POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	**REFERENCE NUMBER:** OH.PHAR.06
EFFECTIVE DATE: 04/07	**POLICY NAME:** PBM Inquiry for Additional Information During PA/MN Review Process
REVIEWED/REVISED DATE: 02/08, 02/09, 02/10, 02/11, 02/12, 11/12, 02/13, 2/14, 08/14, 08/15, 08/16, 11/16, 10/17	**RETIRED DATE:** N/A
PRODUCT TYPE: Medicaid	**PAGE:** 1 of 3

SCOPE:
Centene Corporate Pharmacy Solutions, Health Plan Pharmacy Departments, and Envolve Pharmacy Solutions.

PURPOSE:
To ensure that proper documentation and information is gathered for purposes of prior authorization (PA) or medically necessity (MN) review for a medication claim.

POLICY:
When a PA request is received by Envolve Pharmacy Solutions with insufficient information to allow the reviewer to make a well-informed decision, the Envolve Pharmacy Solutions reviewer will fax a response (Attachment A: Response to Prior Authorization Medication Request Form) to the prescriber requesting the information needed to make a determination. The request is denied with a prior authorization status of "insufficient information" for purposes of reporting. If the information requested is not submitted by the prescriber, the request is considered denied and no further action is taken.

PROCEDURE:
The reviewer will fax a response (Attachment A: Response to Prior Authorization Medication Request Form) to the prescriber within 24 hours, stating the information needed to evaluate the request for the medication (e.g. clinical laboratory reports).

1. A denial is entered into the Envolve Pharmacy Solutions system with a prior authorization status of "insufficient information".
2. The specific information needed to evaluate the request is listed in the notes by the reviewer.
3. A member denial letter is generated to the member stating that additional information has been requested from their prescriber listing the information that is required to render a decision.

When the prescriber's office faxes the requested information to Envolve Pharmacy Solutions, the request is processed as a new prior authorization request and a response with a decision will be faxed to the prescriber within 24 hours.

1. If the request is approved based on the information provided, the provider is faxed a response indicating approval.
2. If the information provided does not meet criteria for approval, a member denial letter is generated and mailed by the Health Plan and a provider response letter is sent to the

provider stating that the request has not been approved. Both letters will contain the reason for the denial.

3. The member denial letter describes the member's right to appeal a denial decision.
4. The prescriber response letter for a denied request lists options that the prescriber may pursue:
    a. Request for reconsideration: prescriber may fax additional, clinically, relevant information to Envolve Pharmacy Solutions for review.
    b. Peer to peer discussion: prescriber or their representative may call Envolve Pharmacy Solutions prior authorization department and request to speak with a pharmacist to discuss decision and provide information that may change decision to an approval.
    c. Appeal: submit an appeal to the Health Plan on behalf of the member.

REFERENCES: N/A

ATTACHMENTS:
Attachment A: Response to Prior Authorization Medication Request Form

DEFINITIONS: N/A

REVISION LOG

REVISION	DATE
Remove "clinical personnel, participating physicians, and network pharmacists" from "SCOPE" as those are external parties and are not to be included per template definition of "SCOPE".	05/07
Add the following as item "2" under "PROCEDURE": "US Script, Inc. will provide the plans, on a daily basis, a completed member denial letter for each denial processed."	02/08
Revise item "3" under "PROCEDURE" to clarify who will send the denial letter to the member.	02/08
Revised the SCOPE to include Corporate Centene Pharmacy Department.	02/09
Clarified the timeframe in the POLICY to align with NCQA requirements.	02/09
Updated the PROCEDURE to reflect action taken if timeframe is not met.	02/09
Revisions completed at this time were made to address clerical errors, align with NCQA standards and language, and represent the work processes in place at both the Plan level and at US Script.	02/10
No changes.	02/11

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Total policy revision based on current process.	02/12
Added language to the description of denial letters to include the reason for denial.	10/12
No changes were deemed necessary.	02/13
No changes were deemed necessary.	02/14
No changes were deemed necessary.	08/14
No changes were deemed necessary.	08/15
Annual Review	08/16
Change US Script to Envolve Pharmacy Solutions	11/16
Annual Review	10/17

POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee: Approval on file

V.P., Pharmacy Operations: Approval on file

SR. V.P. Medical Affairs or Chief Medical Officer: Approval on file

NOTE: The electronic approval is retained in Compliance 360.