



MedicAide

An Informational Newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare,
Division of Medicaid

March 2023

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The content of this guidance document is not new law but is an interpretation of existing law prepared by the Idaho Department of Health and Welfare to provide clarity to the public regarding existing requirements under the law. This document does not bind the public, except as authorized by law or as incorporated into a contract. For additional information or to provide input on this document, contact the Idaho Division of Medicaid by emailing medicaidcommunications@dhw.idaho.gov or by calling (208)334-5747.

Billing 15-Minute Time Based Codes

The Medicaid Program Integrity Unit has identified instances of providers billing more units than documented for time-based codes. Only time documented in the signed record should be considered when selecting the appropriate number of units to bill. Units may not be calculated using a pre-determined schedule or estimated timeframe expected. When more than one service measured in 15-minute increments is performed on a single date of service, for the same participant, the total number of minutes from all services should be used to determine the correct number of units to bill.

Section 1.3 of the Idaho Medicaid Provider Handbook, General Billing Instructions, provides guidance on billing for 15-minute timed codes and states:

1.3 Billing 15-Minute Timed Codes

Several CPT® and HCPC codes used for evaluations, therapy modalities, procedures, and collateral contacts specify that one (1) unit equals 15 minutes. Providers must bill procedure codes for the services they delivered using CPT® codes and the appropriate number of units of service. The beginning and ending time of the treatment must be recorded in the participant's medical record with a note describing the treatment. Only time spent directly working with the participant is counted. For any single CPT® code, providers may bill a single 15-minute unit for treatment that is greater than or equal to eight (8) minutes and less than 23 minutes in a day. Time intervals for treatments lasting 23-minutes or longer on a single date of service are as follows:

Units for 15 Minute Timed Codes	
Number of Units	Time Interval
2 units	≥ 23 minutes to < 38 minutes
3 units	≥ 38 minutes to < 53 minutes
4 units	≥ 53 minutes to < 68 minutes
5 units	≥ 68 minutes to < 83 minutes
6 units	≥ 83 minutes to < 98 minutes
7 units	≥ 98 minutes to < 113 minutes
8 units	≥ 113 minutes to < 128 minutes

The pattern remains the same for treatment times in excess of two hours. Providers should not bill for services performed for less than eight (8) minutes. The expectation (based on work values for these codes) is that a provider's time for each unit will average 15 minutes in length. If a provider has a practice of billing less than 15 minutes for a unit, these situations should be highlighted for review.

When more than one service measured in 15-minute increments is performed on a single date of service, the total number of minutes for all services billed in 15-minute increments should be totaled to determine the total number of units that can be billed for that date of service. See the "Units for 15 Minute Timed Codes" table above to determine how many units are billable. The total number of units billable should be distributed based on the time spent per code to best fit the allowed units. See the examples below for appropriate time coding.

Billing Multiple 15 Minute Timed Codes			
	Time Spent	Billed Units	Explanation
Example 1			
Code 1	36 minutes	3	According to the chart above, "Units for 15 Minute Timed Codes" 71 minutes equals 5 units. Each of the codes was billed for 30 minutes so should be billed at least 2 units each. Since Code 1 took more time than Code 2 the remaining unit should be assigned there even though by itself Code 1 wouldn't qualify for 3 units.
Code 2	35 minutes	2	
Total	71 minutes	5	
Example 2			
Code 1	20 minutes	2	According to the chart above, "Units for 15 Minute Timed Codes" 40 minutes equals 3 units. Each of the codes was billed for at least 15 minutes so should be billed at least 1 units each. Since both services took the same amount
Code 2	20 minutes	1	
Total	40 minutes	3	
			of time, the provider can assign the remaining unit to either code they decide.
Example 3			
Code 1	33 minutes	2	According to the chart above, "Units for 15 Minute Timed Codes" 40 minutes equals 3 units. Code 1 was provided for 2 full units. Since Code 2 did not meet the 8-minute threshold for 1 unit, compare the unassigned time from Code 1 (3 minutes) with Code 2 (7 minutes). Bill the remaining unit with the code that has the largest unassigned time i.e., Code 2.
Code 2	7 minutes	1	
Total	40 minutes	3	
Example 4			
Code 1	16 minutes	1	According to the chart above, "Units for 15 Minute Timed Codes" 49 minutes equals 3 units. All codes performed would qualify for a single unit on the chart above, but since they were performed on the same day the time is added up to determine the number of billable units. Since all the codes qualify for 1 unit, the units are divided equally among the top codes. Although Code 4 isn't being reimbursed directly, it must still be documented since it's time is being reimbursed in the other codes.
Code 2	10 minutes	1	
Code 3	10 minutes	1	
Code 4	8 minutes	0	
Total	44 minutes	3	
Example 5			
Code 1	7 minutes	1	According to this section 21 minutes is eligible for 1 unit. As all the codes were performed for the same amount of time, the performing professional selects once to bill with the 1 unit. Although Codes 2 and 3 aren't being reimbursed directly, they must be documented since their time is being used to justify the reimbursement for Code 1.
Code 2	7 minutes	0	
Code 3	7 minutes	0	
Total	21 minutes	1	

Providers are required to generate records at the time the service is delivered and maintain all records necessary to fully document the extent of services submitted to Medicaid. The person delivering the services and any supervising providers must ensure all documentation is legible, complete, dated, timed, and authenticated by a written or electronic dated signature. Services billed not in compliance with Medicaid rules and policies are subject to recoupment and civil monetary penalties.

Non-Emergency Medical Transportation Mileage Reimbursement Process Overview

Medicaid participants or their caregivers are eligible for mileage reimbursement to attend the participant's Medicaid-eligible medical appointments. Trips must be preapproved and booked through the NEMT broker, presently MTM. Requests for a trip authorization and trip number assignment can be made either through the online chat feature portal (<https://www.mtm-inc.net/Idaho/members>) or by phone to 1-877-503-1261. Customer service agents will advise if any documentation is necessary.

If the trip is considered long-distance (in excess of 101 one-way miles), at least five business days are needed to review the trip. When a trip, either long-distance or local, is approved, a unique trip number will be assigned. This number is important for ensuring that all eligible trip legs are reimbursed appropriately.

A mileage reimbursement log will need to be filled out and submitted within 60 days of the trip to receive reimbursement. This form is available on the MTM website and available in both English and Spanish (<https://www.mtm-inc.net/Idaho/members>). Information necessary to complete this form are participant's name, Medicaid number, address, and phone number. Information for the person to be reimbursed (self, parent/guardian, caregiver, friend, other) will include the person's relationship to the participant, date of birth, address, and phone. Bank account numbers are not needed, as reimbursement is made via a loaded bank card. For each trip submitted on the form, participants will need information for the facility (provider, address, and appointment time and date) as well as certification (signature) from the facility provider. Multiple trips can be submitted on the same form, using their unique trip numbers and information.

Once the trip and mileage reimbursement log have been successfully completed, the trip log is submitted by mail (MTM, Attention: Trip Logs 16 Hawk Ridge Dr. Lake St. Louis, MO 63367), fax (1-888-513-1610), or email (payme@mtm-inc.net). Electronic submissions are the most expedient. Please allow time for receipt, processing, and disbursement. Reimbursement questions can be addressed to 1-888-513-0703. It is participant responsibility to keep accurate information, copies, and logs. Incomplete or inaccurate forms cannot be processed and will not be reimbursed.

For questions or concerns about this process, MTM can be contacted at 1-877-503-1261. The IDHW NEMT Team can be reached at medicaidtransport@dhw.idaho.gov.

Attention: All Hospital and Long-Term Care Facility Provider Types! Additional Terms Documentation

An enhancement to the Provider Enrollment Application and the current process in collecting Additional Terms documentation for Hospitals reimbursed using 3M™. All Patient Refined DRG (APR DRG) Software and Long-Term Care Facility provider types are moving through our implementation process, and we anticipate this change to have provider impact by the end of February. Many providers have already completed the Additional Terms documentation; however, we must require Hospital and Long-Term Care Facilities to repeat their acknowledgement and electronically sign the terms that are presented on the Documents tab in the application during their next maintenance. If a change in ownership is reported the Additional Terms will require re-acknowledgement. Thank you for your cooperation in this matter.

Idaho Health Care Conference 2023 – Save the Date!

Gainwell Technologies is eager to invite providers and their staff personnel to the 30th annual statewide Idaho Health Care Conference (IHCC) in May. This year's conference will be held in-person only at the locations noted below. We will be presenting a comprehensive overview of how and when to submit Provider Maintenance to reflect changes to an existing Provider record using the upgraded Provider Enrollment Application system. The upgraded Idaho Medicaid Provider Enrollment Application features a new look and feel, simplified processes for maintenance requests and features dynamic screens and electronic signature options, which will result in quicker processing times and less paper transactions. Join us to learn more!

