

A Refresher on Submitting Pharmacy Prior Authorization Requests

Prior authorizations (PA) for certain drug prescriptions helps assure all necessary clinical criteria are met for coverage. Submitting a pharmacy PA can be straightforward, but there are several factors to consider.

The main consideration is the medication, which determines who will process the request. How and where the drug is administered are also key factors to keep in mind when submitting a PA request. Some oncology drugs and medical injectables require PA before being administered at home, in a doctor's office, or an outpatient facility.

Where to Submit a PA

1. Medications filled at retail pharmacies and self-administered specialty drugs:
Prime Therapeutics: [CoverMyMeds](#)
Prime Therapeutics is our pharmacy benefit manager for PA requests for drugs filled at retail pharmacies and self-administered specialty drugs.
2. Drugs administered by healthcare professionals in the physician office setting:
Magellan Rx Management: [MRxM Prior Authorization](#)
Magellan Rx Management will provide utilization management and reimbursement review prior to the service being rendered for specified drugs that require administration by healthcare professionals in the physician office setting (Provider Administered Drug Program or PADP).
3. Specialty self-administered medications and drugs that require administration by healthcare professionals:
CVS/Caremark: [CVS/Caremark Prior Authorization](#)
CVS/Caremark will provide utilization management for specialty self-administered medications such as self-injectable drugs. It also includes specialty drugs that require administration by healthcare professionals in the physician office setting.

Completing and submitting the correct PA form will ensure there is sufficient information for processing your request. This will prevent delays and unnecessary denials.

Be sure to visit the vendor sites every quarter for the most current PA information and forms. Do **not** use previously bookmarked or saved forms because criteria may have changed.

Providing Sufficient Information

Before requesting a PA, verify member eligibility and benefits through Availity^{®1} or contact the Provider Contact Center. You can expedite the process by having the following information ready:

- Name and office phone number of the in-office physician
- Member name and ID number

¹Availity, LLC is a multi-payer joint venture company. For more information, visit availity.com.

- Requested medical pharmacy drug(s)
- Anticipated start date of treatment (if known)
- Patient weight and/or body surface area for proper drug dosage and IV fluid amount
- Dosing information and frequency
- Diagnosis
- Past therapeutic failures (if applicable)

You may also be asked to submit the following documents:

- Clinical notes
- Pathology reports
- Relevant lab test results

Submit the Request One Time

If you provide all the necessary information for a PA request, it will be reviewed and processed quickly, within regulatory timelines. Submitting multiple requests with the same information delays the process and drives up costs for everyone.

Response Time Is of the Essence

If the organization processing your PA request reaches out for additional information, please respond as soon as possible. If you submit urgent pharmacy requests, you have 48 hours to respond to inquiries. Otherwise, the decision will be based on available information and could result in an unnecessary denial.

Prior Authorization Denials

Denials can occur during the authorization process. If a PA is denied because medical necessity is not met and you have additional documentation that may show it is, please **resubmit** the PA request. Be sure to include the new documentation showing medical necessity is met.

Resubmitting the request rather than appealing a denial will save time, reduce administrative costs, and support process efficiencies.