MedicAide

An Informational Newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **July 2020**

In This Issue

Information Releases

Recent Updates to Criminal History and Background Check Requirements

On March 20, 2020, updates were made to Idaho Administrative Procedure Act (IDAPA) rules to reflect necessary changes. IDAPA 16.05.06, "Criminal History and Background Checks," was among those changed. The term provider is used synonymously with the term employer in these rules. To ensure compliance, providers should review the current IDAPA rules applicable to their agency/facility type and informational releases for additional guidance amidst the COVID-19 pandemic. Below are noted changes to the criminal history and background check rules.

IDAPA 16.05.06.010.09 defines the term direct access employee:

> 09. Direct Patient Access Employee. Any individual who has access to a patient or resident of a long-term care provider or facility, whether through employer or contract, and who has duties or performs tasks that involve (or may involve) one-on-one (1:1) contact with a patient or resident or has access to his personal belongings. Volunteers are not considered a Direct Patient Access Employee of a long-term care provider or facility unless volunteers are required to undergo a criminal history and background check per the rules applicable to the specific type of facility or provider.

IDAPA 16.05.06.061 provided clarification to employer responsibilities. It states, in pertinent part:

> 061. EMPLOYER RESPONSIBILITIES.
> The criminal history and background check clearance is not a determination of the suitability for employment. The Department's criminal history and background check clearance means that an individual was found to have no disqualifying crime or relevant record. Employers are responsible for determining the individual's suitability for employment as described in this rule.
>
> 02. Maintain Printed Copy of Application. The employer must maintain a printed copy of the printed, signed, and notarized criminal history and background check application for all individuals required to obtain a criminal history and background check.
>
> a. The copy of the application must be readily available for inspection to verify compliance with this requirement. The documentation must be retained for a period consistent with the employer's own personnel documentation retention schedule.
>
> b. An employer who chooses to use a criminal history and background check obtained for a previous employer must comply with Section 300 of these rules and maintain copies of the records identified in Subsection 190.01 and 300.02.c. of these rules.

IDAPA 16.05.06.100 lists the individuals subject to a criminal history check. An additional provider type (required class) was added, which caused renumbering of the existing list:

Required Class:	Idaho Code and IDAPA Chapter(s):
4. Children's Agency Facility Staff	IDAPA 16.06.02, "Child Care Licensing."

The timeframe for submitting application and fingerprints, IDAPA 16.05.06.150, states:

> 150. The completed notarized application and fingerprints must be received by the Department within twenty-one (21) days from the date of submission in the Department background check system whether submitted by mail or at a Department fingerprinting location.
>
> 01. Availability to Provide Services. The applicant may provide services on the day the application is signed and notarized, as long as the applicant has not disclosed any disqualifying crimes or relevant records. The applicant must provide the Department a copy of the signed and notarized application to validate the date of applicant's availability to provide services.
>
> 02. Unavailability to Provide Services. The applicant becomes unavailable to provide services or be licensed or certified when the notarized application is not received or fingerprints have not been collected within this timeframe, or the application is deemed inadequate or incomplete for processing by the Department.
>
> 03. Incomplete Application. The criminal history and background check is incomplete and will not be processed by the Department if this time frame is not met.
>
> 04. No Extension of Time Frame. The Department will not extend the twenty-one (21) day time frame, unless the applicant or employer provides just cause. An applicant for employment or employer can not submit a new application for the same purpose, or repeatedly re-sign and re-notarize the original application.

IDAPA 16.05.06.210 was updated to reflect additional crimes now included in this list. It states, in pertinent part:

> 210. DISQUALIFYING CRIMES RESULTING IN AN UNCONDITIONAL DENIAL.
> An individual is not available to provide direct care or services when the individual discloses or the criminal history and background check reveals a conviction for a disqualifying crime on their record as described in this rule.
>
> 01. Disqualifying Crimes. The disqualifying crimes, described in Subsection 210.01 of this rule, or any substantially conforming foreign criminal violation, will result in an unconditional denial being issued.
>
> cc. Battery with intent to commit a serious felony, as defined in Section 18-911, Idaho Code;
>
> dd. Assault with intent to commit a serious felony, as defined in Section 18-909, Idaho Code; or
>
> ee. Attempt, conspiracy, accessory after the fact, or aiding and abetting, as defined in Sections 18-205, 18-306, 18-1701, and 19-1430, Idaho Code, to commit any of the disqualifying designated crimes.
>
> 02. Disqualifying Five-Year Crimes. The Department will issue an unconditional denial for an individual who has been convicted of the following

described crimes for five (5) years from the date of the conviction for the crimes listed in this rule, or any substantially conforming foreign criminal violation.

IDAPA 16.05.06.300 was updated to explain the process for when employees (staff) are terminated and then rehired at a later date.

Employers using previous criminal history and background checks, see changes to IDAPA 16.05.06.300.

For additional guidance and a list of FAQs, please visit the Criminal History Unit website at: https://chu.dhw.idaho.gov.

Attention Pharmacists: Enrollment with Idaho Medicaid

Idaho Medicaid has completed the final stages of system modifications to allow registered Idaho pharmacists to enroll as ***NON-BILLING ordering, referring, prescribing (ORP) providers.***

Idaho Medicaid recently enrolled pharmacists with the use of data from Board of Pharmacy, automatically. If Idaho Medicaid was able to match your license in the National Plan and Provider Enumeration System (NPPES), you have been enrolled, and no further action is needed on your part. All other pharmacists who wish to enroll with Idaho Medicaid will need to complete the ORP paper application, found here.

If you do not have an NPI number and wish to enroll, please complete the process with NPPES first and then complete and return the ORP application.

Enrolled pharmacists will be able to prescribe and provide services within the specifications allowed under the Idaho Pharmacy Act. Actual billing for Idaho Medicaid payable drugs, medical supplies and services will continue to be billed under the enrolled Medicaid pharmacy or other associated business provider number.

Registered Dietitian Enrollment Update

Enrollment for registered dietitians is being updated to allow additional services with a single enrollment application.

Preventive Health Assistance Program
Registered dietitians enrolled with Medicaid do not have to complete a separate enrollment to provide weight management services within the scope of their licensure. A registered dietitian can bill for their services as a rendering provider under a group NPI or be a direct/pay-to provider. If the dietitian offers services beyond nutrition and diet, such as operating a gym or health club, then the dietitian would need to enroll as an atypical provider type for those services.

PHA-Weight Management-Dietitian Discontinued
Effective November 1, 2020, the specialty PHA-Weight Management-Dietitian will be terminated as a valid provider type and specialty. Providers currently enrolled under this type and specialty will need to enroll under a different specialty before that date to continue being reimbursed by Idaho Medicaid.

Questions about this article may be submitted to the Medical Care Policy Team at MCPT@dhw.idaho.gov.

Attention Suppliers: Infusion, Insulin and Nutrition Pumps

IDAPA 16.03.09.753.06 requires durable medical equipment to be provided as capped rentals unless otherwise specified by the Department. Effective October 1, 2020, infusion, insulin and nutrition pumps will only be billable with the RR modifier.

A new capped rental period is only permissible with a prior authorization and only in the event the equipment meets the requirements for replacement specified in the Repairs and Replacement subsection of the Suppliers, Idaho Medicaid Provider Handbook, the participant voluntarily changes suppliers, or due to a break-in-service. A break-in-service occurs due to a change in medical necessity or if payment for the equipment becomes the responsibility of another Medicaid provider such as a skilled nursing facility. If a break-in-service occurs and medical necessity is later re-established, a prior authorization can be requested for a new capped rental period if it has been more than sixty (60) days since medical necessity ended for the initial rental.

The capped rental period does not reset when the equipment is replaced due to wear and tear, malfunction, repair or maintenance during the required warranty period.

Description	Codes	Shared Limit	Note
Nutrition Pumps	B9002, B9004, B9006, E0791	10 months to equal purchase; 1 per 5 years	Requires RR modifier.
Infusion Pumps	E0779, E0780, E0781, E0782, E0783, E0786	10 months to equal purchase; 1 per 5 years	Requires RR modifier.
Insulin Pumps	E0784, E0787	10 months to equal purchase; 1 per 5 years	Requires RR modifier.

Questions about this article may be submitted to the Medical Care Policy Team at MCPT@dhw.idaho.gov.

Limitations on Durable Medical Equipment and Supplies

Idaho Medicaid follows Centers for Medicare and Medicaid Services (CMS) standards for the coverage of durable medical equipment and supplies set in local coverage determinations (LCD) and national coverage determinations (NCD) except as described in the Idaho Medicaid Provider Handbook, Information Releases and MedicAide newsletter. This includes limitations regardless of whether or not they are represented in the claim processing system. For supplies or equipment in excess of limitations or criteria a prior authorization is required.

In order to better serve our providers, Idaho Medicaid will begin to add limitations to the claim processing system to help enforce requirements and prevent providers from receiving audit findings.

The following limitations will be added to the system. All codes with a shared limit must have the same limitation for the claims processing system to bundle the codes together. Because two items don't share a limit, doesn't mean it's appropriate to supply those items together. The descriptions presented here are for the general purpose of reading this article. The official code descriptions still apply.

Description	Codes	Shared Limit	Source
Non-insulin drug infusion catheter supplies	A4221	1 per week	Per coding description.
Insulin infusion catheter supplies	A4224	1 per week	Per coding description.
Therapeutic CGM supplies	A4226	1 per week	Per coding description.
Alcohol wipes	A4245	5 per month	Per Information Release MA03-07.
Betadine or iodine swabs/wipes	A4247	4 per 3 months	Per Information Release MA03-07.
Indwelling catheter	A4310, A4311, A4312, A4313, A4314, A4315, A4316, A4338, A4340, A4344, A4346	4 per 3 months	LCD: Urological Supplies (L33803) and NCCI edits
Male external catheter	A4326, A4349	35 per month	LCD: Urological Supplies (L33803)
Female external urinary collection device; metal cup	A4327	5 per month	LCD: Urological Supplies (L33803)
Female external urinary collection device; pouch	A4328	31 per month	LCD: Urological Supplies (L33803)
Individual sterile lubricant packet	A4332	200 per month	LCD: Urological Supplies (L33803)
Urinary catheter anchoring device; skin adhesive	A4333	13 per month	LCD: Urological Supplies (L33803)
Urinary catheter anchoring device; leg strap	A4334	1 per month	LCD: Urological Supplies (L33803)
Intermittent urinary catheter	A4351, A4352, A4353	200 per month	LCD: Urological Supplies (L33803)
External urethral clamp	A4356	1 per 3 months	LCD: Urological Supplies (L33803)
Urinary drainage collection system	A4354, A4357, A4358, A5102, A5112	2 per month	LCD: Urological Supplies (L33803)

