



Pharmaceutical Management Procedures

Sendero Health Plans has a committee of physicians that works with Navitus, our PBM, to establish our pharmaceutical management procedures. The Texas Health and Human Services Commission developed a formulary, or preferred drug list, which you can review by clicking here <https://www.navitus.com/texas-medicaid-star-chip/formulary.aspx>. The formulary includes brand name and generic drugs. When available, generic drugs are used to fill prescriptions unless the practitioner specifies “no substitution”.

The formulary is reviewed often to be sure it is current. From time to time, new drugs are added and others are removed. The formulary provides information on quantity limits and prior authorization requirements for covered drugs.

The formulary is reviewed on an ongoing basis. The most up-to-date information can always be found in the online formulary. A summary of changes can be found on the website.

Prior Authorization

Some drugs require prior authorization. Drugs that require prior authorization are noted in the formulary. The prior authorization form can be found here <https://www.navitus.com/texas-medicaid-star-chip/prior-authorization-forms.aspx>. After completing the form send it to us at 855-668-8553. After the request is reviewed, we will inform you and the member of our decision. If we do not approve the request, we will tell you and the member how to appeal this decision.

Step Therapy

Step therapy is not used in the HHSC formulary for STAR and CHIP.

Quantity Limits

The safe use of drugs is encouraged by setting a maximum quantity per month for some drugs. These quantity limits are based on the Food and Drug Administration (FDA) guidelines and the manufacturer’s recommendations. There are circumstances that warrant exceptions to these limits. You can request an exception by contacting us and telling us the reason for the exception. If we do not approve the request for an exception to the quantity limits, we will tell you how to appeal the decision.

Therapeutic Interchange

Therapeutic interchange is the dispensing of medications that are chemically different, but therapeutically similar to the medication originally prescribed. Therapeutic interchange always requires consent of the prescriber. If the member does not agree to therapeutic interchange, the original drug prescription is dispensed.

Non-Formulary Drugs

No all drugs are covered. Sendero has criteria for making decisions about covering non-formulary drugs based on medical necessity. In general, the member needs to have failed formulary alternatives or have a contraindication to formulary alternatives before an exception can be granted. To request coverage for a non-formulary drug, complete and send the prior



authorization form to us at 855-668-8553. The prior authorization form can be found here <https://www.navitus.com/texas-medicaid-star-chip/prior-authorization-forms.aspx>. After the request is reviewed, we will inform you and the member of our decision. If we do not approve the request, we will tell you and the member how to appeal this decision.