

BENEFIT VERIFICATION & PRIOR AUTHORIZATION CHECKLIST

- Does the patient's insurance plan provide coverage for the drug under a medical benefit or pharmacy benefit?

- Does the patient's insurance plan require prior authorization for the drug before initiation of therapy?
 - What information does the patient's insurance plan need for the prior authorization process?
 - Typically, how long will the prior authorization process take?
 - Once obtained, how long will the prior authorization last before another one is required?

- What are the patient's cost-sharing responsibilities?
 - What is the patient's annual deductible? If the deductible has not yet been met in full, how much is left?
 - What is the patient's maximum out-of-pocket requirement? If the maximum out-of-pocket has not yet been met in full, how much is left?

- Does the patient have other non-primary sources of healthcare coverage, which need coordination of benefits with the primary source?

- Does the patient's insurance plan have any coding or claims submission guidelines which must be followed for reporting the drug and its administration?

- How much reimbursement does the patient's insurance plan provide for the drug and its administration within the physician office setting?

- How much reimbursement does the patient's insurance plan provide for the drug and its administration within the hospital outpatient setting?