

Frequently Asked Questions About Prior Authorization

Q. What is Prior Authorization?

A. Just as some healthcare plans approve some medical procedures before they're done to ensure those procedures are needed, some drugs need a "prior authorization" to make sure they are right for you and your condition and are covered by your pharmacy benefit.

Prior authorization is a program that lets you get the effective medicine that you and your family need and helps your plan sponsor maintain affordable prescription-drug coverage for everyone your plan covers. When your pharmacist tells you that your prescription needs a prior authorization, Express Scripts needs more information to know if your plan covers the drug. Only your own physician can provide this information and request a prior authorization.

Q. Who decides what drugs need prior authorization?

A. Your prescription plan determines which medicines are covered.

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.

Q. What types of drugs need prior authorization?

A. The prior authorization program includes medicines that have a variety of different uses. The main purpose of prior authorization is to make sure that the medicine has been proven to be effective for the condition it was prescribed to treat.

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

The first time you bring a prescription that needs prior authorization to the pharmacy, your pharmacist should explain that more information from your doctor 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.

Q. What if I need a prescription filled immediately?

A. 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 pharmacist cannot reach your doctor, talk with the pharmacist about filling a small supply of your prescription right away. You may have to pay full price for this small supply.

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

A. Prior authorization helps you get the prescription drug that is right for you and that is covered by your benefit.

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

A. 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.

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

The Express Scripts Pharmacy will try to contact your doctor. To save time, you may want to let your physician know that Express Scripts will be calling.

