

# **Provider Manual**

## **Section 12.0**

### **Outpatient Pharmacy Services**

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## 12.0 Outpatient Pharmacy Services

### 12.1 Prescribing Outpatient Medications for Lighthouse Health Plan Enrollees

Lighthouse's pharmaceutical management procedures are a vital part of the pharmacy program. Together they ensure and promote the utilization of clinically appropriate drug(s), which leads to the improvement of the health and well-being of our enrollees. The most commonly utilized management tools in the pharmacy program include:

- Preferred Drug List (PDL);
- Mandatory Generic;
- Therapeutic Interchange;
- Step Therapy (ST);
- Quantity Limit (QL);
- Age Limit (AL);
- Over-The-Counter (OTC) Medications;
- Coverage Determination or Prior Authorization (PA) Process;
- Pharmacy Lock-In Program; and
- Specialty Drug Program.

These drug management tools are described in additional detail below. Also, to help your patient get the most out of their pharmacy benefit, please refer to the following guidelines when prescribing:

- National standard of care guidelines for management and treatment of conditions (e.g., American Thoracic Society Clinical Practice Guidelines on the Definition, Evaluation, and Treatment of Severe Asthma, Joint National Committee (JNC) Hypertension guidelines);
- Prescribe drugs listed on Lighthouse's PDL ([http://ahca.myflorida.com/medicaid/Prescribed\\_Drug/pharm\\_thera/fmpdl.shtml](http://ahca.myflorida.com/medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml));
- Prescribe generic drugs when therapeutic equivalent drugs are available within a therapeutic class.

#### 12.1.1 Preferred Drug List

Lighthouse will adopt the AHCA Medicaid PDL and provide coverage for all drugs and dosage forms listed therein. The Florida Medicaid PDL is subject to revision following consideration and recommendations by the AHCA's Pharmaceutical and Therapeutics (P&T) Committee. Refer to the PDL document for the most current list of preferred drugs: [http://ahca.myflorida.com/medicaid/Prescribed\\_Drug/pharm\\_thera/fmpdl.shtml](http://ahca.myflorida.com/medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml).

The PDL is arranged in order by therapeutic classification. To locate a specific drug or therapeutic class, use the search feature available in Adobe Acrobat Reader (keyboard shortcut: CTRL+F). The PDL will also tell you if there are any certain age limits or clinical prior authorization (PA) requirements.

### **12.1.2 Generic Medications**

The use of generic medications is a key pharmaceutical management tool. Generic drugs are as effective as and generally cost less than their brand name counterparts. Their use can contribute to cost-effective therapy.

Generic drugs must be used when listed on the PDL. A Prior Authorization Form should be completed and submitted to Lighthouse's pharmacy department along with clinical justification when requesting a non-PDL medication and/or a brand name medication when the generic is available on the PDL. See the Prescription Medications and Prior Authorization section below for more information on how to request an exception.

### **12.1.3 Therapeutic Interchange**

Lighthouse employed pharmacists may engage in the practice of replacing, with the prescribing physician's approval, a prescription drug originally prescribed for a patient with a prescription drug that is therapeutically equivalent. Drugs are considered to be therapeutically equivalent if they can be expected to produce the same or similar levels of clinical outcomes in patients. The therapeutic interchange program should offer advantages to the enrollee through improved convenience, affordability, or improved outcomes or fewer side effects.

### **12.1.4 Step Therapy**

Step therapy programs are developed by the AHCA's P&T Committee. These programs ensure that patients are taking the most effective medication at the best cost. This means trying the least expensive medications (usually generic medications) or drugs that are considered the standard in first-line treatment before stepping up to a more costly alternative(s).

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 Lighthouse's PDL have been evaluated through the use of clinical literature and are approved by the AHCA's P&T Committee.

Medications requiring step therapy are identified on the PDL.

