

Checklist for Requesting Prior Authorization or Formulary Exception

Per Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Federal Guidelines, Astellas personnel are not permitted to view, handle, complete, or assist in filling out any paperwork in a physician's office. Astellas personnel are prohibited from consulting and/or assisting in the completion of medical forms of any kind.

Please review this checklist prior to submitting a prior authorization (PA) or formulary exception request to the health plan because incomplete submissions can lead to delays in processing.

- Include the patient's name, policy number, and date of birth**
- Provide the healthcare provider's contact information and ID number**
- If the payer requires a PA before covering the medication and administration cost, complete the applicable PA request form.**
 - Some payers require that specific forms be used for certain medications or therapeutic areas. Always verify that the correct form is used
 - Be sure to review the form to confirm accuracy and completeness before submitting it to the payer
- Include a letter of medical necessity (when applicable).**
 - Consider whether your letter includes the following points: patient's diagnosis (include ICD-10-CM code) and initial date of diagnosis; current severity of the patient's condition including any comorbidities or intolerance to other medications; the proposed treatment plan, including information about any prior treatments/therapies, clinical response, or reason for discontinuation
- Include documentation that supports the treatment decision, such as:**
 - Full Prescribing Information (include the dosage for the product)
 - Relevant clinical documentation (eg, patient history and physical, progress notes, list of all previous medications if applicable, treatment history and outcomes, documentation of patient satisfying any step-therapy requirements if applicable)
 - Rationale for prescribing the product for the patient
 - Other relevant supporting documentation

Some health plans may require additional clinical and/or medication history such as the patient's most recent chart notes. Be as comprehensive as possible with this information. Be sure to include ALL information requested by the health plan. Incomplete submissions can delay patients' access to treatment.

This checklist is offered for informational purposes only and is not intended to provide reimbursement or legal advice. Each healthcare provider is responsible for determining the appropriate codes, coverage, and payment for individual patients. Astellas does not guarantee third-party coverage, payment, or reimbursement for denied claims.