Kansas Department of Health and Environment
Division of Health Care Finance

Kansas Drug Utilization Review Newsletter

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Welcome to the summer 2011 edition of the "Kansas Drug Utilization Review Newsletter," published by Health Information Designs, Inc. (HID). This newsletter is part of a continuing effort to keep the Medicaid provider community informed of important changes in the Kansas Medical Assistance Programs (KMAP).

Helpful Web sites	Helpful Numbers		In This Issue
KMAP Web site https://www.kmap-state-ks.us/ **KDHE-DHCF Web site** http://www.kdheks.gov/hcf/	**Provider Customer Service** 1-800-933-6593 **Prior Authorization Help Desk** 1-800-285-4978	**Beneficiary Customer Service** 1-800-766-9012 **Pharmacy Help Desk** 1-866-405-5200	KMAP Pharmaceutical Pricing Changes Kansas Immunization Requirements for 2011-2012 School Year PDL Update

KMAP Pharmaceutical Pricing Changes

Pharmaceutical items covered by the Kansas Medical Assistance Programs (KMAP) are currently reimbursing at the lesser of the provider's Usual and Customary (U&C), Gross Amount Due (GAD) or the State's reimbursement methodology. The State's reimbursement methodology includes: State Maximum Allowable Cost (SMAC) and Estimated Acquisition Cost (EAC), which are predetermined by the State for each covered drug. Federal Upper Limit (FUL) rates are established by the Centers for Medicare & Medicaid Services (CMS) for various multisource products and may also be used as part of the reimbursement methodology.

Starting in September 2011, changes will occur to KMAP's EAC reimbursement calculation of pharmacy and compound claims. These changes are being made because KMAP's pharmacy data source, First DataBank (FDB), is discontinuing the publication of the Blue Book Average Wholesale Price (AWP). Currently, EAC is based on a percentage of AWP; beginning in September 2011 this will change to be based on the Wholesale Acquisition Cost (WAC) supplied by manufacturers to FDB. The new pricing formula has been designed to mimic current reimbursement rates as closely as possible.

There may be instances when WAC prices are not supplied to FDB, resulting in KMAP not having the capability to price the NDC. Claims submitted with NDCs that do not carry a WAC price will be denied if there is not an active SMAC or FUL available. In these cases the manufacturer should be contacted to request the WAC price be provided to FDB.

It is important for providers to know, these KMAP adjustments will not require pharmacy providers to modify their current claim submission process in response to these changes.

The following table shows the current pricing formula and the new pricing formula that will go into effect in September 2011.

KMAP Pharmaceutical Pricing Formula

Product Type	Current Pricing Formula	Pricing Formula Effective September 2011
Single Source	AWP - 13%	WAC + 4.6%
Multi-source	AWP - 27%	WAC - 8.6%

Single Source drugs are those that are available from one source (manufacturer), i.e. a branded product with no generic available.

Multi-Source drugs are those that are available from more than one source, i.e. a generic product that is available from multi manufacturers.

The pharmacy price adjustment form is available online to submit pricing reimbursement issues.

http://www.kdheks.gov/hcf/pharmacy/download/PharmacyPriceAdjustmentRequestForm.pdf

This form should only be used when a pharmacy is being reimbursed below their cost for a medication not related to the 'Dispense as Written' prior authorization. Requests for brand reimbursement (DAW) on generically-available products require completion of a MedWatch form.

Kansas Immunization Requirements for 2011-2012 School Year

As the school year is fast approaching, now is the time to make sure school age patients are up to date on all required vaccinations. The Kansas immunization requirements are based upon the Advisory Committee for Immunization Practices (ACIP) schedules which can be found on the Centers for Disease Control (CDC) Web site at http://www.cdc.gov/vaccines/pubs/ACIP-list.htm. The table below shows all the required vaccinations for children through Grade 11.

Kansas Immunization Requirements for Grades K-11 for 2011-2012 school year
Based on age of child as of September 1 of current school year

