

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	DOCUMENT NAME: Pharmacy Prior Authorization and Medical Necessity
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APPROVED DATE: 11/12 EFFECTIVE DATE: 11/12, 2/1/2015, 12/1/15	RETIRED: REVIEWED/REVISED: 10/13; 4/14; 11/14; 11/15; 2/16, 09/16, 1/17; 7/17; 7/18; 78/20
PRODUCT TYPE: Louisiana Healthcare Connections	REFERENCE NUMBER: LA.PHAR.08

SCOPE:

Pharmacy Solutions Group, Louisiana Healthcare Connections ([LHCC](#))
Pharmacy Department, Louisiana Healthcare Connections Medical Management Department, [Louisiana Department of Health \(LDH\) Pharmacy Medicaid](#) and Envolve Pharmacy Solutions.

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 and include consideration of program exception requests for medications not included on the [Plan's State's](#) Preferred Drug List. PA or MN are used when evaluating a request for a medication not listed on the [Louisiana Healthcare Connections \(The Plan\)Department of Health's](#) Preferred Drug List (PDL). The criteria for approval have been established by the [Louisiana Department of Health Pharmacy Drug Utilization Review \(DUR\) Board](#). [If corporate criteria is used when LDH criteria does not exist, the criteria approval have been established by](#) Clinical Pharmacy Advisory Committee (CPAC), in conjunction with the Louisiana Healthcare Connections and Envolve Pharmacy Solutions, the designated pharmacy benefit manager (PBM), and are approved through both the Corporate and Louisiana Healthcare Connections Pharmacy and Therapeutics (P&T) Committees. [The Corporate criteria must also be approved by LDH.](#) Decisions on PA and MN criteria content are coordinated with input from pharmacy and medical practitioners, [the PlanLHCC's](#) representatives, and review of current available medical literature and professional standards of practice. ([RFP 8.6](#))

POLICY: ([Contract section 6.3.4](#))

It is the policy of [The PlanLHCC](#) to obtain approval for medications when the following circumstances arise:

- a. When prescribing medically necessary non-PDL drug.
- b. When prescribing drugs inconsistent with FDA approved labeling, including behavioral health drugs.
- c. When prescribing is inconsistent with nationally accepted guidelines.

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- d. ~~When prescribing brand name medications which have A-rated generic equivalents.~~
- e.d. ~~To minimize potential drug over-utilization.~~
- f.e. ~~To accommodate exceptions to Medicaid drug utilization review standards related to proper maintenance drug therapy.~~

The PlanLHCC requires a provider to submit a PA request containing **information** appropriate clinical information as it relates to the medication request. **The State required universal PA form should be used when faxed PA request are made.** Approval of the request will be determined if the rationale is or is not consistent with the **Plan's LDH or LHCC** developed criteria.

As part of the PA process, **the PlanLHCC**, through Envolve Pharmacy Solutions when applicable, will:

1. Take into consideration any PA issued prescription refills related to the original pharmacy service.
2. Notify the requesting practitioner of the approval or disapproval of the request within 24-hours, once relevant MN **or PA** information is obtained from the prescriber.
3. Provide access to a toll-free call center for prescribers to call to request PA for non-PDL drugs or drugs that are subject to clinical edits. **The toll-free number is 888-929-3790.**

NOTE: The call center for PA requests will be subject to the provider call center standards set forth in section 10 of the contract and monetary penalties set forth in Section 20 of the State contract.

- 3.4. Allow prescribers and pharmacies to submit PA requests by phone, fax, or automated process.

Do NOTE: The call center for PA requests will be subject to the provider call center standards set forth in section 10 of the contract and monetary penalties set forth in Section 20 of the contract.

- 4.5. **N**ot penalize the prescriber or member, financially or otherwise, for PA requests.

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5.6. Offer an alternative medication for denials of prior authorization requests to the prescriber and/or member in writing.

7. Allow a member to continue receiving a prescription drug that was on ~~the plan's the State's~~ PDL and subsequently removed or changed. The member shall be permitted to continue to receive that prescription drug if it is determined to be medically necessary for at least 60 days. ~~The Plan~~LHCC must make that determination in consultation with the prescriber.

