

Pharmacy Clinical E-Prescribing and Electronic Prior Authorizations Overview

October 2019



Introduction to MedPrescription

- Pre-prescribing services
 - Patient-specific prescription eligibility
 - Medication history
 - Basic formulary information
- Interfaces with Surescripts
 - Flexibility to connect to any connectivity vendor
 - Including CoverMyMeds



Electronic Prior Authorization (ePA)



- **Surescripts**

Prospective, EMR integration
Eliminates forms



- **CoverMyMeds**

Portal available to all prescribers
Pharmacy can initiate, route to prescriber



E-prescribing Services

- Electronically access
 - patient's membership demographics
 - patient's prescription benefit
 - patient's choice of pharmacy
 - patient's prescription history



Requirements for a Prior Authorization (PA)

- PA required when a non-formulary drug is being prescribed and there is no suitable alternative available, or any overrides of pharmacy management procedures such as step therapy, quantity limit or other edits.



E-Prior Authorization (ePA) Program

- Prescribers are able to prospectively initiate a PA within their patient's electronic medical record (EMR) platform while being able to access patient specific information using MedPrescription



Benefits of an ePA program

- Improved quality and safety for better patient care
- Near real-time approval for medications
- Lower costs for medications
- Less disruption in care
- Secure and confidential
- Available insight into patient's medication adherence and the dispensing cycle of the prescription



Ways to Initiate a Prior Authorization

- Telephone at 888-402-1982
- Fax to 858.790.7100
 - Need to complete Medication Request Form
- ePA through MedPrescription software



Medication Request Form



Medication Request Form

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY	
Contacted:	
Physician:	
Pharmacy:	
Patient:	

Attn: Prior Authorization Department
10181 Scripps Gateway Court
San Diego, CA 92131
Phone: 1-800-788-2949
Fax: 656-790-7100

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY	
Approved:	
Denied:	
Returned:	
PA#	

Instructions:

This form is to be used by participating physicians and providers to obtain coverage for a formulary drug requiring prior authorization (PA), a non-formulary drug for which there is no suitable alternative available, or any overrides of pharmacy management procedures such as step therapy, quantity limit or other edits. Please complete this form and fax to MedImpact Healthcare Systems, Inc. at (858) 790-7100 or please call (800) 788-2949 with this information. If you have any questions regarding this process, please contact MedImpact's Customer Service at (800) 788-2949.

Review Criteria:

The following criteria are used in reviewing medication requests:

1. The use of Formulary Drug Products is contraindicated in the patient.
2. The patient has failed an appropriate trial of Formulary or related agents.
3. The choices available in the Drug Formulary are not suited for the present patient care need and the drug selected is required for patient safety.
4. The use of a Formulary Drug Product may provoke an underlying medical condition, which would be detrimental to patient care.

REQUEST FOR EXPEDITED/URGENT REVIEW: BY CHECKING THIS BOX, I CERTIFY THAT APPLYING THE STANDARD REVIEW TIME FRAME MAY SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION

Medication Request Information (please complete each section of this form prior to transmit): *Denotes Required Fields

PATIENT INFORMATION			PHYSICIAN INFORMATION		
*Name:			*Name:		
*ID#:			*Specialty:		
*Date of Birth:	*Height:	*Weight:	ID# / DEA#:		
*Health Plan:			*Phone: () -	*Fax: () -	
*Diagnosis (ICD-9 Code, if known):					
REQUESTED DRUG INFORMATION			PHARMACY INFORMATION		
*Requested Drug:			Name:		
Dose:	Strength:	Phone: () -	Fax: () -		
Quantity: (per month)	Dosage Form: (Oral, Injection, etc)	Length of Treatment: (Please be specific.)			
Reason for Medication Request (Please be specific, give detail.):					
Other Medications Tried and/or Failed (Please be specific, give detail.):					
Other Pertinent History (Relative or pertaining to this request.):					



Processing of PA

- Prescriber will submit responses to the guideline questions to MedImpact
- Timing of request and evaluation of responses is conducted by MedImpact
- Request for additional information from prescriber is made if necessary



How ePA Works

How EPA Works

Patient
Requires a Drug



Eligibility via ASC X12 270/271,
Formulary and PA Information Via
NCPDP Formulary and Benefit
Standard available to Prescriber

