



Chapter: Hospital Operations
Subject: DBHDD Medication Formulary

Applicability: DBHDD Hospitals

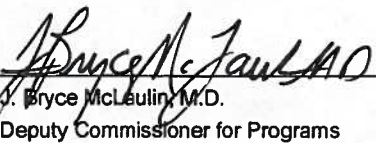
Effective Date: September 1, 2011
Full Implementation Date: September 1, 2011
Scheduled Review Date: July 2013

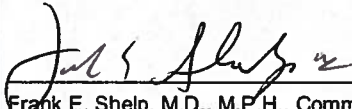
Attachments:

- Attachment A – Atypical Antipsychotic Prior Authorization Form (version updated 12-22-10)
- Attachment B – Atypical Antipsychotics Prior Authorization Summary (version updated 3-24-11)
- Attachment C - Georgia Medicaid Fee-for-Service Pharmacy Program Frequently Asked Questions (version updated 9-18-09)

Approved:


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POLICY

In order to ensure consistent and appropriate use of medications and facilitate the continuation of medication after discharge from the state hospital, DBHDD hospitals utilize the Georgia Medicaid Formulary as the DBHDD state-wide formulary. Georgia Medicaid Formulary is maintained by the Department of Community Health (DCH) and information regarding the Medicaid Preferred Drug List is available on DCH website: www.dch.georgia.gov/pharmacy

PROCEDURES

See Medicaid Preferred Drug List on DCH website www.dch.georgia.gov/pharmacy for the most current approved list.

Medications on the 'preferred' drug list are the primary and first-line therapeutic modality.

Medications on the 'non-preferred' drug list are prescribed if the individual does not respond, or has a history of non-response, to available 'preferred' medications.

Each hospital will develop its own 'non-formulary' approval process that will include a justification as to why an available formulary medication cannot be used.

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Medications not on the Georgia Medicaid Formulary or on the Hospital's own 'non-formulary' list must receive approval from the hospital's Clinical Director prior to being used.

The physician is responsible for ensuring that the 'prior authorization form' or the appropriate 'pharmaceutical patient assistance form' is completed so the individual can continue the medication post-discharge from the DBHDD Hospital. See **Atypical Antipsychotic Prior Authorization FORM (Attachment A)** and a DCH information sheet, **Atypical Antipsychotic Prior Authorization Summary (Attachment B)**. Prior Authorization documents are updated periodically by DCH and are provided here as a reference. The most current documents should be obtained from the DCH website: www.dch.georgia.gov/pharmacy

Medical staff are responsible to take necessary steps to insure continuity of care after discharge from the DBHDD hospital. See DBHDD policy regarding discharge medications and prescriptions supplied at time of discharge from DBHDD hospital.

ADDITIONAL RESOURCES

Attachment C - Georgia Medicaid Fee-for-Service Pharmacy Program Frequently Asked Questions (updated 9-18-09)

To contact the DCH Medicaid Pharmacy staff:

- Email: go to: www.ghp.georgia.gov and select "Contact Us" in the top right corner to send a question, or submit an email to: pharmacyinquiries@dch.ga.gov
- Telephone: 404-656-4044.

REFERENCE MATERIAL:

Department of Community Health Medicaid Formulary and related information on DCH Website

2. Which preferred medication(s) has the member tried? (check all that apply)
- Geodon Dates: _____ Risperidone Dates: _____
- Seroquel IR Dates: _____ None

3. Reason preferred agents are not appropriate for this member: (Complete for each drug in the following table)

Drug	Reason inappropriate choice for member
Risperidone	
Seroquel IR	
Geodon	

4. For Abilify and Seroquel XR (adjunctive therapy for major depressive disorder only): Reason antidepressant monotherapy is not adequate for this member: (Complete for each drug/class in the following table)

Drug	Reason antidepressant monotherapy is inadequate
Cymbalta (duloxetine)	
Effexor (venlafaxine)	
SSRIs (citalopram [Celexa], escitalopram [Lexapro], fluoxetine [Prozac], fluvoxamine [Luvox], paroxetine [Paxil], or sertraline [Zoloft])	

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C. An orally disintegrating dosage formulation is being requested.

