

Quarterly Pharmacy Provider Forum

Department of Health Care Finance
September 2021



AGENDA

- * Welcome
- * Introductions
- * DHCF Updates
- * Dual Eligible Special Needs Plan (D- SNP)
- * MCO Updates
- * Contact Information
- * Open Discussion

DHCF Updates

DHCF Updates

- * COVID-19 updates
- * Opioids guidelines
- * Compliance review
- * Member denial notification at POS

COVID-19 Updates

- * Vaccine coverage

- * DC will be covering claims for Pfizer and Moderna vaccines third (booster) dose under the pharmacy benefit .

- * \$47.10 administration fee will be paid to the provider

- * No dispensing and/or ingredient fees

- * Booster dose claims should be submitted with submission clarification code “7”

- * District Government's response to the coronavirus

- <https://coronavirus.dc.gov/>

Opioids Guidelines

- * On 2017, DHCF, along with the DUR Board, implemented a pharmacy lock-in program and a morphine milligram equivalent (MME) initiative with the intention to limit the use of prescription opioids to clinically appropriate indications, treatment durations; and prevent beneficiaries from using drugs in excess of the customary dosage; or multiple drugs which may be medically harmful.
- * In addition, DHCF adopts the DC Health Guidelines for Prescribing Opioid for Chronic pain, and the CDC guidelines which provide information about options available for pain treatment.
- * New resource material, “A COLLABORATIVE APPROACH FOR SAFE USE OF OPIOIDS”, will be available later this year.

DC Health, Pocket Guideline for Prescribing Opioid for Chronic Pain; available at https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/PocketGuideFINAL.pdf

CDC, Guideline for Prescribing Opioids for Chronic Pain. United States, 2016. <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

Compliance Review

Dispensing requirements

- * Timely Filing
 - * Pharmacies have 365 days from the first Date of Service (DOS) to submit an original claim and perform a re-bill.
 - * The timely filing rules apply to all POS claims (including claims from LTC pharmacies)
 - * Timely filing overrides will be considered for Retroactive eligibility and/or Third-Party Liability (TPL) delay

District FFS Providers Manual http://www.dc-pbm.com/provider/external/medicaid/dc/doc/en-us/District_FFS_Provider_Manual.pdf

Compliance Review

Dispensing requirements

- * Returned to stock prescriptions
 - * All new and refilled prescriptions that have been filled for Medicaid beneficiaries but not picked up from the pharmacy within fourteen (14) days from the date of fill shall be returned to stock by the provider. The claim shall be reversed by the pharmacy benefit manager.

Notice of Final Rulemaking published at 59 DCR 2298, 2304
<https://www.dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=29-27>

Compliance Review

Dispensing requirements

- * National Drug Code (NDC)
 - * All claims must include the National Drug Code (NDC) of the drug dispensed. Ensure the NDC dispensed matches the NDC billed, particularly for generic and compounded medications.
 - * If a provider submits a claim with an NDC other than the one for the drug dispensed, it may receive a reimbursement to which the pharmacy is not entitled, and DC Medicaid rebates may be impacted.
 - * Settlement with West Virginia Trivillian's Pharmacy under the federal False Claims Act, through which the United States recovered \$1.1 million for Medicare and Medicaid.

<https://www.justice.gov/usao-sdvw/pr/trivillians-pharmacy-owner-plead-guilty-federal-health-care-and-drug-crimes>

Compliance Review

Failure to comply with District and Federal guidelines may result in fraudulent and negligent health care billing. DHCF may at any time audit pharmacies to monitor such activity and seek repayment of any overpayment to provider pharmacies.

Beneficiaries Appeals Notice

Contact Number for Members:

- Amerigroup DC -1-800-922-1557
- Trusted Health Plan -1-855-326-4831
- HSCSN -202-467-2737 or
- 1-866-WE-R-4-KIZ (937-4549)
- Medstar (800)364-6331
- Fee For Service Medicaid 1-800-273-4962

Beneficiaries notice its 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
- Trusted Health Plan - 1.855.326.4831
- Amerigroup DC - 1.800.922.1557
- Health Services for Children with Special Needs (HSCSN) - 202.467.2737 or 1.866.937.4549



If you are enrolled in the DC Medicaid Program and did not receive your medication, call the 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 healthcareombudsman@dc.gov;
- Call the Office of Administrative Hearings at 202.442.9094;
- Or visit 441 4th Street, NW, Suite 450 North, Washington, DC 20001.



GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR


Pharmacy POS Notice Triplicate Form

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director Transmittal # 20-01

TO: All Medicaid Pharmacy Providers

FROM: Melissa Byrd 
Senior Deputy Director/Medicaid Director

DATE: January 10, 2020

SUBJECT: Written Pharmacy Point of Service (POS) Notice

The Department of Health Care Finance (DHCF) is requiring District of Columbia Medicaid participating pharmacies to distribute individualized written notices to Medicaid beneficiaries whose prescription medication claim request is denied after adjudication at the pharmacy point of sale. This applies to all beneficiaries who are served by D.C. Medicaid, including those enrolled in all D.C. Medicaid Managed Care Organizations.

This individualized written notice will consist of the top (white) copy of the numbered triplicate form entitled: NOTICE CONCERNING YOUR PRESCRIPTION MEDICATION (NOTICE). The notice shall be distributed by DHCF to each enrolled retail pharmacy providing services to Medicaid beneficiaries in the District of Columbia and the immediate surrounding locations in the Maryland and Virginia suburbs.

Pharmacy staff will be required to complete the following information on the NOTICE prior to giving the top (white) copy of the NOTICE to the beneficiary or his/her/their authorized designee at the pharmacy counter:

- Date of Request Denial
- Beneficiary's name,
- Last four (4) digits of the beneficiary's Medicaid ID number
- Medication name; and
- Indicating the reason(s) for the denial

The pharmacy must retain the two bottom (yellow and pink) copies within the pharmacy in an easily accessible location. The yellow copy of the NOTICE will be retrieved by DHCF on a regularly scheduled basis for program compliance monitoring, automatic form replenishment and data analysis purposes. The pink copy should be filed along with other required pharmacy documents within the pharmacy.

Additional notices will be provided whenever pharmacies experience depletion in quantity. Please alert DHCF if additional notices are needed by contacting one of the DHCF Pharmacy

One Judiciary Square | 441 4th Street, NW, Suite 900B, Washington, D.C. 20001 | (202) 442-5888 | Fax (202) 442-6780

Transmittal # 20-01
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staff listed below. Pharmacies should request additional notices in advance so that notices will always be available for use.

As a reminder, Section 2701.2(d) of Title 29 DCMR requires the pharmacies to cooperate in such initiatives to provide individualized notices, letters, etc. to beneficiaries. Participation in the Medicaid program requires adherence to and compliance with Medicaid rules and regulations.

Any questions or concerns may be addressed to one of the DHCF Pharmacists:

Charlene Fairfax, RPh, CDE, Senior Pharmacist at 202-442-9076 or charlene.fairfax@dco.gov
Gidley Amare, RPh, MS at 202-442-5952 or gidley.amare@dco.gov
Jonas Terry, PharmD, CMTM at 202-478-1518 or jonas.terry@dco.gov

The cooperation of pharmacies in complying with the distribution of the written NOTICE is appreciated and will allow the District to keep its Medicaid beneficiaries informed of their benefits and rights.

cc: Medical Society of the District of Columbia
DC Hospital Association
DC Primary Care Association
DC Health Care Association
DC Home Care Association
DC Behavioral Health Association
DC Coalition of Disability Service Providers

Triplicate Notice Form

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

082601



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

መደብረትዎን ያፈጽሙ ማግኘት ካልቻሉ እባክዎን በሌላ ሰው 1-(800) 273 - 4962 ይደውሉ.
ተወካዮችን በቀን 24 ሰዓታት በማምጣት 7 ቀናት ድርጊታዎን ያደርግልዎታል. AMHARIC

Nếu quý vị không nhận được thuốc trong ngày hôm nay, xin vui lòng gọi số: 1-(800)-273-4962.
Sẽ có nhân viên giúp quý 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>

WHAT CAN I DO TO FIX THE PROBLEM?

If you are enrolled in AmeriHealth Caritas DC, Amerigroup DC, Trusted Health Plan 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 1-800-922-1557
- ◆ Trusted Health Plan 1-855-326-4831
- ◆ HSCSN 202-467-2737 or 1-866-WH-8-4-KID (937-8549)

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 20003
Phone: (202) 442-8094
Fax: (202) 442-4789

Office of Health Care Ombudsman
441 4th Street, NW, 9th Floor
Washington, DC 20003
Phone: (202) 724-7493
Fax: (202) 535-1256

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
1640 Good Hope Road, SE
Phone: (202) 561-8588

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

Neighborhood Legal Services
64 New York Avenue, NE
Phone: (202) 678-2000

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.

Dual Eligible Special Needs Plan (D-SNP)



District Dual Choice (D-SNP) Program Expansion

As of September 21, 2021

.