Ages 0-4		Ages 5-6	Ages 7 and older
(Recommended Schedule)		**DTaP**: 5 doses • 4 week minimum interval between first 3 doses; 6 month interval between dose 3 and dose 4. • 4 doses acceptable if dose 4 is given on or after 4th birthday. • If dose 4 is administered before 4th birthday, 5th dose must be given at 4-6 years of age. • 6 dose limit regardless of schedule.	**Tdap/Td**: 3 doses if DTaP series not completed previously. • 4 week minimum interval between dose 1 and dose 2. • 1 of the 3 doses should be Tdap. • 6 month interval between dose 2 and dose 3. • Single dose of Tdap required for grades 7-9. • Tdap required for grades 10-12 if more than 10 years since previous DTaP.
Birth	Hepatitis B		
2 Months	DTaP/DT Polio Hepatitis B HIB PCV Rotavirus	**Polio**: 4 doses • 4 week minimum interval between first 3 doses; 6 month interval between dose 3 and dose 4. • 1 dose required after 4th birthday regardless of the number of previous doses.	**Polio**: All IPV or OPV Schedule • 4 doses - 4 week minimum interval between doses, regardless of age given. • 3 doses - 4 week minimum interval between each dose, with 1 dose given on or after the 4th birthday.
4 Months	DTaP/DT Polio HIB PCV Rotavirus	**MMR**: 2 doses • First dose on or after the 1st birthday. • 4 week minimum interval between doses.	**MMR**: 2 doses • First dose on or after the 1st birthday. • 4 week minimum interval between doses.
6 Months	DTaP/DT Polio Hepatitis B HIB PCV Rotavirus	**Varicella**: 2 doses for Grade K-2 • First dose on or after the 1st birthday. • 4 week minimum interval between doses. • No vaccination required if prior varicella disease verified by physician. • Two doses are recommended for all children.	**Varicella**: 2 doses for Grade 7 and 1 dose for Grades 3-6 and Grades 8-11 • First dose on or after the 1st birthday. • 4 week minimum interval between doses. • None required if prior varicella disease verified by physician. • Two doses are recommended for all children.
12-15 Months	DTaP/DT MMR Varicella HIB PDV Hepatitis A	**Hepatitis B**: 3 doses for Grades K-11 • 4 week minimum interval between dose 1 and dose 2. • 8 week minimum interval between dose 2 and dose 3. • 16 week minimum interval between dose 1 and dose 3. • Dose 3 must be given after 24 weeks of age.	**Hepatitis B**: 3 doses required through Grade 11 • 4 week minimum interval between dose 1 and dose 2. • 8 week minimum interval between dose 2 and dose 3. • 16 week minimum interval between dose 1 and dose 3. • Dose 3 must be given after 24 weeks of age.

- Vaccine doses given up to 4 days before the minimum interval or age may be considered valid.
- With the exception of Hepatitis B vaccine, immunizations given before 6 weeks of age are not considered valid.
- Half doses or reduced doses of vaccine are not considered valid.

Table adapted from Kansas Certificate of Immunizations (KCI) which can be found at http://www.kdheks.gov/immunize/download/KCI_Form.pdf

More information about the Kansas Immunization requirements can be found on the Kansas Department of Health and Environment - Bureau of Disease Control and Prevention Web site at http://www.kdheks.gov/immunize/.

Preferred Drug List

Below is a list of current preferred agents. A complete list of both preferred and non-preferred agents may be found on the KDHE-DHCF Web site. The Preferred Drug List may be updated at any time; please visit the KDHE-DHCF Web site for the most recent version.
http://www.kdheks.gov/hcf/healthwave/download/PDLList.pdf

Allergy Agents

Non-Sedating Antihistamines
Claritin® (loratadine)
Zyrtec® (cetirizine)

Analgesics

Long-Acting Opioids
Morphine Sulfate ER
-Generics Only
OxyContin® (oxycodone SR)

Muscle Relaxants (Skeletal)
Flexeril 10mg® (cyclobenzaprine)
Parafon Forte DSC® (chlorzoxazone)
Robaxin® (methocarbamol)
Robaxin-750® (methocarbamol)
Robaxisal® (methocarbamol/aspirin)

Muscle Relaxants (Spasticity)
Lioresal® (baclofen)
Zanaflex® (tizanidine)
-Tablets Only

Oral NSAIDs
Advil® (ibuprofen)
Aleve® (naproxen)
Anaprox® (naproxen sodium)
Anaprox DS® (naproxen sodium)
Ansaid® (flurbiprofen)
Arthrotec® (diclofenac/misoprostol)
Cataflam® (diclofenac potassium)
Clinoril® (sulindac)
Daypro® (oxaprozin)
EC-Naprosyn® (naproxen)
Indocin® (indomethacin)
Lodine® (etodolac)
Meclomen® (meclofenamate)
Mobic® (meloxicam)
Motrin® (ibuprofen)
Motrin IB® (ibuprofen)
Nalfon® (fenoprofen)
Naprelan® (naproxen sodium)
Naprosyn® (naproxen)
Orudis® (ketoprofen)
Orudis KT® (ketoprofen)
Oruvail® (ketoprofen)
Ponstel® (mefenamic acid)
Toradol® (ketorolac)
-Limit 5 Day Supply
Tolectin DS® (tolmetin)
Tolectin 600® (tolmetin)
Voltaren® (diclofenac sodium)
Voltaren XR® (diclofenac sodium)

