UTAH STATE MEDICAID DUR COMMITTEE
THE AMBER SHEET

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Derek G. Christensen DUR Board Chairman
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INFLUENZA Chiron has lost its entire year's influenza vaccine production according to the FDA. Subsequently, there will be significantly less influenza (A&B)vaccine available through VFC this season. Medicaid will cover influenza vaccine and injection fee, in fee-for-service physician offices, for children when VFC supplies run out in your office. VFC supplied injections must be used when available. Bill using CPT 90655; 90657; or 90658. Flumist and Relenza remain on prior approval. Amantadine has no restrictions. Coverage for adults remains in force. *****

MENTAL HEALTH - DAY SUPPLY
Physicians, when you prescribe weekly amounts of mental health drugs, write in the day's supply and circle it on the prescription. That will alert the pharmacist to enter the correct day's supply in that field. Otherwise, the pharmacy may accept a default day's supply of 30. This will result in your client being denied the next prescription because of a perceived "early refill". ******

Update on the Behavioral Pharmacy Management System Program: Emphasis on Reducing Multiple Prescribers - As many of you know, the Department of Health has been working on a project known as the Behavioral Health Pharmacy Management System (BPMS) Program. This Program has now been in operation since March and is focused on mental health drug usage.

BPMS reviews and analyzes Medicaid claims for behavioral health medication and compares these claims against a series of best practices quality indicators. Some of the key quality indicators are:

- Prescribing two or more Atypical Antipsychotics
- Children and Adolescents receiving three or more Psychotropics
- Multiple Prescribers of Any Class of Behavioral Health Drug
- Polypharmacy (e.g. patients receiving 3 or more anti-depressants)

We are pleased to report that there has been significant positive response to the Program. For those prescribers to whom we have sent notification of prescribing patterns that may be at variance with the best practice guidelines, there have been significant changes in prescribing practices that are much more consistent with these guidelines.

A key indicator that we would like to focus on is "Multiple Prescribers of Any Class of Behavioral Health Drug." All prescribers who write scripts for behavioral health drugs receive notification if their patient is also receiving prescriptions in the same class of drugs from another prescriber. Based on the five month period from March 2004 through July 2004, the number of multiple prescribers has been reduced by 60%. We are very pleased by the positive response and wish to thank everyone for their effort. **This response indicates a strong willingness of prescribers to modify their practices when provided with feedback and information about best practices and clinical guidelines.** This is particularly gratifying since minimizing the incidences of multiple prescribers can be a significant factor in reducing potential toxicity as well as increasing coordination of care.

While we are pleased with the results so far, we appreciate your efforts to work together to reduce the incidences of multiple prescribers even more. The notifications we send let you know who the other prescribers are and what medications they are prescribing. We urge you to communicate with these other prescribers as well as your patients to reduce the inappropriate incidences of multiple prescribing as much as possible.

We thank you for your hard work and support. *****

Risperdal Consta
Risperdal Consta requires a prior approval in the pharmacy program and is limited to clients associated with the capitated mental health programs. Risperdal Consta is covered for all diagnoses that the oral formulations are covered for. Risperdal Consta is not covered for patients in nursing homes. Physicians can give Risperdal Consta in the office and bill using a J-code without any restrictions. *****

Amphetamines
In passing, the FDA has received reports of sudden death associated with unusual amphetamine dosing in children with structural cardiac abnormalities. The FDA does not recommend general use of amphetamines in children or adults with structural cardiac abnormalities.*****

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Over Active Bladder Issues

All long acting drugs for over active bladder are on prior approval including Detrol LA, Ditropan LA, Oxytrol. Criteria for access is: "must have failed on oral 45 day trial of short acting oxybutynin within the last twelve months or have documented allergy to oxybutynin". At issue, of course, is cost as shown below.

agent/brand	cost*
oxybutynin 5mg	$ 0.13
Ditropan XL 5mg	$ 2.88
Ditropan XL 10mg	$ 2.88
Oxytrol patch	$ 9.77
Detrol 1mg	$ 1.60
Detrol 2mg	$ 1.64
Detrol LA 2mg	$ 2.74
Detrol LA 4mg	$ 2.81
Santura 20mg	$ 1.27

PRODUR - Medicaid is updating the PRODUR drug-drug interaction module to accept First DataBank's DDIM Version 3.2. While FDB recommends that all three levels of action be reported; Medicaid will report to pharmacies severity level 1 and severity level 2 interactions only. The three levels are:

Level 1 - Contraindicated Drug Combination has the following action: This drug combination is clearly contraindicated in all cases and should not be dispensed or administered to the same patient.

Level 2 - Severe Interaction: Action is required to reduce risk of severe adverse interaction.

Level 3 - Moderate Interaction: Access risk to patient and take action as needed.

Pharmacy providers who feel strongly that Medicaid should send warnings on all three severity levels should contact the Medicaid Pharmacy managers at phone 801-538-6149 or email at rashley@utah.gov or dparke@utah.gov.

CUMULATIVE LIMITS

Cumulative limits limit the quantity of drug that can be paid in a 30 day period. From the day a Rx is presented, the system looks back 30 days, totals what has been obtained in that period and subtracts it from the total allowed for 30 days, resulting in Rxs that are only partially filled and multiple trips to the pharmacy. Non-compliance, initial trial fills, partial fills, vacations, dosage changes, lost dosages and loaning doses against a future refill affect these Rxs, nor are they exempt from refill-too-soon rejections. Overrides to reset the cumulative can be requested, but multiple override requests and abuses of a prescribed regimen will result in denials. All pain medications (including tramodol preparations), sleep medications, and PPIs have such limits, as well as do medications for impotence, ADHD, and migraines, Miralax and lactulose products, and carisoprodol.

Whenever less than the total of an allowed cumulative is obtained, all subsequent fills for that medication are affected by that cumulative limit. Small initial trial fills are particularly problematic. It behooves pharmacists and physicians alike to be familiar with these provisions located in your provider manual.