



**CommuniCare Advantage Cal MediConnect Plan
(Medicare-Medicaid Plan)
offered by
Community Health Group**

2017 List of Covered Drugs (Formulary)

This formulary was updated on 10/24/17. For your recent information or other questions, please contact Customer Service at 1-888-244-4430, TTY/TDD: 1-855-266-4584, 24 hours a day, 7 days a week. The call is free. Or visit www.chgsd.com.



If you have questions, please call CommuniCare Advantage Cal MediConnect Plan at 1-888-244-4430, TTY/TDD: 1-855-266-4584, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.chgsd.com.

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This is a list of drugs that members can get in CommuniCare Advantage Cal MediConnect Plan.

- ❖ CommuniCare Advantage Cal MediConnect Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits and/or copays may change on January 1 of each year.
- ❖ You can always check CommuniCare Advantage Cal MediConnect Plans's up-to-date List of Covered Drugs online at www.chgsd.com or by calling 1-888-244-4430, TTY/TDD: 1-855-266-4584, 24 hours a day, 7 days a week. The call is free.
- ❖ Limitations, copays, and restrictions may apply. For more information, call CommuniCare Advantage Cal MediConnect Plan Customer Service Department or read the CommuniCare Advantage Cal MediConnect Plan Member Handbook.
- ❖ Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.
- ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-244-4430 (TTY: 1-855-266-4584).
- ❖ PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-244-4430 (TTY: 1-855-266-4584).
- ❖ ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-244-4430 (TTY: 1-855-266-4584).
- ❖ CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-244-4430 (TTY: 1-855-266-4584).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-244-4430 (رقم هاتف الصم والبكم): (1-855-266-4584).

- ❖ You can get this information for free in other formats, such as large print, braille, or audio. Call 1-888-244-4430, TTY/TDD: 1-855-266-4584, 24 hours a day, 7 days a week. The call is free.
- ❖ If you want to make a standing request to obtain these materials in another language or alternate format, please contact the Customer Service Department to notify them so that this information is noted on your member record.

If you have questions, please call CommuniCare Advantage Cal MediConnect Plan at 1-888-244-4430, TTY/TDD: 1-855-266-4584, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.chgsd.com.



Frequently Asked Questions (FAQ)

Find answers here to questions you have about this List of Covered Drugs. You can read all of the FAQ to learn more, or look for a question and answer.

1. What prescription drugs are on the List of Covered Drugs? (We call the List of Covered Drugs the “Drug List” for short.)

The drugs on the Drug List are the drugs covered by CommuniCare Advantage Cal MediConnect Plan. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

CommuniCare Advantage Cal MediConnect will cover all medically necessary drugs on the Drug List if:

- your doctor or other prescriber says you need them to get better or stay healthy, **and**
- you fill the prescription at a CommuniCare Advantage Cal MediConnect Plan network pharmacy.

In some cases, you have to do something before you can get a drug (see question #5 below).

You can also see an up-to-date list of drugs that we cover on our website at www.chgsd.com or call Customer Service at 1-888-244-4430, TTY/TDD: 1-855-266-4584, 24 hours a day, 7 days a week. The call is free.

2. Does the Drug List ever change?

Yes. CommuniCare Advantage Cal MediConnect Plan may add or remove drugs on the Drug List during the year. Generally, the Drug List will only change if:

- a cheaper drug comes along that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (*Prior approval* is permission from CommuniCare Advantage Cal MediConnect Plan before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (*Step therapy* means you must try one drug before we will cover another drug.)

(For more information on these drug rules, see page 4 and 5)

If you have questions, please call CommuniCare Advantage Cal MediConnect Plan at 1-888-244-4430, TTY/TDD: 1-855-266-4584, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.chgsd.com.



We will tell you when a drug you are taking is removed from the Drug List. We will also tell you when we change our rules for covering a drug. Questions 3, 4, and 7 below have more information on what happens when the Drug List changes.

→ You can always check CommuniCare Advantage Cal MediConnect Plan's up to date Drug List online at www.chgsd.com. You can also call Customer Service to check the current Drug List at 1-888-244-4430, TTY/TDD: 1-855-266-4584, 24 hours a day, 7 days a week. The call is free.

3. What happens when a cheaper drug comes along that works as well as a drug on the Drug List now?

If you are taking a drug that is removed because a cheaper drug that works just as well comes along, we will tell you. We will tell you at least 60 days before we remove it from the Drug List **or** when you ask for a refill. Then you can get a 60-day supply of the drug before the drug is removed from the drug list. You will receive a Formulary Change Notice with your Monthly Prescription Drug Summary by mail.

