

COMPLETING A PRIOR AUTHORIZATION FOR BEXLUTRY



Prior authorizations (PAs) confirm that coverage criteria for BEXLUTRY have been met. Specific PA requirements vary by payer and health plan.

Prior to submitting a PA request, review the patient's health plan requirements and confirm the appropriate payer-specific form, submission process, and required documentation.

Follow the steps below to complete and submit a PA request.

1 Complete the PA request

Provide required information, which may include

- ☐ Patient name, date of birth, insurance ID number, and group number
- ☐ Diagnosis and relevant ICD-10-CM code(s)
- ☐ Supporting clinical documentation for the treatment decision, such as clinical notes, laboratory results, and imaging reports based on payer policy
- ☐ Site or setting of care for administration
- ☐ Applicable CPT and HCPCS code(s) for the services and product being requested
- ☐ BEXLUTRY prescribing information
- ☐ Confirm if the following additional documentation is required:
 - ☐ Requested treatment date or anticipated date of service
 - ☐ Prior treatments and therapies
 - ☐ Prescriber information, including name, NPI, and tax ID number
 - ☐ Facility information, including name, NPI, and tax ID number
 - ☐ Letter of medical necessity

Incomplete or inaccurate information may result in a delay or denial.

Note: Use applicable miscellaneous HCPCS codes until a product-specific HCPCS code is assigned. Some payers may require a PA for both the radiopharmaceutical and the administration service, including CPT 79101.

Consult the payer directly to understand health plan–specific requirements.

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2 Submit the PA request

Submit the completed request and all supporting documentation through the payer's required submission method, such as payer portal, fax, phone, or electronic PA system. Retain a copy of the submitted request, submission confirmation number, and any payer correspondence for the patient's record.

3 Track the PA status

Monitor the PA request. Follow up with the payer, as needed, to determine whether additional information is required.

4 Document the PA decision

Once a decision is received, document the PA outcome and reference number and notify appropriate staff. If approved, confirm the authorization number, approved services and product, treatment date range, site of care, and any payer-specific requirements.

If a PA is denied, refer to the Appeals Process Overview.

Your dedicated Curium Representative can help with access questions.

If you have any questions about the PA process, please call Curium Connects™ at **1-844-287-2628** or visit CuriumConnects.com.

For additional resources, please visit BEXLUTRYHCP.com/resources.