



Checklist for Requesting Prior Authorization

- If the payer requires a prior authorization (PA) before covering the medication and administration cost, complete the applicable PA request form.**
 - o Some payers require that specific forms be used for certain medications or therapeutic areas. Always verify that the correct form is used
 - o 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).**
 - o Consider whether your letter includes the following points: patient's diagnosis and initial date of diagnosis; the proposed treatment plan, including information about any prior treatments/therapies and clinical response; and reason for discontinuation

- Include documentation that supports the treatment decision, such as:**
 - o Full Prescribing Information
 - o Relevant clinical documentation (eg, patient history and physical, progress notes, treatment history and outcomes)
 - o Other relevant supporting documentation

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 or payment or reimbursement for denied claims.



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