



# Pharmacy News & Views

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

## New Medicaid POS Claims Processor

A new vendor has been contracted to process pharmacy claims for the Maryland Medicaid Pharmacy Program (MPP), Breast and Cervical Cancer Diagnosis and Treatment Program (BCCDT), Kidney Disease Program (KDP) and Maryland AIDS Drug Assistance Program (MADAP). The contract was awarded through an open procurement process.

Effective February 4, 2007, ACS State Healthcare Solutions will assume pharmacy claims processing for MPP, KDP, BCCDT and MADAP. **First Health Services will cease processing claims at 11:00 pm (EST) on February 3, 2007. ACS will resume processing for these programs no later than 12:00 noon (EST) on February 4, 2007. During this outage please follow any internal policies you may have in place for the dispensing of medications during downtime situations.**

When ACS begins claims processing, providers must use the following BIN Number, Processor Control Numbers (PCN)\* and Group Numbers listed below:

### BIN Number – 610084

1. You must use BIN Number **610084** for all the above programs including Medicaid HealthChoice MCOs.
2. All new claims and reversals will go through this BIN number, including reversals of claims previously submitted to FirstHealth Services Corporation.
3. If appropriate, ACS will route claims to the MCO pharmacy benefit manager (PBM) for adjudication, based upon the recipient's ID and plan number.

### Processor Control Numbers (PCN)

- DRMDPROD** – Medicaid
- DRKDPROD** – Kidney Disease Program (KDP)
- DRAPPROD** – AIDS Administration (MADAP)
- DRDTPROD** – Breast and Cervical Cancer Diagnosis and Treatment (BCCDT)

*\*Claims submitted without this PCN will deny with a reject code of 04 – Missing/Invalid Processor*

### Group Numbers

- MDMEDICAID** – Medicaid
- MADAP** – AIDS Administration (MADAP)
- MDKDP** – Kidney Disease Program (KDP)
- MDBCCDT** – Breast and Cervical Cancer Diagnosis and Treatment (BCCDT)

**ACS Technical Assistance and Preauthorizations – 1-800-932-3918**  
(Effective 2/04/07) (continued on Page 2)

## New Regulations on Oral Prescriptions

As of November 1, 2006, Maryland Medicaid pharmacy providers may now accept oral prescriptions for Medicaid recipients by phone or by electronic transmission, as long as all information required by federal and State of Maryland laws is included. Phone-in oral prescriptions must be promptly written out, filed and made available for auditing by the Department of Health and Mental Hygiene Pharmacy Program.

These regulation amendments do not include Schedule II controlled dangerous substances and certain other drugs that the Department of Health and Mental Hygiene determines as an emerging

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## New Medicaid POS Claims Processor

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**For Preauthorizations Directed to the State Call:**

**Medicaid – 1-800-492-5231 (Option three)**

**Kidney Disease Program – 1-410-767-5000 or 5002**

**Breast & Cervical Cancer Diagnosis and Treatment –  
1-410-767-6787**

**Maryland AIDS Drug Assistance Program – 1-410-767-6535**

**MCO Mental Health Formulary & Antiretroviral Drugs** – ACS will process claims fee-for-service or route them to the appropriate MCOs' PBM. Carve-out mental health drugs for the MCOs will continue as they have in the past. Carve-out mental health drugs and Fuzeon will be covered fee-for-service for MCO recipients. In addition, carve-out mental health and antiretroviral drugs will continue fee-for-service for Medicaid/Primary Adult Care recipients.

