FAMILY TREE CLINIC

Prior Authorizations

- What is a prior authorization?
    - A prior authorization (PA) is a questionnaire and set of documents submitted to your insurance (by your clinic) to gain coverage for certain medications.

- Why might I need one for my hormone prescriptions?
    - Many insurance companies require documentation confirming the medical necessity of prescribed medications, often to ensure they are being prescribed by a provider that has experience/expertise with the medications being prescribed. PAs at Family Tree Clinic are most often required by insurance companies for hormones relating to transgender health care as these are medications not typically prescribed, some of which are considered controlled substances. Insurance companies want to make sure they understand exactly why these medications are medically necessary, what the related diagnoses are, and thus why they require coverage. PAs may also be required for other medications such as birth control, prescription antifungal medications, etc., but not all insurance companies or medications require PAs.

- What does the Prior Authorization process look like?
    - When your medication is prescribed by a provider, it gets sent to your pharmacy. If you use insurance at your pharmacy, the pharmacy will then process your medication through your insurance. During this step, your insurance will notify the pharmacy that your medication is either automatically covered (no PA required) or that it requires a PA before they will cover the medication. At this point, the pharmacy generally contacts our clinic via fax or phone call to tell us a PA is required for a certain medication. Sometimes pharmacies do not notify us, so we recommend that 1-2 days after your new medication has been prescribed, you call your pharmacy to see if your medication is covered or if it requires a PA. You can then notify our clinic via phone call or text to tell us that a PA needs to be submitted. We may request you provide us some insurance information from your insurance card at this time, but it's okay if you do not have it.

- How long does the process usually take?

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    - Once we know that a PA is required, the PA Specialist begins the process of filling out and submitting the PA and any other required documentation to your insurance company. From the time we are notified (either by you or your pharmacy) that a PA is needed, we let patients know that it can take up to 2 weeks until we receive a determination from your insurance of an approval or a denial. If the PA is approved, the PA Specialist then confirms the approval with your pharmacy and will then notify you.

- What happens if my Prior Authorization is denied?
    - If the PA is denied, there are multiple options depending on what you and your provider think is best: 1. An Appeal can be submitted by the PA Specialist, which includes a detailed letter explaining more thoroughly why this medication should be covered. 2. You can try a different form of your medication, as sometimes certain forms (injectable, topical, oral etc.) may be covered by your insurance while others are not. 3. Instead of using insurance, you can use a prescription discount program called GoodRx (GoodRx.com) to hopefully decrease the out-of-pocket cost of your medication at your pharmacy. 4. You can pay out-of-pocket for the full retail cost of your medication at your pharmacy.

- What if I can't wait for my medication to get covered?
    - Much like if your PA is denied, in the meantime you can use GoodRx to get your medication covered at a discounted price, or you can pay out-of-pocket for it.

- Who can I talk to if I have questions?
    - You can call our PA specialist at 612-473-0816 to talk through questions or if you would like more information regarding Prior Authorizations.