



SELECT DRUG PROGRAM[®] FORMULARY

EFFECTIVE JULY 1, 2011

www.futurescripts.com

The process for requesting a prior authorization/preapproval or override is as follows:

- The physician prescribing the drug completes a prior authorization form or writes a letter of medical necessity and submits it to FutureScripts by fax at 1-888-671-5285. The forms are available online at: www.futurescripts.com/for_health_care_professionals/prior_authorization. The form must be completed and submitted by the physician, not the member.
- FutureScripts will review the prior authorization request or letter of medical necessity. If a clinical pharmacist cannot approve the request based on established criteria, a medical director will review the document.
- A decision is made regarding the request.
- If approved, the prescribing physician will be notified of approval via fax or telephone, and the claims system will be coded with the approval. The member may call the Customer Service phone number on his or her ID card to determine if the prescription is approved.
- If denied, the prescribing physician will be notified via letter, fax, or telephone. The member is also notified of all denied requests via letter. The appeals process will be detailed within the denial letters sent to the member and physician.

Coverage for drugs not on the formulary (specific to Select Drug Program members only)

Providers may request consideration for formulary coverage of a covered non-formulary medication when all formulary alternatives have been exhausted or there are contraindications to using the formulary alternatives. The provider should complete the covered non-formulary appeal form, providing detail to support use of the covered non-formulary medication, and should fax the request to 1-888-671-5285. If the non-formulary exception request is approved, the drug will be paid at the appropriate formulary level of cost-sharing. If the request is denied, the member and provider will receive a denial letter with the appropriate appeals language. Whether an appeal is filed, the member may always obtain benefits for the covered non-formulary drug at the appropriate non-formulary level of cost-sharing. Out-of-pocket expenses for non-formulary drugs are higher than for formulary drugs.

Appealing a decision

If a request for prior authorization/preapproval or exception results in a denial, the member, or physician on the member's behalf, may file an appeal. Both the member and his or her physician will receive written notification of a denial, which will include the appropriate telephone number and address to direct an appeal. In all cases, the physician needs to be involved in the appeals process to provide the required medical information for the basis of the appeal.

