

## Pharmacy Resource Guide and Benefits Overview

Formularies, Prior Authorization and Quantity Limits

### Vendor Drug Program

Superior HealthPlan covers prescription medications as outlined by the Texas Health and Human Services Commission (HHSC) Vendor Drug Program (VDP) for Texas Medicaid (STAR, STAR Health, STAR Kids and STAR+PLUS) and CHIP members.

To assist in navigating the coverage of drugs for Medicaid and CHIP members specific to Superior, please review the following information.

#### VDP Formulary:

- Superior must cover medications located on the VDP Formulary and VDP Provisional Formulary. To verify, please confirm that the Med End Date listed in the search is not past due.
  - To see covered drugs, please visit:
    - [VDP Formulary Search](#)
    - [VDP Provisional Formulary Search](#)
  - *Please note: Utilization management (prior authorization and quantity limits) for Superior may differ from VDP.*
- Preferred status and non-preferred status of a medication is determined by VDP.
  - To review which drugs are preferred vs non-preferred for each “market basket” (or therapeutic category), please visit the [VDP Preferred Drug List](#).
- Medicaid/CHIP formularies are National Drug Code (NDC) based, meaning not all NDCs may be covered by Medicaid.
  - A NDC is an 11-digit code that is specific to a medication. This code provides information related to the medication manufacturer, medication name, medication strength and package size. For example:
    - NDC Code: 00071-0155-23
      - 00071 is the manufacturer, Pfizer
      - 0155 is the product code, Lipitor 10mg
      - 23 is the package size, 90 count bottle
  - NDCs can only be added to the TX Medicaid VDP Formulary if the NDC is on the master CMS rebate file, once TX Medicaid VDP Formulary has received and approved the required Form 1326, Texas Drug Code Index Certification of Information (COI) from the drug manufacturer.
  - In addition to the VDP Formulary, TX Medicaid created a VDP Provisional Formulary to allow VDP to cover drugs provisionally while reviewing the COI as required by House Bill 3286, 86<sup>th</sup> Legislature, Regular Session, 2023. *Please note: Drugs on the provisional formulary may become unavailable if VDP denies COI.*
  - If a pharmacy attempts to use a NDC not covered by the state for a medication covered or listed in the VDP formulary, it will reject as “product not covered.” If this message is received, pharmacies will need to switch to a different NDC covered on the VDP formulary to get the claim to pay.

### Prior Authorization

#### Clinical Prior Authorizations for Pharmacy Benefit:

- Superior Pharmacy benefit medications can be picked up at your traditional retail/community pharmacies or delivered through mail order.
  - Examples: Abilify, Concerta, Humira
- Superior’s clinical prior authorization requirements can differ from Fee-For-Service (FFS) to be less restrictive. **Providers should not use the VDP search to see clinical prior authorization requirements for Superior members.** Providers should visit our Superior Clinical Edits webpage for a full listing of clinical prior authorizations we require.

- To review Superior's Clinical Edits, please visit [Superior's Clinical Prior Authorization webpage](#).
- The VDP posts a clinical prior authorization chart that shows if Superior has implemented different approved clinical prior authorizations.
  - To review the VDP **Clinical Prior Authorization Assistance Chart (PDF)**, please visit [VDP Resources Documents](#).
    - Key Abbreviations:
      - VDP = Fee for Service
      - SUP = Superior HealthPlan
      - Blank box = No prior authorization implemented
      - Half Diamond = MCO customized the prior authorization requirements (does not follow the state approved prior authorization criteria)
      - Full Diamond = MCO implements the state approved prior authorization criteria as is (no changes to criteria)

### **Clinical Prior Authorization for Medical Benefit (Clinician Administered Drugs [CAD]/Med Pharm):**

CAD/Med Pharm are medications that are given in an outpatient setting in a doctor's office.

- Examples: Botox, viscosupplements, Remicade, Rituxan
- CAD/Med Pharm medications are typically billed under the medical benefit as a HCPCS (Healthcare Common Procedure Coding System) J Code
  - Example: J0585 = Botox
- CAD medication requests are submitted to Centene Pharmacy Services.
- To verify whether a medication is covered and if there are any prior authorization requirements, providers can utilize Superior's Online Prior Authorization Check Tool, found on [Superior's Medicaid and CHIP Prior Authorization webpage](#).
- To find specific clinical prior authorization criteria for CAD medications, providers can utilize the clinical policies found on [Superior's Clinical, Payment & Pharmacy Policies webpage](#).

### **Quantity Limits**

To review Superior's Quantity Limits, please visit the *Pharmacy Resources* section, found on [Superior's Pharmacy webpage](#).

### **Additional Resources and Questions**

- For additional resources related to pharmacy, please visit [Superior's Pharmacy webpage](#).
- For questions, please contact Centene Pharmacy Services at [1-866-768-7147](tel:1-866-768-7147).