

Pharmacy Prior Authorization

AETNA BETTER HEALTH NEW JERSEY (MEDICAID)

Tykerb (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 Tykerb (Medicaid).

Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name (circle drug)

Tykerb (lapatinib)

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 4.]

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

[If yes, then no further questions]

3. Does the member have unacceptable toxicity from therapy? Y N

[No further questions.]

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| 4. Is Tykerb requested for use in combination with an aromatase inhibitor (for example, anastrozole, letrozole, or exemestane) for a postmenopausal member with human epidermal growth factor receptor 2 positive (HER2+) breast cancer? | Y | N |
| [If yes, skip to question 9.] | | |
| 5. Is Tykerb requested for use in a male member with human epidermal growth factor receptor 2 positive (HER2+) breast cancer who will receive testicular steroidogenesis suppression? | Y | N |
| [If yes, skip to question 9.] | | |
| 6. Is Tykerb requested for use in combination with either capecitabine (Xeloda) or trastuzumab (Herceptin) for the treatment of human epidermal growth factor receptor 2 positive (HER2+) advanced or metastatic breast cancer? | Y | N |
| [If no, skip to question 8.] | | |
| 7. Did the member have disease progression while on trastuzumab prior to initiation of either combination regimen? | Y | N |
| [If yes, skip to 9.] | | |
| [If no, then no further questions.] | | |
| 8. Is Tykerb requested for the treatment of epidermal growth factor receptor positive (EGFR+) chordomas resistant to imatinib or in recurrent epidermal growth factor receptor positive (EFGR+) chordomas? | Y | N |
| [If no, then no further questions.] | | |
| 9. Is Tykerb prescribed by, or in consultation with, an oncologist? | Y | N |
| [If no, then no further questions.] | | |
| 10. Is the patient 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
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