

Electronic Prior Authorization (ePA): Overcoming Barriers to Implementation

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Purpose

- Understand the framework of ePA
- Learn about the value of the new ePA transaction standards when compared to the current system
 - Significant opportunity to enhance ePrescribing and Prior Authorization (PA) workflows
- Hear about insights gained from a national pilot
- Become aware of the current landscape and the different approaches or phases of implementation
- Learn how you can help accelerate ePA adoption
 - Future: AMCP - currently developing Steering Committee to create a Managed Care ePA Implementation Guide

Agenda

- **Forms, Fax, Phones and Portals:** The impact of prior authorization (PA) today
- **The New Standard for Electronic Prior Authorization:** Improved workflow efficiency solution
- **Why Now:** The Drivers of Standardized Electronic Prior Authorization (ePA)

About AMCP

The Academy of Managed Care Pharmacy (AMCP) is a national professional association of pharmacists, health care practitioners and others who develop and provide clinical, educational and business management services on behalf of more than 200 million Americans covered by a managed pharmacy benefit. AMCP members are committed to a simple goal: providing the best available pharmaceutical care for all patients. Some of the tasks AMCP's more than 6,000 members perform include:

- Monitoring the safety and clinical effectiveness of new medications on the market
- Alerting patients to potentially dangerous drug interactions when a patient is taking two or more medications prescribed by different providers
- Designing and carrying out medication therapy management programs to ensure patients are taking medications that give them the best benefit to keep them healthy
- Creating incentives to control patients' out-of-pocket costs, including through lower copayments on generic drugs and certain preferred brands.

Mission: To empower its members to serve society by using sound medication management principles and strategies to improve health care for all.

About NCPDP

Founded in 1977, the National Council for Prescription Drug Programs (NCPDP) is a not-for-profit, ANSI-accredited, Standards Development Organization with over 1,600 members representing virtually every sector of the pharmacy services industry.

NCPDP members have created standards such as the Telecommunication Standard and Batch Standard, the SCRIPT Standard for e-Prescribing, the Manufacturers Rebate Standard and more to improve communication within the pharmacy industry.

Our data products include dataQ[®], a robust database of information on more than 76,000 pharmacies, and HCidea[®], a database of continually updated information on more than 2.3 million prescribers. NCPDP's RxReconn[®] is a legislative tracking product for real-time monitoring of pharmacy-related state and national legislative and regulatory activity. www.ncdp.org

Today's Speaker

Anita Murcko, MD, FACP – President and CEO of Cambiare, LLC

Dr. Anita Murcko is president and CEO of Cambiare, LLC and a clinical associate professor with more than 20 years of practice experience as an internal medicine physician. She has been formative in Arizona's health information exchange (HIE), e-prescribing and electronic health records (EHR) initiatives. She is a recent recipient of the American College of Physicians (ACP) Laureate Award, The Arizona Capital Times as a Leader of the Year in Public Policy for Healthcare and selected by the Arizona Business Magazine as a Health Care Leader of the Year in Public Policy for Healthcare finalist.

Most recently, Dr. Murcko provided clinical leadership for the Arizona Medical Information Exchange (AMIE) and the Purchasing & Assistance Collaborative for Electronic Health Records (PACeHR) as its Medical Director for Clinical Informatics & Provider Adoption.

Dr. Murcko received her MD from the University of Pittsburgh School of Medicine and completed her internal medicine residency at Indiana University.

Today's Speaker

Melissa Brown – Director of Benefits Messaging, Surescripts

Melissa Brown is a Product Director at Surescripts where she is responsible for Electronic Prior Authorization and other product offerings that leverage NCPDP Standards.

Melissa is an active member of NCPDP and has more than 19 years of experience with the development, launch and implementation of health care information technology products and services. Melissa has a Bachelor of Science Degree from the University of Wisconsin.

Today's Speaker

Tony Schueth – Leader, Prior Authorization Workflow-to-Transactions Task Group, NCPDP; CEO & Managing Partner, Point-of-Care Partners

Tony is leader for the NCPDP electronic prior authorization (ePA) workflow-to-transactions task group, a co-leader of the NCPDP Specialty ePrescribing task group, and is on the Academy of Managed Care Pharmacy HIT Advisory Council.

He is also CEO & managing partner of Point-of-Care Partners (POCP), a health information technology (HIT) strategy and management consulting firm specializing in the evolving world of electronic health records. A 25-year healthcare veteran, he is an expert in HIT, in general, and one of the nation's foremost experts in ePrescribing, ePrior Authorization and eMedication Management.

He has a master of science degree from Northwestern University in Evanston, Illinois and a bachelor of arts degree from Butler University in Indianapolis, Indiana.

Faculty Disclosures

- Dr. Anita Murcko, Melissa Brown, and Tony Schueth, report no actual or potential conflicts of interest associated with this presentation

Forms, Fax, Phones and Portals

The impact of prior authorization (PA) today



Anita Murcko, MD, FACP



“It’s a nuisance, time-consuming, and often not in the patient’s best interest”

—George G. Ellis, Jr., MD Internal medicine physician & Medical Economics editorial advisor

How did we get here?

What is Prior Authorization?

Cost-savings feature that helps to ensure the safe and appropriate use of selected prescription drugs and medical procedures.

- Criteria based on clinical guidelines and medical literature
- PA drug list and criteria vary by payer

Patient Name: _____
Patient ID#: _____
Patient Date of Birth: _____

Physician Name: _____
Physician Phone: _____
Physician Fax: _____

1. What drug is being prescribed? ☐ Omnitrope ☐ Saizen ☐ Genotropin ☐ Humatrope ☐ Norditropin ☐ Nutropin ☐ Serostim ☐ Tev-Tropin ☐ Zorbtive ☐ Other _____

2. Is patient currently on Increlex? ☐ Yes ☐ No

3. If patient is on Increlex, will the Increlex be discontinued? ☐ Yes ☐ No

4. Does the patient have any of the following contraindications to GH therapy? ☐ Yes ☐ No

- Active or history of malignancy within the past 12 months
- Diabetic retinopathy
- Acute critical illness

5. What is the specialty of the prescribing physician? ☐ Endocrinology ☐ Gastroenterology ☐ Support ☐ Nephrology ☐ Infectious Disease ☐ Other _____

6. What is the diagnosis? ☐ Pediatric growth hormone deficiency ☐ Neonatal hypoglycemia syndrome ☐ Growth failure due to chronic renal insufficiency ☐ Small for gestational age syndrome ☐ Idiopathic short stature ☐ Adult growth hormone deficiency ☐ Panhypopituitarism ☐ Related wasting/cachexia ☐ Short bowel syndrome ☐ Short stature homeobox-containing (SHOX) gene mutation ☐ Noonan syndrome ☐ Combination treatment with leuprolide in children with g ☐ Advancing puberty ☐ Congenital adrenal hyperplasia ☐ Russell-Silver syndrome ☐ Cere ☐ Septo-optic dysplasia ☐ Cystic fibrosis ☐ Other _____

7. Please document patient's pre-treatment height. _____ cm and age _____

8. Please document patient's provocative test results. _____

9. Is the patient a neonate? ☐ Yes ☐ No

10. Are epiphyses still open? ☐ Yes ☐ No ☐ X-ray not available

11. Is the patient currently on growth hormone therapy? *If yes, please skip to question # 24 ☐

EXAMPLE OF PAPER-BASED PA FORM

PA Forms and Formats Differ by Plan and Drug

ADHD Agents Quantity Limit Prior Authorization Form

Drug Requested _____

ONLY G

(one drug per form)

Date: _____
Patient Name: _____
Prescribing Physician: _____
Office Fax #: _____

ONLY G

***MEDICARE PART D ONLY: RE

1. PROVIDER SPECIALTY (specify)
2. DIAGNOSIS FOR DRUG REQUEST
3. MEDICATION HISTORY (specify)

Drug Name (include strength)

PRIOR AUTHORIZATION REQUEST FORM

manages the pharmacy drug benefit for your patient. Certain requests for prior authorization may require additional information from the prescriber. Please answer the following questions and fax the form to the number listed above. Information left blank or illegible may delay the review process.

