

**MEDICAL ASSOCIATES HEALTH PLANS  
HEALTH CARE SERVICES POLICY & PROCEDURE MANUAL  
POLICY NUMBER: PP 8**

**POLICY TITLE:** Pharmacy Benefit Information for Members

**POLICY STATEMENT:** Members will have the capability of using the Health Plan web site and/or initiate a phone call to the Health Plan to obtain Pharmacy Benefit Information.

**A. Using the Web Site**

In one attempt, members can obtain the following information from the Health Plan's Web site:

1. Members can click on link to MAHP's formulary.
2. Members can click on link for the most recent maintenance listing.
3. Determine their financial responsibility for drugs using either generic or brand name drugs (i.e., co-pays).
4. Members can find the location of an in-network pharmacy.
5. Members can find a pharmacy using a zip code search.
6. Members have the capability to look at drug to drug interactions.
7. Members can view the side effects and risks of a drug.
8. Members can view if a generic is available for a drug.

\* NOTE: Members can not request an exception for a drug not on formulary through the website. Members must call Health Care Services for prior authorization of non formulary medications.. Members can order a refill for an existing, non-expired mail-order prescription only by logging into the Pharmacy Benefit Manager's website ([www.MedImpact.com](http://www.MedImpact.com)).

**B. Calling the Health Plan**

In one attempt, members can obtain the following information from the Health Plan's Pharmacy staff:

\*In the event the call comes through Membership and the caller is requesting clinical information, the call can be transferred to the Pharmacy staff or a message will be taken for a return call.

1. Determine the member's financial responsibility for drugs using either generic or brand name drugs (i.e., co-pays).
2. Members can request an exception for a drug not on formulary (exceptions process).
3. Members can ask how to order a refill for an existing, non-expired mail-order prescription. Staff will then direct them to the web site, physician office or pharmacy.
4. Members can ask for the location of an in-network pharmacy.
5. Members can ask what pharmacies are in a certain zip code area.
6. Members can ask for specific drug to drug interactions.
7. Members can ask about side effects and risks of a drug.
8. Members can ask if a drug has a generic version available.
9. Members can ask if a drug is part of the lower cost generic program.

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**D. Process on Accuracy of Information**

1. On an annual basis, an audit is completed to insure consistency in the decision making of the Health Care Services staff that is responsible for issuing prior authorizations. This audit includes review by the nursing staff as well as non-nursing staff, the Director of Health Care Service and Manager of Health Care Services.
2. Each reviewer audits 10 telephone documentations of pharmacy prior authorizations other than their own. Cases are randomly selected from the telephone log.
3. Reports are generated and taken to the appropriate committees for review and approval. The established goal is to be at 90% or above. If this goal is not met, the audit is completed quarterly until this goal is met. When opportunities for additional training are identified, educational sessions are provided to ensure consistency with decision making.

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Date

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Date

Original: 03/08  
Revised: 01/09  
Reviewed: 06/10  
Revised: 02/11  
Reviewed: 01/12