

# Pharmacy: Benefit & Authorization Tips



**P**each State Health Plan strives to ensure all members receives the health care they need and deserve. Sometimes this means we need to review the prescribed therapy. This reference will help identify which part of the Pharmacy Benefit a medication is covered under, where to look for authorization requirements, and where to submit a request for review.

Medication Benefit Type	Benefit Type Indicators	PA Requirement Resource	PA Review Team	PA Submission Method	Contact Information
<b>Retail</b>	<ul style="list-style-type: none"> <li>Medication is self-administered and typically picked up at a local pharmacy</li> <li>Examples are oral medications, compounded medications, similar drug class medications listed on the published Preferred Drug List (PDL).</li> </ul>	<ul style="list-style-type: none"> <li>Preferred Drug List (PDL)</li> </ul>	Envolve Pharmacy Solutions	<ul style="list-style-type: none"> <li>Faxed Envolve Pharmacy PA form</li> <li>Online PA form</li> <li>Phone/Verbal PA request, requires submission of faxed clinical information</li> </ul>	Phone: 1-866-399-0928 Fax: 1-866-399-0929 <a href="http://www.pharmacy.envolvehealth.com">www.pharmacy.envolvehealth.com</a> <a href="http://www.CoverMyMeds.com">www.CoverMyMeds.com</a>
<b>Specialty</b>	<ul style="list-style-type: none"> <li>Medication can be self-administered but is injection or high-dollar oral medication and not typically stocked at a local pharmacy.</li> <li>Examples are PDL medications with a 'specialty indicator', oral chemotherapy agents, high-dollar compounds, or growth hormone injections.</li> </ul>	<ul style="list-style-type: none"> <li>Preferred Drug List (PDL)</li> <li>PreAuth Check Tool on PSHP website</li> </ul>	Pharmacy Department, Peach State Health Plan	<ul style="list-style-type: none"> <li>Faxed Specialty Medication PA form</li> </ul>	Phone: 1-800-514-0083; option 2 Fax: 1-866-374-1579
<b>Medical</b>	<ul style="list-style-type: none"> <li>Medication administered by a medical professional</li> <li>Given in an office, outpatient, or home infusion setting</li> <li>Examples are IV infusions or healthcare professional required injections</li> </ul>	<ul style="list-style-type: none"> <li>PreAuth Check Tool on PSHP website. Be sure to check all HCPCS or CPT codes needed for therapy or service.</li> </ul>	Pharmacy Department, Peach State Health Plan	<ul style="list-style-type: none"> <li>Faxed Specialty Medication PA form</li> <li>Centralized Web Portal</li> <li>Secure Provider Portal</li> </ul>	Phone: 1-800-514-0083; option 2 Fax: 1-866-374-1579 <a href="http://www.mmis.georgia.gov">www.mmis.georgia.gov</a> <a href="http://www.pshp.com">www.pshp.com</a>

### **REMINDERS:**

- Our **Preferred Drug List (PDL)** is an excellent resource for covered products, in addition to some limitations or step-therapies when a product may require a prior authorization.
  - Any non-PDL product will require the trial and failure of two PDL agents be documented on a prior authorization review.
- **Not Otherwise Specified HCPCS** (NOS, or Miscellaneous Code such as J3490, J8999, J9999, etc.) being requested, which required the provider or facility to bill, should include the anticipated NDC of the product which will be billed. This will help ensure your claim is paid appropriately and as anticipated.
- **Denied medications** may be addressed in a few ways
  - If a retail medication requires the trial of a PDL medication
    - Prescriber can change the therapy to the PDL agent.
    - Prescriber can request a Peer-to-Peer conversation with the Envolve Pharmacy Solutions PA reviewer to discuss the reasons why the PDL agent is not an option.
  - If a specialty or medical medication therapy has been denied
    - Prescriber can submit a reconsideration with additional clinical documentation (such as more chart notes, labs, or published studies on the medical necessity).
    - Prescriber can request a Peer-to-Peer conversation with the Peach State Health Plan Pharmacist or Medical Director who reviewed the request.
  - Member and Provider have the right to request an appeal be sent to an outside review board for review by a like-specialist. Member signed Appointment of Representation form must be received for the appeal to be processed/reviewed.
- **Medical Benefit medications which are not listed** on the GA MMIS Provider Administered Drug List (PADL) must be submitted for prior authorizations for the service to be reimbursed
  - Some PADL medications also require review, and can be checked on the pshp.com Pre-Auth Needed tool.
- **Pharmacy Provider Liaisons** can be accessed to assist with PA process, requirements, or medication dispensing and billing questions.
  - Daniel Scott: 678-556-2491
  - Liz Brawner: 678-556-2301
- **Double check the approval notice** matches what was submitted. Ensure medication name or HCPCS code, dosing, therapy length, or dates of service will accommodate the anticipated therapy
  - Any questions should be addressed with the reviewing team (Envolve Pharmacy Solutions, Peach State Pharmacy, etc.)