**Multi-ingredient Compounds** – ACS will be able to process multi-ingredient compounds online. Submit the claim with each ingredient's NDC number and quantity in the standard format, and it will adjudicate properly. **These claims will no longer have to be submitted via hard copy.**

**Batching Claims** – Be careful when batching claims for MCO recipients. Avoid grouping carve-out mental health drugs and Fuzeon or antiretrovirals (for PAC recipients) with other claims that are intended to go to MCO PBMs. **Whether ACS will route the claims to an MCO PBM or attempt to process them as fee-for-service claims will depend upon the first drug in the batch.** If the first drug in the batch is a MCO-covered drug, but the next one is a carve-out mental health drug, the whole batch will go to the MCO's PBM for processing, and the carve-out mental health drug will be denied by the MCO with a message to resubmit the claim. Similarly, if the first drug is a mental health carve-out drug ACS will process it, and the rest of the claims in that batch, which are intended for an MCO, will be denied with a message to resubmit. In order to reduce the number of denied claims, if you are not sure of the status of all drugs in the batch, it is advisable to either check the Mental Health Formulary first, or submit mental health and antiretrovirals for MCO and PAC recipients individually. The MCO formulary is posted on the Maryland Medicaid Pharmacy Program website: <http://www.dhmf.state.md.us/mma/mpap/>.

**Prior Authorizations via SmartPA™** – ACS offers a prior authorization system called SmartPA™, which either approves or denies claims based on a review of medical claims. SmartPA™ will evaluate the recipient's medical history to determine whether to issue a prior authorization with no pharmacy or physician intervention or deny the claim. If the system determines that a Prior Authorization is required, the pharmacy will receive a message stating why a Prior Authorization is required.

## Medicaid Maintenance Drug List Expanded

Effective November 1, 2006, regulation amendments expanded the list of allowable Maryland Medicaid maintenance drugs. The following list of American Hospital Formulary Service (AHFS) categories are those that Medicaid now allows to be dispensed in supplies of up to 100 days at one time (exceptions are noted).

### Revised List of Maintenance Drugs

- (a) Cardiac drugs (24:04);
- (b) Antilipemic agents (24:06);
- (c) Hypotensive agents (24:08);
- (d) Vasodilating agents (24:12); (including 24:12.08)
- (e) Sclerosing agents (24:16);
- (f) Alpha-adrenergic blocking agents (24:20);
- (g) Beta-adrenergic blocking agents (24:24);
- (h) Calcium-channel blocking agents (24:28);
- (i) Renin-angiotensin-aldosterone sys. inhib (24:32); (including 24:32.04 and 24:32.08)
- (j) Hydantoin (28:12:12);
- (k) Oxazolidinones (28:12:16);
- (l) Succinimides (28:12:20);
- (m) Anticonvulsants, miscellaneous (28:12:92);
- (n) Replacement solutions (40:12) (potassium supplements only);
- (o) Diuretics (40:28); (including 40:28.08)
- (p) Lipotropic agents (56:24);
- (q) Contraceptives (68:12); (allow 180 days supply at one time)
- (r) Estrogens and antiestrogens (68:16);
- (s) Antidiabetic agents (68:20); (including 68:20.08 and 68:20.20)
- (t) Antihypoglycemic agents (68:22);

(continued on next page)

## Provider Training Sessions

Five pharmacy provider training sessions will be held during the last two weeks of January 2007 that will cover detailed information regarding point-of-sale processing. All community pharmacists, regional and district managers, pharmacy managers, staff pharmacists and technicians are invited. Individuals attending these presentations may be eligible for up to two Maryland Board of Pharmacy continuing education credits.

For pharmacy providers unable to attend the training sessions, a summary sheet and provider manual will be available online at <http://www.dhmmh.state.md.usmma/mpap/>. This information will be available prior to the launch of the new point-of-sale system, following the conclusion of the live presentations. For more information and to RSVP for the training sessions, please contact Iris Ivey at (410) 230-5451 or Wallene Bullard at (410) 230-5453.

