

**Overview**

WellCare of Ohio's pharmaceutical management procedures are an integral part of the pharmacy program that ensure and promote the utilization of the most clinically appropriate agent(s) 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., National Institutes of health (NIH) Asthma guideline, Joint National Committee (JNC) VII Hypertension guidelines;
- Prescribe drugs listed on the PDL;
- Prescribe generic drugs when therapeutic equivalent drugs are available within a therapeutic class; and
- Evaluate medication profiles for appropriateness and duplication of therapy.

To contact WellCare of Ohio's Pharmacy department, please refer to the **Quick Reference Guide** for the Ohio Medicaid specific telephone and 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 PDL can be found on our Web site at <http://ohio.wellcare.com/provider/pharmacyservices>. 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 WellCare of Ohio's PDL, providers may write WellCare of Ohio, explaining the medical justification. Requests should be addressed to:

WellCare of Ohio, Inc. Clinical Pharmacy Dept.  
Director of Formulary Services  
Pharmacy & Therapeutics Committee  
P.O. Box 31577  
Tampa, FL 33631-3577

For more information on requesting exceptions, please refer to *Prior Authorization Process* on page 6.

**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 Prior Authorization/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.

For more information on the PA/DER Process, including how to access the PA/DER form, see *Prior Authorization Process* on page 6.

**Injectable and Infusion Services**

Select self-injectable and infusion drugs are covered under the outpatient pharmacy benefit. Most self-injectable products and all infusion drug requests require a PA/DER using the **Injectable Infusion Form**.

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.

Refer to WellCare of Ohio's website at [www.ohio.wellcare.com](http://www.ohio.wellcare.com), Provider tab, for more information. You may access the *No Auth Required CPT Codes List* under the Pharmacy tab on the Provider page, and access the *Injectable Infusion Form* in the Forms and Documents section on the Provider Resources page.

For a list of drugs that require prior authorization refer to the Pharmacy Services web page at [http://ohio.wellcare.com/WCAssets/ohio/assets/OH\\_CAID\\_Drug\\_Classes\\_Requiring\\_PA.pdf](http://ohio.wellcare.com/WCAssets/ohio/assets/OH_CAID_Drug_Classes_Requiring_PA.pdf).

**Coverage Limitations**

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

- Agents used for anorexia, weight gain or weight loss;
- Agents used to promote fertility;

- Agents used for cosmetic purposes or hair growth;
- Non-prescriptive drugs (OTC drugs\*) with a few **exceptions** listed on the PDL;
- Drugs for the treatment of erectile dysfunction;
- DESI drugs or drugs that may have been determined to be identical, similar or related;
- Vitamin or mineral products, including prenatals or fluoride preparations, except for those listed on the PDL;
- Investigational or experimental drugs; and
- Agents prescribed for any indication that is not medically accepted.

WellCare of Ohio 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 & Quantity Level Limits**

Step therapy (ST) 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 Food and Drug Administration (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**

OTC items listed on the PDL require a prescription. All other OTC items offered as an expanded benefit by the plan do not require a prescription. Examples of OTC items listed on the PDL include:

- Multivitamins and multiple vitamins with iron (chewable or liquid drops);
- Iron;
- Non-sedation antihistamines;
- Enteric coated aspirin;
- Diphenhydramine;
- Insulin;
- Topical antifungals;
- Ibuprofen suspension;
- Permethrin;
- Meclizine;
- Insulin syringes;
- Urine test strips;
- H-2 receptor antagonists; and
- 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 (1) year. While in Lock-in, the member will be restricted to one (1) prescribing physician and one (1) 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.

**Member Co-Payments**

There are no prescription co-pay requirements.

**Prior Authorization Process**

The goal of the PA/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 limit;
- Most self-injectable and infusion medications;
- Drugs not listed on the PDL;
- Drugs that have an age edit;
- Drugs listed on the PDL but still requiring Prior Authorization (PA);
- Brand name drugs when a generic exists; and
- Drugs that have a step edit (ST) and the first-line therapy is inappropriate.

The PA/DER Request Form is located in the Forms & Documents section on the website at

<http://ohio.wellcare.com/provider/resources>. Please provide pertinent medical history and information when submitting a PA/DER form for medical exception. A list of all drugs requiring ST or PA is available online at

[http://ohio.wellcare.com/WCAAssets/ohio/assets/OH\\_CAID\\_Drug\\_Classes\\_Requiring\\_PA.pdf](http://ohio.wellcare.com/WCAAssets/ohio/assets/OH_CAID_Drug_Classes_Requiring_PA.pdf).

PA/DER requests are accepted by fax only. Upon receipt of the PA/DER, 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 criterion is available upon request submitted to the pharmacy department by the member or provider.

**Medication Appeals**

To request an appeal of a PA/DER request decision, contact the Pharmacy Appeals department via fax, mail, in person or phone. Refer to the state-specific Quick Reference Guides which may be found on WellCare's Web site at <http://www.wellcare.com/Provider/QuickReferenceGuides>

Once the appeal of the PA/DER request decision has been properly submitted and obtained by WellCare the request will follow the appeals process described in *Section 7, Appeals & Grievances*.

**Pharmacy Management-Network Improvement Program**

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 cost-effective therapeutic options. These reports are delivered by the State Pharmacy Director and/or Clinical Pharmacy Manager to physicians identified for the program.

**WellCare's Specialty Pharmacy**

WellCare offers Specialty Pharmacy services to members who are taking medications to treat long-term, life-threatening or rare conditions. WellCare's Specialty Pharmacy team has experts in the special handling, storage and administration of these medications (i.e., injectables, infusables, orals) require. This team knows the insurance process and the member's plan benefits. This means less chance of delays in a member receiving their needed medication(s). Prescription orders generally ship directly to the member's home, provider's office, or alternative address provided by the member, within twenty-four (24) to forty-eight (48) hours after contacting WellCare's Specialty Pharmacy representative. The actual ship date will depend on whether or not we need to contact your doctor about the prescription.

To learn more about the conditions covered under WellCare's Specialty Pharmacy WellCare's website at [www.wellcare.com](http://www.wellcare.com). To contact the Specialty Pharmacy Department, refer to your Quick Reference Guide.