

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.

Oral Oncology (non-carve out)

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Alkylating Agents | <input type="checkbox"/> Hedgehog Pathway Inhibitor | <input type="checkbox"/> Retinoids |
| <input type="checkbox"/> Antibody Drug Complexes | <input type="checkbox"/> Hormone Antagonists | <input type="checkbox"/> Systemic Enzymes |
| <input type="checkbox"/> Antimetabolites | <input type="checkbox"/> Immunomodulators | <input type="checkbox"/> Topoisomerase Inhibitors |
| <input type="checkbox"/> Antineoplastic Antibiotics | <input type="checkbox"/> Immunotherapy | <input type="checkbox"/> Vascular Endothelial Growth Factor |
| <input type="checkbox"/> Antineoplastic Combinations | <input type="checkbox"/> Mast Stabilizers | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Antineoplastic - Antiandrogens | <input type="checkbox"/> Metal Complexes | Drug Name: _____ |
| <input type="checkbox"/> Antineoplastic - BRAF Kinase inhibitors | <input type="checkbox"/> Mitotic Inhibitors | |
| <input type="checkbox"/> Enzymes | <input type="checkbox"/> Photosensitizers | |
| | <input type="checkbox"/> Radiopharmaceuticals | |

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Precertification Requirements

Patient must meet all of the following criteria:

1. Must be used for an FDA-approved or medically-accepted indication (defined below).
2. Must be prescribed by an oncologist.
3. Must not for experimental or investigational use or is enrolled in a clinical trial.

Additional information

Note: Authorization for indications, dosing, or a route of administration 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 appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- Diagnosis: _____
- FDA-Approved
- Medically Accepted: as noted in the following Compendia:
 - American Hospital Formulary Drug Service (AHFS-DI)
 - NCCN Drugs and Biologic Compendium/ NCCN Guidelines
 - Categories 1, 2a, and 2b will be accepted. (See Table for explanation of Categories)
 - Micromedex DrugDex
 - Clinical Pharmacology
- Other – the patient's condition is: _____
 Rationale for use: _____

B. Is the patient under the care of an Oncologist?

- Yes
- No – rationale for use: _____

C. Is the drug being used as an experimental or investigation treatment or part of a clinical trial?

- Yes
- No – rationale for use: _____

D. Please provide documentation for the following?

- Previous trials (dates, dose, duration and outcomes):

- Chart notes detailing member's clinical status
- Related lab work, testing, and clinical markers.

NCCN Categories of Evidence and Consensus

Category 1: Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2A: Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2B: Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.

Category 3: Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate.

All recommendations are category 2A unless otherwise noted.