Maryland | Medicaid

Pharmacy program overview

Wellpoint

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

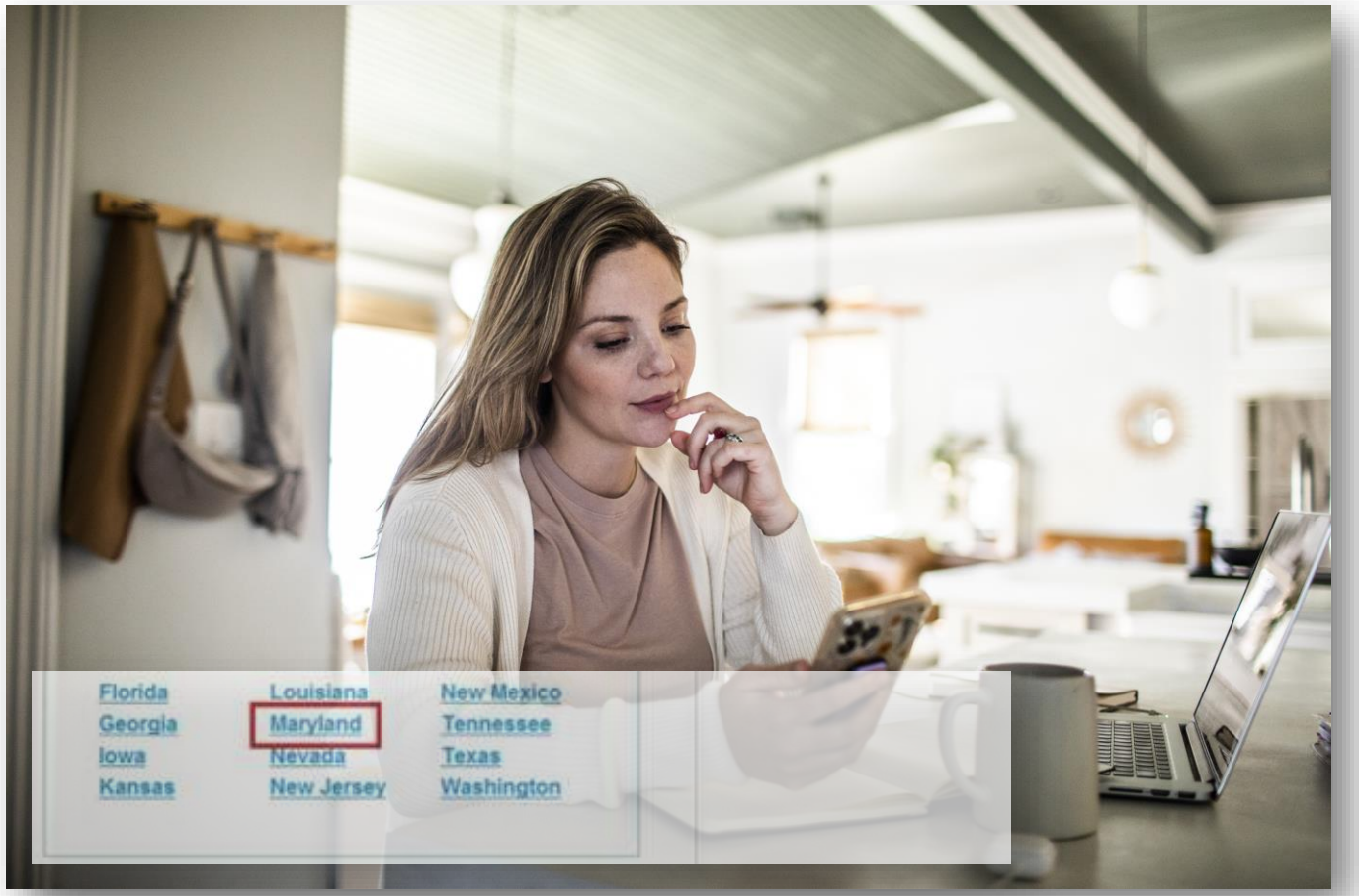
1. Completed PA form with completed treatment plan
2. Provider note dated within three months of the PA request; must include at least:
   a. Prior hepatitis C virus (HCV) treatment history (in other words, treatment naïve or treatment experienced)
   b. If treatment experienced, prior therapies and 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

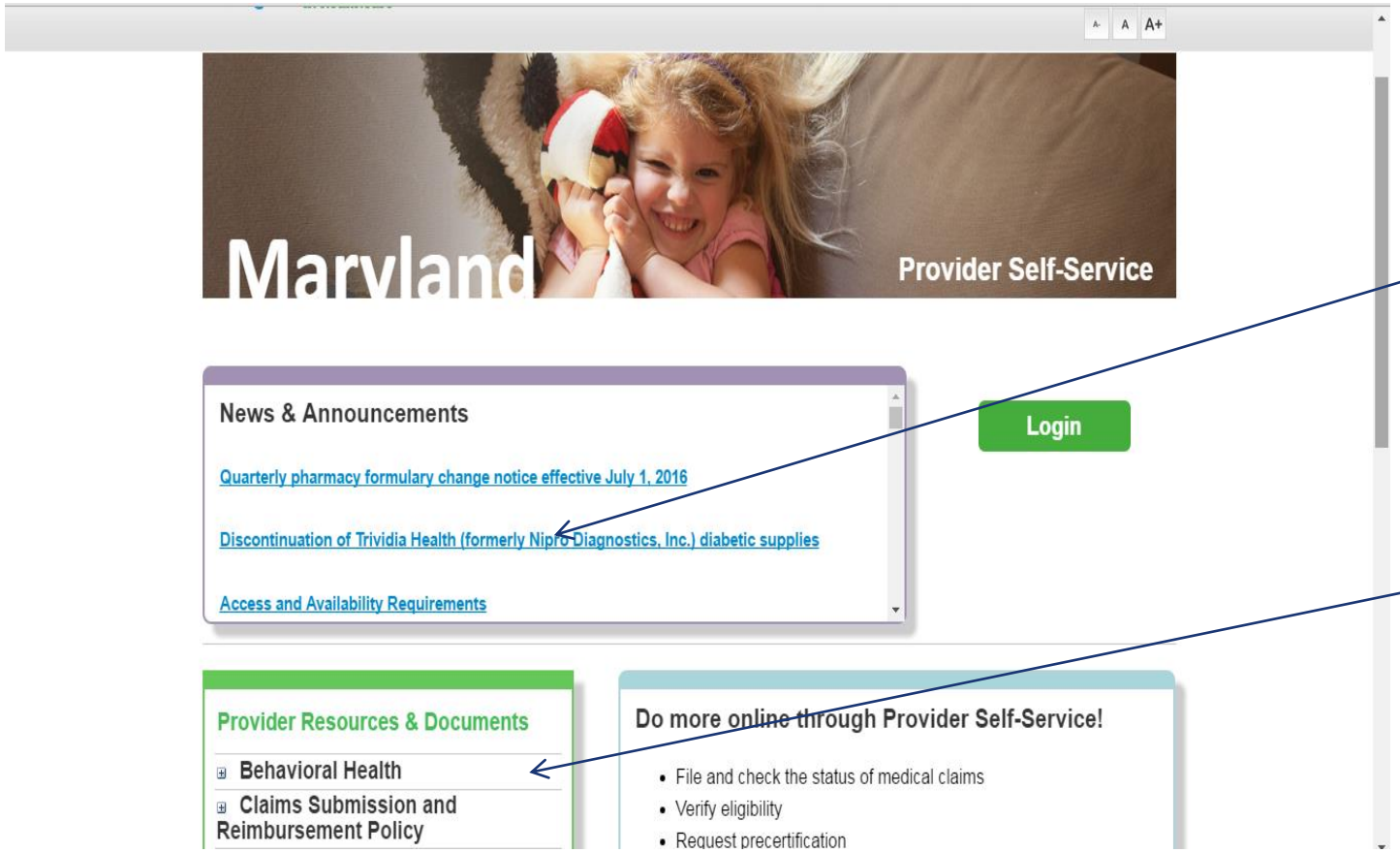


https://providers.wellpoint.com/md/

Wellpoint has both a public website and a secure website.

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

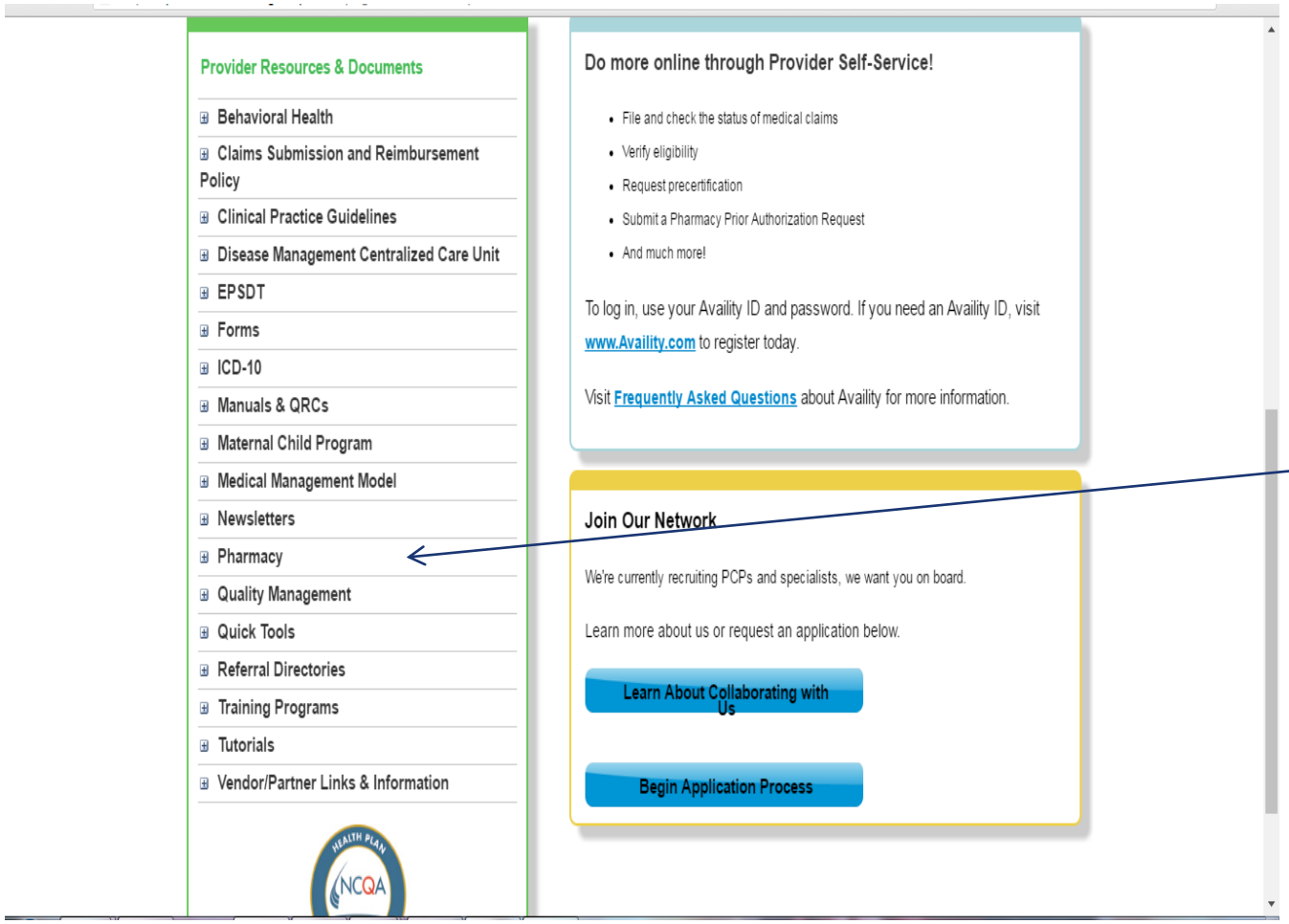
Wellpoint provider self-service



Recent news and announcements can be found immediately.

