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Pharmacy Prior Authorization Request Documentation Guidance

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Appropriate documentation for a pharmacy prior authorization request submission provides clear, complete clinical evidence that the requested drug meets plan or state-approved coverage criteria and provides support of medical necessity for a specific patient. Completed and current documentation is essential to avoid delays and denials.

Core Documentation Elements

Completed Prior Authorization Request Form

- Patient-specific information (name, member ID, date of birth, etc.)
- Prescriber-specific information (name, NPI, TIN, phone, fax, etc.)
- Drug name, strength, quantity, directions for use, days' supply and supporting diagnosis code (ICD-10 format)
    - A list of contributing comorbidities and disease severity or staging is also helpful.
- Prescriber signature or electronic attestation

Additional Documentation (if appropriate to satisfy criteria or demonstrate medical necessity)

- Subjective and objective assessment summaries
    - Office or hospital records (for example, progress and examination notes, treatment plans, clinical indicators, such as symptom scores, disease duration or progression, risks or barriers to a discharge, if hospitalized)
    - Patient psychosocial history
    - Safety and monitoring considerations

- Laboratory results or diagnostic testing

- Recent lab values relevant to the request with dates and reference ranges
- Genetic tests, biomarker results, imaging or pathology reports
- Evidence that monitoring requirements are met (baseline labs)
    - Consultation notes or evaluations from other health care practitioners or providers
- Relevant medication history — clear evidence of prior or current therapy, including:
    - Names of previously tried medications
    - Dates and duration of therapy
    - Outcomes (for example, progress notes, inadequate response, intolerance, adverse effects)
    - Details regarding trial and failure, intolerance or allergy, contraindications or clinical reasons why preferred formulary alternatives can't be used
- Evidence-based guideline alignment
    - Reference to clinical guidelines (e.g., NCCN, ACR, ADA)
    - CDC or NIH may be referenced when applicable
- Off-label justification
    - Rationale for deviating from clinical guidelines
    - Supporting literature for off-label or nonpreferred use
- Previous prior authorization decisions or appeals results
    - Prior approval letters, reference numbers, etc.
    - Documentation of changed clinical circumstances
    - Proof of stability and risk of destabilization or harm
- Evidence of medical necessity
    - Additional documentation to support that the medication is clinically appropriate and essential to diagnose, treat, correct or prevent a disease or condition, according to accepted medical standards, for a specific individual
    - May include justification to support approval of a medication that is useable, based on patient-specific attributes or skill level, to ensure administration is consistent, effective and maximizes outcomes
- Medical necessity is different from clinical preference
    - For example, a medication or dosage form won't be approved if it doesn't meet criteria and is being prescribed solely for convenience.
    - Medical necessity implies that lack of therapy with the requested drug is detrimental to the patient's health based on the patient's status.
- Market or local delivery system barriers

In summary: Appropriate prior authorization documentation is the minimum necessary clinical record that clearly demonstrates the patient meets all coverage requirements and criteria for the requested drug or helps to justify use over other preferred formulary alternatives.