

# A resource for navigating prior authorizations and completing appeals

## STEP 1 THOROUGHLY COMPLETING PRIOR AUTHORIZATIONS

The following information may be requested to address a step edit and access BRUKINSA® (zanubrutinib):

Some health plans may ask if the patient has been on a preferred BTKi treatment or if they have a contraindication or an intolerance to another preferred BTKi. Consider the following when completing a prior authorization:

**Has this patient been on a BTKi treatment previously?**  
This will establish whether the patient is new or switching to BRUKINSA.

**Does the patient have a contraindication or an intolerance to the preferred agent?**

**Does the insurance company need to know anything else about the medications the patient has tried and/or any additional information that would assist in the decision?**  
This will establish whether the patient is eligible for BRUKINSA.

Is the member currently receiving treatment with this medication?  
 Yes (please provide start date of use (month/year))  No, the request is for initial treatment

Please select the member's diagnosis that this medication is primarily being prescribed for:  
\_\_\_\_\_

Has the member had an inadequate response to ANY of the following:  
A) Calquence or B) Imbruvica?  
 Yes  No (please explain which drug have been tried, and why the listed drug options cannot be used)

Please list all medications that the patient has tried and failed, or for which the patient has a contraindication or intolerance based on this indication.  
n/a

Please document any other information that supports the request.  
\_\_\_\_\_

These are examples of questions on a prior authorization form. Specific requirements and documentation vary by insurance company.

Consider attaching relevant NCCN Clinical Practice Guidelines In Oncology (NCCN Guidelines®) and other patient-specific materials as applicable:

- Medical records
- Bleeding risk with platelet count
- Eliquis® (apixaban) drug-drug interaction
- Atrial fibrillation/flutter risk
- Patient comorbidities, eg, hypertension, hyperlipidemia, smoking, BMI
- Blood pressure and EKG
- Dosing schedule for BRUKINSA



**If your prior authorization is denied, see appeals information in STEP 2**

## STEP 2 COMPLETING APPEALS

If BRUKINSA coverage is denied by the health plan, you can appeal on your patient's behalf. Appealing denials is successful 92% of the time and can help protect physician choice and access for patients in the long term.<sup>1</sup>



**After receiving a claim denial**, healthcare professionals can respond to the payer with a **Letter of Appeal**

The following information may help with completing a Letter of Appeal for BRUKINSA



Include the patient's name, date of birth, insurance ID number, insurance group number, and dates of service



Include the patient's diagnosis and corresponding ICD-10-CM code(s)



Consider attaching relevant NCCN Guidelines<sup>®</sup> and other patient-specific materials as applicable:

- |  |  |
|--|--|
| <input type="checkbox"/> Medical records                                       | <input type="checkbox"/> Patient comorbidities, eg, hypertension, hyperlipidemia, smoking, BMI |
| <input type="checkbox"/> Bleeding risk with platelet count                     | <input type="checkbox"/> Blood pressure and EKG  |
| <input type="checkbox"/> Eliquis <sup>®</sup> (apixaban) drug-drug interaction | <input type="checkbox"/> Dosing schedule for BRUKINSA  |
| <input type="checkbox"/> Atrial fibrillation/flutter risk                      |  |



Explain why the health plan's preferred treatment options are not appropriate for the patient

- Be sure to include relevant documentation regarding a patient's intolerance to the plan's preferred medication(s)

### Letter of Appeal Template

Use this letter template to request a review of a denied insurance benefit or payment



### BRUKINSA Voucher Web Enrollment

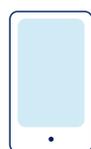
Use the voucher program to start a patient on BRUKINSA when a PA is denied



**Reference:** 1. SP data on file. January 2026.

ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; PA, prior authorization.

Use of this document does not guarantee coverage for your patient. This document is intended to provide you with information that is typically required when submitting a Letter of Appeal.



**myBeOneSupport**<sup>™</sup>

**Reimbursement information and support are just a call away. Call 1-833-234-4363**

Oncology Nurse Advocates are available Monday through Friday from 8 AM to 8 PM ET to help your patients get started on BRUKINSA as quickly as possible



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