

# *Electronic Prior Authorization Initiatives at the Point of Care: Moving the Industry Forward*

**Friday, April 20<sup>th</sup> from 11:45am to 12:45am**

*Marc Nyarko, Humana*

*Bruce Wilkinson, CVS Caremark*

*Roger Pinsonneault, RPh, RelayHealth*

*Tony Schueth, Point-of-Care Partners*

# Agenda

- **Electronic Prior Authorization: An Overview**
  - Landscape
  - History
  - Current Status
- **The Health Plan Perspective: Humana's Journey**
- **CVS Caremark: A Real-World Example – ePA in the ePrescribing Process**
- **The Intermediary Perspective: RelayHealth's Practical Approach**

# Electronic Prior Authorization: An Overview

*Electronic Prior Authorization Initiatives at the Point of Care: Moving the Industry Forward*

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

# Defining Prior Authorization



- Prior Authorization is a cost-savings feature that helps ensure the safe and appropriate use of selected prescription drugs and medical procedures.
  - Criteria based on clinical guidelines and medical literature
  - Selection of PA drug list and criteria can vary by payer

Patient Name: [REDACTED]	Physician Name:
Patient ID#: [REDACTED]	Physician Phone:
Patient Date of Birth: [REDACTED]	Physician Fax:

1. What drug is being prescribed?  Genotropin  Humatrope  Norditropin  Nutropin  Nutropin AQ  
 Omnitrope  Saizen  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  Nutritional Support  Nephrology  Infectious Disease  Other \_\_\_\_\_
6. What is the diagnosis?  Pediatric growth hormone deficiency  Neonatal hypoglycemia  Turner syndrome  Growth failure due to chronic renal insufficiency  Small for gestational age  Prader-Willi syndrome  Idiopathic short stature  Adult growth hormone deficiency  Panhypopituitarism  HIV-related wasting/cachexia  Short bowel syndrome  Short stature homeobox-containing gene deficiency (SHOXD)  Noonan syndrome  Combination treatment with leuprolide in children with growth failure and advancing puberty  Congenital adrenal hyperplasia  Russell-Silver syndrome  Cerebral palsy  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*  Yes  No

# Defining Electronic Prior Authorization (ePA): Real-time request and response



- ePA allows the provider to electronically request a PA question set, return the answers to the payer and receive a real-time response
  - Can utilize a network or direct connection to enable bi-directional communications
  - Real-time response returns approval or pending
    - Denial response will require a manual review
  - Real-time adjudication override for approved drugs
- ePA integrated into a web portal or applications/modules for prescribers and their staff
- Can leverage other existing transactions/standards to facilitate the PA process
- The prior authorization process could also be automated to improve clinical workflow

# Prior Authorization Impacts All Healthcare



## Patient hassle and treatment delay

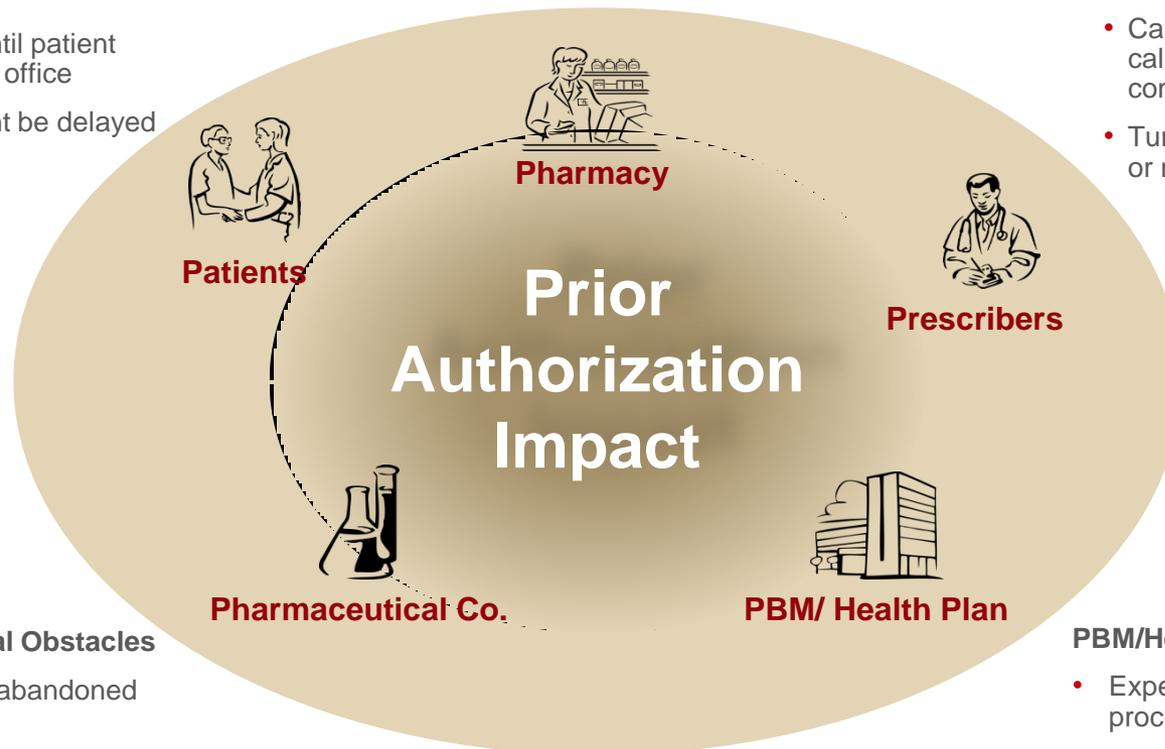
- PA unknown until patient has already left office
- Treatment might be delayed for days

## Pharmacy hassle

- Pharmacy must call prescriber's office, and sometimes the plan

## Prescriber hassle and disruption

- Call back from pharmacy, must call plan, wait for faxed form, completes form and sends it back
- Turnaround time can be 48 hours or more



