ATTACHMENT 14

NEW YORK STATE OF OPPORTUNITY. Department of Civil Service

Prescription Drug Benefit (Commercial Plan) form - "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"

Offeror Name: Excellus Health Plan Inc. (HMOBlue)

INSTRUCTIONS: **Complete the following charts and answer the following questions as applicable to the prescription drug programs proposed for NYSHIP using the definitions on the final pages of this Attachment.**

Commercial Formulary ***(indicate using X in appropriate category)***				
Type of Formulary Offered (Indicate only one)				
Open(1)	Incented(2)	Closed(3)		
X (Excellus BlueCross BlueShield offers an Open Formulary only.)				
Copayments for 30-day supply and 31to 90-day supply				
If not available at specific pharmacy type put a "N/A" in appropriate box	Retail Acute	Retail Maintenance	Mail Order	Specialty Pharmacy
30-Day Supply				
Generic	**$10**	**$10**	**$10**	**$10**
Preferred Brand	**$30**	**$30**	**$30**	**$30**
Non-Preferred	**$50**	**$50**	**$50**	**$50**
Specialty	**Specialty Pharmacy Only**	**Specialty Pharmacy Only**	**Specialty Pharmacy Only**	**$10/$30/$50**
31 to 90-Day Supply				
Generic	**$20 for 31-60-day supply; $30 for 61-90-day supply**	**$20 for 31-60-day supply; $30 for 61-90 day supply**	**$20 for 31-90-day supply**	**$20 for 31-60-day supply; $30 for 61-90-day supply**
Preferred Brand	**$60 for 31-60-day supply; $90 for 61-90-day supply**	**$60 for 31-60-day supply; $90 for 61-90 day supply**	**$60 for 31-90-day supply**	**$60 for 31-60-day supply; $90 for 61-90-day supply**
Non-Preferred	**$100 for 31-60-day supply; $150 for 61-90-day supply**	**$100 for 31-60-day supply; $150 for 61-90-day supply**	**$100 for 31-90-day supply**	**100 for 31-60-day supply; $150 for 61-90-day supply**
Specialty	**Specialty Pharmacy Only**	**Specialty Pharmacy Only**	**Specialty Pharmacy Only**	**See above**

Cost Containment/Care Management Strategies ***(indicate using X in appropriate category)***							
Mandatory Generic Requirement(1)	Prior Authorization(2)	Step Therapy(3)	Dose Optimization(4)	Half Tab Program(5)	OTC Program(6)	Generic Trial Program(7)	Other (Please Describe)
X	**X**	**X**	**X**				**See below**

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Split Fill:
In an effort to provide greater patient support and avoid medication waste, Excellus BCBS has a specialty drug split-fill program. The split-fill program allows doctors and patients to try expensive medications that have serious side effects for a shorter period of time so that they can confirm effectiveness and tolerance prior to paying for a full 30-day supply. This helps minimize unnecessary expenses, as well as medication waste. With this program, the monthly supply for included drugs will be split into two fills, each with a 15-day supply. The medication supply will be split for the first two months and the money that the member pays for their medicine is less to match the smaller supply.

Mandatory Specialty:
Mandatory Specialty requires that members fill certain Specialty Drug Benefit medications through our Specialty Pharmacy network *only*, not at a retail pharmacy. Using a National partner, Accredo, allows us to leverage deep discounts and permits us to utilize their experienced specialty services and programs. These services are passed on to our members at no additional cost and include individual case management for all members on a specialty medication.

Advanced Opioid Management (AOM):
In attempts to reverse the opioid epidemic, Excellus BCBS focuses their efforts to prevent abuse, addiction, and overdose before they start. AOM will include a three-pronged approach consisting of Pharmacy POS edits, Physician POC alerts and Member education letters and no additional charge. Goals of the program are to prevent excess opioid medications upon first fill, ensure that high doses across all opioids are safe and medically necessary and to target therapy duplication and potential misuse and abuse.

