



## 2018 Quick Reference Guide for Pharmacy Resources

Use this reference guide to find important information related to the TexanPlus<sup>®</sup> HMO-HMO-POS formulary and benefits, Part D Star quality measures and other frequent pharmacy services.

Description	Contact Information
<p><b>TexanPlus HMO/HMO-POS Formulary Quick link</b></p>	<p><a href="http://www.TexanPlus.com">www.TexanPlus.com</a> or <a href="http://TexanPlusPOS.com">TexanPlusPOS.com</a></p>
<p><b>Prescription Drug Prior Authorizations, Coverage Determinations, and Appeals</b></p>	<p>Phone: 1-866-230-2513, 7 days a week, 8 a.m. – 8 p.m. in your local time zone                      Coverage Determinations Fax: 1-855-714-6218                      Part D Appeals Fax: 1-855-840-7315  <a href="http://www.TexanPlus.com">www.TexanPlus.com</a> or <a href="http://TexanPlusPOS.com">TexanPlusPOS.com</a></p>
<p><b>TexanPlus HMO/HMO-POS Pharmacy Support</b></p>	<p>Phone: 1-866-386-1139                      (Monday – Friday, 8 a.m. – 4 p.m. Central Time)                      E-mail: <a href="mailto:PharmacySupport@UniversalAmerican.com">PharmacySupport@UniversalAmerican.com</a></p>
<p><b>Extra Help</b>                      The Federal government has a program called Extra Help (also called the Low Income Subsidy-LIS-Program). This program helps people with limited income and resources pay for their prescription drug costs associated with Medicare Part D.</p>	<p>Phone: Social Security 1-800-772-1213                      (Monday – Friday, 7:00 a.m. – 7:00 p.m. Central Time)                      Medicare 1-800-MEDICARE (1-800-633-4227)                      24 hours a day, 7 days a week  <a href="http://www.ssa.gov/medicare">www.ssa.gov/medicare</a></p>
<p><b>CVS Caremark Mail Service</b>                      TexanPlus HMO/HMO-POS offers our Medicare Advantage Prescription Drug (MA-PD) members a money-saving and convenient Mail Service benefit for most brand-name and generic drugs that they take regularly. Patients can receive a 90-day supply of most Tier 1 and Tier 2 prescription drugs for a 30-day copay; 90-day supply of most Tier 3 and Tier 4 prescription drugs for two 30-day copays. Available only from a preferred mail service pharmacy and filled during the initial coverage stage. See the Formulary and Evidence of Coverage (EOC) for availability and copays.</p>	<p><u>E-Prescribe:</u> CVS Caremark Mail Service                      NCPDP ID 322038  <u>Phone:</u> 1-800-378-5697; press 3 when prompted                      (Monday – Friday, 7:00 a.m. – 7:30 p.m. Central Time)  <u>Fax:</u> 1) Go to <a href="http://UAMProviderLink.com">UAMProviderLink.com</a>                      2) Download and complete our FastStart<sup>®</sup> New Prescription Fax Form                      3) Fax the form to 1-800-378-0323</p>
<p><b>CVS Caremark Specialty Pharmacy</b>                      Specialty pharmacy for complex health conditions, such as Cancer, Crohn’s Disease, Multiple Sclerosis, Rheumatoid Arthritis, Transplants, etc.</p>	<p><u>E-Prescribe:</u> CVS Caremark Specialty Pharmacy                      NCPDP ID 1466033  <u>Phone:</u> 1-800-237-2767                      (Monday – Friday, 6:30 a.m. – 8:00 p.m. Central Time)  <u>Fax:</u> 1) Go to <a href="http://www.CVSCaremarkSpecialtyRx.com">www.CVSCaremarkSpecialtyRx.com</a>                      2) Go to Health Care Professionals (top left)                      3) Go to Enrollment Forms and download form                      4) Fax the form to 1-800-323-2445</p>

## Medicare Part D Star Ratings Quality Measures

Performance and quality measures are used by the Centers for Medicare & Medicaid Services (CMS) to evaluate health and drug plans and to provide information for Medicare beneficiaries concerning health and drug plans.

