# Compass Standard Formulary Changes

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**Description:** Information regarding the Standard Formulary Options. They include Drug Removal Option (drug no longer covered), Prior Authorization Option (drug not covered unless a prior authorization is received) and Preferred Formulary Lists that are compiled by a panel of registered pharmacists and doctors working in coordination with PBM and the employer.

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| Sample Rejection Messages |

* **Drug Removal Option:** Not Cvrd\_Use Generic HMG or Crestr\_Simcr\_Vytrin
* **Prior Authorization Option:**
* Non-Specialty Drugs: Must Use Gx HMG\_CRESTR SIMCR VYTRIN OR MED NECESSTY PA ONLY 8552400536
* Specialty Drugs: Must Use Humatrope Norditropin or Medical Necessity PA 8668145506
* **New to Market/Review:** Will include Not CVRED PENDING FORMULARY REVIEW

**Pradaxa reject messaging**:

* Pradaxa: MUST Use warfarin, ELIQUIS, XARELTO OR Emerg. Fill 8009665772 OR MED NEC PA ONLY 8552400536
* Pradaxa: MUST Use warfarin, ELIQUIS, XARELTO MED NEC 8555822026 EMER FILL 8009665772
* Pradaxa: Not Cvrd\_Use warfarin, ELIQUIS, XARELTO OR Emerg. Fill 8009665772

**Xtampza ER reject messaging:**

* Xtampza ER: USE GENERICS OR MED NECESSITY PA ONLY 8552400536
* Xtampza ER: Must use generics. MED NECESSITY ONLY 8555822026
* Xtampza ER: NOT CVRD\_USE GENERICS
* **Praluent:** NOT Covered Use Repatha

**Claim Override Message Example:**



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| Responses to Members |

The goal is to provide the maximum benefit to members by covering the preferred medications. The intent is to cover the most beneficial medications within a therapeutic class and these preferred medication lists are reviewed and updated frequently.

Refer to as needed:

[Drug Removal/Additions](#DrugRemovalAdditions)

[Manufacturer Removal](#ManufacturerRemoval)

[General Formulary Information](#GeneralFormularyInformation)

[New to Market](#NewtoMarket)

[Pradaxa](#PradaxaandMultaq)

[Allergy Medications](#AllergyMedications)

[Praluent](#Praluent)

[Prior Authorization](#PriorAuthorization)

[Suprep Bowel Prep Kit](#SuprepBowelPrepKit)

