

## Life-Saving Naloxone Available through Standing Order in Louisiana Pharmacies

*Office of Outcomes Research and Evaluation  
College of Pharmacy  
The University of Louisiana Monroe*

### *The Facts about Opioid-Related Deaths*

- In the US, overdose deaths involving opioids, including [prescription opioids](#), [heroin](#), and synthetic opioids (like fentanyl), have increased almost six times since 1999.
- Overdoses involving opioids killed nearly 47,000 people in 2018, and 32% of those deaths involved prescription opioids.
- In 2019, there was a significant increase in opioid-related deaths to 49,860 people.
- Nearly 40% of the 1,140 reported drug overdose deaths in Louisiana involved opioids in 2018—a total of 444 fatalities.

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### **CDC Recommendations for Mitigating Risk in Opioid Users**

The [Centers for Disease Control and Prevention \(CDC\) Guideline for Prescribing Opioids for Chronic Pain](#) recommends that before starting and periodically during continuation of therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate strategies into the management plan to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose are present, such as history of overdose, history of substance use disorder, higher opioid dosages ( $\geq 50$  MME/day), or concurrent benzodiazepine use.

Naloxone is an opioid antagonist that can reverse severe respiratory depression; its administration by laypersons, such as friends and family of persons who experience opioid overdose, can save lives. Used by medical professionals for years, naloxone is the most effective way to counteract an opioid overdose and prevent an overdose death.

According to the CDC, there is evidence for the effectiveness of providing naloxone to prevent opioid-related overdose death at the community level through community-based distribution (e.g., through overdose education and naloxone distribution programs in community service agencies) to persons at risk for overdose (mostly due to illicit opiate use), and it is plausible that effectiveness would be observed when naloxone is provided in the clinical setting as well.

The CDC also states that education on overdose prevention and naloxone use should be provided to patients receiving naloxone prescriptions and to members of their households. Experts noted that naloxone co-prescribing can be facilitated by clinics or practices with resources to provide naloxone training and by collaborative practice models with pharmacists.



## *State of Louisiana Actions to Prevent Opioid-Related Deaths*

In January of 2017, the State of Louisiana issued a “standing order” for naloxone. This allows for participating pharmacists to dispense naloxone to laypeople including caregivers, family, and friends of an opioid user. This standing order also includes directions on how to administer naloxone to someone who has overdosed.

The standing order, originally signed by Dr. Rebekah Gee who was the Secretary of Health and Hospitals at the time, is the result of legislation that made it legal for medical professionals to prescribe naloxone. The order allows anyone to get naloxone from a participating pharmacy in case they need to assist someone who is overdosing. Those who receive naloxone will be provided education about how to recognize an overdose, how to store and administer the medication, and will be given information about emergency follow-up procedures.

Any pharmacy licensed by the Louisiana Board of Pharmacy may rely on this standing order for the distribution or dispensing of naloxone or other opioid antagonist to any Louisiana resident. To comply with the recordkeeping requirements found in the Board of Pharmacy rules and regulations, the pharmacist shall attach a copy of this standing order to the invoice, or other record of sale of distribution. Further, the pharmacist shall store these transaction documents with the other distribution records in the pharmacy.

### *Progress has occurred, but improvements are still needed.*

- In the US, the number of prescriptions for naloxone doubled from 2017 to 2018.
- Only 1 naloxone prescription is dispensed for every 70 high-dose opioid prescriptions.
- Rural counties are nearly 3 times more likely to be ranked lower in naloxone dispensing than metropolitan counties.

Healthcare experts say that making naloxone widely available is an important tool in saving the lives of people who have overdosed on opioids. For example, in Wilkes County, North Carolina, making naloxone easily available to laypeople resulted in a decrease in overdose deaths by 42 percent and a decrease in drug-related hospital emergency department visits by 15 percent. Although many states have laws that allow pharmacists to dispense naloxone without a prescription and naloxone dispensing has increased in recent years, more work needs to be done, particularly in rural areas. Dispensing naloxone in areas hardest hit by the opioid overdose epidemic can increase the number of overdose reversals and the opportunity to link overdose survivors to treatment.

