KPIC Prior Authorization Request Form – Instructions/Process

When an outpatient prescription drug requiring Prior Authorization has been prescribed, please follow the instructions below:

1. Please visit http://kp.org/kpic-colorado particularly the "Drug Formulary" section for an alphabetical list of drugs, including both brand name and scientific name, that require prior authorization.
2. Your Prescribing Provider must complete and submit to MedImpact utilization management program KPIC's Uniform Pharmacy Prior Authorization Request Form which is available online at http://kp.org/kpic-colorado . You or Your Prescribing Provider can also request a copy of KPIC's Uniform Prior Authorization Request Form from MedImpact by calling **1-800-788-2949** (Pharmacy Help Desk) or **711** (TTY), 24 hours a day, 7 days a week.
3. KPIC's Uniform Pharmacy Prior Authorization Request Form can be sent to MedImpact via fax at **1-858-790-7100** or via mail to the following address**:**

   MedImpact
   10181 Scripps Gateway Court
   San Diego, CA 92131

   NOTE: Prior authorization requests contained on a form other than KPIC's Uniform Pharmacy Prior Authorization Request Form will be rejected.

4. Below are the required timelines for the processing of prior authorization requests computed from the date of receipt:

Type of Request	Days MedImpact* has to approve, deny or request additional information	Days Prescriber** has to provide additional information if requested	Days MedImpact* has to approve or deny once additional information is received
Urgent	1 Business Day	2 Business Days	1 Business Day
Non Urgent	3 Business Days	2 Business Days	2 Business Days

*If MedImpact does not meet the required timeline, the request for prior authorization will be deemed approved.

**If the Prescribing provider does not meet the required timeline, the request for prior authorization will be deemed denied.

5. Once approved, a prior authorization approval is valid for a minimum of one hundred eighty (180) days after the date of approval. The actual approval duration will be based on clinical criteria and identified in the Prior Authorization approval letter.
6. Upon the expiration of the validity period of one hundred eighty (180) days, (or longer as identified in the Prior Authorization approval letter), your Prescribing Provider will be required to complete and submit anew KPIC's Uniform Pharmacy Prior Authorization Request Form.
7. Clinical Criteria and supporting references that should be considered within the rationale in making a prior authorization determination are:
   - **o** *Height/Weight*
   - **o** *Compound ingredients*
   - **o** *Specific dosage form consideration*
   - **o** *Drug or Other Related Allergies*

   Please consider providing the following information as applicable & when available:
   - **o** *Healthcare Common Procedure Coding System (HCPCS)*

- *Transition of Care Hospital and/or Residential Treatment Facilities Information (contact, phone number, length of stay)*
- *Life Situations Information such as foster care transition, homelessness, poly-substance abuse and history of poor medication adherence*
- *Patient information (address, phone number)*
- *Provider information (direct electronic contact information: e-mail, etc.)*

Helpful Definitions

Prior Authorization: certain covered outpatient prescription drugs will require an approval where the prescribed medication will be reviewed by Us to determine Medical Necessity before the prescription is filled. This approval process is called the prior authorization process.

Urgent Prior Authorization Request: a request for prior authorization when based on the reasonable opinion of the Prescribing Provider with knowledge of the Covered Person's medical condition, the time frames allowed for non-urgent prior authorization:

(1) Could seriously jeopardize the life or health of the covered person or the ability to regain maximum function; or

(2) The Covered Person is subject to severe pain that cannot be adequately managed without the drug benefit that is the subject of request for prior authorization.

KPIC's Uniform Pharmacy Prior Authorization Request Form: the standardized prescription drug prior authorization form prescribed by the Colorado Division of Insurance (DOI) that will be used under applicable Colorado state law and regulation.

Prescribing Provider: a provider licensed and authorized to write a prescription pursuant to applicable state law to treat a medical condition of a Covered Person.

NPI: A national provider identifier (NPI) is a unique ten-digit identification number required by HIPAA for all health care providers in the United States. https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/index.html

ICD-10: The International Classification of Diseases (ICD) is designed to promote international comparability in the collection, processing, classification, and presentation of mortality statistics http://www.cdc.gov/nchs/icd.htm

AHFS Drug Information® (AHFS DI®) provides evidence-based evaluation of pertinent clinical data concerning drugs, with a focus on assessing the advantages and disadvantages of various therapies, including interpretation of various claims of drug efficacy. http://www.ahfsdruginformation.com/ **DRUGDEX ®** System within the Micomedex product which provides peer-reviewed, evidence-based drug information including investigational & non-prescription drugs. http://www.micromedex.com/

The HCPCS is divided into two principal subsystems, referred to as level I and level II of the HCPCS:

- Level I of the HCPCS is comprised of CPT (Current Procedural Terminology), a numeric coding system maintained by the American Medical Association (AMA). The CPT is a uniform coding system consisting of descriptive terms and identifying codes that are used primarily to identify medical services and procedures furnished by physicians and other health care professionals.

- Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office.

KAISER PERMANENTE®

Kaiser Permanente Insurance Company

UNIFORM PHARMACY PRIOR AUTHORIZATION REQUEST FORM

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete this form in its entirety and send to:

MedImpact

10181 Scripps Gateway Court
San Diego, CA 92131
Phone: 1-800-788-2949
Fax: 858-790-7100

❑ **Urgent** [1] ❑ **Non-Urgent**		
Requested Drug Name:		
Patient Information:	**Prescribing Provider Information:**	
Patient Name:	Prescriber Name:	
Member/Subscriber Number:	Prescriber Fax:	
Policy/Group Number:	Prescriber Phone:	
Patient Date of Birth (MM/DD/YYYY):	Prescriber Pager:	
Patient Address:	Prescriber Address:	
Patient Phone:	Prescriber Office Contact:	
Patient Email Address:	Prescriber NPI:	
	Prescriber DEA:	
Prescription Date:	Prescriber Tax ID:	
	Specialty/Facility Name (If applicable):	
	Prescriber Email Address:	
Prior Authorization Request for Drug Benefit: ❑New Request ❑Reauthorization		
Patient Diagnosis and ICD Diagnostic Code(s):		
Drug(s) Requested (with J-Code, if applicable):		
Strength/Route/Frequency:		
Unit/Volume of Named Drug(s):		
Start Date and Length of Therapy:		
Location of Treatment: (e.g. provider office, facility, home health, etc.) including name, Type 2 NPI (if applicable), address and tax ID:		
Clinical Criteria for Approval, Including other Pertinent Information to Support the Request, other Medications Tried, Their Name(s), Duration, and Patient Response. [ADD ADDITIONAL LINES AS NEEDED SO AS TO CONTAIN ALL APPROVAL CRITERIA]		
For use in clinical trial? (If yes, provide trial name and registration number):		
Drug Name (Brand Name and Scientific Name)/Strength:		
Dose:	Route:	Frequency:
Quantity:	Number of Refills:	
Product will be delivered to: ❑Patient's Home ❑ Physician Office ❑Other:		
Prescriber or Authorized Signature:	Date:	
Dispensing Pharmacy Name and Phone Number:		
❑ **Approved** ❑ **Denied**		
If denied, provide reason for denial, and include other potential alternative medications, if applicable, that are found in the formulary of the carrier:		

1. A request for prior authorization that if determined in the time allowed for non-urgent requests could seriously jeopardize the life or health of the covered person or the ability of the covered person to regain maximum function, or subject the person to severe pain that cannot be adequately managed without the drug benefit contained in the prior authorization request.