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# Oklahoma Health Care Authority

## *DUR* Newsletter

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### Drug Utilization Review for Oklahoma Medicaid

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#### Pharmacotherapy Management Program

Clients enrolled in ADvantage, Community, and In-Home Support waivers who require more than three (3) brand name prescriptions or more than thirteen (13) total prescriptions per month can now receive prior authorization for coverage of additional medically necessary prescriptions. These prior authorizations will be made available through the Pharmacotherapy Management Program administered by Pharmacy Management Consultants at the University of Oklahoma College of Pharmacy. The mission of the Pharmacotherapy Management Program is to assist health care providers in optimizing safe and effective pharmacotherapy for Medicaid clients by minimizing adverse drug events and improving clinical outcomes.

Upon receipt of a request for prior authorization and the necessary supporting documentation, a clinical pharmacist will perform an analysis of the client's medical conditions and complete medication profile in order to identify major drug-drug and drug-disease interactions, over utilization, unnecessary duplications, and potential opportunities to modify the current medication profile to maximize the client's pharmacy benefit. Because this clinical review will include all the known prescribed medica-



tions for the client, medication therapies could be identified of which other providers are unaware, resulting in recommendations that one or more medication therapies be revised or discontinued. Prescribing providers will receive a letter outlining the results of the review and any recommendations for consideration. Unlike the RetroDUR letters, prescribers are not required to respond to the recommendation letter.

For more information, or to obtain the Pharmacotherapy Management Program specific referral and prior authorization forms, please contact the Oklahoma Medicaid Pharmacy Help Desk at (405) 271-6349 or (800) 831-8921. Completed forms should be faxed to (405) 271-2615 or (866) 802-4384.

#### Early Refill Overrides

To obtain an override for Early Refill/Refill-Too-Soon denial code, the dispensing pharmacy should complete a *Statement of Medical Necessity for Early Refill Override* form. Please fax completed forms to Pharmacy Management Consults at (405) 271-4014 or (800) 224-4014. Requests will be reviewed by a clinical pharmacist and responses will be sent within 24 hours of receipt. For more information, or to obtain override request forms, please contact the Oklahoma Medicaid Pharmacy Help Desk.

## Prior Authorization Update

### The following drugs will require prior authorization as of June 7, 2004:

- Paroxetine (for use in children under 18)
- Fluoxetine tablets (all strengths) and 40mg caps
- Prozac Weekly
- Forteo

### Anti-Ulcer Medications

- Prilosec OTC and omeprazole (generic prescription product) are covered and do not require prior authorization.
- Prilosec (brand name prescription product) remains a Tier 2 medication and requires prior authorization.
- Effective June 7<sup>th</sup>, 2004: Authorizations for proton pump inhibitors (Aciphex, Nexium, Prevacid, Protonix) will not be renewed unless the client has had a trial of Prilosec OTC or generic omeprazole.
- Generic versions of H2 blockers continue to be covered without prior authorization.

### Antihistamines

#### Clients Under Age 21

- Loratidine OTC is covered and does not require prior authorization.
- Prior authorization of prescription antihistamines requires a documented 14-day trial of loratidine OTC within the last 30 days.

#### Clients Age 21 and above

- Prior authorization of loratidine OTC requires a documented 14-day trial of another OTC antihistamine within the last 30 days.
- Prior authorization of prescription antihistamines requires a documented 14-day trial of loratidine OTC (covered with PA) within the last 30 days and a documented 14-day trial of another OTC antihistamine.

### Stimulant / ADHD Medications

- The maximum covered dose for stimulants / ADHD medications is 1.5 times the FDA recommended maximum dose. Dosing in excess of 1.5 times the FDA recommended maximum will not be authorized.
- Concurrent use of Strattera and traditional stimulants will not be approved except for an eight week period to allow for cross-tapering.
- Methylphenidate SR and methylphenidate ER are longer-acting agents available without prior authorization for clients under age 21.

