

PRIOR AUTHORIZATION CHECKLIST

The checklist below is a useful resource for ensuring the most common clinical criteria are met when submitting a prior authorization for your patient:

criteria are met when submitting a prior authorization for your patient:				
	Diagnosis of Primary P	rimary Periodic Paralysis (PPP)		
	Type of PPP:	ype of PPP:		
	Hyperkalemic		Hypokalemic	
	Paramyotonia Cong	genita	Related Variant:	
	ICD-10 Codes: G72.3 (Per	: G72.3 (Periodic Paralysis) <u>or</u> G71.19 (Other specified myotonic disorders)		
	Documentation of PPP attacks: o Frequency o Severity o Duration			
	Documentation of relevant clinical assessment(s), family history of PPP, or other relevant labs			
	Documentation of all medications that the patient has been on to treat their diagnosis including response or reason for discontinuation. (Some plans may require step therapy)			
	Confirmation that the patient does not have: o Hepatic insufficiency o Severe pulmonary obstruction o A hypersensitivity or allergy to sulfonamides o Concurrent use of high-dose aspirin			
	Documentation that lifestyle modifications have been reviewed and implemented by the patient to alleviate potential triggers (i.e. dietary restrictions, exercise restrictions)			
	Documentation of any PPP-related hospitalizations			
	Perfor on co-	rm benefits verificates -pay and financial arch specific prior a	anagers are available to: ation and provide information assistance programs authorization requirements for	
	each p	plan and provide g	guidance on this process	

Call 844-538-3947

Mon-Fri 8:00 AM - 7:00 PM EST



Committed to Supporting Your Patients!

One-on-One Support



- · A dedicated case manager is assigned to every patient
- Patient access managers are available to work directly with patients and healthcare providers to overcome common barriers to therapy
- Patients receive routine calls from a licensed pharmacist, which focus on progress and goals of therapy and disease management

Access Assistance



- Support in understanding insurance coverage
- Information on a \$0 co-pay program and other financial assistance
- Access to a patient assistance program for patients without insurance coverage
- Convenient, free specialty pharmacy services
 - Home delivery of prescriptions and refills
 - 24/7 support



Patient Education

- Information about Primary Periodic Paralysis
- Information about a treatment option



Community Connection

- Links to events sponsored by advocacy organizations
- Online patient communities



Genetic Testing

- Uncovering Periodic Paralysis: No-cost Periodic Paralysis gene panel testing program
 - Visit www.UncoveringPeriodicParalysis.com for more information

For more information, please call the Strongbridge CareConnection team at 844-538-3947

900 Northbrook Drive, Suite 200 Trevose, PA 19053 United States www.strongbridgebio.com

© 2019 Strongbridge Biopharma plc

STRONGBRIDGE BIOPHARMA® is a trademark of Strongbridge Biopharma plc.