



Federal Employee Program. **NERLYNX** PRIOR APPROVAL REQUEST

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn: Clinical Services
Fax: 1-877-378-4727

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:		State:	Zip:	City:		State: Zip:
Patient ID: R <input type="text"/>				Physician Signature:		
PHYSICIAN COMPLETES						

Nerlynx (neratinib)

****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

NOTE: Form must be completed in its entirety for processing

Is this request for brand or generic? ☐ Brand ☐ Generic

How many tablets will the patient need for a 90 day supply? _____ tablet(s) per 90 days

1. Has the patient been on Nerlynx continuously for the last **6 months**, excluding samples? **Please select answer below:**

☐ **NO** – this is **INITIATION** of therapy, please answer the following questions:

a. What is the patient's diagnosis?

☐ Advanced breast cancer (Stage 4) **OR** ☐ Metastatic breast cancer (Stage 4)

i. Will Nerlynx be used in combination with capecitabine (Xeloda)? ☐ Yes ☐ No

ii. Has the patient previously received two or more anti-HER2 based regimens? ☐ Yes ☐ No

☐ Early stage breast cancer (Stage 1 – 3c)

i. Is Nerlynx be used for extended adjuvant treatment? ☐ Yes ☐ No

ii. Has the patient had previous treatment with trastuzumab (Herceptin)? ☐ Yes ☐ No

☐ Other diagnosis (*please specify*): _____

b. Is the breast cancer human epidermal growth factor receptor 2 (HER2)-positive? ☐ Yes ☐ No

c. Does the prescriber agree to dose escalate Nerlynx and manage diarrhea as needed? ☐ Yes ☐ No*

***If NO**, does the prescriber agree to initiate antidiarrheal prophylaxis with the first dose and continue during the first 56 days of treatment and as needed thereafter? ☐ Yes ☐ No

☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following questions:

a. What is the patient's diagnosis?

☐ Advanced breast cancer (Stage 4)

☐ Metastatic breast cancer (Stage 4)

☐ Other diagnosis (*please specify*): _____

b. Has the patient experienced disease progression or unacceptable toxicity while on Nerlynx therapy? ☐ Yes ☐ No

c. Will Nerlynx be used in combination with capecitabine (Xeloda)? ☐ Yes ☐ No



**BlueCross
BlueShield**

Federal Employee Program.

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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

Electronically Online (ePA) Results in 2-3 minutes FASTEST AND EASIEST	Now you can get responses to drug Prior Authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA .
Phone (4-5 minutes for response)	The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.
Fax (3-5 days for response)	Fax the attached form to (877)-378-4727 . Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed. <u>Please only fax the completed form once as duplicate submissions may delay processing times.</u>

faster... easier... better...	Introducing ePA! Online Prior Authorizations in minutes through Caremark.com/ePA . Sign up today!
	CVS/caremark 