AMCP Webinar Series

How managed care can ready their PA criteria to support the rapid implementation of electronic PA as part of E-prescribing

21 May 2014

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Pharmacy Prior Authorization Today

- At pharmacy patient and pharmacist learn prior authorization (PA) needed
- Pharmacist phones or faxes prescriber to request PA initiation
- Provider and pharmacy benefit manager (PBM) exchange multiple calls and faxes
- After waiting days—or even weeks— and more calls PA obtained and patient notified

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Streamlining Medication PA: Top Priority for Providers

#1
Most desired e-prescribing capability is ePA[1]

91%
Frustrated with prior authorization[2]

28%
Would switch EHR vendor for ePA[3]

1 NCPDP ePA Task Group, 2011
2 Surescripts Survey (n = 2,391) http://www.ncpdp.org/pdf/NCPDPePATaskGroup_WhereHaveWeBeen_%20Final121511.pdf
3 Surescripts Survey (n=123)

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NCPDP ePA Transaction Standards

- Part of NCPDP Script Standard – Approved 2013
- Electronic PA Process – communication between prescribers and payers
- Shift – PROspective process
  - Two Models:
    - Solicited
    - Unsolicited
  - Data prepopulated by EMR (e.g. LOINC, SNOMED, ICD-9/10, CPT)

ePA Mandates

- These states have ePA laws that are scheduled to begin in 2015. Most states have workgroups and are drafting their laws.
  - ❑ Colorado
  - ❑ Georgia
  - ❑ Kentucky
  - ❑ Minnesota
  - ❑ New Mexico
  - ❑ North Dakota
  - ❑ Texas
- These laws require the PBM's to have an ePA process in place to be compliant. The PBM's must be able to receive and process transactions electronically for prior authorizations.

AMCP ePA Partnership Forum

- Convened ePA expert stakeholders
  - Health Plans, PBMs, EMR vendors, retail pharmacies, pharmaceutical manufacturers, PA vendors, and electronic transaction networks
- Special thanks to our event sponsors:

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AMCP ePA Partnership Forum

- Presentations:
  - Physician, Health Plan, PBM pilot results, ePrescribing approach, EMR Readiness
- Discussions:
  - Managed care ePA capabilities and implementation timeline
  - Expanded ePA efficiencies for “Phase 2”
  - How to measure success of ePA Roll Out
  - Ways to champion managed care ePA strategy

AMCP ePA Partnership Forum

- Tools to enhance ePA adoption
  - "ePA Scorecard" Steering Committee –
    - benchmarking/initial measures to define current state/trends of ePA
  - ePA "Best Practices" Resource Steering Committee
    - Implementation plans
      - criteria streamlining
      - reporting
    - Communication and education tools (for all stakeholders including physicians and patients)
  - Leg./Reg. Strategy
    - list of current work and activities across the industry – prevent unnecessary legislation/mandates
  - Specialty drugs – Exploring ePA potential

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Strategies for testing, measuring, and streamlining PA criteria to prepare for ePA

Julie Hessick, R.Ph.
Manager, PBM and Plan Accounts
CoverMyMeds

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Mission Statement

This presentation is designed to provide guidance to managers and clinical staff as they are planning their electronic prior authorization (ePA) implementation.

