

# Pharmacy Reference Guide

## Pharmacy Provider Services

Providers and pharmacies with questions regarding AmeriHealth Caritas District of Columbia's benefit coverage or claims transmission issues may call Pharmacy Provider Services at **1-888-602-3741** for assistance.

<b>Pharmacy network and contracting</b>	Phone: <b>1-800-555-5690</b> Email: <a href="mailto:pharmacynetwork@performrx.com">pharmacynetwork@performrx.com</a>
<b>Pharmacy prescription claims processing information</b>	Darwin Pharmacy Solutions: <b>AmeriHealth Caritas District of Columbia</b> Bank identification number (BIN): <b>019595</b> Processor control number (PCN): <b>06280000</b>
<b>Pharmacy online directory</b>	<a href="http://www.amerihhealthcaritasdc.com/apps/pharmacy-directory/index.aspx">www.amerihhealthcaritasdc.com/apps/pharmacy-directory/index.aspx</a>

## Prior authorization

Phone: **1-888-602-3741**

Fax: **1-855-811-9332**


### How to submit a request for pharmacy prior authorization

<b>Online</b>	Use the online prior authorization form: Go to <a href="http://www.amerihhealthcaritasdc.com/provider/resources/forms">www.amerihhealthcaritasdc.com/provider/resources/forms</a> and select the <b>Online Pharmacy Prior Authorization Request Form</b> . Providers can use this form to: <ul style="list-style-type: none"> <li>• Electronically submit all relevant member information</li> <li>• Attach member-specific documents, such as lab results, chart notes, and consultation documentation</li> <li>• Save unique provider information to expedite future web submissions</li> <li>• Print a summary page for easy reference</li> </ul>
<b>By fax</b>	Fax the <b>Universal Pharmacy Prior Authorization Form</b> to <b>1-855-811-9332</b> .
<b>By phone</b>	Call Pharmacy Services at <b>1-888-602-3741</b> .

**Specialty and injectable request forms:** Specialty drugs include unusually high-cost oral, inhaled, injectable, and infused pharmaceuticals prescribed for a relatively narrow spectrum of diseases and conditions.



Plan limitations	
<b>Days supply</b>	≤ 34 (see exceptions in 90-day section below)
<b>90-Day Supply Program</b>	<ul style="list-style-type: none"> <li>• Provider must prescribe 90-day supplies for the pharmacy to dispense a 90-day supply</li> <li>• Selected generic medication requires a 90-day supply</li> </ul>
<b>Mail-order pharmacy</b> Maintenance medications used to treat chronic (long-term) conditions	<ul style="list-style-type: none"> <li>• Walgreens Mail Service Pharmacy</li> <li>• Participants are entitled to 61 – 90 days (up to a three-month supply)</li> </ul>
<b>Units</b>	≤ 150
<b>Temporary supply</b>	Five days for new medication
<b>Transition supply</b>	Available during the first 60 days in which members are newly enrolled with the plan
<b>Refill frequency</b>	≥ 85 percent of the medication must be utilized (26 days of a 30-day supply).

