

**Priority Health Medicare prior authorization form**

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:  Medicare Part B  Medicare Part D  
 This request is:  Expedited request  Standard request

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

**Tarceva<sup>®</sup>** (erlotinib)

**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:  Tarceva 25 mg tablet **Start date** (or date of next dose): \_\_\_\_\_  
 Tarceva 100 mg tablet **Date of last dose** (if applicable): \_\_\_\_\_  
 Tarceva 150 mg tablet **Dosing frequency:** \_\_\_\_\_

**Medically accepted indication**

This drug is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- — or — supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information and the DRUGDEX Information System.)

**What condition is this drug being requested for?**

- Glioblastoma multiforme of brain (newly diagnosed)
- Metastatic renal cell cancer
- Non-small cell lung cancer
- Pancreatic cancer
- Other – the patient's condition is: \_\_\_\_\_