**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