



# PBM Reviewed Prior Authorization FAQ

## Who is RxBenefits?

Founded in 1995, Birmingham, AL-based RxBenefits is the employee benefit industry's first and only technology-enabled pharmacy benefits optimizer (PBO). We are a growing team of more than 500 pharmacy pricing, contract, service, technology, data, and clinical experts that work together as one team towards one common goal: putting the benefit back in pharmacy benefits. We focus exclusively on helping employee benefits consultants, and their self-insured clients, access and deliver an affordable, best-in-class pharmacy benefit.

## What Is A Prior Authorization (PA)?

Certain prescription drugs may require a "prior authorization" before you can fill the prescription. Some drugs require prior authorization because they may not be a good fit for every patient. Prior Authorization ensures your safety and helps limit your out-of-pocket costs.

When a medication requires prior authorization, your healthcare provider will need to send documentation to an independent pharmacy reviewer who will review the documentation to ensure the medication is a good fit for you and your benefit coverage. If you use home delivery, it is important that your prescriber obtain prior authorization before you can fill your prescription.

We never want you to go without an appropriate medication to treat your condition. If you are having trouble getting a medication filled because it requires prior authorization, please call the Member Services number on the back of your ID card. We will do everything we can to assist you and your healthcare provider in getting the prior authorization processed promptly.

## What kinds of medications need a PA?

Your pharmacy benefits plan determines the exact medications that require a PA. Often, medicines that can treat more than one condition will need a PA, especially if only one condition is currently FDA approved or covered by your plan.

For the exact list of medications covered by your plan, view your benefits plan or contact RxBenefits Member Services.

## How will I know if I need a PA?

Your doctor should have a current list of drugs requiring prior authorization. When you fill a prescription that requires a PA, your pharmacist will be notified that your medication requires a prior authorization. The pharmacist will tell you of the PA requirement and may initiate the PA process with your prescriber.

## What do I need to do if one of my prescriptions requires a prior authorization?

When informed that your medication requires a PA, we suggest you call your prescriber. The pharmacy may send a notification to your doctor, but it's always best to follow-up. Your prescriber may switch your medication to one that does not require a PA, or they may start the PA process.

**How will my doctor know where to send the PA?**

Your prescriber will know, based on your insurance, where to send the PA review. For more information, they should call the RxBenefits Prior Authorization Member Services at 888.608.8851, 7 AM - 8 PM CST, Monday – Friday.

**How long does it take to get a PA?**

The PA process may take a few days, depending on your physician's responsiveness and the information required. Reviews typically take 24-72 business day hours once the reviewer receives all of the information.

**Who is reviewing my PA?**

A reviewer at your PBM will evaluate your PA application to ensure that your prescription is safe and effective.

**What criteria do they use to approve or deny a PA?**

The reviewer will examine the PA application and any additional information submitted by your prescriber to ensure your medication will fit medical best-practice and FDA approval.

**How will I be informed of my PA's outcome?**

You will receive a notification in the mail about the decision. The letter will include information about the decision and further instructions.

**What do I do if my PA is approved?**

Once you receive approval, you can fill your prescription normally at a covered retail pharmacy or through mail order.

**What if my PA is denied?**

If your PA is denied, you have several options: you can switch medications, pay full price for the original prescription, or your prescriber can start the appeal process.

**Can my doctor or I appeal the PA denial?**

Yes, you or your prescriber can appeal the PA decision. Appeal instructions will be included in the decision letter.

**Will my PA expire?**

PAs do expire, and the time frame varies based on the medication and circumstance. The maximum approval time is 12 months from the approval date.

To continue coverage of your medication once it expires, your prescriber will need to resubmit the prescription for approval. We suggest that you have your prescriber resubmit a PA review at least 30 days before expiration to ensure that there is no disruption of your medication.

**Will I be notified before my PA expires?**

You will not receive a notice that your PA is about to expire.

**Who do I contact with questions about my specific plan and/or medications?**

Your RxBenefits Member Services Team is available to answer any questions you may have. You can reach them Monday – Friday from 7:00 a.m. to 8:00 p.m. CT by calling **800.334.8134** or emailing [CustomerCare@rxbenefits.com](mailto:CustomerCare@rxbenefits.com).