# Caring

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Aetna Better Health® of Michigan

## The importance of lead testing

The Centers for Disease Control and Prevention (CDC) indicates that there is no safe level of lead in children.

Bright Futures/AAP Periodicity Schedule recommends a lead risk assessment at the following well-child visits:

- 6 months
- 9 months
- 12 months
- 18 months
- 24 months
- 3 years
- 4 years
- 5 years
- 6 years

The recommendation is to do a blood lead level test if the risk assessment comes back positive, and NCQA standards require all children to be tested by the age of 2.

Exposure to lead can result in serious problems, such as learning difficulties, hearing loss and developmental delays. There is a greater risk for these problems for young children, as they are still developing.

CDC estimates that there are about half a million children between the ages of 1 and 5 years old who have blood lead levels greater than 5 micrograms per deciliter (ug/dL). This is considered an elevated level and requires intervention.

*Source: Medicaid.gov*

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# What you should know about the We Treat Hep C Initiative

The Michigan Department of Health and Human Services (MDHHS) is partnering with Aetna Better Health in this initiative. The success of this program depends on getting more providers to treat hepatitis C (HCV). We want to work with our network providers to incorporate HCV testing into routine primary care and support providers as they learn how to treat this condition.

Aetna will focus efforts on outreach to beneficiaries on the importance of being tested for HCV and will use our case management team, including community health workers (CHWs), to contact beneficiaries who may be difficult to reach, including those who are homeless, transient, disabled or non-English speakers.

## Treating HCV

HCV treatment no longer requires a prior authorization if using the state-referred preferred drug list (PDL) agent, Mavyret®. HCV treatment is carved out to MDHHS fee-for-service (MagellanRx) and, as of April 1, 2021, the system is set up to approve Mavyret for up to a 12-week supply. Network pharmacies have also been made aware of the changes to the prior authorization (PA) status of Mavyret and should be prepared to dispense accordingly.

## Resources to support PCPs in the treatment of HCV

- Providers are encouraged to enroll patients receiving treatment in the Mavyret Nurse Ambassador Program: **Mavyret.com/HCP/Nurse-Ambassador**.
- For the HCV Clinical Consulting Line through Henry Ford Health System visit: **HenryFord.com/HCP/Academic/Medicine/Divisions/ID/Hep-C-Consult**.
- For education and case consultation on HCV through Michigan Opioid Collaborative, go to: **MichiganOpioidCollaborative.org/Hep-C-Treatment**.

# FAQs for prescribers of Mavyret

**Q:** *Which type of provider may prescribe Mavyret?*

**A:** All MDHHS-registered prescribers, including non-specialists, are able to prescribe Mavyret as of April 1, 2021.

**Q:** *What has to be submitted with a Mavyret claim now that no PA is required?*

**A:** The claim will be paid if submitted in accordance with our Pharmacy Claims Processing Manual: **Michigan.MagellanRx.com/provider/external/medicaid/mi/doc/en-us/MIRx_D0_claims_processing_manual.pdf**. Diagnosis codes are not required on these claims.

**Q:** *Will Mavyret be covered without a PA in the rare case a patient requires 12 weeks of therapy?*

**A:** Yes.

**Q:** *For patients currently taking another Direct-Acting Antiviral (DAA) therapy (Zepatier, Epclusa, etc.), will they be able to get refills to complete their course of therapy?*

