



Pharmacy News & Views

December 2007

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

Emergency Supply of Medications

All Maryland Medical Assistance recipients are entitled to receive a 72-hour supply of medicine (30-day supply for Atypical Antipsychotic drugs) while awaiting prior authorization or approval to dispense a non-formulary, non-preferred or brand name medication for which there is a generic equivalent. A 30-day supply is allowed for atypical antipsychotic agents subject to step therapy, this includes Zyprexa® as of January 1, 2008. If the prescriber is unavailable to either change the medication or obtain preauthorization, or if the prior authorization process is not completed (the State is required to respond to all requests for prior authorization within 24 hours), all Maryland Medicaid HealthChoice managed care organizations (MCOs) and the Maryland Medicaid fee-for-service Pharmacy Program will cover a minimum 72-hour supply of drugs. Pharmacists should use their professional judgment in determining whether the prescription is needed on an emergency basis.

The recipient may present mobility or access issues that make returning to the pharmacy very difficult or expensive. The pharmacist should take this factor into consideration when deciding whether or not to dispense an emergency supply.

When a "prior authorization required" denial is received, the pharmacy should contact the prescriber to either change the medication or have the prescriber obtain necessary prior authorization. It would be beneficial if the pharmacist can advise the prescriber of the alternative drugs that are preferred and do not require preauthorization. Normally the prescriber can obtain authorization with a phone call. If not, and delays in the authorization process increase risk for the patient, the prescriber can request the pharmacist to dispense an emergency supply.

It will be necessary for the pharmacist to request authorization to dispense an emergency supply of a prescription by calling a 24/7 telephone number. 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 (see Advisory No. 7, page 3).

For HealthChoice MCO and PAC members' non-mental health and non-antiretroviral drugs, the pharmacist must contact the appropriate Pharmacy Benefit Manager and follow their procedures before dispensing an emergency supply. The contact information for these is given on the web at <http://www.marylandmedicaidpharmacyinformation.com/Formularies.btm>.

In the case of fee-for-service recipients or for mental health and antiretroviral drugs covered by the State, the number to call to obtain authorization to dispense an emergency supply is 800-932-3918. During the 72-hour window, the pharmacist is to contact the prescriber who must obtain prior authorization before the remainder (continued on next page)

HIV/AIDS Drugs to be Carved Out of HealthChoice Effective January 1, 2008

Beginning January 1, 2008 all antiretroviral medications will be carved-out of the HealthChoice managed care benefit and must be billed fee-for-service (BIN 610084, PCN DRMDPROD, Group ID MDMEDIC-AID). After that date, do not bill any antiretroviral medications to the HealthChoice Managed Care Organizations (MCOs) or their Pharmacy Benefit Managers (PBMs). Claims should be processed fee-for-service, just as claims for other carved-out drugs, such as mental health drugs, are currently billed.

Claims for other medications, except those already carved-out, should continue to be billed to the MCOs or their pharmacy PBMs. This includes antibiotics associated with treatment of secondary infections in HIV/AIDS patients. **Only the antiretroviral medications should be billed fee-for-service.**

A \$1.00 co-pay will be associated with all claims for antiretroviral therapy except for the exceptions below. Please note that some of the recipients receiving antiretrovirals did not previously have a co-payment. No co-payment is required if the patient is:

- Younger than 21 years old
- Pregnant
- An inpatient in a long-term care facility.

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Atypical Antipsychotic Agents Being Added To The Preferred Drug List

One of the goals of the Maryland Medicaid Pharmacy Program is to ensure that recipients receive optimal drug therapy at the lowest reasonable cost. Atypical antipsychotic agents have improved the lives of many Maryland Medicaid recipients. However, the cost of these agents represents the single highest expenditure for the Program. For State fiscal year 2007, approximately \$70 million was spent on claims for atypical antipsychotic agents, which represents over 30% of the entire annual fee-for-service pharmacy budget.

