# MEDICARE ADVANTAGE
## PRIOR AUTHORIZATION REQUEST FORM

Recorlev - 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.**

| **Member Name:** | **Prescriber Name:** |
|---|---|
| Member Number: | Fax: Phone: |
| Date of Birth: | Office Contact: |
| Line of Business: ☐ Medicare Advantage | 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.**

Q1. Is the request for Recorlev for continuation?

☐ Yes - Go to 2 ☐ No - Go to 3

Q2. Has the patient had a positive clinical response with Recorlev?

☐ Yes ☐ No

Q3. Does the patient have a documented diagnosis of Cushing's Syndrome?

☐ Yes ☐ No

Q4. Is the patient 18 years of age or older?

☐ Yes ☐ No

Q5. Is the medication being prescribed by, or consultation with, an endocrinologist?

☐ Yes ☐ No

Q6. Are notes attached showing the member is being treated for endogenous hypercortisolemia (e.g. pituitary tumor, ectopic tumor, adrenal adenoma or carcinoma)?

This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reference to the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return of this document

**_MEDICARE ADVANTAGE_**
**_PRIOR AUTHORIZATION REQUEST FORM_**

Recorlev - 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.**

| **Member Name:** | **Prescriber Name:** |
|---|---|

☐ Yes ☐ No

Q7. Are notes attached showing that the member is not a candidate for surgery or has recurrent hypercortisolism after initial surgery?

☐ Yes ☐ No

Q8. Is there documentation showing a trial of, intolerance to, or contraindication to ketoconazole?

☐ Yes ☐ No

Q9. Requested Duration:

☐ 12 months ☐ Other

Q10. Additional Information:

______________________________ ______________________

Prescriber Signature Date

v2025

This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reference to the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return of this document