

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 Pharmacy & Therapeutics (P&T) Committee is tasked with defining the formulary and associated coverage guidelines and clinical coverage policies (such as Prior Authorization Criteria) for the Medicare population. The Committee is an advisory body, and operates under the directive authority of our Chief Medical Officer. The Committee also makes recommendations to the Chief Medical Officer regarding quality and performance improvement. Committee members are in-network doctors and pharmacists from various specialties, regions, and medical organizations. These organizations include independent practices, medical homes, and health clinics.

Resources utilized by the Committee 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)
 - National Comprehensive Cancer Network (NCCN)
 - Lexi-Drugs
 - Up-to-date compendia
- Medicare recognized peer-reviewed medical literature
- Milliman Care Guidelines
- Food and Drug Administration drug-labels
- Most recently published, nationally recognized clinical practice guidelines and/or utilization management criteria (such as National Comprehensive Cancer Network)
- In-network and out-of-network physician specialty consultants
- Members of the P&T committee or outside consultants
- Other health plan criteria

About Our Pharmacy Services Team

The Pharmacy Services Team reviews requests for services. The Team consists of Pharmacy Technicians, Clinical Pharmacists, our 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 within Medicare timelines.

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PacificSource Community Health Plans is an HMO, HMO D-SNP, and PPO plan with a Medicare contract and a contract with Oregon Health Plan (Medicaid). Enrollment in PacificSource Medicare depends on contract renewal.