

# Appeal Checklist



For assistance  
call us at:

1-888-BLUPRNT (1-888-258-7768)  
Monday-Friday, 8 am-8 pm Eastern Time (ET)  
Fax 1-866-370-3082

## Appeal Forms and Documentation

Some insurers may have insurer specific appeal forms that can be obtained through the insurer's website or by contacting the insurer's customer service. YourBlueprint® will contact the insurer and provide you with the correct appeal form, if applicable.

- ☐ Review prior authorization (PA) denial reason and make certain the initial claim was completed and submitted correctly. If you need assistance, contact YourBlueprint Case Management team
- ☐ Complete any plan specific appeal forms or required documents
- ☐ Provide PA denial case identification number
- ☐ Provide a copy of Letter of Medical Necessity submitted with PA

### Patient's Information

Patient's First Name and Last Name  
Patient's Date of Birth  
Patient's Gender  
Patient's Address  
Plan Identification Number

### Prescriber's Information

Prescriber's First Name and Last Name  
Prescriber's Specialty  
Prescriber's NPI  
Prescriber's office address  
Prescriber's phone and fax

## Additional Information for Appeal Letter

- ☐ **Rationale for treatment**
  - ☐ Insert a clear summary statement for the reason(s) for medication
  - ☐ Include medication NDC, strength, frequency, quantity, days of supply, route of administration, and duration of treatment
  - ☐ Include trial data supporting the FDA approval of the requested treatment, as well as the medication's dosing and administration information (USPI)
- ☐ **Summary of the patient's diagnosis**
  - ☐ Diagnosis (ICD-10-CM) and date of diagnosis
  - ☐ Patient medical records
  - ☐ Diagnostic test results and imaging results
  - ☐ Current severity of the patient's condition, including any comorbidities or intolerance to other therapies
- ☐ **Summary of the patient's history**
  - ☐ Previously administered treatment(s)/procedure(s) and dates
  - ☐ Response to the intervention(s)
  - ☐ Recent symptoms and condition
  - ☐ Physician opinion of patient prognosis or disease progression
- ☐ **Relevant information regarding the treatment decision**
  - ☐ Expert practice guidelines (eg, ASCO, NCCN)
  - ☐ Peer-reviewed journal articles

Sample Letter of Appeal provided via fax or [download here](#) 



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