

Understanding Prior Authorization Edits

Why have I received this information?

This information has been sent to you by your health plan's pharmacy benefit manager. From time to time, your physician may prescribe a medication that requires prior authorization. You may find a general understanding of this process helpful.

What is prior authorization?

Prior authorization is the process of obtaining approval for benefits for certain prescription drugs before they may be approved for payment from the Plan. The prior authorization process is normally used to monitor the prescribing of certain drugs, to help promote utilization of prescription benefits that are safe and cost-effective.

The Prior Authorization program focuses mainly on drugs that

- May have a high potential for serious side effects or adverse interaction with other drugs
- May have the potential to be frequently used incorrectly
- May have better alternatives
- May have high potential for abuse
- Should be used only for very specific conditions

The prior authorization review process allows confirmation of medical necessity before providing benefits for these drugs thereby helping to ensure that they are delivered in only the most appropriate cases and in safe and appropriate dosages as recommended by the Food and Drug Administration (FDA).

When your physician prescribes a medication for you that requires a prior authorization, your pharmacist will receive an electronic message sent to their computer at the point-of-sale. The message will read "Prior Authorization Required" and you will not be able to obtain the medication without prior approval.

As always, you should consult with your physician to determine what is most appropriate for you. If your physician feels medical reasons exist for you to take these medications, a letter of medical necessity is required for you to request approval for the medication.

DID YOU KNOW? Many other insurance companies require that your doctor call before a prior authorization may be approved. Your health plan gives your pharmacist the freedom to call the health plan directly regarding benefit approvals for certain medications. This process may save you and your pharmacist valuable time.

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Which medications require prior authorization?

Prior Authorizations must be received from a doctor or pharmacist for the following medications:

Actiq	Lucentis	Targretin capsules
Amevive	Lupron Depot Products	Tasigna
Androderm	Lyrica	Testim
AndroGel	Macugen	Thalomid
Aranesp	Myobloc	Topamax
Avastin	Neulasta	Trelstar Depot
Botox	Neumega	Trelstar LA
Carimune NF	Neupogen	Tykerb
Eligard	Nexavar	Tysabri
Enbrel	Octagam	Vantas Implant
Epogen	Orencia	Vectibix
Erbix	Pegasys	Vfend
Fentora	Peg-Intron	Viadur Implant
Flolan	Penlac	Vivaglobin
Flebogamma	Polygam S/D	Vivitrol
Forteo	Procrit	Xeloda
Gamastan	Provigil	Xolair
Gamimune N	Qualaquin	Xylocaine IV
Gammagard S/D	Raptiva	Zoladex
Gammagard liquid	Rebetron	Zolinza
Gammar-P	Remicade	Zyvox
Gamunex	Remodulin	
Gleevec	Revatio	
Humira	Revlimid	
Increlex	Rituxan	
Infergen	Roferon-A	
Intron-A	Sporanox	
Iveegam EN	Sprycel	
Ketamine	Suprellin LA	
Kineret	Sutent	
Lamisil	Synagis	
Leukine	Synarel Nasal Spray	
Leuprolide	Tarceva	

Other drugs may require prior authorization, according to your health benefit coverage. Examples may include ADHD medications, oral contraceptives, growth hormones, fertility medications, or certain acne medications.

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Approval Process

Your pharmacist or physician will need to contact the NextRx Prior Authorization center to request the required approval. Your pharmacist or physician will need to provide information sufficient to determine if the request meets the Plan's established criteria for approval. Your pharmacist or physician may contact the prior authorization center by phone or by faxing a written request to the approval center. The appropriate request forms can be found on your health plan's website.

APPROVED: If the health plan benefit criteria are met, an authorization will be entered to allow your claim to process immediately. NextRx will notify your physician when the authorization has been approved. Your physician's office should contact you with the information that your prescription may now be filled.

MORE INFO NEEDED: If more information is needed, a NextRx representative may contact your physician directly. Once the relevant information is received from your doctor, and if the benefit approval criteria are met, the Prior Authorization will be approved.

If the review does not satisfy the approval criteria approved by your health plan, the claim will be sent to your health plan for review. If the health plan concludes the benefit should be denied, it will issue denial letters to both you and your doctor that clearly outline the appeals and/or grievance process.

Please Note: Due to varying health benefit plans, inclusion of a drug and related items on the drug list/formulary is not a guarantee of coverage. Please refer to your prescription drug benefit description of coverage, limitations and exclusions.