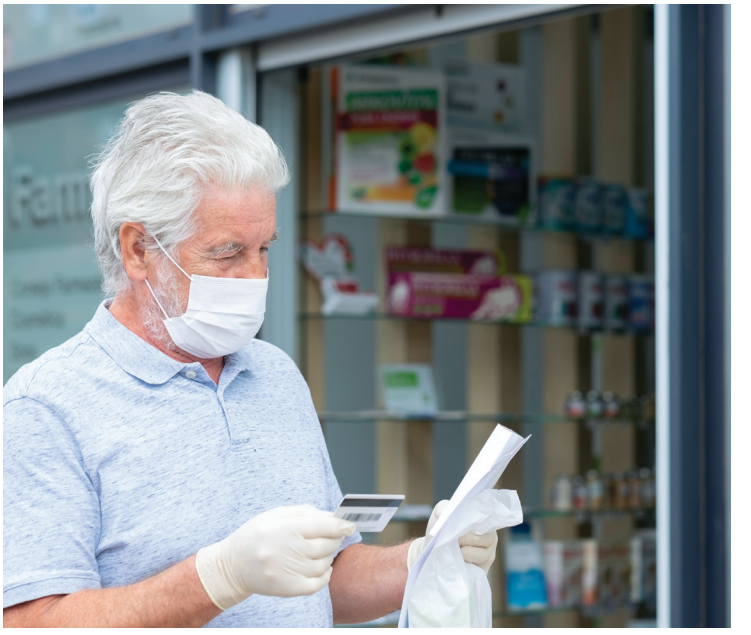
**A:** Yes.

**Q:** *Will there be specific PA criteria listed in the PDL for the non-preferred DAAs?*

**A:** Non-preferred DAAs will require a PA explaining why Mavyret is not clinically appropriate. Go to **Michigan.MagellanRx.com/provider/forms**, click "Prior Authorization Forms" and then click "Request PA By Fax Form (NPI Compliant)."

**Q:** *Are prisoners covered by Medicaid upon release and therefore able to get Mavyret without a PA?*

**A:** We are working on a Targeted Case Management benefit that provides support and resources for individuals recently released from a correctional facility, including some degree of in-reach, but this has not yet been implemented.



**Q:** *Can patients fill their Mavyret prescription at any specialty or retail pharmacy?*

**A:** Yes.

**Q:** *What is the co-pay for Mavyret under this agreement? What is the co-pay for a non-preferred DAA?*

**A:** For Medicaid, co-pay for Mavyret is $1, and the co-pay for non-preferred DAAs is $3. There are no co-pays for viral hepatitis treatments for Healthy Michigan Plan members.

**Q:** *Can more than four weeks of therapy be prescribed at a single time; e.g., eight weeks of therapy or, less frequently, 12 weeks of therapy, as opposed to four weeks with refill(s)?*

**A:** Pharmacies are authorized to dispense up to 102 days of therapy at a single time. However, many pharmacies may default to dispensing in four-week increments, unless the script specifies an eight- or 12-week supply.

**Q:** *Is Mavyret covered for patients on Emergency Services Only (ESO) Medicaid?*

**A:** Yes. Mavyret is covered for beneficiaries on ESO Medicaid. The pharmacy should indicate level of service 3 (emergency) on the claim.

## Mental health and substance abuse services

Members may receive services from a local community mental health agency for substance abuse and mental health treatment. A referral is not needed to receive services directly from a community mental health agency.

Aetna Better Health of Michigan covers outpatient visits for behavioral health services, offering a variety of in-network providers with multiple specialty areas. Members can call Behavioral Health Services at **1-866-827-8704**. There is no need to contact the primary care provider to receive behavioral health services. If there is a severe behavioral health illness, a member may ultimately be referred to the local community mental health program in their county. If you'd like more information, please call Member Services at **1-866-316-3784 (TTY: 711)**.

Behavioral Health Services can be reached 24 hours a day at **1-866-827-8704**.

## Michigan 4 x 4 Plan

Providers shall be eligible for additional incentive reimbursement for the eligible services, described in the chart directly below, that comply with the Michigan 4 x 4 Plan. Payment will be made on a quarterly basis for eligible services rendered.

| Health screen/required billing codes | Payable codes | Incentive basis |
|---|---|---|
| Body mass index (BMI) diagnosis codes | ICD-10 CM codes Z68* | Provider will be paid $5 one time per eligible member per year |
| Blood pressure screening | CPT codes 93770 | Provider will be paid $5 one time per eligible member per year |
| Cholesterol level (LDL-C) | CPT codes 80061, 83700, 83701, 83704, 83721 | Provider will be paid $5 one time per eligible member per year |
| Blood glucose level | CPT codes 82947–82962 | Provider will be paid $5 one time per eligible member per year |

## Help for transitioning patients back into the community

Nursing care facility residents who wish to transition back into the community may benefit from supportive services available within Aetna Better Health of Michigan Premier Plan.

