
SECTION 14: PHARMACY

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PHARMACY SERVICES

Health Plan Advantage D-SNP's Pharmacy Department is dedicated to providing high quality, cost-effective pharmaceutical care to Enrollees and to working with Providers to achieve the best clinical outcomes.

DEFINITION OF A PART D DRUG

Part D drug is defined under D-SNP as a prescription drug that meets the following criteria:

- A drug or biological that is dispensed only by prescription.
- Approved by the U.S. Food and Drug Administration (FDA) under the Federal Food, Drug, and Cosmetic Act (FFDCA)
- A biological licensed under the Public Health Service Act
- Insulin used for self-administration without a pump (including certain medical supplies associated with injection of insulin such as syringes, needles, and alcohol swabs)
- A vaccine not covered under Part B and is recommended by the Advisory Committee on Immunization Practices (ACIP) for routine use in adults

The drug must be used for a medically accepted indication that facilitates diagnosis or treatment of illness, injury, or to improve the functioning of a malformed body member (except for vaccines).

EXCLUDED FROM PART D COVERAGE

Per the Centers for Medicare & Medicaid Services (CMS) regulations, the following categories are **excluded** from Part D coverage:

- Drugs for anorexia, weight loss or weight gain.
- Drugs to promote fertility
- Drugs for cosmetic purposes or hair growth
- Cough and cold preparations (unless specifically approved by CMS for certain clinical situations)
- Prescription vitamins and minerals (except prenatal vitamins and certain formulations of niacin, fluoride, or Vitamin D)
- Outpatient drugs for which payment is available under Medicare Part A or Part B
- Over the counter (OTC) products

PART B COVERAGE

Medicare Part B covers drugs that are administered by a healthcare professional or through certain medical equipment. These medications cannot be self-administered and are provided in a clinical setting such as physician office, hospital outpatient department or infusion centers. Drugs used with durable medical equipment (DME) such as insulin pumps or nebulizers are also covered under Part B.

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In addition, Part B also covers certain preventive vaccines such as influenza, pneumococcal, hepatitis B (for high or medium risk individuals) and COVID vaccines.

Certain drugs can be covered under Part D or Part B depending on the diagnosis, setting and route of administration. Examples include:

- Insulin is covered under Part B only if administered via insulin pump; otherwise, it's covered under Part D.
- Oral anti-cancer drugs may be covered under Part B if they are the oral equivalent of an IV medication.
- Immunosuppressive drugs are covered under Part B only for Enrollees who received a Medicare-covered organ transplant.

For additional information about Part B versus D coverage, Providers should refer to CMS Medicare Prescription Drug Benefit Manual, Chapter 6.

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Part-D-Benefits-Manual-Chapter-6.pdf>

PART D FORMULARY

Health Plan Advantage D-SNP maintains a CMS-approved Medicare Part D formulary that is reviewed and updated regularly to ensure safety, clinical effectiveness and cost-effectiveness.

The formulary is available online as a searchable site (<https://client.formularynavigator.com/Search.aspx?siteCode=0143685768>) as well as a pdf document under the “Formulary (Drug List)” tab (<https://www.hpsj.com/d-snp-member-materials/#forms>).

Some drugs on the formulary require a prior authorization (PA) or step therapy (ST) or quantity limit (QL) requirement to ensure appropriate use. The prior authorization and step therapy criteria are posted on Health Plan Advantage D-SNP’s website, and can be accessed through the searchable site <https://client.formularynavigator.com/Search.aspx?siteCode=0143685768> or through a pdf document under the “Other Drug Lists” tab (<https://www.hpsj.com/d-snp-member-materials/#forms>).

COVERAGE DETERMINATION

A coverage determination is an initial decision by Health Plan Advantage D-SNP about whether a Part D drug can be covered. A coverage determination is required when the drug is:

- Covered in formulary with a(n) ST or PA or other utilization management restriction.
- Not on the formulary (exception request).

