



# Quality Health Plans of New York

"Where Quality Healthcare Begins"

## Utilization Management & Quality Assurance

Quality Health Plans of NY (QHPNY) pharmacy goal is to ensure our patients receive safe, high-quality, cost-effective medication therapy. We do this to reduce medication errors and adverse drug reactions, and improve medication utilization. In order to facilitate this goal, we have placed pharmacy edits in place to promote appropriate medication therapy. These edits help prevent patients from taking drugs that may have harmful interactions, prevent patients from receiving higher than recommended doses of a medication, notify patients of lower cost alternative medications, and provide other safety and efficacy safeguards. Our network pharmacies perform a Drug Utilization Review (DUR) before a member receives their prescription. This detailed claims review process is designed to analyze drug safety and usage for members based on the following potential problems:

- ✓ Drug-Drug Interactions
- ✓ Drug-Disease Problems
- ✓ Drug-Age Precautions
- ✓ Drug-Gender Precautions
- ✓ Drug-Pregnancy Precautions
- ✓ Drug-Allergy Precautions
- ✓ Incorrect Dosage Precautions
- ✓ Incorrect Duration of Drug Therapy
- ✓ Therapeutic Duplication
- ✓ Excessive Use Precautions
- ✓ Prescription Limitations
- ✓ Compliance Monitoring

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

◆ **Prior Authorization:** Quality Health Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Quality Health Plans before you fill your prescriptions. If you don't get approval, Quality Health Plans may not cover the drug.

◆ **Quantity Limits:** For certain drugs, Quality Health Plans will limit the amount of the drug that Quality Health Plans will cover. For example, Quality Health Plans provides 60 tablets per prescription for Celebrex. This may be in addition to a standard one month or three month supply.

◆ **Step Therapy:** In some cases, Quality Health Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Quality Health Plans may not cover drug B unless you try Drug A first. If Drug A does not work for you, Quality Health Plans will then cover Drug B.

You can ask Quality Health Plans to make an exception to our coverage rules. There are

several types of exceptions that you can ask us to make.

- ◆ You can ask us to cover your drug even if it is not on our formulary.
- ◆ You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs Quality Health Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- ◆ You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred/highest tier, you can ask us to cover it at the costsharing amount that applies to drugs in the preferred tier. This would lower the amount you must pay for your drug.

Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the tier designated as the high-cost/unique drug tier.

Generally, Quality Health Plans will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception.

**When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

For additional information please call customer service: Telephone (Toll Free): 1-877-233-7058 TTY: 711 Quality Health Plans of NY: 2805 Veterans Memorial Highway, Suite 17, Ronkonkoma, NY 11779