Navigating prior authorizations

Prior authorizations – helpful process tips

When your office conducts the benefit investigation process, determine whether the payer requires precertification or a prior authorization (PA) for the prescribed product for approval. PA requests to establish medical necessity may be submitted to request coverage of a prescription drug.

Be sure to complete all required fields in order to receive a timely response. In addition to the form, you may need to send a letter of medical necessity (LMN) to further explain the need for the product of choice.

Checklist for requesting a PA

- ✓ **Before beginning the process, confirm that the patient's insurance has not changed since the last visit**
- ✓ **Ask what information or form is necessary. Some payers require:**
  - Payer-specific forms
  - History of past tests and results
  - Patient medical records with appropriate chart notes
  - Letter of medical necessity
- ✓ **Inquire about how long the process will take once the necessary forms and documentation are submitted**
- ✓ **Complete all sections of the PA form and any supplemental material, including all required forms, such as the Complete Enrollment and Prescription form**
- ✓ **Determine if the information can be phoned in, faxed, emailed, or submitted through the payer's website**

Keep track of the process:

Log the date and time of the call, who you spoke with, and their contact information

Keep a copy of everything submitted for the PA

Log any calls your facility makes about the request. Note the name of the person you spoke with

Follow up with payer if your facility does not receive notification of the decision in a timely manner

Record the PA approval code and date in the patient's medical record

Please see Indication and Important Safety Information on page 2.

Please see full Prescribing Information at https://www.rxabbvie.com/pdf/skyrizi_pi.pdf.

Skyrizi™ COMPLETE

Skyrizi™
risankizumab-rzaa
75mg/0.83mL Injection

Indication and Important Safety Information for SKYRIZI

Indication[1]

SKYRIZI™ (risankizumab-rzaa) is indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy.

Important Safety Information[1]

Infection

SKYRIZI™ (risankizumab-rzaa) may increase the risk of infection. Do not initiate treatment with SKYRIZI in patients with a clinically important active infection until it resolves or is adequately treated.

In patients with a chronic infection or a history of recurrent infection, consider the risks and benefits prior to prescribing SKYRIZI. Instruct patients to seek medical advice if signs or symptoms of clinically important infection occur. If a patient develops such an infection or is not responding to standard therapy, closely monitor and discontinue SKYRIZI until the infection resolves.

Pre-Treatment Evaluation for Tuberculosis (TB)

Prior to initiating treatment with SKYRIZI, evaluate for TB infection and consider treatment in patients with latent or active TB for whom an adequate course of treatment cannot be confirmed. Monitor patients for signs and symptoms of active TB during and after SKYRIZI treatment. Do not administer SKYRIZI to patients with active TB.

Immunizations

Prior to initiating SKYRIZI, consider completion of all age appropriate immunizations according to current immunization guidelines. Avoid use of live vaccines in patients treated with SKYRIZI.

Adverse Reactions

Most common (≥1%) adverse reactions associated with SKYRIZI include upper respiratory infections, headache, fatigue, injection site reactions, and tinea infections.

For support in person or over the phone, call your Access Specialist at 1.877.COMPLETE (1.877.266.7538).

Reference: 1. SKYRIZI [package insert]. North Chicago, IL: AbbVie Inc.

Please see full Prescribing Information at https://www.rxabbvie.com/pdf/skyrizi_pi.pdf.

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Skyrizi™
risankizumab-rzaa
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