PRACTICE CHECKLIST

Prior-authorization checklist for psychiatric medications

A checklist for getting a psychiatric medication or service through a payer's prior-authorization process, and for appealing a denial, with less back-and-forth.

Current as of July 29, 2026. Laws, payer rules, and billing codes change. Confirm the current requirements for your jurisdiction and setting before you rely on anything here.

Who it's for

Prescribing clinicians and the staff who handle authorizations and appeals.

When to use it

When a payer requires prior authorization for a medication, a dose or quantity, or a service, and when a request is denied.

Before you submit

- Confirm the plan actually requires prior authorization for this drug, dose, or service, and find the plan's specific form and criteria.
- Gather the clinical basis: diagnosis, tried-and-failed alternatives, contraindications, and why this choice fits the plan's criteria.
- Note any step-therapy or quantity-limit rules and whether an exception applies.

A clean submission

- Match your documentation to the plan's stated medical-necessity criteria, point by point.
- Include prior trials with dates, doses, and outcomes, and relevant labs or measures.
- Send it through the plan's preferred channel and record the reference number and date.

If it's denied

- Read the denial for the exact reason and the appeal deadline.
- Request a peer-to-peer review with a plan physician when that's an option.
- File a written appeal that answers the stated reason directly, and escalate to an external or independent review if the plan allows it.

Track and learn

- Log each request, its status, and its outcome so patterns are visible.
- Note which drugs and plans reliably need authorization so you can prepare up front.

- Tell the patient what to expect and about any interim supply.

Important limitations

Prior-authorization rules, forms, timelines, and appeal rights differ by plan and by state, and many states have passed prior-authorization reform laws that change deadlines or add gold-carding. Medicaid, Medicare Advantage, and commercial plans each work differently. Confirm the current rules for the specific plan and your state.

Sources

American Medical Association, prior authorization practice resources.
https://www.ama-assn.org/practice-management/prior-authorization

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