



## Provider–Pharmacist Prior Authorization Workflow Agreement

This Provider–Pharmacist Agreement is made by ZIPPORAH ASIAGO, NP and BESHROY MEKHAEL, PharmD of AvaCare Pharmacy LLC, located at 2950 Westway dr, ste 101, Brunswick, Ohio 44212. Under this Agreement, the Provider authorizes the Pharmacist and AvaCare Pharmacy LLC to act as the Provider’s authorized delegate solely for the purpose of assisting with medication prior authorizations and related administrative activities. The Pharmacist may prepare, submit, and track prior authorization requests on behalf of the Provider through payer platforms, including but not limited to CoverMyMeds, communicate with payers regarding authorization status, compile and submit supporting documentation provided by the Provider, and facilitate completion of required forms. The Provider retains full authority over all clinical decisions, diagnoses, prescribing, and treatment determinations. The Pharmacist shall not independently prescribe medications, modify diagnoses, or alter treatment plans without the Provider’s express authorization. All activities performed under this Agreement shall comply with applicable federal and state laws, HIPAA regulations, and payer requirements.

### 1. Purpose

The purpose of this agreement is to authorize AvaCare Pharmacy LLC to assist the Provider in the initiation, preparation, submission, and follow-up of Prior Authorization (PA) requests for medications prescribed to patients. This workflow aims to improve patient access to therapy and reduce administrative burden on providers.

### 2. Authorization

The Provider authorizes AvaCare Pharmacy to:

- Collect and compile documentation required for prior authorization requests
- Submit PA requests to insurance plans via electronic PA platforms, fax, or telephone
- Communicate with insurance plans regarding PA status
- Submit additional documentation required for PA review

### 3. Provider Responsibilities

The Provider agrees to:

- Prescribe medications according to clinical judgment and medical necessity
- Provide supporting documentation when requested, including diagnosis (ICD-10), chart notes, lab values, and treatment history
- Review and sign PA forms when required by the payer

### 4. Pharmacy Responsibilities

AvaCare Pharmacy agrees to:

- Accurately complete PA forms based on provider documentation
- Ensure compliance with HIPAA and patient privacy laws
- Notify the provider of PA approvals, denials, or requests for additional information
- Maintain records of PA submissions and communications

### 5. No Prescribing Authority

AvaCare Pharmacy does not prescribe medications and will not modify therapy without direct authorization from the Provider.

### 6. HIPAA Compliance

Both parties agree to comply with HIPAA regulations and maintain the confidentiality of patient information.

### 7. Term

This agreement shall remain in effect until terminated by either party with 30 days written notice.

### 8. Liability

The Provider retains responsibility for all clinical decisions and prescriptions issued. The Pharmacy acts solely as an administrative support entity for PA processing.



Signatures:

PROVIDER

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

PHARMACIST

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_