

Overview

The management of outpatient prescription drugs is an integral part of the medical management program to improve the health and well-being of our members.

Prescriber and member involvement is critical to the success of the pharmacy program. To help your patient get the most out of their pharmacy benefit, please be cognizant of the following guidelines when prescribing:

- Follow national standards-of-care guidelines for treating conditions i.e., NIH Asthma guideline, JNC VII Hypertension guidelines
- Prescribe drugs from the Preferred Drug List
- Prescribe generic drugs when therapeutic equivalent drugs are available
- Evaluate medication profile for appropriateness and duplication of therapy

Please refer to the Medicaid or Medicare **Quick Reference Guides** for the appropriate Pharmacy contact information.

Benefit Plans

Unless specified, language applies to both Medicaid and Medicare product lines.

Medicaid

- HealthEase
- Staywell

Medicare

- WellCare Access, Choice, Choice Plus, Dividend, Dividend Plus, Essential, Rx Plus, Select, Select Plus, Value, Value Plus
- WellCare Advance covers Part B prescriptions drugs. WellCare Advance does *not* cover Part D prescription drugs.

Preferred Drug List

The Preferred Drug List (PDL) is a standardized prescribing reference and clinical guide of prescription drug products selected by the Pharmacy and Therapeutics Committee (P&T Committee).

The P&T Committee selection of drugs is based on the drugs' efficacy, safety, side effects, pharmacokinetics, clinical literature and cost-effectiveness profile. The medications on the PDL are organized by therapeutic category, brand and generic name and include an index of the relative cost of the drug. Quantity, gender and age limitations are also noted for your reference.

A copy of the Preferred Drug List may be viewed and downloaded at www.wellcare.com.

Additions and Exceptions to the Preferred Drug List

To request consideration for inclusion of a drug to the Plan's Preferred Drug List, please write or fax the Plan, explaining the medical justification. Requests should be addressed to:

WellCare Health Plan
Clinical Pharmacy Department
Director of Clinical Pharmacy
Pharmacy and Therapeutics Committee
P.O. Box 31401
Tampa, FL 33631-3401

To fax your request to the WellCare Pharmacy department please use the fax number listed on the **Quick Reference Guide**.

Generic Medications

Generic drugs are equally effective and generally less costly than the brand medication. Their use can contribute to cost-effective therapy and must be dispensed by the pharmacist when a therapeutically equivalent to a brand name drug is available.

An exception to the mandatory generic policy when a therapeutically equivalent drug is available requires medical justification. A Coverage Determination Request form should be used to request an exception. Exceptions also include drugs on the Florida negative formulary.

**Injectable
and Infusion
Services**

Select self-injectable drugs are covered under the outpatient pharmacy benefit. Most self-injectable products and all infusion drug requests require a Drug Evaluation Review (DER) and are supplied by a specialty vendor.

Specialty drugs require a DER and are not available through the retail pharmacy network. To obtain authorization, the provider must submit the appropriate Coverage Determination Request form to the WellCare Pharmacy department via fax. The Pharmacy department will respond to all requests within 72 hours and, if authorized, will coordinate delivery of the product. Please contact the Pharmacy department regarding criteria related to specific drugs.

Please refer to the Medicaid or Medicare **Quick Reference Guides** for the appropriate Pharmacy contact information.

**Covered
Medications**

All dosage forms and strengths of drugs listed on the Preferred Drug List are eligible for coverage unless specified otherwise.

The Preferred Drug List applies only to medications obtained through outpatient community pharmacies and does not apply to drugs used in the hospital or while the patient is in a skilled nursing facility.

Medicaid

The Plan covers all drug categories currently available through the Florida Medicaid fee-for-service program.

Smoking Cessation

Medicaid members are allowed one course of nicotine replacement therapy of 12 weeks duration per year or the manufacturer's recommended duration.

**Coverage
Limitations**

Below is a list of non-covered (excluded) drugs and/or their categories:

Medicare

- Benzodiazepines*
- Barbiturates, except butalbital/codeine combinations are covered
- Drugs used for weight loss
- Drugs used for infertility
- Drugs used for hair growth
- Drugs used for the symptomatic relief of cough and colds
- Drugs for the treatment of erectile dysfunction*
- Drugs used for cosmetic purposes
- Experimental drugs
- Vitamins **except** when medically necessary to treat a diagnosed illness or condition
- Less than effective DESI drugs or drugs that may have been determined to be identical, similar or related;

* Benzodiazepines and erectile dysfunction drugs are covered on some plans. Refer to the PDL for more details.

Covered medications are limited to the Medicare PDL and are subject to the members' generic and brand-name pharmacy benefit.

