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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 low molecular weight heparin derivatives, newer anti-emetics, anticholinergic inhalers, and DPP-4 agents for diabetes. 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:

May 2010: Nicotine Replacement Products (Oral, Transdermal) and Growth Hormones  
June 2010: Prostaglandin Eye Drops and Alpha Adrenergic Eye Drops  
July 2010: Nasal Antihistamines and Ocular Antihistamines

Continue to watch the P&T Committee website for important updates regarding the P&T Committee schedule.

## NPA for Proton Pump Inhibitors:

During 2010, the preferred proton pump inhibitors will be Kapidex (Dexilant), Prilosec OTC, and prescription generic omeprazole. Prevacid Solutabs will be available to children under age 12, and to patients with g-tubes who are unable to swallow the other preferred agents. Preferred agents will be available for up to twice daily dosing without a prior authorization.

If a provider prescribes a non-preferred proton pump inhibitor for Medicaid reimbursement, they must provide documentation from the chart notes showing date of initiation, dosing, length of trial, and reason for failure on all preferred PPI's at both QD and BID dosing.

## Prior Authorization Changes

During the last quarter, the DUR Board amended the prior authorization criteria for Suboxone & Subutex as follows:

- Minimum age requirement: 16 years old.
- Documented diagnosis of opioid dependence.
- Chart documented plans for participation in a step-based recovery program.
- Prescribing physician must provide an X-DEA number.
- Evidence supplied for plans of ongoing treatment monitoring that includes drug urine screening, or DOPL reports, or random pill counts.
- A treatment plan that includes a tapering plan or discontinuation of pharmacotherapy.
- Subutex is covered under the same criteria only during pregnancy.

The initial authorization will be given for one 8-week taper schedule.

One additional 16-week authorization will be permitted within each 12-month time frame if the following criteria are met:

- No claims data showing concomitant use of opioids may be present during the initial 8-week trial.
- A negative drug urine screen must be completed within the 14 days of re-authorization start date.

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

- Diagnosis of alcohol abuse.
- Negative urine screen for opioids or passed naloxone challenge.
- Description of the psychosocial support to be received by the patient, as indicated by chart notes or a brief letter of medical necessity.

Vivitrol is to be given by substance abuse treatment program providers. The provider will need to bill with J code J2315, the NDC number, and PA number.

Initial authorizations are given for 6 months. Subsequent authorizations may be requested with an updated letter of medical necessity.

## OTC List Change:

Pedialyte and Pedialyte generics are no longer a covered OTC benefit. In cases of medical necessity, electrolytes for children may be requested on a case-by-case basis through the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program.

Zyrtec OTC and Miralax have been added to the OTC List.

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## Prior Authorization Process:

All Medicaid prior authorization requests for pharmacy must be initiated by sending the **most current** PA criteria sheet from the Medicaid Pharmacy Services website at <http://health.utah.gov/medicaid/pharmacy>. The criteria sheet must be completely and legibly filled out and must be accompanied by **all** requested information. **Incomplete and illegible requests will be returned to the prescriber without being processed by Medicaid.**

If a prescriber feels that a Medicaid client needs a prior authorization for a drug outside of approved criteria, the prescriber may petition the DUR board. This is the first step of the appeal process for all pharmacy prior authorizations. DUR meetings are held on the second Thursday of every month in the Cannon Health Building. Petitions to the DUR board must be received one week prior to the monthly meeting. Requests for petitions may be faxed to the prior authorization team at (801) 536-0477.

When a petition is denied at the DUR board level, prescribers receive written notification of a denial along with a hearing request form. If a prescriber wishes to appeal the DUR board denial, he or she may follow the instructions on the hearing request form to seek a fair hearing.

### 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 will 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.

## Medicaid Pricing Updates:

Medicaid contracts with a national data provider for bimonthly data feeds that include new NDC's and price updates. Over the last several months, Medicaid has received data later than many pharmacy providers in the community have received it. This has created some confusion regarding reimbursement.

If a pharmacy receives payment for a claim priced the same as previous reimbursements after the pharmacy has received updated pricing information, Medicaid asks that the pharmacy reprocess the claim after two weeks. This is usually sufficient time for Medicaid to have the pricing update in place. If the reimbursement continues below cost after two weeks, fax a copy of the most recent invoice for the product in question, along with the following information:

- Client ID
- Date of Service
- Pharmacy Telephone Number
- Pharmacy Fax Number

Medicaid will update the pricing as quickly as possible, and notify the pharmacy.

Pharmacies should also be aware that Utah Medicaid has an enhanced State MAC on the following drug products:

- Intuniv is reimbursed at the same rate as generic guanfacine.
- Zydys is reimbursed at the same rate as Zyprexa tablets.
- Abilify Discmelt is reimbursed at the same rate as Abilify tablets.
- Amrix is reimbursed at the same rate as generic cyclobenzaprine.
- All prenatal vitamins are reimbursed at 17.5 cents per tablet.

The enhanced MAC list is in place to ensure that Medicaid does not pay for the convenience of less cost-effective dosage forms or formulations of drugs with comparable generics available. These prices will not be adjusted, even if invoices are faxed in for Medicaid review.