



Pharmacy News & Views

October 2008

Maryland Department of Health and Mental Hygiene / Office of Systems, Operations and Pharmacy

Emergency Supply of Medications

All Maryland Medical Assistance fee-for-service and HealthChoice recipients are entitled to receive a 72-hour supply of medicine while awaiting prior authorization or approval to dispense a non-formulary, non-preferred or brand name medication (for which there is a generic equivalent drug available). A 30-day emergency supply is available for atypical antipsychotic agents subject to step therapy (currently Zyprexa® requires step therapy).

If the prescriber is unavailable to either change the medication or obtain preauthorization, or if the prior authorization process is not completed, all Maryland Medicaid HealthChoice Managed Care Organizations (MCOs) and the Maryland Medicaid fee-for-service Pharmacy Program will cover a minimum 72-hour supply of drugs (30-day supply for atypical antipsychotic agents subject to step therapy).

Pharmacists should use their professional judgment in determining whether the prescription is needed on an emergency basis. The recipient may present mobility or access issues that make returning to the pharmacy very difficult or expensive. The pharmacist should take this factor into consideration when deciding whether or not it is critical to dispense an emergency supply.

It will be necessary for the pharmacist to request authorization to dispense an emergency supply of a prescription by calling a 24/7 telephone number. In the case of sprays, inhalers, eye or ear drops, creams, ointments, antibiotics etc., it may be necessary to dispense the entire prescription as an emergency supply due to the way the drug is packaged or administered.

For HealthChoice MCO and PAC members requiring an emergency supply of non-mental health and non-antiretroviral drugs, the pharmacist must contact the appropriate MCO Pharmacy Benefit Manager and follow their procedures before dispensing an emergency supply. The contact information is provided in this newsletter. In the case of fee-for-service recipients or for mental health and antiretroviral drugs covered by the State, the number to call to obtain authorization to dispense an emergency supply is 800-932-3918. During the 72-hour window (30-day window for atypical antipsychotic agents subject to step therapy), the pharmacist is to contact the prescriber who must obtain prior authorization before the remainder of the prescription can be dispensed. After prior authorization has been established, the pharmacist can dispense the remainder of the prescription.

The Maryland Medicaid Program allows a pharmacist to dispense a 72-hour supply of a Schedule II controlled substance. To comply with Maryland Pharmacy law and to prevent abuse of these drugs, the pharmacist must keep the prescription order and the member must return to the doctor to get a new prescription order to receive the full supply of medication. Refills for 30-day emergency supplies of atypical antipsychotic agents subject to step therapy may not be given unless prior authorization has been obtained.

Corrective Managed Care (Recipient Lock-In) Program

The Maryland Medicaid Pharmacy Program has developed the Corrective Managed Care (CMC) program. The CMC program has the ability to restrict (or lock-in) fee-for-service recipients to a single pharmacy if there is evidence that the recipient has been seeking out multiple providers to prescribe controlled substances and/or patronizing multiple pharmacies to obtain controlled substances. The CMC program regularly screens recipient drug and diagnosis history profiles to identify candidates for intervention and lock-in if behavior cannot be changed.

The CMC program accepts recommendations from prescribers and pharmacies for recipients who appear to be overutilizing controlled substances from multiple providers. To refer a recipient, please complete and sign the information below and fax it to the Maryland Medicaid Pharmacy Program at 410-333-5398.

This form can also be found on line at <http://www.dbmb.state.md.us/mma/mpap/correctivecare.htm>

The Maryland Medicaid Pharmacy

(continued on Page 2)

In This Issue

Emergency Supply of Medications	1
Corrective Managed Care Recipient Lock-In Program	1
Generic Albuterol Inhalers	2
Corrective Managed Care (continued)	2
Prior Authorization & Special Invoice Forms on the Web ..	2
Required Features on Tamper-Resistant Prescriptions ...	3,6
Non-Formulary Emergency Supply Policies & Procedures	4
HealthChoice Formularies & MD Medicaid Preferred Drug List (PDL) listed on Epocrates®	5
Pharmacy Benefit Managers Phone Numbers	5
Maryland Medicaid Pharmacy Program Website	6
DHMH E-Mail Advisory	6

Program will keep referrals confidential, and the identity of the recommending prescribers or pharmacists will not be disclosed to recipients subject to review of lock-in. For questions or concerns contact the Corrective Managed Care Pharmacist at 410-767-5945.

