

# Section 9

## Pharmacy

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## Section 9 Pharmacy

### CVS Caremark

AllWays Health Partners has partnered with CVS Caremark for pharmacy benefit management services. CVS Caremark provides members with access to a comprehensive retail pharmacy network, as well as administers a variety of services including pharmacy claims processing, mail order, and specialty and formulary management.

### Formulary Drug Lookup Tool

AllWays Health Partners' drug lookup tool is designed to provide information about AllWays Health Partners drug coverage. It provides a searchable formulary by information such as drug name, member cost share, and prior authorization limitations.

AllWays Health Partners encourages providers to use the Formulary Drug Lookup Tool to become familiar with AllWays Health Partners' drugs selection. Our formulary is regularly reviewed, evaluated and revised by the AllWays Health Partners Pharmacy and Therapeutics Committee. This committee is comprised of representatives from various practices and specialties.

### E-prescribing

E-prescribing is the transmission, using electronic media, of a prescription or prescription-related information, between a prescriber, dispenser, pharmacy benefit manager, or health plan, either directly or through an intermediary, including an e-prescribing network such as Surescripts.

AllWays Health Partners understands and embraces the value that e-prescribing brings to the effective care of its members and continues its commitment, along with its contracted pharmacy benefits management partner, CVS Caremark, in bringing these capabilities to the provider community. Specifically, AllWays Health Partners provides member eligibility and coverage status, medication history, and formulary information to physicians who use e-prescribing tools.

## Pharmacy Coverage

### Over-the-Counter Benefit

AllWays Health Partners covers many over-the-counter products, including smoking deterrents. To ensure safe and appropriate use, covered over-the-counter items do require a prescription and must be obtained from a participating pharmacy. AllWays Health Partners' pharmacy network includes most Massachusetts pharmacies. (Refer to CVS Caremark's Pharmacy Directory for a complete listing of participating pharmacies.) Visit [allwaysprovider.org](http://allwaysprovider.org) for a listing of some of the covered over-the-counter medications available to AllWays Health Partners members.

Certain products are covered even for AllWays Health Partners members without pharmacy coverage:

- Diabetic supplies (lancets, test strips, glucose monitors, alcohol pads)
- Spacers
- Peak flow meters
- Women's preventive contraception

Spacers and peak flow meters may be obtained through a durable medical equipment provider or a pharmacy.

### Generic Interchange Policy

AllWays Health Partners has a mandatory generic substitution policy. The generic equivalent must be dispensed when available. Multi-source brand name drugs are not covered when a clinically equivalent lower cost generic is available. Brand name medications may be covered only when a generic is not available.

### Exception Requests

There may be cases where a medication, a quantity of medication, or a brand name medication is not normally covered by AllWays Health Partners, but the prescribing physician feels that it is medically necessary for the patient. In these instances, the physician can submit a fax form to CVS Caremark, available on [allwaysprovider.org](http://allwaysprovider.org).

AllWays Health Partners' medication prior authorization and step-therapy criteria can be found within the Pharmacy section of our website.

Exception requests are reviewed by CVS Caremark. Because we are committed to providing our members with prompt access to care, decisions regarding override requests are generally communicated within 24 hours to two business days from the time complete medical documentation is received.

## Quantity Limitations

Quantity limitations have been implemented on certain medications to ensure the safe and appropriate use of the medications. Quantity limitations are approved by AllWays Health Partners' Pharmacy and Therapeutics Committee. See the Formulary Drug Lookup Tool to determine if a medication has a quantity limitation.

## Prior Authorization Drug Policy

To ensure appropriate utilization, AllWays Health Partners delegates to CVS Caremark prior authorization of some drugs. Prescribers can request clinical reviews by calling the Prior Authorization department at CVS Caremark. CVS Caremark staff will ask several questions to determine if the patient meets the established clinical criteria for the drug. After the clinical review, if the medication is approved for the patient, the Prior Authorization department at CVS Caremark will process the authorization and the pharmacy will be systematically notified of the decision and can then dispense the prescription. Please refer to the Formulary Drug Lookup Tool for medications requiring prior authorization. The clinical criteria for prior authorizations are reviewed annually by our Pharmacy and Therapeutics Committee and are available in the pharmacy section of our website.

