

Prior Authorization for Select Medical Drugs: Frequently Asked Questions for Providers

Prior Authorization for Select Medical Drugs (in partnership with CVS Health–NovoLogix)	
Question	Response
General	
Why is Harvard Pilgrim requiring prior authorization for select medical drugs?	Harvard Pilgrim has engaged CVS Health–NovoLogix to perform utilization management for select medical drugs on our behalf. We will be utilizing CVS Health–NovoLogix’ prior authorization criteria to ensure that medical drugs are being used safely, effectively and appropriately. Prescription drugs, in particular specialty medications, account for a significant and growing proportion of health care spending. Harvard Pilgrim anticipates that this prior authorization program will promote the cost-effective use of specialty medications and optimize treatment outcomes.
Why did Harvard Pilgrim select CVS Health–NovoLogix as a partner?	Harvard Pilgrim has selected CVS Health–NovoLogix based on their expertise in developing and administering industry-standard medical necessity criteria. CVS Health–NovoLogix team is comprised of pharmacy technicians, pharmacists and specialist physicians with clinical expertise on these medications and the conditions they treat.
Which medical drugs require prior authorization?	The complete list of drugs requiring prior authorization (including criteria, effective dates, and associated forms) can be found at www.harvardpilgrim.org/medicaldrugpa .
Start Date and Transition	
Wasn’t Harvard Pilgrim already requiring prior authorization on some medical drugs?	Yes, Harvard Pilgrim was previously requiring prior authorization for approximately 56 medical drugs. This program expands our prior authorization program to include nearly 200 medical drugs.
What is the start date?	Harvard Pilgrim will require prior authorization through CVS Health–Novologix for most of these drugs for dates of service beginning July 14, 2017. The remaining 24 medical drugs will be added to the program and will require prior authorization by CVS Health–Novologix for dates of service beginning August 10, 2017.
When can I begin contacting CVS Health–NovoLogix to request prior authorization?	<p>You may contact CVS Health–Novologix with authorization requests beginning July 3, 2017 for most of the medical drugs requiring prior authorization. For the subset of medical drugs requiring authorization beginning in August, you may contact CVS Health–Novologix beginning on August 1.</p> <p>For the drugs currently on Harvard Pilgrim’s prior authorization list that are scheduled to transition to CVS Health–Novologix in August, please continue to contact Harvard Pilgrim for authorization until August 1.</p>
If I already have received a prior authorization for one of these medical drugs, do I need to seek another authorization from CVS Health–NovoLogix?	Authorizations approved by Harvard Pilgrim prior to July 3 will be honored and will not require authorization from CVS Health–NovoLogix until the existing authorization expires. If there is a material change to the authorization, however, providers must submit a new request made to CVS Health–NovoLogix.
Clinical Criteria	
How does CVS Health–NovoLogix	CVS Health–NovoLogix develops utilization management criteria based on

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develop their criteria for medical necessity and utilization review?	published guidelines, medical literature and consensus statements; standards of medical practice; current clinical principles and processes of pharmacotherapy; randomized clinical trials; pharmacoeconomic studies and outcomes research data. Criteria are tailored to issues of safety, labeled and supported off-label uses of the drug, and cost effectiveness associated with treatment.
Requesting Prior Authorization	
How do I request prior authorization?	You may submit your request to CVS Health–NovoLogix via: <ul style="list-style-type: none"> • Phone: 844-387-1435 • Fax: 844-851-0882 An online portal is being developed for rollout later this year.
Where can I find the criteria and prior authorization request forms?	You can review the medical drug prior authorization criteria and prior authorization forms at www.harvardpilgrim.org/medicaldrugpa .
What information will I need to provide?	The following information may be requested from the ordering clinician's office by CVS Health–NovoLogix and should be available at the time of the call: <ul style="list-style-type: none"> • Ordering physician name, office phone, mailing address, fax number • Office administrative or clinical contact name or direct line/extension number • Patient's name, date of birth and Harvard Pilgrim identification number • Medication name and dosage • A valid, specific ICD-10 diagnosis code that represents the indications(s) for which the service is ordered • Name and address of provider office or facility where the drug will be administered • Diagnosis and clinical information (Patient history and diagnosis) Please refer to the medical drug specific prior authorization request forms for additional information.
What is the response time for prior authorization?	Authorization and denial decisions are made in a timely manner that accommodates the clinical urgency of the situation. Typically, providers receive a response within 2 business days.
How can I check the status of an authorization request?	If the servicing provider is not also the ordering provider, the servicing provider should ensure that a prior authorization has been obtained prior to providing service. Requesting and servicing providers may check the status of an authorization request through HPHConnect , Harvard Pilgrim's web-based transaction service. In addition, decisions are communicated to the member, ordering physician, and servicing provider in writing (typically by fax for providers) within standard time frames.
Who should I contact to discuss a denial?	If you receive a denial, you may request a peer-to-peer discussion with a CVS Health–Novologix reviewing clinician or you may appeal the decision.
If prior authorization is not received, who is liable for the charges?	Failure to complete the authorization process will result in an administrative denial of the claim payment and the servicing provider will be liable. Members cannot be held liable for claims denied because a contracted

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Claims and appeals	
Where should I send claims for medical drugs?	Continue to send claims directly to Harvard Pilgrim as you do today.
Is reimbursement limited by FDA labeling and/or standard of care guidelines for dosage and frequency?	Yes, only dosage and frequency consistent with FDA labeling and/or standard of care guidelines are approved for reimbursement. Harvard Pilgrim Health Care reserves the right to conduct post-payment review and audit of claims submitted for these drugs and may recover payments made for amounts in excess of the FDA labeling and/or standard of care guidelines.
Who should I contact to appeal a claims payment denial?	Please follow Harvard Pilgrim’s typical claims appeal process. For more information, see the appeals section of the Harvard Pilgrim <i>Provider Manual</i> .
Additional information	
Where can I find additional information?	Please refer to the Medical Drug Prior Authorization Policy in Harvard Pilgrim’s online <i>Provider Manual</i> , as well as the medical drug prior authorization review criteria .
Who should I contact with questions?	If you have any additional questions, please contact the Provider Service Center at 800-708-4414.