



PROVIDER *bulletin*

July 2, 2009

Dear Provider:

KHS strives to provide quality, timely, and medically appropriate services to our members. One method of achieving this is by the use of a Formulary for drug benefits. Not all medications available in the market are included on KHS's Formulary. Formulary medications should be considered before opting for a medication not on the Formulary. In some instances, the use of a non-formulary medicine is medically necessary. This will require a prior authorization to the health plan for consideration to allow coverage. To improve the processing of submitted TARS/prior authorizations, please ensure the following procedures are being followed.

Please fill out the KHS form. Use of other forms will delay processing and are not acceptable. A copy may be downloaded from kernfamilyhealthcare.com under Pharmaceutical services in the Provider section. Please complete in its entirety. Omitted and incorrect information again delays processing.

Please confirm the correct diagnosis for the medication being requested. Some medications have multiple indications. Benefit coverage with the health plan in some cases is approved only for certain conditions. Generic descriptions such as 'pain,' 'infection,' and 'heart' are not sufficient as they require follow up to determine the specific condition. Diagnosis should be indicated as neuropathy, pneumonia, and hypertension. Guessing at or generalizing the diagnosis only delays the decision or requires more clarification. Supporting documentation such as labs, previous therapies, and contraindications should be supplied as appropriate.

The document must also be signed and dated. Unattested forms may cause further delays as well.

Sincerely,

Bruce Wearda, R.Ph.
Corporate Pharmacist

