Pharmacy Benefits Manager

CVS/caremark, is MVP's pharmacy benefit manager (PBM) for all retail and mail order prescriptions. This applies to all MVP products that offer prescription drug coverage. The CVS Mail Order Pharmacy, part of the CVS/caremark family of pharmacies is the mail order pharmacy vendor MVP uses to fill prescriptions for maintenance medications for MVP products that have a mail order benefit.

Prescription Drug Benefits

MVP offers multiple different prescription drug rider options. . The CVS/caremark claims system is configured to adjudicate these different riders as well as program-mandated prescription drug coverage. Most drug plans have prior authorization, step therapy, or quantity limit requirements on select medications. Refer to the MVP formularies on the website for a complete list of drugs that are subject to pharmacy management programs.

Pharmacy and Therapeutics (P&T) Committee

MVP's P&T Committee is comprised of physicians from multiple specialties and primary care, practicing pharmacists, and MVP staff. The committee uses utilization, pharmaco-economic, and clinical information to develop drug inclusion/exclusion criteria. Each new drug requires prior authorization for at least six months. For the Medicare Part D formulary, new drugs may be excluded until the next benefit year. The P&T Committee evaluates the value of adding a new drug to the formulary based upon whether or not the new drug offers significant clinical and therapeutic advantages over current formulary drugs. The committee also designates in which coverage tier a specific drug is placed and reviews all policies and drug classes at least annually.

Commercial Prescription Drug Formulary

The MVP Commercial formulary applies to members with employer-sponsored large group or select self-funded [ASO] prescription drug coverage

The formulary is a guide to use when prescribing medications for members. The drugs listed on the formulary are intended to provide sufficient therapeutic options for most situations. The formulary is available in several formats:

- The most current printed version is available on the MVP website at **www.mvphealthcare.com**.
- Periodic updates are published in the *Healthy Practices* newsletter and/or sent to provider offices via FastFax. Updates also can be found on the MVP website.
- A downloadable electronic version for any PDA device is available at **www.epocrates.com**.

The formulary is divided into three tiers:

- Tier 1 generally includes preferred generic drugs.
- Tier 2 includes covered brand name drugs chosen for their overall value.
- Tier 3 includes all other covered prescription drugs and all new drugs* that are under review.

*A "new drug" is defined as a new molecular entity or biosimilar; a new route of administration; a new dosage form, formulation, or delivery system; a combination of currently approved drugs; a drug with potential safety and/or efficacy issues; and a drug that has the potential for inappropriate utilization.

MVP Marketplace Prescription Drug Formulary

The MVP Marketplace formulary applies to members with employer-sponsored small group or individual-purchased through MVP or the state Exchange, or Essential Health Plan prescription drug coverage

The formulary is a guide to use when prescribing medications for members. The drugs listed on the formulary are intended to provide sufficient therapeutic options for most situations. The formulary is available in several formats:

- The most current printed version is available on the MVP website at **www.mvphealthcare.com**.
- Periodic updates are published in the *Healthy Practices* newsletter and/or sent to provider offices via FastFax. Updates also can be found on the MVP website.
- A downloadable electronic version for any PDA device is available at **www.epocrates.com**.

The formulary is divided into three tiers:

- Tier 1 generally includes preferred generic drugs.
- Tier 2 includes covered non-preferred generics and brand name drugs chosen for their overall value.
- Tier 3 includes all other covered prescription drugs and all new drugs* that are under review.

Members in select Essential Health Plan pharmacy riders may have coverage of some over-the-counter medications.

*A “new drug” is defined as a new molecular entity or biosimilar; a new route of administration; a new dosage form, formulation, or delivery system; a combination of currently approved drugs; a drug with potential safety and/or efficacy issues; and a drug that has the potential for inappropriate utilization.

