

**APPROVED**

THE TULALIP TRIBES  
Resolution No. 2015- 063

***Approving Tulalip Clinical Pharmacy Drug Formulary and Coverage Guidelines***

WHEREAS the Board of Directors is the governing body of the Tulalip Tribes under the Constitution and Bylaws of the Tribe approved by the United States Commissioner of Indian Affairs and the Secretary of the Interior on January 24, 1936, pursuant to the Act of June 18, 1934 (48 Stat. 984, 25 U.S.C. §476);

WHEREAS, pursuant to Art. VI. Section 1, the Board of Directors has authority to take action for the general welfare of the Tulalip Tribes and its enterprises, and

WHEREAS, the Tulalip Board of Directors has previously chartered the Tulalip Clinical Pharmacy to provide pharmacy services for the Tulalip community, and

WHEREAS, the Tulalip Clinical Pharmacy Board has recommended adoption of a Tulalip Pharmacy Drug Formulary and Coverage Guidelines applicable to the subscription benefit program for Tribal members.

NOW THEREFORE BE IT **RESOLVED** that the Board of Directors of the Tulalip Tribes hereby approves and authorizes the implementation of the attached Tulalip Clinical Pharmacy Drug Formulary and Coverage Guidelines.

ADOPTED by the Board of Directors of the Tulalip Tribes of Washington at a Special meeting assembled on the 7 of MARCH, 2015 with a quorum present, by a vote of 5 for and 0 against.

THE TULALIP TRIBES

*Herman Williams Sr.*

Herman Williams Sr, Chairman

ATTEST:

*Marie Zackuse*

Marie Zackuse, Secretary

VERSION 1.0  
FEBRUARY 16, 2015



# Tulalip Clinical PHARMACY

## TULALIP DRUG FORMULARY AND COVERAGE GUIDELINES PROPOSAL

PRESENTED BY: KELVIN LEE  
TULALIP CLINICAL PHARMACY

TULALIP DRUG FORMULARY AND COVERAGE GUIDELINES PROPOSAL

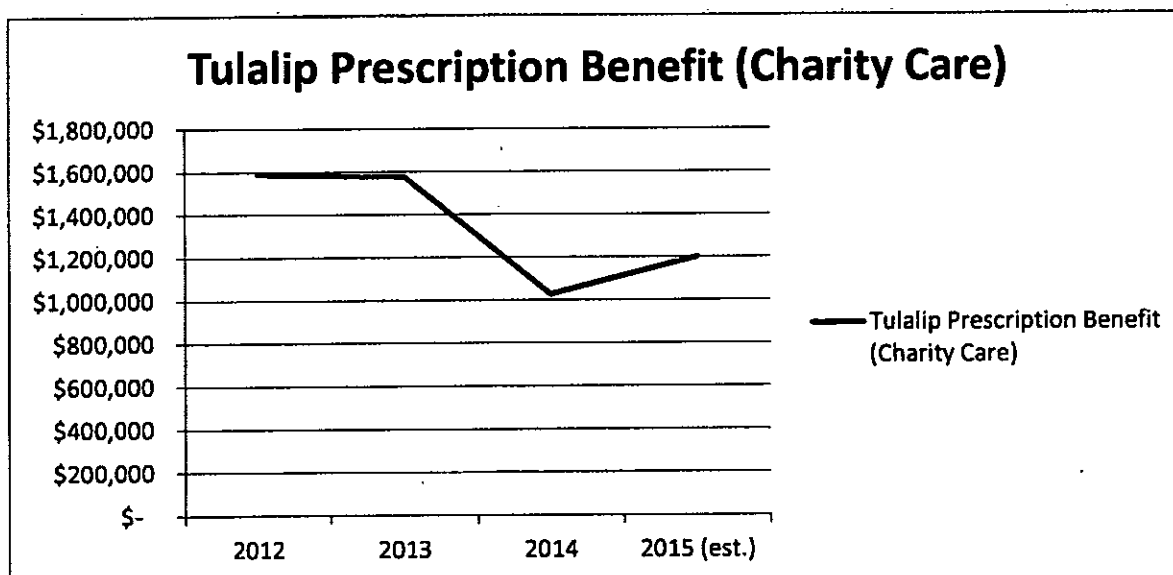
**RESOLUTION**

To seek approval of the Tulalip Prescription Benefit Formulary and Coverage Guidelines by the Tulalip Board of Directors.

**BACKGROUND INFORMATION**

Without an official drug formulary and prescription coverage guidelines, hard dollars paid out to cover Tulalip member's prescription expenses represent a huge and unlimited financial burden to the Tulalip Tribe. Below are the annual Tulalip Prescription Benefit expenditures from 2012-2015:

	2012	2013	2014	2015 (est.)
Tulalip Prescription Benefit (Charity Care)	\$ 1,588,537	\$ 1,577,041	\$ 1,026,559	\$ 1,200,000



**OBJECTIVES AND TARGETS**

**PROGRAM OBJECTIVES**

- Significant reduction in the program expenditure ensure program sustainability
- Improve member's enrollment in primary insurance coverage
- Encourage member's active participation in their health and wellness maintenance
- Ensure efficacious, safe, and cost-effective drug therapy and optimal patient care outcomes in the use of drugs and medicines.

- With the implementation of the proposed Tulalip Prescription Benefit Formulary and Guidelines, Hard dollars for Tulalip Prescription Benefit program is expected to be reduced by 40-60% based a case study of formulary implementation conducted in 2013.