1. What prevents the member from taking the regular oral dosage form?
- Dysphagia Compliance monitoring required
- Other (specify): _____

D. Risperdal Consta, Invega Sustenna, or Zyprexa Relprevv is being requested.

1. Has the member tried oral risperidone or oral Invega (if Risperdal Consta is being requested), oral Invega, oral risperidone, or Risperdal Consta (if Invega Sustenna is being requested), or oral Zyprexa (if Zyprexa Relprevv is being requested) and is unable to swallow or use orally disintegrating tablets, or has been noncompliant after a trial of oral risperidone or oral Invega (if Risperdal Consta is being requested), oral Invega or oral risperidone (if Invega Sustenna is being requested), or oral Zyprexa (if Zyprexa Relprevv is being requested)?
- Yes Date of last therapy: _____ No
2. Is the prescribing physician a psychiatrist or has a psychiatrist been consulted?
- Yes No
3. Where will the medication be administered?
- Home health
- CSB (Community Service Board health center)
- Outpatient clinic or physician's office**
- Other (specify): _____

** If you are requesting for authorization for administration in a physician's office or outpatient clinic other than a CSB, please go to www.mmis.georgia.gov to request a PA from Physician Services.

Physician Signature: _____

Contact Person: _____ Phone: _____

SXC Health Solutions, Inc. will provide a response within 1 business day upon receipt.

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ATYPICAL ANTIPSYCHOTICS PA SUMMARY

PREFERRED	Geodon, generic risperidone (tabs, ODT, and solution), Seroquel IR
NON-PREFERRED	Abilify, Abilify Discmelt, Fanapt, Invega, Invega Sustenna, Risperdal Consta, Risperdal-M Tabs, Saphris, Seroquel XR, Symbyax, Zyprexa, Zyprexa Relprevv, Zyprexa Zydis
NON-PREFERRED (PA Not Required)	Clozaril, Clozapine, Fazaclo, Zyprexa Injection

LENGTH OF AUTHORIZATION: 1 Year

NOTE: *All members who have received a non-preferred medication in this category (with the exception of Fanapt and Saphris) are grandfathered on that medication. The member must have at least one claim for the requested non-preferred product within the last 12 months of claims history, except Risperdal Consta which required prior use within the past 90 days for grandfathering purposes. Physicians discharging a member from an inpatient facility stable and responding to a non-preferred agent should request prior authorization as part of the patient's discharge planning. If medication is being administered in a physician's office then it must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at www.mmis.georgia.gov*

PA CRITERIA:

For Abilify

- ❖ For the diagnoses of Bipolar Disorder or Schizophrenia, must be able to demonstrate patient use (for at least a thirty day treatment period each) of 3 preferred agents within the last 12 months for patients 18 years or older or provider should be prepared to provide clinical justification as to why use of the preferred drugs would constitute unacceptable therapy for the patient. Patients 17 or under must demonstrate prior use of risperidone or provide clinical justification as to why risperidone is unacceptable for the patient.
- ❖ Patients with a diagnosis of Bipolar Disorder or Schizophrenia with a family history of successful treatment on these agents will also be an approvable condition.
- ❖ For use as adjunctive therapy for major depressive disorder, physician must submit documentation of an inadequate response to each of the following: two SSRIs, Effexor, and Cymbalta.
- ❖ Abilify is approvable for the diagnosis of irritability associated with autism in members 6-17 years of age when physician submits documentation of an inadequate response or contraindication to risperidone.

For Fanapt or Invega

- ❖ Patients 18 years of age or older, with a diagnosis of Schizophrenia must be able to demonstrate use (for at least a thirty day treatment period each) of 3 preferred agents within the last 12 months or provider should be prepared to provide clinical justification as to why use of the preferred drugs would constitute unacceptable therapy for the patient. Approval will also be considered for patients with an immediate family member that has been successfully treated on the medication.

For Invega Sustenna

- ❖ The member must have a diagnosis of Schizophrenia and under treatment by or in consultation with a psychiatrist. In addition, documentation should be submitted to demonstrate one of the following: the member has already been started and stabilized on this medication, member has been noncompliant on oral Invega or oral risperidone or Risperdal consta, or member is unable to swallow oral dosage forms.

For Risperdal Consta

- ❖ The member must have a diagnosis of Bipolar Disorder or Schizophrenia and be under treatment by or in consultation with a psychiatrist. In addition, documentation should be submitted to demonstrate one of the following: the member has already been started and stabilized on this medication, member has been noncompliant on oral Invega or oral risperidone, or member is unable to swallow oral dosage forms.

