

# Glossary of FHCP Coverage and Rx Terms

- This glossary has many Florida Health Care Plans commonly used terms, but isn't a full list. Additional resources include the Certificate of Coverage (COC), Summary of Benefits and Coverage (SBC), Member FAQ's, Commercial Drug Formulary FAQ's and the FHCP Prior Authorization Medication List, all available at [www.FHCP.com](http://www.FHCP.com).

## Brand

A drug is designated as brand or generic based on the Wolters Kluwer Medi-Span Drug Database.

## Closed Panel

Means the physician is currently an "in-network" provider, but is not accepting new patients at this time. If the member is already an existing patient of the physician, they may ask the physician if they would be willing to retain them on their panel. If so, the physician would need to notify FHCP to allow the member to be assigned to them. If not, the member would need to select another physician whose panel is open.

## Coinsurance Estimator Center

Allows members to find the exact costs of diagnostic procedures and other medical services. The CEC can be reached at 386-615-5068 or 1-800-352-9824, Ext. 5068

## Colonoscopy prep kit

Is covered under the Prescription Benefit, meaning there is an Rx copay when picking up the kit.

## DAW "Dispense as Written"

Florida is a mandatory generic substitutable state. Non-acceptance of a generic equivalent drug by an FHCP member will result in the brand name becoming a non-covered drug.

## Diagnostic Tests

Are medically indicated to help the member's physician diagnose a problem reported or observed by the physician. For example, a patient presenting with pain, discharge, or a lump in the breast, or a patient with a past history of cancer would need a diagnostic mammogram. A patient with a history of abnormal mammograms in the past would need a diagnostic mammogram. A patient who's age indicates she needs a mammogram, but has no symptoms or history of breast issues would need a screening mammogram.

## Drug Formulary

A drug formulary is a list of covered drugs selected by Florida Health Care Plans (see [FHCP.com](http://FHCP.com)).

## Drug Formulary changes

Generally, if you are taking a drug on our formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the coverage year. The exception is if a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.



## Generic

Florida Health Care Plans covers both brand name drugs and generic drugs. Generic drugs are approved by the FDA as having the same active ingredients and are bio-equivalent as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## Generic Substitution

When a brand-name drug has a generic equivalent, pharmacists must substitute the generic equivalent drug for the brand-name drug. Your provider may write the prescription "dispense as written" if he or she wants you to get only the brand-name drug, or you can tell the pharmacist you want the brand-name drug. However, you will pay more for drugs that have a generic equivalent (see DAW).

## HECN Network

The HECN network is expanded from the standard commercial HMO network. There are many additional providers added to the network.

## Independent Clinical Labs

Include laboratory draw stations at FHCP facilities, along with designated LabCorp Service Centers throughout FHCP's service area. This is where members go to have blood and urine samples taken.

## Independent Diagnostic Testing Centers

Centers that are not associated with a Hospital that render outpatient services (both screening and diagnostic). They perform mainly radiology testing, including but not limited to mammograms, ultrasounds, nuclear studies and advanced imaging services such as CT scans, MRI's & PET scans. It is important that the testing center is not associated with a hospital. Those that are associated with a hospital are considered a department of the hospital, even though they are not physically located within or near the hospital. For hospital associated facilities, their bills are submitted to FHCP by the hospital. These bills do not indicate the actual physical location of the test, and therefore FHCP adjudicates them as hospital outpatient claims. This results in significantly higher cost sharing for the member.

## Mail Order

A member can go to an FHCP Pharmacy and fill out the MOPDP form/envelope and turn it in or mail back to FHCP. Additionally, they can call the Holly Hill pharmacy and begin the program by phone. Members receive a \$1 discount per medication per month with no shipping costs. Example: 93 day supply of a non-preferred generic for \$27.00.



## Medication Guide

Medication Guides are paper handouts that come with many prescription medicines. The guides address issues that are specific to particular drugs and drug classes, and they contain FDA-approved information that can help patients avoid serious adverse events.

## Medical second opinion

FHCP reserves the right to cover these at a 60/40 split as they are usually at the discretion of the member. A third opinion is covered only if the first two opinions

are conflicting. Requests go through Referrals and can be initiated by the member or their doctor.

## Non-preferred

Generics and brands that have a higher copay or coinsurance associated with them when compared to preferred.

## Preferred

Generics or brands that have a lower copay or coinsurance associated with them when compared to non-preferred. Drugs that are determined by the Pharmacy and Therapeutics Committee to be the best in a particular class based on: clinical effectiveness, safety and outcomes.

## Prior Authorization

FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescriptions. If you don't get approval, FHCP may not cover the drug.

## Quantity Limits

For certain drugs, FHCP limits the amount of the drug that FHCP will cover. Quantity limits apply to certain medications as part of the pre-certification program and are designed to help promote appropriate and efficient medication use and enhance patient safety.

## Screening tests

Are considered as preventive care and there is no problem based reason for the test.

## Specialty Rx

Specialty drugs are drugs that cost greater than \$600/month as defined by CMS. All specialty medication authorization requests begin with your physician.

## Step Therapy

In some cases, FHCP requires you to first try one or more "prerequisite" drugs to treat your medical condition before we will cover another drug for that condition. Prerequisite medications and their corresponding step therapy are FDA-approved and are used to treat the same conditions.



## Surgical Second Opinion

Surgical second opinions are covered at the benefit level (i.e. \$35 copay for a specialist). Second and third opinions can be made by participating and non-participating providers.



## Temporary one time first fill/refill

If a new member or their representative presents at a participating pharmacy with a prescription for a drug that is not on the formulary, the prescription (or refill) will be supplied on a one-time basis to accommodate the immediate need of the member.

## Transition of Care

For new members, FHCP will request a list of current prescriptions at the time of enrollment via the Commercial Transition Program form. The Commercial Transition Program form will be forwarded to FHCP's Medication Therapy Management (MTM) Pharmacist for review.

## Using the Formulary

The drugs in the formulary are grouped into categories depending on the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Drugs". The drugs used to treat a condition are then further organized in alphabetical order under the categories.

## Zostavax

Is covered by FHCP with an age requirement of 60 years and older. The vaccine is frozen and is administered at a participating infusion clinic such as the FHCP Centers in Daytona Beach and Orange City. The requesting provider may call the above facilities for information and instructions.

