



PLAN POLICY AND PROCEDURE	
 <p><b>Title: SHP Pharmacy Management Procedure for Therapeutic Interchange</b></p>	<b>Product Line</b> (check all that apply): <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> All</li> <li><input type="checkbox"/> Group HMO</li> <li><input type="checkbox"/> Individual HMO</li> <li><input type="checkbox"/> PPO</li> <li><input type="checkbox"/> POS</li> <li><input type="checkbox"/> N/A</li> </ul>
<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 13.B.4, QI 1.A.3</u> <input type="checkbox"/> NCQA-WHP: _____ <input type="checkbox"/> OTHER: _____	
<b>Approved by:</b> (Signature of VP, Compliance Officer, or CEO)  	<b>Approval date:</b>  3/9/2016

**I. PURPOSE:**

This Policy and Procedure establishes Sharp Health Plan's (Plan) policy and procedure for Therapeutic Interchange.

**II. POLICY:**

It is the policy of Sharp Health Plan (Plan) to employ therapeutic interchange. Therapeutic interchange is the practice of replacing (with the prescribing physician's approval) a prescription drug originally prescribed for a patient with a prescription drug that is its therapeutic equivalent. Using therapeutic interchange may offer advantages to the member such as value through improved convenience and affordability or improved outcomes or fewer side effects.

**III. DEFINITIONS:**

**A. Therapeutic Interchange:** The practice of replacing, with the prescribing physician's approval, a prescription drug originally prescribed for a patient with a prescription drug that is its therapeutic equivalent. Two or more drugs are considered therapeutically equivalent if they can be expected to produce similar levels of clinical effectiveness and sound medical outcomes in patients.

- B. Prior Authorization:** The process of requiring Sharp Health Plan approval for payment of a prescribed medication prior to receipt of the medication. Prior Authorization is a utilization management procedure used to ensure Sharp Health Plan members receive high quality, cost-effective, safe and efficacious drug therapy. The Pharmacy and Therapeutic Committee is responsible for determining when to use Prior Authorization.

#### **IV. THERAPEUTIC INTERCHANGE PROGRAM DEVELOPMENT:**

The Plan's therapeutic interchange program is developed using evidence-based prescribing guidelines as outlined in the SHP Pharmacy Management Procedure for Formulary and Pharmaceutical Management Procedures Development and Management (HS-RX-101) and is approved annually by the P&T Committee.

The committee must consider categories and medications for therapeutic interchange to enhance value for member through improved quality of care and outcomes while reducing or maintaining costs.

The primary criteria used for consideration in therapeutic interchange are:

- Extent of use of the therapeutic class
- Availability of multiple agents within the therapeutic class
- Therapeutic differences of agents within the class
- Cost differences of agents within the class

Specific drug product selection criteria within a therapeutic class should include (where available):

- Supply source reliability
- Pharmacological considerations, including adverse drug reaction profiles,
- Mechanism of action, indications, and drug interactions
- Pharmacokinetics data
- Dosage form availability and ease of administration
- Clinical effectiveness
- Risks, such as contraindications, warnings, and precautions
- Monitoring requirements
- Literature based clinical outcome and economic studies, including quality of life

#### **V. PROCEDURE:**

- A.** If during the prior authorization process, the requested medication has a therapeutic equivalent on the Plan Drug Formulary, the name of the Plan Drug Formulary medication(s) alternative(s) may be faxed to the prescribing physician for consideration. The request is not pended. Additional information is not requested from the physician.

- B. If the prescribing physician chooses to use therapeutic interchange and a pharmaceutical is selected that that does not require a PA, the request for PA is withdrawn. The status of the request is changed to “closed” in MedResponse and a comment is made in the comments section to document the reason for the status change.
- C. If the prescribing physician does not provide a response, the request continues to follow the review process. All turnaround time requirements are followed.
- D. If the physician updates the request with additional information for review, the information is reviewed to determine whether it meets criteria for approval. If it meets criteria, the request is approved in accordance with Prior Authorization procedures (See SHP Pharmacy Management Procedure for Prior Authorization Required for Prescription Drugs - HS-RX-102).
- E. If the physician updates the request with additional information for review and the request does not meet criteria for coverage, the request is forwarded for medical review and determination following the Plan’s Prior Authorization procedures (See SHP Pharmacy Management Procedure for Prior Authorization Required for Prescription Drugs – HS-RX-102).

**VI. ATTACHMENTS: N/A**

**VII. REFERENCES :**

- A. SHP Pharmacy Management Procedure for Formulary and Pharmaceutical Management Procedures Development and Management (HS-RX-101)
- B. SHP Pharmacy Management Procedure for Prior Authorization Required for Prescription Drugs (HS-RX-102)

**VIII. REVISION HISTORY:**

<b>Date</b>	<b>Modification (Reviewed and/or Revised)</b>
06/08/2011	Original Document
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
03/9/2016	Approved by P&T Committee