

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Commercial (Traditional) Commercial (Individual/Optimized)

Medicaid

This request is: Urgent (life threatening) Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Caprelsa[®] (vandetanib)

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: Caprelsa 100 mg tablet

Caprelsa 300 mg tablet

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Oral oncology partial fill program

Each fill of Caprelsa is limited to a 14 day supply at any network pharmacy. Patients are responsible for applicable deductible and copayments.

Precertification Requirements

Before this drug is covered, the patient must have one of the following conditions:

1. Medullary thyroid cancer with unresectable locally advanced or metastatic disease
2. Non-small cell lung cancer after first trying one other chemotherapy treatment

Priority Health Precertification Documentation

What is the patient's diagnosis?

Medullary thyroid cancer

Which of the following describes the patient's disease progression?

Unresectable locally advanced or metastatic disease

Indolent, asymptomatic, or slowly progressive disease

Progressive non-small cell lung cancer

List the chemotherapy regimen previously used by this patient

Other, the patient's condition is: _____

Rationale for use: _____

Additional information

Note: Drugs known to prolong QT interval should be avoided, including but not limited to: St. John's Wort, chloroquine, clarithromycin, dolasetron, granisetron, haloperidol, methadone, moxifloxacin, pimozide, amiodarone, disopyramide, procainamide, sotalol, and dofetilide.

Requests for any condition not listed as covered require evidence of current medical literature that substantiates the drug's efficacy or that recognized oncology organizations generally accept the treatment for the condition.