

ADDENDUM

STATE: Georgia	BUSINESS UNIT(S): Peach State Health Plan
PRODUCT TYPE: Medicaid	POLICY NAME: Pharmacy Prior Authorization and Medical Necessity Criteria
POLICY ID: CC.PHAR.08	REGULATOR MOST RECENT APPROVAL DATE(S): 1/2019, 1/2020, 1/2021, 1/2022, 7/2022, 1/2023, 1/2024

BACKGROUND:

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

DEFINITIONS:

GF: Georgia Families

SECTION ONE:

PRIOR AUTHORIZATION AND MEDICAL NECESSITY REVIEW PROCESS

Statement of unique item/requirement

Detail (a): Resolve all pharmacy prior authorizations requests within twenty-four (24) hours unless 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 request.

Reference: GF 4.6.6.5.3

SECTION TWO: N/A

REVISION LOG

REVISION:	DATE:
Annual Review. Added "via fax" as the route of communication for Envolve Pharmacy Solutions prescriber decision notification. Added "original 24 hours" ad timeframe for receiving requested additional information before decision. Updated minor grammatical changes. Change reference section number of corporate P/P from "3 of 6" to "2 of 7".	1/2020
Annual review. No changed made.	1/2021
1Q 2022 annual review. No changes made.	1/2022
Corporate removed Envolve Pharmacy Solutions 5/2022.	7/2022
1Q 2023 annual review. No changes made.	1/2023
1Q 2024 annual review. Updated policy to direct to CC.PHARM.31 (Creating and Revising Drug Prior Authorization Policies) and CC.PHARM.03A (Medicaid Prior Authorization Review Process) for specific process details. Removed specific details of the PA Department review process since we are now directing to the PA Department team's Policy CC.PHARM.03	1/2024