

Chapter 3

Products, Networks, and Payment

Unit 4: Pharmacy and Formulary

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NOTE: This section provides a brief overview of the Highmark Pharmacy Benefit. To access all policies and updates, please refer to the Pharmacy/Formulary section, located on the home page of the Provider Resource Center.

3.4 Pharmaceutical Overview

Medco Health Program

Highmark Blue Shield administers prescription benefits for many of its members. The Medco Health Program logo appears on the member's identification card if the member utilizes Highmark's prescription drug benefit.

Pharmacy Networks

The prescription drug program offers a wide network of pharmacies that includes most national chains and many local, independent pharmacies. Drug benefits may vary slightly, depending upon the member's group program. Pharmacies have point-of-sale technology that confirms a member's eligibility, benefit design and copayment information at the time of dispensing.

Under most prescription drug programs, members must use one of the participating pharmacies in Highmark Blue Shield's Premier Pharmacy networks. Members may consult their pharmacy directory by visiting www.highmark.com or calling Customer Service at the number shown on their identification cards to find a network pharmacy that is conveniently located for them.

Highmark also offers a Home Delivery (Mail Service) option to most members. Under this option, members can get a 90-day supply of medication through the mail. For most prescriptions, the member can save on the cost of the medication when it is obtained via the mail service pharmacy.

How To Use Highmark's Formulary List

The Drug Formulary is a list of FDA-approved prescription drug medications reviewed by our Pharmacy and Therapeutics (P&T) Committee. The formulary is designed to assist in maintaining the quality of patient care and containing cost for the patient's drug benefit plan. Our P&T Committee approves revisions to the drug formulary on a quarterly basis; updates will be provided to reflect such additions.

Products are removed from the formulary twice a year, January 1st and July 1st after a minimum of 30 days notification is given to providers.

Physicians are requested to prescribe medications included in the formulary whenever possible. Our Medical and Pharmacy Affairs department will monitor provider-specific formulary prescribing and communicate with providers to encourage use of formulary products.

The drug formulary is divided into major therapeutic categories for easy use. Products that are approved for more than one therapeutic indication may be included in more than one category. Drugs are listed by brand and generic names.

To access Highmark's Formulary list, please refer to the Pharmacy/Formulary section, located on the home page of the Provider Resource Center.

3.4 Pharmaceutical Home Delivery

Mail Service Home delivery service is a standard component of our prescription drug benefit. Members may call the Member Service telephone number on their identification card to obtain a home delivery order form.

Advantages Of Home Delivery Members may prefer to use the home delivery prescription service. This service enables members to obtain up to a 90-day supply at a discounted copayment compared to the 30-day retail prescriptions.

How To Assist Members With Home Delivery If a member must begin taking a new maintenance drug immediately, you may need to write two prescriptions. The member can have one of the prescriptions filled at a local pharmacy to begin taking the medication immediately. The member can send the other prescription to the home delivery service for up to a 90-day supply.

How Members Can Enroll In Home Delivery Members can obtain home delivery forms for maintenance drugs by calling the Member Service telephone number on their identification card or by visiting our Web site at www.highmark.com.

Once a member places an order, the member's information remains on file. Any subsequent refills do not require an order form. For refills, the member can call the toll-free number, send in the refill form with the applicable copayment, or visit Highmark Blue Shield's Web site at www.highmark.com.

As a convenience to patients, physicians may fax new prescriptions directly to Medco Health. Call 1-888-EasyRx1 for details regarding how to fax a prescription to the mail order pharmacy.

3.4 Drug Management

Prescription Drug Management (Pharmaceutical Management) Programs

Management (Pharmaceutical Management) programs are designed to safeguard patients from potentially harmful drug interactions and side effects, optimize clinically appropriate therapy, promote appropriate prescription drug utilization and promote compliance with recommended drug quantity, dosage and intended use of product. These programs bring together every individual or entity involved in the management and delivery of pharmaceutical care: plan sponsor, physicians, members, and pharmacists. The programs are administered across all lines of business and are seamless across both retail and home delivery prescription drug benefit programs. These programs achieve this by:

- Identifying specific prescribing situations that may represent inappropriate utilization based on nationally-recognized clinical practice guidelines or manufacturer's recommended dosages.
 - Providing the appropriate clinical interventions and follow up necessary with physicians and patients to foster more appropriate and effective use of prescription therapy.
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Pharmaceutical Management Programs

Highmark's pharmaceutical management programs include the following:

- Drug Utilization Review
- Quantity Level Limit Program*
- Prior Authorization Program
- Managed Prescription Drug Coverage (MRxC) Program
- Formulary Management

Highmark Blue Shield's Pharmacy and Therapeutics Committee has approved all of these program policies. This Committee is composed of network physicians and pharmacists who consider the safety, efficacy and appropriate use of medications when reviewing these policies. Changes and updates to these criteria are distributed quarterly to all network providers via a formulary update.

To access all policies and updates, please refer to the Pharmacy/Formulary section, located on the home page of the Provider Resource Center.

***NOTE: Beginning January 1, 2007, this program does not apply to Highmark's Medicare Advantage plans or the BlueRx prescription drug plans.**

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3.4 Drug Management, Continued

***Medical
Necessity
Criteria For
Drug
Management***

Except where any applicable law, regulation, or government body requires a different definition (i.e., the Federal Employees Health Benefits Program, CMS as to the Medicare Advantage program, etc.), Highmark Blue Shield has adopted a universal definition of medical necessity. The term “Medically Necessary,” “Medical Necessity” or such other comparable term in any provider contract shall mean health care services (or such similar term as contained in the applicable benefit agreement or plan document to include, but not be limited to, “health services and supplies,” “services and supplies” and/or “medications and supplies”) that a provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- in accordance with generally accepted standards of medical practice;*
 - clinically appropriate, in terms of type, frequency, extent, site and duration, and*
 - considered effective for the patient’s illness, injury or disease; and not primarily for the convenience of the patient, physician, or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.*
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