

FLORIDA HEALTH
CARE PLAN

PHYSICIAN
DRUG GUIDE
AND
FORMULARY

1/1/2021

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Plan Benefit Design

PLAN BENEFIT DESIGN PREFACE

Prescription benefit information for all FHCP members is found in this section, (co-payments, day supply, prescribing guidelines, pharmacies and pharmacy networks, etc.).

PRESCRIBING POLICIES FOR FHCP PREPAID DRUG PLANS

In order to maintain consistency throughout the system, the following policies should be followed:

1. Each prescription should be written for one patient ONLY.
2. To ensure the clarity of each prescription order there should be no more than **TWO** drug orders per non-electronic prescription blank. Phone in prescription orders are discouraged due to greater incidence of error. Written, faxed, or e-prescribed orders are preferred.
3. Prescriptions written for FHCP prepaid plan members are to be written for drugs contained within the FHCP drug formulary in order to be covered under the plan benefits co-payment program.
4. Generics are mandatory for all FHCP members and the non-acceptance of a generic equivalent drug by an FHCP member will result in the brand name drug becoming a non-covered drug (see below for non-covered payments).
5. FHCP physicians should prescribe quantities of drugs according to the following parameters:

ACUTE MEDICATIONS

For quantities up to but no greater than a 14-day supply with NO REFILLS for treatment of acute conditions.

MAINTENANCE MEDICATIONS

For quantities up to a 31-day supply. Most medications can be filled

for up to a 93-day supply at the counter for maintenance of non-acute or chronic conditions.

MAIL ORDER

Allows for up to a 93-day (3 month) supply. ONLY two (2) and three (3) month supplies for maintenance of chronic conditions.

Prescriptions should be written to reflect the correct quantity allowed, especially for controlled substances. (See refill usage rules below)

<u>1 month = quantity</u>	<u>2 month = quantity</u>	<u>3 month = quantity</u>
sig.= qd = 31	qd = 62	qd = 93
sig.= bid = 62	bid = 124	bid = 186
sig.= tid = 93	tid = 186	tid = 279
sig.= qid = 124	qid = 248	qid = 372

CONTROLLED SUBSTANCES

For the treatment of acute pain, a prescription for an opioid drug listed as a Schedule II controlled substance may not exceed a 3-day supply, except that up to a 7-day supply may be prescribed if the prescriber indicates ACUTE PAIN EXCEPTION on the prescription.

For the treatment of pain other than acute pain, a prescriber must indicate NONACUTE PAIN on a prescription for an opioid drug listed as a Schedule II controlled substance.

For the treatment of pain related to a traumatic injury with an Injury Severity Score of 9 or greater, a prescriber who prescribes a Schedule II controlled substance must concurrently prescribe an emergency opioid antagonist. Narcan and Naloxone injection are available on FHCP formulary.

QUANTITY LIMITS

Quantity Limits are applied to drugs where acute therapies have a limited treatment/administration time, product stability limits, unit-of-use agents that exceed plan benefit parameters, defined plan benefits as filed with DOI or CMS and treatment standards defined by manufacturer, FDA or NIH.

Exceptions to quantity limits are made via the referral process. All formulary drugs with quantity limits are published and available on the FHCP Web site.

STEP THERAPY

Step Therapy is applied to those pharmaceutical agents that are either defined by the FDA and manufacturer as NOT FIRST LINE agents or when a more cost efficient pharmaceutical agent(s) are available for initial diagnosis and treatment and only upon failure of such agent is subsequent agents covered as a benefit. Exceptions to Step Therapy are made via the referral process. All formulary drugs with Step Therapy applied to them are published and available on the FHCP Web site.

PRIOR AUTHORIZATION

Prior Authorization is applied to all pharmaceuticals that have specific requirements for use and/or limited to specialist prescribing and/or when a more cost-efficient agent is available for primary treatment and/or where a significant potential exists for product misuse. Exceptions to Prior Authorization requirements are made via the referral process. All formulary drugs with Prior Authorizations applied to them are published and available on the FHCP Web site.

COUGH/COLD LIQUIDS

For quantities NOT to exceed 120 mls per dispensing. Defined as: anti-histamines, anti-tussives, decongestants, expectorants and any combinations of the above.

CREAM/OINTMENTS/GELS

Quantity limits (QL) are listed in the formulary.

