

Prescriber Criteria Form

Tukysa 2025 PA Fax 3781-A v2 010125.docx  
 Tukysa (tucatinib)  
 Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Tukysa (tucatinib).

Drug Name:  
 Tukysa (tucatinib)

<b>Patient Name:</b>		
<b>Patient ID:</b>		
<b>Patient DOB:</b>	<b>Patient Phone:</b>	
<b>Prescriber Name:</b>		
<b>Prescriber Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Prescriber Phone:</b>	<b>Prescriber Fax:</b>	
<b>Diagnosis:</b>	<b>ICD Code(s):</b>	

Please circle the appropriate answer for each question.			
1	Does the patient have a diagnosis of breast cancer? [If no, then skip to question 4.]	Yes	No
2	Does the patient have recurrent, advanced unresectable, or metastatic disease (includes brain metastases)? [If no, then no further questions.]	Yes	No
3	Does the patient have human epidermal growth factor receptor 2 (HER2)-positive breast cancer? [No further questions.]	Yes	No
4	Does the patient have a diagnosis of advanced, unresectable or metastatic colorectal cancer (including appendiceal adenocarcinoma)? [If no, then no further questions.]	Yes	No
5	Has the patient been previously treated with a human epidermal growth factor 2 (HER2) inhibitor? [If yes, then no further questions.]	Yes	No
6	Is the requested drug being used in combination with trastuzumab? [If no, then no further questions.]	Yes	No

7	Does the patient have RAS wild-type, human epidermal growth factor receptor 2 (HER2)-positive disease?	Yes	No
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Comments:	
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By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

<b>Prescriber (or Authorized) Signature:</b> _____	<b>Date:</b> _____
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