

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 Dystrophic Epidermyolysis Bullosa
 - ICD-10 Codes: Q81.2 (Epidermolysis Bullosa dystrophica)
- Documentation of relevant clinical confirmation(s), genetic testing, biopsy, family history
- Must be \geq 6 months of age
- Documentation that initiation of the prescription is by or in consultation with a dermatologist or clinical expert in EB
- Treatment will be administered by a healthcare professional
- Documentation of DEB wounds:
 - Number of wounds
 - Wound size (small, medium, large)
 - Duration (recurrent, chronic)
 - Pictures (if applicable)

KRYSTAL CONNECT 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 1-844-5-KRYSTAL

COMMITTED TO YOUR PATIENT'S JOURNEY



One-on-One Support

- A dedicated Patient Access Liaisons (PAL) is assigned to every patient
- PALs are available to work directly with patients and healthcare providers to overcome common barriers to therapy
- Patients receive routine calls, which focus on progress and goals of therapy



Access Assistance

- Support in understanding insurance coverage
- Information on Krystal Connect Copay Program and other financial assistance
- Convenient, no-cost specialty pharmacy services



Patient Education

- Resources for living with Dystrophic Epidermolysis Bullosa (DEB)
- Information about an FDA-approved treatment option



Community Connection

- Community Education Liaisons help raise awareness of DEB and can connect with families
- Links to events sponsored by advocacy organizations
- Online patient communities as well as live and virtual programs

For more information, please call the Krystal Connect team at

1-844-5-KRYSTAL