

# Provider Update



## Our pharmacy prior authorization process for drugs used to treat mental health issues

**Summary of change:** We are committed to ensuring you understand our prior authorization process for drugs used to treat mental health issues.

✦ **What this means to you:** Please share this prior authorization information process with the appropriate staff in your office?

### **How is prior authorization (PA) criteria for drugs used to treat mental health issues developed?**

PA criteria is developed by the Kansas Department of Health and Environment using the prescribing information of the drug and approved drug compendia. This PA criteria has been approved by the Mental Health Medication Advisory Committee and the Kansas Drug Utilization Review board.

### **What if the drug I prescribed requires PA?**

When you need to prescribe a drug that requires PA, call the Express Scripts, Inc. (ESI) prior authorization department at 1-855-201-7170 complete a PA form at [www.express-scripts.com](http://www.express-scripts.com).

### **Where can I find the PA criteria?**

The clinical PA criteria may be found on the KDHE website at [www.kdheks.gov/hcf/pharmacy/pa\\_criteria.htm](http://www.kdheks.gov/hcf/pharmacy/pa_criteria.htm).

### **What is the PA process?**

- Prior authorization forms are available at [www.express-scripts.com](http://www.express-scripts.com).
- A PA request can be submitted by the dispensing pharmacy or the prescriber by calling the ESI. prior authorization department at 1-855-201-7170 or by faxing the completed Prior PA form to 1-800-601-4829.
- Submit the request with all information provided so a prompt decision may be made.
- Please allow 24 to 48 hours for a response.
- A pharmacy associate may need to contact you if more information is needed to determine medical necessity of the requested drug.
- You can return the requested information to us by fax using number above.
- Once our pharmacy team receives the additional information, please allow 24 to 48 hours for a response.
- Urgent requests will receive a response within 24 hours.
- The pharmacy can provide up to a 72-hour supply of medication to a member when necessary while awaiting a prior authorization. The pharmacy should submit the medical certification code 11112222333 to process the 72-hour supply.

### **What happens when my prior authorization request is approved or denied?**

If the prior authorization is:

- Approved — we will enter the authorization and fax the prescriber with the outcome. The prescriber will also receive an approval letter.
- Denied — we will deny the authorization and fax the prescriber with the outcome. The prescriber will also receive a denial letter that outlines the process for appeal. Please adhere to the process outlined in the letter.

### **What if I have questions about completing the prior authorization form?**

Call Express Scripts, Inc. PA department at 1-855-201-7170.