



MARYLAND
Department of Health

Office of Systems, Operations and Pharmacy
MARYLAND MEDICAID PHARMACY PROGRAM

Pharmacy News & Views

November 2017

Maryland Medicaid Pharmacy Program's Corrective Managed Care Program

The Corrective Managed Care (CMC) Program is an ongoing initiative by the Maryland Medicaid Pharmacy Program to monitor and promote the appropriate use of controlled dangerous substances (CDS). The program seeks to identify participants who may be utilizing excessive quantities of controlled drug substances, especially when it involves multiple prescribers and pharmacy providers.

While the majority of Medicaid participants do not abuse narcotic and other controlled medications, inappropriate use does exist. This inappropriate use places participants at an increased risk for adverse outcomes while simultaneously posing other burdens on the health care system and delaying care to those who really need it. Each month, the Corrective Managed Care Pharmacist reviews participant profiles who meet specific criteria designed to evaluate potential overuse of controlled drug substances. Upon identification of patients who meet the criteria, a review of their drug history and diagnoses is performed.

When warranted, educational intervention letters are sent to all the participant's prescribers and pharmacy providers. Enclosed with the letter are the participant's complete drug and diagnosis history in addition to a response form soliciting feedback from the provider with regards to what action, if any, will be taken upon evaluation of the information contained in the letter.

Participants whose drug utilization continues to be inappropriate despite repeated intervention letters may be restricted to a single pharmacy in an effort to reduce possible misuse or diversion.

A participant who is "restricted" or "locked-in" is required to obtain all their prescription medications from that single pharmacy until the restriction is lifted.

If a participant attempts to fill a prescription at a different pharmacy, a rejection message is sent at the time of a claim adjudication process. The rejection message sent is:

**PARTICIPANT LOCKED IN TO ANOTHER PHARMACY, FOR ASSISTANCE PLEASE CALL:
1-800-932-3918**

If this message is received for a Maryland Medicaid participant, this message should be relayed to the participant with instructions to contact member services at 1-800-492-5231, option 3.

The Maryland Department of Health instituted a Unified Corrective Managed Care (CMC) program effective April 1, 2016. This program addresses participant abuse or misuse of controlled substances, regardless of if the participant is a fee-for-service (FFS) or Managed Care Organization (MCO) member. Uniform lock-in criteria is utilized by all programs. Participants remain locked-in to the CMC program whether they move from FFS to a MCO or from one MCO to another.



Emergency Supply of Medications Non-preferred Medication Denial Message

When a “non-preferred medication” denial message is received on a submitted fee-for-service claim, the pharmacy should contact the prescriber to do one of the following: change the medication, or have the prescriber obtain the necessary Prior Authorization (PA). It would be beneficial for the pharmacist to advise the prescriber of alternative drug(s) that do not require a PA. The Preferred Drug List (PDL) is available online at:

<https://mmcp.health.maryland.gov/pap/docs/Maryland%20PDL%207.%201%2017.pdf>

It is also available through the Epocrates® system. In most cases, the prescriber can obtain a PA with a phone call to **1-800-932-3918**.

When the prescriber is not available to obtain a PA, and the pharmacist in their professional judgment determined that the prescription is needed on an emergency basis, they should contact the Xerox call center at 1-800-932-3918 and request authorization to dispense a 72-hour emergency supply.

When determining whether an emergency supply is needed, the pharmacist should take into account the patient’s diagnostic and drug history, information about what medications the patient has on hand, and possible recent hospitalization, as well as any mobility, transportation or communication issues that make returning to the pharmacy difficult or expensive. Prior authorization determinations may take up to 72 hours. During this time, it is imperative for pharmacists to follow the steps below to prevent interruptions in medication management. In the case of sprays, inhalers, eye or ear drops, creams, ointments, antibiotics, etc., it may be necessary to dispense the entire prescription as an emergency supply due to the way the drug is packaged or administered. A 30-day supply is allowed for atypical antipsychotic medications while awaiting prior authorization for a non-preferred or Tier 2 drug.