UNIT-OF-USE DRUGS

For Commercial and Exchange members, those drugs prepackaged in a unit-of-use packaging, i.e. inhalers, otic and ophthalmic drugs, vaginal creams, suppositories, and U/D nebulizer solutions, etc., one prepackaged unit will be dispensed per co-payment.

6. All prescriptions should have directions that reflect the correct consumption. Any change in directions requires a new prescription to be written/ordered and any prescription with consumption not reflective of directions is subject to a compliance memo and/or an occurrence report to Quality Management.
7. Patients being tried on a new drug or drug regimen should be given only sufficient amounts to provide for a trial period. A new prescription for a larger quantity may be issued to the patient after tolerance to the new drug or drug regimen has been established via the trial period. This is extremely important when prescribing expensive medication. The mail order and walk-in pharmacies will not issue any multiple month supply of medication to a FHCP member who has never received/ordered that drug before. Extended day supplies are not available for all drugs and members must have previously received/ordered the drug before requesting an extended day supply.
8. All prescriptions should have indicated on them the diagnosis for which that prescription is being written, in order to comply with the OBRA ACT and in order to perform drug to disease interactions. Lay terms should be used, example; blood pressure, infection, diabetes, etc.
9. Any prescription for any FHCP member must be written by a licensed provider for the prescription to be covered.
10. COVERED DRUGS:

All Legend Drugs per FHCP Drug Formulary
Compounds with at least one FHCP Formulary Legend ingredient for Commercial and Marketplace members. Compounds are available only at FHCP Pharmacies. Compounds are not covered for Medicare members.
Insulin, Syringes, Strips & Lancets (fill only at FHCP Pharmacies)
Injectable Drugs per FHCP formulary (fill only at FHCP)
11. Any drugs not found on the FHCP formulary are considered NON-COVERED drugs and are not covered as a benefit under the FHCP pharmacy benefit program. See online Formularies at www.fhcp.com and www.fhcpmedicare.com.

12. 75% USAGE RULE

Prescription refills will not be covered unless at least 75% of the previous prescription has been used by the Member, (based on the dosage schedule prescribed by the Physician).

13. 90% USAGE RULE

Prescription refills for controlled substances will not be covered unless at least 90% of the previous prescription has been used by the Member (based on the dosage schedule prescribed by the physician).

14. The most current FHCP formularies are available online at www.fhcp.com and at www.fhcpmedicare.com and can be printed upon request to FHCP Pharmacy Services, 386-676-7173 or 888-676-7173.

PRESCRIPTION CO-PAYMENTS

Prescription co-payments are determined by the tier of the drug and the member's plan. Please see the online formulary for drug tier information and the member's online plan code book for their co-pay responsibility.

TIER DEFINITIONS:

MEDICARE:

- Tier 1 - Preferred Generic
- Tier 2 - Generic
- Tier 3 - Preferred Brand
- Tier 4 - Non-Preferred Brand
- Tier 5 - Specialty

COMMERCIAL:

- Tier 1 - Preferred Generic
- Tier 2 - Non-Preferred Generic
- Tier 3 - Preferred Brand
- Tier 4 - Non-Preferred Brand
- Tier 5 - Preferred Specialty
- Tier 6 - Non-Preferred Specialty
- Tier 7 - Preventive- Flu vaccines are \$0 for all plans. All other drugs in this tier are \$0 for non-grandfathered plans and are not covered on grandfathered plans.
- Tier 8 - Medical Benefit

EXCHANGE:

- Tier 1 – Preferred Generic
- Tier 2 – Non-Preferred Generic
- Tier 3 – Preferred Brand, some high cost generic
- Tier 4 – Non-Preferred Brand, some high cost generic
- Tier 5 – Preferred Specialty
- Tier 6 – Non-Preferred Specialty
- Tier 7 – Preventive (\$0) – Except for flu vaccines, for \$0 cost-sharing to apply, all products in this tier must be filled at an FHCP pharmacy and require a prescription for coverage, including over the counter items. Additionally, some products may have restrictions such as age or gender limits.

