

POLICY AND PROCEDURE

DEPARTMENT: Ambetter Health Plans	DOCUMENT NAME: Formulary Change Notification
PAGE: 1 of 2	REPLACES DOCUMENT:
APPROVED DATE:	RETIRED:
EFFECTIVE DATE: 05/15	REVIEWED/REVISED: 05/16, 05/17
PRODUCT TYPE: Health Insurance Marketplace (HIM)	REFERENCE NUMBER: HIM.PHAR.19

SCOPE:

Involve Pharmacy Solutions and Health Insurance Marketplace (Ambetter) Plans

PURPOSE:

The purpose of this policy is to ensure that the Health Insurance Marketplace (Ambetter) line of business complies with section UM 12B of the 2016 NCQA Utilization Management manual dealing with **negative formulary changes**.

POLICY:

The Ambetter Health Plans, with assistance from Involve Pharmacy Solutions, will ensure compliance with the 2016 NCQA UM 12B rules.

PROCEDURE:

Once the yearly formulary changes have been established the following steps will be taken:

1. Based on the new formulary Involve Pharmacy Solutions Director of Pharmacy, Marketplace will request a report from Involve Pharmacy Solutions IT identifying members and providers that will be affected by **negative formulary changes**. The request for report will be sent to Involve Pharmacy Solutions IT and will include the following information:
 - a. GPI or NDC of affected drugs.
 - b. Timeframe: The report will be run on or about November 1st and look back time period is set at 120 days.
 - i. The procedure will be repeated on or about December 15th with dates set at 11/1 to 12/15
 - ii. The procedure will again be repeated on or about January 2nd with dates set at 12/15 to 12/31
 - c. The report should include member name, member address, member phone number, prescribing provider, provider's name, provider's address, provider's phone number, date of fill and name of the drug.
2. Once the affected members and providers have been identified, Involve Pharmacy Solutions Clinical Pharmacy Operations team will coordinate the mailings of letters presented in Attachments section with Health Plan Pharmacy Directors.
3. Nothing in this policy is construed to prevent the Involve Pharmacy Solutions from assuming the sole responsibility for mailing of those letters or deferring the mailing of the letters to the individual Health Plans.

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4. Once the data from Envolve Pharmacy solutions report is merged in the letter templates, Envolve Pharmacy Solutions Pharmacy will coordinate mailing with MDC or will defer the mailing to local Health Plan.
5. The first mailing batch will be sent to members and providers on or about December 1st.

REFERENCES: N/A

ATTACHMENTS: N/A



Letter Templates.zip

DEFINITIONS:
negative formulary change: change in coverage tier, addition of quantity limits, addition of prior authorizations (PA) or step therapy (ST) or addition of any other utilization management (UM) edit that changes access to medications

REVIEW/REVISION LOG

REVISION	DATE
Changed reference from Corporate Director of Pharmacy to US Script Utilization Management Director of Pharmacy	05/16
Changed reference from US Script to Envolve Pharmacy Solutions	05/17

POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee:	Approval on file
EPS Director, Marketplace:	Approval on file
Sr. V.P., Chief Medical Officer:	Approval on file

NOTE: The electronic approval is retained in Compliance 360.