

## Transition of the Pharmacy Benefit from Managed Care to Fee-for-Service

Applies to: Healthfirst Medicaid and Personal Wellness Plan (PWP)

Effective **May 1, 2021**, at the direction of the New York State Department of Health (NYSDOH), Medicaid Managed Care (MMC) plans will move the pharmacy benefit into the NYS Fee-for-Service (FFS) program. **To prepare for this change, on March 1, 2021, Healthfirst will transition select physician-administered drugs paid under the pharmacy benefit to the Healthfirst medical benefit.**

The physician-administered drugs listed below will no longer be paid under the pharmacy benefit for Medicaid and Personal Wellness Plan (PWP) members. These specific medications must be obtained through the Healthfirst medical benefit after **March 1, 2021**. These medications can be obtained via the “buy and bill” process. Additionally, Healthfirst has partnered with Accredo and OptionCare pharmacies that can bill via the medical benefit for the following (✓) products.

Please refer to the **Medications Requiring Prior Authorization Under the Healthfirst Medical Benefit** document to view prior authorization requirements before providing the service and submitting the claim. This document can be accessed at [hfproviders.org](https://www.healthfirst.org/hfproviders.org), under the Pharmacy Resources & Formularies section of Provider Resources. We encourage you to review this list often, as it is updated regularly.

### Contact Information

- **Accredo**  
[ePrescribe](#)  
[Fax](#)  
Toll Free: **1-866-759-1557**
- **OptionCare**  
Phone: **1-718-961-1634**  
Toll Free: **1-800-691-9979**  
Fax: **1-718-762-8741**

# Provider Alert

## Physician-Administered Drugs

The following medications must be obtained through the Healthfirst medical benefit after March 1, 2021.

Product/Drug Label Name	Code	Accredo	OptionCare
ABRAXANE	J9264	✓	✓
ALIMTA	J9305	X	✓
AVASTIN	J9035	✓	✓
DACTINOMYCIN	J9120	X	✓
DECITABINE	J0894	✓	✓
ERBITUX	J9055	✓	✓
FIRMAGON	J9155	✓	✓
FULVESTRANT	J9395	X	✓
GRASTEK	J3590	X	✓
HALAVEN	J9179	✓	✓
HEPARIN LOCK FLUSH	J1642	X	✓
HYDROXYPROG INJ	J1726	✓	✓
HYDROXYPROGESTERONE CAPRO	J1729	X	✓
HYPERRHO S/D	90384	X	✓
	90385		
	J2788		
	J2790		
MIRENA	J7298	Buy and Bill*	
NULOJIX	J0485	✓	✓
ODACTRA	J3590	X	✓
OXALIPLATIN	J9263	X	✓
PALONOSETRON HYDROCHLORID	J2469	X	✓
PARAGARD INTRAUTERINE COP	J7300	Buy and Bill*	
PROLIA	J0897	✓	✓
RAGWITEK	C9399	X	✓
	J3590		
RHOGAM ULTRA-FILTERED PLUS	90384	X	✓

# Provider Alert

SKYLA	J7301	Buy and Bill*	
SOLIRIS	J1300	✓	✓
TESTOPEL	J3490 S0189	X	✓
TICE BCG	J9030	X	✓
TOPOTECAN	J9351	X	✓
TOPOTECAN HCL PO	J8705	X	✓
TRELSTAR	J3315	X	✓
VECTIBIX	J9303	✓	✓
VELCADE / VELCADE SDV 3.5MG	J9041	✓	✓
XOLAIR	J2357	✓	✓
YERVOY / YERVOY VIA 50MG	J9228	✓	✓
✓ Available X Not available *Healthcare provider purchases, stores, and then administers product to member. Medical claim is submitted to Healthfirst after provider has purchased and administered the drug.			

If you have any questions, contact your Network Account Manager, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

Coverage is provided by Healthfirst PHSP, Inc.