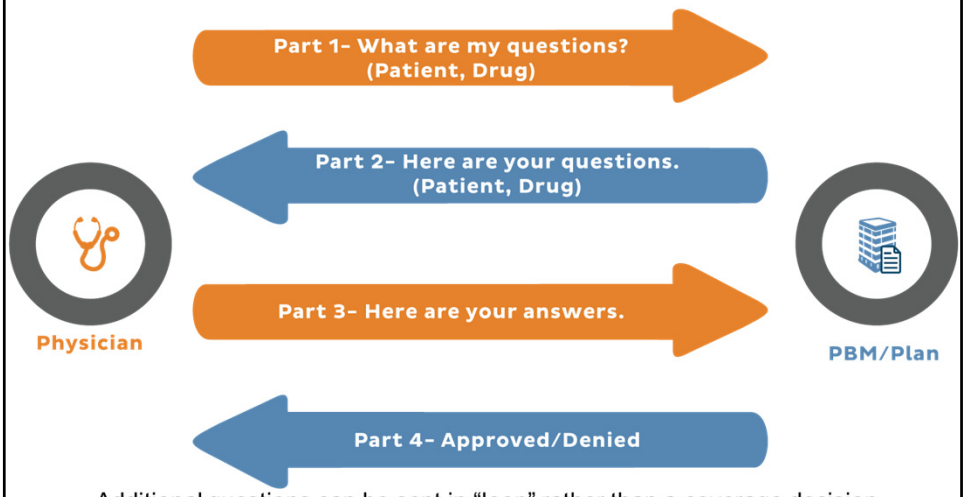
Program objectives

- Explain the process of ePA criteria design
- How to apply performance monitoring
- Importance of criteria quality to drive utilization

ePA Ecosystem

- User Interface
- Plan controls

4-Part ePA Process



Additional questions can be sent in "loop" rather than a coverage decision.

Prospective vs Retrospective PAs

Prospective

- *Point of care* where the PA is started when the prescription is written
- The ideal path resulting in less hassle and patient disruption

Retrospective

- *Point of sale* after the prescription has been sent to the pharmacy
- Not ideal, but is the dominant workflow today

Criteria Design

Moving from paper to electronic criteria

- The ePA transaction creates a mechanism to standardize PA communication. Conducting these transactions requires that criteria move into electronic format.
- The end goal is automation, so question design is very important. What works for human review may not work for automatic processing (e.g., "fill in the blank questions")

Criteria Audience

- Prospective and Retrospective workflows
- Mix of users; some clinical and some not
- Varied access to medical data
- *Ask for what is needed, but no more*
- *Implementation of the ePA interface will vary on each EHR application. The PBM/Plan that authors the UM content does not control the interface*! For example, branching logic may be shown differently depending upon provider application (e.g., one question at a time, or all relevant questions at once)

Common "Building Blocks" of PA Criteria

- Question Types: Text input, multiple choice, numeric, date, true or false
- Attachments
- Coded references
- "Branching Logic": Next question based on previous answer (either boolean or numeric evaluation)

Common PA Criteria Content

Formatting and Testing Criteria

Humira® (adalimumab) and Hepatitis C

- Example content based upon:
  - Evidenced-based guidelines
  - Studies of clinical experience
  - Package inserts for FDA-covered uses and dosing
  - Formal consensus of experts relevant to this disease

Case Study 1

HUMIRA FOR CROHN'S DISEASE

Covered Uses: Diagnosis

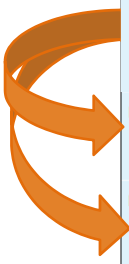
"…Adalimumab (HUMIRA) is effective in the treatment of moderate to severely active Crohn's Disease (CD)..."

Source: *American Journal of Gastroenterology*, ACG: 2009

What is the patient's diagnosis?

- ☐ Ankylosing Spondylitis
- ☐ Crohn's Disease
- ☐ Juvenile Idiopathic Arthritis
- ☐ Plaque Psoriasis
- ☐ Psoriatic Arthritis
- ☐ Rheumatoid Arthritis
- ☐ Ulcerative Colitis
- ☐ Other

Covered Uses: Clinical Evidence



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- ☐ Juvenile Idiopathic Arthritis
- ☐ Plaque Psoriasis
- ☐ Psoriatic Arthritis
- ☐ Rheumatoid Arthritis
- ☐ Ulcerative Colitis
- ☐ Other

Does the patient have moderately to severely active Crohn's disease?

