Paydhealth

Select Drugs and Products™ Program

Group health Plans partner with Paydhealth to offer the Select Drugs and Products™ Program for their members who are taking certain specialty drugs. The Select Drugs and Products™ Program includes enhanced alternate funding and financial case management and focuses on the economic needs of Plan members while leveraging clinical services already included through the Plan's prescription drug benefit. The Program reduces costs for the members and may reduce the Plan's cost, with minimal impact on treatment time.

Key things to know:

Enrollment in the Select Drugs and Products™ Program provides an opportunity to substantially reduce a member's specialty drug out-of-pocket cost — in some cases, to no cost at all.

A member must complete prior authorization and enroll in the Program to meet Plan coverage criteria. Otherwise, the specialty drug prescription cost will not be paid by the Plan, and the member will pay the full cost of the specialty drug charged by the pharmacy.

All specialty drugs on the Select Drugs and Products™ list require clinical and administrative review, must be medically necessary, and must be submitted to alternate funding before a benefit will be payable.

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Here are answers to a few frequently asked questions (FAQs) about the Select Drugs and Products™ Program.

What is "alternate funding?"

Prescription drug savings and marketing cards are examples of alternate funding that help patients afford otherwise high-cost medications. Alternate funding sources could also include other financial resources available through private foundations (often sponsored by pharmaceutical companies), public foundations and endowments, county, and/or municipal programs, and state specialty access programs.

Throughout the year, a Plan member may be required to provide information for multiple alternate funding sources depending on the type of funding available.

What type of information will a member need to provide to Paydhealth or other funding sources?

Alternate funding programs typically require that applicants meet certain eligibility criteria. Generally, alternate funding programs require the member to meet a complex level of requirements, although most programs are available to the general public.

In some cases, an alternate funding program may ask to confirm information in order to determine the member's eligibility for a Paydhealth identified program. Paydhealth will screen the member's information as part of identifying alternate funding programs that may be right for the member.

Some of the questions a member may be asked include:

- What is the reason the member is taking a medication (also known as the indication)?
- What medication has been used in the past?
- Is the member eligible for any federal healthcare benefits (i.e., Medicare, Medicaid, etc.)?
- What state, county or municipality does the member reside in?
- Is the member a U.S. Citizen or legally documented person?
- How large is the household?
- What is the approximate income of the household?

In all cases where alternate funding is obtained, member responses are kept in confidence between the member, Paydhealth, and any alternate funding program that has been identified by Paydhealth on the member's behalf. Where alternate funding is obtained, the Plan does not use this information in any way to determine coverage under the Plan.

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Is alternate funding *only* for people with no healthcare coverage?

No. Many alternate funding programs have been offered in the market for more than twenty years and the market has steadily grown year over year. Many of these programs are specifically designed for individuals who have a healthcare coverage. Alternate funding includes any form of funding provided to a member outside of a health and welfare plan.

How will this impact me? What should I expect?

Most members will see little or no out-of-pocket cost for specialty drugs that receive alternate funding. When a specialty drug claim is processed under the prescription drug benefit of a member's Plan, it is automatically subject to prior authorization review. This is a standard procedure that assures the specialty drug is appropriately used and is meeting the medical necessity requirements of the Plan. When this clinical review is completed, a near simultaneous administrative review of the alternate funding market is completed.

The Select Drugs and Products™ Program is a "chaperone" service. A Program case coordinator will initially contact the member to begin the administrative review. This initial call takes about 10 minutes where a case coordinator will review alternate funding with the member and the requirements of identified programs. Some alternate funding programs require that the member attest to the accuracy of the information submitted. The case coordinator will notify the member if such an attestation is required. The entire process routinely takes less than 72 hours when all information is gathered.

How is Paydhealth informed about members who may qualify for this Program?

Paydhealth is notified of a member who may qualify for the Select Drugs and Products™ Program through an identification code that is associated with a specialty drug claim. This notification happens in near real-time and will initiate outreach to the member by the Paydhealth case coordination team. The member will usually hear from Paydhealth within 24 hours of the pharmacy submitting a claim for a medication on the Select Drug and Products™ list. During this period, the Pharmacy and the member's healthcare provider/prescriber will attempt to confirm the medical necessity for the prescription under the Plan.

Will my provider need to provide any information to Paydhealth?

The member's provider office may need to provide information to Paydhealth and to any alternate funding programs identified by Paydhealth on the member's behalf. Paydhealth will also work with the member's provider office to facilitate any new prescription requests at the member's direction. The member's provider may be asked by an alternate funding program to confirm the member's diagnosis.

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Will I experience a disruption in receiving my specialty drug?

No. The Program is specifically designed to ensure that the member will not experience a delay or disruption in treatment. To avoid disruptions, a member's active and timely participation is required when working with Paydhealth. Members should plan ahead and communicate frequently with their case coordinator, who is their personal advocate.

