Quarterly Pharmacy Provider Forum

Department of Health Care Finance

December 10, 2024 1-2.30pm

December 11, 2024 9.30-11am

AGENDA

* Welcome
* Introductions
* DHCF Updates
* MCO Updates
* Contact Information
* Open Discussion

DHCF Updates

Beneficiary Triplicate Notice Form

* Replenishment request form is available on FFS providers portal https://www.dc-pbm.com/ .
  - Click on Provider tab, click resources tab and choose forms, the document is under "**Other Forms**"
* Beneficiaries Notice – Triplicate Form Request (dc-pbm.com)

Beneficiary Triplicate Notice Form

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

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NOTICE CONCERNING YOUR PRESCRIPTION MEDICATION

Si usted no puede obtener sus medicinas hoy. Por favor Llame al 1-(800)-273-4962.
Un representante le ayudará las 24 horas del día y los 7 días de la semana. SPANISH

如果你今天拿不到你的药. 请致电 1-(800)-273-4962。
有代表将为您提供服務，每天 24 小时/一周 7 天。 CHINESE

오늘 약을 구할 수 없으면, 1-(800)-273-4962 로 전화 하시기 바랍니다.
고객 서비스 직원이 하루 24 시간, 주 7 일간 도와주리라 것입니다. KOREAN

መድኋኒትዎን ዛሬውኑ ማግኘት ካልቻሉ እባክዎን በሥዓቱ ቀጥር 1-[800] 273 - 4962 ይደውሉ.
ተወካዎን በቀን 24 ሥዓታት በሣምንት 7 ቀናት አርዲት ያደርጎልዎታል. AMHARIC

Nếu qúi vị không nhận được thuốc trong ngày hôm nay, xin vui lòng gọi số: 1-(800)-273-4962.
Sẽ có nhân viên giúp qúi vị 7 ngày trong tuần, 24 giờ mỗi ngày. VIETNAMESE

Si vous ne pouvez pas obtenir vos médicaments aujourd'hui, veuillez appeler le 1-(800) -273-4962.
Un opérateur vous assistera 24 heures sur 24, 7 jours par semaine. FRENCH

____/____/____ **Date** | _____ **Member Name** | _____ **Medicaid ID (last four #s)**

Today your pharmacist was not able to give you the following medication(s):

_____

WHY? See the reason(s) checked below:

- ◯ You are not eligible for Medicaid today
- ◯ Your prescribing doctor is not a Medicaid doctor
- ◯ Your prescribed drug is not covered by Medicaid
- ◯ Your prescription is being refilled too soon
- ◯ Prior authorization is needed from Medicaid for one of these reasons:
  - ◯ Drug is not preferred – a different preferred drug may be available to treat your condition
  - ◯ Possible drug interaction – this could harm you. Your doctor must be notified.
  - ◯ Quantity is more than is usually prescribed for the days' supply given – this could harm you. Your doctor must be notified.
    - **If this drug requires a prior authorization, but you are not in a managed care health plan, your doctor must contact the Medicaid Pharmacy Call Center at 1-800-273-4962 to ask for authorization.**
- ◯ OTHER REASON _____

WHAT CAN I DO TO FIX THE PROBLEM?

If you are enrolled in AmeriHealth Caritas DC, Amerigroup DC, MedStar Family Choice DC or Health Services for Children with Special Needs (HSCSN) and you did not receive your medication, please **contact your managed care health plan** at the following number:

- AmeriHealth Caritas DC 1-800-408-7511
- Amerigroup DC 1-833-235-2029
- MedStar Family Choice 1-888-404-3549
- HSCSN 202-467-2737 or 1-866-WE-R-4-KIZ (937-4549)

If you are enrolled in the District Medicaid Program and did not receive your medication, call the Medicaid Pharmacy Call Center at 1-800-273-4962. You may be able to get a three (3) day supply of medicine until the issue that prevented you from receiving your medicine today is resolved. Please ask your pharmacist if you can get a three (3) day supply of your medicine.

Remember, most problems with your medication can be worked out! Talk to your pharmacist, talk to your doctor, and try these steps, in order, to get a good result!

ARE THERE ANY OTHER ACTIONS THAT I CAN TAKE?

If your problem still hasn't been solved, you can **call, write, or visit** either the Office of Administrative Hearings or the Office of Health Care Ombudsman to ask for a fair hearing within 90 days of the date of this letter.

Office of Administrative Hearings
441 4th Street, NW, Suite 450 North
Washington, DC 20001
Phone: (202) 442-9094
Fax: (202) 442-4789

Office of Health Care Ombudsman
441 4th Street, NW, 250N
Washington, DC 20001
Phone: (202) 724-7491
Fax: (202) 478-1397

WHAT IF I NEED HELP ASKING FOR A FAIR HEARING?

For help asking for a fair hearing, you may be able to get free legal services. Here are some possible providers.

Bread for the City Legal Clinic
1525 Seventh Street, NW
Phone: (202) 265-2400
1700 Good Hope Road, SE
Phone: (202) 561-8587

Legal Aid Society of the District of Columbia
1331 H Street, NW, Suite 350
Phone: (202) 628-1161
2041 Martin Luther King Jr. Avenue, SE, Suite 201
Phone: (202) 628-1161

Neighborhood Legal Services
64 New York Avenue, NE, Suite 180
Phone: (202) 332-6577

WHAT HAPPENS AT THE FAIR HEARING?

The Office of Administrative Hearings will send you a letter with your hearing date which also describes the hearing process. You may bring a friend, relative, advocate or lawyer who is not an employee of the District of Columbia to assist you at your fair hearing. You may also bring witnesses and any other documents you would like to present.

If you have any questions about this letter, please call 1-800-273-4962.

Beneficiary Triplicate Notice Form

* **Pharmacy Audit Process** (on-site and desk audits)
  * Implemented by FFS and MCPs effective October 1, 2024
  * Provide continuing education and enhanced support to Medicaid enrolled pharmacies
  * Reinforce pharmacy responsibility to complete and distribute triplicate form copies when a medication is denied for a beneficiary
  * Ensures compliance with Medicaid provider agreement

Beneficiaries Appeals Notice

Contact Number for Members:

- AmeriHealth Caritas 1-800-408-7511
- Amerigroup 800-922-1557
- HSCSN - 202-467-2737 or
- 1-866-WE-R-4-KIZ (937-4549)
- MedstarFamily Choice DC 1-800-404-3549
- Fee For Service Medicaid 1-800-273-4962

Beneficiaries notice will be available at http://www.dc-pbm.com/provider/documents

THIS IS AN IMPORTANT NOTICE TO DC MEDICAID RECIPIENTS…

Did you get your MEDICINE today?

If you did not receive your medication, please speak to your pharmacist to answer your questions and resolve your concerns.

If you still have questions or concerns and you are enrolled in any of the following health plans, please contact your health plan at one of the following numbers:

- **AmeriHealth Caritas DC** - 1.800.408.7511
- **Amerigroup DC**- 1.833.235.2029
- **MedStar Family Choice DC** - 1.888.404.3549
- **Health Services for Children with Special Needs (HSCSN)** - 202.467.2737 or 1.866.937.4549

If you are enrolled in the DC Medicaid Fee for Service Program and did not receive your medication, call the Fee for Service Medicaid Pharmacy Call Center at 1.800.273.4962.

You can **ask your pharmacist for a 3-day supply of medicine** until the issue that prevented you from getting your medication today is resolved.

You can request a fair hearing if you think your request for medication has been wrongfully denied or reduced. To request a hearing:

- Call the DHCF Ombudsman at 202.724.7491 or email healthcarecombudsman@dc.gov;
- Call the Office of Administrative Hearings at 202.442.9094;
- Or visit 441 4th Street, NW, Suite 250 North, Washington, DC 20001.

