



Send completed form to:  
 Peach State Health Plan Pharmacy Department  
**Fax: 1-866-374-1579**

## Afinitor

### Prior Authorization Request

This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form toll-free to Peach State Health Plan at 1-866-374-1579.** If you have questions regarding the prior authorization, eligibility, drug copy or medication delivery; please contact Peach State Health Plan at **1-800-514-0083 option # 2.**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Patient's ID:** \_\_\_\_\_ **Patient's Date of Birth:** \_\_\_\_\_  
**Physician's Name:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_ **Physician Office Fax:** \_\_\_\_\_  
**Physician Office Address:** \_\_\_\_\_

1. What drug is being prescribed?  Afinitor  Other \_\_\_\_\_
2. What is the diagnosis?  
 Renal cell carcinoma (RCC)  
 Subependymal giant cell astrocytoma (SEGA) associated with tuberous sclerosis (TS)  
 Other \_\_\_\_\_
3. **What is the ICD9?** \_\_\_\_\_
4. Is the patient currently receiving Afinitor?  Yes  No *\*If No, Skip to Diagnosis Section*
5. Is the patient continuing to benefit from Afinitor therapy?  Yes  No

*Complete the Section designated for the patient's diagnosis*

**Section A: Renal cell carcinoma (RCC)**

6. Has the patient tried and failed previous treatment with Sutent (sunitinib), Nexavar (sorafenib), or Votrient (pazopanib)?  Yes  No

**Section B: Subependymal giant cell astrocytoma (SEGA) associated with tuberous sclerosis (TS)**

7. Is/was the patient a candidate for curative surgical resection?  Yes  No

*Information given on this form is accurate as of this date:*

**X** \_\_\_\_\_  
**Prescriber or Authorized Signature** **Date (mm/dd/yy)**

**\*\*NOTE: We can NOT make a decision without a copy of lab results - Thank You\*\***

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