


<b>ISSUE DATE</b>  September 9, 2020	<b>EFFECTIVE DATE</b>  October 1, 2020	<b>NUMBER</b>  *See below
<b>SUBJECT</b>  Specialty Pharmacy Drug Program Preferred Specialty Pharmacy Providers – Pharmacy Services		<b>BY</b>   Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at:  
[http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S\\_001994](http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994).

**PURPOSE:**

The purpose of this bulletin is to:

1. Inform providers that the preferred specialty pharmacies participating in the Department of Human Services (Department) Fee-for-Service (FFS) Specialty Pharmacy Drug Program will change effective October 1, 2020.
2. Review instructions for providers to access drugs included in the Specialty Pharmacy Drug Program.

**SCOPE:**

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program and providing services to MA beneficiaries in the FFS delivery system. Providers rendering services to MA beneficiaries in the MA managed care delivery system should address any questions related to specialty pharmacy to the appropriate managed care organization (MCO).

*01-20-09	09-20-08	27-20-05	33-20-05
02-20-03	11-20-03	30-20-02	
03-20-03	14-20-04	31-20-09	
08-20-12	24-20-04	32-20-02	

<p><b>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</b></p> <p>The appropriate toll-free number for your provider type</p> <p>Visit the Office of Medical Assistance Programs Web site at  <a href="http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm">http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm</a></p>
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## **BACKGROUND:**

Federal law permits states to request approval from the Centers for Medicare & Medicaid Services (CMS) to waive specific provisions of the Social Security Act. The Department sought and received approval from CMS to require all MA beneficiaries whose pharmacy services are covered under the FFS program to obtain their specialty pharmacy medications from providers designated as preferred specialty pharmacy providers. The Department contracts with two specialty pharmacies to serve as preferred specialty pharmacy providers for MA beneficiaries who receive pharmacy benefits in the FFS delivery system. FFS beneficiaries must obtain drugs included in the Specialty Pharmacy Drug Program from one of the Department's preferred specialty pharmacy providers.

The Department's objectives for the FFS Specialty Pharmacy Drug Program are as follows:

- To provide a reliable and convenient dispensing and delivery system for prescribers and MA beneficiaries that facilitates quality care.
- To provide a clinical support system designed to optimize drug therapy management, care coordination, and patient adherence.
- To provide cost-effective services through accountable preferred specialty pharmacy providers.

The FFS Specialty Pharmacy Drug Program does not apply to MA beneficiaries who are enrolled in a Physical Health HealthChoices or Community HealthChoices MCO or whose medications are covered by a third party resource, including Medicare or a private health insurance plan, unless those plans do not cover the specialty drug and the specialty drug is covered by the MA FFS program.

## **DISCUSSION:**

### **Scope of Drugs Included in the FFS Specialty Pharmacy Drug Program**

Specialty drugs include but are not limited to medications that:

- Are administered by injection or infusion.
- Are used to treat chronic and/or life-threatening medical conditions.
- Are high cost and associated with complex dosing regimens.
- Require training for administering the drug.
- Require additional patient education, monitoring, or counseling.
- Require temperature control or other specialized handling.

The list of drugs included in the FFS Specialty Pharmacy Drug Program is available on the Department's website at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Specialty-Pharmacy-Program.aspx> and is included in Attachment 1 of this MA

Bulletin. The Department will periodically update the list of drugs included in the Specialty Pharmacy Drug Program and will notify providers in advance of any changes.

The Department will not make payment to other enrolled pharmacies or dispensing prescribers for drugs included in the FFS Specialty Pharmacy Drug Program. However, the Department will continue to make payment to dispensing prescribers for administration of these medications.

### **Preferred Specialty Pharmacy Drug Program 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 medications included in the Specialty Pharmacy Drug Program beginning October 1, 2020:

**Accredo Health Group**

Phone: 877-766-3608

Fax: 888-302-1028

Website: <https://accredo.com/>

**Chartwell Pennsylvania**

Phone: 833-710-0211

Fax: 412-920-1869

Website: <https://www.chartwellpa.com/>

The Department provided the preferred specialty pharmacy providers with a list of prescribers currently prescribing drugs designated as specialty medications to MA beneficiaries whose pharmacy services are covered under the FFS program. The specialty pharmacy providers will send a letter of introduction to those prescribers that includes a description of the services provided by the preferred specialty pharmacies and the pharmacy's contact information.

The Department sent client-specific notices to all MA beneficiaries with a recent history of a paid claim for a drug included in the Specialty Pharmacy Drug Program. The client-specific notice identifies the specialty medication and explains what the MA beneficiary must do to continue to get that drug. The notice instructs the MA beneficiary to contact their prescriber or the preferred specialty pharmacy provider to ensure that they do not experience any interruption in service. A copy of the client-specific notice is included in Attachment 2.

### **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 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 copayments in Chapter 1101 will not apply. All specialty medications dispensed by the preferred specialty pharmacy providers are exempt from copayments.
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 beneficiaries in the Restricted Recipient Program must get their specialty medications from one of the Department's preferred specialty pharmacy providers. MA beneficiaries in the Restricted Recipient Program must continue to get all other non-specialty medications from their restricted providers.

In addition, specialty drugs may be subject to the Statewide Preferred Drug List (PDL), requirements for prior authorization and corresponding guidelines to determine medical necessity, and quantity limits/daily dose limits.

