



Prior Authorizations – What You Need To Know

A Prior Authorization (P.A.) is a step implemented by your insurance plan, which requires your physician to prove medical necessity of a non-formulary, or quantity restricted medication in the strength and quantity written by the doctor, and that no other formulary medication(s) will work for you.

It is the prescribing physician's responsibility to select the proper prior authorization form, complete the form, and fax it to the insurance plan. The pharmacy cannot complete a P.A. for the physician. Your physician may send the completed form to your insurance plan in one of three ways:

- 1) by fax (on the proper P.A. form)
- 2) over the phone with the insurance prior authorization department
- 3) online through CoverMyMeds or the insurance's website

Greensburg Family Pharmacy will fax notification to your physician to let him/her know that your insurance requires a prior authorization (P.A.) on your medication(s).

Once the insurance plan receives the P.A. from your physician, their P.A. department will review the documentation. If the information the doctor has submitted meets their criteria for approval, then the P.A. will be approved for one year or less. If the insurance determines the information does not meet their criteria for approval, then the P.A. will be denied.

NOTE: If the P.A. is approved, your copay may be higher than it would be for a formulary medication, depending on your insurance plan.

Insurance companies usually only notify the doctor and the patient of their decision. The plan will usually fax notification of their decision to the physician, and mail a copy to you. On rare occasions, the insurance company may call or fax the pharmacy if an approval is received. However, this does not happen often, so the best way to follow up is to call your insurance plan directly to inquire on the status of the P.A.

Common Questions:

What do I do now?

Follow up with your physician, and later the insurance company.

First, check with your physician's office to make sure they have received notification that your medication requires a prior authorization. They can also give you an estimate on how long it will take for them to complete the form. Once they have had adequate time to complete the P.A., follow up with the insurance company to make sure they have received the P.A. from your physician. They can give you a time estimate on the decision making process. If the P.A. is approved, the pharmacy can then process the claim electronically.

How long will this take?

Although a P.A. could be approved the same day, it is a rare occurrence. It takes time for the doctor to fill out the P.A. form, and for your insurance plan to make a decision. Typically it can take between 2 and 7 days, but sometimes longer. It all depends on the speed of your doctor's office, and the insurance company. Once your insurance receives the P.A. form from your doctor, their prior authorization department reviews the submitted information to determine whether or not it meets their criteria for approval. Generally this is based on whether or not the information proves that the medication is medically necessary, and that no other formulary medications will work for you.

What is a prior authorization?

Prior Authorization is a technique for minimizing costs, wherein benefits are only paid if the drug has been approved by the insurance company.

Who completes the prior authorization?

The prescribing physician or physician's assistant completes the prior authorization form.

Who decides the outcome of the prior authorization?

The Prior Authorization Department at your insurance company decides the outcome.

How do they decide the outcome?

The Prior Authorization Department reviews the information on the form your doctor has submitted to determine whether or not it meets their criteria for approval. Generally this is based on whether or not the information on the form proves that the medication is medically necessary, and that no other formulary (or covered) medications would work for you.

Why do I need a prior authorization?

The medication your doctor prescribed is not on your insurance plan's formulary of covered medications, or the quantity prescribed exceeds the quantity limit that the insurance plan allows. The insurance plan requires that your doctor take an extra step to prove that the medication he/she prescribed for you is medically necessary and that no other formulary, or covered, medications would work for you.

My medication was covered last month. Why does it require a prior authorization now?

There are a few reasons this can occur:

- 1) Your insurance formulary may have changed.
- 2) An existing P.A. has expired and must be renewed by your physician.
- 3) Your plan may have allowed for a "transitional fill" to give the physician time to submit a prior authorization or select a different medication for you.

Does my physician need to submit a P.A. each time I refill my medication?

No. A P.A. is usually approved for one year or less. It will not need to be authorized for each refill, however, it may eventually need to be re-authorized when the P.A. expires.

My P.A. was denied. What do I do now?

- 1) Appeal the decision through your insurance company.
- 2) Consult with your physician to select a formulary medication for you.
- 3) Pay the cash price for the medication.