

Pharmacy: Benefit & Authorization Tips



Ambetter strives to ensure all members receive the health care they need and deserve. Sometimes this means we need to review the prescribed therapy. This reference will help identify which part of the Pharmacy Benefit a medication is covered under, where to look for authorization requirements, and where to submit a request for review.

Medication Benefit Type	Benefit Type Indicators	PA Requirement Resource	PA Submission Method	Provider PA Options	Appeals
Pharmacy	<ul style="list-style-type: none"> Medication is self-administered Medication can be filled at a local or specialty pharmacy. Examples: oral medications, topicals, self-administered injections. 	<ul style="list-style-type: none"> Ambetter Formulary: www.ambetterhealth.com/en/ms/provider-resources/pharmacy 	<ul style="list-style-type: none"> Faxed Pharmacy PA Form: 1-800-977-4170 Online PA Form: www.CoverMyMeds.com 	<ul style="list-style-type: none"> Request a Peer-to-Peer Review Call: 1-855-580-1688 Request for Reconsideration Fax: 1-844-235-5090 Phone: 1-866-399-0928 	<ul style="list-style-type: none"> The member or authorized representative can submit an appeal request within 180 calendar days from the date of the PA denial notice. Phone: 1-877-687-1187 Fax: 1-877-264-6519
Medical	<ul style="list-style-type: none"> Medication administered by a medical professional. Given in an office, outpatient, or home infusion setting. Examples: IV infusions, physician administered injections. 	<ul style="list-style-type: none"> Preauth Check Tool: www.ambetterhealth.com/en/ms/provider-resources/manuals-and-forms/pre-auth 	<ul style="list-style-type: none"> Faxed Outpatient Authorization Form: 1-833-611-2402 Secure Provider Portal: www.ambetterhealth.com/en/ms/provider-resources 		

Clinical Policies: www.ambetterhealth.com/en/ms/provider-resources/clinical-payment-policies

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REMINDERS:

• Ambetter Pharmacy Formulary

- Our **Ambetter Pharmacy Formulary** is a valuable resource for identifying covered medications, including any limitations or step-therapy requirements that may necessitate prior authorization (PA).
- Non-formulary medications require documentation of a trial and failure of at least two formulary alternatives as part of the PA review.
- The formulary can be searched online at www.ambetterhealth.com/en/ms/provider-resources/pharmacy.

• Non-Covered Services and Exclusions

- Certain services and medications are excluded from coverage under Ambetter benefits. Examples include:
 - Weight loss prescription drugs
 - Medications used for cosmetic purposes
 - Compounded drugs
- Medications or dosages deemed ineffective, unproven, or unsafe by Ambetter's Pharmacy and Therapeutics Committee are not covered, regardless of whether they have received approval from a governmental regulatory body for that specific use.
- For more details, refer to the Ambetter Summary of Benefits and Evidence of Coverage documents, available at www.ambetterhealth.com/en/ms/2025-brochures.

• Addressing Denied Medications

- If a pharmacy medication is denied due to a required trial of a formulary alternative:
 - The **prescriber may adjust the therapy** to use a formulary agent.
 - **The prescriber may request a Peer-to-Peer** discussion with a Pharmacy Services PA reviewer to explain why the formulary option is not suitable by calling **1-855-580-1688**.

- If a pharmacy or medical medication request has been denied:
 - The **prescriber may submit a reconsideration request** with additional clinical documentation (e.g., chart notes, lab results, or relevant published studies) to Pharmacy Services via fax at **1-844-235-5090**.
 - The **prescriber may request a Peer-to-Peer** conversation with the Pharmacy Services PA reviewer listed on the determination notice by calling **1-855-580-1688**.

• Appeals Process:

- A Member or Provider has the right to request an external appeal review by a specialist in the relevant field.
- A Member-signed Appointment of Authorized Representative (AOR) form must be submitted before the appeal can be processed.

• Billing for Not Otherwise Specified (NOS) HCPCS Codes

- When submitting requests for NOS HCPCS codes (e.g., J3490, J8999, J9999), the provider or facility must include the anticipated National Drug Code (NDC) of the product to ensure accurate claims processing and reimbursement.

• Verification of Approval Notices

- Double-check the approval notice to confirm that all details match the original submission, including:
 - Medication name or HCPCS code
 - Dosage and therapy duration
 - Dates of service to align with the anticipated treatment plan
- Any discrepancies or questions should be addressed with Pharmacy Services by calling 1-866-399-0928.