



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: Oncology	
Date of Birth: 08-10-2004			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): C40.0					
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) N/A					
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.

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

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