

## **POLICY AND PROCEDURE**

<b>DEPARTMENT:</b> Pharmacy Operations	<b>DOCUMENT NAME:</b> Pharmaceutical Transition for New Members
<b>PAGE:</b> 1 of 3	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b>	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 10/11	<b>REVIEWED/REVISED:</b> 02/12, 02/13, 02/14, 08/14, 09/15, 09/16, 07/2017, 04/2018
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> OH.PHAR.50

### **SCOPE:**

Centene Corporate Pharmacy Department, Buckeye Health Plan (Buckeye) Pharmacy Department, and Envolve Pharmacy Solutions.

### **PURPOSE:**

Buckeye assists with a member's transition to the Buckeye PDL, if necessary, when the member enrolls into Buckeye from the Ohio Medicaid FFS program.

### **POLICY:**

Buckeye is responsible for implementing transition of care processes that prevent access problems for members that are transitioning from the FFS pharmacy benefit administrator to Buckeye. The transition of care processes must be prior approved by ODM and at a minimum include the following:

### **PROCEDURE:**

- A. Buckeye may not require prior authorization (PA) of prescriptions filled during the member transition periods outlined in paragraphs B., C. and D., until Buckeye has educated the member that further administration will require the prescribing provider to request PA and, if applicable, the option of using an alternative medication that may be available without PA. Written member education notices must use ODM-specified model language, please see the approved transition letter attached. Verbal member education may be done in place of written education but must contain the same information as a written notice. Buckeye member notices and call scripts must be prior approved by ODM.
  
- B. For new members transitioning prescription drugs from FFS to Buckeye on or after November 1, 2011: for the first month of Buckeye membership, Buckeye may not require PA for at least one prescription refill for claims approved by Ohio Medicaid.

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- C. For new Foster Children transitioning from FFS to Buckeye: for the first 90 days of Buckeye membership, Buckeye may not require PA for at least one prescription refill for claims approved by Ohio Medicaid.
- D. MCPs are not permitted to require prior authorization (PA) in the case of a drug to which all of the following apply:
- i. The drug is an antidepressant or antipsychotic.
  - ii. The drug is administered or dispensed in a standard tablet or capsule form, except that in the case of an antipsychotic, the drug also may be administered or dispensed in a long-acting injectable form.
  - iii. The drug is prescribed by either of the following:
    - a. An MCP panel provider psychiatrist, or an MCP panel provider CNP or CNS with a mental health/psychiatry specialty.
    - b. A psychiatrist practicing at a CMHC;
  - iv. The drug is prescribed for a use that is indicated on the drug's labeling, as approved by the federal food and drug administration.
- E. Buckeye may require PA for antidepressant or antipsychotic drugs that do not meet the criteria outlined in paragraph C, above. Buckeye must consider the prescribing provider's verification that the member is stable on the specific medication when making the PA decision.

**REFERENCES:**

ODM MCP Provider Agreement SFY 2014

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<b>ATTACHMENTS:</b> Member notice – Attachment A
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<b>DEFINITIONS:</b> N/A
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<b>REVISION LOG</b>	<b>DATE</b>
Removal of Pharmacy Carve-in language	02/13
Updated ODJFS to ODM	02/14
Updated Provider agreement to 2014 version	02/14
Remove “Community”	09/15
No changes	09/16
Updated information related to the transition period for Foster Children	07/17
Annual review – added CNPs or CNSs with a mental health/psychiatry specialty as exempt providers	04/2018

### POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.

Vice President of Department:

Director of Department:

Vice President, Regulatory Affairs: