

## Drug News

### Adapted from FYDI: For Your Drug Information Newsletter

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#### FDA Warns Against Clarithromycin Use in Patients with Heart Disease

- The FDA is warning prescribers about clarithromycin use in patients with heart disease based on a 10-year follow-up study of patients in the CLARICOR trial, which showed an unexpected increase in deaths in patients with coronary heart disease who took a two-week course of clarithromycin.
- Healthcare professionals should be aware of these significant risks and weigh the benefits and risks of clarithromycin before prescribing it to any patient, particularly in patients with heart disease, even for short periods, and consider using other available antibiotics.
- For more information, visit

<https://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm597862.htm>

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#### Opioids No Better than Non-Opioids for Pain-Related Function

- In this randomized clinical trial, 240 patients with moderate to severe chronic back pain or hip or knee osteoarthritis pain were divided into two treatment groups in order to compare the effectiveness of opioids vs non-opioids.
- Outcomes of the study included pain-related function over 12 months and pain intensity.
- Results indicated the following:
- There were no differences found between the groups' reported improvement in pain-related function.
- Pain intensity was significantly better in the non-opioid group.
- Adverse medication-related symptoms were significantly more common in the opioid group.
- Authors concluded that opioids did not demonstrate any advantage over non-opioids for chronic back pain or hip or knee osteoarthritis pain, especially considering the potential risks associated with opioids.
- For more information, visit <https://jamanetwork.com/journals/jama/fullarticle/2673971>

#### ACP Recommends Less-Intensive A1C Target for Type 2 Diabetes

A new type 2 diabetes guideline from the American College of Physicians (ACP) recommends less-intensive blood sugar control with an A1C target between 7% and 8%. The president of ACP, Dr. Jack Ende, stated that the analysis of the evidence behind existing guidelines found that treatment with drugs to A1C targets of 7 percent or less compared to targets of about 8 percent did not reduce deaths or macrovascular complications, such as heart attack or stroke, but did result in substantial harms.

For more information, visit

<https://www.acponline.org/acp-newsroom/acp-recommends-moderate-blood-sugar-control-targets-for-most-patients-with-type-2-diabetes>

## **ACIP Recommends LAIV for 2018-2019 Influenza Season**

ACIP (Advisory Committee on Immunization Practices) voted to include the intranasal quadrivalent live attenuated influenza vaccine (LAIV; FluMist) in its recommendations for the 2018-19 influenza season. ACIP had recommended against using LAIV this season and last season, stating concerns about its effectiveness after the vaccine provided poor protection again H1N1 in the 2013-14 and 2014-15 seasons. Now, ACIP is recommending LAIV because the manufacturer has included a different strain of H1N1 in the vaccine. For more information, visit <http://www.pharmacist.com/article/acip-recommends-laiv-2018-19-influenza-season>

## **Can Taking Triptans Along With SSRIs or SNRIs Cause Serotonin Syndrome?**

The FDA released an advisory in 2006 noting the risk of developing serotonin syndrome from concomitant use of triptans and SSRI or SNRI antidepressants. To assess this risk, a retrospective study was conducted utilizing health records of 19,017 patients who received at least one prescription of an SSRI or SNRI antidepressant and at least one prescription of a triptan from 2001 to 2014. Results indicated that the risk of serotonin syndrome associated with concomitant use of triptans and SSRIs or SNRIs was low, with only two patients classified as having definite serotonin syndrome. Therefore, the authors concluded that these results suggest that patients with coexisting affective disorders and migraines should not forgo management of one condition to treat the other. For more information, visit <https://jamanetwork.com/journals/jamaneurology/fullarticle/2673391>

## **New Steps to Managing the Use of Opioid Products**

The FDA issued a statement on developing steps to help prevent new addiction and to curb abuse and overdose related to opioid products. In this statement, the FDA addresses the importance of appropriate prescribing practices, better packaging, and education as important steps to help address the human and financial toll of opioid addiction. These measures can reduce harm while still providing effective pain management protocols. For more information, visit <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm594443.htm>

