PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Prev Meds - BrstCA - tamoxifen 20 mg & raloxifene

Phone: 800-728-7947 Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

Patient Name:	**Prescriber Name:** **Supervising Physician:**	
Member/Subscriber Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Group Number:	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty/facility name (if applicable):	

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. Please indicate which medication is being requested.

£ Raloxifene £ Tamoxifen 20 mg

Q2. Is the requested medication being used for PRIMARY PREVENTION of invasive breast cancer in a woman considered HIGH RISK (high risk defined by prescribing physician to include risk assessment and counseling)?

£ Yes £ No

Q3. Is the patient at least 35 years of age?

£ Yes £ No

Q4. Is the patient female?

£ Yes £ No

Q5. Does the patient have a PRIOR history of a DIAGNOSIS of breast cancer, ductal carcinoma in situ (DCIS), or lobular carcinoma in situ (LCIS)?

£ Yes £ No

Q6. Does the patient have a PRIOR history of THROMBOEMBOLIC EVENTS (deep venous thrombosis, pulmonary embolus, stroke, or transient ischemic attack)?

£ Yes £ No

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Q7. If request is for RALOXIFENE, is the patient post-menopausal?

£ Yes £ No

Q8. Additional Comments

Prescriber Signature

Date

□ Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.