

Pharmacy program overview

Wellpoint



Pharmacy benefit objectives

- The pharmacy benefit is designed to ensure the efficient, safe provision of prescription services by:
 - Promoting safe, cost-effective prescription and medication management using:
 - Formulary management.
 - Prior authorization (PA) process.
 - Managing the utilization of pharmaceutical agents in support of controlling overall medical resource consumption and costs using:
 - Medication therapy management programs.
 - Drug utilization edits and reviews.
 - Ensuring compliance with federal and state regulatory requirements.
 - Improving quality of care through programs that make measurable impacts upon quality ratings such as:
 - HEDIS®.
 - National Committee for Quality Assurance (NCQA).



Pharmacy benefit exclusions for Maryland

- CMS exclusions
 - Erectile dysfunction drugs
 - Cosmetic application (antiwrinkle, hair removal, hair growth)
 - Weight-loss drugs (Wellpoint covers over-the-counter Alli as an add-on benefit but requires PA.)
 - Fertility products
- CMS exclusions
 - Behavioral health
 - HIV/AIDS
 - Substance abuse
 - Some anticonvulsant medications (carved out to Maryland's fee-for-service program)



Formulary management

- Wellpoint maintains a national Medicaid formulary with state-specific variations as required.
- The Clinical Review Committee (CRC):
 - Is comprised of health plan medical directors, practicing in-network physicians and specialists (including but not limited to dentists and behavioral health specialists).
 - Meets quarterly to review drug utilization and new drugs.
 - Recommends changes to the formulary and sends them to the Value Assessment Committee (VAC).
- The VAC:
 - Is comprised of health plan medical directors and pharmacists.
 - Reviews quarterly recommendations from the CRC for quality, cost-effectiveness, and individual state regulations/utilization.
 - Amends the formulary (working with our pharmacy benefit manager) and clinical policies as needed.



Formulary updates

- All Medicaid formulary changes are submitted to the states for notification and/or approval.
- Our PA system and our pharmacy benefit manager's claims processing systems are updated to reflect the changes.
- Our provider network and affected members are notified of all formulary changes at least 30 days prior to the effective date of change.
- These notices are also posted on the provider website.



Prior authorization program

- The PA and step therapy programs are a basic component of managed care, providing a control point for quality of care that ensures safe and effective use of medications.
 - Based on clinical policies derived from evidenced-based medicine and clinical practice guidelines
 - Protects against inappropriate drug use
 - Ensures formulary/Preferred Drug List (PDL) compliance
- Drugs are selected for PA and step therapy based on quarterly reviews of the formulary by the CRC and VAC.



Prior authorization decisions

- Standard request – The decision to approve or deny a **standard** request for PA is made within 48 hours of receipt of all necessary information.
- Urgent request – The decision to approve or deny an **urgent** request for PA is made within 24 hours of receipt of all necessary information.
- If necessary, a 72-hour supply of medication may be dispensed by the retail pharmacy or hospital without PA through the use of an override code while awaiting a PA decision.
- PA approval timelines vary.



Maryland hepatitis C treatment

What to submit with a hepatitis C PA request

1. Completed PA form with completed treatment plan
2. Provider note dated within three months of the PA request; must include at least:
 - a. Prior hepatitis C virus (HCV) treatment history (in other words, treatment naïve or treatment experienced)
 - b. If treatment experienced, prior therapies and responses
 - c. Planned HCV treatment regimen
3. Genotype
4. The following baseline lab values within 90 days of PA request:
 - a. HCV viral load
 - b. Complete metabolic panel
5. Fibrosis score
6. HIV viral load (**ONLY** if the patient is co-infected)
7. Polymorphism test

All requests are approved for eight weeks at a time. Requests for continuation of therapy after the initial eight-week approval must have documentation of four- or twelve-week labs.

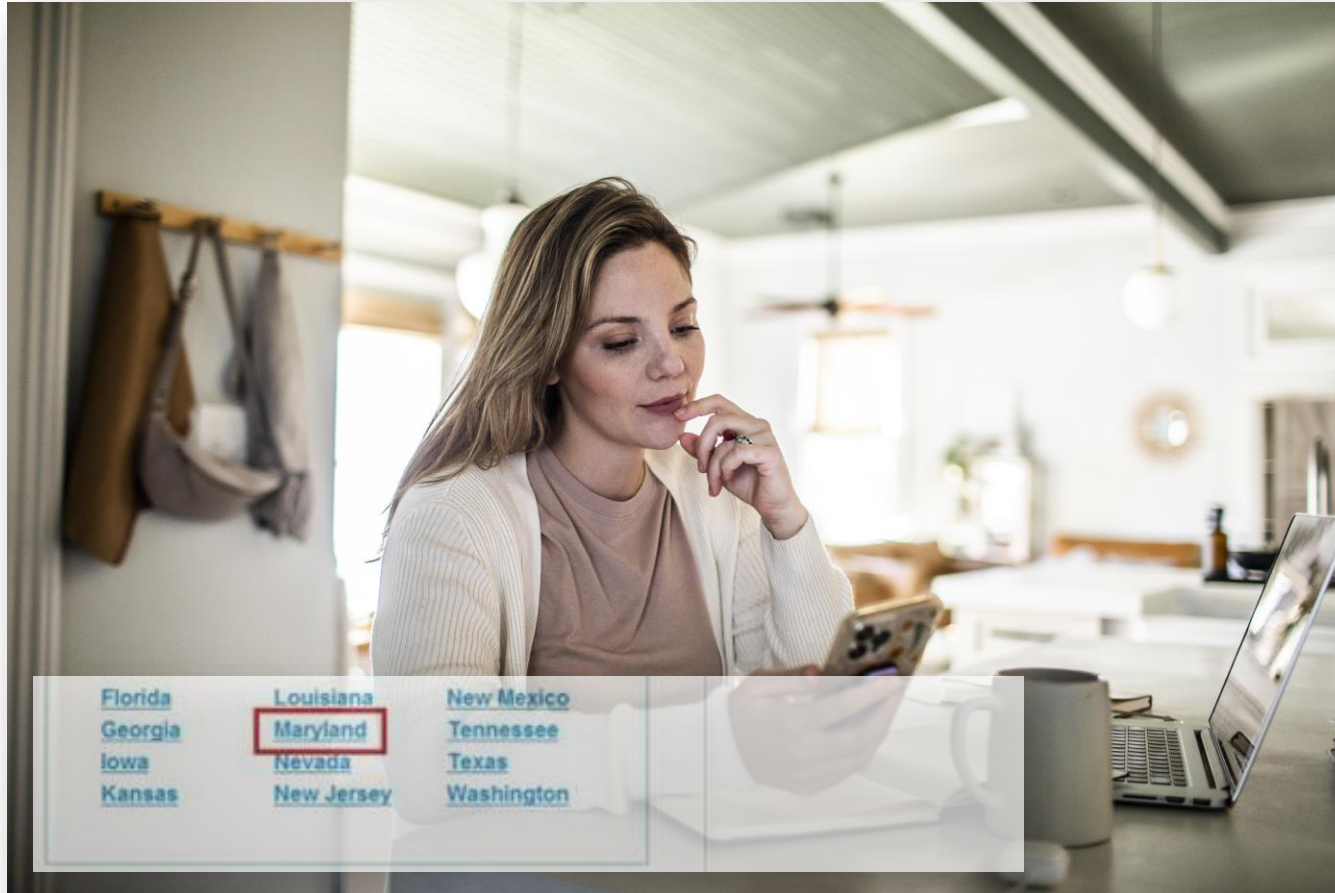


Maryland hepatitis C treatment (cont.)

