



PRIOR AUTHORIZATIONS for MEDICATIONS-PATIENT GUIDE

WHAT ARE PRIOR AUTHORIZATIONS?

As insurance companies try to limit costs, they often require what is called a “prior authorization” to be completed before they will determine if a medication will be covered by your plan. The number of these “prior authorization” requests has increased dramatically. Each insurance company, and the various plans within the companies, has different medications they prefer. The increased work load has resulted in substantial delays for our patients who are waiting to fill prescriptions.

WHAT DO YOU NEED TO DO TO GET YOUR MEDICATION?

Here are some things that you can do so your prescription may be filled as soon as possible.

- If you have a prescription benefit card, have the front office scan it into your chart.
- **Call your insurance company and request a copy of their formulary and bring it in for all visits.**
- If we prescribe a medication for you without having your formulary, your pharmacy can tell you if a prior authorization(PA) will be required before you can fill your script. **If a PA is required, please do the following:**

Ask what the medication will cost with and without using your insurance. Sometimes the cash price is less expensive. No prior authorization is required for the cash price.

Check with Walmart, Target, Walgreens or CVS to see if your medication is on their \$4 or \$10 drug lists- we not do prior authorizations for these medications.

Kansas has a discount program for prescription medications. Call the customer service number (1-877-321-6755) for the Kansas Drug Card. Give them the name and dose of your medication(s). They will tell you the price using the discount card you can print from www.KansasDrugCard.com. This program does not use your insurance.

If you want us to proceed with completing a prior authorization, you will need to complete questions 1-3 below and provide this information to us before we will start the process. You can get the required information from your pharmacy, insurance company, or the company that manages your prescription benefits.

You have been prescribed a medication for _____diagnoses. **(We will fill this in at the time of your visit).**

1. What medications can we prescribe for your diagnosis which will **not** require a prior authorization? Give at least two options:

_____, _____

**You may be asked to make an appointment if we need to change your treatment plan.

2. Are there criteria you must meet before this medication can be approved? If so, what are they?

For example, you may be required to try an over the counter medication before a prescription is approved.

3. Does your plan have restrictions on the quantity of medication you can receive with this script? If so, what is the restriction? _____

WHAT YOU CAN EXPECT IF THE OFFICE NEEDS TO COMPLETE A PRIOR AUTHORIZATION.

We will begin the prior authorization process once you return this completed form. Our goal is to have your prior authorization completed within 3 business days. Check back with your pharmacy or insurance company to see if your medication was approved. We will inform you if it is denied.