MVP Medicaid Prescription Drug Formulary

This Formulary is a guide to use when prescribing medications for MVP Medicaid members. This formulary promotes the use of generic medications. The formulary is available in several formats:

- The printed version is available on the MVP website **www.mvphealthcare.com/ provider/pharmacy.html**.
- Periodic updates are published in the *Healthy Practices* newsletter and/or sent to provider offices via FastFax. These updates also can be found on the website.
- A downloadable electronic version for any PDA device is available at **www.epocrates.com**. MVP’s website offers a link to ePocrates®.

The MVP Medicaid formulary is divided into two tiers:

- Tier 1 includes all generic medications.
- Tier 2 includes formulary brand medications selected for their overall value.

Non-formulary drugs require prior authorization from MVP. Some drug classes such as erectile dysfunction drugs, weight loss drugs, drugs used to treat infertility and cough and cold products, are excluded from coverage.

The MVP Medicaid benefit includes coverage for select over-the-counter medications, diabetic supplies, enteral products and some medical supplies.

Coverage is limited to a 30-day supply of medications at a participating retail pharmacy. Mail order is not a covered benefit. Specialty medications may be obtained from CVS Specialty Pharmacy, MVP's specialty pharmacy vendor, or a contracted specialty retail pharmacy.

The formulary exception and prior authorization process are the same as for Commercial and Marketplace members. Prescribing practitioners should use existing MVP prior authorization forms found on our website.
All prior authorization and formulary exception requests for MVP Medicaid members can also be submitted on the new Medicaid standardized prior authorization form. This form can be found on our website at
www.mvphealthcare.com/provider/documents/NYS_Medicaid_prescription_drug_prior_authorization_form.pdf.

Formulary Indicators^

- **Mail** – Those medications listed with an asterisk (*) are available via mail order.
- **Step Therapy (st)** – Certain drugs requiring prior authorization have a step therapy edit in place to systematically allow a claim to process if certain criteria are met. These edits are supported by MVP benefit interpretations that are available in the MVP's Provider Portal.. Prior authorization is required if step therapy edits are not met.
- **Prior authorization (#)** – Requests for drugs requiring a prior authorization must be submitted through the Pharmacy Department using the Medication Prior Authorization Request form and faxing it to **1-800-376-6373** for commercial, Marketplace and Medicaid members. Benefit interpretations containing applicable prior authorization criteria are available from MVP and are available in the MVP Provider Portal.
- **Quantity Limit (q)** – Certain drugs have quantity limitations or durations. Benefit interpretations containing the applicable prior authorization criteria are available from MVP.
- **Specialty Medications (+)** – Certain drugs must be obtained from the MVP specialty pharmacy vendor.
- **Medical (M)** – A prescription drug rider is not required for coverage

^ The above indicators are common across multiple formularies. Each formulary may also contain additional indicators. Please refer to the descriptions noted within the formulary for additional information.

Prescription Drug Formulary – Medicare Part D

The MVP Medicare Part D formulary applies to all members with Part D prescription drug coverage. The Part D formulary is a guide to use when prescribing medications for members. The drugs listed in the formulary are intended to provide sufficient therapeutic options for most situations. The formulary is available in several formats:

- The printed version is available on the MVP website **www.mvphealthcare.com/medicare**.
- Periodic updates are published in the *Healthy Practices* newsletter and/or sent to provider offices via FastFax. These updates also can be found on the website.
- A downloadable electronic version for any PDA device is available at **www.epocrates.com**. MVP's website offers a link to ePocrates®.

The Part D formulary is divided into five tiers:
Tier 1 includes select generic drugs for diabetes, blood pressure control, bone health, heartburn, and ulcers. The drugs in Tier 1 are provided at no cost. Tier 2 includes non-preferred generic drugs.

- Tier 3 includes non-preferred generics and preferred brand drugs that have the lowest cost share for brand name drugs.
- Tier 4 includes non-preferred brand name and non-preferred generic drugs. In addition, Part D drugs excluded from the formulary must go through an exception process in order for MVP to cover them. If they are approved, they will be covered in Tier 4.
- Tier 5 (Specialty tier) includes most drugs (brand name and generic) that cost $600 or more for a 30-day supply. All drugs in this tier are restricted to a 30-day supply at retail and are excluded from the mail order program.
- Tier 6 includes select vaccines such as Zostavax or tetanus.

