General Requirements for a Prior Authorization for Primary Biliary Cholangitis (PBC)

Complete the Prior Authorization request

- ☐ Verify that you are using the correct Prior Authorization (PA) form for the patient's insurance company. Some payers may require specific forms for specific medications.
- ☐ Check with the patient's insurance company to determine how to submit PA information (ie, by phone, fax, email, health plan website, or electronic PA portal).
- ☐ Confirm that the PA form is filled out completely and accurately. PA can be denied if the form is missing information or due to clerical errors, including incomplete information about the patient or healthcare provider.
- ☐ Include any documentation requested by the patient's insurance company.

NOTE: *If a PA was previously submitted and denied for missing information, and you now have the missing information available, you may have the option to resubmit the authorization request with the missing information in lieu of submitting an appeal.*

TYPICAL MEDICAL INFORMATION TO INCLUDE*

- Patient demographics
- Pharmacy insurance card information
- Additional test results (ie, liver biopsy)
- Child- Pugh Class A, B, or C documentation
- Patient clinical notes outlining the patient's medical history, PBC diagnosis, and disease progression
- Previous PBC medications, including:
  - Dose and duration (specify number of months) of treatment (specify minimum mg/kg/day) or indication of patient being unable to tolerate previous medication
- Clinical rational for starting 2nd line PBC treatment or switching from another 2nd line PBC treatment
- Include all primary and secondary diagnosis codes:
  - Diagnosis code for PBC is K74.3
  - Substantiate applicable diagnoses with appropriate clinical notes
- Commonly requested laboratory tests may include the following (check the payor's policy):
  - Relevant laboratory results within 6 months, including:
    - Presence of anti-mitochondrial antibodies (AMA) or PBC-specific antibodies (ANA)
    - Elevated alkaline phosphatase (ALP)
    - Total bilirubin > upper limit of normal (ULN)

**This list includes examples of information that may be requested. It is not an exhaustive list.*

- ☐ Additional documents to consider:
  - Letter of medical necessity indicating why patient is appropriate for applicable line of therapy
  - Copy of FDA approved prescribing information
  - Prescription stating medically necessary
  - Payer-specific medical exception form, if any
  - Peer-reviewed journal articles or clinical practices referencing nationally recognized guidelines

(continued...)

Complete the Prior Authorization request (cont'd)

- ☐ PA requirements vary among healthcare insurers. Upon request, the Support Path program or specialty pharmacy can obtain the requirements for submitting a PA and provide that information to the healthcare provider.*
- ☐ Check the PA form prior to submission for errors or missing information. Mistakes happen, and incomplete or inaccurate information can lead to PA denial.

After the Prior Authorization request is submitted

- ☐ Keep copies of all documents submitted with the PA.
- ☐ Be sure to log any updates, so you can refer to them later, if necessary.*
- ☐ If the payer requests additional documentation, provide it as quickly as possible or within stated deadline.
- ☐ Upon request, Support Path or the specialty pharmacy can track the PA status and keep you informed when there are updates.

Potential Options if the Prior Authorization request is denied

- ☐ Obtain a copy of the denial letter to understand options for next steps and what is still required to get the PA authorized by the insurance company.
- ☐ If plan requires, consider obtaining patient consent to allow you to appeal on their behalf.
- ☐ Upon request, Support Path or specialty pharmacy can provide information about the appeals process and whether other options are available, specific to the plan.*
- ☐ Consider gathering and submitting requested information within the time frame indicated for the appeal process, if applicable.
- ☐ Field Reimbursement Manager may provide more information or assistance.*

*Support Path cannot submit information or paperwork to the patient's insurance company on behalf of your office.

As a provider, you are responsible for completing PA documentation and for billing third-party payers correctly, and you should determine if any payer-specific guidelines apply. The information provided here is general in nature and is not intended to be conclusive or exhaustive, nor is it intended to replace the guidance of a qualified professional advisor. Gilead and their agents make no guarantees regarding the timeliness or appropriateness of this information for your particular use, given the frequent changes in public and private payer billing.

Get Your Patients Started With Support Path

Call 1-855-769-7284
(Monday—Friday, 9 AM to 8 PM ET)
Callers can also leave a confidential message any time and day of the week.

Enroll Your Patient Online
Enroll online at **MySupportPath.com** by completing an enrollment form today.