

## Seasonal Influenza Update for Healthcare Professionals

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With flu season on the immediate horizon, this update is intended to assist healthcare professionals by summarizing the latest CDC information and recommendations for the 2018-2019 influenza season.

Influenza (the flu) can be a serious disease than can lead to hospitalization and even death. Anyone, including healthcare professionals, can get very sick from the flu, even people who are otherwise healthy.

### Who should be vaccinated with influenza (flu) vaccine?

- The Advisory Committee on Immunization Practices (ACIP) recommends annual flu vaccination for everyone 6 months and older with any licensed, age-appropriate flu vaccine, including inactivated flu vaccine (IIV), recombinant flu vaccine (RIV4), or live attenuated flu vaccine (LAIV4), with no preference expressed for any one vaccine over another.
- Because pregnant and postpartum women are at higher risk for severe illness and complications from influenza than women who are not pregnant, ACIP recommends that all women who are pregnant or who might be pregnant in the influenza season receive influenza vaccine. Any licensed, age-appropriate influenza vaccine that is recommended during pregnancy may be used. Influenza vaccine can be administered at any time during pregnancy, before and during the influenza season.
- Populations at higher risk for medical complications attributable to severe influenza include the following:
  - Children younger than 5, but especially children younger than 2 years old
  - Adults 65 years of age and older
  - Adults and children with chronic medical conditions, including diabetes, hypertension, asthma, metabolic and blood disorders, chronic lung disease, and others
  - Persons who are immunocompromised due to any cause
  - Children and adolescents (aged 6 months through 18 years) who are receiving long-term aspirin therapy
  - Residents of nursing homes and other long-term care facilities
  - American Indians/Alaska Natives
  - Persons who are extremely obese (BMI  $\geq 40$ )
  - Persons who live with or care for persons at higher risk for influenza-related complications
- CDC, ACIP, and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all U.S. healthcare workers get an annual flu vaccination.
  - Healthcare workers include all staff employed by the healthcare facility involved with direct patient care, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from healthcare workers and patients.
  - By getting vaccinated against influenza, healthcare workers help protect themselves, their families, and their patients.

### Table of Contents

Seasonal Influenza Update for Healthcare Professionals	1
Pharmacy Facts	4
Medicare and Medicaid Advantage Filing Guidelines	5
New Medicaid Eligibility System Launch Delay: Louisiana Medicaid Eligibility Determination System, or LaMEDS	5
Online Medicaid Provider Manual Chapter Revisions as of September 1, 2018	6
Archived Medicaid Provider Manual Chapters as of September 1, 2018	6
Remittance Advice Corner	7
For Information or Assistance	8

### When should flu vaccinations be given?

- For optimum protection, vaccination should occur before the onset of influenza virus activity in the community or surrounding areas.
- Healthcare providers should offer vaccination each year by the end of October, if possible.
- Some children aged 6 months to 8 years require two doses of the flu vaccine. They should receive their first dose immediately after the vaccine becomes available, so their second dose can be given by the end of October. The second dose should be given at least four weeks after the first dose. [Children 6 months through 8 years getting vaccinated for the first time, and those who have only previously gotten one dose of vaccine, should get two doses of vaccine.]
- Vaccination should be offered as long as the flu season is active and the vaccine is within date.
- Healthcare providers should take every opportunity to offer vaccination to their patients (routine health visits, hospitalizations, community health fairs, etc.)

### What is in the 2018-2019 influenza virus vaccines?

FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) met on March 1, 2018 to select the influenza viruses for the composition of the influenza vaccines for the 2018-2019 U.S. influenza season. The advisory committee reviewed and evaluated the surveillance data related to epidemiology and antigenic characteristics of recent influenza isolates, serological responses to 2017-2018 vaccines, and the availability of candidate strains and reagents. The committee recommended that the trivalent formulation influenza vaccines for the U.S. 2018-2019 influenza season contain the following:

- A/Michigan/45/2015 (H1N1) pdm09-like virus
- A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus
- B/Colorado/06/2017-like virus (B/Victoria lineage)

The committee also recommended that quadrivalent influenza vaccines contain the above three strains and the following additional B strain:

- B/Phuket/3073/2013-like virus (B/Yamagata lineage)

