



UTAH STATE MEDICAID DUR COMMITTEE
THE AMBER SHEET



Volume 15
December 2007

Number 4

Editors: RaeDell Ashley, R.Ph., Tim Morley, R.Ph., Lisa Hulbert, R.Ph.
Jennifer Zeleny, CPhT., MPH., Duane Parke, R.Ph., MPA.

Dr. Colin VanOrman, DUR Board Chairman

An "unofficial" publication of the State Medicaid DUR Board

Preferred Drug List Update:

The Medicaid Preferred Drug List continues to expand on a monthly basis. Currently, Prilosec OTC and Prevacid are preferred proton pump inhibitors. Vytorin, Lipitor and Crestor are preferred high potency statins.

Avandia, Avandaryl, Avandamet, Actos, Actoplus Met, and Duetact are preferred TZD oral hypoglycemics and TZD oral hypoglycemic combinations. Older oral hypoglycemics access has not changed.

Roche Diagnostics and LifeScan brand diabetic meters, strips, and lancets are preferred diabetic supply brands. Glucose test meters are still not reimbursed by Medicaid. Lancet Devices are limited to one per six months. Becton Dickenson will be the preferred insulin syringe.

Free diabetic meters are available to clients who do not currently have Lifescan or Roche meters. For free meters, providers or clients can call:

- ▶ Roche at 1-800-845-7355 ext. 25155
- ▶ Lifescan at 877-535-7467

All preferred drugs and diabetic supplies are NDC specific. Please refer to the Medicaid Pharmacy Website for a list of these NDCs: <http://health.utah.gov/medicaid/pharmacy>

Reminder: When overriding the PDL, prescribers must hand write "Dispense As Written - Medically Necessary" on the prescription and document medical necessity in the patient's chart.

P&T Committee Schedule for upcoming classes:

Dec.	Antihypertensives–Beta Blockers
	Antihypertensives–Calcium Channel Blockers
Jan.08	Antihypertensives –ARBs
	Antihypertensives–ACEIs
Feb. 08	Combination Antihypertensives
	Inhaled Beta Agonists & Beta Agonist/Steroid Combinations

Public Comments for the P&T Committee:

Public comment that responds to the materials presented by the Drug Information Service at the University of Utah is most helpful. The foundation documents used for most reviews are prepared by the Oregon Evidence-Based Practice Center or the Drug Information Service and are posted in advance on the P&T Committee website.

Manufacturers are requested to submit any additional materials they would like reviewed as part of the process to:

Drug Information Service
Attn: Linda Tyler, PharmD
University of Utah Hospitals & Clinics
421 Wakara Way, Suite 204
Salt Lake City, UT 84108

All materials must be clearly labeled that they are submitted for consideration as part of the State of Utah Medicaid Preferred Drug List Program review process. Materials must be received at least 60 days before the scheduled review date. Materials most useful to support the evidence-based process include any new evidence (information from clinical trials or studies when possible) after the Oregon monograph was prepared, unpublished materials the company would like considered as part of the process, or any other materials not likely to be included in a literature search.

Pharmacy Coverage Updates:

Lovenox Billing:

Effective January 1, 2008, Medicaid will require that pharmacies bill Lovenox by milliliters **instead of** by syringe. When a prior authorization is issued, it too, will be based on ml's. For example, if a PA is granted for 14 of the 40mg (0.4ml) syringes, you will bill for 14 * 0.4 ml's, which totals 5.6 ml's.

Nursing Home Patients:

Patients admitted to a nursing home who have been on medications paid by Medicaid **must** bring their medications with them upon admission. Likewise, nursing homes **must** release patients' medications to Medicaid patients or their care-givers upon discharge. Medicaid **will not** pay for early refills for these patients.

Generics:

The new designation of generic vs. name brand will be the identification of New Drug Approved (NDA) versus Abbreviated New Drug Approved (ANDA). This will appear in pharmacy software around February 2008. Medicaid will consider ANDA drugs as generics and NDA drugs as brand name. Simple, huh?

New/Revised Prior Authorizations:

The following medications have new or revised prior authorization instructions:

- Tykerb
- Xibrom
- Xolegel
- Tamiflu
- Relenza

Please see the Medicaid Pharmacy Website at <http://health.utah.gov/medicaid/pharmacy> for detailed PA information.

