

ADDENDUM

STATE: Georgia	BUSINESS UNIT(S): Peach State Health Plan
PRODUCT TYPE: Medicaid	POLICY NAME: Preferred Drug List
POLICY ID: CC.PHAR.10	REGULATOR MOST RECENT APPROVAL DATE(S): 06/17, 04/18, 06/18, 02/19, 04/19, 04/2020, 4/2021, 4/2022, 7/2022, 2/2023, 7/2023, 10/2023

BACKGROUND:

To provide contractually required information that varies from the Centene Corporate policy/procedure.

DEFINITIONS:

GF: Georgia Families

SECTION ONE:

PROCEDURE

Statement of unique item/requirement

Detail (a): Per Peach State Health Plan's contract with the Department of Community Health, will develop and maintain a program website which will provide to member and P4HB webpages that provide general and up-to-date information on the preferred drug list.

Detail (b): Per Peach State Health Plan's contract with the Department of Community Health, at minimum, the PDL must meet the following criteria:

- Drugs from each specific therapeutic drug class are included and are sufficient in amount, duration, and scope to meet Member's Medical needs;
- The only excluded drug categories are those permitted under section 1927 (d) of the Social Security Act;
- A Pharmacy & Therapeutics Committee makes the formulary decisions;
- Over the counter medications specified in the Georgia State Medicaid Plan are included in the formulary

Detail (c): Per Peach State Health Plan's contract with the Department of Community Health, there be a preferred drug list, utilization limits and conditions for coverage for prior authorized drugs available through its website.

Reference: GF 4.3.8.1.5, 4.6.6.2, 4.6.6.4

SECTION TWO: N/A

REVISION LOG

REVISION:	DATE
Revisions complete at this time were made to address clerical errors, align with NCQA standards and language, and represent the work process in place at the corporate level, plan level, and at US Script	07/2010
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 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.	07/2011

Updated Health Plan Recommendation to Corporate Pharmacy & Therapeutics Committee form to specify the email address where the form should be sent.	07/2011
No changes other than clarifying language.	07/2012
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”.	06/2013
Annual review. No changes at this time.	06/2014
Annual review. Updated plan name in accordance to rebranding. Updated plan address on Attachment A.	06/2015
Annual review. Updated PBM name from US Script to Envolve Pharmacy Solutions.	06/2016
Updated “Procedure” section to incorporate new P&T process; removed reference to “pharmacy solutions group lead” and replaced with Envolve Pharmacy Solutions	03/2017
Annual review. No changes made.	06/2017
Retiring Attachments A and B: PDL Change Request and HP PT Recommendation forms; other avenues of communicating these requests and recommendations are being used.	04/2018
Annual review. No changes made.	06/2018
Changed current Georgia policy templates to corporate standard templates for standard operating policy/procedures criteria to meet corporate compliance. Changes/revisions included; new formatting, font size, use of standard policy language for each section of policy, and rearranged order of certain steps in criteria and sections.	02/2019
Annual review. No changes made.	04/2019
Annual review. Minor font changes	04/2020
Annual review. Replaced Centene Logo with PSHP Logo.	04/2021
2Q 2022 review. No changes made.	04/2022
3Q 2022 annual review. Removed Centene Corporate Pharmacy Department and Centene Corporate Pharmacy Solutions. Removed Envolve Pharmacy Solutions as the PBM. Changed Envolve Pharmacy Solutions to Centene Pharmacy Services.	07/2022
GA.PHAR.14 Preferred Drug List retired. Georgia addendum to corporate CC.PHAR.10 Preferred Drug List created to be used instead of GA.PHAR.14 for policy consolidation as recommended by corporate.	02/2023
3Q 2023 annual review. No changes made.	7/2023
Ad Hoc review. Updated P&T Committee is responsible for approving all changes to the Centene PDL to P&T Committee is responsible for approving changes to the Centene PDL, since standard maintenance of business changes do not go to P&T. Moved CPAC information from the beginning of the Procedure section to the CPAC bullet.	10/2023