



New Seventh Grade Entry Immunization Rule for 2006-2007 School Year:

Beginning with the 2006-2007 school year, a student entering the seventh grade must have proof of receiving the following immunizations:

- 3 Hepatitis B
- 1 Tetanus/Diphtheria (Td) booster
- 1 Varicella - proof of previous history of disease is acceptable

These are in addition to other immunizations which should have already been completed for Kindergarten (i.e. MMR, Polio). The Hepatitis B series should previously have been completed earlier in childhood.

Although the two new adolescent and adult Tetanus/Diphtheria/acellular Pertussis (Tdap) vaccines (Boostrix™ and Adacel™) are not required for school entry, they may be administered in place of Td to satisfy the seventh grade requirement. This practice may help in reducing high pertussis disease rates in Utah. These new requirements are in accordance with the *Recommended Childhood and Adolescent Immunization Schedule 2006* which is approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the Centers for Disease Control and Prevention (CDC).

Some adolescents may still need to be immunized against Hepatitis A, Varicella, or Meningococcal Disease. A routine visit at 11-12 years of age could facilitate administration of these vaccines and may also provide an opportunity for health care providers to discuss other preventive health care measures with their adolescent patients.

Please contact the Utah Immunization Program at 801-538-9450 if you have any questions about school entry requirements in Utah.

Cough and Cold Preparations:

Beginning July 1, 2006, only the following cough and cold preparations will be available through the Medicaid Program for symptomatic relief:

- ✓ **Guaifenesin DM 600/30 tablets**
- ✓ **Guaifenesin with Hydrocodone liquid**
- ✓ **Promethazine with Codeine**
- ✓ **Robitussin and Generics**
- ✓ **Robitussin DM and Generics**
- ✓ **Triaminic preparations and Generics**

Some more OTC info for back-to-school:

Medicaid will continue to cover Nix, Rid, and the generic equivalents of these preparations as a pharmacy benefit. As with other OTC products, a valid prescription is required to submit a claim.

Warning: Too many Errors

Pharmacies are having too many errors of incorrect physicians being selected when entering a prescription. Please pay close attention, making sure that the correct physician is being entered into each prescription. Copies of prescriptions may be requested to verify that the correct prescriber was used for billing.

ELIDEL and PROTOPIC

These are topical agents for the treatment of mild to moderate atopic dermatitis (Eczema). Due to reports of skin cancer and lymphoma, the FDA, on January 19, 2006, updated the labeling of these products. This emergency action from the FDA prompted Utah Medicaid to require prior authorization on these products. The authorization criteria are as follows:

1. **Only for children over 2 years old.**
2. **Short term use or if longer treatment is required (over 6 weeks) then a 30 day holiday from the drug(s) is needed.**
3. **Documented trial of and failure on a first-line treatment such as a corticosteroid.**

Chromagen, Chromagen FA, Chromagen Forte, Niferex, Niferex 150-Forte, Anemagen, Anemagen FA, Foltrin, and all new prenatal vitamins...

Are only covered as a prenatal vitamin for pregnant women. These drugs will only be reimbursed at 17.5 cents per dosage unit. They are not covered as an iron supplement. Ferrous gluconate and ferrous sulfate are the only iron supplements covered by Medicaid.

New drugs that you won't see in the pharmacy:

There are some new drugs coming on the market that will not be reimbursable as pharmacy benefits. However, they will be covered benefits if administered in a clinic or physicians office. Examples include Amevive, Orenicia, Remicade, and Naglezyme.

Vaccine Information For Adults:

The FDA has approved Zostavax, the first vaccine for adult shingles for use in adults over the age of 60. Studies show that this new vaccine markedly reduces the incidence of shingles.

Medicaid would also like to remind people in high-risk groups, including adults over age 65 and people with weak immune systems, to get the pneumococcal vaccine. Once given, it need not be repeated for five years.

PAID

Salt Lake City,
Utah

Administration of Off-Label Drug use Policy:

The longstanding policy that governs the use of drugs for Off-label uses is as follows:

"Utah based prescribers have the option of petitioning the DUR Board for coverage for an unlisted, off-labeled use of a given drug. The petitioner(s) must schedule an appearance before the Board to present the case for the petitioned drug. Petitioners must provide documentation including one published major multi-cite study or a minimum of three recent (five years) articles from JAMA, NEJM, Lancet or peer review specialty medical journals such as the Journal of Cardiology, supporting the petition's position. If possible, the documentation must be submitted two weeks in advance of the scheduled DUR Meeting.

Off-label Use:

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."

Prior authorization requests that do not meet established criteria, or which are for off-label uses will be denied. The DUR Board will not consider these requests further without the requested documentation. Federal law is very clear with regard to non-FDA-approved indications, and the Medicaid agency is responsible for the methods used to commit Federal and State funds towards these applications. Therefore, when the prior authorization worker denies a request, these criteria will be outlined to the practitioners office, and the request will not be forwarded to the DUR Board until completed. Once it is complete, **only then** will the PA worker forward to the DUR Board all the required documentation provided by the practitioner together with the petition.

Changes are coming.....

► **Lovenox Billing:**

When processing a prescription for Lovenox, it will be required that you bill by ml. You may not even notice this change in your pharmacy as some things are converted "behind the scenes"

Also, as of January 1, 2007, Arixtra must be used first due to once daily dosing and lower cost. Prior authorization for Lovenox will require that Arixtra be tried first.

► **Physician Billing Using NDC:**

In order to comply with the Deficit Reduction Act of 2006, Section 6002, billings for medications administered in the physicians office must include the National Drug Code (NDC) from the container from which the medication is obtained and the number of units administered **in addition to** the "J" code normally used.

Billings for all drugs administered in the physician's office without NDC information will be denied for payment beginning with the reporting deadline of January 1, 2007, specified in the DRA for single source drugs.

► **National Provider Identifier**

The NPI is part of the HIPAA mandate requiring a standard unique identifier for healthcare providers. This 10-digit number will replace other identifiers such as the UPIN, HCIda, payer specific identifiers, Medicaid, Medicare, and CHAMPUS numbers. The NPI will be assigned and maintained by CMS (<http://nppes.cms.hhs.gov>). All providers (including pharmacies) may apply for an NPI beginning May 23, 2005. The provider's NPI can now be included on all pharmacy prescription claims. Please encourage all providers to apply now for their unique and soon-to-be-required NPI. Doing so will facilitate the transition process and will also decrease the possibility of any interruption in claims payment.

Pharmacies can bill using their own NPI **OR** their Medicaid Provider Number (not both) beginning October 1, 2006.

If you currently have an NPI, please fax it to 801-536-0471 with your Provider name and Medicaid Provider number. This information can also be mailed to Medicaid Provider Enrollment PO BOX 143106 Salt Lake City, UT 84114-3106.

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

BULK RATE
U.S. POSTAGE

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Salt Lake City,
Utah
