

# Quarterly Pharmacy Provider Forum

Department of Health Care Finance  
December 2021



# AGENDA

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

# DHCF Updates

# DHCF Updates

- \* Providers manual
- \* Opioids guidelines

# Providers Manual Updates

- \* Dispense as Written Codes (DAW)
  - \* In order to receive reimbursement for claims submitted, DC Medicaid Pharmacy Providers shall utilize the correct DAW codes based upon the information provided on a prescription and/or verbally verified (documented on the prescription for audit purposes) from the prescriber or their designee.
- \* Vaccines
  - \* Immunizations and vaccines will be covered at POS per state regulations. An administration fee will be paid instead of a dispensing fee.
- \* Death with Dignity
  - \* Death with Dignity Act establishes a process by which competent, terminally ill residents of District of Columbia can legally obtain a physician's prescription for drugs to end their life in a humane and peaceful manner. Claims for Death with Dignity procedure should be submitted with ICD-10 code X83.8XXA.
- \* Medical Benefit Drugs
  - \* Claims for medical benefit drugs are processed as a medical benefit through the MMIS system/Conduent. If help is needed about how to submit claims for medical benefit drugs and other services which are covered under medical benefit, providers should contact Conduent Provider Inquiry line at 202-906-8318.
- \* MME edits
  - \* DHCF will require prior authorization for reimbursement of opioid prescriptions greater than 90 MME and/or a 7 days' supply. These changes will limit the Medicaid covered maximum days' supply and the maximum daily dose

# Opioids Guidelines

## A COLLABORATIVE APPROACH FOR SAFE USE OF OPIOIDS

DEVELOPED BY DHCF &  
THE DISTRICT'S DUR BOARD  
IN COLLABORATION  
WITH STAKEHOLDERS



- \* The DUR Board, appointed health care provider representatives to DC Medicaid and experts on medication utilization within the DC Medicaid population has worked alongside colleagues within DC Medicaid for more than a year to research, develop, and authorize this resource material.
- \* Document includes practical approaches for applying available Opioid Guidelines in our day-to-day practices including CDC and DC Department of Health recommendations.
- \* Resource material will be available on the providers portal in January 2022.

# MCO Updates



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

December 9 & 10, 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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# MFC–DC Pharmacy: Formulary Changes

## ➤ January 2022

### ➤ Additions

- Cyclopentol sol 0.5% OP
- Cyclopentol sol 2% OP
- Ziextenzo (pegfilgrastim-bmez) – Biosimilar for Neulasta

### ➤ Additions with Prior Authorization

- Exkivity (mobocertinib)
- Kerendia (finerenone)
- Lybalvi (olanzapine and samidorphan)
- Quilpta (atogepant)
- Rezurock (belumosudil)
- Saphnelo (anifrolumab)
- Uplizna (inebilizumab-cdon)



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# MFC–DC Pharmacy: Formulary Changes

- **January 2022**

- **Additions with Prior Authorization (*continued*)**

- Vazalore (aspirin)
    - Vyepti (eptinezumab-jjmr)
    - Zepzelca (lurbinectedin)

- **Removals**

- Udenyca (pegfilgrastim-cbqv) – Biosimilar for Neulasta

- **Removal of Prior Authorization Requirement**

- None



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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](mailto:DCMFCUMAuth@medstar.net)



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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



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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.



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# Opioid Prescriptions Prior Authorization

## ➤ Opioid PA Form

### ➤ Exempt:

- Sickle Cell Disease
- Cancer
- Hospice/Palliative Care


### ➤ PA Required for:

#### ➤ Opioid Naïve

- RXs exceeding 50 MME
- RXs exceeding > 7 days

#### ➤ Opioid Experienced

- RXs Exceeding 90 MME
- Fentanyl
- Methadone for pain
- Long-acting opioids

  
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DISTRICT OF COLUMBIA

**MedStar Family Choice-District of Columbia**  
Return by fax to: 202-243-6258

### OPIOID PRIOR AUTHORIZATION FORM

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Phone #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Medication Prescribed: \_\_\_\_\_ sig: \_\_\_\_\_  
(Medication Name) (dose in mg.mcg) (ex: 1 po bid, 2 po tid, etc) (number to dispense) (duration of therapy)

