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
MEMORANDUM

MEMO NO.

QI-2140 [Replaces QI-1705]

FFS 21-16 [Replaces FFS 17-02]

TO: Dentists, and Oral Surgeons and Pharmacy Providers

FROM: Judy Mohr Peterson, PhD 
Med-QUEST Division Administrator

SUBJECTS: MEDICAID FEE-FOR-SERVICE (FFS) DENTAL PROGRAM DENTAL FORMULARY

The purpose of this memorandum is to notify the QUEST Integration health plans that this memo replaces QI-1705 and FFS 17-02 which was previously issued on February 1, 2017. The following updated content will continue to apply under the QI contract RFP-MQD-2021-008.

This memorandum is to notify dental providers and pharmacies that the Med-QUEST Division (MQD) will implement a drug formulary for dental prescriptions written by a Medicaid participating dentist or oral surgeon.

As you are aware Hawaii Dental Service (HDS) receives and processes claims for all dental procedures performed on Medicaid recipients. However, prescriptions written by Medicaid dental providers for Medicaid children and adults, are submitted to and paid by the MQD fee-for-service fiscal agent Conduent (formerly Xerox).

See Table 1. Hawaii Medicaid Dental Formulary (below) for the covered class of drugs and therapeutic categories. This Dental Formulary reflects all the paid drug claims prescribed in the last three (3) years by Hawaii Medicaid participating dentists and oral surgeons for emergency adult dental care and full coverage child dental care. If coverage of a specific drug requires clarification, please contact Conduent pharmacist Gary Peton, MQD's fiscal agent, at (808) 952-5591. For your reference, "Common error messages Issue" and "How to Correct for Payment" can be found in Table 2. Claims Processing Issue.

The Medicaid Drug Utilization Board (with consultation from the State's dental care contractor) reviews all narcotic prescribing and patient utilization for the dental formulary. Clinical intervention with providers occurs as needed or medically indicated.

Table 1. Hawaii Medicaid Dental Formulary: Medications Covered Without Prior Authorization

| Drug | Strengths | Dosage Forms | Limits |
|---|--|---|--|
| Acetaminophen (APAP) ¹ | Maximum 500 mg per tablet or capsule | Suspension, Tablet or Capsule | < 4000 mg of APAP/day ¹ |
| APAP – Codeine | 120 mg/12mg/5 ml 30 mg (TC#3) 60 mg (TC#4) with 300 mg APAP | Suspension Tablet | < 4000 mg of APAP/day ¹ ; Quantity limit < 31 |
| Antibiotics, Systemic* | Various | Suspension, Tablet, Parenteral or Capsule | - |
| Antifungals: Topical | Nystatin ointment or suspension Clotrimazole troche Ketoconazole cream | Topical, multiple | - |
| Benzodiazepines** Diazepam | 2 mg; 5 mg; 10 mg | Tablet | Maximum 20 mg per prescription (i.e. up to 2 tablets of 10 mg) |
| Chloral Hydrate | | Elixir | - |
| Chlorhexidine Oral Rinse | 0.12% | Liquid | - |
| Fluoride ² or Multivitamin with fluoride | 0.25 mg; 0.5 mg; 1.0 mg of Fluoride | Drops or Tablet | Quantity limit up to 100 days supply. Ingredient cost without restriction covered up to \$11.00 for Fluoride and \$25.00 for multivitamin with Fluoride. |

¹ In January 2011, FDA asked manufacturers of prescription combination drug products containing acetaminophen to limit the amount of acetaminophen to no more than 325 mg in each tablet or capsule by January 14, 2014. FDA requested this action to protect consumers from the risk of severe liver damage which can result from taking too much acetaminophen. This category of prescription drugs combines acetaminophen with another ingredient intended to treat pain (most often an opioid), and these products are commonly prescribed to consumers for pain, such as pain from acute injuries, post-operative pain, or pain following dental procedures.

