PriorityHealth

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.

Inlyta® (axitinib)

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:

☐ Inlyta 1 mg tablet

☐ Inlyta 5 mg tablet

Start date (or date of next dose): ______________

Date of last dose (if applicable): ______________

Dosing frequency: ______________

Oral oncology partial fill program

Each fill of Inlyta is limited to a 14 day supply at any network pharmacy. Patients are responsible for applicable deductable and copayments.

Precertification Requirements

For this drug to be covered, the patient must have advanced renal cell carcinoma and first try one of the following other drugs: Nexavar, Sutent, or Votrient.

What condition is this drug being used for?

☐ Advanced renal cell carcinoma

☐ *Other – the patient's condition is:* ______________________

Rationale for use: ______________________

Additional information

Requests for any condition not listed as covered require evidence of current medical literature that substantiates the drug's efficacy or that recognized oncology organizations generally accept the treatment for the condition.

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

No changes made since 07/2014

Last reviewed 07/2018