### Eastern Shore

Friday, January 19, 2007  
Hyatt Regency Chesapeake Bay  
100 Heron Blvd,  
Cambridge, MD 21613  
410-901-1234

### Central Maryland

Monday, January 22, 2007  
UMBC Tech Center  
1450 S. Rolling Rd.  
Baltimore, Maryland 21227  
410-455-6738

### Southern Maryland

Tuesday, January 23, 2007  
Comfort Suites Waldorf  
11765 Business Park Dr.  
Waldorf, MD 20601  
301-932-4400

### Western Maryland

Wednesday, January 24, 2007  
Four Point Inn Sheraton  
1910 Dual Hwy.  
Hagerstown, MD 21740  
301-790-3010

### Northern Maryland

Thursday, January 25, 2007  
Towson Sheraton  
903 Dulaney Valley Rd.  
Baltimore, MD 21204  
443-921-2305

## Pharmacy Cost of Dispensing Survey

The Maryland Medicaid Pharmacy Program conducted a Medicaid dispensing fee survey in October to determine the current cost of dispensing Medicaid prescriptions for various types of pharmacies. This survey does not address the costs of drug ingredients, which is the other component of the pharmacy reimbursement formula.

The University of Maryland School of Pharmacy Pharmaceutical Health Services Research Department is conducting the analysis. Results will be presented during the 2007 Maryland legislative session. For questions, please call Philip Cogan of the Maryland Medicaid Clinical Pharmacy Services Division at 410-767-1455.

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- (u) Parathyroid (68:24);
- (v) Progestins (68:32);
- (w) Thyroid and antithyroid agents (68:36); (including 68:36.04)
- (x) Vitamins (88:00); (legend products only) (including 88:08.00 and 88.28.00)
- (y) Sodium fluoride (92:00); (sodium fluoride only, allow 120 days at one time) and
- (z) Iron preparations, oral (20.04.04) (oral products in which ferrous sulfate is the only active ingredient and chewable tablets of any ferrous salt if combined with vitamin C, multivitamins, multivitamins and minerals, or other minerals in the formulation).

## DHMH Continues E-mail "Advisory"

The Department of Health and Mental Hygiene Maryland Medicaid Pharmacy Program has developed an e-mail notification service called "Advisory" to give the pharmacy community important timely information. The Advisory is e-mailed to pharmacy and prescriber associations in the State, who then forward them to their members. These groups include the representatives from EPIC, CARE, Long Term Care Consultants, all chain drugstores headquarters pharmacist associations and prescriber associations. If you are a member of one of the above organizations and have not received the Advisory, please contact the MPP representative at 410-767-1455.

## New Regulations on Oral Prescriptions *(continued from Page 1)*

threat, due to increasing abuse and diversion. Drugs in this category may be found on the Program's website at [www.dhmmh.state.md.us/mma/mpap](http://www.dhmmh.state.md.us/mma/mpap). At the time of this writing, there are no drugs on the list.

**NOTE: Medicaid prescriptions still may not be transferred from one pharmacy to another under the revised regulations.**

## Drugs Requiring Prior Authorization for Maryland Medicaid Pharmacy Program

The following drugs require prior authorization before claims can be processed.

