

TARCEVA PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: Initial: 3 months; Renewal: 6 months

PA CRITERIA:

- ❖ Approvable for members with a diagnosis of non-small cell lung cancer (NSCLC) who have tried a previous chemotherapy regimen for NSCLC
- ❖ Approvable for the diagnosis of pancreatic cancer when used in combination with gemcitabine
- ❖ Repeat authorizations may be granted if the member's cancer has not progressed after initial Tarceva treatment.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.