For Saphris

- ❖ Member must be 18 years or older with a diagnosis of bipolar disorder or schizophrenia. Member must also have difficulty swallowing regular oral dosage forms or need monitoring by caregiver to ensure compliance. Also, physician should submit documentation of reason(s) that risperidone ODT cannot be used.

For Seroquel XR

- ❖ Physician should submit documentation of allergies, contraindications, drug-drug interactions or a history of intolerable side effects to the inactive ingredients of Seroquel IR. In addition, patient must be 18 years or older and physician must be able to demonstrate patient use (for at least a thirty day treatment period each) of Geodon and risperidone within the last 12 months or provider should be prepared to provide clinical justification as to why use of the preferred drugs would constitute unacceptable therapy for the patient. For patients with the diagnosis of adjunctive therapy for major depressive disorder, prior use of each of the following is required: two SSRI's, Effexor, and Cymbalta.

For Symbyax

- ❖ An atypical antipsychotic and an antidepressant should be used as two separate products.

For Zyprexa

- ❖ Approvable for a diagnosis of bipolar disorder or schizophrenia. Must be able to demonstrate patient use (for at least a thirty day treatment period each) of 3 preferred agents within the last 12 months for members 18 or

older or provider should be prepared to provide clinical justification as to why use of the preferred drugs would constitute unacceptable therapy for the patient. Prior use of risperidone or clinical justification as to why it is not appropriate is required for members 17 and under.

- ❖ Patients with a diagnosis of Bipolar Disorder or Schizophrenia with a family history of successful treatment on these agents will also be an approvable condition.

For Zyprexa Relprevv

- ❖ The member must have a diagnosis of Schizophrenia and be under treatment by or in consultation with a psychiatrist. In addition, documentation should be submitted to demonstrate one of the following: the member has already been started and stabilized on this medication, member has been noncompliant on the oral dosage form of this medication, or member is unable to swallow oral dosage forms.

For Orally Disintegrating Dosage Forms

- ❖ For orally disintegrating dosage formulations (Abilify Discmelt, Risperdal M-Tab, or Zyprexa Zydis), the non-disintegrating oral dosage formulation should be used.

EXCEPTIONS:

- ❖ Physicians can request approval for patients which have been started and stabilized on a non-preferred product for a reasonable period of time prior to becoming Medicaid eligible or during hospitalization. It should be noted that use of samples does not constitute stabilization.
- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.

Georgia Medicaid Fee-for-Service Pharmacy Program Frequently Asked Questions

Below are answers to some of the most frequently asked questions regarding the Georgia Medicaid Fee-for-Service (FFS) Pharmacy Program.

General Questions

How many lives are in the Medicaid FFS Program?

Approximately 446,000 individuals are enrolled in the Medicaid FFS program. This figure includes approximately 123,000 Medicare D dual eligible members. Total Medicaid eligibility including FFS and Care Management Organization (CMO) lives is approximately 1.5 million.

Who is the Medicaid FFS Pharmacy Benefit Manager (PBM)?

SXC Health Solutions, Inc.
2441 Warrenville Road, Suite 610
Lisle, IL 60532-3642

www.sxc.com

Technical Support: 1-866-525-5826

Clinical and Prior Authorization Support: 1-866-525-5827

For paper claims processing:

Paper Claims Processing
P.O. Box 3214
Lisle, IL 60532-8214

What services does SXC provide to the Georgia Department of Community Health (DCH)?

SXC provides typical PBM services to DCH including but not limited to:

- Claims processing
- Drug file maintenance
- Utilization reporting
- Technical and prior authorization call centers
- Provider relations

Additionally, SXC - through their contractor NorthStar Healthcare Consulting (NHC) - provides

- Therapeutic class reviews
- New drug evaluations
- Prior authorization criteria development and maintenance
- Retrospective drug utilization review
- Clinical benefit design consultation
- Drug Utilization Review Board (DURB) support
- Drug manufacturer point-of-contact on clinical issues
- Pharmacy audit

How can I contact NorthStar Healthcare Consulting (NHC)?

NHC can be contacted via email at GAMedicaid@nhc-llc.com or by phone at: 1-(866) 356-9021.



