

Considerations for a Peer-to-Peer Medical Review

This resource is offered as a preparation guide for peer-to-peer reviews between a health care provider and a payer (eg, insurance company, health plan) to be used when responding to denial of coverage.

Use of this resource does not guarantee that the payer will provide reimbursement for any medication.

Peer name: _____ Meeting date: ____/____/____

Authorization number (if approved): _____



WHAT TO PREPARE BEFORE YOUR MEETING

Confirm the meeting date and time, gather all required documentation, and prepare to thoroughly support your treatment decision rationale.

Please note: your peer reviewer may work within a different specialty.

Gather and review documentation previously provided to payer

- ☐ Patient clinical documentation: case notes, date(s) of service, treatment history, laboratory results, etc
- ☐ Case ID or reference #
- ☐ Prior authorization request
- ☐ Letter of medical necessity
- ☐ Payer denial letter(s)
- ☐ Letter of appeal



WHAT TO EXPECT DURING YOUR MEETING

Prepare to provide/discuss the following resources:

Information on Prescribed Therapeutic

- ☐ Brand and established name
- ☐ Relevant NDC number(s)
- ☐ Prescribing Information
- ☐ Dosing and administration
- ☐ ICD-10-CM codes

Rationale to support decision to initiate/continue WAINUA

- ☐ Relevant clinical guidelines
- ☐ Peer-reviewed journal articles
- ☐ Compendia listings
- ☐ Specific reason for the request to change or add therapy

Next steps

- ☐ Confirm timing for approval
- ☐ Note any required follow-up steps

Notes: _____

For more information, call AstraZeneca Access 360™ at **1-844-ASK-A360**, Monday through Friday, 8 AM to 6 PM ET.

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