Ostomy faceplate	A4361	2 per 3 months	LCD: Ostomy Supplies (L33828)
Ostomy skin barrier 1	A4362, A4414, A4415, A5121, A5122, A5126	20 per month	LCD: Ostomy Supplies (L33828)
Ostomy skin barrier 2	A4369, A4371, A4405, A4406	4 per month	LCD: Ostomy Supplies (L33828)
Adhesive, liquid or equal	A4364	4 per month	LCD: Ostomy Supplies (L33828)
Ostomy belt	A4367	4 per 3 months	LCD: Ostomy Supplies (L33828)
Ostomy pouch 1	A4416, A4417, A4418, A4419, A4420, A4423, A5051, A5052, A5053, A5054, A5056, A5057	60 per month	LCD: Ostomy Supplies (L33828)
Ostomy pouch 2	A4377, A4381	10 per month	LCD: Ostomy Supplies (L33828)
Ostomy pouch 3	A4424, A4425, A4426, A4427, A4429, A4431, A4432, A4433, A4434, A5061, A5062, A5063, A5071, A5072, A5073	20 per month	LCD: Ostomy Supplies (L33828)
Irrigation supply sleeve	A4397	5 per month	LCD: Ostomy Supplies (L33828)

Ostomy irrigation supply bag	A4398	1 per 3 months	LCD: Ostomy Supplies (L33828)
Ostomy irrigation supply; cone/catheter	A4399	1 per 3 months	LCD: Ostomy Supplies (L33828)
Lubricant, per ounce	A4402	5 per month	LCD: Ostomy Supplies (L33828)
Ostomy ring	A4404	35 per 3 months	LCD: Ostomy Supplies (L33828)
Tape	A4450, A4452	40 per month	LCD: Ostomy Supplies (L33828)
Adhesive remover or solvent	A4455	8 per 3 months	LCD: Ostomy Supplies (L33828)
Adhesive remover, wipes	A4456	50 per month	LCD: Tracheostomy Care Supplies (L33832)
Tracheostoma filter	A4481	62 per month	LCD: Tracheostomy Care Supplies (L33832)
Electrical stimulator supplies, 2 lead, per month	A4595	2 per month	LCD: Transcutaneous Electrical Nerve Stimulators (TENS) (L33802)
CPAP tubing	A4604, A7037	1 per 3 months	LCD: Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (L33718)
Face tent	A4619	1 per month	LCD: Nebulizers (L33370)
Tracheostomy, inner cannula	A4623	62 per month	LCD: Tracheostomy Care Supplies (L33832)
Tracheostomy care kit	A4625, A4629	31 per month	LCD: Tracheostomy Care Supplies (L33832)
Tracheostomy cleaning brush	A4626	2 per month	LCD: Tracheostomy Care Supplies (L33832)
Calibrated microcapillary tube	A4651	20 per month	Per Information Release MA03-07.
Microcapillary tube sealant	A4652	20 per month	Per Information Release MA03-07.
Syringe, with or without needle	A4657	200 per month	Per Information Release MA03-07.
Blood pressure monitor	A4660, A4670	1 per 5 years	Per Information Release MA03-07.
Blood pressure cuff	A4663	1 per 5 years	Per Information Release MA03-07.
Activated carbon filter for hemodialysis	A4680	30 per month	Per Information Release MA03-07.
Dialyzer (artificial kidneys)	A4690	1 per month	Per Information Release MA03-07.
Bicarbonate concentrate for hemodialysis	A4706, A4707	250 per month	Per Information Release MA03-07.
Acetate concentrate solution, for hemodialysis	A4708	250 per month	Per Information Release MA03-07.

Acid concentrate solution, for hemodialysis	A4709	250 per month	Per Information Release MA03-07.
"Y set" tubing for peritoneal dialysis	A4719	90 per month	Per Information Release MA03-07.
Dialysate solution for peritoneal dialysis	A4720, A4721, A4722, A4723, A4724, A4725, A4726, A4765, A4766	250 per month	Per Information Release MA03-07.
Dialysate solution test kit for peritoneal dialysis	A4760	250 per month	Per Information Release MA03-07.
Disposable catheter tips for peritoneal dialysis	A4860	240 per month	Per Information Release MA03-07.
Drain bag/bottle for dialysis	A4911	90 per month	Per Information Release MA03-07.
Tourniquet for dialysis	A4929	20 per month	Per Information Release MA03-07.
Stoma plug/cap	A5055, A5081	31 per month	LCD: Ostomy Supplies (L33828)
Catheter for continent stoma	A5082	1 per month	LCD: Ostomy Supplies (L33828)
Stoma absorptive cover for continent stoma	A5083	150 per month	LCD: Ostomy Supplies (L33828)
Ostomy accessory; convex insert	A5093	10 per month	LCD: Ostomy Supplies (L33828)
Skin barrier, wipes or swabs, each	A5120	150 per month	LCD: Ostomy Supplies (L33828)
Appliance cleaner, incontinence and ostomy appliances	A5131	1 per month	LCD: Ostomy Supplies (L33828); LCD: Urological Supplies (L33803)
Bandages	A6216	60 per month	LCD: Ostomy Supplies (L33828)
Wound care set	A6550	15 per month	LCD: Negative Pressure Wound Therapy Pumps (L33821)
Canister, disposable, used with suction pump	A7000	10 per month	LCD: Negative Pressure Wound Therapy Pumps (L33821)
Disposable nebulizers	A7003, A7004, A7007	2 per month	LCD: Nebulizers (L33370)
Administration set with small volume nonfiltered pneumatic nebulizer, non-disposable	A7005	1 per 3 months	LCD: Nebulizers (L33370)

Pneumatic nebulizer with administration set	A7006	1 per month	LCD: Nebulizers (L33370)
Large volume nebulizer corrugated tubing	A7010	1 per 2 months	LCD: Nebulizers (L33370)
Water collection device, used with large volume nebulizer	A7012	2 per month	LCD: Nebulizers (L33370)
Disposable filter for aerosol compressor/ultrasonic generator	A7013	2 per month	LCD: Nebulizers (L33370)
Filter for aerosol compressor/ultrasonic generator	A7014	1 per 3 months	LCD: Nebulizers (L33370)
Aerosol mask, used with DME nebulizer	A7015	1 per month	LCD: Nebulizers (L33370)
Dome and mouthpiece, used with small ultrasonic nebulizer	A7016	1 per 6 months	LCD: Nebulizers (L33370)
Nebulizer glass/autoclavable plastic bottle	A7017	1 per 3 years	LCD: Nebulizers (L33370)
CPAP mask	A7027, A7030, A7034	1 per 3 months	LCD: Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (L33718)
CPAP cushion/pillow	A7028, A7029, A7032, A7033	2 per month	LCD: Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (L33718)
Face mask interface replacement	A7031	1 per month	LCD: Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (L33718)
Headgear used with positive airway pressure device	A7035	1 per 6 months	LCD: Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (L33718)
Chinstrap used with positive airway pressure device	A7036	1 per 6 months	LCD: Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (L33718)
Positive airway pressure device filter	A7038	2 per month	LCD: Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (L33718)
Filter, non disposable, used with positive airway pressure device	A7039	1 per 6 months	LCD: Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (L33718)
Water chamber for humidifier, used with PAP device	A7046	1 per 6 months	LCD: Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (L33718)
Tracheostoma valve, including diaphragm	A7501	1 per month	LCD: Tracheostomy Care Supplies (L33832)
Diaphragm/faceplate for tracheostoma valve	A7502	1 per month	LCD: Tracheostomy Care Supplies (L33832)
Filter holder/cap for tracheostoma heat and moisture exchange system	A7503	1 per 3 months	LCD: Tracheostomy Care Supplies (L33832)

Tracheostoma heat and moisture exchange system filter	A7504, A7506, A7507, A7508, A7509	62 per month	LCD: Tracheostomy Care Supplies (L33832)
Housing for heat and moisture exchange system and/or with a tracheostoma valve	A7505	2 per 3 months	LCD: Tracheostomy Care Supplies (L33832)
Tracheostomy tubes	A7520, A7521	2 per 3 months	LCD: Tracheostomy Care Supplies (L33832)
Tracheostomy/laryngectomy tube, stainless steel	A7522	1 per year	LCD: Tracheostomy Care Supplies (L33832)
Tracheostomy tube collar/holder	A7526	31 per month	LCD: Tracheostomy Care Supplies (L33832)
Tracheostomy/laryngectomy tube plug/stop	A7527	2 per 3 months	LCD: Tracheostomy Care Supplies (L33832)
CGM Sensor, Non-therapeutic	A9276	1 per day	LCD: Glucose Monitors (L33822)
Enteral/parenteral feeding supply kit	B4034, B4035, B4036, B4088, B4220, B4222, B4224	1 per day	Per coding description.
NG and Stomach Tubes	B4081, B4082, B4083	1 per month	LCD: Enteral Nutrition (L33783)
G-j tubes	B4087, B4088	1 per 2 months	LCD: Enteral Nutrition (L33783)
Electric heat pad	E0210	1 per 5 years	Per Information Release MA03-07.
Centrifuge, for dialysis	E1500	1 per 5 years	Per Information Release MA03-07.
Dialysate delivery system kidney machine	E1510	1 per 5 years	Per Information Release MA03-07.
Heparin infusion pump for hemodialysis	E1520	1 per 5 years	Per Information Release MA03-07.
Air bubble detector for hemodialysis	E1530	1 per month	Per Information Release MA03-07.
Pressure alarm for hemodialysis	E1540	1 per 5 years	Per Information Release MA03-07.
Bath conductivity meter for hemodialysis	E1550	1 per 5 years	Per Information Release MA03-07.
Blood leak detector for hemodialysis	E1560	1 per 5 years	Per Information Release MA03-07.

Adjustable chair for ESRD patients	E1570	1 per 5 years	Per Information Release MA03-07.
Transducer protectors/fluid barriers, for hemodialysis	E1575	1 per month	Per Information Release MA03-07.
Unipuncture control system for hemodialysis	E1580	1 per 5 years	Per Information Release MA03-07.
Hemodialysis machine	E1590	1 per 5 years	Per Information Release MA03-07.
Automatic intermittent peritoneal dialysis system	E1592	1 per 5 years	Per Information Release MA03-07.
Cycler dialysis machine for peritoneal dialysis	E1594	1 per 5 years	Per Information Release MA03-07.
Delivery/installation charges for hemodialysis equipment	E1600	1 per 5 years	Per Information Release MA03-07.
Reverse osmosis water purification for hemodialysis	E1610	1 per 5 years	Per Information Release MA03-07.
Deionizer water purification system for hemodialysis	E1615	1 per 5 years	Per Information Release MA03-07.
Blood pump for hemodialysis	E1620	1 per 5 years	Per Information Release MA03-07.
Water softening system for hemodialysis	E1625	1 per 5 years	Per Information Release MA03-07.
Reciprocating peritoneal dialysis system	E1630	1 per 5 years	Per Information Release MA03-07.
Wearable artificial kidney	E1632	1 per 5 years	Per Information Release MA03-07.
Compact (portable) travel hemodialyzer system	E1635	1 per 5 years	Per Information Release MA03-07.
Sorbent cartridges, for hemodialysis	E1636	1 per month	Per Information Release MA03-07.
Hemostats	E1637	1 per month	Per Information Release MA03-07.
Scale	E1639	1 per 5 years	Per Information Release MA03-07.
Dialysis equipment, not otherwise specified	E1699	1 per 5 years	Per Information Release MA03-07.
Supply allowance for therapeutic cgm	K0553	1 per month	Per coding description.
Holding chamber or spacer for use with an inhaler or nebulizer	S8100, S8101	1 per 6 months	Per MedicAide November 2008.