| <b>Growth Hormones</b>                                                                                                                                                                                                                                        |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>Clinical Prior Authorization Procedure: Call 410-767-9701 to obtain a prior authorization form.</b>                                                                                                                                                        |                       |
| Drug name                                                                                                                                                                                                                                                     | Generic               |
| Nutropin Depot                                                                                                                                                                                                                                                | somatropin            |
| Genotropin                                                                                                                                                                                                                                                    | somatropin            |
| Humatrope                                                                                                                                                                                                                                                     | somatropin            |
| Nutropin                                                                                                                                                                                                                                                      | somatropin            |
| Norditropin                                                                                                                                                                                                                                                   | somatropin            |
| Nutropin AQ                                                                                                                                                                                                                                                   | somatropin            |
| Saizen                                                                                                                                                                                                                                                        | somatropin            |
| Serostim                                                                                                                                                                                                                                                      | somatropin            |
| Tev-Tropin                                                                                                                                                                                                                                                    | somatropin            |
| <b>Blood Factors</b>                                                                                                                                                                                                                                          |                       |
| <b>Prior authorization and special billing procedures required for blood factors, see <a href="http://www.dhmh.state.md.us/mma/mpap/forms.htm">http://www.dhmh.state.md.us/mma/mpap/forms.htm</a> Call 410-767-9701 to obtain a prior authorization form.</b> |                       |
| Drug                                                                                                                                                                                                                                                          | Generic               |
| Advate                                                                                                                                                                                                                                                        | antihemophilic factor |
| Alphanate                                                                                                                                                                                                                                                     | antihemophilic factor |
| Bebulin VH                                                                                                                                                                                                                                                    | factor IX complex     |
| Helixate-FS                                                                                                                                                                                                                                                   | antihemophilic factor |
| Hemofil-M                                                                                                                                                                                                                                                     | antihemophilic factor |
| Humate-P                                                                                                                                                                                                                                                      | antihemophilic factor |
| Koate-DVI                                                                                                                                                                                                                                                     | antihemophilic factor |
| Kogenate-FS                                                                                                                                                                                                                                                   | antihemophilic factor |
| Monarc-M                                                                                                                                                                                                                                                      | antihemophilic factor |
| Monoclata-P                                                                                                                                                                                                                                                   | antihemophilic factor |
| Mononine                                                                                                                                                                                                                                                      | factor IX complex     |
| Profilnine SD                                                                                                                                                                                                                                                 | factor IX complex     |
| Proplex T                                                                                                                                                                                                                                                     | factor IX complex     |
| Recombinate                                                                                                                                                                                                                                                   | antihemophilic factor |
| ReFacto                                                                                                                                                                                                                                                       | antihemophilic factor |
| <b>Drugs with specific prior authorization requirements</b>                                                                                                                                                                                                   |                       |
| <b>Prior Authorization Procedure: Call 410-767-9701 to obtain a prior authorization form.</b>                                                                                                                                                                 |                       |
| Drug                                                                                                                                                                                                                                                          | Generic               |
| Accutane                                                                                                                                                                                                                                                      | isotretinoin          |
| Amnesteem                                                                                                                                                                                                                                                     | isotretinoin          |
| Avita                                                                                                                                                                                                                                                         | tretinoin topical     |

| <b>Drugs with specific prior authorization requirements</b>                                                                                             |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>Prior Authorization Procedure: Call 410-767-9701 to obtain a prior authorization form.</b>                                                           |                             |
| Drug                                                                                                                                                    | Generic                     |
| Botox                                                                                                                                                   | botulinum toxin type A      |
| Botox Cosmetic                                                                                                                                          | botulinum toxin type A      |
| Claravis                                                                                                                                                | isotretinoin                |
| Depo-Provera                                                                                                                                            | medroxyprogesterone acetate |
| Depo-subQ Provera 104                                                                                                                                   | medroxyprogesterone acetate |
| Increlex                                                                                                                                                | mecasermin                  |
| Iplex                                                                                                                                                   | mecasermin rinfabate        |
| Ketek                                                                                                                                                   | telithromycin               |
| Lupron                                                                                                                                                  | leuprolide                  |
| Lupron Depot                                                                                                                                            | leuprolide                  |
| Lupron Depot-3 Month                                                                                                                                    | leuprolide                  |
| Lupron Depot-4 Month                                                                                                                                    | leuprolide                  |
| Lupron Depot-Ped                                                                                                                                        | leuprolide                  |
| medroxyprogesterone acetate                                                                                                                             | medroxyprogesterone acetate |
| Mifeprex                                                                                                                                                | mifepristone                |
| Retin-A                                                                                                                                                 | tretinoin topical           |
| Revatio                                                                                                                                                 | sildenafil                  |
| Revlimid                                                                                                                                                | lenalidomide                |
| Solage                                                                                                                                                  | mequinol/tretinoin topical  |
| Sotret                                                                                                                                                  | isotretinoin                |
| Synagis                                                                                                                                                 | palivizumab                 |
| <b>Drugs Covered Under Medicare Part B</b>                                                                                                              |                             |
| <b>If patient is Medicare eligible, bill to Medicare Part B. Prior Authorization Procedure: Call 410-767-9701 to obtain a prior authorization form.</b> |                             |
| Drug                                                                                                                                                    | Generic                     |
| FK506 (common name)                                                                                                                                     | tacrolimus                  |
| Myfortic                                                                                                                                                | mycophenolic acid           |
| Neoral                                                                                                                                                  | cyclosporine modified       |
| Prograf                                                                                                                                                 | tacrolimus                  |
| Rapamune                                                                                                                                                | sirolimus                   |
| Sandimmune                                                                                                                                              | cyclosporine non-modified   |

