Maryland Medicaid Pharmacy Program

Pharmacy News & Views

July 2007

Maryland Department of Health and Mental Hygiene / *Office of Operations, Eligibility and Pharmacy*

Emergency Supplies/Prior Authorization

This is a reminder that all Maryland Medicaid HealthChoice Managed Care Organizations (MCOs) and the Maryland Medicaid Pharmacy Program fee-for-service cover up to a 72-hour emergency supply for medications that are non-formulary, non-preferred or for those that require prior authorization. There are, however, a few exceptions where clinical criteria apply. The following are examples of when a 72-hour supply of medication should be supplied to recipients:

- ✔ An MCO recipient presents a prescription order for a non-formulary medication or one that requires prior authorization, and the prescriber cannot be contacted to determine if he or she would like to change the prescription to a formulary medication.
- ✔ Any recipient (MCO or fee-for-service) who is awaiting prior authorization for a prescription order that requires prior authorization from the MCO or the MCO's Pharmacy Benefit Manager or the Maryland Medicaid Pharmacy Program.
- ✔ A fee-for-service recipient who presents a prescription order for a non-preferred drug and the prescriber cannot be contacted to determine if he or she would like to change the prescription to a preferred drug.
- ✔ Any recipient (MCO or fee-for-service) who presents a prescription order for a non-preferred mental health drug and the prescriber cannot be contacted to determine if he or she would like to change the prescription to a preferred drug.

Procedures to follow when dispensing an emergency supply of medications to MCO recipients can be found at *www.marylandmedicaidpharmacyinformation.com* under the "HealthChoice MCO Information" tab. For fee-for-service claims, when the prescriber cannot be contacted, the pharmacist is to call the preauthorization call center at 1-800-932-3918 to obtain approval for a 72-hour emergency supply of the non-preferred drug. Within the 72-hour window, the prescriber is to be contacted. The pharmacist will receive a $3.69 dispensing fee for the 72-hour supply and the recipient will not be charged a co-pay.

Please make every effort to assist patients and prescribers with the prior authorization process. If at all possible, do not have patients leave the pharmacy without an emergency supply of medication, especially in cases where transportation to and from the pharmacy may be an issue.

Preferred Drug List

The Maryland Medicaid Pharmacy Program Preferred Drug List (PDL) is available at the following website: *http://www.dhmh.state.md.us/mma/mpap*. The current PDL will be in effect until October 1, 2007. The next Pharmacy and Therapeutics (P&T) Committee meeting is scheduled for August 9, 2007. At that time, the preferred status of some agents may be changed based on the recommendations of the Maryland Medicaid P&T Committee. Changes to the preferred status of drugs recommended at the August P&T Committee meeting will not take effect until October 2007. If non-preferred medications are ordered, please let prescribers know which agents are preferred. If non-preferred agents are clinically indicated, they may be requested by calling 1-800-932-3918.

Continuing Education

An article titled "Type 2 Diabetes: Preventing Complications with Drug Therapy," has been approved by the Maryland Board of Pharmacy for 2.0 continuing education (CE) credit hours. Go to *www.marylandmedicaidpharmacyinformation.com* to review the article and find instructions for completing the post test to obtain CE credits.

In This Issue

Coordination of Benefits

Some Medicaid recipients may have prescription drug coverage from one or more third-party payers. Medicaid is always the payer of last resort. A provider must submit and secure payment or denial of a claim from all other liable insurance parties before the claim can be submitted to Medicaid. This process is called *Coordination of Benefits*.

A pharmacy may encounter difficulties in submitting a claim when recipients lose eligibility or change coverage with a third-party payer and fail to report this information to Medicaid. In such cases, it would be helpful if the pharmacy would advise those recipients to notify Medicaid at 410-767-5075 or 410-767-1773 of the change in coverage.

If after filing a Medicaid claim, a denial message is received that other insurance is available and the recipient denies having other prescription drug coverage, please call the Medicaid claims processor, ACS, at 800-932-3918 for assistance. ACS will be able to help you in the event that the other insurance is no longer active or there is a change in the third party payer. If there does not appear to be other third-party insurance, ACS will grant a one-time override on the submitted claim(s). The reason for the one-time override is to allow sufficient time for the recipient's history file to be updated.

ACS is also available to assist if you experience difficulty handling the co-pay adjustment once a third party has adjudicated a claim and a co-payment is due from Medicaid. The recipient is only responsible for paying the Medicaid co-payment amount, regardless of the reimbursement received from the primary insurance carrier(s). In any case, ACS should be called for assistance in processing Coordination of Benefits.

Over-The-Counter Plan B® Coverage

The Maryland Medicaid Pharmacy Program covers over-the-counter (OTC) Plan B® for recipients age 18 and older. Recipients 17 years of age and under will still be required to have a physician's prescription order. Claims for OTC Plan B® may be submitted in much the same manner as other OTC contraceptives. In place of using a physician's DEA number, fill in the prescriber's DEA number field with the DEA number of the pharmacy. This is the one exception to the rule that a physician's DEA number must be used for the claim to be acceptable. Legend Plan B® will continue to be covered as it has in the past. There is a limit of one Plan B® prescription every three months.

All of the HealthChoice MCOs cover Plan B® as well. Some require a prescription and others do not. Please see the chart on page 4 which describes MCO Plan B® Coverage.

Clinical Criteria for Cymbalta®

Although Cymbalta® is considered "Preferred," the following clinical criteria will apply:

- No prior authorization will be required if a recipient has a diagnosis of diabetes or a history of receiving hypoglycemic agents within the past 90 days.
- Recipients currently receiving Cymbalta® for any diagnosis are grandfathered and may continue on Cymbalta®.
- Clinical prior authorization is required for the treatment of major depressive disorder unless a recipient has had an 8-week trial of an SSRI (e.g. citalopram, fluoxetine, fluvoxamine paroxetine, Lexapro®, Paxil® CR, Pexeva®, etc.).
- Quantities for all strengths are limited to 68 in a 34-day period.

