Pharmacy Program

The Commercial Provider Manual applies to Commercial1 products (including Tufts Health Freedom Plan).

Tufts Health Plan Pharmacy Programs

Pharmacy and Therapeutics Committee

Tufts Health Plan manages the pharmacy program by evaluating the safety, efficacy and cost-effectiveness of drugs. A pharmacy and therapeutics (P&T) committee, consisting of pharmacists and physicians who represent various clinical specialties, reviews the clinical appropriateness of drugs for inclusion in the formulary and approves the criteria (Pharmacy Medical Necessity Guidelines) for drugs in a pharmacy program, such as prior authorization (PA), step therapy (ST), quantity limitations (QL), designated specialty pharmacy (SP) and designated specialty infusion (SI) programs. A drug coverage committee (DCC) consisting of Tufts Health Plan staff is responsible for clinical and financial decision-making, and makes drug coverage and formulary management decisions with consideration to the information provided by the P&T Committee.

Tiered Pharmacy Copayment Programs

3-Tier Pharmacy Copayment Program

Under the 3 Tier Pharmacy Copayment Program (3 Tier Program) all covered drugs, including injectable drugs, are placed on one of three tiers. The 3-tier program gives members and physicians a wide range of drug product choices when a prescription is written. It is important for the member and physician to work together to determine which drug is most appropriate.

- **Tier 1**: Medications on this tier have the lowest copayment. This tier includes many generic drugs.
- **Tier 2**: Medications on this tier are subject to the middle copayment. This tier includes some generics and brand-name drugs.
- **Tier 3**: This is the highest copayment tier and includes some generics and brand-name covered drugs not selected for Tier 2.

Tiers are subject to change throughout the year. When a drug becomes available in generic form, its brand-name counterpart will move to Tier 3. When a prescription drug becomes available over the counter, Tufts Health Plan may discontinue coverage of that drug. To find the most up-to-date listing of covered drugs and copayment tiers, refer to the Tufts Health Plan Online Drug List. The Online Drug List also contains information about drugs included in Tufts Health Plan pharmacy programs, as described below.

The Tufts Health Plan Preferred Drug List is also available online. This list, developed by a panel of physicians and clinical pharmacists, identifies key agents within selected therapeutic classes. These agents offer comparable safety and efficacy, yet are more cost-effective than similar agents.

Complete lists of covered drugs, including specialty drugs included in the SP program and subject to the specialty tier, are available through CVS/Caremark.

4-Tier Program

If the member’s plan includes a 4-tier copayment design, providers have the option to write a prescription for any covered prescription drug. There may be instances when only a Tier 4 drug is appropriate, which will require a higher copayment from the member.

The 4-tier copayment program features a specialty tier for drugs included in and obtained through the designated specialty pharmacy (SP) program. Drugs that are part of this program include but are not

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1 Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.
limited to medications used in the treatment of rare diseases, infertility, hepatitis C, growth hormone deficiency, multiple sclerosis, rheumatoid arthritis, and cancers treated with oral medications.

The 4-tier program places all covered prescriptions into one of the following:

- **Tier-1**: Most covered generic drugs (lowest copayment)
- **Tier 2**: Brand and high-cost generic drugs that are more cost-effective than comparable drugs listed in tier-3 (lower copayment or coinsurance amount)
- **Tier-3**: Higher cost brand and generic drugs (higher copayment or coinsurance amount)
- **Tier-4**: Specialty drugs included in the SP program (highest copayment or coinsurance amount)

**Note:** Infertility drugs are not included in the 4-Tier copayment program for members of Commercial Rhode Island plans. Members who receive prior authorization for coverage of infertility drugs will pay a 20% coinsurance for each drug they utilize.

**“Dispense as Written” Prescriptions**

Consistent with current Massachusetts law, which mandates that individuals receive the generic equivalent of a medication when one is available, Tufts Health Plan members who are prescribed a brand-name drug will receive the generic at the pharmacy and will pay the applicable tier copayment for that generic.

However, when the prescriber writes a “dispense as written” or “no substitutions” prescription for a covered brand-name drug, the Tufts Health Plan member may pay the copayment applicable to the generic equivalent of the drug, plus the difference between the cost of the generic medication and the cost of the covered brand-name drug. For members subject to this new cost sharing, it does not replace any other Tufts Health Plan pharmacy program.

**Note:** Medications for which there are no generic equivalents will not be affected.

**New-to-Market Drug Evaluation Process**

Tufts Health Plan delays the coverage determination of new-to-market (NTM) drug products until the P&T Committee has reviewed them. During the evaluation period, which starts when the drug is first available on the market, the P&T Committee reviews the safety and effectiveness of these new drug products as information becomes available. In the interim, if a physician believes a member has a medical need for the drug product, a request can be submitted under the medical review process. If you have questions regarding coverage status of a drug, call Provider Services at 888.204.2404.

**Prior Authorization Programs**

The prior authorization (PA) program is in place for selected drug products that have a specific indication for use, are expensive, or pose significant safety concerns. A drug is recommended for placement in the PA program when it meets one or more of the following criteria:

- Has the potential to be used exclusively for cosmetic purposes
- Is not considered to be first-line therapy by medically accepted clinical practice guidelines
- Has the potential to be used outside of indications granted by the U.S. Food and Drug Administration (FDA).

