

GUIDE TO REAUTHORIZATION (Renewal of Authorization)

WHAT IS A REAUTHORIZATION AND WHY IS IT NEEDED?

Health plans often require a prior authorization (PA) for patients receiving specialty medications and orphan drugs treating rare diseases.¹ In many cases, after a patient has received a PA, the patient will need a reauthorization (sometimes known as a renewal of authorization) after a specified time period.² Obtaining a reauthorization for your patient is often required to confirm that the drug continues to be medically necessary and that the patient has responded to therapy.



Initial authorization times vary and are often for a short amount of time (1 to 6 months). This is typically done so the health plan can determine if the patient is responding to therapy. Health plans may specify different durations of coverage or approval periods.



The health plan's clinical policy for a specialty drug will dictate the duration of treatment and/or the approval period for coverage. Reauthorization may be required to continue therapy at this point. Be mindful of the patient's therapy start date and the duration of coverage for the initial treatment authorization when considering reauthorization submission timelines.



Your Alexion FRM can provide education on payer-specific reauthorization criteria. OneSource™ will proactively reach out to patients enrolled in OneSource™ prior to the reauthorization date.

UNDERSTANDING THE REAUTHORIZATION PROCESS

Information about reauthorization criteria, timing, and requirements can be found in a patient's medical policy or during the PA process

The process and specific requirements for requesting reauthorization for treatment will vary depending on the patient's health plan or PBM benefits or the (medical/clinical) policy. Prior to collecting and submitting the required information, review the policy to determine what is needed to submit for renewal/reauthorization.

WHAT IS REQUIRED FOR A REAUTHORIZATION?*



Plan-specific requirements

- This may include required forms, evidence of clinical response, and deadlines to submit information. Contact the health plan directly for this information if needed.
- Check if a patient's benefits or reauthorization requirements have changed since the initial approval.



Baseline measurements

- Prior to starting initial therapy, capture your patient's appropriate baseline measurements (specific tests or lab values/results, results of functional assessments, documentation of patient symptoms). These baseline measurements will be important for reauthorization to demonstrate clinical response.



Supporting documentation

Provides evidence of a therapy's efficacy to the patient's health plan.

- Record and **submit ongoing measurements and assessments** of your patient as supporting documentation to demonstrate clinical improvement with relation to the above baseline measurements as well as documented symptom improvements.
- Document changes (or maintenance) of major milestones at your patient visits.
- Demonstrate how patients on therapy had a **clinically significant treatment response**; treatment responses may differ depending on a patient's specific clinical presentation, disease severity, and treatment goals. **Even a small improvement** in a patient's clinical response could be critical to include as documentation for the reauthorization.



Ongoing treatment rationale and patient outcomes

- Articulate your clinical or medical rationale for why a patient should continue treatment.
- Provide your feedback about the patient's outcomes.



Providers can contact their FRM for additional educational support about the reauthorization process.

*Describes a process of how this works based on surveying several different plans.

TIMING/DOSING SCHEDULE: IMPLICATIONS FOR REAUTHORIZATION

- To avoid a delay in your patient's treatment, plan ahead to have your patient come into the office to obtain the needed tests/lab results well before the reauthorization deadline.
- Note the **treatment start date** and the ongoing **dosing schedule** for your patient's therapy to help **avoid treatment interruption**.
- Consider reauthorization time when planning maintenance dosing. If reauthorization is not obtained in time, approval coverage may end while your patient is between doses.
- **Consider the time it takes to procure each patient's therapy** and ensure that the reauthorization process is completed with ample time to obtain the product.



Set up a reauthorization target date to start to prepare the pertinent documentation before reauthorization is needed to avoid interruption to therapy.

HOW TO ADDRESS A REAUTHORIZATION DENIAL²

If a reauthorization request is denied, you will want to quickly understand the reason for the denial and determine the best course of action. Each health plan has specific time frames and appeal options. Review the reauthorization denial letter for the specific denial reason and contact the health plan to understand its appeals process and what is required.

1 Determine the Reason for the Denial

Review the reauthorization denial letter to determine the specific denial reason.

2 Consider a Peer-to-Peer Review

A peer-to-peer review provides an opportunity for the prescriber to discuss clinical rationale with the medical reviewer who rendered the decision.³

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Appeal Preparation and Submission

An appeal is a request to the patient's health plan to reverse its decision and approve the requested service or medication. Review the health plan's appeal process for guidance on the appropriate steps to take.

- Expedited Review: In urgent situations, you or your patient may request an expedited review for a decision to be made within a specified time frame. This can avoid a lapse in therapy.

4

Follow Up

Follow up with the health plan to confirm that the appeal was received and to check on the decision.

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External Review

If the internal appeals process is exhausted, inform your patient that they can ask for an external review by independent, accredited medical professionals.



Contact your Alexion FRM to help provide the best strategy to approach reauthorization denials.

For additional information regarding the denial and appeal process, you can reference the appropriate *Alexion Access and Reimbursement Guide*.

References: **1.** Yehia F. Utilization controls for orphan drugs: prior authorization does not correlate with lower drug use [dissertation]. Johns Hopkins Sheridan Libraries. April 17, 2020. Accessed January 21, 2022. <https://jscholarship.library.jhu.edu/handle/1774.2/62594> **2.** Drella M. Frequently asked questions about pharmacy prior authorization [blog]. Outsource Strategies International. December 2, 2019. Accessed January 21, 2022. <https://www.outsourcestrategies.com/blog/frequently-asked-questions-about-pharmacy-prior-authorization.html> **3.** DeMarzo A. A Look into Peer to Peer. August 7, 2020. Accessed January 21, 2022. <https://www.priorauthtraining.org/a-look-into-peer-to-peer/>