

Preferred Drug List (PDL) Appeal Process

Process

1. Physician calls First Health Services Corporation (FHSC) to obtain prior authorization. Criteria is not met, FHSC escalates to Lead Pharmacist for review. After review, if the Lead Pharmacist supports the decision to deny, the Lead Pharmacist forwards to the FHSC Clinical Account Manager, who would then forward to the FHSC Medical Director. After review by the FHSC Medical Director, the prescriber will be notified by FHSC staff of the final decision and informed of the denial and appeal process.
2. At the time the Lead Pharmacist issues the PA denial, the Lead Pharmacist enters a PA in the system that authorizes any pharmacy to dispense the prescribed amount, up to a 34-day supply of the prescribed medication. FHSC does not wait until an appeal is filed to authorize this dispensing.
3. When FHSC issues a PA denial they mail the recipient and the physician a notice of appeal rights.
4. Recipient visits pharmacy and receives prescribed drug.

Appeal

5. Physician/Recipient has 30 days to file an appeal, unless good cause is met for the untimely filing of the appeal. A physician must provide explicit written authorization from the recipient in order to file an appeal on the recipient's behalf
6. If the Physician/Recipient files an appeal, the Appeals division will issue an opinion within 21 days of receipt of the appeal, unless the Physician/Recipient causes or requests a delay.
7. If no appeal is filed or an appeal is not resolved within 34 days, and the recipient returns to pharmacy for another refill of the prescribed medication, FHSC will re-authorize the prescribed amount, up to another 34-day supply, and contact the physician to determine if *the physician intends to file an appeal*.
8. FHSC will keep a record of denials and a record of those providers who neither filed an appeal on behalf of recipients nor switched the medication to a preferred drug following a PA denial.
9. The Division of Cost Settlement and Audit and the Division of Health Care Services will perform Quality Assurance reviews on those providers who neither filed an appeal on behalf of recipients nor switched the medication to a preferred drug following a PA denial.