Since the CMC program makes ongoing efforts to deter drug misuse, it is offering sample pain management agreements on the Maryland Medicaid Pharmacy website at <http://www.dbmb.state.md.us/mma/mpap/painmanagement.htm>. These agreements facilitate communication between prescribers and patients about the expectations of a pain treatment drug regimen. The CMC does not endorse any specific agreement, nor is it a requirement of the Maryland Medicaid Pharmacy Program. On the Maryland Medicaid Pharmacy Program website the samples can be found on the menu of Information for Providers under Drug Utilization Review.

**Maryland Medicaid Pharmacy Program
Recipient Lock-In Referral Form***

Recipient Name: _____

Recipient Medicaid ID Number: _____

Recipient Date of Birth: _____

Referring Prescriber/Pharmacist : _____

Phone Number: _____

Reason for Referral

____ Multiple Pharmacies

____ Multiple Prescribers

____ Multiple ER visits

Additional information _____

Signature of Prescriber/Pharmacist: _____

Date: _____

*This form should not be used for recipients who are covered by a managed care organization.

Generic Albuterol Inhalers

All CFC-propelled albuterol inhalers are being phased out and will not be available in the United States after Dec. 31, 2008. No CFC-propelled albuterol inhalers may be produced, marketed or sold in the United States after Dec. 31, 2008.

Talk with your patients and prescribers now about switching to HFA-propelled albuterol inhalers. These products are safe and effective replacements for CFC-propelled albuterol inhalers. However, the HFA-propelled inhalers are not substitutable among each other. All three agents, ProAir HFA, Proventil HFA and Venolin HFA, are included on the Maryland Medicaid Pharmacy Program Preferred Drug List (PDL).

Remind patients that HFA-propelled albuterol inhalers may taste and feel different than the CFC-propelled albuterol inhalers. The spray of an HFA-propelled albuterol inhaler may feel softer than that of a CFC-propelled albuterol inhaler. Patients must also prime and clean HFA-propelled albuterol inhalers. Doing so prevents buildup of the drug in the inhalation device, and buildup can block the medicine from reaching the lungs. Each HFA-propelled albuterol inhaler has different priming, cleaning, and drying instructions, and patients should read and understand the instructions first before using the inhaler.

Prior Authorization and Special Invoice Forms on the Web

All of the forms that Maryland Pharmacy Program (fee-for-service Medicaid) employs to review requests for the following purposes are available from the website <http://www.dbmb.state.md.us/mma/mpap/forms.htm>. Providers can print these forms from the web at any time and avoid the need to telephone the State to request that one of them be faxed. The completed form can then be faxed to the appropriate number as indicated on each form. Each form also gives a telephone number to call with questions or follow-up.

Required Features on Tamper-Resistant Prescriptions

As of October 1, 2008 only fully tamper-resistant prescriptions that meet ALL THREE REQUIREMENTS listed below, are to be used for prescriptions for Maryland Medicaid recipients.

In 2007 Congress enacted federal legislation that requires State Medicaid Program providers to use tamper-resistant prescription pads/paper. The law requires all **written** Medicaid prescriptions for outpatient drugs, whether handwritten or computer-generated, to be tamper-resistant in order for them to be reimbursed by the Medicaid Program. These requirements apply whether Medicaid is the primary or secondary payer of the prescription. Beginning this past April 1, 2008, Medicaid required that all written prescriptions have at least one security feature from the list below.

In order to eliminate confusion and to more narrowly define Maryland requirements, the Maryland Medicaid Pharmacy Program (MMPP) has chosen the security features that are most economical and reasonable to implement. We will accept any of the features listed in the table below; however, the **bolded feature is preferred by the MMPP**.

Providers who write prescriptions for Maryland Medicaid members are encouraged to contact their printer to secure an appropriate supply of prescription pads or paper that will meet the October 1, 2008 MMPP requirements and begin using this paper or prescription pads no later than October 1, 2008 for all new written prescriptions. Prescribers using computer-generated printed prescriptions are advised to obtain software applications and printers that will generate compliant prescriptions. Additionally, individual (not institutional) providers should print their NPI numbers on the prescriptions.

MMPP requires that all prescription pads/paper for prescriptions written on or after **October 1, 2008** must have at least **one feature from each of the three categories** listed at right.

