



IDAHO MEDICAID PHARMACY DEPARTMENT

1-208-364-1829

MAGELLAN MEDICAID ADMINISTRATION PHARMACY SUPPORT CENTER

1-800-922-3987

24 hours/day/7 days per week

- ❖ Claims processing assistance
- ❖ Drug coverage and payment information
- ❖ Eligibility
- ❖ Plan limitations
- ❖ Coordination of benefits
- ❖ Prior authorization status

IDAHO MEDICAID PHARMACY CALL CENTER

1-866-827-9967

1-208-364-1829

8:00 a.m. – 5:00 p.m. MT

Monday – Friday

Closed federal and state holidays

- ❖ Initiate prior authorizations

PRIOR AUTHORIZATION FAX

1-800-327-5541

WEBSITES

www.medicaidpharmacy.idaho.gov

- ❖ Preferred Drug List
- ❖ PA forms
- ❖ P&T information

<https://idaho.fhsc.com>

MYERS AND STAUFFER LC

Website: <http://id.mslc.com>

Phone: 1-800-591-1183

Fax: 1-317-571-8481

E-mail: pharmacy@mslc.com

- ❖ Establishing and maintaining the Average Actual Acquisition Cost for drugs

DUR BOARD MEETINGS

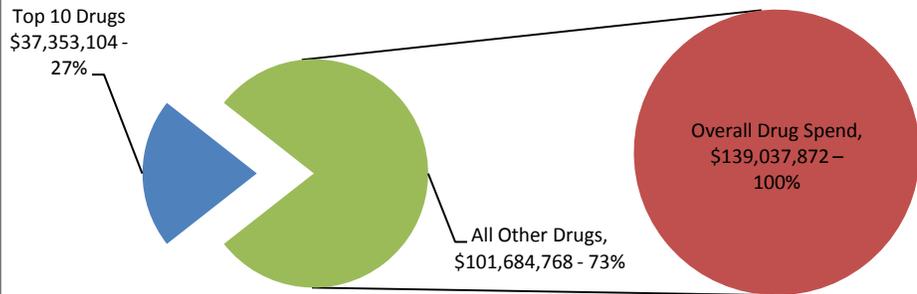
- ❖ January 17, 2013
- ❖ April 18, 2013
- ❖ July 18, 2013
- ❖ October 10, 2013

P&T COMMITTEE MEETINGS

- ❖ April 19, 2013
- ❖ May 10, 2013
- ❖ October 11, 2013
- ❖ November 15, 2013

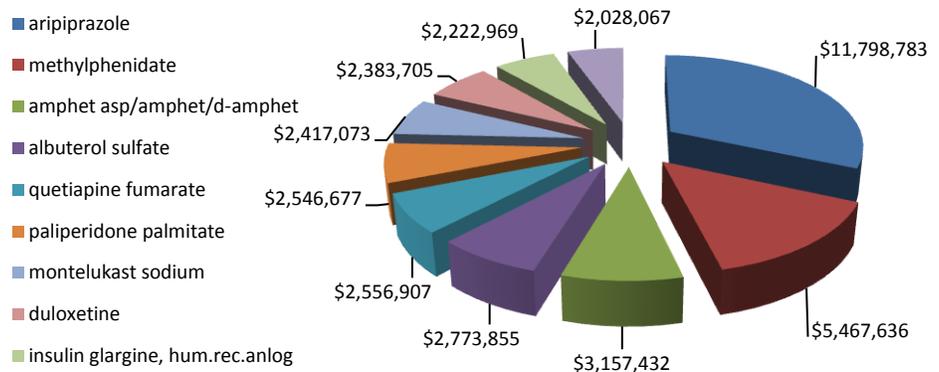
IDAHO MEDICAID'S DRUG EXPENDITURES

Idaho Medicaid's Top 10 Drug Product Total Spend as Percentage of Overall Drug Spend 03/31/2012 to 03/31/2013



TOP 10 DRUG'S BREAKDOWN

Idaho Medicaid's Top 10 Total Drug Product Spend 3/31/2012 to 3/31/2013



PSYCHOTROPIC MEDICATION USE IN FOSTER CHILDREN

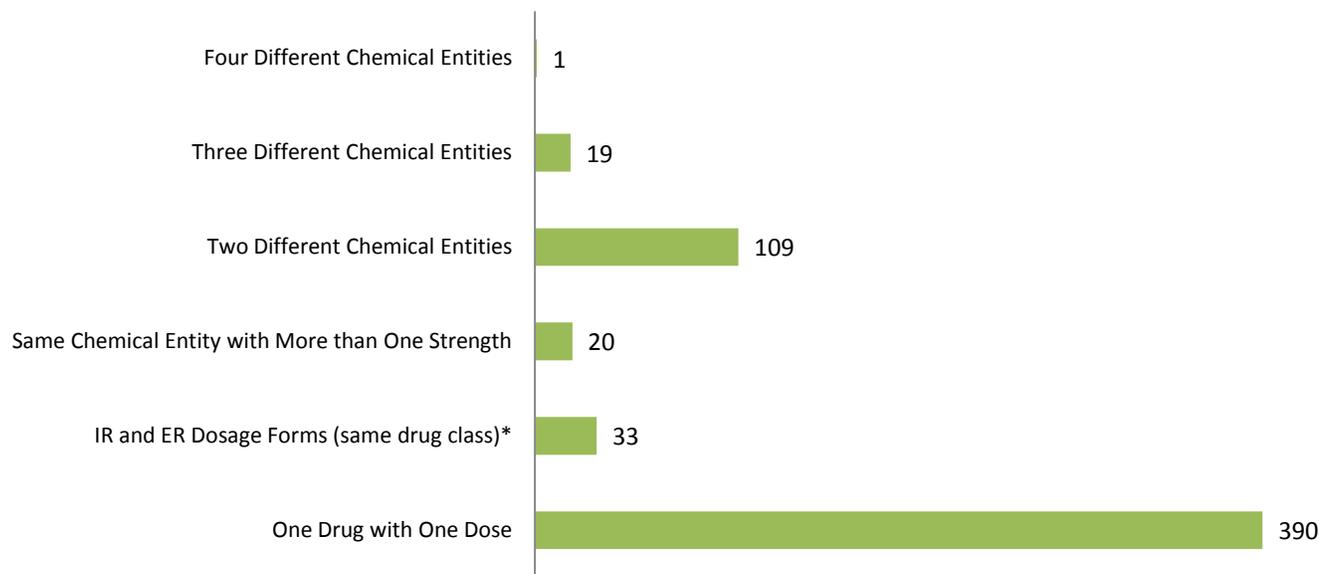
The next red flag in our on-going review of psychotropic medication use in foster children was looking at those receiving two or more ADHD medications concurrently. The following is a breakdown of the results:

Study Parameters and Results:

- ❖ Children in Foster Care ages 0–17
- ❖ Claims review of any foster child receiving an ADHD Drug between 11/01/2012 and 01/31/2013
 - ◆ 759 children in original data pull
 - ◆ 187 with less than 2 months of any drug
 - ◆ 572 evaluated

~CONTINUED~

Number of Children in Different Pharmacotherapy Categories



*12 children's therapy counted in 2-4 different entities included an IR/ER combination of one of the entities, not counted here

The next red flag in our on-going series will be looking at recipients with three or more concomitant mood stabilizer medications.

PRIOR AUTHORIZATION FOR MEDICATIONS BILLED AS MEDICAL CLAIMS (E.G., J-CODES)

In order for prior authorization criteria to be consistent between medications that can be billed either as an outpatient prescription or as a medical claim billed by a medical provider, the Pharmacy Unit at Idaho Medicaid is responsible for prior authorizing selected medications regardless of how the medication is billed. Examples include Invega Sustenna, Synagis, and intravenous immune globulin. Please fax requests to the Pharmacy Unit at 1-800-327-5541 and include patient diagnosis, medical justification for request, and most recent progress note.

Some medications are only covered by Idaho Medicaid when billed as a medical claim (i.e., not payable through the outpatient prescription drug program). Examples include medications that are only administered by a medical provider in a medical facility due to safety issues, such as Krystexxa, Lucentis, and Propel. Again, please fax requests to the Pharmacy Unit at 1-800-327-5541 and include patient diagnosis, medical justification for request, and most recent progress note. Please refer to the Medicaid Fee Schedule at

<http://www.healthandwelfare.idaho.gov/Providers/MedicaidProviders/MedicaidFeeSchedule/tabid/268/Default.aspx>

for a listing of medications that both do and do not require prior authorization when billed as a medical claim by a medical provider.