Pharmacy Services

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:

- Advantage Choice, a **five-tier** formulary
- Open Choice, a **two-tier** open formulary
- Value Choice, a **three-tier** formulary
- Your Choice, a **five-tier** 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 D-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.
- Conduct medication therapy management (MTM) program.
- Develop and conduct prospective and retrospective drug utilization reviews.
- Educate providers, network pharmacies, and Members on pharmacy changes.
- Provide educational materials to network practices to support drug selection and use based on the best objective and clinical evidence.
- Serve as a clinical resource for the provider network.

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 Monday through Friday between 8 a.m. and 6 p.m. and Saturday between 8 a.m. and 3 p.m.

Providers **may** submit coverage determination requests to **Pharmacy Services** electronically through the portal at **upmc.promptpa.com.** UPMC Health Plan also accepts requests through electronic Prior Authorization (ePA) for those providers that have EMRs enabled to submit ePA requests through **Surescripts**.

➢ **Note:** Surescripts or other ePA portals are third-party platforms **not** controlled by UPMC Health Plan, and UPMC Health Plan **cannot be held responsible** for technical issues arising from a provider's use of such third-party platforms.

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 through the portal at **upmc.promptpa.com.** UPMC Health Plan also accepts requests through electronic Prior Authorization (ePA) for those providers that have EMRs enabled to submit ePA requests through **Surescripts**.

➢ **Note:** Surescripts or other ePA portals are third-party platforms **not** controlled by UPMC Health Plan, and UPMC Health Plan **cannot be held responsible** for technical issues arising from a provider's use of such third-party platforms.

UPMC Health Plan will communicate all coverage determinations and prior authorization decisions by 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 by 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.

Peer-to-Peer Discussions

Providers **may** request a peer-to-peer discussion with a UPMC Medical Director by telephone regarding adverse benefit determinations based on medical necessity during **normal** business hours and outside of normal business hours, subject to reasonable limitations of availability.

Adverse benefit determinations are available for discussion from the time of denial until the internal grievance process or internal adverse benefit determination process commences.

Contact the **Pharmacy Services Department** at **1-800-979-8762** Monday through Friday between 8 a.m. and 5 p.m., EST business hours.

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.

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 nonformulary

➢ **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 nonformulary medication, providers **may** submit the request to **Pharmacy Services** electronically through the portal at **upmc.promptpa.com.** UPMC Health Plan also accepts requests through electronic Prior Authorization (ePA) for those providers that have EMRs enabled to submit ePA requests through Surescripts.

➢ **Note:** Surescripts or other ePA portals are third-party platforms **not** controlled by UPMC Health Plan, and UPMC Health Plan **cannot be held responsible** for technical issues arising from a provider's use of such third-party platforms.

Prior Authorization Criteria

Prior authorizations are set on a specific drug-by-drug basis and require specific criteria for approval based on 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.

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 list of medications that require step therapy.

Quantity Limits

Quantity limits are drug-specific and limit the amount of drug that can be dispensed during a specified period of time. For medications which require a quantity limit, UPMC Health Plan's P&T Committee follows FDA guidelines, clinical literature, and the manufacturer's recommended dosing instructions. Providers are encouraged to incorporate these quantity limits into their prescribing patterns.

➢ **See:** ***upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx*** for a list of medications that have quantity limits.

Mandatory Generics

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

Alert – Obtaining a Therapeutic Substitution

When a Member presents to the pharmacy to have a prescription filled, the dispensing pharmacist **may not** dispense a therapeutic substitute without a new prescription from the prescribing practitioner. The dispensing pharmacist **may** contact the prescribing practitioner to obtain a verbal order for a therapeutic substitution. The verbal order acts as the new active prescription.

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.).

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 Express Scripts, the mail-order pharmacy**.** The customer service center is available at either **1-888-289-1405** or **1-877-787-6279 (TTY: 711)** or **express-scripts.com.** Quantities are limited to a **30-day supply** for controlled substances and for medications defined as specialty.

Your Choice drugs are listed in the formulary book. 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 formulary book.

Your Choice Pharmacy Formulary Book

➢ **See:** ***upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx***
to view the Your Choice Formulary Book.

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 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.

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 either **1-888-289-1405** or **1-877-787-6279 (TTY: 711)** or **express-scripts.com.** Quantities are limited to a **30-day supply** for controlled substances and for medications defined as specialty.

Advantage Choice drugs are listed in the formulary book. 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 formulary book.

Advantage Choice Formulary Book

➢ **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 nonpreferred 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.

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 nonpreferred brand-name drug is required, 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.

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.).

Medications included on the Value Choice pharmacy benefit may be subject to utilization management criteria including prior authorization, step therapy, or quantity limits. Benefit exclusions may also apply

A **90-day** supply of **most** drugs is available at a retail pharmacy or from the Express Scripts, the mail-order pharmacy**.** The customer service center is available at either **1-888-289-1405** or **1-877-787-6279 (TTY: 711)** 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 formulary book. 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 Formulary Book

➢ **See:** ***upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx*** to view the Value Choice Formulary Book.

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.

