

## Prior Authorization checklist

When an insurer requests a Prior Authorization (PA) before approving coverage for a prescription, it is the responsibility of the healthcare provider to prepare and submit it. PA requirements vary among healthcare insurers. A specific PA form may be required by certain insurers.

VelsipityForMe can assist patients by conducting a benefits investigation, which will determine whether a PA is required and what the criteria are for coverage.

When submitting a PA, the following information may be required:

### Patient information

- Name       Address       Date of birth       Social Security number

### Insurance information

- Policyholder plan name       Plan address       Copy of front and back of the insurance card       Group number
- ID number       Plan phone number       Completed and signed plan-specific PA form

### Healthcare provider information

- Name       Tax ID number       Phone/fax number
- Specialty       Office address       NPI number

### Clinical documentation

- Diagnosis (including ICD-10-CM code[s])       Current therapy (include dose and start date)
- Patient's history and current condition (including chart notes)
- Date of diagnosis
  - Clinical signs and symptoms
  - Prior therapies
    - Courses of corticosteroids in last 12 months
    - Dose adjustments of therapies
  - Clinical signs and symptoms (including disease worsening/progression)
  - Contraindications or comorbidities that would preclude use of other therapies
- Any additional relevant clinical information
- Clinical studies or relevant literature documenting clinical efficacy
  - Summary of professional opinion for why the patient's disease warrants treatment with VELSIPITY
    - Consider a Letter of Medical Necessity (see example at [VELSIPITYhcp.com/medicalnecessity](https://www.velsipityhcp.com/medicalnecessity))

**Please check your documentation to avoid potential denials. As a healthcare provider, you are responsible for submitting information directly to insurers. Potential reasons for denial may include:**

- ✓ Incorrect ICD-10-CM code(s)      ✓ Lack of clinical documentation supporting diagnosis

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## Appeals checklist

If a Prior Authorization (PA) is denied, the information below may provide a reference point for a letter of appeal that you create and submit on behalf of your patient. Typically, a plan-specific form is required along with an appeal letter and documentation supporting your clinical judgment. The insurer will outline any specific forms and timelines in the PA denial letter.

### When submitting an appeal, the following information may be required:

#### Insurer information

- Completed and signed plan-specific appeal form (may require patient signature)
- “Peer-to-peer” discussion with a medical reviewer at the health plan

#### Clinical documentation may include

- A Letter of Medical Necessity (see example at [VELSIPITYhcp.com/medicalnecessity](https://VELSIPITYhcp.com/medicalnecessity))
- Full Prescribing Information for VELSIPITY, available at [VELSIPITYhcp.com](https://VELSIPITYhcp.com)
- Rationale for treatment, including a summary of your professional opinion regarding why the patient’s recent symptoms, severity of condition, and/or impact of disease warrant treatment with VELSIPITY
- Any clinical studies or relevant literature documenting clinical efficacy
- Chart notes with medical and treatment history, including:
  - Patient’s diagnosis and date of diagnosis
  - Brief description of patient’s current medical condition
  - Most recent histologic findings
  - Other testing or examination results
  - Disease severity
  - Laboratory results and date
  - Patient’s previous and current treatments/therapies and their response
  - If the patient discontinued a therapy, provide reason including lack of response or tolerability
  - Contraindications or comorbidities that would preclude use of other approved medications

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