Value Formulary Change - Medication Limits Before the Member is Responsible for the Full Cost

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**Description:** Outlines the changes in the Value Formulary for clients receiving certain types of medications. The Value Formulary for some medications is changing for some of our clients that places a limit on the amount of medication that can be dispensed and for what time period before the member becomes responsible for the full cost. Each affected member will receive a [letter (048775)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6729dfc8-5273-4452-928a-1f0cd5e66eb5) with the effective date and changes.

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| Change Information |

The following changes will be occurring for certain clients and their members as follows:

* Some medications, like the ones listed below are intended to be taken in limited amounts for a specific period of time.
  + There is **not** a post limit prior authorization available as the limits imposed on each medication are the maximum allowed per the labeling. The limits are based on the FDA-approved package labeling and in accordance with the guidelines of the medications.

**Note:** There will be a limit on the amount of medication that the members’ plan covers and once they reach that limit then they will be responsible in paying for the entire cost. The member can select to continue to take the medication however their plan will not cover any part of the cost. The plan covers up to the quantity limit. It will not cover any amount filled above that quantity limit. The value formulary program is specific for each client. Below are examples that may or may not be included in the plans list. Refer to the CIF.

Drug Maximum Dosing Package Size(s) 1 Month Limit\* 3 Months Limit\*

* **Bydureon** 2mg dose once weekly  
  Available in cartons of 4 single dose pens  
  4 pens / 21 days  
  12 pens / 63 days
* **Bydureon BCise** 2mg once weekly   
  Available in cartons of 4 single dose auto-injectors (2 mg/0.85 mL each)   
  4 auto-injectors (3.4 mL) / 21 days   
  12 auto-injectors (10.2 mL) / 63 days
* **Byetta**

5 mcg dose, 60 doses per pen,   
1 prefilled pen (1.2 mL) / 25 days   
3 prefilled pens (3.6 mL) / 75 days

10 mcg dose, 60 doses per pen  
1 prefilled pen (2.4 mL) / 25 days   
3 prefilled pens (7.2 mL) / 75 days

* **Ozempic** 1mg once weekly

Carton of 1 pen (2 mg/1.5mL)

Carton of 2 pens (2 mg/1.5 mL each) 2 prefilled pens (3 mL) / 21 days, 6 prefilled pens (9 mL) / 63 days

Carton of 1 pen (4 mg/3 mL) 1 prefilled pen (3 mL) / 21 days, 3 prefilled pens (9mL) / 63 days

* **Rybelsus** 14 mg once daily

3 mg, 7 mg, 14 mg in cartons of 30 tablets (3 x 10 count blister packs)

30 tablets / 25 days

90 tablets / 75 days

* **Trulicity** 4.5 mg once weekly

0.75 mg/0.5 mL

1.5 mg/0.5 mL

3 mg/0.5 mL

4.5 mg/0.5 mL

Available in cartons of 4 single dose pens (0.5 mL each) 4 pens (2 mL) / 21 days, 12 pens (6 mL) / 63 days

* **Victoza** 1.8 mg once daily

Package of 2 or 3 pens (18 mg/3 mL each)

Package of 3 pens (9 mL) / 25 days

Package of 9 pens (27 mL) / 75 days

* + The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing **or**
  + The duration of 21 days is used for a 28-day fill period and 63 days is used for an 84-day fill period to allow time for refill processing.

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| Process |

Complete the following steps:

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| **Step** | **Action** |
| **1** | Refer to the client CIF to determine if this member’s plan participates in the Value Formulary Program.   * If no, this does not apply to the member. * If yes, continue to the next step. |
| **2** | 1. Review the Change Information with the member. 2. Refer to the Value Formulary Drug List that is listed in the CIF.  * If the member understands, determine if other needs exist and resolve then close the call. * If unable to resolve the caller’s questions, and/or the call requires escalation, warm transfer and properly introduce the caller to the Senior Team (Commercial 1-877-216-8707).   **Reminder:**Five9 users should utilize speed dial 010. Refer to [Compass - Five9 Agent Desktop Phone (056045)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ad8f7284-fee0-4ae1-bbbd-d2cbe07a331f). |

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| Related Documents |

[Log Activity/Capture Activity Codes (005164)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bdac0c67-5fee-47ba-a3aa-aab84900cf78)

[Customer Care Abbreviations, and Definitions and Terms (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

**Parent Document:** [CALL 0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

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