



# MedicAide

An Informational Newsletter for Idaho Medicaid Providers

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

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## Correct Billing of Laboratory Tests – Modifier 90

The Medicaid Program Integrity Unit has identified physicians that are inappropriately billing laboratory services to Medicaid when they did not personally perform or supervise the service in their office. Modifier 90 is only to be used when an independent laboratory sends a specimen to a reference laboratory for testing. Reference laboratories are laboratories that only accept specimens from other laboratories. Physicians are not a reference laboratory and are not eligible to bill laboratory services they did not perform with or without Modifier 90.

IDAPA 16.03.09.655.01 addresses provider reimbursement for laboratory and radiology services and states:

01. Provider of Service. Payment for laboratory tests can only be made to the actual provider of that service. An exception to the preceding is made in the case of:
  - a. An independent laboratory that can bill for a reference laboratory;
  - b. A transplant facility that can bill for histocompatibility testing; and
  - c. Healthcare professionals acting within the licensure and scope of their practice to comply with IDAPA 16.02.12, "Newborn Screening."

Section 2.3 of the August 8, 2023, Idaho Medicaid Provider Handbook, Laboratory Services, addresses laboratory coverage for physician office laboratories and states in pertinent part:

Physicians can bill Medicaid for clinical diagnostic laboratory services they personally performed or supervised in their office. This includes services provided in a Rural Health Clinic. These services do not constitute the services of a hospital, independent or reference laboratory per the definitions for those providers. Physician-owned laboratories may not bill for tests sent to independent or hospital laboratories nor may they send specimens to a reference laboratory.

Section 2.4 of the same handbook addresses reference laboratories. It states in pertinent part:

Reference laboratories are laboratories that only accept specimens from other laboratories. A physician would never be or use a reference laboratory. Laboratories using reference laboratories are responsible for ensuring they meet all Idaho Medicaid requirements including rule, statute, and the Idaho Medicaid Provider Handbook.

Section 8.2.1 of the same handbook addresses modifier 90. It states:

### 8.2.1. Modifier 90

The Department recognizes modifier 90 as only for use by a reference laboratory's services for an independent laboratory. Physicians are not eligible to bill Modifier 90.

Physicians who bill for laboratory services with a modifier 90 may be subject to recoupment and/or civil monetary penalties.

## Important – EDI Payer ID Change Coming Soon

Effective 3/1/2024 Gainwell Technologies will update the receiver/sender/payer ID format for all inbound and outbound Electronic Data Interchange (EDI) files. The current format of ID\_MMIS\_4\_DXCMS will be changed to ID\_MES\_4\_MMS\_IG.

All EDI inbound transaction files that are received by Gainwell after 3/1/2024 will be accepted and processed, with any of the following receiver ID (ISA08) values: ID\_MMIS\_4MOLINA, ID\_MMIS\_4\_DXCMS, or ID\_MES\_4\_MMS\_IG. All outbound acknowledgment and response files that are transmitted will include the new format of ID\_MES\_4\_MMS\_IG; this includes files such as the TA1, 999, 824, BRR, 271, 277, 278, 820, 834, and 835.

Please update your records accordingly. Thank you for your attention in this matter.

## Importance of Verifying Participant Eligibility

Idaho Medicaid recipients are enrolled in a month-to-month benefit plan. Eligibility updates are especially common at the beginning of the calendar year and at the beginning of each month. Gainwell and DHW recommend providers check a participant's eligibility for service(s) on the day of service, prior to providing services, to ensure services are eligible for reimbursement.

To check eligibility, sign into your provider portal Trading Partner Account (TPA). Choose Form Entry, then the Verify Member Eligibility tile; enter at least two pieces of the participant's identifying information. A date of service range must be entered, and optionally a service code can also be included for verification. The effective and termination date of the eligibility will not be listed if the dates of service used in the search criteria are outside of the date of service range. We encourage all users to visit the [TPA User Guide](#), section 3.5 Eligibility Verification for detailed instructions on navigation. Eligibility can be verified for up to one year prior to the current calendar date.

Eligibility can also be verified through the Medicaid Automated Customer Service (MACS) phone line with the billing providers security information. Alternatively, our provider service representatives are glad to assist with eligibility inquiries Monday through Friday from 7 AM to 7 PM MST. Contact us at 1 (866) 686-4272. More information on how to navigate the self-service options through our MACS line can be found in our [MACS User Guide](#).

Our [Provider Relations Consultants \(PRC\)](#) are able to meet with office staff and provide training on the provider portal, eligibility verification, and educate on the different coverage types, benefits, limitations and restrictions. Please contact your regional PRC if your provider entity would benefit from this offering.

As a reminder, per the Idaho Medicaid Provider Agreement, section 12.1.1, it is the responsibility of the provider to clearly inform a participant when a service is non-covered or excluded from Medicaid in a written notice outlining the specific service or item and their agreement to be financially responsible for the payment. Eligibility can be checked through the portal, and we recommend printing these results for your records.

We thank you for the valuable and necessary services you provide to the Idaho Medicaid community and your participant in the Idaho Medicaid Program.

## Best Practices for a Claim Review Request

A Claim Review Request is available to providers who are seeking an additional review on their claim.

The Claim Review Request instructions and form can be found by hovering over the Reference Material tab and selecting Gainwell Technologies Forms or by following this link. Any request that is received on any form other than the one located on our website, or when the form is not completed in accordance with the instruction, may be rejected and returned. As a reminder, use blue or black ink on the form, in order for your request to be indexed correctly into our system.

A Claim Review Request can be used for many reasons but should not be used in some instances. Here are a few examples:

CRR is used:	CRR is not used:
If you disagree with the denial or payment of a claim and would like it manually reviewed	To adjust a claim and attach documentation (for example: EOB, invoice, sterilization/hysterectomy consent forms, NOA for timely filing, run/trip report)
If the claim has denied for a bundling issue against another denied claim/service line	For Share of Cost (SOC) issues
If the claim has denied for duplicate claim issues inappropriately	To request additional information on a Health Management Systems (HMS) adjustment/recoupment
If a service was denied for a lifetime benefit exceeded inappropriately	To request a recoupment when the claim is within the 2-year adjustment period
	To adjust a claim after a participant's eligibility has been updated

It is best practice and encouraged for providers to use the provider portal to reverse and adjust claims when necessary to attach documentation or reprocess the claim, especially in the instances noted above when a CRR is not used. Please reference the section titled *Reverse or Adjust a Claim* in the [Trading Partner Account \(TPA\) User Guide](#) for more information on how to navigate the provider portal.

All Claim Review Request forms must be mailed to Gainwell Technologies. Any CRR forms that are received via fax or email will not be processed into the system.

In the case where you may have more than five Claim Review Requests to send to Gainwell for reconsideration, you are encouraged to engage with your Provider Relations Consultant first; they can assist you with the denial and ensure using the CRR process is the most efficient way for your claim issues to be addressed.

When attaching documentation to the request do not attach the patient's entire medical record. For safety and efficiency in processing we ask that you only attach documents that are pertinent to the claim under review.

## Provider Handbook Updates

The following Idaho Medicaid Provider Handbook updates have been published:

The [General Information and Requirements for Providers](#) handbook was updated in January to:

- Clarify pharmacist enrollment and billing for their services;
- Clarified inability to refuse service do to third-party liability;
- Updated Hospice and Skilled Nursing Facility provider risk levels;
- Updated referral requirement for non-VCO networks;
- Updated virtual care services policy; and
- Added information about co-pay exemptions for wellness visits and immunizations.