The Tamper-Resistant requirements DO NOT APPLY:

1. When a prescription is communicated by the prescriber to the pharmacy electronically, verbally, or by fax (please note that Schedule II controlled substances require a written prescription).
2. When a managed care organization pays for the prescription.
3. To new or refills of written prescriptions presented to the pharmacy before April 1 without one of the features, or before October 1, 2008 without all three features. *(continued on Page 6)*

Category 1 - One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form.	
Feature	Description
“Void” pantograph	The word “Void” appears when a document is photocopied. Pharmacy must note on prescription if received via fax.
Watermarking	Special paper containing “watermarking”
Reverse ‘RX’ or White area on prescription	“RX” symbol or white area disappears when photocopied at light setting. This feature is normally paired with the “Void” pantograph to prohibit copying.
Micro printing for computer-generated printed prescriptions.*	Very small font (0.5 font or less) that is legible when viewed at 5x magnification or greater, and illegible when copied.
<i>*computer software and a color printer are needed to produce this feature on plain paper.</i>	
Category 2 - One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber.	
Feature	Description
Uniform non-white background color-preferably green	Background that consists of a solid color or consistent pattern that has been printed onto the paper. This will inhibit a forger from physically erasing written or printed information on a prescription form. If someone tries to erase or copy, the consistent background color will look altered and show the color of the underlying paper.
Quantity check-off boxes, or, for computer-generated printed prescriptions, border characteristics	In addition to the written quantity on the prescription, quantities are indicated in ranges. It is recommended that ranges be 25's with the highest being “151 and over”. The range box corresponding to the quantity prescribed MUST be checked for the prescription to be valid. An example of a valid border characteristic is the use of asterisks to surround the numeric quantity prescribed on a computer generated printed prescription (Example: **50**)
Refill indicator or, for computer-generated printed prescriptions, border characteristics	Indicates the number of refills on the prescription. Circle or check number of refills or “NR”. Refill number MUST be used to be a valid prescription. An example of a valid border characteristic is the use of asterisks to surround the number of refills permitted, e.g. **5 refills**
Category 3 - One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.	
Features	Description
Security features and descriptions listed on the front of the prescription	Listing of the security features of the prescription for compliance purposes. This will assist the pharmacist and auditors on what security features are included on the pads/paper.

Maryland Medicaid ■ HealthChoice & Primary Adult Care (PAC) Programs

Non-Formulary Emergency Supply Policies and Procedures For Managed Care Organizations