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| **Topic** | **Responses/Resolution** |
| **Drug Removal/Additions** | * Updates are made on January 1, April 1, July 1, and Oct 1 or as identified by the plan. * There may be instances where a particular class or product is not included in the client’s plan design. In some cases, the Plan Design may not include all the formulary prescriptions listed on the generic list. * The PBM works hard to ensure access to medications that are clinically appropriate as well as cost-effective for members and clients. * We have a panel of independent experts who help us ensure that the drugs we cover will provide options for patients that are clinically appropriate and cost-effective. * Our team is constantly monitoring the marketplace to provide the best clinical and cost value possible. * Your doctor should review and consider all other formulary options. Refer to [Formulary and URL Address Locations (051617)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=b8695466-1ae2-4ef2-a88f-d7e5795efd1f). * You always have the choice of continuing with your current medication, and your doctor always has the final decision on what medication is right for your condition. However, if you choose to continue taking your current medication, you should expect to pay the full cost. Depending on your plan, your doctor may be able to request prior authorization for coverage. |
| **Manufacturer Removal** | * Formulary changes may remove certain manufacturers, and pricing differences can occur as manufacturers set prices based on various factors. * In some cases, generic medication may be categorized and priced similarly to a brand name drug due to how it is classified on the formulary.   **Process:**  Compare the current claim to previous claims to identify if a different manufacturer was previously used.   * Determine if a different manufacturer was used, run a [Test Claim (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe) using the NDC from the previous manufacturer.   + - If the estimated price is higher than what they originally paid, determine if other manufacturers are available by running Test Claims. Advise the member accordingly.     - If the estimated price is similar to what they were paying previously, advise the member that different manufacturers have different cost sharing and determine if the pharmacy can fill using the previous manufacturer. * if a member expresses concern with the ability to afford their medication, refer to [Member Cannot Afford Medication (Alternatives and Financial Assistance) (026963)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=62aa67ac-8298-4fa1-b1ba-fda383d15b4c). |
| **General Formulary Information** | * A formulary is a list of the drugs covered by your prescription benefit plan. A formulary includes brand-name and generic drugs. Medicines not on the list generally cost more, and you may be charged the full price if you continue to use them. * The PBM has been asked by <plan sponsor> to manage their drug benefit plan. * The preferred formulary lists are compiled by a panel of registered pharmacists and doctors working in coordination with the PBM and their employer. * The goal is to provide the maximum benefit to members by covering the preferred medications. The intent is to cover the most beneficial medications within a therapeutic class. * These preferred medication lists are reviewed and updated frequently. |
| **New to Market** | All new to market products and new variations of products require a review before they are added to the formulary. The product is reviewed to determine if it is clinically appropriate, cost-effective, and approved by the PBM’s P&T committee.   * + If the drug is approved during the review process, it will then be added to the formulary and process per the plan.   + If the drug is determined to not be the most cost-effective and clinically appropriate option, it will then remain off the formulary. |
| **Pradaxa** | * Pradaxa is an excluded product on the formulary. * Pradaxa is a blood thinner used for the prevention of blood clots. There are three formulary alternatives (Eliquis, Xarelto and warfarin) that are covered which are used for the same conditions.     **Formulary Exclusion Process:**   1. Review the CIF for anything mentioning Formulary Updates/Drug Removals.  * If there is a note in the CIF for this, communicate with the member. * If there is not a note in the CIF for this, continue to step 2.   2) Run a [Test Claim (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe) to see conflict to determine what the Client requires for this medication.  **Note:** Pradaxa packages cannot be broken at the pharmacy so prescriptions must be dispensed in bottles of #60 for a 30-day supply.   * If the medication returns not covered, review the CIF for a [Member Initiated Prior Use Exception (MIPUE) (065726)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=fef252ed-79c8-4bc0-b9fb-aa6374307c3b) process to determine if the client covers these medications. * If no process is listed in the CIF, follow the [Compass - Initiating an ePA Request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4) process. * If a process is listed in the CIF, continue to the next step.  1. Review the Override/PA History hyperlink in the Quick Actions Panel on the Claims Landing Page to determine if they have received a previous one-time 30-day MIPUE (Not related to disaster/emergency) override.   **Example:** MIPUE overrides begins with TGFA#####, followed by a date, first initial of last name that took the call.   * If the member has used their one-time 30-day MIPUE (Not related to disaster/emergency) override within the last 365 days, then initiate an ePA. Refer to [Compass - Initiating an ePA Request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4). * If the member has **not** had an MIPUE (not related to disaster/emergency) override for Pradaxa (dabigatran) listed in the Override/PA History Tab within the last 365 days **or** if the member has had a previous override but has been **discharged from the hospital within the last 30 days**, then complete the steps below:  1. Inform the caller to have their provider write a prescription for a formulary medication (Pradaxa alternatives are Eliquis, Xarelto or warfarin) and refer to [Compass - Obtaining a New Prescription (Rx) for the Member (New Rx Request) (054208)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a7684ce9-c2bc-4cbc-ab37-c1ffb7789706).   **or** If the member refuses an alternative medication option initiate an ePA. Refer to [Compass - Initiating an ePA Request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4) and then continue to the next step.  **Note:** Prior Authorization cannot begin until the effective date.  b. Warm Transfer to the [Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9) as a Procedural Transfer and ask for a one-time [Member Initiated Prior Use Exception (MIPUE) (065726)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=fef252ed-79c8-4bc0-b9fb-aa6374307c3b) then release the call.  **Result:** The Senior Team accepts the call as a procedural transfer. |
