

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF HEALTH CARE SERVICES

Frank H. Murkowski, Governor

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May 23, 2006

Letter: FY06-10

Dear Pharmacists and Technicians:

Subject: (1) **New services covered**
(2) **Brand Medically Necessary**
(3) **Niaspan®, Nicacor® under Medicare**

(1) **New Services Covered:**

Effective May 18, 2006, Tobacco Cessation services are covered by Alaska Medicaid for those who use tobacco and want to quit. Services for tobacco cessation are covered effective for dates of service on 5-18-06.

Specific covered services:

Medications include Bupropion SR, Nortriptyline which do not require prior-authorization.

Nicotine Replacement Therapy (NRT) may be used for tobacco cessation treatment when prior-authorized. The NRT may be obtained for one ninety day session when the patient receives tobacco cessation counseling from a physician, advanced nurse practitioner or physician assistant. During the first year the nicotine replacement therapy may be prior-authorized for an additional ninety day session if the patient continues to try to be abstinent. Specific NRT items that are covered are nicotine patches, gum, lozenges, or nasal spray. The patient must receive clinical intervention or counseling to receive the NRT. The patient must fail on the patches in order to try the gum, lozenges or nasal spray. The prior-authorization for tobacco cessation is obtained by the prescriber from the First Health MAP desk by calling 1-800-331-4475. The OTC NRT are excluded from Medicare for the Dual Eligibles and are covered by Alaska Medicaid with a PA.

(2) **Brand Name Medications**

When the physician wants a Brand Name multi-source drug or a non-preferred drug, the physician only needs to indicate on the prescription the drug is medically necessary or the patient is allergic to an ingredient in the generic/preferred drug. The Medicaid program no longer requires the reason for medical necessity. This notification for Brand name/non-preferred drug may be submitted to the pharmacy by fax, telephone or other electronic means. 7 AAC 43.590 (b)(7)

(3) CMS notified Alaska Medicaid that on April 11, 2006, **Niaspan® and Niacor®** are no longer eligible for coverage for Dual Eligibles by Alaska Medicaid. The pharmacy payment system will be changed in the near future to deny claims for these drugs for Dual Eligibles.

Please call me if there are any questions about these new policies at 907-334-2425.

Sincerely,



Dave Campana, R.Ph.
Pharmacy Program Manager