

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.

Lonsurf[®] (trifluridine and tipiracil)

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: Lonsurf 6.14mg-15 mg tablet Lonsurf 8.19mg-20 mg tablet

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

Drug cost information

The wholesale acquisition cost for Lonsurf is up to \$182.46 for each tablet. The annual cost of treatment with this drug is more than \$87,500.

Precertification Requirements

For this drug to be covered, the patient must meet all the following requirements:

1. Documentation of patient's KRAS mutation status
2. Must be used for treatment of metastatic colorectal cancer
3. Must first try fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if KRAS wild type, an anti-EGFR therapy
4. Must have an eastern cooperative oncology group (ECOG) performance status of 0 or 1

Priority Health Precertification Documentation

A. What is the patient's condition?

- Metastatic colorectal cancer
 - Other – the patient's condition is: _____
- Rationale: _____

B. What is the patient's KRAS?

- Positive
- Wild type

C. What is the patient's ECOG performance status?

- 0
- 1
- 2
- 3
- 4

D. What other drugs has the patient tried?

- | | | |
|---------------------------------------|--------------------------------------|------------------------------------------------|
| <input type="checkbox"/> capecitabine | <input type="checkbox"/> oxaliplatin | <input type="checkbox"/> fluorouracil (5-FU) |
| <input type="checkbox"/> floxuridine | <input type="checkbox"/> irinotecan | <input type="checkbox"/> Avastin (bevacizumab) |

Patients w/KRAS wild-type, one of the following:

- Vectibix (panitumumab)
- Erbitux (cetuximab)

Additional information

Eastern Cooperative Oncology Group (ECOG) performance status descriptions:

0. Fully active, able to carry on all pre-disease performance without restriction
1. Restricted in physically strenuous activity, but ambulatory and able to carry out work of a light or sedentary nature (e.g. light house work, office work)
2. Ambulatory and capable of all self-care, but unable to carry out any work activities; up and about more than 50% of waking hours
3. Capable of only limited self-care; confined to bed or chair more than 50% of waking hours
4. Completely disabled; cannot carry on any self-care; totally confined to bed or chair

Lonsurf is covered for a 28-day supply (based on a 28-day treatment cycle).

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.