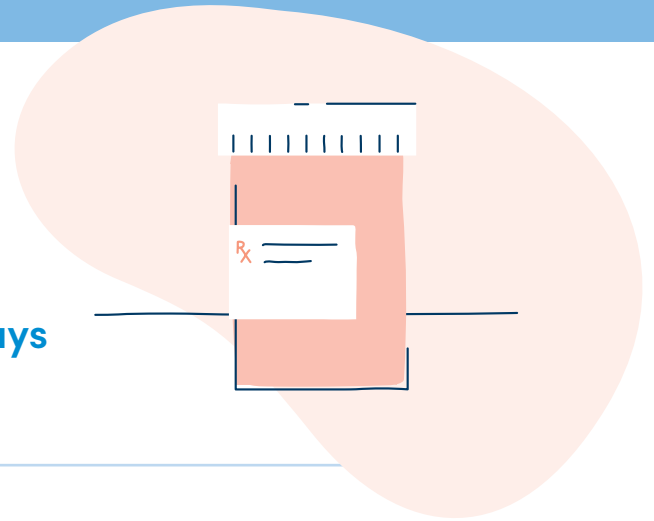


# Understanding formulary restrictions and requesting an authorization







Before prescribing medications, check to see if there are any coverage restrictions. These restrictions are in place to ensure patient safety and meet FDA requirements.

Most importantly, these help minimize delays in getting medications to your patients.



## Identifying formulary restrictions.




Search within the **formularies** and the icons below will appear – if they apply.

Icon	Meaning
	<b>Non-formulary/Non-covered</b> Non-Formulary Drugs are not covered on the formulary drug list. An exception may be requested and is subject to review by the plan and is based on Pharmacy policy.
	<b>Prior Authorization</b> Coverage of this drug is subject to review by the plan and is based on Pharmacy policy.
	<b>Prior Authorization – New Starts</b> Prior Authorization applies to new starts only. Members currently on the medication may not be subject to the prior authorization policy.
	<b>Prior Authorization – Part B vs Part D</b> 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.
	<b>Quantity Limit</b> Limits the amount of a drug the patient can receive during a set time period.
	<b>Step Therapy</b> For a step therapy drug to be covered, the patient will be first required to try a therapeutically equivalent medication.

# Identifying what medical information is needed.

When searching within the formularies, click on the icons that appear next to the medication name to view more details on what is needed for authorization.

## Results

Brand Name <i>Generic Name</i>	Therapeutic Class <i>Sub-class</i>	Dose/Strength	Status	Notes & Restrictions
Humira 40 Mg/0.8 Ml Subcutaneous Syringe Kit	<a href="#">MUSCULOSKELETAL / RHEUMATOLOGY</a> <a href="#">OTHER RHEUMATOLOGICALS</a>	SYRINGE KIT 40 mg/0.8 mL		 

Click the icons for more information

Use the **Pharmacy Policy Search on the Provider Resource Center**. Search by using the medication name. You'll then be able to view details on restrictions and the medical information needed when requesting an authorization.

**If you need to request a drug authorization**, fill out the Pharmacy Prior Authorization form. It'll speed up the process so there's little delay in helping your patients. Here's how it works:

1. Use the [Pharmacy Prior Authorization Form](#).
2. Include only one patient and one prescription per request.
3. Include all supporting clinical documentation.
4. Double check the form to make sure everything is filled out and accurate.
5. Fax form to 1-866-240-8123 or mail to:  
Medical Management and Policy, 120 Fifth Ave, MC P4207 Pittsburgh, PA 15222.

## Have questions?



Click the **“Pharmacy Information”** tab within the Provider Resource Center. Once there, you'll find additional information, including how to request authorizations through NaviNet.

Highmark Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。