- All Medicare, Commercial and Exchange Plans cover diabetic strips and lancets and have a \$10 co-payment per box of 50 strips and a \$4 co-payment per box of 100 lancets. Strips and lancets for Commercial and Exchange plans are found in the Medical Pharmacy Formulary.
- All Non-Covered Drugs have a higher cost associated with them.
- Mail Order Copayments – Mail Order discounts co-payments by \$1 per month supply ordered.
- Medications in Tier 7, the Preventive Drug tier, have no cost-sharing (\$0) for ACA compliant and non-grandfathered plans only. Medications on this tier are non-formulary (not covered) for grandfathered plans. Preventive medications that are covered for both non-grandfathered and grandfathered plans will be listed under the cost-sharing tier that applies to grandfathered plans. Preventive medications must be obtained from FHCP pharmacies.

FHCP PHARMACY NETWORKS

FHCP includes both Preferred and Standard pharmacies in our pharmacy network. Preferred pharmacies are owned and operated by FHCP and are listed below. Prices at Preferred pharmacies are generally lower, and the Preferred pharmacy network includes a Mail Order option. Prices at Standard pharmacies may be higher. All members have a Preferred and Standard pharmacy network. The networks can be different.

Medicare members can use any Preferred pharmacy, including Mail Order. Standard Retail pharmacies for Medicare members include Walgreens, Publix, and Winn Dixie pharmacies. Please encourage Medicare members to check the pharmacy locator for the most up-to-date information. **NOTE:** Medicare members have **no time restrictions** on their Standard Retail pharmacy use.

Commercial and Exchange members can use any Preferred pharmacy, including Mail Order, or any Standard Retail pharmacy listed in the pharmacy locator. Standard Retail pharmacies may have higher prices, and some are restricted to after-

hours use for Commercial and Exchange members. After-hours is defined as Mon - Friday 6pm – 8am, all day Saturday and Sunday, and on all national holidays. Please check the pharmacy locator for the most up-to-date information on Standard Retail pharmacies' hours of operation and restrictions.

FHCP PREFERRED RETAIL PHARMACIES
and MAIL ORDER PHARMACY

<p>FHCP PHARMACY DB 350 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114 386-248-0832 FAX # 386-238-3263 OPEN: MON - FRI 8:30-6:00 SAT 9:00-1:00, SUN CLOSED</p>	<p>FHCP MAIL ORDER PHARMACY P.O. BOX 11696 DAYTONA BEACH, FL 32120 386-676-7126 & 1-800-232-0216 FAX # 386-676-7165 NOT OPEN TO PUBLIC</p>
<p>FHCP PHARMACY OC 2777 ENTERPRISE RD ORANGE CITY, FL 32763 386-774-5961 FAX# 386-774-7592 OPEN: MON - FRI 8:30-6:00 SAT 9:00-1:00, SUN CLOSED</p>	<p>FHCP PHARMACY HH 1340 RIDGEWOOD AVE HOLLY HILL, FL 32117 386-676-7120 FAX # 386-676-7128 OPEN: MON - FRI 8:30-6:00 SAT 9:00-5:00, SUN CLOSED</p>
<p>FHCP PHARMACY PC 309 PALM COAST PKWY PALM COAST, FL 32137 386-446-9447 FAX# 386-446-6983 OPEN: MON - FRI 8:30-6:00 SAT 9:00 - 1:00, SUN CLOSED</p>	<p>FHCP PHARMACY EW 239 N. RIDGEWOOD AVE. EDGEWATER, FL 32132 386-423-4212 FAX# 386-428-9713 OPEN: MON - FRI 8:30-6:00 SAT 9:00-1:00, SUN CLOSED</p>
<p>FHCP PHARMACY PO 740 DUNLAWTON AVE, STE 150 PORT ORANGE, FL 32127 386-767-0563 FAX# 386-761-7095 OPEN: MON - FRI 8:30-6:00 SAT 9:00-1:00, SUN CLOSED</p>	<p>FHCP PHARMACY ST 1657 TAYLOR RD, SUITE 102 PORT ORANGE, FL 32128 386-317-8537 FAX#:386-317-8540 OPEN: MON - FRI 8:30-6:00 SAT 9:00-1:00, SUN CLOSED</p>
<p>FHCP PHARMACY LM 707 PLATINUM POINT LAKE MARY, FL 32746 407-732-7950 FAX# 407-732-7956 OPEN: MON - FRI 8:30-7:30 SAT 9:00-5:00, SUN CLOSED</p>	<p>FHCP PHARMACY MB 785 N, WICKHAM RD, SUITE 104 MELBOURNE, FL 32935 321-567-7505 FAX# 321-567-7506 OPEN: MON - FRI 8:30-6:00 SAT 9:00-1:00, SUN CLOSED</p>

