

// Upper Peninsula Health Plan //
Policy & Procedure

Index #: 300-009 **Effective:** 2/16/05

Subject: Pharmacy Prior Authorization Process **Revised:**
(NCQA Standard UM 13)

P&T Approval: 2/12/07

Authorized By: _____ **Date:** _____ **Title:** CEO

Purpose:

To outline the mechanism by which a provider may request an exception for a medically necessary non-formulary/non-covered medication for a member.

Policy:

UPHP desires that providers prescribe within the formulary, certain situations arise when a formulary alternative may not exist. **Prior authorization is generated at the prescriber level.**

Prior authorization is required for the following medications:

- Non-formulary medications
- Medications prescribed outside of quantity limits, time limits, and/or age restrictions
- Medications prescribed outside of step therapy or preferred status
- DAW prescriptions when a generic equivalent is available
- Medications on the MI Medicaid state formulary with require prior authorization for payment

The *Request for Prior Authorization* form is available on the web-site www.uphp.com. A provider not having access to the web-site may request that the form be mailed or faxed to them by calling Customer Service.

UPHP is obligated to maintain compliance with the Medical Services Administration policies and procedures governing specific drug categories.

Procedure: (Also See Flow Chart in Attachment A)

1. Primary Care Physician (PCP), Specialist or their designated agent completes the UPHP *Request for Prior Authorization*. (Attachment B). Prescribing physician and beneficiary information must be complete as well as the drug name, strength, administration schedule, length of therapy and quantity requested. The prescriber may complete the remaining information by submitting a dictation, clinic notes or a letter that contains the relevant information.
2. **The form is faxed to 4-D Pharmacy Management Systems, Inc. at the number listed on the *Request for Prior Authorization* form.** Forms are accepted by mail. In most cases the form will be

processed within 24 business hours of receipt at 4-D. Prescribers may contact 4-D by telephone during regular business hours and verbally complete the *Request for Prior Authorization* form if the situation is urgent or an emergency. A written form should follow. Any urgent request will be processed as soon as possible. Every effort will be made to ensure urgent requests are answered on the same day of the request.

3. Upon receipt 4-D will review the *Request for Prior Authorization*. The *Request for Prior Authorization* is then processed by 4D in one of three ways:
 - **Approved:**
If the request meets with approved criteria as set forth by the Pharmacy and Therapeutics Committee, an approval is entered into computer system so a pharmacy claim will process. If criteria are not met, 4D may redirect the prescriber to another drug on the formulary that has similar efficaciousness that would meet the needs of the member. If the practitioner agrees, this is considered redirection and the member receives the agreed upon formulary medication.
 - **Pending:**
Requests will pend if more information is needed. 4D will contact the prescriber to obtain further complete information.
 - **Forward the request to UPHP:**
If the authorization or redirection cannot be authorized after the 4-D pharmacist review, the *Request for Prior Authorization* is forwarded to UPHP with appropriate notes and/or comment, drug information support, claims history, letter or support, etc.
4. When the Request for Authorization is received at UPHP it is reviewed by an appropriate professional. If a prescriber does not accept redirection to formulary alternatives and wishes to pursue the request it is processed based on a medical necessity determination along with supporting documentation using some or all, but not limited to the following criteria:
 - UPHP formulary guidelines
 - FDA approved indications for the medication requested
 - The member's diagnosis and/or the indication for use
 - Previous drug treatment for the member's diagnosis
 - Previous therapy failure using formulary alternatives
 - The MDCH formulary status
5. If after review by the appropriate professional at UPHP a request is approved, notification is sent to 4-D via fax at the appropriate number. The approval should include:
 - Member ID
 - Member Name
 - Date of Birth
 - Medication to be approved: name, strength, dosage form (if applicable)
 - Duration or Quantity Approved
 - Name of person approving the authorization
6. Requests for Prior Authorizations/Medical Necessity Requests that are denied are processed in accordance with Utilization Management Process (300-005) the Member Appeals Related to UM Adverse Determinations Policy (300-024) and NCQA and MDCH Standards for timeliness and notification.