- ○ Yes
- ○ No

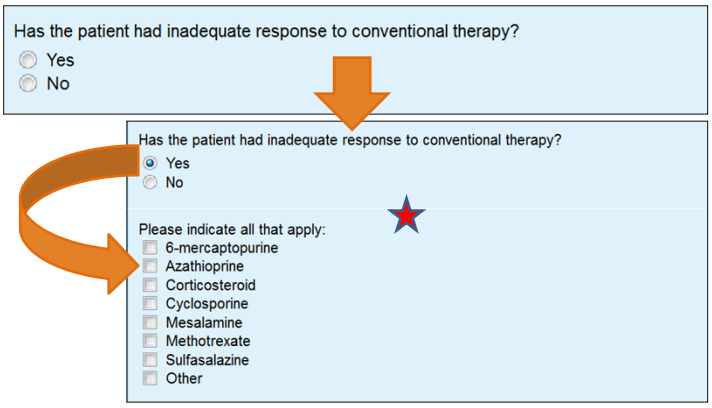
How is Crohn's disease manifested in the patient? (Select all that apply.)

- ☐ Abdominal pain and cramping
- ☐ Arthritis
- ☐ Bleeding
- ☐ Diarrhea
- ☐ Inflammation of liver or bile ducts
- ☐ Perianal disease
- ☐ Ulcers
- ☐ Weight loss
- ☐ Other

Drug History

"…Adalimumab (HUMIRA) is effective in…patients who have not responded despite complete and adequate therapy with a corticosteroid or an immunosuppressive agent (grade A)."

Source: *American Journal of Gastroenterology*, ACG: 2009



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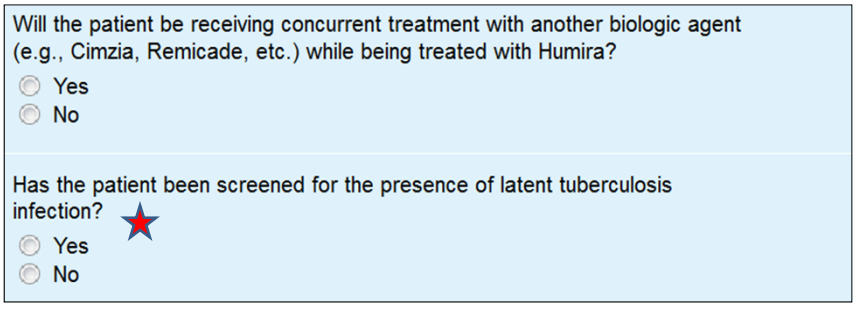
Exclusion Criteria

"Treatment with HUMIRA should not be initiated in patients…taking concomitant immunosuppressants,…(or) who have been exposed to tuberculosis."

Source: *Humira Prescribing Information*, AbbVie, Inc.: September 2013



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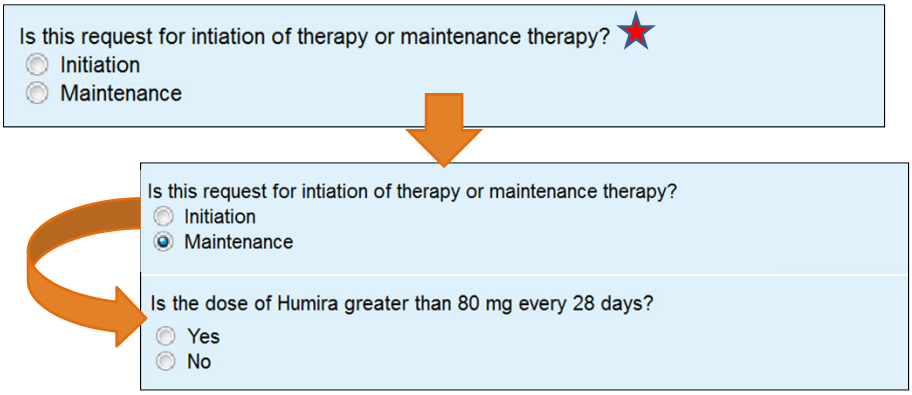
Quantity Limits

"The recommended HUMIRA dose regimen for adult patients with Crohn's disease (CD) is…a maintenance dose of 40 mg every other week."

Source: *Humira Prescribing Information*, AbbVie, Inc.: September 2013



Prescriber Restrictions

Case Study 2

HEPATITIS C THERAPY

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Many Criteria Paths Available

- New or continuation therapy
- Drug(s) requested
- Therapy type

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New or Continuation Path

Is this request for new therapy or continuation of therapy?
- ○ New Therapy
- ○ Continuation

Is this request for new therapy or continuation of therapy?
- ◉ New Therapy
- ○ Continuation

Does the patient have compensated cirrhosis?
- ○ Yes
- ○ No

Was a liver biopsy performed?
- ○ Yes
- ○ No

Does the patient have cryoglobulinemia?
- ○ Yes
- ○ No

Has the patient received a liver transplant?
- ○ Yes
- ○ No

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Requested Drug(s) Path

Which of the following drug(s) are you requesting:
- ☐ Incivek
- ☐ Olysio
- ☐ Pegasys
- ☐ PegIntron
- ☐ Victrelis

Please indicate the confirmed genotype of the patient:
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ Unknown

Which of the following drug(s) are you requesting:
- ☐ Incivek
- ☑ Olysio
- ☐ Pegasys
- ☐ PegIntron
- ☐ Victrelis

Please indicate the confirmed genotype of the patient:
- ◉ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ Unknown

Are you prescribing Olysio in combination with Sovaldi?
- ○ Yes
- ○ No

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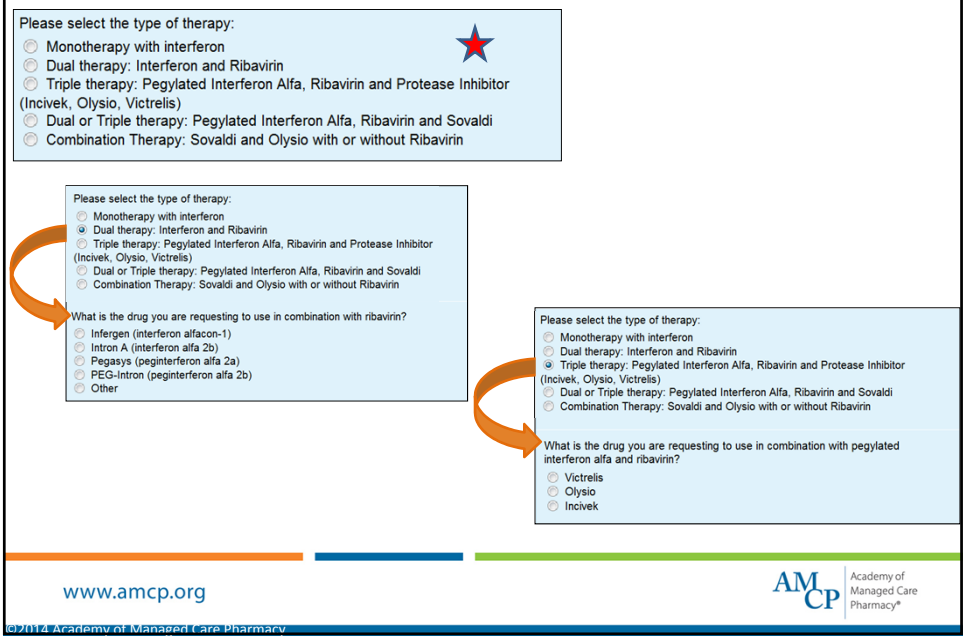
Therapy Type Path



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Leveraging ePA Functions

QUESTION FLEXIBILITY

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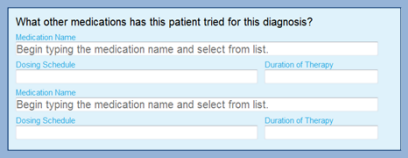
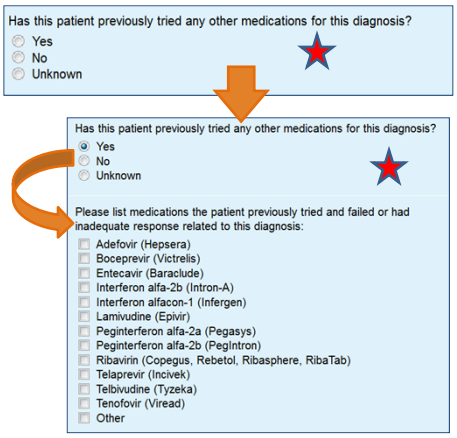
Strengthen Question and Answer Sets

