

business hours and verbally complete the *Request for Prior Authorization* form if the situation is urgent or an emergency. A written form should follow. Any urgent request will be processed as soon as possible. Every effort will be made to ensure urgent requests are answered on the same day of the request.

3. Upon receipt Catalyst Rx will review the *Request for Prior Authorization*. The *Request for Prior Authorization* is then processed by Catalyst Rx in one of three ways:
 - **Approved:**

If the request meets with approved criteria as set forth by the Pharmacy and Therapeutics Committee, an approval is entered into computer system so a pharmacy claim will process. If criteria are not met, Catalyst Rx may redirect the prescriber to another drug on the formulary that has similar efficaciousness that would meet the needs of the member. If the practitioner agrees, this is considered redirection and the member receives the agreed upon formulary medication. The provider is notified by fax of all redirections and/or approvals.
 - **Pending:**

Requests will pend if more information is needed. Catalyst Rx will contact the prescriber to obtain further complete information.
 - **Forward the request to UPHP:**

If the authorization or redirection cannot be authorized after the Catalyst Rx pharmacist review, the *Request for Prior Authorization* is forwarded to UPHP with appropriate notes and/or comment, drug information support, claims history, letter or support, etc.
4. When the Request for Authorization is received at UPHP it is reviewed by an appropriate professional. If a prescriber does not accept redirection to formulary alternatives and wishes to pursue the request it is processed based on a medical necessity determination along with supporting documentation using some or all, but not limited to the following criteria:
 - UPHP formulary guidelines
 - FDA approved indications for the medication requested
 - The member's diagnosis and/or the indication for use
 - Previous drug treatment for the member's diagnosis
 - Compliance with previous drug treatment(s)
 - Previous therapy failure using formulary alternatives
 - The MDCH formulary status
5. If after review by the appropriate professional at UPHP a request is approved, notification is sent to Catalyst Rx via secure email to the prior authorization department. The approval should include:
 - Member ID
 - Member Name
 - Date of Birth
 - Medication to be approved: name, strength, dosage form (if applicable)
 - Duration or Quantity Approved
 - Name of person approving the authorization
6. Requests for Prior Authorizations/Medical Necessity Requests that are denied are processed in accordance with Utilization Management Process (300-005) the Member Appeals Related to UM Adverse Determinations Policy (300-024) and NCQA and MDCH Standards for timeliness and notification.