

Quarterly Pharmacy Provider Forum

Department of Health Care Finance
March 2022



AGENDA

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

DHCF Updates

DHCF Updates

- * COVID tests
- * Beneficiaries Appeals Notice

COVID Tests Coverage

- * COVID test kits or tests are covered for all DC Medicaid and Alliance enrollees at no cost to the beneficiary.
- * No prescription needed
- * For MCOs Medicaid enrollees and Fee-for-Service (FFS) beneficiaries, the claims shall be processed through Magellan.
- * Claims for Alliance enrollees shall be processed through the PBM of the assigned MCO.

Reference: <https://www.dc-medicaid.com/dcwebportal/documentInformation/getDocument/27175>

Beneficiaries Appeals Notice

Contact Number for Members:

- AmeriHealth Caritas 1-800-408-7511
- CareFirst Community Health Plan 1-855-326-4861
- HSCSN - 202-467-2737 or
- 1-866-WE-R-4-KIZ (937-4549)
- MedstarFamily Choice DC 1-800-404-3549
- Fee For Service Medicaid 1-800-273-4962

Beneficiaries notice will be available at
<http://www.dc-pbm.com/provider/documents>

THIS IS AN IMPORTANT NOTICE TO DC MEDICAID RECIPIENTS...



Did you get your MEDICINE today?



If you did not receive your medication, please speak to your pharmacist to answer your questions and resolve your concerns.



If you still have questions or concerns and you are enrolled in any of the following health plans, please contact your health plan at one of the following numbers:

- AmeriHealth Caritas DC - 1.800.408.7511
- CareFirst Community Health Plan DC - 1.855.326.4831
- MedStar Family Choice DC - 1.888.404.3549
- Health Services for Children with Special Needs (HSCSN) - 202.467.2737 or 1.866.937.4549



If you are enrolled in the DC Medicaid Fee for Service Program and did not receive your medication, call the Fee for Service Medicaid Pharmacy Call Center at 1.800.273.4962.



You can ask your pharmacist for a 3-day supply of medicine until the issue that prevented you from getting your medication today is resolved.

You can request a fair hearing if you think your request for medication has been wrongfully denied or reduced. To request a hearing:

- Call the DHCF Ombudsman at 202.724.7491 or email healthcareombudsman@dc.gov;
- Call the Office of Administrative Hearings at 202.442.9094;
- Or visit 441 4th Street, NW, Suite 250 North, Washington, DC 20001.



MCO Updates



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

March 15 & 16, 2022

Pharmacy Provider Forum

District of Columbia Healthy Families

District of Columbia Healthcare Alliance

Seema Kazmi, PharmD
Health Plan Pharmacist



Agenda

1. Safety Moment
2. Prior Authorizations – Opioid Medications
3. MFC-DC Formulary Changes Effective April 1, 2022
4. DC Alliance – Coverage for PEP and PrEP Medications for HIV
5. Provider Issues



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Safety Moment



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Patient Case

- Health plan received prior authorization request for generic Oxycodone 20MG (1 tablet po q6h prn) per documentation received from provider.
 - Total daily dose of 80 MG = 120 MME
- Patient has a PMH of gunshot wound to the back (December 2020) and has chronic pain
- Health plan pharmacist contacted provider to confirm prescription strength and directions and requested clinical documentation to support dose prescribed
- Clinical documentation showed that patient was previously prescribed Oxycodone/APAP 5/325mg (1 tab po q6h prn).
 - Total daily dose of 20MG = 30 MME
 - Provider reconsidered prescription dose and resent prescription to pharmacy for Oxycodone/APAP 5/325mg (1 tab po q6h prn).
- Prior authorization process for opioid is to ensure appropriate use of opioid prescriptions
 - Exemptions provided for
 - Sickle cell disease
 - Cancer
 - Palliative Care



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Prior Authorizations Opioid Medications



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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**



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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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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: _____
(Medication Name) _____
(dose in mg.mcg) _____
sig: _____
(ex: 1 po bid, 2 po tid, etc)

(number to dispense) _____
(duration of therapy) _____

Medication Prescribed: _____
(Medication Name) _____
(dose in mg.mcg) _____
sig: _____
(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

Opioid Prior Authorization Requirements

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.](#)

[Click here to access DHCF DUR Board Newsletter "A Collaborative Approach For Safe Use of Opioids".](#)

Early Refill Requests

"Early" Opioid Refills are not covered by MedStar Family Choice-DC.

