

2023 Medicaid Statewide Provider Training

Pharmacy Program

Agenda

- ❑ Pharmacy overview
 - ❑ Navigation
 - ❑ Billing
 - ❑ Opioids
 - ❑ Retro-DUR and MTM services
 - ❑ Prior authorizations
 - ❑ What's new?
-

Pharmacy policy and coverage

Mission

The Utah Medicaid Fee for Service (FFS) Pharmacy Program's mission is to develop and manage comprehensive pharmacy benefits and prior authorization services to ensure appropriate quality and utilization for Medicaid members.

Medicaid Pharmacy Team

Pharmacy Team functions for Fee for Service Medicaid:

- Ensures safe, appropriate, and cost-efficient use of medications
- Determines pharmacy program coverage
- Processes pharmacy prior authorizations
- Creates pharmacy policy in conjunction with Drug Utilization Review (DUR) Board and Pharmacy and Therapeutics (P&T) Committee
- Interacts with pharmacy providers, prescribers, and members

Navigation: Where can I find pharmacy policy information?

- ❑ **MIBs/Manual**
 - ❑ **Administrative Rule**
 - ❑ **DUR Board and P&T
Committee Information**
 - ❑ **State Plan**
-

How to find the Medicaid Pharmacy Program online

The screenshot shows the Utah Department of Health and Human Services website. At the top, there is a navigation bar with the Utah logo and the text "Utah Department of Health and Human Services". Below this is a dark purple header with the department's logo and name, "Utah Department of Health & Human Services Integrated Healthcare". A navigation menu includes links for "Apply", "Members", "Providers", "Programs", "Administration", "ESPAÑOL", and a search icon. The main content area features a large graphic with gears and a circuit board, announcing "PRISM is now LIVE!". The text states: "As of April 3, 2023, all components of PRISM are fully operational! PRISM trainings and resources are available to help..." and includes a "Learn More..." button. Below this is a teal bar with the text "UTAH MEDICAID". At the bottom, there are four columns, each with an icon in a white circle: "Members" (group of people), "Health Care Providers" (person with a plus sign), "Managed Care" (hospital building), and "PRISM" (laptop). Each column has a title and a brief description of the resources available.

Utah Department of Health and Human Services

Utah Department of Health & Human Services
Integrated Healthcare

Apply ▾ Members ▾ Providers ▾ Programs ▾ Administration ▾ ESPAÑOL 🔍

PRISM is now LIVE!

As of April 3, 2023, all components of PRISM are fully operational! PRISM trainings and resources are available to help...

[Learn More...](#)

UTAH MEDICAID

Members
Helpful links and information for Medicaid Members

Health Care Providers
Helpful Provider resources

Managed Care
Learn more about Managed Care

PRISM
Helpful PRISM resources

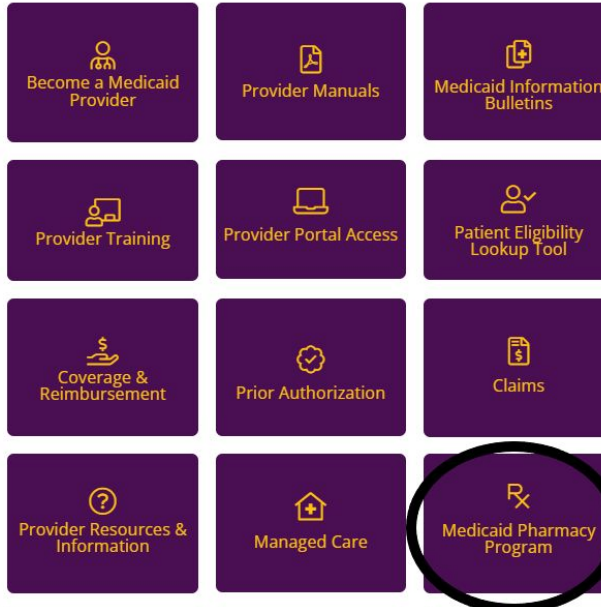
How to find the Medicaid Pharmacy Program online

