

**Health Plus
Formulary Change
Choice Formulary from MedImpact
FAQ**

1. What is the Choice formulary?

The Choice formulary is the new list of outpatient drugs covered by Health Plus. It includes several drugs in all drug classes to treat all health conditions.

2. Who administers the Choice formulary?

The Health Plus Pharmacy Benefit Manager, MedImpact.

3. When is the Choice formulary change effective?

July 15, 2007.

4. Are all Health Plus benefit programs affected by a new Choice formulary?

No. Only Family Health Plus (FHP) and Child Health Plus (CHP) are affected. Health Care Plus (Medicaid) members have their own formulary.

5. Will most FHP and CHP members have to change medicines?

No. Only some members will need to change the drugs they are taking.

6. Have physicians been notified in advance?

Yes. All primary care physicians (PCPs) who were prescribing medication that is no longer on the Choice formulary have been notified by mail. Members receiving these medications were also notified in a separate mailing.

7. Are PCPs aware of the drugs on the Choice formulary?

Yes. All PCPs, as well as all members, have received a copy of the Choice formulary.

8. What if a physician prescribes a medication that is not on the Choice formulary?

He or she can change the prescription to a similar drug that is included in the formulary. If the physician or member believes that treatment should continue with the existing (non-formulary) medication, then the physician must fill out a Medication Request Form and submit it to MedImpact.

9. Are over-the-counter drugs on the Choice formulary?

Yes, but they are covered for CHP members only. For FHP members, only diabetic supplies, insulin and smoking cessation drugs are covered under the Choice formulary.

10. Are diabetic supplies such as glucose monitors, test strips, etc. on the Choice formulary?

Yes. These items are covered for both CHP and FHP members.

11. Are any non-formulary drugs “grandfathered”?

Yes. Certain non-formulary drugs have been grandfathered to members currently using them, when this was deemed medically appropriate. Grandfathering does not apply to members newly prescribed a drug.

12. What else has been done to minimize disruption to members?

For some drugs, members will be given a “one-time fill” (30-day supply) and told to see their PCP (or prescribing physician) for a prescription for a formulary drug for the next time.

13. What if a pharmacy denies a prescription as non-formulary?

Members have been instructed to contact their PCP (or the prescribing physician) for a replacement prescription to avoid being denied when they seek a re-fill. In some cases, the pharmacy may do this at the point of service by calling the member’s physician for the replacement prescription.

14. What should the PCP (or prescribing physician) do if a non-formulary drug is necessary (for instance if the patient has tried all formulary drugs and failed therapy)?

The PCP (or other prescribing physician) should complete a Medication Request Form (MRF) and fax it to MedImpact at (858) 790-7100. Alternatively, the physician may contact MedImpact at (800) 788-2949 and provide the necessary information.

15. Does the move to the Choice formulary change any of the co-pay rules for FHP members?

No. These rules are set by the State, and do not change.

16. Does the Choice formulary affect the Health Plus mandatory generic substitution policy?

No. Health Plus still requires that a generic drug, if available, be substituted for a brand drug.