



Fallon Health Medical Pharmacy Program

Frequently Asked Questions

Fallon Health is committed to providing members with access to high-quality health care consistent with evidence-based, nationally recognized clinical criteria and guidelines. With this commitment in mind, and to ensure affordability for our members, we're implementing a change in the way we manage certain medications. This new program will be administered by Magellan Rx Management.

Who is Magellan Rx Management?

Magellan Rx Management is the pharmacy benefit management division of Magellan Health Services and has more than 15 years' experience in specialty pharmacy management.

Which members are covered by this program?

The program will apply to members enrolled in the following plans:

- Commercial
 - Direct Care
 - Select Care
 - Fallon Preferred Care
 - Community Care
 - Steward Community Care
- Medicare
 - Fallon Medicare Plus™ (formerly Fallon Senior Plan™)
 - Fallon Medicare Plus Central
- Medicaid
 - Fallon 365 Care
 - Berkshire Fallon Health Collaborative
 - Wellforce Care Plan
- NaviCare®
- Summit ElderCare® (PACE)

What is the impact to member benefits?

There will be changes to the Medical Benefit formulary on January 1, 2020. To check if a drug is covered, visit our online formulary at <http://fchp.org/providers/pharmacy/online-drug-formulary.aspx>.

The subscriber and his/her eligible dependents will continue to receive the same care and access to eligible medications. As with all services, specialty medications must be medically necessary, as defined by the Plan, and meet Fallon's benefit eligibility requirements.

What is the effective date of the program?

The effective date of this program is January 1, 2020. For medications to be administered on or after January 1, 2020, you may initiate a request for prior authorization review starting on January 1, 2020.

Which treatments will require a prior authorization review by Magellan Rx?

Please refer to the list posted on Fallon's website at <http://www.fchp.org/en/providers/pharmacy/online-drug-formulary.aspx> or on the Magellan Rx website at ih.magellanrx.com.

How often is the medication list updated?

The list of medications included in the Medical Pharmacy Program is updated at least annually and as new drugs come to market. When calling for a prior authorization review, please check the list of medications posted on Fallon's website at <http://www.fchp.org/en/providers/pharmacy/online-drug-formulary.aspx> or on the Magellan Rx website at ih.magellanrx.com.

Where can I find medical policies criteria and guidelines for the medical benefit treatments in this program?

Medical pharmacy program policies are posted on Fallon's website at <http://www.fchp.org/en/providers/pharmacy/online-drug-formulary.aspx> or on the Magellan Rx website at ih.magellanrx.com.

At which places of service (POS) does prior authorization apply?

Prior authorizations are required for medications administered at the following places of service:

- Physician Office (POS 11)
- Outpatient Facility (POS 19, 22)
- In Home (POS 12)

Prior authorization by Magellan Rx for the medications included in this program *will not be required* when those medications are administered during an inpatient stay, in an emergency room or in an observation room setting.

How do providers contact Magellan Rx to request a prior authorization or re-authorization?

Call Magellan Rx at 1-800-424-1740, Monday through Friday, 8 a.m. to 6 p.m. EST for all authorization requests, including urgent requests.

If the provider is contracted directly with Fallon, non-urgent authorizations can also be done through Magellan Rx's secure website at ih.magellanrx.com. Click on the Providers and Physicians icon to access your provider account page.

To expedite prior authorizations, the provider should have the following information:

- Member name, date of birth and ID number
- Health plan name (Fallon Health)
- Member height and weight
- Ordering provider name, tax ID number, address, and office telephone and fax numbers
- Rendering provider name, tax ID number, address, and office telephone and fax numbers (if different from ordering provider)
- Requested drug name or HCPCS code
- Anticipated start date of treatment
- Dosing information and frequency
- Diagnosis (ICD-10 code)
- Any additional clinical information pertinent to the request

If requested by Magellan Rx, you should be prepared to upload the following documents to the Magellan provider portal, or to fax the following documents to Magellan Rx's HIPAA-compliant fax:

- Clinical notes
- Pathology reports
- Relevant lab test results

Please note: It is the responsibility of the ordering provider to obtain prior authorization before services are provided. If the ordering provider and the rendering provider are different, the rendering provider is responsible for ensuring that the appropriate approval is on file prior to rendering services.

Biosimilars

What is a biosimilar?

A biosimilar product is a biologic product that is approved based on demonstrating that it is highly similar to an FDA-approved biologic product, known as a reference product, and has no clinically meaningful differences in terms of safety and effectiveness from the reference product. Only minor differences in clinically inactive components are allowable in biosimilar products.

Will Fallon require biosimilars?

