

WHAT IS A PRIOR AUTHORIZATION?

Prior Authorization is **approval from an insurance company or health plan** that must happen **before a patient can use insurance/health plan to help pay for the medication** or procedure. Prior Authorization is sometimes called Preauthorization, Preapproval, or Precertification; they all mean the same thing.

WHY DO SOME MEDICATIONS REQUIRE PRIOR AUTHORIZATION?

Typically, insurance companies or health plans review certain medications because they:

- are more likely to cause serious side effects or interactions with other medications,
- have the potential to be abused, overused, or misused,
- have more cost-effective alternatives, or
- are used for specific medical conditions or based on specific dosing guidelines.

WHAT IS THE PROCESS FOR PRIOR AUTHORIZATION?

1. Your **provider will submit a Prior Authorization request to your insurance company.**
2. Your **insurance company will review the request** and do one of the following:
 - Approve the request.
 - Ask for more information.
 - Recommend you try an alternative that is less costly but equally effective.
 - Deny the request.

HOW LONG DOES THIS PROCESS TAKE?

This process can take anywhere from **1 day to as long as 30 days**, and even longer with appeals.

WHAT IF THE INSURANCE COMPANY DENIES THE PRIOR AUTHORIZATION?

If a denial happens, you have several options:

- Often, the insurance company just asks for additional documentation. This will be provided.
- You may **ask your provider to prescribe an alternative drug** covered by your plan or one that does not require prior authorization.
- Ask your **provider if they can appeal the denial** and make the case of why you need that particular medication.
 - You may need to sign permission for the provider to appeal on your behalf.
 - **An appeal is not a guarantee** of approval.
 - If the appeal is denied, your provider will explain your remaining options.

WHY CAN'T I USE MY LOCAL PHARMACY? WHY WOULD I NEED TO USE A SPECIALTY PHARMACY?

This is an **insurance requirement with certain medications**. For example, certain puberty blockers are required to be dispensed through specialty pharmacies only, like:

- CVS Specialty
- Optum Specialty
- BrioRx
- Alliance Walgreens
- Accredo Specialty

WHAT CAN I DO TO EXPEDITE THE PROCESS?

The biggest thing you can do is **make sure we have the correct, most up-to-date insurance information on file**. You can do this by checking your file on the Patient Portal or uploading your current pharmacy and medical benefits to your Patient Portal. There are a couple ways to do this:

- If you have access to a scanner, you can **scan the front and back of your insurance and pharmacy benefits card(s) and send them as a PDF through the Patient Portal**. [If you don't have a pharmacy benefits card, just upload your insurance card.]
- **At check-in** when you come in for your next appointment, you can **use the Phreesia link** to update both your contact information and your insurance information.
- You can **call the Chase Brexton Prior Authorization desk** to check and have them update, if needed, your insurance information: 410-837-2050 x8838.
- You can **go to the front desk of any Chase Brexton center** and ask the Patient Service Representative to check and update, if needed, your insurance information.

HOW MUCH WILL MY MEDICATION COST?

The cost of medication **depends on your specific insurance plan**. The pharmacy will discuss the copay with you prior to shipping the medication. **If your copay is unaffordable**, please **contact your provider** to discuss options such as patient assistance programs.

