Print Reset

**AETNA BETTER HEALTH® OF VIRGINIA REQUEST FORM**

**DUR MEDICATION FILSUVEZ® (birch triterpenes)**

**Fax back to: 1-855-799-2553**

If the following information is not complete, correct, or legible, the PA process can be delayed. Please use one form per member.

## MEMBER INFORMATION

**Last Name:** _____

**First Name:** _____

**Medicaid ID Number:** _____

**Date of Birth:** _____

**Weight in Kilograms**: _____

## PRESCRIBER INFORMATION

**Last Name:** _____

**First Name:** _____

**NPI Number:** _____

**Phone Number:** _____

**Fax Number:** _____

## DRUG INFORMATION

**Drug Name/Form:** _____

**Strength:** _____

**Dosing Frequency:** _____

**Length of Therapy:** _____

**Quantity per Day:** _____

*(Form continued on next page).*

**Member's Last Name:** **Member's First Name:**

## DIAGNOSIS AND MEDICAL INFORMATION

**For initial approval, complete the following questions to receive a 3-month approval:**

1. Is the member 6 months of age or older?
   ☐ Yes ☐ No
2. Does the member have a diagnosis of dystrophic or junctional epidermolysis bullosa (EB) as confirmed by one of the following (medical records required):
   - Immunofluorescence mapping (IFM); **OR**
   - Transmission electron microscopy (TEM); **OR**
   - Genetic testing?

   ☐ Yes ☐ No
3. Does the member have current evidence or a history of squamous cell carcinoma in the area that will undergo treatment?
   ☐ Yes ☐ No
4. Does the member have an active infection in the area that will undergo treatment?
   ☐ Yes ☐ No

**For renewal, complete the following questions to receive a 1-year approval:**

5. Does the member continue to meet the above criteria?
   ☐ Yes ☐ No
6. Does the member continue to experience clinical benefit from the requested treatment?
   ☐ Yes ☐ No

**Prescriber Signature (Required)** **Date**

By signature, the Physician confirms the above information is accurate and verifiable by member records.

**Please include ALL requested information; Incomplete forms will delay the PA process.**
Submission of documentation does NOT guarantee coverage.