



Dear Pharmacist:

Did you know that health plans' claims data showed that only 5% of the Dual Eligible Medicare and Medicaid member population have taken Calcium and Vitamin D (Ca/VitD) supplements during the past year, and many are unaware that they can obtain them over the counter with an Rx for free or at minimal cost?

Please help ensure these members receive optimal, cost-effective preventive care by determining the necessity of receiving Ca/VitD and prescribing this supplement, in accordance with the governing regulations of Minnesota Statute § 256B.0625, subd. 13(c).

As part of a performance improvement project (PIP) required by the Minnesota Department of Human Services (DHS), the above health plans will be mailing educational postcards to these members in March, 2007. Thus, you may be asked for a Ca/VitD prescription. A sample of the member postcard and a list of frequently asked questions and facts are included for your reference.

If you have questions or comments about this information, please contact:

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## Calcium/Vitamin D Supplementation PIP Project Overview

Health plans who serve the Minnesota Senior Health Options/Minnesota Senior Care (MSHO/MSC) members are required by the Minnesota Department of Human Services (DHS) to implement a new Performance Improvement Project (PIP) annually. The six Minnesota health plans, whose logos are shown above, are working as a collaborative on the 2007 MSHO/MSC PIP. The PIP is focused on increasing the Calcium and Vitamin D (Ca/VitD) supplementation use of Dual Eligible Medicare and Medicaid members. The Ca/VitD PIP is a three year project, which will begin in March of 2007.

The purpose of this project is to:

- Increase the rate of MSHO/MSC community members (ages 65 and older) regularly taking both calcium and Vitamin D supplements
- Increase knowledge of osteoporosis and the importance of Ca/VitD dietary supplementation.
- Inform providers, pharmacists, and MSHO/MSC members that, **if obtained by prescription**, their benefits include coverage for Ca/VitD supplements with either **no copayment or, at most, a \$3 copayment**.

The 2006 ICSI guideline on Osteoporosis Diagnosis and Treatment recommends 1,200 mg of elemental calcium and 800 to 1000 IU of vitamin D daily for persons over the age of 50. For persons over the age of 65 (even those not diagnosed with Osteoporosis), 1,500 milligrams of calcium may be more appropriate. Adequate vitamin D intake supports calcium absorption and bone metabolism. Due to the lack of daylight hours and direct sunlight during the winter months, many adults in northern climates are deficient in vitamin D, and need supplements to meet their daily requirements (ICSI, 2006).

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Brought to you by the Minnesota Senior Health Options Collaborative (MSHO) which includes six Minnesota Health Plans – Blue Plus, First Plan Blue, HealthPartners, Medica, Metropolitan Health Plan, and UCare Minnesota – in conjunction with Stratis Health, the Medicare Quality Improvement Organization for Minnesota

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## Over-the-Counter (OTC) Drug Coverage

Effective July 1, 2003

Pharmacists may prescribe OTC medications to fee-for-service MA, GAMC and PDP recipients for the purpose of receiving payment from DHS. Managed care plans under contract to DHS may allow this but are not required to do so.

- Currently, recipients must have an OTC drug prescribed by some other licensed practitioner authorized to prescribe medications. The intent of this change is to reduce the number of office/urgent care visits that are solely for the purpose of obtaining a prescription for an OTC medication, particularly for relatively minor problems such as head lice.
- The pharmacist is required to determine necessity, provide drug counseling, review drug therapy for potential adverse interactions, and make referrals as needed to other health care professionals.

After consultation with the Board of Pharmacy, DHS has decided that any licensed pharmacist will be allowed to prescribe OTC medications for the above mentioned recipients. The following policies apply:

OTC medication must be medically necessary and the recipient must not need a referral to another health care professional.

- Drug therapy must be reviewed for potential adverse interactions.
- Drug counseling must be consistent with [Minnesota Rules 6800.0910](#).
- Keep on file a prescription as defined in [Minnesota statutes 151.01](#), subd. 16. As with all other MA, GAMC and PDP prescriptions, the prescription must be kept on file for five years. For the purposes of providing OTC drugs to recipients, the pharmacist is the prescriber who must sign the prescription. Prescriptions may be refilled for up to 12 months as specified in [Minnesota Rules 6800.3510](#).
- Prescription must be dispensed in accordance with all relevant sections of [Minnesota Statutes chapter 151](#) and [Minnesota Rules Chapter 6800](#).
- The pharmacy's provider number should be used as the prescriber number. Individual pharmacists will not be enrolled as providers.
- For the original fill, document on the prescription information regarding medical necessity, drug therapy reviews and drug counseling. For refills document in the patient's profile any updated information regarding medical necessity, drug therapy reviews and drug counseling.
- As with all MA, GAMC and PHP prescriptions the pharmacist is strongly encouraged to have the recipient sign for receipt of the prescription whenever possible.
- OTC medications must be dispensed in the manufacturer's unopened container. Any OTC drug available in packaging designed for OTC sale to the public must be dispensed in the original packaging. Exception: Sorbitol may be re-packaged.
- OTC drug products must be billed at the shelf price of the pharmacy. If a pharmacy is not accessible to, or frequented by the general public, or if the OTC drug is not on display for sale to the general public, then the usual and customary charge for the OTC drug will be the actual acquisition cost of the product plus a 50% mark-up based on the actual acquisition cost.

### Citation

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id\\_009936](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_009936)

## Calcium and Vitamin D (Ca/VitD) Supplements FAQ

- **Why are Ca/VitD supplements so important?**
  - Ca/VitD is absolutely essential for the maintenance of a healthy skeleton throughout our lives (Holick, 1994).
  - Calcium supplements are the simplest and least expensive way to prevent bone loss (Shea, 2005).
  - Higher intakes of both vitamin D and calcium can reduce bone resorption and higher concentrations of one nutrient might compensate for insufficiency in the other (Fleet, 2005).
- **Why is Vitamin D necessary?**
  - Vitamin D deficiency among elderly people is much more common than previously recognized (Venning, 2005).
  - There is an association of vitamin D deficiency with muscle weakness as well as osteomalacia (Venning, 2005).
  - Numerous studies have shown that the vitamin D status is far from optimal in many countries all over the world. (Lamberg-Allardt, 2006).
  - VitD levels decline as people age and during winter months when people have inadequate sunlight. Season of the year, geographic latitude, time of day, cloud cover, smog, and sunscreen use all affect UV ray exposure and VitD synthesis (NIH, 2005).
  - Only a limited number of foods naturally contain vitamin D. Good sources of vitamin D(3) are fish (not only fatty fish), egg yolk, and offal such as liver. Some foods such as milk are fortified with vitamin D in some countries. (Lamberg-Allardt, 2006).
- **How much Calcium and Vitamin D do my patients need to take for the best results?**
  - Benefits are most apparent when 800 - 1000 IU day vitamin D of is complemented with a dose of 1000-1200 mg day of elemental calcium (Boonen, 2006).
  - A recent study found the therapeutic dose of VitD supplementation needed to have an effect on falls) to be 800 IU daily (Venning, 2005).

### Citations:

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