

Patient Information regarding Prior Authorizations:

What are Prior Authorizations?

- Some insurance companies require prior authorizations (PA) before approving payment coverage for certain medications.
- There are many reasons insurance companies require PAs, but commonly it is for certain medication with high potential for abuse, side effects, or considered a “high-tier” or newer medication on the market. If this is the case, oftentimes insurance companies require you to “fail” certain medications before they approve newer, more expensive medications.
- For example, many patients with depression and chronic pain cymbalta is a great choice and often requested by patients who have done well on the same medication in the past. Your current insurance provider may require you to “fail” certain older antidepressants such as prozac, lexapro, celexa, etc. (This is just an example, and not specific to any certain insurance company.)

What happens if my doctor prescribed me a medication and my pharmacy says it needs a prior authorization?

- Please ask your pharmacy to **please fax the PA request to the clinic at (504) 302-9811.**
- We commonly **DO NOT** receive PA requests from busy commercial pharmacies, unless personally requested by a patient. We recommend clients not only contact your pharmacy directly and request the PA be faxed to the clinic, but also request a fax confirmation number if the pharmacy states the request has been previously faxed prior to your request. This will help ensure your request is received and processed amongst an oftenly difficult and confusing process.

What happens after my doctor’s office receives my PA request?

- Once received by our office, our clinical staff will attempt to provide all information requested for the PA within 24hrs.
- Sometimes, PAs require specific physician related forms, or physician appointment phone consultation between your insurance provider and your doctor, where your doctor must try and advocate or provide specific justification of why your doctor believes you need this medication.

How do I follow up with the status of my PA?

- First remember to specifically request PA be faxed to physician office, and document pharmacy rep whom you made the request
- Once received by your insurance company, most insurance providers require 24-72 hour business days for response. Again, cont to follow up with your insurance provider (and document your representative) as well as pharmacy for the pending date of approval. However, typically the pharmacy will contact you upon receipt of approval to fill your medication request.

What happens if my insurance does not approve my medication?

- Your doctor may switch to “insurance recommended” alternative treatments. Once their treatments have been tried and failed in efficacy, pt may later be qualified to medication approval.
- You may pay out of pocket for your medication.

What can my doctor do to limit my possibility of having to require PA?

- Prescribe rx recommended on pt formulary
- Switch generic alternatives

In summary:

- PAs are an unfortunate, inconvenient process that is often lengthy and frustrating to both patients and physicians
- We are committed to making this process as easy as possible by referring to formulary approved medications, prescribing alternative treatments, and completing the process as quickly and organized as possible.
- In effort to decrease miscommunication, we ask that you please document all persons in reference to the PA process (from pharmacy to insurance representatives) in order for us to maintain an accurate timeline to ensure you receive the fastest response possible