The "Appeals" section of this manual describes the process to appeal any decision made by AllWays Health Partners to deny, terminate, modify or suspend a requested health care benefit based on failure to meet medical necessity, appropriateness of health care setting, or criteria for level of care or effectiveness of care.

## Step-Therapy Programs

Step therapy programs require use of specific, lower cost, therapeutically equivalent medications within a therapeutic class before higher cost alternatives are approved. Prescriptions for "first-line" medication(s) are covered; prescriptions for "second-line" medications process automatically if the member has previously received a first-line medication(s) in the past 6–12 months of AllWays Health Partners

enrollment. The look-back period depends upon the particular program. Physicians may submit an override request to prescribe a second-line medication prior to using a first-line medication or if the member has previously failed a first-line medication outside of the drug look-back period. The request can be submitted by calling the Prior Authorization (PA) department at CVS Caremark, or by faxing a request form. Step therapy programs are approved by AllWays Health Partners' Pharmacy and Therapeutics Committee.

## Specialty Medications Programs

Certain injectables or specialty medications (such as oral oncology) are covered only when obtained from any AllWays Health Partners contracted specialty pharmacy including CVS Caremark Specialty Pharmacy.

The AllWays Health Partners Specialty Medications Program offers a less costly method for purchasing expensive injectable drugs. Providers may still choose to administer the medications providing oversight to patients' health status.

Under the program, medication and supplies will be shipped out and labeled specifically for each patient and delivered to the provider's office within 24–48 hours after ordering. Providers will then bill AllWays Health Partners only for the administration of the injectable drug. In addition, for those injectable medications that are self-administered or for patients with transportation restrictions, the specialty pharmacy can ship injectable medications and necessary administration supplies, if applicable, directly to the members' homes.

Please visit [allwaysprovider.org](http://allwaysprovider.org) for copies of the specialty pharmacy prior authorization fax forms, the list of specialty drugs, and medications supplied.

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## Maintenance 90 Program

AllWays Health Partners members are automatically enrolled in our Maintenance 90-day program for ongoing prescription refills. Members who have filled a non-specialty maintenance medication (such as drugs used for asthma, hypertension, high cholesterol, or arthritis) at least twice in the past four months will need to fill a 90-day supply on their next fill. The copayment for a 90-day supply is reduced for most medications.

Please provide your patients with a 90-day script when appropriate. For the most up-to-date list of maintenance medications, use the Drug Lookup Tool.

If you feel it is medically necessary for your patient to remain on a 30-day supply, please call AllWays Health Partners Provider Service at 855-444-4647 to request an opt-out for your patient. Please indicate the medication(s) that should be opted-out, the proposed time frame for exclusion, and the reason for the 30-day supply.

A member can request to stay with 30-day refills by calling AllWays Health Partners Customer Service at the phone number on the back of their AllWays Health Partners ID card.

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## Mail-Order Program

Certain non-specialty maintenance medications (such as drugs used for asthma, hypertension, high cholesterol and arthritis) are available through CVS Caremark's mail service. This service allows AllWays Health Partners members to order a 90-day supply of certain prescription medicines at a reduced cost.

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## Access 90 Program

Access90 provides AllWays Health Partners members with a 90-day supply of certain maintenance medications when purchased through participating pharmacies. This program allows AllWays Health Partners members to obtain a 90-day supply of certain medicines at a reduced cost.

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## More Information

Updates to the AllWays Health Partners formulary are communicated through the provider newsletter and [allwaysprovider.org](http://allwaysprovider.org).

### CVS Caremark Contact Information:

Non-Specialty Drug Requests  
Main Phone: 844-294-0395

#### Commercial

Phone: 800-294-5979  
Fax: 888-836-0730

#### Qualified Health Plan (QHP)

Phone: 855-582-2022  
Fax: 855-245-2134

#### Specialty Drug Requests (All Products)

Phone: 866-814-5506  
Fax: 866-249-6155