Medication Prescribed: \_\_\_\_\_ sig: \_\_\_\_\_  
(Medication Name) (dose in mg.mcg) (ex: 1 po bid, 2 po tid, etc) (number to dispense) (duration of therapy)

**Please check Yes or No box below:**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Patient is receiving opioid therapy due to cancer or sickle cell disease. If yes, the patient is EXEMPT from PA requirements and you may stop here and sign form. Please return this PA form and last office note by fax to the number above. DX: _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Patient is in hospice and/or is receiving palliative care. If yes, the patient is EXEMPT from PA requirements and you may stop here and sign form. Please return this PA form and last office note by fax to the number above. DX: _____
<input type="checkbox"/>	<input type="checkbox"/>	3. Naloxone has been offered and/or prescribed for the patient.
<input type="checkbox"/>	<input type="checkbox"/>	4. The prescriber has checked the District of Columbia Prescription Drug Monitoring website and reviewed the patient's prescription history.
<input type="checkbox"/>	<input type="checkbox"/>	5. The prescriber has discussed and evaluated the risks versus benefits of opioid therapy with the patient.
<input type="checkbox"/>	<input type="checkbox"/>	6. The prescriber has a continuous treatment relationship with the patient. If yes, continue to the question 7 below. If no (there is not a continuous treatment relationship between the prescriber and the patient as would be the case in ED visits, inpatient hospitalizations, some surgical services), please stop here and sign form. Please return this PA form by fax to the number above.
<input type="checkbox"/>	<input type="checkbox"/>	7. The prescriber will perform random urine drug screening during the course of opioid therapy for this patient.
<input type="checkbox"/>	<input type="checkbox"/>	8. The prescriber and patient have signed an Opioid Treatment Agreement and it is part of the patient's medical record.

**By signing below, I certify that the information provided is accurate.**

Prescriber's Name: \_\_\_\_\_ Contact Person for Request: \_\_\_\_\_

Telephone#: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Fax#: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Prescriber Address: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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

# Mandatory Prescription Drug Monitoring Program Query

## ➤ MANDATORY PDMP QUERY:

- *DC Law 23-251. Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020* became effective on March 16, 2021. The law 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.

For your reference, the law is available here:

<https://code.dccouncil.us/dc/council/laws/23-251.html>



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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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# MFC-DC Office Information

MedStar Family Choice – DC Office:

3007 Tilden Street NW Pod 3N

Washington, DC 20008

(855) 798-4244

[www.medstarfamilychoice.com](http://www.medstarfamilychoice.com)

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



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# PHARMACY UPDATES FOR PROVIDERS

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

12/09/2021



## Pharmacy Team Members – Corporate Office

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- Director, Pharmacy Services –
  - [Jose.DiazLuna@carefirstchpdc.com](mailto:Jose.DiazLuna@carefirstchpdc.com)
  - 202-821-1127
- Clinical Pharmacist –
  - [Jason.Lam@carefirstchpdc.com](mailto: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

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- Clinical Pharmacist –

**Andrew Wherley, Pharm.D., RPh**

- [Andrew.Wherley@carefirstchpdc.com](mailto:Andrew.Wherley@carefirstchpdc.com)
- 202-886-1228



- PGY-1 Resident –

**Melany Ferreira Da Silva, Pharm.D.**

- [Melany.FerreiraDaSilva@carefirstchpdc.com](mailto:Melany.FerreiraDaSilva@carefirstchpdc.com)
- 206-347-0561