### *What can healthcare providers do?*

- Monitor patients for risk of overdose, prescribe or dispense naloxone when overdose risk factors are present, and counsel patients on how to use it.
- Ensure naloxone is always available in pharmacies.
- Participate in and offer naloxone training and education.

### *Additional Resources for Providers*

[Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States](#)

[Naloxone for Opioid Overdose: Life-Saving Science](#)

[Opioid Overdose Prevention Toolkit](#)

[Opioid Overdose Reversal with Naloxone](#)

[Providers Clinical Support System \(PCSS\)](#)



## References

Centers for Disease Control and Prevention (2016). *CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016*. U.S. Department of Health and Human Services.

[https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm](https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm)

Centers for Disease Control and Prevention (2019). *CDC Vital Signs – Life-Saving Naloxone from Pharmacies: More dispensing needed despite progress*. U.S. Department of Health and Human Services. <https://www.cdc.gov/vitalsigns/naloxone/pdf/vs-0806-naloxone-H.pdf>

LDH Office of Behavioral Health (2017). *Naloxone now available for emergency overdose treatment via standing order*. Louisiana Department of Health. <https://ldh.la.gov/index.cfm/newsroom/detail/4140>

## New Medicaid Eligibility Group Covers COVID-19 Testing for Uninsured Patients

Per the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act, Louisiana Medicaid has expanded coverage to include COVID-19 testing for uninsured individuals for the duration of the federally declared public health emergency. Coverage is limited to COVID-19 testing and related office visits for uninsured Louisiana residents. No treatment costs are covered under this program.

The new benefit is provided through Medicaid fee-for-service and not Healthy Louisiana through a managed care organization. Providers must be a Medicaid enrolled provider and must be enrolled before services are provided. Providers not enrolled as a Medicaid provider with Gainwell will need to complete a [temporary emergency application](#) with Medicaid's fiscal intermediary, Gainwell, to be paid for testing and testing related services for the uninsured. Providers will be required to self-attest on the uninsured individual's application to Medicaid that they are not also [billing the Department of Health and Human Services \(HHS\) or the Health Resources and Services Administration \(HRSA\)](#) for the same services. You also may not bill on any contract with the Louisiana Department of Health to provide COVID-19 testing for these patients. If Medicaid identifies other third party coverage is available (e.g., Medicare, private insurance), Medicaid will not cover the services.

For additional guidance, visit [Medicaid's provider web page for COVID-19 testing coverage for uninsured individuals](#). The site contains billing information, a [detailed provider guide](#), frequently asked questions for providers, and the [simplified application](#) patients can fill out to determine if they are eligible for coverage.

## Louisiana Medicaid Preparing to Launch New Provider Enrollment Portal

Louisiana Medicaid is launching a new provider enrollment portal in April 2021. The enrollment portal is being designed to meet a Centers for Medicare and Medicaid Services (CMS) requirement and must be used by all Medicaid providers. This includes current managed care organization (MCO) providers, existing fee-for-service providers, and ultimately any new providers enrolling for the first time.

The portal is being developed by the state's fiscal intermediary and current provider enrollment vendor, Gainwell Technologies. Gainwell will send providers an invitation to the mailing address on file when it is time for them to visit the portal and complete the enrollment process.

All available information will be prepopulated in an effort to streamline enrollment. Providers will just need to confirm, or edit, the information presented and sign the participation agreement via an electronic signature process. Providers will have at least six months to complete the enrollment process through the portal after it becomes available.

Providers can visit the Medicaid Provider Enrollment Portal webpage ([www.ldh.la.gov/medicaidproviderenrollment](http://www.ldh.la.gov/medicaidproviderenrollment)) for additional information and to submit feedback and questions.

# PHARMACY FACTS

## Program Updates from Louisiana Medicaid

Pharmacy Facts can also be found online at: <http://ldh.la.gov/index.cfm/page/3036>.

