



Part B Prior Authorization Guidelines

Drugs / Biologics Not Otherwise Classified
C9399, J3490, J3590
Prior Authorization Request
Medicare Part B Form

Instructions: * Indicates required information - Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.

Form section for NEW START and Continuation information, including fields for Start Date, Date Requested, and Requestor details.

MEMBER INFORMATION

Form section for Member Information, including fields for Name, ID#, and DOB.

PRESCRIBER INFORMATION

Form section for Prescriber Information, including fields for Name, Address, and Phone/Fax.

DISPENSING PROVIDER / ADMINISTRATION INFORMATION

Form section for Dispensing Provider / Administration Information, including fields for Name and Address.

PROCEDURE / PRODUCT INFORMATION

Table with 5 columns: HCPC Code, Name of Drug, Dose (Wt: kg Ht:), Frequency, End Date if known.

Form section for Chart notes and other important information.

Form section for Diagnosis: ICD10 and Description.

Provider attests the diagnosis provided is an FDA-Approved indication for this drug

CLINICAL INFORMATION

Form section for Clinical Information - New Start or Initial Request, including criteria for approval.

Form section for Clinical Information - Continuation Requests, including criteria for continuation.

ACKNOWLEDGEMENT

Form section for Acknowledgement, including Request By (Signature Required) and Date fields, and a disclaimer.

Prior Authorization Group – Drugs / Biologics Not Otherwise Classified PA

Drug Name(s):

UNCLASSIFIED DRUGS / BIOLOGIC

Criteria for approval of Prior Authorization Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.
 - If the member meets all these criteria, they may be approved by the Plan for the requested drug.
 - Quantity limits and Tiering will be determined by the Plan.

Exclusion Criteria:

N/A

Prescriber Restrictions:

N/A

Coverage Duration:

**Approvals will be for 6 months
NO PA REQUIRED FOR J3490**

FDA Indications:

As per FDA approved resources

Off-Label Uses:

N/A

Age Restrictions:

N/A

Other Clinical Considerations:

N/A

Resources:

https://www.micromedexsolutions.com/micromedex2/librarian/CS/73C39F/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/2DBB22/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/pf.HomePage?navitem=topHome&isToolPage=true