

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.

Zejula™ (niraparib)

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:

☐ Zejula 100 mg capsule

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Precertification requirements

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 used as maintenance treatment for recurrent epithelial ovarian cancer, fallopian tube, or primary peritoneal cancer after achieving complete or partial response to platinum-based chemotherapy

For annual continuation, the following requirements must be met:

1. Patient must not have evidence of disease progression or treatment-limiting adverse reactions

Additional information

Note: If approved, coverage is provided for 1 year

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)

New request

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- ☐ Maintenance treatment for recurrent epithelial ovarian cancer
☐ Maintenance treatment for fallopian tube cancer
☐ Maintenance treatment for primary peritoneal cancer
☐ Other – the patient's condition is: _____

B. Has the patient achieved a complete or partial response to platinum-based chemotherapy?

- ☐ Complete response
☐ Partial response
☐ Other; rationale: _____

C. What prior treatments has the patient used and what were the outcomes?

Drug/Drug regimen: _____ Outcome: _____

Drug/Drug regimen: _____ Outcome: _____

Drug/Drug regimen: _____ Outcome: _____

Continuation

Priority Health Precertification Documentation

A. What condition is the drug being requested for? _____

B. Has the patient had disease progression?

- ☐ Yes
☐ No, please explain: _____

C. Has the patient had treatment-limiting adverse reactions?

- ☐ Yes
☐ No, please explain: _____

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 Zejula likely be the most effective option for this patient?

- ☐ No
☐ Yes, because: _____

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

- ☐ No
☐ Yes, because: _____