Alabama Medicaid Pharmacist

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PDL Update

Effective January 3, 2011, 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*
N/A	Aceon—ACE Inhibitors
	Avandamet—Thiazolidinediones
	Avandaryl—Thiazolidinediones
	Avandia—Thiazolidinediones
	Diovan—ARBs
	Eurax—Skin and Mucous Membrane Agents/Scabicides and Pediculicides
	Micardis—ARBs
	Micardis HCT—ARBs
	Teveten—ARBs
	Teveten HCT—ARBs
	Vigamox—EENT/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.*

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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Reimbursement for Administration of Pneumococcal and Tdap Vaccines

Effective December 1, 2010, Alabama Medicaid will begin reimbursing Medicaid-enrolled pharmacy providers for the administration, to eligible recipients age 19 and older, of pneumococcal vaccine and Tdap vaccine. Alabama Medicaid will also continue to, in addition to the administration reimbursement, reimburse pharmacies for the pneumococcal and Tdap vaccines (ie ingredient).

Beginning December 1, pharmacy providers may bill the following NDC numbers on a pharmacy claim for reimbursement of vaccine administration:

Pharmacies will now be reimbursed by Alabama Medicaid for administration of Pneumococcal and Tdap Vaccines

- 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 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 Centers for Disease Control (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://www.medicaid.alabama.gov/programs/pharmacy_svcs/pharmacy_services.aspx.

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 (ie ingredient) should be submitted with the appropriate NDC of the vaccine (ie ingredient) and will be reimbursed according to the current drug/pharmacy reimbursement policy.

Reminder

Pharmacies may also be reimbursed for administration of the seasonal influenza vaccine to Medicaid-eligible persons ages 19 and older. Pharmacists should submit the NDC of 99999-9999-10 on a pharmacy claim for the administration of the vaccine for reimbursement. Pharmacists will also be reimbursed for the cost of the vaccine.

"The Agency is working through our Academic Detailing Program and other various education efforts to increase the utilization of pharmacist vaccination administration," said Medicaid Pharmacy Services Director Kelli D. Littlejohn, RPh, PharmD. "We, as pharmacists, have a prime opportunity to promote public health through professional services such as vaccine administration, while integrating the multilateral communication between the prescriber, pharmacist, other health care professionals, and ultimately, the patient."

NDC Drug Lookup System

Effective October 5, 2010, the Alabama Medicaid Agency implemented a drug/ NDC lookup system. The system allows providers to search for a drug by name or by NDC, and will provide the following information for outpatient pharmacy claims:

- If a drug is covered or non-covered
- If a drug is preferred or non—preferred
- If a prior authorization (PA) is required (PA outside of PDL)
- The maximum quantity allowed per month
- Reimbursement rate per unit

Prescribers/providers can also access the system to verify coverage of an NDC for the billing of a HCPCS code. **Please note that pricing, prior authorization requirements, and maximum quantity limits do not apply for HCPCS claims, but the drug coverage field does apply.**

To access the NDC Drug Lookup system, please visit the Alabama Medicaid website and click on the "Drug Look Up" link under Pharmacy Services.

Helpful Hints for using the drug/NDC lookup system:

- When looking up a drug by NDC, do not include dashes or spaces in the NDC number
- Please include a date if looking for information specific to a certain timeframe
- When looking at a brand drug when a generic equivalent is available (DAW code of 1), please check the 'Dispense As Written' box to view the appropriate reimbursement rate for the brand version.

For more information or questions regarding the NDC Drug Lookup System, please call Health Information Designs at 800-748-0130.

Average Acquisition Cost (AAC) Reimbursement for Drug Ingredient Cost

The Alabama Medicaid Agency moved to Average Acquisition Cost (AAC) reimbursement for drug ingredient cost, plus a modified dispensing fee, for outpatient pharmacy claims effective September 22, 2010. Pharmacy providers will not be required to take any new or additional action when submitting claims.

Additional information can be found on the Agency website by clicking on "AAC" under the Pharmacy Services link.

Risk Evaluation and Mitigation Strategies

Rosiglitazone has been on the market for many years, but there is now evidence to suggest that it can increase the risk of heart problems. In September of 2010, the Food and Drug Administration (FDA) required several new things for users of rosiglitazone. First, patients that are currently taking rosiglitazone may continue, but they must sign a consent that documents understanding of the risks associated with continued therapy. Patients that are new to rosiglitazone must show that their diabetes has not been adequately controlled with other non-thiazolidinedione antidiabetic agents and that they are not candidates for pioglitazone therapy. This is just one example of the Risk Evaluation and Mitigation Strategies (REMS) that the FDA has developed in response to safety concerns regarding drugs that are currently on the market.