Questions about this article may be submitted to the Medical Care Policy Team at MCPT@dhw.idaho.gov.

CPT® and HCPCS Coverage Update

The following codes are being added for coverage. Please, allow additional time for the system to be updated. Claims will be reprocessed once complete. All statute, rule and provider handbook requirements apply.

Covered Codes			
Codes	**Description**	**Effective Date**	**Prior Authorization**
C1748	Endoscope, single-use (i.e. disposable), upper gi, imaging/illumination device (insertable)	7/1/2020	No
C9059	Injection, meloxicam, 1 mg	7/1/2020	No
C9061	Injection, teprotumumab-trbw, 10 mg	7/1/2020	Yes, Pharmacy Unit
C9063	Injection, eptinezumab-jjmr, 1 mg	7/1/2020	Yes, Pharmacy Unit
C9122	Mometasone furoate sinus implant, 10 micrograms (sinuva)	7/1/2020	Yes, Pharmacy Unit
C9759	Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed	7/1/2020	No
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	7/1/2020	No
J0223	Injection, givosiran, 0.5 mg	7/1/2020	Yes, Pharmacy Unit
J0591	Injection, deoxycholic acid, 1 mg	7/1/2020	Yes, Pharmacy Unit
J0691	Injection, lefamulin, 1 mg	7/1/2020	Yes, Pharmacy Unit
J0742	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	7/1/2020	Yes, Pharmacy Unit
J0791	Injection, crizanlizumab-tmca, 5 mg	7/1/2020	Yes, Pharmacy Unit
J0896	Injection, luspatercept-aamt, 0.25 mg	7/1/2020	Yes, Pharmacy Unit
J1201	Injection, cetirizine hydrochloride, 0.5 mg	7/1/2020	No
J1429	Injection, golodirsen, N10 mg	7/1/2020	Yes, Pharmacy Unit
J1558	Injection, immune globulin (xembify), 100 mg	7/1/2020	Yes, Pharmacy Unit
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes	7/1/2020	Yes, Pharmacy Unit
J7169	Injection, coagulation factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg	7/1/2020	No
J7204	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	7/1/2020	Yes, Pharmacy Unit
J7333	Hyaluronan or derivative, visco-3, for intra-articular injection, per dose	7/1/2020	No
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	7/1/2020	Yes, Pharmacy Unit
J9198	Injection, gemcitabine hydrochloride, (infugem), 100 mg	7/1/2020	No
J9246	Injection, melphalan (evomela), 1 mg	7/1/2020	Yes, Pharmacy Unit
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	7/1/2020	Yes, Pharmacy Unit
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	7/1/2020	Yes, Pharmacy Unit

Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg	7/1/2020	Yes, Pharmacy Unit
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	7/1/2020	Yes, Pharmacy Unit

Questions about this article may be submitted to the Medical Care Policy Team at MCPT@dhw.idaho.gov.

Solicitation of Comment for Proposed Limitations on DMEPOS

Idaho Medicaid is soliciting comments from providers on the following proposed shared limitations for durable medical equipment and supplies. All codes with a shared limit must have the same limitation for the claims processing system to bundle the codes together. Because two items don't share a limit, doesn't mean it's appropriate to supply those items together. The descriptions presented here are for the general purpose of reading this article. The official code descriptions still apply.

Description	Codes	Shared Limit	Notes
Syringe with needle, sterile, 1 cc or less	A4206	100 per month	Limitation is based off review of other payors.
Syringe with needle, sterile 2cc	A4207	100 per month	Limitation is based off review of other payors.
Syringe with needle, sterile 3cc	A4208	100 per month	Limitation is based off review of other payors.
Syringe with needle, sterile 5cc or greater	A4209	100 per month	Limitation is based off review of other payors.
Syringe, sterile, 20 cc or greater	A4213	30 per month	Limitation is based off review of other payors.
Needle, sterile, any size	A4215	100 per month	Limitation is based off review of other payors.
Blood glucose monitor batteries	A4233, A4234, A4235, A4236	1 per 3 months	Limitation is based off review of other payors.
Alcohol or peroxide, per pint	A4244	2 per month	Limitation is based off review of other payors.
Normal, low and high calibrator solution/chips	A4256	1 per month	Limit previously in system.
Syringe with needle for external insulin pump	A4232	15 per month	Limitation is based off review of other payors.
Disposable drug delivery system	A4305, A4306	36 per 3 months	Based on claim data.
Ostomy skin barrier 1	A4373, A4385, A4407, A4408, A4409, A4410	20 per month	Limitation is based off codes with listed limits in LCD: Ostomy

			Supplies (L33828) and off review of other payors.
Ostomy faceplate equivalent, silicone ring	A4384	10 per month	Limitation is based off review of other payors.
Ostomy pouch 1	A4387	60 per month	Limitation is based off codes with listed limits in LCD: Ostomy Supplies (L33828).
Ostomy pouch 2	A4375, A4376, A4378, A4379, A4380 A4382, A4383, A4388, A4389, A4390, A4391, A4392, A4393, A4412, A4413, A4428, A4430, A4435	10 per month	Limitation is based off codes with listed limits in LCD: Ostomy Supplies (L33828) and off review of other payors.
Ventilator moisture exchanger, disposable	A4483	31 per month	Limitation is based off frequency of recommended replacement.
Surgical stockings	A4490, A4495, A4500, A4510	4 per left or right limb in six months	Limitation is based off review of other payors and NCCI edits.
Conductive gel or paste for electrical device	A4558	32oz per month	Limit previously in system.
Slings	A4565	2 per year	Limitation is based off review of other payors.
Battery for Infusion Pumps	A4602	1 per 2 years	Limitation is based off life expectancy of product.
Tracheal suction catheter	A4605	12 per month	Raises limitation to match review of other payors.
Peritoneal dialysis catheter anchoring device	A4653	1 per month	Limit previously in system.
Dialysate solution for peritoneal dialysis	A4728	250 per month	Limit based on coverage limitations in Information Release MA03-07.
Non-sterile gloves, per 100	A4927	4 per month	Limitation is based off review of other payors.
Gloves, sterile, per pair	A4930	45 per month	Limitation is based off review of other payors.
Bandages	A6453, A6454, A6455	60 per month	Limitation is based off codes with listed limits in LCD: Ostomy Supplies (L33828)
Gradient compression stocking	A6530, A6531, A6532, A6533, A6534, A6535, A6545, A6549	1 per left or right limb per 6 months	Limitation is based off codes with listed limits in (LCD): Surgical Dressings (L33831) and review of other payors.

Gradient compression stocking 2	A6536, A6537, A6538, A6539, A6540, A6541, A6544	1 per 6 months	Limitation is based off codes with listed limits in (LCD): Surgical Dressings (L33831) and review of other payors.

Questions and comments about this article should be submitted to the Medical Care Policy Team at MCPT@dhw.idaho.gov before October 1, 2020 for consideration.

Solicitation of Comment: Medical Waste of Drugs and Biologicals Policy

Idaho Medicaid is soliciting comments from providers on the following policy. Questions and comments about this article should be submitted to the Medical Care Policy Team at MCPT@dhw.idaho.gov before August 3, 2020 for consideration.

Background

The JW modifier became effective January 1, 2017 for use on Medicare Part B claims with drugs or biologicals from single use vials and packages. The modifier is appended on claim lines for units that are not administered to a patient, and must be otherwise discarded. The remaining product cannot be administered to any other patient. Previously Idaho Medicaid allowed the remaining drugs and biologics to be billed and reimbursed without the JW modifier.

Policy

Idaho Medicaid will cover the wastage of drug or biological products administered by injection or infusion using the JW modifier effective October 1, 2020 for drugs and biologics billed using C, J, Q or S HCPCS codes. Wastage is only reimbursable for drugs or biologics that only come in a single-use vial or package as identified by the manufacturer. Drugs that are available in a multi-dose vial or package are not available for wastage reimbursement. Reimbursement is limited to the difference between the amount ordered and administered for the participant and the minimum amount needed to equal the nearest whole vial or package. The nearest whole vial or package is calculated using the vial or package size and dose that results in the least amount of waste available on the market. If possible, administered doses should be rounded to the nearest vial to avoid wastage.

Examples

If the physician orders 100 mg of a drug, and the drug is manufactured in both a 50 mg single-use vial and a 150 mg single-use vial, then no wastage is reimbursable as two 50 mg vials meet the amount ordered.

If the physician orders 180 mg of a drug, and the drug is manufactured in both a 100 mg single-use vial and a 150 mg single-use vial, then Idaho Medicaid will only reimburse for 20 mg of wastage, the result of using two 100 mg vials. If the provider only has 150 mg single-use vials on the date of service, 120 mg will be wasted. However, Idaho Medicaid will still only reimburse for 20 mg of wastage. The remaining 100 mg of wasted drug is excess wastage that is not eligible for reimbursement. The 100 mg becomes a business expense or loss incurred by the provider due to not having the 100 mg vials available when needed.

Reimbursement is not available for:

- Drugs and biologics in excess of what is ordered billed without the JW modifier;
- Drugs and biologics in excess of the minimum wastage amount possible per this policy;
- Drugs and biologics available in multi-dose vials or multi-use packages;
- Drugs and biologics discarded due to expiration when no amount of the discarded vial or pack was administered to the participant;
- Wastage of an amount less than a whole unit of billing per the HCPCS code's long description;
- Drugs and biologics in which any portion of the vial or package was administered to a patient other than the Medicaid participant. This includes another Medicaid participant;
- Drugs and biologics that require a prior authorization for which no prior authorization was obtained;
- Drugs and biologics included in the encounter rate for Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC);
- Drugs and biologics not purchased by the practice site (e.g. study drugs provided by the study sponsor and compassionate use programs);Medication waste resulting from overfill of the single dose vial;
- Medication waste resulting from a missed/failed patient visit; and
- Drug and biologic wastage for the same drug or biologic from multiple single-use vials or packages opened during the same encounter.

