

## Prior Authorization Request Form (Page 1 of 2)

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Member Information (required)			Provider Information (required)		
Member Name: <b>Aiden Smith</b>			Provider Name: <b>Dr. Lisa Lauren</b>		
Insurance ID#: <b>7891023</b>			NPI#: <b>1234876</b>	Specialty: <b>Oncology</b>	
Date of Birth: <b>2-1-2014</b>			Office Phone: <b>555-426-7898</b>		
Street Address: <b>18 N Ontario St</b>			Office Fax: <b>555-426-7899</b>		
City: <b>New York</b>	State: <b>NY</b>	Zip: <b>21022</b>	Office Street Address: <b>1423 Miracle Drive</b>		
Phone: <b>555-876-3416</b>			City: <b>New York</b>	State: <b>NY</b>	Zip: <b>21023</b>
Medication Information (required)					
Medication Name: <b>Everolimus</b>			Strength: <b>5mg/m2 once daily</b>	Dosage Form: <b>oral tablet</b>	
<input type="checkbox"/> Check if requesting brand			Directions for Use: <b>Take 5mg/m2 once daily</b>		
<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? <b>Metastatic Osteosarcoma</b>					
ICD-10 Code(s): <b>CD40.0</b>					
What medication(s) has the patient tried and had an inadequate response to? (Please specify <b>ALL</b> medication(s)/strengths tried, length of trial, and reason for discontinuation of each medication)					
What medication(s) does the patient have a contraindication or intolerance to? (Please specify <b>ALL</b> medication(s) with the associated contraindication to or specific issues resulting in intolerance to each medication)					
Are there any supporting labs or test results? (Please specify)					
<b>Use of High Risk Medications (HRMs) in the elderly (applies on patients ≥ 65 years ONLY):</b> <i>"Use of High Risk Medications in the Elderly" is measure 238 of the Centers for Medicare &amp; 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					