Pharmacy Services

J.1 Table of Contents

J.2 At a Glance

J.4 Pharmacy Policies

J.6 UPMC Health Plan (Commercial) Pharmacy Programs

J.12 UPMC *for Kids* (CHIP) Pharmacy Program

J.14 UPMC Community HealthChoices (Medical Assistance) Pharmacy Program
UPMC *for You* (Medical Assistance) Pharmacy Program

J.18 UPMC *for Life* (Medicare) Pharmacy Program
UPMC *for Life* Complete Care (HMO SNP) Pharmacy Program

J.22 Where to Obtain Prescriptions

© 2021. Updated 4-15-21. All rights reserved.

At a Glance

UPMC Health Plan's Pharmacy Services Department helps to monitor appropriate utilization and manage health care dollars spent on prescription medications as well as the benefit plans for all lines of business. The department also works with Medical Management to coordinate Member care regarding medications.

UPMC Health Plan offers four prescription programs to commercial Members—
- Your Choice, a five-tier formulary
- Advantage Choice, a seven-tier formulary
- Value Choice, a three-tier formulary
- Open Choice, a two-tier open formulary

There are also separate formularies for the following products:
- UPMC Community HealthChoices (Medical Assistance)
- UPMC *for Kids* (Children's Health Insurance Program)
- UPMC *for Life* (Medicare)
- UPMC *for Life* Complete Care (HMO SNP)
- UPMC *for Life* Premier Rx (Medicare)
- UPMC *for You* (Medical Assistance)

Each of the formulary programs includes the following features:
- Mandatory generics
- Lists of preferred drugs, otherwise known as formulary medications
- Prior authorization or step-therapy requirements for selected medications
- Quantity limits (based on FDA guidelines and accepted standards of care)

The formularies are developed by UPMC Health Plan's Pharmacy and Therapeutics (P&T) Committee, which comprises local providers and pharmacists.

UPMC Health Plan's clinical pharmacists:
- Answer medication-related questions from providers and network pharmacies.
- Develop and conduct prospective and retrospective drug utilization reviews.
- Educate providers, network pharmacies, and Members on pharmacy changes.
- Serve as a clinical resource for the provider network.
- Conduct a medication therapy management (MTM) program.
- Provide education materials to network practices to support drug selection and use based on the best objective and clinical evidence.

© 2021. Updated 4-15-21. All rights reserved.

UPMC Health Plan encourages providers to contact the **Pharmacy Services Department** at **1-800-979-8762** with comments or questions about a Member's medication history, duplicate medications, or medication compliance. **Pharmacy Services** is available from 8 a.m. to 6 p.m., Monday through Friday, and Saturday from 8 a.m. to 3 p.m.

Providers may submit coverage determination requests to **Pharmacy Services** electronically online at **upmc.promptpa.com,** by calling **1-800-979-8762**, or by sending a fax to **412-454-7722.**

For the most current information about the UPMC Health Plan pharmacy formulary and related resources, refer to **upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx.**

Obtaining Prior Authorization

To obtain authorization for a medication that requires a prior authorization, has quantity limits requirements, or for a non-formulary medication, providers may submit the request to **Pharmacy Services** electronically online at **upmc.promptpa.com,** by calling **1-800-979-8762**, or by sending a fax to **412-454-7722.** Pharmacy prior authorization forms are located at: **upmchealthplan.com/providers/medical/resources/forms/pharmacy-pa.aspx.**

UPMC Health Plan will immediately communicate all coverage determinations and prior authorization decisions via fax to the provider's office once the review process is completed. If a fax number is not available, UPMC Health Plan will communicate decisions via telephone and will mail a copy of any decision documentation to the provider's office. If a request is denied, UPMC Health Plan will mail the Member a letter fully explaining the rationale for the denial of coverage.

Closer Look at the Prior Authorization Process for UPMC Community HealthChoices and UPMC *for You*

For UPMC Community HealthChoices Participants and UPMC *for You* Members, a response will be provided to the request for prior authorization by fax or mail.

The response will indicate approval or denial of the prescription within **24 hours** of the request.

If the request for prior authorization is denied, a written denial notice will be issued to the prescriber and the Member within **24 hours** of receiving the prior authorization request.

© 2021. Updated 4-15-21. All rights reserved.

