



CENTENE PHARMACY & THERAPEUTICS COMMITTEE
SECOND QUARTER 2017 MARKETPLACE POLICY & PROCEDURE SUMMARY

Policy & Procedure	Status	Revision Summary or Description
HIM.PHAR.17 Step Therapy Criteria	Retired	No longer needed as this will be addressed in coverage guidelines.
HIM.PHAR.19 Formulary Change Notification	Revised	Changed reference from US Script to Envolve Pharmacy Solutions.
HIM.PHAR.20 Compounded Medications	Revised	Removed reference to Envolve Pharmacy Solutions as this is an Ambetter benefit policy.
HIM.PHAR.21 Off Label Drug Use	Revised	Revised policy to reference ESP.PHARM.07.

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