

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.

Gattex[®] (teduglutide)

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: Gattex 5 mg kit
 Start date (or date of next dose): _____
 Date of last dose (if applicable): _____
 Dosing frequency: _____

Prior authorization criteria

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.

The initial authorization for Gattex is 24 weeks. The patient must meet all of the following criteria:

1. Diagnosis of short bowel syndrome and dependent on parenteral support
2. Patient has received appropriate laboratory assessments: bilirubin, alkaline phosphatase, lipase, and amylase within 6 months before starting Gattex. Additional assessment is recommended every 6 months, or more frequently if needed.
3. Documentation of a colonoscopy for patients with an intact large intestine within 6 months before starting Gattex
4. Patient must not have a history of colorectal or other GI malignancy
5. Patient has not received biologic treatment for Crohn's disease within 12 weeks before starting Gattex

Each continuation authorization is for 6 months. The patient must have met the following requirements:

1. The patient had at least a 20% reduction in parenteral support volume

Additional information

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, the DRUGDEX Information System, and the USPDI or its successor.)

New request
Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- Short bowel syndrome, dependent on parenteral support
 Other, the patient's condition is: _____

B. Does the patient have a history of colorectal or gastrointestinal malignancy?

- No
 Yes – rationale for use: _____

C. Has the patient had a colonoscopy and other laboratory assessments within the 6 months before starting Gattex?

- Yes
 No – rationale for use: _____

Continuation
Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- Short bowel syndrome, dependent on parenteral support
 i. How long has the patient received parenteral support? _____
 ii. What volume of parenteral support does the patient receive daily? _____
 Other, the patient's condition is: _____

B. Select which of the following apply (all must be met for continuation of therapy):

- The patient had a 20% reduction in parenteral support volume since starting Gattex
 Other: _____

Priority Medicare physician statements

Are you requesting an exception to the Medicare Part D prior authorization criteria? Yes No

If yes, please provide a response to the following questions.

Would Gattex likely be the most effective option for this patient?

- Yes No

If yes, please explain why: _____

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

- Yes No

If yes, please explain: _____