### What's new for the 2018-2019 flu season?

- Inactivated influenza vaccines (IIVs), recombinant influenza vaccine (RIV), and live attenuated influenza vaccine (LAIV) are expected to be available for the 2018–19 season.
- ACIP recommends the use of LAIV4 in the United States for the 2018 - 2019 influenza Season. The nasal spray is approved for use in non-pregnant individuals, 2 years through 49 years of age. All LAIV will be quadrivalent.
- Age recommendations for Fluarix® Quadrivalent changed from 3 years old and older to 6 months and older.
- Age recommendations for Afluria® Quadrivalent changed from 18 years and older to 5 years old and older.
- Flucelvax® components consist of cell derived A(H3N2) and both influenza B reference viruses, and an egg-derived A(H1N1).
- Cell-grown flu vaccine will be quadrivalent and all recombinant vaccines will be quadrivalent.
- Most regular-dose egg-based flu vaccine will be quadrivalent, with the exception of Afluria®, which will also be available in trivalent (IIV3) formulations.
- No intradermal flu vaccine will be available for this flu season.

### How many lots of influenza virus vaccines will be available for the 2018-2019 influenza season?

The following flu vaccine lots have been released by the FDA for the 2018-2019 influenza season and are available for distribution by the manufacturers. (Table updated 9/20/2018):



Manufacturer	Total Number of Lots Released by FDA
Afluria Seqirus Pty. Ltd.	6
Afluria Quadrivalent Seqirus Pty. Ltd.	49
Fluad Seqirus, Inc.	21
Fluarix Quadrivalent GlaxoSmithKline Biologicals	33
Flucelvax Quadrivalent Seqirus, Inc.	30
Flublok Quadrivalent Protein Sciences Corporation	27
FluLaval Quadrivalent ID Biomedical Corporation of Quebec	27
FluMist Quadrivalent MedImmune, LLC	0
Fluzone High Dose Sanofi Pasteur, Inc.	22
Fluzone Quadrivalent Sanofi Pasteur, Inc.	32

Reference: [www.fda.gov](http://www.fda.gov)

### What antiviral medications are available to treat the influenza virus?

There are three prescription neuraminidase inhibitor antiviral medications approved by the FDA. These include:

- Oseltamivir (Tamiflu®)
  - This oral medication should be taken by persons 2 weeks and older within 2 days of illness onset for treatment of uncomplicated influenza. It is also used for prevention of influenza in persons 1 year of age and older.
  - It is recommended by the CDC to start oseltamivir treatment as soon as possible for hospitalized patients with suspected or confirmed influenza, high-risk outpatients with suspected or confirmed influenza, and those with progressive illness.
- Zanamivir (Relenza®)
  - This is an inhaled medication that should be used by persons 7 years and older within 2 days of illness onset for treatment of uncomplicated influenza. Also, it is used for prevention of influenza in persons 5 years and older. It is not recommended in people with underlying respiratory disease. It should also not be used for treatment of influenza in hospitalized patients due to lack of published data.
- Peramivir (Rapivab®)
  - This is an intravenous medication that should be used by persons 2 years and older within 2 days of illness onset for treatment of uncomplicated influenza.

## References

Centers for Disease Control and Prevention (CDC). (2018, Sept 6). Seasonal Influenza Vaccination Resources for Health Professionals. Retrieved from <https://www.cdc.gov/flu/professionals/vaccination/index.htm>

Grohskopf LA, Sokolow LZ, Broder KR, Walter EB, Fry AM, Jernigan DB. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2018–19 Influenza Season. *MMWR Recomm Rep* 2018;67(No. RR-3):1–20.  
DOI: <http://dx.doi.org/10.15585/mmwr.rr6703a1>.

U.S. Food and Drug Administration (FDA). (2018, Sept 11). Influenza (Flu) Antiviral Drugs and Related Information. Retrieved from <https://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm100228.htm>

## Pharmacy Facts Program Updates from Louisiana Medicaid

Pharmacy facts, which includes program updates from Louisiana Medicaid, can also be found online at: <http://ldh.la.gov/index.cfm/page/3036>.