Health Care Providers

Provider Quick Links

- › Eligibility Lookup Tool
- › Coverage and Reimbursement Lookup Tool
- › Physician Enhancement Attestation
- › Criteria
- › HIT Incentive Payment Program
- › Find a Health Care Provider
- › Qualifying Clinical Trials and Medicaid FAQs

The Utah Department of Health and Division of Medicaid and Health Financing welcome you as a Utah Medicaid provider. Your service in providing care is greatly appreciated.



Pharmacy Program webpage

Medicaid Pharmacy Program

Welcome to the Utah Medicaid Pharmacy Program! Here you will find information regarding the Utah Medicaid Drug Program, the Drug Utilization Review Board (DUR), and the Drug Regimen Review Center (DRRC) project through the University of Utah. Click to [Contact the Pharmacy Program](#).



Preferred Drug List



P&T Committee



Prior Authorization



Drug Regimen Review Center



Drug Utilization Review Board



Resource Library



Medication Therapy Management
Services



Drug Utilization Review Programs



Pharmacist Medicaid Provider

Medicaid Information Bulletin and Pharmacy Manual

Medicaid Information Bulletins (MIB) and Provider Manual:
<https://medicaid.utah.gov/utah-medicaid-official-publications/>

Utah Office of Administrative Rules

Utah Office of
Administrative
Rules

[DAS HOME](#) [BUILDING BOARD](#) [ARCHIVES](#) [DFCM](#) [FINANCE](#) [FLEET](#) [PURCHASING](#) [RISK](#) [RULES](#)

[HOME](#) [CODE](#) [BULLETIN](#) [HELP](#) [ABOUT US](#) [CONTACT US](#) [QUICKLINKS](#) [STATE LOGIN](#)



Utah Office of Administrative Rules

Agency	Health and Human Services	Contact Agency	1 Result(s) ▾
Title	Health Care Financing, Coverage and Reimbursement Policy (414)		4 Result(s) ▾
Physician Services(10)	<p>Effective Date: 03/01/2022 Admin. Code Reference: R414-10 Rule Type: Current Rule</p>	<p>Download PDF Download HTML View History</p>	
Medicaid Policy for Pharmacy Program(60)	<p>Effective Date: 05/12/2021 Admin. Code Reference: R414-60 Rule Type: Current Rule</p>	<p>Download PDF Download HTML View History</p>	
Drug Utilization Review Board(60a)	<p>Effective Date: 06/27/2018 Admin. Code Reference: R414-60a Rule Type: Current Rule</p>	<p>Download PDF Download HTML View History</p>	
Preferred Drug List(60b)	<p>Effective Date: 06/27/2018 Admin. Code Reference: R414-60b Rule Type: Current Rule</p>	<p>Download PDF Download HTML View History</p>	

DUR Board and P&T Committee

- The Drug Utilization Review (DUR) Board is an advisory board to the division established to ensure that the use of prescription and OTC drugs are appropriate, medically necessary, and are not likely to result in adverse medical results
 - For example, through the recommendation of prior authorization criteria
- The DUR Board is primarily composed of physicians and pharmacists with one position for a dentist and one position for a consumer representative
- The Pharmacy and Therapeutics (P&T) Committee is a subcommittee of the DUR Board established to advise the division on the safety and efficacy of classes on the Preferred Drug List (PDL)
- The P&T Committee is composed of physicians and pharmacists
 - [DUR Board Resources](#)
 - [P&T Committee Resources](#)

Utah State Plan

- The Utah State Plan is a document that describes how the state administers its Medicaid program
- This includes information about topics such as:
 - Reimbursement methodology
 - Dispensing fees
 - 340B policy
 - Covered OTC classes
- Important attachments include:
 - 3.1a https://medicaid.utah.gov/stateplan/spa/A_3-01-A.pdf
 - 4.19b https://medicaid.utah.gov/stateplan/spa/A_4-19-B.pdf