For your Commercial and Medicaid patients, Fallon will be focusing on preferred biosimilar therapies when appropriate. Biosimilars currently approved by the FDA needed to demonstrate they are “highly similar” to the reference product, including producing the same clinical results as the reference products. They also needed to show that the risk of alternating between the reference products and the biosimilar products is not greater than the risk of maintaining the patient on the reference products.

Effective January 1, 2020, Fallon’s preferred and non-preferred biosimilars will be:

Preferred	Non-preferred
Zarxio	Neupogen
Retacrit	Procrit/Epogen
Rituximab biosimilar	Rituxan
Mvasi	Avastin
Kanjinti	Herceptin
Udenyca	
Neulasta	

Inflectra will be the preferred therapy for all patients currently receiving Remicade and any patients new to therapy. Remicade coverage will require failure of both Inflectra and Renflexis. Medical criteria updates will be posted on the Fallon website here: <http://www.fchp.org/providers/pharmacy/online-drug-formulary.aspx>.

Medicare and Navicare plans are excluded from this requirement.

Are biosimilars the same as generic drugs?

No. Generics have identical active ingredients to brand-name drugs and are made from synthesized chemicals. Biosimilars are like brand-name drugs and are made from living organisms. While biosimilars are biologically produced, generic medicines are chemically synthesized.

Is it safe to switch to a biosimilar?

Biosimilars are FDA approved. They're as safe and effective as their brand-name counterparts. Biosimilar products have been used in Europe for more than 10 years. A 2017 international task force determined that switching to a biosimilar drug is not associated with any significant safety or therapy risks. This is supported by multiple studies that also show no significant differences in safety or effectiveness for patients who switch from one drug to another and those who do not.

Will switching to a biosimilar change my patient’s treatments or drug's effectiveness?

No. You should expect the same effectiveness as the brand name drug. The FDA has approved these agents as biosimilar which is defined as a biologic product that is highly similar to and has no clinically meaningful differences from an existing FDA-approved reference product. Based upon the FDA definition and the available clinical evidence^{i,ii,iii,iv,v,vi,vii}, we have deemed these agents to be equivalent.

Why am I being asked to switch to a biosimilar if my patient’s current therapy is working?

The biosimilar is a safe and cost-effective option to treat your patient’s condition. This allows the health plan to cover these high-cost products while keeping the cost of health care affordable.

Will I need to switch members who are currently on therapy to a biosimilar starting January 1, 2020?

- a. Members currently on Remicade therapy will be required to switch to Inflectra starting January 1, 2020. If there is medical necessity for the member to continue on Remicade, you should submit a prior authorization after December 31, 2019 to request coverage.
- b. Members currently on Rituxan, Epogen/Procrit, Avastin, Herceptin, Neulasta, and Neupogen will not be required to change therapy.
- c. Members new to therapy will be required to use Zarxio, Nivestym, Retacrit, Mvasi, Rituxumab biosimilar and Kanjinti after December 31, 2019.
- d. Medicare and Navicare members are not required to start or change to biosimilar therapy.**

Registration and use of Magellan Rx website

How does a provider obtain a user ID and password for the Magellan Rx website?

Beginning January 1, 2020, providers directly contracted with Fallon can have the practice administrator request a unique username and password for the Magellan Rx provider portal. To do so, visit Magellan Rx's website at ih.magellanrx.com and complete the following steps:

1. Click on the *New Access Request – Provider* link on the right side of the home page under *Quick Links*.
2. Select *Contact Us* and complete the required fields indicated with a red asterisk (*) and click *Send*.

Please have the following information ready:

- Requestor's name, email address and phone number
- Health plan name (Fallon Health)
- Provider, facility or group name
- Provider, facility or group service address
- Tax ID number
- Office administrator name (the person responsible for maintaining the list of staff authorized to access the Magellan Rx provider portal on behalf of the practice)

Please allow up to two business days for information regarding your user access to be sent to you by email. The practice administrator will then be able to set up a user name for each individual in the practice authorized to access the Magellan Rx website.

Whom do I contact if one of the providers in our practice is not listed on Magellan Rx's website?

- You can send a secure message to Magellan Rx through the provider portal if the provider is directly contracted with Fallon.
- If it is an urgent request, you can call Magellan Rx at 1-800-424-1740.

If all of the providers in a practice share a tax ID number (TIN), is more than one user ID and password needed to manage each clinician separately?

No. MRx Provider Portal users linked to the practice TIN will be able to conduct transactions for every network provider linked to the practice TIN.