## **Updated Guidelines for Hemorrhoids**

The American Society of Colon and Rectal Surgeons has released updated guidelines for the management of hemorrhoids. First-line therapy usually involves promoting adequate fluids and fiber, as well as counseling on other nonpharmacologic treatments. Internal hemorrhoidal disease can be treated with office-based procedures for patients who have not been successful on medication therapy alone. For more information, visit [https://www.facsrs.org/sites/default/files/downloads/publication/cpg\\_management\\_of\\_hemorrhoids.pdf](https://www.facsrs.org/sites/default/files/downloads/publication/cpg_management_of_hemorrhoids.pdf)

## **New Guidelines for Primary Care Management of Youths with Depression**

Guidelines for Adolescent Depression in Primary Care (GLAD-PC) include new guidance for primary care clinicians who treat children and adolescents aged 10 to 21 with depression. These guidelines assist primary care providers in the identification and management, both initially and ongoing, of adolescents with depression. For more information, visit <http://pediatrics.aappublications.org/content/early/2018/02/22/peds.2017-4081> for Part 1 of the guidelines and <http://pediatrics.aappublications.org/content/141/3/e20174082> for Part 2 of the guidelines.

Available at <https://mailchi.mp/5f9180afba5a/tlce2fwiq9-2692181?e=86848372a2#DIC>

## New Medicaid Eligibility System to Launch Later This Year: Louisiana Medicaid Eligibility Determination System, or LaMEDS

The Louisiana Department of Health (LDH) is implementing a new Medicaid eligibility and enrollment system known as Louisiana Medicaid Eligibility Determination System, or LaMEDS. This new automated system will replace inefficient manual processes with modern new tools, technologies and electronic data sources.

Scheduled to launch in July 2018, LaMEDS includes a new Self-Service portal containing services for the public, partners and providers. The Provider Portal replaces the current Facility Notification System (FNS) and allows provider representatives, hospital representatives, and Support Coordination Agency (SCA) representatives to submit forms for Medicaid to process. The submitted forms are a means of notifying LDH regarding changes to information for individuals that may be requesting or receiving Long Term Care, Waiver, and Newborn health assistance.

Due to updated security requirements, all current representatives authorized to submit forms in FNS will be required to re-register in the new system. Impacted groups will receive more information on the re-enrollment process through direct contact from LDH.

If you have any questions, please contact [msmcomm@la.gov](mailto:msmcomm@la.gov).

## Louisiana Medicaid to Hold Health Professional Recruitment Event

The Louisiana Department of Health (LDH) will host a Health Professional Recruitment event on Monday, April 9 from 6-8 p.m. in Baton Rouge.

Participants will learn about job opportunities in Louisiana Medicaid Benefits, Covered Services and Clinical Policy. Desired areas of experience include: clinical, claims and coding, specialized behavioral health, provider network development, and medical practice management. Medicaid managed care or commercial insurance experience is a plus.

The event will be held at the Bienville Building, Room 118, 628 North 4<sup>th</sup> St., Baton Rouge, LA, 70802. Pre-registration is required. Visit [www.ldh.la.gov/recruitment](http://www.ldh.la.gov/recruitment) to register. For more information, [click here](#).



## ATTENTION PROVIDERS: PAYMENT ERROR RATE MEASUREMENT (PERM) FFY17 Currently Underway

Louisiana Medicaid is mandated to participate in the Centers for Medicare and Medicaid (CMS) **Payment Error Rate Measurement (PERM)** program which will assess our payment accuracy rate for the Medicaid and CHIP programs. If chosen in a random sample, your organization will soon receive a *Medical Records Request* from the CMS review contractor, CNI Advantage.

**Please be advised that sampled providers who fail to cooperate with the CMS contractor by established deadlines may be subject to sanctioning by Louisiana Medicaid Program Integrity through the imposition of a payment recovery by means of a withholding of payment until the overpayment is satisfied, and/or a fine.**

**Please be reminded that providers who are no longer doing business with Louisiana Medicaid are obligated to retain recipient records for 5 years, under the terms of the Provider Enrollment Agreement.**

For more information about PERM and your role as a provider, please visit the [Provider link](http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/Providers.html) on the CMS PERM website: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/Providers.html>

If you have any questions, please call Catherine Altazan at 225-342-2612.