- Wellpoint follows Department of Health and Mental Hygiene (DHMH) hepatitis C criteria.
- Requests must be sent to the state for approval if a patient:
 - Has received previous treatment with a direct acting antiviral (DAA).
 - Is infected with genotype 3 AND has cirrhosis (metavir score of F4).
 - Is co-infected with HIV AND their HIV is NOT virologically suppressed.
 - Has received a liver transplant.
 - Has therapy with the combination of sofosbuvir and simeprevir requested.
 - Is infected with genotype 1a AND treatment with Zepatier is requested.
 - Had therapy initially denied by the managed care organization and the provider is now requesting reconsideration.
 - Has a therapy requested that is not included in the most recent version of DHMH's clinical criteria.
- Wellpoint-preferred hepatitis C agents are Zepatier, Harvoni, Sovaldi and Daklinza.



Wellpoint provider website



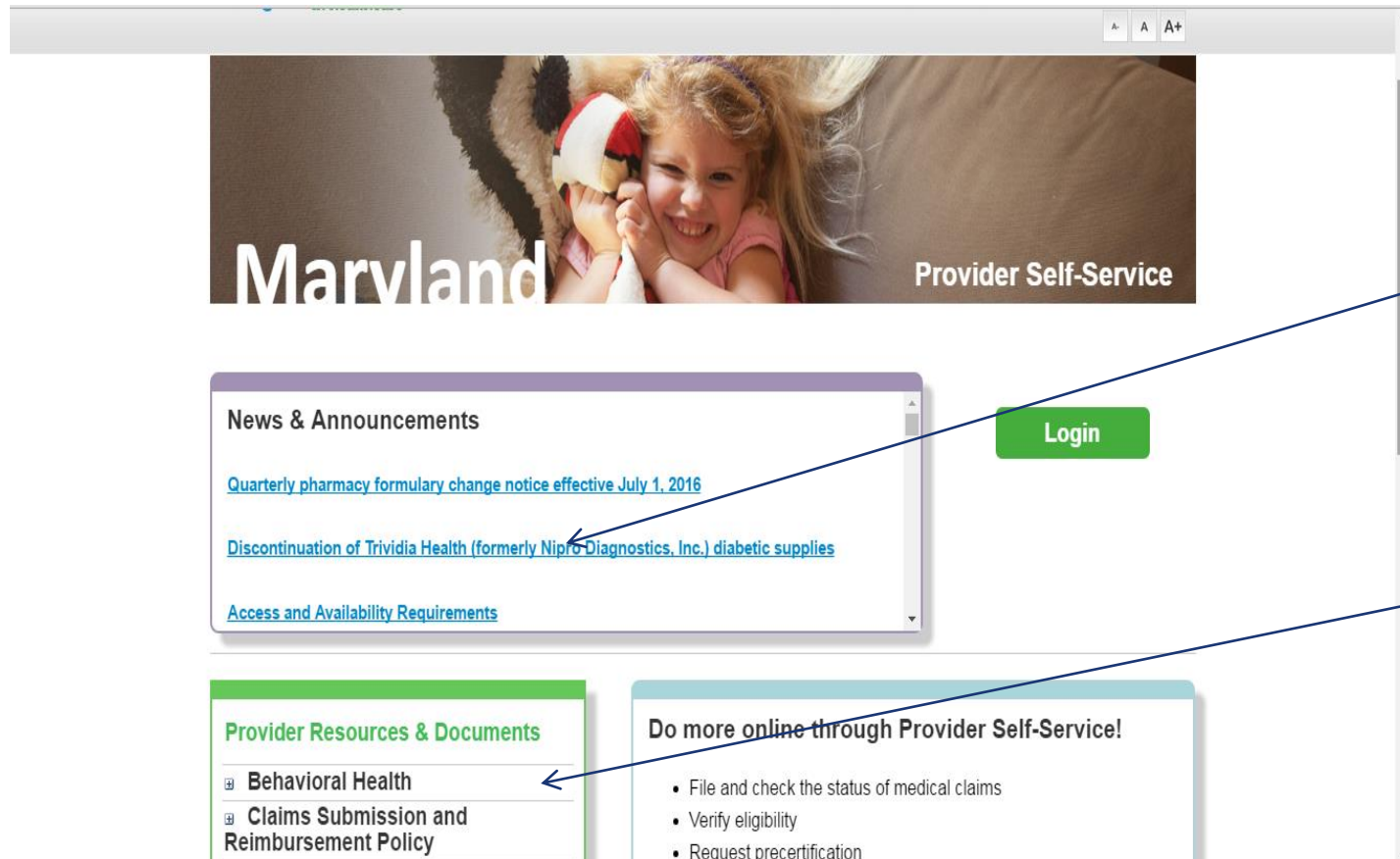
Wellpoint has both a public website and a secure website.

The secure website requires the provider to register for an account.

<https://providers.wellpoint.com/md/>



Wellpoint provider self-service



Recent news and announcements can be found immediately.

Scroll down the page to find **Pharmacy** under *Provider Resources & Documents*.



Accessing pharmacy

The screenshot shows a web portal interface. On the left is a sidebar titled "Provider Resources & Documents" with a list of menu items: Behavioral Health, Claims Submission and Reimbursement Policy, Clinical Practice Guidelines, Disease Management Centralized Care Unit, EPSDT, Forms, ICD-10, Manuals & QRCs, Maternal Child Program, Medical Management Model, Newsletters, Pharmacy, Quality Management, Quick Tools, Referral Directories, Training Programs, Tutorials, and Vendor/Partner Links & Information. The "Pharmacy" item is highlighted with a blue arrow pointing to it from a text box on the right. The main content area has two sections: "Do more online through Provider Self-Service!" with a bulleted list of actions (File and check the status of medical claims, Verify eligibility, Request precertification, Submit a Pharmacy Prior Authorization Request, And much more!), and "Join Our Network" with a recruitment message and two buttons: "Learn About Collaborating with Us" and "Begin Application Process". At the bottom of the sidebar is the NCOA logo.

