

Pharmacy Prior Authorization Updates

DATE: April 1, 2019

TO: All BMC HealthNet Plan Providers

PRODUCT: MassHealth ConnectorCare/Qualified Health Plan

Policy and Prior Authorization Program Changes

These changes are effective June 3, 2019.

BMC HealthNet Plan (the Plan) is committed to ensuring timely review of pharmacy prior authorization requests. In several instances, missing clinical information critical to the decision-making process has challenged providers and the Plan with obtaining appropriate, timely responses to requests. In assessing our experience, we identified an opportunity to improve the provider communication process, increase transparency between the Plan and providers, and offer timely feedback on requests.

Effective June 3, 2019, we will institute an administrative denial process to address those circumstances in which there is insufficient clinical information to render a medical necessity decision. If our outreach attempts to obtain the necessary clinical information are unsuccessful, we will issue an administrative denial to the requestor. It will specify the required clinical information that we need to make an appropriate clinical decision.

The administrative denial letter will list the clinical information missing from the prior authorization request form submitted by the requestor. Examples of missing information may include diagnosis code, supporting clinical documentation, and list of medications tried and failed. The requestor may resubmit the prior authorization request with the missing information noted in the letter.

After we receive a complete prior authorization request, which must include all supporting and required documentation noted on the appropriate prior authorization request form, we will consider the request for medical necessity review, and we will process it in accordance with our policies and procedures. This process will ensure timely responses and allow for transparency and collaboration with our providers by detailing the information needed and providing continuous re-education on our prior authorization process and medication-specific prior authorization request forms. There will be no limit on the number of times a requestor can resubmit a prior authorization request for a medication after an administrative denial. All administrative denials will be rendered within 24 hours.

Members will not receive administrative denial notices because this is a process to improve communication between the Plan and requestors; therefore, there will be no appeal options.

This will alleviate unnecessary administrative burden on requestors who currently must follow a separate process in order to file appeals.

We encourage requestors to visit our website and review up-to-date clinical coverage policies as well as medication specific prior authorization request forms. The policies provide the clinical

criteria a member must meet in order to qualify for coverage of a medication, and each corresponding prior authorization form provides the specific information that must be listed on the form and/or submitted to us with the request.

How to access Prior Authorization Forms and Policies

Our policies and prior authorization forms provide detailed instructions regarding the clinical information required for a Medical Necessity decision. All pharmacy prior authorization policies and forms are accessible via our website: bmchp.org/I-Am-A/Provider.

Step-by-step instructions on how to access prior authorization forms and policies

- 1) Go to bmchp.org.
- 2) Select “I am a provider.”
- 3) Click on “drug list.”
- 4) Select Plan.
- 5) Enter in the drug name.
- 6) If a prior authorization is required, the yellow PA icon will appear under notes and restrictions.

Follow steps 1-5 and the drug search tool will show the following results:

Results

| <u>Brand Name</u> <small>Generic Name</small> | <u>Therapeutic Class</u> <small>Sub-class</small> | <u>Dose/Strength</u> | <u>Status</u> | <u>Notes & Restrictions</u> |
|--|---|---|---------------------|--|
| Xolair Solution Prefilled Syringe 150 Mg/ML Subcutaneous <small>omalizumab</small> | <u>*Antiasthmatic And Bronchodilator Agents*</u> <u>*Anti-Ige Monoclonal Antibodies***</u> | SOLUTION PREFILLED SYRINGE 150 MG/ML | T2 Tier 2 | PA Prior Auth more info |

- 6) Click on the yellow PA icon.
- 7) The screen below will appear. It provides a link to both the prior authorization form and the medical policy:

Brand Name: Xolair Solution Prefilled Syringe 150 MG/ML Subcutaneous
Generic Name: Omalizumab
Dosage/Strength: Solution Prefilled Syringe 150 MG/ML
Status: Preferred Brand

Group Description: 9.127 Asthma/Allergy Monoclonal Antibodies

Covered Use:

Exclusion Criteria:

Required Medical Information:

Age Restrictions:

Prescriber Restrictions:

Coverage Duration: 180 DAYS

Other Criteria:

Prior Authorization Notes: For details on the Prior Authorization criteria [CLICK HERE](#) AND for the Prior Authorization form [CLICK HERE](#)

Questions

If you have any questions or concerns, please call our provider line at 888-566-0008 and ask to speak with a pharmacy representative.