

Prior Authorization

What is a prior authorization?

Prior authorization (PA) requires your doctor to tell us why you are taking a medication to determine if it will be covered under your pharmacy benefit. Some medications must be reviewed because they may:

- Only be approved or effective for safely treating specific conditions
- Cost more than other medications used to treat the same or similar conditions

How can I find out if my medication requires PA?



At the pharmacy

When you fill a new prescription, your pharmacist will tell you if a PA is required.



Online

Look online to see if your medication has a PA.

- Log into **optumrx.com** > *Member tools*
- *Click on Drug pricing and information*
- Enter the drug name and dose
- If the drug/dose you entered needs a prior authorization, you will see an alert below the drug name.



Coverage alert

This drug requires a prior authorization from your provider. Please contact your provider to complete. If the prior authorization is approved, the actual price you pay may be different than the price listed.



On the phone

Call Optum Rx at **1-866-441-2422**.

What do I do if my medication needs a PA?

To begin the PA process, you can:

- Let your doctor know that a PA is needed for your medication.
- Call Optum Rx at **1-866-441-2422**.

How long does it take for a PA to be approved or denied?

Once your PA has been submitted and received, it usually takes up to 24 hours to process. If your PA request needs additional review, it may take longer. If your doctor submits a PA request electronically, they may receive approval within minutes of submitting the request.

How do I know if my medication has been approved for coverage?

Once we review the information from your doctor, we will send a letter to you and your doctor letting you know if your medication coverage is approved or denied.

- Check the status of your PA by signing into **optumrx.com** > *Benefits and claims* > *Prior authorization or exception request*. You will see the status of any active PAs in process.
- If your medication is **approved**, the PA is entered and coverage will be provided under your benefit. You can continue to fill your prescription at the pharmacy as usual during the approved PA period. Depending on your benefit plan and medication, you may be able to save money by using home delivery from Optum.
- If your medication is **denied**, we'll send a letter telling you why and provide information about the appeal process.

Can I file an appeal if my PA is denied?

Yes, you can appeal the decision. Your provider will need to fax a letter of medical necessity to: Managed Pharmacy Consultations at **561-209-5822**. The appeal review takes about 24-48 hours. After 48 hours, members can call Optum Rx at **866-441-2422** to check the status.

Why is Optum Rx questioning my doctor's choice of medication for me?

We want to make sure that coverage and costs align with the effectiveness of the medication you have been prescribed. If your medication needs a PA, that means we need more information from your doctor before deciding if your plan should cover the medication. If we don't get this information from your doctor or your PA is not approved, we may not cover the medication.



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