
Overview

The pharmaceutical management procedures are an integral part of the pharmacy program that ensure and promote the utilization of the most clinically appropriate agent to improve the health and well-being of our members. The utilization management tools that are used to optimize the pharmacy program include:

- Preferred Drug List (PDL)
- Drug Evaluation Review (DER) Process
- Mandatory Generic Policy
- Step Therapy (ST)
- Quantity Level Limit (QL)
- Pharmacy Lock-In Program
- Network Improvement Program (NIP)

These processes are described in detail below. In addition, 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 consider 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 listed on the Preferred Drug List;
- Prescribe generic drugs when therapeutic equivalent drugs are available within a therapeutic class; and
- Evaluate medication profiles for appropriateness and duplication of therapy.

Please refer to the **Quick Reference Guide** for the New York Medicaid specific telephone and fax numbers of the Pharmacy department.

Benefit Plans

- Child Health Plus (CHP)
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- Family Health Plus (FHP)
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- Healthy Choice (Medicaid)

Preferred Drug List (PDL)

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

The PDL is the published document that includes the pharmaceuticals selected by the P&T Committee and denotes any of the pharmacy utilization management tools that apply to a particular pharmaceutical.

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 medications on the PDL are organized by therapeutic class, product name, strength, form and coverage details (quantity limit, age limitation, prior authorization and step therapy).

The Preferred Drug List can be found on our Web site at <http://www.wellcare.com/provider/pharmacyservicesnewyork>. Any changes to the list of pharmaceuticals & applicable pharmaceutical management procedures are communicated to providers at least annually via the following:

- Quarterly updates in provider & member newsletters
- Website updates to the link where the most current PDL document (including any changes) is posted
- Pharmacy & provider fax blasts that detail any major changes to a particular therapy or therapeutic class

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 Plans Clinical Pharmacy Dept.
Director of Formulary Services
Pharmacy & Therapeutics Committee
P.O. Box 31577
Tampa, FL 33631

Generic Medications

The use of generics represents a key drug management tool. Generic drugs are equally effective and generally less costly than their brand name counterparts. Their use can contribute to cost-effective therapy.

Generic drugs must be dispensed by the pharmacist when available as the therapeutic equivalent to a brand name drug. Exceptions to the mandatory generic policy require medical justification when therapeutic equivalents are available. A Drug Evaluation Review (DER) Form should be completed when requiring an exception. Clinical justification as to why the generic alternative is not appropriate for the member should be included with the DER form.

Injectable and Infusion Services

Selected self-injectable and infusion drugs are covered under the outpatient pharmacy benefit. Most self-injectable products and all infusion drug requests require a DER using the **Injectable Infusion Form** available in the **Forms and Documents** section at http://www.wellcare.com/Provider/Medicaid_Forms_and_Documents.

Approved self-injectable and infusion drugs are covered when supplied by contracted retail pharmacies and infusion vendors. Please contact the Pharmacy department regarding criteria related to specific drugs. The specific J-codes of any self-injectable products that do not require authorization when given in a doctor's office are included in the "No Auth Required CPT Codes List" document are located at <http://www.wellcare.com/provider/pharmacyservices>.

DME supplies

All durable medical equipment (DME) and medical supplies, including diapers, crutches, bandages, liquid nutritional supplements and other supplies, including hearing aid batteries will no longer be covered at the pharmacy. These items will need to be approved through the DME process. We accept requests by telephone or fax. Please call Customer Service at 1-800-288-5441. Fax requests to 1-877-431-8859. Diabetic supplies will be covered at the pharmacy.

Coverage Limitations

The following is a list of **non-covered (excluded from the Medicaid benefit)** drugs and/or categories:

- Agents used for anorexia, weight gain or weight loss;
- Agents used to promote fertility;
- Agents used for cosmetic purposes or hair growth;
- Non-prescriptive drugs (OTC drugs*) with a few **exceptions** listed on the PDL;
- Drugs for the treatment of erectile dysfunction;

- DESI drugs or drugs that may have been determined to be identical, similar or related;
- Vitamin or mineral products other than prenatals or fluoride preparations;
- Investigational or experimental drugs;
- Agents prescribed for any indication that is not medically accepted; and

The Plan will not reimburse prescriptions for refills too soon, duplicate therapy or excessively high dosages for the member.