8. ~~LHCC shall have an automated process that allows the pharmacy to dispense without PA up to a 72 hour emergency supply of a product of full unbreakable package if requested. At a minimum, the MCO shall allow two consecutive emergency supply fills per prescription. LHCC shall reimburse the pharmacy for both the ingredient and the dispensing fee for both fills. Emergency fills may be include in a post payment review to identify misuse.~~

6. ~~Allow a 72 hour supply of medication or a product of full unbreakable packages without having to obtain an override if a prescription for a medication is not filled when the prescription is presented to the pharmacy due to a PA requirement. The Plan must have an automated process that allows the pharmacy to dispense up to a 72 hour supply.~~

~~NOTE: The pharmacy may fill consecutive 72-hour supplies if the prescriber remains unavailable. The MCO is required to pay one dispensing fee. The plan must reimburse the pharmacy for dispensing the temporary supply of medication.~~

7.9. ~~Prior authorization shall be automatically approved upon notification to the plan by the prescriber's office~~LHCC shall not require PA for a dosage change for any medications ~~in behavioral health therapeutic classes~~ (including long-acting injectable antipsychotics) and other medication assisted treatment (including ~~Suboxone~~buprenorphine and or buprenorphine/Naloxone), that have been previously authorized and/or approved ~~within current health plan~~by LHCC for any member with a behavioral health or substance use disorder diagnosis, as long as the

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newly prescribed dose is within established FDA guidelines for that medication.

8.10. Psychiatric Facility Discharge Medication (RFP 6.3.6.1)

The MCO or its subcontractor(s)LHCC shall contract with the psychiatric facilities and residential substance use facilities so that **the planLHCCs is are** notified upon patient admission and upon patient planned discharge from the psychiatric facility or residential substance use facilities.

- a. Prior to discharge **the MCOLHCC** shall be informed of the recipient's discharge medications. **The MCOLHCC** will then be responsible to override or allow all behavioral health discharge medications to be dispensed by overriding prior authorization restrictions for a ninety (90) day period. This includes, but is not limited to, naloxone, Suboxone, and long-acting injectable anti-psychotics.
- b. If **the MCOLHCC** is not notified prior to discharge and the member presents at the pharmacy with a medication issued at the time of discharge, the MCO will provide a prior authorization override for a ninety (90) day period from the date of discharge as long as the member presents the prescription within ninety (90) days of being discharged from a psychiatric and/or residential substance use facility.

PRIOR AUTHORIZATION PROCEDURE:

1. **The Centene Corporate and Louisiana Healthcare Connections P&T Committee will make the final decisions regarding which medications are included on the PDL and of these, which require PA for approval. Criteria for all drugs will be developed for approval by the CPAC. The respective approval criteria are labeled either PA or MN criteria. The Corporate and Louisiana Healthcare Connections P&T Committees must approve the prior authorization and medical necessity guidelines before implementation. The PDL shall be established by LDH and indicate the preferred and non-preferred status of covered drugs.**
2. 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

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is posted on the planLHCC website (see Attachment A: Bayou Health Pharmacy Universal 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.**

2.

3. 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.

4. 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.

5. PA and MN requests are responded to within 24 calendar hours when all necessary and requested information is supplied. If all necessary information to review the request is not received in a timely manner, the request will be reviewed with the available information by the reviewer and a decision rendered within 24 hours.

NOTE: If the request does not contain sufficient information to make an informed decision, the Envolve Pharmacy Solutions reviewer notifies the prescriber via fax and documents the request for additional information. If additional information is not received within the original 24 hour timeframe to allow the Envolve Pharmacy Solutions reviewer to make an informed decision, a denial notification is completed in accordance with the process described above (see CC.PHAR.06 PBM Inquiry for Additional Information).

6. When a medication is approved or denied, a notation is made in the PA processing system. In the event of a PA or MN denial, the prescriber is faxed notification of the adverse determination within 24 hours, including the reason for the denial, along with a request for use of PDL alternatives (when appropriate).

7. The member denial letter is mailed to the member by Envolve Pharmacy Solutions or the LHCC upon receipt within 2 business days of the denial

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decision. Both the prescriber notification and the member denial letters include the reason for the denial and language notifying of the rights for appeal of the decision, including contact information at both LHCC and any applicable state agencies, if required. Upon request by LHCC, Envolve Pharmacy Solutions will provide copies of all member denial letters on a daily basis, for the previous day, via an automated process.

8. The prescriber or the member may request reconsideration of any denial made by Envolve Pharmacy Solutions or LHCC Medical Director. A record of all denials is maintained by Envolve Pharmacy Solutions and/or LHCC as applicable. A request for reconsideration containing new or additional information is processed by Envolve Pharmacy Solutions as a new request and tracked independently of the initial PA request. A 72 hour supply is available any time there is a delay in the review process.
9. Centene or its subsidiaries does not discriminate on the basis of race, color, national origin, sex, age or disability, nor exclude from participation in, deny the benefits of, or otherwise subject to discrimination under any applicable Company health program or activity.

