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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 members 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 generic drugs when therapeutic equivalent drugs are available;
- Evaluate medication profile for appropriateness and duplication of therapy.
- Complete a Prior Authorization/Drug Evaluation Request for medications requiring clinical or utilization management review – provider notification of products requiring prior authorization will be communicated via the WellCare provider newsletter and through fax notification.

**Benefit Plans**

The Plan manages a benefit package within Missouri, 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 members' benefit packages in order to determine what prescription drug services are covered.

**Member  
Co-payments**

There are no co-payment requirements for certain eligible members. The member's fee is part of the pharmacy dispensing fee and will be collected by the pharmacy and is based on the drug cost.

## PHARMACY

### Section 6

The following are excluded from the fee requirement:

- Members under 19 years of age;
- Drugs related to an Early Periodic Screening, Diagnosis and Treatment Program (EPSDT);
- Institutionalized members residing in a skilled nursing facility, psychiatric hospital, residential care facility, or adult boarding home;
- Foster Care children up to twenty-one (21) years of age;
- Medicare/Medicaid crossover claims;
- Family Planning services;
- Emergency services; and
- Pregnant women.

All covered services require a written prescription from an authorized prescriber. A prescriber is a person in health care who is permitted by law to order drugs that legally require a prescription; includes physicians, physician assistants, podiatrists and dentists. The authorized prescriber should describe to the patient or a responsible adult how the medication should be administered and what, if any, side effects might be anticipated.

If a member is unable to pay their share of the Pharmacy Dispensing Fee, the prescription may not be withheld.

Ingredient cost for each item of service	Member participation in pharmacy professional dispensing fee
≤ \$10.00	\$0.50
\$10.01 – \$25.00	\$1.00
≥ \$25.01	\$2.00

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**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.

**Coverage Limitations**

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

- Agents used to promote weight loss;
- Agents used to treat sexual dysfunction;
- Agents used to promote fertility;
- Agents used to promote smoking cessation;
- Agents used for cosmetic purposes or hair growth;
- Agents listed as DESI drug products;
- Protease Inhibitors (will be reimbursed by the state agency for fee-for-service);
- Non-prescription drugs;
- Halazepam, Prazepam and Quazepam;
- Agents prescribed for any indication that is not medically accepted.

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**Over-the-Counter  
(OTC)  
Medications**

The following Over-the-Counter (OTC) medications are available to the member with a prescription

- Aspirin
- Acetaminophen
- Ibuprofen
- Naproxen
- Antacids
- Anti-Diarrheals
- Anti-Emetics
- Anti-Itch, topical
- Antibiotics, topical
- Antiflatulents
- Antifungal, topical
- Antihistamines, including Loratadine OTC
- Cough and Cold Preparations
- Eye and Ear Preparations
- Iron
- Laxatives
- Calcium
- Pediculocides/Scabicides
- Proton Pump Inhibitors (Prilosec OTC)
- Vitamins
- Niacin
- Other

**Food  
Supplements,  
Nutritional  
Supplements,  
Infant Formulas**

Nutritional supplements such as Ensure and Sustacal and infant formulas such as Enfamil and Similac are not covered products. This is due to the federal interpretation that such products are food products rather than drug products.

For children under 21 years of age, all nutritional supplements, infant formulas, related enteral supplies and equipment and supplies and pumps related to intravenous therapy are available only through the Durable Medical Equipment Program if prior-authorized.

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**Pharmacy  
Lock-In Program**

Members identified as over-utilizing certain therapeutic classes or receiving duplicative therapy within the pharmacy benefit 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 pharmacy to obtain their medications. Other pharmacies will not be paid if they fill prescriptions for the member. Members identified will also be referred to case management.

Pharmacy lock-in will be under the review of the P&T Committee who shall determine the need for lock-in according to established procedures and Federal Regulations regarding such action.

