

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.

Kevzara[®] (sarilumab)

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: _____

Drug information

New request Continuation request

Kevzara 150 mg/1.14 mL syringe Kevzara 200 mg/1.14 mL syringe

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.

Before this drug is covered, the patient must meet all of the following requirements:

1. Must be used for a medically-accepted indication*
2. Must first try one non-biologic disease-modifying antirheumatic drug (DMARD) (e.g., methotrexate, leflunomide, sulfasalazine, hydroxychloroquine)
3. Must first try one self-injectable anti-TNF drug (e.g., Enbrel, Humira)
4. Must have a documented negative TB test in the past 12 months
5. Must not be given in combination with other biologic drugs

Additional information

Note: When criteria are met, coverage duration will be 1 year

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 is the date and result of the patient's most recent TB test?

- Negative **Date:** _____
- Positive
- Not completed. **Are you requesting an exception to the criteria?**
- Yes. **Rationale for exception:** _____
- No

B. What is the patient's diagnosis?

- Rheumatoid arthritis, moderate to severe
- Other – the patient's condition is:* _____
- Rationale for Other use:** _____

C. Has the patient tried a non-biologic disease-modifying antirheumatic drug (DMARD)?

- Yes
- Methotrexate
- Leflunomide
- Hydroxychloroquine
- Other:* _____
- No. **Are you requesting an exception to the criteria?**
- Yes. **Rationale for exception:** _____
- No

D. Has the patient tried a self-injectable anti-TNF drug?

- Yes
- Enbrel
- Humira
- Other:* _____
- No. **Are you requesting an exception to the criteria?**
- Yes. **Rationale for exception:** _____
- No

E. Will Kevzara be given in combination with another biologic drug (e.g. Enbrel, Humira, Kineret, Remicade, Orencia, or Rituxan)?

- No
- Yes. **Are you requesting an exception to the criteria?**
- Yes. **Rationale for exception:** _____
- No

Priority Health Medicare Exception Request *(exceptions to the above criteria)*

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 Kevzara likely be the most effective option for this patient?

Yes No

If yes, please explain why: _____

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

Yes No

If yes, please explain: _____
