

POLICY AND PROCEDURE

DEPARTMENT: PHARMACY	REFERENCE NUMBER: GA.PHAR.01
EFFECTIVE DATE: 10/06	POLICY NAME: PHARMACY PROGRAM DESCRIPTION
REVIEWED/REVISED DATE: 10/19, 7/2020, 10/2020, 12/16/2020, 10/2021, 7/2022	RETIRED DATE: N/A
PRODUCT TYPE: MEDICAID	PAGE: 1 of 11

SCOPE: The Pharmacy Program applies to all Peach State eligible Members and P4HB Enrollees. The scope of the program is to:

- Ensure that pharmacy benefit services provided are medically necessary;
- Promote safe and cost-effective drug therapy;
- Manage pharmacy benefit resources effectively and efficiently while ensuring quality care is provided;
- Ensure that the Members/P4HB Enrollees can easily access prescription services;
- Actively monitor utilization to guard against over- utilization of services and fraud or abuse.

PURPOSE:

The purpose of the Pharmacy Program at Peach State Health Plan (Peach State) is to provide access to pharmaceutical services to eligible Members and P4HB Enrollees, and to ensure that these services are a covered benefit, medically necessary, appropriate to the Member's/P4HB Enrollee's condition, rendered in the appropriate setting, and meet professionally recognized standards of pharmaceutical care. In addition, the Pharmacy Program at Peach State seeks to educate providers regarding the cost effective usage of drugs and to provide useful feedback about current prescribing patterns to improve the quality of patient care.

POLICY:

It is the policy of Peach State Health Plan to develop and maintain a comprehensive, high quality pharmacy program.

PROCEDURE:

Centene Corporation is a fully integrated government services managed care company with health plans in several states. Due to differences in state and local regulations, Centene's Board of Directors delegates responsibility to the Plan President/CEO who coordinates the provision of pharmacy services with Peach State's contracted pharmacy benefit manager (PBM). (**GF 4.6.6.2**) In turn, Centene Pharmacy Services is responsible for implementing Peach State's Pharmacy Program including benefit design, the preferred drug list (PDL) (**GF 4.6.6.2**), drug utilization review (DUR), prior authorization process, customer service functions and clinical reviews, and reporting. Peach State Health Plan has delegated CVS/Caremark to provide services including pharmacy network management, pharmacy claims processing, and pharmacy help desk.

I. UTILIZATION MANAGEMENT GOALS AND FUNCTIONS

A. GOALS

The goals of the Pharmacy Program are to:

POLICY AND PROCEDURE

DEPARTMENT: PHARMACY	REFERENCE NUMBER: GA.PHAR.01
EFFECTIVE DATE: 10/06	POLICY NAME: PHARMACY PROGRAM DESCRIPTION
REVIEWED/REVISED DATE: 10/19, 7/2020, 10/2020, 12/16/2020, 10/2021, 7/2022	RETIRED DATE: N/A
PRODUCT TYPE: MEDICAID	PAGE: 2 of 11

- Monitor and evaluate the quality of the pharmacy program;
- Conduct drug utilization review (DUR) activities to monitor appropriate drug use;
- Promote cost containment without compromising quality of care;
- Identify, assess and refer Members who could benefit from case management/disease management;
- Ensure confidentiality of Member/P4HB Enrollee and practitioner information;
- Ensure timely reviews of requests for drug therapy exceptions to PDL positioned drugs;
- Ensure timely responses to appeals and grievances.
- Promote pharmaceutical utilization known to improve clinical outcomes.

B. FUNCTIONS

The key function of the Pharmacy Program is to promote the appropriate use of the pharmacy benefit. Components of the Pharmacy Program include:

- Use of prior authorization and medical necessity criteria, concurrent and retrospective drug utilization review (DUR), and edits related to maximum dosing, early refills, age and gender, quantity limits, maximum approved costs, duplicate therapy, adverse reactions and prescriber restrictions;
- Analysis of utilization data;
- Develop, review and update policies and procedures that govern the various aspects of the pharmacy benefit;
- Identify opportunities to improve quality of care and services;
- Interface with other Peach State departments including Medical Management, Member Services, Provider Services and Quality Improvement to support opportunities for case management, disease management, and Member/P4HB Enrollee and provider education;
- Provide feedback to providers who demonstrate inappropriate prescribing patterns that deviate from recognized standards and practice guidelines.