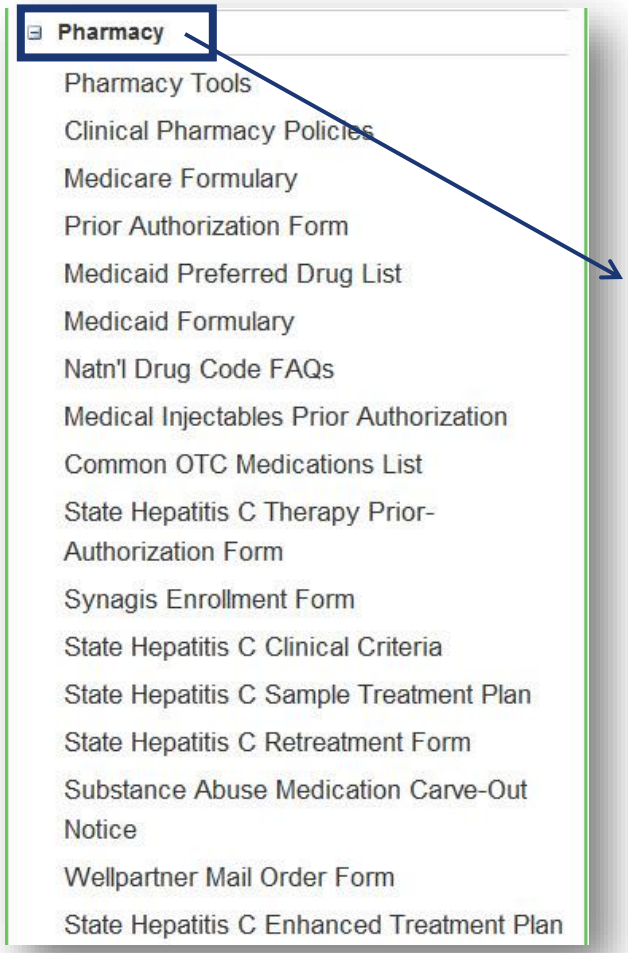
Scroll down the page to find **Pharmacy** under *Provider Resources & Documents.*

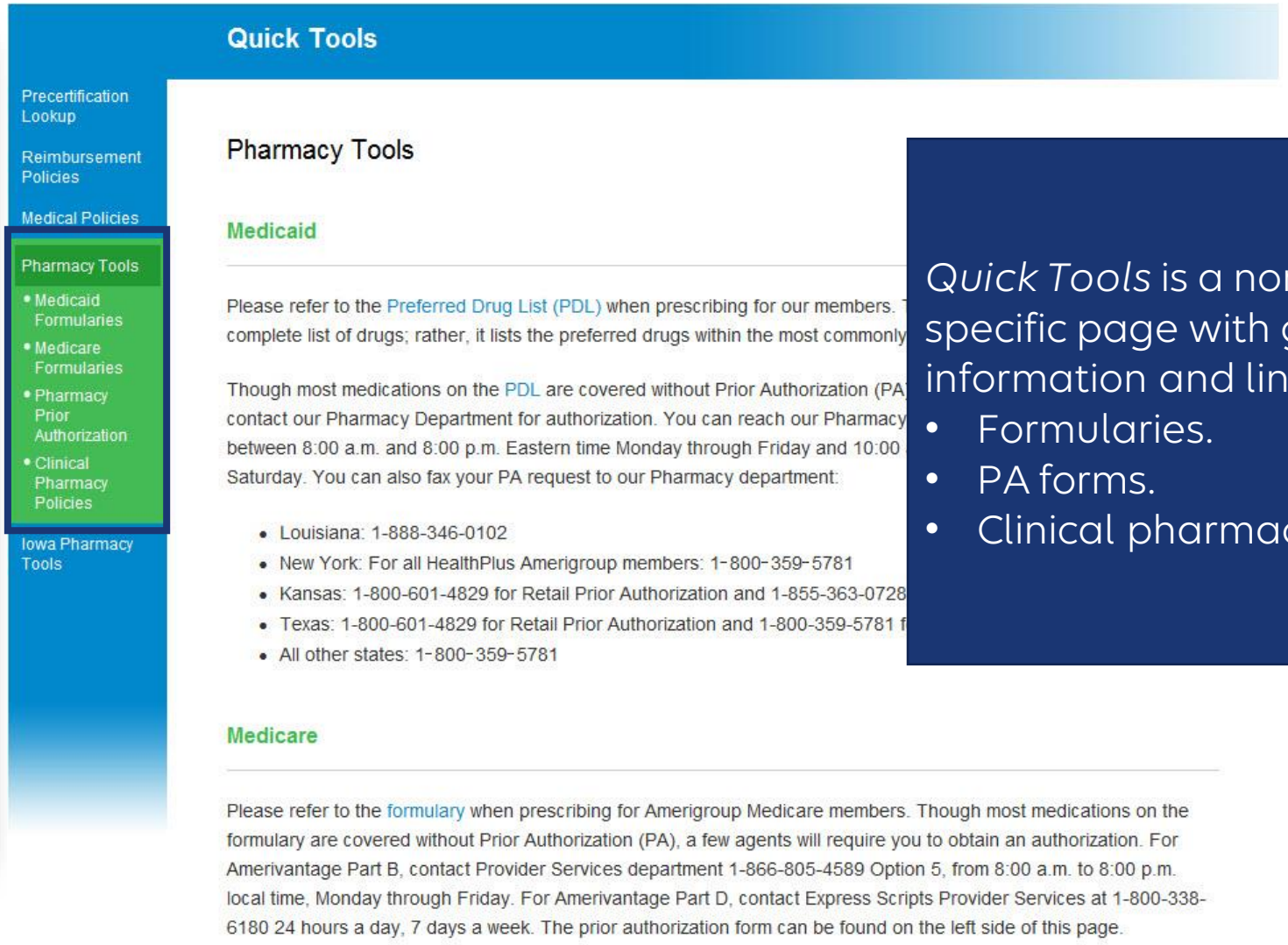
Accessing pharmacy



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

Pharmacy tools





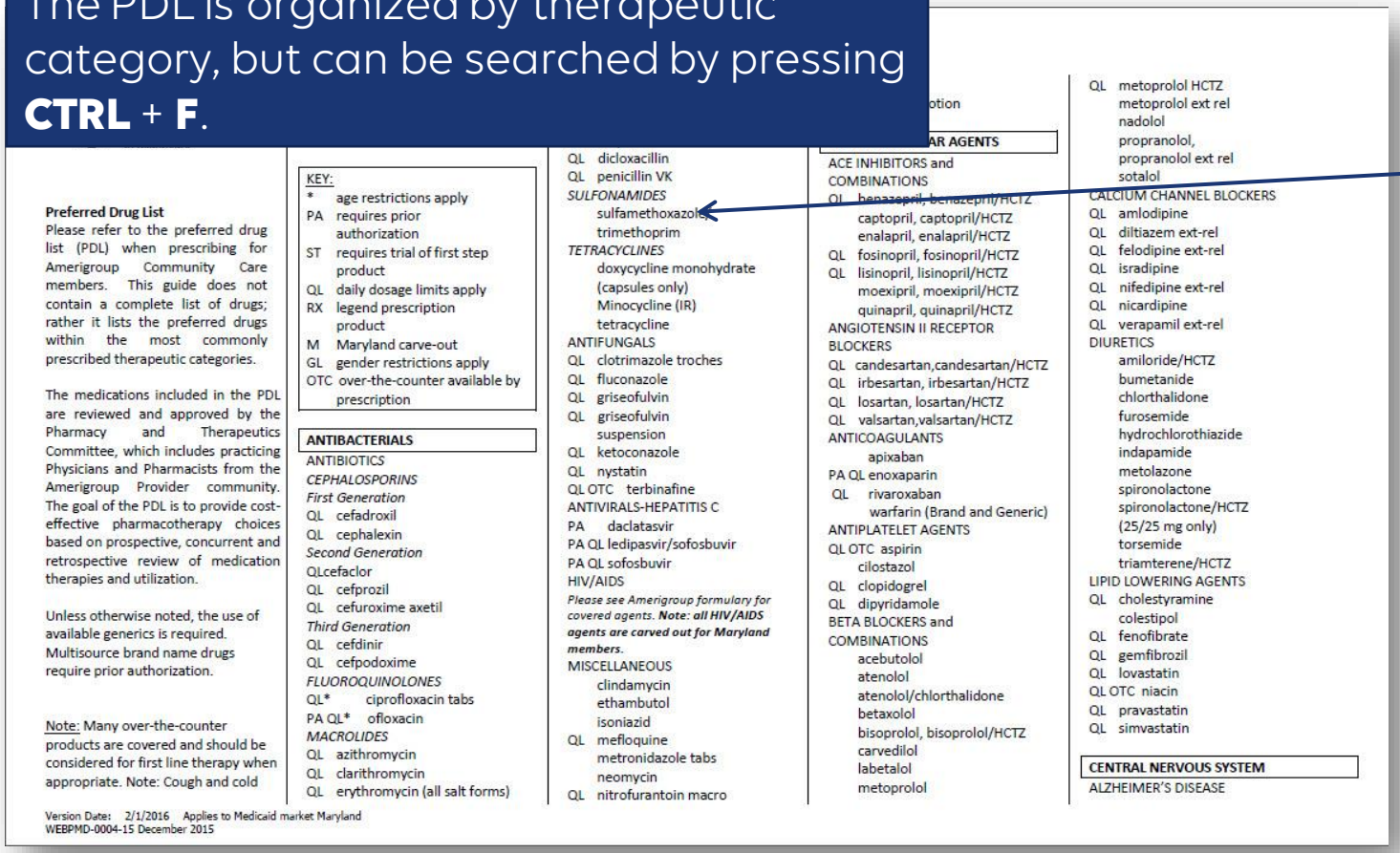
Quick Tools is a non-market-specific page with general information and links to:

- 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

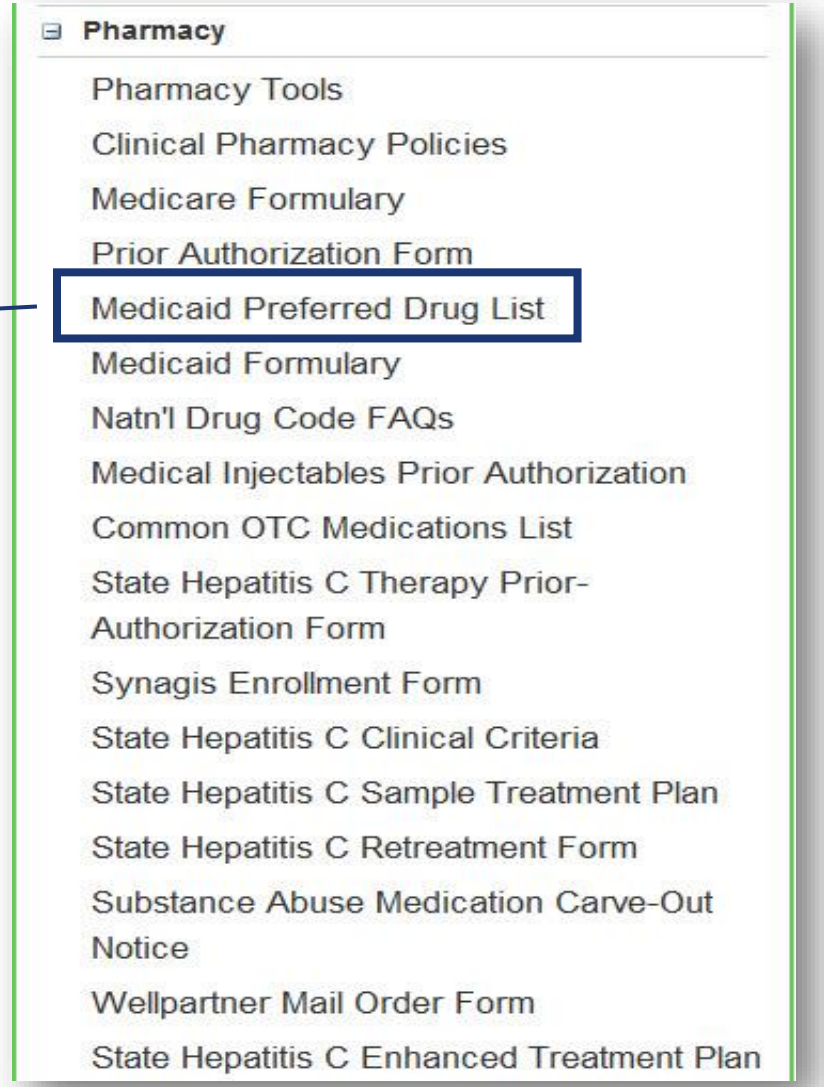
KEY:
* age restrictions apply
PA requires prior authorization
ST requires trial of first step product
QL daily dosage limits apply
RX legend prescription product
M Maryland carve-out
GL gender restrictions apply
OTC over-the-counter available by prescription

ANTIBACTERIALS
ANTIBIOTICS
CEPHALOSPORINS
First Generation
QL cefadroxil
QL cephalexin
Second Generation
QLcefaclor
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

