

# Prior Authorization Process for Providers

A prior authorization (PA) review is used for a wide variety of medications to confirm that medication is being prescribed for its intended use based on FDA guidelines. These reviews are meant to ensure certain prescriptions meet specific criteria before they are covered by a pharmacy plan. This process helps manage the safe and cost-effective use of medications.

## Submit a completed PA Form on Behalf of a Patient

If you are a prescriber's office, the prescribing physician/nurse, or pharmacy and need to submit your patient's completed PA form you should use PromptPA to send the form to RxBenefits for review. PromptPA offers two ways to submit PAs: online via the website [RxB.PromptPA.com](https://www.RxB.PromptPA.com) or by faxing the PA form to **888.610.1180**.

## Status Updates

Providers can access [PromptPA](#) for status updates, even if they did not submit/initiate the PA in PromptPA. They just need the Member ID Number, Member Name, Date of Birth, and EOC# to check status. Each PA time varies due to a number of factors. An initial PA can take up to 7 business days to process.

## Questions?

Providers can contact RxBenefits Member Services at **800.334.8134** from 7 a.m. - 8 p.m. CT, Monday through Friday or by email at [customer@rxbenefits.com](mailto:customer@rxbenefits.com).



## How to Submit a Prior Authorization using PromptPA

### Method 1 (Preferred)

- Utilize the online portal at [PromptPA](#)
- Initiate a review, complete the drug-specific question set, and submit chart notes electronically.
- Check the coverage determination within the portal.

### Method 2

- Download the [prior authorization PDF form](#) and complete the information requested.
- Fax the completed form to **888.610.1180**.
- For most PAs, the standard turnaround time is 1-3 business days.