



10-14

**OFFICE OF THE COUNTY EXECUTIVE
ALL-EMPLOYEES MEMORANDUM**

DATE: September 17, 2014

**EMPLOYEE MEDICAL HEALTH PLAN (EMHP) OF SUFFOLK COUNTY
IMPORTANT CHANGES REGARDING PRESCRIPTION BENEFITS**

Note: These changes only apply to Active and Non-Medicare eligible retirees/dependent survivors and their eligible dependents, not Medicare eligible retirees/dependent survivors enrolled in the Express Scripts Medicare Prescription Drug Plan.

As part of our continuing effort to provide our members with important updates regarding the Employee Medical Health Plan of Suffolk County (EMHP), the Labor/Management Committee, which oversees the EMHP, would like to provide you with important information concerning your prescription benefits; specifically, (1) a closed/exclusive specialty medication pharmacy network and (2) a new Oral Oncology Medication Program.

(1) CHANGE TO CLOSED/EXCLUSIVE SPECIALTY PHARMACY NETWORK

Effective December 1, 2014, **all** specialty medications, except for limited distribution drugs* must be filled through a closed specialty pharmacy network. A closed specialty pharmacy network requires EMHP members to fill their specialty medications, including new prescriptions and refills, through US Specialty Care (USSC), WellDyneRx's in-house specialty pharmacy. Specialty drugs will not be available through other pharmacies except for:

- limited distribution drugs* not available at USSC,
- initial courtesy fills as allowed by the EMHP's plan design, and
- overrides for urgent situations.

The current specialty drug list is available on the EMHP website (www.emhp.org) and on the WellDyneRx website (emhp.welldynernx.com). Note that this list is current as of the date of this mailing. This list is continually updated as new specialty drugs enter the market or USSC gains access to additional limited distribution products. Updates to the list will be made available on the EMHP website and WellDyneRx website. However, you should call WellDyneRx when you receive a new prescription to determine whether or not the drug is a specialty medication and if it is a limited distribution drug.

* See attached FAQs for definition of "Limited Distribution Drugs".

Due to the complex nature and varying methods of administration for specialty medications, closed specialty networks can assist in encouraging better disease management and enhance patient outcomes through a single point of contact at the pharmacy.

If you are currently utilizing a specialty medication or if you require a specialty medication in the future, you can register by calling USSC at 1-800-641-8475 or by mailing the attached "USSC Patient Prescription Form - Specialty Program" along with your prescription to WellDyneRx/USSC, P.O. Box 90369, Lakeland, FL 33804-0369. A USSC Pharmacist will identify and contact members currently utilizing specialty medications to assist with the transition. Attached for your reference are Frequently Asked Questions which will explain the new process for receiving specialty medications.

(2) ORAL ONCOLOGY PROGRAM

WellDyneRx has developed an oral oncology program that is focused on several highly prescribed cancer medications. These specific oral oncology drugs have been targeted based on high discontinuation rates either due to poor response, adverse effects or noncompliance. Patients are contacted by a USSC clinical pharmacist to provide education about their cancer medication.

Prescriptions for drugs included in the Oral Oncology Program filled on or after **December 1, 2014**, will only be dispensed by USSC for a 15-day supply for the first month of therapy, at one-half the applicable retail copayment. This is an exception to the EMHP 21-days at a retail pharmacy and mandatory mail order pharmacy rules. When the USSC Patient Care Advocate contacts the member to set up a refill, they will ask the member how they are tolerating the medication. If the member is tolerating the prescribed medication, they will then receive another 15-day supply. Thereafter, members can fill their prescription for a full 30-day supply (which is an exception to the 21-days fill at retail).



JENNIFER K. McNAMARA, ESQ.
Director of Labor Relations

Distribution
One copy per employee/retiree
Attachment (1) - Frequently Asked Questions

**FREQUENTLY ASKED QUESTIONS AND ANSWERS (FAQs)
REGARDING PRESCRIPTION BENEFITS
CHANGE TO CLOSED/EXCLUSIVE SPECIALTY NETWORK
AND ORAL ONCOLOGY PROGRAM**

(Effective December 1, 2014)

Note: *This change only applies to Active and Non-Medicare eligible retirees/dependent survivors and their eligible dependents, not Medicare eligible retirees/dependent survivors enrolled in the Express Scripts Medicare Prescription Drug Plan.*

CLOSED/EXCLUSIVE SPECIALTY NETWORK

Q. What is a closed specialty network?

A. A closed specialty network requires EMHP members to fill all specialty medications, including new prescriptions and refills, except for limited distribution drugs (LDD), by mail order, at US Specialty Care Pharmacy, WellDyneRx's in-house specialty pharmacy. Due to the complex nature and varying methods of administration for specialty medications, a closed specialty network can help encourage better disease management and enhanced patient outcomes through a single point of contact at the pharmacy.