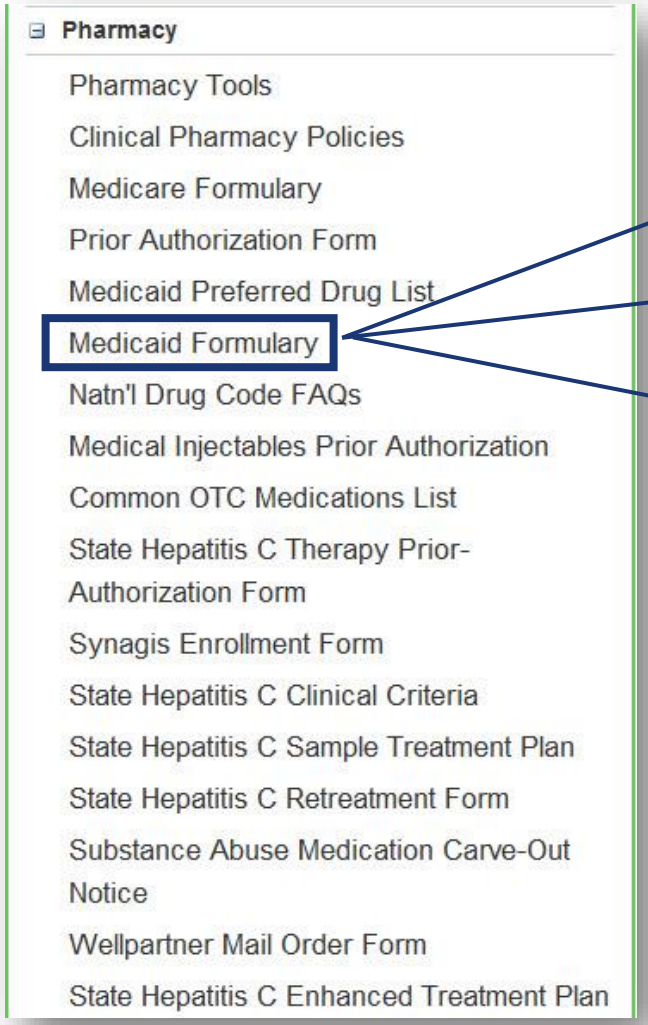
AR AGENTS
ACE INHIBITORS and COMBINATIONS
QL benazepril, benazepril/HCTZ
captopril, captopril/HCTZ
enalapril, enalapril/HCTZ
QL fosinopril, fosinopril/HCTZ
QL lisinopril, lisinopril/HCTZ
moexipril, moexipril/HCTZ
quinapril, quinapril/HCTZ
ANGIOTENSIN II RECEPTOR BLOCKERS
QL candesartan,candesartan/HCTZ
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

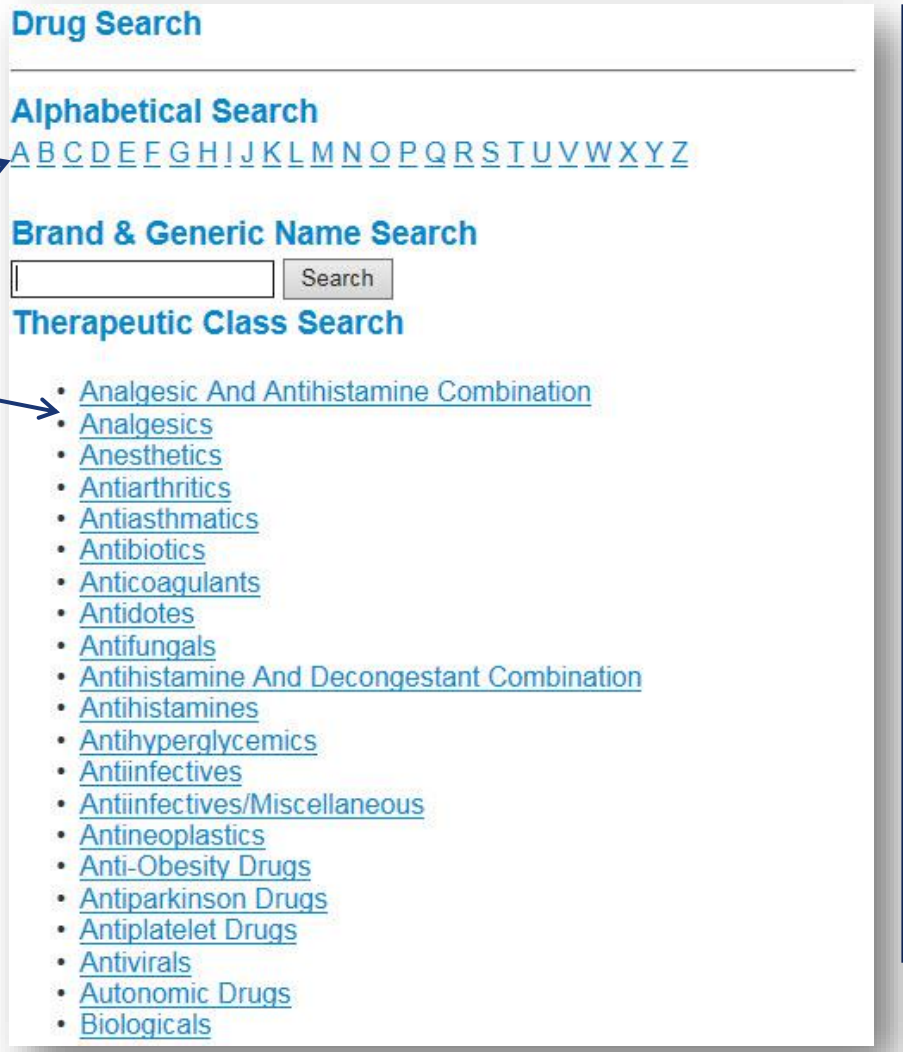
CENTRAL NERVOUS SYSTEM
ALZHEIMER'S DISEASE

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



Medicaid formulary (cont.)

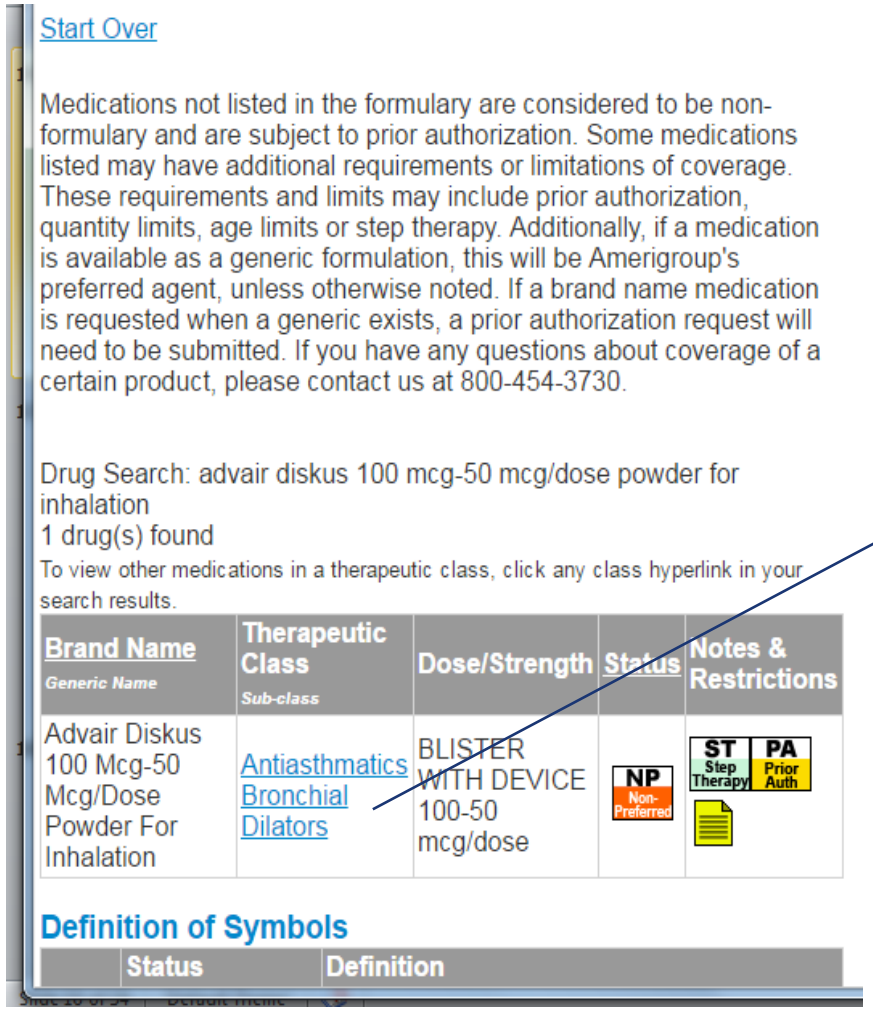




Medicaid Formulary immediately opens our searchable formulary. You can search the formulary in three ways:

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

Formulary search results



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 / Generic Name	Therapeutic Class / Sub-class	Dose/Strength	Status	Notes & Restrictions
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

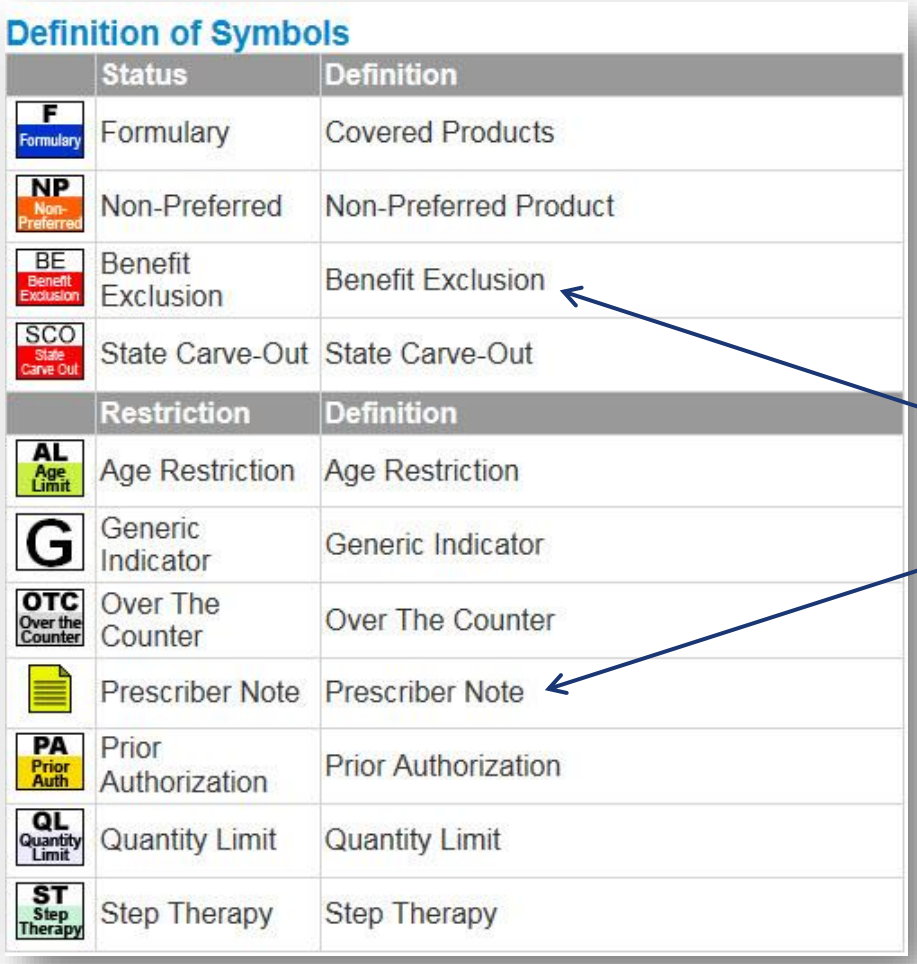
Definition of Symbols

	Status	Definition

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

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
PA Prior Auth	Prior Authorization	Prior Authorization
QL Quantity Limit	Quantity Limit	Quantity Limit
ST Step Therapy	Step Therapy	Step Therapy

