Independence Blue Cross

# Prior Authorization Form

## Medicare Administrative Prior authorization for Part B/D coverage

**ONLY COMPLETED REQUESTS WILL BE REVIEWED**

Date: _____ Patient ID#: _____ DOB:_____

Patient Name: _____ Provider NPI: _____

Prescribing Physician: _____ Office Contact: _____

Office Fax #: _____ Office Phone: _____

☐ **HEPATITIS B VACCINE**
- ☐ High or Intermediate Risk, diagnosis code: _____
- ☐ Other (please provide diagnosis and code): _____

☐ **PARENTERAL NUTRITION (TPN)** *(Drug requested)* _____
Does the patient have a permanent dysfunction of the digestive tract? ☐ **Yes** ☐ **No**

☐ **ALL OTHER INTRAVENOUS (IV)** *(Drug requested)* _____
Is the requested drug administered in the home setting via an external infusion pump? ☐ **Yes** ☐ **No**

☐ **ORAL CHEMOTHERAPY AGENTS** *(Drug requested)* _____
**Diagnosis and code** _____

☐ **INTRAVENOUS IMMUNE GLOBULIN (IVIG)**
- ☐ Primary Immunodeficiency, diagnosis code: _____
- ☐ Other, diagnosis and code: _____

☐ **NEBULIZED SOLUTIONS (***Please circle drug*): acetylcysteine (Mucomyst®), albuterol (Accuneb®, Proventil®), cromolyn (Intal®), DuoNeb®, ipratropium, metaproterenol (Alupent®), Pulmicort® Respules, Pulmozyme®, TOBI®, Xopenex®
- ☐ For use in a nebulizer
- ☐ Other, diagnosis and code: _____

☐ **IMMUNOSUPPRESSANTS** *(Please circle drug)***:** Cellcept®, Imuran®, cyclosporine (Neoral®, Sandimmune®, Gengraf®), Rapamune®, and Prograf®
- ☐ **Transplanted organ (specify)**_____
- ☐ Transplant, date of transplant: _____
  Transplant paid by Medicare? ☐ **Yes** ☐ **No**
- ☐ Other, diagnosis and code: _____

☐ **ERYTHROPOIETIN** *(Please circle drug)***:** Aranesp®, Epogen®, Procrit®
- ☐ Anemia with Chronic Renal Failure, diagnosis code: _____
  Is member currently of Dialysis? ☐ **Yes** ☐ **No**
- ☐ Other, diagnosis and code: _____

**Pending approval deliver to:** ☐ **Physician's office** ☐ **Member's home** ☐ **Office supply (NO AUTH REQUIRED)**

Please add any other supporting medical information that may be useful in the decision making process:

**FAX TO (888) 671-5285. YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX OR MAIL.**