

In Today's Issue

Clarification on Medicaid Rule for Long-Acting Injectable Drug Payments

IDPH: Erythromycin Ointment Shortage Recommendations

Funding Opportunities Announced Related to Opioid Settlement

TJC Revises Total Hip, Knee Replacement Guidelines

FDA: Do Not Use Certain Cardinal Health Syringes

COVID-19 Information

**Briefly Noted** 

Clarification on Medicaid Rule for Long-Acting Injectable Drug Payments

On Friday, the Illinois Dept. of Healthcare and Family Services requested an expedited correction in the <u>Illinois Register</u> on a rule that was amended twice last year. The <u>second revision</u> on Nov. 17, 2023, implementing updated hospital inpatient psychiatric rates under 89 Ill. Adm. Code 148.110, resulted in the inadvertent omission of <u>adopted language</u> from April 21, 2023, which created Medicaid payments in inpatient psychiatric settings for long-acting injectable antipsychotic and substance use disorder drugs.

When the omission was identified, IHA worked with the Joint Committee on Administrative Rules to successfully request the expedited correction. IHA also worked with state agencies on the original changes when they were initially made last year.

Contact us with questions.

# IDPH: Erythromycin Ointment Shortage Recommendations

Illinois law requires hospitals to establish policies and procedures for infection control in their obstetric and neonatal departments that are consistent with recommendations in the American Association of Pediatrics (AAP) Red Book, Report of the Committee on Infectious Diseases. The Illinois Dept. of Public Health (IDPH) has announced it will align with the AAP recommendations issued in response to the ongoing shortage of erythromycin ointment. The AAP suggestions include:

- Erythromycin 0.5% ophthalmic ointment is the only recommended regimen to prevent ophthalmia neonatorum caused by N. gonorrhoeae.
- If erythromycin ointment is not available, a birthing parent who is at risk for exposure to N. gonorrhoeae or who had no prenatal care, should be tested for N. gonorrhoeae in the immediate peripartum setting using a nucleic acid amplification test (NAAT). If the birth parent's test is positive for gonorrheal infection or if the test result is pending at time of discharge with concerns for lack of follow-up, the neonate should receive ceftriaxone, 25 to 50 mg/kg of body weight, IV or IM, not to exceed 250 mg in a single dose; if ceftriaxone is unavailable or contraindicated, a single dose of ceftazidime or cefepime may be substituted.
- Alternatively, if erythromycin ointment is not available, azithromycin ophthalmic solution 1% is recommended as an acceptable
  substitute. One to two drops of this product are placed in each conjunctival sac. Because it is a solution rather than an ointment, care
  must be taken to ensure the drops are placed properly.
- The Centers for Disease Control and Prevention recommend that two people provide the prophylaxis—one to hold the lids open and
  the other to instill the drops. If azithromycin ophthalmic solution 1% is not available, ciprofloxacin ophthalmic ointment 0.3% can be
  considered as a less suitable alternative. In most cases, potential resistance of N gonorrheae to ciprofloxacin will be overcome by the
  high concentrations of ciprofloxacin achieved

The Centers for Disease Control and Prevention recommends notifying your local health department of any challenges in procuring the product. Additional information regarding the availability of erythromycin (0.5%) ophthalmic ointment is available

### Funding Opportunities Announced Related to Opioid Settlement

Applications for three new funding opportunities funded through Illinois' share of national opioid settlement funds from opioid manufacturers and distributors can be accessed on the Illinois Regional Care Coordination Agency website.

<u>Click here</u> to apply for the Opioid Abatement Strategies Effectiveness Evaluator (OASEE). Applications due by Feb. 12 at 3 p.m. CT. The purpose of OASEE is to fund data collection, analysis and reporting activities to evaluate the effectiveness of opioid abatement strategies in Illinois. Organizations throughout Illinois that conduct evidence-based data collection and evaluation activities should apply. A total of \$1.5 million is available to be awarded over a period of three years to one organization.