II. ACCOUNTABILITY AND ORGANIZATIONAL STRUCTURE

The Peach State's Board of Directors has the ultimate authority and responsibility for the Pharmacy Program. The Board delegates the responsibility for the oversight of the Pharmacy Program to the Plan's President/CEO and Chairman of the Peach State Quality Oversight (QO) Committee. The Pharmacy Program's activities are integrated into Peach State's Utilization Management (UM) and Quality Improvement (QI) Programs. The utilization and quality issues and trends identified as part of the Pharmacy Program are reported to Peach State's QO Committee.

POLICY AND PROCEDURE

DEPARTMENT: PHARMACY	REFERENCE NUMBER: GA.PHAR.01
EFFECTIVE DATE: 10/06	POLICY NAME: PHARMACY PROGRAM DESCRIPTION
REVIEWED/REVISED DATE: 10/19, 7/2020, 10/2020, 12/16/2020, 10/2021, 7/2022	RETIRED DATE: N/A
PRODUCT TYPE: MEDICAID	PAGE: 3 of 11

III. CENTENE HEALTH PLAN'S PHARMACY AND THERAPEUTICS COMMITTEE

A. MEMBERSHIP

The Chief Medical Officer, the Medical Director at Peach State or designee will chair the Pharmacy and Therapeutics (P&T) Committee. Peach State's Pharmacist will serve as the Secretary of the committee. The P&T Committee addresses quality and utilization issues related to provision of the pharmacy benefit. Voting members of the Committee will include community based practitioners (physicians and pharmacists) representing various clinical specialties that adequately represent the needs of Peach State's Members and P4HB Enrollees. The community based practitioners must be independent and free of conflict with respect to Peach State and pharmaceutical manufacturers. P&T Committee meetings will be held at least quarterly.

B. RESPONSIBILITIES AND FUNCTIONS OF THE PHARMACY AND THERAPEUTICS COMMITTEE

The responsibilities of the P&T Committee may include, but are not limited to, the following:

- Objectively appraise, evaluate and recommend drugs for inclusion in or removal from the PDL consistent with providing high quality and cost-effective care while addressing safety, efficacy and pharmacoeconomics;
- Review newly FDA approved drug products within 90 days, and reach a decision for PDL positioning for each newly FDA approved drug within 180 days of their release.
- Assist in quality improvement programs that employ drug use evaluation (DUE);
- Review the policies and procedures for Pharmacy Services activities, such as prior authorizations, medical necessity criteria, step therapies, age and gender restrictions, quantity limitations, mandatory generics and other activities that affect access, and make recommendations for changes as appropriate;
- Review the administrative policies and procedures;
- Review of individual provider prescribing for appropriate drug utilization. Egregious prescribing patterns will be reported to the Quality Initiative Department for consideration of the appropriateness of Peach State provider credentialing;
- Review of state regulations to ensure compliance with all mandates and requirements;
- Review of complaints/appeals and grievances pertaining to the pharmacy benefit;
- Provide oversight of the Pharmacy Benefits Manager (PBM), and Pharmacy Services, to ensure that pharmacy providers contracted for provision of pharmacy services are in compliance with their contracts, and that PDL programming and other delegated

POLICY AND PROCEDURE

DEPARTMENT: PHARMACY	REFERENCE NUMBER: GA.PHAR.01
EFFECTIVE DATE: 10/06	POLICY NAME: PHARMACY PROGRAM DESCRIPTION
REVIEWED/REVISED DATE: 10/19, 7/2020, 10/2020, 12/16/2020, 10/2021, 7/2022	RETIRED DATE: N/A
PRODUCT TYPE: MEDICAID	PAGE: 4 of 11

responsibilities are being applied and administered in accordance with P&T recommendations;

- Review of provider requests for additions, deletions or changes to the Preferred Drug List (PDL), and forward such requests to the corporate liaison from the Pharmacy Solutions Group, after review by Peach State’s P&T Committee. The procedure for submission of provider requests is defined by corporate policy and procedure. (see Preferred Drug List Formulary Policy and Procedure, GA.PHAR.14, Attachment A: PDL Change Request Form)
- Review and approve the Pharmacy Program Description at least annually;

IV. PLAN PHARMACIST RESPONSIBILITIES

The Peach State Pharmacist is responsible for the oversight of the Pharmacy Program and successful operation of the Peach State Pharmacy & Therapeutics Committee in conjunction with the Chief Medical Officer or the Medical Director. The Pharmacist must be licensed in the State of Georgia (**GF 16.1.5.9**)

