

BioScrip/Jai Medical Systems Managed Care Organization 2014 Therapeutic Formulary

This formulary describes the circumstances under which pharmacies participating in a particular medical benefit program will be reimbursed for medications dispensed to patients covered by the program. This formulary does not:

- a) Require or prohibit the prescribing or dispensing of any medication.
- b) Substitute for the independent professional judgment of the physician or pharmacist.
- c) Relieve the physician or pharmacist of any obligation to the patient or others.

I. Non-Prescription Medication Policy

This program does not cover most over-the-counter medications (OTC). The only exceptions to this policy are listed within the program formulary. Furthermore, all OTC medications with the exception of OTC emergency contraception can be reimbursed only if it is written on a valid prescription form by a licensed prescriber. OTC emergency contraception may be obtained without a written prescription; see page 5 of the formulary for limitations.

II. Unapproved Use of Formulary Medication

Medication coverage under this program is limited to non-experimental indications as approved by the FDA. Other indications, which are accepted as safe and effective by the balance of current medical opinion and available scientific evidence, may also be covered. BioScrip, utilizing the procedures outlined in section IV, will make decisions about reimbursement for these other indications. Experimental, investigational drugs, and drugs used for cosmetic purposes are not eligible for coverage.

III. Prior Authorization Procedure

To promote the most appropriate utilization of selected high risk and/or high cost medication, a prior authorization procedure has been created. The criteria for this system has been established by the BioScrip/Jai Medical Systems Managed Care Organization program with input from pharmacists and physician practitioners and in consideration of the available medical literature. The Pharmacy and Therapeutics Committee will have final approval responsibility for this list. In order for a dispensed prior authorization medication to be reimbursed to the pharmacy, the patient's prescribing physician must apply for pre-authorization for a specific patient and drug. The physician may phone or fax BioScrip to request prior authorization:

**BioScrip
Prior Authorization Desk
2787 Charter Street
Columbus, Ohio 43228
(800) 555-8513
(800) 583-6010 (fax)**

Please have patient information, including member I.D. number, complete diagnosis, medication history, and current medications readily available.

These phone lines are dedicated to physicians making requests for prior authorization medication and non-formulary items. Members cannot be assisted if they call the prior-authorization toll-free number. For emergent requests for drugs requiring prior-authorization, a response will be made within 24 hours. For Non-Emergent requests for drugs requiring prior-authorization, a response will be provided within 2 business days of receipt of information. If the necessary information is not received, this process could take up to 7 calendar days. If the request is approved, information in the on-line pharmacy claims processing system will be changed to allow the specific patient to receive this specific drug. A prior authorization number will be issued to the prescribing physician and is to be clearly written on the top of the prescription to inform the dispensing pharmacist of the approval. This number is for identification purposes only and does not need to be submitted for adjudication to occur. If the request is denied, information about the denial will be provided to the prescribing physician along with the patient and the patient's PCP.

In addition to those products that require prior authorization all injectables (except Depo-Provera, Insulin, Glucagon Kit, and Epi-Pen) require prior approval. Questions about injectable drugs administered by homehealth or healthcare providers should be directed to BioScrip at 800-555-8513.

Our prior authorization criteria can be found on our website: www.jaimedicalsystems.com as well as in this formulary. Any updates made to our criteria will be posted on the website above within 30 days.

IV. Unique Patient Needs Non-Formulary Medication

This formulary attempts to provide appropriate and cost effective drug therapy to all participants in the BioScrip/Jai Medical Systems Managed Care Organization program. If a patient requires medication that is not covered by the formulary, a request can be made for payment for the non-covered item. It is anticipated that such exceptions will be rare, and that formulary medications will be appropriate to treat the vast majority of medical conditions. Requests for non-formulary medications should be made in writing (on the “Medical Necessity form” if possible) and mailed or faxed to:

**BioScrip
Medical Necessity Desk
2787 Charter Street
Columbus, Ohio 43228
(800) 555-8513
(800) 583-6010 (fax)**

Appropriate documentation must be provided to support the request. For emergent requests for drugs requiring prior-authorization, a response will be made within 24 hours. For Non-Emergent requests for drugs requiring prior-authorization, a response will be provided within 2 business days of receipt of information. If the necessary information is not received, this process could take up to 7 calendar days. Approval of non-formulary items will be based upon criteria developed by the Pharmacy and Therapeutics Committee of Jai Medical Systems Managed Care Organization and BioScrip.

Physicians are expected to comply with this formulary when prescribing medication for those patients covered by the BioScrip/Jai Medical Systems Managed Care Organization plan. If a pharmacist receives a prescription for a non-formulary medication, the pharmacist should attempt to contact

the prescribing physician to request a change to a product included in this formulary guide.

The pharmacy will not be reimbursed for non-formulary medications. **In an emergency situation outside of BioScrip's regular business hours, where the physician cannot be contacted, the pharmacist is authorized to dispense a 72 hour emergency supply of a medication, unless the medication is classified as a DESI, LTE or specifically excluded drug category (see section VI) product.**

The pharmacist should contact BioScrip's Help Desk at (800) 213-5640 during regular business hours to arrange for reimbursement for the emergency supply.

V. Newly Marketed Products

Newly marketed drug products will not normally be placed on the formulary during their first year on the market. Exceptions to this rule will be made on a case by case basis using the medical necessity procedure.