Pharmacy Policies

Medications may require authorization before they are dispensed to Members. Authorizations may be required for the following reasons:

- Medications with a prior authorization or a step therapy requirement
- Medications that exceed UPMC Health Plan's quantity limits
- Medications that are non-formulary

➢ See **upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx** for a complete list of medications.

In some cases, clinical documentation is necessary for reviewing these medication requests. All requests will be reviewed promptly, and the decision will be communicated to the provider and/or Member when applicable.

To obtain authorization for a medication that requires a prior authorization, has quantity limits, or for a non-formulary medication, providers may submit the request to **Pharmacy Services** electronically online at **upmc.promptpa.com,** by calling **1-800-979-8762**, or by sending a **fax** to **412-454-7722**.

Prior Authorization Criteria

Prior authorizations are set on a specific drug-by-drug basis and require specific criteria for approval based upon FDA and manufacturer guidelines, medical literature, safety concerns, and appropriate use. Drugs that require prior authorization may be newer drugs for which UPMC Health Plan wants to track usage, drugs not used as a standard first option in treating a medical condition, or drugs with potential side effects that UPMC Health Plan wants to monitor for safety. All prior authorization criteria are reviewed and approved by the Pharmacy and Therapeutics (P&T) committee.

The provider must submit clinical information to UPMC Health Plan for medications that require prior authorization and once that information is received, a decision regarding the medical necessity of the requested medication will be made.

➢ See **upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx** for a complete list of medications.

© 2021. Updated 4-15-21. All rights reserved.

Step Therapy

Step therapy is a process to ensure that UPMC Health Plan preferred medications are used as the first course of treatment. If the preferred medication is not clinically effective or if the Member has side effects, another medication may be used as the second course of treatment.

The rules for each step therapy medication are built into the pharmacy computer system. These medications are automatically approved if there is a record that the Member has already tried a preferred drug. If there is no record of a preferred medication in the Member's medication history, the provider must submit clinical information to UPMC Health Plan for review. Once that information is received, a decision regarding coverage for the requested medication will be made.

- See **upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx** for a complete list of medications.

Quantity Limits

The United States Food and Drug Administration (FDA) publishes guidelines on the safest and most efficient ways to use certain medications. For these medications, UPMC Health Plan's P&T Committee follows the FDA and manufacturer's recommended dosing guidelines and limits how much of the medication the Member may receive in a certain time period. Providers are encouraged to incorporate these quantity limits into their prescribing patterns.

- See **upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx** for a complete list of medications.

Mandatory Generics

Most formularies require the use of a generic version of a drug if one is available.

© 2021. Updated 4-15-21. All rights reserved.

UPMC Health Plan (Commercial) Pharmacy Programs

UPMC Health Plan offers four prescription programs to commercial Members:

- Your Choice, a five-tier formulary
- Advantage Choice, a seven-tier formulary
- Value Choice, a three-tier formulary
- Open Choice, a two-tier open formulary

Your Choice (Five-Tier) Pharmacy Program

Your Choice features a five-tier formulary. Many medications, unless they are benefit exclusions, are reimbursed under this program. This allows for accessibility of multiple medications within a class and permits Members and providers to determine the medication that is best for the individual Member.

Tier 1

- Tier 1 is for preferred generic medications, which have the lowest copayment.
- Preferred generic medications offer the same level of safety and quality as their brand-name equivalents.

Tier 2

- Tier 2 is for preferred brand medications.
- UPMC Health Plan classifies these medications as "preferred" because of their value and effectiveness.

Tier 3

- Tier 3 is for non-preferred medications and includes both brand and generic drugs.

Tier 4

- Tier 4 is for specialty medications.
- These medications usually treat complex and rare conditions.
- These drugs can be high-cost medications and biologicals, regardless of how they are administered, (i.e., injectable, oral, transdermal, inhalant, etc.).

© 2021. Updated 4-15-21. All rights reserved.

Tier 5

- Tier 5 is for zero cost-share preventive medications.
- The pharmacy benefit plan may include coverage for some preventive medications at no cost share if certain criteria are met in accordance with the Patient Protection and Affordable Care Act of 2010 (PPACA).
- Additional details can be found in the Member's pharmacy benefit rider.

Your Choice requires the Member to use a generic version of the drug if one is available. If a Member has a mandatory generic plan and receives a brand-name drug when a generic is available, the Member must pay the brand-name copayment in addition to the retail cost difference between the brand-name and generic forms of the drug.

