

FLORIDA HEALTH
CARE PLAN

PHYSICIAN
DRUG GUIDE
AND
FORMULARY

1/1/2019

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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.

MAINTENANCE MEDICATIONS

For quantities up to but no greater than a 31 day supply. Most medications can be filled for up to a 93 day supply at the counter.

MAIL ORDER

Allows for up to a 93 day (3 month) supply. One month supplies are not allowed through Mail Order, **ONLY** two (2) and three (3) month supplies.

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

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. Quantity limits (QL) apply to other acute and maintenance medications and are documented in the respective formulary. For Medicare members, restrictions/quantity limits (QL) are defined by Medicare. and are documented in the Medicare Drug Formulary.

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 Risk 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 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 in order 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 - Non-Preferred Generic
- Tier 3 - Preferred Brand
- Tier 4 - Non-Preferred Formulary Brand
- Tier 5 - Specialty

COMMERCIAL and EXCHANGE:

- Tier 1 - Preferred Generic
- Tier 2 - Non-Preferred Generic
- Tier 3 - Preferred Brand
- Tier 4 - Non-Preferred Formulary Brand
- Tier 5 - Preferred Specialty
- Tier 6 - Non-Preferred Specialty
- Tier 7 - Commercial Preventive Drug (ACA compliant plans only)
- Tier 8 - Medical Benefit (Commercial Only)

- All Medicare Plans cover Diabetic Strips and Lancets and have a \$10 Co-payment per 50 count box of Strips/100 count box of Lancets
- All Group Plans cover Diabetic Strips and Lancets and have a \$10 Co-payment per 50 count box of Strips or 100 count box of Lancets
- 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 Commercial 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 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 pharmacy use.

Commercial and Exchange members can use any Preferred pharmacy, including Mail Order, or any Standard pharmacy listed in the pharmacy locator. Standard 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. The after-hours Standard pharmacies for Commercial and Exchange members are listed below. Please check the pharmacy locator for the most up-to-date information.

FHCP PREFERRED PHARMACIES

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

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

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

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

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

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

FHCP PHARMACY PO
740 DUNLAWTON AVE, SUITE 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

FHCP PHARMACY DL
937 N. SPRING GARDEN AVE.
DELAND, FL 32720
386-736-7318 FAX# 386-943-8123
OPEN: MON - FRI 8:30-6:00
SAT 9:00-1:00, SUN CLOSED

FHCP PHARMACY LM
707 PLATINUM POINT
LAKE MARY, FL 32746
407-732-7950 FAX# 407-732-7956
OPEN: MON - FRI 8:00-8:00
SAT 9:00-5:00, SUN CLOSED

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

FHCP PHARMACY RL
1954 ROCKLEDGE BLVD, SUITE 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

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

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

FHCP TOWN CENTER 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

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

FHCP PHARMACY PARRISH MEDICAL CENTER (PMC) – Employees Only
494 N WASHINGTON AVENUE
TITUSVILLE, FL 32796
321-567-7745 FAX# 321-567-7747
OPEN: MON-FRI 8:30-5:00
SAT & SUN CLOSED

FHCP PHARMACY PO WEST (POW)
1657 TAYLOR RD
PORT ORANGE, FL 32128
- Phone and Fax to follow -
OPEN: MON - FRI 8:30-6:00
SAT 9:00-1:00, SUN CLOSED

FHCP STANDARD AFTER-HOURS PHARMACIES

THE BELOW LISTED WALGREENS CAN FILL FHCP PRESCRIPTIONS ONLY 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 after-hours time restrictions.**)

Please call the individual store for hours of operation.

