

Erbix
Prior Authorization Request

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-855-330-1720.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name: _____ **Date:** _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____ **NPI#:** _____
Specialty: _____ **Physician Office Fax:** _____
Physician Office Telephone: _____

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Additional Demographic Information:

Patient Weight: _____ *kg*
Patient Height: _____ *ft* _____ *inches*

Criteria Questions:

1. What is the diagnosis?
 Colorectal cancer
 Recurrent or metastatic squamous cell skin cancer
 Metastatic non-small cell lung cancer
 Head and neck cancer
 Metastatic penile cancer
 Other _____
2. What is the ICD-10 code? _____

Complete the following section based on the member's diagnosis.

Section A: Colorectal Cancer

3. What is the patient's RAS (KRAS and NRAS) mutation status?
 Negative (wild-type) for KRAS and NRAS mutations
 Positive for KRAS and/or NRAS mutation(s)
 Unknown
4. Has the patient previously experienced clinical failure on panitumumab (Vectibix)? Yes No

Section B: Metastatic Non-Small Cell Lung Cancer

5. Does the patient have a known sensitizing epidermal growth factor receptor (EGFR) mutation (e.g. EGFR exon 19 deletion or exon 21 (L858R) substitution mutation)? Yes No Unknown
6. Has the patient progressed on EGFR tyrosine kinase inhibitor therapy (e.g., afatinib [Gilotrif], erlotinib [Tarceva], gefitinib [Iressa])? Yes No

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I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____

Prescriber or Authorized Signature

Date (mm/dd/yy)