

Understanding the Prescription Medication Prior Authorization (PA) Process

This Medical Office Note provides helpful information regarding prior authorization (PA) requirements for Passport Health Plan (PHP) and Passport Advantage (PAD).

How to Select Medications Not Requiring PA

For the PA status of specific covered medications, please refer to the PHP formulary (available on www.passporthealthplan.com) or the most current PAD formulary (available on www.passportadvantage.org). Both lists are organized by therapeutic drug class.

You may also request a copy of our *No-Prior Authorization booklet* by calling your Provider Relations representative or the Provider Relations department at (502) 585-7943.

Frequency of Formulary Changes

The information in these documents is subject to frequent change. Updates to the PHP formulary are typically posted online each quarter. Changes to the PAD formulary are typically posted to the “Formulary Changes” document online each month. The *No-Prior Authorization booklet* is updated annually.

How to Request Removal of PA Status from a Medication

Additionally, there is a process in place to request additions or deletions to the PHP formulary. Visit the Pharmacy Section of www.passporthealthplan.com to download the “Request for Drug Review” form, then mail it to our Pharmacy department to have an addition or deletion considered in our Pharmacy and Therapeutics (P&T) Committee. Please note requests from pharmaceutical manufacturers will not be accepted.

To request additions or deletions to the PAD formulary, please call PerformRx at (866) 533-5490.

When PA is Required

PA is necessary for some medications in order to establish medical necessity and to ensure eligibility for coverage per State and/or Federal regulations. This could be due to very specific FDA (Federal Drug Administration) indications, potential for misuse or overuse, safety limitations, or cost-benefit justification.

PA is required for medications that are:

- outside of the recommended age, dose or gender limits;
- non-preferred (requires prior authorization and potentially “step therapy*” before approval);
- a duplication of therapy (drug currently being used within same class);
- new to the market and not yet reviewed by the Plan’s Pharmacy & Therapeutics Committee;
- prescribed for off-label use;
- prescribed outside of certain diseases or specialties; or
- an incorrect ICD-9 code match for atypical antipsychotics.

*Step therapy is defined as a trial of the most cost effective and safest therapy prior to progressing to other, more costly therapies (aka “step protocol”).

How to Submit and Receive a PA

1. **Complete the PA form in its entirety.** The PA form is available on the Pharmacy Center of our web sites, www.passporthealthplan.com or www.passportadvantage.org.

A practitioner, nurse practitioner, or pharmacist may complete a PA form. The following information **MUST** be printed clearly on the PA form:

- Member’s name, PHP or PAD ID number, and date of birth
- Prescribing office contact numbers (telephone and fax numbers with area code)
- Requested medication strength (only one medication per PA form)
- Diagnosis related to the medication requested
- Clinical information related to the medication requested (prior medication failures, use of office samples, allergic reactions to preferred agent, etc.)
- Optional: Include the pharmacy fax number if you want the PA approval faxed to the pharmacy
- Diagnosis (ICD-9) code for atypical antipsychotics.

2. **Determine if the fax is urgent or standard**, based upon the medicine’s classification. Urgent requests should be reserved for those situations in which applying the standard procedure may seriously jeopardize the enrollee’s life, health, or ability to regain maximum function. The use of urgent fax lines for non-urgent requests is not appropriate.

3. **Fax the completed PA form** to one of the following fax numbers:

- PHP standard PA fax: **(877) 693-8280**
- PHP **urgent** PA fax: **(877) 693-8476**
- PAD standard PA fax: **(866) 369-6038**
- PAD **urgent** PA fax: **(866) 533-5491**

4. **Expect a response within the following timeframes**, based on the type of request:

- **PHP urgent fax request:** no sooner than **4 hours** after submission
- **PHP standard fax request:** no sooner than **24 hours** after submission
- **PAD urgent fax request:** within **24 hours** of submission*
- **PAD standard fax request:** within **72 hours** of submission*

NOTE: Incomplete or unclear information on the form can delay processing of a PA.

CSID Requirement for Fax Responses: Your office **must** have the area code programmed into your fax machine with a CSID (Called Subscriber Identification) in order to receive fax confirmation of PA receipt with the seven (7) digit transaction number identifier. This 7-digit identifier is required if you call regarding a PA status.

