



Changes in Proton Pump Inhibitor Prior Authorization Criteria

During the annual review of the Prior Authorization Criteria for the Proton Pump Inhibitors, the DUR Board recommended changes to the criteria for coverage which were adopted by Nebraska Medicaid. The Board and Nebraska Medicaid recognized that the most cost effective omeprazole 20mg products are no longer Prilosec® OTC tablets, but the generic equivalent to the prescription-only Prilosec® capsules. It is estimated that this change will lower the net drug cost for Nebraska Medicaid by over \$700,000 annually. For this reason, Prilosec® OTC tablets will require prior authorization for coverage beginning on December 15, 2008. At this time, omeprazole 20mg capsules do not require prior authorization. This change applies to 20mg capsules only. Omeprazole 10mg and omeprazole 40mg capsules remain on prior authorization. Beginning January 1, 2009, Prilosec® OTC will change to Non-Covered Status and will no longer be paid for by Nebraska Medicaid for any patient.

In order to comply with pharmacy regulations, a prescription is required to dispense the omeprazole 20mg capsules to a patient currently receiving Prilosec® OTC for therapy, as the products are different salt forms of omeprazole and therefore considered different medications. Patients with Medicare Part D coverage will need to receive a prescription for a covered proton pump inhibitor under their Part D plan to ensure continued therapy due to the change in the status of Prilosec® OTC under Nebraska Medicaid.

Products such as ranitidine, famotidine, sucralfate, calcium carbonate and aluminum/magnesium hydroxide preparations will still be covered without prior authorization by prescription.

Pharmacies can request a detailed report which will list all patients who had a paid claim at their pharmacy for Prilosec® OTC in the past 30 days by contacting the Nebraska Medicaid Pharmacy Program at (402) 471-9128 or (877) 255-3092 (Select option "6" from the main menu.).

A new Prior Authorization request will be necessary for each patient when converting to a proton pump inhibitor other than generic omeprazole 20mg capsules. The updated criteria for coverage and prior authorization forms are available at www.nebraska.fhsc.com, under the "Prior Authorization" tab. Providers can print, complete and fax the form to First Health Services Corporation or register on the website to submit the required information electronically.

Medicaid Begins Tobacco Cessation Program

Beginning December 10, 2008 tobacco cessation counseling and certain drugs will be covered for Nebraska Medicaid Patients. Licensed pharmacists with approved training and physicians or mid-level practitioners will be reimbursed for up to four counseling visits during a 90 day period. Coverage will include up to two 90 day sessions during a 12 month period.

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What is a “DESI Drug” and Why Doesn’t Nebraska Medicaid Pay for It?

In 1962, Congress required drugs to be shown not only safe but effective as well. This prompted the Food and Drug Administration (FDA) to initiate a Drug Efficacy Study Implementation (DESI) to evaluate the effectiveness of those drugs which had been previously approved on the grounds of safety alone. These drugs have been allowed to be marketed until the conclusion of the administrative proceedings by the FDA evaluating their effectiveness. After the hearings, drugs designated as “DESI” drugs can only continue being marketed if the FDA has approved a New Drug Application (NDA).

The Federal government pays matching funds to state Medicaid programs for medications which are approved by the FDA. The Federal match for most drug products is 60%, leaving 40% of the cost of the drug to be paid for by the State.

Upon conclusion of the DESI administrative proceedings, a drug without a NDA would not be considered FDA-approved. The Centers for Medicare and Medicaid Services (CMS) will not pay the Federal matching funds for drugs which are not approved by the FDA, therefore the entire cost of the drug would be paid by the State.

Recently, Nebraska Medicaid was informed that all combinations of isometheptene mucate, dichloralphenazone and acetaminophen including Midrin[®], Duradrin[®] and Amidrine[®] are not FDA-approved as safe and effective. These drug products will not be covered beginning 1/1/2009 due to the lack of Federal funding. Other DESI drugs which are not covered include, but are not limited to Librax[®], Donnatal[®], Naldecon[®], Tigan[®] suppositories, Estratabs[®] and those drugs which are identical, related and similar to them.

Useful Resource for Cold & Flu Season

Medicaid providers can find the *Cough and Cold Covered Product List* on the First Health Services Corporation website at www.nebraska.fhsc.com. This list is found under the “Providers” tab. Click on “Documents” to view the complete list of products which are available to Nebraska Medicaid patients for treatment of cough and cold symptoms.

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Coverable drugs include bupropion SR, varenicline, nicotine patches and nicotine gums. A printable list of quantity limits for covered products is posted on the Drug Lookup Tool on the Nebraska Medicaid Pharmacy webpage at: <https://nebraska.fhsc.com>. Coverage will include up to two 90 day supplies during a 12 month period.

Medicaid will only reimburse pharmacies for these medications if the patient is enrolled and actively participating in the Tobacco Free Quitline. More information can be found at <http://www.hhs.state.ne.us/med/PB/index.htm>. For approval of drug therapy, the pharmacist or prescriber and the patient must complete the Fax Referral Form attached to Provider Bulletin 08-40 and fax to the Tobacco Free Quitline.

NEBRASKA DUR

DUR Director

Marcia Muetting, PharmD, RP
6221 S 58th Street, Suite A
Lincoln, Nebraska 68516
Phone (402) 420-1500
Fax (402) 420-1406
Email dur@npharm.org
Website www.durnebraska.org

Nebraska Medicaid

Health & Human Services
PO Box 95026
Lincoln, Nebraska 68509-5026
Phone (402) 471-9029
Fax (402) 471-9092
Email medicaid.pharmacy@dhhs.ne.gov
Website www.hhs.state.ne.us/med/medprog.htm