

Prior Authorization and Reauthorization Submission Checklist

Using the Prior Authorization Checklist



Your patient's health plan may require a prior authorization (PA) before covering XELSTRYM. This resource includes a helpful checklist designed to familiarize you with possible coverage criteria and guide you through the effective completion of required documentation.



It's important to note that PA requirements vary among insurers. We encourage you to review these guidelines—**including those specific to reauthorization (RA) deadlines** on the insurer's website or to contact the insurer's customer service to confirm requirements, forms, and contacts.

Use of this checklist does not guarantee coverage or ensure that a health plan will provide reimbursement for XELSTRYM, and is not intended to be a substitute for, or to influence, the independent medical judgment of the physician.

Completing the PA request form*

- If required, complete and submit the PA request form to the insurer
 - PA forms can be obtained through the insurer's website or by contacting the insurer's customer service department

Clinical documentation to include:

- Letter of Medical Necessity
- Office visit notes, progress report notes, and/or clinical notes
- Documents of patient's medication history

If the information below is not part of the PA request form, it may be beneficial to provide the insurer with:

- Patient name, date of birth, insurance policy number/member ID, and other relevant information
- Physician and facility information (eg, name, provider ID number, and tax ID number)
- Relevant information regarding the treatment decision
 - XELSTRYM prescribing information and NDC 68968-0205-1, 68968-0205-3, 68968-0210-1, 68968-0210-3, 68968-0215-1, 68968-0215-3, 68968-0220-1, 68968-0220-300000-000-00



Additional considerations if a prior authorization (PA) or reauthorization (RA) is denied:

- Resubmit the PA or RA
- Include a Letter of Medical Necessity with your submission
- Determine if a peer-to-peer consultation would be helpful
- Request the healthcare provider call the insurance company

NDC, National Drug Code.

*Specific PA forms may need to be completed for select products or therapeutic areas. Always verify that the correct form has been completed.

Please [click here](#) for full Prescribing Information, including BOXED WARNING.