

Missouri Division of Medical Services

www.dss.state.mo.us/dms

Pharmacy Bulletin

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IMPORTANT INFORMATION REGARDING THIS BULLETIN

Due to budget constraints no paper copies of this bulletin will be printed or mailed. This bulletin is only available on the Internet at the DMS website,

www.dss.state.mo.us/dms.

This bulletin will be posted at this location and will remain until it is incorporated into the provider manuals as appropriate. At that time, the bulletin will be deleted from this site.

NEW PHARMACY PROGRAM WEBSITE

For quick and easy reference regarding the changes occurring in the Pharmacy Program, please access a new informational website at:

www.heritage-info.com/mocaidrx.

Please note this web address will provide you with links to the official Missouri Medicaid website, and will contain up-to-date information on Clinical Edits, drugs with coverage limitations, the Disease State Management Program, and more.

DISEASE STATE MANAGEMENT PROGRAM

The Division of Medical Services has contracted with Heritage Information Systems, Inc. to implement a new Disease State

Management (DSM) program for fee-for-service patients. This program will initially target four diseases: Asthma, Depression, Diabetes and Heart Failure, in patients determined to be at highest risk for adverse outcomes.

The goals of the DSM program are to meet the patients' comprehensive medical needs in order to slow the progression of the specific disease(s), and to avoid medical crises to the highest degree possible resulting in positive patient outcomes.

Program highlights:

- Once identified, high risk patients will be invited to enroll. Once enrolled, the patient will select a DSM health care provider team consisting of a physician and a pharmacist licensed in Missouri.
- Every effort will be made to coordinate patients with their current providers, however the patients' choice of DSM health care provider team will not preclude their use of other providers for other services.
- DSM health care provider teams will work collaboratively to provide individual patients DSM services.
- Each DSM health care provider team member will receive patient-specific information on a regular basis for use during patient visits.

- Each DSM provider team member will be reimbursed at a fixed per encounter rate for all DSM services provided.
- Providers may continue to enroll by calling Heritage Information Systems, Inc. at (573) 632-9797 or 1-888-581-9797.

**DISEASE STATE
MANAGEMENT
PROGRAM
REIMBURSEMENT
RATES**

<u>Service Type</u>	<u>Encounter Rate</u>
Initial Assessment	\$75.00
Problem Follow-up Assessment	\$40.00
New Problem Assessment	\$40.00
Preventative Follow-up Assessment	\$25.00

**PHARMACY PROGRAM
ENHANCEMENTS**

As providers have been previously notified, the Missouri Medicaid Pharmacy Program is in the process of implementing a number of revisions and enhancements. These changes are designed to improve the Division of Medical Services provision of clinically appropriate and fiscally responsible patient care, as well as gain the

ability to track utilization patterns to better respond to budget concerns. Toward these ends, a number of cost containment measures will be implemented throughout the remainder of the fiscal year. The Division of Medical Services has contracted with Heritage Information Systems, Inc. to provide the necessary computer enhancements to the point of sale (POS) system to allow additional pharmacy program edits to encourage therapeutically prudent use of pharmaceuticals.

**ADMINISTRATIVE
CLINICAL EDITS**

Administrative clinical edits are designed to enhance patient care and optimize the use of program funds through appropriate clinical and fiscal use of medications. POS pharmacy claims will be routed through an automated computer system to apply edits specifically designed to assure effective drug utilization. The edits are based on evidence-based clinical criteria and available nationally recognized peer-reviewed information. Through the clinical editing process, therapy will be automatically and transparently approved for patients who meet the system approval criteria. For those patients who do not meet the system approval criteria, therapy will require a call to

the Medicaid Drug Prior Authorization hotline at (800) 392-8030 to initiate a review and potentially authorize claims. Pharmacist and Physician providers with additional information specific to the rejected claim can call the hotline for assistance seven days a week, 8:00a.m. to Midnight for this purpose.

