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.

Kyprolis™ (carfilzomib)

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

Drug product: ☐ Kyprolis 30 mg injection ☐ Kyprolis 60 mg 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 use it for a medically-accepted indication*
2. Must meet one of the following:
    a. Must be used as a single agent; OR
    b. Must be used in combination with dexamethasone or lenalidomide plus dexamethasone
3. Must have previously received one to three lines of therapy

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

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

Updated 092018
Last reviewed 09/2018

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- ☐ Relapsed or refractory multiple myeloma
- ☐ *Other – the patient's condition is:* _____

B. Does the patient meet one of the following?

- ☐ Kyprolis is being used as a single agent
- ☐ Kyprolis is being used in combination with dexamethasone
- ☐ Kyprolis is being used in combination with lenalidomide plus dexamethasone
- ☐ None; Rationale for use: _____

C. Has the patient previously received 1 to 3 lines of therapy?

- ☐ Yes
- ☐ No; Rationale for use: _____

Priority Health Medicare plans

Note: Priority Health Medicare applies CMS national and local coverage determination criteria when available for Part B (medical) drugs. If no national determination criteria (NCD) or local coverage determination (LCD) criteria is available for the state in which the member is receiving the services, the above prior authorization criteria must be met.

WPS-Medicare LCD L37205 – Chemotherapy Drugs and their Adjuncts

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 Kyprolis likely be the most effective option for this patient?

- ☐ No
- ☐ Yes, because: _____

_____

_____

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

- ☐ No
- ☐ Yes, because: _____

_____

_____

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