



Provider Newsletter

Winter 2016



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www.parklandhmo.org
1-888-672-2277 – Medicaid
1-888-814-2352 – CHIP

TX-16-11-07

Medical Director's corner

Dr. Barry Lachman, MD, MPH

Improving asthma care - dose counters

Some asthma inhalers come with dose counters built in to the unit. Dose counters are found on both dry powder and metered dose inhalers. They are found on both controller and rescue medications. The FDA has recommended dose counters since 2003. The American College of Asthma, Allergy and Immunology (ACAAI) endorses use of dose counters for asthma.

The current literature strongly endorses use of dose counters (Sander, N., Fusco-Walker, S. J., Harder, J. M., & Chipps, B. E. (2006). *Dose counting and the use of pressurized metered-dose inhalers: running on empty. Annals of Allergy, Asthma & Immunology*, 97(1), 34-38. [http://doi.org/10.1016/S1081-1206\(10\)61366](http://doi.org/10.1016/S1081-1206(10)61366), Conner, J. B., & Buck, P. O. (2013). *Improving Asthma Management: The Case for Mandatory Inclusion of Dose Counters on All Rescue Bronchodilators. Journal of Asthma*. <http://doi.org/10.3109/02770903.2013.789056>).

A recent study presented at the Annual Meeting of the ACAAI shows that asthma related ER visits are reduced 55% by use of asthma medication devices with dose counters (Rigazio A, Buck P, Lepore M, Burden A, Gilchrist A, von Ziegenweidt J, Price DB. *Integration of dose-counters into metered-dose rescue inhalers may reduce incidence of respiratory-related emergency room visits. ACAAI Meeting 2013; A5:11. This study has been recently published in a peer-reviewed journal (<https://www.dovepress.com/historical-cohort-study-examining-comparative-effectiveness-of-albuter-peer-reviewed-article-JAA>).*

Asthma medications with dose counters include Ventolin, Proair, Asmanex, Qvar, Advair, Symbacort and Pulmocort. Notably, Proventil lacks a dose counter.

The clinical advantage of dose counters means that you should always try to prescribe asthma treatments that include a dose counter. You should strongly consider switching patients who use products without a dose counter to a product with a dose counter.

Pills and potions corner

Dr. Nneka Cos-Okpalla, BS, PharmD

Synagis

The 2016-17 respiratory syncytial virus (RSV) seasons began October 1, 2016. The RSV season schedule for the upcoming season has been modified at the recommendation of the Texas Pediatric Society's RSV Task Force group.

Acceptance and processing of Prior authorization (PA) requests began September 23, 2016. The following NDC's were added to the Medicaid formulary with an effective date of September 21, 2016.

Drug name/strength	NDC
Synagis 100 MG/1 ml Vial	60574411301
Synagis 50 MG/0.5 ml Vial	60574411401

To allow for Synagis administration by a healthcare provider on the respective season start dates, and time for pharmacy processing, health plans may begin processing Synagis PA requests up to 10 business days prior to a region's RSV season start date.

The Fee-For-Service (FFS) Medicaid Synagis PA Request Form will be posted to the Vendor Drug Program website at www.txvendordrug.com/pa/rsv/2016/. Plans that use the Medicaid FFS Synagis PA Form must adjust any headers and contact information to correspond to that of the issuing health plan. The criteria being used for Synagis PA for the 2016-17 RSV season has not changed since the 2015-16 RSV season.

The "Texas Standard PA Form for Prescription Drug Benefits" may be submitted by prescribers for Synagis PA requests. Plans may request additional information via use of an additional form or phone call, if required information is lacking. Due to the nature of the Synagis PA form, VDP is using a Synagis Addendum by modifying the Synagis PA form only by changing the title to Synagis Addendum, being that the questions on the Synagis PA form are generally not duplicative of information requested on the Texas Standard PA Form. Plans that use the Medicaid FFS Synagis PA form addendum must adjust any headers and contact information to correspond to that of the issuing health plan.

Communications regarding the Synagis PA criteria were distributed to pharmacies and providers on the week of September 12, 2016. Synagis PA forms have been posted by PCHP and can be accessed on this link: www.navitus.com/texas-medicaid-star-chip/synagis.aspx

Reminders:

- Health plan medical directors are allowed to end the RSV season for their health plan, by service area, if they demonstrate to HHSC that the local virology has dropped below 10% positivity for two consecutive weeks.
- In accordance with Texas Government Code 533.005 (a) (23) (D) (i) an MCO may not negotiate or collect rebates associated with pharmacy products on the vendor drug program formulary.

Hepatitis C drug therapy class update

VDP has added the following products to the Texas Medicaid Formulary as of Wednesday, September 21st to be effective September 23, 2016.

