

2017 Drug Formulary Overview





Introduction to the Drug Formulary

The Community Health Options Drug Formulary serves as a guide for Members, Providers and other healthcare professionals in the selection of cost-effective drug therapy. To ensure that the medications prescribed are covered, and to minimize Member out-of-pocket expenses, we recommend that Members and prescribers consult the Community Health Options Drug Formulary before writing or filling prescriptions.

The Community Health Options Drug Formulary is a list of **generic** and **BRAND**-name medications that are approved by the Food and Drug Administration (FDA) and are eligible for coverage under the Community Health Options outpatient prescription drug benefit.

How to Read the Formulary

Table of Contents

The Table of Contents provides a list of drug categories and the page number where that drug category is listed.

List of Abbreviations

The list of Abbreviations is a guide to help you understand what each of the abbreviations in the Requirements/Limits column means. Use this as a reference when reviewing Requirements/Limits.

Index

The Index provides an alphabetical listing with associated page numbers of all drugs listed on the formulary. It is found toward the end of the formulary document after the Drug Table.

Formulary – Drug Table

The formulary Drug Table lists drugs that are covered by Health Options pharmacy benefit. The medications in the Drug Table are listed by drug classification. The Drug Table has the following three columns:

Drug Name	Drug Tier	Requirements/Limits
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Drug Name

The first column lists the drug name. The **BRAND** name drugs are listed in **UPPER CASE** font, and the **generic** drugs are listed in **lower case** font.



Drug Tier

The second column lists the Drug Tier. Out-of-Pocket costs are determined by the Drug Tier.

Generally, Tier 1 preferred *generic* medicines are the best value and are less expensive than Tier 2 non-preferred generics, BRAND name and specialty medications. Tier 3 preferred BRANDS are typically less expensive than Tier 4 non-preferred BRANDS. Tier 5 Specialty medications are typically more expensive than Tier 4 non-preferred BRANDS. The Summary of Benefits and Coverage provides the out-of-pocket cost for each drug tier.

Tier	Definition
1	Best value, preferred generics
2	Non-preferred generics
3	Preferred brands
4	Non-preferred brands
5	Specialty medications (Specialty- SP, Mandatory Specialty Pharmacy- MSP)

Requirements/Limits

The third column is Requirements/Limits which describes rules and considerations for that medication or supply. Some of the rules only apply to certain benefit plans. Refer to the top of the Drug Formulary under List of Abbreviations for an explanation of each rule listed under Requirements/Limits.

How to Search the Formulary

To search the electronic Adobe PDF version:

For PC Users: Hold down the 'Ctrl' and 'F' keys at the same time, or click on the Binoculars icon, to open the search pane.

For Mac Users: Hold down the 'Command' and 'F' keys at the same time, or click on the Binoculars icon, to open the search pane.

Type in the first few letters of the drug name, and click Enter. Continue to click on the Arrow in the search pane to scroll through the matches within the document.

What is needed for drugs that require Prior Approval (PA)?

Drugs that include the special code "PA" on the formulary require prior approval. If the drug requires prior approval, your Provider must complete the Pharmacy Prior Approval form and submit it to Express Scripts for review and approval.

The PA forms are available to **Providers** on the www.HealthOptions.org website under Healthcare Professional > Professional Documents and Form, or Members can contact Member Services at 1-855-624-6463 (Monday through Friday, 8am-6pm) to request a copy of the form.



What if a Drug is Not Listed on the Formulary?

If a drug is not listed on the formulary, it is because of one of three reasons:

1. It is excluded from both pharmacy and medical benefits.
2. It is excluded from pharmacy benefit, but it may be covered under the medical benefit. These tend to be infusions and injections that are not filled by a pharmacy. They are usually administered in a Provider's office or in an outpatient setting.
3. It is not listed on the formulary but it is not explicitly excluded from the pharmacy benefit. It may be eligible for a formulary exception review.

If you need additional assistance or want to confirm that a drug is covered, please call Member Services at 1-855-624-6463 (Monday through Friday, 8am-6pm).

What are my options if a drug is not listed on the Formulary?

If the drug is not listed on the formulary ask Member Services if the drug is excluded from both the pharmacy and medical benefits. Member Services is available at 1-855-624-6463 (Monday through Friday, 8am-6pm).

- If the drug is excluded from both the pharmacy and medical benefit coverage, you can pay 100% of the pharmacy cost for the medication. It would not be processed by the Plan, and the out-of-pocket cost would not apply to your deductible or out-of-pocket maximum.
- If the drug is excluded from the pharmacy benefit but it is not excluded from the medical benefit, ask Member Services if the medication requires Prior Approval through the medical review team. If it does require Prior Approval through the medical benefit, Member Services will guide you through that process.
- If the drug is not listed on the formulary and it is not excluded from the pharmacy benefit, your Provider can contact Express Scripts™ and request a clinical review to determine if the exception is medically necessary. See the above section titled "What is needed for drugs that require Prior Approval (PA)".
- If the non-listed drug is approved as a pharmacy benefit due to a medically necessary exception to coverage, it will process as either a Tier 4 (non-preferred) or Tier 5 (specialty) cost share depending on the drug classification.



