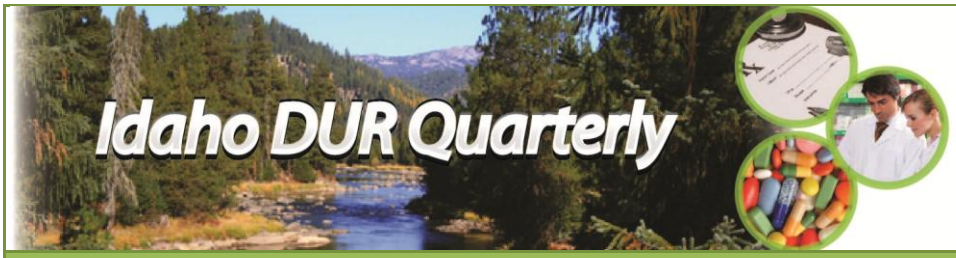

May 2012 Volume 2, Number 2

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 19, 2012
- April 19, 2012
- July 19, 2012
- October 18, 2012

P&T Committee Meetings

- April 20, 2012
- May 11, 2012
- October 19, 2012
- November 16, 2012

Idaho Medicaid Paper Claims

This is a reminder that all paper claims submitted for reimbursement must now be submitted on the Telecommunication Standard D.0 Universal Claim Form (UCF). The forms are available for purchase from the online ordering site developed by CommuniForm in conjunction with NCPDP (National Council for Prescription Drug Programs) at http://communiform.com/ncpdp/ or 1-800-869-6508.

72-Hour Emergency Supply

Idaho Medicaid will pay for point-of-sale (POS) pharmacy claims for a 72-hour emergency supply of medication requiring prior authorization if the pharmacist in his/her professional judgment believes a participant has an immediate need. The appropriate prior authorization process must be used during regular business hours. All of the following conditions must be met for an emergency supply:

- The participant is Medicaid eligible on the date of service
- The prescription is new to the pharmacy
- The medication requires prior authorization
- The supply for the emergency period does not exceed three days
- 72-hour emergency supply overrides cannot be used for age overrides or quantity overrides

The override codes for billing for a 72-hour emergency supply are

- Reason for Service Code: TP (Payer/Processor Question)
- Professional Service Code: MR (Medication Review)
- Result of Services Code: 1F (filled, with different quantity)

A completed prior authorization request must be faxed to 1-800-327-5541.

Atopic Dermatitis

Atopic Dermatitis (AD) is a chronic relapsing, pruritic, inflammatory skin condition that most commonly affects children.

- 60–65% of patients develop AD before age 1.
- 85–90% of patients have developed signs of their disease by age 5.
- Lifetime prevalence is estimated between 10–20% in children and 1–3% in adults.
- It is estimated that close to $2.6 billion is spent yearly on the disease in the United States.

The cause of AD appears to be a result of interactions between genetics, environment, skin barrier defects, and the immune system. Triggers may include aeroallergens, climate, emotional stress, hormones, food, irritants, and microbes.

~CONTINUED~

© 2012, Magellan Medicaid Administration, Inc. All Rights Reserved.

TREATMENT

- Emollients are considered the mainstay of maintenance therapy for AD.
- Topical corticosteroids are the standard of care to which other treatments are compared and are considered first-line treatments for flare-ups.
- Topical corticosteroids should be used for the shortest duration possible to control the flare-up.
- Sedating antihistamines (oral) are useful for patients who have sleep disturbances and concomitant allergic conditions.
- Topical and/or oral antibiotics should be reserved for patients with acutely infected lesions.
- Topical calcineurin inhibitors (Elidel and Protopic) should be second-line treatment for flare-ups and maintenance.
  - In March 2005, the Food and Drug Administration (FDA) issued a public health advisory about the potential cancer risk associated with the use of Elidel (pimecrolimus) and Protopic (tacrolimus) products applied to the skin and recommended the following:
    - Use these products only as second-line agents for short-term and intermittent treatment.
    - Avoid the use in children under the age of 2 for Elidel and Protopic 0.03% and under the age of 16 for Protopic 0.1%.
    - Children and adults with a weakened or compromised immune system should not use these products.
    - Use the minimum amount for the shortest duration needed to control the patient's symptoms.
  - Elidel and Protopic have Black Box Warnings about the long-term safety of these products not being established.

When 2011 Idaho claims data were evaluated, 35 percent of Medicaid recipients that were prescribed a topical calcineurin inhibitor did not have a claim for a topical corticosteroid during that same year. As with any medication, it is recommended that the benefit vs. risk be evaluated and clinical judgment be used when prescribing and/or recommending a particular product.

CITALOPRAM HIGH DOSE DUR

On August 24, 2011, the FDA released a Safety Announcement addressing the dosages of citalopram and the potential adverse effects it can have on the heart. The maximum daily dose was recommended to be 40 mg (was 60 mg previously). Letters were sent out to 186 prescribers about 235 patients on October 6, 2011, with a list of their patients who were prescribed doses greater than 40 mg per day. Based on the responses that the DUR Board received and the clinical data that were available, the Board recommended that the maximum dose allowed without prior authorization be decreased to 40 mg per day. The FDA came out with a revised Drug Safety Communication on March 3, 2012, with updated recommendations that can be found at the following website: http://www.fda.gov/Drugs/DrugSafety/ucm297391.htm. One of the recommendations was that the maximum recommended dose of citalopram be 20 mg per day for patients over the age of 60. Even though Idaho Medicaid has fewer recipients in this age group after the implementation of Medicare Part D, in evaluating claims between January 1, 2012, and March 3, 2012, there were 76 recipients receiving greater than 20 mg per day. Since the communication came out after this evaluation period, it was recommended that a new review be performed prior to the next DUR Board meeting.