

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.

Verzenio[®] (abemaciclib)

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: Verzenio 50 mg tablet **Start date** (or date of next dose): _____
 Verzenio 100 mg tablet **Date of last dose** (if applicable): _____
 Verzenio 150 mg tablet **Dosing frequency:** _____
 Verzenio 200 mg tablet

Drug cost information

The wholesale acquisition cost for Verzenio is \$195.50 per tablet. The annual cost of treatment with this drug is more than \$140,000.

Precertification Requirements

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

1. Must have advanced or metastatic hormone receptor-positive (HR+), human epidermal growth factor receptor 2 (HER2)-negative breast cancer and meet one of the following (a. or b.):
 - a. Must have previous disease progression following endocrine therapy and be using Verzenio in combination with fulvestrant.
 - b. Must have previous disease progression following endocrine therapy and prior chemotherapy in the metastatic setting, and using Verzenio as monotherapy.
2. Cannot have previous disease progression on another CDK4/6 inhibitor therapy (i.e. palbociclib or ribociclib).

Note: Authorization for indications 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 drug's use for the identified indication.

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- Advanced or metastatic HR+, HER2 negative breast cancer
- Other – the patient's condition is: _____

B. What prior treatments has the patient used for their breast cancer?

Drug: _____ Date: _____

Drug: _____ Date: _____

Drug: _____ Date: _____

Drug: _____ Date: _____

C. What drugs will be used in combination with Verzenio (or is this being used as monotherapy)?

Monotherapy: Yes No

Drug: _____

Drug: _____