



**MedStar Family
Choice**

ADMINISTRATIVE POLICY AND PROCEDURE

Policy #:	213	
Subject:	Pharmacy Downtime Procedures	
Section:	Pharmacy	
Initial Effective Date:	04/01/2002	
Revision Effective Date(s):	09/18, 07/19, 07/20, 07/21, 07/22, 07/23, 07/24, 07/25, 07/26	
Historical Revision Date(s):	09/02, 10/03, 09/04, 10/05, 12/06, 10/07, 09/08, 11/09, 09/10, 09/11, 10/12, 10/13, 10/14, 04/16, 10/15, 10/16, 07/17, 07/18	
Review Effective Date(s):		
Historical Review Date(s):		
Responsible Parties:	Health Plan Pharmacist, P&T Committee	
Responsible Department(s):	Clinical Operations	
Regulatory References:	COMAR 31.01.02.06 A (3) NCQA 2026: UM 5C Factors 2, 4 and 7	
Approved:	Director, Pharmacy	Chief Medical Officer

Purpose: To ensure that standard processes are in place to allow members to maintain access to medications in the event of downtime of prescription processing systems or a declared State of Emergency.

Scope: MedStar Family Choice Maryland

Policy: MedStar Family Choice follows an established workflow to facilitate prescription processing when standard procedures are unavailable and will appropriately escalate claims processing to ensure uninterrupted member access to their medications.

Procedure:

1. In the event of system failure or any situation where the pharmacy preauthorization staff cannot access the CVS Caremark Client Operating system occurs during business hours, MedStar Family Choice should contact the CVS Account Manager

(Level 1) via email. If no response within one hour, then MedStar Family Choice should move to the next level contact.

1.1. MedStar Account Management team escalation path:

Level 1 – Michelle Murphy, Account Manager 860-280-8678

Level 2 – Grady Doughty, Sr Manager 847-313-0709

Level 3 – David Bailey, Lead Director 224-517-6154

Level 4 – Bryan Sintic, Executive Director, 708-674-3598

2. In the event of a system failure after business hours, MedStar Family Choice should contact the CVS Help Desk and IT Services Help Desk at 877-493-9909 for assistance.
3. If the Governor of Maryland declares a State of Emergency, pharmacy edits may be lifted to allow early refills at the discretion of Maryland Department of Health (MDH). If directed by MDH, the Pharmacy Benefits Management (PBM) provider will be notified to suspend edits on early refills and instruct the pharmacy network to dispense a 30-day or 90-day supply for the refill in accordance with COMAR 31.01.02.06 A (3). The suspension of edits will remain in place until the State of Emergency is lifted by the Governor of Maryland or until otherwise directed by MDH.
4. PRIOR AUTHORIZATION DOWNTIME PROCEDURE
 - 4.1. Upon receipt of a medication request via telephone, the pharmacy precertification team will verify the identification of the requestor and their authority to discuss clinical information.
 - 4.1.1. Once confirmed, the staff member will collect the following information using the “Prior Authorization/Non-Formulary Medication Request” form. (Appendix 1)
 - 4.1.1.1. Member name and date-of-birth
 - 4.1.1.2. Requestor’s telephone number
 - 4.1.1.3. Prescriber name and contact number.
 - 4.1.1.4. Pharmacy name and contact number.
 - 4.1.1.5. Medication name, strength, dosage form, directions for use, and quantity requested.
 - 4.1.1.6. Date and time of receipt of request.
 - 4.1.1.7. Requests will be marked as “urgent” if specified by the requestor.
 - 4.1.2. Any paper documentation collected during this process shall be retained in a locked environment until entered into the clinical software system to protect Patient Health Information (PHI).
 - 4.1.2.1. The pharmacy pre-certification staff will document the request in the clinical software system once available.

- 4.1.2.2. Once documentation is completed in the clinical software system, the paper forms will be placed in the locked shred bin for disposal.
- 4.1.3. The pharmacy requests will be processed in the order received and may be escalated to address clinical urgency as described below:
 - 4.1.3.1. Hospital discharge medications.
 - 4.1.3.2. Medications prescribed for potentially life-threatening illnesses or diseases (e.g., insulins, anticoagulants, antibiotics).
 - 4.1.3.3. Pain Medications
 - 4.1.3.4. Medication for chronic conditions (e.g., hypertension, asthma/COPD, diabetes).
- 4.1.4. Requests will be processed per the procedures described in Policy 218: Pharmacy Authorization Process Policy.
 - 4.1.4.1. If the PBM system is also down, refer to section 1 of this policy for approved requests.
 - 4.1.4.2. If MedStar Family Choice is unable to comply with standard processing timelines as outlined in Policy 218: Pharmacy Authorization Process Policy, the member shall be informed of the estimated time frame within 24 hours of receipt of initial request and advised that the pharmacy may provide a 3-day emergency supply of the requested medication.
- 4.2. Once a decision is rendered by the Medical Reviewer, the precertification staff shall record the date and time that the member was notified.

