



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Tarceva (erlotinib)

Phone: 800-728-7947

Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. Please note any information left blank or illegible may delay the review process.

Form with fields for Patient Name, Member/Subscriber Number, Date of Birth, Group Number, Address, City, State ZIP, Primary Phone, Prescriber Name, Supervising Physician, Fax, Office Contact, NPI, Address, City, State ZIP, Specialty/facility name, Phone, and State Lic ID.

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Questions Q1 through Q4 regarding diagnosis and treatment of Tarceva, including checkboxes for NSCLC, Pancreatic Cancer, and treatment stages.



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Patient Name:	Prescriber Name:
	Supervising Physician:
Q5. If Tarceva is being used FIRST-LINE for METASTATIC NSCLC, does the patient have EGFR EXON 19 deletions or EXON 21 (L858R) substitution mutations as detected by an FDA-approved test? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q6. If Tarceva is being used for PANCREATIC CANCER, will Tarceva be used in COMBINATION with GEMCITABINE as FIRST-LINE treatment for this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q7. Will Tarceva be used in combination with platinum-based chemotherapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q8. Is the prescriber an Oncologist or Hematologist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q9. Additional Comments:	

Prescriber Signature

Date

Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.



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