



ALLCARE PHARMACY

NEW PRIOR AUTHORIZATION POLICY

When the pharmacy receives an insurance rejection due to a medication requiring a Prior Authorization, the following steps will take place:

1. The PA Notification Form and Medication Change Form will be sent to the facility and the doctor, unless you request the forms be sent to facility or doctor only.
2. When fax is sent, you will receive a call from our Claims Department (from the hours of 8:00am to 10:00 pm) notifying you the medication is not covered and asking if you would like to change the medication to something covered by insurance if available.
3. If there is not a medication change, facility will need to continue with the Prior Authorization process.
4. Pharmacy will send a **14 day supply** allowing facility and doctor ample time to complete necessary paperwork. Our claims department will follow up with you during this 14 day period.
5. If medication cannot be dispensed as a 14 day supply, such as a cream, inhaler, eyedrops, etc., and the cost exceeds \$250.00 (we can raise or lower this limit for your facility if requested), the medication will not be sent unless someone from your facility authorizes it and pharmacy has been given permission to bill facility. If possible, the claims department will dispense a smaller amount to mitigate cost.
6. Once we have reached day 15 and Prior Authorization is not complete, **no more medication will be sent** unless medication has been changed, prior authorization is complete or authorization has been given to bill facility.
7. Please list the person(s) with permission to authorize billing to the facility.

_____	_____	_____
Printed Name	Title	Signature
_____	_____	_____
Printed Name	Title	Signature
_____	_____	_____
Printed Name	Title	Signature

I have read and understand the Prior Authorization process stated above.

_____	_____
Name of Facility	City
_____	_____
Print Name of Authorized Agent	Signature of Authorized Agent
_____	_____
Title of Authorized Agent	Date