



UTAH STATE MEDICAID DUR COMMITTEE

THE AMBER SHEET



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DUR Board

ZELNORM PRIOR AUTHORIZATION CRITERIA, Clarified

Zelnorm prior authorization Criteria have been clarified.
Prior authorization criteria are as follows:

Written Prior for Six Months for Irritable Bowel Syndrome (IBS) for female patients, and Chronic Idiopathic Constipation (CIC).

1. IBS: Documented diagnosis
2. CIC: a. Patient less than 65 years of age
b. documented failure within the last 12 months using one fiber and two stimulant laxatives
c. rule out drug induced constipation
3. Re-authorization after 6mo.:
IBS - 30 day documented trial off Zelnorm with other fiber laxatives and other remedies;
CIC - 30 day documented trial off Zelnorm using 2 stimulant and one Fiber laxative.
4. Use beyond 1 year is not authorized.

Zelnorm is not indicated and not appropriate for opiate induced constipation. Management of constipation should not default to the use of Zelnorm but rather to other appropriate, less expensive interventions that have historically been used effectively without adverse events. Zelnorm is not appropriate as a prn laxative. According to FDA and manufacturer indications, Zelnorm has not been approved for use beyond 12 weeks.

RESTASIS ON PRIOR APPROVAL; CRITERIA

The DUR Board recommended prior approval status for Restasis (Cyclosporine 0.05%) ophthalmic drops January 13, 2005. The prior approval criteria are as follows:

- A. Approved for (ICD.9) diagnoses:
 - 370.20 superficial keratitis, unspecified
 - 370.21 punctate keratitis
 - 370.33 keratoconjunctivitis sicca, not specified as Sjogren=s
 - 710.2 sicca syndrome - Sjogren=s disease
 Diagnoses are made by fluorescein dye on the cornea via corneal stain with a slit lamp and cobalt blue light. Required with the request are:
 1. Correct ICD.9 code
 2. Documented fluorescein test
 3. Request from ophthalmologist or with documented ophthalmologist consult
- B. Approved for post corneal transplant (ICD.9):
V42.5 post corneal transplant
- C. Approvals are for 1 year

MACUGEN; MD OFFICE ONLY- BILLED VIA J-CODE; CRITERIA

The DUR Board voted to support the use of Macugen for the treatment of the wet form of age-related Macular Degeneration through the physicians office billed with a J-code. This product is administered intravitreally which means that it will not be available through pharmacies but exclusively through the doctor's office. Since this would be used primarily for patients aged 65 years and older, Medicare is the primary provider.

Prenatal Vitamins are available to pregnant women only. Post payment review will identify non-pregnant clients and the payment will be reversed.

Reminders!:

*Injectables are not covered in the PCN program. Injectables are only available in the NTM program by prior approval.

*Please notify any physicians who are treating cancer patients that the ICD.9 cancer diagnosis handwritten on the prescription for long-acting Schedule II pain medications can be used by the pharmacy to allow override of quantity limits and allow reimbursement without calling for an override.

*Free Accucheck glucose meters: call Ryan Morris, Roche Diagnostics Corporation, Diabetes Care, 1-800-845-7355
Ext. 25155 or e-mail at Ryan.Morris@Roche.com

New Quantity Limitations Effective October 1, 2006

Inappropriate use of muscle relaxants, Butalbital containing products, short-acting single agent opiate analgesics, and diphenoxylate preparations has necessitated that the Medicaid Drug Utilization Review Board institute measures to limit the quantities that Medicaid will pay for these medications. They are as follows:

Muscle Relaxants:

- a. Carisoprodol, chlorzoxazone, cyclobenzaprine, metaxolone, methocarbamol, orphenadrine, orphenadrine compd- cumulative limit of 30 tablets in 30 days.
- b. Baclofen, tizanidine, dantrolene- will not be affected by this policy and will remain as they are.

Butalbital: Any product containing butalbital will be limited to a cumulative limit of 30 doses in 30 days.

Single agent short-acting opiate analgesics: These products will be limited to a quantity of 180 doses

Utah Department of Health
Health Care Financing
Amber Sheet
Box 143102
Salt Lake City UT 84114-3102

BULK RATE
U.S. POSTAGE

PAID

Salt Lake City,
Utah

in a 30 day period.
Diphenoxylate preparations: Cumulative limit of 180 doses
in a 30 day period. No concurrent prescriptions of
loperamide will be allowed.

Physician Information

Buprenorphine HCl and Buprenorphine/Naloxone (Subutex
and Suboxone), are restricted to prescribers with a special
federal DEA license. This license number must be written
on the prescription for the pharmacist to enter into the
computer when filling these prescriptions. These drugs
are to reduce opiate dependency, not to maintain the
dependency. Post payment review will identify non-
compliance and reversal of payment to pharmacies.

Medicare Modernization Act Part-D RX Coverage

With the advent of the Medicare Prescription Drug
program, many questions will arise from patients regard-
ing program availability, coverage, and scope. Keep in
mind this is a Medicare program. However, Medicaid will
try as is possible to help inform providers with respect to
these issues. Each client will have a valid card that will
denote the contracted Plan and approved pharmacies for
that Plan. Refer to information on the card for specifics
that will guide the patient to find the answers they seek.
Medicare Part-D Hot-line: 1-800-Medicare

Sedative/hypnotics

Sedative/hypnotic medications are limited to 30 doses in
any 30 day period. Whenever changes are made in
dosage or medication, all previous medication must be
used before Medicaid will pay. Overrides will not be given
before previous prescriptions are used up.

Medicaid Prior Authorization:

801-538-6155 or 1-800-662-9651

Option 3 (Provider Line), 3 (Prior Authorization), 2 (Pharmacy PA)

Prior Authorization Hours:

Mon, Tues, Wed, & Fri: 8:30 to 12:00, 1:00pm to 4:30pm
Thursday 1:00 to 4:30pm

Prior Authorization Fax Lines:

801-492-6176

801-763-1657

801-766-1716

Please be aware of the following:

1. The phone options will not work on speed dial.
You must wait for each menu before choosing the
option or you will be defaulted to the Provider
Customer Service phone line.
2. Prior authorizations are not always a same day
issuance.

Utah Medicaid Point of Sale Hours

Monday through Saturday 6:00 am to Midnight

Sunday Noon to Midnight

System maintenance begins after midnight until system
comes up the next day. If you have questions
about eligibility during the system unavailable
times, please ask the client to show their current
Medicaid card. For questions about dispensing
medications, make your best medical judgement.

