



SmartPA Criteria Proposal

Drug/Drug Class:	Out-of-State, Non-Bordering Pharmacies Fiscal Edit	
First Implementation Date:	April 29, 2021	
Proposed Date:	December 16, 2021	
Prepared for:	MO HealthNet	
Prepared by:	MO HealthNet/Conduent	
Criteria Status:	 Existing Criteria Revision of Existing Criteria New Criteria 	

Executive Summary

Purpose:	To encourage dispensing medications in Missouri when medications are available in Missouri or a bordering state to Missouri.		
Why Issue Selected:			
	documentation confirming the limited or exclusive distribution arrangement(s) between a drug manufacture(s) and the applying pharmacy. If approved, the out-of- state, non-bordering pharmacy is then restricted to dispense the approved limited distribution drug(s) listed within their enrollment acceptance letters. For medications which require co-prescribing of injectable epinephrine to initiate therapy, MO HealthNet will allow the out-of-state, non-bordering pharmacy to submit a claim for reimbursement. Exceptions to the edit include MORx participants and participants with other primary insurance.		
Type of Criteria:	 Increased risk of ADE Appropriate Indications 	 □ Preferred Drug List ☑ Fiscal Edit 	
Data Sources:	☑ Only Administrative Databases	□ Databases + Prescriber-Supplied	

Setting & Population

- Drug class for review: Prescription drug products dispensed by an out-of-state, non-bordering pharmacy
- Age range: All appropriate MO HealthNet participants

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Approval Criteria

- Out-of-state claim is for a limited distribution or exclusive drug that was approved to only be dispensed by the requesting out-of-state, non-bordering pharmacy **OR**
- Out-of-state claim is for a MORx participant **OR**
- MO HealthNet is being billed as the secondary insurance for the requested out-of-state claim

Denial Criteria

• Therapy will be denied if all approval criteria are not met

Required Documentation

Laboratory Results: MedWatch Form: Progress Notes: Other:

Disposition of Edit

Denial: Exception Code "1016" (Out-of-State Pharmacy Restriction) Rule Type: PD

Default Approval Period

6 months

References

- MO HealthNet Out-of-State Non-Bordering Services. <u>https://dss.mo.gov/mhd/providers/pdf/out-of-state-non-bordering-services.pdf</u>. Accessed November 5, 2021.
- 13 CSR 70-20.031 List of Drugs for Which Prior Authorization Is Required and Drugs Excluded from Coverage Under the MO HealthNet Pharmacy Program.
- <u>https://www.sos.mo.gov/cmsimages/adrules/csr/current/13csr/13c70-20.pdf</u>. Accessed November 5, 2021.
 13 CSR 70-20.060 Professional Dispensing Fee.
- https://www.sos.mo.gov/cmsimages/adrules/csr/current/13csr/13c70-20.pdf. Accessed November 5, 2021.
 13 CSR 70-20.200 Drug Prior Authorization Process.
- <u>https://www.sos.mo.gov/cmsimages/adrules/csr/current/13csr/13c70-20.pdf</u>. Accessed November 5, 2021.
 13 CSR 70-20.320 Pharmacy Reimbursement Allowance.
- <u>https://www.sos.mo.gov/cmsimages/adrules/csr/current/13csr/13c70-20.pdf</u>. Accessed November 5, 2021.
 13 CSR 65-2.010 Definitions. <u>https://www.sos.mo.gov/cmsimages/adrules/csr/current/13csr/13c65-2.pdf</u>.
- Accessed November 5, 2021.
 13 CSR 65-2.020 Provider Enrollment and Application.
- <u>https://www.sos.mo.gov/cmsimages/adrules/csr/current/13csr/13c65-2.pdf</u>. Accessed November 5, 2021.
 13 CSR 65-2.030 Denial or Limitations of Applying Provider.
- https://www.sos.mo.gov/cmsimages/adrules/csr/current/13csr/13c65-2.pdf. Accessed November 5, 2021.
- Missouri Department of Social Services, Information for Providers. <u>https://dss.mo.gov/mhd/providers/</u>. Accessed November 5, 2021.
- MO HealthNet Pharmacy Manual, 8.9 Out-of-State, Non-Emergency Services (115-116). <u>http://manuals.momed.com/collections/collection_pha/print.pdf</u>. Accessed November 5, 2021.