



**SUMMER
2023**

**Montana Healthcare Pharmacy
Programs Link**

(Current Montana Healthcare Programs
Preferred Drug List,
Provider Notices, DUR Board/Meeting
Information, Resources)
<http://medicaidprovider.mt.gov/19>

For current drug
prior authorization criteria:
[https://www.mpqhf.org/corporate/
montanans-with-medicaid/pharmacy/](https://www.mpqhf.org/corporate/montanans-with-medicaid/pharmacy/)

The Drug Utilization Review
(DUR) Program, administered by
Mountain Pacific through a contract with
the Allied Health Services Bureau
of the Montana Department of Public
Health and Human Services, is
the quality assurance body seeking to
assure the quality of pharmaceutical care
and to help provide rational, cost-
effective medication therapy for
Montana Healthcare Programs members.

Montana Healthcare Programs
Drug Prior Authorization Unit
1-800-395-7961



Mountain Pacific **DUR** PROGRAM NEWS

Foster Care Psychotropic Oversight Program

The Clinical Issue: In November 2011, State Directors received a letter from the U.S. Department of Health and Human Services (HHS) addressing concern with the safe, appropriate and effective use of psychotropic medications among children in foster care. A 16-state study revealed foster children were prescribed antipsychotics at nine times the rate of other Medicaid members.¹ While medications can be an important component of treatment, strengthened oversight of psychotropic medication use is necessary. Children in foster care are at a significantly higher risk of mental and physical health conditions, including the following:

- Seven times as likely to experience depression
- Six times as likely to exhibit behavioral problems
- Five times as likely to feel anxiety
- Three times as likely to have attention deficit disorder, hearing impairment and vision issues
- Twice as likely to suffer from learning disabilities, developmental delays, asthma, obesity and speech problems²

The Response: Using our case management pharmacists, Mountain Pacific evaluates the prescribing and monitoring of psychotropic medications. In addition, we ensure children have current well-child visit information, psychotherapy visits and appropriate atypical antipsychotic metabolic lab monitoring.

Importance of Routine Atypical Antipsychotic Metabolic Syndrome Lab Monitoring: Atypical antipsychotics can cause

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This information is brought to you by:
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Foster Care Psychotropic Oversight Program (continued)

metabolic syndrome (e.g., weight gain, diabetes, dyslipidemia). Guidelines addressing the frequency of monitoring vary, but the consensus is that baseline and ongoing fasting glucose/HgbA1c and lipid panel labs should be completed. See table below.^{3,4}

Metabolic Syndrome Monitoring Recommendations for Pediatric Patients on Atypical Antipsychotics							
Parameter Monitored	Initiation				Ongoing		
	Baseline	4 Weeks	8 Weeks	12 Weeks	Quarterly	6 Months	Annually
Personal/family history	X						X
Weight and body mass index (BMI)	X	X	X	X	X		
Waist circumference	X			X			X
Blood pressure	X			X			X
Fasting plasma glucose/HbA1c	X			X		X	X
Fasting lipid profile	X			X		X	X

Negative metabolic consequences, including weight gain and cardiometabolic abnormalities (e.g., central obesity, insulin resistance, dyslipidemia, systemic inflammation), can affect up to 60% of patients taking an atypical antipsychotic, with children having the highest risk.⁵

Importance of Psychotherapy

Psychotherapy is recommended for many pediatric mental health disorders. Psychotherapy may be used alone or in combination with medication therapy. In children and adolescents four to 18 years of age, the average child was better adjusted after treatment with psychotherapy than 79% of those not treated.⁶

Importance of Annual Routine Well-Child Visits

The American Academy of Pediatrics recommends annual, routine well-child visits for children and adolescents three to 21 years of age.⁷ Well-child visits are essential for many reasons, including tracking

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Foster Care Psychotropic Oversight Program (continued)

growth and developmental milestones, ensuring vaccinations are up-to-date and discussing any concerns about the child.

