

West Virginia Medicaid Pharmacy Solutions

BUREAU FOR MEDICAL SERVICES

Volume 1, Number 1

WEST VIRGINIA MEDICAID PHARMACY DEPARTMENT

http://www.dhhr.wv.gov/bms/Pharmacy

PROVIDER SERVICES

888-483-0793 888-483-0801 (Pharmacy) 304-348-3360 Monday – Friday 8:00 am until 5:00 pm

PHARMACY HELP DESK& PHARMACY PRIOR AUTHORIZATION (RATIONAL DRUG THERAPY PROGRAM)

800-847-3859 (Phone) 800-531-7787 (Fax) Monday – Saturday 8:30 am until 9:00 pm Sunday 12:00 pm until 6:00 pm

MEMBER SERVICES

888-483-0797 304-348-3365 Monday – Friday 8:00 am until 5:00 pm

PREFERRED DRUG LIST

For a copy of the most recent preferred drug list, visit:

http://www.dhhr.wv.gov/bms/Pharmacy/Pa ges/pdl.aspx

STATE MAXIMUM ALLOWABLE COST (SMAC)

SMAC Review Form:

http://www.dhhr.wv.gov/bms/Pharmacy/Pa ges/smac.aspx

Please refer questions to Magellan at 1-800-763-7382 or e-mail to

StateSMACProgram@magellanhealth.com.

WELCOME TO THE FIRST EDITION OF WEST VIRGINIA MEDICAID PHARMACY SOLUTIONS

Welcome to the first edition of West Virginia Medicaid Pharmacy Solutions. This newsletter is designed to notify West Virginia Medicaid providers about upcoming changes to policies and procedures surrounding the Pharmacy Program. We hope you find this information helpful when taking care of our members.

The Bureau for Medical Services (BMS), pursuant to Request for Quotations MED 12007, has selected Magellan Medicaid Administration, Inc. (MMA) to support the Bureau's Preferred Drug List (PDL) and State Maximum Allowable Cost (SMAC) programs. The new contract began November 1, 2011, and may be renewed annually for two (2) additional years. As part of this contract, Magellan Medicaid Administration will provide BMS and the West Virginia Medicaid providers with this quarterly newsletter.

BMS will continue to participate in the Sovereign States Drug Consortium (SSDC) purchasing pool. Contract negotiations for supplemental rebates with drug manufacturers will be conducted by the SSDC and its vendor (currently Goold Health Systems).

UPCOMING PREFERRED DRUG LIST (PDL) CHANGES

Please be advised that the Bureau for Medical Services, based on recommendations made at the January 25, 2012 meeting of the West Virginia Medicaid Pharmaceutical & Therapeutics Committee, is making the following changes to the Preferred Drug List (PDL).

On April 1, 2012, the following changes will be effective:

- The following product will be added as **preferred** product and require prior authorization (PA):

 In the Anticoagulants, Oral class, Xarelto[®] (rivaroxaban).
- The following products will be added as **non-preferred products** and require prior authorization (PA):
 - In the Analgesics, Narcotic Long Acting (Non-parenteral) class, ConZip™ ER (tramadol extended-release) and Nucynta™ ER (tapentadol extended-release)
 - In the Pediculicides/Scabicides (Topical) class, Lycelle[®] (topical gel)
 - ♦ In the Inhalers, Long-Acting, Arcapta[™] (indacaterol)
 - In the Phosphate Binders class, Phoslyra[®] (calcium acetate)
 - In the Platelet Aggregation Inhibitors class, Brilinta™ (ticagrelor)
 - In the Acute Skeletal Muscle Relaxants class, Lorzone[®] (chlorzoxazone)
 - The following drug classes will be added to the PDL:
 - Antibiotic, GI
 - Alinia[®] (nitazoxanide), Neo-Fradin (neomycin), neomycin, metronidazole tablets, and Tindamax[®] (tinidazole) will be preferred.
 - Dificid[™] (fidaxomicin), Flagyl[®] (metronidazole), Flagyl[®] ER (metronidazole extended-release), metronidazole capsules, Vancocin[®] (vancomycin), and Xifaxin[®] (rifaximin) will be non-preferred and require prior authorization (PA).
 - Antibiotics, Inhaled
 - Tobi® (tobramycin) will be preferred.
 - Cayston[®] (aztreonam) will be non-preferred and require prior authorization (PA).
 - Colony Stimulating Factors
 - Leukine[®] (sargramostim) and Neupogen[®] (filgrastim) will be preferred.
 - Neulasta® (filgrastim) will be non-preferred and require prior authorization (PA).

