SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

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# MEDICAID BULLETIN

**TO:** **All Providers of Physician-Administered Drugs**

**SUBJECT:** **Changes to Administrative Review Procedures of Select Physician-Administered Drugs**

Effective March 1, 2020, the South Carolina Department of Health and Human Services (SCDHHS) will implement the changes described below for select physician-administered drugs.

SCDHHS contracts with a designated quality improvement organization, KEPRO, for utilization review and prior authorization services. Providers serving Medicaid fee-for-service beneficiaries must receive prior authorization from KEPRO for the following limited list of physician-administered drugs:

| Q1 2020 | | | |
|---|---|---|---|
| **KEPRO Gateway Drugs** | **Drug Name** | **KEPRO Gateway Drugs** | **Drug Name** |
| 90378 | Synagis | Q5107 | Mvasi (biosimilar) |
| J0222 | Onpattro | Q5106 | Retacrit (biosimilar) |
| J9119 | Libtayo | Q5114 | Ogivri (biosimilar) |
| J1303 | Ultomiris | Q5112 | Ontruzant (biosimilar) |
| J0517 | Fasenra | Q5113 | Herzuma (biosimilar) |
| J2786 | Cinqair | Q5116 | Trazimera (biosimilar) |
| J2182 | Nucala | Q5111 | Udenyca (biosimilar) |
| J3398 | Luxturna | Q5108 | Fulphila (biosimilar) |
| J9173 | Imfinzi | Q5110 | Nivestym (biosimilar) |
| J9145 | Darzalex | Q5103 | Inflectra (biosimilar) |
| J2357 | Xolair | Q5104 | Renflexis (biosimilar) |
| J9395 | Faslodex | Q5109 | Ixifi (biosimilar) |
| J9047 | Kyprolis | | |
| J9205 | Onivyde | | |
| J1322 | Vimizim | | |
| J2350 | Ocrevus | | |
| J9023 | Bavencio | | |
| J9022 | Tecentriq | | |
| J0584 | Crysvita | | |

For treatment requests, the Administrative Medication Review (AMR) Authorization Form must be submitted to KEPRO, via fax at (855) 300-0082 and must include supporting medical documentation in order for providers to receive Medicaid reimbursement. Authorization or denial to utilize the physician-administered drug will then be determined with the final deliberation communicated to the provider by KEPRO**. Failure to obtain approval prior to the provision of services may result in a claim denial**.

A copy of the AMR Authorization Form is included with this bulletin and may be found at https://scdhhs.kepro.com/content/forms.aspx.

Questions regarding this authorization process can be directed to KEPRO at 855-326-5219. Providers with other questions regarding this bulletin should contact the SCDHHS provider service center at 888-289-0709.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

Joshua D. Baker
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