

## Prior Authorization Checklist

### Incomplete forms may delay processing

Review this checklist prior to submitting the prior authorization (PA) form to the health plan.

- Include the patient's name, policy number, and date of birth
- Provide the healthcare provider's contact information and ID number
- Confirm the patient's diagnosis
- Include the dosage for INFUGEM™ (gemcitabine in a 0.9% sodium chloride injection), 10 mg/mL
- List all previous therapies, if applicable
- Document if the patient has satisfied any step therapy requirements
- Include a rationale for prescribing INFUGEM™ for the patient

**Some health plans may require additional clinical and/or medication history. Be as comprehensive as possible with this information.**

**Be sure to review the PA form prior to submission and include all requested documentation**