The [Physician and Non-Physician Practitioner](#) handbook was updated in February to:

- Reorganize provider types and update their qualifications;
- Clarify pharmacist enrollment and billing, including evaluation and management services;
- Update immunizations policy;
- Add stand-alone vaccine counseling services section;
- Update approved diagnoses for lung cancer screening;
- Correct error to frequency for mammography services;
- Update wellness examination policy;
- Remove office-based dental anesthesia section as service should be billed to MCNA;
- Clarify date of signature for hysterectomies;
- Updated recommended form for sterilizations; and
- Updated anesthesia codes.

The [Supplier](#) handbook was updated in January to:

- Update some limitations;
- Update some codes that no longer require prior authorization;
- Add a definition for brace; and
- Update the time frame allowed for contacting participants.

The [Therapy Services](#) handbook was updated in January to:

- Expand allowed codes for physical and occupational therapists;
- Update therapy caps;
- Add limitation on speech generation devices;
- Return language around family-directed services to Music Therapy and Hippotherapy;
- Allow evaluations through telehealth; and
- Remove language around restrictions to scope of licensure.

Questions about this article or suggestions about the provider handbook may be submitted to the Policy Team at [MCPT@dhw.idaho.gov](mailto:MCPT@dhw.idaho.gov).



BRAD LITTLE – Governor  
DEAN L. CAMERON – Interim 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

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## MEDICAID INFORMATION RELEASE MA24-02

**To:** Prescribing Providers, Pharmacists, and Hospitals  
**From:** Juliet Charron, Administrator *Juliet Charron*  
**Subject:** Update to Idaho Medicaid Preferred Drug List per Pharmacy and Therapeutics Committee Meeting Recommendations held October and November 2023

Drug/Drug Classes:	Noted below. Highlighted agents indicate changes in preferred drug status.
Implementation Date:	Effective for dates of service on or after January 1, 2024

The attached document is an update to the Idaho Medicaid Preferred Drug List; changes have been highlighted in yellow. The update reflects decisions based on recommendations from the Idaho Medicaid Pharmacy and Therapeutics Committee at the October and November 2023 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 agents as preferred within a drug class primarily based 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](http://www.medicaidpharmacy.idaho.gov).

JC/sf

**Idaho Medicaid Preferred Drug List Recommendations  
November 17, 2023**

Idaho Medicaid makes the following recommendations for the Idaho Medicaid Preferred Drug List. These recommendations are based on the clinical recommendations of the Pharmacy and Therapeutics Committee from the October 20 and November 17 meetings and take into consideration public and prescriber input, utilization patterns and cost data.

Therapeutic Class	Recommendations
<b>ALZHEIMER'S DRUGS<sup>CL</sup></b>	<p><b>Preferred Drugs</b> donepezil—except 23 mg tablets donepezil ODT memantine tablets rivastigmine capsules</p> <p><b>Non-Preferred Drugs</b> ADLARITY (donepezil) transdermal ADUHELM (aducanumab-avwa) donepezil 23 mg tablets EXELON (rivastigmine) transdermal galantamine tablets, solution galantamine ER LEQEMBI (lecanemab-IRMB) IV<sup>CL</sup> memantine ER memantine solution memantine tablet dose pack NAMZARIC (donepezil and memantine ER) rivastigmine transdermal</p>
<b>ANTI-ALLERGENS<sup>CL</sup></b>	<p><b>Preferred Drugs</b> No agents recommended as preferred at this time.</p> <p><b>Non-Preferred Drugs<sup>CL</sup></b> GRASTEK (timothy grass pollen allergen extract) ODACTRA (house dust mite) ORALAIR (grass pollen extract-Cocksfoot, Sweet Vernal Grass, Rye Grass, Meadow Grass, Timothy) PALFORZIA (peanut allergy powder—DNFP) capsules, sachets RAGWITEK (short ragweed pollen allergen extract)</p>
<b>ANTICONVULSANTS</b>	<p><b>Preferred Drugs</b> <u>Barbiturates</u> phenobarbital tablets, suspension primidone</p> <p><b>Non-Preferred Drugs</b> SEZABY (phenobarbital IV)</p>

Therapeutic Class	Recommendations
ANTICONVULSANTS (continued)	<p><u>Benzodiazepines</u></p> <p><b>Preferred Drugs</b>  clobazam tablets <sup>CL</sup>  clonazepam tablets  DIASTAT (diazepam) rectal  DIASTAT ACUDIAL (diazepam) rectal  diazepam device rectal  diazepam rectal  NAYZILAM (midazolam) nasal spray <sup>CL</sup>  VALTICO (diazepam) nasal <sup>CL</sup></p> <p><b>Non-Preferred Drugs</b>  clobazam suspension<sup>CL</sup>  clonazepam ODT<sup>CL</sup>  diazepam syringe  SYMPAZAN (clobazam) film <sup>CL</sup></p> <p><u>Hydantoins</u></p> <p><b>Preferred Drugs</b>  DILANTIN (phenytoin) 30 mg capsules  phenytoin capsules, chewable tablets, suspension  phenytoin sodium extended (for PHENYTEX)</p> <p><b>Non-Preferred Drugs</b>  DILANTIN (phenytoin) capsules  DILANTIN INFATAB (phenytoin)</p> <p><u>Succinimides</u></p> <p><b>Preferred Drugs</b>  ethosuximide capsules, syrup  <b>methosuximide</b></p> <p><b>Non-Preferred Drugs</b>  CELONTIN (methosuximide)</p> <p><u>Anticonvulsants, Other</u></p> <p><b>Preferred Drugs</b>  EPIDIOLEX (cannabidiol) <sup>CL</sup></p> <p><b>Non-Preferred Drugs</b>  DIACOMIT (stiripentol) <sup>CL</sup>  FINTEPLA (fenfluramine) <sup>CL</sup></p>



Therapeutic Class	Recommendations
ANTICONVULSANTS (continued)	<p><u>Adjuvants, Epilepsy</u></p> <p><b>Preferred Drugs</b>  APTOM (eslicarbazine) <sup>CL</sup>  DEPAKOTE (divalproex) sprinkle <sup>CL</sup>  lacosamide tablets, suspension  levetiracetam ER <sup>CL</sup>  levetiracetam solution, tablets <sup>CL</sup>  oxcarbazepine tablets <sup>CL</sup>  tiagabine <sup>CL</sup>  topiramate sprinkle <sup>CL</sup>  TRILEPTAL SUSPENSION (oxcarbazepine suspension) <sup>CL</sup>  zonisamide <sup>CL</sup></p> <p><b>Non-Preferred Drugs</b>  BANZEL (rufinamide) tablets, suspension <sup>CL</sup>  BRIVIACT (brivaracetam) tablets, solution <sup>CL</sup>  divalproex sprinkle <sup>CL</sup>  ELEPSIA XR (levetiracetam) <sup>CL</sup>  EPRONTIA (topiramate) solution <sup>CL</sup>  felbamate tablets, suspension <sup>CL</sup>  FYCOMPA (perampanel) tablets, suspension <sup>CL</sup>  lamotrigine XR <sup>CL</sup>  oxcarbazepine suspension <sup>CL</sup>  OXTELLAR (oxcarbazepine XR) <sup>CL</sup>  rufinamide suspension, tablets <sup>CL</sup>  SABRIL(vigabatrin) tablets, powder pack <sup>CL</sup>  SPRITAM (levetiracetam) suspension <sup>CL</sup>  vigabatrin powder pack, tablets <sup>CL</sup>  XCOPRI (cenobamate) <sup>CL</sup>  VIMPAT (lacosamide) <sup>CL</sup></p> <p><u>Adjuncts, Pain and Mood</u></p> <p><b>Preferred Drugs</b>  carbamazepine chewable tablets  carbamazepine IR tablets  CARBATROL (carbamazepine ER)  divalproex ER  divalproex tablets  gabapentin capsules, tablets  lamotrigine chewable, tablets <sup>CL</sup>  TEGRETOL (carbamazepine) suspension  TEGRETOL XR (carbamazepine XR)  topiramate tablets <sup>CL</sup>  valproic acid capsules, solution</p>