MedSync:
Program bypasses the Refill to Soon edit for Medication Synchronizing. Through MedSync the coordinating of medication refills for a patient to pick up on a single day monthly and aligning of all fill dates leads to increased member convenience and medication adherence. Member copays/cost-sharing are prorated for partial, synchronized fills.

RationalMed:
With the integration of Medical and Pharmacy Data coupled with a highly automated process, RationalMed addresses otherwise unidentifiable safety issues related to prescription drug real-time. There are over 4,000 safety alerts covering potentially dangerous interactions, gaps in care and potential misuse and abuse. Actionable alerts are sent to dispensing pharmacists and prescribers for immediate notification.

Provider Engagement (ACQA):
ACQA, administered with the integrated health systems, is a fully innovative payment program designed to drive improvements in patient experience, cost trends, and quality of care. Our pharmacy division's main focus is to control costs within pharmacy and improve quality through adherence and medication management.

Site of Care:
Moves the administration of routine infusions from high-cost sites of care to the member's home. Excellus BCBS identifies patients and collaborates with our Specialty Vendors to ensure a smooth transition to home.

Diabetes Remote Monitoring Program
The monitoring program helps patients with diabetes manage their blood sugar levels and potentially prevent long-term complications. This is a voluntary, optional value-add program for our members. Our Care Management team will have access to the list of members who have opted into the program and will have access to the member's blood glucose readings to help better support the member's needs

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How it works:

1. **Patients enrolled in Diabetes Remote Monitoring with Lifescan receive a complimentary BlueTooth-enabled OneTouch Verio Flex® meter sent to them from ESI and Lifescan. This is a program that the health plan supports, but we do not distribute the monitors.**
2. **This meter works in conjunction with the OneTouch Reveal® mobile application to track all blood sugar readings. Express Scripts diabetes specialist pharmacists monitor the blood sugar readings and offer educational clinical support when needed.**

Medicare Part D Formulary *(indicate using X in appropriate category)*				
Type of Formulary Offered (Indicate only one)				
Open(1)	Incented(2)	Closed(3)		
X (Excellus BCBS offers an Open Formulary only.)				
Copayments for 30-day supply and 31to 90-day supply				
If not available at specific pharmacy type put a "N/A" in appropriate box	Retail Acute	Retail Maintenance	Mail Order	Specialty Pharmacy
30-Day Supply				
Generic	**$10**	**$10**	**$10**	**$10**
Preferred Brand	**$25**	**$25**	**$25**	**$25**
Non-Preferred	**$40**	**$40**	**$40**	**$40**
Specialty	**$40**	**$40**	**$40**	**$40**
31 to 90-Day Supply				
Generic	**$20**	**$20**	**$20**	**$20**
Preferred Brand	**$50**	**$50**	**$50**	**$50**
Non-Preferred	**$80**	**$80**	**$80**	**$80**
Specialty	**$80**	**$80**	**$80**	**$80**

Cost Containment/Care Management Strategies *(indicate using X in appropriate category)*							
Mandatory Generic Requirement(1)	Prior Authorization(2)	Step Therapy(3)	Dose Optimization(4)	Half Tab Program(5)	OTC Program(6)	Generic Trial Program(7)	Other (Please Describe)
	X	**X**					**Quantity Limits**

1. How often are changes typically made to your prescription drug formulary? Describe how formulary changes are communicated to HMO providers and Enrollees.

   Our formulary management approach is designed to promote safe, effective and appropriate drug therapy. Our Pharmacy and Therapeutics (P & T) Committee assists in the development of medication formularies, preferred drug lists and drug usage guidelines. The committee meets at least quarterly to review new drugs to the market and existing drugs. Changes to existing drugs that will negatively impact members typically only occur once or twice per year.

   Members who will be negatively impacted by a change are notified in writing of the change 30 to 45 days prior to the effective date. Providers are also notified in writing of a negative formulary change.