DHCF
Department of Health Care Finance

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Vaccines For Children - VFC

* The Vaccines for Children Program (VFC) is part of the DC Health's Immunization Program. It is a federally-funded entitlement program that provides vaccines free of charge to enrolled providers that serve eligible patients.
* For additional information, including how to become a VFC provider, please visit https://dchealth.dc.gov/service/vaccines-children-vfc

Vaccines For Children - VFC

What are the benefits to becoming a VFC Provider?

* Provides necessary vaccines to uninsured and underinsured children without incurring vaccine costs
* Enhances the services provided relative to the Early Periodic Screening and Diagnostic Testing benefit
* Ability to generate revenue through vaccine administration fees Providers receive technical assistance to help improve vaccination rates

Formulary links

* Preferred Drug List (PDL)
  * https://dc.fhsc.com/downloads/providers/DCRx_PDL_listing.pdf
* Diabetic Supply Program (DSP)
  * https://dc.fhsc.com/downloads/providers/DCRx_Diabetic_Supply_Program_Listing.pdf
* Provider Manual
  * https://www.dc-pbm.com/provider/external/medicaid/dc/doc/en-us/District_FFS_Provider_Manual.pdf

DHCF Contact Information

* Charlene Fairfax, RPh, CDE
  * Senior Pharmacist
  * Charlene.fairfax@dc.gov or 202-442-9076
* Gidey Amare, RPh, MS
  * Pharmacist
  * Gidey.amare@dc.gov or 202-442-5956
* Tayiana Reed, Pharm D, MS, AAHIVP, RPH
  * Pharmacist
  * Tayiana.reed1@dc.gov or 202-442-478-1415

Providers Contact Information

* Provider Enrollment – Maximus
  * Nikki Kittrell, Project Director
    * MarthaDKittrell@maximus.com
    * 202-499-3396
* Prime Therapeutics Providers Relations
  * Allison Williams
    * allison.williams@primetherapeutics.com
  * James Woods
    * james.woods@primetherapeutics.com

Quarterly Pharmacy Forum
December 10 & 11, 2024

Leslie Addison, Manager Pharmacy Services

THE HSC HEALTH CARE SYSTEM

Health Services for Children with Special Needs, Inc.

- HSCSN serves enrollees from birth through 25 years of age who have SSI or who are considered SSI-like
- HSCSN serves ~5,000 enrollees with special needs in the District of Columbia.
- HCSCN uses CVS/Caremark as its Pharmacy Benefit Manager (PBM) and delegates utilization management for the pharmacy benefit to CVS/Caremark.

Retail Pharmacy Services

- CVS/Caremark managed the network
- Limited to a 30-day supply of medication (max 34 days)
- A 90-day supply is available through CVS Mail Order Only
- Refill Too Soon <25 days since last fill
- No co-payments required

Specialty Pharmacy (CVS Specialty Pharmacy)

- High-cost medications for complex and chronic conditions
- Medication refill notifications are sent via email, text, or phone
- No co-payments required

Emergency Overrides / Fills for lack of prior authorization

- HSCSN allows 7 days rather than the required 72 hrs
- Available for medications requiring prior authorization when PA was not obtained

HSCSN Drug Formulary

- HSCSN uses the Managed Medicaid Template from CVS/Caremark which their Pharmacy & Therapeutics Committee develops
- The formulary is modified based on DHCF requirements and some modifications are made based on the HSCSN populations
- Generic drugs are preferred over brand-name and should be used when available
- Preferred medications should be used first before prescribing non-preferred or non-formulary medications
- Over-the-counter (OTC) medications are included on the formulary and just require a physician's prescription
- The formulary includes some DME and medical supplies: nebulizers, aerochamber, glucometers, etc.
- Some formulary medications do require Prior Authorization
- All non-formulary medications require a Formulary Exception
- The HSCSN Drug Formulary is available on our website:
  - https://hscsnhealthplan.org/health-providers/current-providers/pharmacy-services

Formulary Additions

- **Entresto** (sacubitril/valsartan) capsules 15-16mg & 6-6mg — *Brand/Preferred
  Drug Class: Angiotensin Receptor Neprilysin Inhibitor
  Medication use: heart failure
- **Fensolvi** (leuprolide acetate) injection 45mg — **Brand/Preferred**
  Drug Class: Gonadotropin-releasing hormone (GnRH) — PA/SP
  Medication use: pediatric 2 y/o and older for treatment of central precocious puberty
- **Ingrezza** (valbenazine) capsules 40-80mg, 40mg, 60mg, 80mg — **Brand/Preferred**
  Drug Class: Vesicular Monoamine Transporter 2 Inhibitor — ST/PA/SP/QL
  Medication use: tardive dyskinesia and chorea associated with Huntington's disease
- **Nurtec ODT** (rimegepant) tablet 75mg — *Brand/Preferred
  Drug Class: Calcitonin gene-related peptide receptor antagonist — ST/QL
  Medication use: migraines
- **Rextovy** (naloxone) nasal spray 4/0.25ml — *Brand/Preferred
  Drug Class: Opioid Antagonist
  Medication use: emergency treatment for opioid overdose
- **Tiotropium Bromide Monohydrate** inhaler capsules 18mcg — *Generic/Preferred
  Drug Class: Long-Acting Antimuscarinic Bronchodilator
  Medication use: asthma, bronchitis, chronic obstructive pulmonary disease
- **Velsipity** (etrasimod) tablet 2mg — **Brand/Preferred**
  Drug Class: Sphingosine 1-Phosphate Receptor Modulators — PA/SP/QL
  Medication use: moderate to severe ulcerative colitis

Data Source: CVS/Caremark-National P &T Committee

Formulary Additions

Diabetic supplies

- DiaScreen 10 urine test strips
- Diastix urine test strips
- Omnipod 5 G6 Intro kit
- Omnipod 5 G6 Refill Pods
- Twiist Starter Kit
- Twiist Refill Infusion Kit

Data Source: CVS/Caremark-National P &T Committee

Formulary Utilization Management (UM) Change

**Quantity Limits

CHEMSTRIPS 2, 5, 7, 9, 10, 10SG, K, UGK

•Brand/Preferred:

- 100 strips
- QL: Updated 100 per 25 days

Data Source: CVS/Caremark-National P &T Committee

HSCSN has two methods for *drug products* to be termed *:*

1. NDCs (National Drug Codes)
2. GPIs (Generic Product Identifiers)

- A quarterly list is sent to the pharmacies and pharmacists with an email address on record.
- To obtain this list contact Leslie Addison at 202-450-9678

Data Source: CVS/Caremark-National P &T Committee

Prior Authorization (PA) or Formulary Exception

- PA is required for all brand-name medications when a generic drug is available.
- Formulary exception is required for all Non-Formulary medications.
- Prescribers submit PA requests directly to CVS/Caremark Utilization Management.
- • The PA request must include an indication for the medication, which is the diagnosis code for the condition being treated with the medication. This is a common error and reason for a PA request denial. The PA request must provide the clinical rationale for the requested medication, and if formulary medications were used previously.

Medication Therapy Management (MTM)

HSCSN has contracted with Clinical Pharmacy Associates, Inc. (CPA) to provide medication therapy management services to HSCSN enrollees.

The goals of MTM service are medication reconciliation and identification of any concerns, improved medication adherence, and improved outcomes (e.g. decreased adverse events, hospitalizations, ED visits).

MTM services target enrollees who are on high-risk medications, are on many medications, or are identified to have problems with adherence. Enrollee participation is voluntary.

As part of MTM, a pharmacist reviews medications with the enrollee to identify problems such as drug-drug interactions, therapeutic duplication, side effects, and issues with adherence.

