

Drug Prior Authorization Policy

Healthcare providers face the challenging task of keeping up with the ever-changing medication formulary lists, step edits, and payor criteria from Pharmacy Benefit Managers (PBMs). PBMs are the managing branches of insurance companies that offer drug coverage at local and mail-order pharmacies. Some examples of PBMs include CVS Caremark, Express Scripts, and Optum Rx. The payor pharmacy benefit managers (PBMs) formulary lists, step edits, and payor criteria create barriers to care and an undue administrative burden on providers and clinical teams in the form of drug prior authorization requests.

To alleviate this burden, Urology Austin has decided to discontinue the processing of drug prior authorizations for the majority of generic and brand-name medications.

- This policy applies to prescribed drugs filled in local and mail-order pharmacies.
- Your provider's clinical team will notify you of the drug's eligibility for drug prior authorization processing.

We understand that there may be exceptional circumstances wherein this policy needs to be overridden in the patient's best interest. Your healthcare provider and clinical team will handle such situations.

Our practice firmly believes that this policy will enable our providers and clinical teams to allocate their resources toward other critical areas of patient care. Urology Austin will remain current on policy and legislative progress at both state and federal levels that aim to reduce or eliminate this barrier to care. We will adjust our approach to ensure our patients receive the best care possible.

By signing below, you acknowledge that you have read, understood, and agree to this Drug Prior Authorization Policy.

Patient Name (Print and Signature)

Print

Date

Signature