



IMPORTANT INFORMATION ABOUT YOUR PRESCRIPTION DRUG BENEFIT... UNDERSTANDING CLINICAL GUIDELINES

In an ongoing effort to effectively manage your prescription drug benefits, clinical guidelines have been included as part of your prescription benefit plan design. These clinical guidelines are known as Prior Authorization, Quantity Limitation, and Contingent Therapy Protocol. This information guide is intended to explain these guidelines, their purpose, and identify examples of common medications that are managed under these guidelines.

What is Prior Authorization (PA)?

PA means that your employer has appointed PHARMACARE to conduct a clinical review of certain medications prior to authorizing payment under your prescription benefit plan. This review consists of 2 steps:

Step 1: A medical diagnosis is obtained from the prescribing doctor (some medications may require additional information). Your pharmacist may supply PHARMACARE with the necessary information required to perform the review if the information is provided on the prescription, or your doctor can call or fax the appropriate medical documentation to PHARMACARE.

Step 2: Clinical personnel at PHARMACARE then determine if the condition falls within the appropriate medical guidelines, which are based on both clinical judgment and current medical literature. The decision of the Clinical Department will determine if the medication in question will be covered by your prescription plan. Refer to the list below for some common medications that require PA.

What is quantity limitation (QL)?

QL means that your prescription plan will only cover a certain number of pills or units (i.e. injections or nasal spray bottles) within a specified time period, usually 30 days. This limitation is typically in place for medications that have an abuse potential (such as Ritalin or Concerta) or for medications that have been deemed by the Food and Drug Administration (FDA) to be safe in only limited amounts (i.e. Accutane, Enbrel). QL is in place for only a limited number of medications (*please refer to the list below*), however this clinical guideline may be added to newly approved medications as well.

What is a Contingent Therapy Protocol (CTP)?

CTP means that coverage of a requested medication is approved only if you have tried certain other medications first and they did not work, or if you have specific medical conditions which preclude you from trying the alternatives. Refer to the list below for common medications that are subject to the CTP.

The CTP is managed automatically when you bring your prescription to the pharmacy to be filled. The pharmacist will be able to tell you when he or she processes your prescription whether or not it is covered by your prescription plan.

Why are clinical guidelines necessary?

Clinical guidelines are necessary because there are certain medications that require closer review to support their benefit(s) to the patient. PHARMACARE provides recommendations concerning coverage of these medications by verifying their appropriateness before payment of a prescription can be authorized.

Medications selected to be included for PA, QL or CTP are typically expensive, have off-label (not approved by the FDA) uses or have the potential to be used inappropriately. The list of drugs below has been selected for coverage under your prescription benefit plan with PA, QL or CTP. Please remember the need for PA, QL, or CTP effects only a small number of medications such as those listed below. However, the above mentioned clinical guidelines may be applied to newly approved medications as well.

In most cases, employees and dependents taking one or more of the medications subject to review will not experience a delay in obtaining their medicine. You may experience a delay, however, if the appropriate documentation cannot be obtained immediately. If a delay occurs, we apologize for any inconvenience, but please understand the purpose of this review is to make sure the medications are being dispensed for the appropriate reason and to protect the integrity of the prescription drug plan.

Please refer to the list below for drugs that **typically** require PA*, CTP* or have QL*. Keep in mind that this is not an all-inclusive list. Call PHARMACARE for additional/updated information regarding your plan and drugs that require PA, CTP or have QL.

Prior Authorization

ADD/ADHD/Narcolepsy Agents:

Anabolic Steroids

Anticoagulants

Antidepressants:

Arthritis Agents:

Biologicals – Immune Globulins

Cancer Agents:

Cosmetic Agents:

Growth Hormone Agents:

Infertility/Women’s Health Agents:

Irritable Bowel Syndrome

Nutritional Supplements

RSV agent

Smoking Cessation

Examples

Ritalin/Methylphenidate, Dexedrine, Cylert, Adderall, Desoxyn, Metadate, Methylin, Provigil, Xyrem, Focalin
 Anadrol, Oxandrin, Winstrol
 Lovenox, Fragmin, Innohep, Orgaran, Arixtra – PA required after 3 months of therapy
 Prozac Weekly, Wellbutrin SR
 Enbrel, Remicade, Synvisc, Hyalgan, Kineret
 Gammar, Gammimune, Sandoglobulin
 Proscar
 Retin-A, Differin, Avita, Botox, Myobloc
 Humatrope, Nutropin AQ, Protropin
 Lupron, Sarafem
 Lotronex, Zelnorm
 Phenyl-Free & others used in PKU
 Synagis
 Wellbutrin, Zyban, Wellbutrin SR

Contingent Therapy Protocol

Arthritis Agents:

Celebrex, Vioxx, Bextra - applicable for members beginning therapy on or after June 1, 2003

Quantity Limitation

Acne Agents:

ADD/ADHD/Narcolepsy Agents:

Anti-depressants:

Anti-migraine agents:

Arthritic Agents:

Drugs used for pain:

Emergency contraceptives:

Flu agents:

Impotence Agents:

Insomnia Agents:

Irritable Bowel Syndrome

Osteoporosis Agents:

Smoking Cessation

Accutane
 Ritalin/Methylphenidate, Concerta, Xyrem, Focalin
 Prozac Weekly
 Imitrex, Zomig, Amerge, Maxalt, Axert, Frova
 Enbrel, Remicade, Synvisc, Hyalgan, Kineret
 Toradol, Stadol
 Plan B, Preven
 Relenza, Tamiflu
 Viagra
 Ambien, Sonata
 Lotronex, Zelnorm
 Fosamax
 Wellbutrin, Zyban, Wellbutrin SR

****PA/CTP Protocol/QL requirements are subject to change due to plan design revisions.***

For drugs listed above that require a medical diagnosis or PA, your pharmacist or doctor can fax the necessary information to PHARMACARE at **1-412-967-2364** or contact the PHARMACARE customer service department at **1-866-935-5433**.

If you or your dependents are taking one of these medications, you may wish to take this material with you the next time you visit your doctor or pharmacist. To avoid any delay in obtaining a medication that requires a medical diagnosis, you may wish to have your doctor contact PHARMACARE in advance of writing the prescription.

In the event that coverage for your prescription is not approved, you may choose to appeal the denial in writing along with a letter of medical necessity from your doctor. You can fax the appeal to PHARMACARE at 1-412-967-2364 or send it to PHARMACARE, 620 Epsilon Drive, Pittsburgh, PA 15238, Attn: Clinical Dept.

Please contact the PHARMACARE customer service department at 1-866-935-5433 with any additional questions you might have. Thank you for your cooperation in this matter.