

While the Prior Authorization process can vary across health plans, the following practical tips will inform how to complete this effort.

✓ **Often it will be clear that a medication requires prior authorization due to frequent use or coverage information available in the electronic health record system. Alternatively, the patient or pharmacy will notify you that the drug requires prior authorization. Often a formal notice is necessary to complete the prior authorization.**

- Be aware that drug formularies can change at any time. This can impact whether a drug requires a prior authorization mid-year.

✓ **Different plans available from a given insurer can have varying rules for prior authorizations or different addresses/fax numbers.**

✓ **Document, Document, Document: Make sure to keep track of all the prior authorization information and do it in the same way for each patient.**

- Before you call, collect all patient and physician information, details of the requested medication, and failed medications under step therapy (if applicable).
- If you are unsure what specific insurer requires for a prior authorization call the insurance company and obtain a list of requirements and record it for future uses. The information may also be available online.
- When calling the insurance company, ask for the department that handles prior authorizations requests from physicians' offices. Continue to confirm that you have the right department.
- When you get in touch with a representative in the correct department ask for the direct phone number or extension to that department and record it for future prior authorization requests.
- When completing a prior authorization ask for the insurance company staff member's name and direct line and record it in your files. Remember to record the date and time of the phone call.

- Keep a log of all ongoing prior authorization requests to ensure any follow up with the insurer is completed in an appropriate time frame.
- For peer-to-peer reviews, request to speak to a dermatologist or another physician, this is sometimes not possible though.
- Even if an insurance company requires you to process prior authorizations online, you can often still request a hard copy of the prior authorization form. This will allow you to fax the form to the insurer instead of completing it online. If the insurance company authorizes the use of the requested drug, ensure you record the confirmation number and dates the insurance company will grant the use of the drug for the patient.
- If the prior authorization is denied, appeal in a timely manner. Some insurers put a time limit on appeals. Request the proper forms from the insurer and check with them on all necessary requirements. Sometimes, missing, but needed information may delay the request; occasionally forms are misleading and lead to rejections due to errors.

✓ **You may follow up with the pharmacy to check that they received the prior authorization request. Sometimes the prior authorization will be directly faxed to the pharmacy; alternatively it will be faxed to the physician's office and you are responsible for faxing it to the pharmacy.**

✓ **Ensure the patient knows the medication was authorized for their use for the specific timeframe.**

✓ **Some electronic health records (EHR) have electronic prior authorizations (ePA) built into the system. Check with your vendor to see if they have available software or if they are considering upgrading to one in the future. For example, an EHR vendor may consider adopting CoverMyMeds to meet their customers' needs. For more information, please see <https://www.covermymeds.com/main>.**