Department of Medical Assistance Services
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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: 12/1/2017

SUBJECT: Virginia Medicaid Preferred Drug List (PDL) Program Changes Including Hepatitis C Drug Changes, ***Effective January 1, 2018*** and Drug Utilization Review (DUR) Board-Approved Drug Service Authorization (SA)

The purpose of this memorandum is to inform providers about changes to Virginia Medicaid's Fee-for-Service Preferred Drug List (PDL) Program that will be effective on January 1, 2018 and new drug service authorization (SA) requirements approved by the DMAS DUR Board.

DMAS Drug Utilization Review Board Activities

The DMAS Drug Utilization Review Board (DUR Board) met on August 10 and November 9, 2017 and recommended that DMAS require prescribing providers to submit a Service Authorization (SA) for Alunbrig™ (brigatinib), Kisqali-Femara Copak® (ribociclib-letrozole), Rydapt® (midostaurin), Zejula™ (niraparid), Idhifa® (enasidenib) and Nerlynx™ (neratinib) based on FDA approved labeling.

Preferred Drug List (PDL) Updates – Effective January 1, 2018

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 and FAMIS fee-for-service populations and members covered under the Commonwealth Coordinated Care (CCC) Plus Managed Care program beginning August 1, 2017 (with the exception of dual eligible members). 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. 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 I drug classes on October 19, 2017.

The Committee approved the following changes and additions to Virginia Medicaid's PDL:

Drug Class	Preferred	Non-Preferred (requires SA)
Antihistamines, Ophthalmic		Pataday®
Angiotensin Modulators	valsartan	Diovan®
Antibiotics, Vaginal	Clindesse® (Vaginal)	
Anticonvulsants	oxcarbazepine suspension	Trileptal® Suspension, vigabatrin powder pack
Antidepressants, Other	desvenlafaxine ER	
Antihistamines Minimally Sedating	levocetirizine Tablets	loratadine capsule OTC, Xyzal® soln & tab
Anti-Inflammatory Agents (Ophthalmic)		dexamethasone
Antipsychotics including Long Acting Injectable Antipsychotics (closed class)	quetiapine ER, haloperidol decanoate (IM), fluphenazine decanoate (IM)	clozapine ODT, Seroquel XR®, Haldol® decanoate (IM)
Beta Blockers	Metoprolol XL	propranolol/hctz, nadolol/bendroflumethiazide
Bile Salts	ursodiol 300 mg tablet	ursodiol 300 mg capsule
BPH	dutasteride	
COPD (closed class)	Bevespi Aerosphere™	
Cough & Cold Agents (Legend)		lohist-DM liquid
Epinephrine, Self-Injected	epinephrine 0.15 mg (EpiPen® JR) epinephrine 0.3 mg (EpiPen®)	epinephrine 0.15 & 0.3 mg (Adrenaclick®), EpiPen® Jr & EpiPen®
GI Motility	Movantik®	
Hepatitis C Drugs (closed class)	Mavyret™	Epclusa®, Harvoni®, Technivie™, Viekira™ Pak, Viekira XR™, Vosevi®
Intranasal Rhinitis	azelastine, Patanase®	olopatadine, fluticasone OTC, Clarispray OTC, triamcinolone OTC
Long-Acting Reversible Contraceptives (LARCS)	Nexplanon (Subcutaneous), Skyla (Intrauterine), Liletta (Intrauterine)	
Opiate Dependence Treatments (closed class)	Vivitrol®	
Phosphate Binders		Fosrenol® chewable tab, lanthanum carbonate chewable tab
Steroids, Topical		hydrocortisone/min oil/pet oint, alclometasone dipropionate oint & cream
Stimulants And Related Agents (closed class)	Vyvanse® Chewable Tablet	atomoxetine, Cotempla XR ODT™, Mydayis® ER
Ulcerative Colitis	Lialda®	

The P&T Committee approved new or revised clinical edits for several drug classes or drugs on the PDL. Clinical edit criteria for all drugs and drugs classes are detailed on the PDL. This list can be accessed at www.virginiamedicaidpharmacyservices.com/.

The P&T Committee also approved clinical edits for the following drugs:

- Androgenic Agents (Testosterone Topical)
- Haegarda® (Hereditary Angioedema Drugs)
- Vosevi™ (Hepatitis C Drugs)
- Mavyret™ (Hepatitis C Drugs)
- Siliq™ (Cytokine and CAM Antagonists)

Effective January 1, 2017, the P&T Committee eliminated the fibrosis scoring (Metavir) requirement as a part of the approval process for all drugs used to treat Hepatitis C. However, prescribers must complete a **clinical** service authorization (SA) for all Hepatitis C drugs including the preferred drug, Mavyret™. The Committee approved an abbreviated clinical SA for Mavyret™ that requires the prescriber to document the HCV genotype, the member's previous Hepatitis C treatment experience, the extent of liver damage (Metavir score) and the completion of a Hepatitis C Patient Agreement. If Mavyret is not clinically indicated for a member, prescribers can complete a service authorization for a non-preferred Hepatitis C agent.

Virginia's PDL can be found at http://www.dmas.virginia.gov/Content_pgs/pharm-pdl.aspx or https://www.virginiamedicaidpharmacyservices.com/. In addition, a copy of the PDL can be obtained by contacting the Magellan Clinical Call Center at 1-800-932-6648. Additional information and Provider Manual updates will be posted as necessary. Comments and questions regarding this program may be emailed to pdlinput@dmas.virginia.gov.

PDL and DUR Service Authorization (SA) Process

A message indicating that a drug requires a SA will be returned 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 request a SA by mail, faxing to 1-800-932-6651or contacting the Magellan Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week). 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 authorizations forms are available online at www.virginiamedicaidpharmacyservices.com. The PDL criteria for SA purposes are also available on the same website.

