curative

# How to Get Approval for Medications: What's Prior Authorization

At Curative, we want to make sure you get access to the medications you need while keeping your safety and costs in check. That's why we have something called "prior authorization" for certain prescriptions.



## Here's why we do this:

**Better Care:**
We want you to get the best care possible. Prior authorization lets our medical experts do an additional check if a medication is safe and based on what works best according to current medical guidelines.

**Staying Safe:**
Your safety is important. With prior authorization, we are additional eyes to your prescribing provider to make sure a treatment won't have serious side effects or interact negatively with other medications you may be taking.

**Saving Money for Everyone:**
By only paying for treatments that are really needed, we control healthcare costs, which keeps your insurance costs lower.

## Different types of prescriptions:

The decision to prescribe brand-name drugs, generics, biosimilars, or specialty medications depends on several factors, including the medication's efficacy, the patient's specific health needs, and cost considerations.

- **Brand Name:** These medications are developed and patented by a pharmaceutical company and sold under a trademarked name. These drugs undergo extensive research, rigorous testing, and regulatory approval to ensure safety and effectiveness. Due to the investment in development and marketing, brand-name drugs are typically more expensive than generic equivalents.
- **Generic:** These are affordable versions of brand-name drugs with the same ingredients and effects. They're cheaper because they don't involve the costs of developing and marketing a new drug.
- **Biosimilar:** Biosimilars are similar to brand-name biological drugs but are usually less expensive. They have the same composition and are as effective as the original drugs.
- **Specialty:** These are advanced medications for serious or rare conditions. They're often more expensive and come with extra services like special handling, patient support, and infusion.

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# Here’s how Prior Authorization works

### 1A As a New Member

If you're continuing with the same doctor, please inform them that they must submit a new 'prior authorization request' to us for any planned treatments. If you have a new doctor, they'll also need to do this. Please contact your doctor as soon as possible to get this process started.

### 1B As a Current Member

When you see your doctor, they may recommend a new medication. When you go to fill the medication, your pharmacy will see if it’s covered. If it’s not covered, it would require prior authorization by your doctor. Alternatively, your doctor may look at the Curative Formulary (preferred drug list) ahead of time and submit the prior authorization.

### 2 Our Review

We have a team of medical experts who will look at the prescription your doctor suggests. They make sure it's safe, necessary, and the right choice.

### 3 Approval or Discussion

If everything looks good, we'll approve it, and you can go ahead with the treatment as planned.

### 4 Getting Your Medication

Once we give the green light, you can visit any pharmacy in our network to get your medication. Just show them your insurance card, and they'll take care of the rest.

### 5 Ongoing Support

We're always here for you. If you ever have questions about your treatment, prescriptions, or anything else, don't hesitate to reach out to our friendly customer support team.

### 6 Feedback and Help Us Improve

Your experience matters to us. If you have any thoughts or suggestions about how we can make the process even better, please share them with us. Your feedback helps us improve our services.

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## Common Reasons for Denials

- **Formulary Restrictions:** A medication is not on the formulary or drug list,  but a covered alternative may be suggested.
- **Medical Necessity Assessment:** We want to make sure you receive the most effective and cost-efficient treatments. If we believe an equally effective, less costly alternative is available, we may deny the prescription based on medical necessity.
- **Pre-requisite steps (aka Step Therapy Requirements:** You may be required to first try less expensive or preferred medications.
- **Quantity or Dosage Limits:** We may limit the quantity or dosage of medication per prescription or within a specific timeframe. If your prescription exceeds these limits, it may be denied.
- **Patient Eligibility Criteria:** Some medications have specific eligibility criteria. If you don't meet these criteria, your prescription may be denied.
- **Pharmacy Choice:** If you visit pharmacies that are not in our network without prior approval, your prescription may not be covered.
- **Documentation Accuracy:** Completeness and accuracy of information on prescription forms, medical records, or prior authorization requests are crucial. Errors can lead to denials.

Remember, we're here to assist you if your prescription is denied. You can work with your healthcare provider to address the reasons for denial, explore alternative medications, or file an appeal with us to reconsider the coverage decision.

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## How to file an appeal

Your provider will be notified of a denial of services via mail and/or fax. The notification will include a description of the procedure for filing an Appeal. It will include a notice to the Participant of the Participant's right to appeal an adverse determination to an IRO and of the procedures to obtain that review, including any required forms prescribed by the applicable state Department of Insurance or regulatory authority An Appeal may take up to 30 days to review.

We know it might seem like an extra step, but it's all about making sure you get great care without breaking the bank. If you ever have questions or need help with prior authorization, our friendly Member Services team and your Care Navigator are here for you.