



Guide to the TrueScripts Prior Authorization (PA) Process

Why is Prior Authorization (PA) Needed?

- To ensure that the drug is medically necessary.
 - To ensure medications are prescribed in accordance with clinical guidelines and FDA approvals.
 - To promote safe and effective use of medications.
 - To ensure appropriate alternatives and/or first-line therapies are considered.
 - To manage healthcare costs and reduce misuse.
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What is Prior Authorization (PA)?

Prior Authorization is a clinical review process required before certain medications are covered by a health plan. It ensures that prescriptions are medically necessary, safe, cost-effective, and appropriate for the patient (member).

PA reviews for TrueScripts are completed by a team of independent clinical pharmacists who base clinical decisions on sound clinical evidence. Determinations are made within the timeframe allowed by state or federal law.

The TrueScripts Utilization Management (UM) Program utilizes drug-specific prior authorization (PA) clinical criteria* to assess drug indications, set guideline types (step therapy, initial PA, or PA renewal), approval criteria, duration, effective dates and other relevant information. Guidelines are based on written objective pharmaceutical decision-making criteria that are developed from the following sources:

- Food and Drug Administration (FDA) information.
- Peer-reviewed medical/pharmacy literature, including randomized clinical trials, meta-analyses, review articles, comparative effectiveness research, evidence-based medicine reviews, healthcare technology assessments, and pharmacoeconomic and outcomes research.
- Treatment guidelines, practice parameters, policy statements, consensus statements created/endorsed by reputable governmental, medical, and/or pharmacy organizations.

- Medical and pharmacy tertiary resources, including those recognized by CMS.
- Relevant and reputable medical and pharmacy textbooks and/or websites.

*Criteria and guidelines are specific to plans utilizing TrueScript's standard formulary drug lists only. Prescription drug benefits may be covered under a plan-specific formulary for which these guidelines may not apply. Please review your prescription drug benefit coverage or call TrueScripts.

PA Request Initiation Methods

1. **Member-Initiated:** A member may call to inquire if a drug requires PA. Members may submit a PA request via PromptPA at <https://truescripts.promptpa.com>.
 2. **Pharmacy-Initiated:** Prescription claim is rejected at time of processing. The pharmacy informs the member/provider and/or initiates PA via CoverMyMeds through the pharmacy software system.
 3. **Provider-Initiated:** Providers may submit a PA request electronically via CoverMyMeds, through our PromptPA web portal at <https://truescripts.promptpa.com>, or via fax with complete clinical documentation (listed below) to 812-257-1968.
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Required Documentation of PA review

To avoid delays or denials, providers must include:

- Completed PA request form via electronic means or fax.
 - Recent clinical notes (within the last 6 months).
 - Relevant lab results.
 - Clinical rationale supporting the use of the medication.
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Timeframes for PA Review

- Determination is made within **48 business hours** of receiving all necessary documents and/or follows mandated timeframes set by state or federal law. A prompt decision is made once complete information and documentation is received.
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Review Outcome

- **Approval:** Notification sent to the provider.
 - **Denial:**
 - Reasons for denial may include lack of documentation, formulary exclusion, plan exclusion, or failure to meet criteria.
 - The provider may receive:
 - Faxed explanation of denial.
 - Electronic denial response via CoverMyMeds.
 - Option to prescribe an alternative or file an appeal.
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Tips for Providers

- Use the ePA system (CoverMyMeds) for faster processing.
 - Always include full clinical documentation at the time of PA submission.
 - Submit PAs via the PromptPA web portal at <https://truescripts.promptpa.com> or via CoverMyMeds. Forms for fax can be found at www.truescripts.com under the Prescribers tab.
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Tips for Members

- Contact your doctor to ensure PA documentation is submitted promptly.
- To check PA status, visit PromptPA at <https://truescripts.promptpa.com> or call TrueScripts at **1-844-257-1955**.
- Understand that denials can be appealed or addressed by using covered alternatives.