Quarterly Pharmacy Provider Forum

Department of Health Care Finance

March 18th 2025, 10-12pm

March 19th 2025, 1-3 pm

AGENDA

* Welcome
* Introductions
* Washington DC Pharmacy Association
* DHCF Updates
* MCO Updates
* Contact Information
* Open Discussion

Washington DC Pharmacy Association

Citywide Rx Provider Advocacy Efforts

March 19, 2025

WASHINGTON DC PHARMACY ASSOCIATION

CITYWIDE RX PROVIDER ADVOCACY

Advocacy In Action - Updates

- **Provider Status Implementation**
- **Support for PBM Reform**
- **Payments to Independent Pharmacies**

Pharmacy Issues of Importance for District Pharmacists 2025

Provider Status Implementation

DC HORA ACT 2024

Designating Pharmacists As Providers

Implementation of the Health Occupations Revision General Amendment Act of 2024

'Official Law: Law No: L25-0191’

Develop and execute a plan to implement the multi-layered B25-0545 - Health Occupations Revision General Amendment Act of 2024 which is 'Official Law: Law Number**:** L25-0191

What Needs To Be Done?
Implementation of Payment for Pharmacists Services

- To Implement Payment for Pharmacists Services (Provider Status) in the District of Columbia
  - -Implications of the 'Expanded Scope of Pharmacy Practice'
  - -Collaborative Practice Agreements
  - -Reimbursements to pharmacists for services provided
    - Credentialing
    - Enrollment as Providers – Insurers and other Payers
    - Billing and CPT Codes
  - -Educational Programs:
    - Continuing Professional Education (CPE)
    - Continuing Professional Development (CPD)
- To advance legislative initiatives for PBM Reform Legislation
- To bring effective, efficient program delivery and eliminate duplication of efforts
- To develop and/or influence public policy around issues specific to the DC pharmacy
- To plan for current and future professional needs for 2025 and beyond

Citywide Rx PBM Reform Support

The Big Three	Headquarters	2017 Annual Revenue	Market Share
EXPRESS SCRIPTS®	St. Louis, Mo.	$100.1 billion[12]	28 percent
CVS caremark®	Woonsocket, R.I.	$184.8 billion[13]	26 percent
OPTUMRx® (owned by UnitedHealthcare)	Irvine, Calif.	$63.7 billion[14]	19 percent

US Federal Trade Commission (FTC) finds major pharmacy benefit managers inflated drug prices for $7.3 billion gain

Reuters: By Ahmed Aboulenein and Amina Niasse January 14, 2025

- **FTC report accuses PBMs of marking up drug prices significantly**
- **PBMs defend practices, call FTC suit baseless**
- **Lawmakers aim to curb PBM influence on drug costs**

The PBMs featured in the report—CVS Health's Caremark, UnitedHealth's Optum Rx, and Cigna Group's Express Scripts—are integrated with large healthcare companies that also own pharmacies. These three largest PBMs control 80% of the U.S. prescription drug market.

› **WASHINGTON, Jan 14 (Reuters) - The nation's three largest pharmacy benefit managers have significantly marked up the prices of certain medicines, including for heart disease, cancer and HIV, at their affiliated pharmacies.**

› **From 2017 to 2022, the companies -- UnitedHealth Group's Optum, CVS Health's CVS Caremark and Cigna's Express Scripts -- marked up prices at their pharmacies by hundreds or thousands of percent, netting them $7.3 billion in revenue in excess of the acquisition costs of the drugs.**

› **"The $7.3 billion is the difference between what they are reimbursing themselves and what it is estimated to cost them to acquire the drug"; adding that the figure was "probably an underestimate."**

Reuters US FTC report con't

- **Pharmacy benefit managers, or PBMs, act as middlemen between drug companies and consumers. They negotiate volume discounts and fees with drug manufacturers on behalf of employers and health plans, create lists of medications that are covered by insurance, and reimburse pharmacies for prescriptions.**
- **A FTC report said dispensing patterns suggested the companies were steering more profitable prescriptions, ones marked up more than $1,000 per prescription, to pharmacies that their parent companies own.**
- **They also paid those pharmacies more than unaffiliated pharmacies for nearly every drug in the study, the report said.**
- **In 2021, patient out of pocket costs for these drugs were at $279 million, an annual compound increase of 14%-21% since 2017, the report found.**

PBM Reform and Legislative Actions
Reimbursements to Independent Pharmacy Providers

- PBM Reform Legislation - Despite bipartisan support, a last-ditch effort to pass a healthcare package that included pharmacy benefit manager reforms was rejected. The package being introduced included reauthorizations of the opioid-fighting SUPPORT Act.
- The legislative initiatives center around issues such as spread pricing, which is a practice where PBMs charge health plans or employers a higher price for medications than what they pay to pharmacies, keeping the difference (spread) as profit. Bills also target lack of transparency, particularly regarding proprietary rebates negotiated between PBMs and drug makers. Moreover, proposals take aim at conflicts of interest when PBMs steer patients to affiliated pharmacies or limit access to the cheapest biosimilar medications in favor of private label alternatives manufactured by PBM subsidiaries.
- Payments for Pharmacists Services

Impact of Pharmacy Closures

- **There are two types of geographic areas that are affected"**

  The 'Urban Pharmacy Desert' is generally defined as low-income urban communities or neighborhoods where there is no pharmacy within a half-mile for those with limited vehicle access; and for low-income communities with adequate vehicle access, the defining radius extends to a mile.

  The 'Rural Pharmacy Desert' is defined as any location within a 10-mile radius without ready access to a pharmacy for those with access to transportation.

  Generally, 15.8 million (4.7%) of all people in the United States live in pharmacy deserts.