The Your Choice pharmacy program utilizes authorization programs, step therapy, quantity limits, and benefit exclusions.

A **90-day** supply of most drugs is available at a retail pharmacy or from the mail-order pharmacy, **Express Scripts.** The customer service center is available at **1-877-787-6279 (TTY: 1-800-899-2114)** or **express-scripts.com/lowercost.** Quantities are limited to a **30-day supply** for controlled substances and for medications defined as specialty.

Your Choice drugs are listed in the Pharmacy Benefit Guide. This is a listing of the most commonly prescribed drugs and represents an abbreviated drug formulary that is at the core of this pharmacy benefit plan.

Benefit exclusions are listed in the **Medications Not Covered by Your Choice** table in the Pharmacy Benefit Guide.

Prescription drugs not covered on the formulary are listed in **Non-Covered Medications with Covered Alternatives** section of the Pharmacy Benefit Guide.

Your Choice Pharmacy Program Guide

- See **upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx** to view the Your Choice Prescription Drug Formulary.

© 2021. Updated 4-15-21. All rights reserved.

Advantage Choice Pharmacy Program (Seven-Tier)

The Advantage Choice pharmacy program features a seven-tier formulary for covered prescription medications.

Tier 1

- Tier 1 is for preferred generic medications, which have the lowest copayment.
- Preferred generic drugs offer the same level of safety and quality as their brand-name equivalents.

Tier 2

- Tier 2 is for preferred-brand medications.
- UPMC Health Plan classifies these drugs as "preferred" because of their value and effectiveness.

Tier 3

- Tier 3 is for non-preferred medications and includes both brand and generic drugs.

Tier 4

- Tier 4 is for specialty medications.
- These medications usually treat complex and rare conditions.
- These drugs can be high-cost medications and biologicals, regardless of how they are administered, (i.e., injectable, oral, transdermal, inhalant, etc.).

Tier 5

- Tier 5 is for zero cost-share preventive medications.
- The pharmacy benefit plan may include coverage for some preventive medications at no cost share if certain criteria are met in accordance with the Patient Protection and Affordable Care Act of 2010 (PPACA).
- Additional details can be found in the Member's pharmacy benefit rider.

Tier 6

- Tier 6 is for oral chemotherapy (cancer) medications.

Tier 7

- Tier 7 is for select generic medications.
- Select generic medications are offered at no additional cost share to Members.
- Many of these medications prevent illness and improve overall health.

Advantage Choice requires the Member to use a generic version of the drug if one is available. If a Member receives a brand-name drug when a generic is available, the Member must pay the brand-name copayment in addition to the retail cost difference between the brand-name and generic forms of the drug.

© 2021. Updated 4-15-21. All rights reserved.

The Advantage Choice pharmacy program utilizes prior authorization programs, step therapy, quantity limits, and benefit exclusions. A **90-day** supply of most drugs is available at a retail pharmacy or from the mail-order pharmacy, **Express Scripts.** The customer service center is available at **1-877-787-6279 (TTY: 1-800-899-2114)** or **express-scripts.com/lowercost.** Quantities are limited to a **30-day supply** for controlled substances and for medications defined as specialty.

Advantage Choice drugs are listed in the Pharmacy Benefit Guide. This is a listing of the most commonly prescribed drugs and represents an abbreviated drug formulary that is at the core of this pharmacy benefit plan.

Benefit exclusions are listed in the **Medications Not Covered by Advantage Choice** table in the Pharmacy Benefit Guide.

Advantage Choice Pharmacy Program Guide

- See **upmchealthplan.com/provides/medical/resources/other/pharmacy.aspx** to view the Advantage Choice Prescription Drug Formulary.

Value Choice (Three-Tier) Pharmacy Program

The Value Choice pharmacy program provides good value by offering a variety of high-quality, effective generic and select brand-name prescription drugs. When a Member requires a prescription medication, providers can select from a wide range of generic drugs. In addition, when generic drugs are not available, providers can choose from certain brand-name medications. Specialty medications are also available through this plan.

Closer Look at Value Choice

Value Choice allows Members to take full advantage of the savings offered by preferred generic drugs over the higher-priced brand-name alternatives.

