



Volume 19
Month 2011

Number 3

An "unofficial" publication of the State DUR Board

Neal Catalano, R.Ph., DUR Board Chairman

Editors: Tim Morley, R.Ph., Lisa Hulbert, R.Ph., Robyn Seely, Pharm D., Bobbi Hansen, CPhT.

New Point of Sale system coming soon!

On December 28, 2011 Utah Medicaid will convert its existing pharmacy point of sale system over to a new point of sale system designed by Goold Health Systems. System programmers will require two (2) days for the process of conversion to be complete. No claims will be processed on December 28th and 29th. Consequently, pharmacies will need to utilize their downtime procedure systems to process Medicaid prescriptions during that time. The new system will be brought up for prescription claims processing on December 30th, 2011.

Emergency medications requiring a prior authorization (PA) must be processed under the 72 hour emergency supply rule. That policy is:

“Some medications that require PA may be provided in a medical emergency before authorization is obtained from Medicaid. When a medical emergency occurs, and a medication requiring a PA is required, pharmacy providers may provide up to a 72 hour supply of the medication. When contacted, Medicaid will issue an authorization for the 72 hour supply of the medication on the next business day. All subsequent quantities must meet all PA requirements for the medication. It is the responsibility of the medication prescriber to provide the necessary documentation.”

Utah Medicaid recognizes that this represents an unusual inconvenience in downtime and we ask for your patience and indulgence during this conversion process. We sincerely acknowledge your assistance with this endeavor and gratefully recognize all you do to serve Medicaid patients.

New National Provider Identifier (NPI) regulations

In compliance with new federal regulations, beginning November 15, 2011 each prescriber's and pharmacy provider's NPI must be known to the Medicaid claims system. In other words, each NPI that is presented with a claim must be linked to a single provider or the claim will be denied. If you have not taken the opportunity to enroll your NPI with Medicaid enrollment, please take time to do so before November 15, 2011. You may contact provider enrollment through the customer service line at (801)- 538- 6155 or toll free (800)- 662- 6651, option 3 then option 4.

New pharmacy point of sale pricing updates policy

Utah Medicaid relies on outside data services for much of the information and data used in its day to day processes. Consequently, Medicaid has little control over the timing and occurrence of updates to that information particularly where it concerns pricing information for pharmaceutical products. As a result, beginning January 1st, 2012, with the installation of the new pharmacy point of sale system, Utah Medicaid will no longer research price disparities identified by providers but will rely on the price that the data service presents to Medicaid in its weekly updates. Pricing information will no longer be applied retroactively. All pricing will be effective no sooner than the business day following receipt of the new pricing information. This policy only applies to pharmacy point of sale pricing.

Prior Authorization Updates:

Tasigna and Sprycel are now available without prior authorization.

MedWatch Reports

Utah Medicaid supports the Food and Drug Administration in efforts to collect information regarding drug-related adverse events and safety issues. Some providers have had difficulty distinguishing between a true allergy (i.e. anaphylaxis) or drug reaction (i.e. pruritic rash), and undesirable drug side effect (i.e. nausea). The FDA defines a true allergy or drug reaction as one whose outcome is “death, life-threatening, hospitalization, disability/permanent damage, congenital anomaly/birth defect, required intervention to prevent permanent impairment or damage, or other serious medical events”. Other problems less commonly considered or reported, but of equal concern, may be “suspected counterfeit, suspected contamination, questionable stability, defective components, poor packaging/labeling, or therapeutic failure (i.e. the product did not work)”. The FDA is eager to collect any and all information, and encourages reports even when it is not known if the event was actually caused by the drug, or all the details are not known. Utah Medicaid urges all providers to submit a complete MedWatch form to the FDA whenever a problem or event is suspected. The form is available electronically at <http://www.fda.gov/downloads/Safety/MedWatch/HowToReport/DownloadForms/ucm082725.pdf> More information is available from the FDA at <http://www.fda.gov/Safety/MedWatch/default.htm>

Medicaid Pharmacy Manual Updates:

The following Medicaid policies were added to the Medicaid Pharmacy Provider Manual:

- The correct prescriber NPI is required on all pharmacy claims.
- Dual Eligible clients must use their Medicare Part D benefit for all drugs except

benzodiazepines, barbiturates, over-the-counter, and select cough and cold medications. These four drug classes will be covered for dual eligible clients with the same limitations and criteria that apply to all Medicaid clients.