| **Allergy Medications** | The following **Over the Counter** medications are now excluded from the formulary for some clients. The impacted client members request for payment will reject for Reject 70 NDC Not Covered. The impacted client list will not be included in this document.   * Mometasone furoate 50 mcg nasal steroid spray (**Example:** Nasonex 24 HR Allergy) GPI - 42200045101820 * Fluticasone propionate 50 mcg nasal steroid spray (**Example:** Flonase Allergy) GPI - 42200032301810 * Levocetirizine 5 mg tablets (**Example:** Xyzal Allergy 24HR) (oral antihistamine) GPI - 41550027100320     **Note:** The member will need to pay out of pocket if they wish to have these medications. There could be discount options available to them, refer to [Member Cannot Afford Medication (Alternatives and Financial Assistance) (026963)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=62aa67ac-8298-4fa1-b1ba-fda383d15b4c). |
| **Praluent** | Is an excluded product on the formulary, Repatha is the preferred choice. The impacted client members request for payment will reject for Reject 70 NDC Not Covered.  **Note:** The member will need to pay out of pocket if they wish to have Praulent. There could be discount options available to them, refer to [Member Cannot Afford Medication (Alternatives and Financial Assistance) 026963)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=62aa67ac-8298-4fa1-b1ba-fda383d15b4c) |
| **Prior Authorization** | Refer to [Compass - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c).  A Prior Authorization (PA) or Exception is an approval process that benefit plans require for certain medications before they can be covered. A Prior Authorization (PA) or Exception makes sure that a member is getting the right medication for their condition. It may also help keep costs down, so they do not overpay.  **Note:** Prior Authorization cannot begin until the effective date. |
| **Suprep Bowel Prep Kit** | **Suprep** is a commonly prescribed brand name colonoscopy preparation liquid which, while appearing on the Formulary, most often rejects in favor of **PEG 3350 Electrolytes** and **Clenpiq** as the preferred options.  **Plenvu** is sometimes also preferred, and some plans cover Suprep with a Prior Authorization.  The issue arises that most people do not pick up their colonoscopy prep until the day before the procedure, at which point it is too late to get a new prescription.  DAW 0 does not allow substitution, as they are not generics of each other. The brand name kits are also expensive, usually over $100 even with a GoodRx coupon.   * If there is not enough time for the member to obtain a new prescription, their best course of action might be: * Pay out-of-pocket (possibly with a coupon).   Submit an ePA request as appropriate. Refer to, [Compass - Initiating an ePA Request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4).  **Result:** Upon PA or Exception approval, the member will submit a [Compass - Paper Claim Submission Job Aid (058275)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ef66046d-494d-4892-9e2a-5bc437966f95) for reimbursement. |
| **Xtampza ER** | XTAMPZA ER (oxycodone capsule, extended release) is a formulary exclusion. It is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.  If a member reaches out due to a formulary exclusion rejection for this medication, we are allowing a one-time 30-day [Member Initiated Prior Use Exception (MIPUE) (065726)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fef252ed-79c8-4bc0-b9fb-aa6374307c3b) (Not related to disaster/emergency) override.  Run a [Test Claim (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe) to see the conflict in order to validate a Formulary Exclusion rejection displays. If the medication returns not covered, proceed to the next step to determine if a Member Initiated Prior Use Exception (MIPUE) (Not related to disaster/emergency) override should be entered.  Review the Override/PA History hyperlink in the Quick Actions Panel on the Claims Landing Page to determine if they have received a previous one-time 30-day MIPUE (Not related to disaster/emergency) override.  **Example:** All MIPUE overrides begin with TGFA#####, followed by a date, first initial of last name that took the call.   * If the member has used their one-time 30-day MIPUE (Not related to disaster/emergency) override within the last 365 days, then initiate an ePA request. Refer to [Compass - Initiating an ePA Request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4). * If the member has **not** had an MIPUE (not related to disaster/emergency) override for Xtampza ER listed in the Override/PA History Tab within the last 365 days, then complete the steps below:   + Inform the caller to have their provider write a prescription for a formulary medication (Xtampza ER alternatives are fentanyl transdermal, hydrocodone extended-release, hydromorphone extended-release, methadone, morphine extended-release) and refer to [Compass - Obtaining a New Prescription (Rx) for the Member (New Rx Request) (054208)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a7684ce9-c2bc-4cbc-ab37-c1ffb7789706).   **or**   * If the member refuses an alternative medication option, initiate an ePA request. Refer to [Compass - Initiating an ePA Request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4) and then continue to the next step.   **Note:** Prior Authorization cannot begin until the effective date.  Warm Transfer to the [Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9) as a Procedural Transfer and ask for a one-time [Member Initiated Prior Use Exception (MIPUE) (065726)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fef252ed-79c8-4bc0-b9fb-aa6374307c3b) then release the call.  **Result:** The Senior Team accepts the call as a procedural transfer. |