What are the typical qualification criteria?

- While each alternate funding program sets its own unique qualification criteria, typically the following areas of interest are used in determining a member's eligibility for alternate funding:
- Household Characteristics, including the size and income of the household;
- US citizenship status and the state/county or municipality in which the member resides;
- Medical condition confirmation;
- That there is no "off-label" use, in other words, that the specialty drug is being used in accordance with the FDA-approved use.

What information is shared with the Plan?

All information shared by members with the Program and alternate funding programs is confidential to those parties. The only exception is that information required to adjudicate Plan payments may be shared with the Plan. The Plan does not receive any other member information shared with Paydhealth or alternate funding programs and does not use any shared member information in determining coverage of a specialty drug.

Will specialty drugs be excluded from Plan coverage?

No. The Select Drugs and Products™ Program does not exclude specialty drugs from coverage by the Plan. If such alternate funding is available, the case coordinator works closely with the member to access it. If it is not available, the Plan provides options to have a case reconsidered under the Plan's appeal process where a member will be required to meet Plan criteria.

Will I have to change pharmacies to get my specialty medication?

The Select Drugs and Products™ Program through Paydhealth coordinates the funding of the member's specialty prescriptions. The dispensing pharmacy will determine the alternate funding based on the alternate funding program(s) available. In most cases, the current Specialty Pharmacy will continue to dispense the member's specialty medications whenever possible. However, certain prescriptions are only available through specific pharmacies chosen by an alternate funding program and those distribution options may be limited.

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How often is the Select Drugs and Products™ list updated?

The Program drug list is updated every three months, using a rolling update model. Only brand-name specialty drugs are included in the Program. Therefore, if the product becomes available generically, the generic specialty drug benefit will apply.

What about non-compliant members?

Our experience indicates that very few members will be non-compliant. In these instances, communication is key. Case coordinators make every effort to engage non-compliant members, and if unsuccessful, Paydhealth will reach out to the Plan for assistance in communicating with a non-compliant member.

Does the Select Drugs and Products™ Program include all specialty drugs?

While the Program includes the vast majority of specialty drugs, certain categories are not included in the Select Drugs and Products™ Program. These categories include specialty drugs used in an urgent or emergency care setting that are typically administered in a physician's office. Example categories are allergens and toxins, viscosupplements, infertility drugs, IUDs, and blood thinners. Also, generic or multisource drugs are not included in the Program.

Does the Select Drugs and Products™ Program include personal importation (Canadian Pharmacy) or pharmacy tourism?

No. The Program includes only U.S. pharmacy-supplied specialty drugs. The Program is designed to manage the funding of specialty drug prescriptions and it does not provide access to products dispensed by pharmacies located outside of the United States of America.

Will I be billed for services, and are there fees associated with the Select Drugs and Products™ Program program?

The only charges that a member may experience are related to their published out-of-pocket expense payable to the pharmacy or an alternate funding service charge. In most cases, the Program will succeed in securing enough alternate funding that a member's out-of-pocket will be lower than their Plan defined co-payment or co-insurance. The Program will never charge a member directly, and all Program fees are paid by the member's health Plan.

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Is there a deductible or maximum out-of-pocket for specialty drugs?

Yes. Specialty drugs paid by the Plan are subject to a deductible and accumulate toward the maximum out-of-pocket (MOOP). For more detail, refer to the benefit summary. Alternate funding contributions to a member do not accumulate toward a deductible or MOOP, unless required by regulations.

What about members who don't qualify for alternate funding?

Most members will receive some amount of alternate funding. A significant percentage of members will be eligible for alternate funding that addresses the full cost of a specialty drug prescription. A Member's claim that is not eligible for full funding through an alternate funding program is automatically submitted on the member's behalf for a benefit reconsideration under the appeals policy of the Plan. If approved, the Plan would pay the drug claim, subject to any deductible, coinsurance, or co-pay paid prior to satisfaction of the out-of-pocket maximum.

What if the appeal for benefit reconsideration is denied?

A Member's claim that is not eligible for full funding, through an alternate funding program, is automatically submitted on the member's behalf for a benefit reconsideration under the appeals policy of the Plan. In the event that the benefit reconsideration claim is denied, the member may appeal that decision under the Plan's claim procedure. If the appeal is approved, the Plan would cover the benefit, again subject to any deductible, coinsurance, or co-pay prior to satisfaction of the out-of-pocket maximum. For an approved claim, the Plan would cover all charges after satisfaction of the out-of-pocket maximum at 100% of the amount allowed under the Plan for the specialty drug.

Who do I call with questions about my specialty drug funding options?

If the member has any questions regarding this Program or the member's specialty drug benefit and funding, please call Paydhealth's Specialty Contact Center at 877.869.7772 (Monday thru Friday - 9:00 a.m. – 9:00 p.m. ET / 8:00 a.m. – 8:00 p.m. CT).

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