

# ***ProCare Rx/Jai Medical Systems Managed Care Organization 2021 Therapeutic Formulary***

This formulary describes the circumstances under which pharmacies participating in a particular medical benefit program will be reimbursed for medications dispensed to patients covered by the program. This formulary does not:

- a) Require or prohibit the prescribing or dispensing of any medication.
- b) Substitute for the independent professional judgment of the physician or pharmacist.
- c) Relieve the physician or pharmacist of any obligation to the patient or others.

## **I. Non-Prescription Medication Policy**

The only over-the-counter (OTC) medications that are covered by Jai Medical Systems are listed within the program formulary. All OTC medications, with the exception of OTC emergency contraception, can be reimbursed only if it is written on a valid prescription form by a licensed prescriber. OTC emergency contraception may be obtained without a written prescription; see page 6 of the formulary for limitations.

## **II. Unapproved Use of Formulary Medication**

Medication coverage under this program is limited to non-experimental indications as approved by the FDA. Other indications, which are accepted as safe and effective by the balance of current medical opinion and available scientific evidence, may also be covered. The Pharmacy Benefits Manager (PBM), ProCare Rx, utilizing the procedures outlined in Section IV, will make decisions about reimbursement for these other indications. Experimental, investigational drugs and drugs used for cosmetic purposes are not eligible for coverage.

### **III. Prior Authorization Procedure**

To promote the most appropriate utilization of selected high risk and/or high cost medication, a prior authorization procedure has been created. The criteria for this system have been established by the ProCare Rx/Jai Medical Systems Managed Care Organization program, with input from pharmacists and physician practitioners and in consideration of the available medical literature. The Pharmacy and Therapeutics Committee will have final approval responsibility for this list. In order for a dispensed prior authorization medication to be reimbursed to the pharmacy, the patient's prescribing physician must apply for pre-authorization for a specific patient and drug. The physician may phone or fax the PBM to initiate a request for prior authorization:

**ProCare Rx  
Prior Authorization Desk  
1267 Professional Parkway  
Gainesville, Georgia 30507  
(800) 555-8513  
(800) 583-6010 (fax)**

**Please have patient information, including member ID number, complete diagnosis, medication history, and current medications readily available. Special request forms are required for Hepatitis C treatments and for opioids. All forms can be found online at [www.jaimedicalsystems.com/providers/pharmacy/](http://www.jaimedicalsystems.com/providers/pharmacy/).**

A completed, signed prior authorization form is needed in order for a request to be approved, but providers may call the ProCare Rx Prior Authorization department for prior authorization request forms and for help with the prior authorization request process. These phone lines are dedicated to physicians making requests for prior authorization medication and non-formulary items. Members cannot be assisted if they call the prior authorization toll-free number, but they may call the ProCare Rx Customer Service Department at 800-213-5640 for help getting a prior authorization form faxed to their provider. For all requests for drugs requiring prior authorization, a decision will be provided within 24 hours of receiving the request. That decision will be to either approve, deny, or request more information. The requesting provider will receive a telecommunication response informing them of this decision. If the requested information is not received, this process could take up to 14

calendar days. If the request is approved, information in the online pharmacy claims processing system will be changed to allow the specific patient to receive the requested drug. A prior authorization number will be issued to the prescribing physician and may be clearly written on the top of the prescription to inform the dispensing pharmacist of the approval. This number is for identification purposes only and does not need to be submitted for adjudication to occur. If the request is denied, information about the denial will be provided to the prescribing physician along with the patient and the patient's PCP.

Additionally, most injectables (except Depo-Provera, enoxaparin sodium, Makena, insulin, Glucagon Kit, and formulary epinephrine products) require prior approval. Questions about injectable drugs administered by home health or healthcare providers should be directed to ProCare Rx at 800-555-8513. If the medication will be billed for a medical claim rather than through the pharmacy, the provider may contact the Provider Relations Department at 888-524-1999 with any questions.

Our prior authorization criteria can be found on our website, [www.jaimedicalsystems.com](http://www.jaimedicalsystems.com), as well as in this formulary. Any updates made to our criteria will be posted on the website above within 30 days.

