

Prior Authorization Request Form (Page 1 of 2)

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Member Information (required)				Provider Information (required)			
Member Name: Aiden Smith				Provider Name: Dr. Lisa Lauren			
Insurance ID#: 7891023				NPI#: 1234876		Specialty: Pediatric Oncology	
Date of Birth: 2-1-2014				Office Phone: 555-426-7898			
Street Address: 18 N Ontario St				Office Fax: 555-426-7899			
City: New York		State: NY		Zip: 21022		Office Street Address: 1423 Miracle Drive	
Phone: 555-876-3416				City: New York		State: NY	
				Zip: 21023			
Medication Information (required)							
Medication Name: Everolimus				Strength: 5mg/m2 once daily		Dosage Form: oral tablet	
<input type="checkbox"/> Check if requesting brand				Directions for Use: Take 5mg/m2 once daily in conjunction with 200 mg/m² of Nexavar twice daily.			
<input type="checkbox"/> Check if request is for continuation of therapy							
Clinical Information (required)							
Proactive Benefit Review: <input type="checkbox"/> Check if this is a proactive request for a 2020 benefit determination							
What is the patient's diagnosis for the medication being requested? Metastatic Osteosarcoma ICD-10 Code(s): <u> C40.0 </u>							
What medication(s) has the patient tried and had an inadequate response to? (Please specify <u>ALL</u> medication(s)/strengths tried, length of trial, and reason for discontinuation of each medication) Neoadjuvant Therapy: March 10, 2024 – April 21, 2024 Doxorubicin, Cisplatin, Methotrexate (3 cycles). Surgery: May 1, 2024 - Limb-sparing surgery. Adjuvant Therapy: May 22, 2024 – September 4, 2024 Doxorubicin, Cisplatin, Methotrexate, Ifosfamide (6 cycles).							
What medication(s) does the patient have a contraindication or intolerance to? (Please specify <u>ALL</u> medication(s) with the associated contraindication to or specific issues resulting in intolerance to each medication) <div style="text-align: center;">N/A</div>							
Are there any supporting labs or test results? (Please specify) MRI left femur and CT chest that indicate recurrence of tumor in distal left femur and new mets to lung (see attached documentation)							
Use of High Risk Medications (HRMs) in the elderly (applies on patients ≥ 65 years ONLY): <i>"Use of High Risk Medications in the Elderly" is measure 238 of the Centers for Medicare & Medicaid Services Physician Quality Reporting System.</i> Does the provider acknowledge that this drug has been identified by the Centers for Medicare and Medicaid Services as a high risk medication in the 65 and older population? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the provider wish to proceed with the originally prescribed medication? <input type="checkbox"/> Yes <input type="checkbox"/> No							



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Quantity limit requests:

What is the quantity requested per DAY? 5mg/m2 based on BSA

What is the reason for exceeding the plan limitations?

- ☐ Titration or loading-dose purposes
- ☐ Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime)
- ☐ Requested strength/dose is not commercially available
- ☐ There is a medically necessary justification why the patient cannot use a higher commercially available strength to achieve the same dosage and remain within the same dosing frequency. **Please specify:** _____
- ☐ Patient requires a greater quantity for the treatment of a larger surface area **[Topical applications only]**
- ☐ Other: _____

Note: If the patient exceeds the maximum FDA approved dosing of 4 grams of acetaminophen per day because he/she needs extra medication due to reasons such as going on a vacation, replacement for a stolen medication, provider changed to another medication that has acetaminophen, or provider changed the dosing of the medication that resulted in acetaminophen exceeding 4 grams per day, **please have the patient's pharmacy contact the OptumRx Pharmacy Helpdesk at (800) 788-7871 at the time they are filling the prescription for a one-time override.**

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Plases see attached physician clinic note regarding medical necessity as well as supporting labs, imaging, and pathology reports

Please note:

This request may be denied unless all required information is received.
If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-844-403-1028.