



ALABAMA MEDICAID PHARMACIST

Published Quarterly by Health Information Designs, Inc., Spring 2008

A Service of Alabama Medicaid

PDL Update

Effective April 1, 2008, the Alabama Medicaid Agency updated 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

Lantus – Diabetic Agents/Insulin
Qvar – Respiratory Agents

PDL Deletions*

Ambien CR – (Sedative/Hypnotic Agents)
Lunesta (Sedative/Hypnotic Agents)
Methylin (ADHD Agents)
Elestat (EENT - Antiallergic)
Optivar (EENT – Antiallergic)
Lotensin HCT (ACEI – combination)
Univasc (ACEI)
Uniretic (ACEI – combination)

**denotes that these products will no longer be preferred but are still covered by Alabama Medicaid and will need Prior Authorization (PA).*

The PA request form and criteria booklet, as well as a link for a PA request form that can be completed and submitted electronically, can be found on the Agency website www.medicaid.alabama.gov.

Hard copy PA requests may be faxed or mailed to:

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

Inside This Issue	
PDL Update	Page 1
Emergency Prior Authorization (PA) Number	Page 2
Additional Temporary EDS Call Center Established	Page 3
Head Lice	Pages 4 & 5
Covered Over the Counter (OTC) Products	Page 6

Emergency Prior Authorization (PA) Number

The Alabama Medicaid Agency has in place a pharmacy emergency prior authorization (PA) number to allow pharmacy providers the ability to dispense up to a 72 hour supply of medication in the event the Pharmacy Administrative Services contractor, Health Information Designs (HID), is unable to process a PA.

Routinely, HID will respond to requests for prior authorization within two to eight hours but in no case more than 24 hours after receipt of the request. In cases of emergency, however, provisions are made for dispensing up to a 72 hour supply of a covered outpatient prescription drug through the use of the emergency PA number. The emergency PA number can be found in section 27.3 of the Provider Billing Manual.

The emergency PA number is to be used only in cases of emergency or extenuating circumstances when the after-hours* PA assistance is unavailable. Emergencies are deemed as issues in obtaining a PA due to inclement weather or natural disasters. Extenuating circumstances are deemed to be those instances in which a patient not receiving the requested medication could potentially result in harm to self and/or others. A PA denial does not constitute an emergency. Utilization of this emergency PA code will be strictly monitored and recoupsments will be initiated when the code is found to be used inappropriately. Providers should continue to verify recipient eligibility through the AVRS (1-800-727-7848) or Web Portal system.

For more information or to contact HID:

Health Information Designs, Inc.

391 Industry Drive

Auburn, Alabama 36832

1 (800) 748-0130*

*HID has clinical staff on call 24 hours a day/7 days a week for PA assistance through an after-hours phone number that can be found on the 1-800-748-0130 voice message.

Additional Temporary EDS Call Center Established

Due to high call volume, EDS has established an additional temporary call center to assist providers with the following issues:

Web Portal ID and access questions

Trading Partner ID questions

Provider Electronic Solutions (PES) upgrade and installation questions

The telephone number for this call center is **1-866-822-8276**. The hours of operation will be 7am to 8pm CST. Please continue to use previously published numbers for all other questions.

Other Call Center Numbers:

Call Type	Subject Matter	Number
Basic Medicaid Related Questions	Recipient eligibility verification Retro eligibility information Benefit limits (usage) Newborn/unborn numbers PMP assignments Lock-in assignments (pharmacy & physician) Provider payment information (check amounts)	1-866-586-0961
Provider Assistance	Claim status Claim form filing questions Remittance advice questions Other insurance information Procedure code pricing Drug code pricing information Prior authorization information Modifier information	1-800-688-7989 (select option 2)

*Call center hours have been expanded. The call center will be available 7:30am to 5:30pm, Monday-Friday, temporarily, before returning to normal hours (8:00am to 5:00pm, Monday-Friday).

Automated Call Center Options

	Subject Matter	Number
Automated Voice Response System (AVRS)	Check amounts Claim status Eligibility, benefits, or other insurance Drug pricing/NDC information Procedure code pricing information Prior authorization number verification Recipient household information	1-800-727-7848
EDS Secure Web Portal	Recipient eligibility verification Household inquiry Enter a claim Prior authorization search PA status search for non pharmacy claims only Enter a PA Check claim status Search for a Patient 1st provider Download remittance advice (RA)	1-800-688-7989 (select option 2)

Head Lice

Prevalence

Head lice are common among school-age children, especially those age 3-11 years old. There are no reliable estimates of the prevalence of these infestations, so it is hard to determine the impact of head lice. Many schools have implemented 'no-nit' policies, and there can be significant amounts of missed school days due to head lice. The American Academy of Pediatrics (AAP), does not necessarily support the 'no-nit' policies, but instead embraces the 'treat and return' policy, so that children who have been appropriately treated can return to school. The policies vary from one school district to another.

Transmission

The most common way to get head lice is through head-to-head transmission, which can occur during sporting activities, slumber parties, or at camp. It is also possible to get lice through contact with clothing, such as hats or scarves, and through shared towels or brushes.

Signs and Symptoms

Signs and symptoms of lice include: tickling sensation of something moving in the hair, itching, irritability, and sores on the scalp caused by scratching.

