Pharmacy News and Views

Preferred Drug List (PDL) Implementation Issues

Implementation of the PDL for most of the widely utilized drug classes is nearly complete. However, the process of maintaining and updating the PDL is ongoing. The following are reminders of some aspects of the PDL process that should be noted.

Not All Generics are Preferred

In order for the State to benefit from the PDL, in some instances, some generic equivalents of the brand name drugs are non-preferred because they are NOT less costly than their branded counterparts. Many times this occurs when the generic form of the drug is a newly approved version and usually maintains a relatively high cost. Therefore, when manufacturer rebates are taken in consideration, the brand name drug becomes less costly to the State.

The generic non-preferred exceptions are as follows:

Non-Preferred Generic	Status of Equivalent Brand
bupropion SR	Wellbutrin SR *(Non-Preferred)*
mirtazapine soltab	Remeron Soltab *(Preferred)*
nefazodone	Serzone *(Non-Preferred)*
omeprazole	Prilosec *(Non-Preferred)*
oxycodone ER	OxyContin *(Non-Preferred)*

"Grandfathering" Patients in Certain Therapeutic Classes

The use of medications included in certain therapeutic drug classes requires a patient's drug regimen to be delicately balanced. Introduction of a new drug, other than the one historically prescribed, could cause adverse effects. The P & T Committee considered select therapeutic classes for "grandfathering" existing drug regimens. Therefore, if a patient is on a specific drug within these classes for the last 90 days, there would be no requirement for the prescriber to obtain preauthorization.

Pharmacists are to process (submit a claim on-line) and allow the point-of-sale system to determine if the patient has been receiving the non-preferred prescribed drug. Pharmacists are <u>not</u> to presume that the prescribed non-preferred drug requires the prescribers' preauthorization and deny the prescription before processing.

Contents

Pharmacy News and Views is now on the Web

A copy of this newsletter and the previous editions of the *Pharmacy News and Views Newsletter* can now be found on the HealthChoice Managed Care Organization website at *www.mdmahealthchoicerx.com.* The newsletter can be found under the Provider Information tab.

STATE OF MARYLAND
DHMH

Preferred Drug List
Continued

Allow the point of sale system to determine if preauthorization is required.

The following therapeutic classes are "grandfathered":
- Antidepressants (SSRIs)
- Antidepressants, Other
- Phosphate Binders (Electrolyte Depleters)
- Stimulants and Related Agents

Exceptions to the 3-Day Emergency Preauthorization Requirements: Antibiotics and Single Use/One Time Units

PDL regulations allow for a 3-day emergency supply for non-preferred drugs when the prescriber cannot be reached. The pharmacist may obtain prior approval for the emergency supply. Within the 3-days authorized, the prescriber is to be contacted so that a preauthorization can be obtained for the remainder of the prescription and/or for future prescriptions for a preferred drug. However, certain drug products do not lend themselves to follow-up by the prescriber because the prescription itself is for a limited time, (e.g. antibiotic therapy) or is a single use device, (e.g. inhaler, ointment or cream) or packaged in one time units, (e.g. multiple day patches), etc.

If the prescriber is unable to be reached and the prescription is for antibiotic therapy or single use one time units, the preauthorization obtained by the pharmacist from the First Health Services Corporation Call Center will have a preauthorization end date equal to the approximate length of time for use of the product.

Step Therapy: PhosLo (Calcium Acetate) – Renagel (Sevelamer)

The P & T Committee determined that PhosLo should be prescribed as initial therapy for hyper-phosphatemia. If calcium levels increase and cannot be controlled, the non-preferred Renagel should be prescribed and preauthorization is required. However, the prescriber is not required to obtain preauthorization if PhosLo has been prescribed (as the first step) within the previous 90 days. Also, if patients have been on Renagel within the last 90 days, they may remain on Renagel ("grandfathered") and preauthorization is not required. The point-of-sale system will determine if there has been prior use of PhosLo or Renagel within the past 90-day period and will determine if the preauthorization is required.

For The Recipient
Full consideration for the recipient continues to be a top priority. The prescriber and pharmacist are encouraged to review the available options for drug therapy within the Preferred Drug List. Recipients having problems obtaining prescribed medications from the pharmacy may call the Maryland Pharmacy Access Hotline at 1-800-492-5231 (then select option 3). If you (the pharmacy) have any questions, contact the Department at 410-767-1455.