### Stakeholders Meeting

Louisiana Medicaid hosted a stakeholders meeting Sept. 7 to continue the discussion of the single preferred drug list (PDL) and pharmacy reimbursement. The meeting began with a [presentation and call for input on single PDL development](#) by Louisiana Medicaid Director Jen Steele. Sen. Fred Mills further elaborated on the topic and how it would affect prescribers and pharmacists. The meeting was an opportunity for all stakeholders to consider benefits as well as challenges. A public hearing for the Notice of Intent published in the August Louisiana Register is set for Sept. 27 and written comments are due Sept. 28. The meeting also included a [presentation on pharmacy reimbursement](#) by Myers and Stauffer LC, a public accounting firm that manages Louisiana Medicaid's average acquisition cost (AAC) program. The presentation covered federal requirements, state choices for ingredient cost reimbursement methods and Louisiana's current pharmacy reimbursement program. Pictured below are Steele, Mills, Louisiana Medicaid Pharmacy Director Melwyn Wendt and Pharmacist Sue Fontenot. Those in attendance included Medicaid-participating pharmacists and prescribers, managed care health plans, LDH staff and other contractors.

### Cost of Dispensing (COD) Survey Update

Medicaid plans to share the results of the Cost of Dispensing (COD) Survey soon, but there have been additional delays. Mercer, the contractor that both conducted the survey and is compiling the report, is still working to correct some minor issues with some of the submissions. For details on the COD Survey and what it included, please refer to the March 16, 2018 Pharmacy Facts, and please watch for future Pharmacy Facts to announce the report's release.



## Medicare and Medicaid Advantage Filing Guidelines

A recent review of claims for either dual eligible Medicare Medicaid recipients and/or QMB only recipients revealed many claim filing errors. To help reduce the number of denied claims or rejected claim files, you should follow the guidelines listed below:

- Some claims for dual eligible recipients are being submitted electronically as fee for service Medicaid claims. Submitters must not add claims with Medicare Coverage indicated into an 837P file with a file extension of **.PHY**.
- Claims for dual eligible recipients for coinsurance/deductible consideration should not be sent to Molina **UNLESS** the claim has failed to crossover from Medicare. If that is the situation, then the claim **MUST** be filed **HARDCOPY** with Medicare EOBs and not submitted electronically. Same guidelines apply when adjusting Medicare claims.
- Claims for dual eligible recipients with Medicare Advantage coverage can be filed electronically; however, there are special requirements for the layout of these files. Providers must work with their clearinghouse or submitter to ensure that the correct procedures are being followed. Submitters should contact Molina EDI and arrange for testing prior to sending such claims to Production. Refer to articles on [lamedicaid.com](http://lamedicaid.com) dated 1/31/18 and 4/24/18 for additional details. The 837 Companion Guides have Medicare Advantage claim examples included.
- Claims for dual eligible recipients with **denials** for certain services not covered under traditional Medicare Part B coverage may be filed electronically as fee for service claims. The Medicare denial reason(s) must meet criteria established by the Louisiana Department of Health (LDH) as there are some exceptions. Refer to previous articles on [lamedicaid.com](http://lamedicaid.com) dated 5/16/17 and 1/31/18 for details on how to file this claim type.



## Implementation of New Medicaid Eligibility System Delayed

The implementation of LaMEDS, the state's new Medicaid eligibility and enrollment system, is being delayed with a tentative target date of November 2018. LaMEDS includes a Provider Portal, which replaces the current Facility Notification System (FNS) and allows provider representatives, hospital representatives, and Support Coordination Agency (SCA) reps to submit forms for Medicaid to process. All current representatives authorized to submit forms in FNS will be required to reregister in the new system. Announcements will be posted on the current FNS site in advance of Go Live. Please send all questions to [MSMcomm@la.gov](mailto:MSMcomm@la.gov).

