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**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 patients 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 (PDL);
- Prescribe generic drugs when therapeutic equivalent drugs are available; and
- Evaluate medication profiles for appropriateness and duplication of therapy.

**Preferred Drug List**

The 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 listed on the PDL are organized by therapeutic class, product name, strength, form and coverage details (quantity limits, age limitations, prior authorizations and step therapies).

'Ohana Health Plan will inform providers of any changes and updates to the PDL. The 'Ohana PDL may be viewed and downloaded at [www.ohanahealthplan.com](http://www.ohanahealthplan.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 the Plan explaining the medical justification. Requests should be addressed to:



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'Ohana Health Plan  
Clinical Pharmacy Dept.  
Director of Clinical Pharmacy  
Pharmacy & Therapeutics Committee  
P.O. Box 31401  
Tampa, FL 33631-3401

### Drug Evaluation Review Process

The goal of the Drug Evaluation Review (DER) program is to ensure that medication regimens that are high-risk, have a 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 listed on the PDL 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

### Obtaining a Drug Evaluation Review

Complete a DER form which is located in the Forms section of the Provider Manual and on our Web site at [www.ohanahealthplan.com](http://www.ohanahealthplan.com).

Fax the form to the Pharmacy department using the fax number provided on the **Quick Reference Guide**.

Our standard is to respond to requests within 72 hours.

Please provide pertinent medical history and information when submitting a DER form for medical exception.

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If the DER meets the approved P&T Committee protocols and guidelines, the provider and/or pharmacy will be notified of the DER approval. If the DER is not a candidate for approval based on approved P&T 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 DER was not approved and listing the preferred drugs that are available as alternatives.

To request an appeal of a DER decision, mail or fax your request to the Appeals and Grievances department. Refer to the Quick Reference Guide for the address and fax number. The request will follow the appeals process described in the Appeals and Grievances section of this manual.

**Emergency Supply**

'Ohana Health Plan will provide an emergency supply of medication until a DER (prior authorization) decision has been made.

**Generic Medications**

Generic drugs are equally effective and generally less costly than brand-name medication. Their use can contribute to cost-effective therapy and 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 therapeutically equivalent drug is available requires medical justification. A Drug Evaluation Review (DER) form should be completed when requesting an exception.

**Injectable Infusion Services**

Select self-injectable drugs are covered under the outpatient pharmacy benefit. Most self-injectable products and all infusion drug requests require a DER and are supplied by contracted retail pharmacies and infusion vendors. Specialty drugs require a DER and are not

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available through the retail pharmacy network. To obtain authorization, the provider must submit the appropriate DER form to the 'Ohana Pharmacy Department via fax. The Pharmacy Department will respond to all requests within 72 hours and, if authorized, will coordinate delivery of the product.

**Coverage  
Limitations**

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

- Drugs used for anorexia or weight gain;
- Drugs used to promote fertility;
- Drugs for the treatment of erectile dysfunction;
- Drugs used for cosmetic purposes or hair growth;
- Vitamins, except for prenatal vitamins and vitamins listed on the PDL;
- Cough and cold combination medications for members age 21 and older;
- Investigational or experimental drugs; and
- DESI drugs or drugs that may have been determined to be identical, similar or related.

Duplicate therapy and early refills will require a DER, if medically necessary.

**Step-Therapy  
Programs**

Step-therapy programs are developed by the P&T Committee. These programs are designed to provide members with clinically sound, cost-effective drug treatment options. Step-therapy programs encourage the use of select therapies before alternative therapies are prescribed.

These programs undergo an extensive review of clinical literature, manufacturer product information and



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consultation with medical professionals to ensure a clinically comprehensive program.

#### **Over-the-Counter Medications**

Some over-the-counter (OTC) medications are available to the member with a prescription. Refer to the PDL for a complete list of available OTC drugs.

#### **Member Co-payments**

There are no prescription co-pay requirements.

#### **Pharmacy 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.