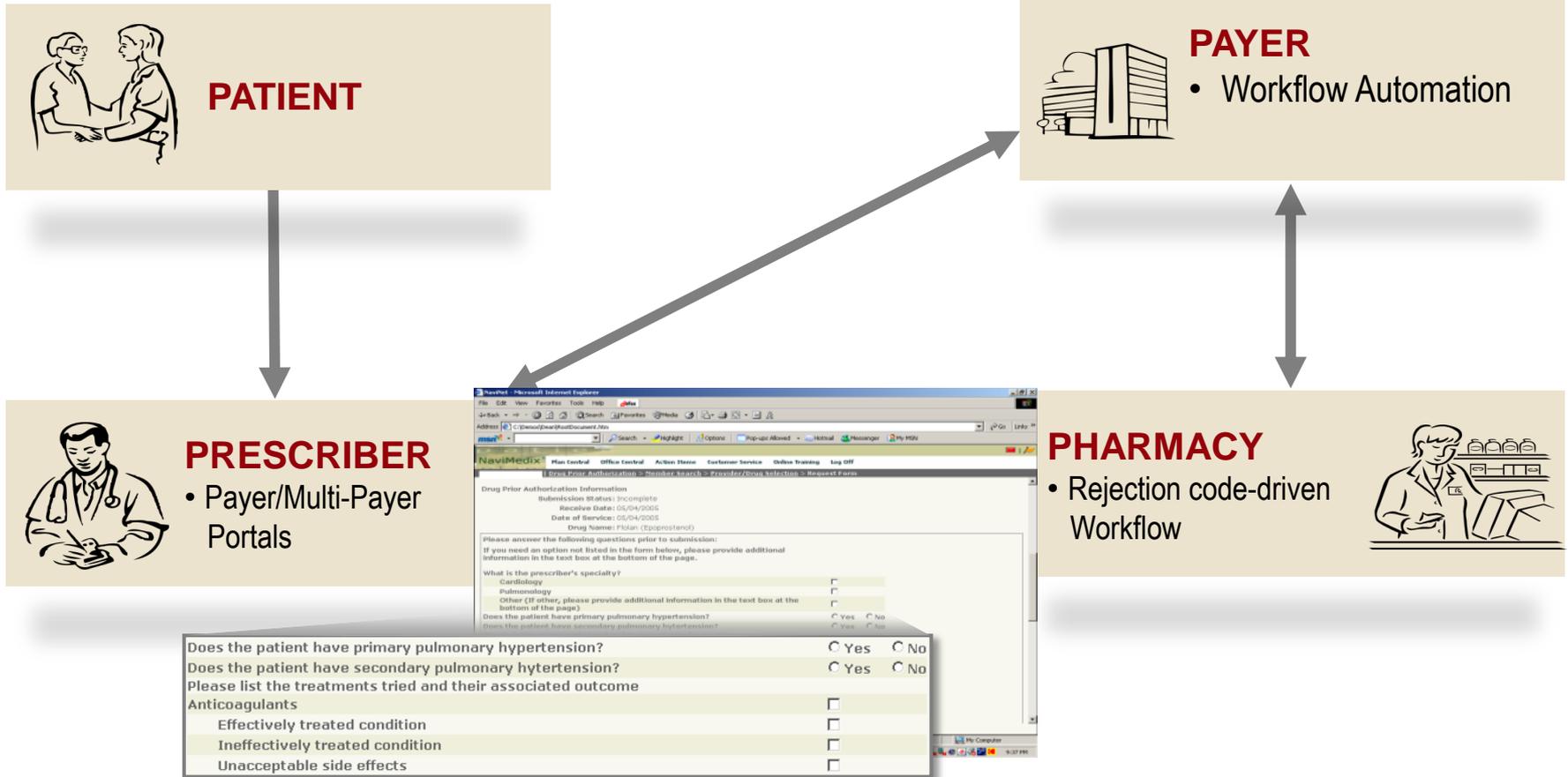
## Pharmaceutical Obstacles

- Delayed and abandoned prescriptions
- Extensive outlay for physician and patient administrative assistance

## PBM/Health plan inefficiency

- Expensive and labor intensive process that creates animosity

# Current Automation in PA



Automation today largely replicates the paper process requiring duplicate entry of information

# Gaps in Current PA Activities



- Criteria not residing within physician's application 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

# Electronic Prior Authorization Milestones



*Federal government (HIPAA, MMA, CMS/AHRQ) efforts to encourage development and adoption of ePA has brought us to an inflection point. The industry must now take over.*

## **NCPDP ePA Task Group Formed**

- Standard transactions mapped
- Gaps identified
- HL7 PA Attachment created (2005)

## **CMS/AHRQ pushes forward**

- Resolution of which SDO would own ePA
- Exception to HIPAA resolved
- Value model created

## **Renewed Interest**

- More pilots
- Economic value
- State legislation

**Aug 1996**

**Nov 2004**

**2006**

**2008**

**2009**

**2011**

## **HIPAA passes**

- X12 278 named “prior authorization” transaction standard

## **MMA ePrescribing Pilot Tests**

- “Menagerie of ePA standards” pilot tested
- One standard – not X12 278 -- recommended

## **New Standard Created**

- Housed in NCPDP
- Compatible with emerging technology
- No pilot test

# Where We Are (per ONC)



U.S. Department of Health & Human Services | www.hhs.gov

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Home > From the ONC Desk > E-Prescribing and Standards for E-Prior Authorization

### E-Prescribing and Standards for E-Prior Authorization

May 2, 2011, 9:58 am  
Dr. Doug Frosina / Director Office of Standards and Interoperability

Recently, colleagues have raised questions about pending state legislation related to electronic prescribing (e-prescribing) and in particular the concept of electronic prior authorization (ePA) for medications. We thought it would be helpful to discuss what we know about the current state of e-prescribing and ePA. E-prescribing provides significant advantages in contrast to its paper analog. Coupled with other complementary technologies, such as drug-drug interaction checking, e-prescribing can improve patient safety, increase prescribing accuracy and efficiency, and lower costs by notifying providers of generic or preferred drug list alternatives.

Over the past three years, Congress has signaled its support for e-prescribing by promoting its use in two major laws: Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act. The HITECH Act covers certain eligible professionals seeking to become meaningful users of certified electronic health record (EHR) technology in the Medicare and Medicaid EHR Incentive Programs. The HITECH Act specifically identified e-prescribing as a requirement for eligible professionals participating in the EHR incentive programs, and therefore it is part of the "core set" of meaningful use objectives and measures (which also includes objectives and associated measures for using computerized provider order entry (CPOE), maintaining active medication and medication allergy lists, and implementing clinical decision support). MIPPA focuses on Medicare eligible professionals to encourage e-prescribing with a separate incentive program requiring use of a qualified e-prescribing system. Below are a few points that address some of the questions raised by our state colleagues as they consider e-prescribing related legislation.

- It is useful to keep apprised of the technical requirements (capabilities and technical standards) that are currently part of Federal health IT programs to ensure consistency and avoid potential conflicts.
- While ONC requires as a condition of certification (for the purposes of meaningful use) that EHR technology be capable of generating and transmitting electronic prescriptions, certification does not require that EHR technology also be capable of performing electronic prior authorization.
- We are not aware of a widely adopted, common, industry transaction standard that has been demonstrated to support real-time ePA, nor are we aware of a common or universal electronic format that has been demonstrated to facilitate distribution of prior authorization forms. We are aware of work that has been done by the National Council for Prescription Drug Programs (NCPDP) to create an XML-based ePA messaging standard and a real-time eligibility check messaging standard. We understand that these are draft standards that have not yet been tested in pilots and have not been fully "balloted" (voted on) through NCPDP's process or been finalized as American National Standards Institute (ANSI)-accredited standards.
- There is a lack of established and fully vetted standards to support ePA and the current lack of capability to support ePA in implemented EHR systems. Therefore, requiring real-time electronic prior authorization as a prerequisite technical capability before health care providers could e-prescribe and/or access drug formulary information may be difficult to implement, and could otherwise prevent providers from being able to e-prescribe. If such requirements prevent providers from being able to e-prescribe, it could also keep them from being able to participate in the incentive programs related there.

**Highlights**

#### Request for Comment: Federal Strategic Plan to Reduce Health IT Disparities

Working to ensure all Americans benefit from health IT is one of the principles guiding the development and execution of the Federal Health IT strategy. ONC wants to hear your feedback on the Federal Health IT Strategic Plan.

#### Beacon Communities Program

Read updates from ONC's Beacon Communities about how they are helping with transition to electronic health records. Beacon Communities serve as examples of health IT success.

**Update**

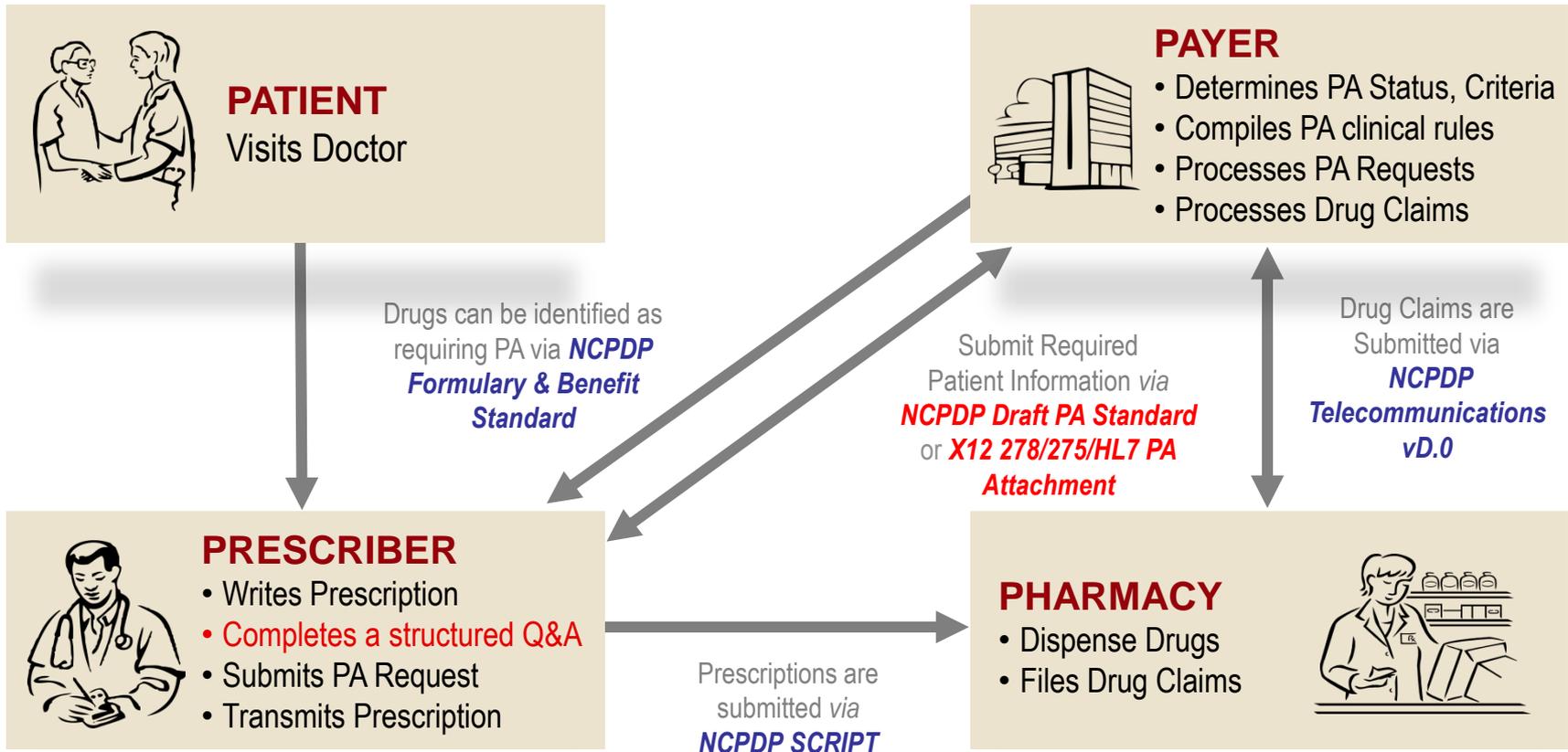
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“We are not aware of a widely adopted, common, industry transaction standard that has been demonstrated to support real-time ePA, nor are we aware of a common or universal electronic format that has been demonstrated to facilitate distribution of prior authorization forms. We are aware of work that has been done by the National Council for Prescription Drug Programs (NCPDP) to create an XML-based ePA messaging standard and a real-time eligibility check messaging standard.”

