

US Family Health Plan  
 Prior Authorization Request Form for  
 crizotinib (**Xalkori**)

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) US Family Health Plan Pharmacy Program. US Family Health Plan is a TRICARE contractor for DoD.

The completed form may be **faxed** to **617-562-5296**

OR

The patient may attach the completed form to the prescription and **mail** it to:  
**Attn: Pharmacy, 77 Warren St, Brighton, MA 02135**

QUESTIONS? **Call 1-877-880-7007**

**Step 1** Please complete patient and physician information (please print):

Patient Name: _____ Address: _____  Sponsor ID #: _____ Date of Birth: _____	Physician Name: _____ Address: _____  Phone #: _____ Secure Fax #: _____
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**Step 2** Please complete the clinical assessment:

<b>1. Is the request medication being prescribed by or in consultation with a hematologist/oncologist</b>	<input type="checkbox"/> Yes Proceed to question <b>2</b>	<input type="checkbox"/> No <b>STOP</b> Coverage not approved
<b>2. Does the patient have a documented diagnosis of metastatic non-small cell lung cancer (NSCLC)?</b>	<input type="checkbox"/> Yes Proceed to question <b>3</b>	<input type="checkbox"/> No Proceed to question <b>4</b>
<b>3. Is the NSCLC tumor anaplastic lymphoma kinase (ALK) positive or ROS1-positive (as detected by an FDA-approved test)?</b>	<input type="checkbox"/> Yes <b>Sign and date below</b>	<input type="checkbox"/> No <b>STOP</b> Coverage not approved
<b>4. Please provide the diagnosis.</b>  <div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div>	Proceed to question <b>5</b>	
<b>5. Is the diagnosis cited in the National Comprehensive Cancer Network (NCCN) guidelines as a category 1, 2A, or 2B recommendation?</b>	<input type="checkbox"/> Yes <b>Sign and date below</b>	<input type="checkbox"/> No <b>STOP</b> Coverage not approved

**Step 3** I certify the above is true to the best of my knowledge.

Please sign and date:

Prescriber Signature	Date