For Medicare Private Fee-For-Service members, prior authorization is not required for Part B-covered medications. The information below is needed for a Part B review. Part D authorization for these members.

Patient name: _____ Prescriber name: _____ Phone: _____
Member/Subscriber Number: _____ Fax: _____
Office contact: _____
NPI: _____ Tax ID: _____
Patient date of birth: _____ Address: _____
Group number: _____ City, state ZIP: _____
Address: _____ (specify facility) name (if applicable): _____
City, state ZIP: _____

Drug name: _____
Directions/GD: _____

Quantity: _____
Is this a proactive request for a new plan year? Yes _____ No _____ If yes, please provide plan year: _____

(Please note: all reviews will be processed with generic equivalents for brand drugs wherever possible.)
Please attach pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. Please provide diagnosis: _____

Q2. Please provide J-Code, if applicable: _____

Q3. Please provide ICD Diagnostic Codes: _____

Q4. Is the request for a reauthorization?

☐ Yes ☐ No

Q5. Has the patient had previous treatment within the past 12 months, intolerance, or contraindication to the generic equivalent?

☐ Yes ☐ No

Q6. Please provide previous therapies used with start/end dates and reason for discontinuing drug(s) that would be pertinent to the review of the drug requested

Prescriber signature _____

Date _____

Medicaid Preferred Drug Program

Opioid Agents Prior Authorization Worksheet

To request prior authorization via fax, please complete the Standardized fax form. A faxed request takes up to 24 hours and processing may be delayed if information submitted is illegible or incomplete. PA requests from 3rd party agents to include faxes or any media are not allowed. Please have the prescribing physician or pharmacist fax the request to the following number: _____

Include faxes or any media are not allowed. Please have the prescribing physician or pharmacist fax the request to the following number: _____

form, only the Member Name, ID, DOB, and Clinical Criteria are required.

your request.

Enrollee Information

ENROLLEE LAST NAME: _____

ENROLLEE FIRST NAME: _____

ENROLLEE MEDICAID ID NUMBER (P LETTERS, 5 NUMBERS, 1 LETTER): _____

ENROLLEE DATE OF BIRTH: _____

ENROLLEE ADDRESS: _____

ENROLLEE CITY: _____

ENROLLEE STATE: _____

ENROLLEE ZIP: _____

ENROLLEE PHONE: _____

ENROLLEE FAX: _____

ENROLLEE EMAIL: _____

ENROLLEE SOCIAL SECURITY: _____

ENROLLEE MEDICAL HISTORY: _____

ENROLLEE ALLERGIES: _____

ENROLLEE CURRENT MEDICATIONS: _____

ENROLLEE PREVIOUS MEDICATIONS: _____

ENROLLEE PREVIOUS TREATMENT: _____

ENROLLEE PREVIOUS TOLERANCE: _____

ENROLLEE PREVIOUS CONTRAINDICATIONS: _____

ENROLLEE PREVIOUS ADDICTION: _____

ENROLLEE PREVIOUS ABUSE: _____

ENROLLEE PREVIOUS DEPRESSION: _____

ENROLLEE PREVIOUS ANXIETY: _____

ENROLLEE PREVIOUS BIPOLAR: _____

ENROLLEE PREVIOUS SCHIZOPHRENIA: _____

ENROLLEE PREVIOUS PERSONALITY DISORDER: _____

ENROLLEE PREVIOUS SUBSTANCE USE DISORDER: _____

ENROLLEE PREVIOUS EATING DISORDER: _____

ENROLLEE PREVIOUS SELF-HARM: _____

ENROLLEE PREVIOUS SUICIDE ATTEMPTS: _____

ENROLLEE PREVIOUS SUICIDE: _____

ENROLLEE PREVIOUS DEATH: _____

ENROLLEE PREVIOUS OTHER: _____

ENROLLEE PREVIOUS OTHER: _____

ENROLLEE PREVIOUS OTHER: _____

ENROLLEE PREVIOUS OTHER: _____

ENROLLEE PREVIOUS OTHER: _____

ENROLLEE PREVIOUS OTHER: _____

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ENROLLEE PREVIOUS OTHER: _____

ENROLLEE PREVIOUS OTHER: _____

ENROLLEE PREVIOUS OTHER: _____

ENROLLEE PREVIOUS OTHER: _____

EN



manual completion and submission is burdensome

Manual Prior Authorization Impacts Everyone



- 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, faxes, portal forms
- After waiting days—or even weeks—and more calls PA obtained and patient notified

Prior Authorization: Measurable Burden

“On average, physicians spent more time dealing with [drug PAs] than any other interaction”

HealthAffairs

May 2009

“What Does It Cost Physician Practices To Interact With Health Insurance Plans?”

Prior Authorization Impact on Prescribers

“Interactions with health plans cost practices
\$23 to \$31 billion
yearly”

3 - 8 hours
Per physician
each week¹

\$ Thousands
Per physician
each year¹

1. Health Affairs, Volume 28 No4 w533. July/August 2009: “What Does it Cost Physician Practices to Interact with Health Plans?” Lawrence P. Casalino, et al.

Prior Authorization Impact on PBMs

90%
OF PA REQUESTS
REQUIRE
PHONE OR FAX¹

**OPERATIONAL
INEFFICIENCY**
\$20 -25
PER SUBMISSION
TO PBM²

91%
OF PHYSICIANS ARE
“FRUSTRATED
WITH PAs”³
PHYSICIAN ABRASION
**DAMAGED
REPUTATION**⁴
PATIENT COMPLAINTS

1. Managed Healthcare Executive, 2009, *Manage Medical Advances with Automated Prior Authorization*, D. Moeller
2. American Journal of Managed Care, *A Physician-Friendly Alternative to Prior Authorization for Prescription Drugs*, Published Online, Dec. 2009
3. National Council for Prescription Drug Programs (NCPDP) ePA Task Group, December 2011
4. HealthCare Payer News, *Streamlining Pre-authorizations to Prevent Physician Abrasion*, Feb. 2013

Prior Authorization Impact on Pharmacy



- **\$11,440** cost per pharmacist per year¹
- **4 hours median time** spent on PAs per week

¹ Krieger, Leah (2011, Spring). *Prescription for Prior Authorizations: A Better Way*. Retrieved March 2014, from <http://www.policymattersjournal.org/krieger.html>.