Prior Authorization Requests

Providers and their staff will have the opportunity to obtain prior authorizations to help streamline medication administration and service. If a prior authorization request does not initially have sufficient evidence to be approved, it is pended to be clinically reviewed by Magellan Rx clinical pharmacists. If the initial clinical reviewer finds that the request meets clinical criteria, the initial clinical reviewer can approve the prior authorization request. If the initial clinical reviewer cannot find sufficient evidence to approve the request, he/she will schedule a peer-to-peer conversation between the provider and a Magellan Rx peer clinical reviewer, who is a board-certified physician. The Magellan Rx peer clinical reviewer will render the final determination based on the information received.

Note: Magellan Rx initial clinical reviewers are clinical pharmacists.

Will the provider be able to speak directly to the clinician making a determination on a prior authorization request?

Yes. If there is a question regarding a particular patient's use of a medication, Magellan Rx's clinicians are available to consult with providers.

- In most cases, approvals can be made based on the initial information provided by the requestor directly through the Magellan Rx website.
- If there is a question or concern regarding the information provided, the case will be sent to a pharmacist who will reach out to the requesting provider.
- If the pharmacist cannot reach an agreement regarding the appropriate course of treatment with respect to the requested medication, the case will be escalated to a Magellan Rx physician.
- A Magellan Rx physician will discuss the case with the provider and they will make a mutual decision, in accordance with plan guidelines, on an appropriate course of action.

What if Magellan Rx does not have all of the necessary information to make a determination on a prior authorization request?

If Magellan Rx does not have the necessary information to make a determination, the request will be pended for clinical review and the provider will be given a tracking number.

Are clinical trials part of this program?

No, clinical trials are not included in this program.

How are urgent requests handled?

Urgent requests will be completed within two business days of receiving all the necessary information to complete the request (within 24 hours for Medicare and Medicaid). Magellan Rx's website cannot be used for urgent or retrospective approval requests. Therefore, these requests must be processed directly through the Magellan Rx call center at 1-800-424-1740. The review and determination process may take longer if member or provider eligibility verification is required, or if the request requires additional clinical review.

How are routine (non-urgent) requests handled?

Non-urgent requests will be completed within two business days of receiving all the necessary information to complete the request (within 24 hours for Medicare and Medicaid). In most cases, Magellan Rx can review and determine prior authorizations during the initial request if all the information needed to process a request is provided. The review and determination process may take longer if member or provider eligibility verification is required, or if the request requires additional clinical review.

Does a prior authorization for one provider apply to all providers in a group practice?

Magellan Rx approvals link providers by their TIN. When approvals are entered into Fallon's claims system, they will be attached to all network providers who share that TIN.

If a specialist orders a medication and gets prior authorization and then the treatment is administered in and billed for by the outpatient facility, will the claim be paid?

The outpatient facility will only be paid if the specialist selected that outpatient facility as the rendering provider, or if the specialist and the outpatient facility share the same TIN in our claims system.

If a specialist orders the treatment and gets prior authorization when the medication is to be administered in and billed for by the outpatient facility, how should the clinic verify the prior authorization is on file with Magellan Rx?

The outpatient facility will receive a copy of the approval letter and can view the status of the approval via Magellan Rx's website ih.magellanrx.com.

Requesting prior authorization when rendering provider and ordering provider are different

The following section provides information about how to select a provider when services will be performed in an outpatient facility setting.

Arranging for patients to receive services at an outpatient facility setting

To enter a request for a prior authorization for members to obtain treatment(s) at an outpatient facility, providers who are directly contracted with Fallon must be signed into their account page on Magellan Rx's website at ih.magellanrx.com:

- After entering your patient's information and selecting yourself or your group's name as the requesting provider, answer **yes** to the question, "**Will an alternative servicing provider be utilized for this request?**"
- Search for and select the outpatient facility site where the member will receive the treatment.
- Continue entering the prior authorization request.

All rendering providers are required to check the Magellan Rx website to confirm a prior authorization has been issued prior to administering a medication that is part of this program. If no prior authorization has been issued to the rendering provider, the claim will be denied.

Rendering providers must check the Magellan Rx website to ensure a prior authorization has been obtained prior to providing services.

The following provides information on how the rendering provider obtains information about the prior authorization.

To view a prior authorization, providers who are directly contracted with Fallon must be signed into their account on Magellan Rx's website at ih.magellanrx.com:

- Select *View Authorizations* and enter either the patient's first and last name, the member identification number or the authorization number. Providers also have the option of viewing all prior authorizations associated with their TIN.
- The provider should confirm the following information on the prior authorization:
 - Member name, date of birth and ID number
 - Ordering and rendering provider information
 - Authorization validity period
 - The medication(s) and number of units approved

If a provider has any questions, he/she should contact Magellan Rx directly at 1-800-424-1740, Monday through Friday, 8 a.m. to 6 p.m. EST.

Once prior authorization is given, can a request be made to change the dose or frequency before the approval duration has expired?