Tier 2

- Tier 2 is for **brand-name and specialty** medications.
- Specialty medications usually treat complex and rare conditions.
- Specialty 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 Express Scripts the mail-order pharmacy. The customer service center is available at either **1-888-289-1405** or **1-877-787-6279 (TTY: 711)** or **express-scripts.com.** Quantities are limited to a **30-day supply** for controlled substances and for medications defined as specialty.

Open Choice a Formulary Book

➢ **See:** ***upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx***
to view the Open Choice Formulary Book.

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 preventive 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, the pharmacist is permitted 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			
Retail pharmacy *(including diabetic supplies)*	**Free CHIP**	**Low-cost CHIP**	**Full-cost CHIP**
30-day supply:			
• Generic drug	$0	$6	$10
• Brand drug	$0	$9	$18
• Select preventive drug	$0	$0	$0
90-day supply:			
• Generic drug	$0	$12	$20
• Brand drug	$0	$18	$36
• Select preventive drug	$0	$0	$0

The UPMC *for Kids* pharmacy program may be subject to utilization management criteria including prior authorization, step therapy, or quantity limits. Benefit exclusions may also apply.

➢ **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)
- Drugs used for cosmetic purposes
- Drugs labeled for experimental/investigational use
- Drugs for impotency
- Drugs used for fertility purposes
- Drugs used for weight-loss
- 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* Formulary Book

➢ **See: *upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx*** to view the *UPMC for Kids* Formulary Book.

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 medications—one tier for generic medications, and another tier for 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.

UPMC Community HealthChoices **does not** cover Part D medications for individuals who are dual eligible for Medicare and Medicaid and are eligible for Medicare Part D coverage.

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

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

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

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

- 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 for impotency/erectile dysfunction
- Drugs from manufacturers **not** participating in the federal Drug Rebate Program Agreement with the Centers for Medicare and Medicaid Services (CMS)
- Drugs labeled for experimental/investigational use
- Drugs used for cosmetic purposes or hair growth
- Drugs used for fertility purposes
- 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, 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,**
- **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.

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** for Members **age 18 and older ***
- **Generic** prescription and generic over-the-counter pharmaceutical drugs:
  - **$0 per prescription** for UPMC Community HealthChoices
  - **$1 per prescription*** for UPMC *for You* Members **age 18 and older**
- For a **90-day** supply of a maintenance medication, the Member will be responsible for **only one copayment*.**

➢ **See:** The list of copay exemptions below.

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-neoplastics
- Anti-Parkinson's drugs
- Anti-psychotics
- Cardiovascular preparations
- HIV/AIDS drugs
- Opiate overdose drugs

Pharmacy copayments do not apply to:

- Drugs, including immunizations, when dispensed by a physician.
- Emergency supplies.
- Family planning supplies.
- Members who reside in intermediate care facility for the intellectually disabled and other related conditions (ICF/ID/ORCs).
- Nursing facility residents.
- Pregnant women **of any age** (including the postpartum period, which ends **12 months after delivery**).
- Members eligible under the Breast and Cervical Cancer Prevention Treatment Programs (BCCPT).
- Members who are younger than **18 years old.**
- Title IV-B Foster Care and IV-E Foster and Adoption Assistance.

➢ **See:** The Member's ***Schedule of Benefits*** at **upmchealthplan.com/providers** for other exemptions that **may** apply**.**

➢ **See:** ***UPMC for You Copayment Schedule, Table E.2,*** UPMC Health Plan Provider Manual Chapter E, UPMC *for You.*

➢ **See:** ***upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx*** to view the UPMC Community HealthChoices and UPMC *for You* Prescription Drug Formulary. UPMC Health Plan Provider Manual, Chapter J, Pharmacy Services.

Outpatient Drug Claims Submission

The Affordable Care Act (ACA) requires the collection of National Drug Codes (NDC) and NDC units for all outpatient drug claims. Claims **must** be billed with the correct unit of measure. There are **three categories** of National Council for Prescription Drug Programs (NCPDP) NDC units of measure.

- **EACH (EA)** is used for tablets, capsules, patches, non-filled syringes, international units, suppositories, etc.
- **MILLILITER (ML)** is use for liquids, suspensions, solutions, syrups, etc.
- **GRAM (GM)** is used for ointments, creams, balms, bulk powders, etc.

DHS crosswalks and recognizes the following unit values for professional drug and institutional outpatient drugs.

Table J.3: Unit of Measure recognized by DHS	
GR	Gram = GM
ML	Milliliter = ML
UN	Each = EA
F2	International Unit = EA – Each

Table J.4: Unit of Measure NOT recognized by DHS	
ME	Milligram = ME ➢ **Note: ME is not recognized by DHS. Milligrams must be converted to grams = GM**

➢ **Note:** When the actual number of units dispensed is a decimal quantity, the correct unit is a decimal, **not** a whole number.

➢ **See:** ***Provider Quick Tip #164*** on the Office of Medical Assistance Program website at **dhs.pa.gov/providers/Quick-Tips/Pages** for additional information.