### **PROCEDURE:**

The following describes procedures regarding specialty drugs and medications.

#### **Accessing a Drug Included in the Specialty Pharmacy Drug Program**

1. The prescriber may call, fax, or electronically transmit the prescription for a specialty medication to the MA beneficiary's preferred specialty pharmacy provider listed above. If the MA beneficiary is currently taking a specialty medication that was previously dispensed by another pharmacy, the MA beneficiary can contact the preferred specialty pharmacy provider and ask the specialty pharmacy to contact the prescriber for a new prescription or contact the other pharmacy to obtain a transfer of the current prescription.

If the specialty drug is to be administered in the MA beneficiary's home, the prescriber may also order any ancillary supplies needed for administration and, if necessary, indicate the in-home health provider that the beneficiary prefers to administer the specialty medication.

NOTE: If the specialty medication requires prior authorization, the prescriber must initiate the request for prior authorization with the Department before contacting the preferred specialty pharmacy provider. Please refer to the "Prior Authorization for Drugs Included in the Specialty Pharmacy Drug Program" section included below in this bulletin.

2. The prescriber should identify where, when, and how often the specialty medication should be delivered. If the prescriber does not provide this information with the prescription, the preferred specialty pharmacy provider will contact the prescriber to obtain this information.

3. At initiation of therapy (either a new prescription or the first time using the preferred specialty pharmacy provider), the preferred specialty pharmacy provider will contact the prescriber and/or the MA beneficiary to collect patient information.
4. The preferred specialty pharmacy provider will contact the MA beneficiary to provide information about the preferred specialty pharmacy provider's patient care coordination services.
5. If the prescriber indicated to the preferred specialty pharmacy that the specialty medication should be delivered to the MA beneficiary, the preferred specialty pharmacy will contact the MA beneficiary to arrange for delivery.
6. The preferred specialty pharmacy will coordinate in-home nursing services to administer the specialty drug to the MA beneficiary when necessary.
7. The preferred specialty pharmacy provider will mail a packet containing information about the beneficiary's specialty medication, the services offered by the preferred specialty pharmacy provider, and details about how to contact the preferred specialty pharmacy provider to the MA beneficiary.
8. The preferred specialty pharmacy provider will deliver the specialty medication to the prescriber's office, MA beneficiary's home or work, or other chosen location on the "needs by" date requested by the prescriber.
9. The preferred specialty pharmacy provider will contact the prescriber and/or the MA beneficiary to confirm that the beneficiary is still receiving therapy with the specialty medication prior to delivering a refill. NOTE: The preferred specialty pharmacy provider will not deliver the specialty drug without this confirmation.

### **Prior Authorization for Drugs Included in the Specialty Pharmacy Drug Program**

If the prescribed specialty medication requires prior authorization, the prescriber must initiate the request for prior authorization before contacting the preferred specialty pharmacy provider. Providers may refer to the list of drugs included in the Specialty Pharmacy Drug Program to identify specialty drugs that require prior authorization at:

<https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Specialty-Pharmacy-Program.aspx>.

If a drug included in the Specialty Pharmacy Drug Program requires prior authorization, the prescriber must request prior authorization in accordance with the procedures in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for drugs that require prior authorization.

The FFS pharmacy prior authorization general requirements and procedures are also outlined on the Department's website at: <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Pharmacy-Prior-Authorization-General-Requirements.aspx>.

### **Clinical Support System Services**

In addition to dispensing and delivery of specialty medications and coordination of nursing services when needed, both of the Department's preferred specialty pharmacy providers offer clinical support systems for MA beneficiaries 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 beneficiaries' questions about their medications.
2. Personal medication counseling including but not limited to:
  - a. Identification and management of side effects of medications.
  - b. Proper storage of medications.
3. Directions for medication administration and management.
4. Monitoring adherence.
5. Care coordination.

### **ATTACHMENTS:**

Attachment 1 – List of drugs included in the Department's Specialty Pharmacy Drug Program  
Attachment 2 – MA program client notice

### **RESOURCES:**

Information about the FFS Specialty Pharmacy Drug Program, including a list of drugs included in the Specialty Pharmacy Drug Program and instructions for accessing these drugs, can be found on the Department's Pharmacy Services website at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Specialty-Pharmacy-Program.aspx>.

The FFS Covered Drug Search Tool is available at <https://www.humanservices.state.pa.us/CoveredDrugs/CoveredDrugs/Index>.

The Statewide PDL is located at <https://papdl.com/preferred-drug-list>.

The FFS pharmacy prior authorization general requirements are located at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Pharmacy-Prior-Authorization-General-Requirements.aspx>.

The FFS requirements for prior authorization and prior authorization clinical guidelines are available at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Clinical-Guidelines.aspx>.

Information about the FFS quantity limits/daily dose limits and a list of drugs subject to these limits is available at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Quantity-Limits-and-Daily-Dose-Limits.aspx>.