Join us at the 2023 Idaho Health Care Conference from 8:00 AM to 4:00 PM on the following dates:

- May 11, 2023: North Idaho—Red Lion Templin's Hotel on the River, Post Falls
- May 16, 2023: Eastern Idaho—Shoshone Bannock Casino Hotel, Fort Hall
- May 18, 2023: Treasure Valley—Nampa Civic Center, Nampa

We hope you'll attend the conference at a location near you!

Provider Handbook Updates

The following Idaho Medicaid Provider Handbook update has been published:

The [Agency Professional](#) handbook was updated to:

- Updated references to "Adult Day Care" to match the waiver/rule terminology "Adult Day Health".
- Updated the share of Cost form links, email address, and instructions.
- Removed the Electronic Visit Verification (EVV) requirements and instructions for Private Duty Nursing (PDN).
- Removed the requirement for a Healthy Connections referral for Targeted Service Coordination (for the Developmental Disabilities program).
- Updated the Record Keeping and Participant Accessibility Information and Attestation requirements and instructions related to Aged and Disabled (A&D) waiver services.
- Updated the Record Keeping requirements and instructions related to Personal Care Services (PCS).
- Updated the Section Modifications.

Attention: Hospice Program Audit and Claims Reprocessing

The Department completed an analysis of paid claims between 2/1/2022 to 2/1/2023 that may have paid incorrectly. Claims were paid when participants were receiving hospice care, but the Department had not been notified. Claim reprocessing will begin on 3/3/2023.

Hospice agencies are required to communicate and coordinate all services included in the patient's plan of care. This includes working with ancillary service providers so claims are billed correctly. If ancillary service providers have questions about a claim reversal, they may contact their Gainwell Provider Relations Consultant or the Medical Care Unit and request the hospice

agency name for the participant. It is the responsibility of the hospice provider to work with the ancillary service provider on the claim(s) in question.

The Hospice Services, Idaho Medicaid Provider Handbook requires the hospice provider to notify the Medical Care Unit (MCU) of all hospice elections or recertification for Medicaid participants, regardless of other insurance coverage. The provider is required to notify the MCU of the election or recertification within 15 working days. Election requests received after the first 15 days will be evaluated on a case-by-case basis; or election start date will begin the date of the faxed hospice election documentation is received.

Thank you for the continued service you provide to Idaho Medicaid participants; we look forward to correcting these impacted claims and appreciate your patience.



State of Idaho
Division of Occupational and Professional Licenses
Idaho State Board of Pharmacy

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PDMP Mandatory Checking Frequently Asked Questions

Idaho Code

Q. Is there an Idaho law regarding mandatory checking a patient prescription history in the Idaho PDMP?

A. Yes. Idaho Code 37-2722(f) effective October 1, 2020.

<https://legislature.idaho.gov/statutesrules/idstat/Title37/T37CH27/SECT37-2722/>

Q. What is the specific compliance expectation for prescribers?

A. Idaho Code 37-2722(f) states in pertinent part:

“Prior to issuing a patient a prescription for outpatient use for an opioid analgesic or benzodiazepine listed in schedule II, III, or IV, the prescriber or the prescriber’s delegate shall review the patient’s prescription drug history from the preceding twelve (12) months from the prescription drug monitoring program and evaluate the data for indicators of prescription drug diversion or misuse.”

Q. Are there any exceptions for PDMP mandatory checking?

A. Yes, 37-2722 (f)(1)(2) states in pertinent part:

“The review is not required:

(1) For patients:

- (i) Receiving treatment in an inpatient setting;
- (ii) At the scene of an emergency or in an ambulance;
- (iii) In hospice care; or
- (iv) In a skilled nursing home care facility; or

(2) For a prescription in a quantity intended to last no more than three (3) days.”

Q. Who is considered a registered Idaho prescriber?

A. A professionally licensed Idaho prescriber that has an active Idaho Practitioner Controlled Substance Registration an associated Federal DEA Controlled Substance Registration, and prescribes to human patients.

Q. Who is considered a registered prescriber delegate?

A. Nurse, medical or office assistant, current student of a health profession if a licensed practitioner or registered graduate of such profession who may access the database, or a registered pharmacy technician who is designated by a supervising practitioner or pharmacist.

Q. How does a person become a registered delegate?

A. The person must create a PDMP delegate user account and select a supervisor (prescriber). The prescriber will receive the request via their PDMP account for approval.

Valid Search

Q. Does reviewing a patient history once validate all controlled substance prescriptions for that encounter?

A. Yes. A prescriber or prescriber's delegate needs only view PDMP once per patient encounter no matter if two or more prescriptions are prescribed.

Q. Is there is a way for a prescriber to view past searches?

A. Yes, in the user account under RX Searches there is a Prescriber Report option. This will provide a snapshot of prescribing history for covered substances for the most recent report as well as available historical reports.

Compliance

Q. How does the division know that a prescriber or prescriber's delegate has checked the Idaho PDMP and are there any requirements for documenting when checked?

A. The PDMP system tracks compliance for each inquiry. While there is no requirement by law for the prescriber or prescriber's delegate to document PDMP checks, it may be best practice to do so.

Q. How is PDMP mandatory checking going to be enforced?

A. There was a subcommittee that was clear that enforcement was to be educational initially. Beyond a suitable period, enforcement could be a collaborative effort by the division and the respective licensing boards.

With more than two (2) years having passed since the implementation of mandatory checking, enforcement discretion ends 03/31/2023.

PDMP Statewide Integration

Q. Signing in and out of the PDMP system takes too much time. How can I quickly obtain the necessary patient data and still meet the mandatory requirements?

A. PDMP data can be integrated into an electronic health record (EHR) through our PDMP integration platform.

Q. How does integrating with the PDMP platform help me get data faster?

A. The PDMP data is integrated into the EHR or pharmacy management system. This integration empowers clinicians to access patient data at the point of care.

Q. Does checking via the PDMP integration platform count towards the mandatory checking?

A. Yes, the PDMP integration does track compliance for each inquiry search.

Q. Is PDMP integration mandatory?

A. No, PDMP integration is not necessary and if chosen PDMP data will still be accessible through the Idaho PDMP web portal.

Q. Is there a cost for the PDMP Integration?

A. Yes, there is a fee. However, the Idaho Board of Pharmacy will provide for the initial user license fee expenses to set up the integration.

How long does it take for integration to be completed?

A. The process and timeline for integration is dependent upon your EHR or pharmacy management system vendor.

How do I register for the integration?

A To register for PDMP Integration into your EHR or Pharmacy Management System review the following [Gateway Integration Welcome Packet](#). Then go to <https://connect.bamboohealth.com/> and click Create An Account to begin.



What's ECHOing at ECHO Idaho?

ECHO Idaho is a virtual platform that gives voice to knowledge. Our CE-eligible series combine interactive learning and case-based discussions that offer every health professional the opportunity to participate in a community where experts and peers share knowledge, experience and expertise using technology to connect.

March 2023

Free, Virtual, 1-hour continuing education sessions in March

****Registering with Project ECHO will provide you with regular email updates on all upcoming ECHO trainings. Still not registered? Register [here](#).**

Alzheimer's Disease and Related Dementias

Date: Wednesday, March 22, 2023

Time: 1 - 2 p.m. Mountain time

Topic: The Role of Caregivers and Dementia

Featuring: Rich Howard, Caregiver and Sarah Toevs, PhD, BSU Center for the Study of Aging

- Add this session to your calendar, [here](#).

Behavioral Health in Primary Care

Date: Wednesday, March 1, 2023

Time: Noon to 1 p.m. Mountain time

Topic: Neurodiversity – Intervention Services for Adults with Autism

Featuring: Carolyn Golden, PsyD, Northwest Neurobehavioral Health

- Add this session to your calendar, [here](#).

Date: Wednesday, March 15, 2023

Time: Noon to 1 p.m. Mountain time

Topic: Neurodiversity – De-Escalation Tips and Tricks

Featuring: Coire Weathers, MD, Psychiatrist, Lost River Wellness

- Add this session to your calendar, [here](#).

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Counseling Techniques for Substance Use Disorders

Date: Thursday, March 2, 2023

Time: Noon to 1 p.m. Mountain time

Topic: Ethical Considerations for Peer Support Partnerships with Providers

Featuring: Kaitlin Fledderjohann, CPRC, PSS, Ada County Treatment Court

- Add this session to your calendar, [here](#).

