



Pharmacy Guide for WellCare Medicare Providers

Formulary

The formulary is WellCare’s published prescribing reference and clinical guide of prescription drug products selected by the Pharmaceutical and Therapeutics Committee (P&T Committee). The P&T Committee’s selection of drugs is based on the drug’s efficacy, safety, side effects, pharmacokinetics, clinical literature and cost-effectiveness profile.

The formulary denotes any of the pharmacy utilization management tools that apply to a particular pharmaceutical such as:

- **Prior Authorization (PA)** — requires prior authorization before dispensing
- **Step Therapy (ST)** — requires the use of therapeutically equivalent, lower-cost medication alternatives (i.e., first-line therapy) before “stepping up” to less cost-effective alternatives
- **Quantity Level Limit (QL)** — ensures drugs are supplied in a quantity consistent with Food and Drug Administration (FDA) approved dosing guidelines or based on safety reasons

WellCare covers both brand-name and generic drugs. In most instances, our formulary requires generic medications. Generic drugs are approved by the FDA as having the same active ingredient and the brand-name drug. Generally, generic drugs cost less than the brand-name drugs.

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Coverage Determination Request

WellCare's Coverage Determination process (also referred to as *prior authorization* or an *exception request*) is designed to minimize adverse drug events, ensure appropriate utilization and clinical monitoring, and maintain the highest level of pharmaceutical care for our members.

A Coverage Determination is needed for any of the following:

- Drugs not listed on the formulary;
- Drugs listed on the formulary with a prior authorization (PA);
- Duplication of therapy;
- Prescriptions that exceed the FDA daily or monthly quantity limits (QL) or prescriptions exceeding the permitted QL noted on the formulary;
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office; and
- Drugs that have a step edit (ST) and the first-line therapy is inappropriate.

Obtaining a Coverage Determination

Submit your requests following these three simple steps:

1. Complete a *Coverage Determination Request Form*. Forms are located on our website at www.wellcare.com/Provider/Resources under Forms and Documents, or you may click on the hyperlink if viewing this document online.
2. Include all pertinent medical history and/or other pertinent information when submitting a request for medical exception.
3. Coverage Determination requests can be submitted via phone by contacting WellCare's Pharmacy Department, by fax, by mail or the form can be printed and delivered in person. The Pharmacy Department and fax numbers are located in your state-specific, Medicare **Quick Reference Guide (QRG)**. QRGs are located on our corporate website at www.wellcare.com/Provider/Resources under Quick Reference Guides, or you may click on the hyperlink if viewing this document online.

Our standard is to respond to requests within 72 hours. Expedited request responses are made within 24 hours.

If the coverage determination requested meets the approved P&T Committee protocols and guidelines, the provider and/or pharmacy will be contacted regarding the approval.

Denial and Follow-Up

Coverage Determination requests that are not candidates for approval based on approved P&T Committee protocols and guidelines are reviewed by a clinical pharmacist and then, if applicable, by a Medical Director for final determination.

For requests that are not approved, a follow-up *Drug Utilization Review (DUR) Form* is faxed to the provider stating why the Coverage Determination Request was not approved, including a list of the preferred drugs that are available as alternatives, if applicable. A denial letter is also sent to the member and a telephonic attempt is made to inform the member of the denial.

To appeal a Coverage Determination decision, contact the Customer Service department via fax, mail or phone. Contact information is located in your state-specific Medicare **Quick Reference Guide (QRG)**. QRGs are located on our corporate website at www.wellcare.com/Provider/Resources under Quick Reference Guides, or you may click on the hyperlink if viewing this document online.



Once the appeal of the Coverage Determination request decision has been properly submitted and obtained by WellCare, the request will follow the appeals process described in the Appeals and Grievances section of the **Medicare Advantage Provider Manual**.

Additional Pharmacy Services

AFTER-HOURS PRESCRIPTION REQUESTS

WellCare's Pharmacy Call Center is available Monday–Friday, 8 a.m.–9 p.m. Eastern and 8 a.m.–8 p.m. HST. During weekends and after normal business hours, Catalyst Rx is accessible to health care providers requiring pharmaceutical services and can provide therapeutic options available on the formulary as well as assist with processing rejections originating at the pharmacy due to early refills, direction changes and vacation supplies. **Catalyst Rx cannot override medications requiring Coverage Determinations.**

EMERGENCY PRESCRIPTION REFILLS

Situations requiring emergency prescription fills include:

- When the member has a need for a pharmaceutical product that will be life-threatening if not obtained immediately
- When a member is discharged from an institution and requires a prescription that, if not obtained, may cause a hospitalization

Emergency prescription fills must be authorized via phone during normal business hours by contacting WellCare's Pharmacy department. During weekends and after normal business hours, Catalyst Rx will provide formulary alternatives that do not require prior authorization, or will provide you a *Coverage Determination Request Form*. An expedited request of Coverage Determination may be made.

MEDICAL INJECTABLES

WellCare has combined our Medical and Pharmacy injectable prior authorization code lists into one consistent list, and aligned that list with current industry practice. A **No-Authorization Required Medical Injectable List** may be accessed on our corporate website at www.wellcare.com/provider/pharmacyservices under *Medical Injectables*, or you may click on the hyperlink if viewing this document online.

MAIL ORDER

Part D drugs that are available through mail order are designated by the letters "MO" in the Requirements/Limits column of our formulary. Members who utilize WellCare's Specialty Pharmacy (WSP) Mail Services Division may be eligible for reduced co-payment amounts. WSP is the **ONLY** Preferred Mail Order Pharmacy that will allow the member to receive a lower copay. A *Member Registration and Prescription Mail Order Form* can be found on corporate website at www.wellcare.com/provider/pharmacyservices under WellCare's Mail Order Pharmacy, or you may click on the hyperlink if viewing this document online.

WELLCARE SPECIALTY PHARMACY

WellCare Specialty Pharmacy offers specialty pharmacy services to members who are taking medications to treat long-term, life-threatening or rare conditions. WellCare's Specialty Pharmacy team are experts in the special handling, storage and administration of these medications (i.e., injectables, infusables, orals). This team knows the insurance process and the member's plan benefits. This means less chance of delays in a member receiving needed medication(s). Prescription orders generally ship directly to the member's home, provider's office or alternative address provided by the member, within 24 to 48 hours after contacting a WellCare's Specialty Pharmacy representative. The actual ship date depends on whether or not provider discussion is needed regarding the prescription.

To learn more about the conditions covered under WellCare's Specialty Pharmacy and contact methods, refer to our corporate website at www.wellcare.com/provider/WellCareSpecialtyPharmacy.