

Considerations for submitting a Prior Authorization

Not actual patients

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What to know when submitting a Prior Authorization

A Prior Authorization (PA) is a requirement from a payer that mandates an additional review of medical necessity for the prescribed therapy, medical device, or procedure before the payer will cover the costs.

Payers may have different criteria in making determinations and sometimes require PAs to be submitted, ensuring the medication being prescribed to a patient is medically necessary and economically sound.

PA requirements vary from payer to payer, with some needing more information than others. AkebiaCares can help determine a payer's requirements when conducting a Benefit Investigation, or you can visit the payer's website to learn more. Many payers are also electronically connected with CoverMyMeds®, a free online platform for prescribers and pharmacists to use for PA submissions, tracking, and outcomes.



Helpful tips

Submit the PA via the payer's preferred channel

- Verbal
- Online via the payer's website
- Paper via fax
- CoverMyMeds platform may be used for all submissions

Use the payer-specific PA form

This can be provided by AkebiaCares or by navigating to the payer's website. When using CoverMyMeds, the PA form may be available in the online platform.

Review the payer's clinical guidelines so you may appropriately prepare any clinical information that may be required

Some PAs may require diagnosis confirmation only, while others may require confirmation of previous failure of therapy and/or medical necessity.

Ensure all demographic information is complete for both the patient and the prescriber

Ensure all diagnosis/prescription information fields are complete, which may include:

- Diagnosis
- Quantity
- Drug name/medication requested
- Directions for use (or Sig) and frequency
- Strength and route of administration
- Refill count

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Helpful tips (continued)

Document key criteria, including:

- Whether the patient has chronic kidney disease (CKD) or end-stage renal disease (ESRD)
- Patient's dialysis status

If the payer requires the patient to have tried/failed previous therapies prior to the medication being prescribed, provide a complete list of medications and start/end dates

If your patient doesn't meet the specific guidelines, provide clear information detailing why they haven't and why you are still requesting the prescribed medication.

If required, ensure the prescriber signs and dates the form prior to submission

How to complete a pharmacy-initiated PA request

When a pharmacy starts a PA request for a patient, the prescriber will receive a fax with an access key.

1. Log in to or create your CoverMyMeds account at covermymeds.com.
2. Click "Enter Key" on your CoverMyMeds dashboard.
3. Enter the key, patient last name, and DOB indicated on the fax. Most of the request will already be completed.
4. Fill in any remaining fields and click "Send to Plan".
5. Once the outcome is determined by the plan, it will appear in your account and the pharmacy will be notified as well.



LOOKING TO HELP PATIENTS OBTAIN ACCESS?

1-833-4Akebia (425-3242) | Monday - Friday | 8AM - 8PM EST

AkebiaCaresHCP.com

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