UTAH STATE MEDICAID DUR COMMITTEE

THE AMBER SHEET

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Dr. Wilhelm Lehmann, DUR Board Chairman

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PDL Update:

Medicaid's Preferred Drug List (PDL) contracts with manufacturers are based on a calendar year. Medicaid has made some changes to existing PDL classes. Please visit the Medicaid Pharmacy Program website at http://health.utah.gov/medicaid/pharmacy frequently, to stay on top of these changes.

The Medicaid PDL continues to expand on a monthly basis. The Medicaid P&T Committee recently considered the newer antihistamines, fluoroquinolones, antiplatelet agents, and low molecular weight heparin derivatives. Final decisions on these classes will soon be posted on the Medicaid Pharmacy Program website.

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:

February 2010: Inhaled Bronchodialators & Newer Antiemetics
March 2010: DPP4 Inhibitors
April 2010: Oral NSAIDS

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.

Non-Preferred Authorizations:

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.

Some drug classes, such as PPI's and Anti-TNF's, require a clinical PA in addition to an NPA. Please double check the PA form that you are using, to make sure it is the correct form for the correct drug. All forms can be found at http://health.utah.gov/medicaid/pharmacy

Prior Authorization Changes

During the last quarter, the DUR Board amended the prior authorization criteria for Avastin as follows:

- Documented diagnosis of metastatic carcinoma of colon or rectum, or non-squamus non-small cell lung cancer; OR
- Metastatic HER2 negative breast cancer with no prior chemotherapy; OR
- Glioblastoma with progressive disease following prior therapy; OR
- Metastatic renal cell carcinoma; OR
- Macular degeneration.

The following prior authorization for Nucynta became effective on January 4, 2010:

- Minimum Age Requirement: 18 years old.
- Documented failure or GI intolerance to conventional analgesics.
- No Concomitant use of MAOIs.
- Therapy will be authorized for up to ten days of use per acute injury episode.

Reminder: the following pior authorization criteria have been in place for Hydroxyprogesterone Caproate (17p) since January 2009:

- Approved for the prevention of pre-term labor in patients with prior history of pre-term delivery.
- Must be prescribed by OB-GYN
- Therapy initiated between 16-23 weeks gestation.
- Pharmacy must submit evidence of compliance with USHP 797 standards for sterile preparation of the injection.

A prior authorization is required **prior to** preparing and dispensing this medication. Medicaid will not reimburse physician offices or pharmacies that do not submit evidence of 797 compliance for preparation of this compound.

DUR Board Activities

During the last quarter, the DUR Board removed the Prior Authorization requirement for Cancidas.

The DUR Board recommended that Savella be covered at a maximum daily dose of 100mg. Doses of 200mg per day may be overridden after a minimum two month trial at the lower dose.

To prevent fraud and diversion, the DUR Board recommended that insulin prescriptions be limited to five vials or fifteen pens per month. Quantities in excess of this may be overridden if the prescriber furnishes proof of medical necessity of the higher dose.

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Compounded Prescriptions:

Medicaid will pay claims for compounded prescriptions if certain conditions are met. Claims can be accepted for multiple ingredients. Each ingredient and quantity for each must be billed under one prescription number or claim. Up to three dispensing fees will be allowed per compounded prescription.

Medicaid will reimburse only for the measured quantity of drugs dispensed, plus the calculated dispensing fees per claim. While multiple ingredients will receive multiple fees, single ingredient compounds with non-covered diluents or bases will receive one fee despite the difficulty of some compounded entities. Valid NDCs for covered drugs are required for fee payment. The patient will be charged one co-pay for each covered NDC up to the maximum allowed.

When submitting a compound claim, pharmacies are required to submit the following fields for a paid claim.

- Compound Dosage Form Description Code (field ID #450-EF)
- Compound Dispensing Unit Form Indicator (field ID #451-EG)
- Compound Route of Administration (field ID 452-EH)

These fields are located in the compound segment. If you are not familiar with where these fields are located, the identification numbers have been provided for you to discuss with your help desk or software vendor. Acceptable values for these fields can be found on page 19 of the Medicaid Pharmacy Provider Manual or in the NCPDP Companion Guide on the Medicaid website.

When you submit a compound claim with non-covered ingredients, you will receive a denial. To process the claim for covered ingredients only, submit the value “8" (8 = Process compound for covered ingredients only) in the “Submission Clarification Field” for reimbursement.

PCN Pharmacy Copays

Pharmacy Co-pays in the Primary Care Network are product dependent.

- Co-pays are $5.00 per generic product or brand name product on the Preferred Drug List.
- Co-pays are $5.00 for over-the-counter (OTC) products. The covered OTC list is more limited than regular Medicaid.
- Co-pays are 25% of the Medicaid payment for brand name drugs not on the preferred list where a generic is not available.
- Name brand drugs where generics are available will require full payment by the client; no physician DAW or Prior Authorization are available.

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. The pharmacy may call the Medicaid Prior Authorization Department to request authorization for this initial 72-hour supply during 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.