



### Flu Vaccine Coverage

All Medicaid clients are eligible for flu vaccines when given in a prescriber’s office. Flu vaccines are also covered for Traditional and Nursing Home Medicaid clients through the outpatient pharmacy program year round. Flu vaccines administered to children under the age of 18 must have the product supplied by the Vaccines for Children (VFC) program and are subject to VFC coverage policies. VFC providers will be reimbursed for the administration of the vaccine only. Adult vaccinations are eligible for coverage of vaccine administration and for the covered product. Flu vaccines administered in a pharmacy will be limited to 0.5ml per claim. This limit is noted in the Drug Criteria and Limits attachment to the Pharmacy provider manual. To view this manual online visit: <http://health.utah.gov/medicaid/manuals/directory.php?p=Medicaid Provider Manuals/Pharmacy/>.

### 340B Billing Requirements

When submitting claims to Medicaid for 340B eligible clients, pharmacies are required to submit a value of 20 in the Submission Clarification Code (NCPDP field 420-DK). This requirement is for claims submitted to fee-for-service Medicaid, as well as any of the Accountable Care Organizations. This is a minimum requirement; Accountable Care Organizations may require additional fields to be submitted.

### Pharmacy Copay Override

For Traditional Medicaid clients enrolled with an Accountable Care Organization, there are instances where the client may be charged in excess of the \$15 maximum monthly copay amount. This may happen

when clients fill both carved-in and carved-out medications on the same date (carved-out medications are not covered by a managed care plan). Fee-for-service Medicaid has implemented a copay override that pharmacies may use only when they have billed multiple claims and received a client copay amount in excess of \$15 across all claims filed on that date. The override will only work for claims billed to fee-for-service Medicaid. To override the client copay amount the pharmacy must submit at the point-of-sale:

- Prior Authorization Type Code (NCPDP field 461-EU) with a value of 4
- Prior Authorization Number (NCPDP field 462-EV) with a value of 111

As a reminder, a provider may not override or refuse service to a Medicaid recipient based on the client’s inability to pay their copayment (see [42 CFR 447.53\(e\)](#)). This override will be monitored and abuse will be reported.

### 72-Hour Emergency Supply Override

Utah Medicaid authorizes 72-hour supplies of medications normally requiring a prior authorization which are provided in a medical emergency. In these instances, the prior authorization requirements will be waived for the 72-hour period. To view this policy see the Pharmacy provider manual at: <http://health.utah.gov/medicaid/manuals/directory.php?p=Medicaid Provider Manuals/Pharmacy/>

## **Reporting of Drug Shortages**

If a medication becomes generally unavailable from wholesalers or suppliers, a pharmacy may report the shortage to [www.ASHP.org/shortages](http://www.ASHP.org/shortages) or <http://www.fda.gov/Drugs/DrugSafety/DrugShortages/cm050792.htm>. Once a shortage is confirmed and posted by one of these sources, Medicaid will consider coverage modifications to accommodate the available medication options.

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## **Drug Utilization Review Board and Prior Authorization Update**

Please see the Prior Authorization website for prior authorization information as described below: <http://www.health.utah.gov/medicaid/pharmacy/priorauthorization/allentries.php>

- The Drug Utilization Review Board has recently reviewed and approved prior authorization criteria for Nuvigil, Provigil, Androgenic agents, Myrbetriq, Zenedi and Xifaxan.
  - The prior authorization criteria form for Proton Pump Inhibitors (PPI) has been removed. All proton pump inhibitors, including those available over-the-counter, are listed on the Preferred Drug List. If a non-preferred PPI is prescribed, please use the Non-Preferred Drug Authorization form.
  - The prior authorization criteria form for Stimulants has been replaced by two new forms, one for Adults and one for Children. Information regarding Zenedi can be found on a separate prior authorization form.
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## **Utah Medicaid PDL Update**

Look for new classes on the updated Preferred Drug List (PDL) effective October 1st, available on our website at: [www.health.utah.gov/medicaid/pharmacy](http://www.health.utah.gov/medicaid/pharmacy). Covered drugs not listed on the PDL are still considered covered under regular Utah Medicaid pharmacy policy.

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## **Utah Medicaid – Payer Sheet Updated**

The Utah Medicaid NCPDP Version D.0 Payer Sheet has been updated. To view the payer sheet please go online to <http://health.utah.gov/hipaa/guides.htm>.

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## **Brand Over Generic Reference**

Drug manufacturers enter into rebate programs for many brand name products. These rebate programs result in large rebates that make the cost of some brand name drugs less expensive than their generic counterparts for Utah Medicaid (See Utah Code 58-17b-606(5)).

A reference of drugs where the brand name product is preferred over the available generic is available to assist pharmacies in maintaining inventory and providing care to Medicaid patients.

This reference can be found at:

[http://www.health.utah.gov/medicaid/pharmacy/coverage/files/Brand\\_Over\\_Generic\\_Reference.pdf](http://www.health.utah.gov/medicaid/pharmacy/coverage/files/Brand_Over_Generic_Reference.pdf)

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## **Discontinuation of Amber Sheet Publications**

Effective January 1, 2014 Amber Sheets will no longer be published; please check the quarterly Medicaid Information Bulletins (MIB) and manuals for policy updates. To sign up for the Medicaid e-mail list serve to receive notification of policy changes and MIBs, go online to <http://health.utah.gov/medicaid/index.html> and select the link for Utah Medicaid Newsletter. Fax blast may be used on occasion to disseminate pertinent and/or urgent pharmacy specific information.