



UTAH STATE MEDICAID DUR
COMMITTEE
THE AMBER SHEET



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Dr. Lowry Bushnell DUR Board Chairman

Editors: RaeDell Ashley, R.Ph., Duane Parke, R.Ph. An "unofficial" publication of the State Medicaid DUR Board

Restrictive Long Acting Narcotic Policy Scheduled To Start January 1, 2004 - Computer support for the new policy has been completed and is effective for long acting narcotics and Actiq beginning January 1, 2004. The policy is the same for all three Medicaid programs including Tradition Medicaid, Non-Traditional Medicaid, and the Primary Care Network. The policy is as follows:

For clients requiring long acting narcotic formulations for malignant neoplasms, carcinoma in situ, or neoplasms of unspecified nature, an override **may be gained by the physician simply by writing an appropriate 4 digit ICD.9 code on the prescription.** The pharmacist must enter that code into the diagnoses field. This constitutes an electronic prior approval. The program is programmed not to allow simultaneous use of morphine long acting, Duragesic©, OxyContin.

Actiq© (fentanyl citrate) lozenge will be covered only for diagnoses of malignant neoplasms, carcinoma in situ, or neoplasms of unspecified nature. An absolute cumulative limit of 120 units per any 30 days is maximum amount covered. Prescribers must write the appropriate ICD.9 Code (first four digits) on the prescription.

For **CHRONIC NON-MALIGNANT PAIN**, the DUR Board has set a cumulative limit of 90 capsules/tablets per any 30 day period for long acting morphine dosages or OxyContin. Methadone is limited to 150 tablets per 30 days. The limit for Duragesic up to and including 75mcg is 15 patches per any 30 day period. Duragesic 100mg patches are not covered for non-malignant chronic pain. Physicians may petition the DUR Board for a patient specific override exceeding these guidelines. Petitions should be FAXed to Duane Parke @ FAX 538-6099. The DUR Board meets every 2nd Thursday at 7:00 A.M. to 8:00 A.M. in room 125 of the Dept. of Health Cannon building.

Short acting formulations of morphine and oxycodone

are not affected by this policy. oxycodone/acetaminophen, hydrocodone/acetaminophen and codeine/acetaminophen combinations still are limited to 180 tablets per 30 days due to the liver toxicity of acetaminophen.

Last year Medicaid spent over nine million dollars for analgesics. Most of these analgesics are very inexpensive. However, select long acting narcotics and Actiq are simply too expensive for unrestricted use. FYI, the following are Medicaid prices for those targeted agents. Medicaid takes a 15% discount off the AWP (average wholesale price), so for citizens without insurance add back 15%. In general, generic morphine SA and methadone are the best buy.

Ultra Short Acting Narcotic

drug	strength	cost/dose
Actiq	200mcg	\$ 7.05
Actiq	400mcg	\$ 9.00
Actiq	600mcg	\$ 9.96
Actiq	800mcg	\$ 13.03
Actiq	1200mcg	\$ 16.95

Long Acting Narcotics

Duragesic 72hr ptch	25mcg	\$ 12.87
Duragesic 72hr ptch	50mcg	\$ 22.67
Duragesic 72hr ptch	75mcg	\$ 34.59
Duragesic 72hr ptch	100mcg	\$ 45.90
Avinza* 12hr cap	30mg	\$ 2.11
Avinza 12hr cap	60mg	\$ 4.05
Avinza 12hr cap	90mg	\$ 6.15
Avinza 12hr cap	120mg	\$ 7.18
Kadian* 24hr cap	20mg	\$ 1.85
Kadian 24hr cap	30mg	\$ 1.85
Kadian 24hr cap	50mg	\$ 3.52
Kadian 24hr cap	60mg	\$ 3.52
Kadian 24hr cap	100mg	\$ 6.11
morphine SA 12 hr tab	15mg	\$ 0.76
morphine SA 12hr tab	30mg	\$ 1.44
morphine SA 12hr tab	60mg	\$ 2.82
morphine SA 12hr tab	100mg	\$ 4.17
morphine SA 12hr tab	200mg	\$ 7.64

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Long Acting Narcotics Continued...

MS Contin* 12hr tab	15mg	\$ 0.85
MS Contin 12hr tab	30mg	\$ 1.61
MS Contin 12hr tab	60mg	\$ 3.14
MS Contin 12hr tab	100mg	\$ 4.65
MS Contin 12hr tab	200mg	\$ 8.61
OxyContin 12hr tab	10mg	\$ 1.34
OxyContin 12hr tab	20mg	\$ 2.34
OxyContin 12hr tab	40mg	\$ 4.15
OxyContin 12hr tab	80mg	\$ 7.80
Oxycontin 12hr tab	160mg	\$ 15.65
methadone tab	10mg	\$ 0.13

*note! Kadian, Avinza and MS Contin are brand names for long acting morphine formulations.

NOTICE TO PHARMACY PROVIDERS - Medicaid will no longer accept your claims in the POS 3.2/3C Version. Claims submitted that are not in the current POS 5.1 Version, will be denied back to the provider. If you are a pharmacy that has not upgraded you will begin to receive the denial message on January 1, 2004. *****

GLUCOMETERS

Free Medicaid Glucometer Program changes: Pharmacists, the contact person and phone numbers for obtaining glucometers from Roche Diagnostics has changed. Greg Deamer is the contact person @ 1-800-845-7355 Ext. 5155. Stephanie Skaggs remains the back-up contact person @ 1-800-845-7355 Ext. 5208.

Remember to leave your name, phone number and address if you get the answering service.

The following Triaminic OTC formulations are open:

Drug NDC

Triaminic Nite Time	00043054804
	00043054808
Triaminic Sore Throat	00043055504
	00043055508
Triaminic AM Cough/Decon.	00043055804
Triaminic drops, decon.	00043060505

PHARMACISTS - BILLING LOVENOX

The feds have mandated that all Lovenox syringes be billed as a unit of one; one unit/syringe. Aventis has recently released a multidose 3 ml vial. You must bill this vial by the ml. Remember that Medicaid can accept decimals for a quantity such as 1.8. The new MDV packaging is outside of federal rebate directives, but necessity demands billing by the ml. All NDC's for the MDV packaging have been directed to accept milliliters.