Therapeutic Class	Recommendations
ANTICONVULSANTS (continued)	<u>Adjuncts, Pain and Mood</u> <b>Non-Preferred Drugs</b> carbamazepine ER (generic for Carbatrol) carbamazepine suspension carbamazepine XR (generic for TEGRETOL XR) EPRONTIA (topiramate solution) EQUETRO (carbamazepine ER ) LAMICTAL ODT (lamotrigine) <sup>CL</sup> QUEDEXY XR (topiramate ER) topiramate ER (for QUEDEXY XR, <b>TROKENDI XR</b> ) <sup>CL</sup> <b>ZTALMY (ganaxolone)</b>
ANTIDEPRESSANTS, OTHER	<b>Preferred Drugs</b> bupropion IR bupropion SR bupropion XL duloxetine mirtazapine tablets trazodone venlafaxine IR venlafaxine ER capsules <b>vilazodone</b>  <b>Non-Preferred Drugs</b> APLENZIN (bupropion HBr) <b>AUVELITY (dextromethorphan HBR/ibuprofen)</b> bupropion XL ( generic for FORFIVO XL) desvenlafaxine ER desvenlafaxine succinate ER (generic for PRISTIQ) duloxetine (generic for IRENKA) EMSAM (selegiline) transdermal <sup>CL</sup> FETZIMA (levomilnacipran) MARPLAN (isocarboxazid) mirtazapine ODT nefazodone phenelzine SPRAVATO (esketamine) nasal spray <sup>CL</sup> tranylcypromine TRINTELLIX (vortioxetine) venlafaxine ER tablets VIIBRYD (vilazodone) <b>ZULRESSO (brexanolone) injection</b>

Therapeutic Class	Recommendations
<b>ANTIDEPRESSANTS, SSRIs</b>	<p><b>Preferred Drugs</b>  citalopram tablets, solution  escitalopram tablets  fluoxetine capsules (except for 60 mg), tablets, solution  fluvoxamine IR  sertraline tablets, solution  <b>paroxetine tablets</b></p> <p><b>Non-Preferred Drugs</b>  BRISDELLE (paroxetine) <sup>CL</sup>  citalopram capsules  escitalopram solution  fluoxetine 60 mg capsules  fluvoxamine ER  paroxetine CR  paroxetine (for BRISDELLE)  PAXIL (paroxetine) suspension  PEXEVA (paroxetine)  sertraline capsules</p>
<b>ANTIHISTAMINES, MINIMALLY SEDATING</b>	<p><b>Preferred Drugs</b>  cetirizine solution, tablets  levocetirizine tablets  loratadine solution, tablets  <b>loratadine chew tablets, ODT</b></p> <p><b>Non-Preferred Drugs</b>  cetirizine capsules  cetirizine chewable  desloratadine  desloratadine ODT  fexofenadine  levocetirizine solution</p>
<b>ANTIHYPURICEMICS</b>	<p><b>Preferred Drugs</b>  allopurinol  colchicine <sup>CL</sup> tablets  <b>febuxostat <sup>CL</sup></b>  probenecid</p> <p><b>Non-Preferred Drugs</b>  <b>allopurinol 200 mg</b>  colchicine <sup>CL</sup> capsules  GLOPERBA (colchicine) <sup>CL</sup>  KRYSTEXXA (pegloticase) <sup>CL</sup>  MITIGARE (colchicine) capsules <sup>CL</sup></p>

Therapeutic Class	Recommendations
ANTIPARKINSON'S DRUGS	<p><b>Preferred Drugs</b>  amantadine capsules, syrup, tablets  bentropine  carbidopa/levodopa IR tablets  carbidopa/levodopa ER  carbidopa/levodopa/entacapone  entacapone  pramipexole IR  ropinirole IR  selegiline capsules, tablets  trihexyphenidyl tablets, solution</p> <p><b>Non-Preferred Drugs</b>  APOKYN (apomorphine SQ)  apomorphine subcutaneous  AZILECT (rasagiline)  bromocriptine  carbidopa  carbidopa/levodopa ODT  DUOPA ( carbidopa/levodopa)  DHIVY(carbidopa/levodopa)  GOCOVRI (amantadine)  IMBRIJA (levodopa) inhalation <sup>CL</sup>  KYNMOBI (apomorphine) sublingual  MIRAPEX ER (pramipexole)  NEUPRO (rotigotine) transdermal  NOURIANZ (istadefyline)  OSMOLEX ER (amantadine)  ONGENTYS (opicapone) <sup>CL</sup>  pramipexole ER  rasagiline  ropinirole ER  RYTARY (carbidopa/levodopa ER)  tolcapone  XADAGO (safinamide) <sup>CL</sup>  ZELAPAR (selegiline) disintegrating tablets</p>
ANTIPSYCHOTICS	<p><b>Preferred Drugs</b>  aripiprazole tablets  chlorpromazine oral  clozapine tablets  fluphenazine tablets, solution  haloperidol  loxapine  lurasidone</p>

Therapeutic Class	Recommendations
ANTIPSYCHOTICS (continued)	<p>olanzapine tablets  olanzapine ODT  perphenazine  perphenazine/amitriptyline  pimozide  quetiapine tablets  quetiapine ER  risperidone ODT, solution, tablets  thiothixene  trifluoperazine  VRAYLAR (cariprazine)  ziprasidone capsules</p> <p><b>Non-Preferred Drugs</b>  <b>ABILIFY MYCITE (aripiprazole) <sup>CL</sup></b>  aripiprazole disintegrating tablets  aripiprazole solution  asenapine  CAPLYTA (lumateperone)  clozapine ODT  FANAPT (lisperidone)  LYBALVI (olanzapine/samidorphan)  molindone  NUPLAZID (pimavanserin) <sup>CL</sup>  olanzapine/fluoxetine (must use individual agents)  paliperidone ER  REXULTI (brexiprazole)  SAPHRIS (asenapine)  SECUADO (asenapine) transdermal  thioridazine  VERSACLOZ (clozapine)</p> <p><b>Injectable Preferred Drugs:</b>  <b>ABILIFY ASIMTUFI (aripiprazole) <sup>CL</sup></b>  <b>ABILIFY MAINTENA (aripiprazole) <sup>CL</sup></b>  ARISTADA (aripiprazole) <sup>CL</sup>  ARISTADA INITIO (aripiprazole) <sup>CL</sup>  fluphenazine decanoate  GEODON (ziprasidone)  haloperidol lactate  INVEGA HAFYERA (paliperidone) <sup>CL</sup>  INVEGA SUSTENNA (paliperidone) <sup>CL</sup>  INVEGA TRINZA (paliperidone) <sup>CL</sup>  olanzapine  PERSERIS (risperidone) <sup>CL</sup>  RISPERDAL CONSTA (risperidone) <sup>CL</sup>  <b>UZEDY (risperidone) SQ</b></p>