Date: Thursday, March 16, 2023

Time: Noon to 1 p.m. Mountain time

Topic: Alcohol Use Disorder: ICD 10 Codes and the DSM

Featuring: Sara Bennett, LCPC, CADC, Executive Director of Riverside Recovery

- Add this session to your calendar, [here](#).

Geriatric Care

Date: Tuesday, March 14, 2023

Time: Noon to 1 p.m. Mountain time

Topic: Chronic Diseases in Primary Care (Including Diabetes, Hypertension)

Featuring: Megan Dunay, MD, MPH, Geriatrics and Palliative Care Physician, Medical Director, Idaho State Veteran's Home, Medical Director, Keystone Health, Associate Medical Director, Keystone Hospice

- Add this session to your calendar, [here](#).

Date: Tuesday, March 28, 2023

Time: Noon to 1 p.m. Mountain time

Topic: Neurological Conditions: What You Need to Know Regarding the Role of PT and OT

Featuring: Amanda Craig, OTR/L, CBIS, Occupational Therapist and Owner, Ada Therapy Services, PLLC, Boise and Liz Armstrong, DPT, Saint Alphonsus - STARS Physical Therapy

- Add this session to your calendar, [here](#).

Medications for Opioid Use Disorder (MOUD) Consultation Hours*

*CE not offered for this series

Date: Thursday, March 2, 2023

Time: 12:30 – 1:30 p.m. Mountain time

Topic: Audience Q & A

Featuring: Rotating Expert Panel

- Add this session to your calendar, [here](#).

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Date: Thursday, March 16, 2023
Time: 12:30 – 1:30 p.m. Mountain time
Topic: Audience Q & A
Featuring: Rotating Expert Panel

- Add this session to your calendar, [here](#).

Date: Thursday, March 30, 2023
Time: 12:30 – 1:30 p.m. Mountain time
Topic: Audience Q & A
Featuring: Rotating Expert Panel

- Add this session to your calendar, [here](#).
- [2023 MOUD Consultation Hours Flyer \(PDF\)](#)

Opioids, Pain, and Substance Use Disorders

Date: Thursday, March 9, 2023
Time: 12:15 – 1:15 p.m. Mountain time
Topic: Co-Occurring Alcohol and Other Substance Use
Featuring: Amy Jeppesen, LCSW, ACADC

Add this session to your calendar, [here](#).

Date: Thursday, March 23, 2023
Time: 12:15 – 1:15 p.m. Mountain time
Topic: Naloxone: Overview and Updates
Featuring: Cathy Oliphant, PharmD, Co-Chair of Pharmacy Practice and Administrative Sciences and Professor of Infectious Disease, Opioid Use and Internal Medicine, Idaho State University

- Add this session to your calendar, [here](#).

Pediatric Autism

Date: Thursday, March 9, 2023
Time: 1 – 2 p.m. Mountain time
Topic: Motivational Interviewing in Teens
Featuring: Paula Griffith, MD, St. Luke's Behavioral Health Services

- Add this session to your calendar, [here](#).

Date: Thursday, March 23, 2023
Time: 1 – 2 p.m. Mountain time
Topic: Puberty, Adolescence, and Transition to Adulthood

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Featuring: Elena Harlan Drewel, PhD, St. Luke's Children's Center for Autism and Neurodevelopmental Disabilities

- Add this session to your calendar, [here](#).

Viral Hepatitis and Liver Care

Date: Monday, March 13, 2023

Time: Noon to 1 p.m. Mountain time

Topic: Treatment of Alcohol Use Disorder

Featuring: Cate Heil, MD, Addiction Medicine Fellow, Full Circle Health, Boise Addiction Medicine Fellowship

- Add this session to your calendar, [here](#).

Date: Monday, March 27, 2023

Time: Noon to 1 p.m. Mountain time

Topic: HCV & Substance Use Disorder

Featuring: Winslow Gerrish, PhD, Full Circle Health

- Add this session to your calendar, [here](#).

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February 1, 2023

MEDICAID INFORMATION RELEASE MA23-01

To: Prescribing Providers, Pharmacists, and Hospitals
From: Juliet Charron, Administrator 
Subject: Update to Idaho Medicaid Preferred Drug List per Pharmacy and Therapeutics Committee Meetings on October and November 2022

Drug/Drug Classes:	Noted below. Agents shaded indicate changes in preferred drug status.
Implementation Date:	Effective for dates of service on or after January 1, 2023

The attached document is an update to the Idaho Medicaid Preferred Drug List; changes have been highlighted in blue. The update reflects decisions based on recommendations from the Idaho Medicaid Pharmacy and Therapeutics Committee at the October and November 2022 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.

JC/sf

November 2022 PDL Recommendations

Therapeutic Class	Division's Recommendations
ALZHEIMER'S DRUGS^{CL}	<p><u>Preferred Drugs</u> donepezil—except 23 mg tablets donepezil ODT memantine rivastigmine capsules</p> <p><u>Non-Preferred Drugs</u> ADUHELM (aducanumab-AVWA) IV ^{CL} ADLARITY (donepezil) transdermal Exelon (rivastigmine) transdermal galantamine tablets, solution galantamine ER memantine ER memantine solution NAMZARIC (donepezil and memantine ER) rivastigmine transdermal</p>
ANTI-ALLERGENS^{CL}	<p><u>Preferred Drugs</u> No agents recommended as preferred at this time.</p> <p><u>Non-Preferred Drugs</u> ORALAIR (grass pollen extract- Cocksfoot, Sweet Vernal Grass, Rye Grass, Meadow Grass, Timothy) ^{CL} PALFORZIA (peanut allergy powder – DNFP) capsules, sachets ^{CL}</p>
ANTICONVULSANTS	<p><u>Adjuvants, Epilepsy</u> <u>Preferred Drugs</u> APTOM (eslicarbazepine) ^{CL} DEPAKOTE (divalproex) sprinkle ^{CL} GABITRIL (tiagabine) ^{CL} lacosamide tablet, solution levetiracetam solution, tablets ^{CL} levetiracetam ER ^{CL} oxcarbazepine tablets ^{CL} OXTELLAR XR (oxcarbazepine) ^{CL} tiagabine ^{CL} topiramate sprinkles ^{CL} TRILEPTAL (oxcarbazepine) suspension ^{CL} zonisamide ^{CL}</p>

Therapeutic Class	Division's Recommendations
ANTICONVULSANTS (continued)	<p><u>Non-Preferred Drugs</u></p> <p>BANZEL (rufinamide) tablets, suspension ^{CL} BRIVIACT (brivaracetam) tablets, solution ^{CL} divalproex sprinkle ^{CL} felbamate tablets, suspension ^{CL} ELEPSIA XR (levetiracetam) ^{CL} FYCOMPA (perampanel) tablets, suspension^{CL} lamotrigine XR ^{CL} oxcarbazepine suspension ^{CL} rufinamide suspension, tablets^{CL} SABRIL (vigabatrin) powder packet, tablets ^{CL} vigabatrin powder packet, tablets ^{CL} VIMPAT (lacosamide) tablets, solution ^{CL} XCOPRI (cenobamate) ^{CL}</p> <p><u>Adjuncts, Pain and Mood</u></p> <p><u>Preferred Drugs</u></p> <p>carbamazepine chewable tablets carbamazepine IR tablets CARBATROL (carbamazepine ER) divalproex ER divalproex tablets gabapentin capsules, tablets lamotrigine chewable tablets, dispersible tablets, tablets ^{CL} TEGRETOL (carbamazepine) suspension TEGRETOL XR (carbamazepine) topiramate tablets ^{CL} valproic acid capsules, solution</p> <p><u>Non-Preferred Drugs</u></p> <p>carbamazepine ER (generic for CARBATROL) carbamazepine suspension carbamazepine XR (generic for TEGRETOL XR) EPRONTIA (topiramate solution) EQUETRO (carbamazepine ER) LAMICTAL ODT (lamotrigine) ^{CL} lamotrigine ODT ^{CL} lamotrigine XR ^{CL} topiramate ER (for Qudexy SR) capsules ^{CL} TROKENDI XR (topiramate ER) ^{CL}</p>

