



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Skilled Nursing Homes – Non-mental, Intermediate Care Facilities, Physicians, Nurse Practitioners, Skilled Nursing Facilities – State, Intermediate Care Facilities – State, Podiatrists, Dentists, Hospices, Ambulatory Surgical Centers, Pharmacies, Out-of-state Skilled Care Facilities, Out-of-state Physicians, Out-of-state Pharmacies, and Out-of-state Dental Facilities Participating in the Virginia Medical Assistance Program and all Managed Care Organizations

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO Special
DATE 12/3/2004

SUBJECT: Long-Acting Narcotics Step Therapy & the Preferred Drug List (PDL)

The purpose of this memorandum is to inform you that, beginning on January 17, 2005, the Long-Acting Narcotics drug class will be added to DMAS's Preferred Drug List (PDL) program. Step therapy for the Long-Acting Narcotics drug class will also be implemented.

LONG-ACTING NARCOTICS – STEP THERAPY (EFFECTIVE JANUARY 17, 2005)

In step therapy, Medicaid covers specific high-cost drugs only after clinically appropriate, proven, and more cost-effective Step 1 medications are attempted. If Step 1 medications do not provide the required therapeutic benefit, Medicaid will cover a Step 2 medication. Step therapy means that a doctor should prescribe a Preferred Short-Acting Narcotic therapy (Step 1) before any of the Long-Acting Narcotic drugs (Step 2) will be covered. Prior Authorization (PA) for a Step 2 drug will be granted without trial of a Step 1 prescription drug if specific medical criteria have been met. The PDL criteria for PA purposes is available on the DMAS website, www.dmas.virginia.gov. This approach ensures the appropriate use of medication in the most cost-effective manner.

In an effort to minimize the new administration requirements, those patients, who according to DMAS prescription records have been stabilized on a Long-Acting Narcotic (Step 2 drug), **will not** need to request a PA through their doctor's office as DMAS has automated the review process. In addition, patients, who have two recent trials of Short-Acting Narcotics (Step 1

drugs) in their drug history, **will also be automated** through the process and **will not** need to request a PA through their doctor's office for a Preferred Long-Acting Narcotic (Step 2 drug). However, patients without a previous history of either chronic Long-Acting Narcotic (Step 2 drug) use or two recent trials of Short-Acting Narcotics (Step 1 drugs) **will** be required to obtain a PA for Long-Acting Narcotics (Step 2 drugs).

Step therapy is not required for new patients who need relief from moderate to severe pain that requires around-the-clock opioid therapy for an extended period of time. In other words, such patients can immediately bypass Short-Acting Narcotics (Step 1 drugs) in favor of Long-Acting Narcotics (Step 2 drugs) if their condition warrants such treatment. However, these patients **will** still need to request a PA through their doctor's office.

Once the step therapy clinical edit is satisfied, the Preferred Drug List (PDL) applies. Below is the listing of Short-Acting Narcotics as well as Preferred (no PA required) and Non-Preferred (PA required) Long-Acting Narcotics. The length of the PAs for Long-Acting Narcotics will be one year. For more information on specific PA criteria, go to the DMAS website (www.dmas.virginia.gov), click on "Pharmacy Services" in the left-hand column entitled "DMAS Content Menu," then click on "Pharmacy Initiatives," and select "PDL Criteria."

SHORT-ACTING NARCOTICS (NO PA REQUIRED)

Butalbital Combinations	Methadone*
Butalbital w/codeine	Morphine-short acting
Codeine	Nalbuphine
Codeine w/APAP	Oxycodone - short acting
Codeine w/ASA	Oxycodone w/APAP
Hydrocodone	Oxycodone w/ASA
Hydrocodone w/APAP	Oxymorphone
Hydromorphone	Pentazocine combinations
Levorphanol	Propoxyphene combinations
Meperidine	

*NOTE: The use of Methadone for pain should ideally be done in the context of an organized pain clinic, hospice, or with assistance from local pain management experts, including health care providers or pharmacists, who have experience with Methadone use.

PDL – LONG-ACTING NARCOTICS (EFFECTIVE JANUARY 17, 2005)

Preferred Long-Acting Narcotics

AVINZA
DURAGESIC
MORPHINE SUFATE TABLETS SA
ORAMORPH SR

Non-Preferred Long-Acting Narcotics

KADIAN
MS CONTIN
OXYCONTIN
OXYCODONE - LONG ACTING

PRIOR AUTHORIZATION (PA) PROCESS

A message indicating that a drug requires a PA will be displayed at Point of Sale when a Non-Preferred drug is dispensed. Pharmacists should contact the patient's prescriber requesting them to initiate the PA process. Prescribers can initiate PA requests by letter, by faxing the attached form to 800-932-6651, or by contacting the First Health Services Clinical Call Center at **800-932-6648** (available 24 hours a day, seven days a week). PA requests received by fax or mail will be responded to within 24 hours of receipt. A copy of the PA form is attached and is also available at <http://www.dmas.virginia.gov/pharm-home.htm> or at <http://virginia.fhsc.com>. The PDL criteria for PA purposes is available on the DMAS website (www.dmas.virginia.gov).

