Maryland
DEPARTMENT OF HEALTH

PHARMACY
News & Views

Spring 2022

PDMP Requirements of the SUPPORT ACT

On October 24, 2018, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) was signed into law to direct federal agencies to act on the opioid crisis.

Section 5042 of the SUPPORT Act (42 USC §1396w–3a) directs that each state must establish a qualifying Prescription Drug Monitoring Program (PDMP) and stipulates that all state Medicaid programs must require providers to check the state's PDMP prior to prescribing controlled medications.

The law states: "Beginning October 1, 2021, a State shall require each covered provider to check, in accordance with such timing, manner, and form as specified by the State, the prescription drug history of a covered individual being treated by the covered provider through a qualified prescription drug monitoring program… before prescribing to such individual a controlled substance." Additionally, the review of PDMP information must be "as real time as possible". The law goes on to state that "in the case that such a provider is not able to conduct such a check despite a good faith effort by such provider - shall require the provider to document such good faith effort, including the reasons why the provider was not able to conduct the check".

Prescribers and pharmacists should review all current prescriptions and patient history documented in the PDMP and note this in the patient's record where appropriate. Compliance checks can be conducted by accessing the PDMP logs to show whether a prescriber, pharmacist, or their designee accessed the patient's prescription drug history in the PDMP.

Section 5042 of the SUPPORT Act goes on to mandate that starting in 2023, all states will be required to submit annual reports to the Center for Medicare and Medicaid Services (CMS) on the outcomes of this legislation. CMS will begin publishing reports summarizing the reporting information beginning on October 1, 2023.

Information included in the report will include at minimum:

- The percentage of covered prescribers who checked the PDMP before prescribing a controlled substance
- Aggregate trends with respect to prescribing controlled substances (daily morphine milligram equivalents, types of controlled substances prescribed, date and duration of supply, population information)
- Information on pharmacist check of the PDMP before dispensing a controlled substance
- An account of any potential data or privacy breach and follow up action taken

The SUPPORT Act legislation is important because it facilitates communication between PDMPs and State Medicaid organizations. It provides reasonable access to these databases. This is valuable because better data sharing has been shown to help combat the opioid crisis.

Pharmacist Prescriber Update

Maryland Senate Bill 363 (2017) authorizes qualified pharmacists to prescribe certain contraceptive medications and self-administered contraceptive devices. As of January 1, 2019, Maryland Medicaid is allowing licensed pharmacist and qualified pharmacist to enroll under Pharmacist Prescriber provider type.

The first step in getting Medicaid to reimburse providers is to obtain a new type 2 National Provider Identifier (NPI) for the location of the Pharmacist Prescriber. This can be completed on the National Plan and Provider Enumeration System (NPPES) website: https://nppes.cms.hhs.gov. Of note, only one new type 2 NPI is needed for a chain of pharmacies.

If pharmacies plan to provide services to Medicaid participants, the next step is to enroll as a group Pharmacist Prescriber provider with their new type 2 NPIs. This can be done on the electronic Provider Revalidation and Enrollment Portal (ePREP): ePREP Provider Portal (maryland.gov). To complete the application the pharmacy must be associated with at least one rendering pharmacist prescriber and upload their pharmacy licenses. Other required information includes the legal name (listed with IRS), Doing Business As (DBA) name, Federal Tax ID (TIN) or Employer Identification Number (EIN), State Department of Assessment and Taxation Number (SDAT), and entity type of the pharmacy.

Lastly, the qualified pharmacist must enroll as a Pharmacist Prescriber renderer on the ePREP portal. Pharmacist are required to attach an active pharmacist license and documentation of Board-approved training completion to the application. Pharmacist must also have or obtain a type 1 NPI, provide the group information, and their social security number to apply. Please reach out to ePREP call center 1-844-4MD-PROV (1-844-463-7768) if further assistance is needed.

Once enrolled, Pharmacist Prescriber groups may bill for completed patient assessment. The assessment is used to establish which contraceptive therapy is clinically appropriate for the patient (if any). Forms to help guide pharmacists prescribing contraceptives can be found at: https://health.maryland.gov/pharmacy/Pages/Contraception-Prescribing.aspx. Maryland Medicaid has established a new patient code 99202 (10-minute office visit) and patient code 99211 (5-minute office visit) for pharmacist prescribers to bill patient assessment. Pharmacist Prescriber provider must bill using the CMS-1500 form to be reimbursed. Pharmacies should not bill Conduent for the patient assessment and should use the place-of-service code 01 (pharmacy). The Maryland Medical Assistance Program's reimbursement rates and procedures for payment are linked: https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx.

Questions?

