



ALABAMA MEDICAID PHARMACIST

Published Quarterly by Health Information Designs, LLC, Summer 2015 edition

A Service of Alabama Medicaid

PDL Update

Effective July 1, 2015, 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*
Advair Diskus—Orally Inhaled Corticosteroids	Accolate—Leukotriene Modifiers
Coumadin—Oral Anticoagulants	Flovent Diskus—Orally Inhaled Corticosteroids
Janumet—Dipeptidyl Peptidase-4 Inhibitors	Flovent HFA—Orally Inhaled Corticosteroids
Janumet XR—Dipeptidyl Peptidase-4 Inhibitors	Tradjenta—Dipeptidyl Peptidase-4 Inhibitors
Januvia - Dipeptidyl Peptidase-4 Inhibitors	Xopenex Inhalation Solution—Selective Beta-2 Adrenergic Agonists
Kapvay—Cerebral Stimulants—Agents for ADHD/Central Alpha Agonists	

*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.

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.

Inside This Issue

PDL Update	Page 1
Asthma Management and Prevention	Page 2
Asthma Management and Prevention, continued	Page 3
Recipient Signatures	Page 4
Medicaid Reminders	Page 5
Medicaid Updates	Page 6

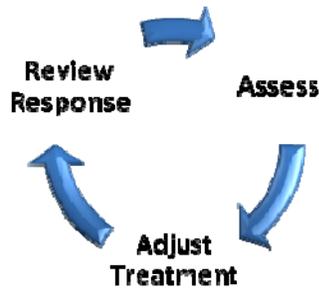
Health Information Designs (HID)
 Medicaid Pharmacy Administrative Services
 PO Box 3210
 Auburn, AL 36832-3210
 Fax 800-748-0116
 Phone 800-748-0130



Asthma Management and Prevention

The Global Initiative for Asthma (GINA) is a network of individuals, organizations, and public health officials established to raise awareness about the burden of asthma, to distribute information about the care of patients with asthma, and to review scientific literature to determine the best care for patients with asthma. In 2015, GINA updated their report, *Global Strategy for Asthma Management and Prevention*, to incorporate new evidenced-based information.

Asthma symptoms such as wheezing, shortness of breath, and cough vary in frequency and intensity. Poor symptom control is associated with an increased risk of asthma exacerbations. The long-term goals of asthma management are to achieve good symptom control, to maintain normal activity levels, and to minimize the risk of future exacerbations. Pharmacological and non-pharmacological treatment is adjusted in a continuous cycle that involves assessment, treatment, and review. This control-based asthma management strategy has been shown to improve asthma outcomes.



Stepwise Approach to Asthma Treatment in Children 5 Years and Younger

	Step 1	Step 2	Step 3	Step 4
<i>Preferred Controller Choice</i>		Daily low dose Inhaled Corticosteroid (ICS)	Double “low dose” ICS	Continue controller & refer for specialist assessment
Other Controller Options		Leukotriene receptor antagonist (LTRA) Intermittent ICS	Low dose ICS + LTRA	Add LTRA Increase ICS frequency Add intermittent ICS
Reliever	<i>As needed short-acting beta2-agonist (all children)</i>			
Consider This Step for Children With:	Infrequent viral wheezing and no or few interval symptoms	Symptom pattern consistent with asthma and asthma symptoms not well controlled, or ≥ 3 exacerbations per year.	Asthma diagnosis, and not well-controlled on low dose ICS	Not well-controlled on double ICS
		Symptom pattern not consistent with asthma but wheezing episodes occur frequently, e.g. every 6 – 8 weeks. Give diagnostic trial for 3 months.	First check diagnosis, inhaler skills, adherence, exposures	

Asthma Management and Prevention

In all children:

- Assess symptom control, future risk, comorbidities
- Self-management: education, inhaler skills, written asthma action plan, adherence
- Regular review: assess response, adverse events, establish minimal effective treatment, and limit environmental triggers

Stepwise Approach to Asthma Treatment in Children Older than 5, Adolescents, and Adults

	Step 1	Step 2	Step 3	Step 4	Step 5
<i>Preferred Controller Choice</i>		Low dose ICS	Low dose ICS/ LABA*	Med/high ICS/ LABA	Refer for add-on treatment e.g. anti-IgE
<i>Other Controller Options</i>	Consider low dose ICS	Leukotriene antagonists (LTRA) Low dose theophylline	Med/high dose ICS Low dose ICS+LTRA (or + theophylline*)	Add tiotropium* High dose ICS + LTRA (or+ theophylline*)	Add tiotropium* Add low dose OCS
Reliever	As-needed short-acting beta-2-agonist (SABA)		As-needed SABA or low dose ICS/formoterol**		

*For children 6- 11 years, theophylline is not recommended, and preferred Step 3 treatment is medium dose ICS.

**Low dose ICS/formoterol is the reliever medication for patients prescribed low dose budesonide/formoterol or low dose beclomethasone/formoterol.

Tiotropium by soft-mist inhaler is an add-on treatment for patients with a history of exacerbations; it is not indicated in children < 18 years.

Remember to:

- Provide guided self-management education (self-monitoring + written action plan + regular review)
- Treat modifiable risk factors and comorbidities, e.g. smoking, obesity, anxiety
- Advise about non-pharmacological therapies and strategies, e.g. physical activity, weight loss, avoidance of sensitizers where appropriate
- Consider stepping up if uncontrolled symptoms, exacerbations or risks, but check diagnosis, inhaler technique, and adherence first
- Consider stepping down if symptoms controlled for 3 months + low risk for exacerbations. Ceasing ICS is not advised.

