

Prior Authorization Policy

Sometimes your health insurance plan (HIP) will not cover certain medications. This often happens when a medication is new and/or expensive. Why are certain medications expensive? The pharmaceutical company (PC) may keep new drugs expensive in order to recover their costs of developing the drug. In other cases, the PC may hold a monopoly with that drug. This means that the PC is the only one that manufactures that drug for a specific disease.

When your HIP will not cover a certain medication, they may request additional information from Virginia Integrative Psychiatry, PC (VIP) health care providers. We will do our best to provide this information to your HIP. However, if your HIP request specific information not available in your health record, We will require you to come in for a follow-up appointment. We may require you to come into the office if your HIP causes a delay in communication.

The first step in getting your medication covered, is to have your pharmacy communicate with us that your HIP will not be covering the medication without a prior authorization. It is imperative that your pharmacy contacts us as soon as possible, in order to prevent delays in getting your medication covered. Once your pharmacy contacts us, we will review your health records. If VIP provider needs additional information, we will contact you to schedule an appointment. Otherwise, we will reach out to your HIP to initiate the prior authorization process. Please allow 2 (two) business days for VIP staff/healthcare providers to start this process.

Once we have initiated the prior authorization process, it is at the discretion of your HIP to approve or deny coverage of a specific medication. Doctor Nagaraja and his staff DO NOT have any influence on this, other than to provide your HIP with the requested information. If specific medication is denied coverage by your HIP, there are two alternatives; you may pay out of pocket for the medication or VIP health care providers will work with you to find a suitable alternative medication. If specific medication is denied, please call our office to schedule a follow-up appointment to discuss alternatives.

I understand and acknowledge the above.

Patients name (parent or guardian if minor or incapacitated)

Date

