

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.

Ibrance[®] (palbociclib)

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

Drug product: Ibrance 75 mg capsule **Start date** (or date of next dose): _____
 Ibrance 100 mg capsule **Date of last dose** (if applicable): _____
 Ibrance 125 mg capsule **Dosing frequency:** _____

Drug cost information

The wholesale acquisition cost for Ibrance is \$564.60 for each capsule. The annual cost of treatment with this drug is more than \$154,559.

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Must be prescribed for the treatment of estrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced breast cancer
2. Must be taken in combination with a. or b.:
 - a. Letrozole for postmenopausal women without endocrine therapy within the past 1 year; or
 - b. Fulvestrant for post- or premenopausal women after disease progression following endocrine-based therapy.
3. Cannot have previous disease progression on Ibrance or Kisqali.

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?

- estrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced breast cancer
- Other – the patient's condition is:* _____

B. The patient will also be taking:

- letrozole
- fulvestrant (Faslodex)

C. Is the patient pre or postmenopausal?

- Premenopausal
- Postmenopausal

D. Has the patient previously used any other medications for their breast cancer?

- Yes, please list drugs and dates:*

 No