Quarterly Pharmacy Provider Forum

Department of Health Care Finance

June 17th, 2025 10-12pm

June 18th, 2025 2-4 pm

AGENDA

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

DHCF Updates

Healthcare Alliance Safety Net Program "Alliance"

* Mayor Bower's FY26 District Budget Proposal includes significant changes to the Alliance Program including the existing pharmacy benefit
* DC City Council is currently vetting the proposed budget prior to their vote
* DHCF will be able to provide information about specific pharmacy benefit changes within the next few weeks and will communicate approved changes with the pharmacy provider community as soon as possible

Pharmacy Audit Process

* **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

Triplicate Notice Compliance Audit Trend

	Pass	No Signage	No Pamphlet	No Signage or Pamphlet	Total
Q4 2024	5	7	2	24	38 (13% Pass)
Q1 2025	12	19	1	25	57(21% Pass)
Q2 2025	36	3	9	10	58(62% Pass)

Audit Non-Compliance Finding

Fail Reasons	38%
The pharmacy did not have the required signs but had the carbon copy forms.	2
The pharmacy did not have the required signs or carbon copy forms.	5
The pharmacy had one sign but did not have the carbon copy forms.	4
The pharmacy had one sign but had the carbon copy forms.	1
The pharmacy had the signs but did not have the carbon copy forms.	9

Beneficiary Triplicate Notice Form Request

* Replenishment request form is available on FFS providers portal https://www.dc-pbm.com/

* Select Provider Home, under **Frequently Requested Documents** Triplicate Form Request – Beneficiaries Notice
* Fillable form save, send copy to email - DCMedicaidTriplicateForms@primetherapeutics.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.
ተወካዎች በቀን 24 ሠዓታት በሣምንት 7 ቀናት አርዲተ ያደርጉልዎታል. 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?

<u>If you did not receive your medication</u>, 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

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 FFS Provider Relations
  * Allison Williams
    * allison.williams@primetherapeutics.com
  * James Woods
    * james.woods@primetherapeutics.com

Quarterly Pharmacy Provider Forum

Amerigroup District of Columbia

June 17-18, 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 AUGUST 1, 2025			
Therapeutic Class	**Drug**	**Revised Status**	**Potential Alternatives**
GLUCOSE BLOOD TEST STRIP	GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS	NON-PREFERRED	RELION TRUE METRIX BLOOD GLUCOSE TEST STRIPS TRUE METRIX BLOOD GLUCOSE TEST STRIP
INJECTION DEVICE	AUTOJECT 2 DEVICE INJECT EASE DEVICE	PREFERRED	N/A

Amerigroup
District of Columbia

Key Utilization Management Changes

EFFECTIVE AUGUST 1, 2025		
Therapeutic Class	**Drug**	**Revised Status**
ANALGESICS	JOURNAVX 50 MG TABLET	ADD QL 15 TABLETS PER 7 DAYS; MAX OF 2 FILLS PER 30 DAYS
ANAPHYLAXIS THERAPY AGENTS	AUVI-Q 0.1 MG, 0.15 MG, 0.3 MG AUTOINJECTOR EPIPEN 0.3 MG AUTOINJECTOR EPIPEN JR 0.15 MG AUTOINJECTOR EPINEPHRINE 0.15 MG, 0.3 MG AUTOINJECTOR SYMJEPI 0.15 MG, 0.3 MG PREFILLED SYRINGE (2 SYRINGE PER BOX)	ADD QL 1 BOX (2 PENS) PER FILL, 4 FILLS PER CALENDAR YEAR
ANAPHYLAXIS THERAPY AGENTS	EPINEPHRINE 0.15 MG, 0.3 MG AUTOINJECTOR SYMJEPI 0.15 MG, 0.3 MG PREFILLED SYRINGE (1 SYRINGE PER BOX)	ADD QL 2 BOX (2 PENS) PER FILL, 4 FILLS PER CALENDAR YEAR
ANAPHYLAXIS THERAPY AGENTS	NEFFY 1 MG NASAL SPRAY	ADD QL 1 CARTON (2 SINGLE-DOSE NASAL SPRAYS) PER FILL; 4 FILLS PER CALENDAR YEAR

Amerigroup
District of Columbia

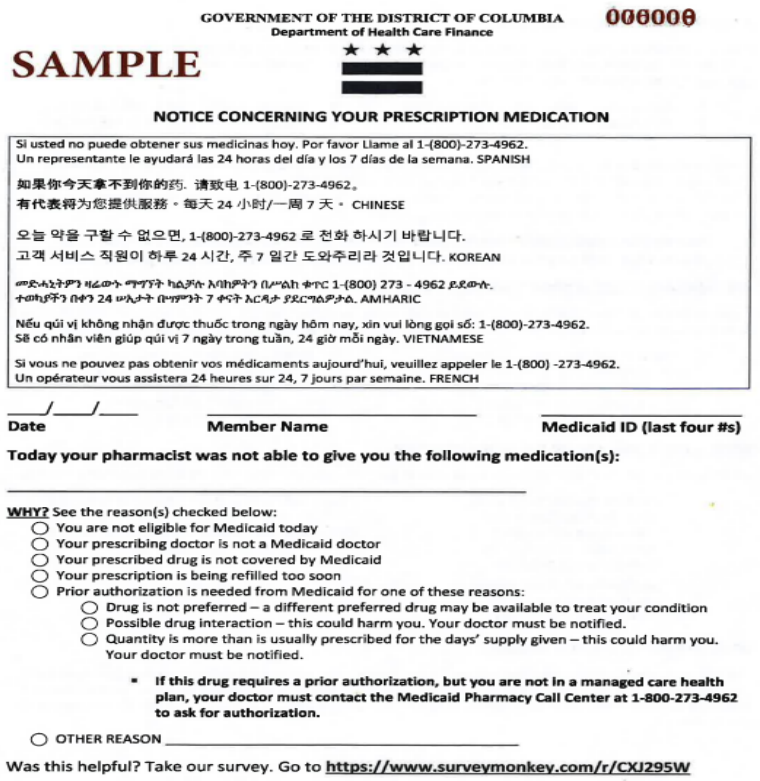
Pharmacy Network Updates

- 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

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

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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
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- ◯ 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

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**

Amerigroup
District of Columbia

Thank you!

Questions?

MedStar Family Choice

DISTRICT OF COLUMBIA

It's how we treat people.

June 17th & 18th, 2025

Pharmacy Provider Forum

District of Columbia Healthy Families

District of Columbia Healthcare Alliance

Mina Tawfeik, PharmD

Health Plan Pharmacist, MFC DC

Mina.Tawfeik@medstar.net

Agenda

1. Prior Authorization
2. MFC-DC Formulary Changes Effective June 1, 2025
3. Provider Issues
4. Questions

MedStar Family Choice

DISTRICT OF COLUMBIA

Prior Authorizations

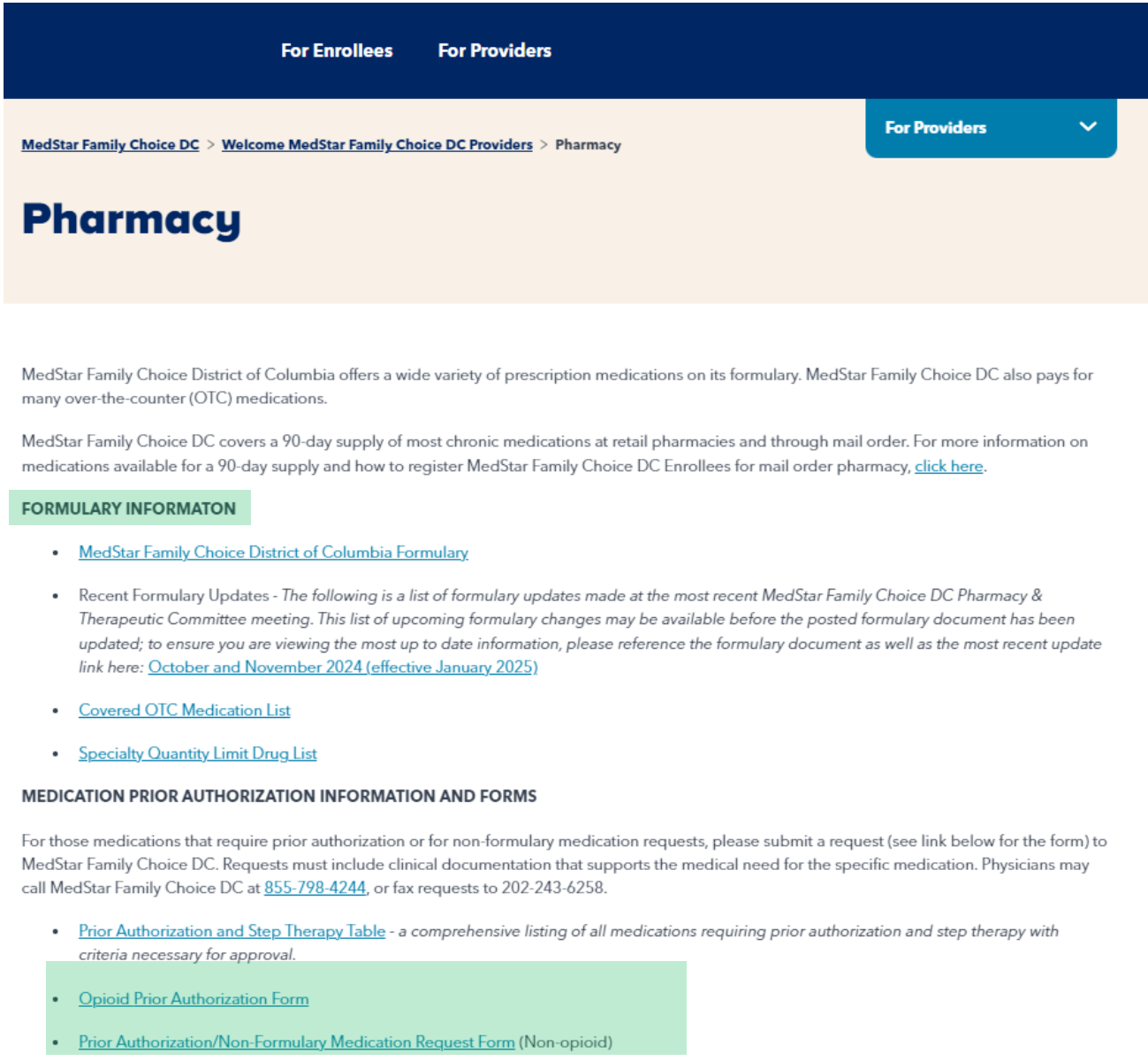
MedStar Family Choice

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 June 1, 2025

Managed Drug Limits: Limited the number of fills from four (4) to one (1) For HIV Antiretroviral medications before guided toward the ADAP program:	
Dolutegravir - ***Tivicay*** *(Brand only)*	***Lamivudine*** *- (Epivir)*
Raltegravir - ***Isentress*** *(Brand Only)*	***Zidovudine***
Darunavir *- (Prezista)*	***Tenofovir Disoproxil Fumarate*** *- (Viread)*
Ritonavir *- (Norvir)*	***Lamivudine-Zidovudine*** *- (Combivir)*
Emtricitabine *- (Emtriva)*	***Lopinavir-Ritonavir*** *- (Kaletra)*
Emtricitabine/Tenofovir Disoproxil Fumarate *- (Truvada)*	

*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

For any question about the ADAP program, please contact the DC ADAP Hotline at (202)671-4815, or Ramsell PBM Customer Service at (888)311-7632.

MedStar Family Choice

DISTRICT OF COLUMBIA

Mounjaro PA criteria change

Removing of the following indication:

Treatment of Obstructive Sleep Apnea (OSA) in persons with Diabetes:

- Pre-treatment A1c is ≥ 6.5 (TIR ≤ 70%) **AND**
- BMI ≥ 30 kg/m2 (documentation within previous 90 days of current height and weight); **AND**
- Documentation of moderate to severe OSA as diagnosed by polysomnography with an apnea-hypopnea index (AHI) ≥ 15 events per hour; **AND**
- Prescribed by, or in consultation with a sleep specialist, pulmonologist, or other provider experienced in treated OSA.

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

June 2025

AmeriHealth Caritas
District of Columbia

Delivering the Next
Generation
of Health Care

April 2025 P&T changes

AmeriHealth Caritas
District of Columbia

The following products will be **added** to the formulary on 6/16/25:

- lacosamide (Vimpat®) 50, 100, 150, 200 mg tablet
- Simlandi (1 Pen) Subcutaneous 80 MG/0.8ML
- Simlandi (2 Syringe) Subcutaneous Prefilled Syringe Kit 20 MG/0.2ML

Formulary Additions with PA Criteria

AmeriHealth Caritas District of Columbia

- Abirtega Oral Tablet 250 MG
- Octreotide Acetate Intramuscular Kit
- Otulfi Intravenous Solution 130 MG/26ML
- Otulfi Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML
- Otulfi Subcutaneous Solution Prefilled Syringe 90 MG/ML
- Yesintek IV
- Yesintek SQ

