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.

Hysingla ER® (hydrocodone bitartrate)

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:

- ☐ Hysingla ER 20 mg capsule
- ☐ Hysingla ER 30 mg capsule
- ☐ Hysingla ER 40 mg capsule
- ☐ Hysingla ER 60 mg capsule
- ☐ Hysingla ER 80 mg capsule
- ☐ Hysingla ER 100 mg capsule
- ☐ Hysingla ER 120 mg capsule

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Precertification Requirements

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.

1. Must be age 18 or older
2. Patient must have a documented diagnosis of chronic pain requiring daily, around the clock, long-term treatment
   - Hysingla ER is not covered for:
     - As needed use
     - Acute pain
     - Post-operative pain
3. Must first try two of the following drugs: morphine sulfate extended-release, fentanyl patch, methadone, tramadol, morphine sulfate, hydromorphone, or hydromorphone extended-release
4. Must sign pain management agreement

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

Updated 01/2018
Last reviewed 03/2019

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 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 and the DRUGDEX Information System)

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- ☐ Chronic pain requiring daily, around the clock, long-term treatment
- ☐ *Other – the patient's condition is:* _____

B. Which of the following drugs has the patient tried?

- ☐ Morphine ER
- ☐ Fentanyl patch
- ☐ Methadone
- ☐ Tramadol
- ☐ Morphine IR
- ☐ Hydromorphone
- ☐ Hydromorphone ER
- ☐ Other:_____
- ☐ Other:_____

C. Has the patient signed a pain management agreement?

☐ Yes ☐ No. ***Rationale***: _____

Additional information

Conversion factors to Hysingla ER (not equianalgesic doses)

Drug name	Conversion factor
Tramadol	0.1
Oxycodone	1.5
Methadone (mg)	1.5
>0, ≤20	4
>20, ≤40	8
>40, ≤60	10
>60	12
Oxymorphone	3
Hydromorphone	4
Morphine	1
Codeine	0.15

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Updated 01/2018
Last reviewed 03/2019

Priority Health Medicare exception request

Do you believe one or more of the prior authorization requirements should be waived? ☐ Yes ☐ No
If yes, you must provide a statement explaining the medical reason why the exception should be approved.

Would Hysingla ER likely be the most effective option for this patient?
☐ No
☐ Yes, because:_____

_____

_____

If the patient is currently using Hysingla ER, would changing the patient's current regimen likely result in adverse effects for the patient?
☐ No
☐ Yes, because:_____

_____

_____

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

Updated 01/2018
Last reviewed 03/2019