PARAMOUNT
Affiliate of ProMedica

Criteria: PMT
Approved: 9/2016
Verified: 12/2019
Reviewed:

Prior Authorization Criteria Form

This form applies to Paramount Commercial Members Only

Ibrance

Complete/review information, sign and date. Please fax signed forms to Paramount at **1-844-256-2025**. You may contact Paramount by phone at **1-419-887-2520** with questions regarding the Prior Authorization process. When conditions are met, we will authorize the coverage of Ibrance.

Drug Name (select from list of drugs shown)

Ibrance (palbociclib) Other, Please specify

Quantity _____ **Frequency** _____ **Strength** _____

Route of Administration _____ **Expected Length of Therapy** _____

Patient Information

Patient Name: _____
Patient ID: _____
Patient Group No.: _____
Patient DOB: _____
Patient Phone:

Prescribing Physician

Physician Name: _____
Physician Phone: _____
Physician Fax: _____
Physician Address: _____
City, State, Zip: _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

Please circle the appropriate answer for each question.

1. Does the patient have a diagnosis of breast cancer? Y N
   [If no, no further questions.]
2. Is the disease advanced or metastatic? Y N
   [If no, no further questions.]
3. Does the patient have human epidermal growth factor receptor 2 (HER2)-negative breast cancer? Y N
   [If no, no further question.]
4. Does the patient have hormonal receptor-positive breast cancer? Y N
   [If no, no further questions.]
5. Is the patient female? Y N
   [If no, no further questions.]
6. Will Ibrance be used in combination with letrozole (Femara) as initial endocrine based therapy? Y N
   [If no, then skip to question 8.]
7. Is the patient postmenopausal? Y N
   [No further questions.]

8. Will Ibrance be used in combination with fulvestrant (Faslodex)? Y N
   [If no, no further questions.]
9. Has the disease progressed following endocrine therapy? Y N

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature and Date