



## Red Light, Green Light: Reviewing Prior Authorization for Intravitreal Injections

From the Academy's "The Profitable Practice: Medication Inventory Management" published in 2019

As you evaluate your prior authorization (PA) process, an important step is identifying if you have the necessary authorization on file prior to performing an intravitreal injection. Creating a protocol that provides easy access to review the approved PA is essential. Basically, outlining a red light or green light process that provides timely, clear direction is advantageous to the retina specialist and staff.

The green light could be a notification in the computer system or documentation in the chart, superbill or other patient information readily available during the encounter. This could be communication that a PA is either not required for this insurance, or that there is approval on file. For all scheduled injections, the PA could be confirmed and documented prior to the encounter.

For same day injections, there would be a time-out process to confirm the green light to inject. If identified that a PA is not on file and required, what is your next step? How do you communicate with the physician and patient?

Taking the time to check for the PA is the most important step. But with various insurance carriers and different requirements, a resource to identify these nuances promptly will provide efficiency. Developing a quick reference guide can communicate: **Red light** - referral and/ or prior authorization is required, please confirm approval, **Yellow light** - caution, confirm secondary insurance requirements, and **Green light**- no referral or PA required.

There are many types of resources that can be helpful in the "green light" process. The takeaway is to find a guide that is effective. As the resource is used and new insurance carrier rules are introduced, the guide is revised or improved. This continuous process will help ensure that all injections have the appropriate authorization.

| Medication PA/Referral Resource |                    |     |                       |     |           |     |         |     |         |     |   |  |
|---------------------------------|--------------------|-----|-----------------------|-----|-----------|-----|---------|-----|---------|-----|---|--|
|                                 | EYLEA<br>(2 UNITS) |     | LUCENTIS<br>(5 UNITS) |     | TRIESENCE |     | OZURDEX |     | AVASTIN |     | SPECIAL INSURANCE<br>REQUIREMENTS                                 |  |
|                                 | PA                 | REF | PA                    | REF | PA        | REF | PA      | REF | PA      | REF |   |  |
| HMA<br>COMMERCIAL               | CALL               |     | CALL                  |     | CALL      |     | CALL    |     | CALL    |     | Prior authorization via<br>phone request only                     |  |
| USA MA PLAN                     | ✓                  |     | ✓                     |     | ✓         |     | ✓       |     |         |     | PA not required for<br>Avastin                                    |  |
| BB MA PLAN                      | ✓                  |     | ✓                     |     | ✓         |     | ✓       |     |         |     | Requires step therapy   |  |
| MEDICARE<br>PART B              |                    |     |                       |     |           |     |         |     |         |     | **confirm secondary<br>coverage if HMO and<br>PA/REF requirements |  |
| CARE<br>COMMERCIAL              | ✓                  | HMO | ✓                     | HMO | ✓         | HMO | ✓       | HMO | ✓       | HMO | 888-222-2222 REF<br>needed for HMO plans<br>(from PCP only)       |  |
| MEDICAID HMO                    | ✓                  | ✓   | ✓                     | ✓   | ✓         | ✓   | ✓       | ✓   | ✓       | ✓   |   |  |
| HMO<br>INSURANCE                | ✓                  | HMO | ✓                     | HMO | ✓         | HMO | ✓       | HMO | ✓       | HMO | REF needed for<br>choice or medical<br>home plans only            |  |

  

|      |   |
|------|---|
| ✓    | Prior authorization is required                       |
| HMO  | HMO - Referral required                               |
| CALL | Prior authorization is required, must call is request |
|      | No referral or PA required                            |
|      | Caution - confirm other coverage requirements         |