	2015 (est.)	2015 w/Formulary
Tulalip Prescription Benefit (Charity Care)	\$ 1,200,000	\$ 600,000

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## PROPOSED TULALIP DRUG FORMULARY

- The proposed Tulalip drug formulary is a preferred list of medications intended to help guide prescribing decisions, developed using evidence based guidelines and best practice recommendations from multiple groups.
- Medication coverage is limited to those medications listed. Medications are listed with clear preference for those shown most beneficial, often with prioritization according to cost, availability, and/or safety.
- Older, generically available medications are usually prioritized over newer, brand-name only ones because:
  - Safety record is more clearly established
  - The cost is usually lower
- Prescribers are given clear guidance regarding the order in which to try different medications
  - Stepped care (tiered) approach starts with most cost-effective
  - Coverage for higher tier medications limited to patients for whom lower tier ones did not work.
  - Prescribers must explain their rationale (complete a prior authorization) before coverage will be provided for certain top-tier medications

## COVERED PRESCRIPTION DRUGS – GENERAL OVERVIEW

- The Tulalip prescription benefit applies after all other prescription benefits have been applied, including any restrictions or requirements for prior authorization.
- In order to receive prescription coverage with the proposed formulary, a member must present evidence of primary insurance or a pending application for primary insurance
- Prescription drugs when prescribed by an authorized Tulalip Health Clinic provider or other provider referred by a Tulalip Health Clinic provider, AND listed in the Tulalip Prescription Formulary

- Compounded prescriptions containing at least one prescription ingredient in a therapeutic quantity
- A prescription is required for coverage of over-the-counter (OTC) items listed in the formulary, with the exception of permethrin cream rinse for treatment of head lice.
- Diabetic testing supplies
- Syringes, needles, and sharps containers when prescribed with an injectable medication

#### **GENERIC MEDICATIONS**

- Generically available medications are preferred over those available only as brand name, except when lower cost brand name products are available in the 340-B program.
- Prescriptions for brand name items and signed "Dispense as Written" where a generic alternative exists may require justification for use of the brand name. The patient may be responsible for the difference in cost between brand and generic products.

#### **TIER COVERAGE AND STEPPED CARE**

- Tier one items are preferred over those listed in tiers two and three.
- Prescriptions for items listed as tier two must include rationale for use where a tier one alternative exists.
- Prescriptions for items listed as tier three must include rationale for use where tier one or two alternatives exist.
- Stepped care therapy requires documentation of prior failure with first or second line agents.

#### **DAYS' SUPPLY AND QUANTITY LIMITATIONS**

- Prescriptions for patients without other insurance coverage may be dispensed for up to a 30 day supply. A 90 day supply may be dispensed with provider authorization for items as noted.
- Prescriptions for patients with other insurance may be dispensed in quantities allowed by that plan.
- Quantities covered at a time may be limited by either days' supply (e.g., max 14- or 30-day supply at a time) or number of dosage units per day or per month.

#### **REPLACEMENT OF LOST OR STOLEN PRESCRIPTIONS**

- Replacement will be covered a maximum of once per drug, every six months, per patient. Patients must pay for replacement prescriptions beyond these limitations.
- Retail cost of replaced items must be less than \$200
- Replacement of controlled substances may be subject to additional limitations

#### **OPIOID ADDICTION AND MAINTENANCE TREATMENT PROGRAMS**

- Opioid maintenance treatment using buprenorphine (Subutex) and buprenorphine/naloxone (Suboxone) through SAMHSA-approved providers may be limited to programs meeting specific criteria or require patients to participate in additional Tulalip programs for coverage.

#### **PRIOR AUTHORIZATION (PA)**

- Prior authorization (PA) must be obtained for some items before coverage will be approved. Some items must be prescribed by a specialist (e.g., pain management) for PA approval. This is to help ensure safety and efficacy while assuring use remains within appropriate guidelines.
- Specialty items must be prescribed by an appropriate specialist (e.g., rheumatologist prescribing for rheumatoid arthritis, gastroenterologist prescribing for Crohn's disease). Coverage for most specialty items also requires PA.
- High risk medications (HRM) require PA for patients age 65 years or older.
- PA is required for any medications used to suppress appetite or weight control drugs. These items may also be subject to higher copay.
- PA may be required for oral and topical acne medications for patients' age 35 years or older.

#### **PREVENTIVE SERVICES**

Preventive services as described under the Affordable Care Act (ACA) are covered for \$0 copay. These include

- Aspirin to prevent cardiovascular disease
- Bowel preparations for colorectal cancer screening
- Fluoride and/or iron supplementation for children
- Folic acid supplementation for women who are pregnant or planning to become pregnant
- Tobacco use counseling and cessation intervention using nicotine replacement are provided through another tribal program.
- Immunizations as indicated, including immune globulin products.
- Women's health preventive services (i.e., birth control, emergency contraception)

#### **COVERAGE LIMITATIONS**

- Administration. Charges for administration of some covered prescription drugs are included in the coverage, e.g., immunizations.
- Durable medical equipment and wound care supplies. Some items may be covered with PA
- Erectile dysfunction treatments.
- Meal replacement beverages. Patients are referred to other tribal programs if these products are indicated.

- Nicotine replacement for tobacco cessation. Patients are referred to the appropriate tribal program.