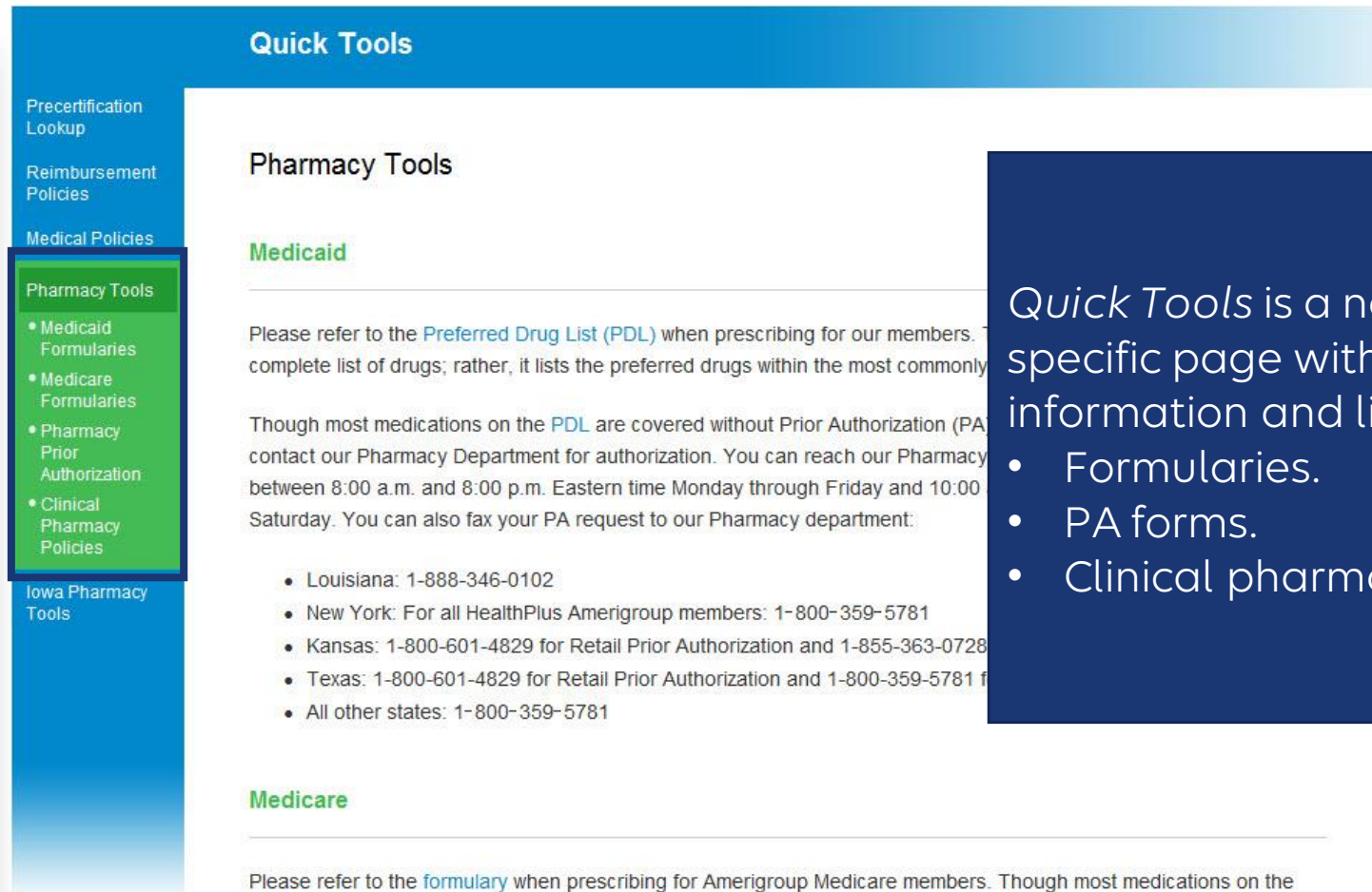
Choose the plus (+) sign to expand *Pharmacy*.



Pharmacy tools



- Pharmacy
- Pharmacy Tools
- Clinical Pharmacy Policies
- Medicare Formulary
- Prior Authorization Form
- Medicaid Preferred Drug List
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Quick Tools

- Recertification Lookup
- Reimbursement Policies
- Medical Policies
- Pharmacy Tools**
 - Medicaid Formularies
 - Medicare Formularies
 - Pharmacy Prior Authorization
 - Clinical Pharmacy Policies
- Iowa Pharmacy Tools

Pharmacy Tools

Medicaid

Please refer to the [Preferred Drug List \(PDL\)](#) when prescribing for our members. The PDL is not a complete list of drugs; rather, it lists the preferred drugs within the most commonly used classes.

Though most medications on the [PDL](#) are covered without Prior Authorization (PA), some may require a PA. To request a PA, contact our Pharmacy Department for authorization. You can reach our Pharmacy Department at 1-800-359-5781 between 8:00 a.m. and 8:00 p.m. Eastern time Monday through Friday and 10:00 a.m. and 6:00 p.m. Saturday. You can also fax your PA request to our Pharmacy department:

- Louisiana: 1-888-346-0102
- New York: For all HealthPlus Amerigroup members: 1-800-359-5781
- Kansas: 1-800-601-4829 for Retail Prior Authorization and 1-855-363-0728 for Mail Order
- Texas: 1-800-601-4829 for Retail Prior Authorization and 1-800-359-5781 for Mail Order
- All other states: 1-800-359-5781

Medicare

Please refer to the [formulary](#) when prescribing for Amerigroup Medicare members. Though most medications on the formulary are covered without Prior Authorization (PA), a few agents will require you to obtain an authorization. For Amerivantage Part B, contact Provider Services department 1-866-805-4589 Option 5, from 8:00 a.m. to 8:00 p.m. local time, Monday through Friday. For Amerivantage Part D, contact Express Scripts Provider Services at 1-800-338-6180 24 hours a day, 7 days a week. The prior authorization form can be found on the left side of this page.

Quick Tools is a non-market-specific page with general information and links to:

- Formularies.
- PA forms.
- Clinical pharmacy policies.



Medicaid formulary

Medicaid Preferred Drug List immediately opens the PDL for your specific market.

The PDL is organized by therapeutic category, but can be searched by pressing **CTRL + F**.

Preferred Drug List
Please refer to the preferred drug list (PDL) when prescribing for Amerigroup Community Care members. This guide does not contain a complete list of drugs; rather it lists the preferred drugs within the most commonly prescribed therapeutic categories.

The medications included in the PDL are reviewed and approved by the Pharmacy and Therapeutics Committee, which includes practicing Physicians and Pharmacists from the Amerigroup Provider community. The goal of the PDL is to provide cost-effective pharmacotherapy choices based on prospective, concurrent and retrospective review of medication therapies and utilization.

Unless otherwise noted, the use of available generics is required. Multisource brand name drugs require prior authorization.

Note: Many over-the-counter products are covered and should be considered for first line therapy when appropriate. Note: Cough and cold

Version Date: 2/1/2016 Applies to Medicaid market Maryland
WEBPMD-0004-15 December 2015

KEY:

- * age restrictions apply
- PA requires prior authorization
- ST requires trial of first step product
- QL daily dosage limits apply
- RX legend prescription product
- M Maryland carve-out
- GL gender restrictions apply
- OTC over-the-counter available by prescription

ANTIBACTERIALS

- ANTIBIOTICS**
- CEPHALOSPORINS**
First Generation
QL cefadroxil
QL cephalexin
Second Generation
QL cefaclor
QL cefprozil
QL cefuroxime axetil
Third Generation
QL cefdinir
QL cefpodoxime
FLUOROQUINOLONES
QL* ciprofloxacin tabs
PA QL* ofloxacin
MACROLIDES
QL azithromycin
QL clarithromycin
QL erythromycin (all salt forms)

