

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	REFERENCE NUMBER: OH.PHAR.13
EFFECTIVE DATE: 02/10	POLICY NAME: Pharmacy & Therapeutics Committee
REVIEWED/REVISED DATE: 08/10, 07/11, 02/12, 02/13, 02/14, 08/14, 08/15, 08/16, 11/16, 02/17, 1/18	RETIRED DATE: N/A
PRODUCT TYPE: Medicaid	PAGE: 1 of 4

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

PHARMACY & THERAPEUTICS COMMITTEE CHARTER

1. **PURPOSE.** The purpose of the Centene Pharmacy & Therapeutics Committee (CPTC) is to review and make decisions for changes to the drugs listed for coverage, the edits related to controls or limitations of drug coverage, and the policies and procedures governing provision of drug coverage under the Medicaid Preferred Drug List (PDL) and the Medicare Formulary. 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. The CPTC shall:
 - a. Objectively appraise, evaluate, and select drugs for coverage on the Medicaid PDL and review the Medicare formulary coverage requirements as directed by the Centers for Medicare and Medicaid (CMS).
 - b. Meet quarterly, and if necessary more frequently, to review and update the PDL to consider adding newly approved drugs and recommending changes to existing drug coverage in consideration of changes in FDA approved labeling, safety concerns, or current market conditions.
 - c. Review and approve Drug Utilization Review (DUR) initiatives delegated to the Clinical Pharmacy Advisory Committee and Envolve Pharmacy Solutions that are sent to Health Plans for provider or member intervention.
 - d. Review and approve policies and procedures governing provision of the Medicaid and Medicare pharmacy benefits.
 - e. Review and approve criteria guidelines for the use of restricted access drugs and non-PDL covered drug therapy.
 - f. Review newly FDA approved drug products within 90 days, and reach a coverage decision for each newly FDA approved drug within 180 days of its market availability.

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	REFERENCE NUMBER: OH.PHAR.13
EFFECTIVE DATE: 02/10	POLICY NAME: Pharmacy & Therapeutics Committee
REVIEWED/REVISED DATE: 08/10, 07/11, 02/12, 02/13, 02/14, 08/14, 08/15, 08/16, 11/16, 02/17, 1/18	RETIRED DATE: N/A
PRODUCT TYPE: Medicaid	PAGE: 2 of 4

2. **MEMBERSHIP & ORGANIZATION.** The CPTC will be chaired by the Centene VP of Medical Affairs, or the Centene Chief Medical Officer or his/her designee. The Secretary of the Committee will be Centene's VP of Pharmacy Solutions Group or his/her designee. Voting members of the Committee will include community based practitioners and pharmacists representing various clinical specialties that adequately represent the needs of Centene Health Plan members. Outside specialty consultants, independent and free of conflict with respect to Centene Health Plans and pharmaceutical manufactures, may be recruited, as deemed necessary, to provide input related to their areas of expertise and to provide advice on specialty practice standards. A quorum is required to transact business and make decisions. A quorum shall consist of more than 50% of members, 3 of whom must be community based practitioners.

3. **RESPONSIBILITIES.** The CPTC will carry out its mission and perform its duties by applying the following principles:
 - a. Clinical decisions are based on the strength of scientific evidence and standards of practice that include, but are not limited to, the following:
 - i. Assessing peer reviewed medical literature, randomized clinical trials, and outcomes research data.
 - ii. Employing well established clinical practice guidelines developed by means of an evidence-based process and make use of other sources of appropriate information.
 - iii. Comparing the safety, efficacy, the frequency of side effects and potential drug interactions among alternative drug products.
 - iv. Assessing the likely impact of a drug product on patient compliance when compared to alternative products.
 - v. Basing PDL coverage decisions on a thorough evaluation of the benefits, risks and potential outcomes for patients.
 - vi. Reviewing and monitoring medication utilization trends and comparing data to recognize and established professional practice standards or protocols to facilitate the development or revision of coverage criteria, to assess appropriate use, to make

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	REFERENCE NUMBER: OH.PHAR.13
EFFECTIVE DATE: 02/10	POLICY NAME: Pharmacy & Therapeutics Committee
REVIEWED/REVISED DATE: 08/10, 07/11, 02/12, 02/13, 02/14, 08/14, 08/15, 08/16, 11/16, 02/17, 1/18	RETIRED DATE: N/A
PRODUCT TYPE: Medicaid	PAGE: 3 of 4

recommendations for changes in PDL positioning and to provide feedback to prescribers.

- vii. Review, at least annually, the prior authorization and medical necessity criteria guidelines for drug coverage to ensure that they reflect current market conditions and standards of care.
 - b. The decisions from P&T will proceed to the Strategy Development Committee (SDC) who will make PDL decisions through financial analyses that are consistent with P&T decisions. The 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.
 - c. The P&T Committee will on occasion need to make drug coverage and utilization edit decisions off-cycle from the P&T Committee meeting schedule. Ad-hoc votes will be secured from the committee via email.
 - d. Administrative considerations include, but are not limited to, the following:
 - i. Notifying Centene Health Plans regarding any suggestions for additions, deletions or changes to the PDL, clinical guidelines, or utilization edits.
 - ii. Notifying Centene Health Plans, via committee meeting minutes, of the proceedings and decisions made by the Committee.
 - iii. Notifying Centene Health Plans of the Committee's meeting schedule on an annual basis.
4. **REVIEW OF CHARTER.** The CPTC will review this charter annually from the date of original approval or revision date, whichever is more current.

REFERENCES: N/A
ATTACHMENTS: N/A
DEFINITIONS: N/A

REVISION LOG

REVISION	DATE
Addition of language requiring annual review of PA and	08/10

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	REFERENCE NUMBER: OH.PHAR.13
EFFECTIVE DATE: 02/10	POLICY NAME: Pharmacy & Therapeutics Committee
REVIEWED/REVISED DATE: 08/10, 07/11, 02/12, 02/13, 02/14, 08/14, 08/15, 08/16, 11/16, 02/17, 1/18	RETIRED DATE: N/A
PRODUCT TYPE: Medicaid	PAGE: 4 of 4

MN criteria by Corporate and Health Plan Pharmacy and Therapeutics Committees.	
Addition of quorum requirements.	08/10
Clerical changes.	07/11
No changes.	02/12
Clerical grammatical changes.	02/13
No changes deemed necessary.	02/14
No changes deemed necessary.	08/14
Changed VP of Pharmacy to VP of Pharmacy Solutions Group. Clarified section 3b to reflect a change from Cost to Health Outcomes.	08/15
No changes deemed necessary.	8/16
Updated responsibilities to include SDC responsibility of financial analyses; changed US Script to Envolve Pharmacy Solutions.	11/16
Added the need for ad-hoc voting on occasion under Responsibilities.	02/17
Annual Review; Added discrimination statement.	01/18

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