Q. What are "Limited Distribution Drugs (LDD)"?

A. "Limited Distribution Drugs (LDD)" are medications that are distributed to either one or a very limited number of pharmacies and wholesalers. This group of drugs is usually used to treat conditions that only affect a small patient population and may have special and complex dosing requirements that need to be continually monitored or might be required by the Food and Drug Administration (FDA) for drug approval.

REGISTERING WITH US SPECIALTY CARE (USSC)

Q. Do I need to register to use USSC?

A. **Yes.** You must register with USSC and provide the following information: your name, member ID, date of birth, address, known drug allergies and billing information.

Q. How do I register with USSC?

- A. You can register by calling 1-800-641-8475 or by mailing the attached “USSC Patient Prescription Form – Specialty Program” along with your prescription to WellDyneRx/USSC at the address below. **Enrollment cannot be done online.**

WellDyneRx/USSC
P.O. Box 90369
Lakeland, FL 33804-0369

SPECIALTY PHARMACY PROCESS

Q. Will my current specialty prescriptions transfer?

- A. Yes. USSC will transfer eligible prescriptions from your current pharmacy to USSC.

***Note:** Some prescriptions cannot be transferred; such as controlled substances and prescriptions that are expired or without refills. If your prescription cannot be transferred, you will need to contact your physician to get a new prescription.*

Q. How do I fill a prescription for a new specialty medication?

- A. Your physician can either fax the new prescription to 1-800-530-8589, send it electronically (e-script), or you can mail your prescription to:

WellDyneRx/USSC
P.O. Box 90369
Lakeland, FL 33804-0369

***Note:** Faxed prescriptions are only accepted from physician offices.* However, if you are not registered with USSC, then the prescription cannot be filled.

Q. How will my prescription be filled if it is a “limited distribution drugs (LDD)”?

- A. Certain medications are “limited distribution drugs”. These drugs are not available through USSC. If USSC receives a prescription for a LDD, USSC will:

- Determine the pharmacy that is able to dispense the medication,
- Validate that the pharmacy is contracted to provide the medication based on the patient’s insurance/benefit coverage information and will,
- Work with the patient and prescribing physician to initiate the transfer of the prescription to the appropriate pharmacy for fulfillment, or
- Provide the patient and physician with information regarding available patient assistance programs.

If you are currently taking a limited distribution drug, USSC will contact you upon receipt of your prescription's renewal information to let you know what pharmacy you can use to fill that prescription.

Please contact USSC at **1-800-641-8475** if you have any questions about whether your medication is considered a LDD.

Q. How long will it take to fill a specialty medication prescription?

A. Since specialty medications are subject to the prior authorization process, your medication will be shipped upon approval.

Q. What happens if a specialty medication is not available or on backorder?

A. USSC will call your physician's office and let your physician decide on an alternative medication. It is very rare for specialty medications to be backordered.

REFILLS

Q. What if my current prescription for my specialty medication has refills remaining?

A. USSC will arrange for open refills to be transferred to USSC. USSC will also place refill reminder calls to members seven (7) days before they will need a refill.

PRIOR AUTHORIZATION AND STEP THERAPY

Q. Are specialty medications subject to prior authorization or step therapy?

A. Certain specialty medications require a prior authorization. However, they will not be subject to any of the step therapy programs.

SPECIALTY COMPOUND MEDICATIONS AND CONTROLLED SUBSTANCES

Q. Can a compound specialty medication be obtained through USSC?

A. No. Neither WellDyneRx nor USSC can compound medications. Thus, the member will be allowed to continue to fill a compound specialty medication at their local retail compounding pharmacy for only a 21-day supply at the applicable retail copayment.

Q. Can a specialty controlled substance be obtained through USSC Specialty Pharmacy?

A. Yes.

MAILING PROCESS

Q. Where will my specialty medication be shipped?

A. Most specialty medications are shipped to the patient. If they are administered through the prescriber, they can be sent to the medical provider's office. Examples are: Botox, Remicaide, Stelara, Neulasta, Infused Orendia, Vivitrol, joint injections like Hyalgan/Euflexxa/Synvisc, and Synagis.

