



# PROVIDER *bulletin*

September 18, 2017

Dear Provider:

CMS released final rule changes which require managed care plans to operate a DUR program that complies with Section 1927(g) of the Social Security Act (SSA) and Title 42, CFR part 456, subpart K. The DUR program educates physicians and pharmacists to better identify patterns, and reduce the frequency of fraud, abuse, gross overuse, and inappropriate or medically unnecessary care, both among physicians, pharmacists, and patients, and fraud or abuse associated with specific drugs or groups of drugs. The Final Rule also requires the plans to provide prospective and retrospective DUR process.

As part of the education process, articles of concern are located on the Medi-Cal website under the Department of Health Care Services in the DUR area. To navigate to the link, please reference the following.

Dept of Health Care Services>References>DUR Main Menu>Educational Articles

Or, click on the following link, <http://files.medi-cal.ca.gov/pubsdoco/dur/edarticles.asp>

Recent articles of particular interest can be accessed below.

[Improving the Quality of Care: Risks Associated with Use of Fluoroquinolones – February 2017](http://files.medi-cal.ca.gov/pubsdoco/dur/Articles/dured_25667.pdf)  
[http://files.medi-cal.ca.gov/pubsdoco/dur/Articles/dured\\_25667.pdf](http://files.medi-cal.ca.gov/pubsdoco/dur/Articles/dured_25667.pdf)

[Improving the Quality of Care: Overutilization of Proton Pump Inhibitors – April 2017](http://files.medi-cal.ca.gov/pubsdoco/dur/Articles/dured_25841.pdf)  
[http://files.medi-cal.ca.gov/pubsdoco/dur/Articles/dured\\_25841.pdf](http://files.medi-cal.ca.gov/pubsdoco/dur/Articles/dured_25841.pdf)

[Drug Safety Communication: Risks of Codeine and Tramadol Use in Children – May 2017](http://files.medi-cal.ca.gov/pubsdoco/dur/Articles/dured_25880.pdf)  
[http://files.medi-cal.ca.gov/pubsdoco/dur/Articles/dured\\_25880.pdf](http://files.medi-cal.ca.gov/pubsdoco/dur/Articles/dured_25880.pdf)

As the cold and flu season is beginning, please be mindful of antibiotic stewardship. For more information and literature on the subject please see the California Medical Association Foundation's Project AWARE (Alliance Working for Antibiotic Resistance Education) at <http://www.thecmafoundation.org/Programs/AWARE>. The compendiums provide helpful quick references for appropriate therapies for a particular diagnosis. Professional organizations, societies, and academies are listed as references.

As a managed care Medicaid program we offer evidence-based, medically appropriate, cost effective therapies for our members. In recent years many medications have seen significant price increases in what were relatively inexpensive drugs. To that end, our formulary is structured to allow for those more cost effective medications or formulations. Keeping in mind the guidelines stated above regarding fluoroquinolones and suggestions from AWARE in general for all uses and indications, the following coverage rules are outlined below.

**Augmentin:** Formulary strengths will be allowed to clear as first line up to age 8.

Pneumonia, otitis media, and sinusitis are dosed at 45mg/kg/day divided twice daily and skin and UTIs are dosed at 25mg/kg/day divided twice a day. Instead of dosing three times a day, the plan recommends using a twice daily dosing schedule of 200mg and 400 mg and 600 mg, per AAP guidelines. If documented from the prescriber

therapy is treating animal bites, submit with the following ICD-10 codes (Y04.1, W53.01, W53.19, W53.21, W54.0, W55.01, or W55.81) as appropriate. Claim will clear at the pharmacy level. No prior authorization is needed.

**Cefdinir:** Per AAP guidelines, the medication should be reserved as a second line agent for the management of otitis media. If documented from the prescriber that the member has failed first line therapy or has a penicillin allergy, submitting the prescription with the ICD-10 code (H65.90, H65.49, H65.419, H66.41) with the transaction will allow the claim to clear at the pharmacy level. No prior authorization is needed.

Where appropriate, azithromycin is preferred to erythromycin, and doxycycline is preferred to tetracycline as the coverage and efficacy are quite similar though the expensive is significantly less.

Sincerely,

Bruce Wearda, R.Ph.  
Director of Pharmacy