Therapeutic Class	Division's Recommendations
ANTICONVULSANTS (continued)	<p><u>Barbiturates</u></p> <p><u>Preferred Drugs</u> phenobarbital tablets, suspension primidone</p> <p><u>Non-Preferred Drugs</u> No agents recommended as non- preferred at this time.</p> <p><u>Benzodiazepines</u></p> <p><u>Preferred Drugs</u> clobazam tablets ^{CL} clonazepam tablets diazepam solution, tablets diazepam rectal device diazepam rectal DIASTAT (diazepam) rectal DIASTAT ACUDIAL (diazepam) rectal NAYZILAM (midazolam) nasal spray ^{CL} VALTOCO (diazepam) nasal ^{CL}</p> <p><u>Non-Preferred Drugs</u> clobazam suspension ^{CL} clonazepam ODT ^{CL} diazepam syringe SYMPAZAN (clobazam) film ^{CL}</p> <p><u>Hydantoins</u></p> <p><u>Preferred Drugs</u> DILANTIN (phenytoin) 30 mg capsules phenytoin capsules, chewable tablets, suspension phenytoin sodium extended (for PHENYTEX)</p> <p><u>Non-Preferred Drugs</u> DILANTIN (phenytoin) capsules DILANTIN INFATAB (phenytoin)</p> <p><u>Succinimides</u></p> <p><u>Preferred Drugs</u> ethosuximide capsules, syrup</p> <p><u>Non-Preferred Drugs</u> CELONTIN (methosuximide)</p>

Therapeutic Class	Division's Recommendations
ANTICONVULSANTS (continued)	<u>Anticonvulsants, Other</u> <u>Preferred Drugs</u> EPIDIOLEX (cannabidiol) ^{CL} <u>Non-Preferred Drugs</u> DIACOMIT (stiripentol) capsules, powder pack ^{CL} FINTEPLA (fenfluramine) ^{CL}
ANTIDEPRESSANTS, OTHER	<u>Preferred Drugs</u> bupropion IR bupropion SR bupropion XL duloxetine mirtazapine tablets trazodone venlafaxine IR venlafaxine ER capsules <u>Non-Preferred Drugs</u> APLENZIN (bupropion HBr) bupropion XL (generic for FORFIVO XL) desvenlafaxine ER desvenlafaxine succinate ER (generic for PRISTIQ) duloxetine (generic for IRENKA) EMSAM (selegiline) transdermal ^{CL} FETZIMA (levomilnacipran) MARPLAN (isocarboxazid) mirtazapine ODT nefazodone phenelzine SPRAVATO (esketamine) nasal spray ^{CL} tranylcypromine TRINTELLIX (vortioxetine) venlafaxine ER tablets VIIBRYD (vilazodone) Vilazodone
ANTIDEPRESSANTS, SSRIs	<u>Preferred Drugs</u> citalopram tablets, solution escitalopram tablets fluoxetine capsules (except for 60 mg), tablets, solution fluvoxamine IR sertraline tablets, concentrate

Therapeutic Class	Division's Recommendations
ANTIDEPRESSANTS, SSRIs (continued)	<u>Non-Preferred Drugs</u> citalopram capsules escitalopram solution fluoxetine 60 mg capsules fluvoxamine ER paroxetine CR paroxetine suspension paroxetine tablets paroxetine (for BRISDELLE) PEXEVA (paroxetine) sertraline capsules
ANTIHISTAMINES, MINIMALLY SEDATING	<u>Preferred Drugs</u> cetirizine solution, tablets levocetirizine tablets loratadine solution, tablets <u>Non-Preferred Drugs</u> cetirizine capsules cetirizine chewable, solution desloratadine desloratadine ODT fexofenadine levocetirizine solution loratadine chew tablets, ODT
ANTIHYPERTENSIVES, SYMPATHOLYTICS	<u>Preferred Drugs</u> CATAPRES-TTS (clonidine transdermal) clonidine clonidine transdermal guanfacine methyl dopa <u>Non-Preferred Drugs</u> methyl dopa-hydrochlorothiazide

Therapeutic	Division's Recommendations
ANTHYPERURICEMICS	<p><u>Preferred Drugs</u></p> <ul style="list-style-type: none"> allopurinol colchicine^{CL} tablets probenecid <p><u>Non-Preferred Drugs</u></p> <ul style="list-style-type: none"> colchicine^{CL} capsules febuxostat^{CL} GLOPERBA^{CL} (colchicine) KRYSTEXXA (pegloticase)^{CL} MITIGARE (colchicine) capsules^{CL} probenecid/colchicine^{CL}
ANTIPARKINSON'S DRUGS	<p><u>Preferred Drugs</u></p> <ul style="list-style-type: none"> amantadine capsules, syrup, tablets benztropine carbidopa/levodopa IR tablets carbidopa/levodopa/entacapone carbidopa/levodopa ER entacapone pramipexole IR ropinirole IR selegiline capsules, tablets trihexyphenidyl tablets, solution <p><u>Non-Preferred Drugs</u></p> <ul style="list-style-type: none"> apomorphine subcutaneous AZILECT (rasagiline) bromocriptine carbidopa carbidopa/levodopa ODT GOCOVRI (amantadine) IMBRIJA (levodopa) inhalation^{CL} KYNMOBI (apomorphine) sublingual NEUPRO (rotigotine)transdermal NOURIANZ (istadefyline) ONGENTYS (opicapone) Osmolex ER (amantadine) pramipexole ER rasagiline ropinirole ER RYTARY (carbidopa/levodopa ER) tolcapone XADAGO (safinamide) ZELAPAR (selegiline) disintegrating tablets

Therapeutic Class	Division's Recommendations
ANTIPSYCHOTICS	<p><u>Preferred Drugs</u> amitriptyline/perphenazine aripiprazole tablets chlorpromazine oral clozapine tablets fluphenazine tablets, solution haloperidol LATUDA (lurasidone) loxapine olanzapine ODT, tablets perphenazine pimozide quetiapine tablets quetiapine ER risperidone ODT, solution, tablets thiothixene trifluoperazine ziprasidone capsules VRAYLAR (cariprazine)</p> <p><u>Non-Preferred Drugs</u> aripiprazole ODT, solution asenapine CAPLYTA (lumateperone) clozapine ODT FANAPT (lloperidone) haloperidol lactate concentrate LYBALVI (olanzapine/samidorphan) molindone NUPLAZID (pimavanserin) ^{CL} olanzapine/fluoxetine (must use individual agents) paliperidone ER REXULTI (brexpiprazole) SAPHRIS (asenapine) SECUADO (asenapine) transdermal thioridazine VERSACLOZ (clozapine)</p> <p>Injectable: <u>Preferred Drugs</u> ABILIFY MAINTENA (aripiprazole)^{CL} ARISTADA (aripiprazole) ^{CL} ARISTADA INITIO (aripiprazole)^{CL} fluphenazine decanoate GEODON (ziprasidone) haloperidol lactate</p>

Therapeutic Class	Division's Recommendations
ANTIPSYCHOTICS (continued)	<p> INVEGA HAFYERA (paliperidone) ^{CL} INVEGA SUSTENNA (paliperidone) ^{CL} INVEGA TRINZA (paliperidone) ^{CL} olanzapine PERSERIS (risperidone) ^{CL} RISPERDAL CONSTA (risperidone)^{CL} </p> <p> <u>Non-Preferred Drugs</u> chlorpromazine injection fluphenazine injection haloperidol decanoate ZYPREXA RELPREV (olanzapine) ziprasidone mesylate </p>
ANXIOLYTICS	<p> <u>Preferred Drugs</u> buspirone clonazepam tablets diazepam tablets, solution lorazepam tablets </p> <p> <u>Non-Preferred Drugs</u> alprazolam alprazolam ER alprazolam intensol, ODT chlordiazepoxide clonazepam ODT clorazepate diazepam syringe, vial diazepam intensol lorazepam intensol LOREEV XR (lorazepam) capsules meprobamate oxazepam </p>
BOTULINUM TOXINS	<p> <u>Preferred Drugs</u> BOTOX (onabotulinumtoxinA) DYSPORT (abobotulinumtoxinA) </p> <p> <u>Non-Preferred Drugs</u> MYOBLOC (rimabotulinumtoxinB) XEOMIN (incobotulinumtoxinA) </p>

Therapeutic Class	Division's Recommendations
BRONCHODILATORS, BETA AGONIST	<p><u>Inhalers, Short Acting</u></p> <p><u>Preferred Drugs</u> PROAIR HFA (albuterol) VENTOLIN HFA (albuterol)</p> <p><u>Non-Preferred Drugs</u> albuterol HFA (generic for PROAIR) albuterol HFA (generic for PROVENTIL) albuterol HFA (generic for VENTOLIN) levalbuterol HFA PROAIR RESPICLICK (albuterol) XOPENEX HFA (levalbuterol)</p> <p><u>Inhalers, Long Acting:</u></p> <p><u>Preferred Drugs</u> SEREVENT (salmeterol)</p> <p><u>Non-Preferred Drugs</u> STRIVERDI RESPIMAT (olodaterol)</p> <p><u>Inhalation Solution:</u></p> <p><u>Preferred Drugs</u> albuterol PROVENTIL HFA (albuterol)</p> <p><u>Non-Preferred Drugs</u> arformoterol levalbuterol BROVANA (arformoterol) formeterol</p> <p><u>Oral:</u></p> <p><u>Preferred Drugs</u> No agents recommended as preferred at this time.</p> <p><u>Non-Preferred Drugs</u> albuterol tablets, solution albuterol ER metaproterenol solution,tablets terbutaline</p>

