

## **IMPORTANT NOTICE TO HEALTHCARE PROFESSIONALS PROVIDING SERVICES TO MARYLAND MEDICAID MEMBERS REGARDING HIGH COST MEDICATIONS**

Effective January 1, 2021, Maryland Managed Care Organizations will be responsible for payment for several high cost medications (listed below). These medications are expected to cost over \$400,000 annually.

**MedStar Family Choice (MFC) will require Prior Authorization (PA) for these medications regardless of place of service (i.e. PA is required in ALL outpatient AND inpatient settings). Prescribers MUST contact MFC before administration. Failure to do so will result in non-payment. Post-administration retrospective requests for authorization will not be accepted for review. WITHOUT PRIOR AUTHORIZATION, YOU WILL NOT BE REIMBURSED; NO EXCEPTIONS.**

Medications may be added to this list if a new drug receives FDA approval and is a covered Medicaid service with an expected annual cost over \$400,000. A current list of these medications will be maintained on the MedStar Family Choice website in the Pharmacy section under a section entitled "High Cost Medications."

<b>Drug Name</b>	<b>Condition</b>	<b>NDC Codes</b>	<b>J Code (if applicable)</b>	<b>Date added by MDH</b>
Abecma	Multiple myeloma	59572051501, 59572051502, 59572051503	J9999, J3490, J3590	7/13/2021
Actimmune	Chronic granulomatous disease, malignant petrosis	75987011111, 42238011112	J9216	1/1/2021
Amondys 45	Duchenne muscular dystrophy	60923027702	J3490, J3590	7/13/2021
Breyanzi	B-cell lymphoma	73153090001	J9999, J3490, J3590	7/13/2021
Cinryze	Hereditary angioedema prophylaxis	42227008105	J0598	1/1/2021
Empaveli	Paroxysmal nocturnal hemogloinuria	73606001001	J3490, J3590, C9399	7/13/2021
Evkeeza	Homozygous familial hypercholesterolemia	61755001001, 61755001301	J3490, J3590	7/13/2021
Novoseven	Hemophilia	00169720101	J7189	1/1/2021
Nulibry	Molybdenum cofactor deficiency type A	73129000101	J3490	7/13/2021
Orfadin	Hereditary tyrosinemia	66658020490	J8499	1/1/2021
Orladeyo	Hereditary angioedema prophylaxis	72769010101, 72769010201	J8499	7/13/2021



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Oxlumo	Primary hyperoxaluria type 1	71336100201	J0224	7/13/2021
Ravicti	Urea cycle disorder	75987005006	J8499	1/1/2021
Revcovi	Adenosine deaminase severe combined immune deficiency	57665000201	J3590, J3490 (unclassified biologic)	1/1/2021
Soliris	Paroxysmal nocturnal hemoglobinuria, atypical hemolytic uremic syndrome	25682000101	J1300	1/1/2021
Viltepso	Duchenne muscular dystrophy	73292001101	J1427	7/13/2021
Vimizim	Mucopolysaccharidosis type IVA (MPS IVA; Morquio A syndrome)	68135010001	J1322	1/1/2021
Spinraza	Spinal muscular atrophy	64406005801	J2326	1/1/2021
Zolgensma	Spinal muscular atrophy	see list below*	J3590	1/1/2021

\*Zolgensma NDC List: 71894011001, 71894011501, 71894012002, 71894012103, 71894012203, 71894012303, 71894012404, 71894012504, 71894012604, 71894012705, 71894012805, 71894012905, 71894013006, 71894013106, 71894013307, 71894013407, 71894013507, 71894013608, 71894013708, 71894013808, 71894013909, 71894014009, 71894014109

**Prior authorization criteria can be found at [MedStarFamilyChoice.com](https://www.MedStarFamilyChoice.com) in the Pharmacy section under the Prior Authorization Table link. Prior Authorization forms can be downloaded from [MedStarFamilyChoice.com](https://www.MedStarFamilyChoice.com) in the Pharmacy section as well.**

For questions, please contact Dr. Danielle Gerry at **410-933-2295**.