Pharmacy policy information

- Medicaid Information Bulletins (MIB) and Provider Manual: <https://medicaid.utah.gov/utah-medicaid-official-publications/>
- Administrative Rule: <https://adminrules.utah.gov/public/home>
- State Plan: <https://medicaid.utah.gov/stplan/>
- DUR and P&T Committee, as well as other specific information related to the Pharmacy Program is located on the Utah Medicaid Pharmacy webpage: <https://medicaid.utah.gov/pharmacy/pharmacy-program/>

Medicaid Pharmacy Program billing information

- ❑ Compounding

Compounds billed through the POS

Utah Medicaid Fee for Service has identified several issues with pharmacy compound claims submission.

- The [Compound Billing Alert](#) was faxed to pharmacy providers in January 2022 and provides instructional steps and tips on compound billing based on NCPDP standards to ensure accuracy of pharmacy compound claim submission
- In order to ensure the integrity of pharmacy compound claims, Utah Medicaid is requesting that pharmacies closely review the newsletter and ensure they are billing compound claims correctly
- If pharmacies have problems with billing compound claims, providers should contact Utah Medicaid Pharmacy customer service (801-538-6155, option 3,3,2) and their software vendor to ensure proper billing

Compound billing

#10 Tacrolimus 1 mg
caps compounded
with 120 mL of
ORA-Plus and 120
mL Simple Syrup

Example of POS claim billed incorrectly

Rx#	Line#	NDC	Product Description	Ingred Qty	Total Qty	Day Supply
345671	0	00000000000	Compound Prescription		250	30
	1	16729004201	Tacrolimus 1 mg cap	10.567		
	2	38779074308	ORA-Plus	120.135		
	3	38779177901	Simple Syrup	119.298		

Example of POS claim billed correctly

Rx#	Line#	NDC	Product Description	Ingredient Qty	Total Qty	Day Supply
234567	0	00000000000	Compound Prescription		240	30
	1	16729004201	Tacrolimus 1 mg cap	10		
	2	38779074308	ORA-Plus	120		
	3	38779177901	Simple Syrup	120		

Opioids

Opioid interventions

Opioid-related edits and interventions (all are aligned with 2022 CDC “Guideline for the Use of Opioids for Chronic Pain”) remain, which include:

- Concomitant long-acting opioids and benzodiazepines are restricted
- Short-acting opioid before long-acting opioid required
- 7 day / 3 day initial prescription required before longer prescriptions
- Morphine Milligram Equivalent (MME) limit of 90 (for members without cancer)
- Children under 18-years-old, pregnant members, and members receiving opioid use disorder medications are limited

Retro DUR and MTM services

What is it?

- ❑ Hemophilia case management
 - ❑ Hepatitis C Adherence Program
 - ❑ Antidepressant medication management
 - ❑ Diabetes Prevention Program
 - ❑ Antipsychotics in children
 - ❑ ADHD stimulants
-

Hemophilia case management

Fee for Service members and their families receive comprehensive care management services provided by a multidisciplinary team of healthcare professionals from the Hemophilia Treatment Centers and the Utah Medicaid Pharmacy Team, per national treatment guidelines.

Hepatitis C Adherence Program

- Member-centered adherence program aimed at increasing treatment completion rates and cure of Hepatitis C infection among FFS members
- Hep C PA form requirements
- Specialty pharmacies:
 - Community Walgreens
 - Intermountain Specialty
 - University of Utah Midvalley Specialty

Antidepressant Adherence Program

- Member-centered retrospective DUR intervention aimed at improving antidepressant medication adherence
- Clinical pharmacist conducts outreach to:
 - Targeted Medicaid FFS members
 - Member's mental healthcare providers
 - Follow-up calls to the member for continued medication adherence support

