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

Somavert® (pegvisomant)

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: ☐ Somavert kit

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

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Must be used for treatment of acromegaly
2. Must have inadequate response to surgery or radiation therapy, unless those therapies are not an option
3. Must have inadequate response to a somatostatin analog (e.g. Signifor).

Priority Health Precertification Documentation

A. Does the patient have acromegaly?
☐ Yes
☐ No - rationale for use: ____________________

B. Has the patient had an inadequate response to surgery or radiation therapy? Please provide documentation.
☐ Yes
☐ No
☐ Surgery or radiation are not appropriate. Rationale: ____________________

C. Has the patient had an inadequate response to a somatostatin analog? Please provide documentation.
☐ Yes
☐ No

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

No changes made since 12/2017
Last reviewed 01/2019