Recipient Signature

All providers must obtain a signature to be kept on file as verification that the recipient was present on the date of service for which the provider seeks payment (e.g., release forms or sign-in sheets). A recipient signature is not required on individual claim forms. Recipient signatures are required on all pharmacy and Durable Medical Equipment (DME) claims to ensure the recipient was offered appropriate counseling (if applicable) and to validate the billed and reimbursed service was rendered to the recipient. For pharmacy and DME items that have been delivered, the provider must ensure that the delivery service obtains the recipient's signature upon delivery. Exceptions to the recipient signature are listed below.

- The recipient signature is not required when there is no personal recipient/provider contact (e.g. laboratory or radiology services). This exception does not apply to pharmacy and/or DME claims.
- Illiterate recipients may make their mark, for example, "X" witnessed by someone with their dated signature after the phrase "witnessed by."
- Interested parties may sign claim forms for recipients who are not competent to sign because of age, mental, or physical impairment.
- Home Health recipient signatures are obtained on the Home Health certification form which acknowledges services are medically necessary and approved for payment.
- The recipient signature is not required when a home visit is made by a physician. The physician must provide documentation in the medical record that the services were rendered.
- For services rendered in a licensed facility setting, other than the provider's office, the recipient's signature on file in the facility's record is acceptable.
- Unless clinically contraindicated, the recipient will sign the treatment plan to document the recipient's participation in developing and/or revising the plan. If the recipient is under the age of 14 or adjudicated incompetent, the parent/foster parent/legal guardian must sign the treatment plan.
- Treatment plan review, mental health consultation, prehospitalization screening, crisis intervention, family support, Assertive Community Treatment (ACT), Program for Assertive Community Treatment (PACT), and any nonface-to-face services that can be provided by telephone do not require recipient signatures when provided by a Rehabilitation Option Provider.

When payment has been made on claims for which the recipient signature is not available and one of the above exceptions is not applicable, the funds paid to the provider covering this claim will be recovered.

Medicaid Reminders

Copayments

Copayment amounts vary and do not apply to services provided for pregnant women, long term care (nursing home) residents, emergencies, recipients under 18 years of age, or family planning. Copayments do not apply to Native American Indians that present an “active user letter” issued by Indian Health Services (HIS). The provider must enter a value of ‘4’ in the prior authorization type code field indicating co-pay exemption for a Native American Indian with an active user letter.

A provider may not deny services to any eligible Medicaid recipient because of the recipient’s inability to pay the cost sharing (copayment) amount imposed. Copayments range from \$.65 to \$3.90. For more information, please visit the Medicaid Agency website at www.medicaid.alabama.gov.

Automatic Refills

The use of automatic refills by pharmacies is not allowed by the Medicaid Agency. Prescriptions that have been filled but not picked up by the patient or patient’s authorized representative should be credited back to pharmacy stock and Medicaid through claims reversal within sixty days. Violations of these policies may result in unauthorized charges. The pharmacy may be held liable or Medicaid may cancel the pharmacy vendor agreement.

Quantity Limitations

Claims must be submitted in the units specified on the prescription by the prescribing physician up to a 34 day supply. **Medications supplied in a dosage form that would prevent the dispensing of an exact 30-34 day supply for chronic medications, such as insulin, may require quantities that exceed the 34 day maximum and would not be subject to recouplement as long as the pharmacist can provide appropriate documentation.**

Pharmacies may not split a prescription into small units and submit them as separate claims in order to obtain additional dispensing fees.

A pharmacist should not change quantities (units) of drugs prescribed by a physician except by authorization of the physician. The pharmacist must contact the prescribing physician for authorization to reduce the quantity of any Medicaid prescription and note physician authorization on the prescription form.

CMS’ Medicaid Program Integrity (MPIE) Website

CMS has launched a website to provide educational resources to Medicaid providers and beneficiaries promoting best practices and awareness of Medicaid fraud, waste, and abuse. Several resources are available including: a Drug Diversion Toolkit, a Pharmacy Education Toolkit, and a Partners in Integrity Toolkit. Visit the following link to gain access to these valuable resources:

<http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html>

July 1st Pharmacy Changes

Effective July 1, 2015, the Alabama Medicaid Agency will:

1. Require prior authorization (PA) for payment of non-preferred brand Oral Anticoagulants.
2. Require prior authorization for payment of clonidine HCL ER (generic Kapvay) and dexamethylphenidate HCL ER (generic Focalin XR). Brand Kapvay and brand Focalin XR will be preferred with no PA.
 - Use Dispense as Written (DAW) Code of 9 for brand Kapvay and brand Focalin XR. DAW Code of 9 indicates the following: Substitution Allowed by Prescriber but Plan Requests Brand—Patient's Plan Requested Brand Product to be Dispensed.
3. Remove prior authorization from zafirlukast (generic Accolate) and levalbuterol inhalation solution (generic Xopenex Inhalation Solution). Brand Accolate and brand Xopenex Inhalation Solution will now require PA.
4. Update the Preferred Drug List (PDL) to reflect the quarterly updates. The updates are listed below:

PDL Additions	
Advair Diskus	Orally Inhaled Corticosteroids
Coumadin	Oral Anticoagulants
Janumet	Dipeptidyl Peptidase-4 Inhibitors
Janumet XR	Dipeptidyl Peptidase-4 Inhibitors
Januvia	Dipeptidyl Peptidase-4 Inhibitors
Kapvay	Cerebral Stimulants—Agents for ADHD/ Central Alpha Agonists
PDL Deletions	
Accolate	Leukotriene Modifiers
Flovent Diskus	Orally Inhaled Corticosteroids
Flovent HFA	Orally Inhaled Corticosteroids
Tradjenta	Dipeptidyl Peptidase-4 Inhibitors
Xopenex Inhalation Solution	Selective Beta-2 Adrenergic Agonists

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>.

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:

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.