

Alecensa[®] (Alectinib) Prior Authorization Form

Member Name: _____ Date of Birth: _____ Member ID#: _____

Drug InformationPharmacy billing (NDC: _____) Start Date (or date of next dose): _____
Dose: _____ Regimen: _____**Pharmacy Information**Pharmacy NPI: _____ Pharmacy Name: _____
Pharmacy Phone: _____ Pharmacy Fax: _____**Prescriber Information**Prescriber NPI: _____ Prescriber Name: _____
Prescriber Phone: _____ Prescriber Fax: _____ Specialty: _____**Criteria****For Initial Authorization (Initial approval will be for the duration of 6 months):**

1. Diagnosis of non-small cell lung cancer (NSCLC)? Yes _____ No _____
- A. If answer is 'yes' to question 1, please check all of the following that apply:
- Recurrent or metastatic NSCLC
 - Resected NSCLC (tumors ≥ 4 cm or node positive)
 - Anaplastic lymphoma kinase (ALK) positivity
 - Alectinib will be used as first-line therapy
 - Alectinib will be used for recurrent disease
 - Alectinib will be used as a single-agent only
 - Alectinib will be used as adjuvant treatment

2. If answer is 'no' to question 1, please provide diagnosis: _____

Additional Information: _____

For Continued Authorization:

1. Date of last dose: _____
2. Does member have any evidence of progressive disease while on alectinib? Yes _____ No _____
3. Has the member experienced adverse drug reactions related to alectinib therapy? Yes _____ No _____
- If yes, please specify adverse reactions: _____

Additional Information: _____

Prescriber Signature: _____ Date: _____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge.*Please do not send in chart notes. Specific information will be requested if necessary. Failure to complete this form in full will result in processing delays.*PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:University of Oklahoma College of Pharmacy
Pharmacy Management Consultants
Product Based Prior Authorization UnitFax: 1-800-224-4014
Phone: 1-800-522-0114 Option 4CONFIDENTIALITY NOTICE*This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.*