

Piqray® (alpelisib) Prior Authorization Form

Member Name: _____ Date of Birth: _____ Member ID#: _____

Drug Information

Pharmacy Billing (NDC: _____) Start Date (or date of next dose): _____

Dose: _____ Regimen: _____

Pharmacy Information

Pharmacy NPI: _____ Pharmacy Name: _____

Pharmacy Phone: _____ Pharmacy Fax: _____

Prescriber Information

Prescriber NPI: _____ Prescriber Name: _____

Prescriber Phone: _____ Prescriber Fax: _____ Specialty: _____

Criteria

For Initial Authorization:

- Please indicate the diagnosis and information:
 - Advanced or metastatic breast cancer
 - Other _____
- Has disease progressed on or after an endocrine-based regimen? Yes ___ No ___
- Is disease hormone receptor (HR)-positive? Yes ___ No ___
- Is disease human epidermal growth factor receptor 2 (HER2)-negative? Yes ___ No ___
- Is there presence of PIK3CA-mutated disease? Yes ___ No ___
- Will alpelisib be used in combination with fulvestrant? Yes ___ No ___

Additional Information: _____

For Continued Authorization:

- Date of last dose: _____
 - Does member have any evidence of progressive disease while on alpelisib? Yes ___ No ___
 - Has the member experienced adverse drug reactions related to alpelisib therapy? Yes ___ No ___
- If yes, please specify adverse reactions: _____

Additional Information: _____

Prescriber Signature: _____ Date: _____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. Please do not send in chart notes. Specific information will be requested if necessary. Failure to complete this form in full will result in processing delays.

<p><u>PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:</u></p> <p>University of Oklahoma College of Pharmacy Pharmacy Management Consultants Product Based Prior Authorization Unit</p> <p>Fax: 1-800-224-4014 Phone: 1-800-522-0114 Option 4</p>	<p><u>CONFIDENTIALITY NOTICE</u></p> <p><i>This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.</i></p>
--	--