

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 aware 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; and
- Evaluate medication profile for appropriateness and duplication of therapy.

Please refer to the state-specific Medicare **Quick Reference Guide** for the appropriate Pharmacy contact information.

Benefit Plans

WellCare: Access, Advance*, Advocate Complete, Choice, Dividend**, Essential, Liberty, Premium, Reserve, Rx, Select, and Value.

* WellCare Advance covers Part B prescription drugs and does not cover Part D drugs.

** WellCare Dividend covers Part B prescription drugs. Part D coverage is based on the state and county.

Preferred Drug List

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

The P&T Committee's selection of drugs is based on the drugs' efficacy, safety, side effects,

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pharmacokinetics, clinical literature and cost-effectiveness profile. The medications on the PDL are organized by therapeutic categories, brand and generic names. Quantity, step therapy, and age limitations are also noted for your reference.

The Preferred Drug List can be viewed 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 & Therapeutics Committee
P.O. Box 31401
Tampa, FL 33631-3401

The Pharmacy department can be contacted via fax at the number listed in the state-specific **Quick Reference Guide**.

Generic Medications

Generic drugs are equally effective and generally less costly than brand medications; their use can contribute to cost-effective therapy.

Generic drugs must be dispensed by the pharmacist when a therapeutic equivalent to a brand-name drug is available.

An exception to the mandatory generic policy, when a therapeutic equivalent is available, requires medical justification. An exception request should be filled out on a Coverage Determination Request form.

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Injectable/ Infusion Services

Select self-injectables 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. Please see the PDL to determine drugs requiring specific criteria for use.

Specialty drugs require a DER and are not available through the retail pharmacy network. To obtain authorization, the provider must submit the Coverage Determination Request form to the Pharmacy department via fax. The Pharmacy department fax number is listed on the state-specific **Quick Reference Guide**.

The Pharmacy department will respond to requests within 72 hours, and if authorized, will coordinate delivery of the product.

Coverage Limitations

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

- Benzodiazepines
- Barbiturates, except butalbital/codeine combinations are covered
- Drugs used for weight loss
- Drugs used for infertility
- Drugs used for hair growth
- Cough and cold medications
- Drugs used for the treatment of erectile dysfunction
- Drugs used for cosmetic purposes
- Experimental drugs

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- Vitamins **except** where 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

Step-Therapy Programs

Step-therapy programs are programs developed by the P&T 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 assure a clinically comprehensive program. Please review the PDL to view drugs requiring step therapy.

Over-the-Counter Medications

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

Member Co-Payments

The Preferred Drug List is divided into four tiers: generic, preferred brand, non-preferred brand and specialty drugs. The co-payment and/or coinsurance are based on the drug tier and the member's subsidy level. Refer members to the Summary of Benefits for the exact co-pay/coinsurance for their state and county.

Drug Evaluation Review Process

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

The DER process is required for:

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- Duplication of therapy;
- Prescriptions that exceed the FDA daily or monthly quantity maximum;
- Select self-injectable and infusion medications;
- Drugs not listed on the Preferred Drug List (PDL);
- Some PDL drugs which require a DER;
- Brand name requests when a generic exists; and
- Drugs that have a step edit and the first-line therapy is inappropriate.

Obtaining a Drug Evaluation Review

1. Complete a Coverage Determination Request form located in the **Forms** section of this manual or on the website at www.wellcare.com.
2. Fax the form to the Pharmacy department. Refer to the state-specific **Quick Reference Guide** for the fax number.

Our standard is to respond to requests within 72 hours.

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

If the DER meets the approved P&T Committee's 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 Committee 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 and listing 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 Pharmacy Appeals department. Refer to the state-specific **Quick Reference Guide** for the fax number. From there, the request will follow the appeals process described in the Appeals & Grievances section of this manual.