

Vol: 02-1  
DATE: February 1, 2001  
FROM: Ann Vining

## **SENIOR BULLETIN: MEDICAID – Non-Institutional**

### **New prescription drug review and authorization system (“TCS”) begins February 1<sup>st</sup> for certain Medicaid clients**

#### **What is happening?**

Beginning February 1, 2002, Medicaid will require a complete drug profile review before certain prescriptions can be filled. Pharmacies may dispense an “emergency” supply while the review takes place. Patients may need to return to the pharmacy for a full supply or a substitute medication after the review is completed.

The new system is called “Therapeutic Consultation Service,” or “TCS.” TCS reviews are performed by pharmacists at Affiliated Computer Services (ACS), a company contracting with DSHS to perform this service. The reviews require at least one telephone contact from the prescribing provider to ACS.

The TCS program does not change the prescription drug benefit. As before, clients will still receive needed prescription drugs. TCS may lead to changes in the brand or type of medicine that is prescribed. If a prescriber pursues the TCS process and believes the prescribed drug should be provided without any substitution, however, ACS eventually approves the request for a specified period, except in very limited situations.<sup>1</sup> Because the prescriber’s office rather than the pharmacy must pursue the authorization, however, some prescribers may be discouraged from pursuing the approval even in appropriate situations. The ACS system reportedly includes some follow-up by their pharmacist regarding drug claims that are not filled, although details about this part of the program are not yet available.

#### **When is TCS drug review required?**

TCS review applies only to fee-for-service (not Healthy Options) Medicaid clients. Nursing home patients will be affected eventually but will not be subject to TCS at first.

The TCS review is required ONLY when such a client:

- has four brand-name prescriptions in a calendar month, and is prescribed a fifth, or
- is prescribed a drug that is “non-preferred” within certain drug classifications.

### What prescriptions does TCS affect?

- **Fifth brand-name prescription:** Some drug classifications are *not counted* when determining whether a client has a fifth brand-name prescription. These include:
  - HIV medication
  - Antidepressants and antipsychotics
  - Immunosuppressants
  - Chemotherapy
  - Contraceptives
  - Hypoglycemia rescue agents
- **Non-preferred drugs:** As of February 2002, only the following drug classes are subject to TCS (more drug classes are expected to be added later):
  - Proton Pump Inhibitors (such as Prilosec, Prevacid): The preferred drug in this class is Protonix.
  - Histamine H2 Blockers (H2RA) such as Zantac: The preferred drug in this class is Ranitidine.

### Why is TCS happening?

- **Control of Medicaid Costs.** The State of Washington hopes to reduce Medicaid prescription drug expenses. Drug cost increases caused large increases in Medicaid expenditures in the past several years. Florida implemented a similar system last year. Consultants reviewing that experience estimate Washington could save \$30 million annually.
- **Management of Drug Treatments.** Drug profile reviews may lead to improved health care for clients by preventing drug conflicts or other adverse side effects. TCS will review all medications being covered by Medicaid for these concerns, not just those prescribed by the same provider or dispensed by one pharmacy.

### What are potential problems with TCS?

- Delays in getting prescriptions filled.
- Need for return trips to fill prescriptions.
- Difficulties in getting emergency supplies.
- Burden on providers to pursue TCS process.
- Substitutions made to avoid the TCS process may not be optimal care.
- TCS review is required again after six months.

### What can Medicaid recipients do to prevent problems?

- **Seek refills early.** Clients with more than four brand-name prescriptions should seek refills well before supplies are exhausted. (Refills are not allowed *too* early, however; at least 75% of the prescription must be gone.)
- **Discuss alternatives with providers.** When a provider prescribes a new brand-name drug, discuss the medical justification for this drug versus alternatives. Determine whether substitution is appropriate or not.
- **Get temporary supplies.** When a provider prescribes a new brand-name drug, clients already using four brand-name drugs should ask the provider for samples if available. If they are not, ask the provider to contact the pharmacy if the client will need a temporary “emergency” supply while TCS occurs. Pharmacies are expected to be able to dispense such temporary supplies in appropriate situations while the TCS process occurs.

### What should clients do about problems?

- Clients with case managers should notify the case manager immediately if the client:
  - has problems getting a medication
  - has difficulty arranging a return to the pharmacy
  - cannot get an emergency supply, or
  - is not taking medications correctly due to a delay in the TCS process.
- Clients without case managers can make complaints to the

medical assistance toll-free number 1-800-562-3022 (TDD/TTY number is 1-800-848-5429 for deaf and hard of hearing clients).

- Clients unable to resolve access problems can seek legal advice through CLEAR (1-888-201-1014) or CLEAR\*Sr (for clients age 60 or older) (1-888-387-7111).
- If a client has trouble getting a medication refilled, requesting a DSHS fair hearing promptly may help maintain coverage while waiting for the hearing.

### **What should case managers and advocates do about problems?**

- Case managers/social service providers should notify AASA (or DDD for DD clients) of problems. AASA/DDD staff may refer calls to the implementing person at MAA.
- Case managers/social service providers also can contact the local Legal Services program regarding persistent or repeated issues.
- Legal services advocates are asked to inform Ann Vining by email about specific client problems.
- Case managers and advocates should document client problems and assist clients to the extent possible in addressing the problem with MAA, the provider, and the pharmacist.
- **To help us monitor the implementation of this program,** please send documentation of problems to Janet Varon at Northwest Health Law Advocates via email: [janet@nohla.org](mailto:janet@nohla.org). A short email is fine; send client identifying information only if the client authorizes this.

### Endnote:

<sup>1</sup> Limited exceptions occur for drugs not covered by Medicaid at all, before or after this change, such as those classified as “DESI” (not effective), those manufactured by companies without Medicaid contracts, and those for purposes specifically excluded by the state plan (such as smoking cessation and hair restoring medications).