**March 5, 2021**

### Vaccine Update

Effective December 23, 2020, in response to the COVID-19 pandemic and Public Health Emergency (PHE), the Louisiana Medicaid Fee-for-Service (FFS) Pharmacy Program and managed care organizations (MCO) are covering the administration fee for the COVID-19 vaccine. The federal government covers the cost of the COVID-19 vaccine. Therefore, Louisiana Medicaid will reimburse enrolled pharmacies the administration fee only. The administrative fee for the single dose vaccine for Johnson & Johnson (Janssen) COVID-19 vaccine will be \$26.68, and FFS and MCOs are working to make it payable as soon as possible. The emergency use authorization is here <https://www.janssenlabels.com/emergency-use-authorization/Janssen+COVID-19+Vaccine-HCP-fact-sheet.pdf>.

### Managed Care Organization News

Healthy Blue recently sent a notice in regard to provider enrollment. Healthy Blue and CVS will be retracting this notice because it was incorrect. Any applicable pharmacy association will be notified of this situation and the retraction by Healthy Blue. United Healthcare (UHC) has informed the Louisiana Department of Health that as of January 15, 2021, CVS pharmacies will no longer be in the UHC Community Plan pharmacy network. Letters were mailed out to recipients on December 10, 2020 to alert them about this change for 2021.

### DUR Limits

New Drug Utilization Review (DUR) edits will go into effect on *Wednesday, April 7, 2021*. One of the initiatives is listed below. For the complete list, please see the following link for provider notices:

<https://www.lamedicaid.com/Provweb1/Pharmacy/pharmacyindex.htm>

***Skeletal Muscle Relaxants*** – New Quantity Limit Override for Select Muscle Relaxants – Criteria will be attached to the preferred drug list (PDL) on the effective date.

### Point of Sale Quantity Limits

- Baclofen 10 mg – 120 units per 30 days
- Baclofen 20 mg – 120 units per 30 days
- Cyclobenzaprine 5 mg – 90 units per 30 days
- Cyclobenzaprine 7.5 mg – 90 units per 30 days
- Cyclobenzaprine 10 mg – 90 units per 30 days
- Cyclobenzaprine 15 mg – 30 units per 30 days
- Cyclobenzaprine 30 mg – 30 units per 30 days
- Tizanidine 2 mg – 90 units per 30 days
- Tizanidine 4 mg – 90 units per 30 days
- per 30 days

March 19, 2021

## Vaccine Update

As of December 23, 2020, in response to the COVID-19 pandemic and Public Health Emergency (PHE), the Louisiana Medicaid Fee-for-Service (FFS) Pharmacy Program and managed care organizations (MCO) are covering the administration fee for the COVID-19 vaccine. The federal government covers the cost of the COVID-19 vaccine (ingredient cost). Therefore, Louisiana Medicaid will reimburse enrolled pharmacies the administration fee only.

Effective March 15, 2021, the **new administration fee will be \$37.08 for each COVID-19 vaccination** given to a recipient. FFS and the MCOs are working on this updated change. FFS and MCOs will retro back to March 15, 2021 for the administration fee.

## Preferred Drug List Update

We are aware Bydureon pens are no longer being marketed and are actively working on an alternative solution for the PDL.

## Drug Utilization Review (DUR) Edits

New DUR edits will go into effect on Wednesday, April 7, 2021.

<https://www.lamedicaid.com/Provweb1/Pharmacy/pharmacyindex.htm>

## Reminder

The age limit has been increased for required prior authorization for Behavioral Health Agents. Prescribers must submit a prior authorization form for children 6 years of age and younger at Point-of-Sale (POS) for Attention Deficit Hyperactivity Disorder (ADHD) stimulants and related agents, antidepressants (other and SSRIs), antipsychotics, and anxiolytics.

# Remittance Advice Corner

## 2021 HCPCS and Physician-Administered Drug Reimbursement Updates

The Louisiana Medicaid fee-for-service (FFS) files have been updated to reflect the new and deleted Healthcare Common Procedure Coding System (HCPCS) codes effective for dates of service beginning on January 1, 2021. Providers will begin to see these changes on the remittance advice of March 23, 2021. Claims that have been denied due to use of the new 2021 codes prior to their addition to the claims processing system will be systematically recycled with no action required by providers.

