



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 prescription plan.

Your own medical professionals are consulted, since your plan will cover the medication 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 doctor can provide this information and request a prior authorization.

2. Who decides what drugs to include in my prior authorization program?

To develop prior authorization recommendations, Express Scripts pharmacists regularly review the most current research on newly approved medicines and existing medicines and consult with independent licensed doctors and pharmacists. Your plan may consider these recommendations when determining coverage.

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 is required. This meant more information is needed to determine if your plan covers the drug.

Ask your pharmacist to contact your doctor. Your doctor will call the Express Scripts Prior Authorization department to find out if this drug is 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. Or, ask your doctor to prescribe another medication that's covered by your plan.

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 right for you and covered 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?

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

If you want to file an appeal, ask your Human Resources (HR) administrator for more information or contact Express Scripts at the number on the back of your member ID card. In addition, Express Scripts will send you a letter that includes the reason for the denial, your appeal rights and how to file an appeal.

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?

The Express Scripts PharmacySM will try to contact your doctor. To save time, you may want to let your doctor know that Express Scripts will be calling. If your doctor thinks you need this drug for your condition, he or she can talk with the Express Scripts Pharmacy representative about a prior authorization.

The Express Scripts PharmacySM tries to contact your doctor to suggest either changing your prescription to a higher strength or asking for a prior authorization. If the pharmacists don't hear back from your doctor within two days, they will fill your prescription for the quantity covered by your plan. To save time, you may want to let your doctor know that the Express Scripts Pharmacy will be calling.