Common Reasons for Prior Auth Denials
Clinical Pearl

Engage the patient in the prior authorization process
Clinician duties

- Confirm that the patient wants the medication
- Tell patient about the prior auth process + time frame + patient assistance programs
- Complete prior auth paperwork
- Keep patient informed
- Teach patient to give medication and expectations
- Order follow-up lipid panel
Share the prior auth process with the patient

Patient duties

- If not known, ask the insurance company
  - Which drug is on the plan?
  - Is one required before the other (step therapy)?
  - Is there a designated pharmacy that must be used?
  - What is the copay?
- Initiate patient assistance programs
- Watch video on how to administer the drug
- Choose day to give
- Do follow-up labs when specified
- Continue to take other prescribed lipid lowering therapy
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Make the Medical Record Work For You
Make the Medical Record Work for You

Create useful snapshots or summary pages

- Name
- Allergies
- Problem list
- Medications
- Lab history

Send the snapshot or summary pages with the progress note + prior authorization form
Problem list

Diagnosis codes – add detail to default display wording

• Statin intolerance (drugs, doses, reaction, resolution, recurrence)
• History of premature coronary artery disease (age at time of event)
• Family history of premature ASCVD (who, age at time of event)
• Lower extremity peripheral artery disease (add ABI scores)
• Familial hypercholesterolemia (how was this determined?)

Allergy lists – add details to default wording
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Problem List

- Hypercholesterolemia
- Secondary prevention
## Cardiac Problems

**Familial hypercholesterolemia** - Baseline LDL-C > 200; Daughter - LDL in high 200s at age 2; Father had high LDL & expired from MI at age 37; Father's brother - MI in early 40s.

Family history of early CAD, father passed of an MI at 37.

### Problem List

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>11/1</td>
<td>Cardiac Problems</td>
</tr>
<tr>
<td>8/19</td>
<td>Non-ST elevation (NSTEMI) myocardial infarction (MI) in 2001 - S/P PCI to OM1 and OM2</td>
</tr>
<tr>
<td>8/31</td>
<td>S/P angioplasty with stent BMS to OM1 and OM2 in 2001 during MI</td>
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<tr>
<td>9/5</td>
<td>Family history of premature coronary artery disease - brother had CABG x 3 at age 35 yr</td>
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<tr>
<td>9/5</td>
<td>Ischemic cardiomyopathy</td>
</tr>
<tr>
<td>9/8</td>
<td>Status post primary angioplasty with coronary stent</td>
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<tr>
<td>9/8</td>
<td>Familial hypercholesterolemia - Brother (bypass x 3; 35 yr-old); teen son &amp; daughter (LDL-C &gt; 200; both on statins &amp; see cardi x 6 yr); Father's nieces, nephews, cousins (had LDL-C &gt; 200 mg/dL; premature CV death)</td>
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<tr>
<td>9/8</td>
<td>CAD - premature CAD; S/P OM1 OM2 STENT; LATEST CATH 12/2009</td>
</tr>
<tr>
<td>9/10</td>
<td>PATENT LM, PATENT LAD, 100%; SMALL D1 DISEASE, PATENT 3.0X15 PENTA STENT TO OM1, 100% OCCLUDED 3.0X15 PENTA STENT OM2, 100% RCA Ds, LVEF 40-45%, LVA</td>
</tr>
</tbody>
</table>
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Allergies

• Statin intolerance

• ______vastatin – myalgia
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Allergy lists - Add details!

Intolerance to multiple statins (pravastatin, simvastatin, rosuvastatin), ezetimibe, fenofibrate - intolerable & persistent muscle pain in thighs, calves, ankles, feet

Statin intolerance (intolerable & persistent muscle pain + mental foginess/short-term memory loss/couldn't function -atorvastatin, simvastatin, rosuvastatin; couldn't tolerate 1x week rosuvatatin

[Rosuvastatin Calcium] Myalgia
Severe myalgia; couldn't get out of bed with rosuvastatin 10 mg daily; symptoms resolved when statin discontinued. Could not tolerate once weekly rosuvastatin.
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Writing the note

• State diagnosis and justification
  • Use ICD-10 descriptions or guideline wording
  • Avoid vague terms (ex. Secondary prevention)
• Include lipid therapy
  • Current
  • What’s been tried before & what happened
  • Contraindications, intolerances, adverse reactions
• Provide recent lipid panel (ex. within last 30-120 days)
• Lifestyle recommendations
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Notes - Vague terms

• Hypercholesterolemia
• Secondary prevention
• Statin intolerance
• Myalgia with statin
• Can’t tolerate lipid lowering drugs

Old lab values
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Notes – Smart phrases, bullets, details!

