

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

Drug Information

Pharmacy billing (NDC: _____)
Dose: _____ Regimen: _____ Start Date: _____

Billing Provider Information

Provider NPI: _____ Provider Name: _____
Provider Phone: _____ Provider Fax: _____

Prescriber Information

Prescriber NPI: _____ Prescriber Name: _____
Prescriber Phone: _____ Prescriber Fax: _____ Specialty: _____

Criteria

For Initial Authorization (Initial approval will be for the duration of 6 months):

1. Diagnosis of advanced metastatic breast cancer? Yes ___ No ___
 - A. If answer is 'yes' to question 1, please indicate requested information:
 - Negative expression of Human Epidermal Receptor Type 2 (HER2)
 - Hormone receptor positive
 - Used in combination with letrozole as initial endocrine-based therapy in postmenopausal women
 - Used in combination with fulvestrant in women with disease progression following endocrine therapy
 - Used in combination with an aromatase inhibitor or fulvestrant in male patients
 2. If answer is 'no' from question 1, please indicate diagnosis: _____
- Additional Information: _____

For Continued Authorization:

1. Does patient have any evidence of progressive disease while on palbociclib (when used for metastatic disease only)? Yes ___ No ___
 2. Has the member experienced any adverse drug reactions related to palbociclib 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>PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:</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>CONFIDENTIALITY NOTICE</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>
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