



Date _____

Client _____

PRIOR AUTH QUESTIONNAIRE- IRESSA®

<i>M.D. Last Name:</i> _____	<i>M.D. First Name:</i> _____
<i>Physician Phone:</i> _____	<i>Physician Fax:</i> _____
<i>Patient</i> _____	<i>ID#</i> _____ <i>DOB</i> _____

TO ENSURE PROMPT PROCESSING PLEASE COMPLETE ALL OF THE QUESTIONS.

IF THIS IS A RENEWAL, PROCEED TO QUESTION #8.

- | | | |
|---|-----|----|
| 1. Patient has stage III or stage IV non-small cell lung cancer. | Yes | No |
| 2. Patient has failed both a platinum-based regimen and a regimen containing docetaxel. | Yes | No |
| 3. Patient's liver function tests are within normal limits (ALT and AST <35 u/L). | Yes | No |
| 4. Patient is 18 years of age or older. | Yes | No |
| 5. Prescriber understands Iressa® is only to be given as monotherapy. | Yes | No |
| 6. Patient began Iressa® therapy prior to September 15, 2005 and is currently benefiting from Iressa® therapy. | Yes | No |
| 7. Patient and prescriber understand that Iressa® cannot be expected to increase survival in patients with NSCLC who have failed other courses of cancer therapy. | Yes | No |
| 8. If this is a renewal: Has the patient demonstrated symptomatic improvement in health-related quality of life? | Yes | No |
| 9. Patient is currently experiencing interstitial lung disease. | Yes | No |

Physician Signature or name of person providing answers _____

Physician Comments _____

Send or Fax completed form to:
877-329-7279

RESTAT
P.O. BOX 758
WEST BEND, WI 53095

www.restat.com

QUESTIONS PLEASE CALL:
877-526-9906

Quantity Limit: 60 tabs per 30 days.