



Information for Medicaid Pharmacy Providers and Prescribers

Pharmacy Program Changes Effective October 1, 2011

Summary

Changes to the Ohio Medicaid Pharmacy program that will be effective on October 1, 2011:

1. Change in pharmacy billing and coverage for members of Medicaid-contracting managed care plans (MCPs)
2. Change to fee-for-service Medicaid Preferred Drug List (PDL)

Policy Guidance

1. Change in pharmacy billing and coverage for members of Medicaid-contracting MCPs

Beginning October 1, 2011, the Medicaid MCPs will resume responsibility for pharmacy coverage and payment for their members. Claims for pharmacy services for consumers enrolled in Medicaid-contracting MCPs should be billed to the appropriate MCP. Claims for managed care consumers submitted by pharmacy providers through ACS, the Medicaid fee-for-service claims processor, will deny with NCPDP edit 41: "submit bill to other processor." Additional messaging will instruct the pharmacy to bill the MCP, and identify the plan by name. The pharmacy should ask the consumer for the MCP identification card to identify the claims processing information and cardholder ID.

Please be reminded that although MCPs that serve Ohio Medicaid consumers cover prescription drugs listed on the Ohio Medicaid list of covered drugs, MCPs may have preferred drug lists and prior authorization requirements that are different from the fee-for-service policy described in this MAL. Please see <http://jfs.ohio.gov/OHP/bmhc/index.stm> for information about Medicaid MCPs. ODJFS and the MCPs are working closely to align prior authorization policies as much as possible to lessen confusion for prescribers and pharmacies.

Questions from pharmacies about contracting with and billing the MCPs should be directed to each plan. Links to each MCP's website are available at <http://jfs.ohio.gov/OHP/bmhc/index.stm>.

Links to each MCP's pharmacy coverage information and a common prior authorization form that can be used with all MCPs are available at <http://jfs.ohio.gov/ohp/bhpp/meddrug.stm>.

MCP Pharmacy Contact Information:

Plan Name	Pharmacy Billing and Contracting Phone	Pharmacy Billing and Contracting Website
AMERIGROUP Community Care	1-800-364-6331 (Caremark)	http://info.cvscaremark.com
Buckeye Community Health Plan	1-800-460-8988 (US Script)	http://www.usscript.com/index.php
CareSource	1-800-488-0134	http://www.caresource.com
Molina Healthcare of Ohio	1-800-642-4168	http://www.molinahealthcare.com
Paramount Advantage	1-800-763-5550 (Express Scripts)	http://www.express-scripts.com
UnitedHealthcare Community Plan of Ohio	1-877-305-8952 (Prescription Solutions)	http://www.uhccommunityplan.com
WellCare of Ohio	1-800-951-7719	http://ohio.wellcare.com

2. Change to fee-for-service Medicaid Preferred Drug List (PDL)

The newest phase of the Ohio Medicaid Preferred Drug List (PDL) will be effective on October 1, 2011. The drug classes were reviewed to determine those products that the Department considers "preferred" for Ohio Medicaid fee-for-service consumers. A "preferred" status in these classes indicates that the product does not require prior authorization (PA) in most situations. Products in these classes that are "non-preferred" are subject to prior authorization.

A "quick list" of preferred drugs is available at <http://jfs.ohio.gov/ohp/bhpp/meddrug.stm>. This site also includes other information about the Ohio Medicaid pharmacy program, including the approved drug list, Pharmacy Provider Manual, PA request fax form, and Pharmacy & Therapeutics Committee information.

As previously mentioned, MCPs may have preferred drug lists and/or prior authorization requirements that are different from the fee-for-service policy described in this MAL.

Beginning in September, messages are sent back to pharmacies when a drug that will change to prior authorization status is dispensed. This gives the pharmacy an opportunity to suggest to prescribers that they consider the use of an alternative "preferred" medication in the future, if appropriate. All prior authorization requests must be initiated by the prescriber or prescriber's staff. Prior authorization may be requested prior to October.

Ohio Medicaid Preferred Drug List changes effective October 1, 2011

Drugs that will require Prior Authorization beginning with date of service 10/1/2011	
Drug class	Drug Name
Analgesics: Gout	Colcrys
Analgesics: Opioids	Kadian
	OxyContin and Oxycodone ER
Cardiovascular: Sympatholytic Antihypertensives	Reserpine
Cardiovascular: Angiotensin Receptor Blockers (ARB) and ARB combinations	All ARBs and ARB combinations will require step therapy: prior treatment with an ACE inhibitor. Patients currently on an ARB/ARB combination will not need to change.
Cardiovascular: Calcium Channel Blockers	Dynacirc CR
Cardiovascular: Lipotropics – Statins	Lescol, Lescol XL
Cardiovascular: Lipotropic-Calcium Channel Blocker Combination	Caduet
Central Nervous System: Antidepressants	Venlafaxine ER Tablet
Central Nervous System: Anti-Migraine	Frova
	Maxalt and Maxalt-MLT
Central Nervous System: Medication Assisted Treatment	Buprenorphine and Subutex
Central Nervous System: Parkinson's	Suboxone
	Requip XL
Endocrine: Amylin Analogs and Incretin Mimetics	Stalevo
	Symlin, Byetta, and Victoza will require step therapy: prior treatment with a non-DPP-4 oral hypoglycemic or insulin. Patients currently on a Symlin, Byetta, or Victoza will not need to change.
Endocrine: Dipeptidyl Peptidase-4 (DPP-4) Inhibitors and DPP-4 combinations	All DPP-4 and DPP-4 combinations will require step therapy: prior treatment with a non-DPP-4 oral hypoglycemic or insulin. Patients currently on a DPP-4 or DPP-4 combination will not need to change.
Endocrine: Estrogen Agents	Activella
	Angeliq
	Climara
	Climara Pro
	Divigel
	Elestrin
	Estrace vaginal cream
	Estraderm
	Estradiol/Norethindrone Acetate 1-0.5MG
	Estrasorb
	Evamist
	Femring
	Femtrace
	Vagifem
Vivelle-Dot	
Endocrine: Osteoporosis	Actonel
Gastrointestinal: Helicobacter Pylori Packages	Prevpac
	Pylera
Gastrointestinal: Ulcerative Colitis	Dipentum
	Pentasa
Genitourinary: Benign Prostatic Hyperplasia	Avodart

Genitourinary: Overactive Bladder	Enablex
Infectious Disease: Oral Cephalosporins	Cedax
Ophthalmic: Antihistamines	Alocril
	Alomide
Ophthalmic: Glaucoma	Lumigan
	Travatan Z
Otic	Coly-Mycin-S
Respiratory: Nasal	Nasonex
Topical Agents: Acne	Azelex
	Clindamycin pledgets
	Differin cream, gel, lotion
	Ziana
Topical Agents: Antifungals	Naftin cream
	Oxistat cream
	Vusion ointment
Topical Agents: Post-Herpetic Neuralgia	Lidoderm
Drugs that will <u>no longer require</u> a Prior Authorization beginning with date of service 10/1/2011.	
Drug class	Drug Name
Cardiovascular: Beta Blocker combinations	Metoprolol/Hydrochlorothiazide
Cardiovascular: Calcium Channel Blockers	Nifedipine immediate release
Cardiovascular: Lipotropics – Bile Acid Sequestrants	Cholestyramine Packets
	Cholestyramine Light Packets
Central Nervous System: Antipsychotics	Risperidone orally disintegrating tablet
Central Nervous System: Parkinson's	Pramipexole immediate release
Central Nervous System: Sedative-Hypnotics	Zaleplon
Central Nervous System: Skeletal Muscle Relaxants	Dantrolene
Endocrine: Estrogen Agents	Estradiol patch
Genitourinary: Overactive Bladder	Oxybutynin Extended Release
	Sanctura, Sanctura XR
Infectious Disease: Oral Cephalosporins	Cefaclor Extended Release
	Cefadroxil 1 gram tablet, suspension
Ophthalmic: Antibiotics	Ciloxan ointment
	Ofloxacin drops
Respiratory: Antihistamine-Decongestant Combination	Cetirizine-Pseudoephedrine
Respiratory: Nasal	Flunisolide
Topical Agents: Acne	Sodium Sulfacetamide-Sulfur 10%/5% lotion, suspension, wash
Topical Agents: Antifungals	Econazole cream