



IDAHO MEDICAID PHARMACY DEPARTMENT

1-208-364-1829

MAGELLAN MEDICAID ADMINISTRATION PHARMACY SUPPORT CENTER

1-800-922-3987

24 hours a 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

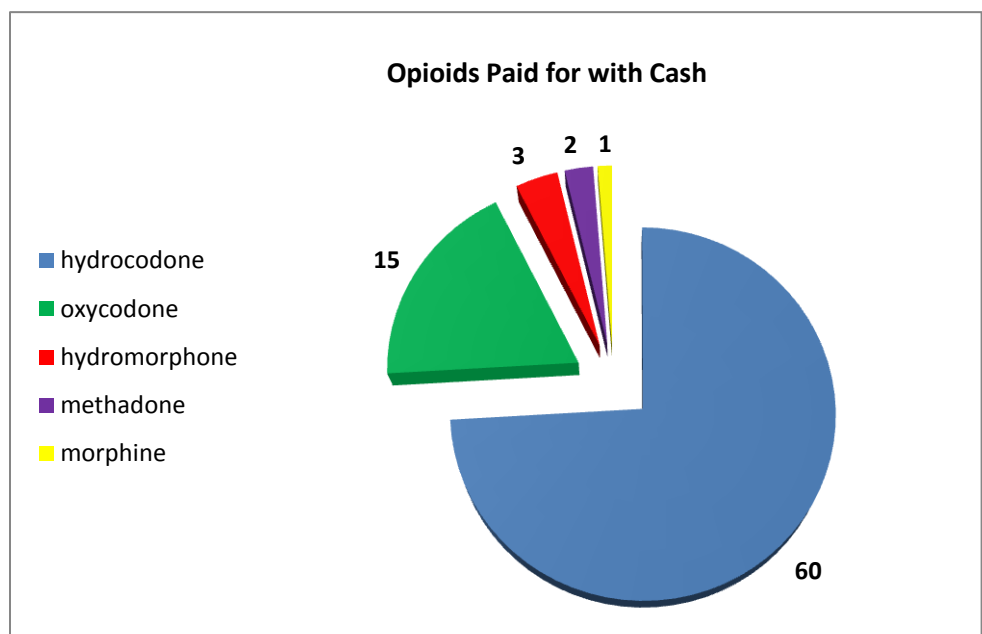
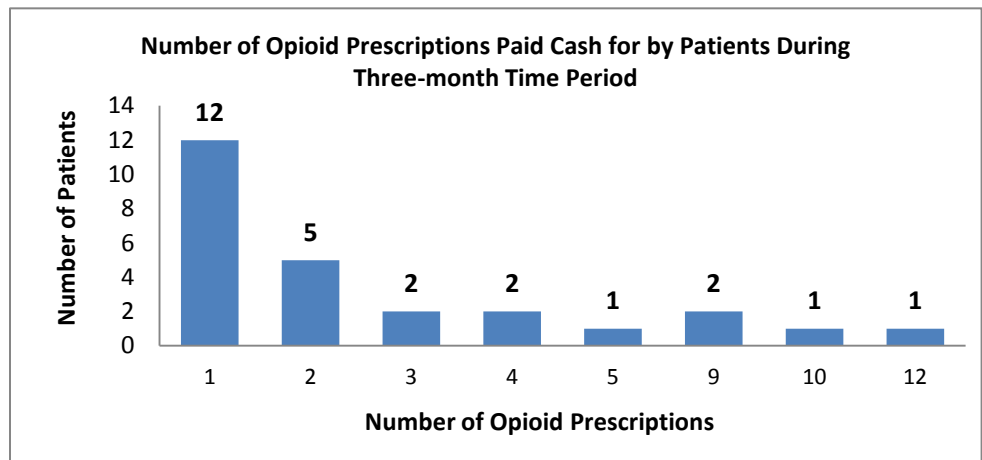
- ❖ January 17, 2013
- ❖ April 18, 2013
- ❖ July 18, 2013
- ❖ October 10, 2013

P&T COMMITTEE MEETINGS

- ❖ April 19, 2013
- ❖ May 10, 2013
- ❖ October 11, 2013
- ❖ November 15, 2013

DUR PROJECT – IDAHO MEDICAID PARTICIPANTS PAYING CASH FOR OTHER OPIOIDS DURING THE SAME TIMEFRAME WHEN IDAHO MEDICAID PAID FOR ORAL BUPRENORPHINE FOR OPIOID ABUSE.

Two hundred Idaho Medicaid participants were identified who had at least one paid claim for oral buprenorphine (includes Suboxone film, Suboxone tablets, buprenorphine/naloxone tablets, buprenorphine tablets) between February 1, 2013, and April 30, 2013. A Board of Pharmacy controlled substance report was generated for each of these participants. Twenty-six participants were identified as having paid cash for another opioid during the same timeframe when Idaho Medicaid was paying for a prescription for an oral buprenorphine product.



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Letters were sent to prescribers of both oral buprenorphine and any other opioid. A copy of the Board of Pharmacy controlled substance report was attached to the letter. One week after the letter was sent, payment for oral buprenorphine was blocked by Idaho Medicaid.

Several physicians called with explanations, such as the patient had surgery and had a one-time fill of another opioid but should now be back on oral buprenorphine only. These requests were approved. Several other prescribers informed Idaho Medicaid that the patient had been dismissed from his or her practice due to non-compliance with his or her pain contract after receiving the information from Idaho Medicaid. Overall, the feedback from the physicians was quite positive.

Idaho Medicaid plans to continue running Board of Pharmacy controlled substance reports routinely on all Idaho Medicaid participants who are receiving oral buprenorphine for opioid abuse.

DUR PROJECT – TREATMENT OF HEPATITIS C VIRUS (HCV) GENOTYPE 1 WITH TELAPREVIR (INCIVEK®) OR BOCEPREVIR (VICTRELIS®)

Idaho Medicaid evaluated the prescribing patterns of antivirals telaprevir (Incivek®) and boceprevir (Victrelis®) for the treatment of HCV genotype 1. Dispensing data was collected between May 1, 2012 and May 26, 2013.

A total of 53 patients were prescribed telaprevir (36 patients) and boceprevir (17 patients). The average age was 47 years (a range of 18 to 61 years). The completion of antiviral treatment was determined by the number of refills paid for telaprevir (FDA approved for a three-month treatment with peginterferon alfa and ribavirin with a continuation of peginterferon alfa and ribavirin). The completion of boceprevir treatment was determined by the number of paid refills, plus the continued use of peginterferon alfa and ribavirin after boceprevir was discontinued.

The failure of telaprevir was determined by paid refills less than three months. The failure of boceprevir was determined by the discontinuation of paid refills for peginterferon alfa, ribavirin, and boceprevir before 28 weeks of treatment.

The total payment for telaprevir was \$1,613,601 and for boceprevir was \$355,187 for the study period.

Although telaprevir should be prescribed for only three months of HCV treatment, there were two patients with more than three paid claims for an additional \$54,000 payment from Medicaid.

Letters were sent to prescribers for additional information, including HCV viral counts, HCV genotype, baseline laboratory values, follow-up laboratory values while on telaprevir or boceprevir, documentation/chart notes of follow-up treatment, and failure/response to treatment. This data will be presented at the October 2013 DUR meeting.