Responsibilities include:

- Review Centene P&T Committee policies to assure compliance with state rules and regulations;
- Review Centene P&T Committee clinical drug criteria, used in prior authorization and medical necessity review processes, for appropriateness and present them to Peach State’s P&T Committee for review and approval;
- Review policies and procedures developed by the Director of Operations Shared Services and make suggestions for changes consistent with Peach State’s P&T Committee recommendations and state regulations;
- Provide oversight of the designated PBM, and their delegated responsibilities and programming as it applies to prior authorization, medically necessity and pharmacy management edits;
- Provide a point of contact for providers calling in with questions about the Pharmacy Program and educate providers on the Pharmacy Program to promote provider satisfaction;
- Call providers as necessary to discuss Pharmacy Program issues and complaints;
- Review and analyze Peach State’s Pharmacy Cost and Utilization reports and report on trends and initiatives for cost-containment;
- Monitor practitioner prescribing patterns and suggest corrective action, as appropriate, for providers identified with prescribing concerns related to the provision of quality care;

POLICY AND PROCEDURE

DEPARTMENT: PHARMACY	REFERENCE NUMBER: GA.PHAR.01
EFFECTIVE DATE: 10/06	POLICY NAME: PHARMACY PROGRAM DESCRIPTION
REVIEWED/REVISED DATE: 10/19, 7/2020, 10/2020, 12/16/2020, 10/2021, 7/2022	RETIRED DATE: N/A
PRODUCT TYPE: MEDICAID	PAGE: 5 of 11

- Serve as a liaison between the Peach State pharmacy department and other Peach State departments and provide support to the Medical Management staff in the performance of their responsibilities.

V. REVIEW CRITERIA

A. DRUG UTILIZATION REVIEW (DUR) PROGRAM

The Pharmacy Program administers a retrospective drug utilization review program, delegated to Pharmacy Services, utilizing the standards, criteria, protocols and procedures approved by the Centene Corporate and Peach State P&T Committee, and in accordance with applicable State and Federal requirements, NCQA standards and recognized medical practice standards. DUR projects are agreed upon by the mutual consent of the, Peach State Pharmacy Department and Pharmacy Services. Once established, Pharmacy Services provides Peach State a list of Members/P4HB Enrollees whose prescription history deviates from the protocols of the retrospective DUR initiatives.

The goals of the DUR Program include but are not limited to:

- Identify and analyze prescribing patterns, and share the information with the appropriate providers to impact prescribing, dispensing, and overall drug utilization practices;
- Identify changes in pharmacotherapy that will improve Member/P4HB Enrollee outcomes;
- Identify poly-pharmacy and educate prescribers and share information with multiple prescribers;
- Identify medication non-adherence and report incidences to prescribers or case managers as appropriate;
- Identify and address potential member, prescriber or pharmacy provider fraud and abuse.

B. PRIOR AUTHORIZATIONS

The Prior Authorization (PA) process was developed to promote the most appropriate utilization of selected high risk and/or high cost medications, and those subject to a high potential for abuse. This process is delegated to Pharmacy Services and administered in accordance with applicable State and Federal requirements, NCQA Standards and recognized high quality practice standards. The PA criteria for approval of drug coverage are developed by Clinical Pharmacy Advisory Committee (CPAC) and reviewed and approved by both the Centene and Peach State P&T Committees. In addition, prior authorization criteria are consistent with review of current pharmaceutical and medical literature, peer reviewed journals and professional

POLICY AND PROCEDURE

DEPARTMENT: PHARMACY	REFERENCE NUMBER: GA.PHAR.01
EFFECTIVE DATE: 10/06	POLICY NAME: PHARMACY PROGRAM DESCRIPTION
REVIEWED/REVISED DATE: 10/19, 7/2020, 10/2020, 12/16/2020, 10/2021, 7/2022	RETIRED DATE: N/A
PRODUCT TYPE: MEDICAID	PAGE: 6 of 11

standards of practice. PA guidelines generally require that certain conditions be met before coverage of drug therapy can be authorized.

