

Pharmaceutical Management Commercial Plans 2017



HEALTH PLAN COMMUNITY

Customer Service: (888) 327-0671 TTY: 711

Pharmacy Administration: (810) 244-1660

Visit our website at:

McLarenHealthPlan.org

Introduction

Pharmaceutical management promotes the use of the most clinically appropriate, safe and cost effective medications. McLaren Health Plan (MHP) works together with a Pharmacy Benefits Manager to administer drug formularies, that fit industry standards and meet all required regulations. MHP offers two Commercial drug formularies:

- Standard Commercial Drug Formulary: Used by Large Groups with 50 or more employees.
- On/Off the Marketplace Drug Formulary: Used by Individuals and Small Groups with less than 50 employees.

Both MHP Commercial Drug Formularies include one or more medications in each therapeutic class covered under a member's pharmacy benefit. The drug formularies can be found at McLarenHealthPlan.org or through the Epocrates system.

In addition to the full drug formularies, MHP has created Quick Formulary Guides for each commercial formulary. The Quick Guide is a list of commonly prescribed medications, that are covered byr MHP. The Quick Guide is sorted by drug class and, can be obtained in new member packets, on the website or by calling our Customer Service Department at (888) 327-0671.

Prescription Drug Coverage*

If a member has pharmacy coverage it will be described in either a Drug Rider or in the member's Certificate of Coverage and Schedule of Copayments and Deductibles. All individual and small group members have MHP pharmacy coverage, and most of the large group members have MHP pharmacy coverage. If the member has prescription drug coverage it is described in the benefit information he/she received in the MHP new member packet. Please contact our Customer Service Department at (888) 327-0671 for prescription drug coverage related questions.

** Not all of our plans use drug riders anymore*

Covered Benefits

- Federal legend drugs identified on a MHP Commercial Drug Formulary.
- Select over-the-counter (OTC) items, identified on the drug formulary, prescribed by a prescribing provider.
- Diabetic supplies limited to needles, syringes, lancets and Bayer® manufactured test strips.

Non-Covered Benefits

- Cosmetic medications or medications prescribed for cosmetic purposes
- Medications used for investigational or unproven uses.
- Medical foods or agents that are not regulated by the Food and Drug Administration.
- OTC medications not listed on the drug formulary.
- Vaccines.

In addition, the drug benefit does not reimburse for drug products acquired for or administered in an inpatient hospital, outpatient hospital, emergency room or clinic, or physician's office or clinic.

Medication Copayment Tiers:

Pharmacy copayments are determined based on the member-specific MHP plan and by the placement of medications into copayment levels, also known as Tiers, on the drug formulary. The MHP Commercial formularies have the following tiers:

- Tier 1/ Formulary Generic: Formulary preferred generic medications, lowest copay.
- Tier 2/ Formulary Brand Name: Formulary preferred brand name medications, medium copay.
- Tier 3/ Non-Preferred Brand Name or Generic: Brand name and generic medications which have been designated as non-preferred, highest copay.
- Preventive: Zero copay.
- Specialty.

Dispense as Written (DAW) and Generic Mandate Policy

There is automatic generic substitution required on all prescriptions covered by MHP.

If a prescribing provider requests a brand name when a generic version is available (DAW-1), reimbursement to the pharmacy will be at the established Maximum Allowable Cost (MAC) limits. The member will be charged the difference in price between the brand name product and the generic product, plus any applicable copay, unless a prior authorization request (see page 7), has been approved by the health plan.

If a member requests a brand name medication when a generic version is available, DAW-2 designated on the prescription, reimbursement will be at the established MAC limit. The

member will be responsible for the difference in price between the brand name product and the generic product, plus any applicable copay.

If a pharmacy is out of stock of a generic medication and chooses to dispense the brand name product, reimbursement to the pharmacy will be at the MAC limit. The member has the option of obtaining the generic drug, covered in full, at another pharmacy within MHP's pharmacy network.

Step Therapy (ST) Edits

Step Therapy Edits allow MHP to define a logical sequence of therapeutic alternatives. MHP provides coverage for medications indicated as "ST" (Step Therapy restricted) after a predetermined previous or concurrent drug therapy sequence has been met.

Prior Authorization/Drug Exception Request

MHP has placed a Prior Authorization (PA) restrictions on certain medications within the drug formularies. PA means the medication requires special approval before it will be considered for coverage under MHP. A medication may require a prior authorization due to safety concerns or to ensure a more cost effective formulary alternative cannot be used.

If a prescribing provider feels a medication that requires prior authorization is medically necessary, then a prior authorization form, found on page 7, should be completed by the prescribing provider and faxed to the number indicated on the form. Please contact MHP at (888) 327-0671, if you should have questions regarding the PA process or the status of a PA request.

Note: If the member is in need of an emergency supply of a medication that requires prior authorization, please contact our Customer Service Department at (888) 327-0671 for assistance.

Compounded Medications

All compounded medications require PA. Upon approval, the medication must be obtained at an in-network compounding pharmacy. Paper claims submitted by an out-of-network compounding pharmacy will not be accepted.

