

PRIOR AUTHORIZATION REQUEST FORM

EOC ID: Kisqali (ribociclib)

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.

Patient Name:	Prescriber Name:		
	Supervising Physician:		
Member/Subscriber Number:	Fax:	Phone:	
Date of Birth:	Office Contact:		
Group Number:	NPI:	State Lic ID:	
Address:	Address:		
City, State ZIP:	City, State ZIP:		
Primary Phone:	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. Please provide ICD code(s) for diagnosis.			
Q2. For which diagnosis is Kisqali being prescribed?			
☐ Advanced or metastatic breast cancer☐ Other (please specify)			
Q3. Is prescribing physician a Hematology or Oncology sp	ecialist?		
☐ Yes ☐ No			
Q4. Is the patient hormone receptor (HR) POSITIVE?			
☐ Yes ☐ No			
Q5. Is the patient human epidermal growth factor receptor	2 (HER2) NEGATIVE?		
☐ Yes ☐ No			
Q6. Will Kisqali be used in combination with an aromatase	inhibitor?		
☐ Yes ☐ No			
Q7. Is the patient postmenopausal?			



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		Prescriber N	ame:
Patient Name:		Supervising	Physician:
Yes	□ No	·	
Q8. Is Kisgali being	g used as initial encodrine-base	d therapy for the patie	ent?
☐ Yes	□ No	.,	
	"no" to any of the questions ab ner recommendation per NCCN		ocumentation that use is consistent with a nes.
Q10. Additional Co	mments		
	Prescriber Signature		Date
seriously jeopardize Lack of the necessary	the life or health of the enrollee	or the enrollee's abilit	at applying the standard review timeframe may by to regain maximum function equesting providers may speak to the SWHP medical act the decision on a request before coverage has been

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