PriorityHealth

Medical 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.

Tecentriq™ (atezolizumab)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Physician: _____ Phys. Phone: _____ Phys. Fax: _____

Physician Address: _____

Physician NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product and Billing Information

☐ New request ☐ Continuation request

Drug product: ☐ Tecentriq 1200 mg/20 mL injection **Dose:**_____ **Dose Frequency**:_____

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Date of next dose: _____

Place of administration:
☐ Physician's office
☐ Outpatient infusion
Facility: _____ NPI:_____ Fax:_____
☐ Home infusion
Facility: _____ NPI:_____ Fax:_____

Billing:
☐ Physician to buy and bill
☐ Facility to buy and bill
☐ Specialty Pharmacy
Pharmacy:_____ NPI:_____ Fax:_____

ICD-10 Diagnosis code(s): _____

Precertification Requirements

Patient must meet all of the following criteria:

1) Diagnosis of locally advanced or metastatic urothelial carcinoma; and
   a. Experienced disease progression during or following platinum-containing chemotherapy; or
   b. Experienced disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy
   c. Eastern Cooperative Oncology Group (ECOG) performance status of 0-1

All fields must be complete and legible for review. Your office will receive a response via fax. No changes made since 10/2018
Last reviewed 11/2018

2) Metastatic non-small cell lung cancer (NSCLC); and
    a. Experienced disease progression during or following platinum-containing chemotherapy.
    b. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving Tecentriq.
    c. Eastern Cooperative Oncology Group (ECOG) performance status of 0-2
3) Age 18 years or older

Note: Authorization for indications not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the drug's use for the identified indication.

Priority Health Precertification Documentation

A. What is the patient's diagnosis?

- ☐ Locally advanced or metastatic urothelial carcinoma
    - ☐ Experienced disease progression during or following platinum-containing chemotherapy
    - ☐ Experienced disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy
- ☐ Metastatic non-small cell lung cancer (NSCLC)
    - ☐ Experienced disease progression during or following platinum-containing chemotherapy
    - ☐ EGFR or ALK positive
- ☐ Other – rationale for use: _____

B. What previous treatment has the patient used?

Previous therapy: _____ Date: _____
Previous therapy: _____ Date: _____
Previous therapy: _____ Date: _____

C. Eastern Cooperative Oncology Group (ECOG) performance status:

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ Other – rationale for use: _____

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