

PRIOR AUTHORIZATION (PA) REQUEST FORM GUIDE

STEP-BY-STEP GUIDE

Prior Authorization (PA) Request Form Sample

While PA request forms may vary by insurance provider, there is some information that is almost universally required as part of the PA request form process. Learn more about PA request forms with the example below:

✓ PA request forms will typically provide you with the preferred method of delivering your PA request and necessary documentation.

✓ Make sure that you have the required patient information available when completing the PA request form.

✓ Make sure you have the preferred pharmacy's information so you can enter it in this field.

✓ When prompted to enter the patient's requested prescription therapy, make sure to provide the proper dosage amount and schedule.

✓ Some insurers have certain criteria that the patient must meet in order to be authorized for BIMZELX®. Make sure to answer these questions in full, or else the patient may be rejected.

✓ Some treatments require that the patient first try a different initial therapy. If the patient has not been prescribed an initial therapy, you may need to explain the rationale in addition to providing the patient's treatment history in the supplemental documents.

This form is used by [Insurer X] and/or participating providers for coverage of BIMZELX® (bimekizumab-bkzx). Please complete all sections, as incomplete forms will delay processing. Fax this form back to [Insurer X] using fax number [1-800-XXX-XXXX]. If you have any questions or concerns, please call [(555) 555-5555]. **Prior Authorization requests will not be considered unless this form is filled out in its entirety.**

1 - PATIENT INFORMATION

Patient Name: [Insurer X] Medical ID#: DOB: / /

2 - PROVIDER INFORMATION

Provider Name: Specialty: Provider NPI:
Provider Address:
Provider Phone #: Provider Fax #:

3 - PHARMACY INFORMATION

Pharmacy Name: Pharmacy NPI:
Pharmacy Phone #: Pharmacy Fax #:

4 - DRUG THERAPY REQUESTED

Drug 1: Name/Strength/Formulation:
Sig:
Drug 2: Name/Strength/Formulation:
Sig:

5 - DIAGNOSIS/CLINICAL CRITERIA

1. Is this request for initial or continuing therapy? ☐ Initial therapy ☐ Continuing therapy, start date:
2. Member is ≥18 years old ☐ No ☐ Yes
3. Does the patient have a diagnosis of plaque psoriasis and is a candidate for systemic therapy or phototherapy? ☐ No ☐ Yes
4. Has the patient tried and failed a topical psoriasis agent and is a candidate for phototherapy or systemic therapy? ☐ No ☐ Yes
5. Was there therapeutic failure to one of the preferred agents? (e.g., ENBREL, HUMIRA) ☐ No ☐ Yes

6 - PROVIDER SIGN-OFF

Additional Information to Consider Including:
1. Please submit chart notes/medical records for the patient that are applicable to this request.
2. If member has not tried preferred agent(s) please provide rationale/explanation and any additional supporting information that should be taken into consideration for the requested medication.

I certify that the information provided is accurate. Supporting documentation is available for State audits.

Provider Signature: Date:

Please note: This document contains confidential information, including protected health information, intended for a specific individual and purpose. The information is private and legally protected by law, including HIPAA. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on the contents of this telecopied information is strictly prohibited. Please notify sender if document was not intended for receipt by your facility.

✓ Remember to sign and date your PA request form.

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If an insurance provider requires a PA, the following steps can help you gather the necessary information.

- 1 Contact the patient's current insurance provider.
- 2 Request the insurance provider's PA request form.
- 3 Ask the provider about what additional information is needed to perform the PA request.
 - This information is typically the patient's past test results, medical history, chart notes, and a letter of medical necessity.
- 4 Complete the PA request form in its entirety. Incomplete information may result in a PA denial. ***See reverse side for a sample PA request form.***
- 5 Check the insurance provider's website to determine how the PA form and additional requirements should be delivered. This could be through fax, email, or the provider's website.
- 6 Update your patient on the PA request, in case the insurance provider reaches out to them.