Current Dual Choice Program

- **Current Dual Eligible Special Needs Plan (D-SNP) program: District Dual Choice**
 - About 13,000 dually-eligible individuals are enrolled in either UnitedHealthcare or Cigna's Medicare Advantage product (approximately 5,300 partial-benefit duals & 7,700 full-benefit duals)
 - includes about 1,600 EPD waiver enrollees (about 30%)
 - Existing State Medicaid Agency Contract (SMAC, also known previously as the "MIPPA agreement") mandates certain Medicare-Medicaid care coordination activities, reporting, information-sharing, and more
 - 2020 and 2021 SMAC are minimally compliant with 2018 federal D-SNP integration standards by virtue of information-sharing requirements



Planned Program Changes

- **In 2022, *highly integrated D-SNPs (HIDE SNPs)* will be paid a Medicaid capitation and must cover all Medicaid services, with some exceptions**
 - The HIDE SNPs will serve as a “one stop shop” for enrollees’ Medicare *and* Medicaid services, providing a more coordinated, straightforward, and seamless care experience.
 - Persons with IDD or IFS waivers or residing in ICFs may enroll/remains enrolled in a HIDE SNP, but for Medicare benefits only. Community-based behavioral health services are also excluded from HIDE SNP Medicaid coverage.
- **Why is DHCF expanding the Dual Choice program?**
 - Dually eligible individuals frequently experience greater fragmentation of care across their joint Medicare and Medicaid coverage. The District expects to improve health outcomes through more comprehensive care coordination, deduplication of services, and integration of primary, acute, and specialty care for this vulnerable population.



2022 HIDE SNP Planning

- **D-SNP enrollment will still be optional, but the decision will have implications for the way people receive both their Medicare and Medicaid benefits.**
 - Currently D-SNP enrollment is and will continue to be a beneficiary choice
 - Dual Choice enrollees have the right to leave, and can change their coverage during certain special election periods and once a quarter.
 - However, beginning in the fourth quarter (Q4) of 2021 (Oct 15-Dec 7, 2021), the decision a beneficiary makes about D-SNP enrollment will affect both an enrollees' Medicare and Medicaid. A person cannot leave Dual Choice for Medicaid and keep it for Medicare. If changes are made, both coverage options will have to change.



Next steps & coming milestones

- September:
 - Attend public meetings and host public town halls
 - Submit 1915(a) and (c) and publish Invitations for Bids (IFB) for Medicaid contracts
- October – December:
 - Continue beneficiary & provider engagement
 - Begin plan readiness activities
- For more information, please visit the DHCF website on Dual Choice (D-SNP):
<https://dhcf.dc.gov/page/district-dual-choice-d-snps>, or contact:

D-SNP Program Coordinator:

Brittany Branand

Brittany.Branand@dc.gov

202-478-5806

Acting LTC Director:

Katherine Rogers

Katherine.Rogers@dc.gov

202-724-8926

MCO Updates



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It's how we **treat people.**

September 21 & 22, 2021

Pharmacy Provider Forum

District of Columbia Healthy Families

District of Columbia Healthcare Alliance

Seema Kazmi, PharmD
Health Plan Pharmacist



MFC-DC Pharmacy Website

<https://www.medstarfamilychoice.com/for-district-of-columbia-providers/pharmacy/>

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

MedStar Family Choice-DC 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 Formulary](#)
- [Recent Formulary Updates](#) - a comprehensive list of formulary changes made at each quarterly Pharmacy and Therapeutics Committee meeting.
- [Covered OTC Medication List](#)
- [Prior Authorization Table](#) - a comprehensive listing of all medications requiring prior authorization with criteria necessary for approval.
- [Step Therapy Table](#) - a comprehensive listing of all medications requiring step therapy.
- [Hepatitis C Medication](#) Prior Authorization Information
- [HIV Medications and Pre-Exposure Prophylaxis \(PrEP\)](#)
- [Makena \(17-alpha hydroxyprogesterone caproate, also known as 17P\)](#)
- [Synagis](#) Prior Authorization Information
- [Opioid](#) Prior Authorization Requirements

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 at 855-798-4244, or fax requests to 202-243-6258.

- [Prior Authorization/Non-Formulary Medication Request Form](#)
- [90-DAY Prescriptions - Retail AND Mail Order](#)

For the most up-to-date pharmaceutical recall information, please visit the U.S. Food and Drug Administration website at <https://www.fda.gov/Drugs/DrugSafety/DrugRecalls/default.htm>.

For additional information, please see the [Provider Frequently Asked Questions](#).