Limit of Attempts: PA response faxes are attempted **up to nine times**. This year, a pilot program was instituted which sends PA faxes after hours, as many unsuccessful fax attempts are due to a busy signal during normal business hours.

*Note: Timeframes are developed in accordance with requirements established by the Centers for Medicare & Medicaid Services (CMS), and are subject to change in order to comply with their requirements.

5. **To check on the status of your request**, please call PerformRx at:

PHP requests: (800) 578-0898

PAD requests: (866) 533-5490

Please have the 7-digit transaction number available.

What Happens During the PA Review Process

1st review: A pharmacy technician compares all information on the PA to the Plan's clinical authorization criteria.

PHP utilizes PA criteria that are developed in collaboration with our Pharmacy Benefits Manager, PerformRx, and the Pharmacy and Therapeutics (P&T) Committee. Criteria are derived from one or more of the following:

- Published American Federal food and drug approval indications for therapy,
- Federal and/or state regulatory requirements,
- Drug compendia such as American Hospital Formulary systems (AHFS) and the United States Pharmacopeia drug compendia (USPDI), Drugdex or "Facts and Comparison,"
- Evidence-based guidelines provided by non-biased resources from government agencies, such as Agency for Healthcare Review and Quality (AHRQ), American Society of Clinical Oncologists (ASCO), or the American Academy of Pediatrics (AAP), and/or
- Current medical literature and peer-reviewed, non-biased publications, based on appropriate scientifically-designed study protocol with validated outcome endpoints.

2nd review: If the request does not meet the Plan's criteria, it is forwarded to a registered pharmacist. Additional information may be requested via fax or telephone from the prescribing provider.

3rd review: If the pharmacist cannot approve the request, the PA is forwarded electronically to a Plan Medical Director for a decision.

How Providers Are Notified of PA Decisions

A fax will be sent to the prescribing provider's submitted fax number containing one of the following PA decisions. (Note: PA decisions are not faxed to the pharmacy.)

- Approved** This means a PA request has been approved for reimbursement and is able to be dispensed. Based on the medication and if requested by the prescriber, approvals can be granted for six (6) to twelve (12) months.
- Partial Denial** This means reimbursement has been approved for a different therapeutic alternative or a different dose. The original request is not approved without further medical justification.
- Deferral** This means the final PA action has not been decided because additional information is needed. Providers must fax the requested information back to the Plan in order to obtain a final PA decision.
- Denial/Denied** This means the PA request has been denied. **All PA denials are issued by a licensed physician.** These decisions may be appealed to the Plan.

Denial rationale is included on every PA denial fax, usually with a recommendation for an alternate preferred medication. However, denials for medications not indicated for clinical use may not include medication alternatives.

How to Dispense Emergency Medications Without a PA

Since the PA department is not available at all times, the pharmacist may process an emergency supply if their clinical judgment is in the best interest of the member. The maximum quantity that can be dispensed for PHP is a **3-day supply**. This does not apply to narcotic agents.

For PAD, A one-time **34-day transition supply** of non-preferred Part D medications may be distributed to new members. A **10-day temporary supply** may be distributed for members for a non-preferred Part D medication after their 90 days of eligibility.

Special Note for PAD Members Residing in a Long-Term Care Facility

New members who reside in long-term care settings may receive a **34-day transition supply and refills up to 90 days**. After the 90-day transition period, long term care members may be dispensed a **34-day emergency supply** of a non-preferred Part D medication.

Other Important web site URLs:

PHP Formulary: www.passporthealthplan.com/pdf/pharmacy/formulary.pdf

PHP OTC Coverage outline: www.passporthealthplan.com/pdf/pharmacy/otcflyer.pdf

PHP PA form: www.passporthealthplan.com/pdf/pharmacy/pa_requestform.pdf

PHP Injectables PA form: http://www.passporthealthplan.com/pharmacy/injectable_forms.asp

PAD Formulary: www.passporthealthplan.com/pdf/passport_advantage/pharmacy/formulary.pdf

PAD PA form: www.passporthealthplan.com/pdf/passport_advantage/pharmacy/prior_auth_form.pdf

PAD Injectables PA forms: www.passporthealthplan.com/passport_advantage/pharmacy/coverage_deter/specialty_forms.asp