Tier 1

- Tier 1 is for preferred generic medications, which have the lowest copayment.
- Preferred generic drugs offer the same level of safety and quality as their brand-name equivalents.
    - Value Choice requires Members to use a generic version of medication if one is available. If a brand-name drug is dispensed when a preferred generic is available, the Member will **pay 100 percent of the contracted rate** for the drug. The contracted rate is a special rate negotiated by UPMC Health Plan and should offer a cost savings over the standard retail rate.

© 2021. Updated 4-15-21. All rights reserved.

Tier 2

- Tier 2 is for preferred brand medications.
- UPMC Health Plan classifies these drugs as "preferred" because of their value and effectiveness.
  - If a non-preferred brand-name drug is required, the Member will **pay 100 percent** of the contracted rate of the drug. The contracted rate is a special rate negotiated by UPMC Health Plan and should offer a cost savings over the standard retail rate.

Tier 3

- Tier 3 is for specialty medications.
- These medications usually treat complex and rare conditions.
- These drugs can be high-cost medications and biologicals, regardless of how they are administered, (i.e., injectable, oral, transdermal, inhalant, etc.).
- The Value Choice pharmacy program utilizes prior authorization programs, step therapy, and quantity limits.

A **90-day** supply of most drugs is available at a retail pharmacy or from the mail-order pharmacy, **Express Scripts.** The customer service center is available at **1-877-787-6279 (TTY: 1-800-899-2114)** or **express-scripts.com/lower cost.** Quantities are limited to a **30-day supply** for controlled substances and for medications defined as specialty.

Value Choice drugs are listed in the Pharmacy Benefit Guide. This is a listing of the most commonly prescribed drugs and represents an abbreviated drug formulary that is at the core of this pharmacy benefit plan.

Value Choice Pharmacy Program Guide

- See **upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx** to view the Value Choice Prescription Drug Formulary.

Open Choice (Two-tier) Pharmacy Program

The Open Choice program features a two-tier open formulary.

Tier 1

- Tier 1 is for generic medications, which have the lowest copayment.
- Preferred generic drugs offer the same level of safety and quality as their brand-name equivalents.

© 2021. Updated 4-15-21. All rights reserved.

Tier 2

- Tier 2 is for brand-name and specialty medications.
- Specialty medications usually treat complex and rare conditions.
- These drugs can be high-cost medications and biologicals, regardless of how they are administered, (i.e., injectable, oral, transdermal, inhalant, etc.).

Open Choice requires Members to use a generic version of the drug if one is available. If a Member has a mandatory generic plan and receives a brand-name drug when a generic is available, the Member must pay the brand-name copayment in addition to the retail cost difference between the brand-name and generic forms of the drug.

The Open Choice pharmacy program utilizes prior authorization programs, step therapy, quantity limits, and benefit exclusions.

A **90-day supply** of most drugs is available at a retail pharmacy or from the mail-order pharmacy, **Express Scripts**. The customer service center is available at **1-877-787-6279 (TTY: 1-800-899-2114)** or **express-scripts.com/lowercost.** Quantities are limited to a **30-day supply** for controlled substances and for medications defined as specialty.

Open Choice Pharmacy Program Guide

- See **upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx** to view the Open Choice Prescription Drug Formulary.

© 2021. Updated 4-15-21. All rights reserved.

UPMC for Kids (CHIP) Pharmacy Program

UPMC *for Kids* (Three-Tier) Pharmacy Program

The UPMC *for Kids* pharmacy program features a **closed, three-tiered** formulary for covered prescription medications—**one tier for generic medications, one tier for preferred brand-name** medications, and **another tier for select preventative medications**. The program requires mandatory generic utilization when available. Generic drugs have the same active ingredients as their brand-name versions and are just as safe and effective. Providers are encouraged to prescribe generic medications whenever clinically appropriate. If a provider prescribes a drug by brand name, Pennsylvania law permits the pharmacist to provide the patient a generic version of that drug. If a child needs the brand-name version of the drug, the provider must contact **Pharmacy Services** at **1-800-979-8762** to request a medical exception. UPMC *for Kids* allows the brand-name drug at the generic cost-sharing rate if the provider establishes that the brand-name drug is medically necessary. Members must fill prescriptions at a participating pharmacy.