Diabetes Prevention Program (DPP)

- [House Bill 80 \(H.B.80\)](#) allows Utah Medicaid to cover the national diabetes prevention program for Medicaid members starting July 1, 2022
- Medicaid members meeting all of the following criteria should be encouraged to enroll in a diabetes prevention program
 - 18 years of age or older and not currently pregnant
 - Overweight (BMI 25 or higher)
 - Not diagnosed with diabetes type 1 or 2
 - Have AT LEAST ONE of the following:
 - A blood glucose screening test resulting in the prediabetes range within the past year
 - Previously diagnosed with gestational diabetes
 - A score of 5 or higher on a prediabetes risk test

Antipsychotics (AP) in children pharmacy edits

- PA required for concurrent use of multiple AP medications for all children under 18-years-old
- All other antipsychotic edits such as diagnosis code for initial AP prescriptions, and age/dose limits, etc. will remain in place
- PA required for:
 - Use in very young children (< 6 years old)
 - Doses of APs that exceed recommendations listed in the package insert or compendia
 - Concurrent multiple antipsychotic medications in children
 - Long-acting injectable antipsychotics in children
- Required: all newly written AP in children prescriptions, regardless if it has been filled in the past, will require a diagnosis code (Refills with the same Rx number will not require a diagnosis code)
- Recommended: Regular monitoring of antipsychotic-related side effects or clinical rationale for the lack thereof (metabolic abnormalities or movement disorders)

Attention-Deficit/Hyperactivity Disorder Stimulants

- PA required for use in children under 4 years of age
- PA required for use in children under 6 years of age as listed on PDL
- A multiple agent edit will apply for three or more unique ADHD stimulant medications
- A cross-class edit limitation will apply for prescribing of ADHD stimulant medications from the amphetamine class and the methylphenidate class for at least 30 days in the last 45 days for children under 18 years of age
- A peer to peer educational intervention will be implemented to prescribers of high dose stimulant medications
- [ADHD Stimulants Prior Authorization Form](#)

Pharmacy prior authorizations

- ❑ Navigating the PDL
 - ❑ “Not Required”
 - ❑ Pharmacy PA forms
 - ❑ Do not substitute
 - ❑ HCPCS
 - ❑ 72-hour medical emergency claim information
 - ❑ PA denials
 - ❑ Ultra-high-cost drugs
-

Preferred Drug List (PDL) and Pharmacy prior authorization

- PA forms: <https://medicaid.utah.gov/pharmacy/prior-authorization/>
- Preferred Drug List: <https://medicaid.utah.gov/pharmacy/preferred-drug-list/>

In addition to the pharmacy PA forms, the PDL contains valuable coverage and policy information including:

- Covered over-the-counter list
- Brand required over generic list
- 3-month supply required list
- Drug limits
- PA forms

Diagnostic Products on the PDL

Diagnostic products including diabetic supplies not listed on the PDL are non-preferred and cannot be processed through the pharmacy benefit

- Products must be billed through the medical benefit as Durable Medical Equipment (DME)
- Please use PRISM to enter PA requests for DME
- For additional information refer to the:
 - [Preferred Drug List - Utah Department of Health and Human Services, Medicaid](#)
 - [Medical Supplies and Durable Medical Equipment Manual](#)

Navigating the PDL

PDL & Resources

Preferred Drug List &
Pharmacy Coverage Resources
Effective June 1, 2022



Preferred Drug List (PDL)

Pages: 3-89

Covered Over-the-Counter List (OTC - not listed on PDL)

Pages: 90-93

Brand Required Over Generic List (not listed on PDL)

Page: 94-95

3 Month Supply Required List (not listed on PDL)

Page: 96

Drug Limits (not listed on PDL)

Page: 97

PA Forms (not listed on PDL)

Pages: 98-100

PA not required for the following:

