

# Johns Hopkins Medicine (JHM) Outpatient Medication Assistance Program (OMAP)

## Standard Operating Procedures

### Background

The OMAP is clinic based and JHM outpatient clinics and JHCP offices must apply to participate in the program. The purpose of OMAP is to provide uninsured patients who have no other options with short-term access to a 30-day supply of selected medications. OMAP only covers the medications on the approved OMAP Formulary and serves as a bridge while the patient obtains sustainable medication coverage.

### Getting started

Once a clinic's application to OMAP has been approved, the JHM Outpatient Pharmacy will notify the Responsible Staff Member identified on the application of the clinic's unique OMAP code. The JHH Social Work Office will send the Responsible Staff Member 100 OMAP vouchers and pharmacy stickers to be used on the vouchers. Additional vouchers and stickers may be requested from the JHH Social Work Office. Contact Phyllis Daniels at 410-955-5885.

### Evaluating Patient Need

The clinic must evaluate the uninsured patient's ability to pay for the medication prescribed and must determine that there are no other options for obtaining medication before submitting a prescription to OMAP. An OMAP financial need screening form must be completed for each prescription and **a copy must be retained for review by OMAP.**

### Prescribing to OMAP

When no other option is available to an uninsured patient, the prescriber or Responsible Clinic Staff member may authorize JHM payment for the prescribed medication under OMAP under the following conditions.

- Prescriptions may only be written for medications listed on the OMAP Formulary. *Johns Hopkins pharmacists are available for medication consultations. Please contact Alona Crowder for patient-specific questions at [awill163@jhmi.edu](mailto:awill163@jhmi.edu) or 410-955-8761. For general medication questions, contact the Johns Hopkins Drug Information Service via PING.*
- Prescriptions to be filled under OMAP may be written for no more than 30 days, and should be written for less as appropriate. OMAP is to be used for short-term needs only.
- OMAP only covers **uninsured** patients. Patients who have insurance, but not prescription coverage, are not eligible for OMAP.
- OMAP also does not cover co-pays or co-insurances for insured patients.
- OMAP does not cover Medicare patients' deductibles or donut hole prescription costs.
- OMAP does not cover opioid pain medications.
- Prescriptions must be filled at JHM Outpatient Pharmacies which are located at Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center and Howard County General Hospital.
- Requests for additional prescriptions beyond the initial 30-day period will be considered on a case-by-case basis and must be approved in advance by the Office of Policy Coordination.

### **Preparing an OMAP Voucher**

- 1) Complete the voucher.
- 2) Affix the sticker with the clinic's billing code to the voucher.
- 3) Give the voucher to the patient when you give him/her the prescription.
- 4) Retain the yellow copy of the voucher in the clinic.
- 5) For clinics that are located **on or within 5 miles** of the campuses of JHH, JHBMC, or HCGH: the prescription may be filled at any Johns Hopkins Outpatient Pharmacy.
- 6) For clinics that are located **more than 5 miles** from JHH, JHBMC, or HCGH: the patient may fill the prescription at a Johns Hopkins Outpatient Pharmacy or, if the patient is unable to travel to one of the JHM Outpatient Pharmacies, fax the delivery request fax cover sheet, the prescription, and OMAP voucher to the HCGH Outpatient Pharmacy at fax number 443-546-1009. The medication will be mailed to the patient's home. OMAP does not cover shipping costs and the shipping cost will be billed to the clinic. Shipping will be done via FedEx and is anticipated to be approximately \$11 - \$14 per shipment.

**Special requests.** To request any exception to OMAP rules (for example, to request more than one 30-day supply of a medication for a particular patient), the Medical Director must send a written request to Mary Ann Dunlay at [mlesnia2@jhu.edu](mailto:mlesnia2@jhu.edu) with a justification for the request. In submitting requests to extend coverage because a patient is awaiting enrollment in Medical Assistance (MA) (e.g., “MA pending”), the clinic must obtain and provide documentation that the MA application is complete.

### **Documentation and Reports**

- The clinic must retain a copy of each OMAP voucher issued.
- Monthly clinic utilization data is reviewed by the OMAP Operations Leadership Team.
- On a monthly basis, the Johns Hopkins Outpatient Pharmacy will send each participating clinic its OMAP utilization report.
- With this utilization data, clinics can compare OMAP vouchers that were utilized to OMAP vouchers that were issued in order to determine whether a prescription has been filled by the patient.

### **Additional Resources**

To assist clinics in meeting both short and long term medication needs, Ambulatory Care Clinical Pharmacy Specialists are available for consultation. These specialists can suggest treatment options for short and long term prescription management. For information, please contact Alona Crowder at [awill163@jhmi.edu](mailto:awill163@jhmi.edu) or 410-955-8761.

### **Other questions?**

Please contact Mary Ann Dunlay at [mlesnia2@jhu.edu](mailto:mlesnia2@jhu.edu) or the Office of Policy Coordination at 410-516-5560.