   Copies of the formulary are available at excellusbcbs.com and updates and changes are posted to the web as soon as a change is determined.

   If an enrollee does not have internet access they may contact our Customer Care at the number on the back of their ID card and a copy of the prescription drug formulary can be sent by e-mail or regular mail.

2. Are Members allowed to purchase a 90-day supply of maintenance medication at a participating retail pharmacy or only through mail order? If maintenance medications can be purchased at a retail pharmacy, state any supply limitations. In addition, describe the copayment structure applied to retail and/or mail order purchases for maintenance medications.

   NYSHIP members are allowed to purchase up to a 90-day supply of maintenance medication at a participating retail pharmacy after paying three times the appropriate copay. A 90-day supply of maintenance medication can be purchased through mail order after paying two times the appropriate copay. The supply limitations would be subject to any quantity limits noted in our 3 tier Formulary Guide Excellus BCBS 3tier Formulary and New York State regulations for controlled substances.

   Blue Choice:

   Retail maintenance medications 30-day supply - $10 Tier 1, $30 Tier 2, $50 Tier 3
   Mail Order maintenance, up to a 90-day supply $20 Tier 1, $60 Tier 2, $100 Tier 3

   Medicare Advantage (Medicare Blue Choice):

   Retail maintenance medications 30-day supply - $10 Tier 1, $25 Tier 2, $40 Tier 3
   Mail Order maintenance, up to a 90-day supply $20 Tier 1, $50 Tier 2, $80 Tier 3

3. If HMO utilizes Mandatory Generic Requirement as a cost containment strategy, describe the generic appeals procedure, if one is available, and how generic appeals information is communicated to Enrollees.

   If a member requests a brand name drug when a generic is available, their physician would need to complete an exception form for consideration for the MAC penalty to be waived. If the exception is approved, the MAC penalty would be waived, and the member would pay the brand copay, not the generic copay. If the exception is denied, and the member uses a brand name medication when there is a generic equivalent available, the member will pay the generic co-payment/co-insurance amount, in addition to the difference between the pharmacy's charge for the costlier brand-name medication and our price for the less expensive generic. Both the member and physician will receive a letter with the determination.

   If the member is issued a denial on a MAC penalty waiver, they may appeal the decision. Once an appeal is received the enrollee/member are notified of receipt by mail and are then advised that Excellus BCBS has 30 days to review and respond to the appeal. Once a decision is made both the member/enrollee and the physician are notified by mail. The intent is for the member to receive the brand name drug versus the generic drug.

4. Does HMO's prescription drug benefit have separate requirements or limitations for "specialty medications?" If so, define "specialty medications" and describe the process Members must use to obtain specialty medications, including whether specialty medications must be purchased through a designated Specialty Pharmacy, supply limitations or other restrictions. If specialty medications are required to be purchased through a designated Specialty Pharmacy, has the HMO implemented specialty prescription drug fulfillment hardship exception criteria?

   Specialty drugs are identified by Excellus BCBS as medications possessing one or more of the following:

   - **Unusual, complex, or variable dosage administration requirements. Biotech drugs are generally considered specialty medication. Specialty medications covered under the prescription drug benefit are self-administered and may be injected, inhaled or taken orally.**
   - **Specific and limited indications for use with clear medical evidence documenting the patient population that will derive optimal benefit vs. risk from therapy.**
   - **Quality care concerns requiring special monitoring (via lab, nurse), dosage adjustment, drug interaction and adverse event management and specific follow up and monitoring requirements.**
   - **Risk of abuse, diversion, counter-fitting, misuse or serious adverse events.**

- Unusually expensive (generally costing $1,000 or more per month or course of therapy).

- Under limited distribution from the manufacturer or may have limited availability in the marketplace.

