POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	**REFERENCE NUMBER:** OH.PHAR.10
EFFECTIVE DATE: 04/07	**POLICY NAME:** Preferred Drug List
REVIEWED/REVISED DATE: 02/08, 02/09, 02/10, 02/11, 02/12, 02/13, 11/13, 08/14, 08/15, 08/16, 11/16, 11/17, 10/18	**RETIRED DATE:** N/A
PRODUCT TYPE: Medicaid	**PAGE:** 1 of 6

SCOPE:
Centene Corporate Pharmacy Solutions, Health Plan Pharmacy Departments, Centene Pharmacy and Therapeutics Committee, Health Plan Pharmacy and Therapeutics Committees, Envolve Pharmacy Solutions.

PURPOSE:
To maintain a comprehensive Preferred Drug List (PDL) to serve Centene Health Plan members while also identifying pharmaceutical management controls that assure appropriate use of drugs and a high quality pharmacy benefit.

POLICY:
The Centene Pharmacy and Therapeutics (P&T) Committee is responsible for approving all changes to the Centene PDL, in cooperation with and approval by the Health Plan P&T Committees. In addition, the Centene P&T Committee will determine which drugs included in the PDL will require pharmaceutical management edits including prior authorization, quantity limits, age and gender edits, and step therapy. The Centene PDL will also be reviewed to verify compliance with State regulations and allow for variances based upon the findings.

Centene or its subsidiaries does not discriminate on the basis of race, color, national origin, sex, age or disability, nor exclude from participation in, deny the benefits of, or otherwise subject to discrimination under any applicable Company health program or activity.

PROCEDURE:
1. Centene Corporate Pharmacy Solutions, Envolve Pharmacy Solutions', the designated Prescription Benefit Manager (PBM), Clinical Pharmacy Advisory Committee (CPAC) will monitor the drug approval pipeline and provide information to the Centene P & T Committee for evaluation including: annual reviews, quarterly by therapeutic class, of the current drugs on the PDL to determine the appropriateness of PDL positioning, the potential for changes based on new drug arrivals or labeling changes, and any pharmaceutical management protocols that may need to be implemented.
2. The Centene Corporation uses a process that allows Regional P&T Committees to review recommendations from CPAC and provide feedback prior to presentation of the material to Corporate P&T. This work flow promotes an environment that allows all P&T Committee members input and recognizes regional differences in practice standards.

3. It is the objective of Centene to offer uniform coverage across all Medicaid Plans for the membership that it serves. The Health Plans may request variances to the PDL with submission of a Health Plan P&T Recommendation and providing clinical rationale to support the recommendation. Clinical rationale may include: peer reviewed articles, published double-blind, randomized, studies (of sufficient size, normally N ≥100) that demonstrate a clearly superior benefit, guidelines that are supported by evidence based professional medical organizations, pharmacoeconomic drug comparison studies, or State required mandates for coverage or coverage exclusions. Requests must include Health Plan P&T Committee agreement by a quorum approval vote. Requests for reconsideration should be forwarded to CPAC for presentation to and review by the Corporate Pharmacy P&T Committee. Final disposition will be decided by the Corporate P&T Committee.
4. Any changes to the PDL must consider Centene Health Plan State regulations, and changes may require submission to the State for approval (where applicable).
5. The Corporate P&T Committee considers all clinical recommendations and based on clinical effectiveness and comparison makes one of following Utilization Management Recommendations:
    - There is significant potential for inappropriate use and utilization management should be considered for the following reason(s). The CPAC rationale for prior authorization will be provided, a specific example that supports the CPAC rationale and recommended utilization management tools.
    - There is not significant potential for inappropriate use.

   Placement of the drug compared to similar drugs or drug classes. Equal access can be provided or a step therapy can be proposed.
6. Corporate P&T decisions are forwarded to the Strategy Development Committee (SDC). The SDC will review and perform data and financial analyses to make PDL decisions consistent with Corporate P&T decisions. SDC will manage drug cost using a multi-disciplinary standardized approach to identify, develop and implement long and short-term strategies in support of health plan financial and other business objectives. Data and analytics will optimize decision-making.
7. The decisions are communicated to Regional Leads and Formulary Management. Formulary Management then loads decisions into the claims system. Health Plan web sites are updated as well and should be synchronized with preferred drug lists published. The responsibility of communicating changes to the PDL to Health Plan providers resides at the plan level. The Health Plan communicates via Member and Provider newsletter on an annual basis the availability of the most current PDL on the website. If significant

changes to the PDL are made, the Health Plan will communicate with providers via Eblast, Faxblast and/or newsletter. In addition, members will receive notification via newsletter or mail.