Topical NSAIDs
Voltaren® (diclofenac sodium, topical)

Triptans
Amerge® (naratriptan)
Imitrex® (sumatriptan)
Maxalt® (rizatriptan)
Relpax® (eletriptan)

Antihyperlipidemics

Fibric Acid Derivatives
Lopid® (gemfibrozil)
TriCor® (fenofibrate)

Statins
Lipitor® (atorvastatin)
Zocor® (Simvastatin)

Anti-Infectives

Anti-Herpes Virus Agents
Valtrex® (valacyclovir)
Zovirax® (acyclovir)
-Oral Dosage Forms Only

Biologic Agents

Crohn's Disease
*Clinical PA may be required
Humira® (adalimumab)
Remicade® (infliximab)

Biologic Agents

Adult Rheumatoid Arthritis
*Clinical PA may be required
Enbrel® (etanercept)
Humira® (adalimumab)

Ankylosing Spondylitis
*Clinical PA may be required
Enbrel® (etanercept)
Humira® (adalimumab)
Remicade® (infliximab)

Juvenile Idiopathic Arthritis
*Clinical PA may be required
Enbrel® (etanercept)
Humira® (adalimumab)
Orencia® (abatacept)

Plaque Psoriasis
*Clinical PA may be required
Enbrel® (etanercept)
Humira® (adalimumab)
Remicade® (infliximab)

Psoriatic Arthritis
*Clinical PA may be required
Enbrel® (etanercept)
Humira® (adalimumab)
Remicade® (infliximab)

Ulcerative Colitis
*Clinical PA may be required
Remicade® (infliximab)

Cardiovascular Agents

ACE Inhibitors
Accupril® (quinapril)
Capoten® (captopril)
Lotensin® (benazepril)
Monopril® (fosinopril)
Prinivil® (lisinopril)
Vasotec® (enalapril)
Zestril® (lisinopril)

ARBs
Avapro® (irbesartan)
Avalide® (irbesartan/HCTZ)
Cozaar® (losartan/HCTZ)
Diovan® (valsartan)
Diovan HCT® (valsartan/HCTZ)
Hyzaar® (losartan)
Micardis® (telmisartan)
Micardis HCT® (telmisartan/HCTZ)

Beta-Blockers
Betapace® (sotalol)
Betapace AF® (sotalol AF)
Blocadren® (timolol)
Corgard® (nadolol)
Coreg® (carvedilol)
Coreg CR® (carvedilol CR)
Inderal® (propranolol)
InnoPran XL® (propranolol XL)
Kerlone® (betaxolol)
Lopressor® (metoprolol tartrate)
Propranolol Intensol® (propranolol)
Sectral® (acebutolol)
Tenormin® (atenolol)
Toprol XL® (metoprolol succinate)
Visken® (pindolol)

CCBs (Dihydropyridines)
Adalat CC® (nifedipine ER)
Cardene® (nicardipine IR)
DynaCirc® (isradipine IR)
DynaCirc CR® (isradipine CR)
Norvasc® (amlodipine)
Procardia XL® (nifedipine ER)

ACE Inhibitor/CCB Combos
Lotrel® (benazepril/amlodipine)

ARB/CCB Combos
Exforge® (amlodipine/valsartan)

Cardiovascular Agents

CCBs (Non-Dihydropyridines)
Calan® (verapamil IR)
Calan SR® (verapamil SR)
Cardizem® (diltiazem IR)
Covera HS® (verapamil ER)
-Brand Name Only
Diltia XT® (diltiazem SR)
-& AB Rated Generics
Isoptin SR® (verapamil SR)
Tiazac® (diltiazem)
-& AB Rated Generics
Verelan® (verapamil SR)

Central Nervous System

Adjunct Antiepileptics
Keppra® (levetiracetam)
Lyrica® (pregabalin)
Neurontin® (gabapentin)
Zonegran® (zonisamide)

Non-Benzo Sedative Hypnotics
Zolpidem
-Generics Only

Novel Sleep Agents
Rozerem® (ramelteon)

Diabetic Agents

Alphaglucosidase Inhibitors
Glyset® (miglitol)

Biguanides
Glucophage® (metformin)
Metformin ER
-Generics Only

DPP-4 Inhibitors
Januvia® (sitagliptan)
Onglyza® (saxagliptan)

Meglitinides
Starlix® (nateglinide)

