

Quarterly Pharmacy Provider Forum

Department of Health Care Finance
March 19-20, 2024



AGENDA

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

DHCF Updates

DHCF Updates

- * Fertility coverage
- * Narcan OTC
- * Beneficiaries notice
- * Copay waiver
- * Vaccines for Children Program

Fertility Coverage

- * Fertility coverage received CMS approval.
- * Transmittal with benefit details will be sent in the upcoming weeks.

Narcan OTC

- * Narcan OTC claims require prescription to be covered by Medicaid.
- * Pharmacists with a collaborative agreement can prescribe Narcan OTC.

Beneficiaries Appeals Notice

Contact Number for Members:

- AmeriHealth Caritas 1-800-408-7511
- Amerigroup 800-922-1557
- HSCSN - 202-467-2737 or 1-866-WE-R-4-KIZ (937-4549)
- MedstarFamily Choice DC 1-800-404-3549
- Fee For Service Medicaid 1-800-273-4962

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

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



Did you get your MEDICINE today?



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.



GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Beneficiary Triplicate Notice Form

GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Health Care Finance



NOTICE CONCERNING YOUR PRESCRIPTION MEDICATION

Si usted no puede obtener sus medicinas hoy. Por favor llame al 1-(800)-273-4962.
Un representante le ayudará las 24 horas del día y los 7 días de la semana. SPANISH

如果你今天拿不到你的药，请致电 1-(800)-273-4962。
有代表将为您提供服务。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

আজ ঔষধ পাবেন না। ১-(৮০০)-২৭৩-৪৯৬২ এ ফোন করুন।
২৪ ঘণ্টা ৭ দিনের জন্য আমরা আপনাকে সাহায্য করব। 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 _____

WHAT CAN I DO TO FIX THE PROBLEM?

If you are enrolled in AmeriHealth Caritas DC, Amerigroup DC, MedStar Family Choice DC or Health Services for Children with Special Needs (HSCSN) and you did not receive your medication, please contact your managed care health plan at the following number:

- ◆ AmeriHealth Caritas DC 1-800-408-7511
- ◆ Amerigroup DC 1-833-235-2029
- ◆ MedStar Family Choice 1-888-404-3549
- ◆ HSCSN 202-467-2737 or 1-866-WE-R-4-KIZ (937-4549)

If you are enrolled in the District Medicaid Program and did not receive your medication, call the Medicaid Pharmacy Call Center at 1-800-273-4962. You may be able to get a three (3) day supply of medicine until the issue that prevented you from receiving your medicine today is resolved. Please ask your pharmacist if you can get a three (3) day supply of your medicine.

Remember, most problems with your medication can be worked out! Talk to your pharmacist, talk to your doctor, and try these steps, in order, to get a good result!

ARE THERE ANY OTHER ACTIONS THAT I CAN TAKE?

If your problem still hasn't been solved, you can call, write, or visit either the Office of Administrative Hearings or the Office of Health Care Ombudsman to ask for a fair hearing within 90 days of the date of this letter.

Office of Administrative Hearings
441 4th Street, NW, Suite 450 North
Washington, DC 20001
Phone: (202) 442-9094
Fax: (202) 442-4789

Office of Health Care Ombudsman
441 4th Street, NW, 250N
Washington, DC 20001
Phone: (202) 724-7491
Fax: (202) 478-1397

WHAT IF I NEED HELP ASKING FOR A FAIR HEARING?

For help asking for a fair hearing, you may be able to get free legal services. Here are some possible providers.

Bread for the City Legal Clinic
1525 Seventh Street, NW
Phone: (202) 265-2400
1700 Good Hope Road, SE
Phone: (202) 561-8587
Neighborhood Legal Services
64 New York Avenue, NE, Suite 180
Phone: (202) 332-6577

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

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.

Beneficiary Triplicate Notice Form

- * Replenishment request form will be available on FFS providers portal <https://www.dc-pbm.com/> by the end of the month.

Copay Waiver

- * Pharmacy providers cannot refuse to fill a prescription for a Medicaid beneficiary because the co-payment cannot be paid.
- * Federal law requires a pharmacy to release the medication to the beneficiary but does not require a pharmacy to waive or forgive the co-payment.
- * Providers may submit the claim with prior authorization code 4 (Exemption from Copay and/or Coinsurance)
- * Refer to Provider Manual for details.

https://www.dc-pbm.com/provider/external/medicaid/dc/doc/en-us/District_FFS_Provider_Manual.pdf

