

Lucentis (ranibizumab) Prior Authorization form (Drugs Administered in Office), fax requests to 844-639-7906

Please complete the form by providing all of the following information. Failure to fill out this form in its entirety may delay the review process. To review the Clinical Medical Policies, please visit our website at <https://www.nhpri.org/Providers/ClinicalMedicalPolicies.aspx>

MEMBER INFORMATION

Member's Name:	Member's ID #:	Member's DOB:
Member Phone Number:	Member Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:

REQUESTING PROVIDER INFORMATION

Provider's Name:	Provider's Phone #:	Provider's Fax #:
Date of Request:	Provider's NPI #:	Provider's Contact Name and Phone:

SERVICING PROVIDER INFORMATION (Must be filled out appropriately to ensure claim adjudication)
HOW WILL MEDICATION BE OBTAINED:

- Drop Ship from Specialty Pharmacy: _____ and NPI _____
- If Buy & Bill: Specify Provider/ Facility: _____ and NPI _____
Servicing Provider Fax#: _____

CLINICAL INFORMATION

Requested J-Code:	Requested CPT code(s):	<input type="checkbox"/> Initial Request
Drug Name& strength:		<input type="checkbox"/> Continuation of therapy Request
Directions:		Date(s) of Service Requested:
		# of units:

ICD 10 Codes:

Clinical Assessment (provide all required information and clinical documentation)	YES	NO
Is the patient being treated for age related macular degeneration with disease that has progressed to "wet AMD"?	<input type="checkbox"/>	<input type="checkbox"/>
Has the patient had a trail of intravitreal bevacizumab (Avastin) and failed due to lack of efficacy defined as disease progression (i.e. continued vision loss) or experienced intolerable adverse reactions?	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient being treated for diabetic retinopathy without macular edema that has failed primary treatment with panretinal photocoagulation and/or vitrectomy due to lack of efficacy defined as disease progression (i.e. continued vision loss)?	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient being treated for diabetic retinopathy with clinically significant macular edema, or macular edema after retinal vein occlusion or Myopic Choroidal Neovascularization (mCNV)?	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Requesting Provider:	Date:
-----------------------------------	-------

Authorization is not a guarantee of payment. Member must be eligible at time of service.