

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.

Revlimid[®] (lenalidomide)

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: _____

Drug information

New request Continuation request

Drug product: Revlimid 2.5 mg capsule
 Revlimid 5 mg capsule
 Revlimid 10 mg capsule
 Revlimid 15 mg capsule
 Revlimid 20 mg capsule
 Revlimid 25 mg capsule

Start date (or date of next dose): _____
 Date of last dose (if applicable): _____
 Dosing frequency: _____

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

What condition is this drug being requested for?

- Chronic lymphoid leukemia (CLL)
- Mantle cell lymphoma (must first try Velcade and one other chemotherapy drug) – the patient has tried:
 - Velcade
 - Drug name: _____
- Multiple myeloma (must be in combination with dexamethasone)
- Myelodysplastic syndrome
- Myelofibrosis
- Non-Hodgkin's lymphoma
- Other – the patient's condition is: _____