Vaccines For Children Program

- * The Vaccines for Children Program is part of the DC Health's Immunization Program. It is a federally-funded entitlement program that provides vaccines free of charge to enrolled providers that serve eligible patients.
- * What are the benefits to becoming a VFC Provider?
 - * Provides necessary vaccines to uninsured and underinsured children without incurring vaccine costs
 - * Enhances the services provided relative to the Early Periodic Screening and Diagnostic Testing benefit
 - * Ability to generate revenue through vaccine administration fees
 - * Providers receive technical assistance to help improve vaccination rates
- * For additional information, including how to become a VFC provider, please visit <https://dchealth.dc.gov/service/vaccines-children-vfc>

MCO Updates



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

March 19th & 20th, 2024

Pharmacy Provider Forum

District of Columbia Healthy Families

District of Columbia Healthcare Alliance

Eileen Langstraat, PharmD

Health Plan Pharmacist



Agenda

1. Safety Moment
2. Prior Authorization
3. MFC-DC Formulary Changes Effective April 1, 2024
4. Quick topics
5. Provider Issues
6. Questions



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Safety Moment



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Case

PA request received for hydromorphone continuation for a patient with chronic migraines

- *Clinical information indicated they had been taking opioids for 15+ years to manage migraines, and opioid dependence/ODU suspected
- *Patient maintained on IR hydromorphone 45 MME/day long-term, concurrent benzodiazepine and promethazine dispenses. No recent dose decreases.
- *Prescriber (PCP) indicated they inherited the patient with much higher levels of opioids prescribed; unaware patient was not using any non-opioid migraine treatment
- *Tapering plan developed to slowly wean opioids, and initiate OUD treatment if full opioid discontinuation not feasible
- *Patient referred to Neurology for additional evaluation of migraines



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Prior Authorizations

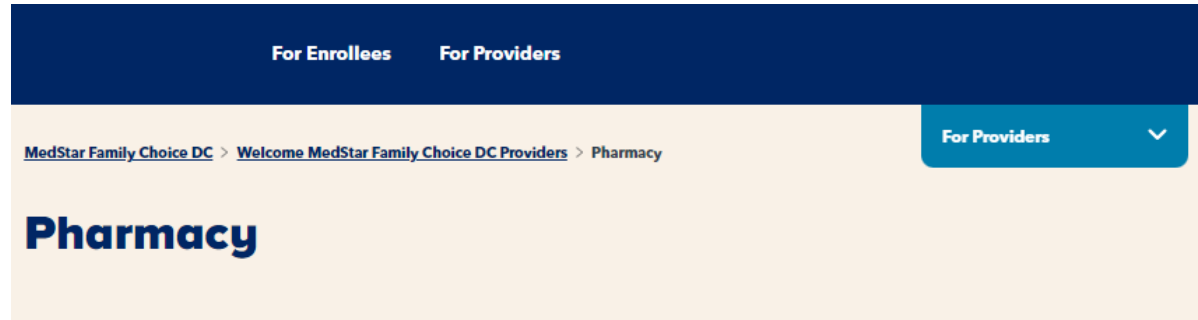


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MFC-DC Pharmacy Website

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



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

MedStar Family Choice District of Columbia offers a wide variety of prescription medications on its formulary. MedStar Family Choice DC also pays for many over-the-counter (OTC) medications.

MedStar Family Choice DC covers a 90-day supply of most chronic medications at retail pharmacies and through mail order. For more information on medications available for a 90-day supply and how to register MedStar Family Choice DC Enrollees for mail order pharmacy, [click here](#).

FORMULARY INFORMATION

- [MedStar Family Choice District of Columbia Formulary](#)
- Recent Formulary Updates- *The following is a list of formulary updates made at the most recent MFC-DC Pharmacy & Therapeutic Committee meeting. This list of upcoming formulary changes may be available before the posted formulary document has been updated; to ensure you are viewing the most up to date information, please reference the formulary document as well as the most recent update link below:*
 - [October/November 2023 \(effective January 2024\)](#)
- [Covered OTC Medication List](#)

PRIOR AUTHORIZATION INFORMATION AND FORMS

For those medications that require prior authorization or for non-formulary medication requests, please submit a request (see link below for the form) to MedStar Family Choice-DC. Requests must include clinical documentation that supports the medical need for the specific medication. Physicians may call MedStar Family Choice-DC at [855-798-4244](tel:855-798-4244), or fax requests to 202-243-6258.