In an effort to maximize the effectiveness of these agents while controlling costs and avoiding adverse patient outcomes, as of January 1, 2008 the atypical antipsychotic agents will be added to the Maryland Medicaid Preferred Drug List.

All atypical antipsychotic agents will be included on the Maryland Medicaid Preferred Drug List (PDL). However, step therapy criteria have been developed for Zyprexa® due to the potential for adverse effects related to weight gain, diabetes control and hyperlipidemia. The Food and Drug Administration recently required the manufacturer of Zyprexa® to include additional warnings in the drug labeling regarding hyperglycemia, hyperlipidemia and weight gain. Step therapy criteria for Zyprexa® are included in the following article.

Step Therapy Criteria For Zyprexa®

Beginning January 1, 2008 step therapy criteria will be required for the use of Zyprexa®. Six weeks of therapy with another atypical agent will be required prior to beginning therapy with Zyprexa®. Patients already taking Zyprexa® will be able to continue on therapy without any prior authorization requirements. Prior authorization for initiation of Zyprexa® as first line therapy is available by calling 800-932-3918.

For those patients who require initial treatment with Zyprexa® as first line therapy, up to a 30-day emergency supply of medication may be provided by the dispensing pharmacy. The number to call to obtain authorization to dispense a 30-day emergency supply is 800-932-3918.

After the initial 30 days, prior authorization will be required for the patient to continue on the drug. ***The pharmacist is to contact the prescriber to obtain prior authorization before the 30-day emergency supply of the medication is completely utilized by the patient. After prior authorization has been established, the pharmacist may dispense any refills that may be authorized.***

If you have questions regarding this initiative please contact the Maryland Medicaid Pharmacy Program at 410-767-1455.

Emergency Supply of Medications *(continued from previous page)*

of the prescription can be dispensed. With the exception of a prescription for a Schedule II controlled substance, after prior authorization has been established, the pharmacist can dispense the remainder of the prescription.

The Maryland Medicaid Program allows a pharmacist to dispense a 72-hour supply of a Schedule II controlled substance. To comply with Maryland Pharmacy law and to prevent abuse of these drugs, the pharmacist must keep the prescription order and the member must return to the doctor to get a new prescription order to receive the full supply of medication.

Refills for 30-day emergency supplies of Zyprexa® may not be given unless prior authorization has been obtained.

Further details about implementation of this policy, including co-pay and dispensing fee information, may be found in Advisory 5B, at <http://www.dbmb.state.md.us/mma/mpap/provadv.html>.

Telephone Numbers

ACS Technical Assistance and Preauthorizations

1-800-932-3918

24 hours a day 7 days a week

Other Telephone Numbers:

Maryland Medicaid Pharmacy Access Hotline

1-800-492-5231 *(select option three)*

Monday - Friday 8:00 am to 5:00 pm

Kidney Disease Program

1-410-767-6787 or 5002

Monday - Friday, 8:00 am to 5:00 pm

Breast & Cervical Cancer Diagnosis 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