References:

1. <https://www.medicaid.gov/federal-policy-guidance/downloads/smd-11-23-11.pdf>
2. Turney, K. & Wildeman, C. (2016). Mental and Physical Health of Children in Foster Care. *Pediatrics*, 138(5), 2016-1118.
3. American Diabetes Association, American Psychiatric Association, American Association of Clinical Endocrinologists, North American Association for the Study of Obesity. Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes. *Diabetes Care*. 2004;27(2).
4. <https://www.ahrq.gov/sites/default/files/wysiwyg/pqmp/toolkits/antipsychotics-toolkit.pdf>
5. Libowitz, M. & Nurmi, E. (2021). The Burden of Antipsychotic-Induced Weight Gain and Metabolic Syndrome in Children. *Frontiers in Psychiatry*.
6. Weisz, J. R., Weiss, B., Alicke, M. D., & Klotz, M. L. (1987). Effectiveness of psychotherapy with children and adolescents: A meta-analysis for clinicians. *Journal of Consulting and Clinical Psychology*, 55(4), 542-549 <https://psycnet.apa.org/doi/10.1037/0022-006X.55.4.542>
7. https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

Eligibility Questions?

What is happening with eligibility for Montana Healthcare Programs? Changes have been reported in the news and there is confusion about what members need to do. Montana Healthcare Programs include Medicaid, Healthy Montana Kids and Medicaid waivers.

During the COVID-19 public health emergency (PHE), the Montana Department of Public Health and Human Services (DPHHS) adjusted its eligibility processes for these programs so members would keep their health care coverage. This resulted in suspension of the annual redetermination process of checking if individuals qualified for continued health care coverage. Processing changes in circumstances (income or household size modifications) was suspended, and individual's coverage was not ended in most cases.

The public health emergency ended the second week of May, so now the normal eligibility processes and requirements will return. DPHHS resumed processing annual redeterminations and changes in Montana Healthcare Programs members' circumstances and adjusting members' coverage as appropriate on April 1, 2023. All cases will be redetermined over the next eight months.

Members need to be sure they have updated their contact information, including current address, phone number and email address with DPHHS. Notices will be mailed out by DPHHS. Some members' eligibility

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Eligibility Questions? (continued)

coverage will be updated through an automated process, and those members will receive a letter telling them they are eligible for continued coverage. Some individuals' coverage cannot be renewed by the automated process and will receive a packet in the mail that will require a response online, by mail or by telephone. Members who lose eligibility will also receive notices and will be provided with information on how to find other health care coverage.

Where can you go to get help:

- Complete a change of address form online: apply.mt.gov
- Call the Public Assistance Helpline: 1-888-706-1535
- Mail to: DPHHS, P.O. Box 202925, Helena, MT 59620-2925
- Fax to: 1-877-418-4533

Additional information can be found at <https://dphhs.mt.gov/hcsd/medicaidupdates/>

At apply.mt.gov, individuals can also create an online account. An online account allows individuals to not only update their contact information, but also receive correspondence and complete the redetermination process for their coverage when it is time.

Reference:

Montana Health Care Programs MESSENGER; Issue 23, April 2023

<https://dphhs.mt.gov/montanahealthcareprograms/04-01-2023-02MedNewsletter1.pdf>

Changes in Pharmacy Rules for Montana Healthcare Programs



During the last several years some of the rules for prescription drugs covered by the Montana Healthcare Program were modified due to the federal PHE. The goal of these changes was to help maintain access to medications when providers were not available, or members could not get to the pharmacy. To meet these goals, members were able to fill medications earlier than usual and most medications could be filled for a 90-day supply. Also suspended was the requirement for prescribers to call for drugs that require a yearly update and authorization. Now that

the PHE has ended, prescribers once again need to make those calls. Members can fill their prescriptions early, but not as early as they could during the PHE.

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Changes in Pharmacy Rules for Montana Healthcare Programs (continued)

The rules for medications have returned to those enforced prior to the PHE. Some of the ones that have resulted in numerous questions are:

- 1 Providers need to contact the Prior Authorization (PA) Unit annually in order to renew authorization for most medications that require a PA. Usually, the pharmacy will let the prescriber know this needs to be done.
- 2 Prescriptions for non-controlled substances may be refilled after 75% of the estimated therapy days have elapsed. Prescriptions for controlled substances (CII-CV) and gabapentin may be refilled after 90% of the estimated therapy days have elapsed. A prescription may be refilled early only if the prescriber changes the dosage or if the member was admitted to a nursing facility. The pharmacist must document any dosage change. In any circumstance, the provider must contact the Drug Prior Authorization Unit to receive approval.
- 3 Medications may not be dispensed in quantities greater than a 34-day supply except where manufacturer packing cannot be reduced to a smaller quantity. The following drug classes are considered maintenance medications and may be dispensed up to a 90-day supply. Please note: this list is subject to change. Find the most up-to-date list in the [Prescription Drug Program Manual](#).

