

Neighborhood Health Plan of Rhode Island

Non-Rite Care Formulary

August 2009

Foreword

The Formulary of Neighborhood Health Plan of Rhode Island (Neighborhood) is the finite list of medications covered under the pharmacy component of the Neighborhood benefit. This document outlines for prescribers, pharmacists, and members the rationale and process used in defining the Formulary, other details of the pharmacy benefit, and avenues for discussion and appeal when Non-Formulary and restricted medications are requested.

The development and maintenance of the Neighborhood Formulary is dynamic and requires constant attention. Expert advice is provided to Neighborhood by its Pharmacy and Therapeutics (P & T) Committee. The P&T Committee meets bimonthly to consider addition of new pharmaceuticals, and to review the adequacy of the current formulary. Since the Formulary changes at each meeting, updates are posted at www.nhpri.org. Also, the most updated Formulary is posted at <http://client.formularynavigator.com/Search.aspx?siteCode=JKL2S8JVV1>.

The Neighborhood Health Plan of Rhode Island P & T Committee uses the following criteria in the evaluation of product selection for the Neighborhood Formulary:

- 1) Safety.
- 2) Efficacy: the potential effects of treatment under optimal circumstances.
- 3) Effectiveness: the actual effects of treatment under real life conditions.
- 4) Relevant benefits of current formulary agents of similar use.
- 5) Cost and outcome modeling: potential health outcomes and resulting total cost of drug and medical care; potential savings available. The context of plan demographics, alternate agents, and cost-effectiveness are pieces of the decision-making process.
- 6) Condition of potential duplication of similar drugs currently on formulary.
- 7) Any restrictions that should be delineated to assure safe, effective, or proper use of the drug.

As you use this Formulary, you are encouraged to review the information and provide your input and comments to the Neighborhood Health Plan of Rhode Island P & T Committee:

Chair, Pharmacy & Therapeutics Committee
Neighborhood Health Plan of Rhode Island
299 Promenade Street
Providence, RI 02908

How to Use the Drug Formulary

The Drug Formulary is a list of covered and preferred drug agents for Neighborhood Health Plan of Rhode Island members. All products are listed by their generic names, and a common proprietary (branded) name. You may search the Neighborhood Health Plan of Rhode Island Non-Rite Care Formulary in several ways:

1. You can use the alphabetical list to search by the first letter of your medication.
2. You can search by typing part of the generic (chemical) or brand (trade) names.
3. You can search by selecting the therapeutic class of the medication you are looking for.

Please remember that Neighborhood encourages the use of generic drugs as first line alternatives for most drug classes. Please utilize generic drugs whenever possible

Coverage Limitations

The Formulary does not provide information regarding all coverage and limitations an individual member may have. Many members have specific exclusions, copays, or a lack of coverage, which is not reflected in the Formulary.

The Formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact Customer Service 1-401-459-6020.

The following general exclusions pertain to all covered individuals:

- A. Many Over the Counter (OTC) products are covered for Non-Rite Care members. A written prescription is required.
- B. Drug Products not listed in the Formulary at www.nhpri.org, or specifically listed as not covered, are not covered.
- C. Any drug products used for cosmetic purposes are not covered.
- D. Experimental drug products, or any drug product used in an experimental manner are not covered.
- E. Replacement of lost or stolen medications will be covered on a case by case basis.
- F. Infertility treatment is not covered for Non-Rite Care members.
- G. Unless otherwise stated, dispensed quantities are limited to one month's supply.
- H. Drug products failing industry-standard patient safety screens will not be dispensed at the pharmacy without further information from the prescriber

Generic Substitution

When available, FDA approved generic drugs are to be used in all situations. *The brand names listed are for reference use only, and do not denote coverage, unless specifically noted.* Greater economy is realized through the use of generic equivalents. This policy is consistent with Rhode Island law, and is not meant to preclude or supplant any state statutes that may exist. All drugs, which are or become available generically, are subject to review by Neighborhood Health Plan of Rhode Island's Pharmacy and Therapeutics Committee.

