Pharmacy Prior Authorization

AETNA BETTER HEALTH NEW JERSEY (MEDICAID)

Tarceva (Medicaid)

This fax machine is located in a secure location as required by HIPAA regulations.
Complete/review information, sign and date. Fax signed forms to Aetna Better Health New Jersey at **1-855-296-0323**.
When conditions are met, we will authorize the coverage of Tarceva (Medicaid).
Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name *(circle drug)*

Tarceva (erlotinib)

Other, specify drug _____

Quantity _____ Frequency _____ Strength _____

Route of administration _____ Expected length of therapy _____

Member information

Member name: _____

Member ID: _____

Member Group No.: _____

Member DOB: _____

Member phone: _____

Prescribing physician

Physician name: _____

Specialty: _____ NPI number: _____

Physician fax: _____ Physician phone: _____

Physician address: _____ City, state, zip: _____

Diagnosis: _____ **ICD Code:** _____

Circle the appropriate answer for each question.

1. Has this plan authorized this medication in the past for this member (i.e., previous authorization is on file under this plan)? Y N

   [If no, skip to question 3.]

2. Does the member show evidence of progressive disease while on therapy? Y N

   [No further questions]

3. Does the member have a diagnosis of non-small cell lung cancer (NSCLC)? Y N

   [If no, skip to question 6.]

4. Does the member have NSCLC that is positive for a sensitizing epidermal growth factor receptor (EGFR) mutation (i.e., exon 19 deletions or exon 21 Y N

[L858R] substitution)? If yes, please list type of mutation or submit records:

_____

[If yes, skip to question 11.]

5. Does the member have locally advanced or metastatic non-small cell lung cancer (NSCLC) after failure or adverse effects to at least one prior chemotherapy regimen (example, platinum based chemo regimen–Cisplatin, carboplatin)? If yes, please list previous chemotherapy trial(s): Y N

_____

[If yes, skip to question 11.] [If no, then no further questions.]

6. Is Tarceva requested for use in combination with gemcitabine (Gemzar) for the treatment of metastatic pancreatic cancer? Y N

[If yes, skip to question 11.]

7. Is Tarceva requested for the treatment of stage IV, relapsed or surgically unresectable non-clear cell renal cell carcinoma (RCC)? Y N

[If yes, skip to question 11.]

8. Is Tarceva requested for use as a single agent for the treatment of vulvar cancer? Y N

[If yes, skip to question 11.]

9. Is Tarceva requested for the treatment of recurrent bone cancer-chordoma? Y N

[If yes, skip to question 11.]

10. Is Tarceva requested for the treatment of the following type of central nervous system cancer, leptomeningeal metastases from non-small cell lung cancer (NSCLC)? Y N

[If no, then no further questions.]

11. Is Tarceva prescribed by, or in consultation with, an oncologist? Y N

[If no, then no further questions.]

12. Is the member 18 years of age or older? Y N

Comments:

_____

_____

I affirm that the information given on this form is true and accurate as of this date.

_____

Prescriber (Or Authorized) Signature **Date**