

Authorization Process

Certain prescription medications require a prior authorization. You may be prescribed a medication that is covered only for certain conditions, exceeds the covered quantity limits or the maximum allowable dose indicated by the manufacturer.

In order to request a prior authorization, your prescribing physician must complete and submit a Medication Exception Request form along with written documentation, including office or hospital notes, diagnostic or laboratory test results and any other information specific to the request. Once the request is received along with the appropriate documentation, the case will be reviewed and a coverage determination will be made. If the request is approved, your physician will be notified. If the request is denied, your physician will be notified and you will be notified in writing.

If your physician prescribes a medication that is not on our formulary, you can ask us to consider covering it for you. You may have your physician follow the above prior authorization procedure or you may call Member Services at the number on the back of your Membership card.

In order for a non-formulary medication to be considered we will require the following information:

- 1) a statement of medical necessity from your physician,
- 2) specific details of contraindications to all other formulary alternatives, AND
- 3) medical documentation indicating a trial and failure of all covered alternatives.