SCOPE:
Washington Health Care Authority (HCA), Coordinated Care Health Plan (Plan), and Envolve Pharmacy Solutions (EPS) departments.

PURPOSE:
To define the process used to ensure second opinion network (SON) review completed for psychotropic medications for children under 18 years old.

POLICY:
Plan requires prior authorization for psychotropic medications being prescribed to children under 18 years old that exceed the medication review thresholds established by Washington Health Care Authority (HCA).

PROCEDURE:

1. Prior authorization is required for psychotropic medications being prescribed to children under 18 years old that exceed the medication review thresholds established by HCA.
   a. Envolve Pharmacy Solutions US Script (USS), Coordinated Care’s subcontracted pharmacy benefit manager, will conduct prior authorization requests.
      i. EPS pharmacist will request all relevant medical information from the prescriber (i.e., records, chart notes, and/or proof of SON consultation with HCA, if applicable) within one business day to assess the appropriateness of psychotropic medications for children under 18 years old. As part of prior authorization review, EPS will ask the provider if a SON review has been obtained from HCA. If the provider submits documentation that shows a SON review has been conducted, EPS will review the request and approve per recommendation (if it meets standard criteria for approval).
      ii. If a second opinion is not presented, EPS will deny the request. The prescriber will be faxed notification of the adverse determination including the reason for the denial. For example:

         “Unable to approve <drug name>. Per Health Care Authority requirement and plan criteria WA.PHAR.14, any psychotropic medications for members under the age of 18 require a second opinion from a child psychiatrist. If office notes exist that document the second opinion from a child
psychiatrist for this member, please fax a copy of this documentation with a copy of this denial letter to 1-866-299-0929 for further review.”

iii. If EPS does not receive medical records from the provider within three business days, Envolve will send a notification of the authorization denial to the plan (via e-mail address ccwa@Envolvehealth.com). Coordinated Care Health plan will then outreach to the provider via fax and phone to request medical records. If medical records are not received within ten business days from the initial record request from Envolve, the MCO will deny all medications exceeding medications thresholds.

iv. In addition, once medical records are received EPS will send a notification of authorization denial to the plan (via e-mail address ccwa@Envolvehealth.com) within the same business day. The plan will notify HCA within one business day (via e-mail address hcamcprograms@hca.wa.gov). Notification shall include enrollee’s name, date of birth, Provider One client ID, National Drug Code of the drug denied, prescribed quantity and days’ supply, National Provider Identifier of prescriber, name of prescriber, fax or phone number for prescriber, National Provider Identifier of dispensing pharmacy, name of dispensing pharmacy, fax or phone number of dispensing pharmacy, and reason for denial. Upon receipt of the denial notification, HCA will contact the prescribing practitioner to obtain chart notes and other information necessary for the Second Opinion Network (SON) provider to perform medication review and consultation with the prescriber.
2. Once the Second Opinion has been received back from the HCA, and if the medication has been approved, the MCO will input the approval into their PBM and will contact the last processing pharmacy to resubmit the claim within two business days. The MCO will also fax an approval notification to the requesting provider’s office informing the provider’s office the length of the SON approval.

3. If the Second Opinion received back from the HCA, has been denied, within two business days the MCO will notify the Provider/Pharmacy by faxing the SON Notification that their request has been denied. Once the Provider has been notified by the MCO, the provider is responsible for communicating the change in plan of care to the client.

4. Prescriptions presented at the local pharmacy will not process without appropriate prior authorization approval from EPS or the plan. For members who have previously filled prescriptions for the same drug at the same daily dosage, EPS shall authorize continuation of psychotropic medications exceeding these review thresholds for 3 months or until receipt of written report containing treatment recommendations from SON provider.

5. No later than fourteen (14) calendar days following the end of a calendar month, EPS shall provide a report to the plan in a format defined by HCA of all utilization of psychotropic medications by children under 18 years of age.
POLICY AND PROCEDURE

REFERENCES:

2018 Washington Apple Health - Managed Care Contract, 17.3.4 Second Opinion for Children Prescribed Mental Health Medications

2018 Washington Apple Health Foster Care Contract 17.3.4 Second Opinion for Children Prescribed Mental Health Medications

2018 Washington Apple Health Fully Integrated Managed Care Contract 16.11.4 Second Opinion for Children Prescribed Mental Health Medications

ATTACHMENTS:

Psychotropic Drug and Dosing Limits by Client Age Listing

DEFINITIONS:

REVISION LOG:

<table>
<thead>
<tr>
<th>Description</th>
<th>Date</th>
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<tbody>
<tr>
<td>Updated the fax notification denial message to include Partnership Access Line (PAL)</td>
<td>9/17/2013</td>
</tr>
<tr>
<td>Updated Health Care Authority (HCA) 2014 requirements</td>
<td>12/19/2013</td>
</tr>
<tr>
<td>Updated Health Care Authority (HCA) 2018 requirements</td>
<td>03/29/2018</td>
</tr>
</tbody>
</table>

Director of Quality Improvement: Approval on File:

Chief Medical Director: Approval on File:

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene’s P&P management software, is considered equivalent to a physical signature.