



# PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

## Nerlynx (neratinib)

Phone: 800-728-7947

Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

<b>Patient Name:</b>	<b>Prescriber Name:</b>
Member/Subscriber Number:	<b>Supervising Physician:</b>
Date of Birth:	Fax: Phone:
Group Number:	Office Contact:
Address:	NPI: State Lic ID:
City, State ZIP:	Address:
Primary Phone:	City, State ZIP:
	Specialty/facility name (if applicable):

Drug Name and Strength:

Directions / SIG:

**Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.**

Q1. For what diagnosis is this drug being prescribed (pick one)? <input type="checkbox"/> Early stage HER2-overexpressed/amplified breast cancer <input type="checkbox"/> Other
Q2. If you selected "other" in question 1, please provide documentation that use is consistent with a category 2A or higher recommendation per NCCN compendia or guidelines.
Q3. Please provide the ICD code for the above condition.
Q4. Is prescribing physician a hematology or oncology specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No
Q5. Is Nerlynx to be used for extended adjuvant treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Q6. Is Nerlynx to follow trastuzumab-based therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No



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Patient Name: Prescriber Name: Supervising Physician:

Q7. Will loperamide prophylaxis be initiated for at least the first 56 days of treatment?
Q8. Additional Comments:

Prescriber Signature Date

Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.

This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party.