The Medicare Part D formulary excludes most new drugs and most drugs with a generic equivalent (as determined by the FDA). These drugs may be obtained through the Formulary Exception Procedure (see below). Some enhanced Part D riders may include coverage of Medicare Part D excluded drugs, including, drugs for weight loss or weight gain, or erectile dysfunction medications. Prior authorization and quantity limits for these medications follow the Commercial pharmacy policies.

Members and providers may view MVP's Medicare Part D Pharmacy Management programs on the MVP website at http://www.mvphealthcare.com/medicare/PartD/partd_pharm_mgmt.html. Requests for Prior Authorization and Formulary Exceptions should be submitted using the MVP Prior Authorization form or the Medicare Part D Coverage Determination form and faxing the completed form, including the physician supporting statements, to 800-401-0915.

Formulary (Medicare Part D) Indicators

- **Mail Order (MO)** – Medicare Part D drugs that are available to be filled through the CVS/caremark Mail Order Pharmacy (mail order).
- **Prior Authorization (PA)** – MVP requires prior authorization for certain drugs.
- **Quantity Limits (QL)** – For certain drugs, MVP limits the amount of the drug that we will cover. For example, MVP covers one tablet per day for Uloric ®. This limit may be applied to a standard one-month or three-month supply.
- **Step Therapy (ST)** – In some cases, MVP requires certain drugs to treat a medical condition to be tried before we will cover another drug for that condition. For example, if Drug A and Drug B both treat a medical condition, MVP may not cover drug B unless Drug A is tried first. If Drug A does not work, MVP will then cover Drug B.
- **Dispensing Limits (DL)** – Certain drugs are limited to a 30-day supply through a retail pharmacy and are not available through the mail order pharmacy.
- **Limited Availability (LA)** – Some medications are available only through a designated Specialty Pharmacy because of manufacturer limited distribution.
- **Part B versus Part D drug coverage (B/D)** – Some drugs could be covered under the Part B or Part D benefit, depending on the specific member situation. This means that a request must be submitted to MVP to determine, based on Medicare guidelines, if the drug will be covered as Part B or Part D.

Medical Injectables and Vaccines

Most injectable medications, including all vaccines (**except Part D vaccines for Medicare members), administered in a providers office must be obtained by the provider and billed to MVP on the appropriate billing code (i.e. J-code), unless otherwise specified. Office-administered injectable medications should not be purchased at the retail pharmacy by the member and transported back to the office. These medications are not covered under the member's prescription drug benefit when obtained at a retail pharmacy. Review the Medicare

Part D formulary at **www.mvphealthcare.com** which includes injectable medications that may be covered under the Medicare Part D benefit.

****For Medicare members**: All commercially-available vaccines will be covered under the Part D pharmacy benefit only (unless excluded as a Part B benefit, such as pneumococcal and influenza vaccines). This also includes the administration fees associated with the vaccinations. **All Part D vaccines and vaccine administration fees must be billed through CVS/caremark.** Since physician offices may not be able to bill CVS/caremark directly, Preferred Gold/Gold Value HMO, GoldAnywhere/USA Care PPO, BasiCare, and MVP RxCare PDP members may need to pay the provider for the vaccine and administration fee and then submit a reimbursement claim directly to Medco. Members will be reimbursed the negotiated rate minus their applicable copayment for these vaccines. Reimbursement forms are available at **www.mvphealthcare.com**. Providers now have an online option for processing Medicare Part D vaccine claims electronically. **TransactRx Part D Vaccine Manager**, a product of Dispensing Solutions Inc., provides physicians with real time claims processing for in-office administered vaccines. This new online resource helps to reduce the current challenges in providing Medicare Part D vaccines and vaccine administration reimbursement to our members. Enrollment in TransactRx is available at no cost to providers. Simply complete the one-time online enrollment process at **www.enroll.transactrx.com**.