Excellus BCBS offers a mandatory specialty pharmacy network benefit option which will help to contain costs. The benefit provides pharmacy coverage for designated specialty medications only at pharmacies participating in the Specialty Pharmacy Network. All subsequent fills must be filled through the Specialty Pharmacy Network to obtain coverage for the drug. These designated pharmacies, as part of their service, dispense the specialty medications at a high service level to fulfill the member's needs based on the unique characteristics of these medications. For the most part, these medications are delivered to the member through the US Mail, or another delivery service, such as FedEx or UPS. Although in most cases this is an effective method for specialty medication fulfillment, for some members it presents a hardship. Therefore, Excellus BCBS has established criteria to evaluate these hardships and requests for exceptions.

The following criterion does not override existing clinical prior authorization or medical necessity review processes or benefit coverage criteria.

Excellus BCBS has procedures in place to allow qualifying members to be exempt from mandatory utilization of the designated specialty pharmacy(s) based on identifiable hardships.

The Member need only meet 1 of the following exceptions to qualify for an exception to the specialty pharmacy fulfillment requirement (but note, certain exceptions are of limited duration):

1. Member indicates that he/she has a privacy concern associated with receiving specialty drugs via Specialty delivery/overnight courier and, after discussion with a designated Specialty Pharmacy Provider(s) representative about possible alternative locations to which the medication(s) could be delivered by the Specialty Pharmacy (such as to the prescribing physician's office or to an alternative address specified by the Member like a work address, friend or relative's address, neighbor, etc.), a determination is made that there is no suitable alternative delivery location. Examples of Member privacy concerns may include, but are not limited to, the following:

a. Member lives in an apartment or condo building where there is a central mailbox and the mailbox is too small to put the package in, so the delivery person leaves it on the floor when they are not able to leave the package at the front door.

b. Member is transient and doesn't have a permanent residence and needs to pick up the medication as they don't know where they will be at the time of the delivery.

c. Member lives in a high rise with a door man who receives all deliveries.

d. Member lives in an unsafe area where packages left at the door may be stolen.

e. Member lives on a main (busy) street where leaving the package at the front door may pose risks to others (i.e. children frequently play in the area and may take the medication not knowing what it is for).

2. The specialty drug(s) utilized by the Member requires additional local support that cannot be provided by a designated Specialty Pharmacy Provider(s) because the Member is unable to communicate effectively by available means, e.g., phone, internet or fax, to obtain the prescribed drug(s) and engage in reasonable and appropriate drug product consultation. The basis for the exception request must be supported by a written statement from the prescribing physician attesting to the condition of the member that prevents the member from reasonable and appropriate drug product consultation with the specialty pharmacy.

3. Member has a demonstrated history of past service failures by designated Specialty Pharmacy Provider(s) resulting in member not obtaining medication on a timely basis. Customer Service can obtain the support for this exception by contacting the designated Specialty Pharmacy Provider(s) and looking at the claim's history.

4. Designated Specialty Pharmacy Provider(s) does not support a copay/payment assistance program for the specific drug at issue, which is supported by an alternative in-network pharmacy which the Member proposes to use.

5. Member is utilizing a Human Growth Hormone medication from a prescribing physician for whom designated Specialty Pharmacy Provider(s) does not fill prescriptions due to their internal risk policy.

6. Member will be residing at an address (temporarily or permanently) to which designated Specialty Pharmacy Provider(s) indicates it cannot provide reasonably appropriate or consistent on-time delivery to this address

7. Member is new to therapy on the specialty drug at issue and dosing has not been stabilized and will likely fluctuate in near term per clinical indication by prescribing physician. The basis for this exception request must be supported by a medically sound written statement from the prescribing physician confirming the above indication.

Definitions

Formulary:

(1) Open or Incented Formulary: The HMO provides coverage for all medications regardless of whether or not they are listed on the formulary. However, some drugs such as those for cosmetic use or over-the-counter drugs may be excluded from coverage. Members may incur additional out of pocket expenses for using non-formulary drugs.