## Pharmacy Team Members - Ward 8

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- Clinical Pharmacist -
  - [Miranda.Law@carefirstchpdc.com](mailto:Miranda.Law@carefirstchpdc.com)
  - 202-886-0230
- Clinical Pharmacist –
  - [Jessica.Pinchat@carefirstchpdc.com](mailto:Jessica.Pinchat@carefirstchpdc.com)
  - 202-750-5539
- PGY-1 Resident –
  - [Daniel.Lewis@carefirstchpdc.com](mailto:Daniel.Lewis@carefirstchpdc.com)
  - 206-347-3197

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



**Jessica Pinchat, Pharm.D., RPh**



**Daniel Lewis, Pharm.D.**



## 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.

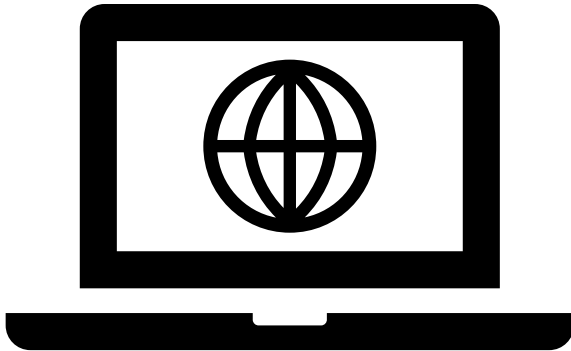
- ✓ Urgent concurrent Authorization decisions will be made within 24 hours of receipt of request for services. Oral notification will be made within 24 hours of the decision.
- ✓ Urgent Expedited Pre-service Authorization decisions will be made within 72 hours of receipt of the request for services with 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](http://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.**

## Useful Links



### Drug Formulary

- [https://www.carefirstchpdc.com/pdf/CFDC/CFDC\\_Drug-Formulary.pdf](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](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](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](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](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](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

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*CareFirst CHPDC Pharmacy Department*      *202-400-2617*

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



**THANK YOU**

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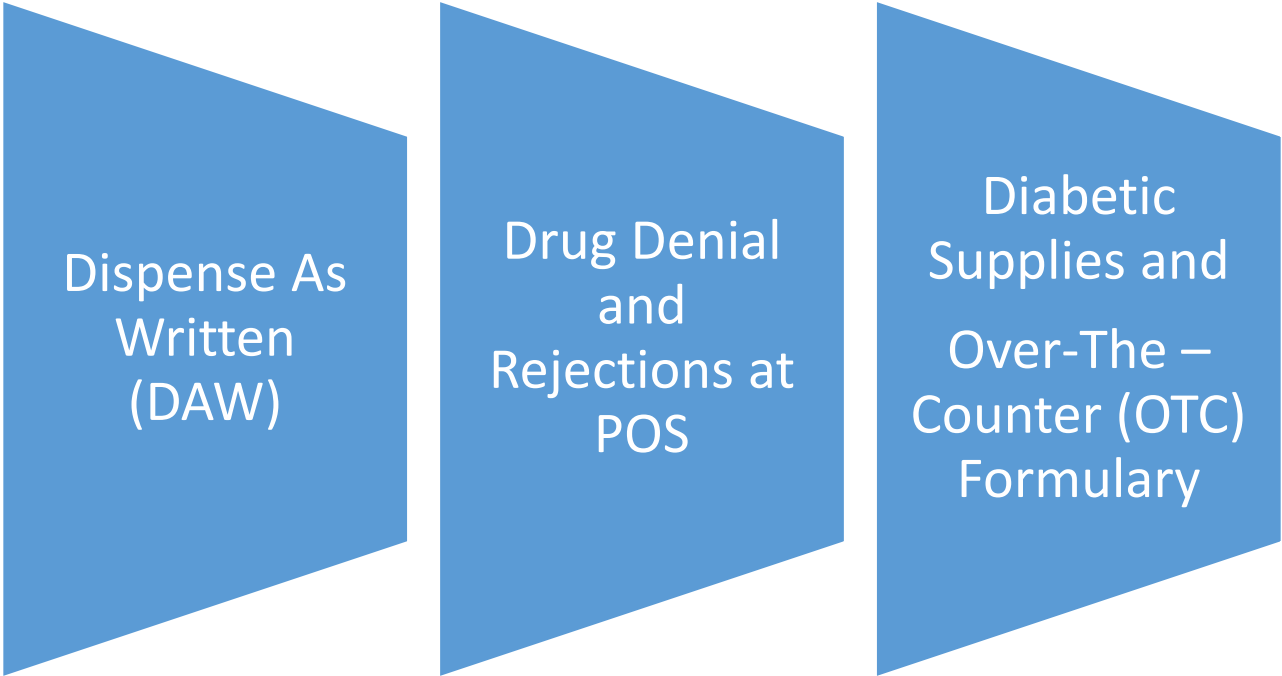
Health Services for Children with Special Needs, Inc.

