

Georgia Department of Community Health
Medicaid Fee-for-Service
Pharmacy Prior Authorization Request Process Guide

Below are bullet points that may be helpful in guiding prescribers or pharmacists through the Georgia Department of Community Health (DCH) prior authorization (PA) and appeal process for Medicaid Fee-for-Service (FFS) recipients. These guidelines do not apply to the Medicaid Care Management Organization (CMO) plans, which have their own prior approval processes and criteria.

Overview of the Prior Authorization Program:

- PA requests should be submitted by a prescriber.
- Requests are submitted to the Pharmacy Benefits Manager (PBM), OptumRx, which applies the DCH-approved criteria.
- All PA requests are reviewed within 24 hours of initial request. This turnaround time does not include any time while a request is pended if additional information is required from the provider/requestor.
- Requests will result in one of the following outcomes:
 - Approved – an approval number is entered into the system to allow immediate access to the required medication.
 - Denied – a denial letter is sent to the prescriber with the instructions for appeal if desired.
 - Pended – a request may be pended if further documentation is required from the prescriber. If additional documentation is not received within 72 hours, then the pended request will be administratively denied.
- A first and second level appeal process is available to prescribers:
 - All appeals (first and second level) must be submitted in writing by the prescriber.
 - First level appeals are reviewed by either a PBM or DCH pharmacist.
 - All second level appeals are reviewed by a DCH pharmacist.
 - A written response regarding the outcome of the appeal is sent to the prescriber.
 - First level appeals are addressed within 72 hours of receipt and second level appeals are typically addressed within 72 hours of receipt depending on whether additional information is needed from the prescriber.

Understanding the Application of Prior Authorization to Products:

- DCH monitors new drugs to the market and utilization patterns of existing drugs.
- The Drug Utilization Review (DUR) Board evaluates new drug entities after the drug has been on the market for at least six months.
- Notice is given to pharmacy providers via banner messages on Preferred Drug List changes to a product.
- A monthly Preferred Drug List is posted on both the DCH web site (www.dch.georgia.gov/pharmacy →Preferred Drug Lists) and the MMIS site

(www.mmis.georgia.gov →Pharmacy →Other Documents) listing the status of the most highly utilized products.

- PA criteria are published on the web at www.dch.georgia.gov/pharmacy →Prior Authorization Process and Criteria.

Prior authorization requests and any necessary subsequent appeal should be initiated by one of the following: calling OptumRx at 1-866-525-5827 or in writing to fax number 1-888-491-9742. All **appeals** must be submitted in writing to fax number 1-877-239-4565.

NOTE: Requests such as “this medication is medically necessary for this patient” will be denied due to insufficient information.