



Frequently Asked Questions For KPCM Pharmacy Care Management Program

What is the Keenan Pharmacy Care Management Program?

The Pharmacy Care Management Program (KPCM) offers an independent, unbiased review of prescription medications by engaging physicians and members directly to ensure that the best possible drug therapies are chosen, based on their clinical effectiveness and overall cost to patients and the plan. In most cases, this program will help not only the plan, but the members reduce their out-of-pocket costs for prescription medications.

How does KPCM work?

- KPCM has developed proprietary technology to review a client's claims data and recommend possible drug alternatives to the prescribing physician
- An automated care management system is used to assess the prescriptions being written and identify appropriate therapeutic alternatives
- Recommended prescription modifications are communicated to physicians. If approved by the prescribing physician, new prescriptions are issued

How are savings derived?

Education shifting prescribing from high cost to lower cost equivalents:

- Brand to brand » brand to generic » generic to generic » generic to brand therapeutic alternatives

One great feature of the KPCM program is that the savings are immediate and easy to measure. Savings occur when a member taking a targeted drug switches to a lower cost, clinically appropriate alternative. Only when the lower cost alternative is dispensed, are the savings calculated.

What are the benefits of KPCM?

The benefits of KPCM include:

- Expert, independent clinical oversight
- Conformance to established guidelines and best practices
- Plan and copay savings

How am I notified if my prescription is changed?

- If an alternative is approved by a member's physician, the new prescription will be sent directly to the pharmacy.
- KPCM will contact the member by phone to make them aware of the doctor approved alternative.

What if I don't want to take the new prescription/want to go back to my original prescription?

If this is Non-Specialty Drug, then you simply contact your physician and let them know that you want to stay on the original prescription. SPECIALTY DRUGS require a prior authorization (see reverse side).

How can I contact KPCM?

Please feel free to contact a KPCM representative at **800-234-0571** Monday - Friday between the hours of 12pm to 9pm eastern time if you have any questions or wish to proactively explore potential quality improvement or cost saving alternatives for any medications prescribed by your doctor.

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Why does KPCM have access to my private medical information?

The KPCM Pharmacy Care Management Program works in concert with Express Scripts. The program is designed specifically to enhance your pharmacy plan and provide you with ways to improve your quality of care. In most cases, this program will help reduce your out-of-pocket costs for prescription medications too.

None of your private medical information is shared with your health plan or any third party. Your private information is always maintained in strict confidence.

Why would they contact my doctor without my permission?

The KPCM program was put in place by your health plan to work in concert with your Express Scripts program to support the use of clinically equivalent drug therapies at reduced cost. Under the program, your prescribing physician is always contacted first to make sure they are comfortable with your making a switch from one medication to another. Only with the approval of your doctor will a KPCM representative contact you about an opportunity to take advantage of a lower cost therapy equivalent.

Will KPCM manage the prior authorization (PA) for my SPECIALTY DRUGS?

Yes. The SPECIALTY PA process will be managed by KPCM. All other non-specialty drugs requiring a prior authorization will continue to be managed by Express Scripts.

How will prescribers know to contact KPCM if a Prior Authorization review is required?

If a member is prescribed a SPECIALTY medication, their pharmacy receives electronic messaging that provides KPCM contact instructions to initiate the prior authorization process. If a provider contacts Express Scripts to initiate a prior authorization review, Express Scripts will direct the provider to contact KPCM by phone or via the web site.

What is the turn-around time to get the medication approved?

Once KPCM receives necessary documents from the prescriber, the typical turn-around is under 24 hours.

Where do members call if they have a question?

Members are encouraged to speak with their doctor regarding any request for prior authorization. You may also contact the KPCM call center with any questions.