Formulary			
<b>Copay</b>	\$0 copay for brand or generic medication		
<b>Mandatory generic</b>	Requests for “brand necessary” require prior authorization.		
<b>Closed</b>	All formulary decisions are voted on by the Pharmacy and Therapeutics committee and approved by the Department of Health Care Finance.		
<b>Searchable formulary</b> 	For the most current formulary information, visit <a href="http://www.amerihhealthcaritasdc.com/apps/formulary-medicaid/index.aspx">www.amerihhealthcaritasdc.com/apps/formulary-medicaid/index.aspx</a> . You can also scan the QR code at left with your mobile device.		
<b>Printable formulary</b>	For the most current formulary information, visit <a href="http://www.amerihhealthcaritasdc.com/pdf/member/drug-formulary.pdf">www.amerihhealthcaritasdc.com/pdf/member/drug-formulary.pdf</a> .		
<b>AIDS/HIV medications are carve-out medications and are not covered through the pharmacy benefit. (excluding pre-exposure prophylaxis Truvada®)</b>	The AIDS Drug Assistance Program pharmacy network provides HIV/AIDS-related prescription coverage for members diagnosed with HIV/AIDS.		
<b>Prior authorization required (list is not exhaustive)</b>	<table border="0"> <tr> <td> <ul style="list-style-type: none"> <li>• All non-formulary medications</li> <li>• All prescriptions that exceed plan limits (see plan limitations above)</li> <li>• Non-formulary prescriptions that exceed \$1,000</li> <li>• Compounded prescriptions that exceed \$200</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• Self-injectable medications other than formulary insulin, glucagon, haloperidol, haloperidol decanoate, fluphenazine, fluphenazine decanoate, and EpiPen®</li> <li>• Early refills</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• All non-formulary medications</li> <li>• All prescriptions that exceed plan limits (see plan limitations above)</li> <li>• Non-formulary prescriptions that exceed \$1,000</li> <li>• Compounded prescriptions that exceed \$200</li> </ul>	<ul style="list-style-type: none"> <li>• Self-injectable medications other than formulary insulin, glucagon, haloperidol, haloperidol decanoate, fluphenazine, fluphenazine decanoate, and EpiPen®</li> <li>• Early refills</li> </ul>
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<b>Other notes</b>	<ul style="list-style-type: none"> <li>• <b>Over-the-counter (OTC):</b> Some products may be covered with a prescription</li> <li>• <b>School supply:</b> Some products may be covered with a prescription</li> <li>• <b>Out-of-network pharmacy services</b> require an override</li> </ul>		



<p><b>Requests for formulary additions or modifications</b></p>	<p>Members and providers can make requests for formulary additions or modifications by visiting <a href="http://www.amerihealthcaritasdc.com/pdf/provider/forms/addition-to-formulary.pdf">www.amerihealthcaritasdc.com/pdf/provider/forms/addition-to-formulary.pdf</a>.</p>
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**Durable medical equipment (DME) covered under pharmacy benefit\***

<p><b>Blood glucose meters (one blood glucose meter per 365 days)</b></p>	<p>Roche® products</p> <ul style="list-style-type: none"> <li>• Accu-Chek® Guide glucose meter</li> </ul>	
<p><b>Diabetes testing supplies</b></p> <ul style="list-style-type: none"> <li>• Members using insulin, Byetta®, or Symlin® can get 100 strips per month. Members on oral medications only (non-insulin users) can get 50 strips per month.</li> <li>• Pregnant members can get 100 strips per month</li> </ul>	<ul style="list-style-type: none"> <li>• Lancets</li> <li>• Testing strips (for the above meters)</li> </ul>	<ul style="list-style-type: none"> <li>• Control solution</li> <li>• Alcohol swabs</li> </ul>
<p><b>Aerochambers and peak flow meters</b></p>	<p>Must be billed for a quantity of “1” with a day supply of “365.” Quantity limit is two per year without prior authorization.</p>	
<p><b>Blood pressure monitors (kits and cuffs)</b> <b>Dollar limit ≤ \$60</b></p>	<p>Must be billed for a quantity of “1” with a day supply of “365.”</p>	
<p><b>Vaporizers</b></p>	<p>Must be billed for a quantity of “1” with a day supply of “365.”</p>	
<p><b>Humidifiers</b></p>	<p>Must be billed for a quantity of “1” with a day supply of “365.”</p>	
<p><b>Note:</b> Any DME items not on this list would be handled by the AmeriHealth Caritas District of Columbia Utilization Management (UM) department. The UM department can be reached at <b>1-800-408-7510</b>. DME requests can be faxed to <b>1-877-759-6216</b>.</p>		
<p>* Only products listed by Medi-Span and loaded into Darwin Pharmacy Solutions are potentially billable via the pharmacy benefit.</p>		

**Recipient restriction**

Eligible members may be restricted to any combination of their primary care provider (PCP) and pharmacy.

Providers who suspect member fraud, waste, or abuse of services can refer a member to the Recipient Restriction Program by calling the AmeriHealth Caritas District of Columbia Abuse Hotline at **1-866-833-9718** or by email. **Refer a member for the Recipient Restriction (Lock-In) Program** or contact the Director of Pharmacy at [tdavis4@amerihealthcaritasdc.com](mailto:tdavis4@amerihealthcaritasdc.com).

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[www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com)