



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

Abraxane® Prior Authorization Request Form (Page 1 of 2)

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| 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: | | | | | |
| <input type="checkbox"/> Adenocarcinoma of the pancreas | | | | | |
| <input type="checkbox"/> Breast cancer | | | | | |
| <input type="checkbox"/> Non-small cell lung cancer (NSCLC) | | | | | |
| <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____ | | | | | |
| Clinical information: | | | | | |
| Is this request for continuation of prior Abraxane therapy within the past 120 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Is Abraxane prescribed by or in consultation with an oncologist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| For adenocarcinoma of the pancreas, also answer the following: | | | | | |
| Is Abraxane being used for the neoadjuvant treatment of borderline resectable disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Does the patient have locally advanced, unresectable, or metastatic disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Does the patient have good performance status (i.e., 0 or 1 by Eastern Cooperative Oncology Group, 70-100% by Karnofsky scoring system)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Will Abraxane be used in combination with gemcitabine therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| For breast cancer, also answer the following: | | | | | |
| Does the patient have recurrent or metastatic disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Select the patient's HER-2 disease status | | | | | |
| <input type="checkbox"/> HER-2 negative <input type="checkbox"/> HER-2 positive | | | | | |
| Will Abraxane be used in combination with Herceptin (trastuzumab)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Does the patient have Herceptin (trastuzumab)-exposed disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| For non-small cell lung cancer (NSCLC), also answer the following: | | | | | |
| Does the patient have locally advanced, recurrent, or metastatic disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Does the patient have a performance status of 2? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Does the patient have a performance status less than 2? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Will the patient receive Abraxane in combination with carboplatin or cisplatin? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Is there chart documentation of a previous hypersensitivity reaction to Onxol (paclitaxel) or Taxotere (docetaxel) despite premedication? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Select if there is chart documentation of contraindication to the following standard premedications used to prevent hypersensitivity reactions with Onxol (paclitaxel) OR Taxotere (docetaxel): | | | | | |
| <input type="checkbox"/> H1 blocker [e.g., Benadryl (diphenhydramine)] | | | | | |
| <input type="checkbox"/> Decadron (dexamethasone) | | | | | |
| <input type="checkbox"/> H2 antagonist [e.g., Pepcid (famotidine), Tagamet (cimetidine), Zantac (ranitidine)] | | | | | |

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: Abraxane_CMS_2019Feb-W



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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.

If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.

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.