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## CHAPTER 25: PHARMACY BENEFITS MANAGEMENT SERVICESSECTION: TABLE OF CONTENTSPAGE(S) 11

#### PHARMACY BENEFITS MANAGEMENT SERVICES

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#### **SUBJECT**

#### **OVERVIEW**

#### **GENERAL PROGRAM INFORMATION**

*Providers should refer to Chapter 1 – General Information and Administration of the Medicaid Services Manual for additional information.* 

#### PHARMACY PROVIDER ENROLLMENT AND PARTIPATION GUIDELINES

Providers should refer to Chapter 1 - General Information and Administration of the Medicaid Services Manual for additional information on provider enrollment and requirements, including general standards of participation.

Provider Qualifications Provider Rights and Responsibilities Record Keeping Requirements Prohibition of Reassignment of Provider Claims Out-of-State Providers Provider Enrollment Medicaid Durable Medicaid Equipment/Supplies Medicare Enrollment Enrollment Process Point of Sale (POS) Enrollment Provider Record Reporting Changes Reporting the IRS

#### MEDICAID RECIPIENT ELIGIBILITY

Providers should refer to Chapter 1 - General Information and Administration of the Medicaid Services Manual for additional information on recipient eligibility.

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**Diagnosis Code Requirement** Quantity Limits on Buprenorphine-Naloxone Products Concurrent Opioid Analgesic and/or Benzodiazepine Therapies Buprenorphine Transdermal Patches (Butrans®) Carisoprodol **Contraceptive Agents** Drospirenone/Ethinyl Estradiol/Levomefolate Calcium (Beyaz®) Etonogestrel (Nexplanon®) Etonogestrel/Ethinyl Estradiol Vaginal Ring (Nuvaring®) **Oral Contraceptive Agents** Medroxyprogesterone/Acetate Injectable Norelgestromin/Ethinyl Estradiol/Transdermal Patches (Ortho-Evra®) Deferasirox (Exjade®) Recipients 2 years of age and less Recipients 2-9 years of age Recipients 10 years of age and older **Diabetic Testing Supplies** Fertility Agents Granulocyte Colony Stimulating Factor Agents (Granix®/Leukine®/Neulasta®/Neupogen®) Hepatitis C Virus Direct-Acting (DAA) Antiviral Agents Hydroxyprogesterone Caproate (Makena® Isotretinoin Ivacaftor (Kalydeco®) Ketorolac Linezolid (Zyvox®) Mosquito Repellents **Quantity Limits** Age Restriction Nicotine Transdermal Patches, Gum and Spray Omalizumab (Xolair®) Orlistat Palivizumab (Synagis®) **Respiratory Syncytial Virus Season** Age Restriction Early Refill Maximum Number of Doses Allowed Medical Reconsideration for Palivizumab (Synagis®) Palivizumab Criteria ICD-10 CM Code and Medication List Neuromuscular Disorders

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Congenital Abnormalities of the Airways Chronic Lung Disease Congenital Heart Diseases (CHD) Schedule II Narcotic Agents Fentanyl Buccal, Nasal, and Sublingual Agents **Diagnosis Code Requirement** Age Restriction Methadone Morphone ER (Avinza®) Oxycodone/Acetaminophen 7.5/325mg (Xartemis XR®) Paliperidone (Invega Trinza®) Roflumilast (Daliresp®) Short Acting Beta<sub>2</sub> Agonist Inhalers **Diagnosis Code Requirement Ouantity Limit Therapeutic Duplication** Sildenafil (Revatio<sup>®</sup>) and Tadalafil (Adcirca<sup>®</sup>) Sodium Glucose Co-Transporter 2 (SGLT2) Inhibitors and Combination Products Sodium Oxybate (Xyrem®) **Clinical Pre-authorization Therapeutic Duplication** Somatropin Suvorexant (Belsomra®) Tasimelteon (Heltioz®) Tazarotene (Tazorac<sup>®</sup>) Tedizolid Phosphate (Sivextro®) Expansion of Diagnosis Code Requirement for Selected Specialty Medications Prospective Drug Utilization Policies/Limits/Edits **Duration of Therapy Limits** H<sub>2</sub> Antagonists and Sucralfate Proton Pump Inhibitors (PPIs) Early Refill **Duplicate Drug Therapy** Pregnancy and FDA Category X Drugs Pregnancy and FDA Category D Drugs Therapeutic Duplication First Generation Antihistamine Second Generation Antihistamine First Generation Antihistamine-Decongestant

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Providers should refer to Chapter 1 – General Information and Administration of the Medicaid Services Manual for additional information on Program Integrity and Fraud and Abuse.

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#### LIST OF DRUGS PAYABLE ON DRUG FILE

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