# Specialty Pharmacy Drug List

Accredo

<https://accredo.com/>

Telephone: 877-766-3608

Fax: 888-302-1028

Chartwell

<https://www.chartwellpa.com/>

Telephone: 833-710-0211

Fax: 412-920-1869

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## Blood Cell Deficiency

ARANESP\*

EPOGEN\*

GRANIX\*

LEUKINE\*

NPLATE\*

PROCRIT\*

PROMACTA\*

RETACRIT\*

ZARXIO\*

## Botulinum Toxins

BOTOX\*

DYSPORT\*

MYOBLOC\*

XEOMIN\*

## Endocrine Disorders

cinacalcet

KUVAN

NATPARA †

OCTREOTIDE

SANDOSTATIN

SANDOSTATIN LAR DEPOT ‡

SENSIPAR

SOMATULINE DEPOT

## Enzyme Deficiencies

ALDURAZYME

CERDELGA\* †

CEREZYME\*

ELAPRASE

FABRAZYME

GLASSIA\*

KANUMA

LUMIZYME

NAGLAZYME

PALYNZIQ

VPRIV\*

## Growth Deficiency

GENOTROPIN\*

GENOTROPIN MINIQUICK\*

HUMATROPE\*

INCRELEX\* †

NORDITROPIN FLEXPRO\*

NUTROPIN AQ NUSPIN\*

OMNITROPE\*

SAIZEN\*

SEROSTIM\*

SOMAVERT †

ZOMACTON\*

## Hemophilia

ADVATE\*

ADYNOVATE\*

AFSTYLA\*

ALPHANATE\*

ALPHANINE SD\*

ALPROLIX\*

BENEFIX\* ‡

COAGADEX ‡

CORIFACT

ELOCTATE\*

FEIBA NF\*

HEMLIBRA\*

HEMOFIL M\*

HUMATE-P\*

IDELVION\*

IXINITY\*

JIVI\*

KCENTRA

KOATE\*

KOGENATE FS\*

KOVALTRY\* ‡

MONONINE\* ‡

NOVOSEVEN RT\*

NUWIQ\*

OBIZUR\* ‡

PROFILNINE\*

REBINYN\*

RECOMBINATE\*

RIXUBIS\*

VONVENDI\*

WILATE\*

XYNTHA\*

XYNTHA SOLOFUSE\*

## Hepatitis B

adefovir dipivoxil

BARACLUDGE\*

entecavir

EPIVIR HBV\*

HEPSERA

lamivudine HBV

VEMLIDY\*

Effective October 1, 2020

\*Prior Authorization Required

† Accredo Only

‡ Chartwell Only



**Hepatitis C**

EPCLUSA\*  
 HARVONI\*  
 ledipasvir-sofosbuvir\*  
 MAVYRET\*  
 PEGASYS\*  
 REBETOL\*  
 RIBASPHERE CAPSULE  
 RIBASPHERE TABLET\*  
 ribavirin  
 sofosbuvir-velpatasvir\*  
 SOVALDI\*  
 VOSEVI\*  
 ZEPATIER\*

**Hereditary Angioedema**

BERINERT\*  
 FIRAZYR\*  
 HAEGARDA\* †  
 RUCONEST\* †  
 TAKHZYRO\* †

**Immune Deficiency**

CUVITRU\*  
 CYTOGAM  
 FLEBOGAMMA\* ‡  
 GAMASTAN\* ‡  
 GAMASTAN S-D\* ‡  
 GAMMAGARD\*  
 GAMMAGARD S-D\*  
 GAMMAKED\*  
 GAMMAPLEX\*  
 GAMMAR-P\*

GAMUNEX-C\*  
 HIZENTRA\*  
 HYQVIA\*  
 OCTAGAM\*  
 PANZYGA\* †  
 PRIVIGEN\*  
 WINRHO SDF

**Inflammatory Conditions**

ACTEMRA\*  
 ARCALYST\* †  
 CIMZIA\*  
 COSENTYX\*  
 DUPIXENT\*  
 ENBREL\*  
 ENTYVIO\*  
 HUMIRA\*  
 ILARIS\* †  
 ILUMYA\*  
 INFLECTRA\*  
 KEVZARA\*  
 OLUMIANT\*  
 ORENCIA\*  
 OTEZLA\*  
 REMICADE\*  
 RENFLEXIS\*  
 SILIQ\*  
 SIMPONI\*  
 SIMPONI ARIA\*  
 SKYRIZI\*  
 STELARA\*  
 TALTZ\*  
 TREMFYA\*

XELJANZ\*  
 XELJANZ XR\*

**Iron Toxicity**

deferasirox\*  
 deferoxamine  
 DESFERAL MESYLATE  
 EXJADE\*  
 JADENU\*

**Lipotropics**

PRALUENT\*  
 REPATHA\*

**Movement Disorders**

AUSTEDO\*  
 tetrabenazine\*  
 XENAZINE\* †

**Multiple Sclerosis**

ACTHAR GEL\* †  
 AMPYRA\* †  
 AUBAGIO\*  
 AVONEX  
 betaseron  
 COPAXONE\*  
 dalfampridine ER\*  
 EXTAVIA\*  
 GILENYA\*  
 GLATOPA\*  
 glatiramer  
 LEMTRADA\* †  
 MAVENCLAD\* †  
 OCREVUS\*