Georgia Medicaid Fee-for-Service Pharmacy Program Frequently Asked Questions

Manufacturer Focused Questions

How do I find out if the NDC for my drug is currently on the drug file the State is using?

Manufacturers can contact our SXC Clinical Manager, Dr. Tami Sweat, to determine if NDCs for their products are currently on the drug file utilized by the Georgia FFS Medicaid Program. Dr. Sweat can be contacted at: Tami.Sweat@sxc.com

How often does the drug file that the State uses for on-line adjudication get updated?

SXC utilizes Medispan as the drug reference file for Georgia Medicaid. New drugs are added to the Georgia Medicaid drug file twice monthly - on the first and fifteenth of each month. Pricing updates are added to the drug file weekly.

If I have new product information, who should I contact to discuss this information?

NorthStar Healthcare Consulting (NHC) reviews all new drugs, new product information, and relevant clinical studies. In turn, NHC presents this information to the Department on a routine basis. If you have a new product or new product information you would like the Department to consider, please provide that information to NHC at: GAMedicaid@nhc-llc.com or contact them at 1-(866) 356-9021. Additionally, DCH would like to receive an electronic version of the product dossier in the AMCP format. These electronic versions may be mailed to:

DCH Pharmacy Department
2 Peachtree Street, NW
37th Floor
Atlanta, GA 30303

What information would the State like to receive from the manufacturer in addition to new drugs and new indications?

The Department would like to receive copies of new studies involving the manufacturers' product(s). Information regarding safety alerts as well as drug availability in the marketplace is also requested.

Where would I find a copy of the current Georgia Medicaid FFS Preferred Drug List (PDL)?

The current FFS PDL can be found on the DCH web site at: www.dch.georgia.gov/pharmacy. This document is refreshed on a monthly basis.

The PDL listed on the web includes designation of Preferred (P), Non-Preferred (NP), Prior Authorization (PA) and Quantity Level Limitations (QLL). What do these designations mean?

Preferred (P) – This designation means the product is a preferred product and available at the lowest co-payment tier (\$0.50) for populations that are subject to a co-payment. Preferred products

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Non-Preferred (NP) – This designation means the product is not preferred. When clinically appropriate, the Department asks providers to use preferred alternatives. Non-preferred products may or may not be associated with a prior authorization. If a prior authorization is required, a designation of “PA” will also appear on the PDL. Non-preferred carries the designation of a non-preferred co-payment which is scaled based on the cost of the product. This non-preferred co-payment is determined by the following formula:

DCH Reimbursement Co-Payment

Under \$10.00 \$0.50
\$10.01-\$25.00 \$1.00
\$25.01-\$50.00 \$2.00
\$50.01 or more \$3.00

Quantity Level Limitation (QLL) – This designation indicates that a maximum quantity of the product that can be processed without requiring prior authorization has been established. If that maximum quantity is exceeded, prior authorization is required. These established quantity level limitations are published in Appendix B of the provider manual.

How do I get my drug reviewed for PDL status?

Manufacturers may use the Manufacturers' Forum to present clinical information to NorthStar Healthcare Consulting (NHC), SXC's contracted clinical vendor. Presentations by manufacturers at these forums should be related to drugs being discussed at the next Drug Utilization Review Board meeting. Information regarding the next scheduled Manufacturers' Forum and how to schedule an appointment can be located on our web site at www.dch.georgia.gov/pharmacy under the “Drug Utilization Review Board” link. Also, NHC can be contacted via email at GAMedicaid@nhc-llc.com or by phone at 1-(866) 356-9021. Please contact NHC for meeting parameters and protocols.

What is the default coverage status for new drugs?

New drugs on the market are typically given a non-preferred status without prior authorization until reviewed by the DUR Board. There are five exception categories that typically receive preferred status immediately upon release to the market and they are as follows: HIV/AIDS agents; antineoplastics; agents which had expedited review by the FDA; seizure medications; and immunosuppressants. The Board reviews new drugs after a six month period of availability of the medication to the public. This six month waiting period is measured starting from the date the drug is first shipped from wholesalers.

Note: While this is the default position for new drugs, the Department may position drugs differently prior to the expiration of the six month waiting period as necessary to appropriately manage the benefit.



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What is the default coverage for new strengths or formulations of existing drugs?