#### **IV. Unique Patient Needs Non-Formulary Medication**

This formulary attempts to provide appropriate and cost effective drug therapy to all participants in the Jai Medical Systems Managed Care Organization program. If a patient requires medication that is not covered by the formulary, a request can be made for payment of the non-covered item. It is anticipated that such exceptions will be rare, and that formulary medications will be appropriate to treat the vast majority of medical conditions. Requests for non-formulary medications should be made in writing (on the prior authorization form, if possible) and mailed or faxed to:

**ProCare Rx  
Prior Authorization Desk  
1267 Professional Parkway  
Gainesville, Georgia 30507  
(800) 555-8513  
(800) 583-6010 (fax)**

Appropriate documentation must be provided to support the request. For all requests for drugs requiring prior authorization, a decision will be provided within 24 hours of receiving the request. That decision will be either to approve, deny, or request more information. The requesting provider will receive a telecommunication response informing them of this decision. If the requested information is not received, this process could take up to 14 calendar days. Approval of non-formulary items will be based upon criteria developed by the Pharmacy and Therapeutics Committee of Jai Medical Systems Managed Care Organization and the PBM.

Physicians are expected to comply with this formulary when prescribing medication for those patients covered by the Jai Medical Systems Managed Care Organization plan. If a pharmacist receives a prescription for a non-formulary medication, the pharmacist should attempt to contact the prescribing physician to request a change to a product included in this formulary guide.

The pharmacy will not be reimbursed for non-formulary medications.

**In an emergency situation outside of the PBM's regular business hours where the physician cannot be contacted, the pharmacist is authorized to dispense a 72-hour emergency supply of a medication, unless the medication is classified as a DESI, LTE, or specifically excluded drug category (see Section VI) product or is one of the treatments for Hepatitis C, which should not be dispensed until the member has prior authorization to begin treatment.**

**The pharmacist should contact the PBM's Help Desk at (800) 213-5640 to arrange for reimbursement for the emergency supply.**

## **V. Newly Marketed Products**

Standard medications will be reviewed for coverage decisions within 180 calendar days of FDA approval. Priority medications will be reviewed for coverage decisions within 90 calendar days of FDA approval. Newly marketed drug products will not normally be placed on the formulary during their first year on the market. Exceptions to this rule will be made on a case-by-case basis using the medical necessity procedure.

## **VI. Specific Exclusions**

The following drug categories are not part of the Jai Medical Systems Managed Care Organization formulary and are not covered by the 72-hour emergency supply reimbursement policy:

- Antiobesity products
- Blood and blood plasma
- Cosmetic drugs
- Cough and cold products (except those listed in the formulary)
- DESI drugs
- Diagnostic products (except those listed in the formulary)
- Erectile/sexual dysfunction agents
- Medical supplies and durable medical equipment (except certain diabetic supplies)
- Most vitamins (except those listed in the formulary)
- Nutritional and dietary supplements
- Research drugs
- Topical minoxidil

## **VII. Fee-for-Service Carve-outs**

In addition to the above exclusions, the following are also excluded from the formulary and are covered by the Maryland Department of Health:

- Mental health drugs (refer to Section VIII). A list of Mental Health medications can be found online at:  
[https://mmcp.health.maryland.gov/pap/docs/Mental Health Formulary.pdf](https://mmcp.health.maryland.gov/pap/docs/Mental%20Health%20Formulary.pdf)
- Substance use disorder medications, including, but not limited to, buprenorphine, buprenorphine/naloxone, Campral®, Chantix®, Revia®, naloxone, Nicotrol®, nicotine patches, gum, and lozenges. (Refer to Section VIII). A list of substance use disorder medications is available online at:  
[https://mmcp.health.maryland.gov/pap/docs/Substance Use Disorder Medication Clinical Criteria Final updated Aug2018.pdf](https://mmcp.health.maryland.gov/pap/docs/Substance%20Use%20Disorder%20Medication%20Clinical%20Criteria%20Final%20updated%20Aug2018.pdf)

## **VIII. Behavioral Health Medication Policy**

Please refer to the Maryland Department of Health's Mental Health Formulary for a complete listing of behavioral health medications. Any behavioral health medications that are covered by Jai Medical Systems Managed Care Organization are listed in the prescription formulary.

- Kapvay – For recipients 6 -17 years old, Kapvay is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, Kapvay continues to be a part of the MCO pharmacy benefit, and would require prior authorization.
- Intuniv – For recipients 6 -17 years old, Intuniv is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, Intuniv continues to be a part of the MCO pharmacy benefit, and would require prior authorization.

## **IX. Mandatory Generic Substitution & Therapeutic Interchange**

Generic substitution is mandatory when a generic equivalent is available, unless the brand is specified as the preferred medication on the formulary. All branded products that have 3 or more generic equivalents available will be reimbursed at the maximum allowable cost. No other therapeutic interchange is permitted.

