



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# MEDICAID MEMO

**TO:** All Providers Participating in the Virginia Medical Assistance Programs and all Managed Care Organizations

**FROM:** Patrick W. Finnerty, Director  
Department of Medical Assistance Services

**MEMO** Special

**DATE** 8/1/2004

**SUBJECT:** Mandatory Generic edits, ePocrates™, Weight Loss Drugs-New Prior Approval Procedure and Over the Counter Drugs

The purpose of this memorandum is to inform you of four new pharmacy initiatives: the Mandatory Generic edit; the ePocrates preferred drug list (PDL) download for personal data assistants (PDAs); the new prior authorization process for Weight-Loss drugs; and the Over the Counter (OTC) drug list, all effective September 1, 2004.

## **MANDATORY GENERIC EDIT**

DMAS state plan requires that prescriptions for multiple source drugs must be filled with generic drug products unless the physician or other licensed, certified practitioners certifies in their own handwriting "brand necessary" for the prescription to be dispensed as written.

This certification must be on file in the pharmacy and available for review by DMAS Program auditors. Signing the prescription on the signature line -- "Dispense as Written" -- is not sufficient for reimbursement greater than the maximum allowable cost (MAC). This requirement also applies to telephone orders (the pharmacist should write "brand necessary" on the telephoned order).

Effective September 1, 2004, the point-of-sale (POS) system will deny claims with a "Substitute less costly generic" edit when a brand name drug is dispensed without a "1" in the DAW field. For single source drugs, providers should continue to use a "0" in the DAW field when the prescribers have not designated "brand necessary". In the rare situations when the pharmacist is dispensing the brand name, because no generics are available in the marketplace (generic is not currently manufactured, distributed, or is temporarily unavailable) and the prescribers have not specified "brand necessary" the pharmacist may enter an "8" in the DAW field for proper reimbursement.

### **ePocrates-PDL DOWNLOAD**

Effective September 1, 2004, the Virginia Medicaid Preferred Drug List will be available for download for all ePocrates users.

**ePocrates** is a leading drug information software for handheld computers (PDAs) and desktop computers. A large number of healthcare providers use this software in their daily practice. For more information and product registration, please visit their website at [www.epocrates.com](http://www.epocrates.com).

To download the Virginia Medicaid-PDL to your PDA follow the following procedure:

1. Ensure that you have a version of ePocrates Rx® installed on your PDA
2. Connect to the Internet and go to: [www.epocrates.com](http://www.epocrates.com);
3. Click the “Add Formularies” link at the top of the page;
4. Login to the website using your user name and password
5. Select “Virginia” from the “Select State” menu;
6. Select “Virginia Medicaid-PDL” under “Available Formularies;”
7. Click on “Add to My List” and then click on “Done”;
8. Auto Update your PDA to install the “Virginia Medicaid-PDL” to your PDA.

PDA users may also download the PDL, in PDF format, via our new link on the DMAS website ([www.dmas.virginia.gov](http://www.dmas.virginia.gov)). To access this link please click on “**pharmacy**” > “**pharmacy initiatives**” > “**PDL Quicklist PDA Format**”. This page will have full directions to complete the download and HotSync operations.

### **WEIGHT-LOSS DRUGS PRIOR APPROVAL PROCEDURES**

Effective September 1, 2004, First Health Services Corporation (FHSC) will begin processing the requests for prior approvals for weight loss drugs. Please do not send request to DMAS or the Director of Medical Support Services. See the enclosed “Fax” document. Additional copies may be obtained, upon request, through FHSC by calling (800) 932-6648 or sending a fax request to (800) 932-6641.

Requests for prior authorization must contain the full information needed to process the request.

The completed form may be **FAXED TO 800-932-6651**.

Requests may be phoned to 800-932-6648.

