

## Overview of Unison's Prior Authorization Process

Unison Health Plan requires prior authorization for certain medications. The Pharmacy and Therapeutics Committee establishes the prior authorization criteria for these services.

Unison's Preferred Drug List (PDL) prior authorization criteria are based on solid evidence-based review principles. These principles include current literature reviews, consultation with practicing physicians and pharmacists who serve in Unison's service area and who possess a wide range of specialized medical expertise, governmental agency policies (i.e. U.S. Food and Drug Administration [FDA]), as well as national accreditation organization standards. Prior authorization criteria are revised and updated annually and more frequently as new evidence becomes available that prompts needed revisions.

If a physician feels that a patient would benefit from a medication that requires authorization, the physician must submit the appropriate clinical documentation for review.

If you are aware of a new medication that you would like to have reviewed by this Committee, please do not hesitate to contact us at:

Unison Administrative Services  
Manager, Unison Pharmacy Services  
1001 Brinton Road  
Pittsburgh, PA 15221

Or by e-mail: [formulary@unisonhealthplan.com](mailto:formulary@unisonhealthplan.com)