# Proposed Standards



**Red** = gaps in existing standards

**Blue** = existing standards

# Update on Standards Development

- Task group reformed in November 2011, and currently active:
  - Working on xml version of NCPDP ePA Standard
    - CVS Caremark, others applying lessons learned
  - Considering X12 270/271 278/275 v5010, HL7 PA Attachment
  - Concerns about formulary accuracy
    - One solution is the Real-Time Benefit Check (RTBC)

# The Health Plan Perspective: Humana's Journey

*Electronic Prior Authorization Initiatives at the Point of Care: Moving the Industry Forward*

Marc Nyarko, HCPR Director of Operations, Humana

# Humana Clinical Pharmacy Review Overview

Purpose: Operationalize drug utilization management to ensure patient safety, efficacy, and effectiveness of medication

## Objectives:

- Ensure the correct medication is administered at the right time using evidence based medicine
- Ensure appropriate access to care

## Implementation of Clinical Criteria:

- Clinical criteria are operationalized via rules based scenarios built into our PA processing software system
- Based on how questions are answered, cases may be approved and subsequent authorizations entered
- If the answers do not meet criteria, the cases are sent to a pharmacist for further review
- The system allows cases to be routed to various work areas based on criteria: Drug Type, Edit Type, Reject Code,

# Our Prior Authorization Journey

Point of Care Processing



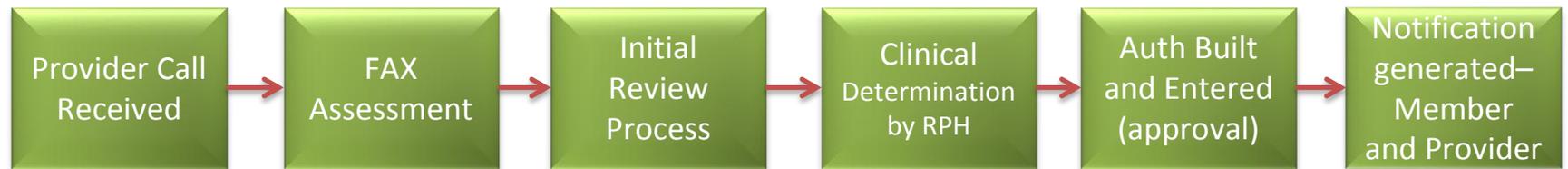
Leaner Labor Force  
Enterprise Reporting  
Early Detection



Labor Intensive  
High Cost to Quality  
Reactive Culture

# HCPR Process and Tools

## HCPR PA Process



- Calls received are logged into PA Hub as “EOC’s” (Episode of Care)– All EOC’s have a unique ID number that is sent on the outbound FAX to the provider via barcode
- Returning barcoded FAX’s are automatically matched to the appropriate record by the system and trigger the start of the review process
- Where feasible automated scenarios direct the review
- Member and provider notifications are automated within the tool and are selected based on automated scenarios

# Humana eRx Strategy



Provide a solution that is easy for providers to use, easy for members to use, and is cost effective for all involved

