

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



CATHY BETTS  
DIRECTOR  
KA LUNA HO'OKELE

JOSEPH CAMPOS II  
DEPUTY DIRECTOR  
KA HOPE LUNA HO'OKELE

STATE OF HAWAII  
KA MOKU'ĀINA O HAWAI'I  
**DEPARTMENT OF HUMAN SERVICES**  
KA 'OIHANA MĀLAMA LAWELAWE KANAKA  
Med-QUEST Division  
Health Care Services Branch  
P. O. Box 700190  
Kapolei, Hawaii 96709-0190


March 30, 2023

MEMORANDUM

MEMO NOS.

QI-2312 [Replaces QI-2140]  
FFS 23-05 [Replaces FFS 21-16]

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 dental providers and pharmacies that the Med-QUEST Division (MQD) drug formulary for dental prescriptions written by a Medicaid participating dentist or oral surgeon covers both children and adults beginning January 1, 2023. This memo replaces QI-2140 and FFS 21-16 which was previously issued on December 27, 2021. The following content includes updated quantity limits and formulary additions.

### **Dental Pharmacy Claim Submission**

Hawaii Dental Service (HDS) receives and pays claims for all dental procedures performed on Medicaid children and adult members. These dental procedures can often be followed by the need for a dental prescription for the Medicaid member. Dental prescriptions handwritten by

Medicaid dental providers for Medicaid members must continue to adhere to the Tamper Resistant Prescription<sup>1</sup> requirements.

The current Medicaid fee-for-service (FFS) Pharmacy Benefits Manager (PBM) is Conduent. Dental pharmacy claims shall be submitted to and processed by Conduent, and pharmacists shall bill "Medicaid Fee for Service" (Name/Group Name: Hawaii Medicaid, BIN: 610084, PCN: DRHIPROD). The Hawaii FFS Payer Sheet for billing is found at: <https://medquest.hawaii.gov/content/dam/formsanddocuments/pharmacy/hi-medicareid-b1b3-payer-sheet.pdf>. Pharmacies are reminded to bill "Medicaid FFS" using the member's Medicaid number. The dental pharmacy claims are not to be submitted to the member's QUEST Integration (QI) health plan's PBM for payment. If the member does not have their Medicaid identification number, contact Conduent for the number.

A dental pharmacy claim may deny for various reasons. These reasons can often be remediated while the member is at the pharmacy. See 'Appendix 1 – Claims Processing Issues' for common error messages, issues, and suggestions on corrections to enable payment. If pharmacies have questions regarding dental procedure claim submission and processing, please contact the Hawai'i Medicaid FFS Call Center (operated by Conduent) at 1-877-439-0803.

### **Dental Drug Formulary**

A Medicaid participating dentist or oral surgeon can prescribe a drug on the dental formulary without a prior authorization. Please note quantity limits for acetaminophen, narcotic pain medications and benzodiazepines are for appropriate use, medical necessity and patient safety. See 'Appendix 2 – Hawaii Medicaid Dental Formulary' for the covered class of drugs and therapeutic categories. If pharmacies have clinical questions regarding coverage of a drug on this drug formulary, please contact Conduent pharmacist Gary Peton at (808) 952-5591.

The Medicaid Drug Utilization Board reviews all narcotic prescribing and patient utilization for the dental formulary. Clinical intervention with providers occurs as needed or medically indicated.

---

<sup>1</sup> Hawaii Provider Manual Chapter 19 p. 15, 19.1.5.8 (b) Tamper Resistance Prescription Pads. "Prescriptions prescribed by a dentist for Medicaid FFS clients and for managed care clients that are telephoned, faxed or ePrescribed remain exempt from these tamper resistance requirements. Prescriptions for managed care clients except those handwritten by dentists do NOT require TRPP.

If you have questions concerning this provider memorandum, please contact Grant Shiira by email at: [gshiira@dhs.hawaii.gov](mailto:gshiira@dhs.hawaii.gov).

APPENDIX

**Appendix 1 -- Claims Processing Issues**

<b>Error Message</b>	<b>Issue</b>	<b>How to Correct For Payment</b>
Patient (member) Is Not Covered.	Dental claims are to be sent to FFS, not to the QI health plan's PBM of the member. Obtain the correct Medicaid identification number from Conduent.	Submit the claim to FFS with the Medicaid identification number of the member. 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.** Call Conduent if assistance is needed.

\*Website is <https://medquest.hawaii.gov/en/plans-providers/pharmacy.html>. The payor sheet is available here.

**\*\* The DHS 1144B Request for Medical Authorization Form (rev. 01/18) and instructions can be found at the MQD website <https://medquest.hawaii.gov/en/plans-providers/provider-forms.html>.**

## **Appendix 2 -- Hawaii Medicaid Dental Formulary: Medications Covered Without Prior Authorization**

Dosages and quantities should be adjusted appropriately for age and weight of child.

<b>Drug</b>	<b>Strengths</b>	<b>Dosage Forms</b>	<b>Limits</b>
Acetaminophen (APAP)*	Maximum 500 mg per tablet or capsule	Suspension, Tablet or Capsule	< 4000 mg of APAP/day/adult <sup>++</sup>
APAP* – Codeine**	120mg/12mg/5ml 30 mg (TC#3) 60 mg (TC#4)  with 300 mg APAP	Solution Tablet Tablet	13 units 13 units  < 4000 mg of APAP/day/adult <sup>++</sup>
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 2 tablets of one strength
Chloral Hydrate		Elixir	-
Chlorhexidine Oral Rinse	0.12%	Liquid	-
Fluoride <sup>+</sup> 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.

Fluoride	1.1% sodium fluoride	Dental crème Toothpaste	51 grams (1 tube) per month
Hydrocodone** – APAP** *	5 mg, 7.5 mg, or 10 mg with 300-325 mg APAP	Tablet Tablet Tablet	13 units 13 units 13 units < 4000 mg of APAP/day/adult**
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 or Capsule Tablet or Capsule Tablet or Capsule	10 units 10 units 10 units < 4000 mg of APAP/day/adult**
Triamcinolone		Dental cream or paste	-

\* APAP for children recommendations can be found at <https://medlineplus.gov/ency/patientinstructions/000783.htm>, accessed 2023.1.30.

\*\* There are dosage and quantity limits for controlled substances (codeine, hydrocodone, oxycodone, benzodiazepine) in the dental formulary. Excess quantities will require Prior Authorization.

\*\*\* 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

+ 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.

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

++ 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.

#### 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