



Prior Authorization Checklist

Submission of a completed Prior Authorization (PA) form may help expedite approval of treatment with a Pfizer medication. PA requirements vary among healthcare insurers. The following information may need to be included:

PATIENT INFORMATION

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- Name
- Address
- Date of birth
- Social Security number
- Copy of front and back of patient's insurance card

HEALTHCARE PROVIDER INFORMATION

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- Name
- Tax ID number
- Address
- Phone/fax
- NPI number
- Provider number

INSURANCE INFORMATION

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- Name of insurer
- Phone number
- Name of policyholder
- Plan ID number
- Group number
- Plan address

PATIENT CLINICAL DIAGNOSIS

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- Diagnosis (including ICD-10-CM code)
- Procedure or treatment description
- Treatment start date
- Prior therapies

If available, completion of an insurer-specific PA form is recommended. A PA form can be obtained through the insurer's website or by contacting customer service.

Accurate completion of reimbursement- or coverage-related documentation is the responsibility of the healthcare provider and patient. Pfizer and its agents make no guarantee regarding reimbursement for any service or item.

NOTE: Retain a copy of all submissions for your personal records.

The information contained in this checklist is provided by Pfizer for informational purposes for patients who have been prescribed a Pfizer medication. There is no requirement that any patient or healthcare provider use any Pfizer product in exchange for this information, and this checklist is not meant to substitute for a prescriber's independent medical decision-making.

