

Prior Authorization Checklist

Insurers have different prior authorization (PA) processes and requirements. Most insurers will want the following information:

CHECKLIST

1 Document the treatment strength, frequency, quantity, and estimated length of therapy

Please refer to Section 16 of the product Prescribing Information for the appropriate product NDC codes

2 Document patient's treatment history

Including medications that the patient has tried specific to the diagnosis, and the reasons for failure or contraindication

3 Write a brief Letter of Medical Necessity

Download a sample Letter of Medical Necessity at [TravereTotalCare.com](https://www.TravereTotalCare.com)

4 Provide relevant clinical documentation to support medication use

Common items of clinical documentation requested on a FILSPARI™ (sparsentan) prior authorization include: record of kidney biopsy, current proteinuria & eGFR levels, documented use of RAASi and other prior medications, REMS enrollment confirmation, etc.

5 Provide Product FDA approval letter

6 Check that the following information is accurate and complete:

- Patient and insurance information (name, address, DOB, insurance information, etc.)
- Prescriber information (name, address, specialty, office contact, NPI, etc.)

TIPS

- Establish a consistent PA protocol in your office for gathering information and including it in patient medical records.
- Make sure you understand the insurer's PA process, including deadlines.
- Respond quickly to any insurer questions and information requirements.
- Follow up with the insurer on PA status.
- Document all conversations with the insurer.
- The Specialty Pharmacy filling the prescription can assist your office with a PA.

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