- Coding for home infusion pharmacy dispensing fees was updated
- Covered days supplies for vitamins were updated.
- Covered days supplies for birth control were updated.
- Pharmacist administered vaccine policy was updated
- ICD.9 code policy was updated.
- NDC requirements for J-code claims were clarified.

Additionally, outdated references to Protease Inhibitor co-pays, over-the-counter anti-ulcer drugs, and H-Pylori treatments were removed from the Medicaid Pharmacy Manual; outdated information on the pharmacy point of sale (POS) system was updated.

High-Dose Simvastatin

The Food and Drug Administration strongly recommends avoiding daily simvastatin doses of 80mg because of the increased risk of myopathies, including rhabdomyolysis. An increase from 40mg to 80mg of simvastatin daily yields a 6 percent decrease in LDL, but increases risk of myopathies 6-fold. Starting October, 2011, the following criteria apply:

- To continue therapy with simvastatin 80mg, the patient must have been receiving 80mg of daily for 12 or more months with no evidence of myopathy, as demonstrated in medical notes.
- The patient must not be receiving any medications which are contraindicated for use with simvastatin (see full prescribing information). Please note that simvastatin

doses less than 41mg will not require prior authorization.

Medicaid patients with Traditional coverage still need to submit a PA request for branded Zocor[®] or Vytorin[®]. Non-Traditional and Primary Care Network (PCN) coverage does not cover branded drugs.

Additional Preferred Drug List (PDL)

Updates:

Medicaid 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 frequently, to stay current.

The Medicaid PDL continues to expand on a monthly basis. The Medicaid P&T Committee recently considered additional classes of medications. Final decisions on these classes will be posted on the Medicaid Pharmacy Program website.

Non-traditional Medicaid (NTM) co-pay policy review

The NTM program was established as a waiver program with benefits that are intended to be more limited in scope from the traditional program. The NTM program is a mandatory generic program. When a brand name product is requested by the client or ordered by the physician and a generic is available, the claim will be denied, and no physician override (DAW) is allowed. With the implementation of the new pharmacy point of sale system, programming corrections will require that the client be responsible for the entire amount of a brand name prescription for which a generic is available. On January 1st, 2012 new system programming will no longer pay a dispensing fee to the pharmacy in order to adhere to long established NTM policy. Programming has not correctly captured these requirements in the past. These prescriptions will not count towards the \$500.00 co-pay cap for NTM clients.

Primary Care Network (PCN) co-pay policy review

The PCN program was established as a waiver program with benefits that are intended to be more limited in scope from the traditional and Non-traditional programs. The PCN program is a mandatory generic program. When a brand name product is requested by the client or ordered by the physician, the claim will be denied, and no physician override (DAW) is allowed. With the implementation of the new pharmacy point of sale system, programming corrections will require that the client be responsible for the entire amount of the prescription. On January 1st, 2012 new system programming will no longer pay a dispensing fee to the pharmacy in order to adhere to long established PCN policy. Programming has not correctly captured these requirements in the past.

A few selected branded products on a limited PCN preferred list are exempt and will continue to adjudicate according to the following PCN manual requirements:

“A patient paid prescription is not counted as one of the four prescriptions per month.

The copay under PCN is product dependent:

- (1) \$5.00 copay for any generic product, or for a brand name product on the Preferred Drug List.
- (2) \$5.00 copay for OTC products.
- (3) 25% of the Medicaid payment for any name brand drug not on the [PCN] preferred list where a generic product is NOT available.

When a generic product is available and the name brand is requested, the total payment must be made by the client. No physician DAW or Prior Authorization is available.”

Medicaid Client ID Required on Pharmacy Claims

Effective October 1, 2011, Utah Medicaid no longer

accepts a client social security number on a pharmacy claim in lieu of a Medicaid client ID. If a client does not have a Medicaid card with a Medicaid client ID available, the client ID may be obtained by calling Access Now at (801) 538-6155 or toll free (800) 662-9651, and selecting options 1 and 1 on the phone tree.

The Amber Sheet is Paperless.....

The last paper issue of the Amber Sheet was mailed in December 2010. This issue and all 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, 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