Passport Advantage
Provider Manual
Section 11.0
Outpatient Pharmacy Services

Table of Contents

11.1 Prescribing Outpatient Medications
11.2 Covered Outpatient Pharmacy Benefits
11.3 Drug Authorization Procedure
11.4 Part D Transition Policy

11.0 Outpatient Pharmacy Services (Part D)

The Passport Advantage outpatient prescription drug program is administered through CVS Caremark, Passport Advantage's Pharmacy Benefit Manager (PBM).

The PBM Help Desk provides eligibility and technical adjudication assistance to dispensing pharmacists. These services are available 24 hours a day, 7 days a week.

CVS Caremark Pharmacy Services: (866) 693-4620

11.1 Prescribing Outpatient Medications for Passport Advantage Members

Any health care provider who is a Medicare participating provider and licensed to prescribe medicines can write a prescription for a Passport Advantage member, provided it is within the scope of the provider's medical licensure and within the terms of Passport Advantage benefits.

11.2 Covered Outpatient Pharmacy Benefits

Passport Advantage covers outpatient medications under two separate benefits: the Medicare Part B benefit and the Medicare Part D benefit. Additionally, because Passport Advantage members are eligible for both Medicare and Medicaid, some drugs that are not covered under the Medicare benefit may be covered under Medicaid.

- **Medicare Part B:** Passport Advantage covers outpatient medications under the Medicare Part B benefit according to the same coverage policies and limitations as the Medicare program.

- **Medicare Part D:** Passport Advantage also covers outpatient medications under the Medicare Part D benefit. The Medicare Part D benefit varies from one Part D sponsor to another. The Passport Advantage Part D benefit is described below in Sections 11.2.1 through 11.4.

- **Medicaid:** If an outpatient medication is not covered by Passport Advantage, it may be covered under the member's Medicaid benefit. The Medicaid benefit varies from one plan to another. Information on Passport Health Plan's Medicaid benefit and covered drugs can be found at www.passporthealthplan.com.

11.2.1 Formulary

As required by the Medicare program, Passport Advantage has a formulary for outpatient medications covered under Passport Advantage's Part D benefit. In general, Passport Advantage will only cover drugs on our formulary. The Pharmacy and Therapeutics Committee comprised of physicians, pharmacists, and other qualified health professionals, meets regularly to update the formulary. The Pharmacy and Therapeutics Committee reviews at least annually, each category of drugs to identify preferred drugs based upon clinical and pharmacoeconomic data to promote cost-effective, evidence-based practices.

If Passport Advantage removes drugs from the formulary, adds prior authorizations, quantity limits and/or step therapy restrictions on a drug, providers will be notified via Passport

Advantage's website at least 60 days prior to the effective date of the change. Prescribing providers and Passport Advantage pharmacy providers will also be notified orally and in written form, of new drugs requiring prior authorization for coverage determination. Additionally, the formulary will be updated on Passport Advantage's website monthly. To view the Passport Advantage formulary, visit our website at www.passportadvantage.com. To request a copy of the formulary, please contact Provider Services at 1-844-859-6152.

11.2.2 Utilization Management

For certain prescription drugs, Passport Advantage has additional requirements for coverage or limits on coverage. These include:

- **Prior Authorization:** Requires authorization from Passport Advantage in order for these drugs to be covered as a benefit.
- **Quantity Limits:** Specifies the amount of a drug Passport Advantage will cover per prescription or for a defined period of time.
- **Step Therapy:** Requires the trial of another medication prior to Passport Advantage covering the requested medication.
- **Generic Substitution:** Generic drugs are available to Passport Advantage members at a lower cost share. Members are required to use the generic version of drugs on Passport Advantage's formulary, except in cases where the generic version is medically inappropriate, unavailable or otherwise noted on the formulary.

11.2.3 Categories of Covered Drugs

The Passport Advantage formulary includes both brand and generic drugs. Drugs on the Passport Advantage formulary are organized into categories according to the medical conditions used to treat.

Passport Advantage also provides coverage of a number of vaccines under our Part D prescription drug benefit. Other vaccines are considered a medical benefit (and covered under the Part B benefit). Vaccines covered under Part D can be found on Passport Advantage's formulary. The member may get a Part D vaccine at a network pharmacy or at a provider office.

11.2.4 Member Copayments

Passport Advantage members are subject to low prescription drug copayments based on their level of low-income subsidy, which is determined by the Centers for Medicare & Medicaid Services (CMS).

Copayments for members are determined according to low-income subsidy level and whether a drug is brand or generic. Generic drugs will have the lowest copay and brand drugs may have a higher copay amount.

Once a Passport Advantage member and the Medicare program have paid the "limit on true out-of-pocket costs" toward the member's drug benefit in a calendar year, the member will not be required to pay additional copayments for the remainder of the calendar year.

11.3 Drug Authorization Procedure

For Medicare, a drug prior authorization is a type of coverage determination. A coverage determination is any decision (i.e., an approval or denial) made by Passport Advantage regarding payment or benefits. The following actions are "coverage determinations":

- A decision to, or not to, provide or pay for a Part D drug that a member believes may be covered by Passport Advantage (including a decision not to pay because the drug is not on Passport Advantage's formulary, because the drug is determined not to be medically necessary, because the drug is furnished by an out-of-network pharmacy, or because Passport Advantage determines the drug is otherwise excluded under section 1862(a) of the Social Security Act);
- A decision concerning an exceptions request for non-formulary drugs;
- A decision on the amount of cost sharing for a drug; or
- A decision whether a member has, or has not, satisfied a prior authorization or other utilization management requirement.