New strengths of existing drugs typically default to the status of the existing drug. New formulations of the existing drug are typically reviewed by DCH and not brought before the DUR Board. DCH will evaluate the clinical merits and cost effectiveness of new formulations of existing drugs and make a PDL determination for those products.

What is the role of the DUR Board?

The Georgia Drug Utilization Review Board (DURB) was established under the authority of Section 1903(3) A of the Omnibus Budget Reconciliation Act of 1990 (OBRA). The Board promotes patient safety through an increased review and awareness of outpatient prescribed drugs. The Board recommends medical criteria, standards and educational intervention methods and advises DCH about products considered to be the most clinically effective. The Board reviews drug therapy, drug studies and utilization information, thus enabling the Department to identify the most cost-effective policies for its members. The DURB serves as a Pharmacy and Therapeutics Committee. The DURB is an advisory body to DCH. DCH makes all final decisions regarding matters discussed at the DURB meeting.

Is there a separate Pharmacy and Therapeutics (P&T) Committee?

No. DCH utilizes its DUR Board as the body that recommends preferred drug list status for medications.

Where can I find out about upcoming DUR Board meetings?

Information about upcoming DUR Board meetings can be obtained on the DCH web site at: www.dch.georgia.gov/pharmacy. The DUR Board typically meets on a quarterly basis in March, June, September, and December. However, check the website for exact dates, times, location, and frequency.

Is there a schedule showing which drugs will be reviewed at each DUR Board meeting?

At least 30 days prior to each DURB meeting, a list of drugs to be discussed at that meeting will be posted on the DURB page of our web site at: www.dch.georgia.gov/pharmacy. The drugs in the Supplemental Rebate Program scheduled for review are also located at this website under "Drug Utilization Review Board" > "Agenda Overview"> "Drugs Under Review".

Do you allow public comment at the DUR Board meetings?

Yes. Public comment from recipients, advocates, and Medicaid providers is allowed at the DUR Board meeting. Comments from industry representative are not allowed during the DUR Board meeting. Speakers must disclose any and all conflicts of interest.



Georgia Medicaid Fee-for-Service Pharmacy Program

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What is the current policy on a manufacturer's relationship/role with DUR Board members?

The Department respectfully requests that contact with DUR Board members remains limited to the normal contact that the manufacturer would have with that individual as it relates to that member's normal practice responsibilities. DCH requests that manufacturers refrain from discussions with Board members on DUR Board specific issues.

Does the DCH's Division of Medical Assistance (DMA) Pharmacy Unit routinely meet with manufacturers?

The Pharmacy Unit attempts to make sure all meetings are productive. "Meet and greet" or "introduction of transitioning staff" is preferred to be handled by e-mail or a quick phone call. The pharmacy unit does allow for 30-minute meetings with manufacturers within 10 business days after the manufacturer's drug has been discussed at the Drug Utilization Review Board Meeting to receive updated information that will enhance the decision process. Those meetings can be coordinated with Rose Duncan at 404-657-7247. Scheduled meetings should include a tentative agenda, and it is subject to the review and discretion of the Pharmacy Director.

Who would a manufacturer contact regarding consideration of possible DUR opportunities?

NorthStar Healthcare Consulting (NHC) conducts retrospective drug utilization reviews on behalf of the Department. Any manufacturer opportunities should be presented to NorthStar Healthcare Consulting for consideration. NorthStar will advise the Department on the opportunity, and DCH will make the final decision on whether to pursue or not. NHC can be contacted at GAMedicaid@nhc-llc.com or contact them at 1-(866) 356-9021.

Does Georgia Medicaid have a Supplemental Rebate program?

Yes. Georgia Medicaid has a stand alone supplemental rebate program which is administered by Goold Health Systems (GHS).

Who handles drug rebates, disputes, and invoicing?

Goold Health Systems (GHS) handles all Centers for Medicare & Medicaid Services (CMS) and supplemental rebate issues. Inquiries on these matters can be directed to:
Rossi Rowe
Goold Health Systems
garebate@ghsinc.com



Georgia Medicaid Fee-for-Service Pharmacy Program Frequently Asked Questions

I have submitted an enhanced rebate bid to Goold Health Systems (GHS). Will my drug be reviewed at the next DURB meeting?

How will the Department be notified of my enhanced bid?

