P.O. Box 30192
Salt Lake City, UT 84130-0192
801-442-4912 or 800-442-3129
Fax 801-442-3006

selecthealth℠

PREAUTHORIZATION FORM

Halaven™
(Eribulin Mesylate)

Therapeutic use: Treatment of metastatic breast cancer in patients who previously received at least two chemotherapeutic regimens for the treatment of metastatic disease
Quantity Limit: 17 doses per 180 days (1.4 mg/m^2 IV on Days 1 and 8 of a 21-day cycle)
Authorization Period: 12 months

Patient's name _____

Patient's ID# ☐☐☐ ☐☐ ☐☐☐☐ DOB ☐☐/☐☐/☐☐☐☐

ICD-9 ☐☐☐ ☐☐ ☐☐☐ ☐☐ _____

Physician's name_____

Physician's Ph# (☐☐☐) ☐☐☐-☐☐☐☐ Fax# ☐☐☐-☐☐☐☐

Physician's signature_____ Date signed ☐☐/☐☐/☐☐☐☐

Supervising Physician's name_____ (Required if requesting provider is a nurse practitioner or physician assistant)

Please check "Yes" or "No" and respond to the following requests:			
1.	Is the prescribing physician an oncologist?	❑ Yes	❑ No
2.	Does the patient have metastatic breast cancer?	❑ Yes	❑ No
3.	Has the patient failed previous treatment with at least two chemotherapeutic regimens?	❑ Yes	❑ No
4.	Did treatment include an anthracycline and a taxane in either the adjuvant or metastatic setting?	❑ Yes	❑ No

This form is intended for SelectHealth members only. All requests for preauthorization should be sent via fax to 1-801-442-3006. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.

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