

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 members get the most out of their pharmacy benefit, please be aware 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 **(800) 678-3184**.

Benefit Plans The health plan manages a benefit package within Ohio designed to support cost-effective medical coverage and care to children, pregnant women and low-income working families. It is important for providers to understand member benefit packages in order to determine which prescription drug services are covered.

Preferred Drug List The Preferred Drug List (PDL) is a standardized prescribing reference and clinical guide of prescription drug products selected by WellCare's Pharmaceutical 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.

Most WellCare PDL medications are covered without prior authorization (PA). However, other PDL items are only covered with prior authorization. To make the distinction between the two, medications that require prior authorization are noted with a “PA (prior authorization), SP (specialty medication) or ST (step therapy)” designation next to the medication.

All non-PDL medications require the submission of a prior authorization request. WellCare will respond to the PA requests within 24 hours.

The Preferred Drug List can be viewed online at: **ohio.wellcare.com**.

Prior Authorization List

The Prior Authorization list (PA) includes PDL and non-PDL drugs that require prior authorization.

The Prior Authorization List may be viewed online at: **ohio.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, with an explanation of 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 33631-3401

The WellCare Pharmacy department may be contacted via fax at **(877) 277-6892**.

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 to a brand name drug is available.

An exception to the mandatory generic policy when a therapeutic equivalent is available, requires medical justification. The Prior

Authorization form (PA) must be used to request an exception.

Injectable/ Infusion Services

Selected self-injectable products are covered under the outpatient pharmacy benefit. Most self-injectable products and all infusion drug requests require a Prior Authorization and are supplied by a specialty vendor. Please see the PDL to determine drugs requiring specific criteria for use.

Specialty drugs require prior authorization and are not available through the retail pharmacy network. To obtain authorization, the provider must submit the appropriate Prior Authorization form to the WellCare Pharmacy department via fax at **(877) 277-6892**. The Pharmacy department will respond to all requests within 24 hours, and if authorized, will coordinate delivery of the product.

Specialty medications are noted with a “SP” listed next to the medication on the Preferred Drug List.

Selected pharmaceuticals, including injectable drugs, are not covered as an outpatient pharmacy benefit if they are administered in a provider setting, other than a long-term care facility.

- Pharmaceuticals administered in the physician’s office must be purchased by the physician’s office and billed as a physician claim.
- Pharmaceuticals administered in a provider setting, other than a long-term care facility, cannot be billed by the pharmacy.

Coverage Limitations

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

- Drugs for the treatment of obesity;
- Drugs for the treatment of infertility;
- Drugs for the treatment of erectile dysfunction;
- DESI drugs or drugs that may have been determined to be identical, similar or related;

- Drugs being used for indications not approved by the Food and Drug Administration (FDA) unless there is compelling clinical evidence to support the experimental use; and
- Duplicate therapy and early refills will require a prior authorization, if medically necessary.

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 Prior Authorization List to view drugs requiring step therapy.

Over-the-Counter (OTC) Medications

Most over-the-counter (OTC) medications are available to the member with a prescription. Some OTC medications may require a prior authorization (see the Prior Authorization List for OTC drugs that require a PA).

Food Supplements, Nutritional Supplements, Infant Formulas

WellCare will cover what is currently covered by the state Medicaid program.

Member Co-payments

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

Prior Authorization Process

The goal of the Prior Authorization (PA) 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 PA 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 listed on the Preferred Drug List;
- Some PDL drugs require a prior authorization;
- Brand name requests when a generic exists;
- Drugs that have a step edit and the first-line therapy is inappropriate.

Obtaining a Prior Authorization

1. Complete a PA form located in the **Forms** section of this manual or on the Web site at: **ohio.wellcare.com**.
2. Fax the form to the Pharmacy department at **(877) 277-6892**. Our standard is to respond to requests within 24 hours.

Please provide medical history and/or other pertinent information when submitting a PA form for medical exception. If the PA form meets the approved P&T Committee's protocols and guidelines, the provider and/or pharmacy will be contacted with the PA approval.

If the PA does not meet criteria for approval based on approved P&T Committee 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 PA was not approved with a list of preferred drugs available as alternatives. A denial letter or Notice of Action is then sent to

the member and will include a state hearing form.

To request an appeal of a PA 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 described in the **Appeals and Grievances** section of this 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.