- Technivie (ombitasvir, paritaprevir, ritonavir)** is a preferred product and FDA indicated for patients with Genotype 4.
- Daklinza** is a preferred product and has an FDA indication for use with sofosbuvir. Sofosbuvir is a non-preferred product and should only be approved in cases where a preferred product would not be appropriate, such as use in Genotype 3.

- Zepatier (elbasvir/grazoprevir)** was reviewed at the July 29 Drug Utilization Review (DUR) Board meeting. Zepatier is non-preferred product and should only be approved in cases where a preferred product would not be appropriate. It is FDA indicated for patients with Genotypes 1 or 4 chronic Hepatitis C.

Below is information regarding the fee-for-service product and reimbursement rates. The standard HCV prior authorization criterion for approval applies to patients in both fee for service and those enrolled in managed care.

NDC	Drug name	PDL status	Number of pills per month	Price per tablet	Per 28 Day prescription	Dispensing fee	Total
00003021501	Daklinza	Preferred	28	\$ 735.00	\$20,580.00	\$ 200.00	\$20,780.00
00003021301	Daklinza	Preferred	28	\$ 735.00	\$20,580.00	\$ 200.00	\$20,780.00
00074006328	Viekira XR	Preferred	84	\$ 324.02	\$27,217.54	\$ 200.00	\$27,417.54
00006307402	Zepatier	Non-Preferred	28	\$ 637.00	\$17,836.00	\$ 200.00	\$18,036.00

By the time you read this, two additional products, Viekira XR and Eplclusa, will have been reviewed at the October 14 board meeting. VDP will begin work to have these products added to the Texas Medicaid Formulary if the drugs were voted to be added.

Texas Medicaid standing order for mosquito repellent

I, the undersigned Physician,

1. Represent that I:
 - a. am licensed to prescribe drugs in the State of Texas;
 - b. practice medicine in the State of Texas; and
 - c. am in good standing with the Texas Medical Board;
 2. In compliance with Federal and State of Texas statutes and regulations, including the rules and regulations of the Texas Medical Board, Texas State Board of Pharmacy, including Texas statutes governing the practice of pharmacy and any rules and regulations promulgated under Texas law regulating the practice of pharmacy;
 3. In association with pharmacists licensed in the State of Texas;
 4. For the purpose obtaining Federal Financial Participation from the Centers for Medicaid and Medicare Services; and
 5. For the purpose of preventing disease transmission by mosquitos, issue this Standing Order, authorizing pharmacists to dispense mosquito repellent.
5. The dispensed mosquito repellent must be a mosquito repellent listed on the Texas Medicaid/CHIP formulary,
 6. A mosquito repellent dispensed to a child may contain no more than 30 percent N, NDiethy1...meta4oluanhde (DEET), 20 percent picaridin, 30 percent oil of lemon eucalyptus, or 20 percent 1R3535.
 7. The mosquito repellent may only be dispensed for females ages 10 to 45, or pregnant females of any age.
 8. The pharmacist must note on the prescription label for the patient to "Use topically, as directed".
 9. The prescription record for the dispensed mosquito repellent will be stored in the pharmacy dispensing system.
 10. A copy of this Standing Order shall be maintained at the pharmacy during the term of the Standing Order.
 11. This Standing Order may be terminated by the Physician at any time upon delivery of written notice to the pharmacy. This Standing Order shall remain in full effect for one year from the date signed, unless terminated by the Physician in writing, prior to one year from the signed date.
 12. Any party that uses any of the physicians information below for any purpose other than for the dispensing of mosquito repellent under this Standing Order, shall be referred to the Inspector General for fraud.

Terms

The mosquito repellent may be dispensed using this Standing Order only under the following terms:

1. The mosquito repellent is dispensed by a Pharmacist licensed by and in good standing with the Texas State Board of Pharmacy.
2. The Pharmacist operating under this Standing Order has reviewed and understands all Terms in this Standing Order.
3. The mosquito repellent may be dispensed only for patients in the following programs:
 - a. Texas Medicaid
 - b. Children's Health Insurance Program (CHIP)
 - c. CHIP Perinate
4. The dispensed mosquito repellent is intended for the prevention of disease transmission by mosquitos.

This Standing Order is issued in my official capacity as the Medical Director for the Texas Health and Human Services system. In my judgment, and on the recommendation of the Commissioner of the Texas Department of State Health Services, it is necessary and appropriate to make the above listed mosquito repellants as easily and widely available as possible to the populations for which they are indicated. Given the federal requirement that this Medicaid pharmacy benefit may only be accessed when prescribed by a health professional, this Standing Order will remove an administrative barrier to the access of this necessary product.