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| Frequently Asked Questions |

Use as needed:

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| **Question/Statement** | **Answer/Resolution** |
| **Why is the formulary changing?** | Your plan sponsor asks that the PBM monitor your list of covered medications and make changes when lower-cost, clinically appropriate options become available. This helps save both you and your plan’s sponsor money throughout the year.  The PBM is committed to helping you get the most effective medications at the best price and keeping access to prescription drugs affordable. |
| **Why is my drug no longer on the formulary?** | There are often multiple drugs available to treat the same condition either a generic drug, brand-name drug, or both. These options have shown to be effective and safe, and they may help save money for you on your prescriptions.  Our pharmacy staff has determined that your drug has these types of options available. |
| **How much will I save when I change to a formulary drug?** | You can view the exact price you will pay for your drugs by logging on to the **Member Web Portal or the CVS/Caremark App** and select **Check Drug Cost**.  The Check Drug Cost tool displays pricing as of a point in time. For future costs, you can review this tool on or after the effective date.   * The savings add up if you are taking long-term medication for months or years at a time.   Refer to [Caremark.com – Work Instruction/Job Aid Index (105672)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8a2da44a-6336-454d-8deb-fca4a71ad69b) as needed. |
| **Do I have to change my drug?** | No, you always have the choice of continuing with your current medication.   * If you choose to remain on your current medication, you may continue to use your current pharmacy and should expect to pay the full cost of those prescriptions. * If the member prefers this option, refer to [Member Cannot Afford Medication (Alternatives and Financial Assistance) (026963)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=62aa67ac-8298-4fa1-b1ba-fda383d15b4c). * Your doctor can request a medical exception. After review, if approved, your current medication would be covered. |
| **My other medications are not listed here. Will they still be covered?** | Yes, this formulary change only affects a small number of medications. Review your benefit plan to make sure there are no other specific coverage rules for your other medications. |
| **What if my doctor wants me to stay on my current drug?** | * Your doctor has the final decision on what medication is right for your condition. Remind your doctor that your benefit plan no longer covers this medication, and you will have to pay full price. Your doctor can request a medical exception. * Your doctor can view the list of covered medicines at <https://info.caremark.com/druglist>. Refer to the [Formulary and URL Address Locations (051617)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b8695466-1ae2-4ef2-a88f-d7e5795efd1f).   **Doctor/Prescriber Contacts:** Non-Specialty PA is **1-800-294-5979**; for Specialty PA is **1-866-814-5506.**  **Members:** Specialty Prior Authorization department does not speak with the members. Warm transfer members to Specialty Customer Care at **1-855-264-3237.**  Review the CIF for SSO (Single Sign-on) and/or Custom Formulary Drug Lists. |
| **I received a letter in the mail saying that a medication where I have an approved prior authorization will no longer be covered. What can I do now?** | Talk to your doctor about your treatment. If your doctor determines that you should continue with your current medication, they may need to submit a new request for coverage.  **CCR:** A new Prior Authorization (PA) may be required. The member will need to call back on the date the formulary changes to have us run a [Test Claim (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe).  If warranted, refer to [Compass - Viewing Communications (056371)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c0238ae3-ea9b-4da2-b9c9-90c8d4ad62a8). |
| **Where can I get my prescription filled for the new medication?** | Once you and your doctor have agreed on the new drug option, ask your doctor to send in the prescription to any pharmacy within the PBM network or to the Home Delivery/Mail Service Pharmacy if offered as part of your plan.   * Specialty medications must be filled at a Specialty pharmacy in your network. |
| **Are generics that much cheaper?** | Icon - Conversation Yes. In fact, many generics can cost up to 80% less than their brand-name counterparts. Generic medications are less expensive because the original patent has expired, and other manufacturers can apply to the FDA to sell the generic version.  With no investment costs and more competition among the generic manufacturers, the price of generics is kept down. Lower cost does not mean lower quality. Companies that make generic medicine must show that their product performs the same as the brand-name. |
| **I see my insulin is changing. Is it safe for me to use a new one?** | Icon - Conversation You would need to consult with your doctor about the changes to your insulin therapy.  Refer to [Compass - When to Transfer Calls to Clinical Care (062778)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d2dab105-056c-45be-b28b-bfad61c60a2f), [Compass - Basic Call Handling – Opening the Call, Call Hold, Warm and Cold Transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0), or [MED D - When to Transfer Calls to Clinical Care Services Clinical Counseling (117127)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2dece3bc-2e73-469a-a273-786f861ed23b). |
| **You receive a call from a customer who is upset about their experience. They express their frustration and request to file a formal complaint** | Refer to [Compass - Handling Member & Prescription Complaints, Compliments or Suggestions (066562)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ce37ade9-3483-4c0e-b7ec-d063ff62ddb8). |

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| Related Documents |

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

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

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