

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Member ID#: \_\_\_\_\_

**Drug Information**

Pharmacy billing (NDC: \_\_\_\_\_)  
Dose: \_\_\_\_\_ Regimen: \_\_\_\_\_ Fill 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. Please indicate the diagnosis and information:

- Breast cancer
  - A. Does member have early stage breast cancer? Yes \_\_\_ No \_\_\_
  - B. Does member have HER2-overexpressed/amplified breast cancer? Yes \_\_\_ No \_\_\_
  - C. Will neratinib be used as adjuvant treatment? Yes \_\_\_ No \_\_\_
  - D. Is neratinib to follow adjuvant trastuzumab-based therapy? Yes \_\_\_ No \_\_\_
- If answer is none of the above, please indicate diagnosis: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Continued Authorization:**

1. Date of last dose: \_\_\_\_\_
2. Does member have any evidence of progressive disease while on neratinib? Yes \_\_\_ No \_\_\_
3. Has member experienced any adverse drug reactions related to neratinib 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.***

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:

University of Oklahoma College of Pharmacy  
Pharmacy Management Consultants  
Product Based Prior Authorization Unit

Fax: 1-800-224-4014  
Phone: 1-800-522-0114 Option 4

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