

---

---

# Oklahoma Health Care Authority



## Newsletter

Kelly Flannigan, DPh, Editor  
Nancy Nesser, DPh, JD  
Contributing Author  
OU College of Pharmacy

Michael Fogarty, CEO  
Lynn Mitchell, MD, MPH, Medical Director  
Nancy Nesser, DPh, JD, Pharmacy Director

---

Volume 9 Issue 1

Fall 2003

---

## Drug Utilization Review for Oklahoma Medicaid

### Pharmacy Benefit Changes

Welcome to all new Medicaid Fee for Service and Sooner Care Choice providers. To assist with the transition from the HMO plans, this article will provide an overview of the Medicaid Fee for Service pharmacy benefit. This benefit now applies to all Medicaid clients, whether they are members of Sooner Care Choice or fee for service Medicaid.

Adults - Adults have coverage for up to six (6) prescriptions each month beginning 1-1-04. From those 6 prescriptions, there is a limit of three (3) brand name products. Adults in the Home and Community Based Waiver programs such as the Advantage or DDSD waivers are eligible to receive an additional seven (7) generic prescriptions each month. Waiver patients who require more than 3 brand name drugs and/or more than a total of 13 drugs may petition for coverage of additional medications through the Pharmacotherapy Management Program.

Certain medications do not count against the prescription limit including anti-retrovirals used to treat HIV/AIDS, anti-neoplastic chemotherapeutic agents, drugs for which frequent laboratory testing must be performed, and both prescription and non-prescription contraceptives.

Children - Children under 21 years of age have unlimited prescription coverage.

Long Term Care - Patients in long term care facilities are covered for all medically necessary prescriptions.

Drugs not covered - Fertility agents, hair growth or cosmetic agents, cough and cold products, vita-



mins and minerals, weight loss or appetite suppressants, weight gain or anabolic steroids, food supplements, experimental drugs, and most over the counter medicines.

Medications with Unique Coverage - Smoking cessation agents are covered for 90 days without a prior authorization. This includes nicotine replacement products and Zyban. After 90 days, proof of enrollment in a behavior modification program is required for prior authorization.

Claritin-OTC and generic preparations containing only loratadine are covered without prior

authorization for children under 21 years old and with prior authorization for adults. Other antihistamine-only products (no decongestant combinations) are covered with prior authorization for adults and children.

Prenatal vitamins are covered for pregnant women up to age 50. Fluoride preparations are covered for persons under 16 years old or pregnant. Calcifediol/calciferol are covered when used to treat end stage renal disease.

### Prilosec OTC and Changes to the Anti-Ulcer Medications

Prilosec OTC IS COVERED for clients and does NOT require prior authorization. Beginning February 1, 2004, Prilosec OTC will be the only Tier 1 drug in the anti-ulcer category. This means that a trial with Prilosec OTC will be required for all patients starting Proton Pump Inhibitor therapy. Current users of Nexium, Protonix, Aciphex, and Prevacid will be allowed to continue with those drugs with prior authorization. A chart showing all Tiered Categories is found on pages 2-3.

<b>NSAIDS</b>	
<b>Tier 1 - No PA Required</b>	<b>Tier 2 - PA Requires Trial with 2 Tier-1 NSAIDs or Clinical Exception</b>
diclofenac, diclofenac salts	Arthrotec and generic equivalents
etodolac	Bextra (valdecoxib)
fenoprofen	Celebrex (celecoxib)
flurbiprofen	indomethacin
ibuprofen	Mobic (meloxicam)
ketoprofen	Naprelan and generic equivalents
meclofenamate	piroxicam
mefanamic acid	Vioxx (rofecoxib)
nabumetone	
naproxen, naproxen salts	
oxaprozin	
sulindac	
tolmentin	
<b>Anti-Ulcer Medications</b>	
<b>Tier 1 - No PA Required</b>	<b>Tier 2 - Requires PA</b>
OTC Prilosec	Aciphex (rabeprazole)
	Nexium (esomeprazole)
	omeprazole Rx
	Prevacid (lansoprazole)
	Protonix (prantoprazole)
	rantidine capsules and effervescent dose forms
<b>ACE/CCB Combinations</b>	
<b>Tier 1 - No PA Required</b>	<b>Tier 2 - Requires PA</b>
	Lexxel (enalapril/felodipine)
	Lotrel (benazepril/amlodipine)
	Tarka (trandolapril/verapamil)
<b>ACE/HCTZ Combinations</b>	
<b>Tier 1 - No PA Required</b>	<b>Tier 2 - Requires PA</b>
captopril/HCTZ	Accuretic (quinapril/HCTZ)
enalapril/HCTZ	Lotensin HCT (benazepril/HCTZ)
lisinopril/HCTZ	Monopril HCT (fosinopril/HCTZ)
	Uniretic (moexipril/HCTZ)

