PriorityHealth

Medical prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ **Commercial (Traditional)** ☒ **Commercial (Individual/Optimized)** ☒ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Besponsa® (inotuzumab ozogamicin)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Physician: _____ Phys. Phone: _____ Phys. Fax: _____

Physician Address: _____

Physician NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product Information

☐ New request ☐ Continuation request

Drug product: ☐ Besponsa 0.9 mg powder for solution. **Dose:**_____ **Dose Frequency**:_____

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Date of next dose: _____

ICD code(s): _____

Place of administration:

☐ Physician's office

☐ Outpatient infusion

Facility: _____ NPI:_____ Fax:_____

☐ Home infusion

Facility: _____ NPI:_____ Fax:_____

Billing:

☐ Physician to buy and bill

☐ Facility to buy and bill

☐ Specialty Pharmacy

Pharmacy:_____ NPI:_____ Fax:_____

Drug cost information

The wholesale acquisition cost for one cycle of Besponsa is $71,060.

All fields must be complete and legible for review. Your office will receive a response via fax.

New 11/2017
Last reviewed 11/2019

PriorityHealth

Precertification Requirements

Before this drug is covered, documentation must be submitted to support that the patient meets all of the following requirements:

1. Diagnosis of refractory or relapsed B-cell precursor acute lymphoblastic leukemia (ALL)
    a. Refractory: Patient did not achieve a complete response after at least 2 cycles of standard chemotherapy
    b. Relapsed: Patient achieved complete response and experienced relapses at least 2 times following standard chemotherapy (minimum of 2 cycles)
        i. If Philadelphia chromosome *positive* (Ph+), patient must also have tried and failed, be intolerant to, or have a contraindication to at least 2 tyrosine kinase inhibitors (TKI)
        ii. If Philadelphia chromosome *negative* (Ph-), Besponsa is covered for patients with relapsed or refractory ALL.
2. Patients must be 18 years of age or older with Philadelphia chromosome-negative or Philadelphia chromosome-positive relapsed or refractory B-cell precursor ALL that is CD22-positive.
    a. For patient's under 18 years of age, Blincyto is labeled for pediatric use.

3. An Eastern Cooperative Oncology Group (ECOG) performance status of ≤ 2 is required.

NOTE: Coverage of Besponsa is limited to the dosing listed in the FDA-approved label.

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

☐ *Refractory* B-cell precursor acute lymphoblastic ALL
☐ *Relapsed* B-cell precursor acute lymphoblastic ALL
☐ *Other – the patient's condition is:* _____
Rationale for use: _____

B. If relapsed B-cell precursor ALL, is the patient Philadelphia chromosome positive?

☐ No
☐ Yes

C. Has the patient tried and failed, is intolerant to, or has a contraindication to at least two tyrosine kinase inhibitors (TKI)?

☐ No; rationale for use: _____
_____

☐ Yes (please list previous drug trials)

Drug	Dose	Dates	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. What is the patients ECOG score? _____

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