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Prior Authorization

Prescribers should:

- Complete a MFC-DC PA/Non-Formulary Medication Request form.
- Attach most recent clinical documentation to support request.
- Fax the form and clinical documents to the health plan at **202-243-6258**
- Or Email: DCMFCUMAuth@medstar.net

Opioid Prescriptions Prior Authorization

- No Overrides
 - Early Refills
 - Lost Medication
 - Travel

[Home](#) > [For District of Columbia Providers](#) > [Pharmacy](#) > Opioid Prior Authorization Requirements

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Opioid Prior Authorization Requirements

[Becoming a Credentialed Provider](#)

➤ [For District of Columbia Providers](#)

[MedStar Family Choice – District of Columbia](#)

IMPORTANT INFORMATION ABOUT PRESCRIBING OPIOIDS FOR MEDSTAR FAMILY CHOICE-DC HEALTHY FAMILIES AND ALLIANCE ENROLLEES

Prescription Drug Monitoring Program (PDMP) query required in DC.

[Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020](#) became effective on March 16, 2021. The Act requires prescribers and dispensers to query the PDMP:

- Prior to prescribing or dispensing an opioid or Benzodiazepine for more than seven consecutive days, and
- Every ninety days thereafter while the course of treatment or therapy continues, or
- Prior to dispensing another refill after ninety days.

[Click here to access a Pocket Guide for Safe Opioid Prescribing.](#)

EARLY REFILL REQUESTS

“Early” Opioid Refills Are Not Covered by MedStar Family Choice

MedStar Family Choice-District of Columbia (MFC-DC) will not authorize early refills of controlled medications. Specifically, MFC-DC will not approve early refills, override Managed Drug Limitations (MDL), replace lost/stolen medications, or provide early refills for travel for controlled medications. Exceptions may be granted if a enrollee is receiving controlled medication(s) for cancer treatment, sickle cell disease, or is in hospice/receiving palliative care.

PRIOR AUTHORIZATION

View the [prior authorization form here](#).

Prior Authorization is required for:

- Prescriptions > 50 MME/day or more than 7 day for an opioid naive patient (no opioids taken in the previous 90 days **or one ≤ 50 MME per day, ≤ 7 day prescription taken in the previous 90 days**) as described in [Section I](#)
- Opioid experienced patients as described in [Section II](#)

SECTION I. OPIOID NAÏVE PATIENTS

(defined as: no opioids in the previous 90 days or one fill of ≤ 50 MME per day for ≤ 7 days prescription taken in the previous 90 days)

A “new” prescription means that a patient has not had an opioid medication filled under MedStar Family Choice in the preceding 90 days



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Hepatitis C Medications on Formulary

➤ No Prior Authorization Requirement

- Ribavarin

➤ Prior Authorization Requirement

- Mayvret
- Epclusa (generic only)

➤ Required PA Form

- History of Prior Treatment
- Viral Load



DISTRICT OF COLUMBIA

Return by fax to 202-243-6258

HEPATITIS C THERAPY PRIOR AUTHORIZATION FORM

Patient Name: _____

Patient DOB: _____

Patient Phone #: (____) – _____ - _____

Medication Prescribed: _____ for _____ weeks
(Medication Name)

Please check Yes or No box below:

Yes	No	Requirement
<input type="checkbox"/>	<input type="checkbox"/>	A treatment plan was developed and discussed with patient.
<input type="checkbox"/>	<input type="checkbox"/>	The patient will be able to comply/be adherent with full course of therapy.
<input type="checkbox"/>	<input type="checkbox"/>	The prescriber agrees to complete viral load testing 12 weeks after therapy has ended (to assess SVR).
<input type="checkbox"/>	<input type="checkbox"/>	If the patient's Medicaid eligibility changes during therapy and the patient is no longer eligible for Medicaid prescription drug assistance, the physician is prepared to enroll the patient in other patient-assistance drug program to complete therapy.

Please submit the following medical records including:

- Most recent office visit note(s) which must have the following details:
 - List of all previous hepatitis C treatments; if none, the note must say "treatment naïve."
 - Child-Pugh score (if cirrhotic).
 - Social history with detail provided on use of ETOH and/or illicit substances.



DISTRICT OF COLUMBIA

MFC–DC Pharmacy: Formulary Changes

➤ August 2021

➤ Additions

- DepoProvera SQ (medroxyprogesterone acetate)
- Oxbryta (voxelotor)

➤ Additions with Prior Authorization

- Abecma (idecabtagene vicleucel)
- Breyanzi (lisocabtagene maraleucel)
- Empaveli (pegcetacoplan)
- Evkeeza (evinacumab-dgnb)
- Lumakras (sotorasib)
- Orladeyo (berotralstat)
- Oxlumo (lumasiran)
- Qbrexza (glycopyrronium)



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MFC–DC Pharmacy: Formulary Changes

➤ August 2021

➤ Additions with Prior Authorization (*continued*)

- Revlimid (lenalidomide)
- Rybrevant (amivantamab-vmjw)
- Truseltiq (infigratinib)
- Viltepso (viltolarsen)
- Zynlonta (loncastuximab tesirine-lpyl)

➤ Removals

- None

➤ Removal of Prior Authorization Requirement

- Endari (L-glutamine oral powder)
- Otezla (apremilast)



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Provider Issues

For claim processing issues, contact the CVS Caremark Help Desk at (800) 364-6331.