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

DHCF Pharmacy Forum  
December 9-10, 2021



# HSCSN Pharmacy Program Updates



Dispense As  
Written  
(DAW)

Drug Denial  
and  
Rejections at  
POS

Diabetic  
Supplies and  
Over-The –  
Counter (OTC)  
Formulary

# Program Dispense As Written (DAW)

## Agenda

### **DAW Reminder**

#### **New Policy**

- 1. Effective April 1, 2021**, the District implemented reimbursement using designated DAW codes deemed acceptable.
  - In order to receive reimbursement for claims submitted, Pharmacy Providers shall utilize the correct DAW codes based upon the information provided on a prescription and/or verbally verified (documented on the prescription for audit purposes) from the prescriber or their designee.
  - Not the enrollee

*DHCF Transmittal 21-12, March 2021*



# DAW

The following codes are **considered acceptable** for the purposes of claiming reimbursement:

## **Acceptable DAW Codes for Prescribed Medication Assisted Treatment (MAT) Drugs Products**

- DAW - 0                      Substitution Allowed - No Product Selection Indicated
- DAW - 1                      Substitution Not Allowed by Prescriber - Brand Drug Dispensed \*Medical Necessity Must Be Established\*
- DAW - 4                      Substitution Allowed - Generic Drug Not in Stock at Pharmacy - Brand Drug Dispensed
- DAW - 8                      Substitution Allowed - Generic Drug Not Available in Marketplace – Brand Drug Dispensed

## **Acceptable DAW Codes for All Other Prescribed Drugs**

- DAW – 0                      Substitution Allowed - No Product Selection Indicated
- DAW – 1                      Substitution Not Allowed by Prescriber - Brand Drug Dispensed \*Medical Necessity Must Be Established\*
- DAW – 8                      Substitution Allowed - Generic Drug Not Available in Marketplace -Brand Drug Dispensed
- DAW – 9                      Substitution Allowed - Insurance Plan Request Brand Drug – Brand Drug Dispensed

*DHCF Transmittal 21-12, March 2021*

# DAW

The following codes are considered **unacceptable** for billing HSCSN:

## **Unacceptable DAW Codes for Any Prescribed Drug**

- DAW - 2            Substitution Allowed - Patient Requested That Brand Product Be Dispensed
- DAW - 3            Substitution Allowed - Pharmacist Selected Product Dispensed
- DAW - 5            Substitution Allowed - Brand Drug Dispensed as Generic
- DAW - 6            Override
- DAW - 7            Substitution Not Allowed - Brand Drug Mandated by Law

*DHCF Transmittal 21-12, March 2021*

## Example of Drug Rejection at POS

### **Examples-Xifaxan (Rifaximin) 550mg**

*(30 claim submissions same day by the pharmacy)*

-Message to pharmacist-Claim Status

-Reject Code - Description: 75 - Prior Authorization Required

-Reject Code - Description: - PREAUTH REQUIRED

PA REQUIRED, CALL 1 877-433-7643

-Local Messages: FOR 7 DS O/R, USE PAMC 11112222333 DRUG REQUIRES PRIOR AUTHORIZATION

## Example of Drug Rejection at POS

[illegible]