PA Impacts Patient Wait Times for Medicine



“My doctor increased the dose from 2mg to 4mg. I went to pick up my new script only to find out my insurance requires a Prior Auth. So I can’t pick up my script until this is settled and I am out of meds.”
– Patient, Online Forum

Quote from <http://www.crazymeds.us/CrazyTalk/index.php/topic/16320-abilify-pre-authorization-cant-get-script/>

Streamlining Prior Authorization is a Top Priority for Providers

#1

Most desired
e-prescribing
capability is ePA¹

91%

Frustrated with
prior authorization²

28%

Would switch EHR
vendor for ePA³

¹ NCPDP ePA Task Group, 2011

² Surescripts Survey (n = 2,391) http://www.ncdp.org/pdf/NCPDPePATaskGroup_WhereHaveWeBeen_%20Final121511.pdf

³ Surescripts Survey (n=123)

Gaps in Current PA Activities

- Prescriber often not aware that prescribed drug requires PA
- Criteria not residing within EHR or visible to physician
- Does not automate the entire process – various workarounds that may or may not meld together
- Paper forms and portals require manual reentry of data that may already reside electronically within an EMR
- Multiple routes to obtain PA depending on health plan, drug, pharmacy, and patient combination

The New Standard for Electronic Prior Authorization

Improved workflow efficiency solution



Melissa Brown

NCPDP SCRIPT Standards for ePrescribing

- **Formulary, benefit, eligibility capabilities**

- exchange between prescribers and payers for pharmacy benefits

- **Prescription routing and medication history capabilities**

- exchange between prescribers, pharmacies, intermediaries, payers

NEW

- **Electronic prior authorization capabilities**

- exchange between prescribers and payers for pharmacy benefits

NCPDP SCRIPT Standard for Electronic Prior Authorization (ePA) Transactions

- Officially approved as part of the NCPDP SCRIPT Standard in July 2013



Physician EHR



PBM



Reducing
administrative burden



Increasing
workflow efficiency

NCPDP SCRIPT Standard ePA transactions were Successfully Pilot Tested



Pilot supported by industry leading companies

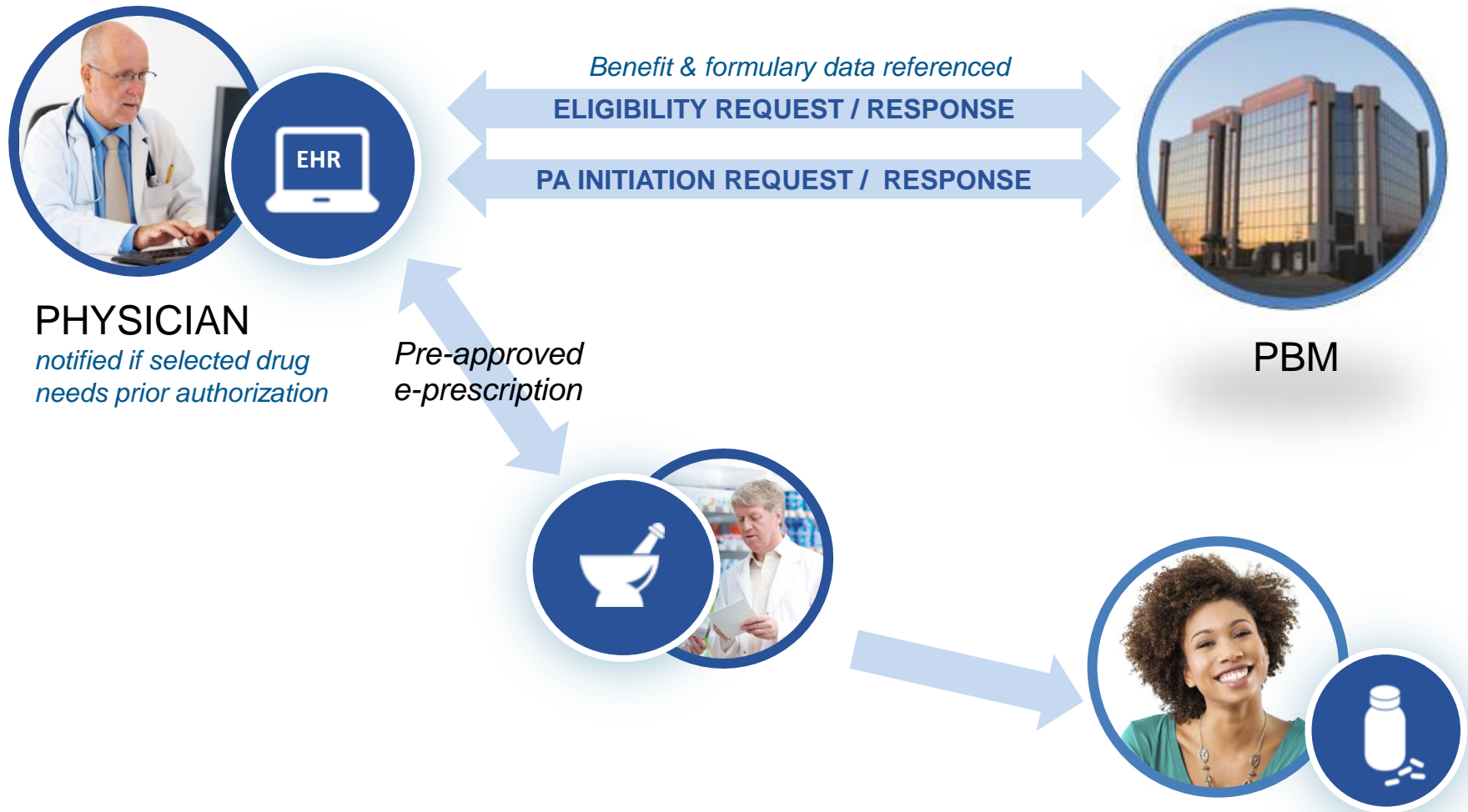
- Allscripts
- CVS Caremark
- Navinet/CoverMyMeds
- Surescripts

NCPDP SCRIPT Standard transactions

Enables Options for ePrior Authorization Workflow

- **Prospective** workflow initiated at prescriber level ***before*** sending e-prescription to pharmacy
 - Physician identifies drugs requiring a PA before prescription is sent
- **Retrospective** workflow initiated at pharmacy ***after*** prescriptions is sent and rejected by PBM

Prospective ePA Implementation Approves PA Before RX is Sent



Prospective ePA Integration Within the eRx Workflow - New Best Practice

- Leverages eligibility & formulary data to **notify providers of medication PA requirements before e-prescribing**
- Instead of forms, **specific PA questions are sent to the EHR**, based on patient, plan, and medication
- **Pre-population** of required patient information adds efficiency and accuracy to administrative tasks
- Real-time communications with PBM to complete **prior authorization review before sending e-prescription**
- **Preapproved e-prescriptions** routed to pharmacy and won't be subject to PA block

NCPDP ePA Message Types

PA Initiation Request	Prescriber → PBM/Payer
PA Initiation Response	PBM/Payer → Prescriber
PA Request	Prescriber → PBM/Payer
PA Response	PBM/Payer → Prescriber
PA Appeal Request	Prescriber → PBM/Payer
PA Appeal Response	PBM/Payer → Prescriber
PA Cancel Request	Prescriber → PBM/Payer
PA Cancel Response	PBM/Payer → Prescriber

Note: All requests and responses are real-time bi-directional messages based on the NCPDP SCRIPT Standard

ePA Implementations Vary

Capabilities	Prescriber Portals	PBM/Payer Portals	Fully Integrated into EHR
Integrated into physician EHR workflow			✓
Prospective workflow capabilities			✓
Retrospective workflow capability	✓	✓	✓
Integrated into the e-prescribing workflow			✓
Automatically pull patient medical history from EHR into PA question sets			✓
Broad connections to several PBMs/Payers	✓		✓
Bi-directional network of PBM/Payers and Providers/EHRs	✓	✓	✓

E-Prescribing Using Electronic Prior Authorization: Prescriber Perspective

EMR Example



Anita Murcko, MD, FACP

1. Prescriber initiates new prescription within EMR workflow and is notified that a PA is required

Allscripts Patient: Doe, Jane Gender, DOB: F, 07/02/1944 (69 Y) Patient ID: AHS93 JS Family Practice Change
Active allergies: **None entered** John Smith, MD Edit
Active problems: None entered
Active medications:
Retail pharmacy: ★ CVS/PHARMACY #9210, 10653 NORTH SCOTTSDALE ROAD ...
Mail Order Pharmacy: ★ CVS CAREMARK INC (MAIL ORDER), 9501 E SHEA BLVD ...

message community help logout

Choose Medication drugname Search Patient History My History All Meds Write Free Form Rx

Coverage: CMX - ABC HEALTH PLAN (Retail, Mail) Patient Options

Back Add to Script Pad Add & Review Review Script Pad

	Medication And Sig	Quantity	DAW	Refills	Days
<input checked="" type="checkbox"/>	drugname , 100MG CAP, TAKE 1 CAPSULE DAILY	90	<input type="checkbox"/>	3	90

Formulary Alternatives No Alternatives

Formulary Notes No Formulary Notes Available

Coverage & Co-pay
Coverage Limits:
Prior authorization required.

