
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 Georgia Medicaid specific telephone & fax numbers of the Pharmacy department.

Preferred Drug List

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://georgia.wellcare.com>. 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 Clinical Pharmacy
Pharmacy & Therapeutics Committee
P.O. Box 31401
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 georgia.wellcare.com. 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 located in the Forms and Documents section of the website.

Coverage Limitations

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

- Agents used for anorexia or weight gain;
- Agents used to promote fertility;
- Agents used for cosmetic purposes or hair growth;
- Agents used to promote smoking cessation;
- Barbiturates, except Seconal, Phenobarbital, and Mebaral;
- Prescription vitamins and mineral products, **except** prenatal vitamins, folic acid 1mg, 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

- 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 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://georgia.wellcare.com>.

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

Pharmacy Lock-In Program

Members identified as over utilizing drugs in certain therapeutic classes, receiving duplicative therapy from multiple physicians, or frequently visiting the Emergency Room seeking pain medication 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 prescribing physician and one pharmacy to obtain their medications. Claims

submitted by other prescribers or other pharmacies will not be paid for the member. Members identified will also be referred to case management.

Members in the Pharmacy Lock-in program will be reviewed annually by the P&T Committee who shall determine the need for further 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

Medicaid Members who are children under age twenty-one (21), pregnant women, nursing facility residents, or in hospice care are exempted from co-payments. Planning for Healthy Babies Participants are also exempted from co-payments.

**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;

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- 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;
 - Brand name drugs when a generic exists; and
 - Drugs that have a step edit and the first-line therapy is inappropriate.

The DER Request Forms are located in the **Forms & Documents** section on the website at georgia.wellcare.com. 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 Georgia Medicaid, a decision is completed within twenty-four (24) hours for both standard and expedited 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.

Pharmacy Management- Network Improvement

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

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

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