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: MVP Health Care

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		
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	$0	$0	$0	$0
Preferred Brand	$30	$30	$30	$30
Non-Preferred	$50	$50	$50	$50
Specialty	Applicable Copay Applies	Applicable Copay	N/A	Applicable Copay Applies
31to 90-Day Supply				
Generic	Limited to 30-day supply	$0 (31-60 days) $0 (61-90 days)	$0 (31-60 days) $0 (61-90 days)	Limited to 30-day supply
Preferred Brand	Limited to 30-day supply	$60 (31-60 days) $90 (61-90 days)	$60 (31-60 days) $75 (61-90 days)	Limited to 30-day supply
Non-Preferred	Limited to 30-day supply	$100 (31-60 days) $150 (61-90 days)	$100 (31-60 days) $125 (61-90 days)	Limited to 30-day supply
Specialty	Limited to 30-day supply	Limited to 30-day supply	Limited to 30-day supply	Limited to 30-day supply

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				

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Medicare Part D Formulary *(indicate using X in appropriate category)*				
Type of Formulary Offered (Indicate only one)				
Open(1)	Incented(2)		Closed(3)	
	MVP's Part D Formulary has 5 tiers			
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	$0	$0	$0	$0
Preferred Brand	$10	$10	$10	N/A
Non-Preferred	$30	$30	$30	N/A
Specialty	$60	$60	$60	N/A
31to 90-Day Supply				
Generic	$0	$0	$0	N/A
Preferred Brand	$10	$30	$20	N/A
Non-Preferred	$30	$90	$60	N/A
Specialty	$60	$180	$120	N/A

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				

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

   The MVP formulary is updated regularly. A committee reviews therapeutic classes at least annually to evaluate and designate drug formulary status, as long as there is reasonable evidence of clinical equivalence between formulary and non-formulary drugs. Class reviews incorporate available medical and

   pharmaceutical information, new products available in the marketplace, regulatory requirements, and economic factors, including contractual changes which have occurred between pharmaceutical manufacturers and the PBM.

   The formulary is communicated to physicians via our website in full and incremental updates are communicated every two months in the physician newsletter. Changes to MVP's formulary are posted on our website.

   When medications are moved from preferred to non-preferred formulary status or removed from the formulary, several steps are taken to communicate the change to the members and physicians. The affected members are notified by mail in advance of the change. Members are encouraged to review and discuss the change with their providers. Providers are notified via newsletter, the Web, and by mail if any of their MVP members are affected. Providers are encouraged to discuss changes with the members. Instructions on how to appeal the change for a member are also included in the notifications.

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.**

   Members can purchase a 90-day supply of maintenance medication through our pharmacy mail order service or through a network of retail maintenance pharmacies. If the MVP formulary indicates that there are quantity limits on the medication, the 90-day retail fills would also be subject to a quantity limit requirement. Members would be charged three copayments for the 90-day supply at a retail pharmacy. Members obtaining a 90-day supply of maintenance medications obtained through mail order would be charged two-and-a-half (2.5) times their applicable retail copayment.

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.**

   MVP does not have Mandatory Generic Requirement set up for the State. Certain drug classes require the use of a generic before a brand name drug could be filled. This is handled through our step therapy process as well as our prior authorization process.

   MVP does have DAW penalty set up for the State for multi-source brand name drugs. Members pay the ingredient cost difference between the brand and the generic plus their generic copayment. Copayment reductions for medical necessity will be considered on a case-by-case basis for brand, multi-source drug differential copayments. This policy applies only to members with prescription drug coverage that specifically requires brand-generic differential copayments. Members should review therapeutically appropriate alternatives with their physician. When all options have been eliminated, they may pursue a copayment exception. Review is based on medical considerations that demonstrate the potential for adverse medical outcomes. The prescriber must submit a prior authorization form with supporting documentation.

   The generic appeals process is communicated to members and providers through newsletters and MVP's website

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**

   Yes—the prescription drug benefit does have separate requirements for specialty medications. Specialty medications are used for the treatment of complicated and chronic disease states. These medications have complex storage and delivery requirements. Administration of these drugs requires a high degree of involvement by a clinician or provider, patient training, care management, and compliance follow-up. MVP partners with CVS Specialty for specialty pharmacy services. Members that require a specialty drug can have their health care provider e-prescribe a prescription to CVS Specialty.

   CVS Specialty will verify eligibility and prior authorization from MVP. The medication and necessary supplies will be shipped to the physician or member within the requested timeframe.

   Based on the date needed, all medications will be shipped to the physician's office or the patient's home, office, or other U.S. destination. Specialty pharmacy staff will contact individual members to:

   Ensure that someone will be home to receive a refrigeration-required medication

Assist patients with administration

Monitor patient compliance

Navigate the unique reimbursement procedures for specialty pharmaceuticals

Specialty medications are limited to a 30-day supply

MVP has implemented specialty prescription drug fulfillment hardship exception criteria as required. CVS Specialty works with drug manufacturers that offer financial assistance programs and will balance bill them to offset the member's out of pocket responsibility as applicable. These programs are subject to change by the manufacturer.

Specialty medications can also be picked up at CVS pharmacies. Members that want to do this should inquire with the CVS pharmacist to determine if their medication can be obtained through their retail pharmacy.

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.

(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.

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.

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

(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.

(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.

(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.

(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.

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