

Prior Authorization Checklist

Prior Authorization Request Forms and Documentation

You can obtain insurer-specific prior authorization (PA) forms through the insurer's website or by contacting the insurer's customer service. To receive PA support, connect with your local Field Access Manager (FAM) or contact YourBlueprint.

- PA requirements may include:
 - ☐ Patient information (eg, full name, DOB, gender, home address, plan identification number)
 - ☐ Prescriber information (eg, full name, specialty, NPI, office address, phone, fax)
 - ☐ Diagnostic evidence conducted (eg, serum tryptase, high-sensitivity KIT D816V mutation test, bone marrow biopsy)
 - ☐ Diagnosis code(s) (ICD-10-CM), SM sub-type, and date of diagnosis
 - ☐ Lab results conducted (eg, platelet counts, next-generation sequencing (NGS), high-sensitivity polymerase chain reaction (PCR) for KIT D816V)
- Even if the following information is not requested on the PA request form, it may be beneficial to provide it to the insurer:
 - ☐ Full Prescribing Information
 - ☐ Clinical practice guidelines (eg, NCCN)
 - ☐ Therapies tried and failed
 - ☐ Letter of medical necessity

Information to Include in a Letter of Medical Necessity

Rationale for treatment

- ☐ A clear statement summarizing the reason(s) for prescribing the medication
- ☐ Medication NDC, strength, frequency, quantity, days of supply, route of administration, and duration of treatment
- ☐ Trial data supporting the FDA approval of the requested treatment, as well as the medication's dosing and administration information

Summary of the patient's diagnosis

- ☐ Diagnosis code(s) (ICD-10-CM), SM sub-type, 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
- ☐ Any physician/specialist consultation notes

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

Is all the information included in the PA form and/or letter of medical necessity?



Download a sample letter of medical necessity provided at YourBlueprint.com/HCP

Appeal Checklist

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. To receive appeal support, connect with your local FAM or contact YourBlueprint.

- Review the reason the PA was denied to help you address the issues in your appeal
- Observe any filing deadlines and review appeal timelines
- Complete any plan-specific appeal forms or required documentation such as:
 - ☐ PA denial case identification number
 - ☐ Letter of appeal
 - ☐ Treatment rationale
 - ☐ Copy of the letter of medical necessity submitted with the PA
 - ☐ Supporting medical records
 - ☐ Relevant research or clinical guidelines (eg, NCCN)

Common Reasons for Coverage Denials

Here are common reasons for coverage denials that may be resolved through the appeals or formulary exception request process.



Missing Information

Missing diagnosis code(s) (ICD-10-CM), unclear subtype SM sub-type, or missing or incomplete diagnostic information



Prior Authorization Required

Missing diagnosis code(s) (ICD-10-CM), lab results, and subtype



Lack of Specialist Involvement

Some plans require a consultation with a hematology or oncology specialist



Change in Insurance Information

Patient's insurance has changed or lapsed



Download a sample letter of appeal provided at YourBlueprint.com/HCP

ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; PA, prior authorization.