Patient Name: _____

Prior Authorization and Appeal Checklists

These checklists are intended to simplify the prior authorization (PA) and denial/appeal process for FASENRA® (benralizumab).*

PRIOR AUTHORIZATION (PA) CHECKLIST

The items below may be necessary to obtain a PA decision from a health plan. Please ensure you have all information below prior to submitting the PA.

1. **Completed PA request form (some health plans require specific forms)** Include the following:
   - ☐ Patient name, insurance policy number, and date of birth
   - ☐ Physician name and NPI number
   - ☐ Facility name and NPI number
   - ☐ Date of service
   - ☐ Patient diagnosis (ICD-10 code[s])
   - ☐ Relevant procedure and HCPCS codes for services/products to be performed/provided
   - ☐ Product NDC
   - ☐ Setting of care
2. **Letter of medical necessity and relevant clinical support**
   - ☐ Include the Provider ID number in the letter
3. **Documentation that supports the treatment decision, such as:**
   - ☐ Previous given treatments/therapies
   - ☐ Patient-specific clinical notes detailing the relevant diagnosis
   - ☐ Relevant laboratory results
   - ☐ Product Prescribing Information

Prior authorization requirements vary by health plan and may require pre-approval. Please contact the patient's health plan for specific PA requirements to ensure efficient and timely review. Failure to obtain prior authorization can result in non-payment by the plan.

Prior to submission, please keep track of dates and methods of correspondence (phone, email, and written); record the names of insurance contacts and reviewers with whom you speak; and summarize conversations and written documents issued by the insurer.

DENIAL AND APPEAL CHECKLIST

If the health plan denied a PA for an AstraZeneca medicine:

- ☐ **Review the denial notification** to understand the reason and circumstances that need to be addressed and explained in the appeal letter.
- ☐ **Understand the plan's most recent explanation of benefits** or contact a representative at the insurer to verify where the appeal should be sent and any deadlines.
- ☐ **Write an appeal letter.** If you need additional information regarding this process, please contact Access 360 for examples.

If you or your patient have not received a decision within 30 days:

- ☐ **Follow up with the health plan.** Confirm that the appeal letter was received and ask about its status. If the coverage denial was upheld, you could resubmit another appeal with new information or ask for a Supervisor or Manager to assist.

If the denial is upheld again:

- ☐ **Ask for a one-time exception or consider filing a complaint** with the state's insurance commissioner.
- ☐ **If the insurer continues to deny the claim:** Your patient may request an external appeal (the process varies by state law), in which an independent third party will review the claim and make a final, binding decision.
- ☐ Please contact your Field Reimbursement Manager (FRM) or Access 360 if you need additional support.

***Providers and patients are encouraged to contact the patient's insurer for detailed instructions on completing a PA or how to appeal/overturn a denial. If you have any questions, or need guidance, please contact AstraZeneca Access 360™ or your Field Reimbursement Manager at 1-833-360-HELP (1-833-360-4357).**

1-833-360-HELP (1-833-360-4357)

1-833-FAX-A360 (1-833-329-2360)

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