For Additional Information
To obtain current and additional information about the Maryland Preferred Drug List, please feel free to visit the following websites:
- *Department of Health and Mental Hygiene*
  http://www.dhmh.state.md.us/
  mma/mpap
- *Provider Synergies*
  http://providersynergies.com
- *First Health Services Corporation*
  http://mdmedicaidrx.fhsc.com

Medicaid Coverage for Over-the-Counter (OTC) Antihistamines

Maryland Pharmacy Program regulations allow coverage for any nonlegend drug determined by the Program to be cost effective. Minimally sedating antihistamines are the first class of over-the-counter preparations for which prescriptions will be covered by this provision. The P & T Committee has recommended that over-the-counter minimally sedating antihistamines, along with legend Zyrtec Syrup be placed on the Preferred Drug List. Conversely, the legend minimally sedating antihistamines (Allegra, Clarinex, legend Claritin and other forms of Zyrtec) are not on the list and will require preauthorization. The Program requires the same original signed prescription order for OTC orders as legend products. These changes were effective May 19, 2004.

Maryland AIDS Drug Assistance Program (MADAP) and Breast and Cervical Cancer Program Going On-Line

First Health Services Corporation began processing claims for MADAP on May 5, 2004 and Breast and Cervical Cancer patients on June 16, 2004. Pharmacies will be contacted in the near future for instructions on claims submission processes.

Telephone Numbers, Websites, and Contact Information

First Health

First Health ProDur Help Desk	1-800-884-7387	First Health Technical Help Desk	1-800-884-3238
First Health PDL PA Phone	1-800-932-3918	First Health PDL PA Fax	1-800-932-3921

Managed Care Organizations Pharmacy Benefits Manager or MCO Contact

AMERIGROUP Corporation	1-800-454-3730	Maryland Physicians Care	1-800-953-8854
Diamond Plan for Coventry Health Care	1-877-215-4100	Priority Partners	1-888-819-1043
Helix Family Choice	1-800-905-1722	United HealthCare	1-800-922-1557
Jai Medical Systems, Inc.	1-800-213-5640		

HealthChoice (MCO) Inquiries/Complaints

Provider Hotline	1-800-766-8692	Recipient Hotline	1-800-284-4510

Eligibility Verification System (EVS)

410-333-3020 (Balto Metro) or 1-800-492-2134 (Available 24 hours a day/ 7 days a week)

Main Department Numbers

Department of Health and Mental Hygiene	1-877-4MD-DHMH
Division of Pharmacy Services	1-877-4MD-DHMH, x71455, or 410-767-1455
Division of Eligibility Services (Pharmacy Only)	1-800-226-2142 or 443-263-7090
Pharmacy/Nutritional Preauthorization Line	1-800-492-5231 Option 3 or 410-767-1755
Growth Hormone/Synagis Preauthorization Line	1-800-492-5231 Option 3 or 410-767-1755
Pharmacy Access Hotline for recipients	1-800-492-5231 Option 3 or 410-767-5800

Miscellaneous Numbers

AIDS Administration	1-800-205-6308	MD AIDS Drug Assist. Program	410-767-6535
Dental, Audiology and Vision	410-767-1485	Medicaid, Mental Health	410-767-1442
Department of Veterans Affairs	1-877-222-8387	Paid Claim Status	410-767-5987
DME/DMS	410-767-1739	Pharmacy Assist. Eligibility	1-800-226-2142
HealthChoice Enrollee Act. Line	1-800-284-4510	Pharmacy Assistance Policy	410-767-1455
Free-Standing Clinics	410-767-1489	Physician Services	410-767-1722
First Call for Help	1-800-492-0618	Provider Enrollment	410-767-5340
Hospital Services	410-767-1722	Provider Relations	1-800-445-1159 ext 5503
Kidney Disease Program	410-767-5000	Transportation	410-767-1436
MED Bank of Maryland	410-821-9262 - *This number is for physicians only.*		

Newsletter Website and Contact Information

DHMH Website	*http://www.dhmh.state.md.us/*
HealthChoice Website	*http://www.dhmh.state.md.us/mma/healthchoice/*
HealthChoice MCO Formulary Website	*http://www.mdmahealthchoicerx.com/*
Maryland Pharmacy Program	*http://www.dhmh.state.md.us/mma/mpap/*
First Health Website	*http://mdmedicaidrx.fhsc.com/*
Provider Synergies Website	*http://www.providersynergies.com/pages/medicaid_maryland_pdl.html*

For comments to help improve this newsletter please contact Health Information Designs, Inc. at 443-260-2555 or toll free 1-866-260-2555, or e-mail to *mdmahealthchoicerx@hidinc.com.*

Preventing Medication Errors

According to the Food and Drug Administration (FDA) medication errors cause at least one death every day and injure approximately 1.3 million people annually in the United States. Medication errors can occur anywhere in the drug distribution system, including:

- Prescribing
- Packaging or repackaging
- Dispensing
- Administering
- Monitoring

Definition of a Medication Error

The National Coordinating Council for Medication Error and Prevention (NCCMERP) has approved the following as its working definition of medication error "... any preventable event that may cause or lead to inappropriate medication use or patient harm, while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems including: prescribing; order communication; product labeling, packaging and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use".

The American Hospital Association lists the following as some common causes of medication errors:

- ✓ Incomplete patient information (not knowing about patients' allergies, other medicines they are taking, previous diagnoses, and lab results).
- ✓ Unavailable drug information (such as lack of up-to-date warnings).

- ✓ Miscommunication of drug orders, which can involve poor handwriting, confusion between drugs with similar names, misuse of zeroes and decimal points, confusion of metric and other dosing units, and inappropriate abbreviations.
- ✓ Lack of appropriate labeling as a drug is prepared and repackaged into smaller units.
- ✓ Environmental factors, such as lighting, heat, noise, and interruptions that can distract health professionals from their medical tasks.

What We Can Do In Our Daily Practice

Pharmacists can help reduce the number of medication errors by evaluating our daily practices.

- ✓ Request and obtain patient-specific information (height, weight, age, allergies).
- ✓ Prohibit use of jargon and misspelling of product names. Clarify with prescriber.
- ✓ Verify and include amount of product to be provided on prescription.
- ✓ Prohibit use of abbreviations for drug names.
- ✓ Separate or secure high-risk or hazardous substances.

- ✓ Evaluate location of medication stock and inventory method, separate ophthalmic, otic, inhalation and injectables from standard oral dosage form inventory.
- ✓ Routine inspections for expiration dates on products.
- ✓ Use reminders and redundancy in the prescription checking and labeling process.
- ✓ Assure consistent method for final check of product; consider routine use of two-person check for any dispensed prescription. Final check process should include a comparison of prescription order to product, patient profile and label.
- ✓ Ensure patient receives counseling regarding the safe and effective use of each prescribed medication and include both oral and written information.
- ✓ Assess patient's level of understanding of medication information provided.

To find out more visit the website for the Institute for Safe Medication Practices (ISMP) *http://www.ismp.org* or to report a medication error use the FDA MedWatch form available at *http://www.fda.gov/medwatch/index.html*.

Managed Care Organization (MCO) and Pharmacy Benefit Manager (PBM) Contact Information

The following charts (page 5 and 6) contain contact information for the MCOs who administer the HealthChoice Program. As you are aware each MCO has its own drug formulary. Patients are entitled to obtain at least a 72-hour emergency supply of non-formulary medications to provide for medication while the non-formulary request is being processed. Information is provided on how to obtain emergency supplies of non-formulary medications from each of the MCOs. Contact numbers for the PBMs are also provided to assist with prior authorization calls and questions regarding specific drug claims.

Maryland Medical Assistance • HealthChoice Program
Non-Formulary Emergency Supply Policies and Procedures for Managed Care Organizations