Providers may submit prior authorization requests to Pharmacy Services for eligible Peach State Members/P4HB Enrollees by telephone, fax, or through an automated electronic Prior Authorization portal through CoverMyMeds. Pharmacy Services will also encourage adoption of the automated electronic Prior Authorization portal by providers (**GF 4.6.6.5**). Whether providers submit prior authorization requests by telephone, fax, or through an automated electronic Prior Authorization portal, Pharmacy Services will respond by telephone or other telecommunication device including by fax within twenty-four (24) hours of a request for Prior Authorization (**GF 4.6.6.5.1**). Pharmacy Services will resolve all pharmacy prior authorization requests within twenty-four (24) hours unless additional information is required from the prescriber. If additional information is needed from the prescriber, documented telephonic or other telecommunication contact with the prescriber must be made every twenty-four (24) hours up to a final disposition within seventy-two (72) hours of receipt of the prior authorization request (**GF 4.6.6.5.3**). Prior authorizations are reviewed by a Pharmacist licensed in the State of Georgia (**GF 16.1.5.9**)

Pharmacy Services supplies Peach State, on a daily basis, Member/P4HB Enrollee specific adverse coverage determinations for prior authorization or medical necessity reviews. Peach State then sends letters to Members/P4HB Enrollees advising of a denial for drug coverage, language on their appeal rights, and referral of the Member/P4HB Enrollee back to the prescriber for requests for PDL alternative therapy. Pharmacy Services advises prescribers by fax of adverse coverage determinations with suggestions for PDL alternative therapy.

C. APPEALS AND GRIEVANCES

It is the policy of Peach State Health Plan that Members/P4HB Enrollees, authorized representatives of Members/P4HB Enrollees acting on their behalf (with written consent from the Member/P4HB Enrollee as dictated by State contract), or legal representatives of a deceased Member's/P4HB Enrollee's estate may appeal adverse determinations regarding their care. A health care practitioner with knowledge of the Member's/P4HB Enrollee's medical condition, acting on behalf of the Member/P4HB Enrollee and with the Member's/P4HB Enrollee's written consent, may file an appeal. **[UM 8, A.] (GF 4.14.5.5)** The appeal should be filed directly with Peach State Health Plan, or delegated representative (vendor). (**GF 4.14.5.2**)

An Appeal is the review of an "Adverse Benefit Determination". An Appeal may be requested for benefit and/or medical necessity adverse benefit determinations including rescission of coverage. Expedited appeals are available to members for any urgent care requests. Coverage for an ongoing course of treatment will be continued pending the outcome of an appeal in compliance with 29 CFR 2560.503-1 (f)(2)(ii).

POLICY AND PROCEDURE

DEPARTMENT: PHARMACY	REFERENCE NUMBER: GA.PHAR.01
EFFECTIVE DATE: 10/06	POLICY NAME: PHARMACY PROGRAM DESCRIPTION
REVIEWED/REVISED DATE: 10/19, 7/2020, 10/2020, 12/16/2020, 10/2021, 7/2022	RETIRED DATE: N/A
PRODUCT TYPE: MEDICAID	PAGE: 7 of 11

Further information on appeals can be found in Policy GA.QI.42b.

PSHP maintains an internal system for the identification, acknowledgment, and prompt resolution of oral and written member grievances. No member will be discriminated against because he/she has filed a grievance regarding PSHP or against providers or vendors contracted with PSHP.

Peach State Health Plan shall ensure that the individuals who make decisions on Grievances are not involved in any previous level of review or decision making nor a subordinate of any such individual, and are Health Care Professionals who have clinical expertise as determined by DCH in treating the Member's condition/disease. **(42 C.F.R. §438.406) (GF 4.14.1.6)**

Further information on grievances can be found in Policy GA.QI.08.

D. Preferred Drug List (PDL)

The Preferred Drug List (PDL) is a listing of covered pharmacy services approved by Centene Corporate and Peach State P & T Committees. The PDL and a machine readable PDL are posted on Peach State's Member and Provider sections of the web site and can be downloaded and printed for future reference. It includes information on pharmaceutical management procedures, explanations of drug therapy limitations, mandatory generic substitution, prior authorization and step therapy protocols and appeals process. **(GF 4.6.6.4)**

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/P4HB Enrollee's Medical needs; **(GF 4.6.6.2.1)**
- The only excluded drug categories are those permitted under section 1927 (d) of the Social Security Act; **(GF 4.6.6.2.2)**
- A Pharmacy & Therapeutics Committee advises and/or recommends PDL decisions is established and maintained; **(GF 4.6.6.2.3)**
- Over the counter medications specified in the Georgia State Medicaid Plan are included in the formulary. **(GF 4.6.6.2.4)**
- P4HB PDL must include folic acid and/or a multivitamin with folic acid. **(GF 4.6.6.3)**