- According to the 2018 ACC/AHA cholesterol guideline, this patient has severe hypercholesterolemia and is at very high risk for ASCVD.
- **Familial hypercholesterolemia** - This patient has familial hypercholesterolemia. The patient's baseline LDL-C is > 190 mg/dL (was 224 on 1/9/19). Her father had very high LDL-C (she stated high 200s) and died from MI at age 37 years. Her daughter had LDL-C in high 200s at age 2 and was diagnosed with familial hypercholesterolemia. Her paternal uncle (dad's brother) had premature coronary heart disease (MI in early 40s).
- **Current lipid lowering regimen:** states adherence w/ atorvastatin 40 mg daily (high-intensity statin) + ezetimibe 10 mg daily. She will benefit from additional LDL-D reduction.
- **Past statin use:** She could not tolerate rosuvastatin; she had intolerable & persistent myalgia that resolved when she discontinued rosuvastatin. She tried other statins (lovastatin, pravastatin, simvastatin), but didn't have adequate LDL-C reduction.
- **PCSK9 inhibitor** - The patient would like more aggressive LDL-C lowering to reduce her risk. She is willing to take a PCSK9 inhibitor based on her insurance coverage.
- **Insurance** - I called [__] and spoke with Brandon. Either [__] is on her formulary. Both require prior auth (PA). The copay is $40/month (tier 2). The plan does not specify the pharmacy. Brandon faxed the prior auth form to me.
- **Pharmacy** - She will get the prescription filled at the [__] Pharmacy - [__] after the PA is approved. The PA may take a week or more to get approved.
- **Follow-up labs** - She will need a fasting lipid panel within 4-5 days before her 3rd dose to verify that the medication is effective.
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Notes – Smart phrases, bullets, details!

ACC/AHA Statin Benefit Group: Clinical ASVD

- According to 2018 ACC/AHA cholesterol guideline, she is very-high risk ASCVD (had 1 major ASCVD event - symptomatic PAD; with multiple high risk conditions (age >65 yrs, prior PTA of subclavian artery, HTN, CKD, persistently elevated LDL-C ≥100 mg/dL)
- Statin - had persistent and intolerable muscle pain in thighs, calves, feet when taking rosvastatin, pravastatin, simvastatin
- Ezetimibe - had persistent & intolerable nerve and muscle pain in thighs, calves, feet when taking ezetimibe
- Needs more current fasting lab to qualify for PCSK9 inhibitor. Patient will go to lab next week.
- Insurance - I spoke w/ __________ at __________ will pay 32%. Patient will call __________ to see if she qualifies for patient assistance program.
- Pharmacy - She prefers to get it filled at __________ pharmacy
- Prior auth - told her it can take a week or more to get PA approved
Make the Medical Record Work for You

Show some lab history

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<th>HDL</th>
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Answer

all the questions

on a prior auth form!
Prior Auth Forms

- Answer all the questions
- Add clarifying information
- Only submit complete forms!
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Designate someone in the office to be the prior auth expert
Engaging the Team

• Designate someone to fill out the prior authorization forms
  – Become familiar with insurance plans, requirements
  – Allows expertise to develop
  – May save time
  – May increase approval rate
• Specialty pharmacy staff can sometimes help!

• Pharmacy-led intervention (n=47) compared to “usual care” (n=77)
  – Average PA process time: $0.53 \pm 0.8$ days versus $7.2 \pm 12.8$ days (p=0.0001)
  – Average approval rate: 93% versus 68%
  – Average “pick-up” percentage: 75% versus 52%
  – Time to prepare PA forms: 15 minutes versus 64 minutes
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Use available resources
Resources

- Finding the prior auth forms
  - May be on manufacturers’ websites
  - Google search

- Advice
  - Print form
  - Collect required information before filling out form
  - Answer all questions; only submit completed forms
  - Keep copy of everything submitted
  - Track submissions, communications
Take Home Points

• Prescribe based on FDA approved indications/guideline recommendations
• Engage the patient in the prior auth process
• Make the medical record work for you
• Answer all the questions on the prior auth form
• Designate someone in the office to be the prior auth expert
• Use available resources