The list of products included in the clinical editing process will evolve, as additional products continue to be identified for appropriate clinical and fiscal limitations. As of this publication, the following medications are processed through a clinical edit: Cox II Inhibitors, Dienestrol Powder®, Geodon Injectable®, Hydroxyprogesterone Caproate Powder, Oxandrin®, Vfend®, Zelnorm®, and Zetia®. As the clinical edit process is fluid, providers are advised to frequently refer to the current list of medications impacted by clinical edits along with the system approval criteria posted on the DMS website: www.dss.state.mo.us/dms.

STEP THERAPY

The Missouri Medicaid Pharmacy Program is working with the University of Missouri-Kansas City School of Pharmacy Drug Information Center and the Drug Prior Authorization Committee to perform

evidence-based reviews of specific therapeutic classes of drugs responsible for a significant part of program cost increases. These clinical reviews determine what scientific evidence exists, if any, to support the use of newer products over older therapies in the same therapeutic class in treating specific diseases. Efficacy and safety information from primary literature sources is evaluated and compared, along with a pharmacoeconomic analysis, to determine a reference drug from the therapeutic class for a specific diagnosis.

The reference drug becomes the only drug from that class, for that diagnosis, which may be used at the onset of therapy without prior authorization. Established patients who are adherent to a therapy other than the reference drug will be automatically approved to continue the therapy on which they have been stabilized. New patients will require a trial on the reference drug for a period determined by appropriate drug use parameters. After the trial period, if the reference agent is not effective, the enhanced screening software will allow the prescriber to change therapy within the therapeutic class without prior authorization.

If there are unique circumstances that require the most recently available non-

reference drug at the onset of therapy, the prescriber can pre-certify that need through the Drug Prior Authorization Help Desk. Pre-certification will require the prescribing physician to submit a request for an individual patient via fax or a phone call to the help desk at (800) 392-8030. The vast majority of claims will be electronically screened by drug regimen and diagnosis, with no direct action required by the providers. It is the Division's goal to review the top one-third of all the therapeutic classes for potential Step Therapy restrictions during this fiscal year.

**CLINICAL EDIT/STEP
THERAPY PROPOSED
IMPLEMENTATION
SCHEDULE**

Drug/Drug Class	Clinical Edit/Step Therapy Implementation Date
HMG CoA Step Therapy	Feb 12
2 nd generation antihistamines Step Therapy	Feb 26
ACE Inhibitors Step Therapy	Mar 12
Actiq® Clinical Edit	Mar 26
Duragesic® Clinical Edit	Apr 9
Oxycontin® Clinical Edit	Apr 23
Synagis® Clinical Edit	May 1

DOSE OPTIMIZATION

Beginning April 16, 2002, claims submitted to the Missouri Medicaid Pharmacy Program became subject to edits to identify products dispensed in dosages outside expected patterns of use. Justification for utilization outside expected patterns, such as FDA approved labeling, is required for approval of claims failing the dose optimization edit. Overrides to these edit denials will be processed through the help desk at (800) 392-8030. Allowed without requiring a current revised listing of drug products subject to the Dose Optimization edit, as well as patterns that will be an override, is attached to this bulletin. (Attachment 1) This list will undergo frequent change, as additional products will be identified on an ongoing basis for appropriate dosing patterns. Providers are advised to refer frequently to the current list of affected drug products posted on the DMS website: www.dss.state.mo.us/dms.

**REVISION OF BOARD OF
PHARMACY
REGULATION – LONG
TERM CARE RETURNS**

The Division of Medical Services established a policy in regulation which states, in part, “the Division shall not pay for an unused pharmacy item returned to the dispensing pharmacy by or on

behalf of a Medicaid recipient, due to a change in prescription, hospitalization, death of a recipient, or other reason when the item can be accepted for reuse by the pharmacy in accordance with applicable federal or state laws or regulations.”

Effective November 30, 2002, the Board of Pharmacy added the following language to Section 4 CSR 220-3.040 “Return and Reuse of Drugs and Devices: (D) only drug products dispensed in the original manufacturer’s packaging that remain sealed in tamper-evident packaging may be reused.”

**ONCE-A-MONTH
BILLING FOR
MAINTENANCE DRUGS –
FURTHER POLICY
CLARIFICATION**

Pharmacy Bulletin Volume 24, No. 5, July 2, 2002, reiterated the standing Medicaid policy allowing one dispensing fee per drug entity per month unless a dosage change has been made. This policy specifically states that, “Regardless of the dispensing system utilized, long term care maintenance medication may be billed no more frequently than one time per month.”

