# ADHD Medication PA Denial — Call Scripts and Notes Pack

This pack helps you capture exact denial details (codes, numbers, wording) and drive a same‑day resolution. Use the scripts verbatim if helpful.

## Why Codes and Numbers Matter

* Reject code/message (from pharmacy claim): Identifies the exact block (PA required, quantity limit, refill-too-soon, non-formulary). Guides the right fix immediately.
* PA denial reason text (from insurer/PA portal): States which clinical criterion failed (step therapy, missing documentation, etc.). Tells the prescriber exactly what to add.
* Case/reference number (PA case ID): Unique tracker so anyone (doctor, insurer, pharmacy) can pull up status and escalate.
* Claim number (pharmacy): Lets the insurer/PBM locate and reprocess the specific failed claim.
* ePA/CoverMyMeds key (e.g., AB12-CD34): Lets you and clinic view/update the PA online and speed resubmission.

## Exactly What To Ask — Doctor’s Office

* Who is handling my PA for [drug/dose/form]? Can we review the denial now?
* What is the PA case/reference number and the exact denial reason text?
* What exactly did we submit? Did it include: diagnosis, long-term stability on this med, failed/ineffective Adderall (dates/outcomes), and risks of switching?
* Please resubmit today as urgent with continuity‑of‑therapy and medical‑necessity. If quantity/day‑supply limits apply, request a quantity‑limit exception.
* Please send me the ePA/CoverMyMeds key, and use my mobile for urgent updates before 6 pm.
* If it won’t clear today, can you e‑prescribe a 3–7 day partial I can pay cash for?

## Exactly What To Ask — Pharmacy

* Please re‑run the claim and read me the reject code and full message.
* What NDC did you bill? Can you try a different NDC/manufacturer or brand/generic as plan‑preferred?
* What day‑supply and quantity did you bill? If 90‑day is blocked, can you try 30‑day?
* What’s the claim number? What was my last fill date?
* If PA stays pending, can you price a 3–7 day cash partial fill?

## Exactly What To Ask — Insurer/PBM

* Does my plan require PA for [drug/dose]? What are the clinical criteria?
* What’s on file for my case: case/reference number, denial code, and what’s missing?
* Is there a continuity‑of‑therapy transition policy or 72‑hour emergency override?
* Which NDC/formulation is preferred? Where should my prescriber send the urgent resubmission (fax/portal)? Can you flag it urgent?

## If They Say X → It Means Y → What To Do

* Reject 75 “Prior Authorization Required” → PA not on file or expired → Clinic submits/updates PA; ask to mark urgent.
* Reject 76 “Plan Limitations Exceeded” → Day‑supply/quantity cap → Switch to plan limit (often 30‑day) or request quantity‑limit exception.
* Reject 79 “Refill Too Soon” → Early fill window → Verify last fill date; ask pharmacy/plan for a one‑time override if clinically necessary.
* Reject 70 “Product/Service Not Covered” → Non‑formulary/NDC not covered → Pharmacy tries preferred NDC/manufacturer; clinic requests exception citing Adderall failure and stability.
* DUR/Max dose (e.g., 88 or 61) → Dose exceeds plan max → Clinic requests medical‑necessity exception or adjusts strength/sig to fit plan.
* “Missing documentation/insufficient info” → PA was incomplete → Clinic resubmits with diagnosis, Adderall failure details, stability, and risks of switching.

Note: Codes vary by PBM; always capture the exact text verbatim.

## One‑Minute Phone Scripts

### Doctor’s Office

Hi, I’m calling about my PA denial for [drug/dose]. I need the PA case/reference number and exact denial reason. Can we review what was submitted and resubmit today as urgent with continuity‑of‑therapy, documentation of Adderall ineffectiveness, and long‑term stability? Please send me the CoverMyMeds key. If it won’t clear today, could you send a 3–7 day partial I can pay cash for? My callback is [number]; office closes at 6, pharmacy at 7.

### Pharmacy

Can you re‑bill and read me the reject code and full message? What NDC did you bill, and can you try a different NDC or the plan‑preferred option? Is it billed as a 30‑day? What’s the claim number and my last fill date? If it’s still blocked, can you price a 3–7 day cash partial?

### Insurer/PBM

I’m calling about a PA for [drug/dose]. What are the criteria, and what does my denial say is missing? Please give me the case/reference number. Is there a continuity‑of‑therapy policy or 72‑hour override? Which NDC/form is preferred? Where should my prescriber send the urgent resubmission, and can you flag it urgent due to risk of destabilization?

## Fast Same‑Day Moves

* Clinic resubmits as urgent with full chart notes: diagnosis, failed Adderall (dates/outcomes), stability on current med, risks of switching, and QL exception if needed.
* Pharmacy rebills with plan‑preferred NDC/manufacturer and 30‑day supply; toggles brand/generic if relevant.
* If still pending: 3–7 day cash partial fill to bridge.

## Fill‑In Notes Template (for your call)

* Date/time:
* Your callback number:
* Drug/dose/formulation/Directions/Qty/Day‑supply:
* Last fill date/pharmacy:
* Insurance Member ID / BIN / PCN / RxGrp:
* Pharmacy
  + Name/phone/staff:
  + Reject code + full message (read verbatim):
  + Claim number:
  + NDC billed; alt NDC tried:
  + Qty/day‑supply billed:
  + Brand vs generic billed:
  + Cash price for 3–7 day partial:
* Doctor’s office
  + Staff/role/direct line:
  + PA case/reference number:
  + ePA/CoverMyMeds key:
  + What was submitted (diagnosis, stability notes, Adderall failure details, risks):
  + Status (submitted/resubmitted/ETA):
* Insurer/PBM
  + Plan/PBM:
  + Clinical criteria summary:
  + Denial code/reason text:
  + What’s missing:
  + Preferred NDC/formulation:
  + Where to send (fax/portal):
  + Escalation/override options:
* Next actions + deadlines (today by 6 pm/7 pm):
* Follow‑up reminder:

## How To Explain Your Situation (quick, logical)

I’ve been stable for years on [drug/dose]. Adderall was ineffective for me. Last month a PA was approved; this month it was denied—possibly a clerical or NDC/quantity issue. I need the exact denial reason and case number, and I’m asking for an urgent resubmission as continuity‑of‑therapy with full documentation. If quantity limits apply, please request an exception or adjust to plan limits. Pharmacy can try a different NDC or 30‑day billing. If not cleared today, I’ll do a short cash partial.