

Understand Prior Authorization



The majority of the prescriptions presented to a pharmacy are simply filled with no questions asked. However, there are a limited number of medications that require review and approval prior to being allowed coverage by the Plan. This process is commonly referred to as “Prior Authorization”. Obtaining this authorization is necessary before the prescription can be processed.

How does Prior Authorization work?

Prior Authorization is another utilization management tool that Plans use to control medication expenditures. Prior Authorization (or PA) criteria are developed for medications that may have:

- High potential for serious side effects or interactions with other medications
- Potential to be abused, overused or misused
- More cost-effective alternatives
- Use in a very limited spectrum of medical conditions or special patient populations

Examples of therapeutic classes that may be subject to Prior Authorization are listed in the table below.

Fertility Medications	Acne Medications	Anabolic Steroids
Weight Loss Medications	Oral Contraceptives	Growth Hormones
ADHD/Narcolepsy Medications	Smoking Cessation Therapy	Certain Antibiotics
Specialty Pharmaceuticals (biological agents, multiple sclerosis, cancer treatments, etc.)		

Other therapeutic classes and specific medications may fall under PA parameters depending upon selection criteria that the Plan chooses.

How does this impact the beneficiary?

When a beneficiary presents a prescription for a medication that requires a Prior Authorization review/approval, the dispensing pharmacy receives an electronic reject message informing the pharmacist that the medication is under a PA program. The pharmacy is instructed to contact the Prior Authorization Approval Center to initiate the review process. If PRxN is the pharmacy processing the prescription, PRxN will initiate contacting the physician to make them aware of the Prior Authorization process. Beneficiaries may need to consult with their physician to submit the necessary Prior Authorization information.

Occasionally, the beneficiary may not meet certain medical exemption criteria for the Prior Authorization medication and the claim may be rejected. If these criteria for a PA approval are not met, the beneficiary and prescribing physician will receive notification that the prescription claim has been denied and outline the steps to submit an appeal.