The pharmacy program has received numerous questions from pharmacy providers on application of this policy with respect to weekend passes,

leaves of absence or utilization of reserve days. The pharmacy program will not make exceptions for any of these circumstances. The 1988 policy will continue to be in place with no exceptions beyond those required to implement a change in the prescribed dosage. Continued lack of adherence to this policy will result in possible provider audit and recoupment.

**REINSTATEMENT OF
SELECT OTC PRODUCTS**

The Missouri Medicaid Pharmacy Program will reinstate coverage for a select list of over-the-counter (OTC) drug products effective February 1, 2003. This list of covered generic products will appear on the DMS website www.dss.state.mo.us/dms. The program discontinued reimbursements for all OTC drugs effective July 1, 2002. This included over 19,000 products with a projected cost savings of approximately \$6 million.

As indicated at the time of implementation, the pharmacy program continued to monitor the product utilization to detect shifts in the prescribing patterns from deleted OTC drugs to more expensive prescription products. The program has now determined areas in which the shift is occurring and thus where costs savings could be achieved if selected OTC

drugs are covered. Additionally, the recent change of loratadine (Claritin®) from prescription to OTC status creates an additional savings opportunity. The initial list of covered OTC products is attached to this bulletin. (Attachment 2) Additional drugs may be added when a determination is made by DMS that patient care and program efficiency gains will be achieved.

The nursing home per diem parameters continue to apply to all medications as listed in the provider manual. Drug stock continues to be defined to include analgesics such as acetaminophen and aspirin, with the inclusion of ibuprofen 200 mg.

Provider Communications
(800) 392-0938
or
(573) 751-2896

<u>Drug Product</u>	<u>Generic Name</u>	<u>Strength</u>	<u>Dose Optimization Calculation</u>
Actiq	fentanyl citrate	200 mcg	Deny dosing more frequently than 4/d
Actiq	fentanyl citrate	600 mcg	Deny dosing more frequently than 4/d
Actiq	fentanyl citrate	800 mcg	Deny dosing more frequently than 4/d
Actiq	fentanyl citrate	1600 mcg	Deny dosing more frequently than 4/d
Ambien	zolpidem tartrate	5 mg	Deny dosing more frequently than 1/d
Ambien	zolpidem tartrate	10 mg	Deny dosing more frequently than 1/d
Celexa	citalopram HBr	10 mg	Deny dosing more frequently than 1/d
Celexa	citalopram HBr	20 mg	Deny dosing more frequently than 1/d
Celexa	citalopram HBr	40 mg	Deny dosing more frequently than 2/d
Claritin	loratadine	10 mg	Deny dosing more frequently than 1/d
Claritin Redi-Tab	loratadine	10 mg	Deny dosing more frequently than 1/d
Effexor XR	venlafaxine HCl	37.5 mg	Deny dosing more frequently than 1/d
Effexor XR	venlafaxine HCl	75 mg	Deny dosing more frequently than 1/d
Effexor XR	venlafaxine HCl	150 mg	Deny dosing more frequently than 2/d
Fosamax	alendronate sodium	5 mg	Deny dosing more frequently than 1/d
Fosamax	alendronate sodium	10 mg	Deny dosing more frequently than 1/d
Fosamax	alendronate sodium	40 mg	Deny dosing more frequently than 1/d
Lipitor	atorvastatin calcium	10 mg	Deny dosing more frequently than 1/d
Lipitor	atorvastatin calcium	20 mg	Deny dosing more frequently than 1/d
Lipitor	atorvastatin calcium	40 mg	Deny dosing more frequently than 1/d
Lipitor	atorvastatin calcium	80 mg	Deny dosing more frequently than 1/d
Luvox	fluvoxamine maleate	25 mg	Deny dosing more frequently than 1/d
Luvox	fluvoxamine maleate	50 mg	Deny dosing more frequently than 1/d
Luvox	fluvoxamine maleate	100 mg	Deny dosing more frequently than 2/d
Oxycontin	oxycodone HCl	10 mg	Deny dosing more frequently than 8/d
Oxycontin	oxycodone HCl	20 mg	Deny dosing more frequently than 8/d
Oxycontin	oxycodone HCl	40 mg	Deny dosing more frequently than 8/d
Oxycontin	oxycodone HCl	80 mg	Deny dosing more frequently than 12/d
Paxil	paroxetine HCl	10 mg	Deny dosing more frequently than 1/d
Paxil	paroxetine HCl	20 mg	Deny dosing more frequently than 1/d
Paxil	paroxetine HCl	30 mg	Deny dosing more frequently than 1/d
Paxil	paroxetine HCl	40 mg	Deny dosing more frequently than 2/d
Paxil CR	paroxetine HCl	12.5 mg	Deny dosing more frequently than 1/d
Paxil CR	paroxetine HCl	25 mg	Deny dosing more frequently than 1/d
Paxil CR	paroxetine HCl	37.5 mg	Deny dosing more frequently than 2/d
Pravachol	pravastatin sodium	10 mg	Deny dosing more frequently than 1/d
Pravachol	pravastatin sodium	20 mg	Deny dosing more frequently than 1/d
Pravachol	pravastatin sodium	40 mg	Deny dosing more frequently than 1/d
Pravachol	pravastatin sodium	80 mg	Deny dosing more frequently than 1/d
Remeron	mirtazapine	15 mg	Deny dosing more frequently than 1/d
Remeron SolTab	mirtazapine	15 mg	Deny dosing more frequently than 1/d
Remeron	mirtazapine	30 mg	Deny dosing more frequently than 1/d
Remeron SolTab	mirtazapine	30 mg	Deny dosing more frequently than 1/d
Remeron	mirtazapine	45 mg	Deny dosing more frequently than 1/d
Remeron SolTab	mirtazapine	45 mg	Deny dosing more frequently than 1/d
Singulair	montelukast sodium	10 mg	Deny dosing more frequently than 1/d
Ultram	tramadol HCl	50 mg	Deny dosing more frequently than 8/d
Zestoretic	lisinopril-HCTZ	10-12.5 mg	Deny dosing more frequently than 1/d
Zestoretic	lisinopril-HCTZ	20-25 mg	Deny dosing more frequently than 1/d