VISION



Eligibility Determination



Formulary Determination



Prescription Decision

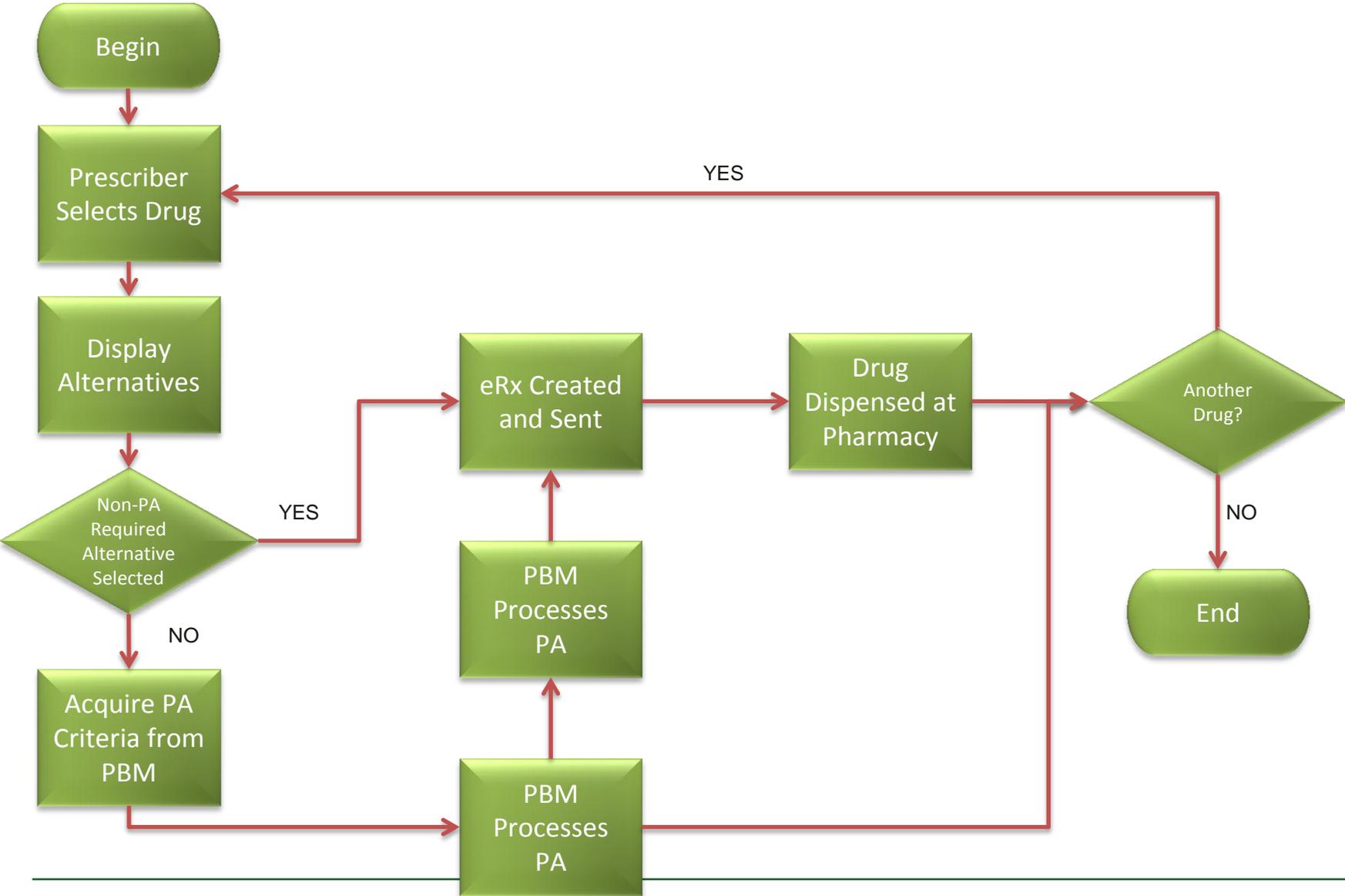


Pharmacy Decision



Prescription Dispensed to Member

# ePrior Authorization Processing



# Our Ambition

**1** Reduced Labor Requirements

**2** Quality Decisions Based Upon the Member's Benefit

**3** Faster Turnaround Times



Cost



Consistency



Compliance

# CVS Caremark: A Real-World Example – ePA in the ePrescribing Process

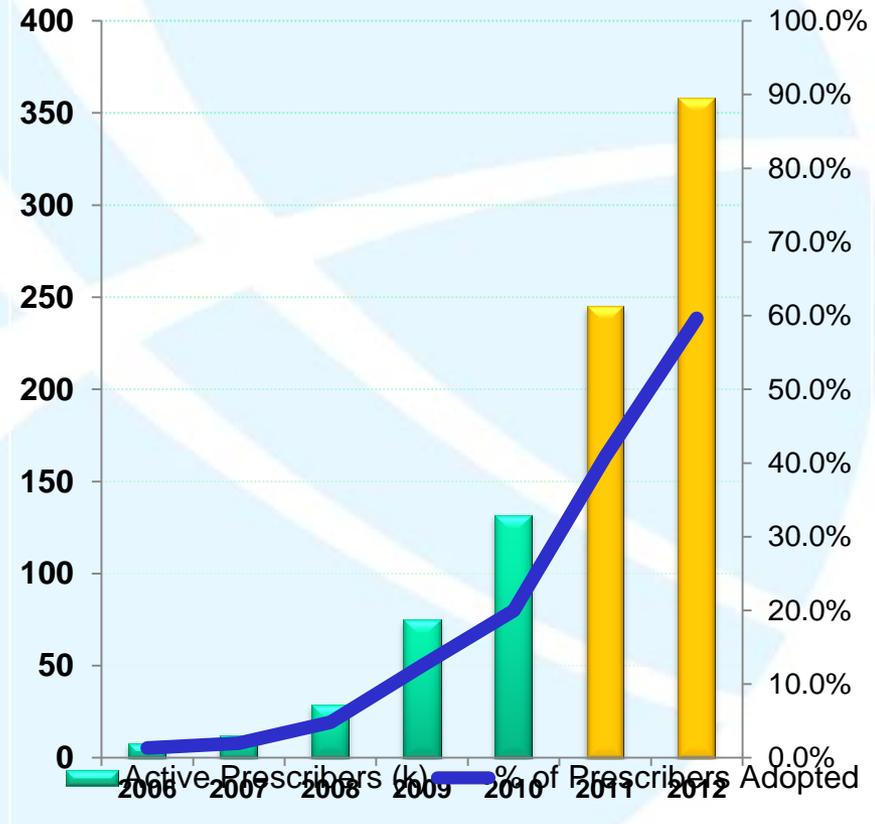
*Electronic Prior Authorization Initiatives at the Point of  
Care: Moving the Industry Forward*

Bruce Wilkinson, CVS Caremark

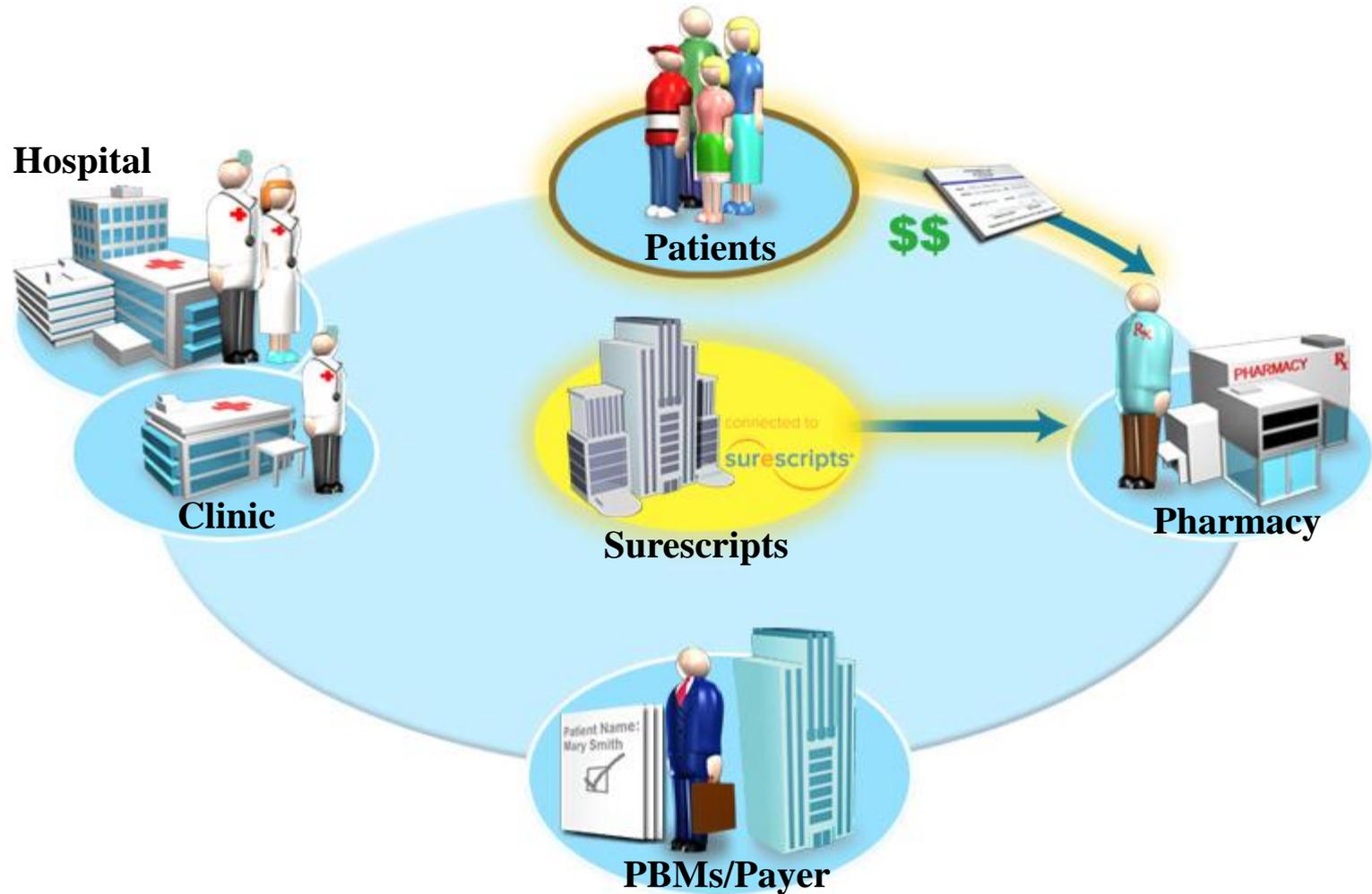
# What is E-prescribing?