Documentation requirements

The medical record must contain the following information on the drug:

- The authorized prescriber order;
    - Orders with dosages based on specific measurements such as weight, surface area, etc., must include those measurements;
- The amount of drug or biologic administered; and
- The amount of drug or biologic discarded or wasted;
    - Must include date and time of disposal;
    - The reason for disposal; and
    - The name, licensure, and signature of the person discarding the drug or biologic.

Billing Instructions

Claims for drug or biologic wastage must be billed on the same claim as the administered portion of the drug. Wastage in compliance with this policy is billed on a separate line item with the modifier JW. The date of service for this claim line must be the last covered administration according to the plan of care or if the participant dies, the date of death.

Glossary

1. **Wastage**: Wastage is the amount of a drug or biologic that is leftover in a vial or package after a portion of the same vial or package is administered to a Medicaid participant.
2. **Single-use**: Single-use products are only intended for use by a single patient or procedure.

Idaho Medicaid Therapy Provider Meeting Minutes

Meeting minutes for the June 19th Therapy Provider Meeting are available at the Medical Care Unit's Therapy Services webpage.

If you would like to be added to the contact list for these meetings, or you have an issue you'd like to appear on the next meeting's agenda, e-mail your request to MCPT@dhw.idaho.gov.

Idaho Medicaid Home Health Provider Meeting Minutes

Meeting minutes for the June 17th Home Health Provider Meeting are available at the Medical Care Unit's Home Health webpage.

If you would like to be added to the contact list for these meetings, or you have an issue you'd like to appear on the next meeting's agenda, e-mail your request to MCPT@dhw.idaho.gov.

Idaho Medicaid DMEPOS Provider Meeting Minutes

Meeting minutes for the June 18th Big Sky AMES Provider Meeting are available at the Medical Care Unit's Durable Medical Equipment and Supplies webpage.

If you would like to be added to the contact list for these meetings, or you have an issue you'd like to appear on the next meeting's agenda, e-mail your request to MCPT@dhw.idaho.gov.

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN – Director

MATT WIMMER - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

June 3, 2020

MEDICAID INFORMATION RELEASE MA20-31

To: Targeted Service Coordinators;
Developmental Disability Agencies;
Residential Habilitation Agencies;
Certified Family Homes;
Self-Direction Support Brokers; and
Self-Direction Community Support Workers.

From: Matt Wimmer, Administrator

Subject: COVID-19 Temporary Addition of Homemaker Services to Home and Community-Based Services (HCBS) Program for Adults with Developmental Disabilities

The Idaho Department of Health and Welfare (Department) continues to monitor and address the impacts resulting from the 2019 Novel Coronavirus (COVID-19). To support participant access to essential services and supplies, the Bureau of Developmental Disability Services is temporarily adding homemaker services to the HCBS program for adults with developmental disabilities (DD) as described in this Information Release and continuing until rescinded by the Department.

Service Definition.
Homemaker services consist of performing for the participant, or assisting them with, or both, the following tasks: essential errands, meal preparation, laundry, and other routine housekeeping duties if there is no one else in the household capable of performing these tasks.

Eligibility.
Any adult participant receiving services under the 1915(i) Adult DD HCBS Benefit and/or the 1915(c) Adult DD HCBS Waiver, who requires additional assistance with homemaker services as a result of the COVID-19 public health emergency, may be authorized to receive temporary homemaker services.

Prior Authorization.
If an individual needs temporary homemaker services as a result of the COVID-19 public health emergency, a service plan addendum/plan change must be submitted to the

Information Coordinator. Temporary homemaker services may be approved retroactively to March 13, 2020, the start of the public health emergency.

The service plan addendum/plan change:

- Will be processed on an expedited basis;
- Must explain why homemaker services are necessary; and
- May be submitted with participant/guardian signatures obtained via email, fax, or phone.
    - Email and fax signatures must be submitted with the addendum/plan change; and
    - Phone authorizations must be documented on the addendum/plan change and include the date and time of the call and the names of the people on the call.
    - A signed addendum/plan change must be obtained as soon as reasonably possible and kept in the participant's records.

If costs exceed an individual's available budget, the budget may be adjusted to support these services when necessary for the health or safety of the participant. Any approved budget increase will be a one-time budget allocation to address the COVID-19 public health emergency and will not increase an individual's KW injunction budget or an individual's calculated budget for the following year.

Provider Types, Qualifications, and Records.
The following provider types may be authorized and receive reimbursement for providing temporary homemaker services:

- Developmental Disability Agencies;
- Residential Habilitation Agencies;
- Certified Family Homes; and
- Self-Direction Community Support Workers.

Individuals providing temporary homemaker services (that are not participant-directed) must:

- Be enrolled as an independent Medicaid provider, or be an employee of an enrolled Medicaid provider agency;
- Be at least eighteen (18) years of age;
- Demonstrate the ability to provide services according to a plan of service; and
- Have satisfactorily completed a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks," or be in the process of completing a criminal history and background check in accordance with the requirements set forth in Information Release MA20-16.

Individuals providing temporary homemaker services as part of the participant self-direction program must:

- Have a completed employment agreement that specifically identifies the homemaker support being purchased, the rate negotiated for the support, and the frequency and duration of the scheduled service; and
- Have satisfactorily completed a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks" or be in the process of completing a criminal history and background check in accordance with the requirements set forth in Information Release MA20-16; unless the criminal history and background check requirement is waived by the participant in accordance with IDAPA 16.03.13.150.

Each participant's record must include documentation of the following:

- Date and time of visit *(Note: the time of the visit may be approximate if provided prior to the date of this information release)*;
- Length of visit;
- General description of services provided during the visit (e.g. grocery shopping, picking up prescriptions, etc.); and
- Confirmation that the service was provided due to COVID-19.

Provider Reimbursement

The provider should bill in accordance with the approved prior authorization and/or the participant's authorized plan of service.

- Traditional temporary homemaker services will be prior authorized using S5130; and
- Participant-directed temporary homemaker services will be approved on the participant plan of service as additional "Personal Supports."

Temporary homemaker services must not duplicate other services furnished to a participant. For example, temporary homemaker services must not be provided at the same time and by the same individual providing other authorized Medicaid services. However, the following circumstances would not be considered a duplication and a provider agency may bill for homemaker services and other authorized Medicaid services:

- For homemaker services and other authorized Medicaid services provided at the same time, if the individual providing the homemaker service is NOT the same individual providing the other authorized Medicaid service to the participant; or
- For homemaker services and other authorized Medicaid services provided by the same individual, if the services are provided to the participant at different times.

MW/kw

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE - Governor
DAVE JEPPESEN - Director

MATT WIMMER - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

June 23, 2020

MEDICAID INFORMATION RELEASE MA20-32

To: Personal Assistance Agency Providers

From: Matt Wimmer, Administrator

Subject: New Payment Rates Effective July 1, 2020

Effective July 1, 2020, the Department is making changes to reimbursement rates for service codes billed by Personal Assistance Agencies as outlined below. To account for an increase in program related expenses due to the Electronic Visit Verification (EVV) mandate, the Department is implementing a rate increase, leveraging rate calculations derived from a recent cost survey. This cost survey was completed in 2017 in accordance with IDAPA 16.03.10.307.

Services provided before July 1, 2020 must be billed separately from the services provided on or after July 1, 2020. There may be an error in your payment if you do not bill separately for these dates of service.

Personal Care Services		
Code	**Service**	**Rate**
T1019	Personal Care Services – PAA	$4.74 per 15-minute unit
Aged and Disabled (A&D) Waiver Services		
Code	**Service**	**Rate**
S5125	Attendant Care Services	$4.74 per 15-minute unit
S5130	Homemaker Services	$4.41 per 15-minute unit
T1005	Respite	$4.41 per 15-minute unit

If you have any questions on claims and billing information, please contact your DXC Technology Provider Relations Consultant or contact DXC Technology at 1 (866) 686-4272.

If you have any questions regarding how these rates were developed, please contact the Office of Reimbursement at the Idaho Division of Medicaid at (208) 287-1180 or by email at MedicaidReimTeam@dhw.idaho.gov.

Thank you for participating in the Idaho Medicaid Program.

MW/kd

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN – Director

MATT WIMMER - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

June 30, 2020

MEDICAID INFORMATION RELEASE MA20-33

To: Community Supported Employment Providers

From: Matt Wimmer, Administrator

Subject: New Payment Rate Effective July 1, 2020

Effective July 1, 2020, the Department is making changes to the reimbursement rate for the service code billed by Community Supported Employment Providers. In accordance with IDAPA 16.03.10.037, the Department calculated a new rate based on the completed 2019 cost survey. This rate was partially funded during the 2020 Legislative session. Reference the rate change as outlined below. NOTE: This Information Release is applicable to agencies providing CSE under both the Adult DD and the A&D 1915c waivers.

Services provided before July 1, 2020 must be billed separately from the services provided on or after July 1, 2020. There may be an error in your payment if you do not bill separately for these dates of service.

Code	Service	Rate
H2023	Supported Employment	$8.61 per 15-minute unit

If you have any questions on claims and billing information, please contact your DXC Technology Provider Relations Consultant or contact DXC Technology at 1 (866) 686-4272.

If you have any questions regarding how these rates were developed, please contact the Office of Reimbursement at the Idaho Division of Medicaid at (208) 287-1180 or by email at MedicaidReimTeam@dhw.idaho.gov.

Thank you for participating in the Idaho Medicaid Program.

MW/kd

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN – Director

MATT WIMMER - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX:(208) 364-1811

June 30, 2020

MEDICAID INFORMATION RELEASE MA20-35

To: Prescribing Providers, Pharmacists, and Hospitals

From: Matt Wimmer, Administrator

Subject: Update to Idaho Medicaid Preferred Drug List per Pharmacy and Therapeutics Committee Meetings on April 17 and May 15, 2020

Drug/Drug Classes:	Noted below. Agents shaded indicate changes in preferred drug status.
Implementation Date:	Effective for dates of service on or after July 1, 2020

The attached document is an update to the Idaho Medicaid Preferred Drug List. It reflects decisions based on recommendations from the Idaho Medicaid Pharmacy and Therapeutics Committee at the April and May,2020 meetings.

The preferred drug list and drug-class specific prior authorization criteria are based on nationally recognized peer-reviewed information and evidence-based clinical criteria. Medicaid designates preferred agents within a drug-class based primarily on objective evaluations of their relative safety, effectiveness, and clinical outcomes in comparison with other therapeutically interchangeable alternative drugs and, secondarily, on cost.

Questions regarding the Preferred Drug List can be referred to the Idaho Medicaid Pharmacy Unit at (208) 364-1829. A current listing of preferred agents, non-preferred agents, and prior authorization criteria for all drug classes is also available online at www.medicaidpharmacy.idaho.gov.

