

ISSUE DATE February 18, 2014	EFFECTIVE DATE February 1, 2014	NUMBER 99-14-05
SUBJECT Specialty Pharmacy Drug Program – Updated List of Covered Drugs – Pharmacy Services		BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: On **October 1, 2014**, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. Additional information is available on the DPW website at: http://www.dpw.state.pa.us/provider/icd10information/P_012571

PURPOSE:

The purpose of this Bulletin is to inform providers that the Department of Public Welfare (Department) is adding Olysio (simeprevir) and Sovaldi (sofosbuvir) to the scope of drugs covered under the Specialty Pharmacy Drug Program and to provide a copy of the updated list of covered drugs.

SCOPE:

This bulletin applies to all licensed pharmacies enrolled in the Medical Assistance (MA) Program and all prescribing providers rendering services to MA recipients who receive their services in the fee-for-service (FFS) delivery system, including pharmacy services provided to residents of long term care facilities.

BACKGROUND:

The Department published MA Bulletin Number 99-09-01, Subject: Specialty Pharmacy Drug Program, announcing implementation of the Specialty Pharmacy Drug Program, effective January 12, 2009. Under this Program, MA recipients in the FFS delivery system are required to obtain their specialty drugs from either of the Department’s preferred specialty providers, Accredo Health Group or Walgreens Specialty Pharmacy, LLC. This MA Bulletin also:

- Identified which MA recipients are required to get their specialty drugs from a preferred specialty drug provider and which MA recipients are exempt from participation in the Program;
- Identified the MA Program pharmacy regulations and requirements that continue to apply to specialty pharmacy drugs and any exceptions;

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at
<http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm>

- Provided contact information for Accredo Health Group and Walgreens Specialty Pharmacy, LLC;
- Delineated the procedures to access specialty pharmacy drugs; and
- Described the services covered under the Specialty Pharmacy Drug Program.

Providers can view the MA Bulletin at the following site:

<http://www.dpw.state.pa.us/publications/bulletinsearch/bulletinselected/index.htm?bn=99-09-01>

The Department's website also includes information about the Specialty Pharmacy Drug Program at:

<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/pharmacyservices/specialtypharmacydrugprograminformationforaproviders/index.htm>

DISCUSSION:

The Specialty Pharmacy Drug Program applies to all MA Program recipients who receive their pharmacy services under the FFS delivery system. MA recipients, whose healthcare benefit packages include pharmacy services and are prescribed a specialty medication covered under the Specialty Pharmacy Drug Program, must get that drug from one of the Department's preferred providers.

Exemptions - The Specialty Pharmacy Drug Program does not apply to MA recipients who:

1. Are enrolled in a MA physical health managed care organization; or
2. Have a third party resource that provides primary coverage of their pharmacy services. Examples include but are not limited to private health insurance and Medicare.

If the MA recipient's other public or private third party coverage does not provide coverage of a medically necessary specialty medication and the MA Program is the primary source of payment, the MA recipient will be required to secure that drug from one of the Department's preferred providers.

The scope of drugs covered under the Specialty Pharmacy Drug Program is listed in the Attachment to this Bulletin. Olysio (simeprevir) and Sovaldi (sofosbuvir) will be added to the scope of coverage effective February 1, 2014.

Effective February 1, 2014, the Department will limit payment for the medication listed in the attachment to the Department's preferred providers. The Department will no longer make payment to pharmacies and dispensing providers for these

medications. However, the Department will continue to make payment to the dispensing providers for the administration of these specialty medications.

The contact information for the Department's preferred providers of specialty medications is as follows:

Accredo Health Group
Telephone: 1-888-745-7453
FAX: 1-888-686-1046

Walgreen's Specialty Pharmacy, LLC
Telephone: 1-877-220-6194
FAX: 1-877-231-8302

ATTACHMENT:

[Attachment – Specialty Pharmacy Drug Program List of Covered Drugs](#)