

Prior Authorization Request Form for
abemaciclib (**Verzenio**)



7231 Parkway Drive, Suite 100, Hanover, MD 21076

**FAX Completed Form and
Applicable Progress Notes to:
(410) 424-4037**

USFHP Pharmacy Prior Authorization Form

To be completed by Requesting provider	
Drug Name:	Strength:
Dosage/Frequency (SIG):	Duration of Therapy:

Questions? Contact the Pharmacy Dept at: (888) 819-1043, option 4

Clinical Documentation must accompany form in order for a determination to be made.

Step 1 Please complete patient and physician information (please print):

Patient Name: _____	Physician Name: _____
Address: _____	Address: _____
Sponsor ID # _____	Phone #: _____
Date of Birth: _____	Secure Fax #: _____

Step 2 Please complete the clinical assessment:

1. Does the patient have a diagnosis of hormone receptor positive (HR+), HER2 negative advanced or metastatic breast cancer?	<input type="checkbox"/> Yes Proceed to question 2	<input type="checkbox"/> No Proceed to question 7
2. Has the patient's breast cancer progressed during or after endocrine therapy?	<input type="checkbox"/> Yes Proceed to question 3	<input type="checkbox"/> No Proceed to question 6
3. Is the patient postmenopausal and will use Verzenio in combination with fulvestrant?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Proceed to question 4
4. Is the patient premenopausal or perimenopausal and is receiving ovarian suppression with a GnRH agonist AND Verzenio will be used in combination with fulvestrant?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Proceed to question 5
5. Will Verzenio be used as monotherapy and the patient has had prior chemotherapy for treatment of metastatic breast cancer?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Proceed to question 7
6. Is the patient postmenopausal and Verzenio will be used in combination with an aromatase inhibitor, such as anastrozole or letrozole, as initial endocrine based therapy?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Proceed to question 7

