



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 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:

- All clinical PA requests should be submitted by a prescriber.
- Requests can be submitted via phone, facsimile or electronically.
- 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 following outcomes:
 - Approved – an approval number is entered into the system to allow immediate access to the required medication.
 - Intent to Deny – a notification letter is sent to the prescriber with the offer to request a peer-to-peer review or to submit additional information for consideration within 7 business days.
 - Pended – a request may be pended if further documentation is required from the prescriber. If additional documentation is not received within 7 business days, then the pended request will be administratively denied.
 - Denied – a denial letter is sent to the prescriber with instructions for appeal if desired.
- A peer-to-peer process is available to prescribers:
 - All peer-to-peer requests are handled by phone.
 - All peer-to-peer requests are handled by a PBM physician or pharmacist, depending on the peer-to-peer requestor.
- An appeal process is available to prescribers:
 - All appeals must be submitted in writing by the prescriber.
 - Appeals are reviewed by a PBM pharmacist or physician.
 - A written response regarding the outcome of the appeal is sent to the prescriber.
 - Appeals are addressed within 72 hours of receipt.

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.



- Drugs which may be candidates for PA include but are not limited to the following:
 - Drugs with niche indications
 - Drugs that are not first line therapy
 - Drugs with significant safety concerns
 - Drugs with less costly therapeutic alternatives
- 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.

Completing a Prior Authorization Request:

- Patient Information:
 - First, Middle, and Last Name
 - Medicaid Identification Number
 - Date of Birth (DOB)
- Prescriber Identification:
 - Name
 - National Provider Identifier Number
 - Practice Address
 - Practice Phone Number
- Medication Requested:
 - Name, Strength, Dosage Form
 - Dosing Regimen
 - Duration of Therapy
- Comprehensive List of Diagnoses
- Laboratory Results if Relevant to the Medication Requested
- Previous Therapy Utilized, Duration of Therapy, and Clinical Results
- Allergies, Contraindications, Drug-Drug Interactions
- **Specific Reason(s) the Preferred Alternative Therapies are Not Acceptable in the Patient**

Prior authorization requests and any necessary subsequent appeal should be initiated by one of the following: calling OptumRx at 1-866-525-5827, in writing to fax number 1-888-491-9742 or electronically via the CoverMyMeds portal (covermymeds.com). 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 considered as insufficient information.