



When your prescription needs a prior authorization

Most of us know what it's like to go to the doctor or pick up a prescription medication. But, do you know what to do when your prescription requires a prior authorization before it can be filled as part of your State Health Plan prescription drug benefits?

A **prior authorization**, like other kinds of coverage review, is a research-based tool Express Scripts, your pharmacy benefits manager, uses for some prescriptions to ensure your health and safety and to help keep costs down for you, the Plan and your employer, who pays most of your premiums. Prior authorizations aren't needed every time, but they are used when effective, lower-cost alternatives exist.

How do prior authorizations work?

If your pharmacist tells you your prescription needs a prior authorization, then he, your doctor or you will need to contact Express Scripts at 855.612.3128. Express Scripts will work with your doctor or pharmacist to determine if the medication can be covered.

What if I can't obtain a prior authorization?

You can still purchase your medication without one, but you will have to pay full price rather than your State Health Plan copayment. If a prior authorization can't be obtained immediately but you need the medication and cannot pay the total cost, consider asking your pharmacist to fill a lesser quantity that is affordable at full price. If you receive a letter denying a prior authorization, it will also provide you with information on the appeals process.

For questions or concerns, contact Express Scripts at 855.612.3128. Or, you can register online through www.Express-Scripts.com to see your prescription history, manage your medication, and learn more about drugs and price estimates. The Express Scripts mobile app (www.Express-Scripts.com/mobileapp) offers all this as well as powerful tools for dosage, reordering and safety reminders.

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