E. Transition of Care

Transition of Care is the movement of patients between health care practitioners and/or settings as their condition and care needs changes during the course of a chronic or acute illness. **(GF 1.4)** Contractor shall identify and facilitate transition for members that are moving from one

POLICY AND PROCEDURE

DEPARTMENT: PHARMACY	REFERENCE NUMBER: GA.PHAR.01
EFFECTIVE DATE: 10/06	POLICY NAME: PHARMACY PROGRAM DESCRIPTION
REVIEWED/REVISED DATE: 10/19, 7/2020, 10/2020, 12/16/2020, 10/2021, 7/2022	RETIRED DATE: N/A
PRODUCT TYPE: MEDICAID	PAGE: 8 of 11

CMO to another or from a CMO to a Fee for Service provider or to private insurance and require additional or distinctive assistance during a period of transition. **(GF 4.11.8.5.1)** Prescription medications requiring a prior authorization is one of the qualifying circumstances for priority. **(GF 4.11.8.5.1.9)**

Per Peach State Health Plans contract with the Department of Community Health, the following Transition of Care applies to members:

- Treatment or medication that was covered by DCH or another CMO prior to new CMO effective date will be covered for at least 30 Calendar days from new CMO effective date to allow time for clinical review, and if necessary Transition of Care. **(GF 4.11.8.5.1.11)**
- Coverage of treatment or medications beyond 30 Calendar days even if the DCH authorization was for a period greater than 30 Calendar days will not be obligated **(GF 4.11.8.5.1.11)**

F. Safety Issues

Peach State designates real time adjudication of drug claims and the identification of potential adverse drug events to the contracted PBM processing system. A compiled database, provided by a nationally recognized drug compendia, is utilized to generate electronic alerts to dispensing pharmacies via standard point of sale (POS) messaging when potential drug conflicts exist. In most cases, the claims processing system uses a passive notification to augment the dispensing pharmacy's internal DUR dispensing application and to avoid interruption or delays in drug therapy. The PBM also identifies and sends notification of drug alerts and drug recalls, which have the potential to cause serious health problems, to affected members and their prescribers. (See CC.PHAR.03)

G. Exceptions

The Centene and Peach State P&T Committee must review for clinical appropriateness, the Pharmacy Services policies and procedures assuring timely access to both PDL and non-PDL drug products. For this reason, Pharmacy Services is held to strict protocols regarding the timeliness of clinical reviews. A 72-hour emergency drug supply policy is in place to allow for interim therapy while a clinical review can be completed. In addition, if a Member/P4HB Enrollee tries to obtain a non-PDL drug after hours or on holidays, the Member/P4HB Enrollee is allowed a 72-hour supply until the Pharmacy Services Clinical Department resumes normal business hours. NurseWise takes after-hours calls and has responsibility for approving interim 72-hour supplies. (See CC.PHAR.01) **(GF 4.6.6.5.2)**

H. Specialty Pharmacy

POLICY AND PROCEDURE

DEPARTMENT: PHARMACY	REFERENCE NUMBER: GA.PHAR.01
EFFECTIVE DATE: 10/06	POLICY NAME: PHARMACY PROGRAM DESCRIPTION
REVIEWED/REVISED DATE: 10/19, 7/2020, 10/2020, 12/16/2020, 10/2021, 7/2022	RETIRED DATE: N/A
PRODUCT TYPE: MEDICAID	PAGE: 9 of 11

The Specialty Pharmacy Program is designed to provide the Peach State Pharmacy Department with guidance on the approval and denial process for provision of biopharmaceuticals or other high cost drug therapy.

Prior Authorization requests for specialty drugs should be directed to Peach State Health Plan's Pharmacy Department, Pharmacy Services, or through Pharmacy Services' electronic Prior Authorization portal with CoverMyMeds.

Other

Peach State Health Plan and Pharmacy Services will ensure that entities which are a part of the 340B Drug Pricing Program are identified for the purposes required under federal statute regarding drug rebates. Peach State Health Plan will adhere to the requirements set forth in the Georgia Families Contract, section 4.6.6.7.