4. PA and MN requests are responded to within 24 calendar hours when all necessary and requested information is supplied. If all necessary information to review the request is not received in a timely manner, the request will be reviewed with the available information by the medical director and a decision rendered within 24 hours. 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.
5. In the event of a PA or MN denial, the prescriber will be faxed notification of the adverse determination including the reason for the denial along with a request for use of PDL alternatives (when appropriate). Envolve Pharmacy Solutions will provide the Louisiana Healthcare Connections, on a daily basis, a completed member denial letter for each denial processed.

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6. ~~The member denial letter will be mailed to the member by The Plan upon receipt (within 2 business days of the denial determination). Both the prescriber notification and the member denial letters include the reason for denial and language notifying them of their rights for appeal of the decision, including contact information for the plan and any applicable state agencies, if required.~~

7. ~~The prescriber or the member may request reconsideration of any denial made by Envolve Pharmacy Solutions or the Louisiana Healthcare Connections Medical Director. A record of all denials is maintained by Envolve Pharmacy Solutions and/or the Louisiana Healthcare Connections, as applicable.~~

8. ~~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. If additional information is not received within 24 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 (see CC.PHAR.06 PBM Inquiry for Additional Information).~~

9. ~~For medication dose change and Psychiatric Facility Discharge medications, the prescriber would call the US Script PA help desk or customer service help desk requesting a PA override for the dose change or discharge medication. The Envolve Pharmacy Solutions staff would enter the PA override for the appropriate medication.~~

APPEAL PROCEDURE:

1. The prescriber or a member of the prescriber's staff may call, write, or fax the Envolve Pharmacy Solutions Clinical Pharmacy Department to request coverage authorization, request to appeal an adverse coverage determination, decline the request to prescribe a PDL alternative therapy, and/or refuse to supply additional information supporting the original request for coverage.

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2. An Envolve Pharmacy Solutions clinical pharmacist will review any disputed denial or appeal to ensure appropriateness and will forward appeals to LHCC Appeals Department.
3. An outreach to the prescriber may be made by the Louisiana Healthcare Connections Pharmacist or Medical Director, as deemed appropriate. The denial may be overturned at any time during the appeal review process and an authorization for approval will be entered in the Envolve Pharmacy Solutions application. Both member and provider are notified in the event that a denial has been overturned.
4. A final determination for any appeal of denials will be made by the Louisiana Healthcare Connections 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 are kept by Louisiana Healthcare Connections.

REFERENCES:

[2020 Louisiana Medicaid Managed Care Organization Statement of Work](#)
[15 RFP Response Section 6.38.6](#)
[CC.COMP.42 ACA 1557 Nondiscrimination in Health Programs Activities](#)
[EPS.PHARM.31 Creating and Revising Drug Prior Authorization Policies](#)
[EPS.PHARM.03A Medicaid Prior Authorization Review Process](#)

ATTACHMENTS:

Attachment A: [Bayou Health Pharmacy Universal](#) Prior Authorization Form

DEFINITIONS:

N/A

REVISION LOG

REVISION	DATE
Under Prior Authorization Procedures – changed the name of the PA form To Bayou Health Pharmacy Prior Authorization Form Under Attachments: Changed the name of Attachment A to Bayou Health Pharmacy Prior Authorization Form	10/13

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As part of the PA process, added US Script functions when applicable Attached updated Bayou Health PA form	4/14
Revisions made per RFP requirements	11/14
BH Integration 2015 Policy Update	12/15
Changed Member denial notification from 24-48 hours to 2 business days to be consistent with RFP appeals language Added language from Contract Amendment 5 in Policy section 10.b	2/16
Annual Review, No Changes	09/16
Changed US Script to Envolve Pharmacy Solutions	1/17
Updated section to clarify that PA requests will be responded to within 24 calendar hours when all necessary and requested information is supplied; revised "EPS claims processing system" to "pharmacy claims processing system".	07/17
Added under PA procedure, #5 - If all necessary information to review the request is not received in a timely manner, the request will be reviewed with the available information by the medical director and a decision rendered within 24 hours;	07/18
<u>Added two policies to References section: EPS.PHARM.31 Creating and Revising Drug Prior Authorization Policies and EPS.PHARM.03A Medicaid Prior Authorization Review Process</u> <u>Revised language to be in compliance with Louisiana Medicaid Statement of Work requirements</u> <u>Revised language to be in compliance with Corporate functions</u>	78/20

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.

Director, Pharmacy:

Approval on file

Sr. VP, Medical Affairs:

Approval on file