

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

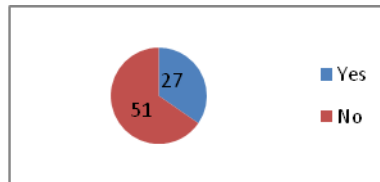
P&T COMMITTEE MEETINGS

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

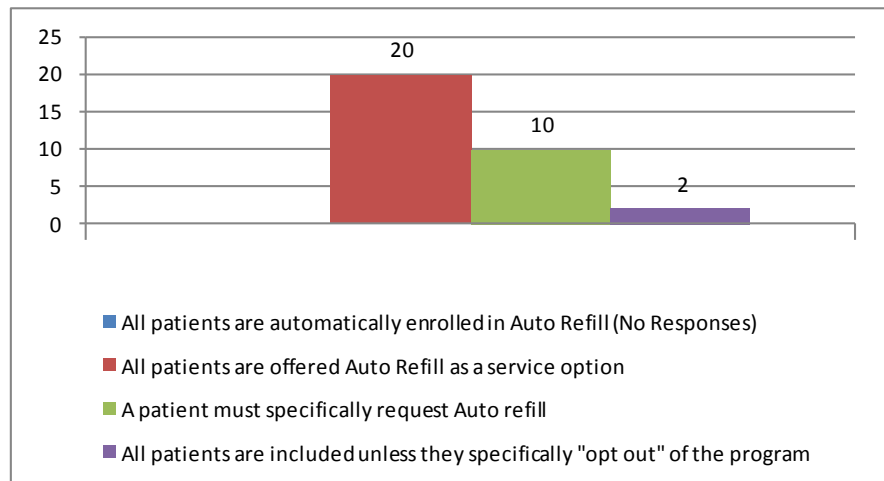
PHARMACY AUTO REFILL PRACTICES

On July 8, 2011, a fax blast went out to 318 pharmacies in the State of Idaho with a survey on Auto Refill Practices. Seventy-eight surveys were returned and the results were presented to the Idaho Drug Utilization Review (DUR) Board in October. Highlights from the survey are:

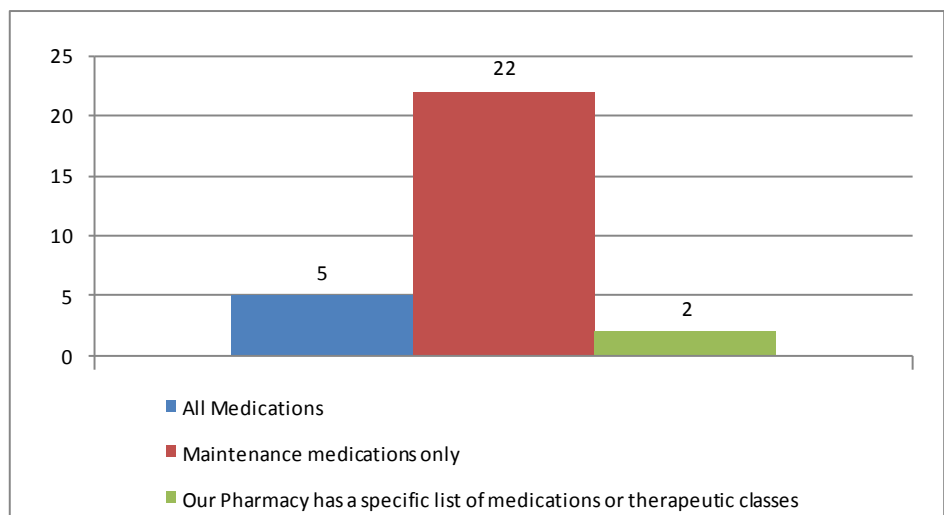
Does your pharmacy participate in an Auto Refill process?



How are specific patients included in the Auto Refill process?