<b>Calcium Channel Blockers - CCB Medications</b>	
<b>Tier 1 - No PA Required</b>	<b>Tier 2 - Requires PA</b>
diltiazem products (except for those listed as tier-2)	Cardene SR (nicardipine)
nifedipine products	Cardizem LA (diltiazem)
nicardipine	Covera HS (verapamil)
verapamil (except for those listed as tier-2)	Dynacirc, Dynacirc CR (isradipine)
	Nimotop (nimodipine)
	Norvasc (amlodipine)
	Plendil (felodipine)
	Sular (nisoldipine)
	Tiazac (diltiazem)
	Vascor (bepridil)
	Verelan PM (verapamil)
<b>Angiotensin Converting Enzyme (ACE) Inhibitors</b>	
<b>Tier 1 - No PA Required</b>	<b>Tier 2 - Requires PA</b>
captopril	Accupril (quinapril)
enalapril	Aceon (perindopril)
lisinopril	Altace (ramipril)
	Lotensin (benazepril)
	Mavik (trandolapril)
	Monopril (fosinopril)
	Univasc (moexipril)
<b>Stimulant/ADHD Medications</b>	
<b>Tier 1 - No PA Required</b>	<b>Tier 2 - Requires PA</b>
<b>Children up to 21 years of age</b>	
amphetamine salt combo	Adderall XR (amphetamine salt combo)
dextroamphetamine	Concerta (methylphenidate)
methylphenidate	Desoxyn (methamphetamine)
methylphenidate SR	Focalin (dexmethylphenidate)
methylphenidate ER	Metadate CD (methylphenidate)
	pemoline
	Ritalin LA (methylphenidate)
	Strattera (atomoxetine)
<b>Adults 21 years of age and older</b>	
	all stimulants
	Strattera (atomoxetine)

### Helpful Hints

To assist you in having your petitions reviewed and processed more quickly, here are some suggestions.

- Your pharmacy provider number should be exactly 9 digits long plus an alpha character.
- Make sure the provider number you use is your **pharmacy** provider number and NOT your **DME** provider number.
- All numbers should completely fill the boxes provided, i.e. UCI, NDC and provider prescriber number.
- Writing the numbers and letters clearly and legibly within the boxes provided will help ensure a timely process.
- If your pharmacy uses a typed script to fill our petitions, please use a large font to ensure legibility.
- Any and all separate pages sent with a petition (i.e. copy of prescription, letter from the doctor, additional information), should include the recipient's 9 digit UCI number so it can be correlated with the correct petition.
- Please allow 24 hours before calling to check the status of a petition. Do not resend the petition unless you have confirmed that it has not been received. Duplicate petitions delay processing.
- Take advantage of the section at the top of each petition indicating the reason for authorization request, especially if it is a dosage change or change in pharmacy in which an old authorization number needs to be discontinued. The most current version of the PA petition can be downloaded from the

OHCA website.

- If you are unsure whether a drug requires prior authorization, please call the Pharmacy Help Desk at the number listed below.
- Prescriber Numbers can now be found on the OHCA Secured Website at [www.ohca.state.ok.us](http://www.ohca.state.ok.us). This site requires a log on ID and is password protected. OHCA Customer Service can assist those needing passwords.
- The Medicaid system does not have "dummy" prescriber numbers. Each prescriber has a unique prescriber number. This number ties the prescriber to the pharmacy claim. If you require assistance obtaining a prescriber ID number, please call either the Pharmacy Help Desk at the number listed below or OHCA Provider Contracts at 405-522-6205, option 5 (toll free 1-800-522-0114, option5).

### Medicaid Pharmacy Help Desk Contact Numbers

#### Pharmacies Call

State Wide (Toll Free) 1-800-831-8921  
 OKC Metro 271-6349

#### Physicians Call

State Wide (Toll Free) 1-877-269-2728  
 OKC Metro 271-9048

Email address: [mcau@ouhsc.edu](mailto:mcau@ouhsc.edu)

#### OHCA Website

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

University of Oklahoma College of Pharmacy  
 Pharmacy Management Consultants  
 ORI-W4403  
 PO Box 26901  
 Oklahoma City, OK 73190

SPNSR-COP195-00013-00000-BY04-P/G C5002012  
 Postage ID 768

Non-Profit Org.  
 US Postage  
**PAID**  
 Oklahoma City, OK  
 Permit#220

The University of Oklahoma Health Sciences Center is an Equal Opportunity Institution



This institution in compliance with Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 503 of the Rehabilitation Act of 1973, Section 402 of the Readjustment Assistance Act of 1974, and other federal laws and regulations does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, or status as a veteran in any of its policies, practices, or procedures. This includes but is not limited to admissions, employment, financial aid, and educational services.

This publication, printed by G-1 Specialties, is issued by the Board of Regents of the University of Oklahoma as authorized by 70 Okl Stat 1981 3305(o). 10,400 copies have been prepared and distributed at a cost of \$2,047. Copies have been deposited with the University of Oklahoma Health Sciences Center Library and this publication is listed with the Publications Clearinghouse of the Oklahoma Department of Libraries February 2004.