In September of 2007, the Food and Drug Administration Amendments Act (FDAAA) was signed into law. This bill amended the Food, Drug and Cosmetic Act, giving the FDA more resources and authority to safeguard public health.

In September 2007, President George Bush signed the Food and Drug Administration Amendments Act (FDAAA) into law.

In the legislation, the FDA is given the authority to:

- require post approval studies, or
- to request that safety information be provided in labeling, or
- to require that a drug manufacturer submit and execute a Risk Evaluation and Mitigation Strategy (REMS)

REMS are required if a drug has serious side effects, such as teratogenicity, cardiovascular side effects, liver damage, etc. This concept is not new to the FDA. Prior to the implementation of the FDAAA, there were certain drugs with special requirements, such as dispensing with a MedGuide or special registration conditions that had to be met prior to dispensing to the patient. The drugs that had requirements in place prior to 2007 were part of a program called risk minimization action plans, or RiskMAPs, so they are not technically REMS drugs. However, the FDA is currently in the process of converting RiskMAPs to REMS.

There are different things that REMS might require. For example:

- *Confirmation of patient age* – patients must be at least 18 years old to buy nicotine products.
- *MedGuides* – additional information must be dispensed with certain classes of drugs, including prescription NSAIDs and antidepressants.
- *Vaccine Information Statements (VIS)* – these statements provide patients or their guardians with information about the risks and benefits of the vaccine to be given.
- *Special training* – healthcare professionals might be required to have special training before they prescribe or dispense a certain drug. For example, physicians must have at least eight hours of special training before they can write prescriptions for Suboxone® or Subutex®.
- *Enrollment in special programs* – the patient, prescriber, and/or pharmacy might be required to enroll in a special program in order for a drug to be prescribed or dispensed. Those patients taking thalidomide for multiple myeloma, along with their doctor and pharmacy, must register with t he System for Thalidomide Education and Prescribing afety (S.T.E.P.S.).
- *Registries* – patients taking clozapine must have their white blood cell count checked before they can have their prescription filled. This is for the patient's safety, but also allows the drug companies to analyze the data and determine how often this side effect occurs.
- *Dispensing from specialty pharmacies* – drugs for relatively rare diseases can be very expensive (such as bosentan) and are dispensed only from specialty pharmacies who have been certified.

A list of drugs with approved REMS, as well as those that require MedGuides, can be found on the FDA website, www.fda.gov.

References:

1. Guidance for Industry: Format and Content of Proposed Risk Evaluation and Mitigation Strategies (REMS), REMS Assessments, and Proposed REMS Modifications. U.S Department of Health and Human Services/Food and Drug Administration; September 2009.
2. Food and Drug Administration Amendments Act (FDAAA) of 2007. www.fda.gov. Accessed 11/2010.
3. Drugs with REMS and other special prescribing/dispensing requirements. Pharmacist's Letter/Prescriber's Letter 2010;26(11):261111.

Consumer Drug Disposal

Most patients are unsure how to dispose of old or unused medications. How should pharmacists advise them? The Food and Drug Administration (FDA) worked with the White House Office of National Drug Control Policy (ONDCP) to develop consumer guidance for the proper disposal of medications. The federal guidelines state:

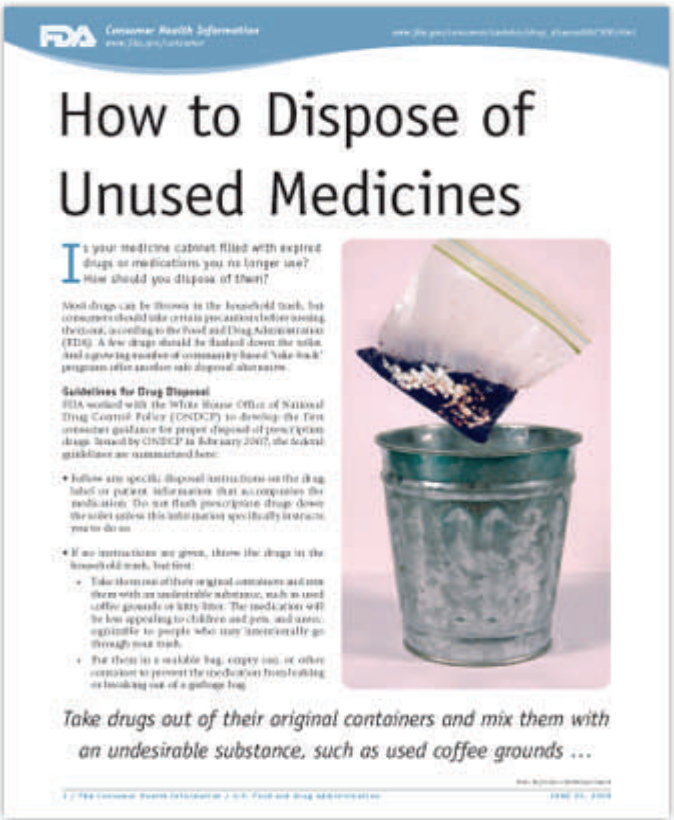
- Follow any specific disposal instructions that is included in the drug labeling. Medications should not be flushed unless the labeling recommends it.
- If no instructions are given, patients should be instructed to throw the drugs in the household trash, first taking them out of their original containers and mixing them with an undesirable substance (used coffee grounds or kitty litter). The medication should then be placed in a sealed bag or container to prevent it from leaking out of the garbage bag.
- Patients should be encouraged to participate in community drug take-back programs.
- Certain medications (such as the fentanyl patch or other potent narcotics) are recommended to be flushed. In these cases, the FDA has determined that this method is the most appropriate route of disposal because it presents the least risk to safety or accidental overdose. There are approximately 30 drugs on the 'Medicines Recommended for Disposal by Flushing' list and they can be accessed on the FDA website (www.fda.gov).

In spite of the safety reasons for flushing drugs, there are questions about how that affects the water supply. Trace levels of drug residues can be found in surface water (rivers and lakes) and in some community drinking water supplies. However, environmental experts have found that the majority of the residue is due to patients taking medications and passing them naturally.

Still, the FDA does not want to introduce additional drug residue into the water supply unnecessarily, so the agency requires all new drug applications to include an assessment on how the drug might affect the environment.

Another environmental concern lies with used inhalers. The inhalers that contained chlorofluorcarbons (CFCs) - a propellant which damages the ozone layer—have been phased out. But now there is concern about how to properly dispose of the used inhaler. Patients should be directed to their local trash and recycling facility for instructions as some products can be disposed of in household trash or recyclables, while others may be considered hazardous waste and require special handling.

More information, and the handout shown below, can be found on the FDA website.


FDA Consumer Health Information

How to Dispose of Unused Medicines

Is your medicine cabinet filled with expired drugs or medications you no longer use? How should you dispose of them?

Most drugs can be thrown in the household trash, but consumers should take certain precautions before tossing them out, according to the Food and Drug Administration (FDA). A few drugs should be flushed down the toilet. And a growing number of community-based "take-back" programs offer another safe disposal alternative.

Guidelines for Drug Disposal

FDA worked with the White House Office of National Drug Control Policy (ONDCP) to develop the first consumer guidance for proper disposal of prescription drugs. Issued by ONDCP in February 2007, the federal guidelines are summarized here:

- Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet unless this information specifically instructs you to do so.
- If no instructions are given, throw the drugs in the household trash, but first:
  - Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
  - Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.

Take drugs out of their original containers and mix them with an undesirable substance, such as used coffee grounds ...

Reference: How to Dispose of Unused Medicines. www.fda.gov. Accessed 11/2010.

Medicaid Identification Number

The Alabama Medicaid Agency is phasing out the acceptance of the old Medicaid ID number for claims processing, effective January 17, 2011. Medicaid will DENY any claims received on or after January 17, 2011, that are submitted with the old Medicaid ID number.

All new Medicaid ID numbers issued after the conversion begin with a "5". The old Medicaid ID number begins with "000". Please verify the Medicaid ID number for Medicaid recipients at the time of service. If the Medicaid ID number begins with "000", obtain the correct Medicaid ID number before submitting the claim to Medicaid for processing.

Providers with questions about the new recipient ID numbers should contact the Provider Help Desk at 1-800-688-7989. Medicaid recipients with questions about the new ID numbers should call toll-free at 1-800-362-1504.

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