- [Prior Authorization and Step Therapy Table](#) - a comprehensive listing of all medications requiring prior authorization and step therapy with criteria necessary for approval.
- [Hepatitis C Medication Prior Authorization Form](#) (for non-formulary HCV medications only)
- [Synagis Prior Authorization Form](#)
- [Opioid Prior Authorization Form](#)
- [Prior Authorization/Non-Formulary Medication Request Form](#) (Non-opioid, Hep C, or Synagis)

Prior Authorization Process

- Complete the corresponding MFC-DC Prior Authorization Request form.
Separate forms for:
 - General PA/NF medications
 - Opioids
 - Others:
 - Hepatitis C medications (*NF medications only*)
 - Synagis
- Include most recent relevant clinical documentation to support request
- Fax complete request (form + clinicals) to the health plan at **202-243-6258**



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Drug Formulary Changes



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MFC-DC Formulary Changes

- Effective April 1, 2024

Additions:	Removals:
<p>acetylcysteine 10% and 20% solutions cefixime 400 mg caps, 100mg/5ml and 200mg/5ml susp esomeprazole 40 mg caps FreeStyle Libre 3 CGM reader hydrocortisone 2.5% cream Kyzatrex capsules (testosterone) neomycin/polymyxin B/dexamethasone ophthalmic ointment nystatin w/ triamcinolone creams, ointments posaconazole tablets Yuflyma (adalimumab biosimilar)</p>	<p>Biaxin XL tablets (clarithromycin) butalbital/APAP 50/300 mg capsules Medrol 2 mg tablets (methylprednisolone) SF Rowasa (mesalamine)</p> <p><i>*These items are removed from the pharmacy benefit as out of scope and are available under the medical benefit:</i> Adakveo, Cosela, Elzonris, Enhertu, Kalbitor, Kymriah, Libtayo, Padcev, Polivy, Rybrevant, Saphnelo, Trodelvy, Zepzelca</p>



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MFC-DC Formulary Changes

- Effective April 1, 2024

Additions with Prior Authorization:*	Utilization Management Change:
<i>alosetron tablets</i> <i>buprenorphine SL film, topical patches</i> Omvo (<i>mirikizumab</i>) Stelara (<i>ustekinumab</i>) Trelstar (<i>triptorelin</i>) IM injection Velsipity (<i>etrasimod</i>) Zurzuva (<i>zuranolone</i>)	Age Limits added: Eucrisa for patients <2 years of age. guanfacine ER tablets for patients ≥18 yrs tacrolimus, pimecrolimus topical do not fill for patients <2 years of age. Prior Authorization (PA) removed: Camzyos , Darzelex Faspro , <i>desmopressin nasal spray</i> , Jynarque , Kisqali , <i>lapatinib</i> , <i>lenalidomide</i> , Mekinist , Palforzia , <i>pirfenidone</i> , Pomalyst , Pulmozyme , Qulipta , Rasuvo , Rituxan Hycela , Sprycel , Tagrisso , Tasigna , Turalio , Venclexta , Vizimpro , Xolair
Managed Drug Limits:	
Quantity Limits added: Dexcom Sensors , Emgality , Rybelsus , Qulipta , Ubrelvy , Visco-3 , Xarelto	

Quick Topics



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RX Processing Reminders

- Formulary preferred insulins changed effective 1/1/2024
 - Long-acting glargine – BRAND Lantus, Rezvoglar
 - Rapid-acting – BRAND Novolog
- 3-Day emergency override
 - Available for NF medications *where there is clinical need for urgent access* (sooner than 24 hours)
 - If using, also initiate PA request process
 - Repeat use for same medication is prohibited



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RX Processing Reminders

- GLP-1 medications – utilization management
 - Limited to 30-day supply/RX
 - Starter doses limited to 8 weeks of use
 - Review Reject reason carefully, many can be corrected without initiating PA
- Opioid RXs for opioid-naïve patients



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Provider Resources



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Pharmacy Contact Information

Contact	Phone Number
MFC-DC Precertification (Prior Auth) Team <ul style="list-style-type: none">• <i>For prior authorization during normal business hours</i>• <i>For calls received after 5:30pm</i>	(855) 798-4244 (855) 798-4244, prompt 2
CVS Caremark Pharmacy Help Desk <ul style="list-style-type: none">• <i>For claims processing issues</i>	(800)364-6331
For issues not resolved using the above resources, contact Eileen Langstraat	(240) 935-6218

MFC-District of Columbia Office Information

MedStar Family Choice – DC Office:

3007 Tilden Street NW POD 3N

Washington, DC 20008

(855) 798-4244

www.medstarfamilychoicedc.com

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

*On-call coverage for Memorial Day



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Quarterly Pharmacy Provider Forum

Amerigroup District of Columbia

Oluwadamilola (Lola) Omopariola, PharmD, BCACP

March 19-20, 2024

Pharmacy Contact Information

- Pharmacy Benefit Manager: CarelonRx
- Pharmacy Enrollee Services
 - Phone Number: **1-833-214-3604**
 - Available 24/7/365
 - Enrollee medication inquiries
 - Other health insurance (OHI) reviews
 - Out of area override requests (traveling)
 - Mail order inquiries
 - Specialty pharmacy delivery inquiries
- Pharmacy Help Desk:
 - Phone Number: **1-833-214-3604**
 - Available 24/7/365
 - Pharmacy claims adjudication issues
- Amerigroup DC
 - Enrollee Services: **800-600-4441**
 - Provider Services: **800-454-3730**
- Pharmacy Program Manager
 - Oluwadamilola (Lola) Omopariola
Oluwadamilola.Omopariola@amerigroup.com
 - Mobile: **571-814-8296**
 - Pharmacy issues escalation