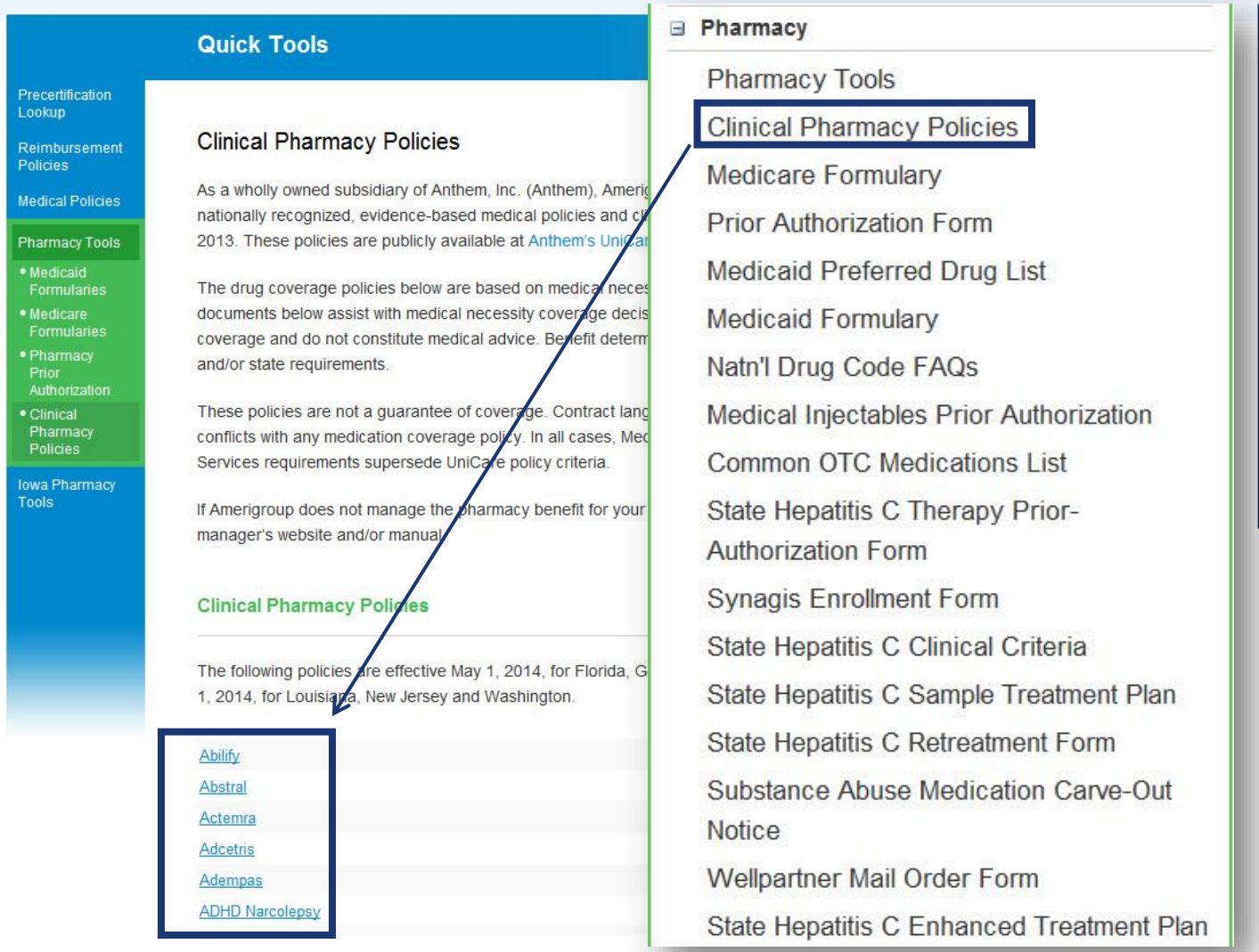
The *Definition of Symbols* displays under your search results. Depending on how large your results list is, you may need to scroll down to view it.

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.

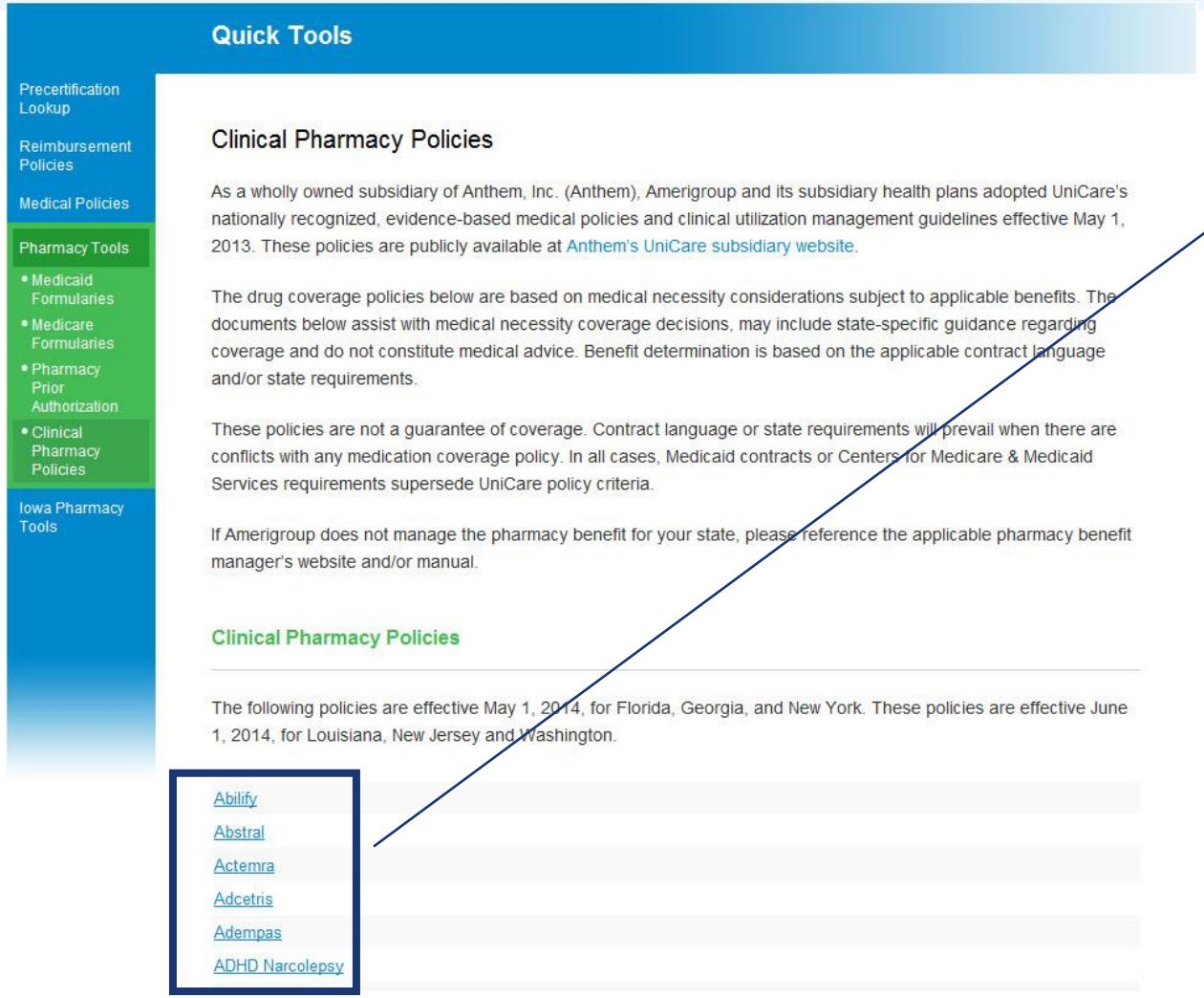
Clinical policies



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

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), 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.

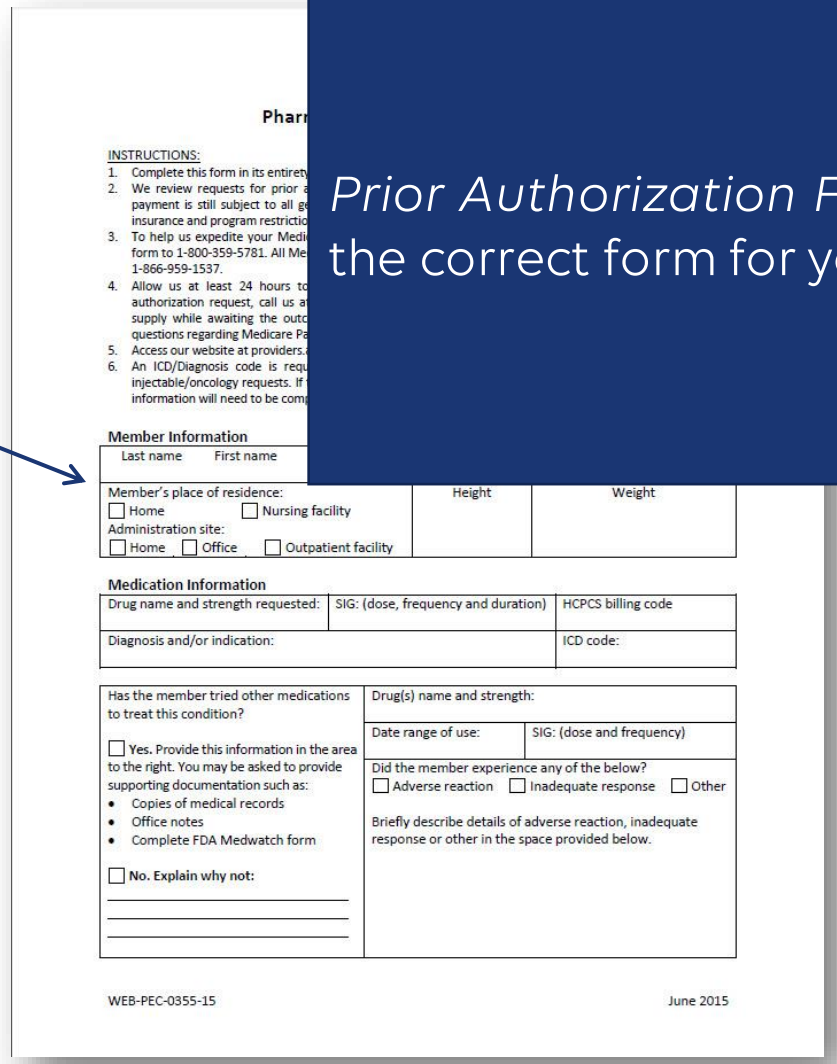
For diagnosis of COPD:

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

Pharmacy Prior Authorization Form

Pharmacy

- Pharmacy Tools
- Clinical Pharmacy Policies
- Medicare Formulary
- Prior Authorization Form
- Medicaid Preferred Drug List
- Medicaid Formulary
- Natn'l Drug Code FAQs
- Medical Injectables Prior Authorization
- Common OTC Medications List
- State Hepatitis C Therapy Prior-Authorization Form
- Synagis Enrollment Form
- State Hepatitis C Clinical Criteria
- State Hepatitis C Sample Treatment Plan
- State Hepatitis C Retreatment Form
- Substance Abuse Medication Carve-Out Notice
- Wellpartner Mail Order Form
- State Hepatitis C Enhanced Treatment Plan



Phar

INSTRUCTIONS:

1. Complete this form in its entiret
2. We review requests for prior a payment is still subject to all ge insurance and program restrictio
3. To help us expedite your Medi form to 1-800-359-5781. All Me 1-866-959-1537.
4. Allow us at least 24 hours to authorization request, call us a supply while awaiting the outc questions regarding Medicare Pa
5. Access our website at providers.
6. An ICD/Diagnosis code is requ injectable/oncology requests. If information will need to be comp

Member Information

Last name	First name		
Member's place of residence: ☐ Home ☐ Nursing facility Administration site: ☐ Home ☐ Office ☐ Outpatient facility		Height	Weight

Medication Information

Drug name and strength requested:	SIG: (dose, frequency and duration)	HCPCS 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.

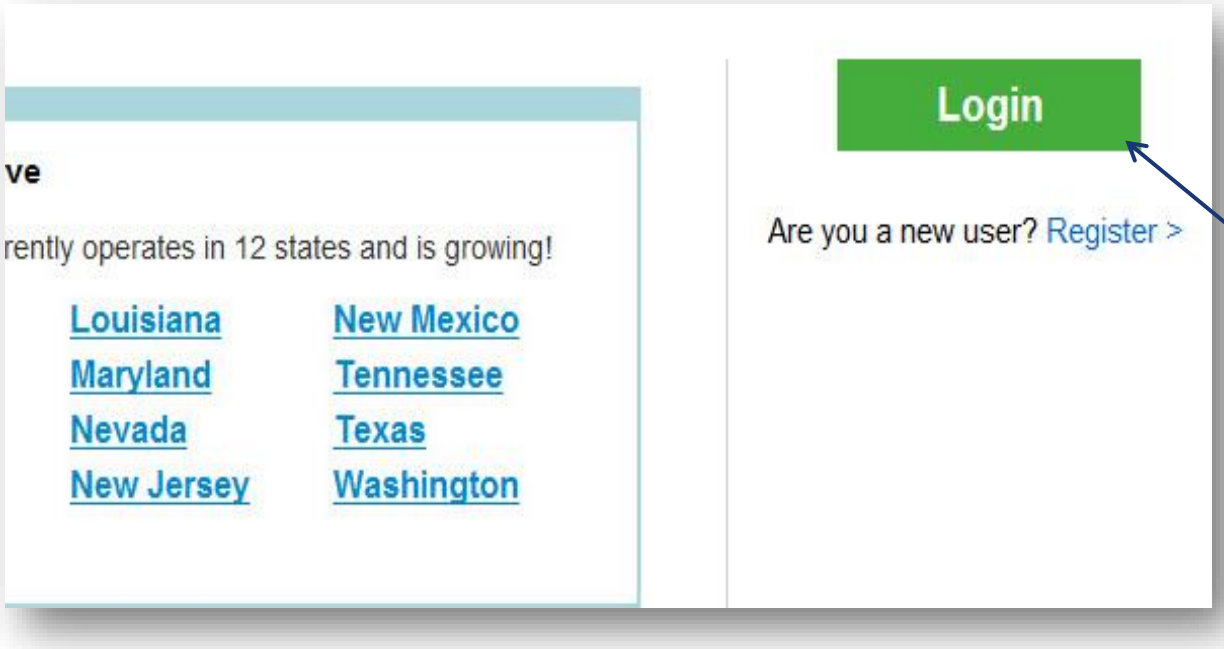
Fax requests

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.

