

XELODA

Prior Authorization Form

IF THIS IS AN URGENT REQUEST, Please Call UPMC Health Plan Pharmacy Services.

Otherwise please return completed form to:

UPMC HEALTH PLAN PHARMACY SERVICES

PHONE 800-979-UPMC (8762)

FAX 412-454-7722

PLEASE TYPE OR PRINT NEATLY. *Incomplete responses may delay this request.*

Office Contact:		Provider Specialty:	
Provider First Name:		Provider Last Name:	
Provider Phone:		Provider Fax:	

Patient Name:	Patient UPMC Health Plan ID Number:	Patient Age:	Patient DOB:
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Drug Requested: <input type="checkbox"/> Brand <input type="checkbox"/> Generic	Strength:	Frequency:	Expected length of therapy:
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Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.

<input type="checkbox"/> New medication <input type="checkbox"/> Ongoing medication	If ongoing, provide date started:	If medication is ongoing, Did member Show improvement while on therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please indicate place of administration: <input type="checkbox"/> Physician Office <input type="checkbox"/> Hospital/Facility	Please indicate how medication will be billed: <input type="checkbox"/> Billed directly by the provider via JCODE Provide JCODE: _____ <input type="checkbox"/> Billed by a pharmacy and delivered to the provider <input type="checkbox"/> Billed by a pharmacy and delivered to the patient
Please provide facility/provider name and address:	

Please provide pertinent progress notes and lab/radiology reports that describe the member's current disease status.
 Chart documentation enclosed Chart documentation not available

Please indicate the diagnosis and answer the corresponding questions:

<input type="checkbox"/> Colon Cancer	Did the member have a resection (surgery)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide date of surgery: _____
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<input type="checkbox"/> Colorectal Cancer	Disease status:	<input type="checkbox"/> Advanced <input type="checkbox"/> Metastatic	<input type="checkbox"/> Unresectable
	Please indicate stage:		
	Is Xeloda being used in combination with oxaliplatin (Eloxatin)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<input type="checkbox"/> Breast Cancer	Please indicate disease status:	<input type="checkbox"/> Advanced <input type="checkbox"/> Metastatic
	Please indicate stage:	
	Is cancer associated with HER2 over-expression?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is Xeloda being used as monotherapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is Xeloda being used in combination with docetaxel (Taxotere)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is Xeloda being used in combination with lapatinib (Tykerb)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has the member previously tried and failed a taxane such as paclitaxel (Taxol)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has the member previously tried and failed an anthracycline such as Adriamycin (doxorubicin)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the member previously tried trastuzumab (Herceptin)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list below:		

Medication Name	Strength/Frequency	Dates of Therapy	Reason for Discontinuation

<input type="checkbox"/> Gastric Cancer	Please indicate disease status:	<input type="checkbox"/> Advanced <input type="checkbox"/> Metastatic
	Please indicate stage:	

<input type="checkbox"/> Renal Cell Carcinoma	Please indicate disease status:	<input type="checkbox"/> Metastatic
	Please indicate stage:	

<input type="checkbox"/> Pancreatic Cancer	Please indicate disease status:	<input type="checkbox"/> Locally advanced <input type="checkbox"/> Metastatic <input type="checkbox"/> Unresectable
	Is Xeloda being used as monotherapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is Xeloda being used in combination with gemcitabine (Gemzar)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please be sure to complete and include the 2nd page of this form

