



Department of Health and Human Services
MaineCare Services
Pharmacy Unit
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To: MaineCare Providers
From: Jennifer Palow, Pharmacy Division Director
Date: March 30th 2012
Re: Changes in MaineCare Services

The following is a reminder of the changes in Pharmacy Services as part of the DHHS supplemental budget through emergency rule making.

Nutritional Supplements

Beginning April 1st 2012, MaineCare will no longer pay for nutritional supplements through the pharmacy benefit at retail pharmacies. Nutritional supplements will now need to go through a medical supply provider when deemed medically necessary. These products may be covered for members with chronic illness or trauma and cannot eat orally, but a Medical Prior Authorization will be required. MaineCare Pharmacy PA's will expire and members will need to obtain new Medical PA's if eligible. Below you will find a sample of nutritional products no longer covered by the Pharmacy Benefit.

| | | | | |
|-------------|------------|-----------|-----------|----------|
| Good Start | Enfamil | Similac | Alimentum | Isomil |
| Ensure | Glucerna | Pediasure | Nutren | Peptamen |
| Probalance | Boost | Choice | Resource | Jevity |
| Scandishake | Nutramigen | Suplena | Nepro | Promote |

Note: Nutritional products for Phenylketonuria (PKU) will still process through the pharmacy POS as they currently do with prior authorization. These products include Phenyl-Free, PKU Cooler, Phenylade and Phenex.

Pharmacy Reimbursement

Starting April 1st 2012, reimbursement for Brand-name medications provided at retail pharmacies will be reduced from the current methodology of Average Wholesale Price (AWP) minus 15% to AWP minus 16%.

Please remember that reimbursement for covered brand-name drugs shall be lowest of the following, usual and customary charge or AWP minus 16% or Federal Upper Limit (FUL) or State Maximum Allowable Cost (SMAC).

Two Brand Limit

Beginning April 1st 2012, MaineCare will only pay for two brand name prescriptions each month. The new limits will not apply to some members and some types of medications. Some examples of when the two brand limit does **not** apply include:

- members under the age of 21
- pregnant women
- brand name medications for the treatment of cancer, HIV or AIDS
- brand name antipsychotics
- brand name medications the Department has determined to be more cost effective than the generic

Members who have prior authorizations under the current four Brand Limit will be allowed to utilize those PA's until the prior authorization expires. After that the new Two Brand Limit requirements will apply. Pharmacies will receive the following message when a member exceeds the Two Brand Limit, "76 Plan Limits Exceeded – 2 Brand Limit".

D.0 Implementation

The Department is extending the implementation of D.0 through June 30th 2012. As of July 1st 2012 claims processed in NCPDP 5.1 will not adjudicate through the Point of Sale system. We continue to monitor weekly activity of 5.1 and D.0 claims and have reached out to various providers still submitting in 5.1 to convert over to D.0. If you haven't yet converted and have any questions please contact GHS at 1-888-420-9711. Remember after 6/30/2012 all claims must be processed in the NCPDP D.0 version.

Mail Order Refill Tolerance

Beginning April 1st 2012 the refill tolerance for 90 day prescriptions will be raised to 90%. This will still allow prescriptions to be filled and mailed. Current refill tolerance was allowing a potential stockpiling of medications, which lead to inadvertent use of these medications. Patients should not need to refill prescriptions early every month, we appreciate your help in curbing some of this activity.