MW/sf

Therapeutic Class	Division's Recommendations
Analgesics, Narcotic–Long Acting	**Preferred Drugs** BUTRANS (buprenorphine transdermal) morphine ER CL tablets tramadol ER CL tablets **Non–Preferred** ARYMO ER (morphine ER) CL BELBUCA (buprenorphine) CL buccal film buprenorphine transdermal CL hydrocodone ER (EXALGO) CL hydromorphone ER CL HYSINGLA ER (hydrocodone ER) CL fentanyl transdermal CL methadone CL MORPHABOND ER (morphine ER) CL morphine ER CL capsules NUCYNTA ER (tapentadol ER) CL oxycodone ER CL OXYCONTIN (oxycodone) CL oxymorphone ER CL tramadol ER (CONZIP, RYZOLT) CL XTAMPZA ER (oxycodone) CL ZOHYDRO ER (hydrocodone ER) CL
Analgesics, Narcotic-Short Acting	**Preferred Drugs** hydrocodone/APAP morphine IR tablet, solution, conc soln oxycodone/APAP tablets tramadol IR tramadol/APAP **Non–Preferred** ABSTRAL (fentanyl) CL ACTIQ (fentanyl transmucosal) CL APADAZ (benzhydrocodone/APAP) benzhydrocodone/APAP butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol nasal carisoprodol/ASA/codeine codeine codeine / acetaminophen dihydrocodeine/APAP/caffeine DSUVIA (sufentanil) sublingual CL fentanyl transmucosal CL FENTORA (fentanyl) CL hydrocodone/ibuprofen hydromorphone tablets, liquid, suppositories

Therapeutic Class	Division's Recommendations
Analgesics, Narcotic-Short Acting (continued)	levorphanol meperidine morphine suppositories NALOCET(oxycodone/acetaminophen) NUCYNTA (tapentadol) OXAYDO (oxycodone) oxycodone caps, tabs, soln, conc, oral syringe oxycodone/aspirin oxycodone/ibuprofen oxymorphone pentazocine/naloxone PRIMLEV (oxycodone/APAP) ROXICET solution (oxycodone/APAP) SUBSYS (fentanyl sublingual) CL
Androgenic Drugs (Topical)	**Preferred Drugs** testosterone gel packet (generic VOGELXO) CL testosterone gel pump (generic VOGELXO) CL **Non-Preferred** ANDROGEL (testosterone) CL packet, pump ANDRODERM (testosterone) CL TESTIM (testosterone) CL testosterone gel (generic ANDROGEL, FORTESTA, TESTIM, VOGELXO) CL testosterone gel pump (generic ANDROGEL, AXIRON) CL
Angiotensin Modulators	**Preferred Drugs** benazepril benazepril/HCTZ enalapril enalapril/HCTZ ENTRESTO (sacubitril/valsartan) CL irbesartan irbesartan/HCTZ lisinopril lisinopril/HCTZ losartan losartan/HCTZ olmesartan olmesartan/HCTZ ramipril valsartan valsartan/HCTZ **Non–Preferred** aliskiren candesartan

Therapeutic Class	Division's Recommendations
Angiotensin Modulators (continued)	candesartan/HCTZ captopril captopril/HCTZ EDARBI (azilsartan) EDARBYCLOR (azilsartan/chlorthalidone) EPANED (enalapril) powder for solution, solution eprosartan fosinopril fosinopril/HCTZ moexepril perindopril QBRELIS (lisinopril) solution quinapril quinapril/HCTZ TEKTURNA (aliskiren) TEKTURNA HCT (aliskiren/HCTZ) telmisartan telmisartan/HCTZ trandolapril
Angiotensin Modulator Combinations	**Preferred Drugs** benazepril/amlodipine valsartan/amlodipine **Non-Preferred** olmesartan/amlodipine olmesartan/amlodipine/HCTZ TARKA (trandolapril/verapamil ER) telmisartan/amlodipine trandolapril/verapamil ER valsartan/amlodipine /HCTZ
Antibiotics, GI	**Preferred Drugs** metronidazole tablets neomycin tinidazole vancomycin capsules **Non–Preferred** DIFICID (fidaxomicin) CL FIRVANQ (vancomycin suspension) metronidazole capsules paromomycin vancomycin soln XIFAXAN (rifaximin) CL

Therapeutic Class	Division's Recommendations
Antibiotics, inhaled	**Preferred Drugs** BETHKIS (tobramycin inhaled) CL CAYSTON (aztreonam inhaled) CL KITABIS PAC (tobramycin inhaled) CL **Non-Preferred** ARIKAYCE (amikacin liposomal inhalation) CL TOBI (tobramycin inhaled) CL TOBI Podhaler (tobramycin inhaled) CL tobramycin solution (inhalation) CL tobramycin pak (for KITABIS PAC) CL
Antibiotics, Topical	**Preferred Drugs** mupirocin ointment **Non–Preferred** gentamicin sulfate cream, ointment mupirocin cream
Antibiotics, Vaginal	**Preferred Drugs** CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin) NUVESSA (metronidazole 1.3%) gel VANDAZOLE (metronidazole) **Non – Preferred** clindamycin cream metronidazole
Anticoagulants	**Preferred Drugs** ELIQUIS (apixaban) ELIQUIS (apixaban) Dose Pack enoxaparin syringe enoxaparin vial warfarin RELTO (rivaroxaban) 10 mg, 15mg and 20 mg tablets XARELTO (rivaroxaban) CL Starter Pack **Non–Preferred** fondaparinux FRAGMIN (dalteparin) syringe FRAGMIN (dalteparin) vial FRAGMIN (dalteparin) vial PRADAXA (dabigatran) SAVAYSA (edoxaban) XARELTO (rivaroxaban) 2.5 mg tablets

Therapeutic Class	Division's Recommendations
Antiemetics-Antivertigo Agents	**Preferred Drugs** dimenhydrinate OTC EMEND (aprepitant) capsules meclizine metoclopramide tablets, solution ondansetron ondansetron ODT prochlorperazine (oral, rectal) promethazine (oral, rectal 12.5 and 25 mg) TRANSDERM-SCOP (scopolamine) **Non–Preferred** AKYNZEO (netapitant/palonosetron) aprepitant capsules, powder pack BONJESTA (doxylamine/pyridoxine) CL COMPRO (prochlorperazine) rectal doxylamine/pyridoxine CL dronabinol CL EMEND (aprepitant) powder pack granisetron CL metoclopramide ODT promethazine 50 mg rectal SANCUSO (granisetron) CL transdermal scopolamine transdermal (TRANSDERM-SCOP) trimethobenzamide (oral) VARUBI (rolapitant) ZUPLENZ (ondansetron) CL film
Antifungals, Oral	**Preferred Drugs** clotrimazole fluconazole suspension, tablets griseofulvin suspension, tablets nystatin suspension terbinafine **Non-Preferred** CRESEMBA (isavuconazonium) flucytosine itraconazole 100mg itraconazole solution ketoconazole CL NOXAFIL (posaconazole) suspension, tablets nystatin powder, tablets ONMEL (itraconazole) 200 mg ORAVIG (miconazole) buccal tablet posaconazole suspension, tablets

Therapeutic Class	Division's Recommendations
Antifungals, Oral (continued)	SPORANOX (itraconazole soln) TOLSURA (itraconazole) voriconazole suspension, tablets
Antifungals, Topical	**Preferred Drugs** clotrimazole OTC and RX (except solution) clotrimazole/betamethasone cream ketoconazole cream, shampoo miconazole cream, powder nystatin terbinafine OTC tolnaftate OTC cream, powder, solution **Non–Preferred** ALEVAZOL (clotrimazole) ciclopirox cream, gel, shampoo ciclopirox solution nail lacquer CL clotrimazole solution clotrimazole/betamethasone lotion econazole ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole foam) JUBLIA (efinaconazole) CL KERYDIN (tavaborole) CL ketoconazole foam LAMISIL (terbinafine) cream, gel, spray LOPROX (ciclopirox) luliconazole MENTAX (butenafine) miconazole nitrate/zinc oxide/petrolatum naftifine nystatin/triamcinolone cream, ointment oxiconazole tolnaftate spray
Antihypertensives, Sympatholytics	**Preferred Drugs** CATAPRES TTS (clonidine transdermal) clonidine guanfacine methyldopa **Non-Preferred** clonidine transdermal methyldopa-hydrochlorothiazide

Therapeutic Class	Division's Recommendations
Antimigraine Agents Calcitonin Gene-related Peptide Inhibitors (CGRP): Triptans:	 **Preferred Drugs** AJOVY (fremanezumab-vfrm) CL EMGALITY (galcanezumab-gnlm) 120 mg syringe and pen CL **NURTEC ODT (rimegepant)** CL **Non–Preferred** AIMOVIG (erenumab-aooe) CL EMGALITY (galcanezumab-gnlm) 100 mg syringe CL REYVOW (lasmiditan) CL UBRELVY (ubrogepant) CL **Preferred Drugs** rizatriptan oral tablets, MLT sumatriptan nasal, oral sumatriptan syringe, vial **Non–Preferred** almotriptan eletriptan FROVA (frovatriptan) frovatriptan naratriptan ONZETRA XSAIL (sumatriptan) nasal CL sumatriptan/naproxen TOSYMRA(sumatriptan) nasal ZEMBRACE SYMTOUCH (sumatriptan) zolmitriptan oral, ODT ZOMIG (zolmitriptan) nasal
Antiparasitics, Topical	**Preferred Drugs** NATROBA (spinosad) permethrin OTC and Rx piperonyl butoxide/pyrethrins **Non-Preferred** CROTAN (crotamiton) EURAX lotion and cream (crotamiton) lindane malathion SKLICE (ivermectin) spinosad VANALICE GEL (piperonyl butoxide/pyrethrins)

Therapeutic Class	Division's Recommendations
Antivirals, Oral Antiherpectic: Antiinfluenza:	 **Preferred Drugs** acyclovir capsules, tablets valacyclovir **Non–Preferred** acyclovir suspension famciclovir SITAVIG (acyclovir) buccal **Preferred Drugs** oseltamivir capsules, suspension **Non–Preferred** RELENZA (zanmivir) inhalation rimantadine XOFLUZA (baloxair marboxil)
Antivirals, Topical	**Preferred:** No agents are designated preferred at this time. **Non-Preferred** acyclovir cream, ointment [CL] DENAVIR (penciclovir) [CL] XERESE (acyclovir/hydrocortisone) [CL] ZOVIRAX (acyclovir) cream [CL] ZOVIRAX (acyclovir) ointment [CL]
Beta Blockers	**Preferred Drugs** atenolol atenolol/chlorthalidone bisoprolol bisoprolol/HCTZ carvedilol labetalol metoprolol metoprolol XL propranolol propranolol ER sotalol **Non–Preferred** acebutolol betaxolol BYSTOLIC (nebivolol) carvedilol ER

