Alabama Medicaid Pharmacist

Published Quarterly by Health Information Designs, Inc., Fall 2007

A Service of Alabama Medicaid

PDL Update

Effective October 1, 2007, the Alabama Medicaid Agency will update our Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) recommendations as well as quarterly updates. The updates are listed below:

PDL Additions

- **Infergen-**Anti-infective Agents/Interferons
- †**Relenza**-Anti-infective Agents/Neuraminidase Inhibitors
- †**Tamiflu**-Anti-infective Agents/Neuraminidase Inhibitors

PDL Deletions*

- **Altace-**Cardiovascular Health-ACE Inhibitors
- **Foscavir-**Anti-infective Agents/Miscellaneous Antivirals
- **Roferon A-**Anti-infective Agents/Interferons
- **Teveten-**Cardiovascular Health/Angiotensin II Receptor Antagonists
- **Teveten HCT-**Cardiovascular Health/Angiotensin II Receptor Antagonists Combos
- **Zovirax -**Anti-infective Agents/Nucleosides and Nucleotides (oral and injectable formulations only)

** denotes that these products will no longer be preferred but are still covered by Alabama Medicaid and will require Prior Authorization (PA).*
† denotes that product will be preferred during the defined flu season (October 1 – March 31 unless otherwise specified)

Below are the requirements for approval of PA requests for the anti-infective agents. The patient must have an appropriate diagnosis supported by documentation in the patient record.

- The patient must also have failed two treatment trials of no less than three-days each, with at least two prescribed and preferred anti-infectives, either generic, OTC or brand, for the above diagnosis within the past 30 days or have a documented allergy or contraindication to all preferred agents for the diagnosis submitted.
- Patients on anti-infective therapy while institutionalized once discharged or transferred to another setting or patients having 60 day consecutive stable therapy may continue on that therapy with supportive medical justification or documentation.
- Medical justification may include peer-reviewed literature, medical record documentation, or other information specifically requested. Approval may also be given, with medical justification, if the medication requested is indicated for first line therapy when there are no other indicated preferred agents available or if indicated by susceptibility testing or evidence of resistance to all preferred agents.

PA requests that meet prior usage requirements for approval may be accepted verbally by calling HID at the number below.
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 website at www.medicaid.alabama.gov 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.

Inside This Issue

Use of Tamper Resistant Prescription Pads

The purpose of this notice is to clarify the Alabama Medicaid Agency's implementation of a provision of Public Law 110-28 (Iraq War Supplemental Appropriations bill) that mandates all non-electronic outpatient prescriptions provided to Medicaid recipients on or after October 1, 2007 be executed on tamper-resistant pads.

For Alabama Medicaid Agency prescriptions written on and after October 1, 2007, a prescription must contain at least one of the characteristics listed below:

	Required tamper-resistant characteristics One or more industry-recognized features designed to:	Examples include but are not limited to:
1	Prevent unauthorized copying of a completed or blank prescription form	High security watermark on reverse side of blank Thermochromic ink Repetitive pattern (ie "void" or "illegal") appears if copied
2	Prevent erasure or modification of information written on the prescription by the prescriber	Tamper-resistant or "safety colored" background ink shows erasures or attempts to change written information
3	Prevent the use of counterfeit prescription forms	Sequentially numbered blanks Duplicate or triplicate blanks

Effective for prescriptions written on and after October 1, 2008, a non-electronic/written prescription must contain all three characteristics listed.

This requirement applies to all non-electronic, legend and over-the-counter, written outpatient prescriptions when Alabama Medicaid Agency is the primary or secondary payer. Medicaid is committed to ensure providers are proactively educated regarding this new provision.

Drug Enforcement Administration and Alabama Board of Pharmacy laws and regulations pertaining to written and electronic prescriptions for Schedule II drugs still apply.

Although the Alabama Medicaid Agency will not endorse specific vendors that supply tamper-resistant pads, the Agency will strive to make available contact information for companies that provide compliant tamper resistant prescription pads at no charge to the prescriber.

