

MSN -- Drug Formulary Rules

Medications covered for urgent, emergent, and episodic care only

1	This is a closed, restricted formulary. Only medications on the formulary are covered at the indicated Copay tier.
2	Brand and Generic medications not included on the formulary are NOT covered. If the patient desires the medication, they will have to pay the entire cost.
3	Exceptions to the formulary require a Prior Authorization
4	Formulary drugs include all strengths and dosage forms (except injectable and powders) or as indicated
5	All drugs on formulary are for immediate release only, unless the formulary specifies otherwise
6	NO pen or cartridge dosage forms unless specified on the formulary
7	No More Than 30 Days Supply
8	Quantity Limits are strictly enforced -- DUR message should reflect formulary maximum
9	Days Supply Limits are strictly enforced -- DUR message should reflect formulary maximum
10	Maximum Dollar Limits are strictly enforced -- DUR message should reflect formulary maximum
11	No Mail Order
12	No DAW allowed
13	If the provider prescribes a Brand when a Generic is available on the formulary from at least one (1) manufacturer, then the drug will be dispensed as Generic.
14	Generic substitution is mandatory
15	If a patient receives a prescription for Brand that is on the formulary, then they will pay a Brand Copay at Tier 2 or 3.
16	Any multisource, branded generic, or OTC that is available from at least one generic manufacturer will be paid as Generic and at a generic co-pay
17	All insulin no more than 2 vials per month
18	Switch Brand to Generic (Tier 1) if Generic is available regardless to number of manufacturers
	<i>If no Generic available, please refer to tier levels if therapeutic substitution available:</i>
	<i>Tier 2 -- Switch to Tier 1</i>
	<i>Tier 3 -- Switch to Tier 2</i>
19	Store Brands coded as Brand at Tier 2 = \$50 copay
20	No Private Label medications
21	Lost Rx - Call in for prior authorization
22	Vacation Refill - requires prior authorization (Limited to 30-days supply and No More Than 2 within 12 Months)
23	Early Refill - 75% of days supply for both acute and chronic medications
24	Total Number of Fills: No More Than 12 fills and/or refills of a medication per year
25	Compounds are paid at the cost of the primary ingredient -- (pharmacy must provide an NDC number in all prescriptions)
26	All oncologic Brand named medications refer to PAP program
27	All claims shall contain valid information or be denied. All claims shall contain valid and identifiable information including but not limited to: a) Member's Identification including the Member number; b) valid NDC of the medication prescribed (that has not been termed by the manufacturer or CMS); c) valid NPI or DEA (as required by applicable law) for the prescribing physician as published by nationally recognized databases; d) the package size of the medication dispensed; e) the quantity of the medication dispensed; f) estimated days' supply; g) the correct DAW for Brand medications dispensed, if applicable; h) the strength of the medication dispensed.
28	Zero Balance logic is allowed -- the patient pays the entire copay regardless of the cost of the medication
29	All Chemotherapy requires Prior Authorization
30	Anti-depressants require a PA after 180 days
31	Anti-anxiety agents require PA after 30 days
32	ST for Opiates requires -- Step 1 = NSAID with 30 day look back
33	ST for Losartan requires -- Step 1 = ACEI with 180 day look back