- E-prescribing occurs when a prescriber uses a computer or handheld device with software that enables him or her to:<sup>1</sup>
  - Electronically route the prescription to the patient's choice of pharmacy
  - Electronically access that patient's prescription benefit (eligibility, formulary)
  - With a patient's consent, electronically access that patient's prescription history
- The goal of e-prescribing
  - Provide safer and more effective care with better outcomes; more cost-efficient health care through the provision and transmission of appropriate electronic health information at the point of care

*Surescripts is reporting 52% adoption as of 11/09/2011*



# eRx Workflow



# Current Messaging: Formulary & Benefit

**ChartConnect**  
Version 6.0

Benjamin B. Casey Jr.,  
Cornerstone Medical Clinic

**Patient Search**

First

Last

**Search By Name**

M-PID  MRN

M-PID

**Search By Number**

No New Messages

**View Encounters**

**Log Out**

Chart Summary	History	Meds/Allergies	Notes	Labs	Radiology	Tools	Dashboard	Misc	Orders
<b>FUDD, ELMER</b>		DOB: 12/10/1959		Age: 47 Sex: M		Caremark test patient			
Provider: Benjamin B. Casey Jr., M.D.		Home: 444-222-3333		Work:		Cell:		MPID#: 183065	

**Prescription Benefits: Precose 100 mg [tablet]**

Subscriber Information	ChartConnect Patient Information	
Full Name: ELMER FUDD	ELMER FUDD	Coverage 1: GROUP HEALTH 1212121
Birth Date: 12/10/1959 Gender: M	12/10/1959	Coverage 2:
Address: 222 RABBIT LANE CARTOONLAND, AZ 85254	222 RABBIT LANE CARTOONLAND, AZ 85254	Coverage 3:

**Formulary Status & Alternatives by Coverage**

- BCBS OF MASSACHUSETTS U
- GRIN & BEARET HEALTH T
  - Precose (2) T
    - Precose 25 mg [tablet] T
    - Precose 100 mg [tablet] F
  - Payer-Specified Alternatives: (0)
  - Therapeutic Class Alternatives: (0)

**COVERAGE INFORMATION**

**Product:** Precose 100 mg (tablet)  
**Status:** On Formulary, Not Preferred F  
**Type:** Brand Name, Prescription Only  
**Plan:** Grin & Bearet Health (1234)  
**PBM:** Caremark  
**Group #:** RRHHBMTC1  
**Rx Benefits:** Retail and Mail Order

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**RESTRICTIONS & LIMITATIONS**

**Patient Age:** 18 to 65 years **Gender:** Men only  
**Quantity Limit(s):** A maximum of 30 units within a 90 day period  
**Prior Authorization Required**  
**Step Therapy:** This medication should be dispensed as part of a progressive treatment plan for a specific medical condition.

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**COPAY INFORMATION**

**Retail or Mail Order:** Copay Tier 2 out of 5  
 (1 – lowest cost, 5 – highest cost)

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**ADDITIONAL INFORMATION**

SUGGESTED ALTERNATIVES DIOVAN, COZAAR

# Electronic Prior Authorization (ePA)

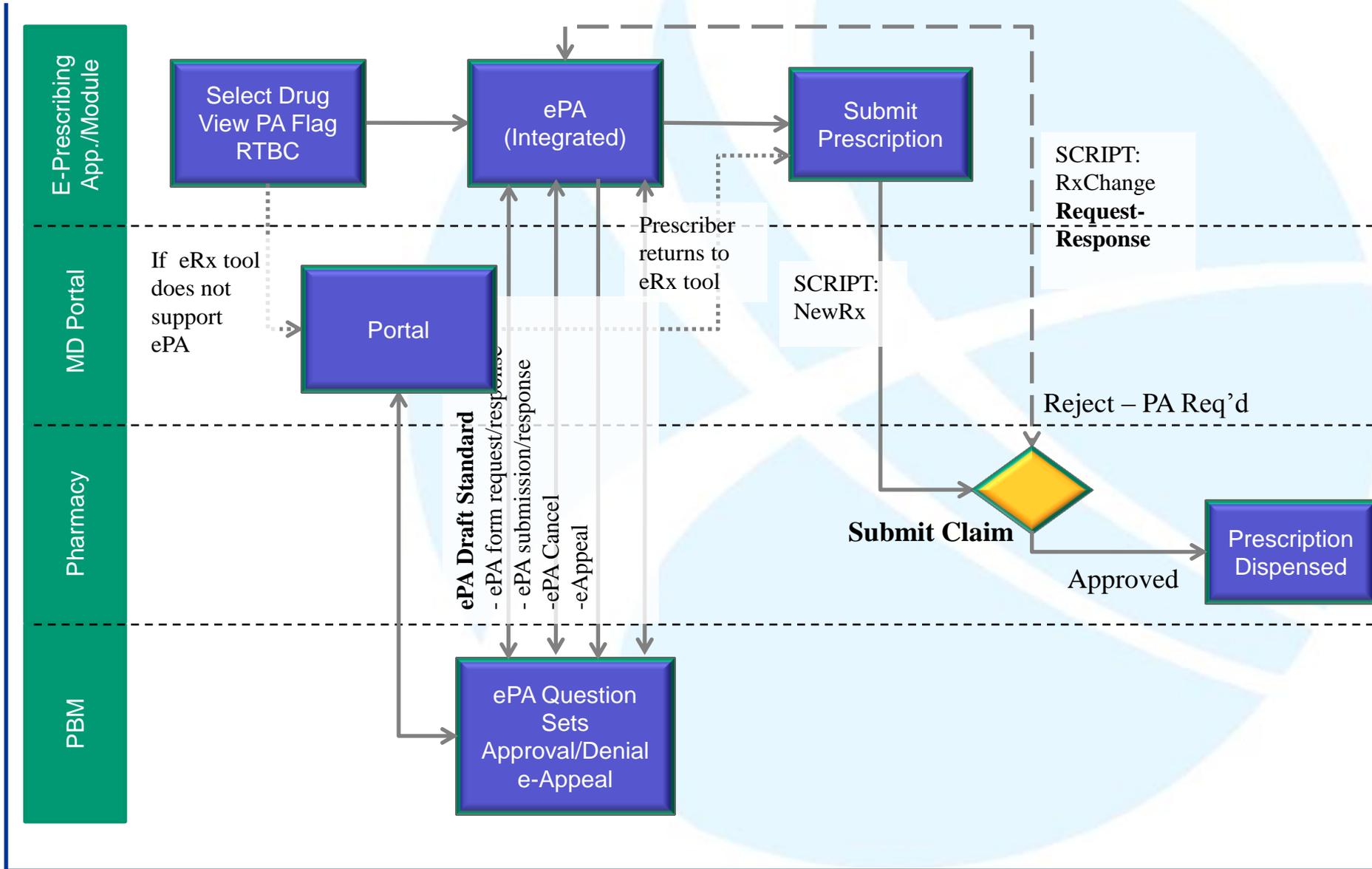
- First ePA solution integrated directly into e-prescriber workflow
- Real-time response; Real-time adjudication override for approved drugs
  - Providers can request PA question set, submit answers and receive a real-time response via e-channel
  - Question sets can be auto-populated and support conditional logic.
  - Leverages Surescripts network to enable bi-directional communications between provider and CVS Caremark
- Flexible access through preferred channels
  - Integrated into e-prescribing or electronic health record tool
  - Portal solution with access through Caremark.com or client portal
- Can leverage other SCRIPT transactions like RxChange to facilitate prescribers - pharmacy communication to support the retrospective model

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**Industry-leading ePA improves physician satisfaction and helps patients get faster access to medication.**

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## ePA Process (CVS Caremark)



# ePA Demonstration: Create a prescription

**Patient:** Doe, John

**Active allergies:** None entered

**Active problems:** None entered

**Active medications:** Humira

**Retail pharmacy:** ★ CVS CAREMARK SPECIALTY PHARMACY, 800 BIERMANN CO...

**Mail Order Pharmacy:** ★ CVS CAREMARK INC (MAIL ORDER), 9501 E SHEA BLVD ...

**Gender, DOB:** M, 07/10/1962 (49 Y)

**Patient ID:** AHS93

**RI Family Practice** [Change](#)

John Smith, MD Ed

message
 community
 help
 logout

Choose Medication    Patient History  My History  All Meds

**Coverage:** CMX - BLUE CROSS BLUE SHIELD RHODE ISLAND (Retail, Mail) Patient Options ▾

	Medication And Sig				Quantity	DAW	Refills	Days		
<input checked="" type="checkbox"/>			Humira , 40 MG/0.8ML KIT , 1 EA Box (pack of 2), INJECT 40 MG SUBCUTANEOUSLY EVERY OTHER WEEK AS DIRECTED.				<input type="text" value="1"/>	<input type="checkbox"/>	<input type="text" value="11"/>	<input type="text" value="28"/>

**Formulary Alternatives**

No Alternatives

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**Formulary Notes**

No Formulary Notes Available

---

**Coverage & Co-pay**

Coverage Limits:  
Prior authorization required.