Peach State Health Plan does not require Members/P4HB Enrollees to use a mail order pharmacy to receive covered benefits. **(GF 4.6.6.6)**

REFERENCES: Georgia Families Contract Sections: 1.4; 4.6.6.2; 4.6.6.2.1; 4.6.6.2.2; 4.6.6.2.3; 4.6.6.2.4; 4.6.6.3; 4.6.6.4; 4.6.6.5; 4.6.6.5.1; 4.6.6.5.3; 4.6.6.5.2; 16.1.5.9; 4.6.6.7; 4.11.8.5.1; 4.11.8.5.1.9; 4.11.8.5.1.11

ATTACHMENTS: Attachment A: PDL Change Request Form

DEFINITIONS: N/A

REVISION LOG

REVISION	DATE
Annual Review. No changes.	07/2011
Renamed "Clinical Pharmacist Responsibilities" to "Plan Pharmacist Responsibilities".	03/2012
Defined purpose and scope as applying to members "eligible" for a pharmacy benefit.	03/2012
Annual Review. No changes.	03/2013
Updated "Goals" to include "Promote pharmaceutical utilization known to improve clinical outcomes".	03/2015

POLICY AND PROCEDURE

DEPARTMENT: PHARMACY	REFERENCE NUMBER: GA.PHAR.01
EFFECTIVE DATE: 10/06	POLICY NAME: PHARMACY PROGRAM DESCRIPTION
REVIEWED/REVISED DATE: 10/19, 7/2020, 10/2020, 12/16/2020, 10/2021, 7/2022	RETIRED DATE: N/A
PRODUCT TYPE: MEDICAID	PAGE: 10 of 11

Changed "...Corporate Pharmacy Department" to "...the corporate liaison from the Pharmacy Solutions Group" under section IV B, bullet 10, section V bullet 3, section VI A in the first paragraph and section VI B in the body of the paragraph.	03/2016
Inserted Georgia Families Contract Sections: 4.6.6.2; 4.6.6.2.1; 4.6.6.2.2; 4.6.6.2.3; 4.6.6.2.4; 4.6.6.3; 4.6.6.4; 4.6.6.5; 4.6.6.5.1; 4.6.6.5.3; 4.6.6.5.2; 16.1.5.9; 4.6.6.6; 4.6.6.7	09/2016
Changed US Script to Envolve Pharmacy Solutions; Under B. Prior Authorizations: took out reference to the "corporate liaison from the pharmacy solutions group" and replaced with "Envolve Pharmacy Solutions" as responsible for developing PA criteria	01/2017
Added that 'The PDL is posted on Peach State's Member and Provider section of the web site'	03/2017
Added services CVS Caremark provides. Changed Appeals and Grievance language to align with new CFR. Added CoverMyMeds as the electronic PA portal. Added Specialty Pharmacy information.	5/2017
Changed language in the Appeals and Grievances to match the CFR.	9/2017
Annual review. No changes made.	3/2018
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. Added machine readable PDL is available on the Peach State Website.	2/2019
Replaced CVS with RxAdvance. Changed referenced Georgia Emergency 72-hour supply policy, which was retired, to reference Corporate Emergency 72-hour supply policy.	10/2019
Annual review. No changes made.	7/2020
Replaced RxAdvance with CVS/Caremark. Added language from Georgia Families Contract regarding requirement for Transition of Care. Updated Georgia Families Contract reference section. Added Peach State Health Plan logo	10/2020
Removed all verbiage related to Acaria Health as our preferred specialty pharmacy. Removed PSHP contact information. Added Envolve Pharmacy Solutions as a Specialty Medication Prior Authorization option.	12/16/2020
4Q 2021 annual review. No changes made.	10/2021
Changed Envolve Pharmacy solutions to Centene Pharmacy Services. Removed "pharmacy network management, pharmacy claims processing, and pharmacy help desk" as a function of Pharmacy Services. Changed "Corporate liaison from the Pharmacy Solutions Group" to Director of Operations Shared Services.	7/2022

POLICY AND PROCEDURE

DEPARTMENT: PHARMACY	REFERENCE NUMBER: GA.PHAR.01
EFFECTIVE DATE: 10/06	POLICY NAME: PHARMACY PROGRAM DESCRIPTION
REVIEWED/REVISED DATE: 10/19, 7/2020, 10/2020, 12/16/2020, 10/2021, 7/2022	RETIRED DATE: N/A
PRODUCT TYPE: MEDICAID	PAGE: 11 of 11

Removed Vice President of Medical Affairs (VPMA). Updated Safety Issues section to align with the corporate policies general language on claims processing drug messaging, alerts, and recalls. Changed referenced USS.PHARM.02 to Drug Recall Notification CC.PHAR.03	
--	--

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