



PO Box 220262  
Charlotte, NC 28211-0262  
Phone: **1-877-LIBTAYO** (1-877-542-8296) **Option 1**  
Fax: 1-833-853-8362  
**LIBTAYOhcp.com**

### Prior authorization checklist

LIBTAYO is likely to require prior authorization (PA) from the patient's health plan. When submitting a PA request for LIBTAYO, you can use the following PA checklist to help ensure you provide the essential information requested by the health plan.

It is important to review each health plan's guidelines for obtaining PA, as elements and requirements vary by plan. Note: Following a health plan's guidelines does not guarantee the patient's health plan will provide reimbursement for LIBTAYO, and the guidelines are not intended to substitute for or influence the physician's independent medical judgment.

### Tips for handling PA requirements: PA checklist

- ✓ Complete a PA form. Some health plans accept a standardized form; others require you to complete a form they provide
- ✓ Write a letter of medical necessity, if required
- ✓ Attach copies of the front and back of the patient's health plan card
- ✓ Provide additional documentation, where applicable, that supports your treatment rationale<sup>a</sup>
  - Prescribing information for LIBTAYO
  - Complete history of patient's prior therapies and their outcomes
  - Clinical notes outlining your diagnosis for the patient
  - Laboratory results

<sup>a</sup>To avoid any delays in reimbursement, it is recommended to provide as much documentation as possible

Visit [LIBTAYOhcp.com](http://LIBTAYOhcp.com) for full Prescribing Information.

For any questions or concerns, please contact us at **1-877-LIBTAYO** (1-877-542-8296) **Option 1**, Monday–Friday, 8 AM–8 PM Eastern time.