Some copayments may apply. The UPMC *for Kids* Member identification (ID) card has copayment information printed on the front. Members are responsible for copayments when the prescription is picked up at the pharmacy. If a **90-day supply** of a maintenance medication is ordered through the **90-day retail pharmacy program**, the Member will only have to pay **two copayments instead of three.** Specialty medications and **controlled substances cannot be ordered as a 90-day supply.** In accordance with the Patient Protection and Affordable Care Act of 2010 (PPACA), many select preventive medications are covered with a **$0 copay** when filled at a participating pharmacy with a valid prescription.

The pharmacy copayments for each of the CHIP coverage levels are listed below:

Table J.1

UPMC *for Kids* – Copayment Chart			
Pharmacy *(including diabetic supplies)*	**Free CHIP**	**Low-cost CHIP**	**Full-cost CHIP**
30-day supply:			
• Generic drug	$0	$6 for **30-day** supply	$10 for **30-day** supply
• Brand drug	$0	$9 for **30-day** supply	$18 for **30-day** supply
• Select preventive drug	$0	$0	$0
90-day supply:			
• Generic drug	$0	$12 for **90-day** supply	$20 for **90-day** supply
• Brand drug	$0	$18 for **90-day** supply	$36 for **90-day** supply
• Select preventive drug	$0	$0	$0

© 2021. Updated 4-15-21. All rights reserved.

The UPMC *for Kids* pharmacy program utilizes prior authorization programs, step therapy, quantity limits, and benefit exclusions.

- See **upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx** to view the *UPMC for Kids* Prescription Drug Formulary.

Medications Not Covered by UPMC *for Kids*

Medications that are considered to be benefit exclusions by the Pennsylvania Children's Health Insurance Program (CHIP) will not be covered. These include the following:

- Drug Efficacy Study Implementation (DESI) drugs
  - DESI drugs are classified by the FDA as being safe but not effective because these drugs did not have the appropriate studies done to prove they are effective.
- Drugs from manufacturers not participating in the Federal Drug Rebate Program agreement with the Centers for Medicare and Medicaid Services (CMS).
- Erectile dysfunction medications
- Experimental/Investigational medications
- Drugs used for cosmetic purposes
- Drugs used for fertility purposes
- Weight loss drugs
- Over-the-counter drugs in the form of troches, lozenges, throat tablets, cough drops, chewing gum, mouthwashes, and similar items (except nicotine replacement products).
- Over-the-counter and prescription soaps, cleansing agents, dentifrices, mouthwashes, douche solutions, diluents, ear wax removal agents, deodorants, liniments, antiseptics, irrigants, and other personal care items.

There is no coverage for lost, stolen, or destroyed medications or for prescriptions that are over-refilled or dispensed after one year from the date the prescription was written.

- **Note:** Mail order is not a covered benefit for UPMC *for Kids* Members.

UPMC *for Kids* Pharmacy Program Guide

- See **upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx** to view the *UPMC for Kids* Prescription Drug Formulary.

© 2021. Updated 4-15-21. All rights reserved.

Medical Assistance Pharmacy Program

UPMC Community HealthChoices
and
UPMC *for You*

UPMC Community HealthChoices and UPMC *for You* (Two-Tier) Pharmacy Program

The UPMC Community HealthChoices and UPMC *for You* pharmacy program features a **closed, two-tiered** formulary for covered prescription medications—**one tier** for generic medications, and another for preferred brand-name medications.

UPMC Community HealthChoices and UPMC *for You* **must also use** the **Pennsylvania Medical Assistance Statewide Preferred Drug List (PDL)** as required by the Department of Human Services (DHS), for certain medication classes. The statewide PDL is a list of drugs and drug classes developed by DHS.

The program requires mandatory generic utilization when available and includes limited over-the-counter products when written on a prescription. The Statewide PDL may include both preferred brand-name and generic medications in certain drug classes. The program covers smoking cessation aides and birth control.

The UPMC Community HealthChoices and UPMC *for You* pharmacy program utilizes prior authorization programs, step therapy, age restrictions, quantity limits, therapeutic duplications, and benefit exclusions.

- See **upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx** to view the PDL, UPMC Community HealthChoices, and UPMC *for You* Prescription Drug Formulary. In addition, the PDL is located at **papdl.com.**

© 2021. Updated 4-15-21. All rights reserved.

