

# Boruzu<sup>®</sup> (bortezomib) Prior Authorization Form

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Member ID#: \_\_\_\_\_

## Drug Information

Physician billing (HCPCS code: \_\_\_\_\_)  Pharmacy billing (NDC: \_\_\_\_\_)

Dose: \_\_\_\_\_ Regimen: \_\_\_\_\_ Start Date (or date of next dose): \_\_\_\_\_

## Billing Provider Information

Provider NPI: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Provider Phone: \_\_\_\_\_ Provider Fax: \_\_\_\_\_

## Prescriber Information

Prescriber NPI: \_\_\_\_\_ Prescriber Name: \_\_\_\_\_

Prescriber Phone: \_\_\_\_\_ Prescriber Fax: \_\_\_\_\_ Specialty: \_\_\_\_\_

## Criteria

### For Initial Authorization:

1. Please provide all of the following:

A. Diagnosis: \_\_\_\_\_

B. A patient-specific, clinically significant reason why the member cannot use generic Velcade<sup>®</sup> (bortezomib), which is available without a prior authorization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

### For Continued Authorization:

1. Date of last dose: \_\_\_\_\_

2. Does patient have any evidence of progressive disease while on Boruzu<sup>®</sup> therapy? Yes  No

3. Has the member experienced any adverse drug reactions related to Boruzu<sup>®</sup> therapy? Yes  No

If yes, please specify adverse reactions: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. Failure to complete this form in full will result in processing delays.**

<p>Fax completed prior authorization request form to 888-601-8461 or submit Electronic Prior Authorization through CoverMyMeds<sup>®</sup> or SureScripts. All requested data must be provided. Incomplete forms or forms without the chart notes will be returned. Pharmacy Coverage Guidelines are available at <a href="http://AetnaBetterHealth.com/Oklahoma">AetnaBetterHealth.com/Oklahoma</a>.</p>	<p><b>CONFIDENTIALITY NOTICE</b></p> <p><i>This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.</i></p>
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