



PROVIDER BULLETIN

No. 06-25

September 28, 2006

TO: All Pharmacies Participating in Nebraska Medicaid

FROM: Mary Steiner, Administrator
Medicaid Division

BY: Barbara Mart, R.P., Pharmacy Consultant

RE: Change to Early Refill on Controlled Substances

1. On October 1, 2006, a change in policy will be initiated for early refill of controlled substances, carisoprodol and tramadol. Clients will be required to have exhausted 90% of the days supply before a refill is allowed. For example, a client would be allowed to receive a refill of a 30-day supply of medication no sooner than three days early.

The refill threshold for non-controlled drugs (75%) will remain in effect. Nebraska regulations state that the pharmacist is responsible for determining that drugs are being utilized according to prescriber directions and that no abuse or overuse exists. Simply getting a paid claim does not mean the refill is appropriate. If the early refill is not justified, pharmacists have the responsibility to refuse to refill the medication.

Requests for overrides should be directed to 877-255-3092 option 6 during State business hours, after hours and emergencies are handled by ACS at 866-506-4379. Prior to calling please have the indicated information for the override:

Dosage Increase

- Previous dose
- Current dose
- Date of increase (confirmed with MD)
- Calculated date client will be out of medication (if greater than 3 days please wait to call at that time)

Travel Supply

- Departure date
- Return date
- Destination

2. Review of Cox I Criteria
The DUR board completed the annual review of Cox I prior authorization criteria. The criteria were amended to include coverage without prior authorization of meloxicam. A copy of the amended criteria is attached.

3. **Review of Cox II Criteria**
The DUR board reviewed and approved the Cox II criteria with no changes. Criteria is located on the Nebraska Medicaid Pharmacy Program website:
<http://www.hhs.state.ne.us/med/pharm/>
4. **Review of LSA Criteria**
The DUR board completed the annual review of lower sedating antihistamine criteria. The criteria were modified to reflect no PA required for children up to 2 years of age for liquid preparations. A copy of the amended criteria is attached.
5. **General Dose Consolidation**
The Department is currently reviewing and implementing dose consolidation on certain drugs and classes of drugs. Prescriptions should be dispensed in the higher dose where possible (e.g., one Metadate CD 40mg instead of two Metadate CD 20mg). Physicians requiring exceptions for therapeutic consideration may fax a letter of medical necessity to (402) 471-9092 for consideration.
6. **Flu Vaccine Coverage**
A provider bulletin was recently sent to physicians regarding Nebraska Medicaid coverage of vaccines this flu season. The bulletin No. 06-22 can be located in the Provider Bulletin Archive at the following site: <http://www.hhs.state.ne.us/med/PB/index.htm>
7. **Cough and Cold**
Cough and cold products are an optional coverage category for Nebraska Medicaid. The DUR board will review the entire class for recommendations of coverage to Nebraska Medicaid. Coverage of new cough and cold products will be suspended until the review is complete.
8. **Coverage of Oral Electrolyte Maintenance Solutions**
Nebraska Medicaid coverage of oral electrolyte maintenance solutions must be submitted via a pharmacy claim. Orders must be pursuant to a prescription for each eligible recipient. Coverage is limited to 6 bottles per claim. Requests for quantities greater should be handled through refills or submission of a letter of medical necessity to the Department for review. Claims submitted on HCFA 1500 forms are no longer allowed as referenced in the recent provider bulletin No. 06-24.