



Please complete ALL information below and fax your request to 1-888-671-5285

Pomalyst® 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 generic substitution is acceptable	Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy		

Clinical Information (required)	
Select the diagnosis below:	
<input type="checkbox"/> Multiple myeloma	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	

Clinical Information: Does the patient have history of failure, contraindication, or intolerance to Revlimid (lenalidomide)? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have history of failure, contraindication, or intolerance to a proteasome inhibitor (e.g., Velcade [bortezomib], Kyprolis [carfilzomib])? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient experienced disease progression on or within 60 days of completion of last therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No Will Pomalyst be used in combination with dexamethasone? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Pomalyst prescribed by or in consultation with a hematologist/oncologist? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Reauthorization: If this is a reauthorization request, answer the following question: Does the patient show evidence of progressive disease while on Pomalyst therapy? <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.

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