



How do I request prior authorization, step therapy, or an exception to the Bright HealthCare Formulary?

Prior Authorization

Certain drugs may require you or your provider to get a prior authorization. You will need to get approval before filling your drug.

Step Therapy

In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. This is called step therapy. Step therapy is when you are required to use one drug before another, in a stepwise fashion. The required first step drug or preferred drug is a proven, cost-effective medication. Unless an exception is made, one or more preferred drugs must be tried before progressing to a drug that is subject to step therapy. You or your provider can request an exception if your health may be harmed by waiting. Your provider must submit a supporting statement to us explaining why you need the drug. You or your provider may appeal the denial of an exception request. The denial documents provide more information on appeal rights and procedures if there is a medical need to use a second step drug without trying a first step drug, an exception to coverage may be requested by the provider. A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to enrolled in a Bright HealthCare plan, you will not have to undergo step therapy and the drug will be approved for coverage when medically necessary.

Exceptions

You can request an exception to the formulary to cover the nonformulary drug. **When you request a formulary exception you should submit a statement from your provider supporting your request.**

Completed forms can be sent in the following ways:

Electronically

Get started today with **one** of these online portals:

 https://providerportal.surescripts.net/ ProviderPortal/login	 https://www.covermy meds.com/main/ prior-authorization-forms/express- scripts/	ExpressPath™ https://www.express- path.com/login.aspx
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Phone

Fax

Member request: 800-336-5939 Physician Request: 877-779-2884	877-251-5896
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