Jefferson Health Plans

MEDICARE ADVANTAGE
PRIOR AUTHORIZATION REQUEST FORM

Tavneos - 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 Tavneos for reauthorization?

☐ Yes ☐ No

Q2. Is there confirmation of disease stability or improvement?

☐ Yes ☐ No

Q3. Does the patient have a documented diagnosis of severe active anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis (granulomatosis with polyangiitis [GPA] and microscopic polyangiitis [MPA])?

☐ Yes ☐ No

Q4. Is Tavneos being prescribed by or in consultation with a nephrologist, pulmonologist, or rheumatologist.?

☐ Yes ☐ No

Q5. Is the patient 18 years of age or older?

☐ Yes ☐ No

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Member Name:	**Prescriber Name:**

Q6. Will Tavneos be used as adjunct to standard therapy OR in combination with standard therapy (e.g., rituximab, cyclophosphamide, mycophenolate, azathioprine, and/or glucocorticoids)?

☐ Yes ☐ No

Q7. Requested Duration:

☐ 12 Months ☐ Other

Q8. Additional Information:

Prescriber Signature

Date

v2025