Oklahoma Medicaid Pharmacy Update

Pharmacy Help Desk Telephone Numbers (405) 271-6349 or 1-800-831-8921
OHCA Website www.ohca.state.ok.us ● Email: Medicaidrx@ohca.state.ok.us

December 12, 2005

Dear Pharmacy Provider,

Moving from Fee-for-Service Medicaid Drug Benefit to Medicare Part D Prescription Benefit

Medicare Prescription Drug Plans (PDPs) are required to have an appropriate transition process when a patient has been stabilized on a medication at the time they join the plan. This includes patients that are covered by both Medicare and Medicaid, commonly referred to as dual eligibles. The transition process is not standard and may vary from plan to plan. Plans may require the pharmacist or prescriber to contact the plan to verify that a patient has been stabilized on a drug before allowing an initial prescription to be processed. Most plans will allow a short term supply of a non-formulary drug to allow time for the prescriber to re-evaluate the patient's drug needs and change the prescription or initiate an exception request.

The Center for Medicaid and Medicare Services (CMS) has instructed PDPs that they must make special provisions for patients who already stabilized on drugs so that there is no gap in coverage in the following six classes-- antidepressants, antipsychotics, anticonvulsants, cancer chemotherapy, immunosuppressants and anti-retrovirals for HIV/AIDS.

Prescribers are encouraged to take action to ensure that recipients will continue with their necessary drug regimen. This may entail switching a recipient to a covered formulary drug or initiating step therapy, if appropriate, or obtaining an exception authorization through the PDP.

Pharmacists are encouraged to pay attention to any special messaging they may receive through the claims processing system. Some messages may include information regarding the need for prior authorization or some other action (calling a plan's hotline to ensure the processing of a transition supply of drug). The pharmacist must also provide information to the patient regarding the exception and appeal process if a drug is not covered by the plan. Pharmacists may be asked by the patient to assist them with this process.

Patients are encouraged to choose a plan that best meets their needs. They may need help checking with plans for information on drug coverage, any drug utilization requirements such as prior authorization or step therapy, and whether their current pharmacy is in their plan's pharmacy network.

How Providers Can Help

Providers, along with their staff, may be key contacts for patients who have questions about these changes. New educational materials for you and your staff are available by contacting Medicare at 1-800-MEDICARE or by going to their web site: http://www.cms.hhs.gov/medlearn/drugcoverage.asp for training and educational materials. We encourage you and your staff to become familiar with the information from Medicare so that you can be responsive to your patient's questions. Call the **Medicare Pharmacy Line** at **(866) 835-7595**. CMS customer service representatives are available to help Pharmacists identify the beneficiary's plan by providing the pharmacy NCPDP number as well as some basic information about the beneficiary.

Thank you for your continued service to Oklahoma's Medicaid clients.