Dispense as Written (DAW)

For DAW prescriptions where the BRAND drug does not appear on the formulary, the Out-of-Pocket Cost for the non-preferred BRAND plus the additional cost difference are not considered eligible expenses and therefore will not count toward your Deductible or Out-of-Pocket Maximum.

If you are willing to use an FDA-approved generic equivalent, but your current prescription states, “DAW, BRAND Medically Necessary,” or “No Substitution,” you will need to obtain a new prescription from your Provider without any of those notations to allow the generic to be dispensed.

Your Provider can seek Prior Approval by contacting Express Scripts. In this case, your Provider will need to present compelling clinical evidence indicating why the BRAND name drug is medically necessary. If the request for coverage is approved, the drug will be covered as a non-preferred brand drug (cost-sharing will apply as listed in the *Schedule of Benefits*, and the prescription will be considered a Covered Service).

What if my Provider prescribes a *generic* medication, but I want the BRAND medication instead?

If your Provider prescribes a *generic* medication but you request the BRAND medication, your cost share will be at Tier 4 (non-preferred) **plus** the cost difference between Tier 4 and the *generic* medication. Only the cost share applies to your deductible or out-of-pocket maximum.

Vaccines

Vaccines listed on the formulary are not covered for Members age 18 or younger since there is no out-of-pocket cost for childhood vaccines.

ACA (preventive care \$0 cost list)

Some of the medications and supplies designated as ACA on the formulary only qualify at ACA \$0 cost share when condition, age, and/or gender (male/female) requirements are met. Contact Member Services if you need additional information about the ACA preventive care criteria.

Breast Cancer Agents

The breast cancer agents *tamoxifen*, *raloxifene*, and SOLTAMOX can be used either for the treatment or prevention of breast cancer. These medications are covered at 100% for individuals over age 35 if they're being used for prevention.

If you are taking any one of these medications as a preventive medication, your Provider must contact Express Scripts to initiate a Copay Review to determine if they're being used for prevention or treatment. If for prevention, and you meet the established criteria, then a \$0 copay will apply. Otherwise, the medications will process at the applicable *generic* or BRAND cost share.

Where do I find information about Quantity Limits and Step Therapy?

Visit HealthOptions.org for more information about Quantity Limits and a list of the Step Therapy medications.



NON-DISCRIMINATION NOTICE

Community Health Options does not view or treat people differently because of their race, color, national origin, sex, age or disability. If you need help with any of the information we provide you, please let us know. We offer services that may help you. These services include aids for people with disabilities, language assistance through interpreters and information written in other languages. These are free at no charge to you. If you need any of these services, please call us at the number on the back of your member ID card.

If you feel at any time that we didn't offer these services or we discriminated based on race, color, national origin, sex, age or disability, please let us know. You have the right to file a grievance, also known as a complaint. If you need help filing a complaint, please contact Nancy Johnson, Assistant Vice President of Compliance and Regulatory Affairs at P.O. Box 1121, Lewiston, ME 04243; by telephone at 1-855-624-6463 TTY/TDD 711; by email at Compliance@healthoptions.org; or by fax to 207-402-3318.

You can also contact the U.S. Department of Health and Human Services at the Office for Civil Rights at:

- Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
- Phone: 1.800.368.1019 or 1.800.537.7697 (TDD)
- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

<p>French ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-624-6463 (TTY/TDD: 711)</p>	<p>Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-624-6463 (TTY/TDD: 711)</p>	<p>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 1-855-624-6463 (TTY/TDD: 711)。</p>
<p>Cushite XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-624-6463 (TTY/TDD: 711)</p>	<p>Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-624-6463 (TTY/TDD: 711)</p>	<p>Arabic شدحت تنك اذا: فطوح لم تامدخ ناف، غللا ركذا رفاوتت ةيوغللا قدخاسملا 1-855-624-6463 مقر مكبل او: 711 تتي/تدي ه مصل</p>
<p>Cambodian, Mon-Khmer យកចិត្តទុកដាក់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, ជាសេរីភាសាគ្រឹះអាចរកបានដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទ: 1-855-624-6463 (711 TTY / TDD) ។</p>	<p>Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-624-6463 (телетайп: 711)</p>	<p>Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1855-624-6463 (TTY/TDD: 711).</p>
<p>German ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-624-6463 (TTY/TDD: 711).</p>	<p>Thai ຍືນ: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-624-6463 (TTY/TDD: 711).</p>	<p>Nilotic-Dinka PID KENE: Na ye jam në Thuonjan, ke kuony yenë koc waar thook atō kuka lëu yök abac ke cîn wënh cuatë piny. Yuapë 1-855-624-6463 (TTY/TDD: 711).</p>
<p>Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-624-6463</p>	<p>Polish UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-624-6463 (TTY/TDD: 711).</p>	<p>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</p>



(TTY/TDD: 711)번으로 전화해 주십시오.

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(TTY/TDD: 711) まで
、お電話にてご連絡く
ださい。