- QL dicloxacillin
QL penicillin VK
SULFONAMIDES
sulfamethoxazole
trimethoprim
TETRACYCLINES
doxycycline monohydrate (capsules only)
Minocycline (IR)
tetracycline
ANTIFUNGALS
QL clotrimazole troches
QL fluconazole
QL griseofulvin
QL griseofulvin suspension
QL ketoconazole
QL nystatin
QL OTC terbinafine
ANTIVIRALS-HEPATITIS C
PA daclatasvir
PA QL ledipasvir/sofosbuvir
PA QL sofosbuvir
HIV/AIDS
Please see Amerigroup formulary for covered agents. Note: all HIV/AIDS agents are carved out for Maryland members.
MISCELLANEOUS
clindamycin
ethambutol
isoniazid
QL mefloquine
metronidazole tabs
neomycin
QL nitrofurantoin macro

ACE INHIBITORS and COMBINATIONS

- QL benazepril, benazepril/HCTZ
captopril, captopril/HCTZ
enalapril, enalapril/HCTZ
QL fosinopril, fosinopril/HCTZ
QL lisinopril, lisinopril/HCTZ
moexipril, moexipril/HCTZ
quinapril, quinapril/HCTZ
ANGIOTENSIN II RECEPTOR BLOCKERS
QL candesartan, candesartan/HCTZ
QL irbesartan, irbesartan/HCTZ
QL losartan, losartan/HCTZ
QL valsartan, valsartan/HCTZ
ANTICOAGULANTS
apixaban
PA QL enoxaparin
QL rivaroxaban
warfarin (Brand and Generic)
ANTIPLATELET AGENTS
QL OTC aspirin
cilostazol
QL clopidogrel
QL dipyridamole
BETA BLOCKERS and COMBINATIONS
acebutolol
atenolol
atenolol/chlorthalidone
betaxolol
bisoprolol, bisoprolol/HCTZ
carvedilol
labetalol
metoprolol

- QL metoprolol HCTZ
metoprolol ext rel
nadolol
propranolol,
propranolol ext rel
sotalol

CALCIUM CHANNEL BLOCKERS

- QL amlodipine
QL diltiazem ext-rel
QL felodipine ext-rel
QL isradipine
QL nifedipine ext-rel
QL nicardipine
QL verapamil ext-rel
DIURETICS
amiloride/HCTZ
bumetanide
chlorthalidone
furosemide
hydrochlorothiazide
indapamide
metolazone
spironolactone
spironolactone/HCTZ (25/25 mg only)
torsemide
triamterene/HCTZ
LIPID LOWERING AGENTS
QL cholestyramine
colestipol
QL fenofibrate
QL gemfibrozil
QL lovastatin
QL OTC niacin
QL pravastatin
QL simvastatin

CENTRAL NERVOUS SYSTEM

- ALZHEIMER'S DISEASE

Pharmacy

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Medicaid formulary (cont.)

The screenshot displays a website interface for the Medicaid formulary. On the left, a sidebar menu under the heading "Pharmacy" lists various resources. The "Medicaid Formulary" link is highlighted with a blue box. Three blue arrows originate from this link and point to the "Drug Search" section on the right. This section offers three search methods: "Alphabetical Search" with a link to a full alphabet (A-Z), "Brand & Generic Name Search" with a text input field and a "Search" button, and "Therapeutic Class Search" with a list of 20 drug classes, each preceded by a bullet point and underlined as a link.

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Drug Search

Alphabetical Search
[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Brand & Generic Name Search

Therapeutic Class Search

- [Analgesic And Antihistamine Combination](#)
- [Analgesics](#)
- [Anesthetics](#)
- [Antiarthritics](#)
- [Antiasthmatics](#)
- [Antibiotics](#)
- [Anticoagulants](#)
- [Antidotes](#)
- [Antifungals](#)
- [Antihistamine And Decongestant Combination](#)
- [Antihistamines](#)
- [Antihyperglycemics](#)
- [Antiinfectives](#)
- [Antiinfectives/Miscellaneous](#)
- [Antineoplastics](#)
- [Anti-Obesity Drugs](#)
- [Antiparkinson Drugs](#)
- [Antiplatelet Drugs](#)
- [Antivirals](#)
- [Autonomic Drugs](#)
- [Biologicals](#)

Medicaid Formulary immediately opens our searchable formulary. You can search the formulary in three ways:

1. Search alphabetically by the first letter of the drug.
2. Search by drug name.
3. Search by therapeutic class.



Formulary search results

The quickest search method by far is searching by drug name.

[Start Over](#)

Medications not listed in the formulary are considered to be non-formulary and are subject to prior authorization. Some medications listed may have additional requirements or limitations of coverage. These requirements and limits may include prior authorization, quantity limits, age limits or step therapy. Additionally, if a medication is available as a generic formulation, this will be Amerigroup's preferred agent, unless otherwise noted. If a brand name medication is requested when a generic exists, a prior authorization request will need to be submitted. If you have any questions about coverage of a certain product, please contact us at 800-454-3730.

Drug Search: advair diskus 100 mcg-50 mcg/dose powder for inhalation
1 drug(s) found

To view other medications in a therapeutic class, click any class hyperlink in your search results.

Brand Name	Therapeutic Class	Dose/Strength	Status	Notes & Restrictions
<i>Generic Name</i>	<i>Sub-class</i>			
Advair Diskus 100 Mcg-50 Mcg/Dose Powder For Inhalation	Antiasthmatics Bronchial Dilators	BLISTER WITH DEVICE 100-50 mcg/dose	NP Non-Preferred	ST Step Therapy PA Prior Auth












Definition of Symbols

Status	Definition
NP	Non-Preferred
ST	Step Therapy
PA	Prior Auth
QL	Quantity Limit
F	Formulary

Therapeutic Class	Dose/Strength	Status	Notes & Restrictions
Antiasthmatics Glucocorticoids	HFA AEROSOL INHALER 80 mcg/actuation	F Formulary	
Antiasthmatics Glucocorticoids	HFA AEROSOL INHALER 160 mcg/actuation	NP Non-Preferred	
Antiasthmatics Glucocorticoids	HFA AEROSOL INHALER 80 mcg/actuation	NP Non-Preferred	
Antiasthmatics Glucocorticoids	BLISTER WITH DEVICE 100 mcg/actuation	F Formulary	QL Quantity Limit
Antiasthmatics Glucocorticoids	BLISTER WITH DEVICE 200 mcg/actuation	F Formulary	QL Quantity Limit
Antiasthmatics Glucocorticoids	HFA AEROSOL INHALER 100 mcg/actuation	F Formulary	QL Quantity Limit



Understanding the formulary

Definition of Symbols		
Status	Definition	
 F Formulary	Formulary	Covered Products
 NP Non-Preferred	Non-Preferred	Non-Preferred Product
 BE Benefit Exclusion	Benefit Exclusion	Benefit Exclusion
 SCO State Carve Out	State Carve-Out	State Carve-Out
Restriction	Definition	
 AL Age Limit	Age Restriction	Age Restriction
 G	Generic Indicator	Generic Indicator
 OTC Over the Counter	Over The Counter	Over The Counter
 Prescriber Note	Prescriber Note	Prescriber Note
 PA Prior Auth	Prior Authorization	Prior Authorization
 QL Quantity Limit	Quantity Limit	Quantity Limit
 ST Step Therapy	Step Therapy	Step Therapy

The *Definition of Symbols* displays under your search results. Depending on how large your results list is, you may need to scroll down to view it.

Notice we have included *Benefit Exclusion* and *State Carve-Out* indicators.

Prescriber Notes indicate some state-specific exceptions to the rule.

We will go over those symbols impacting your health plan in detail later in this presentation.