*Pharmacy News & Views is now on the Web.*  
A copy of this newsletter and the previous editions can now be found on the HealthChoice Managed Care organization website at [www.marylandmedicaidpharmacyinformation.com](http://www.marylandmedicaidpharmacyinformation.com)

## Preferred Drug List

At the next Pharmacy and Therapeutics Committee meeting on February 8, 2007, the drug classes and individual drugs listed below will be reviewed. Any changes made to the preferred status of medications included in these drug classifications will become effective on April 3, 2007.

ACE/CCB Combinations  
Acne Agents, Topical (Long and Short acting)  
Analgesics, Narcotics  
ARBs  
Anticoagulants, injectables  
Anticonvulsants  
Antidepressants, Other  
Antihistamines, Minimally Sedating  
Antimigraine, Triptans  
Beta Blockers  
Bladder Relaxants  
BPH Treatments  
CCBs  
Erythropoietins  
Growth Hormones  
Hepatitis C Agents  
Hypoglycemics, Meglitinides  
Hypoglycemics, TZDs  
Lipotropics, Other  
Lipotropics, Statins  
MS Agents  
Otic Fluoroquinolones  
Phosphate Binders  
PPIs  
Sedative Hypnotics  
Ulcerative Colitis Agents  
Noxafil (Antifungals, Oral)  
Xolegel (Antifungals, Topical)  
Azilect (Anti-Parkinsons Agents)  
Zelapar (Anti-Parkinsons Agents)  
Exubera (Hypoglycemics, Insulins & Related Agents)  
Daytrana (Stimulants & Related Agents)

### \*PDL Change for Zocor®

As of January 1, 2007 the brand "Zocor" will no longer be preferred. Our PDL will require the use of simvastatin (generic Zocor®). NDCs for the branded product will deny at point-of-service unless there is a Maryland Medicaid Medwatch form on file.

## Free Continuing Education Articles Available Online

Free Continuing Education credits will be available as part of the new pharmacy information website at: [www.marylandmedicaidpharmacyinformation.com](http://www.marylandmedicaidpharmacyinformation.com). This site will also have links to previous issues of Pharmacy News and Views Newsletter and Advisories from the Maryland Medicaid Pharmacy Program, along with links to the Maryland Medicaid Pharmacy Program website.

The first Continuing Education (CE) article is *A Review of Type 2 Diabetes* and will be available in February. Another article entitled *Update to Pain Management* will be available in the Spring of 2007. CE Credits will be awarded for successful completion of the post test for each article. CE Credits will be awarded by the Department of Health and Mental Hygiene, Maryland Medicaid Pharmacy Program through cooperation and approval by the Maryland Board of Pharmacy.

Initially, CE credits will not be Accreditation Council for Pharmacy Education (ACPE) approved. Check with other states for which you are licensed, but it is likely that Maryland Board of Pharmacy issued credits may only be used for renewal of Maryland pharmacy licenses. However, the Maryland Medicaid Pharmacy Program is working with the Maryland Pharmacists Association (MPhA) to provide ACPE credits for these CE programs for a nominal fee. ACPE credits may be used for licensure renewal in other states, unless specific restrictions apply. Further details will be posted on the website as they become available.