Managed Care Organization (MCO)	Number for pharmacist to call Pharmacy Benefit Manager (PBM) or MCO contact	Hours of operation for PBM or MCO	Procedure for pharmacy to follow when physician unavailable and recipient's prescription is written for a non-formulary medication.
AMERIGROUP Corporation	AMERIGROUP Medical Management 1-800-454-3730 24 hour Nurse is available, select option 2	Pharmacy Technicians Mon - Fri 8:00am-7:00pm 24 hour nurse	In the event that a medical exception is needed, and the prescriber is unavailable, the pharmacist may receive an authorization to dispense a 72-hour supply by contacting AMERIGROUP Medical Management.
Diamond Plan from Coventry Health Care	Diamond Plan Authorization Unit 1-877-215-4100	Mon - Fri 8:00am-5:00pm, except holidays	If the physician cannot be contacted, the pharmacist is authorized to dispense a 72-hour emergency supply of medication to an eligible Diamond Plan HealthChoice member.
Helix Family Choice	AdvancePCS 1-800-345-5413 Helix 410-933-2200 or 1-800-905-1722	Mon – Fri 7:00am-10:00pm Sat 8:00am-8:00pm Sun 9:00am-6:00pm Helix M-F 8:30am-4:30pm	If the physician is unavailable, the pharmacist should contact PCS to obtain an override. Up to a 72-hour supply of the requested medication may be dispensed to an eligible Helix Family Choice Member.
Jai Medical Systems, Inc.	Scrip Solutions 1-800-213-5640	Scrip Solutions Customer Service, 24 hours – 7 days per week	In an emergency situation, where the physician cannot be contacted, the pharmacist is authorized to dispense a 72-hour emergency supply of medication, unless the medication is classified as a DESI, LTE or specifically excluded drug category product.
Maryland Physicians Care	Maryland Physicians Care Prior Authorization Unit 1-800-953-8854, select option 2	24 hours – 7 days per week	If the physician is unavailable, the pharmacist will notify the Maryland Physicians Care PA unit and fill the prescription for the maximum number needed until the next business day up to a maximum of 72 hours.
Priority Partners	Priority Partners 1-888-819-1043, AdvancePCS 1-800-345-5413	Priority Partners Pharmacy Coordinator, Mon – Fri 8:00am-5:00pm except holidays	In the event the precertification unit is closed, or the pharmacist cannot reach the physician, the pharmacist may dispense up to a 96-hour supply of the requested medication to an eligible Priority Partners member.
United HealthCare	Medco Health 1-800-922-1557	24 hours – 7 days per week	United HealthCare allows a Temporary Coverage Override (TCO) option for most non-preferred and prior authorization medications on a one-time per prescription basis. The TCO option allows up to a 5-day supply. Pharmacists can follow these steps to process a claim: • Enter "01= Prior Authorization" in the Prior Authorization Type field • Plus the code (normally 11111) in the Prior Authorization Number field It is important the day supply entered on the claim does not exceed the 5-day supply or it will reject. Pharmacists are asked to call United's Pharmacy Services Help Desk toll-free at 1-800 922-1557 for questions on the TCO process.

ELIGIBILITY ISSUES: Call the Eligibility Verification System (EVS) 410-333-3020 or 1-800-492-2134 (Available 24 hours/7 days)
Provider inquiries/complaints – HealthChoice Provider Hotline 1-800-766-8692
Recipient inquiries/complaints – HealthChoice Enrollee Action Line 1-800-284-4510
Division of Pharmacy Services - Updated March 2004

Maryland Medical Assistance • HealthChoice Program
Pharmacy Benefit Managers Phone Numbers for Managed Care Organizations

Managed Care Organization (MCO)	Pharmacy Benefit Manager	Hours of Operation for Pharmacy Benefit Manager	Phone Number for Pharmacy Providers	Phone Number for Physician Providers
AMERIGROUP Corporation	AdvancePCS L.P.	Mon – Fri 7:00am - 10:00pm Sat 8:00am - 8:00pm Sun 9:00am - 6:00pm	1-800-345-5413	AMERIGROUP Medical Management 1-800-454-3730 Mon – Fri 9:00am – 5:00pm*** 24 hour Nurse is available
Diamond Plan from Coventry Health Care	Caremark, Inc.	24 hours – 7 days a week	1-800-421-2342	Diamond Plan Prior Authorization Unit 1-877-215-4100 Mon – Fri 8:00am – 5:00pm
Helix Family Choice (MedStar Physician Partners)	AdvancePCS	Mon – Fri 7:00am - 10:00pm Sat 8:00am - 8:00pm Sun 9:00am - 6:00pm	1-800-345-5413	Helix Family Choice 410-933-2200 or 1-800-905-1722 Mon – Fri 8:30am – 5:00pm***
Jai Medical Systems, Inc.	Scrip Solutions	24 hours – 7 days a week	1-800-213-5640	1-800-762-2299
Maryland Physicians Care	Express Scripts, Inc.	7:00am - 7:00pm	1-877-776-8735	1-877-776-8735
Priority Partners	AdvancePCS	Mon – Fri 7:00am - 10:00pm Sat 8:00am - 8:00pm Sun 9:00am - 6:00pm	1-800-345-5413	Priority Partners 1-888-819-1043 8:00am – 5:00pm***
United HealthCare	Medco Health	24 hours – 7 days per week	1-800-922-1557	Physician Prior Authorization Phone Unit 1-800-310-6826 24 hours – 7 days per week

*** Per PCS they only handle calls from pharmacists, therefore, MCO information has been included for physician questions.

ELIGIBILITY ISSUES: Call the Eligibility Verification System (EVS) 410-333-3020 or 1-800-492-2134 (Available 24 hours/7 days)
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Polypharmacy and Multiple Prescribers

Adverse events related to the use of multiple medications by patients, commonly referred to as polypharmacy, can have serious consequences, especially for those patients at increased risk for poor outcomes, such as the elderly or those with chronic disease. The use of multiple medications by patients, when prescribed by multiple providers, is of greatest concern since some physicians may be unaware what medications other physicians are prescribing. The use of multiple prescribers is also a warning sign of potential abuse when multiple prescribers are utilized by patients to obtain prescriptions for controlled substances.

