

How does the Prior Authorization process work?

Patients are responsible for notifying IGIC with **updated insurance information**.

To receive updates on a prior authorization initiation or denial status, please make sure the office has your **email** address in the chart.

Approvals are sent to your pharmacy directly. The **pharmacy will notify you** when medication is ready.



STEP #1

You & your clinician discuss a medication

- Your provider will send the medication prescription to your preferred pharmacy
- Your medication may require a prior authorization (also called a PA). A prior authorization is your insurance agreeing to cover the medication because they deemed that there is enough medical information to prove the medication is medically necessary.
 - Occasionally a medication will need to go to a specialty pharmacy.
- If a prior authorization is required, your provider will send a request to our internal team with the necessary information to start the Prior Authorization (PA) process.

STEP #2

The Prior Authorization is initiated with your insurance company

- The pertinent information is submitted to your insurance to have them review whether they will cover the medication.
- You can also choose to pay for the medication out of pocket, without involving your insurance. You would need to tell the pharmacist.
- This PA process normally takes one month.
- Delays occur based on how long your insurance takes to determine the outcome (approval or denial). Often delays are a result of the insurance determination period.

STEP #3

The Prior Authorization is: Approved

- The approval will be sent to your pharmacy. The pharmacy will let you know your medication is ready for pick up/schedule delivery of your medication.

OR

Denied

- A message will be sent to the clinician with the denial reason. The clinician's team will update you on options, such as an alternate medication or an appointment to discuss other options.