Los Angeles County Department of Health Services

Policy & Procedure Title:	DHS Process for Outpatient Prior Authorization Medication Requests		
Category:	300-399 Operation Policy	**Policy No.:**	329.007
Originally Issued:	7/15/2010	**Update (U)/Revised (R):**	10/01/2014 (U)
DHS Division/Unit of Origin:	Office of Pharmacy Affairs		
Policy Contact – Employee Name, Title and DHS Division: Amarylis Gutierrez, Pharm. D., Director Pharmacy Affairs			
Contact Phone Number (s):	(213) 240-7717		
Distribution: DHS-wide ☒	**If not DHS-wide, other distribution:**		

PURPOSE:

The purpose of this policy is to provide a standardized prior authorization drug request process for injectable and non-injectable medication to be followed by all Department of Health Services (DHS) institutions, with the purpose of ensuring safe and appropriate use of outpatient prior authorization medications.

BACKGROUND:

This policy will serve to standardize the clinical review process for prior authorization medication requests across all DHS institutions. This process will ensure that the DHS Core Formulary is effectively utilized and that prior authorization medication use is clinically appropriate, necessary, and safe.

DEFINITIONS:

- Prior authorization medication request (PAMR) – defined as a request form for approval for drugs to be dispensed or administered to patients that are either:
  - Non-formulary
  - Formulary with pre-approved established criteria for use
  - Formulary prescribed outside of approved restrictions
- Formulary – list of safe and efficacious drugs approved for use at all DHS institutions.
- Injectable medication – drug that is administered intravenously, subcutaneously, intradermally, or intramuscularly by the provider to the patient.
- Outpatient – a patient who is not hospitalized, but who visits a DHS institution for diagnosis or treatment.

- Pre-approved drug specific PAMR – request form for DHS Core Formulary medications with P&T Committee approval criteria for authorization.
- Urgent – requires immediate action to prevent a serious deterioration of a patient's health, jeopardize the ability of the individual to regain maximum function, or delay would subject the patient to severe pain that cannot be adequately managed.

POLICY:

The PAMR Form must be filled out completely by the physician prescribing a prior authorization medication, reviewed by the facility pharmacy department (central DHS pharmacy department for all outpatient medications), and approved by the facility Chief Medical Officer (CMO) or designee prior to issuance of the drug. Approved requests will be granted access to the medication for the allotted time period based on the Tier designation. Medication requests will be tiered under the recommendation of the pharmacist and approval of the Chief Medical Officer (CMO). Any expiration date will be provided for the duration of the authorization.

Prior Authorization Medication Tiers

- Tier 1: Prior authorization chronic care medication not requiring frequent monitoring. Tier 1 approved requests do not require re-authorization.
- Tier 2: Prior authorization medication requiring re-assessment and monitoring within 1 year. Tier 2 approved requests require reauthorization within 1 year.
- Tier 3: Prior authorization medication requiring re-assessment based on disease progression or frequent monitoring within 6 months. Tier 3 approved requests require reauthorization within 6 month.

Prior Authorization Medication Request Review Time Frames

- Standard (Non-urgent) request – review and decision within 24 hours of receipt by the pharmacy department.
- Urgent request – review and decision within 6 hours of receipt by the pharmacy department.

PROCEDURE:

The PAMR form is to be completed for both new patients and patients who have previously used the requested prior authorization drug. Patients who are currently receiving prior authorization medications will be permitted to continue therapy through the duration of the authorization. A renewal authorization is required to continue the medication beyond the authorized duration.

PAMR Review and Decision Steps:

1. The PAMR form must be completed by the prescriber and submitted with a prescription order to the facility pharmacy department, including the designation of whether or not the request is urgent.

2. The PAMR form must be adequately reviewed for completeness and clinical appropriateness by the pharmacy department

3. For all pre-approved drug specific PAMR forms submitted, the facility pharmacy department shall approve if all criteria elements are met. For pre-approved drug specific PAMR forms that do not meet all established criteria, the facility pharmacy department will provide a recommendation to the facility CMO or designee for decision. A copy of the pre-approved drug specific PAMR form time stamps will be forwarded to the central DHS pharmacy department for tracking.
4. For PAMR requests, decisions will be based on scientific considerations using published practice guidelines, developed by a reputable evidence based review process or organization.

5. For PAMR forms without pre-approved drug specific criteria, the facility pharmacy department is to forward the PAMR form to the central DHS pharmacy department for a clinical review by fax or email.

    a. Fax number: (323) 832-5861
    b. Email: priorauth@dhs.lacounty.gov

6. The central DHS pharmacy department will provide a recommendation to the facility CMO or designee and copy to the facility pharmacy department. Prescribers shall be notified of decision orally, by electronic transmission, or by fax within 24 hours/1 business day. Documentation of the clinical information and guidelines used to make the decision will be provided to the prescriber.

7. Based on the information submitted and the recommendation from the central DHS pharmacy department; the facility CMO or designee will approve or deny the PAMR.

8. Upon CMO denial, Managed-Medicaid patients shall be provided with a written notification through certified mail within 24 hours/1 business day of the decision. The clinical/benefit or reason for denial/modification of the PAMR will be clearly documented in easily understandable language for the patient. A copy of the criteria/benefit used to make the decision will be provided to the patient upon request. In addition, the notification will inform the patient of the right to appeal the decision by submitting an appeal of denial in accordance with the Managed-Medicaid plan guidelines.

9. The facility CMO or designee is to notify the facility pharmacy department of the decision of the prior authorization request.

10. The facility pharmacy department shall notify the prescriber and procure medication if necessary. A copy of the decision to be provided to the central DHS pharmacy department for tracking.

11. In the event of a PAMR:

    a. **APPROVAL**: the prescriber and patient will be granted access to the requested medication as determined by the Tier approval.. A new PAMR form must be re-submitted and re-evaluated after the authorized time period.

    b. **DENIAL**: the prescriber and patient will not have access to the requested drug and will be required to use a medication currently on the approved DHS Core Formulary.

12. Prescribing physician may appeal the PAMR decision. An appeal request must be submitted to the facility CMO or designee under facility policy.

13. PAMR records will be maintained by both the facility pharmacy department and the central DHS pharmacy department.

14. After-hours urgent PAMRs shall be reviewed in a timely manner, per facility policy. If initial PAMR meets facility approval, then the facility pharmacy shall submit for official approval on the next business day.

APPENDIX (see attachment)

- Appendix A: Prior Authorization Medication Request Form

- Process for Non-Formulary Medication Requests