AmeriHealth Caritas Louisiana

Pharmacy Prior Authorization Request Documentation Guidance

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Complete and current documentation is essential to avoid delays and denials. Appropriate prior authorization documentation is the minimum necessary clinical evidence that clearly demonstrates that the patient meets all coverage requirements (i.e., criteria) for the requested drug or helps justify its use over other preferred alternatives.

To decrease pharmacy prior authorization denials due to a lack of documentation, AmeriHealth Caritas Louisiana has published documentation guidance for prescribers. The **Pharmacy Prior Authorization Request Documentation Guidance** is available on our website under Prior authorization and referral updates: https://www.amerihealthcaritasla.com/provider/resources/priorauth.

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.)
- Include 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 (e.g., progress/examination notes, treatment plans, clinical indicators such as symptom scores, disease duration or progression, risks, barriers to 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 (e.g., progress notes, inadequate response, intolerance, adverse effects)
    - Details regarding trial and failure, intolerance/allergy, contraindications, or clinical reasons why preferred formulary alternatives cannot 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 non-preferred use
- Previous PA 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 usable, 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 will not be approved if it does not meet criteria and is being prescribed solely for convenience
        - Medical necessity implies that the 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 PA documentation is the minimum necessary clinical record that clearly demonstrates that the patient meets all coverage requirements (i.e., criteria) for the requested drug or helps justify its use over other preferred formulary alternatives.