

Prior Authorization Frequently Asked Questions

Overview

1. What is Prior Authorization?

Prior authorization is a program that monitors certain prescription drugs and their costs to get you the medication you require while monitoring your safety and reducing costs. Similar to healthcare plans that approve a medical procedure before it's done to ensure the necessity of the test, if you're prescribed a certain medication, that drug may need a "prior authorization." **This program makes sure you're getting a prescription that is suitable for the intended use and covered by your pharmacy benefit.**

Your own medical professionals are consulted, since your plan will cover it only when your doctor prescribes it to treat a medical condition that will promote your health and wellness. When your pharmacist tells you that your prescription needs a prior authorization, it simply means that more information is needed to see if your plan covers the drug. Only your physician can provide this information and request a prior authorization.

2. Who decides what drugs to include in my Prior Authorization program?

Prior authorization was **developed under the guidance and direction of independent, licensed doctors, pharmacists and other medical experts**. Together with Express Scripts — which manages your pharmacy benefit plan — these experts review the most current research on thousands of drugs tested and approved by the U.S. Food & Drug Administration (FDA) as safe and effective. They recommend prescription drugs that are appropriate for a prior authorization program, and **your pharmacy benefit plan chooses the drugs that will be covered.**

3. What kinds of drugs need a prior authorization in my program?

Drugs impacted by your prior authorization program include:

- Prescriptions used outside of the specific, approved medical conditions
- Prescriptions that could be used for non-medical purposes

How Prior Authorization Works

4. Why couldn't I get my original prescription filled at the pharmacy?

When your pharmacist tried to fill your prescription, the computer system indicated "prior authorization required." This means **more information is needed to determine if your plan covers the drug.**

Ask your doctor to either call Express Scripts — the company chosen to manage your pharmacy benefit — or to prescribe another medication that's covered by your plan. Only your doctor can give Express Scripts the information needed to see if your drug can be covered. Express Scripts' prior authorization phone lines are open 24 hours a day, seven days a week, so a determination can be made right away. If the information provided meets your plan's requirements, you pay the plan's copayment at the pharmacy.

You also have the option to pay full price for the prescription at your pharmacy.

5. What if I need a prescription filled immediately?

At the pharmacy, your pharmacist may tell you that your drug requires a prior authorization. If this occurs and you need your medication quickly, you can:

- **Talk with your pharmacist about filling a small supply** of your prescription right away. You may have to pay full price for this drug.
- You should **ask your pharmacist to contact your doctor**. Your doctor needs to call the Express Scripts Prior Authorization department to find out if this drug is covered by your plan. Only your doctor (or in some cases, your pharmacist) can provide the information needed to make this determination. If your doctor feels the situation is urgent, faster processing can be requested.

6. Does this program deny me the medication I need?

No, the program helps you obtain a prescription that is covered under your plan to treat your condition. **Prior authorization ensures that you get the prescription drug that is right for you and that is covered by your benefit.**

If it's determined that your plan doesn't cover the drug you were prescribed, you can ask your doctor about getting another prescription that is covered. You'll receive it for your plan's copayment. Or, you can get the original prescription filled at your pharmacy by paying the full price.

7. What happens if my doctor's request for prior authorization is denied?

Your pharmacy benefit plan doesn't cover certain drugs. If you want to file an appeal to have your prescription drug covered, ask your HR administrator for more information or contact Express Scripts at the number on the back of your prescription card. Appeal rights and procedures for filing an appeal are explained in detail in the prior authorization denial letter.

Home Delivery and Prior Authorization

8. I submitted a prescription for home delivery, but I was contacted and told it needs a prior authorization. What happens now?

Through the home delivery pharmacy services from Express Scripts¹, we will try to contact your doctor. To save time, you may want to let your physician know that Express Scripts will be calling. If your doctor thinks you need this drug for your condition, he/she can talk with the Express Scripts Pharmacy representative about a prior authorization.

¹ Includes services provided by the Medco Pharmacy® and the Express Scripts PharmacySM.