

PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

**Medicare Part D Tarceva
(erlotinib)**

Phone: 800-728-7947 Fax back to: 866-880-4532

Scott & White Prescription Services 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:
Member/Subscriber Number:	Supervising Physician:
Date of Birth:	Fax: Phone:
Group Number:	Office Contact:
Address:	NPI: State Lic ID:
City, State ZIP:	Address:
Primary Phone:	City, State ZIP:
	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. Is the patient a NEW START to Tarceva (erlotinib) therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe Tarceva treatment history)
Q2. What diagnosis is Tarceva being prescribed for? <input type="checkbox"/> Non-small cell lung cancer (NSCLC) <input type="checkbox"/> Pancreatic Cancer - locally advanced, unresectable or metastatic [Proceed to Q6 & Q7] <input type="checkbox"/> Other
Q3. Please provide the ICD code from the diagnosis provided.
Q4. IF DIAGNOSIS IS NSCLC, how is Tarceva being used in this patient (select one answer)? <input type="checkbox"/> FIRST LINE treatment of METASTATIC NSCLC [Proceed to Q5 & Q7] <input type="checkbox"/> 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]

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Patient Name:	Prescriber Name: Supervising Physician:
<input type="checkbox"/> TREATMENT of locally advanced or metastatic NSCLC AFTER patient had failure with AT LEAST ONE PRIOR CHEMOTHERAPY REGIMEN [Proceed to Q7] <input type="checkbox"/> Other	
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. Is the prescriber an Oncologist or Hematologist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q8. 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

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