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<http://www.dmas.state.va.us>

# MEDICAID MEMO

**TO:** All Prescribing Providers, Pharmacists, and Managed Care Organizations (MCOs) Participating in the Virginia Medical Assistance Program

**FROM:** Cynthia B. Jones, Director  
Department of Medical Assistance Services (DMAS)

**MEMO:** Special

**DATE:** 6/8/2017

**SUBJECT:** Drug Utilization Review (DUR) Board-Approved Drug Service Authorization (SA) Requirements and Virginia Medicaid Preferred Drug List (PDL) Program Changes—Effective July 1, 2017.

The purpose of this memorandum is to inform providers about additions and changes to Virginia Medicaid's fee-for-service Preferred Drug List (PDL) Program, new drug service authorization (SA) requirements approved by DMAS' DUR Board, effective July 1, 2017, and service authorization for compounded prescriptions greater than \$500.00, effective July 3, 2017.

### **DMAS Drug Utilization Review Board Activities**

The DMAS Drug Utilization Review Board (DUR Board) met on February 9, 2017 and May 11, 2017 and approved service authorization (SA) criteria for Rubraca™ (rucaparib) and Kisqali® (ribociclib) based on FDA approved labeling. In addition, the DUR Board approved limiting the use of codeine and tramadol in children. Effective July 1, 2017, DMAS will deny all claims for tramadol and codeine containing drugs for children younger than 12 years.

### **Preferred Drug List (PDL) Updates – Effective July 1, 2017**

The PDL is a list of preferred drugs, by select therapeutic class, for which the Medicaid fee-for-service program allows payment without requiring service authorization (SA). In designated classes, drug products classified as non-preferred will be subject to SA. In some instances, other additional clinical criteria may apply to a respective drug class which could result in the need for a SA.

The PDL program aims to provide clinically effective and safe drugs to its members in a cost-effective manner. Your continued compliance and support of this program is critical to its success. The PDL is effective for the Medicaid, FAMIS Plus fee-for-service populations and non-dual eligible members covered under the Commonwealth Coordinated Care (CCC) Plus program beginning August 1, 2017. Information about the CCC Plus program and the implementation of the Common Core Formulary can be found at [http://www.dmas.virginia.gov/Content\\_pgs/mltss-proinfo.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx). The Virginia Medicaid PDL **does not** apply to members enrolled in Medallion 3.0 managed care organization or Medicaid members with Medicare Part D plans.

The DMAS Pharmacy and Therapeutics (P&T) Committee conducted its annual review of the PDL Phase II drug classes on April 25, 2017 and evaluated several new classes for addition to the PDL. The Committee approved the following **changes and additions** to Virginia Medicaid’s PDL:

<b>Drug Class</b>	<b>Preferred</b>	<b>Non-Preferred (requires SA)</b>
Acne Agents, Topical		benzoyl peroxide 9% cleanser OTC, benzoyl peroxide cleanser
Anticonvulsants, Other	lamotrigine XR	Lamictal <sup>®</sup> XR
<b>Antipsychotics, Long Acting Injectables*</b>	Abilify Maintena <sup>®</sup> , Aristada <sup>®</sup> , Invega Sustenna <sup>®</sup> , Invega Trinza <sup>®</sup> Risperdal Consta <sup>®</sup>	Zyprexa <sup>®</sup> Relprevv <sup>™</sup>
Antibiotics, GI	vancomycin capsule	Vancocin <sup>®</sup>
Anticoagulants	Eliquis <sup>™</sup>	
Antifungals (oral)	Grifulvin V <sup>®</sup> tablets	griseofulvin ultramicrosize
Antifungals (topical)		clotrimazole cream RX, miconazole nitrate OTC, miconazole oint OTC, tolnaftate aero OTC, tolnaftate spray OTC
Antivirals (oral)	acyclovir suspension	Zovirax <sup>®</sup> suspension
Antihyperuricemics	colchicine <b>capsules</b>	colchicine <b>tablets</b>
Antimigraine Agents, Triptans	rizatriptan tablet	All sumatriptan KITS
Cephalosporins, Oral	cefixime suspension	Suprax <sup>®</sup> suspension
<b>Contraceptives*(long-acting IUDs &amp; injectable)</b>	Kyleena <sup>™</sup> , Mirena <sup>®</sup> , Paragard <sup>®</sup> , medroxyprogesterone 150mg	Depo-Provera <sup>®</sup> 104mg and 150 mg, Liletta <sup>®</sup> , Nexplanon <sup>®</sup> , Skyla <sup>®</sup>
Erythropoiesis Stimulating Proteins	Aranesp <sup>®</sup> disp syringe and vial	
Hypoglycemics – Alpha-Glucosidase Inhibitors		Glyset <sup>®</sup>
Hypoglycemics – SGLT2	Farxiga <sup>™</sup>	Invokamet <sup>™</sup>
Hypoglycemics – Incretin Mimetics/Enhancers	Bydureon <sup>™</sup> trays and pens, Victoza <sup>®</sup>	
Hypoglycemics – Meglitinides	repaglinide, nateglinide	Starlix <sup>®</sup>
Intranasal Antihistamines	olopatadine nasal spray	Patanase <sup>®</sup>
Lipotropics – Niacin Derivatives	niacin ER	Niaspan <sup>®</sup>
Macrolides/Ketolides		E.E.S. <sup>®</sup> 200 Susp; Eryped <sup>®</sup> 400 Susp
Multiple Sclerosis Agents	Rebif <sup>®</sup> Rebidose <sup>®</sup> Pen	
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)		Flector <sup>®</sup> , naproxen sodium; naproxen suspension; naproxen CR
Opioids, Short-acting	Nucynta <sup>®</sup>	morphine suppositories, oxycodone conc, pentazocine/naloxone,
Platelet Aggregation Inhibitors	Brilinta <sup>®</sup>	aspirin/dipyridamole
Progestational agents	Makena <sup>®</sup> – single dose vial	Crinone <sup>®</sup> , Depo-Provera <sup>®</sup> 400 mg/mL, hydroxyprogesterone caproate, Makena <sup>®</sup> multi-dose vial
Quinolones, oral	moxifloxacin tablet	Avelox <sup>®</sup> ABC Pack
<b>Rosacea Agents (Topical)*</b>	Metrogel <sup>®</sup> , Metro lotion <sup>®</sup> , Metrocream <sup>®</sup>	Finacea <sup>®</sup> Gel & Foam, metronidazole cream, lotion & gel, Mirvaso <sup>®</sup> , Noritate <sup>®</sup> , Rosadan <sup>™</sup> Kit, Soolantra <sup>®</sup>
Stimulants / ADHD Agents	Daytrana <sup>®</sup> , Focalin <sup>®</sup> , guanfacine ER, Quillichew ER <sup>™</sup> , Quillivant XR <sup>®</sup>	dexmethylphenidate, methylphenidate ER (Concerta <sup>®</sup> ), methylphenidate ER (Ritalin LA <sup>®</sup> ) methylphenidate ER, Vyvanse <sup>®</sup>
Topical Agents for Psoriasis	calcipotriene cream & ointment	

**\*New PDL classes**

The P&T Committee approved new or revised clinical criteria for several drug classes or drugs on the PDL. **Effective July 1, 2017, the “routine” PDL criteria will be revised to require a therapeutic**

**failure of at least two (2) preferred drugs within the same drug class as appropriate for diagnosis.** In addition, the Committee approved additional criteria for Lyrica<sup>®</sup>, (pregabalin), Zurampic<sup>®</sup> (lesinurad), Yosprala<sup>®</sup> (aspirin/omeprazole), Invokamet<sup>®</sup> XR (canagliflozin/metformin), Eucrisa<sup>™</sup> (crisaborole), Emflaza<sup>™</sup> (deflazacort), Otrexup<sup>™</sup> (methotrexate) and Rasuvo<sup>®</sup> (methotrexate). Virginia's PDL and clinical criteria can be found at [www.dmas.virginia.gov/Content\\_pgs/pharm-pdl.aspx](http://www.dmas.virginia.gov/Content_pgs/pharm-pdl.aspx) or [www.virginiamedicaidpharmacyservices.com](http://www.virginiamedicaidpharmacyservices.com).

### **Long Acting Injectable Antipsychotics, Long Acting Reversible Contraceptives (LARCs), Injectable Contraceptives and Makena – Pharmacy Point-of-Sale Billing**

Effective July 1, 2017, DMAS will allow **select** physician administered drugs (PAD) to be billed by pharmacies for Medicaid FFS members. **Only PADs on the DMAS PDL will be covered under the pharmacy benefit.** DMAS will continue to cover physician/practitioner administered drugs and devices not on the DMAS PDL under the medical benefit using HCPCS codes (refer to Medicaid Memo dated 12/5/14).

### **Methods for Obtaining PAD Drugs from a Pharmacy**

- 1) Prescribers may write a prescription for the drug/device and give to patient to have filled at local pharmacy. Patient will be responsible for bringing the drug to the prescriber for administration (known as brown bagging).
- 2) Prescriber can send prescription to a pharmacy and have it shipped directly to the prescriber's office for administration (known as white bagging).

Drugs filled for a specific patient and labeled with the patient's name, CANNOT be used for another patient. Prescribers should make arrangements with the dispensing pharmacy for the return of unused or abandoned drugs.