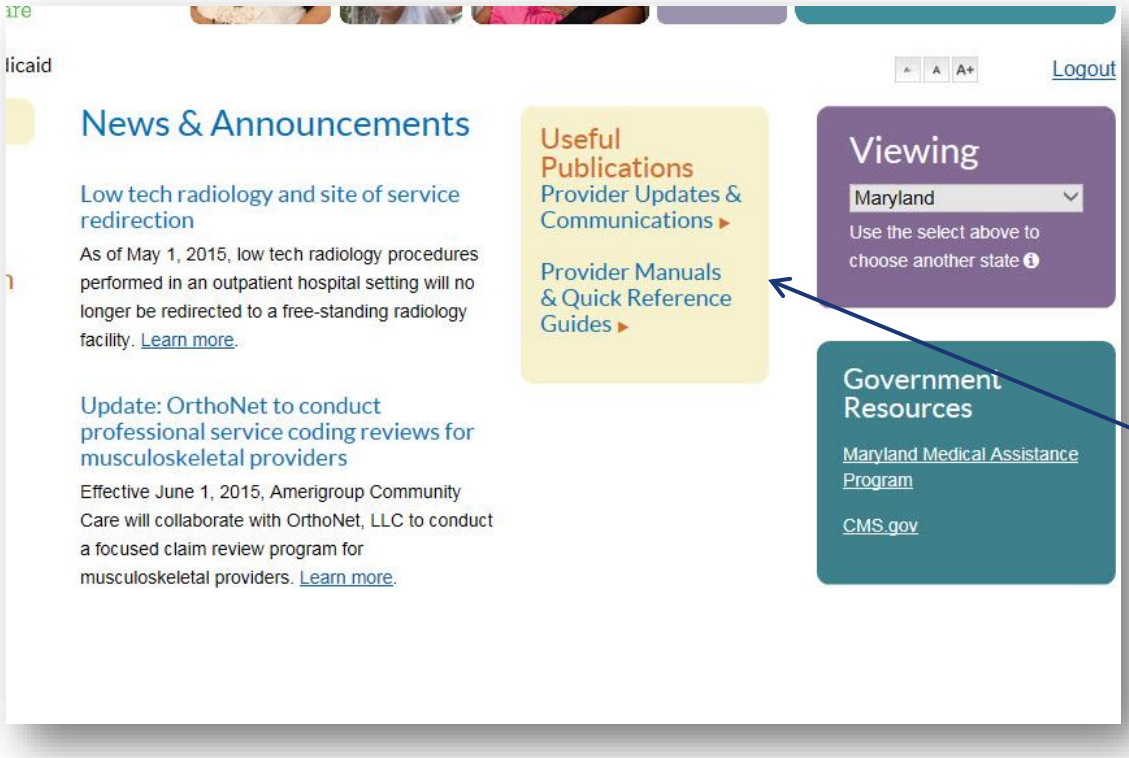
You must register to use this site.

Availity Portal

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

Enter these to log in to the secure site.

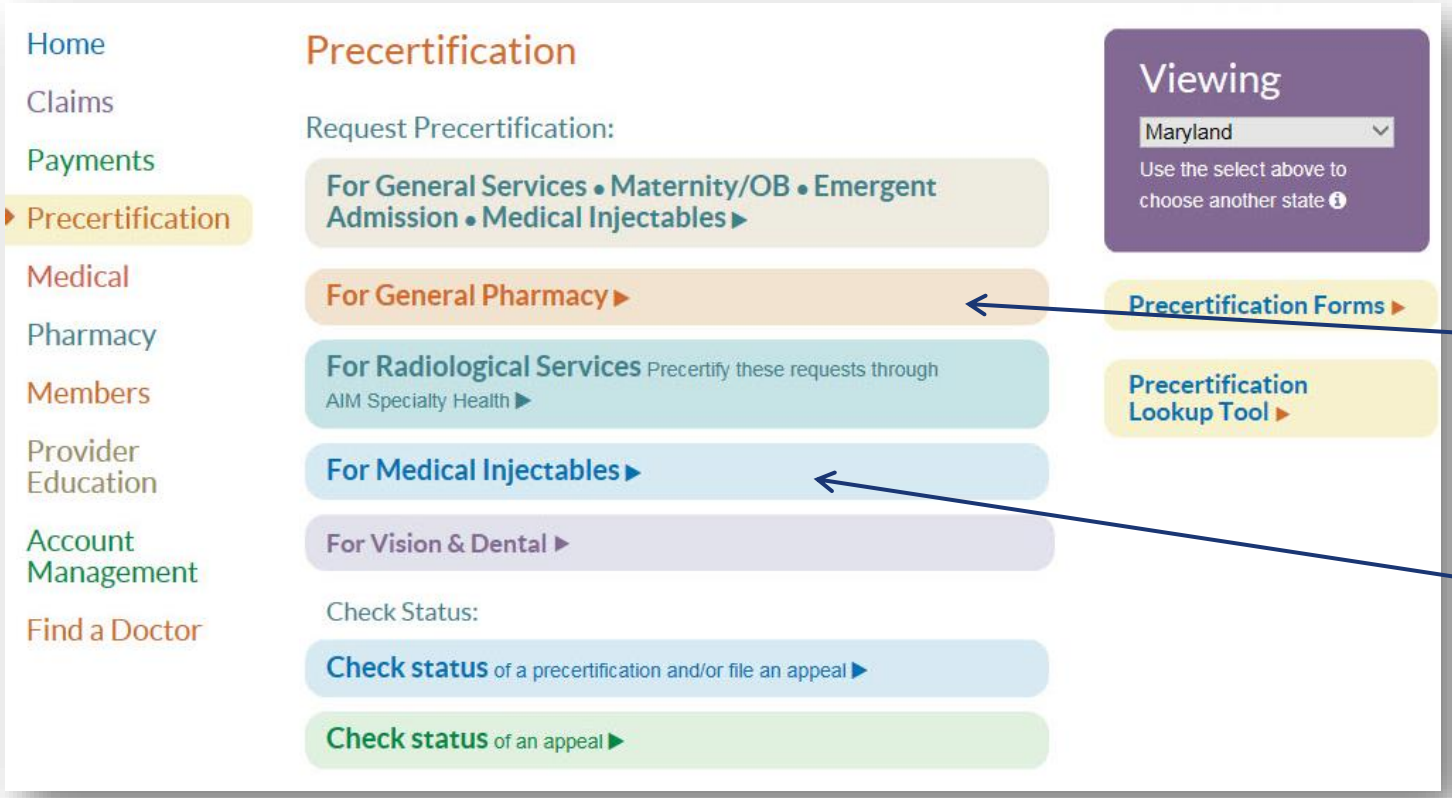
Secured landing page



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

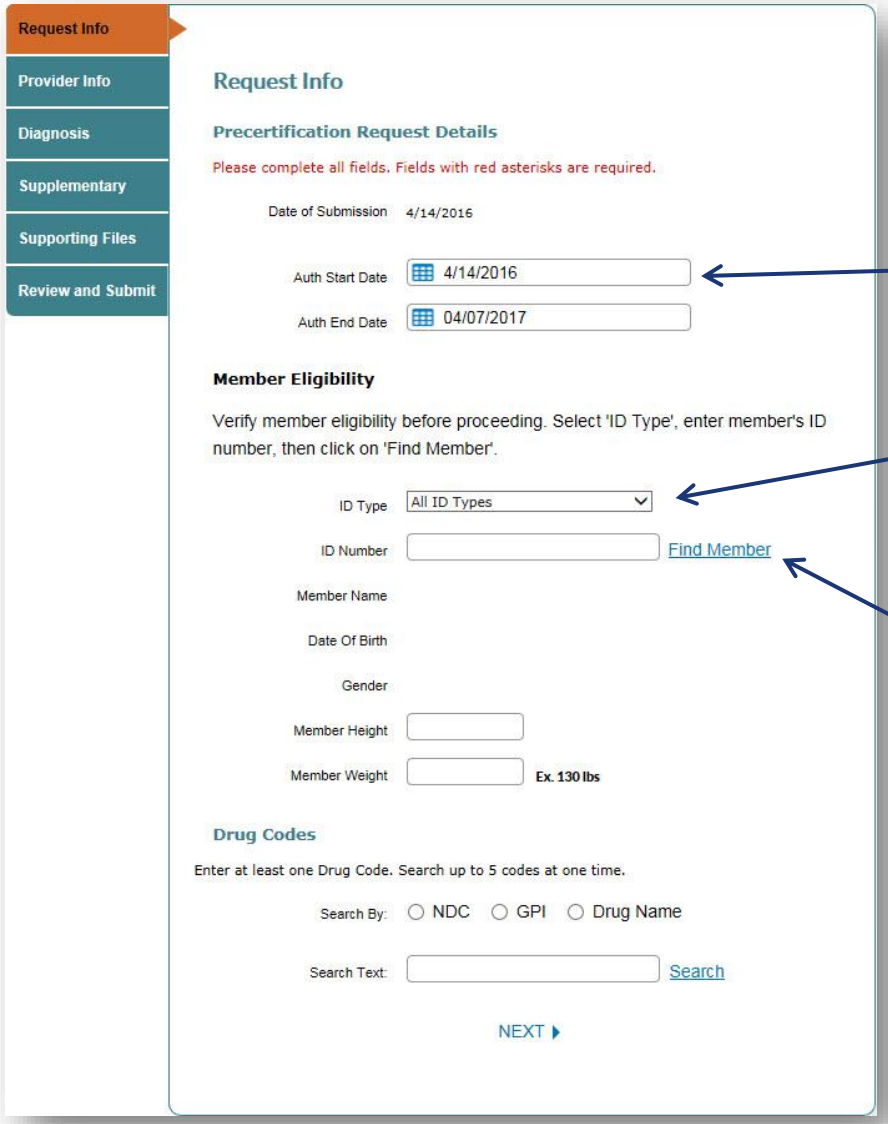
You can view communications such as formulary updates here and have quick access to everything you need.

Online prior authorization requests



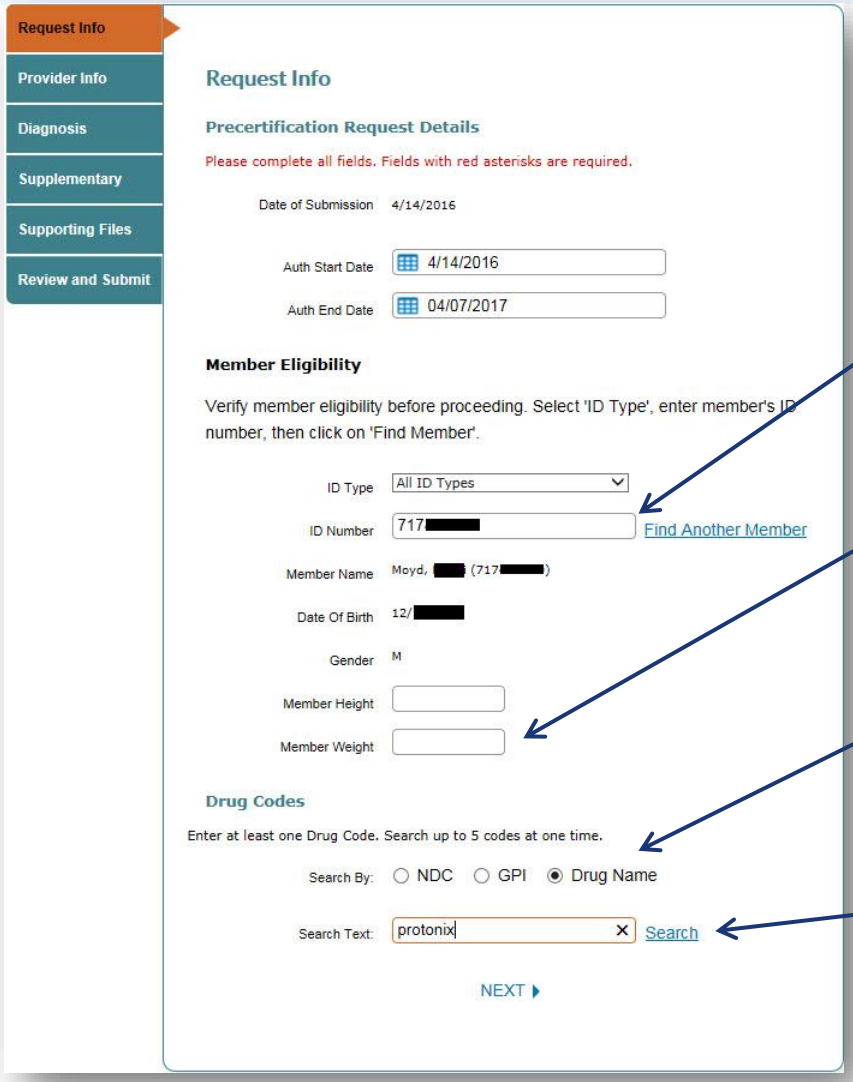
1. Select **Precertification** to access the Pharmacy Online Authorization Request Tool.
2. Choose **For General Pharmacy** for retail requests.
3. Choose **For Medical Injectables** for drugs that are delivered at home or in the office.