After an approval is generated, a change in dose and/or frequency may be requested via phone at 1-800-424-1740. The clinical staff will review the request and render a decision.

Can the length of the prior authorization be negotiated or is it predetermined?

The approval duration or validity period of a prior authorization is dependent on the medication and is not negotiable. Because existing conditions, such as lab values and chemotherapy regimens, can change more frequently, the validity period for supportive medications will be shorter, depending on the class of medications.

Can one prior authorization include multiple medications? Or will the provider have to obtain a prior authorization for each medication?

There is one prior authorization number per medication. However, Magellan Rx can process multiple requests during the same web session or telephone call.

Transition of Care

Will existing authorizations still be valid?

Magellan Rx will require prior authorization for specific medications that will be administered on or after January 1, 2020. Authorizations issued by Fallon Health for dates of service before January 1, 2020 for the medications included in this program will be effective until the authorization end date. Authorizations for Remicade will be terminated December 31, 2019, with 60-day advance notice sent to impacted providers.

To continue treatment after the original authorization end date, you must obtain an authorization from Magellan Rx prior to the expiration date. Claims for dates of services after the authorized end date will be denied if a provider has not obtained a successive authorization from Magellan Rx.

For members who will start one of the treatments included in this program on or after January 1, 2020, providers must complete authorizations through Magellan Rx before treatment begins.

As of January 1, 2020, only claims for the medications included in this program that have been preauthorized will be eligible for payment.

Claims

How will this new program affect claims?

Magellan Rx has been engaged only to oversee utilization management. Claims should be submitted to the same addresses you currently use for Fallon or, if submitting electronically, by using the same payer ID the provider uses now.

Will a claim submitted by the rendering provider be denied if the ordering provider fails to obtain the appropriate prior authorization?

Yes. The claim for the rendering provider will be denied. Rendering providers need to make sure a prior authorization is on file with Magellan Rx before administering the medications to members. When prior authorization is required but was not obtained, providers can follow instructions on the Explanation of Benefits (EOB) to submit a claim appeal as applicable.

Is this prior authorization process required when Fallon is secondary?

No. Prior authorization review with Magellan Rx is not required when Fallon is designated as secondary to other insurance coverage.

Who can a provider contact for more information?

For more information about prior authorizations, providers can call Magellan Rx Management at 1-800-424-1740. General questions regarding the medical pharmacy program may be directed to Fallon at 1-866-275-3247, prompt 5, or by email at askfchp@fallonhealth.org. Fallon Payment Policies may be found at: <http://www.fchp.org/providers/criteria-policies-guidelines/payment-policies.aspx>

-
- ⁱ Goll GL, Jørgensen KK, Sexton J, et al. Long-term efficacy and safety of biosimilar infliximab (CT-P13) after switching from originator infliximab: open-label extension of the NOR-SWITCH trial. *J Intern Med.* 2019 Jun;285(6):653-669.
- ⁱⁱ Park W, Yoo DH, Miranda P, et al. Efficacy and safety of switching from reference infliximab to CT-P13 compared with maintenance of CT-P13 in ankylosing spondylitis: 102-week data from the PLANETAS extension study. *Ann Rheum Dis.* 2017 Feb;76(2):346-354.
- ⁱⁱⁱ Yoo DH, Prodanovic N, Jaworski J, et al. Efficacy and safety of CT-P13 (biosimilar infliximab) in patients with rheumatoid arthritis: comparison between switching from reference infliximab to CT-P13 and continuing CT-P13 in the PLANETRA extension study. *Ann Rheum Dis.* 2017 Feb;76(2):355-363.
- ^{iv} Glinborg B, Sørensen IJ, Loft AG, et al. A nationwide non-medical switch from originator infliximab to biosimilar CT-P13 in 802 patients with inflammatory arthritis: 1-year clinical outcomes from the DANBIO registry. *Ann Rheum Dis.* 2017 Aug;76(8):1426-1431.
- ^v Strik AS, van de Vrie W, Bloemsaat-Minekus JPJ, et al. Serum concentrations after switching from originator infliximab to the biosimilar CT-P13 in patients with quiescent inflammatory bowel disease (SECURE): an open-label, multicentre, phase 4 non-inferiority trial. *Lancet Gastroenterol Hepatol.* 2018 Jun;3(6):404-412.
- ^{vi} Milassin A, Fabian A, Molnar T. Switching from infliximab to biosimilar in inflammatory bowel disease: overview of the literature and perspective. *Therap Adv Gastroenterol.* 2019; 12: 1756284819842748.
- ^{vii} Celltrion. CT-P13 (infliximab biosimilar). Briefing document for the US FDA Arthritis Advisory Committee. <http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/ArthritisAdvisoryCommittee/UCM484860.pdf>.