PLAN POLICY AND PROCEDURE	
SHARP HEALTH PLAN make life better. **Title: SHP Pharmacy Management Procedure for Prior Authorization Required for Prescription Drugs**	**Product Line** (check all that apply)**:** ☒ All ☐ Group HMO ☐ Individual HMO ☐ PPO ☐ POS ☐ N/A
Division(s): Health Services	
Department(s): Pharmacy	
Owner (Title): Pharmacy Manager	
Regulatory/Accrediting Agencies/Citations (specify): ☐ **Relevant** CMS: _____ ☒ DMHC: RX-001 A, RX-002 ☒ NCQA-HP: UM 13.B, UM 13.G ☐ NCQA-WHP: _____ ☐ OTHER: _____	
Approved by: (Signature of VP, Compliance Officer, or CEO)	**Approval date:** 3/9/2016

I. PURPOSE:

This Policy and Procedure establishes Sharp Health Plan's (Plan) policy and procedure for Prior Authorization Required for Prescription Drugs.

II. POLICY:

It is the policy of Sharp Health Plan (Plan) to require Prior Authorization (PA)for selected medications that: do not have significant therapeutic advantage over existing classes, are at risk for off-label or experimental medication use, need careful patient selection, are high-cost when compared to alternatives. It is the policy of Sharp Health Plan to request from the prescribing provider only the minimum amount of material information necessary to approve or disapprove the prescription drug prior authorization request. If additional information for dispensing restricted prescription drugs is required by state or federal law, that information should be submitted as part of section 3 of Form No. 61-211. It is the policy of the Plan to use and accept only prior authorization requests submitted on the Prescription Drug Prior Authorization Request Form, numbered No 61-211. It is the policy of the Plan to not require the prescribing provider to provide more information than is required by Form No. 61-211.

III. DEFINITIONS:

A. MedAccess: Sharp Health Plan portal into the Pharmacy Benefits Management (PBM – MedImpact) claims adjudication system. Authorized SHP personnel access this system to view pharmacy claims status and to input approved Prior Authorizations so that qualified claims will approve at the point of sale.

B. MedResponse: Paperless electronic document retrieval system used to intake, house and process incoming documents (such as PA requests and chart notes). For example, incoming PA requests are faxed into MedResponse, where a copy of the document can be viewed during the review process.

C. Minimum Amount of Material Information: the information generated by or in the possession of the prescribing provider related to the patient's clinical condition that enables an individual with the appropriate training, experience, and competence in prescription drug prior authorization processing to determine if the prescription authorization request should be approved or disapproved.

IV. PROCEDURE:

A. Prior Authorization Guideline Development:

The Plan's P&T Committee approves the use of prior authorization for medication if the medication meets one or more of the following criteria:

1. The medication or class of medications doesn't have significant therapeutic advantage over existing medication classes but a select population may require or benefit from the therapy.
2. There is an identified risk for off-label, experimental medication use.
3. Careful patient selection is needed to achieve the best therapeutic outcome or because of medication safety issues.
4. The medication is associated with high net cost when compared to other acceptable alternative therapies that are safe and effective.

Medications that require prior authorizations are highlighted in the Drug Formulary lookup tool, which is available on the Sharp Health Plan website. Information about the formulary lookup tool is distributed to members and practitioners at least annually.

B. PAR Pharmacy Request Process Supervision and Timeliness

The Plan's PA request process is conducted under the direct supervision of Health Plan licensed personnel (RN, Pharm D, or MD) to ensure timely and appropriate clinical review according to professionally recognized standards. Turnaround time standards are documented in the SHP Pharmacy management Procedure for Pharmacy Denial Process (HS-

RX-106)