Thank you for helping West Virginia Medicaid members maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

NEW POLICY SURROUNDING BULK CHEMICALS

According to the CMS Medicaid Drug Rebate Program Release No. 155, bulk chemicals are substances which, when used in the manufacturing of a drug, become the active ingredient of the drug product. As such, they do not meet the definition of covered outpatient drugs, as defined in section 1927(k)(2) of the Social Security Act.

Effective April 1, 2012, all bulk chemicals will require prior approval. However, bulk chemicals may be approved, in rare circumstances, if prescribed for an FDA-approved indication and/or medically accepted indication supported in official compendia.

All rules, regulations, limitations, and exclusions set forth in the Pharmacy Services manual apply to bulk chemicals as well.

Refer to the BMS website, www.dhhr.wv.gov, for a list of covered bulk chemicals and criteria for coverage.

ALL CLAIMS MUST HAVE CORRECT NPI

Please remember it is very important that all claims have the prescriber's National Provider Identification (NPI) number correctly submitted. This is our only way to identify prescribers with 100 percent accuracy. In order to use Medicaid resources prudently, it is imperative that West Virginia Medicaid be able to tie a prescription to the correct prescriber. This ensures that our Drug Utilization Review activities/programs are targeted to the correct prescriber, so that appropriate changes in therapy can be made. Additionally, fraud, waste, and abuse may be assumed if prescribers are incorrectly identified. For example, a member may appear to be doctor shopping if an excessive number of prescribers are used, or a prescriber may appear to be prescribing outside the norms of their peers if an excessive number of prescriptions are processed under their NPI.

Prescribers: As you know, signatures are often very difficult to read, so please place your NPI on each prescription you write.

Pharmacists: To find/verify a prescriber's NPI, please visit <u>https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do</u>.

WEST VIRGINIA MEDICAID PREFERS BRAND MEDICATIONS BASED ON COST

Many providers have asked why West Virginia Medicaid would prefer brand products when there is a generic available. Here's your answer!

When a new generic comes to market, often times, it is granted a six-month exclusivity period to allow that generic manufacturer time to recoup some of the monetary investment required to get that generic to market. During these six months, there are no competitors; therefore, the price is not driven down by competition in the market. In order to maintain their current position in the marketplace, manufacturers of that branded product will continue to pay supplemental rebates as long as their branded drug is preferred over the new generic product. This results in the branded product being less costly to the state net of Centers for Medicare & Medicaid Services (CMS) and supplemental rebates. Once more generic products enter the market and the price is driven down by competition, the branded product net of CMS and supplemental rebates will be more costly than the generic product. At this time, the generic will be preferred over the brand.

UPCOMING PROVIDER WORKSHOPS

Molina Medicaid Solutions will soon be hosting a series of Provider Workshops. Presentations include:

- Provider Re-enrollment and electronic application demonstration
- Enhanced Molina provider portal
- BMS policy updates
- WVHIN on the advantages of Health Information Exchange

Workshop details are as follows:

City	Venue	Date	Time
Martinsburg	Comfort Inn	March 26, 2012	9:00 a.m. – 1:00 p.m.
Morgantown	Lakeview Resort	March 27, 2012	9:00 a.m. – 1:00 p.m.
Wheeling	Oglebay Park, Pine Room	March 28, 2012	9:00 a.m. – 1:00 p.m.
Huntington	Big Sandy Arena	March 29, 2012	12:00 p.m. – 4:00 p.m.
Charleston	Charleston Civic Center	April 3, 2012	9:00 a.m. – 1:00 p.m.
Flatwoods	Days Inn Hotel	April 5, 2012	9:00 a.m. – 1:00 pm
Beckley	Tamarack	April 9, 2012	12:00 p.m. – 4:00 p.m.