

# POLICY AND PROCEDURE

<b>POLICY NAME:</b> Specialty Pharmacy Program	<b>POLICY ID:</b> GA.PHAR.18
<b>BUSINESS UNIT:</b> Peach State Health Plan	<b>FUNCTIONAL AREA:</b> Pharmacy
<b>EFFECTIVE DATE:</b> 3/2014	<b>PRODUCT(S):</b> Medicaid
<b>REVIEWED/REVISED DATE:</b> 1/2018, 3/2018,2/2019,10/2019, 7/2020, 10/2020, 12/16/2020, 7/2021, 7/2022, 7/2023, 7/2024	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> N/A	

## POLICY STATEMENT:

To provide a process on reviewing prior authorizations of biopharmaceuticals, specialty drugs, or other high cost drug therapy.

## PURPOSE:

The Specialty Pharmacy Program is designed to provide the Peach State Pharmacy Department (PSHPRx) and Pharmacy Services with guidance on the approval and denial process for provision of biopharmaceuticals or other high cost drug therapy where preferred contract pricing may apply.

## SCOPE:

Centene Corporate Pharmacy Department, Peach State Health Plan Pharmacy Department (PSHPRx) and Centene Pharmacy Services.

**DEFINITIONS:** Specialty Drug – Drugs categorized as biopharmaceuticals or drugs that have preferred contract pricing arrangements for provision by a specialty supplier.

## POLICY:

Most drug therapy with costs in excess of \$670 per dose, or in excess of \$670 per treatment regimen (consisting of more than one dose), requires prior authorization. Specialty drugs resulting in a dispense from a specialty pharmacy are known as “Vendor” requests. 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.

Specialty medications, for which the provider has been contractually approved for use of office supplies, may also require prior authorization. These requests are not adjudicated through CVS/Caremark and are considered “Buy and Bill”. All such requests should be faxed directly to PSHPRx. Upon receipt, PSHPRx will follow the procedure below.

## PROCEDURE:

1. PSHPRx receives a member referral for a specialty drug from a provider.
2. PSHPRx verifies member eligibility.
  - a. If patient is confirmed as not eligible, PSHPRx informs the prescribing provider that member is not eligible.
3. For “Buy and Bill” requests (eligible member), PSHPRx enters the request and attaches the documents provided by the provider in TruCare. The referral and clinical information is sent to Pharmacist for review.
  - a. If the Pharmacist approves the request, PSHPRx notes the approval in TruCare, notifies the provider and member of authorization dates and authorization number.
  - b. If the Pharmacist denies the request, the request is completed and a denial notification is sent to the provider via fax. The Medical Review Unit sends a denial letter to the provider and the member.
4. For “Vendor” requests (eligible member), PSHPRx or Pharmacy Services enters the request and attaches the documents provided by the provider in Prism. The referral and clinical information is sent to Pharmacist for review.
  - a. If the Pharmacist approves the request, PSHPRx or Pharmacy Services notes the approval in MHK/Compass Rx and CVS/Caremark. Notification is sent to the provider via MHK/Compass Rx that includes authorization dates and authorization number.
    - i. PSHPRx or Pharmacy Services is responsible to communicate approvals to the specialty pharmacy, when applicable.

- b. If the Pharmacist denies the request, the request is completed and a denial notification is sent to the provider and member via MHK/Compass Rx.

**REFERENCES:** N/A

**ATTACHMENTS:** N/A

**ROLES & RESPONSIBILITIES:** N/A

**REGULATORY REPORTING REQUIREMENTS:** N/A

**REVISION LOG**

<b>REVISION TYPE</b>	<b>REVISION SUMMARY</b>	<b>DATE APPROVED &amp; PUBLISHED</b>
Annual Review	Annual review. No changes made.	03/2015
Annual Review	Changed \$500 to \$600 per dose or treatment requires PA	03/2016
Annual Review	Annual review. Changed threshold to \$670. Changed US Script to Envolve Pharmacy Solutions.	01/2017
Annual Review	Annual Review. No changes made	01/2018
Annual Review	Annual review. No changes made.	03/2018
Annual Review	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
Ad Hoc	Change Envolve Pharmacy Solution's system to RxAdvance Pharmacy Claims System. Updated the procedure section with "Buy and Bill" and "Vendor" authorization procedures. Changed Appeals and Grievance Department to the Medical Review Unit.	10/2019
Annual Review	Annual review. No changes.	7/2020
Ad Hoc	Changed RxAdvance to CVS/Caremark. Added Peach State Health Plan logo.	10/2020
Ad Hoc	Removed all verbiage related to Acaria Health as our preferred specialty pharmacy. Added Envolve Pharmacy Solutions as a Specialty Medication Prior Authorization option and into the process for Vendor requests.	12/16/2020
Annual Review	Annual review. No changes.	7/2021
Annual Review	Changed Envolve Pharmacy Solutions to Centene Pharmacy Services. Changed Prism to MHK/Compass Rx. Removed Specialty Drug Classification (GA.PHAR.15) policy reference as this policy was previously retired.	7/2022

Annual Review	Q3 2023 annual review. Changed to new policy template.	7/2023
Annual Review	Q3 2024 annual review. No changes	7/2024

**POLICY AND PROCEDURE APPROVAL**

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