

Coverage Determination Process

(As determined by Horizon Pharmacy Department **and our Pharmacy Benefits Manager, Caremark**)

In the case of a coverage determination for *prior authorization*, the pharmacist will provide a phone number to the physician either directly or via the beneficiary to initiate the prior authorization process.

In the case of *all other coverage determinations* the beneficiary, the beneficiary's physician or representative should contact the Customer Service. If the member is still not satisfied with the outcome they can begin the appeals process by having their physician faxing the Caremark Appeals Department at X Fax 1-866-884-9475. The beneficiary will be contacted with a determination within 72 hours (for standard) or 24 hours (for expedited) of receipt of the request for coverage determination. The Caremark Appeals Department is open 24 hours a day, seven days a week.