolytics/Sedatives/Hypnotics, Cardiac Agents, Narcotic Analgesics, Platelet Aggregation Inhibitors, and Skeletal Muscle Relaxants.

- Diagnosis will be required on all prior authorization (PA) requests submitted.
- Prior therapies must include prescribed and PDL preferred agents.

For any drug classes where stable therapy applies, supporting documentation is required of the source of the medication meeting stable therapy requirements. Examples of acceptable documentation include pharmacy profile printouts, prescription copies, copies of the medical record medication list or progress notes documenting strength and quantity consistent with consecutive therapy timeframes. Stable therapy does not include medication samples or manufacturer vouchers.

The PA request form and criteria booklet, as well as a link for a new PA request form that can be completed and submitted electronically online, can be found on the Agency website at www.medicaid.state.al.us and should be utilized by the prescribing physician or the dispensing pharmacy when requesting a PA. Hard copy PA requests may be faxed or mailed 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. 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.

Prescription Drug Monitoring Program

Effective April 1, 2006 the Alabama Department of Public Health will implement a Prescription Drug Monitoring Program (PDMP), for all dispensers of controlled substances. This includes:

Pharmacies

Physicians

Dentists

Podiatrists

Optometrists

Veterinarians

The purpose of this program is to collect data on ALL Schedule II, III, IV, and V controlled substances dispensed in the state of Alabama or for patients residing in Alabama. This is made possible by the 2004 Alabama Legislature Act No. 2004-443, which states:

Act 2004-443, SB35, authorizes the Alabama Department of Public Health to establish, create, and maintain a controlled substances prescription database program and a controlled substances prescription database advisory committee. The act requires the reporting of controlled substance prescription data to the department by pharmacies, physicians, and other practitioners who are authorized to prescribe controlled substances and enumerates the data elements to be reported. The act lists persons and entities permitted access to the database, provides for the confidentiality of all information maintained in the database, and prescribes penalties for the unauthorized disclosure of information contained in the database. The act assesses a surcharge of $10 per year on the controlled substance registration certificate of each licensed medical, dental, podiatric, optometric, and veterinary medicine practitioner to be used by the Department of Public Health for the development, implementation, operation, and maintenance of the database. The act provides that the database will be operational within 12 months after the State Health Officer certifies that sufficient funds are available to implement and operate the database, and also provides that persons or entities required to report information to the database are not liable for any claim of damages as a result of such report.

Prescription Drug Monitoring Program (continued)

The data collected will be used in the prevention of diversion, abuse, and misuse of controlled substances through the provision of education, early intervention, and enforcement of existing laws that govern the use of controlled substances.

If the provider orders drugs in forms other than sample medications, whether they are prepackaged or packaged by the provider, and dispenses these medication to a patient for their use off of the premises, (s)he is considered a dispenser[1]. All dispensers of schedule II, III, IV, and V controlled substances are required to collect and report the following information to the data repository managed by Health Information Designs, Inc.:

- Recipient Full Name
- Recipient Identification Number *
- Recipient DOB
- Recipient Gender
- Recipient Address
- Pharmacy NABP Number
- Prescriber DEA Number
- Prescriber Name
- National Drug Code (NDC) of Drug Dispensed
- Date the Prescription is Dispensed
- Quantity Dispensed
- Number of Days Supply
- Indication as to the Origin of the Prescription (Written, Phoned, Faxed, etc.)

* **Recipient Identification Number:** The preferred unique identifier is the recipient's social security number or their health insurance card ID number with the person code. If these cannot be collected, then enter the driver's license number, beginning with the two letter abbreviation of the state of issuance.

If none of these numbers are available, enter one of the designated pseudo-numbers. This field MUST not be left blank.

000-00-0001	Child that has not been assigned a SSN
000-00-0002	Adult that has not been assigned a SSN
000-00-0003	Person who refuses to provide SSN of the patient
000-00-0004	Person who does not know SSN of patient
000-00-0005	Pet

Prescription Drug Monitoring Program (continued)

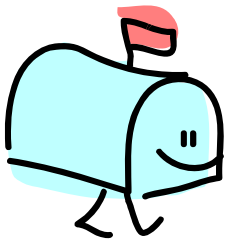
Paper submission: A dispenser who does not have an automated record keeping system capable of producing an electronic report following the ASAP 95 format may submit prescription information on the ADPH PDM-Universal Claim Form. This form is available from http://pdmp.alabama.gov. Completed forms may be faxed to 1-888-288-0337 or mailed to:

Health Information Designs, Inc.

ATTN: ADPH PDM Program

PO BOX 3210

Auburn, AL 36832-3210



Electronic submission: To report electronically, please go to the following website https://pdmp.alabama.gov for further information on how to set up your account and transmit electronically.

Who shall report:

- Licensed community ambulatory, hospital (outpatient) and medicinal oxygen pharmacies
- Mail order pharmacies or PBM pharmacies dispensing controlled substances to residents of Alabama
- Licensed physicians, dentists, podiatrists, optometrists or veterinarians who dispense controlled substances

Who shall not report:

- General and specialized hospitals, nursing homes, pharmacies that service long term care or group homes, and other health care facilities that provide inpatient care

Reporting shall be within 7 days of dispensing the controlled substances, non-compliance will be reported to the respective Boards.

Do not report sample medications or controlled substances administered to patient by injection, topical application, suppository, or oral administration during the course of treatment on the premises.

Assistance and Support

If you require technical assistance please contact the PDM Technical Support Team at 1-800-225-6998 (option 6) or pdm-info@hidinc.com.

You may also contact Patti Stadlberger, the PDMP Program Manager with ADPH, at the following:

Patti Stadlberger, R.N., BSN

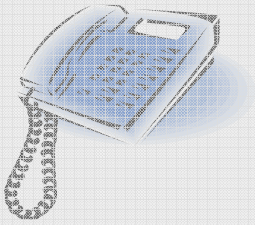
Program Manager,

Prescription Drug Monitoring Program (PDMP)

Alabama Department of Public Health

334206-7981

HID
Help Desk Hours



Monday through Friday 8am-7pm

Saturday 10am-2pm

Phone (800) 748-0130

Fax (800) 748-0116

HEALTH INFORMATION DESIGNS

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