



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

PSYCHOTROPIC MEDICATION USE IN FOSTER CHILDREN

On December 1, 2011, the Government Accountability Office (GAO) released a report titled “HHS Guidance Could Help States Improve Oversight of Psychotropic Prescriptions.” The report was based on a two-year long investigation, looking at five different states that analyzed the prescription pattern of psychotropic medications in Medicaid during 2008 in foster and non-foster children. The GAO found that foster children were prescribed psychotropic medications at a rate much higher than non-foster children. According to research, experts, and certain federal and state officials, this may be due in part to the foster children’s greater mental health needs, more exposure to traumatic experiences, and challenges of coordinating their medical care. It was also found in both foster and non-foster children that a small percentage received five or more psychiatric medications, and the foster children’s percentages were at an even much greater rate than non-foster children. Along a similar pattern, psychotropic medications were also prescribed for which there was no FDA-recommended indication or dose for their age. The potential misuse of these medications could lead to serious adverse effects for both foster and non-foster children alike. The GAO is recommending that the United States Department of Health and Human Services (HHS) consider endorsing guidance for states on best practices for overseeing psychotropic prescriptions for foster children. Below is a chart depicting the numbers from the five states included in the study, as well as the addition of Idaho numbers for 2008 as well as 2011 as a comparison.

Percentage of Medicaid children (0-17 years old) prescribed psychotropic medications in named State and year	Foster Children	Non-foster children	Ratio of foster to non-foster children
Florida 2008	22.0%	8.2%	2.7
Massachusetts 2008	39.1%	10.2%	3.8
Michigan 2008	21.0%	7.9%	2.7
Oregon 2008	19.7%	4.8%	4.1
Texas 2008	32.2%	7.1%	4.5
Idaho 2008	38.8%	14.8%	2.6
Idaho 2011	42.9%	14.8%	2.9

<http://www.gao.gov/assets/590/586570.pdf>

MEDICAID PRESCRIPTION BENEFITS FOR INMATES

It has recently come to our attention that some pharmacies have been asked by family members to fill prescriptions for participants who are incarcerated. They are then taking these medications to the institution of incarceration to be administered.

As a reminder, federal law prohibits Medicaid payment for expenditures for individuals who are inmates of a public institution. In other words, these participants are no longer eligible for Medicaid services. There may be a lag time between when a participant is incarcerated, Medicaid is informed, and the adjudication system is updated. If during this time period you knowingly dispense medications to an inmate, you put yourself at risk with possible consequences.

SYNAGIS

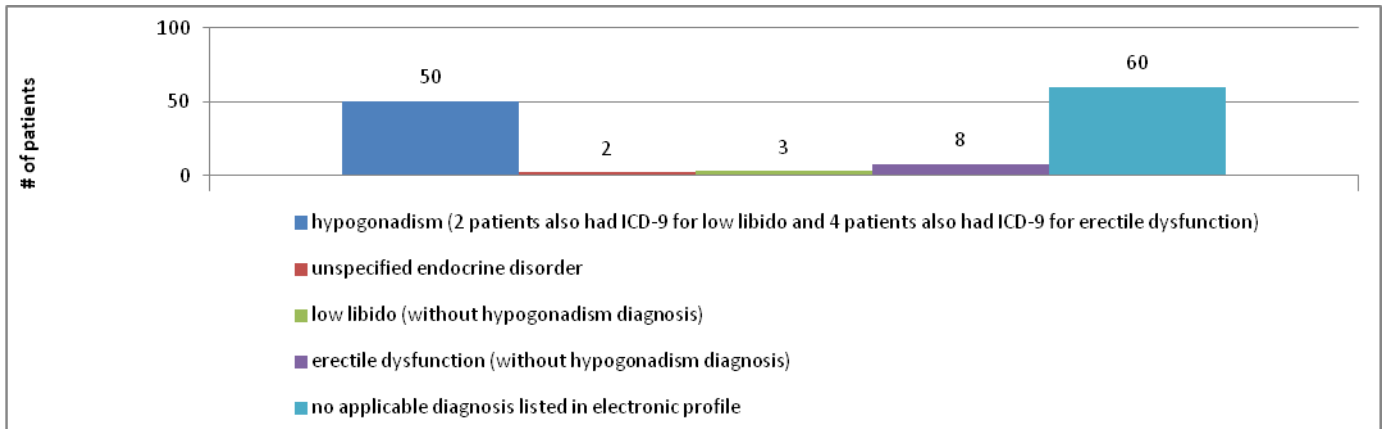
In Idaho, respiratory syncytial virus (RSV) season officially began the week ending January 21, 2012. Synagis is indicated for the prevention of serious lower respiratory tract disease caused by RSV in pediatric patients at high risk of RSV disease. Idaho Medicaid follows the American Academy of Pediatrics Guidelines (revised 2009) for eligibility criteria for prophylaxis of high-risk infants and young children. A maximum of 3 doses is recommended for eligible patients less than 90 days chronological age who were born between 32 weeks, 0 days and 34 weeks, 6 days gestation. A maximum of 5 doses is recommended for all other eligible patients.