For questions related to enrollment or claims processing, contact Vaccine Manager Support at **1-866-522-3386**.

When to Contact MVP's Pharmacy Department

The following are examples of when to contact the Pharmacy Department under either urgent or routine circumstances:

- Medications requiring prior authorization (including medical drugs listed on the formulary)
- Medications that are not on the formulary when the member has a two-tier prescription drug benefit* or is a Medicare Part D member.
- Medications subject to step therapy when criteria is not systematically met.
- Medications that are subject to quantity limitations or durations.

*For members with a two-tier prescription drug benefit (MVP Medicaid or MVP Child Health Plus), a prior authorization for non-formulary agents will be considered in accordance with criteria listed in the MVP Pharmacy Programs Administration Policy. The form must be completed before the member fills the prescription at the pharmacy.
Incomplete information on the request may result in a decision delay or denials. The provider must fax the completed form to the appropriate fax number listed on the form. All urgent requests must be marked "Urgent" at the top of the form. The turn-around time for urgent requests is typically 1 business day from MVP's receipt of the request; and 3 business days for non-urgent requests. Requests for Vermont members covered under Rule H, Medicaid Prescriber Prevails drugs and Medicare Part D requests will vary by state regulations. See Coverage Determination for Medicare Members below.

Only the prescriber, authorized agent, member or member's authorized representative may initiate a prior authorization or coverage determination. An authorized agent is someone who is an employee of the prescribing practitioner and has access to the member's medical records (e.g. nurse, medical assistant, etc.). An authorized representative is someone who has been designated by the member to represent them for a specific healthcare decision via a Power of Attorney (POA) or Authorization of Representation (AOR) form. Pharmacists, pharmacies, third-

party vendors, or other patient advocacy personnel are not eligible to initiate a prior authorization or coverage determination. Requests from these providers will not be accepted.

Pharmacy Forms

All pharmacy-related prior authorization forms are available at **www.mvphealthcare.com** on the Provider page under Forms. Forms should be faxed to the phone number on the bottom of each form.

Formulary Exception Process

There may be occasions when a non-formulary medication is medically necessary. In such cases, the appropriate medication may be obtained through the MVP Formulary Exception Process as follows:

1. The provider completes the *Medication Prior Authorization Form* before the member fills the prescription at the pharmacy.
2. The provider faxes the completed form and all necessary clinical documentation to support the medical necessity for the exception to the appropriate fax number listed on the form. A letter containing the decision to approve/deny the request is sent to the provider and the member, preceded by a phone call. Although circumstances may vary, reasons for approving an exception may include documented:
    - allergic/adverse reaction to the formulary agents
    - therapeutic failure of formulary agents
    - patient therapy-stability issues where a formulary agent is contraindicated or a change in therapy is inadvisable
    - patient-specific contraindication or reason formulary agents are inappropriate

Coverage Determination Procedure for Medicare Members

Coverage determination requests may be submitted on one of the MVP Prior Authorization Request forms or by using the Medicare Part D Coverage Determination Request form and faxed to **1-800-401-0915**. Coverage determinations are requests required for:

- drugs that require Prior authorization
- drugs subject to Step Therapy
- Part D drugs that are excluded from the formulary
- quantity limits that are in excess of the formulary allowed amount
- tier exceptions (requests to cover a drug at a lower tier copay then what is listed on the formulary)

Coverage determination requests for drugs that require prior authorization or step therapy will be reviewed and a decision made within 72 hours of the receipt of the request unless the request is marked “URGENT,” in which case the request will be reviewed and a decision made within 24 hours. Coverage determination requests to cover an excluded Part D drug, a quantity that exceeds the allowed amount, or a request to cover a drug at a lower-tier copay must be accompanied by a supporting statement from the prescriber. Requests submitted without the supporting statement will be pended for a decision until the information is received but no longer than 28 days from the receipt of the request. Supporting statements may include:

- Rationale why all other drugs included on the formulary have not been or would not be as effective, or would cause adverse effects compared to the non-formulary (higher tier) drug, formulary excluded drug, or drug requiring step therapy. (Tier exceptions to a generic cost share tier and drugs within

the specialty tier to a lower cost share tier are excluded. Approved formulary exceptions are also exempt from tier exceptions.)

