



State of Vermont
Department of Vermont Health Access
Pharmacy Benefit Management Program

The Prior Authorization (PA) Process for Medications

- ❖ Generics, when available, are usually considered preferred, and in most cases do not require a PA.
- ❖ Telephone, rather than fax, your PA request for immediate exchange of information.

Assistance for Prescribers/Pharmacy Providers

- **For Prior Authorization (PA) Requests and Initial Reconsiderations of Denials**
 - ❖ Catamaran Clinical Call Center toll-free phone: 800-918-7549
toll-free fax: 866-767-2649
- **For Technical Issues Relating to Claims Processing**
 - ❖ Catamaran Pharmacy Help Desk toll-free phone: 800-918-7545
- **For Second Reconsideration of a Denial**
 - ❖ Contact Catamaran Clinical Call Center toll-free phone: 800-918-7549
to request second reconsideration by DVHA Medical Director

Assistance for Beneficiaries

- **For assistance with general questions at any time (*all health care consumers*):**
 - ❖ Health Care Ombudsman: toll free: 800-917-7787
- **For general help or to request a Fair Hearing or an Appeal (*all beneficiaries*):**
 - ❖ Health Access Member Services (MAXIMUS) toll free: 800-250-8427
- **For Coverage Exception Request Process – Per Medicaid Rule 7104 (*medications excluded from coverage*) Information (*Traditional Medicaid beneficiaries only*):**
 - ❖ Health Access Member Services (MAXIMUS): toll free: 800-250-8427
 - ❖ Health Care Ombudsman: toll free: 800-917-7787

The Prior Authorization (PA) Process for Medications

Introduction

Note: Catamaran recommends that if you need a prior authorization (PA) decision quickly, the fastest, most efficient way to exchange information is to request the PA by phone.

The prescriber or the prescriber's designated agent must submit all prior authorization (PA) requests. Catamaran's Clinical Call Center is staffed 24 hours per day. Monday through Friday, there are Pharmacy Associates on site from 7:30 a.m. to 9:00 p.m. with Clinical Pharmacist from 7:30 a.m. through 6:00 p.m. Saturday hours are 7:30 a.m. to 4:00 p.m. staffed with Pharmacy Associates and Clinical Pharmacists. After hours and on Sundays, the Pharmacists are on call for any requests that cannot be handled by the call center. Catamaran provides toll-free numbers for both phone and fax requests for prior authorizations. If a prescriber or prescriber's agent has not received a decision within 24 hours, please call Catamaran to follow up. The beneficiary and prescriber will be notified in writing of all Catamaran PA decisions.

Initiating the PA process:

Phone: 800-918-7549; Fax: 866-767-2649

- ❖ The **prescriber** or prescriber's agent must submit all prior authorization (PA) requests. Phone and Fax requests for PA are accepted 24 hours per day.
- ❖ A Catamaran **Pharmacy Associate or Pharmacist** will review the information provided and either approve the PA, deny it because it does not meet approval criteria, or give the prescriber opportunity to submit additional information to support the request. The PA can be put into "pending additional information" status if the prescriber wishes additional time to provide clarifying information.

Note: When written requests containing incomplete information are received, Catamaran will identify what information is missing, and return the request to the prescriber for completion. The PA request will then be placed in "pending additional information" status. It is important that all requests contain complete information pertaining to the request, as well as contact information for the prescriber or prescriber's agent. If complete information is not received within 72 hours, the PA request will be denied.

To Request Reconsideration by Catamaran:

Phone: 800-918-7549; Fax: 866-767-2649

- ❖ If the **prescriber** is unsatisfied with a Catamaran decision, the prescriber, or prescriber's agent, should first ask Catamaran for a first reconsideration. A pharmacist will review the information. A prescriber or prescriber's agent may choose to speak to a pharmacist different from the one who issued the first denial (if applicable). When additional information is provided to support the request, the request will be considered a new PA request

To Request a *Second* Reconsideration:

Phone: 800-918-7549 Fax: 866-767-2649

- ❖ If the **prescriber** is unsatisfied with a Catamaran reconsideration decision, the prescriber, or prescriber's agent, may request a second reconsideration by the DVHA Medical Director. To request a second reconsideration, the prescriber must notify Catamaran of the request and Catamaran will provide the Medical Director with all clinical documentation received through the PA Process. Additional information will likely be requested to support the reconsideration request.

Assistance for Beneficiaries

The **Office of Health Care Ombudsman (HCO)**, **800-917-7787**, is available to provide assistance to all Vermont health care consumers in matters relating to, among others, rights and responsibilities, as well as providing public information. Beneficiaries may call the HCO at any time.

Beneficiaries may ask for an internal appeal and/or a Fair Hearing on any adverse decision made by Catamaran or DVHA. To request an internal appeal and/or a Fair Hearing, call **Health Access Member Services (MAXIMUS)** at **800-250-8427**.

Emergency “72-Hour” Fill

An emergency fill provision can be instituted by Catamaran when a required prior authorization has not been secured, and the need to fill the prescription is determined to be an emergency. If the prescriber cannot be reached to obtain the required prior authorization, the pharmacist may contact Catamaran for authorization to dispense an emergency supply of at least 72 hours. This emergency “72-hour” fill provision is Federal law (Title 19, Section 1927(D)(5)(b)) and is applicable only to medications that are covered by Vermont’s pharmacy programs.