Request info: Dates of service and eligibility



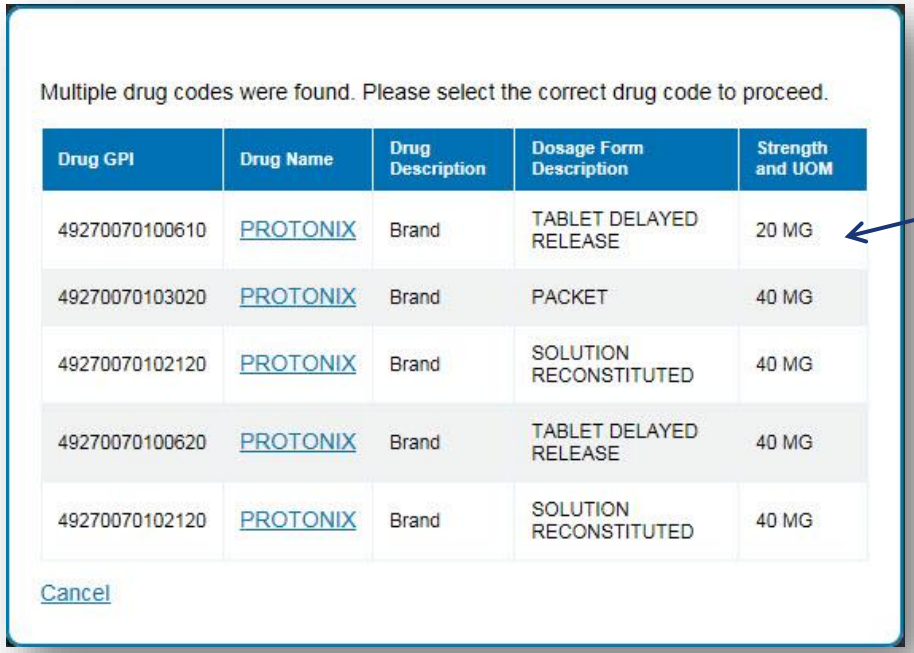
1. Enter the start and end date for the request.
2. Enter the member's ID number. The *ID Type* field allows you to select a specific ID if you wish.
   - Wellpoint ID
   - Medicaid ID
   - Medicare ID
   - SSN
3. Select **Find Member**.

Request info: Member and drug search



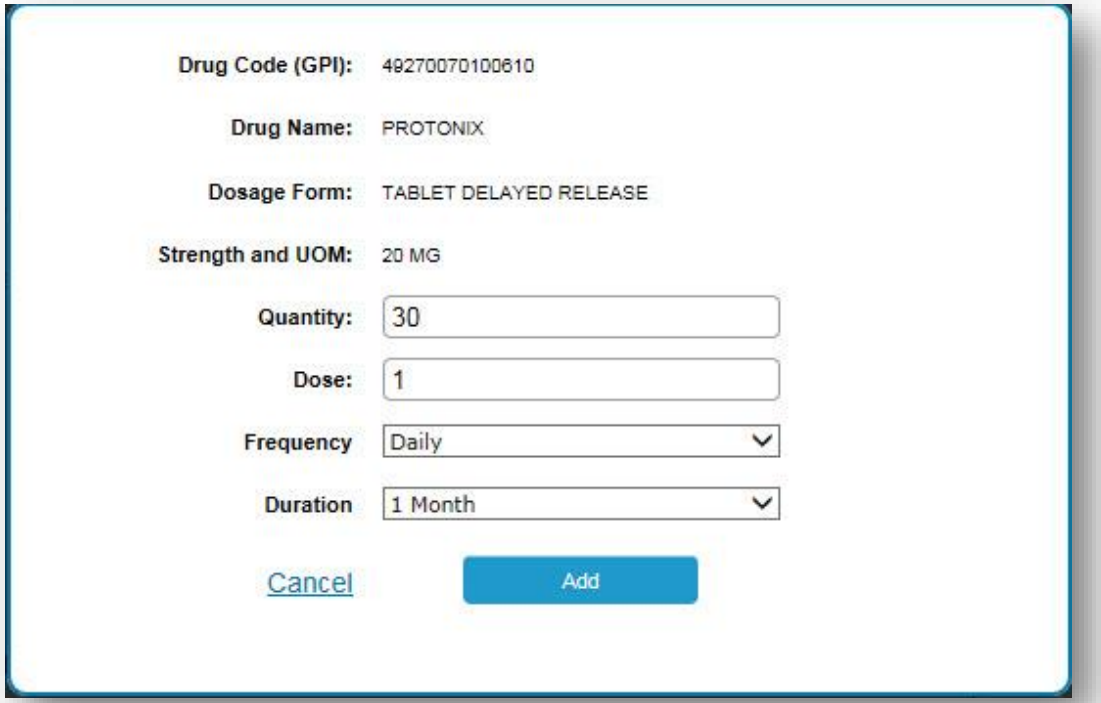
4. View the member's information. Select **Find Another Member** if your search does not return the correct member.
5. Enter the member's height and weight if known (not a required field).
6. Select the drug search type.
   - NDC
   - GPI
   - Drug Name
7. Enter the name of the drug in the **Search Text**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

Request info: Drug search results



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

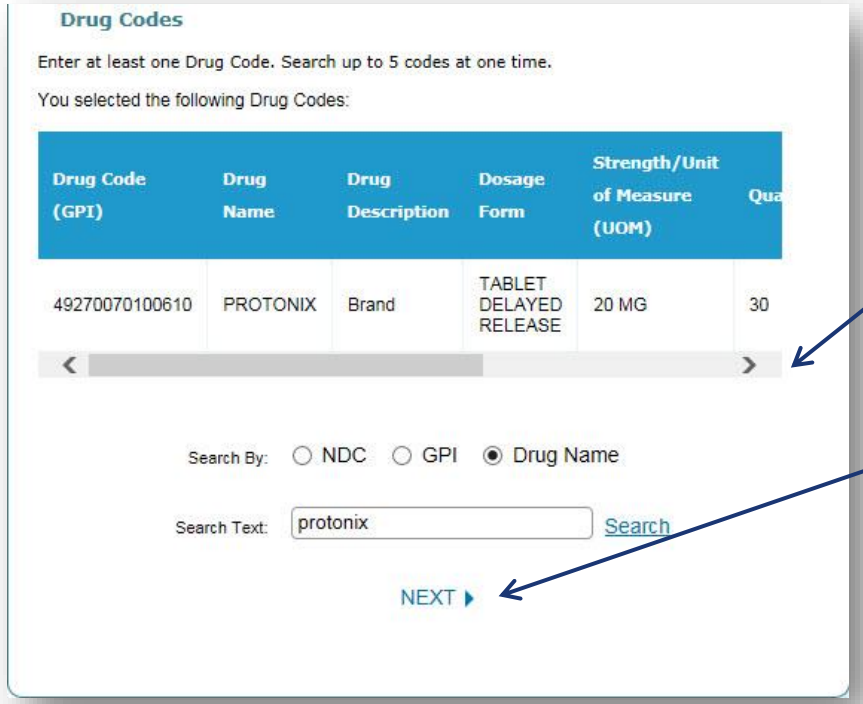
9. Enter the **Quantity** and **Dose**.
10. Select the **Frequency** and **Duration**.
11. Choose **Add**.



Request info: drug selection

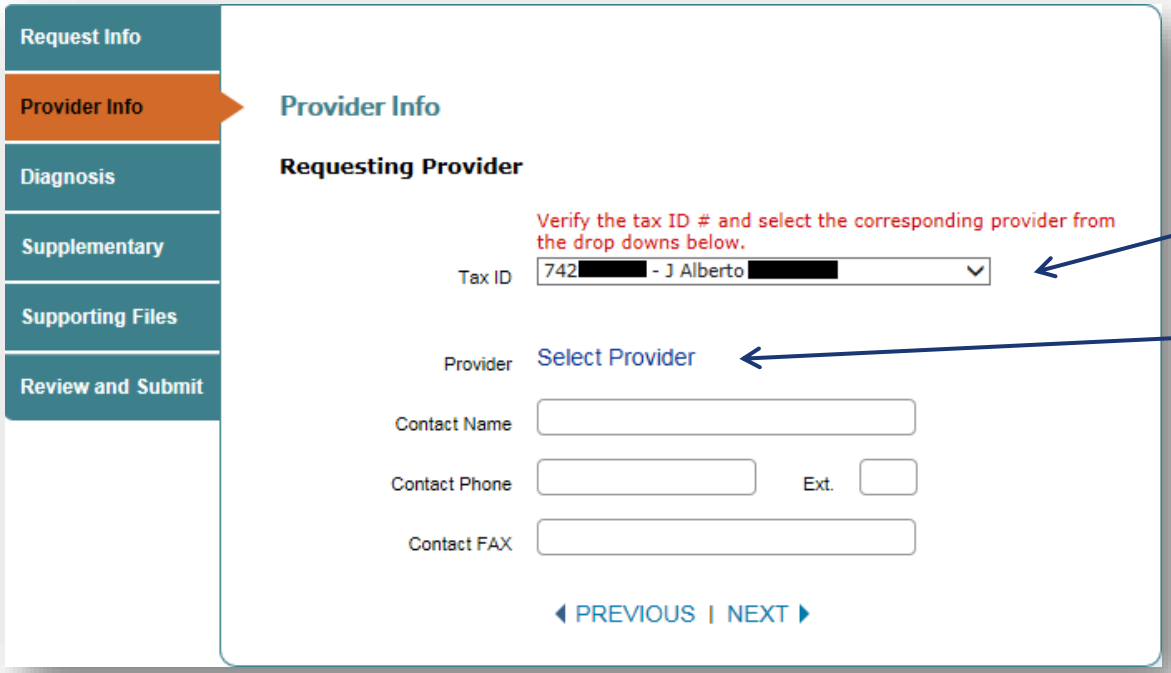
You can select up to five drugs for the same member. If you need to submit a request for more than five drugs at a time, fax your request or call Provider Services.

- 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.

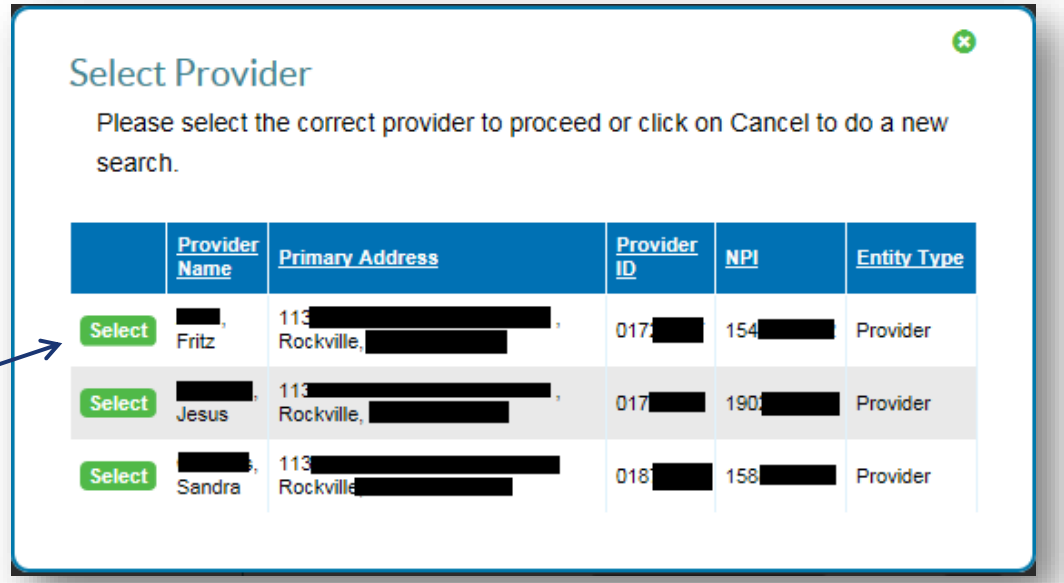


12. Use the horizontal scroll bar to view your selection.
13. Select **Remove** (right scroll) if you selected the incorrect row.
14. Choose **Next** when you're ready to proceed.

