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.**

Patient Name:	**Prescriber Name:** **Supervising Physician:**	
Member/Subscriber Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Group Number:	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty/facility name (if applicable):	

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.

Q1. Please provide the ICD code from the diagnosis provided.

Q2. What diagnosis is Tarceva being prescribed for?

- ☐ Non-small cell lung cancer (NSCLC)
- ☐ Pancreatic Cancer - locally advanced, unresectable or metastatic [Proceed to Q6 - Q8]
- ☐ Other

Q3. If you selected "other" in question 2, please provide documentation that use is consistent with a category 2B or higher recommendation per NCCN compendia or guidelines.

Q4. IF DIAGNOSIS IS NSCLC, how is Tarceva being used in this patient (select one answer)?

- ☐ FIRST LINE treatment of METASTATIC NSCLC [Proceed to Q5 & Q7 - Q8]
- ☐ MAINTENANCE treatment of locally advanced or metastatic NSCLC in a patient whose disease has NOT PROGRESSED AFTER completing FOUR CYCLES of PLATINUM-based first-line chemotherapy [Proceed to Q7 - Q8]
- ☐ TREATMENT of locally advanced or metastatic NSCLC AFTER patient had failure with AT LEAST ONE PRIOR CHEMOTHERAPY REGIMEN [Proceed to Q7 - Q8]
- ☐ Other

Q5. If Tarceva is being used FIRST-LINE for METASTATIC NSCLC, does the patient have EGFR EXON 19 deletions or

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EXON 21 (L858R) substitution mutations as detected by an FDA-approved test?

☐ Yes ☐ 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?

☐ Yes ☐ No

Q7. Will Tarceva be used in combination with platinum-based chemotherapy?

☐ Yes ☐ No

Q8. Is the prescriber an Oncologist or Hematologist?

☐ Yes ☐ 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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