Cough & Cold:

Effective July 1, 2006, Medicaid restricted coverage of medications for cough & cold symptomatic relief. Due to overwhelming feedback from the pediatric community, Medicaid has decided to include generic formulations of Rondec products and Histussin HC effective February 15, 2007. The revised list of covered cough & cold products is now:

- ✓ Guaifenesin 600mg Tablets
- ✓ Guaifenesin DM 600/30 Tablets
- ✓ Guaifenesin with Hydrocodone Liquid
- ✓ Promethazine with Codeine
- ✓ Robitussin Generics
- ✓ Robitussin DM Generics
- ✓ Triaminic oral liquid preparations
- ✓ Rondec/Rondec DM - generics
- ✓ Histussin HC - generic formulations

Pharmacy Update on How to Handle Dual-Eligible Clients:

The WellPoint Point-of-Sale Facilitated Enrollment (POS FE) process was designed to make sure that clients with both Medicare and Medicaid ("dual eligibles") who are not yet enrolled in a Part D prescription drug plan are still able to get services immediately at the pharmacy when the pharmacist sees legitimate evidence of the client having Medicare and Medicaid. This process helps eliminate any possible "coverage gap" as the prescription drug coverage of dual eligible clients is transferred from Medicaid to the Medicare program.

When the Part D program began in 2006, WellPoint's primary goal was to make sure that dual eligible clients could get their prescriptions filled in situations where no plan enrollment could be determined. This approach resulted in some claims being paid incorrectly and subsequently being reversed to pharmacies. Medicare and WellPoint/UniCare, through their contracted PBM, have taken steps to minimize reversals to pharmacies and make the POS FE process a more user-friendly and reliable process.

Going forward, instead of reversing claims for clients who could not be confirmed to be eligible for Medicaid, WellPoint/UniCare will send a notice to these people, requesting that they either provide proof of Medicaid or that they reimburse WellPoint/UniCare for the cost of the claim(s). Pharmacies are asked to continue to use this system to facilitate timely and appropriate care for Medicaid's dual eligible clients.

TRPP Update:

Beginning April 1, 2008, all prescriptions must be written on tamper resistant prescription pads. Pharmacies will be audited and payment reversed if prescriptions are found written on noncompliant pads. Exceptions will be made only when a prescription is presented on weekends, holidays, etc. - the pharmacy will then have 72 hours to contact the physician and indicate on the noncompliant prescription the date, time, and physician's representative to whom the pharmacist or pharmacy technician spoke.

Remember - the prescriptions that are electronic (those that are faxed, taken over the phone, or transmitted through other electronic means) are not required to be on tamper resistant prescription pads. TRPP requirements apply to all prescriptions **hand carried** into the pharmacy by the Medicaid client.

Non-covered Foods:

Medicaid has agreed to supplement WIC supplies for children under 5 years of age with some restrictions.

Medicaid does not pay for breast milk substitutes such as, but not limited to, Good Start, Great Beginning, Breast Milk, Breast Milk Substitute, Promote, PediaSure (except PediaSure enteral, which is covered), Ensure (except Ensure Enteral, which is covered), Similac (except Similac enteral, which is covered), Enfamil, Carnation Instant Breakfast, Modulac, and Mull-Soy. Medicaid supplementation of WIC program supplies will not be made for these products. Eligible products will need to be billed through the Medical Supply Program with the appropriate HCPCS code.

RSV Vaccination Information:

Medicaid will cover Synagis - the RSV Vaccine - if the following criteria are met:

- ▶ Infants of 28 week gestation may receive Synagis prophylactically during the first year of life.
- ▶ Infants of 29-35 weeks gestation may receive Synagis prophylactically during the 1st to 6th month of life.
- ▶ Any children under 24 months may receive Synagis if they have either
 1. Clinical diagnosis of Broncho Pulmonary Dysplasia (BPD) requiring ongoing medical treatment.
 - OR**
 2. Hemodynamically significant Congenital Heart Disease (CHD) requiring ongoing treatment.
- ▶ Synagis is not available to any child with active RSV.
- ▶ The Utah Medicaid Synagis season is for a 6 month period beginning November 1st.
- ▶ A total of 5 immunizations during this 6 month period will be approved, except when the patient begins the immunizations late in the season.
- ▶ A child who has started the series and then turns 2 may continue to a total of 5 immunizations or to the end of the season, whichever comes first.
- ▶ No approval will be given to a child 24 months of age or older.
- ▶ Physicians who provide the vaccine in the office should use code 90378 and the appropriate administration code for reimbursement.

To obtain a prior authorization, please call our prior authorization team at (801)538-6155 or (800)662-9651.

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