Exceptions to Tamper-resistant Rx Pads

Exemptions from the tamper-resistant requirement include prescriptions that are:

- Provided in nursing facilities, intermediate care facilities for the mentally retarded (ICFMRs), and other inpatient institutional and clinical settings paid through the per diem
- E-prescribed, faxed to the pharmacy from the provider's office, or telephoned to the pharmacy by the provider
- Refills for which the original prescription was written before October 1, 2007

Emergency Fills

Emergency fills for prescriptions written on non-tamper resistant pads are permitted as long as the prescriber provides a verbal, faxed, electronic, or compliant written prescription within 72 hours after the date on which the prescription was filled. In an emergency situation, this allows a pharmacy to telephone a prescriber to obtain a verbal order for a prescription written on a non-compliant prescription pad, or to otherwise obtain a prescription in a compliant form. If a compliant prescription cannot be obtained within 72 hours, the pharmacy must withdraw the claim.

Additional Resources

U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007 (H.R. 2206), section 7002(b) *(For the actual provision, see page 132 at: http://www.rules.house.gov/110/special_rules/hr2206_senate/hr2206_amnd1_senate.pdf)*

Centers for Medicare & Medicaid Services (CMS) Letter to State Medicaid Director (SMDL #07-012, 8/17/2007) http://www.cms.hhs.gov/SMDL/downloads/SMD081707.pdf

Alabama Medicaid Agency website on Tamper Resistant Prescriptions www.medicaid.alabama.gov

For more information please contact the Alabama Medicaid Agency Pharmacy Services division at (334) 242-5050.

Respiratory Syncytial Virus

Respiratory syncytial virus (RSV) is a virus that infects the lungs and respiratory tract. Although adult infections are rare, it generally causes bronchiolitis and pneumonia associated with wheezing and hospitalizations in children less than one year old. [1,2] Infections in adults seldom progress to a serious condition while cases involving children can be severe, especially in premature neonates and infants with underlying health conditions.

Underlying conditions such as congenital heart disease, chronic lung disease of prematurity, and T-cell immunodeficiency, along with prematurity alone are associated with more severe forms of RSV in infants. Other conditions that may increase an infant's infection severity include children with tracheotomies, cystic fibrosis, neurologic devastation, and muscular weakness. Severe forms of RSV can lead to hospitalization, the need for intensive care, mechanical ventilation, or death. [3]

Signs and symptoms differ among age groups and typically appear four to six days after exposure to the virus. Adults usually experience cold-like symptoms associated with mild discomfort. Children may experience more severe symptoms such as high fever, severe cough, wheezing, tachypnea, difficulty breathing, and bluish color due to lack of oxygen. [1]

RSV is spread by respiratory secretions through close contact with an infected person or the surface of contaminated objects. RSV infection can occur when a contaminated material disperses the virus on the mucous membranes of the eyes, mouth, or nose, and possibly through the inhalation of respiratory droplets. RSV is unstable in the environment and only survives for a few hours on external surfaces and is readily inactivated by soap and water and disinfectants. [2]

Prevention is very important when considering RSV outbreaks. Outbreaks usually occur annually, typically during the late fall, winter, or early spring months. [1,2] Hospitals should consider the risk of RSV spread and focus on prevention by frequent hand washing and preventing the sharing of cups, glasses, and utensils.

RSV is a virus that causes potentially harmful complications, demanding utilization of healthcare resources for several years. Conditions that increase the risk of severe forms of RSV infection should continue to be closely monitored to decrease complications and reduce demands on healthcare resources.

References:

Mayo-Clinic.com [homepage on the Internet]. Respiratory syncytial virus. Mayo Foundation for Medical Education and Research. c1998-2007 [updated 2007 Aug 1; cited 2007 Aug 9]. Available from: http://www.mayoclinic.com/health/respiratory-syncytial-virus/DS00414/DSECTION=1.