Clinical policies

The screenshot displays a web interface with a blue sidebar on the left containing navigation links: Precertification Lookup, Reimbursement Policies, Medical Policies, Pharmacy Tools (highlighted in green), and Iowa Pharmacy Tools. The main content area is titled 'Quick Tools' and features a section for 'Clinical Pharmacy Policies'. This section includes introductory text about Anthem's policies, a note on medical necessity documents, a disclaimer about coverage, and a list of effective dates for various states. A blue-bordered box highlights a list of drug names: Abilify, Abstral, Actemra, Adcetris, Adempas, and ADHD Narcolepsy. To the right, a 'Pharmacy' dropdown menu is open, listing various tools and forms. A blue-bordered box highlights 'Clinical Pharmacy Policies' in this menu, with a blue arrow pointing from it to the drug list in the main content area.

Quick Tools

Precertification Lookup

Reimbursement Policies

Medical Policies

Pharmacy Tools

- Medicaid Formularies
- Medicare Formularies
- Pharmacy Prior Authorization
- Clinical Pharmacy Policies

Iowa Pharmacy Tools

Clinical Pharmacy Policies

As a wholly owned subsidiary of Anthem, Inc. (Anthem), America's nationally recognized, evidence-based medical policies and clinical pharmacy tools were first introduced in 2013. These policies are publicly available at [Anthem's UniCare website](#).

The drug coverage policies below are based on medical necessity. The documents below assist with medical necessity coverage decisions and do not constitute medical advice. Benefit determination is subject to federal and/or state requirements.

These policies are not a guarantee of coverage. Contract language conflicts with any medication coverage policy. In all cases, Medicare Services requirements supersede UniCare policy criteria.

If Amerigroup does not manage the pharmacy benefit for your plan, please visit your manager's website and/or manual.

Clinical Pharmacy Policies

The following policies are effective May 1, 2014, for Florida, Georgia, Illinois, Indiana, Iowa, Kentucky, Michigan, Minnesota, Missouri, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Virginia, Washington, Wisconsin, and Wyoming.

- [Abilify](#)
- [Abstral](#)
- [Actemra](#)
- [Adcetris](#)
- [Adempas](#)
- [ADHD Narcolepsy](#)

Pharmacy

Pharmacy Tools

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Clinical Pharmacy Policies takes you directly to those policies, which are:

- Listed alphabetically.
- Hyperlinked to each clinical policy.



Clinical policies (cont.)

Quick Tools

- Precertification Lookup
- Reimbursement Policies
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 - Medicaid Formularies
 - Medicare Formularies
 - Pharmacy Prior Authorization
 - Clinical Pharmacy Policies
- Iowa Pharmacy Tools

Clinical Pharmacy Policies

As a wholly owned subsidiary of Anthem, Inc. (Anthem), Amerigroup and its subsidiary health plans adopted UniCare's nationally recognized, evidence-based medical policies and clinical utilization management guidelines effective May 1, 2013. These policies are publicly available at [Anthem's UniCare subsidiary website](#).

The drug coverage policies below are based on medical necessity considerations subject to applicable benefits. The documents below assist with medical necessity coverage decisions, may include state-specific guidance regarding coverage and do not constitute medical advice. Benefit determination is based on the applicable contract language and/or state requirements.

These policies are not a guarantee of coverage. Contract language or state requirements will prevail when there are conflicts with any medication coverage policy. In all cases, Medicaid contracts or Centers for Medicare & Medicaid Services requirements supersede UniCare policy criteria.

If Amerigroup does not manage the pharmacy benefit for your state, please reference the applicable pharmacy benefit manager's website and/or manual.

Clinical Pharmacy Policies

The following policies are effective May 1, 2014, for Florida, Georgia, and New York. These policies are effective June 1, 2014, for Louisiana, New Jersey and Washington.

- [Abilify](#)
- [Abstral](#)
- [Actemra](#)
- [Adcetris](#)
- [Adempas](#)
- [ADHD Narcolepsy](#)

Medication	Comments
Advair (fluticasone/salmeterol)	All Strengths Subject to Quantity Limits
Advair HFA (fluticasone/salmeterol)	All Strengths Subject to Quantity Limits

OVERRIDE(S)

Prior Authorization of Benefits

APPROVAL DURATION

1 year

APPROVAL CRITERIA

For diagnosis of asthma:

- I. Individual has had a trial of one orally inhaled corticosteroid; **AND**
- II. One of the following:
 - a. Individual has had a trial of one preferred ICS/LABA agent (preferred agents are Symbicort and Dulera); **OR**
 - b. Individual is less than 12 years of age.

For diagnosis of COPD:

- I. Individual has had a trial of one preferred ICS/LABA combination agent (preferred agent is Symbicort).



Pharmacy Prior Authorization Form

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Pharmacy

INSTRUCTIONS:

1. Complete this form in its entirety.
2. We review requests for prior authorization. Payment is still subject to all general insurance and program restrictions.
3. To help us expedite your Medicare request, call us at 1-800-359-5781. All Medicare requests must be accompanied by a completed form to 1-800-359-5781. All Medicare requests must be accompanied by a completed form to 1-866-959-1537.
4. Allow us at least 24 hours to process your authorization request, call us at 1-800-359-5781 for assistance while awaiting the outcome of your request. For questions regarding Medicare Part D, call us at 1-800-359-5781.
5. Access our website at providers.wellpoint.com for more information.
6. An ICD/Diagnosis code is required for injectable/oncology requests. If additional information will need to be completed, we will contact you.

Member Information

Last name	First name		
Member's place of residence:		Height	Weight
<input type="checkbox"/> Home <input type="checkbox"/> Nursing facility			
Administration site:			
<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Outpatient facility			

Medication Information

Drug name and strength requested:	SIG: (dose, frequency and duration)	HCPSC billing code
Diagnosis and/or indication:		ICD code:

Has the member tried other medications to treat this condition?

Yes. Provide this information in the area to the right. You may be asked to provide supporting documentation such as:

- Copies of medical records
- Office notes
- Complete FDA Medwatch form

No. Explain why not:

Drug(s) name and strength:

Date range of use:	SIG: (dose and frequency)
--------------------	---------------------------

Did the member experience any of the below?

Adverse reaction Inadequate response Other

Briefly describe details of adverse reaction, inadequate response or other in the space provided below.

WEB-PEC-0355-15 June 2015

Prior Authorization Form opens the correct form for your market.



Prior authorization requests via phone or fax



PA requests can also be submitted via fax or phone.

