

# Medicare Part B 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:  **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.

## Imlygic™ (talimogene)

### 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 and Billing Information

Drug product:  Imlygic 1 mil units/mL  Imlygic 100 mil units/mL  
 Start date (or date of next dose): \_\_\_\_\_  
 Dose: \_\_\_\_\_ Dose Frequency: \_\_\_\_\_  
 Date of last dose (if applicable): \_\_\_\_\_  
 Date of next dose: \_\_\_\_\_

Place of administration:  Physician's office  Outpatient infusion  
 Facility: \_\_\_\_\_ NPI: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Home infusion  
 Facility: \_\_\_\_\_ NPI: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing:  Physician to buy and bill  Facility to buy and bill  Specialty Pharmacy  
 Pharmacy: \_\_\_\_\_ NPI: \_\_\_\_\_ Fax: \_\_\_\_\_

ICD code(s): \_\_\_\_\_

### Precertification Requirements

Patient must meet all of the criteria outlined in WPS-Medicare LCD L37205:

- Local treatment of unresectable cutaneous, subcutaneous, and nodal lesions in patients with recurrent melanoma after initial surgery

### Priority Health Precertification Documentation

#### A. What is the condition this drug is prescribed for?

- Unresectable cutaneous, subcutaneous, or nodal lesions in recurrent melanoma after surgery  
 Other – the patient's condition is: \_\_\_\_\_