POLICY AND PROCEDURE

DEPARTMENT: Pharmacy	**DOCUMENT NAME:** Prior Authorization Review
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APPROVED DATE: 02/20/2018	**RETIRED:**
EFFECTIVE DATE: 01/01/2018	**REVIEWED/REVISED:**
PRODUCT TYPE: All	**REFERENCE NUMBER:** PA.PHARM.04

SCOPE:
PA Health & Wellness Pharmacy Department, Envolve Pharmacy Solutions Clinical Pharmacy Operations

PURPOSE:
To document the prior authorization (PA) review process for PA Health & Wellness Medicaid outpatient drug PA reviews, wherein Envolve Pharmacy Solutions reviews requests for medications designated as "PA required" on the Plan's Preferred Drug List (PDL) (also referred to as a formulary).

POLICY:
All Medicaid PA requests will be handled in a manner and timeframe that complies with all Federal and State laws and regulations, applicable accreditation standards (including URAC and NCQA), and contractual duties.

A prior authorization (prospective review) is performed on all medications designated "PA required" by a Plan's PDL or formulary, and on drugs with edit limitations described in the Plan's pharmacy benefit documentation (e.g., quantity limitations, age restrictions, drug-drug duplication, step-therapy, etc.).

PROCEDURE:

I. Initial Receipt of a Prior Authorization Request

A. Providers, pharmacies, participants and/or their representatives submit PA requests to Envolve Pharmacy Solutions by mail, telephone, fax, or automated process (Cover My Meds) utilizing the appropriate Prior Authorization Request form.

1. Pharmacy Technicians (PTs) transcribe verbal requests into the PA processing system for subsequent review by a PT or pharmacist depending on the medication or reason requested.
2. All information relevant to the PA request must be received from a reliable source (e.g., prescriber, pharmacy) When a , ~~or when applicable, the~~ participant requests a prior authorization the prescriber information is obtained from the participant~~)~~. The pharmacy technician will make outreach to the prescriber in order to get the required clinical information. Only information from reliable sources is used in the PA determination.
3. All information is treated as Protected Health Information (PHI) and kept confidential in accordance with all federal and state privacy laws.

II. Pharmacy Technician Duties

Commented [HK1]: Please clarify. Will this be implemented for PA Medicaid? If so, please describe the automated process.

Commented [JM2R1]: Yes, we use CoverMyMeds

Commented [CT3R1]: What is Cover My Meds? Please provide additional details surround ths use of "Cover My Meds" for MA recipients?

Commented [JM4R1]: www.covermymeds.com
They provide an electronic form that prescribers can use to submit requests to Envolve Pharamcy Solutions electronically. There is no cost to prescribers or pharmacies to use the form. It's optional.

Commented [HK5]: In what situations is info from the participant used in the prior authorization review?

A denial for medical necessity could not be based on information received from a recipient alone. If the MCO wants to approve based on info from the patient that's fine.

Please clarify.

Commented [JM6R5]: If participant requests a PA, then the prescriber information is obtained from the customer service agent. The pharmacy technician will make outreach to the prescriber in order to get the required clinical information.

Commented [HK7R5]: The information provided above should be added to the policy.

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A. A Pharmacy Technician (PT) will track and triage all PA requests using the PA processing system.

B. PTs may review and respond to the prescriber if the PA request falls into one of the following three categories:

1. Administrative Notification
   a. "Administrative Notification" categories include duplicate requests, member not eligible, and benefit not covered.
   b. If the PA falls into an "Administrative Notification" category, the PT will notify the prescriber by telephone, fax, or automated process citing the specific reason for the denial.
2. Missing Information
   If the PA request is missing necessary information (i.e., diagnosis, medication history, clinical rationale, provider signature), the ~~PT will~~request will be securely transmitted to a contracted independent review organization for physician determination. ~~notify the prescriber, by outbound call or fax within 24 of receipt, of the specific information needed to complete the review. If unable to obtain the necessary information within 24 hours of the initial receipt, the PA is treated as an **adverse benefit determination** and the appropriate written notifications are made (see Section IV.D).~~

III. Pharmacist Duties

A. Pennsylvania-licensed pharmacists will review the PA requests remaining in the PA processing queue.

B. The pharmacist will make a decision to approve based on several factors, including, but not limited to: the pharmacist's clinical judgment, medical necessity criteria as approved by the Plan's P&T Committee, FDA-approved indications, and other evidence-based medical practices.

C. If the pharmacist cannot approve due to medical necessity concerns, the PA request and all relevant information will be securely transmit to a contracted independent review organization for physician determination. The physician reviewer will approve the request if determined to be medically necessary even if the prior authorization criteria are not met.

D. Peer-to-Peer Consultation: No prior authorization will be denied for lack of medical necessity unless the pharmacist or physician reviewer makes a reasonable effort to consult with the prescriber. Efforts to contact the prescriber must be documented in writing.

Commented [HK8]: All denials must be reviewed and issued by the medical director.

Commented [JM9R8]: If we don't have complete information there is not enough information to send to the physician to review. Our suggestion is to allow to pend for 72 hours and give us multiple attempts to get the information.