Provider info: select requesting provider

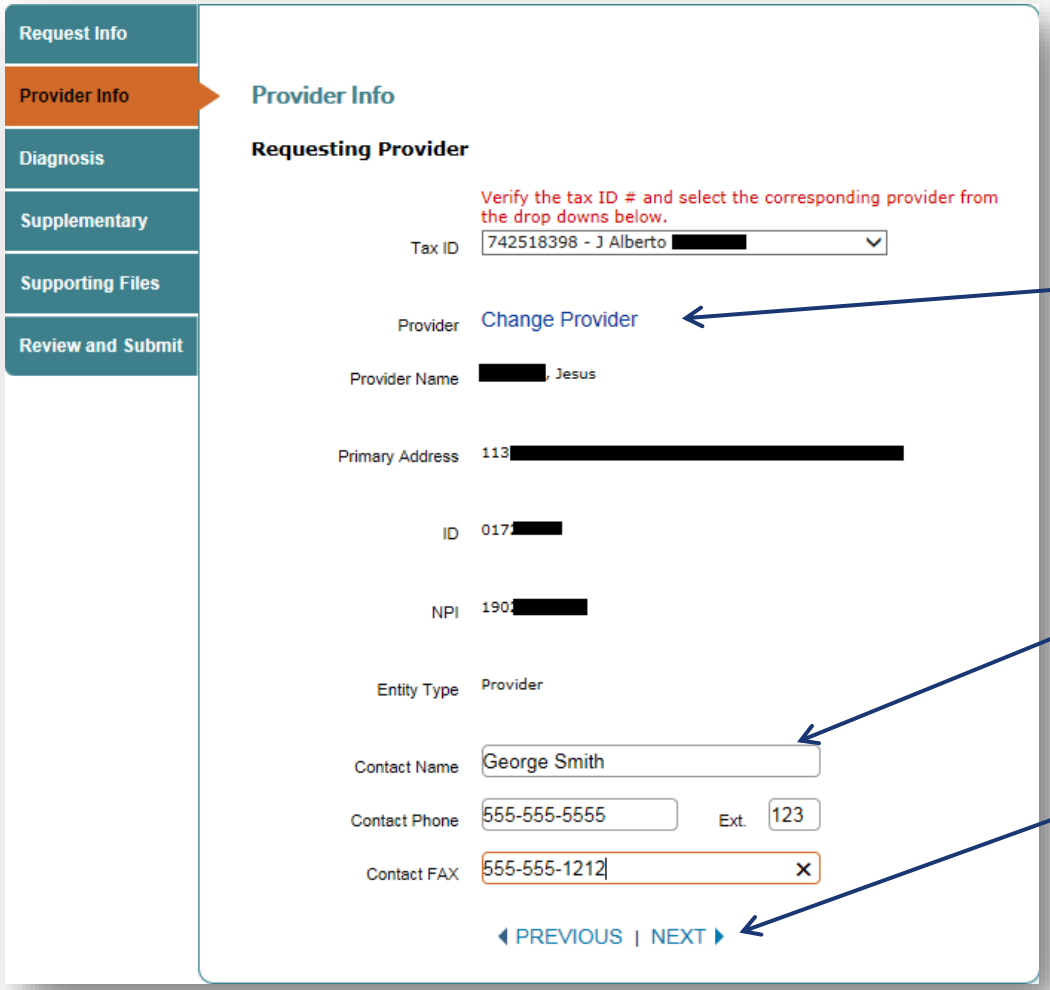


15. Choose the dropdown to select the correct **Requesting Provider**.
16. Choose **Select Provider**.



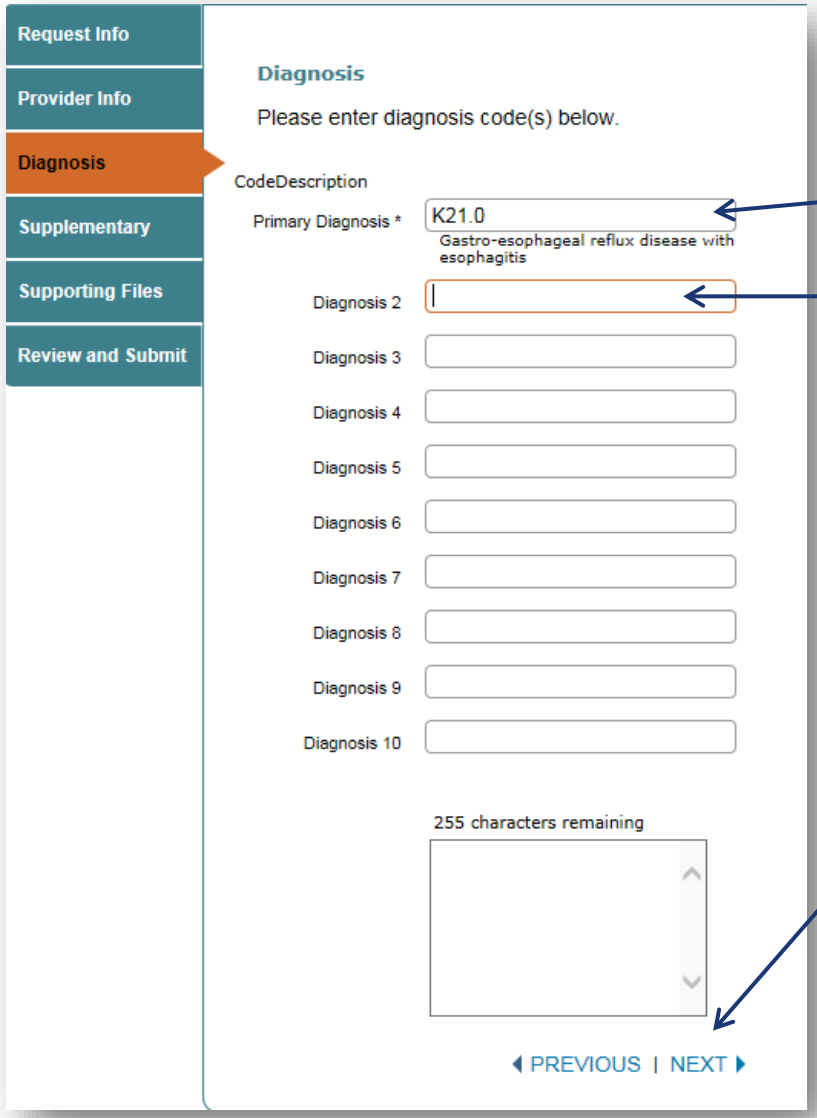
17. Choose **Select** in the correct row for the requesting provider.

Provider info: select requesting provider (cont.)



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

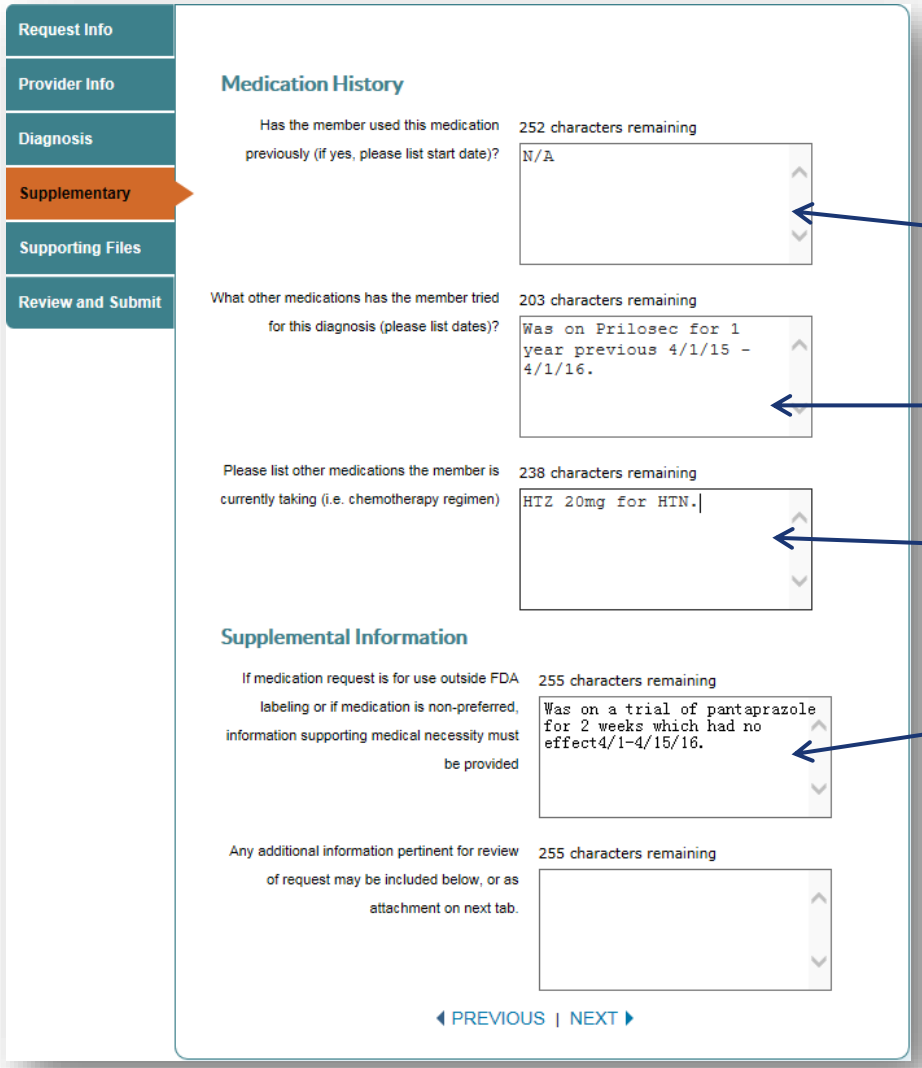


22. Enter the **Primary Diagnosis** code.
23. You may enter up to 10 secondary diagnosis codes.
24. Choose **Next** when you are ready to move forward.

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

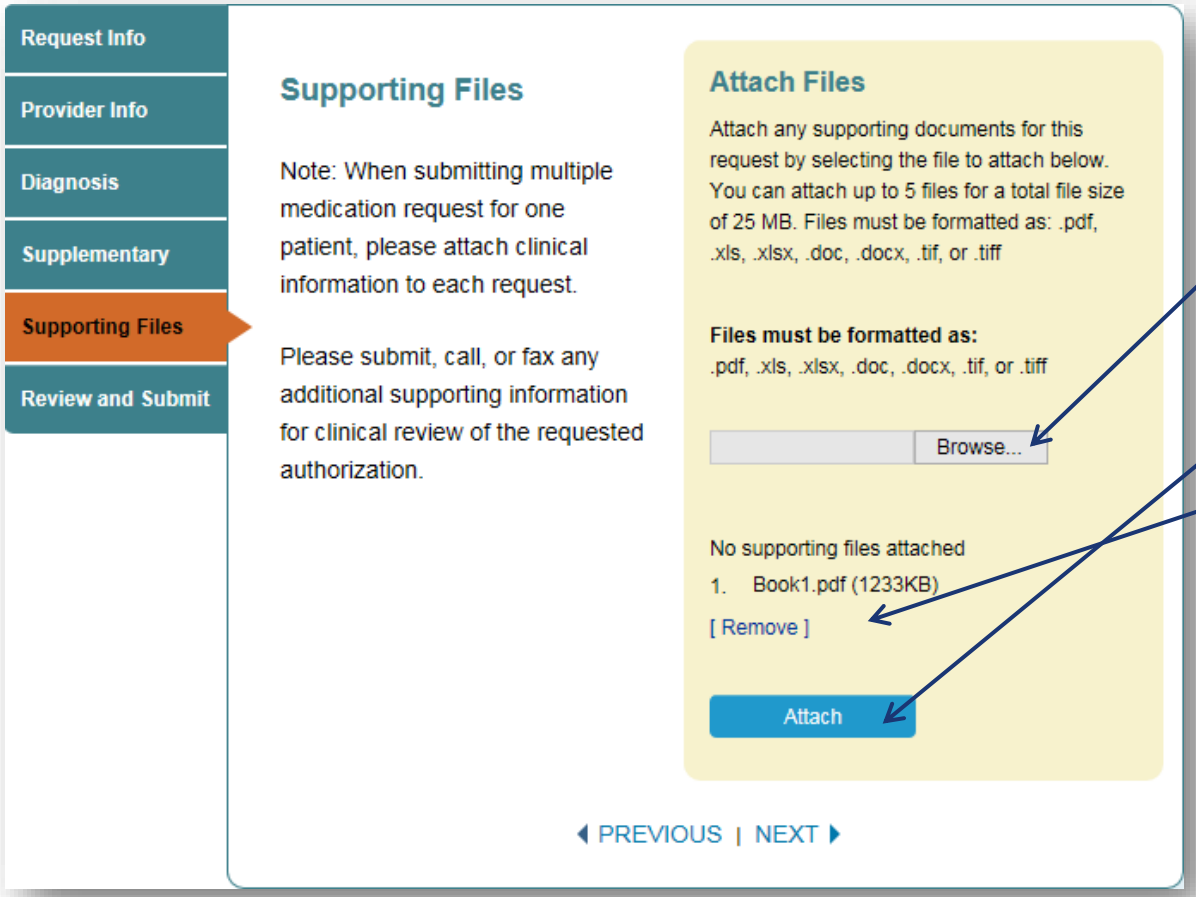
There was an error in retrieving the diagnosis code. Please contact the National Contact Center (**833-707-0868**, Monday through Friday, 8 a.m. to 6 p.m. ET.) if error persists.

