Louisiana Medicaid | Provider UPDATE

Volume 30, Issue 7 | January/February 2013

Provider Re-Enrollment Begins in February

All Providers

The Department of Health and Hospitals is implementing the new Provider Recipient Integrated System for Medicaid (PRISM) which will replace the current Medicaid Management Information System (MMIS) in the fall of 2014. Initial design of the system's components is well underway. All current Medicaid providers will be required to re-enroll with PRISM by December 31, 2013. PRISM re-enrollment training for providers begins in February 2013. Provider re-enrollment will begin February 28, 2013. Specific PRISM training and re-enrollment information will be posted on the PRISM website as it becomes available. Please visit the PRISM website at www.medicaid.la.gov/PRISM.

Budget Issues Addressed: Emergency Rules Published

All Providers

The Department of Health and Hospitals has addressed a budget deficit in the Louisiana Medicaid Program through the elimination of some Medicaid services and reduction of some reimbursement rates. Emergency Rules were published in the January 20, 2013 edition of the Louisiana Register, the state's official journal, to address these changes.

For details regarding which services are affected, please go to the Emergency Rule section of the above-referenced edition of the Louisiana Register at the Office of the State Register's website (http://doa.louisiana.gov/osr/).

The following rules are effective for dates of service on or after **February 1, 2013**:

Disproportionate Share Hospital Payments – Community Hospitals: amends the provisions governing DSH payments to non-rural community hospitals in order to eliminate the community hospital psychiatric DSH pool.

Inpatient Hospital Services – Non-Rural, Non-State Hospitals – Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for inpatient hospital services to reduce the reimbursement rates paid to non-rural, non-state hospitals.

Outpatient Hospital Services – Non-Rural, Non-State Hospitals and Children's Specialty Hospitals – Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for outpatient hospital services to reduce the reimbursement rates paid to non-rural, non-state hospitals.

Pregnant Women Extended Services – Dental Services – Program Termination: repeals the provisions governing dental services rendered to Medicaid eligible pregnant women in order to terminate the program.

Professional Services Program – Physician Services – Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for physician services in order to further reduce the reimbursement rates.

Rehabilitation Clinics – Termination of Coverage for Recipients 21 and Older: amends the provisions governing rehabilitation clinic services rendered to recipients 21 years of age and older in order to terminate coverage of these services. (This change applies to Free-Standing Rehabilitation Clinics ONLY.)

Targeted Case Management – HIV Coverage Termination: amends the provisions governing targeted case management in order to terminate the coverage of services rendered to HIV disabled individuals.

Targeted Case Management – Nurse Family Partnership – Program Termination: amends the provisions governing targeted case management in order to terminate the Nurse Family Partnership Program.

NOTE: *The following emergency rule regarding Hospice Services was published, but has since been rescinded.*

Hospice Services: amends the provisions governing the hospice program in order to discontinue new enrollments in the program for recipients 21 years of age and older. Recipients enrolled in the Hospice Program prior to February 1, 2013 will continue to receive hospice services.

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Rehabilitation Clinics: Termination of Coverage Clarified

All Providers

Effective with dates of service on or after February 1, 2013, Medicaid no longer provides reimbursement to rehabilitation clinics for services provided to recipients age 21 and older. This change only applies to rehabilitation clinics, private/free-standing clinics enrolled in Medicaid as **Provider Type 65**, and **does not include** rehabilitation services provided by hospital-based providers and home health agencies.

When a recipient has private insurance and Medicaid as secondary coverage, Medicaid shall no longer be billed for the recipient responsibility. The recipient may be billed for the co-payment.

When a recipient has Medicare as the primary payer, Medicaid shall only be billed when the recipient is certified as a Qualified Medicare Beneficiary (QMB).

There has been no change to rehabilitation services for Medicaid recipients under the age of 21.

Questions regarding rehabilitation services should be directed to Cynthia Bennett at 225-342-7878.