CDC.gov [homepage on the Internet]. Respiratory Syncytial Virus. Atlanta: Centers for Disease Control and Prevention. [updated 2005 Jan 21; cited 2008 Aug 9]. Available from: http://www.cdc.gov/ncidod/dvrd/revb/respiratory/rsvfeat.htm.

Welliver RC. Review of Epidemiology and Clinical Risk Factors for Severe Respiratory Syncytial Virus Infection. J Pediatr. 2003 Nov; 143: S112-S117.

October is American Pharmacy Month

Program Integrity

The Program Integrity Division of the Alabama Medicaid Agency is tasked with identifying fraud and abuse of Medicaid benefits by both health care providers and recipients. This department uses computer programs to identify unusual patterns of utilization. It also performs follow-up on referrals made from internal and external sources, including calls made to the Medicaid Fraud Hotline.

The Investigations Unit within the Program Integrity Division is charged with identifying criminal fraud or abuse as related to providers and recipients through on-site investigations, interviews and electronic evidence gathered. Completed cases are referred to appropriate law enforcement agencies, Medicaid's Utilization Review Committee, or to State Licensing Boards for appropriate action. During fiscal year 2006, 9 previously referred cases were adjudicated along with 262 cases investigated and closed, and 23 referrals for prosecution.

When a recipient review indicates a pattern of over- or misutilization of Medicaid benefits, the recipient is placed in the Agency's Restriction Program for management of his/her medical condition. In fiscal year 2006, there were 828 recipient reviews conducted. The monthly average of restricted recipients was 335.

Through the Quality Control Unit, the Medicaid Agency makes sure eligibility determinations are as accurate as possible. In-depth reviews of eligibility determinations are performed on a random sample of Medicaid eligibles. If a state's payment error rate exceeds three percent, the Centers for Medicare and Medicaid Services (CMS) may impose a financial sanction. Nationally, Alabama has consistently been among those states with the lowest payment error rates.

Beginning in April 2004, the Pharmacy Audit Unit was established as a separate unit of the Program Integrity Division. The purpose of the pharmacy audit, in general, is to obtain a reasonable assurance that pharmacy providers abide by the rules, regulations and policies set forth by the Alabama Medicaid Agency and CMS, and in particular, to determine that no Medicaid funds are misspent. Experienced auditors in this unit interpret and apply Medicaid policies regarding the concept of accountability for public resources. Based on the findings of a desk review or an on-site audit, corrective action is recommended when necessary.

Reporting Fraud/Abuse

Recipients, providers and the general public may report suspected fraud, abuse or misuse of the Alabama Medicaid program by calling 866-452-4930 or by writing the Agency's Program Integrity Unit at PO Box 5624, Montgomery, AL 36103-5624. A person reporting suspected fraud and abuse is not required to give his/her name. Any information provided is kept confidential.

Before contacting the Agency, try to find out as much information as possible. To investigate a reported problem, it is helpful to know:

- The name (or other identifying information) of the person suspected of committing fraud/abuse
- Date or dates that the fraud/abuse occurred
- A description of the suspicious or fraudulent activity

Reminder Regarding Per Diem Drugs

Drugs that are included in a "per diem" rate should not be billed to Medicaid through the outpatient pharmacy program. Listed below are examples of drugs that would be included in a "per diem" rate:

- Over-the-counter (OTC) medications for recipients in long-term care (LTC) facilities (excluding OTC insulins).
- Disease specific drugs related to a hospice recipient's terminal illness. Drugs that may be covered in a per diem rate are found on the Hospice Palliative Drug List*.
- Routine drugs or injectables administered in conjunction with dialysis procedures.

*A copy of the Hospice Palliative Drug List can be found on the Alabama Medicaid website (www.medicaid.alabama.gov) in the Pharmacy Services section under 'Drug Information'.

FDA's New Drug Safety Initiative

The Food and Drug Administration (FDA) has implemented a new program to make drug safety information available to consumers as well as health care professionals in an easily accessible format via the FDA website. As patients are taking a more active role in their health care, the FDA states they want to make safety information available about the medications consumers are using.

