MARYLAND MEDICAID PHARMACY PROGRAM

No. 26
Friday, May 12, 2006

ADVISORY

In an effort to give timely notice to the pharmacy and prescriber communities concerning important pharmacy topics, the Department of Health and Mental Hygiene's (DHMH's) ***Medicaid Pharmacy Program*** *(MPP) has developed the* ***Medicaid Pharmacy Program Advisory****. An email network has been established for dissemination purposes, which incorporates the email lists of pharmacy and prescriber societies, associations and organizations. It is our hope that the information is disseminated to all interested parties.*

- **New Primary Adult Care Program (PAC)**
- **Medicare Part D Exception and Prior Authorization Request Form**

New Primary Adult Care Program (PAC)

Beginning **JULY 1, 2006**, the Maryland Department of Health and Mental Hygiene will offer a new Medical Assistance program, known as the Primary Adult Care program (PAC). The PAC will cover primary care benefits for low-income Maryland residents.

DHMH combined two of its programs – the Maryland Pharmacy Assistance Program (MPP) and the Maryland Primary Care (MPC) program to create PAC. The transition period will begin on July 1, 2006 and continue until September 1, 2006.

PAC will cover individuals age 19 and over who are not eligible for Medicare or full Medicaid benefits. Eligible individuals will also have to meet income and assets requirements. In addition to prescription drug coverage, PAC enrollees will receive primary care benefits, coverage for outpatient mental health services, and some additional services for individuals with diabetes. **PAC will not cover specialty care or inpatient and outpatient hospital care.**

Much like HealthChoice, DHMH is contracting with Managed Care Organizations (MCOs) to provide primary care services and pharmacy benefits to PAC recipients. PAC recipients must choose an MCO or they will be assigned to one. The MCOs will contract with primary care providers. Primary care providers wishing to participate in PAC must contract with one or more of the PAC MCOs. As in the HealthChoice MCO program, HIV medications and most mental health drugs are "carved out" from the PAC Program and will be covered by the fee-for-service Medicaid Pharmacy Program. The PAC recipients will have a yellow and white Medical Care Program card for carved-out services. The Electronic Verification System (EVS) will include a message to identify PAC enrollees. Complete details on this new program will be provided shortly.

Part D Exception and Prior Authorization Request Form for Prescribing Physicians

The Centers for Medicare and Medicaid Services (CMS) has released a model Part D standardized exception and prior authorization request form ("Trigger Form") for prescribing physicians. It is titled *Medicare Part D Coverage Determination Request Form* and a copy is attached to this Advisory. The form was developed in conjunction with the American Medical Association (AMA) and America's Health Insurance Plans (AHIP) to further the goal of simplifying procedures in the new Medicare drug benefit. The intent of the form is to assist physicians in applying for exceptions and prior authorizations on behalf of Medicare beneficiaries enrolled in any Medicare drug plan. This form allows for a simplified process for physicians to apply for coverage determinations on behalf of all of their Medicare patients, regardless of which Part D prescription drug plan the beneficiary is enrolled. The form has been posted to the CMS.gov website, on the Provider Center page under "Part D Tools for Health Care Professionals:" http://www.cms.hhs.gov/center/provider.asp.

Plan Name _____
Phone # _____
Fax # _____

Medicare Part D Coverage Determination Request Form

This form cannot be used to request:

- Medicare non-covered drugs, including barbiturates, benzodiazepines, fertility drugs, drugs prescribed for weight loss, weight gain or hair growth, over-the-counter drugs, or prescription vitamins (except prenatal vitamins and fluoride preparations).
- **Biotech or other specialty drugs for which drug-specific forms are required. [See <Part D plan website.>] OR [See links to plan websites at http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/04_Formulary.asp]**

Patient Information		**Prescriber Information**		
Patient Name:		Prescriber Name:		
Member ID#:		NPI# (if available):		
Address:		Address:		
City:	State:	City:		State:
Home Phone:	Zip:	Office Phone #:	Office Fax #:	Zip:
Sex (circle): M F	DOB:	Contact Person:		

Diagnosis and Medical Information		
Medication:	Strength and Route of Administration:	Frequency:
☐ New Prescription OR Date Therapy Initiated:	Expected Length of Therapy:	Qty:
Height/Weight:	Drug Allergies:	Diagnosis:
Prescriber's Signature:		Date:

Rationale for Exception Request or Prior Authorization
FORM CANNOT BE PROCESSED WITHOUT REQUIRED EXPLANATION

☐ Alternate drug(s) contraindicated or previously tried, but with adverse outcome (eg, toxicity, allergy, or therapeutic failure)

➔ Specify below: (1) Drug(s) contraindicated or tried; (2) adverse outcome for each; (3) if therapeutic failure, length of therapy on each drug(s);

☐ Complex patient with one or more chronic conditions (including, for example, psychiatric condition, diabetes) is stable on current drug(s); high risk of significant adverse clinical outcome with medication change

➔ Specify below: Anticipated significant adverse clinical outcome

☐ Medical need for different dosage form and/or higher dosage

➔ Specify below: (1) Dosage form(s) and/or dosage(s) tried; (2) explain medical reason

☐ Request for formulary tier exception

➔ Specify below: (1) Formulary or preferred drugs contraindicated or tried and failed, or tried and not as effective as requested drug; (2) if therapeutic failure, length of therapy on each drug and adverse outcome; (3) if not as effective, length of therapy on each drug and outcome

☐ Other:_____ ➔ Explain below

REQUIRED EXPLANATION:_____
_____
_____
_____

Request for Expedited Review

☐ REQUEST FOR EXPEDITED REVIEW [24 HOURS]

➔ BY CHECKING THIS BOX AND SIGNING ABOVE, I CERTIFY THAT APPLYING THE 72 HOUR STANDARD REVIEW TIME FRAME MAY SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION

Information on this form is protected health information and subject to all privacy and security regulations under HIPAA.