For Prior Authorizations between 8:00am and 5:30pm, contact the MFC-DC Precertification Team at (855) 798-4244

For Prior Authorizations after hours, contact the MFC-DC Precertification Team at (855) 798-4244, Prompt 2.

For issues that are not resolved using the above resources, contact Seema Z. Kazmi, PharmD, Health Plan Pharmacist, at (202) 469-6727.



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Claims

- Claims are submitted as pharmacies go through the process of filling a prescription.
 - Ensure appropriate quantities are being billed
 - High-cost specialty drugs and biologics
 - Exceed maximum amount billed rejections
- The cost of pharmacy services provided accrues in the pharmacy's account.
- Every 2 weeks, the dollars accrued are electronically paid to the pharmacy's account at the bank.



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Pharmacy Contact Information

Contact	Phone Number
MFC-DC Prior Auth Team	(855) 798-4244
Seema Z. Kazmi, PharmD – Health Plan Pharmacist Email: Seema.Z.Kazmi@medstar.net	(202) 469-6727
After Hours Pharmacy Line - For calls received after 5:30pm	(855) 798-4244, prompt 2
Pharmacy Help Desk	(800)364-6331



PBM: CVS CareMark

RX PCN: MCAIDADV

RX Bin: 004336

Rx Group: RX0610



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DISTRICT OF COLUMBIA

MFC-DC Office Information

MedStar Family Choice – DC Office:

3007 Tilden Street NW Pod 3N

Washington, DC 20008

(855) 798-4244

www.medstarfamilychoice.com

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



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Community Health Plan
District of Columbia

PHARMACY UPDATES FOR PROVIDERS

JOSE DIAZ-LUNA, PHARM.D.,RPH
DIRECTOR, PHARMACY SERVICES

9/21/2021



Pharmacy Team Members – Corporate Office

- Director, Pharmacy Services –
 - Jose.DiazLuna@carefirstchpdc.com
 - 202-821-1127
- Clinical Pharmacist –
 - Jason.Lam@carefirstchpdc.com
 - 202-350-9644

Jose Diaz-Luna, Pharm.D., RPh



Kin Sang (Jason) Lam, Pharm.D., RPh



Pharmacy Team Members – Ward 4

- Clinical Pharmacist –

Andrew Wherley, Pharm.D., RPh

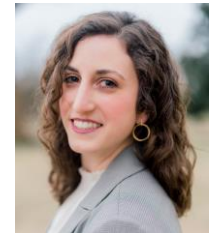
- Andrew.Wherley@carefirstchpdc.com
- 202-886-1228



- PGY-1 Resident –

Melany Ferreira Da Silva, Pharm.D.

- Melany.FerreiraDaSilva@carefirstchpdc.com
- 206-347-0561



Pharmacy Team Members - Ward 8

- Clinical Pharmacist -
 - Miranda.Law@carefirstchpdc.com
 - 202-886-0230
- Clinical Pharmacist –
 - Jessica.Pinchinat@carefirstchpdc.com
 - 202-750-5539
- PGY-1 Resident –
 - Daniel.Lewis@carefirstchpdc.com
 - 206-347-3197

Miranda Law, Pharm.D., MPH, BCPS, RPh



Jessica Pinchinat, Pharm.D., RPh



Daniel Lewis, Pharm.D.



FORMULARY CHANGES

PrEP Treatment for Alliance enrollees

GENERIC FOR TRUVADA (EMTRICITABINE/TENOFOVIR DF) REPLACING BRAND

90 Days Supply – Maintenance Medications

Link to 90 days supply drug list:

<https://www.carefirstchpdc.com/pdf/CFDC/CFDC-90-Days-Supply-Drug-List.pdf>

AUTHORIZATION PROCESS & FORMS

Providers

Credentialing

Information on Credentialing

Service Updates & Changes

Pharmacy Drug Formulary Resources

Doctor / Pharmacy Locator

2021 Drug Formulary

2021 Drug Formulary (Machine Readable)

90 Days Supply Drug List

Additional Provider Resources

Authorization & Request Forms

Behavioral Health Screening Tools

CareFirst CHPDC strives to deliver our local Washington DC providers all the resources they need in order to assist them in providing most efficient and effective treatments. The list of authorization and request forms below is meant to assist you with that process. If there is a form that you feel other providers would find useful to access on this page, please contact us at (202) 821-1145.