Supplementary: history and supplemental information



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

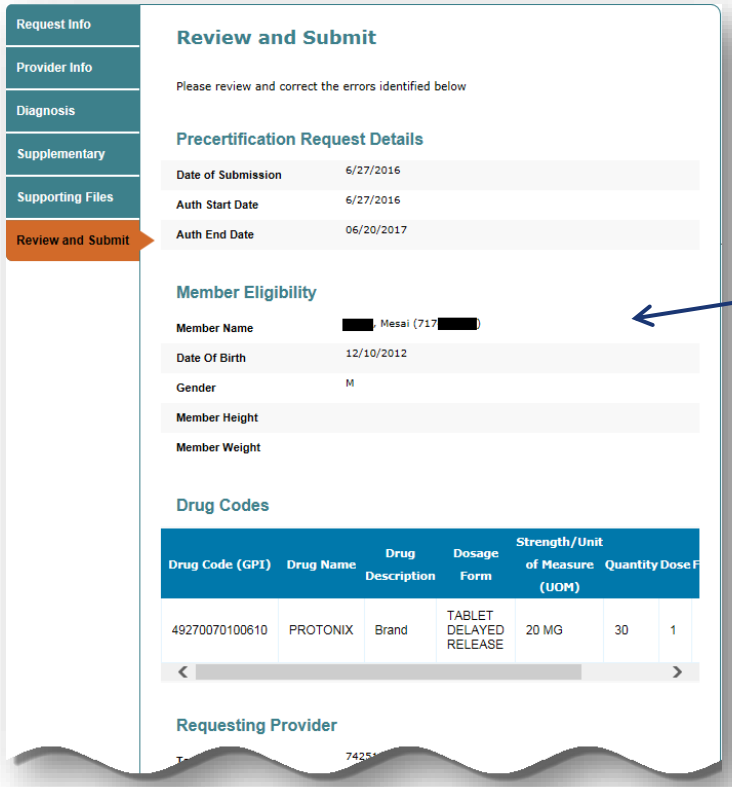


29. Select the **Browse** button to locate any pertinent clinical files you wish to attach.
30. Select the **Attach** button once you have located the files.
31. If you have uploaded the incorrect file, select **Remove**.

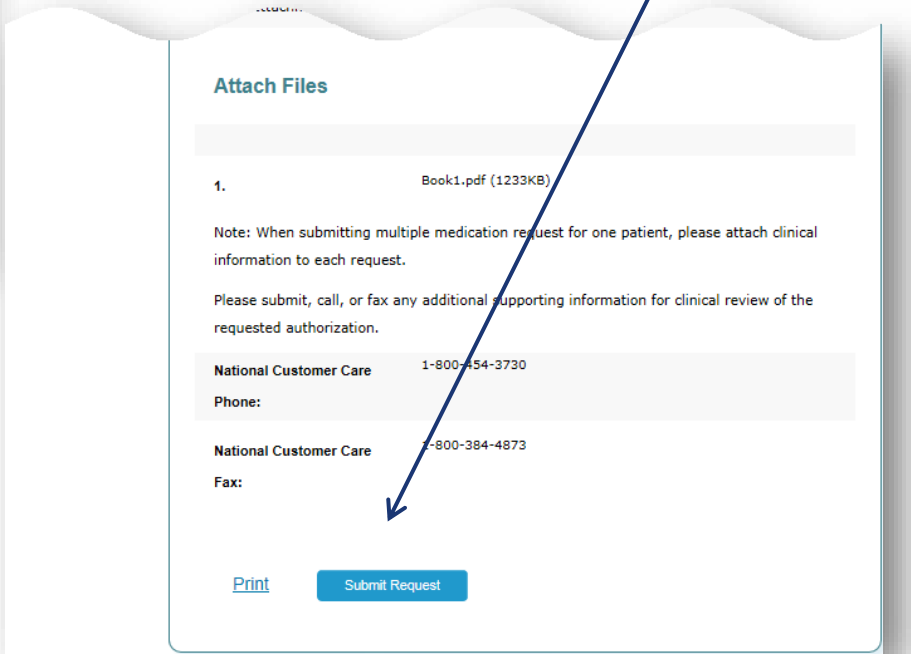
Note: the following file types are acceptable

- PDF
- Excel
- Word
- TIF

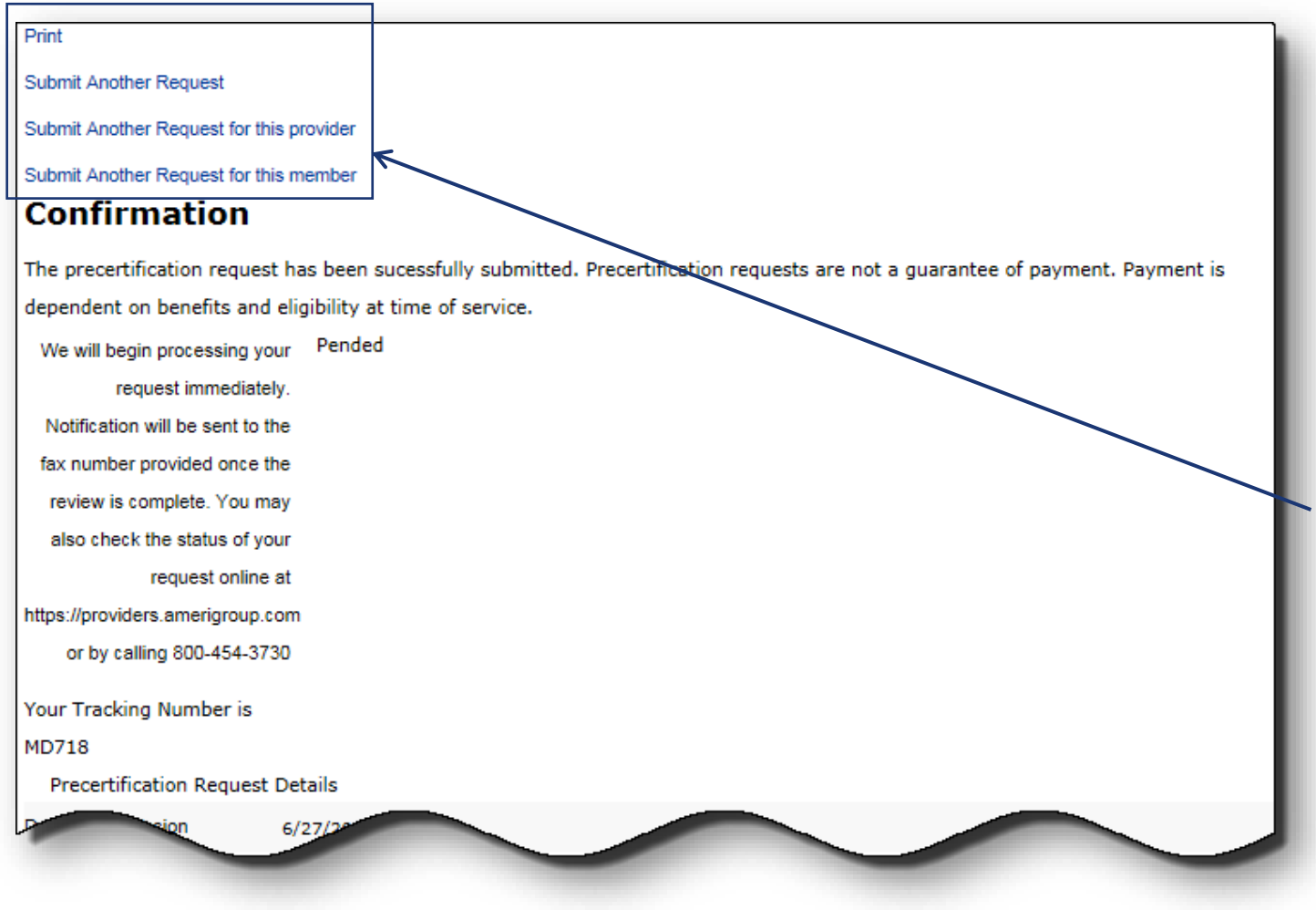
Review and submit



32. Review all submitted information prior to submitting.
33. Choose **Submit Request**.



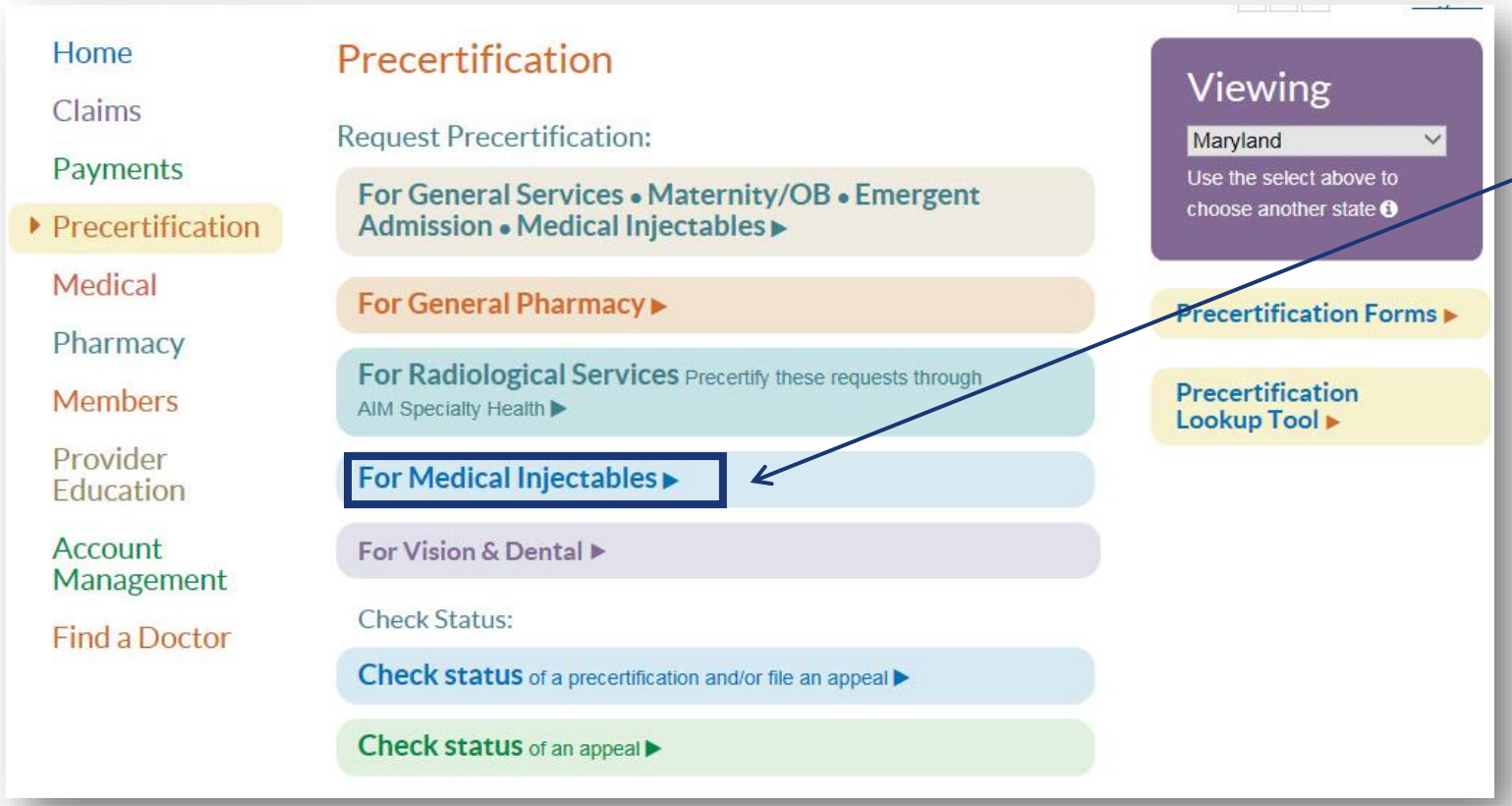
Confirmation



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



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/

Services provided by Wellpoint Maryland, Inc.

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