Ohio Medicaid SPBM Pharmacist Weekly Round-Up

7/15/23

General Practice

* When overriding edit overrides, some situations have been discussed and I want to clarify a few situations that I want to always be approved

Diabetic Testing – Unless a PA is required for quantity of test strips, in which that should probably be approved as well, if a meter is broken or lost or a CGM product is broken or lost it has been stated in the past that making sure the member receives the product to monitor is vastly more important that the cost of the product, please approve these sorts of requests

Inhaler situations – There are times, especially members in SBAT, where an additional rescue inhaler or additional spacers are required for work/school/day camps etc. Always approve these, as in general it will help the member be able to breathe in the different places in emergencies.

Epi-Pens- Same situation as the inhalers, if they need an additional claim because of recent use or work/school/day camps, I would be extremely lenient in allowing early fills.

Real world situations – If there is a logical threat to a persons well being or reason why an early refill is required, I would like to have anything involving weather/accidental displacement from home, legal situations (foster kids or restraining orders), or domestic violence to heavily be considered for approval. Obviously if this is the 3rd time their dad died, I would question.

\*\*\*\*For an idea on my perspective on EOs, I have been doing this for 9 years, I have denied a couple EOs, questioned less than a handful, and those were mainly in situations involving patient’s multiple falls for safety\*\*\*\*

* So far, after the Flexy-Vit discussion this week, it has been determined that 100% Deplin Gcnseqnos are considered medical food and to be denied, but other medical food may be considered medically necessary.

\*\*\*I want and am pushing for a definitive list or edits in place for the medications we are to approve to be considered medical food, and those that are to be denied for this reason.\*\*\*

* It has been verified that for the criteria involving Analgesic Agents: Opioids that the additional criteria skipping for the identified diagnosis of cancer/pallative care/amputation etc are reasons to forgo the additional criteria as cited on the opioid form, BUT this does not apply to the preferred trials for non-preferred agents. To use a non-preferred, it has been expressed that they still need preferred medication trials to use non-preferreds or rationale not to use.

\*\*\*We do again heavily have to use clinical rationale; digestive issues with long acting oral formulations, MED obtainment with certain medications limitations, any scrap of evidence that can be documented for your reasons to not use a preferred in the cases of cancer that can be documented and referenced.\*\*\*

Technician Procedures

I have confirmed with leadership that this is what is to be done with primary insurance, COB issues, Medicare D and FFS: Technicians should be doing this with eligibility check and will be implemented Monday 7/17/23

COB/Primary/Medicare Check

Its my understanding that technicians are aware of primary insurances/Medicare eligibility, and the reasons why there are rejections.

In the effort to decrease the number of PAs that get moved to Medreview, I believe, like eligibility checks, the technicians should be able to use their understanding of the claims and eligibility involved with primary insurances and Medicare eligibility, and cancel accordingly.

I realize this will increase our cancels, but if they get to the pharmacists, they are getting cancelled anyway.

In the effort to decrease PA processing time, I purpose the following situations for working these.

Technicians: When they note that member has primary insurance or Medicare Part D, the technician will call the pharmacy (if open) and have them process the correct COB code (2,3,4) or handle accordingly (having the pharmacy/prescriber follow up with primary if needed)

1. Call pharmacy to process medication correctly.

2. Cancel the PA and send a fax back to the prescriber, like how they do ineligible, and inform the prescriber that pharmacy achieved a paid claim.

3. If pharmacy is not open, they cancel and send the fax back, like how they do the ineligible.

If a pharmacist gets in Medreview a PA that a member has primary or Medicare involvement.

1. The pharmacist will contact the technician who did the eligibility check, and they will call the pharmacy and process as the eligibility check listed above

2. If the original technician is not available the pharmacist will contract someone who does have a case locked to them in pending to complete the process as the eligibility check.

3. The technician completing the calling and eligibility check will follow the procedure like canceling the PA, locking and unlocking may be required.

Clinical Meeting

* All the medications in the category Dermatologic Agents: Oral Acne Products are to be approved at GcnseqNO, there are DAW edits in place to stop the use of Absorica and Absorica LD

ODM Perspective

Future

Let the Hunger Game of Thrones Begin!!

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| --- |
| Labor Day (9/4) |
| 1. Elnaz |
|  |
| 3. Laurie |
| 4. Huma |
| 5. Quan |
| 6. Selina |
| 7. Mindy |
| 8. Jim |