

## Planbuilder Appendices - for Exceptions to the Basic Plan Design.

TeleCLAIM's PlanBuilder module has been designed to enable quick and easy plan creation and maintenance. It accomplishes this design goal by two important features.

- 1) Copy one plan to create another plan with a new identification (called "cloning"). Changes are then made to the new plan. This feature is extremely useful when plans are similar but require one or more minor modifications. This saves the error-prone, entry of many identical data and parameters of a new plan.
- 2) Exception to Global controls (e.g. – "exclude all birth control medications"). Basic Plan global exclusions apply to entire classes of drugs but there may be one or several drugs within the class that may be made an exception so they included (and the global exclusion is over-ridden). This feature can save the entry a large number of exclusions within the designated class of drugs.

PlanBuilder use of globalization of controls in the Basic Plan Design controls entire classes of drugs. In order to make this globalization feature practical; however, PlanBuilder enables the incorporation of lists of exceptions. These lists of exceptions are introduced to the processing by a supplementary feature called Appendices – there are 15 different Appendices that provide common areas of global application that ordinarily require exceptions to the rule.

Each Appendix is created by a screen designed for simple and easy entries of the critical parameters of the drug. Each screen has similar construction very much like the Basic Plan Design screens. Once the basic plan is designed, you may have exceptions to the global entries. The following 15 screens allow for these exceptions.

- A. Drug Inclusions with Prior Authorization**
- B. Exclusions – Over-ride of global class Inclusions**
- C. Inclusions of Brand drugs as Generic drugs.**
- D. Maintenance Drug Designations for this plan.**
- E. Exclusions for Deductible/Maximum Limit Avoidance**
- F. Designating Zero Co-Pay drugs**
- G. Forcing Generic Co-Pay Treatment**
- H. Designating special Co-Pay for certain drugs**
- I. Special Ingredient Cost determination**
- J. Designating special Quantity/Days-Supply Maximums**
- K. Application of Time Period Limitations**
- L. UPC/NDC Lockout designations**
- M. Restrictions of drugs by Age and/or Gender**
- N. Drugs Restricted by Physician Specialties**
- O. MAC Price tables, Creation of**



Each has the same screen format as Appendix A. They are the following Appendices and require the same rules of drug identification as stated for Appendix A.

- B. Specific Exclusions** - drugs to be excluded even though the class of drugs is included. Example: you include blood pressure drugs, but you want to exclude some of them.
- C. Forcing Inclusion of Brand Drugs** – this is a list of drugs that you want treated like Generics, thereby forcing acceptance in a Generic-only plan, and using the designated Co-Pay for Generics.
- D. Designating Maintenance Drugs** – drugs on this list will be considered maintenance drugs for this plan. This is only necessary if the drug is not considered a maintenance drug on the drug file.
- E. Exclusions from Deductible/Maximum Limits** – These are drugs you wish to exclude from the application of deductible and maximum controls. These drugs will not accumulate towards the deductible/maximum.
- F. Zero Co-Pay drugs** – these drugs shall not show a Co-Pay for collection from the payer.
- G. Treat like Generic Co-Pay drugs** – these drugs will collect the Generic Co-Pay, but will still be treated as Brand drugs.













Example: weight control is limited to 1 Rx per month, 4 per year and/or 13 per lifetime. This example shows the maximum of 3 entries for a drug.

**NDC Lockout (Preferred Drug Selection)**

Plan Number (ALL for all plans): [dropdown]  
GPI (10/12/14 positions): [text box]  
B=Lockout ALL Brand drugs: [checkbox]  
Preferred UPC 13 Position: [text box]  
Other UPCs 13 Position: [list of 10 text boxes]

Message Below is sent to Pharmacy [text area]

OK Clear Clone Delete Close

**ERROR - Mandatory Field**  
Plan Number or ALL

Figure 8

## Appendix L. – UPC/NDC Lockout: Method for Preferred Drug Selection

UPC/NDC Lockout (Universal Package Code/National Drug Code = drug number).

This table allows the use of some designated drugs in a GPI group accepted and some others rejected. This allows (gives preference to) the less expensive drugs as preferred and it can be used to restrict the drugs of certain laboratories.

This feature can be instituted by individual Plan or for all Plans.

Instructions:

1. Enter the GPI code designation of 10, 12 or 14 positions.
2. Enter the full 13 position drug code for the preferred drug along with a message. This message will appear at the Pharmacy as “Preferred drug = xxxxxxxxxxxxxx” if rejected, or if you selected ‘send message’ for UPC/NDC lockout in the Basic Plan Design.
3. Enter **B** to Block all Brand drugs in this GPI. This is an option. Alternately, you can enter up to 10 drugs codes in this GPI to be accepted.







- a) Enter the FULL GPI or FULL Drug Code (NO partials)
- b) Enter the unit price. This price will override other prices for the plan.

**End of Appendices**