# ePA Demonstration

 Allscripts

**Patient:** Doe, John      **Gender, DOB:** M, 07/10/1962 (49 Y)      **Patient ID:** AHS93

**Active allergies:** **None entered**

**Active problems:** None entered

**Active medications:** Humira

**Retail pharmacy:** ★ CVS CAREMARK SPECIALTY PHARMACY, 800 BIERMANN CO...

**Mail Order Pharmacy:** ☆ CVS CAREMARK INC (MAIL ORDER), 9501 E SHEA BLVD ...

RI Family Practice [Change](#)

John Smith, MD [Edit](#)

message | community | help | logout

Google Custom Search

Patients
**Tasks**
Library
Reports
Settings
Tools

● My Tasks
● Site Tasks
● Assistant's Tasks (1)
● **ePA Tasks**

Help With This Screen 

	Patient	Prescriber	Medication	Rx Date	Status	Destination
<input type="radio"/>	Doe, John	Dr. Smith, J.	Humira, 40 mg/0.8 mL	09/07/2011	<u>Request ePA</u>	<input type="text" value="Send to Pharmacy"/>
<input type="radio"/>	Doe, Jane	Dr. Smith, J.	Retin-A Gel, 0.025%	09/07/2011	ePA Requested	<input type="text" value="Send to Pharmacy"/>
<input type="radio"/>	Doe, Jonathan	Dr. Williams, M.	Enbrel, 25 mg/0.5 mL	08/29/2011	<u>ePA Denied</u>	<input type="text" value="Send to Pharmacy"/>
<input type="radio"/>	Doe, Johanna	Dr. Hill, B.	Humira, 40 mg/0.8 mL	08/15/2011	<u>ePA Approved</u>	<input type="text" value="Send to Pharmacy"/>

# ePA Demonstration

**Patient:** Doe, John      **Gender, DOB:** M, 07/10/1962 (49 Y)      **Patient ID:** AHS93      **RI Family Practice** [Change](#)  
**John Smith, MD** [Edit](#)

**Active allergies:** None entered  
**Active problems:** None entered  
**Active medications:** Humira  
**Retail pharmacy:** ★ CVS CAREMARK SPECIALTY PHARMACY, 800 BIERMANN CO...  
**Mail Order Pharmacy:** ☆ CVS CAREMARK INC (MAIL ORDER), 9501 E SHEA BLVD ...

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

Patients    **Tasks**    Library    Reports    Settings    Tools

My Tasks   Site Tasks   Assistant's Tasks (1)   **ePA Tasks**

Google Custom Search     

[Help With This Screen](#)  

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**Humira Prior Authorization**      Expiration Date: 09/10/2011

Patient Name: Doe, John

Please contact 555-555-5555 with any questions.

What is the diagnosis?

Rheumatoid arthritis (RA)    Active ankylosing spondylitis (AS)    Chronic plaque psoriasis

Psoriatic arthritis (PsA)    Crohn's disease (CD)    Juvenile idiopathic arthritis (JIA)

Additional Comments (optional)

0 of 2000



# ePA Demonstration

**Allscripts** Patient: Doe, John Gender, DOB: M, 07/10/1962 (49 Y) Patient ID: AHS93 RI Family Practice [Change](#)  
John Smith, MD [Edit](#)

Active allergies: **None entered**  
Active problems: None entered  
Active medications: Humira  
Retail pharmacy: ★ CVS CAREMARK SPECIALTY PHARMACY, 800 BIERMANN CO...  
Mail Order Pharmacy: ★ CVS CAREMARK INC (MAIL ORDER), 9501 E SHEA BLVD ...

message | community | help | logout

Google Custom Search Search

Patients | **Tasks** | Library | Reports | Settings | Tools

● My Tasks ● Site Tasks ● Assistant's Tasks (1) ● **ePA Tasks** [Help With This Screen](#)

PROCESS TASK

### Humira Prior Authorization

Expiration Date: 09/10/2011

Patient Name: Doe, John

Please contact 555-555-5555 with any questions.

Thank you. Your ePA request is approved.  
Maximum of 2 pens/syringes (40 mg/0.8 mL) per 21 days  
[Humira\\_DoeJ\\_Caremark\\_Approved.pdf](#) 

**ADD ATTACHMENTS**  
12MB Max

NEXT

CANCEL

START OVER

SAVE & FINISH LATER

# ePA Demonstration: Send approved prescription to pharmacy

The screenshot displays the ePA interface for a patient named John Doe. The patient's information includes gender (M), date of birth (07/10/1962, 49 Y), and patient ID (AHS93). The provider is identified as John Smith, MD, at RI Family Practice. The patient's active allergies are listed as 'None entered', active problems as 'None entered', and active medications as 'Humira'. The retail pharmacy is 'CVS CAREMARK SPECIALTY PHARMACY, 800 BIERMANN CO...' and the mail order pharmacy is 'CVS CAREMARK INC (MAIL ORDER), 9501 E SHEA BLVD ...'. The interface includes a navigation bar with 'Patients', 'Tasks', 'Library', 'Reports', 'Settings', and 'Tools'. The 'Script Pad' section contains a 'Medication & Sig' field with the text 'HUMIRA 40 MG/0.8ML KIT , 1 EA Box (pack of 2), INJECT 40 MG SUBCUTANEOUSLY EVERY OTHER WEEK AS DIRECTED.' and a 'Destination' dropdown menu set to 'Send to Pharmacy'. The 'Destination' field also includes 'Remove' and 'Edit' links. The interface also features a 'Help With This Screen' button and a footer with the version number '15.2.0.128'.

**Patient:** Doe, John **Gender, DOB:** M, 07/10/1962 (49 Y) **Patient ID:** AHS93 **RI Family Practice** [Change](#)  
**Active allergies:** None entered **Active problems:** None entered **Active medications:** Humira  
**Retail pharmacy:** ★ CVS CAREMARK SPECIALTY PHARMACY, 800 BIERMANN CO... **Message** **Community** **Help** **Logout**  
**Mail Order Pharmacy:** ★ CVS CAREMARK INC (MAIL ORDER), 9501 E SHEA BLVD ... **John Smith, MD** [Edit](#)

**Patients** **Tasks** **Library** **Reports** **Settings** **Tools**

**Script Pad** **Help With This Screen**

Select Med Choose Patient Select Pharmacy ▶ Process Script Pad ▶

**Medication & Sig** **Destination**  
HUMIRA 40 MG/0.8ML KIT , 1 EA Box (pack of 2), INJECT 40 MG SUBCUTANEOUSLY EVERY OTHER WEEK AS DIRECTED. Send to Pharmacy [Remove](#) [Edit](#)

15.2.0.128

# Appendix: Real Time Benefit Check (RTBC)

- Update of the current formulary coverage transaction. This transaction allows prescribers with a mock adjudication of the selected drug. The response confirms that the selected drug:
  - Requires a prior auth
  - Is covered by the member's benefit
  - A PA currently in place (and has not expired)
- In addition, the transaction provides pricing for retail and mail and lower cost therapeutic alternatives.
- Currently being piloted by Surescripts. The RTBC is not an NCPDP/SCRIPT standard



# The Intermediary Perspective: RelayHealth's Practical Approach

*Electronic Prior Authorization Initiatives at the Point of  
Care: Moving the Industry Forward*

Roger Pinsonneault, <title here>, RelayHealth

# Significant Market Challenge

- Approximately 120 Million, and growing, pharmacy prior authorization rejects per year
- Of these denied prescriptions, a high percentage are never filled by the patient
- Specialty drugs are 5x more likely to require a PA than non-specialty drugs\*
  - Non-specialty drugs require PA ~ 6% of the time
  - Specialty drugs require PA ~ 34% of the time
- Prior authorizations and high patient out-of-pocket costs are typically cited as the two most significant barriers to patients obtaining biologics

*\* Source: Drugs on Specialty Tiers in Part D, February 2009*

# Significant Market Challenge

- Prescriber Notifications
- Prior Authorization Form Selection
- Prior Authorization Form Processing
- Prior Authorization Form Submission
- Prior Authorization Processing
- Prescriber Notifications
- Pharmacy Notifications
- Patient Notifications

With overriding goals:

