

MEDICAL ASSISTANCE BULLETIN

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NUMBER

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SUBJECT

Specialty Pharmacy Drug Program

BY


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PURPOSE:

The purpose of this Bulletin is to:

1. Inform providers that the Department of Public Welfare (Department) is implementing a Specialty Pharmacy Drug Program.
2. Issue instructions on how to access drugs under the Specialty Pharmacy Drug Program.

SCOPE:

This Bulletin applies to all licensed pharmacies and prescribing providers enrolled in the Medical Assistance (MA) Program.

BACKGROUND:

Federal law permits States to request approval from the Centers for Medicare and Medicaid Services (CMS) to waive specific provisions of the Social Security Act. The Department sought and received approval from CMS to implement the Specialty Pharmacy Drug Program and require Medical Assistance (MA) Program recipients to obtain their specialty pharmacy medications from providers designated as preferred providers. The Department issued a Request for Proposals (RFP) and selectively contracted with two specialty pharmacies to provide specialty medications to MA recipients who receive their pharmacy services under the Fee-for-Service (FFS) delivery system and reside in the 42-county area of Pennsylvania shown on the map in Attachment 1.

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 www.dpw.state.pa.us/omap

DISCUSSION:

The Department's objectives in establishing a Specialty Pharmacy Drug Program are as follows:

- To provide a reliable and convenient dispensing and delivery system for providers and MA recipients that facilitates care in clinically appropriate settings.
- To provide a clinical support system designed to optimize therapy management, care coordination, and patient compliance.
- To provide cost-effective services through an accountable Specialty Pharmacy Drug Program.

Specialty Pharmacy Drug Program Preferred Providers

The Department selected the following nationally accredited specialty pharmacy providers through the competitive bidding process to serve as the Department's preferred providers of specialty medications:

Accredo Health Group

Telephone: 1-888-745-7453

FAX: 1-888-686-1046

Medmark, A Walgreens Specialty Pharmacy.

Telephone: 1-877-220-6194

FAX: 1-877-231-8302

Scope of Drugs Covered Under the Specialty Pharmacy Drug Program

All medications listed in Attachment 2 will be covered under the Specialty Pharmacy Drug Program. Effective January 12, 2009, the Department will limit payment for the medications listed in Attachment 2 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 dispensing providers for the administration of these specialty medications.

The Department will periodically update the list of medications covered under the Specialty Pharmacy Drug Program and will notify all providers of any changes to the list of covered medications in advance of any changes.

NOTE: The restriction on payment to the Department's preferred providers applies only to the scope of medications designated by the Department as drugs covered under the Specialty Pharmacy Drug Program. MA recipients maintain their freedom to choose to get all other non-specialty medications from any provider enrolled in the MA Program and licensed to dispense medications who is willing to serve them. This includes pharmacies and dispensing providers.

MA Program Recipient Coverage and Exemptions

The Specialty Pharmacy Drug Program applies to all MA Program recipients who reside in the 42-county area of Pennsylvania shown on the map in Attachment 1 and receive their pharmacy services under the Fee-for-Service (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.

MA Program Pharmacy Regulations and Requirements

All regulations in Title 55 Chapters 1101, 1121, and 1150 related to pharmacy services continue to apply to specialty pharmacy medications with the following exceptions:

1. The payment methodology in Chapter 1121 will not apply; fees are negotiated under selective contracting.
2. The requirement for co-payments in Chapter 1101 will not apply; all specialty pharmacy medications dispensed by the specialty pharmacy preferred providers are exempt from co-payments.
3. The requirements related to the Restricted Recipient Program in Chapter 1101 will not apply to the scope of drugs covered under the Specialty Pharmacy Drug Program; MA recipients in the Restricted Recipient Program must get their specialty medications from one of the Department's preferred providers. MA recipients in the Restricted Recipient Program must continue to get all other non-specialty medications from their restricted providers.

In addition, all operational provisions and utilization controls related to the coverage of and payment for pharmacy services continue to apply. This includes drugs subject to the Preferred Drug List (PDL), requirements for prior authorization and the guidelines to determine medical necessity, and quantity limits. For example, if a specialty pharmacy drug requires prior authorization, the prescribing provider must still request prior authorization in accordance with the procedures delineated in the Prior Authorization of Pharmacy Services Handbook.

PROCEDURE:

The following describes the procedures for prescribers and providers to access specialty pharmacy medications, ancillary supplies and nursing services, when needed, based upon the site of administration of the specialty pharmacy medication.

