## Section 9
### Pharmacy

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Section 9 Pharmacy

CVS/caremark

NHP 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 NHP Searchable Formulary Drug Lookup Tool for clinicians is designed to provide information about NHP 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. The tool can be found under the Healthwise Knowledgebase tab of the “Member” page of www.nhp.org.

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

For the most current information, please visit the Drug Lookup Tool on nhp.org.

MassHealth

If a MassHealth member is unable to pay a copayment at the time of service, the pharmacy must fill the prescription. However, the pharmacy can bill the member later for the copayment.

Copayment Exemptions

A MassHealth member 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

For the most current information about NHP’s pharmacy benefit, visit www.nhp.org. For member-specific pharmacy benefit information, please contact NHP Provider Service.

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.

NHP 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, NHP provides member eligibility/coverage status, medication history,
and formulary information to physicians who use e-prescribing tools.

**Pharmacy Coverage**

**Over-the-Counter Benefit**

NHP 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. NHP’s pharmacy network includes most Massachusetts pharmacies. (Refer to CVS/caremark’s Pharmacy Directory for a complete listing of participating pharmacies.) See the Pharmacy section of our website for a listing of some of the covered over-the-counter medications available to NHP members.

Certain products are covered even for NHP 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 (DME) provider or a pharmacy.

**Generic Interchange Policy**

NHP 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 NHP 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 within the Pharmacy Section of our website.

NHP’s 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 NHP’s 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, NHP 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.

The “Member Appeals” section of this manual describes the process to appeal any decision.
made by NHP 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 NHP 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 NHP’s Pharmacy and Therapeutics Committee.

**Specialty Medications Programs**

Certain injectables or specialty medications (such as oral oncology) are covered only when obtained from any NHP contracted specialty pharmacy including CVS Caremark Specialty Pharmacy. The NHP 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 NHP 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 the [Pharmacy](https://www.nhp.org) section of our website for copies of the specialty pharmacy prior authorization fax forms, the list of specialty drugs, and medications supplied.

**Maintenance 90 Program**

NHP members are automatically enrolled in our Maintenance 90-day program for ongoing prescription refills. Members 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 at [www.nhp.org](http://www.nhp.org).

If you feel it is medically necessary for your patient to remain on a 30-day supply, please call NHP Provider Service at 855-444-4NHP (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 NHP Customer Service at the phone number on the back of their NHP ID card.

**Mail-Order Program**

Certain maintenance medications (such as drugs used for asthma, hypertension, high cholesterol and arthritis) are available through CVS/caremark’s mail service. This service allows NHP members to order a 90-day supply of certain prescription
medicines at a reduced cost. (NHP MassHealth members are not eligible for this benefit.)

For more information on our mail-order program, visit [www.nhp.org](http://www.nhp.org).

### Access90 Program

Access90 provides NHP members with a 90-day supply of certain maintenance medications when purchased through participating pharmacies. This program allows NHP members to obtain a 90-day supply of certain medicines at a reduced cost. For a complete overview of the Access90 program, visit [www.nhp.org](http://www.nhp.org).

### Medicare Part D

Certain NHP members with Medicare coverage and enrolled in MassHealth have their prescriptions drug benefit covered by Medicare. NHP members received ID cards for their Medicare prescription drug coverage.

Most prescription drugs are covered under their Medicare benefit. NHP 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 NHP Customer Service.

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

- Contact Medicare at 800-633-4227.

### More Information

Updates to the NHP formulary are communicated through the clinician newsletters and the [Pharmacy](http://www.nhp.org) section on our website at [www.nhp.org](http://www.nhp.org).

### CVS/pharmacy Contact Information:

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

**NHP MassHealth**
- Phone: 877-433-7643
- Fax: 866-255-7569

**NHP Commercial**
- Phone: 800-294-5979
- Fax: 888-836-0730

**NHP 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