

Pharmaceutical Management

Medicaid

2017



HEALTH PLAN

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

Pharmacy Administration: (810) 244-1660

Visit our website at:

McLarenHealthPlan.org

Introduction

Pharmaceutical management promotes the use of the most clinically appropriate, safe and cost effective medications. McLaren Health Plan's (MHP) Medicaid Drug Formulary is based upon the Michigan Medicaid Common Drug Formulary (Common Formulary). The use of the Common Formulary is a requirement of all Medicaid health plans in the state of Michigan. One or more medications are available in all required drug classes. The drug formulary can be found on our website at McLarenHealthPlan.org or through the Epocrates system.

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

Covered Benefits

- Medications listed on the Common Formulary.
- Federal legend drugs identified on the MHP -Medicaid Drug Formulary.
- Select over-the-counter (OTC) items, identified on the MPPL, prescribed by a prescribing provider.
- Diabetic supplies limited to needles, syringes, alcohol swabs, lancets and Bayer® manufactured test strips.

Non-Covered Benefits

- Medications that are not listed on the MPPL.
- Medications prescribed for cosmetic or convenience purposes.
- Experimental or unproven use of medications.

- Medications which are excluded from coverage under Michigan Medicaid, including but not limited to the following:
 - o Diet aids.
 - o Cough and cold medications.
 - o Sexual enhancement or Erectile Dysfunction Medications.
 - o Medications used to promote fertility.

- Medical foods or agents that are not regulated by the Food and Drug Administration.

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

Michigan Department of Health and Human Services (MDHHS) Carve Out Program

MDHHS has created a list of medications that are not reimbursable under MHP. These medications are identified on the drug formulary as "Carved Out." Any medication listed as Carved Out should be billed to straight (Fee-For-Service) Medicaid. For questions regarding a medication identified as Carved Out, please contact the Magellan Medicaid Beneficiary Help Line at (877) 681-7540.

Dispense as Written (DAW) and Generic Mandate Policy

Automatic generic substitution is required on all prescriptions. If a generic form of a medication is available and a provider feels the brand name is medically necessary, the prior authorization process can be used (see Prior Authorization/Drug Exception Request section below).

Prior Authorization/Drug Exception Request

Certain medications are identified as having a Prior Authorization (PA) restriction. PA means special approval must be given by MHP before the medication will be covered through a pharmacy. A medication may require a PA due to safety concerns or to ensure a more cost effective formulary alternative can be used.

If a prescribing provider feels a medication which requires PA is medically necessary than a PA form (see page 6), should be completed by the prescribing provider and faxed to the number indicated on the form. Please contact MHP at (888) 327-0671 if you have questions regarding the PA process or the status of a PA request.

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

Step Therapy (ST) Edits

Step Therapy Edits allow MHP to define a sequence of medication alternatives. MHP provides coverage for medications indicated as Step Therapy required after a list of formulary alternatives have been tried and failed.

Compounded Medications

All compounded medications require PA. Upon approval the medication must be obtained through an in-network compounding pharmacy and billed to MHP electronically. Paper claims submitted by an out-of-network compounding pharmacy will not be accepted.

Specialty Pharmacy (SP) Medications

Specialty Pharmacy (SP) medications are used to treat complex medical conditions and may require special storage and handling. Medications on the drug formulary identified with a SP restriction, upon PA approval, must be obtained via a MHP approved specialty pharmacy. The specialty pharmacy will mail the specialty pharmacy medication to the member's home or to the prescribing provider's office. Some examples of specialty pharmacy agents are medications used to treat cancer, endometriosis, Hepatitis C, multiple sclerosis, osteoporosis and rheumatoid arthritis.

Dose Optimization and Quantity Limits

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

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

Note: If a prescribing provider feels a different quantity is medically necessary for a patient, a request for PA should be submitted to the MHP for review.

Drug Formulary Review and Modification

A committee of health professionals (doctors and pharmacists) maintains the Common Drug Formulary. This committee meets a minimum of four times per year to review changes in the market which may affect the drug formulary. Changes in the market may include, but are not limited to:

- Drug Recalls.
- Marketplace withdrawals or product discontinuation.
- New generic availability.
- New medication releases.

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

Medication Prior Authorization Request Form



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

Member Information

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

Provider Information

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

Medication Information

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

To Prescriber- Complete ENTIRE form and send to:

Magellan Rx Prior Authorization Department

2520 Industrial Row Dr, Troy, MI 48084

Phone: 1-248-540-6686

Fax: 1-888-656-3604

The fax number is only for prior authorization requests.

Pharmacy will only accept original prescription orders from patients.

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

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G-3245 Beecher Road • Flint, Michigan • 48532

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

McLarenHealthPlan.org

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

McLaren:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact McLaren’s Compliance Officer.

If you believe that McLaren has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with McLaren’s Compliance Officer, G-3245 Beecher Rd., Flint, MI 48507, call: (866) 866-2135, TTY 711, Fax: (877) 733-5788, or Email: mhpcompliance@mcclaren.org.

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, McLaren’s Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

Arabic:

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

Syriac/Assyrian:

ܡܠܚܘܙܬܐ: ܐܕܐ ܟܢܬܐ ܬܬܚܕܬܐ ܐܢܟܪ ܐܠܘܡܬܐ، ܦܐܢ ܚܕܡܐܬ ܡܫܥܘܕܐ ܐܠܘܡܬܐ ܬܘܘܦܪ ܠܟ ܒܐܡܚܘܢ. ܐܬܘܘܠ ܒܪܩܡ 1-888-327-0671 (ܬܬܘܦܐ: 711)

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

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

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

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

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

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

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

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

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

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

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

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

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