

# Pharmaceutical Management Medicaid

## 2017



### HEALTH PLAN

Toll Free Contact Number: (888) 327-0671

Pharmacy Administrator: (810) 244-1660

Visit our website at:  
[McLarenHealthPlan.org](http://McLarenHealthPlan.org)

## **Nondiscrimination Disclaimer**

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

McLaren:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free 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 48532, call: (866) 866-2135, TTY 711, Fax: (877) 733-5788, or Email: [mhpcompliance@mcclaren.org](mailto: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, (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 اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-327-0671 (رقم هاتف الصم والبكم: 711).

**Syriac/Assyrian:**

1-888-327-0671 (TTY: 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: ৭১১)।

**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).

## Introduction

Pharmaceutical Management promotes the use of the most clinically appropriate, safe and cost effective medications. McLaren Health Plan's Medicaid Drug Formulary is based upon the Michigan Medicaid Common Drug Formulary. The use of the Common Drug 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, McLaren Health Plan has created a Quick Formulary Guide. The Quick Guide is a list of commonly prescribed medications which are covered by McLaren Health Plan. 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 Michigan Pharmaceutical Product List (MPPL)
- ◆ Federal legend drugs identified on the McLaren Health Plan-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:
  - Diet Aids
  - Cough and Cold Medications
  - Sexual Enhancement or Erectile Dysfunction Medications
  - Medications used to promote fertility
- ◆ Medical foods or agents that are not regulated by the FDA

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 McLaren Health Plan. These medications are identified on the drug formulary as “Carved Out.” Any medication listed as carved out should be billed to straight (FFS) Medicaid. For questions regarding a medication identified as carved out, please contact the Magellan Medicaid Beneficiary Help Line (877) 681-7540.

## Dispense As Written (D.A.W) and Generic Mandate Policy

There is automatic generic substitution required on all prescriptions. If there is a generic form of a medication 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 throughout the drug formulary are identified as having a Prior Authorization (PA) restriction. Prior authorization means special approval must be given by the health plan before the medication will be covered through a pharmacy. A medication may require a prior authorization due to safety concerns or to ensure a more cost effective formulary alternative cannot be used.

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

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

## Step Therapy (ST) Edits

Step Therapy Edits allow McLaren Health Plan to define a sequence of medication alternatives. McLaren Health Plan 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 prior authorization. Upon approval the medication must be obtained via an in-network compounding pharmacy and billed to McLaren Health Plan 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 Specialty Pharmacy (SP) restriction, upon prior authorization approval, must be obtained via a McLaren Health Plan approved specialty pharmacy. The specialty pharmacy will mail the specialty pharmacy medication to the member's home or to the prescribing provider's office. Medications used to treat cancer, endometriosis, hepatitis c, multiple sclerosis, osteoporosis and rheumatoid arthritis are some examples of specialty pharmacy agents.

## Dose Optimization and Quantity Limits

Quantity limits 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 Quantity Limit (QL) restriction. The health plan may limit the quantity of a medication to:

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

*Note: If a prescribing provider feels a different quantity is medically necessary for a patient, a request for prior authorization (see page 5) should be submitted to the health plan for review.*

## Drug Formulary Review and Modification

A committee of health professionals (doctors and pharmacists) maintains the Common Drug Formulary. This committee meets at a minimum of four times per year to review changes in the market which may affect the drug formulary. The 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 in a written request to (810) 213-0290. Requests for formulary modification will be reviewed by McLaren Health Plan's Pharmacy Administration Department then taken to the formulary committee for determination.

# Request for Prior Authorization Form



**Pharmacy Management**

Submit requests to:  
 4D Pharmacy Management  
 2520 Industrial Row Drive  
 Troy, MI 48084  
 Phone: 248-540-6686 Fax: 888-656-3604

2520 Industrial Row Dr.  
 Troy, MI 48084  
 p: 248.540.8066  
 4dpharmacy.com

**\*\*\*Please submit one drug per PA form\*\*\***

Prescribing Physician:

Beneficiary:

Name: \_\_\_\_\_  
First Last

Name: \_\_\_\_\_  
First Last

Direct Phone: \_\_\_\_\_

ID# \_\_\_\_\_

Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physician Specialty: \_\_\_\_\_

Sex:  Female  Male

NPI number: \_\_\_\_\_

**\*\*Expedited/Urgent**

Name & title of person completing form: \_\_\_\_\_

**\*\*By checking this box, I certify that applying the standard review time frame may seriously jeopardize the life or health of the member OR the member's ability to regain maximum function.**

| Drug Name | Strength | Administration Schedule | Length of Therapy | Quantity Required |
|-----------|----------|-------------------------|-------------------|-------------------|
|           |          |                         |                   |                   |

Patient's diagnosis for use of this medication: \_\_\_\_\_

1. Previous history of a medical condition, allergies or other pertinent medical information, that necessitates the use of this medication: \_\_\_\_\_

2. Has the patient been seen by any other provider for this condition? Yes No

a. If so, what was the prescriber's specialty \_\_\_\_\_

3. Previous non-prior authorized and prior authorized medications tried and failed for this condition:

| Name of medication | Reason for failure | Date |
|--------------------|--------------------|------|
|                    |                    |      |
|                    |                    |      |
|                    |                    |      |

4. Pertinent laboratory test or procedure: (if applicable)

| Procedure | Findings | Date |
|-----------|----------|------|
|           |          |      |

5. Other Information:



## HEALTH PLAN