Prospective PA request complements e-prescribing workflow

2. Prescriber finalizes prescription and initiates ePA task

Allscripts Patient: Doe, Jane Gender, DOB: F, 07/02/1944 (69 Y) Patient ID: AHS93 JS Family Practice [Change](#)
Active allergies: **None entered** John Smith, MD [Edit](#)
Active problems: None entered
Active medications:
Retail pharmacy: ★ CVS/PHARMACY #9210, 10653 NORTH SCOTTSDALE ROAD ...
Mail Order Pharmacy: ★ CVS CAREMARK INC (MAIL ORDER), 9501 E SHEA BLVD ...

[message](#) [community](#) [help](#) [logout](#)

Patients **Tasks** **Library** **Reports** **Settings** **Tools** **My eRx**

Script Pad [Select Med](#) [Choose Patient](#) [Change Pharmacy](#) [Process Script Pad ▶](#)

Rx Date **Medication & Sig** **Destination** [Print Center](#) [Print](#)

04/03/2014 11:08 AM	drugname100 MG Cap - TAKE 1 CAPSULE DAILY. QUANTITY 90 Cap - REFILL 3 - Days Supply - 90	Send to ePA Task List ▼	Remove	Edit
------------------------	---	---	------------------------	----------------------

Help With This Screen

Review Script Pad:
This page allows you to review your script(s) for accuracy prior to processing them.

3. PBM/Payer returns PA question sets within the EMR

Allscripts

Patient: [No Patient Selected] Gender, DOB: Patient ID: JS Family Practice [Change](#)
John Smith, MD [Edit](#)

Active allergies:
Active problems:
Active medications:
Retail pharmacy:
Mail Order Pharmacy:

message community ? X
help logout

Wolters Klawer Search

Patients **Tasks (1)** Library Reports Settings Tools My eRx

My Tasks Site Tasks Assistant's Tasks (0) ePA Tasks (1) Show tasks for: All Providers Help With This Screen

PROCESS TASK

Patient	Prescriber	Medication & Sig	Rx Date	Status	Destination
<input type="radio"/> Doe, Jane	Smith, John	drugame, 100MG Cap, TAKE 1 ...	04/03/2014	ePA Ready	Send to Pharmacy

4. PA questions presented in logical, sequential flow

The screenshot displays a medical software interface with a central form titled "ABC HEALTH PLAN". The form is part of a sequential flow, indicated by the "1 / 13" label. The form contains a question about cardiovascular risk and two radio button options for "Yes" and "No". Navigation buttons include "Next", "Cancel", "Start Over", and "Save & Finish Later". The background interface shows patient information fields, a task list, and a search bar.

ABC HEALTH PLAN

Expiration Date: 12/31/2199
Contact: (800) 294-4597

Patient Name: Doe, Jane
drugname

1 / 13

Does the patient have a greater than 10% estimated 10 year cardiovascular event risk (e.g., estimated by the Framingham Cardiac Risk Score) or does the patient have known pre-existing cardiovascular disease?

☐ Yes
☐ No

Next
Cancel
Start Over
Save & Finish Later

Background Interface:

- Top bar: Patient: [No Patient Selected], Gender, DOB: , Patient ID: , JS Family Practice Changes, John Smith, MD Edit
- Left sidebar: Allscripts, Active allergies: , Active problems: , Active medications: , Retail pharmacy: , Mail Order Pharmacy: , Patients, Tasks (1), My Tasks, Site Tasks, Assist, PROCESS TASK, Patient, Prescriber, Doe, Jane, Smith, John
- Right sidebar: message, community, help, logout, Search, This Screen

5. Prescriber answers questions following the criteria path

The screenshot displays a medical software interface with a central modal window titled "ABC HEALTH PLAN". The modal contains a question about patient suitability for treatment with alternative analgesics. The background interface includes a sidebar with "Allscripts" and "Tasks (1)" sections, a top header with patient information fields, and a right sidebar with navigation icons and a search bar.

ABC HEALTH PLAN

Expiration Date: 12/31/2199
Contact: (800) 294-4597

Patient Name: Doe, Jane
drugname

3 / 13

Has the patient failed or is the patient not a suitable candidate for treatment with any other alternative analgesic (e.g., acetaminophen, tramadol, low dose opioid, etc)?

☐ Yes
☐ No

Next
Cancel
Start Over
Save & Finish Later

Background Interface:

- Top Header:** Patient: [No Patient Selected], Gender, DOB:, Patient ID:, JS Family Practice Changes, John Smith, MD Edit
- Left Sidebar:** Allscripts, Active allergies:, Active problems:, Active medications:, Retail pharmacy:, Mail Order Pharmacy:, Patients, Tasks (1), My Tasks, Site Tasks, Assist, PROCESS TASK, Patient, Prescriber, Doe, Jane, Smith, John
- Right Sidebar:** message, community, help, logout, Search, This Screen

6. Additional questions reviewed and completed with ease

The screenshot displays a web-based interface for a health plan. At the top, there are fields for Patient, Gender, DOB, and Patient ID, all currently empty. Below these, a sidebar on the left contains navigation links: Allscripts, Active allergies, Active problems, Active medications, Retail pharmacy, and Mail Order Pharmacy. The main content area is titled "ABC HEALTH PLAN" and shows patient information: Patient Name: Doe, Jane, drugname, Expiration Date: 12/31/2199, and Contact: (800) 294-4597. A task progress indicator shows "4 / 13". The task question is: "Will the lowest effective dose of drugname be used for the shortest amount of time necessary to treat the patient's condition?". There are two radio button options: "Yes" and "No". At the bottom right of the task area, there are four buttons: "Next", "Cancel", "Start Over", and "Save & Finish Later". The right sidebar contains a search bar with the text "Wolters Kluwer" and a "Search" button, and a "Log Out" button.

Patient: [No Patient Selected] Gender, DOB: Patient ID:

JS Family Practice Change
John Smith, MD Edit

message community help logout

Wolters Kluwer Search

h This Screen

PROCESS TASK

Patient Prescriber

○ Doe, Jane Smith, John

ABC HEALTH PLAN

Expiration Date: 12/31/2199
Contact: (800) 294-4597

4 / 13

Will the lowest effective dose of drugname be used for the shortest amount of time necessary to treat the patient's condition?

☐ Yes
☐ No

Next
Cancel
Start Over
Save & Finish Later

7. Additional questions...reviewed and completed

JS Family Practice Changes
John Smith, MD Edit

manage community help logout

Wolters Kluwer Search

h This Screen

Patient: [No Patient Selected] Gender, DOB: Patient ID:

Allscripts Active allergies: Active problems: Active medications: Retail pharmacy: Mail Order Pharmacy:

Patients Tasks (1)

My Tasks Site Tasks Assist

PROCESS TASK

Patient Prescriber

Doe, Jane Smith, John

ABC HEALTH PLAN

Expiration Date: 12/31/2199
Contact: (800) 294-4597

Patient Name: Doe, Jane
drugname

5 / 13

Is the patient being treated for post-operative pain following CABG surgery?

