TRICARE Prior Authorization Request Form for
lecanemab-irmb (Leqembi IQLIK)

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HEALTH PLANS
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Fax completed form and applicable progress notes to: (410) 424-4037

USFHP Pharmacy Prior Authorization Form

To be completed by requesting provider	
Drug Name:	Strength:
Dosage/Frequency (SIG):	Duration of Therapy:

Questions? Contact the Pharmacy Dept at (888) 819-1043, option 4

Clinical Documentation must accompany form in order for a determination to be made.

Prior authorization does not expire.

Step 1 **Please complete patient and physician information** (please print):

Patient Name: _____ Physician Name: _____
Address: _____ Address: _____
_____ _____
Sponsor ID # _____ Phone #: _____
Date of Birth: Secure Fax #:

Step 2 **Please complete the clinical assessment:**

1. Is the requested medication being prescribed by a neurologist, psychiatrist, or specialist in geriatric medicine?	☐ Yes Proceed to question **2**	☐ No **STOP** **Coverage not approved**
2. What is the indication or diagnosis?	☐ Alzheimer's disease – Proceed to question **3** ☐ Other diagnosis – **STOP – Coverage not approved**	
3. Is the patient being treated for mild cognitive impairment OR mild dementia?	☐ Yes Proceed to question **4**	☐ No **STOP** **Coverage not approved**
4. Has documentation been submitted to confirm that the patient has completed 18 months of intravenous lecanemab (Leqembi) treatment AND achieved maintenance dosing? **NOTE:** Medical documentation specific to your response to this question must be attached to this case or your request could be denied. Prescriber must submit medical documentation to confirm completion of 18 months of initial treatment with intravenous lecanemab (Leqembi).	☐ Yes **Sign and date below**	☐ No **STOP** **Coverage not approved**

Step 3 **I certify the above is true to the best of my knowledge.** Please sign and date:

_____ _____
Prescriber Signature Date

For Internal Use Only	
☐ Approved:	Duration of Approval: _____month(s)
☐ Denied:	Authorized By:
☐ Incomplete/Other:	PA#:
Date Faxed to MD:	Date Decision Rendered: