



WHY DO PRIOR AUTHORIZATIONS EXIST?

Health plans put prior authorizations on medications in place for a few key reasons:

Patient Safety: Some medications have significant side effects or can be harmful when combined with other drugs. A prior authorization ensures your healthcare provider has considered these risks and that the medication is being used appropriately. It's an extra layer of protection to make sure you're getting a safe treatment.

Preventing Misuse: Certain medications, especially controlled substances, are at a higher risk of being misused. The prior authorization process helps to track and manage these prescriptions responsibly.

Cost and Medication

Alternatives: A prior authorization may be required if there is a less expensive generic or alternative medication available that could be just as effective. In these cases, your healthcare provider may need to show that you have already tried a different medication that did not work or that there is a specific medical reason you need the more expensive option. This is especially true with **specialty medications**, which tend to be expensive.

When you leave your healthcare provider's office with a new treatment plan, the last thing you expect is another hurdle to clear. It's completely understandable to feel frustrated or confused when you find out your medication needs prior authorization. This is a requirement from your health plan for certain medical services, treatments, or prescriptions to be covered.

The process might feel like a roadblock, but understanding what's happening and what to expect can help ease some of that stress. This tip sheet will walk you through the prior authorization process for medications.

WHAT IS A PRIOR AUTHORIZATION?

A prior authorization (also known as pre-authorization, pre-approval, prior approval, or pre-certification) is a restriction your health plan puts in place that requires your healthcare provider to get approval before it will cover a specific medication. It's a standard part of how many health plans operate, including government-sponsored plans like Medicare and Medicaid. Prior authorizations do not guarantee payment, but they increase the likelihood that your health plan will cover the cost.



Think of it this way: your health plan sometimes wants more information before agreeing to pay. It's a way for the health plan to ensure the prescribed medication is safe, effective, and the best choice for your specific situation. **Note:** Prior authorizations are only required for prescriptions billed through your health plan. If you don't have insurance or choose to pay cash, you will not need a prior authorization.

WHAT TO EXPECT AND HOW IT AFFECTS YOU

Navigating the prior authorization process can feel like a waiting game, and the uncertainty can be difficult. Here's what to know:

- **The Process:** After your healthcare provider prescribes a medication that requires a prior authorization, the pharmacy will notify your provider's office. The office then submits the request to your health plan. The waiting period for an approval can vary. Many standard requests are processed within one to three business days, especially if all the paperwork is submitted correctly. However, the process can take longer depending on the situation.

PRIOR AUTHORIZATION PROCESS



For complex or specialty medications, it could take a few weeks. This is true if the health plan requests more information or if you have to go through an appeal after a denial. This waiting period can be especially stressful if you're in pain or feeling unwell. It's important to remember that your healthcare provider's office is your advocate in this process.

- **Expedited Requests:** If your healthcare provider believes that waiting could be harmful to your health, they can submit an urgent (or expedited) request. For these requests, your health plan typically decides within 72 business hours. Don't hesitate to talk to your healthcare provider about this option if you feel your health is at risk.

WHAT IF YOU ARE APPROVED?	WHAT IF YOU ARE DENIED?
<p>If the prior authorization is approved, great news! You and your healthcare provider's office will receive a written notification, and you can fill your prescription. However, keep in mind that these approvals are not forever. A prior authorization usually only lasts for a specific period (e.g., six months or a year), and you'll likely need to go through the process again when it expires.</p>	<p>A denial can be disheartening. If this happens, you have the right to appeal the decision. Your healthcare provider's office can often assist with this, and there may be an option to get a different, but equally effective, medication that doesn't require prior authorization. For advice on the process and instructions on writing your own appeal letter, check out our publication, Engaging with Insurers: Appealing a Denial.</p>

Dealing with a prior authorization can be an emotional and stressful experience. But by understanding the process and knowing your rights, you can feel more empowered and confident as you work with your healthcare provider and health plan to get the care you need.

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