

Dear Pharmacy Provider,

Beginning March 1, 2012, Medicaid and CHIP patients enrolled in Managed Care will no longer receive their pharmacy benefits through the Texas Vendor Drug Program. Effective that date, US Script will manage the pharmacy benefit for Medicaid and CHIP patients enrolled in Superior HealthPlan's Managed Care Programs, to include STAR, STAR Medicaid Rural Service Areas, STAR+PLUS, CHIP HMO, CHIP Rural Service Areas and STAR Health (Foster Care).

In addition, effective March 1, 2012, Medicaid and CHIP Managed Care Programs are being implemented in all Texas counties, to include those patients in counties currently served through the traditional fee for service Medicaid program.

Superior HealthPlan has contracted with US Script for Pharmacy Benefit Management (PBM) services which include: contracting Superior's network of pharmacies, providing pharmacy call center assistance, administration of Texas Medicaid and CHIP formularies, conducting prior authorizations as well as receipt and payment of pharmacy claims.

Pharmacies providing services to Superior's Managed Care patients must be contracted with US Script, as well as being currently enrolled in the Texas Vendor Drug Program (VDP). If you have questions about your US Script contract, or need to confirm your VDP enrollment, you can call 1-(800) 460-8988, or send an email to [pharmacycontracts@usscript.com](mailto:pharmacycontracts@usscript.com). Additional contracting information and forms can also be found online at: <http://www.usscript.com/pharmacists-overview.php>.

It is important to note that **effective March 1, 2012, US Script will administer the prevailing Texas Vendor Drug Program Formulary/Preferred Drug List (PDL), Clinical Edits, and Prior Authorization requirements**, to minimize the impact to your pharmacy operations. Links to that information is included below:

- **Texas Vendor Drug Program Website:** [www.txvendordrug.com](http://www.txvendordrug.com)  
*Medicaid and CHIP formularies and Medicaid Preferred Drug List (PDL) are available on smartphone and web at [www.epocrates.com](http://www.epocrates.com)*
- **Texas PDL/PA Criteria to be used for Superior Members:**  
<http://www.txvendordrug.com/formulary/PDLSearch.asp> (e-version)  
[http://www.txvendordrug.com/downloads/pdl/TXPDL\\_072711.pdf](http://www.txvendordrug.com/downloads/pdl/TXPDL_072711.pdf) (pdf)
- **Texas Clinical Edits:**  
<http://www.txvendordrug.com/dur/edits.shtml>

**[CLAIMS: Effective for prescriptions filled on March 1, 2012, Point of Sale claims for Superior Members should be submitted to US Script bank identification number \(BIN\) 008019.](#)**

**[PRIOR AUTHORIZATIONS: Effective March 1, 2012, pharmacies should call 1-866 – 768-7147 or Fax 1-866-399-0929 for requests for Superior Member prescriptions requiring prior authorization.](#)**

US Script looks forward to your organization's participation in the Texas Medicaid and CHIP programs, and continued quality pharmacy services for Superior HealthPlan's Member population.