

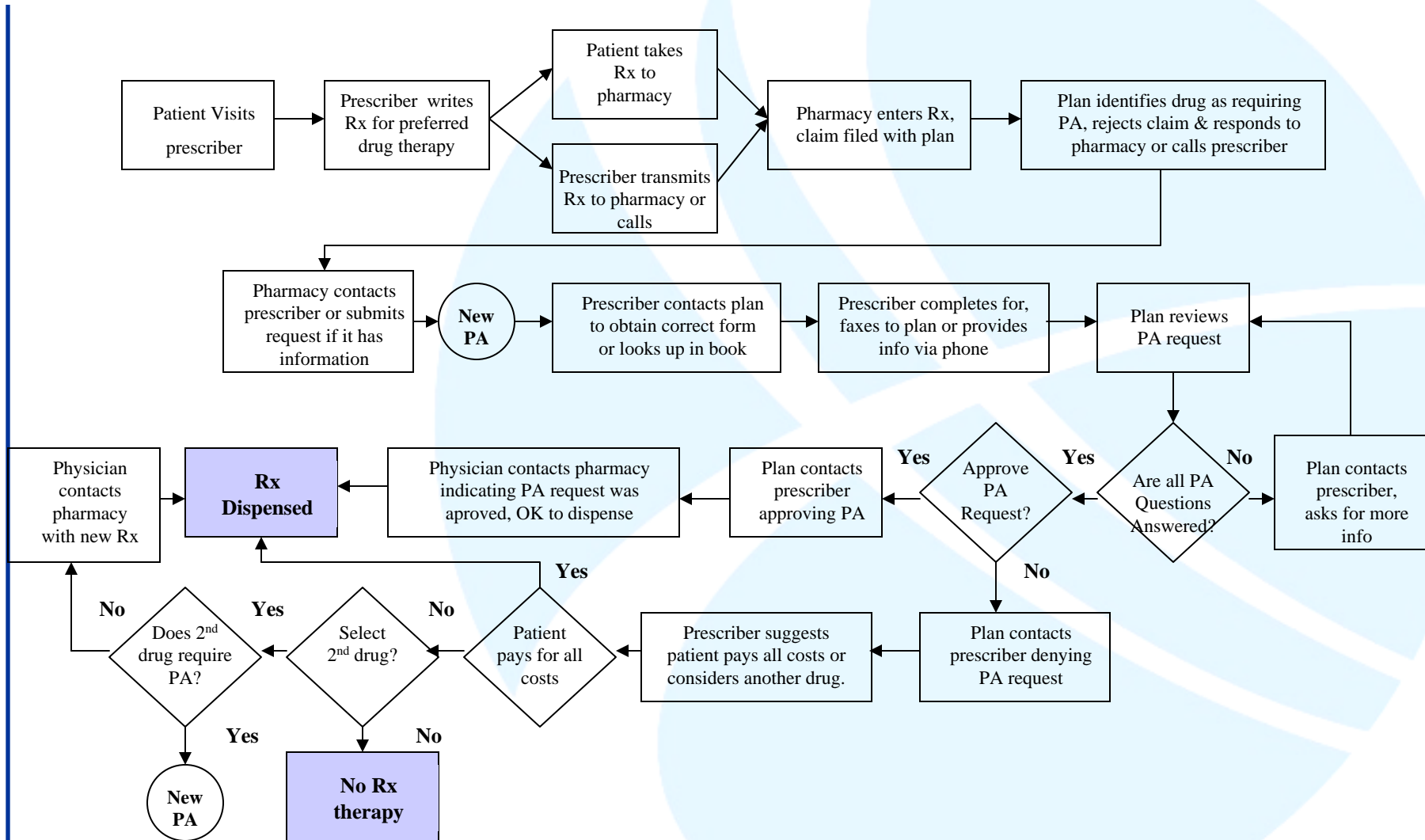
Prior Authorization Workflow to Standards Task Group Update

