UnitedHealthcare Community Plan

Preferred Drug List Policies for M*Plus MMA Medicaid
Quick Reference Guide

Overview

UnitedHealthcare Community Plan uses the Agency for Healthcare Administration's (AHCA) preferred drug list (PDL) and related policies for members who have pharmacy coverage under M*Plus Managed Medical Assistance (MMA) for generic substitution and therapeutic interchange, quantity limits and step therapy. Please use this quick reference guide to assist you with information about generic substitution and therapeutic interchange, quantity limits and step therapy.

Generic Substitution

When a generic equivalent to a brand product is available, whether it's preferred or non-preferred, the pharmacy will receive a rejected claim for the brand product. If a brand product is listed in the PDL and a patient requires it for their condition, write the words "medically necessary" in your own handwriting on the face of a written prescription.

- If you're sending a prescription electronically, indicate that the brand product is medically necessary
- By phone, make sure to tell the pharmacist that the brand product is medically necessary.

Some medications may also require prior authorization.

Therapeutic Interchange

Use the generic substitution guidelines as well as the following criteria for drug products that have a narrow therapeutic index (NTI):

1. The substituted drug must contain the same active ingredient(s), be of equal strength and same dosage as the drug initially prescribed, and be listed on the PDL.
2. The Food and Drug Administration (FDA) has given the substituted drug an "A" rating when compared with the brand product to show the substituted drug is therapeutically equivalent to the brand product.

When a drug product meets the therapeutic interchange criteria, an exchange can be made with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed drug.

- Please follow the PDL for generic and brand products.
- In cases where alternates are identified as medically needed and not currently on the PDL, UnitedHealthcare Community Plan is responsible for providing the generic or identified brand product.
    - Prescribers don't need to do additional clinical tests or examinations of patients when an FDA-approved generic product is substituted for the brand name product and considered therapeutically equivalent.

For branded drugs when generic substitution is available or to prescribe an NTI drug, request prior authorization by calling **800-310-6826**.

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Quantity Limits

Per state guidelines, we may have monthly quantity limitations for certain drugs to help promote efficient and safe medication dosing. Prescriptions for quantities above the indicated monthly limits will require prior authorization.

When we do add quantity limits for certain drugs, we'll give care providers advance notice. We recognize that the patient's medical condition must be taken into consideration when drug therapy is prescribed. Overrides will be available on a case-by-case basis, which you can request by calling **800-310-6826.**

Step Therapy Policy

The Florida Drug Utilization Review Board and the Pharmacy and Therapeutics Committee review and approve the step therapy process which UnitedHealthcare Community Plan follows to help monitor medication use, enhance PDL compliance and promote appropriate prescribing of quality, cost-effective drug products.

- The step therapy process is included within the prior authorization criteria documents outlined by the state of Florida for drugs not listed in the PDL. They're based on:
  - Current evidence-based medical literature reviews
  - Consultation with practicing physicians and pharmacists in Florida who have specialized medical expertise
  - Governmental agency policies as well as national accreditation organization standards

The Florida Drug Utilization Review Board and the Pharmacy and Therapeutics Committee regularly revise and update prior authorization criteria as new evidence becomes available.

Step Therapy Process

When a member fills a prescription for a drug that's part of the step therapy policy, here's what automatically happens at the pharmacy:

- The claims processing system will look at the patient's drug history.
- If the prerequisite step therapy policy criteria are met, based on the patient's profile or demographic information, the claim will be processed.
- If the prerequisite step therapy criteria *aren't* met, the claim will reject at the point of service. A customized message will show the requested prescription requires step therapy and will list the prerequisite alternatives.
- When a claim rejects due to a step therapy point-of-service edit, the pharmacist will contact the prescriber for an alternative or have them submit a request for prior authorization.

Here's how to submit a request:

- **Online:** Go to ahca.myflorida.com. Prior authorization requirements are also available on this state website.
- **Phone:** Call **800-310-6826**.

Questions?

Call us at **800-310-6826.**

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