Therapeutic Class	Division's Recommendations
COLONY STIMULATING FACTORS	<u>Preferred Drugs</u> GRANIX (tbo-filgrastim) vial NEUPOGEN (filgrastim) NYVEPRIA (pegfilgrastim-apgf) <u>Non-Preferred Drugs</u> FULPHILA (pegfilgrastim-jmdb) GRANIX (tbo-filgrastim) syringe, vial LEUKINE (sargramostim) NEULASTA (pegfilgrastim) NIVESTYM (filgrastim-aafi) RELEUKO (filgrastim-ayow) UDENYCA (pegfilgrastim-cbqv) ZARXIO (filgrastim-sndz) ZIEXTENZO (pegfilgrastin)
COPD AGENTS	<u>Preferred Drugs</u> albuterol/ipratropium ANORO ELLIPTA (umeclidium/vilanterol) ATROVENT HFA (ipratropium) COMBIVENT RESPIMAT (albuterol/ipratropium) ipratropium nebulizer solution SPIRIVA (tiotropium) inhalation capsules STIOLTO RESPIMAT (tiotropium/olodaterol) <u>Non-Preferred Drugs</u> BEVESPI AEROSPHERE (glycopyrrolate/formoterol) DALIRESP (roflumilast) ^{CL} DUAKLIR PRESSAIR (aclidinium/formoterol) INCRUSE ELLIPTA (umeclidinium) LONHALA MAGNAIR (glycopyrrolate) SPIRIVA RESPIMAT (tiotropium) TUDORZA PRESSAIR (aclidinium) YUPELRI (revefenacin)

Therapeutic Class	Division's Recommendations
CYTOKINE & CAM ANTAGONISTS	<p><u>Preferred Drugs</u></p> <p>ENBREL (etanercept) ENBREL (etanercept) MINICartridge HUMIRA (adalimumab) OTEZLA (apremilast)</p> <p><u>Non-Preferred Drugs</u></p> <p>ACTEMRA (tocilizumab) ARCALYST (rilonacept) CIMZIA (certolizumab) CIBINQO (abrocitinib) COSENTYX (secukinumab) pen, syringe ENSPRYNG (satralizumab-MWGE) ENTYVIO (vedolizumab) ILARIS (canakinumab) ILUMYA (tildrakizumab -asmn) INFLECTRA (infliximab) infliximab KEVZARA (sarilumab) KINERET (anakinra) OLUMIANT (baricitinimab) ORENCIA (abatacept) REMICADE (infliximab) RENFLEXIS (infliximab-abda) RINVOQ ER (upadacitinib) SILIQ (brodalumab) SIMPONI ARIA (golimumab) SIMPONI SQ (golimumab) SKYRIZI (risankizumab) pen, SC, syringe, vial STELARA (ustekimumab) TALTZ (ixekizumab) TREMIFYA (guselkumab) XELJANZ (tofacitinib) tablets, solution XELJANZ XR (tofacitinib)</p>

Therapeutic Class	Division's Recommendations
EPINEPHRINE, SELF-INJECTED	<p><u>Preferred Drugs</u> epinephrine (authorized generics for EPIPEN, EPIPEN JR) EPIPEN (epinephrine) EPIPEN JR (epinephrine)</p> <p><u>Non-Preferred Drugs</u> epinephrine (generic for ADRENALCLICK) epinephrine (generic for EPIPEN, EPIPEN JR) SYMJEPI (epinephrine)</p>
ERYTHROPOIESIS STIMULATING PROTEINS	<p><u>Preferred Drugs</u> ARANESP (darbepoetin) RETACRIT (epoetin alfa-epbx) EPOGEN (rHuEPO)</p> <p><u>Non-Preferred Drugs</u> PROCRIT (rHuEPO) REBLOZYL (luspatercept-AAMT)</p>
GLUCOCORTICOID, INHALED	<p><u>Preferred Drugs</u> ASMANEX (mometasone) Twisthaler budesonide respules 0.25 mg, 0.5mg ^{CL} FLOVENT HFA (fluticasone)</p> <p><u>Non-Preferred Drugs</u> ALVESCO (ciclesonide) ARNUIITY ELIPTA (fluticasone) ASMANEX (mometasone) HFA budesonide respules 1mg ^{CL} FLOVENT DISKUS (fluticasone) fluticasone HFA PULMICORT (budesonide) Flexhaler PULMICORT RESPULES (budesonide) 1mg ^{CL} QVAR (beclomethasone) REDIHALER</p>
GLUCOCORTICOID/ BRONCHODILATOR COMBINATIONS	<p><u>Preferred Drugs</u> ADVAIR (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) FLOVENT HFA (fluticasone) SYMBICORT (budesonide/formoterol)</p> <p><u>Non-Preferred Drugs</u> AIRDUO (fluticasone/salmeterol)</p>

Therapeutic Class	Division's Recommendations
GLUCOCORTICOID/ BRONCHODILATOR COMBINATIONS (continued)	BREO ELLIPTA (fluticasone/vilanterol) BREZTRI (budesonide/glycopyrolate/ formoterol) budesonide/formoterol DULERA (mometasone/formoterol) fluticasone/salmeterol fluticasone/vilantero TRELEGY ELLIPTA (fluticasone/umeclidinium/vilanterol)
IMMUNE GLOBULINS	<u>Preferred Drugs</u> BIVIGAM IM ^{CL} CUTAQUIG subcutaneous solution ^{CL} CUVITRU subcutaneous solution ^{CL} CYTOGAM (cytomegalovirus immune globulin) intravenous solution ^{CL} GAMASTAN intramuscular ^{CL} GAMASTAN S-D intramuscular ^{CL} GAMMAGARD LIQUID injection GAMMAGARD S-D powder for intravenous solution ^{CL} GAMMAKED injection solution ^{CL} GAMMAPLEX intravenous solution ^{CL} GAMUNEX-C injection solution ^{CL} HYPERHEP B S-D injection solution HIZENTRA subcutaneous solution ^{CL} vial HIZENTRA subcutaneous syringe ^{CL} HYQVIA subcutaneous solution ^{CL} OCTAGAM intravenous solution ^{CL} PANGYZA intravenous solution ^{CL} PRIVIGEN intravenous solution ^{CL} <u>Non-Preferred Drugs</u> ASCENIV intravenous HEPAGAM B (hepatitis B immune globulin) FLEBOGAMMA DIF IV solution ^{CL} HYPERRAB ^{CL} KEDRAB ^{CL} VARIZIG (Varicella-Zoster immune globulin) IM ^{CL} XEMBIFY subcutaneous
IMMUNOMODULATORS, ASTHMA	<u>Preferred Drugs</u> FASENRA (benralizumab) ^{CL} XOLAIR (omalizumab) ^{CL} <u>Non-Preferred Drugs</u> CINQAIR (reslizumab) ^{CL} NUCALA (mepolizumab) ^{CL} vial, auto-injector, syringe TEZSPIRE (tezepelumab-ekko) syringe

Therapeutic Class	Division's Recommendations
IMMUNE MODULATORS, ATOPIC DERMATITIS	<u>Preferred Drugs</u> DUPIXENT (dupilumab)^{CL} pen, syringe ELIDEL (pimecrolimus) EUCRISA (crisaborole) <u>Non-Preferred Drugs</u> ADBRY (tralokinumab-ldrm) OPZELURA (ruxolitinib) picrolimus PROTOPIC (tacrolimus) tacrolimus
INTRANASAL RHINITIS AGENTS	<u>Preferred Drugs</u> azelastine (for ASTELIN, ASTEPRO) fluticasone ipratropium <u>Non-Preferred Drugs</u> azelastine/fluticasone BECONASE AQ (beclomethasone) DYMISTA (azelastine/fluticasone) flunisolide mometasone olopatadine OMNARIS (ciclesonide) QNASL (beclomethasone) RYALTRIS (olopatadine/mometasone) Nasal ZETONNA (ciclesonide)
LEUKOTRIENE MODIFIERS	<u>Preferred Drugs</u> montelukast tablets, chewable tablets <u>Non-Preferred Drugs</u> montelukast granules zafirlukast Zileuton ER ZYFLO (zileuton)