DMAS Contact Information for Participating Pharmacies

Provider Information	Telephone Number(s)	Information Provided
Pharmacy Call Center	1-800-932-6648	Pharmacy claims processing questions, including transmission errors, claims reversals, generic drug program, problems associated with generic drugs priced as brand drugs, manufacturer obsolete date issues, determination if drug is eligible for federal rebate. Questions regarding the PDL program, service authorization requests for non-preferred drugs, service authorization requests for drugs subject to clinical or prospective DUR (ProDUR) edits
Provider Helpline	1-800-552-8627 (in state) 1-804-786-6273 (out of state)	All other questions concerning general Medicaid policies and procedures, provider enrollment and provider reimbursement
MediCall	1-800-884-9730 or 1-800-772-9996	Automated Voice Response System for verifying Medicaid Eligibility

Attachment 1: FDA Approved Drugs Used for the Treatment of Hepatitis C

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. 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 or submitting questions to 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
- Commonwealth Coordinated Care (CCC):
  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

- 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

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.

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. 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 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.

PROVIDERS: NEW MEDICARE CARDS ARE COMING

CMS is removing Social Security Numbers from Medicare cards to help fight identity theft and safeguard taxpayer dollars. In previous messages, CMS has stated that you must be ready by April 2018 for the change from the Social Security Number based Health Insurance Claim Number to the randomly generated Medicare Beneficiary Identifier (the new Medicare number). Up to now, CMS has referred to this work as the Social Security Number Removal Initiative (SSNRI). Moving forward, CMS will refer to this project as the New Medicare Card.

To help you find information quickly, CMS designed a new homepage linking you to the latest details, including how to talk to your Medicare patients about the new Medicare Card. Bookmark the New Medicare Card homepage and Provider webpage, and visit often, so you have the information you need to be ready by April 1st.

Providers (which includes fee for service, Medicaid Managed Care Organizations, and Commonwealth Coordinated Care Plus) may share the following information with members:

MEMBERS: NEW MEDICARE CARDS ARE COMING

Medicare will mail new Medicare cards between April 2018 and April 2019. Your new card will have a new Medicare Number that's unique to you, instead of your Social Security Number. This will help to protect your identity.

Additional information is available at the following link:
https://www.medicare.gov/forms-help-and-resources/your-medicare-card.html

FDA Approved Drugs Used for the Treatment of Hepatitis C

Drug	FDA Approved	Regimen	**Duration** (Refer to IDSA Treatment Duration Guidelines at www.hcvguidelines.org)
Epclusa® (sofosbuvir + valpatasvir)	**Adults**		
	Genotypes 1, 2, 3, 4, 5, & 6	Epclusa®	12 weeks
		Epclusa® + ribavirin	12 weeks
Zepatier™ (elbasvir + grazoprevir)	Genotype 1a	Zepatier™	12 weeks
		Zepatier™ + ribavirin	16 weeks
	Genotype 1b	Zepatier™	12 weeks
	Genotype 1a or 1b	Zepatier™ + ribavirin	12 weeks
	Genotype 4	Zepatier™	12 weeks
	Genotype 4	Zepatier™ + ribavirin	16 weeks
Daklinza™ (daclatasvir)	Genotype 1 or 3	Daklinza™ + sofosbuvir	12 weeks
		Daklinza™ + sofosbuvir + ribavirin	12 weeks
Technivie ™	Genotype 4	Technivie™ + ribavirin	12 weeks
Viekira Pak®, Viekira XR™ (ombitasvir + paritaprevir + ritonavir + dasabuvir)	Genotype 1a	Viekira® Pak or XR™ + ribavirin	12 weeks
		Viekira® Pak or XR™ + ribavirin	24 weeks
	Genotype 1b	Viekira® Pak or XR™	12 weeks
Harvoni® (sofosbuvir + ledispasvir)	**Adults**		
	Genotype 1	Harvoni®	12 weeks
		Harvoni®	24 weeks
		Harvoni® + ribavirin	12 weeks
	Genotype 1 or 4	Harvoni® + ribavirin	12 weeks
	Genotype 4, 5, or 6	Harvoni®	12 weeks
	Pediatrics: 12 years of age and older or weighing at least 35 kg		
	Genotype 1	Harvoni®	12 weeks
		Harvoni®	24 weeks
	Genotype 4, 5, or 6	Harvoni®	12 weeks
Sovaldi® (sofosbuvir)	**Adults**		
	Genotype 1 or 4	Sovaldi® + peg interferon alfa + ribavirin	12 weeks
	Genotype 2	Sovaldi® + ribavirin	12 weeks
	Genotype 3	Sovaldi® + ribavirin	24 weeks
	Pediatrics: 12 years of age and older or weighing at least 35 kg		
	Genotype 2	Sovaldi® + ribavirin	12 weeks
	Genotype 3	Sovaldi® + ribavirin	24 weeks
Olysio® (simeprevir)	**Adults**		
	Genotype 1	Olysio® + sofosbuvir	12 weeks
		Olysio® + sofosbuvir	24 weeks
	Genotype 1 or 4	Olysio® + peg interferon alfa + ribavirin	12 weeks (maybe followed by 12 or 36 additional weeks of Peg-IFN-alfa + RBV)
Vosevi™ (sofosbuvir + velatasvir + voxilaprevir)	Genotype 1, 2, 3, 4, 5, or 6	Vosevi™	12 weeks
	Genotype 1a or 3	Vosevi™	12 weeks
Mavyret™ (glecaprevir+pibretasvir)	Genotype 1, 2, 3, 4, 5, or 6	Mavyret™	8 weeks
		Mavyret™	12 weeks
	Genotype 1	Mavyret™	16 weeks
	Genotype 3	Mavyret™	16 weeks