

Please note: All information below is required to process this request.

Fax to 1-844-403-1029

Mon-Sat: 7am to 7pm Central

## Nemluvio® Prior Authorization Request Form

	DO NOT COPY FOR FUT	URE USE. FORMS ARE U	PDATED FREQUENTLY A	ND 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 Info	ormation (required)			
Medication Name:			Strength:		Dosage Fo	orm:
☐ Check if requesting <b>brand</b>			Directions for Use:			
	for continuation of th	erapy				
Clinical Information (required)						
Select the diagnosis						
<ul><li>□ Prurigo Nodularis (describe severity level)</li><li>□ Other diagnosis:</li></ul>			ICD-10 Code(s):			
Clinical information			105 10 000			
Select if the requeste	d medication is prescrib	ped by or in consultation				
☐ Dermatologist	☐ Allergist/Imn	nunologist 🔲 O	ther			
Medication history: Will the requested me	edication be used in cor	nbination with another bi	ologic agent or targeted	immunomo	dulator? 🛚 Y	∕es □ No
-		topical corticosteroid, pi				
Quantity limit reque	sts:					
		ENT? syringe e	very weeks			
What is the reason i ☐ Titration or loading	for exceeding the plan g dose purposes	limitations?				
<ul> <li>Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime)</li> <li>Requested strength/dose is not commercially available</li> </ul>						
	un/dose is not commerc	· ·				
				! <b>f</b>	the physician	faala in immantant ta
this review?	iments, diagnoses, symp	otoms, medications tried o	or failed, and/or any other	information	tne pnysician	reels is important to
Please note: This	request may be denied un	less all required information	is received.			
For u	rgent or expedited reques	ts please call 1-855-401-426 urgent requests and faxed t	62.			
11115	ionin may be used for fioti-	argorit requests and raxed t	.S 1 077-700-1028.			

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