## **X. Specialty Medications**

Specialty medications will be covered under the pharmacy benefit for Jai Medical Systems. All requests will undergo prior authorization review when available drug-specific prior authorization criteria will apply. When prior authorization criteria do not exist, the request will be reviewed for FDA approved indications according to Jai Medical Systems' approved medical necessity review process. All specialty drug requests should contain the following:

- Drug name, strength, dose, and quantity requested
- Diagnosis for use
- Any previous drug therapies tried and failed, or why medications on the drug list are not appropriate
- Any additional clinical information pertinent to the drug review

## XI. High Cost Low Utilization Medications

In accordance with the Maryland Department of Health’s High Cost, Low Volume Drug Risk Mitigation Policy and the Social Security Act 1927 (d)(5), Jai Medical Systems **will not pay** for any of the aforementioned high cost drugs that are not appropriately pre-certified by Jai Medical Systems. The current list of NDCs and J-Codes Covered by High Cost Low Volume Risk Mitigation Policy:

Drug Name	NDC Code	J Code (if applicable)
Actimmune	75987011111	
Actimmune	42238011112	
Cinryze	42227008105	J0598
Novoseven	00169720101	
Orfadin	66658020490	J8499
Ravicti	75987005006	
Revcovi	57665000201	J3590, J3490
Soliris	25682000101	J1300
Vimizim	68135010001	J1322
Spinraza	64406005801	J2326
Zolgensma	see list below *	J3590

\*Zolgensma NDC List: 71894011001, 71894011501, 71894012002, 71894012103, 71894012203, 71894012303, 71894012404, 71894012504, 71894012604, 71894012705, 71894012805, 71894012905, 71894013006, 71894013106, 71894013307, 71894013407, 71894013507, 71894013608, 71894013708, 71894013808, 71894013909, 71894014009, 71894014109

Our health plan will not conduct any retrospective review for these drugs; they must be pre-certified and approved by our plan beforehand. Please be advised that this policy includes both Physician Administered Drugs and retail pharmacy drugs.

Please be advised that this list is subject to change. If you are unsure of whether or not a medication requires prior authorization and/or pre-certification, please contact our Utilization Management Department at 1-888-JAI-1999.

## XII. General Parameters

- Valid DEA and NPI numbers are required.
- Refill too soon - 75% of the days supplied must elapse before the prescription can be refilled. For opioid medications, 85% of the days supplied must have elapsed before the prescription can be refilled.
- The standard maximum allowable quantity is a 30-day supply. The allowed quantity limit for formulary asthma controller medications is a 90-day supply. The quantity limit on most medications is a 400-unit maximum limit per month. Most narcotics have individualized quantity and dosage form limitations, which are listed on page 16 of the formulary. If necessary, a healthcare provider may request a quantity override by contacting ProCare Rx's Prior Authorization Department. Even with an override, the quantity may not exceed a 100-day supply, except for contraceptives as described below. Opioid prescriptions cannot exceed a 30-day supply.
- Contraceptives will be available in up to 12-month supplies when ordered by a qualified practitioner.
- All generic oral contraceptives (including emergency contraceptives) and brand oral contraceptives that do not have a generic version available are formulary. Examples are listed on pages 6 and 7.
- A current listing of HIV medications covered by Jai Medical Systems are listed on page 3.
- Requests for Hepatitis C treatment or for opioid medications require special forms. All pharmacy prior authorization request forms can be found online at:  
<http://www.jaimedicalsystems.com/providers/pharmacy/>.
- Prior authorization is required for all extended release opioid products as well as methadone prescribed for pain and any other opioids prescribed for quantities greater than 90 MMEs. A specialized form is required for these requests and can be found online at  
<http://www.jaimedicalsystems.com/providers/pharmacy/>.
- Prior authorization requests for medications for the treatment of Hepatitis C require a special prior authorization request form. While they still require prior authorization, Jai Medical Systems prefers Mavyret, Zepatier, generic Harvoni, and generic Epclusa unless they are not medically appropriate. These forms and prior authorization criteria can be found at

<http://www.jaimedicalsystems.com/providers/pharmacy/>.

- Vacation fill overrides may be requested by contacting Jai Medical Systems at 1-800-524-1999. Information from the prescribing doctor or primary care provider may be required before the request can be approved.
- Overrides for lost or stolen prescriptions may be requested by contacting Jai Medical Systems at 1-800-524-1999. Information from the prescribing doctor or primary care provider may be required before the request can be approved. Requests for lost/stolen/vacation overrides for opioids are not generally available.