Therapeutic Class	Division's Recommendations
Beta Blockers (continued)	COREG CR (carvedilol) COREG CR (carvedilol) HEMANGEOL (propranolol) [CL] INDERAL LA (propranolol) INNOPRAN XL (propranolol) KAPSPARGO (metoprolol succinate) metoprolol/HCTZ nadolol nadolol/bendroflumethiazide pindolol propranolol/HCTZ SOTYLIZE (sotalol) [CL] solution timolol
Bladder Relaxant Preparations	**Preferred Drugs** oxybutynin ER oxybutynin IR solifenacin TOVIAZ (fesoterodine) **Non-Preferred** darifenacin ER ENABLEX (darifenacin ER) flavoxate GELNIQUE (oxybutynin) transdermal, gel pump MYRBETRIQ (mirabegron) OXYTROL (oxybutynin) transdermal tolterodine tolterodine ER trospium trospium ER
Bone Resorption Suppression and Related Drugs	**Preferred Drugs** alendronate tablets calcitonin-salmon ibandronate tablets **Non–Preferred** alendronate solution ATELVIA (risedronate) BINOSTO (alendronate) EVENITY (romosozumat- AQQG) subcutaneous FORTEO (teriparatide) [CL] – *preferred agent only for diagnosis of glucocorticoid-induced osteoporosis* FOSAMAX Plus D (alendronate/ cholecalciferol) PROLIA (denosumab) risedronate TYMLOS (abaloparatide)

Therapeutic Class	Division's Recommendations
BPH Treatments	**Preferred Drugs** alfuzosin dutasteride doxazosin finasteride tamsulosin terazosin **Non–Preferred** CARDURA XL (doxazosin) dutasteride/tamsulosin silodosin
Calcium Channel Blockers	**Preferred Drugs** amlodipine diltiazem diltiazem ER capsules (generic Cardizem CD) nifedipine ER nifedipine IR verapamil verapamil ER tablets **Non–Preferred** moexipril felodipine ER isradipine KATERZIA (amlodipine) nicardipine nimodipine nisoldipine TIAZAC (diltiazem) 420 mg verapamil ER PM verapamil ER capsules
Cephalosporins and Related Antibiotics (Oral) Beta Lactam/Beta Lactamase Inhibitor Combinations:	**Preferred Drugs** amoxicillin/clavulanate IR tablets amoxicillin/clavulanate suspension (except 125/31.25 mg/5ml) **Non-Preferred** amoxicillin/clavulanate chew tablets amoxicillin/clavulanate XR AUGMENTIN (amoxicillin/clavulanate) 125/31.25 mg/5 ml suspension

Therapeutic Class	Division's Recommendations
Cephalosporins:	**Preferred Drugs** cefadroxil capsules, suspension cefdinir capsules, suspension cefprozil suspension, tablets cefuroxime tablets cephalexin capsules, suspension **Non–Preferred** cefaclor capsules, suspension cefaclor ER tablets cefixime capsules, suspension cefadroxil tablets cefpodoxime suspension, tablets cephalexin tablets SUPRAX (cefixime) chew tablets
Cystic Fibrosis, Oral	**Preferred Drugs** KALYDECO (ivacaftor) CL SYMDEKO (ivacaftor/tezacaftor) CL TRIKAFTA (elexacaftor/ ivacaftor/ tezacaftor) CL **Non-Preferred** ORKAMBI (lumacaftor/ivacaftor) CL
Fluoroquinolones, Oral	**Preferred Drugs** ciprofloxacin tablet CIPRO (ciprofloxacin) suspension levofloxacin tablets **Non- Preferred** BAXDELA (delafloxacin) ciprofloxacin ER ciprofloxacin suspension levofloxacin solution moxifloxacin ofloxacin
GI Motility, Chronic	**Preferred Drugs** AMITIZA (lubiprostone) CL LINZESS (linaclotide) CL MOVANTIK (naloxegol) CL **Non–Preferred** alosetron CL LOTRONEX (alosetron) CL MOTEGRITY (prucalopride) CL RELISTOR (methylnaltrexone) oral, syringe, vial CL SYMPROIC (naldemedine) CL

Therapeutic Class	Division's Recommendations
GI Motility, Chronic (continued)	TRULANCE (plecanatide) CL VIBERZI (elaxadoline) CL
Growth Hormone	**Preferred Drugs** GENOTROPIN (somatropin) CL NORDITROPIN (somatropin) CL **Non-Preferred** HUMATROPE (somatropin) CL NUTROPIN AQ (somatropin) CL OMNITROPE (somatropin) CL SAIZEN (somatropin) CL SEROSTIM (somatropin) CL ZOMACTIN (somatropin) CL ZORBTIVE (somatropin) CL
H. Pylori Treatment	**Preferred Drugs** PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline) **Non-Preferred** lansoprazole, amoxicillin, clarithromycin OMECLAMOX-PAK (omeprazole, amoxicillin, clarithromycin)
Hepatitis C Agents (Interferons, Ribavirin)	**Preferred Drugs** PEGASYS (pegylated interferon alfa-2a) syringe, vial PEG-INTRON (pegylated interferon alfa- 2b) ribavirin capsules, tablets **Non–Preferred** RIBAPAK (ribavirin) RIBASPHERE (ribavirin)
Hereditary Angioedema	**Preferred Drugs** CINRYZE (C1 esterase inhibitor) CL FIRAZYR (icatiban) CL HAEGARDA (C1 esterase inhibitor) CL KALBITOR (ecallantide) CL **Non–Preferred** BERINERT (C1 esterase inhibitor) CL icatibant CL RUCONEST (recombinant C1 esterase) CL TAKHZYRO (lanadelumab-FLYO) CL

Therapeutic Class	Divisions Recommendations
HIV/AIDS	
CCR5 Antagonists:	**Preferred Drugs** Selzentry (maraviroc) solution, tablet
Combination-Nucleos(t)ide Reverse_ Transcriptase Inhibitors:	**Preferred Drugs** CIMDUO (lamivudine/tenofovir disoproxil fumarate) DESCOVY (emtricitabine/tenofovir alafenamide) TRIZIVIR (abacavir/lamivudine/zidovudine) TRUVADA (tenofovir disoproxil fumerate/emtriciabine) **Non–Preferred** TEMIXYS (lamivudine/tenofovir disoproxil fumarate)
Combination Products – Multiple Classes:	**Preferred Drugs** BIKTARVY (bictegravir/emtricitabine/tenofovir alafenamide) DELSTRIGO (doraviri/lamivudine/tenofovir disoproxil fumarate) GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide) SYMFI (efavirenz/lamivudine/tenofovir disoproxil fumarate) SYMFI LO (efavirenz/lamivudine/tenofovir disoproxil fumarate) TRIUMEQ (dolutegravir/abacavir/lamivudine) ATRIPLA (dolutegrvir/abacavior/lamivudine) COMPLERA (tenofovir disoproxil fumarae/efavirenz) ODEFSEY (emtricitabine/rilpivirine/tenofovir alafenamide) STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate) **Non–Preferred** DOVATAO (dolutegravir/lamivudine ULUCA (dolutegravir/rilpivirine) SYMTUZA (darunavir/cobicistat/ emticitabine/tenofovir alafenamide)
Combination Products - Protease Inhibitors or Protease Inhibitors + Pharmacokinetic Enhancer:	**Preferred Drugs** EVOTAZ (atazanavir/comicistat) KALETRA (lopinavir/ritonavir) PREZCOBIX (darunavir/cobicistat)
Fusion Inhibitor:	**Preferred Drugs** No agents designated preferred at this time. **Non-Preferred Drugs** Fuzeon (enfuviritide)

Therapeutic Class	Division's Recommendations
HIV/AIDS (continued)	
Intergrase Strand Transfer Inhibitors (INSTI):	**Preferred Drugs** ISENTRESS (raltegravir) ISENTRESS HD (raltegravir) TIVICAY (dolutegravir)
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI:	**Preferred Drugs** EDURANT (rilpivirine) INTELENCE (etravirine) nevirapine nevirapine extended release PIFELTRO (doravirine) **Non-Preferred Drugs** RESCRIPTOR (delavirdine) SUSTIVA (efavirenz)
Nucleos(t)ide Reverse Transcriptase Inhibitors (NRTI):	**Preferred Drugs** abacavir EMTRIVA (emtricitabine) lamivudine zidovudine **Non-Preferred Drugs** didanosine stavudine
Pharmacokinetic Enhancer:	**Preferred Drugs** No agents designated preferred at this time. **Non-Preferred Drugs** TYBOST (cobicistat)
Protease Inhibitors:	**Preferred Drugs** LEXIVA (fosamprenavir) PREZISTA (darunavir) REYATAZ (atazanavir) Ritonavir **Non–Preferred** APTIVIS (tipranavir) CRIXIVAN (indinavir) INVIRASE (saquinavir)

Therapeutic Class	Division's Recommendations
Recombinant Monoclonal Antibody:	**Preferred Drugs** No agents are designated preferred at this time. **Non–Preferred** TROGARZO (ibalizumab-uiyk) IV
Hypoglycemics, Incretin Mimetics / Enhancers	**Non–Preferred** ADLYXIN (lixisenatide) CL alogliptin alogliptin/metformin alogliptin/pioglitazone BYDUREON (exenatide ER) CL pens BYDUREON BCISE (exenatide) CL BYETTA (exenatide) CL JENTADUETO XR (linagliptin/metformin) KAZANO (alogliptin/pioglitazone) KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin) QTERN (dapagliflozin/saxagliptin) RYBELSUS (semaglutide) oral CL SOLIQUA (insulin glargine/lixisenatide) CL STEGLUJAN (ertugliflozin/sitagliptin) TRULICITY (dulaglutide) CL XULTOPHY (insulin degludec/liraglutide) CL
Hypoglycemics, Insulin and Related Agents	**Preferred Drugs** HUMALOG (insulin lispro) except 200 U/ml HUMALOG MIX (insulin lispro/lispro protamine) HUMULIN (insulin) HUMULIN (insulin) 70/30 HUMULIN (insulin) vials 500 U/ml LANTUS (insulin glargine) LEVEMIR (insulin detemir) NOVOLOG (insulin aspart) NOVOLOG MIX (insulinaspart/aspartprotamine) **Non–Preferred** ADMELOG (insulin lispro) AFREZZA (insulin, inhaled) CL APIDRA (insulin glulisine) BASAGLAR (insulin glargine) FIASP (insulin aspart) HUMALOG (insulin lispro) 200 U/ml HUMALOG JUNIOR KWIKPEN (insulin lispro) HUMULIN (insulin) pens insulin aspart

