

# 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.

## Tagrisso<sup>TM</sup> (osimertinib)

### 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:

☐

Tagrisso 40 mg tablet

☐

Tagrisso 80 mg tablet

Start date (or date of next dose): \_\_\_\_\_

Date of last dose (if applicable): \_\_\_\_\_

Dosing frequency: \_\_\_\_\_

### Prior authorization criteria

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.

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

1. Must be used for a medically accepted indication\*
2. Must have laboratory confirmation of epidermal growth factor receptor (EGFR) T790M mutation, as detected by an FDA approved test, or exon 19 deletion or exon 21 (L858R) substitution mutations
3. For EGFR T790M mutation positive non-small cell lung cancer (NSCLC), must have had disease progression on or after EGFR TKI therapy

### 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 for a drug or biologic used in an anti-cancer chemotherapeutic regimen is a use 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.)
- supported by one of the following references (known as compendia): National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium, Micromedex DrugDex, American Hospital Formulary Service-Drug Information, Clinical Pharmacology, or Lexi-Drugs
- or — supported in peer-reviewed medical literature appearing in regular editions of approved publications

## Priority Health Precertification Documentation

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

- ☐ Metastatic non-small cell lung cancer (NSCLC)  
☐ Other – the patient's condition is: \_\_\_\_\_

### B. Does the patient have laboratory confirmation of one of the following?

- ☐ EGFR T790M mutation (as detected by an FDA approved test)  
☐ Exon 19 deletion  
☐ Exon 21 (L858R) substitution mutation  
☐ No. **Are you requesting an exception to the criteria?**

- ☐ Yes. **Rationale for exception:** \_\_\_\_\_  
☐ No

### C. For EGFR T790M mutation positive NSCLC, has the patient had disease progression on or after EGFR TKI therapy?

- ☐ Yes.  
☐ Tarceva  
☐ Gilotrif  
☐ Iressa

☐ No. **Are you requesting an exception to the criteria?**

- ☐ Yes. **Rationale for exception:** \_\_\_\_\_  
☐ No

## Additional information

**Note:** When coverage criteria are met, coverage duration is 1 year. Tagrisso is limited to 30 tablets every 30 days.

## Priority Health Medicare Exception Request (*exceptions to the above criteria*)

**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 Tagrisso likely be the most effective option for this patient?

- ☐ No  
☐ Yes, because: \_\_\_\_\_

### If the patient is currently using Tagrisso, would changing the patient's current regimen likely result in adverse effects for the patient?

- ☐ No  
☐ Yes, because: \_\_\_\_\_