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October 20, 2017

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

### Policy Transmittal: 17-20

#### Applicable to:

- Comprehensive Long-term Care (LTC) Plan
- Managed Medical Assistance Health Maintenance Organization
- Managed Medical Assistance Provider Service Network
- Managed Medical Assistance Specialty Plan
- Children's Medical Services (CMS) Plan

#### Applicable to enrollees in:

- Managed Medical Assistance (MMA)
- Long-term Care (LTC)

### Re: Exondys 51 and Spinraza

The managed care plan must cover prescribed drug services in accordance with the terms of this contract. (Attachment II, Exhibit II-A, Section V.A.1.a.<sup>1</sup> and Attachment II, Exhibit II-A, Section V.A.1.a.(25)(d)<sup>2</sup>). The purpose of this policy transmittal is to inform the managed care plan of new requirements for coverage and payment of Exondys 51 and Spinraza.

Effective August 23, 2017, the managed care plan is not responsible for coverage and payment of Exondys 51 or Spinraza. The Agency will authorize and reimburse providers for these two drugs through the Medicaid fee-for-service (FFS) delivery system.

#### Responsibilities of the Agency

The Agency will prior authorize and process claims for Exondys 51 and Spinraza through the Medicaid FFS delivery system. The Agency has worked with its contracted pharmacy benefit manager (PBM), Magellan Medicaid Administration, Inc., to establish a process for the submission of prior authorization (PA) requests using the Agency's Miscellaneous PA form until the Agency has developed and implemented new PA forms specific to these two drugs. The Agency's Medicaid fiscal agent will process payment of authorized claims for these drugs. The Agency will develop and publish clinical criteria and submission instructions for these two drugs on the Agency's web page at

[http://ahca.myflorida.com/medicaid/Prescribed\\_Drug/pharm\\_thera\\_paforms.shtml](http://ahca.myflorida.com/medicaid/Prescribed_Drug/pharm_thera_paforms.shtml).

<sup>1</sup> The citation for the CMS plan contract is Attachment I, Section V.A.3.a.

<sup>2</sup> The citation for the CMS plan contract is Attachment I, Section V.A.3.a.(25)



Responsibilities of the Managed Care Plan

The managed care plan must inform its network providers of the new process to request PA and submit claims for Exondys 51 and Spinraza. The managed care plan must train its help desk staff and prior authorization reviewers to answer questions regarding the changes in prior authorization and billing requirements. The managed care plan must submit requests it receives hereafter for all initial or ongoing PA of Exondys 51 and Spinraza to Magellan Medicaid Administration, Inc. via fax at 1-877-614-1078. Once the Agency has published clinical criteria, the managed care plan may include a link on its website to the Agency's clinical criteria for Exondys 51 and Spinraza.

Although the managed care plan is not responsible for coverage and reimbursement of Exondys 51 and Spinraza, the managed care plan must continue to provide coordination of care to its enrollees, in compliance with the contract (Attachment II, Exhibit II-A, Section V.E.4.g.<sup>3</sup>).

If you have any questions, please contact your Agency contract manager at (850) 412-4004.

Sincerely,

A handwritten signature in blue ink that reads "Eucan Hoyal Thomas" with "for" written below it.

Shevaun Harris  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

SH/sr

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<sup>3</sup> The citation for the CMS plan contract is Attachment I, Section V.E.4.g.