



Division of Medicaid and Medical Assistance (DMMA) Prescribing Provider Policy Cheat Sheet

For Provider Pharmacy Manual:

http://medicaidpublications.dhss.delaware.gov/dotnetnuke/search?Command=Core_Download&EntryId=885

For Complete Preferred Drug List (PDL)*:

http://medicaidpublications.dhss.delaware.gov/dotnetnuke/search?Command=Core_Download&EntryId=940

*PDL preferred drugs are updated twice a year; please ensure your PDL is the most current version.

For Pharmacy Prior Authorization Forms*:

<https://medicaidpublications.dhss.delaware.gov/dotnetnuke/search?EntryId=32>

*Updated on a regular basis. Please ensure you have the most current version of the form.

MEMBER ID NUMBERS

- All Member Identification Numbers are 10 digits
- Please update any numbers in your system that reflect a trailing 'M'; Numbers trailing with 'M' are not to be used.
- If a member presents an AmeriHealth Caritas or Highmark Health Options pharmacy card, you can use that Member ID number for the drug benefit.
 - AmeriHealth: 1-855-294-7048
 - Bin: 600428; PCN: 07710000
 - Highmark Health Options: 1-844-325-6253
 - Bin: 004336; PCN: MCAIDDE
- There may be a small population of members who are **NOT** enrolled in a managed care program. For these members, the drug benefit will be processed under Delaware Medical Assistance Program (DMAP)/Traditional Fee-for-Service (FFS) Medicaid. Members that may be included in this group:
 - Delaware Cancer Treatment Program (DCTP)
 - Chronic Renal Disease Program (CRDP)
 - FFS Members

QUANTITY LIMITS

- *Additional quantities require prior authorization. All are tablets/capsules unless otherwise indicated:*
 - Short-Acting Opioid Analgesics: 120/30 days for acute treatment; 60/30 days for chronic treatment; 720 year
 - Benzodiazepines: 120/30 days
 - Triptans: 9/45 days
 - Anticonvulsants: 240/26 days
 - Sedative Hypnotics: 30/30 days
 - Lovenox: 10 days' supply/30 days
 - Tramadol: 240/30 days
 - Muscle Relaxants: 120/30 days
 - Tussionex: 120ml/84 days; 900ml/year
 - Oxycodone 15mg: 240/year
 - Oxycodone 20mg: 120/year
 - Oxycodone 30mg: 60/year
 - Depo-Provera Inj: 1 unit/84 days
 - Narcotic Cough Syrup: 240ml/30 days; 480ml/84 days
 - Rescue nebulizer solutions: 2 boxes/30 days
- Day supply: claims are to be billed with no more than 100 dosing units or a 34-day supply.
- **NOTE:** The time period is a rolling 30-day window based on the date of service being billed. There is no start/stop date. *Example:* If a prescription is billed on 7/15, the system looks back at all claims from 6/15 to 7/15.

EARLY REFILLS

- For all early refills, the member must have used 83% of the prescription (based on day supply) before the claim will pay. If the directions on a medication have changed, please call Pharmacy Services with the new dosing and when it was changed. **NOTE:** A prescription will only hit for early refill against the **same medication and strength**.
- Cumulative Fills: Up to 4 fills per 120 days.



- **PHARMACY COPAYS**

- Copays range from \$0.50 to \$3.00 based on the cost of the prescription (for Traditional Medicaid and DCTP).
- There is a \$15 copay cap per calendar month; so, once the member pays \$15 in copays, all remaining copays will be zero (\$0) for the remainder of the month.
- The following are exceptions to the above copay guidelines:
 - Children (under the age of 21) – will always have a \$0 copay
 - Pregnant women and up to 90 days after delivery (enter diagnosis code V22 to bypass copays) – will always have a \$0 copay
 - CRDP members – will always have a \$0 copay
 - Long-term care nursing facility group or the acute care hospital group – \$0 copay
 - Family planning services and supplies – \$0 copay
 - Hospice services – \$0 copay

- **PRIOR AUTHORIZATION REQUESTS**

- Submit and check the status through the DMAP Provider Portal:
<https://medicaid.dhss.delaware.gov/provider/Home/tabid/135/Default.aspx>. If you are not registered, please contact Provider Relations at 1-800-999-3371.
- Submit requests via fax – Pharmacy Services fax number is 1-302-454-0224.
- If member is enrolled in Managed Care Program AmeriHealth Caritas or Highmark Health Options, the pharmacy benefit will be included in the Managed Care Organization (MCO) Package.