



Prior Authorization Request Form (Page 1 of 2)

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Member Information (required)			Provider Information (required)		
Member Name: Emily Jones			Provider Name: Michelle King		
Insurance ID#: 1234567			NPI#: 1237865		Specialty: Allergy and immunology
Date of Birth: 8-27-2016			Office Phone: 555-645-8796		
Street Address: 45 E Parkway Ave			Office Fax: 555-645-8799		
City: New York	State: NY	Zip: 21022	Office Street Address: 36 E Ridgeview St		
Phone: 555-876-3423			City: New York	State: NY	Zip: 21023
Medication Information (required)					
Medication Name: Dupilumab			Strength: 150mg, 300mg		Dosage Form: injection
<input type="checkbox"/> Check if requesting brand			Directions for Use: 300mg initial dose (divided as two 150mg injections, followed by 300mg every 2 weeks)		
<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? Severe atopic dermatitis					
ICD-10 Code(s): L20.1					
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) Triamcinolone 0.5% ointment, 3 week duration, continues on this					
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) N/A					
Are there any supporting labs or test results? (Please specify) N/A					
Use of High Risk Medications (HRMs) in the elderly (applies on patients \geq 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? N/A, medication administered biweekly

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

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.

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