## **MEDICAID INFORMATION RELEASE 2005-11**

**TO:** Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and Long-Term Care

**Facilities** 

**FROM:** Randy May, Deputy Administrator

SUBJECT: REPLACEMENT OF INFORMATION RELEASES 2004-14 & 2004-22:

**New Preferred Agents for Proton Pump Inhibitor and Triptan Drug Classes** 

Idaho Medicaid is designating new preferred agents for the Proton Pump Inhibitor (PPI) and Triptan therapeutic classes as part of the Enhanced Prior Authorization Program. The Enhanced Prior Authorization Program (EPAP) is designed to provide Medicaid participants the most effective drug at the right price. **Beginning April 1, 2005**, the preferred agents for the Proton Pump Inhibitors and Triptans drug classes are changing to the following:

Drug/Drug Class: Proton Pump Inhibitors, Triptans

Implementation Effective for dates of service on or after April 1, 2005

Date:

Drug Class	Preferred Agent(s)	Non-preferred Agent(s)^
Proton Pump	• Nexium®	• Aciphex®
Inhibitors	• Prevacid®	• Omeprazole
	Prilosec OTC®	• Prilosec®
		• Protonix®
• Triptans^^	• Imitrex®	• Amerge®
	Maxalt®	• Axert®
	Maxalt MLT®	• Frova®
	• Relpax®	
	• Zomig®	
	Zomig ZMT®	

<sup>^</sup>Use of non-preferred agents must meet prior authorization requirements

To assist our providers with providing the right care at the right time with the right price, the Department is presenting the relative cost ranking of the preferred agents net of all rebates in these classes. The Department requests that all Medicaid providers consider this ranking as a **secondary** factor when determining the most appropriate drug therapy for their patients.

<sup>^^</sup> Use of any covered product may be subject to prior authorization for quantities or uses outside Food and Drug Administration (FDA) guidelines or indications.

Lowest to Highest Relative Cost (Cost to Medicaid after rebates)			
Proton Pump Inhibitors			
Prilosec OTC®	100%		
Nexium®	200%		
Prevacid®	260%		
Protonix®	380%		
Aciphex®	540%		
Omeprazole	710%		
Prilosec	820%		
Triptans			
Zomig ZMT®	100%		
Axert®, Zomig®	110%		
Maxalt MLT®, Relpax®	130%		
Maxalt®, Imitrex®	160%		
Amerge®	180%		
Frova®	210%		

Point-of-service pharmacy claims will be routed through an automated computer system to apply PA criteria specifically designed to assure effective drug utilization. Through this process, therapy will automatically and transparently be approved for those patients who meet the system approval criteria. For those patients who do not meet the system approval criteria, it will be necessary for you to contact the Medicaid Drug Prior Authorization help desk at (208) 364-1829 or fax a PA request form to (208) 364-1864 to initiate a review and potentially authorize claims. To assist in managing patients affected by these changes, Medicaid will be sending in a separate mailing a list to prescribing providers of their patients who are currently receiving therapy and whose claims for these drugs will be affected.

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The Enhanced PA Program and drug class specific PA criteria are based on evidence-based clinical criteria and available nationally recognized peer-reviewed information. The determination of medications to be considered preferred within a drug class is based primarily on objective evaluations of their relative safety, effectiveness, and clinical outcomes in comparison with other therapeutically interchangeable alternative drugs and secondarily on cost.

Additional therapeutic drug classes will be added in the coming months to the Enhanced Prior Authorization (EPAP) program. Please watch for further information releases on the Medicaid Pharmacy website at <a href="https://www.medicaidpharmacy.idaho.gov">www.medicaidpharmacy.idaho.gov</a>.

## A current listing of all the preferred agents by drug class and prior authorization criteria is also available online at <a href="https://www.medicaidpharmacy.idaho.gov">www.medicaidpharmacy.idaho.gov</a>.

As always, your support is critical to the success of this Medicaid Pharmacy initiative. It is our goal to partner with you in the provision of quality, cost-effective health care to your patients. Questions regarding the Prior Authorization program may be referred to Medicaid Pharmacy at (208) 364-1829.

RM/cb