

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: **Commercial (Traditional)** **Commercial (Individual/Optimized)**

Medicaid

This request is: **Urgent** (life threatening) **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Tagrisso[®] (osimertinib)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product Information

New request Continuation request

Drug product: Tagrisso 40 mg tablet
 Tagrisso 80 mg tablet

Start date (or date of next dose): _____
Date of last dose (if applicable): _____
Dosing frequency: _____

Drug cost information

The wholesale acquisition cost for Tagrisso is \$487 for each tablet. The annual cost of treatment with this drug is \$175,320.

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Must be used for metastatic non-small cell lung cancer (NSCLC)
 - a. For epidermal growth factor receptor (EGFR) T790M mutation-positive NSCLC:
 - i. Prescriber must send laboratory report confirming T790M mutation
 - ii. Must first try Iressa or Tarceva
 - b. For EGFR exon 19 deletion or exon 21 L858R mutation-positive NSCLC:
 - i. Prescriber must send laboratory report confirming EGFR exon 19 deletion or exon 21 L858R mutation

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

Non-small cell lung cancer

Other – the patient's condition is: _____

Rationale for use: _____

B. Which of the following drugs has the patient first tried?

Iressa

Tarceva

Fax a copy of the laboratory result confirming presence of the exon 19, exon 21, or T790M mutation.