To: **AmeriHealth Caritas DC Providers**

Date: **May 14, 2021**

Subject: **Pharmacy Prior Authorizations**

AmeriHealth Caritas District of Columbia (DC) has a searchable drug formulary that lists covered medications. It also indicates whether a medication requires prior authorization. The drug formulary may be found at https://www.amerihealthcaritasdc.com/apps/formulary-medicaid/index.aspx.

This notice is a reminder that AmeriHealth Caritas DC providers have three options for submitting a pharmacy authorization request:

- Online using the prior authorization web-submission form on the AmeriHealth Caritas DC website
- By phone at **1-888-602-3741**
- Via fax at **1-855-811-9332**

The link to the online Prior Authorization web-submission form, as well as printable forms that can be downloaded if you choose to submit an authorization request via fax, may be found on the AmeriHealth Caritas District of Columbia website at
https://www.amerihealthcaritasdc.com/provider/resources/pharmacy-prior-auth-forms.aspx
Please note that you must submit a separate request form for each enrollee/patient.

To help answer common pharmacy authorization questions, the Prior Authorization Quick Fact Sheet is attached to this notice. It can also be found online at
https://www.amerihealthcaritasdc.com/pdf/provider/forms/prior-authorization-quick-fact-sheet.pdf.

If you have additional questions about pharmacy authorizations, please contact PerformRx Provider Pharmacy Services at 1-888-602-3741.

2021 PRIOR AUTHORIZATION QUICK FACT SHEET (QFS)

PERFORMRx — Next Generation Pharmacy Benefits

AmeriHealth — DISTRICT OF COLUMBIA

	ISSUE	GENERAL INFORMATION	HELP
PRIOR AUTHORIZATION (PA)	**How do I know if my medication is covered and/or requires prior authorization?**	AmeriHealth Caritas District of Columbia 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-formulary medications and will require prior authorization. *Formulary medications may require prior authorization (Ex: *exceeding dosing guidelines, duplicating therapy*).	**The searchable Drug Formulary can be found at:** http://www.amerihealthcaritasdc.com/apps/formulary-medicaid
	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-formulary 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 care guidelines.	**Providers may download a printable PA Request Form (to be faxed) and also find the PA web-submission link at:** http://www.amerihealthcaritasdc.com/provider/resources/forms.aspx **PA Fax Line: 855-811-9332** Providers may request a PA Form to be faxed or may conduct a prior authorization via telephone by calling **PerformRx Pharmacy Provider Services at 888-602-3741.**
	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 888-602-3741.**
	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: • Member information • Provider information • Medication name, strength, and directions • Diagnosis for which the requested medication is being used If **any** of the above information is not provided, an outreach call will be made to the provider to obtain the necessary information. If the provider is unable to be reached via outreach call, the request will be closed and a faxed notification will be sent instructing the provider to refax the request with the necessary information included.	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: 855-811-9332** Or Provided via telephone by calling **PerformRx Pharmacy Provider Services at 888-602-3741**.
	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 888-602-3741.**