POLICY AND PROCEDURE

POLICY NAME: Pharmacy Operations	**POLICY ID:** CC.PHAR.23
BUSINESS UNIT: Corporate	**FUNCTIONAL AREA:** Member and Provider Materials
EFFECTIVE DATE: 02/2020	**PRODUCT(S):** Medicaid, Marketplace (On Exchange and Off Exchange
REVIEWED/REVISED DATE: 02/21, 02/22, 05/22, 09/22, 02/23, 05/23, 11/23, 02/24, 08/24, 02/25, 05/25	
REGULATOR MOST RECENT APPROVAL DATE(S):	

PURPOSE:
To define the policy and procedure related to the web posting of clinical pharmacy criteria.

SCOPE:
Market Pharmacy Teams, Centene Pharmacy Services, and Health Plans. Where Marketplace is indicated as Product applicable to this policy, this includes both On Exchange and Off Exchange plans.

DEFINITIONS: N/A

POLICY:
This policy details Centene Pharmacy Services' Drug Information team and health plan, including Market Pharmacy team, responsibilities for initial posting and maintenance of clinical drug criteria (herein referred to as "pharmacy criteria") on the public health plan websites and other clinical Pharmacy dashboards (i.e., Archer and SharePoint).

Failure to comply with the procedure outlined can result in compliance related disciplinary measures, including but not limited to reporting to the Centene Board of Directors.

PROCEDURE:
1. Initial Set up
    a. Pharmacy Services' Drug Information team is responsible for the initial set up of corporate pharmacy criteria folder which include:
        i. Loading all 508-compliant corporate pharmacy criteria into SharePoint and Adobe Experience Manager (AEM).
        ii. Communicating with plan-level designee regarding status of project.
    b. Health plans, including Market Pharmacy teams, have responsibility for development and maintaining through an annual review of Market (Health Plan) Specific criteria as outlined in CP.PHAR.00 State-Specific Pharmacy Guideline Process.
    c. Health plans, including Market Pharmacy teams, have responsibility for the initial set up of their respective plan-specific pharmacy criteria page, including:
        i. Identifying a designee who will be the main point of contact and perform all work related to posting and maintenance of pharmacy criteria.
        ii. Determining which criteria are appropriate to post.
            1) If using a prior version of Corporate criteria, maintaining 508 remediation of that criteria as it is no longer the active Corporate pharmacy criteria.
        iii. Communicating with the health plan marketing or compliance department to determine applicable state regulations, such as web page or specific criteria approval requirements.
        iv. Identifying market pharmacy leads (plan-level) approvers in SharePoint.
        v. Linking appropriate criteria from corporate folders in AEM to the specified plan folder in AEM.
        vi. Uploading appropriate 508-compliant plan-specific criteria into SharePoint and AEM to the specified plan folder.
        vii. Notifying providers that pharmacy criteria are available and providing training on how to find them, as needed.

2. Ongoing Maintenance
    a. Maintenance of pharmacy criteria
        i. Corporate Pharmacy and Therapeutics Committee will review and approve all corporate pharmacy criteria on an annual basis, and upon significant change to evidence-based guidelines. Pharmacy Services will post the updated criteria in the pharmacy criteria folder in SharePoint and AEM.
        ii. Email updates will be sent to the health plan designees on the following basis:
            1) Notification when a criteria is being retired, including a list of any criteria that will replace the retired criteria.

2) Monthly updates including criteria revisions and new criteria.

iii. The health plan Pharmacy and Therapeutics Committee or other local committee will review and approve all pharmacy criteria on an annual basis, and upon significant change in evidence-based guidelines. The health plan is responsible for notifying both the pharmacy criteria designee and Drug Information in a timely manner of any changes, new criteria, and retired criteria.

iv. Based on criteria updates, the health plan designee will make updates to the plan pharmacy criteria web posting folder in AEM as necessary.

b. Quarterly Review of posted pharmacy criteria
   i. The health plan designee should review the pharmacy criteria web posting folder monthly, aligning with monthly changes, to ensure:
      1) All criteria are current
      2) All criteria are still appropriate to be posted on the public website
      3) Any appropriate new criteria are added
      4) Any retired criteria are made non-searchable
      5) No pre-emptively created criteria are posted externally

c. Ensuring compliance
   i. Pharmacy Services will ensure corporate pharmacy criteria follow evidence-based guidelines and compliance with NCQA (National Committee for Quality Assurance) regulations.
   ii. The health plan will ensure compliance with local regulations related to pharmacy criteria, posting of criteria on the plan public website including 508 remediation, and communicating with providers.

d. Notifying providers
   i. It is the responsibility of the health plan to communicate with providers when pharmacy criteria are made available on the plan public website.
   ii. The health plan will provide ongoing support and communication to providers regarding pharmacy criteria changes via the plan public website.

REFERENCES:
CC.COMP.22 Policy and Procedure Documentation
CC.COMP.22.01 Creating and Maintaining P&Ps
CC.MRKT.02 Health Plan Websites
CP.PHAR.00 State-Specific Pharmacy Guideline Process

ATTACHMENTS:
Attachment A: Attestation of Clinical Criteria Posting Notifications

ROLES & RESPONSIBILITIES: N/A

REGULATORY REPORTING REQUIREMENTS: N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New	Policy created	02/20
Annual Review	Added Adobe Experience Manager for AEM acronym.	02/21
Annual Review	Removed “Linking appropriate policies to the health plan website” from 1.b.vii since it is already mentioned in 1.b.v. Removed “corporate policy pharmacy” team and replaced with “corporate pharmacy solutions” team. Added clarification that the health plan’s responsibility for policy postings is specific to the plan’s public website.	02/22
Ad hoc	Removed Centene Corporate Pharmacy Solutions. Changed Envolve Pharmacy Solutions to Centene Pharmacy Services. Changed “corporate pharmacy solutions and drug information teams” to Pharmacy Services.	05/22
Ad hoc	Changed Health Plan Pharmacy Departments to Market Pharmacy Teams. Clarified Centene Pharmacy Services’ refers to the Drug Information team and that website compliance includes compliance with 508 remediation when using a plan specific criteria. Added that pre-emptively approved criteria are not posted externally.	09/22

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Annual Review	No changes deemed necessary.	02/23
Ad hoc	Updated policy to include statement of consequences of failure to comply. Updated 1.iv. to reflect approval needed in SharePoint.	05/23
Ad hoc	Updated to reflect “criteria” instead of “policy” when referencing clinical criteria. Added attestation attachment for clinical criteria posting notification.	11/23
Annual Review	Minor grammatical revisions.	02/24
Ad hoc	Updated 2.b.i. The health plan designee should review the pharmacy criteria web posting folder monthly, aligning with monthly changes, to ensure.	08/24
Annual Review	No changes deemed necessary.	02/25
Annual Review	Changed the annual review cycle to align with CP.PHAR.00 State Pharmacy Criteria Process. Removed any reference to local health plan P&T. Updated references to include CC.PHAR.00. Updated Health Insurance Marketplace to Marketplace (On Exchange and Off Exchange) for PRODUCT(S). Added Where Marketplace is indicated as Product applicable to this policy, this includes both On Exchange and Off Exchange plans to SCOPE. Changed Functional Area from Business Operations to Member and Provider Materials.	05/25

POLICY AND PROCEDURE APPROVAL

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