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.

Vyxeos® (daunorubicin liposomal/cytarabine liposomal)

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: ☐ Vyxeos 44mg/100mg powder for inj.

Start date (or date of next dose): _____
Date of last dose (if applicable): _____
Date of next dose (if applicable): _____
Dose:_____ **Dose Frequency**:_____
Weight (if applicable):_____

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): _____

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

New 03/2018
Last reviewed 09/2018

Precertification Requirements

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

1. Diagnosis of one of the following (provide supporting documentation):
    a. Acute myeloid leukemia with myelodysplasia-related changes (AML-MRC) (i.e. patients with antecedent myelodysplastic syndrome (MDS)/chronic myelomonocytic leukemia (CMML) or cytogenetic changes that are consistent with MDS)
    b. Therapy-related acute myeloid leukemia, newly diagnosed (t-AML)
2. Eastern Cooperative Oncology Group (ECOG) performance status 0-2
3. Creatinine clearance ≥ 30 mL/min
4. Serum total bilirubin ≤ 3 mg/dL
5. Normal (e.g. ≥ 50%) left ventricular ejection fraction (LVEF)

Note: Authorization for indications, dosing, or a route of administration 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 appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

New request
Priority Health Precertification Documentation

A. What condition is this drug being requested for?

☐ Acute myeloid leukemia with myelodysplasia-related changes (AML-MRC)
☐ Therapy-related acute myeloid leukemia, newly diagnosed (t-AML)
☐ *Other – the patient's condition is:* _____
Rationale for use: _____

B. What is the patient's ECOG Performance Status?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

C. What is the patient's Creatinine Clearance? _____ mL/min

D. What is the patient's bilirubin? _____ mg/dL

E. What is the patient's LVEF? _____ %

Additional information

If authorized for treatment, Vyxeos is limited to the following:

1st induction: 44 mg/m^2 daunorubicin liposomal and 100 mg/m^2 cytarabine liposomal IV over 90 minutes on days 1, 3, and 5. (Patients who do not achieve a response may receive a second induction.)

2nd induction: (given 2 to 5 weeks after the first induction cycle) 44 mg/m^2 daunorubicin liposomal and 100 mg/m^2 cytarabine liposomal IV on days 1 and 3.

Consolidation: (given 5 to 8 weeks after the start of the last induction) 29 mg/m^2 daunorubicin liposomal and 65 mg/m^2 cytarabine liposomal IV on days 1 and 3.

Patients without disease progression or unacceptable toxicity should receive a second cycle of consolidation therapy given 5 to 8 weeks after the start of the previous consolidation.

All fields must be complete and legible for review. Your office will receive a response via fax.
New 03/2018
Last reviewed 09/2018