Quarterly Pharmacy Provider Forum Alliance ICP

Department of Health Care Finance

September 23, 2025 1-3pm

September 24, 2025 11-1pm

AGENDA

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

DHCF Updates

Alliance Program changes effective 10/1/2025

Program is moving from Managed Care Plans (MCP) to Fee for Service

Merging the Alliance program and the Immigrant Children's Program

Providers must bill DHCF directly for services provided to Alliance/ICP members

Referral Contacts

For Alliance/ICP Benefits Assistance

* Call the Public Benefits Call Center at (202) 727-5355 between 7:30 a.m. and 4:45 p.m.

Who do I contact for prior authorization for medical services & pharmacy benefits?

* Medical/Surgical Services: Comagine Health (800) 251-8890
* Durable Medical Equipment: Comagine Health (800) 251-8890
* Pharmacy Services: Prime Therapeutics (800) 273-4962
* Physician Administered Drugs: DHCF Pharmacy Team (202) 722-5685

Transition of Alliance/ICP pharmacy services

Effective October 1st, 2025, Prime Therapeutics will process claims on behalf of the District of Columbia (hereafter referred to as the District) Healthcare Alliance ICP Pharmacy Program.

All claims must be submitted using the National Council for Prescription Drug Programs (NCPDP) Version D.0 Claim format as mandated by the Health Insurance Portability and Accountability Act (HIPAA)

Pharmacy Drug Claim Processing

* Alliance/ICP pharmacy services Pharmacy Benefit Management Services to Prime Therapeutics

    * Plan Name/Group Name: Alliance ICP
    * BIN: 018407
    * PCN: DCMC018407

Please note: BIN and PCN is same as FFS

Claim Properties

* Dispensing Fee (DF) $11.15
* Member copay is zero, i.e., NO COPAY
* Pricing is based on the National Drug Acquisition Cost (NADAC), MAC, WAC less logic for the drug ingredient costs.

Coverage

Covered drugs

- Generic drugs
- Durable Medical supplies to be limited to products listed on DSP DCRx_Diabetic_Supply_Program_Listing.pdf

Excluded drugs

- Brand Name Medications with commercially available generics
- Over the counter drugs

POS Reject Messages

Scenarios	Pays	Denies
Multisourced - Generic	Yes	
Multisourced - Brand		Yes, reject message NDC Not
Single source		Yes NDC Not Covered/Not Forumulary. PA required
OTC drug		Yes, reject message non covered service
HIV Drugs members	Member under 18	Member 18 and older - Not covered
Diabetic Supply "DME"	Yes aligned with DSP NDCs	Other NDCs deny - Not Covered/Not Forumulary

Drug Rejection Resolution

Alliance Prior Authorization Form accessible at link under Alliance banner Home | DC Pharmacy Programs

* Fax to District of Columbia Pharmacy Program
  * Fax: 1-866-535-7622

* Contact Pharmacy Support Technical Call Center
  * 800-272-9679

FFS – Preferred Drug List Updates

* P&T Meeting changes effective 9/25/2025 – Quarterly
* **Preferred**
  * RISPERDAL CONSTA (INTRAMUSC)
  * ADALIMUMAB-ADBM KIT (BI) (INJECTION) (CF)
  * ADALIMUMAB-ADBM PEN KIT (BI) (INJECTION) (CF)
  * INSULIN LISPRO JUNIOR KWIKPEN (AG) (SUBCUTANE.)
  * INSULIN LISPRO PEN (AG) (SUBCUTANEOUS)
  * RAMELTEON (ORAL)
  * ZOLPIDEM ER (ORAL)
* **Non-Preferred** (brand over generic)
  * RISPERIDONE (INTRAMUSC)
* DSP changes effective 10/1/2025 – Annual

OTC COVID -19 Test Kits

* DHCF reimbursement for OTC COVID-19 tests and test kits ending coverage for those services on September 30, 2025.
* Beneficiaries will still be able to receive COVID-19 testing through regular provider visits.
* This amendment will be effective October 1, 2025.

