

Prior authorization of pharmacy benefits (R2014-13)

These rules are required by RCW 48.165.0301 (ESSB 6511) to improve the prior authorization process within the pharmacy benefit. The rules implement the recommendations of a work group convened by OneHealthPort, the lead organization designated by the legislature. The work group examined the prior authorization process and made recommendations to streamline the process. The work group considered those issues identified in SB 6511 and focused its initial efforts on pharmacy. Information regarding the work group is available on [OneHealthPort's website \(www.onehealthport.com\)](http://www.onehealthport.com).

The work group's recommendations are intended to ensure that a medication is ready for dispensing when a patient arrives at a pharmacy. To do so, two conditions must be met: 1) prior authorization requirements must be easily available and used by prescribers, and 2) prior authorization must be completed prior to a medication being prescribed. Currently, these conditions are not regularly met, leading to a significant burden on health care providers, pharmacists and consumers. The rules are intended to break down barriers to allow the two conditions to be met and to allow the prior authorization process to work as intended.

The recommendations of the work group have three central components:

- **Emergency fills:** Requires health plan reimbursement for prescribed medications which are dispensed by pharmacists under specific conditions in emergency situations when a prior authorization request is pending
- **Timely exchange of up-to-date information:** Current and complete information related to prior authorization and formulary requirements, prescriptions, and billing will be communicated electronically between health plans, prescribers and pharmacists
- **Standard and consistent pre-authorization timeframes:** Clearly defined timeframes and responsibility for the exchange of information between prescribers and health plans leading to timely pre-authorization decisions and notifications.

The rules are only one aspect of streamlining the prior authorization process. The Best Practice Recommendations (BPRs) created by the work group are also essential for understanding improvements to the process. The BPRs can be found on [OneHealthPort's website \(www.onehealthport.com\)](http://www.onehealthport.com).

Per ESSB 6511, the OIC "shall adopt rules implementing the recommendations of the work group. The rules adopted under this subsection may only implement, and may not expand or limit, the recommendations of the work group."

Because of technical limitations, future rulemaking will be required to fully implement the recommendation of the workgroup to additionally apply the adjusted timeframes for prior authorization approval to the medical benefit. The OIC intends to start rulemaking to make these adjustments as soon as the current rulemaking is finished.

NOTE: The rules look different in form from the [recommendations delivered to the OIC \(www.onehealthport.com\)](http://www.onehealthport.com) by the work group because modifications were required in order to enforce the recommendations. The modifications do not alter the substance of the recommendations of the work group.