

# Pharmacy Prior Authorization Request Documentation Guidance

Appropriate documentation for a pharmacy prior authorization (PA) request submission provides clear, complete clinical evidence that the requested drug meets plan- or state-approved coverage criteria and/or provides support of medical necessity for a specific patient. Complete 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 and so on)
- Prescriber-specific information (name, NPI, phone, fax and so on)
- 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; and clinical indicators such as symptom scores, disease duration or progression, risks and 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 (e.g., progress notes, inadequate response, intolerance and 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., National Comprehensive Cancer Network [NCCN], American College of Rheumatology [ACR], and American Diabetes Association [ADA])
  - Centers for Disease Control and Prevention (CDC) or National Institutes of Health (NIH) may be referenced when applicable.

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- Off-label justification:
  - Rationale for deviating from clinical guidelines
  - Supporting literature for off-label or non-preferred use
- Previous prior authorization decisions or appeals results:
  - Prior approval letters, reference numbers and so on
  - 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 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

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In summary, appropriate prior authorization documentation is the minimum necessary clinical record that clearly demonstrates the patient meets all coverage requirements (i.e., criteria) for the requested drug or helps to justify use over other preferred formulary alternatives when required by the state.