Medications Not Covered by UPMC Community HealthChoices and UPMC *for You*

The following medications are benefit exclusions and will not be covered:

- Weight loss drugs
- DESI drugs
- Drugs labeled for experimental/investigational use
- Drugs used for cosmetic purposes or hair growth
- Fertility agents
- Drugs from manufacturers not participating in the federal Drug Rebate Program
- Erectile dysfunction medications
- Over-the-counter drugs in the form of throat tablets, cough drops, chewing gum, mouthwashes, and similar items (except nicotine replacement products).
- Over-the-counter and prescription soaps, cleansing agents, mouthwashes, douche solutions, ear wax removal agents, deodorants, and other personal care items.

Alert – Medications requiring prior authorization and a temporary supply

Some prescription drugs must be approved by UPMC Community HealthChoices or UPMC *for You*. This is called **prior authorization.** Decisions to approve or deny a medication will be made within **24 hours** of receiving the request for prior authorization. If a Member's prescription for a medication is not filled when a prescription is presented to the pharmacist due to a Prior Authorization requirement, the pharmacist will dispense either a:

- **15 day supply** if the prescription qualifies as an **ongoing medication**, unless UPMC Health Plan or ESI issued a proper written notice of benefit reduction or termination at least **10 days** prior to the end of the period for which the medication was previously authorized and a Grievance or a DHS Fair Hearing request has not been filed, or
- A **72-hour** supply of a **new medication.**

The requirement that the Member be given at least a **72-hour** supply for a new medication or a **15-day** supply for an **ongoing medication** does not apply when a pharmacist determines that the taking of the prescribed medication, either alone or along with other medication that the Member may be taking, would jeopardize the health or safety of the Member. For drugs not able to be divided and dispensed into individual doses, UPMC Health Plan must instruct the pharmacist to dispense the smallest amount that will provide at least a **72-hour** or **15-day supply,** whichever is applicable.

© 2021. Updated 4-15-21. All rights reserved.

Copayments

The UPMC Community HealthChoices and UPMC *for You* pharmacy program requires some Members to pay a copayment for certain medications.

Copayments are as follows:

- **Brand-name** prescription and brand-name over-the-counter pharmaceutical drugs:
  - **$3 per prescription**
- **Generic** prescription and generic over-the-counter pharmaceutical drugs:
  - **$0 per prescription** for UPMC Community HealthChoices
  - **$1 per prescription** for UPMC *for You*
- For a **90-day** supply of a maintenance medication, the Member will be responsible for **only one copayment**.

Providers (including pharmacies) are responsible for the collection of applicable copayments for rendered services. According to state and federal law, however, if a Member **cannot afford to pay** the copayment, providers must render covered services to the Member despite non-payment of the copayment. Providers may bill the Member for the amount of the copayment after rendering services.

The following prescription drug classes are excluded from copayments:

- Anti-convulsants
- Anti-depressants
- Anti-diabetics
- Anti-glaucoma drugs
- Anti-hypertensives
- Anti-Parkinson's drugs
- Anti-psychotics
- Anti-neoplastics
- Cardiovascular preparations
- HIV/AIDS drugs
- Opiate Antagonists (Naloxone)

© 2021. Updated 4-15-21. All rights reserved.

Pharmacy copayments do not apply to:

- Pregnant women (including the postpartum period, which ends **60 days after delivery**).
- Recipients who are younger than **18 years old.**
- Nursing facility residents.
- Emergency supplies.
- Family planning supplies.
- Members who reside in intermediate care facility for the intellectually disabled and other related conditions (ICF/ID/ORCs).
- Drugs, including immunizations, when dispensed by a physician.
- Recipients eligible under the Breast and Cervical Cancer Prevention Treatment Programs (BCCPT).
- Title IV-B Foster Care and IV-E Foster and Adoption Assistance.

UPMC Community HealthChoices and UPMC *for You* Pharmacy Program Guide

- See **upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx** to view the UPMC Community HealthChoices and UPMC *for You* Prescription Drug Formulary.

© 2021. Updated 4-15-21. All rights reserved.

UPMC *for Life* (Medicare) and UPMC *for Life* Complete Care (HMO SNP) Pharmacy Program

Medicare prescription drug coverage is called Medicare Part D. The Medicare Part D coverage is intended to help lower prescription drug costs and help protect against higher costs in the future.

