**Prior Authorizations**

Prior authorizations are restrictions put in place by insurance companies ensure the patient receives the most appropriate medication, while reducing waste and unnecessary prescription drug use and cost.

It’s about keeping healthcare costs in check. Even when the physician and the patient may feel the

medication may be of benefit, the insurance company may make the determination:

1. The medication is not on the formulary of your particular plan.

2. Step therapy (use of and failure of other medications) has not taken place.

3. Another less expensive medication will work as well.

4. Off label use is not covered by your insurance company.

It can take up to a week, sometimes longer, for a determination to be made.

**There are certain medications with a clear history of denial without specific plan coverage. We will**

**not submit PAs for these medications. If you feel your insurance will make an exception we ask that you call member services for a written determination.**

If the prior authorization request is denied: You will receive a denial letter that usually will include

alternatives that will be covered by your insurance plan. At this point, you have the option of paying out of pocket for the medication or discussing the alternatives with your provider.