- The number of doses available have not been effective, would likely not be effective, or would adversely affect the drug's effectiveness.

Mail Order Pharmacy

MVP members (excluding MVP Medicaid, MVP Child Health Plus, some MVP Marketplace and Essential Health Plan, and some MVP Select Care [ASO] members) may use the mail service option when filling prescriptions. Mail service includes home delivery of medications. In most cases, there are member copayment savings by ordering a 90-day supply. When prescribing a drug eligible for the mail order program for the initial order, the MVP member may ask the provider to write two prescriptions. One is for up to 30 days to be filled at a local pharmacy. The other can last up to 90 days, with refills for up to one year, and can be filled through the CVS/caremark Mail Order Pharmacy, part of the CVS/caremark family of pharmacies. MVP recommends that an order be placed two to three weeks before medications are needed to save on rush delivery charges and avoid possible problems if the shipment is delayed. Not all prescription drugs are eligible to be filled through the Mail Order Pharmacy. Please refer to the MVP formularies to determine if the drug is eligible to be filled through the Mail Order Pharmacy.

Brand/Generic Difference Program

When a health care provider writes a prescription for a brand name drug and indicates "dispense as written" and there is a Food and Drug Administration (FDA) approved generic equivalent, the member will be responsible for paying the generic copay plus the difference between the cost of the brand and generic drug. This Brand/Generic Difference program helps encourage the use of generic drugs over brand name drugs. This does not apply to all MVP prescription benefits. Please refer member to their prescription rider to determine if a copay penalty applies.

Note: Copayment reduction for medical necessity for commercial and Marketplace members may be submitted for medications subject to the brand/generic difference only. Criteria must meet that listed in the MVP Copayment Adjustments for Medical Necessity policy. Requests should be submitted on the *Medication Prior Authorization form* and specifically marked "Copayment Adjustment."
Members with a Medicare Part D pharmacy benefit will not have coverage for brand name drugs that have an FDA-approved generic equivalent as they are excluded from the Part D formulary. Coverage for these medications may be requested through the Formulary Exception process.

CVS Specialty Pharmacy

CVS is MVP's specialty pharmacy provider for select self-injectable and oral medications. Many specialty medications require prior authorization, which is obtained directly from MVP through the process described above. Prescription orders may be placed with CVS Specialty via fax, phone, or mail. Use CVS Specialty's toll-free fax at **1-800-323-2445** or call **1-866-444-5883**. Refer to the MVP Formularies to determine if a medication must be obtained from CVS Specialty. Once the order is placed, CVS Specialty will contact the member to set up an account and arrange for delivery. Free delivery is available to the member's home or provider's office. CVS Specialty also offers educational support, compliance monitoring, adherence counseling, and coordinated care with the provider's office regarding these medications. Ancillary supplies, such as syringes and needles, may be provided to members at no additional charge.

Compounded Prescriptions
For all lines of business except Medicare Part D, compounded prescriptions more than $100 require prior authorization from MVP. In addition, these prescriptions are non-formulary and tier 3 (Commercial and Marketplace members). Refer to the MVP Compounded Medication BIM for additional information.

Onco360
For those unique situations where a physician is administering an oncology drug in the office setting and is not able to obtain the medication through their supplier, MVP has contracted with OncoMed to provide a select list of oncology medications. Order forms are available on MVP's website to **www.mvphealthcare.com/provider/ny/forms.html**. More information on OncoMed and the medications they can deliver can be obtained from your Professional Relations representative.