



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:

- Diagnosis of Primary Periodic Paralysis (PPP) (hyperkalemic, hypokalemic, or a related variant)
ICD-10 Codes: G72.3 (Periodic Paralysis) or G71.19 (Other specified myotonic disorders)

- Confirmation that the patient does not have:
 - o Hepatic insufficiency
 - o Severe pulmonary obstruction

- Confirmation that the patient does not:
 - o Have a hypersensitivity or allergy to sulfonamides
 - o Use high-dose aspirin concurrently

- Documentation that lifestyle modifications have been reviewed and implemented by the patient to alleviate potential triggers (i.e. dietary restrictions, exercise restrictions)

- Documentation of all medications that the patient has been on to treat their diagnosis (some plans may require step therapy)

Strongbridge Case Managers are available to:

- Perform benefits verification and provide information on co-pay and financial assistance programs
- Research specific prior authorization requirements for each plan and provide guidance on this process

Call 844-538-3947

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



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