



Weekly Provider News

June 17, 2015

Change in Pharmacy Authorization Process – Effective 8/1/15

Effective 8/1/15, the prior authorization review process for pharmaceuticals (not including enteral nutrition) is being modified to provide a determination (i.e. approved, approved as modified, denied, or voided) within 24 hours or next business day. Authorizations will no longer be extended while additional information is being obtained from the prescriber. This change is being made in order to improve the timeliness of access to pharmaceuticals for our members.

To minimize the number of denials, please provide all of the following information when submitting an authorization:

- Member name, Member Identification Number (ID#) and Date of Birth (DOB).
- Requesting provider name and contact information.
- Description of requested drug or item. This must include Healthcare Common Procedure Coding System (HCPCS) code if physician or facility administered drug is requested.

In addition, all of the following fields are required for an authorization request to be considered complete:

- Prescriber name, phone# and fax#.
- Pharmacy name, address, phone# and fax# (if authorization submitted by pharmacy).
- Quantity requested per fill or per Dates of Service (DOS) (in “quantity” field).
- Number of fills or DOS requested (in “units” field).
- Directions for use.
- Expected duration of therapy.
- Documentation of appropriate clinical information that supports the medical necessity of the requested drug or item, along with other drugs or therapies for this indication that have already been tried and failed (please include the outcomes).
- Why alternatives on the Alliance formulary cannot be used.
- Any additional information to support diagnosis and medical justification such as lab results and specialist consults.

Incomplete and/or illegible forms will be denied or voided. Submission of authorization requests through the Alliance Provider Portal is preferred, although you may submit requests by fax to (831) 430-5851. Urgent prior authorization requests may be initiated by phone at (831) 430-5507 and followed up by fax.

The required prior authorization form for use with Healthy Kids, IHSS, and Medi-Cal Access Program – AIM is available on the Alliance provider website at www.ccah-alliance.org/pharmacy.html. For Medi-Cal authorizations you may also use this form (preferred) or the State Treatment Authorization Request (TAR) form.

If you have any questions, please contact Anne Chai, Pharm.D., Pharmacy Director, at (831) 430-5689.

Questions?

Contact your Provider Services Representative or call Provider Services at (800) 700-3874 ext. 5504