

SECTION K FORMULARY

FORMULARY OVERVIEW

PHP uses a generic based formulary. The PHP formulary contains covered drugs listed by therapeutic category and indexed alphabetically. Brand drugs that are generically available will be filled with therapeutically equivalent generic products unless supporting documentation is submitted by the physician and prior authorized by the plan. Some over-the-counter (OTC) pharmacy supplies or drugs are covered and are listed in the formulary. However, a prescription must be written and presented to the pharmacy for coverage of OTC products.

PHARMACY AND THERAPEUTICS COMMITTEE

The Pharmacy and Therapeutics (P&T) Committee approves drugs for coverage, drugs requiring prior authorization and other utilization management tools as listed in the PHP formulary. The P&T Committee is comprised of physicians and pharmacists in the community, the plan's chief medical officer, pharmacy and medical director. The committee meets regularly to review the formulary, new drugs and drug therapies.

PHARMACY PRIOR AUTHORIZATION AND FORMULARY EXCEPTION PROCESS

Some formulary drugs and all non-formulary drugs require prior authorization approval for coverage. In addition, some formulary drugs may require step therapy (ST) or have quantity limitations (QL) imposed.

- Any physician may request a prior authorization, formulary exception or an exception to a utilization management edit by completing a Pharmacy Prior Authorization and Formulary Exception form.
- Pharmacy forms can be found on our website at www.phoenixhealthplan.com.
- Fax completed forms and supporting documentation to 602-674-6652 or 1-888-887-9982.
- Completed request forms and supporting medical or laboratory documentation should be submitted at the same time.

Pharmacy prior authorization requests sent to other fax numbers may result in a delayed review and decision on your request. All prior authorization and formulary exception requests will be reviewed to determine if first line formulary drugs have been consistently used for a sufficient length of time. Samples do not constitute an adequate trial. Failures due to a severe adverse drug event must be submitted with supporting documentation (such as resulting CPK, LFT elevations) and may include an FDA MedWatch 3500 form describing the adverse event, outcome and intervention required. For further assistance please call the PHP Pharmacy prior authorization department.

FORMULARY CHANGES AND UPDATES

The formulary, prior authorization criteria and drug guidelines are reviewed by the P & T Committee on a periodic basis throughout the year. Therapy classes, new entities and formulations are evaluated quarterly. Contracted physicians may also request a drug guideline or formulary change for Pharmacy and Therapeutics Committee review for a subsequent meeting. The Drug Guideline or Formulary Change Request form must be completed and submitted along with 2 randomized controlled clinical trials supporting their request to the attention of the plan's Pharmacy Director. Drug company marketing materials will not be accepted. Please contact Pharmacy Services at 602-824-3700 for further information.

Providers will be notified of formulary updates following the P & T Committee meetings by fax or network

SECTION K FORMULARY

mailings. Any formulary changes will be included in the published PHP Formulary available on our website at www.phoenixhealthplan.com. Please contact Network Management if you do not have access to the website and would like a copy mailed to your office.

EXCLUSIONS

Certain drugs are not covered by AHCCCS and are not covered by PHP as follows:

- Erectile dysfunction drugs and products
- Topical Minoxidil
- Retinoic Acid for Cosmetic Purposes
- Experimental or Investigational Medications
- Medications purchased outside of the United States
- OTC Medications not listed in the Formulary or those that prior authorization was not obtained
- DESI (Drug Efficacy and Safety Implementation) drugs – drugs not deemed safe and efficacious by the FDA.

For further assistance please call the PHP Pharmacy Prior Authorization department.

LIMITATIONS

Prescriptions are usually limited to a 30-day supply. This limit is necessary because member eligibility can change monthly.