4. What happens when we find out a drug is not safe?

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Drug List right away. We will also send you a letter telling you that. If you receive a letter telling you that a drug that you have been taking has been taken off the Drug List due to safety reasons by the FDA, you should contact your doctor as soon as possible to discuss other drugs that you may be able to take for your condition.

5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from CommuniCare Advantage Cal MediConnect Plan before you fill your prescription. If you don't get approval, CommuniCare Advantage Cal MediConnect Plan may not cover the drug.
- **Quantity limits:** Sometimes CommuniCare Advantage Cal MediConnect Plan limits the amount of a drug you can get.

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- **Step therapy:** Sometimes CommuniCare Advantage Cal MediConnect Plan requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on page one. You can also get more information by visiting our web site at www.chgsd.com. We have posted documents online that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an "exception" from these limits. Please see Question 11 for more information on exceptions.

- ➔ If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List, or if you cannot easily get the drug you need, we can help. We will cover a 31-day emergency supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new CommuniCare Advantage Cal MediConnect member. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please see Question 11 for more information about exceptions.

6. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?

The List of Covered Drugs on page one has a column labeled "Necessary actions, restrictions, or limits on use."

7. What happens if we change our rules on how we cover some of the drugs? For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you at least 60 days before the restriction is added or when you next ask your pharmacy for a refill. Then, you can get a 60-day supply of the drug before the change to the coverage rules is made. This gives you time to talk to your doctor or other prescriber about what to do next.

8. How can you find a drug on the Drug List?

There are two ways to find a drug:

If you have questions, please call CommuniCare Advantage Cal MediConnect Plan at 1-888-244-4430, TTY/TDD: 1-855-266-4584, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.chgsd.com.



- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by medical condition.

To search **alphabetically**, go to the Alphabetical Listing section. You can find it in the Index beginning on page I-1.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page one. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

9. What if the drug you want to take is not on the Drug List?

If you don't see your drug on the Drug List, call Customer Service at 1-888-244-4430, TTY/TDD: 1-855-266-4584, 24 hours a day, 7 days a week and ask about it. The call is free. If you learn that CommuniCare Advantage Cal MediConnect Plan will not cover the drug, you can do one of these things:

- Ask Customer Service for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please see question 11 for more information about exceptions.

10. What if you are a new CommuniCare Advantage Cal MediConnect Plan member and can't find your drug on the Drug List or have a problem getting your drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you are a member of CommuniCare Advantage Cal MediConnect Plan. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

We will cover a 31-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior approval by CommuniCare Advantage Cal MediConnect Plan, **or**
- you are taking a drug that is part of a step therapy restriction.

If you have questions, please call CommuniCare Advantage Cal MediConnect Plan at 1-888-244-4430, TTY/TDD: 1-855-266-4584, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.chgsd.com.



If you live in a nursing home or other long-term care facility, you may refill your prescription for as long as 93 days. You may refill the drug multiple times during your first 90 days in the plan. This gives your prescriber time to change your drugs to those on the Drug List or ask for an exception.

For unplanned transitions, for example, when you are discharged from the hospital to a long-term care facility or home, CommuniCare Advantage Cal MediConnect Plan will make coverage determinations and re-determinations as soon as your health condition requires. You will be provided an emergency supply of non-formulary drugs, including drugs that are subject to certain restrictions or limits such as prior authorization, step therapy, or quantity limits.

11. Can you ask for an exception to cover your drug?

Yes. You can ask CommuniCare Advantage Cal MediConnect Plan to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, CommuniCare Advantage Cal MediConnect Plan may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

12. How long does it take to get an exception?

First, we must get a statement from your prescriber supporting your request for an exception. After we get the statement, we will give you a decision on your exception request within 72 hours.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

13. How can you ask for an exception?

To ask for an exception, call Customer Service. Customer Service will work with you and your provider to help you ask for an exception.

If you have questions, please call CommuniCare Advantage Cal MediConnect Plan at 1-888-244-4430, TTY/TDD: 1-855-266-4584, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.chgsd.com.



14. What are generic drugs?

Generic drugs are made up of the same ingredients as brand name drugs. They usually cost less than the brand name drug and their names are less commonly known. Generic drugs are approved by the Food and Drug Administration (FDA).

CommuniCare Advantage Cal MediConnect Plan covers both brand name drugs and generic drugs.

15. What are OTC drugs?

OTC stands for “over-the-counter”. CommuniCare Advantage Cal MediConnect Plan covers some OTC drugs when they are written as prescriptions by your provider.

You can read the CommuniCare Advantage Cal MediConnect Plan Drug List to see what OTC drugs are covered.



16. Does CommuniCare Advantage Cal MediConnect Plan cover OTC non-drug products?

CommuniCare Advantage Cal MediConnect Plan covers some OTC non-drug products when they are written as prescriptions by your provider.