The Maryland Medicaid Drug Utilization Review Board in conjunction with the Maryland Pharmacy Program continues to monitor recipient drug utilization and problems associated with polypharmacy through the Retrospective Drug Utilization Review Program. Recently educational intervention letters were mailed, alerting providers of patients who were receiving controlled substances from multiple prescribers and pharmacies. In the future additional educational intervention letters will be mailed to prescribers and pharmacists which address problems associated with polypharmacy. Pharmacists play a key role in helping to prevent adverse outcomes and abuse associated with polypharmacy, especially when multiple prescribers are involved. Listed are some things that you can do in your daily practice to help prevent adverse outcomes associated with polypharmacy:

- Identify patients utilizing multiple prescribers.
- Help patients identify a primary care physician if they do not have one already to coordinate their medication regimen if patients see several specialists.
- Help patients to understand what medications they are taking and why.
- Ask patients what over-the-counter medications and vitamins or herbal products they take on a regular basis.
- Identify those patients who seem to be taking medications to treat adverse effects related to other medications.
- Identify those patients who may have vision or hearing problems and may have difficulty understanding what medications to take and when.
- Alert prescribers when it appears that patients may be utilizing multiple prescribers to obtain controlled substances.

Change in Co-Payments for Maryland Pharmacy Program

*As of July 1, 2004 co-payments for the Maryland Pharmacy Program will be revised.
Please see the following chart for the current co-payment information.*

Maryland Pharmacy Program Co-Payment Amounts (Effective July 1, 2004)

	Medicaid*	Pharmacy Assistance	Pharmacy Discount Program
Eligibility	Categorical Welfare Program	Recipients between 100% to 115% of poverty	Medicare eligible beneficiaries who are from 116% to 175% above poverty
Co-Payment For Preferred Or Generic Drug	$1.00	$2.50	65%
Co-Payment For Non-Preferred Or Branded Drug	$2.00	$7.50	65%
If Patient Is Unable To Pay	Pharmacy must dispense*	Pharmacy may refuse to dispense	Pharmacy may refuse to dispense

* Federal law requires pharmacies to not deny services if the Medicaid recipient is unable to pay. There is no co-payment for Medicaid recipients under the age of 21, institutionalized individuals, nor pregnant women. There is no co-payment for family planning drugs and devices.

The Medicare Prescription Drug, Improvement and Modernization Act

The new Medicare drug discount benefit coverage began June 1, 2004. Medicare eligible patients who do not currently have Medicaid drug coverage or coverage through the Maryland Pharmacy Assistance Program or the Maryland Pharmacy Discount Program, can apply for a pharmacy discount card.

Make sure your Maryland Pharmacy Assistance Program and Maryland Pharmacy Discount Program patients realize that their current drug benefit is much more comprehensive than the Medicare pharmacy discount card programs. The Maryland Pharmacy Assistance Program offers all Medicaid covered generic and preferred drugs for a $2.50 co-pay and non-preferred drugs for $7.50. The Maryland Pharmacy Discount Program allows patients to purchase any Medicaid covered drug at 65% of the Medicaid negotiated price.

The Medicare pharmacy discounts may be 10% to 30% off retail pricing.

Medicare patients with no other prescription drug coverage may also be eligible for a $600 credit to help pay for prescriptions. To help Medicare patients find the card that is right for them go to *http://www.medicare.gov/* for more information. ℞

Reinstatement of the Corrective Managed Care Program

The Maryland Medicaid Program has plans under development to reinstate the Recipient Lock-In Program. The Program, entitled the Corrective Managed Care Program, is being developed to coordinate the provision of health care services for the fee-for-service population where recipients abuse or misuse Medicaid benefits by seeking duplicate or medically unnecessary services from multiple prescribers and pharmacies. If recipients are selected for inclusion in the Program, they would be limited to receive all of their medications from one selected pharmacy and restricted to one primary care physician. Coordination of recipient health care services is intended to improve the quality of care for the recipient and reduce unnecessary physician and pharmacy utilization while ensuring reasonable access to necessary Medicaid services. Plans include screening of recipients who may be appropriate for inclusion in the Program during the Fall of 2004. ℞

All Medicaid Program information and updates featured
in this issue of *"Pharmacy News and Views"*
are the best information available at the time of printing.
Any updates that became effective after the date of printing
will be included in the next issue of our newsletter.