

2024 MEDICARE PRIOR AUTHORIZATION REQUEST FORM



Ravicti - Medicare

Phone: 215-991-4300

Fax back to: 866-371-3239

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Patient Name:	Prescriber Name:	
Member Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Line of Business: <input type="checkbox"/> Medicare	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty/facility name (if applicable):	

REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that applying the 72 hour standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Drug Name:	
Strength:	
Directions / SIG:	

**Please attach any pertinent medical history including labs and information for this member that may support approval.
Please answer the following questions and sign.**

<p>Q1. Is the patient being treated for N-acetylglutamate synthase (NAGS) deficiency?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q2. Does the patient have a documented diagnosis of urea cycle disorder confirmed by enzymatic, biochemical, or genetic testing (must be attached)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q3. Is the patient being treated for acute hyperammonemia?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q4. Has the patient had an inadequate response, intolerance, or contraindication to sodium phenylbutyrate?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q5. Is Ravicti being prescribed by or in consultation with an appropriate specialist such as a metabolic or medical genetic specialist?</p>

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Yes

No

Q6. Is there confirmation that ammonia concentration and serum amino acids are being monitored to ensure positive clinical treatment response?

Yes

No

Q7. Additional Information:

Q8. Requested Duration:

12 Months

Other

Prescriber Signature

Date

2024 Medicare Prior Authorization Request