

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Administration
P. O. Box 700190
Kapolei, Hawaii 96709-0190

December 9, 2003

Re: Enhanced Prior Authorization List - Phase I with Provider Training Schedule

In September 2003 we notified you that the State of Hawaii Medicaid program for the aged, blind and disabled would be reviewing therapeutic classes of drugs and based on the review, would begin to make decisions on whether certain drugs would be added to the prior authorization list. To this end, the Department of Human Services (DHS) established an ad-hoc advisory Medicaid Pharmacy & Therapeutics Committee (P&T) that met for the first time on November 4, 2003 to review several therapeutic classes. Based on the drugs' available clinical information, best practices, safety and cost effectiveness, the P&T Committee made its recommendations to the Department. This memorandum describes the Department's decisions and the changes that will be implemented.

Effective **January 15, 2004** Phase I of the Enhanced Prior Authorization Program will be implemented. A prior authorization will be required for Medicaid payment of the designated drugs (see attached list). ACS, the Department's fiscal agent for prescription drugs, will be sending physicians, under separate cover, a listing of their patients who are currently on medications that will require prior authorization. We ask all physicians to please review this list to evaluate their patients' drug regimens. If a recipient needs a medication that requires prior authorization, we encourage physicians to submit the 1144 B beginning on December 15, 2003.

Prior to implementation, educational seminars will be held across the State to inform physician and pharmacy Medicaid Providers of the Enhanced Prior Authorization Program. These seminars will focus on the process and procedures necessary to obtain a drug prior authorization. The educational materials will be available to Providers on the Med-QUEST Division website Providers section (www.med-quest.us) and the ACS State Healthcare website Enhanced Prior Authorization section (www.himed-questffs.org). We anticipate holding these educational session in early January and will notify you in writing of the scheduled dates. ***All Medicaid Providers are encouraged to attend one of the Statewide seminars or check the website(s) for additional information.***

Thank you again for your participation in the Medicaid Fee-For-Service (FFS) Program. Your continued commitment to improving the health and well being of our recipients is greatly appreciated.

Therapeutic Class	Therapeutic Subclass	Open Access	Prior Authorization Required
Lipotropics	Bile Acid Sequestrants	Generic cholestyramine	Colestid** Welchol**
	Fibric Acid Derivatives	Generic gemfibrozil Lofibra Tricor	<i>Lopid*</i>
	HMG CoA Reductase Inhibitors	Generic lovastatin Lescol, Lescol XL Zocor	Altacor Crestor Lipitor** <i>Mevacor*</i> Pravachol
	Other Lipotropics	Generic niacin Niacor Niaspan	Advicor Pravigard PAC Zetia
ACE Inhibitors	ACE Inhibitors	Generic agents: captopril enalapril lisinopril moexipril Mavik	Accupril Aceon Altace <i>Capoten*</i> Lotensin Monopril <i>Prinivil*</i> ; <i>Zestril*</i> <i>Univasc*</i> <i>Vasotec*</i>
	ACE Inhibitors with Diuretics	Generic agents: captopril/HCTZ enalapril/HCTZ lisinopril/HCTZ Uniretic	Accuretic Lotensin HCT Monopril HCT <i>Prinzide*</i> <i>Vaseretic*</i> <i>Zestoretic*</i>
ACE Inhibitor/CCB Combinations		Lexxel Tarka	Lotrel
Calcium Channel Blockers		Generic agents: diltiazem nicardipine nifedipine (extended-release) verapamil Plendil	Generic nifedipine (immediate-release) <i>Calan*</i> <i>Cardizem*</i> Cartia XT <i>Covera-HS*</i> <i>Dilacor XR*</i> <i>Dilita XT*</i> Dynacirc <i>Isoptin*</i> Nimotop Norvasc Sular <i>Tiamate*</i> <i>Tiazac*</i> Vascor <i>Veralan*</i>