LESS STRONG



STRONGER



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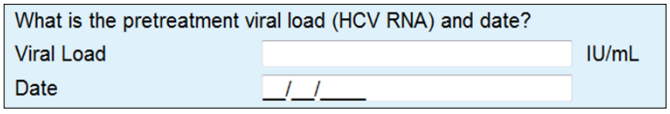
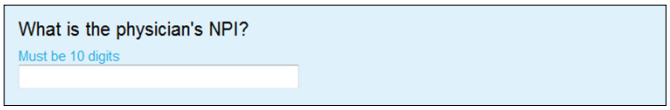
Validate Answers





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Require Clinical Reports or Notes

Are HCV RNA levels less than 25 IU/ml at treatment week 12?

- Yes
- No
- N/A

Are HCV RNA levels less than 25 IU/ml at treatment week 24?

- Yes
- No
- N/A

Please submit corresponding lab reports:

Browse... No file selected.

Browse... No file selected.

(Must be .jpg, .pdf, or .tif file)

Managing Criteria Performance

- "Waterfall" (monitoring completion rate)
- Response time
- "Trade off" (length and complexity)

"Waterfall" for April 2014

	Apr-14
Part 1- ePA Started	100%
Failed Eligibility	6%
Prior Authorization is not Required	6%
Part 2- ePA Question Set Response	89%
Lost to Abandonment - Waiting for Question Set Response	2%
Question Set Viewed by Physician	5%
Part 3- ePA Submitted to Plan	83%
Lost to No PA Response	1%
Part 4- ePA Response Received	82%

Humira requests for Q2 2014

Question	% Completed
Q1- Crohn's disease	100
Q2- moderate to severe	99
Q3- clinical evidence (at least 3 or more)	97
Q4- inadequate response to previous therapy	92
Q5- Concomitant use of immunosuppressant	92
Q6- TB test	92
Q7- Quantity limit for maintenance	87
Q8-Specialty	80
Q9- Attached lab work	70
Q10- Failed preferred agent	65

Managing Criteria Performance

- Evaluate QSETs for consistency
  - Verify approval and denial rates are in same range.

Biologics Approval Report for Q2 2014

Medication	ePA Approval Rate	ePA Auto-approval Rate	Fax Approval Rate	Phone Approval Rate
Enbrel	76%	75%	76%	78%
Kineret	80%	75%	80%	80%
Humira	60%	50%	75%	80%
Cimzia	45%	40%	47%	46%
Simponi	55%	50%	56%	61%
Remicade	45%	44%	47%	48%
Orencia	55%	50%	56%	61%
Rituxan	40%	25%	40%	39%

Managing Criteria Performance

- Analyze and monitor QSETs

Humira requests for Q2 2014

Question	Met Criteria	Failed to Meet Criteria	N/A	% Meeting Criteria
Q1- Crohn's disease	200	0	0	100%
Q2- moderate to severe	180	20	0	90%
Q3- clinical evidence (at least 3 or more)	190	10	0	95%
Q4- inadequate response to previous therapy	180	16	4	91.80%
Q5- Concomitant use of immunosuppressants	188	12	0	94%
Q6- TB test	200	0	0	100%
Q7- Quantity limit for maintenance	174	26	0	87%
Q8-Specialty	172	28	0	86%

Conclusion

PBMs and health plans are implementing ePA with great success.

- Part 2- Questions based on logic provided Humana returns QSETs for 99% of requests within seconds.
- Part 4- Coverage Decision Another plan provides determinations for almost half of requests within 5 minutes of submission.
- Prime Therapeutics:
  - Reduced authorization turn-around time by 90%
  - Showed a 100% reduction in missing required information

Conclusion

Providers are having positive experiences and patients are getting on their medications faster due to efficiencies provided by the ePA process.

- *"I have found the ePAs provide a quicker response and faster turnaround time. This has been very beneficial to our office practice."*
- *"I got an approval soon after submitting a PA the other day! I was so excited. Felt like a kid at Christmas! Yes... I am a composed, well educated MD!!! Ah, the age of technology. It's not such a dreaded task to get prior auth with this tool!"*