MARYLAND MEDICAID ■ HEALTHCHOICE & PRIMARY ADULT CARE (PAC) PROGRAMS
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 staff to follow when physician is unavailable and recipient's prescription is written for a non-formulary medication.
AMERIGROUP Community Care	AMERIGROUP Medical Management 1-800-454-3730 Select options 2, 1, 3 and 3 Caremark, Inc. 1-800-345-5413	Mon - Fri 8:00am - 7:00pm Sat - 10:00am – 2:00pm 24 hour nurse is available after hours 24 hours – 7 days a week	In the event that a medical exception is needed, and the prescriber is unavailable, the pharmacist is authorized to dispense a 72-hour supply to an eligible AMERIGROUP Community Care member. Pharmacists can follow these steps to process a claim: Enter 11112222333 in the Prior Authorization Number field. The day's supply cannot exceed three or the claim will reject. Pharmacists with questions should contact the Pharmacy Department at 1-800-454-3730, select options 2, 1, 3 and 3.
Diamond Plan from Coventry Health Care	Diamond Plan Authorization Unit 1-877-215-4100	Mon - Fri 8:30am - 6:00pm, EST - 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. When the pharmacist runs the claim, message on screen gives an 11-digit code that allows the fill of the 72-hour supply. It states "Emergency Fill".
Jai Medical Systems	BioScrip 1-800-213-5640	BioScrip 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. To obtain a 72-hour emergency supply of medication the pharmacist should call BioScrip Customer Service at 1-800-213-5640.
Maryland Physicians Care	Maryland Physicians Care Prior Authorization Unit 1-800-953-8854, option 2	24 hours - 7 days per week	The Prior Authorization Unit is staffed 24 hours – 7 days a week to handle urgent-emergent requests for overrides. The Pharmacy staff will give instructions on how to obtain a 72-hour emergency supply.
MedStar Family Choice	Caremark, Inc. 1-800-345-5413 MedStar 410-933-2200 or 1-800-905-1722	24 hours - 7 days per week Mon -Fri 8:30am - 5:00pm Pager number given after hours	The Pharmacist can put in a three-day override without calling anyone if the medicine is not on PA. If it is on PA, has exceeded MDL or otherwise won't go through, the pharmacist has to call MedStar. After hours the 1-800-905-1722 number gives the pharmacist the pager number of the on call pharmacy person.
Priority Partners	Priority Partners 1-888-819-1043 Caremark, Inc. 1-800-345-5413	Mon - Fri 8:00am - 5:00pm, except holidays 24 hours - 7 days per week	In the event the precertification unit is closed, or the pharmacist cannot reach the prescribing physician, pharmacist may dispense up to a 96-hour supply of the requested medication to an eligible Priority Partners member. Pharmacist should use the following DUR code to obtain a four-day override in such instances: 111122223333. Pharmacist may also call Caremark at 1-800-345-5413 for further assistance.
UnitedHealthcare	Medco Health 1-800-922-1557	24 hours - 7 days per week	UnitedHealthcare 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 five-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's supply entered on the claim does not exceed the five-day supply or it will reject. Pharmacists are asked to call UnitedHealthcare'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) 1-866-710-1447 (Available 24 hours/7 days)
 Call the PAC Eligibility/General Information Hotline at 1-800-226-2142 (Monday – Friday from 7:30 AM to 5:30 PM)
 Provider inquiries/complaints – HealthChoice Provider/PAC Hotline 1-800-766-8692, Option 4
 Recipient inquiries/complaints – HealthChoice/PAC Enrollee Action Line 1-800-284-4510, Option 3

Pharmacy Briefs

Maryland Medicaid Pharmacy Program Website

The Maryland Medicaid Pharmacy Program has developed a website which contains information regarding the Pharmacy Program, including past issues of the Pharmacy Newsletter, links to Advisories, Transmittals, the Preferred Drug List, MCO Formularies and information regarding upcoming continuing education programs. The website can be viewed at www.marylandmedicaidpharmacyinformation.com.

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.

Unacceptable Prescriber DEA Numbers

All claims submitted to the point-of-service (POS) claims processor for the Maryland Medicaid Pharmacy Programs must contain the Prescriber's DEA number. DO NOT submit claims using DEA numbers that begin with "X_". These numbers are assigned by the Drug Enforcement Administration to Prescribers who are authorized to write prescriptions for Suboxone®. If claims are submitted with these special Suboxone® prescriber DEA numbers, they will be denied at POS. Pharmacies should also make every effort to use the correct DEA number assigned to prescribers. When an improper DEA number is used, the prescription claim is considered invalid.

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Office of Systems, Operations & Pharmacy



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Maryland Medicaid Pharmacy Program
201 West Preston Street, 4th Floor
Baltimore, Maryland 21201
410-767-1455

Martin O'Malley, Governor
Anthony G. Brown, Lt. Governor
John M. Colmers, Secretary, DHMH

STAFF:
Phil Cogan, R.Ph., Editor
Eva Carey-Brown
Megan Shook
Joseph Paradis, PharmD
of Health Information Designs, Inc.