

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.

Lemtrada[®] (alemtuzumab)

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Physician: _____ Phone: _____ Fax: _____
 Physician Address: _____
 Physician NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____

Product and Billing Information

New request Continuation request

Drug product: Lemtrada 12 mg/1.25 mL
 Dose (mg/kg): _____
 Frequency: _____
 Weight: _____
 Date of last dose: _____
 Date of next dose: _____

Administration: Physician's Office
 Outpatient Infusion
 Facility: _____ NPI: _____ Fax #: _____
 Home infusion
 Agency: _____ NPI: _____ Fax #: _____

Billing: Physician Buy and Bill
 Facility Buy and Bill
 Specialty Pharmacy
 Pharmacy: _____ NPI: _____ Fax #: _____

ICD-10 Diagnosis Code(s): _____

Prior authorization criteria

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

1. Must have a relapsing-remitting form of multiple sclerosis
2. Must first try two of the following other drugs: Avonex, Gilenya, and Tecfidera
3. Not covered in combination with other immunomodulatory therapies used in the treatment of multiple sclerosis

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, the DRUGDEX Information System, and the USPDI or its successor.)

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- Relapsing-remitting multiple sclerosis
- Other – the patient’s condition is: _____

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

- Avonex
- Gilenya
- Tecfidera
- Others: _____

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 Lemtrada likely be the most effective option for this patient?

- No
- Yes, because: _____

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

- No
- Yes, because: _____

