

# 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.

## Thalomid<sup>®</sup> (thalidomide)

### 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:

☐ Thalomid 50 mg capsule

☐ Thalomid 100 mg capsule

☐ Thalomid 150 mg capsule

☐ Thalomid 200 mg capsule

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

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

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

### 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, the DRUGDEX Information System, and the USPDI or its successor.)

## Priority Health Precertification Documentation

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

- ☐ Actinic cheilitis
- ☐ Actinic prurigo
- ☐ AIDS-related Kaposi's sarcoma
- ☐ Amyloidosis
- ☐ Angiofollicular lymph node hyperplasia
- ☐ Ankylosing spondylitis
- ☐ Aphthous ulcer
- ☐ Behcet's syndrome
- ☐ Cachexia
- ☐ Cerebellar hemangioblastomatosis
- ☐ Chronic urticaria
- ☐ Complex regional pain syndrome (type I)
- ☐ Congestive heart failure
- ☐ Crohn's disease
- ☐ Diarrhea associated with HIV/AIDS
- ☐ Erythema nodosum leprosum
- ☐ Erythema multiforme
- ☐ Familial Mediterranean fever
- ☐ Gastrointestinal hemorrhage
- ☐ Genital herpes simplex in patients with HIV/AIDS
- ☐ Glioblastoma multiforme
- ☐ Graft versus host disease
- ☐ HIV infection
- ☐ Immune complex vasculitis
- ☐ Iridocyclitis
- ☐ Langerhans cell histiocytosis
- ☐ Leishmaniasis cutanea
- ☐ Lichen planus
- ☐ Liver cancer
- ☐ Lupus erythematosus
- ☐ Malignant tumor of lymphoid hemopoietic and related tissue
- ☐ Multiple myeloma
- ☐ Mycobacterium avium complex infection
- ☐ Myelodysplastic syndrome
- ☐ Myelofibrosis
- ☐ Pemphigoid
- ☐ Prostate cancer
- ☐ Prurigo nodularis
- ☐ Pyoderma gangrenosum
- ☐ Retractable mesenteritis
- ☐ Rheumatoid arthritis
- ☐ Sarcoidosis
- ☐ Schnitzler syndrome
- ☐ Skin disorder (useful in some skin disorders)
- ☐ Systemic onset juvenile chronic arthritis
- ☐ Tuberculosis of meninges
- ☐ Waldenstrom macroglobulinemia

☐ Other – the patient's condition is: \_\_\_\_\_