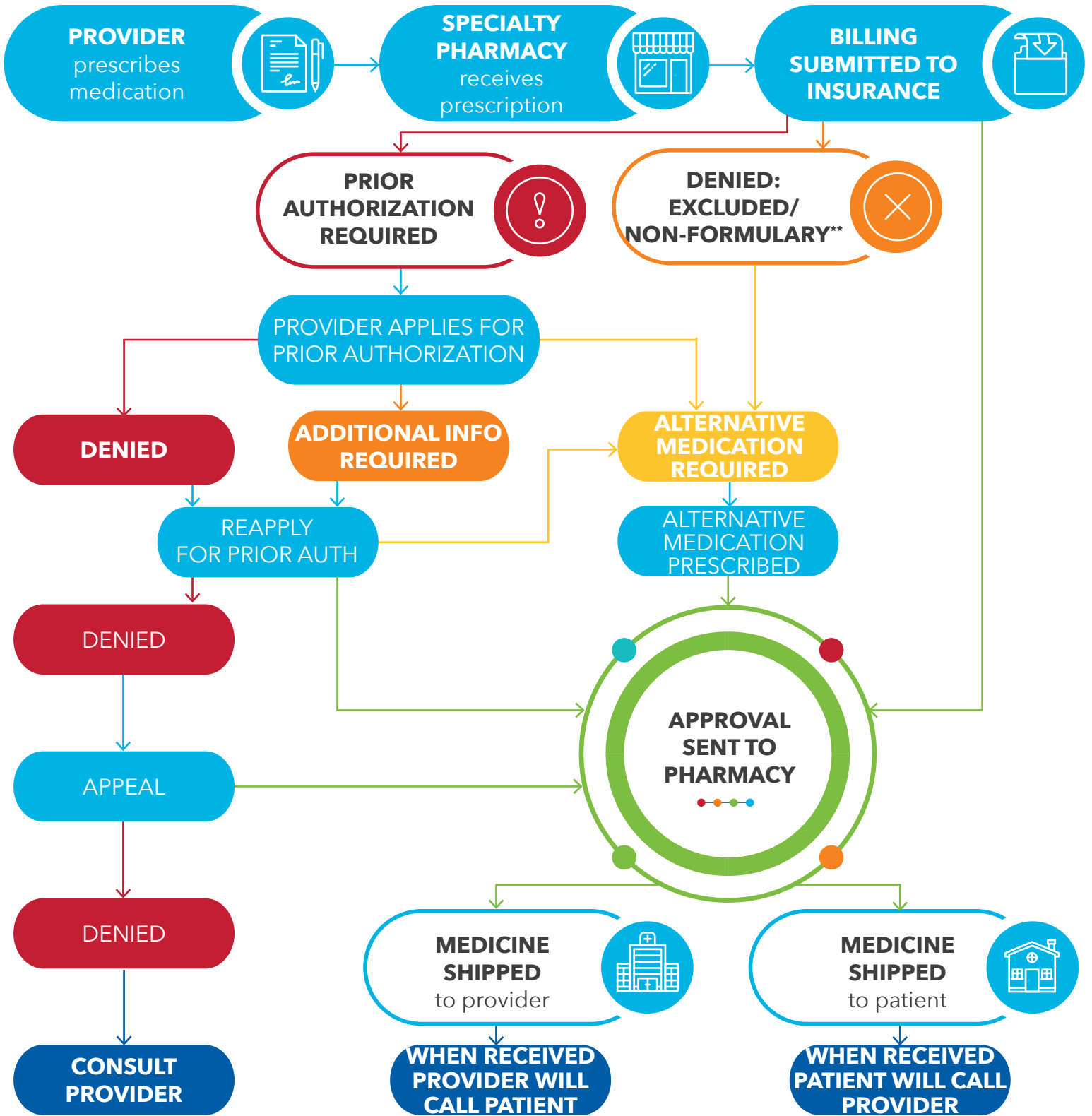
HOW WILL I GET THE MEDICATION?

Once you have received notification of an approved medication, please **contact the specialty pharmacy to discuss copayment and medication delivery**.

- Some pharmacies will require that the medication be shipped to a medical center.
- Medications administered at Chase Brexton will be shipped to Chase Brexton. When it has arrived, we will call you to coordinate injection visits with the RN team.
 - Histrelin® (Supprelin) will be sent to the pediatric surgeon performing the procedure. Please let us know which surgeon you are working with. Because Histrelin has special storage requirements, it should not be sent to your home.

WHO AT CHASE BREXTON CAN I CONTACT IF I AM HAVING DIFFICULTY WITH THIS PROCESS?

Please call the Prior Authorization department at 410-837-2050 x8838.



*Process varies slightly for puberty blockers/hormone suppressants.

**Non-formulary (also called off-formulary) means a medication is not on an insurance company's approved list.