PLEGRIDY\*  
 REBIF  
 TECFIDERA\*  
 TYSABRI\* †

**Ocular Disorders**

EYLEA\* †  
 ILUVIEN\* †  
 LUCENTIS\* †  
 MACUGEN\* †  
 OZURDEX\*  
 RETISERT\*  
 VISUDYNE\* †

**Oncology**

abiraterone acetate\*  
 ACTIMMUNE  
 AFINITOR\*  
 AFINITOR DISPERZ\*  
 ALECENSA\*  
 ALUNBRIG\*  
 bexarotene ‡  
 BOSULIF\*  
 BRAFTOVI\* ‡  
 CABOMETYX\*  
 CALQUENCE\* ‡  
 capecitabine\*  
 COMETRIQ\*  
 COPIKTRA\* ‡  
 COTELLIC\*  
 DAURISMO\*  
 EMCYT  
 ERIVEDGE\*

Effective October 1, 2020

\*Prior Authorization Required

† Accredo Only

‡ Chartwell Only

ERLEADA\*  
erlotinib\*  
FARYDAK\*  
FIRMAGON  
GILOTRIF\* †  
GLEEVEC\*  
IBRANCE\*  
IDHIFA\*  
imatinib mesylate\*  
IMBRUVICA\* ‡  
INLYTA\*  
INTRON-A  
IRESSA\*  
JAKAFI\*  
KEYTRUDA  
KISQALI\*  
KISQALI FEMARA\*  
LENVIMA\*  
LEUKERAN  
LONSURF\*  
LORBRENA\*  
LYNPARZA\*  
MEKINIST\*  
MEKTOVI\* ‡  
NERLYNX\*  
NEXAVAR\*  
NINLARO\*  
ODOMZO\*  
PIQRAY\*  
POMALYST\* †  
REVLIMID\* †  
RUBRACA\*

RYDAPT\*  
SPRYCEL\*  
STIVARGA\*  
SUTENT\*  
SYLATRON  
SYNRIBO ‡  
TAFINLAR\*  
TAGRISSO\*  
TALZENNA\*  
TARCEVA\*  
TARGRETIN  
TASIGNA\*  
TECENTRIQ  
TEMODAR\*  
temozolomide\*  
THALOMID\* †  
THYROGEN  
TIBSOVO\*  
tretinoin\*  
TYKERB\*  
VENCLEXTA\* ‡  
VERZENIO\*  
VIZIMPRO\*  
VOTRIENT\*  
XALKORI\*  
XELODA\*  
XOSPATA\* ‡  
XTANDI\*  
YONSA\*  
ZEJULA\* ‡  
ZELBORAF\*  
ZOLINZA\*

ZYDELIG\*  
ZYKADIA\* †  
ZYTIGA\*  
**Osteoarthritis**  
DUROLANE\*  
EUFLEXXA\*  
GEL-ONE\*  
GELSYN-3\*  
HYALGAN\*  
HYALURONATE SODIUM\*  
HYMOVIS\*  
MONOVISC\* †  
ORTHOVISC\*  
SYNVISC\*  
SYNVISC-ONE\*

#### **Pituitary Suppressive Agents**

ELIGARD\*  
leuprolide acetate\*  
LUPRON DEPOT\*  
LUPRON DEPOT-PED\*  
ORLISSA\*  
SUPPRELIN LA\*  
VANTAS\*  
ZOLADEX\*

#### **Potassium Removing Agents**

LOKELMA\*  
VELTASSA\*

#### **Pulmonary Hypertension**

ADCIRCA\*  
ADEMPAS\* †

ambrisentan\* †  
bosentan\* †  
epoprostenol sodium †  
FLOLAN †  
LETAIRIS\* †  
OPSUMIT\* †  
REMODULIN †  
REVATIO\*  
sildenafil\*  
tadalafil\*  
TRACLEER\* †  
treprostinil  
UPTRAVI\* †  
VELETRI †

#### **Respiratory Conditions**

BETHKIS\*  
CINQAIR\* ‡  
ESBRIET\*  
FASENRA\*  
KALYDECO\*  
KITABIS  
NUCALA\*  
OFEV\* †  
ORKAMBI\*  
PULMOZYME  
SYMDEKO\*  
TOBI\*  
tobramycin  
XOLAIR\*

#### **RSV Prevention**

SYNAGIS\*

Effective October 1, 2020

\*Prior Authorization Required

† Accredo Only

‡ Chartwell Only

**Miscellaneous**

APOKYN †

BENLYSTA

BRINEURA\* ‡

BUPHENYL

ELITEK

FUZEON\*

GATTEX †

hydroxyprogesterone\* †

MAKENA\*

OCALIVA\*

PRIALT\* ‡

QUTENZA\* †

RADICAVA\* ‡

SAMSCA

sodium phenylbutyrate

SOLIRIS\*

SPINRAZA\* †

SPRAVATO\* †

XIAFLEX

XYREM\*

ZINPLAVA\*

Effective October 1, 2020

\*Prior Authorization Required

† Accredo Only

‡ Chartwell Only

# Important Information About Your Medical Assistance Benefits

PLEASE READ CAREFULLY

The Pennsylvania Department of Human Services, Medical Assistance (MA) programs has new information about how to get specialty drugs. Our records show that you take the specialty drug(s) listed below and Walgreen's Specialty Pharmacy or Diplomat Pharmacy filled your prescription. If you are still taking a specialty drug, **the following information is important to you because it explains how you can continue to get your specialty drug under the Specialty Pharmacy Drug Program.**

Your Specialty Drug(s)	