VI. Specific Exclusions

The following drug categories are not part of the BioScrip/Jai Medical Systems Managed Care Organization formulary and are not covered by the 72-hour emergency supply reimbursement policy:

- Antiobesity products
- Blood and blood plasma
- Cosmetic drugs
- Cough and cold products (except those listed in formulary)
- DESI drugs
- Diagnostic products (except those listed in formulary)
- Erectile Dysfunction agents
- Medical supplies and durable medical equipment (except certain diabetic supplies)
- Most vitamins
- Nutritional and dietary supplements
- Research drugs
- Topical minoxidil

VII. Fee-For-Service Carve-outs

In addition to the above exclusions, the following are also excluded from the formulary, and are covered by the Maryland Department of Health and Mental Hygiene:

HIV drugs

Mental Health drugs (refer to Section VIII. Behavioral Health Medication Policy)

VIII. Behavioral Health Medication Policy

Please refer to the Maryland Department of Health and Mental Hygiene's Mental Health Formulary for a complete listing of behavioral health medications. Any behavioral health medications that are covered by Jai Medical Systems Managed Care Organization are listed in the prescription formulary.

- Kapvay – For recipients 6 -17 years old, Kapvay is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, Kapvay continues to be a part of the MCO pharmacy benefit.
- Intuniv – For recipients 6 -17 years old, Intuniv is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, Intuniv continues to be a part of the MCO pharmacy benefit.

IX. Mandatory Generic Substitution & Therapeutic Interchange

Generic substitution is mandatory when a generic equivalent is available. All branded products that have 3 or more generic equivalents available will be reimbursed at the maximum allowable cost. No other therapeutic interchange is permitted.

X. Specialty Medications

Effective 02/01/2010, specialty medications will be covered under the pharmacy benefit for Jai Medical Systems. All requests will undergo prior authorization review when available drug specific prior authorization criteria will apply. When prior authorization criteria does not exist the request will be reviewed for FDA approved indications according to Jai Medical Systems' approved medical necessity review process. All specialty drug requests should contain the following:

- Drug name, strength, dose and quantity requested
- Diagnosis for use
- Any previous drug therapies tried and failed
- Any additional clinical information pertinent to the drug review

For emergent specialty drug requests, a decision will be made within 24 hours. For non-emergent specialty drug requests, a response will be provided within 2 business days of receipt of the clinical information. If the necessary information is not received, this process could take up to 7 calendar days.

XI. General Parameters

- Valid DEA and NPI numbers are required. Physicians without numbers should contact BioScrip at 1-800-230-8189.
- Refill too soon - 75% of the day's supply must elapse before the prescription can be refilled.
- Maximum allowable quantity is a 30 days supply. The quantity limit on most medications is a 400-unit maximum limit per month. Most narcotics have individualized quantity and dosage form limitations, which are listed on page 13 of the formulary. If necessary, a healthcare provider may request a quantity override by contacting BioScrip's Prior Authorization Department. Prior authorization is also required for concomitant therapy of an opioid and Suboxone. The Prior Authorization procedure can be found on page I-2.
- All generic oral contraceptives (including emergency contraceptives) along with brand oral contraceptives that do not have a generic version available are formulary. Examples are listed on page 4 and 5.
- Covered smoking cessation agents are listed on page 17.
- No vacation fills are allowed.
- No overrides for lost or stolen prescriptions are allowed.

XII. Where to Call?

PHYSICIANS

Formulary Questions:

BioScrip (800) 555-8513

Medical Necessity:

BioScrip (800) 555-8513

Prior Authorization:

BioScrip (800) 555-8513

Provider Relations:

Jai Medical Systems

Managed Care Organization, Inc. (888) JAI-1999

PHARMACISTS

Provider Network Questions:

BioScrip (800) 230-8187

Provider Relations:

BioScrip (800) 213-5640

XIII. Abbreviations

Providers are encouraged to prescribe generically available drugs whenever possible and to prescribe first-line lower cost options when appropriate. Drugs are ranked by cost with the following abbreviations:

*	=	This product has a MAC price attached to some or all strengths.
\$	=	Cost per Rx is <\$20
\$\$	=	Cost per Rx is <\$40
\$\$\$	=	Cost per Rx is \$40 - \$80
\$\$\$\$	=	Cost per Rx is \$80 - \$160
\$\$\$\$\$	=	Cost per Rx is >\$160

XIV. Reference

The formulary is now available online at e-pocrates. This is updated monthly and will have the most up-to-date information. Registration is free and available at:

www.epocrates.com

Links to pdf copies of the most recent printed versions of all Maryland Medicaid Managed Care Organization's formularies can be found on the website listed below:

www.mdmahealthchoicerox.com

A link to a pdf copy of the Jai Medical Systems formulary is also available in the Providers section of our homepage:

www.jaimedicalsystems.com

XV. Copays

Currently, there is no copay for active members of Jai Medical Systems Members Managed Care Organization, Inc.'s HealthChoice Program.

XVI. Step Therapy

Jai Medical Systems offers Step therapy for Advair and Symbicort. For members with a current approved prior authorization, claims will continue to process as long as the member has filled for that medication within the last 3 months. No yearly renewal will be needed for compliant members. Prior authorization will be required for members new to the plan, new to therapy, or with no claim history of that medication within the last 3 months.