Fax requests

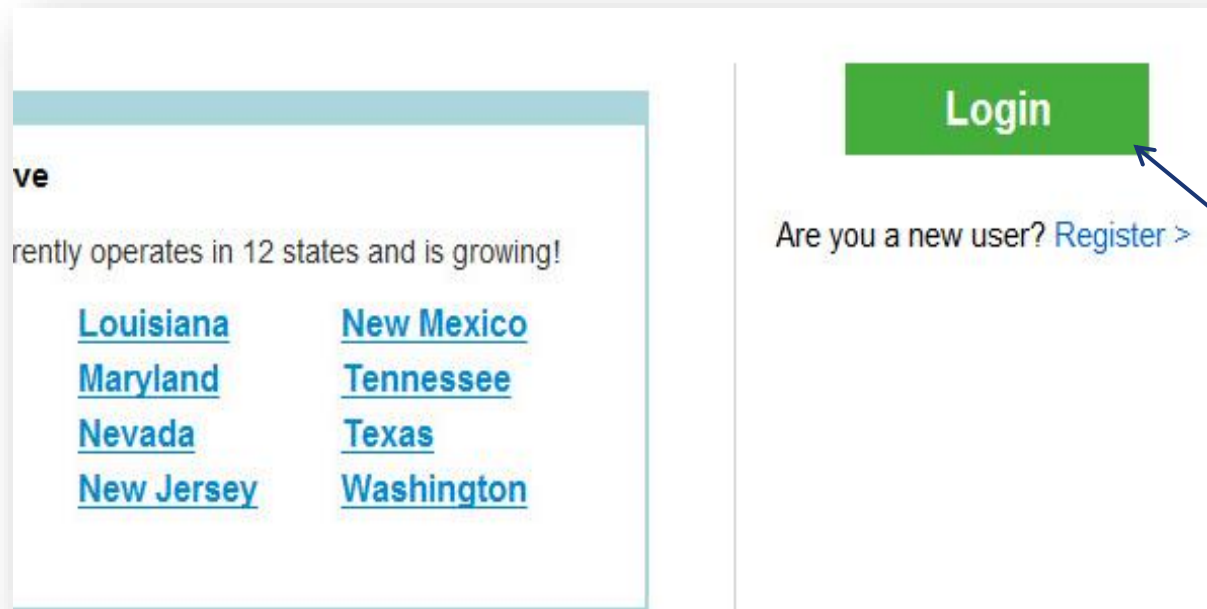
1. Select the appropriate form, print and complete it.
 - *Prior Authorization Form* is for retail drugs.
 - *Medical Injectables Prior Authorization Form* is for drugs delivered in the home, office, or hospital setting that are covered under the pharmacy benefit.
2. Fax all requests to:
 - Retail: **844-490-4871**
 - Medical Injectable: **844-490-4873**

Phone requests

Call Provider Services at **833-707-0868**, Monday through Friday, 8 a.m. to 6 p.m. ET. and follow the prompts.



Availity Portal




The most efficient method to request a PA is via our web authorization request tool.

This tool is powered by Availity and requires a user ID and password for security and privacy reasons.

You must register to use this site.



Availity Portal



User ID:

Password:

Show password

[Forgot your password?](#)
[Forgot your user ID?](#)

[Log in](#)

When you register, you will create a user ID and password.

Enter these to log in to the secure site.



Secured landing page

icaid

News & Announcements

Low tech radiology and site of service redirection
As of May 1, 2015, low tech radiology procedures performed in an outpatient hospital setting will no longer be redirected to a free-standing radiology facility. [Learn more.](#)

Update: OrthoNet to conduct professional service coding reviews for musculoskeletal providers
Effective June 1, 2015, Amerigroup Community Care will collaborate with OrthoNet, LLC to conduct a focused claim review program for musculoskeletal providers. [Learn more.](#)

Useful Publications
[Provider Updates & Communications](#) ▶
[Provider Manuals & Quick Reference Guides](#) ▶

Viewing

Maryland ▼
Use the select above to choose another state ⓘ

Government Resources

[Maryland Medical Assistance Program](#)
[CMS.gov](#)

Once logged in, you will be directed to your market's landing page.

You can view communications such as formulary updates here and have quick access to everything you need.



Online prior authorization requests

Home
Claims
Payments
▶ Precertification
Medical
Pharmacy
Members
Provider Education
Account Management
Find a Doctor

Precertification

Request Precertification:

[For General Services • Maternity/OB • Emergent Admission • Medical Injectables ▶](#)

[For General Pharmacy ▶](#)

[For Radiological Services](#) Precertify these requests through AIM Specialty Health ▶

[For Medical Injectables ▶](#)

[For Vision & Dental ▶](#)

Check Status:

[Check status of a precertification and/or file an appeal ▶](#)

[Check status of an appeal ▶](#)

Viewing
Maryland ▼
Use the select above to choose another state ⓘ

[Precertification Forms ▶](#)

[Precertification Lookup Tool ▶](#)

1. Select **Precertification** to access the Pharmacy Online Authorization Request Tool.
2. Choose **For General Pharmacy** for retail requests.
3. Choose **For Medical Injectables** for drugs that are delivered at home or in the office.



Request info: Dates of service and eligibility

Request Info

Request Info

Precertification Request Details

Please complete all fields. Fields with red asterisks are required.

Date of Submission 4/14/2016

Auth Start Date

Auth End Date

Member Eligibility

Verify member eligibility before proceeding. Select 'ID Type', enter member's ID number, then click on 'Find Member'.

ID Type

ID Number [Find Member](#)

Member Name

Date Of Birth

Gender

Member Height

Member Weight Ex. 130 lbs

Drug Codes

Enter at least one Drug Code. Search up to 5 codes at one time.

Search By: NDC GPI Drug Name

Search Text: [Search](#)

[NEXT](#)

1. Enter the start and end date for the request.
2. Enter the member's ID number. The *ID Type* field allows you to select a specific ID if you wish.
 - Wellpoint ID
 - Medicaid ID
 - Medicare ID
 - SSN
3. Select **Find Member**.



Request info: Member and drug search

The screenshot shows a web form titled 'Request Info' with a sidebar on the left containing navigation tabs: 'Request Info' (selected), 'Provider Info', 'Diagnosis', 'Supplementary', 'Supporting Files', and 'Review and Submit'. The main content area is titled 'Request Info' and 'Precertification Request Details'. It includes a date field for 'Date of Submission' (4/14/2016) and two date pickers for 'Auth Start Date' (4/14/2016) and 'Auth End Date' (04/07/2017). Below this is the 'Member Eligibility' section, which instructs the user to verify member eligibility. It features a dropdown for 'ID Type' (set to 'All ID Types'), an 'ID Number' field (717-███), a 'Find Another Member' link, and fields for 'Member Name' (Moyd, ███ (717-███)), 'Date Of Birth' (12/███), 'Gender' (M), 'Member Height', and 'Member Weight'. The 'Drug Codes' section at the bottom asks the user to enter at least one drug code and provides radio buttons for 'Search By' (NDC, GPI, Drug Name), with 'Drug Name' selected. A 'Search Text' field contains 'protonix' and a 'Search' button. A 'NEXT' button is at the bottom. Blue arrows point from the text on the right to the 'Find Another Member' link, the 'Member Height' and 'Member Weight' fields, the 'Drug Name' radio button, and the 'Search' button.

4. View the member's information. Select **Find Another Member** if your search does not return the correct member.
5. Enter the member's height and weight if known (not a required field).
6. Select the drug search type.
 - NDC
 - GPI
 - Drug Name
7. Enter the name of the drug in the **Search Text** field and choose **Search**.



Request info: Drug search results

Multiple drug codes were found. Please select the correct drug code to proceed.