### **Compounded Drugs Greater Than \$500.00 / Claim**

**Effective July 3, 2017**, claims for compounded prescriptions exceeding \$500.00 will deny with error code 1627 (Cost Exceeds Maximum – SA Required) or NCPDP 78 (Cost Exceeds Maximum). Prescribers will be required to submit a service authorization form for any compounded drug claim greater than \$500. The service authorization will require the prescriber to provide information why the member requires the compounded medication. Compounded medications containing bulk chemicals that have not been approved by the U.S. Food and Drug Administration (FDA) may not be covered.

### **Tranilast in Compounded Prescriptions**

**Effective July 1, 2017, Medicaid fee-for-service (FFS) will no longer reimburse for tranilast used in compounded prescriptions.** Proposed Rule 91079 published in the Federal Register/Vol.81, No. 242 / December 16, 2016 states, "Given the lack of information available about the safety and efficacy of topical tranilast, and safety concerns related to the oral use of this product, the proposed rule would not place tranilast on the 503A Bulks List."

### **Service Authorization (SA) Process**

A message indicating that a drug requires a SA will be displayed at the point-of-sale (POS) when a prescription for a non-preferred drug is entered at point-of-sale (POS). Pharmacists should contact the member's prescribing provider to request that they initiate the SA process. Prescribers can initiate SA requests by letter, faxing to 1-800-932-6651, contacting the Magellan Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week), or by using the web-based service

authorization process (Web SA). Faxed and mailed SA requests will receive a response within 24 hours of receipt. SA requests can be mailed to:

Magellan Medicaid Administration  
 ATTN: MAP Department/ VA Medicaid  
 11013 W. Broad Street, Suite 500  
 Glen Allen, Virginia 23060

Service authorization forms are available online at [www.virginiamedicaidpharmacy.com](http://www.virginiamedicaidpharmacy.com). The PDL criteria for SA purposes are also available on the same website.

**DMAS Contact Information for Participating Pharmacies**

<b>Provider Information</b>	<b>Telephone Number(s)</b>	<b>Information Provided</b>
Pharmacy Call Center	1-800-774-8481	Pharmacy claims processing questions, including transmission errors, claims reversals, obsolete date issues, etc.
Preferred Drug List (PDL) & Service Authorization Call Center	1-800-932-6648	Questions regarding the PDL program, service authorization requests for non-preferred drugs, service authorization requests for drugs subject to prospective DUR edits
Provider Helpline	1-800-552-8627 1-804-786-6273 (In state long distance)	All other questions concerning general Medicaid policies and procedures
MediCall	1-800-884-9730 or 1-800-772-9996	Automated Voice Response System for Verifying Medicaid Eligibility
Medicaid Managed Care Organization (MCO) Information	Anthem 1-800-901-0020 Aetna 1-800-279-1878 Kaiser 1-855-249-5025 INTotal 1-855-323-5588 Optima 1-800-881-2166 VA Premier 1-800-828-7989	Questions relating to Medicaid members enrolled in Medicaid Managed Care Plans

**MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)**

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting [www.MagellanHealth.com/Provider](http://www.MagellanHealth.com/Provider). If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting [www.magellanofvirginia.com](http://www.magellanofvirginia.com) or submitting questions to [VAProviderQuestions@MagellanHealth.com](mailto:VAProviderQuestions@MagellanHealth.com).

**MANAGED CARE PROGRAMS**

Most Medicaid individuals are enrolled in one of the Department’s managed care programs: Medallion 3.0, Commonwealth Coordinated Care (CCC), Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE

provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0:  
[http://www.dmas.virginia.gov/Content\\_pgs/mc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx)
- Commonwealth Coordinated Care (CCC):  
[http://www.dmas.virginia.gov/Content\\_pgs/mmfa-isp.aspx](http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx)
- Commonwealth Coordinated Care Plus (CCC Plus):  
[http://www.dmas.virginia.gov/Content\\_pgs/mltss-proinfo.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx)
- Program of All-Inclusive Care for the Elderly (PACE):  
[http://www.dmas.virginia.gov/Content\\_atchs/ltc/WEB%20PAGE%20FOR%20PACE%20Sites%20in%20VA.pdf](http://www.dmas.virginia.gov/Content_atchs/ltc/WEB%20PAGE%20FOR%20PACE%20Sites%20in%20VA.pdf)

### **COMMONWEALTH COORDINATED CARE PLUS**

Commonwealth Coordinated Care Plus is a required managed long term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program integrates medical, behavioral health, and long term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: [http://www.dmas.virginia.gov/Content\\_pgs/mltss-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx).

### **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

### **KEPRO PROVIDER PORTAL**

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

### **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

**TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE**

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is [http://www.dmas.virginia.gov/Content\\_pgs/appeal-home.aspx](http://www.dmas.virginia.gov/Content_pgs/appeal-home.aspx) and the form can be accessed from there by clicking on, "Click here to download a Provider Appeal Request Form." The form is in PDF format and has fillable fields. It can either be filled out online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.