



### **Cymbalta Limit**

The implementation of the new Medicaid pharmacy point of sale system exposed a vendor programming error that was not discovered in the old system, and highlights the need to reiterate an important point regarding Medicaid policy.

Cymbalta coverage is limited to 60mg per day. Doses in excess of this limit may be approved with documentation of an eight week trial and failure on the approved 60mg/day dose. In April 2007 Utah Medicaid published the dose limit in both the Medicaid Information Bulletin (MIB) as well as the Pharmacy Manual, Drug Criteria and Limits attachment. In addition, this policy was re-stated in the April 2011 MIB, and the criteria was updated in the Pharmacy Manual, and the Drug Criteria and Limits attachment. Please make sure that when prescribing or dispensing that Medicaid policy is observed. It is Medicaid’s understanding that policy will be observed by the Office of the Inspector General when conducting compliance audits of the Medicaid program.

### **Utah MAC Pricing – New Vendor**

Utah Medicaid has contracted with Goold Health Systems (GHS) to provide Maximum Allowable Cost (MAC) pricing maintenance. GHS will be evaluating and updating Utah MAC prices. They will be conducting quarterly MAC price surveys beginning April 2012. Your participation is important to these surveys since more responses mean more accurate pricing.

GHS will also begin responding to MAC pricing disputes, and phone numbers will be made available for pharmacy use. These will be provided in survey letters containing additional information and will be sent by GHS to pharmacies beginning the second calendar quarter of 2012.

### **Metoclopramide Long Term Use**

Many clients are prescribed metoclopramide (Reglan®, Metozolv™ ODT) as a long-term, maintenance-type drug. Metoclopramide is indicated for “short term (4 – 12 weeks) therapy for adults with symptomatic, documented gastroesophageal reflux who fail to respond to conventional therapy”. Most Utah Medicaid prescriptions for metoclopramide appear to be prescribed in appropriate situations (i.e. after failure of conventional therapy), but may not be prescribed for appropriate durations (i.e. under 12 weeks).

**Please note:** There is a Black Box Warning which, in part, states that “treatment with metoclopramide can cause tardive dyskinesia, a serious movement disorder that is often irreversible. The risk of developing tardive dyskinesia increases with the duration of treatment and the total cumulative dose . . . Treatment with metoclopramide for longer than 12 weeks should be avoided . . .”

Metoclopramide was approved in 1976, and is often used when newer therapies fail. However, please consider the serious potential side effects when prescribing and consider it selectively for durations under 12 weeks.

### **Pharmacy Provider Manual Updates**

#### **Traditional Program**

##### Chapter 1 - 2 Federal Upper Limit List

The Patient Protection and Affordable Care Act of 2009 (PPACA) established a new methodology for determining FULs. CMS has not fully implemented these new guidelines. For further information, please go to: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Federal-Upper->

[Limits-.html](#). Medicaid will continue to publish information as it becomes available. Medicaid cannot override a FUL price. A DAW option is not available to override a FUL.

#### Chapter 1 - 3 Utah MAC List

MAC prices may be used with classes of drugs and may be applied to all drugs in the class. In these cases both brand name and generic drugs will be listed as preferred agents. If the class is not part of a preferred drug list (PDL), MACs may be applied to just the generic drugs of the class. In these cases, a brand name prior authorization will be required in order to be reimbursed for the brand name drugs. DAW options are no longer available to override MAC pricing. MAC prices may be used on drug categories that have FUL prices.

NonTrad/PCN Note: Brand name prior authorizations are not available for Non-Traditional and PCN clients. They are responsible for 100% of the cost when brand name drugs not on the PDL are dispensed (please see the Non-Traditional and PCN policy manuals for specifics).

#### Chapter 2-3 Non-covered Drugs and Services

The list of prescription cough and cold medications covered by Medicaid is now updated to include the following drugs: Guaifenesin with DextroMethorphan (DM) 600/30 tab, Guaifenesin with Hydrocodone 100/5 liquid, Promethazine with Codeine, Cheratussin AC, Rondec and Rondec DM (generic equivalents only), covered over-the-counter cough and cold remedies are given in the approved OTC list.

#### Chapter 3-3 Prior Authorization Process

The prior authorization request process for medications obtained through the pharmacy has changed. Pharmacy prior authorizations will no longer be specific to one pharmacy, they will be specific to client and product authorized. Prior authorizations will no longer be issued via telephone calls. Faxed requests with the proper corresponding prior authorization request sheet are required. Sheets are available on the Medicaid Pharmacy Program website <http://health.utah.gov/medicaid/pharmacy/>.

The fax number for pharmacy prior authorizations has changed. Requests can now be sent to 855-828-4992. When a prior authorization request is denied, a hearing request form will no longer be faxed back to the requestor. The form can be found and printed from the Medicaid Forms website at: <http://www.health.utah.gov/medicaid/provhtml/form s.htm>.

#### Chapter 4-7 Early Refills

The Early Refill section has additional information added to clarify the early refill process for narcotic analgesic pain medications. These refills will only be authorized 30 days after the previous fill and when 100% of the medication is expected to be used up.