



ALABAMA MEDICAID PHARMACIST

Published Quarterly by Health Information Designs, LLC, Fall 2012 edition

A Service of Alabama Medicaid

PDL Update

Effective October 1, 2012, 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*
Pulmicort Flexhaler —Respiratory/Orally Inhaled Corticosteroid	Singulair —Respiratory/Leukotriene Modifier
Intuniv —Cerebral Stimulants/Long-Acting ADD/ADHD Agents	Maxalt MLT —Pain Management/Autonomic Agents/Selective Serotonin Agonists
	Diastat —Behavioral Health/Anxiolytics/Sedatives/Hypnotics: Benzodiazepines
	Zafirlukast —Respiratory/Leukotriene Modifier
	Lexapro —Behavioral Health/Antidepressants

**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.*

The HID Help Desk is open Monday–Friday from 8am to 7pm and on Saturdays 10am to 2pm. If you need a form, wish to review criteria or have other questions, please access our website at hidmedicaid.hidinc.com or the Agency website at medicaid.alabama.gov.

Please fax all prior authorization and override requests

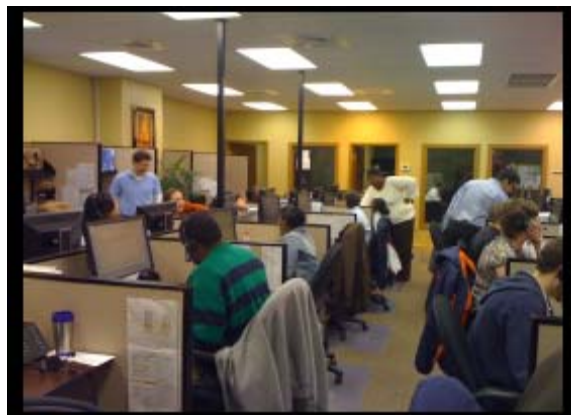
directly to Health Information Designs at

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
Pediatric Antibiotic Storage	Page 2
Head Lice Treatment	Page 3
Billing Instructions—POS Plans	Page 4
ePrescribe System	Page 5
AL 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



Pediatric Antibiotic Oral Suspensions – Storage Recommendations

As the fall season approaches, it is important to be aware of the storage recommendations for the popular pediatric antibiotic oral suspensions. The chart below is intended to be a quick reference for the pharmacy regarding these medications.

Generic name	Trade name	If at room temperature, can be kept up to...	If refrigerated, can be kept up to...
Amoxicillin	Amoxil Trimox	14 days	14 days (refrigeration preferred but not required; improves taste)
Amoxicillin/Clavulanate	Augmentin	Do NOT leave at room temperature (only out when giving the dose)	10 days
Azithromycin	Zithromax	10 days	10 days
Cefdinir	Omnicef	10 days	10 days (may be hard to pour accurate dose)
Cephalexin	Keflex	1 day	14 days
Cefprozil	Cefzil	1 day	14 days
Clarithromycin	Biaxin	14 days	Do NOT refrigerate
Contrimoxazole TMP-SMZ	Cotrim Septra	No Stability Concerns	Does not need refrigeration
Penicillin VK	Veetids	1 day	14 days

Reference:

Allen, JA. Pediatric oral suspensions. Pharmacist's Letter [Internet]. 2003 Nov [cited 2012 May 23];19(11):191109. Available from: <http://pharmacistsletter.therapeuticresearch.com/pl/ArticleDD.aspx?cs=STUDENT&s=PL&pt=6&fpt=56&dd=191109&pb=PL#dd>

Head Lice Treatment

Head lice, or *Pediculus capitis*, are parasitic insects that can infest the hair on the head, particularly around and behind the ears and near the nape of the neck. Uncommonly, head lice may be found on the eyebrows and eyelashes. Head lice feed on human blood several times a day.

The egg, or nit, is laid by the adult female at the base of the hair shaft nearest the scalp. Nits usually take about eight to nine days to hatch—somewhat shorter in hot climates and longer in cold climates. Nits cannot hatch at a lower ambient temperature than that near the scalp. A nymph is an immature louse that hatches from the nit. Nymphs mature into adults about nine to 12 days after hatching. The fully grown and developed adult louse is about the size of a sesame seed. An adult head louse can live about 30 days on a person's head.