How Do I request an Authorization?

Pre-Service Authorization requests can be faxed to: (202) 905-0157. Requests for services will be reviewed by experienced Nurses utilizing InterQual criteria and/or other relevant clinical practice guidelines.

- ✓ Urgent concurrent Authorization decisions will be made within 24 hours of receipt of request for services. Oral notification will be made within 24 hours of the decision.
- ✓ Urgent Expedited Pre-service Authorization decisions will be made within 72 hours of receipt of the request for services with a possible extension of up to 14 calendar days. Oral notification will be made within 24 hours of the decision.
- ✓ Standard Non-Urgent Preservice Authorization decisions will be made no later than 14 calendar days of receipt of request for services, with a possible extension of up to 14 calendar days. Oral notification will be made within 24 hours of the decision.
- ✓ Post service Authorization decisions, as expeditiously as the member's health condition requires and no later than 14 calendar days of receipt of the request for services with a possible extension of up to 14 calendar days. Oral notification will be made within 24 hours of the decision.

Pre-Service Authorization requests for Behavioral Health Services are handled by Beacon Health Options. (855) 481-7041.

Pre-Service Authorization requests for certain non-emergent imaging services are handled by National Imaging Associates (NIA). www.RadMd.com or (888) 899-7804.

Please note: Services rendered in an Emergency Room, Observation Room, Surgery Center or Hospital Inpatient setting are not managed by NIA.

A B  R C A

Real-Time Prescription Benefit Overview

What it is

Real-Time Prescription Benefit gives you the power to equip providers with high-quality data they can trust. It delivers up-to-date information about member benefits and medication costs directly to the point of care, leading to a more customized picture of member benefits — and the best possible care decisions.

How it works

With easy integration into providers' EHRs, you surface member-specific information about confirmation of coverage, medication cost, out-of-pocket information, prior authorization alerts and therapeutic alternatives — providing actionable intelligence when and where providers need it most.



1

You will be able to send information to the provider via a real-time data exchange in their EHR — including details on the member's out-of-pocket costs, viable therapeutic alternatives and pricing for variables like supply day and mail-order service.



2

With this member-specific information, providers will have more informed conversations with members, leading to decisions that align with the member's clinical needs and plan benefits.



3

By sharing relevant information exactly when providers need it, you will work together to reduce costs, increase efficiencies and improve adherence and outcomes for members.

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Contact Abarca with questions about Real-Time Prescription Benefit

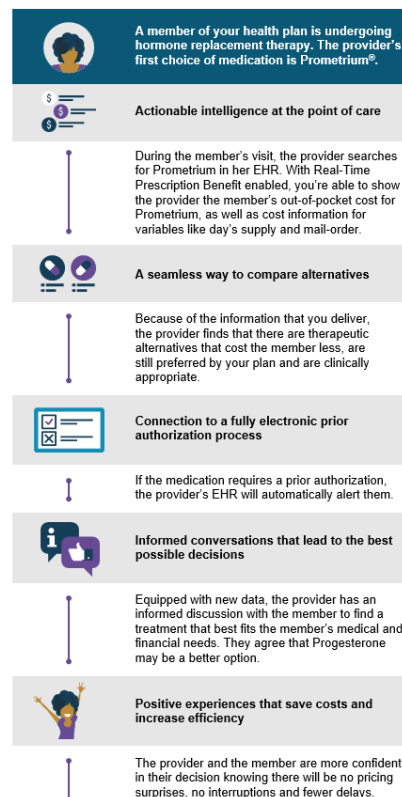
A B  R C A

What it looks like in action

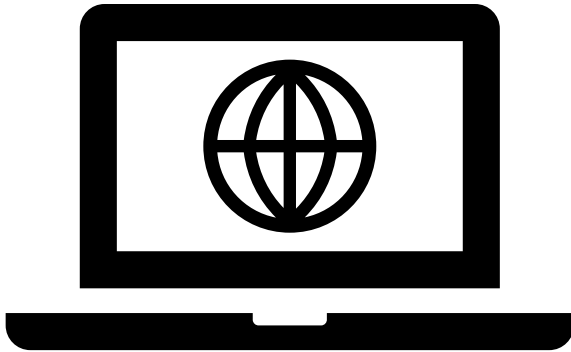
Key advantages

- Enables you to facilitate important medication benefit and adherence conversations at the point of care
- Offers a meaningful mechanism for you to better serve members and employers who are demanding medication cost transparency
- Effectively educates providers on benefits, costs and therapeutic options at the moment they take action in their EHR to prescribe a medication
- Optimizes operational processes around prior authorizations and plan design adherence for both you and providers
- Offers high quality information to providers, with up-to-date, member-specific benefit details

