

## Attachment I

### FORMULARY COMPANION GUIDE

#### **Drug Product Identifiers**

**NDC    National Drug Code**

a unique 10-digit, 3-segment number that identifies the labeler, product, and trade package size. Used when covering/excluding particular manufacturers that share a GPI (e.g. insulin/test strips/albuterol inhalers).

**GPI 12   12-digit Generic Product Identifier**

hierarchical classification system that identifies drugs from their primary therapeutic use down to the unique interchangeable product regardless of manufacturer or package size. The 12-digit code identifies the product down to the drug level.

**GPI 14   14-digit Generic Product Identifier**

same as the GPI-12 but the 14-digit code identifies the product by drug strength.

#### **Multisource Codes**

- M**    Multisource Brand
- O**    Originator Brand
- N**    Single Source Brand
- Y**    Generic

Multisource Codes defined by MediSpan

#### **Tier (the coverage level at which the drug is currently available)**

*The following applies to all formularies:*

- 1**    Includes Formulary-Preferred Generics and Certain Low-Cost Brand Name Drugs
- 2**    Includes Preferred Brand Drugs and Certain High-Cost Generic Drugs
- 3**    Includes Non-Preferred Drugs
- 4**    Includes certain Non-Preferred Specialty Drugs; Preferred Formulary Specialty Drugs filled at a Participating Pharmacy other than the Preferred Specialty Pharmacy, and certain grandfathered medications. Also see **ESP** below.

*The following applies only to the Wrap + Medicare Part D Formulary:*

- M**    Includes products only covered by the plan's Medicare Coverage. These products are not covered by the plan's Supplemental Wrap Coverage.

**The \* symbol** after the drug tier indicates that the drug is covered by the plan's supplemental wrap coverage only. Payments for these drugs do not count toward the Medicare Part D "out-of-pocket costs" or the "total drug costs" because they are for drugs that are not generally covered by Medicare.

## **Drug Edits**

### **ESP Specialty Pharmacy Incentive**

Reduced, flat copayment will apply if the Preferred Formulary Specialty Drug is obtained from the Preferred Specialty Pharmacy. If the drug is not obtained from the Preferred Specialty Pharmacy, then the normal coinsurance will apply.

### **LD Limited Distribution**

Drug has been noted as being restricted to certain pharmacies by the Food and Drug Administration. These drugs can only be obtained at specialty designated pharmacies able to appropriately handle the drugs.

### **MSP Mandatory Specialty Pharmacy**

Drug that must be filled through a specialty pharmacy.

### **NM Mail Order Not Available**

Drug is not available via the mail-order benefit.

### **OTC Over the Counter**

Drugs are a covered benefit with a prescription

### **PA Prior Authorization**

Prior authorization may apply.

### **QL Quantity Limits**

Quantities dispensed may be limited.

### **RXC Tablet Splitting**

15-day supply of a higher dose drug is provided for up to half the copayment

### **SF Split Fill**

Drug is limited to two 15-day fills per month for the 1<sup>st</sup> three months

### **SP Specialty Pharmacy Program**

Drugs available through a voluntary specialty pharmacy program that provides additional services to members.

### **ST Step Therapy**

Step therapy may apply.

### **PA-BvD PA for Medicare Part B vs. Part D - Medicare Part D Only**

Prior authorization may apply for medications that could be eligible for payment under either Medicare Part B or Part D.

### **PA-NSO PA for New Members - Medicare Part D Only**

Prior authorization may apply on certain medications for new members enrolled during the plan year.

### **ST-NSO ST for New Members - Medicare Part D Only**

Step therapy may apply on certain medications for new members of the plan enrolled during the plan year.