Pharmacy Claims Processing Information

- DC Healthy Families Medicaid
 - RxBIN: 020107
 - RxPCN: FC
 - RxGroup: RX8479
- DC Alliance and Immigrant Children's Program
 - RxBIN: 020107
 - RxPCN: FC
 - RxGroup: RX8489

Searchable Formulary Tool

- Search for a drug by name to view the drug's formulary status. Select the hyperlink of the specific drug and strength for more details

[Start Over](#)

Please select a drug from the list below to continue.

- [Invega Trinza Intramuscular Suspension Prefilled Syringe 273 MG/0.88ML](#)
- [Invega Trinza Intramuscular Suspension Prefilled Syringe 410 MG/1.32ML](#)
- [Invega Trinza Intramuscular Suspension Prefilled Syringe 546 MG/1.75ML](#)
- [Invega Trinza Intramuscular Suspension Prefilled Syringe 819 MG/2.63ML](#)

- The Searchable Formulary allows you to verify if a product is preferred/non-preferred, view Clinical Criteria, Age Limits (AL), Quantity Limits (QL), Specialty Pharmacy Requirements, etc.
- Includes an interactive tool where you can also search by therapeutic class

Brand Name	Therapeutic Class	Dose/Strength	Status	Notes & Restrictions
generic name	Sub-Class			
Invega Trinza Intramuscular Suspension Prefilled Syringe 819 Mg/2.63ML <small>paliperidone palmitate er</small>	*Antipsychotics/Antimanic Agents* *Benzisoxazoles***	SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML		

[Link to Searchable Formulary](#)

[Link to Preferred Drug List](#)

Pharmacy Prior Authorization (PA)

PAs may be obtained online (ePA) or via fax/phone

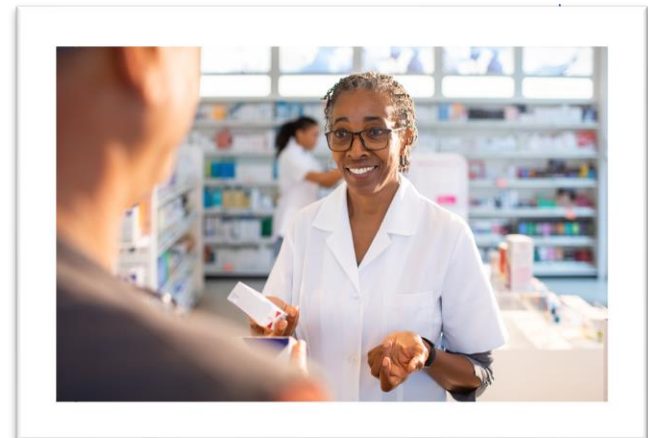
- Access ePA through CoverMyMeds
- Fax form available on the provider site

PA Decisioning Turn-around Time

- Pharmacy benefit PAs are decisioned within 24 hours
 - Enrollees receive written notification for PA approvals, written and verbal notification for denials
 - Providers receive written and verbal notifications for all decisions

PA Renewal

- Renewals may be completed 30 days prior to the existing PA expiring



Upcoming Formulary Changes

EFFECTIVE ON MAY 1, 2024

Therapeutic Class	Drug	Revised Status	Potential Alternatives
COUGH AND COLD AGENTS	BIO-DTUSS DMX LIQUID	PREFERRED	N/A
GROWTH HORMONES	HUMATROPE 6 MG INJECTION HUMATROPE 12 MG INJECTION HUMATROPE 24MG INJECTION	NON-PREFERRED WITH PA	ZOMACTON (PA REQUIRED)
IMMUNOMODULATING AGENTS – TOPICAL	IMIQUIMOD 3.75% CREAM	PREFERRED	N/A
INSULIN	ADMELOG 100U/ML INJECTION ADMELOG SOLOSTAR 100U/ML INJECTION	NON-PREFERRED WITH STEP THERAPY	INSULIN LISPRO HUMALOG 50/50 HUMALOG 75/25 VIAL INSULIN ASPART 70/30 VIAL HUMULIN N,R AND MIX NOVOLIN N,R AND MIX
INSULIN	INSULIN GLARGINE 300/ML INJ INSULIN GLARGINE SOLOSTAR 300/ML INJ (TOUJEO)	PREFERRED	N/A