² <http://emedicine.medscape.com/article/814774-overview#showall>

In 2011, 1,069 single exposures involving multiple vitamins with fluoride were reported, 112 with adult formulations and 957 with pediatric formulations. No cases resulted in major effects or death. Mowry JB, Spyker DA, Cantilena LR Jr, Bailey JE, Ford M. 2012 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 30th Annual Report. *Clin Toxicol (Phila)*. Dec 2013; 51(10): 949-1229. [[Medline](#)]. [[Full Text](#)].

| | | | |
|------------------------------------|--|------------------------------|---|
| Hydrocodone – APAP** | 5 mg, 7.5 mg, or 10 mg with 300-325 mg APAP | Tablet | < 4000 mg of APAP/day ¹ ; Quantity Limit < 21 |
| NSAID Ibuprofen Naproxen | 100mg/5ml 200 mg, 400 mg, 600 mg, 800 mg 250 mg, 500 mg | Suspension or Tablet | - |
| Oxycodone - APAP** | 2.5 mg, 5 mg, or 10 mg with 325 mg APAP | Tablet, Liquid or Capsule | < 4000 mg of APAP/day ¹ ; Quantity limit < 11 |
| Triamcinolone | | Dental cream or paste | - |

*Antibiotics: Capsule, parenteral, suspension, or tablet

- Amoxicillin: Tablet or suspension
- Amoxicillin – Clavulanate: Tablet or suspension
- Ampicillin: Parenteral
- Azithromycin: Tablet or suspension
- Cefadroxil: Tablet or suspension
- Cefoxitin: Parenteral
- Cefpodixime: Tablet or suspension
- Cephalexin: Tablet or suspension
- Clarithromycin: Tablet or suspension
- Clindamycin: Tablet or suspension or parenteral
- Doxycycline: Tablet, capsule, suspension
- Penicillin: Tablet, suspension
- Tetracycline: Tablet, capsule, suspension

**Dosage and quantity limits (hydrocodone, oxycodone, benzodiazepine) implemented for the dental formulary. Excess quantities will require PA.

Categories of Medications Considered for Formulary

- Analgesic / Antipyretics, non-salicylate
- Analgesic, Narcotics
- Anti-anxiety drugs, Sedative (non-barbiturate)
- Antibiotics, Systemic
- Anti-Fungal, Topical
- Fluoride Preparations, Multivitamin with fluoride (Pediatric)
- Glucocorticoids
- NSAIDS, Cyclooxygenase Inhibitor

Dental Prescriptions

Dental prescriptions are for all Medicaid children's dental needs through the age of 20 and limited to emergency dental care for Medicaid covered adults. The dental prescriptions are to be submitted to the Medicaid Fee-For-Service (FFS) Program through MQD's fiscal agent-Conduent. A Medicaid participating dentist or an oral surgeon can prescribe a drug on the dental formulary without a prior authorization. Please note quantity limits for acetaminophen, narcotic pain medications and benzodiazepine are for appropriate use and patient safety.

A dental prescription claim may deny for various reasons, but it can be corrected to pay while the patient is at the pharmacy. See Table 2. Claims Processing Issues for common error message, issue and "How to Correct for Payment".

Table 2. Claims Processing Issues

| Error Message | Issue | How to Correct For Payment |
|---|---|--|
| Patient Is Not Covered. | Dental claims are to be sent to FFS, not to the Medicaid* medical health plan of the recipient. | Submit the claim to FFS. Call Conduent if assistance is needed. |
| Prescriber Is Not Covered. | The prescribing dentist or an oral surgeon must be participating in the Medicaid program. | Call Conduent to verify. |
| Product or Discontinued Product Not Covered. | The NDC submitted may be incorrect or not on the dental formulary. | Verify the NDC entered and check the dental formulary for coverage or call Conduent to verify. |
| No CMS/Labeler Rebate Contact or No Rebate For NDC Per CMS. | The labeler must have a signed rebate contact for the NDC with CMS for Medicaid FFS to pay the claim. (Fluoride and multivitamins with Fluoride drops and tablets are an exception to this rule.) | Check the website* formulary search for a NDC that is participating with the CMS drug rebate program or call Conduent to verify. |
| Prior Authorization Required. | The drug is not on the dental formulary. | Check the dental formulary for a therapeutic substitution and call the prescriber with the recommendation. If no formulary change is available, request a prior authorization be submitted. The standardized prior authorization form is attached for your convenience. Call Conduent if assistance is needed. |

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*Website is <https://medquest.hawaii.gov/en/plans-providers/pharmacy.html>.

Note: Conduent pharmacist Gary Peton, MQD's fiscal agent, can be contacted at (808) 952-5591.

If you have any questions concerning this provider memorandum, please contact Dr. Curtis Toma at ctoma@dhs.hawaii.gov.