



Fallon ACO Pharmacy Changes, effective 1/1/2021 Provider Q&A

Overview

Effective January 1, 2021, Mass Health will require ACOs to comply with an expanded partial Uniform Preferred Drug List. The drug list will be unified with the Mass Health Fee for Service (Standard MassHealth), MCOs and ACOs.

Currently, there are 33 drugs (from 14 therapeutic classes) already on the Uniform Preferred Drug List. The additional changes will impact which drugs are preferred as well as the clinical Prior Authorization requirements associated with the drugs. MCOs and ACOs are expected to follow Mass Health's clinical guidelines for PA. This will result in changes in the Fallon formulary, PA requirements, and PA clinical criteria for our ACOs. Fallon, along with other MCOs and ACOs will be working closely with Mass Health to coordinate the changes to both the formulary and the clinical criteria. Fallon sent member and provider notifications 60 days prior to the changes. Letters were sent out on Friday, October 30th to these impacted members and providers.

Fallon ACO plans:

- Berkshire Fallon Health Collaborative
- Wellforce Care Plan
- Fallon 365 Care

Q & A

When can we start switching patients to the preferred products?

The majority of the changes will not take effect until 1/1/2021. However, Fallon has a small group of preferred drugs that will be available without prior authorization as of 12/1/2020. Below is the list of preferred medications you can start switching patients to as of 12/1/2020.

1. Asmanex HFA
2. Asmanex Twisthaler
3. Seebri
4. Spiriva handihaler
5. Spiriva respimat
6. Tudorza
7. Flovent
8. Pulmicort flexhaler
9. Farixga
10. Invokana
11. Jardiance

A large portion of the changes are a generic product being switched to its brand equivalent. Will the patient need a new prescription sent to the pharmacy?

If it is a brand new prescription the generic will reject alerting the pharmacist that this is a "brand preferred" product and to reprocess for brand name with DAW 9 and the claim will adjudicate. The grey area is when the switch comes in the middle of prescription refills. According to some major chains it depends how the original prescription was sent in. If the prescription originally had the brand name of

the drug on it and the generic was auto-substitute then a switch to brand name drug with a DAW 9 would be ok. Our recommendation would be any new prescriptions for the brand preferred products be sent to the pharmacy with the brand name on it. Please note you do not need to write No Substitution on the prescription. Below is a list of brand preferred drugs for 2021.

1. Proair HFA
2. Xopenex HFA
3. Symbicort
4. Advair Diskus
5. Riomet Solution
6. Adderall XR
7. Concerta
8. Focalin XR
9. Afinitor
10. Suboxone Film
11. Copaxone
12. Tecfidera
13. Gilenya
14. Protopic ointment
15. Elidel cream
16. Norvir tablet
17. Tykerb

Will the pharmacies be educated on these changes and the DAW 9?

CVS Caremark and Mass Health will both be sending out fax blasts detailing the upcoming formulary changes as well as the DAW 9 process. These communications will also include the plan specific codes to do the emergency override if needed.

How will the increased costs of brand preferred drugs be offset compared to a non-preferred generic?

Mass Health will provide higher rates to offset these upfront costs. Additionally, Fallon Health will share with our ACO leadership partners updated performance metrics including areas of opportunity for improvement in utilization of preferred product.

If my patient goes to the pharmacy and their prescription rejects is there a process in place so the patient does not go without medication until the preferred prescription is in or the prior authorization is complete?

Fallon has emergency overrides in place so that a member will NOT go without medication due to a formulary change. The pharmacist is able to do a three-day supply override on oral medications and a full package for an unbreakable product such as an inhaler or insulin.