The Omnibus Budget Reconciliation Act of 1990 (OBRA ’90) included mandates to all state Medicaid programs. The goal of these mandates was to improve the client’s understanding of medication use and increase patient safety. These mandates include counseling requirements, prospective drug utilization review and maintaining patient records.

Per OBRA ’90, the pharmacist must offer to counsel each Medicaid client or their caregiver about the following, if deemed significant:

- Action to be taken in the event of a missed dose.
- Common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur.
- Prescription refill information.
- Proper storage.
- Special directions and precautions for preparation, administration, and use by the patient.
- Techniques for self-monitoring drug therapy.
- The name and description of the medication.
- The route, dosage form, dosage, route of administration and duration of drug therapy.

In Nebraska, a pharmacist must ensure that a verbal offer to counsel the patient or caregiver is made prior to dispensing.

Why is the pharmacist calling me?
Under OBRA ’90, a pharmacist is required to determine that the prescription is necessary and appropriate prior to filling the prescription. A pharmacist must evaluate each prescription for:

- Clinical abuse or misuse.
- Drug-drug interactions.
- Drug-allergy interactions.
- Drug-disease interactions.
- Incorrect dosage or duration of treatment.
- Over/under utilization.
- Therapeutic duplications.

When prescription claims are submitted by a pharmacist to Nebraska Medicaid, the information is screened against prior claims data. This screening may identify potential drug therapy problems, and a response from the pharmacist is required to receive a paid claim. This is particularly helpful if a patient utilizes more than one pharmacy. A pharmacist must enter codes which indicate if the prescriber was consulted, if the pharmacist consulted another source or if the patient was educated about the medication. Further coding by the pharmacist is required that indicates if the prescription is to be filled as written, filled with a different dose, filled with different directions or if the therapy was changed.

During the year 2011, one of the more common drug-drug interactions involved simvastatin and amlodipine. This is considered a major interaction, as amlodipine can significantly increase plasma levels of simvastatin and its metabolite, which increases the risk for statin-induced myopathy. Of the 32,252 claims submitted in 2011 to Medicaid, 9,763 were rejected for this interaction. In order to receive a paid claim, a pharmacist would enter the appropriate intervention and outcome codes. While entering these codes is time-consuming, it assures that the pharmacist has reviewed the information and has contacted the prescriber, if appropriate. This screening is particularly helpful if the interacting medications are written by different prescribers.
Why does the pharmacist ask for so much information?

Per OBRA ‘90, a pharmacist must make a reasonable effort to obtain, record and maintain at a minimum:

- Patient name, address, telephone number, date of birth (or age) and gender.
- Individual history, where significant, including disease state or states, known allergies and drug reactions, and a comprehensive list of medications and relevant devices utilized.
- Pharmacist comments relevant to the individual’s drug therapy.

OBRA ‘90 also included provisions for prior authorization programs. A State may exclude or otherwise restrict coverage of a covered outpatient drug if the prescribed use is not for a medically accepted indication. A medically accepted indication is defined as any use for a drug which:

- is approved under the Food, Drug, and Cosmetic Act,
- appears in peer-reviewed medical literature
- is accepted by one or more of the following compendia: American Hospital Formulary Service, United States Pharmacopeia-Drug Information, DRUGDEX Information System

Per these provisions, Nebraska Medicaid can deny payment for a medication for a patient under the age of 18 years if it is not indicated for use in pediatric patients.

Why does Medicaid pay for that?

Per federal regulations, a drug must meet criteria as a covered outpatient drug. These criteria include (but are not limited to): the drug is rebateable, approved by the Food and Drug Administration (FDA), and that it is dispensed only by prescription. A drug is considered rebateable if the manufacturer has signed a rebate agreement with the Centers for Medicare and Medicaid Services (CMS). This allows the state that purchased the medication to collect rebates from the manufacturer based upon the utilization, which lowers the final cost of the drug to the State. All drugs must be evaluated by the FDA to determine if they meet the requirements of safety and efficacy under the Federal Food, Drug and Cosmetics Act in order to be covered. Drugs which have not been approved by the FDA may be excluded from coverage.

What is required on a prescription?

In Nebraska, a prescription must contain the following information prior to being filled by the pharmacist (according to Title 172 Nebraska Administrative Code, Chapter 128):

1. Patient’s name,
2. Name of the drug, device, or biological,
3. Strength of the drug or biological, if applicable,
4. Dosage form of the drug or biological, if applicable,
5. Quantity of drug, device, or biological prescribed,

- The quantity for residents of long term care facilities must be 60 days, unless otherwise limited by the prescriber.
- Directions for use,
- Date of issuance,
- Prescriber’s name and the name of the supervising or collaborating physician, when applicable,

a. If the prescription is written, it must contain the prescriber’s signature and the name of the prescriber stamped, typed, or clearly handwritten in addition to the signature.

9. Number of authorized refills, and a. When the refill designation on the prescription is prn or Pro re nata, such designation, unless otherwise limited, means:

(1) If a prescription for a controlled substance in Schedules III-V, refill 5 times in the 6 months from the date of issuance, or
(2) If a prescription for a non-controlled drug, device or biological, refill for 12 months from the date of issuance.

(3) Controlled Substances in Schedule II cannot be refilled and a refill designation on a prescription for a controlled substance in Schedule II has no meaning.

10. If the prescription is for a controlled substance, the following additional information is required to be on the prescription:

- Patient’s address,
- Prescriber’s address, and
- Prescriber’s D.E.A. registration number.