

## Prior authorization checklist

When an insurer requests a prior authorization (PA) before approving coverage for a prescription, it is the responsibility of the healthcare provider to prepare and submit it. Coverage criteria may vary, so it is important to review the individual guidelines for each insurer and medication. A specific PA form may be required by certain insurers.

For CIBINQO™ (abrocitinib), LITFULO™ (ritlecitinib), or EUCRISA® (crisaborole), the Pfizer Dermatology Patient Access™ program can assist patients with benefits verification and help determine when a PA is required and what the criteria are for coverage. For CIBINQO and LITFULO, a network specialty pharmacy can also help.

When submitting a PA, the following information may be required before coverage is approved:

### Patient information:

- ✓ Name
- ✓ Address
- ✓ Date of birth
- ✓ Social Security number

### Insurer information:

- ✓ Name of policyholder
- ✓ ID number
- ✓ Group number
- ✓ Plan address
- ✓ Plan phone number
- ✓ Copy of front and back of the insurance card
- ✓ Completed and signed plan-specific PA form

### Healthcare provider information:

- ✓ Name
- ✓ Specialty
- ✓ Tax ID number
- ✓ Office address
- ✓ Phone/fax number
- ✓ NPI number

### Clinical documentation may include: (continued on next page)

- ✓ Diagnosis (including ICD-10-CM code[s])
- ✓ Patient's history and current condition
  - Date of diagnosis
  - Symptoms
  - Clinical signs

## Prior authorization checklist (cont'd)

### Clinical documentation may include: (con'd)

- ✓ Patient's history and current condition
- ✓ Dose and start date of therapy (if currently on therapy for which coverage is being appealed)
- ✓ Any clinical studies or relevant literature documenting clinical efficacy
- ✓ Summary of your professional opinion of why the patient's recent symptoms, severity of condition, and/or impact of disease warrant treatment with CIBINQO, LITFULO, or EUCRISA

For CIBINQO and EUCRISA	For LITFULO
<ul style="list-style-type: none"> <li>• Severity of disease and method of assessment                             <ul style="list-style-type: none"> <li>- Eczema Area and Severity Index (EASI) score</li> <li>- Percentage of body surface area (BSA) involvement</li> <li>- Investigator Global Assessment (IGA)</li> <li>- Peak Pruritus Numerical Rating Scale (PP-NRS)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Hair loss: Percent of patient's scalp hair loss due to alopecia areata</li> </ul>
<ul style="list-style-type: none"> <li>• Response to all prior/current therapies</li> </ul>	<ul style="list-style-type: none"> <li>• Prior medications: List of other medications that have been used to treat the patient's alopecia areata</li> </ul>
<ul style="list-style-type: none"> <li>• Any additional relevant clinical information</li> </ul>	<ul style="list-style-type: none"> <li>• Duration of hair loss: Length of time the patient has experienced hair loss due to alopecia areata</li> </ul>
<ul style="list-style-type: none"> <li>• Any relevant contraindications, if applicable (some insurers may request failure on alternative therapies)</li> </ul>	<p><i>Please note, patients may require reauthorization after 6 to 12 months of treatment. Attestation or documentation of improvement may be required</i></p>

Please check your documentation to avoid potential denials. As a healthcare provider, you are responsible to submit information directly to insurers. Potential reasons for denial may include:

- ✓ Incorrect ICD-10-CM code(s)
- ✓ Lack of documentation supporting diagnosis

To make the strongest case for your patient, consider including:

- ✓ A Letter of Medical Necessity (see example at the following link) [PDPResources.com](https://www.pdpresources.com)
- ✓ A copy of your chart notes with details about the patient's diagnosis, current condition, and treatment history

The information contained in this document is provided for informational purposes by Pfizer to healthcare providers who have prescribed CIBINQO<sup>™</sup> (abrocitinib), LITFULO<sup>™</sup> (ritlecitinib), or EUCRISA<sup>®</sup> (crisaborole) to their patients. There is no requirement that any patient or healthcare provider use any Pfizer product in exchange for this information, and this document is not meant to substitute for a prescriber's independent medical decision making.

Please see full [Prescribing Information](#), including **BOXED WARNING**, and [Medication Guide](#) for CIBINQO<sup>™</sup>, and full [Prescribing Information](#), including **BOXED WARNING**, and [Medication Guide](#) for LITFULO<sup>™</sup>.