

# Ten Tips for Successful Prior Authorization Outcomes

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1. Make sure the patient has completed all labs
2. Get a pharmacy benefit card from your patient. This will ensure you or the Specialty Pharmacy find the correct form to submit to the plan.
3. Check documentation verify that you have included BSA and any scoring tools needed for new starts or therapy continuation
4. For PSO, includes notes on why the patient cannot use or may have contraindication to MTX
5. Note sensitive areas in chart, (i.e., hands, feet, face, groin)
6. Document all tried and failed topical therapies in most recent note. Always keep this up to date in case there are formulary changes or insurance changes that may require this info for coverage.
7. Document Quality of Life for your patient: how it makes them feel and what activities they may not be able to participate in due to this disease
8. Check that your chart notes have been sent to the PBM. Some plans will not move forward without the chart notes.
9. Verify that you do not have any clerical errors or missed questions when filling out a paper PA form. You can always resubmit information or restart a PA for commercial insurance if it gets denied due to missing info or errors.
10. Advise the patient of the timeframe it should take to get a response from the insurance. Don't overpromise. It should be 24-48 hours but depending on the insurance it could take longer. Patients should always know what to expect.