Drugs requiring prior authorization are outlined on Passport Advantage's regularly updated formulary. A current formulary may be found at www.passportadvantage.com.
An authorization request for outpatient pharmacy services can be denied for lack of medical necessity, or it can be denied for failure to follow administrative procedures. Denial notices are sent to the member and provider and will include information regarding the member's appeal rights.

11.3.1 Prior Authorization Request Procedure

Prior Authorization requests should be submitted directly to Passport Advantage via fax or mail using the fax number or mailing address on the form. Requests must be faxed to (855) 869-7043. A response will be provided within 72 hours. Please see Section 11.3.2 below for information regarding expedited requests.

A copy of the Coverage Determination Form is provided in Section 14. It is imperative that this form be completed in its entirety for Passport Advantage to apply clinical criteria. The prescriber, member or their appointed representative can complete the form. Additional Coverage Determination forms are available by calling Provider Services, (844) 859-6152. The form can also be downloaded from Passport Advantage's web site, www.passportadvantage.com.

When the Coverage Determination Form is received via fax, the time it is received is auto-stamped on the fax. The information is processed using clinical criteria. Authorization decisions are communicated to the prescriber, member and/or appointed representative.

To check the status of a PA request, you can contact Passport Advantage Pharmacy Resource Desk at 844-246-2930. Prior authorization approvals are valid until at least the end of the plan year (i.e., calendar year for Passport Advantage).

11.3.2 Expedited Drug Prior Authorization Requests

Expedited PA requests, including those related to a hospital discharge, should be marked as "Expedited" or "Urgent" and faxed to (855) 869-7043. A response will be provided within 24 hours if the Coverage Determination Form is complete. Providers can call or the Passport Advantage Pharmacy Resource Desk at 844-246-2930 or phpprd@evolenthealth.com for questions regarding a prior authorization Monday – Friday 8 am – 8pm. assistance 24 hours a day, 7 days a week.

Expedited requests should be reserved for those situations in which applying the standard procedure can seriously jeopardize the member's life, health or ability to regain maximum function.

11.3.3 Drug Prior Authorization Decisions

The decision outcomes of a drug PA request are as follows:

- **Approval:** If the information is complete and meets criteria, the PA is approved. The approval is faxed to the prescriber within 72 hours for a standard request and within 24 hours for an expedited request. The member is notified via an automated call system and via letter for an expedited request and via letter for standard requests.
- **Denial:** If a PA request does not meet clinical criteria, the request is reviewed and determined by a physician or pharmacist with sufficient medical and other expertise, including knowledge of Medicare coverage criteria. The denial is communicated via fax to the prescriber and via letter to the member.

11.4 Part D Transition Policy

Under certain circumstances, Passport Advantage can offer a temporary supply of a drug that is not on the formulary. To be eligible for a temporary supply of medication, Passport Advantage members must meet the two requirements below:

1. **The change to the member's drug coverage must be one of the following types of changes:**

   - The drug they have been taking is **no longer on the plan's formulary.**
   - --or—the drug they have been taking is **now restricted in some way.**

2. **Members must be in one of the situations described below:**

- **For those members who are new or who were in Passport Advantage last year and aren't in a long-term care (LTC) facility:**
  Passport Advantage will cover a temporary supply of the member's drug **during the first 90 days of membership in the plan if the member is new and during the first 90 days of the calendar year if the member was in Passport Advantage last year.** This temporary supply will be for a maximum of a 30-day supply. If the prescription is written for fewer days, Passport Advantage will allow multiple fills to provide up to a maximum of a 30-day supply of medication. The prescription must be filled at a network pharmacy.

- **For those members who are new or who were in Passport Advantage last year and reside in a long-term care (LTC) facility:**

  Passport Advantage will cover a temporary supply of the member's drug **during the first 90 days of membership in Passport Advantage if the member is new and during the first 90 days of the calendar year if the member was in Passport Advantage last year.** The total supply will be for a maximum of a 91- to 98-day supply. If the member's prescription is written for fewer days, Passport Advantage will allow multiple fills to provide up to a maximum of a 91- to 98-day supply of medication.

- **For those members who have been in Passport Advantage for more than 90 days and reside in a long-term care (LTC) facility and need a supply right away:**

  Passport Advantage will cover **one 31-day supply of a particular drug**, or less if the prescription is written for fewer days. This is in addition to the above long-term care transition supply.

- **Members who have a change in level of care (setting) will be allowed a one-time 31-day transition supply per drug. Such circumstances are:**

  - Members who enter long term care (LTC) facilities from hospitals with a discharge list of medications from the hospital formulary with very short-term planning taken into account (i.e., under 8 hours)
  - Members who are discharged from a hospital to a home with very short-term planning taken into account
  - Members who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to their Part D plan formulary
  - Members who give up hospice status to revert to standard Medicare Part A and B benefits
  - Members who end a long-term care (LTC) facility stay and return to the community
  - Members who are discharged from psychiatric hospitals with drug regimens that are highly individualized