- **Nationally, between 2018 and 2024,**

  CVS has plans to 'realign their footprint' by closing 1144 stores across the country

  Between 2019 and 2024, Walgreens plans to close 350 stores in a major 'reset'

  Rite Aid has emerged from Chapter 11 bankruptcy protection with a much smaller national footprint

- **In the DC, over 38 chain and independent pharmacies have closed within the past 10 years.**

- **Note: Amazon to open 20 new pharmacies in 2025**

Healthcare Leader Trends

- Success hinges on understanding diverse patient needs and tailoring solutions accordingly.
- Leveraging virtual health options, telehealth capabilities, digital tools like patient portals, online scheduling, and health tracking apps.

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- CVS Health has filed for a trademark that would allow it to sell goods and services in the metaverse. A metaverse is a network of three-dimensional virtual worlds. It's sometimes described as a version of the internet that functions as a single, digital world facilitated by the use of virtual and augmented reality headsets.

› CVS Health is rolling out a new customer app that aims to make it simpler and more convenient for users to manage benefits and prescriptions.

- Walgreens to be acquired by Sycamore Partners - In the $23.7B deal to the private equity firm, the company will continue to operate as Walgreens.
- Amazon is opening 20 more pharmacies in 2025

BE RECOGNIZED AS A HEALTH CARE PROVIDER

Citywide Rx Advocacy and Support

WHAT?

- Pharmacists, pharmacy providers, pharmacy technicians, student pharmacists, activist leaders and stakeholders from every practice setting of pharmacy to work collaboratively to coordinate activities, timelines and maximize resources to attain a goal.

- Support independent pharmacy providers and pharmacists to help navigate challenges surrounding Pharmacy Benefit Manager (PBM) Reform and Payment for the clinical services we provide.

DHCF Updates

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

Beneficiary Triplicate Notice Form Audit Findings

Audit Noncompliance	Provider Count
The pharmacy did not have the required signs or carbon copy forms.	22
The pharmacy had one sign but did not have the rejection forms	3
The pharmacy did not have the required signs or carbon copy forms.	2
The pharmacy did not have the required signs but had the rejection forms.	1
The pharmacy had the required signs but did not have the rejection forms.	1
The pharmacy had the required signs but did not have the forms.	1
The pharmacy did not have the required signs but did have an unopened pack of forms.	1
The pharmacy did not have the required signs but had the rejection forms.	1
The pharmacy does not have the required signs but has been using forms for claim rejections.	1
Grand Total	**33**

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

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 በሥልክ ቁጥር 1-(800) 273 - 4962 ይደውሉ.
ተወካዎን በቀን 24 ሥሊትና በሣምንት 7 ቀናት አርዲት ያደርጉሌዎታል. 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.

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

Fee for Service Formulary Changes

- **Diabetes: Insulin Mixes – Other**
  - Humalog® Mix 50/50, 75/25 vials
  - Humalog® Mix 50/50, 75/25 pens
  - *
- **Diabetes: Insulin Long Acting**
  - Insulin glargine vial
  - Insulin glargine pen
  - Levemir® FlexPens
  - Levemir® vial - Brand to generic switch
  - *
- **Diabetes: Insulin Rapid Acting**
  - Humalog® 100 u/ml vial- Brand to generic switch
  - Novolog® vial
  - NovoLog® cartridge- Brand to generic switch

Formulary Helpful 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

Quarterly Pharmacy Forum
March 17 & 18, 2025

Leslie Addison, Manager Pharmacy Services

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

Health Services for Children with Special Needs (HSCSN)

- 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 contracts CVS/Caremark as its Pharmacy Benefit Manager (PBM) and delegates utilization management for the pharmacy benefit to CVS/Caremark.

HSCSN Drug Formulary

HSCSN Drug Formulary is contracted with CVS Caremark National Pharmacy & Therapeutic Committee.

- CVS Caremark PBM utilizes the CVS Caremark National Pharmacy & Therapeutic Committee *Standard Managed Medicaid Template for HSCSN formulary* decisions.

- HSCSN formulary modifications are based on all DHCF requirements and as needed for the population, we serve.

- Generic first, drug formulary.

- Prior Authorization is required for brand-name medications with available generic and non-formulary medications.

- Over-the-counter(OTC) medications are included in the formulary. However, OTC medications require a written prescription.

- Prescriptions are needed for nebulizers, aerochamber, and glucometers are covered with a prescription.

Formulary Additions

- **Itovebi** (inavolisib) 3mg, 9mg — ***Brand/Preferred** PA/SP/QL
  Drug Class: Kinase Inhibitor
  Medication use: breast cancer

- **Vigafyde** (vigabatrin) oral 100mg/ml — ***Brand/Preferred** PA/SP/QL
  Drug Class: Antiseizure agent
  Medication use: seizures

- **Budesonide** rectal foam 2mg/act (generic) — **Generic/Preferred**
  Drug Class: Corticosteroid
  Medication use: inflammatory bowel disease

- **Mirabegron** tablet ER 25mg, 50mg — **Generic/Preferred**
  Drug Class: Beta-3-adrenergic agonist
  Medication use: overactive bladder

- **Dabigatran exilate** capsule 110mg, 150mg — **Generic/Preferred**
  Drug Class: Direct Thrombin Inhibitor
  Medication use: anticoagulant

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

Formulary Deletions

- **Eulexin** (flutamide) capsules 125mg
- **Floritab** (sodium fluoride) drops 0.125mg
- **Phenergan VC/ Codeine**(promethazine vc-phenylephrine/codeine) syrup 6.25mg-10mg/5ml
- **Phenergan VC/ Phenylephrine** (promethazine vc-phenylephrine/codeine) syrup 6.25mg-5mg/5ml

Note: brand & generic

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

Pharmacy drugs NDCs issues

- NDCs mistakenly were blocked by the CVS Caremark Drug Formulary Team during the quarterly formulary update.
- CVS Caremark PBM has marked the correction as urgent.

Drug (generics)
Oxcarbazepine oral susp 300mg/5ml
Hydroxyzine oral tablet 25mg
Nitrofurantoin oral susp 25mg/5ml
Griseofulvin oral susp 125mg/ml

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 request
- Prescribers submit PA requests directly to CVS/Caremark Utilization Management.
- The PA request must include an indication for the medication, including the diagnosis code for the condition being treated with the medication.
- PA request must provide the clear clinical rationale for the requested medication, and if formulary medications were used previously.

Written Beneficiary Triplicate Notification Outreach

Pharmacy Outreach

DHCF monthly audit:

- A monthly random audit pharmacies validating enrollee(s) received the point-of-sale triplicate notice for denied medication
- Poster check at a pharmacy location
- Outreach may be done via phone, virtual, and/or in-person
- Provide instructions on accessing DHCF links to order forms “Other Forms” Beneficiaries Notice – Triplicate Form Request (dc[1]pbm.com)

https://www.dc-pbm.com

Naloxone Providers Letter

Naloxone Outreach Letters

Goal:

- Focus on overdose prevention for at-risk enrollees
- Notify prescribers of opioid prescriptions dispensed to enrollees without accompanying overdose prevention medication.

- November 25, 2024, the DHCF Team granted HSCSN the approval to utilize a prevention letter for our enrollees when identified from the Lock-in monthly review as at risk for opioid overdose.

- HSCSN Drug Utilization Review Committee is using the letter as one of the interventions for enrollees.

On December 1, 2025, the letter campaign started.

HSCSN Pharmacy Services

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 the 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 contract requirement of 72 hrs
- No co-payment required

Known Challenges/Issues

Rejected Claims Preventing Medication Fills

- Medications that require prior authorization, but PA not requested
- 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.

HSCSN / CVS Caremark Contact Information

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

HSCSN Contact Information

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

Ranota Hall, M.D., Chief Medical Psychiatric Officer
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.

UnitedHealthcare DC Dual Choice

Nicole L Zvosecz, PharmD

March 2025

United Healthcare

Plan Overview

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

ALL MEMBERS HAVE PART D COVERAGE FOR PRESCRIPTION DRUGS

WRAP BENEFIT/OTC'S AND PART B COST SHARE IS 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
- Most Part D exclusions apply such as weight loss and cosmetic medications
- Medicaid wrap benefit is the District defined OTC and infertility list
- 90 and 100 day supplies available.

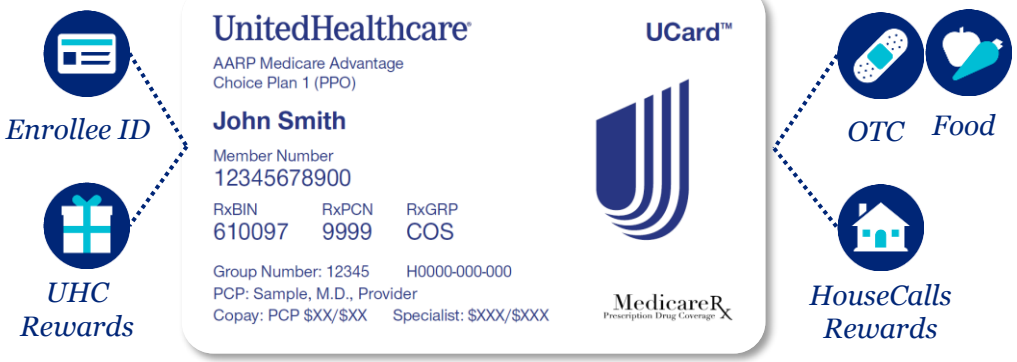
Pharmacy Claims Processing Information

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 HIDE Full	MPDCSP	610097	9999	MPDCSP	Yes	Yes	Yes
H7464-10	HMO HIDE 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

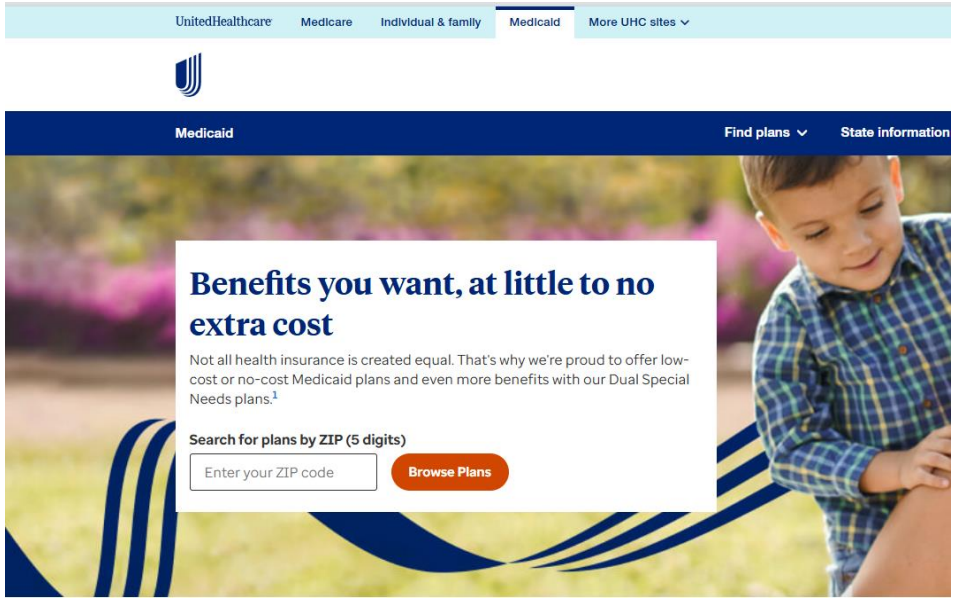
- The UCard will be the member ID and replace prior payment cards
- Benefit credit (OTC/Food/Utilities) and rewards (UHC and HouseCalls) purses will be consolidated onto UCard
- The barcode on the back can be scanned at any of the **55K+ retail locations** in the S3 network to buy approved items with 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

Over the Counter/Food/ Utilities Overview

	Dual Choice	Dual Choice One	Dual Choice Unity
Benefit	$131 per month Over the Counter (OTC), food allowance, and utilities combined credit (expires monthly) UHC Medicaid approved OTC are covered under Pharmacy benefit	$177 per month OTC, food allowance, and utilities combined credit (expires monthly) UHC Medicaid approved OTC are covered under Pharmacy benefit	$88 per month OTC, food allowance, and utilities, combined credit (expires monthly)
Over the Counter/Food	Store Finder (healthybenefitsplus.com)	Store Finder (healthybenefitsplus.com)	Store Finder (healthybenefitsplus.com)

Web Tools

Find a Plan Tool

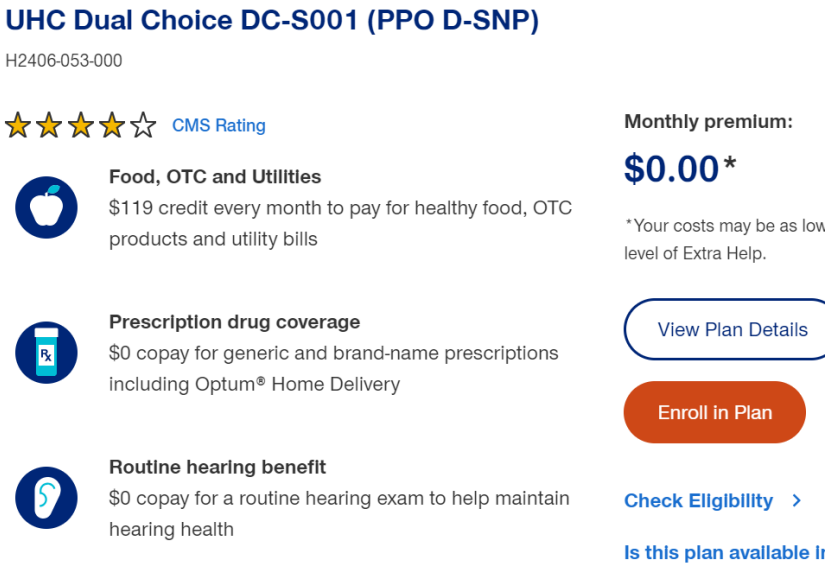


Go to: www.uhccp.com

Enter your zip code and click Browse Plans to view the different plans available in your area.

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

Find a Plan



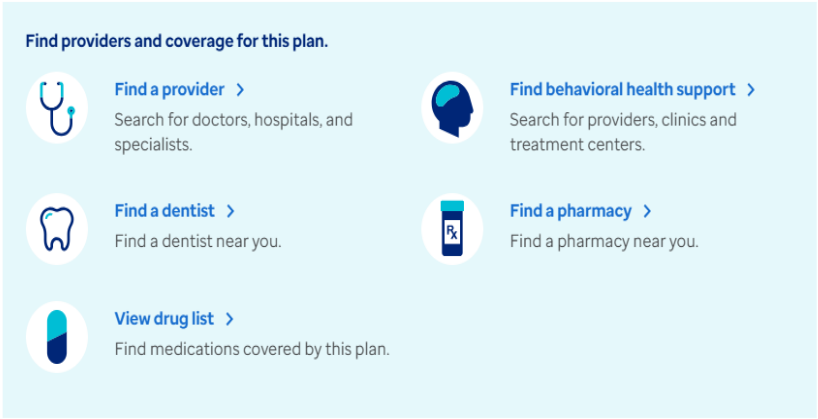
This is how an individual plan preview displays.

There are 3 plans available in DC

Note the STARS rating is listed under the plan name

Click on: View Plan Details to see more in-depth info

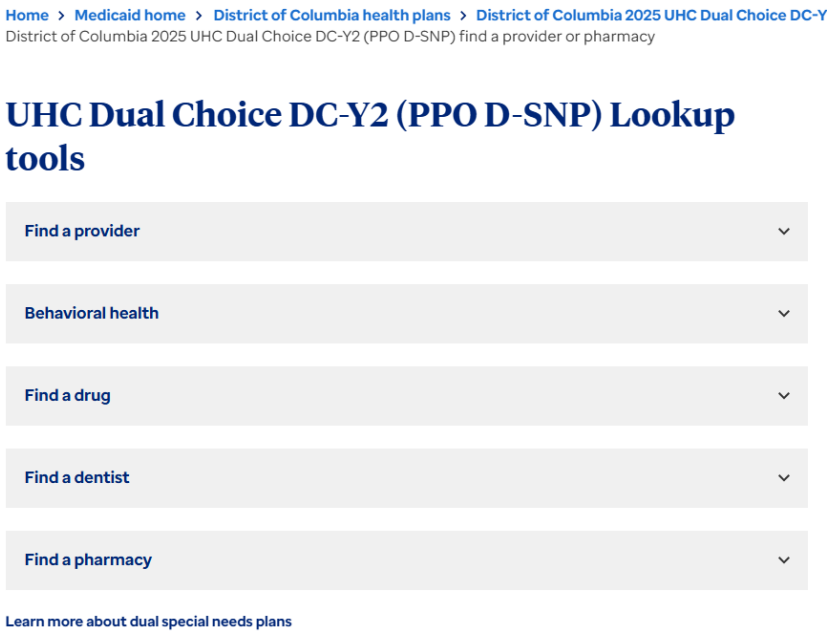
Pharmacy Benefit Information



Scroll down the page halfway to see these options

Both the links to the drug list and network pharmacies are listed in addition to other helpful links

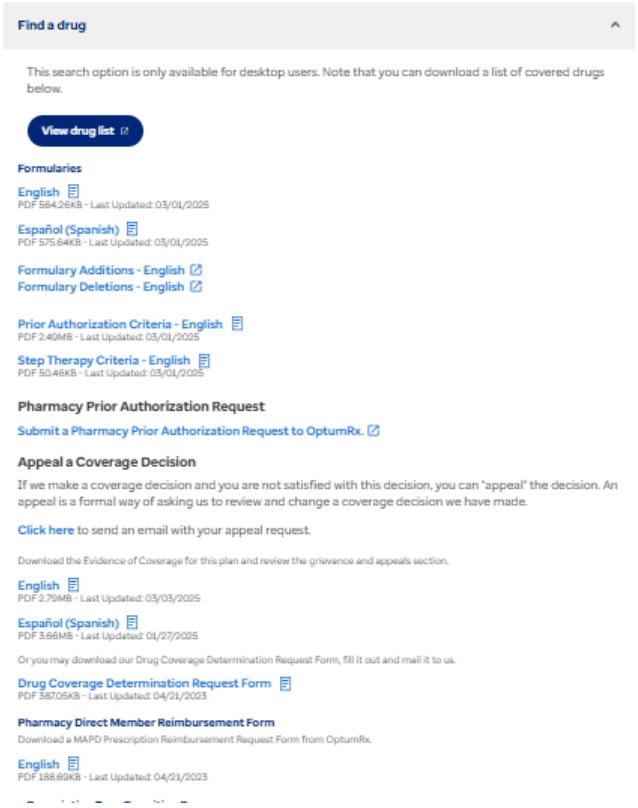
Pharmacy Benefit Information



Clicking on the prior screen brings you here

Click on find a drug to expand the section

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.

View drug list

Formularies

English
PDF 564.26KB - Last Updated: 03/01/2025

Español (Spanish)
PDF 575.64KB - Last Updated: 03/01/2025

Formulary Additions - English
Formulary Deletions - English

Prior Authorization Criteria - English
PDF 2.49MB - Last Updated: 03/01/2025

Step Therapy Criteria - English
PDF 50.46KB - Last Updated: 03/01/2025

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 2.79MB - Last Updated: 03/03/2025

Español (Spanish)
PDF 3.66MB - Last Updated: 01/27/2025

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

Pharmacy Direct Member Reimbursement Form

Download a MAPD Prescription Reimbursement Request Form from OptumRx.

English
PDF 188.69KB - Last Updated: 04/21/2023

Now you can see all the formulary tools including

- **Drug look up**
- **Formulary list**
- **PA criteria and Forms**
- **Appeals info**
- **Reimbursement form**

Formulary Drug List

Table of contents

The formulary has a lot of information on it and can answer some questions on drug coverage.

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	

The formulary also shows how drugs are covered.

All drugs are Tier 1 with no copays

It also indicates any restrictions such as Prior Authorization (PA) or Quantity Limits (QL)

Types of Coverage Determinations

Prior Authorization

These drugs are listed on the formulary as requiring a PA

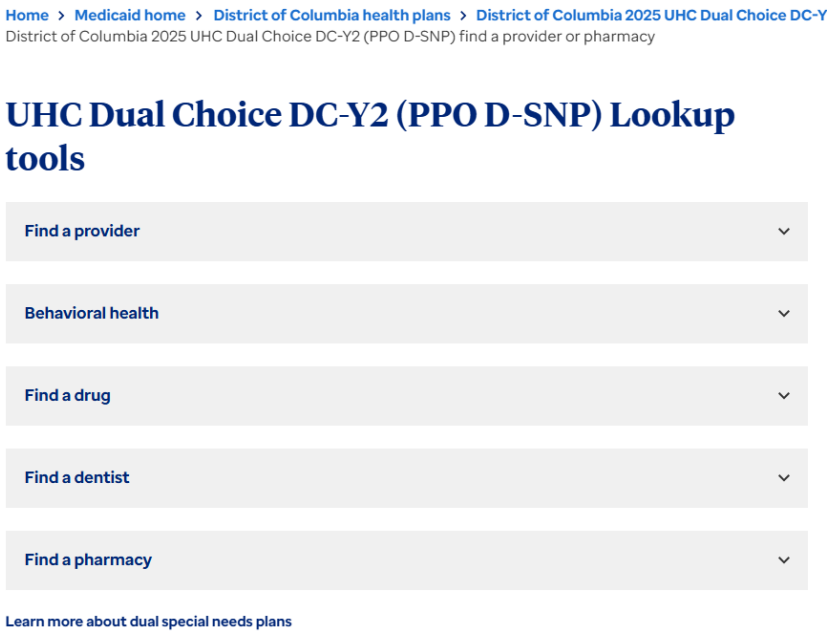
Specific coverage criteria is posted and must be met

Coverage Exception

These drugs are not listed on the formulary

May be covered by submitting a coverage exception request

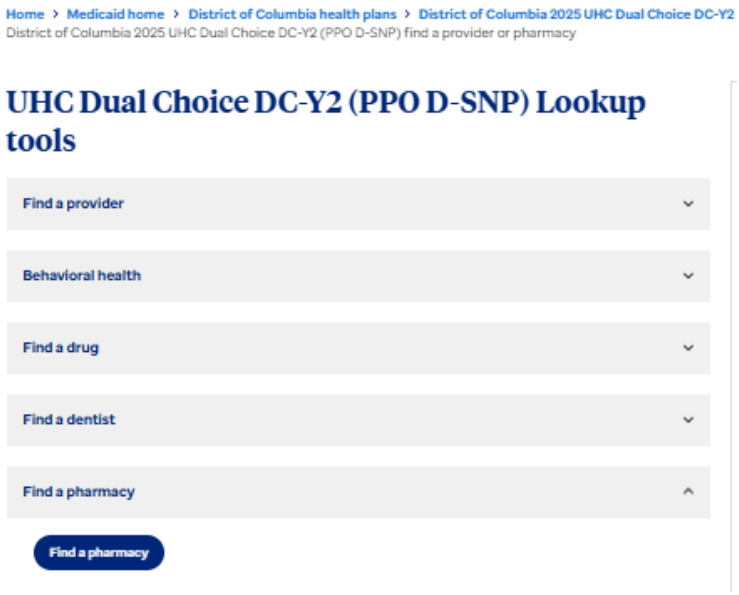
Pharmacy Benefit Information



Clicking on the prior screen brings you here

Click on find a drug to expand the section

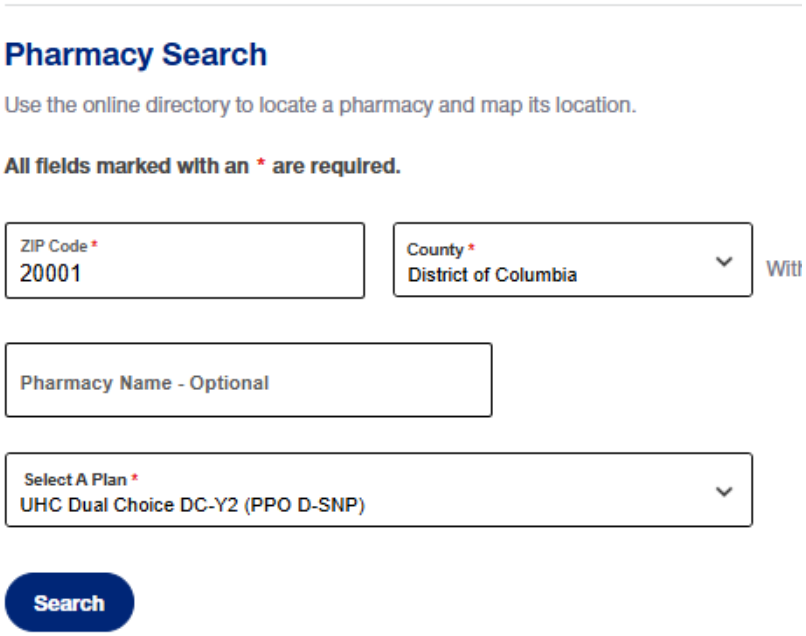
Find a Pharmacy



Find a pharmacy expands to the link.

Click on Link

Find a Pharmacy

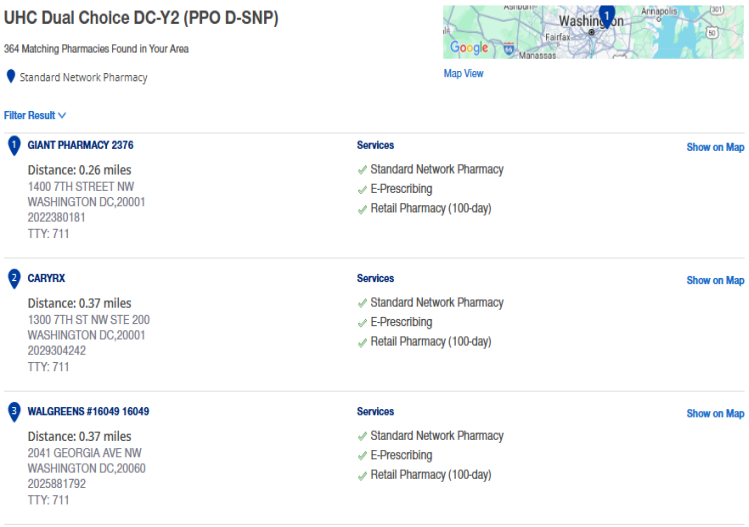


Enter your zip code and select your plan

Adjust the search radius

Hit the Search Button

Find a pharmacy



The list generates based on distance

Clicking Filter Result allows you to search by 24 hour and mail order.

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
- Plan Look Up: District of Columbia D-SNP Plans | UnitedHealthcare Community Plan (uhc.com)

Questions?

Pharmacy Provider Forum

Tracey Davis, PharmD

March 2025

AmeriHealth Caritas
District of Columbia

Delivering the Next
Generation
of Health Care

February 2025 P&T changes

AmeriHealth Caritas District of Columbia

The following products will be **added** to the formulary on 3/24/25:

- FreeStyle Libre 2 Plus sensor
- Zituvimet XR Oral Tablet Extended Release 24 Hour
- Simlandi (adalimumab-ryvk) 2 syringe kit 40 mg/0.4mL
- loratadine-pseudoephedrine 5-120 mg 12-hour tablet

Formulary Removals

AmeriHealth Caritas District of Columbia

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

Effective 3/24/2025:

- Jesduvroq
- Zulresso
- carisoprodol-aspirin
- Saizen
- Saizenprep
- AirDuo Digihaler

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

MedStar Family Choice

DISTRICT OF COLUMBIA

It's how we treat people.

April 18th & 19th, 2025

Pharmacy Provider Forum

District of Columbia Healthy Families

District of Columbia Healthcare Alliance

Erica McClaskey, MD, MS, FAAFP

Chief Medical Officer, MFC DC

Agenda

1. Safety Moment
2. Prior Authorization reviews
3. MFC-DC Formulary Changes Effective April 1, 2025
4. Provider Resources
5. Questions

MedStar Family Choice

DISTRICT OF COLUMBIA

Safety Moment

MedStar Family Choice

DISTRICT OF COLUMBIA

Case

Situation:	• **2-year-old female (Spanish speaking family) with cystic fibrosis prescribed non-formulary Creon to manage her pancreatic insufficiency**
Background:	• The patient was recently hospitalized and demonstrated significant weight loss secondary to loss of appetite and severity of illness. • The medication was denied; the family did not receive information about the rejection before visiting the pharmacy, and did not know how to address the situation.
Actions:	• The case manager learned of the situation and reached out to the provider's clinical staff to express the urgency of the of the request. • The provider prescribed Zenpep (formulary) and the patient received her medication.
Results:	• The provider and their staff were impressed with the attentiveness of the MedStar staff and how quickly the issue was handled once it was brought to our attention. • Take away: Highlights the importance of educating providers to review the formularies.

