

**Priority Health Medicare prior authorization form**

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:  Medicare Part B  Medicare Part D  
 This request is:  Expedited request  Standard request

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

**Erbix<sup>TM</sup>** (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: \_\_\_\_\_

**Drug information**

New request  Continuation request

Drug product:  Erbitux 100mg injection **Start date** (or date of next dose): \_\_\_\_\_  
 Erbitux 200mg injection **Date of last dose** (if applicable): \_\_\_\_\_  
**Dosing frequency:** \_\_\_\_\_

**Prior authorization criteria**

The following requirements need to be met before this drug is covered by Priority Health Medicare. These requirements have been approved by the Centers for Medicare and Medicaid Services (CMS), but you may ask us for an exception if you believe one or more of these requirements should be waived.

**For this drug to be covered, the patient must meet the following criteria:**

1. Must be used for a medically-accepted indication\*
  - For metastatic colorectal cancer:
    - i. Must have a negative KRAS mutation score (wild-type disease)
    - ii. Must be used in combination with other chemotherapy (e.g., FOLFIRI, FOLFOX) or as a single-agent for patients who are intolerant to combination with irinotecan
  - For squamous cell carcinoma of the head and neck:
    - i. Must be used in combination with radiation therapy or as a single agent in patients for who platinum-based therapy has failed
2. Must be at least 18 years old

**Medically accepted indication**

This drug is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication for a drug or biologic used in an anti-cancer chemotherapeutic regimen is a use that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- supported by one of the following references (known as compendia): National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium, Micromedex DrugDex, American Hospital Formulary Service-Drug Information, Clinical Pharmacology, or Lexi-Drugs
- — or — supported in peer-reviewed medical literature appearing in regular editions of approved publications

**Priority Health Precertification Documentation**

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

- Squamous cell carcinoma of the head and neck
  - given in combination with radiation therapy
  - given as a single agent because patient failed platinum-based therapy
  - Other: \_\_\_\_\_
  
- metastatic colorectal cancer (**check all that apply**)
  - given first-line, in combination with other chemotherapy (e.g., FOLFIRI, FOLFOX)
  - given as a single agent in a patient who is intolerant to irinotecan-based chemotherapy
  - KRAS mutation status is negative
  - cancer is EGFR-expressing
  
- Other – rationale for use: \_\_\_\_\_

**Priority Health Medicare exception request**

**Do you believe one or more of the prior authorization requirements should be waived?**  Yes  No  
 If yes, you must provide a statement explaining the medical reason why the exception should be approved.

**Would Erbitux likely be the most effective option for this patient?**

- No
- Yes, because: \_\_\_\_\_

**If the patient is currently using Erbitux, would changing the patient's current regimen likely result in adverse effects for the patient?**

- No
- Yes, because: \_\_\_\_\_