HEALTHY U CHIP

PRIOR AUTHORIZATION REQUEST FORM XIAFLEX®

For authorization, please answer each question and fax this form PLUS chart notes back to the Healthy U CHIP Prior Authorization Department at 801-213-1547.

Fa	ailure to submit clinical documen	tation to support this requ	est wil	l result i	n a dismissal of the request.		
If	you have medical pharmacy prior author	rization questions, please call for	assistan	ice: 833-4	404-4300		
Di	isclaimer: Prior authorization request fo	rms are subject to change in acco	ordance	with Fede	eral and State notice requirements.		
	·				·		
Date:		Member Name:		ID#:	ID#:		
DOB:		Gender:			Physician:		
Office Phone:		Office Fax:			Office Contact:		
Height/Weight:		<u>I</u>			HCPCS Code:		
preferred products has not been successful, you must submit which preferred products have been tried, dates of treatment, and reason for failure. Reasons for failure must meet the Health Plan medical necessity criteria. Product being requested: □ Xiaflex® (collagenase clostridium histolyticum) Dosing/Frequency:							
	If the request is	for reauthorization, proceed	to reau	uthorizat	ion section.		
	Questions		Yes	No	Comments/Notes		
		DUPUYTREN'S CONTRA	CTURE				
1.	Does the member have a confirme	d diagnosis of Dunuytron's			Please provide documentation		
	contracture with palpable cord of						
2.		at least one finger?					
	contracture with palpable cord of	at least one finger? der? metacarpophalangeal (MP)			Please provide documentation		
3.	contracture with palpable cord of a ls the member 18 years of age or old. Does the palpable cord involve the	at least one finger? der? metacarpophalangeal (MP) al (PIP) joint?			Please provide documentation Please provide documentation		
3.	contracture with palpable cord of a list he member 18 years of age or of Does the palpable cord involve the joint or the proximal interphalange. Has the member had a fasciectomy	at least one finger? der? metacarpophalangeal (MP) al (PIP) joint?			·		
 4. 	contracture with palpable cord of a ls the member 18 years of age or of Does the palpable cord involve the joint or the proximal interphalange. Has the member had a fasciectomy days prior to the first injection? Does the member have a confirmed	at least one finger? der? metacarpophalangeal (MP) al (PIP) joint? or fasciotomy within 90 PEYRONIE'S DISEAS			·		
3.4.1.	contracture with palpable cord of a list he member 18 years of age or of Does the palpable cord involve the joint or the proximal interphalange. Has the member had a fasciectomy days prior to the first injection?	at least one finger? Ider? Ider? Ider? Ider (MP) Ider (M	SE		Please provide documentation		
3.4.1.2.	contracture with palpable cord of a ls the member 18 years of age or of Does the palpable cord involve the joint or the proximal interphalange. Has the member had a fasciectomy days prior to the first injection? Does the member have a confirmed disease with palpable plaque?	at least one finger? der? metacarpophalangeal (MP) al (PIP) joint? or fasciotomy within 90 PEYRONIE'S DISEA! d diagnosis of Peyronie's der?	SE		Please provide documentation		
 4. 2. 3. 	contracture with palpable cord of a list the member 18 years of age or of Does the palpable cord involve the joint or the proximal interphalange. Has the member had a fasciectomy days prior to the first injection? Does the member have a confirmed disease with palpable plaque? Is the member 18 years of age or of	at least one finger? Ider? Ider? Ider? Ider? Ider (MP) Ider (PIP) joint? Ider (PIP)	SE		Please provide documentation		
 4. 2. 4. 	contracture with palpable cord of a ls the member 18 years of age or of Does the palpable cord involve the joint or the proximal interphalange. Has the member had a fasciectomy days prior to the first injection? Does the member have a confirmed disease with palpable plaque? Is the member 18 years of age or of ls the prescribing provider an urolo. Does member have a curvature defined the provider of the prescribing provider and	at least one finger? Ider? Ider? Imetacarpophalangeal (MP) Idel (PIP) joint? Ider fasciotomy within 90 PEYRONIE'S DISEAS Ided diagnosis of Peyronie's Ider? Ider? Ider fasciotomy within 90 PEYRONIE'S DISEAS Ider fasciotomy within 90 PEYRONIE'S			Please provide documentation Please provide documentation		

REAUTHORIZATION							
DUPUYTREN'S CONTRACTURE							
1. Does the member meet the initial criteria?			Please provide documentation				
2. Does documentation show the MP or PIP contracture remains?			Please provide documentation				
3. Was the last treatment ≥ 4 weeks ago?			Please provide documentation				
4. Has the member received > 3 injections per cord?			Please provide documentation				
PEYRONIE'S DISEAS	E						
 Does documentation show that a maximum of 4 treatment cycles have been received? 			Please provide documentation				
2. Is the member experiencing clinical complications from Peyronie's such as pain and/or difficulty with urination?			Please provide documentation				
3. Does documented curvature deformity remain at ≥ 15 degrees since the last treatment cycle?			Please provide documentation				
4. Do clinic notes document that a penile modeling procedure has been performed 1 to 3 days after each injection?			Please provide documentation				
5. Was the last treatment cycle ≥ 6 weeks ago?			Please provide documentation				
What medications and/or treatment modalities have been tried in the past for this condition? Please document name of treatment, reason for failure, treatment dates, etc.							
Additional information: Physician Signature:							

Failure to submit clinical documentation to support this request will result in a dismissal of the request.

Policy: PHARM-CHIP-M011 Origination Date: 07/01/2024 Reviewed/Revised Date: 07/29/2024 Next Review Date: 07/29/2025 Current Effective Date: 08/01/2024

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