Q. Can USSC ship to a P.O. Box?

A. No. Specialty medications require extra care for delivery.

MAILING OF TEMPERATURE-SENSITIVE MEDICATIONS

Q. I am concerned that my medication may be affected by temperature extremes if it sits in my mailbox while I'm at work. How do I know if my medication will be effective?

A. Typically, short exposure to temperature or humidity fluctuations should not affect your medication. A government agency studied the effect of temperature changes on the quality of medication at mail order and concluded that even when temperature and humidity fluctuations occurred during shipment the products still met their quality standards.

Q. How are temperature-sensitive medications protected during delivery?

A. Medications with specific temperature sensitivity are shipped as necessary, such as medications that must remain cold, are shipped on ice.

QUESTIONS AND ADDITIONAL INFORMATION

Q. If I have questions, issues or just want to learn more about my prescription benefit plan, who do I contact?

A. To register or to discuss your specialty medications and delivery needs, please call USSC at 1-800-641-8475. If you have a question about your pharmacy benefits, please call WellDyneRx Member Services for Suffolk County members at 1-855-799-6831 (TTY711).

ORAL ONCOLOGY PROGRAM

Q. I am currently taking a cancer (chemotherapy) drug. What do I have to do?

A. Nothing. Continue taking your medication as prescribed by your physician. This program only applies to new prescriptions. If your physician changes your medication, then this program will apply.

Q. How do I fill a new prescription for a cancer (chemotherapy) drug after December 1, 2014?

A. You should fill your prescription at USSC. For the first month of therapy, you will receive a 15-day supply. When the USSC Patient Care Advocate contacts the member to set up a refill, they will ask the member how they are tolerating the medication. If the member is tolerating the prescribed medication, they will then receive another 15-day supply. Thereafter, members can fill their prescription for a full 30-day supply (which is an exception to the 21-days fill at retail) through the mail order specialty pharmacy, USSC.

Q. Will I have to pay two copayments for my 15-day supply of medication?

A. No. Your copayment will be split in half. You will pay the first half of your copayment when you fill the first half of your medication (15-day supply) and pay the second half of your copayment when you fill the second half of your medication for the first month of therapy.

Q. In the event that I do not fill the second half of my medication, do I have to pay the second half of the copayment?

A. No. You will only pay for the portion that has been dispensed.

Q. Do oral oncology (chemotherapy) drugs required prior authorization?

A. Yes. You must request prior authorization through WellDyneRx/USSC via fax at 888-473-7875, or by calling our Member Service Department at 855-799-6831.

Q. When will USSC Patient Care Advocate contact me?

A. USSC Patient Care Advocate will contact you approximately 10 days before your refill is needed.



**Patient Prescription Form
Specialty Program
-CONFIDENTIAL-**



Please complete and fax to the following dispensing pharmacy

US Specialty Care

PHONE: 800-641-8475 FAX: 800-530-8589

Physician Information	Patient Information
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Physician's Name: _____	Patient's Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Office Contact: _____	Date of Birth: / / Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Telephone: _____	Social Security #: _____
Fax: _____	Daytime Telephone #: _____
UPIN #: _____	Evening Telephone #: _____
State License #: _____	Height: _____ Weight: _____
DEA #: _____	Allergies _____

Primary Insurance Information	Other Insurance Information
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Insured's Name: Suffolk County EMHP	Insurance Company: _____
Relationship: _____	Policy #: _____
Identification Number: _____	Group #: _____
WDRXGRP #: _____	Insured's Name: _____
	Relationship: _____
	Social Security #: _____
	Date of Birth: / /

Clinical Information

Diagnosis Code: _____ Primary Diagnosis: _____

Prescription Medications	Strength	Directions (Dose/Route/Frequency)	Quantity/Length
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

of Refills: _____ Physician's Signature: _____ Date: _____

Form of Payment

Form of Payment: Check Enclosed Bill me Later Credit Card: Visa Master Card Discover American Express

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name: _____ Signature*: _____

Delivery Instructions

Ship to: <input type="checkbox"/> Physician's Office	If Other, please supply:
<input type="checkbox"/> Patient's Home	Address: _____
<input type="checkbox"/> Other	City: _____
Delivery Date: _____ Refill Date: _____	State: _____ Zip: _____