



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations. Visit go.covermymeds.com/OptumRx to begin using this free service. Please note: All information below is required to process this request. Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Afrezza® Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
Medication Information <small>(required)</small>					
Medication Name:			Strength:		Dosage Form:
<input type="checkbox"/> Check if requesting brand			Directions for Use:		
<input type="checkbox"/> Check if request is for continuation of therapy					
Clinical Information <small>(required)</small>					
Select the diagnosis below: <input type="checkbox"/> Type 1 diabetes mellitus <input type="checkbox"/> Type 2 diabetes mellitus <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
Clinical Information: Is the patient unable to self-inject short-acting insulin multiple times daily due to one of the following: Physical impairment, visual impairment, or lipohypertrophy? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have a documented Forced Expiratory Volume in 1 second (FEV1) within the last 60 days greater than or equal to 70% of expected normal as determined by the physician? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Afrezza prescribed by or in consultation with an endocrinologist? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient smoke cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient recently quit smoking (within the past 6 months)? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have chronic lung disease (e.g., asthma, chronic obstructive pulmonary disease [COPD])? <input type="checkbox"/> Yes <input type="checkbox"/> No For type 1 diabetes mellitus, in addition to the above, answer the following: Will Afrezza be used in combination with a long acting insulin (e.g., Lantus, Levemir)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Reauthorization: If this is a reauthorization request, answer the following: Has the patient experienced a decline of 20% or more in FEV1 from baseline that was confirmed by a repeat pulmonary function test? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there documentation of positive clinical response to Afrezza therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have chronic lung disease (e.g., asthma, chronic obstructive pulmonary disease [COPD])? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient smoke cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.
 For urgent or expedited requests please call 1-800-711-4555.
 This form may be used for non-urgent requests and faxed to 1-800-527-0531.

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**
 Office use only: Afrezza_Comm_2018Jul-W