

## Xiaflex

### Prior Authorization Request

This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form toll-free to Peach State Health Plan at 1-866-374-1579.** If you have questions regarding the prior authorization, eligibility, drug copay or medication delivery; please contact Peach State Health Plan at **1-800-514-0083 option # 2.**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Patient's ID:** \_\_\_\_\_ **Patient's Date of Birth:** \_\_\_\_\_  
**Physician's Name:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_ **Physician Office Fax:** \_\_\_\_\_  
**Physician Office Address:** \_\_\_\_\_

1. What drug is being prescribed?  Xiaflex Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_  Other \_\_\_\_\_
2. What is the diagnosis?  Dupuytren's contracture with a palpable cord  Other \_\_\_\_\_
3. **What is the ICD9?** \_\_\_\_\_
4. What is the patient's age? \_\_\_\_\_ **years**
5. What is the specialist of the ordering physician?  Orthopedic surgeon  Hand surgeon  
 General surgeon  Plastic surgeon  Rheumatologist  Other \_\_\_\_\_
6. Is the patient free of chronic muscular, neurological, or neuromuscular disorders affecting the hands?  
 Yes  No
7. Does the patient have flexion contracture of at least one finger, other than the thumb, of at least 20 or greater degrees at the metacarpophalangeal (MP) or proximal interphalangeal (PIP) joints?  
 Yes  No
8. Is the patient currently receiving Xiaflex?  Yes  No *\*If no, no further questions*

**Only answer the following questions if the patient is currently receiving Xiaflex**

9. Has it been at least 4 weeks since the last injection?  Yes  No
10. How many injection has the patient received? \_\_\_\_\_ **injections**
11. Has the patient demonstrated a reduction in contracture of either metacarpophalangeal (MP) or proximal interphalangeal (PIP) joint?  Yes  No
12. Is the patient requesting an additional injection for same palpable cord?  Yes  No

**\*\*NOTE: We can NOT make a decision without documentation - Thank You\*\***

**Information given on this form is accurate as of this date:**

**X** \_\_\_\_\_  
**Prescriber or Authorized Signature** **Date (mm/dd/yy)**

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