Idaho DUR Quarterly

MAGELLAN PHARMACY SOLUTIONS | MAGELLAN MEDICAID ADMINISTRATION

November 2012 Volume 2, Number 4

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

Top 10 All Drugs Ranked by Payment Amount For Services Dates Between Nov 1, 2011 and Nov 1, 2012

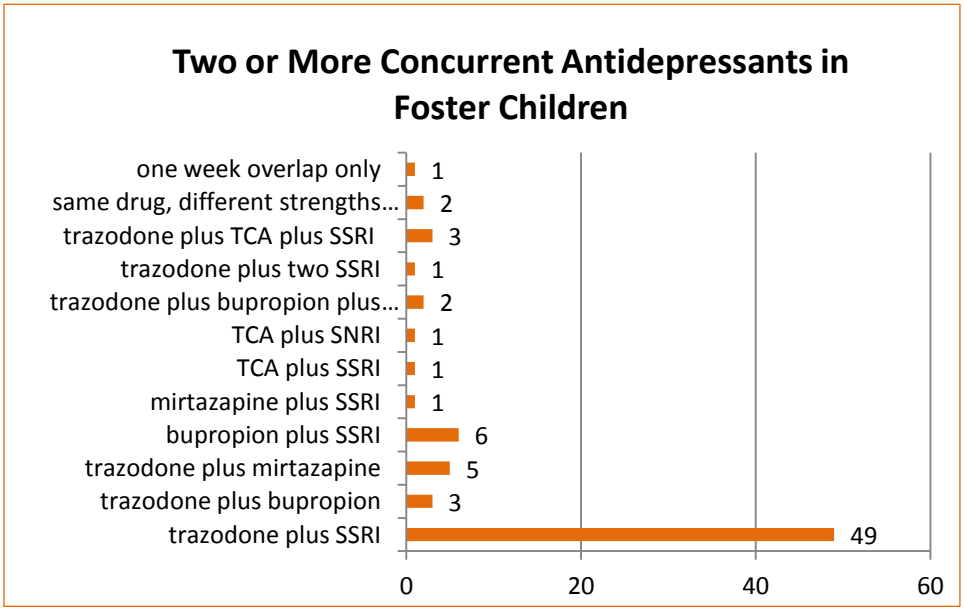
Grand Total Payment Amount – $139,733,868*

Drug Name	Total Claim Count	Total Payment Amt	Avg Quantity per Rx	Avg Payment per Rx
ARIPIPRAZOLE	21,259	$11,264,756	29	$530
METHYLPHENIDATE HCL	39,541	$5,373,728	37	$136
QUETIAPINE FUMARATE	22,780	$5,278,384	41	$232
MONTELUKAST SODIUM	31,886	$3,954,600	30	$124
OLANZAPINE	9,051	$3,490,400	31	$386
AMPHET ASP/AMPHET/ D-AMPHET	18,915	$3,004,465	38	$159
ALBUTEROL SULFATE	57,834	$2,582,886	40	$45
RABEPRAZOLE SODIUM	10,142	$2,508,118	30	$247
ZIPRASIDONE HCL	6,113	$2,402,983	46	$393
PALIPERIDONE PALMITATE	1,823	$2,224,468	1	$1,220

***Payment Amount does not include any rebates**

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 antidepressants concurrently. The following is a breakdown of the results:



The majority of the patients on two concomitant antidepressants were on trazodone plus another antidepressant, usually a selective serotonin reuptake inhibitor (SSRI). The trazodone was usually being prescribed at dosages indicating it was being used for sleep and not depression. The decision was made by the Drug Utilization Review (DUR) Board that no intervention needed to be done at this time on this particular red flag, as the use appeared appropriate.

The next red flag in our on-going series will be looking at recipients on two or more antipsychotics concurrently.

IMMUNE GLOBULIN (IV AND SC)

A Retrospective Drug Utilization Review was performed on Intravenous Immune Globulin (IVIG) and Subcutaneous Immune Globulin (SCIG), both on the medical side and pharmacy side of Idaho Medicaid. Currently, prior authorization is not needed either for an outpatient prescription (as long as cost per claim is less than $7,500) or for a claim on the medical side.

Medical claims between 08/01/2011 and 07/31/2012

- $288,410
- 116 claims
- 24 patients
- Average cost per prescription: $2,486

Twenty-four letters were sent out between August 13–22, 2012, to the medical facilities that had paid claims for IVIG or SCIG requesting administration records and progress notes.

Pharmacy claims between 08/01/2011 and 07/31/2012

- $279,527
- 79 claims
- 14 patients
- Average cost per prescription: $3,538

Letters were sent to the prescribers of the seven patients still receiving IVIG/SCIG requesting chart notes and serum IgG levels.

The returned documentation was reviewed by a clinical pharmacist with Idaho Medicaid and patient data was presented to the DUR Board. Please refer to the slides posted on the website https://idaho.fhsc.com/providers/dur.asp next to the October 31, 2012 date for detailed information.

The DUR Board recommended:

- Require prior authorization for this expensive therapy both on the Medical side and the Pharmacy side;
- Check for a Food and Drug Administration (FDA) approved diagnosis and verify clinical benefit as well as monitor periodic IgG levels (if applicable to diagnosis, such as hypogammaglobulinemia);
- Initially approve for 3–6 months with additional documentation required after that time period to renew the authorization; and
- Implementation date of 01/01/2013.