

What is Prior Authorization?

- **Prior authorization** is when your insurance needs to approve your medication.
- Insurers may require it for:
 - Certain diagnoses
 - Specific weight (BMI)
 - Other health conditions
- It happens after you visit your healthcare provider.

How Long Does Approval Take?

- We aim to process prior authorizations in **10-14 days**.
- **Important:** Don't pick up your medication until you get approval!

I Got Approved! What's Next?

- If you receive an **approval letter**:
 - **Keep it safe** and bring it to your next appointment.
 - The letter has important dates.
- If you don't hear from us within **2 weeks**, call or message your provider for an update.
- We will call you if we get the approval for you!

How Long Am I Approved For?

- When approved for weight loss injections, there's a time limit.
- You need to lose **5% of your starting weight** to get reapproved.
- If it's a re-approval, you must maintain that **5% loss**.
- Insurance needs a visit to check your weight and progress.

I Started My Medications But Need Another Prior Authorization. What Now?

1. Most insurances won't let you pick up prescriptions **sooner than 28 days**.
 - If you try, the pharmacist may say you need a new prior authorization.
2. Your previous prior authorization might be **expired**.
 - Insurers often approve for a limited time (usually 4-6 months or up to a year).
 - Schedule an appointment for a new prior authorization.

I Received a Denial Letter. What Should I Do?

- **Keep the denial letter** and send it to your provider.
- We can appeal some denials to try and change the decision.
- If it's a plan exclusion, we can't appeal, but we can help find other covered medications.
- Please note appeals can take up to 30 days