Therapeutic Class	Recommendations
ANTIPSYCHOTICS (continued)	<p><b>Injectable Non-Preferred Drugs:</b>  chlorpromazine injectable  fluphenazine injectable  haloperidol decanoate  <b>RYKINDO (risperidone)</b>  ziprazidone  ZYPREXA RELPREVV (olanzapine)<sup>CL</sup></p> <p><b>Inhalation:</b>  <b>Preferred Drugs</b>  None preferred at this time</p> <p><b>Non-Preferred Drugs</b>  <b>ADASUVE (loxapine)</b></p>
ANXIOLYTICS/ BENZODIAZEPINES	<p><b>Preferred Drugs</b>  buspirone  clonazepam tablets  diazepam tablets, solution  lorazepam tablets</p> <p><b>Non-Preferred Drugs</b>  alprazolam  alprazolam ER  alprazolam intensol, ODT  chlordiazepoxide  clonazepam ODT  clorazepate  diazepam syringe, vial  diazepam intensol  lorazepam intensol  LOREEV XR (lorazepam)  meprobamate  oxazepam</p>
BOTULINUM TOXINS	<p><b>Preferred Drugs</b>  BOTOX (onabotulinumtoxinA)<sup>CL</sup> -except for cervical dystonia  DYSPOUR (abobotulinumtoxinA)<sup>CL</sup></p> <p><b>Non-Preferred Drugs</b>  BOTOX (onabotulinumtoxinA)-for cervical dystonia<sup>CL</sup>  MYOBLOC (rimabotulinumtoxinB)<sup>CL</sup>  XEOMIN<sup>CL</sup>(incobotulinumtoxinA)<sup>CL</sup></p>

Therapeutic Class	Recommendations
BRONCHODILATORS, BETA AGONIST	<p><b>Inhalers, Short-Acting:</b></p> <p><b>Preferred Drugs</b>  albuterol HFA (generic for PROAIR)  albuterol HFA (generic for PROVENTIL)  PROAIR HFA (albuterol)  PROVENTIL HFA (albuterol)  VENTOLIN HFA (albuterol)  XOPENEX HFA (levalbuterol)</p> <p><b>Non-Preferred Drugs</b>  levalbuterol HFA  PROAIR RESPICLICK (albuterol)</p> <p><b>Inhalers, Long-Acting:</b></p> <p><b>Preferred Drugs</b>  SEREVENT (salmeterol)<sup>CL</sup></p> <p><b>Non-Preferred Drugs</b>  STRIVERDI RESPIMAT (olodaterol)<sup>CL</sup></p> <p><b>Inhalation Solution:</b></p> <p><b>Preferred Drugs</b>  albuterol 0.63/3ml, 1.25 mg/3ml</p> <p><b>Non-Preferred Drugs</b>  albuterol 100mg/20 ml  arformoterol  BROVANA (arformoterol)  formoterol  levalbuterol</p> <p><b>Oral:</b>  No agents recommended as preferred at this time</p> <p><b>Non-Preferred Drugs</b>  albuterol tablets, solution  albuterol ER  metaproterenol solution  terbutaline</p>

Therapeutic Class	Recommendations
COLONY STIMULATING FACTORS	<p><b>Preferred Drugs</b>  <b>FULPHILA (pegfilgrastim-jmdb)</b>            GRANIX (tbo-filgrastim) vial            NEUPOGEN (filgrastim)</p> <p><b>Non-Preferred Drugs</b>  <b>FYLNETRA (pegfilgrastim-PBBK)</b>            GRANIX (tbo-filgrastim) syringe, vial            LEUKINE (sargramostim)            NEULASTA (pegfilgrastim)            NIVESTYM (filgrastim-aafi)  <b>NYVEPRIA (pegfilgrastim-apgf)</b>            RELEUKO (filgrastim-ayow)  <b>ROLVEDON (eflapegastim-xnst)</b>  <b>STIMUFEND ( pegfilgrastim-fpgk)</b>            UDENYCA (pegfilgrastim-cbqv)            ZARXIO (filgrastim-sndz)            ZIEXTENZO (pegfilgrastim)</p>
COPD AGENTS	<p><b>Preferred Drugs</b>            albuterol/ipratropium            ANORO ELLIPTA (umeclidium /vilanterol)            ATROVENT HFA (ipratropium)            COMBIVENT RESPIMAT (albuterol/ipratropium)            ipratropium nebulizer solution  <b>roflumilast</b>            SPIRIVA (tiotropium) inhalation capsules            STIOLTO RESPIMAT (tiotropium/olodaterol)</p> <p><b>Non-Preferred Drugs</b>            BEVESPI AEROSPHERE (glycopyrrolate/formoterol)            DALIRESP (roflumilast)<sup>CL</sup>            DUAKLIR PRESSAIR (aclidinium /formoterol)            INCRUSE ELLIPTA (umeclidinium)            LONHALA MAGNAIR (glycopyrrolate)            SPIRIVA RESPIMAT (tiotropium)  <b>TIOTROPIUM (tiotropium bromide)</b>            TUDORZA PRESSAIR (aclidinium)            YUPELRI (revefenacin)</p>
CYTOKINE & CAM ANTAGONISTS	<p><b>Preferred Drugs</b>            ENBREL (etanercept)            ENBREL (etanercept) MINI Cartridge            HUMIRA (adalimumab)  <b>infliximab</b>            OTEZLA (apremilast)  <b>XELJANZ (tofacitinib)</b></p>



Therapeutic Class	Recommendations
<b>CYTOKINE &amp; CAM ANTAGONISTS</b> (continued)	<b>Non-Preferred Drugs</b> ABJEVITA (adalimumab-atto) ACTEMRA (tocilizumab) ADALIMUMAB-ADAZ KIT ADALIMUMAB-FKJP KIT AMJEVTA (adalimumab-atto) ARCALYST (rilonacept) AVSOLA (infliximab-axxq) IV CIBINQO (abrocitinib) CIMZIA (certolizumab) COSENTYX (secukinumab) CYLTEZO (adalimumab-adbm) ENSPRYNG (satralizumab-MWGE) ENTYVIO (vedolizumab) HADLIMA (adalimumab-BWWD) HULIO (adalimumab-FKJP) HYRIMOZ (adalimumab-adaz) IDACIO (adalimumab-AACF) ILARIS (canakinumab) ILUMYA (tildrakizumab -ASMN) INFLECTRA (infliximab) infliximab KEVZARA (sarilumab) KINERET (anakinra) OLUMIANT (baricitinib) ORENCIA (abatacept) REMICADE (infliximab) RENFLEXIS (infliximab-abda) RINVOQ ER (upadacitinib) SILIQ (brodalumab) SIMPONI ARIA (golimumab) SIMPONI SQ (golimumab) SKYRIZI (risankizumab) SOTYKTU (deucravacitinib) SPEVIGO (spesolimab-sbzo) STELARA (ustekimumab) TALTZ (ixekizumab) TREMFYA (guselkumab) UPLIZNA (inebilizumab-cdon) XELJANZ XR (tofacitinib) YUFLYMA (adalimumab-aaty) YUSIMRY (adalimumab-aqvh)

