SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY **SEPTEMBER 30, 2019**

REMINDER: IDENTIFY MEDICATIONS REQUIRING AUTHORIZATION AND PROVIDE COMPLETE INFORMATION WHEN REQUESTING COVERAGE

IDENTIFYING MEDICATIONS REQUIRING AUTHORIZATION

Highmark formularies for Medicare, Commercial, and Health Care Reform patients are accessible on the Provider Resource Center at **PHARMACY PROGRAM/FORMULARIES** >**Formulary Information**.

Review these formularies to determine if any coverage restrictions apply to the medication(s) you are prescribing.

Icon	Restriction	Definition
NF / NF Non-Formulary	Non-formulary/Non-covered	Non-Formulary drugs are not covered on the formulary drug list. An exception may be requested that is subject to review by the plan and is based on Pharmacy policy.
PA Prior Auth	Prior Authorization	Coverage of this drug is subject to review by the plan and is based on Pharmacy policy.
PAns New Starts	Prior Authorization - New Starts	Prior Authorization applies to new starts only. Members currently on the medication may not be subject to the prior authorization policy.
PA B vs. D	Prior Authorization - Part B vs. Part D	This drug may be covered under Medicare part B or D depending upon the circumstance. Information may need to be submitted describing the use and setting of the drug to make the determination.
QL Quantity Limit	Quantity Limit	Limits the amount of drug that a beneficiary may receive in a certain period.
ST Step Therapy	Step Therapy	For a step therapy drug to be covered, the beneficiary will be first required to try a therapeutically equivalent medication.

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REQUIRED MEDICAL INFORMATION NEEDED

When searching within the formularies, click on the above icons that display next to the medication name for more detail on what information is required for authorization.

Use the Pharmacy Policies – SEARCH on the Provider Resource Center to find these details as well.

IF AN AUTHORIZATION IS REQUIRED

Should you determine an authorization is necessary, complete the Prescription Drug Medication Request form.

Be sure you:

1. Include only **one patient** per request
2. Include only **one prescription** per request
3. Include **all** supporting clinical documentation
4. **Check form** for missing information and accuracy
5. **Fax** form to **1-866-240-8123** or mail to:
   Medical Management and Policy
   120 Fifth Ave, MC P4207
   Pittsburgh, PA 15222

PROCESSING YOUR COVERAGE REQUEST

Formulary restrictions are in place for reasons such as to support dosing according to FDA-labeled indications and to ensure patient safety. Restrictions are ***not*** meant to discourage the appropriate use of medications.

Your request for medication coverage can be processed more efficiently when you:

- Recognize applicable restrictions;
- Use the restriction icons and/or **Pharmacy Policy – SEARCH** to identify what medical information is required; and
- Submit complete information on the Prescription Drug Medication Request form to Highmark.

Doing so will help to minimize any delays in access to medication for your patients.

TIPS FOR FAXING AUTHORIZATION REQUESTS

Print off this poster with tips for faxing authorization requests and hang it by your fax machine as a handy reminder on how to avoid delays!