Texas Department of Insurance:

Standard Request Form for Prior Authorization of Prescription Drug Benefits Advisory Committee

September 8, 2021

Advisory Committee Purpose: To advise the Commissioner on the technical, operational, and practical aspects of developing the single, standard prior authorization form required under Section 1369.304 for requesting prior authorization of prescription drug benefits.

Section 1369.304 for requesting prior authorization of prescription drug benefits.

Name	Member Type	Employer
Kimberly Martin	Consumer	Epilepsy Foundation of Central & South Texas
Dr. Nneka Cos-Okpalla	Health Benefit Plan Issuer	Parkland Community Health Plan
Vacant	Health Benefit Plan Networks of Providers	N/A
Dr. Shelagh Larson	Health Care Provider	Acclaim Physician Group
Dr. Lisa Ehrlich	Physician	L. Ehrlich & Associates Medical Clinic
Dr. Eddie Patton	Hospital	Methodist Sugar Land Hospital
Renee Baggett	Pharmacist	CHRISTUS Health
Alyssa Poehls	Pharmacy Benefit Manager	Prime Therapeutics
Dr. Heather Morel	Specialty Drug Distributor	McKesson Corporation
Dr. Chantelle Parker	Specialty Pharmacy	Walgreens Co. (Houston)
Aaliya Ahmad	HHSC Designee	Texas Health and Human Services Commission
Debra Diaz Lara	Commissioner Designee	Texas Department of Insurance

In accordance with Section 1369.305 of the Texas Insurance Code, the advisory committee shall be composed of commissioner of insurance or the commissioner's designee, the executive commissioner of the Health and Human Services Commission or the executive commissioner's designee and an equal number of members from the following groups of stakeholders:

1. physicians;
2. other prescribing health care providers;
3. consumers experienced with prior authorizations;
4. hospitals;
5. pharmacists;
6. specialty pharmacies;
7. pharmacy benefit managers;
8. specialty drug distributors;
9. health benefit plan issuers for the Texas Health Insurance Pool established under Chapter 1506;
10. health benefit plan issuers; and
11. health benefit plan networks of provider.

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Insurance Code §1369.305 requires the Commissioner to appoint an advisory committee to advise the Commissioner on the technical, operational, and practical aspects of the single Standard Prior Authorization Request Form required under Insurance Code §1369.304 for requesting prior authorization of prescription drug benefits. At this meeting, the committee will hear updates and discuss comments received in response to a request for stakeholder feedback on the committee's recommendations for changes to the form.

In June, The Texas Department of Insurance prepared an informal working draft rule on the prior authorization request form for prescription drug benefits. The informal working draft will revise the current request form and instructions. These changes include both minor and substantive modifications and reflect suggestions from the Advisory Committee for the Standard Request Form for Prior Authorization of Prescription Drug Benefits established by Insurance Code §1369.305. Substantive changes include:

- Requiring a signature on all prior authorization requests, instead of just those where an expedited/urgent review is requested; and
- Providing streamlined requirements for a request for continuation of therapy – if the patient is complying with the drug therapy regimen and the regimen is effective, the form would not require the prescriber to include detailed clinical information.

TDI invited input on the informal working draft. They stated that staff was particularly interested in hearing about whether any of these changes could have unintended consequences or cause unnecessary delay in processing a prior authorization request and, if so, what those consequences or causes could be.

Staff were also interested in hearing about whether the changes impose additional costs on health benefit plans, and, if so, what those costs could be. They used an informal posting process intended to gather comments from stakeholders and the general public and was not a formal publication for rulemaking. The comment period for the informal working draft closed at 5:00 p.m., central time, on July 1, 2021. Comments or questions were to be sent to Managed Care Quality Assurance, Life and Health Division, at MCQA@tdi.texas.gov, For a more information and draft of the informal working draft, follow the links. paruletext.pdf (texas.gov)
Texas Standard Prior Authorization Request Form for Prescription Drug Benefits

Comment Received:

From CoverMyMeds Tracy Russell, Sr Director State Government Affairs (July 1, 2021)
Thank you for the opportunity to submit comments and recommendations on the proposed changes to the standard prior authorization request form, as presented by the Texas Department of Insurance (TDI).

As a part of McKesson Prescription Technology Solutions, CoverMyMeds is the leading medication access company, helping patients get the medications they need to live healthy lives. We help patients navigate medication access throughout their wellness journey through comprehensive prescription decision support solutions such as electronic prior authorization (ePA), Specialty (AMP) and Consumer-Facing Price Transparency.

Since 2008, CoverMyMeds has seamlessly connected the health care network to help reduce prescription abandonment and increase speed to therapy. CoverMyMeds' network includes more than 500 electronic health record systems (EHRs), 96% of pharmacies, 700,000 providers and most health plans and PBMs. By facilitating appropriate access to medications, we help customers avoid billions of dollars each year in administrative waste and avoidable medical spending caused by prescription abandonment.

CoverMyMeds is committed to advocating for policy that reduce burden for providers and patients. We appreciate the work that is done in the state of Texas to help reduce the burden of prior authorization for providers and patients.

In response to the proposed changes, we offer the following comments and questions to the Texas Department of Insurance:

Section II - Requirement of Prescriber Signature on all Prior Authorization Requests To avoid any potential differences in interpretation, we would request a clarification on the following points:

- "Authorized user" – please confirm that this would include the physician, and/or, the authorized representative from the physician's practice.
- Validation that an electronic signature by the "authorized user" is acceptable.
    - If this is not clarified, it could be interpreted that the only authorized signature is a "wet signature". Not allowing an electronic signature would create additional administrative burden for the provider and a delayed response for the patient, which would delay time to therapy.