You can read the CommuniCare Advantage Cal MediConnect Plan Drug List to see what OTC non-drug products are covered.

17. What is your copay?

You can read the CommuniCare Advantage Cal MediConnect Plan Drug List to learn about the copay for each drug.

CommuniCare Advantage Cal MediConnect Plan members living in nursing homes or other long-term care facilities will have no copays. Some members getting long-term care in the community will also have no copays.

Copays are listed by tiers. Tiers are groups of drugs with the same copay.

- Tier 1 includes generic drugs. This is the lowest cost-sharing tier. The copay is from \$0 to \$3.30, depending on your income.
- Tier 2 includes brand name drugs. This is the highest cost-sharing tier. The copay is from \$0 to \$8.25, depending on your income.
- Tier 3 includes non-Medicare prescription drugs. These drugs are traditionally not covered by Medicare but are covered by Medi-Cal. They have a copay of \$0.
- Tier 4 includes non-Medicare over-the-counter drugs. These drugs are traditionally not covered by Medicare but are covered by Medi-Cal. There is no cost-sharing for drugs in this tier.



List of Covered Drugs

The list of covered drugs that begins on page one gives you information about the drugs covered by CommuniCare Advantage Cal MediConnect Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., LANTUS) and generic drugs are listed in lower-case italics (e.g., *metformin*).

The information in the “Necessary actions, restrictions, or limits on use” column tells you if CommuniCare Advantage Cal MediConnect Plan has any rules for covering your drug.

Note: The * next to a drug means the drug is not a “Part D drug.” You will not be required to pay a copay for these drugs. These drugs also have different rules for appeals. An *appeal* is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medi-Cal. If you or your doctor disagrees with our decision, you can appeal. If you ever have a question, call Customer Service at 1-888-244-4430, TTY/TDD: 1-855-266-4584, 24 hours a day, 7 days a week. The call is free. You can also read the Member Handbook to learn how to appeal a decision.



The following Utilization Management abbreviations may be found within the body of this document

Utilization Management Restrictions

| ABBREVIATION | DESCRIPTION | EXPLANATION |
|--------------|---|---|
| PA | Prior Authorization Restriction | You (or your physician) are required to get prior authorization from CommuniCare Advantage Cal MediConnect Plan before you fill your prescription for this drug. Without prior authorization, CommuniCare Advantage Cal MediConnect Plan may not cover this drug. |
| PA BvD | Prior Authorization Restriction for Part B vs. Part D Determination | This drug may be eligible for payment under Medicare Part B or Part D. You (or our provider) are required to get prior authorization from CommuniCare Advantage Cal MediConnect Plan to determine if this drug is covered under Medicare Part B or Part D before you fill your prescription. Without prior authorization, CommuniCare Advantage Cal MediConnect Plan may not cover this drug. |
| PA-HRM | Prior Authorization Restriction for High Risk Medications | This drug has been deemed by CMS to be potentially harmful and therefore a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from CommuniCare Advantage Cal MediConnect Plan before filling a prescription for this drug. Without prior authorization, CommuniCare Advantage Cal MediConnect Plan may not cover this drug. |
| PA NSO | Prior Authorization Restriction for New Starts Only | If you are a new member, you (or your physician) are required to get prior authorization from CommuniCare Advantage Cal MediConnect Plan before you fill your prescription for this drug. Without prior authorization, CommuniCare Advantage Cal MediConnect Plan may not cover this drug. |

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| ABBREVIATION | DESCRIPTION | EXPLANATION |
|--------------|----------------------------|--|
| QL | Quantity Limit Restriction | CommuniCare Advantage Cal MediConnect Plan limits the amount of this drug that is covered per prescription, or within a specific time frame. |
| ST | Step Therapy Restriction | Before CommuniCare Advantage Cal MediConnect Plan will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you. |

The following additional coverage note abbreviations may be found within the body of this document

OTHER SPECIAL REQUIREMENTS FOR COVERAGE

| ABBREVIATION | DESCRIPTION | EXPLANATION |
|--------------|-------------------------|---|
| * | Not a Part D Drug | This drug is a non-Part D drug covered by Medi-Cal |
| LA | Limited Access Drug | This drug may only be available at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service. |
| NM | Non-Mail Order Drug | You may be able to receive greater than a 1-month supply of most drugs on the Drug List via mail order at a reduced cost share. Drugs <u>not</u> available via your mail order benefit are noted with "NM" in the Necessary Actions, Restrictions, or Limits on Use column of the Drug List |
| NDS | Non-Extended Day Supply | This drug is not eligible for greater than a 1-month supply per fill. |

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List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.



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