

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	DOCUMENT NAME: Pharmaceutical Management
PAGE: 1 of 8	REPLACES DOCUMENT: CC.UM.14
APPROVED DATE: 02/03	RETIRED:
EFFECTIVE DATE: 02/03	REVIEWED/REVISED: 10/04, 11/06, 04/07, 02/08, 02/09, 02/10, 02/11, 02/12, 02/13, 02/14, 08/14, 08/15, 08/16, 11/16, 10/17
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: OH.PHAR.07

SCOPE:

Centene Corporate Pharmacy Solutions, Envolve Pharmacy Solutions and Health Plan Pharmacy Departments.

PURPOSE:

To ensure that Centene Corporate Pharmacy Solutions and Envolve Pharmacy Solutions, to whom pharmaceutical management has been delegated, develop and annually review and update policies and procedures for pharmaceutical management, using sound clinical evidence and provide these policies to Centene Health Plans in which a pharmacy benefit is provided.

POLICY:

All policies and procedures utilized by Centene Health Plans or Envolve Pharmacy Solutions, related to pharmaceutical management, shall consider guidance recommended by the pharmacy solutions group and adopted by the Centene Pharmacy and Therapeutics Committee. Pharmacy decisions are made using input from National Pharmacy Standards Organizations including, but not limited to, the Academy of Managed Care Pharmacy, Center for Drug Evaluation and Research, Food and Drug Administration, Facts and Comparisons, Clinical Pharmacology, and the governing bodies of medical specialties. Current medical and pharmaceutical literature is searched for relevant clinical studies and nationally recognized clinical guidelines (e.g. JNC VII, ATP III, TMAP, NHLBI, NIH, NCEP, AAP, peer reviewed journals etc.) are utilized. Centene Health Plans will adjust these policies and procedures to comply with state regulations, as needed, reporting these changes to the Corporate Pharmacy Department. Policies and procedures are reviewed and approved by both the Corporate and Health Plan Pharmacy and Therapeutics Committees. The members of these committees include community practitioners, medical specialists, and pharmacists.

When pharmaceutical management is delegated to Envolve Pharmacy Solutions, Centene Health Plans maintain responsibility for ensuring that the function is being performed according to the expectations outlined in this policy. In the event that the responsibility for pharmacy management has been retained by the State or other external entity, this policy does not apply.

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PROCEDURE:

- I. Pharmaceutical management policies shall include the following (see current NCQA Standards and Guidelines):
 - A. The criteria used to adopt pharmaceutical management procedures. In particular, criteria used when constructing the preferred drug list or preferred status, must show how decisions are made about:
 1. Classes of pharmaceuticals
 - (a) Classes preferred or covered at any level
 - (b) Any exception processes available to members for obtaining non-covered pharmaceuticals
 - (c) Considerations regarding limiting access to drugs in certain classes
 2. Within each class of pharmaceuticals
 - (a) The pharmaceuticals preferred or covered at any level
 - (b) The criteria for prior authorization of any pharmaceutical
 - (c) Any exceptions process available to members
 - (d) Substitutions made automatically or with physician permission
 - (e) Evidence showing how preferred-status pharmaceuticals can produce similar or better results for a majority of the population as compared to other pharmaceuticals in the same class
 - B. A process that uses clinical evidence from appropriate external organizations.
 1. This evidence includes relevant findings of the Food and Drug Administration, Centers for Drug Evaluation and Research, drug manufacturer dossiers, the Academy of Managed Care Pharmacy, and others. In addition, clinical review using peer-reviewed journals, medical specialty guidelines, and authoritative compendia is performed for determination of pharmaceutical coverage positioning.

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- C. Adoption or creation of a system for point of dispensing communications to identify and classify by severity, drug-drug interactions. Envolve Pharmacy Solutions, as the delegated PBM, uses a Medispan database as the source of drug interactions. These are classified by severity. Envolve Pharmacy Solutions uses a passive point of service communication to dispensing pharmacies designed to avoid interference with prescribed drug therapy and to complement network pharmacy applications.
- D. Notification to dispensing providers at the point of dispensing of specific interactions when they meet the organization's severity threshold. Envolve Pharmacy Solutions, the delegated PBM, uses Medispan resources to send electronic alerts to dispensing pharmacies via standard point of service (POS) messaging when potential drug interactions are detected.
- E. Identification and notification of members affected by a Class I recall are notified in 5 business days. Class II or Class III recalls or equivalent voluntary market withdrawals, are reviewed by Envolve Pharmacy Solutions for the potential to cause serious harm to patients. In general, Class II and III recalls pose minimal safety concerns. If Class II or Class III recalls are deemed to require member notification, it shall be made within 30 days of the recall).
 - 1. Exceptions may include:
 - (a) Withdrawls unrelated to safety issues
 - (b) Recalls that do not pose serious health hazards
 - (c) Recalled or withdrawn pharmaceuticals for which the Plan or PBM is unable to identify affected members from the batch or lot numbers
 - (d) Wholesale-only drug recalls and withdrawals

