



Understanding How Prior Authorization (PA) Works with Your True Health New Mexico Prescription Drug Benefit

What Is Prior Authorization?

Prior Authorization, or PA, is a decision made by True Health New Mexico that a prescription drug, health care service, treatment plan, or durable medical equipment (DME) is medically necessary. Sometimes, PA is also called prior approval or precertification.

True Health New Mexico may require PA for certain drugs or services before you receive them, except in an emergency. Just because you receive PA on a drug or service does not guarantee that True Health New Mexico will pay for it.

Important Notes about Prior Authorization

- To learn more about PAs, please refer to the *Prior Authorization* section of our [Seeking Healthcare Services page](#).
- Find a list of services (not prescription drugs) that require prior authorization on our [Provider Forms and Other Resources page](#).
- Our formulary (see above) also notes "PA" next to the medication name for drugs that require a PA.
- **Your doctor/prescriber must start the PA process for you.** Your doctor/prescriber can find the Prior Authorization Request Form on our [Provider Forms and Other Resources page](#).

How Does the Drug Prior Authorization/Exception Process Work?

If your doctor decides that you need a drug that is not on a True Health New Mexico formulary, either you or your doctor can submit a drug prior authorization (PA) or **exception request**.

1. You or your doctor may begin the PA/exception process by submitting a Prior Authorization Request Form, which is found on our [Provider Forms & Other Resources page](#), to True Health New Mexico Pharmacy Services.
2. The completed form can be faxed to True Health New Mexico Pharmacy Services at 1-866-718-7938 for review. Doctors also can call True Health Pharmacy Services directly at 1-866-823-1606 to request a PA.
3. PA/exception requests are processed according to the urgency of the situation.
 - **Medically urgent requests are usually processed within 24 hours of receipt.**
 - **Standard requests are usually processed within 72 hours of receipt.**
 - In some situations, these time frames may be extended to allow doctors enough time to give us needed clinical information.
4. Once a decision about your PA/exception request is made, you will be notified. If the request is approved, you will receive a letter, which is mailed within one day of the date of the decision. If the request is denied, you will be notified by phone within one day and will also receive a letter.

What If My Prior Authorization/Exception Request Isn't Approved?

Remember: A PA/exception request is not always approved. You and your doctor will receive written notice about our decision. Each notice will include your options and appeal rights.

To learn more, please review the Prior Authorization section in your True Health New Mexico member handbook (Evidence of Coverage), which you can find on our [Individual Plan Documents](#), [Small Group Plan Documents](#), and [Large Group Plan Documents](#) pages.