UnitedHealthcare Community Plan

Tarceva
PRIOR AUTHORIZATION REQUEST FORM

Please complete this **entire** form and fax it to: **866-940-7328**. If you have questions, please call **800-310-6826.**
This form contains multiple pages. Please complete all pages to avoid a delay in our decision.
Allow at least 24 hours for review.

Section A – Member Information

First Name:	Last Name:	Member ID:
Address:		
City:	State:	ZIP Code:
Phone:	DOB:	Allergies:
Primary Insurance:	Policy #:	Group #:

Is the requested medication □ New or □ Continuation of Therapy? If continuation, list start date: _____
Is this patient currently hospitalized? □ Yes □ No If recently discharged, list discharge date: _____

Section B - Physician Information

First Name:		Last Name:		M.D./D.O.
Address:		City:	State:	ZIP code:
Phone:	Fax:	NPI #:	Specialty:	
Office Contact Name / Fax attention to:				

Section C - Medical Information

Medication:	**Strength:**
Directions for use:	**Quantity:**
Diagnosis (Please be specific & provide as much information as possible)**:**	**ICD-10 CODE:**
Is this member pregnant? □ Yes □ No	**If yes, what is this member's due date?** _____

Section D – Previous Medication Trials

Medications	Strength	Directions	Dates of Therapy	Reason for failure / discontinuation

Section E – Additional information and Explanation of why preferred medications would not meet the patient's needs
Please refer to www.uhccommunityplan.com for a list of preferred alternatives

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Member First name:	Member Last name:	Member DOB:

Clinical and Drug Specific Information

- What is the patient's diagnosis? □ Yes □ No (Check which apply)

□ Pancreatic Cancer □ Non-Small Cell Lung Cancer (NSCLC) □ Chordoma □ Kidney Cancer □ Vulvar Cancer

□ Leptomeningeal Metastases from NSCLC □ Other, list diagnosis: _____

Requests for Pancreatic Cancer:

- Is the patient's disease locally advanced, unresectable, or metastatic? □ Yes □ No

- Will Tarceva be used in combination with Gemzar (gemcitabine)? □ Yes □ No

Requests for Non-Small Cell Lung Cancer (NSCLC):

- Is the patient's disease metastatic or recurrent? □ Yes □ No

- Does the patient have ONE of the following: □ Yes □ No

□ Tumors are positive for epidermal growth factor receptor (EGFR) exon 19 deletions

□ Tumors are positive for exon 21 (L858R) substitution mutations

□ Tumors are positive for a known sensitizing EGFR mutation (e.g. in-frame exon 20 insertions, exon 18 G719 mutation, exon 21 L861Q mutation)

□ None of the above

Requests for Kidney Cancer:

- Does the patient have one of the following: □ Yes □ No (check which applies)

□ Diagnosis of stage IV kidney cancer □ Disease is relapsed □ None of the above

- Is the patient's disease of non-clear cell histology? □ Yes □ No

Requests for Leptomeningeal Metastases from NSCLC:

- Does the patient have one of the following: □ Yes □ No

□ Tumors are positive for epidermal growth factor receptor (EGFR) exon 19 deletions

□ Tumors are positive for exon 21 (L858R) substitution mutations

□ None of the above

Requests for Continuation for Therapy:

- Does the patient show evidence of progressive disease while on Tarceva therapy? □ Yes □ No

Physician Signature: _____ Date: _____