

Prior authorization checklist for EVKEEZATM (evinacumab-dgnb)

Your patient's health plan will likely require prior authorization (PA) before it approves EVKEEZA. This checklist provides information about the process. When submitting a PA request for EVKEEZA, you can use this checklist to ensure you provide the essential information requested by the health plan. Keep in mind that PA requirements may vary, so check with your patient's health plan to ensure you have an accurate list of requirements before you submit.

Note: Following a health plan's guidelines does not guarantee the patient's health plan will provide reimbursement for EVKEEZA, and the guidelines are not intended to substitute for or influence the physician's independent medical judgment.

Tips for submitting a PA for EVKEEZA

- ☐ **Complete a PA form.** Some plans accept a standardized PA form, while others require you to complete a form they provide. Make sure you include:
 - Patient and provider contact information
 - The provider's signature to attest to the validity and accuracy of the information provided
- ☐ **Write a letter of medical necessity**, if required. If the PA form does not have fields to sufficiently outline the clinical need, a Letter of Medical Necessity is an option to add additional context to the request for coverage
- ☐ **Attach copies of the front and back of the patient's health plan card**
- ☐ **Provide additional documentation**, where applicable, that supports your treatment rationale. To avoid any delays in reimbursement, it is recommended to provide as much documentation as possible.
 - Prescribing information for EVKEEZA
 - Complete history of patient's prior therapies and their outcomes
 - Clinical notes outlining your diagnosis for the patient and method of diagnosis
 - Laboratory results
 - Patient's history and current condition
 - Associated symptoms
 - Relevant comorbidities
 - Summary of your professional opinion of the patient's likely prognosis or disease progression without treatment



See **Common causes for coverage denials** on page 2



EvkeezaTM
(evinacumab-dgnb)
Injection

Common causes for coverage denials

Be sure to double check documentation and paperwork for **errors or incomplete information** that may lead to a denial for EVKEEZA[™] (evinacumab-dgnb). Reasons for denial may include:

- Administrative error such as including an incorrect ICD-10-CM code
- Lack of documentation supporting appropriate diagnosis for treatment with EVKEEZA
- Outdated lab panels (per health plan time requirement)
- Documentation that was submitted did not support health plan's criteria for approving EVKEEZA, for example:
 - The patient was not treated with prior therapies required by the health plan without justification of contraindication
 - Missing data regarding treatment with prior therapies (for example, trial dates or dosage)
 - No reason was given for discontinuing previous therapies

To help mitigate PA denials

- Learn about the health plan's preference for submitting materials (for example, do they prefer email, fax, phone, or via an online portal) and develop a summary sheet of the health plan's requirements for future use
- Double check documentation when you submit your PA request
- Follow up with the health plan to ensure all information was received and is clear
- Inquire how long a decision will take once the completed PA is submitted

As a provider, you are solely responsible for billing third-party payers correctly, and you should determine if any payer-specific guidelines apply. The information provided here is general in nature and is not intended to be conclusive or exhaustive, nor is it intended to replace the guidance of a qualified professional advisor.

> myRARE[™] can help navigate the PA process

The myRARE for EVKEEZA Patient Support Program offers patient access, reimbursement, and product support for your enrolled patients who are prescribed EVKEEZA.

Reach us at  **1-877-EVKEEZA** (1-877-385-3392)
Monday–Friday, 9 AM–7 PM Eastern time

 Visit www.EVKEEZAhcp.com
for more information

ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification.

Please see accompanying full Prescribing Information
or visit EVKEEZAhcp.com.

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