



Prescription Drug Users Guide

February 2009

Pharmacy Program Contacts

KPS has delegated MedImpact to administer your pharmacy benefit.

MedImpact Customer Service

MedImpact Customer Service: 1-800-788-2949

Business Hours: 24/7 including all holidays

**Mailing address: MedImpact
10680 Treena Avenue
San Diego, CA 92131**

KPS Health Plans Customer Service

KPS Customer Service at 1-800-552-7114, extension 111, or e-mail at customerservice@kpshealthplans.com

**Business Hours: 8 a.m. to 5 p.m. PST Monday – Friday
KPS is closed for all Federal holidays**

**Mailing Address: KPS Health Plans
P.O. Box 339
Bremerton, WA 98337-0039**

**Physical Address: 400 Warren Avenue
Bremerton, WA 98337**

Additional pharmacy information is also available at www.kpshealthplans.com

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Age Restrictions

Certain medications are age restricted. Your provider must contact MedImpact to request an exception to this edit. MedImpact will contact your provider with the final decision.

Appeals

You, your representative, or your provider has the right to submit a written request for an appeal regarding any adverse determination. Refer to your KPS Benefits Booklet for additional information on the appeals process. Written appeals should be sent to the following address.

KPS Health Plans
Attn: Resolutions Department
PO Box 339
Bremerton WA 98337

BioScrip Prior Authorizations

(Customer Service at 877 842-5097 is open 24/7 including all holidays)

BioScrip is a specialty pharmacy that provides pharmacy case management for chronic diseases that require long-term or lifetime self-injectable medications. The following diseases are managed by BioScrip: Multiple Sclerosis, Hepatitis C, Rheumatoid Arthritis, Psoriasis, Growth Hormone Deficiency, Asthma and Crohns Disease.

All medications listed below are covered only through BioScrip. There is a one-month grace period in place to allow coverage of the first month's supply via a retail pharmacy after BioScrip has approved the drug, if they are not able to mail the drug to you before your next dose is due.

MEDICATIONS:

- | | | |
|--------------|----------------------|----------------|
| ▪ Avonex | ▪ Intron A | ▪ Rebetol |
| ▪ Betaseron | ▪ Kineret | ▪ (RIBASPHERE) |
| ▪ Copaxone | ▪ Nutropin | ▪ Rebetron |
| ▪ Copegus | ▪ Nutropin AQ | ▪ Rebif |
| ▪ Enbrel | ▪ Nutropin Depot Kit | ▪ Saizen |
| ▪ Genotropin | ▪ PEGASYS | ▪ Tysabri |
| ▪ Humatrope | ▪ Peg-Intron | ▪ Xolair |
| ▪ Humira | ▪ Protopin | |
| ▪ Infergen | ▪ Raptiva | |

The following additional guidelines apply:

- Prior authorization is required on all drugs dispensed by BioScrip.
- Your provider must submit a written request for coverage to BioScrip.
- Only a 31-day supply will be dispensed per fill.

Brand vs. Generic

KPS has implemented a generic substitution program to encourage the use of generic drugs and to manage health care costs. This program requires that you try the generic drug or a generic equivalent drug prior to KPS allowing coverage of the brand name drug. If you are not able to tolerate the generic drug, your provider may contact MedImpact or KPS.

Compassion Policy

In order to provide continuity of care, a compassion policy has been established. MedImpact may allow one fill (31-day supply):

- If a drug is rejected or prior authorization is required
- You have received the medication within the last three months
- There are pharmacy claims in our system
- You are new to KPS

Further fills will require prior authorization before they are allowed.

Compounded Medications

All compounded medications require prior authorization. The pharmacist is responsible for contacting MedImpact to obtain the prior authorization. Compounded medications are only covered when dispensed by a participating pharmacy.

For a list of all participating compounding pharmacies please contact KPS Customer Service.

Note: For compounded hormone replacement therapy please refer to the Exclusion in the Pharmacy Benefit section of your Benefits Booklet.

Concerns-Member/MD/Pharmacy

For any pharmacy concerns please contact KPS Customer Service, customerservice@kpshealthplans.com, or MedImpact's Customer Service Department.

Coordination of Benefits

KPS will only allow reimbursement of the copay amount on paid claims when another insurance is the primary carrier. If KPS is the primary carrier and you purchased your prescription drugs under your secondary plan, the claim will be denied and you will be responsible to contact your secondary plan provider to correct this error.

When KPS is the secondary carrier, KPS will allow reimbursement of the copay amount if the primary carrier paid, even if the drugs are not covered by KPS. However, if your primary carrier has denied coverage, then KPS becomes the primary carrier and all the current KPS pharmacy rules and edits will apply. You are responsible for submitting

copies of the prescription and a proof of payment to either MedImpact or KPS. Timely filing provisions will be applied. See your Benefits Booklet for these provisions.

Copay Exceptions

There are no exceptions to the copay amount assigned to a specific tier.

Copies of KPS Drug List

The KPS Drug List is available on the web at www.kpshealthplans.com, or by contacting KPS Customer Service.

Denials

Any drugs requiring prior authorization that are denied by MedImpact will be reviewed by KPS. If KPS upholds the denial decision, you have the right to request an appeal.

Direct Member Reimbursement (DMR)

Medications are covered only if they are dispensed by a contracted MedImpact pharmacy.

KPS will review the claim and process if it is determined that the non-participating pharmacy was utilized during an emergency.

For prescriptions obtained during an emergency at a non-participating pharmacy, the member is responsible for submitting a copy of the drug and proof of payment to KPS Health Plans, attention: Pharmacy Department.

For information on participating pharmacies refer to the KPS website or contact KPS Customer Service.