UPMC Health Plan offers the following plans that include Medicare-approved prescription drug plans:

- UPMC *for Life* HMO Rx (HMO)
- UPMC *for Life* HMO Rx Choice (HMO)
- UPMC *for Life* HMO Rx Enhanced (HMO)
- UPMC *for Life* HMO Deductible with Rx (HMO)
- UPMC *for Life* HMO Premier Rx (HMO)
- UPMC *for Life* PPO Rx Enhanced (PPO)
- UPMC *for Life* PPO High Deductible with Rx (PPO)
- UPMC *for Life* Complete Care (HMO SNP)
- UPMC *for Life* Prescription Drug Plan (PDP)

The HMO, PPO, and HMO SNP plans listed above are Medicare Advantage Plans. Medicare beneficiaries must have permanent residence within the plan's service area to join the plan.

The UPMC *for Life* Prescription Drug Plan, also called a **standalone prescription drug plan,** is offered to Medicare beneficiaries who are part of an employer group. This plan covers the Medicare prescription drug coverage only (it does not cover the medical and hospital portion of Medicare or Medicare Parts A and B).

For all UPMC *for Life* plans that include Medicare-approved prescription drug coverage, the Medicare coverage gap applies based on CMS specifications. The UPMC *for Life* plans' pharmacy program utilizes quantity limits, benefit exclusions, step therapy requirements, and prior authorization requirements.

- See **upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx** to view the Prescription Drug Formularies.

© 2021. Updated 4-15-21. All rights reserved.

Exception Process

An exception is the request to cover a medication that would otherwise not be a covered benefit or to cover a medication on a lower cost sharing tier. Examples of exception requests include: formulary exceptions, quantity limit exceptions, prior authorization exceptions, step therapy exceptions, and tier exceptions. The request may be submitted to **Pharmacy Services** electronically online at **upmc.promptpa.com,** by calling **1-800-979-8762,** sending a fax to **412-454-7722**, or sending by mail to the following address:

UPMC *for Life*
U.S. Steel Tower, 12th Floor
600 Grant Street
Pittsburgh, PA 15219
Phone: 1-800-979-8762

Copayment Exception

Tiering exceptions are only considered for Tier 2, Tier 3, and Tier 4 formulary agents. Tier 1 and Tier 5 formulary agents and non-formulary agents approved under the formulary exception process are not eligible for tiering exceptions.

Brand name drugs with no lower-tiered brand name alternatives for treating the Member's condition are not eligible for tiering exceptions. Generic drugs with no lower-tiered alternatives (of any type—brand, generic, or biologic) for treating the Member's condition are not eligible for tiering exceptions. Biologic drugs with no lower-tiered biologic alternatives for treating the Member's condition are not eligible for tiering exceptions.

Prescribers can request copayment exceptions by supplying a supporting statement (written or oral documentation) that shows the Member has tried and failed all lower tiered similar agents or that there are significant clinical rationales for prescribing the higher tiered agent over other lower tiered agents.

Closer Look at Copayment Exceptions

If UPMC Health Plan grants a request to cover a drug that is not on the formulary, a copayment exception cannot be made for the non-formulary drug. UPMC Health Plan will process all standard requests within **72 hours.** If UPMC Health Plan needs a prescriber's supporting statement, the time frame to process the request may exceed **72 hours.** The prescribing provider will be notified of the decision by fax. If the Member's health requires, physicians may request an expedited review, which UPMC Health Plan will process within **24 hours**.

- **Note:** It is **extremely important** that the initial request include the provider's supporting statement and information.

© 2021. Updated 4-15-21. All rights reserved.

Medication Therapy Management

UPMC Health Plan has developed a Medication Therapy Management (MTM) program to assist Members and providers with medication management. The program team consists of clinical pharmacists, registered nurses, case workers, and support staff. The program identifies Members with multiple chronic diseases, multiple chronic medications, and high medication costs.

All Members who meet the specified criteria are reviewed for potential drug-related problems, such as but not limited to drug interactions, potential high doses, and possible adherence issues. Interventions are made based on the type of drug-related issues identified and can include a letter or phone call to the provider, Member or Member's caregiver.

Areas of assistance available include, but are not limited to, the following:

- A Comprehensive Medication Review with a pharmacist
- Coordination of transportation to doctor appointments if needed
- Referral to assistance agencies such as the Department of Aging and community resources if needed
- Encouragement of compliance and adherence with medications
- Assessment of support network

Drug Utilization

UPMC Health Plan has developed procedures for the assessment of drug therapy. The purpose of these procedures is to promote appropriate, medically necessary use of outpatient drugs and to assist in the prevention of adverse medical outcomes. Drug therapy assessments can occur at the point of sale and after dispensing has occurred.