1. Timely Communications
2. Workflow Friendly
3. Leveraging Existing Technologies



Patient



Prescriber



Pharmacy



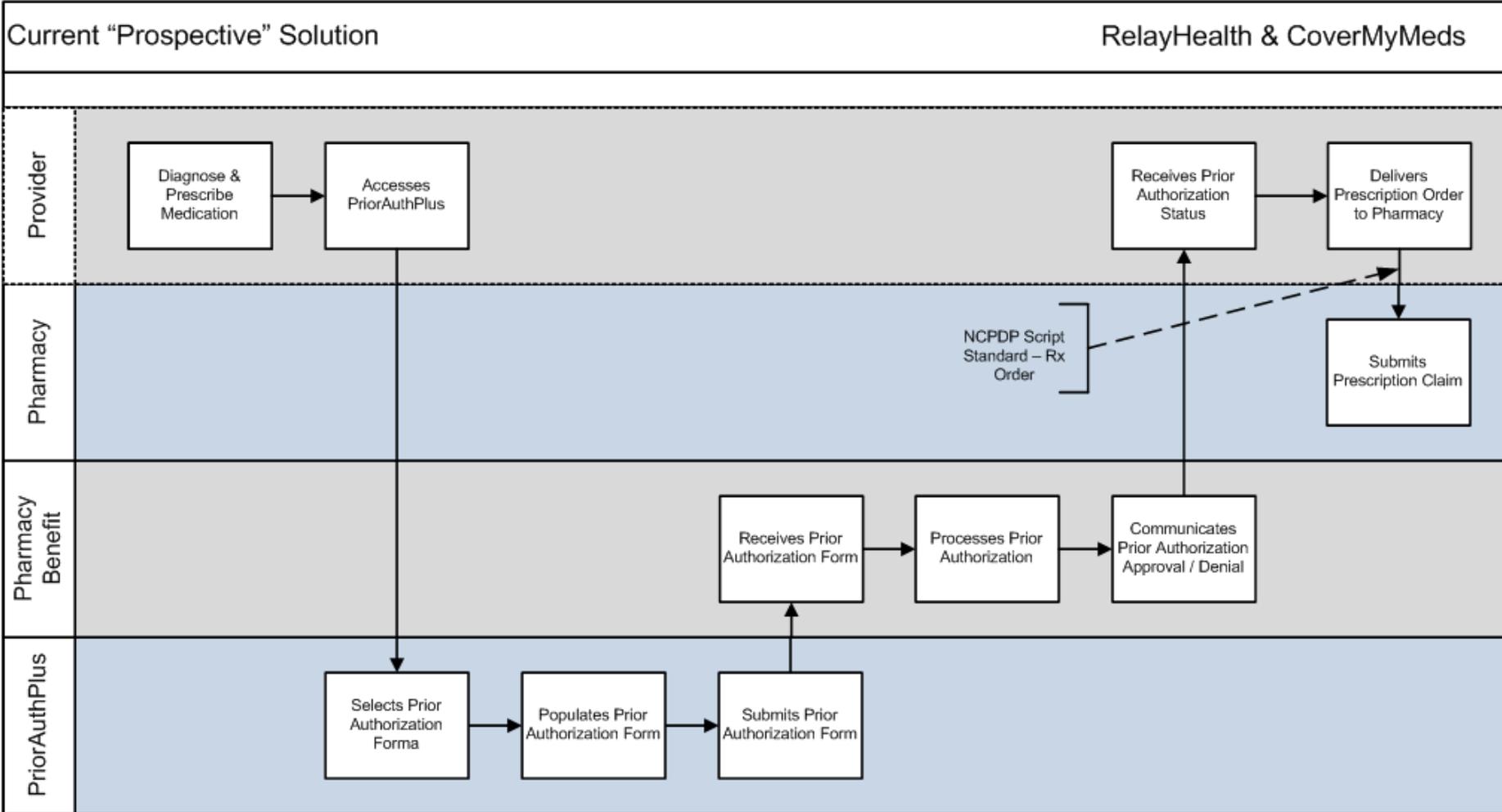
Payer

# PriorAuthPlus

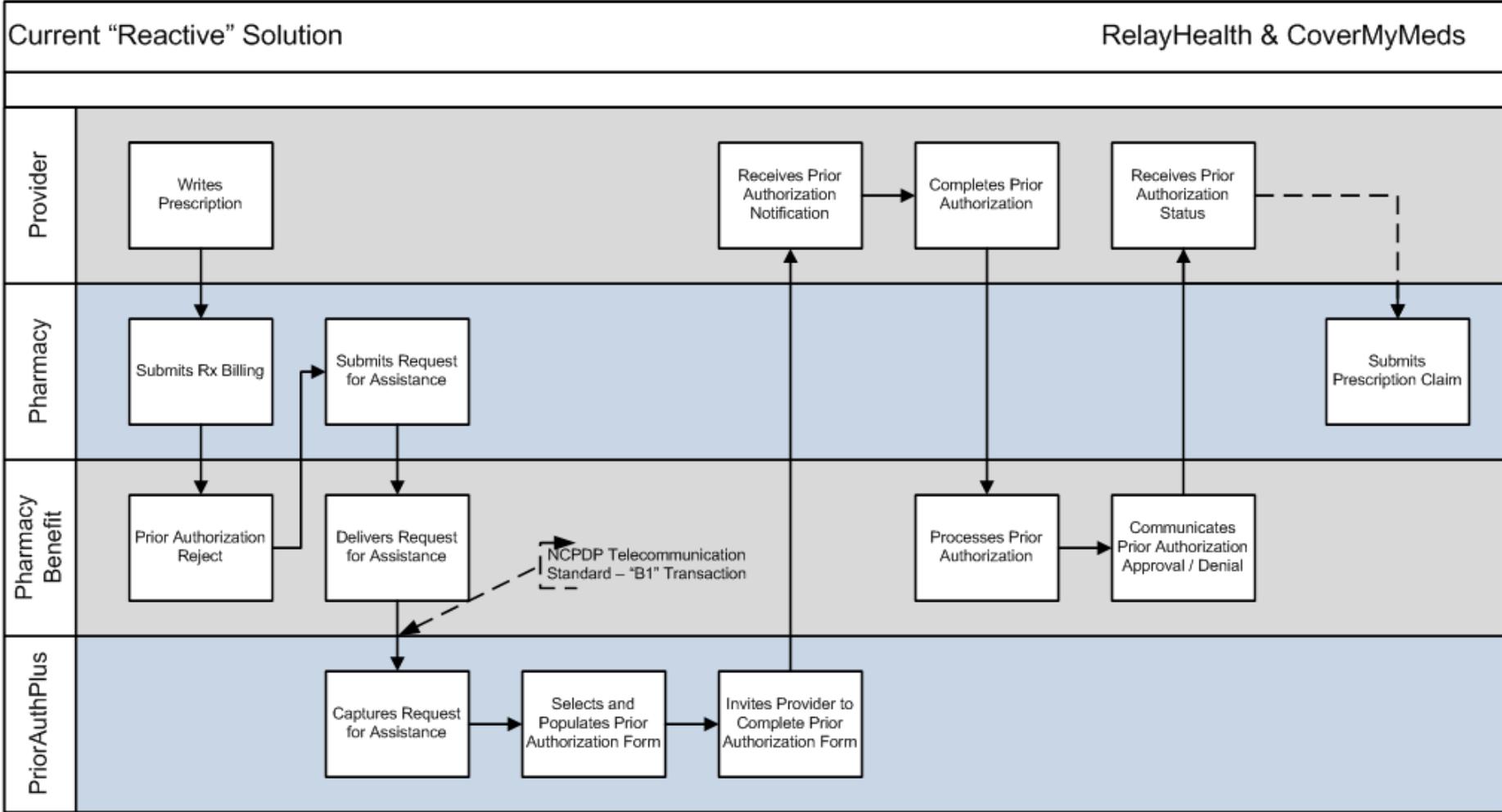
An evolving healthcare technology solution that leverages existing healthcare industry standards to reduce prior authorization processing inefficiencies and improved medication compliance. The solution supports “Reactive” and “Prospective” prior authorizations and a migration path to full automation.

