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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 patient 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;

Prescribe generic drugs when therapeutic equivalent drugs are available; and

- Evaluate medication profile for appropriateness and duplication of therapy.

Please refer to the state-specific Medicare **Quick Reference Guide** for the appropriate Pharmacy contact information.

Benefit Plans

'Ohana Health Plan offers Medicare Advantage Reserve and Value.

'Ohana Drug Formulary

The 'Ohana Drug Formulary is a standardized prescribing reference and clinical guide of prescription drug products selected by the Pharmacy & 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 formulary are organized by therapeutic categories, generic name, drug tier and requirements/limits (quantity limits, prior authorizations, step therapies, specialty prescriptions and troop accumulation).

The formulary may be viewed at ohanahealthplan.com.



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Additions and Exceptions to the Formulary

To request consideration for inclusion of a drug to the 'Ohana Drug Formulary, please write or fax the Plan, explaining the medical justification. Requests should be addressed to:

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

The Pharmacy department can be contacted via fax at the number listed in the 'Ohana Medicare **Quick Reference Guide**.

Generic Medications

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

Generic drugs must be dispensed by the pharmacist when a therapeutic equivalent to a brand name drug is available.

An exception to the mandatory generic policy, when a therapeutic equivalent is available, requires medical justification. An exception request should be filled out on a Coverage Determination Request form.

Injectable/ Infusion Services

Select self-injectables are covered under the outpatient pharmacy benefit. Most self-injectable products and all infusion drug requests require a Coverage Determination Request and are supplied by a specialty vendor. Please see the 'Ohana Drug Formulary to determine drugs requiring specific criteria for use.

Specialty drugs require a Coverage Determination Request and are not available through the retail pharmacy network. To obtain authorization, the provider must submit the Coverage Determination Request form to the Pharmacy department via fax. The Pharmacy

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department fax number is listed on the state-specific **Quick Reference Guide**.

The Pharmacy department will respond to 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:

- Benzodiazepines
- Barbiturates, except butalbital/codeine combinations are covered
- Drugs used for weight loss
- Drugs used for infertility
- Drugs used for hair growth
- Cough and cold medications
- Drugs used for the treatment of erectile dysfunction
- Drugs used for cosmetic purposes
- Experimental drugs
- Vitamins **except** where medically necessary to treat a diagnosed illness or condition
- Less than effective DESI drugs or drugs that may have been determined to be identical, similar, or related

Step-Therapy Programs

Step-therapy programs are programs developed by the P&T Committee. These programs are designed to provide our members with clinically sound, cost-effective drug treatment options.



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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 consultation with medical professionals to assure a clinically comprehensive program. Please review the 'Ohana Drug Formulary to view drugs requiring step therapy.

Over-the-Counter Medications

Medications available to the member without a prescription are not eligible for coverage, except medications noted on the formulary and medications offered through the Plan's over-the-counter (OTC) program.

Member Co-Payments

The 'Ohana Drug Formulary is divided into four tiers: generic, preferred brand, non-preferred brand and specialty drugs. The co-payment and/or coinsurance are based on the drug tier and the member's subsidy level. Refer members to the Summary of Benefits for the exact co-pay/coinsurance for their state and county.

Coverage Determination Request Process

The goal of the Coverage Determination Request program is to ensure that medication regimens that are high-risk, high potential for misuse or have narrow therapeutic indices are used appropriately and according to FDA approved indications.

The Coverage Determination Request 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 on the 'Ohana Drug Formulary;

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- Drugs listed on the 'Ohana Drug Formulary with a prior authorization;
- Brand name drugs when a generic exists;
- Drugs that have an age edit; and
- Drugs that have a step edit and the first line therapy is inappropriate.

Obtaining a Coverage Determination Request

1. Complete a Coverage Determination Request form located in the **Forms** section of this manual or on the Web site at ohanahealthplan.com.
2. Fax the form to the Pharmacy department. Refer to the state-specific **Quick Reference Guide** for the fax number.

Our standard is to respond to requests within 72 hours.

Please provide medical history and/or other pertinent information when submitting a Coverage Determination Request form for medical exception.

If the request meets the approved P&T Committee's protocols and guidelines, the provider and/or pharmacy will be contacted with the Coverage Determination approval.

If the request is not a candidate 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 request was not approved and listing the preferred drugs that are available as alternatives. A denial letter is sent to Medicare members.



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To request an appeal of a Coverage Determination decision, fax your request to the Appeals and Grievances departments. Refer to the state-specific **Quick Reference Guide** for the fax number. From there, the request will follow the appeals process described in the Appeals & Grievances section of this manual.

Ohana Health Plan

A plan offered by WellCare Health Insurance of Arizona, Inc.