



UTAH STATE MEDICAID DUR COMMITTEE  
*THE AMBER SHEET*



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**Preferred Drug List Update:**

The Medicaid Preferred Drug List continues to expand on a monthly basis. The P&T Committee has recently considered long-acting opioid pain relievers and several classes of antihypertensives.

Long-Acting Opioid Pain Relievers: All generics will continue to be covered within Medicaid's current limits for this class. Avinza and Kadian will be the preferred branded agents for this class.

Antihypertensives: Medicaid is currently in the process of reviewing Beta-Blockers, Calcium Channel Blockers, ACE Inhibitors, ARBs, and combination antihypertensive agents. The Preferred Drug List for these classes will be implemented over the next several months. Be sure to visit the Medicaid Pharmacy Website for the most current information.

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:**

- Mar 2008: Combination Antihypertensives
- Mar 2008: Epleronone/Spirolactone
- Apr 2008: Asthma Drugs - Inhaled Corticosteroids
- May 2008: Asthma Drugs - Leukotriene Antagonists
- Jun 2008: Non-Benzodiazepine Sedative Hypnotics
- Jul 2008: Insulins - Rapid Acting
- Aug 2008: Insulins - Mixtures and Long-Acting

**Prior Authorizations vs. Overrides:**

Non-preferred drugs generally do not require Prior Authorization (PA). Non-preferred require a PDL override at the pharmacy with a DAW code of "1" and submission clarification code of "7" if the prescription contains the handwritten statement "Dispense as Written - Medically Necessary".

The Medicaid Prior Authorization Program, which is administered by the Drug Utilization Review (DUR) Board has not been effected by the Preferred Drug List Program or the actions of the P&T Committee. PA is still required on some medications or products not associated with the PDL for clinical reasons. A list of these medications and PA criteria can be found on the Medicaid Pharmacy Services Website. PA is obtained by faxing required documentation to (801) 536-0477.

DUR Overrides for Medicaid pharmacy claims for non-PDL medications or products may sometimes be required for other reasons, i.e., excessive quantity, patient age, etc. Documentation requirements for overrides may vary; please call Medicaid at (800) 662-9651 for questions on specific claims.

In rare instances, it is possible for the PA and PDL programs to intersect. Thus far, only the PPI class has been affected.

**Example:** If a prescriber writes for Nexium once daily, the pharmacist can override the PDL if the prescription contains the hand-written statement, "Dispense as Written - Medically Necessary".

If a prescriber writes for Nexium twice daily, Prior Authorization would be required for twice daily dosing, in addition to the PDL override.

**Pharmacy Coverage Updates:**

**Methadone:** Medicaid pays for 150 units/month for Methadone, regardless of strength. The FDA has recently restricted the sale of Methadone 40mg tablets to substance abuse providers. Despite this new restriction, Medicaid will not "grandfather" patients who have been taking high doses of Methadone to allow comparable milligram quantities of available strength tablets. Patients will need to be managed within currently allowed Medicaid quantity limits.

**Alpha Progesterone Caproate:** Medicaid has had many requests for this medication to prevent miscarriages. Medicaid will cover the cost of this ingredient plus a dispensing fee in a compound.

**Quaaliquin:** Quaaliquin is FDA-approved for the treatment of Malaria only. Off-label use of Quaaliquin to treat leg cramps is non-covered.

**New/Revised Prior Authorizations:**

**Invega:**

- Minimum age: 18 years old.
- Diagnosis of schizophrenia.
- Patient fails to take multiple daily doses of an antipsychotic and cannot tolerate a single daily dose of risperidone.

**Selzentry:**

- Minimum age: 16 years old.
- Documentation of a co-receptor tropism assay indicating CCR5-tropic HIV-1 infection.
- Documentation of optimized background therapy for the treatment of HIV-1 infection.

**Vyvanse:**

- Therapy to be initiated between the FDA-approved ages of 6-12.
- Documented diagnosis of ADHD.
- Vyvanse must be more cost-effective than the patient's current ADHD therapy.
- Vyvanse must follow an unsuccessful trial of a dextroamphetamine.

**Tykerb:**

- Minimum age: 18 years old.
- Diagnosis of advanced or metastatic breast cancer whose tumor overexpresses HER2.
- Prior therapy including an anthracycline, a taxane, and trastuzumab.
- To be given in combination with capecitabine.

**Xybrom:**

- Prior trial of any other indicated medication.
- PA will be given for a 2 week period following procedure or surgery.

**Xolegel:**

- Minimum age: 12 years old.
- Documented trial/failure of generic formulation of ketoconazole cream or ointment within the last 12 months.

**Lovenox:**

- Prior Authorizations will now be given for milliliter quantities - **not** number of syringes.
- Prior Authorization criteria have otherwise remained the same - see the Medicaid Pharmacy Website for detailed information.

### Diabetic Meters - Update:

Free meters for diabetes glucose testing are still available from the manufacturers of Medicaid preferred testing supplies. However, some of the contact information for the companies has changed:

**Roche (AccuCheck Meters):** Call 1-888-355-4242.

**Lifescan (One Touch Meters):** Call 1-877-535-7467 and refer to Order Number 417-UTM001.

**Remember** - The PDL is NDC-specific, so not all diabetic supplies manufactured by Roche or Lifescan are covered. Be sure to check the Medicaid Pharmacy Website for detailed coverage information before choosing a new meter.

### AMP Update:

Due to pending legal action that resulted in a temporary injunction, the implementation of the AMP-based reimbursement methodology and new AMP-based Federal Upper Limits as outlined in the Deficit Reduction Act has been put on hold. No further information is available at this time. Medicaid will continue to publish information as it becomes available.

### TRPP Update:

Beginning April 1, 2008, all prescriptions must comply with one of the three TRPP provisions. 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.

### If A Client Self-Pays:

If a client self-pays before Medicaid coverage becomes effective, or when the Medicaid claims system is unavailable, the pharmacy may choose to re-bill the claim at a later date and reimburse the client. Because Medicaid reimbursement contracts are with **providers** and not **clients**, this is generally the only way that a client can recoup money that they have paid to a provider. However, providers must remember that retroactive eligibility does not guarantee that a service will be reimbursed at a later date. Medicaid clients should be advised accordingly.

### Medicaid Communication eSources:

#### Website:

The Medicaid Pharmacy Services website is available 24/7 for policy information. There you can find information about prior authorization, prior authorization criteria sets, the DUR Board, archived Amber Sheets, Medicaid pharmacy policy manuals, and the latest news about Medicaid pharmacy. For more information, log on to:  
<http://health.utah.gov/medicaid/pharmacy>

### Coming Soon.....

**ePocrates:** Medicaid will soon be providing information on the Preferred Drug List, Prior Authorizations, and other pharmacy benefit information through ePocrates. Please check the Pharmacy Services website for the link to ePocrates - it will be posted when ePocrates becomes available.

**eAmber:** The Amber Sheet will soon join the electronic age. In addition to regular mail distribution, Utah Medicaid will have an email list for providers wishing to receive the Amber Sheet electronically. The eAmber will have the same contents as the paper Amber Sheet, but will be disseminated more quickly than traditional mailing methods allow. Additionally, providers who do not receive the paper Amber Sheet will be able to sign up to be on the eAmber list. Providers who wish to opt out of receiving the paper Amber Sheet will have the opportunity to select this option when signing up for eAmber.

Watch the Medicaid Pharmacy website for the eAmber sign-up information in the very near future!

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