ATTACHMENT 2

OTC COVERED PRODUCTS UNDER THE MISSOURI MEDICAID PROGRAM

Drug/Category

Analgesics

Acetaminophen supp 325mg
Acetaminophen drop 100mg/ml
Acetaminophen liquid 160mg/5 ml
Acetaminophen tab/cap 325mg
Acetaminophen tab/cap 500mg
Ibuprofen drop 40mg/ml Ibuprofen sus 100mg/5 ml
Ibuprofen tab/cap 200mg
Aspirin enteric-coated tab 81mg
Aspirin chewable tab 81mg
Aspirin tab 325mg
Aspirin enteric-coated tab 325mg
Aspirin enteric-coated tab 500mg
Naproxen Sodium tab 220mg
Magnesium Hydroxide/Aluminum Hydroxide liquid 225-200mg/5ml
Magnesium Hydroxide/Aluminum Hydroxide/Simethicone liquid 200-200-20ml/5ml
Magnesium Hydroxide/Aluminum Hydroxide/Simethicone liquid 400-400-40ml/5ml
Calcium Carbonate chewable tab 500mg
Cimetidine tab 100mg
Famotidine tab 10mg
Nizatidine tab 75mg
Ranitidine tab 75mg

Anti-Diarrheals

Loperamide HCl liquid 1mg/5ml
Loperamide HCl tab 2mg
Attapulgitte liquid 600mg/15ml
Bismuth Subsalicylate susp 262mg/15ml
Bismuth Subsalicylate chewable tab 262mg

Anti-Emetics

Meclizine tab 25mg

Antiflatulents

Simethicone chewable tab/tab 80mg
Simethicone drop 40mg/0.6ml

Antifungals, topical

Clotrimazole cream 1%
Clotrimazole vag cream/appl 1%
Miconazole Nitrate vag cream/appl 2%
Tolnaftate soln 1%
Tolnaftate cream 1%