Many school-aged children will be affected by head lice as school begins this fall. In the United States, it is estimated that 6 million to 12 million infestations occur yearly among children 3 to 11 years of age. Infestations are most common among children attending child care and elementary school. Head lice infestations affect all socioeconomic groups and are not influenced by hair length or frequency of shampooing or brushing. Transmission by contact with personal be-

longings or clothing is uncommon because head lice survive less than two days at room temperature. Head lice move by crawling and cannot hop or fly. The greatest risk of transmission occurs from direct head-to-head contact with someone who already has lice.

Treatment of head lice is indicated for persons with an active infestation. The American Academy of Pediatrics (AAP) recommends starting therapy with an over-the-counter (OTC) 1% permethrin product or with a pyrethrin combined with piperonyl butoxide product. If there is failure of an OTC product, the AAP recommends using malathion, benzyl alcohol lotion, or spinosad suspension. Retreatment is often necessary because no product is truly ovicidal, although malathion is partially ovicidal. Retreatment should occur after the eggs that are present at the time of initial treatment have hatched but before any new eggs have been produced.

References:

American Academy of Pediatrics. *Red Book: 2012 Report of the Committee on Infectious Diseases*. Pickering LK, ed. 29th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2012.

Head Lice-Treatment [2010 November 2]. *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/parasites/lice/head/treatment.html>

Product Name	Active Ingredient	Indicated Age	Contraindication	Alabama Medicaid PA Status
Permethrin 1%	Permethrin 1%	≥ 2 months		Preferred
Rid®	Pyrethrin with piperonyl butoxide	≥ 2 years	Pyrethrins are contraindicated in those allergic to chrysanthemums or ragweed	Preferred
Ovide®	Malathion 0.5%	≥ 6 years	Children < 2 years	Ovide®: non-preferred
				Malathion: preferred
Ulesfia®	Benzyl alcohol 5%	≥ 6 months	Avoid use in neonates	Non-preferred
Natroba®	Spinosad 0.9%	≥ 4 years	Do not use in infants < 6 months due to benzyl alcohol	Non-preferred

Instructions for Pharmacies Regarding Point of Sale Plans

A “point-of-sale” (POS) drug plan (such as Blue Cross/Blue Shield of Alabama) requires that a percentage of, or the entire cost of, a prescription be paid up front by the patient. A claim can then be submitted by the patient to BC/BS for reimbursement directly to the patient. This definition would not include drug plans that simply have a large deductible or co-pay that has to be met.

When an Alabama Medicaid recipient has other drug coverage that is a POS plan (as defined above), special consideration needs to be given so that a) the recipient is not required to pay the cost of the drug up front, b) Medicaid is aware of the POS plan, c) the pharmacy is allowed to bill Medicaid as primary, and d) Medicaid can bill the POS plan and get reimbursed. In this situation, pharmacies should do the following three things:

1. Ensure that Medicaid’s third party information listed for the recipient indicates coverage code 08: “prescription drug – pay and chase” coverage.

If Medicaid’s system indicates the recipient has coverage code 07: “**prescription drug – cost avoid**” coverage, then Alabama Medicaid needs to be informed so that the drug coverage can be coded into Medicaid’s claims system as coverage code 08: “**prescription drug – pay and chase**” coverage. This will allow the pharmacy to bill Medicaid as the primary payer. Medicaid bypasses the third party edit and pays the claim; Medicaid then submits a claim to BC/BS for reimbursement of the Medicaid paid amount.

To report the change, the pharmacy can contact Medicaid’s Third Party staff to update a recipient’s drug coverage by calling the direct line of the appropriate staff person to update health insurance. Please call the number listed below based on the recipient’s last name:

- Recipient’s Last Name – A through F - 334-242-5249
- Recipient’s Last Name – G through K - 334-242-5280
- Recipient’s Last Name – L through Q - 334-242-5254
- Recipient’s Last Name – R through Z - 334-242-5253

Another means for reporting a coverage change is by visiting the Medicaid website and completing an e-mail or faxable form to update health insurance.

- a) Go to the Medicaid website at: http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.1_Benefit_Coordination.aspx
- b) Select **Update Health Insurance Information** and choose the preferred method to report the change.