### Anti-Hypertensive Medications

- Benazepril (Lotensin), benazepril with hydrochlorothiazide (Lotensin HCT), isradipine (Dynacirc CR), and moexipril (Univasc) have been moved from Tier-2 to Tier-1 and no longer require prior authorization.
- Prior authorization of amlodipine besylate with atorvastatin (Caduet) requires a documented trial of a Tier-1 Calcium Channel Blocker. Diagnoses consistent with FDA approved indications for both of the component medications (amlodipine besylate and atorvastatin) are required for authorization.

### Anxiolytic / Hypnotic Medications

- Anxiolytic / hypnotic medications require prior authorization if the client's history reflects 90 days or more of prior therapy with any anxiolytic / hypnotic medication(s) within the past 365 days.
- Anxiolytic / hypnotic medications cannot be authorized for combined dosing in excess of four times daily.
- Prior authorization of anxiolytic / hypnotic medications requires that the medication be prescribed for an FDA approved indication.
- Length of prior authorization varies based on the client's diagnosis.

### Quantity Limit Changes

New quantity limitations on selected medications began in April 2004. The first category of drugs to be affected was the anti-infective agents. Additional therapeutic categories are scheduled to be added by June 1, 2004. Other affected categories will include anti-migraine medications, bisphosphonates, anti-emetics, asthma medications, nasal inhalers, and topical medications. A detailed list of affected products and scheduled implementation dates is available online at: [www.ohca.state.ok.us/provider/pharmacy/billing/limits.htm](http://www.ohca.state.ok.us/provider/pharmacy/billing/limits.htm)

Quantity limit overrides can be authorized in certain circumstances. In order to request an override, the dispensing pharmacy and prescribing physician should complete a *Statement of Medical Necessity for Quantity Limit Override* form. Completed forms should be faxed to Pharmacy Management Consultants at The University of Oklahoma College of Pharmacy at (405) 271-4014 or (800) 224-4014. Requests will be reviewed by a clinical pharmacist and responses will be sent within 24 hours of re-

ceipt. For more information, or to obtain override request forms, please contact the Oklahoma Medicaid Pharmacy Help Desk.

### Helpful Hints

- In order to refer a client to the Pharmacotherapy Management Program, please complete the following Pharmacotherapy Management specific forms:
  - ✓ *Client Referral Form*
  - ✓ *Client Information Request Form,*
  - ✓ *Prior Authorization Request Form.*

Authorization cannot be granted until all forms have been received and are complete. Pharmacotherapy Management forms may be completed by the client's pharmacy and / or physician. To request referral forms, please contact the Medicaid Pharmacy Help Desk.

- In order to request assignment of a Medicaid prescriber number for a physician who does not have one, the Pharmacy Help Desk will require the following information:
  - ✓ Physician's full name
  - ✓ Physician's degree type (MD, DO, DDS, PA, etc.)
  - ✓ Physician's state license number (not the DEA number)
- When completing petitions for prior authorization, please document medication names, dates, and dosing of prior trials.
- Please complete a new prior authorization form for each request. Photocopies of previous petitions are not accepted.
- Prior authorization requests for Schedule II medications must be signed by the prescribing physician.
- Early Refill / Refill-too-Soon overrides cannot be authorized if the patient has reached his / her six prescription limit for the month.
- If you have not signed into OHCA's secure provider website, you are encouraged to do so. The secure provider

website is located at

[www.OHCAprovider.com](http://www.OHCAprovider.com)

For more information, or for questions about the website, please call OHCA customer service at (405) 522-6205 or (800) 522-0114.

### Medicaid Pharmacy Help Desk Contact Numbers

#### **Pharmacies call:**

State Wide (toll-free) (800) 831-8921

OKC Metro area (405) 271-6349

Note: For faster service, please choose the correct telephone menu option when calling the pharmacy help desk:

Option 1—Medicaid clients

Option 2—Pharmacy personnel

Option 3—Physicians

#### **Physicians call:**

State Wide (toll-free) (877) 269-2728

OKC Metro (405) 271-9048

**OHCA Website**  
[www.ohca.state.ok.us](http://www.ohca.state.ok.us)

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