### **XIII. Where to Call?**

#### **PHYSICIANS**

Formulary Questions:

ProCare Rx (800) 555-8513

Medical Necessity:

ProCare Rx (800) 555-8513

Prior Authorization:

ProCare Rx (800) 555-8513

Provider Relations:

Jai Medical Systems  
Managed Care Organization, Inc. (888) JAI-1999

#### **PHARMACISTS**

Provider Network Questions:

ProCare Rx (800) 213-5640

Provider Relations:

ProCare Rx (800) 213-5640

#### **XIV. Abbreviations**

Providers are encouraged to prescribe generically available drugs whenever possible and to prescribe first-line lower cost options when appropriate. Drugs are ranked by cost with the following abbreviations:

*	=	This product has a MAC price attached to some or all strengths.
\$	=	Cost per Rx is <\$20
\$\$	=	Cost per Rx is <\$40
\$\$\$	=	Cost per Rx is \$40 - \$80
\$\$\$\$	=	Cost per Rx is \$80 - \$160
\$\$\$\$\$	=	Cost per Rx is >\$160

#### **XV. Reference**

The formulary is available online at Formulary Navigator. This is updated monthly and will have the most up-to-date information. Formulary access is free and available at: [http://www.marylandmedicaidpharmacyinformation.com/formulary\\_navigator.htm](http://www.marylandmedicaidpharmacyinformation.com/formulary_navigator.htm)

Links to pdf copies of the most recent printed versions of all Maryland Medicaid Managed Care Organization’s formularies can be found on the website listed below:

<http://www.marylandmedicaidpharmacyinformation.com/MCOInfo.htm>

A link to a pdf copy of the Jai Medical Systems formulary and copies of our recent formulary change notices is also available in the Providers section of our homepage:

<http://www.jaimedicalsystems.com/providers/pharmacy/>

#### **XVI. Copays**

Currently, there is no copay for active members of Jai Medical Systems Managed Care Organization, Inc.’s HealthChoice Program. Copays may be charged for medications covered directly by Maryland Medicaid (refer to Section VII. Fee-for-Service Carve-Outs.)

#### **XVII. Prior Authorization Auto-Renewal**

Jai Medical Systems offers automatic prior authorization renewals for Advair and Symbicort. For members with a current approved prior

authorization, claims will continue to process as long as the member has filled for that medication within the last 4 months. No yearly renewal will be needed for compliant members. Prior authorization will be required for members new to the plan, new to therapy, or with no claim history of that medication within the last 4 months.

## **XVIII. Notice of Non-Discrimination**

Jai Medical Systems Managed Care Organization, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of language, age, race, color, sex, sexual orientation, national origin, disability, medical condition, or religion against members, contracted providers, staff, and/or non-affiliated individuals. This includes women, individuals of minority and non-minority groups, individuals of the LGBT community, individuals with disabilities, and/or members with limited English proficiency. Jai Medical Systems Managed Care Organization, Inc. does not exclude people or treat them differently because of language, age, race, color, sex or sexual orientation, national origin, disability, medical condition, or religion.

To ensure effective communication for individuals with disabilities, Jai Medical Systems Managed Care Organization, Inc. shall:

- Provide equal access to auxiliary aids and services as necessary for individuals with disabilities, in accordance with applicable law.
- Include taglines for language accessibility in top 15 languages on the website, and in larger significant publications and significant communications.
- Include taglines for language accessibility in two popular languages in significant publications including Member Handbook, and significant communications.
- Provide free language assistance and interpretation services for members with limited English proficiency to communicate effectively.
- Provide free sign language interpretation for members with hearing disabilities.
- Provide free oral language assistance and written translation through Jai Medical Systems Managed Care Organization, Inc.'s multilingual staff, oral interpreters, and translators.

If you need these services, contact our Non-Discrimination Compliance Coordinator at [monisha.kota@jaimedical.com](mailto:monisha.kota@jaimedical.com). Additionally, information is made available in languages other than English upon request.

### **XIX. Equal Employment Opportunity Statement**

Jai Medical Systems Managed Care Organization, Inc. provides equal employment opportunity for everyone regardless of language, age, sex, color, creed, national origin, pregnancy, ancestry, marital status, political belief, genetic information, and physical or mental disability that does not prohibit performance of essential job functions. In addition, Jai Medical Systems Managed Care Organization, Inc. complies with Section 1557 of the Affordable Care Act, all applicable federal, state, and local anti-discrimination laws. This policy is reflected in all of Jai Medical Systems Managed Care Organization, Inc.'s practices and policies regarding hiring, training, promotions, transfers, rates of pay, layoffs, and other forms of compensation. All matters relating to employment are based upon ability to perform the job, as well as dependability and reliability once hired.