Effective for dates of service beginning on January 1, 2021, Louisiana Medicaid updated the reimbursement rates on the FFS file for physician-administered drugs and payable vaccines for Professional Services. Claims previously submitted for these drugs or vaccines with dates of service on or after January 1, 2021 will be systematically adjusted to ensure proper payment. No action is required by the provider.

For questions related to this information as it pertains to fee-for-service Medicaid claims processing, please contact Gainwell Technologies Provider Services at (800) 473-2783 or (225) 924-5040.

Questions regarding managed care claims should be directed to the appropriate managed care organization.

## Medicaid Public Notice and Comment Procedure

As of Aug. 1, 2019, a public notice and comment period is required before certain policies and procedures are adopted. Drafts will be published on LDH's website to allow for public comment, as per HB 434 of the 2019 Regular Legislative Session. This requirement applies to managed care policies and procedures, systems guidance impacting edits and payment, and Medicaid provider manuals.

In compliance with R.S. 46:460.51(15), 460.53, and 460.54, this procedure provides for a defined term, a public notice requirement, implementation of a policy for the adoption of policies and procedures, and for related matters.

- Louisiana Medicaid (Title XIX) State Plan and Amendments;
- Louisiana Medicaid Administrative Rulemaking Activity;
- Medicaid Provider Manuals;
- Contract Amendments;
- Managed Care Policies & Procedures; and
- Demonstrations and Waivers.

Public Comments for the listed policies and procedures can be left at the link below.

<http://www.ldh.la.gov/index.cfm/page/3616>

### Manual Chapter Revision Log

Manual Chapter	Section(s)	Date of Revision(s)
Adult Day Health Care <a href="#">Adult Day Health Care Waiver</a>	9.0 – Overview 9.1 – Covered Services 9.2 – Recipient Requirements 9.3 – Rights and Responsibilities 9.4 – Service Access and Authorization 9.5 – Provider Requirements 9.6 – Record Keeping 9.7 – Reimbursement 9.8 – Program Oversight and Review 9.9 – Incidents Accidents and Complaints 9.10 – Support Coordination A – Contact Information Appendix B – Forms and Links Appendix D – Glossary Appendix E – Claims Related Information	03/17/21
Community Choices Waiver <a href="#">Community Choices Waiver</a>	Table of Contents 7.1 – Covered Services 7.5 – Service Access and Authorization 7.8 – Reimbursement Appendix A – Contact Information Appendix D – Claims Filing	03/16/21

## Manual Chapter Revision Log (cont.)

Manual Chapter	Section(s)	Date of Revision(s)
General Information and Administration  <a href="#">General Information and Administration</a>	1.4 – General Claims Filing	04/01/21
Home Health  <a href="#">Home Health</a>	23.5 – Prior Authorization – 23.6 – Claims Related Information  Appendix D – Contact Referral Information	03/04/21  03/10/21
Personal Care Services  <a href="#">Personal Care Services</a>	30.2 – Covered Services 30.5 – Service Access and Authorization 30.6 – Provider Requirements 30.7 – Service Delivery 30.8 – Record Keeping 30.9 – Incidents Accidents and Complaints 30.12 – Program Oversight and Review Appendix B – Contact Information Appendix G – Glossary Appendix J – Claims Related Information	03/22/21



For Information or Assistance, Call Us!

Provider Relations	1-800-473-2783 (225) 294-5040 <a href="#">Medicaid Provider Website</a>	General Medicaid Eligibility Hotline	1-888-342-6207
<b>Prior Authorization:</b> Home Health/EPSDT – PCS	1-800-807-1320	MMIS Claims Processing	(225) 342-3855
Dental	1-855-702-6262 <a href="#">MCNA Provider Portal</a>	Resolution Unit <a href="#">MMIS Claims Reimbursement</a>	
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		<a href="#">MMIS Claims Reimbursement</a>
REVS Line	1-800-776-6323 (225) 216-(REVS)7387 <a href="#">REVS Website</a>	Medicare Savings	1-888-544-7996 <a href="#">Medicare Provider Website</a>
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 <a href="#">Medicaid Pharmacy Benefits</a>
		Medicaid Fraud Hotline	1-800-488-2917 <a href="#">Report Medicaid Fraud</a>

