PRIOR AUTHORIZATION REQUEST FORM

Medicare Part D- Gilotrif (afatinib)

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. What diagnosis is this drug being prescribed for?

- ☐ Metastatic non-small cell lung cancer with EGFR mutation-positive
- ☐ Metastatic squamous non-small cell lung cancer
- ☐ Other

Q2. If you selected "other" for diagnosis, please provide documentation that use is consistent with a category 2B or higher recommendation per NCCN compendia or guidelines.

Q3. Please provide ICD code(s) for diagnosis

Q4. Is patient a NEW START to treatment with Gilotrif?

- ☐ Yes
- ☐ No (describe Gilotrif treatment history)

Q5. Is the prescriber an Oncologist?

PRIOR AUTHORIZATION REQUEST FORM

Medicare Part D- Gilotrif (afatinib)

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:**

☐ Yes ☐ No
Q6. If diagnosis is non-small cell lung cancer is there documentation of epidermal growth factor receptor (EGFR) exon 19 deletions? ☐ Yes ☐ No
Q7. If diagnosis is metastatic non-small cell lung cancer is there documentation of epidermal growth factor receptor (EGFR) exon 21 (L858R) substitution mutations? ☐ Yes ☐ No
Q8. If diagnosis is metastatic squamous non-small cell lung cancer, has disease progressed following platinum-based chemotherapy? ☐ 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