

SAMPLE PRIOR AUTHORIZATION FORM

RE: Appeal for _____

Dear _____:

I am writing on behalf of my patient, _____, to request prior authorization of Rasuvo® (methotrexate) injection for the treatment of _____. Below, this letter outlines _____'s medical history, prognosis, and treatment rationale.

Patient History

Has the patient tried any other medications for this condition? NO YES (If yes, complete the table directly below.)

Medication	Duration of Therapy	Patient Response

Currently, _____ has the following unresolved symptom(s):

Proposed treatment plan with Rasuvo:

Drug Information

Rationale for Treatment

Given the patient's history, condition, and severity of disease as well as the published data supporting use of Rasuvo, I believe it is medically necessary to treat this patient with Rasuvo at this time. If you have any further questions, please contact me. I look forward to receiving your timely response and approval of this claim.

Sincerely,

Physician Signature

Attached documents:

- Rasuvo Package Insert _____
- Medical Records _____
- Photos _____

*The patient's insurance company may not be the entity that is requiring prior authorization for Rasuvo. In some cases, it could be the Pharmacy Benefits Manager at a separate company. Be sure to send this form to the company requesting the prior authorization.