To ensure patient safety, a 2-week trial of 60mg per day dose is required before a 120mg per day regimen will be authorized. *(According to the labeling, there is no evidence that doses greater than 60 mg/day confer any additional benefits. Also, the increased dosage may pose an increased risk of hepatotoxicity.)*

Clinical Criteria for Strattera®

Strattera® is a Tier Two product on the Preferred Drug List for recipients age 17 and under. If there is no history of use of Strattera® or a Tier One agent in the recipient's most recent 90-day drug history, Strattera® will require a preauthorization. However, Strattera® claims may be adjudicated without a preauthorization based upon the following exceptions:

- Strattera® is considered a mental health drug, and therefore, grandfathered for all recipients who are currently receiving it.
- If a claim for Strattera® is submitted and the recipient (age 17 and under) has had a history of receiving a Tier One Agent within the previous 90-day period, the claim will adjudicate without a preauthorization.
- If the recipient is age 18 and over, the claim will adjudicate without a preauthorization.

Maryland Medicaid Pharmacy Program Online Resources

There are several websites maintained to assist you in serving the Maryland Medicaid Pharmacy Program.

■ Find past newsletters, continuing education courses, and links to MCO formularies at *www.marylandmedicaidpharmacyinformation.com.*

■ Find Prior Authorization forms, policies, clinical criteria, Preferred Drug List, and past Advisories at *www.dhmh.state.md.us/mma/mpap.* Translations of this site are offered in five languages.

■ Find instructions for preparing POS claims, payer sheet, provider manual, formularies, forms and contact information at *www.mdrxprograms.com.*

National Provider Identification (NPI) Numbers

Effective July 30, 2007

■ Only the pharmacy NPI number will be accepted for pharmacy claims.

Physician DEA number on pharmacy claim

■ Until further notice continue using the physician DEA (not the physician NPI number) on pharmacy claims.

■ This practice will continue until a national match of DEA to NPI number (crosswalk) has been established. Further notice will be issued when use of the physician NPI number on pharmacy claims becomes mandatory.

Claims for Managed Care Organizations

■ Medicaid MCOs will notify pharmacies directly of their NPI requirements.

If your pharmacy does not already have an NPI, go online to *https://nppes.cms.hhs.gov* to apply for one.

Verification of Eligibility

Eligibility for any type of Maryland Medicaid recipient can be verified by calling the Eligibility Verification System (EVS) at 1-866-710-1447. EVS operates 24 hours a day, seven days a week. The same information is available on the web at *www.emdhealthchoice.org.* Access requires your Medical Assistance provider number and a password. There is a MCO transfer option on the EVS phone-in system. If the recipient is a member of an MCO, the provider can press "3" and the call will be transferred directly to the MCO's call center to verify primary care physician (PCP) assignment. For a recipient in a facility, the provider will be given the name and phone number of the facility. To hear a verification a second time, press "1" and the information will be repeated. Press "2" in order to enter the next recipient's identifier. If a mistake is made, before ending the transaction by pressing "#," you can press "*" to go back and enter the information correctly. Past eligibility can now be obtained by entering the recipient's Social Security number and date of service.

Preferred Drug List (PDL) Prior Authorization

ACS Technical Assistance

1-800-932-3918
24 hours a day, 7 days a week
fax number: 1-866-440-9345
TTY number 1-866-492-1475
e-mail: AtlantaHelpDesk@acs-inc.com

Other Important Telephone Numbers

Maryland Medicaid Pharmacy Hotline
1-800-492-5231 *(select option three)*
Monday - Friday,
8:00 am to 5:00 pm

Kidney Disease Program
1-410-767-5000 or 5002
Monday - Friday
8:00 am to 5:00 pm

Breast & Cervical Cancer Diagnosis and Treatment
1-410-767-6787
Monday - Friday
8:00 am to 5:00 pm

Maryland AIDS Drug Assistance Program
1-410-767-6535
Monday - Friday
8:30 am to 4:30 pm

HealthChoice/PAC Provider Hotline
1-800-766-8692
Monday - Friday
7:30 am to 5:30 pm

HealthChoice/PAC Enrollee Action Line
1-800-284-4510
Monday - Friday
7:30 am to 5:30 pm

DHMH E-mail "Advisory"

The Department of Health and Mental Hygiene Maryland Medicaid Pharmacy Program (MMPP) utilizes an e-mail notification service called an "Advisory" to give the pharmacy community important timely information. If you are currently not receiving e-mail Advisories through a Pharmacy Organization you belong to, please contact the MMPP representative at 410-767-1455, and provide the name, phone number, and e-mail address of your organization.

Coverage of Plan B® (levonorgestrel) for Maryland Medicaid Fee-For-Service and HealthChoice Managed Care Organizations

MCO Required	Plan B® Covered	Coverage is provided without a prescription for patients age 18 and older	Quantity Limit	Prior Authorization Required
AMERIGROUP Community Care	Yes	Yes	1 package *(treatment)* per month, 3 per year	No
Diamond Plan from Coventry Health Care	Yes	Yes	No Limit	No
Helix Family Choice	Yes	No	3 packages per calendar year	No
Jai Medical Systems*	Yes	No	1 package per month, 3 per year	No
Maryland Physicians Care*	Yes	No	No Limit	No
Priority Partners	Yes	Yes	4 packages per year	No
United Healthcare*	Yes	No	No Limit	No
Traditional Medicaid fee-for-service	Yes	Yes	1 package every 3 months	No

*MCOs with HealthChoice & PAC enrollees.

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