**Online Medicaid Provider Manual Chapter Revisions as of September 1, 2018**

Manual Chapter	Section(s)	Date of Revision(s)
Hospital Services	Table of Contents 25.1 Provider Requirements 25.2 Inpatient Service 25.3 Outpatient Services 25.8 Claims Related Information Appendix A Forms and Links Appendix B Contact/Referral Information	09/11/18
New Opportunities Waiver	32.8 Record Keeping	08/31/18
Pharmacy Benefits Management	Table of Contents 37.5 Covered Services, Limitations and Exclusions Appendix F Forms Appendix N Contact Information Appendix O Preferred Drug List-Prior Authorization Appendix P Diagnosis Code Chart	09/25/18

**Archived Online Medicaid Provider Manual Chapter Revisions as of September 1, 2018**

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Hospital Services	Table of Contents 25.1 Provider Requirements 25.2 Inpatient Service 25.3 Outpatient Services 25.8 Claims Related Information Appendix A Forms and Links Appendix B Contact/Referral Information	09/11/18
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## Remittance Advice Corner

### Attention ICF/IID Facilities:

The USC, CFR, and La Medicaid State Plan require that the claim, defined as a single document line identifying the services and/or charges for services for a single recipient from a single provider, be submitted to Louisiana Medicaid for payment within 12 months from the date of service and that the claim be paid no later than 12 months from the date of receipt of the claim. Failure to bill within the allotted time period will result in nonpayment of claims.

In addition, the Louisiana Department of Health strongly encourages providers to bill monthly and to attempt to clear any denials received within two billing periods.



### Attention Louisiana Medicaid Providers:

Effective September 18, 2018, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program will implement Clinical Prior Authorization requirements for tezacaftor/ivacaftor (Symdeko®), mepolizumab injection (Nucala®), reslizumab injection (Cinqair®), and benralizumab injection (Fasenra®). Please refer to [www.lamedicaid.com](http://www.lamedicaid.com) for more information.



### Attention Louisiana Medicaid Providers:

Effective September 14, 2018, Fee-for-Service (FFS) Medicaid Pharmacy Program will reimburse enrolled pharmacies for influenza vaccines and the administration of the vaccines by a pharmacist per program policy. For more information, please refer to <http://www.lamedicaid.com/provweb1/Pharmacy/Influenza.htm>.



### Attention Louisiana Medicaid Providers:

Effective September 26, 2018, Fee for Service (FFS) Medicaid will implement an edit at Point of Sale (POS) for a therapeutic duplication when opioid prescriptions are written by different prescribers. Please refer to [www.lamedicaid.com](http://www.lamedicaid.com) for more information.



### Attention Louisiana Medicaid Providers:

Effective September 26, 2018, Fee for Service (FFS) Medicaid will implement an edit at Point of Sale (POS) for a drug to drug interaction between sacubitril/valsartan (Entresto®) and Angiotensin-Converting Enzyme (ACE) Inhibitors. Please refer to [www.lamedicaid.com](http://www.lamedicaid.com) for more information.



**Attention: Provider Portal Login Update on LAMEDICAID.com**

On Friday September 21, 2018, Molina will install an enhanced version of its provider portal on LAMEDICAID.com in partnership with the Louisiana Department of Health. With your first login, you will be required to update your password, profile, and answer three security questions. Please take this opportunity to update your user information such as email address and phone number. For security purposes, the Provider Applications page has been simplified to display applications based on information such as provider type, specialty, and enrollment status.



**Attention Louisiana Medicaid Providers:**

Effective October 1, 2018, Fee for Service (FFS) Medicaid and Medicaid Managed Care Organizations (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare) will implement an educational alert at Point of Sale (POS) requiring a diagnosis code for oral contraceptives. Please refer to [www.lamedicaid.com](http://www.lamedicaid.com) for more information.

**For Information or Assistance, Call Us!**

Provider Enrollment	(225)216-6370	General Medicaid Eligibility Hotline	1-888-342-6207
<b>Prior Authorization:</b>		MMIS Claims Processing Resolution Unit	(225) 342-3855
Home Health/EPSDT – PCS	1-800-807-1320		
Dental	1-866-263-6534 1-504-941-8206		
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		
Provider Relations	1-800-473-2783 (225) 924-5040	Medicare Savings Program and Medicaid Purchase Hotline	1-888-544-7996
REVS Line	1-800-776-6323 (225) 216-(REVS)7387		
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381	For Hearing Impaired  Pharmacy Hotline  Medicaid Fraud Hotline	1-877-544-9544  1-800-437-9101  1-800-488-2917