

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.

Beriner[®] (Plasma-derived C1Esterase Inhibitor)

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: _____

Product Information

New request Continuation request
 Drug product: Beriner 500 unit vial
 Start date (or date of next dose): _____
 Date of last dose (if applicable): _____
 Dosing frequency: _____

Drug cost information

The wholesale acquisition cost for one vial is \$2,535. The annual cost of treatment with this drug will vary depending on the patient's circumstances. The average cost of one treatment is \$10,140.

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Diagnosis of hereditary angioedema (HAE) with documentation of both of the following:
 - a. C4, C1-INH protein, and C1-INH function lab results
 - b. Patient's current weight
2. 18 years of age or older
3. Beriner is being used only for the treatment of acute attacks
4. Patient has had a documented trial of acute therapy with Firazyr

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 DRUGDEX Information System.)

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

Hereditary angioedema (two sets of C4, C1-INH protein, and C1-INH function lab results must be submitted to Priority Health)

Other – the patient’s condition is: _____

Rationale for use: _____

B. What is the patient’s current weight? _____

C. Will the patient being using Berinert for acute or prophylactic treatment?

Acute

Prophylactic

D. Has the patient had a trial of Firazyr for acute attacks?

Yes

No

Rationale for use: _____

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 Berinert likely be the most effective option for this patient?

No

Yes, because: _____

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

No

Yes, because: _____