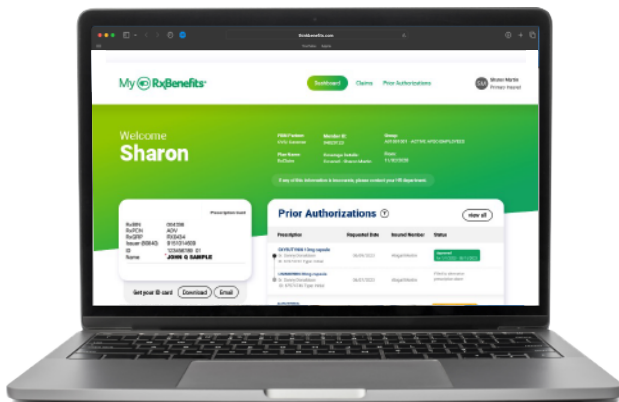


# Online Access to Your Pharmacy Benefits



By registering for My RxBenefits, you'll gain access to robust information related to your pharmacy benefits.

Access your information when it's convenient for you, **anytime, 24 hours a day, 7 days a week.**



## My RxBenefits will allow you to:

- Access real-time prior authorization status, including explanations of determinations, and view 18 months of previous prior authorization activity
- Receive timely communication and personalized updates for alternative medication therapies related to anti-inflammatory and dermatological conditions
- View 18 months of pharmacy claims (including claims for eligible dependents)
- View, download and email copies of ID cards
- Access your account across multiple devices, including computers, tablets, and cell phones
- Manage your communication preferences
- View pharmacy benefits coverage information

Sign up for the portal at:  
<https://member.rxbenefits.com>

# Making Sure Your Medicine is Right for You

## What you need to know about Prior Authorization Appeals

Prior Authorizations (PA) are designed to ensure that certain prescription drugs are used for appropriate medical purposes as approved by the Food and Drug Administration. This helps to make sure that your medications are safe, effective, and more affordable.

When you're prescribed certain medicines, your pharmacist may tell you it requires PA. That means we need more information to make sure the prescribed medicine will work well for you and your condition, and that it's covered by your pharmacy benefit. Your prescriber has access to the required information to complete the PA.

**If your medication requires a Prior Authorization, your physician may choose to do one of the following:**

1

### Switch medications.

When your doctor is notified that your medication will not be covered without an approved PA, they may decide to switch your medication.

or

2

### Start the PA Process.

If your doctor does not want to switch your medication, their office will need to initiate a medication (PA) review.

The pharmacy may send a notification to your doctor, but it's always best to follow-up with your doctor.

This may take a few days depending on the information required and the responsiveness of your physician's office. You will be notified by mail of the decision.



Medication  
Approved ☒ Denied ☐

### Questions?

Contact RxBenefits Member Services at  
**1.800.334.8134** or **RxHelp@rxbenefits.com**  
7:00 am to 8:00 PM CST, Monday – Friday

**Typical reviews take  
24-72 hours.**

## The Appeal Process.

If your PA is denied, you will receive a letter with the decision and details about the appeals process, including the reason for denial. You or your prescriber have 180 days to submit a first or second appeal, and 40 days to submit a third (final) appeal. You will be asked to provide information like:

- Member's name
- Member's contact number
- Info to identify the claim(s) you are appealing
- A statement explaining that you are filing an appeal and a written explanation of why you believe this case should be approved. Please submit all medical records, peer review articles, and comments for consideration that may support your appeal.

Once the appeal is submitted, a second review will follow a similar process as before, but with a new reviewer. You will be notified by mail of the decision.

Typical appeals take up to 7 days, though urgent appeals can be expedited.



RxBenefits, Inc.  
3700 Colonnade Pkwy, Suite 600  
Birmingham, AL 35243

October 12, 2019

Wilbur Tester  
1 OOA ST  
OUT OF AREA, FL 20020

Patient Name: Wilbur Tester  
Member ID Number: 0090009091 Member  
Date of Birth: December 11, 1950 Provider  
Name: Dr. Roger E Test  
HID Number: 7587  
Date of Review: October 12, 2019

Dear Wilbur Tester:

We received a prescription drug request from your healthcare provider for Celebrex 100 mg capsule. This request has been denied for the following reasons:  
You have requested coverage for a drug that must meet specific prior authorization criteria before being covered by your plan. This request has been denied because the prior authorization criteria has not been met. Approval requires that the following criteria be met: INSERT DRUG SPECIFIC CRITERIA. Please talk to your prescriber about this information.

This decision has been made with your health as our only goal. All decisions are made following applicable state and federal law.  
You may appeal this decision. We have included information that tells you how to appeal the decision.

If you have additional questions or concerns, please contact our Customer Service Department 7 am to 7 pm CT, Monday through Friday or 10 am to 4 pm CT on Saturdays at 1-855-490-6676. TTY users should call 711.

Sincerely,

RxBenefits, Inc.

CC: Dr. Roger E Test

### To File a Formal Appeal if You Have Received a Denial

If you believe that this determination is not correct, you have the right to appeal the decision by filing an appeal with HDI Solutions. You may call the telephone number below if you need help understanding our decision. You may submit a copy of the denial notice and a brief explanation of your concern with any other relevant information to file an appeal to the address below:

HDI Solutions, LLC  
Attn: RxBenefits Appeals  
1510 Pumphrey Avenue  
Auburn, AL 36832  
1-855-490-6676  
FAX 1-833-265-4674

### Member Rights

You may file an appeal with HDI Solutions regarding the decision of your preservice request(s). You have 180 days to file your appeal in writing. The address to file an appeal is provided above.