### **12.1.5 Quantity Limits**

To ensure enrollees are getting the most cost-effective dose of medication, a quantity limit or dose duration may be placed on certain drugs. These limits are based on FDA guidelines, clinical literature, and the manufacturer's instructions. Quantity limits promote appropriate use of the drug, prevent waste, and help control costs. Quantity limits are also used to help prevent billing errors.

Please refer to the PDL to view drugs with quantity limits.

### **12.1.6 Age Limits**

Some drugs have an age limit associated with them. Lighthouse utilizes age limits to help ensure proper medication utilization and dosage, when necessary.

Medications with age limits are identified on the PDL.

### **12.1.7 Coverage Limitations**

Lighthouse covers all drug categories currently available on the AHCA Medicaid PDL. The following is a list of non-covered (i.e., 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;
- Cough and cold combination medications for enrollees twenty-one (21) years of age and older;
- Drugs for the treatment of erectile dysfunction;
- DESI drugs or drugs that may have been determined to be identical, similar or related;
- Investigational or experimental drugs;
- Immunizing agents (except for influenza vaccine);
- Agents prescribed for any indication that is not medically accepted;
- Oral vitamins and minerals (except those listed in the PDL); and
- OTC drugs (except those listed in the PDL).

Lighthouse will not reimburse for prescriptions for early refills, duplicate therapy, or excessively high dosages for enrollees.

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

OTC items listed on the PDL require a valid prescription. Examples of OTC items listed on the PDL include (coverage is subject to change):

- Multivitamins/multivitamins with iron;
- Iron;
- Antihistamines;
- Enteric coated aspirin;
- Insulin;
- Topical antifungals;
- Ibuprofen;
- Permethrin;
- Meclizine; and
- H-2 receptor antagonists.

## **12.2 Prescription Medications and Prior Authorization**

### **12.2.1 When is a Prior Authorization (PA) Required?**

**12.2.1.1 Prior Authorization (PA)** is necessary for some medications to establish medical necessity, and to ensure eligibility for coverage per State and/or Federal regulations. This may be due to specific Food and Drug Administration (FDA) indications, the potential for misuse or overuse, safety limitations, or cost- benefit justifications.

PA is required for medications that are:

- Outside the recommended age, dose, or gender limits;
- Drugs not listed on the PDL;
- Drugs listed on the PDL but still require Prior Authorization;
- Brand name drugs when a generic exists;
- Duplication in therapy (i.e. another drug currently used within the same class);
- New to the market and not yet reviewed by AHCA's P&T Committee
- Prescribed for off-label use or outside of certain diseases or specialties; or
- Most self-injectable and infusion medications (including chemotherapy).

### **12.2.2 How does a provider request an exception?**

Providers may request an exception to Lighthouse's PDL either verbally or in writing. For written requests, providers should complete a Prior Authorization Request Form that includes pertinent enrollee medical history and information. A Prior Authorization Request Form may be accessed on Lighthouse's website at [www.Lighthousehealthplan.com](http://www.Lighthousehealthplan.com).

To submit an oral request, call 844-716-5412 to speak with a pharmacy specialist.

If Authorization cannot be approved or denied, and the drug is medically necessary, up to a seventy-two (72) hour emergency supply of the non-preferred drug can be supplied to the enrollee.

PA protocols are developed and reviewed at least annually by the AHCA 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.).

### **12.2.3 What Happens During the PA Review Process:**

1. A pharmacy coordinator compares all information on the request to Lighthouse's clinical authorization criteria.
2. If the request does not meet Lighthouse's clinical authorization criteria, it is forwarded to a registered pharmacist. Additional information may be requested via fax or telephone from the prescribing provider.
3. If the pharmacist cannot approve the request, the request is forwarded electronically to a Lighthouse Medical Director for a decision.

### **12.2.4 How Providers Are Notified of PA Decisions**

A fax will be sent to the requesting provider's submitted fax number with one of the following PA decisions:

**12.2.4.1 Approved.** The PA request has been approved for pharmacy reimbursement. Based on the medication and if requested by the prescriber, approvals may be granted for up to twelve (12) months.

