



The Amber Sheet is Going Paperless.....

This will be the last paper issue of the Amber Sheet that will be mailed. Future issues of the Amber Sheet will be available electronically through email or on the Medicaid Pharmacy website at <http://health.utah.gov/medicaid/pharmacy>.

To receive the Amber Sheet via email when available, send a blank email message to "join-hl-ambersheets@list.utah.gov". Email addresses will be kept confidential, and will not be shared, sold, or used for purposes other than sending Medicaid Pharmacy Program provider education.

Influenza Update:

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

The 2010-2011 influenza vaccines have already started to be shipped to pharmacies, and may be available in some areas. However, Utah Medicaid did not begin paying these as a pharmacy benefit for Traditional Medicaid clients until September 7, 2010.

Tamiflu / Relenza PA Requirement Reinstated:

Due to the H1N1 pandemic, Medicaid temporarily suspended Prior Authorization requirements for Tamiflu and Relenza for the 2009-2010 flu season. This prior authorization requirement has been reinstated for the 2010-2011 flu season. The criteria to receive Tamiflu and Relenza are identical to the criteria used prior to the H1N1 pandemic, and are available on the Medicaid pharmacy program website.

PDL Update:

Medicaid's Preferred Drug List (PDL) contracts with manufacturers are based on a calendar year. Medicaid may make some changes to existing PDL classes in January.

The Medicaid P&T Committee recently considered the prostiglandin eye drops, alpha adrenergic eye drops, nasal antihistamines, and ocular antihistamines. 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 final schedule for P&T Classes for October, November, and December is still being developed, and will be posted on the Medicaid Pharmacy website once it becomes available.

Prior Authorization Changes

The following Prior Authorizations became effective on October 1, 2010:

Sabril:

- Minimum age requirement: 16 years old
- Documented failure of other anti-seizure medications
- Uncontrolled complex partial seizures
- Documented enrollment of both patient and prescriber in the SHARE program
- Negative pregnancy test for women of child bearing age
- The initial authorization will be given for six month to assess safety and efficacy in the individual patient
- Subsequent authorizations will be given in one year increments, and require documentation of ongoing vision testing every three months while on therapy

Colcrys - Gout diagnosis:

- Minimum age requirement: 18 years old
- Documented failure of allopurinol
- Documented failure or contraindication to corticosteroids and NSAIDs
- Maximum approved dose is 1.8mg every 3 days
- Prior Authorization period is one year

Colcrys - Familial Mediterranean Fever diagnosis:

- Minimum age requirement: 4 years old
- Documented diagnosis of Familial Mediterranean Fever
- Maximum approved dose is daily dose of 2.4mg
- Prior Authorization period is one year

Uloric

- Minimum age requirement: 18 years old
- Documented diagnosis of Gout
- Documented failure, contraindication, or intolerance to allopurinol
- No concomitant use of azathioprine, mercaptopurine, or theophylline
- Prior authorization period is one year

Zovirax Ointment:

- One fill per lifetime will be granted as a telephone PA
- Each subsequent fill will require documented evidence of immunosuppression and mucocutaneous infection of herpes simplex virus

Samsca:

- Documentation that therapy was initiated in the hospital
- Documentation that Samsca is required for hypervolemic or euvolemic hyponatremia, and not for hypovolemic hyponatremia or heart failure
- Documentation that hyponatremia is symptomatic if serum sodium > 125 mEq/L
- Documentation of failure of other treatment strategies, including fluid restriction
- Failure of salt administration is required for euvolemic hyponatremia
- Failure of demeclocycline is required for SIADH
- Evidence is required that the underlying disease state causing hyponatremia is being adequately treated
- Dose is limited to 60mg daily
- Initial authorization is granted for 60 days. Subsequent prior authorizations will only be granted by petition to the DUR Board

PAID

Salt Lake City, UT
Permit No. 4621

RETURN SERVICE REQUESTED

Prior Authorization Changes Continued:

Ketorolac - Oral Dosage Forms:

- Minimum age requirement 18 years old
- Available only as a continuation of IV/IM therapy
- Documented failure of at least three other oral NSAIDs
- Limited to a total of five days of use
- Only one authorization will be granted per acute incident

Ampyra:

- Minimum age requirement: 18 years old
- Documented diagnosis of multiple sclerosis
- No history of seizures
- No history of moderate to severe renal impairment, as evidenced by a creatinine clearance rate greater than or equal to 51mL/min

Tysabri - Multiple Sclerosis Diagnosis:

- Minimum age requirement: 18 years old
- Documented diagnosis of Multiple Sclerosis with a documented inadequate response or intolerance to a first-line Multiple Sclerosis drug, such as interferon or glatiramer,
OR
- Documented diagnosis of Crohns Disease with a documented inadequate response to conventional therapy (i.e. 5-aminosalicylates, antibiotics, MTX, 6-mercaptopurine, or azathioprine) **AND** documented inadequate response to at least one Anti-TNF
- This medication is only payable through J-code J2323 to a physician's office or infusion center
- HMO clients enrolled in Molina or Healthy U must arrange to receive Tysabri through their HMO
- Initial authorization will be granted for one year, and subsequent authorizations will require an updated letter of medical necessity indicating continued benefit from Tysabri

Timely Reminder on Cough & Cold Meds:

As a reminder, Medicaid restricts coverage of medications for cough & cold symptomatic relief. 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

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 child 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.