

Member Name: {{MEMFIRST}} {{MEMLAST}} DOB: {{MEMBERDOB}} PA Number: {{PANUMBER}}



>{{PANUMCODE}}

Tykerb

Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. 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 to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at 1-866-814-5506. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name: {{MEMFIRST}} {{MEMLAST}} **Date:** {{TODAY}}
Patient's ID: {{MEMBERID}} **Patient's Date of Birth:** {{MEMBERDOB}}
Physician's Name: {{PHYFIRST}} {{PHYLAST}}
Specialty: _____, **NPI#:** _____
Physician Office Telephone: {{PHYSICIANPHONE}} **Physician Office Fax:** {{PHYSICIANFAX}}
Request Initiated For: {{DRUGNAME}}

- What is the patient's diagnosis?
 - Central nervous system (CNS) metastases from breast cancer
 - Breast cancer
 - Chordoma
 - Colorectal cancer
 - Other _____
- What is the ICD-10 code? _____
- Is this a request for continuation of therapy with Tykerb? Yes No *If No, skip to #5.*
- Has the patient experienced disease progression or an unacceptable toxicity with the requested medication?
 Yes No *No further questions.*
- Will Tykerb be given in any of the following regimens?
 - Single agent
 - In combination with capecitabine
 - In combination with trastuzumab
 - In combination with an aromatase inhibitor (e.g., letrozole, anastrozole, or exemestane)
 - In combination with an aromatase inhibitor (e.g., letrozole, anastrozole, or exemestane) with trastuzumab
 - Other _____
- Does the patient have recurrent, advanced, or metastatic disease?
 - Recurrent disease Advanced disease Metastatic disease None of the above

Complete the following section based on the patient's diagnosis, if applicable.

Section A: Central Nervous System (CNS) Metastases from Breast Cancer, Breast Cancer

- What is the patient's human epidermal growth factor receptor 2 (HER2) status? ***ACTION REQUIRED: Attach human epidermal growth factor receptor 2 (HER2) testing results.***
 - HER2-positive
 - HER2-negative
 - Unknown

Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-866-249-6155

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8. *If the diagnosis is breast cancer*, does the patient have hormone receptor-positive disease?
ACTION REQUIRED: If Yes, attach hormone receptor testing results. Yes No Unknown

Section B: Chordoma

9. What is the patient's epidermal growth factor receptor (EGFR) status? **ACTION REQUIRED: Attach epidermal growth factor receptor (EGFR) testing results.**
 EGFR-positive
 EGFR-negative
 Unknown

Section C: Colorectal Cancer

10. What is the patient's human epidermal growth factor receptor 2 (HER2) status? **ACTION REQUIRED: Attach human epidermal growth factor receptor 2 (HER2) testing results.**
 HER2-amplified
 Unknown
 Other _____
11. Does the patient have RAS and BRAF wild-type disease? **ACTION REQUIRED: Attach RAS and BRAF testing results.** Yes No
12. Is the patient appropriate for intensive therapy? Yes No *If No, no further questions*
13. Will Tykerb be used as subsequent therapy for progression of advanced or metastatic disease? Yes No

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____

Prescriber or Authorized Signature

Date (mm/dd/yy)

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