NCVHS
February 1-2, 2005

The Task Group

- Prescription Drug Prior Authorization Workflow to Transactions Task Group has been formed within NCPDP's Workgroup 11.
- Participating Organizations represent standards organizations, professional organizations, pharmacy and physician vendor systems, long-term care, health plans, formulary aggregators, PBMs, network switches.
- Task group goals:
 - Understand PA workflow in physicians office, plan, and pharmacy.
 - Identify additional standards needed to support prescription drug prior authorization. Work to develop the standards within appropriate SDO.
 - Make recommendations to the NCVHS Subcommittee on Standards and Security whether and how to include prior authorization in demonstration projects

Prior Authorization – Current Flow



What's Wrong with This Process?

- Patient hassle and treatment delay
 - No one knows the drug requires PA until the patient has already left prescriber's office
 - Treatment might be delayed for days
- Pharmacy hassle
 - Pharmacy must call prescriber's office, and sometimes the plan
- Prescriber hassle and disruption
 - Gets called back from pharmacy, must call plan, wait for faxed form, completes form and sends it back
 - Turnaround time can be 48 hours or more
- Healthplan inefficiency
 - Expensive and labor intensive process

Other Considerations

- Some plans place time limits on PA drugs. If the request exceeds said limits and drug is still wanted, the prescriber may have to start over.
- Plans sometimes grant temporary authorization.
- If the request is denied, the physician or member can file an appeal or grievance, which can take time. A denial could be reversed.
- Long-term care has unique business needs.

Prior Authorization Components

- PA criteria may vary from plan to plan, even for the same drug
- Some PA's are simple with limited data elements
 - Patient demographics
 - Yes/No questions
- Others maybe rather complex and require clinical data
 - Choose from a list of multiple valid responses
 - May require lab results values
 - May require attachment of actual lab or procedure report

Sample PA Form – Growth Hormone



CONTAINS CONFIDENTIAL PATIENT INFORMATION
Growth Hormone Prior Authorization of Benefits (PAB) Form

Complete form in its entirety and fax to:
 Prior Authorization of Benefits Center at (888) 723-5479

1. PATIENT INFORMATION

Patient Name: _____

Patient ID #: _____

Patient DOB: _____

Date of Rx: _____

2. PHYSICIAN INFORMATION

Prescribing Physician: _____

Physician Specialty: _____

Physician DEA#: _____

Physician Phone#: _____

Physician Fax#: _____

3. MEDICATION REQUESTED (Maximum quantity limit allowed: 28 injections per 28 days)

<input type="checkbox"/> Genotropin	<input type="checkbox"/> Humatrope	<input type="checkbox"/> Nutropin, Nutropin AQ	<input type="checkbox"/> Serostim	<input type="checkbox"/> Tev-Tropin
<input type="checkbox"/> Geref	<input type="checkbox"/> Norditropin	<input type="checkbox"/> Protropin	<input type="checkbox"/> Saizen	<input type="checkbox"/> Zorbtive

4. DIAGNOSIS

<input type="checkbox"/> Short Stature	<input type="checkbox"/> Prader-Willi Syndrome	<input type="checkbox"/> Short Bowel Syndrome
<input type="checkbox"/> HIV Wasting Syndrome	<input type="checkbox"/> Panhypopituitarism	<input type="checkbox"/> Turner's Syndrome
<input type="checkbox"/> Idiopathic Growth Hormone Deficiency		
<input type="checkbox"/> Other (please specify): _____		

Sample PA Form – Growth Hormone (cont)

**Note:
Lab
results
required**

5. PROVIDE THE FOLLOWING INFORMATION AS APPROPRIATE Please note: Any areas that are not filled in will be considered not applicable to your patient AND MAY AFFECT THE OUTCOME OF THIS REQUEST

Date:	List and attach copy of Growth Hormone Stimulation Test Results and	
Patient's Height:	Reagent 1:	Reagent 2:
Patient's Bone Age:	Results #1:	Results #1:
Patient's Chronological Age:	Results #2:	Results #2:
Growth Velocity:	Results #3:	Results #3:
IGF-1 Results:	Results #4:	Results #4:
	Results #5:	Results #5:

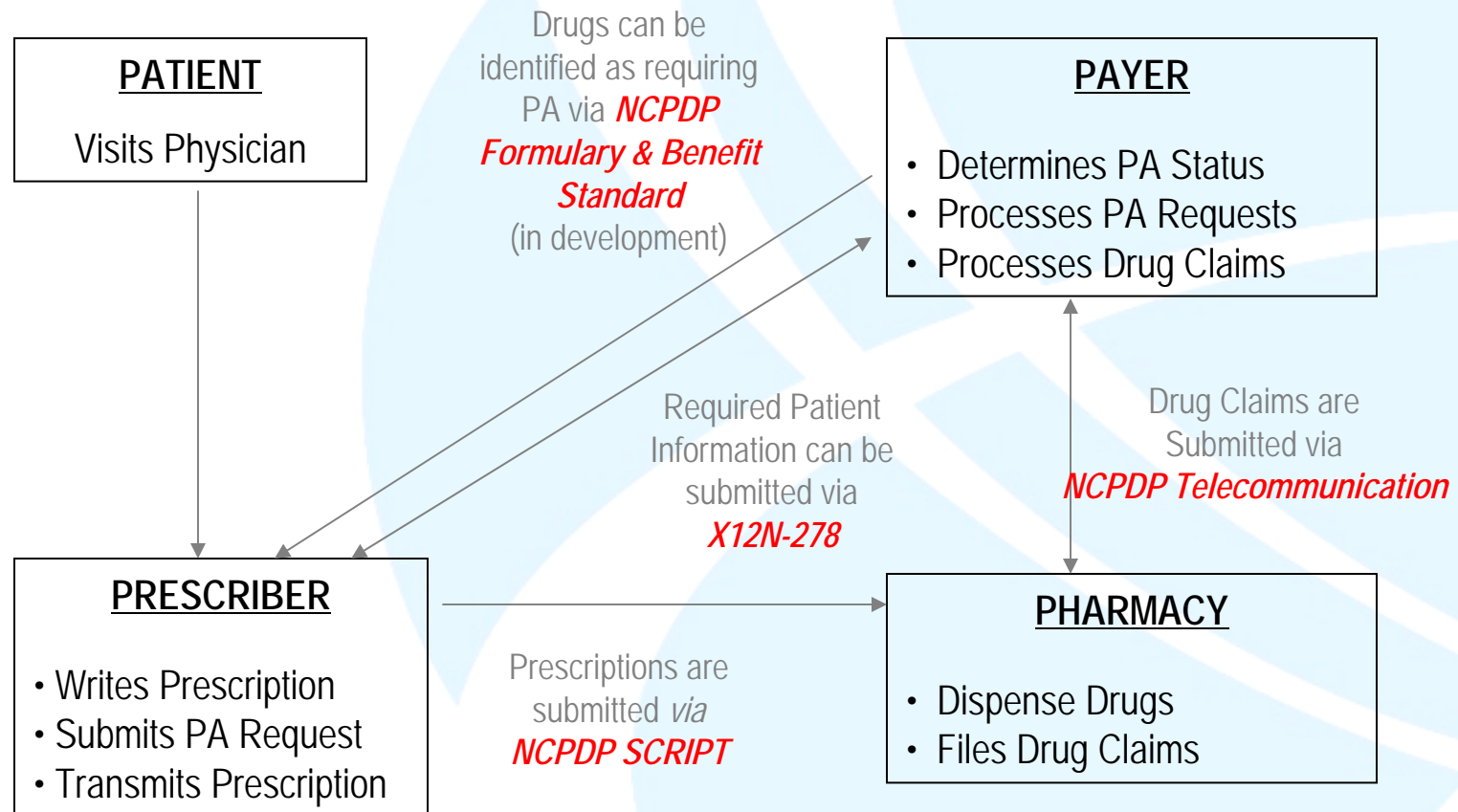
6. PHYSICIAN SIGNATURE

Prescriber or Authorized Signature	Date
<i>Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician, only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions.</i>	