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 an 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 will be required for:

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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Drug Formulary Changes



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MFC-DC Pharmacy Website

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

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



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For Enrollees For Providers

[MedStar Family Choice-DC](#) > [Welcome MedStar Family Choice-DC Providers](#) > Pharmacy

[For Providers](#) ▾

Pharmacy

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.
- [Formulary Quick Reference](#)
- [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-DC 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](#)

MFC-DC Pharmacy: Formulary Changes

- April 2022
 - Additions
 - LOXAPINE (effective 1/19/2022)
 - INSULIN GLARGINE-YFGN
 - FIRMAGON (degarelix)
 - TRUXIMA (rituximab-abbs)
 - Additions with Prior Authorization
 - APRETUDE (cabotegravir extended-release)
 - EMGALITY (galcanezumab-gnlm)
 - ENSPRYNG (satralizumab-mwge)
 - LIVTENCITY (maribavir)
 - RITUXAN (rituximab)
 - RITUXAN HYCELA (rituximab/hyaluronidase human)



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MFC-DC Pharmacy: Formulary Changes

- April 2022
 - Additions with Prior Authorization (*continued*)
 - SCEMBLIX (asciminib)
 - TAVNEOS (avacopan)
 - VOCABRIA (cabotegravir)
 - VOXZOGO (vosoritide)
 - VYVGART (efgartigimod alfa-fcab)
 - Removals
 - NONE
 - Removal of Prior Authorization Requirement
 - FREESTYLE LIBRE (effective 2/14/2022)
 - FREESTYLE LIBRE SENSOR (effective 2/14/2022)
 - FREESTYLE LIBRE READER (effective 2/14/2022)



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DC Alliance - Coverage for PEP & PrEP Medications for HIV



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DC Alliance – PEP and PrEP Medications

	Healthy Families Enrollees	Alliance Enrollees
Beneficiary has HIV/AIDS	Process through District of Columbia Fee-for- Service	Beneficiary must use ADAP Pharmacy*
Beneficiary needs PEP or PrEP	Process through District of Columbia Fee-for- Service	Any MedStar Family Choice in- network pharmacy

* LIST OF ADAP-PARTICIPATING PHARMACIES

<https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/HIV%20AIDS%20Pharmacy%20Provider%20Network%20%28%20Feb%202020%29.pdf>

* MEDICATIONS SUPPLIED THROUGH ADAP PHARMACIES (ADAP FORMULARY)-

https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/ADAP%20Formulary%20July%202020.pdf

HIV Medications, Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP)

- **DC Healthy Families Beneficiaries:**
 - HIV/AIDS medications, PEP, and PrEP for Healthy Families beneficiaries are covered through the District of Columbia Fee-for-Service only and are not the responsibility of MedStar Family Choice-DC.
- **DC Healthcare Alliance Beneficiaries:**
 - For Alliance beneficiaries, medications for the treatment of HIV/AIDS are supplied through the AIDS Drug Assistance Program (ADAP). All members must apply to the ADAP program and renew every 6 months. Prescriptions for HIV and AIDS medications must be filled at ADAP-participating pharmacies. Prescriptions for PEP and PrEP may be filled at any MedStar Family Choice-DC in-network pharmacy.

Provider Issues



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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



MedStar Family
Choice

MFC-DC 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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THANK YOU PHARMACISTS AND STAFF



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PHARMACY UPDATES FOR PROVIDERS

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

3/15/22



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@carefirstchpdc.com
 - 202-886-1228
- PGY-1 Resident –
 - Melany.FerreiraDaSilva@carefirstchpdc.com
 - 206-347-0561

Andrew Wherley, Pharm.D., RPh



Melany Ferreira Da Silva, Pharm.D.



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.



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.

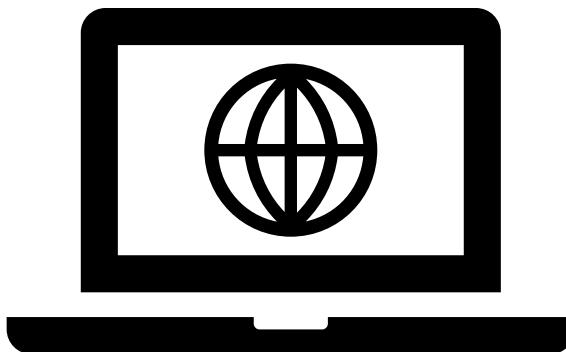
- ✓ Urgent concurrent Authorization decisions will be made within 24 hours of receipt of request for services. Oral notification will be made within 24 hours of the decision.
- ✓ Urgent Expedited Pre-service Authorization decisions will be made within 72 hours of receipt of the request for services with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

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

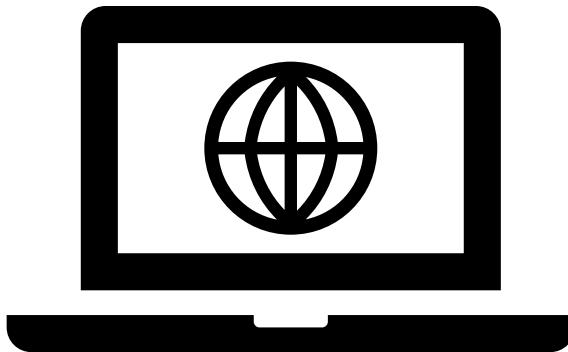
- https://www.carefirstchpdc.com/pdf/CFDC/CFDC_Opioid_PA_Request_Form.pdf

