

# MEDICAID UPDATE

Information Regarding the New York State Medicaid Program

## Dispensing Enteral Formula for N.Y. State Medicaid Recipients

In order to dispense enteral formula on the Medicaid program, a fiscal order or prescription must be written and a prior authorization must be obtained by the prescriber. Upon receipt of such prescription, the pharmacist must activate the prior authorization (PA) by calling:

**1-866-211-1736**

and choosing **option 4**. In addition to the PA number, the recipient's Client Identification Number (CIN), the pharmacy's provider ID number and category of service (0441 for retail stores) must be entered. The enteral code for the formula to be dispensed must also be entered (see below). Payment is based not on cans or mLs, but on caloric units, defined as 100 enteral calories. To determine the number of caloric units per can of formula, simply divide the number of calories in each can by 100. For example:

**Ensure** contains 250 calories per can

$250 \div 100 = 2.5$  caloric units

A patient requiring 3 cans of Ensure daily will need a PA for  $2.5 \times 3 \times 30 = 225$  caloric units per month.

Listed below are the enteral codes for some popular formulas:

|                     |              |
|---------------------|--------------|
| <b>BOOST</b>        | <b>B4150</b> |
| <b>BOOST PLUS</b>   | <b>B4152</b> |
| <b>ELECARE</b>      | <b>B4161</b> |
| <b>ENSURE</b>       | <b>B4150</b> |
| <b>ENSURE PLUS</b>  | <b>B4152</b> |
| <b>GLUCERNA</b>     | <b>B4154</b> |
| <b>IMMUNOCAL</b>    | <b>B4155</b> |
| <b>JUVEN</b>        | <b>B4155</b> |
| <b>KINDERCAL</b>    | <b>B4160</b> |
| <b>NEPRO</b>        | <b>B4154</b> |
| <b>PEDIASURE</b>    | <b>B4160</b> |
| <b>PEPTAMEN</b>     | <b>B4153</b> |
| <b>PEPTAMEN JR</b>  | <b>B4161</b> |
| <b>SCANDI SHAKE</b> | <b>B4152</b> |

# LAW REVIEW

Regulatory Issues Affecting Pharmacy in New York State

## DEA Finalizes Rule Change on C-II Prescriptions

The Drug Enforcement Agency (DEA) has finalized a proposed rule change regarding issuance of multiple prescriptions for schedule II controlled substances. Effective December 19, 2007, practitioners are permitted to issue to individual patients multiple prescriptions, to be filled sequentially, for the same schedule II controlled substance, allowing the patient to receive, over time, a 90-day supply of medication.<sup>2</sup> PRN has confirmed with New York's Bureau of Narcotic Enforcement that this rule **will not apply in New York State**.<sup>3</sup> Current N.Y. State law does not allow practitioners to write multiple controlled substance prescriptions on the same day, nor does it allow pharmacists to fill prescriptions written more than 30 days prior to presentation. A mechanism already exists, however, for practitioners in N.Y. State to provide patients with a 90-day supply of a controlled substance. That mechanism involves the use of **condition codes**, as delineated in section 80.67 (d)(1) of the Rules and Regulations on Controlled Substances. When a prescription is issued for the treatment of one of several designated conditions (see chart below):

**"A practitioner may issue a prescription for up to a three month supply of a controlled substance, including chorionic gonadotropin, or up to a six month supply of an anabolic steroid if used in accordance with the directions for use...."**

The prescriber must indicate either the condition or the code designating that condition (see chart) on the face of the prescription. If the code or condition is missing from a prescription, the pharmacist may add it after consultation with the prescriber (this should be documented on the prescription). Except in the case of schedule II drugs and benzodiazepines, 90-day coded prescriptions may contain one refill. It is important to note that not all controlled substances are indicated for one of the designated conditions; **Ambien** (zolpidem), for example, is indicated for use in insomnia, which is not a designated condition. Therefore, prescriptions for Ambien are limited to a 30-day supply.

| CODE     | CONDITIONS                                                                                                                                                                                |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> | <b>Panic disorder</b>                                                                                                                                                                     |
| <b>B</b> | <b>Attention deficit disorder</b>                                                                                                                                                         |
| <b>C</b> | Chronic debilitating neurological conditions characterized as a movement disorder or exhibiting seizure, convulsive or spasm activity                                                     |
| <b>D</b> | Relief of pain in patients suffering from conditions or diseases known to be chronic or incurable                                                                                         |
| <b>E</b> | <b>Narcolepsy</b>                                                                                                                                                                         |
| <b>F</b> | Hormone deficiency states in males; gynecologic conditions that are responsive with anabolic steroids or chorionic gonadotropin; metastatic breast cancer in women; anemia and angioedema |