# Prior Authorization Frequently Asked Questions

Capital Rx

## What is a Prior Authorization (PA)?

**Answer:** Prior authorization is the process that requires approval from Capital Rx before certain medications can be covered. Capital Rx uses prior authorization to manage costs and ensure that prescribed medications are medically necessary and align with established guidelines. It's required for some medications that are more expensive or have specific restrictions.

## How do I know if a medication requires prior authorization, and can I get a medication without prior authorization?

**Answer:** Your healthcare provider can check if your medication requires prior authorization through Capital Rx formulary or Capital Rx may notify you and/or your healthcare provider if approval is needed. You may be able to purchase the medication out-of-pocket without prior authorization, but it will not be covered by insurance. In most cases, your insurance will only cover medications once prior authorization is approved.

## Who initiates the prior authorization process and what information is required?

**Answer:** Typically, your healthcare provider will initiate the prior authorization process by submitting the necessary paperwork to Capital Rx. They may need to provide medical records and other information to demonstrate the necessity of the medication. Capital Rx usually asks for the following: patient's medical history, diagnosis or condition, the prescribed medication or treatment plan, any relevant lab results or medical records Information on why this specific medication is necessary over alternatives.

## How long does it take to get a decision on prior authorizations and is there a way to speed up the process?

**Answer:** The process can take anywhere up to 15 calendar days for normal urgency, but your healthcare provider can make an urgent request if an authorization is needed right away, in which case there is a 72-hour turnaround time. Working closely with your healthcare provider and ensuring all required information is submitted accurately and promptly can help avoid delays. You can also ask your healthcare provider to submit an expedited request if the situation is urgent.

## What happens if the prior authorization is denied and if denied, can I file an appeal?

**Answer:** If the prior authorization is denied, your healthcare provider can appeal the decision. Your healthcare provider may need to provide additional medical evidence or try an alternative medication that does not require prior authorization. In addition, they may request an internal review or even file an external appeal through a third-party reviewer.

**Please note:** You as the member cannot submit an appeal; your healthcare provider must do so.

## How do I check the status of my prior authorizations?

**Answer:** To view the status of your prior authorizations, please log into the member portal.

## Who can I contact if I have more questions about prior authorizations?

**Answer:** For additional prior authorization questions, please call your dedicated Customer Care team by dialing the number on your ID card.