The new Drug Safety Initiative includes a web-based "*Index to Drug-Specific Information*" page where consumers and health care professionals can research specific branded drugs and be linked to updated risk information about the drug, related press announcements, and other facts. In a "*Consumer Education: What You Need to Know to Use Medicine Safely*" section on the website, consumers can research such topics as antibiotic use and resistance, buying medications online and outside of the United States, generic drugs, misuse of prescription pain relievers, and over-the-counter medications. In the "*Manual of Policies and Procedures (MaPP): Drug Safety Oversight Board (DSB)*", the organizational structure, roles, and responsibilities of the DSB in the Center for Drug Evaluation and Research (CDER) are described. In addition, the DSB membership and public summaries from previous board meetings are listed. The FDA has also published a "Question and Answer" section on this new Drug Safety Initiative, as well as recent publications related to the initiative.

One of the newest additions to this website is the "*FDA Drug Safety Podcast*" section, which provides emerging safety information about drugs in conjunction with the release of Public Health Advisories. Podcasting is a method of publishing and syndicating audio broadcasts through the internet. Podcasts can be played on your computer or transferred to a listening device, such as an iPod or MP3 player. More information about Podcasting is available from USA.gov, the U.S. government's official Web portal, on its "*Podcasts from the U.S. Government*" Web page.

Reference: Food and Drug Administration. FDA New Drug Safety Initiative. http://www.fda.gov/cder/drugSafety.htm (accessed May 4, 2007).

Together for Quality

Effective October 1, 2006, the Deficit Reduction Act of 2005 (DRA) authorized grant funds to provide state Medicaid programs the chance to improve effectiveness and efficiency. Each state had an opportunity to submit proposals for a 'Transformation Grant' (so-named because the goal is to transform Medicaid programs with the addition of innovative methods and procedures).

In late 2006, Alabama Medicaid was given funding for their Transformation Grant-***"Together for Quality"***. The goal of this project is to simplify provider access to information at the point of care by developing a real-time, claims-based electronic health record for the provider to use. To do this, the agency will work to establish efficient, electronic information-sharing that will help providers manage their patients, especially those that are high-risk, and control costs.

Chronic diseases account for 75% of all costs in the health care system and are the cause of death in 7 out of every 10 deaths. Alabama's leading causes of death include heart disease, stroke and diabetes. ***Together for Quality*** can:

- Improve health outcomes through the provision of chronic disease management, thereby reducing Alabama's chronic disease burden and preventing complications;
- Improve health services coordination and reduce duplicated services through electronic data use and data-driven quality improvement, thereby reducing costs in the healthcare system;
- Enhance public health, disease surveillance and disaster preparedness;
- Advance healthcare research; and
- Control and reduce costs.

Currently, the Agency is working with stakeholders to develop a model that will safeguard privacy and security while working toward the final objectives of the project.

For more information on the Alabama Transformation Grant, Together for Quality, please visit the Alabama Medicaid website (www.medicaid.alabama.gov).

Letter of Appreciation to Pharmacy Providers

October 1, 2007

To: All Pharmacy Providers of the Alabama Medicaid Agency

Dear Colleague,

As October is National Pharmacy Month, I would like to take this opportunity to extend a deep thank you to our pharmacy providers of the Alabama Medicaid Agency. Pharmacy is one of the oldest and most trusted healthcare professions, recognized as early as 1925 during the first "National Pharmaceutical Week". As a pharmacist myself, I am proud to be from such a noble profession.

The overwhelming efforts of the pharmacy providers of Alabama have been a major force in cost containment and better health care. Our Preferred Drug List, Brand Limit, and additional edits necessary to continue the pharmacy program could not be successful without the coordination of our pharmacy providers. Pharmacists and technicians play a powerful role in the lives of the recipients of our great State, one that is deserving of recognition every day of the year.

On behalf of the Alabama Medicaid Agency, and specifically the Pharmacy Services Division, thank you for all the work you do.

Respectfully,

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