



PLAN POLICY AND PROCEDURE	
 <p><b>Title: SHP Pharmacy Management Procedure for Maintenance Drug Policy</b></p>	<p><b>Product Line</b> (check all that apply):</p> <input checked="" type="checkbox"/> All <input type="checkbox"/> Group HMO <input type="checkbox"/> Individual HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> N/A
<b>Division(s):</b> Health Services	
<b>Department(s):</b> Pharmacy	
<b>Owner (Title):</b> Pharmacy Manager	
<b>Relevant Regulatory/Accrediting Agencies/Citations (specify):</b>	
<input type="checkbox"/> CMS: _____ <input type="checkbox"/> DMHC: _____ <input checked="" type="checkbox"/> NCQA-HP: <u>UM-13B</u> <input type="checkbox"/> NCQA-WHP: _____ <input type="checkbox"/> OTHER: _____	
<p><b>Approved by:</b> (Signature of VP, Compliance Officer, or CEO)</p> 	<p><b>Approval date:</b></p> <p>3/9/2016</p>

**I. PURPOSE:**

This Policy and Procedure establishes Sharp Health Plan's (Plan) policy for the pharmacy maintenance drug benefit.

**II. POLICY:**

It is the Plan policy that therapeutic classes listed in this document are excluded from the pharmacy maintenance drug benefit. Day supply is limited to less than or equal to 30 days per fill.

- a. Preven
- b. Next choice
- c. Anti-anxiety
- d. Central nervous system stimulants
- e. Sedative-hypnotics, non-barbiturate
- f. Attention deficit-hyperactive disorder (ADHD) agents
- g. Analgesics, narcotics
- h. Analgesics, non-narcotics
- i. Analgesic/antipyretics, salicylates

- j. Analgesic/antipyretics, non-salicylate
- k. Anti-migraine preparations
- l. Skeletal muscle relaxants
- m. Vaginal antifungals
- n. Vaginal sulfonamides
- o. Vaginal antibiotics
- p. Ribavirin
- q. Infectious disease – Bacterial
- r. Infectious disease – Fungal
- s. Infectious disease – Viral
- t. Infectious disease – Parasitic
- u. Infectious disease – Miscellaneous
- v. Amyotrophic lateral sclerosis agents
- w. Urinary tract anesthetic/analgesic agents
- x. Urinary tract analgesic agents
- y. Multiple sclerosis agents
- z. Analgesics, narcotic agonist and NSAID
- aa. Analgesics, neuronal-type calcium channel blockers
- bb. Hypnotics, melatonin MT1/MT2 receptor agonists
- cc. Hypnotics, melatonin combinations
- dd. Sedative-hypnotics, non-barbiturate/dietary supplements
- ee. Skeletal muscle relaxants/dietary supplements
- ff. Analgesics, narcotics/dietary supplements
- gg. Analgesics, non-salicylate, barbiturate and xanthine combination
- hh. Narcotic and salicylate analgesics, barbiturate and xanthine combination
- ii. Narcotic analgesic and non-salicylate analgesic combination
- jj. Dermatologicals – lotions, creams and ointments
- ll. Specialty Pharmacy Drugs, including Oncology.

**III. REQUIREMENTS: NONE**

**IV. ATTACHMENTS: NONE**

**V. SUPPORTING DOCUMENTS: NONE**

**VI. REVISION HISTORY:**

<b>Date</b>	<b>Modification</b>
11/5/2010	Original Document
03/18/2011	Revised
03/14/2012	Approved by P&T Committee
03/13/2013	Approved by P&T Committee
03/19/2014	Approved by P&T Committee
03/18/2015	Approved by P&T Committee
3/9/2016	Approved by P&T Committee