Therapeutic Class	Division's Recommendations
Hypoglycemics, Insulin and Related Agents (continued)	insulin aspart/aspart protamine insulin lispro NOVOLIN (insulin NOVOLIN (insulin) 70/30 TOUJEO (insulin glargine) TOUJEO MAX SOLOSTART (insulin glargine) TRESIBA (insulin degludec) Flextouch, vial
Hypoglycemics, Metformins	**Preferred Drugs** glyburide-metformin metformin metformin ER (GLUCOPHAGE XR) **Non–Preferred** FORTAMET (metformin ER) glipizide-metformin metformin ER (FORTAMET) metformin ER (GLUMETZA) RIOMET (metformin) oral solution RIOMET ER (metformin) oral suspension
Hypoglycemics, SGLT2	**Preferred Drugs** FARXIGA (dapagliflozin) CL INVOKANA (canagliflozin) CL INVOKAMET (canagliflozin/metformin) CL JARDIANCE (empagliflozin) CL SYNJARDY (empagliflozin/metformin) CL XIGDUO XR (dapagliflozin/metformin XR) CL **Non–Preferred** INVOKAMET XR (canagliflozin/metformin) CL SEGLUROMET (ertugliflozin/metformin) CL STEGLATRO (ertugliflozin) CL SYNJARDY XR (empagliflozin/metformin) CL
Hypoglycemics, TZD	**Preferred Drugs** pioglitazone **Non–Preferred** AVANDIA (rosiglitazone) CL pioglitazone/glimepiride CL pioglitazone/metformin CL

Therapeutic Class	Division's Recommendations
Immunosuppressives, Oral	azothiazprine ayclosproine, modified aycophenolate mofetil capsules, tablets RAPAMUNE (sirolimus) solution tacrolimus **Non-Preferred** ASTRAGRAF XL (tacrolimus) AZASAN (azathioprine) cyclosporine capsules cyclosporine softgel ENVARSUS XR (tacrolimus) mycophenolate mofetil solution mycophenolic acid PROGRAF granules (tacrolimus) sirolimus solution, tablets ZORTRESS (everolimus)
Lipotropics, Other	**Preferred Drugs** cholestyramine colestipol granules, tablets ezetimibe fenofibrate (generic for TRICOR) gemfibrozil 600 mg **Non- Preferred** colesevelam fenofibrate (generic for ANTARA, FENOGLIDE, LIPOFEN, LOFIBRA) fenofibric acid (generic for FIBRICOR, TRILIPIX) FENOGLIDE (fenofibrate) JUXTAPID (lomitapide mesylate) CL KYNAMRO (mipomersen) CL niacin niacin ER omega-3 fatty acids (generic for LOVAZA) PRALUENT (alirocamab) CL REPATHA (evolocumab CL TRIGLIDE (fenofibrate) VASCEPA (icosapent ethyl) WELCHOL (colesevalam)
Lipotropics, Statins	**Preferred Drugs** atorvastatin lovastatin pravastatin rosuvastatin

Therapeutic Class	Division's Recommendations
Lipotropics, Statins (continued)	**Non-Preferred** ALTOPREV (lovastatin ER) atorvastatin/amlodipine EZALLOR sprinkle (rosuvastatin fluvastatin fluvastatin ER LESCOL XL (fluvastatin) LIVALO (pitavastatin) simvastatin simvastatin/ezetimibe ZYPITAMAG (pitavastatin)
Macrolides (Oral)	**Preferred Drugs** azithromycin clarithromycin IR tablets erythromycin base capsules erythromycin ethylsuccinate 200 mg suspension **Non–Preferred** clarithromycin ER clarithromycin suspension E.E.S. (erythromycin ethylsuccinate) 400 mg tablets ERYPED suspension (erythromycin ethyl- succinate) ERY-TAB (erythromycin) erythromycin base tablets erythromycin ethylsuccinate 400mg suspension
Multiple Sclerosis Agents	**Preferred Drugs** AVONEX (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE (glatiramer) 20 mg syringe TECFIDERA (dimethyl fumarate) CL **Non-Preferred** AMPYRA (dalfampridine) CL AUBAGIO (teriflunomide) CL COPAXONE (glatiramer) 40 mg syringe CL dalfampridine ER EXTAVIA (interferon beta-1b) GILENYA (fingolimod) CL glatiramer 20 mg, 40 mg syringe CL LEMTRADA (alemtuzamab) CL IV MAVENCLAD(cladribine) CL MAYZENT (siponimod) CL OCREVUS (ocrelizumab) CL PLEGRIDY (peginterferon beta-1 a) IV REBIF (interferon beta-1a)

Therapeutic Class	Division's Recommendations
Multiple Sclerosis Agents (continued)	REBIF REBIDOSE (interferon beta-1a) TYSABRI (natalizumab) VUMERITY (diroximel fumerate) CL
Pancreatic Enzymes	**Preferred Drugs** CREON ZENPEP **Non-Preferred** PANCREAZE PERTZYE VIOKACE
Phosphate Binders	**Preferred Drugs** calcium acetate capsules (generic for PhosLo) sevelamer carbonate tablet (RENAGEL) **Non–Preferred** AURYXIA (ferric citrate) calcium acetate tablets (generic for ELIPHOS) FOSRENOL (lanthanum) lanthanum PHOSLYRA (calcium acetate) solution sevelamer HCL (generic for RENAGEL) VELPHORO (sucroferric oxyhydroxide)
Platelet Aggregation Inhibitors	**Preferred Drugs** clopidogrel dipyridamole prasugrel **Non–Preferred** AGGRENOX (dipyridamole/aspirin) BRILINTA (ticagrelor) dipyridamole/aspirin ticlopidine ZONTIVITY (vorapaxar)
Proton Pump Inhibitors	**Preferred Drugs** pantoprazole tablets CL **Non–Preferred** esomeprazole strontium capsules CL lansoprazole capsules OTC CL lansoprazole solutabs CL omeprazole OTC CL omeprazole magnesium OTC CL omeprazole/sodium bicarbonate CL PREVACID SOLUTAB (lansoprazole) CL PRILOSEC (omeprazole) suspension CL PROTONIX suspension (pantoprazole) CL rabeprazole tablets CL

Therapeutic Class	Division's Recommendations
Pulmonary Arterial Hypertension Agents, Oral and Inhaled	**Preferred Drugs** ambrisentan CL REVATIO (sildenafil) CL suspension sildenafil CL tablets TRACLEER (bosentan) tablets CL **Non–Preferred** ADEMPAS (riociguat) CL bosentan tablets CL OPSUMIT (macitentan) CL ORENITRAM ER (treprostinil CL sildenafil suspension CL tadalafil CL TRACLEER (bosentan) suspension CL TYVASO (teprostinil) CL UPTRAVI (selexipag) CL VENTAVIS (iloprost) CL
Skeletal Muscle Relaxants	**Preferred Drugs** baclofen cyclobenzaprine IR 5, 10 mg tablets methocarbamol tizanidine tablets **Non-Preferred** AMRIX (cyclobenzaprine ER) carisoprodol CL carisoprodol compound CL chlorzoxazone cyclobenzaprine IR 7.5 mg tablets cyclobenzaprine ER dantrolene metaxalone orphenadrine ER tizanidine capsules
Substance Use Disorder Treatment Alcohol Treatment: Opiate Use Disorder Treatments:	 **Preferred Drugs** naltrexone oral CL **Non-Preferred** VIVITROL (naltrexone) injection CL **Preferred Drugs** buprenorphine/naloxone SL tablets naloxone vial, syringe NARCAN (naloxone) nasal SUBOXONE FILM (buprenorphine/ naloxone)

Therapeutic Class	Divisions Recommendations
Opiate Use Disorder Treatment (continued): Opioid Reversal Agents:	**Non–Preferred** BUNAVAIL (buprenorphine/naloxine) buccal buprenorphine buprenorphine/naloxone SL film LUCEMYRA (lofexidine) CL PROBUPHINE (buprenorphine implant) CL SUBLOCADE (buprenorphine) injection CL VIVITROL (naltrexone) injection CL ZUBSOLV (buprenorphine/naloxone) SL tablet **Preferred Drugs** naloxone vial, syringe NARCAN (naloxone) nasal
Tetracyclines	**Preferred Drugs** doxycycline hyclate IR minocycline capsules **Non–Preferred** demeclocycline DORYX (doxycycline hyclate) doxycycline hyclate DR doxycycline monohydrate minocycline ER minocycline tablets MINOLIRA ER (minocycline) MORGIDOX (doxycycline) NUZYRA (omadacycline) ORACEA (doxycycline) SOLODYN (minocycline) TARGADOX (doxycycline) tetracycline VIBRAMYCIN (doxycycline) suspension, syrup XIMINO (minocycline)

Therapeutic Class	Division's Recommendations
Ulcerative Colitis Agents	**Preferred Drugs** APRISO (mesalamine) mesalamine rectal sulfasalazine DR sulfasalazine IR **Non–Preferred** ASACOL HD (mesalamine) azulfadine tablets azulfadine DR tablets balsalazide budesonide DR DELZICOL (mesalamine) DIPENTUM (olsalazine) LIALDA (mesalamine) mesalamine (generic for ASACOL HD, LIALDA) mesalamine ER (APRISO) mesalamine (DELZICOL) mesalamine rectal (CANASA) PENTASA (mesalamine) UCERIS (budesonide) oral, rectal
Vasodilators, Coronary	**Preferred Drugs** isosorbide dinitrate isosorbide mononitrate tablets isosorbide mononitrate SR tablets NITRO-BID (nitroglycerin) ointment nitroglycerin ER capsules nitroglycerin sublingual nitroglycerin transdermal patch NITROLINGUAL SPRAY translingual **Non- Preferred** BIDIL (hydralazine/isosorbide dinitrate) GONITRO (nitroglycerin) sublingual isosorbide dinitrate ER capsules nitroglycerin translingual spray

Note: Changes are indicated by highlighted area. Non-preferred drugs require failure of 1,2 or 3 preferred agents for prior authorization approval. Those drugs with a ^{CL} also have clinical prior authorization criteria for use associated with them.

Provider Training Opportunities in 2020

You are invited to attend the following webinars offered by DXC Technology Regional Provider Relations Consultants.

July: Respite
This training will walk Repite providers through the process of signing up for a trading partner account, viewing prior authorizations, creating patient rosters, verifying eligibility, accessing remittance advice reports, and submitting and reviewing claims.

Training is delivered at the times shown in the table below. Each session is open to any region, but space is limited to 25 participants per session, so please choose the session that works best with your schedule. To register for training, or to learn how to register, visit www.idmedicaid.com.