# Example of Drug Rejection at POS

## **Examples-Clonazepam ODT 0.5mg**

*( 17 claim submissions same day by the pharmacy)*

-Message to pharmacist-Claim Status

-Reject Code - Description: 70 - NDC/Product/Service Not Covered

-Reject Code - Description: MR - Product Not On Formulary

Settlement Code - Description: 00014 - DRUG NOT COVERED

Settlement Code - Description: 02512 - NDC IS NOT COVERED

Settlement Code - Description: 10572 - PRODUCT NOT ON FORMULARY

Local Messages: FOR 7 DS O/R, USE PAMC 11112222333 DRUG REQUIRES PRIOR AUTHORIZATION  
NON-FORMULARY DRUG, CONTACT PRESCRIBER

## Example of Drug Rejection at POS

Status	Drug Name	Date of Fill	Qty	Days
Reject	CLONAZEPAM ODT 0.5MG ODT	11/15/2021	24.0	12
Reject	CLONAZEPAM ODT 0.5MG ODT	11/11/2021	60.0	30
Reject	CLONAZEPAM ODT 0.5MG ODT	11/07/2021	60.0	30
Reject	CLONAZEPAM ODT 0.5MG ODT	11/04/2021	14.0	7
Reject	CLONAZEPAM ODT 0.5MG ODT	11/01/2021	60.0	30
Reject	CLONAZEPAM ODT 0.5MG ODT	11/01/2021	60.0	30
Reject	CLONAZEPAM ODT 0.5MG ODT	11/01/2021	138.0	69
Reject	CLONAZEPAM ODT 0.5MG ODT	11/01/2021	14.0	7
Reject	CLONAZEPAM ODT 0.5MG ODT	11/01/2021	60.0	30
Reject	CLONAZEPAM ODT 0.5MG ODT	11/01/2021	14.0	7
Reject	CLONAZEPAM ODT 0.5MG ODT	11/01/2021	60.0	30
Reject	CLONAZEPAM ODT 0.5MG ODT	11/01/2021	14.0	7
Reject	CLONAZEPAM ODT 0.5MG ODT	11/01/2021	60.0	30
Reject	CLONAZEPAM ODT 0.5MG ODT	11/01/2021	14.0	7
Reject	CLONAZEPAM ODT 0.5MG ODT	11/01/2021	14.0	7
Reject	CLONAZEPAM ODT 0.5MG ODT	11/01/2021	28.0	14
Reject	CLONAZEPAM ODT 0.5MG ODT	11/01/2021	28.0	14

# Incorrect 7 Days Emergency Fill Claim Processing

## 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

- Reversal Date:
- BIN: 004336
- Submitted Processor Control#: ADV
- Submitted Group: RX6534
- COB Claim Indicator: 1
- Paid Days: 7
- Paid Quantity: 14.0
- Override ID:
- Submission Version Release: D0

## Controlled Substance Prior Authorization (CII)

- CVS/Caremark is the Pharmacy Benefit Management contractor for ALL PA authorization request.
- Physician must contact CVS/Customer Service when prescription for CII is written for approval.
- CVS/Customer Service should be contacted if the following apply at CII authorization 1-(877)-433-7643.
- Prior Authorization is triggered:
  - If more than 7 Days supply for short acting opioids
  - If for a long acting opioids
  - If for early refill thresholds
  - If greater than 90 Morphine Milligram Equivalent(MME) daily
  - If more than one opioid in 90 days



## Diabetic Supplies Formulary

Preferred Diabetic Glucose kit and test strip

- One Touch Verio
- One Touch Ultra

Effective October 1, 2021

Preferred Blood Glucose Continuous Monitoring

- DexCom G6 monitoring, receiver, sensor, transmitter



## Over-The Counter (OTC) Updates

**Effective December 1, 2021**

### **Additions**

- Emollient ointment
  - Aquaphor, Cerave , generic equivalent of retail chain pharmacies
- Vitamin A& D ointment
  - A+D ointment, & other generics