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- F. Exception policies and procedures that describe the process for:
1. Making an exception request based on medical necessity
 2. Obtaining medical necessity information from prescribing practitioners, including notifying prescribers for a request for additional information to support medical necessity.
 3. Using appropriate pharmacists and practitioners to consider exception requests
 4. Timely request handling
 5. Communication the reason for a denial and an explanation of the appeal process when it does not approve an exception request.
- II. The Preferred Drug List (PDL) and pharmaceutical management edits are posted on Health Plan websites. The availability of the current PDL is communicated to members and providers through the member and provider newsletter or other materials such as a postcard. Major changes in drug coverage and pharmaceutical management edits are communicated to providers and members by direct mail (e.g. fax, email, mail) as needed. All pharmaceutical management edits and coverage limitations meet State specific requirements and any variances are preapproved by the individual State Medicaid Programs, where required.
- This list includes restrictions and preferences, and has policies that address:
- A. How to use the pharmaceutical management procedures
 - B. An explanation of any limits or quotas
 - C. An explanation of how prescribing practitioners must provide information to support an exception request
 - D. The process for generic substitution, therapeutic interchange, and step-therapy protocols.
- III. In the event that Centene Health Plan staff is involved in the pharmaceutical prior authorization process, decisions will be made by licensed health care professionals utilizing clinical judgment in consultation with the Health Plan Vice President of Medical Affairs or

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designated Medical Director and/or Plan Pharmacist, as appropriate, and Envolve Pharmacy Solutions. Envolve Pharmacy Solutions has been delegated as the responsibility for reviewing daily prior authorization and medical necessity requests for drugs not listed on the Preferred Drug List. All reviews are performed within one business day, upon receipt of all necessary and requested information. All denials or adverse determinations are made by an Envolve Pharmacy Solutions clinical pharmacist or physician, if needed.

- IV. Centene Corporation has delegated pharmacy benefit management to Envolve Pharmacy Solutions.

The Plan maintains accountability for delegated services and monitors performance of these services. Initial monitoring occurs through the approval of the delegate's applicable policies and procedures for the delegated portions of the program. Subsequent performance reviews are achieved through routine reporting and at least annual evaluation. Performance evaluation criteria are NCQA, URAC or Health Plan standards. The Health Plan also retains the right to reclaim the responsibility for performance of this function should standards not be maintained.

REFERENCES: NCQA Standards and Guidelines

ATTACHMENTS: N/A

DEFINITIONS: N/A

REVISION LOG	DATE
Insert applicable references to NCQA standard and elements. Updated E to reflect Class II recalls and associated exceptions. Added section IV regarding delegation of pharmacy management.	05/07

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Added policy approval section with appropriate signature lines.	
Add "US Script, Inc." to the "SCOPE".	02/08
Add "peer reviewed journals" to the list of "Current medical and pharmaceutical" under "POLICY".	02/08
Remove the following from "POLICY": "In the absence of a PBM, the development of and adherence to the policies described within this policy will be the responsibility of the Corporate Pharmacy Department."	02/08
Add the following to item "C" under "PROCEDURE" part "I": "US Script, as the delegated PBM, uses a Medispan database as the source of drug interactions. These are classified by severity."	02/08
Add the following to item "D" under "PROCEDURE" part "I": "US Script, the delegated PBM, uses Medispan resources to send electronic alerts to dispensing pharmacies via standard point of service (POS) messaging when potential drug interactions are detected."	02/08
Add "Class I or" to item "E" under "PROCEDURE" part "I".	02/08
Move MHS-WI to the carve out section in "PROCEDURE" part "IV".	02/08
Adjust the POLICY to reflect the references used for development of clinical criteria and policies and procedures.	02/09
Clarified the PROCEDURE to incorporate the PBM's role in POS messaging, identification and notification to the Plan of members affected by drug recalls, and outline the PBM's responsibilities for the delegated task of reviewing a Prior Authorization requests and timeliness of same.	02/09
Revisions completed at this time were made align with NCQA standards and language.	02/10
Clarified that Centene Corporation has currently delegated pharmacy benefit management to US Script for all Health Plans for which it provides a pharmacy benefit in section IV. of the PROCEDURE.	02/11
Reviewed 2012 NCQA standards and no substantive changes were made.	02/12
Reviewed 2013 NCQA standards and added or changed the	02/13

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following language accordingly. In element “F”, added language for requesting additional information supporting “medical necessity”. Added language to element II to expand the definition of the Preferred Drug List and how drug coverage changes are communicated to providers. In element “IV”, added URAC as a governing body for certifying quality performance measures.	
No changes deemed necessary.	02/14
No changes deemed necessary.	08/14
Removed from Scope: “Corporate Pharmacy Department and US Script” and replaced with “Pharmacy Solutions Group”. Removed from initial paragraph: “incorporate the criteria instituted by the Corporate Pharmacy Department” and replaced with “shall consider guidance recommended by the pharmacy solutions group and adopted by the Centene Pharmacy and Therapeutics Committee”. Removed from I.E. “Corporate Pharmacy Department and US Script” and replaced with “Pharmacy Solutions Group”. In the first paragraph of item III, “Corporate Pharmacy Department” was replaced by “Pharmacy Solutions Group”. Deleted from item IV. “for all Health Plans for which it provides a pharmacy benefit” from first sentence.	08/15
Annual Review; changed reference to “NCQA Standards and Guidelines”.	08/16
Under section II, added “members” that changes are sent to as well as providers; changed US Script to Envolve Pharmacy Solutions	11/16
Annual Review	10/17

POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee: Approval on file

V.P., Pharmacy Operations: Approval on file

Sr. V.P., Chief Medical Officer: Approval on file

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NOTE: The electronic approval is retained in Compliance 360.