
**An Information Service of the Division of Medical Assistance**

# North Carolina

# Medicaid Pharmacy

# Newsletter

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## Procedures for Prior Authorization of Synagis for Respiratory Syncytial Virus (RSV) Season 2015/2016

The clinical criteria utilized by N.C. Medicaid (Medicaid) for the 2015/2016 Respiratory Syncytial Virus (RSV) season are consistent with guidance published by the American Academy of Pediatrics (AAP): *2015 Report of the Committee on Infectious Diseases, 30th Edition.* This guidance for Synagis use among infants and children at increased risk of hospitalization for Respiratory Syncytial Virus (RSV) infection is available online by subscription. The coverage season is November 1, 2015, through March 31, 2016. Providers are encouraged to review the AAP guidance prior to the start of the RSV season. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) criteria are evaluated for Synagis requests.

**Guidelines for Evidenced Based Synagis Prophylaxis:**

- Infants younger than 12 months at start of season with diagnosis:
  - Prematurity - born before 29 weeks 0 days gestation
  - Chronic Lung Disease (CLD) of prematurity (defined as birth at less than 32 weeks 0 days gestation and required greater than 21% oxygen for at least 28 days after birth)
  - Hemodynamically significant acyanotic heart disease and receiving medication to control congestive heart failure and will require cardiac surgical procedures and; moderate to severe pulmonary hypertension
  - Infants with cyanotic heart disease may receive prophylaxis with cardiologist recommendation.
- Infants during first year of life with diagnosis:
  - Neuromuscular disease or pulmonary abnormality that impairs the ability to clear secretions from the upper airways
- Infants less than 24 months of age with diagnosis:
  - Profound immunocompromise during RSV season
  - CLD of prematurity (see above definition) and continue to require medical support (supplemental oxygen, chronic corticosteroid or diuretic therapy) during 6-month period before start of second RSV season
  - Cardiac transplantation during RSV season

**Prior Approval (PA) Request**

Submit all PA requests for coverage of Synagis during the coverage period electronically at www.documentforsafety.org. The web-based program will process PA information according to the guidelines for use. A PA request can automatically approve based on the information submitted. The program allows a provider to self-monitor the status of a request pending medical review. Up to five doses can be approved for coverage. Coverage of Synagis for neuromuscular disease or congenital anomaly that impairs ability to clear respiratory secretions from the upper airway will terminate when the beneficiary

exceeds 12 months of age. Coverage of Synagis for CLD, profound immunocompromise or cardiac transplantation will terminate when the beneficiary exceeds 24 months of age.

**Dose Authorization**

Each Synagis dose will be individually authorized to promote efficient product distribution. Providers must submit a "***next dose request***' to obtain an authorization for each dose not exceeding the approved number of doses. Providers should ensure the previously obtained supply of Synagis is administered before submitting a next dose request. Providers will fax each single dose authorization to the pharmacy distributor of choice.

If an infant received one or more Synagis doses prior to hospital discharge, the provider must indicate as part of the request the most recent date a dose was administered and the number of doses administered by the provider should be adjusted accordingly. If any infant or young child receiving monthly palivizumab prophylaxis experiences a breakthrough laboratory confirmed RSV hospitalization, coverage of Synagis will be discontinued.

**Pharmacy Distributor Information**

Single dose vial specific authorizations, not to exceed the maximum number of doses approved for the beneficiary, will be issued by Medicaid. It is important for the Synagis distributor to have the appropriate single dose authorization on hand and a paid claim prior to shipping Synagis. An individual dose authorization is required for each paid Synagis claim. The claim must not exceed the quantity indicated on the authorization. Payment for a Synagis claim will be denied if a dose request was not submitted by the provider.

