

CENTENE PHARMACY THERAPEUTICS COMMITTEE
POLICY AND PROCEDURE SUMMARY TABLE
1Q2018 MEDICAID

Coverage Criteria Guideline	Status	Revision Summary Description
NH.PHAR.135 Drug Utilization Review	No Significant Change(s)	Removed United States Pharmacopoeia Drug Information and Facts and Comparisons as references and added DrugDex.
NH.PHAR.13 Pharmacy and Therapeutics Committee	No Significant Change(s)	Annual Review; Added discrimination statement.
NH.PHAR.14 Pharmacy Lock-In	No Significant Change(s)	Annual Review, No Changes
NH.PHAR.02 Approval of Brand-Name Override	No Significant Change	Annual Review, No Changes
NH.PHAR.08 Pharmacy PA and MN Criteria	No Significant Change	Changed US Script to Envolve Pharmacy Solutions. Changed “within one business day” to “within 24 hours” to align with new regulations.

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