

Report to the Social Services Appropriations Subcommittee

Utah Medicaid Generic Medication Three Month Supply Program – Implementation Report

Prepared by the Division of Medicaid and Health Financing

September 30, 2016



EXECUTIVE SUMMARY

On April 1, 2016, the Department of Health (Department) submitted a report in response to the following intent language included in House Bill 7:

The Legislature intends that the Department of Health report to the Office of the Legislative Fiscal Analyst by April 1, 2016 on the following regarding its plan to allow a three month supply of some Medicaid medications: (1) the Department's proposed plan, (2) proposed timeline of important action items, (3) how the agency will measure the financial impact to the State from making this change, and (4) a specific date for when the Department of Health could report on the financial impact and other impacts of this policy change.

This report provides an update to the April 1 report. The Department identified 191 low cost maintenance medications (77 different medications with multiple strengths) for inclusion in this program. The Department implemented the program on July 1, 2016 as intended. The current policy allows Traditional and Nontraditional Medicaid recipients to fill up to a three month supply of the medications.

Introduction

Utah Medicaid previously paid for no more than a one month supply of covered outpatient prescription drugs per dispensing. The policy was structured to align the outpatient pharmacy benefit with the monthly issuance of Medicaid eligibility.

At the direction of the Legislature, the Department developed and implemented a program to allow Traditional and Nontraditional Medicaid recipients the ability to fill select generic medications for up to a three month supply per dispensing.

Implementation Report

As part of the Department's effort to inform Medicaid providers regarding the change, the following information was included in the July 2016 Medicaid Information Bulletin:

Three Month Supply of Select Generic Medications

Effective July 1, 2016, Utah Medicaid clients enrolled in Traditional or Non-Traditional Medicaid will be allowed to receive up to a three month (90 day) supply of select generic medications per dispensing, if ordered by the prescriber. A listing of the medications included in this change is available in the Attachments section of the Pharmacy Provider Manual.

On July 1, 2016, the Department deployed programming changes to the pharmacy claims processing system for the following medications:

Alendronate Sodium Tab 35 MG	Lamotrigine Tab 150 MG
Alendronate Sodium Tab 70 MG	Lamotrigine Tab 25 MG
Allopurinol Tab 100 MG	Letrozole Tab 2.5 MG
Allopurinol Tab 300 MG	Levetiracetam Tab 1000 MG
Amiloride & Hydrochlorothiazide Tab 5-50 MG	Levetiracetam Tab 250 MG
Amlodipine Besylate Tab 10 MG	Levetiracetam Tab 500 MG
Amlodipine Besylate Tab 2.5 MG	Levetiracetam Tab 750 MG
Amlodipine Besylate Tab 5 MG	Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG
Aspirin Chew Tab 81 MG	Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG
Aspirin Tab Delayed Release 81 MG	Lisinopril & Hydrochlorothiazide Tab 20-25 MG
Atenolol & Chlorthalidone Tab 100-25 MG	Lisinopril Tab 10 MG
Atenolol & Chlorthalidone Tab 50-25 MG	Lisinopril Tab 2.5 MG
Atenolol Tab 100 MG	Lisinopril Tab 20 MG
Atenolol Tab 25 MG	Lisinopril Tab 40 MG
Atenolol Tab 50 MG	Lisinopril Tab 5 MG
Atorvastatin Calcium Tab 10 MG (Base Equivalent)	Loratadine Tab 10 MG
Atorvastatin Calcium Tab 20 MG (Base	Losartan Potassium & Hydrochlorothiazide

Equivalent)	Tab 100-12.5 MG
Atorvastatin Calcium Tab 40 MG (Base Equivalent)	Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG
Atorvastatin Calcium Tab 80 MG (Base Equivalent)	Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG
Baclofen Tab 10 MG	Losartan Potassium Tab 100 MG
Baclofen Tab 20 MG	Losartan Potassium Tab 25 MG
Benazepril HCl Tab 10 MG	Losartan Potassium Tab 50 MG
Benazepril HCl Tab 20 MG	Lovastatin Tab 10 MG
Benazepril HCl Tab 40 MG	Lovastatin Tab 20 MG
Bisacodyl Tab Delayed Release 5 MG	Lovastatin Tab 40 MG
Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG	Metformin HCl Tab 1000 MG
Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG	Metformin HCl Tab 500 MG
Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG	Metformin HCl Tab 850 MG
Bupropion HCl Tab SR 12HR 100 MG	Metformin HCl Tab SR 24HR 500 MG
Bupropion HCl Tab SR 12HR 150 MG	Metoprolol Tartrate Tab 100 MG
Bupropion HCl Tab SR 12HR 200 MG	Metoprolol Tartrate Tab 25 MG
Buspironone HCl Tab 10 MG	Metoprolol Tartrate Tab 50 MG
Buspironone HCl Tab 15 MG	Omeprazole Cap Delayed Release 20 MG
Buspironone HCl Tab 30 MG	Pantoprazole Sodium EC Tab 20 MG (Base Equiv)
Buspironone HCl Tab 5 MG	Pantoprazole Sodium EC Tab 40 MG (Base Equiv)
Captopril Tab 12.5 MG	Paroxetine HCl Tab 10 MG
Captopril Tab 25 MG	Paroxetine HCl Tab 20 MG
Captopril Tab 50 MG	Paroxetine HCl Tab 30 MG
Carbamazepine Chew Tab 100 MG	Paroxetine HCl Tab 40 MG
Carbamazepine Tab 200 MG	Pramipexole Dihydrochloride Tab 0.125 MG
Carvedilol Tab 12.5 MG	Pramipexole Dihydrochloride Tab 0.25 MG
Carvedilol Tab 3.125 MG	Pramipexole Dihydrochloride Tab 0.5 MG
Carvedilol Tab 6.25 MG	Pramipexole Dihydrochloride Tab 1 MG
Cetirizine HCl Tab 10 MG	Pramipexole Dihydrochloride Tab 1.5 MG
Cetirizine HCl Tab 5 MG	Pravastatin Sodium Tab 10 MG
Citalopram Hydrobromide Tab 10 MG (Base Equiv)	Pravastatin Sodium Tab 20 MG
Citalopram Hydrobromide Tab 20 MG (Base Equiv)	Pravastatin Sodium Tab 40 MG
Citalopram Hydrobromide Tab 40 MG (Base Equiv)	Pravastatin Sodium Tab 80 MG
Clonidine HCl Tab 0.1 MG	Propranolol HCl Tab 10 MG
Clonidine HCl Tab 0.2 MG	Propranolol HCl Tab 20 MG
Clonidine HCl Tab 0.3 MG	Propranolol HCl Tab 40 MG

Dicyclomine HCl Tab 20 MG	Propranolol HCl Tab 80 MG
Diltiazem HCl Tab 120 MG	Ramipril Cap 1.25 MG
Diltiazem HCl Tab 30 MG	Ramipril Cap 10 MG
Diltiazem HCl Tab 60 MG	Ramipril Cap 2.5 MG
Diltiazem HCl Tab 90 MG	Ramipril Cap 5 MG
Divalproex Sodium Tab Delayed Release 125 MG	Ranitidine HCl Tab 150 MG
Divalproex Sodium Tab Delayed Release 250 MG	Ranitidine HCl Tab 300 MG
Divalproex Sodium Tab Delayed Release 500 MG	Ropinirole Hydrochloride Tab 0.25 MG
Docusate Sodium Cap 100 MG	Ropinirole Hydrochloride Tab 0.5 MG
Docusate Sodium Cap 250 MG	Ropinirole Hydrochloride Tab 1 MG
Donepezil Hydrochloride Tab 10 MG	Ropinirole Hydrochloride Tab 2 MG
Donepezil Hydrochloride Tab 5 MG	Ropinirole Hydrochloride Tab 3 MG
Doxazosin Mesylate Tab 8 MG	Ropinirole Hydrochloride Tab 4 MG
Enalapril Maleate Tab 10 MG	Sennosides Tab 8.6 MG
Enalapril Maleate Tab 2.5 MG	Sennosides-Docusate Sodium Tab 8.6-50 MG
Enalapril Maleate Tab 20 MG	Sertraline HCl Tab 100 MG
Enalapril Maleate Tab 5 MG	Sertraline HCl Tab 25 MG
Escitalopram Oxalate Tab 10 MG (Base Equiv)	Sertraline HCl Tab 50 MG
Escitalopram Oxalate Tab 20 MG (Base Equiv)	Simvastatin Tab 20 MG
Escitalopram Oxalate Tab 5 MG (Base Equiv)	Simvastatin Tab 40 MG
Estradiol Tab 1 MG	Simvastatin Tab 80 MG
Famotidine Tab 10 MG	Spironolactone Tab 100 MG
Famotidine Tab 20 MG	Spironolactone Tab 25 MG
Famotidine Tab 40 MG	Spironolactone Tab 50 MG
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	Tamsulosin HCl Cap 0.4 MG
Fluoxetine HCl Cap 10 MG	Terazosin HCl Cap 1 MG
Fluoxetine HCl Cap 20 MG	Terazosin HCl Cap 2 MG
Fluoxetine HCl Cap 40 MG	Terazosin HCl Cap 5 MG
Fluticasone Propionate Nasal Susp 50 MCG/ACT	Topiramate Tab 25 MG
Folic Acid Tab 1 MG	Topiramate Tab 50 MG
Furosemide Tab 20 MG	Trazodone HCl Tab 100 MG
Furosemide Tab 40 MG	Trazodone HCl Tab 150 MG
Furosemide Tab 80 MG	Trazodone HCl Tab 50 MG
Glimepiride Tab 2 MG	Venlafaxine HCl Cap SR 24HR 150 MG (Base Equivalent)
Glimepiride Tab 4 MG	Venlafaxine HCl Cap SR 24HR 37.5 MG (Base Equivalent)

Glipizide Tab 5 MG	Venlafaxine HCl Cap SR 24HR 75 MG (Base Equivalent)
Glipizide Tab SR 24HR 10 MG	Verapamil HCl Tab 120 MG
Glipizide Tab SR 24HR 2.5 MG	Verapamil HCl Tab 80 MG
Glipizide Tab SR 24HR 5 MG	Verapamil HCl Tab CR 120 MG
Guanfacine HCl Tab 1 MG	Verapamil HCl Tab CR 180 MG
Guanfacine HCl Tab 2 MG	Verapamil HCl Tab CR 240 MG
Hydrochlorothiazide Cap 12.5 MG	Zonisamide Cap 100 MG
Hydrochlorothiazide Tab 12.5 MG	Zonisamide Cap 25 MG
Hydrochlorothiazide Tab 25 MG	Zonisamide Cap 50 MG
Hydrochlorothiazide Tab 50 MG	

Successful implementation was confirmed by the adjudication of claims submitted for more than a one month supply in July for the generic medications included in the program.

On September 30, 2017, the Department will provide you with data on the number of claims submitted for more than a one month supply. The Department will have useful information regarding the change once there is a full year of experience to review.