Therapeutic Class	Therapeutic Subclass	Open Access	Prior Authorization Required
Angiotensin Receptor Blockers	Angiotensin Receptor Blockers	Atacand Benicar Cozaar Micardis	Avapro Diovan Teveten
	Angiotensin Receptor Blockers with Diuretics	Atacand HCT Benicar HCT Hyzaar Micardis HCT	Avalide Diovan HCT Teveten HCT
Alpha/Beta Blockers and Beta Blockers	Alpha/Beta Blockers	Generic labetalol Coreg (diagnosis of CHF only)	Coreg (indications other than CHF) <i>Normodyne*</i> <i>Trandate*</i>
	Beta Blockers	Generic agents: acebutolol atenolol betaxolol bisoprolol metoprolol tartrate nadolol pindolol propranolol sotalol timolol Toprol XL	<i>Betapace AF*</i> <i>Blocadren*</i> Cartrol <i>Corgard*</i> <i>Inderal*</i> Inderal LA InnoPran XL <i>Kerlone*</i> Levatol <i>Lopressor*</i> <i>Sectrol</i> <i>Tenormin*</i> <i>Visken*</i> <i>Zebeta*</i>
	Beta Blockers with Diuretics	Generic agents: atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ propranolol/HCTZ Corzide Timolide	Inderide LA <i>Inderide*</i>
NSAIDs	NSAIDs (Non-selective)	All generic agents	Arthrotec Mobic Ponstel
	COX-2 Inhibitors		Bextra*** Celebrex*** Vioxx (preferred after PA)***

Therapeutic Class	Therapeutic Subclass	Open Access	Prior Authorization Required
Gastric Acid Secretion Reducers	H ₂ Antagonists	OTC products (diagnosis code still required): Axid AR Pepcid AC, Pepcid Complete Tagamet HB Zantac 75 Generic cimetidine Generic ranitidine	Generic agents: famotidine*** nizatidine*** Axid*** Pepcid*** Tagamet*** Zantac***
	Proton Pump Inhibitors	Prilosec OTC	Generic omeprazole*** Aciphex*** Nexium*** Prevacid*** Prilosec*** Protonix (preferred after PA)*** Prevacid Solutab***

* Drugs denoted by an asterisk (*) specify those drugs that already have PA status. The current generic dispensing policy remains in effect for brands with generic equivalents.

** Drugs denoted by two asterisks (**) specify that new prescriptions will be subject to prior authorization on January 15th. Refill prescriptions will be allowed to process without prior authorization until the original refills are exhausted.

*** Drugs denoted by three asterisks (***) specify that existing prior authorizations will be recognized and will be allowed to expire.

HAWAII MEDICAID FEE-FOR-SERVICE

PRIOR AUTHORIZATION CRITERIA TO OBTAIN DRUGS ON THE ENHANCED PRIOR AUTHORIZATION LIST

Effective January 15, 2004

Two or more of the following criteria (within the same therapeutic class as the EPA drug being requested) must be met before a drug on the EPA* list is approved:

1. Failed at least two generically available medications^Δ
2. Failed at least two preferred drugs that can treat the same condition
3. Serious side effects have occurred or are likely to develop on a preferred drug
4. Serious side effects have occurred or are likely to develop with available generic agents
5. There are no similar generic product(s) available in the marketplace
6. Changing a patient's medication from a drug on the EPA list to a non-PA drug would cause the patient undue clinical harm.

*EPA (Enhanced Prior Authorization) drugs require prior authorization.