Submission of an enhanced supplemental rebate bid does not qualify a drug for a review out of its normal review cycle by the DURB. Upon receiving any enhanced supplemental rebate bids, in accordance with the established guidelines, Goold Health Systems will inform DCH of the bid and notification will be sent to resubmit a bid during the next bidding cycle.

Does Georgia Medicaid make prior authorization or stepped therapy criteria available online?

Yes. Conditions for coverage can be located on the DCH web site at: www.dch.georgia.gov/pharmacy. As criteria are updated during the year, this page is also updated. Please refer to this page regularly for any changes.

Where can I find the quantity level limits established for various drugs?

The quantity level limit list is located at: www.ghp.georgia.com, > "Provider Information" > "Medicaid Provider Manuals" > "Pharmacy Services." The quantity level limits are in Appendix B of the document.

Who do I contact if I have concerns regarding the prior authorization criteria, quantity level limit, or other clinical benefit design parameters applied to my drug?

Please contact NHC via email at: GAMedicaid@nhc-llc.com or by phone at 1-(866) 356-9021. NHC will research the issue and present the issue to DCH for consideration.

Do the CMOs have to follow the FFS PDL and PA criteria?

No. Each CMO has its own PDL and associated prior authorization criteria. The preferred drug list for each Medicaid

CMO can be found as follows:

CMO	Website
AMERIGROUP® Community Care	https://www1.amerigroupcorp.com/providers/_documents/2008_pdl.pdf
Peach State Health Plan™	www.pshpgeorgia.com/pdf/en/PreferredDrugList.pdf
WellCare of Georgia®	http://georgia.wellcare.com/Resources/Documents/Providers/PharmacyServices_GA_PreferedDrugList.pdf



Georgia Medicaid Fee-for-Service Pharmacy Program Frequently Asked Questions

Where would I find more information regarding the CMO effort and CMO contact information?

Information on the three Medicaid CMO programs and their contact information can be located at: www.dch.georgia.gov > "Divisions" > "Managed Care and Quality" > "Georgia Families".

What type of drug benefit does Georgia Medicaid provide for full-benefit dual eligibles?

Members who are Medicare D eligible must get their prescriptions filled under their Medicare Part D plan. The Georgia Medicaid program does however cover some drugs excluded under the Medicare Part D legislation for these enrolled members if those drugs are included as covered under the Georgia Medicaid FFS program. More details regarding this can be found at: www.ghp.georgia.gov > "Provider Information" > "Pharmacy Services" Overview box: "View Full Text" > "Medicare Pharmacy Updates."

Does Georgia have a limit on the number of prescriptions or number of branded drugs patients can receive per month?

No. Georgia does not have such a limit.

Does Georgia Medicaid have a disease management program?

Yes. The FFS disease management program is titled "Georgia Enhanced Care." The Department utilizes two vendors, APS in the northern regions of the state and United HealthCare® in the southern regions of the state. For more information about these programs and vendor contact information, please see our website at: www.dch.georgia.gov/dma and click on "Medicaid" > "Georgia Enhanced Care."

What is the Physicians' Injectable Drug List (PIDL)?

The PIDL is a listing of drugs that are covered through the Physicians' Program when administered in the physician's office. These drugs are not processed through the outpatient pharmacy program. The coverage of these drugs is through the Physicians' Program and not a function of DMA Pharmacy Unit. Inquiries regarding the PIDL and coverage should be submitted via email to: medicalpolicy@dch.ga.gov.

What is the process for getting my drug considered for inclusion on the Physicians' Injectable Drug List?

Participating providers or manufacturers on the provider's behalf may submit written requests with supporting clinical documentation for consideration to add a non-covered injectable drug to the Physician Injectable Drug List (PIDL) directly to the Department at medicalpolicy@dch.ga.us or via US mail to:



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Georgia Department of Community of Health
ATTN: Physician Injectable Drug List
Medical Policy Unit
2 Peachtree Street, SW
37th Floor
Atlanta, GA 30303

Note: To be considered for coverage, injectable drugs must be U. S. Food and Drug Administration (FDA) approved, administered by the provider (not self-administered by the patient), and have an active CMS rebate agreement unless exempted from rebate requirements in the Social Security Act. Also, PIDL claims are processed by the Medicaid Management Information System (MMIS) vendor, ACS®, and not SXC.