If your care is urgent, we will respond as soon as possible, but no later than 72 hours after your appeal. This is an expedited appeal. An expedited external review can occur concurrently with the appeal process. In all other cases, we will give you our response no later than 30 days after your appeal. This is a standard appeal. There is no charge to you, the member, to file an appeal.

The following information should be included in the appeal request:  
1. Your member number.

2. A statement that you are filing an appeal.

3. A written explanation of why you believe your appeal should be approved. Please submit all medical records, peer review articles, and any other relevant information that may support your appeal.

4. A representative to file and handle your appeal. Authorized representatives are authorized to act for you during your appeal. If you elect to file your appeal, you must submit the Authorized Representative's letter with this letter.

5. A statement that you want your claim free of charge. This request for



# RxBenefits Reviewed Prior Authorization FAQ

## Who is RxBenefits?

Founded in 1995, Birmingham, AL-based RxBenefits is the employee benefit industry's first and only technology-enabled pharmacy benefits optimizer (PBO). We are a growing team of more than 500 pharmacy pricing, contract, service, technology, data, and clinical experts that work together as one team towards one common goal: putting the benefit back in pharmacy benefits. We focus exclusively on helping employee benefits consultants, and their self-insured clients, access and deliver an affordable, best-in-class pharmacy benefit.

## What Is A Prior Authorization (PA)?

Certain prescription drugs may require a "prior authorization" before you can fill the prescription. Some drugs require prior authorization because they may not be a good fit for every patient. Prior Authorization ensures your safety and helps limit your out-of-pocket costs.

When a medication requires prior authorization, your healthcare provider will need to send documentation to an independent pharmacy reviewer who will review the documentation to ensure the medication is a good fit for you and your benefit coverage. If you use home delivery, it is important that your prescriber obtain prior authorization before you can fill your prescription.

We never want you to go without an appropriate medication to treat your condition. If you are having trouble getting a medication filled because it requires prior authorization, please call the Member Services number on the back of your ID card. We will do everything we can to assist you and your healthcare provider in getting the prior authorization processed promptly.

## What kinds of medications need a PA?

Your pharmacy benefits plan determines the exact medications that require a PA. Often, medicines that can treat more than one condition will need a PA, especially if only one condition is currently FDA approved or covered by your plan.

For the exact list of medications covered by your plan, view your benefits plan or contact RxBenefits Member Services.

## How will I know if I need a PA?

When you fill a prescription that requires a PA, your pharmacist will be notified that your medication requires a prior authorization. The pharmacist will tell you of the PA requirement and may initiate the PA process with your prescriber. You can also view your benefits plan for a list of medications that require a PA.

## What do I need to do if one of my prescriptions requires a prior authorization?

When informed that your medication requires a PA, we suggest you contact your prescriber and provide them with information on where to send your PA application. The pharmacy may send a notification to your doctor, but it's always best to follow-up. Your prescriber may switch your medication to one that does not require a PA, or they may start the PA process.

**How will my doctor know where to send the PA?**

To help your prescriber submit the PA correctly, please provide them with the following information:

- Utilize the online portal at [RxB.PromptPA.com](http://RxB.PromptPA.com)
- Go to [RxBenefits.com/prior-authorization-form/](http://RxBenefits.com/prior-authorization-form/) and download the form. Fax it to 888.610.1180 or email [PAsupport@rxbenefits.com](mailto:PAsupport@rxbenefits.com)
- Call the RxBenefits Prior Authorization Member Services at 888.608.8851, 7 AM - 8 PM CST, Monday - Friday

**How long does it take to get a PA?**

The PA process may take a few days, depending on your physician's responsiveness and the information required. Reviews typically take 24-72 business day hours once the reviewer receives all of the information.

**Who is reviewing my PA?**

An independent reviewer at RxBenefits will hand-evaluate your PA to ensure that your prescription is safe and effective.

**What criteria do they use to approve or deny a PA?**

The reviewer will examine the PA application, your medical records, and any additional information submitted by your prescriber to ensure your medication will fit medical best-practice and FDA approval.

**How will I be informed of my PA's outcome?**

You will receive a notification in the mail about the decision. The letter will include information about the decision and further instructions.

**What do I do if my PA is approved?**

Once you receive approval, you can fill your prescription normally at a covered retail pharmacy or through mail order.

**What if my PA is denied?**

If your PA is denied, you have several options: you can switch medications, pay full price for the original prescription, or your prescriber can start the appeal process.

**Can my doctor or I appeal the PA denial?**

You or your prescriber have 180 days to submit a first or second appeal and 40 days to submit a third (final) appeal. You will be asked to provide information like:

- Member's name
- Member's contact information
- Information to identify the claim(s) you are appealing
- A statement explaining that you are filing an appeal and a written explanation of why you believe the PA should be approved.
- All medical records, peer review articles, and comments that may support your appeal

Once submitted, the appeal review will follow a similar process as a normal PA, but with a new reviewer. This typically takes up to 7 days, though urgent appeals can be expedited. You will be notified by mail of the decision.



**Will my PA expire?**

PAs do expire, and the time frame varies based on the medication and circumstance. The maximum approval time is 12 months from the approval date.

To continue coverage of your medication once it expires, your prescriber will need to resubmit the prescription for approval. We suggest that you have your prescriber resubmit a PA review at least 30 days before expiration to ensure that there is no disruption of your medication.

**Will I be notified before my PA expires?**

You will not receive a notice that your PA is about to expire.

**Who do I contact with questions about my specific plan and/or medications?**

Your RxBenefits Member Services Team is available to answer any questions you may have. You can reach them Monday – Friday from 7:00 a.m. to 8:00 p.m. CT by calling **800.334.8134** or emailing **[CustomerCare@rxbenefits.com](mailto:CustomerCare@rxbenefits.com)**.