<u>Click here</u> to apply for Community Outreach and Recovery Supports (CORS) program. Applications are due by Feb. 16 at 3 p.m. CT. The purpose of CORS is to fund outreach teams that provide recovery supports and services for individuals with opioid use disorder and other substance use disorders experiencing homelessness or housing instability and at risk of overdose, medical complications and incarceration. Organizations throughout Illinois that provide recovery, peer, harm reduction and treatment services can apply for CORS funding. Communities disproportionately affected by the opioid crisis will be given priority. A total of \$15 million is available to be awarded over a period of three years to up to 14 organizations.

<u>Click here</u> to apply for the Intramuscular Naloxone Distribution Hub (IMNH). Application are due by March 4 at 3 p.m. CT. The purpose of IMNH is to fund increased distribution of intramuscular naloxone injection kits to people who use opioids statewide, particularly in areas disproportionately affected by the opioid crisis. Organizations in Illinois with experience with conducting local, regional and statewide harm reduction or other public health activities, particularly purchasing and distributing naloxone should apply. A total of \$3 million is available to be awarded over a period of three years to one organization.

In related news, Attorney General Kwame Raoul's office announced Feb. 1 that Illinois will receive \$11.4 million of a \$350 million national settlement with New York-based marketing and communications firm Publicis Health, while also collecting a portion of a \$150 million multistate settlement with London-based opioid manufacturer Hikma Pharmaceuticals. The payouts are pending court approval, but Attorney General Raoul's office expects Illinois to disperse a grand total of \$1.3 billion in the coming years through 2038. More information on the Illinois Opioid Settlements Initiative can be found *here*.

## TJC Revises Total Hip, Knee Replacement Guidelines

The Joint Commission (TJC) announced revised guidelines for total hip and knee replacements. The revisions will take effect July 1. TJC <u>said</u> the criteria were updated to specifically align with the clinical practice changes released by the American Academy of Orthopaedic Surgeons in 2022. The revisions can be found <u>here</u>. The changes include new recommendations related to the evaluation of risk factors prior to surgery, including a patient's opioid use history and diabetes history, and consideration of these factors when developing the recovery care plan. The guidelines also recommend reduction of opioid prescriptions for postoperative recovery, and additional monitoring of glucose levels.

## FDA: Do Not Use Certain Cardinal Health Syringes

The FDA issued a <u>safety communication</u> to warn consumers, healthcare providers and health care facilities not to use certain Cardinal Health Monoject luer-lock and enteral syringes. The FDA notification said dimensional changes made to the syringes, when used with syringe pumps, PCA pumps or enteral syringe pumps, may result in recognition, compatibility and pump performance issues, such as overdose, underdose, delay in therapy, delay in occlusion alarms and delay in feeding.

#### COVID-19 Information

The Illinois Dept. of Public Health (IDPH) has launched a weekly <u>Infectious Respiratory Disease Surveillance Dashboard</u> that will be updated weekly on Friday. This report provides the public with the latest data on hospital visits, seasonal trends, lab test positivity and demographic data.

<u>Click here</u> to visit the IDPH COVID-19 resources webpage. IDPH will continue to report the weekly number of people with COVID-19 admitted to hospitals from emergency departments, deaths and vaccinations, with COVID-19, influenza and respiratory syncytial virus information also reported through the dashboard of the <u>Illinois Wastewater Surveillance System</u>.

#### **Briefly Noted**

Up to 10% of dementia causes could be attributable to neurological issues associated with undiagnosed liver disease according to a *JAMA* study. Study authors said that these cases could possibly be resolved with treatment.

The U.S. Dept. of Health and Human Services, through the Substance Abuse and Mental Health Services Administration, announced Friday notices of funding opportunities for two grant programs aimed at expanding substance use disorder treatment services among pregnant and postpartum women and through adult and family treatment drug courts. The grant opportunities total about \$28 million.

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