

About Your PacificSource Pharmacy Teams

This document explains how decisions are made for your medical drug coverage. It also explains who makes those decisions.

About the Drug Review Committee

The Drug Review Committee includes doctors and pharmacists that are in-network. They have different specialties and work in different medical organizations. They make sure Medicare members have the drug coverage they need. They do this by making drug lists with coverage guidelines. They use many resources to make decisions. These are examples:

- Criteria and guidelines made by Medicare (used first if available)
- Food and Drug Administration (FDA) materials
- Medical literature approved by Medicare
- Milliman Care Guidelines
- Nationally accepted standards and guidelines
- Consultations from specialists (including out-of-network)
- Guidelines from other health plans

About Our Pharmacy Services Team

Our Pharmacy Services Team includes our Pharmacy Technicians, Clinical Pharmacists, Pharmacy Director, and Medical Directors. They review requests for services. They do this under the direction of our Clinical Pharmacists and our Pharmacy Director. Requests are addressed based on many factors. One factor is when a request was received. Others include the urgency and type of request. The Team considers the needs of individual members while reviewing. They may also consult with the attending doctor and/or the primary care provider. You and your doctors will receive letters informing you of all approval and denial decisions. These will be mailed within Medicare timelines. If your request was denied, you may appeal the decision. Your request will be reviewed by a Medical Director.

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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.