Section V – Prescription Drug Information

- Please clarify if both conditions must be met for continuation of therapy.
- Patient is complying with the drug therapy regimen
- The drug therapy regimen is effective.

Clarification Questions

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  - Does this proposed form apply to both the pharmacy prescription benefit AND the medical prescription benefit, OR only to the pharmacy prescription benefit?
  - This clarification in the instruction section would be helpful to maintain consistency.

- Is the proposed form universal or mandated?
  - A universal form is preferred to mandated form since plans/payers are able to continue to utilizing drug specific forms that outline the necessary criteria a provider needs to provide for an efficient PA review by the plan. A mandated PA form removes the availability of drug specific forms for the provider and plan. Ultimately, an ePA integration with the plan where drug-specific question sets are provided to the provider is the ideal submission and review process for the provider, plan and most importantly the patient to get on therapy as quickly as possible.
  - Recommend the requirement that SCRIPT standard be required for ePA
  - Background The National Council for Prescription Drug Programs (NCPDP) is a not-for-profit standards development organization for healthcare information exchange. NCPDP has developed the SCRIPT Standard for transmitting electronic prescriptions and electronic prior authorization between prescribers, pharmacies, payers, and other entities.

    Congress, via the passage of HR6 The SUPPORT Act, recognized that electronic prior authorization (ePA) is a valuable tool to reducing provider burden, improving administrative efficiencies for plans and expedited access for patients to a determination of coverage for the medication prescribed by their physician.

    Additionally, the NCPDP SCRIPT Standard Version 2017071 was referenced in the ONC Information blocking rule; EHR Certification Criteria for e-Prescribing, as well as voluntary certification for ePA. Most recently, CMS issued a final rule requiring Part D prescription drug plans to support the ePA transaction standard in NCPDP's SCRIPT Standard Version 2017071.

    The finalization of this policy change and the use of this standard helps ensure that there are secure electronic transactions between prescribers and Part D plan sponsors, and that patients will not experience delays when picking up their prescriptions. This action by CMS is rooted in ensuring safety, quality and reducing administrative burden; overall, improving the e-prescribing capabilities for CMS beneficiaries.

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Under the NCPDP SCRIPT Standard Version 2017071, prescribers will be able to see if a Part D-covered drug requires a PA while prescribing it and requires providers to supply clinical information electronically before sending a prescription to the pharmacy.

Conclusion CoverMyMeds continues to support improvements to and technological advances within the prior authorization process that serve to benefit patient access to the medications prescribed, while reducing barriers and burden related to prior authorization for providers and patient care teams.

Advisory Committee Meeting:

Roll was taken and the Antitrust Statement was read. The comments received were discussed with the following topics of concern:

Expedited vs non-expedited urgent request
Wet signature vs dry (electronic) signature

Comments:

- Opposed to two separate signature lines to make it the same as other forms (public comment)
- Checkbox should be made consistent with other forms (pubic comment)
- Opposed to two signature lines because it could result in delays
- Keep the signature line simple
- Oppose any form that dropped us back to paper and a wet signature. Electronic signature cuts down on work for physicians

Type of request form should accommodate federal prior authorization electronic requirements for Medicare. TDI believes their form is compliant and the department has the ability to have flexibility.

Comments:

- Transmitting electronically should be an option but not a requirement
- Could we get the Medicare reference. Consistency can be helpful
- Stay with NCPDP
- The intent of this form is so a form can be filled out. This is not the only purpose (to send electronically).

- This would not replace the EPA form.
- The form is to allow a uniform/standard option that all MCOs would accept.
- We are not saying this is the only form that can be accepted but if this form is submitted it must be accepted.

What is the appropriate certification standard: seriously jeopardize or a life threatening condition? The informal draft prohibits section 8 and 9 from being completed.

Comments:

- A prescriber might want to complete section 8. If it is a continuous and ongoing medication then section 8 may not be needed (but could still be completed)
- There was agreement to allow the option
- It should match the Insurance Code regarding life threatening

Is there a potential for increased cost?

Comments:

There may be some argument for continuous medications. If the medication was authorized in the past and it is the same medication, then cost should not be an issue.
This is just a tool that Health Plans and PBMs can use

Patient safety issues caused by delays.

Comments

- Delays cause patient safety issues but this form related to continuous care medication should make patient care safer
- This form could reduce delays but definitely would not increase delays

Removal of extraneous fields from the form (BIN Numbers)

Comments

- No comment said there is a problem removing them so they should be removed
- There was consensus that removal should be approved

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- TAC requires access to BIN numbers. Alternatively the language could be modified to allow BIN numbers but not require them.
- The code would be changed in the TAC to match the changes in the form
- Not removing that section would make it confusing
- The section presently is not usually filled out

Other Issues/Comments

One of the most important part of cleaning up this form is the continuous medication and that is being addressed

Continuous therapy clarification for section 8 and 9. If a request is submitted it would be considered a standard request unless it is stated that it is an expedited request.

Next Steps:

It took a while to get the informal rule out. There will be a formal posting in the Texas Register. Committee members have ten days to submit comments and provide direction to TDI staff. It will then follow the standard process for the rule.

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