

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.

Zydelig[®] (idelalisib)

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: Zydeliq 100mg tablet Zydeliq 150mg tablet
 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 for a medically-accepted indication*
2. When used for chronic lymphocytic leukemia (CLL), must be used in combination with rituximab.
3. When used for relapsed follicular lymphoma (FL), must first try two other treatment options (i.e. rituximab, bendamustine, chlorambucil, fludarabine, cyclophosphamide).
4. When used for relapsed small lymphocytic lymphoma (SLL), must first try two other treatment options (i.e. rituximab, bendamustine, chlorambucil, fludarabine, cyclophosphamide).

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 for a drug or biologic used in an anti-cancer chemotherapeutic regimen is a use 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.)
- supported by one of the following references (known as compendia): National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium, Micromedex DrugDex, American Hospital Formulary Service-Drug Information, Clinical Pharmacology, or Lexi-Drugs
- — or — supported in peer-reviewed medical literature appearing in regular editions of approved publications

Priority Health Precertification Documentation

1. What condition is this drug being requested for?

- Relapsed Chronic lymphocytic leukemia (given in combination with rituximab)
- Relapsed Follicular lymphoma (requires 2 previous treatments)
- Relapsed Small lymphocytic lymphoma (requires 2 previous treatments)
- Other – the patient’s condition is: _____

2. What previous treatment(s) has/have the patient used? (e.g. Rituxan, bendamustine, chlorambucil, fludarabine, cyclophosphamide)

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

Date: _____
Date: _____
Date: _____

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 Zydelig likely be the most effective option for this patient?

- No
 - Yes, because: _____
- _____
- _____

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

- No
 - Yes, because: _____
- _____
- _____