<p>FHCP PHARMACY RL 1954 ROCKLEDGE BLVD, STE 107 ROCKLEDGE, FL 32955 321-567-7503 FAX# 321-567-7504 OPEN: MON - FRI 8:30-6:00 SAT 9:00-1:00, SUN CLOSED</p>	<p>FHCP PHARMACY OB 473 S NOVA RD ORMOND BEACH, FL 32174 386-481-6145 FAX# 386-481-6138 OPEN: MON - FRI 8:30-6:00 SAT 9:00-1:00, SUN CLOSED</p>
<p>FHCP PHARMACY TV 1021 S WASHINGTON TITUSVILLE, FL 32780 321-567-7500 FAX#321-567-7501 OPEN: MON - FRI 8:30-6:00 SAT 9:00-1:00, SUN CLOSED</p>	<p>FHCP PHARMACY ST AUG 200 SOUTHPARK AVE, SUITE 206 ST AUGUSTINE, FL 32086 904-295-3677 FAX# 904-295-3689 OPEN: MON-FRI 8:30-6:00 SAT 9:00-1:00, SUN CLOSED</p>
<p>FHCP TOWN ENTER TC 145 CITY PLACE, SUITE 100 PALM COAST, FL 32164 386-302-0977 FAX#: 386-302-0978 OPEN: MON - FRI 8:30-6:00 SAT 9:00-1:00, SUN CLOSED</p>	

STANDARD RETAIL PHARMACIES

See the pharmacy locator, Find A Pharmacy, at www.fhcp.com to find Standard Retail Pharmacies that serve FHCP members.

Some Standard Retail Pharmacies can fill FHCP prescriptions AFTER-HOURS & FOR EMERGENCY PRESCRIPTIONS ONLY. (After-hours is defined as: Mon. - Fri. - 6:00 PM to 8:00 AM, all day Sat. & Sun., and all day on national holidays.)
NOTE: Medicare members have **no time restrictions** on their Standard pharmacy use. Please call the individual stores for hours of operation and restrictions.

FLORIDA NEGATIVE FORMULARY

The Florida Negative Formulary is composed of six (6) medicinal agents which Florida Law prohibits the generic dispensing of these agents unless the prescribing physician specifically writes the agent generically, when prescribing them. Listed below are those six agents:

- | | |
|-------------------------------|------------------------|
| 1. DIGITOXIN | 4. CHLORPROMAZINE ORAL |
| 2. CONJ. ESTROGENS (PREMARIN) | 5. THEOPHYLLINE C.R. |
| 3. DICUMAROL | 6. PANCREATIC ENZYMES |

It is the position of FHCP Pharmacy and Therapeutic Committee that two (2) of these agents have therapeutic and bioavailable generic equivalent products and that all FHCP Physicians write/prescribe these two (2) agents generically. Listed below are these two (2) agents with brand name cross reference.

1. THEOPHYLLINE C.R. - THEODUR
2. CHLORPROMAZINE ORAL - THORAZINE

FHCP Pharmacies will call prescribing physicians who fail to write the above two (2) agents generically, if available.

PROCEDURE TO AMEND FORMULARY

FHCP physicians may request drugs for inclusion into, or exclusion from, the FHCP drug formulary. This can be done by submitting your request to the FHCP Pharmacy and Therapeutics Committee c/o Clinical Pharmacy Manager. Your request should include the following: (1) drug name, (2) indications for use, (3) state why you feel the requesting agent is better from an efficacy and safety perspective than current formulary drug, (4) submit medical literature that shows superiority to current formulary medication, (5) explain why you need it as a tool to care for your patients. The P & T Committee meets four times a year and will review your written request and respond to your written request, in writing, after the committee has reviewed your request. The formulary review is scheduled around the quarterly meetings as follows:

- (1) Antihistamine (04000000) thru vasodilating agents (24129200),
- (2) Sclerosing agents (24160000) thru respiratory tract agents (48920000),
- (3) EENT agents (52000000) thru misc. skin and mucous membrane agents (84920000),
- (4) Smooth muscle relaxants (86000000) thru unknown therapeutic class (99999999).

Reviews are limited to once per year per drug.

EXCEPTION PROCESS

If the patient is taking a medication that is not on the FHCP Formulary, the member, the member's physician, or member's representative may request a medication formulary exception verbally or in writing by paper, or electronically through the member portal or by email to the member services department.

