



UTAH STATE MEDICAID DUR COMMITTEE
THE AMBER SHEET



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Influenza Update:

Utah Medicaid provides coverage for the seasonal influenza vaccine through pharmacies or physicians' offices for clients enrolled in the Traditional Medicaid program (purple card). Clients enrolled in Non-Traditional (blue card) Medicaid and PCN (yellow card) may receive seasonal influenza vaccines only through physicians' offices.

Additionally, Utah Medicaid will provide coverage for H1N1 influenza vaccine administration through physicians' offices and pharmacies in all three programs.

Medical providers should use **90663** for the H1N1 influenza vaccine and **90470** for the administration. The H1N1 influenza vaccine is not a VFC vaccine, and providers should not use the "SL" modifier.

Do not use the codes associated with seasonal influenza to bill costs associated with the H1N1 vaccine.

Tamiflu / Relenza PA Requirement Suspended:

Due to the H1N1 pandemic, Medicaid has temporarily suspended Prior Authorization requirements for Tamiflu and Relenza. The Medicaid Pharmacy Claims system will continue to check the patient's age and pay claims only for the FDA-approved age ranges for these products.

Timely Reminder on Cough & Cold Meds:

As a reminder, Medicaid restricts coverage of medications for cough & cold symptomatic relief. The following is the list of covered cough & cold medications:

- ✓ 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

New Drugs:

The following new drugs have come to the attention of Medicaid staff:

- Nucynta - This drug works on norepinephrine receptors as well as opioid receptors. Co-administration with other serotonergic agents may place the patient at risk for serotonin syndrome.
- Dysport - Like Botox, this is a Type A botulinum toxin. However, the two toxins ARE NOT interchangeable. The FDA has changed the generic nomenclature of botulinum toxins to reflect this.

Lost/Stolen Medication Policy:

Medicaid does not reimburse medications that have been lost, stolen, or otherwise destroyed, except in cases that present a life-threatening situation. It does not matter whether or not the client has a police report - replacement is not a Medicaid benefit.

Medicaid has been getting a high volume of phone calls requesting early refill overrides for opioid doses lost due to vomiting. Medicaid considers these medications "otherwise destroyed" and will not cover replacement.

Prior Authorization Changes

- **Tasigna** PA criteria have been amended to allow for coverage for the new FDA approved indication of accelerated phase myelogenous leukemia.
- **Epogen/Procrit/Aranesp** PA criteria have been amended to allow for treatment of severe anemia associated with ribavirin treatment for Hepatitis C.
- **Neupogen/Neulasta/Leukine** PA criteria have been amended to allow for treatment of ANC < 750 cells / microliter in patients receiving interferon for the treatment of Hepatitis C.
- **Retin-A Generic** PA criteria have been amended to allow for coverage of acne vulgaris, nodular, and/or cystic acne in patients age 20 or older.
- **Neulasta** will now be covered through the pharmacy for patient self-administration, if the patient meets PA criteria.
- **Suboxone/Subutex** requires a PA effective October 1, 2009.
- **Pegasys/Peg-Intron** requires a PA effective October 1, 2009.

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.

Emergency Supplies of PA Drugs

Drugs needed on an emergency basis and requiring Prior Authorization are available to patients on an emergency basis 24/7. This is true for both drugs requiring Clinical PA and Non-Preferred Authorization.

The Pharmacy Prior Authorization Department is available Monday - Friday, 8:00 A.M. to 5:00 P.M., except on holidays.

If a patient comes to the pharmacy with an emergency need outside of regular business hours, the pharmacy may dispense a 72-hour supply. Medicaid will issue a PA for the 72-hour supply on the next business day. **Further quantity requests will be subject to all PA requirements.**

Please Note: If the emergency drug comes in a form that cannot be readily split into a 72-hour supply (i.e. a rescue inhaler or a vial of insulin), Medicaid will work with the pharmacy to accommodate the situation.

Free Blood Glucose Meters Still Available

Clients may call 1-877-229-3777 for a Bayer blood glucose meter.

Medicaid clients may call 1-877-535-7467 and refer to Order Number 417-UTM001 to obtain a Lifescan blood glucose meter.

Quantity Limits on Diabetic Test Strips:

Medicaid will only cover 200 diabetic test strips per month. This is adequate to cover 6 daily tests.

RARELY, a client may need to test more frequently. In these instances, a prescriber may fax a letter of medical necessity to (801) 538-6339 for consideration.

Preferred Drug List Update

During the 2009 legislative session, the State Legislature approved SB 87, which authorizes Utah Medicaid to require a Prior Authorization for non-preferred drugs. The PA requirement went into effect on May 18, 2009. Thank you to all the Medicaid providers who made the transition to the PA requirement a success.

To receive a Non-Preferred Authorization (NPA), the prescriber must provide a detailed explanation of one of the following:

- Trial and failure of at least one preferred agent in the class, including name of the preferred product(s) tried, length of therapy and reason for discontinuation.
- Evidence of a potential drug interaction between current medication and the preferred product(s).
- Evidence of a condition or contraindication that prevents the use of the preferred product(s).
- Objective clinical evidence that a patient is at high risk of adverse events due to a therapeutic interchange.

Requests for NPA should be faxed to (801) 536-0477. Prescribers may provide the information either in the form of chart notes or by filling out the NPA form that can be downloaded from the Pharmacy Services website.

Providers, please be aware that the Medicaid PDL program is an ongoing process with drug classes being reviewed and added each month. The goal of the PDL program is to lower the cost of drugs to the program. Utah joined the Sovereign States Drug Consortium (SSDC), a six-state purchasing group, to achieve this goal.

Manufacturers submit bids on their products yearly to SSDC. Utah is free to choose which drugs to include on the PDL based on recommendations of the P&T Committee and cost. All contracts with manufacturers are based on a calendar year. Where possible, contracts are rolled over beginning January 1 of each year. However, the manufacturer bids vary from year to year. Changes for some existing PDL drug classes may appear in early January. Be sure to check the Utah Medicaid Pharmacy Services website to stay on top of these changes at:
<http://health.utah.gov/medicaid/pharmacy>.

P&T Committee Schedule

The P&T Committee meets on the third Thursday of the month in the Cannon Health Building at 7:00 A.M. The schedule of upcoming drug classes for review is as follows:

Nov 2009: Fluoroquinolones, Oral, Second Generation
Dec 2009: Oral Antiplatelet Agents

Continue to watch the P&T Committee website for important updates regarding the P&T Committee schedule, or email Duane Parke, at dparke@utah.gov for further information.

RSV Vaccination Information:

As a reminder, 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.

Limitations:

- ▶ 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 with the product NDC and the appropriate administration code for reimbursement.

If a client is enrolled with Healthy U or Molina, please call the health plan to obtain prior authorization for Synagis. Call Healthy U at 888-271-5870. Call Molina at 888-483-0760.

To obtain a prior authorization for either a Select Access or fee-for-service client, please fax your PA request to 801-536-0477.