

Expanding Prescriber Prevails in Medicaid Managed Care in Certain Drug Classes

Effective July 1, 2013, for Medicaid Managed Care Plans, the “prescriber prevails” provision will be expanded to include medically necessary prescription drugs in the **anti-depressant, anti-retroviral, anti-rejection, seizure, epilepsy, endocrine, hematologic and immunologic therapeutic classes**,* including non-formulary drugs, upon demonstration by the prescriber, after consulting with the managed care provider, that such drugs, in the prescriber's reasonable professional judgment, are medically necessary and warranted. This change is the result of legislation passed in the 2013-2014 Executive Budget. Once implemented, this initiative will enable the prescriber's reasonable professional judgment to prevail for the above therapeutic drug classes that are not on plan formularies or have prior authorization requirements.

Plans will continue to develop formularies and may also administer prior authorization programs for these therapeutic drug classes. Prescribers will still be required to supply plans with requested information and/or clinical documentation. As they do currently, plans will be able to provide a temporary (3 day) supply of medication when necessary.

Pursuant to federal and contractual provisions, the plans will continue to be required to meet specified turnaround times. Additionally, notices will be sent to members and prescribers for prior authorization requests where the plan is unable to make a determination due to missing information or the prescriber's reasonable professional judgment has not been adequately demonstrated. In such cases, members' rights regarding appeals and fair hearings will continue to apply. This is consistent with plans' current processes for member and provider notification.

*NOTE: Stakeholders can match affected drugs to the Medicaid Fee for Service (FFS) Preferred Drug List (PDL) for quick identification when prescribing. Below is a crosswalk for comparison.

| 2013-2014 Expanded Prescriber Prevails classes based on current Medicaid FFS PDL |
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| Hematological Agents* |
| Anticoagulants- Injectable |
| Anticoagulants- Oral |
| Erythropoiesis Stimulating Agents (ESAs) |
| Platelet Inhibitors |
| Central Nervous System |
| Seizure/Epilepsy* |
| Anticonvulsants- Second Generation |
| Benzodiazepines- Rectal |
| Carbamazepine Derivatives |
| Immunologic Agents* |
| Multiple Sclerosis Agents |
| Anti-depressants* |
| Selective Serotonin Reuptake Inhibitors (SSRIs) |
| Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) |
| Endocrine and Metabolic Agents* |
| Amylin Analogs |
| Anabolic Steroids- Topical |
| Biguanides |
| Bisphosphonates- Oral |
| Calcitonins- Intranasal |
| Dipeptidyl Peptidase- 4 (DPP-4) Inhibitors |
| Glucagon-like Peptide-1 (GLP-1) Agonists |

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| Growth Hormones |
| Insulin- Long-Acting |
| Insulin- Mixes |
| Insulin- Rapid-Acting |
| Pancreatic Enzymes |
| Thiazolidinediones (TZDs) |
| Immunologic Agents* |
| Immunomodulators- Systemic |
| 2013-2014 Expanded Prescriber Prevails classes <i>not</i> currently on Medicaid FFS PDL |
| Anti-retroviral* Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) Agents |
| Anti-rejection* Immunosuppressives- Oral |