# Over-The –Counter(OTC) Drug Formulary

- The OTC Drug Formulary

HSCSN OTC DRUG LIST	
THERAPEUTIC CLASS	Brand name
<b>ANALGESIC</b>	
acetaminophen (quantity limits)	TYLENOL
<b>NSAIDs</b>	
ibuprofen	ADVIL
naproxen	ALEVE
diclofenac sodium gel (quantity limits)	VOLTAREN GEL
<b>MISCELLANEOUS</b>	
pyrantel	REESE'S PINWORM MEDICINE
<b>SMOKING DETERRENTS</b>	
nicotine polacrilex gum	NICORETTE
nicotine transdermal	
<b>ANTIDIABETICS</b>	
insulin human	HUMULIN R
insulin human	NOVOLIN R
insulin isophane human	HUMULIN N
insulin isophane human	NOVOLIN N
insulin isophane human 70%/ regular 30%	HUMULIN 70/30
insulin isophane human 70%/ regular 30%	NOVOLIN 70/30
insulin aspart protamine 70%insulin aspart 30%	NOVOLIN MIX 70/30
<b>DIABETIC SUPPLIES</b>	
alcohol swabs	
blood glucose monitoring kits, test strips (QL)	ONE TOUCH ULTRA kits and test strips
blood glucose monitoring kits, test strips (QL)	ONE TOUCH VERIO kits and test strips
insulin syringes, needles	BD ULTRAFINE insulin syringes and needles
lancets	
multiple urine test products	KETO-DIASTIX
multiple urine test products	MULTISTIX
<b>CONTRACEPTIVES</b>	
Emergency contraception	
levonorgestrel	PLAN B ONE STEP, NEXT CHOICE ONE DOSE
ulipristal	ELLA
Miscellaneous contraception	
condoms, male	
nonoxonyl-9	GYNOL II , SHUR-SEAL
<b>GASTROINTESTINAL</b>	
<b>Antacids</b>	
aluminum/magnesia	MAALOX
aluminum/magnesia/simethicone	MAALOX
aluminum/magnesia/simethicone	MYLANTA
calcium carbonate	CALTRATE, TUMS, OYSTER SHELL
<b>Antidiarrheals</b>	
bismuth subsalicylate	PEPTO-BISMOL
loperamide	
<b>Antiemetics</b>	
meclizine	

HSCSN OTC DRUG LIST	
THERAPEUTIC CLASS	Brand name
<b>GASTROINTESTINAL</b>	
<b>H2 Receptor Antagonist</b>	
cimetidine	TAGAMET HB
famotidine	PEPCID AC
<b>Laxatives/Stool Softeners</b>	
bisacodyl	DULCOLAX
docusate calcium	
docusate sodium	COLACE
polyethylene glycol 3350	MIRALAX
senna	
sennosides	SENOKOT
sennosides/docusate sodium	SENNA PLUS
<b>PROTON PUMP INHIBITORS</b>	
esomeprazole magnesium delayed-release	NEXIUM 24HR
lansoprazole delayed-release tabs	PREVACID 24HR
omeprazole delayed-release tabs	
omeprazole delayed-release	PRILOSEC OTC
omeprazole magnesium delayed-rel caps	
omeprazole/sodium bicarbonate	ZEGERID OTC
<b>MISCELLANEOUS</b>	
loperamide/simethicone	IMODIUM
simethicone	
<b>URINARY ANTISPASMODICS</b>	
oxybutynin transdermal	OXYTROL FOR WOMEN
<b>VAGINAL ANTI-INFECTIVES</b>	
clotrimazole	
miconazole	
<b>PLATELET AGGREGATION INHIBITORS</b>	
aspirin	
<b>VITAMINS AND MINERALS</b>	
folic acid	
folic acid/vitamin B6/vitamin B12	
<b>MISCELLANEOUS</b>	
calcium	
calcium/vitamin D	
cholecalciferol (D3)	VITAMIN D3
electrolyte soln, oral	PEDIALYTE
ferrous fumarate	
ferrous gluconate	FERGON
ferrous sulfate	FEOSOL
omega-3 fatty acids	FISH OIL
omega-3 fatty acids/vitamin E	FISH OIL
pyridoxine 25mg, 50mg	VITAMIN B6

