



UTAH STATE MEDICAID DUR COMMITTEE
THE AMBER SHEET



Volume 16
May 2008

Number 2

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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. The P&T Committee has recently considered short acting beta agonists, long acting beta agonists, and long acting beta agonists / corticosteroid combination inhalers for asthma. Please see the Medicaid Pharmacy Services website at <http://health.utah.gov/medicaid/pharmacy> for more detailed information.

All preferred drugs and diabetic supplies are NDC specific. Please refer to the Medicaid Pharmacy Website for a list of NDCs.

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:

- May 2008: Asthma Drugs - Inhaled Corticosteroids
- Jun 2008: Asthma Drugs - Leukotriene Antagonists
- Jul 2008: Non-Benzodiazepine Sedative Hypnotics
- Aug 2008: Insulins - Rapid Acting
- Sep 2008: Insulins - Mixtures and Long-Acting

TRPP Update:

Beginning April 1, 2008, all prescriptions must comply with one of the three TRPP (Tamper Resistant Prescription Pad) 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.

Prescriptions paid by Medicaid must continue to comply with all state and federal regulations governing the practice of pharmacy.

Medicaid eSources:

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 at <http://health.utah.gov/medicaid/pharmacy> for eAmber sign-up information in the very near future!

New Prior Authorizations:

The following drugs now require Prior Authorization:

- Xyzal
- Vyvanse
- Selzentry
- Letairis

Prior Authorization criteria can be obtained through the pharmacy program website at <http://www.health.utah.gov/pharmacy> or by calling Medicaid Prior Authorizations at (801)538-6155 or (800) 662-9651.

Zyrtec OTC:

Medicaid will now cover Zyrtec OTC without a Prior Authorization. Prescription non-sedating antihistamines will now require a trial and failure on both Zyrtec OTC **and** an OTC loratadine formulation before a PA is issued.

Prevacid Solutabs:

Prevacid solutabs are covered without restriction for children age 0-12. For adults and children over the age of 12 who take oral medication through a feeding tube, age overrides are available. Please call the pharmacy help desk if you encounter a patient over age 12 who needs the solutabs due to having a feeding tube.

Medicaid Lost / Stolen Medication Policy:

Medicaid has recently experienced an increase in the number of phone calls from clients stating that they have had medication stolen. Medicaid **does not cover** lost or stolen medication. Occasional exceptions may be made in life-threatening cases (e.g. insulin). Overrides will **never be given** for controlled substances.

State Maximum Allowable Cost Policy:

Utah Medicaid has traditionally utilized a State Maximum Allowable Cost (SMAC) list on a small number of products to assist in managing costs. In the coming months, Utah Medicaid will be expanding the SMAC list. Watch the Amber Sheet, MIB, and Medicaid Pharmacy Services Website for more details as this program is expanded.

Medicare vs. Medicaid Billing:

There still seems to be some confusion about billing claims for dually-eligible clients. Please remember the following when processing claims for these clients:

- Medicaid will not pay for any drugs that are covered under Part D. Copays are the client's responsibility.
- Medicaid will pay for Part B crossover claims.
- Medicare Part D does not pay for benzodiazepines, barbiturates, OTC, or cough and cold products. Medicaid pays for select drugs in these classes, and may be billed for these drugs for dual eligible clients.

Please review the table on the reverse of this Amber Sheet for more information about Part D vs. Part B billing.

Utah Department of Health
 Health Care Financing
 Amber Sheet
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BULK RATE
 U.S. POSTAGE

PAID

Salt Lake City,
 Utah

Product/Drug/Drug Category <i>(Listing is NOT all-inclusive)</i>	Part D	Part B
Anti-emetics, oral	Yes - Except for use within 48 hours of chemotherapy	Yes - When used within 48 hours of chemotherapy
Barbiturates	No	No
Benzodiazepines	No	No
Blood glucose testing strips	No	Yes - DME benefit
Chemotherapy drugs, oral	Yes - Except for cancer treatment	Yes - When used for cancer treatment
Cough and cold products	No	No
Erythropoietin	Yes - Except for treatment of anemia for dialysis patients or 'incident to' Physician Services utilization for other indications	Yes - When used for anemia for dialysis patients or 'incident to' Physician Services for other indications
Fioricet®	No	No
Fioricet® with Codeine	Yes	No
Fiorinal®	No	No
Fiorinal® with Codeine	Yes	No
Immunosuppressants	Yes - Except following a Medicare-covered transplant	Yes - Following a Medicare-covered transplant
Insulin	Yes	
Insulin syringes	Yes	
Lancets	No	Yes - DME benefit
Over-The-Counter (OTC) drugs	No	No
Parenteral nutrition	Yes - Except in permanent dysfunction of digestive tract	Yes - When used in permanent dysfunction of digestive tract
Smoking cessation drugs (legend)	No	No
Smoking cessation drugs (OTC)	No	No
Vaccines, prophylactic	Yes - Except for influenza, pneumococcal, and hepatitis B (for intermediate to high risk)	Yes - For influenza, pneumococcal, and hepatitis B (for intermediate - high risk)
Vitamins / Minerals	No	No