WALGREENS PHARMACY
1650 DUNLAWTON AVE.
PORT ORANGE, FL 32127
386-322-3267 FAX: 322-9321

WALGREENS PHARMACY
100 E. INTERNATIONAL SPW
DELAND, FL 32724
386-738-4371 FAX: 734-0371

WALGREENS PHARMACY
1109 PALM COAST PKWY
PALM COAST, FL 32137
386-445-7041 FAX 446-8088

WALGREENS PHARMACY
897 SAXON BLVD.
ORANGE CITY, FL 32763
386-775-5336 FAX: 775-8956

WALGREENS PHARMACY
790 W. GRANADA AVE.
ORMOND BEACH, FL 32174
386-672-7107 FAX: 673-2892

WALGREENS PHARMACY
2501 FRENCH AVE.
SANFORD, FL 32773
407-321-0518

WALGREENS PHARMACY
1420 BEVILLE RD.
DAYTONA BEACH, FL 32119
386-257-5773

WALGREENS PHARMACY
1350 N WICKHAM RD.
MELBOURNE, FL 32935
321-254-5507

WALGREENS PHARMACY
4024 W. LAKE MARY BLVD.
LAKE MARY, FL 32746
407-549-3115

WALGREENS PHARMACY
7085 COUNTY ROAD 46A
LAKE MARY, FL 32746
407-833-0276

WALGREENS PHARMACY
2475 US HIGHWAY 1
MIMS, FL 32754
321-267-1788

WALGREENS PHARMACY
4600 S WASHINGTON AVE
TITUSVILLE, FL 32780
321-269-7573

WALGREENS PHARMACY
1106 CLEARLAKE RD
COCOA, FL 32922
321-632-3150

WALGREENS PHARMACY
1800 STATE RD 44
NEW SMYRNA BEACH, FL 32168
386-428-1558

WALGREENS PHARMACY
2801 N PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084
904-810-2200

WALGREENS PHARMACY
2075 US-1 S
ST AUGUSTINE, FL 32086
904-829-5240

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 FHCP DRUG 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.

BRAND NAME THERAPEUTIC SUBSTITUTION

THE BELOW LISTED BRAND NAME DRUGS WILL BE SUBSTITUTED FOR THEIR BRAND NAME THERAPEUTIC EQUIVALENT:

NOVOLIN ----- FOR ----- HUMULIN

DRUG FORMULARY

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 their schedule. For 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 costs.

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 Resources and Tools box.

FOR PROVIDERS

MEDICATION FORMULARIES

Commercial Formulary

- [2019 Commercial Formulary](#) (PDF) | [Drug Look Up Tool](#)
- [Discount Medication List](#)
(Commercial and Exchange Plans Only)

Federal Exchange Formulary

- [2019 Federal Exchange Formulary](#) (PDF) | [Drug Look Up Tool](#)
- [Discount Medication List](#)
(Commercial and Exchange Plans Only)

Prescription Drug Information & Documents

- [Request for Medicare Prescription Drug Coverage Determination form](#)
- [Request for Redetermination of Medicare Prescription Drug Denial form](#)
- [2019 Comprehensive Formulary](#)
- [2019 Step Therapy criteria](#)
- [2019 Prior Authorization criteria](#)

[Click here to use our drug look up tool to view a list of covered medications and costs.](#)

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.

Antiasthmatic And Bronchodilator Agents		
Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%, 0.63 MG/3ML, 1.25 MG/3ML	2	RM; QL (1 BOX Max Qty Per Fill Retail)
Albuterol Sulfate Oral Syrup 2 MG/5ML	2	RO; DL
Albuterol Sulfate Oral Tablet 2 MG, 4 MG	2	RM
Anoro Ellipta Inhalation Aerosol Powder Breath Activated 62.5-25 MCG/INH	3	RM
Arnuity Ellipta Inhalation Aerosol Powder Breath Activated 100 MCG/ACT, 200 MCG/ACT	3	RM
Arnuity Ellipta Inhalation Aerosol Powder Breath Activated 50 MCG/ACT	3	RM; QL (30 EA per 30 days)

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.

DRUG LOOK UP TOOL

The Drug Look Up Tool has all the information from the formulary in a quick and easy format and also 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.

Alphabetical Search

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Brand & Generic Name Search

Therapeutic Class Search

[*adhd/anti-narcolepsy/anti-obesity/anorexiant*](#)

[*aminoglycosides*](#)

[*analgesics - anti-inflammatory*](#)

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.

[Start Over](#)

Please select a drug from the list below to continue.