8. All requests from Plan providers for additions, deletions or changes to the PDL will be reviewed by the Health Plan's P&T Committee and recommendations for agreed upon changes are forwarded to CPAC. Subsequently, CPAC will review the requests and present them for consideration to the Corporate P&T Committee. For provider requests not agreed to by the Health Plan P&T Committee, the Health Plan Pharmacist will communicate the adverse decision to the requesting provider. Provider requests for changes to the PDL must be submitted in writing to the Health Plan's Pharmacist and must be substantiated with evidenced based medical rationale in order to be considered.
9. The Corporate and Health Plan P&T Committee members are responsible to stay informed on the latest medications available on the market including newly arrived generic and brand-name products and changes in drug labeling.

REFERENCES:
CC.COMP.42_ACA 1557 Nondiscrimination in Health Programs Activities

ATTACHMENTS:
N/A

DEFINITIONS:
N/A

REVISION LOG

REVISION	DATE
Replace the "formulary" with "Preferred Drug List (PDL)" throughout the document.	02/08
Replace the "PBM" with "US Script" throughout the document.	02/08
Replace "pharmaceuticals for inclusion on the Centene Corporation and Health Plan Preferred Drug List (PDL)." With "pharmaceutical management controls that assure appropriate use of drugs and a high quality pharmacy benefit" under "PURPOSE".	02/08
Under "POLICY" replace "The State's Medicaid Drug Lists" with "The Centene Plan Medicaid Drug Lists".	02/08
Under "PROCEDURE" item "1" specify that the annual PDL review will be conducted quarterly by therapeutic class and add the note that	02/08

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"pharmaceutical management protocols that need to be implemented" will also be reviewed.	
Under "PROCEDURE" item "2" replace "by the State" with "Centene Plan state regulations".	02/08
Under "PROCEDURE" item "3" change annual to quarterly.	02/08
Under "PROCEDURE" item "3" replace "a copy of the Health Plan's PDL will be provided to all Health Plan Primary Care Providers (PCPs) and Pharmacies by the Health Plan's Provider Relations staff and via the Plan's website." With "agreed to by the Centene Plan P&T committees and State approval is granted (where applicable), the Health Plan Web sites are updated and major changes are communicated via mail to Health Plan providers. The responsibility of communicating changes to Health Plan providers resides at the plan level."	02/08
Revise "PROCEDURE" item "6" to specify that physicians requesting reconsideration must submit additional supporting information.	02/08
Revised the SCOPE to include Corporate Centene Pharmacy Department, Centene Pharmacy and Therapeutic Committee, Health Plan Pharmacy and Therapeutic Committees.	02/09
Enhanced the POLICY to define responsibilities for PDL drug reviews, and highlight the collaborative process between Corporate and Plan P&T Committees for final determination of PDL drug positioning and associated pharmacy management edits.	02/09
Revisions completed at this time were made to address clerical errors, align with NCQA standards and language, and represent the work processes in place at both the Plan level and at US Script.	02/10
Inclusion of language clarifying requirements for Health Plan requests for coverage variances from a standardized PDL. Language is as follows: It is the objective of Centene to offer uniform coverage across all Medicaid and Medicare Plans for the membership that it serves. The Health Plan may request variances from the Corporate P&T Committee recommended additions to, deletions from, or limitations of PDL coverage with submission of clinical rationale (peer reviewed articles or published studies or guidelines that are supported by professional medical organizations), pharmacoeconomic drug comparison studies, or State required mandates for coverage or coverage exclusions. Requests must include Health Plan P&T Committee agreement by a quorum approval	02/11

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vote. Requests for reconsideration should be forwarded to the Corporate Pharmacy team for presentation to and review by the Corporate Pharmacy P&T Committee. Final disposition will be decided by the Corporate P&T Committee.	
Updated Health Plan Recommendation to Corporate Pharmacy & Therapeutics Committee form to specify the email address where the form should be sent.	02/11
No changes other than clarifying language.	02/12
Under clinical rationale to support a Health Plan P&T recommendation, language was expanded from "published studies" to "published double-blind, randomized, studies (of sufficient size, normally N ≥100) that demonstrate a clearly superior benefit".	02/13
Added the following to the procedure to address NCQA guidelines: The Health Plan communicates via Member and Provider newsletter on an annual basis the availability of the most current PDL on the website. If significant changes to the PDL are made, the Health Plan will communicate with the providers via Eblast, Faxblast and/or newsletter. In addition, members will receive notification via newsletter or mail.	11/13
No changes deemed necessary.	08/14
Changed Scope to remove "Corporate Pharmacy Department" to "Pharmacy Solutions Group". Under Procedure item number 3, 6 and 8 changed "Corporate Pharmacy" to "Pharmacy Solutions Group". Added definition of "Add", and "Do not Add" to Procedure item 5. Under number 3 remove Medicare as this policy does not apply to Medicare Line of Business.	08/15
Annual Review	08/16
Updated "Procedure" section to incorporate new P&T process; removed reference to "pharmacy solutions group lead" and replaced with Envolve Pharmacy Solutions	11/16
Retiring Attachments A and B: PDL Change Request and HP PT Recommendation forms; other avenues of communicating these requests and recommendations are being used; Added discrimination statement; Updated references.	11/17
Annual Review.	10/18

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POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.