

## Pharmacy FAQ

### **What is a prior authorization (PA) and how do I get one?**

A PA is for prescriptions that must be approved by Absolute Total Care. Absolute Total Care is responsible for reviewing PAs for all specialty drugs and prescribed drugs that are filled at retail pharmacies.

### **Why do my prescriptions need a PA, and do I need to get one every time?**

Your medication(s) may need a PA if they are not on the Comprehensive Drug List (CDL), if they are on the CDL but must meet certain requirements or if they do not follow the CDL guidelines. A PA will be required when the existing PA has expired.

### **Will my prescription be covered if they are not on the CDL?**

Some medications not listed on the CDL will require a PA. However, some medications listed on the Absolute Total Care CDL may also need a PA. The information for PAs should be sent to Pharmacy Services by your provider. Your provider can fill this information out on the Medication Prior Authorization Form. This form should be faxed to Pharmacy Services at 1-833-982-4001. This document can be found on the Absolute Total Care website, [absolutetotalcare.com](http://absolutetotalcare.com). All completed authorizations are reviewed within 24 hours from the time of receipt.

**If approved:** If the medication is approved, it will be covered by the plan for a certain time period. All medications are not approved for the same time period. The maximum time period is one year. When your PA has expired, your provider will need to submit a new request.

**If denied:** If a medication was denied after the first review, talk to your provider about the denial. If you and your provider do not agree with the decision that was made, you may submit an appeal to Absolute Total Care for further review.

### **I received a prescription from the emergency room – how can a PA be requested?**

You must visit your provider who will continue your care with the medication that was provided by submitting a PA request for the medication. If your provider does not agree with the prescribed medication, your provider may refer to our CDL for other medications that are covered by Absolute Total Care.

### **Why has my PA request been denied?**

A PA request can be denied for reasons including failure to try two or more CDL agents or because step therapy is required.

**How can I get my medication(s) after it's been denied?**

You will receive a denial letter in the mail if a medication has been denied. Talk to your provider about the denial. If you and your provider do not agree with the decision that was made, you may submit an appeal to Absolute Total Care for further review.

**What other medications can I take since my medication was denied?**

Always talk to your provider about PA denials. Other medications are suggested on the PA denial letter; however, they should be discussed with your provider.

**Will my medication have a copay?**

No. All covered medications have a zero-dollar copay. You should not have to pay a copay for your covered medications beginning 7/1/2024.

**Why am I being charged for my medication at the pharmacy?**

If a medication is not covered by the plan, your pharmacy may be able to charge you up to the full retail price of a medication. If the medication is not covered, have your provider submit a PA request to Pharmacy Services for review.

**Is it possible to find out whether a particular drug is covered prior to going to the pharmacy?**

Many brand and generic medications are covered; however, some medications may require a PA. You or your provider may view a copy of our CDL by visiting our website, [absolutetotalcare.com](https://absolutetotalcare.com).

## Notice of Non-Discrimination

Absolute Total Care (ATC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity. ATC does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

ATC provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact our Manager of Member Services, by mail at: 100 Center Point Circle, Columbia, SC 29210; by phone at: 1-866-433-6041 (TTY: 711); or by email at: ATCMBRsvc@centene.com.

If you believe that ATC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity, you can file a grievance using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. Language assistance services are available. Please visit our Language Assistance page for more information.

## Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-866-433-6041 (TTY: 711).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-433-6041 (TTY: 711).

إذا كانت لغتك الأساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:  
(رقم هاتف الصم والبكم 711) 1-866-433-6041

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-433-6041 (TTY: 711).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-433-6041 (телетайп: 711).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-433-6041 (TTY: 711).

Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-866-433-6041 (TTY: 711)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-433-6041 (TTY: 711)

Falam tawng thiam tu na si le tawng let nak asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in na ko thei.

धयद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह । 1-866-433-6041 (TTY: 711) पर कॉल कर ।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-433-6041 (TTY: 711)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-433-6041 (ATS: 711).

နမူကတိကညီ ကျိာ်အယိ, နမူနာ ကျိာ်အတာ်မၤစၢၤလၢ တလၢာ်တူၢ်လၢာ်စ့ၤ နိတမံၤဘၣ်သ့န့ၢ်လီၤ. ကိး  
866-433-6041 (TTY: 711)

ማስታወሻ: የግንባታ ጽንፃ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚኒተለው ቁጥር ይደውሉ 1-866-433-6041 (መስማት ለተሳናቸው፡ 711)።

အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ၎င်းအတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-866-433-6041 (TTY: 711) သို့ ခေါ်ဆိုပါ။