- 3-month supply required for select maintenance medications
- G89.3, Neoplasm related pain (acute)(chronic), diagnosis will bypass quantity and MME limits
- Diagnosis codes for initial antipsychotic prescriptions
- DUR rejects for short acting opioid and benzos
- Short acting opioids needs to be processed before long acting opioids
- PA on file
- Brand over generic

Pharmacy PA forms

<https://medicaid.utah.gov/pharmacy/prior-authorization/>

To submit a request via fax:

- Select and print the proper form from the list under Directory Contents
- Gather all of the requested documentation, including a letter of medical necessity if requested
- Fax the completed form to the Prior Authorization Team at **(855) 828-4992**

Do not substitute

Authorizations will be processed for the preferred generic/brand equivalent unless otherwise specified.

UTAH MEDICAID PHARMACY PRIOR AUTHORIZATION REQUEST FORM

Medication Coverage Exception

Member and Medication Information	
<small>* indicates required field</small>	
*Member ID:	*Member Name:
*DOB:	*Weight:
*Medication Name/Strength:	X Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless specified.
*Directions for use:	

Where to find coverage for pharmacy related HCPCS and CPT codes

- PRISM Coverage and Reimbursement [Fee Schedule Download Tool](#)
- [HCPCS NDC Crosswalk](#)
- PRISM Coverage and Reimbursement [Lookup Tool](#)

72-hour medical emergency overrides

- 24-hours turnaround time within normal business hours in accordance with [Utah Code 26B-3-305](#)
- 72-hour override when PA is required
 - Information available here:
<https://medicaid.utah.gov/pharmacy/prior-authorization/>

What to do when you receive a PA denial

- Review the denial reasons provided in the letter
- If the request was denied for a product that is non-preferred on the PDL and a preferred product has not been tried, consider switching to a preferred product
- If the request was denied due to lack of information regarding clinical criteria, **resubmit** the request with the needed information to support criteria for approval
- If no additional information can be sent and no additional action can be taken to satisfy criteria, providers may submit a pre-hearing request with the Administrative Hearings Unit within 30 days
 - The request form can be found at:
<https://medicaid.utah.gov/utah-medicaid-forms>

Ultra-high-cost drugs

- Effective July 1, 2023, ultra-high-cost medications greater than \$1 million per dose will be carved out from MCE coverage and are part of the FFS Medicaid benefit
- Refer to the [Medicaid Pharmacy Manual](#) for more details.
- Current rebateable FDA-approved therapies with costs greater than \$1 million per dose

HCPCS	Brand Name	Generic Name	Date	Indication	Rebate Status	Cost
J1411	Hemgenix	Etranacogene dezeparvovec (Etranadez)	11/22/2022	Adults with Hemophilia B (congenital Factor IX deficiency) Dx Code: D67	Rebateable	\$3.5M (WAC)
J3399	Zolgensma	Onasemnogene abeparvovec-xioi	5/24/2019	Children <2yrs of age with Spinal Muscular Atrophy (SMA) Dx Codes: G12.0, G12.1, G12.25, G12.8, G12.9	Rebateable	\$2.1M (WAC)

What's new?

PRISM information

- If you are a new provider that needs to enroll as a Medicaid provider, eLearning training materials are available, visit: <https://medicaid.utah.gov/pe-training/>
- For all updates on PRISM, including any future eLearnings and FAQs, visit: www.medicaid.utah.gov/PRISM

Medical claims 340B updated modifiers

- All claims submitted to Utah Medicaid, including Medicare crossover claims, from a 340B covered entity for medications that were purchased through the 340B program must be submitted with the provider's 340B actual acquisition cost as the billed charges and the "TB or JG" modifier after the HCPCS code on each claim line
- Claims submitted without the appropriate 340B modifier on the claim line indicate that the covered entity purchased the medication outside of the 340B program and Utah Medicaid will pursue the federal Medicaid drug rebate on those claims