☐ Yes
☐ No

Next
Cancel
Start Over
Save & Finish Later

8. Additional questions...reviewed and completed

The screenshot displays a medical software interface. At the top, there are fields for Patient, Gender, DOB, and Patient ID, all currently empty. Below these, there are sections for Active allergies, Active problems, Active medications, Retail pharmacy, and Mail Order Pharmacy. A sidebar on the left contains navigation links for Patients, Tasks (1), My Tasks, Site Tasks, and Assist. A central panel titled 'ABC HEALTH PLAN' shows patient information: Patient Name: Doe, Jane, drugname, and Expiration Date: 12/31/2199. Below this, a question asks: 'Does the patient have a diagnosis of juvenile rheumatoid arthritis (JRA), also referred to as juvenile idiopathic arthritis (JIA)?'. There are two radio button options: 'Yes' and 'No'. At the bottom right of the central panel, there are four buttons: 'Next', 'Cancel', 'Start Over', and 'Save & Finish Later'. The right sidebar contains a search bar with the text 'Volters Klawer' and a 'Search' button, and a 'This Screen' button.

Patient: [No Patient Selected] Gender, DOB: Patient ID: JS Family Practice Change John Smith, MD Edit

Allscripts Active allergies: Active problems: Active medications: Retail pharmacy: Mail Order Pharmacy:

Patients Tasks (1)

My Tasks Site Tasks Assist

PROCESS TASK

Patient Prescriber

○ Doe, Jane Smith, John

ABC HEALTH PLAN

Patient Name: Doe, Jane drugname

Expiration Date: 12/31/2199

Contact: (800) 294-4597

6 / 13

Does the patient have a diagnosis of juvenile rheumatoid arthritis (JRA), also referred to as juvenile idiopathic arthritis (JIA)?

☐ Yes

☐ No

Next

Cancel

Start Over

Save & Finish Later

Volters Klawer Search

This Screen

9. Additional questions...reviewed and completed

The screenshot displays a medical software interface with a central modal window titled "ABC HEALTH PLAN". The modal contains the following information:

- ABC HEALTH PLAN**
- Expiration Date: 12/31/2199
- Patient Name: Doe, Jane
- Contact: (800) 294-4597
- drugname

Below this information, a question is posed: "Does the patient have a diagnosis of primary dysmenorrhea?". To the right of the question is a progress indicator "7 / 13".

Two radio button options are provided:

- ☐ Yes
- ☐ No

At the bottom right of the modal, there are four buttons: "Next", "Cancel", "Start Over", and "Save & Finish Later".

The background interface includes a sidebar on the left with sections for "Allscripts", "Patient:", "Active allergies:", "Active problems:", "Active medications:", "Retail pharmacy:", and "Mail Order Pharmacy:". Below these are tabs for "Patients" and "Tasks (1)", with sub-tabs for "My Tasks", "Site Tasks", and "Assist". A "PROCESS TASK" button is also visible. The top of the interface shows fields for "Patient:", "Gender, DOB:", and "Patient ID:". The right side of the interface includes a header for "JS Family Practice Changes" and "John Smith, MD Edit", along with icons for "message", "community", "help", and "logout". A search bar with the text "Volters Klover" and a "Search" button is also present.

10. Additional questions...reviewed and completed

The screenshot displays a medical software interface with a central modal window titled "ABC HEALTH PLAN". The modal contains the following information:

- ABC HEALTH PLAN**
- Patient Name: Doe, Jane
- drugname
- Expiration Date: 12/31/2199
- Contact: (800) 294-4597

Below this information, a question is posed: "Does the patient have a diagnosis of osteoarthritis?" with a progress indicator "8 / 13". Two radio buttons are provided for the answer:

- ☐ Yes
- ☐ No

At the bottom right of the modal, there are four buttons: "Next", "Cancel", "Start Over", and "Save & Finish Later".

The background interface includes a top navigation bar with "Allscripts" and a patient information section with fields for "Patient:", "Gender, DOB:", and "Patient ID:". On the left, there are tabs for "Patients" and "Tasks (1)", with sub-tabs for "My Tasks", "Site Tasks", and "Assist". A "PROCESS TASK" button is also visible. On the right, there are icons for "message", "community", "help", and "logout", along with a search bar and a "Search" button.

11. Additional questions...reviewed and completed

ABC HEALTH PLAN

Expiration Date: 12/31/2199
Contact: (800) 294-4597

11 / 13

Is the patient taking daily aspirin (ASA) therapy?

☐ Yes
☐ No

Next
Cancel
Start Over
Save & Finish Later

JS Family Practice
John Smith, MD Edit

message community help logout

Volters Klover Search

h This Screen

Patient: [No Patient Selected] **Gender, DOB:** **Patient ID:**

Active allergies:
Active problems:
Active medications:
Retail pharmacy:
Mail Order Pharmacy:

Patients **Tasks (1)**

My Tasks Site Tasks Assist

PROCESS TASK

Patient	Prescriber
<input type="radio"/> Doe, Jane	Smith, John

12. Additional questions...reviewed and completed

The screenshot displays a medical software interface with a central form titled "ABC HEALTH PLAN". The form contains the following information:

- Patient Name:** Doe, Jane
- drugname**
- Expiration Date:** 12/31/2199
- Contact:** (800) 294-4597

Below this information is a question: "Is the patient at risk of an NSAID-related gastrointestinal (GI) adverse event (e.g., an NSAID associated gastric ulcer or gastrointestinal bleeding)?" with a progress indicator "13 / 13".

There are two radio button options:

- ☐ Yes
- ☐ No

At the bottom right of the form are four buttons: "Next", "Cancel", "Start Over", and "Save & Finish Later".

The background interface includes a sidebar on the left with "Allscripts" and "Tasks (1)" sections. The top bar shows "Patient: [No Patient Selected]", "Gender, DOB:", "Patient ID:", and "JS Family Practice Changes John Smith, MD Edit". The right sidebar has icons for "message", "community", "help", and "logout", along with a search bar.

13. Can review answers and attach supporting documents

ABC HEALTH PLAN

Patient Name: Doe, Jane
drugname

Expiration Date: 12/31/2199
Priority: Not Urgent

Review your answers:

Question	Answers	Comments
1 Does the patient have a greater than 10% estimated 10 year cardiovascular event risk (e.g., estimated by the Framingham Cardiac Risk Score) or does the patient have known pre-existing cardiovascular disease?	Yes	
2 Has the patient failed or is the patient not a suitable candidate for treatment with any other alternative analgesic (e.g., acetaminophen, tramadol, low dose opioid, etc)?	Yes	
3 Will the lowest effective dose of drugname be used for the shortest amount of time necessary to treat the patient's condition?	Yes	
4 Is the patient being treated for	No	

Add Attachments (.pdf, .jpg, .tiff)
Browse... No file selected.
Attach 12 MB Max

Submit
Start Over
Return to Task List

14. After final review, prescriber submits

ABC HEALTH PLAN

Patient: [No Patient Selected] Gender, DOB: Patient ID: JS Family Practice Changes
John Smith, MD Edit

Active allergies: message community help logout
Active problems: ? X
Active medications: ? X
Retail pharmacy: ? X
Mail Order Pharmacy: ? X

Patients Tasks (1)

My Tasks Site Tasks Assist

PROCESS TASK

Patient	Prescriber
Doe, Jane	Smith, John

Review your answers:

