DEcision TImeliness: Processing Medication Requests

Policy

Certain preferred medications require authorization from the Plan.

Procedure

1. Requests for authorization during regular business hours may be made by telephone, in writing, or by facsimile by the pharmacy or the prescribing physician to the Plan.

2. Requests for emergency authorization after regular business hours may be made by telephone by the pharmacy or the prescribing physician to the Plan’s voice mail system which connects the caller to the Plan’s answering service. The service will contact the Plan Medical Director and/or Administrator on call.

3. The Plan processes requests for prescriptions according to the following timelines:
   a. For new prescriptions: Within 24 hours of the Plan’s receipt of the request/or of the information requested when pended by the Plan.
   b. For urgent refills: Within 24 hours
   c. For other refills: Within 48 hours

4. The Plan contacts the Pharmacy Benefit Manager’s (PBM) Prior Authorization line and provides a verbal authorization to the PBM. The PBM will in turn enter the authorization in its network system.

5. The Plan informs the dispensing pharmacy that authorization for the medication is in place.

6. Denials shall be made in writing to the member and to the prescribing physician and will include the following information:
   a. Reason for the denial
   b. Any alternative drug or treatment offered by the Plan
   c. Information to the member regarding the Plan’s Grievance Procedure
   d. Information to the member regarding the Independent Medical Review (IMR) process if the drug is denied because it is experimental or investigational.
   e. Name and contact information for person who made the denial decision.

A. Attachments: none

B. References: Health & Safety Code Sections 1367.20-22, 1367.24

C. Reviewers: Pharmacy & Therapeutics Committee, Medical Director, QA Manager

Reviewed/revised by: Cynthia Wilhelm MD  on April 2006; P&T on 04-24-06
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