OKLAHOMA
Health Care Authority

State of Oklahoma
SoonerCare
Cyramza® (Ramucirumab) Prior Authorization Form

Member Name:_______________________ **Date of Birth:**_____________ **Member ID#:**__________________

Drug Information

Physician billing (HCPCS code:_____________) **Start Date (or date of next dose):**________________
Dose:_______________________________________ **Regimen:**____

Billing Provider Information

SoonerCare Provider ID:________________________ **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:

☐ **Non-Small Cell Lung Cancer (NSCLC)**
- A. Will ramucirumab be used as first-line therapy for metastatic disease in combination with erlotinib? Yes☐ No☐
- B. Does member have EGFR mutation-positive disease [EGFR exon 19 deletion or exon 21 (L8584) mutation]? Yes☐ No☐
- C. Will ramucirumab be used as subsequent therapy for metastatic disease after progression? Yes☐ No☐
- D. Will ramucirumab be used in combination with docetaxel? Yes☐ No☐

☐ **Colorectal Cancer**
- A. Will ramucirumab be used as subsequent therapy for metastatic disease after progression on or after prior therapy with bevacizumab, oxaliplatin, and a fluoropyrimidine? Yes☐ No☐
- B. Will ramucirumab be used in combination with an irinotecan based regimen? Yes☐ No☐

☐ **Esophageal Cancer**
- A. Is diagnosis unresectable, locally advanced, recurrent or metastatic esophageal or esophagogastic junction adenocarcinoma ? Yes☐ No☐
  Does member have a Karnofsky performance score ≥60%? Yes☐ No☐
- C. Will ramucirumab be used as a single-agent or in combination with paclitaxel? Yes☐ No☐

☐ **Gastric Cancer**
- A. Is member a surgical candidate? Yes☐ No☐
- B. Does member have unresectable, locally advanced, recurrent or metastatic disease? Yes☐ No☐
  Does member have a Karnofsky performance score ≥60%? Yes☐ No☐
- D. Will ramucirumab be used as a single-agent or in combination with paclitaxel? Yes☐ No☐

☐ **Hepatocellular Carcinoma (HCC)**
- A. Will ramucirumab be used as a second-line or greater therapy? Yes☐ No☐
- B. Has member previously failed sorafenib? Yes☐ No☐
- C. Please provide member's alpha-fetoprotein concentration (ng/mL):_____________
- D. Will ramucirumab be used as a single-agent? Yes☐ No☐

☐ **If answer is none of the above, please indicate diagnosis:**___________________________

For Continued Authorization:

1. Date of last dose:________________________
2. Does member have any evidence of progressive disease while on ramucirumab? Yes☐ No☐
3. Has the member experienced adverse drug reactions related to ramucirumab therapy? Yes☐ No☐

*If yes, please specify adverse reactions:*____

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:	CONFIDENTIALITY NOTICE
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	*This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.*