Drug products under the PA program require prior approval for coverage through the Medical Review Process. For additional information, refer to [Tufts Health Plan’s Pharmacy Programs](#). A list of drugs that require prior authorization is available on the Tufts Health Plan Online Drug List.

**Step Therapy Prior Authorization**

Step therapy prior authorization is an automated form of prior authorization that uses claims history for approval of a drug at the point of sale. Step therapy programs help encourage the clinically proven use of first-line therapies and are designed so that the most therapeutically appropriate and cost-effective agents are used first, before other treatments may be covered. Step Therapy protocols are based on current medical findings, FDA-approved drug labeling and drug costs.

A drug is placed in a step therapy prior authorization program when it meets one or more of the following criteria:

- is not considered to be first-line therapy by medically accepted clinical practice guidelines
- has a disproportionate cost when compared to other agents used to treat the same disease or medical condition.
Some types of step therapy include requiring the use of generics before brand name drugs, preferred before nonpreferred brand—name drugs, and first-line before second-line therapies. Medications included on step one of a step therapy program are usually covered without prior authorization. All other medications subject to step therapy are not covered unless a member tries and fails one or more medications on a previous step.

Members who are currently on drugs that meet the initial step therapy criteria will automatically be able to fill prescriptions for a stepped medication. If the member does not meet the initial step therapy criteria, the prescription will deny at the point of sale with a message indicating that prior authorization is required. Providers may submit prior authorization requests to Tufts Health Plan using the medical review process for members who do not meet the step therapy criteria at the point of sale or who do not have claims history in our system. For more information, refer to the Commercial Pharmacy section of the Provider website.

**Quantity Limitations Program**

The quantity limitations program restricts the quantity of a drug for which a member is covered in a given time period. These quantities are based on recognized standards of care, such as the FDA recommendations for use. If a physician believes that a member needs a quantity greater than the program limitation, a request can be submitted under the medical review process. For additional information, refer to Tufts Health Plan’s pharmacy programs on our website. A list of drugs that require prior authorization is available on the Tufts Health Plan’s Online Drug List.

**List of Noncovered Drugs**

The list of noncovered drugs (NC) identifies prescription drugs that are not covered because there are safe, comparably effective, less expensive alternatives available. The suggested alternatives are approved by the FDA and are widely used and accepted by the medical community to treat the same condition as the drugs that are on the list of noncovered drugs. If a physician believes that a member has a definite medical need to continue on the noncovered drug product, a request can be submitted under the Medical Review Process. Tufts Health Plan updates this list periodically. If you have a question about a specific drug, call Tufts Health Plan or refer to the Tufts Health Plan’s Pharmacy Programs. A list of noncovered drugs is available on the Tufts Health Plan Online Drug List.

**Designated Specialty Pharmacy Program**

Tufts Health Plan’s goal is to arrange for its members to have access to the most clinically appropriate, cost-effective services. We have a designated specialty pharmacy program (SP) to supply a select number of medications used to treat complex disease states. These pharmacies specialize in providing these medications and are staffed with nurses, coordinators and pharmacists to provide support services for members. Medications include, but are not limited to, those used to treat Hepatitis C, growth hormone deficiency, infertility, multiple sclerosis, rheumatoid arthritis and cancers treated with oral medications. When appropriate, other designated Specialty Pharmacies and medications will be identified and added to this program.

Members can obtain up to a 30-day supply of medications by mail from these special providers. If you have questions about the designated specialty pharmacy program, see Tufts Health Plan’s Pharmacy Programs on our website or contact the Provider Services department at 888.204.2404.

**Designated Specialty Infusion Program for Drugs Covered Under the Medical Benefit**

The designated specialty infusion program (SI) offers clinical management of drug therapies, nursing support and care coordination to members with acute and chronic conditions. Tufts Health Plan has designated specialty infusion providers for a select number of specialized pharmacy products and drug administration services.

Place of service may be in the home or alternate infusion site based on availability of infusion centers and determination of the most clinically appropriate site for treatment. These medications are covered under the medical benefit (not the pharmacy benefit) and generally require support services, medication dose management and special handling in addition to the drug administration services. Medications include, but are not limited to, medications used in treatment in hemophilia, pulmonary hypertension, and immune deficiency.

Drugs in the specialty infusion program are listed throughout the formulary with “SI,” indicating the specialty infusion program. Other specialty infusion providers and medications may be identified and added to this program from time to time.
Medical Review Process

Tufts Health Plan pharmacy programs help manage the pharmacy benefit. Requests for medically necessary exceptions to NTM, PA, ST and QL programs, or drugs on the list of noncovered (NC) drugs should be completed by the physician and sent to Tufts Health Plan. The request must include clinical information that supports why the drug is medically necessary for the member. Coverage decisions are made on a case-by-case basis considering the individual member’s health care needs. For your convenience, the Commercial Pharmacy Prior Authorization Submission by State is available on our website.

For additional information, refer to the Medical Necessity Guidelines posted on the Tufts Health Plan website. If Tufts Health Plan does not approve the request, the member has the right to appeal. The appeal process is described in the member’s benefit document.

CareLinkSM

Prescription drug information relevant to individual members is found on the back of CareLink ID cards. The prescription drug benefit can be administered by a variety of pharmacy benefits administrators. The member’s ID card indicates where the member should be directed for these services.

Last reviewed 01/2018. Chapter revision dates may not be reflective of actual policy changes.