Managed Care Organization (MCO)	Number for pharmacist to call Pharmacy Benefit Manager (PBM) or MCO contact	Hours of Operation for PBM or MCO	Procedure for pharmacy staff to follow when physician unavailable and recipient's prescription is written for a non-formulary medication.
AMERIGROUP Community Care	AMERIGROUP Pharmacy Dept. 1-800-454-3730	Mon-Fri 8:00 am-7:00 pm Sat 10:00 am - 2:00 pm 24 hour nurse is available after hours	In the event that a medical exception is needed, and the prescriber is unavailable, the pharmacist is authorized to dispense a 72-hour supply to an eligible AMERIGROUP Community Care member. Pharmacists can follow these steps to process a claim: 1111222333 in the Prior Authorization Number field. The day's supply cannot exceed 3 or the claim will reject. Pharmacists with questions should contact the Pharmacy Dept. at 1-800-454-3730, and follow the prompts.
	Caremark, Inc. 1-800-345-5413	24 hours - 7 days a week	
Diamond Plan from Coventry Health Care	Diamond Plan Authorization Unit 1-877-215-4100	Mon-Fri 8:30 am-6:00 pm EST - except holidays	If the physician cannot be contacted, the pharmacist is authorized to dispense a 72-hour emergency supply of medication to an eligible Diamond Plan HealthChoice member. When the pharmacist runs the claim, message on screen gives an 11-digit code that allows the fill of the 72-hour supply. It states "Emergency Fill".
Jai Medical Systems*	BioScrip 1-800-213-5640	BioScrip Customer Service, 24 hours - 7 days per week	In an emergency situation, where the physician cannot be contacted, the pharmacist is authorized to dispense a 72-hour emergency supply of medication, unless the medication is classified as a DESI, LTE or specifically excluded drug category product. To obtain a 72-hour emergency supply of medication the pharmacist should call BioScrip Customer Service at 1-800-213-5640.
Maryland Physicians Care*	Maryland Physicians Care Prior Authorization Unit 1-800-953-8854, option 2	24 hours - 7 days per week	The Prior Authorization Unit is staffed 24 hours – 7 days a week to handle urgent-emergent requests for overrides. The Pharmacy staff will give instructions on how to obtain a 72-hour emergency supply.
Medstar Family Choice	Caremark, Inc. 1-800-345-5413	24 hours - 7 days per week	The Pharmacist can put in a three-day override without calling anyone if the medicine is not on PA. If it is on PA, has exceeded MDL or otherwise won't go through, the pharmacist has to call MedStar. After hours the 1-800-905-1722 number gives the pharmacist the pager number of the on call pharmacy person.
	Medstar 410-933-2200 or 1-800-905-1722	Mon - Fri 8:30 am - 5:00 pm, pager number given after hours	
Priority Partners*	Priority Partners 1-888-819-1043,	Mon - Fri 8:00 am - 5:00 pm, except holidays	In the event the precertification unit is closed, or the pharmacist cannot reach the prescribing physician, pharmacist may dispense up to a 96-hour supply of the requested medication to an eligible Priority Partners member. Pharmacist should use the following DUR code to obtain a four-day override in such instances: 11112223333. Pharmacist may also call Caremark at 1-800-345-5413 for further assistance.
	Caremark, Inc. 1-800-345-5413	24 hours - 7 days per week	
UnitedHealthcare*	Medco Health Solutions 1-800-922-1557	24 hours - 7 days per week	UnitedHealthcare allows a Temporary Coverage Override (TCO) option for most non-preferred and prior authorization medications on a one-time per prescription basis. The TCO option allows up to a five-day supply. Pharmacists can follow these steps to process a claim: <ul style="list-style-type: none"> — Enter "01=Prior Authorization" in the Prior Authorization Type field — Plus the code (normally 11111) in the Prior Authorization Number field It is important the days supply entered on the claim does not exceed a 5-day supply or it will reject. Pharmacists are asked to call United Healthcare's Pharmacy Services Help Desk toll-free at 1-800-922-1557 for questions on the TCO process.

*MCOs with HealthChoice & PAC enrollees.

ELIGIBILITY ISSUES: Call the Eligibility Verification System (EVS) 1-866-710-1447 (Available 24 hours/7 days)

Call the PAC Eligibility/General Information Hotline at 1-800-226-2142 (Monday – Friday from 8:00 AM to 4:30 PM)

Provider inquiries/complaints – HealthChoice Provider/PAC Hotline 1-800-766-8692, Option 5

Recipient inquiries/complaints – HealthChoice/PAC Enrollee Action Line 1-800-284-4510, Option 2 for HealthChoice, Option 3 for PAC

At the time of printing, the information and phone numbers listed are correct. This chart will be updated as changes are received.

HealthChoice Formularies and Maryland Medicaid Preferred Drug List (PDL) Listed on Epocrates®

As of June 4, 2008 all HealthChoice MCO and Primary Adult Care (PAC) formularies were made available on the Epocrates® system which is accessible online from a desktop or laptop personal computer or Smart Phone. It can also be downloaded into a PDA device. The Maryland Medicaid fee-for-service Preferred Drug List (PDL) has been available on Epocrates® since August of 2006.

➤ Epocrates® will be updated monthly with MCO formulary changes and any fee-for-service PDL changes.

➤ The Epocrates® Online service is free to all prescribers and pharmacy providers.

➤ Coverage status of each drug is listed along with contact information and comments for each drug, including, for example, actual quantity limits for those drugs that have limits, or contact information to call to request prior authorization (PA) for drugs which require PA.

➤ The free system also provides drug label information, pictures to identify tablets and capsules, and a drug-drug interaction checker.

To register for Epocrates®, visit www.epocrates.com. Click on “Epocrates Online” in the upper right corner of the page and follow the registration prompts.

