



# MARYLAND MEDICAID PHARMACY PROGRAM

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## ADVISORY

*In an effort to give timely notice to the pharmacy community concerning important pharmacy topics, the Department of Health and Mental Hygiene's (DHMH) **Maryland Pharmacy Program (MPP)** has developed the **Maryland Pharmacy Program Advisory**. To expedite information timely to the pharmacy and prescriber communities, an email network has been established which incorporates the email lists of the Maryland Pharmacists Association, EPIC, CARE, Long Term Care Consultants, headquarters of all chain drugstores and prescriber associations and organizations. It is our hope that the information is disseminated to all interested parties. If you have not received this email through any of the previously noted parties or via DHMH, please contact the MPP representative at 410-767-1455.*

- **Epocrates® Online**
- **Prior Authorization (PA) and Other Pharmacy Forms on the Web**

### Epocrates® Online

There are many initiatives bringing the convenience of online/internet-based healthcare information resources to providers. In June 2008, as part of this trend in healthcare, the Maryland Medicaid Pharmacy Program placed all HealthChoice and Primary Adult Care Managed Care Organizations' drug formularies on the web at Epocrates.com. A prescriber or pharmacist can query Epocrates® about any drug and find out the coverage status of that drug in any one of these plans.

The Epocrates® Online Service is free. It is accessible online from a desktop or laptop personal computer or Smart Phone. It can also be downloaded into a PDA device. The Maryland Medicaid fee-for-service Preferred Drug List (PDL) has been available on Epocrates® since August of 2006.

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- Epocrates® will be updated monthly with MCO formulary changes and any fee-for-service PDL changes.
  - Coverage status of each drug is listed along with contact information and comments for each drug, including, for example, actual quantity limits for those drugs that have limits, or contact information to call to request prior authorization (PA) for drugs which require PA.
  - The free system also provides drug label information, pictures to identify tablets and capsules, and a drug-drug interaction checker.

Below is a brief introductory tutorial for getting started with the Epocrates® system.

1. Register for your free user account at [www.epocrates.com](http://www.epocrates.com)
2. Once your account is active the system will take you to the “**Epocrates® Online**” webpage
3. Select “[Edit Formulary List](#)” near the middle of the top of the page
4. Next to “**Select State**” use the drop down box to select “**Maryland**”
5. Next to “**Select Category**” use the drop down box to select “**Health Plans**”
6. Then select the Maryland Medicaid HealthChoice, PAC or fee-for-service plans that you need to check. They are listed as follows:

AMERIGROUP MD Medicaid  
Diamond MD Medicaid  
Jai Medical Systems Medicaid  
Jai Medical Systems PAC

Maryland Physicians Care\*  
MedStar Family Choice  
MD Medicaid (fee-for-service)  
Priority Partners MD Medicaid\*  
UnitedHealthcare MD Medicaid\*

\*Maryland Physicians Care, Priority Partners MD Medicaid, and UnitedHealthcare MD Medicaid also have PAC formularies, but these plans use the same formulary for HealthChoice and PAC. The Jai Medical System PAC formulary differs slightly from their HealthChoice formulary and is listed separately.

7. Once you have added the selected plans to your list of formularies, select the “**DRUGS**” tab on the top of the page
8. Then next to “**Select Formulary**” use the drop down box to select the formulary you wish to review
9. Once the formulary is selected, drugs can be searched by drug class or alphabetically by drug name

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The following are the Formulary Service Codes used by Epocrates® for the HealthChoice, PAC and fee-for-service plans:

<b>AG</b>	Age Restriction applies
<b>GP</b>	Generics preferred; brands non-formulary or higher co-pay <sup>1</sup>
<b>N</b>	Non-Formulary (means Non-Preferred in fee-for-service plan)
<b>NC</b>	Not Covered
<b>OTC</b>	Over The Counter – check with the plan to determine if the OTC drug is covered
<b>PA</b>	Prior Authorization required
<b>QL</b>	Quantity limits apply
<b>ST</b>	Step Therapy applies
<b>Y</b>	On Formulary (means covered drug in fee-for-service plan)
<b>MB</b>	May be Covered under Medical Benefits
<b>P</b>	Preferred (used only with fee-for-service plan)
<b>SP</b>	Available by Specialty Pharmacy <sup>2</sup>

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<sup>1</sup> Epocrates® lists multi-source brand products by both brand name and generic name. For the following plans: Fee-for-service, Priority Partners MD Medicaid, UnitedHealthcare MD Medicaid, AMERIGROUP MD Medicaid and Maryland Physicians Care, brand drugs for which only the generic is covered are coded “GP”, covered generic drugs are coded as “Y”. The other plans may use a different coding scheme and brand drugs for which only generics are covered may be listed as “N” or “NF”. Always check the listing of the drug under the generic name to determine coverage or contact the plan.

<sup>2</sup> Many drugs available from specialty pharmacies may also require prior authorization. Check with the individual plan for details.

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## Prior Authorization and Special Invoice Forms on the Web

All of the forms that Maryland Pharmacy Program (fee-for-service Medicaid) employs to review requests for the following purposes are available from the website <http://www.mdrxprograms.com/ooep.html#FRM>. Providers can print these forms from the web at any time and avoid the need to telephone the State to request that one of them be faxed. The completed form can then be faxed to the appropriate number as indicated on each form. Each form also gives a telephone number to call with questions or follow-up.

**MedWatch** (brand-name drug)

### Prior Authorizations

Non-Preferred Drugs (Preferred Drug List at [http://www.providersynergies.com/services/documents/MDM\\_PDL.pdf](http://www.providersynergies.com/services/documents/MDM_PDL.pdf))  
Fentanyl buccal and lozenges

### Specialty Drugs

Botox  
Growth Hormones  
High Cost Drugs (exceeding \$2,500) and Off Label Uses  
Kuvan  
Orfadin  
Revatio  
Revlimid  
Serostim  
Synagis

### Requests for Quantity Overrides

Non-optimal doses of atypical antipsychotic drugs  
Anti-migraine (Triptans) drugs

### Special billing forms and instructions for

Clotting factors  
Nutritional supplements  
IV Compounds