Radiology Utilization Management Program through MedSolutions Inc. Terminated for Legacy Medicaid Recipients

All Providers

The Louisiana Medicaid contract with MedSolutions Inc. (MSI) that administered and provided authorizations for legacy Medicaid recipients through the Radiology Utilization Management (RUM) Program was terminated on December 31, 2012. Effective January 1, 2013, MSI authorizations are no longer required for legacy Medicaid recipients for procedures previously included in the RUM Program. The list of procedure codes that required authorization through RUM is available at www.lamedicaid.com under the "Radiology Util Mgmt" link.

This change does not impact services provided to Bayou Health recipients. Providers should contact the appropriate Bayou Health plan for questions related to these services for Bayou Health members. Questions related to legacy Medicaid recipients should be directed to Molina Provider Relations at (800) 473-2783 or (225) 924-5040.

Informational Bulletin: Affordable Care Act Enhanced Reimbursement of Primary Care Services

All Providers

The Affordable Care Act (ACA) requires Medicaid to reimburse designated physicians for specified primary care services rendered during calendar years 2013 and 2014 at an enhanced rate. The Centers for Medicare and Medicaid Services (CMS) must approve a State Plan Amendment (SPA) detailing the reimbursement method before any payment is made. The deadline for SPA submission to CMS is March 31, 2013.

Pending SPA submission and CMS approval, the Department of Health and Hospitals has prepared an informational bulletin to provide an overview of federal requirements and preliminary state implementation plans. This bulletin addresses who is eligible to receive payments at the enhanced rate, what activities the physician must undertake to receive the enhanced rate and the anticipated timing of payments. The bulletin is available online at www.lamedicaid.com.

The Department of Health and Hospitals will provide updates as implementation plans evolve in accordance with a CMS-approved SPA.

Office of Population Affairs Updates "Consent for Sterilization" Form

All Providers

The Office of Population Affairs (OPA) has updated the "Consent for Sterilization" form. The new form, which is available in a fillable PDF version, may be downloaded from the OPA website at http://www.hhs.gov/opa/order-publications/#pub_sterilization-pubs.

The old form, which has an expiration date of 12/31/2012, will continue to be accepted until April 1, 2013; however, providers should begin utilizing the new form immediately. Beginning with dates of service April 1, 2013, Molina and the Bayou Health plans will only accept the "Consent for Sterilization" form with an expiration date of 10/31/2015.

Questions related to the use of this form should be directed to Molina Provider Relations at (800) 473-2783 or (225) 924-5040.

Direct Service Worker Registry Final Rule Published: Training Requirements on Medication Administration and Non-Complex Tasks

HCBS Providers

The Direct Service Worker Registry rule was amended on December 20, 2012 to include additional training requirements for direct service workers who provide medication administration or non-complex tasks. Workers who are employed by licensed home and community-based service (HCBS) providers and whose assigned duties require that they perform medication administration or non-complex tasks for their clients are required to complete this training in addition to the 16 hours of basic training provided upon hire and prior to any direct contact with clients which is currently required by HCBS licensing standards.

Providers are required to either employ or contract with a registered nurse to:

- provide oversight of the training,
- determine a worker's competency to perform medication administration and non-complex tasks, and
- assess and provide additional client-specific training whenever necessary. Examples may include, but are not limited to, situations when a client has a change in health status or physician orders.

Providers are encouraged to begin training as soon as possible. Direct service workers who are currently employed by a licensed HCBS provider and who are performing these tasks, as well as newly hired direct services workers, must complete the required training in medication administration and non-complex tasks by December 20, 2013.

A copy of the final rule can be viewed on the Office of State Register's website at http://www.doa.louisiana.gov/osr/reg/1212/1212.pdf. Questions regarding compliance with this requirement may be directed to Health Standards at (225) 342-0138.

New Licensing Standards Published for Intermediate Care Facilities for the Developmentally Disabled (ICF/DD)

ICF/DD Providers

New licensing standards for ICF/DD providers were published in the Louisiana Register on December 20, 2012. Providers should note that the new standards mandate the use of the Department of Health and Hospital's Online Tracking Incident System (OTIS) for reporting allegations of abuse, neglect and misappropriation of client property. Health Standards will no longer accept paper reports after April 1, 2013.