	July	August	September
	Respite	LTC	CFH
10-11:00 AM MT	07/15/2020	08/18/2020	09/15/2020
	07/16/2020	08/19/2020	09/16/2020
	07/21/2020	08/20/2020	09/17/2020
2-3:00 PM MT	07/8/2020	08/12/2020	09/09/2020
	07/09/2020	08/13/2020	09/10/2020
	07/16/2020	08/18/2020	09/15/2020
	07/21/2020	08/20/2020	09/17/2020

If you would prefer one-on-one training in your office with your Regional Provider Relations Consultant, please feel free to contact them directly. Provider Relations Consultant contact information can be found on page 51 of this newsletter.

Medical Care Unit Contact and Prior Authorization Information

Prior Authorizations, Forms, and References
To learn about prior authorization (PA) requirements, QIO review, or print request forms, go to the medical service area webpage at www.medunit.dhw.idaho.gov. Prior authorization request forms containing the "fax to" number can be found at www.idmedicaid.com. Select **Forms** under the References section and you will see the PA request forms under the DHW Forms heading. If you prefer to mail in your form, the mailing address is:

Medicaid Medical Care Unit
P.O. Box 83720
Boise, ID 83720-0009

Note: The Medical Care Unit (MCU) does not give authorizations for services over the telephone or for services which do not require a prior authorization.

To Check Prior Authorizations Status
Log on to your Trading Partner Account on www.idmedicaid.com. Choose **Form Entry**, then choose **View Authorizations**. If you are unable to identify the reason for a denied service, a DXC Technology representative can provide the medical reviewer's reason captured in the participant's non-clinical notes. If you are unable to view the authorization status, please review the Trading Partner Account (TPA) User Guide located under **User Guides** on www.idmedicaid.com. To speak to a DXC Technology representative, call 1 (866) 686-4272, option 3.

MCU Medical Review Decisions
If you have any questions about medical review decisions, please refer to the following contact numbers or e-mail MedicalCareUnit@dhw.idaho.gov.

For DMEPOS PA policy, please see the DMEPOS PA Policy and Medical Criteria under the **Resources** tab on the DME page. Please review the DMEPOS PA Policy and Medical Criteria to obtain important information, policy, and guidance relating to requesting PAs for DMEPOS items. This document also includes the medical criteria used by the department in most circumstances related to DMEPOS requests.

	Fax Number	Phone Number
Administratively Necessary Days	1 (877) 314-8779	1 (866) 205-7403
Ambulance*	1 (877) 314-8781	1 (800) 362-7648
Breast & Cervical Cancer	1 (877) 314-8779	1 (866) 205-7403
Durable Medical Equipment	1 (877) 314-8782	1 (866) 205-7403
Hospice	1 (877) 314-8779	1 (866) 205-7403
Preventive Health Assistance	1 (877) 845-3956	1 (866) 205-7403
Service Coordination	1 (877) 314-8779	1 (866) 205-7403
Surgery-Procedure-Lab	1 (877) 314-8779	1 (866) 205-7403
Therapy: OT, PT, SLP	1 (877) 314-8779	1 (866) 205-7403
Vision	1 (877) 314-8779	1 (866) 205-7403

*Idaho Medicaid contracts with Medical Transportation Management (MTM) for all non-emergency medical transportation (NEMT) services. Please go to http://www.mtm-inc.net/idaho/ or call 1 (877) 503-1261 for more information.

DHW Resource and Contact Information

DHW Website	www.healthandwelfare.idaho.gov
Idaho CareLine	2-1-1 1 (800) 926-2588
Medicaid Program Integrity Unit	P.O. Box 83720 Boise, ID 83720-0036 prvfraud@dhw.idaho.gov Fax: 1 (208) 334-2026
Telligen	1 (866) 538-9510 Fax: 1 (866) 539-0365 http://IDMedicaid.Telligen.com
Healthy Connections Regional Health Resource Coordinators	
Region I **Coeur d'Alene**	1 (208) 666-6766 1 (800) 299-6766
Region II **Lewiston**	1 (208) 799-5088 1 (800) 799-5088
Region III **Caldwell**	1 (208) 455-7244 1 (208) 642-7006 1 (800) 494-4133
Region IV **Boise**	1 (208) 334-0717 1 (208) 334-0718 1 (800) 354-2574
Region V **Twin Falls**	1 (208) 736-4793 1 (800) 897-4929
Region VI **Pocatello**	1 (208) 235-2927 1 (800) 284-7857
Region VII **Idaho Falls**	1 (208) 528-5786 1 (800) 919-9945
In Spanish **(en Español)**	1 (800) 378-3385

Insurance Verification

HMS PO Box 2894 Boise, ID 83701	1 (800) 873-5875 1 (208) 375-1132 Fax: 1 (208) 375-1134

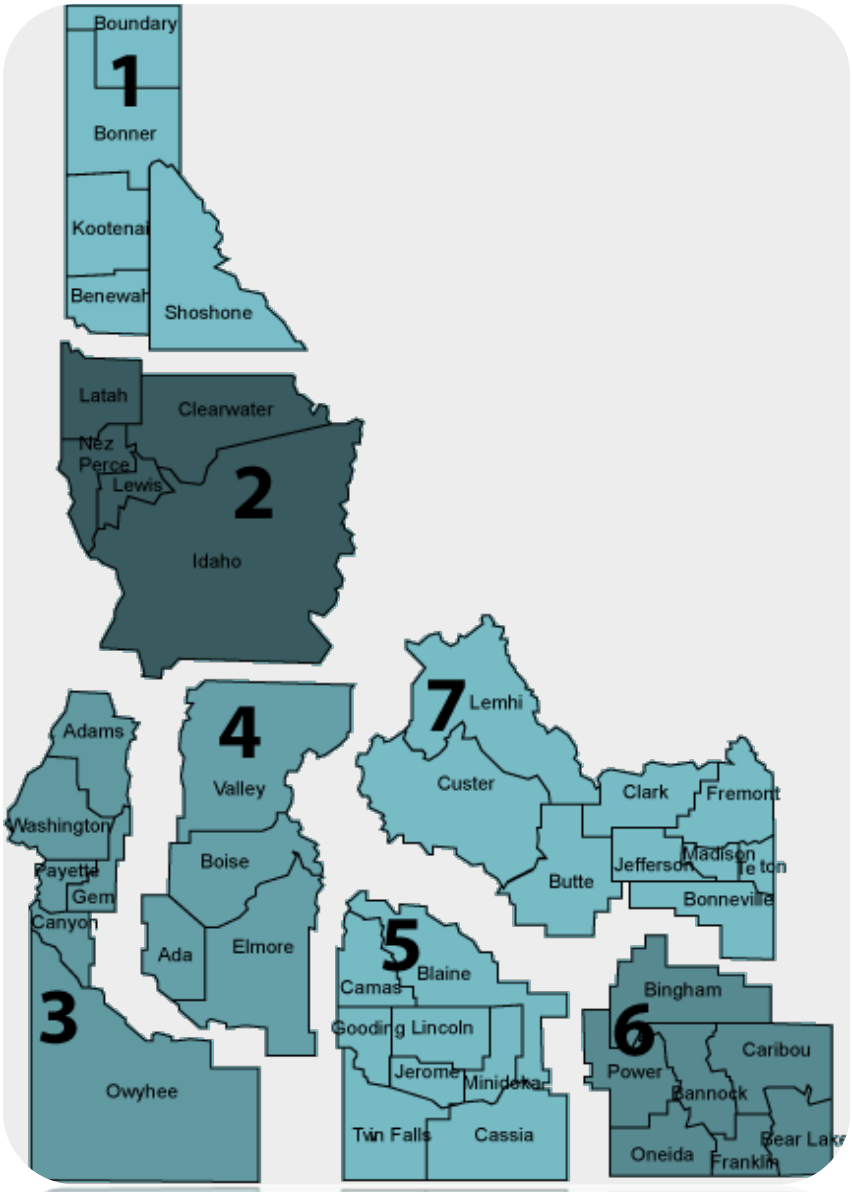
DXC Technology Provider and Participant Services Contact Information

Provider Services	
MACS (Medicaid Automated Customer Service)	1 (866) 686-4272 1 (208) 373-1424
Provider Service Representatives Monday through Friday, 7 a.m. to 7 p.m. MT	1 (866) 686-4272 1 (208) 373-1424
E-mail	idproviderservices@molinahealthcare.com idproviderenrollment@molinahealthcare.com
Mail	P.O. Box 70082 Boise, ID 83707
Participant Services	
MACS (Medicaid Automated Customer Service)	1 (866) 686-4752 1 (208) 373-1432
Participant Service Representatives Monday through Friday, 7 a.m. to 7 p.m. MT	1 (866) 686-4752 1 (208) 373-1424
E-mail	idparticipantservices@molinahealthcare.com
Mail – Participant Correspondence	P.O. Box 70081 Boise, ID 83707
Medicaid Claims	
Utilization Management/Case Management	P.O. Box 70084 Boise, ID 83707
CMS 1500 Professional	P.O. Box 70084 Boise, ID 83707
UB-04 Institutional	P.O. Box 70084 Boise, ID 83707
UB-04 Institutional Crossover/CMS 1500/Third-Party Recovery (TPR)	P.O. Box 70084 Boise, ID 83707
Financial/ADA 2006 Dental	P.O. Box 70087 Boise, ID 83707

DXC Technology Provider Services Fax Numbers

Provider Enrollment	1 (877) 517-2041
Provider and Participant Services	1 (877) 661-0974

Provider Relations Consultant (PRC) Information



Region 1 and the state of Washington
1 (208) 559-4793
Region.1@MolinaHealthCare.com

Region 2 and the state of Montana
1 (208) 991-7138
Region.2@MolinaHealthCare.com

Region 3 and the state of Oregon
1 (208) 860-4682
Region.3@MolinaHealthCare.com

Region 4 and all other states
1 (208) 912-3970
Region.4@MolinaHealthCare.com

Region 5 and the state of Nevada
1 (208) 484-6323
Region.5@MolinaHealthCare.com

Region 6 and the state of Utah
1 (208) 870-3997
Region.6@MolinaHealthCare.com

Region 7 and the state of Wyoming
1 (208) 991-7149
Region.7@MolinaHealthCare.com

DXC Technology
PO Box 70082
Boise, Idaho 83707

IDAHO DEPARTMENT OF HEALTH & WELFARE

Digital Edition

MedicAide is available online by the fifth of each month at www.idmedicaid.com. There may be occasional exceptions to the availability date as a result of special circumstances. The electronic edition reduces costs and provides links to important forms and websites. To request a paper copy, please call 1 (866) 686-4272.

MedicAide **is the monthly informational newsletter for Idaho Medicaid providers.**
Editor: Shannon Tolman

If you have any comments or suggestions, please send them to:
Shannon Tolman,
MedicaidCommunications@dhw.idaho.gov
Medicaid – Communications Team
P.O. Box 83720
Boise, ID 83720-0009
Fax: 1 (208) 364-1811