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.

Siliq® (brodalumab)

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: ☐ Siliq 210 mg/1.5 ml syringe

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosage & dosing frequency: _____

ICD-10 code(s): _____

What is the date and result of the patient's most recent TB test?

☐ Negative ☐ Positive

Date of test: _____

Precertification Requirements

The following requirements need to be met before this drug is covered by Priority Health Medicare. These requirements have been approved by the Centers for Medicare and Medicaid Services (CMS), but you may ask us for an exception if you believe one or more of these requirements should be waived.

For this drug to be covered, the patient must meet the following criteria:

1. Must be age 18 or older
2. Must have a negative TB test in the last 12 months
3. For plaque psoriasis:
   - 5% or more of the patient's body surface area must be affected (unless hands, feet, head, neck, or genitalia affected)
   - Must first try one non-biologic systemic drug
   - Must first try Enbrel or Humira

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)

All fields must be complete and legible for review. Your office will receive a response via fax.

Updated 09/2018
Last reviewed 09/2018

PriorityHealth

Priority Health Precertification Documentation

Covered condition **(Place an "X" in the box for the condition this drug is being requested for.)**	**Requirements that must be met before the drug is covered** **(Place an "X" in the appropriate box to indicate the patient has met the required criteria.)**
☐ plaque psoriasis (moderate to severe)	The patient: 1. has disease involvement affecting: ☐ more than 5% body surface area ☐ hands ☐ neck ☐ feet ☐ genitalia ☐ head 2. ☐ has tried one of the following non-biologic systemic drugs: ☐ azathioprine ☐ cyclosporine ☐ methotrexate ☐ None ☐ acitretin ☐ Other: _____ **If none: A non-biologic, systemic drug was not used because:** _____ 3. ☐ has tried one of the following: ☐ Enbrel ☐ Humira The patient has not had a trial with Enbrel or Humira because: _____

Additional Information
When authorized, Priority Health will cover 2 syringes (3 mLs) every 28 days

Priority Health Medicare exception request

Do you believe one or more of the prior authorization requirements should be waived? ☐ Yes ☐ No
If yes, you must provide a statement explaining the medical reason why the exception should be approved.

Would Siliq likely be the most effective option for this patient?
☐ No
☐ Yes, because:_____

If the patient is currently using Siliq, would changing the patient's current regimen likely result in adverse effects for the patient?
☐ No
☐ Yes, because:_____

All fields must be complete and legible for review. Your office will receive a response via fax.

Updated 09/2018
Last reviewed 09/2018