



Tykerb (lapatinib)

Prior Authorization Form Curascript Fax (888) 773-7386

Form with fields: Last Name, First Name, Prescriber's Name, Specialty, Home Phone, Work Phone, Office Phone, Office Fax, Home Address, City, State, ZIP, Address, City, State, ZIP, SCAN ID number, Date of Birth, Est. Start Date, Office Contact, For Specialty Medications Only: Shipping Address (if different from home address) [ ] Physician [ ] Home, Special Instructions (i.e. Non-English Speaking Patient, etc.)

Form with fields: Medication:, Diagnosis:, Sig:, Qty:, Refills:, ICD 9 Code:

Form with fields: Secondary/ Supplemental Insurance Company, Phone, Name of Insured, ID Number, Group Number

- 1. Is the indication or diagnosis for the treatment for the advanced or metastatic breast cancer?
2. Does the patient's tumor overexpress Human Epidermal Receptor Type 2 (HER2) confirmed by laboratory testing and based on the new HER2 Testing Guidelines from The College of American Pathologists (CAP) and the American Society of Clinical Oncology (ASCO)?
3. Is the prescription initially recommended or written by an Oncologist?
4. Is Tykerb to be given in combination with Xeloda?
5. Has the patient tried and failed prior therapy with an anthracycline (doxorubicin, epirubicin), a taxane (paclitaxel (Taxol), docetaxel (Taxotere)), and trastuzumab (Herceptin)?
6. Does the patient have a baseline LVEF ≥ 50%?
7. Are the patient's baseline potassium and magnesium levels within normal limits?
8. Are there any other comments, diagnoses, symptoms, relevant lab values, and/or additional pertinent information that you feel is important to this review?

Physician's Signature: \_\_\_\_\_ NPI/DEA #: \_\_\_\_\_ Date: \_\_\_\_\_

For Internal Use Only
[ ] Approved [ ] Denied Reviewer's Initials \_\_\_\_\_ Decision Date \_\_\_\_\_
Comments \_\_\_\_\_

Notice: Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information. Our response time for prescription drug coverage requests is 72 hours. View our formulary and Prior Authorization forms online at http://www.scanhealthplan.com.