MedStar Family Choice

MFC-MD May 2024 Annual Policy Review and Update Summary 200 Series- Pharmacy and Therapeutics Committee

Changes that apply to all policies:

- Moved P&T Committee listing from "Responsible Department" to "Responsible Parties" section.
- Reformatted font and procedure to improve readability.
- Updated all NCQA, MCO Standards, and COMAR to current year references.
- Updated policy Approver titles and removed individual names.

Policy Number and Name	Description of Revision/Review
200: Additions and Deletions to the Formulary	Retired; contents of this policy incorporated into Policy 209
201: Brand Name Prescription Authorization	Retired; contents of this policy incorporated into Policy 205
202: Pharmacy & Therapeutics Committee	• Clarified Purpose statement. • Removed "Review and Approve Drug Safety programs" (6) • Replaced MFC abbreviations for standardized referencing. • Added references to annual update of formulary Preface. • Added time frames for pre- and post- P&T Communications. • Added Section 1.5 all references to Copays and Tier assignments due to new copay regulations eff. 5/1/2024. • Added Policy 711 reference for Conflicts of Interest. • Expanded listing of PBM related tasks for completeness. • Added references to maintaining Specialty medication info. • Added Formulary change letter tasks and procedures to responsibilities of P&T Chairperson. • Added information regarding review and approval of PA/ST criteria. • Transferred procedures for communicating negative formulary changes to members to Pharmacy Policy 209, Section 5.3 • Transferred policy describing timing of formulary changes to Pharmacy Policy 209: Section 6.

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203: Drug Use Evaluation (DUE)	• Added reference to Code of Federal Regulations • Added Policy section to capture MDH MCO Standard 4.1. • Removed incorrect NCQA reference. • Added Policy Statement to capture MDH MCO Standard 4.1. • Added Section 2.1, DUE tools and procedures. • Changed references of CVS-Caremark to MFC-MD pharmacy benefit manager (PBM). • Added statement of P&T to maintain patient confidentiality. • Removed previous Sections 7 and 8 that described point-of- dispensing pharmacist DUE activities that are beyond scope of MFC-MD. • Added Section 6 to describe how MFC-MD uses PBM supplied POS DUR data, cadence, and procedures.
204: Early Refill, Managed Drug Limitations, Lost Medication & Travel Supply Policy	• Added definition of Medical Reviewer. • Included patient ability to initiate requests/overrides. • Transferred section 10, describing medications eligible for 90- day supplies to Pharmacy Policy 209, Section 2. • Clarified that clinical documentation to support review will be requested by the preauthorization staff unless the request is for a vacation supply or to replace lost meds. • Restricted scope of preauthorization staff to approve early refills for dose increases only. • Modified reference to CVS to PBM. • Added that MedStar may request a copy of a police report when requested to replace stolen medications. (4.2.) • Clarified that travel within the USA must adhere to utilization thresholds. • Added exceptions for Corrective Managed Care patients.

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205: Non-Formulary Policy	• Refined the Purpose Statement. • Expanded the Policy Statement. • Added definition of Medical Reviewer. • Clarified the process for identifying and redirecting to formulary preferred alternative medications. • Clarified that all clinically appropriate formulary alternatives should be exhausted before approving a non-formulary request. • Restricted action of redirection to occur only under the supervision of a Medical Reviewer. • Incorporated all of Policy 201; clarified and expanded procedures for brand-name medication requests. • Aligned requirement for a completed MedWatch form with COMAR standards. • Included MedWatch form and directions for reference.
206: FDA Drug Recalls and Market Withdrawals	• Added "market withdraws" to Purpose Statement. • Clarified wording in Section 3 to include all types of recalls to align with 2024 NCQA Standards. • Added section 4.3 to address unclassified drug recalls. • Corrected Section 5 to identify the PBM as responsible party for recall mailings.
208: P&T Policy & Procedure Review	• Removed Policy Background statement. • Added: Physicians and Pharmacists develop policies. • Added: Procedures for policies, feedback, and voting. • Added: Timelines and procedures for Policy changes. • Added: Timelines and procedures for interim Policy updates.