Draft Task Group Analysis – Growth Hormone PA Needs (one page)

Drug/Criteria	Health Plan A	Health Plan B	Health Plan C	Health Plan D	Health Plan E	Health Plan F	Health Plan G
Growth Hormone							
<i>[Somatropin, Humatrope, Genotropin, Geref, Nutropin, Protropin, Saizen, Serostim, Norditropin, Somatrem]</i>							
			N/A	N/A			
Drug						•	•
Strength	• (*)	•			•	•	•
Dose	•	•			•	•	•
Length of Therapy	•	•			•	•	•
Diagnosis	•	•			•	•	•
Pt > or = to 10yrs/age (specific question vs. relying on birthdate)	•	•			•		•
Epiphyses confirmed as open (e.g., through wrist film evaluation)	•						•
Grow th failure due to: (list conditions)					•	•	•
Pts height (in cm) and date					•	•	•
Pre-treatment grow th rate (cm/yr)					•	•	•
Diminished grow th hormone response stimulation tests (2) performed and scores (requires attachment/progress notes)					•	•	•
Pts skeletal age assessment through radiological exam of wrists and results (requires attachment/progress notes)					•	•	•
Pt has Turner's Syndrome w ith positive chromosome analysis					•		•
Pt currently receiving GHT					•		•
Pt height below 3rd percentile on grow th charts for their age and gender-related height (e.g., height > 1.5-2 stnd deviations below the mean)	•				•		•
Pt grow th velocity subnormal (e.g., >2 stnd deviations from mean) for chronological age	•						•
Grow th in cm [over last year or over last 3 months]	•				•		•
Pt delayed skeletal maturation of >2 stnd deviations below mean for age/gender (e.g., delayed more than 2 yrs compared w ith chronological age)	•				•		•

Current Standards Relevant to Prescriber Initiated PA



NCPDP Formulary & Benefit Standard

- Standard is currently under development
- The purpose is for transmitting formulary and benefit information from payers/PBMs to ePrescribing systems
- Drugs requiring PA will be flagged
- Requirements for Prior Authorization fulfillment will be requested for incorporation, when determined.

Healthcare Services Review ANSI X12N 278 (004010X094A1)

- Standard for sending and receiving prior authorization communications between physicians and insurance review boards for *procedures and services*.
 - A HIPAA mandated transaction
 - The 278 supports the ability to request additional information from the provider. It supports LOINC codes to request that additional information. It also does not limit the additional information being provided via a HL7 CDA. It supports many means to supply the additional information (fax, mail, phone call etc).

Scope needs to be expanded to support

- PA of *drug products* between the prescribing and payer/PBM
- A PA attachment
- Align to SCRIPT, Telecommunication, Formulary and Benefit standards
- Integrate drug prescription terminology and identifier standards
- Attachments developed for claims may be leveraged and used for PA and additional attachments may need to be developed

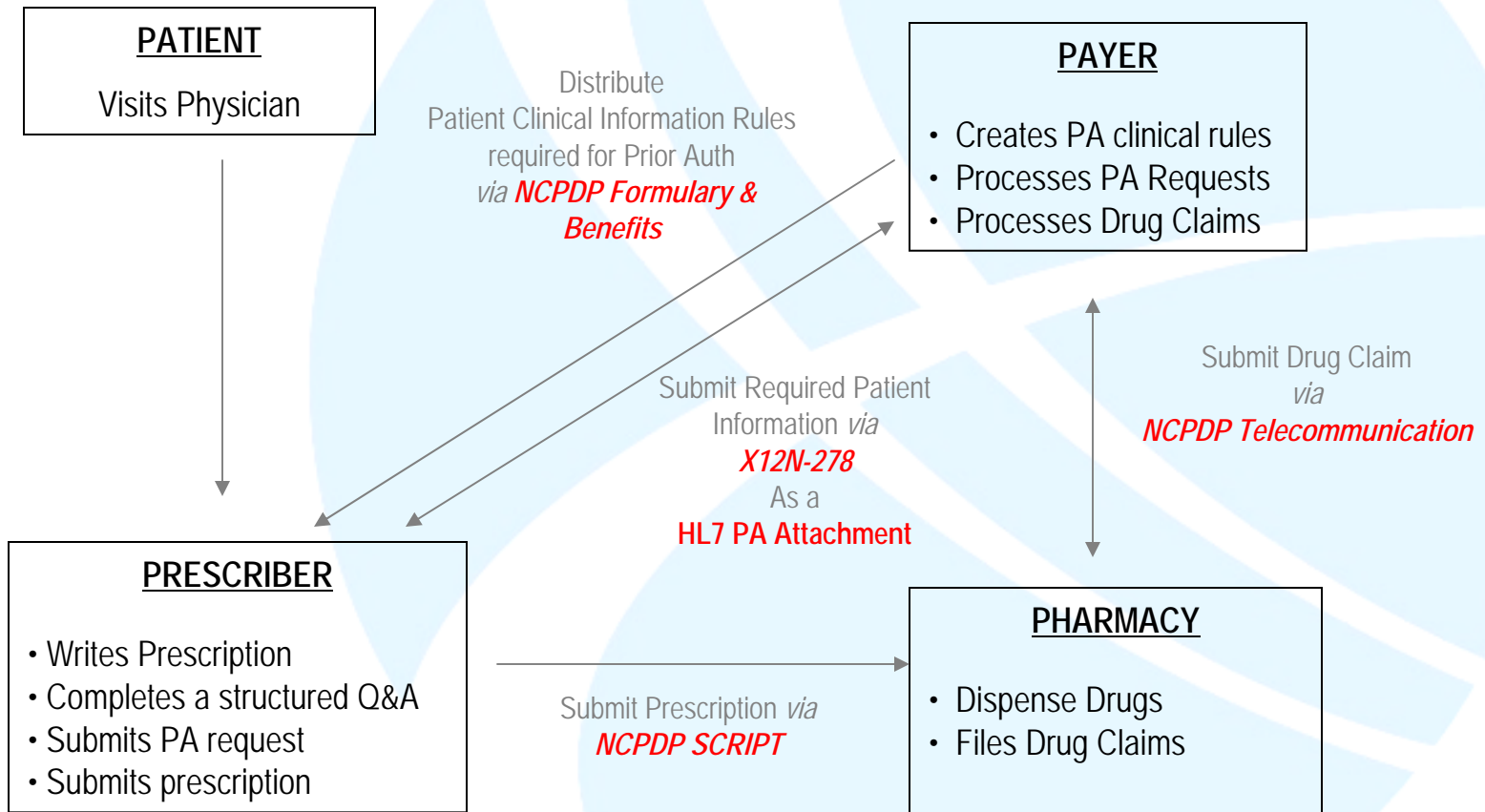
NCPDP SCRIPT Standard

- Supports electronic communication between prescribers and dispensers

NCPDP Telecommunication Standard

- Supports electronic communication from dispenser to payer/PBM

Straw Model



Additional Gaps

- Structured Q&A process within clinical system
- Ability to extract supporting data from the clinical system or database
- Aggregation of prior authorization rules

Initial Recommendations

1. Work with HL7 Attachments SIG to capitalize on analysis that went into the attachment booklets
2. Conduct additional research on structured PA dialogue, possibly leveraging work being done at HL7
 - Consider standardizing structure and content but leave the choice of content to payers
3. It is possible this task group may require funding and support for:
 - face-to-face meetings or web casts
 - developers to work on structured clinical dialogue
 - 2006 pilot involving more than one MD group, payer and pharmacy



Thank you