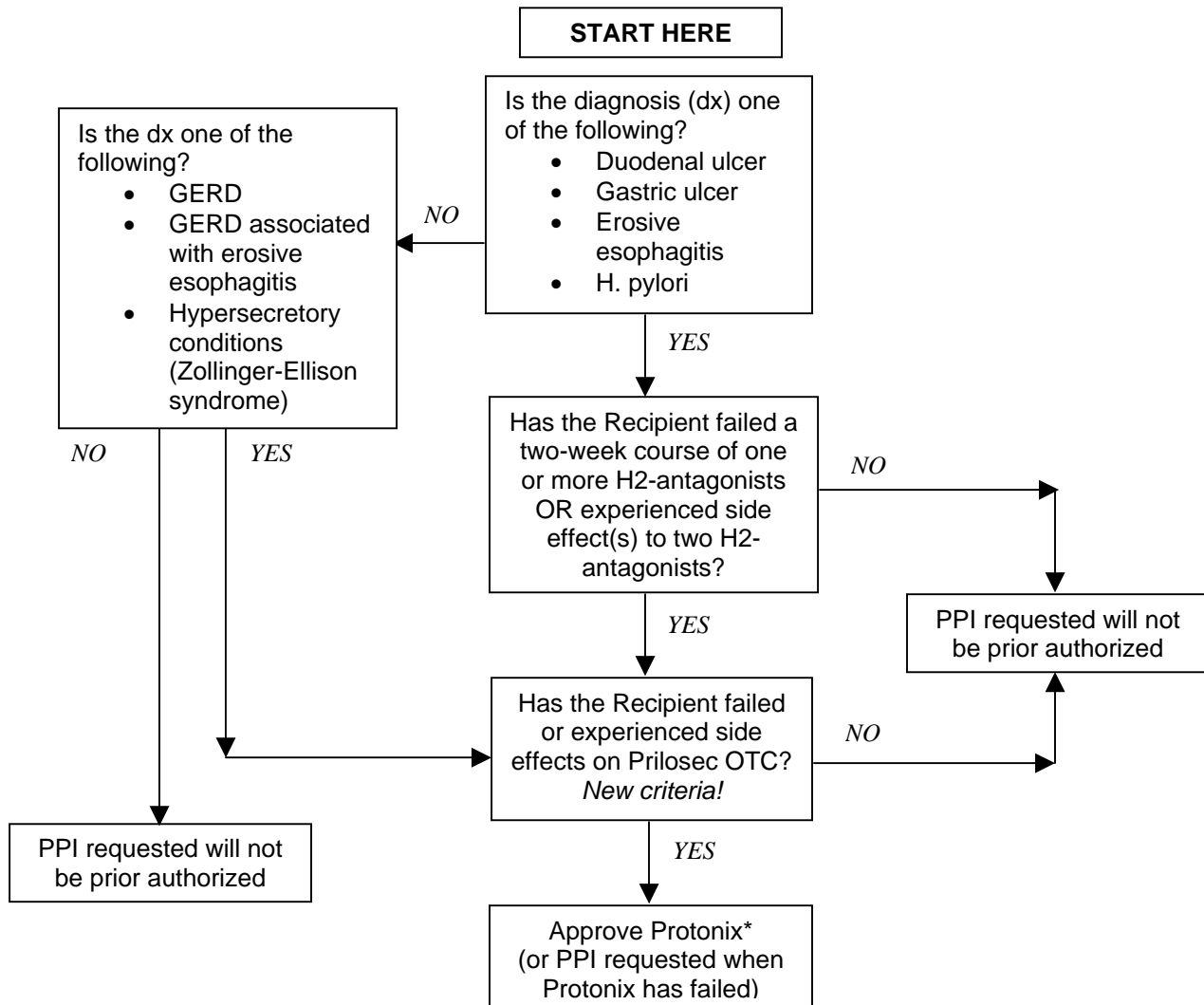
^ΔWhen two or more generic products are available, otherwise, only one generic medication failure is required

Important: Documentation to support criterion 1 through 6 above is required on a Form 1144B.

HAWAII MEDICAID FEE-FOR-SERVICE PRIOR AUTHORIZATION CRITERIA UPDATES

PROTON PUMP INHIBITORS

The Proton Pump Inhibitor* (PPI) decision-tree is as follows:



NEW! *Protonix is the preferred PPI after failure of an H2-Antagonist and Prilosec OTC (except during pregnancy) when appropriate.

NEW! Recipients, who are pregnant, do not need to fail Prilosec RX or Prilosec OTC. H2-Antagonists and all PPIs, except Prilosec RX and Prilosec OTC, have a pregnancy B category.

NEW! Existing prior authorizations (PAs) will be recognized to its expiration. New prescriptions will be subject to the new criteria.