If you believe that Jai Medical Systems Managed Care Organization, Inc. has failed to provide these services or discriminated on the basis of language, age, race, color, sex or sexual orientation, national origin, disability, medical condition, or religion, you can file a grievance with:

Monisha Priya Kota, Non-Discrimination Compliance Coordinator  
Jai Medical Systems Managed Care Organization, Inc.  
301 International Circle, Hunt Valley, MD 21030  
Phone: 410-433-2200 | Fax: 410-433-4615 |  
Email: [monisha.kota@jaimedical.com](mailto:monisha.kota@jaimedical.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Non-Discrimination Compliance Coordinator is available to help you. Grievances must be submitted to the Coordinator within sixty days of the date you become aware of the alleged discrimination.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through

the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, and by mail or phone at:

U.S. Department of Health and Human Services,  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
Phone: 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at:  
<http://www.hhs.gov/ocr/office/file/index.html>

**XX. Language Accessibility Statement**

**Interpreter Services are Available for Free**  
**Help is available in your language:**  
**1-888-524-1999 (TTY: 1-800-735-2258).**  
**These services are available for free.**

**中文/Chinese**

用您的语言为您提供帮助：1-888-524-1999 (TTY: 1-800-735-2258)  
的这些服务都是免费的

**فارسی/Farsi**

ماسټ خط) 1-800-735-2258 دی کون یم تبصیح ماش که یباز هب مک ن تلف خط  
(ناشنوا افراد) 1999-524-888-1

رسم س ددر ن گه یرافر ص ه ب فسخ خ ن یا

ن م س ُ

**Español/Spanish**

Hay ayuda disponible en su idioma: 1-888-524-1999 (TTY: 1-800-735-2258). Estos servicios están disponibles gratis.

**አማርኛ/Amharic**

አገዛ በ ቋንቋዎ ማግኘት ይችላሉ:-: 1-888-524-1999 (TTY:

1-800-735-2258): እነዚህ አገልግሎቶች ያለክፍያ የሚገኙ ነጻናቸው

**العربى/Arabic**

1-888-524-1999 (1-800-735-2258) للمعاقين سمعياً

المساعدة متوفرة في لغتك: اتصل على الرقم

ذو خله جرت خم فسخه الم ا ُ

### **Français/French**

Vous pouvez disposer d'une assistance dans votre langue : 1-888-524-1999 (TTY: 1-800-735-2258). Ces services sont disponibles pour gratuitement.

### **ગજઃ રાતી/Gujarati**

તમારી ભાષામાં મદદ ઉપલબ્ધ છે: 1-888-524-1999 (ટીટીવાય: 1-800-735-2258). સેવાઓ મફત ઉપલબ્ધ છે

### **kreyòl ayisyen/Haitian Creole**

Gen èd ki disponib nan lang ou: 1-888-524-1999 (TTY: 1-800-735-2258). Sèvis sa yo disponib gratis.

### **Igbo**

Enyemaka di na asusu gi: 1-888-524-1999 (TTY: 1-800-735-2258). Oru ndi a di na enweghi ugwo i ga akwu maka ya.

### **한국어/Korean**

사용하시는 언어로 지원해드립니다: 1-888-524-1999 (TTY: 1-800-735-2258). 무료로 제공됩니다

### **Português/Portuguese**

A ajuda está disponível em seu idioma: 1-888-524-1999 (TTY: 1-800-735-2258). Estes serviços são oferecidos de graça.

### **Русский/Russian**

Помощь доступна на вашем языке: 1-888-524-1999 (TTY: 1-800-735-2258). Эти услуги предоставляются бесплатно.

### **Tagalog**

Makakakuha kayo ng tulong sa iyong wika: 1-888-524-1999 (TTY: 1-800-735-2258). Ang mga serbisyong ito ay libre.

### **Urdu/اردو**

آپ کی زبان میں مدد دستیاب ہے: 1-888-524-1999 (ٹی ٹی وائی: 1-800-735-2258)

رہدہ ہاؤس سے ذرا سے کتھم تاملدخ

### **Tiếng Việt/Vietnamese**

Hỗ trợ là có sẵn trong ngôn ngữ của quý vị 1-888-524-1999 (TTY: 1-800-735-2258). Những dịch vụ này có sẵn miễn phí.

### **Yorùbá/Yoruba**

Iranlò wò wà ní àrò wò tó ní èdè rẹ: 1-888-524-1999 (TTY: 1-800-735-2258). Awon ise yi wa fun o free.