Summary of Changes:	07/26: • Updated all NCQA to current references. • Changed Approved from AVP Clinical Operations to Director, Pharmacy • Section 1.1. Updated account team escalation path 07/24: • Changed title from "Pharmacy Plan/Pharmacy Crisis Plan" to "Pharmacy Authorization Process Policy" • Moved P&T Committee listing from "Responsible Department" to "Responsible Parties" • Reformatted font and procedure to improve readability. • Updated all NCQA, MCO Standards, and COMAR to current year references. • Updated policy Approver titles removed individual names. • Updated Purpose to include Statewide Emergency systems. • Updated Policy scope. • Updated Procedure scope. • Added escalation pathway for PBM support. • Reorganized the processes for prior authorization during downtime. • Added Appendix 1: PA/NF Medication Request form. 07/23: • Responsible Parties changed to Health Plan Pharmacist • Updated regulatory reference to March 2023 MDH Standards • Updated NCQA Reference to 2023 Standards • Updated Approved by to: Dr. Wills and C. Attia
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	• Removed 7-day quantity limit, changed to allow for dispensing quantity • Updated CVS pharmacy contact phone number
	07/22: • Responsible Parties changed to Dr. Gregory Dohmeier • Updated NCQA Reference to 2022 Standards
	07/21: • Updated NCQA Reference to reflect 2021 Standards. • Added Maryland to scope. • Changed Case Management to Clinical Operations in Responsible De
	07/20: • Updated Regulatory References to reflect 2020 NCQA Standards.
	07/19: • Updated NCQA Reference to reflect 2019 Standards. • Removed “Maryland” from scope.
	09/18: • Revised Statewide Declaration of Emergency section to reflect MDH d edits.
	07/18: • Updated NCQA regulatory references to reflect 2018. • Modified Effective Date to Initial Effective Dates; added Historical Revi Effective Dates; and added Historical Review Dates and Review Effect
	11/17: • Removed District references, added regulatory reference, Updated PA
	07/17: • Updated titles, regulatory references and software designation.
	10/16: • No changes.
	04/16: • Addition of the section called Statewide Declaration of Emergency.
	10/15: • No changes.

APPENDIX I. Prior Authorization/Non-Formulary Medication Request form

Prior Authorization/Non-Formulary Medication Request



All requests must be accompanied by MEDICAL RECORDS to support the request. MFC-Maryland MUST RENDER A DECISION WITHIN 24 HOURS. If MEDICAL RECORDS are INCOMPLETE, the request is subject to DENIAL. Return by fax to MedStar Family Choice-Maryland at: 410-933-2274

Patient Name:	Patient DOB:
MedStar Family Choice ID # (begins with 91):	Medicaid ID#:

Reason for Medication Request:

☐ Prior Authorization	☐ Non-Formulary Medication Request
☐ Increase in Dosage/Frequency	☐ Vacation Supply
☐ Medication Lost/Stolen	☐ Out of Medication
☐ New Diabetic Device	☐ Yearly renewal of Diabetic Device

Medication Requested (*Dose and Frequency*) or Diabetic Device Requested (*list all components needed*):

****Is the member currently on this medication:** ☐ Yes ☐ No

Please check that the following clinical has been included with medication request:

☒	Requirement(s)
	Last Clinical/Office visit note
	Pertinent Laboratory Findings (if applicable)
	List of Previous Medications Used to Treat Condition: _____
	Prior Authorization Table has been checked for medication criteria and submission requirements on: medstarfamilychoice.com/providers/pharmacy
	MedStar Family Choice – Maryland Drug Formulary has been reviewed for alternatives

Diagnosis Code(s) /ICD-10: _____

Pharmacy Name: _____ Phone: _____

*****Please provide all clinical notes to support the request and fax to the number above*****

By signing below, I certify that the information provided is accurate and that all the relevant medical records listed above are included in this submission.

Prescriber Signature: _____ Date: _____

Provider Name/Office: _____ NPI# _____

Provider Phone: _____ Provider Fax: _____

Contact Person Name: _____

Contact Phone w/ext: _____ Contact Fax: _____