Drug GPI	Drug Name	Drug Description	Dosage Form Description	Strength and UOM
49270070100610	PROTONIX	Brand	TABLET DELAYED RELEASE	20 MG
49270070103020	PROTONIX	Brand	PACKET	40 MG
49270070102120	PROTONIX	Brand	SOLUTION RECONSTITUTED	40 MG
49270070100620	PROTONIX	Brand	TABLET DELAYED RELEASE	40 MG
49270070102120	PROTONIX	Brand	SOLUTION RECONSTITUTED	40 MG

[Cancel](#)

8. Select the **Drug Name** with the correct dosage form and strength.

9. Enter the **Quantity** and **Dose**.

10. Select the **Frequency** and **Duration**.

11. Choose **Add**.

Drug Code (GPI): 49270070100610

Drug Name: PROTONIX

Dosage Form: TABLET DELAYED RELEASE

Strength and UOM: 20 MG

Quantity:

Dose:

Frequency:

Duration:

[Cancel](#)

Add



Request info: drug selection

You can select up to five drugs for the same member. If you need to submit a request for more than five drugs at a time, fax your request or call Provider Services.

- Retail Pharmacy PA request fax: **844-490-4871**
- Medical Injectable PA request fax: **844-490-4873**
- Provider Services: **833-707-0868**, Monday through Friday, 8 a.m. to 6 p.m. ET.

Drug Codes
Enter at least one Drug Code. Search up to 5 codes at one time.
You selected the following Drug Codes:

Drug Code (GPI)	Drug Name	Drug Description	Dosage Form	Strength/Unit of Measure (UOM)	Quantity
49270070100610	PROTONIX	Brand	TABLET DELAYED RELEASE	20 MG	30

Search By: NDC GPI Drug Name
Search Text: [Search](#)
[NEXT ▶](#)

12. Use the horizontal scroll bar to view your selection.

13. Select **Remove** (right scroll) if you selected the incorrect row.

14. Choose **Next** when you're ready to proceed.



Provider info: select requesting provider

Request Info

Provider Info

Diagnosis

Supplementary

Supporting Files

Review and Submit

Provider Info

Requesting Provider

Verify the tax ID # and select the corresponding provider from the drop downs below.

Tax ID

Provider

Contact Name

Contact Phone Ext.

Contact FAX

◀ PREVIOUS | NEXT ▶

15. Choose the dropdown to select the correct **Requesting Provider**.

16. Choose **Select Provider**.

17. Choose **Select** in the correct row for the requesting provider.

Select Provider

Please select the correct provider to proceed or click on Cancel to do a new search.

	Provider Name	Primary Address	Provider ID	NPI	Entity Type
Select	[redacted], Fritz	113 [redacted], Rockville, [redacted]	017 [redacted]	154 [redacted]	Provider
Select	[redacted], Jesus	113 [redacted], Rockville, [redacted]	017 [redacted]	190 [redacted]	Provider
Select	[redacted], Sandra	113 [redacted], Rockville, [redacted]	018 [redacted]	158 [redacted]	Provider



Provider info: select requesting provider (cont.)

The screenshot shows a web form titled "Provider Info" with a sidebar on the left containing navigation tabs: "Request Info", "Provider Info" (highlighted), "Diagnosis", "Supplementary", "Supporting Files", and "Review and Submit". The main content area is titled "Requesting Provider" and includes a red warning message: "Verify the tax ID # and select the corresponding provider from the drop downs below." The form fields are as follows:

- Tax ID: 742518398 - J Alberto [dropdown arrow]
- Provider: Change Provider (with a blue arrow pointing to it from the right)
- Provider Name: [redacted] Jesus
- Primary Address: 113 [redacted]
- ID: 017 [redacted]
- NPI: 190 [redacted]
- Entity Type: Provider
- Contact Name: George Smith
- Contact Phone: 555-555-5555 Ext. 123
- Contact FAX: 555-555-1212 [redacted]
- Navigation: ◀ PREVIOUS | NEXT ▶ (with a blue arrow pointing to it from the right)

18. View the requesting provider's information.

19. Choose **Change Provider** if you selected the wrong requesting provider.

20. Complete the **Contact Name**, **Contact Phone** and **Contact Fax** fields (required).

21. Select **Next** when you're ready to move forward.



Diagnosis: enter diagnosis code

The screenshot shows a web interface for entering a diagnosis. On the left is a vertical sidebar with buttons for 'Request Info', 'Provider Info', 'Diagnosis' (highlighted in orange), 'Supplementary', 'Supporting Files', and 'Review and Submit'. The main content area is titled 'Diagnosis' and contains the instruction 'Please enter diagnosis code(s) below.' Underneath, there is a 'CodeDescription' section with a dropdown menu showing 'K21.0 Gastro-esophageal reflux disease with esophagitis'. Below this are ten input fields labeled 'Diagnosis 1' through 'Diagnosis 10'. The 'Diagnosis 1' field is filled with 'K21.0'. The 'Diagnosis 2' field is highlighted with an orange border. At the bottom of the form, there is a text area with the label '255 characters remaining' and a 'PREVIOUS | NEXT' navigation bar.

22. Enter the **Primary Diagnosis** code.

23. You may enter up to 10 secondary diagnosis codes.

24. Choose **Next** when you are ready to move forward.

If you enter an unacceptable diagnosis code, you will see this error message at the bottom of the screen:

There was an error in retrieving the diagnosis code. Please contact the National Contact Center (**833-707-0868**, Monday through Friday, 8 a.m. to 6 p.m. ET) if error persists.



Supplementary: history and supplemental information

Request Info

Provider Info

Diagnosis

Supplementary

Supporting Files

Review and Submit

Medication History

Has the member used this medication previously (if yes, please list start date)? 252 characters remaining
N/A

What other medications has the member tried for this diagnosis (please list dates)? 203 characters remaining
Was on Prilosec for 1 year previous 4/1/15 - 4/1/16.

Please list other medications the member is currently taking (i.e. chemotherapy regimen) 238 characters remaining
HTZ 20mg for HTN.

Supplemental Information

If medication request is for use outside FDA labeling or if medication is non-preferred, information supporting medical necessity must be provided 255 characters remaining
Was on a trial of pantaprazole for 2 weeks which had no effect 4/1-4/15/16.

Any additional information pertinent for review of request may be included below, or as attachment on next tab. 255 characters remaining

◀ PREVIOUS | NEXT ▶

25. Provide medication history for the requested medication.

26. List other medications tried for the same diagnosis.

27. List other medications being taken.

28. List supplemental information justifying the request, especially if it's a nonpreferred or nonformulary drug.



Supporting files: Attach files

Request Info

Provider Info

Diagnosis

Supplementary

Supporting Files

Review and Submit

Supporting Files

Note: When submitting multiple medication request for one patient, please attach clinical information to each request.

Please submit, call, or fax any additional supporting information for clinical review of the requested authorization.

Attach Files

Attach any supporting documents for this request by selecting the file to attach below. You can attach up to 5 files for a total file size of 25 MB. Files must be formatted as: .pdf, .xls, .xlsx, .doc, .docx, .tif, or .tiff

Files must be formatted as:
.pdf, .xls, .xlsx, .doc, .docx, .tif, or .tiff

Browse...

