



11/25/19

Notice to Providers

Re: Alaska Medicaid Pharmacy Update – November 2019

Alaska Medicaid will incorporate several claims processing edits to the pharmacy point of sale system resulting from the November 15, 2019 DUR committee meeting. Below is a summary of the upcoming changes.

NEW PRIOR AUTHORIZATION CRITERIA

Effective on or after 1/6/2020 the following medications have been assigned specific clinical criteria for use and may require prior authorization before payment of the service.

- Firdapse[®], Ruzurgi[®]
- Vyndaqel[®], Vyndamax[™]
- Corlanor[®]
- Xiaflex[®]

The following medications Prior authorization criteria was revised and will be effective 1/6/2020.

- Oxycodone immediate release
- Hydromorphone

The following new to market medications were added to the Interim Prior Authorization List updated 11/15/2019. These medications will require prior authorization and/or step therapy for consideration of approval.

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|----------------------------------|---------------------------------|--------------------------|
| • PROAIR DIGIHALER [®] | • NOURIANZ [™] | • NAYZILAM [®] |
| • AKLIEF [®] | • DUAKLIR PRESSAIR [®] | • GVOKE [™] |
| • FASENRA PEN [®] | • RYBELSUS [®] | • MYXREDLIN [™] |
| • BEOVU [®] | • FIASP PENFILL [®] | • RINVOQ ER [™] |
| • DRIZALMA SPRINKLE [™] | • WAKIX [®] | • XENLETA [™] |
| • OZOBAX [™] | • TOSYMRA [™] | • XEMBIFY [®] |

Please visit <http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx> for the new criteria and prior authorization forms.

ICD-10 Requirements

In order to decrease administrative burden and reduce the amount of prior authorizations necessary, prescriptions for drugs in Table 1 can be paid for at the point-of-sale when accompanied by an appropriate ICD-10 code. When an ICD-10 code is provided on the prescription for the medications listed in Table 1, it will bypass the prior authorization requirements. On January 6, 2020, a prospective edit for these medications will be implemented. If the prescription does not contain the ICD-10 diagnosis code, the pharmacy may contact the prescriber to obtain and document it. If the pharmacy is unable to contact the prescriber or the ICD-10 code is not supplied, prescriptions may be subject to prior authorization to determine the medical indication.

ICD-10 Required on Claim (Table 1.)

Table 1.

All HIV drugs	Impavido	Valchlor gel
ATryn	Jakafi	Vemlidy
Beleodaq	Kanuma	Venclexta
Bendeka	Lenvima	Vimizim
Cabometyx	Mekinist	Vitekta
Ceenu	Myalept	Xtandi
Cetylev	Ninlaro	Zelboraf
Cholbam	Odomzo	Zydelig
Cometriq	Ofadin	Zytiga

Many Electronic Health Records (EHR) prescription applications have the ability to supply the ICD-10 on the prescription; we encourage prescribers to use this functionality when available and applicable. The benefit of this additional information on the prescription is a valuable communication tool between prescribers, pharmacists, and patients and can aid in patient safety.

Please contact the Magellan Medicaid Clinical Call Center for any questions regarding the processing of these claims at: 1.800.331.4475.

References:

Alaska Medicaid prior authorization clinical criteria for use and standards of care are developed under the authority granted to the Alaska Medicaid Drug Utilization Review Committee in compliance with 7 AAC 120.120, 7 AAC 120.130, 7 AAC 120.140, 42 USC 1396r-8, and 42 CFR 456 Subpart K. The Committee considers each of the following in the development of clinical criteria for use as outlined in 7 AAC 105.230(c): medical necessity, clinical effectiveness, cost-effectiveness, and likelihood of adverse effects as well as service-specific requirements. Drugs which fall into a specific therapeutic category but are approved by the FDA after the most recent revision of that therapeutic drug class review will be subject to the same standards set by DUR Committee for the relevant therapeutic category's prior authorization clinical criteria for use. This includes a requirement to utilize or trial preferred agents prior to the utilization of a non-preferred agent within a given therapeutic category unless a documented clinical contraindication exists. Covered outpatient drugs must meet the parameters defined in 7 AAC 120.110. Drugs which the FDA has approved but clinical benefit has not been established will not be approved.

Please contact Charles Semling, PharmD, RPh at 907.334.2458 charles.semling@alaska.gov

or Erin Narus, PharmD, RPh at 907.334.2425 erin.narus@alaska.gov

with any questions regarding these updates and changes.

Clinical Criteria for Use may be found at:

<http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx>.

Alaska Medicaid Program Updates may be found at:

<http://manuals.medicaidalaska.com/docs/updates.htm>