Training resources have been developed to provide additional assistance in the use of OTIS and include an OTIS user guide for providers, guides on how to determine whether or not an incident is reportable, and information on how to conduct a thorough investigation. These resources are available on line at http://new.dhh.louisiana.gov/index.cfm/page/280 following the "OTIS Training Resources" link. Program manager contact information is also available at this link.

A copy of the new licensing standards is available on the Office of State Register's website at http://www.doa.louisiana.gov/osr/reg/1212/1212.pdf or on the Health Standards web site for ICF/DD services at http://new.dhh.louisiana.gov/index.cfm/directory/detail/725.

Remittance Advice Corner

All Providers

The following is a compilation of messages that were recently transmitted to providers through Remittance Advices (RA):

Attention Hospital Providers: Effective 12/14/12 Mother's Medicaid Number Required for Initial Precert of Legacy Newborns

DHH is requesting that in order for providers to begin the Precert process, initial newborn requests submitted to Legacy Medicaid will require the mother's Medicaid number to be included on the PCF01 form. The 13 digit Medicaid number area on the PCF01should remain as all zeros until the baby's Medicaid number is assigned. If submitting electronically through ePrecert, the mother's number should be typed in the text box area.

These requests will be rejected if the provider fails to provide this information or if the mother is verified as having Bayou Health Plan coverage on the day of admit. Please visit www.lamedicaid.com for the notice. If you have any questions please contact Molina Provider Relations (800) 473-2783 or (225) 924-5040.

Attention Physicians and Hospital Providers: Effective 1/1/2013 Changes to Prior Authorization Requirements for RUM

Effective January 1, 2013, prior authorization for high-end radiology services for recipients of Legacy or fee-for-service Medicaid is no longer required. Providers should only order services that are medically necessary. Please visit www.lamedicaid.com for the notice. If you have any questions, please contact Molina Provider Relations (800) 473-2783 or (225) 324-5040.

Attention Louisiana Medicaid Providers

Providers who participated in the CommunityCARE program were previously advised that effective with dates of service June 1, 2010, the Department would no longer pay PCP management fees (procedure code CC001) for linked enrollees after the month of the enrollee's death. Based on Audit findings, it was determined that some deceased enrollees remained active in CommunityCARE in error. Although CommunityCARE terminated statewide as of June 1, 2012, management fees inappropriately paid to PCPs after the month of an enrollee's death will be automatically calculated and recouped. These recoupments will be identified on the Remittance Advice with error edit 364 - RECIPIENT DECEASED.

Attention All Providers Regarding Invalid Codes:

It has been brought to the attention of DHH that a few long standing invalid procedure codes were still listed on the Professional Services fee schedule. This has been corrected and the invalid procedure codes 99289, 99290, and 99436 have been made non-payable on all types of service and will no longer appear on the fee schedule once the next monthly update is posted. Providers should refer to the Current Procedural Terminology (CPT) manual for the appropriate billing codes and follow current CPT guidelines.

Attention All Providers: 2013 HCPCS Update

Louisiana Medicaid is currently in the process of completing the 2013 HCPCS update. The Louisiana Medicaid files have been updated to reflect the deleted HCPCS codes for 2013. Every attempt is being made to have the new codes and updates on file as soon as possible which includes appropriate editing and coverage determination for the new codes.

The Professional Services fee schedule on the La Medicaid website, www.lamedicaid.com will be updated in the near future to reflect these changes. Providers should monitor their RA messages for additional information.

Attention Dental Providers:

Effective for dates of service on and after January 1, 2013, procedure code and nomenclature changes will be reimbursable by Medicaid in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Dental Program. Applicable policy and reimbursement information will be located at http://www.lamedicaid.com/ under the "Dental Providers" link. If you do not have web access and wish to request a hardcopy of the revised information and fee schedules, you should contact Molina Provider Relations as soon as possible by calling (800) 473-2783.

Attention All Providers: Billing Medicaid Recipients for Services

This message is to remind all providers that within your agreement of participation with Louisiana Medicaid you agree to accept the Medicaid payment as payment in full for services rendered to Medicaid recipients, providing for the allowances for co-payments authorized by Medicaid.

A recipient may be billed for services that have been determined as non-covered or exceeding the services limit for recipients over the age of 21. Recipients are also responsible for all services rendered after his/her eligibility has ended. Providers may not bill recipients in instances where provider billing errors have caused a denied claim. In order to bill a recipient for a non-covered service, the recipient must be informed both verbally and in writing that he/she will be responsible for payment of the services.

We also want to remind you that providers are not required to accept every recipient requesting service. However, when a provider does accept a recipient, the provider cannot choose which services will be provided. The same services must be offered to a Medicaid recipient as those offered to individuals not receiving Medicaid, provided the services are reimbursable by the Medicaid Program. Providers must treat Medicaid recipients equally in terms of scope, quality, duration and method of delivery of services (unless specifically limited by regulation).

Update to 'ClaimCheck' Product Editing - January 2013 'Clear Claim Connection' Information

McKesson's 'ClaimCheck' product, used in claims processing, is routinely updated by McKesson Corporation. The most recent update is based on changes made to key industry mandates as well as enhanced modifier processing functionality. This update will affect claims processed beginning with the remittance advice of January 22, 2013, forward. Due to the enhancement, providers may notice minor differences in the clinical claims editing that include National Correct Coding Initiative (NCCI) and Outpatient Hospital edits. Providers should expect that most claims will continue to be edited in the same manner; but when applicable, claims may now pay or deny differently.

'Clear Claim Connection' is the related web-based reference tool that enables providers to access the editing rules and clinical rationale for some of the 'ClaimCheck' edits. This reference is in the process of being aligned with the updates to the editing product described above. Providers may see temporary differences when they use this tool until the corresponding update is made. Please keep in mind that 'Clear Claim Connection' is for reference only and the results are not a guarantee of how claims will finalize in the claims processing system.

For questions related to this information, please contact Molina Medicaid Solutions Provider Services at (800)473-2783 or (225)924-5040.

Online Medicaid Provider Manual Chapters

All Providers

The following Medicaid Provider Manual Chapters are available on the Louisiana Medicaid website at www.lamedicaid.com under the "Provider Manual" link. This list will be updated periodically as other Medicaid program chapters become available online.

Administrative Claiming
Adult Day Health Care Waiver
Ambulatory Surgical Centers
American Indian 638 Clinics
Children's Choice Waiver
Dental Services
Durable Medical Equipment
EPSDT Health Services for Children with Disabilities
End Stage Renal Disease
Family Planning Clinics
Family Planning Waiver (Take Charge)
Federally Qualified Health Centers
General Information and Administration
Greater New Orleans Community Health Connection
Home Health
Hospice
Hospital Services
Independent Laboratories
ICF/DD
Medical Transportation
New Opportunities Waiver (NOW)
PACE
Pediatric Day Health Care
Personal Care Services
Pharmacy
Portable X-ray
Professional Services
Residential Options Waiver
Rural Health Clinics
Supports Waiver
Vision (Eye Wear)

A recent revision has been made to the following Medicaid Provider Manual Chapters. Providers should review these revisions in their entirety at www.lamedicaid.com under the "Provider Manual" link:

Manual Chapter	Section(s)	Date of Revision
Federally Qualified Health Centers	Table of Contents Section 22.4 – Reimbursement Section 22 – Appendix A – Contact Information Section 22 – Appendix D – Claims Filing	12/26/12
Professional Services	Section 5 – Appendix B – Forms	01/14/13
Family Planning Waiver	Appendix B – contact/Referral Information	01/15/13
Home Health	Appendix C – Procedure Codes and Rates Appendix D – Contact/Referral Information	01/31/13
Rural Health Clinics	Table of Contents Section 40.4 – Reimbursement Section 40 – Appendix A – Contact Information Section 40 – Appendix D – Claims Filing	01/31/13

