

Prior Authorization Checklist

The items and information listed below may be necessary to obtain a prior authorization decision for a medication. It is important to review the insurer's guidelines for obtaining a prior authorization, as these can differ depending on the insurer, the medication being prescribed, and other factors.



The items listed below may be necessary to obtain a prior authorization decision from an insurer

- Completed prior authorization request form (if required by patient's insurer)
— Note: Some payers may require specific forms to be completed for certain medications or therapeutic areas—always verify that the correct form is completed.
- Letter of medical necessity
— Be sure to note the proposed treatment plan and include the Provider ID number in the letter.
- Documentation that supports the treatment decision, such as:
 - Previously given treatments/therapies
 - Patient clinical notes detailing the relevant diagnosis
 - Relevant laboratory results (eg, previous tuberculosis test, hepatitis B virus test)
 - Product package insert/physician label
- Additional relevant documentation (if available) regarding the treatment decision



It might be necessary to provide the following information to the patient's insurer when making a request for prior authorization

- Patient information, including name, insurance policy number, and date of birth
- Physician information, including name and tax ID or Provider number
- Facility information, including name and tax ID number
- Date of service
- Patient diagnosis
- Relevant procedure and Healthcare Common Procedure Coding System (HCPCS) codes for services/products to be performed/provided
- Product National Drug Code (NDC)
- Setting of care
- Patient clinical notes detailing the relevant diagnosis

As a provider, you are solely responsible for billing third-party payers correctly, and you should determine if any payer-specific guidelines apply. The information provided here is general in nature and is not intended to be conclusive or exhaustive, nor is it intended to replace the guidance of a qualified professional advisor. Merck and its agents make no guarantees regarding the timeliness or appropriateness of this information for your particular use, given the frequent changes in public and private payer billing.

