PRE-AUTHORIZATION FORM
FOR PROMETHEUS® Anser® IFX

This form is provided for your convenience; however, your patient's health care plan may require their own form.

ATTN: Pre-Authorization Department

DATE: _____

Insurance Company: _____ **Fax #:** _____

PLEASE PRINT CLEARLY

PHYSICIAN

Account Name _____

Physician Name _____ NPI/License # _____

Address _____ City _____ State _____ Zip _____

Medical Group _____ Group/Provider # _____

Phone _____ Extension: _____ Best time to Call _____

Contact _____ Fax # _____ Email _____

Primar Care Physician Name _____ Phone #: _____

This fax is to respectfully request an authorization for laboratory services at Prometheus Laboratories Inc. in San Diego, CA for my patient _____ DOB: ____ I ___ I ____.

I consider this test a medically necessary step in the diagnosis and treatment of my patient. Please approve full coverage for my patient. I look forward to receiving your response within two business days. Please contact my office with additional questions.

Sincerely,

x _____

ATTACHMENTS:

( ) Page 2, Test and Patient Information
( ) Letter of Medical Necessity
( ) Chart Notes
( ) Other: _____

PRE- AUTHORIZATION FORM
FOR PROMETHEUS® Anser® IFX

(Test and Patient Information)

CPT CODES as applied by Prometheus*	PROMETHEUS® Anser® IFX
84999 (x1)	**Unlisted Chemistry Procedure** (Quantitative assay that measures serum infliximab (IFX) and antibodies to infliximab (ATI) concentrations

***Facilities Description**

- Prometheus is located in San Diego, CA. **Tax ID#** 33-0685754 **NPI#** 1073642641.
- Licensed in several states including New York and California.
- This test was developed and its performance characteristics determined by Prometheus Laboratories Inc. It has not been cleared or approved by the U.S. Food and Drug Administration. Prometheus Laboratories Inc. is a CAP-accredited CLIA laboratory.

Product Description

Serum concentrations of IFX may vary among equally dosed patients which can ultimately affect patient outcomes. Suboptimal levels of IFX have been linked to lower response rates in inflammatory bowel disease (IBD) patients. Furthermore, some patients may develop immunogenicity to IFX by producing antibodies to infliximab (ATI). The presence of ATI has also been associated with increased rates of infusion reactions and drug clearance leading to lower response rates. Therefore, the quantitative measurement of IFX and ATI levels in serum provides healthcare providers with valuable information to help them gain a better understanding of the factors that may be affecting a patient's loss of response.

The PROMETHEUS® Anser® IFX test is a new generation and more sensitive quantitative infliximab monitoring assay that allows healthcare providers to measure and monitor serum IFX and ATI levels at anytime during therapy. Incorporating drug monitoring may clarify what factors are contributing to a patient's loss of response and help guide treatment decisions by providing information to help determine an appropriate course of action.

PLEASE PRINT CLEARLY

PATIENT INFORMATION

Patient Name_____ Patient DOB____/____/____ Sex **( )** M **( )** F

Social Security #_____ Medical Record #_____ Daytime Phone _____

Address_____ City_____ State____ Zip _____

Primary Care Physician _____ NPI #_____ Phone # _____

Ordering Physician _____ NPI #_____ Phone # _____

Patient History:

Diagnosis Code(s)_____ Description _____

INSURANCE INFORMATION

Insurance Carrier_____ Medical Group _____

Policy holder_____ DOB____/____/____ Relationship to insured _____

Insurance ID_____ Group #_____ Group / Employer Name _____

Additional Information _____