

DUR Capsules

News and Information for West Virginia Providers from the West Virginia Bureau for Medical Services (WVBS)

Prior Authorization of buprenorphine/naloxone (Suboxone®) or buprenorphine (Subutex®)

Effective August 1, West Virginia Medicaid will require prior authorization for all Suboxone and Subutex prescriptions. Prior authorization (PA) criteria have been developed and will provide adequate doses of both Suboxone and Subutex, when appropriate, for pharmacologic support of addiction treatment.

Both of these medications will be prior authorized only for the FDA-approved indication of opiate dependence/addiction. All prescribers will be required to have a DATA (Drug Addiction Treatment Act of 2000) waiver as proof of their qualification to prescribe Suboxone/Subutex. Submission of the DEA-X number is required and will be verified when PA requests are made.

Requests for prior authorization must be submitted to the Rational Drug Therapy Program by fax or electronic submission using the WV Medicaid approved form. These forms may be copied or downloaded at: http://www.wvdhhr.org/bms/spharmacy/drugs/bms_drugs_main.asp

Induction dosing will be considered on a case-by-case basis for initial treatment. However, patients will not receive authorization for maintenance doses greater than 16mg per day. If you are presently treating patients with higher doses, the pharmacists with the Rational Drug Therapy Program will work with you to develop a dose reduction schedule appropriate for your patients. Current evidence shows that higher doses do not increase the success of the treatment program, but lead to an increased incidence of drug diversion and an unnecessary cost burden.

Subutex will only be approved for patients who are pregnant. Patients cur-

rently on Subutex who are not pregnant will be required to switch to Suboxone.

We appreciate your cooperation and your willingness to work with patients committed to overcoming their dependence on opioids.

The criteria for coverage for buprenorphine/naloxone (Suboxone) or buprenorphine (Subutex) are as follows :

- Prior authorization request must be made in writing by an approved prescriber on the designated PA form by fax or electronic submission
- Prescribed by a licensed physician who qualifies for a waiver under the Drug Addiction Treatment Act (DATA) and has notified the Center for Substance Abuse Treatment of the intention to treat addiction patients and has been assigned a DEA (X) number.
- Prescribed by a WV Medicaid enrolled provider (enrolled directly, enrolled with WV Medicaid HMO, employed by a facility that is enrolled with WV Medicaid) who certifies he/she is treating the patient and billing WV Medicaid for this service
- Confirmed diagnosis of opiate abuse/dependence
 - * Diagnosis code required
- The patient is at least 16 years of age
- Subutex® will only be approved for use during pregnancy
- Maximum maintenance dose is 16 mg (tablet splitting for lower doses is required, when appropriate)
- Early refills are not permitted, including replacement of lost or stolen medication

PA is limited to:

- * Drug naïve patients : 7- day supply per prescription for a 3-month period, then;
- * If compliant with treatment plan: 14-day supply per prescription for a 6-month period; thereafter,
- * If complaint with treatment plan: 30-day supply per prescription per 6-month intervals
- Combination with benzodiazepines, hypnotics, and opioids (including tramadol) will be denied
- Attestation from prescriber that the Board of Pharmacy Prescription Drug Monitoring Program database has been reviewed for other drug use including benzodiazepines , sedative/hypnotics and opioids
- Patient must be warned about the dangers of ingesting concurrent sedating medications

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Coverage of losartan (Cozaar[®]) and piaglitazone (Actos[®])

Currently, West Virginia Medicaid includes losartan (Cozaar[®]) 25mg and piaglitazone (Actos[®]) 15mg on the Preferred Drug List (PDL). As a result of the pricing of other dosage strengths of these two drugs, only these dosage strengths are preferred. If a patient requires any other dosage strength of these agents, please provide multiples of the preferred strengths with the appropriate directions to the patient. A call to the prescriber is not required to make this substitution. If, for some reason, the patient cannot swallow a multiple number of the tablets, prior authorization must be obtained by contacting the Rational Drug Therapy Program at 800-847-3859 (phone), 800-531-7787 (fax) or an electronic submission request through the MediWeb Portal.

Brand Name and Non-preferred Anticonvulsants

The following is a summary of criteria for dispensing non-preferred and brand name anticonvulsants. More detailed information is available at the link below.

http://www.wvdhhr.org/bms/sPharmacy/PDL/bms_PDLlist_Page.asp

Requests for non-preferred anticonvulsants for treatment naïve patients:

A fourteen (14) day trial of one of the preferred agents in the corresponding group is required for treatment naïve patients with a diagnosis of a seizure disorder before a non-preferred agent will be authorized.

A thirty (30) day trial of one of the preferred agents in the corresponding group is required for patients with a diagnosis other than seizure disorders.

Requests for non-preferred anticonvulsants for patients on established therapy:

Non-preferred anticonvulsants will be approved for patients on established therapies with a diagnosis of seizure disorders with no trials of preferred agents required.

“Brand Medically Necessary” requests for anticonvulsants:

In situations where AB-rated generic equivalent products are available, “Brand Medically Necessary” must be hand-written by the prescriber on the prescription in order for the brand name product to be reimbursed.

Changes in TPL Policy

West Virginia Medicaid reimburses for pharmacy services only when all other resources have been exhausted for the eligible member. Medicaid is often referred to as the “payer of last resort”. All providers must ask Medicaid members if he or she has other public or private insurance or if there is potential that another entity may be responsible for the service expense.

