

## 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.** 

	Prescriber Name:		
Patient 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 1 or higher recommendation per NCCN compendia or guidelines.			
Q4. IF DIAGNOSIS IS NSCLC, how is Tarceva being used	I 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]			
<ul><li>☐ TREATMENT of locally advanced or metastatic NSCLC AFTER patient had failure with AT LEAST ONE PRIOR</li><li>☐ CHEMOTHERAPY REGIMEN [Proceed to Q7 - Q8]</li><li>☐ Other</li></ul>			



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Patient Name:	Prescriber Name: Supervising Physic	ian:
Q5. If Tarceva is being used FIRST-LINE for METAST or EXON 21 (L858R) substitution mutations as detected		•
☐ Yes ☐ No		
Q6. If Tarceva is being used for PANCREATIC CANC as FIRST-LINE treatment for this patient?  ☐ Yes ☐ No	ER, will Tarceva be used	in COMBINATION with GEMCITABINE
Q7. Will Tarceva be used in combination with platinun	n-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 a seriously jeopardize the life or health of the enrollee or the seriously jeopardize the life or health of the enrollee or the seriously jeopardize the life or health of the enrollee or the seriously jeopardize the life or health of the enrollee or the seriously jeopardize the life or health of the enrollee or the seriously jeopardize the life or health of the enrollee or the seriously jeopardize the life or health of the enrollee or the seriously jeopardize the life or health of the enrollee or the seriously jeopardize the life or health of the enrollee or the seriously jeopardize the life or health of the enrollee or the seriously jeopardize the life or health of the enrollee or the seriously jeopardize the life or health of the enrollee or the seriously jeopardize the life or health of the enrollee or the seriously jeopardize the life or health of the enrollee or the seriously jeopardize the life or health of the enrollee or the seriously jeopardize the life or health of the enrollee or the seriously jeopardize the life or health of the enrollee or the seriously jeopardize the life or health of the enrollee or the seriously jeopardize the life or health of the enrollee or the seriously jeopardize the life or health of the seriously jeopardize the life or health		•
Lack of the necessary documentation may result in a medical or medical director at 1-800-728-7947 regarding the case to h has been decided.		

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