Cardiovascular (Heart Health)

- Antiarrhythmics – digoxin, amiodarone
- Antihypertensives (blood pressure)
 - Angiotensin modulators and combinations – benazepril, lisinopril, irbesartan, losartan, valsartan, losartan/HCTZ, valsartan/HCTZ, lisinopril/HCTZ, enalapril/HCTZ
 - Calcium channel blockers and combinations – amlodipine, nifedipine, verapamil, diltiazem, amlodipine/valsartan, amlodipine/benazepril, Exforge HCT
 - Beta blockers and alpha blockers – atenolol, propranolol, metoprolol, prazosin, doxazosin, terazosin, carvedilol
 - Alpha agonists – clonidine, guanfacine, methyldopa
 - Vasodilators – hydralazine, minoxidil, isosorbide
 - Diuretics – furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorothiazide, indapamide, spironolactone, amiloride, triamterene/HCTZ, spironolactone/HCTZ, amiloride/HCTZ
- Antihyperlipidemics (cholesterol) – atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, gemfibrozil, fenofibrate, ezetimibe
- Platelet aggregation inhibitors and hemorrheologic agents (blood thinners) – Aggrenox, aspirin, clopidogrel, dipyridamole, Effient, Brilinta, pentoxifylline

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Changes in Pharmacy Rules for Montana Healthcare Programs (continued)

Diabetes

- Antihyperglycemic – glimepiride, glipizide, glyburide, metformin, acarbose, Glyset, glyburide/metformin

Central Nervous System

- Anticonvulsants (exclusions apply) – divalproex, ethosuximide, phenytoin, lamotrigine, levetiracetam, topiramate, zonisamide, carbamazepine, oxcarbazepine
- Anti-Parkinson's and other movement disorders – carbidopa, amantadine, pramipexole, ropinirole, carbidopa-levodopa
- Skeletal muscle relaxants – baclofen, chlorzoxazone, cyclobenzaprine, methocarbamol, orphenadrine, tizanidine

Gastrointestinal

- Antacids – Tums, Maalox
- Anti-ulcer – sucralfate, misoprostol
- H₂-inhibitors – famotidine, ranitidine
- Bile salts – ursodiol

Renal System

- Incontinence – oxybutynin, Toviaz
- Electrolyte depleters/replacers – calcium acetate, Renagel, potassium chloride, Phos-Nak, potassium citrate
- Hyperuricemia (gout) – allopurinol, probenecid

Respiratory

- Antihistamines – cetirizine, loratadine, levocetirizine
- Leukotriene receptor antagonist (asthma/allergies) – montelukast
- Other – theophylline

Men and Women's Health

- Contraceptives (oral, transdermal, intravaginal)
- Prostate – alfuzosin, tamsulosin, finasteride, dutasteride
- Breast cancer – tamoxifen
- Vitamin supplementation (restrictions apply) – prenatal vitamins, vitamin B, vitamin D, folic acid

Other Body Systems

- Bone strength – alendronate, raloxifene
- Thyroid/antithyroid – levothyroxine, methimazole, propylthiouracil
- NSAIDs (pain/inflammation) – diclofenac, ibuprofen, indomethacin, meloxicam, naproxen, sulindac, celecoxib

Reference:

<https://rules.mt.gov/gateway/ruleno.asp?RN=37%2E86%2E1102>



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Prior Authorization Corner

Sublocade Prior Authorization Change



Drug Prior Authorization, Case Management and the Montana Healthcare Programs have gotten numerous calls of concern from our providers about pharmacies shipping additional doses of Sublocade when the previous dose has not been given or the medication has been discontinued. A long-acting injection for opioid use disorder, Sublocade is shipped by a specialty pharmacy directly to the provider specifically for a member who then receives the injection. This medication cannot be returned to the pharmacy and cannot be given to a different patient.

To address this problem, some changes have been implemented.

The first three months of therapy on Sublocade will be approved on a month-by-month basis. Providers will need to verify each month that the member has a scheduled appointment for an upcoming injection and that all previously received doses have been used. The goal is to ensure the prescription order at the pharmacy is current and has been ordered by the treating provider. This should reduce the errors involved with automatic shipments.



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