



ProCare Prior Authorization Procedure

Purpose: To ensure that ProCare prior authorization requests are reviewed and managed consistently in compliance with State and other Quality requirements. Also to ensure that members receive all medically necessary medications in a safe and timely manner.

Requirement	Action
Pharmacy Fax Line	ScriptGuideRX receives authorization requests via a fax line dedicated to PA requests @ 313-499-3201. Physicians and their staff may submit requests 24 hours per day, 7 days per week.
Turnaround times	<p>Regular requests: will be handled within 48 hours of receipt of a COMPLETED prior authorization request form</p> <p>Emergent requests: will be handled within 24 hours of receipt of a COMPLETED prior authorization request form</p> <p>Urgent requests: will be handled the day of receipt of a COMPLETED prior authorization request form</p> <p>* the enclosed form must be completed in its entirety so that the ScriptGuideRX pharmacy staff can consider all relevant clinical information when rendering a decision. If an incomplete form is submitted, SGRX will make a request for the missing information, however <i>the above turnaround times do not apply until all relevant information is provided</i></p> <p>* physicians or their staff may indicate that an authorization request is urgent or emergent, however one of the following criteria must be met:</p> <ul style="list-style-type: none"> - Member is being discharged from the hospital - Physician is prescribing a drug that is on the "Urgent Drug List"



Requirement	Action
<p>Prior Authorization Request (PAR) tracking</p>	<p>COMPLETED Prior Authorization Request forms may be submitted by e-mail or fax. Physicians or their staff may initiate the PA request process by telephone, and a SGRX member services representative will send a PAR form to the office for completion.</p> <p>Once received, COMPLETED PAR forms will be tracked and time-stamped as follows:</p> <ol style="list-style-type: none"> 1. APPROVED – when the pharmacy technician reviews the PAR and determines that it meets the approved guidelines for that medication, it will be approved and a fax or telephone notification given to the requestor 2. IN REVIEW – when chart notes, member history or any additional clinical information is submitted for review, the request may be escalated to a SGRX pharmacist or medical director for review 3. REDIRECTED – when a COMPLETE PAR form is submitted and the approved guidelines for that medication indicate that a formulary alternative should be tried first, a fax or telephone notification will be given to the requestor 4. PENDING INFO FROM PRESCRIBER – when additional information, such as chart notes, lab data, member history or other clinical information is requested from the prescriber, the PAR will be placed in this status until it is received 5. DENIED – when all submitted information including COMPLETED PAR form has been reviewed by a SGRX pharmacist or medical director, a recommendation for denial will be made to the plan and the PAR will be placed in this status. Denial recommendations may be overturned by the plan. 6. DUPLICATE – when a PAR request is submitted for a medication that already has an active authorization in the SGRX claims system.



<p>Standard Responses</p>	<p>During the PAR review process, the SGRX pharmacy technicians will use standard response language to communicate status or decisions to the prescriber as follows:</p> <ol style="list-style-type: none"> 1. STATE OF MICHIGAN CARVE-OUT DRUGS – “we received a request for _____ for member _____. This medication is not part of the ProCare prescription drug benefit. Please submit this request to the Magellan / State of Michigan Medicaid Progra. 2. DUPLICATE PA REQUESTS – “we received a request for _____ for member _____. This request has already been submitted and was <u>approved/denied/redirected/in review</u>” 3. REDIRECTED PA REQUESTS – “ we received a request for _____for member _____. This medication is not on ProCare’s formulary. Alternative formulary medications are _____” 4. PENDING INFORMATION FROM PRESCIBER – “ we received a request for _____ for member _____. Please provide <u>therapeutic failure / allergy / adverse outcomes on formulary agents OR clinical rationale supporting use of non-formulary medication versus formulary OR laboratory data OR other clinical data</u> 5. PENDING INFORMATION FROM PRESCRIBER – 2 “we requested additional information or clarification for the prior authorization of _____ for member _____. To date, we have not received <u>requested information</u>. We are unable to determine the medical necessity of the requested medication without this additional information. Therefore, the request is denied
<p>Denial procedure</p>	<p>CLINICAL DENIALS: A SGRX pharmacist will review all of the relevant supplied information, the ProCare prior authorization criteria, and any other clinical literature that is needed to render a decision on each PAR.</p> <p>If the pharmacist determines that the request should be denied, they will submit all of the information to ProCare for final determination. If ProCare agrees that the request should be denied, the prescriber will be notified by fax : “ we received a request for _____ for member _____. After reviewing all of the supplied information, we have</p>



	<p>determined that <u>insert rationale including criteria</u> has not been met. Therefore this request is denied</p> <p>ADMINISTRATIVE DENIALS: A SGRX pharmacy technician will determine whether a medication being requested is an excluded benefit of the State Medicaid program, which include the following:</p> <ul style="list-style-type: none"> • Weight Loss Agents (except Xenical) • Fertility Medications • Erectile Dysfunction Medications <p>The prescriber will be notified by fax: " we received a request for _____ for member _____. This medication is excluded by the State of Michigan's Medicaid program, therefore it is not eligible for coverage by ProCare"</p> <p>If an authorization request is denied by ProCare, the physician and the member will receive a letter from the health plan including rationale and appeal procedure instructions.</p>
<p>URGENT DRUG LIST</p>	<p>Antibiotics</p> <p>Epi-Pens (limits)</p> <p>Insulins</p> <p>Lovenox</p> <p>Xopenex</p>