Please e-mail: MDH.pharmacistenrollment@maryland.gov

Resources:

- Frequently Asked Questions (Updated March 2021)
- ePREP Documentation Checklist for Pharmacist Prescribers
- Pharmacy License Upload Instructions for Pharmacist Prescriber Groups
- COMAR 10.09.21 Pharmacists (Medicaid regulations)
- COMAR 10.34.40 Pharmacists Prescribing Contraceptives (Board of Pharmacy regulations)
- Senate Bill 363
- Maryland Board of Pharmacy
- General Provider Transmittal No. 86

Reference:

https://health.maryland.gov/mmcp/Pages/pharmacist_prescribers.aspx

Antiviral Therapy for the Treatment of COVID-19

There are currently three antiviral therapies for the treatment of COVID-19. Remdesivir is the only antiviral drug FDA approved for the treatment of COVID-19. Paxlovid and molnupiravir have received emergency use authorization (EUA) from the FDA for the treatment of COVID-19. In addition, certain anti-SARS-CoV2 mAbs have received EUAs from the FDA for the treatment of COVID-19. Other medications are currently under investigation in clinical trials.

Key: EUA = Emergency use authorization
Reference: https://www.covid19treatmentguidelines.nih.gov/therapies/antiviral-therapy/

Medication	Drug Class	Indication	Dosing & Duration of Therapy	Adverse Events	Monitoring Parameters
Ritonavir - Boosted Nirmatrelvir (Paxlovid)	• *Anti-infective agent* • *Antiviral* • *Protease Inhibitor*	Authorized under FDA EUA for the treatment of mild to moderate COVID-19 in high-risk individuals aged ≥12 years and weighing ≥40 kg	• eGFR Dosing: • ≥60 mL/min: Nirmatrelvir 300 mg with RTV 100 mg PO twice daily for 5 days • ≥30 to 60 mL/min: Nirmatrelvir 150 mg with RTV 100 mg PO twice daily for 5 days • Not recommended in eGFR <30mL/min & Severe Hepatic Impairment (Child-Pugh Class C)	• Dysgeusia • Diarrhea • Hypertension • Myalgia	• Drug-drug interactions • Use with caution in patients with pre-existing liver diseases, liver enzyme abnormalities, or hepatitis
Remdesivir	• *Anti-infective agent* • *Antiviral* • *Viral RNA Polymerase Inhibitor*	FDA approved for the treatment of COVID-19 in individuals aged ≥12 years and weighing ≥40 kg	• 200 mg IV on day 1 then 100 mg IV once daily from day 2 • Not recommended in eGFR <30mL/min • Treatment duration for nonhospitalized patients is 3 days & for hospitalized patients is 5 days or until hospital discharge	• Nausea • ALT and AST elevations • Hypersensitivity • Increases in prothrombin time	• Infusion reactions during and ≥1 hour after infusion • Renal function • Hepatic function • Prothrombin time • In patients with renal impairment, consider using lyophilized powder formulation (which contains less SBECD)
Molnupiravir	• *Anti-infective agent* • *Antiviral* • Dermatological Agent	Authorized under FDA EUA for the treatment of mild to moderate COVID-19 in high-risk individuals aged ≥18 years	• 800 mg PO every 12 hours for 5 days	• Diarrhea • Nausea • Dizziness • Per the FDA, low risk for genotoxicity	• Pregnancy status prior to initiation and use of contraception during treatment and for 4 days after last dose

GoVAX
Let's end COVID, Maryland.
https://covidlink.maryland.gov

The "GoVAX" campaign encourages all Marylanders to protect themselves, their families, and their communities by getting vaccinated as soon as they become eligible.

Resources for COVID-19 Vaccines Administration

- COVID-19 Vaccine Payer Sheet under Payer Specific Information: Maryland Pharmacy Programs https://mdrxprograms.com
- COVID-19 vaccinations billing guidance (Advisories 219, 221, 224, 231): https://health.maryland.gov/mmcp/pap/Pages/Provider-Advisories.aspx
- Medicaid-related Coronavirus updates: https://health.maryland.gov
- General questions on Coronavirus: https://coronavirus.maryland.gov

Maryland
DEPARTMENT OF HEALTH

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Boyd K. Rutherford, Lt. Governor
Dennis R. Schrader, Secretary

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800-492-5231 (Select option 3)
www.mmppi.com

Receive electronic copies of Newsletters at: www.mmppi.com

CONTACT NUMBERS

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

Atypical Antipsychotic Agents: 30-day Emergency Supply

When the prescriber is not available to obtain prior authorization for an antipsychotic medication that is non-preferred or second tier, the pharmacist can obtain a one-time only authorization to dispense up to a 30-day emergency supply. 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. To obtain authorization for an emergency supply of an antipsychotic, call Conduent Technical Assistance at 800-932-3918. During the 30-day window, the pharmacist must notify the prescriber of the need to obtain a PA before the prescription can be filled a second time and make a note for his or her records of the date, time and person contacted at the prescriber's office.

WWW.MMPPI.COM

- Formulary Navigator
- MCO Contacts
- Preferred Drug List
- Mental Health Formulary
- Continuing Education seminars, recordings and handouts
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