
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 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 profiles for appropriateness and duplication of therapy.

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

Preferred Drug List

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

The P&T Committee selection of drugs is based on the efficacy, safety, side effects, pharmacokinetics, clinical literature and cost effectiveness profile. The medications on the PDL are organized by therapeutic categories, 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 found on our Web site at <http://georgia.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 Plans Clinical Pharmacy Dept.
Director of Clinical Pharmacy
Pharmacy & Therapeutics Committee
P.O. Box 31401
Tampa, FL 33631

**Generic
Medications**

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

Generic drugs must be dispensed by the pharmacist when therapeutically equivalent to a brand name drug. Exceptions to the mandatory generic policy when therapeutic equivalents are available require medical justification. An exception request should be filled out on a **Drug Evaluation Review (DER) Form** and include an FDA MedWatch form.

**Injectable,
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 Order Form**. Approved self-injectable and infusion drugs are covered when supplied by contracted retail pharmacies and infusion vendors. Please refer to the PDL to determine drugs requiring specific criteria for use.

**Coverage
Limitations**

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

- Agents used for anorexia or weight gain;
- Agents used to promote fertility;
- Agents used for cosmetic purposes or hair growth;

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- Agents used to promote smoking cessation;
 - Barbiturates, except Seconal, Phenobarbital, and Mebaral;
 - Prescription vitamins and mineral products, **except** prenatal vitamins and fluoride preparations that are not in combination with other vitamins and Carnitor. Vitamin E and Coenzyme Q are covered under medical necessity for members less than 21 years of age. Folic Acid 1 mg is covered;
 - Certain Calcium, Aluminum, Pyridoxine, Thiamine and Vitamin B preparations **except** when used for ESRD certified by the physician;
 - Non-prescriptive drugs (OTC drugs*) with a few **exceptions** listed on the PDL;
 - Brand benzodiazepines for members over 21 years of age requiring more than three prescriptions per calendar year – see PDL for quantity and limit;
 - Topical Vitamin A derivatives for members over 21 years of age;
 - Agents prescribed for any indication that is not medically accepted; and
 - Agents when used for the symptomatic relief of cough and colds for members over 21 years of age.

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

*All covered OTC drugs require a prescription.

Step Therapy Programs

Step therapy programs are developed by the P&T Committee. This program is 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 refer to the PDL to view drugs requiring step therapy.

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 found on the WellCare Web site at <http://georgia.wellcare.com>.

- Multivitamins and multiple vitamins with iron for members less than 21 years of age (chewable or liquid drops);
- Iron;
- Proton pump inhibitors;
- Non-sedation antihistamines;
- Enteric coated aspirin;
- Diphenhydramine;
- Insulin;
- Topical antifungals;
- Ibuprofen suspension for members less than 21 years of age;
- Lice B Gone;
- Meclizine;
- Insulin syringes;
- Urine test strips; and
- H-2 receptor antagonists.

Pharmacy Lock-In Program

Members identified as over utilizing certain therapeutic classes or receiving duplicative therapy within the Pharmacy Benefit will be placed in Pharmacy Lock-in status for a minimum of one year. While in Lock-in, the member will be restricted to one pharmacy to obtain their medications. Other pharmacies will not be paid if they fill prescriptions for the member. Members identified will also be referred to case management.

Pharmacy Lock-in will be under the review of the P&T Committee who shall determine the need for lock-in according to established procedures and Federal Regulations regarding such action.

**Patient
Co-payments**

There are co-pay requirements for members prescribed legend and over-the-counter drug products. All covered services require a written prescription from an authorized prescriber. Below is the co-pay structure.

Prescription Drug	
If Drug Cost is:	Co-pay (member pays)
Less than \$10.01	\$.50 cents
Between \$10.01 - \$25.00	\$1.00
Between \$25.01 - \$50.00	\$2.00
Greater than \$50.01	\$3.00

Co-pays are not required for family planning services, children less than the age of 21, pregnant women, nursing home facility residents and hospice care members.

**Drug Evaluation
Review Process**

The goal of the Drug Evaluation Review (DER) 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 DER process is required for:

- Duplication of therapy;
- Prescriptions that exceed the FDA daily or monthly quantity maximum;
- Self injectable and infusion medications other than insulin;
- Drugs not on the PDL;
- Prescriptions that exceed \$1,000/prescription (some exceptions apply), and/or plan limitations; and;

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- Prescriptions processed by non-network pharmacies.

The DER Request Forms are located in the **Forms** section of this handbook. Please provide pertinent medical history and information when submitting a DER form for medical exception. Unless the request is for an urgent medication, drug evaluation requests are accepted by fax only.

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.

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 Walgreen's Health Initiatives (WHI) for information on how to access pharmacy services.

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