Medicare Pharmacy Program

UPMC *for Life* (Medicare) *and* *UPMC for Life Complete Care* (HMO D-SNP)

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 Deductible Rx
- UPMC *for Life* HMO No Rx *(does not offer Part D prescription drugs)*
- UPMC *for Life* HMO Rx
- UPMC *for Life* HMO Rx Choice
- UPMC *for Life* HMO Rx Enhanced
- UPMC *for Life* HMO Premier Rx
- UPMC *for Life* PPO Salute *(**does not** offer Part D prescription drugs)*
- UPMC *for Life* PPO High Deductible Tx
- UPMC *for Life* PPO Rx Choice
- UPMC for Life PPO Rx Enhanced
- UPMC *for Life* PPO Premier Rx
- UPMC *for Life* PPO Essential Care Rx
- UPMC *for Life* Complete Care (HMO D-SNP)
- UPMC *for Life* Prescription Drug Plan (PDP) *(only offered to employer group plans)*

The HMO, PPO, and HMO D-SNP plans listed above are Medicare Advantage plans. Medicare beneficiaries **mus**t 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).

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.

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 nonformulary 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.

Medicare Prescription Payment Plan

Certain Medicare Advantage and Part D plan Members with high drug costs may benefit from participating in the Medicare Prescription Payment plan. This program offers UPMC *for Life* Members the option to make monthly payments toward their out-of-pocket prescription drug costs over the course of their plan year instead of paying all at once at the pharmacy. UPMC *for Life* Members with a Medicare Part D plan or Medicare Advantage prescription drug plan can use this payment option for drugs covered by Part D. All Medicare prescription drug plans offer this payment option and participation is voluntary. This payment option might help Members manage their monthly expenses, but it **does not** save them money or lower their drug costs.

If a Member selects this payment option, each month they will continue to pay their Medicare Advantage or Part D plan premium (if they have one) and will receive a bill from Express Scripts Inc. to pay for their prescription drug cost share (instead of paying the pharmacy at the point of sale). There is **no cost** to participate in the Medicare Prescription Payment Plan, and Members will **not pay** any interest or fees on the amount owed, even if their payment is late. The pharmacy will be paid in full by UPMC Health Plan at the contracted rate in accordance with the Part D prompt payment requirements.

UPMC *for Life* Members will receive information about how to sign up for the Medicare Prescription Payment Program with their welcome kits after their enrollment is confirmed. The Member **may** opt into the program prior to the beginning of a plan year or in any month during a plan year. They **may** opt out at any time during the plan year. UPMC *for Life* Members interested in this payment option can enroll online at **express-scripts.com/mppp** or by calling **1-866-845-1803 (TTY: 1-800-716-3231)** for assistance **24 hours a day, 7 days a week.**

Additional details and frequently asked questions about the Medicare Prescription Payment Plan are available at **upmchealthplan.com/medicare/prescription-payment-plan**. Providers that have any questions may contact their **Physician Account Executive** or call **Provider Services** at **1-866-918-1595** Monday through Friday between 8 a.m. and 5 p.m.

> ➢ **See:** ***CMS Inflation Reduction Act (IRA) requirements and guidance*** at **cms.gov/inflation-reduction-act-and-medicare/part-d-improvements/medicare-prescription-payment-plan** for additional information.
> Under the IRA, all Medicare prescription drug plans (including both Medicare Advantage Prescription drug and standalone Part D plans) are required to offer the Medicare Prescription Payment Plan.

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.

UPMC *for Life* (Medicare), UPMC *for Life* Premier RX (Medicare), and UPMC *for Life* Complete Care (HMO D-SNP) Formulary Book

➢ **See: upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx** to view UPMC *for Life* (Medicare), UPMC *for Life* Premier RX (Medicare), and UPMC *for Life* Complete Care (HMO D-SNP) formulary book.

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 & Medicaid Services (CMS):

- 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 for impotency/erectile dysfunction
- Drugs for the symptomatic relief of colds
- Drugs from manufacturers not participating in the federal Drug Rebate Program Agreement with the Centers for Medicare and Medicaid Services (CMS)
- Drug used for cosmetic purposes or hair growth

- Drugs used for fertility purposes
- Drugs used for anorexia, weight loss or weight gain
- Medications currently covered by Medicare Part A or Part B
- Nonprescription drugs, also called over-the-counter drugs (OTCs)
  - **Exception:** OTC Naloxone products are covered.
- Prescription vitamins and mineral products, except prenatal and fluoride preparations

Alert – Benefits Exclusions

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

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 You* (Medical Assistance), and UPMC Health Plan (Commercial) **may** receive **up to a 90-day** supply at **most** retail pharmacies. UPMC *for Life* (Medicare), UPMC *for Life* Complete Care (HMO D-SNP), UPMC *for Life* Premier Rx (Medicare), and UPMC *for Life* Prescription Drug Plan **may** receive **up to a 100-day** 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 either **1-888-289-1405** or **1-877-787-6279 (TTY: 711).** 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 (TTY: 711)** or the **Accredo Pharmacy** mail-order service by calling **1-800-803-2523 (TTY: 711).**

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.** Members **may** use any participating Specialty pharmacy. They **may** locate Specialty pharmacies at **upmchealthplan.com** in the **Find a Doctor or Pharmacy** section under their plan.