### Online Medicaid Provider Manual Chapter Revisions as of March, 2018

Manual Chapter	Section(s)	Date of Revision(s)
Professional Services	5.1      Covered Services – Exclusions and Limitations  5.1      Covered Services – Preventive Medicine Evaluation and Management Services (Adult)	03/13/18



### Archived Online Medicaid Provider Manual Chapter Revisions as of March, 2018

Manual Chapter	Section(s)	Date of Omission(s)
Professional Services	5.1      Covered Services – Exclusions and Limitations  5.1      Covered Services – Preventive Medicine Evaluation and Management Services (Adult)	03/13/18

## Remittance Advice Corner

### 2018 Clinical Laboratory Services – Fee Reimbursement Changes

Under Federal regulation, state Medicaid agencies are prohibited from reimbursing providers of clinical laboratory services at a higher rate than the Medicare allowable rate. In accordance with this regulation, clinical laboratory reimbursement rates have been updated on the fee for service Medicaid file effective for dates of service January 1, 2018 and forward. The Laboratory and Radiology fee schedule has been updated to reflect those changes.

Clinical laboratory claims for dates of service on or after January 1, 2018 where the previous reimbursement exceeded the Louisiana Medicare allowable rate will be systematically recycled on the remittance of March 27, 2018 without any action required by the provider.

Please contact Molina Provider Relations at (800) 473-2783 or (225) 924-5040 if there are questions related to this matter for fee for service claims. Questions related to the Healthy Louisiana managed care organizations' updates should be directed to the specific health plan.



### 2018 HCPCS Claims Recycle

Louisiana Medicaid fee-for-service (FFS) claims, processed from January 1, 2018 through January 30, 2018 that were denied due to use of the new 2018 procedure codes prior to their addition to the claims processing system will be recycled. Providers can expect to see the recycled claim results on the remittance advice of February 27, 2018. No action is required by providers. (This does not include outpatient hospital claims which will be handled separately.)

Please contact Molina Provider Relations at (800) 473-2783 or (225) 924-5040 if there are questions related to this matter for FFS service claims. Questions related to the Healthy Louisiana managed care organizations' updates should be directed to the specific health plan.



### ATTENTION: Electronic Health Records Participants

The deadline to attest to the EHR program is March 31, 2018. Please ensure the attestation is submitted by this date in order to receive your 2017 EHR payment.



### ATTENTION: Providers Of Immunizations

The immunization fee schedules for Young Adults and Adults have been updated as described below.

Coverage of CPT code 90674 (Influenza virus vaccine, quadrivalent...preservative and antibiotic free...) has been revised from dates of service beginning October 1, 2017 to dates of service beginning August 1, 2017. Impacted fee for service claims will be reprocessed on the RA of March 27, 2018 with no action required by providers.

Effective with dates of service February 1, 2018 and forward, CPT code 90733 (Meningococcal ...vaccine ...quadrivalent [MPSV4]...) is no longer covered. This change is due to guidance issued from the Advisory Committee on Immunization Practices (ACIP).

For questions regarding this message and/or fee for service claims, please contact Molina Provider Relations at (800) 473-2783 or (225) 924-5040. Updates to Healthy Louisiana related systems and claims processing changes are plan specific and are the responsibility of each health plan. For questions regarding Healthy Louisiana updates, please contact the appropriate health plan.

## For Information or Assistance, Call Us!

Provider Enrollment	(225)216-6370	General Medicaid Eligibility Hotline	1-888-342-6207
<b>Prior Authorization:</b>			
Home Health/EPSDT – PCS	1-800-807-1320	MMIS Claims Processing Resolution Unit	(225) 342-3855
Dental	1-866-263-6534 1-504-941-8206		
DME & All Other	1-800-488-6334 (225) 928-5263	MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
Hospital Pre-Certification	1-800-877-0666		
Provider Relations	1-800-473-2783 (225) 924-5040	Medicare Savings Program and Medicaid Purchase Hotline	1-888-544-7996
REVS Line	1-800-776-6323 (225) 216-(REVS)7387		
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381	For Hearing Impaired	1-877-544-9544
		Pharmacy Hotline	1-800-437-9101
		Medicaid Fraud Hotline	1-800-488-2917

