

**PRE-AUTHORIZATION FORM  
FOR PROMETHEUS® Anser® VDZ**

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 INFORMATION**

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 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® VDZ**

**(Test and Patient Information)**

CPT CODES as applied by Prometheus*	PROMETHEUS® Anser® VDZ
84999 (x1)	<b>Unlisted Chemistry Procedure</b> (Quantitative assay that simultaneously measures serum vedolizumab (VDZ) and antibodies to vedolizumab (ATV) 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 VDZ may vary among equally dosed patients which can ultimately affect patient outcomes. Suboptimal levels of VDZ have been linked to lower response rates in inflammatory bowel disease (IBD) patients. Furthermore, some patients may develop immunogenicity to VDZ by producing antibodies to vedolizumab (ATV). The presence of ATV has also been associated with increased rates of infusion reactions and drug clearance leading to lower response rates. Therefore, the quantitative measurement of VDZ and ATV 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® VDZ test is a sensitive, quantitative vedolizumab monitoring assay that allows healthcare providers to measure and monitor serum VDZ and ATV levels at any time 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 \_\_\_\_\_