
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 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/Formulary
- Prescribe generic drugs within a therapeutic category when 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 prescription drugs. WellCare Advance does *not* cover Part D prescription drugs.

Preferred Drug List/Formulary

The Preferred Drug List (PDL)/Formulary 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 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 medications on the Formulary are organized by therapeutic category, drug name, and coverage details (tier, prior authorization, quantity limitation, and step therapy).

A copy of the Preferred Drug List/Formulary may be viewed and downloaded at www.wellcare.com or <http://www.wellcarepdp.com>.

Additions and Exceptions to the Preferred Drug List/Formulary

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

WellCare Health Plans 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 their brand-name counterparts. Their use can contribute to cost-effective therapy.

WellCare shall cover the cost of a brand-name drug if the prescriber writes in his/her own handwriting that the brand name is medically necessary and submits a Coverage Determination Request Form indicating that the member has had an adverse reaction to the generic or has had, in his/her opinion, better results when taking the brand-name drug.

Injectable and Infusion Services

Selected self-injectable and infusion drugs are covered under the outpatient pharmacy benefit. Some self-injectable products and all infusion drug requests require a Coverage

Determination using the Injectable Infusion Form and may be supplied by a specialty vendor.

Limited Distribution drugs require a Coverage Determination Request and may not be available through the retail pharmacy network. To obtain authorization, the provider must submit a Coverage Determination Request form to the WellCare Pharmacy department via fax. Please contact Pharmacy Services regarding criteria related to specific drugs.

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

Covered Medications

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

The Preferred Drug List/Formulary apply only to medications obtained through outpatient community pharmacies and does not apply to drugs used in the hospital.

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 which 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
- Prescription vitamins and mineral products, **except** prenatal vitamins and fluoride preparations
- 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 Formulary and are subject to the members' generic and brand-name pharmacy benefit.

Medicaid

HealthEase and Staywell

- Drugs used for anorexia or weight gain
- 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

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 encourage the use of therapeutically equivalent, lower-cost medication alternatives (first-line therapy) before “stepping-up” to higher cost 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/Formulary have been evaluated through the use of clinical literature and are approved by the P & T Committee.

Please refer to the Preferred Drug List/Formulary to view 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 loratadine 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 Formulary and medications offered through the Plan’s over-the-counter (OTC) program, if applicable.

Hemophilia Medications-Medicaid

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.

Medicare

The Formulary 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 their Summary of Benefits for their exact co-pay/co-insurance.

Coverage Determination Review Process

The goal of the Coverage Determination 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 Coverage Determination Review 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 on the Preferred Drug List/Formulary
- Drugs listed on the PDL/Formulary with a Prior Authorization
- Brand name drugs when a generic exists
- Drugs that have a step edit and the first line therapy is inappropriate
- Drugs that have an age edit

Coverage Determination Review Request Forms are located

in the **Forms** section of this manual and on our website at www.wellcare.com or www.wellcarepdp.com. Please provide pertinent medical history and information when submitting a Coverage Determination Review form for medical exception.

Coverage Determination Review requests are accepted by fax only.

**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.