

METABOLIC BONE SPECIALIST Self-Credentialing Template

PURPOSE:

- Health plans and/or pharmacy benefit managers (PBMs) may require that only specific medical specialists can prescribe certain metabolic bone disease (MBD) therapies. The type of specialist allowed by health plans may vary.
- For providers who consider themselves MBD specialists, you may need to obtain health plan recognition/credentialing to be allowed to prescribe certain MBD therapies.
- The following template letter provides a guide on how to document your expertise as an MBD specialist. It can be sent to health plan/PBM representatives to document an MBD specialist's qualifications to prescribe appropriate therapy. Of note, this is a guide only, Alexion does not guarantee that completion of any or all suggested certification qualification categories will result in successful health plan/PBM recognition of an individual as a MBD specialist.
- This approval may help to prevent unnecessary denials of prescribed medications due to a perceived lack of expertise of the MBD specialist in prescribing the appropriate therapy for their patient.

INSTRUCTIONS:

- Utilizing the template letter on the next page, please input your relevant qualifications as a MBD specialist. All text in [magenta brackets] is variable and should be altered based on your specific experience/qualifications.
- Include your specific qualifications to best demonstrate your expertise and credentials. Include as many qualifications as are truthful and appropriate for maximum impact. Of note, not every suggested qualification in the template on the next page has to be utilized within the letter to gain approval.
- Once this letter is completed, save it for future use with other health plans and/or PBMs and update it periodically as a best practice.



[John Doe, MD]
 [Address]
 [City, State, ZIP Code]
 [(888) 555-5555]

SAMPLE ONLY

Please copy onto your letterhead.

[Date]
 [Contact Name], [Title]
 [Name of Health Insurance Plan or PBM]
 [Address]
 [City, State ZIP Code]

Re: Evidence of medical specialty in the treatment of metabolic bone diseases

Patient: [Name]
 Date of Birth: [MM/DD/YYYY]
 Member ID Number: [Insurance ID Number]; Group Number: [Insurance Group Number]
 Rx Bin: [Rx Bin Number]; Rx PCN: [Rx PCN Number]; Rx Group: [Rx Group Number]

Dear [Health Plan/PBM],

I am writing to provide my qualifications and experience as a metabolic bone specialist and demonstrate why I am qualified to treat and prescribe therapeutic agents for patients with metabolic bone diseases.

- I am currently a [specialty title] at a [practice type (eg, clinic, hospital)] in [city, state].
- *IF APPLICABLE* I am board-certified in [specialty], with a sub-certification in [specialty].
- *IF APPLICABLE* I have completed a fellowship in [specialty].
- I have been practicing for [number] years as a [metabolic bone specialist/specialty title] who treats patients with bone diseases.
- I have successfully diagnosed and/or treated [number] patients with [list out metabolic bone diseases you have diagnosed/treated such as hypophosphatasia, Cushing syndrome, osteogenesis imperfecta, osteomalacia, Paget's disease, or OTHER].
- *IF APPLICABLE* I am a bone disease physician who serves a rural area with limited specialized care, where patients otherwise must travel [number] miles to access other specialized care.
- *IF APPLICABLE* I have also consulted with [name of specialist] for this diagnosis who is board-certified in [specialty] and has been practicing for [number] years.
- *IF APPLICABLE* I am an author of [number] metabolic bone disease-focused manuscripts published in [journal name(s)].
- *IF APPLICABLE* To stay abreast of the latest data and information related to metabolic bone diseases, I have attended [number] educational courses regarding metabolic bone diseases.
- *IF APPLICABLE* I have attended [number] scientific congresses with a focus on metabolic bone diseases.
- *IF APPLICABLE* I have also spoken at [conferences, conventions, meetings, summits, etc.] as an expert in metabolic bone diseases.
- *IF APPLICABLE* I have been a member of [society/organization] for [number] years and have contributed as a member by [list of achievements, responsibilities, involvement, etc.].
- *IF APPLICABLE* At [society/societies and/or organization/organizations], I have held the position of [position].
- *Only if speaking to educational course attendance, congress attendance, or society/organization membership*
 This demonstrates my commitment to staying informed of the latest developments in metabolic bone diseases, as well as sharing my expertise with other healthcare professionals so we can better serve patients with metabolic bone diseases.

Based on the above documentation of my experience related to metabolic bone diseases, I believe I should be certified as a metabolic bone specialist with your health plan [OPTIONAL: could add in specific health plan name] and should be regarded as an appropriate prescriber of therapeutic agents to treat patients with metabolic bone diseases.

Thank you in advance for your attention to this letter.

[Provider's Name], [MD/DO/NP/PA]
 [Physician's Identification Number]
 [Physician's Practice Name]
 [Physician's Phone Number]
 [Physician's Fax Number]
 [Physician's Email]