Pharmacy POS 340B review

- 340B claims must be submitted with the provider's 340B actual acquisition cost in the Ingredient Cost Field
- Basis of Cost field=8
- Submission Clarification Code field=20
- Claims submitted without these values indicate that the covered entity purchased the medication outside of the 340B program and Utah Medicaid will pursue the federal Medicaid drug rebate and supplemental rebate on those claims

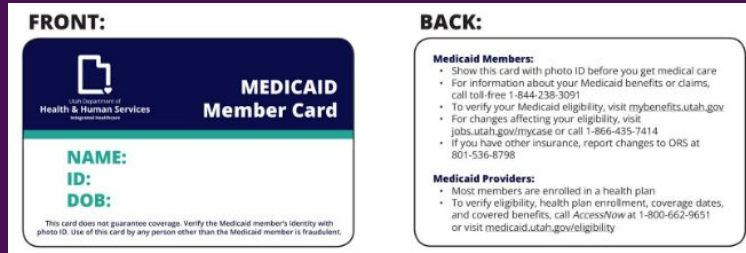
Post public health emergency (PHE)

Pharmacy Changes as the PHE concludes		
Change	Description	Date
Inhaler Quantity Limits	Quantity limits for inhalers will be reinstated at the end of the PHE	Effective 5/12/2023
SCC13	SCC13 can no longer be used to override early refills	Effective 5/12/2023
Uninsured Coverage of Testing, Treatment, and Vaccination	Coverage for the COVID-19 uninsured group will terminate at the end of the PHE.	Effective 5/12/2023
Delivery/postage Fee	Pharmacy Point of Sale (POS) claims will no longer adjudicate a delivery or postage fee.	Effective 5/12/2023
Carve-out of COVID-19 Treatments & COVID-19 Vaccines	COVID-19 Treatments, and COVID Vaccines will no longer be carved out and should be billed to the member's managed care plan if the member is enrolled in managed care.	Effective 7/1/2023
Copays for COVID-19 treatment, vaccines, and tests	Copays for COVID-19 treatment, vaccines, and tests will continue to be waived for one year and one quarter after the end of the PHE. Effective 10/1/2024, copays will no longer be waived on claims that have a COVID-19 diagnosis.	Effective 10/1/2024
Coverage of COVID-19 Treatment and Over-The-Counter (OTC) Tests	COVID-19 treatment medications and OTC COVID-19 tests will continue to be covered for one year and a quarter following the end of the PHE without a copay. These drugs include: <ul style="list-style-type: none"> • Actemra (tocilizumab) • Lagevrio (molnupiravir) • Paxlovid (nirmatrelvir with ritonavir) • OTC Covid Tests 	Effective 10/1/2024
Reimbursement for COVID-19 Vaccine	There will be no changes to the COVID-19 vaccine reimbursement methodology until the free federal supply is exhausted.	TBD

Additional information can be found here: <https://medicaid.utah.gov/unwinding/>

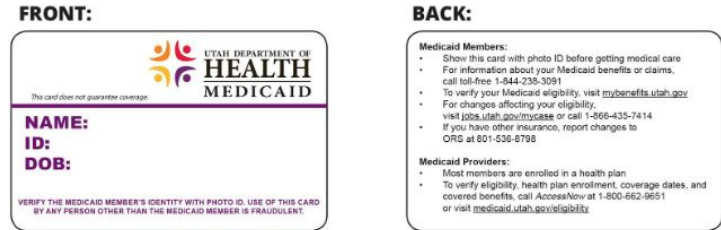
DHHS new Medicaid card

On May 1, 2023, DHHS began issuing a new Medicaid card to newly enrolled members.



UDOH existing Medicaid card

It will eventually replace the existing UDOH Medicaid card that existing Medicaid members use.



Please accept both the DHHS and the UDOH Medicaid cards.

Contact us

Call customer service:

801-538-6155, option 3, option 3,
option 2

Email:

medicaidpharmacy@utah.gov