DC Health

Late Breaking News

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
Health Systems & Preparedness Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Web Version

NOTICE TO LICENSEES

Date: September 22, 2025

Subject: Authorization to Administer Immunizations in Accordance with ACOG, AAP, and AAFP Guidelines

The Director of the District of Columbia Department of Health has issued the following declaration:

"As Director of the District of Columbia Department of Health, I designate the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) as 'competent medical or public health organizations' pursuant to D.C. Official Code § 3-1201.01 and D.C. Official Code § 7-1653.01."

•

What this Means for You:

Pharmacists, pharmacy technicians, and pharmacy interns who are authorized to administer immunizations in the District may now do so in accordance with the immunization guidelines established by the following organizations:

•ACOG: Press release with guidance documents for COVID-19, Flu, and RSV
•AAP: Recommended Child and Adolescent Immunization Schedule
•AAFP: Press release with recommendations on COVID-19, Flu, and RSV

This designation supports expanded access to immunizations and aligns with best practices in maternal, pediatric, and family health.

If you have any questions regarding this notice or your scope of practice, please contact the Board of Pharmacy at dcbop@dc.gov .

Thank you for your continued commitment to public health in the District.

FFS Web Portal Reminders

* Home | DC Pharmacy Programs
* Access to prior authorization forms
* Access to frequently requested document such as
  * DSP
    * DCRx_Diabetic_Supply_Program_Listing.pdf
  * PDL
    * DCRx_PDL_listing.pdf
  * MAC Pricing
  * Brand over generic – coming soon

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

* DC-FFSProviderRelations@primetherapeutics.com

All other issues contact

* Christiana Ogunremi, Director Clinical Account Services
* christiana.ogunremi@primetherapeutics.com
  657-420-9073

MedStar Family Choice

DISTRICT OF COLUMBIA

It's how we treat people.

September 23rd & 24th , 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

Pharmacy Team Members

Health Plan Pharmacist, MFC DC
Mina Tawfeik, PharmD
- Mina.Tawfeik@medstar.net

Health Plan Pharmacy Technicians
Miriam Euceda, CPhT
- Miriam.m.Euceda@medstar.net

Diamond Lewis, CPhT
- Diamond.Lewis@medstar.net

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Agenda

1. Safety moment
2. Prior Authorization
3. Quick Topics
4. MFC-DC Formulary Changes Effective October 1, 2025
5. POS Beneficiary Notice Forms
6. Provider Issues
7. Questions

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Safety Moment

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Case

PA request received for fentanyl patch initiation for a patient with OUD on Suboxone

*Clinical information indicated the patient has metastasized cancer and is being evaluated for palliative care; OUD noted but no mention of Suboxone.

*Suboxone regimen being managed by a different prescriber.

*Concurrent use of fentanyl and Suboxone is contraindicated per the manufacturer due to decreased fentanyl effects.

*Patient's oncologist contacted, who indicated they were unaware Suboxone was being prescribed. Fentanyl request withdrawn.

*Outpatient pharmacy staff are well-positioned to identify potentially concerning concurrent long-acting opioid + OUD treatment prescribing & validate w/ Dr.

*OUD = Opioid Use Disorder

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Prior Authorizations

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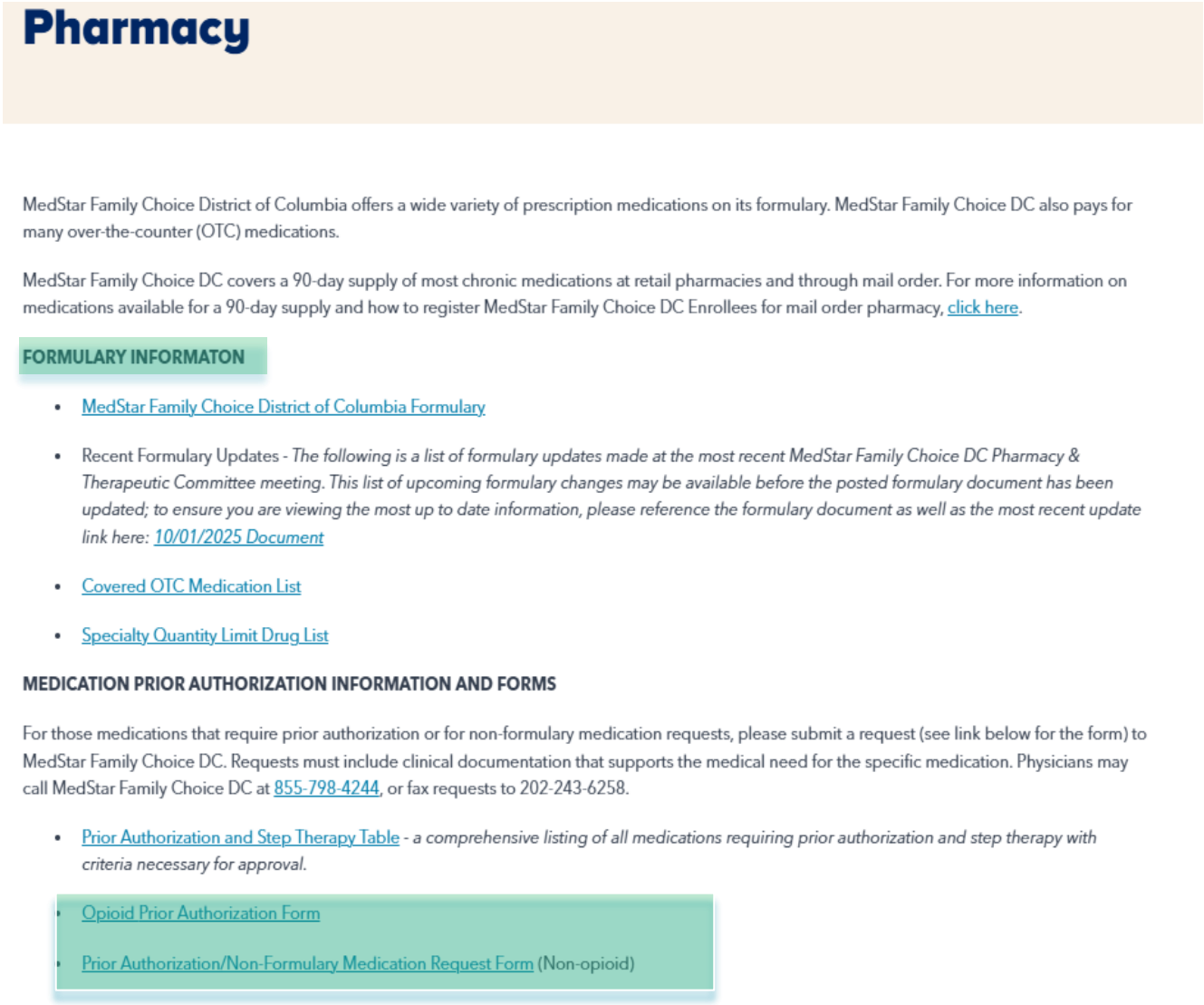
MFC-DC Pharmacy Website

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

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



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: 10/01/2025 Document*
- 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)

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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

Prior Authorization and Step Therapy Table

Provides additional info for Prior Authorizations. To see info, you would go to:
https://www.medstarfamilychoicedc.com/providers/pharmacy

Once you get to website, scroll down to this section:

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)

Then you click on: Prior Authorization and Step Therapy Table

Once you click on link it will show you Medication Name, Approval Criteria & Submission Requirements and also Additional Consideration & Renewal Criteria.

Example:

Generic Medication (Brand Name) **Bolded** name indicates whether Brand or Generic is Formulary	Approval Criteria & Submission Requirements	Additional Considerations & Renewal Criteria
tirzepatide (**Zepbound**) injection 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml *****NOTE: see separate listing with PA criteria for Mounjaro*****	1. Ordered for the **ONLY** covered indication for use: • To treat moderate to severe obstructive sleep apnea (OSA) in adults with obesity. 2. **Cannot be approved for indication of weight management.** 3. Patient age ≥ 18 years. 4. Patient does **NOT** have Type 1 or Type 2 diabetes. 5. Moderate to severe OSA as diagnosed by polysomnography with an apnea-hypopnea index (AHI) ≥ 15 events per hour. Clinical documentation of sleep study results within previous 6 months. 6. BMI ≥ 30 kg/m² 7. Provide current BMI, height, and weight measurements within the last 90 days. 8. May not be concurrently using or taking ANY of the below: • **ANY** GLP-1 or GLP1/GIP combination drug (e.g. Mounjaro, Ozempic, Rybelsus, Saxenda, Soliqua, Trulicity, Victoza, Xultrophy, or Wegovy). • **ANY** DPP4i (alogliptin, Januvia [sitagliptin], Onglyza [saxagliptin], Tradjenta [linagliptin]). • Agents for severe constipation: metoclopramide, Amitiza (lubiprostone), Linzess (linaclotide), Motegrity (prucalopride) or Trulance (plecanatide).	1. **Cannot be approved for indication of weight management.** 2. Submission of BMI, height and weight within previous 90 days. NOT eligible for renewal if BMI < 30 kg/m2. 3. If Mounjaro therapy has occurred for greater than 12 months, a repeat sleep study confirming moderate to severe OSA diagnosis is required and annually thereafter. 4. Approval Duration: 6 months.

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Formulary

When looking at formulary it also provides requirements and limits for medications

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limit **ST** - Step Therapy

Drug Name	Requirements/Limits
rifampin caps 150mg, 300mg	
SIRTURO TABS 20MG, 100MG	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	
ALKYLATING AGENTS	
cyclophosphamide caps 25mg, 50mg	
LEUKERAN TABS 2MG	
MYLERAN TABS 2MG	
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	
ANTIMETABOLITES	
capecitabine (generic of XELODA) *tabs 150mg, 500mg*	
mercaptopurine tabs 50mg	
methotrexate sodium tabs 2.5mg	
ONUREG TABS 200MG, 300MG	PA, QL (14 tabs every 28 days)
ANTINEOPLASTIC - ANTIBODIES	
LUNSUMIO SOLN 30MG/30ML	PA, QL (2 vials every 21 days)
ZYNLONTA SOLR 10MG	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS	
VENCLEXTA TABS 10MG, 50MG	QL (120 tabs every 30 days)
VENCLEXTA TABS 100MG	QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	QL (starter dose: 1-time fill)
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY	
ABECMA INJ	PA
BREYANZI SUSP 70000000CELLS	PA
YESCARTA INJ	PA

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Quick Topics

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RX Processing Reminders

- Formulary preferred insulins :
  - Long-acting glargine – BRAND Lantus, Rezvoglar
  - Rapid-acting – BRAND Novolog

- 3-Day emergency override
  - Available for NF medications *where there is clinical need for urgent access* (sooner than 24 hours)
  - If using, please also initiate PA request process
  - Repeat use for same medication is prohibited

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RX Processing Reminders

- GLP-1 medications – utilization management
  - Limited to 30-day supply/RX
  - Starter doses limited to an initial dispense, then titration needed
  - Review Reject reason carefully, many can be corrected without initiating PA

- Opioid RXs for opioid-naïve patients (*SUPPORT Act; CMS Opioid guidance*)
  - 1st fill limited to 7-day supply and <50 MME/day dosing
  - Fill will process without requiring PA if above parameters are met

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Drug Formulary Changes

MedStar Family Choice

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MFC-DC Formulary Changes

- Effective October 1, 2025

Removal of Prior Authorization Requirement	Removals:
Lurasidone (Latuda) tablets 20mg, 40mg, 60mg, 80mg, 120mg	Noritate 1% cream

*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
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MFC-DC Formulary Changes

- Effective October 1, 2025

Additional Removals
The DC Health Care Alliance and Immigrant Children's programs will merge into one program called the Health Care Alliance Program. The Health Care Alliance Program will no longer be administered under a Managed Care model. The program will instead be administered by the Department of Health Care Finance in a fee-for-service (FFS) capacity.

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POS Beneficiary Notice Forms

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Beneficiaries Notice – Triplicate Form Request

REQUEST DATE: / /

REQUESTER OR CONTACT PERSON INFORMATION

REQUESTER'S OR CONTACT PERSON'S FULL NAME:

REQUESTER'S OR CONTACT PERSON'S EMAIL:

REQUESTER'S OR CONTACT PERSON'S PHONE NUMBER:

– –

PHARMACY PHYSICAL ADDRESS:

CITY: **STATE:** **ZIP:**

PHARMACY INFORMATION

PHARMACY NAME:

PHARMACY PHONE NUMBER: – – **PHARMACY FAX NUMBER:** – –

PHARMACY NPI #:

Beneficiaries Notice Requirements

- The Department of Health Care Finance (DHCF) is requiring the District Medicaid program's participating pharmacies to distribute individualized written notices to Medicaid beneficiaries whose prescription medication claim requests are denied after adjudication at the pharmacy point of sale. The notice explains the rights a beneficiary has when a prescription claim is denied by Medicaid, the responsibilities of the beneficiary, the responsibilities of the pharmacists, and provides a contact number for the District Medicaid pharmacy benefit manager (PBM) call center. A beneficiary who continues to believe the claim should be approved by Medicaid may request a Fair Hearing before an Administrative Law Judge.
- This applies to all beneficiaries who are served by DC Medicaid, including those enrolled in all DC Medicaid Managed Care Organizations as follows: Amerigroup DC, AmeriHealth Caritas DC, and MedStar Family Choice DC, and Health Services for Children with Special Needs (HSCSN).
- Additional information is available at Written Pharmacy Point of Service (POS) Notice. (URL: https://dhcf.dc.gov/node/1661466)

ACTION REQUIERED. PLEASE CHECK ALL THAT APPLY

1. **Form quantity requested:** ☐ 100 ☐ 200 ☐ 300 ☐ Other: _____
2. **Are you returning forms?** ☐ Yes ☐ No

If yes, how many forms are you returning? _____

ADDITIONAL INFORMATION

_____

_____

REQUESTOR'S SIGNATURE: _____

REQUESTOR'S PRINT NAME: _____ **DATE**_____

Send form to : DCMedicaidTriplicateForms@primetherapeutics.com
DC Medicaid PBM Call Center Phone: 1-800-273-4962

DHCF Secure Fax 202-722-5685
 Revision Date: 06/23/2025

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POS Beneficiary Notice Forms Reminder

- Pharmacy providers are responsible for distributing a POS Beneficiary Notice form to DC Medicaid Enrollees upon RX claim rejection.
    - Triplicate Form replenishment is available from: www.dc-pbm.com

- MFC-DC Pharmacy Staff is conducting random outreach to validate whether this form was provided to Enrollees. *You may be contacted by phone.*