Preferred Drugs	Non-Preferred Drugs
<b>EPINEPHRINE, SELF-INJECTED</b>	<p><b>Preferred Drugs</b>  <b>AUVI-Q (epinephrine)</b>  epinephrine (authorized generic for EPIPEN, EPIPEN JR)  EPIPEN (epinephrine)  EPIPEN JR (epinephrine)</p> <p><b>Non-Preferred Drugs</b>  epinephrine (generic for ADRENAClick)  epinephrine (generic for EPIPEN, EPIPEN JR)  SYMJEPI (epinephrine)</p>
<b>ERYTHROPOIESIS STIMULATING PROTEINS</b>	<p>ARANESP (darbepoetin)  EPOGEN (rHuEPO)  RETACRIT (epoetin alfa-epbx)</p> <p><b>Non-Preferred Drugs</b>  <b>MICERNA (methoxy PEG-epoetin beta)</b>  PROCRIT (rHuEPO)  REBLOZYL (luspaterecept-AAMT)  <b>RETACRIT (epoetin alfa-epbx by Vifor)</b></p>
<b>GLUCOCORTICOID, INHALED</b>	<p><b>Preferred Drugs</b>  <b>ARNUITY ELIPTA (fluticasone)</b>  ASMANEX (mometasone) Twisthaler  <b>ARMONAIR (fluticasone) DIGIHALER</b>  budesonide  budesonide respules 0.25 mg, 0.5mg<sup>CL</sup>  FLOVENT HFA (fluticasone)</p> <p><b>Non-Preferred Drugs</b>  ALVESCO (ciclesonide)  ASMANEX (mometasone) HFA  budesonide respules 1mg  FLOVENT(fluticasone) DISKUS  fluticasone HFA  PULMICORT (budesonide) Flexhaler  PULMICORT RESPULES (budesonide) 1mg<sup>CL</sup>  QVAR (beclomethasone) REDIHALER</p>
<b>GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS</b>	<p><b>Preferred Drugs</b>  ADVAIR (fluticasone/salmeterol)  SYMBICORT (budesonide/formoterol)  <b>TRELEGY ELIPTA (fluticasone/umeclidin/vilanterol)</b></p> <p><b>Non-Preferred Drugs</b>  AIRDUO (fluticasone/salmeterol) RESPIClick  <b>AIRSUPRA HFA (albuterol/budesonide)</b>  BREQ ELLIPTA(fluticasone/vilanterol)</p>

Therapeutic Class	Recommendations
<b>GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS (continued)</b>	<b>Non-Preferred Drugs (continued)</b> BREZTRI AEROSPHERE (budesonide/glycoperolate/formoterol) budesonide/formoterol DULERA (mometasone/formoterol) fluticasone/salmeterol <b>fluticasone/salmeterol HFA</b> fluticasone/vilanterol
<b>IMMUNE GLOBULINS</b>	<b>Preferred Drugs</b> CYTOGAM (cytomegalovirus immune globulin) IV solution <sup>CL</sup> GAMMAGARD LIQUID injection <sup>CL</sup> GAMMAGARD S/D powder for intravenous solution <sup>CL</sup> GAMMAPLEX intravenous solution <sup>CL</sup> GAMUNEX-C injection solution <sup>CL</sup> HYPERHEP B S-D injection solution <sup>CL</sup> HIZENTRA subcutaneous solution, vial <sup>CL</sup> OCTAGAM intravenous solution <sup>CL</sup> PRIVIGEN intravenous solution <sup>CL</sup>  <b>Non-Preferred Drugs</b> ASCENIV intravenous solution <sup>CL</sup> <b>BIVIGAM intravenous solution<sup>CL</sup></b> <b>CUTAQUIG subcutaneous solution<sup>CL</sup></b> <b>CUVITRU subcutaneous solution<sup>CL</sup></b> FLEBOGAMMA DIF IV solution <sup>CL</sup> <b>GAMMAKED injection solution<sup>CL</sup></b> GAMASTAN intramuscular <sup>CL</sup> <b>GAMASTAN S/D intramuscular<sup>CL</sup></b> HEPAGAM B (Hepatitis B immune globulin) intramuscular <sup>CL</sup> HIZENTRA subcutaneous solution syringe <sup>CL</sup> HYPERRAB syringe <sup>CL</sup> HYPERRAB vial <sup>CL</sup> HYQVIA subcutaneous solution <sup>CL</sup> KED RAB <sup>CL</sup> <b>PANGYZA intravenous solution<sup>CL</sup></b> VARIZIG (Varicella-Zoster immune globulin) intramuscular <sup>CL</sup> XEMBIFY subcutaneous solution <sup>CL</sup>
<b>IMMUNOMODULATORS, ASTHMA</b>	<b>Preferred Drugs</b> DUPIXENT (dupilumab) <sup>CL</sup> FASENRA (benralizumab) <sup>CL</sup> XOLAIR (omalizumab) <sup>CL</sup>  <b>Non-Preferred Drugs</b> CINQAIR (reslizumab) <sup>CL</sup> NUCALA (mepolizumab) <sup>CL</sup> vial, auto-injector, syringe <b>TEZSPIRE (tezepelumab-ekko<sup>CL</sup>) pen, syringe subcutaneous</b>

Therapeutic Class	Recommendations
IMMUNOMODULATORS FOR ATOPIC DERMATITIS	<p>ADBRY (tralokinumab-ldrm)<sup>CL</sup> subcutaneous</p> <p>DUPIXENT (dupilumab)<sup>CL</sup></p> <p>ELIDEL (pimecrolimus)</p> <p>EUCRISA (crisaborole)<sup>CL</sup></p> <p><b>Non-Preferred Drugs</b></p> <p>OPZELURA (ruxolitinib)</p> <p>pimecrolimus</p> <p>PROTOPIC (tacrolimus)</p> <p>tacrolimus</p>
INTRANASAL RHINITIS AGENTS	<p><b>Preferred Drugs</b></p> <p>azelastine (for ASTELIN, ASTEPRO)</p> <p>ipratropium</p> <p><b>Non-Preferred Drugs</b></p> <p>azelastine/fluticasone</p> <p>BECONASE AQ (beclomethasone)</p> <p>budesonide nasal (OTC)</p> <p>flunisolide</p> <p>fluticasone OTC</p> <p>mometasone</p> <p>NASONEX OTC (mometasone fumerate)</p> <p>olopatadine</p> <p>OMNARIS (ciclesonide)</p> <p>QNASL (beclomethasone)</p> <p>RYALTRIS (olopatadine/mometasone) Nasal</p> <p>SINUVA sinus implant (mometasone furoate)</p> <p>QNASAL</p> <p>triamcinolone nasal OTC</p> <p>XHANCE (fluticasone)</p> <p>ZETONNA (ciclesonide)</p>
LEUKOTRIENE MODIFIERS	<p><b>Preferred Drugs</b></p> <p>montelukast tablets, chewable tablets</p> <p><b>Non-Preferred Drugs</b></p> <p>montelukast granules</p> <p>zafirlukast</p> <p>zileuton ER</p> <p>ZYFLO (zileuton)</p>
MOVEMENT DISORDERS	<p><b>Preferred Drugs</b></p> <p>AUSTEDO (deutetrabenazine)<sup>CL</sup></p> <p>AUSTEDO XR (deutetrabenazine)<sup>CL</sup></p> <p>INGREZZA (valbenazine)<sup>CL</sup></p> <p>tetrabenazine<sup>CL</sup></p>