Mail Order Pharmacy

MHP has contracted mail order pharmacies. Our members can fill up to a 90-day supply of **brand name** medications through the mail order after a 30-day trial has been completed. Mail order brochures are available on our website or by calling our Customer Service Department.

Note: Generic medications cannot be obtained by mail order.

Specialty Pharmacy Medications

Medications on a drug formulary identified with a Specialty Pharmacy (SP) restriction must be obtained through a MHP approved specialty pharmacy. The specialty pharmacy will mail the specialty pharmacy medication to the member's home or to the prescribing provider's office. All specialty pharmacy medications are limited to a maximum 30-day supply. Medications used to treat cancer, endometriosis, Hepatitis C, multiple sclerosis, osteoporosis and rheumatoid arthritis are **some** examples of specialty pharmacy required agents.

Dose Optimization and Quantity Limits

Quantity limits (QL) are used to ensure patient safety, increase patient compliance and decrease pharmacy costs. Medications with quantity limits are identified on a drug formulary with a QL restriction. The health plan may limit the quantity of a medication to:

- A specified quantity per day, month or year.
- A specified quantity per lifetime.
- A specified quantity across a drug class.

Note: If a prescribing provider feels a different quantity is medically necessary for a patient, a request for PA (see page 7) should be submitted to the health plan for review.

Drug Formulary Review and Modification

A committee of health professionals (doctors, pharmacists and nurses) meets throughout the year and maintains the MHP Commercial Drug Formularies. The following changes have an impact on the Commercial Drug Formularies:

- Drug recalls.
- Marketplace withdrawals/product discontinuation.
- New generic availability.
- New medication releases.

Prescribing providers may ask for a modification to any drug formulary by contacting our Pharmacy Administration Department at (810) 244-1660, or by faxing in a written request to (810) 213-0290. Requests for formulary modification will be reviewed by our Pharmacy Administration Department and taken to the formulary committee for determination.

Medication Prior Authorization Request Form



Your request cannot be processed without complete information which includes provider specialty.

Member Information

Member name:		Member ID:
Date of birth:	Sex: <input type="checkbox"/> Female <input type="radio"/> Male	**Expedited/Urgent <small>**By checking this box, I certify applying the standard review time frame may jeopardize the health of the member or the member's ability to regain maximum function.</small>

Provider Information

Provider name:		Provider NPI#:
Phone:	Fax:	Specialty:
Name & title of person completing form:		

Medication Information

Drug name	Strength	Administration schedule	Length of therapy	Quantity required
Patient diagnosis for use of medication				
Previous history of a medical condition, allergies or other pertinent medical information that necessitates use of this medication:				
Has the patient been seen by any other provider for this condition? Yes No				
If so, what was the prescriber's specialty:				
Previous non-prior authorized and prior authorized medications tried and failed for this condition:				
Name of medication		Reason for failure		Date
Pertinent laboratory test or procedure (if applicable)				
Procedure		Findings		Date
Other Information:				

To Prescriber- Complete ENTIRE form and send to:

Magellan Rx Prior Authorization Department

2520 Industrial Row Dr, Troy, MI 48084

Phone: 1-248-540-6686

Fax: 1-888-656-3604

The fax number is only for prior authorization requests.

Pharmacy will only accept original prescription orders from patients.

Faxed prescriptions can be accepted if faxed to the member's pharmacy by the prescribing physician.

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G-3245 Beecher Road • Flint, Michigan • 48532

tel (888) 327-0671 • fax (877) 502-1567

McLarenHealthPlan.org

Discrimination is against the law

McLaren Health Plan, MHP Community, McLaren Advantage (HMO) and McLaren Health Advantage (collectively McLaren) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. McLaren does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

McLaren:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free (no cost) language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact McLaren's Compliance Officer. If you believe that McLaren has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

- McLaren's Compliance Officer
 - Write: G-3245 Beecher Rd., Flint, MI 48532
 - Call: (866) 866-2135, TTY: 711
 - Fax: (810) 733-5788
 - Email: mhpcompliance@mcclaren.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, McLaren's Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue
SW Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TTY)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-327-0671 (TTY: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-327-0671 (رقم هاتف الصم والبكم: 711).

Syriac/Assyrian:

ܡܠܚܘܙܬܐ: ܐܕܐ ܟܢܬܐ ܬܬܚܕܬܐ ܐܕܟܪ ܐܠܠܘܓܬܐ، ܦܐܢ ܟܕܡܐܬ ܡܫܥܘܕܐ ܐܠܠܘܓܝܬܐ ܬܢܘܘܦܪ ܠܟ ܒܐܡܚܐܢ. ܐܬܘܘܠ ܒܪܩܡ 1-888-327-0671 (ܐܬܘܘܠ ܒܪܩܡ ܗܐܬܘܦ 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-327-0671 (TTY : 711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-327-0671 (TTY: 711).

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-327-0671 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-327-0671 (TTY: 711)번으로 전화해 주십시오.

Bengali: লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৮৮-৩২৭-০৬৭১ (TTY: 711)।

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-327-0671 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-327-0671 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-327-0671 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-327-0671 (TTY:711) まで、お電話にてご連絡ください。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-327-0671 (телетайп: 711).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-327-0671 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-327-0671 (TTY: 711).