1. Medical documentation will be requested from the member's physician of information sufficient to make a decision regarding an exception including articles on efficacy or other evidence-based medicine if requested. There must be documentation stating why the requested medicine is better, is more effective or has less adverse effects for this patient than the current formulary medication.
2. The central referrals department will notify the administrator of pharmacy or designee, the requesting physician, member or member's representative of an approval or denial of the request in writing. If the decision is unfavorable, the notification will contain appeal rights and reason for denial.
3. All decisions will be made in accordance with the following timeframes:
 - a. Standard Coverage Determinations – FHCP must notify the requesting physician, member or member's representative of its determination as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after receipt of the request.
 - b. Urgent Coverage Determinations - FHCP must notify the requesting physician, member or member's representative of its determination as expeditiously as the enrollee's health condition requires, but no later than 24 hours. If more documentation is required to make a decision, the plan may have an additional 48 hours to issue a determination after receipt of the request.
 - c. Standard Coverage Determinations for all Qualified Health Plans (QHPs) (*Standard determinations for a drug not listed on the QHP Formulary*) - FHCP must notify the requesting physician, member or member's representative of its determination as expeditiously as the enrollee's health condition requires, but no later than 72 hours after receipt of the request.
4. A member, his/her physician, or member's authorized representative may appeal an adverse coverage determination by notifying the FHCP member services department. The appeal will be processed by member services by following procedure outlined in FHCP policy CS005 and CS005B.
5. Appeals will be processed in the following timeframes:
 - a. **Standard Appeal**– FHCP must notify the enrollee in writing of its re-determination whether favorable or adverse, as expeditiously as the enrollee's health condition requires but no later than 30 calendar days from the date FHCP receives the request for a standard re-determination.

- b. **Expedited Appeal**– FHCP must notify the enrollee and requesting physician orally and in writing of a favorable re-determination or an adverse re-determination within 24 hours. If more documentation is required to make a decision, the plan may have an additional 48 hours to issue a determination.
6. If the denial is upheld, the physician, member or member’s representative will be sent the appropriate denial notice and explanation of further appeal rights.

RECALLS

All Recalls, Market Withdrawals, Safety Alerts, and Voluntary Recalls, that are posted weekly by the FDA on <http://www.fda.gov/> and pose a risk to FHCP patient safety and have been purchased through AmerisourceBergen, HD Smith, Cardinal Health, or Associated Pharmacies, Inc., will be reviewed and, if necessary, acted upon according to the time requirements noted below but not later than 30 calendar days from notification.

1. Upon notification of a medication recall, FHCP will identify and notify patients affected by the recall and their physicians either by telephone or written notice.
2. The Administrator of Pharmacy Services office shall notify all facilities and departments in which the medication may be stocked or dispensed for patient use.
3. Patients who were given samples will be identified by using the Dispensed Sample Drugs report found in the Data Warehouse folder. This report checks the electronic health record for all patients given the indicated sample.
4. A recall involving medication at the patient level (Class I or II) requires the Administrator of Pharmacy Services office to contact the Clinical Pharmacy department to generate a report of those patients who are utilizing the involved medication and their prescribing physician.
5. All patients will be contacted (by telephone or in writing) if the recall affects them.
6. Prescribing physicians will be notified of Class I or II recalls via telephone, fax, or letter.

7. Recall notification time requirements are as follows:
 - 7.1 Class I recalls require immediate, within 7 days of notification, patient and prescribing physician contact action and are acted upon as soon as Class I recall notice is received.
 - 7.2 Class II recalls requires patient and prescribing physician contact action within thirty days (30) of notification.
8. Replacement and/or full credit will be issued to either department or patient in all situations where the medication was already charged/issued out.

DRUG FORMULARY

Drug Formulary Preface

The Florida Health Care Plans formulary is an extensive list of FDA approved brand and generic drugs used to treat the most common medical conditions.

The FHCP Formulary is developed by FHCP's Pharmacy and Therapeutics Committee (P&T). The committee consists of physicians, pharmacists, and nurses who review drugs on the basis of safety, efficacy, tolerability, and cost. The P&T Committee reviews and updates the drug list quarterly. New drugs and newly available generics are added at least monthly as needed to the Commercial and Exchange formularies. Medicare allowable changes are added to the formulary monthly on Medicare's schedule. All formularies, drugs that are deemed unsafe by the Food and Drug Administration (FDA) are immediately removed. A Pharmacy News bulletin is sent to physicians after every P&T committee meeting with the changes that occurred at the recent P&T meeting.

