Peer-to-Peer Medical Review Checklist

If a patient has been denied coverage for a medication by a payer, a peer-to-peer review may be warranted for approval. Please review the following checklist to support the patient's treatment rationale. Note that individual payers may require additional information not contained in this checklist.

This checklist is for informational purposes only and cannot guarantee that coverage will be granted by the insurance provider. Bristol Myers Squibb and its agents cannot guarantee coverage for any item or service.

Prepare to support your rationale with the following documentation:

- □ Patient clinical documentation: case notes, date(s) of service, treatment history, laboratory results, etc.
- □ Claim form and explanation of benefits (EOB)
- □ Relevant clinical guidelines
- □ Compendia listings

- Prior authorization request
- □ Payer denial letter(s)
- □ Letter of medical necessity
- □ Letter of appeal
- □ Peer-reviewed journal articles

□ Coverage policies (if applicable)

Prepare to	discuss	the fo	llowing	informa	tion:
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Drug Information

Drug name:

NDC number(s):

Patient Diagnosis

Primary ICD-10 CM Code:

Description:

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Dosing and administration:

HCPCS code(s) (miscellaneous* or permanent J-codes):

*Following the FDA approval of physician-administered therapies, physician providers may need to use temporary J-codes until unique drug codes are assigned.

Next steps:

□ Confirm timing f	or approval			
Approved: 🗆 Yes	🗆 No	Authorization number:		
□ Note any require	ed follow-up	steps		
Peer Name:				
Meeting Date:			Meeting Time:	
Notes:				

Lookin	g for support? We're her	e for you.
	oport, reimbursement resources, and find ay be available through BMS Access Su	
Call a Patient Access Specialist at 1-800-861-0048 , 8 AM to 8 PM ET, Monday – Friday	Visit www.BMSAccessSupport.com	Schedule a meeting with a BMS Access and Reimbursement Manager on the BMS Access Support website

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