Therapeutic Class	Recommendations
<b>MOVEMENT DISORDERS (continued)</b>	<b>Non-Preferred Drugs</b> INGREZZA (valbenazine) Initiation Packet <sup>CL</sup>
<b>NSAIDS</b>	<b>Preferred Drugs</b> celecoxib diclofenac potassium capsule diclofenac potassium IR diclofenac sodium DR diclofenac gel 1% ibuprofen (Rx only) indomethacin IR capsules indomethacin rectal meloxicam tablets nabumetone naproxen (Rx only) tablets sulindac  <b>Non-Preferred Drugs</b> diclofenac/misoprostol <sup>CL</sup> diclofenac patch diclofenac sodium gel OTC diclofenac sodium pump diclofenac solution 1.5% diclofenac ER diflunisal DUEXIS (ibuprofen/famotidine) <sup>CL</sup> etodolac IR etodolac SR fenoprofen FLECTOR (diclofenac 1.3%) patches flurbiprofen ibuprofen tablets, capsules, chewable tablets, suspension , drops OTC ibuprofen/APAP OTC ibuprofen/famotidine indomethacin ER ketoprofen ER ketoprofen IR ketorolac nasal ketorolac tablet LICART (diclofenac) patch LOFENA (diclofenacpotassium) meclufenamate mefenamic acid meloxicam capsules naproxen CR (375 and 500mg) naproxen EC

Therapeutic Class	Recommendations
<b>NSAIDS (continued)</b>	<b>Non-Preferred Drugs (continued)</b> naproxen/esomeprazole <sup>CL</sup> naproxen sodium <b>naproxen sodium OTC</b> naproxen (Rx only) suspension oxaprozin PENNSAID PUMP (diclofenac 2%) <sup>CL</sup> piroxicam RELAFEN DS (nabumetone) tolmetin tolmeton sodium capsule VIMOVO (naproxen/esomeprazole)
<b>OPHTHALMIC ANTIBIOTICS</b>	<b>Preferred Drugs</b> bacitracin/polymyxin B CILOXAN (ciprofloxacin) ointment ciprofloxacin erythromycin gentamicin moxifloxacin (generic for VIGAMOX) polymyxin/trimethoprim tobramycin solution  <b>Non-Preferred Drugs</b> AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) gatifloxacin levofloxacin moxifloxacin moxifloxacin (generic for MOXEZA) NATACYN (natamycin) neomycin/bacitracin/polymyxin neomycin/polymyxin/gramicidin ofloxacin sulfacetamide ointment sulfacetamide solution TOBREX (tobramycin) ointment ZYMAXID (gatifloxacin)
<b>OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS</b>	<b>Preferred Drugs</b> neomycin/ polymyxin/dexamethasone sulfacetamide/prednisolone TOBRADEX (tobramycin/ dexamethasone) ointment, suspension <b>tobramycin/dexamethasone</b>

Therapeutic Class	Recommendations
OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS (continued)	<p><b>Non-Preferred Drugs</b>  BLEPHAMIDE (sulfacetamide/prednisolone)  BLEPHAMIDE S.O.P. (sulfacetamide/prednisolone)  neomycin/bacitracin/polymyxin/ hydrocortisone  neomycin/polymyxin /hydrocortisone  PRED-G (prednisolone/gentamicin)  TOBRADEX ST (tobramycin/dexamethasone)  ZYLET (tobramycin/loteprednol)</p>
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	<p><b>Preferred Drugs</b>  cromolyn  olopatadine 0.1% (generic PATANOL)  olopatadine 0.2% (generic PATADAY)</p> <p><b>Non-Preferred Drugs</b>  ALOCRIL (nedocromil)  ALOMIDE (lodoxamide)  ALREX (loteprednol)  azelastine  BEPREVE (bepotastine)  bepotastine  epinastine  ZERVATE (cetirazine)</p>
OPHTHALMICS, ANTI-INFLAMMATORY/ IMMUNOMODULATORS	<p><b>Preferred Drugs</b>  RESTASIS (cyclosporine) <sup>CL</sup>  XIIDRA (lifitegrast) <sup>CL</sup></p> <p><b>Non-Preferred Drugs</b>  CEQUA (cyclosporine)  cyclosporine  EYSUVIS (loteprednol)  MIEBO (perfluorohexyloctane)  TYRVAYA (varenicline)nasal spray  VERKAZIA (cyclosporine)</p>
OTIC ANTIBIOTICS	<p><b>Preferred Drugs</b>  CIPRODEX (ciprofloxacin/dexamethasone)  ciprofloxacin/dexamethasone  CIPRO HC (ciprofloxacin/hydrocortisone)  CORTISPORIN TC (colistin/neomycin/hydrocortisone /thonzonium)  neomycin/polymyxin/hydrocortisone  ofloxacin</p> <p><b>Non-Preferred Drugs</b>  ciprofloxacin  ciprofloxacin/fluocinolone</p>

Therapeutic Class	Recommendations
PAIN, OTHER	<p><b>Preferred Drugs</b>  duloxetine 20 mg, 30mg, 60 mg  gabapentin capsules, tablets  lidocaine transdermal  pregabalin capsules  ZTLIDO (lidocaine)</p> <p><b>Non-Preferred Drugs</b>  <b>capsaicin OTC</b>  DRIZALMA SPRINKLE (duloxetine)  duloxetine 40 mg (for Irenka)  gabapentin solution  GRALISE (gabapentin)  HORIZANT (gabapentin)  LYRICA CR (pregabalin)  pregabalin ER  pregabalin solution  SAVELLA (milnacipran)<sup>CL</sup></p>
SEDATIVE HYPNOTICS	<p><b>Preferred Drugs</b>  ROZEREM (ramelteon)  zolpidem IR</p> <p><b>Non-Preferred Drugs</b>  BELSOMRA (suvorexant)  DAYVIGO (lemborexant)  doxepin  EDLUAR (zolpidem) SL  estazolam  eszopiclone  HETLIOZ (tasimelteon)<sup>CL</sup>  HETLIOZ LQ (tasimelteon)<sup>CL</sup>  IGALMI (dexmedetomidine)  <b>quazepam</b>  QUVIVIQ (daridorexant)  ramelteon  SILENOR (doxepin)  tasimelteon<sup>CL</sup>  temazepam  triazolam  zaleplon  <b>zolpidem capsules</b>  zolpidem ER  zolpidem SL</p>



