



PLAN POLICY AND PROCEDURE	
 <p><b>Title: SHP Pharmacy Management Procedure for Member Initiated Online Pharmacy Exceptions Requests</b></p>	<p><b>Product Line</b> (check all that apply):</p> <p><input checked="" type="checkbox"/> All</p> <p><input type="checkbox"/> Group HMO</p> <p><input type="checkbox"/> Individual HMO</p> <p><input type="checkbox"/> PPO</p> <p><input type="checkbox"/> POS</p> <p><input type="checkbox"/> N/A</p>
<p><b>Division(s):</b> Health Services</p>	
<p><b>Department(s):</b> Pharmacy</p>	
<p><b>Owner (Title):</b> Pharmacy Manager</p>	
<p><b>Relevant Regulatory/Accrediting Agencies/Citations (specify):</b></p> <p><input type="checkbox"/> CMS: _____</p> <p><input checked="" type="checkbox"/> DMHC: <u>Title 28 CCR §1300.67.241; RX-001 A</u></p> <p><input checked="" type="checkbox"/> NCQA-HP: <u>UM 13B; UM13.G</u></p> <p><input type="checkbox"/> NCQA-WHP: _____</p> <p><input type="checkbox"/> OTHER: _____</p>	
<p><b>Approved by:</b> (Signature of VP, Compliance Officer, or C</p> 	<p><b>Approval date:</b></p> <p>3/9/16</p>

**I. PURPOSE:**

This Policy and Procedure establishes Sharp Health Plan's (Plan) process for members to initiate an online pharmacy exception request.

**II. POLICY:**

It is the policy of Sharp Health Plan to have a process for members to request an exception for medications.

**III. DEFINITIONS:**

- A. Sharp Connect: Sharp Health Plan's secure Web site, where members, providers, employers and brokers are required to log-in to access benefits and eligibility information.
- B. MedResponse: Paperless electronic document retrieval system used to intake, house and process incoming documents (such as Prior Authorization (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.

#### IV. PROCEDURES:

- A. Members are able to securely initiate an exception request for pharmaceuticals by completing the Member Prior Authorization Request form located in the SharpConnect Member Portal.
1. Member logs in to the SharpConnect Member portal.
  2. Member clicks on Drug Search on the left navigation panel.
  3. The Drug Search page provides a link to a secure online Prior Authorization Request form.
  4. Member completes the online PA form and submits it online by clicking the Submit button.
  5. An automated response is immediately sent to the member's SharpConnect message box notifying them that a decision will be made within two (2) business days and will be communicated to the member by mail.
  6. The Plan Pharmacy staff (Pharmacy Benefits Manager and Pharmacy technicians) receive notification by e-mail that a PA form was submitted through SharpConnect. The e-mail directs staff to go to [www.sharphealthplan.com](http://www.sharphealthplan.com) to log into their staff administrative SharpConnect account to view the online Member Prior Authorization request.
- B. The Plan Pharmacy staff logs into the SharpConnect Admin portal to retrieve the message. Within 1 business day of receiving the email notification the staff complete the following steps:
1. Staff clicks on the Message Center link at the top right hand side of the page.
  2. Staff clicks on the Prior Authorization Request mailbox.
  3. The message Inbox will display a list of read and unread (bolded) messages and the date/time received.
  4. After reading the message, Staff clicks on Return to Previous Page in order to return to the Inbox and close the message.
  5. All messages remain in the Inbox until deleted.
  6. Any follow-up communications with the member are conducted by phone, mail or direct e-mail.
- C. If a response is needed through SharpConnect, staff may:
1. Open the message as outlined above.
    1. From the View Message screen, select Reply.
    2. The Compose Message screen will display and pre-populate the Member name in the "To" field.
    3. Type the message and click Send.
    4. The message will be sent to the member's SharpConnect Message Center and will be viewable the next time the member logs in.
- D. The Plan Pharmacy Technician prints the request, transfers it to the correct PA request form, and faxes it into the MedResponse system.
- E. The Plan Pharmacy Technician contacts the prescribing physician to inform them of the member initiated PA request and to verify that the physician has prescribed the requested medication. The Provider may be contacted by phone or fax. Verification of the request will be documented in the MedResponse comments section and should include the name of the provider's staff who verified the request.

- F. If the provider confirms that he/she has prescribed the medication and would like to have it reviewed for prior authorization, the pharmacy technician requests that the provider submit a prior authorization request using Form No. 61-211.
- G. If the physician does not agree that they have prescribed the medication or that a Prior Authorization request should be initiated, the request will be denied as not medically necessary. If the request is for a medication that is not a covered benefit, the physician does not need to be contacted in order for a denial determination to occur. The Member's Prior Authorization request is reviewed following the process outlined in the Sharp Health Plan Pharmacy Management Procedures.

**V. REFERENCES:**

- A. SHP Pharmacy Management Procedure for Pharmacy Exceptions for Prescription Drugs (HS-RX-103)
- B. SHP Pharmacy Management Procedure for Prior Authorization Required for Prescription Drugs (HS-RX-102)
- 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)
- E. SHP Pharmacy Management Procedure for Quantity Limits on Prescription Drugs (HS-RX-110)
- F. SHP Pharmacy Management Procedure for Step-Therapy for Prescription Drugs (HS-RX-111)
- G. SHP Pharmacy Management Procedure for Therapeutic Interchange (HS-RX-112)

**VI. REVISION HISTORY:**

<b>Date</b>	<b>Modification (Reviewed and/or Revised)</b>
03/14/2012	Original Document. 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
03/9/2016	Approved by P&T Committee