Aetna Better Health of Michigan Premier Plan care coordinators can help with the community transition process to facilitate returning to a community setting. Call a care coordinator today, toll-free, at **1-855-676-5772 (TTY: 711)**, Monday through Friday, from 8 AM to 5 PM.

Using a person-centered planning process, care coordinators will develop a transition plan that includes all member goals and is based on individual needs. Below are some ways care coordinators may be able to help your patients move from a nursing facility residency to supportive community living.

- Housing or security deposits: a one-time expense to secure housing or obtain a lease.
- Utility hookups and deposits: a one-time expense to initiate and secure utilities (television and internet are excluded).
- Furniture, appliances and moving expenses: one-time expenses necessary to occupy and safely reside in a community residence (diversion or recreational devices are excluded).
- Cleaning: a one-time cleaning expense to ensure a clean environment, including pest eradication, allergen control and overall cleaning.
- Other services deemed necessary and documented within the enrollee's plan of service to accomplish the transition into a community setting.

*Excludes ongoing monthly rental or mortgage expense, regular utility charges, or items that are intended for purely diversional or recreational purposes.

## Medicaid provider manual

Aetna Better Health's Medicaid provider manual is available for your use and can be accessed at **AetnaBetterHealth.com/Michigan** in the Provider section. The provider manual is intended to provide Aetna Better Health contracted providers with guidance in understanding our programs, processes and policies.

Key features:

- Contact information
- Provider responsibilities and important information
- Covered services
- Eligibility and enrollment
- Encounters, billing and claims

Manuals may be revised as Aetna Better Health's policies, programs or regulatory requirements change. All changes and revisions will be updated and posted to the Aetna Better Health website, located at **AetnaBetterHealth.com/Michigan**.

# Liver enzymes, psychotropics and opioids: Possible reasons for ineffective pain control

The cytochrome P450 (CYP450) liver enzymes are responsible for metabolizing as much as 75% of all drugs administered.[1] Some opioids are pro-drugs, relying on the CYP450 system to be activated. Some are dependent on these enzymes to be cleared from the body as expected. If there are changes to levels of key enzymes, it can lead to potential loss of opioid efficacy or toxicity.

Opioids are rarely administered in isolation, and many substances can alter the level of CYP3A4 and CYP2D6 — both key enzymes in opioid metabolism. Several drugs are well-known for having a potent effect on co-administered drug metabolism, such as rifampin, antifungals and antiretrovirals. Additionally, behavioral health medications can have a potent effect on opioid metabolism and thereby complicate pain management.

## Substrates, inducers and inhibitors

A drug can have any of three relationships with a given CYP450 enzyme. It can either be a substrate, an inducer or an inhibitor.

**A substrate** is a drug that is metabolized by the enzyme.

**An inducer** is a drug that increases the activity of the enzyme.

**An inhibitor** reduces activity.[1]

Drugs can also have more than one of these relationships at the same time or have different relationships with different enzymes. The table on the facing page provides a breakdown of which opioids and some common behavioral health medications are substrates, inducers or inhibitors of which CYP450 enzyme.[1,3]

If the drug requires metabolization to be activated, reduced activity via an inhibitor may result in delayed onset and reduced potency. If the drug is active before metabolization, it can mean increased potency and duration. Both could lead to increased accumulation of the administered form and potential toxicity. Two substrates of the same enzyme may also compete for metabolization and effectively reduce the metabolization rate.[1] It is important to note that all the listed opioid substrates in the chart at right require metabolization to activate.

Induction has dissimilar effects. If the drug requires metabolization to be activated, increased activity may result in more rapid onset and increased potency. If the drug is active before metabolization, it can mean decreased potency and duration.

