



# DVHA Prescriber Newsletter

## News and Updates

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## Vermont contract's with NEW Pharmacy Benefit Manager (PBM) Effective 01/01/2015

The State of Vermont, Department of Vermont Health Access has chosen Goold Health Systems (GHS), as their new Pharmacy Benefit Manager (PBM) effective January 1, 2015. GHS is a wholly owned subsidiary of Emdeon, a leading provider of revenue and payment cycle management and clinical information exchange solutions, connecting payers, providers and patients in the U.S. healthcare system.

### About GHS

GHS has 40 years of experience in developing Medicaid Pharmacy Benefit Management (PBM) solutions. GHS presently provides diverse, value-driven Medicaid pharmacy services in sixteen (16) states. Their expertise includes clinical management, account management, analytics, pharmacy cost management strategies, claims processing, formulary management, and rebate processing. GHS prides itself on building personal relationships, producing consistent and reliable deliverables and placing a priority on being responsive to their clients.

GHS Medicaid Experience by the Numbers:

- Over 800,000 total covered lives for full PBM services
- Over 13 million total pharmacy claims/year
- Over 200,000 total Pharmacy PA's/year
- Over 250,000 total Help Desk Calls

GHS will be opening a local office in South Burlington over the next 1-2 months. As part of this effort, GHS will be hiring local talent to become part of the Burlington GHS team. Career opportunities with GHS can be found on the [www.emdeon.com](http://www.emdeon.com) website under the "Careers" section.

## Meet the Staff at GHS



### **Michael Ouellette, R.PH – Clinical Pharmacist Manager**

Michael has over 30 years of pharmacy experience with extensive experience in Medicaid Pharmacy Programs. He has 18 years of retail pharmacy experience which allows him the ability to understand the unique perspective of our retail providers. Michael has served in a leadership role for the implementation, development and support of several Medicaid Pharmacy Programs for GHS with direct experience in Maine, Iowa, Wyoming and Utah.

Michael provides clinical pharmacy management experience based on extensive experience with other States in managing a clinically appropriate, cost effective program. Mike will oversee GHS's Provider Helpdesk team of pharmacist and pharmacy technicians as GHS sets up a local office in So. Burlington. Operationally, Michael and his team's responsibility will include helping the DVHA pharmacy team manage the PDL, making Prior Authorization determinations, managing the State Maximum allowable Cost (SMAC) program, supporting the Drug Utilization Review Bared and overall pharmacy benefit management. If you have any questions please feel free to reach out to Mike at [mouellette@ghsinc.com](mailto:mouellette@ghsinc.com) and once the local office is fully functional we will send out communications with further contact information for GHS' local office.

## **Products and Features:**

### **Provider Helpdesk**

The GHS Helpdesk will be staffed and operated out of the GHS South Burlington office location. Staff will include VT pharmacists and pharmacy technicians.

- Supports all pharmacies and prescribers enrolled in Vermont's pharmacy benefits programs
- First point of contact for pharmacy and medical providers with questions, concerns and complaints

### **Provider Portal**

The provider portal will give pharmacists and prescribers access to a secure, web-based application that offers functionality tailored to the individual needs of Vermont prescribers and pharmacists, depending on their practice. Features include:

- Pharmacy and member history look-up capabilities
- Electronic PA submission including upload of clinical documentation
- Status updates for submitted PA requests

## Implementation Schedule

The new PBM system is slated to go live no later than January 1, 2015. GHS has already started the implementation process and has been working with State staff since early May on planning, documentation and application configuration.

Provider communications will be sent periodically over the course of the next few months, increasing in frequency as the intended live date approaches. These communications will contain project updates, details on changes to the VT program resulting from the conversion and information on how prescribers and pharmacies can take part in pilot testing the new systems prior to implementation.

Stay tuned for more information about this exciting new project and how you can be involved in bringing updated technologies and increased efficiency to the Vermont Medicaid program.

### **\*Oxycodone and Hydromorphone Immediate Release Products\* Daily Quantity Limits and First Fill Days' Supply Limit**

Effective November 5<sup>th</sup>, 2014, Oxycodone IR is limited to 12 dosage units/day and hydromorphone IR is limited to 16 dosage units/day. In addition, for patients who have not filled a prescription for the product in the last 45 days, the initial fill will be limited to a 14 day supply. Initial fill limits (but no quantity limits) also apply to oral liquid solutions of Oxycodone and Hydromorphone. Both Oxycodone IR and Hydromorphone IR are available in a variety of dosage strengths (refer to table below). Patients requiring greater daily quantity limits are candidates to be moved to the next highest dosage strength, if applicable.

If you have issued an Oxycodone IR and/or Hydromorphone IR prescription for at least one DVHA patient in the last 90 days per our current pharmacy claims activity you would have recently received notification. Patients identified as filling prescriptions routinely that exceed the new daily quantity limits were given temporary prior authorizations to override the quantity limit edits, in order to give providers time to evaluate these dosage levels. **These PA's will expire on 12/01/2014.**

If you believe your patient should be maintained on a daily quantity limit that exceeds the newly established maximum, you will need to request a prior authorization with either a phone call to the Clinical Call Center or a fax using the General PA form. Exceptions will be granted by the Clinical Call Center for patients with pain due to oncology diagnoses and for whom dose consolidation is not possible. Request for other exceptions will be reviewed by the DVHA Medical Director. Approval for prescriptions exceeding daily quantity limits will be assessed on a patient by patient basis after relevant clinical information supporting the request is provided by the prescriber.