Upcoming Formulary Changes

EFFECTIVE ON MAY 1, 2024			
Therapeutic Class	Drug	Revised Status	Potential Alternatives
LOCAL ANESTHETICS - TOPICAL	OTC LIDOCAINE SOLUTION/LIQUID	PREFERRED	N/A
OPIOID ANTAGONISTS	OPVEE 2.7/0.1 MG NASAL SPRAY	PREFERRED	N/A
OPIOID ANTAGONISTS	NALMEFENE 1 MG/ML INJECTION	PREFERRED	N/A
POTASSIUM REMOVING AGENTS	LOKELMA 5GM PAK LOKELMA 10GM PAK	PREFERRED	N/A
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS AND COMBINATIONS	DAPAGLIFLOZIN 5MG TABLET DAPAGLIFLOZIN 10MG TABLET DAPAGLIFLOZIN-METFORMIN 5-1000 MG TABLET DAPAGLIFLOZIN-METFORMIN 10-1000 MG TABLET	PREFERRED WITH STEP THERAPY	N/A
URINARY ANTISPASMODIC	OXYBUTYNIN 5MG/5ML SOLUTION	PREFERRED	N/A



Questions?



DHCF 2nd Quarter Pharmacy Provider Forum March 19-20, 2024

Leslie Addison, Manager, Pharmacy Services



THE HSC HEALTH CARE SYSTEM

Health Services for Children
with Special Needs, Inc.



Agenda

- Drug Formulary Updates
- Rejected Claims
- Pharmacy Plan's Covered Benefit



HSCSN Drug Formulary

April 2024 Drug Formulary Updates

Formulary Additions

Drug	Preferred/Non-Preferred	Limitations	Condition
Acebutolol 200mg, 400mg capsules (Sectral)	Preferred/ Generic	None	Hypertension/Heart Failure
Droxia 200mg, 300mg, 400mg capsules (Hydroxyurea)	Preferred/ Brand	None	Sickle Cell Disease
Isosorbide Dinitrate-Hydralazine 20-37.5mg tablets (BiDil)	Preferred/Generic	None	Hypertension/Arrhythmias
Lacosamide oral soln, 50mg, 100mg, 150mg, 200mg tablets (Vimpat)	Preferred/ Generic	None	Seizure Disorder



Claims Rejection

Claims Rejections

Rejected Claims

Top five (5) reasons for pharmacy claims rejections

- Refill Too Soon
- Plan Limitations Exceeded
- NDC Not Covered
- Prior Authorization Required
- Drug Utilization Review Reject Error

[Searchable Drug List \(Formulary\) |](#)

- [Benefits | Health Services for Children with Special Needs, Inc. \(HSCSN\) \(hscsnhealthplan.org\)](#)

Contact CVS Caremark Customer Care at 1-866-885-4944

or

Leslie Addison, Pharmacy Services 202-450-9678

Pharmacy Plan's Covered Benefits

Pharmacy Plan's Covered Benefits

Retail Pharmacies

- Limited to 30-day supply

7-Days Emergency Fill

- (HSCSN allows 7 days rather than the required 72 hrs)
- Available for medications requiring prior authorization when PA was not obtained

7 Days Emergency Fill (7DEF)

Exceeding the maximum 7DEF submission

- **CLONIDINE HYDROCHLORIDE ER 0.1MG ER TAB**

Claim Status

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

Reject Code - Description: 76 - Plan Limitations Exceeded

Reject Code - Description: MR - Product Not On Formulary

Settlement Code - Description: 02512 - NDC IS NOT COVERED

Settlement Code - Description: 00038 - **MAXIMUM REFILL LIMIT EXCEEDED**

Settlement Code - Description: 10572 - PRODUCT NOT ON FORMULARY

Local Messages: FOR 7 DS O/R, USE PAMC 11112222333/ NOTIFY MD OF PA OR ALTERNATIVE REQ

NON-FORMULARY DRUG, CONTACT PRESCRIBER

MAX OVERRIDE FILLS EXCEEDED

Claim Data

BIN: 004336

Submitted Processor Control#: ADV

Submitted Group: RX6534

Prior Authorization Reason Code: 1

Paid Days: 7

Paid Quantity: 28.0

Override ID: 11112222333

Submission Version Release: D0

7 Days Emergency Fill (7DEF)

Incorrectly Billed override code for 7DEF

- **LIDOCAINE 5% PATCH DIS**

Claim Status

Reject Code - Description: 75 - Prior Authorization Required
Settlement Code - Description: 00058 - PREAUTH REQUIRED
Local Messages: PA REQUIRED, CALL 1 877-433-7643
FOR 7 DS O/R, USE PAMC 11112222333 DRUG REQUIRES PRIOR AUTHORIZATION
DRUG REQUIRES PRIOR AUTHORIZATION

Claim Data

BIN: 004336
Submitted Processor Control#: ADV
Submitted Group: RX6534
Paid Days: 7
Paid Quantity: 7.0

Override ID:

