



Citrus Health Care – CitrusCaid

Prescription Drug Formulary (PDL)

INTRODUCTION

This document represents the efforts of our Pharmacy Benefits Manager (PBM) & Citrus Health Care's Pharmacy and Therapeutics (P&T) Committee to provide physicians and pharmacists with a method to evaluate the various drug products available. A reasonable program of drug product selection and drug usage has been developed due to the vast availability of medication therapy and treatment modalities currently available. The goal of Citrus Health Care's (CitrusCaid) Formulary is to enhance the ability of physicians and pharmacists and assist you in providing clinically optimal, cost effective drug therapy to our members. The development, maintenance, and improvement of this process is evolutionary and requires constant attention. This is accomplished through the PBM & Citrus Health Care P&T Committee. The Formulary is a continually reviewed and revised list of drugs, which mirror the prevailing clinical opinion of the P&T Committee. Unfortunately, this dynamic process does not allow this document to be completely accurate at all times. To accommodate the necessary changes of this document updates will be available on a quarterly basis and will be available online at: <http://www.citrushc.com> under the CitrusCaid Tab. As you use the Formulary, we encourage you to review the information and provide your input and comments to the PBM and Citrus Health Care P&T Committee.

The PBM & Citrus Health Care P&T Committee uses the following criteria in the evaluation of drug selection for its Formulary:

- Drug efficacy
- Drug safety profile
- Drug effectiveness
- Comparison of relevant drug benefits to current formulary agents of similar use, while minimizing duplications
- Equitable cost and outcomes of the total cost of drug and medical care

How to Use the Formulary

The Formulary is a list of covered and preferred drug agents for Citrus Health Care (CitrusCaid) members. All drugs are listed by their generic names or most common proprietary (branded) name. Any drug not found in this PDL or in any Formulary updates published by Citrus Health Care (CitrusCaid) shall be considered a Non-Formulary drug. Non-Formulary Drugs require Prior Authorization Approval. Physician offices must complete the Coverage Determination (PA) Form and fax to our PBM for review. For certain agents within the Formulary recommended prescribing guidelines may apply. These are denoted throughout the document using the following symbols:

- * Age restrictions apply
- PA Prior Authorization - Requires specific physician request process
- QL Quantity Limit - Coverage may be limited to specific quantities per prescription and/or time period
- ST Step Therapy - Coverage may depend on previous or concurrent use of another drug

Prior Authorization Process

Prior Authorization(s) (PA) requests are reviewed by the PBM. Citrus Health Care's current PBM is National Pharmaceutical Services (NPS).

National Pharmaceutical Services

Phone: 1-800-546-5677
Fax: 1-866-632-7946

The PBM will process the request within 72 hours. Expedited requests are reviewed within 24 hours.

A. Formulary Agents

Certain drugs listed in the Formulary are designated as Prior Authorization (PA) and require evaluation, per the Citrus Health Care's PA guidelines, prior to dispensing in a network pharmacy. Each request will be reviewed for individual patient need. Should the request not meet established guidelines as per the P&T Committee, the request may not be approved and an alternative therapy may be recommended.

B. Non-Formulary Agents

Any drug not listed in Citrus Health Care (CitrusCaid) Formulary or Formulary updates shall be considered a Non-Preferred or Non-Formulary drug and coverage must be applied for in advance. Each request will be reviewed on individual patient need and approval will be given if a documented medical need exists. The following basic guidelines are used when evaluating Non-Formulary or Non-Preferred medication requests:

- The use of Formulary Drugs is contraindicated in the patient.
- The patient has failed an appropriate trial of Formulary or related agents.
- The choices available in the Formulary are not suited for the present patient care need, and the drug selected is required for patient safety.
- The use of a Formulary drug may provoke an underlying condition, which would be detrimental to patient care.

If the request does not meet the guidelines established by the P&T Committee, the request will not be approved and an alternative therapy may be recommended.

C. Obtaining Coverage

Coverage, questions or information regarding the medication request or formulary process may be obtained by: 1. Faxing a completed **Coverage Determination Request (PA) Form** to National Pharmaceutical Services (NPS) at 1-866-632-7946 along with the necessary information requested.

Pharmacist and Physician Communication

The Formulary is a tool to promote safe, cost-effective prescription drug use. The PBM and Citrus Health Care (CitrusCaid) P&T Committee has made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. Citrus Health Care welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions, comments or formulary additions to:

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Attn: Pharmacy Department, P&T Committee