C. Review of Requests from Prescribing Practitioners

1. Requests for PA drugs may be faxed or called in, if desired, (or mailed if necessary) to the Plan with the following clinical information, as appropriate:
   a. Patient's diagnosis
   b. Patient's medical history, which may include:
      i. pertinent lab/diagnostic results
      ii. previous treatments and/or medications and results
      iii. current treatment plan
      iv. Documentation from prescribing practitioner that the medication was part of a prescribed therapy in effect immediately prior to new member's enrollment in SHP (for new members only).
      v. Documentation that the requested prescription drug has been previously approved by the Plan for ongoing treatment of a member's chronic medical condition. In these cases the Plan will continue approval as long as the contracted provider continues to prescribe the drug for the condition, and it is determined to be safe and effective for treating the member's medical condition.
2. All requests and all medical information received are housed and date-stamped in MedResponse to record the date received by the Health Services Pharmacy department.
3. To ensure immediate access to medications without delays, a telephone request may be submitted by the physician. In this instance, a request form is completed by Plan staff and will include the date and time of call and appropriate medical information.
4. Documentation of the request, medical records, and the criteria used to make determinations, and any other information deemed pertinent, is maintained in MedResponse for tracking.
5. All requests are reviewed and a determination is made within twenty-four (24) hours of receipt for urgent request and seventy-two (72) hours of receipt for routine requests
6. Requests are evaluated following the recommended guidelines of the P&T Committee.
7. If a specific PA guideline does not exist, the following basic guidelines are used for review of medication requests:
   a. The use of Formulary drugs not requiring a PA is contraindicated in the patient.
   b. The patient has failed an appropriate trial of Formulary or related agents.
   c. The choices available in the Drug Formulary without a PA are not suited for the present patient care need, and the drug selected is required for patient safety.
   d. The use of a Formulary drug not requiring a PA may provoke an

underlying condition, which would be detrimental to patient care.

8. If the request meets the approved guidelines, the request will be approved.
   a. Documentation is entered in MedResponse indicating an approved referral, to include personnel issuing the authorization and length of time for which the drug authorization is valid. Entries into MedResponse are communicated to MedAccess. Entry into this claims adjudication system allows the approved claim to adjudicate for the approved drug and duration.
9. If the information submitted does not meet criteria for coverage, or there is no written policy for that drug :
   a. The request file is forwarded to the Plan Medical Director or Plan Medical Reviewer to review for medical appropriateness and necessity.
   b. If the Plan Medical Reviewer approves the request, the Plan Medical Reviewer electronically signs/annotates the request and provides the rationale. The request is returned to the Pharmacy Technician for finalization. Authorization, documentation and notification are then completed as described above.
   c. If the Plan Medical Reviewer denies Prior Authorization based on medical necessity, the Plan Medical Reviewer notes the reason in MedResponse, electronically signs/annotates the form, and returns it to the Pharmacy Technician. Denial documentation and notification is then completed as described in the SHP Pharmacy Management Procedure for Pharmacy Denial Process Policy & Procedure (HS-RX-106), Sections V C, D, E, F, G and H.

D. Therapeutic Interchange, Incomplete Requests

If the requested PA medication has a therapeutic equivalent on the Plan Drug Formulary, the name of the Plan Drug Formulary medication(s) alternative(s) may be faxed to the prescribing physician for reconsideration within one working day of receipt of request. The Plan reviews the request following the SHP Pharmacy Management Procedure for Therapeutic Interchange Policy & Procedure (HS-RX-112).

E. Re-Authorizations/Extensions

PA extension requests shall be evaluated for appropriate prescribing given the member's diagnosis. If the medication is considered safe and effective for treating the member's medical condition, the drug had previously been approved by the Plan, and the Plan's prescribing provider continues to prescribe the drug for the medical condition, a PA extension will be approved. A generic equivalent may be approved by the Plan in cases where a generic was not available at the time of the original PA request. (See the SHP Pharmacy Management Procedure for Brand Only Medication Requests, HS-RX113).

F. Medication Emergency Dispensing During Hours of Non-Operation

During hours of non-operation (i.e., evenings, weekends, holidays), the Plan provides that pharmacies will dispense at least a 72-hour and up to a 5 day supply of a covered outpatient drug. The Plan has also directed the pharmacies to

dispense at least a 72-hour supply of any non-formulary prescription medication that is needed during hours of non-operation. These instructions are documented in the PBM Help Desk notes for reference during after-hours and weekends.

G. Policy Compliance

1. Written documentation, MedResponse referral entries, and MedImpact pharmacy database (MedAccess) will be audited quarterly to evaluate consistency and compliance to policy.
2. Audit results will be reported on activities reports.

V. ATTACHMENTS: N/A

VI. REFERENCES :

A. SHP Pharmacy Management Procedures for Formulary and Pharmaceutical Management Procedures Development and Management (HS-RX-101)
B. SHP Pharmacy Management Procedure for Exceptions for Prescription Drugs (HS-RX-103)
C. SHP Pharmacy Management Procedure for Pharmacy Denial Process (HS-RX-106)
D. SHP Pharmacy Management Procedure for Brand Only Medication Requests (HS-RX-113)

VII. REVISION HISTORY:

Date	Modification (Reviewed and/or Revised
06/08/2011	Original Document
03/14/2012	Approved by P&T Committee
03/13/2013	Approved by P&T Committee
03/19/2014	Approved by P&T Committee
03/18/2015	Approved by P&T Committee
03/09/2016	Approved by P&T Committee