**Starting on October 1, 2020, your prescription for a specialty drug must be ordered from one of the new preferred specialty pharmacies listed below.** The MA program selected these two specialty pharmacies to serve as the MA program's preferred providers because they showed the department that they can provide specialty drugs and additional services to support you while you are taking a specialty drug. The preferred specialty pharmacies and contact information is as follows:

#### Accredo

Telephone: 877-766-3608

Fax: 888-302-1028

Website: <https://accredo.com/>

#### Chartwell

Telephone: 833-710-0211

Fax: 412-920-1869

Website: <https://www.chartwellpa.com/>

## What You Should Do

**If your specialty drug is administered at your doctor's office, at the clinic, or at a treatment center,** talk with your doctor. Let your doctor know that your specialty drug must be ordered from a preferred specialty pharmacy and which specialty pharmacy you want to use. If you do not have a preference, your doctor may help you choose. Your doctor can order your specialty drug from the preferred specialty pharmacy and the drug will be delivered to your doctor's office in time for your treatment. You will receive a call from the new specialty pharmacy to obtain information from you about your health, and to explain the available services and how they will work. You may also receive educational information about your drug. Your doctor will also receive information about the program and will know how to help you. If your doctor does not participate in the MA program, they can find information at [www.dhs.pa.gov](http://www.dhs.pa.gov).

**If your specialty drug is administered by you, by a caretaker, or by a nurse in your home** and you know which specialty pharmacy you want to use, you can contact the preferred provider at the telephone number listed above to enroll in the program. If you are not sure which preferred specialty pharmacy you want to use, you can call both and ask for information about each preferred provider's program and services. The preferred specialty pharmacy will contact your old pharmacy or the prescriber and arrange for the prescription to be transferred. You will receive a call from the new specialty pharmacy to obtain information from you about your health, and to explain the available services and how they will work. You may also receive educational information about your drug.

## Frequently Asked Questions

### What are "specialty drugs?"

- Drugs that may require special packaging or storage or special training and skills to use properly
- Drugs that may need to be given by injection through a vein or under the skin. This program DOES NOT include insulin. Insulin is not a specialty drug.
- Most drugs given by injection, whether they are given in a doctor's office, by a nurse in the patient's home, or by the patient in the patient's home after receiving training on how to give the drug.
- A complete list of all the drugs in the program is on the web at [www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Specialty-Pharmacy-Program.aspx](http://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Specialty-Pharmacy-Program.aspx), or you can call the MA Call Center at 1-800-537-8862 (TDD/TTY – PA Relay 711 – give the operator the 1-800-537-8862 phone number to call).

(CONTINUED ON REVERSE)

### **What will the Preferred Specialty Pharmacies do?**

- Contact you to enroll you in the program. They will ask you some questions to learn more about you and to plan for support services, such as home health nurses that you use while taking the specialty drug.
- Deliver your specialty drug to the place where it will be administered. This can be the doctor's office, the clinic, a treatment center, or your home.
- Teach you and your caretaker, if needed, how to use your specialty drug if your doctor determines that you or your caretaker can administer the drug in your home.
- Provide training and information about your specialty drug including how to properly handle and store your drug, possible side effects and how to handle side effects, etc.
- Provide a toll-free, patient call center run by the specialty pharmacy that is available 24 hours a day, 7 days a week to answer any medical questions you may have about your specialty drug.

### **What will the Preferred Specialty Pharmacies do?**

If you are currently getting your specialty drug from one of the preferred specialty pharmacies, Accredo or Chartwell, and you want to continue using that pharmacy, you do not need to do anything. You can continue to use them.

### **Does this program apply to everyone on Medical Assistance?**

This program only applies to persons who get a specialty drug with the ACCESS card. It does not apply to anyone in managed care.

This program does not apply to people whose specialty drugs are covered by Medicare Part B or Medicare Part D or by a private health plan policy UNLESS those programs/policies do not cover your specialty drug and the drug is covered by the Pennsylvania Medical Assistance Program. In that case, this program does apply to you.

### **What else should I know about the program?**

- You will still be able to get all your non-specialty drugs at the pharmacy that you usually use.
- If your specialty drugs have prior authorization requirements, your doctor will need to contact the department's pharmacy call center. Doctors who participate in the MA program will have information on how to ask for prior authorization. Doctors who do not participate in the MA program can get this information on the web at [www.dhs.pa.gov](http://www.dhs.pa.gov).
- There are no co-payments for specialty drugs.

## **Right of Appeal**

You do not have the right to appeal the requirement to use one of the department's two preferred specialty pharmacies to get your specialty drug(s). However, if your specialty drug must be approved by the department before you can get your prescription and the department does not approve your prescription, you and your prescribing doctor will get a written notice of the decision. You will have the right to appeal that decision. You will have 30 days from the date on the notice to send an appeal. The written notice will explain how to appeal and where to send the appeal. It will also explain that if you are already taking that medicine and you appeal within 10 days of the date on the written notice, you can continue to get your medicine until the appeal is decided.

## **For More Information**

Call the MA Call Center at 1-800-537-8862 (TDD/TTY – Relay 711 – give the operator the 1-800-537-8862 phone number to call), if you have any questions. More information about the Specialty Pharmacy Drug Program is available on the department's website at [www.dhs.pa.gov/Pharmacy-Services/Pages/Specialty-Pharmacy-Program.aspx](http://www.dhs.pa.gov/Pharmacy-Services/Pages/Specialty-Pharmacy-Program.aspx).