The pharmacy point-of-sale system notifies the provider when other insurance information is known and on file. It is the pharmacy’s responsibility, as described in the provider agreement, to comply with all applicable laws, rules, and written policies pertaining to the West Virginia Medicaid Program. This includes the submission of prescription claims to primary insurance carriers prior to these claims being submitted to Medicaid. Changes have been made to the claims processing system to make this process more effective and to comply with Medicaid policy relating to third party liability. Detailed documents regarding this policy can be found in the WV Medicaid Provider Manual, Chapter 600. All Medicaid Policy Manuals can be found on the Bureau for Medical Services’ website, www.wvdhhr.org.

The changes are:

Changes in the Other Coverage Codes recognized by Medicaid: Other coverage codes (OCC) recognized are 2, 3, and 4. The OCCs of 1 and 2 are not longer accepted when a COB segment is submitted on a claim. TPL information that is incorrect should be reported to the Rational Drug Therapy Program at 800-847-3859 for verification. Should the member need medication before verification can be achieved, the pharmacy may dispense a quantity of medication to meet the member’s needs, but will be asked to reverse claims and submit them to the primary payer(s) if other insurance is found to be active.

Changes in TPL Policy, continued

Requirement of NCPDP field 433-DX (Patient Paid Amount Submitted): Required when a payment is collected (OCC=2), or not collected (OCC=4), as in the member's deductible period.

Recalculation of Medicaid payment-WV Medicaid will pay the Medicaid allowed amount or the member responsible amount, whichever is lower, as defined in Chapter 600 of the Medicaid Provider Policy Manual.

Other Payer Reject Code-WV Medicaid will only consider those pharmacy claims that are denied by the primary payer for valid reasons. Member/pharmacies must pursue all policy requirements of the primary payer, such as prior authorization, step therapy, limit exceptions, etc. before submitting these claims to Medicaid.

Please be aware that pursuing payments from primary carriers is required by West Virginia Medicaid and by Federal regulations. If you have questions regarding this policy, please contact the Rational Drug Therapy Program at 800-847-3859.

Clopidogrel (Plavix[®]) Drug Interactions

In November 2009 the FDA warned of an interaction when combining clopidogrel (Plavix[®]) with omeprazole (Prilosec[®]), esomeprazole (Nexium[®]) and nine other drugs listed below. These drugs inhibit the enzyme CYP 2C19 that activates clopidogrel (Plavix[®]). Therefore, combining these drugs with clopidogrel (Plavix[®]) could result in reduced efficacy of clopidogrel (Plavix[®]). Although the FDA continues to analyze all Proton Pump Inhibitors in combination with clopidogrel (Plavix[®]), at this time it appears that only those inhibiting CYP 2C19 show evidence of lessening the effectiveness of clopidogrel (Plavix[®]). Other drugs that inhibit the CYP 2C19 enzyme that could interact with clopidogrel (Plavix[®]) and reduce its efficacy include the following:

cimetidine (Tagamet[®])
 fluoxetine (Prozac[®], Sarafem[®] and Symbyax[®])
 fluvoxamine (Luvox[®])
 ticlopidine (Ticlid[®])
 fluconazole (Diflucan[®])
 ketoconazole (Nizoral[®])
 voriconazole (VFEND[®])
 etravirine (Intelence[®])
 felbamate (Felbatol[®])



Pharmacy Lock-In Program

West Virginia Medicaid has a pharmacy Lock-In Program for patients who utilize multiple pharmacies to obtain prescriptions for controlled substances. Patients can be restricted to one pharmacy if they continue to utilize multiple prescribers and pharmacies to obtain prescriptions for controlled substances.

The Drug Utilization Review Committee, which is administered by the Bureau

for Medical Services, reviews on a monthly basis patients obtain prescriptions for controlled substances from multiple prescribers and utilize multiple pharmacies. Prescribers and pharmacy providers are sent an intervention letter in an effort to alert them to a patient's behavior and change the behavior if possible. If the patient's behavior does not change after several months, the patient can be

restricted to one pharmacy in an effort to limit the use of controlled substances. Patients can be locked-in if they utilize three or more pharmacies to obtain controlled substances. The criteria for lock-in are being revised to include a review of patients using two or more pharmacies, along with multiple prescribers, to obtain prescriptions for controlled substances. In addition, all patients taking buprenor-

phine/naloxone (Suboxone[®]) may be considered for lock-in in the future.

All prescribers and pharmacists play a vital role in assisting the Bureau in monitoring the appropriate use of controlled substances and limiting the possibility of diversion and misuse. Your cooperation in continuing to make the Lock-In Program successful is greatly appreciated.

Emergency Supply of Prasugrel (Effient®)

Currently, prasugrel (Effient®) is non-preferred. The drug is a platelet inhibitor indicated for the reduction of thrombotic cardiovascular events (including stent thrombosis) in patients with acute coronary syndrome who are to be managed with percutaneous coronary intervention. For patients for whom the drug is clinically indicated, a 72-hour emergency supply of the drug may be obtained while awaiting prior authorization by placing a 99 in the "Submission Clarification Code" field. If prior authorization is delayed for some reason and the patient requires continued therapy, an additional 72-hour supply of the drug may be obtained by using the same code.

Cough and Cold Products

West Virginia Medicaid covers many Over-the-Counter (OTC) cough and cold products. A complete listing of these agents, along with valid NDC numbers that can be used to process claims, can be found at the link below.

http://www.wvdhhr.org/bms/sPharmacy/bms_pharm_Cough_Cold_Meds.pdf

The DUR Capsules is a quarterly newsletter published for West Virginia Medicaid Providers. Information concerning West Virginia Medicaid can be accessed online at www.wvdhhr.org/bms

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