Medicaid**HealthEase and Staywell**

- Drugs for the treatment of infertility
- Drugs used for weight loss

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- Drugs for the treatment of erectile dysfunction
 - Drugs used for cosmetic purposes
 - Experimental drugs
 - Cough and cold combination medications for members 21 and older
 - Drugs used to promote hair growth
 - Vitamins, except for Prenatal vitamins and vitamins listed on the PDL

Medicaid will not reimburse prescriptions for early refills, duplicate therapy or excessively high dosages for the member.

Step-Therapy Programs

Step-therapy programs are programs developed by the Pharmacy and Therapeutics Committee. These programs are designed to provide our members with clinically sound, cost-effective drug treatment options. Step therapy programs encourage the use of select therapies before alternative therapies are prescribed. They follow an extensive review of clinical literature, manufacturer product information and consultation with medical professionals to ensure a clinically comprehensive program.

Please refer to the Preferred Drug List to find drugs that require step therapy.

Over-the-Counter Medications

Medicaid

Some over-the-counter (OTC) medications are available to the member with a prescription, including Prilosec OTC® and Claritin OTC®. Refer to the PDL for a complete list of available OTC drugs.

Medicare

Medications available to the member without a prescription are not eligible for coverage, except medications noted on the PDL and medications offered through the Plan's over-the-counter (OTC) program.

Florida Reform Prescription limitations were established on Sept. 1, 2006, for non-AIDS/HIV Staywell and HealthEase members in Broward and Duval counties.

	TANF	SSI
Staywell	9 RXs/month	17 RXs/month
HealthEase	9 RXs/month	17 RXs/month

The prescription limitation does not apply to pregnant women, members younger than 21 or HIV/AIDS patients.

Chemotherapy agents and oral contraceptives do not count toward the prescription limit.

Hemophilia Medications Since Sept. 1, 2006, WellCare is no longer responsible for covering hemophilia-related medications. The member must contact the State Medicaid Agency directly at (850) 487-4441 to receive this benefit from an Agency for Health Care Administration (AHCA)-approved organization. **Staywell Healthy Kids and HealthEase Healthy Kids will continue to cover hemophilia-related medications.**

Member Co-payments **Medicaid**
 There is no member co-pay for prescribed legend and over-the-counter drug products for HealthEase and Staywell members. There is a \$5.00 co-pay for HealthEase Kids and Staywell Kids.

Medicare
 The Preferred Drug List is divided into four tiers: generic, preferred brand, non-preferred brand and specialty drugs. The co-payment and/or co-insurance are based on the drug tier and the member's subsidy level.

Refer member to the Summary of Benefits for the exact co-pay/co-insurance.

**Drug
Evaluation
Review (DER)
Process**

The goal of the Drug Evaluation Review program is to ensure that medication regimens that are high-risk, have high potential for misuse or have narrow therapeutic indices are used appropriately and according to FDA approved indications. The DER process is required for:

- Duplication of therapy
- Prescriptions that exceed the FDA daily or monthly quantity maximum
- Most self-injectable and infusion medications
- Drug not on the preferred drug list
- Some PDL drugs require a DER
- Brand name requests when a generic exists
- Drugs that have a step edit and the first line therapy is inappropriate
- Prescriptions that exceed \$1,000/prescription (some exceptions apply), and/or plan limitations

Obtaining a Drug Evaluation Review

Complete a Coverage Determination Request form located in the **Forms** section of this manual and on our Web site at www.wellcare.com.

Fax the form to the Pharmacy department using the fax number provided on the Quick Reference Guide.

Our standard is to respond to requests within 72 hours.

Please provide pertinent medical history and information when submitting a Coverage Determination Request form for medical exception.

If the DER meets the approved Pharmacy and Therapeutics Committee (P&T) protocols and guidelines, the provider and/or pharmacy will be contacted with the DER approval.

If the DER is not a candidate for approval based on approved P&T protocols and guidelines, it is initially reviewed by a clinical pharmacist and secondly reviewed by the medical director for final determination.

For those requests that are not approved, a follow-up Drug Utilization Review (DUR) form is faxed to the provider stating

why the DER was not approved with a listing of the preferred drugs that are available as alternatives. A denial letter is sent to Medicare members.

To request an appeal of a DER decision, fax your request to the Appeals and Grievance department. Refer to the **Quick Reference Guide** for the fax and other contact information.

The request will follow the appeals process found in the **Appeals and Grievance** section of this manual.

Pharmacy Management- Network Improvement Program

The pharmacy management-network improvement program is designed to provide physicians with quarterly utilization reports to identify over- and under-utilization of pharmaceutical products. The reports will also identify opportunities for optimizing best practices guidelines and cost-effective therapeutic options.