

# 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.

## Phenobarbital

### 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:  Phenobarbital 20 mg/5 mL solution **Start date** (or date of next dose): \_\_\_\_\_  
 Phenobarbital 15 mg (16.2 mg) tablet **Date of last dose** (if applicable): \_\_\_\_\_  
 Phenobarbital 30 mg (32.4 mg) tablet **Dosing frequency:** \_\_\_\_\_  
 Phenobarbital 60 mg (64.8 mg) tablet  
 Phenobarbital 90 mg (97.2 mg) tablet  
 Phenobarbital 100 mg tablet

### 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 and the DRUGDEX Information System.)

### Priority Health Precertification Documentation

#### A. What condition is this drug being requested for?

- |  |  |
|--|--|
| <input type="checkbox"/> Alcohol withdrawal syndrome                           | <input type="checkbox"/> Epilepsy  |
| <input type="checkbox"/> Barbiturate withdrawal                                | <input type="checkbox"/> Relieve anxiety, tension, or apprehension by causing sedation |
| <input type="checkbox"/> Cyclical vomiting syndrome                            | <input type="checkbox"/> Sedation/Insomnia   |
| <input type="checkbox"/> Drug withdrawal because of barbiturate dependence     | <input type="checkbox"/> Seizures  |
| <input type="checkbox"/> Insomnia (for short-term management of insomnia only) | <input type="checkbox"/> Status epilepticus  |
| <input type="checkbox"/> Other – the patient's condition is: _____             |  |

Phenobarbital is classified by the American Geriatrics Society and Centers for Medicare and Medicaid Services as a high risk/potentially inappropriate medication when taken by persons age 65 and older.