PREFERRED DRUG LIST (PDL) – 72-HOUR-SUPPLY PROCESSING POLICY

The PDL program provides a process where the pharmacist may dispense a 72-hour supply of a Non-Preferred, prescribed medication if the physician is not available to consult with the pharmacist (after hours, on weekends, or during holidays), AND the pharmacist, in his professional judgment consistent with current standards of practice, feels that the patient's health would be compromised without the benefit of the drug. The 72-hour supply will require a phone call by the pharmacy provider to First Health Services Corporation (FHSC) at **800-932-6648** for processing. For more information on the partial filling of Class II prescriptions, pharmacists should refer to **18 Virginia Administrative Code 110-20-310** of the *Virginia Board of Pharmacy Regulations*.

The patient will be charged a co-payment applicable for this 72-hour supply (partial fill). However, a co-payment will not be charged for the completion fill. The prescription must be processed as a "partial" and "completion" fill.

For unit-of-use drugs (i.e. inhalers, drops, etc.), the entire unit should be dispensed and appropriate action taken to prevent similar situations in the future.

PREFERRED DRUG LIST (PDL) – 72-HOUR-SUPPLY DISPENSING FEE PROCESS

Pharmacy providers are entitled to an additional \$3.75 dispensing fee when filling the completion of a 72-hour-supply prescription for a Non-Preferred drug. To receive the additional dispensing fee, the pharmacist must submit the 72-hour supply as a partial fill and, when submitting the claim for the completion fill, enter "03" in the "Level of Service" (data element 418-DI) field. The additional \$3.75 dispensing fee is ONLY available (one time per prescription) to the pharmacist after dispensing the completion fill of a Non-Preferred drug when a partial (72-hour supply) prescription was previously filled.

Any questions regarding the PDL process can be referred to First Health Services (FHSC) Corporation at **800-932-6648** (available 24 hours a day, seven days a week).

"PHARMACY/PDL/PRIOR AUTHORIZATION HELPLINE"

The First Health Services Clinical Call Center can be reached at **800-932-6648** (available 24 hours a day, seven days a week) to answer your questions regarding PA requests, clinical edits, and the PDL. PA requests can be initiated by letter, by faxing the attached form to 800-932-6651, or by contacting the First Health Services Clinical Call Center at **800-932-6648**. PA requests also can be mailed to:

First Health Services Corporation
4300 Cox Road
Glen Allen, VA 23060
ATTN: MAP Department/VA Medicaid

Additional information and Provider Manual updates will be posted as necessary. Comments regarding this program may be sent via email to the Pharmacy & Therapeutics Committee at pdlinput@dmas.virginia.gov.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov (*please note the new DMAS website address*). Refer to the Provider Column to find Medicaid and SLH Provider Manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

Attachments: (1)

VIRGINIA MEDICAID REQUEST FOR DRUG PRIOR AUTHORIZATION



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

Requests for prior authorization must include patient name, Medicaid ID#, and drug name. Appropriate clinical information to support the request on the basis of medical necessity must be submitted. **SUBMISSION OF DOCUMENTATION DOES NOT GUARANTEE COVERAGE BY THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES AND FINAL COVERAGE DECISIONS MAY BE AFFECTED BY SPECIFIC MEDICAID LIMITATIONS.**

The completed form may be **FAXED TO 800-932-6651**. Requests may be phoned to 800-932-6648.

Requests may be mailed to: First Health Services Corporation / 4300 Cox Road / Glen Allen, VA 23060 / ATTN: MAP

PATIENT INFORMATION

Patient's Name:

Patient's Diagnosis:

Patient's Medicaid ID#:

Patient's Date of Birth:

DRUG INFORMATION

Drug Name & Strength:

Quantity Per Day:

Has patient had previous pharmaceutical therapy for the above diagnosis? Yes No

List pharmaceutical agents attempted and outcome:

1.

2.

3.

Medical necessity: Provide clinical evidence that the preferred agent(s) will not provide adequate benefit:

PHYSICIAN INFORMATION

Physician's Name (print):

Date:

Physician's Signature:

Phone #:

Physician's DEA#:

Fax #:

**PLEASE INCLUDE ALL REQUESTED INFORMATION
INCOMPLETE FORMS WILL DELAY THE PRIOR AUTHORIZATION PROCESS**

FAX TO 800-932-6651

PRIOR AUTHORIZATION CRITERIA IS SUBJECT TO CHANGE AND THUS DRUG COVERAGE

A copy of the PA form is available at <http://www.dmas.virginia.gov/pharm-home.htm> or at <http://virginia.fhsc.com>.