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.

Taltz® (ixekizumab)

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: ☐ Taltz 80 mg/ml Autoinjector ☐ Taltz 80 mg/ml syringe

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosage & dosing frequency: _____

Drug cost information

The wholesale acquisition cost for each 80 mg dose of Taltz is $4,650.88. The annual cost of maintenance treatment with this drug is more than $60,461.

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.

1. Must be age 18 or older
2. Must submit a negative TB test result from within the previous 12 months
3. Must be used for a medically accepted indication* and meet the coverage criteria for that condition:
   - Plaque psoriasis
     - Must affect 5% or more of patient's body surface area (unless hands, feet, head, neck, or genitalia affected)
     - Must first try one topical and one non-biologic systemic drug
     - Must first try Enbrel or Humira
   - Psoriatic arthritis
     - Must first try Enbrel or Humira

Additional information

Note: When criteria are met, duration of approval will be 1 year.

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

Updated 03/2018
Last reviewed 01/2019

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

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) ☐ psoriatic arthritis	The patient: 1. has disease involvement of one or more of the following areas: ☐ more than 5% body surface area ☐ hands ☐ neck ☐ feet ☐ genitalia ☐ head 2. ☐ has tried at least one topical drug 3. ☐ has tried one of the following non-biologic systemic drugs: ☐ azathioprine ☐ cyclosporine ☐ methotrexate ☐ Soriatane ☐ Other: _____ ☐ None; ***Rationale*** :_____ _____ 4. ☐ has tried one of the following: ☐ Enbrel ☐ Humira ☐ None. ***Rationale***: _____

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 Taltz likely be the most effective option for this patient?

☐ No

☐ Yes, because:_____

_____

_____

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

☐ No

☐ Yes, because:_____

_____

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Updated 03/2018
Last reviewed 01/2019