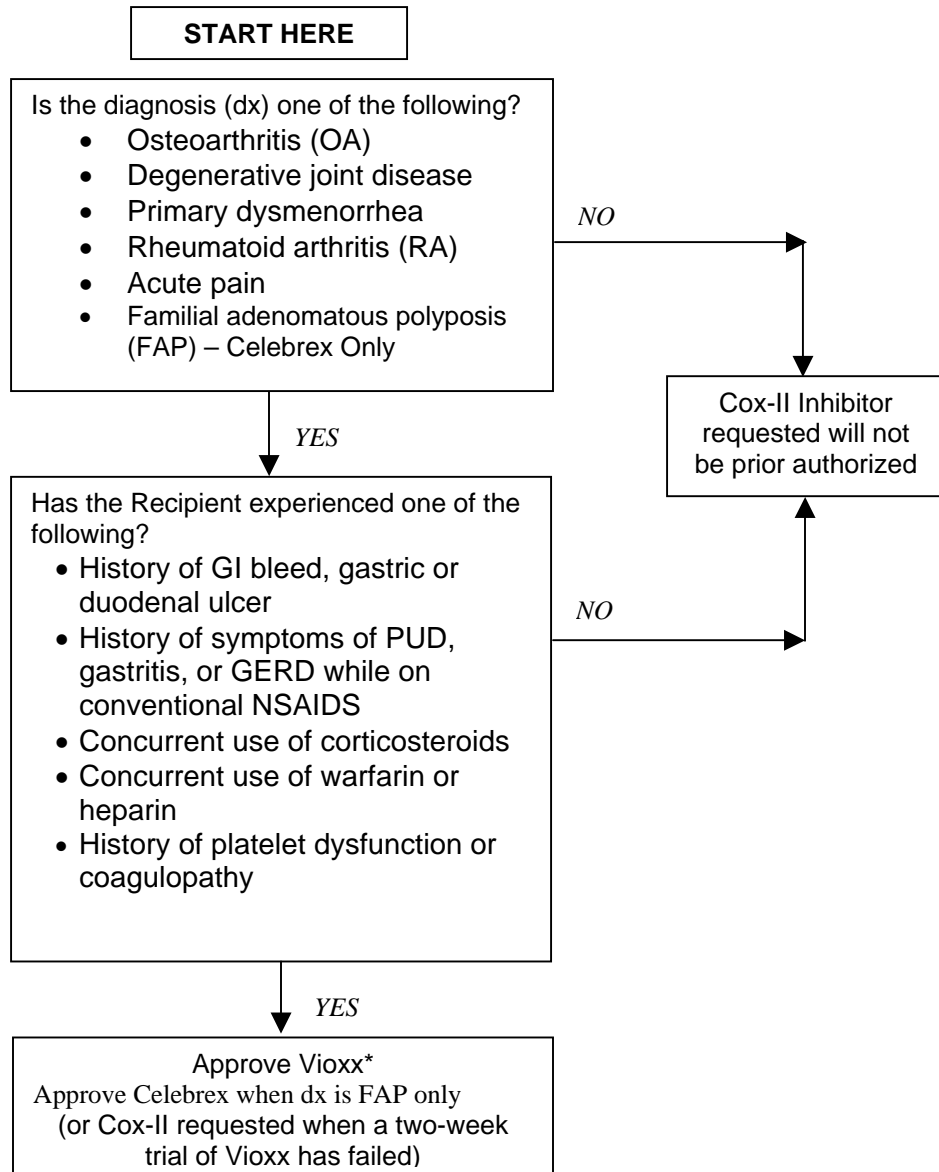
EXISTING/NO CHANGE! A PPI prescribed concurrently with an H2-antagonist or sucralfate, is considered duplicative therapy and will not be reimbursed.

EXISTING/NO CHANGE! The existing exception for GI Specialty Providers who prescribe for a diagnosis of GERD do not require a PA.

**HAWAII MEDICAID FEE-FOR-SERVICE
PRIOR AUTHORIZATION CRITERIA UPDATES**

COX-II INHIBITORS

The Cox-II Inhibitor* decision-tree is as follows:



NEW! *Vioxx is the preferred Cox-II Inhibitor, except in situations where the prescriber has a cardiovascular concern that would preclude him/her from prescribing Vioxx first OR when the diagnosis is FAP.

NEW! The option of prescribing Celebrex and Bextra for Recipients above the age of 60 years old with a dx of OA or RA will not continue. Existing PAs will be recognized to its expiration. New prescriptions will be subject to the new criteria.

EXISTING/NO CHANGE! The option of prescribing Vioxx for Recipients above the age of 60 years old with a dx of OA or RA will continue.