



Office of the Program Manager

401 Rt. 73 North, Suite 400
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Prescription Prior Authorization Frequently Asked Questions

1. What is Prior Authorization?

Prior authorization is a program that monitors certain prescription drugs to assure that the medication you are prescribed is the most safe and effective for your diagnosis. Similar to healthcare plans that approve a medical procedure before it's done to ensure the necessity of the test, if you're prescribed a certain medication, that drug may need a "prior authorization." This program makes sure you're getting a prescription that is suitable for the intended use and covered by your pharmacy benefit.

Your own medical professionals are consulted, since your plan will cover it only when your doctor prescribes it to treat a medical condition that will promote your health and wellness. When your pharmacist tells you that your prescription needs a prior authorization, it simply means that more information is needed to see if your plan covers the drug. Only your physician can provide this information and request a prior authorization.

2. Who decides what drugs to include in my Prior Authorization program?

Prior authorization was developed under the guidance and direction of independent, licensed doctors, pharmacists and other medical experts. Together with Express Scripts – which manages your pharmacy benefit plan – these experts review the most current research on thousands of drugs tested and approved by the U.S. Food & Drug Administration (FDA) as safe and effective. They recommend prescription drugs that are appropriate for a prior authorization program, and your pharmacy benefit plan chooses the drugs that will be covered.

3. What kinds of drugs need a prior authorization in my program?

Drugs impacted by your prior authorization program include:

- Prescriptions used outside of the specific, approved medical conditions
- Prescriptions that could be used for non-medical purposes



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How Prior Authorization Works

4. Why couldn't I get my original prescription filled at the pharmacy?

When your pharmacist tried to fill your prescription, the computer system indicated “prior authorization required.” This means more information is needed to determine if your plan covers the drug.

Ask your doctor to either call Express Scripts – the company chosen to manage your pharmacy benefit – or to prescribe another medication that’s covered by your plan. Only your doctor can give Express Scripts the information needed to see if your drug can be covered. Express Scripts’ prior authorization phone lines are open 24 hours a day, seven days a week, so a determination can be made right away. If the information provided meets your plan's requirements, you pay the plan’s copayment at the pharmacy.

You also have the option to pay full price for the prescription at your pharmacy.

5. What if I need a prescription filled immediately?

At the pharmacy, your pharmacist may tell you that your drug requires a prior authorization. If this occurs and you need your medication quickly, you should ask your pharmacist to contact your doctor. Your doctor needs to call the Express Scripts Prior Authorization department to find out if this drug is covered by your plan. Only your doctor (or in some cases, your pharmacist) can provide the information needed to make this determination. If your doctor feels the situation is urgent, faster processing can be requested.

6. Does this program deny me the medication I need?

No, the program helps you obtain a prescription that is covered under your plan to treat your condition. Prior authorization ensures that you get the prescription drug that is right for you.

If it’s determined that your plan doesn’t cover the drug you were prescribed, you can ask your doctor about getting another prescription that is covered. You’ll receive it for your plan’s copayment. Or, you can get the original prescription filled at your pharmacy by paying the full price.



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7. How does my physician file a Prior Authorization?

Prescribing physicians may file for prior authorization in two ways:

1. Calling Express Scripts Prior Authorization – **800-753-2851**
2. Faxing supporting medical documentation to **800-357-9577**

Often, if a physician calls in to Express Scripts, a determination can be made instantaneously. Faxed Prior Authorization can take 3-5 business days for a determination.

8. How long is my approved Prior Authorization valid?

Approved Prior Authorizations are standardly valid for 12 months from the approval date. You can check on the status of your prior authorization by calling the number on the back of your Express Scripts card and referencing the medication you are concerned with.

9. What happens if my doctor's request for prior authorization is denied?

As a member of the SHIF, you may file an appeal to the Fund requesting reconsideration of the prior authorization denial. For information about prescription appeals or to file one, contact PERMA at 866-834-0022.

It is important to include documentation from the prescribing provider, the SHIF will submit to an Independent Review Organization (IRO) for a recommendation on final determination.

Home Delivery and Prior Authorization

10. I submitted a prescription for home delivery, but I was contacted and told it needs a prior authorization. What happens now?

Through the home delivery pharmacy services from Express Scripts¹, we will try to contact your doctor. To save time, you may want to let your physician know that Express Scripts will be calling. If your doctor thinks you need this drug for your condition, he/she can talk with the Express Scripts Pharmacy representative about a prior authorization.