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

[www.dhs.pa.gov](http://www.dhs.pa.gov)

- ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. If you need this notice translated into another language, check the box and/or write the name of the language on the line below and mail a copy of the notice, along with this page, to: BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
- ATENCIÓN:** Si usted habla un idioma que no sea inglés, hay servicios gratuitos de asistencia lingüística disponibles para usted. Si necesita que este aviso se traduzca a otro idioma, marque la casilla y/o escriba el nombre del idioma en la línea a continuación, y envíe una copia del aviso junto con esta página a: BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
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- ध्यान आपशी:** જો તમે અંગ્રેજી સિવાયની કોઈ ભાષા બોલતા હો તો, તમને ભાષા સહાયતા સેવાઓ, મફતમાં, ઉપલબ્ધ છે. જો તમને આ નોટિસ બીજી કોઈ ભાષામાં ભાષાંતર કરેલી જોઈતી હોય તો, ખાના પર નિશાની કરો અને/અથવા ભાષાનું નામ નીચેની લાઇનમાં લખો અને આ નોટિસની નકલ આ પાન સાથે, ટપાલથી આ સરનામે મોકલો: BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
- Other Language: \_\_\_\_\_

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**IMPORTANT  
Medical Assistance  
Information**

# Información importante sobre sus Beneficios de Asistencia Médica

LEA ATENTAMENTE

Los programas de Asistencia Médica (MA, por sus siglas en inglés) del Departamento de Servicios Humanos de Pensilvania tienen nueva información sobre cómo obtener medicamentos especializados. Según nuestros registros, usted toma el/los medicamento/s especializado/s que se enumeran a continuación y Walgreen's Specialty Pharmacy o Diplomat Pharmacy surtieron su receta. Si usted aún toma un medicamento especializado, **la siguiente información es importante porque explica cómo puede seguir obteniendo su medicamento especializado mediante el Programa de Medicamentos de Farmacia Especializada (Specialty Pharmacy Drug Program).**

Su/s medicamento/s de especialidad	

**A partir del 1 de octubre de 2020, la receta para obtener un medicamento especializado debe solicitarse en una de las nuevas farmacias especializadas preferenciales que se mencionan a continuación.** El programa MA seleccionó estas dos farmacias especializadas para servir como proveedores preferenciales porque le demostraron al departamento que pueden proporcionar medicamentos especializados y servicios adicionales para ayudarlo mientras toma un medicamento especializado. Las farmacias especializadas preferenciales y su información de contacto son las siguientes:

#### Accredo

Teléfono: 877-766-3608

Fax: 888-302-1028

Sitio web: <https://accredo.com/>

#### Chartwell

Teléfono: 833-710-0211

Fax: 412-920-1869

Sitio web: <https://www.chartwellpa.com/>

## Qué debería hacer

**Si su medicamento especializado se administra en el consultorio de su médico, en la clínica o en un centro de tratamiento,** hable con su médico. Informe a su médico que su medicamento especializado debe solicitarse en una farmacia especializada preferencial y hágale saber qué farmacia especializada desea utilizar. Si no tiene una preferencia, su médico puede ayudarlo a elegir. El médico puede solicitar el medicamento especializado en la farmacia especializada preferida y el medicamento se entregará en el consultorio del médico a tiempo para su tratamiento. Recibirá una llamada de la nueva farmacia especializada para obtener información sobre su salud, y para explicarle los servicios disponibles y cómo funcionarán. Además, puede recibir información educativa sobre su medicamento. Su médico también recibirá información sobre el programa y sabrá cómo ayudarlo. Si el médico no participa en el programa MA, puede encontrar información en [www.dhs.pa.gov](http://www.dhs.pa.gov).

**Si usted, un cuidador o un enfermero le administran su medicamento especializado en su hogar** y sabe qué farmacia especializada desea usar, puede comunicarse con el proveedor preferencial al número de teléfono que figura arriba para inscribirse en el programa. Si no está seguro de qué farmacia especializada preferencial desea utilizar, puede llamar a ambas, y solicitar información sobre el programa y los servicios que brinda cada una. La farmacia especializada se pondrá en contacto con su farmacia anterior o con el médico que le recetó el medicamento y coordinará la transferencia de la receta. Recibirá una llamada de la nueva farmacia especializada para obtener información sobre su salud, y para explicarle los servicios disponibles y cómo funcionarán. Además, puede recibir información educativa sobre su medicamento.

## Preguntas Frecuentes

### ¿Qué son los «medicamentos especializados»?

- Medicamentos que pueden requerir un empaque o almacenamiento especial o una capacitación y habilidades especiales para una adecuada administración.
- Medicamentos que deben inyectarse de forma intravenosa o debajo de la piel. Este programa NO incluye insulina. La insulina no es un medicamento especializado.
- La mayoría de los medicamentos que se administran por inyección, ya sea que se administren en el consultorio del médico, por un enfermero en el hogar del paciente o por el paciente mismo en su hogar después de recibir capacitación sobre cómo administrarse el medicamento.
- Podrá encontrar una lista completa de todos los medicamentos del programa en el sitio web [www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Specialty-Pharmacy-Program.aspx](http://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Specialty-Pharmacy-Program.aspx), o puede llamar al Centro de llamadas de MA al 1-800-537-8862 (TDD/TTY: PA 711 y proporcione al operador el número de teléfono 1-800-537-8862 para llamar).

