

# Primary Care Advisory Group Meeting

## Prior Authorization

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# MVP Prior Authorization

- **What Categories does MVP Prior Authorize ?**

- Medical Necessity
- Experimental / Investigative
- Network
- Benefit

- **Defined by**

- State Mandate
- Benefit Design
- Policy

- **Policies**

- Evidence based
- Vetted by practicing physicians on P&T, Medical Policy with input from AMC sub specialists as needed

# MVP Prior Authorization

## **Why Do Prior Authorization ?**

- Dartmouth Atlas
- Choosing Wisely
- Total Medical Expense
  - Premiums
  - Cost Sharing

# Prior Authorization Category List

- Air Medical Transport/  
Air Ambulance (for non-emergency transport)
- Autologous Chondrocyte Implantation
- Bariatric Surgery
- Blepharoplasty
- Botox Injections (office procedure only)
- BRCA 1/BRCA 2 (genetic testing for breast cancer)
- Breast Implantation
- Breast Reduction Surgery
- Cochlear Implants and Osseointegrated Devices
- Continuous Glucose Monitoring
- Cosmetic vs. Reconstructive Surgery
- Deep Brain Stimulation
- Dental Services (accidental Injury to Sound Teeth, Outpatient Services, Prophylactic)
- DME/Prosthetics/Orthotics
- Endovascular Treatment for AAA and Carotid Artery Disease
- Gas Permeable Scleral contact lens
- Gaucher's Disease Treatment
- Gender Reassignment Surgery
- Genetic Testing/  
Chromosomal Studies
- Hereditary Angioedema
- Hyperbaric Oxygen Therapy
- Hyperhidrosis Treatment
- Immunoglobulin Therapy
- Implantable Cardiac Defibrillators
- IMRT
- Infertility (advanced and/or secondary), available with Rider
  - including drugs (e.g., Follitropins, Menotropins)
  - GIFT/ZIFT are not covered
- Intraoperative Neurophysiological Monitoring
- Interstim (Sacral Nerve Stimulator)
- Laser Treatment of Port Wine Stains
- Left Ventricular Assist Device
- Lumbar Laminectomy (Discectomy)
- MSLT–Multiple Sleep Latency Testing
- Nasal/Sinus Endoscopy
- New Technology
- Oncotype Diagnostic Testing
- Oral Surgery/Orthognathic Surgery
- Organ Donor
- Orphan Drugs
- Panniculectomy/  
Abdominoplasty
- Pectus Excavatum
- Penile Implants
- Percutaneous Discectomy
- Percutaneous Vertebroplasty/  
Kyphoplasty
- Photodynamic Therapy (Malignant conditions)
- Rhinoplasty
- Rhizotomy/Radiofrequency Ablation
- Sclerotherapy
- Septoplasty
- Shoulder Resurfacing
- Speech Generating Devices
- Speech Therapy–Selected Contracts
- Spinal Fusion Lumbosacral
- Spinal Stimulator
- Synagis (Injectable for RSV)
- Thoracic Electrical Bioimpedance
- TMD/TMJ
- Treatment of Obstructive Sleep Apnea (Policies A and B)
- UPPP Surgery
- VNUS/EVLT Varicose Vein Treatment
- Wound Vacs

## Prior Authorization Data (Full Year 2015, 2016, Q1,2,3 2017)

<b>Overall</b>	<b>No. of Denials</b>	<b>Percentage Denials</b>
2015	255	13%
2016	257	11%
2017	139	8%

<b>DME</b>	<b>No. of Denials</b>	<b>Percentage Denials</b>
2015	232	8%
2016	254	6%
2017	245	8%

# Radiology Data - Specialist vs. PCP

	<b>Approved</b>	<b>Denied</b>	<b>Paid</b>	<b>Withdrawn</b>	<b>Percentage Not approved</b>
Specialist	1776	81	2	102	9.4%
PCP	755	85	0	51	15.3%

# MVP Health Care VT Rx PA Program

Overview of MVP Health Care's Pharmacy Prior  
Authorization Program in Vermont



# Types of Pharmacy Utilization Management

- **Prior Authorization**

- Ensures that the prescribed drug is utilized properly. This ensures drugs are used in accordance with FDA labelling.

- **Step Therapy**

- Ensures that the patient has tried the lower cost therapeutic option (typically a generic drug) for a month before using the more expensive therapeutic option (usually a brand drug). This is necessary for Formulary adherence.

- **Quantity Limit**

- Ensures that the drug is being prescribed in the amounts approved by the FDA



# Volume of Pharmacy Prior Authorizations

Prior Authorization volume for members in Vermont for the entire year of 2016 is detailed below.

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<b>Prior Authorization Type</b>	<b>Number of Prior Authorizations</b>
<b>Prior Authorization (some with Quantity Limits)</b>	<b>166</b>
<b>Step Therapy (some with PA)</b>	<b>305</b>
<b>Total</b>	<b>471</b>

# Pharmacy Utilization Management

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	<b>Number of Claims</b>	<b>Percent</b>
<b>Total Claims Paid</b>	<b>98,780</b>	
<b>Total Claims Paid with Prior Authorization</b>	<b>1,815</b>	<b>1.8%</b>

# What Drugs Are Prior Authorizations Being Used For?

## Top 15 Drugs requiring prior authorization in 2016.

<b>Drug</b>	<b>Type</b>	<b>Percent</b>
FLOVENT	Step	11%
HUMIRA	PA with step	6%
CIALIS	Step	6%
ADVAIR	Step	4%
ENBREL	PA with step	3%
REMICADE	PA with step	3%
NEXIUM	Step	3%
OTEZLA	PA with step	3%
FLOVENT HFA	Step	3%
DEXILANT	Step	2%
CICLOPIROX	PA	2%
CONTRACE	PA	2%
BAYER	Step	2%
RITUXAN	PA with step	2%
FLUTICASONE	PA	1%

# Efforts to Reduce Burden of Prior Authorizations

- **Smart PA**
  - Decreases step therapy authorizations when preferred drug is in claims history or diagnosis is on file at PBM
- **P+T Committee Policy Review**
  - Annual review ensures policy criteria is relevant and that unnecessary policies requiring prior authorization are archived
- **Auto Authorization**
  - Periodic review decreases provider PA burden by extending authorization dates for members with existing prior authorizations.
- **Three year Authorizations**
  - Categories identified that only require prior authorization every 3 years

# National Perspective

- AMA 21 Principles
- AMA / MGMA / Pharma/ AHIP / BCBSA workgroup
  - Agreed upon principles
  - Expect publication of January 2018