



Prior Authorization Request

Date of Request _____

Tarceva

1. Tarceva (Erlotinib) is indicated as monotherapy for the treatment of locally advanced or metastatic nonsmall cell lung cancer (NSCLC) AFTER failure of at least one prior chemotherapy (platinum based) regimen.
2. Tarceva (Erlotinib) is indicated in combination with Gemcitabine Chemotherapy for First-Line Treatment of Locally Advanced, Inoperable or Metastatic Pancreatic Cancer.

Patients concurrently taking a CYP3A4 Inducer (i.e. rifampin or phenytoin) may need the dosage increased to greater than 150 milligrams daily if there is absence of adverse events.

Patients on Coumadin (warfarin) should be monitored regularly for changes in INR or prothrombin time.

Member Information

Relationship (Circle)

Name _____

Subscriber Spouse Dependent

Enrollment / Cardholder ID _____

Gender (Circle)

Group / Plan _____

Male Female

Birth date _____

AGE: _____

Address: _____

City State Zip _____

Practitioner Information

Name _____

Agent / Contact Name _____

Specialty _____

Office / Clinic Name _____

Address _____

City State Zip _____

Phone () - _____

NSCLC - Failed chemotherapy? Yes No

Fax () - _____

Used with Gemcitabine for first-line treatment of Pancreatic cancer? Yes No

Email _____ @ _____

Requested Drug / Pharmaceutical

Strength / Dose

Tarceva - Erlotinib

Duration of Therapy (Expected)

Condition / Diagnosis Related - Reason for Request

Type of Request (Circle)

One-Time On-Going

Clinical Drug / Lab History Pertinent to Request

Contact Pharmacy? Y N

Pharmacy Phone Number

Formulary Alternative(s) Attempted YES NO (Circle)

Practitioner Signature

Date Received:
Reviewed By:
Forwarded To:

FAX Form to:
877-800-5633

HT Clinical Services Phone
866-805-1690