

Pharmacy Tips and Best Practices

MVP Health Care® (MVP) is committed to ensuring MVP members and health professionals alike are satisfied with the products and services we offer. To help reduce administrative burden, we have provided some tips to facilitate your requests for coverage of pharmacy benefit medications.

Quickly locate and download any forms you need by visiting mvphealthcare.com/providers and select *Pharmacy* and then *Most Requested Forms*.

For all coverage requests please ensure the completed form is signed and provides all office contact information (accurate phone number and fax number). We are unable to process requests that are not signed and cannot be verified.

Please see below for specific coverage plans:

Medicare

- Please indicate if you are requesting the brand or generic product.
- A request for formulary exception (coverage of a drug that is not on the MVP Medicare formulary) must indicate that the non-formulary drug is necessary for treating the member's condition because all covered Part D drugs on any tier would not be as effective or would have adverse effects. Therefore, a request must address all formulary alternatives.
- Per CMS requirements, once MVP receives a prescriber's supporting statement, it must provide a decision within 24 hours for expedited requests or 72 hours for standard requests.
- Please consider your operating hours (weekends and holidays) when submitting a request as insufficient/partial requests still require a decision within these timeframes.

Medicaid

- Per the New York State Mega Rule Integration, all pharmacy requests must be reviewed within 24 hours.
- Please consider your operating hours (weekends and holidays) when submitting a request as insufficient/partial requests still require a decision within these timeframes.