- As permitted by Rhode Island pharmacy statutes, generic substitution using all forms of A-rated generics is allowed if, pursuant to pharmacist's judgment, there is sufficient evidence that the generic product will produce the same therapeutic effect as the brand comparator.
- Certain drug products with complex pharmacokinetics, dosage forms, narrow therapeutic efficacy or where blood level maintenance is crucial will not be subject to substitution. These products are:
 - ◊ Dilantin
 - ◊ Premarin
 This list is reviewed and updated periodically based on the clinical literature and available pharmacokinetic principals of the drug products.

Experimental Drugs

The experimental nature or use of drug products will be determined by the P & T Committee using current medical literature. Any drug product or use of an existing product, which is determined to be experimental, will be excluded from coverage.

Benefit Exception Process

Coverage for Non-formulary or restricted drugs may be applied for by prescribers. Requests for non-Formulary or restricted medications are addressed by Neighborhood pharmacy and medical staff. When a member gives a prescription order for a non-formulary or restricted drug to a pharmacist, the pharmacist will evaluate the patient's drug history and contacts the prescriber to confirm the medical necessity for the drug. The prescriber will then call Neighborhood Health Plan of Rhode Island pharmacist, to obtain approval. The prescriber will provide information to address the following:

- a) The use of Formulary Drug Products is contraindicated in the patient.
- b) The patient has failed an appropriate trial of Formulary or related agents.
- c) The choices available in the Formulary are not suited for the present patient care need, and the drug selected is required for patient safety.
- d) The use of a Formulary Drug may provoke an underlying condition, which would be detrimental to patient care.

Application of the above criteria will reflect patient safety screens, and P&T Committee approved Step Therapy protocols. There is no therapeutic substitution in management of the Neighborhood Formulary benefit.

The P & T Committee recognizes that not all medical needs can be met with this document and encourages inquires about alternative therapies. For more information on the denial process, see section on **Adverse Determination** below.

Prior Authorization

Drug products, which are listed as Prior Authorization (PA) required, require approval when the member presents a prescription to a network pharmacy. To obtain coverage, a prescriber or pharmacist may:

- a) Fax a completed **Prior Authorization Request** to the pharmacist at Neighborhood at 1-401-459-6023.
- b) Contact the pharmacist at Neighborhood at 1-401-459-6020 and provide all necessary information requested.

Each request will be reviewed on individual patient need, and according to criteria approved by the Neighborhood P&T Committee. For information on the process for denials, see section on **Adverse Determination** below.

Adverse Determination

For requests that do not meet the criteria for a benefit exception:

- a) The rationale and Formulary alternatives will be provided to the prescribing provider.
- b) In instances when the prescriber feels the recommended alternatives do not meet the needs of the patient, the prescriber will be referred to the Medical Director or Physician Advisor for approval or denial of the request. After discussion with the prescriber, the Medical Director will assess the prescription's medical necessity before making a determination.
- c) In the event of a denial, the Medical Director will discuss with the prescribing practitioner the reason for the denial, and an explanation of the appeals process as outlined in Policy and Procedure for Clinical Appeals.
- d) In the event of a denial the Medical Director will provide written letters to prescriber and member documenting the reasons for the decision, the applicable benefit or clinical guideline, and the opportunity for member or prescriber to review all documentation including protocols, guidelines, and references. Additionally, the letter will outline processes for filing an appeal.
- e) Members may also register an inquiry or complaint with Customer Service, to be responded to with standard response protocols and notification of appeal rights.
- f) Response to requests for non-Formulary agents (i.e. benefit exceptions) and restricted agents (i.e. prior authorization agents) will be provided within one business day of completed background documentation.

For non-business hours and weekend requests of the prescriber or pharmacist, a temporary supply will be provided until the request is addressed the following business day.

Pharmacist and Prescriber Communications

The Formulary is a tool to promote cost-effective prescription drug use. The P & T Committee has made every attempt to create a document which meets all therapeutic needs; however, the art of medicine makes this a formidable task. Neighborhood Health Plan of Rhode Island welcomes the participation of prescribers, pharmacists, and ancillary medical providers, in this dynamic process. Prescribers and pharmacists are strongly encouraged to direct any suggestions, comments or formulary additions to Neighborhood Health Plan of Rhode Island at the following address:

Chair, Pharmacy & Therapeutics Committee
Neighborhood Health Plan of Rhode Island
299 Promenade Street
Providence, RI 02908