# PRIOR AUTHORIZATION REQUEST FORM

**EOC ID:**

# Xermelo

**Phone: 800-728-7947 Fax back to: 866-880-4532**

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

| **Patient Name:** | **Prescriber Name:**<br>**Supervising Physician:** | |
|---|---|---|
| Member/Subscriber Number: | Fax: | Phone: |
| Date of Birth: | Office Contact: | |
| Group Number: | NPI: | State Lic ID: |
| Address: | Address: | |
| City, State ZIP: | City, State ZIP: | |
| Primary Phone: | Specialty/facility name (if applicable): | |

Drug Name and Strength:

Directions / SIG:

**Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.**

Q1. Please provide ICD code(s) for diagnosis.

Q2. Is the patient a new start to therapy?

☐ Yes ☐ No

Q3. For what diagnosis is Xermelo being prescribed?

☐ Carcinoid Syndrome Diarrhea ☐ Other (please specify)

Q4. Does the patient have failure of adequate trial of or intolerance to one of the following?

☐ Octreotide
☐ Lantreotide
☐ Other (please specify)
☐ None of the above

Q5. Will the patient be taking Xermelo in combination with somatostatin analog therapy (i.e. octreotide or lanreotide)?

☐ Yes ☐ No

Q6. Additional Comments:

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| **Patient Name:** | **Prescriber Name:**<br>**Supervising Physician:** |

Prescriber Signature _____ Date _____

□ Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to a SWHP pharmacist or medical director at 1-800-728-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.