For HealthChoice MCO members requiring an emergency supply of carved-out medications, including non-mental health and non-antiretroviral drugs, the pharmacist must contact the appropriate MCO Pharmacy Benefit Manager and follow their procedures before dispensing an emergency supply. If possible, do not let patients leave the pharmacy without medication if there is concern that the patient will be unwilling or unable to return at a later time that day after prior authorization is approved.

1 The pharmacist is to contact the prescriber who must obtain prior authorization before the remainder of the prescription can be dispensed.

2 After prior authorization has been established, the pharmacist can dispense the remainder of the prescription.



Reminder to use the EVS System instead of calling the Call Center for member’s coverage status:

Eligibility Verification System: 1-866-710-1447 | Outside Baltimore: 1-800-492-2134

Pharmacist Interventions for Clinically Significant Drug Interactions

Pharmacist's dispensing at point-of-sale (POS) patient encounters should use the proper drug utilization review (DUR) codes when reviewing drug interactions. **Alerting the prescribing physician about a major or significant interaction is essential to patient care, in addition to counseling the patient on the issue and offering self-monitoring parameters.** Since many drug interactions occur with acute medication use (i.e. antibiotics for acute infections) it is important that the pharmacist be cognizant of these interactions and able to provide information to other healthcare providers to prevent adverse events from occurring.

As the community pharmacist is well aware, the Maryland Medicaid Pharmacy Program (MMPP) performs Prospective Drug Utilization Review (ProDUR) on submitted claims. ProDUR alerts are designed to prevent and reduce adverse drug interactions and therapeutic duplications. DUR intervention codes include:

DUR Intervention and Outcome Codes			
Intervention Codes		Outcome Codes	
M0*	Provider consulted	1A	Filled as is, false positive
R0*	Pharmacist consulted	1B	Filled as is
P0*	Patient consulted	1C	Filled with different dose
*second character is a zero, not the letter "O"		1D	Filled with different directions
		1E	Filled with different drug
		1F	Filled with different quantity
		1G	Filled, prescriber ok'd

Please remember to always notify the patient of these interactions when patient counseling is offered. Patient self-monitoring is an important step in preventing adverse drug events. Pharmacists must also document all interventions and communication on the prescription hardcopy for auditing purposes.



Change in criteria for use for Chantix® (varenicline)

Effective October 4, 2017, the Maryland Medicaid Pharmacy Program removed clinical criteria for the use of Chantix® (varenicline) for the management of tobacco dependence. Coverage of Chantix® is carved-out of the managed care organization (MCO) benefit and paid fee-for-service (FFS) for all Maryland Medicaid recipients. All participants are now eligible for the use of Chantix® without a prior authorization. Quantity limits remain in place for this product, including a limit of two doses per day and a cumulative maximum duration of therapy of 180 days.

For more information related to the coverage of substance use disorder products, please visit:

<https://mmcp.health.maryland.gov/pap/docs/Substance%20Use%20Disorder%20%20Medication%20Clinical%20Criteria%20Final%20updated%20Oct%204%202017.pdf>



MARYLAND
Department of Health

Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor
Dennis R. Schrader, Secretary

Pharmacy *News & Views*

Maryland Medicaid Pharmacy Program

201 West Preston Street, 4th Floor
Baltimore, Maryland 21201

1-800-492-5231 (select option 3)

<https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx>

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TELEPHONE NUMBERS

- ◆ **Xerox Technical Assistance**
1-800-932-3918
24 hours a day, 7 days a week
- ◆ **Maryland Medicaid
Pharmacy Access Hotline**
1-800-492-5231 (option three)
Monday-Friday, 8:00 am - 5:00 pm
- ◆ **Kidney Disease Program**
1-410-767-5000 or 5002
Monday-Friday, 8:00 am - 5:00 pm
- ◆ **Breast and Cervical Cancer
Diagnosis and Treatment**
1-410-767-6787
Monday-Friday, 8:00 am - 4:30 pm
- ◆ **Maryland AIDS Drug
Assistance Program**
1-410-767-6535
Monday-Friday, 8:30 am - 4:30 pm
- ◆ **Peer Review Program**
1-855-283-0876
Monday-Friday, 8:00 am - 6:00 pm