WHAT TO KNOW WHEN SUBMITTING A PRIOR AUTHORIZATION FORM

A Prior Authorization (PA) is a requirement from a payor that mandates an additional review of medical necessity for the prescribed therapy, medical device, or procedure before the payor will cover the costs.

Payors may have different criteria in making determinations and sometimes require PAs to be submitted, ensuring the medication being prescribed to a patient is medically necessary and economically sound.

PA requirements vary from payor to payor, with some requiring more information than others. AkebiaCares can help determine a payor’s requirements when conducting a Benefit Investigation, or you can visit the payor’s website to learn more. Many payors are also electronically connected with CoverMyMeds®, a free, online platform for prescribers and pharmacists to use for PA submissions, tracking, and outcomes.

HELPFUL TIPS

Submit the PA via the payor’s preferred channel
- Verbal
- Online via the payor’s website
- Paper via fax
- CoverMyMeds platform may be used for all submissions

Use the payor-specific PA form
This can be provided by AkebiaCares, or by navigating to the payor’s website. If using CoverMyMeds, the PA form may be available in the online platform.

Review the payor’s clinical guidelines so you may appropriately prepare any clinical information that may be required
Some PAs may require diagnosis confirmation only, while others may require confirmation of previous failure of therapy and/or medical necessity.

Ensure all demographic information is complete for both the patient and the prescriber

Ensure all diagnosis/prescription information fields are complete, which may include:
- Diagnosis
- Drug Name/Medication Requested
- Strength and Route of Administration
- Quantity
- Directions for Use (sometimes referred to as Sig) and Frequency
- Refill Count

Document key criteria, including:
- Whether the patient has chronic kidney disease (CKD) or end-stage renal disease (ESRD)
- Patient’s dialysis status

If the payor requires the patient to have tried/failed previous therapies prior to the medication being prescribed, provide a complete list of medications and start/end dates
If your patient doesn’t meet the specific guidelines, provide clear information regarding why they haven’t and why you are still requesting the prescribed medication.

If required, ensure the prescriber signs and dates the form prior to submission
HOW TO COMPLETE A PHARMACY-INITIATED PA REQUEST

When a pharmacy starts a PA request for one of your patients, the prescriber will receive a fax with an access key.

1. Log in to or create your CoverMyMeds account at covermymeds.com.
2. Click “Enter Key” on your CoverMyMeds dashboard.
3. Enter the key, patient last name, and DOB indicated on the fax. Most of the request will already be completed.
4. Fill in any remaining fields and click “Send to Plan”.
5. The pharmacy will be notified of the outcome once it’s determined by the plan, and the determination will appear in your account as well.

This guide is being provided for your reference only. Use of this guide does not guarantee coverage or reimbursement for any particular drug. You are responsible for ensuring that all information submitted to third-party payors is complete and accurate.

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LOOKING TO HELP PATIENTS OBTAIN ACCESS? VISIT AKEBIACARES.COM