2. Bill Medicaid as a primary payer.

Once the recipient’s drug coverage is changed in Medicaid’s system to coverage code 08: “prescription drug- pay and chase,” the pharmacist can bill Medicaid as a primary payer. If the POS plan would pay nothing on the claim, the pharmacist should bill as follows:

- a) Bill Medicaid as the primary payer by entering “01” in the **Other Coverage Code** field (field 308-C8). This will trigger Medicaid’s system to bill the paid claim to the POS plan for reimbursement.
- b) If the POS plan will pay a percentage of the claim, bill the POS plan first, enter a “02” in the Other Coverage Code field (field 308-C8), and enter the amount paid by the POS plan in the Other Payer Amount Paid field (field 431- DV).

This will trigger Medicaid's system to bill the paid claim to the POS plan for the remainder of the reimbursement.

3. Do not provide receipts to the recipient (so that they can file a claim for reimbursement to the POS plan) for ANY prescriptions billed to Medicaid.

During the application process, as a condition of eligibility, the recipient assigned over to Medicaid any health benefits for which they may be entitled. When Medicaid pays the patient's responsibility amount, Medicaid is entitled to any benefits covered by another insurance. **The recipient should not bill the POS plan for any reimbursement. Medicaid will bill the POS plan.**

If you have additional questions, please contact Keith Thompson at (334) 242-5248 or Shari Rudd at (334) 353-4542.

Medicaid's ePrescribe System is Now Available

Medicaid formulary and prescribing history are now available to any provider utilizing an eprescribing tool. Additionally, any prescriber can now enroll to transmit prescriptions electronically through the existing Medicaid Web portal.

To use the HPES Healthcare ePrescribe System, available through the Medicaid web portal, providers must be a Medicaid registered provider and request a log-on, which is separate from the web portal log-on. A form is available on page two of the April 2012 *Provider Insider*, or from:

http://medicaid.alabama.gov/documents/2.0_Newsroom/2.3_Publications/2.3.7_Provider_News/2.3.7_12_April.pdf

This form should be completed and sent in to obtain an ePrescribe ID. If the provider is permitted to prescribe

electronically, the ePrescribe link will appear on the provider page of the provider portal.

A provider is required to register with the Healthcare ePrescribe System. The one-time ePrescribe prescriber registration process requires entry of several key pieces of information. This includes name and contact information, DEA number (for prescribing controlled substances on paper), provider specialty, and a self-created Personal Identification Number (PIN) which is used by the prescriber to finalize prescriptions written using this system. In addition, the prescriber must indicate if he/she grants access to portal delegates to perform clerical functions such as updating the patient profile or performing an eligibility transaction. If the Grant Delegate Access is set to 'Yes', provider portal delegates for that prescriber can have the ability to access the clerical functions of ePrescribe. Please note that delegates do not have the capability to finalize a prescription because the prescriber PIN is needed to complete this process. Upon completion of the prescriber profile, the only time the prescriber needs to access the profile is to update any profile information.

For questions, please contact the EMC helpdesk at 1-800-456-1242.



Alabama Medicaid Updates

Dispense as Written (DAW) Code of 9 for Brand Adderall XR

Effective July 2, 2012, Alabama Medicaid will begin allowing the use of a Dispense as Written (DAW) Code of 9 for brand Adderall XR. Generic versions of the drug will be non-preferred and will require prior authorization. Additional drugs may be added to the DAW 9 list at a future time. A DAW Code of 9 indicates the following: Substitution Allowed by Prescriber but Plan Requests Brand—Patient's Plan Requested Brand Product To Be Dispensed. This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted, but Alabama Medicaid requests the brand product be dispensed. This situation can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources. A DAW of 9 will result in a claim paying the brand Average Acquisition Cost (AAC). For additional PDL and coverage information, visit the Alabama Medicaid drug look-up site at <https://www.medicaid.alabamaservices.org/ALPortal/NDC%20Look%20Up/tabId/39/Default.aspx>. 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.

Four (4) Brand-Name Limit

Effective August 1, 2012, The Alabama Medicaid Agency has reinstated the four (4) brand-name drug limit per month. Allowances will remain for up to ten (10) brand-name drugs per month for antipsychotics, antiretrovirals, and switchovers. Children (recipients under 21) and nursing facility recipients are excluded from the four brand-name limit. Generics and covered over-the-counter products remain unlimited.

Policy questions regarding this should be directed to the Pharmacy Program at (334) 242-5050.