Antihistamines

Loratadine syrup 5mg/5ml
Loratadine dissolve tab 10mg
Loratadine tab 10mg
Diphenhydramine HCl cap 25mg
Diphenhydramine HCl liquid 12.5mg/5ml
Chlorpheniramine Maleate tab 4mg

Cold And Cough Preparations

Sodium Chloride nasal spray 0.65%
Guaifenesin/ Dextromethorphan HB syrup 100-10mg/5ml
Pseudoephedrine HCl drop 9.4mg/ml
Dextromethorphan HB/ Pseudoephedrine HCl syrup 7.5-15mg/5ml
Pseudoephedrine HCl/Tripolidine HCl syrup 30-1.25mg/5ml
Pseudoephedrine HCl/Tripolidine HCl tab 60-2.5mg

Cough Suppressant

Dextromethorphan/Poistirex sus 30mg/5ml
Dextromethorphan HB syrup 7.5mg/5ml

Decongestants

Pseudoephedrine HCl drop 9.4mg/ml
Pseudoephedrine HCl syrup 30mg/5ml
Pseudoephedrine HCl tab 30mg

Expectorants

Guaifenesin syrup 100 mg/5ml

Anti-Itch, topical

Hydrocortisone 1% cream
Hydrocortisone 1% oint

Iron replacement

Ferrous Sulfate drop 75mg/0.6ml
Ferrous Sulfate enteric-coated tab 325mg
Ferrous Sulfate tab 325mg
Ferrous Sulfate syrup 220 mg/5ml
Iron Polysaccharides Complex tab 50mg
Iron Polysaccharides Complex cap 150mg
Ferrous Gluconate tab 325mg

Laxatives, Cathartics, Bulk Producers,

Stool Softeners

Bisacodyl enteric-coated tab 5mg
Bisacodyl supp 10mg
Docusate Sodium cap 100mg
Docusate Sodium syrup 60mg/15ml
Casanthranol/Docusate Sodium cap 30-100mg
Sodium Phosphate, M-B/Sodium Phosphate, Di-Ba 2.4g-0.9g (oral) 45 mL
Sodium Phosphate, M-B/Sodium Phosphate, Di-Ba 2.4g-0.9g (oral) 90 mL
Sodium Phosphate, M-B/Sodium Phosphate, Di-Ba enema
Glycerin 2g supp (adult)
Glycerin 1g supp (child)
Sennosides A&B, Calcium tab 8.6mg
Senna/Docusate Sodium tab 8.6-50mg
Citrate of Magnesium solution

Osteoporosis Agents

Calcium Carbonate tab 250mg/Vitamin D
Calcium Carbonate tab 500mg
Calcium Carbonate tab 500mg/Vitamin D
Calcium Citrate tab 200mg

Calcium Citrate/Vitamin D

Eye & Ear Preparations

Dextran 70/Hp-M-Cell (artificial tears)
Polyvinyl Alcohol 1.4% (artificial tears)
Lanolin/Min Oil/Petro oint (ophthalmic lubricant oint)
Carbamide Pexoride drop 6.5%

Pediculocides/Scabicides

Piperonyl Butoxide/Pyrethrins shampoo 4-0.33%
Permethrin rinse 1%

Other

Sorbitol solution 70%
Pediatric Electrolytes (oral) solution
Pediatric Electrolytes (oral) popsicles
Sodium Chloride (for inhalation) 240 mL
Sodium Chloride 0.9% 3mL
Sodium Chloride 0.9% 5mL

Antibiotic, topical

Bacitracin oint 500 units/g
Triple Antibiotic (Neomy Sulf/Bacitracin/Polymix B Sulf/lidocaine) cream
Triple Antibiotic (Neomy Sulf/Bacitracin/Polymix B Sulf) oint

Vitamins

Multivitamins drop
Multivitamins chewable tab
Multivitamins with Iron chewable tab
Multivitamins with Iron drop
Multivitamins with Iron and Other Min chewable tab
Multivitamins (adult)
Multivitamins with Iron (adult)
Niacin 250mg cap SA
Niacin 500mg cap SA
Magnesium Oxide tab 400 mg