

## *Navigating Prescription Drug Benefit in the Medicaid Program*

### **NYS Medicaid FFS-Preferred Drug Program (PDP)**

The PDP promotes the use of less expensive, equally effective drugs when medically appropriate through a Preferred Drug List (PDL). All drugs currently covered by Fee-For-Service (FFS) Medicaid remain available under the PDP and the determination of preferred and non-preferred drugs does not prohibit a prescriber from obtaining any of the medications covered under Medicaid. Prior authorization may be required for some preferred drugs and most non-preferred drugs. Medicaid formulary also includes Specific Clinical, Frequency/Quantity/Duration, Step Therapy criteria. <https://www.emedny.org/info/formfile.aspx>

In October, 2011 any Medicaid Managed Care plan member began receiving their pharmacy benefit through their health plan. Each health plan built plan formulary based on existing Medicaid fee-for-service preferred drug formulary.

- Each plan has submitted an approved formulary to DOH for approval and must update quarterly.
- Each plan has a **Pharmacy and Therapeutics Committee**.
- Most plans have contracted with a **Pharmacy Benefits Management** company (PBM) to administer benefit and payment to contracted pharmacies. (CVS CareMark, ExpressScripts etc) Plans/PBM maintain Call Centers for Member and prescriber questions.
- Specific information about each plan's formulary and General information on accessing Pharmacy Benefit is on each plans' website.

NYS DOH has developed website with links to every Medicaid Managed Care Plan including HIV SNP's. <http://pbic.nysdoh.suny.edu/>

### **Terms Consumers Should Know about Using Pharmacy Benefit**

**Formulary-** A list of prescription drugs that are covered by insurance plan. List includes information for consumers and prescribers on any limits or requirements on specific drugs listed.

**Preferred drugs-**will be listed as Generic or Brand. A co-pay of \$1.00 is assessed for generic and \$3.00 for brand. If no generic available, some plans may assess \$1.00 for Brand name.

**Prior authorization drugs-**required for some drugs on the list and must be obtained by prescriber before script is filled. Once PA given, refills do not require another PA unless indicated.

**Non-preferred drugs-** are not included on plan's formulary and would require prescriber to follow prior approval process to establish medical necessity.

**Step therapy-**requires prescribing of another drug for treatment of the condition before this drug can be prescribed. PA can be sought for drugs in this category if info provided includes medical necessity including why Step therapy not appropriate with patient's medical condition.

**Quantity limits-**a designation in formulary of quantity per fill or script

**Specialty Mail order Pharmacy drug-**available exclusively through a contracted Plan specialty pharmacy. This Specialty Pharmacy often includes side effect counseling, condition specific info, refill reminder calls, access to health care professionals 24/7. (see end note for update)

### **What Consumers can do to help smooth the process of obtaining medications that need.**

- Become familiar with your health plan formulary and any limits and restrictions on medications you are taking.
- Most plans require that PA be processed in 48 hours so expect short delay in getting new scripts approved.
- Keep track of refills you may have to contact provider and plan for prior authorization on last refill. Give provider staff enough time and avoid last minute crisis.
- Refill your medicine at least 1 week before you take last dose in case pharmacy needs to get medication in stock.
- Know your plan's member call center for pharmacy questions. If you have a problem when purchasing call them before leaving the pharmacy in case it can be resolved at point of purchase.

### **June, 2013 Consumer Advisory Committee Update**

**1. Change in Specialty Mail Order provisions**-Effective 4.1.13 members who have a medication that requires Specialty Pharmacy (as indicated in formulary) can obtain this drug at a retail pharmacy. MMC plans have processes in place to allow use of network pharmacy if that pharmacy agrees to accept a price comparable to plan's contracted Specialty Pharmacy.

**2. Expanding Prescriber Prevails in Certain Drug classes**-Effective July 1, 2013 provision for prescriber prevails will now be expanded to include medically necessary prescription drugs in the **anti-depressant, antiretroviral, anti-rejection, seizure, epilepsy, endocrine, hematologic and immunologic therapeutic classes**,\* including non-formulary drugs, upon demonstration by the prescriber, after consulting with the managed care provider, that such drugs, in the prescriber's reasonable professional judgment, are medically necessary and warranted. Once implemented, this initiative will enable the prescriber's reasonable professional judgment to prevail for the above therapeutic drug classes that are not on plan formularies or have prior authorization requirements. Plans will continue to develop formularies and may also administer prior authorization programs for these therapeutic drug classes. ***Prescribers will still be required to supply plans with requested information and/or clinical documentation.*** As they do currently, plans will be able to provide a temporary (3 day) supply of medication when necessary.

**3. Standard Prior Authorization Form in Medicaid Managed Care/Family Health Plus and Medicaid Fee-for-Service (FFS)** -Effective July 8, 2013, Medicaid Managed Care/Family Health Plus and Medicaid FFS will implement a Standard Prior Authorization (PA) Request Form. The form will be available through the NY State Medicaid Managed Care and Family Health Plus Pharmacy Benefit Information Center for Medicaid Managed Care and Family Health Plus plans at: <http://pbic.nysdoh.suny.edu/> and through Magellan Medicaid Administration for Medicaid FFS at: <https://newyork.fhsc.com/>.

**4. In the Medicaid FFS program- Effective February 21, 2013, all prescriptions for Truvada® for Pre-Exposure Prophylaxis (PrEP) must be prior authorized under the Clinical Drug Review Program (CDRP).**

- Prescribers or authorized agents are required to respond to a series of questions that identify the prescriber, the patient and the reason for prescribing Truvada®.
- Prior authorization process for Truvada® for PrEP available at [https://newyork.fhsc.com/providers/CDRP\\_truvada.asp](https://newyork.fhsc.com/providers/CDRP_truvada.asp).