

Prior Authorization Submission Checklist



Providing required information carefully and consistently can reduce the need for follow-up calls that can delay patient therapy. Use this checklist to help ensure a smooth approval process.

STEP 1  **Complete the Aurinia medication Start Form so Aurinia Alliance™ can determine patient coverage**

- Find out if there are any restrictions in place
- Identify patient cost-sharing requirements
- Patient consent is required for Aurinia Alliance support

STEP 2  **Complete the prior authorization (PA) request**

Make sure to use the PA form specific to the patient's health plan, and fill it out completely.

- Include a letter of medical necessity, if needed
- Prepare supplemental documentation, which provides additional information about your patient and the need for medication. These documents may include:
 - Relevant clinical studies supporting the use of the prescribed Aurinia medication
 - Clinical patient notes and relevant patient medical history

STEP 3  **Submit the PA request**

- Confirm how the information should be delivered: by phone, fax, secure email, or the health plan website (the submission method is often listed on the PA form)
- Keep a copy of everything submitted with the request. You may need to reference these documents in the future for various reasons, including if your patient needs financial assistance from Aurinia Alliance

STEP 4  **Track the status of the request**

- Keep a detailed log of the PA submissions and denials for each patient. This information will be needed to support an appeal if the PA is denied or if the patient wishes to apply for financial support from Aurinia Alliance

STEP 5  **Regularly follow-up to ensure timely PA approval**

- Provide any additional requested documentation promptly to expedite PA resolution



If you have questions, your Aurinia Field Access Navigator is available to help.

Call **1-833-AURINIA (1-833-287-4642)** 8AM to 8PM ET, fax to **1-833-213-1001**, or email Aurinia Alliance at **support@AuriniaAlliance.com**

Tips to streamline prior authorizations in your practice



Check PA requirements BEFORE submitting the prescription

Health plans frequently change their PA programs. Stay on top of the most current requirements to eliminate extra phone calls, reduce the time spent on PAs, and help avoid delays in therapy.

Incomplete or inaccurate information is a common reason for PA denials

Check to ensure the information you provide is complete and accurate before submitting, and recheck in the event of a denial.

Have a system for documenting required PA data

Make the PA part of the medical record. This is especially useful when the PA criteria require “step therapy,” in which other medications must be tried first and shown to provide inadequate outcomes.

Know the best way to communicate the PA information

Phone and fax are traditional ways to communicate. If communicating by phone, make sure to keep a record of the name of your contact, as well as the date and time, since conversations may be difficult to confirm if an appeal is necessary later on. It can be helpful to maintain a library of frequently used payer forms.

- Familiarize yourself with the requirements of the health plans you frequently interact with. It can also help to cultivate a frequently used contact who can facilitate your requests

Routine follow-up is essential

The health plan PA process is primarily manual, and there are a number of points at which the PA request could be lost or delayed. Routine follow-up will help you resolve any obstacles to approval as early as possible.

You can file an appeal if a PA is denied

Aurinia provides a template Letter of Medical Necessity to help prescribers and administrators submit an organized, concise, and compelling appeal with supporting clinical information. This template letter is available from your Aurinia Field Access Navigator. The use of this letter does not guarantee the health plan will provide coverage and is not intended to be a replacement or substitute for or an influence on the independent medical judgment of the healthcare provider.

NOTE: This checklist is provided as a guide only. Please contact appropriate health plans to determine their specific information needs and protocols.



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