

Prior Authorization (PA) Checklist



For assistance
call us at:

1-888-BLUPRNT (1-888-258-7768)
Monday-Friday, 8 am-8 pm Eastern Time (ET)
Fax 1-866-370-3082

Prior Authorization Request Forms and Documentation

Insurer specific PA forms can be obtained through the insurer's website or by contacting the insurer's customer service. YourBlueprint™ will contact the insurer and provide you with the correct PA form.

- Many insurer's use a Pharmacy Benefits Manager (PBM) for managing patient's prescription benefits. When requesting a PA, you may be working with the PBM, not the insurer
- If the following information is not requested on the plan specific PA request form, it may be beneficial to provide to the insurer:

Patient's Information

Patient's First Name and Last Name
Patient's Date of Birth
Patient's Gender
Patient's Address
Plan Identification Number

Prescriber's Information

Prescriber's First Name and Last Name
Prescriber's Specialty
Prescriber's NPI
Prescriber's office address
Prescriber's phone and fax

Letter of Medical Necessity

Rationale for treatment

- Insert a clear summary statement for the reason(s) for medication
- Include medication NDC, strength, frequency, quantity, days of supply, route of administration, and duration of treatment
- Include trial data supporting the FDA approval of the requested treatment, as well as the medication's dosing and administration information (USPI)

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

Relevant information regarding the treatment decision

- Expert practice guidelines (eg, ASCO, NCCN)
- Peer-reviewed journal articles

Sample Letter of Medical Necessity provided via fax or [download here](#) 

Is all the information included in the PA Form and/or Letter of Medical Necessity (LMN)?

