UTAH STATE MEDICAID DUR COMMITTEE

THE AMBER SHEET

Volume 13 **Number 4**

December 2005

Dr. Lowry Bushnell, DUR Board Chairman

EDITORS: RAE DELL ASHLEY, R.Ph., Tim Morley, R.Ph. An "unofficial" publication of the State Medicaid DUR Board

Symbyax- New Medication
Please be aware that Symbyax has a single indication for bi-polar depressive disorder, **ONLY.**

Long acting opiate analgesics- Medicaid does not cover duplicate therapy for long acting schedule II narcotic analgesics. Coverage will be provided for one agent per 30 day period. Please note this is not per month, but per 30 day period. The limit is 90 dosage units for one of any of the oral agents, or 15 dosage units for one of any of the 12.5, 25, 50, or 75 mcg fentanyl patches. Overrides are not given under any circumstances.

Prescriber Identifiers- Beginning April 1, 2006 Medicaid will no longer accept the Physician last name in the prescriber identifier field. The only identifiers that will be accepted will be Medicaid assigned provider numbers and license numbers, valid DEAs, or the HCIdea identifier. Pharmacies may contact HCIdea at: 1-480-477-1000, ext. 118 and request the number for the provider, or visit the HCIdea website at www.hcidea.org. Please be aware that penalties for false claims submitted where deliberate manipulation of identifiers may result in falsified ID's in order to get a claim to adjudicate, can amount to $2000 per claim.

Error reported in the last Amber Sheet- In the October 2005 Amber sheet, an error in reporting the effective date for some new quantity limitations was given. The effective dates for the changes in the Butalbital containing products, the single agent short acting opiate analgesics, and diphenoxylate containing preparations will be January1, 2006. The begin date for the change in muscle relaxants was October 2005, not 2006 as listed in the amber sheet.

ProDUR Warnings
It has come to our attention thru the University of Utah Drug Regimen Review Center (DRRC), that pharmacists are not heeding the ProDUR warnings. We have examples of patients taking 3 statins for over a year, 3 concomitant warfarin prescriptions, patients with 2 beta-blockers, patients with 3 thiazide diuretics, and a patient with 3700 mg of metformin! Category 1 ProDUR warnings are being ignored with no action by the pharmacy. ProDUR announces different doctors and/or different pharmacies. Please heed the warnings!

Apologies
Medicaid has not been forceful enough when pharmacists and physicians have requested name brand over generic products for ***Non-Traditional*** and ***Primary Care*** (PCN) Medicaid clients. The waiver allowing Medicaid to serve these two classes of clients specifically states, "generic products with an AB rating are mandated for dispensing...no overrides from generic to brand name will be covered even with a physician override request". The waiver for PCN is the same. Sorry! Clients must accept generics, reimburse you independently or change to another product. DAW-1 will not work.

Influenza and Pneumovax
Medicaid pays for one influenza vaccination annually. The CDC states that an additional influenza vaccination is only recommended in children less than nine years of age who are receiving the influenza vaccine for the first time. Patients need to be informed that they should receive only one vaccination each year.
Pneumovax is a life time vaccination for the majority of patients. Patients should be informed by the prescribing provider that this is a one time vaccination. In rare instances a second vaccination may be provided to some individuals five years from the initial vaccination. Additional doses are not beneficial and are not recommended.

Erectile dysfunction drugs
The federal government has passed a new law excluding drugs used for erectile dysfunction from coverage by Medicaid programs. This new law takes effect on January 1, 2006. Accordingly, Medicaid will no longer provide coverage for drugs indicated for erectile dysfunction. If a drug also carries an FDA approved indication for a condition other than erectile dysfunction, it may be covered. Presently, none of the erectile dysfunction (ED) drugs currently marketed are indicated for anything other than ED. Revatio®, a new form of sildenafil, (the active ingredient in Viagra®) is FDA approved for pulmonary arterial hypertension (PAH). Medicaid clients currently receiving coverage for Viagra® for conditions of PAH, will no longer have coverage available for the Viagra®, and will need to have their physician evaluate them for switching to Revatio® if continued coverage with sildenafil is necessary.

