

# Prior authorization for prescriptions

## The process in simple terms

Prior authorization is approval from the health plan before receiving a service, treatment, and sometimes, a prescription.

### A medication may require prior authorization because of:

- ✓ Serious risks
- ✓ FDA-approved indications
- ✓ Need for a formulary exception\*
- ✓ Cost effectiveness

### You have options

If your medication needs prior approval, discuss it with your provider. You might think about switching to an alternative that works just as well. If that's not suitable for you, your provider can request prior authorization.

The status of a prior authorization request for prescription medication can be checked by phone at **877-216-3644** or by writing to the health plan at:

Providence Health Plan  
PO Box 4327  
Portland, OR 97208-4327



### The formulary holds the key

The formulary will show if a medication requires prior authorization or has other restrictions. The prescribing provider will submit the request.

### The outcome

If the prior authorization request is:

- ✓ **Approved:**  
Your provider and pharmacy will be notified.
- ✗ **Denied:**  
Your provider will be contacted, and you and your provider will receive a letter.

For more information, visit [ProvidenceHealthPlan.com/Rx-Prior-Authorization](https://ProvidenceHealthPlan.com/Rx-Prior-Authorization)

**Have questions?** Call Providence Health Plan customer service Monday through Friday, 8 a.m. to 5 p.m. (Pacific Time) at **503-574-7500** or toll-free at **800-878-4445 (TTY: 711)**.



\*A provider may request a formulary exception for a member if a prescribed medication or an appropriate alternative for the prescribed medication is not on the formulary.