



Rx Access[®] Program

Prior Authorization (PA) Overview

This guide is for informational purposes only. This is an example of the information that may be required by a patient's insurance company. This guide is not a substitute for and/or an influencing factor for an individual patient's plan requirements.

Step 1: Insurance Investigation

To understand PA Requirements for each plan, offices must contact insurance providers based on individuals' plan requirements with needed steps/information as different plans and groups may vary.

Step 2: Patient/Provider Information

- Name
- Date of Birth
- Insurance Plan
- Provider Information
- Provider ID
- A specific Payor Prior Authorization Form may need to be completed.

Step 3: Drug Information

- Purpose of Use
- CPT Codes (ICD-10)

Step 4: Treatment Information

- List of previously tried and failed medications
- Clinical Documentation
- Chart notes

The Arestin Rx ACCESS logo is contained within a white circle with a blue and yellow border. The word "Arestin" is in blue, "Rx" is in a large, bold, blue font, and "ACCESS" is in a smaller, blue, sans-serif font.

**Arestin
Rx ACCESS**

**Contact us by phone and a representative will
answer your questions.**

Monday-Friday 8:00 am-8:00 pm ET

Phone: 1-855-684-7481 Fax: 1-855-630-9783