(CONTINÚA AL REVERSO)



## **¿Qué harán las farmacias especializadas preferenciales?**

- Se pondrán en contacto con usted para inscribirlo en el programa. Le harán algunas preguntas para conocerlo mejor y para planificar los servicios de apoyo, como servicios de enfermería a domicilio que necesite mientras toma el medicamento especializado.
- Entregarán su medicamento especializado en el lugar donde se lo administrarán. Puede ser el consultorio del médico, la clínica, un centro de tratamiento o su hogar.
- Le enseñarán a usted y a su cuidador, si es necesario, cómo usar su medicamento especializado si su médico determina que usted o su cuidador pueden administrar el medicamento en su hogar.
- Le proporcionarán capacitación e información sobre su medicamento especializado, incluso cómo manipular y almacenar adecuadamente su medicamento, los posibles efectos secundarios y cómo manejarlos, etc.
- Le proporcionarán el número de teléfono gratuito del centro de llamadas para pacientes, dirigido por la farmacia especializada, que está disponible las 24 horas del día, los 7 días de la semana, para responder cualquier pregunta médica que pueda tener sobre su medicamento especializado.

## **¿Qué harán las farmacias especializadas preferenciales?**

Si actualmente obtiene su medicamento especializado en una de las farmacias especializadas preferenciales, Accredo o Chartwell, y desea seguir usando esa farmacia, no necesita hacer nada. Puede seguir utilizándola.

## **¿Este programa es para todos los que reciben Asistencia Médica?**

Este programa es solo para las personas que obtienen un medicamento especializado con la tarjeta ACCESS. No se aplica a nadie en atención médica administrada.

Este programa no es aplicable a las personas cuyos medicamentos especializados están cubiertos por la Parte B o la Parte D de Medicare o por una póliza de un plan de salud privado, A MENOS QUE esos programas/pólizas no cubran su medicamento especializado y el medicamento esté cubierto por el Programa de Asistencia Médica de Pensilvania. En ese caso, el programa sí le corresponde.

## **¿Qué más debo saber sobre el programa?**

- Podrá seguir obteniendo todos los medicamentos no especializados en la farmacia que utiliza habitualmente.
- Si sus medicamentos especializados tienen requisitos de autorización previa, su médico deberá comunicarse con el centro de llamadas de la farmacia del departamento. Los médicos que participan en el programa MA tendrán información sobre cómo solicitar autorización previa. Los médicos que no participan en el programa de MA pueden obtener esta información en el sitio web [www.dhs.pa.gov](http://www.dhs.pa.gov).
- No hay copagos para los medicamentos especializados.

## **Derecho de apelación**

No tiene derecho a apelar el requisito de utilizar una de las dos farmacias especializadas preferenciales del departamento para obtener sus medicamentos especializados. Sin embargo, si su medicamento especializado debe ser aprobado por el departamento antes de que pueda obtener su receta y el departamento no lo aprueba, usted y su médico recibirán una notificación por escrito de la decisión. Usted tendrá derecho a apelar esa decisión. Tendrá 30 días a partir de la fecha de la notificación para presentar una apelación. La notificación escrita explicará cómo apelar y dónde presentar la apelación. También le explicará que, si ya está tomando ese medicamento y apela dentro de los 10 días posteriores a la fecha de la notificación escrita, puede continuar recibiendo su medicamento hasta que se tome una decisión sobre su apelación.

## **Para Más Información**

Si tiene alguna pregunta, llame al Centro de llamadas de MA al 1-800-537-8862 (TDD/TTY: 711 y proporcione al operador el número de teléfono 1-800-537-8862 para llamar). Hay más información sobre el Programa de Medicamentos de Farmacia Especializada disponible en el sitio web del departamento [www.dhs.pa.gov/Pharmacy-Services/Pages/Specialty-Pharmacy-Program.aspx](http://www.dhs.pa.gov/Pharmacy-Services/Pages/Specialty-Pharmacy-Program.aspx).



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

[www.dhs.pa.gov](http://www.dhs.pa.gov)

