



## Preferred Care Drug Management Programs

### Utilization management

For certain prescription drugs, Preferred Care has additional requirements for coverage or limits on our coverage. These requirements and limits ensure that our members use these drugs in the most effective way and also help us control drug plan costs. A team of doctors and pharmacists developed these requirements and limits for our Plan to help us to provide quality coverage to our members. Examples of utilization management tools are described below:

**Prior Authorization:** We require you to get prior authorization for certain drugs. This means that your Primary Care Physician (PCP) or Specialist may ask for prior authorization from the plan. You will need to get approval from Preferred Care before you fill your prescription. If they don't get approval, the drug may not be covered.

**Quantity Limits:** For certain drugs, Preferred Care limits the amount of the drug that is covered per prescription or for a defined period of time. For example, Preferred Care will provide up to 30 capsules per month for Protonix.

**Step Therapy:** In some cases, Preferred Care requires you to first try one drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may require your doctor to prescribe Drug A first. If Drug A does not work for you, then we will cover Drug B.

**Generic Substitution/MAC Program:** When there is a generic version of a brand-name drug available, our network pharmacies will automatically give you the generic version, unless your doctor has told us that you must take the brand-name drug. While the use of bioequivalent generic drugs is encouraged to help you stretch your pharmacy dollar further, you are not required to receive the generic drug. If your physician writes "DAW", you will receive the brand name drug, but will be responsible for the difference in cost between the generic and the brand name drug plus your copayment. This is referred to as the Generic MAC program. If you qualify for extra help with your drug costs, your costs may be different than those described above.

You can find out if your drug is subject to these additional requirements or limits by looking in the formulary. If your drug does have these additional restrictions or limits, you can ask us to make an exception to our coverage rules. See the section, "How do I request an exception to the formulary?" in the formulary or visit our Web site at [www.preferredcare.org](http://www.preferredcare.org).

### **Drug utilization review**

Preferred Care conducts drug utilization reviews for all of our members to make sure that they are getting safe and appropriate care. These reviews are especially important for members who have more than one doctor who prescribe their medications. We conduct drug utilization reviews each time you fill a prescription and on a regular basis by reviewing our records. During these reviews, we look for medication problems such as:

- Possible medication errors.

- Duplicate drugs that are unnecessary because you are taking another drug to treat the same medical condition.

- Drugs which are inappropriate because of your age or gender.

- Possible harmful interactions between drugs you are taking.

- Drug allergies.

- Drug dosage errors.

If Preferred Care identifies a medication problem during our drug utilization review, we will work with your doctor to correct the problem.