Submission Version Release: D0

Pharmacy Helpful Information

CVS Caremark Customer Care

Enrollees (CVS Caremark Customer) **1-866-885-4944**

- ✓ For Vacation Overrides
- ✓ For Refills Too Soon
- ✓ For Lost Medications

Pharmacies (CVS Caremark Help Desk) **1-800-364-6331**

Prescribers (CVS Caremark Prior Authorization and Opioids) **1-877-433-7643**

HSCSN Customer Care

- (202)-467-2737
- 1-866-937-4549

HSCSN Appeals and Grievance

- For denied Prior Authorizations request
- Contact the Appeals and Grievance Hotline at **(202) 495-7582**
- Email (riskmanagement@hschealth.org)

For more information please contact:

Leslie Addison, MPH, RPH

Manager, Pharmacy Services

Cell: 202-450-9678

Email laddison@hschealth.org

Thank You

Questions/Comments

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WEBSITE | www.hscsnhealthplan.org



FACEBOOK | @HSCSN



TWITTER | @HSCSN_inc



LINKEDIN | www.linkedin.com/company/health-services-for-children-with-special-needs/

Achievement Badges



*The Case Management Accreditation badge is active from 2021-2024.

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.**

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。 **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

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.

UnitedHealthcare DC Dual Choice

Nicole L Zvosecz, PharmD
Plan Pharmacy Director



Plan Overview



INTEGRATED DSNP BENEFIT
COMBINING MEDICARE PART
D AND DISTRICT DEFINED
MEDICAID COVERAGE



ALL MEMBERS HAVE PART D
COVERAGE



WRAP BENEFIT AND PART B
COST SHARE IS DETERMINED
BY MEDICAID



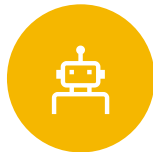
Plan Overview



Mail Order Benefit



Members have 1 ID card for both Medicare and Medicaid



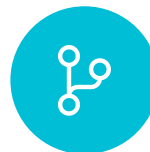
Members have a zero copay on pharmacy benefit medications



Standard Part D exclusions apply such as weightloss and cosmetic medications



Medicaid wrap benefit is the District defined OTC list



90 day supplies available.



Find a Plan

[District of Columbia D-SNP Plans | UnitedHealthcare Community Plan \(uhc.com\)](#)

[Home](#) > [Community Plan](#) > [District Of Columbia](#) > Health Plans

District of Columbia health plans

Looking for low-cost or no-cost health insurance? We offer dual health plans for people with Medicaid and Medicare.

Search for plans by ZIP (5 digits)

Browse Plans

3 results for 20001, District of Columbia, District of Columbia

Filter plans

Filter by plan type

☐ Dual eligible plans
(Medicare - Medicaid) (3)

UHC Dual Choice DC-S001 (PPO D-SNP)
H2406-053-000

★★★★☆

CMS Rating

Monthly premium:
\$0.00*

 Food, OTC and Utilities

Feedback 😊



Find a Plan

UHC Dual Choice DC-S001 (PPO D-SNP)

H2406-053-000

★★★★☆ [CMS Rating](#)



Food, OTC and Utilities

\$119 credit every month to pay for healthy food, OTC products and utility bills



Prescription drug coverage

\$0 copay for generic and brand-name prescriptions including Optum® Home Delivery



Routine hearing benefit

\$0 copay for a routine hearing exam to help maintain hearing health

Monthly premium:

\$0.00*

*Your costs may be as low as \$0, depending on your level of Extra Help.

[View Plan Details](#)

[Enroll in Plan](#)

[Check Eligibility](#) >

[Is this plan available in my county?](#) >



Pharmacy Information

Find providers and coverage for this plan.



[Find a Provider >](#)

Search for doctors, hospitals, and specialists.



[Find Behavioral Health Support >](#)

Search for providers, clinics and treatment centers.



[Find a Dentist >](#)

Find a dentist near you.



[Find a Pharmacy >](#)

Find a pharmacy near you.



[View Drug List >](#)

Find medications covered by this plan.



Pharmacy Information



UHC Dual Choice DC-S001 (PPO D-SNP) Lookup Tools

Find A Provider



Behavioral Health



Find A Drug



Find A Dentist



Find A Pharmacy



Formulary Information

Find A Drug

This search option is only available for desktop users. Note that you can download a list of covered drugs below.

[Search for drugs covered by our plan](#) 

Formularies

[English](#) 

PDF .98MB - Last Updated: 03/01/2024

[Prior Authorization Criteria - English](#) 

PDF 1.61MB - Last Updated: 03/01/2024

[Step Therapy Criteria - English](#) 

PDF 55.75KB - Last Updated: 03/01/2024

[Español](#) 

PDF 553.57KB - Last Updated: 03/01/2024

Pharmacy Prior Authorization Request

[Submit a Pharmacy Prior Authorization Request to OptumRx](#) 

Appeal a Coverage Decision

If we make a coverage decision and you are not satisfied with this decision, you can "appeal" the decision. An appeal is a formal way of asking us to review and change a coverage decision we have made.