Requests may be mailed to: First Health Services Corporation  
4300 Cox Road  
Glen Allen, VA. 23060  
ATTN: MAP

### **Coverage of Weight Loss Drugs**

All FDA-approved weight loss drugs may be covered for recipients who meet the criteria for anti-obesity drugs. Such coverage shall be provided only when prior authorization has been granted by **FHSC** based on a certificate of medical need and the supporting documentation. Providers should consider the following factors in determining the need for the use of anti-obesity drugs:

- Conformity of the patient's condition to the SSA definition of *obesity* as a disability as found in *Disability Evaluation Under Social Security* (SSA Publication 64-039), Part III, § 9.09, which requires a weight in excess of 100 percent of the SSA defined desired level and a concurrent condition defined in the same section of SSA definitions relating to impairment by virtue of endocrine systems and obesity;
- Presence of a life-threatening condition, documented by the treating physician; compliance with General Regulation 18 VAC 85-20-90, *Pharmacotherapy for weight loss* as set forth by the Virginia Board of Medicine, as delineated in its *Board Briefs*, Newsletter #52 (Spring 1997);
- The manufacturer's directions for the specific drug's therapy; and
- Assessment of the risk-benefit ratio related to the patient's commitment to compliance in treatment.

Documentation presented for consideration should include, but is not limited to:

1. Age;
2. Height;
3. Weight;
4. Psychiatric or psychosocial evaluation;
5. Documented medical record evidence of functional disability;
6. Documented medical evidence of previous conservative medical management;
7. Documentation that other causes of obesity have been ruled out (for example, Hypothyroidism);
8. Documentation of the extent of concurrent medical problems; and
9. Documentation by the attending physician certifying the determination that the patient's life is at risk due to obesity.

## **COVERAGE OF OTC DRUGS**

DMAS covers over-the-counter drugs if the OTC is a designated drug prescribed by a licensed prescriber through a prescription (oral or written) and is to be used as a less expensive alternative to the covered legend drug. The following is a list of the therapeutic categories of OTC drugs that DMAS currently covers.

### **Coverage of Specific Therapeutic Categories of OTC Drugs:**

- **Analgesics**
- **Antacids**
- **Anti-Diarrheas**
- **Anti-Emetics, Anti-Vertigo**
- **Anti-inflammatory Agents**
- **Anti-Itch, topical**
- **Antibiotics, topical**
- **Antiflatulents**
- **Antifungals, topical**
- **Antihistamines (loratadine and various others)**
- **Cold and Cough Preparations**
- **Cough Suppressants**
- **Decongestants**
- **Dermatological Agents-various**
- **Expectorants**
- **Eye & Ear Preparations**
- **Hemorrhoid Preparations**
- **Histamine-2 receptor antagonist (ranitidine and various others)**
- **Iron supplements**
- **Laxatives, Cathartics, Bulk Producers, Stool Softeners**
- **Mineral supplements (Calcium and various others)**
- **Nicotine Cessation**
- **Pediatric electrolyte s solution**
- **Pediculicides**
- **Proton Pump Inhibitors (Prilosec<sup>®</sup> OTC)**
- **Scabicides**
- **Vitamins and Minerals (various)**

The Medicaid Pharmacy Program **does not cover** the following non-legend items:

- Dietary items, such as sugar and salt substitutes;
- Enteral nutrition covered under Durable Medical equipment (DME);
- Hair growth products;
- Personal items, including (but not limited to) dentifrices, dental adhesive, toiletries and other items generally classified as cosmetic; mouthwash and gargles; shampoos (non-legend) and soaps; depilatories, suntan lotion and hair bleaches; or products used for cosmetic purposes.

Please visit our website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov) for a more detailed list. Please note the list above is comprehensive, but not all-inclusive. Please remember that only drugs whose manufacturer participates in the federal rebate program are covered. Family planning drugs, supplies and insulin for all recipients, and syringes and needles for all recipients, except those residing in nursing facilities are covered. Diabetic test strips are covered for recipients less than 21 years of age only; over 21 years of age should use a DME provider.

