

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	DOCUMENT NAME: Pharmacy Prior Authorization and Medical Necessity Criteria
PAGE: 1 of 4	REPLACES DOCUMENT: GA.PHAR.05
APPROVED DATE: 07/2010	RETIRED:
EFFECTIVE DATE: 07/2010	REVIEWED/REVISED: 1/2018, 3/2018
PRODUCT TYPE: All	REFERENCE NUMBER: GA.PHAR.16

SCOPE:

Pharmacy Solutions Group, Peach State Health Plan Pharmacy Department, Peach State Medical Affairs Denial and Appeals Department, and Envolve Pharmacy Solutions, Inc.

PURPOSE:

The Prior Authorization (PA) and Medical Necessity (MN) criteria are developed to promote the most appropriate utilization of selected high risk and/or high cost medications. The criteria for approval have been established by the Corporate Pharmacy Department, in conjunction with Envolve Pharmacy Solutions, Inc., the designated Pharmacy Benefit Manager (PBM), and are approved through both the Corporate and Peach State Pharmacy and Therapeutics Committees. Decisions on PA and MN criteria content are coordinated with input from pharmacy and medical practitioners, Centene and Peach State representatives, and review of current available medical literature and professional standards of practice.

POLICY:

- The Centene Corporate and Peach State Pharmacy and Therapeutics (P&T) Committees will make the final decisions regarding which medications are included on the Preferred Drug List (PDL) and of these, which require prior authorization for approval. Drugs requiring PA and certain highly prescribed drugs not positioned on the PDL will have criteria developed for approval. The respective approval criteria are labeled either PA or MN criteria. The Corporate and Peach State P&T Committees must approve the prior authorization and medical necessity guidelines before implementation.
- In order for a PA or MN medication to be covered, the prescriber must submit information consistent with the developed criteria to obtain approval for the medication. A form for submission of a PA or MN request is posted on the Peach State web site (see Attachment A: Envolve Pharmacy Solutions Medication Prior Authorization Form). Use of this form is not a requirement but provided only as guidance on the information that may be necessary to assure prompt review of a PA/MN request.
- Initial PA and MN requests will be reviewed by a Certified Pharmacy Technician (CPT) or a licensed Clinical Pharmacist at Envolve Pharmacy Solutions for a determination of meeting criteria. For requests that meet initial screening criteria, an authorization for approval will be entered in the Envolve Pharmacy Solutions PBM application and the prescriber will be notified that approval has been granted.

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- When a request does not meet criteria, it will be forwarded to a licensed Envolve Pharmacy Solutions Clinical Pharmacist for a final determination. Clinical Pharmacists will review all denials.
- PA and MN requests are responded to within one business day when all necessary and requested information is supplied. Medications classified as “URGENT” are reviewed the same day the request is received. When a medication is approved or denied a notation is made in the Pharmacy claims processing system.
- In the event of a PA/MN denial, the prescriber will be faxed notification of the adverse determination along with a request for use of PDL alternatives when appropriate. Envolve Pharmacy Solutions will provide the Centene Health Plans, on a daily basis, a completed member denial letter for each denial processed.
- The member denial letter will be mailed to the member by the Centene Health Plan upon receipt (normally within 24 hours of the denial determination). Both the prescriber notification and the member denial letters include the reason for the denial and language notifying them of their rights for appeal of the decision, including contact information at both the Centene Health Plan and any applicable state agencies, if required.
- The prescriber or the member may request reconsideration of any denial made by Envolve Pharmacy Solutions or the Centene Health Plan Medical Director. A record of all denials is maintained by Envolve Pharmacy Solutions and/or the Health Plan as applicable.
- A 72 Hour Supply is available at any time there is a delay in the review process.

Note: If the request does not contain sufficient information to make an informed decision, the Envolve Pharmacy Solutions reviewer will notify the prescriber and document the request for additional information every 24 hours, up to 72 hours. If additional information is not received within 72 hours, to allow the Envolve Pharmacy Solutions reviewer to make an informed decision, a denial notification will be processed in accordance with the process described above. Refer to GA.PHAR.11_PBM Inquiry for Additional Information During PA/MN Review Process.

APPEAL PROCEDURE:

- The patient, the prescriber, or a member of the prescriber’s staff acting on the patient’s behalf may call, write, or fax the Peach State Medical Affairs Denial and Appeals Department, to request coverage authorization, request to

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appeal the denial, decline the request to prescribe a PDL alternative therapy, and/or refuse to supply additional information supporting the original request for coverage.

- A Peach State Medical Affairs Denial and Appeals Coordinator will review any disputed denial or appeal to ensure appropriateness and will forward appeals to the Peach State Medical Director.
- An outreach to the prescriber may be made by the Centene Health Plan Pharmacist or Medical Director as deemed appropriate. The denial may be overturned at any time during the appeal review process and the Peach State Pharmacy Department will be directed to enter an authorization for approval. Both member and provider are notified in the event that a denial has been overturned.
- A final determination for any appeal of denials will be made by the Peach State Medical Director and an appeal denial letter will be forwarded to both the prescriber and the member. Documentation of the review and the generation of appeal denial letters is kept by Peach State.

REFERENCES:

N/A

ATTACHMENTS:

Attachment A: Envolve Pharmacy Solutions Medication Prior Authorization Request Form

DEFINITIONS:

N/A

REVISION LOG

REVISION	DATE
• Added “Both member and provider are notified in the event that a denial has been overturned.” Under APPEAL PROCEDURE section.	07/2011
Annual Review. No changes made.	03/2012
Added language to the description of the prescriber denial response to include the reason for the denial.	03/2013
Annual review. No changes made.	03/2014

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Annual review. No changes made	03/2015
Deleted from Scope and Purpose sections: "Corporate Pharmacy Department" and replaced with "Pharmacy Solutions Group".	03/2016
Changed US Script to Envolve Pharmacy Solutions.	01/2017
Changed section of policy that a member will receive a denial letter to within 24 hours of denial determination. Changed section of policy that states the PA reviewer will outreach to provider for additional information every 24 hours up to 72 hours. Removed "Envolve Pharmacy Solutions" that preceded claims processing system to just state "pharmacy claims processing system"	01/2018
Annual review. No changes made.	03/2018

POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee:	Approval on file
Sr. Director, Pharmacy Operations:	Approval on file
Sr. Medical Director:	Approval on file

NOTE: The electronic approval is retained in Compliance 360.