Prior Authorizations

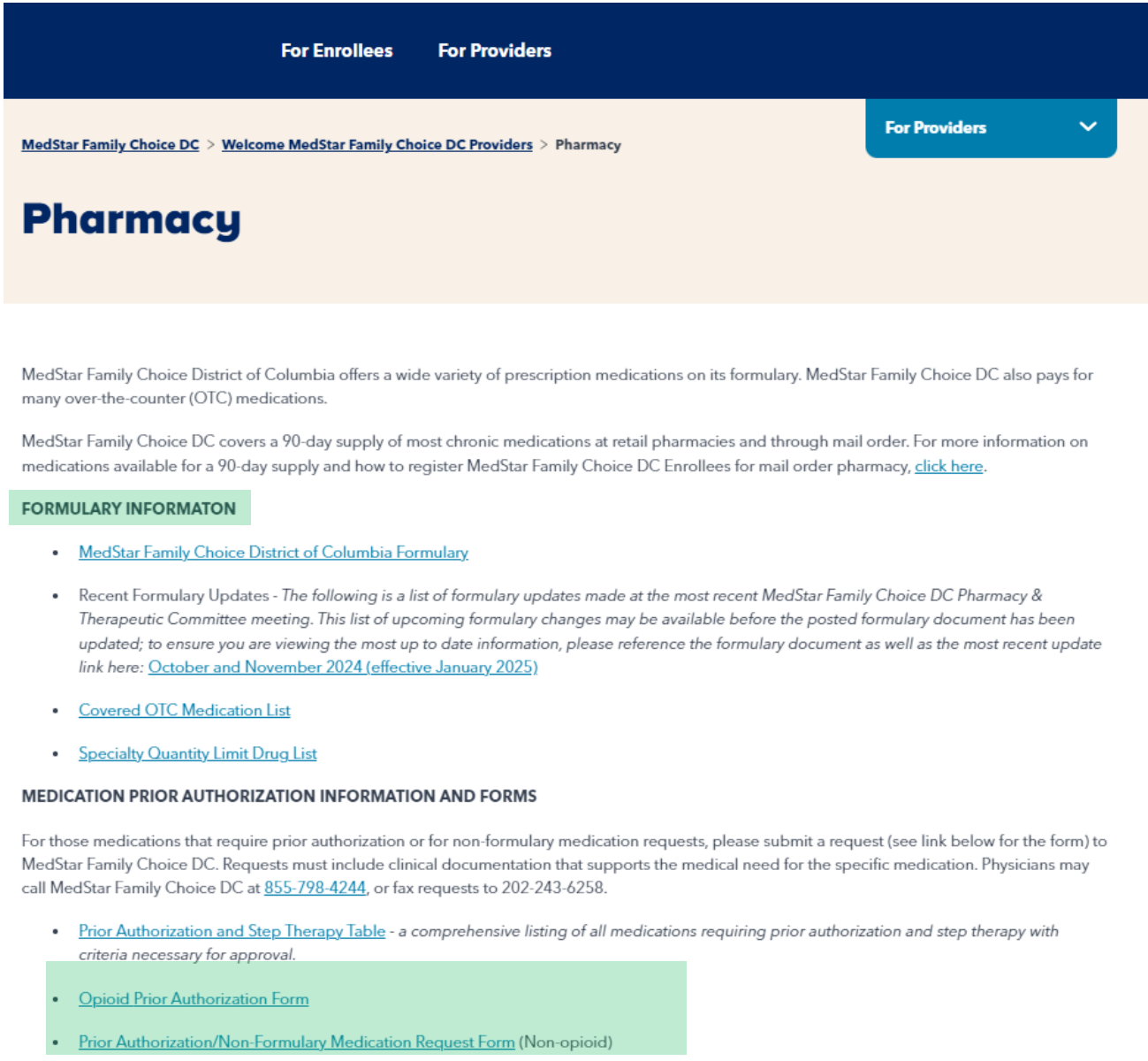
MedStar Family Choice

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.



For Enrollees For Providers

For Providers

MedStar Family Choice DC > Welcome MedStar Family Choice DC Providers > Pharmacy

Pharmacy

MedStar Family Choice District of Columbia offers a wide variety of prescription medications on its formulary. MedStar Family Choice DC also pays for many over-the-counter (OTC) medications.

MedStar Family Choice DC covers a 90-day supply of most chronic medications at retail pharmacies and through mail order. For more information on medications available for a 90-day supply and how to register MedStar Family Choice DC Enrollees for mail order pharmacy, click here.

FORMULARY INFORMATON

- MedStar Family Choice District of Columbia Formulary
- Recent Formulary Updates - *The following is a list of formulary updates made at the most recent MedStar Family Choice DC Pharmacy & Therapeutic Committee meeting. This list of upcoming formulary changes may be available before the posted formulary document has been updated; to ensure you are viewing the most up to date information, please reference the formulary document as well as the most recent update link here:* October and November 2024 (effective January 2025)
- Covered OTC Medication List
- Specialty Quantity Limit Drug List

MEDICATION PRIOR AUTHORIZATION INFORMATION AND FORMS

For those medications that require prior authorization or for non-formulary medication requests, please submit a request (see link below for the form) to MedStar Family Choice DC. Requests must include clinical documentation that supports the medical need for the specific medication. Physicians may call MedStar Family Choice DC at 855-798-4244, or fax requests to 202-243-6258.