Medicaid to Medicare Patient Transition
After January 1, 2006 when dual eligible clients (those with both Medicare and Medicaid) present at your pharmacy, the following information needs to be understood:

"CMS has required each Medicare Rx drug plan to establish an appropriate transition process for all new enrollees. All of these transition plans include at least a one-time fill of drugs excluded from (not on) the plans' formulary." This is to help the client who comes to his regular pharmacy and finds his regular medication is not on the plans' formulary. Refer the client back to their "plan", but fill the prescription. The plan will reimburse for this off-formulary drug once. Refer to the plan (yourself) to verify

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

that your pharmacy is eligible for the specific plan. If you have dual eligible clients, make every effort for your pharmacy to be with the "plan" to remain available to your clients. Remember these are elderly or disabled persons who have an established physician and pharmacy and should be assisted to maintain those relationships.

Cymbalta- dispensing codes
Beginning January 15th, 2006, Cymbalta® will require the inclusion of one of two ICD-9 codes for claims payment to occur: **311** (depressive disorder NOS), and **729.2** (neuralgia, neuritis unspecified). These codes are not being used in traditional fashion to ensure appropriate utilization, but rather are being used for purposes of information gathering. **Physicians do not need to include them on the prescription**. The dispensing pharmacy must determine for what general intent the patient is receiving Cymbalta (a good counseling opportunity), and include the appropriate code in the diagnosis field when adjudicating a claim. Claims will not pay without one of these codes included with the claim information.

Ventavis- Policy change- January 2006 MIB
Ventavis® requires two specialized administration devices to monitor and assure appropriate inhalation of the drug. OBRA '90 law specifically allows Medicaid to exclude coverage for drugs in this situation. Medicaid has obtained an opinion from legal advisors that until CMS notifies Utah Medicaid that this interpretation is incorrect, coverage for Ventavis can be disallowed. Accordingly, Ventavis will not be a covered benefit. There are four other drugs in this class used for pulmonary hypertension (PAH) which remain available with prior authorization: Tracleer®, Flolan®, and Remodulin®, along with the newer Revatio®.

Off Label Use of Drugs
Medicaid is restricted from covering off-label uses of medications. However, the Drug Utilization Review (DUR) Board may approve, ***for a specific case***, an unlisted off-labeled use for a given drug if the off labeled use meets ALL of the following criteria:

1. Use must be diagnosis specific as defined by an ICD-9 code (s).

2. Off-labeled use must be supported by one major multi-site study or three smaller studies published in JAMA, NEJM, Lancet or peer review specialty medical journals such as Journal of Cardiology. Articles must have been published within five years.

3. Off-labeled use must have a defined dosage regimen.

4. Off-labeled use must have a defined duration of treatment.

5. The off-labeled use shows clear and significant clinical or economic advantage over existing approved drug regimens.

Benzodiazepines: New cumulative limit
Beginning January 1, 2006, a graduated reduction in the amount of benzodiazepines that Medicaid will cover will be implemented. Through January 31, 2006, only 300 units maximum will be allowed. Afterward, through February 28, 2006 the limit will be 225 units, then 170 units until March 31, 2006. From April 1, 2006 onward, the limit will be 120 units per any 30 day period. In addition a therapy duplication restriction will be imposed between long acting benzodiazepines (chlordiazepoxide, clorazepate, diazepam, and Xanax XR®), as well as between short acting benzodiazepines (alprazolam, clonazepam, lorazepam, oxazepam) allowing only one of either class to be covered in a 30 day period. A single duplication of therapy between one long acting and one short acting will be allowed.
Benzodiazepine agents of the sedative/hypnotic class (triazolam, flurazepam, quazepam, estazolam, and temazepam) are not affected by this policy and will remain under their current 30 units per 30 days restriction.