

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.

Erivedge[®] (vismodegib)

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: Erivedge 150 mg capsule

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 requirements:

1. One of the following indications:
 - Metastatic basal cell carcinoma
 - Locally advanced basal cell carcinoma that has recurred after surgery or patient is not a candidate for surgery in patients who are not candidates for radiation
2. If patient is not a surgical candidate, documentation of appropriate surgical consult

Note: Authorization for indications 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 drug's use for the identified indication.

Priority Health Precertification Documentation

A. What is the patient's diagnosis?

- Metastatic basal cell carcinoma
- Locally advanced basal cell carcinoma
 - Basal cell carcinoma recurred after surgery
 - Patient is not a candidate for surgery (include documentation of surgical consult)
 - Patient is not a candidate for radiation
- Other – the patient's condition is: _____

Rationale for use: _____