The MTM team provides individualized medication education and helps the enrollee develop habits that promote medication adherence. They work with the enrollee and prescribers as needed to address concerns identified.

Rejected Claims Preventing Medication Fills

- Medications that require prior authorization, but PA not requested
- **Missing information** from prescriber (Prescriber Name not legible, DEA#)
- Pharmacy submitting for **non-covered NDCs**
- Pharmacy submitting **Refill Too Soon** (<25 days since last fill)
- **Plan Limitations Exceeded** (dose, quantity, etc)

Website Utilization and Communications

- Information about the HSCSN formulary and prior authorization requirements is available on the HSCSN website.
- HSCSN has low use of our website for pharmacy benefit information.
- It is a challenge to communicate effectively to prescribers regarding the pharmacy benefits and updates to the formulary.

CVS Caremark Customer Care: 1-866-885-4944

HSCSN website Pharmacy Benefits https://hscsnhealthplan.org/enrollees/pharmacy-benefits

CVS Caremark Pharmacy Help Desk: 1-800-364-6331

CVS Caremark Prior Authorization: 1-877-433-7643, Fax: 1-888-836-0730
ePA Instructions: Caremark.com/epa – uses either CoverMyMeds or SureScripts
Form: https://www.caremark.com/portal/asset/Global_Prior_Authorization_Form.pdf

CVS Specialty Pharmacy Customer Care: 1-800-237-2767, Fax: 1-800-323-2445 www.CVSspecialty.com

CVS Mail Order Pharmacy: 1-800-875-0867, Fax: 1-800-378-0323
https://hscsnhealthplan.org/sites/default/files/cvs_caremark_mail_service_fax%20form.pdf

HSCSN Pharmacy Network (CVS Caremark Pharmacy Network)
https://hscsnhealthplan.org/sites/default/files/hscsn-network-pharmacies.pdf

7 Days Emergency Overrides: Override code is #11112222333

Eric Levey, M.D., Chief Medical Officer
elevey@hschealth.org

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rhall@hschealth.org

Leslie Addison, Manager Pharmacy Services
laddison@hschealth.org
202-450-9678

Questions/Comments

Thank You

Achievement Badges

*The Case Management Accreditation badge is active from 2021-2024.

Subscribe and Follow Us

WEBSITE | www.hscsnhealthplan.org

FACEBOOK | @HSCSN

TWITTER | @HSCSN_inc

LINKEDIN | www.linkedin.com/company/health-services-for-children-with-special-needs/

For more information visit www.hscsnhealthplan.org.
For reasonable accommodations please call (202) 467-2737.

If you do not speak and/or read English, please call 202-467-2737 between 7:00 a.m. and 5:30 p.m. A representative will assist you. **English.**

Si no habla o lee inglés, llame al 202-467-2737 entre las 7:00 a.m. y las 5:30 p.m. Un representante se complacerá en asistirle. **Spanish.**

የእንግሊዝኛ ቋንቋ መናገርና ማንበብ የማይችሉ ከሆነ ከጧቱ 7:00 ሰዓት እስከ ቀኑ 5:30 ባለው ጊዜ በስልክ ቁጥር 202-467-2737 በመደወል እርዳታ ማግኘት ይችላሉ። **Amharic.**

Nếu bạn không nói và/hoặc đọc tiếng Anh, xin gọi 202-467-2737 từ 7 giờ 00 sáng đến 5 giờ 30 chiều. Sẽ có người đại diện giúp bạn. **Vietnamese.**

如果您不能講和/或不能閱讀英語，請在上午 7:00 到下午 5:30 之間給 (202) 467-2737 打電話，我們會有代表幫助您。**Traditional Chinese.**

영어로 대화를 못하시거나 영어를 읽지 못하시는 경우, 오전 7시 00분에서 오후 5시 30분 사이에 (202) 467-2737번으로 전화해 주시기 바랍니다. 담당 직원이 도와드립니다. **Korean.**

Si vous ne parlez pas ou lisez l'anglais, s'il vous plaît appeller 202-467-2737 entre 7:00 du matin et 5:30 du soir. Un représentant vous aidera. **French.**

DHCF Department of Health Care Finance

WE ARE WASHINGTON DC

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

This program is funded in part by the Government of the District of Columbia Department of Health Care Finance.

HSCSN complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

THE HSC HEALTH CARE SYSTEM
Health Services for Children with Special Needs, Inc.

MedStar Family Choice

DISTRICT OF COLUMBIA

It's how we treat people.

December 10th & 11th, 2024

Pharmacy Provider Forum

District of Columbia Healthy Families

District of Columbia Healthcare Alliance

Eileen Langstraat, PharmD

Health Plan Pharmacist

Agenda

1. Safety Moment
2. Prior Authorization
3. MFC-DC Formulary Changes Effective January 1, 2025
4. Wegovy for CVD Risk Reduction
5. Provider Issues
6. Questions

MedStar Family Choice

DISTRICT OF COLUMBIA

Safety Moment

MedStar Family Choice

DISTRICT OF COLUMBIA

Case

Situation:	• An Enrollee was dispensed concurrent Entresto (sacubitril/valsartan) and losartan RXs multiple times
Background:	• Entresto is a replacement for ACE-I or ARB medication; these medications should not be used concurrently. • When switching from an ACE-I a 36-hour washout period is needed; no washout period is needed when switching from an ARB and patients can start Entresto when their next dose is due
Assessment:	• Entresto and losartan RXs were dispensed on the same day from the same pharmacy; TD alert did fire during the dispensing process • TD alert is not set up to reject for anti-HTN medications because use of multiple anti-HTN meds is often clinically needed • Patient outreach confirmed the patient did not take both medicines together
Recommendations:	• Outpatient pharmacists should carefully assess TD alerts for Entresto prescriptions to make sure they are not also being dispensed an ACE-I or ARB medication

Prior Authorizations

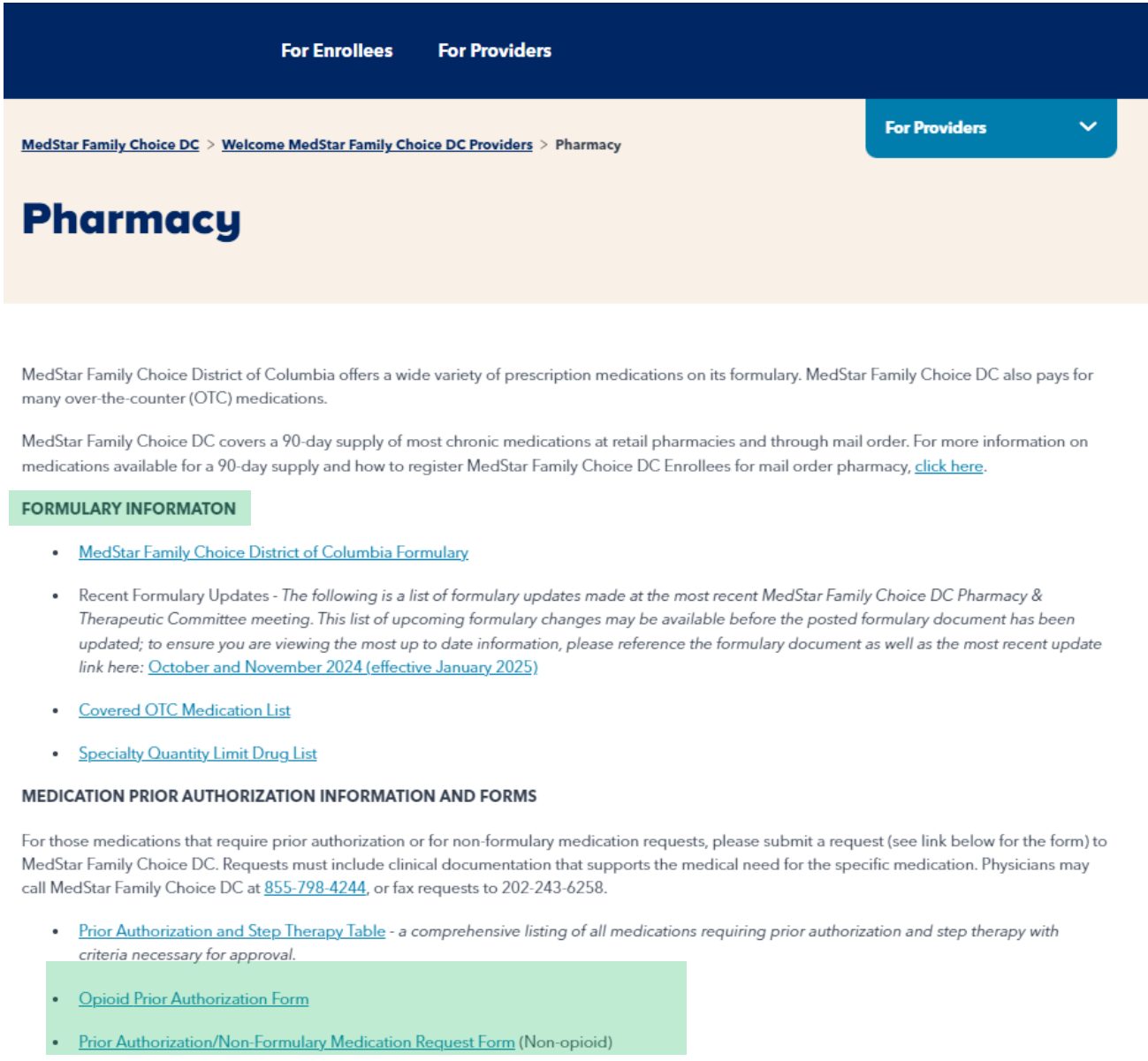
MedStar Family Choice

DISTRICT OF COLUMBIA

MFC-DC Pharmacy Website

Website address: https://www.medstarfamilychoicedc.com/providers/pharmacy

Our website is the most up-to-date, comprehensive source of MFC-DC Pharmacy information.



MedStar Family Choice
DISTRICT OF COLUMBIA

Prior Authorization Process

- Complete the corresponding MFC-DC Prior Authorization Request form. Separate forms for:
  - General PA/NF medications
  - Opioids
- Include most recent relevant clinical documentation to support request
- Fax complete request (form + clinicals) to the health plan at **202-243-6258**

MedStar Family Choice
DISTRICT OF COLUMBIA

Drug Formulary Changes

MedStar Family Choice

DISTRICT OF COLUMBIA

MFC-DC Formulary Changes

- Effective January 1, 2025

Additions:	
adapalene/benzoyl peroxide 0.1/2.5%, 0.3/2.5% topical gel **Aklief** *(trifarotene)* **Bafiertam** *(monomethyl fumarate) – add with QL* *budesonide 9 mg capsules* **Cabtreo** *(clindamycin, adapalene, benzoyl peroxide) topical* *clindamycin vaginal suppositories* *clindamycin/benzoyl peroxide 1/5% gel* *colestipol 1 gm tablets* *doxepin 3 mg, 6 mg – add with QL* **Entresto** *(valsartan/sacubitril) capsules* *ethacrynic acid tablets*	***FreeStyle Libre 3 PLUS*** *CGM kits, sensors – add with QL* *insulin glargine-yfgn injection* **Lentocilin** *(penicillin G benzathine) injection* **Neffy** *(epinephrine) intranasal spray* **Plegridy** *(peginterferon beta-1a) – add with QL* **Pulmicort Flexhaler** *(budesonide) inhaler* *testosterone 1.62% pumps, unit-of-use packets* *ramelteon – add with ST, QL* **Tlando** *(testosterone) 112.5mg capsules – add with QL* **Twyneo** *(tretinoin, benzoyl peroxide) topical* *urea 10% cream (OTC)* **Velphoro** *(sucroferric oxyhydroxide) tablets*

MedStar Family Choice

DISTRICT OF COLUMBIA

MFC-DC Formulary Changes

- Effective January 1, 2025

Additions with Prior Authorization:	
Adempas *(riociguat) tablets*	**Ogsiveo** *(nirogacestat) 150mg tablets – with QL*
Ebglyss *(lebrikizumab) – with QL*	**Olumiant** *(baricitinib) – with QL*
Iclusig *(ponatinib) 30 mg tablets*	**Opsynvi** *(macitentan/tadalafil) – with QL*
Ingrezza *(valbenazine) tablets – with QL*	**Oxycontin** *(oxycodone) ER tablets (10,15,20,30,40mg) – with QL*
Jornay PM *(methylphenidate) ER capsules*	**Promacta** *(eltrombopag)*
liraglutide injectable pens – with QL	*tramadol ER tablets*
Lynparza *(olaparib) tablets*	**Yorvipath** *(palopegteriparatide) – with QL*
Ocrevus Zunovo *(ocrelizumab and hyaluronidase)*	

*See Prior Authorization and Step Therapy Table for clinical criteria. The **table is updated regularly.** Most current version available here: MedStarFamilyChoiceDC.com/providers/pharmacy

MedStar Family Choice
DISTRICT OF COLUMBIA

MFC-DC Formulary Changes

- Effective January 1, 2025

Removals:	
acyclovir 5% ointment	**Dilantin** *(phenytoin) 30 mg capsules*
amoxicillin/K clavulanate 250/5mL oral suspension	*ergotamine/caffeine 1/100 mg tablets*
Austedo *(deutetrabenazine) tablets, starter kit*	**Fensolvi** *(leuprolide) 45 mg injection*
Auvi-Q *(epinephrine) autojector*	*HC-pramoxine cream 2.5-1%*
Avonex *(interferon beta-1a) injection*	*hydrocodone/homatropine tablets, oral solution*
butalbital/acetaminophen/caffeine capsules	**Inpefa** *(sotagliflozin) tablets*
citrate oral solution	**Kesimpta**
carisoprodol 350 mg tablets	**Kevzara** *(sarilumab) injection*
cimetidine 300mg/5mL oral solution	**Kyzatrex** *(testosterone) capsules*
colchicine 0.6mg capsules	**Lunsumio** *(mosunetuzumab) 1mg/mL inj*
cyclobenzaprine 7.5 mg tablets	*MAOIs – marplan, phenelzine, tranylcypromine*
desipramine tablets	**Mayzent** *(siponimod) tablets*
diclofenac 3% topical gel	

MedStar Family Choice

DISTRICT OF COLUMBIA

MFC-DC Formulary Changes

- Effective January 1, 2025

Removals Con't:	
methadone 10mg/1ml oral concentrate **Micromatrix, Regranex** **Noritate** *(metronidazole) cream* **Opzelura** *(ruxolitinib) cream* *potassium citrate ER 1620mg tablets* **Premphase, Prempro** *promethazine DM oral solution* **Rebif** *(interferon beta-1a) injection* **Remodulin** *(treprostinil) injection* **Rituxan** *(rituximab) 100mg, 500mg inj* *saxagliptin tablets* **Spravato** *(esketamine) nasal spray* *sucralfate oral suspension*	**Synagis** *(palivizumab) injection* **Takhzyro** *(lanadelumab) injection* **Tarpeyo** *(budesonide) DR capsule* *Tetrabenezine* *theophylline 450, 600mg tablets, PO sol* *tolvaptan 15mg, 30mg tablets* *triamcinolone aerosol spray* **Tyvaso** *(treprostinil) dry powder inhaler* *urea 40% cream, lotion* **V-Go** *insulin pump kits* **Vumerity** *(diroximel fumarate) capsules* **Zejula** *(niraparib) tablets* **Zurzuvae** *(zuranolone) capsules*

MedStar Family Choice
DISTRICT OF COLUMBIA

MFC-DC Formulary Changes

- Effective January 1, 2025

Managed Drug Limits:	
Ajovy *(fremanezumab) – QL 1/month, 1/3 mos for quarterly injection* *alogliptin tablets – QL of 1/day* **Botox** *100/200 unit inj – QL of 2/70 days* *butalbital-containing tablets – QL 18/30 days* **COVID** *test kits – update QL 2 kits/30 days* *cyclosporine ophth emulsion – QL 60/30 days* *fluconazole 150 mg tabs – QL 4/30 days* **Jardiance** *(empagliflozin) – QL of 1/day* *ketorolac 10 mg tabs – QL 20/30 days* *maintenance inhalers (QVAR, Breztri, Proair, Trelegy) – QL 3 inhalers/80 days* **Oriahnn** *capsules –QL 56/28 days, 1344/lifetime*	*naratriptan tabs; sumatriptan inj, nasal spr; zolmitriptan tabs, ODT – QL 12/30 days* **Otezla** *(apremilast) starter kit – QL 1x dispense* *pirfenidone 267mg capsules – QL 270/30 days* **Qbrexza** *(glycopyrrolate) pads – QL 30/30 days* **Rezdiffra** *(resmetirom) tabs – QL 30/30 days* **Riluzole** *50 mg tablets – QL 60/30 days* *rizatriptan tablets, ODT – QL 18/30 days* **Santyl** *(collagenase) oint – QL 30 gm/30 days* *sildenafil PO susp – QL 224mL/30 days* *sofosbuvir/velpatasvir tablets – Add QL* *sumatriptan tablets – QL 9 tablets/30 days* **Xdemvy** *(lotilaner) ophth sol –QL 10mL/year*

MedStar Family Choice
DISTRICT OF COLUMBIA

MFC-DC Formulary Changes

- Effective January 1, 2025

Utilization Management Changes:	
Enbrel *(etanercept) – add PA* **Cablivi** *(caplacizumab) 11mg – Add PA* **Cosentyx** *(secukinumab) – add PA, QL* **Fasenra** *(benralizumab) – add AL 6-12 years only and max 56 DS* *lubiprostone caps – remove PA, add QL 2/day and DS max 30 days* *mirabegron tabs – remove ST requirement* **Movantik** *tabs – end PA, add QL 30/30 days*	**Omnipod** *insulin pump kits – remove PA* **Opsumit** *(macitentan) tablets – add PA* **Orenitram** *(treprostinil) tabs – add PA, QL* **Orilissa** *(elagolix) tablets – remove PA* *posaconazole 100 mg tablets – add PA* **Suboxone** *(buprenorphine/naloxone) – add PA* **Uptravi** *(selexipag) – add PA* **Xgeva** *(denosumab) – remove PA* **Xolair** (omalizumab) - *add PA*

*See Prior Authorization and Step Therapy Table for clinical criteria. The **table is updated regularly.** Most current version available here: MedStarFamilyChoiceDC.com/providers/pharmacy

MedStar Family Choice
DISTRICT OF COLUMBIA

Wegovy for CVD Risk Reduction

MedStar Family Choice

DISTRICT OF COLUMBIA

Wegovy for CVD Risk Reduction

- Wegovy is currently non-formulary for MFC-DC Enrollees
  - Weight management medications are an excluded benefit
- Earlier in 2024 Wegovy was FDA approved to reduce the risk of cardiovascular events in adults with established CVS and obesity
  - Enrollees meeting clinical criteria for this Wegovy indication can be considered for Wegovy through the PA/NF request process

MedStar Family Choice
DISTRICT OF COLUMBIA

Provider Resources

MedStar Family Choice

DISTRICT OF COLUMBIA

Pharmacy Contact Information

Contact	Phone Number
MFC-DC Precertification (Prior Auth) Team • *For prior authorization during normal business hours* • *For calls received after 5:30pm*	(855) 798-4244 (855) 798-4244, prompt 2
CVS Caremark Pharmacy Help Desk • *For claims processing issues*	(800)364-6331
For issues not resolved using the above resources, contact Eileen Langstraat	(240) 935-6218

MedStar Family Choice
DISTRICT OF COLUMBIA

CVSHealth

PBM: CVS CareMark
RX PCN: MCAIDADV
RX Bin: 004336
Rx Group: RX0610

MFC-District of Columbia Office Information

MedStar Family Choice – DC Office:

3007 Tilden Street NW POD 3N

Washington, DC 20008

(855) 798-4244

www.medstarfamilychoicedc.com

Hours of Operation: 8:00AM – 5:30PM (Monday – Friday)

MedStar Family Choice

DISTRICT OF COLUMBIA

MedStar Family Choice

DISTRICT OF COLUMBIA

Pharmacy Provider Forum

Tracey Davis, PharmD

Dec 2024

AmeriHealth Caritas
District of Columbia

Delivering the Next
Generation
of Health Care

November 2024 P&T changes

AmeriHealth Caritas District of Columbia

The following products were **added** to the formulary on 12/16/24:

- bosentan (Tracleer®) 62.5 mg
- bosentan (Tracleer®) 125 mg
- cholecalciferol tablets 10 mcg (400 unit)
- cholecalciferol tablets 25 mcg (1000 unit)
- cholecalciferol tablets 125 mcg (5000 unit)
- cholecalciferol tablets 250 mcg (10000 unit)
- cholecalciferol tablets 1.25 mg (50000 unit)
- Otezla 20 mg
- Otezla Titration Therapy Pack

Formulary Removals

AmeriHealth Caritas District of Columbia

The following product will be **removed** from the formulary:

Effective 12/16/2024:

- toremifene

Benefit Details

AmeriHealth Caritas
District of Columbia

90 Days supply

Hold over supply (5 days)

OTC (extensive benefit)

DTM (available through PBM and other pharmacies)

HIV (DTM done by HIV specialist)

Denials

Contact information

AmeriHealth Caritas DC Pharmacy Services

888-602-3741

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

9:00am-1:00pm Saturday

Pharmacy Director – Tracey Davis, PharmD

202-780-5816

tdavis4@amerihealthcaritasdc.com

AmeriHealth Caritas™

District of Columbia

Quarterly Pharmacy Provider Forum

Amerigroup District of Columbia

Oluwadamilola (Lola) Omopariola, PharmD, BCACP

December 10-11, 2024

Agenda

1. Upcoming Formulary Changes
2. Network Updates
3. Beneficiary Notice Forms
4. Pharmacy Provider Resources

Amerigroup
District of Columbia

Key Upcoming Formulary Changes

EFFECTIVE ON FEBRUARY 1, 2025			
Therapeutic Class	**Drug**	**Revised Status**	**Potential Alternatives**
INSULIN	INSULIN GLARGINE 100U/ML VIAL/PEN INSULIN GLARGINE-YFGN 100U/ML VIAL /PEN GLARGINE-YFGN 100U/ML VIAL/PEN	PREFERRED	N/A
INSULIN	BASAGLAR KWIKPEN	NON-PREFERRED	INSULIN GLARGINE 100U/ML VIAL/PEN INSULIN GLARGINE-YFGN 100U/ML VIAL /PEN GLARGINE-YFGN 100U/ML VIAL/PEN LANTUS/LANTUS SOLOSTAR
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	TRULICITY 0.75MG/0.5ML TRULICITY 1.5MG/0.5ML TRULICITY 3MG/0.5ML TRULICITY 4.5MG/0.5ML	NON-PREFERRED	OZEMPIC INJECTION LIRAGLUTIDE INJECTION (PA REQUIRED)
STIMULANTS - MISC.	ARMODAFINIL 50MG TABLET ARMODAFINIL 150MG TABLET ARMODAFINIL 200MG TABLET ARMODAFINIL 250MG TABLET MODAFINIL 100MG TABLET MODAFINIL 200MG TABLET	PREFERRED WITH PA	N/A

Amerigroup
District of Columbia

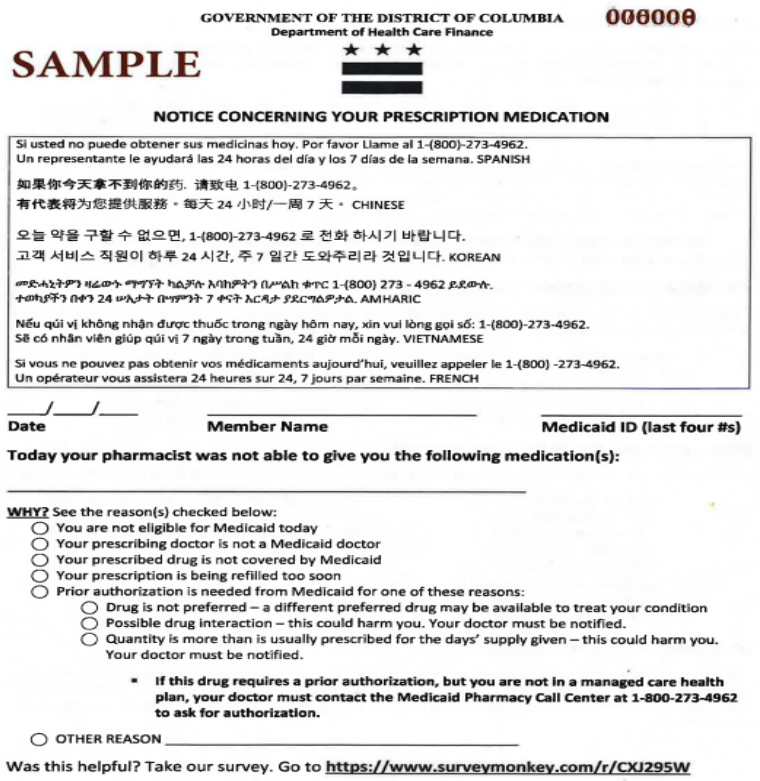
Pharmacy Network Updates

- Pharmacy Network Search
  - Network is searchable on provider and enrollee sites and on the CarelonRx mobile app
  - Online searchable tool: https://findcare.amerigroup.com/search-providers
- Community Pharmacy Total Care Program (CPTC)
  - Partnership with local, independent community pharmacies

Amerigroup
District of Columbia

Reminder: Beneficiary Notice Forms

- **Reminder:** DC Medicaid participating pharmacies are required to distribute individualized written notice (Triplicate Forms) to Medicaid beneficiaries when a prescription claim is denied at POS.
- To request Triplicate Form replenishment, visit:
  - https://www.dc-pbm.com/provider/forms
- Note: PBM staff conduct random outreach calls to Amerigroup DC network pharmacies to confirm distribution of the Triplicate Forms.



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

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SAMPLE

NOTICE CONCERNING YOUR PRESCRIPTION MEDICATION

Si usted no puede obtener sus medicinas hoy. Por favor Llame al 1-(800)-273-4962.
Un representante le ayudará las 24 horas del día y los 7 días de la semana. SPANISH

如果你今天拿不到你的药. 请致电 1-(800)-273-4962。
有代表将为您提供服务。每天 24 小时/一周 7 天。 CHINESE

오늘 약을 구할 수 없으면, 1-(800)-273-4962 로 전화 하시기 바랍니다.
고객 서비스 직원이 하루 24 시간, 주 7 일간 도와주리라 것입니다. KOREAN

መድኃኒትዎን ዛሬውኑ ማግኘት ካልቻሉ እባክዎትን በሥልክ ቁጥር 1-(800) 273 - 4962 ይደውሉ.
ተወካያችን በቀን 24 ሠኢታት በሣምንት 7 ቀናት እርዳታ ያደርግሎዎታል. AMHARIC

Nếu qúi vị không nhận được thuốc trong ngày hôm nay, xin vui lòng gọi số: 1-(800)-273-4962.
Sẽ có nhân viên giúp qúi vị 7 ngày trong tuần, 24 giờ mỗi ngày. VIETNAMESE

Si vous ne pouvez pas obtenir vos médicaments aujourd'hui, veuillez appeler le 1-(800) -273-4962.
Un opérateur vous assistera 24 heures sur 24, 7 jours par semaine. FRENCH

____/____/____ Date | Member Name | Medicaid ID (last four #s)

Today your pharmacist was not able to give you the following medication(s):

_____

WHY? See the reason(s) checked below:

- ◯ You are not eligible for Medicaid today
- ◯ Your prescribing doctor is not a Medicaid doctor
- ◯ Your prescribed drug is not covered by Medicaid
- ◯ Your prescription is being refilled too soon
- ◯ Prior authorization is needed from Medicaid for one of these reasons:
  - ◯ Drug is not preferred – a different preferred drug may be available to treat your condition
  - ◯ Possible drug interaction – this could harm you. Your doctor must be notified.
  - ◯ Quantity is more than is usually prescribed for the days' supply given – this could harm you. Your doctor must be notified.
    - **If this drug requires a prior authorization, but you are not in a managed care health plan, your doctor must contact the Medicaid Pharmacy Call Center at 1-800-273-4962 to ask for authorization.**
- ◯ OTHER REASON _____

Was this helpful? Take our survey. Go to **https://www.surveymonkey.com/r/CXJ295W**

Amerigroup
District of Columbia

Pharmacy Claims Processing Information

- DC Healthy Families Medicaid
  - RxBIN: 020107
  - RxPCN: FC
  - RxGroup: RX8479

- DC Alliance and Immigrant Children's Program
  - RxBIN: 020107
  - RxPCN: FC
  - RxGroup: RX8489

Amerigroup
District of Columbia

Pharmacy Contact Information

- Pharmacy Benefit Manager: CarelonRx

- Pharmacy Enrollee Services
  - Phone Number: **1-833-214-3604**
  - Available 24/7/365
    - Enrollee medication inquiries
    - Other health insurance (OHI) reviews
    - Out of area override requests (traveling)
    - Mail order inquires
    - Specialty pharmacy delivery inquires

- Pharmacy Help Desk:
    - Phone Number: **1-833-214-3604**
    - Available 24/7/365
      - Pharmacy claims adjudication issues

- Amerigroup DC
  - Enrollee Services: **800-600-4441**
  - Provider Services: **800-454-3730**

- Pharmacy Program Manager
  - Oluwadamilola (Lola) Omopariola Oluwadamilola.Omopariola@amerigroup.com
  - Mobile: **571-814-8296**
    - Pharmacy issues escalation

Amerigroup
District of Columbia

Thank you!

Questions?

UnitedHealthcare DC Dual Choice

Nicole L Zvosecz, PharmD
Plan Pharmacy Director

Plan Overview

INTEGRATED DSNP BENEFIT COMBINING MEDICARE PART D AND DISTRICT DEFINED MEDICAID COVERAGE

ALL MEMBERS HAVE PART D COVERAGE

WRAP BENEFIT AND PART B COST SHARE ARE DETERMINED BY MEDICAID

Plan Overview

- Mail Order Benefit
- Members have 1 ID card for both Medicare and Medicaid
- Members have a zero copay on pharmacy benefit medications
- Standard Part D exclusions apply such as weightloss and cosmetic medications
- Medicaid wrap benefit is the District defined OTC list
- 90 day supplies available.

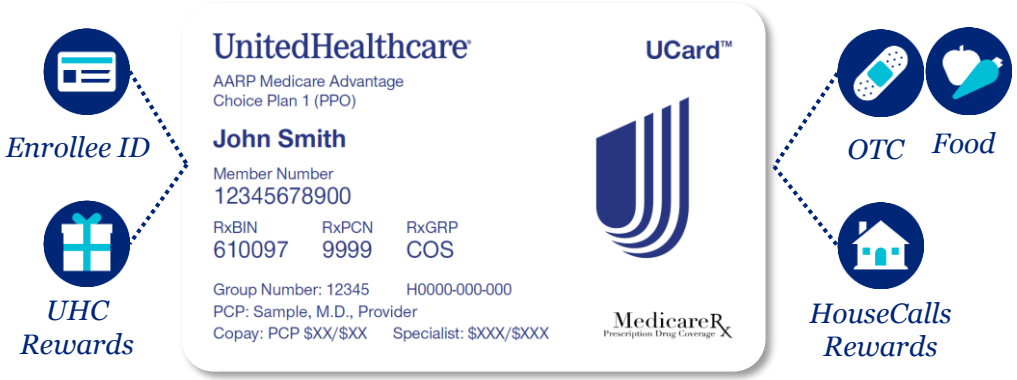
Pharmacy Claims Processing Information

Contract	Plan	Plan ID	BIN	PCN	Group	Part D Claims Coverage	OTC Claims Coverage	U CARD use for OTC
H2406-53	LPPO HIDE Full	MPDCSP	610097	9999	MPDCSP	Yes	Yes	Yes
H2406-53	LPPO HIDE Partial	MPDCSP	610097	9999	MPDCSP	Yes	No	Yes
H2406-99	LPPO QMB Partial	MPDCSP	610097	9999	MPDCSP	Yes	No	Yes
H2406-99	LPPO QMB	MPDCSP	610097	9999	MPDCSP	Yes	No	Yes
H7464-10	HMO FIDE Full	MPDCSP	610097	9999	MPDCSP	Yes	Yes	Yes
H7464-10	HMO FIDE Partial	MPDCSP	610097	9999	MPDCSP	Yes	No	Yes

The UCard –An OTC Option

It's the enrollee ID and so much more…

UCard Front



UCard Back

New in 2023

Utilities

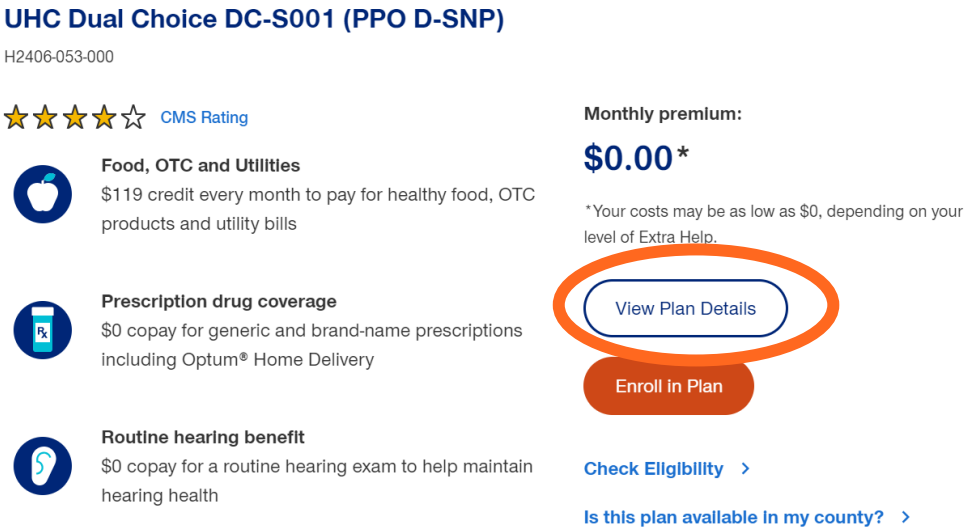
- The UCard will be the member ID and replace prior payment cards
- Benefit credit (OTC/Food/Utilities) and rewards (UHC and HouseCalls) purses will be consolidated onto UCard
- The barcode on the back can be scanned at any of the **55K+ retail locations** in the S3 network to buy approved items with available benefit or reward funds
- S3 network retailers have integrated point-of-sale technology to do a real-time eligibility item check and pull funds from respective purses for payment

Website Tools and Information

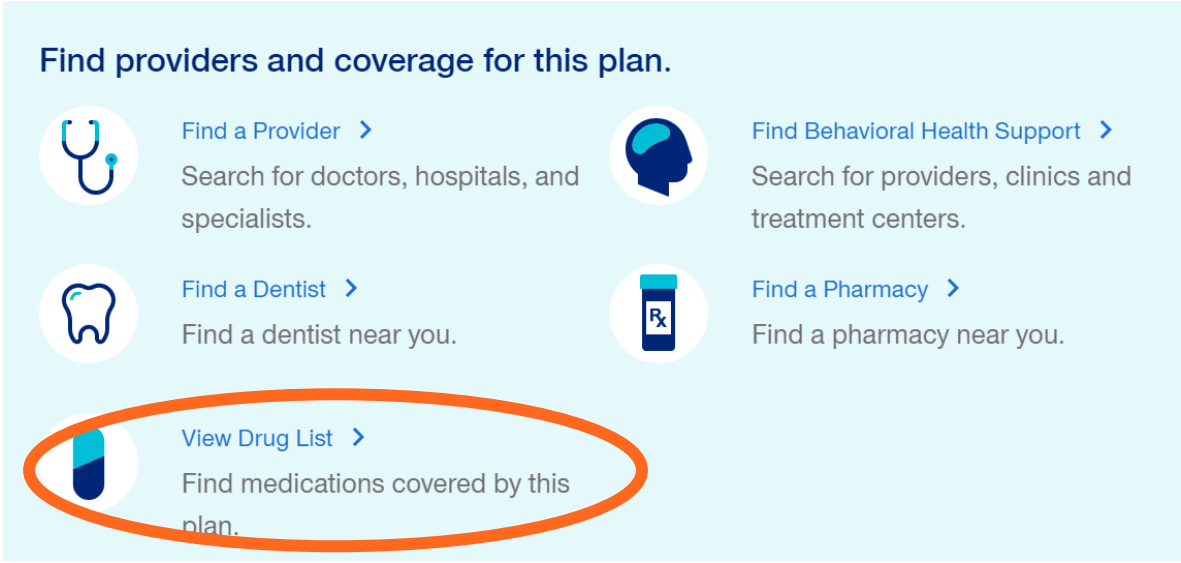
Find a Plan

[District of Columbia D-SNP Plans | UnitedHealthcare Community Plan (uhc.com)]

Find a Plan



Formulary Information



Pharmacy Information

UHC Dual Choice DC-S001 (PPO D-SNP) Lookup Tools

- Find A Provider
- Behavioral Health
- Find A Drug
- Find A Dentist
- Find A Pharmacy

Formulary Information

Find A Drug

This search option is only available for desktop users. Note that you can download a list of covered drugs below.

Search for drugs covered by our plan

Formularies

English
PDF .98MB - Last Updated: 03/01/2024

Prior Authorization Criteria - English
PDF 1.61MB - Last Updated: 03/01/2024

Step Therapy Criteria - English
PDF 55.75KB - Last Updated: 03/01/2024

Español
PDF 553.57KB - Last Updated: 03/01/2024

Pharmacy Prior Authorization Request

Submit a Pharmacy Prior Authorization Request to OptumRx.

Appeal a Coverage Decision

If we make a coverage decision and you are not satisfied with this decision, you can "appeal" the decision. An appeal is a formal way of asking us to review and change a coverage decision we have made.

Click here to send an email with your appeal request.

Download the Evidence of Coverage for this plan and review the grievance and appeals section.

English
PDF 2.60MB - Last Updated: 12/08/2023

Español
PDF 51.07KB - Last Updated: 10/12/2023

Or you may download our Drug Coverage Determination Request Form, fill it out and mail it to us.

Drug Coverage Determination Request Form
PDF 387.05KB - Last Updated: 04/21/2023

Formulary Drug List

Table of contents

Formulary Drug List

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
Celecoxib (Oral Capsule)	G	1	QL
Diclofenac Epolamine (External Patch)	B	1	PA; QL
Diclofenac Potassium (50MG Oral Tablet)	G	1	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Diclofenac Sodium (1% External Gel)	G	1	
Diclofenac Sodium (Oral Tablet Delayed Release)	G	1	
Diflunisal (Oral Tablet)	G	1	

Types of Coverage Determinations

Prior Authorization

These drugs are listed on the formulary as requiring a PA

Specific coverage criteria is posted and must be met

Coverage Exception

These drugs are not listed on the formulary

May be covered by submitting a coverage exception request

Find a Pharmacy

Find providers and coverage for this plan.

Find a Provider >

Search for doctors, hospitals, and specialists.

Find Behavioral Health Support >

Search for providers, clinics and treatment centers.

Find a Dentist >

Find a dentist near you.

Find a Pharmacy >

Find a pharmacy near you.

View Drug List >

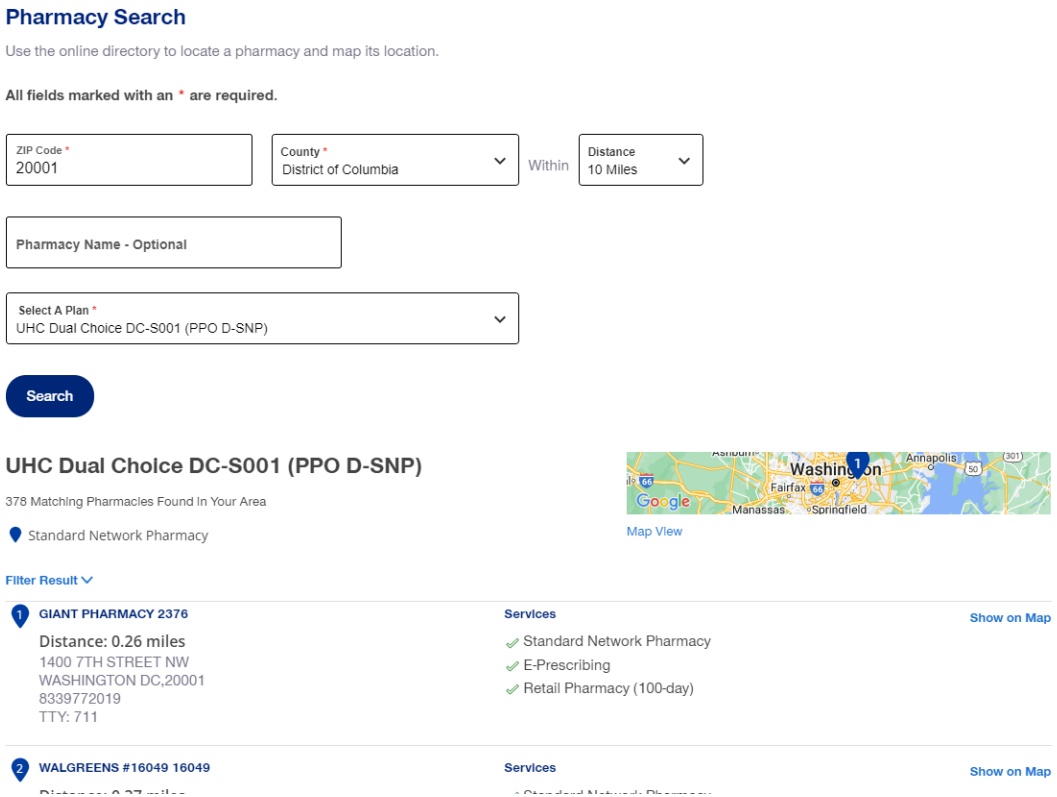
Find medications covered by this plan.

Find a Pharmacy

UHC Dual Choice DC-S001 (PPO D-SNP) Lookup Tools

- Find A Provider
- Behavioral Health
- Find A Drug
- Find A Dentist
- Find A Pharmacy

Find a pharmacy



Contact Information

- Enrollee Services 1-866-242-7726
- Provider Services 1-888-350-5608
- Pharmacy Help Desk 1-877-889-6510
- Pharmacy PA department 1-800-711-4555
- Pharmacy PA website OptumRx Prior Authorization- Lines of Business

Contact Information

- Pharmacy Director: Nicole L Zvosecz PharmD, RPH
- Email: Nicole.Zvosecz@uhc.com
- Phone: 504-849-1559

Questions?

Appendix

Plan Breakout

- All members have Part D coverage. Differences occur in the bonus drug list/wrap benefit and part B cost share

Plan Description	Bonus Drug List Does the integrated plan provide members access to Medicaid payable pharmacy products (OTCs, vitamins, and non-Part D covered drugs)?	Bonus Drug List Products on bonus drug list	Part B Cost-Share Should Part B cost-share be reduced by Medicaid as part of this integration?	Part B Cost-Share If so, what should the member out of pocket cost be for Part B drugs?
DC UnitedHealthcare Dual Choice LPPO HIDE Full H2406-053-000 A	Yes	district list of OTCS only	Yes	$0
DC UnitedHealthcare Dual Choice LPPO HIDE Partial H2406-053-000 A	No	NA	No	Medicare Benefit as filed with CMS
DC UnitedHealthcare Dual Choice LPPO CO Partial H2406-099-000 A	No	NA	No	Medicare Benefit as filed with CMS
DC UnitedHealthcare Dual Choice LPPO CO QMB H2406-099-000 A	No	NA	Yes	$0
DC UnitedHealthcare Dual Complete HMO HIDE Full H7464-010-000	Yes	district list of OTCS only	Yes	$0
DC UnitedHealthcare Dual Complete HMO HIDE Partial H7464-010-000	No	NA	No	Medicare Benefit as filed with CMS

Categories of Medicaid Eligibility

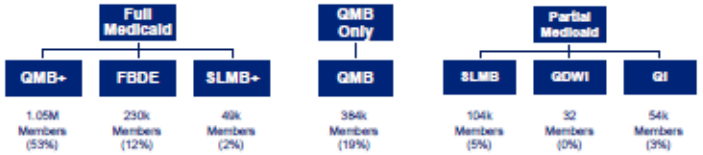
An **individual's Medicaid eligibility category will determine if they are eligible** for a D-SNP, what is covered, and if there is a **member cost share**. This is in addition to Medicare eligibility.

7 Medicaid Eligibility categories or codes describe various populations of people based on their state-defined Medicaid status. They include:

- **FBDE:** Full Benefit Dual Eligible
- **QMB:** Qualified Medicare Beneficiary
- **QMB Plus:** Qualified Medicare Beneficiary Plus
- **SLMB:** Specified Low-Income Medicare Beneficiary
- **SLMB Plus:** Specified Low-Income Medicare Beneficiary Plus
- **QI:** Qualifying Individual
- **QDWI:** Qualified Disabled and Working Individual

UnitedHealthcare classifies these categories in three ways.

- **Full:** FBDE, QMB+, SLMB+
- **QMB:** QMB (Partial)
- **Partial:** SLMB, QDWI, QI



The numbers above show UHC's current DSNP membership across Dual Eligible types