

Pharmacy Services

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At a Glance

Welcome to Piedmont WellStar HealthPlans Pharmacy Services. The Pharmacy Services department partners with the provider-led network of providers to meet the medication and cost needs of members. The approach focuses on improving member health through coordinated formulary and care advising programs that enhance the member and provider experience.

Piedmont WellStar HealthPlans develops the formulary for members. The formulary pricing strategy is designed to achieve the goal of better clinical outcomes at an affordable cost. The formulary is developed by providers and clinical pharmacists.

Each of the formulary programs includes the following features:

- Required generics
- Once-daily dosing initiatives to improve member compliance
- Lists of preferred drugs (formulary medications)
- Prior authorization or step-therapy requirements for selected medications
- Quantity limits (based on the Food and Drug Administration (FDA) guidelines and accepted standards of care)

Contact a Clinical Pharmacist

Piedmont WellStar HealthPlans encourages providers to contact the **Pharmacy Services Department at 855-266-0714** from 8 a.m. to 5 p.m., Monday through Friday, with comments or questions about a member's medication history, duplicate medications, or compliance. Providers may fax in requests for prior authorizations or non-formulary medications to **855-869-7043**.

A dedicated clinical pharmacy team is available to provide extra support, including:

- Answering medication-related questions from providers and network pharmacies
- Developing and conducting prospective and retrospective drug utilization reviews
- Supporting providers, network pharmacies, and members on pharmacy changes
- Serving as a clinical resource for the provider network
- Conducting a medication therapy management (MTM) program
- Offering provider and member education materials to network practices to support drug selection and use based on the best objective and clinical evidence

Prior Authorization

A limited number of medications require authorization before they are provided to members. Authorizations may be needed for the following reasons:

- Prior authorization or a step therapy requirement as indicated on the formulary
- Prescription that exceed Piedmont WellStar HealthPlans quantity limits
- Non-formulary medications
- Early refills



In some cases, clinical documentation is necessary to review these medication requests. All requests will be reviewed promptly, and the decision will be communicated to the provider or member.

How to Receive Prior-Authorization

To receive authorization for a medication requiring a prior authorization or quantity limits, or a non-formulary medication:

- Visit **www.pwplans.org** to obtain a prior authorization form
- Fax to (855) 869-7043

Piedmont WellStar HealthPlans will immediately communicate all coverage determinations and prior authorization decisions by fax to the provider's office once the review process is complete. If a fax number is not available, Piedmont WellStar HealthPlans will communicate decisions by phone and will mail a copy of any decision documentation to the provider's office.

Providers should notify members of all pharmacy prior authorization decisions determined by Piedmont WellStar HealthPlans.



Pharmacy Policies

Prior Authorization Criteria

Prior authorizations are set on a specific drug-by-drug basis and require specific criteria for approval based upon FDA and manufacturer guidelines, medical literature, safety concerns, and appropriate use. Drugs that require prior authorization may be:

- Newer medications requiring monitoring by Piedmont WellStar HealthPlans
- Medications not used as a standard first option in treating a medical condition
- Medications with potential side effects that Piedmont WellStar HealthPlans would like to monitor to ensure safety

Prior authorization criteria are reviewed by the Pharmacy and Therapeutics (P&T) committee. The provider must submit clinical information to Piedmont WellStar HealthPlans and once that information is received, a decision regarding the medical necessity of the requested medication will be made.

Step Therapy

Step therapy ensures members are taking the most effective medication at the best cost. This means trying the least expensive medication for the first course of treatment. If the preferred medication is not clinically effective or if the member has side effects, another medication may be used as the second course of treatment.

Step Therapy process:

- **Step 1:** When your prescribed drug is impacted by step therapy, the member will be asked to try generic drugs first. The generic drug recommended will be approved by the FDA as providing the same health benefits as a much lower cost
- **Step 2:** If the generic drug in step one does not work, members can try the brand-name drug

Please note, Step Therapy is coordinated with the member's benefit plan. Medications are automatically approved if there is a record that the member has already tried a preferred medication. If there is no record of a preferred medication in the member's medication history, the provider must submit clinical information to Piedmont WellStar HealthPlans. Once that information is received, a decision regarding payment for the requested medication will be made.

