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Prior Authorization (PA) Checklist

Prior authorizations (PAs) are types of pre-approvals that health plans may require before covering certain procedures or therapies. Health plans have varying PA requirements, and it is important to identify and confirm the specific information required before submitting a PA request for KRESLADI™.

The items in the checklist below contain examples of information that may be requested by a health plan:

Patient Information

- ☐ Patient name
- ☐ Patient date of birth
- ☐ Patient gender
- ☐ Patient weight
- ☐ Patient insurance information

Prescriber Information

- ☐ Prescriber name
- ☐ Prescriber NPI
- ☐ Prescriber address
- ☐ Prescriber phone and fax

Clinical Documentation

- ☐ ICD-10-CM diagnosis codes and patient-specific notes
- ☐ Severity of patient's condition
- ☐ Patient's history and medical records
- ☐ Baseline testing (ie, CD18 expression, CD11a/b expression, documented *ITGB2* mutation)
- ☐ Symptoms and clinical signs
- ☐ Laboratory results
- ☐ Prior treatment(s) and responses

Additional Information

- ☐ Letter of medical necessity
- ☐ Peer-reviewed journal articles
- ☐ FDA approval letter for KRESLADI
- ☐ KRESLADI prescribing information

CD=cluster of differentiation; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; ITGB2=integrin subunit beta 2; NPI=National Provider Identifier.

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PA Considerations

- ☑ Have you reviewed the health plan's PA criteria for KRESLADI?
- ☑ Have you completed the PA form completely and accurately?
- ☑ Have you signed all documentation where required?
- ☑ Have you attached all relevant documentation, such as medical records, clinical notes, and laboratory results?

Note: This resource is for informational purposes only. It is not intended to be conclusive or exhaustive and is not intended to substitute the guidance of a qualified, professional advisor. This checklist is not a guarantee of reimbursement or coverage.

Be sure to check with the patient's health plan for specific policy requirements.

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Support along every step of the treatment journey

To connect with a Rocket Pharma Cares™ Case Navigator for more information, contact Rocket Pharma Cares at 844-725-8227 or email at support@rocketpharmacares.com.

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