

Understanding the Prescription Medication Prior Authorization (PA) Process for Passport Health Plan¹

This Medical Office Notes provides helpful information regarding prior authorization (PA) requirements for Passport Health Plan (PHP).

When is a Prior Authorization Required?

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

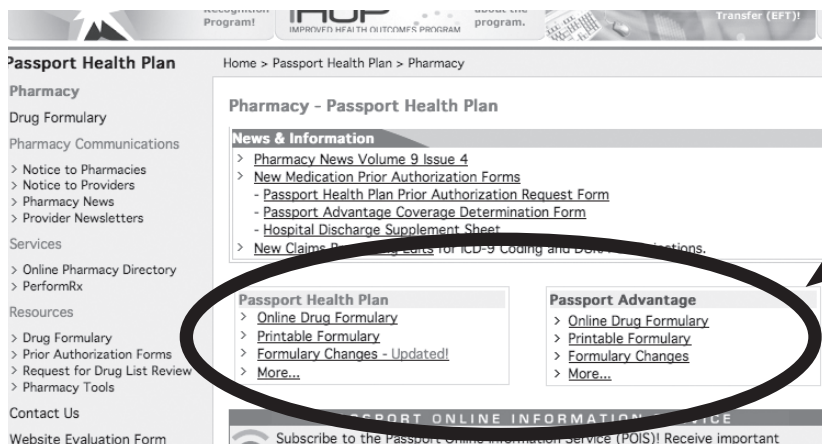
PA is required for medications that are:

- outside the recommended age, dose or gender limits;
- non-preferred (potential for “step therapy” before approval);
- non-formulary;
- duplication in therapy (i.e. another drug currently used within the same class);
- new to the market and not yet reviewed by the Plan’s Pharmacy & Therapeutics (P&T) Committee;
- prescribed for off-label use or outside of certain diseases or specialties; or
- an incorrect ICD-9 code for atypical antipsychotics.

How to Submit and Receive Notification on a PA

STEP 1: Determine if the drug requires PA.

For the PA status of specific covered medications, please refer to our online searchable formulary by visiting www.passporthealthplan.com/pharmacy.



¹ Passport Health Plan is a Medicaid managed care plan. The prescription drug benefit is administered through PerformRx, the Plan’s Pharmacy Benefit Manager.

² Step therapy is defined as a trial of the safest and most cost effective therapy prior to progressing to other, more costly or recently-approved therapies (i.e. “step protocol”).

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.

STEP 2: Complete the PA form in its entirety.

The PHP Prior Authorization Form is available on www.passporthealthplan.com/pharmacy. A physician, nurse practitioner, or pharmacist may complete this form.

STEP 3: Determine if the request is urgent or standard.

Urgent requests must be reserved for those situations in which applying standard processing may seriously jeopardize the member's life, health, or ability to regain maximum function. The use of urgent fax lines for non-urgent requests is not appropriate.

STEP 4: Fax the completed form for review.

- PHP standard requests: (877) 693-8280
- PHP urgent requests: (877) 693-8476

What Happens During the PA Review Process:

1st review: A pharmacy technician compares all information on the request to the Plan's clinical authorization criteria. The Plan utilizes medical criteria developed in collaboration with our Pharmacy Benefits Manager (PBM) PerformRx, and the 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 clinical authorization 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 request is forwarded electronically to a Plan Medical Director for a decision.

STEP 5: Receive the response.

You may expect a response within the following timeframes*:

- PHP urgent request: no later than **24 hours** after submission
- PHP standard request: no later than **48 hours** after submission

Your office must have the area code programmed into your fax machine with a Called Subscriber Identification (CSID) number in order to receive fax confirmation of PA receipt.

**Timeframes are developed in accordance with requirements established by the Kentucky Department for Medicaid Services (DMS) and are subject to change. Incomplete or unclear information on the form may delay processing of a PA.*

How Providers Are Notified of PA Decisions

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

- Approved** The PA request has been approved for pharmacy reimbursement. Based on the medication and if requested by the prescriber, approvals may be granted for up to twelve (12) months.
- Partial Denial** Reimbursement has been approved for a therapeutic alternative or for a different dose than requested.
- Deferral** The final PA action was not decided due to the need for additional information. Providers must fax the requested information back to the PBM in order to obtain a final PA decision.
- Denial** The PA request was denied. **All PA denials are issued by a licensed physician.** These decisions may be appealed.

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

Additional Information

How do I check the status of my request?

To check on the status of your request, please call PerformRx 7 days a week from 8:30 a.m. to 9:00 p.m. at: (800) 578-0898

Can members receive an emergency supply without a PA?

The PA department is not available at all times. Pharmacists may process an emergency supply if, in their clinical judgment, it is in the best interest of the member.

For PHP, the maximum quantity to be dispensed is a **3-day supply**. This does not apply to narcotic agents or drugs excluded from coverage by state and federal regulations.

How often does the Formulary change?

The PHP online searchable formulary and downloadable PDFs are typically updated each quarter. In addition, a "Formulary Changes" document is updated online on a monthly basis. The *No-Prior Authorization Booklet* is updated annually.

How do I request additions/deletions to the Passport Health Plan Formulary?

To request additions or deletions to the PHP Preferred Drug List, visit www.passporthealthplan.com/pharmacy to download the "Request for Drug Review" form. Mail the form to our Pharmacy department to have an addition or deletion considered by our P&T Committee. Requests from pharmaceutical manufacturers will not be accepted.