PHARMACY MEDICAL NECESSITY GUIDELINE

DEPARTMENT: Pharmacy Operations	**DOCUMENT NAME:** Appropriate Use and Safety Pharmacy Edits
PAGE: 1 of	**REPLACES DOCUMENT:**
APPROVED DATE: 3/2016	**RETIRED:**
EFFECTIVE DATE: 3/2016	**REVIEWED/REVISED:** 10/2017
PRODUCT TYPE: All	**REFERENCE NUMBER:** IN.CP.PMN.01

IMPORTANT REMINDER

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of medical practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of medical necessity.

The purpose of this Clinical Policy is to provide a guide to medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits ("Benefit Plan Contract") and applicable state and federal requirements, as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

Description:	The health and safety of our members is a priority for MHS. One of the ways we address patient safety is through point-of sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization of our members.
Brand:	Multiple Medication classes are included in this edit
FDA Labeled Indications:	All edits are based on FDA labeling as published by the manufacturer
Criteria for Approval:	Approval of use outside the attached documentation would need to reference peer-reviewed published articles to support that off-label use.

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Approval: Approval at the discretion of the reviewer and assessed on a case by case basis.

REFERENCES:
Manufacturers' published FDA recommendations
MHS Preferred Drug List (PDL)

ATTACHMENTS:
Appropriate Use & Safety Edits

DEFINITIONS:

REVISION LOG

REVISION	DATE
Annual Review – No Changes	1/2017
Updates to attachment for new HIV medications and POS edits	10/2017

POLICY AND PROCEDURE APPROVAL

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

Pharmacy & Therapeutics Committee: Approval on file

V.P., Pharmacy Operations: Approval on file

Sr. V.P., Chief Medical Officer: Approval on file