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

Patient Visits prescriber

Prescriber writes Rx for preferred drug therapy

Patient takes Rx to pharmacy

Prescriber transmits Rx to pharmacy or calls

Pharmacy enters Rx, claim filed with plan

Plan identifies drug as requiring PA, rejects claim & responds to pharmacy or calls prescriber

Pharmacy contacts prescriber or submits request if it has information

Prescriber contacts plan to obtain correct form or looks up in book

Prescriber completes for, faxes to plan or provides info via phone

Plan reviews PA request

Are all PA Questions Answered?

Yes

Approve PA Request?

Yes

Physician contacts pharmacy indicating PA request was approved, OK to dispense

Physician contacts pharmacy with new Rx

Rx Dispensed

Prescriber suggests patient pays all costs or considers another drug.

Patient pays for all costs

Plan contacts prescriber denying PA request

No

Plan contacts prescriber, asks for more info

No Rx therapy

New PA

Select 2nd drug?

Yes

No

No

New PA

Does 2nd drug require PA?

Yes

No

No

Yes

No

Physician contacts pharmacy

Plan contacts prescriber approving PA

Yes

No
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

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name</td>
<td>__________________</td>
</tr>
<tr>
<td>Patient ID #</td>
<td>__________________</td>
</tr>
<tr>
<td>Patient DOB</td>
<td>__________________</td>
</tr>
<tr>
<td>Date of Rx</td>
<td>__________________</td>
</tr>
</tbody>
</table>

2. PHYSICIAN INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing Physician</td>
<td>__________________</td>
</tr>
<tr>
<td>Physician Specialty</td>
<td>__________________</td>
</tr>
<tr>
<td>Physician DEA#</td>
<td>__________________</td>
</tr>
<tr>
<td>Physician Phone#</td>
<td>__________________</td>
</tr>
<tr>
<td>Physician Fax#</td>
<td>__________________</td>
</tr>
</tbody>
</table>

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

- [ ] Genotropin
- [ ] Humatrope
- [ ] Nutropin, Nutropin AQ
- [ ] Gerefr
- [ ] Norditropin
- [ ] Protropin
- [ ] Serostim
- [ ] Saizen
- [ ] Tov-Tropin
- [ ] Zorbtive

4. DIAGNOSIS

- [ ] Short Stature
- [ ] HIV Wasting Syndrome
- [ ] Idiopathic Growth Hormone Deficiency
- [ ] Prader-Willi Syndrome
- [ ] Panhypopituitarism
- [ ] Short Bowel Syndrome
- [ ] Turner’s Syndrome
- [ ] Other (please specify): _______________________________
5. PROVIDE THE FOLLOWING INFORMATION AS APPROPRIATE. Please note: Any areas that are not filled will be considered not applicable to your patient AND MAY AFFECT THE OUTCOME OF THIS REQUEST.

<table>
<thead>
<tr>
<th>Date:</th>
<th>List and attach copy of Growth Hormone Stimulation Test Results and Lab results required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s Height:</td>
<td>Reagent 1:</td>
</tr>
<tr>
<td>Patient’s Bone Age:</td>
<td>Results #1:</td>
</tr>
<tr>
<td>Patient’s Chronological Age:</td>
<td>Results #2:</td>
</tr>
<tr>
<td>Growth Velocity:</td>
<td>Results #3:</td>
</tr>
<tr>
<td>IGF-1 Results:</td>
<td>Results #4:</td>
</tr>
<tr>
<td></td>
<td>Results #5:</td>
</tr>
</tbody>
</table>

6. PHYSICIAN SIGNATURE

__________________________________________  ______________________________
Prescriber or Authorized Signature                  Date

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

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

PATIENT
Visits Physician

PRESCRIBER
• Writes Prescription
• Submits PA Request
• Transmits Prescription

PAYER
• Determines PA Status
• Processes PA Requests
• Processes Drug Claims

PHARMACY
• Dispense Drugs
• Files Drug Claims

Drugs can be identified as requiring PA via NCPDP Formulary & Benefit Standard (in development)

Required Patient Information can be submitted via X12N-278

Drug Claims are Submitted via NCPDP Telecommunication

Prescriptions are submitted via NCPDP SCRIPT

Drugs can be identified as requiring PA via NCPDP Formulary & Benefit Standard (in development)
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.
• 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
**PATIENT**
- Visits Physician

**PRESCRIBER**
- Writes Prescription
- Completes a structured Q&A
- Submits PA request
- Submits prescription

**PAYER**
- Creates PA clinical rules
- Processes PA Requests
- Processes Drug Claims

**PHARMACY**
- Dispense Drugs
- Files Drug Claims

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Distribute Patient Clinical Information Rules required for Prior Auth via **NCPDP Formulary & Benefits**

Submit Required Patient Information via **X12N-278**
As a HL7 PA Attachment

Submit Drug Claim via **NCPDP Telecommunication**

Submit Prescription via **NCPDP SCRIPT**
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