

MARYLAND MEDICAID HEALTHCHOICE: 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 is unavailable and recipient's prescription is written for a non-formulary medication
AMERIGROUP Community Care*	AMERIGROUP Pharmacy Department 1-800-454-3730	Mon - Fri 8:00am - 7:00pm Sat - 10:00am – 2:00pm 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: 11112222333 in the Prior Authorization Number field. The day's supply cannot exceed three or the claim will reject. Pharmacists with questions should contact the Pharmacy Department at 1-800-454-3730 and follow the prompts
	Caremark, Inc. 1-800-345-5413	24 hours – 7 days per week	
Kaiser Permanente*	MedImpact 1-800-788-2949	24 hours – 7 days per week	The MedImpact customer service 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 an emergency supply.
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 8:30am - 5:00pm Pager number given after hours	
Priority Partners*	Priority Partners 1-888-819-1043	Mon - Fri 8:00am - 5:00pm, 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: 111122223333. Pharmacist may also call Caremark at 1-800-345-5413 for further assistance
United Healthcare*	Optum RX 1-888-306-3243	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: Enter "8"= Prior Authorization" in the Prior Authorization Type field Plus the code 00000000120 in the Prior Authorization Number field It is important the day's supply entered on the claim does not exceed the five-day supply or it will reject. Pharmacists are asked to call UnitedHealthcare's Pharmacy Services Help Desk toll-free at 877-305-8952 for questions on the TCO process
Riverside Health	Caremark 1-800-730-8543	Mon - Fri 8:30am - 5:00pm, EST - except holidays	In the event, a prescriber cannot be reached to request a formulary exception, a 72-hour emergency supply of medication may be dispensed by the pharmacist processing the claim, unless the medication is classified as an excluded drug product. Pharmacist will need to enter the following code: PAMC 11112222333 in the prior authorization field of the dispensing software.

*** MCOs with HealthChoice enrollees**

ELIBILITY ISSUES: Call HealthChoice Eligibility Verification System (EVS) 1-866-710-1447 (Available 24 hours/7 days)
 Provider inquiries/complaints-HealthChoice Provider Hotline 1-800-8692, Option 5
 Recipient inquiries/complaints-Health Choice 1-800-284-4510, Option 2 for HealthChoice