

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 powder for injection

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.

For this drug to be covered, the patient must meet the following criteria:

1. Must be used for a medically accepted indication*
2. Must have received appropriate laboratory assessments (bilirubin, alkaline phosphatase, lipase, and amylase) within 6 months before starting Gattex
3. For patients with an intact large intestine, must have documentation of a colonoscopy within 6 months before starting Gattex
4. Must not have a history of colorectal or other GI malignancy

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 for a drug or biologic used in an anti-cancer chemotherapeutic regimen is a use 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.)
- supported by one of the following references (known as compendia): National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium, Micromedex DrugDex, American Hospital Formulary Service-Drug Information, Clinical Pharmacology, or Lexi-Drugs
- — or — supported in peer-reviewed medical literature appearing in regular editions of approved publications

Additional information

Note: When coverage criteria are met, coverage duration is 6 months.

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: _____

Rationale for Other use: _____

B. Does the patient have a history of colorectal or other gastrointestinal (GI) malignancy?

☐ No

☐ Yes. Are you requesting an exception to the criteria?

☐ Yes. **Rationale for exception:** _____

☐ No

C. Has the patient received appropriate laboratory assessments including bilirubin, alkaline phosphatase, lipase, and amylase within 6 months of starting Gattex?

☐ Yes

☐ No. Are you requesting an exception to the criteria?

☐ Yes. **Rationale for exception:** _____

☐ No

D. For patients with an intact large intestine, is there documentation of a colonoscopy within 6 months before starting Gattex?

☐ Yes

☐ No – rationale for use: _____

Priority Health Medicare Exception Requests (for exceptions to the above precertification requirements)

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: _____