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Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Thalomid[®] Prior Authorization Request Form

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

Member Information (required) Provider Information (required)

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 (required)

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 (required)

Select the diagnosis below:

Erythema nodosum leprosum (ENL)
 Newly diagnosed multiple myeloma
 Other diagnosis: _____ ICD-10 Code(s): _____

For erythema nodosum leprosum (ENL), answer the following:
Does the patient have moderate to severe ENL with cutaneous manifestations? Yes No
Will Thalomid be used as monotherapy? Yes No
Does the patient have moderate to severe neuritis? Yes No

Reauthorization:
Is there documentation the patient has had a positive clinical response to Thalomid therapy? Yes No

For multiple myeloma, answer the following:
Will Thalomid be used in combination with dexamethasone, unless the patient has intolerance to steroids? Yes No
Is Thalomid prescribed by or in consultation with an oncologist/hematologist? Yes No

Reauthorization:
Does the patient show evidence of progressive disease while on Thalomid therapy? Yes 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.

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Office use only: Thalomid_Comm_2018Sep-W