

About Your PacificSource Pharmacy Teams

This document describes how decisions are made about medical drug coverage and who makes those decisions.

Medicare Part B Medication Utilization Review

The Quality Assurance, Utilization Management, Pharmacy & Therapeutics (QAUMPT) Committee is tasked with defining formulary coverage and clinical guidelines, coverage policies, and formulary decisions for the Medicare population. The committee is an advisory body for quality, utilization, pharmacy, therapeutics, and performance improvement activities, and operates under the directive authority of our Chief Medical Officer. The committee makes recommendations to the Chief Medical Officer regarding quality and performance improvement. Committee members are in-network doctors from different specialties, regions, and medical organizations. These organizations include independent practices, medical homes, and health clinics.

Committee resources for making decisions and developing guidelines include, but are not limited to:

- Medicare criteria and guidelines (always used as a first resource if available):
Medicare's national database, www.CMS.gov/Medicare-Coverage-Database
Oregon's Medicare carrier database, www.NoridianMedicare.com
- Medicare approved compendia (American Hospital Formulary Service-Drug Information (AHFS-DI), NCCN, Micromedex DrugDex, Clinical Pharmacology, Lexi-Drugs)
- Medicare recognized peer-reviewed medical literature
- Milliman criteria: Careweb.CareGuidelines.com/ed16
- Food and Drug Administration (FDA) approved label
- Nationally recognized utilization management criteria and established practice guidelines such as National Comprehensive Cancer Network (NCCN)
- In-network and out-of-network physician specialty consultants
- Members of the QAUMPT committee or outside consultants
- Other health plan criteria

About Our Pharmacy Services Team

The Pharmacy Services team reviews requests for services. The Pharmacy Services team consists of pharmacy technicians, clinical pharmacists, pharmacy director, and medical directors. Requests are prioritized based on the date received, urgency status, and type of request. Consideration is also given to plan benefits and the needs of individual members. The attending physician and/or the primary care physician are consulted during the review process as appropriate and as needed. Pharmacy staff conducts medical review under the direction of the clinical pharmacists and pharmacy director. With all approval and denial decisions, letters are issued to providers and members.

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