

# Section 8

## Pharmacy

---

<b>CVS Caremark</b>	<b>8-1</b>
Formulary Drug Lookup Tool	8-1
<b>Pharmacy Copayment</b>	<b>8-1</b>
Copayment Exemptions	8-1
<b>E-prescribing</b>	<b>8-1</b>
<b>Pharmacy Coverage</b>	<b>8-1</b>
Over-the-Counter Benefit	8-1
Generic Interchange Policy	8-2
Exception Requests	8-2
Quantity Limitations	8-2
Prior Authorization Drug Policy	8-2
Step-Therapy Programs	8-2
Specialty Medications Programs	8-2
<b>Maintenance 90 Program</b>	<b>8-3</b>
<b>Access90 Program</b>	<b>8-3</b>
<b>Medicare Part D</b>	<b>8-3</b>
<b>More Information</b>	<b>8-4</b>
CVS Caremark Contact Information:	8-4

## Section 8 Pharmacy

### CVS Caremark

My Care Family 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

The Searchable Formulary Drug Lookup Tool for clinicians is designed to provide information about My Care Family drug coverage. It provides a searchable formulary by information such as drug name, member cost share, and prior authorization limitations.

You may also obtain patient-friendly medication information from Healthwise Knowledgebase and the Healthwise Knowledgebase Drug Interaction Checker.

My Care Family encourages providers to use the Formulary Drug Lookup Tool to become familiar with the drug 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.

### Pharmacy Copayment

If a My Care Family patient is unable to pay a copayment at the time of service, the pharmacy must fill the prescription. However, the pharmacy can bill the patient later for the copayment.

### Copayment Exemptions

A My Care Family patient is exempt from prescription co-pays if he or she:

- Is under 21 years old
- Is pregnant or pregnancy ended within 60

days of the service

- Is receiving inpatient care at an acute hospital, nursing facility, chronic disease or rehabilitation hospital, or intermediate-care facility for the developmentally delayed, or is admitted to a hospital from such a facility
- Is receiving hospice care
- Is enrolled in MassHealth because they were in the care and custody of the Department of Children and Families (DCF) when they turned 18, and their MassHealth coverage was continued
- Is Native American or Alaska Native from a federally recognized tribe
- Has reached the pharmacy copayment cap for the calendar year

### 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.

My Care Family 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, My Care Family provides patient eligibility/coverage status, medication history, and formulary information to physicians who use e-prescribing tools.

### Pharmacy Coverage

#### Over-the-Counter Benefit

My Care Family 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. My Care Family's

pharmacy network includes most Massachusetts pharmacies. (Refer to CVS Caremark's [Pharmacy Directory](#) for a complete listing of participating pharmacies). Visit [allwaysprovider.org](#) for listing of some of the covered over-the-counter medications available to My Care Family patients.

### **Generic Interchange Policy**

My Care Family 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 My Care Family 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](#).

The medication prior authorization and step-therapy criteria can be found on [allwaysprovider.org](#).

Exception requests are reviewed by CVS Caremark. Because we are committed to providing our patients 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, My Care Family delegates to CVS Caremark prior authorization of some drugs. Prescribers can request clinical reviews by calling the Prior Authorization (PA) 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.

### **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 My Care Family 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 My Care Family contracted specialty pharmacy including CVS Caremark Specialty Pharmacy.

The 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 to 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 patient's 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.

---

## Maintenance 90 Program

My Care Family patients are automatically enrolled in the Maintenance 90-day program for ongoing prescription refills. Patients who have filled a 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 My Care Family ID card.

---

## Access90 Program

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

---

## Medicare Part D

Certain My Care Family patients with Medicare coverage and enrolled in MassHealth have their prescriptions drug benefit covered by Medicare. My Care Family patients received ID cards for their Medicare prescription drug coverage.

Most prescription drugs are covered under their Medicare benefit. My Care Family does provide coverage for some drugs that are excluded by the federal Medicare mandate. Examples include certain over-the-counter drugs and vitamins. For more information, please call AllWays Health Partners Customer Service.

To find out more about Medicare's prescription drug coverage:

- Contact Medicare at 800-633-4227.
- Visit the Medicare website at [www.medicare.gov](http://www.medicare.gov).
- Go to [www.cms.gov](http://www.cms.gov).

---

## **More Information**

Updates to the formulary are communicated through the provider newsletters and the provider portal.

### **CVS Caremark Contact Information:**

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

My Care Family MassHealth  
Phone: 877-433-7643  
Fax: 866-255-7569

Specialty Drug Requests  
Phone: 866-814-5506  
Fax: 866-249-6155