

State-Specific Pharmacy Guideline Process

Reference Number: CP.PHAR.00

Effective Date: 06/01/2022

Date of Last Revision: 05/23

Line of Business: Medicaid

[Revision Log](#)

Description

This policy describes the process for creating, maintaining, posting, and updating Pharmacy custom content, as applicable, for state-specific clinical policies.

Work Process

I. State-specific policy creation

- A. The health plan creates a state-specific clinical policy if any of the following apply:
 1. State regulations or health plan needs necessitate different clinical criteria than an existing corporate pharmacy policy;
 2. The health plan has a need for criteria that is not necessary at the corporate level (Note: confirm with Pharmacy Shared Service Drug Information team if there is question about whether the policy could apply at the corporate level).
- B. The Corporate Clinical Pharmacy Coverage Guideline (Policy) Template should be used for all clinical policies.
 1. Change all instances of “It is the policy of health plans affiliated with Centene Corporation” to “It is the policy of [HEALTH PLAN NAME].”
 2. Replace all instances of the corporate logo with the health plan logo.
 3. Adhere to the formatting of the template.
 4. If using the corporate policy as the base criteria and making modifications to meet state specific requirements, document in the revision log the criteria that was changed. This will decrease the review burden if applying corporate annual review changes as applicable.
 5. Add any state-specific and/or clinical references to the reference list.
 6. Number and title the policy to indicate the health plan and the policy’s relationship to the corporate policy: e.g. AZ.CP.PHAR.58 Denosumab (Prolia, Xgeva). If no related corporate clinical policy exists, begin health plan-specific numbering at 100.
- C. Following local health plan policy for development, review, and maintenance (including annual review of all clinical policies, and 508 remediation as required per compliance standards), Pharmacy and Therapeutic or other local designated committee (i.e. Utilization Management Committee) must review and approve all clinical policies.

II. Maintenance and compliance

- A. The health plan will ensure compliance with local regulations related to clinical policies, and ensure that health plan-specific policies follow evidence-based guidelines and meet NCQA regulations.
- B. If the policy is largely based off a corporate policy, the health plan should refer to the relevant corporate policy for applicable annual review edits, in addition to health plan review of state-specific criteria.
- C. If the clinical policy is not already on the pharmacy clinical coverage guideline (policy) template, it should be converted to the pharmacy clinical coverage guideline (policy) template at the time of the annual review.

CLINICAL POLICY

State-Specific Clinical Policy Process

III. Posting

- A. State-specific policies must be uploaded to the Clinical Pharmacy Policy SharePoint and updated with annual review dates. Refer to the SharePoint User Guide on the Clinical Policy SharePoint page for detailed instructions for posting.
- B. Policies must be uploaded to AEM if intended for public viewing on the health plan website (see CC.PHAR.23 Clinical Pharmacy Policy Web Posting, found in Archer). Policies must be 508 remediated at least annually.

Attachments:



Pharmacy Clinical
Coverage Guideline Te

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed	04/22	05/22
2Q 23 Annual Review, no significant changes. Under I. C. clarified “maintenance” includes an annual review, removed reference to local P&T and changed UM to other local committee. Under III. A clarified SharePoint would include annual review dates and under B. added Policies must be 508 remediated at least annually.	03/23	05/23

References

1. CC.PHAR.23 Clinical Pharmacy Policy Web Posting
2. SharePoint User Guide