Prescription drug benefit provides coverage for drugs listed in each of the therapeutic classes of the FHCP Formulary. The FHCP Formulary represents the major therapeutic classes and should serve as a quick reference to patients, physicians, and pharmacists for those covered drugs within the classes listed. Information on drug coverage for a non-listed therapeutic drug class should be directed to a FHCP pharmacist.

The effectiveness of the FHCP Drug Formulary, to assure quality pharmaceutical care at a lower contained cost, depends upon FHCP physicians prescribing within the FHCP Drug Formulary and utilizing whenever and wherever possible those drugs that are available generically.

Any drug not listed in the FHCP Formulary is considered a non-covered drug and is subject to a higher out of pocket cost.

The most current information on FHCP's list of covered drugs and their restrictions for the Commercial and Exchange formularies can be found at www.fhcp.com. Press For Providers, then Medication Formularies. The current Medicare formulary is at www.fhcpmedicare.com. Scroll to the bottom of the page and choose Prescription Drug Information and Documents in the Resource Tools box.

The Formulary contains the FHCP covered drugs listed in alphabetical order by Therapeutic Class in the first column, the drug tier assigned each drug in the second column, and the Restrictions/Limits (Medicare) or Requirements/Limits (Commercial and Exchange) in the third column. Third column definitions are at the top of each formulary in the List of Abbreviations section.

There is a Table of Contents at the beginning of the formulary, an Index at the end of the formulary, and the formulary is searchable using the Search icon (magnifying glass) or Control F to open the Search box.

Printed copies of the formularies are available upon request from the Pharmacy Services office, 386-676-7173, or 888-676-7173.

FHCP Drug Look Up Tool

The Drug Look Up Tool has all the information from the formulary in a quick and easy format and provides information like criteria for coverage and drug pricing. Each formulary has its own Drug Look Up Tool. In the Drug Look Up Tool a drug can be queried by entering the brand name, by entering the generic name, by looking in the Therapeutic Class Search, or searching alphabetically using the letters above the search box that corresponds to the first letter of the drug name.

In the **brand or generic search**, if the drug is covered, the drug is displayed on the screen along with the tier in which it is covered.

If it is not covered, you will receive the drug name and only non-formulary (NF) icons to the left.

Choosing a drug shows the brand/generic name with a generic indicator, if applicable, Therapeutic Class and Sub-Class, Dose/Strength, Status (tier), and

Notes & Restrictions in the Results section. For any shown icons in Notes and Restrictions, using the [more info](#) hyperlink will open a box that gives prescribing information, criteria, and guidelines for the drug chosen.

The Definition of Status area of the screen shows drug coverage and pricing by tier. On this screen is found the Brand and Generic Name, Dosage/Strength, and Status (tier).

The Affordable Care Act (ACA) requires coverage of certain preventive medications without any patient cost-sharing to ACA compliant and non-grandfathered plans. ACA compliant and non-grandfathered plan means any health plan available to subscribers created by FHCP on or after March 23, 2010.

Drug pricing can be found in the Drug Look Up Tool for Medicare plans. Enter a drug to check, choose it, and scroll down to the second section, Definition of Status. Because there are so many different Commercial and Exchange plans, refer patients to their Summary of Benefits or Schedule of Benefits documents or plan book for their prescription benefits.

In the Definition of Restrictions area of the screen, the Icon, Restriction, and Definition are displayed. This tells you what the icons mean and any restrictions on the drug chosen.

Choose the **hyperlinked Therapeutic Class and Sub-Class** to see other similar drugs and their coverage. For example, when searching Benztropine, choose Anti-Parkinson Agents or Anti-Parkinson - Anticholinergics.

Choosing the **hyperlinked letter** above the Brand & Generic Name Search box shows all the formulary drugs that begin with the letter chosen.

Displayed in the result is the Tier or NF, for Non-Formulary, and the drug name, strength, and dosage form in a hyperlink that will bring up drug info as if the Brand & Generic Drug Name box was used. **Note:** Medicare does not allow a Medical Benefit word, icon, or J-Code in their formulary. These drugs will generally be found in Tier 5 or have a B/D designation in the Requirements/Limits column of the Medicare formulary.

Separate Medical Pharmacy Formularies for Commercial and Exchange drugs are available online.