Therapeutic Class	Recommendations
SPINAL MUSCULAR ATROPHY <sup>CL</sup>	<p data-bbox="773 348 922 373"><b>Preferred Drugs</b></p> <p data-bbox="773 380 1230 405">ZOLGENSMA (onasemnogen abeparvovec-XIOI)<sup>CL</sup></p> <p data-bbox="773 443 971 468"><b>Non-Preferred Drugs</b></p> <p data-bbox="773 474 971 499">EVRYSOI (risdiplam)<sup>CL</sup></p> <p data-bbox="773 506 980 531">SPINRAZA (nusinersen)</p>
STIMULANTS AND RELATED DRUGS <sup>CL</sup>	<p data-bbox="773 527 922 552"><b>Preferred Drugs</b></p> <p data-bbox="773 558 1239 583">ADDERALL XR (amphetamine salt combination ER)</p> <p data-bbox="773 590 1089 615">amphetamine salt combination IR</p> <p data-bbox="773 621 894 646">atomoxetine</p> <p data-bbox="773 653 894 678">clonidine ER</p> <p data-bbox="773 684 886 709">clonidine IR</p> <p data-bbox="773 716 1084 741">CONCERTA (methylphenidate ER)</p> <p data-bbox="773 747 995 772">dexmethylphenidate ER</p> <p data-bbox="773 779 995 804">dexmethylphenidate IR</p> <p data-bbox="773 810 906 835">guanfacine ER</p> <p data-bbox="773 842 906 867">guanfacine IR</p> <p data-bbox="773 873 967 898">methylphenidate CD</p> <p data-bbox="773 905 1190 930">methylphenidate ER (generic for METADATE)</p> <p data-bbox="773 936 1024 961">methylphenidate IR tablets</p> <p data-bbox="773 968 1016 993">methylphenidate solution</p> <p data-bbox="773 999 967 1024">QELBREE (viloxazine)</p> <p data-bbox="773 1031 1044 1056">VYVANSE (lisdexamfetamine)</p> <p data-bbox="773 1094 971 1119"><b>Non-Preferred Drugs</b></p> <p data-bbox="773 1125 1068 1150">ADZENYS XR ODT (amphetamine)</p> <p data-bbox="773 1157 1089 1182">amphetamine salt combination ER</p> <p data-bbox="773 1188 1076 1213">APTENSIO XR (methylphenidate)</p> <p data-bbox="773 1220 1308 1245">AZSTARYS (serdexmethylphenidate/dexmethylphenidate)</p> <p data-bbox="773 1251 894 1276">armodafinil<sup>CL</sup></p> <p data-bbox="773 1283 1133 1308">COTEMPLA XR-ODT (methylphenidate)</p> <p data-bbox="773 1314 1057 1339">DAYTRANA (methylphenidate)</p> <p data-bbox="773 1346 995 1371">dexmethylphenidate XR</p> <p data-bbox="773 1377 1024 1402">dextroamphetamine IR, ER</p> <p data-bbox="773 1409 1044 1434">dextroamphetamine solution</p> <p data-bbox="773 1440 1052 1465">DYANAVAL XR (amphetamine)</p> <p data-bbox="773 1472 995 1497">EVEKEO (amphetamine)</p> <p data-bbox="773 1503 1044 1528">EVEKEO ODT (amphetamine)</p> <p data-bbox="773 1535 1060 1560">JORNAY PM (methylphenidate)</p> <p data-bbox="773 1566 1211 1591">lisdexamphetamine capsules, chewable tablets</p> <p data-bbox="773 1598 954 1623">methamphetamine</p> <p data-bbox="773 1629 1097 1654">methylphenidate chewable tablets</p> <p data-bbox="773 1661 1182 1686">methylphenidate (generic for APTENSIO XR)</p> <p data-bbox="773 1692 1187 1717">methylphenidate ER (generic for CONCERTA)</p> <p data-bbox="773 1724 1187 1749">methylphenidate ER (generic for RITALIN LA)</p> <p data-bbox="773 1755 1174 1780">methylphenidate patch TD24 (transdermal)</p>

Therapeutic Class	Recommendations
<b>STIMULANTS AND RELATED DRUGS<sup>CL</sup></b> <b>(continued)</b>	<b>Non-Preferred Drugs (continued)</b> modafinil MYDAYIS (amphetamine salt combination) ER PROCENTRA (dextroamphetamine) solution QUILLICHEW ER (methylphenidate) QUILLIVANT XR (methylphenidate) solution SUNOSI (solriamfetol) <sup>CL</sup> <b>XELSTRYM (dextroamphetamine) transdermal</b> WAKIX (pitolisant) <sup>CL</sup> ZENZEDI (dextroamphetamine)
<b>TOBACCO CESSATION</b>	<b>Preferred Drugs</b> bupropion SR 150 mg CHANTIX (varenicline) nicotine gum (nicotine polacrilex) nicotine lozenge buccal (nicotine polacrilex) nicotine patch OTC (nicotine) varenicline  <b>Non-Preferred Drugs</b> NICOTROL (nicotine) inhalation NICOTROL NS (nicotine)nasal

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 <sup>CL</sup> also have clinical prior authorization criteria for use associated with them.



BRAD LITTLE – Governor  
DEAN L. CAMERON – Interim 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 6, 2024

**MEDICAID INFORMATION RELEASE MA24-04**

To: Medicaid Providers

From: Juliet Charron, Administrator 

Subject: Children's DDA Cost Survey: Call for Provider Workgroup Participants

The Department has contracted with the accounting firm Myers and Stauffer LC to perform a cost survey to identify the operating expenses related to Children's Developmental Disability Agencies (Children's DDA) for fiscal year end 2023.

The cost survey requires a provider workgroup of Children's DDA providers to assist in the cost survey process. For the Children's DDA cost survey, the Department will have a provider workgroup of no more than seven (7) provider representatives. There must be at least one (1) representative per region with a maximum of two (2) providers that are associated with the Idaho Association of Community Providers (IACP). If you would like to participate in the cost survey workgroup, please let the Medicaid and Family and Community Services (FACS) team know by Friday, February 2, 2024. To be considered for the workgroup, you must:

- Be available for consultation the entire time of the survey (approximately February 2024 through August 2024).
- Be available to respond to request for review in three (3) to five (5) business days, depending on complexity of subject.
- Be available to meet on an as-needed basis through virtual meeting platforms (Webex, Teams, etc.).

If you are interested, please email [MedicaidRateReview@dhw.idaho.gov](mailto:MedicaidRateReview@dhw.idaho.gov) with your name, agency, region of the state you are in (if multiple regions, list all of them), and if you are a member of the IACP. Providers will be contacted, and the information release will be amended with the provider workgroup members.

The cost survey details and download link will be provided in another information release. Please note, you must have access to internet services and Microsoft Excel to complete the cost survey.

Children's DDA Cost Survey Workgroup

Provider Agency	Regions Representing
Learning Garden	1
Lotus Early Learning	2
Gem State Developmental Center	3, 4
Children's Therapy Place Inc	3, 4, 5
Trellis ABA Therapy	4
Access Point Family Services	6, 7
Ambitions of Idaho	1, 3, 4, 7

Thank you for participating in the Idaho Medicaid Program.

JC/js

*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 supply clarity to the public about 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 [MCPT@dhw.idaho.gov](mailto:MCPT@dhw.idaho.gov) or by calling 888-528-5861.*



BRAD LITTLE – Governor  
DEAN L. CAMERON – Interim 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 27, 2024

## MEDICAID INFORMATION RELEASE MA24-06

To: All Nursing Facility and ICF/ID Administrators

From: Juliet Charron, Division 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, 2024, 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

You must respond by April 15, 2024.

If you have questions, please contact Pamela Newell of Myers and Stauffer at (208) 685-1587, (800) 336-7721 or [IDWAHRS@mslc.com](mailto: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*

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### INFORMATION REQUEST INSTRUCTIONS

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

As of March 15, 2024, 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 2024, in an Excel format, to Myers and Stauffer no later than April 15, 2024.\* Early submissions are greatly appreciated. Please see Submission Requirements below for additional requirements.

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 direct routine 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 DIRECT ROUTINE care 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, 2024. 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 2024. 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](mailto:IDWAHRS@mslc.com). Email submissions are considered secure only when the recipient is required to utilize a login in order to retrieve the email.
- **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, 2024

\_\_\_\_\_  
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 Adjustment**

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](http://www.idmedicaid.com).

	March	April	May
	Claims Adjustment	PEA New Enrollment	PEA Maintenance
10-11:00 AM MT	3/20/2024	4/17/2024	5/15/2024
	3/21/2024	4/18/2024	5/16/2024
	3/19/2024	4/16/2024	5/21/2024
2-3:00 PM MT	3/13/2024	4/10/2024	5/8/2024
	3/14/2024	4/11/2024	5/9/2024
	3/21/2024	4/18/2024	5/16/2024
	3/19/2024	4/16/2024	5/21/2024

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 [36](#) of this newsletter.