Dispensed As Written (DAW)

Most prescriptions are filled using generic equivalent drugs unless your provider indicates that your prescription should be “dispensed as written” (DAW). If *you* specifically request a brand name drug rather than a generic equivalent, *you* are responsible for paying the difference between the covered cost of the brand versus the generic drug, plus any applicable copayment. You are not responsible for any differences in cost when your provider requests a brand rather than a generic drug.

Durable Medical Equipment (DME)

Diabetic supplies are the only DME items covered under the pharmacy benefit. These include lancets, syringes, insulin and specific blood glucose meters. Refer to the KPS

Drug List for the names of the specific blood glucose meters that are covered under the pharmacy benefit.

Eligibility-Missing/Termed

Members who are not active with KPS do not have a drug benefit.

Group Representatives may contact KPS Customer Service for assistance if this is an error.

Eligibility-Newborn

If your newborn baby is not enrolled with KPS and requires prescription drugs, and is 21 days or younger, the prescription drugs may be filled under the primary subscriber's pharmacy benefit. The subscriber's tier copayment applies. If your baby is older than 21 days, no pharmacy benefit is available until the baby is enrolled with KPS.

Excluded Drugs

Medications used to treat conditions excluded in your Benefits Booklet are not covered. Refer to the Limitations and Exclusions section and the Pharmacy Benefit section of your Benefits Booklet for a list of the conditions that are excluded.

Facility Overrides

Prescriptions provided at the time of admission to a skilled nursing facility that are denied as "refilled too soon," will be allowed on a one-time exception. The pharmacy must contact MedImpact or KPS Customer Service for assistance.

ID Cards

You can receive an ID card online at www.mykps.net, or by contacting KPS Customer Service.

Indian Health Clinics

Prescriptions dispensed by an Indian Health Clinic will be processed as a Direct Member Reimbursement claim. Indian Health Clinics are considered a participating pharmacy. All copays, edits, and exclusions apply.

Lost, Stolen, or Spilled Drugs

Medications that are lost, stolen, or spilled will be refilled, if your provider approves. Refills for these drugs will only be filled with a 31-day supply per medication. Refills on lost, stolen or spilled drugs will only be refilled once every six months. Controlled

substance medications, (Schedule ii, iii, iv and v) will require the pharmacy to verify that the provider has approved a new prescription before an override is approved. The normal tier copay will apply.

Mail Order

Your health plan may include mail order pharmacy service. Please refer to your Benefits Booklet to determine if you have a mail order benefit. Information can be found about this service at www.mykps.net, by calling KPS Customer Service or Walgreens Mail-order Pharmacy at 1-800-635-3070.

Medication Shortage

In the event that there is a nationwide shortage of a specific medication, or if a pharmacist is unable to obtain a specific medication, the pharmacist must contact MedImpact.

Military Overrides

Military personnel called to active duty will be allowed a 90-day supply of medications, regardless of the tier under which the medication is covered.

However the copays will vary based on your specific pharmacy benefit design. Refer to your Benefits Booklet for additional information on copayments.

*To prove active status, please present your military identification card to the pharmacist.

MyKPS via www.mykps.net

MyKPS is the online program that allows you to access your specific health information for both pharmacy and medical claims. A pharmacy information link will direct you to the MedImpact site. You can review drug and participating pharmacy information, request copies of your pharmacy claims history, and access the KPS Drug List. The Formulary Lookup field will allow you to determine which tier a drug is placed, identify any generics or less expensive brand drugs, and check for pharmacy edits. This information will assist you and your provider in controlling health care costs. For information on medical claims found on MyKPS, please contact KPS Customer Service.

Participating and Non-Participating Providers

Prescriptions written by a non-participating provider are covered when filled at a participating pharmacy. Refer to the Physician Specialty section.

Physician Specialty

Certain providers do not have Drug Enforcement Agency (DEA) numbers, such as dentists and naturopathic providers. The pharmacist must contact MedImpact Customer Services for assistance on processing these drug claims. Only covered medications will be allowed.

Pill Splitting

Certain medications have a pill splitting edit in place. This is to provide you with the correct dosage of medication at the most competitive price. The pill splitting device is available at zero copay.

If you are unable to reliably split a tablet for correct dosing, the pharmacist must call MedImpact requesting an authorization to override this edit.

Potential Drug Abuse

Concerns by your pharmacist or providers regarding potential drug abuse may be reported to KPS Health Plans Medical Director.

Prior Authorization Required

Certain medications require prior authorization to establish medical necessity. All medications requiring prior authorization will be reviewed by MedImpact utilizing the criteria established by KPS. Providers are responsible for obtaining this authorization.

Provider Request for Medical Exceptions

The Medical Exception Form (MRF) must be used by your providers to submit clinical information to MedImpact for review.

MedImpact will utilize the guidelines established by KPS and contact the provider with the determination. This form is available for providers on www.mykps.net.

Quantity Restriction

Certain medications have a quantity limit. The limit is based on accepted clinical guidelines. Providers may submit a written request for an exception by contacting MedImpact.

School Age Children

Medication dispensed during school/daycare hours to children must come in an approved, labeled container. KPS will allow additional fills of medications required for schools or daycares. The pharmacy must contact MedImpact to request an override.

Step Therapy

Certain medications have step edits in place that require you to try a different drug prior to receiving the drug prescribed by your provider. Providers must contact MedImpact to override this step edit if medically needed.

Vacation Overrides

KPS will allow medications to be obtained for vacations abroad or to areas where there is not a contracted pharmacy available. Vacation overrides will only be refilled once every six months. A controlled substance medication, (Schedule ii, iii, iv and v) will require the pharmacy to verify that the physician has approved a new prescription before a vacation override is approved.

The pharmacy must contact MedImpact to request vacation overrides. The normal copay amounts will apply for each fill.