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Dr. Wilhelm Lehmann, DUR Board Chairman

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Diabetic Test Supply Update – 2011

Abbott will be joining Bayer diabetes care as a preferred product on the Utah Medicaid Preferred Drug List. Bayer and Abbott testing strips will be the preferred products on the Medicaid PDL for 2011. Lifescan products will no longer be preferred. Meters for blood glucose testing will still need to be obtained from the manufacturers.

Bayer meters will continue to be available by calling 1-877-229-3777.

Abbott Diabetes Care has several options for obtaining meters from both the Freestyle and Precision line of meters:

1. By phone: Patients may call 1-866-224-8892.
2. Online: Patients may visit <http://www.myfreestyle.com/meterprogram>
3. By email: Patients may send emails to orderfulfillment@abbottcustomer care.com to receive a meter.

Additionally, free meters will be distributed to many physician offices and pharmacies throughout the state.

Patients who need assistance in using their new Abbott meters have 24-hour technical assistance available to them through the following toll-free number:

1-888-522-5226

Abbott Diabetes Care provides training and technical assistance in over 150 languages. Providers may refer clients to this valuable resource if transitioning to a new Abbott meter.

The Amber Sheet is Now Paperless.....

The last paper issue of the Amber Sheet was mailed in December 2010. This issue and all future issues of the Amber Sheet will be available electronically through email or on the Medicaid Pharmacy website at <http://health.utah.gov/medicaid/pharmacy>.

To receive the Amber Sheet via email, send a blank email message to "join-hl-ambersheets@list.utah.gov". Email addresses will be kept confidential, and will not be shared, sold, or used for purposes other than sending Medicaid Pharmacy Program provider education.



Additional PDL Updates:

Medicaid's Preferred Drug List (PDL) contracts with manufacturers are based on a calendar year. Medicaid may make some changes to existing PDL classes in January.

Smoking deterrents, inhaled anticholinergics, pancreatic enzymes, growth hormones, and topical acne preparations were recently considered by the P&T Committee and will be added to the PDL on January 1, 2011.

All changes and new PDL classes will be available on the Utah Medicaid Pharmacy Website at <http://health.utah.gov/medicaid/pharmacy>.

P&T Committee Schedule:

The P&T Committee meets on the third Thursday of the month in the Cannon Health Building at 7:00 A.M. The schedule of upcoming drug classes for review is as follows:

Jan 2011 – Hormonal Contraceptives; Topical

Immunosuppressive agents

Feb 2011 – Topical Estrogens

Mar 2011 – Oral Estrogen Replacement Therapy

Continue to watch the Utah Medicaid P&T Committee Website for important updates regarding the P&T Committee.

Influenza Update:

Utah Medicaid provides coverage for the seasonal influenza vaccine at pharmacies or physician offices for clients enrolled in the Traditional Medicaid program (purple card). Clients enrolled in Non-Traditional (blue card) Medicaid and PCN (yellow card) may only receive seasonal influenza vaccines at physician offices.

Tamiflu / Relenza PA Requirement Reinstated:

Due to the H1N1 pandemic, Medicaid temporarily suspended Prior Authorization requirements for Tamiflu and Relenza for the 2009-2010 flu season. This prior authorization requirement has been reinstated for the 2010-2011 flu season.

The criteria to receive Tamiflu and Relenza are available on the Medicaid pharmacy program website at <http://health.utah.gov/medicaid/pharmacy>.

Please note: if a patient comes to the pharmacy needing Tamiflu outside of regular business hours, Medicaid emergency Prior Authorization policy applies. The pharmacy may dispense a 72-hour supply, when indicated. Medicaid will issue a PA for the 72-hour supply on the next business day. When dispensing a drug that cannot be readily split into a 72-hour supply (i.e. Tamiflu liquid dosage forms), Medicaid will work with the pharmacy to accommodate the situation.

ICD.9 Code Reminders:

Bupropion products and Cymbalta require an ICD.9 code classification to be entered when billed through the Pharmacy POS System.

Bupropion must be classified as smoking cessation (305.1) or depressive disorders (311).

Cymbalta prescriptions must be classified as neuralgias (729.2) or depressive disorders (311).

Pharmacy staff may ask a patient which condition is being treated and categorize the prescription accordingly. For these two drug products only, the diagnosis does not need to be written on the prescription by the prescriber.

Additionally, it has been a long-standing Medicaid policy to only pay Fentanyl 100mcg patches for pain related to a terminal cancer diagnosis. The ICD.9 code **must** be written on the prescription and entered on the pharmacy claim in order for the claim to be payable by Medicaid. **Medicaid will only pay up to 15 patches per month for strengths up to 75mcg for non-malignant pain.**

Prior Authorization Updates:

Effective January 1, 2011, Forteo will be placed on Prior Authorization under the following criteria:

- Available for the following diagnoses at high risk for bone fracture:
 - Postmenopausal women diagnosed with osteoporosis.
 - Women and men diagnosed with osteoporosis likely caused by systemic glucocorticoid therapy.
 - Men diagnosed with osteoporosis (primary or hypogonadal).
- Quantity limit of one injector every 28 days.
- Prior Authorization period is for 24 months with no renewal option.

Additional PA Changes:

- Xolair PA criteria have been clarified to reflect that Xolair will only be paid as a medical benefit. Xolair will not be available as a pharmacy benefit due to safety concerns.
- Suboxone PA criteria have been clarified. Prescribers must state the specific taper plan that is to be attempted on an initial PA request. A statement such as, "Will taper according to prescriber guidance," is not sufficient.

Additional DUR Board Activity: Payment for Cambria packets is limited to 9 packets per month.