



Commercial Drug Formulary FAQs

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Note to existing members: This formulary has changed since last year.

For a complete, updated listing of all prescription drugs covered by FHCP, please visit our web site at www.fhcp.com or call Member Services at 1-877-615-4022, 7 days a week, 8 am to 8 pm. TTY/TDD users should call TRS Relay 711.

Subscribers must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or co-payments/coinsurance may change on January 1, 2012.

This document may be available in an alternate format such as Braille, larger print or audio, call Member Services at the number listed above.

What is the Commercial Drug Formulary?

A formulary is a list of covered drugs selected by Florida Health Care Plans (FHCP) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. FHCP will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a FHCP network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage. For a complete listing of all prescription drugs covered by FHCP, please visit our Web site at www.fhcp.com or call 1-877-615-4022, 7 days a week, 8 am to 8 pm. TTY/TDD users should call TRS Relay 711.

Can the Formulary change?

Generally, if you are taking a drug on our 2011 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2011 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the

change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of July 1, 2011. To get updated information about the drugs covered by FHCP, please visit our Web site at www.fhcp.com or call Member Services at 1-877-615-4022, 7 days a week, 8 am to 8 pm. TTY/TDD users should call TRS Relay 711. Florida Health Care Plans formulary is periodically updated. These periodic updates are handled by addendum. For an up-to-date formulary please visit our website at www.fhcp.com.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The drugs in the formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the the list that has 4 columns and states Drug Category-Drug Class. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Alphabetical Drug List. This provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Alphabetical Drug List. Look in the Alphabetical Drug List and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Alphabetical Drug List and find the name of your drug in the first column of the list.

What are generic drugs?

Florida Health Care Plans covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

For a complete, updated listing of all prescription drugs covered by FHCP, please visit our web site at www.fhcp.com or call Member Services at 1-877-615-4022, 7 days a week, 8 am to 8 pm. TTY/TDD users should call TRS Relay 711.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescriptions. Prior authorization encourages the appropriate cost-effective use of medications by allowing

coverage only when certain conditions are met. There are several reasons why we require prior authorization of certain medications:

- Prior authorization is based on current medical findings, FDA-approved manufacturer labeling information.
 - Some are more expensive than other medications that have been shown to be clinically or therapeutically similar.
 - Your doctor must request prior authorization for the medication to be covered by FHCP.
 - If the request is approved, you and your doctor will be notified and the medication will then be covered.
 - If you don't get approval, FHCP may not cover the drug.
- **Step Therapy:** In some cases, FHCP requires you to first try one or more “prerequisite” drugs to treat your medical condition before we will cover another drug for that condition. Prerequisite medications and their corresponding step therapy are FDA-approved and are used to treat the same conditions. For example, if Drug A and Drug B both treat your medical condition, FHCP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FHCP will then cover Drug B.
 - **Quantity Limits:** For certain drugs, FHCP limits the amount of the drug that FHCP will cover. Quantity limits apply to certain medications as part of the pre-certification program and are designed to help promote appropriate and efficient use medication use and enhance patient safety. Once you have enrolled in one of FHCP Commercial Plans with prescription drug coverage, in order to receive coverage for amounts above the quantities on this drug list, your physician must obtain prior authorization. Quantity limits are based on generally accepted pharmaceutical guidelines, efficient dosing regimens and dosing recommendations. The medications that have quantity limits are subject to change.
 - **Transition of Care for existing FHCP member:** If discharged from inpatient care on a Non-formulary medication, member must present non-formulary prescription with “Patient Discharge Summary” stapled together to a Florida Health Care Plans Pharmacy. The exception excludes biological agents and prior authorization agents. Eligible patients will be provided with a 7 day supply or 1 unit of use of the Non-Formulary medication at a Tier 6 (Specialty) or, Tier 4 Co-pay (brand) or Tier 2 Co-pay (generic).
 - For treatments extending past 7 days where the physician does not wish to switch medications, the remainder of medication will be treated as non-formulary.
 - Pharmacist may make formulary recommendations or provide to the caretaker. The patient or caretaker can discuss these options with their physician.
 - This exception is only to be used once per medication per hospital visit. Outpatient visits are not eligible for Transition.
 - **Transition of Care for new FHCP members:** FHCP will request a list of current prescriptions at the time of enrollment via the Commercial Transition Program form. The Commercial Transition Program form will be forwarded to FHCPs MTM Pharmacist for review when it is received by FHCP MTM Pharmacist.
 - MTM Pharmacist will review medications for members new to FHCP or in transition to different levels of care and will make suggestions to the treating physician about formulary alternatives.

- All new members presenting to an FHCP pharmacy for a one time fill will be required to fill out a Commercial Transition Program form at the pharmacy (to be forwarded to the MTM Pharmacist by pharmacy staff). The enrollee will receive a one-time 30 day supply of the medication priced at a Tier 2, or 4 co-insurance (non-preferred), or Tier 6 co-insurance (Specialty). Non-Formulary combination medications will be separated into individual components when equivalents exist.
 - The MTM pharmacist will educate both members and providers about the therapeutically appropriate formulary alternatives that are agreed upon.
 - Any member, who joins FHCP and is stable on a Step Therapy medication, will be approved to continue that medication without reverting to the Step Therapy protocol.
- **Temporary one time first fill/refill:**
 - If a new member or their representative presents at a participating pharmacy with a prescription for a drug that is not on the formulary, the prescription (or refill) will be supplied on a one-time basis to accommodate the immediate need of the member.
 - The MTM pharmacist will contact the prescriber to discuss an appropriate switch to another medication or the completion of an exception request.

You can find out if your drug has any additional requirements or limits by looking in the formulary. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.fhcp.com.

You can ask FHCP to make an exception to these restrictions or limits.

What if my drug is not on the Formulary?

If your drug is not included in this list of covered drugs, you should first contact Member Services and ask if your drug is covered. You can contact Member Services at 1-877-615-4022, 7 days a week from 8 am to 8 pm. TTY/TDD users should call TRS Relay 711.

If you learn that FHCP does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by FHCP . When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by FHCP.
- You can ask FHCP to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the FHCP's Formulary?

You can ask FHCP to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, FHCP limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our highest tier subject to the tiering exceptions process, you can ask us to cover it at the cost-sharing amount that applies to drugs in the lowest tier. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

Generally, FHCP will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask for an initial coverage decision for a formulary, tiering or utilization restriction exception.

When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your prescribing physician supporting your request.

Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

For more information

For more detailed information about your FHCP prescription drug coverage, please review your Certificate of Coverage and other plan materials.

If you have questions about FHCP, please call Member Services at 1-877-615-4022, 7 days a week from 8 am to 8 pm. TTY/TDD users should call TRS Relay 711. Or visit www.fhcp.com.