Dexcom CGM PA Request Form

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

Reminders

Check PDMP before dispensing any control prescription



Advise enrollees of the reason for all POS prescription rejections

USEFUL PHARMACY CONTACTS

CareFirst CHPDC Pharmacy Department 202-400-2617

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



THANK YOU

Pharmacy Provider Forum

Tracey Davis, PharmD

March 2022



Delivering the Next
Generation
of Health Care

January 2022 P&T changes



March 30th Amovig removed and Emgality will be preferred

Mavyret 50mg-20mg oral pellets added with PA

Entresto add QL 60 tablets for 30 days

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 (our preferred product)

- 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

Update: PA will now be required for Basaglar, existing PAs will be honored, all enrollees who switched to the preferred insulin glargine-yfgn

Penicillin G (Bicillin L-A) (IM) recommended in primary, secondary, and early latent syphilis as a single dose, and for late latent or tertiary syphilis once weekly for 3 weeks. Due to requests for ambulatory claims. To increase access for this treatment, we added Bicillin L-A to the formulary.

Retacrit for the treatment of anemia due to chronic kidney disease is ACDC preferred erythropoiesis- stimulating agent (ESA). Retacrit is expected to experience a supply chain disruption during Q2 – Q4 of this year. To ensure availability of options for ESAs, EpoGen and Procrit will temporarily be preferred for members through the end of 2022.

Contact information



AmeriHealth Caritas DC Pharmacy Services

888-602-3741

Pharmacy Director – Tracey Davis, PharmD

202-669-5347

tdavis4@amerihealthcaritasdc.com



AmeriHealth CaritasTM
District of Columbia



Health Services for Children with Special Needs, Inc.

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

DHCF Pharmacy Forum

March 15-16, 2022

Presenter

Leslie Addison, RPH, MPH



Non-Formulary Medication Rejection

Prior Authorization and Formulary Exceptions

7 Days Emergency Medication Override

- override code, 11112222333 for a 7days supply of medication
- Use the smallest package size
- Contact HSCSN Pharmacy Service or HSCSN Customer Care for assistance
- Incorrect billing
 - day supply must be 7 days, not 30 days
- Notify Prescriber that a prior authorization is needed
- Fax PA form to CVS Caremark UM at 1-888-836-0730

Prior Authorization link

https://hscsnhealthplan.org/sites/default/files/ CVS%20Caremark_PA_Exception%20form.pdf

Pharmacy Formulary link

<https://hscsnhealthplan.org/enrollees/pharmacy-benefits/drug-formulary>



7 Days Emergency Fill Rejected Claim

Rejected claim

➤ 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



Opioid Controlled Substance Prior Authorization (CII)

- **Physician** must contact CVS/Customer Service when prescription for Opioid (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



Updates

- Drug Formulary- April 2022
- Next, two (2) hours Pharmacy Continue Education(CE) - TBA
- Topic for CE- HIV/AIDS
- HSCSN Drug Utilization Review Committee (DURC) and Clinical Pharmacy Associate (CPA) are working on four (4) Targeted Therapeutic Classes studies for CY2022 on Quality Improvement
- The Targeted Therapeutic Classes studies will analyze data from claims data on drug utilization and adherence
- CPA Team may contact pharmacies for additional medication(s) information
- Four (4) Targeted Therapeutic Classes
 - HIV/AIDS Antiretroviral Agents
 - Oral Chemotherapy Agents
 - Sickle Cell Disease Agents
 - Antiepileptic Agents



THE HSC HEALTH CARE SYSTEM

Health Services for Children
with Special Needs, Inc.

HSCSN Contact Information

HSCSN Billing

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



THE HSC HEALTH CARE SYSTEM

Health Services for Children
with Special Needs, Inc.

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



THE HSC HEALTH CARE SYSTEM

Health Services for Children
with Special Needs, Inc.

Contact Information

For more information please contact:

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



Questions or Comments



THE HSC HEALTH CARE SYSTEM

Health Services for Children
with Special Needs, Inc.

October 2020

Health Services for Children with Special Needs, Inc.

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.

የኢትዮጵያ ሙሉ መፍትሃና ማኅበብ የሚኖሩት ከዚህ ዘመን 7:00 ሌቦት አስተ ችልት 5:30 በፊዎች 202-467-2737 በመደመል አደጋታ ማግኘታት ይችላለ:: 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 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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Washington DC Pharmacists Association (WDCCPA)

Questions?



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