Therapeutic Class	Division's Recommendations
MOVEMENT DISORDERS	<p><u>Preferred Drugs</u></p> <p>AUSTEDO (deutetrabenazine) ^{CL} INGREZZA (valbenazine) ^{CL} tetrabenazine^{cl}</p> <p><u>Non-Preferred</u></p> <p>INGREZZA (valbenazine)Initiation Pack ^{CL}</p>
NSAIDS	<p><u>Preferred Drugs</u></p> <p>celecoxib diclofenac potassium diclofenac sodium diclofenac gel ibuprofen (Rx only) indomethacin IR capsules meloxicam tablets nabumetone naproxen (Rx only) tablets sulindac</p> <p><u>Non-Preferred Drugs</u></p> <p>diclofenac/misoprostol ^{CL} diclofenac patch diclofenac (PENNSAID PUMP) diclofenac potassium capsule diclofenac topical solution diclofenac SR diflunisal DUEXIS (ibuprofen/famotidine) ^{CL} etodolac IR etodolac SR fenoprofen flurbiprofen ibuprofen/famotidine indomethacin ER capsules ketoprofen ER ketoprofen IR ketorolac nasal LICART (diclofenac) patch meclofenamate mefenamic acid meloxicam capsules NAPRELAN (naproxen) naproxen (Rx only) suspension naproxen CR (375 and 500mg)</p>

Therapeutic Class	Division's Recommendations
NSAIDS (continued)	naproxen EC naproxen/esomeprazole ^{CL} naproxen sodium oxaprozin PENNSAID (diclofenac) topical solution piroxicam SPRIX (nasal ketorolac) tolmetin VIMOVO (naproxen/esomeprazole) VIVLODEX (meloxicam) ZIPSOR (diclofenac) ZORVOLEX (diclofenac)
ONCOLOGY, ORAL- BREAST	<u>Preferred Drugs</u> anastrozole capecitabine cyclophosphamide exemestane fulvestrant IBRANCE (palbociclib) capsules, tablets letrozole tamoxifen citrate VERZENIO (abemaciclib) <u>Non-Preferred Drugs</u> FARESTON (toremifene) FEMARA (letrozole) KISQALI (ribociclib) lapatinib NERLYNX (neratinib) PIQRAY (alpelisib) SOLTAMOX (tamoxifen) solution TALZENNA (talazoparib) toremifene TUKYSA (tucatinib) TYKERB (lapatinib) oral
ONCOLOGY, ORAL- HEMATOLOGICAL	<u>Preferred Drugs</u> ALKERAN (melphalan) CALQUENCE (acalabrutinib) capsule hydroxyurea imatinib IMBRUVICA (ibrutinib) capsules, tablets JAKAFI (ruxolitinib) LEUKERAN (chlorambucil) MATULANE (procarbazine)

Therapeutic Class	Division's Recommendations
ONCOLOGY, ORAL- HEMATOLOGICAL (continued)	<p>mercaptapurine MYLERAN (busulfan) POMALYST (pomalidomide) REVLIMID (lenalidomide) SPRYCEL (dasatinib) TABLOID (thioguanine) tretinoin VENCLEXTA (venetaoclax)</p> <p><u>Non-Preferred Drugs</u> BOSULF (bosutinib) BRUKINSA (zanubrutinib) CALQUENCE (acalabrutinib) tablet COPIKTRA (duvelisib) DAURISMO (glasdegib) FARYDAX (panobinostat) ICLUSIG (ponatinib) IDHIFA (enasidenib) IMBRUVICA (ibrutinib) suspension INQOVI (decitabine/cedazuridine) INREBIC(fedratinib) lenalidomide melphalan NILARO (ixazomib) ONUREG (azacitadine) RYDAPT (midostaurin) SCSEMBLIX (asciminib) TASIGNA (nilotinib) THALOMID (thalidomide) TIBSOVO (ivosidenib) XOSPATA (gilteritinib) XPOVIO (selinexor) VONJO (pacritinib citrate) ZOLINZA (vorinostat) ZYDELIG (idelalisib)</p>

Therapeutic Class	Division's Recommendations
ONCOLOGY, ORAL-LUNG	<p><u>Preferred Drugs</u> ALECENSA (alectinib) ALUNBRIG (brigatinib) LORBRENA (lorlatinib) TAGRISSO (osimertinib)</p> <p><u>Non-Preferred Drugs</u> EXKIVITY (mobocertinib) GAVRETO (pralsetinib) GILOTRIF (afatinib) HYCANTIN (topotecan) IRESSA (gefitinib) LUMAKRAS (sotorasib) RETEVMO (selpercatinib) ROZLYTREX (entrectinib) TABRECTA (capmatinib) TARCEVA (erlotinib) TEPMETKO (tepotinib) VIZIMPRO (dacomitinib) XALKORI (crizotinib) ZYKADIA (ceritinib)</p>
ONCOLOGY, ORAL - OTHER	<p><u>Preferred Drugs</u> COMETRIQ (cabozantinib) LYNPARZA (oloparib) temozolomide ZEJULA (niraparib)</p> <p><u>Non-Preferred Drugs</u> AYVAKIT (avapritinib) BALVERSA (erdafitinib) CAPRELSA (vandetanib) KOSELUGO (selumetinib) LONSURF (trifluridine/tipiracil) PEMAZYRE (pemigatinib) QINLOCK (ripretinib) RUBRACA (rucaparib) STIVARGA (regorafenib) TAZVERIK (tazemetostat) TRUXELTIQ (infigratinib) TURALIO (pexidartinib HCL) VITRAKVI (larotrectinib) capsules, oral solution</p>

Therapeutic Class	Division's Recommendations
ONCOLOGY, ORAL- PROSTATE	<p><u>Preferred Drugs</u> abiraterone bicalutamide flutamide ORGOVYX (relugolix) XTANDi (enzalutamide)</p> <p><u>Non-Preferred Drugs</u> CASODEX (bicalutamide) EMCYT (estramustine) ERLEADA (apalutamide) nilutamide NUBEQA (darolutamide) YONSA (abiraterone submicronized) ZYTIGA (abiraterone)</p>
ONCOLOGY, ORAL-RENAL CELL	<p><u>Preferred Drugs</u> AFINITOR (everolimus) CABOMETYX (cabozantinib) INLYTA (axitinib) SUTENT (sunitinib) VOTRIENT (pazopanib)</p> <p><u>Non-Preferred Drugs</u> AFINITOR DISPERZ (everolimus) everolimus suspension, tab FOTIVDA (tivozanib) LENVIMA (lenvatinib) NEXAVAR (sorafenib) sorafenib sunitinib WELIREG (belzutifan)</p>
ONCOLOGY, ORAL-SKIN	<p><u>Preferred Drugs</u> BRAFTOVI (encorafenib) ERIVEDGE (vismodegib) MEKINIST (trametinib) MEKTOVI (binimetinib) ODOMZO (sonidegib) TAFINLAR (dabrafenib)</p> <p><u>Non-Preferred Drugs</u> COTELLIC (cobimetinib) ZELBORAF (vemurafenib)</p>

Therapeutic Class	Division's Recommendations
OPHTHALMIC ANTIBIOTICS	<p><u>Preferred Drugs</u> bacitracin/polymyxin B CILOXAN (ciprofloxacin) ointment ciprofloxacin solution erythromycin gentamicin moxifloxacin (generic for VIGAMOX) polymyxin/trimethoprim tobramycin solution</p> <p><u>Non-Preferred Drugs</u> AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) gatifloxacin levofloxacin moxifloxacin (generic for MOXEZA) NATACYN (natamycin) neomycin/bacitracin/polymyxin neomycin/polymyxin/gramicidin ofloxacin sulfacetamide ointment sulfacetamide solution TOBEX (tobramycin) ointment ZMAXID (gatifloxacin)</p>
OPHTHALMIC ANTIBIOTIC- STEROID COMBINATIONS	<p><u>Preferred Drugs</u> neomycin/polymyxin/ dexamethasone sulfacetamide/prednisolone TOBRADEX (tobramycin/ dexamethasone) ointment, suspension</p> <p><u>Non-Preferred Drugs</u> BLEPHAMIDE S.O.P. (sulfacetamide/prednisolone) neomycin/bacitracin/polymyxin/ hydrocortisone neomycin/polymyxin/hydrocortisone PRED-G (prednisolone/gentamicin) TOBRADEX ST (tobramycin/ dexamethasone) tobramycin/dexamethasone ZYLET (tobramycin/loteprednol)</p>

