

## Prior Authorization

Certain medications require prior authorization. Please review your formulary for coverage information. A Prior Authorization is when your prescriber has to receive approval from your health insurance plan to cover a medication.

### How does my prescriber begin the Prior Authorization process?

#### ***Non-Urgent Requests***

A prescriber can submit a Prior Authorization Form to Navitus via U.S. Mail, web submission, fax, or they can contact the Navitus call center to speak to a Prior Authorization Specialist. The request processes as quickly as possible once all required information is together.

#### ***Urgent Requests***

A prescriber may notify Navitus by phone or fax of an urgent request submission. Prescribers may request an urgent review for a patient who is hospitalized, a patient with a life-threatening condition, or to authorize treatment of an acute illness or injury. Prescribers should submit an urgent request if the patient's health could be seriously jeopardized without the medication. The member and prescriber are notified as soon as the decision has been made.

### How does my prescriber submit a completed Prior Authorization form to Navitus?

Mode	Contact Information
U.S. Mail	Navitus Health Solutions LLC Attn: Prior Authorizations 1025 West Navitus Drive Appleton, WI 54913
Fax	1.855.668.8551 (toll free) - <i>Commercial</i> 1.855.668.8552 (toll free) - <i>Medicare</i> 1.855.668.8553 (toll free) - <i>Medicaid</i>
Phone	1.866.333.2757

Any time a PA is required and either the provider is not available to submit the PA request, or Navitus is not going to meet the turnaround requirement, Federal and Texas law requires pharmacies to dispense a 72-hour supply as long as the member will not be harmed if the PA is denied and therapy will be discontinued.

### **What happens after my prescriber submits the request?**

If the submitted form does not have all of the needed information, the prescriber will be contacted to provide the information. If the prescriber does not respond within a designated time frame, **the request will be denied.**

If the submitted information does not meet the criteria for coverage of the medication, **the request will be denied** and appeal rights will be provided.

If the submitted information meets the criteria for coverage of the medication, **the request will be approved** for a determined amount of time.

### **How will I find out if my Prior Authorization request is approved or denied?**

The member and provider will be notified in writing of the decision.

### **How can I get more information about a Prior Authorization?**

Please contact Customer Care toll-free at the number listed on your pharmacy benefit member ID card.