- [II Atenolol Tablet 100 MG Oral](#)
- [II Atenolol Tablet 25 MG Oral](#)
- [II Atenolol Tablet 50 MG Oral](#)

If it is not covered, you will receive the following error message (example):

The medication name you have entered, nexium, is not listed on the drug list. If you believe you have reached this message in error, please attempt to locate your medication alphabetically or by therapeutic class. If the medication you are

looking for is not listed and you have questions about your prescription coverage, please contact Member Services at 386-615-4022 or 877-615-4022.

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.

Results

Brand Name	Therapeutic Class	Dose/Strength	Status	Notes & Restrictions
Generic Name	Sub-class			
Bydureon Pen-Injector 2 Mg Subcutaneous Exenatide ER	*antidiabetics* *incretin mimetic agents (glp-1 receptor agonists)** - *incretin mimetic agents (glp-1 receptor agonists)***	Pen-Injector 2 MG	 	more info

Brand Name: Bydureon BCise Auto-injector 2 MG/0.85ML
Subcutaneous

Generic Name: Exenatide ER

Dosage/Strength: Auto-Injector 2 MG/0.85ML

Status: Tier 3

Details: ST applies to new starts only; Trial of Metformin










↑

↓

The Definition of Status area of the screen shows drug coverage and pricing by tier. On this screen is found the Icon (associated with the Status), Status (tier), and Definition (pricing information).






Below is a Commercial example.

Definition of Status

Icon	Status	Definition
	Tier 1	Preferred generic medication
	Tier 2	Non-preferred generic medication
	Tier 3	Preferred brand name and some high cost generic medication
	Tier 4	Non-preferred brand name and some high cost generic medication
	Tier 5	Preferred specialty medication
	Tier 6	Non-preferred specialty medication
	Preventive Tier*	These medications 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. See "Preventive*" in the Definition of Restrictions below for how to identify these medications. Preventive medications must be obtained from FHCP pharmacies.
	Medical Benefit	Medical Benefit
	Non-Formulary	This drug is not covered. If you believe you have reached this message in error, please attempt to locate your medication alphabetically or by therapeutic class. If the medication you are looking for is not listed and you have questions about your prescription coverage, please contact Member Services at 386-615-4022 or 877-615-4022

Below is an Exchange example.

Definition of Status



Icon	Status	Definition
	Tier 1	Preferred generic medication
	Tier 2	Non-preferred generic medication
	Tier 3	Preferred brand name and some high cost generic medication
	Tier 4	Non-preferred brand name and some high cost generic medication
	Tier 5	Preferred specialty medication
	Tier 6	Non-preferred specialty medication
	Preventive Tier*: \$0	No cost-sharing (\$0) for ACA compliant and non-grandfathered plans. Preventive medications must be obtained from FHCP pharmacies.
	Non-Formulary	This drug is not covered. If you believe you have reached this message in error, please attempt to locate your medication alphabetically or by therapeutic class. If the medication you are looking for is not listed and you have questions about your prescription coverage, please contact Member Services at 386-615-4022 or 877-615-4022

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.







Below is a Medicare example.

Definition of Status

Icon	Status	Definition	Preferred Retail:	Standard Retail:
	Tier 1	Preferred Generic		
		Pricing is the maximum copay/coinsurance for Initial Phase only. Deductible, Gap, Catastrophic, and LICs Levels are not shown.		
		FHCP Medicare Rx HMO	\$2	\$17
		FHCP Medicare Rx Plus HMO-POS	\$0	\$17
		FHCP Medicare Rx Savings HMO	\$4	\$17
		FHCP Medicare Premier Plus HMO	\$0	\$17
	Tier 2	Non-Preferred Generic		
		Pricing is the maximum copay/coinsurance for Initial Phase only. Deductible, Gap, Catastrophic, and LICs Levels are not shown.		
		FHCP Medicare Rx HMO	\$7	\$20
		FHCP Medicare Rx Plus HMO-POS	\$4	\$20
		FHCP Medicare Rx Savings HMO	\$10	\$20
		FHCP Medicare Rx Plus HMO-POS	\$4	\$20

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.

