



PHARMACY MEDICAL NECESSITY GUIDELINE

DEPARTMENT: Pharmacy	DOCUMENT NAME: Appropriate Use and Safety Edits
PAGE: 1 of 2	REPLACES DOCUMENT:
APPROVED DATE: 05/2012	RETIRED:
EFFECTIVE DATE: 05/2012	REVIEWED 4/2017, 5/2017, 5/2018
PRODUCT TYPE: All	REFERENCE NUMBER: GA.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 Peach State Health Plan. 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.

Centene Medical Policy Statements represent technical documents developed by the Medical Management Staff. Questions regarding interpretation of these policies for the purposes of benefit coverage should be directed to a Medical Management Staff person.



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

Special Instructions
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References: Manufacturers’ published FDA recommendations

Revision Log	
Revision	Date
Updated Attachment A information from Q3 2011 to Q2 2012	05/2013
Annual review. No changes.	05/2014
Annual review. Deleted Attachment A.	05/2015
Updated edits have been attached to policy	07/2015
Annual review. No changes made.	05/2016
Annual review. No changes made.	04/2017
Annual review. No changes made.	05/2018

POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee: Approval on file

Sr. Director, Pharmacy Operations: Approval on file

Sr. Medical Director: Approval on file

NOTE: The electronic approval is retained in Compliance 360.

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