Prescriber



Initiates PA Responds
to Clinical Guidelines
Questions Transmits
Prescription

**Connectivity
Vendor**



Route Transactions

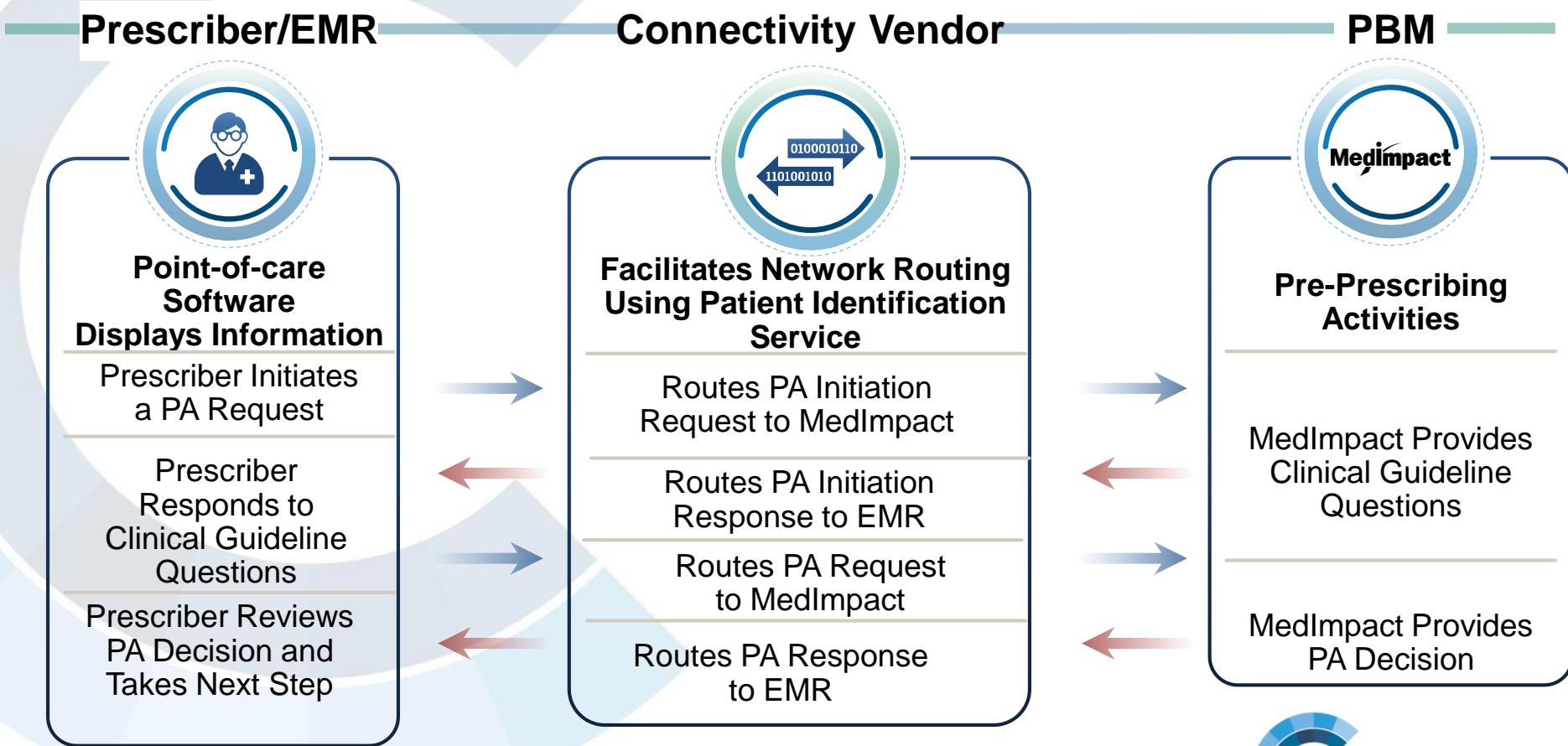
PBM



Determines Formulary/PA Status
Provides Clinical Guidelines
Questions Processes PA Requests
Provides PA Decision



ePA Transaction Workflow



Typical Criteria Review

- The use of Formulary Drug Products is contraindicated in the patient
- The patient has failed an appropriate trial of Formulary or related agents
- The choices available in the Drug Formulary are not suited for the present patient care need and the drug selected is required for patient safety
- The use of a Formulary Drug Product may provoke an underlying medical condition, which would be detrimental to patient care



Next Steps After PA Request

- After conclusion of MedImpact evaluation, PA response is sent to prescriber with either outcome within the ePA transaction (approval or denial)
- Prescriber may submit a cancellation request for a PA request that was previously submitted, for which MedImpact will cancel and close the PA



Request for Urgent Review

- When the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function
- Please call 888-402-1982 or fax 858.790.7100 to MedImpact to make a request for urgent (expedited) review



Helpful Links

- Support link
 - Provider section – has a link to live support with contact information and access to support team
 - <https://www.covermymeds.com/main/support/>
- Webinar section
 - Providers may sign up for weekly webinars at their convenience
 - <https://register.gotowebinar.com/rt/6087409114949257218>



Helpful Links

- Medication request form
 - <https://pbm.medimpact.com/documents/10180/38126/Prior+Authorization+Medication+Request+Form/1adee942-8c62-413f-8ffc-ce83e3621a06>



Questions?

Thank you