- Prior Authorization and Step Therapy Table - *a comprehensive listing of all medications requiring prior authorization and step therapy with criteria necessary for approval.*
- Opioid Prior Authorization Form
- Prior Authorization/Non-Formulary Medication Request Form (Non-opioid)

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 April 1, 2025

Additions:	
betimol ophthalmic drops *ceftriaxone sodium 500 mg for injection* **Cimzia** *(certolizumab pegol) kits* *diclofenac eye drops 0.1%* *difluprednate ophthalmic solution* *fluticasone/salmeterol DPI inhalers (generic for: Advair Diskus)*	*lamotrigine ER tablets* *nebulizers (add with $65 cost cap)* **Nypozi** *(filgrastim-txid) injection* *potassium citrate/citric acid solution 1100/334 mg/5mL* **Vivotif** *(typhoid vaccine) injection (with Age Limit for ages 6+ years)*

MedStar Family Choice
DISTRICT OF COLUMBIA

MFC-DC Formulary Changes

- Effective April 1, 2025

Additions with Prior Authorization:	
Itovebi *(inavolisib) tablets* **Steqeyma** *(ustekinumab-stab) injection*	**Wegovy** *(semaglutide) injection pens* **Yesintek** *(ustekinumab-kfce) injection* **Zepbound** *(tirzepatide) injection pens*

*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 April 1, 2025

Removals:	
Stelara *(ustekinumab) injection*	**Zarxio** *(filgrastim) injection*

MedStar Family Choice
DISTRICT OF COLUMBIA

MFC-DC Formulary Changes

- Effective April 1, 2025

Managed Drug Limits:	
leuprolide acetate 11.25mg kit (3-month injection) – 1 per 90 days *montelukast 10 mg tablets, 4&5 mg chewable tablets – 90 per 90* **Steqeyma** *(ustekinumab-stab) injection – specialty med QL* **Wegovy** *(semaglutide) injection pens – starter and titration doses limited to 1x fills; all strengths limited to 1-month/dispense*	**Yesintek** *(ustekinumab-kfce) injection – specialty med QL* **Zepbound** *(tirzepatide) injection pens – starter and titration doses limited to 1x fills; all strengths limited to 1-month/dispense*

MedStar Family Choice
DISTRICT OF COLUMBIA

MFC-DC Formulary Changes

- Effective April 1, 2025

Utilization Management Changes:	
metformin ER 500 mg tablets – update QL to 4 per day **Omnipod** *insulin pump products – PA requirement removed*	*tobramycin (Bethkis) nebulize solution – PA requirement removed* **Xolair** *(omalizumab) 75mg/0.5mL syringes – remove top AL to allow for use in adults*

*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

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 Mark Fracasso, MD*	(202) 450-9604

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

Quarterly Pharmacy Provider Forum

Amerigroup District of Columbia

Oluwadamilola (Lola) Omopariola, PharmD, BCACP

March 18-19, 2025

Agenda

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

Amerigroup
District of Columbia

Key Formulary Changes

EFFECTIVE MARCH 1, 2025			
Therapeutic Class	**Drug**	**Revised Status**	**Potential Alternatives**
DERMATOLOGICALS	COSENTYX 300MG SENSOREADY PEN COSENTYX 150MG SENSOREADY PEN COSENTYX 150MG/ML INJECTION COSENTYX 300MG INJECTION COSENTYX 75MG/0.5ML INJECTION COSENTYX 125MG/5ML INJECTION COSENTYX UNO 300MG/2ML INJECTION	NON-PREFERRED	SELARSDI (PA REQUIRED) SIMLANDI (PA REQUIRED) AMJEVITA (PA REQUIRED) HADLIMA (PA REQUIRED)
INTERLEUKIN ANTAGONISTS	SELARSDI INJECTION	PREFERRED WITH PA	N/A
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	OTEZLA STARTER KIT OTEZLA 10/20MG TABLET OTEZLA 30MG TABLET	NON-PREFERRED	SELARSDI (PA REQUIRED) SIMLANDI (PA REQUIRED) AMJEVITA (PA REQUIRED) HADLIMA (PA REQUIRED)
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	ENBREL MINI 50MG/ML INJECTION ENBREL SURECLICK 50MG/ML INJECTION ENBREL 25MG/ML INJECTION ENBREL 50MG/ML INJECTION	NON-PREFERRED	SELARSDI (PA REQUIRED) SIMLANDI (PA REQUIRED) AMJEVITA (PA REQUIRED) HADLIMA (PA REQUIRED)

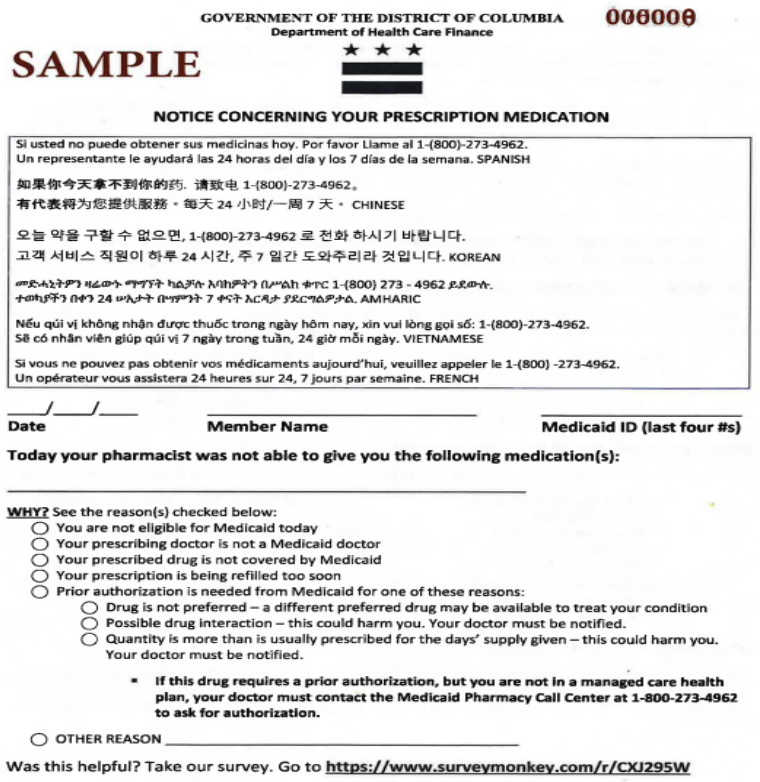
Pharmacy Network Updates

- 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?

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