

Medication Prior Authorizations Policy

Effective December 2016

Marion Wellness and Disease Management will allow/conduct one prior authorization required by insurance companies for prescription medications as a courtesy. It is not a guarantee that your authorization will be approved, nor can we tell you what the cost of the medication will be. If you have a separate prescription card, you must make sure we have a current copy on file or NO Prior Authorization form will be filled out. It is up to our patients to decide if you want us to try to send a different prescription to the pharmacy or if you want to proceed with the prescription originally sent to the pharmacy. Please note that if you want a different prescription it may be necessary for you to bring your insurance formulary to our office so we will know which medications your specific insurance plan will cover. If you choose to proceed with the prior authorization we will complete the authorization; you will need to give your insurance company approximately 3-5 business days to process the authorization, after that time period you should contact your pharmacy to see if the medication was approved. (Please note that some insurance companies may take up to a week to process authorizations.)

If you choose to have another prescription called in after the initial prior authorization is denied, you must provide a copy of your formulary from your insurance company stating what medications are covered for your plan.

If there are any changes to your insurance plan regarding medications you are currently taking, it is your responsibility to contact us.

There is no possible way for our provider to know which medications every insurance plan will cover, so your provider will prescribe the medication they feel is best for your health. We thank you in advance for your cooperation with this policy.