

Next Generation Pharmacy Benefits

PRIOR AUTHORIZATION QUICK FACT SHEET (QFS)



	ISSUE	GENERAL INFORMATION	HELP
PRIOR AUTHORIZATION (PA)	How do I know if my medication is covered and/or requires prior authorization?	AmeriHealth Caritas New Hampshire has a searchable Drug Formulary that outlines what medications are covered. The Drug Formulary also details which medications require prior authorization (PA) as well as those that do not require PA. Medications that are not listed on the Drug Formulary are non-preferred medications and will require prior authorization. *Preferred medications may require prior authorization (Ex: exceding dosing guidelines, duplicating therapy).	The searchable Drug Formulary can be found at: https://www.amerihealthcaritasnh.com/apps/formulary/formulary.as px
	How do I obtain prior authorization for my medication?	Providers must complete a Prior Authorization Request in order to obtain prior authorization for a medication. Prior authorization requests may be submitted by fax, web, or phone. Prior authorization for a non-preferred medication requires a medically accepted indication and a trial of up to 2 formulary alternatives. Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of careguidelines.	Providers may download a printable PA Request Form or CMHC PA Request Form (to be faxed) and also find the PA websubmission link at: https://www.amerihealthcaritasnh.com/provider/resources/pharmacy-prior-auth.aspx PA Fax Line: 866-880-3679 Community Mental Health (CMHC) PA Fax Line: 855-839-3883 Providers may request a PA Form to be faxed or may conduct a prior authorization via telephone by calling PerformRx Pharmacy Provider Services at 888-765-6394.
	How long does it take to obtain prior authorization? What's the status of my request?	Prior authorizations are processed within 24 hours upon receipt of the request The member, physician, or pharmacy may contact PerformRx Pharmacy Help Desk to check the status of the request (pending, approved, or denied).	Providers, members, and pharmacies may check the status of a PA by calling PerformRx Pharmacy Provider Services at 888-765-6394.
	I received notification that more information is required to complete the PA request, what should I do?	PA Request Forms must be completed in their entirety. The following are required to review a PA Request:	The provider will be notified via telephone or fax if any additional information is required. Additional information may be faxed to the PA Fax Line: 866-880-3679 Community Mental Health (CMHC) PA Fax Line: 855-839-3883 Or Provided via telephone by calling PerformRx Pharmacy Provider Services at 888-765-6394.
	What if the request has been denied?	The member and provider will receive notification of the denial. The denial letter will contain the following: (a) reason for the denial; (b) recommended formulary alternatives and/or the necessary information needed; and (c) how to appeal the decision.	Denial letters will be sent to the member and requesting physician.
	What if the request has been approved?	The provider will receive notification of the approval. The member can now pick up the prescription from the pharmacy. The pharmacy should contact the PerformRx Pharmacy Help Desk should they encounter any issues when processing the claim for the medication.	For issues/questions regarding claim adjudication please call PerformRx Pharmacy Provider Services at 888-765-6394.