Manual chapters that have been reissued in their entirety or become obsolete remain available for reference under the "Archives" link. The following manual chapters have been moved to this link:

Archived Manual Chapters	
Dental Services	Entire manual reissued March 15, 2012
Elderly and Disabled Adult Waiver	Waiver program ended
Mental Health Clinics	Services that were provided under these programs are now provided through the Louisiana Behavioral Health Partnership.
Mental Health Rehabilitation	
Multi-Systemic Therapy	
Psychological and Behavioral Health	

Review of the Treatment of Type 2 Diabetes

Louisiana Drug Utilization Review (LADUR) Education

Review of the Treatment of Type 2 Diabetes

Kristen Pate, Pharm. D., BCACP
Clinical Assistant Professor
University of Louisiana at Monroe
College of Pharmacy

Introduction

The management of patients with type 2 diabetes mellitus (T2DM) is becoming increasingly complex, partly because of the increase in number of available pharmacologic options to treat T2DM. Other factors that lead to this complexity include updated information on the efficacy and safety of medications and the risks and benefits of glycemic control. In order to address these issues, the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD) developed updated recommendations for the management of hyperglycemia in non-pregnant adults with type 2 diabetes.[1] The ADA and EASD position statement focuses on a patient-centered approach to the management of patients with T2DM and the involvement of patients in the evidence-based treatment decision process.[1]

Treatment Goals

Because of the growing number of people diagnosed with T2DM, effective management of T2DM has the potential to have a major impact on numerous individuals, as well as the entire healthcare system.[1] The ADA's "Standards of Medical Care in Diabetes" recommends a hemoglobin A_{1C} (HbA_{1C}) goal of less than 7% for most patients; more or less stringent HbA_{1C} goals might be appropriate, depending on patient-specific factors. The recommendations for fasting and preprandial blood glucose are 70-130 mg/dL; two-hour postprandial blood glucose should be less than 180 mg/dL.[1,2] Achieving these goals can help minimize complications of diabetes.[1,2] It is important that patients be followed-up regularly, at least every 2-3 months, and HbA_{1C} monitored every 3 months until treatment goals are met and are stable.[2,3]

Initial Drug Therapy

In order to achieve HbA_{1C} goals, the first-line treatment of T2DM is metformin, unless contraindicated or not tolerated (see Table 1), along with lifestyle modifications.[1,2,4] At diagnosis, lifestyle modifications alone, without pharmacotherapy, could be considered for 3-6 months in highly motivated patients with HbA_{1C} near goal (less than 7.5%).[1] For patients with a HbA_{1C} greater than or equal to 9% at diagnosis, the use of two non-insulin agents or insulin should be considered in order achieve target HbA_{1C}. If patients present with a HbA_{1C} greater than or equal to 10%, blood glucose greater than 300 mg/dL, and/or significant symptoms of hyperglycemia, insulin should be strongly considered as part of the initial treatment regimen. Once the patient is stabilized, insulin could possibly be decreased or discontinued and the patient could be maintained on non-insulin therapy.[1]

Combination Drug Therapy

For patients who have not reached target HbA_{1C} goals after 3 months of treatment with metformin, addition of a sulfonylurea, thiazolidinedione (TZD), dipeptidyl peptidase-4 (DPP-4) inhibitor, glucagon-like peptide-1 (GLP-1) agonist, or insulin should be considered.[1,2,4] The higher the HbA_{1C}, the more likely insulin will be necessary to achieve HbA_{1C} goals.[1] Typically, the addition of a second non-insulin agent will result in an approximate 1% further reduction in HbA_{1C}.[1,2] Assuming patient adherence, if no reduction in HbA_{1C} is seen, the drug should be discontinued and replaced with a drug with an alternative mechanism of action.[1]