Therapeutic Class	Division's Recommendations
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	<p><u>Preferred Drugs</u> cromolyn olopatadine 0.1% (generic PATANOL) olopatadine 0.2% (generic PATADAY)</p> <p><u>Non-Preferred Drugs</u> ALOCRIL (nedocromil) ALOMIDE (Iodoxamide) ALREX (loteprednol) azelastine BEPREVE (bepotastine) bepotastine epinastine ZERVATE (cetirazine)</p>
OPHTHALMICS, ANTI-INFLAMMATORY/ IMMUNOMODULATORS	<p><u>Preferred Drugs</u> RESTASIS (cyclosporine) XIIDRA (lifitegrast)</p> <p><u>Non-Preferred Drugs</u> CEQUA (cyclosporine) cyclosporine EYSUVIS (loteprednol etabonate) TYRVAYA (varenicline) nasal spray</p>
OTIC ANTIBIOTICS	<p><u>Preferred Drugs</u> CIPRODEX (ciprofloxacin/ dexamethasone) CIPRO HC (ciprofloxacin/ hydrocortisone) CORTISPORIN TC (colistin/neomycin/HC/thonzonium) neomycin/polymyxin/hydrocortisone ofloxacin</p> <p><u>Non-Preferred Drugs</u> ciprofloxacin ciprofloxacin/dexamethasone ciprofloxacin/fluocinolone</p>
PAIN, OTHER	<p><u>Preferred Drugs</u> duloxetine 20 mg, 30mg, 60 mg gabapentin capsules, tablets lidocaine transdermal pregabalin capsules ZTLIDO (lidocaine)</p> <p><u>Non-Preferred Drugs</u> DRIZALMA SPRINKLE (duloxetine) duloxetine 40 mg (for IRENKA) gabapentin solution GRALISE (gabapentin)</p>

Therapeutic Class	Division's Recommendations
PAIN, OTHER (continued)	HORIZANT (gabapentin enacarbil) LYRICA CR (pregabalin) pregabalin ER pregabalin solution SAVELLA (milnacipran)
SEDATIVE HYPNOTICS	<u>Preferred Drugs</u> doxepin 10 mg ROZEREM (ramelteon) zolpidem IR <u>Non-Preferred Drugs</u> BELSOMRA (suvorexant) DAYVIGO (lemrexant) doxepin (except 10 mg) EDLUAR (zolpidem) SL estazolam eszopiclone flurazepam HETLIOZ (tasimelteon) ^{CL} HETLIOZ LQ (tasimelteon) ^{CL} IGALMI (dexmedetomidine) QUVIVIQ (daridorexant) ramelteon temazepam triazolam zaleplon zolpidem ER zolpidem SL
SPINAL MUSCULAR ATROPHY	<u>Preferred Drugs</u> No agents are designated preferred at this time <u>Non-Preferred Drugs</u> EVRYSDI (risdiplam) SPINRAZA (nusinersen) ZOLGENSMA (onasemnogen)
STIMULANTS AND RELATED DRUGS^{CL}	<u>Preferred Drugs</u> ADDERALL XR (amphetamine salt combination ER) ^{CL} amphetamine salt combination IR ^{CL} atomoxetine clonidine ER CONCERTA (methylphenidate ER) dexmethylphenidate ^{CL}

Therapeutic Class	Division's Recommendations
STIMULANTS AND RELATED DRUGS^{CL} (continued)	<p> dexmethylphenidate ER^{CL} guanfacine ER guanfacine IR methylphenidate CD^{CL} methylphenidate ER (generic for METADATE)^{CL} methylphenidate IR tablets^{CL} methylphenidate solution^{CL} QELBREE (viloxazine)^{CL} VYVANSE (lisdexamfetamine)^{CL} </p> <p> <u>Non-Preferred Drugs</u> ADHANSIA XR (methylphenidate)^{CL} ADZENYS XR ODT (amphetamine)^{CL} amphetamine salt combination ER^{CL} amphetamine sulfate^{CL} APTENSIO XR (methylphenidate)^{CL} armodafinil^{CL} AZSTARYS (serdexmethylphenidate /dexmethylphenidate) COTEMPLA XR- ODT(methylphenidate)^{CL} DAYTRANA (methylphenidate)^{CL} dextroamphetamine ER^{CL} dextroamphetamine solution^{CL} DYANAVEL XR (amphetamine)^{CL} EVEKEO (amphetamine)^{CL} EVEKEO ODT (amphetamine)^{CL} FOCALIN XR (dexmethylphenidate)^{CL} JORNAY (methylphenidate) methamphetamine methylphenidate chewable tablets methylphenidate ER (generic for CONCERTA)^{CL} methylphenidate ER (generic for APTENSIO XR)^{CL} methylphenidate patch TD24 (transdermal) modafanil^{CL} MYDAYIS (amphetamine salt combination ER) NUVIGIL (armodafinil)^{CL} PROCENTRA (dextroamphetamine solution)^{CL} QUILLICHEW ER (methylphenidate)^{CL} QUILLIVANT XR (methylphenidate) solution^{CL} RITALIN (methylphenadate) LA SUNOSI (solriamfetol)^{CL} WAKIX (pitolisant)^{CL} ZENZEDI (dextroamphetamine)^{CL} </p>

Therapeutic Class	Division's Recommendations
TOBACCO CESSATION	<p data-bbox="808 321 959 348"><u>Preferred Drugs</u></p> <p data-bbox="808 352 1013 380">bupropion SR 150 mg</p> <p data-bbox="808 384 1013 411">CHANTIX (varenicline)</p> <p data-bbox="808 415 1122 443">nicotine gum (nicotine polacrilex)</p> <p data-bbox="808 447 1224 474">nicotine lozenge buccal (nicotine polacrilex)</p> <p data-bbox="808 478 1045 506">nicotine patch (nicotine)</p> <p data-bbox="808 531 1013 558"><u>Non-Preferred Drugs</u></p> <p data-bbox="808 562 1105 590">NICOTROL (nicotine) inhalation</p> <p data-bbox="808 594 1084 621">NICOTROL NS (nicotine)nasal</p> <p data-bbox="808 625 911 653">varenicline</p>

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 or will have clinical prior authorization criteria for use associated with them.



BRAD LITTLE – Governor
DAVE JEPPESEN – Director


IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

February 10, 2023

MEDICAID INFORMATION RELEASE MA23-03

To: All Nursing Facility and ICF/ID Administrators

From: Juliet Charron, Administrator 

Subject: Information Request Related to Wage Determination

Each year the Idaho Department of Health and Welfare gathers information from all intermediate care facilities for persons with intellectual disabilities (ICF/ID) and nursing facilities (including hospital-based facilities) to determine wage data for select employees in the nursing home industry.*

If you were a Medicaid provider on or before **March 15, 2023**, you are required to complete the attached certification according to the instructions and, following the submission instructions on Page 4, return the information to:

Myers and Stauffer LC
8555 West Hackamore Drive, Suite 100
Boise, ID 83709-1693
Fax: (208) 378-0660

You must respond by April 15, 2023.

If you have questions, please contact Pamela Newell of Myers and Stauffer at (208) 685-1587, (800) 336-7721 or IDWAHRS@mslc.com. Thank you for participating in Idaho Medicaid.

JC/js

Attachments: * ADDITIONAL TERMS – NURSING FACILITIES A-4.16B and IDAPA 16.03.10.603.02

Information Release MA23-03
February 10, 2023
Page 2 of 5

The content of this guidance document is not new law but is an interpretation of existing law prepared by the Idaho Department of Health and Welfare to provide clarity to the public regarding existing requirements under the law. This document does not bind the public, except as authorized by law or as incorporated into a contract. For additional information or to provide input on this document, contact the Division of Medicaid by emailing medicaidcommunications@dhw.idaho.gov or by calling 208-334-5747.

