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New Member Prior Auth and Step Therapy Job Aid

FOR CLIENTS NEW TO A PLAN OR CARRIER

Some carriers require additional steps—such as step therapy or prior authorization—for clients who are new to the carrier or enrolling in a new plan. Below is carrier-specific information on these processes

Aetna

Basic info:

- Member will not have to go through the process is Aetna has approved treatment with the non-preferred drug within the past 365 days.
- New members will be required to go through the ST/PA process

Online resources:

- Precertification site for Part B drugs and PA/ST lookup tool https://www.aetna.com/health-care-professionals/medicare/part-b-drug-um.html

Carrier Contact:
Ryan Turkalesky
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BCBSM/BCN

Basic info:

- A new PA/ST is required if there is a carrier change or plan change within BCBSM/BCN.
- If prescription drug isn't covered, members can request a review.

Online resources:

- Why do I need prior authorization for prescriptions? | BCBSM
- How do I ask for my plan to cover a prescription drug? | BCBSM
- What is step therapy? | Members | BCBSM
- Prior authorization and step therapy coverage criteria

Carrier contact:
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HAP

Basic info:

- New prior auths will not be needed if a member changes plans within the HAP portfolio.

Online resources:

- Https://www.hap.org/prescription-drug/medication-request-forms-for-prior-authorization
- https://www.hap.org/medicare/member-resources/medicare-plan-information/grievances-appeals-determinations/exceptions

Carrier contact:
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Humana

Online Resources:

- Grievances, appeals, and exceptions site https://www.humana.com/member/exceptions-and-appeals
- 2026 Drug Transition Policy https://assets.humana.com/is/content/humana/2026%20Medicare%20Transition%20Policy%20-%20Englishpdf

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Priority Health

Basic info:

- If their previous plan had the same optimized formulary, then the PA can be updated on their new plan - this is usually the case. However, if the plan is self-funded and doesn't have the same optimized formulary it would need to have a new PA. The 2026 list hasn't been completed yet but will be in the 2026 approved drug list once it is.

Online Resources:

- Individual current year approved drug list | Priority Health

Carrier Contact:
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Trinity Health Plan

Basic Info:

- Existing satisfied prior auths and Step Therapy requirements will not be needed again if a member changes plans within the THP portfolio.
- The "new" PA and ST process is specific to Part B drugs only
- ST is completely new for THP on the Part B side
- PAs have been in play, however they will just apply to more drugs in 2026
- The updated provider manual for this change is not yet on the website. There are not member facing documents on the Part B auth side.

Online Resources: Prior Authorization and Step Therapy | THP Medicare
Carrier contact:
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UHC

Basic info:

- Existing PH/ST will carry over to either the renewal or new UHC plan for the member

Online resources:

- This process is electronic and the agent is not involved. Tools for the provider are located in the UHC provider portal.

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Wellcare

Basic info:

- Resources for these topics can be found within each plan's EOC.

Carrier Contact:
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Zing

Basic info:

- If the member is currently using the medications, it would be seamless, because the Smart PA functions captures historical claims for appropriateness.
- Prior authorization may be obtained by the member's PCP or by a treating specialist or facility to which they were referred.
- Zing Health provides a process in order to make a determination of medical necessity and benefits coverage for inpatient and outpatient services prior to services being rendered. Prior authorization requirements apply to pre-service decisions.
- Providers may submit requests for authorization by submitting an authorization request via Zing Health's secure Provider Portal at myzinghealth.com; Faxing a properly completed Authorization Request Form to (844)-946-4458; or Contacting Zing Health via phone for inpatient notifications and urgent outpatient services at (833)-946-4458

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