CMS Medicare Part D Quality Measure	Description	Physician Collaboration
Drug Adherence: 3 Categories: <ul style="list-style-type: none"> <li>• Oral Diabetes Medications,</li> <li>• RAS (ACE/ARB),</li> <li>• Statins</li> </ul>	The percent of Medicare Part D beneficiaries 18 years or older who adhere to their prescribed drug therapy. Adherence is defined as the proportion of days covered (PDC) of 80 percent or more during the measurement period.	1) Discuss the importance of medication therapy. 2) Prescribe maintenance medications for 90 days per script. 3) Promote mail service.
Statin Use in Persons with Diabetes	The percentage of Medicare Part D beneficiaries 40 – 75 years old who were dispensed at least two (2) diabetes prescription fills and received a statin prescription fill.	Consider prescribing a statin medication to diabetic patients within the specified age range who meet the American College of Cardiology/American Heart Association (ACC/AHA) guidelines for moderate to high intensity statin therapy for primary prevention.

## Key High-Risk Medications

High Risk Medications (HRMs) are identified as medications which may require additional monitoring, may need to be dose adjusted, or may be inappropriate in certain older adults. Please use caution in prescribing medication categories listed below.

Key High-Risk Medications	
Drug Class	Drug Name
Non-Benzodiazepine Hypnotics	zolpidem, zolpidem ER, zaleplon, eszopiclone
Skeletal Muscle Relaxants	cyclobenzaprine, carisoprodol, methocarbamol, metaxalone, chlorzoxazone, orphenadrine
Antidepressants, Tricyclic	amitriptyline, doxepin, clomipramine, imipramine
Estrogen/Progestin	estradiol, Premarin®, megestrol, norethindrone acetate-ethinyl estradiol, esterified estrogen
Antiarrhythmic	digoxin (>0.125mg/day), disopyramide
First Generation Antihistamines	promethazine, hydroxyzine, brompheniramine, chlorpheniramine, doxylamine
Sulfonylureas, long-acting	glyburide, chlorpropamide

## Common Generic Medications available at Tier 1

A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs. TexanPlus HMO/HMO-POS has commonly prescribed generic drugs available in **Tier 1 with the lowest member cost-share.**

<b>Key Tier 1 Generic Drugs</b>	
<b>Drug Class</b>	<b>Drug Name</b>
<b>ACE Inhibitors/combinations</b>	lisinopril, lisinopril-HCTZ, benazepril, benazepril-HCTZ, amlodipine-benazepril, captopril, captopril-HCTZ, enalapril, enalapril-HCTZ, fosinopril, fosinopril-HCTZ, moexipril, moexipril-HCTZ, perindopril, quinapril, quinapril-HCTZ, rampiril,trandopril,
<b>Angiotensin II Receptor Antagonist/combinations</b>	irbesartan, irbesartan-HCTZ, losartan, losartan-HCTZ, olmesartan, olmesartan-HCTZ, amlodipine-olmesartan, olmesartan-HCTZ-amlodipine, valsartan, valsartan-HCTZ, amlodipine-valsartan, valsartan-HCTZ-amlodipine
<b>Anticoagulants</b>	warfarin, Jantoven
<b>Antidepressants</b>	citalopram, escitalopram, fluoxetine, mirtazapine, nortriptyline, paroxetine, sertraline, trazodone, venlafaxine ER
<b>Anti-diabetic Agents, Oral</b>	glimepiride, glipizide, glipizide ER, glipizide-metformin, metformin, nateglinide, pioglitazone, repaglinide
<b>Anti-inflammatory (NSAIDs)</b>	ibuprofen, meloxicam, naproxen, sulindac
<b>Antiviral</b>	acyclovir tablets
<b>Beta-Blockers</b>	atenolol, bisoprolol-HCTZ, carvedilol, metoprolol tartrate
<b>Bisphosphonates</b>	alendronate
<b>Calcium Channel Blockers</b>	amlodipine, verapamil, verapamil ER
<b>Diuretic Agents</b>	furosemide, hydrochlorothiazide (HCTZ), triamterene-HCTZ
<b>HMG Reductase Inhibitors (Statins)</b>	atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
<b>Ophthalmic, Antiglaucoma</b>	latanoprost solution, timolol maleate solution, brimonidine tartrate solution
<b>Platelet Aggregation Inhibitors</b>	clopidogrel
<b>Proton Pump Inhibitors</b>	omeprazole DR, pantoprazole