

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.

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

Prior authorization

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

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


How to submit a request for pharmacy prior authorization

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

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

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



<p>Requests for formulary additions or modifications</p>	<p>Members and providers can make requests for formulary additions or modifications by visiting www.amerihealthcaritasdc.com/pdf/provider/forms/addition-to-formulary.pdf.</p>	
<p>Blood glucose meters (one blood glucose meter per 365 days)</p>	<p>Roche® products</p> <ul style="list-style-type: none"> • Accu-Chek® Guide glucose meter 	
<p>Diabetes testing supplies</p> <ul style="list-style-type: none"> • 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. • Pregnant members can get 100 strips per month 	<ul style="list-style-type: none"> • Lancets • Testing strips (for the above meters) 	<ul style="list-style-type: none"> • Control solution • Alcohol swabs
<p>Aerochambers and peak flow meters</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>Blood pressure monitors (kits and cuffs) Dollar limit ≤ \$60</p>	<p>Must be billed for a quantity of “1” with a day supply of “365.”</p>	
<p>Vaporizers</p>	<p>Must be billed for a quantity of “1” with a day supply of “365.”</p>	
<p>Humidifiers</p>	<p>Must be billed for a quantity of “1” with a day supply of “365.”</p>	
<p>Note: 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 1-800-408-7510. DME requests can be faxed to 1-877-759-6216.</p>		
<p>* Only products listed by Medi-Span and loaded into Darwin Pharmacy Solutions are potentially billable via the pharmacy benefit.</p>		

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.

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www.amerihealthcaritasdc.com