No supporting files attached

1. Book1.pdf (1233KB)

[Remove]

Attach

◀ PREVIOUS | NEXT ▶

29. Select the **Browse** button to locate any pertinent clinical files you wish to attach.

30. Select the **Attach** button once you have located the files.

31. If you have uploaded the incorrect file, select **Remove**.

Note: the following file types are acceptable

- PDF
- Excel
- Word
- TIF



Review and submit

Request Info

Provider Info

Diagnosis

Supplementary

Supporting Files

Review and Submit

Review and Submit

Please review and correct the errors identified below

Precertification Request Details

Date of Submission 6/27/2016
Auth Start Date 6/27/2016
Auth End Date 06/20/2017

Member Eligibility

Member Name [REDACTED], Mesai (717 [REDACTED])
Date Of Birth 12/10/2012
Gender M
Member Height
Member Weight

Drug Codes

Drug Code (GPI)	Drug Name	Drug Description	Dosage Form	Strength/Unit of Measure (UOM)	Quantity	Dose F
49270070100610	PROTONIX	Brand	TABLET DELAYED RELEASE	20 MG	30	1

Requesting Provider

T 74251

32. Review all submitted information prior to submitting.

33. Choose **Submit Request**.

Attach Files

1. Book1.pdf (1233KB)

Note: When submitting multiple medication request for one patient, please attach clinical information to each request.

Please submit, call, or fax any additional supporting information for clinical review of the requested authorization.

National Customer Care 1-800-454-3730
Phone:

National Customer Care 1-800-384-4873
Fax:

[Print](#) [Submit Request](#)



Confirmation

Print
Submit Another Request
Submit Another Request for this provider
Submit Another Request for this member

Confirmation

The precertification request has been successfully submitted. Precertification requests are not a guarantee of payment. Payment is dependent on benefits and eligibility at time of service.

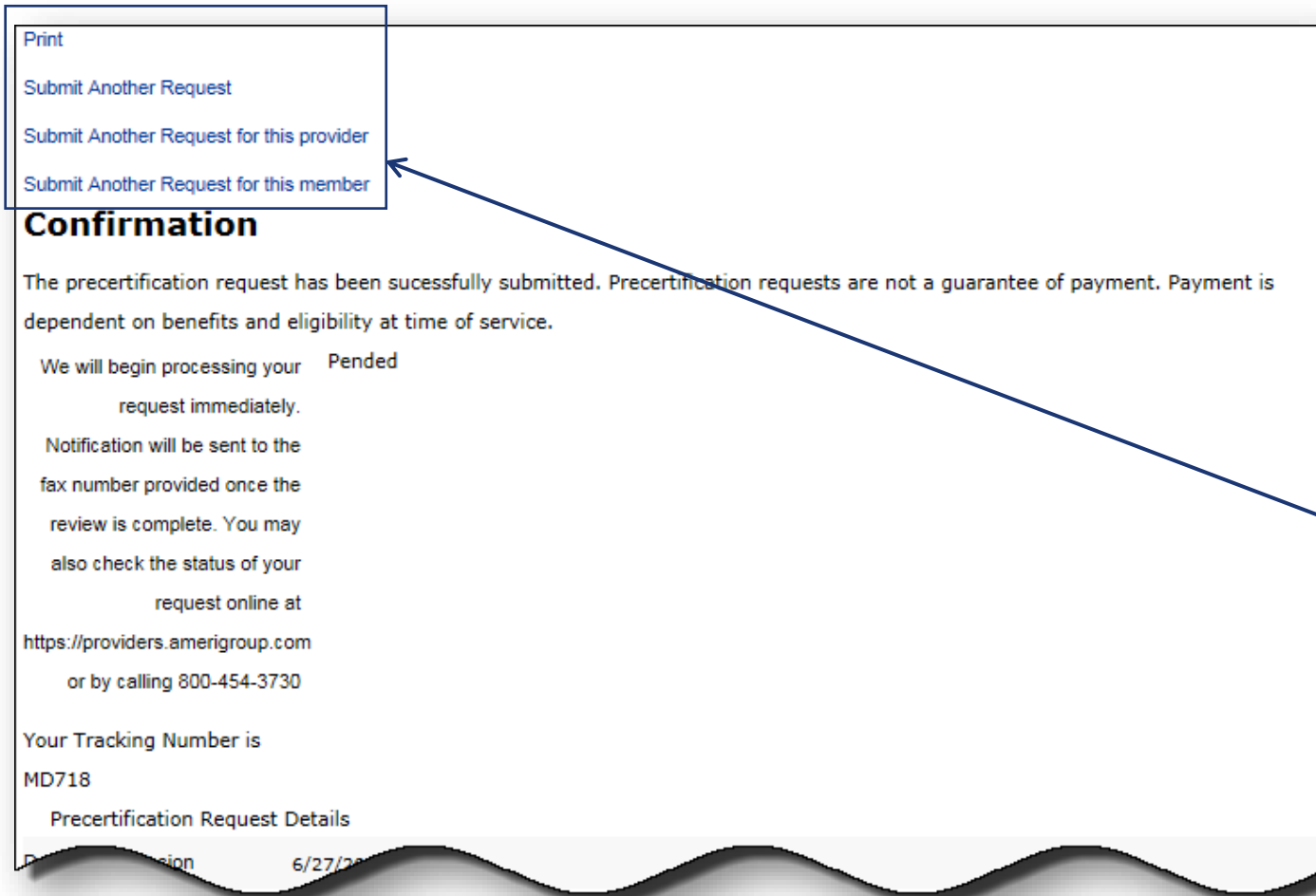
We will begin processing your **Pended** request immediately.

Notification will be sent to the fax number provided once the review is complete. You may also check the status of your request online at <https://providers.amerigroup.com> or by calling 800-454-3730

Your Tracking Number is
MD718

Precertification Request Details

Decision 6/27/20



Here is your confirmation. From here, you may:

- Print the confirmation.
- Submit another request for the same provider.
- Submit another request for the same member.



Medical injectable requests

The screenshot shows a web application interface with a navigation menu on the left and a main content area. The navigation menu includes: Home, Claims, Payments, **► Precertification**, Medical, Pharmacy, Members, Provider Education, Account Management, and Find a Doctor. The main content area is titled "Precertification" and contains several options for requesting pre-certification: "Request Precertification:" with sub-options for "For General Services • Maternity/OB • Emergent Admission • Medical Injectables ►", "For General Pharmacy ►", "For Radiological Services" (with a note to pre-certify through AIM Specialty Health), "For Medical Injectables ►" (highlighted with a blue box and an arrow), and "For Vision & Dental ►". Below these are "Check Status:" options: "Check status of a precertification and/or file an appeal ►" and "Check status of an appeal ►". On the right side of the interface, there is a "Viewing" section with a dropdown menu set to "Maryland" and a note to "Use the select above to choose another state". Below this are two buttons: "Precertification Forms ►" and "Precertification Lookup Tool ►".

Medical injectable requests are entered the same way. They do require some additional information:

- At least one drug code is required.
- Servicing provider information is required if the servicing provider is different from the requesting provider.



Helpful links and contacts

Website/contact	URL/phone number
Wellpoint provider website (No login required)	https://providers.wellpoint.com/MD
Wellpoint questions (Select Contact Us at top of provider page)	https://providers.wellpoint.com/MD
Availity Essentials (Submit PA; login required)	https://www.availity.com
Wellpoint Provider Services	833-707-0868 , Monday through Friday, 8 a.m. to 6 p.m. ET
Wellpoint PA request faxes	Retail Pharmacy: 844-490-4871 Medical Injectable: 844-490-4873
Department of Health and Mental Hygiene	800-492-5231 , option 3



Questions?





<https://provider.wellpoint.com/md/>

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