

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Commercial Commercial Individual (PPACA) 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.

Lotronex[®] (alosetron), Alosetron

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

Drug product: Lotronex 0.5 mg, 1 mg Tablets **Start date** (or date of next dose): _____
 Alosetron 0.5mg, 1mg Tablets **Date of last dose** (if applicable): _____
Dosing frequency: _____

Precertification Requirements

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

1. Must have the diagnosis of severe diarrhea-predominant irritable bowel syndrome.
2. Patient is female.
3. Must have failed conventional treatment with at least two of the following: dietary changes, loperamide, an antispasmodic (ex. Dicyclomine) or a bile acid sequestrant (cholestyramine, colestipol or colesevelem).

Note: Authorization for indications not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the drug's use for the identified indication.

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

Severe diarrhea-predominant irritable bowel syndrome

Other – the patient's condition is: _____

Rationale for use: _____

B. Is the patient female?

Yes

No

C. Has the patient had a trial with at least two of the following?

Dietary changes

Loperamide

Antispasmodic (ex. Dicyclomine)

Bile acid sequestrant (cholestyramine, colestipol, or colesevelam)

Additional information

Note: Maximum covered dose is 2mg/day.