**12.2.4.2 Partial denial.** Reimbursement has been approved for a therapeutic alternative or for a different dose than the one requested.

**12.2.4.3 Deferral.** The final PA action was not decided due to the need for additional information. Providers must fax the requested information back to the plan in order to obtain a final PA decision.

**12.2.4.4 Denial.** The PA request was denied. All PA denials are issued by a licensed physician. These decisions may be appealed.

Denial rationale is included on every PA denial fax, and whenever possible, with a recommendation for an alternate preferred medication. However, denials for medications not indicated for clinical use may not include medication alternatives.

### **12.2.5 Emergency Supply**

Pharmacies may dispense a seventy-two (72) hour emergency supply of medication if they are unable to contact the prescriber for prior authorization. This does not apply to drugs excluded from coverage by state and federal regulations.

### **12.2.6 Denial and Appeal Process**

An authorization request for outpatient pharmacy services may be denied for lack of medical necessity, or it may be denied for failure to follow administrative procedures outlined in the Provider Contract or in this Provider Manual. Denial letters are generated by Lighthouse for the enrollee and for the prescriber. The Plan faxes a denial notification to the prescriber if fax numbers are available.

### **12.3 Pharmacy Lock-In Program**

The Lighthouse Pharmacy Lock-In Program is designed to ensure that medical and pharmacy benefits are received at an appropriate frequency and are medically necessary. The program utilizes claims data to evaluate overutilization in targeted therapeutic categories, to ensure proper utilization of plan benefits, and to determine if there was a duplication of therapy from multiple providers. Enrollees who meet the criteria to be enrolled in the Pharmacy Lock-In Program will receive written notice of the lock-in status along with details surrounding the program. The designated provider(s) will also receive written notification of the enrollee's enrollment in to the program.

The Lock-In Program is not intended to penalize or punish the enrollee. The program is intended to:

- Connect enrollees with case managers who can identify reasons for over use of medical services and provide education on their health care needs;
- Reduce inappropriate use of health care services;
- Facilitate effective utilization of health care services; and
- Enhance quality of care by developing a stable patient-physician and patient-pharmacist relationship.

### **12.4 Enrollee Pharmacy Access**

Lighthouse has partnered with CVS Caremark to maintain a comprehensive network of pharmacies to ensure that pharmacy services are available and accessible to all enrollees twenty-four (24) hours a day.

The Pharmacy Locator tool at Caremark.com lets you quickly and easily find the best network pharmacy for you.

To access the tool, click on "Pharmacy Locator" in the "Plan & Benefits" drop-down menu at Caremark.com, or open the Caremark mobile app and tap "Pharmacy Locator."

The Pharmacy Locator lets you:

- Enter your zip code or city and state to find the closest network pharmacies;
- Add filters to find pharmacies with the amenities you need;
- Narrow your search results by specific pharmacies; and

- Designate or change your primary pharmacy with one click.

For areas where there are no pharmacies open twenty-four (24) hours per day, enrollees may call Lighthouse enrollee services for information on how to access pharmacy services. Contact information is also located on the Lighthouse website at [www.Lighthousehealthplan.com](http://www.Lighthousehealthplan.com).

## **12.5 Specialty Pharmacy Solutions**

Lighthouse has partnered with the CVS Specialty Pharmacy Solutions team to offer specialty pharmacy services to enrollees who are taking medications to treat long-term, life-threatening, or rare conditions. As one of the leading and most experienced providers of specialty pharmacy services, CVS Specialty understands the complex nature of injectable, infused, and select oral medications. This expertise allows CVS Specialty to get enrollees the medication needed, along with personalized, clinical support. Although CVS Specialty does not have a typical neighborhood pharmacy storefront, it can arrange for enrollee medications to be available for pickup at any CVS Pharmacy. Enrollees can also get their medications delivered to their home, work, or provider's office.