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Useful Links



Drug Formulary

- https://www.carefirstchpdc.com/pdf/CFDC/CFDC_Drug-Formulary.pdf

Medication PA Request Form

- https://www.carefirstchpdc.com/pdf/CFDC/CFDC_PA_Request_Form.pdf

Formulary Exception Request Form

- https://www.carefirstchpdc.com/pdf/CFDC/CFDC_Formulary_Exception_Request.pdf

Hep C Treatment (Mavyret) Request Form

- <https://www.carefirstchpdc.com/pdf/CFDC/Mavyret-PA-Request-and-Required-Documentation.pdf>

Suboxone PA Request Form (>24 mg)

- https://www.carefirstchpdc.com/pdf/CFDC/CFDC_Suboxone_PA_Request_Form.pdf

Children Antipsychotic PA Request Form

- https://www.carefirstchpdc.com/pdf/CFDC/CFDC_Children_Antipsychotic_PA_Request_Form.pdf

Opioid PA Request Form

- https://www.carefirstchpdc.com/pdf/CFDC/CFDC_Opioid_PA_Request_Form.pdf

Dexcom CGM PA Request Form

- <https://www.carefirstchpdc.com/pdf/CFDC/Dexcom-Prior-Authorization-Form.pdf>

USEFUL PHARMACY CONTACTS

CareFirst CHPDC Pharmacy Department *202-400-2617*

PBM (Abarca) Call Center *1-866-287-6156*



THANK YOU



Health Services for Children with Special Needs, Inc.

Health Services for Children
with Special Needs, Inc.
(HSCSN)

DHCF Pharmacy Forum
October 21-22, 2021



HSCSN Pharmacy Program

The Preferred &
Non-Preferred Drug
Formulary.

CVS Caremark is our PBM.

HSCSN utilize CVS
Caremark Pharmacy &
Therapeutic Committee
for drug formulary
recommendations and
decisions for Step
Therapy, Quantity Limits
and Preferred
medications.

Health Services for Children with Special Needs, Inc.

HSCSN New Drug Formulary Updates

Brand/Generic change

- Brand Coumadin is **non-preferred**. Generic preferred

Quantity Limits & Step Therapy

- DULAGLUTIDE (Trulicity) SOLN PEN-INJECTOR 0.75 MG/0.5ML , 1.5 MG/0.5ML , 3 MG/0.5ML, 4.5MG/0.5ML (**Quantity Limits 4 pens per 21 days and Step Therapy**)
- SEMAGLUTIDE (Ozempic) SOLN PEN-INJ 0.25 OR 0.5 MG/DOSE (2 MG/1.5ML), SOLN PEN-INJ 1 MG/DOSE (2 MG/1.5ML), 1 MG/DOSE (4 MG/3ML) (**Quantity Limits 2 prefilled pens per 21 days) and Step Therapy**)
- SEMAGLUTIDE TAB (Rybelsus) 3mg, 7mg,14MG (**Quantity Limits 30 tablets per 25 days and Step Therapy**)

HSCSN New Drug Formulary Updates

Gabapentin Quantity Limits(QL) termed and changed to daily maximum dose.

Quantity Limits
For capsules, 6 per day GABAPENTIN CAP 100 MG GABAPENTIN CAP 300 MG GABAPENTIN CAP 400 MG
For tablets, 6 per day GABAPENTIN TAB 100 MG GABAPENTIN TAB 300 MG GABAPENTIN TAB 400 MG GABAPENTIN TAB 600 MG
For higher strength, 4 tablet per day GABAPENTIN TAB 800 MG
For solution, 72ml per day GABAPENTIN ORAL SOLN 250 MG/5ML

HSCSN New Drug Formulary Updates

Formulary NDC Additions

POLY-VI-SOL SOL 50MG/ML	Brand	00087040203
POLY-VI-SOL SOL 50MG/ML	Brand	00087040265
POLYVITAMIN	Generic	52959063450
MUCINEX TAB 1200MG	Brand	63824002318
MUCINEX DM TAB 30-600ER	Brand	63824005012
MUCINEX DM TAB 30-600ER	Brand	63824005611
MUCINEX DM TAB 30-600ER	Brand	63824005650
MUCINEX DM TAB 60-1200	Brand	63824007218
MUCINEX TAB 1200MG	Brand	63824096986
MUCINEX DM TAB 30-600ER	Brand	63824096987
MUCINEX DM TAB 60-1200	Brand	63824096988
TOLVAPTAN (Samsca) TAB 30MG	Generic	67877063633
TOLVAPTAN (Samsca) TAB 30MG	Generic	60505470500
TOLVAPTAN (Samsca) TAB 30MG	Generic	67877063602
TOLVAPTAN (Samsca) TAB 30MG	Generic	60505470501
POLY-VITA	Generic	69618006259
POLY-VITE SOL 50MG/ML	Brand	71399744005
POLY-VITE	Generic	71399755405
POLY-VITE	Generic	76518003050