<p>Dispensing and Delivery Services for Specialty Drugs and Refills Administered in a Provider's Office</p>
<p>1. The prescribing provider can call or fax the prescription for a specialty medication to the MA recipient's preferred specialty pharmacy provider at the contact numbers listed above.</p>
<p>2. The specialty pharmacy provider will ask the prescribing provider to identify where, when and how often the prescription should be delivered.</p>
<p>3. At initiation of therapy (either a new prescription or the first time using the preferred specialty pharmacy provider), the specialty pharmacy provider will contact the prescribing provider and/or the MA recipient to collect patient information. During the call to the MA recipient, the specialty pharmacy provider will inform the patient about the specialty pharmacy provider's patient care coordination services.</p>
<p>4. The specialty pharmacy provider will mail information packets to the MA recipient. Information for the prescribing provider will be included with the specialty pharmacy medication when delivered to the provider.</p>
<p>5. The specialty pharmacy provider will deliver the specialty medication to the prescribing provider's office on the date requested by the prescribing provider.</p>
<p>6. The prescribing provider should notify the specialty pharmacy provider of any changes to the original prescription.</p>
<p>7. The specialty pharmacy will contact the prescribing provider to confirm that the patient is still on therapy before delivering a refill and when a new prescription is required. NOTE: The specialty provider will not deliver the specialty drug without this confirmation.</p>

Dispensing and Delivery Services for Specialty Drugs and Refills Administered in a MA Recipient's Home

1. The prescribing provider can call or fax the prescription for a specialty medication to the MA recipient's preferred specialty pharmacy provider at the contact numbers listed above. The prescribing provider can also order any ancillary supplies needed for administration in the home and, if required, in-home nursing services to administer the specialty medication.
2. If the MA recipient is currently taking a specialty medication that was previously dispensed by a pharmacy, either the prescribing provider may contact the specialty pharmacy provider to order the specialty medication or the MA recipient may contact the specialty pharmacy provider and ask them to contact the prescribing provider for a new prescription.
3. At initiation of therapy (either a new prescription or the first time using the specialty pharmacy provider), the specialty pharmacy provider will contact the MA recipient to collect patient information, inform the patient about the specialty pharmacy provider's patient care coordination services, make arrangements for home delivery of the specialty medication and any required ancillary supplies, and coordinate in-home nursing services if required.
4. If nursing services are needed to administer the specialty medication in the home, the MA recipient has the option to use nursing services provided by the specialty pharmacy provider or ask the specialty pharmacy provider to coordinate with the home health provider that the MA recipient is currently using or a MA Program enrolled home health provider that the MA recipient chooses.
 - a. Home health agencies must follow the standard procedures to request prior authorization of their services. The home health agency will be asked to identify the drug to be administered in the home as part of the request for prior authorization of the requested home health services.
 - b. If the MA recipient opts to use the nursing services provided by the specialty pharmacy provider, the specialty pharmacy provider will be responsible for requesting prior authorization of those services.
5. The specialty pharmacy provider will include information packets for the MA recipient with the specialty medication or in a separate mailing.
6. The specialty pharmacy will contact the MA recipient to confirm that the patient is still on the therapy before delivering a refill and when a new prescription is required. NOTE: The specialty provider will not deliver the specialty drug without this confirmation.

Clinical Support System Services

In addition to dispensing and delivery of specialty medications and ancillary supplies and coordination of nursing services, both of the Department's preferred specialty pharmacy providers offer a clinical support system for MA recipients that includes, but is not limited to the following services:

1. A toll free call center available 24 hours per day, 7 days per week to respond to MA recipient's questions about their medications
2. Personal medications counseling including, but not limited to:
 - a. Identification of side effects of medications and how to handle side effects
 - b. Storing medications properly
3. Directions for therapy administration and management
4. Monitoring compliance
5. Care coordination

Communications and Outreach

For Providers: The Department provided the preferred specialty pharmacy providers with a list of providers currently prescribing drugs designated as specialty medications. The specialty pharmacy providers will be sending a letter of introduction to all of those providers that includes a description of the services the preferred specialty pharmacies provide, and their contact information.

For MA Recipients: The Department will send client specific notices to all MA recipients with a recent history of a paid claim for a specialty medication. The client specific notice identifies the medication and explains what the MA recipient has to do to continue to get that drug. The notice instructs the MA recipient to contact the prescribing provider or the preferred specialty pharmacy provider to ensure no interruption in service. A copy of the client notice is included in Attachment 3.

ATTACHMENTS:

Attachment 1 – Specialty Pharmacy Drug Program Map

Attachment 2 – Specialty Pharmacy Drug Program List of Covered Drugs

Attachment 3 – MA Program Client Notice