

Member Name: {{MEMFIRST}} {{MEMLAST}} DOB: {{MEMBERDOB}} PA Number: {{PANUMBER}}



>{{PANUMCODE}}

## Tykerb

### Prior Authorization Request

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 1-866-249-6155.** 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:** {{MEMFIRST}} {{MEMLAST}} **Date:** {{TODAY}}  
**Patient's ID:** {{MEMBERID}} **Patient's Date of Birth:** {{MEMBERDOB}}  
**Physician's Name:** {{PHYFIRST}} {{PHYLAST}}  
**Specialty:** \_\_\_\_\_, **NPI#:** \_\_\_\_\_  
**Physician Office Telephone:** {{PHYSICIANPHONE}} **Physician Office Fax:** {{PHYSICIANFAX}}  
**Request Initiated For:** {{DRUGNAME}}

- What is the patient's diagnosis?  
 Central nervous system (CNS) metastases from breast cancer  
 Breast cancer  
 Chordoma  
 Colorectal cancer  
 Other \_\_\_\_\_
- What is the ICD-10 code? \_\_\_\_\_
- Is this a request for continuation of therapy with Tykerb?  Yes  No *If No, skip to #5.*
- Has the patient experienced disease progression or an unacceptable toxicity with Tykerb?  
 Yes  No *No further questions.*
- Will Tykerb be given in any of the following regimens?  
 Single agent  
 In combination with capecitabine  In combination with trastuzumab  
 In combination with an aromatase inhibitor (e.g., letrozole, anastrozole, or exemestane)  
 In combination with an aromatase inhibitor (e.g., letrozole, anastrozole, or exemestane) with trastuzumab  
 Other \_\_\_\_\_
- Does the patient have recurrent, advanced, or metastatic disease?  
 Recurrent disease  Advanced disease  Metastatic disease  
 None of the above

**Complete the following section based on the patient's diagnosis, if applicable.**

#### Section A: Central Nervous System (CNS) Metastases from Breast Cancer, Breast Cancer

- What is the patient's human epidermal growth factor receptor 2 (HER2) status? ***ACTION REQUIRED: Attach human epidermal growth factor receptor 2 (HER2) testing results.***  
 HER2-positive  
 HER2-negative  
 Unknown

**Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-866-249-6155**

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8. *If the diagnosis is breast cancer, does the patient have hormone receptor-positive disease?*  
**ACTION REQUIRED: If Yes, attach hormone receptor testing results.**  Yes  No  Unknown

Section B: Chordoma

9. What is the patient's epidermal growth factor receptor (EGFR) status? **ACTION REQUIRED: Attach epidermal growth factor receptor (EGFR) testing results.**  
 EGFR-positive  
 EGFR-negative  
 Unknown

Section C: Colorectal Cancer

10. What is the patient's human epidermal growth factor receptor 2 (HER2) status? **ACTION REQUIRED: Attach human epidermal growth factor receptor 2 (HER2) testing results.**  
 HER2-amplified  
 Unknown  
 Other \_\_\_\_\_
11. Does the patient have RAS wild-type disease?  Yes  No
12. Is the patient appropriate for intensive therapy?  Yes  No *If No, no further questions*
13. Will Tykerb be used as subsequent therapy for progression of advanced or metastatic disease?  Yes  No

***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)**

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