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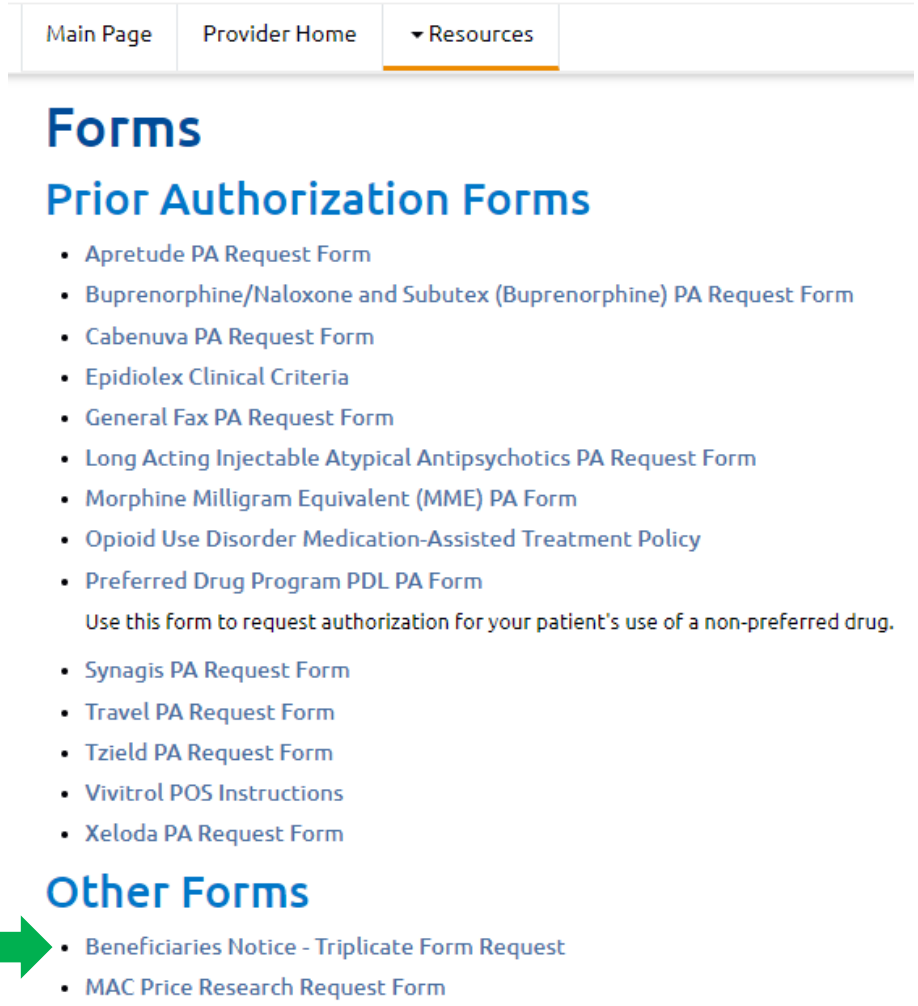
DC.gov
The Department of Health Care Finance



Provider Resources

MedStar Family Choice

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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 the health plan pharmacist, Dr. Mina Tawfeik, PharmD	(240) 935-6218

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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)

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Questions?

MedStar Family Choice

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4th Quarterly Pharmacy Forum
September 23 & 24, 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.

Drug Formulary Updates

October 1, 2025 Drug Formulary

Additions

- Dayvigo (Lemborexant) **Brand/ Preferred**
  Drug Class: Orexin antagonist ST/PA/QL
  Medication use: Insomnia

- Stelara (SRLF/STBA)Ustekinumab *Brand/Preferred
  130mg/26ml, 45mg/0.5ml, 90mg/ml PA/SP/QL
  Drug Class: Interleukin (IL)-12 /23 inhibitor
  Medication use: Plaque Psoriasis/Psoriatic Arthritis, Cohn's

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

October 1, 2025 Drug Formulary

Additions

Diabetic Blood Glucose Monitoring Kits and Supplies

OneTouch Meters (Lifescan)
One Touch Verio Flex Kit
One Touch Verio Kit
One Touch Ultra Kit
OneTouch Ultra Blue Kit
One Touch Verio Sync System Kit

OneTouch Diabetic Supplies (Lifescan)
OneTouch Verio Test Strips 50/100
OneTouch Ultra/Ultra Blue Test Strips
One Touch Delica Lancets 30G
One Touch Delica Lancets 33G
OneTouch Delica Lancets 30G
OneTouch Lancets/Control Solution (Lifescan)
One Touch Solution Kit Control: Complete/Starter/Refill/Fit

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

October 1, 2025 Drug Formulary

Additions

Diabetic Blood Glucose Monitoring Kits and Supplies

Accu-Chek Kits Meters (Roche)
Accu-Chek Aviva Plus
Accu-Chek Guide Me Kit

Accu-Chek Diabetic Supplies	
Accu-Chek Aviva Plus Test strips	50count
Accu-Chek Guide Test strips	50 count
Accu-Chek Guide Test strips	100 count
Accu-Chek Smartview strips	50 count
Acc-Chek Smartview strips	100 count

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

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

October 1, 2025 Formulary Deletions

- No deletions

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

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 1111222333)

- 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: ??????????