Medications covered under our Three Tier Prescription Drug Benefit (Open/Incented formulary) are classified into one of these categories:

- **Tier One: Generally generic drugs. Generic drugs have the same active ingredients, strength, and effectiveness as their brand-name counterparts, but at a substantially lower cost. Not all generic drugs will be Tier One drugs.**
- **Coverage for Tier One medications: Lowest co-payment/coinsurance amount.**
- **Tier Two: Prescription drugs that have been selected as Tier Two drugs because of their overall value.**
- **Coverage for Tier Two medications: Middle co-payment/ coinsurance amount.**
- **Tier Three: All other prescription drugs, including new drugs that are pending review.**
- **Coverage for Tier Three medications: Highest co-payment/coinsurance amount.**

(2) Closed Formulary: Non-formulary drugs are not reimbursed by the HMO. Administrative procedures are used to allow reimbursement for and access to non-formulary medications where medically appropriate.

Excellus BlueCross BlueShield does not currently administer a Closed Formulary for Community Rated HMO products.

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Cost Containment Features:

(1) Mandatory Generic Requirement – When a generic drug is available, the HMO covers only the cost of the generic. If the member requests the brand name when a generic is available, an additional payment is required. This additional payment represents the cost difference between the generic and brand name.

Under this program, if a member fills a brand-name medication when there is a generic equivalent available, the member will pay the difference between the generic medication and the higher cost brand. The program limits plan sponsor liability to the cost of the generic less the generic copay.

(2) Prior Authorization – HMO requires members to receive authorization or approval before benefits will be provided for the prescribed drug.

Prior authorization helps ensure that a prescribed drug is safe and appropriate for the medical condition. Certain medications require prior approval before the medication is covered. Our clinical pharmacists and physicians review medication requests to make sure that the choice of drug or dose is appropriately prescribed based on FDA and manufacturer guidelines, medical literature, safety, appropriate use and benefit design.

(3) Step Therapy (and Fail First Requirements) – HMO requires members to try one or more "prerequisite therapy" drug(s) first before benefits will be provided for another drug.

The step therapy program encourages the safe and cost-effective use of medication. Medication therapy is approached through a series of "steps." Certain medications are not covered until one or more therapeutically equivalent medications have been tried first.

Our step therapy program is constantly evolving based on market dynamics including new generic entrants and competitive brand pricing. When new generics enter the market, we will typically deploy a member and provider education program to drive to lowest cost product along with updates to our formulary with use management criteria to simultaneously drive the most savings to member and employer.

(4) Dose Optimization – HMO requires members to switch to a higher once-daily dose of a drug when they are taking multiple daily doses of a lower strength.

Uses dose efficiency and Excellus BCBS guidelines to ensure the prescription medication is appropriate for each indication.

Ensures an appropriate amount of medication is being used for each indication by aligning the dispensed quantity of prescription medication with:

- **FDA recommended guidelines OR**
- **Standards of clinical practice OR**
- **Dose efficiency which recommends the use of a single higher strength drug rather than two lower strength drugs.**

(5) Half Tab Program – A voluntary half tablet/pill splitting program. By submitting a prescription for twice the dosage and half the quantity, with the physician's directions to take half a tablet at the regularly scheduled time, a member is eligible to receive the medication at half the cost of the regular copayment.

The Excellus BCBS half tablet program has been discontinued. We no longer promote this program due to the availability of generic alternatives of most of the drugs that were in the original program. The cost of the generic medication costs less than the half tablet of the brand medication.

(6) OTC Program – Members allowed to choose specified over-the-counter drugs identical to the prescription version at no cost or at the lowest copay amount.

Under your Excellus BCBS prescription benefit, prescription medications that have exact over-the- counter equivalents are not covered. When medications become available as OTC products, the retail price is often close to or even less than the applicable copay for the prescription product

(7) Generic Trial Program – HMO covers the first 30-day fill of select generic drugs at no cost to the member.

The Excellus BCBS Generic Trial Program was discontinued as of July 1, 2015.