HSCSN Diabetic Supplies Drug Formulary Updates

- Diabetics supplies –Preferred
 - One Touch Ultra kits and test strips
 - One Touch Verio kits and test strips
 - BD Ultrafine insulin syringes and needles
 - Dexcom continuous glucose monitoring system
 - *** all member are eligible for complete new system
 - Keto-diastrix
 - Multistix
 - ***Ketostix require prior authorization

HSCSN Drug Formulary Updates

Quarterly Drug Formulary update

- October 2021, next formulary update with medications deletions/additions.
- Formulary link to website to search for medication coverage.
<https://hscsnhealthplan.org/enrollees/pharmacy-benefits/drug-formulary>
- Expect an email blast with the new quarter updated formulary.

HSCSN Pharmacy Claims Processing Information

HSCSN primary coverage

Enrollee – Medicaid number with the leading zero

BIN-004336

Group-Rx6534

PCN-Caremark or ADV

COB

Enrollee – Medicaid number with the leading zero

BIN-013089

Group-Rx6534

PCN-COMADV

Formulary Prior Authorization

- Prior Authorization(PA) should be submitted to CVS UM for review by fax 1-888-836-0730.
- ***Please*** remember that Medication(s) denied for Prior Authorization review for enrollees can receive a 7 days Emergency Fill (**FOR 7 DS, USE PAMC 11112222333 DRUG REQUIRES PRIOR AUTHORIZATION**) while awaiting the PA review.
- All submitted PA's reviewed are conducted with in 24 hours of ordering physician's submission.
- The pharmacist should dispensed medication utilizing clinical appropriateness and with consideration of medication stepdown in the event the medication is denied.

HSCSN Pharmacy Help Desk Numbers

- CVS Customer Care at 1-866-885-4944 or 1-800-364-6331.
- HSCSN Customer Care at 202-467-4736 or 1-866-937-4549.



Health Services for Children with Special Needs, Inc.

For more information please contact:

Leslie Addison, BSP, MPH
Office: Phone 202-495-7659
Cell: 202-450-9678
Email laddison@hschealth.org



Health Services for Children with Special Needs, Inc.

Thank you

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.**

የአንግሊዝኛ ቋንቋ መናገርና ማንበብ የማይችሉ ከሆነ ከጊዜ 7:00 ሰዓት እስከ ቀኑ 5:30 ባለው ጊዜ በስልክ ቁጥር 202-467-2737 በመደወል እርዳታ ማግኘት ይቻላል። **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。 **Chinese.**

영어로 대화를 못하시거나 영어를 읽지 못하시는 경우, 오전 0시 00분에서 오후 0시 00분 사이에 202-467-2737번으로 전화해 주시기 바랍니다. 담당 직원이 도와드립니다. **Korean.**

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



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.

9/22/20 5
21 6

Health Services for Children with Special Needs,
Inc.

Pharmacy Provider Forum

Tracey Davis, PharmD

Sept 2021



Delivering the Next
Generation
of Health Care

July 2021 P&T changes

Quantity limits were added to promethazine

- Add monthly quantity limit of 240 mL per 30 days

CGM

- DexCom, Free Style, and Eversence are all available with a PA

Contact information

AmeriHealth Caritas DC Pharmacy Services

888-602-3741

Pharmacy Director – Tracey Davis, PharmD

202-669-5347

tdavis4@amerihealthcaritasdc.com



AmeriHealth *Caritas*[™]

District of Columbia

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
- * Jonas Terry, PharmD, CMTM
 - * Pharmacist
 - * jonas.terry@dc.gov or 202-478-1415

Providers Contact Information

- * Provider Enrollment – Maximus

- * Nikki Kittrell, Project Director
 - * MarthaDKittrell@maximus.com
 - * 202-499-3396

- * Magellan Providers Relations

- * Allison Williams
 - * 804-548-0184
 - * ANWilliams1@magellanhealth.com
- * James Woods
 - * 804-548-0199 ext. 80199
 - * JLWoods@magellanhealth.com