7-Day Emergency Fill (7DEF) Outreach Letter

Review Period: January 1 – July 31, 2025

Review of adjudicated 7 DEF claims.

Results of 7DEF Letters

Review Period	Total # of 7DEF claims	Letters sent for PAs	PA Review Results
January 1, 2025 – July 31, 2025	**93**	**88** *NDC outreach and prescription adjudicated (5 Alcohol Pads)	**41**(47%)PA Submitted **47**(53%) PA Not Submitted

Opportunity … For Pharmacy Services to assist the pharmacies with contacting prescribers by phone/email when there are no PAs following the outreach letter.

Pharmacy Drug Formulary Access

Search the Formulary »

Download the Formulary (Machine Readable) »

Download the Formulary [PDF] »

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

COVID-19 Over-The-Counter Test Kit

As of October 1, 2025, HSCSN will not cover over-the-counter COVID-19 test kits.

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 Services

CVS Specialty Pharmacy and Childrens National Specialty Pharmacy

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

Pharmacy Services Directory

HSCSN Customer Care Contact Information

HSCSN Customer Care
202-467-2737
1-866-937-4549

HSCSN Billing
BIN: 004336
Group: RX6534
Processor Control Number: ADV

Coordination of Benefit (COB):
BIN: 013089
Commercial Group: 013089
Processor Control Number: COMADV

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

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

CVS Caremark Contact Information

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

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

Childrens National Specialty Pharmacy Customer Service:
1-240-531-4400
Fax: 240-531-4401

CVS Caremark Contact Information

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

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

HSCSN Medical Affairs Contact Information

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

Dr. Michael Bogrov, MD., Chief Psychiatric Medical Officer
mbogrov@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 | WE ARE WASHINGTON DC GOVERNMENT OF THE DISTRICT OF COLUMBIA MURIEL BOWSER, MAYOR

This program is brought to you 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.

Pharmacy Provider Forum

Tracey Davis, PharmD

September 2025

AmeriHealth Caritas
District of Columbia

Delivering the Next
Generation
of Health Care

July 2025 P&T changes

AmeriHealth Caritas District of Columbia

The following products will be **added** to the formulary on 9/15/25:

- Cimerli® (ranibizumab-eqrn) 0.3 mg/0.05 ml, 0.5mg/0.05 ml vials
- Byooviz™ (ranibizumab-nuna) 0.5 mg/0.05 ml vial
- Paxlovid Oral Tablet Therapy Pack 6 x 150 MG & 5 x 100MG
- Amnesteem Oral Capsule 30 MG
- Adalimumab-aaty CD/UC/HS Start Subcutaneous Auto-injector Kit 80 MG/0.8ML

Additional additions

AmeriHealth Caritas
District of Columbia

- Enflonsia Intramuscular Solution Prefilled Syringe 105 MG/0.7ML
- Promethazine HCl Oral Syrup 6.25 MG/5ML
- Imuldosa Subcutaneous Solution Prefilled Syringe 45 mg/0.5 mL, Prefilled Syringe 90 mg/ mL, Intravenous Solution 130 mg/26 mL
- GNP Naloxone HCl Nasal Liquid 4 MG/0.1 mL
- Triamcinolone Acetonide Nasal Aerosol 55 MCG/ACT
- Releuko Subcutaneous Solution Prefilled Syringe 300 MCG/0.5ML, 480 MCG/0.8ML

Formulary deletions

AmeriHealth Caritas
District of Columbia

The following products will be **deleted** to the formulary on 9/15/25:

- Eylea® (aflibercept) 2 mg/0.05 ml vial
- Lucentis® (ranibizumab) 0.3 mg/0.05 ml vial, 0.3 mg/0.05 ml, 0.5 mg/0.05 ml intravitreal solution prefilled syringes,
- Nivestym Injection Solution Prefilled Syringe 300 MCG/0.5ML, 480 MCG/0.8ML, Injection Solution 300 MCG/ML, 480 MCG/1.6ML

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