Q: What is prior authorization?

A: Prior authorization encourages safe and effective use by requiring approval from your health plan before a prescription may be filled.

Prior authorization helps make sure medicine is prescribed, managed and taken safely.

Certain medicines need to be monitored more closely than others. Prior authorization means that your doctor will need to get approval from your health plan before these medicines may be covered.

How do you know if you need prior authorization?

When your doctor sends a prescription to the pharmacy, the pharmacist will enter it into the system. If the drug you have been prescribed requires prior authorization, your pharmacist will be alerted.

You can also log in to **MyPrime.com** to look up your medicines and see if they require a prior authorization.

If your medicine does require prior authorization:

- Contact your doctor. If your doctor wants you to keep taking your medicine, he or she must submit a new prior authorization request form.

- If the request is approved, your medicine will be covered. Reach out to your pharmacy to have your medicine filled. You will pay for your share of the medicine based on your benefit plan.

- If your request is not approved, the medicine will not be covered. You may still fill the prescription, but you will be charged for the full amount by the pharmacy.

- Go to **MyPrime.com** for more information.

As always, cost is only one factor in choosing a medicine. Treatment decisions are between you and your doctor. Coverage is based on the limitations and exclusions noted in your benefit plan. See your plan materials for details.

Talk to your doctor or pharmacist to see if your medicine requires prior authorization.

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