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.

Matulane® (procarbazine)

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: ☐ Matulane 50 mg capsule

Start date (or date of next dose): ____________

Date of last dose (if applicable): ____________

Dosing frequency: ____________

Oral oncology partial fill program

Each fill of Matulane is limited to a 14-day partial fill at any network pharmacy. Patients are responsible for applicable deductable and copayments, which is one-half of applicable copayments after deductible is met for each partial fill.

Precertification Requirements

Before this drug is covered, the patient must be taking the drug for one of the following conditions:

- ☐ Hodgkin's disease
- ☐ Malignant intracranial tumors
- ☐ Multiple myeloma
- ☐ Non-Hodgkin's lymphoma

☐ *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 09/2013

Last reviewed 07/2018