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209: Formulary Management	• Changed title from “Review, Selection & Evaluation of Meds Included in the Closed Formulary” to “Formulary Benefit Management” to reflect all current content. • Aligned the Purpose Statement and Policy Statement with the updated content. • Incorporated the content of retired policies: 200: Additions and Deletions to the Formulary (1) 204: Sections re: 90-day supplies (2.2, 2.3) 210: Step Therapy (2.5) 212: Prior Authorization (2.6) 214: P&T Website Update (3) 215: PA Table Review (1.10.1; 2.6; 3.1; 3.2) 222: Specialty Pharmacy (2.9) • Added description of benefit excluded medications (1.3) and medications carved out to FFS (1.4). • Established that brand product coverage converts to generic once available (1.5.1). • Added statement that all formulary requests will be brought to P&T within 2 meeting cycles (1.9.3). • Included description of MDL/QL as part of UM (3.4) • Added that provider notification may occur via electronic mail (4.4) • Consolidated redundant content.
210: Step Therapy	Retired; contents incorporated into Policy 209
212: Pharmacy Prior Authorization	Retired; contents incorporated into Policy 218
213: Pharmacy Downtime Procedures	• Changed title from “Pharmacy Plan/Pharmacy Crisis Plan” to “Pharmacy Downtime Procedures”. • Updated Purpose to include Statewide Emergency systems. • Updated Policy scope. • Updated Procedure scope. • Changed all references to state “MFC-MD” for consistency. • Added escalation pathway for PBM support. • Reorganized the processes for prior authorization during downtime. • Added Appendix 1: PA/NF Medication Request form.
214: P&T Website Update	Retired; contents incorporated into Policy 209
215: Prior Authorization Table Review	Retired; contents incorporated into Policy 209

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217: Corrective Managed Care	• Expanded Scope to include all misuse of plan pharmacy benefit, align with COMAR updates. • Added references throughout policy to define the misuse of inappropriate filling of medications or use of providers. • Added Appendix I, letter template.
218; Pharmacy Authorization Process	• Incorporated Policy 212: Pharmacy Prior Authorization • Reworded the Purpose statement for clarity and to remove references to policies that cite this policy as a reference. • Added additional phone number for initiating an authorization request. • Clarified the process for redirecting to formulary preferred alternative medications, with emphasis that this may be done only by a Medical Reviewer or under the direct supervision of a Medical Reviewer. • Removed obsolete references to the 2017 Hepatitis-C PA timeline and all references. • Added Appendix I: Prescription Reimbursement Claim Form
219; Opioid Prescription Parameters and Limitations	• Changed Policy name from “Opioid Prescription Parameters and Limitations to “Opioid Prescription Prior Authorizations.” • Moved P&T Committee listing from “Responsible Department” to “Responsible Parties” section. • Reformatted font and procedure to improve readability and align with MedStar standards. • Removed incorrect NCQA references. • Updated MCO Standards • Removed incorrect COMAR references. • Added MD Medicaid Advisory Reference • Added definition of Opioid Naïve, Medical Reviewer • Added reference to Federal Support Act • Updated policy Approver title; removed references to individuals. • Added web address to Opioid Prior Authorization form. • Added that negative urine screens may be grounds for a denied request. • Added statement that an executed pain contract must be dated within one year to be valid. • Added verbiage that all opioid PA requests are reviewed by a Medical Reviewer. • Added clarifying statement that the exception for sickle cell disease does not apply if the patient has received gene therapy.

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	• Added Section 4 to align with MCO Standard 2.14 at recommendation of MDH. • Added requirement that a referral to Care Management will be made to assist member with finding a network provider if needed. • Added that MedStar Family Choice may request documentation (police report) when patient reports stolen medications. • Added state requirement and reference stating that patients paying cash for controlled substances shall be referred for FWA (8). • Added Appendices I and II to show prior authorization form, removed embedded files.
220; Prevention of Fraud, Waste, and Abuse in Pharmaceutical Utilization	• Renamed Policy from “Prevention of Fraud, Waste, and Abuse in Pharmaceutical Utilization” to Management of Pharmacy Benefit FWA” • Removed references to NCQA and COMAR 10.67.09.04 which are not applicable to this policy. • Updated references to MDH Departments and workflow for reporting suspected fraud. • Added reference and content to align with MD Medicaid Pharmacy Program Advisory No. 94 regarding members paying cash for controlled substances. • Added Section 4 to describe procedures related to pharmaceutical FWA of non-controlled substances. • Transitioned figure 1 flow-chart into descriptive text outlined in Section 5.
221; Continuous Glucose Monitors	Retired; contents obsolete
222: Specialty Pharmacy	Retired; contents incorporated into Policy 209