Expiration Date: 12/31/2199
Priority: Not Urgent

Add Attachments (.pdf, .jpg, .tiff)
Browse... No file selected.
Attach 12 MB Max

Submit
Start Over
Return to Task List

4 Is the patient being treated for post-operative pain following CABG surgery? No

5 Does the patient have a diagnosis of juvenile rheumatoid arthritis (JRA), also referred to as juvenile idiopathic arthritis (JIA)? No

6 Does the patient have a diagnosis of primary dysmenorrhea? No

7 Does the patient have a diagnosis of osteoarthritis? Yes

8 Is the patient taking daily aspirin (ASA) therapy? No

9 Is the patient at risk of an NSAID-related gastrointestinal (GI) adverse event (e.g., an NSAID associated gastric ulcer or gastrointestinal bleeding)? Yes

15. ePA approved by PBM/Payer and prescription ready to send to the pharmacy

Allscripts

Patient: [No Patient Selected] Gender, DOB: Patient ID: JS Family Practice [Change](#)
John Smith, MD [Edit](#)

Active allergies:
Active problems:
Active medications:
Retail pharmacy:
Mail Order Pharmacy:

message community help logout

Wolters Kluwer Search

Patients Tasks (1) Library Reports Settings Tools My eRx

My Tasks Site Tasks Assistant's Tasks (0) ePA Tasks (1) Show tasks for: All Providers

Help With This Screen

PROCESS TASK

Patient	Prescriber	Medication & Sig	Rx Date	Status	Destination
<input type="radio"/> Doe, Jane	Smith, John	drugame, 100MG Cap, TAKE 1 ...	04/03/2014	ePA Approved	<input type="button" value="Send to Pharmacy"/>

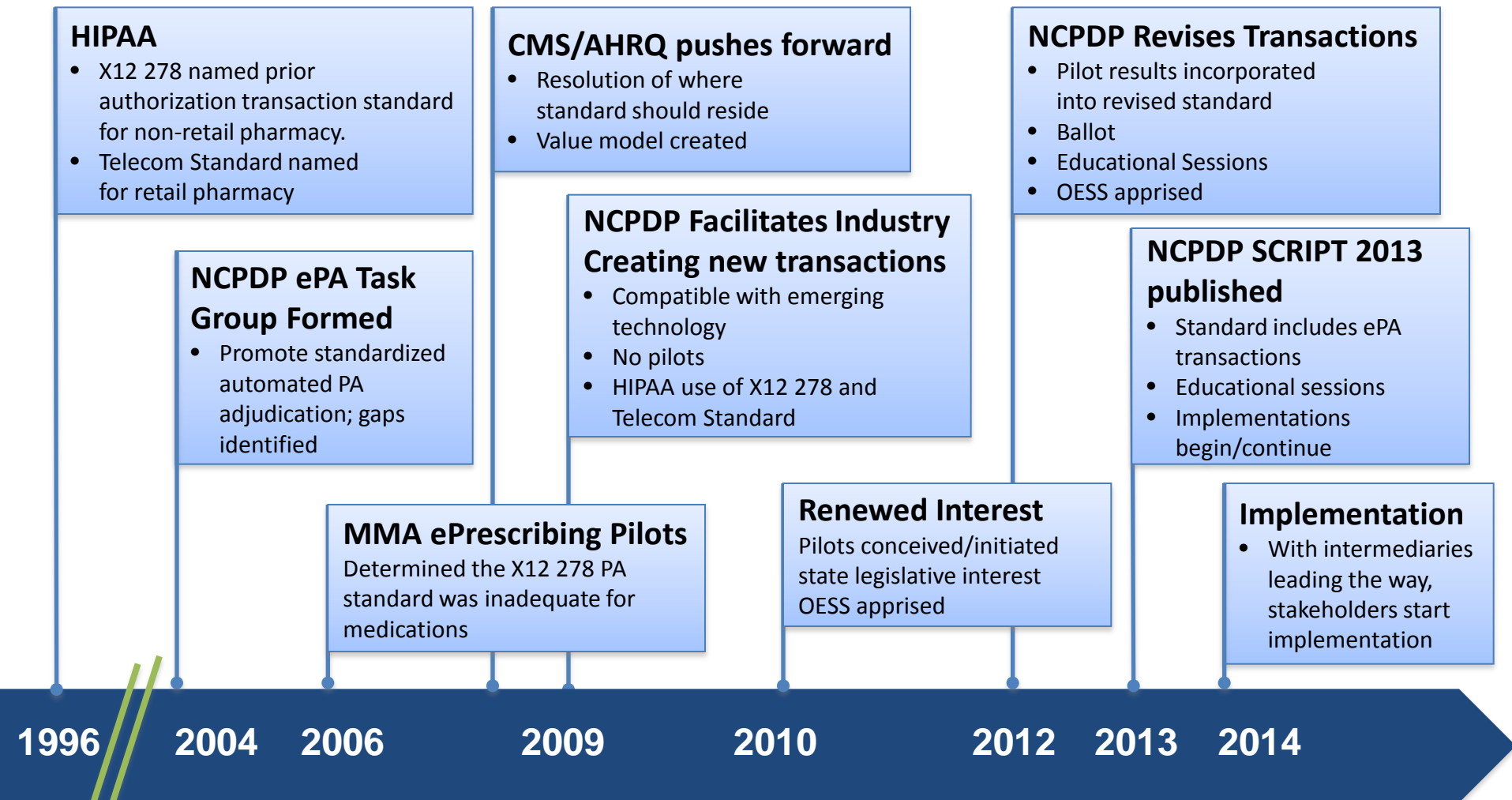
Why Now:

The Drivers of Standardized Electronic Prior Authorization (ePA)



Tony Schueth, MS

Electronic Prior Authorization (ePA) History



Stakeholders Involved in the New Electronic Prior Authorization Standard

Standards

NCPDP

- 2013 SCRIPT Standard adds ePA transactions, after 18 years work.
- Task group continues to evaluate SCRIPT Standard improvements

DSMO - Designated Standard Maintenance Organization

- Recommended NCPDP SCRIPT Standard transactions be adopted nationally for ePA

Regulatory

CMS – Centers for Medicare & Medicaid Services

OESS - Office of E-Health Standards & Services

AHRQ – Agency for Healthcare Research & Quality

NCVHS – National Committee on Vital and Health Statistics

State Legislatures

Industry

PBMs/Payers & EHRs

- Many are adopting the NCPDP SCRIPT Standard and will begin transacting by summer 2014