Where can I find the maximum allowable amounts for injectable drugs on the Physicians' Injectable Drug List (PIDL)?

The list of maximum allowable amounts on the PIDL is located at: www.ghp.georgia.gov > "Provider Information" > "Medicaid Provider Manuals"> "View Full List" > "Physicians' Injectable Drug List." Please note that the Physicians' Injectable Drug List is not managed by the pharmacy department and further inquiries regarding this list can be directed to: medicalpolicy@dch.ga.gov.

Are there any physician-administered drugs or durable medical products which require a prior authorization through the medical or durable medical equipment programs?

Yes. Please consult the policy manuals for the Durable Medical Equipment and Physician Injectable Drug List Programs. These manuals can be found at www.ghp.georgia.gov under the "Provider Information" tab then click on "View Full List" under the "Medicaid Provider Manual" box. Both the Physician's Injectable Drug List and Durable Medical Equipment policy manuals provide this information.

How do I contact the Department regarding coverage of nutrition products and medical devices?

Please contact the Medical Policy Unit at: medicalpolicy@dch.ga.gov.

How do I get on the Georgia Medicaid list serve or is there a way to receive any new Georgia Medicaid special bulletins/Newsletters/Policy and Procedure changes, etc.?

Currently, there is no Georgia Medicaid pharmacy list serve for interested parties. News from the Department is best tracked via the following:

- The main DCH Website at www.dch.georgia.gov
- The DCH pharmacy website at: www.dch.georgia.gov/pharmacy
- The Georgia Health Partnership website which contains weekly notices to providers, policy manuals, forms, and a wealth of other information. This site is located at www.ghp.georgia.gov.



Georgia Medicaid Fee-for-Service Pharmacy Program

Frequently Asked Questions

Provider Focused Questions

What is your current provider reimbursement methodology?

FFS Medicaid reimburses the lower of:

- AWP – 11% + \$4.33 (non-profit providers) or \$4.63 (for “for profit” providers); or
- Georgia Maximum Allowable Cost (GMAC) + \$4.33 (non-profit providers) or \$4.63 (for “for profit” providers); or
- Usual and customary charge; or
- Submitted ingredient cost plus submitted dispensing fee; or
- Provider’s submitted Most Favored Nation (MFN) Rate. MFN is the lowest rate the provider has accepted from any other non-governmental payer.

What are the co-payments for FFS Medicaid recipients?

Drugs listed as “preferred” on the PDL carry a co-payment of \$0.50 for patient populations subject to patient cost-sharing requirements. Non-preferred products have a co-payment based upon DCH reimbursement to the pharmacy as follows:

DCH Reimbursement	Co-Payment
Under \$10.00	\$0.50
\$10.01-\$25.00	\$1.00
\$25.01-\$50.00	\$2.00
\$50.01 or more	\$3.00

What online services does the PBM have available to Medicaid providers?

SXC in coordination with DCH has established an on-line service at the SXC web site to provide the following:

- Weekly banner messages
- Remittance summaries
- Preferred drug list
- Prior authorization guide
- Part II policy and procedures manual
- Medicaid FFS member medication history

Providers must enroll on the SXC web site to gain access to this confidential service. Enrollment forms can be obtained at: <https://ga.providerportal.sxc.com>

How can I enroll as an in-state pharmacy provider?

Applications can be obtained at: www.ghp.georgia.gov > “Provider Information” > “Become a Provider.”

How can I enroll as an out-of-state pharmacy provider?

Providers located more than 50 miles outside the state of Georgia should complete an out-of-state provider application. Applications can be obtained at: www.ghp.georgia.gov > “Provider Information” > “Become a Provider.”



Georgia Medicaid Fee-for-Service Pharmacy Program Frequently Asked Questions

How can I check the status of my Provider application?

Go to: www.ghp.georgia.gov > "Provider Information" > "View Application Status."

Other Questions

Does DCH oversee the Public Health Division programs?

Yes, please review the scope of services under the Division of Public Health by visiting the

DCH website at www.dch.georgia.gov>Public Health

What if I have a question that is not included in this FAQ?

Go to: www.ghp.georgia.gov, select "Contact Us" in the top right corner and enter your question or submit an email to: pharmacyinquiries@dch.ga.gov . Also, the DCH Pharmacy staff will be glad to assist your telephonic inquiries at 404-656-4044.