Insulin (Delivery Systems)
All Multi-dose vials

Long-Acting Insulins
Lantus® (insulin glargine)
-Vials Only

2nd Generation Sulfonylureas
Amaryl® (glimepiride)
DiaBeta® (glyburide)
Glucotrol® (glipizide)
Glucotrol XL® (glipizide XL)
Glucovance® (glyburide/metformin)
Glynase PresTab® (glyburide micronized)
Micronase® (glyburide)

Thiazolidinediones
Actos® (pioglitazone)
ACTOplus Met® (pioglitazone/metformin)
Avandamet® (rosiglitazone/metformin)
Avandaryl® (rosiglitazone/glimepiride)
Avandia® (rosiglitazone)
Duetact® (pioglitazone/glimepiride)

Gastrointestinal Agents

Serotonin 5HT3 Antagonists
Zofran® (ondansetron)
Zofran ODT® (ondansetron)

Pancreatic Enzyme Replacements
Creon® (pancrelipase)
Zenpep® (pancrelipase)

Proton Pump Inhibitors
Dexilant® (dexlansoprazole)
Prevacid® (lansoprazole)
Prevacid SoluTab® (lansoprazole)
Prilosec® (omeprazole)

Gastrointestinal Agents

H_2 Antagonists
Pepcid® (famotidine)
Zantac® (ranitidine)

Gout Agents

Xanthine Oxidase Inhibitors
Zyloprim® (allopurinol)

Injectables

Erythropoiesis Stimulating Agents
Procrit® (epoetin alfa)

Growth Hormones
*Clinical PA is required for all agents
Genotropin® (somatropin)
Genotropin MiniQuick® (somatropin)
Saizen® (somatropin)
Tev-Tropin® (somatropin)

Nasal Agents

Intranasal Antihistamines
Astelin® (azelastine)

Intranasal Corticosteroids
Flonase® (fluticasone)
Nasonex® (mometasone)
Veramyst® (fluticasone)

Ophthalmic Agents

Ophthalmic Antihistamine/Mast Cell Stabilizer Combos
Zaditor® (ketotifen)

Ophthalmic Prostaglandin Analogs
Travatan® (travoprost)
Travatan Z® (travoprost)
Xalatan® (latanoprost)

Ophthalmic NSAIDs
Acular® (ketorolac)
Acuvail® (ketorolac)
Ocufen® (flurbiprofen)
Voltaren® (diclofenac)

Osteoporosis Agents

Bisphosphonates
Fosamax® (alendronate)
Fosamax Plus D® (alendronate/cholecalciferol)

Respiratory

Inhaled Corticosteroids
Flovent® (fluticasone)
Pulmicort Respules® (budesonide)
-6 & Under Only
QVAR® (beclomethasone)

Inhaled Long Acting Inhaled Beta$_2$ Agonists
Foradil® (formoterol)
Serevent® (salmeterol)

Inhaled Long Acting Inhaled Beta$_2$ Agonists/Corticosteroid Combos
Advair® (fluticasone/salmeterol)
Dulera® (formoterol/mometasone)
Symbicort® (budesonide/formoterol)

Inhaled Short Acting Inhaled Beta$_2$ Agonists
ProAir HFA® (albuterol)
Proventil® (albuterol)
Ventolin® (albuterol)
Ventolin HFA® (albuterol)

Urologic Agents

Anticholinergics
Detrol® (tolterodine)
Detrol LA® (tolterodine LA)
Ditropan® (oxybutynin)
Ditropan XL® (oxybutynin XL)
Toviaz® (fesoterodine)
Vesicare® (solifenacin)

This list was updated on **06/12/11**. Please visit the KDHE-DHCF Web site for the most current version.

Health Information Designs, Inc. (HID) was founded in 1976 with a mission to provide drug utilization review (DUR) services for state Medicaid agencies. In 1997, HID was acquired by HDI Solutions and subsequently has experienced strong and steady growth as a premium healthcare and pharmacy support services provider.

Currently, HID works with government agencies in 27 states, including Medicaid agencies and Boards of Pharmacy. HID's efforts in these states monitor, manage or administer more than one-third of the nation's Medicaid budget. The work performed by HID has a daily impact on the healthcare of more than 66 million Americans.

HID currently lists among our clients 17 state Medicaid programs, 14 state health department programs, and several commercial pharmacy benefit management (PBM) organizations. To serve this geographically-widespread client base, in addition to our home offices in Auburn, Alabama, we have staff in Arkansas, Connecticut, Kansas, Maryland, Mississippi, Texas and Wisconsin.

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