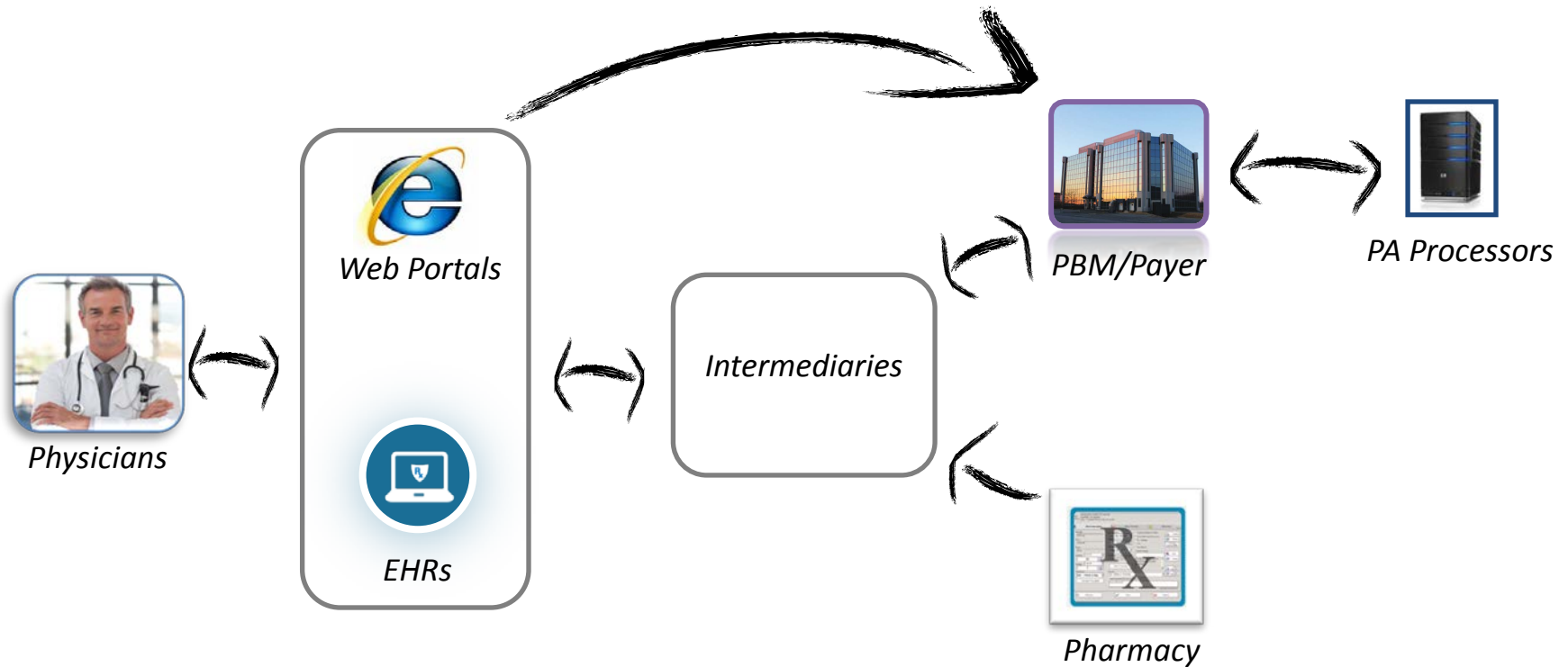
ePA Pilot

- Allscripts, Caremark, CoverMyMeds, Navinet and Surescripts collaborated on a successful 2 year ePA pilot

HIT Networks

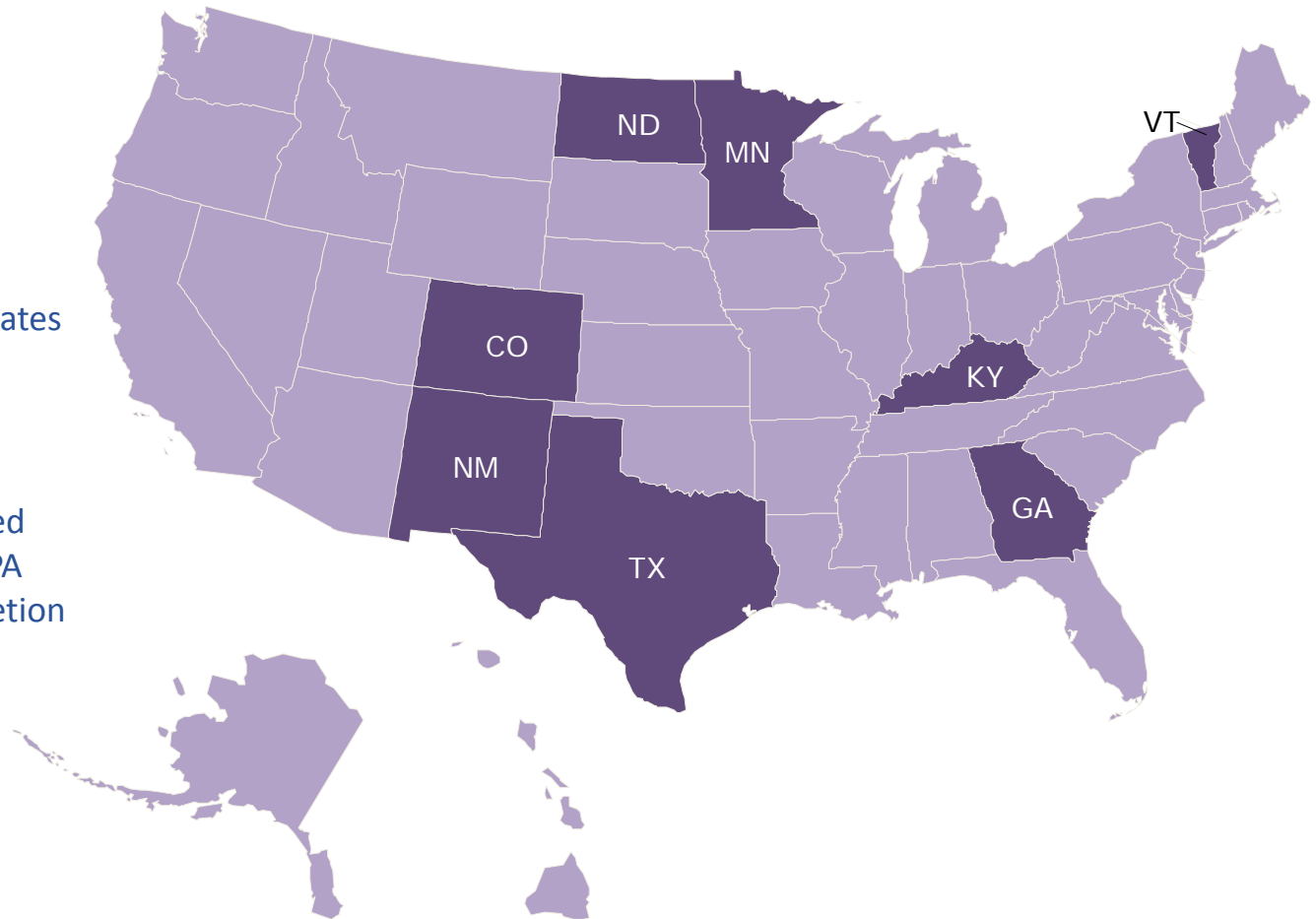
<https://www.ncdp.org/NCPDP/media/pdf/NCPDP-NCVHS-20140219-Panel4.pdf>

Current Landscape



States Requiring ePA for Medications

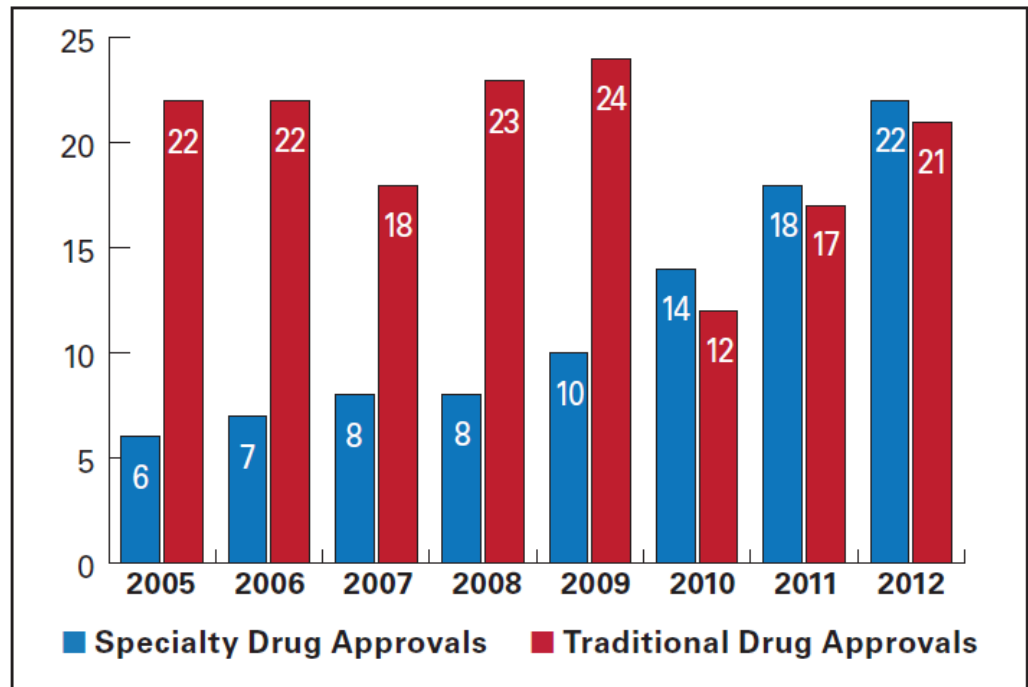
- Eight states have mandates for some type of ePA
- Other states require uniform PA forms
- Numerous states drafted study laws, planning ePA mandates upon completion



Drug Pipeline: Specialty medications are a growing segment of the nation's drug spend

- More than 50% of the drugs in the pipeline are considered specialty medications, many of which require PA
- Recent studies project that specialty drug spending will increase 67% by 2015 and nearly half of all prescription drug sales will be for specialty medications by 2016

FDA Traditional & Specialty Drug Approvals, 2005-2012

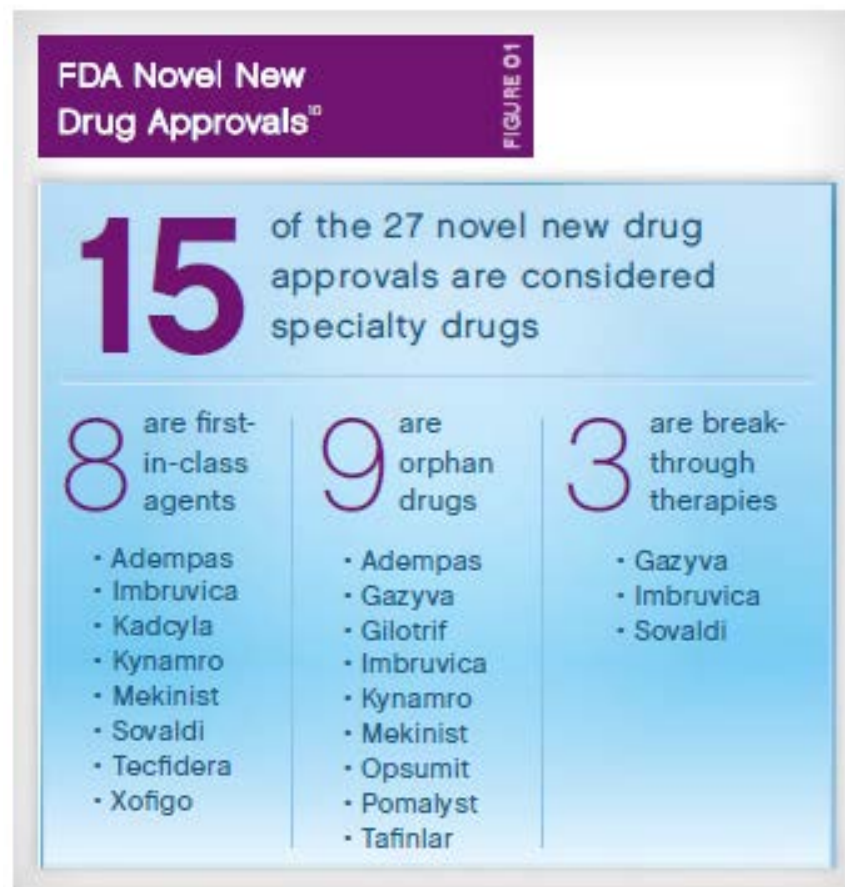


Source: Medical Cost Trend: Behind the Numbers 2014,"PricewaterhouseCoopers Health Research Institute. June 2013. Figure 6.

Specialty Medications Continue to Grow

Drivers include:

- Growing elderly population
- Growing population of patients with chronic conditions



Source: Catamaran Drug Trend Report, 2013

Where is ePA Going?

Better identification of drugs that require PA

- Enhance input into F&B file
- Is it time for a pre-adjudication transaction?

Effort to standardize the pharmacy claims rejection process

- Need to keep pharmacy in the loop

Improved process for long-term care

Consideration of pharmacy- or hub-initiated standardized process

What You Can Do To Accelerate ePA Adoption

- Spread awareness about new SCRIPT Standard for electronic prior authorization and its value
- Learn more about ePA
 - www.NCPDP.org
- Prioritize the ePA SCRIPT Standard within your organization or the EHR, PBM, health plans or pharmacy information networks over which you might have an influence
- Educate your legislators about this ePA standard and improved care opportunities

In Conclusion

The time is right for standardized electronic prior authorization

- Standards have been developed and are being implemented
- States have mandated the process
- The drug pipeline is dominated by specialty

Innovative PBMs and Health Plans have built workflow automation solutions

- Transactions standards and intermediaries facilitate interoperability with EHRs, whose role is optimization of the physician workflow

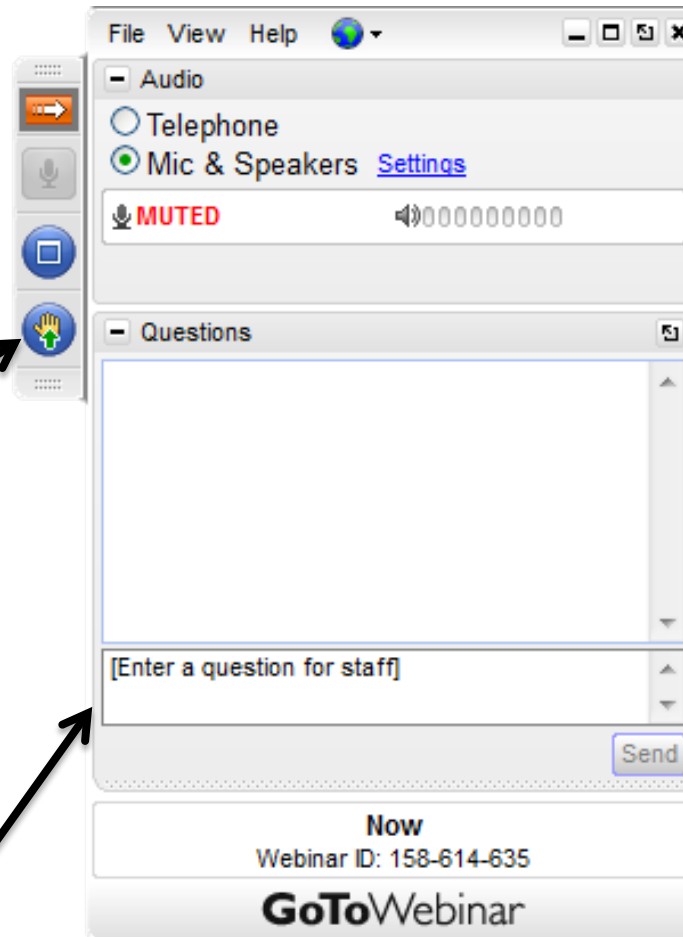
While the “train has left the station,” the industry is at the early stages of ePA evolution

- Some key stakeholders have yet to provide solutions
- Gaps need to be filled and key stakeholder groups need to be factored into standards

Questions and Answers

Raise your hand to ask verbally

Or, type your question in the 'Questions' area (preferred)



Slide & Recording Information

A link to the recording and option to download the slides will be emailed to all registrants within 1 week and will also be available on the AMCP Website.

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