

Prior Authorization

Some medications need special approval.



Prior authorization (PA) is an extra level of approval that benefit plans require for certain medications.

A PA makes sure that you're getting the right medication for your condition. It may also help keep costs down so you don't overpay.

When is a PA required?

It depends on your benefit plan. Here are common reasons a PA is needed:

- There may be a lower cost option that's just as effective.
- The medication has potential for misuse or abuse.
- The medication is for certain conditions or diagnoses.

How does a PA get started?

You or your pharmacy can ask your doctor to start a PA. Then, your doctor sends us a PA by phone, fax or electronically. (We offer electronic PA submission that often provides a decision instantly.)

How does it work?

We gather additional information from your doctor that's required by your benefit plan. This information helps determine if the prescription is covered. We notify you and your doctor whether your PA is approved or denied as soon as possible – usually within a few days.



Prior authorization may help keep your medication affordable.

Do I need a PA for refills?

Sometimes. A PA is valid for a limited amount of time, so you may need a new PA for refills.

What can I do if my PA is denied?

You have several options:

- Ask your doctor if there's another medication that's just as effective.
- Choose to pay for the medication yourself.
- Submit an appeal by following the steps in your denial letter.

To check your PA status, sign in at **Caremark.com**. Select Plan and Benefits, then click Prior Authorization from the pull-down menu.

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