## Alternatives

Hydromorphone, morphine, tapentadol and oxymorphone are not primarily metabolized by the CYP450 system and rely primarily on the glucuronidation pathway.[1,2] These opioids should not be affected by changes in liver enzyme levels. Active metabolites of hydromorphone and morphine may still accumulate with the potential for neuroexcitatory effects if there is reduced kidney function.[2,3] Oxymorphone does not generate any clinically relevant metabolites, so it would be the safest alternative in this scenario.[3]

If CYP450 interactions are suspected, these opioids may be reasonable alternatives. It is also important to note that a number of over-the-counter natural supplements, such as St. John's wort, may also have a potent effect. Supplements and herbal remedies should always be addressed in a thorough review of medications.

| Enzyme | Substrate (opioid) | Substrate (BH medication) | Inhibitor | Inducer |
|---|---|---|---|---|
| **CYP3A4** | Codeine<br>Fentanyl<br>Hydrocodone<br>Methadone<br>Oxycodone<br>Tramadol | Alprazolam<br>Aripiprazole<br>Buspirone<br>Carbamazepine<br>Citalopram<br>Diazepam<br>Donepezil<br>Fluoxetine<br>Haloperidol<br>Mirtazapine<br>Nefazodone<br>Trazodone<br>Valproate<br>Venlafaxine<br>Zaleplon<br>Ziprasidone<br>Zolpidem | Diazepam<br>Fluoxetine<br>Fluvoxamine<br>Haloperidol<br>Nefazodone<br>Nortriptyline<br>Sertraline<br>Venlafaxine | Carbamazepine<br>Phenobarbital<br>Phenytoin<br>Valproate |
| **CYP2D6** | Codeine<br>Methadone<br>Oxycodone<br>Tramadol | Amitriptyline<br>Amphetamine<br>Desipramine<br>Donepezil<br>Duloxetine<br>Fluoxetine<br>Fluvoxamine<br>Haloperidol<br>Nortriptyline<br>Paroxetine<br>Risperidone<br>Venlafaxine | Bupropion<br>Amphetamine<br>Desipramine<br>Donepezil<br>Escitalopram<br>Fluoxetine<br>Haloperidol<br>Methadone<br>Paroxetine<br>Sertraline<br>Venlafaxine | No significant inducers |

*Sources:*

*1. Holmquist GL. Opioid Metabolism and Effects of Cytochrome P450. Pain Medicine. 2009;10:S20-S29. doi: 10.1111/j.1526-4637.2009.00596.*

*2. Tennant F. Making Practical Sense of Cytochrome P450. Practical Pain Management. 2010;10(4). https://www.practicalpainmanagement.com/treatments/pharmacological/opioids/making-practical-sense-cytochrome-p450*

*3. Smith HS. Opioid Metabolism. Mayo Clin Proc. 2009;84(7): 613–624. doi: 10.1016/S0025-6196(11)60750-7*

## Take advantage of Availity's white-glove approach

Availity's provider engagement team provides value-added services to your select providers.

You first identify your select providers based on what you deem as most important: Top submitters, flagship providers, large health systems, etc.

Selected providers are then categorized based on size and focus. Large organizations will go to the provider engagement trainers (PETs) for white-glove training services. PETs work directly with large, flagship organizations through group-based, live virtual trainings and follow up with any additional provider requests.

PETs assist with:
- Flagship provider relationship cultivation
- Workflow consultation
- Targeted direct provider outreach
- Provider Portal training
- Large organization payer-specific training
- Recurring provider engagement meetings
- Payer request assistance
- Complex account setup assistance

Having a dedicated PET for your implementation means that your organizations will receive the best service we can offer through specialized, live, virtual trainings and continued support for any issues or questions that may arise.

We will build a lasting relationship with each identified organization and act as a consultant to streamline workflows and processes.

The goal is always to increase engagement among all identified providers and build lasting relationships with the organizations to ensure that they are familiar with the resources and tools available to them through the Availity Portal.

This newsletter is published as a community service for the providers of Aetna Better Health® of Michigan. Models may be used in photos and illustrations.