When conducting drug therapy assessments at the point of sale, the dispensing pharmacist will use professional opinion and judgment to determine if a prescribed drug may potentially cause adverse medical results. The pharmacist will consult with the patient and/or provider to take steps in reducing the likelihood that drug therapy will adversely affect the Member's health.

When conducting drug therapy assessments after dispensing has occurred, the clinical pharmacist evaluates the drug therapies to determine whether treatment was appropriate and medically necessary. For treatment that was inappropriate or unnecessary, education for Members and/or providers will be initiated by UPMC Health Plan to impact Members' compliance with drug therapies, providers' prescribing, and pharmacists' dispensing habits.

© 2021. Updated 4-15-21. All rights reserved.

UPMC *for Life* (Medicare), UPMC *for Life* Premier RX (Medicare), and UPMC *for Life* Complete Care (HMO SNP) Pharmacy Program Guides

Access the link below to view the UPMC *for Life*, UPMC *for Life* Premier Rx, and UPMC *for Life* Complete Care Prescription Drug Formularies.

- See **upmchealthplan.com/providers/medical/resources/other/pharmacy/aspx** to view the UPMC *for Life*, UPMC *for Life Premier RX*, and UPMC *for Life* Complete Care Prescription Drug Formularies.

Benefit Exclusions for Medicare*

The following medications, products, or services **are not eligible** for coverage under the pharmacy (Part D) plan based upon criteria set forth by the Centers for Medicare and Medicaid Services (CMS):

- Medications currently covered by Medicare Part A or Part B
- Over-the-counter drugs (OTCs)
- DESI drugs
- Fertility medications
- Agents for cosmetic purposes or hair growth
- Agents for anorexia, weight loss, or weight gain
- Prescription vitamins (excluding prenatal and fluoride preparations)
- Drugs for the symptomatic relief of colds
- Drugs for impotency/erectile dysfunction
- Drugs made by manufacturers who do not participate in the CMS rebate program

Alert - Benefits Exclusions

*Some of these items may be provided under medical benefits.
For additional information, contact **Provider Services** at **1-866-918-1595** from 8 a.m. to 5 p.m., Monday through Friday.

© 2021. Updated 4-15-21. All rights reserved.

Where to Obtain Prescriptions

In Person

UPMC Health Plan has developed a pharmacy network that includes most major chain pharmacies in addition to neighborhood and independent pharmacies.

- See **upmchealthplan.com/provider/medical/resources/other/pharmacy.aspx** to locate network pharmacies.

UPMC Community HealthChoices (Medical Assistance), UPMC *for Kids* (CHIP), UPMC *for Life* (Medicare), UPMC *for Life* Complete Care (HMO SNP), UPMC *for Life* Premier Rx (Medicare), UPMC *for Life* Prescription Drug Plan, UPMC *for You* (Medical Assistance), and UPMC HealthPlan (Commercial) may receive up to a **three-month** supply at most retail pharmacies.

- **Note:** UPMC Community HealthChoices and UPMC *for You* Members who are on a **maintenance medication** can receive a **90-day supply** for the cost of **one copayment** through the **90-day** retail pharmacy program.

- **Note:** UPMC *for Kids* Members who are on **maintenance medication** can receive a **90-day supply** for the cost of **two copayments** through the **90-day** retail pharmacy program.

By Mail

UPMC Health Plan offers mail-order prescription services to its Members through **Express Scripts**. The mail-order service can be reached at **1-877-787-6279 (TTY: 1-800-899-2114).** Members may have a lower copayment when filling prescriptions through the mail-order service.

Certain specialty medications must be ordered through **Chartwell** by calling **1-800-366-6020** or the **Accredo Pharmacy** mail-order service by calling **1-800-803-2523.**

Alert – Mail Order

UPMC Community HealthChoices, UPMC *for Kids*, and UPMC *for You* Members are not eligible for mail-order service. But they are eligible for mail-order **specialty medications**. Specialty medications can be found at **upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx** in the Drug Listing with a SP designation. Member may utilize any participating Specialty pharmacy. They may locate Specialty pharmacies at **upmchealthplan.com** in the **Find a Doctor or Pharmacy** section under their plan.

© 2021. Updated 4-15-21. All rights reserved.