

PRIOR AUTHORIZATION (PA) INFORMATIONAL CHECKLIST

For your reference, please see the following checklist designed as a guide to list supporting clinical documentation that may be required by the insurance plan. The following information is relevant for patients diagnosed with the FDA approved indication for the applicable Mirum product.

Insurance plans may process prior authorization requests quickly if expedited review is requested by the health care provider.

Criteria for Insurance Plans Without Policy Clinical Diagnosis Serum Bile Acid (sBA) Measurement Genetic Test Results Clinical Determination (3 of 7 clinical criteria are present)	
☐ Cholestyramine	☐ Ursodiol
☐ Naltrexone	☐ Antihistamines
☐ Rifampin	
Documentation	of Pruritus
☐ Itch Score (itchR0 or CCS)	
☐ Chart Notes (Include	e sleep disturbance notes)
Supporting Clini	cal Documentation
□ All Chart Notes	
Clinical papers	
☐ Labs (i.e. ALT, AST, b	ilirubin)
Re-authorization	1 Considerations*
☐ Submit as expedited	<u> </u>
□ Documentation on improvement while on medication	
	note and labs that were required for initial prior authorization)
*Timing for re-authorizations may vary by insurance plan	

IMPORTANT: NO GUARANTEE OF COVERAGE OR REIMBURSEMENT IS MADE BY CHECKING THE ABOVE BOXES

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