

## **Community Health Network of Ct., Prior Authorization Process – HUSKY Programs**

### **PURPOSE:**

Community Health Network, Inc. (CHNCT) shall ensure that it's members receive goods and services in a timely manner and establishes safeguards against any drug contraindications that would be harmful or not in the best interest of the members health. In cases where a prescription is denied, reduced, or terminated, depending on where the action was originated, CHNCT will process a Notice of Action as required by The Department of Social Services.

### **POLICY:**

This policy will help to ensure a point of service delivery system for members to receive prescribed products as written by the member's physician without interruption up to a maximum of a 30-day supply. In situations where a prescription is not filled at the point of service, an NOA will be generated based on DSS requirements.

### **PROCEDURE:**

- At the point of service, when a pharmacist enters a prescription, a maximum of a 30-day supply must be dispensed at the time the member presents the prescription. If a generic substitution is available, the pharmacist must dispense the generic at the point of sale. The pharmacist may provide a brand medication if the generic is out-of-stock or the provider has written a "dispense as written" (DAW).
- If the prescription requires a Prior Authorization, is a DAW, non-formulary or a single source brand product, then the pharmacist can enter an override code for a one time dispensing up to a 30-day supply. The code is provided on line for the pharmacist.
- CHNCT's pharmacy benefit management vendor (Caremark) provides a daily report for any situations that fall into the above-mentioned categories. From this report, CHNCT can identify any prescription that requires further action and possible override after the first fill (up to 30 days). Otherwise, a hard edit will hit on the next attempted fill. The following steps are taken when a prescription requires further action.

1. CHNCT contacts the prescribing provider the same day that it receives the daily report and provides the provider with a copy of the "Medical Exception/Pre-Certification Request" and "MedWatch" forms to be completed prior to the next fill date. CHNCT regularly follows up with the provider to get both forms completed.

2. Once CHNCT receives the completed forms, CHNCT coordinates with its pharmacy consultant and Medical Director, as indicated, to review the information and make decisions to either enter an override (for up to 6 months

–based on the DSS contract) or denial. This is usually completed within 24 hours or less upon receiving the requested information.

3.If the prescription refill is approved, an override is entered. CHNCT’s Member Services department is notified by e-mail that the members’ prescription has been approved or denied. Member Services contacts the member by phone and lets him/her know that either the prescription was approved or denied. The provider is faxed a confirmation form. If the script is denied or the provider has not submitted the information requested by CHNCT, then CHNCT will additionally send the member a Notice of Action advising them of their rights to pursue further action within 14 days of denial.

- CHNCT checks its pharmacy management (Caremark) system to see if a member may have received another form of the product. Providers will write for a different product without informing CHNCT. For example, after CHNCT has contacted the provider about a brand drug substitution that is required by the plan, the provider may not inform CHNCT that a change has been made for subsequent fills. If a plan compliant change has been made or an override has been approved, the script will not hit the hard edit (denial) when the pharmacist processes the script.
- CHNCT performs daily follow up’s with providers and coordinates overrides, PA’s and medical exceptions to ensure members are receiving their medications in a timely manner. The results of these interventions are logged into the daily Pharmacy Services Activity binder and reported to DSS on the Pharmacy Quarterly Activity Report.

## **Prior Authorization Program For Specialty Injectable Program Caremark’s AdvanceSecure Team**

AdvanceSecure (Caremark) processes clinical Prior Authorizations (PA’s) for the SpecialtyRx program for CHNCT (Injectables). AdvanceSecure handles prior authorizations from a custom list authorized by CHNCT. There are certain medications in this program that require PA due to clinical warnings, safety and efficacy concerns as provided by the manufacturers and reviewed by our Medical Director, pharmacy consultant and P&T Committee.

A phone call or a fax (“Referral form”) to AdvanceSecure by a physician, or his/her representative, initiates the process. If the call is placed during business hours, the physician will reach AdvanceSecure directly or via transfer from Member Services. For after hours, a pharmacist is on call 24/7. If a member or pharmacist calls to inquire about prior authorization medications, they will be instructed to have the physician contact AdvanceSecure to request a prior authorization.

Once AdvanceSecure has received a phone call or fax, the member's eligibility will be verified. A check is then done to see if a prior authorization for the current medication has been done previously. This is done to prevent duplication of requests. If the current call/fax is a duplicate request, the request is cancelled and the original is edited, if necessary and completed through the same process as a new request.

A new prior authorization request is evaluated using client-approved criteria. Once the information has been assessed, a decision is made. The decision can be an approval, a denial, or more information may be required.

If more information is required, the physician's office is notified of what information is needed. Once the physician's office contacts AdvanceSecure with the required information, the original is edited and completed through the same process as a new request.

If the prior authorization is approved, the technician notifies the physician and the documentation in the AdvanceSecure database is completed. A hard copy request or a letter is then filed.

AdvanceSecure will also report to the client on all related activities as established. There may be evaluation of prior authorization approvals or denials, and/or the criteria may be reviewed and updated as needed. CHNCT's pharmacy consultant and or Medical Director have final say on cases that may require further review or conversation with the physician.