Member Education

Prior Authorizations

The prior authorization process is used to monitor certain medications to ensure they are safe, medically necessary, and clinically appropriate. The process requires the doctor to obtain a pre-approval before a medication is covered by a pharmacy benefit plan. Prior authorizations can prevent improper prescribing or use of certain medications that may not be the best choice for a health condition.

What type of medications may require a prior authorization?

- Medications used for limited health conditions or special patient populations
- Off label indications
- Commonly misused or abused medications
- High-cost medications with lower cost alternatives

Who makes decisions of medications that are subject to prior authorization?

The SmithRx Clinical team partners with a National Pharmacy and Therapeutics Committee to conduct an in-depth review of current and newly approved medications, indications, practice guidelines, trends in prescribing, and consult with other healthcare professionals.

What is the process for prior authorization requests?

Medications that require a prior authorization will have a “prior authorization required” message notifying the dispensing pharmacist.

The prescriber can start an electronic prior authorization submission to SmithRx via CoverMyMeds at www.covermymeds.com or fax to (866) 642-5620.

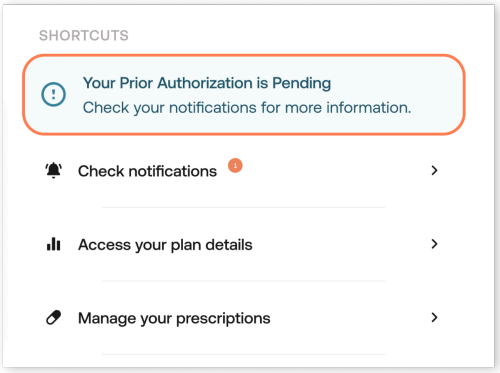
Alternatively, the pharmacist or member can initiate a prior authorization by calling SmithRx Member Support (844)- 454-5201.

In some instances, chart notes and/or lab results may also be required. Once documentation is received, SmithRx Clinical team reviews the request with the Clinical Coverage Criteria in order to make a coverage determination

What is an estimated turnaround time for prior authorization reviews?

Turnaround time for non-urgent prior authorization requests may take up to 15 calendar days and up to 72 hours for urgent requests after receiving necessary documentation from the provider.* Turn around time may be longer in an event where additional provider outreach is required. If additional information is needed, the provider has 45 days to respond to our request.

How do I check the status of a prior authorization?



You will receive updates via text and/or email* when:

- Your case is created
- More information is needed from you
- A decision (approval or denial) is made

Member Portal (smithrx.com/portal) users will also receive notifications in the portal and can securely upload documents.

You or your provider may also contact SmithRx via our online chat, email, or call to obtain status of their prior authorization.

- Online chat: www.smithrx.com
- Email: help@smithrx.com
- Phone: (844)- 454-5201

**Please be sure that you have accurate contact information on file. If we do not have contact information, you will not receive updates. You can add or change your contact information in the profile section of the member portal, or by speaking with a member service representative.*

What happens if the prior authorization is approved?

If the prior authorization is approved, you will receive a notification via text or email if we have your phone number or email address on file. Member Portal users will also receive a notification in the portal. A letter will also be mailed to you that confirms your prior authorization was approved with directions to contact your pharmacy to coordinate filling your prescription.

The provider will receive a fax notifying them of the prior authorization approval and medication details.

What happens if the prior authorization is denied?

1. If the prior authorization request is denied, the provider can prescribe an alternative drug covered under the pharmacy benefit plan.
2. Providers can request a Peer to Peer Review with a SmithRx Clinical Review Pharmacist to provide additional information or medical rationale for consideration to overturn denial as an alternative to submitting a first level appeal.
3. Providers can also submit an appeal on the coverage determination by either calling our provider line, submitting an e-appeal via CoverMyMeds or faxing the appeal form.
    - Member Support: (844)- 454-5201
    - Fax Number: (866) 642-5620

Prior authorization denial letters are faxed to the prescriber. You will also be sent an email, text, and postal mail with the reason for the denial and how to file an appeal.

What is an estimated turnaround time for appeal reviews?

Turnaround time for non-urgent appeal requests may take up to 30 calendar days and up to 72 hours for urgent requests after receiving necessary documentation from the provider.* Turn around time may be longer in an event where additional provider outreach is required. The provider has 180 days to submit an appeal after the date of the prior authorization denial.

What is a letter of medical necessity?

Letter of medical necessity (LMN) refers to a document submitted by the provider describing why a requested non-formulary medication is necessary for the member. LMN justifies the use of a specific medication that is otherwise not covered under your employer's drug plan benefits.

What is an estimated turnaround time for LMN reviews?

Turnaround time for non-urgent LMN non-formulary prior authorization requests may take up to 15 calendar days and up to 72 hours for urgent requests after receiving necessary documentation from the provider.* Turn around time may be longer in an event where additional provider outreach is required. If additional information is needed, the provider has 45 days to respond to our request.

Where can I find a list of medications that require a prior authorization under my pharmacy benefits?

You can find medications that require a prior authorization under the "Find My Meds" tool in the Member Portal at www.smithrx.com/portal.

*NOTE: Time frames delineated for prior authorizations, letters of medical necessity, and prior authorization appeals apply to self-funded clients regulated by ERISA only.