If patients cannot reach target HbA_{1C} with two non-insulin agents, the use of three non-insulin agents is an option. However, insulin would provide the most benefit in regards to reduction in HbA_{1C}, and if HbA_{1C} is greater than or equal to 8.5%, it is unlikely that a non-insulin agent would be sufficient. If three non-insulin agents are used, patients should be monitored closely and treatment reconsidered if HbA_{1C} goals are not met.[1]

Many patients with T2DM will eventually require insulin therapy due to progressive β-cell loss. When insulin is initiated for the treatment of T2DM, generally basal insulin is used first. Either intermediate-acting insulin (neutral protamine Hagedorn [NPH]) or a long-acting insulin (insulin glargine or insulin detemir) can be used. Initial dose requirements will vary, but 0.1-0.2 units/kg/day is a reasonable initial dose. If goals are not achieved with basal insulin, short (human regular insulin) or rapid-acting insulin (insulin lispro, insulin aspart, insulin glulisine) can be used before meals.[1]

Once insulin is initiated, metformin is typically continued. Secretagogues do not seem to offer additional benefit when used with insulin, and should be avoided once prandial insulin is being used. However, secretagogues could be continued when basal insulin is being initiated and titrated to help reduce initial loss of blood glucose control. Generally, TZDs should be discontinued or decreased when insulin is initiated to minimize weight gain and edema. However, TZDs could help increase insulin sensitivity and lower insulin requirements in patients with severe insulin resistance. Data are accumulating regarding the use of incretin-based therapy with basal insulin; it appears this combination could be potentially beneficial.[1]

The individual properties of the medications used to treat T2DM, along with patient specific factors, should be considered when determining the most appropriate treatment regimen for a patient.[1,2] Table 1 describes properties of many of the drugs commonly used in the treatment of T2DM.[1,5,6] More information is available regarding antihyperglycemic therapy in type 2 diabetes at http://care.diabetesjournals.org/content/35/6/1364.short.[1]

Conclusion

The use of medications to control blood glucose in patients with T2DM is the focus of this update. However, because patients with T2DM are at an increased cardiovascular risk, it is important that blood pressure, cholesterol, lifestyle modifications, smoking status, and the use of aspirin be addressed, if necessary and appropriate, throughout the course of management and care for these patients.[1] Depending on the treatment regimen used to treat T2DM, appropriate monitoring of blood glucose is an important aspect of care that should be addressed. Also, patients should receive education regarding diabetes self-management, including treatment goals, medication therapy, diet and lifestyle, and hypoglycemia.[1,2]

In contrast to previous recommendations, the current guidelines are less algorithmic. This is related to the fact that there is a lack of comparative data between treatment options for T2DM. Also, individualizing treatment leads to more success. Thus, patient-specific factors, such as age, tolerance, weight, financial resources, and comorbidities, along with drug and disease state knowledge, all must be taken into consideration when making treatment decisions.[1]