OTCs (Over-the-Counter Medications)

Over-The-Counter (OTC) medications may be covered by Vermont’s pharmacy programs. They do require prescriptions and must be eligible for a manufacturer’s rebate. In most cases, generically available OTCs are preferred and branded OTCs may require PA.

Medications that are not covered by Vermont’s pharmacy programs

Consistent with federal law, Vermont has excluded a few medications from coverage. Traditional Medicaid beneficiaries may request an exception through the Coverage Exception Request Process – Per Medicaid Rule 7104 from the Director of the Department of Vermont Health Access. For more information about the Coverage Exception Request Process – Per Medicaid Rule 7104 or to request forms, please contact Health Access Member Services (MAXIMUS) at 800-250-8427. The Office of Health Care Ombudsman (800-917-7787) is available to provide assistance to all Vermont health care consumers.

Budget Act and the Pharmacy Best Practices and Cost-Control Program

The fiscal year 2002 Budget Act authorized the Department of Prevention, Assistance, Transition, and Health Access (PATH) to establish a pharmacy best practices and cost-control program, designed to reduce the cost of providing prescription drugs, while maintaining high quality in prescription drug therapies. The Preferred Drug List (PDL) of covered prescription drugs identifies preferred choices within therapeutic classes for particular diseases and conditions, including generic alternatives, and includes a prior authorization (PA) review process.

Generic Substitution

The Generic Drug Law (VT Statutes, Title 18, Part 5, Chapter 19) § 4606 explains that if a prescriber feels that a substitution is not clinically appropriate...

“he or she shall write “brand necessary” or “no substitution” in his or her own handwriting on the prescription blank, together with a written statement that the generic equivalent has not been effective, or with reasonable certainty is not expected to be effective, in treating the patient’s medical condition or causes or is reasonably expected to cause adverse or harmful reactions in the patient.”

This does not exempt from the PA process any medications currently requiring PA, or any medications that would require a PA for clinical reasons.

This document, and other documents related to the Vermont Health Access Pharmacy Benefit Management Program can be found at: <http://dvha.vermont.gov/for-providers> or by calling **the DVHA office at 802-879-5900.**

Prescription Prior Authorization (PA) Process for Medications

Catamaran Clinical Call Center: Phone: 800-918-7549; Fax: 866-767-2649

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Prescriber or prescriber's agent calls or faxes Catamaran to request Prior Authorization. Faxed information must be complete or request will be sent back for additional information

Claim rejects at pharmacy because prescriber **FAILS TO REQUEST** Prior Authorization

Pharmacist or beneficiary contacts prescriber (or agent) with reminder to call Catamaran for PA

Catamaran must make a decision within 24 hours of receipt of complete information.

Catamaran Pharmacy Associate or Pharmacist reviews the request

Prescription urgently needed; Prescriber is unreachable; Pharmacist calls Catamaran

PA Request APPROVED

Request is DENIED

Catamaran follows provision for emergency "72-hour" fill

Notice of approval decision sent to both the BENEFICIARY and PRESCRIBER

Pharmacist fills prescription

Notice of denial decision sent to PRESCRIBER about the right to reconsideration, and to BENEFICIARY with information about the right to an internal appeal and/or a Fair Hearing

Prescriber changes RX to alternative preferred drug after clinical discussion

Pharmacist fills prescription for alternative drug

Pharmacist issues "72-hr" fill.

Beneficiaries may request an internal appeal and/or a Fair Hearing on any adverse decision by calling Health Access Member Services at 800-250-8427.

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Prescriber's Initial Reconsideration Process
when a Catamaran Pharmacy Associate or Pharmacist DENIES the PA Request
Catamaran Clinical Call Center: Phone: 800-918-7549; Fax: 866-767-2649

A prescriber may ask to speak to a different pharmacist from the one who made the first decision (if first decision denied by a pharmacist).

Notice of approval decision sent to both the BENEFICIARY and PRESCRIBER
Pharmacist fills prescription

Denial reversed
PA request APPROVED

Prescriber requests reconsideration of originally submitted information: Pharmacist reviews the request
If new/additional clinical justification provided: reviewed as new PA request by Pharmacy Associate or pharmacist.

Upholds original DENIAL

Notice of denial decision sent to PRESCRIBER about the right to second reconsideration

Beneficiaries may request an internal appeal and/or a Fair Hearing on any adverse decision by calling Health Access Member Services at 800-250-8427.

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Prescriber's Second Reconsideration Process
when Catamaran Pharmacy Associate or Pharmacist UPHOLDS original DENIAL
Catamaran Clinical Call Center: Phone: 800-918-7549

Medical Director sends notice of approval decision to both the BENEFICIARY and PRESCRIBER
Catamaran contacted to place PA approval on file
Pharmacist fills prescription

Denial reversed
PA request APPROVED

Prescriber contacts Catamaran to request **second reconsideration** by DVHA's Medical Director. Medical Director reviews request, previous denials, Catamaran clinical file re: the denials and any additional information provided

Upholds original DENIAL

Medical Director sends notice of denial decision to PRESCRIBER and a notice of denial decision to the BENEFICIARY with information about the right to an internal appeal and/or a Fair Hearing
Catamaran notified of denial decision