



Checklist for **Prior Authorization Submission**

Prior authorization (PA) is a routine process used by insurers to confirm that certain drugs or services are used correctly and only when medically necessary. PA requirements and the formulary (list of drugs) subject to PA will vary among insurers.

A key step in the process is to review the PA guidelines on the insurer's website or to contact the insurer's customer service for process information, including forms and contacts.

Note: Many insurers use a Pharmacy Benefits Manager (PBM) for managing patient prescription benefits. Remember that when a prescriber or patient is requesting a PA, he or she may be communicating with the PBM and not the insurer.

The checklist below highlights items and information that may be needed to obtain a PA decision from an insurer:

The checklist is neither medical guidance nor a suggestion that you submit an appeal. The information provided on this checklist is general in nature and is not intended to be conclusive or exhaustive. As the patient's healthcare provider, you are responsible for applying your clinical judgment regarding appropriate care and treatment of each patient.

✓ **Completed PA request form***

If required, complete and submit the PA request form to the insurer. PA forms can be obtained through the insurer's website or by contacting the insurer's customer service.

✓ **Letter of Medical Necessity that includes:**

- **Rationale for treatment – insert a summary statement of medical need and the reason(s) for the medicine/service being requested**
- **Summary of the patient's diagnosis**
 - Diagnosis (ICD-10-CM) and date of diagnosis
 - Patient medical records
 - Diagnostic test results and imaging results
 - Current severity of the patient's condition, including any comorbidities or intolerance to other therapies
- **Summary of the patient's history**
 - Previously administered treatment(s)/procedure(s) and dates
 - Response to the intervention(s)
 - Recent symptoms and condition
 - Physician opinion of patient prognosis or disease progression

Note: Exercise medical judgment and discretion when providing a diagnosis and characterization of the patient's medical condition.

✓ **If the following information is not part of the PA request form, it may be beneficial to provide to the insurer:**

- **Patient name, date of birth, insurance policy number, and other relevant information**
- **Physician and facility information (eg, name, provider ID number, and tax ID number)**
- **Relevant procedure and HCPCS codes for products/services to be provided/performed**
- **Relevant information regarding the treatment decision:**
 - Product prescribing information and NDC
 - Peer-reviewed journal articles or clinical practices referencing nationally recognized guidelines (eg, ASCO, NCCN)

For expedited requests, adequate information should be provided to support the urgent nature of the request.

*Specific prior authorization forms may need to be completed for select products or therapeutic areas. Always verify that the correct form has been completed.

ASCO, American Society of Clinical Oncology; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases, 10th edition, Clinical Modification; NCCN, National Comprehensive Cancer Network; NDC, National Drug Code.