Review of the Treatment of Type 2 Diabetes

Table 1: Some Medications for the Treatment of Type 2 Diabetes*[1,5,6]		
Drug	**Action**	**Comments**
Biguanide (HbA_{1C} reduction approximately 1-1.5%)		
Metformin	Decreases hepatic glucose production; improves insulin sensitivity	-Weight neutral -Low risk of hypoglycemia -Gastrointestinal (GI) side effects – increase dose slowly and take with food -Contraindications (CI): metformin hypersensitivity, metabolic acidosis or increased risk of lactic acidosis (e.g. renal dysfunction, use of parenteral contrast agents)
Sulfonylureas - 2nd generation (HbA_{1C} reduction approximately 1-1.5%)		
Glipizide Glyburide Glimepiride	Increase insulin secretion	-Weight gain -Risk of hypoglycemia
Thiazolidinediones (TZDs) (HbA_{1C} reduction approximately 1-1.5%)		
Pioglitazone (Actos®) Rosiglitazone (Avandia®)	Increase peripheral insulin sensitivity	-Low risk of hypoglycemia -Weight gain, fluid retention, fracture risk -CI in NYHA Class III and IV heart failure -Pioglitazone may increase bladder cancer risk -Rosiglitazone only available through the Avandia-Rosiglitazone Medicines Access Program
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors (HbA_{1C} reduction approximately 0.5-1%)		
Sitagliptin (Januvia®) Saxagliptin (Onglyza®) Linagliptin (Tradjenta®)	Increase insulin and decrease glucagon secretion (glucose dependent) by inhibiting degradation of incretin hormones	-Low risk of hypoglycemia -Weight neutral -Cases of acute pancreatitis observed
Glucagon-Like Peptide-1 (GLP-1) Agonists (HbA_{1C} reduction approximately 1-1.5%)		
Exenatide (Byetta®) Exenatide extended release (Bydureon®) Liraglutide (Victoza®)	Increase insulin secretion and decrease glucagon secretion (glucose dependent); slow gastric emptying; decrease appetite	-Low risk of hypoglycemia -Weight loss -GI side effects (nausea, vomiting) -Injectable -Cases of acute pancreatitis observed
Meglitinides (HbA_{1C} reduction approximately 0.5-1%)		
Netaglinide (Starlix ®) Repaglinide (Prandin®)	Increase insulin secretion	-Similar action as sulfonylureas, with possibly less hypoglycemia, but more frequent dosing -Weight neutral
Alpha-Glucosidase Inhibitors (HbA_{1C} reduction approximately 0.5-1%)		
Acarbose (Precose®) Miglitol (Glyset®)	Slows intestinal carbohydrate digestion and absorption	-Weight neutral -Take with meals -GI side effects (gas, bloating, diarrhea) -Frequent dosing (usually three times daily) -Titrate dose slowly

*This chart does not include all drugs that can be used for the treatment of T2DM, such as insulin, pramlintide, colesevelam, and bromocriptine. For more details regarding these medications and those included in the table, please refer to the prescribing information for the individual agents.

References

1. Inzucchi SI, Bergensal RM, Buse JB, et al. Management of Hyperglycemia in Type 2 Diabetes: A Patient-Centered Approach. Position Statement of the American Diabetes Associate (ADA) and the European Association for the Study of Diabetes (EASD). *Diabetes Care*. June 2012;35:1364-1379.
2. Standards of Medical Care in Diabetes – 2012. *Diabetes Care*. Jan 2012;35(suppl 1):S11-S63.
3. Liday C. Overview of the Guidelines and Evidence for the Pharmacologic Management of Type 2 Diabetes Mellitus. *Pharmacotherapy.* 2011;31(12 Pt 2):37S-43S.
4. PL Detail-Document, Stepwise Approach to Selecting Treatments for Type 2 Diabetes. Pharmacist's Letter/Prescriber's Letter. June 2012.
5. PL Detail-Document, Drugs for Type 2 Diabetes. Pharmacist's Letter/Prescriber's Letter. June 2012.
6. Clinical Pharmacology. http://www.clinicalpharmacology-ip.com. Accessed 18 Dec 2012.

MOLINA®
Medicaid Solutions

Provider Relations
P.O. Box 91024
Baton Rouge, LA 70821

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For information or assistance, call us!

Provider Enrollment	(225) 216-6370
Prior Authorization	
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
Hospital Pre-Certification	1-800-877-0666
Provider Relations	1-800-473-2783 (225) 924-5040
REVS Line	1-800-776-6323 (225) 216-REVS (7387)
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381

General Medicaid Eligibility Hotline	1-888-342-6207
LaCHIP Enrollee/Applicant Hotline	1-877-252-2447
MMIS/Claims Processing/Resolution Unit	(225) 342-3855
MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
Medicare Savings Program Medicaid Purchase Hotline	1-888-544-7996
For Hearing Impaired	1-877-544-9544
Pharmacy Hotline	1-800-437-9101
Medicaid Fraud Hotline	1-800-488-2917