

**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.

**Verzenio<sup>®</sup>** (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: \_\_\_\_\_

**Drug information**

New request  Continuation request  
 Verzenio tablets

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

**Drug cost information**

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

**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 be using for a medically-accepted indication\*:**

1. Must be used for advanced or metastatic HER2-negative, hormone receptor-positive breast cancer:
  - In combination with an aromatase inhibitor (e.g., anastrozole, exemestane, letrozole) as initial endocrine therapy in a postmenopausal woman
  - In combination with fulvestrant after disease progression following endocrine therapy
  - As monotherapy after disease progression following endocrine therapy AND prior chemotherapy

**Additional information**

**Note:** When criteria are met, duration of approval will be for 1 year.

**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?**

- Advanced HER2-negative, hormone receptor-positive breast cancer
- Metastatic HER2-negative, hormone receptor-positive breast cancer
- Other – the patient’s condition is: \_\_\_\_\_

**B. Is Verzenio being used in combination with fulvestrant?**  Yes  No

**C. Is Verzenio being used in combination with an aromatase inhibitor? (e.g., exemestane, letrozole, anastrozole)**  Yes  No

**D. Is Verzenio being used as monotherapy?**  Yes  No

**E. Has the patient had disease progression on prior endocrine therapy?**  Yes  No

**F. Has the patient had disease progression on prior chemotherapy?**  Yes  No

**E. Is Verzenio being used as initial endocrine therapy?**  Yes  No

**F. Is the patient post-menopausal?**  Yes  No

**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 Verzenio likely be the most effective option for this patient?**

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

**If the patient is currently using Verzenio would changing the patient’s current regimen likely result in adverse effects for the patient?**

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