Definition of Restrictions

Icon	Restriction	Definition
	Age	This medication is covered only if member satisfies age requirements for coverage.
	Discount List	On discount list
	Dispensing Limit	This medication may not be filled for more than a 31 day supply.
	FHCP	Must be filled at Florida Health Care Plans pharmacies only
	Generic Indicator	Generic Indicator
	Notes	This indicates that there are additional notes regarding coverage of this medication. Clicking the note icon will display the full detail.
	Preventive*	These medications have no cost sharing (\$0) for ACA compliant and non grandfathered plans only. For grandfathered plans, cost sharing is based on tier. Preventive medications must be obtained from FHCP pharmacies.
	Prior Authorization	FHCP requires you or your physician to get prior authorization for certain medications. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the medication. Prior Authorization medications must be obtained from FHCP pharmacies.
	Prior Authorization - New Starts	Prior authorization is required for new starts only.
	Quantity Limit	Quantity Limit
	Specialty Pharmacy Name	Specialty pharmacy that must be used
	Specialty Pharmacy Only	Must be filled at a specialty pharmacy
	Step Therapy	Step Therapy

Notes & Restrictions



[more info](#)

Results

<u>Brand Name</u> Generic Name	<u>Therapeutic Class</u> Sub-class	<u>Dose/Strength</u>	<u>Status</u>	<u>Notes & Restrictions</u>
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL levomilnacipran hcl er	Antidepressants SSRIs/ SNRIs	capsule extended release 24 hour 80 MG	TIER 4	more info

More Info:

Brand Name: Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 80 MG Oral
Generic Name: Levomilnacipran HCl ER
Dosage/Strength: Capsule Extended Release 24 Hour 80 MG
Status: Tier 4

Group Description: Fetzima

Covered Use: All FDA approved indications not otherwise excluded by part D

Exclusion Criteria:

Required Medical Information:

Age Restrictions:

Prescriber Restrictions:

Coverage Duration: 12 months

Other Criteria: Must fail two generically available anti-depressants in past 12 months

Close

Choose the **hyperlinked Therapeutic Class and Sub-Class** to see other similar drugs and their coverage. For example when searching Benzotropine, choose Antiparkinson Agents or Antiparkinson - Anticholinergics. Results below reflect Antiparkinson – Anticholinergics choice.

Results

Brand Name
Generic Name
Benzotropine Mesylate Solution 1 Mg/MI Injection C
Benzotropine Mesylate Tablet 0.5 Mg Oral C
Benzotropine Mesylate Tablet 1 Mg Oral C
Benzotropine Mesylate Tablet 2 Mg Oral C
Trihexyphenidyl Hcl Elixir 0.4 Mg/MI Oral C
Trihexyphenidyl Hcl Tablet 2 Mg Oral C
Trihexyphenidyl Hcl Tablet 5 Mg Oral C

Choosing the **hyperlinked letter** above the Brand & Generic Name Search box shows all the formulary drugs that begin with the letter chosen. In an example below “C” was chosen. This is a partial list.

- [C **T** Calcipotriene Cream 0.005 % External](#)
- [C **R** Calcipotriene Monohydrate POWDER](#)
- [C **T** Calcipotriene OINTMENT 0.005 % EXTERNAL](#)
- [C **R** Calcipotriene Powder](#)
- [C **T** Calcipotriene SOLUTION 0.005 % EXTERNAL](#)
- [C **R** Calcipotriene-Betameth Diprop OINTMENT 0.005-0.064 % EXTERNAL](#)
- [C **R** Calcipotriol POWDER](#)
- [C **T** Calcitonin \(Salmon\) SOLUTION 200 UNIT/ACT NASAL](#)
- [C **R** Calcitrene OINTMENT 0.005 % EXTERNAL](#)
- [C **T** Calcitriol Capsule 0.25 MCG Oral](#)
- [C **T** Calcitriol Capsule 0.5 MCG Oral](#)
- [C **R** Calcitriol In Almond Oil OIL 1000 NANOGRAM/ML](#)
- [C **R** Calcitriol OINTMENT 3 MCG/GM EXTERNAL](#)
- [C **R** Calcitriol POWDER](#)

Displayed in the result above 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.

Drug Name	Tier	Requirements/Limits
ondansetron hcl oral solution 4 mg/5ml	2	B/D; RO; DL
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D; RM; QL (90 EA per 30 days)

Look forward to a separate Medical Formulary in future formulary updates.