Synagis claims processing will begin October 27, 2015, to allow sufficient time for pharmacies to provide Synagis by November 1, 2015. Payment of Synagis claims with date of service before October 27, 2015, and after March 31, 2016, will not be allowed. Point of sale claims cannot be submitted by the pharmacy distributor prior to the first billable date of service for the season. Pharmacy providers must always indicate an accurate days' supply when submitting claims to Medicaid. Claims for Synagis doses that include multiple vial strengths must be submitted as a single compound drug claim. Synagis doses that require multiple vial strengths that are submitted as individual claims will be subject to recoupment. Physicians and pharmacy providers are subject to audits of beneficiary records by DMA. Maintain Synagis dose authorizations according to required record keeping time frames.

**Provider Information**

Providers without internet access may contact the Medicaid Outpatient Pharmacy Program at (919) 855-4300 to facilitate submission of a PA request for Synagis. More information about the Synagis program is available at: www.documentforsafety.org.

### Submitting a Request to Exceed Policy

The provider should use the **Non-Covered State Medicaid Plan Services Request Form for Recipients under 21 Years of Age** to request Synagis doses exceeding policy or for coverage outside the defined coverage period. The form is available at http://www.ncdhhs.gov/dma/epsdt/. Information about EPSDT coverage is found at http://www.ncdhhs.gov/dma/epsdt/index.htm.

### Technical Support

Technical support is available Monday to Friday from 8am to 5pm by calling 1-855-272-6576 (local: 919-926-3986). Technical support can assist with provider registration, user name and password issues, beneficiary searches, and other registry functions.

## Preferred Drug List (PDL) Review Panel Meeting

The next Preferred Drug List (PDL) review panel will be Wednesday, Sept. 16, 2015, from 1 to 5 p.m. at the State Library Building, 109 E. Jones Street, Raleigh, N.C. 27601. Details are posted at http://www2.ncdhhs.gov/dma/pharmacy/pdl.htm.

## 72-hour Emergency Supply Available for Pharmacy Prior Authorization Drugs

Pharmacy providers are encouraged to use the 72-hour emergency supply allowed for drugs requiring prior authorization***. Federal law requires that this emergency supply be available to Medicaid recipients for drugs requiring prior authorization*** (Social Security Act, Section 1927, 42 U.S.C. 1396r-8(d)(5)(B)). Use of this emergency supply will ensure access to medically necessary medications.

The system will bypass the prior authorization requirement if an emergency supply is indicated. Use a "***3***" in the Level of Service field (418-DI) to indicate that the transaction is an emergency fill. ***Note: Copayments will apply and only the drug cost will be reimbursed. There is no limit to the number of times the emergency supply can be used.***

## Updated Federal Upper Limit Reimbursement List

The Federal Upper Limit (FUL) reimbursement rate does not cover the cost of certain drugs. Medicaid pharmacy programs are required to reference this reimbursement information when pricing drug claims. To receive adequate reimbursement, pharmacy providers may use the ***DAW1*** override to disregard the FUL reimbursement rate for the drugs listed on the FUL list until the FUL rate has been adjusted to adequately cover the cost of the drug.

As indicated in previous communications, use of the ***DAW1*** override code is monitored. A claim submitted for more than the State Maximum Allowable Cost (SMAC) rate on file may lead to an identifiable overpayment. Any difference between the SMAC rate on file for the date of service and the actual rate applied to the claim (***if higher***) may be considered an overpayment and subject to recoupment.

Listed below are **ONLY NEW ADDITIONS** since the previous month. The full list is available here.

