

# Priority Health Medicare prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:  Medicare Part B  Medicare Part D  
 This request is:  Expedited request  Standard request

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

## Amitriptyline (generic Elavil®)

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_  
 Requesting Provider: \_\_\_\_\_ Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_  
 Provider NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Drug information

New Request  Continuation Request

Amitriptyline 10 mg tablet  Amitriptyline 75 mg tablet **Start date** (or date of next dose): \_\_\_\_\_  
 Amitriptyline 25 mg tablet  Amitriptyline 100 mg tablet **Date of last dose** (if applicable): \_\_\_\_\_  
 Amitriptyline 50 mg tablet  Amitriptyline 150 mg tablet **Dosing frequency:** \_\_\_\_\_

Amitriptyline is classified by the American Geriatrics Society and Centers for Medicare and Medicaid Services as a high risk/potentially inappropriate medication when taken by persons age 65 and older.

The following requirements need to be met before this drug is covered by Priority Health Medicare. These requirements have been approved by the Centers for Medicare and Medicaid Services (CMS), but you may ask us for an exception if you believe one or more of these requirements should be waived.

1. Must be used for a FDA-approved indication

### Medically accepted indication

This drug is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- — or — supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information and the DRUGDEX Information System.)

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**What condition is this drug being requested for?**

- Depression (FDA-approved indication)
- Fibromyalgia
- Headache
- Indigestion
- Interstitial cystitis (chronic)
- Irritable bowel syndrome
- Pain
- Polyneuropathy
- Postherpetic neuralgia (shingles pain)
- Subjective tinnitus
- Temporomandibular joint disorder (TMJ)
- Other – the patient’s condition is: \_\_\_\_\_

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**Priority Health Medicare exception request**

**Do you believe one or more of the prior authorization requirements should be waived?**  Yes  No  
If yes, you must provide a statement explaining the medical reason why the exception should be approved.

**Would amitriptyline likely be the most effective option for this patient (i.e. please explain why the patient cannot be treated with formulary alternatives appropriate for the patient’s medically-accepted (but not FDA-approved) indication)?**

Yes  No

If yes, please explain why: \_\_\_\_\_

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**If the patient is currently using amitriptyline, would changing the patient’s current regimen likely result in adverse effects for the patient?**

Yes  No

If yes, please explain: \_\_\_\_\_

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