

## **Passport Advantage Prior Authorization Process**

When a member presents a prescription at a participating [network pharmacy](#), the pharmacy is informed, using the claims processing point-of-service system, that a requested drug is either non-formulary or requires prior authorization. The pharmacy then notifies the member, contacts the prescribing physician, and/or contacts PerformRx to determine the appropriate course of action.

1. The prescribing physician may then submit an "explanation of medical necessity."
2. A clinical pharmacist then reviews this information.
  - a) If the reviewing pharmacist does not agree that there is adequate clinical justification to approve the medication, the request is either denied or, depending on the health plan's process, forwarded to the plan's medical director for final review and determination.
3. If the request is ultimately denied, the prescribing provider is notified of the denial initially by fax to provide faster notification. A mailed denial letter follows this fax.
4. Following a denial, the member has several additional [appeal and grievance](#) options.

PerformRx has an extensive [grievance and appeals process](#). PerformRx will develop grievance and appeal processes to comply with Medicare requirements for Medicare Advantage and Prescription Drug Plan programs.



**Universal Pharmacy**  
**Oral Prior Authorization Form**  
**Confidential Information**  
**ONE DRUG PER FORM**

Patient Name		
Patient DOB		Patient ID Number
Physician Name		Specialty
Phone	Fax	DEA
Physician Address		
City	State	Zip
Medication Name and Strength Requested		
Directions		
Anticipated Length of Therapy: <input type="checkbox"/> _____ Days <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months		
Diagnosis:		
Preferred Medications tried/previous therapy, please include strength, frequency and duration: <i>(If medications were tried prior to enrollment, or if office samples were given, please include chart notes and/or sample logs)</i>		
Rationale and/or additional information, which may be relevant to the review of this prior authorization request:		
Physician Signature		Date

Please mail this form to:

PerformRx  
 Prior Authorization Department  
 200 Stevens Drive  
 Philadelphia, PA 19113

Or fax to:

Standard: 1-866-369-6038  
 Urgent: 1-866-533-5491