

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’s pharmacy benefit manager – Envolve Pharmacy Solutions – or by the Absolute Total Care Pharmacy Department for specialty drugs. Envolve Pharmacy Solutions is responsible for reviewing PAs for all prescribed drugs that are filled at retail pharmacies. The Absolute Total Care Pharmacy Department is responsible for reviewing PAs for specialty drugs.

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 Preferred Drug List (PDL) or do not follow the PDL guidelines. A PA is only needed when your provider prescribes a medication that is not on the PDL, does not follow PDL guidelines, or when the existing PA has expired.

Will my prescription be covered if they are not on the PDL?

Any medications that are not on the PDL will require a PA.

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 non-PDL medication. If your provider does not agree with the prescribed medication, your provider may refer to our PDL 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 such as: failure to try two or more PDL agents or that 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.

Why do I have pharmacy copays?

All health plans are allowed to charge pharmacy copays similar to how fee-for-service or regular Medicaid does.

What happens if I cannot afford the copay?

Copays are not waived for the inability to pay. The plan offers a CentAccount® rewards program that can assist with any medical copays that may occur along with over-the-counter (OTC) medications.

Why am I being charged more than a \$3.40 copay at the pharmacy?

Absolute Total Care only charges \$3.40 for each medication if you are 19 years old or older. 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 Envolve Pharmacy Solutions for review. Your provider may contact Envolve Pharmacy Solutions at 1-800-460-8988.

I have another insurance that pays for my prescriptions and they are not on your PDL. Will those medications be covered?

If you have a primary insurance that covers medications that are not listed on our PDL, a PA Request Form will not be required. Inform your pharmacy that you have a primary insurance. Absolute Total Care will cover the remaining costs of your medications once claims have been submitted to your primary insurance. You will only be responsible for paying a \$3.40 copay per prescription. If your pharmacy needs assistance with processing claims, they may contact the Envolve Pharmacy Solutions Help Desk at 1-800-460-8988.

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

Most generic drugs are covered; however some generics may require a PA. You or your provider may view a copy of our PDL by visiting: absolutetotalcare.com/members/medicaid/benefits-services/pharmacy.html.

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, or sex. ATC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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: 1441 Main Street, Suite 900, Columbia, SC 29201; by phone at: 1-866-433-6041 (TTY: 711); or by email at: ATC.MBRSVC@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, or sex, 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/portal/lobby.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 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:

1-866-433-6041 (رقم هاتف الصم والبكم 711)

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 língua 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).

နမ့်ကတိ ကညီ ကျိအလိ, နမန့် ကျိအတံဃါစါလ၊ တလံဘူလံလံနီတံဘဲသုန့်လီ. ကိ: 866-433-6041 (TTY: 711)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚክላክው ቁጥር ይደውሉ 1-866-433-6041 (መስማት ለተሳናቸው፡ 711)፡

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