

POLICY AND PROCEDURE

DEPARTMENT: PA Health & Wellness	DOCUMENT NAME: Prior Authorization Review
PAGE: 1 of 1	REPLACES DOCUMENT:
APPROVED DATE: 12/1/2017	RETIRED:
EFFECTIVE DATE: 1/1/2018	REVIEWED/REVISED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: PA. PHARM.04.01

SCOPE:

PA Health & Wellness (PHW) Pharmacy Department, Envolve Pharmacy Solutions Clinical Pharmacy Operations

PURPOSE:

To document provides addendum to PA.PHARM.04.

POLICY:

PHW will adopt the same requirements for prior authorization and the same guidelines to determine medical necessity of selected drugs or classes of drugs as those adopted by the Medical Assistance FFS Program when designated by the Department by publication of Managed Care Operations Memoranda (MC OPS Memos).

PROCEDURE:

1. The PHW pharmacy Department, will upon notification of the state, adopt any prior authorization guidelines issued in the Managed Care Operations Memoranda.
2. The PHW pharmacy department, will review the guidelines at minimum of annual, or more frequently if needed, for any changes required to the policy by Managed Care Operations Memoranda.

REFERENCES: N/A

DEFINITIONS: N/A

REVISION LOG

REVISION	DATE

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Centene’s P&P management software, is considered equivalent to an actual signature on paper.

Pharmacy & Therapeutics Committee: Approval on file

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V.P., Pharmacy Operations:

Approval on file

Sr. V.P., Chief Medical Officer:

Approval on file