## DHW Resource and Contact Information

<b>DHW Website</b>	<a href="https://healthandwelfare.idaho.gov/">https://healthandwelfare.idaho.gov/</a>
<b>Idaho CareLine</b>	2-1-1 1 (800) 926-2588
<b>Medicaid Program Integrity Unit</b>	P.O. Box 83720 Boise, ID 83720-0036 <a href="mailto:prvfraud@dhw.idaho.gov">prvfraud@dhw.idaho.gov</a> <b>Hotline: 1 (208) 334-5754</b> Fax: 1 (208) 334-2026
<b>Telligen</b>	1 (866) 538-9510 Fax: 1 (866) 539-0365 <a href="http://IDMedicaid.Telligen.com">http://IDMedicaid.Telligen.com</a>
<b>Healthy Connections Regional Health Resource Coordinators</b>	
<b>Region I Coeur d'Alene</b>	1 (208) 666-6766 1 (800) 299-6766
<b>Region II Lewiston</b>	1 (208) 799-5088 1 (800) 799-5088
<b>Region III Caldwell</b>	1 (208)-334-4676 1 (800) 494-4133
<b>Region IV Boise</b>	1 (208) 334-4676 1 (800) 354-2574
<b>Region V Twin Falls</b>	1 (208) 736-4793 1 (800) 897-4929
<b>Region VI Pocatello</b>	1 (208) 235-2927 1 (800) 284-7857
<b>Region VII Idaho Falls</b>	1 (208) 528-5786 1 (800) 919-9945
<b>In Spanish (en Español)</b>	1 (800) 378-3385

## Insurance Verification

<b>HMS</b> PO Box 2894 Boise, ID 83701	1 (800) 873-5875 1 (208) 375-1132 Fax: 1 (208) 375-1134
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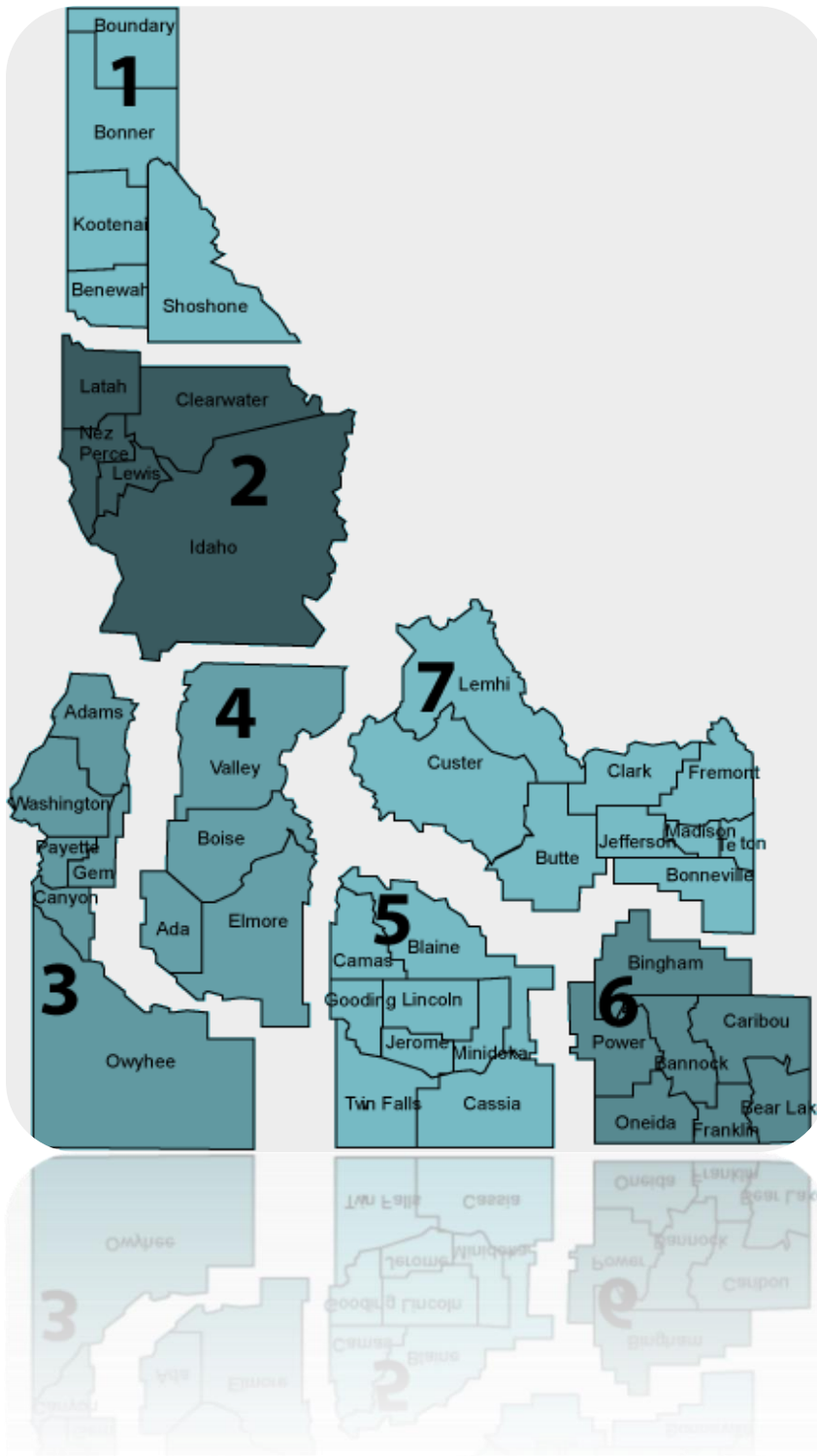
## Gainwell Technologies Provider and Participant Services Contact Information

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

## Gainwell Technologies Provider Services Fax Numbers

<b>Provider Enrollment</b>	1 (877) 517-2041
<b>Provider and Participant Services</b>	1 (877) 661-0974

# Provider Relations Consultant (PRC) Information



## Region 1 and the state of Washington

1 (208) 202-5735

[Region.1@gainwelltechnologies.com](mailto:Region.1@gainwelltechnologies.com)

## Region 2 and the state of Montana

1 (208) 202-5736

[Region.2@gainwelltechnologies.com](mailto:Region.2@gainwelltechnologies.com)

## Region 3 and the state of Oregon

1 (208) 202-5816

[Region.3@gainwelltechnologies.com](mailto:Region.3@gainwelltechnologies.com)

## Region 4

1 (208) 202-5843

[Region.4@gainwelltechnologies.com](mailto:Region.4@gainwelltechnologies.com)

## Region 5 and the state of Nevada

1 (208) 202-5963

[Region.5@gainwelltechnologies.com](mailto:Region.5@gainwelltechnologies.com)

## Region 6 and the state of Utah

1 (208) 593-7759

[Region.6@gainwelltechnologies.com](mailto:Region.6@gainwelltechnologies.com)

## Region 7 and the state of Wyoming

1 (208) 609-5062

[Region.7@gainwelltechnologies.com](mailto:Region.7@gainwelltechnologies.com)

## Region 9 all other states (not bordering Idaho)

1 (208) 609-5115

[Region.9@gainwelltechnologies.com](mailto: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](http://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](mailto:MedicaidCommunications@dhw.idaho.gov)

Medicaid – Communications Team

P.O. Box 83720

Boise, ID 83720-0009

Fax: 1 (208) 364-1811