- Pharmacies
  - Initiation of the prior authorization process as the result of a prescription claim denial from their practice management system
  - Leverages the NCPDP Telecommunication Standard to automate the population of a Prior Authorization form
  - Supports all plans and all medications
- Providers
  - Initiation of the Prior Authorization process at the point of prescribing a medication
  - Physicians can work prior authorizations from an administrative queue, their practice management or electronic health record systems
  - Supports all plans and all medications

# PriorAuthPlus



# PriorAuthPlus



# PriorAuthPlus

- Pharmacies

- Contracted - 15,000 plus
- Implemented - 12,000 plus
- Pilot Testing – Chains representing over 8,000 pharmacies

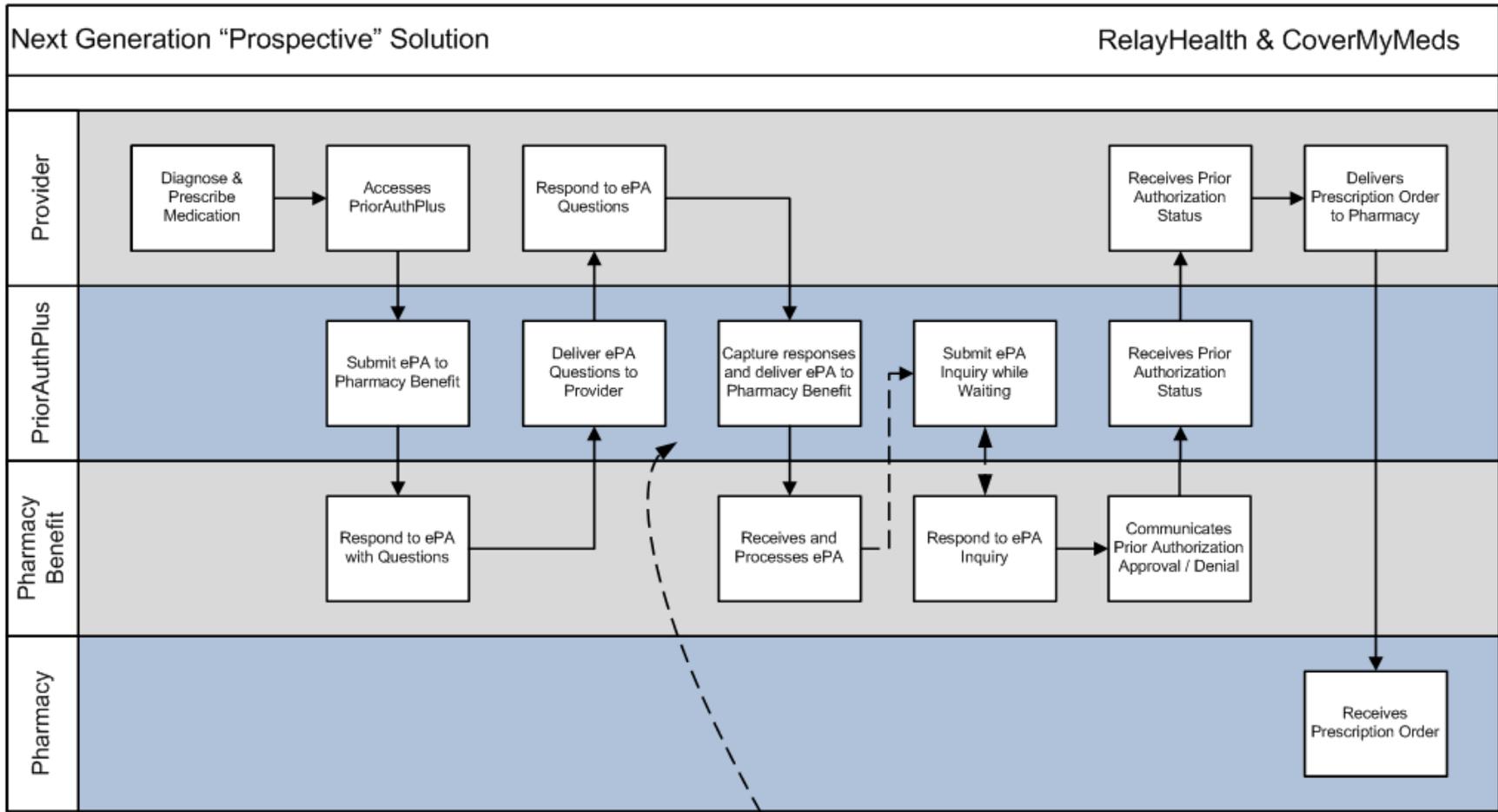


- Providers

- 55,000 plus have an account
- 320,000 plus have used at least once

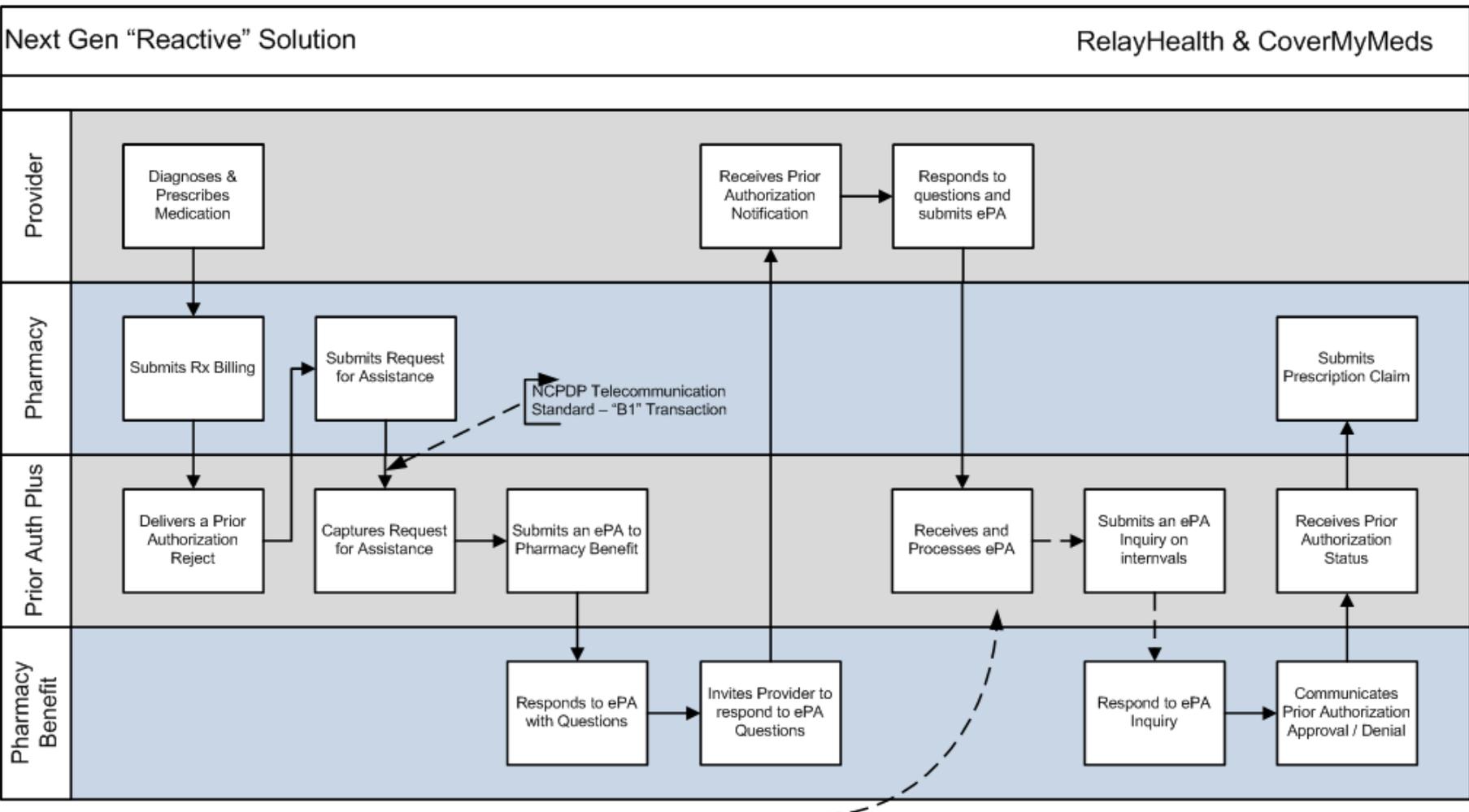


# PriorAuthPlus



Provides a compatibility layer so providers can use it for all plans, even those that don't support ePA.

# PriorAuthPlus



Provides a compatibility layer so providers can use it for all plans, even those that don't support ePA.

# *The End*

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