



# A PRESCRIBER'S QUICK GUIDE TO PRIOR AUTHORIZATIONS

US-Rx Care is here to help you and your patients navigate the prior authorization (PA) process efficiently and effectively.

## Why Prior Authorization Matters

Prior authorizations are required for specialty and select non-specialty medications under the plan for coverage. Your timely response helps reduce delays in patient care and prevents unnecessary appeals or resubmissions.

**Submit PA requests through CoverMyMeds or fax complete request to US-Rx Care at 954-302-8425**

## Need Forms or Help?

PA Forms: <https://usrxcare.com/providers/>

Fax completed requests to: 954-302-8425

To speak with US-Rx Care, call: 754-800-7992

## We're Here to Support You

Our team works closely with prescribers to streamline the process and ensure your patients receive the care they need—without unnecessary delays.

## Key Steps in the PA Process

### 1. PA Request Initiation

- Can be submitted by you (preferred), the pharmacy, or the member (signed by the prescriber)

### 2. Medical Records Collection

- Supporting medical records are required to complete prior authorizations
- If no records are submitted, US-Rx Care will make 5 contact attempts (via fax/call)
- Incomplete or missing documentation leads to denial notifications to both your office (fax) and the member (mail)

### 3. Clinical Review & Outcome

- Once records are received, US-Rx Care will:
  - Approve the request
  - Approve an alternative therapy
  - Deny (with reason for the denial)

### 4. Notification

- You will be notified via fax
- Member receives denial notification by mail
- Standard turnaround time: 24–72 hours

## Common Reasons for Denial

- Missing documentation of previous treatments or failures
- Off-label use or cosmetic indication
- Lack of clinical necessity per plan guidelines

To reduce delays, always include:

- Diagnosis
- Treatment history (especially tried/failed medications)
- Clinical rationale

