



Understanding Prior Authorization

Prior Authorization—What it is. Why it happens. How we help.

What is a Prior Authorization (PA)?

If you've been told your medication requires prior authorization, you may be wondering what that means. Prior authorization (PA) is a clinical review process used for certain medications before coverage is approved. It's not uncommon—and it's not a denial of care. It simply means we need a little more information from your healthcare provider to ensure the medication is safe, appropriate and covered under your benefit.

Why does Prior Authorization exist?

Some medications require coverage review because they:

- ▶ Treat complex conditions
- ▶ Are typically reserved for use after proven first-line therapies
- ▶ May require specific clinical criteria



What this means for you

With Alluma, you can expect:

- ▶ Straightforward information
- ▶ Compassionate support
- ▶ Affordable options
- ▶ A pharmacy benefit designed with your health in mind

Who reviews my medication?

Alluma prior authorization reviews are guided by experienced clinicians who evaluate requests using national guidelines and established standards of care.

If additional information is needed, we work directly with your provider's office. You do not need to submit medical records yourself unless specifically requested.

- ▶ Are high-cost therapies
- ▶ Need monitoring to ensure safe and effective use

Prior authorization helps ensure:

- ▶ The medication is clinically appropriate
- ▶ Evidence-based guidelines are followed
- ▶ Safer or lower-cost alternatives have been considered

What happens next?

Understanding the process can help reduce uncertainty.

Step 1

Your provider submits a request

Your provider sends clinical information explaining the coverage request.

Step 2

Clinical review

Alluma clinical staff review the request against formulary criteria and standards of care.

Step 3

Decision notification

Once the review is complete, both you and your provider are notified of the decision.

If approved, your prescription can be filled. If additional information is needed, we communicate directly with your provider.

We're here to help

If you have questions about:

- ▶ The status of a request
- ▶ Required documentation
- ▶ Covered alternatives
- ▶ Your pharmacy benefit

You can check the status of your prior authorization request in the member portal under **Prescriptions > Prior Authorization**.

You can also call Customer Service **24 hours a day, 7 days a week** using the number on the back of your prescription card.

Alluma™

www.allumaco.com

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What if my medication is not approved?

If coverage is not approved:

- ▶ You and your provider will receive notification with the reason for the decision
- ▶ Your provider may submit an appeal with additional information
- ▶ Discuss alternative covered options with your provider.

Our goal is always to ensure safe and effective access to medications.