
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.

Provider and member involvement is critical to the success of the pharmacy program. To help members 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 (PDL);
- Prescribe generic drugs when therapeutic equivalent drugs are available;
- Evaluate medication profile for appropriateness and duplication of therapy.

The WellCare Pharmacy department telephone number is 1-877-647-7473.

Benefit Plans

- Child Health Plus (CHP)
- Family Health Plus (FHP)
- Healthy Choice (Medicaid)
WellCare does not cover pharmacy benefits for Healthy Choice. The pharmacy benefit is covered by the State of New York. Members must use their Medicaid card at the local pharmacy.

Certain exceptions apply when medications are routinely supplied and administered by providers. A Drug Evaluation Review (DER) should be submitted for agents routinely administered and supplied by the provider.

Preferred Drug List (PDL)

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's 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.

The Preferred Drug List can be viewed and downloaded from www.wellcare.com.

Additions and Exceptions to the Preferred Drug List

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

WellCare Health Plans Clinical Pharmacy Dept.,
Director of Clinical Pharmacy
Pharmacy & Therapeutics Committee
P.O. Box 25858
Tampa, FL 33622

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

Generic Medications

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

Generic drugs must be dispensed by the pharmacist when a therapeutically equivalent alternative 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 Drug Evaluation Review (DER) form and FDA Medwatch form should be used to request an exception.

Injectable, Infusion Services

Selected self-injectable drugs are covered under the outpatient pharmacy benefit. Most self-injectable products and all infusion drug requests require a Drug Evaluation Review 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 DER form to the WellCare Pharmacy Department via fax at 1-866-825-2884. 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.

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.

Special Categories

- Family planning or contraceptive medications or devices are covered;
- Smoking cessation aids are covered;
- Preferred Insulin and Diabetic supplies are covered.

Coverage Limitations

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

- Drugs for the treatment of infertility
- Drugs used for weight loss
- Drugs for the treatment of erectile dysfunction
- Drugs used for cosmetic purposes
- Experimental drugs
- Cough and Cold Combination Medications for members age 21 and older
- Drugs used to promote hair growth

- Vitamins except for Prenatal vitamins, and vitamins listed on the PDL

Step Therapy Programs

Step therapy programs are 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 considered. They follow an extensive review of clinical literature, manufacturer product information and consultation with medical professionals to assure a clinically comprehensive program.

Please refer to the Preferred Drug List to view drugs requiring step therapy.

Over-the-Counter Medications

Some Over-the-Counter (OTC) medications are available to the member with a prescription including Prilosec OTC and Claritin OTC. See the PDL for a complete list of available OTC drugs.

Member Co-payments**FHP**

- \$3 for generic medications
- \$6 for brand name medications

CHP

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

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:

- Duplication of therapy
- Prescriptions that exceed the FDA daily or monthly quantity maximum
- Most self-injectable and infusion medications

- Drugs 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 \$1000 per prescription (some exceptions apply), and/or plan limitations

Obtaining a Drug Evaluation Review

Complete a DER form located in the Forms section of the Provider Manual and on the Web site at www.wellcare.com.

Fax the form to the Pharmacy Department at 1-866-388-1517.

Our standard is to respond to requests within 72 hours.

Please provide pertinent medical history and information when submitting a DER form for medical exception.

If the DER meets the approved Pharmacy & 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 and listing the preferred drugs that are available as alternatives.

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 number. The request will follow the Appeals process found in the Provider Manual.

**Pharmacy
Management-
Network
Improvement
Program**

The pharmacy 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.