Formulary Changes

AmeriHealth Caritas
District of Columbia

The following products will have quantity Limits added:

Effective 6/16/2025:

- SPS® (sodium polystyrene sulfonate) with sorbitol 15 gm/60 mL oral suspension QL of 7200mL for 30 days
- potassium chloride (Klor-Con®) 20 mEq oral packet QL of 150 packets per 30 days

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

2nd Quarterly Pharmacy Forum
June 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 drug reviews.
- HSCSN also contracts with CVS Caremark National Pharmacy & Therapeutic Committee for Drug Formulary selections.

July 1, 2025 Drug Formulary Additions

- Imkeldi (imatinib) solution 80mg/ml — *Brand/Preferred
  - Drug Class: Tyrosine Kinase Inhibitor (TKI) — PA/SP/QL
  - Medication use: leukemias & other cancers

- Liraglutide inj 18mg/3ml — *Generic/Preferred
  - Drug Class: Glucagon-like peptide-1 (GLP-1) — ST/QL
  - Medication use: type 2 diabetes

- Rybelsus tablet 1.5mg, 4mg, 9mg — Brand/Preferred
  - Drug Class: Glucagon-like peptide-1 (GLP-1) — ST/QL
  - Medication use: type 2 diabetes

- Iqirvo (elafibranor) tablet 80mg — *Brand/Preferred
  - Drug Class: Peroxisome proliferator-activated receptor agonist (PPARA)
  - Medication use: Primary biliary cholangitis (PBC) — PA/SP/QL

- Jivi inj 4000u — *Brand/Preferred
  - Drug Class: Antihaemophilia Factor — PA/SP
  - Medication use: control bleeding

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

July 1, 2025 Formulary Deletions

- No deletions

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

Website

Search the Formulary »

Download the Formulary (Machine Readable) »

Download the Formulary [PDF] »

HIV Claims

- HSCSN has seen an increase in the number of *incorrectly* processed claims.
- HSCSN, Care Management, and Pharmacy Services meet regularly to review the DHCF HIV monthly report.
- HSCSN Team has noticed an increase in enrollees' HIV medication non-adherence.
- ***Remember***: HIV claims are carved out of MCOs' pharmacy drug formulary and must be billed directly to DC Medicaid.

New Rejection message for “NDC Not Covered”

- **Old rejection message:**

Product ID: 00093317431 Product Name: ALBUTEROL SULFATE HFA HFA AER

Reject Code : 70 - NDC/Product/Service Not Covered
Description: 10009 - DRUG NOT COVERED -PLN EXC
Local Messages: PLAN EXCLUSION

- **New rejection message:**

Product ID: 66993001968 Product Name: ALBUTEROL SULFATE HFA AER

Reject Code : 70 - NDC/Product/Service Not Covered
Description: 10009 - DRUG NOT COVERED
Local Messages: DRUG COVERED; USE OTHER GX NDCS PLAN EXCLUSION

7 Days Emergency Fill (7DEF)

- When a pharmacy claim is rejected, please respond to the rejection message, which provides instructions regarding the pharmacy claim.

- When Prior Authorization (PA) is required, use the override code for 7 days Emergency supply (FOR 7 DS, USE PAMC 11112222333)

- Pharmacy Services receives a daily report of all 7 DEF claims.

- Pharmacy Services sends an outreach letter to prescribers to submit prior authorization to the CVS Caremark UM Team for review.

For assistance with the prescription
Contact CVS Customer Care at 1-866-885-4944
OR
HSCSN Pharmacy Services 202-450-9678

7 Days Emergency Fill

Rejected Claim Status

Reject Code - Description: 70 - NDC/Product/Service Not Covered
Reject Code - Description: MR - Product Not On Formulary
Description: PRODUCT NOT ON FORMULARY
Local Messages: FOR 7 DS O/R, USE PAMC 11112222333 DRUG REQUIRES PRIOR AUTHORIZATION
NON-FORMULARY DRUG, CONTACT PRESCRIBER
Claim Data
BIN: 004336
Submitted Processor Control#: ADV
Submitted Group: RX6534
COB Claim Indicator: 1
Paid Days: 7
Paid Quantity: 14.0
Override ID: ??????????

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

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 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

HSCSN Contact Information

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

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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.**

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

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