INFORMATION REQUEST INSTRUCTIONS

(Please read carefully as strict adherence to these standards is required)

As of March 15, 2023, we are requesting the following information regarding select staff at all intermediate care facilities for individuals with intellectual disabilities (ICF/ID) and nursing facilities (including hospital-based facilities).*

You must submit the following information on the WAHR Survey Form 2023, in an Excel format, to Myers and Stauffer no later than April 15, 2023.* Early submissions are greatly appreciated. **Please see below for additional requirements for email submissions.**

- Employee Identifier: Include only the name or identifier for each employee (e.g., ID number). Do not include employee social security numbers. **Note: employee names and ID numbers are protected information and should only be sent via the Myers and Stauffer SFTP or through secure email.**
- Employment Class: Do not send information for staff who are not involved in the routine, direct care of residents who receive long-term care (e.g., physical therapy, occupational therapy, speech therapy, restorative aides, staff development, social service, activities, health information, administration, or ward clerks should not be included).
- Include and assign only the staff that fall into these categories (do not include outside contract labor):
 - RN - Registered Nurses (indicate Director of Nursing, Mini Data Set (MDS) Staff, Care Manager, etc.)
 - LPN - Licensed Practical Nurses
 - CNA - Certified Nurse Aides
 - NA - Nurse Aides
 - Dietary Aide
 - Housekeeping Aide
 - Laundry Aide
 - QIDP - Qualified Intellectual Disabilities Professional (ICF/IDs only)
 - THT - Therapy Technicians (ICF/IDs only)
- Hourly Wage: Include only the hourly wage. If the individual is paid a salary, please convert it to an hourly wage (full time = 2,080 hours/year).
- Weekly Hours: Include the number of hours that the individual works in an average work week and round figures to the nearest hour. Include Pro Re Nata (PRN) staff only if a weekly average can be determined.
- Time Frame: The wage data must be the rate paid as of March 15, 2023. Do not include personnel hired after this date.

* According to *ADDITIONAL TERMS - NURSING FACILITIES A-4.16B and IDAPA 16.03.10.603.02*

- Format: **All providers are now required to use the standardized Excel reporting form, WAHR Survey Form 2023.** The form is available for download at <https://myersandstauffer.com/provider-portal/>. Select Idaho, navigate to the download folder and select the "WAHRS" folder.
- Submission Requirements: The preferred method for submission is through the Myers and Stauffer LC Secure File Transfer Portal (SFTP). If you do not have an account, please contact Pamela Newell of Myers and Stauffer LC at (208) 685-1587 or (800) 336-7721 to request access to the SFTP. If you elect to email your submission, it must be sent through a **secured** email system and should be sent to IDWAHRS@mslc.com.
- Certification: The cover sheet/certification page below must be completed, signed, and included with the information requested above. A PDF of the signed certification is acceptable.

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE
* * *
PERSONNEL LISTING WITH WAGE DATA
* * *
REQUESTED TO COMPLY WITH
IDAPA ADDITIONAL TERMS - NURSING FACILITIES A-4.16B and IDAPA 16.03.10.603.02
* * *
AS OF MARCH 15, 2023

Name of Facility

Address

City, State, Zip

Medicaid Provider Number

I certify that, to the best of my knowledge, the information reflected herein is an accurate representation of the facts.

Administrator's Signature

Print or Type Name

Date

Phone Number

Email Address

Provider Training Opportunities

You are invited to attend the following webinars offered by Gainwell Technologies Regional Provider Relations Consultants.

March: Claims Adjustments

This course will assist you in adjusting claims on the Trading Partner Account for quick resolution.

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.

	March	April	May
	Claims Adjustments	PEA New Enrollment	PEA Maintenance
10-11:00 AM MT	3/15/2023	4/19/2023	5/17/2023
	3/16/2023	4/20/2023	5/18/2023
	3/21/2023	4/18/2023	5/16/2023
2-3:00 PM MT	3/8/2023	4/12/2023	5/10/2023
	3/9/2023	4/13/2023	5/11/2023
	3/16/2023	4/20/2023	5/18/2023
	3/21/2023	4/18/2023	5/16/2023

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 [47](#) of this newsletter.

DHW Resource and Contact Information

DHW Website	https://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 Hotline: 1 (208) 334-5754 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)-334-4676 1 (800) 494-4133
Region IV Boise	1 (208) 334-4676 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
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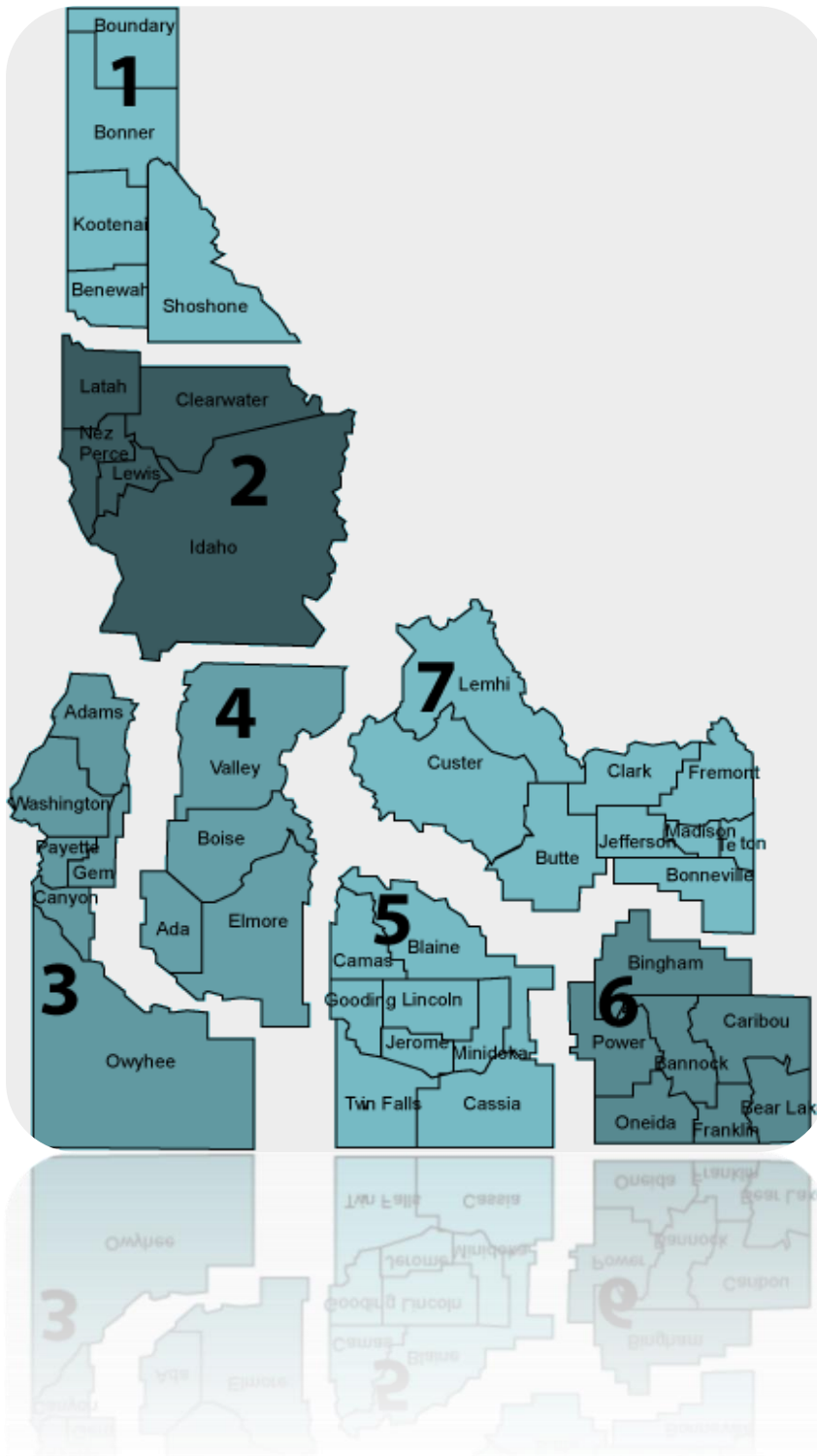
Gainwell Technologies Provider and Participant Services Contact Information

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@gainwelltechnologies.com idproviderenrollment@gainwelltechnologies.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@gainwelltechnologies.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

Gainwell Technologies 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) 202-5735

Region.1@gainwelltechnologies.com

Region 2 and the state of Montana

1 (208) 202-5736

Region.2@gainwelltechnologies.com

Region 3 and the state of Oregon

1 (208) 202-5816

Region.3@gainwelltechnologies.com

Region 4

1 (208) 202-5843

Region.4@gainwelltechnologies.com

Region 5 and the state of Nevada

1 (208) 202-5963

Region.5@gainwelltechnologies.com

Region 6 and the state of Utah

1 (208) 593-7759

Region.6@gainwelltechnologies.com

Region 7 and the state of Wyoming

1 (208) 609-5062

Region.7@gainwelltechnologies.com

Region 9 all other states (not bordering Idaho)

1 (208) 609-5115

Region.9@gainwelltechnologies.com

Gainwell Technologies
PO Box 70082
Boise, Idaho 83707



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.



**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