Maryland Medicaid ■ HealthChoice & Primary Adult Care (PAC) Programs Pharmacy Benefit Managers Phone Numbers

Managed Care Organization (MCO)	Pharmacy Benefit Manager	Hours of Operation for Pharmacy Benefit Manager	Phone Number for Pharmacy Providers	Phone Number for Physician Providers
AMERIGROUP Community Care	Caremark, Inc.	24 hours — 7 days a week	1-800-345-5413	AMERIGROUP Pharmacy Department 1-800-454-3730 Mon - Fri 8:00 am - 7:00 pm ** Saturday 10:00 am - 2:00 pm 24 hour Nurse is available after hours
Diamond Plan from Coventry Health Care	Caremark, Inc.	24 hours — 7 days a week	1-800-345-5413	Diamond Plan Prior Authorization Unit 1-877-215-4100 Mon - Fri 8:30 am - 6:00 pm ** EST Except Holidays **
Jai Medical Systems*	BioScrip	24 hours - 7 days a week	1-800-213-5640	1-800-555-8513
Maryland Physicians Care*	Express Scripts, Inc.	7:00 am - 7:00 pm	1-800-235-4357	1-800-235-4357
Medstar Family Choice	Caremark, Inc.	24 hours - 7 days a week	1-800-345-5413	Medstar Family Choice 410-933-2200 or 1-800-905-1722 Mon - Fri 8:30 am - 5:00 pm**
Priority Partners*	Caremark, Inc.	24 hours - 7 days a week	1-800-345-5413	Priority Partners 1-888-819-1043 Mon - Fri 8:00 am - 5:00 pm **
UnitedHealthcare*	Medco Health Solutions	24 hours - 7 days a week	1-800-922-1557	1-800-310-6826 Physician Prior Authorization Phone Unit 24 hours – 7 days per week

*MCOs with HealthChoice & PAC enrollees.

** Per Caremark - they only handle calls from pharmacists, therefore, MCO information has been included for physician questions.

ELIGIBILITY ISSUES: Call the HealthChoice Eligibility Verification System (EVS) 1-866-710-1447 (24 hours/7 days)

Call the PAC Eligibility/General Information Hotline at 1-800-226-2142 (Monday – Friday from 8:00 AM to 4:30 PM)

Provider inquiries/complaints – HealthChoice/PAC Provider Hotline 1-800-766-8692, Option 5

Recipient inquiries/complaints – HealthChoice/PAC Enrollee Action Line 1-800-284-4510, Option 3

At the time of printing, the information and phone numbers listed are correct.

This chart will be updated as changes are received.

Updated September 2008

Pharmacy Briefs

Maryland Medicaid Pharmacy Program Website

The Maryland Medicaid Pharmacy Program website can be found at <http://www.dbmb.state.md.us/mma/mpap/>. The Maryland Medicaid Program has also developed another website which contains other information regarding the Pharmacy Program, including past issues of the Pharmacy Newsletter, links to Advisories, Transmittals, the Preferred Drug List, MCO Formularies listings in Epocrates and information regarding continuing education programs. The website can be viewed at www.marylandmedicaidpharmacyinformation.com.

DHMH E-mail “Advisory”

The Department of Health and Mental Hygiene Maryland Medicaid Pharmacy Program (MMPP) utilizes an e-mail notification service called an “Advisory” to give the pharmacy community important timely information. If you are currently not receiving e-mail Advisories through a pharmacy organization you belong to, please contact the MMPP representative at 410-767-1455.

Tamper Resistant (continued from Page 3)

4. When drugs are provided in institutional settings where such drugs are not separately reimbursed.
5. When drugs are provided in any situation, such as a long term care facility or a group home for developmentally disabled persons, in which the patient does not have the opportunity to physically handle the prescription.

Any pharmacist receiving a hard copy of a prescription for a Medicaid recipient not in compliance with tamper-resistant standards must verify the prescription order with the prescriber. Record on the original prescription the person contacted and the date verified. If a prescriber continues to use non-compliant prescription forms, the pharmacist should report the prescriber to the Medicaid Pharmacy Program.

Maryland Medicaid will pay for a 72-hour emergency supply on a non-compliant written prescription to allow the prescriber time to provide a verbal, faxed, electronic or compliant written prescription.

Questions concerning this transmittal should be directed to the manager for Pharmacy Services at 410-767-1455.

of Health Information Designs, Inc.
Jessica Walker, PharmD
Megan Shook, DHMH
Eva Carey-Brown, DHMH

STAFF:

John M. Colmers, Secretary, DHMH
Anthony G. Brown, Lt. Governor
Martin O'Malley, Governor

410-767-1455
Baltimore, Maryland 21201
201 West Preston Street, 4th Floor
Maryland Medicaid Pharmacy Program



Maryland Department of
Health and Mental Hygiene
Office of Systems,
Operations & Pharmacy



PLACE
STAMP
HERE