

Pharmacy

PRIOR AUTHORIZATION FORM

For Prior Authorization, please fax toll-free (877) 974-4411, or local number (616) 942-8206

This form applies to: **Commercial Plan** **Medicaid Plan** **Medicare Plan**

Note: Covered under Medicare Part B, if approved, where applicable.

Firmagon[®] (degarelix)

URGENT (life threatening)

Non-Urgent (standard review)

A claim involving "urgent care" applies when the standard review time will seriously jeopardize the life or health of the member, or subject the member to severe pain that cannot be managed without the care or treatment requested in the subject of this request. **Priority Health averages between 1 and 3 business days for our standard review response time.**

Member Information

Member Name:	Member No.:
DOB:	Gender:
Member's PCP:	

PROVIDER NAME:

Office Contact Name:	Provider Phone:
Provider NPI:	Provider Fax:
Provider Address:	

Provider Signature

Date

PRODUCT INFORMATION

Firmagon[®] 240 mg/2ml package

Firmagon[®] 80mg/ml vial

Dose: Initial 240mg dose (two 120 mg vials)

80mg every 28 days

Other: _____

Diagnosis: _____

Start date: _____

BILLING INFORMATION

Place of administration:

Self-administered

Provider's Office

Outpatient Infusion Center

Center Name: _____

Home Infusion

Agency Name: _____

Billing Options:

Physician buy and bill

Preferred Specialty Vendor

Other: _____

Request:

New

Continuation

SECTION A – NEW THERAPY

PRIORITY HEALTH PRECERTIFICATION DOCUMENTATION

Authorization for Firmagon® (degarelix) requires the following information to certify:

A. Patient has a diagnosis of advanced prostate cancer and requires rapid medical castration:

Yes

No – Rationale for use: _____

B. Has the patient had a trial and failure, or inability to take leuprolide (Lupron Depot), goserelin (Zoladex) or triptorelin (Trelstar Depot) with or without anti-androgen therapy for the first 30 days.

Yes – please list regimens and dates:

No. Rationale:

SECTION B – CONTINUATION THERAPY

PRIORITY HEALTH PRECERTIFICATION DOCUMENTATION

Authorization for continuation of Firmagon® (degarelix) requires the following information to certify:

For continuing authorization of Firmagon, all of the following criteria must be met:

The patient is compliant in taking the medication as scheduled

The patient tolerated the medication

The patient did not experience any severe adverse reactions while taking the medication

The patient has responded to treatment, as determined by the prescribing physician

PRECERTIFICATION REQUIREMENTS

PRIORITY HEALTH PRECERTIFICATION REQUIREMENTS

Authorization for Firmagon® (degarelix) requires the following information to certify:

1. Patient must have the following diagnosis:

- Advanced prostate cancer requiring rapid medical castration.
- Trial and failure, or inability to take leuprolide, goserelin, or triptorelin, with or without anti-androgen.

NOTE: Covered under Medicare Part B, if approved, where applicable.

*** All fields must be complete and legible for Prior Authorization Review***

Please fax this request to: (877)974-4411 toll free or (616)942-8206

YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX