



QUICK TIPS

PRIOR AUTHORIZATION SUBMISSIONS

Prior Authorization (PA) may be required before a health plan agrees to provide coverage for a Biogen therapy for relapsing multiple sclerosis (MS)

Most relapsing MS therapies require a PA. PAs may be denied, not just because the drug is not covered, but also because the wrong form was submitted, the form was incomplete, or the information provided on it was incorrect. Some PA denials can be avoided by accurately completing the proper form.

When the PA form is completed, there are 2 ways it can be submitted to the patient's health plan:



SUBMIT THE COMPLETED PA DIRECTLY TO THE PLAN.

PAs are often sent via fax or completed over the phone. Be sure to check with the health plan to confirm its preferred method of communication.



SUBMIT AN ELECTRONIC PA (ePA) USING AN ONLINE PORTAL, SUCH AS iAssist® OR CoverMyMeds®.

You can initiate, submit, and monitor the status of PAs directly through an ePA portal such as CoverMyMeds. Biogen works with CoverMyMeds to provide additional support when a Biogen product requires a PA.

You may also submit a PA using an electronic prescribing (eRx) service such as iAssist. Biogen works with iAssist to facilitate the process of eRx for Biogen relapsing MS products.

Contact your Biogen representative to learn more about CoverMyMeds and iAssist.

CoverMyMeds® is a registered trademark of CoverMyMeds, LLC.
iAssist® is a registered trademark of AssistRx.



The digital tools of myBiogen can help provide Biogen services for patients remotely. The portal allows you to track the status of a PA and access patient information in one place. Visit mybiogen.com to get started today.



Contact your Biogen representative for help understanding the PA requirements for most individual insurance carriers in your area.



CHECKLIST: REQUESTING PRIOR AUTHORIZATION



OBTAIN THE PROPER FORM AND FILL IT OUT COMPLETELY.

Some health plans require specific forms. PAs can be denied simply because the form contains incorrect or incomplete information.

- A health plan may require you to provide a patient's medical record (eg, test results) with appropriate notes, a Letter of Medical Necessity, and/or other documents
- A specialty pharmacy is often able to initiate the PA process but may contact your office to collect additional information. Please respond as soon as possible to help minimize delays



DETERMINE THE HEALTH PLAN'S PREFERENCE FOR HOW TO SUBMIT A PA.

Find out if the health plan prefers to receive PAs and related documents via phone, fax, or email, through its website, or through an online portal.

- Keep copies of all documentation that you submit with the PA. There are many reasons that you may need to refer to it, such as if a patient requests financial assistance later on



INQUIRE HOW MUCH TIME IT WILL TAKE FOR A DECISION.

Once a health plan receives the necessary forms and documentation, it is important to ask for a time frame in order to monitor the PA's progress and confirm its approval.

- Follow up with the health plan if your office does not receive notification of its decision in a timely manner



LOG ANY CALLS THAT YOUR OFFICE MAKES ABOUT A PA REQUEST.

Log the date and time of the call, the person you spoke with, and his or her direct phone extension or email address.



RECORD THE APPROVAL CODE AND DATE.

When a PA approval is received, be sure to record the code and date.



MAINTAIN A SUMMARY SHEET OF PA REQUIREMENTS.

Document any unique PA requirements of major health plans in your area for your reference to help expedite future PA submissions.



IN THE CASE OF A DENIAL:

- A common reason that a PA is denied is inaccurate or incomplete PA form information. Check to ensure that all information is complete and accurate and resubmit the request, if necessary
- In addition to a written appeal request, a physician can appeal a denial by contacting the insurance carrier directly to have a peer-to-peer discussion regarding the patient, the clinical issues, and the reasons for requesting a specific treatment

For more information about the PA process, please refer to the **Managing Health Plan Restrictions** section in *A Guide to Navigating Insurance and Biogen Support Services*, which is available at reimbursement.mybiogen.com. If you would like a hard copy of the guide, please contact your Biogen representative.