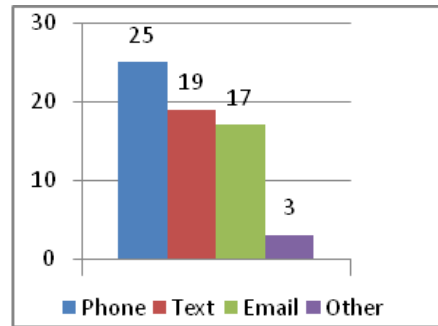
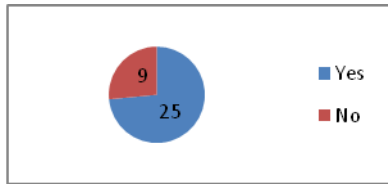


Which medications does your pharmacy include in your Auto Refill?

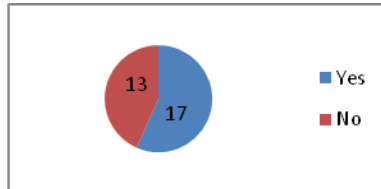


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Does your system alert the patient that the prescription is ready for pick up? If so, how?



Do you find the Auto Refill process potentially dangerous for patients?



Concerns with Auto Refill include the potential for stockpiling, continued fill of discontinued medications, and an increase in the cost and waste of prescription medications. There are many states that currently ban the process of Auto Refills for their Medicaid population. The Idaho Medicaid DUR Board has recommended that Auto Refill not be allowed for Medicaid participants.

ORAL TERBUTALINE UTILIZATION

On February 17, 2011, the Food and Drug Administration (FDA) released a Safety Announcement addressing the use of terbutaline for preterm labor and the potential adverse effects it can have on the mother. The FDA concluded that the risk of serious adverse events outweighs any potential benefit to pregnant women receiving prolonged treatment with terbutaline injection (beyond 48–72 hours) or acute or prolonged treatment with oral terbutaline. The FDA has required the addition of a new *Boxed Warning* and *Contraindication* to the terbutaline drug labels to warn health care professionals about these risks. A review of Idaho Medicaid recipients showed that between 5/1/2011 and 7/31/2011, there was a total of 28 female recipients between the ages of 10 and 55 who received prescriptions for oral terbutaline. Of the 28 patients, 23 had a pregnancy diagnosis in their electronic profile. Based off this manual review of profiles and the potential risk for the pregnant women, profiles were run for the time period of 7/1/2011 through 9/30/2011 and 24 patients were identified. Letters were generated and sent out to those prescribers of oral terbutaline along with the FDA Safety Announcement and a specific detailed questionnaire form to be returned to the Idaho DUR Board for further analysis. The following link takes you to the FDA Safety Announcement:

<http://www.fda.gov/Drugs/DrugSafety/ucm243539.htm>

HEPATITIS C DUR

There are currently multiple ribavirin products available on the market today at very different costs. The following chart depicts the comparable costs for the different products at their corresponding dosages:

	Ribavirin 200mg capsules	Ribavirin 200mg tablets	Ribasphere (400 and 600mg tablets)	Ribapak (400 and 600mg tablets)
400mg twice daily	\$	\$	\$\$\$\$	\$\$\$\$\$
600mg in a.m. and 400mg in p.m.	\$	\$	\$\$\$\$\$	\$\$\$\$\$\$
600mg twice daily	\$	\$	\$\$\$\$\$\$	\$\$\$\$\$\$\$

Currently prior authorization is not required for ribavirin, which is only FDA-approved for the treatment of chronic hepatitis C in combination with interferon. Medicaid recipients who had at least one paid claim for oral ribavirin between 5/1/2011 and 7/31/2011 were reviewed. It was determined that all recipients had hepatitis C and adherence with the medication regimen was greater than 90 percent. Therefore, the DUR Board recommended not instituting therapeutic criteria for ribavirin. Significant cost savings have been achieved with the use of generic ribavirin rather than Ribapak® or Ribasphere®.

A new class of drugs was FDA-approved to treat hepatitis C earlier this year: oral Protease Inhibitors. Incivek® and Victrelis® are both indicated as triple therapy in combination with oral ribavirin and injectable interferon. The triple combination improves the likelihood of attaining sustained virologic response (SVR). The cost of therapy for the Protease Inhibitors ranges from \$_ to \$_ depending on the patient’s virological response, which dictates duration of therapy.