If you have questions related to this change in benefit coverage, please feel free to contact our on-site Catamaran clinical consultant, Diane Neal, R. Ph., at 1-802-879-5605. To obtain the full notification please visit our website at: <http://dvha.vermont.gov/for-providers/pharmacy-programs-bulletins-alerts>.

**Oxycodone IR/Hydromorphone IR  
DVHA Preferred Drug Status and Daily Quantity Limits**

<b>Preferred Product – No PA Required</b>	<b>Quantity Limit Per Day</b>	<b>14 Days' Supply Initial Fill Limit</b>	<b>PA Required</b>
Hydromorphone (generic 2, 4, & 8 mg tablets)	16	✓	Dilaudid® 2, 4, & 8 mg tablets
	----	✓	Hydromorphone (generic) Oral Liquid 1 mg/ml and Dilaudid® Oral Liquid 1mg/ml
Oxycodone (generic) 5, 10, 15, 20 & 30 mg tablets	12	✓	
Oxycodone (generic) 1mg/ml Oral Solution	----	✓	Oxycodone (brand) 1mg/ml Oral Solution
Oxycodone (generic) 20mg/ml Oral Concentrate	----	✓	Oxycodone (brand) 20mg/ml Oral Concentrate
	12	✓	Oxycodone (generic) 5 mg caps

**Reminders:**

**Skeletal Muscle Relaxant Daily Quantity Limit Change and Maximum Duration of Therapy**

Effective September 23<sup>rd</sup>, 2014, all antispasmodic SMR agents now have daily quantity limits. Additionally, patients will be limited to 90 days of therapy per 365 days. Patients identified as refilling prescriptions on a monthly basis that exceeded the new daily quantity limits were given 6 week prior authorizations to override the quantity limit edits. **These prior authorizations will expire on 11/04/2014.** A notification letter was sent out to prescribers on September 15<sup>th</sup>, 2014 which included an additional page if any of your patients were identified as requiring such a PA. To review the entire notification and a table of all antispasmodic SMR agents that have daily quantity limits, go to: <http://dvha.vermont.gov/for-providers/muscle-relaxants-09-23-14.pdf>

**Select Benzodiazepines have Daily Quantity Limits  
Alprazolam/Alprazolam ER Moved to PA Required**

Effective October 16<sup>th</sup>, 2014, select anxiolytic benzodiazepines have daily quantity limits as indicated in the table on the next page. Additionally, alprazolam and alprazolam ER have moved to PA required. According to the SPMI (severe and persistent mental illness) guidelines implemented in 2006, current users of alprazolam and alprazolam ER will be able to continue therapy without PA as long as there are no gaps in therapy of greater than 4 months. Patients identified as refilling prescriptions on a monthly basis that exceeded the new daily quantity limits were given 6 weeks prior authorizations to override the quantity limit edits. **These prior authorizations will expire on 12/1/2014.** An additional sheet was included in the letter if any of your patients were identified as requiring such a PA. If you would like to receive a list of all your patients currently filling

claims for benzodiazepines, please contact our onsite Catamaran Client Services Manager, Michelle Sirois at 1-802-879-5940. You can find the complete letter at:

<http://dvha.vermont.gov/for-providers/select-benzodiazepines-10-16-14.pdf>

**Anxiolytic Benzodiazepines – DVHA Preferred Drug Status and Daily Quantity limits**

<b>Preferred Product – No PA Required</b>	<b>Quantity Limit Per Day</b>	<b>PA Required</b>
Chlordiazepoxide (generic) 5,10 & 25 mg caps	----	----
Clonazepam (generic) 0.5, 1 & 2 mg tabs	4 or 3 (2mg)	Klonopin® 0.5, 1 & 2 mg tabs
Clonazepam ODT 9( generic) 0.125, 0.25, 0.5, 1 & 2 mg orally disintegrating tabs	4 or 3 (2mg)	----
Clorazepate (generic) 3.75, 7.5 & 15 mg tabs	----	Tranxene T® 3.75, 7.5 & 15 mg tabs
Diazepam (generic) 2, 5, & 10 mg tabs	----	Valium® 2, 5 & 10 mg tabs
Lorazepam (generic) 0.5 1 & 2 mg tabs	4	Ativan® 0.5, 1 & 2 mg tabs
Oxazepam (generic) 10, 15 7 30 mg caps	----	
	4	Alprazolam, Xanax® 0.25. 0.5. 1 & 2 mg tabs
	2	Alprazolam ER, alprazolam XR, Xanax XR® 0.5, 1, 2 & 3 mg extended release tabs
	3	Alprazolam ODT 0.25, 0.5, 1 & 2 mg orally disintegrating tabs, Niravam® 0.25mg
	----	Alprazolam Intensol® (alprazolam concentrate) 1 mg/ml
	----	Diazepam Intensol® (diazepam concentrate) 5mg/ml
	----	Lorazepam Intensol® (lorazepam concentrate) 2mg/ml