Once-Daily Dosing

To improve member health through adherence to medication regimens, Piedmont WellStar HealthPlans requires once-daily dosing for certain medications. If your member needs multiple daily doses, call pharmacy services from 8 a.m. to 5 p.m., Monday through Friday at **855-266-0714**.

Quantity Limits



A quantity limit or dose duration may be placed on certain medications to ensure members are getting the most cost-effective drug/dose combination. Piedmont WellStar HealthPlans follows the FDA and manufacturer's recommended dosing guidelines and limits how much of the medication the member may receive in a certain time period. Providers are encouraged to incorporate these quantity limits into their prescribing patterns.

For medical exceptions, call **Pharmacy Services** from 8 a.m. to 5 p.m., Monday through Friday at **855-266-0714**.

Mandatory Generics

Most formularies require the use of a generic version of a drug if one is available.



Five-Tier Pharmacy Program

Piedmont WellStar HealthPlans offers a five-tier formulary prescription program for its members. Many medications, unless they are benefit exclusions, are reimbursed under this program. This allows for accessibility of multiple medications within a class and permits members and providers to determine the medication that is best for the individual member.

- **The first & second tiers**

The first tier consists of preferred generics and has the lowest copay. The second tier is made up of non-preferred generics and has a slightly higher copay. These are therapeutically equivalent to the branded products and approved by the FDA. When a generic medication is available, providers are encouraged to prescribe the generic medication to their members.

- **The third tier**

The third tier has a slightly higher cost share and includes those brand-name drugs for which generics are not available. Piedmont WellStar HealthPlans has designated these agents “preferred” based on clinical efficacy, safety profile, and cost effectiveness.

- **The fourth tier**

The fourth tier includes brand-name medications that are not preferred but which the member may purchase at a higher cost share.

- **The fifth tier**

The fifth tier includes specialty medications. This tier includes high-cost and biological medications regardless of how the medication is administered (injectable, oral, transdermal or inhalant). These medications are often used to treat complex clinical conditions and usually require close management by a provider because of their potential side effects and the need for frequent dosage adjustments. These drugs have the highest cost share.



Where to Obtain Prescriptions

Piedmont WellStar Commercial Plan

- **Short-term medications**

These are drugs needed immediately. This includes medications used to treat short term infections, or to relieve pain temporarily. Providers can send these prescriptions to a retail network pharmacy. Piedmont WellStar HealthPlans uses Express Scripts national retail network for prescription drug fills. Locate the nearest retail network pharmacy by calling (855) 266-0714 for commercial and (855) 266-0715 for Medicare.

- **Long-term medications**

These are drugs taken on a regular basis. These medications can be mailed to the members home for up to a 90-day supply.

- **To fill at a home delivery from the Express Scripts pharmacy**

Members may receive home delivery for long-term medications from Express Scripts. These medications will be delivered directly to the member's home in a plain, weather-resistant pouch for privacy and protection. Standard shipping is free.

- **Specialty medications**

Specialty medications treat specific medical conditions such as cancer, hemophilia, hepatitis, multiple sclerosis, psoriasis, pulmonary arterial hypertension, respiratory syncytial virus, rheumatoid arthritis, and more.

- **Accredo (the Express Scripts Specialty Pharmacy)**

Accredo, the Express Scripts specialty pharmacy, is a specialty pharmacy that provides specialty medications. Please call (855) 266-0714 to learn more about specialty medications for members.

Medication Supplies Not Covered by Piedmont WellStar HealthPlans

- No authorizations will be provided for medications that are reported by the member, provider, or pharmacy to be lost, misplaced, stolen, destroyed, or damaged.
- Medications received at no charge to the member (workers' compensation, medications purchased with a manufacturer's coupon, etc.) will not be covered.
- Prescriptions that are written more than one (1) year ago will not be covered. The member will need to obtain a new prescription from their provider.

