



KANSAS DRUG UTILIZATION REVIEW NEWSLETTER

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Summer 2009

Welcome to the Summer 2009 edition of the "Kansas Drug Utilization Review Newsletter," published by Health Information Designs, Inc. (HID). This newsletter is part of a continuing effort to keep the Medicaid provider community informed of important changes in the Kansas Medical Assistance Program (KMAP).

Helpful Websites

Kansas Health Policy Authority (KHPA)

<http://www.khpa.ks.gov/pharmacy/default.htm>

- PDL Information
- PA Forms
- DUR Information

Kansas Medical Assistance Program (KMAP)

<https://www.kmap-state-ks.us/>

- Provider Manuals
- Bulletins
- Electronic Remittance Advice
- Prescriber NPI
- Beneficiary Eligibility

KMAP Helpful Phone Numbers

Provider Customer Service: 1-800-933-6593
 AVRS-(Automatic Voice Response System)
 Press '1' then:
 0—Customer Service Representative
 1—Eligibility, NDC Coverage, & Claim Status
 2—Reset Pin Numbers
 3—EDI (Electronic Data Interchange)

Prior Authorization: 1-800-285-4978

Beneficiary Customer Service: 1-800-766-9012

Pharmacy Help Desk: 1-866-405-5200

- Pharmacy claims
- ProDUR
- Drug Coverage Questions

New AutoPA Process

The Kansas Health Policy Authority (KHPA) is excited to announce the launch of a new automated prior authorization (AutoPA) system for Point of Sale (POS) and Internet pharmacy claims. AutoPA decreases prescriber and pharmacy administrative duties while expediting beneficiary care. Currently, approximately 40 drug classes have been added to the AutoPA process. KHPA, in conjunction with Electronic Data Systems (EDS), an HP company, is working to enhance the AutoPA system to allow for a more robust prior authorization (PA) program.

In the past, when a beneficiary needed a prescription for a medication requiring a PA, it was always necessary to follow the traditional PA process. The AutoPA system allows many prescriptions which require a PA to be approved without completing the traditional PA process, in a matter of seconds. This is a paperless approval process for select medications requiring a PA. The AutoPA system searches the beneficiary's health profile to determine if PA criteria have been met. If PA criteria are met, the system automatically generates a PA and processes the claim. If a claim does not qualify for an automated PA, the pharmacy will receive an NCPDP reject code of 75 indicating "Prior Authorization Required." The pharmacy must then initiate the traditional PA process.

Many benefits are realized when using the AutoPA system:

- It is a paperless system—there are no forms to download, complete, or fax.
- There are no phone calls to make to the prescribing provider or the PA team.
- It provides the beneficiary immediate access to medication due to the rapid turnaround time.
- It saves time for both pharmacists and prescribers.

Topics Inside This Issue:

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Prior Authorization (PA) Process

The traditional PA process is still required for the first approval of a non-preferred drugs and most clinical PAs, which do not utilize the AutoPA process. If the information required to process an AutoPA is not available in the system, it must be obtained through a traditional PA. If the pharmacy claim is for a hospice patient and the medication is not covered under hospice, it will require a PA in order to be covered.

The process to obtain a prior authorization from the Kansas Medical Assistance Program (KMAP) is different than most other third-party payors. PAs are approved for a specific NDC at a specific pharmacy. If an NDC different than the approved NDC is used, the pharmacy must call the KMAP Prior Authorization department to get the approval updated so the claim will pay for the new NDC. Similarly, if a beneficiary changes pharmacies, the new pharmacy must call the PA department to get the PA transferred to them.

Once the pharmacy receives an NCPDP reject code of 75 indicating “Prior Authorization Required,” they should initiate the traditional PA process. Pharmacies should check the KHPA Web site for the appropriate ‘Prior Authorization Request Form.’ If there is no form available online, the pharmacy should call the KMAP PA department to initiate the process . If a form is available online, the pharmacy should complete their portion of the form and fax it to the prescriber. The prescriber should then fill out the remaining portion of the form and fax it to the KMAP PA department.

KMAP will process a completed PA form once it is received. If it is approved, they will notify the pharmacy via phone, and they can then process the claim. If the PA is denied, the prescriber is contacted. If the KMAP PA department determines more information is needed, either the pharmacy or prescriber will receive a letter stating that additional information must be received within 15 days or the PA will be denied.

Please visit the KHPA Web site at <http://www.khpa.ks.gov/pharmacy/default.htm> to download forms.

Preferred Drug List (PDL)

The Kansas Health Policy Authority utilizes a Preferred Drug List (PDL) based on safety, effectiveness, and clinical outcome data in order to promote clinically appropriate utilization of pharmaceuticals for high quality, cost-effective treatment. Management of the PDL is guided by the PDL Advisory Board which is composed of practicing physicians and pharmacists who carefully evaluate evidence-based clinical information to determine the relative uniqueness of individual medications within a class of medications. If their evaluation of the evidence allows them to determine that agents in the drug class are therapeutically equivalent, KHPA ascertains which agent is most cost-effective for placement as a PDL preferred drug.

All PDL Advisory Board meetings are open to the public. Please visit the KHPA Web site at <http://www.khpa.ks.gov/> for the complete PDL and for more information about PDL Advisory Board meetings. A summary table of drug classes included in the PDL is provided below. Drug classes not specifically included on the PDL are covered and do not have individual agents in the class designated as preferred. Clinical prior authorization criteria may still apply.

Drug Classes on the Preferred Drug List (PDL)

<ul style="list-style-type: none"> • Adjunct Antiepileptics* • Non-Sedating Antihistamines* • Intranasal Corticosteroids* • Meglitinides* • AlphaglucoSIDase Inhibitors* • 2nd Generation Sulfonylureas* • Biguanides* • Thiazolidinediones* • Insulin (Delivery Systems) • ACE Inhibitor/Calcium Channel Blocker Combos* • Calcium Channel Blockers* 	<ul style="list-style-type: none"> • H2 Antagonists* • Proton Pump Inhibitors* • Ophthalmic Prostaglandin Analogs* • Growth Hormone • Fibric Acid Derivatives* • Non-Benzodiazepine Sedative Hypnotics* • Non-Scheduled Novel Sleep Agents* • HMG-CoA Reductase Inhibitors (Statins)* • Skeletal Muscle Relaxants* • ARBs* 	<ul style="list-style-type: none"> • NSAIDs* • Serotonin 5HT3 Antagonists* • Antih herpes Virus Agents* • Muscle Relaxants (Spasticity)* • Bisphosphonates* • Anticholinergics* • Long & Short Acting Inhaled Beta2 Agonists* • Triptans* • Inhaled Corticosteroids* • Ace Inhibitors* • Beta-Blockers*
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*Included in the Auto PA System to allow for paperless renewal of previous approvals of non-preferred drugs.

Common NCPDP Reject Codes

41-Submit Bill to Other Processor or Primary Payer – This reject occurs when a beneficiary has pharmacy insurance provided by another carrier in addition to Medicaid, or the beneficiary is covered under Healthwave.

- If the beneficiary has Healthwave, claims must be submitted to either CVS/Caremark for beneficiaries enrolled in Children’s Mercy Family Health Partners or to WellPoint for beneficiaries enrolled in Unicare.
- If the beneficiary has primary third-party coverage, claims should first be submitted to the primary plan, and then to KMAP.
 - If the beneficiary no longer has a primary third-party, the beneficiary must contact Beneficiary Customer Service at 1-800-766-9012 or their case worker to remove the primary coverage from their KMAP profile. Once the update has been made, the pharmacy may submit the pharmacy claim to KMAP.

76-Plan Limitations Exceeded – This reject code can indicate that the quantity being dispensed is greater than the maximum allowed or the limit of 5 single source prescription claims per month has been exceeded.

- If the quantity being dispensed is greater than the maximum allowed, the claim could be exceeding either the maximum dosage per day or month or maximum quantity per day or month. For specific limits please refer to the Pharmacy Provider Manual.
- If the limit of 5 single source (generally brand name) prescription claims per month has been exceeded, pharmacies may contact the prescriber for documentation of medical necessity. Once documentation of medical necessity has been received and documented, the pharmacy may override the prescription limit. The pharmacy provider should enter a value of “07” (*Medically Necessary*) in the NCPDP Submission Clarification Override Code field and maintain the documentation supporting the override as outlined in the KMAP provider agreement. For more information on performing this override and on documentation requirements, please refer to the Pharmacy Provider Manual located on the KMAP Web site.

88-DUR Reject Error – If this reject code is received, the pharmacy should review their DUR response screen and respond to the highest ranking alert *only if the beneficiary meets the criteria for an override*. Patients that do not meet the criteria have the option of paying for the medication out-of-pocket. The pharmacy provider must maintain documentation for the reason the denial was overridden. They may then input the proper override values on the claim in the NCPDP DUR Reason for Service, Professional Service, and Result of Service code fields.

Auto-deny DUR alerts (in ranking order)

- **Refill Too Soon** – Will auto-deny when the same medication has been filled by the same or different provider and less than 80% of the days supply submitted on the prior claim have elapsed. There are two allowed exceptions. Therapy changes are covered for all beneficiaries, and lost or spilled medication are covered for beneficiaries ages 18 and younger only. Overrides are not allowed for stolen or vacation medications.
- **Pregnancy Alert** – Will auto-deny when a female is flagged as pregnant on the pharmacy claim and the drug submitted is a category X. There are two allowed exceptions: 1) the beneficiary is not pregnant, and 2) the prescriber and beneficiary are aware of the drug’s teratogenic effects, and authorization to dispense has been given after the pharmacist consults with the prescriber.
- **Therapeutic Duplication** – Will auto-deny when a claim is billed for a medication considered therapeutically equivalent to another drug on the beneficiary profile and less than 80% of the other drug days supply have elapsed. Drug classes currently included are: a) H2 Antagonists vs. PPIs, and b) NSAIDS vs. Cox II Inhibitors. The only allowed exception to this DUR alert occurs when the drug or dosage change is verified by the prescriber.
- **Above Maximum Dose** – Occurs when the daily dose is greater than the recommended maximum dose for the beneficiary’s age. The only allowed exception occurs when the prescriber is contacted and approves the dosage.

Further information about resolving claim rejections can be found on the KMAP Web site in the Pharmacy Provider Manual and in the provider bulletins.

A pharmacy price adjustment request form is now available online to submit pricing reimbursement issues.

<http://www.khpa.ks.gov/pharmacy/download/PharmacyPriceAdjustmentRequestForm.pdf>

This form should not be used for ‘Dispense as Written’ pricing inquiries. Requests for brand reimbursement (DAW) on generically-available products require completion of a MedWatch form



Health Information Designs, Inc. (HID) provides drug utilization review and pharmacy benefit management services. We specialize in helping our clients promote clinically-appropriate and cost effective prescribing, dispensing, and utilization of prescription drugs.

For 33 years, HID has worked to improve the quality and cost effectiveness of healthcare through the clinically rational use of prescription medication. Our clients include public and private healthcare plans throughout the U.S., with a combined total of over 14 million covered lives.

Health Information Designs, Inc. was founded in 1976 and is incorporated as a C Corporation in the State of Delaware. HID's initial mission was to market drug utilization review (DUR) services nationally and since its founding, has provided DUR services for clients in approximately one-half of the United States. HID is headquartered in Auburn, Alabama, with regional offices in Arkansas, Maryland, and Mississippi.

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