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- LƯU Ý:** Nếu quý vị nói một ngôn ngữ khác ngoài tiếng Anh, các dịch vụ hỗ trợ ngôn ngữ miễn phí sẽ có sẵn cho quý vị. Nếu quý vị cần thông báo này được dịch sang một ngôn ngữ khác, hãy đánh dấu vào trong ô và/hoặc viết tên của ngôn ngữ trên dòng bên dưới và gửi một bản sao của thông báo, cùng với trang này, tới: BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
- ملحوظة:** إذا كنت تتحدث لغة غير اللغة الإنجليزية، فإن خدمات المساعدة اللغوية متاحة لك من دون مقابل. وإذا كنت بحاجة لترجمة هذا الإشعار إلى لغة أخرى، يُرجى تحديد المربع و/أو كتابة اسم اللغة على السطر أدناه وإرسال نسخة من الإشعار مع هذه الصفحة إلى العنوان التالي: BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
- ध्यान दिनुहोस्:** तपाईं अङ्ग्रेजी बाहेक अन्य भाषा बोल्नुहुन्छ भने, तपाईंका लागि निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध छन्। तपाईंलाई यो सूचना अर्को भाषामा अनुवाद गर्न आवश्यक पर्छ भने, बाकसमा ठीक चिन्ह लगाउनुहोस् र/वा तलको रेखामा भाषाको नाम लेख्नुहोस् र सूचनाका साथै यस पृष्ठको प्रतिलिपि निम्न ठेगानामा पत्राचार गर्नुहोस्: BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
- 알려드립니다:** 영어 이외의 언어를 사용하는 경우, 무료로 언어 지원 서비스를 이용할 수 있습니다. 본 통지를 다른 언어로 번역해야 하는 경우, 확인란에 표시하거나 아래에 사용 언어 이름을 기재하여 통지 사본을 본 페이지와 함께 다음 주소로 보내십시오. BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
- ការជូនដំណឹង :** ប្រសិនបើលោកអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេសនោះ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃ អាចមានសម្រាប់លោកអ្នក ។ ប្រសិនបើលោកអ្នកត្រូវការលិខិតជូនដំណឹងនេះ បកប្រែជាភាសាមួយផ្សេងទៀតសូមប្រើប្រាស់ប៊ុតុង និង/ឬ សរសេរឈ្មោះភាសានៅលើបន្ទាត់ខាងក្រោម ហើយផ្ញើតាមប៊ុតុងប្រើសេរីស្របច្បាប់ ឯកសារថតចម្លងលិខិតជូនដំណឹងមួយច្បាប់ ដោយភ្ជាប់មកជាមួយឯកសារទំព័រនេះ បញ្ជូនទៅ : BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
- ATTENTION:** Si vous parlez une langue différente de l'anglais, vous pouvez bénéficier d'une assistance linguistique gratuite. Si vous souhaitez disposer de la traduction de cet avis dans une autre langue, cochez la case et/ou écrivez le nom de la langue sur la ligne ci-dessous et envoyez une copie de cette avis par e-mail, ainsi que cette page, à : BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
- သတိပြုပါ-** အကယ်၍ သင်သည် အင်္ဂလိပ်ဘာသာစကားမဟုတ်ဘဲ အခြား ဘာသာစကား ပြောဆိုလျှင်၊ ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ သင့်အတွက် အခမဲ့ ရယူနိုင်သည်။ သင်သည် ဤအသိပေးစာကို အခြားဘာသာစကားသို့ ပြန်ဆိုရန် လိုအပ်ပါက၊ လေးထောင့်ကတ်ကို အမှန်ခြစ်ပါ နှင့်/သို့မဟုတ်အောက်ပါမျဉ်းပေါ်တွင် ဘာသာစကားအမည် ရေး၍ ဤစာမျက်နှာနှင့်အတူ အသိပေးစာ ဖိတ္တူတစ်စောင်ကို BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105 သို့ မေးလ်ပို့ပါ။
- ATANSYON:** Si w pale yon lang ki pa angle, nou gen sèvis èd nan lang, gratis, disponib pou ou. Si w bezwen pou n tradui avi sa a nan yon lòt lang, make espas la ak/oswa ekri non lang nan sou liy ki pi ba a epi voye pa lapòs yon kopi avi an, ansanm avèk paj sa a, pou: BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
- ATENÇÃO:** Caso fale outra língua que não o Inglês, tem serviços linguísticos à sua disposição, sem qualquer custo. Caso precise que este aviso seja traduzido para outro idioma, marque a caixa de seleção e/ou escreva o nome do idioma na linha abaixo e envie uma cópia do aviso, juntamente com esta página, para: BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
- মনোযোগ দিন:** আপনি যদি ইংরাজী ছাড়া অন্য কোনও ভাষায় কথা বলেন তবে ভাষা সহায়তা পরিষেবাগুলি, বিনা খরচায় আপনার জন্য উপলব্ধ রয়েছে। আপনার যদি এই নোটিশটি অন্য ভাষায় অনুবাদ করার প্রয়োজন হয় তবে বাক্সটি চেক করুন এবং / অথবা নীচের লাইনে ভাষার নাম লিখুন এবং এই পৃষ্ঠার সাথে নোটিশের একটি অনুলিপি জ্ঞান করুন: BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
- VĚMENDJE:** Nëse flisni një gjuhë tjetër përveç anglishtes, shërbime falas të ndihmës gjuhësore ofrohen për ju. Nëse ju nevojitet ky njoftim i përkthyer në një gjuhë tjetër, përzgjidhni kutinë dhe/ose shkruani emrin e gjuhës në rreshtin më poshtë dhe dërgojeni një kopje të njoftimit, së bashku me këtë faqe, te: BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
- ध्यान आपशी:** જો તમે અંગ્રેજી સિવાયની કોઈ ભાષા બોલતા હો તો, તમને ભાષા સહાયતા સેવાઓ, મફતમાં, ઉપલબ્ધ છે. જો તમને આ નોટિસ બીજી કોઈ ભાષામાં ભાષાંતર કરેલી જોઈતી હોય તો, ખાના પર નિશાની કરો અને/અથવા ભાષાનું નામ નીચેની લાઇનમાં લખો અને આ નોટિસની નકલ આ પાન સાથે, ટપાલથી આ સરનામે મોકલો: BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
- Other Language: \_\_\_\_\_

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