PriorityHealth

Pharmacy 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.

Daliresp® (roflumilast)

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: ☐ Daliresp 500 mcg

Start date (or date of next dose): ____________________

Date of last dose (if applicable): ____________________

Dosing frequency: ____________________

Precertification Requirements

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

1. Must have a diagnosis of stage 3 or 4 COPD (defined as an FEV1 less than 50%)
2. Must have chronic bronchitis (a productive, long-term cough that lasts 3 months out of the year for 2 consecutive years)
3. Must have tried and failed on triple therapy with an inhaled corticosteroid (ICS), long-acting beta agonist (LABA) and a long-acting antimuscarinic (LAMA)
   a. Fail is defined as no improvement or a worsening of the condition (an exacerbation) after trying triple therapy at the maximum dosages for at least 4 weeks consistently
4. Must have more than 1 COPD exacerbation in the past year
5. Must be age 40 or older

For continuation, patient must have met the following requirements:

1. Must have documentation illustrating a reduction in COPD exacerbations

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.

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

Updated 09/2018
Last reviewed 09/2018

PriorityHealth

New request
Priority Health Precertification Documentation

A. What condition is this drug being requested for?

☐ Stage 3 COPD (severe, defined as FEV_1 < 50% and $\geq$ 30%)
☐ Stage 4 COPD (very severe, defined as FEV_1 < 30%)
☐ *Other – the patient's condition is:* ______________________
Rationale for use: ______________________

B. Does the patient have chronic bronchitis that lasts 3 months out of the year for the last 2 consecutive years?

☐ Yes ☐ No, rationale for use: ______________________

C. Has the patient been compliant on triple therapy with an ICS, LABA, and LAMA at the maximum dose for at least 4 weeks?

☐ Yes. *Please list below:*

Drug	Dosage	Dates (or length of therapy)

☐ No, rationale for use: ______________________

D. How many COPD-related exacerbations has the patient experienced in the previous year?

☐ 0, rationale for use: ______________________

☐ 1, date of exacerbation: ____________ Rationale for use: ______________________

☐ 2 or more, dates of exacerbations: ______________________

Request to continue a previously authorized approval

Priority Health Precertification Documentation

1. Has documentation been provided showing a reduction in COPD exacerbations since starting Daliresp?

☐ Yes
☐ No, rationale for use: ______________________

Additional information

Note: When criteria are met, approval will be given for 12 months

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Updated 09/2018
Last reviewed 09/2018