



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

Thyrogen® 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"/> Thyroid cancer	
<input type="checkbox"/> Other diagnosis: _____	ICD-10 Code(s): _____

<p>Clinical Information:</p> <p>Is Thyrogen being used as a diagnostic tool for serum thyroglobulin testing in well-differentiated thyroid cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is Thyrogen being used as an adjunctive treatment for radioiodine ablation of thyroid tissue remnants? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "yes" to the above question, answer the following questions:</p> <p>Has the patient undergone a near-total or total thyroidectomy for well-differentiated thyroid cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient have evidence of distant metastatic thyroid cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the patient unable to tolerate thyroid hormone withdrawal (i.e., intolerable hypothyroid symptoms)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is thyroid hormone withdrawal medically contraindicated (i.e., exacerbation of comorbid conditions)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient have inadequate thyroid stimulating hormone (TSH) response to thyroid hormone withdrawal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient have an undetectable Tg on thyroid hormone suppressive therapy to exclude the diagnosis of residual or recurrent thyroid cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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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.