

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 (HHS) 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. To verify, please confirm that the Med End Date listed in the search is not past due.
 - To see covered drugs, please visit the VDP Formulary Search: www.txvendordrug.com/formulary/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 versus non-preferred for each “market basket” (or therapeutic category), please visit the VDP Preferred Drug List: www.txvendordrug.com/formulary/prior-authorization/preferred-drugs
- 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.
 - 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.
 - Example:

Drug Name	NDC	Covered on Formulary?
isradipine 5mg	16252-0540-01	Yes
isradipine 5mg	42806-0264-01	No
isradipine 5mg	68462-0808-01	Yes

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Drug Name	NDC	Status on Formulary
methylphenidate ER 18mg	00591-2715-01	Preferred (PDL)
methylphenidate ER 18mg	10147-0685-01	Preferred (PDL)
methylphenidate ER 18mg	00378-8155-01	Non-Preferred (NPD)

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 HealthPlan 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 webpage, please visit:
www.SuperiorHealthPlan.com/providers/resources/pharmacy/clinical-prior-authorization.html
- 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 Chart, please visit:
www.txvendordrug.com/sites/txvendordrug/files/docs/prior-authorization/cpa-assistance-chart.pdf
 - 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)

Clinician Administered Drugs (CAD)/Biopharmacy Prior Authorization Requests

- CAD/Biopharmacy are medications that are given in an outpatient setting in a doctor's office.
 - Examples: Botox, viscosupplements, Remicade, Rituxan
- CAD/Biopharmacy 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 Superior HealthPlan and not Envolve Pharmacy Solutions.
- 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 at:
www.SuperiorHealthPlan.com/providers/preauth-check/medicaid-pre-auth.html



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Quantity Limits

To review Superior's Quantity Limits, please visit the Pharmacy Resources section on Superior's Pharmacy webpage: www.SuperiorHealthPlan.com/providers/resources/pharmacy.html

Additional Resources and Questions

For additional resources related to Pharmacy, please visit Superior's Pharmacy webpage: www.SuperiorHealthPlan.com/providers/resources/pharmacy.html

For questions, please contact Superior's Pharmacy department at 1-800-218-7453, ext. 22080.