[Click here](#) to send an email with your appeal request.

Download the Evidence of Coverage for this plan and review the grievance and appeals section.

[English](#) 

PDF 2.60MB - Last Updated: 12/06/2023

[Español](#) 

PDF 51.07KB - Last Updated: 10/12/2023

Or you may download our Drug Coverage Determination Request Form, fill it out and mail it to us.

[Drug Coverage Determination Request Form](#) 

PDF 387.05KB - Last Updated: 04/21/2023



Formulary Drug List

Table of contents

What is a Drug List?	3
Note to existing members:.....	3
How can I find a drug on the Drug List?.....	4
What are generic drugs?	4
What is a compounded drug?	4
Are there any rules or limits on my drug coverage?.....	5
What if my drug is not on this list?	7
How can I get an exception?	7
Can I get my drug while I wait for an exception?	8
Can the Drug List change?	9
Covered drugs by name (Drug index).....	11
Covered drugs by category	30
Covered drugs with a quantity limit (QL)	98
Over-the-counter Medicaid Drug List	133



Formulary Drug List

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
Celecoxib (Oral Capsule)	G	1	QL
Diclofenac Epolamine (External Patch)	B	1	PA; QL
Diclofenac Potassium (50MG Oral Tablet)	G	1	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Diclofenac Sodium (1% External Gel)	G	1	
Diclofenac Sodium (Oral Tablet Delayed Release)	G	1	
Diflunisal (Oral Tablet)	G	1	



Types of Coverage Determinations



Prior Authorization

These drugs are listed on the formulary as requiring a PA

Specific coverage criteria is posted and must be met



Coverage Exception

These drugs are not listed on the formulary

May be covered by submitting a coverage exception request



Find a Pharmacy

Find providers and coverage for this plan.



[Find a Provider >](#)

Search for doctors, hospitals, and specialists.



[Find Behavioral Health Support >](#)

Search for providers, clinics and treatment centers.



[Find a Dentist >](#)

Find a dentist near you.



[Find a Pharmacy >](#)

Find a pharmacy near you.



[View Drug List >](#)

Find medications covered by this plan.



Find a Pharmacy



UHC Dual Choice DC-S001 (PPO D-SNP) Lookup Tools

Find A Provider



Behavioral Health



Find A Drug



Find A Dentist



Find A Pharmacy



Find a pharmacy

Pharmacy Search

Use the online directory to locate a pharmacy and map its location.

All fields marked with an * are required.

ZIP Code *
20001

County *
District of Columbia

Within

Distance
10 Miles

Pharmacy Name - Optional

Select A Plan *
UHC Dual Choice DC-S001 (PPO D-SNP)

Search

UHC Dual Choice DC-S001 (PPO D-SNP)

378 Matching Pharmacies Found In Your Area

Standard Network Pharmacy



Map View

Filter Result

1 GIANT PHARMACY 2376
Distance: 0.26 miles
1400 7TH STREET NW
WASHINGTON DC, 20001
8339772019
TTY: 711

Services

- ✓ Standard Network Pharmacy
- ✓ E-Prescribing
- ✓ Retail Pharmacy (100-day)

Show on Map

2 WALGREENS #16049 16049

Services

Standard Network Pharmacy

Show on Map





Medicare Part D GLP-1 PDL Update 2024



GLP-1 New PA Requirement

- Glucagon-like peptide (GLP-1) medications are a class of medications approved for Diabetes and many are also approved for Weight Loss under a different brand name: Mounjaro and Zepbound
- Weight Loss is an excluded indication per CMS
- A prior authorization (PA) is being added to GLP-1 medications to ensure a member with Type 2 diabetes (T2D) has appropriate access to these medications under their Part D plan.
- GLP-1 products are not approved for treatment of pre-diabetes and would therefore not be covered.

All Covered GLP-1 products are affected, including:

- Bydureon
- Byetta
- Mounjaro
- Ozempic
- Rybelsus
- Trulicity



How will this Prior Authorization Work?



Any member with existing documentation of T2D will not be required to submit for a PA.

Accepted documentation includes:

- A diagnosis of T2D on the member's profile

- A T2D diagnosis that is written by your doctor on the prescription and submitted by the pharmacist on the claim at the time of dispensing

- A history of another T2D medication besides a GLP-1 on their claim history



Members have two ways to provide documentation supporting diagnosis of T2D:

- Have a member's provider submit a prior authorization indicating the diagnosis

- Have a member's pharmacy submit the diagnosis written on the prescription



Contact Information

- Enrollee Services 1-866-242-7726
- Provider Services 1-888-350-5608
- Pharmacy Help Desk 1-877-889-6510
- Pharmacy PA department 1-800-711-4555
- Pharmacy PA website [OptumRx Prior Authorization- Lines of Business](#)



Contact Information

- Pharmacy Director: Nicole L Zvosecz PharmD, RPH
- Email: Nicole.Zvosecz@uhc.com
- Phone: 504-849-1559





Questions?



Appendix

Plan Breakout

- All members have Part D coverage. Differences occur in the bonus drug list/wrap benefit and part B cost share

Plan Description	Bonus Drug List Does the integrated plan provide members access to Medicaid payable pharmacy products (OTCs, vitamins, and non-Part D covered drugs)?	Bonus Drug List Products on bonus drug list	Part B Cost-Share Should Part B cost-share be reduced by Medicaid as part of this integration?	Part B Cost-Share If so, what should the member out of pocket cost be for Part B drugs?
DC UnitedHealthcare Dual Choice LPPO HIDE Full H2406-053-000 A	Yes	district list of OTCS only	Yes	\$0
DC UnitedHealthcare Dual Choice LPPO HIDE Partial H2406-053-000 A	No	NA	No	Medicare Benefit as filed with CMS
DC UnitedHealthcare Dual Choice LPPO CO Partial H2406-099-000 A	No	NA	No	Medicare Benefit as filed with CMS
DC UnitedHealthcare Dual Choice LPPO CO QMB H2406-099-000 A	No	NA	Yes	\$0
DC UnitedHealthcare Dual Complete HMO HIDE Full H7464-010-000	Yes	district list of OTCS only	Yes	\$0
DC UnitedHealthcare Dual Complete HMO HIDE Partial H7464-010-000	No	NA	No	Medicare Benefit as filed with CMS



Categories of Medicaid Eligibility

An individual's Medicaid eligibility category will determine if they are eligible for a D-SNP, what is covered, and if there is a member cost share. This is in addition to Medicare eligibility.

7 Medicaid Eligibility categories or codes describe various populations of people based on their state-defined Medicaid status. They include:

FBDE: Full Benefit Dual Eligible

QMB: Qualified Medicare Beneficiary

QMB Plus: Qualified Medicare Beneficiary Plus

SLMB: Specified Low-Income Medicare Beneficiary

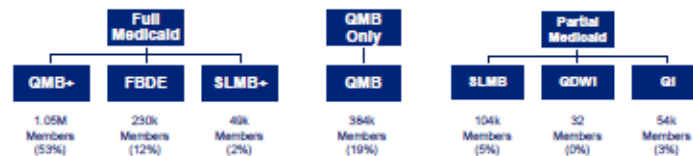
SLMB Plus: Specified Low-Income Medicare Beneficiary Plus

QI: Qualifying Individual

QDWI: Qualified Disabled and Working Individual

UnitedHealthcare classifies these categories in three ways.

- Full: FBDE, QMB+, SLMB+
- QMB: QMB (Partial)
- Partial: SLMB, QDWI, QI



The numbers above show UHC's current D-SNP membership across Dual Eligible types



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Pharmacy Provider Forum

Tracey Davis, PharmD

March 2024



Delivering the Next
Generation
of Health Care

February 2023 P&T changes

The following products were **added** to the formulary on 3/25/24:

- dapagliflozin (Farxiga) 5mg
- dapagliflozin (Farxiga) 10mg
- Entyvio (vedolizumab) 108 mg/0.68 ml subcutaneous auto-injector
- glipizide 2.5 mg oral tablet
- Vevye (cyclosporine) 0.1% ophthalmic solution
- Zituvio (sitagliptin) oral tablets

Formulary Removals

The following products will be **removed** from the formulary:

Effective 4/15/2024:

Kynmobi

colchicine 0.6 mg capsules (enrollees may continue to 5/20/24)

diphenhydramine (Diphen[®]) 12.5 mg/5 mL oral elixir

hydrocodone poli-chlorpheniramine poli (Tussionex Pennkinetic) 10-8 mg/5 ml

pseudoephedrine-codeine-guaifenesin (Tusnel C) oral syrup 30-10-100 mg/5 ml

Benefit Details

Humira biosimilars available since mid October

90 Days supply

Hold over supply (5 days)

OTC

DTM

HIV

Denials

Contact information

AmeriHealth Caritas DC Pharmacy Services

888-602-3741

8:00am-8:00pm Monday-Friday

9:00am-1:00pm Saturday

Pharmacy Director – Tracey Davis, PharmD

202-669-5347

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
- * Tayiana Reed, Pharm D, MS, AAHIVP, RPH
 - * Pharmacist
 - * Tayiana.reed1@dc.gov or 202-442-478-1415

Providers Contact Information

- * Provider Enrollment – Maximus

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

- * Magellan Providers Relations

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