Providers can request a coverage determination via one of the following:

- Electronic PA: <https://mp.medimpact.com/partdcoveredetermination>
- Fax: 858-790-7100
- Phone: 833-546-0796

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Coverage determinations are either standard or expedited depending on the urgency of the request. Providers are encouraged to supply complete clinical documentation to support the medical necessity of the requested drug when submitting the coverage determination or formulary exception request.

Once all required supporting information is received, a coverage decision, based upon medical necessity, is provided within 24 hours for an expedited request and 72 hours for a standard request.

APPEALS

A Part D appeal is the process by which an Enrollee, his/her appointed representative or prescribing physician can request a review of a denied drug coverage determination by Health Plan Advantage D-SNP.

Additional information about Part D appeals can be found in Section 12 of this provider manual.

PHARMACY NETWORK

Health Plan Advantage D-SNP has a network of contracted pharmacies that meet requirements for access and service. Network pharmacies include retail, mail order, long-term care and home infusion pharmacies. A listing of all network pharmacies can be found on our website at www.hpsj-mvhp.org

Certain medications, particularly those used to treat complex, chronic or rare conditions, are dispensed through Health Plan Advantage D-SNP's specialty pharmacies. These pharmacies meet accreditation standards and offer enhanced services to ensure appropriate use of the specialty drugs. Providers will be notified if the prescribed drug requires fulfillment through a designated specialty pharmacy to ensure coordination and prompt initiation or continuation of therapy.

MEDICATION THERAPY MANAGEMENT (MTM)

MTM is a clinical service offered free of charge to eligible Medicare Part D beneficiaries who meet certain criteria based on factors such as multiple chronic conditions, concurrent use of multiple Part D medications, and a high annual drug spend. The primary goals of MTM are to optimize therapeutic outcomes, improve medication adherence, reduce adverse drug events, prevent drug-disease problems, and identify cost-effective therapeutic alternatives. Detailed information about MTM can be found on Health Plan Advantage D-SNP's INwebsite <https://www.hpsj.com/medication-therapy-management/>.

MTM services include a Comprehensive Medication Review (CMR) delivered in person to the Enrollee and Targeted Medication Reviews (TMRs) focusing on specific issues such as duplication of therapy, drug-drug interactions and gaps in care.

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Providers play a critical role in the MTM process and may be contacted to review clinical recommendations and make decisions regarding proposed medication changes. Providers are encouraged to review MTM communications and consider the recommendations in a timely manner. Active Provider engagement helps support care coordination, especially if more than one physician is involved in the patient care and helps improve health outcomes.

DRUG MANAGEMENT PROGRAM (DMP)

Health Plan Advantage D-SNP has a DMP to help prevent misuse or abuse of opioids and frequently abused drugs (FADs). The DMP is designed to identify Enrollees who may be at risk for prescription drug misuse based on utilization patterns such as high opioid usage, multiple prescribers or pharmacies or history of drug overdose.

The DMP is not intended to hinder access to medically necessary drugs but rather to enhance patient safety and reduce the risk of adverse events associated with high-risk drugs; as such, conditions such as cancer pain, sickle cell disease and hospice patients are excluded from the program.

Once identified through a data-driven and case review process, potentially at-risk enrollees may be placed under drug management interventions, which can include limiting their access to specific prescribers and/or pharmacies for controlled substance prescriptions. Before any limitation is implemented, the patient, his/her prescribers and selected pharmacy are notified and given an opportunity to provide input.

Providers play a key role in the DMP process. They are contacted to provide clinical input regarding a patient's diagnosis, current opioid therapy, history of pain management, or risk of misuse. Providers may be asked to participate in a case review and assist in developing a care plan or determining whether prescriber/pharmacy limitations are clinically appropriate. This type of cooperation is essential to ensuring safe and coordinated care.

Additional information about the DMP program can be found at:

<https://www.cms.gov/medicare/coverage/prescription-drug-coverage-contracting/improving-drug-utilization-review-controls-part-d>.