Treatment

The American Academy of Pediatrics recommends permethrin 1% (Nix[®]) as first-line treatment for head lice. Other medications include over-the counter pyrethrins (Rid[®], Pronto[®], etc.), malathion (Ovide[®]), and lindane (Kwell[®]).

Permethrin 1% (available OTC) should be used after the hair is shampooed, rinsed and towel-dried. A sufficient amount should be used so that the hair and scalp are saturated (being sure to get the nape of the neck and behind the ears). Leave on hair no longer than ten minutes and rinse. Remove remaining nits with nit comb. One application is generally sufficient; however, if lice are observed within 7 days of application, a second treatment may be applied.

Occasionally practitioners try permethrin 5% on their patients; however, if treatment failure is secondary to resistance, as opposed to inappropriate application, permethrin 5% is no more efficacious than permethrin 1%.

Pyrethrins (available OTC) should be thoroughly applied to DRY hair (wetting the hair makes the treatment less efficacious), lather and rinse after ten minutes. After hair is towel-dried, remaining nits should be removed with a nit comb. A second treatment of these products is required after 7 to 10 days.

Malathion (prescription only) should be applied to dry hair and the hair should be allowed to dry naturally and should remain uncovered. After 8-12 hours, the hair should be shampooed, and remaining nits should be removed with a nit comb. If necessary, a second treatment can be applied after 7 to 9 days.

Note: malathion is flammable, so it is very important to keep the product, and children with product on their hair, away from heat and open flame. An electric heat source, such as a hair dryer, should never be used on a person using this product.

Malathion does have a very strong smell (the name 'malathion', derived from Latin and Greek, means 'bad sulfur').

Head Lice cont'd

Lindane shampoo (prescription only) has been available for many years. However, recently, the Food and Drug Administration (FDA) has included a black box warning in the labeling information of lindane. The black box warns of neurologic toxicity, especially in infants, children, the elderly, patients with other skin conditions, and those who weigh less than 50kg may be at serious risk for neurotoxicity. The black box also reminds that lindane is contraindicated in premature infants and those patients with known uncontrolled seizure disorder. The FDA also specifically instructs that lindane is to be used only after treatment failure with other, safer, first-line agents.

If used, it is very important to follow the instructions carefully. Shampoo should be applied directly to hair without adding water and allow to remain in place for four (4) minutes only. Add small amounts of water to form lather, and then rinse hair thoroughly. Towel-dry hair briskly, then remove remaining nits with a nit comb. If a patient needs to be retreated, another agent should be chosen. The FDA has deemed consecutive treatments unsafe.

Nonpharmacologic approaches involve occlusion therapy, nit combing, and hair removal. Occlusion therapy can include putting mayonnaise, vinegar, olive oil, or petroleum jelly on the head and covering with saran wrap or a shower cap. These techniques generally fail to eliminate an infestation, because lice do not have air sacs or lungs, and not only can they survive for prolonged periods without air, they have other mechanisms they can employ to obtain air.

Hair removal (shaving the head) usually works, if the hair is cut short enough, because the lice require hair shafts to lay eggs. However, the cosmetic result can be less than desirable, especially for school-aged girls.

The use of nit combing alone has various success rates, but is not generally as practical as a monotherapy, because the combing would have to be performed rigorously, over many minutes, over many days. Nit combing is best used as an adjunctive treatment.

Environmental Treatments

The AAP does not recommend the use of chemical sprays, and instead endorses routine house cleaning as a way to rid the area of any remaining lice. This would include vacuuming floors and furniture (discarding vacuum bag following cleaning), laundering linens and towels in hot water and placing them into a hot dryer to dry, and placing combs and brushes into very hot water to disinfect. Stuffed animals, pillows, and other items that cannot be washed can be sealed inside a garbage bag for four weeks.

Important! Don't forget treatment of these items:

- Ball caps
- Hair bows or barrettes
- Hair rollers
- Bicycle or sports helmets
- Headbands
- Hats

References:

- Lebowohl M, Clark L, et al. Therapy for Head Lice Based on Life Cycle, Resistance, and Safety Considerations. *Pediatrics*. May 2007. 119(5):965-74.
- CDC. Parasitic Disease Information. Head Lice Infestation and Treatment. August 2005.
- Wolters Kluwer Health, Inc. Drug Facts and Comparisons. St. Louis, MO. 2008.
- US Food and Drug Administration—Center for Drug Evaluation and Research—Lindane Shampoo and Lindane Lotion Q & A.

Covered Over the Counter (OTC) Products

Alabama Medicaid does make provisions to cover certain OTC products. The inclusive list of covered over the counter drugs can be found on the Medicaid website www.medicaid.alabama.gov, subcategorized under Programs, Pharmacy Services, Drug Information. The list below gives examples of common covered OTC drugs:

1. Miralax OTC
2. Zyrtec OTC
3. Oral Electrolytes (Pedialyte and Pediapops)
4. Permethrin (Nix)
5. Piperonyl Butoxide/Pyrethrins (Rid)
6. Omeprazole (Prilosec OTC)
7. Loperamide (Imodium AD)
8. Ranitidine (Zantac 75)
9. Acetaminophen
10. Aspirin
11. Pyrantel Pamoate (Pin-X)

A more comprehensive list can be found on the Alabama Medicaid website.

A reminder: in order for OTC products to be covered by Medicaid, a prescription is necessary.