Quality Assurance Drug Management Programs

Utilization Management

For certain prescription drugs, AvMed has additional requirements for coverage or limits on coverage. These requirements and limits ensure that our members get the most medically appropriate, safe and cost-effective medications. A team of clinical pharmacists developed these requirements and limits for AvMed to help us provide members with clinically appropriate medications and provide protection from harmful drug interactions. Examples of utilization management tools are described below.

- **Prior Authorization:** AvMed requires you to get prior authorization for certain medications. You may need prior authorization for medications that are on the formulary (Preferred Medication List) or drugs that are not on the formulary **and** were approved for coverage through our exceptions process. This means that you will need to get approval from AvMed before you fill your prescriptions. If you do not get approval, AvMed may not cover the drug. Drugs requiring a prior authorization contain a "PA" in the "Requirements/Limits" column of AvMed's formulary.

- **Quantity Limits:** For certain drugs, AvMed limits the amount of the drug that will be covered. For example, AvMed provides 9 Imitrex Tablets for a 30-day supply. Drugs having a quantity limit contain a "QL" in the "Requirements/Limits" column of AvMed's formulary.

- **Step Therapy:** In some cases, AvMed requires you to first try one drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may require your doctor to prescribe Drug A first. If Drug A does not work for you, then we will cover Drug B. Drugs requiring step therapy contain a "ST" in the "Requirements/Limits" column of AvMed's formulary.

You can find out if your drug is subject to these additional requirements or limits by looking at the formulary. If your drug does have these additional restrictions or limits, you can ask AvMed to make an exception to our coverage rules. See coverage determination below.