



# Drug Utilization and Quality Management

## Utilization management

For certain prescription drugs, special rules restrict how and when the plan covers them. A team of doctors and pharmacists developed these rules to help our members use drugs in the most effective ways. These special rules also help control overall drug costs, which keeps your drug coverage more affordable.

In general, our rules encourage you to get a drug that works for your medical condition and is safe and effective. Whenever a safe, lower-cost drug will work just as well medically as a higher-cost drug, the plan's rules are designed to encourage you and your provider to use that lower-cost option. We also need to comply with Medicare's rules and regulations for drug coverage and cost sharing.

We also have special programs to help members use their drugs safely. We conduct drug use reviews for our members to help make sure that they are getting safe and appropriate care. These reviews are especially important for members who have more than one provider who prescribes their drugs.

We do a review each time you fill a prescription. These tools include, but are not limited to: prior authorization, clinical edits, quantity limits and step therapy.

- **Age Limits:**  
Some drugs may require a prior authorization if your age does not meet the manufacturer, FDA, or clinical recommendations
- **Quantity Limits:**  
For certain drugs, we limit the amount of the drug we will cover per prescription or for a defined period of time
- **Prior Authorization:**  
We require you to get prior authorization for certain drugs. (You may need prior authorization for drugs that are on the formulary or drugs that are not on the formulary and were approved for coverage through our exceptions process.) This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug
- **Step Therapy:**  
In some cases, we require you to first try certain drugs 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 not cover drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B

- **Generic Substitution:**

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. If the brand-name drug is approved, you may be responsible for a higher copay and/or the difference in cost between the brand and generic medications

You can find out if your drug is subject to any one of these tools by looking in the Vitality Health Plan Formulary or see below for online tools:

## **Quality Management**

We have established measures and systems to conduct drug utilization reviews for all our members to make sure that they are getting safe and appropriate care. The programs include real-time and historic review of prescriptions claims to reduce medications errors and adverse drug interactions. These reviews are especially important for members who have more than one doctor who prescribe their medications, use more than one drug, or have more than one pharmacy.

Vitality Health Plan conducts drug utilization reviews when your pharmacy fills your prescription at the point-of-sale. The claim may be electronically reviewed for the following:

- Screen for duplicate drugs that are unnecessary because you are taking another drug to treat the same medical condition
- Age-related contraindications
- Gender-related contraindications
- Drug-Drug interactions
- Incorrect drug dosage
- Incorrect duration of therapy
- Clinical abuse or misuse

In addition, retrospective drug utilization reviews identify inappropriate or medically unnecessary care. We perform ongoing, periodic review of claims data to evaluate prescribing patterns and drug utilization that may suggest potentially inappropriate use.