# Over-The –Counter(OTC) Drug Formulary

## • The OTC Drug Formulary (cont.)

HSCSN OTC DRUG LIST	
THERAPEUTIC CLASS	
Generic name	Brand name
<b>RESPIRATORY</b>	
<b>ANTIHISTAMINES, LOW SEDATING</b>	
cetirizine	ZYRTEC
<b>ANTIHISTAMINES, NONSEDATING</b>	
fexofenadine	ALLEGRA
loratadine	CLARITIN
<b>ANTIHISTAMINES, SEDATING</b>	
chlorpheniramine	
chlorpheniramine ext-rel	
clemastine	
diphenhydramine	BENADRYL
<b>ANTIHISTAMINE/DECONGESTANT COMBINATION</b>	
cetirizine/pseudoephedrine ext-rel	ZYRTEC-D 12 HOUR
fexofenadine/pseudoephedrine ext-rel	ALLEGRA-D
loratadine/pseudoephedrine ext-rel	CLARITIN-D
triprolidine/pseudoephedrine liq, syp	
<b>ANTITUSSIVE COMBINATIONS</b>	
<i>Non-Opioid</i>	
dextromethorphan/guaifenesin ext-rel	MUCINEX DM
dextromethorphan/guaifenesin liq, soln, syp	
dextromethorphan/guaifenesin/pseudoephedrine liq 10mg/100mg/30mg/5ml	
<b>DECONGESTANTS</b>	
pseudoephedrine	SUDFED
pseudoephedrine ext-rel	SUDAFED
<b>DECONGESTANT/EXPECTORANT COMBINATIONS</b>	
pseudoephedrine/guaifenesin ext-rel	MUCINEX-D
pseudoephedrine/guaifenesin syp 30mg/100mg/5ml	
<b>EXPECTORANTS</b>	
guaifenesin ext-rel	MUCINEX
guaifenesin liq	DIABETIC TUSSIN
guaifenesin liq, syp, tabs	
<b>MAST CELL STABILIZERS</b>	
cromolyn sodium nasal spray	NASALCROM
<b>MEDICAL SUPPLIES</b>	
mask (quantity limits)	
nebulizer (quantity limits)	
sodium chloride for inhalation	
spacer (quantity limits)	AEROCHAMBER
vaporizer (quantity limits)	

HSCSN OTC DRUG LIST	
THERAPEUTIC CLASS	
Generic name	Brand name
<b>NASAL STEROIDS</b>	
budesonide spray	RHINOCORT ALLERGY
fluticasone spray	FLONASE ALLERGY RELIEF
triamcinolone acetanide spray	NASACORT ALLERGY 24HR
<b>MISCELLANEOUS</b>	
sodium chloride nasal spray	OCEAN
<b>DERMATOLOGY</b>	
<i>Topical</i>	
benzoyl peroxide	
benzoyl peroxide gel 2.5%	
<i>Antibiotics</i>	
bacitracin	
bacitracin/polymyxin B	POLYSPORIN
neomycin/bacitracin/polymyxin B	NEOSPORIN
<i>Antifungals</i>	
miconazole	MICATIN
tolinaftate	TINACTIN
<i>Antiseborrheics</i>	
selenium sulfide shampoo 1%	SELSUN BLUE
<i>Topical/ Corticosteroids- Low Potency</i>	
hydrocortisone crm, gel, lotion, oint, soln 1%	CORTIZONE-10
hydrocortisone oint 0.5%	
hydrocortisone/aloe vera crm 0.5%, 1%	
<i>Emollients</i>	
ammonium lactate 12%	LAC-HYDRIN
emollient ointment	AQUAPHOR
lanolin & petrolatum ointment	A + D OINTMENT
dimethicone lotion	AVEENO DAILY MOISTURIZING LOTION
skin protectant cream	EUCERIN CREAM
<i>Local Analgesics</i>	
capsaicin lotion 0.035%	CASTIVA
capsaicin/menthol gel 0.025/10%	CAPZASIN GEL RELIEF
lidocaine patch 4%	
<i>Scabicides and Pediculicides</i>	
permethrin	
<i>Miscellaneous Skin and Mucous Membrane</i>	
calamine lotion	
docosanol	ABREVA
lidocaine/benzalkonium chloride	BACTINE
povidone/iodine	BETADINE
<b>HSCSN OTC DRUG LIST</b>	