To obtain a copy of this season’s PA form, please go to the following link and click on Synagis:

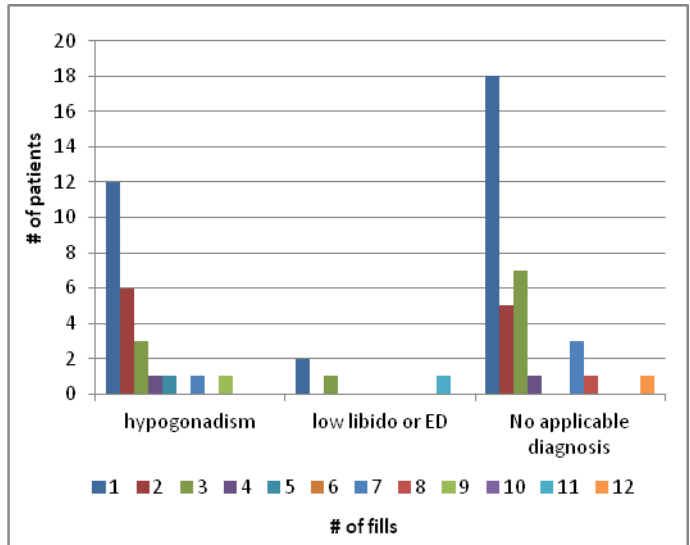
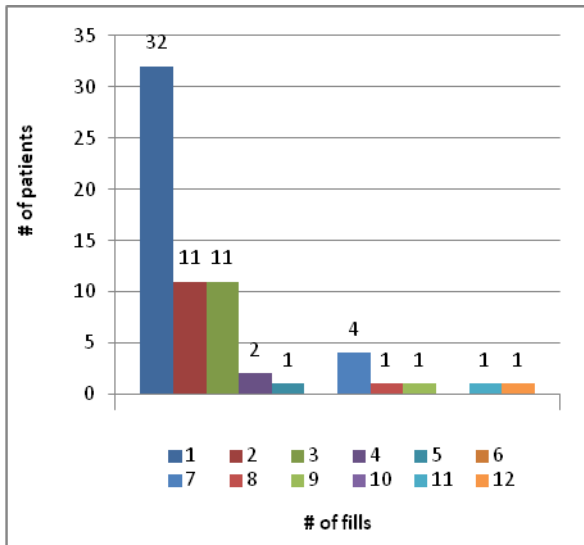
<http://www.healthandwelfare.idaho.gov/Medical/PrescriptionDrugs/PriorAuthorizationForms/tabid/206/Default.aspx>

TRANSDERMAL TESTOSTERONE DUR

The Idaho Medicaid Pharmacy and Therapeutics Committee recommended implementing therapeutic criteria, including serum testosterone levels, for the Transdermal Testosterone drug class. The Idaho Medicaid DUR Board was given the task of reviewing the utilization patterns of the products before any changes were instituted. Patients with at least one paid claim for transdermal testosterone between June 1, 2010 and June 26, 2011, were evaluated and presented to the DUR Board (N=123). The following was the breakdown of the diagnosis of the patients studied:



The Board also wanted to look at the duration of therapy as it pertained to patients with a start and stop date within this study period (defined as first fill after July 1, 2010, and last fill prior to May 26, 2011) as well as the duration of therapy with respect to diagnosis.



Based on the outcomes of this review and recommendations from the P&T Committee and DUR Boards, therapeutic criteria have been established, and an Educational Information Handout and letter will be sent to current prescribers of Transdermal Testosterone describing the new prior authorization criteria. The prior authorization form (located at <http://www.medicicaidpharmacy.idaho.gov>) has also been updated to reflect the new therapeutic criteria. A copy of the handout can be found at the following website under outreach materials:

<https://idaho.fhsc.com/providers/dur.asp>