




Texas Health Steps providers who are interested in learning more about the Medicaid Vendor Drug Program can take the free online Texas Health Steps Pharmacy continuing education (CE) course.

 Texas Tech University HSC School of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This course is approved for 1 CEU (1 contact hour) of continuing education credit through February 2016.

In addition to the Pharmacy course, Texas Health Steps also offers a short, CE-accredited tutorial for pharmacists titled *A Pharmacist's Guide to Dispensing Texas Medicaid Prescriptions and DME*.

To access all of the Texas Health Steps CE training, visit txhealthsteps.com.

TEXAS MEDICAID VENDOR DRUG
txvendordrug.com

TEXAS FFS PRIOR AUTHORIZATION HOTLINE
(Prescribing provider or
provider representative only)
1-877-PA-Texas (1-877-728-3927)

ONLINE TRAINING
txhealthsteps.com

MEDICAID CHILDREN'S SERVICES
COMPREHENSIVE CARE FOR CHILDREN
PROGRAM (CCP)
1-800-925-9126



08/2014

TEXAS MEDICAID PHARMACY BENEFITS





TEXAS MEDICAID VENDOR DRUG PROGRAM

The Texas Medicaid Vendor Drug Program (VDP) provides statewide access to prescription medications as prescribed by the treating physician or other health-care provider for clients eligible for:

- Fee-for-Service (FFS) Medicaid
- Children with Special Health Care Needs (CSHCN) Services Program
- Kidney Health Care (KHC)
- Texas Women's Health Program

VDP also maintains drug formulary for the Children's Health Insurance Program (CHIP).

VDP reimburses contracted pharmacies for a broad formulary of drugs for these state health-care programs. The Medicaid formulary consists of preferred and non-preferred drugs. Drugs that are non-preferred require prior authorization (PA). **Some preferred and non-preferred drugs may also be subject to clinical edits that require prior authorization.**

MEDICAID MANAGED CARE

Managed care organizations (MCOs) that contract with HHSC administer prescription drug benefits and payments for Medicaid managed care and CHIP clients. MCOs must use a pharmacy benefits manager (PBM) to process prescription claims.

WHERE TO FIND MEDICAID DRUG FORMULARY INFORMATION

Medicaid drug formulary information is available to health-care providers to help their clients efficiently get their medications. Information includes which state health-care programs cover the drug, whether a Medicaid non-preferred PA or clinical PA is required, and other important drug information.

Medicaid drug formulary information is available:

- Online at txvendordrug.com
Formulary information is included for all state health-care programs administered by VDP.
- Online at <https://paxpress.txpa.hidinc.com>
Here you will find the Medicaid drug formulary and Preferred Drug List with links attached to selected non-preferred drugs, which will guide you to the preferred drugs in that therapeutic class.
- Epocrates is a free drug information service that can be downloaded to your iOS or Android device. In addition to listing a drug's preferred status, Epocrates includes drug monographs, dosing information, and warnings. For more information, go to epocrates.com. All providers are eligible to register for Epocrates.

MEDICAID PREFERRED DRUG LIST

The Medicaid Preferred Drug List (PDL) was implemented in 2004. Those drugs identified as non-preferred require prior authorization.

Any time a provider prescribes a medication, the provider should follow the procedures below before the client leaves the medical office:

- Check the PDL to see whether the medication is preferred or non-preferred.
- If the medication is non-preferred, check the PDL to see whether there is a suitable preferred alternative.
- If the only appropriate medication is non-preferred, obtain the required prior authorization.

With a few simple steps, health-care providers can help their Medicaid clients get their medications quickly and conveniently. By prescribing a preferred product or obtaining a prior authorization before the client leaves the office, the prescription can be filled without delay. This eliminates the need for the pharmacy to contact the prescribing provider's office for a therapeutic substitution as well as the need to initiate the prior authorization process.

OBTAINING FFS PRIOR AUTHORIZATION

To obtain prior authorization for any VDP medication, prescribing providers or their representatives should call the Texas Prior Authorization Hotline at 1-877- PA-TEXAS (1-877-728-3927).

The Hotline is available Monday through Friday, 7:30 a.m. to 6:30 p.m. (CST).

*Note: Pharmacists **cannot** obtain prior authorization for medications. If the client arrives at the pharmacy without a prior authorization for a non-preferred drug, the pharmacist will alert the provider's office and ask the provider to get the prior authorization.*

OBTAINING MCO/PBM PRIOR AUTHORIZATION

Prior authorization for any prescription drug benefit for a managed care client must go through a managed care plan.

Prior Authorization Call Center phone numbers may vary by MCO. A list of MCO prior authorization call centers can be found at: txvendordrug.com/downloads/prescriber_assistance_chart.pdf.

72-HOUR EMERGENCY SUPPLY

It is the provider's responsibility to obtain the prior authorization. In the event prior authorization has not been obtained at the time the prescription is presented at the pharmacy, pharmacies are allowed to provide a 72-hour emergency supply of the medication while the provider obtains prior authorization.

Dispensing an emergency supply provides the client with an immediate dose of their medication but requires a return trip to the pharmacy for the full prescription or alternate therapy.

A 72-hour emergency prescription claim can be used for both Medicaid FFS service and Medicaid managed care members.

More information on the 72-hour Emergency Supply program is available online at: txvendordrug.com.

MEDICAID CHILDREN'S SERVICES COMPREHENSIVE CARE FOR CHILDREN PROGRAM (CCP)

CCP may cover some products that are available in pharmacies that are not covered by the VDP. For example, some over-the-counter drugs and disposable or expendable supplies may be considered for coverage for Medicaid children (age birth through 20 years). Prior authorization, including a statement of medical necessity, is required for all services and products available through CCP. Upon receipt, the product will be considered for coverage through CCP. Assistance with this program is available by calling CCP at 1-800-925-9126.

For managed care clients, providers should contact the client's MCO directly.