Commented [CT10R8]: The MCO must respond with a notice of decision witin 24 hours of the request receipt. In the case where no documentation is received, they can outreach to see if they receive it and if not, issue notice within the 24 hour timeframe. If they receive some, but not all documentation, it should go to a medical director for determination within 24 hours.

If the MCO wants to hold onto a request beyond the 24 hours to see if they receive more information, that is their prerogative. But the notice must be issued within 24 hours after the PA request is made.The patient never leaves the pharmacy empty handed because of the temporary supplies.

Commented [HK11]: Please add a statement allowing and directing medical directors to approve drugs determined to be medically necessary even with the PA criteria is not met. For example, if the "medical necessity criteria" are not met, the physician reviewer will approve if determined to be medically necessary based on their clinical judgment.

Commented [HK12]: Please provide more information on this process and relationship.

Commented [JM13R12]: Envolve Pharmacy Solutions uses Medical Review Institute of America (MRIoA) physicians to do the reviews.

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IV. Timing and Notification of PA Decision

A. Turnaround Times for PA Decision

1. Envolve Pharmacy Solutions will review and resolve Medicaid PA requests and notify the prescriber of the decision (approval or denial) by telephone, fax, or other electronic telecommunication device within **24 hours** of receipt of the request.
2. ~~PA requests not decided within the prescribed timeframe are treated as an adverse benefit determination and the appropriate denial notification letters are processed (*see* below).~~

B. Emergency Supply

1. If a Participant's prescription is unable to be billed when presented to the pharmacy due to a PA requirement, the pharmacy will be authorized to dispense a 72-hour emergency supply of a new medication. They will be authorized to dispense a fifteen (15) day supply if the prescription qualifies as an ongoing medication, unless Pennsylvania Health and Wellness has issed a proper written notice of benefit reduction or termination at least ten (10) days prior to the end of the period for which the medication was previously authorized and a Grience or DHS Fiair Hearing request has not been filed.
2. For drugs unable to be divided into individual doses, the pharmacy shall be instructed to dispense the smallest amount that will provide at least a 72-hour or 15-day supply, whichever is applicable.
3. This requirement does not apply when a pharmacist determines that taking the prescribed medication would jeopardize the Participant's health. The pharmacy must make a good faith effort to contract the prescriber.

C. Written Notification of Approvals

1. Envolve Pharmacy Solutions will always fax an approval notification to the prescriber.

D. Written Notification of Denials

1. Envolve Pharmacy Solutions will always fax a denial notification to the prescriber.
2. Participants will be issued the Pennsylvania Medicaid Outpatient Drug Denial Notice within 24 hours of the receipt of the request for prior authorization.
3. Participants filing a Grievance or DHS Fair Hearing request from a denial of an ongoing medication will continue to receive the medication until the Grievance or Fair hearing request is resolved.

REFERENCES: N/A

Commented [HK14]: Based on this language, it appears that if the plan does not make a decision its an automatic denial. Per the contract the plan must approve/deny within 24 hours. This is not appropriate.

Commented [CT15R14]: The MCO cannot auto deny. Also, what is their "prescribed timeframe"?

Commented [JM16R14]: If there is not enough information to complete the request we request the information to make the determination. If we don't get the information needed within 24 hours, the standard is to deny (per Federal 42 CFR 438.404(c)(5) "For service authorization decisions not reached within the timeframes specific in 438.210(d) (which constitutes a denial and is thus an adverse benefit determination), on the date that the timeframes expire.") As stated above with approval we can pend for 72 hours to try and get the additional information required.

Commented [CT17R14]: Same response as above. The MCO must issue notice within 24 hours. If after notice is sent, they want to hold onto the request for up to 72 hours to see if they receive more info, they can do that.

My assumption is that if the MCO gets more info they would process as though they received a new request and again send another notice of decision. If they get no information, they can discard the request because they already sent the notice of decision within the first 24 hours of the initial request.

How does Centene handle the second notice of decision on the same request if they happen to receive more info within the 72 hour timeframe?

Commented [CT18]: Who authorizes the pharmacy and how? Can the pharmacy enter an override code at the POS or do they have to contact Envolve? The temporary supplies must be available 24/7 so the patient never leaves the pharmacy without medication.

Commented [JM19R18]: The pharmacy calls the pharmacy help desk for the override call. This allow for the 72 hour vs 15 day supply per guidelines.

Commented [HK20R18]: Since the override is dependent on a call to the pharmacy help desk, is the help desk is available 24/7? Is the help desk is instructed to enter the overrides without reviewing/approving the temporary supply request?

Commented [JM21R18]: 24/7. Yes, they are instructed to enter the override without reviewing any criteria.

Commented [HK22]: FYI- Typo

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DEFINITIONS: N/A

REVISION LOG

REVISION	DATE

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Centene's P&P management software is considered equivalent to a physical signature.

Pharmacy & Therapeutics Committee: Approval on file

V.P., Pharmacy Operations: Approval on file

Sr. V.P., Chief Medical Officer: Approval on file