

# PROVIDER BULLETIN

# NO. 08-40

December 8, 2008

To: All Pharmacists and Pharmacies participating in the Nebraska Medicaid Program

From: Vivianne M. Chaumont, Director  
Division of Medicaid and Long Term Care

RE: Medicaid Coverage of Tobacco Cessation, Omeprazole & Midrin

## TOBACCO CESSATION

Beginning December 10, 2008 Nebraska Medicaid will cover counseling and certain drugs specifically approved to help clients quit using tobacco.

Coverage will include up to two 90 day sessions during a 12 month period. A session may include drug coverage with up to a 90 day's supply of medication and up to four counseling visits between a physician or mid-level practitioner and the client, or four counseling visits with a Department enrolled Pharmacist Tobacco Cessation counselor and the client. No more than four total visits will be covered during a 90 day session regardless of which provider provides the counseling and no more than eight total visits will be covered in the two 90 day sessions during any 12 month time period.

Coverable drugs include bupropion SR, varenicline, nicotine patches and nicotine gums. A printable list of quantity limits for covered products is posted on the Drug Lookup Tool on the Nebraska Medicaid Pharmacy webpage at: <https://nebraska.fhsc.com>. In order to be covered the product must be prescribed and rebatable under the Federal CMS drug rebate agreements with the drug labelers/manufacturers. Pharmacists are cautioned to be aware of use of unapproved combinations of these products and that, due to FDA approved indications, no client under 18 years of age may receive any of these drug products.

In order for a Medicaid client to be eligible to receive Medicaid coverage of the drug product, the client must be at least 18 years of age and **MUST** be enrolled and actively participating in the Tobacco Free Quitline. Enrollment may occur by a client calling the Quitline number 1-800-QUIT-NOW (1-800-784-8669) and enrolling or by the prescriber or pharmacist and client completing the fax form and faxing it to 1-877-747-9528.

Use of the Tobacco Free Nebraska Quitline is NOT limited.

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In order to be considered “participating”, the client must complete at least steps one through four in the Quitline Counseling program. Failure to do so will result in notification by the Quitline to Nebraska Medicaid that the client has not completed the program and discontinuation of coverage of drugs for tobacco cessation by Nebraska Medicaid.

Up to 4 tobacco cessation counseling visits with a medical provider (physician, mid-level practitioner, pharmacist Tobacco Cessation Counselor) are covered per session regardless of who the service provider is. These tobacco cessation counseling visits should be billed on the CMS 1500 Form and can be a combination of intermediate (99406) or intensive (99407) visits.

Licensed pharmacists with approved training related to tobacco cessation training may apply to enroll as Tobacco Cessation counselor by completing a Medicaid provider agreement. The Provider Agreement must indicate the name of the PHARMACIST that will provide the counseling and the “pay to” must indicate the Medicaid-enrolled PHARMACY. Documentation that the applicant has completed training approved by the Department must be attached to the provider agreement in order for the pharmacist’s enrollment to be considered. The Department will maintain a list of approved training programs. The Department is working with the Nebraska Pharmacists Association (NPA) and both Nebraska Colleges of Pharmacy to create this list. To determine if a specific program is approved, pharmacists should contact Gary Cheloha, R.P. at (402) 471-0800.

The Pharmacist Tobacco Cessation Counseling must be ordered by the client’s primary practitioner. There must be feedback from the Pharmacist Tobacco Counselor to the primary practitioner. Pharmacists must keep accurate records of Tobacco Cessation Counseling on a client by client basis. Pharmacist tobacco cessation counseling must be separate and distinct from that counseling required by 471 NAC 16.001.02 and must not be related to the dispensing of any drug product.

It is the providers responsibility to determine if Medicaid clients have other insurance that covers tobacco cessation counseling and drug products and must be billed as primary. Over-the-counter nicotine replacement gums and patches are not considered covered by other insurance and may be billed to Medicaid as primary. Tobacco Cessation Counseling and Rx Only drugs used for Tobacco Cessation are coverable by Medicare and must be billed to Medicare for patients that have Medicare coverage.

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**OMEPRAZOLE 20mg/Prilosec® OTC:**

Recent changes in the availability and price of omeprazole 20 mg allow Medicaid to cover it without prior authorization. At the same time Prilosec® OTC will now revert to Non-Covered Status. The combination of the lower price of the generic 20 mg product, its coverage by Medicare Part D plans and rebatability have led to this decision.

Effective January 1, 2009, Prilosec® OTC will NO LONGER BE covered. The overall financial impact of this decision is to lower the net drug cost to Nebraska Taxpayers by over \$700,000 per year. We ask your cooperation and advance planning with your patients to make this a smooth transition.

The prior approval criteria set for the changes to the Proton Pump Inhibitor Prior Authorization Criteria set is posted on the Nebraska Medicaid Pharmacy program website at:

<https://nebraska@fhsc.com>.

**MIDRIN Coverage:**

Nebraska Medicaid has been informed that all combinations of isometheptene mucate, dichloralphenazone and acetaminophen have DESI status of 5 and therefore are not eligible for coverage. This includes Midrin and all generic equivalents. Effective 1/1/2009, these products will no longer be covered. Patients taking these products will either have to pay out of pocket or switch to another product. Triptans and generic NSAIDs are covered products which may be considered as options. A printable list of quantity limits for covered products is posted on the Drug Lookup Tool on the Nebraska Medicaid Pharmacy webpage at: <https://nebraska.fhsc.com>.

If you have questions about this Bulletin please contact Barbara Mart R.P. at 402-471-9301 or fax to 402-742-2348.



# NEBRASKA TOBACCO QUITLINE MEDICAID

## FAX REFERRAL FORM: FAX #: 877-747-9528

Provider  
Patient  
Provider

1. Print Patient Name (Last, First) \_\_\_\_\_ 2. Date \_\_\_\_\_
3. DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. Check if pregnant \_\_\_\_\_ 5. Check if Spanish speaking \_\_\_\_\_
6. Patient Medicaid ID# (11 digits) \_\_\_\_\_
7. Provider Name \_\_\_\_\_
8. Provider Address \_\_\_\_\_ 9. Provider E-mail \_\_\_\_\_
10. Provider - Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
11. Fax Sender: \_\_\_\_\_ Pharmacist \_\_\_\_\_ Provider 12. FAX Number (of Sender)(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Please give patient a PATIENT copy before faxing to the NE Quitline. Fax form to: (877) 747-9528**

Patient Initials

I give my permission to my health care provider to fax this information to the Nebraska Tobacco Quitline. I understand this is a free service.

Patient Initials

I am already enrolled in the Nebraska Tobacco Quitline telephone counseling program.

Patient Initials

If I am not available when the Quitline calls to enroll me in the program, I give the Quitline permission to send a letter and/or leave a detailed message on my voice mail or with the person who answers the phone.

Patient Initials

I am aware that information about my Quitline enrollment will be sent to my healthcare provider(s) listed above by the Nebraska Tobacco Quitline and, I understand that I must actively participate in the Quitline telephone counseling program in order to access the cessation medication benefit.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient Address - Street \_\_\_\_\_  
City/State \_\_\_\_\_, NE ZIP \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Preferred Time to be called: \_\_\_\_\_

If prescription has been written please check the products:

- |                      |                                |
|----------------------|--------------------------------|
| Nicotine gum _____   | Varenicline _____<br>(Chantix) |
| Nicotine Patch _____ | Bupropion _____<br>(Zyban)     |

### The 5 A's for Practitioner office use

- ASK: # of Cigarettes per day \_\_\_\_\_
- ADVISE: Discuss relevance, risks, reward roadblocks
- ASSESS: No interest, later, ready, maintain, relapse
- ASSIST: Counsel, Materials, NRT
- ARRANGE: Refer to Quitline, follow-up apt.