PriorityHealth

# Medical 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.

# Erbitux® (cetuximab)

## Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Physician: _____ Phys. Phone: _____ Phys. Fax: _____

Physician Address: _____

Physician NPI: _____ Contact Name: _____

Physician Signature: _____ Date: _____

## Product and Billing Information

☐ New Request ☐ Continuation Request

Drug product: ☒ Erbitux injection 2 mg/mL

**Start date** (or date of next dose): _____
**Date of last dose** (if applicable): _____
**Dosing frequency:** _____
**Patient height:** _____
**Patient weight:** _____

Place of administration:
☐ Physician's office
☐ Outpatient infusion
Facility: _____ NPI: _____ Fax: _____
☐ Home infusion
Facility: _____ NPI: _____ Fax: _____

Billing:
☐ Physician to buy and bill
☐ Facility to buy and bill
☐ Specialty Pharmacy
Pharmacy: _____ NPI: _____ Fax: _____

**ICD-10 Diagnosis code(s):** _____

## Precertification Requirements

**Patient must meet all of the following criteria for one of the following conditions:**

1. Diagnosis of squamous cell carcinoma of the head and neck
   - given in combination with radiation therapy for advanced disease, as a single agent for metastatic or recurrent disease in which platinum-based therapy has failed, or as first-line treatment for metastatic or recurrent disease in combination with platinum-based therapy and 5-FU
2. Diagnosis of KRAS wild-type, EGFR-expressing, metastatic colorectal carcinoma
   - given in combination with FOLFIRI as first-line treatment, in combination with irinotecan in patients refractory to irinotecan-based chemotherapy, as a single agent in patients intolerant to irinotecan-based chemotherapy, or as a single agent in a patient who has failed both irinotecan and oxaliplatin-based regimens
   - documentation of KRAS mutation status



**All fields must be complete and legible for review. Your office will receive a response via fax.** No changes made since 09/2018

Last reviewed 09/2018

**Note:** Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

## Priority Health Precertification Documentation

**A. What condition is this drug being requested for?**

- ☐ Squamous cell carcinoma of the head and neck, locally or regionally advanced
  - ☐ given in combination with radiation therapy
  - ☐ Other: _____
- ☐ Squamous cell carcinoma of the head and neck, metastatic or recurrent
  - ☐ given as a single agent because patient failed platinum-based therapy
  - ☐ given first-line, in combination with platinum-based therapy and 5-FU
  - ☐ Other: _____
- ☐ metastatic colorectal cancer ***(check all that apply)***
  - ☐ given first-line, in combination with FOLFIRI
  - ☐ given in combination with irinotecan because patient failed irinotecan-based therapy
  - ☐ given as a single agent in a patient who is intolerant to irinotecan-based chemotherapy
  - ☐ given as a single agent in a patient who failed both irinotecan- and oxaliplatin- based therapy
  - ☐ KRAS mutation status is negative
  - ☐ cancer is EGFR-expressing
- ☐ Other – rationale for use: _____



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Last reviewed 09/2018