

March 18, 2025

Electronic Pharmacy Prior Authorization

Summary: To submit a Pharmacy Prior Authorization electronically please submit an Electronic Prior Authorization (ePA) through your Electronic Health Record (EHR) tool software, or you can submit through direct links to Cover My Meds and Surescripts available on the Plan's website.

<https://www.amerhealthcaritasnext.com/fl/providers/prior-authorizations.aspx>

What this means for you:

To submit electronically, please submit an Electronic Prior Authorization (ePA) through your Electronic Health Record (EHR) software or either of the following online portals:

- [CoverMyMeds](#)
- [Surescripts](#)

By phone

Call our Provider Services department at **1-833-982-7977** from 8 a.m. to 6 p.m., Monday to Friday.

By fax

- For medical pharmacy drug prior authorization requests (buy-and-bill) please complete the [Healthcare Common Procedure Coding System \(HCPCS\) Authorization Form](#)[Opens a new window](#) (PDF).
- For all other pharmacy prior authorization requests please complete the [Pharmacy Prior Authorization form](#) (PDF)[Opens a new window](#)

Both of these forms are available through the Forms and Documents tab in the Provider section of the Plan's website. The completed forms should be faxed to: **1-844-470-2507**.

For pharmacy prior authorizations after business hours, weekends, and holidays, please call the 24/7 Pharmacy Member Services number at **1-833-981-7967**.

Questions:

Thank you for your participation in our network and your continued commitment to the care of our members. If you have questions about this communication, please contact your Provider Account Executive or the Provider Services Department at **1-833-982-7977**.