### **“PDL/PRIOR AUTHORIZATION HELPLINE”**

The First Health Clinical Call Center can be reached at **800-932-6648**, to answer your questions regarding the PDL. Requests for Prior Authorization can be initiated by letter, by faxing the enclosed form to **800-932-6651**, or by contacting the First Health Services’ Clinical Call Center at **800-932-6648**. PA requests also can be mailed to:

**First Health Services Corporation  
4300 Cox Road  
Glen Allen, VA 23060  
ATTN: MAP Department/VA Medicaid**

### **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

### **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its provider manuals and Medicaid Memoranda on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov) (*please note the new website address*). Refer to the Provider Column to find Medicaid and SLH provider manuals or click on “Medicaid Memos to Providers” to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet, or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

Attachments (2)



# Virginia Medicaid ANTI-OBESITY DRUGS Prior Authorization Request Form

Virginia Medicaid has coverage limits and criteria for prior authorization of weight loss medications. These limits and criteria are based on concerns about safety when used with other medications, and efficacy. In order for beneficiaries to receive Medicaid coverage for these drugs, it will be necessary for the prescriber to complete and fax or mail this prior authorization request to First Health Services Corp. at the address listed at the bottom of this form. Please complete this form in its entirety and sign and date below. Incomplete requests will be returned for additional information.

**Use this form for Anti-Obesity drug prior authorization requests only.**

**Prescribing physician:**

Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

**Beneficiary:**

Name: \_\_\_\_\_  
 Medicaid ID #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**Pharmacy (if known):** \_\_\_\_\_ Phone: \_\_\_\_\_ &/or FAX: \_\_\_\_\_

**Drug Requested:** \_\_\_\_\_ Strength & Frequency: \_\_\_\_\_ Length of therapy: \_\_\_\_\_

**Coverage for these medications will be limited to the following:**

- Patients with a BMI >40 or more, or a BMI >35 or more with co -morbidity.
  - Patient must be 18 years of age or older.
- Note: Patient must be eligible for coverage at the point of sale (determined by supplying pharmacy).

1. Assessment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Other Diagnosis: \_\_\_\_\_

3. Current medications: \_\_\_\_\_

4. Current body mass index (BMI): \_\_\_\_\_ Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_

5. Are there any contraindications for this use, malabsorption syndromes, cholestasis, pregnancy and/or lactation?  
 YES NO If YES, please describe: \_\_\_\_\_

6. Is this part of a total treatment plan including a calorie and fat restricted diet and exercise regimen?  
 YES NO If YES, please attach copy of plan.

7. Have there been any previous weight loss plans or programs including diet and exercise plans?  
 YES NO If YES, please attach copy of plan and reason for failure.

Comments:

**Prescriber Signature:** \_\_\_\_\_ **Date of this request:** \_\_\_\_\_

FOR FIRST HEALTH USE				
Approved	Changed	Denied	Pending	Comments:
MAP RPh/tech:	_____	_____	_____	_____
NDC:	_____	_____	_____	_____
Date of Decisions:	_____	_____	_____	_____

Submit requests via phone, fax or mail to: **First Health Services Corp.** Tel: **1-800-932-6648**  
**MAP Dept.** FAX: **1-800-932-6651**  
**4300 Cox Road**  
**Glen Allen, VA 23060**



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# ePocrates

The power for enhanced prescribing  
in the palm of your hand



With this powerful database downloaded to your handheld device, you can check:

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- Copayment tiers
- Preferred drug list and generic substitutes
- Quantity limits

You may already be using ePocrates Rx, the leading handheld drug reference guide used by more than 340,000 health care professionals to:

- Determine adult and pediatric dosing
- Check for drug interactions
- Guard against adverse reactions and contraindications
- Check drug tables and regimens

When you use ePocrates Rx for prescribing, the advantages include:

- Safer, more cost-effective prescribing
- Less time spent handling pharmacy call backs
- Better patient satisfaction
- Less of your staff's time spent handling pharmacy benefit paperwork

All you need is a handheld device (compatible with Palm OS and Pocket PC) and/or a personal computer with access to the Internet.

We value our relationship with you and all the physicians in our network, and appreciate the care and service you give our members. Providing you with this innovative tool is one way we're striving to better serve you.

Go to [www.epocrates.com](http://www.epocrates.com) today for your free download of ePocrates Rx®, or to subscribe to ePocrates Rx Pro™ or ePocrates Rx Online™.



We'd like to introduce you to the ePocrates Rx® clinical reference that combines detailed drug information from ePocrates with the Virginia Medicaid Preferred Drug List. It is available to you free of charge.

Visit us at [www.dmas.virginia.gov](http://www.dmas.virginia.gov)

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