*All OTC drugs listed on the PDL as covered will require a prescription for the pharmacy to dispense.

Step Therapy Programs & Quantity Level Limits

Step therapy programs are developed by the P&T Committee. These programs are designed to encourage the use of therapeutically equivalent, lower-cost medication alternatives (first-line therapy) before “stepping-up” to less cost-effective alternatives.

Step therapy programs are a safe and effective method of reducing the cost of treatment by ensuring that an adequate trial of a proven safe and cost-effective therapy is attempted before progressing to a more costly option. First-line drugs are recognized as safe, effective and economically sound treatments. The first-line drugs on our PDL have been evaluated through the use of clinical literature and are approved by our P&T Committee.

Quantity limits can be used to ensure that pharmaceuticals are supplied in a quantity consistent with FDA approved dosing guidelines. Quantity limits can also be used to help prevent billing errors.

Please refer to the PDL to view drugs requiring step therapy and those with quantity level limits.

Over-the-Counter (OTC) Medications

The following Over-the-Counter (OTC) medications are available to the member with a prescription. For a complete listing, please refer to the PDL which may be viewed at <http://www.wellcare.com/provider/pharmacyservicesnewyork>.

- Multivitamins and multiple vitamins with iron (chewable or liquid drops);
- Iron;
- Non-sedation antihistamines;
- Enteric coated aspirin;
- Diphenhydramine;
- Insulin;
- Topical antifungals;
- Ibuprofen suspension;
- Permethrin;
- Meclizine;
- Insulin syringes;
- Urine test strips;
- H-2 receptor antagonists; and
- Proton Pump Inhibitors

**Member
Co-payments****FHP**

- \$3 for generic medications
- \$6 for brand name medications
- \$0.50 for OTC medications listed on the PDL
- \$0 for diabetic supplies

CHP

- There is no member co-pay for prescribed legend and over-the-counter drug products.

NMD

- \$1 for generic medications
- \$3 for brand medications
- \$0.50 for OTC medications listed on the PDL
- \$0 for medical/diabetic supplies

**Drug
Evaluation
Review
Process**

The goal of the Drug Evaluation Review (DER) program (also known as prior authorization) 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 limit;
- Most self-injectable and infusion medications;
- Drugs not listed on the Preferred Drug List (PDL);
- Drugs that have an age edit;
- Drugs listed on the PDL but still requiring Prior Authorization (PA);
- Brand name drugs when a generic exists; and
- Drugs that have a step edit (ST) and the first-line therapy is inappropriate.

The DER Request Forms are located in the Forms & Documents section on the website at http://www.wellcare.com/Provider/Medicaid_Forms_and_Documents. Please provide pertinent medical history and information when submitting a DER form for medical exception.

Drug Evaluation Review requests are accepted by fax only. For New York Medicaid, a decision is completed within twenty-four (24) hours for expedited and standard PA requests. If authorization cannot be approved or denied, and the drug is medically necessary, a seven (7) day emergency supply of the non-preferred drug shall be supplied to the member.

PA protocols are developed and reviewed at least annually by the P&T Committee. These protocols indicate the criteria that must be met in order for the drug to be authorized (e.g., specific diagnoses, lab values, trial and failure of alternative drug(s), allergic reaction to preferred product, etc.). The criteria is available upon request submitted to the pharmacy department by the member or provider.

Medication Appeals

To request an appeal of a Drug Evaluation Review request decision, contact the Pharmacy Appeals department via fax, mail, in person or phone. Refer to the state-specific Quick Reference Guides which may be found on WellCare's Web site at <http://www.wellcare.com/provider/resources>.

Once the appeal of the Drug Evaluation Review request decision has

been properly submitted and obtained by WellCare the request will follow the appeals process described in *Section 7, Complaints, Grievances and Appeals*.

Pharmacy Management-Network Improvement Program

The pharmacy network improvement program (NIP) 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. These reports are delivered by the State Pharmacy Director and/or Clinical Pharmacy Manager to physicians identified for the program.

Member Pharmacy Access

WellCare maintains a comprehensive network of pharmacies to ensure that pharmacy services are available and accessible to all members 24 hours a day.

For areas where there are no 24 hour pharmacies, members may call CatalystRx for information on how to access pharmacy services.

Refer to the **Quick Reference Guide** for telephone numbers of the Plan's Pharmacy department.