

Appeals checklist

If a prior authorization (PA) is denied, the information below may support an appeal letter on behalf of your patient. Typically, a plan-specific form is required along with an appeal letter and supporting documentation as you deem appropriate, based on your clinical judgment. The insurer will outline any specific forms and timelines in the PA denial letter. When submitting an appeal, the following information may be required:

Insurer information:

- Completed and signed plan-specific appeal form (may require patient signature as well in some cases)
- ✓ "Peer-to-peer" discussion with a medical reviewer at the health plan

Clinical documentation may include:

- ✓ A Letter of Medical Necessity (see example at the following link) PDPAresources.com
- ✓ Chart notes with medical and treatment history
- ✓ Full Prescribing Information for CIBINQO™ (abrocitinib), available at <u>CIBINQOHCP.com</u>; LITFULO™ (ritlecitinib), available at <u>LITFULOHCP.com</u>; or EUCRISA® (crisaborole), available at <u>EUCRISAHCP.com</u>
- ✓ Any clinical studies or relevant literature documenting clinical efficacy
- ✓ Summary of your professional opinion regarding why the patient's recent symptoms, severity of condition, and/or impact of disease warrant treatment with CIBINQO, LITFULO, or EUCRISA

The information contained in this document is provided for informational purposes by Pfizer to healthcare providers who have prescribed CIBINQO, LITFULO, or EUCRISA 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 clinical decision-making.

Please see full <u>Prescribing Information</u>, including BOXED WARNING, and <u>Medication Guide</u> for CIBINQO™, and full <u>Prescribing Information</u>, including BOXED WARNING, and <u>Medication Guide</u> for LITFULO™.