Patient Protection and Affordable Care Act deadline has passed and disenrollment from Texas Medicaid will occur January 31, 2017

The Patient Protection and Affordable Care Act (PPACA) requires providers to have revalidated their enrollment in state Medicaid programs by September 24, 2016. In accordance with PPACA and based on direction from the Texas Health and Human Services Commission (HHSC), TMHP has accepted and is processing completed revalidation applications received by September 24, 2016. There will be no disenrollment action taken on providers that met this submission date and continue to respond to application deficiencies by specified deadlines.

TMHP has begun disenrollment actions on providers that failed to submit a completed revalidation application by September 24, 2016. These actions will be completed and a final disenrollment effective date of January 31, 2017 will be applied to any provider that failed to meet the application submission deadline. Providers may refer to the notification published on August 31, 2016, for details on disenrollment actions.

Revalidation applications received after the September 24, 2016 deadline

TMHP will continue to process revalidation applications that are received after September 24, 2016. If a revalidation application is received after September 24, 2016, but it has not completed the revalidation process by the final disenrollment date of January 31, 2017, the provider will be disenrolled from Texas Medicaid until the application has been approved and finalized. Receipt of a completed revalidation application after the September 24, 2016 submission deadline will not cease disenrollment actions.

Additionally, disenrolled providers will not be eligible to participate as network providers in Medicaid managed care organizations (MCOs) or dental maintenance organizations (DMOs) while they are not enrolled in Texas Medicaid.

This revalidation requirement applies to providers that participate in Medicaid Fee for Service (FFS), Medicaid managed care, the Texas Vendor Drug Program (VDP), the Children with Special Healthcare Needs (CSHCN) Services Program, and Long Term Care (LTC) services administered through the Texas Department of Aging and Disability Services (DADS).

To avoid disenrollment, and a disruption in claims payment, providers should submit a revalidation application to the state or TMHP immediately.

Information for acute care and pharmacy/durable medical equipment (DME) providers re-enrolling through TMHP:

- TMHP Provider Re-enrollment webpage
- TMHP Provider Re-enrollment Application
- TMHP Provider Re-enrollment FAQs
- TMHP Provider Enrollment Tool Quick Reference Guide

If you have questions, please contact Amanda Hudgens at Amanda.Hudgens@hhsc.state.tx.us and Walter Sotillo at Walter.Sotillo@hhsc.state.tx.us and copy your health plan management.

Prior authorization criteria reminder:

- Medicaid managed care plans have the option to implement any of the board-approved criteria.

Preferred drug list reminder:

- Decisions from the July and October 2016 board meetings will be incorporated into the next release of the PDL, scheduled for January 2017.

The October 2016 drug class review schedule is also available.

Medical management therapy update

Texas Supreme Court refuses to hear appeal on ruling over Medicaid cuts to children's therapy

The *Texas Tribune* (9/23, Walters) reported that the Texas Supreme Court refused to hear a suit over budget cuts to the state's Medicaid program, which clears the way for "a significant cut to the amount of money Texas pays therapists who treat children with disabilities." Last year, the parents of some of these children and certain advocates "filed a lawsuit seeking to block the \$350 million

cut to Medicaid from taking effect." The plaintiffs maintained that these cuts "were so steep that providers would have to close their businesses and forgo seeing as many as 60,000 children." This decision by the state's highest court means the ruling of a lower court, which concluded that the plaintiffs lacked standing, is upheld.

PCHP maintains a robust therapy provider network and anticipate minimal to no impact from this mandate.

Who to call?

Provider relations and Member services lines	1-888-672-2277 (HealthFirst) 1-888-814-2352 (KidsFirst)
Migrant farm worker	1-800-327-0016
Extension numbers	
Member services	5428
Member services (Spanish)	5432
Pre-certification	4021
Provider relations	5430
Claims	5191
Nurse	4120
Superior Vision	1-800-879-6901
LogistiCare (medical transportation for Medicaid members only)	1-877-633-8747 (24/7) 1-855-687-3255 (8 a.m. - 5 p.m., M-F)
Nurse line	1-888-667-7890 (HealthFirst) 1-800-357-6162 (KidsFirst)

Report fraud, waste or abuse	1-800-436-6184
Behavioral health benefits	1-888-800-6799 (HealthFirst) 1-XXX-XXX-XXXX (KidsFirst)
Fax numbers	
Prior authorization fax #	1-800-240-0410
Dental	
MCNA Dental	1-855-691-6262
Denta Quest	1-800-516-0165 (Medicaid) 1-800-508-6775 (CHIP)
Pharmacy	
Navitus BIN# 610591 PCN: ADV GROUP# RX8801	1-877-908-6023
Prior authorization fax #	1-920-735-5312