Continuing education articles may be completed online or downloaded and mailed in to receive credit. See details at [www.marylandmedicaid-pharmacyinformation.com](http://www.marylandmedicaid-pharmacyinformation.com). For more information contact the continuing education/website coordinator, Health Information Designs, Inc. at their toll free number 1-866-260-2555.

## Maryland Medicaid Preferred Drug List Available on Epocrates

Epocrates, an on-line drug formulary listing service, now includes the Maryland Medicaid Preferred Drug List (PDL) on its website. To access Epocrates, log on via personal computer or hand-held computing device to [www.epocrates.com](http://www.epocrates.com) and register free of charge for its basic service. Updates to the website appear weekly (usually on Tuesdays) and will reflect any changes made to the PDL. Please keep the following in mind when using the Epocrates service:

- Many drugs and drug classes included on the Epocrates drug list are exempt from the PDL review process.
- The comments section of the Epocrates drug list indicates the preferred or non-preferred status of medications.
- Information posted on Epocrates is not all-inclusive and does not guarantee reimbursement for claims submitted.

The PDL provides guidelines for the prescribing and dispensing of all medications for Maryland Medicaid fee-for-service recipients and for mental health drugs for HealthChoice recipients. The complete Maryland Medicaid PDL remains available at the Maryland Medicaid Pharmacy Program website, <http://www.dhmmh.state.md.us/mma/mpap>.

## Non-Substitutable Drugs List

On September 21, 1990, the Department of Health and Mental Hygiene issued a notice announcing the removal of the following six drugs from the Maryland Drug Formulary of Equivalent Drug Products, categorizing them as non-substitutable:

Carbamazepine oral tablets 200mg  
Phenytoin Sodium Extended Oral Capsules 100mg  
Primidone Oral Tablets 250mg  
Valproic Acid Oral Capsule 250mg  
Theophylline Extended Release Oral Tablets 100mg, 200mg, 300mg  
Warfarin Sodium Oral Tablets, 2mg, 2.5mg, 5mg



However, in Volume 33, Issue 14, of the Maryland Register, dated July 7, 2006, the Department issued a notice recommending reinstatement of these drugs as substitutable. The recommendation was made to maintain consistency with the U.S. Food and Drug Administration's (FDA) current Approved Drug Products with Therapeutic Equivalence Evaluations (commonly known as the Orange Book of Generic Equivalents). The Maryland Medicaid Pharmacy Program accepted public comments on this recommendation for 30 days from the date of publication of the notice. Effective November 1, 2006, the Department reinstated the above drugs as generically substitutable, consistent with FDA ratings.

Please direct any questions concerning this action to the Maryland Medicaid Pharmacy Program at 410-767-1455.

## Transferring Medicaid Prescriptions between Pharmacies

A final regulation that allows phone-in Medicaid prescriptions has been published and is currently in effect. The regulation does not provide for transfers of prescriptions from one pharmacy to another. The Department is revisiting the issue at this time, but for now, any prescription not coming directly from a prescriber will not be payable under the Medicaid program.

## New Corrective Managed Care (or Lock-In) Program

Maryland Medicaid will be initiating a Corrective Managed Care (or Lock-In) Program designed to prevent the harmful and/or abusive over-utilization of controlled substances. Recipients who appear to be receiving excessive amounts of controlled substances and who visit multiple prescribers and pharmacies may be restricted to the use of one pharmacy. The ACS claims processing system will assist in the administration of this program by limiting the prescription adjudication for enrolled (locked-in) recipients to their assigned pharmacy.

Prescriptions from other pharmacies for those recipients will be rejected. Maryland Medicaid will start enrolling recipients in the Corrective Managed Care Program after March 1, 2007.

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*Maryland Department of Health and Mental Hygiene / Office of Operations, Eligibility and Pharmacy  
Phil Cogan, R. Ph, Editor Staff: Eva Carey-Brown, Joseph Paradis, PharmD of Health Information Designs, Inc.*

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

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