

Complete form in its entirety and fax to UM Call Center at (404) 848-2448

Click on grey boxes to type Request Date: / /

<input type="checkbox"/> Initial Authorization Request	<input type="checkbox"/> Re-Authorization Request; List Prior Auth Ref #:
<input type="checkbox"/> Medication(s) is to be dispensed, delivered, and managed by PrecisionRx Specialty Solutions (fax 800-824-2642)	
Ship Medication to: <input type="checkbox"/> MD Office <input type="checkbox"/> Patient's Home <input type="checkbox"/> Other: (please specify): _____	

1. PATIENT INFORMATION – ALL INFORMATION REQUIRED

Patient Last Name	Patient First Name	Anthem Member ID Number	Patient DOB / /
Contact Phone Number () -	Primary Diagnosis	ICD-9 Code(s)	Patient's Weight (lbs/kg)

2. PHYSICIAN INFORMATION – ALL INFORMATION REQUIRED

Physician Last Name	Physician First Name	Physician DEA or NPI Number	Physician Tax ID
Address		City	State Zip Code
Office Phone Number () -	Office Fax Number () -	Office Contact Name and ext.	Physician Specialty

3. MEDICATION INFORMATION – ALL INFORMATION REQUIRED

HCPCS/Drug Name J9055-Erbix	Dose to be administered (mg/m ²)	Frequency (weeks)
Duration (weeks)	When did the member first start this drug?	Start Date For This Request
Place of Service: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Dialysis Center <input type="checkbox"/> Outpatient Hospital <input type="checkbox"/> Ambulatory Infusion <input type="checkbox"/> Ambulatory Infusion Center <input type="checkbox"/> Other: _____		

4. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY

NOTE: To avoid delays, please complete this form in its entirety.

Part A All must be met in addition to treating an approved cancer type (see Part B below)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has patient received prior treatment with panitumumab (Vectibix)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Erbix being used in combination with other monoclonal antibodies?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Erbix being used for only one line of therapy?

Part B**1. Metastatic Colorectal Cancer or Metastatic Anal Adenocarcinoma-(please answer questions above)**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the tumor KRAS wild type?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this being used as a single agent? <input type="checkbox"/> after failure of both irinotecan- and oxaliplatin-based regimens; or <input type="checkbox"/> who are intolerant to irinotecan-based regimens <input type="checkbox"/> After first, second, or third progression of disease for patients with unresectable, advanced, or metastatic disease
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this being used in combination with irinotecan?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is patient refractory to irinotecan-based chemotherapy?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this to be used as a neoadjuvant chemotherapy for synchronous or metachronous liver or lung metastases?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this to be used in combination with FOLFOX, FOLFIRI. Or CapeOx regimen?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this to be used as initial therapy for unresectable advanced or metastatic disease?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the patient appropriate for intensive therapy?

Erbix® (cetuximab) PreDetermination of Medical Benefits

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2. Head and Neck Cancer

- Is patient being treated for locally or regionally advanced squamous cell carcinoma of the head and neck?
Is Erbix being used in combination with radiation therapy? OR
Is patient used as a single agent for treatment for recurrent or metastatic squamous cell carcinoma of the head and neck?
Did prior treatment with platinum-based therapy (ies) failed?
Is this to be used in combination with cisplatin or carboplatin for the following? Please check all that apply
Unresectable locoregional recurrence or secondary primary in patients who received prior to radiation therapy
Resectable locoregional recurrence in patients who have not received prior to radiation therapy
Distant metastases

3. Non-Small Cell Lung Cancer

- Is this to be used for Stage IIIB or Stage IV? If yes, please answer the following:
Is this to be used as first line treatment?
Is this to be used in combination with cisplatin and vinorelbine?
Has the patient had prior chemotherapy or anti-EGFR therapy?
Has EGFR Expression been documented by immunohistochemistry (IHC)?
Does the patient have untreated brain metastases?

4. Other Use(s) (Please submit all supporting documents including labs, progress notes, imaging, etc., for review.)

Blank lines for providing other use information.

5. PHYSICIAN SIGNATURE

Prescriber's or Authorized Representative's Signature:

Blank line for signature.

Date: / /

Prior Authorization is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions.

IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is STRICTLY PROHIBITED. If you have received this message by error, please notify us immediately at 800-722-6614 and destroy the related message or return the document to us at 3350 Peachtree Rd. NE, Atlanta, GA 30326. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without appropriate patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in Federal and State law.

Medical Policy Reference can be found at: www.bcbsga.com

Anthem UM Services, Inc. an independent company and is the licensed utilization review agent that performs utilization management services on behalf of your health benefit plan or the administrator of your health benefit plan.