| NDC | NAME |
|---|---|
| 16729013501 | ALLOPURINOL 300 MG TAB/ACCORD |
| 16729013516 | ALLOPURINOL 300 MG TAB/ACCORD |
| 16714004201 | ALLOPURINOL 300 MG TAB/NORTHSTAR |
| 16714004204 | ALLOPURINOL 300 MG TAB/NORTHSTAR |
| 16714004205 | ALLOPURINOL 300 MG TAB/NORTHSTAR |
| 16714004207 | ALLOPURINOL 300 MG TAB/NORTHSTAR |
| 16714004210 | ALLOPURINOL 300 MG TAB/NORTHSTAR |
| 16714004211 | ALLOPURINOL 300 MG TAB/NORTHSTAR |
| 16729017201 | AMITRIPTYLINE 25 MG TAB/ACCORD |
| 16729017217 | AMITRIPTYLINE 25 MG TAB/ACCORD |
| 10544015690 | AMITRIPTYLINE 25 MG TAB/BLENHEIM |
| 10544015630 | AMITRIPTYLINE 25 MG TAB/BLENHEIM |
| 69158000100 | AMITRIPTYLINE 25 MG TAB/GLENVIEW |
| 00378262501 | AMITRIPTYLINE 25 MG TAB/MYLAN |
| 00378262510 | AMITRIPTYLINE 25 MG TAB/MYLAN |
| 51079010701 | AMITRIPTYLINE 25 MG TAB/MYLAN |
| 51079010720 | AMITRIPTYLINE 25 MG TAB/MYLAN |
| 51079010763 | AMITRIPTYLINE 25 MG TAB/MYLAN |
| 16714044701 | AMITRIPTYLINE 25 MG TAB/NORTHSTAR |
| 16714044702 | AMITRIPTYLINE 25 MG TAB/NORTHSTAR |
| 00472037045 | BETAMETHASONE VAL 0.1% CREAM/ACTAVIS |
| 51672126901 | BETAMETHASONE VAL 0.1% CREAM/TARO |
| 51672126906 | BETAMETHASONE VAL 0.1% CREAM/TARO |
| 00472132626 | HYDROCORTISONE 1% OINT/ACTAVIS |
| 00168002016 | HYDROCORTISONE 1% OINT/FOUGERA |
| 00168002031 | HYDROCORTISONE 1% OINT/FOUGERA |
| 00555038202 | MEPERIDINE 100MG TAB/BARR |
| 42806005101 | MEPERIDINE 100MG TAB/EPIC |
| 00054459625 | MEPERIDINE 100MG TAB/ROXANE |
| 00555039202 | MEPERIDINE 100MG TAB/TEVA |
| 00555038102 | MEPERIDINE 50MG TAB/BARR |

| | |
|---|---|
| 42806005001 | MEPERIDINE 50MG TAB/EPIC |
| 00054459525 | MEPERIDINE 50MG TAB/ROXANE |
| 00054859511 | MEPERIDINE 50MG TAB/ROXANE |
| 00591298539 | PHENADOZ 12.5 MG SUPPOSITORY |
| 40085021812 | PROMETHAZINE 12.5 MG SUPP/RENAISSANCE |
| 51672529601 | PROMETHAZINE 12.5 MG SUPP/TARO |
| 00591555401 | PROPRANOLOL 10MG TAB/ACTAVIS |
| 00591555410 | PROPRANOLOL 10MG TAB/ACTAVIS |
| 10544028260 | PROPRANOLOL 10MG TAB/BLENHEIM |
| 00904041161 | PROPRANOLOL 10MG TAB/MAJOR |
| 00378018201 | PROPRANOLOL 10MG TAB/MYLAN |
| 00378018210 | PROPRANOLOL 10MG TAB/MYLAN |
| 50111046701 | PROPRANOLOL 10MG TAB/PLIVA |
| 50111046703 | PROPRANOLOL 10MG TAB/PLIVA |

| Electronic Cut-off Schedule | Checkwrite Schedule |
|---|---|
| August 28, 2015 | September 1, 2015 |
| September 4, 2015 | September 9, 2015 |
| September 11, 2015 | September 15, 2015 |
| September 18, 2015 | September 22, 2015 |
| September 25, 2015 | September 29, 2015 |

*POS claims must be transmitted and completed by 11:59 p.m. on the day of the electronic cut-off date to be included in the next checkwrite.*

The 2015 checkwrite schedule is under **Quick Links** on the NCTracks Provider Portal home page.

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