## HSCSN Pharmacy Claims Processing Information

### Primary

Enrollee – Medicaid number with the leading zero

BIN-004336

Group-Rx6534

PCN-Caremark or ADV

### Commercial/Medicare Part D/COB

Enrollee – Medicaid number with the leading zero

BIN-013089

Group-Rx6534

PCN-COMADV

## Formulary Prior Authorization/Formulary Exceptions

Prior Authorization(PA) should be submitted to CVS UM for review.

- Phone 1-877-433-9643
- Fax 1-888-836-0730
- Electronic Prior Authorizations (EPA). The website for EPA can be reached at [info.caremark.com/epa](http://info.caremark.com/epa)
- **Please** remember that Medication(s) denied for Prior Authorization (PA) review for enrollees can receive a 7 days Emergency Fill (**FOR 7 DS, USE PAMC 1112222333 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

1-(866)-885-4944 or 1-800-364-6331

HSCSN Customer Care

(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](mailto:laddison@hschealth.org)





Health Services for Children with Special Needs, Inc.

Thank you

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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**

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

12/15/202

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Health Services for Children with Special Needs,  
Inc.

# Pharmacy Provider Forum

Tracey Davis, PharmD

Dec 2021



Delivering the Next  
**Generation**  
of Health Care

# Oct 2021 P&T changes

Quantity limits were added to steroid creams

Shingles and pneumonia changes due to updated ACIP guidelines

Shingrix	Lower age limit of Shingrix to 19 years and older
Prevnar 20	Add to formulary with an age limit of 19 years and older and a QL of 0.5 mL per lifetime to align
Vaxneuvance	Add to formulary with an age limit of 19 years and older and a QL of 0.5 mL per lifetime
Pneumovax-23	Update QL to 0.5 mL per lifetime and add an age limit of 19 years and older

# Semglee shortage

## Semglee (insulin glargine)

- Semglee (insulin glargine) will pay at point of sale with a quantity limit of 30 milliliters per 30 days
- It is not interchangeable with Lantus, and is anticipated to be phased out by the end of the 2021 calendar year

## Insulin glargine-yfgn

- Insulin glargine-yfgn will pay at point of sale with a quantity limit of 30 milliliters per 30 days
- It is considered interchangeable by the FDA, allowing substitution at pharmacies for the reference product, Lantus

**Mitigation:** for the next 30 days various insulin glargine products will pay without PA

# Contact information

AmeriHealth Caritas DC Pharmacy Services

888-602-3741

Pharmacy Director – Tracey Davis, PharmD

202-669-5347

[tdavis4@amerihealthcaritasdc.com](mailto:tdavis4@amerihealthcaritasdc.com)



**AmeriHealth** *Caritas*<sup>™</sup>

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District of Columbia

# Questions?





# DHCF Contact Information

- \* Charlene Fairfax, RPh, CDE
  - \* Senior Pharmacist
  - \* [Charlene.fairfax@dc.gov](mailto:Charlene.fairfax@dc.gov) or 202-442-9076
- \* Gidey Amare, RPh, MS
  - \* Pharmacist
  - \* [Gidey.amare@dc.gov](mailto:Gidey.amare@dc.gov) or 202-442-5956
- \* Jonas Terry, PharmD, CMTM
  - \* Pharmacist
  - \* [jonas.terry@dc.gov](mailto: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